

## Science or Attitude?

About eleven years ago it was finally discovered that simple tap water produces a clinical cure for peptic ulcer disease. The phenomenon was reported in more than one medical journal. Shortly thereafter, in 1984, Foundation For The Simple In Medicine was created to establish a forum and generate interest among scientists so that further investigation of the ramifications of this important discovery in medicine would be possible. We have committed to bring our researched views to the attention of other scientists, and are convinced that the findings will make a vast difference to the future of clinical medicine. However, as work progressed, we experienced an almost insurmountable barrier to the dissemination of our views. This was due to the fact that our approach emanated from a basic paradigm shift - from holding an image of the human body according to the presently advocated chemical perceptions of its 25 percent solid composition, to evaluating the body functions through the highly reactive hydrolytic and all-encompassing regulatory property of its 75 percent solvent composition - a property lost to the body when it begins to become chronically or excessively dehydrated.

All living creatures know water is essential to existence. Everyone, including the medical professionals preach adequate water intake. However, insignificant work has been done on what happens to the body when it becomes chronically dehydrated. No one has fathomed the symptoms or the signals of the dehydration of the body. No clear-cut statement - other than the inaccurately labeled dry mouth - that this or that is directly or indirectly a *signal system* for body dehydration is on recent record. The obvious had escaped attention for many, many years until it was shown clinically and supported scientifically that the dyspeptic pain is one of the signal systems for body dehydration. This discovery basically changed the understanding of the human body. It exposed a gross vulnerability of humans to water metabolism disturbance. It exposed the possibility of an incipient and on-going gradual transformation of body chemistry when water metabolism

becomes disturbed. These we thought are important eye-openers for the progress of scientific understanding of disease emergence in the humans.

It became a natural responsibility and challenge to write the researched views and sound them off other established scientists and medical professionals. Total silence or, rarely, polite letters of "thank you for the communication" were the routine response to our initiative and request for serious comments. As a logical next step, it seemed important to structure the statements on the signals and consequences of chronic dehydration for publication in scientific journals. Sure enough, these articles were returned with the comments, "interesting, but...", "We don't publish this sort of things" and so on. We got the drift of the situation. We were presenting scientific views that needed open minds, time to review the references, and the mood for change of the established commercial values before our "paradigm shift" findings could see the "light of day" through other vehicles for distribution of scientific information. We were expecting access to persons willing to set aside what they already know and think again. Not an unreasonable request we thought.

For example, our scientific understanding of stressed-induced systems' approach to disease emergence, when applied to AIDS seemed to fit it into the category of a metabolic disorder rather than its perceived viral disease. We prepared two articles on this topic and sent them to Nature. We got them back with the remark, "We don't believe you," even not having looked at the references. In our appeal to the Editor, we argued, "not knowing what AIDS is, how can you say we do not believe you?" We made a request for scientific review of the statements and, if possible, publication of our views as representative of a counter argument to the viral etiology of AIDS. We got the articles back, and this time with a cover letter, "... your paper cannot lay claim to our space." This frozen attitude to the novelty of our scientific views in 1989 became the stimulus for the birth of this Publication. We needed a vehicle for the intro-

duction of our views on the paradigm shift in medicine.

We published in the first issue of *Science In Medicine Simplified* the same articles that seemed not "suitable" for *Nature* and recorded the view that AIDS is basically a stressed-induced metabolic disorder. Our "AIDS Issue" was distributed extensively among researchers at institutions concentrating on this topic and medical libraries attached to major universities.

Early in 1991 a number of articles appeared in some journals, linking the *in vitro* virus replication to cysteine deficiency in the culture medium. Exactly at the same time, under the title, AIDS: The Dead-End of Virus Etiology, the expanded views on AIDS as a stress-induced metabolic disorder had been prepared for publication. AIDS research was now pointing decidedly in the direction of our earlier primary metabolic disorder prediction. It became more appropriate to achieve a wider impact of our findings. With some background information and a copy of some of the pertinent references to make review easier, we again sent the article by registered mail to the Editor of *Nature* in London. After weeks of no reply, we had to send a second package. The registered mail had been lost. Once again, a note of regret from one of the "filters" in the U.S. pre-empted the chance of getting a wider exposure of the opposing views on the viral etiology of AIDS reach to more than the few we are at the moment able to reach. The same article and its support information appear in this issue. The reader can judge if the information they contain is important. Even if the information contained in the article does not appeal to the "virologists," for a more accurate perspective, the metabolic implication of the disorder are important enough to be brought to their attention.

This closed attitude to our new ideas has not been exclusive to *Nature*, *Science*, or even the *New England Journal of Medicine*. We have discovered almost similar blind spots for the information

that emanates from a paradigm shift at other research institutions. Even institutions that lay claim to open-minded views on cancer research from the angle of nutrition seem to use "solute" experts. One would think such research institutions should be in a position to understand the role of water in the body. Alas, obviously short of information, instead of doing some reading and researching the references that are provided, lackadaisically and to cover up for what they have not understood, they personalize their review.

Even some eminent scientists who have uncovered important pivotal informations, they close like a clam when presented with a broader view of their own findings. They give the impression that the new interpretation of their findings is considered an intrusion. Normally, ordinary people would be happy if their discovery can be used to bring the wider impact of an important paradigm shift to the attention of those in research.

These lines and the use of names of the "giants" involved in the dissemination of scientific knowledge are not written to have satisfaction at the expense of respected institutions and scientists. We wish them well and growth. Our concern, and it is our concern that forces the writing of these lines, is the genuine progress of science and its application to clinical medicine. Institutions such as *Nature*, *Science*, *The New England Journal of Medicine*, or even the fifty other Journals that received a copy of our publication, *Science In Medicine Simplified*, are the products of superlative brain activity. As forums for advancement of science, they should be geared to evaluate new information, particularly if the new information deals with simple issues such as chronic dehydration and its possible associated signal systems.

To claim chronic dehydration of the body does not exist, would be denying the obvious. To claim that in a dehydrated body the physiological processes become independent of water would be flaunting ignorance. Agreed on these points, it becomes the responsibility of all concerned to

begin an evaluation of the paradigm shift on water metabolism of the body. We declare that a shift of attention to its solvent metabolism disturbance will uncover the etiology of many of the diseases of the human body, from infancy to old age. Indeed, the breakthrough is completed and all we need is joint effort to expand the use of the new etiological explanations. *What has occurred will not be reversed by looking the "other way."*

It is our belief that we should not be the lone voice on this issue. The human body suffers from chronic water shortage. It can occur at any age, even during gestation period, particularly when the mother consumes alcohol that affects the normal vasopressin activity at the cell membrane.

Again, it is our belief that all editors of scientific publications should create a forum for the discussion of this topic, no matter how contrary to their own training or their journals' preferred "solutes" focus of attention. The basic paradigm on water metabolism of the body has changed. It can no longer be considered that water metabolism is only subservient to solute regulation. An open minded attitude and a directed and coordinated attention to this issue can serve advancement of science and its application to clinical medicine.

By the same token, the normal systems of double blind comparison of the effect of water in a dehydrated person, in the same vein as the use of chemical compositions, does not apply. Simple clinical observations on the effectiveness of water is the only way to measure the curative and preventive potentials of water as the only form of "medication" for dehydration-precipitated disorders.

It is our sincere hope, other institutions engaged in advancement of science, and the publishers involved in the distribution of the generated information will join us in our attempt at transforming the way medicine is practiced. We need to get away from the present pharmaceutical and invasive orientation of clinical practice and concentrate on a logic-blessed physiology-based

patient-serving discipline of science that will grow from attention to water metabolism of the body. We need to stop treating dehydration signals of the body with pharmaceutical products. It is now apparent that histamine is the neurotransmitter that regulates the water intake and its rationing system in the body. It has a vast "systems" regulatory responsibilities discussed in the previous issue of this Publication. It seems to be involved in many different water regulatory processes. At the same time, histamine has been viewed as the "culprit" in some disease conditions.

Taking histamine's water regulatory roles more seriously and as the primary purpose for its "creation," we should begin by the evaluation of following conditions as the direct adaptive consequences of dehydration - as such, the thirst signals of the body: 1-The chronic pains: dyspepsia, anginal pain, rheumatoid joint pain, low back pain, intermittent claudication, migraine; 2- Allergies, asthma, and the morning sickness associated with the onset of pregnancy; 3- Essential hypertension; 4- Old age diabetes (insulin-independent - in this condition, there may also be an associated salt deficiency); 5- "*Chronic Fatigue Syndrome.*"

Increased cholesterol levels and atheroma, heart failure, Alzheimer disease (including aluminum poisoning from antacids), strokes, intervertebral disc degeneration, cystic disease in children, disseminated sclerosis, insulin-dependent diabetes, neoplastic transformation of tissues, and judging by the number of brand-name "antihistamines" used in psychiatric medicine, some mental disorders, to list a few, seem to us to be the consequences of established and increasing chronic dehydration in the humans.

Obviously, the needed information of a paradigm shift on water metabolism disturbance, and the direct and the indirect complications of chronic dehydration, can also be presented to the public directly. The impact of such an event will

be much more penetrating, particularly as the "main-stream" practitioners of medicine are challenged on their own "scientific turf," and their misinformation on water metabolism, at a most basic and grass-roots level, is openly exposed.

The paradigm shift on water metabolism and its extensive science-based explanations render the "main-stream" practitioners of medicine extremely vulnerable to future public criticism. They need to become acquainted with the future impact of the paradigm shift on water metabolism "posthaste." The trust between the patient and the doctor will shatter, if the patient comes to the doctor and is given medication for a condition that will improve with an adjustment to daily water intake, no matter how many slogans of "anecdotal," "not proven," "a double-blind trial has not been carried out," etc. etc., are used to justify the use of pharmaceutical products.

In this issue, we are publishing the text of our July 1990 letter to the American Medical Association (AMA) President and all the other Members of the Board of Trustees of AMA. In July 1990 we invited them to inform their colleagues of the

paradigm shift on water metabolism disturbance and the signal systems associated with the chronic dehydration of the body. We are printing the text of the AMA President's reply. We also thought the issue of AIDS and the public interest for proper information may be better served if some basic understandings are put in their precise and more accurate perspective. Not having received the necessary satisfactory response, we had to bring the discrepancy to the attention of the Office of Scientific Integrity at NIH. We are also publishing this letter so that our efforts in the direction of the emergence of truth in AIDS is brought into the open. We, as individuals or as "institutions," need to reflect on Max Planck's view on science and the truth. "A new scientific truth is not usually presented in a way to convince its opponents. Rather, they die off, and a rising generation is familiarized with the truth from the start."

Foundation For The Simple In Medicine.