

A Special Audio Interview Featuring Dr. William LaValley, M.D.



Here, Dr. Mercola interviews Dr. William LaValley, M.D., who has practiced Integrative and Complementary Medicine as a licensed physician in Texas (Austin) and Nova Scotia, Canada since 1988.

Dr. LaValley is a member of the American Medical Association (AMA), the Texas Medical Association (TMA), the Travis County Medical Society (TCMS) in Austin Texas, the Canadian Medical Association (CMA) and Doctors Nova Scotia. He has also served as the Chairperson of the Complementary Medicine Section of the Nova Scotia division of the CMA since 1994.

In this one-of-a-kind interview, Dr. LaValley explains his vision of truly patient-centered, integrated health care, and how he has successfully adapted and incorporated the theories of traditional Chinese medicine to restore optimal health by balancing your chi using homeopathic remedies, and electro-dermal screening.

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A Special Interview with Dr. William LaValley

By Dr. Mercola

DL: Dr. William LaValley, M.D.

DM: Dr. Joseph Mercola, D.O.

INTRODUCTION

DM: Welcome to another Inner Circle Interview. Today I'm honored and privileged to have with us Dr. William LaValley.

I met Dr. LaValley actually about a year ago. We both attended a conference in Texas and I just happened to meet him at the registration table. He recognized me and we started a conversation and had a fabulous time at this event, and we've become pretty good friends ever since because he has an extraordinary knowledge in biochemistry of disease and physiology and supplementations.

He's put massive amounts of time and effort into it, and has an extraordinary amount of clinical application from that.

And also he's really skilled in Energy Medicine, and not many physicians are.



He's really one of the pioneers; actually trained with Dr. Voll from Germany when he was still alive. And like myself, his training formally is in family medicine and he segued off as I did. He actually started the process much earlier than I did. But he is one of the leading clinicians in the country in alternative medicine.

So, not really well known, because he kind of keeps to his niche, and he practices not only in the U.S. but up in Canada where he's married to a Canadian; lovely woman named Maggie. And so he spends a bit of his time up there and bounces back between the U.S. and Canada.

And also some training in the U.S. Military Academy at West Point. I don't know if we're going to talk about that today but that experience is particularly useful in his efforts to basically make a dent and impact on this fatally flawed healthcare system that is currently present in the U.S.

So, with that, Dr. LaValley, if you want to edit anything I mentioned, please feel free to do that, and then we can continue.

DL: Good morning, Joe. That's wonderful. Thank you. I'm grateful to be here and I hope that I can add some meaningful information for your listeners. There's so many things that we can talk about. I'm looking forward to it.

DM: Me too. So, where do you want to start?

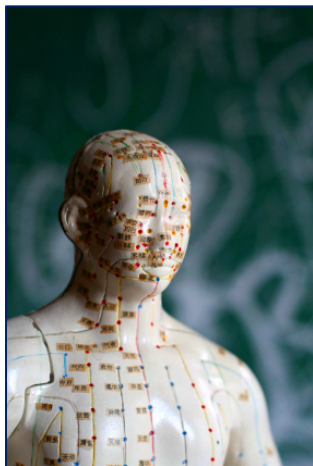
DL: Well, perhaps a little bit of background to the listener because maybe that will give a better context to understand where I'm coming from.

DM: Sounds great.

EXPLORING CHINESE MEDICINE AS A WESTERN SCIENTIST

DL: I started at Baylor College of Medicine in 1980. Baylor College of Medicine's in Houston, in Texas. And I was in a PhD-MD program, a combined program and at the end of the basic science core curriculum, and about a year into the beginning of the PhD core curriculum; I got a chance to go on an American Medical Association's sponsored trip to China.

Back then, in 1982, it was called the People's Republic of China, still is officially, but at that time if you said, "Well, I'm going to China," everyone thought you meant you were going to Taiwan. And because there were very few people who actually went to China, there were certainly weren't any tourist groups going.



They were pretty much government sanctioned trips and at that time. There were 30 medical students from around the US that were selected to go and I was going to study the brain chemistry of acupuncture. That was kind of the niche that I was given because my PhD work at that time was in neuroscience.

I was very interested in what I was imagining was something called the mind-body interface. And it sounded very intriguing. I frankly had very little idea what that meant at that time and to this day, we still have a challenging time defining it.

As this group went over to China, various students were given the opportunity to participate in various ways. We went out into the main cities, into Shanghai and Beijing. And we also went out into the deep rural areas in China. And there were some places where we were the first non-Asians, the first Caucasians that anybody had seen, and there were a couple of African Americans. It was the first time that anyone looked any different than the locals. And that was quite an experience.

What I remember most vividly is that the use of herbal medicines and acupuncture and a whole range of what we call “traditional Chinese medicine techniques” made absolutely no sense to me as a student in the West. I understood that they were doing things, but they couldn’t be understood by any of the scientific models that I had been taught.

And after several weeks of watching the acupuncture and watching the old style, traditional Chinese medicine, I became both amazed and very confused as to how this could all be real, and everything that I’d learned in this very advanced technical medical school in Texas could say nothing about it.

I came to the conclusion that, as a scientist, I could postulate hypotheses about this and the hypothesis was that either all the traditional Chinese medicine practices and those practicing them were either placebo effect, insane, or the medical model that I was using in the West was limited and not able to encompass that.

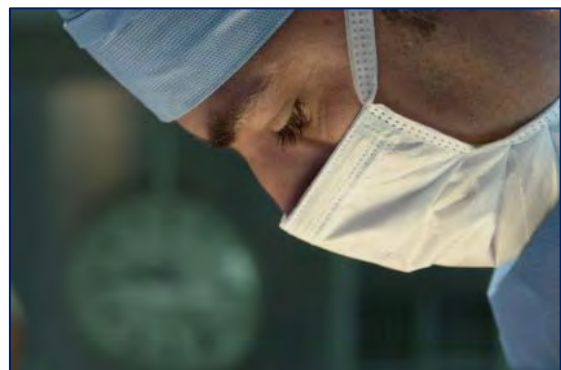
Basically there must be more to it than we haven’t discovered or we haven’t explained it adequately.

And I had one particular specific experience that changed my direction in healthcare. I used it because it was a profound reference point for me in my life and I’ve been able to draw on it for integrating conventional (what we here in the West call conventional). Over there at that time, they would call our conventional stuff as their complementary stuff; it was their alternative.

And on the last three days in China, we were in Shanghai at what is called the Shanghai First Medical College. I am not sure what the name of it is now but that was the name of it then, and we were given the opportunity to observe a surgery.

This particular surgery was on a man who was about 26-27 years old and he had what appeared to be, by CT scan, a benign tumor about the size of a ping pong ball on his right parietal lobe.

I was given the opportunity to actually scrub into the surgery.



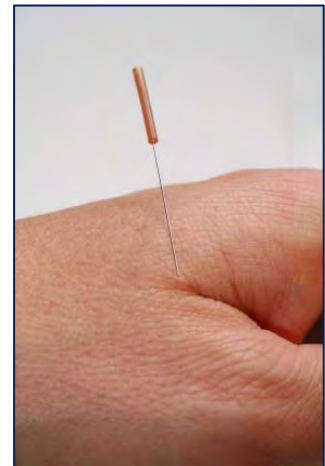
There were two other students and the rest of them were up in the tall surgery theater with heads peering down looking over into the surgery. And the reason I got to scrub in was because I was a photographer and they wanted me to take photographs. And so, I did.

This gentleman got wheeled into the surgery room. And on one wall I looked over and there were the CT Scans and they were on the view box, and I could have some idea of what they were about to do. I watched as they stuck a needle into his cheek, below the eye, sort of the middle of the midline of the eye down in the middle of this cheek and they hooked it to a wire. That wire went to a small battery that looked like a motorcycle battery.

And then they took another needle and put it into the spot on the back of his hand and the spot between his forefinger and his thumb right in the web of his hand -- it's called hoku point -- and they stuck the needle there, and hooked that to a wire off to that battery and started turning on the apparatus so it stimulated it 10 cycles per second, 10 hertz.

And that was all the medication he had, he was completely conscious the entire time. And they started to prep him for surgery.

I looked around the surgical suite and on the other wall, windows were open to the outside. I could hear the birds chirping, and so we're in a surgery suite where we had CT scan on one side and open windows on the other side. Certainly not the way that I'd seen it in Houston, Texas.



One of the nurses came in and had a pitcher of water, which I found out later was actually saline, and she'd lifted it up and poured it into an open container that was hooked to a tube that was the IV. And they kept replenishing the IV fluid by pouring it into a pitcher and then pouring it into this open bottle container up at the top. And basically it looked like a giant funnel and it's drained into the patient to maintain fluids.

He could speak and I watched as they cut through the skin and literally chiseled through the bone of the skull. And then I watched as they snipped through the meninges. I knew enough from my neuroscience to know that the brain itself doesn't feel pain when it's stimulated. But I knew that his skin, his skull and his meninges are exquisitely painful when they get stimulated like that. And my concern was that he was feeling pain or they had given him some other medication to knock him out and he wasn't responding.

Well, he was responding, he was talking the whole time and they kept asking him questions, "How do you feel? Do you feel this?" And he said, "No." He could feel the pressure.

I, at that point, was dumbfounded because as they lifted out this tumor and held it with the forceps (and I have photographs of all of this), someone nudged him on his foot and said, “Say hello to the visiting doctor.” And he did. He said, “Welcome to my operation.”

And that moment was an epiphany for me. It was the experience of watching this blending of conventional Western medicine because of the surgical procedure itself and the traditional Chinese medicine from this induced acupuncture analgesia. And I watched as they closed him back up and sent him off to recovery. And then we were able to see him in recovery after that.

That moment shifted my perspective so profoundly that I returned back to the U.S. and I vigorously have sought to integrate conventional Western medicine, medical approach and practices with the unconventional, complementary and alternative approaches in a way that is seamless and integrated.

In 1982, I embarked on that in a very rigorous fashion.

EMBARKING INTO HOMEOPATHY

I came after about a year back in the U.S., I withdrew from the PhD Program because it no longer held the kind of importance to me that it did previously.

After I completed the medical school in my Family Practice internship, I went to the Canadian province of Nova Scotia because of a physician who I had met at an electrical acupuncture conference, I think it was his probably his middle 70s at that time. He suggested that I come in, practice there for a little while, or at least take a look at his practice.

On doing so, he said, “Well, I’m about to retire. You can have the practice.” And I became very interested in that at that time because in those days, in the early 80s and mid-80s, there was nowhere you could go for formal residency training or fellowship training at all. So I made the agreement with him, his name was Dr. David Baker and he was a medical doctor, a surgeon, and his family is from the U.S.

And they had moved to Canada where he was practicing a combination of conventional medicine and electrical acupuncture, and something really unusual that I hadn’t really ever heard of before, something called ‘homeopathy’ at that time.



I had no idea really what that meant when I was first exposed to homeopathy. And I decided to stay for a while and to stay for three years. We'll talk a little bit more about what happened at that three-four year mark.

The other important piece that came along here was that when I got back to Houston in the fall of 1982, there was a lecture that came through town by a Dr. Reinhold Voll. Dr. Voll was described as the pioneer or the initial proliferator of electrical dermal screening or what he called at that time was 'electro-acupuncture according to Voll.' And it was exactly how Voll said it.

The interesting thing is that it was non-invasive. He would test electrical skin resistance that basically, using a modified galvanometer to test the skin resistance on points on the skin that he correlated with acupuncture points.

And that, when I listened to him for several days and watched what he was doing, I was quite amazed and stunned because he took these small little vials of homeopathic extracts which, at that time I had no clear understanding of what they were.

When he applied them to the patient, in other words, put them in the patient's hand or injected them into the patient or just sat them on the patient's lap, then, supposedly those electrical readings, the skin resistance would change.



And then he'd take them off the patient and the readings would revert to where they previously were, where the readings initially did evaluations of 10 fingers and 10 toes and found that the readings were unequal among each other and unstable, meaning that the skin resistance would increase and decrease at variable rates depending on which point he chose.

DM: What year was this occurring?

DL: This was in August or September of 1982.

DM: The other term for this test is called electro-dermal testing.

ELECTRO-DERMAL TESTING

DL: It evolved to become electro-dermal testing. Previous to that, there was a doctor in Japan who was doing needle insertion into people's hands and doing evaluations by

hooking a wire to that needle and looking at the various characteristics electrically of those points. Voll was the first to do it within a non-invasive way.

DM: You're one of the first people to learn that in the U.S., at least among physicians, is that correct?

DL: Yes. Well, actually, I was still a medical student at that time. And that afforded me a lot of freedom because I was able to take time off. Instead of doing a clinical rotation for one month or another, I could take a month off and go to various conferences or various clinics around the U.S. and Canada and Europe to go learn all of this.

And that's what I did. I embarked on this very amazing trip to look at various clinics in Europe and in clinics in Canada and throughout the U.S. back in the early 80s and mid-80s.



And decided that, because I didn't understand what was going on, I would go to the clinics and temporarily suspend disbelief, because otherwise my medical scientific training made it too hard for me to believe a lot of the things that I was seeing.

I would temporarily suspend disbelief, go in and learn what I could, learn what the model was as it was being presented and as it was being practiced, and then come back out and seek to make sense of it, of how to scientifically integrate it, where is the evidence space? What are the assumptions that are being used? How does it jive with reality?

DM: So, what was the result of your analysis that time?

DL: Well, at that time, what I realized is that there was a place for the use of these types of practices, and I wanted to test them clinically myself to see if the results that Dr. Voll and the other people were saying were possible.

Actually, it could be obtained by someone who was a relative beginner and that's the opportunity I got in Nova Scotia.

When I went there, Dr. Baker practiced his clinical approach in a way that he'd learned it when he went to China and watched how the traditional Chinese medicine folks did their practice. And that would be a kind of an open forum. That the traditional Chinese medicine doctor would be sitting in a room and the room would be lined with chairs. And in each chair was a patient. And the doctor would move from chair to chair and would take the patient's case and take a pulse, do a pulse diagnosis, make a diagnosis and then give a prescription to that person and then move to the next chair. And everyone in the room could hear whatever that doctor said.

So Dr. Baker started to do that. He had a small little building that he used for his office. And he would sit there in the middle of it with his electro-acupuncture, according to Voll, that dermatron -- one of the old first dermatrons built by Pitterling -- and he would go through and use the electro-acupuncture according to Voll techniques on the hands and sometimes on the feet and then come up with a homeopathic prescription and would give that to the patient. And everyone would watch it.

It was completely different than taking one patient back into the room, with the door closed and it was a very different kind of approach.

And word got around that this old Dr. Baker could help a lot of chronic problems. And he did. He became very well known in the region. People coming from hundreds of miles around and that's what I wanted to test. And I went into that with full commitment for about two and a half to three year period. And by the end of that time, I became convinced that sometimes it was very beneficial. Sometimes, it made no benefit at all and sometimes it seemed to cause people to feel worse.

And at that time, I had heard the lore, what I would call the healing folklore about the so-called healing reaction.

I had no idea what it really was, how that could have been provoked and I had no explanation for it. And I couldn't predict when it would happen. And so I had a lot of questions.

So by the end of that three-year period, I was convinced that something was going on and I was also convinced that most of the time, in the vast majority of the time that the relative benefit to risk ratio was so high that it was a viable option in people so long as they had appropriately tried something up until that time. Or they were clearly informed of what the options were and they had declined taking any of the other conventional treatments prior to that. That was a rare case that somebody had declined conventional treatments. The vast majority of those patients were people who had already exhausted all the conventional treatments without benefit or that they were having such adverse side effects that they couldn't tolerate the conventional treatments anymore.

I think in the world of integrative and complementary medicine, frequently physicians will see that range of patients much more than they see the patient who is healthy and looking to prevent illness.

DM: That's the way to go. So how did your experience progress from that and how did you actually integrate it into your practice and what direction did it take?

DL: Well, I became much in addition to doing the electro-dermal screening which had now come to be called homeopathy in a way that Dr. Voll was doing it. I started to look at how to become more able to get quick results because what I realized, patients, they were willing to do these approaches and willing to take the treatments. What they want

is quick results, and in conventional or classical homeopathy, classical homeopathy is used essentially to match one specific homeopathic remedy with the patient for a specified amount of time, maybe to a week, two weeks, three weeks and then have the patient come back and then match another remedy at a specific dosage, meaning potency, and for another specified time period and then come back and keep doing that.

In the progression of cure or improvement, if for, many homeopathic physicians are slow. There are some who are truly geniuses and can get great results. I have to say that I never was that smart that I could select the correct homeopathic constitutional remedy match to bring about rapid and consistent and reliable response that was healthy for the patient.

And I started to look at what's another way about this and I started to combine homeopathic prescriptions at the same. Compared to classical homeopathy, this is considered heresy. And the classical homeopaths would reject a lot of this out of hand even though the so-called father of Homeopathy, Hahnemann, he at the end of his life started to combine homeopathic remedies and that was written in all of his writings.

I started combining them and seeing that I could get better results.

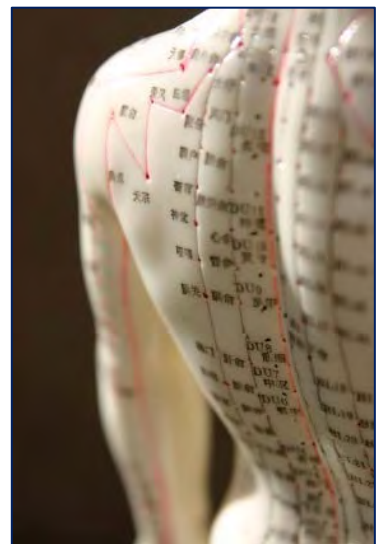
BALANCING YOUR 'CHI' WITH HOMEOPATHY

And at some point it occurred to me that what we were doing with the electro-dermal screening is we were taking electrical skin conductance readings and doing a before and after testing, whether it was homeopathy that we were using as a therapeutic intervention, or herbal medicine or massage therapy, whatever the therapeutic intervention was, and we were testing after work.

What I wanted to see was: were the readings prior to the pre-therapeutic unequal and unstable, and then could I bring about a change that would make those electrical skin conductance or resistance readings now stable and equal.

And then the lights went on and say, "Wait a minute, that's what the traditional Chinese medicine is doing when they're doing acupuncture." They're calling it something different; they're calling it 'balancing the chi'.

And I remember then I spoke with many of the traditional Chinese medicine professors at the main medical schools in China back in 1982 and they said, "Oh, yes, the chi has electrical characteristics."



It's a subset of the chi that can be characterized by its electrical components and not the other way around.

Not all of that electrical is the chi. The electrical components of the body are contained within the chi. Because otherwise, the chi wouldn't be staying in these little lines of force called 'meridians'.

And so, what I wanted to do is to stabilize and equalize the electrical readings which I translated as being balancing the chi. And so long as I was only using the homeopathic prescriptions, then the risk to the patient was very low because homeopathy is non-toxic.

And so that gave me this great therapeutic range of opportunity and I started mixing and matching literally from hundreds and from thousands of different homeopathic extracts and started to come up with over the years, various sequences or various combinations of homeopathy that would bring about quick and rapid and reliable and long-term stability of the acupuncture points.



And so I would mix all of those together in a bottle and give them to the patient and the patient would then take the drug sublingual, would take these drops into their mouth.

They could even just drop it on to their skin and for a short to extended time period, depending on the patient; it would provoke this electrically assessable stability and equality among those points that we were evaluating.

So I thought that it was a much easier way than having them come and put needles into them.

We could get the same response or a similar response of balancing their acupuncture system by using needles or using suction that is called 'cupping'. We could use heat and that's called 'moxibustion'. And you could use lasers and magnets and massage and a whole range of combining herbal medications or herbal teas and extracts. There's a whole range of ways to bring this about.

I found that using non-toxic combination homeopathic medicines together all into a little small dropper bottle worked very effectively, was very low cost for the patient, they could take it home and administer it by themselves, to themselves for weeks and months and sometimes, years. And so it became a very cost-effective and clinically effective way to deliver this type of treatment.

The risk was virtually none, biologically, because I wasn't going to bring it around to toxicity. The cost to them was very low and what it did was it gave the patients the

ability to administer it long-term and that model started to expand, it started to grow. And people started coming for that.

CREATING PATIENT-CENTERED INTEGRATED HEALTHCARE

In Nova Scotia, Dr. Baker started to phase out his practice and more and more patients were coming to me, and I was becoming very interested in this, and also realizing that it wasn't the whole picture, that there was still very much of a need for the valuable use of pharmaceutical medications, both prescription and over-the-counter medications when indicated, and the use of natural health products, supplements, herbs, vitamins, fatty acids and amino acids.

And so I started to integrate that into the protocols and also recommendations for eating guidelines and started to systematize this over the ensuing 20 years until we've discovered that there is actually a very organized and natural meaning – simple and efficient and easy to implement approach that integrates the full range of options that are available.

Everything from surgery and pharmaceutical chemotherapy, and pharmaceutical medications through eating recommendations, and natural health products and supplements, and homeopathic medications and physical activity, and mind-body, mental-emotional-spiritual recommendations, and also activities to manage and control your local environment such as the air in your house, cosmetics or toiletries that you put on your body and the soaps you use.

And it gradually became clear that there was a way to implement that in an organized and efficient fashion for the patient and that everybody who is a healthcare delivery provider could participate.

In so that the chiropractor could make recommendations in some of these categories, and a dietician could make recommendations in some of these categories, and each sub-specialist in medicine could make recommendations in one or the other categories.



And the osteopathic physicians could do the same, and the naturopathic physicians could do the same, and the traditional Chinese medicine physicians can do the same.

And it then started to really become clear that there is a way that a template for a truly integrative medicine and integrative healthcare; that is patient-centered. And it's evidence-based and I'll go into evidence-based so I think that's really important.

Evidence-based, patient-centered integrated healthcare.

And that all stem from those experiences of watching these various practitioners that started from China and watching it those throughout the U.S. and Canada and trying to make sense of it all for myself, and then practicing it on and with patients who would then come back and give feedback. "You know, Doc, that didn't work at all." Or, "That worked great."

I've also realized in a single-payer system in Canada, Canada's healthcare system has one single payer, that's the government pays the physicians on a fee-for-service so it's not the multiple different types of insurers we have in the U.S., and none of these services that I was providing were insured services. So people were paying for this out of their own pocket.

And in rural Nova Scotia, which is where I have my practice in Chester, Nova Scotia -- it's a small town about an hour outside of Halifax -- and in Chester, and in that part of the world, it's not wealthy.



I call it the Second World because it's not the First World as we consider, you know, the bigger urban centers in certainly in the U.S. And it's not the Third World as we see in some of the impoverished nations in Africa. And I always wondered where --, that would imply that there's a Second World -- "I wonder where it is?" until I woke up one day and realized I was in it. And that is kind of rural.

And people don't have a lot of extra disposable income and they're used to their healthcare being paid for, and to come and pay me directly for their healthcare --, it was a giant leap of faith as well as a great expense to them.

And I realized that I had to be able to provide them good results because if they didn't get better, they wouldn't come back. And if they did get better, they wouldn't come back but they would tell everybody.

If they didn't get better, they wouldn't come back and they'd tell everybody because it's a very close-knit community and over the years, the word started to get out that if you have a problem that is intractable, that the conventional approach is no longer able to provide benefit, then, try this. And so people did.

And over the years, we became and have become fairly proficient in developing and providing these protocols. I call it 'the medical wellness protocol' and it integrates this broad range of options into a seamless efficient protocol for people to implement themselves, and is portable so that they can intake to any and all of their healthcare providers.

And I think, Joe, in the discussions that you and I have had about 'where does healthcare go from here?' and 'how does this system evolve to become a healthy system in the U.S. and in Canada and in other places around the world?', I think this is a proof of concept of how you can implement and integrate these broad-base, in widely varying options, into a format that actually makes sense, is usable, is scientific and evidence-based, and it's holistic. And so I get very excited when I talk about it and very excited when I think about it.

DM: It is exciting. And it seems like a natural progression from the extension of your experience with the electro-dermal process and the being able to use your scientific reasoning to objectively document and validate that the readings were the same.

And so you were using this for how long now before you eventually adopted and developed this approach?

What was the progression when you first started learning it and gained experience with it?

DL: I started with the electro-dermal screening at first. I was exposed to it in 1982 and I started using it in actual practice in 1988, because from '82 until '88, I finished the rest of my medical training and internship. And in '88 is when I went to Nova Scotia and started using it on a daily basis with patients.

I felt that I had achieved a degree of expertise that--, I felt was truly expert not until nine years later. It took me a while to figure it out.

I likened it to somebody who can play the violin. I hand you a violin and say, "Here, go, you play it, Joe," and you've never played it. Well, I'm sure you'll be able to draw the bow across the string. I know if somebody asked me to play the piano or play the violin or, you know, any stringed instrument, that it wouldn't sound very good.



And if somebody had been practicing for nine years, they would have a much greater ability, and I think a lot of the evaluations of these techniques by people who are not expert in them, have yielded results that say that the tools are either ineffective or essentially are bogus.

I'd like to make some very clear descriptions about this. And I see what I think are flagrant violations of logic, and flagrant violations of care by a range of practitioners who were using electro-dermal techniques.

There's a whole range of tools that have evolved since the '80s, and there are computerized tools, and that they're making assessments with these, and I think that there's a great deal of confusion and this would be an important time to clarify this.

ELECTRO-DERMAL SCREENING TOOLS ARE NOT DIAGNOSTIC TOOLS

DM: Well, enlighten us in the concerns and cautions that the listeners should be aware of.

DL: I think first and foremost that the electro-dermal screening tools are not diagnostic and that's absolutely certain, they are not diagnostic.

They don't diagnose anything.

A diagnosis is made by an entire clinical picture and the electro-dermal screening is just a subset of that clinical picture and it is inherently subjective, it's a subjective tool. It is not objective.

So if I have a room of practitioners who are experts in electro-dermal screening and we have a range of 10 patients and let's say we have six expert practitioners and the range of 10 patients. And each practitioner does an assessment on each patient. And you take a look at those results and compare them.



Every practitioner is going to have a different result for each one of those patients. And that's the subjective nature of it.

And the same thing would happen if you do traditional Chinese medicine and you have half a dozen traditional Chinese medicine expert practitioners who are doing pulse diagnosis on 10 patients. Each one of them is going to have a different result and a different conclusion and a different prescription.

And all of them could still be valid.

The confusion comes as to ‘how can that be true?’

Well, it can be true in that the subjective observer dependent assessment of the electro-dermal screening includes the operator – meaning the healthcare provider who’s doing the technique – includes their participation in that circuit the same way as the traditional Chinese medicine doctor who’s holding a pulse is part of that patient’s assessment at the time.

And that the conclusion, the observations are made by the healthcare provider through his or her eyes and that’s going to be different in the next person.

And that’s where I think the idea that this type of medicine can be thought of allegorically at least or metaphorically as quantum medicine and that the observer affects the observation.

I call that, and define it as ‘subjective observer dependent medicine,’ and that the conclusion that comes from these techniques is a set information that can be used to guide treatment, but it can’t be corroborated as a diagnosis.

So let’s say that the practitioner uses the electro-dermal screening tool and tests on the large intestine meridian and finds a resonance or a matching with the homeopathic extract that is for a type of parasite. Let’s just say that that’s true.

Many of the electro-dermal screening practitioners will say, “Oh, well, that means you have that parasite,” let’s just say it’s *ascaris lumbricoides*, say that “you have that parasite, *ascaris* in the large intestine.” And that is absolutely untrue and there’s no way to prove that unless you prove it by conventional means meaning taking a stool for ova and parasites in verifying that, you have *ascaris lumbricoides* in the body, in the stool that comes from that patient.

This failure of logic is so pervasive and so flagrant that many practitioners actually believe it themselves that when they get a match of some homeopathic range of homeopathic remedies that may be nosodes -- I’ll explain what that term means, but basically an extract of some sort of disease tissue that resonates with that patient’s acupuncture point, then they make the diagnosis that that patient has that disease.



And that is, in my opinion, incompetence and its negligence, it misinforms the patient and it is a gross failure in logic.

DM: And from your experience, it also tends to be the standard rather than the exception.

DL: Yes, that's right, and that's because many of the people who are using these tools are not accountable to a licensing authority such, you know, the Medical Board or Osteopathic Board or a Dental Board or whatever professional licensing authority. And so they can in essence make these statements without having to verify or validate them.

THE MOST APPROPRIATE USE OF ELECTRO-DERMAL SCREENING

The way that I use the tool is, I don't make any diagnosis from that. What I do is use the tool to help me select what combination of homeopathic prescription remedies I can use to stabilize and equalize the acupuncture energy, meaning to now find what were unequal and unstable skin resistance readings to now get them all to be equal when compared to each other and them to be stable rather than fluctuating.

And the traditional Chinese medicine guys back in China will say, "Yes, that's balancing the chi, that's balancing the acupuncture system, that's what we're trying to do with needles." And there are some people who can do it with electricity, and then Voll says, "Well, we're doing it with homeopathic medicine."

And so I use that tool that's a superb tool for creating a homeopathic prescription that can be administered at home in a non-toxic fashion, and has nothing to do with the diagnosis. It is a tool for treatment but not specifically diagnosis.

The diagnosis has to be made from the clinical history and has to include the whole range of other tools that are available.

So let's say people come to me who are diagnosed with colon cancer or some other kind of malignancy, some other kind of cancer. And then I go through on the electro-dermal screening and come up with a match that, say, matches to some old viral exposure, or some bacterial exposure. I do not, and it would be inappropriate for me to make the assertion that that person's cancer was associated with, or caused by this or that or another infection. I don't have that evidence.



All I have is: if I use that homeopathic prescription and I use it in the mixture, the combined, or what they call 'complex homeopathy,' in that bottle then that helps that patient's -- the energy in that patient's system to temporarily stabilize and equalize, which is the whole approach in traditional Chinese medicine is to balance or stabilize and equalize the chi that's flowing through the acupuncture meridians in the body.

And that is associated with enhancing and producing robust health.

DM: That's terrific. I suspect many of the listeners have utilized or considering that type of service so understanding that distinction is going to be an important part of applying that tool.

THE 'HEALING REACTION' – A NECESSARY EVIL?

DL: I think that the tool is a very valid tool especially when used in the medical realm as protocol because it is in addition to eating guidelines, in addition to whatever pharmaceuticals that most people are already on when they come to you. So that, in a defacto case, the people are already taking some sort of medications, and so in addition to their eating guidelines, their pharmaceuticals and their other supplements and natural health products, this homeopathic option -- this bio energetic tool to get this homeopathic option -- is a great complement to all the other tools in therapeutics that they're using.

And I have a hypothesis as to what the healing reaction is about, and this took a long time, and about 15 years into this practice, all of a sudden, bang, a light went on about what a healing reaction is. And at some point in our discussion this morning, I'd like to talk about that because it has been the natural medicine, and what you call an alternative or herbal medicine, the whole range of integrative and complementary alternative medicine has in it the idea of a healing reaction conventional medicine doesn't.

DM: Why don't we go into that now?

DL: Okay. That'll be great. You know, where I first encountered this was in homeopathy. What the homeopathic dogma and I think homeopathy is riddled with dogma, and that the dogma itself doesn't hold up to scrutiny and that there are some additional explanations that can be brought into consideration for understanding homeopathy in, I think a much more clear way.

Part of the homeopathic dogma is when you get a correct homeopathic application and give it to the patient, if it's the right one, the patient goes through an exaggeration or exacerbation of their symptoms temporarily. So they get temporarily worse and that this has been dubbed a healing reaction, and that that healing reaction is to be looked for and will be an indicator to know that you're on the right track. And I thought, "Well, my, that's very interesting but I'd never seen it."

And then as I started to become more proficient in applying homeopathic medications, I started to see it.

And one case in particular where there was a gentleman who had some pain in his leg and I was still back the early 90s, no actually, this was still in the late 80s and I was still using the electro-dermal screening to find single homeopathic extract.

And homeopathic extracts are divided into several categories.

One of them is called just a regular homeopathic potency and those are from basically are from vegetables, is also from plant products or they may be from minerals from, you know, a whole range of mineral products or combinations of minerals like calcium carbonate or magnesium sulfate, and you know, various other chemicals.

Some of them are extracted from animal parts and those are called 'sarcotes'. So they would take extracts of healthy animal organs and make homeopathic extracts to that.

I assume, Joe, your listeners know the processes of homeopathy.

DM: I think most of our listeners are relatively sophisticated and if it's not, it's easy to look that up in Wikipedia or something.

DL: Yes, okay. And sarcotes are derived from healthy organs and then there are items called 'nosodes', N-O-S-O-D-E-S. And those are derived in – I found them primarily coming out of Germany where I found the homeopathic pharmacy manufacturing facilities that make them and they're made from diseased tissue, either from various microorganisms or from various tissues in diseased animals or in some cases from the exudate of diseased patients.

Now all of these items they get prepared homeopathically, they get sterilized so that they're dead, there's no live organisms, there's no threat of any infectious process. And what I found was that I could use these homeopathic nosodes to bring about these phenomenal results in some of these patients.

There's one gentleman in particular we used a staphylococcus nosode and that the dilution or the potency 30x or in Germany, they call it D for decimal. So it will be staphylococcus nosode that was diluted 10^{-30} time so well beyond Avogadro's number clearly without any of the original molecules still within the substance.

And this patient, over the next several days, within the next three to four days, developed a massive reaction down in the lower legs, ankles and feet a giant bulls blistering lesion. So basically large swollen blisters that filled with fluid and then burst and became very actively inflamed.



I was shocked by this and clearly the patient was shocked by this and he said, “Doc, I thought you told me this wasn’t going to hurt me.” And it was hard for me to explain it to him.

And then it was at that point I realized, you know, there is a healing reaction because that was the only thing that I gave him and he changed nothing else. Either it was a healing reaction from the homeopathic medicine or it was one heck of a placebo effect. And, you know, from a scientific point of view, that’s really all you could say.

HEALING WITHOUT GOING THROUGH THE HEALING REACTION

I started to look at, how could I still get something that would stabilize and equalize the acupuncture system, and modulate these healing reactions because when the people get a rapid healing and a robust healing response like this, they don’t want to keep taking the medication.

Say, “You know what, every time I take your homeopathic prescription, I feel worse.” And I tell them, “Great, that means it’s working. Just take less of it.”

And over the years, we came to figure out that there was ways to start these doses, and when I tell people to start slowly and increase your dosage slowly, and if you provoke what feels like an increase in your symptoms, then stop the medication, the homeopathic prescription. Let your body restore to its baseline and then progress again.

So I call it the ‘two steps forward and one step back’ where they start their homeopathic prescription and increase slowly until they feel that they’re provoking an increase in their symptoms. If they feel that, then I tell them temporarily stop. Let those symptoms resolve, let them clear. And then, resume.

So it is start, increase, provoke, reduce, wash out or restore and then resume. Start, increase, provoke, stop, wash out, restore, resume, provoke, stop and continue like that. So they’re provoking and allowing themselves to provoking and restore.

And so that begs the question: “What is the healing reaction? What’s going on here?”

WHAT CAUSES THE ‘HEALING REACTION’?

And it was when I took those two and a half years off to study the molecular biology of cancer and to really dive into molecular biology, that I have a hypothesis. I can’t prove it. I don’t have a clinical laboratory where I can look at all of these, and the side of kind

reactions in the T-Cell and B-Cell reaction. However, somebody will and I think here's where we can begin to look. And that is this.

The traditional Chinese medicine folks say that health comes from having balanced chi.

Balanced chi is observed by finding balance among the various acupuncture meridians and using some therapeutic intervention to achieve that in a way that is customized to each particular patient, to each particular individual. So that's what traditional Chinese medicine is doing.

I have been practicing an adaptation of that of using a combination of homeopathic extracts to bring about that, to establish that balance that equalization and stabilization of the acupuncture meridians.

And here's what I think happens: that when patients are unable to get that balance, if I'm not smart enough and competent enough to find an appropriate combination of remedies that actually balance that patient, then they get no effect. The remedy just seems to do nothing.



Because of the experience, I now have about 20 years doing this, when I am able to get a remedy that I'm pretty confident, or I personally am very confident, is going to help them, that I tell them to watch out for this healing response.

And here's what I think happens.

THE SIX STAGES OF DISEASE PROGRESSION

In the progression of disease, there was a guy named Reckeweg who described the progression of disease in these processes which he called and he came to describe as the term 'vicariation'.

STAGE 1 -- EXCRETION

We don't have to worry about that term, but what he said was that at normal health, the body is able to secrete and excrete. And we all know that. You secrete and excrete either from bladder or the bowel, you also secrete from the nose, you secrete from sweating, all of those are normal and healthy biological functions.

STAGE 2 -- INFLAMMATION

And then he said the next stage is when there is an inflammation. And that can come from an injury, a trauma, an exposure to allergens, it can be an exposure to some infectious disease and we all know what happens let's say when you get the common cold. You know, rhinovirus or common cold. What happens there is an increase in the secretion or excretion in the upper respiratory system. Very common, everybody's experienced it. And it makes sense.

We experience it in a way that the body heals itself.

STAGE 3 -- DEPOSITION

If that disease does not resolve itself, so you can get that initial inflammation and the body then marshals the immune response to first handle the infection and then it goes into an anti-inflammatory response to resolve it all.

So, first, there's an inflammation and then an anti-inflammation.

If the body is not able to fully resolve that inflammation then it looks to somehow wall it off or to neutralize it, make it so as no longer causing active problems and it does so by trying to deposit that or make deposits around it to wall it off.

The most classical description of that you see in patients with arthritis. Either large osteoarthritis in, you know, you see large knuckles in the fingers and hand.

Or rheumatoid arthritis, another classic example.

Remember, this explanation that Dr. Reckeweg, he's not talking about ideologies. He's not saying why that particular inflammation is causing that particular deposition. We can get into that later.

What he's saying is that first there's just the normal secretion and then there's inflammation, and then there's deposition.



STAGE 4 – IMPREGNATION

The next phase, which is very important, which is when that deposition becomes so enlarged or so intractable it's there for so long that it starts to impinge on the function of the cells that it's nearby that now then that deposition starts to actually enter into the local cells of the local organ.

Let's say the lining of the joints, the synovium of the joints or in people who get calcifications in their lungs from tuberculosis or people who get calcifications in their

muscles, we see that term in our memory of medical school the description of calcifications throughout the body but never a reason why.

Here, Reckeweg starts to bring into focus the possibility for why there can be these build ups in the body, these depositions, and then he says that there is a biological line that gets crossed -- that those depositions then start to actually cause dysfunction in the cells that they're next to.

They start to impinge or what he called 'impregnate' those cells. And so he called that phase 'impregnation'.

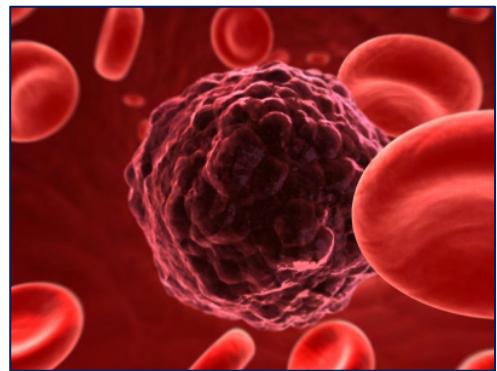
STAGE 5 AND 6 – DEGENERATION AND DEATH

If the body then is now what he said on an inexorable path, or those particular cells to now continue to degenerate and then finally to either die or become malignant, turn into cancer.

So he has these six phases.

So it's secretion, then inflammation, deposition, and then it jumps past that into impregnation, degeneration and then ultimately either death or malignancy of those cells.

And that was what he called the 'progression of disease'.



And he used those particular stages to say that there's also a progression in healing and you can watch those stages go in reverse in the healing process.

THE REVERSE PROGRESSION OF HEALING

And what I realized is I never learned anything about the progression of healing in medical school. We only learned about the progression of disease and never once were we told what was the physiology of the healing process.

If the body is going to go through this sequence of steps in developing disease then what we want to do is reverse that sequence in developing health.

All right. And that was what he called 'homotoxicology'. 'Homo' like homo sapiens, toxicology it was basically the development of toxicity in disease in people. You can look it up on the Internet all of the theory of homotoxicology and you can see all of these phases I just talked about.

The important piece that clicked for me was combining the homotoxicology theory with the traditional Chinese medicine theory and saying, “Hey, wait a minute. When the traditional Chinese medicine says you provoke healing by stabilizing and equalizing the acupuncture system.” And Reckeweg in saying, “Well, this is what healing looks like.

You go back from deposition back through inflammation and then back to the healthy secretion.”

Aha! That’s what the healing reaction is.

If we’re able in a competent way to choose a therapeutic intervention that is appropriate for the patient that stabilizes and equalizes the acupuncture system, i.e., balances the chi, then, for that amount of time that that person’s chi is balanced, what I hypothesized as happening is: those old deposition products that have been deposited over years that temporarily the electro-dynamics in the body of that patient are such that those deposition products are now temporarily able to mobilize.

And they come into solution either into the lymphatic system or into the bloodstream. Most of it is into the lymphatic system because those depositions are occurring in the extra connectives tissue matrix or the exorsator matrix where the lymphatic fluid is, and where the white blood cell activity is really happening, and anti-body activity is really happening.

Upon mobilization, those now old toxic products are antigenic. They are triggers for immune response, they are triggers for recognition by anti-bodies and recognition by T-cells, recognition by, you know, the myeloid cells and recognition by the lymphoid cells.

So immune system isn’t saying, “Gee, I’m going to respond now because now I remember them.” What the immune system is saying, “Oh, there’s something here it wasn’t here before. I now see it so I’m programmed to respond to that, and bam!” And it starts its inflammatory response.



And in that inflammatory response it’s elaborating the whole range of interleukins and cytokines, which are the inflammatory biochemistry that is associated with the acute, you know, if you get the cold or flu or some sort of an acute infection, that’s the kind of response you feel.

And I think that that’s why people are feeling worse when they get the appropriate treatment of these homeopathic combinations because temporarily we’re provoking a mobilization of these deposition products that Reckeweg says are going to have to mobilize if you go from deposition back through inflammation, back to the healthy state of secretion and excretion.

And that all then made sense because otherwise it's just a hocus-pocus, it's all magic, it's all folklore, dogma, it's a belief system, kind of like the and I use this with a small 'r' in the generic form, like a religion. And homeopathy is one of them. It would be the dogmatic belief of homeopathy or the dogmatic belief of homotoxicology or the dogmatic belief of balancing the chi and the acupuncture system.

DM: Yes, it can also be a dangerous component to this too because some clinicians in my experience, use it to justify the course of treatment. And just saying, "Well, it's part of the process, you're getting worse," not recognizing that in fact it may be, but it may not be, and they're not paying attention to some legitimate symptoms that are coming up, and confusing it. And addressing that, the patient could get much worse."

DL: Absolutely. You hit the nail right on the head. And it allows for justification of inappropriate and potentially dangerous treatment.

HOW CAN YOU TELL IF YOU'RE GETTING BETTER, OR WORSE?

And so how do you handle that problem? How does the patient manage that issue? And here's how we've done it in our clinic over the last 20 years. And what we tell them is, "As soon as you feel worse, stop the treatment."

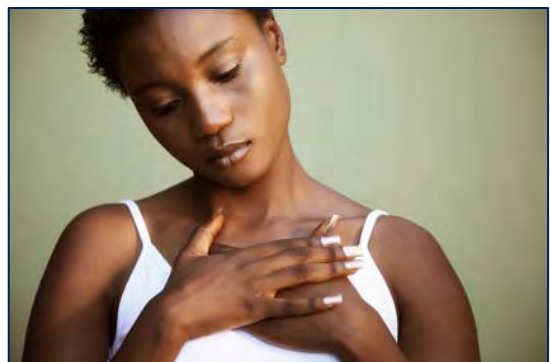
If it's a healing response, you would predict that worsening, that inflammatory exacerbation will resolve. If in fact, it's not a healing response and they're just having a bad day, because a lot of the people, the reason they come in is because they're sick, they feel worse.

DM: It's not a mystery. We're not dealing with healthy people.

DL: Right. And so if they continue to feel worse, then it was probably their illness that was causing their symptoms and not the healing response.

What I want them to do is to become so finely tuned in their awareness of their own experience that they can tell when things are getting worse, and when they're getting better, so that they themselves can manage the treatment appropriately.

It's a much higher degree of responsibility. It truly is a patient-empowered care.



There's no way that I can tell them how they're feeling. There's no way that I could manage that better for them than they could manage it for themselves if they know

what's going on. So I have to go through this explanation for them. It takes a lot of time on the front end to explain this to them. However, once they get it, they have it for life.

They truly manage their own well being and I know that there's been a lot of movement in this area to have policies and take decisions within healthcare clinics, to have patient-empowerment and patient-centered care and patient-empowerment.

DM: Well, even aside from that, it's just the practical clinically [inaudible] but the best part of the equation is to get the feedback from the person who's been receiving the treatment, and if you don't include that as part of the therapeutic process, you're really at a significant disadvantage. So most people, unfortunately, through our culture are not ethically sensitized to that. They're not trained to even believe that that's a possibility.

DL: You're right.

WHAT IS THE DURATION OF THE HEALING RESPONSE?

DM: I'm curious though on the length of time of this healing response. You implied that it was a relatively short event and in your experience, is it typically less than a day, it's a matter of hours, or what's the range that you see?

DL: Good question, really a good question. It depends on the sensitivity of the patient; it depends on also the competence of the practitioner.

Have I gotten a really good homeopathic prescription for them and they're really sensitive, so that when I test it, it really stabilizes their acupuncture system, then, when they provoke a healing response -- which I think is that inflammatory reaction to mobilizing those whole deposition products, those old lyegens and wild peptides -- the healing reaction can be anywhere from half a day to two or three days.



And so what I say is, wait until it resolves before you resume. And when you resume, resume at a dose that is one increment less than you were when you provoked.

So some people I start out taking one drop of their complex homeopathic prescription per day. That's the standard. First week, one drop once a day, second week, two drops twice a day, third week, three drops, three times a day, fourth week, three to five drops.

DM: Just for clarification this standard homeopathic prescription I'm assuming is a compilation of the frequencies that you've assessed through your electro-dermal screening process and then imprinted on to this remedy, is that correct?

DL: Well, it's both imprinted, and actually compounded, because I do the compounding.

I have a very extensive homeopathic pharmacy right there in my clinic because there's no pharmacy that I could prescribe this out to. We had to develop the compounding pharmacy there, and so I actually compound that homeopathic prescription for that patient because I have just now evaluated what combination of homeopathic extract stabilizes and equalizes that patient's acupuncture system.



DM: And it is an interesting--, I'm sure you have a set of history much more extensive than I have, but about a century ago, there was a significant percentage of the physician population in the U.S. who actually practiced homeopathy and I believe the Hahnemann College in New York actually taught it not too long ago.

DL: Yes, that's right. Actually, the Hahnemann is in Philadelphia.

DM: I'm sorry.

DL: At least I think it is. And I visited there and, yes, they do but they don't talk about it. It's kind of like the dirty little secret. And there's actually a monument in Washington DC Samuel Hahnemann. It's amazing.

And homeopathy was practiced widely by physicians in the United States and it was in 1910 with Flexner report. That's right, it changed all that. I think one of the big problems that people have with homeopathy is they don't understand the mechanism of action. Well, we can talk about that. I want to complete this about the healing reaction.

DM: Sure. It's an important topic, I appreciate it.

THE TEMPORARY INFLAMMATORY RESPONSE

DL: And so my conclusion became that the healing reaction is not bogus. There really is a healing reaction. And it is a temporarily invoked inflammatory response from mobilizing old deposition products in the body that can be managed, that what we want to do is to stir up a little bit of those old products and let the body immune system resolve them.

Because as soon as those old antigens become mobilized, and then therefore recognizable by antigen-presenting cells or by antibodies, that those are going to provoke an inflammation.

If we do a lot of it, we're going to get a larger inflammation. If we do just a smaller amount, we get less of an inflammation.

And then the immune response goes through, and after it engages -- a full inflammatory response, and then there's resolution of that with the anti-inflammatory response that comes in to clean it up and to maintain the homeostasis.

So I think it makes sense to anticipate a healing response, and, that the way you can know whether it was a healing response is in retrospect when you stop it, does the patient get better?

And that also takes care of the inappropriate therapy, well, if the patient's getting toxic from it, as a problem that you so appropriately raised, and that is if the person's taking something that's bad for them, and they're getting a reaction to it, well, then, clearly, when you stop it, then they're not going to have that problem, hopefully. You know, they're not into some full anaphylactic shock or something.

What I say is if they keep getting the healing reaction then we stop it, and we try ever so slightly again and if they continue to have it, we just say, "Okay, you can't use that."

And that rarely happens using homeopathy.

It can happen however using natural health products, you know, like supplements that have molecules in them that are a physical substance, because people can be allergic to them or have some other sensitivity that for them those particular things don't work. And we see that on an individual basis fairly commonly.



There is another type of healing reaction that's widely recognized in conventional medicine as well. And that's called the Hertscheimer's reaction, which is a different type of inflammatory--, it's actually probably a similar type of inflammatory response but it comes from a different cause, and that is when people take either anti-fungal medications and they have a fungal infection or anti-bacterial prescriptions, which we commonly call antibiotics, and it kills the microorganisms in the body.

When those microorganisms die and they break open and then pieces of the intracellular parts of the microorganisms or the pieces of the cellular membranes of the microorganisms are now released through the bloodstream or in parts of the body, they

become highly antigenic, then there can be strong inflammatory response and that is often in the integrative and complementary and alternative medicine world called 'a die off reaction'.

And that's also a very legitimate real reaction and needs to be managed very closely.

And so what I tell people is it's when they're taking the anti-fungal prescriptions that I give them, they experience a worsening of their symptoms, don't take it. Let it resolve.

DM: But it also has equal potential in my experience for abuse by less than knowledgeable clinicians, and to use that as a justification for some inappropriateness for the treatment and describe it as a die off when it may not be. So there's a great potential for confusion if that's not properly understood, in my experience.

THE IMPORTANCE OF SUPPORTING AND EDUCATING PATIENTS

DL: Absolutely, and so having explained to the patient the potential for an inflammatory response, or so-called 'healing reaction,' whether it's a die off reaction or whether it's a mobilization reaction from those old deposition products. Explaining that so they understand it, and they're actually looking for it, has been the vital piece of information that determines the difference between success in their treatment and failure.

Because what would happen before I started using this with people, they would feel worse and stop the treatment and that was it. Obviously, it doesn't work. "Oh, well, that guy doesn't know what he's talking about, this treatment doesn't work and I'm never going to get better." That just adds to their problems.

In some other people, they would hit a healing reaction and they say, "Well, you know, you got to get worse or you got to get better so I'm going to keep pushing through it." And then they would just provoke more inflammation and more inflammation and finally get to the point where they couldn't tolerate it. "Oh, I can't do this, it's not going to work."

And so giving the patient the information to manage it themselves, to look for it, notice it, and when you get it, call us. Tell us and we'll tell you what to do. And if you can't call us, then just stop it and wait for it to resolve.

And in the healing reaction, it's going to resolve, pretty much by definition. If it doesn't resolve, then it's probably the disease process continuing.

And if it's not a healing reaction but it's a toxicity reaction from the wrong prescription or the wrong natural products, you know, some wrong treatment, then that's the safety valve to stop it in a patient. So they're not taking something that they shouldn't be taking. So this is a very elegant way to manage both the healing process, which is what

Reckeweg is talking about, look for the progression of healing and to manage any potential harsh adverse side effects that come from toxic reactions. Either way, the patient is told, "Okay, we've got to, you know, we've got to stop that. And let's see what happens."

My staff and I are in close contact with our patients while they're going through the beginning of this. We tell them, "The only mistake you can really make is not to call us. So call as often as you need to, as many times as you need to and for any even small question you have." And they think, "Oh, you didn't really mean that." Yes, we do really mean it because we then are able to teach them, and they get the whole picture, and then the calls are very frequent in the beginning. And then about two or three, four days later or within a couple of weeks, the calls are infrequent. And if the patient calls at that point, they really need it, and we need to be available to them.

And in the long term, very few people ever feel the need that they have to call frequently over and over and over because they've got their questions answered, they know how to manage it themselves and they know whether, you know, every time I eat that particular type of fruit, I feel worse so I'm going to stay away from that.

Well, that's a great tool for them managing their health.

Maybe they were eating a bowl of mixed fruit every morning and wondering why they felt so bad. They now stop and eat only certain fruits that are good for them or work for them, or certain vegetables or whatever it is that's in their diet, and they got it because they were able to become so finely aware of their own responses of their own body that they could manage their well being.

DM: That's very commendable for you. I'm not sure that in my experience that most physicians would offer that type of support for their patients.

And it really is an important part of the whole therapy when you're using these types of strategies. But, really, any strategy and certainly quite a distinction to the traditional approach in medicine which is a 15-minute office visit and writing a prescription and say, "goodbye."

DL: Yes, that's true. I think all of this could be integrated into the conventional system.

I think it could be integrated by having support staff, you know, what are called allied healthcare professionals, you know, the nurses, the counselors, the dieticians, everybody.



Well, somewhere along the line--, and this information can be easily written and it can be put into formats like, with the Internet and the whole Web 2.0 streaming information, it could be all put into that for the patients, and so that's one of the things we're working on right now, is to make that available as learning tools for patients so they can access it anytime.

It makes it viable, it gives them the ability to ask the question and the physician, rather than having to spend an hour and a half with the patient, can really focus on what are the clinical problems rather than having to explain the same thing over and over and over. So it can be made much more efficient for everybody.

And it can integrate, I think it can integrate into the hospitals, into the clinics and that in our future, if you mentally project yourself 40 years into the future, that healthcare will be very different.

I don't know how it's going to be paid for. I'm not an expert in how any of that will occur. There are others who are focused on that.

I do, however, think the healthcare consumer will have at her and his availability a full range of practitioners who'll be using a central database for that person. That database will be controlled by that person and that each practitioner will add in their component to that, and that is patient-centered.



And the patient will then say, well, when she goes to her chiropractor, she says, "Well, here's what Dr. Jones, here's the medications he's given me, here's what his x-rays show."

And then go to the traditional Chinese medicine guy and say, "Well, here's what the chiropractor says is going on with my lower spine." And the traditional Chinese medicine doctor's going to say, "Well, here's what I'm using, here's the herbal medications that I'm using for this patient." And that it fits within this protocol, within that integrative wellness protocol.

DM: Yes, that's a lot of a goal. I think we're ways away from it. Let's shift some transitions to occur before we get there. But in certain local areas, it's actually being practiced today. It's just the issue is implementing it in a wider broader scale.

MANY PHYSICIANS STILL IGNORANT ABOUT NATURAL HEALTH

DL: Yes, I agree with that. There's a couple of other I think big problems with the implementation of this and that is most of the people who practice conventional medicine, most medical doctors, really know very, very little about natural health products and supplements, natural medicines or the so-called alternative medicines.

And when you look at the studies of how much of these products people are using, the majority of the population is using these, some form or another.

And yet, the physicians have little, and in many cases, no training at all in them. And the patients are not telling their doctors what natural products they're using, what supplements, what vitamins, or what other natural treatments they're taking. Oftentimes because they're afraid of being ridiculed and that I think is an issue of lack of professionalism.

A physician has to realize who's working for whom.

And the patient has the right to access whoever in the healthcare field that they choose to access.

And that the physician does not have the professional right nor responsibility to chastise or ridicule a patient because the patient is seeing a chiropractor, or the patient is seeing another medical doctor who's providing integrative and complementary medicine, or because the patient is seeing a traditional Chinese medicine doctor.



At best, if the physician is ignorant of these things, then I think it's appropriate for the physician to say, "You know, I hear that there's a lot of people using it, and I'm sorry I don't know enough about it to say one way or the other." And that's honest and that would be appropriate and that would open up at least communication more for the patient to actually tell the physician she or he is using, so that if the physician does know that there's a problem a potential contraindication, you know, a potential conflict, that the deposition can inform the patient about it and then the patient can make the decision, "Okay, well, I'm going to keep doing the other stuff and I'm not going to take this pharmaceutical or vice versa." And that rarely occurs.

DM: So you've done a pretty good synopsis on the homeopathic approach and then refinements at that, and some of the important practical applications that I think may be helpful.

[End of Audio, Part 1: Homeopathy]