CHAPTER SIX

Your Illness – was it cured or does it remain unresolved?

Are some illnesses really an opportunity for the body to learn how to deal with stress beyond its current limits and therefore a path to improved health?

Once we have recognised that the response of the body to a problem is a necessary step to resolving the problem, we are able to understand the reactions of the human body in illness in a more holistic manner. Knowing the purpose of symptoms in disease, we can see beyond what appears to be an inconvenient and unnecessary discomfort.

It is immediately apparent that merely eliminating a symptom does not necessarily resolve our predicament; the end of an acute illness would therefore result in either a successful resolution of the problem or a failure to resolve the issue; failure would therefore leave us with an **unresolved** illness, here the nature of the symptoms may change or diminish, but they do not simply disappear, the patient is still unwell.

What factors determine whether acute illnesses resolve or not?

A. The amount of trauma/stress that the patient is responding to.
B. The reactive energy /vitality of the patient.
C. The management of their symptoms; helping or suppressing.

A. <u>The level of trauma imposed on the individual</u> (the immediate reason for their symptoms)

The level of trauma: As regard to a physical injury, is fairly self-evident, the lower the level of trauma, the more likelihood of there being a successful response. With an acute infectious disease we are apt to believe that the level of trauma is determined by the virulence of the microbe or perhaps how many happen to be there. These, however, are not primarily relevant. For example the exact same microbe that could lead to the death of one individual is biologically identical to one that is tolerated and therefore produces no symptoms at all in another individual. With a so-called infectious illness the degree of trauma in this instance relates to the degree of toxicity of the patient, how toxic is the individual and therefore what and how many microbes are proliferating within their system. As we shall see later ‘virulence’ is actually a function of the patient, i.e. it is determined by the health of the patient, not the microbe.

B. <u>The vitality of the individual: How much physical, mental and emotional energy does the individual have to react with.</u>

The vitality, the reactive power of the individual is determined by the common primary health factors, nutritional status, oxygenation, rest, relaxation, sleep, physical energy, physical function, mental state, emotional feelings etc these are factors that determine the likelihood of a successful response to a trauma and therefore the reactive capacity of the individual.

C. How much of the reaction to the trauma is being suppressed.

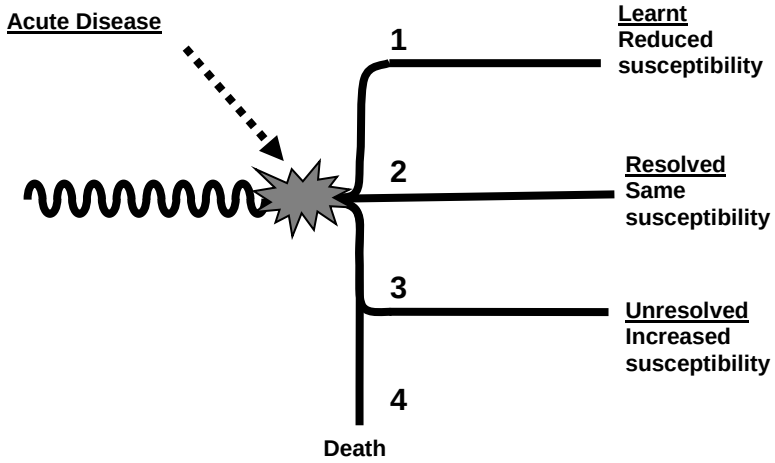
Finally the management of the illness i.e. whether symptoms are helped or suppressed will critically determine the success or failure of the body in responding to trauma. From what we have so far discussed, it is apparent that if the body reacts to trauma, as you would experience in an acute disease, the suppression of that reaction would decrease the likelihood of a successful response, we can still sometimes succeed despite suppression but we are less likely to.

What are the possible outcomes of acute disease

As well as distinguishing the two most obvious results of disease; success and failure - we can further delineate another two. Thus we can envisage four approximate outcomes to an acute disease as follows:

1. The individual resolves the illness and as a result, the health is improved and they are stronger than they were before. They are then less susceptible to those problems after the illness and more able to deal with them.
2. The individual resolves the illness but there has been no learning as such, they are not stronger than they were before, they effectively carry on, as they were before the illness, just as susceptible to succumbing to the illness as they were before.
3. The illness is not resolved and as a result the health of the individual is worse than before and they descend into a lower level of chronic illness, more susceptible than before.
4. The illness is not resolved and the patient is unable to react sufficiently to overcome the problem and dies.

We can illustrate this diagrammatically as follows:



By returning to our example of toxicity in the digestive tract leading to the reaction of vomiting and diarrhoea, we can illustrate the above phenomena and see its significance in our daily life.

Resolution of illness leading to an increased level of health.

Staying with our example of intestinal toxins we shall consider the digestive tract of a child, here we see that there are in fact many foods that the child is not able to digest; this is due to the underdevelopment of many related systems; mucous membranes, liver, pancreas etc and because

the necessary enzymes have not yet developed, this effectively makes some foods poisonous to that child. These foods together with other toxins may reach crisis levels causing the reactions of vomiting and diarrhoea as noted above.

Now, after the resolution of such an illness the initial presence of some of those new foods may have also been enough to stimulate the production of sufficient digestive enzyme such that the child is now more able to cope with those foods after the illness. This is one mechanism among many that would have developed through the process of that illness.

The important point to note here is that we can observe how the immune system, in conjunction with all the systems of the body, develops through a process of 'learning', as a consequence the individual is less susceptible to the problem after the successful resolution of the illness.

The body is in fact artificially separated into separate systems to enable us to communicate our understanding of them, the digestive system, endocrine system, neurological system, immune system, even the emotional system and so on, however in reality they all operate as one, and the effects of one will involve the other. Learning, thought to be a property of our nervous system and brain, does of course occur with all of our systems.

Resolution of illness with no change in susceptibility.

It is also possible that the result of diarrhoea and vomiting, eliminating toxins in our digestive tract, after for example eating something toxic, has successfully eliminated the toxin but we haven't actually learnt from the process and would be just as likely to react in the same way if we were to eat the same substance again.

Unresolved illness leading to increased susceptibility.

Here, because of one or a combination of our three factors determining the outcome of acute disease (high ingestion of toxins, low vitality and or symptom suppression) we see that the toxic load in the digestive tract was not fully eliminated leaving an unresolved disease. Here it is most significant to realise that the acute symptoms lead to chronic symptoms. The intense nausea, vomiting and diarrhoea in the acute phase result in a less intense but more persistent feeling of nausea and general unease in the chronic phase.

It is highly significant to appreciate that the chronic symptoms result as a failure of the acute symptoms to deal with a particular problem. The acute symptoms are intense and short-lived, with the chronic symptoms being of a similar nature but less intense and long-lived, they can of course persist for much longer than the acute disease perhaps indefinitely.

The illness is not resolved leading to the death of the patient.

Some traumas are so great that the individual does not have the resources to deal with them and cannot recover at all, which leads to the death of the patient; the acute reaction is not sufficient to deal with the problem. Again, notice that the trauma, not the reaction, has lead to the death of the patient, if a patient is sufficiently weak and has accumulated more toxin than they are capable of dealing with, then they could simply die in their attempt to eliminate, when for example producing symptoms of diarrhoea.

There are many under developed countries where mal-nourished children commonly die from diarrhoea and its associated dehydration, this is not because diarrhoea is a killer disease, if it were, then it would be just as likely to kill children in other parts of the world. Clearly it doesn't, and more significantly, symptoms of diarrhoea are important reactions in the resolution of intestinal toxicity. Children that die after symptoms of diarrhoea are suffering from a combination of the factors that influence the outcome of acute disease; high toxic load (toxic stress), low vitality (poor nutritional status) and/or uninformed symptom suppression, which then lead to the secondary complications of dehydration etc.

"Learning" – a function of mind and body

> ***"The aim of science is not to open the door to infinite wisdom, but to set a limit to infinite error"***
>
> **Bertolt Brecht**

Is sickness a fundamental aspect of the development of individuals?

Acute reactions occur as a result of crisis, in the above example we looked at the build up of intestinal toxins, the successful resolution of which would ideally lead to the development of the individual. Such development, as distinguished by any learning process, is actually achieved by a process of trial & error and trial & success and this process of learning is in fact common to our whole physical, mental and emotional being.

We can appreciate that there are inherent risks involved with any learning process, the extent and consequence of our error is the price we pay for the benefit of our learning. Ideally, once we understand the nature of our development and the goal of our learning, we are able to determine the best way forward. We clearly need to stimulate learning in significantly small enough steps to minimise the consequences of error, whilst gently allowing the individual to move forward.

Too much stimulation could lead to too much crisis and the consequences of error are too great, therefore the ability to learn diminishes. On the other hand no stimulation, no risk with no possibility of error maintains the status quo, the individual does not move forward; a child forever attached to the mother, unable to independently move, permanently on breast milk.

> ***Development is, of course, more than just desirable, it is a biological necessity.***

Learning to digest

Using the example of the digestive tract, in the development of the child to the adult, initially a newborn child will have sensitive and leakier membranes, fewer of the beneficial intestinal microbes, less developed enzymes and digestive juices. In order to develop digestive function the child would need to start on a simple food, such as breast milk and be slowly weaned onto more complex foods.

If too many new complex foods are introduced too quickly then this stress cannot be accommodated and the child would react with vomiting and diarrhoea. Obviously if we persisted adding more and more complex foods this would of course add to the digestive stress creating more symptoms,

inhibiting digestion, which would be immediately detrimental to the development of the digestive function of the child.

On the other hand if the child was to be kept on breast milk exclusively for years and years without the introduction of new foods, there would of course be no possibility of overstressing the digestive system but then digestive function would not develop and we would effectively delay physical and emotional development.

Obviously we need to introduce new complex foods to stimulate the development of digestive function in small enough steps to minimise the consequences of possible error, but we cannot of course completely eliminate error without eliminating the introduction of new foods and thereby eliminating the learning process itself.

We can draw similar analogies to any physical, behavioural or emotional learning procedure and realise that the whole mind/body learns and develops as an integrated being and that it is therefore possible to gain insights into the mechanisms of learning by looking at any biological, mental or emotional learning process.

One step forward

If we take for example the process of learning to walk we shall be able to draw relevant analogies to help our understanding. Giving that we have a child about to embark on the process of learning to walk we could agree that the first thing the child needs to learn is how to stand up. Of course we are all aware that the next most likely course of events is that the child will fall.

Much as we would like to be able to learn without making mistakes we actually know that this is not possible, our child will fall. So what we do is minimise the consequences of the fall, learning to walk in a safe environment etc but what we cannot do is eliminate the inherent risk of actually falling. Falling is an intrinsic part of the process; we all know this. So what happens next? Inevitably the child will stand again and eventually learn to balance, take the first step and so on.

It is important to appreciate two essential stages in the learning process; firstly the successful resolution of the problem of falling down is resolved by standing up again, the error of falling has not been so great that the child is unable to try again. However, initially the child will be just as likely to fall again and so we see that although the falling has initially been resolved the susceptibility to falling again is the same. However at some point the resolution of falling by standing is eventually accompanied by balance i.e. a reduced susceptibility to falling down again. It is of course vitally important that balance is accomplished and not simply standing and falling; otherwise we master standing only to be just as susceptible to falling down again. Therefore once we have successfully resolved a problem we are then **less susceptible** to problem afterwards, this is ‘the learning process’. This, by the way, in spite of the major advances in computer technology, remains something that computers and artificial intelligence have not yet been able to achieve.

A grief in your life or a life of grief

Using another example we shall illustrate how emotional development follows similar lines.

The whole progression of childhood development is inextricably linked to the process of separation and other issues of boundaries etc; again we know that this will involve a certain amount of emotional

upset. We want to minimise them, but we know they will happen; a child going to school or nursery may experience the trauma of separation from the main carer, usually mother, this experience would be responded to by an expression of grief, i.e. crying. This is again a necessary reaction helping the child to resolve the trauma of separation.

Similarly the experience may be resolved that day, the grief diminishes and all normalises, but this may be followed by a similar expression of grief the following day as the child is taken to school again. As illustrated before, the successful resolution may still not change the susceptibility to that particular trauma straight away. Eventually however something does change, the separation experienced is responded to with tears but the resolution enables the child to deal with subsequent experiences more easily, the child does not cry when being left at school on subsequent days. The child has learnt, there has been a step forward in development and the child is now **less susceptible** to those traumas than before.

But what happens if a grief is not resolved, why would this happen? Firstly, if the trauma was so great that it was not possible for the child to resolve this, given their present capabilities or secondly if their expression of grief was suppressed, if for some reason they felt, or were made to feel, that they could not cry or express their upset, this would be the suppression of the very process that helps them to resolve the emotional trauma.

Suppressing the expression of grief could result in the experience being ‘unresolved’. If you force a child to stop crying, as you can well appreciate, the grief does not simply go away, the child may be left feeling sad. The acute grief (intense symptoms with tears, for a relatively short duration) is now replaced by sadness i.e. chronic symptoms (less intense symptoms that can continue for much longer). The child will now be **more susceptible** to that upset after the suppression of their reaction. The grief would not be resolved and they are in fact **sensitised** to those traumas. The mother on retrieving her child may find that the child is more attached than before the experience of school.

From the few examples above we can see that the development of the individual is what is desirable, occasionally events and choices in our lives precipitate in crisis. Ideally development occurs with a minimum of stimulation to avoid real crisis but enough to result in resolution and learning, i.e. resulting in a reduced susceptibility to trauma and an increased ability to live in a greater diversity of conditions. This is effectively what we are craving for when we desire immunity to disease, the ability to withstand the traumas that could result in our disease response.

Immune development in the wider sense involves the ability to deal with our environment independently of our parents. The body has to learn to deal with, complex foods, environmental poisons, heat, cold, humidity, separation, to accommodate diverse microbial populations within the body, develop physical strength, mental ability, and emotional stability etc, any one of those issues in excess would create a stress and promote a symptom reaction leaving the individual ill at-ease, the dis-ease would reflect the amount of stress and would be an expression of our innate susceptibility.

The idea that we can completely eliminate disease by suppressing reactions to disease, (suppressing symptoms) stems from a misinterpretation of the function of symptoms. It is possible to minimise the consequences and the severity of illness by reducing the necessary stimulation in human development, but it is not feasible to eliminate illness unless you completely remove all possibility of development and learning.

CHAPTER 6 - SUMMARY

- Because the body's symptom reactions have an intelligent and vital purpose, those reactions can either succeed or fail in that purpose.
- There are certain factors that determine success or failure, the level of stress/trauma the patient is reacting to, the vitality of the patient and the type of treatment given supportive or suppressive.
- There are also four possible outcomes of an acute disease, the success or failure of the acute reaction can lead to – (1) resolution and learning, (2) resolution and status quo, (3) unresolved and chronic disease or (4) death.
- The ideal objective in overcoming an acute disease would be to resolve the stress/trauma and to have learnt to deal with it in a way that leads to a reduced susceptibility to that issue; i.e. any similar stress experienced in the future is more easily dealt with, it may not appear as a stress, we produce no symptoms of disease, we are more adaptable and have therefore gone through a process of 'learning'.
- Learning occurs in the physical, mental and emotional aspects of our being.
- Diseases are dynamic reactions of the body they are not things and chronic diseases are persistent reactions that continue after the acute reactions have failed to resolve an issue, these reactions continue even if the original stress is no longer there.
- Persisting reactions appearing as chronic disease can also occur if you are under a continual and persistent stress, remove the stress and the chronic disease stops.