

The euglycemic status: enhances immunity against polio and other infections

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Abstract

Can poliomyelitis or polio-like diseases be prevented, treated, or cured without vaccination? Several case studies suggest that alternatives to vaccination were effectively used during the epidemics of the mid 1950's. However, at that time alternative approaches to Polio prevention and treatment were generally neglected in favor of mass vaccination. Three alternative approaches discussed in this paper entail (a) oral ingestion or intramuscular/intravenous injection of vitamin C, (b) oral ingestion of a solution of magnesium chloride, and (c) the application of a diet that restricts sugar intake.

The role of vaccination is somewhat paradoxical, in that this supposed panacea was a prime aetiological factor in polio epidemics in the early 1950s. "Cutter's incident" caused a significant increase in polio cases as a result of the vaccine manufacturer releasing polio vaccine with a live virus component. Continued use of other polio vaccines has contributed to increases in other iatrogenic disorders. The Post Vaccinal Syndrome (PVS), a syndrome of disease or disorder due to the administration of a vaccine, has gained increasing attention in recent times—whether due to the inoculated virus, the adjuvants, or contaminants.

Correctly treating hypoglycemia enhances the functioning of the immune system, resulting in natural immunity for a vast variety of diseases. The *euglycemic status* is a key condition for preventing, treating, or maintaining optimum health.

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1. Background

There are several scientists—virtually unknown in today's medical schools and homeopathic organizations—that deserve special recognition for their contribution to the better understanding of acute and chronic disease mechanisms. These scientists should be recognised for their innovative utilization of alternative approaches to poliomyelitis that were seemingly effective in the prevention or cure of the disease.

"The history of mankind is an immense sea of errors in which a few obscure truths may here and there be found."

—Cesare Bonesana Beccaria, 1738-1794

Diet is a key factor in this study of the aetiology and successful treatment of polio. In today's world it is very difficult to obtain food free of synthetic additives—preservatives, pesticides, sugar and other kinds of artificial substances. Such additives are commonly found in so-called "enriched foods". Ironically, the U.S. Food and Drug Administration (FDA) has been prevented from carrying out the responsibilities for which it was originally created. Instead of protecting and promoting the health of citizens, direction provided by the FDA has in many cases negatively impacted the health of citizens [1].

A second related factor to be considered which further contributes to less than optimum population health, is the worldwide disparity in income. This leads to the comparative few being oversupplied with an abundance of nutritional resources, while the majority lack daily food necessities. The role nutrition plays in contributing to robust and sustained immunity has been largely ignored and is not fully understood.

All of these broad factors are to be understood as significant in the context of the present paper.

1.1 Introduction

While researching a homeopathic thesis about *Post Vaccinal Syndrome*, the key role played by nutrition—as well as its importance in healing—became apparent to me.

Nutritionist Dr. Benjamin Sandler made a fundamental contribution to this understanding. His observations regarding rabbits and their blood sugar and natural immunity to polio are noteworthy in understanding the mechanisms of polio.

Another fundamental contribution is found in the studies by Dr. A. Neveu and his remarkable results with magnesium chloride in patients suffering polio.

The massive doses of Vitamin C administered by Dr. F. Klenner denote a landmark treatment of polio disease.

The relevance of hypoglycemia and lack of proper nutrition are described as main trigger factors associated with onset of polio.

A further factor in the overall picture is stress. Organisms respond to various types of stress, including emotional and physical stress. Such stresses can be additive and can contribute to impaired immunity, resulting in disease. There are obvious events producing stress such as trauma, shock, death of a parent, or loss of a job; however, even daily stresses that are relatively minor such as those caused by unbalanced diet, insufficient or excessive exercise, etc. can—over extended periods—lead to impaired immunity and the onset of disease.

It is noteworthy that the researchers in the 1940s and 1950s had the benefit of animal experiences to study blood sugar variations under both natural and iatrogenic conditions. Today, after several decades, it is fitting that the contributions from the

work of these early researchers be highlighted for the benefit of both man and animals. Unfortunately, once the relevance of blood glucose was understood, additional researchers continued to do extensive experiments on animals that resulted in unnecessary and prolonged suffering of the animals.

2. Alternative Treatments for Polio

When a university-trained medical doctor is faced with a patient with the severe illness of polio (poliomyelitis), he might be surprised to find that there are alternative, effective treatments. To my great surprise I learned that when diagnoses of poliomyelitis were common in the mid-1940s and 1950s, there were at least 3 ways to seemingly either prevent or cure it besides homeopathy, naturopathy, and other holistic approaches.

“There is now sufficient evidence of immune malfunction following current vaccination programs, to anticipate growing public demands for research investigation into alternative methods of prevention of infectious disease.”

—Drs. H. Buttram and J. Hoffman
“Vaccinations and Immune Malfunctions”

2.1 Dr. Sandler’s Contribution

The first approach is contributed by a nutritional expert, Dr. Benjamin Sandler, who discovered that prevention of polio, rabies, tuberculosis, pneumonias, and recurrent infections, required avoidance of both hypoglycemia as well as hyperglycemia. Blood sugar plus oxygen are the two ingredients of the ‘fuel’ that ‘burn’ constantly in every bodily tissue. For maximum efficiency of the whole body (and that includes ‘mind’) the amount of glucose in the blood must balance with the amount of blood oxygen. If the levels of blood glucose are changing constantly, then the result is hypoxemia. Hypoglycemia causes hypoxemia in the tissues, which wreaks havoc in biological systems.

Sandler made the important observation that rabbits naturally appear immune to both polio virus and to the dog distemper virus. He found that studies in rabbits showed that the blood sugar of these animals never dropped below a level of 100 mg/dl (even undergoing a blood glucose tolerance test) and that at this concentration, cellular oxidation of glucose in the nervous system and other organs would be maintained at such a level as to enable the cells to protect themselves against invasion by the virus [2]. However, an induced iatrogenic hypoglycemia with insulin was possible under laboratory conditions and “the animals showed evidence of polio infection within 8 to 10 hours after intracerebral inoculation with the virus [2].” In his experimental work and study of rabbits, published January, 1941, in *The American Journal of Pathology*, he postulated that an optimal level of glucose in the animal exerted a protective effect—effectively preventing onset or activation of polio.

Under normal circumstances the amount of Vitamin C synthesized from glucose per day by a healthy (3 kg) rabbit is 226 mg/kg body weight/day. This equates to 15,820 (226x70) mg/day for a 70 kg man; and under conditions of stress or infection, synthesis can easily increase 4-fold and higher. Interestingly, a rat can increase its daily ascorbate synthesis by 10-fold

to maintain biochemical homeostasis when under stress. *Mega-ascorbate therapy* has been successful and applicable to a wide variety of mammalian pathologies [3]. Thus, the rabbit’s ability to widely regulate Vitamin C in proportion to the stress it encountered was seen to be a preventative against disease. Vitamin C in the adrenal glands was greatly reduced in animals succumbing to polio. Critically, humans do not possess the capacity for vitamin C synthesis. It is well known that the highest ascorbic acid concentration in the adult human occurs in the adrenal cortex.

Sandler conducted what is believed to be a unique campaign during the summer of 1948. On the morning of August 4th, the *Asheville Times* published Dr. Sandler’s diet suggestions as did many other newspapers across the country. Additionally, radio stations throughout the country broadcasted the diet. Thus a virtual alarm was carried across the country by press and radio.

For 4½ months, many U.S. citizens followed the advice that involved a specific diet. At this time Sandler stated “Thus, I arrived at a simple formula for preventing polio: eliminate from the diet sugar and foods containing sugar, and reduce the consumption of foods containing starch [2].” The people were advised to eat vegetables, especially greens, ripe natural fruits, (unsweetened) whole grains and plain, wholesome food. He also believed that a diet completely free of sugar and starch, consisting of proteins, fats, and non-starchy vegetables, may be adhered to for years with beneficial effect.

Based on anecdotal evidence, Sandler wrote, “I am willing to state without reserve that such a diet, strictly observed, can build up in 24 hours’ time a resistance in the human body sufficiently strong to combat the disease [2].” At that time Sandler was living in the city of Asheville, North Carolina, with a population of 55,000.

“During that summer North Carolinians reduced their intake of sugar by 90%, and polio decreased in that state in 1949 by the same amount [2].” “Store sales of sugar, candy, ice cream, cakes, soft drinks, and the like, dropped sharply and remained at low level for the rest of the summer. One southern producer of ice cream shipped one million fewer gallons of ice cream than usual, during the first week following the release of the diet story. [2].” There was no diet campaign during 1949 in North Carolina, yet there was a 12- times reduction in reported Polio—a 91% decrease from 2,402 cases in 1948 to 214 cases in 1949. This outcome was attributed to the fact “that the parents ... remembered the diet suggestions of 1948 and followed them in 1949 [2].”

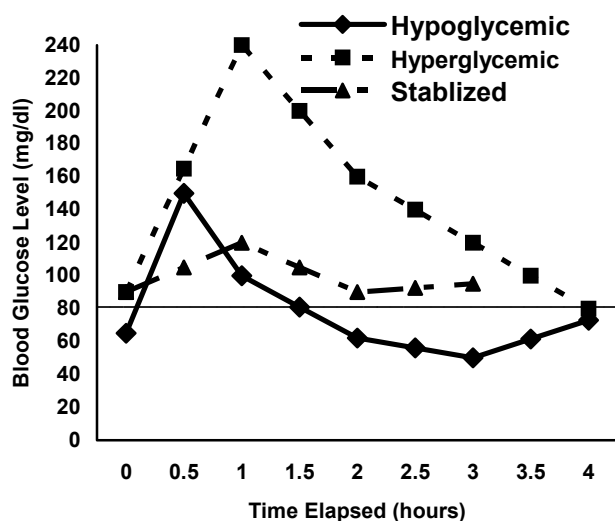
Following the outcome of this one-man nationwide campaign, Sandler decided to publish his work in 1951. He postulated that there are at least three main co-factors that contribute to the triggering of polio: (1) temperature—the epidemics occurred in the summer and were associated with cold water temperature of swimming pools; (2) moderate or intense exercise; and (3) sugars such as were common in soft drinks, ice creams or sweet beverages [2] that perpetuated reactive hypoglycemia and added to the demand for glucose.

Interestingly, younger people were at higher risk for getting polio infections. Sandler cited S. B. Wortis of New York, who found, “weight for weight, the nervous tissue of the young in any species consumes more oxygen, i.e., needs more oxygen, than that of the adult. For this reason, the nervous tissue of the

young is more vulnerable to low blood sugar than that of the adult [2].”

Of relevant note (also in the *co-factor* context) is that others have proposed that the principle causative factor might not be the supposed “poliomyelitis virus”, but a preponderance of persistent pesticides such as DDT, BHC, arsenic and lead, that were strongly correlated over time with the incidence of polio. Finally, after carefully observing the whole drama, Dr Sandler postulated: “The method which I offer as a protection against polio is based on the concept that the maintenance of normal blood sugar levels will prevent the invasion of the body’s tissues by the polio virus and thereby prevent the infection.” He continued, “Intensive research during the past twelve years on the relationship between diet and susceptibility to infection, not only of polio but also common respiratory infections and tuberculosis, has convinced me that the human organism can protect itself against infection virtually completely by proper nutrition.” Sandler also stated a common sense fact, “Knowledge is power [2].”

Figure 1. Comparison of hypoglycemic, hyperglycemic, and stabilized (euglycemic) curves over time in man.



The hypoglycemic (low blood sugar) and hyperglycemic (high blood sugar) curves shown in Figure 1 were obtained following 100 g of glucose. The low blood glucose level (in mg/dl or mg/100cc) period after 1.5 hours occurs at an abnormally low level for about 2.5 hours on the hypoglycemic curve; whereas, there is a sharp rise to an abnormally high level (240 mg/dl) after 1 hour with a rapid fall during the second and third hours on the hyperglycemic curve. The stabilized curve shows blood sugar levels staying within the normal range (just above the 80 mg/dl references level) without wide fluctuations after a low carbohydrate meal.

2.2 Dr. A. Neveu’s Contributions

The second approach contributed by Dr. A. Neveu consisted of providing individuals who had just contracted polio with a simple but effective solution consisting of magnesium chloride

(MgCl) 20g in 1 L of water (suitable also for newborns and older individuals). An 80 cc to 125 cc dose was administered orally to the patient every 3 hours and excellent results (in terms of recovery) were achieved in 2 to 14 days in patients aged 3 to 40 years old [4].

Dr. Neveu casually conducted his research during a period of 14 years, from 1943 to 1957, treating many patients with polio or polio-like symptoms. Interestingly, as with Dr Sandler, and Dr. Klenner, the crucial time to effect a cure without sequelae was starting the MgCl doses within 1 to 5 days of onset of disease symptoms [4].

2.3 Klenner: a pioneer of orthomolecular medicine

Klenner contributed the third approach which involved administration of massive doses of vitamin C every 2 to 4 hours by mouth, intramuscularly or intravenously, to 60 patients affected by polio during the 1948 poliomyelitis epidemic in North Carolina. This resulted in recovery within three to five days. “Heaslip, in the Australian Journal of Experimental Biology & Medicine reported a mean urinary output of vitamin C under a load test of 19.9% in 60 poliomyelitis cases, as contrasted with a mean figure of 44.3% in 45 healthy contacts. This was suggestive of some relationship between the degree of vitamin C saturation and the infectious and non-infectious state.” [5]

Klenner offered this case history anecdote: “Although we were able to cure many cases of polio with massive doses of ascorbic acid, one single instance demonstrates the value of vitamin C. Two brothers were sick with poliomyelitis and were given 10 and 12 grams of ascorbic acid, according to weight, intravenously with a 50 cc syringe, every eight hours a total of four times, and then every twelve hours for four times. They also were given 1 gram every two hours by mouth around the clock. They made complete recovery and both were athletic stars in high school and college. A third child, a neighbour, under the care of another physician, received no ascorbic acid. This child also lived. The young lady is still wearing braces [6].”

Dr. Klenner also described an extraordinary key action of vitamin C: “We have been able to assemble sufficient clinical evidence that proves unequivocally that vitamin C is the antibiotic of choice in the handling of all types of virus diseases. Furthermore it is a major adjuvant in the treatment of all other infectious diseases [7].”

He stated clearly, “In poliomyelitis vitamin C performs three important functions: (1) it destroys the virus; (2) acting as the dehydrator and diuretic of first choice, it removes the edema fluid from the brain and the cord; (3) it preserves the lining of the central canal and maintains more regular spacing and less crowding of the ependymal cells. The pressure within the bony vault of the central nervous system, resulting from the inflammatory process excited by the virus, acts as a hemostat to cut off the blood supply to the anterior horn cells. This compression of their vessels denies to the horn cells the essentials for function, for life even.”

In the acute phase of polio infection, Dr Klenner advised to begin with massages day and night in the affected parts since a severe hypoxemia was presented and energetic movements

cause a restoration of sanguine fluid in such paralyzed limbs until their function returns.

The action of Thiamin in polio cases was confirmed by this physician after administering mega doses of vitamin C in the form of sodium ascorbate adjunct with bioflavonoids to increase its action. He started with B₁ due to the fact that nerve recuperation is slow.

A thoroughly exasperated Klenner, in a February 1959 paper in the *Tri-State Medical Journal*, concluded: “Should the disease be present in the acute form, ascorbic acid given in proper amounts around the clock, both by mouth and needle, will bring about a rapid recovery. We believe that ascorbic acid must be given by needle in amounts from 250 mg to 400 mg per kg body weight every 4 to 6 hours for 48 hours and then every 8 to 12 hours. The dose by mouth is the dose that can be tolerated. To those who say that Polio is without cure, I say that they lie. Polio in the acute form can be cured in 96 hours or less. I beg of someone in authority to try it.”

Dr Klenner, in *Massive Doses of Vitamin C and the Virus Diseases*, published in *Southern Medicine & Surgery* (April, 1951), also gave a strong argument for the unsuspected preventive role of brown bread, “... review[ing] the findings of McCormick in 50 confirmed cases of poliomyelitis in and around Toronto, Canada, during the epidemic of 1949... families eating brown bread who came down with poliomyelitis did not develop paralysis; whereas in those families eating white bread many of the children having poliomyelitis did develop paralysis. The point here is that brown bread has 28 times more vitamin B₁ than does white bread. Obviously, then, the paralysis which complicates acute poliomyelitis appears to be due to a B₁ avitaminosis.”

Due to the evidence presented above, the steps to obtain a cure of poliomyelitis must be done in a precise and systematic sequence. First, administer the essential nutrients—vitamin C—at the proper dose and intervals, depending on each individual dose-response, to prevent the appearance of either hypo or hyperglycemia. Next, restore movements through physical therapy—assisted by others if necessary; and finally, administer vitamin B₁ or Thiamin to restore the injured nerves and the avitaminosis.

3. Additional Observations

Dr. Benjamin Sandler claimed that an excessive consumption of sugar and starches dehydrated the cells and leached calcium from the nerves, muscles, bones and teeth. A serious calcium deficiency precedes polio. [8:22]. A similar mechanism may operate with respect to magnesium based on Dr. Neveu achieving recoveries through use of magnesium chloride during the epidemics of polio [4]. Sugar and alcohol consumption will increase urinary excretion of magnesium, leading to a magnesium deficiency [9:70].

Dr. Selye is the father of the General Adaptation Syndrome (G.A.S), Non-Specific Stress Syndrome, and he wrote: “Poliomyelitis: It has been mentioned in connection with the phenomenon of crossed resistance that “the effect of stress factors in preventing the development of lesions is beautifully illustrated in the epidemiology of poliomyelitis and in experimental studies of the infection in monkeys. There is the time-honored

observation that the disease affects only the healthiest children in the community: the incidence is heavy in country districts and light in towns; heavy in suburbs and light in slums; heavy in the well-cared for children of countries with low infantile mortality and negligible in undernourished tropical children; higher in autumn when food and vitamins are more plentiful than in spring, the season of pellagra and rickets. Experimentally, various forms of trauma and malnutrition lower the incidence of the disease or give complete protection [10: 677].”

After, reading and re-reading the previous paragraph, I came to be intrigued by why healthy and well-cared-for children in country districts are at greatest risk of polio. And, immediately I remembered an analogous situation with DPT and the beginning of autism cases worldwide. In the U.S. after DPT's introduction in 1936, Dr. Leo Kanner in 1943 announced his discovery of eleven cases of a new mental disorder [8:52]. At that time there were no compulsory vaccine programs and *only* the rich and educated parents who sought the new and the “best of newest medical advancements” for their children were in a fatal position to get the DPT vaccine. The same situation appeared each time the DPT vaccine was introduced; then the cases of autism began to appear. For example, after Europe received the pertussis vaccine in the 1950's, the first cases of autism began to appear there in the same decade. [8:53].

What is meant by a rich and prosperous country? The answer is simple—a lot of refined food and plenty of sugar; vaccines; more pollution; and more stress in a variety of forms. Why heavy stress in country districts? Farmers working with animals, cultivating, providing water, and obtaining wood as a fuel for cooking, etc., all demand hard physical work, a great strain. So, as we are going to see, the diverse trigger-factors to developing polio are from unsuspected causes, all of which result from different kinds of stress.

4. Paradoxes of civilisation

“There is no progress without paradox.”—Niels Bohr

Until the end of the 19th century, polio manifested in an epidemic manner [11:55]. At the same time the consumption of sugar in the United States was as follows: in 1820 there were 20 lbs. (9.1 kg) consumed per person/year; in 1890-1900's there were 56 lbs. (25.4 kg) consumed per person/year; and in 1939 there were 103 lbs. (46.7 kg) consumed per person/year.

In 1939 in other locations such as China, the consumption of sugar was 3.2 pounds (1.5 kg) per person per year, in Java (Dutch East Indies) 11.6 pounds (5.3 kg), Italy 21.3 pounds (9.7 kg), Mexico 37.1 pounds (16.8 kg), Holland 89.4 pounds (40.6), Canada 102.9 pounds (46.7 kg), Australia 114.5 pounds (51.9 kg) [2].

More than 50 years ago, before polio vaccines were available, the poliovirus was spread among the population, but the polio infection was without any symptoms at all in over 95% of cases [12:38], even under epidemic conditions [8:18]. The majority of the population may be naturally immune to the polio virus [8:18].

Differences in individual susceptibility levels may explain why a percentage of people suffer from polio. Some specific trigger factors may include the following: previous vaccinations

that include DPT vaccine [8, 12:29; 13], both the oral polio live-virus vaccine [8:21] and the killed-virus vaccine [12:54]; physical exertion; malnutrition; colds; abandonment of breast-feeding; tonsillectomies; intramuscular injection(s); transfusions and injection(s) of drugs or/and vaccines [12:29]; pregnancy [11:56]; and hypoglycemia [2]. The virus remains in the throat for one to two weeks and in faeces for up to two months [8:21]. The development of antipyretics could have played some role [12:29].

Epidemics were high in the USA and absent in China. Dr Sandler wrote: “Polio epidemics have occurred throughout the world in the past years only in those countries with high per capita sugar consumption. Epidemics are unknown in countries with low sugar consumption. The greater the sugar consumption, the more severe the epidemic [2].”

Dr. Sabin tells how polio occurred among American troops in China, Japan, and in the Philippines, in spite of the fact that there were no outbreaks of polio at the time among the native children and adults in those areas where the troops were located. A report on polio in the Philippines in 1936 stated that 16 of 17 patients with the disease in Manila were *Americans* [2]. They had the benefits of civilization, consuming large amounts of ice cream, candies, soft drinks, cakes, and the like.

At the same time Dr Sandler wrote: “It has been stated that for every frank case of polio during an epidemic there are about 200 healthy carriers of the virus [2].” Alongside paralyzed patients, these people also carry the polio virus in their intestinal tracts.

5. The polio vaccine paradox

“Truth wears no mask, seeks neither place nor applause, bows to no human shrine; she only asks a hearing [14].”

“Prevention? One of the disastrous aspects of the Cutter incident was that the numbers of children developing polio after vaccination were far higher than would have been expected if no vaccinations had been carried out at all. Moreover, as mentioned above, a cohort of carriers was created which would spread the disease further throughout the population [15].”

“The number of reported cases of polio following mass inoculations with the killed-virus vaccine was significantly greater than before mass inoculations.” During 1954 in Massachusetts, polio cases increased over 640%—from 273 in 1955 to 2,027 in 1955 [8:18].

“The Federal Centers for Disease Control (CDC) recently admitted that the live-virus vaccine has become the dominant cause of polio in the United States today. In fact, according to CDC figures, 87% of all cases of polio in the United States between 1973 and 1983 (excluding imported cases) were caused by the vaccine [8:21].” “More recently, every case of polio in U.S. since 1979 (excluding five imported cases) was caused by the vaccine. (And three of five people who caught polio during foreign travel were previously vaccinated against the disease [8:22]).”

“In 1976, Dr. Jonas Salk, who developed the killed-virus vaccine used throughout the 1950s, testified that the live-virus vaccine (used almost exclusively in the United States since the

early 1960s) was “the principle if not sole cause” of all reported polio cases in the United States since 1961 [8:21].”

In 1957, McBean wrote, “Our worst epidemics now are epidemics of vaccination in which more people are killed every year by ‘vaccinal diseases’ than by the diseases that the vaccinations were supposed to combat [14].”

In 1994, Stephan Cooter, Ph.D. indicated that 650,000 people in the U.S. had been diagnosed with the Post Polio Syndrome (PPS) [16].

Bruno found the remarkable similarities between PPS, chronic fatigue syndrome, myalgic encephalomyelitis, and fibromyalgia [17]. The world total of polio-cases is unlikely to exceed 3,500 reported cases for the year 2000 [17]. Immunization efforts were intensified during 2000, and all ten countries where polio is still prevalent doubled their number of vaccination rounds. As a result, the immunization campaigns held worldwide during 2000 vaccinated a total of 550 million or 9 out of 10 of the world's under 5-year-olds—culminating a five-year total of nearly two billion vaccinated with the help of more than 10 million volunteers around the world [18].

While today's populations have been continuously vaccinated against polio, virtually eliminating acute polio diagnoses, deleterious effects are now becoming increasingly manifest.

6. Post Vaccinal Syndrome

As T.J. Moriarty wrote, “However, it seems the days of polio are still with us—not in the form of acute viral outbreaks of fever and paralysis—but in the “uncharted” data on the long-term effects from the simian (monkey) viral contaminated polio vaccines given to countless children and adults three decades ago [19].” Dr. Howard B. Urnovitz, a former Scientific Director of the Chronic Illness Research Foundation declares: “Had my mother and father known that the poliovirus vaccines of the 1950s were heavily contaminated with more than 26 monkey viruses, including the cancer virus SV40, I can say with certainty that they would not have allowed their children and themselves to take those vaccines. Both of my parents might not have developed cancers suspected of being vaccine-related, and might even be alive today [20].” In his written testimony of August 3, 1999 to the *Committee on Government Reform and Oversight* we can find the following: “Vaccine science must evaluate not only acute adverse side effects, but also possible associated chronic illnesses such as learning and behaviour disorders, Autism Spectrum Disorders, intussusception, arthritis, cancer, diabetes, chronic fatigue syndrome, multiple sclerosis, autoimmune thyroiditis, and other chronic health problems. These chronic illnesses are increasingly costly to society in both human and financial terms [20].”

In *The Journal of Neurology Science* researchers conclude that there is a chronic intra-CNS expression of inflammatory cytokines in PPS, in the range of that in MS, a well-known neuroinflammatory disease. Prior poliomyelitis evidence of cytokine production has been found in the central nervous system [21].

Although the oral poliovirus vaccine (OPV) has been effectively used in the reduction and control of poliomyelitis cases, and despite several advantages of using the attenuated OPV strains, the occurrence of vaccine-associated paralytic polio-

myelitis (VAPP) cases in vaccine recipients and their susceptible contacts is paradoxical. It is recognized that other neurological complications, such as meningitis, encephalitis, convulsions, transverse myelitis and Guillain-Barré Syndrome, have also been rarely associated with the use of this vaccine. The characterization of polioviruses isolated from such cases has demonstrated their OPV origin [22].

According to the US FDA, more than 90% of U.S physicians do not report post vaccinal adverse effects [23:35].

Concomitant with a nationwide oral poliovirus vaccine (OPV) campaign in Finland in 1985, an unexpected rise in the number of patients hospitalized with the Guillain-Barré Syndrome (GBS) occurred. An analysis based on hospital records covering a population of 1.17 million and 6 years revealed a significantly increased incidence of GBS coinciding with the OPV campaign. This study suggests that live-attenuated polioviruses may, like other infectious viruses, sometimes trigger the GBS [24].

A study by the *Fundacao Nacional de Saude* in Brazil between 1990-1996 assessed the impact of the Guillain-Barré Syndrome (GBS) on persons less than 15-years-old following the eradication of poliomyelitis. From 3,619 notifications of acute flaccid paralysis (AFP) there were 1,678 GBS. GBS was the most frequent cause of AFP [25].

Another study carried out by the *Danish Epidemiology Science Centre, Statens Serum Institut, Copenhagen*, to evaluate whether persons with a history of poliomyelitis are at an increased risk of developing multiple sclerosis (MS); all patients diagnosed with acute poliomyelitis in the greater capital area of Copenhagen, Denmark, between 1919 and 1954 were identified and followed with respect to MS. Their findings suggest that the polio patients might be at an increased risk of MS [26].

With regard to polio vaccination, Hervieux et al. reported the following post vaccination cases: polio in the arm after the injectable vaccine, sclerosis in plaques, amyotrophic lateral sclerosis, chronic diarrhea, gluten intolerance, Guillain-Barré Syndrome, myasthenia gravis, polymyositis, cerebral tumors [12:54].

7. Guillain-Barré Syndrome: the tip of the iceberg

Professor Georges Vithoukas in his Acceptance Speech to the Swedish Parliament in 1996 declared: “Multiple sclerosis, a disease that eventually leaves its victims totally paralyzed, is one which thousands of people are suffering from in the western world. Yet it is entirely unknown to Africans, Asians or South Americans, who have not had the ‘benefit’ of the excellence of western medicine. Amyotrophic lateral sclerosis, a terrible disorder of the neuromuscular system, is also unknown to all these people. Myopathy and muscular dystrophy is similarly known only to the west. Epilepsy, which is rampant in the western world, is seldom encountered in these countries. Anxiety neurosis, compulsive neurosis and, in general, mental disorders of a severe nature from which millions of patients are suffering in the western world, are almost unknown in these groups that have not had the ‘benefit’ of modern medicine and vaccinations.”

Such evidence suggests that many chronic diseases may be the result of incorrect intervention imposed upon the organism

by conventional medicine. Could the immune system of the western population, through strong chemical drugs and repeated vaccinations, have finally broken down, admitting diseases deeper into the human organism, to the central and peripheral system? In short, this model indicates that conventional medicine, instead of curing diseases, is actually the cause of biological degeneration of the human race [27:7,8].

Even though the data regarding the relation between vaccination and autoimmune disease is conflicting, it seems that some autoimmune phenomena are clearly related to immunization (e.g., Guillain-Barré Syndrome) [28].

8. Stress: another paradox of civilization

To maintain or achieve optimal health is a constant battle of opposing factors; low or high stress versus the optimal or eustress; hyperglycemia or hypoglycemia versus euglycemia; chronic hypocapnia due to chronic hyperventilation syndrome versus the optimal or eucapnia; lacking of proper posture and performance versus eukinetics.

These factors taken together are synergistic and must be in balance to achieve a healthy status [29].

The euglycemic status can be defined as blood sugar that must “not only be supplied continuously, but must also be maintained at optimum level, around 80 mg/dl [2].” The euglycemic status serves as a natural “barricade” against infections, and it must be maintained at all times, day and night. Both exposure (during shock phase of the alarm reaction) and very acute stress (e.g., trauma, burns, hemorrhage, infections, anaphylactic shock, cold, drugs, muscular exercise, etc.) elicit a marked adrenalin discharge with correspondingly pronounced hyperglycemia—the magnitude of which is largely determined by hepatic glycogen-reserves [10:117]. Vitamin C and magnesium chloride in appropriate doses according to the unique dose-response of the patient and a sugar-free diet, with proper exercise lowers such initial hyperglycemia to an optimal level; allowing restoration of immune functions.

Every cell in the body depends on glucose to a greater or lesser extent. Normally the cells of the brain and nervous system depend solely on this sugar level for their energy. Both hypoglycemia and hyperglycemia are states in which the cells do not receive the appropriate amount of oxygen. Both extremes are harmful because they lead to hypoxemia and inflammatory reactions by the suprarenal gland, and to the production of histamine and serotonin [30]. If the host has poor nutritional status, recovery will be slow; and if she or he is under physical, emotional or psychological stress, besides stress from the external environment, then pathologic status has already settled in, and regaining good health becomes difficult. Symptoms in the host—fever, anorexia, lack of energy—are a natural attempt to reverse the whole process. However, when these fail, the flourishing of a specific pathogen is a natural consequence.

Nutrition, including sugar and refined food intake, plays an important role in the etiology of disease as well as in antenatal care. Some newborns develop hypoglycemia with a few hours after delivery. This stressful event can be caused by untreated hypothyroidism in the pregnant mother. In premature infants during the first weeks of life they may present a syndrome re-

sembling hypocorticism (anorexia, failure to gain weight due to dehydration, hypoglycemia) [10: 70]. Research suggests that “pregnancy represents a strong goitrogenic stimulus for both the mother and fetus, even in areas with only a moderate iodine restriction or deficiency [31].” The same resource continues, “Maternal goiter formation is correlated with the degree of prolonged glandular stimulation that takes place during gestation. Also, a goiter formed during gestation may only partially regress after parturition, and pregnancy therefore is one of the environmental factors that may help explain the higher prevalence of goiter and thyroid disorders in women compared to men [31].”

Hypoglycemia and depression share such diverse symptoms as nervousness, depression, unprovoked anxieties, exhaustion, drowsiness, insomnia, constant worrying, mental confusion, and forgetfulness. The source of these symptoms is often lack of oxygen and glucose in the brain [32:64] which can lead to complications in both the mother and infant.

Klenner reported that in a series of 300 pregnancies, the gravida were given ascorbic acid, 4 g/day in the first trimester, 6 g/day in the second, and 10 g/day in the third. [6] All the infants were robust and there were none of the “normal” complications of pregnancy frequently encountered in other cohorts where there is little or no supplementation of ascorbic acid.

A postpartum concern is the quality of the mother’s milk. If the mother was previously vaccinated, then her immune system is in some way depressed [33] and breastfeeding may not be offering the secure protection that is often presumed and this can lead to an infant developing colds, bronchitis, and pneumonia. Bottle-fed babies, in addition to missing out on protective antibodies from the mother, are subject to diverse illnesses [34].

9. Suppress the cause, suppress the effect

“Our consumption of sugar is (thus) not voluntary—of the 100-plus pounds (45.4-plus kg) that we ingest in a year, approximately 70 pounds (31.8 kg) are added to foods during processing [35:62].” Sugar is “the principal energy-nutrient ingredient of carbonated beverages, candy, frostings and other concentrated sweets [36:61].” It is an empty substance—lacking protein, calcium, iron, vitamin A and thiamine among others. It just yields calories. Sugar increases oxidation damage; stresses our pancreas and adrenal glands; produces free radicals in excess; robs our body of minerals such as chromium, potassium, magnesium, and zinc and vitamins (especially Bs). Sugar inhibits our immune system and interferes with the transport of vitamin C [36]. Early man “did not have a source of pure, refined sucrose, and we are not biologically adapted to cope with large quantities of it. We do require carbohydrates in our diet, but not from sugar as such [35:64].”

Of final noteworthiness is the observation by W. A. Price who travelled “from the lands of the Eskimos to the South Sea Islands, from Africa to New Zealand.” He concluded that people who live under so-called backward, primitive conditions, had excellent teeth and wonderful general health. They ate natural, unrefined food from their own locale. As soon as refined, sugared foods were imported as a result of contact with ‘civilization’, physical degeneration began in a way that was definitely observable—and within a single generation [1,37].

10. Conclusion

The euglycemic status is of primary importance in preventing acute infections. Stress can lead to the appearance of reactive responses with disease as a secondary effect.

Investigating the success of historical treatment interventions can contribute to our understanding of mechanisms promoting strong immunity. Proper diet, good hygiene, and a healthy lifestyle are all important in the first line of defence against disease.

According to the World Health Organization, “The best vaccine against common infectious diseases is an adequate diet.”

Finally, when people have the opportunity to help themselves via acquiring information regarding disease, the results, in terms of disease prevention, can be remarkably significant.

“Foods must be in the condition in which they are found in nature, or at least in a condition as close as possible to that found in nature.”

—Hippocrates

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Editorial Note

Regarding polio and diet in 1949, the following information is taken from B.P. Sandler’s writing entitled *Diet Prevents Polio* (1951, The Lee Foundation for Nutritional Research).

“The country as a whole had more cases of polio in 1949 than in any previous year. There were 38,153 cases in 1949 against 23,418 in 1948. There was no diet campaign during 1949. However, a study of the 1949 statistics yields some interesting data. I wish to call attention to a great decrease in polio cases in Asheville and in the state of North Carolina during 1949, in spite of the fact that 1949 for the country as a whole was far worse than 1948. In 1949, 39 states showed an increased number of cases over 1948. Ten states and the District of Columbia show a fall in the number of cases, and of these, North Carolina shows the most striking reduction. The figures released by the National Office of Vital Statistics of the U.S. Public Health Service are shown in Table 1.

The fact that four of the ten states showing a number of cases in 1949 were located in the southeast part of the country may be attributed to the widespread publicity given the diet suggestions in that area. Because of the severity of the North Carolina epidemic, adjoining southern states had wide newspaper and radio publicity made available by the AP and UP wire services and practically every newspaper carried the story. Countrywide newspaper and radio publicity was also obtained but to a lesser extent. For example, in New York City, only one newspaper, *The New York Times*, carried the story.

The National Foundation for Infantile Paralysis has informed me that there was a sharp and significant drop in the sales of soft drinks and ice cream in North and adjoining states. The National Foundation had made their own investigation to ascertain to what extent the public had followed my suggestions. They have also stated that the consumption of soft drinks was less in 1949.”

Table 1. Reported cases of polio released by the National Office of Vital Statistics of the U.S. Public Health Service

State	October 29 - January 1, 1949	October 30, 1948
States with increases in reported Polio cases from 1948 to 1949		
Massachusetts	1,705	181
New York	5,072	1,321
New Jersey	1,350	715
Michigan	2,568	662
Texas	2,123	1,611
Illinois	2,705	1,013
Oklahoma	1,216	339
States with decreases in reported Polio cases from 1948 to 1949		
North Carolina	214	2,402
South Carolina	98	355
Georgia	201	215
Florida	228	245
California	2,156	4,150
United States, Total	38,153	23,418