LIST OF THE FUNCTIONAL COMPLAINTS AND PHYSICAL CHANGES
OF THE IONIC CALCIUM DEFICIENCY SYNDROME

PLEASE NOTE:
The clinical findings marked with an astrix "*" are those which either the patient most commonly complains of or are most frequently found on physical examination.

The reader MUST realize that this table represents the entire list of the functional and physical findings which can arise for reason of the deficiency state. This syndrome which arises for reason of the direct effect of ionic calcium deficiency on tissues is only most rarely elicited in entirety. The presence of even only two or three of the more common findings, such as those marked with an astrix, "*", may be taken as positive evidence of the existence of the deficiency to a degree sufficient to also initiate autonomic stimulation of the adaptive function of one or more organ or tissues or of the cell, which is genetic mutant change. These functions may be broken down to create "mal-adaptive" disease. The mutant will give rise to malignancy.

For example the presence in Crohn's disease, rheumatoid arthritis, hypertension, chronic asthma, or cancer, of tenderness of skeletal muscle on pressure, the myoedetic nodules on percussion, a coated tongue, and an acid salivary pH is sufficient to incriminate these diseases as the product of an associated adaptive function attempting biochemical compensation for the ionic calcium deficiency state, or as a malignancy which arose from a mutant which was "tailor made" to survive and thrive in the milieu of deficiency.

<table>
<thead>
<tr>
<th>SYSTEM INVOLVED</th>
<th>COMPLAINTS OR FUNCTIONAL STIGMA</th>
<th>SIGNS OR PHYSICAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL BODY</td>
<td>Chronic fatigue* cold intolerance</td>
<td>Fatigued appearance Pallor, cold hands ACID SALIVARY PH *</td>
</tr>
<tr>
<td>SKELETAL MUSCLE</td>
<td>Nocturnal calf cramps*</td>
<td>Increased myotatic irritability 1) gross spasm 2) MYOEDEMA* 3) PAIN ON PALPATION of soleus*, trapezius*</td>
</tr>
</tbody>
</table>

PLEASE NOTE:
These are the most important physical findings of the deficiency syndrome. Their presence even in an only minor symptomatic person constitutes warning that the deficiency is of concentration as adequate to excite organ adaption to the deficiency which has the potential of creating "mal-adaptive disease".
Diagrams showing the relationship of chronic deficiency of calcium which has been rendered biologically active by the D vitamins, to the complaints and physical signs of a deficiency syndrome, including acidity of saliva, to organ related diseases, and to cell related cancer.

Diagram #1:

The direct effect of "cell energy starvation" creating:

i) CNS symptoms of central and peripheral anxiety-tension

ii) skeletal and smooth muscle spastic complaints,

iii) alteration in secretory tissue function, and

iv) physical signs of muscle, finger nails and tongue.

Level of biologically active calcium

Adaptive and immune potential

Nerve-muscle activity effect on other tissues

Cell and salivary acidity

Chronic fatigue

Chronic anxiety

C.F.S. and A.D.D.

"allergies"

Headache, migraine

Insomnia, aches, cramps, myositis

Gas + indigestion

Constipation

Low resistance

Arteriosclerosis

Rickets

Cancer

While the following diseases represent the breakdown of adaption of organs to the deficiency, cancer represents mutation maladaptation of a single cell to the same deficiency.

Diagram #2

The indirect autonomic effect on organs with adaptive function creating "mal-adaptive" organ disease

Level of biologically active calcium

Adaptive function

of the lungs

of the skeleton

of the intestines

of other systems

Cell and salivary acidity

Breakdown of their and other adaptive function creating "mal-adaptive" disease such as chronic asthma

Crohn's ileitis

RA and osteoarthritis

Osteoporosis

Diabetes

Hypertension

In the same patient:
The ionic calcium deficiency diseases are of two major types, the "direct" arising for reason of the direct influence which deficiency of the ion has on muscle, nerve and other tissues, and the "indirect" which arise because of adaptive autonomic nervous stimulation of an organ. In the latter instance disease arises because the asymptomatic adaptive function attempting biochemical compensation for the deficiency state was broken down by the persisting deficiency that exhausted the function, and because of the added direct effect of the deficiency on the secretory, nerve and muscle tissues of the adapting organ.

Other factors, such as genetic change, other deficiencies and excesses and a combination of these factors may play an important secondary role in the excitation of these diseases. Therefore, these many other different factors may dictate which tissue or organ is to be affected by the underlying deficiency to produce a variety of deficiency diseases. Moreover, the treatment of one of these secondary factors may induce moderate resolution of the disease in many cases while the primary cause of ionic calcium deficiency is untreated. Despite such resolution one must not ignore the indications of the existence of an underlying ionic calcium deficiency state.

(1) THE "DIRECT" ADAPTIVE DISEASES

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>ORGAN</th>
<th>PRIMARY FUNCTION</th>
<th>ADAPTIVE FUNCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) OF MUTATION</td>
<td>cancer</td>
<td>cell</td>
<td>varied function</td>
</tr>
</tbody>
</table>

(2) THE "DIRECT" NON ADAPTIVE DISEASES

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>ORGAN</th>
<th>PRIMARY FUNCTION</th>
<th>ADAPTIVE FUNCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) THE SPASTIC TUBE AND VESSEL DISEASES</td>
<td>constipation</td>
<td>colon</td>
<td>fecal storage</td>
</tr>
<tr>
<td></td>
<td>enuresis</td>
<td>bladder</td>
<td>urine storage</td>
</tr>
<tr>
<td></td>
<td>dysmenorrhea</td>
<td>uterus</td>
<td>reproduction</td>
</tr>
<tr>
<td></td>
<td>migraine</td>
<td>cerebral artery</td>
<td>cerebral circulation</td>
</tr>
<tr>
<td>(B) THE SKELETAL MUSCLE DISEASES</td>
<td>chronic myositis</td>
<td>muscle</td>
<td>motion</td>
</tr>
</tbody>
</table>

NOTE:
(C) BRAIN AND NERVE TISSUE DEGENERATIONS

Alzheimer's cortex mental function none
Parkinson's lenticular coordination none
Lou Gehrig's nerve tract stimuli conduct

(D) FUNCTIONAL DEFECTS OF THE ABOVE

hyperactivity, learning disability, anxiety, depression, anti social behavior, drug addiction none

(E) THE IMMUNE PLUS ADAPTIVE SYSTEMS

AIDS internal secretory immunity plus tissue adaption

(3) THE "INDIRECT" ADAPTIVE DISEASES

<table>
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</table>

(A) THE SPASTIC TUBE AND VESSEL DISEASES

peptic ulceration stomach digestion Increased HCl secretion lowering of systemic pH
forms of ileitis ileum and incr'd production + rapid colitis colon passage of alkaline int. secretions. Lowering of systemic pH
chronic asthma bronchial tubes respiration Retention of CO-2 with lowering of systemic pH
coronary artery heart circulation control of cardiac circl'n and cardiac plus total thrombosis colon body function
hyper-tension systemic arteries systemic circulation Hydrostatic kinetic energy transduced to chemical change of Ca++ ionization

(B) THE METABOLIC DISEASES

diabetes pancreas and Prod'n of organic acids target cells ionization of Ca++ by CHO metabolism lowering of systemic pH

(C) THE SKELETAL DISEASES

osteo arthritis bone support slow or rapid calcium rheumatoid arth. loss by by hormone osteoporosis or enzyme action
IN CONCLUSION

The clinical aspects of the ionic calcium deficiency state are most varied and rarely are presented in complete array to facilitate their interassociation. Therefore, the appreciation of this deficiency complex in most patients requires the study, by the physician, of the irregular presentation of complaints and diseases in an the individual or patient who has pursued the responsible lifestyle defects and the study of their relief on therapy of the deficiency state. The physician is also required to study the relative absence of those clinical findings in non deficient individuals. In that regard, those contemplating pure clinical research of this deficiency complex must include a study of controls, such as non deficient highly efficient college or university athletes.

BEHIND ALL THE
NIT PICKING
THERAPY OR ALL
DISEASES LIES
THIS !!!!