

## THE ALLERGIC AND AUTO-IMMUNE DISEASES.

This chapter largely concerns other than orthodox concepts and therapy of these classes of disease. These are the product of the pure clinical research conducted by Dr. Carl J. Reich during more thirty years of office practice.

In this research Dr. Reich treated approximately 20,000 patients as experiencing chronic calcium and vitamin D deficiency. Of those approximately fifty percent were asthmatics, two thousand were osteoarthritics, and about 100 were rheumatoid arthritics or Crohn's ileitis-colitis patients.

Disease processes which are attributed to "allergy" and "auto-immunity" constitute the basis for a very large percentage of the diseases suffered by mankind. Moreover, most such diseases, such as chronic asthma, Crohn's ileitis-colitis, and rheumatoid arthritis, are identified as "modern epidemics" of which the incidence of some is increasing at an alarming rate.

As, to date, no known cause for those diseases has been identified "allergy" and "auto-immunity" remain two most mysterious processes. What is known, however, is that both types of diseases involve the release of histamine by cells which are damaged by a known allergic substance or by an unknown immune factor of the body.

In the instance of allergy a foreign particle defined as an "allergen" is met with in the body cells by protective antibody particles and, as the allergen is neutralized, the cell releases histamine . As this histamine is toxic causing cells to be edematous and to excrete cellular fluid, if it is insufficiently neutralized<sup>d</sup> by antibody it will spread from cell to cell damaging each to cause them to liberate more histamine. So a cascade of damaged cells may be created until a tissue is grossly disorganized. In an organ this may excite disease and in the skin may excite a positive allergy test.

Diseases which are attributed to "allergy", such as asthma, "hay fever", and dermatitis, and the skin test reactions that have been utilized in those diseases, mainly involve covering and lining tissues such as skin and the linings of the nose, bronchial tubes, and intestines.

In the instance of "auto-immunity" the tissues more commonly affected are connective tissue or collagen of the skin, skeletal joints and intestines. These may react with some protein, carbohydrate, or fatty or steroid component of the body, in a far less definitive manner involving histamine, to create diseases such as lupus, rheumatoid arthritis, <sup>d</sup>ileitis-colitis.

On the basis of that suspected etiology, diseases attributed to allergy have been treated by avoidance of known allergic substances, by giving injections which would enhance

the antibody defense of the body, by the symptomatic therapy of exudation and bronchial spasm with anti-spasmodic and anti-histamine drugs, and by enhancing the adrenal-adaptive defense of the body by the inhalation, injection, or ingestion of cortisone or allied steroids.

Diseases attributed to auto-immunity have largely been treated with the above mentioned steroids or by non-steroid anti-inflammatory drugs, NSAIDS. Steroids may be beneficial in that they will mobilize calcium from the skeleton so resolving any cellular deficiency of ionized calcium.

For reason of the pure clinical research which I have performed on these two major types of diseases, and on others, I have redefined the "allergic" and "auto-immune" reactions as being expressions of a "deficiency-mal-adaptive reaction".

In this study I found that individuals suffering diseases, such as chronic asthma and rheumatoid arthritis, had pursued particular defects of lifestyle that gave rise to chronic deficiency of a particular chemical and a particular biochemical factor, and that each diseased person demonstrated representative findings of a syndrome which arose because of the effect which those deficiencies had on various tissues.

The lifestyle defects and deficiencies common to those affected with such diseases are of a diet which gives rise to

chronic deficiency of calcium and of dietary vitamin D, and of indoor and well clothed habits which give rise to deficiency of the sun-on-skin D vitamin. Those vitamins are essential to provide that calcium with biological activity in the living cell. This activity of calcium is gained as the ultra violet radiant energy stored in a molecule of vitamin D comes in contact with an atom of calcium to strip two negative electrons from its outer shell of encircling electrons leaving it as a double positively charged calcium ion that is biochemically active.

It appears that, for reason of man's evolution under a canopy of daylight and sunshine which contained ultra violet radiation, such a form of calcium is intimately related to the oxidative intracellular release of the solar bonding energy of glucose and oxygen, which occurs in the mitochondria. Moreover it is related to the transfer of that energy to the 1,000 or more biochemical processes that are scattered throughout the cell creating cell function. On that basis deficiency of that <sup>Calcium</sup> ion will give rise to "cell energy starvation" and such starvation is the prime cause of tissue complaints and physical changes.

In defense against such deficiency, starvation, dysfunction, and changes, as the complex mammalian structure which was to become man evolved it also developed ancillary adaptive functions in various organs, such as the lungs, intestines, and skeleton. These <sup>functions</sup> were designed to effect biochemical compensation for that deficiency and starvation.

Persisting deficiency may so exhaust and energy starve the excretory, smooth muscle, or bone tissue which provided such adaptive function, that they may be broken down to give rise to diseases such as chronic asthma, ileitis-colitis, and rheumatoid arthritis. [ I have redefined these diseases which have been defined as "adaptive" as "mal-adaptive". ]

On that basis the edema and exudation of secretory and lining tissues, the disorganization of connective or collagen tissue, and the decalcification of bone, do not represent the presence of some mysterious "allergic" or "auto-immune" reaction but of a "deficiency-mal-adaptive" reaction.

<sup>THS</sup> That thesis is supported by the identification in those types of diseases of the responsible lifestyle defects and of representative functional or physical stigma of an "ionic calcium deficiency syndrome", and by the degree of resolution of the disease and of those findings of the deficiency syndrome as the deficiency state is treated. Such therapy is provided by a diet that is high in the alkaline producing foods, and by supplements of calcium and magnesium and of the A and D-3 plus D-2 vitamins, according to the attached Schedule of Dosages.

These recommendations of therapy are provided with the reservation that, to be effective, they must be prescribed before the disease has been experienced for an extended period of time. [ The basis of that statement is that ] adaptive alterations of cells and tissues are initially functional and

so are readily reversible if the pressure of deficiency is remedied. In contrast, after a period of time, the adapting cells will become physically altered by replacement of normal biochemical mechanisms with others, and by gross physical disrepair of a large percentage of the cells of the tissue. In that circumstance health professionals will be obliged to experiment with drugs until they discover one which, by the benefit it provides has obviously ]dove-tailed with the — altered cell mechanisms to produce some semblance of normal function in the tissue and organ.

Nevertheless, even in advanced disease, while therapy of the background deficiency will not induce noticeable benefits, it will ensure that remaining only functionally stressed cells will not be advanced into the physically altered class.

As "all that glitters is not gold" so "all that sneezes, wheezes, itches, and aches, is not allergy or auto-immunity"

C.J.R.

## THERAPY OF THE VITAMIN D AND CALCIUM DEFICIENCY STATE

NOTE: This therapy of this state, creating symptoms or symptoms and disease is guided by: i) definition of responsible lifestyle defects, ii) the presence of certain symptoms and physical signs of which an acidic state of the saliva is the most incriminating.

### AVERAGE INITIAL QUANTITIES OF CARRIERS AND THE DOSAGES OF VITAMINS

	INFANT	THREE YEAR OLD CHILD	10 to 15 YEAR OLD ADOLESCENT	ADULT
Aquasol A and D drops	1 once daily	2 to 3 bid	3 to 5 drops bid to tid	6 to 8 drops bid to tid
Halibut Liver Oil Capsules	1/2 once	one once	one bid to tid	two bid to tid
DOSAGE OF D	350	1,400 - 2,000	5,600 - 5,200	3,000 - 8,800
DOSAGE OF A	5,000	10,000 -13,000	22,000 -35,000	30,000 -62,000
Calcium and Magnesium	50-75 CA.	75-125 CA + 1/2 of MG once or bid	500 CA + 1/2 of MG once or bid	500 CA 1/2 of MG bid - tid

### THE VITAMIN PREPARATIONS

**AQUASOL A AND D:** By Rhone-Poulenc-Rorer Can. Inc. 8580  
Esplanade Montreal QU. H2P-2R9 (514) 384-8220. Each three  
drops contains 800 I.U. of ergocalciferol vitamin D-2 and 4,000  
I.U. of natural vitamin A.

**HALIBUT LIVER OIL CAPSULES:** By R.P. Scherer Ont. (519) 253 2405.  
Each capsule contains natural vitamin D-3 which has been brought up to  
400 I.U. D strength per cap. by the addition of some vitamin D-2. Each  
capsule also contains 5,000 I.U. of natural vitamin A.

### TOXICITY OF THE VITAMINS AND MONITORING OF DOSAGES.

**VITAMIN A:** Intolerances are infrequent, toxicities very rare and  
death due to overdosage practically unknown. Major intolerance is a  
mild rash and dry skin.

**VITAMIN D:** Intolerances more frequent but rare include headache,  
constipation, nausea, arrhythmia and muscle pain. Monitor prior to  
therapy for pre-existing very rare elevated serum calcium and during  
therapy for rare toxicity in suspected cases by testing serum for  
elevated calcium and alkaline phosphatase.

### CONCLUSIONS OF US RESEARCH COUNCIL COMMITTEE ON DIET AND HEALTH (1988)

	MINIMUM OR STARTING TOXIC DOSE	RECOMMENDED DAILY ALLOWANCE
VITAMIN A	25,000 to 50,000 I.U.	5,000 I.U.
VITAMIN D	50,000 I.U.	400 I.U.

MY COMMENTS: This M.T.D. for vitamin A is far too low and instead  
should be, and likely has been raised to 50 to 100,000.

Is is also most incongruous that, while the M.T.D. dosages of  
these vitamins are in these ranges, that the RDA is held at  
400 and 5,000 I.U. Whose influence does this represent?!

## THE ALKALINE PRODUCING DIET

As you shop for groceries you should purchase more of the alkaline producing foods listed on the left and less of the acid producing on the right. In "Oils and Fats" the lower cholesterol foods are also on the left.

### ALKALINE

#### VEGETABLES AND FRUITS

### ACID

**MORE** : fresh  
in season  
(vegetables stir  
fried or steamed)

**LESS** : out of season  
canned, frozen (frozen  
preferred over canned)  
processed

#### FISH FOWL AND MEAT

**MORE** : fish, fresh or  
canned.  
chicken  
turkey

**LESS** : red meats, beef, pork  
and lamb.  
cured meats  
sausages, wieners.

#### DAIRY PRODUCTS

**MORE** : 2% milk  
butter, sparingly  
cheese, "

**LESS** : chocolate milk  
margarine

#### CEREAL PRODUCTS

**MORE** : whole grain  
bread and cereal  
brown rice

**LESS** : white bread  
white rice

#### OILS AND FATS

**MORE** : "northern oils"  
Eg. canola and corn

**AVOID** : "tropical oils"  
Eg. palm and coconut  
**LESS** : animal fats, lard.

#### DRINKS

**MORE** : fresh veg. juices  
decaf. tea and coffee

**LESS** : fruit juices, soft  
drinks, coffee, tea.

#### DESSERTS

**MORE** : fresh, whole fruit

**LESS** : canned fruit, ice cream,  
cake, pie, pastries.