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THE CRISIS OF MECHANISTIC MEDICINE
AND THE
PROGRESS OF EUMETABOLIC PREVENTIVE MEDICINE

by Hans A. Nieper, M.D.

Hans A. Nieper, M.D., was born in Hannover, Germany, May 23, 1928. After university training at Freiburg in 1951, he went on to demonstrate a creative and intelligent understanding of subcellular dynamics. In cooperation with the chemist who first developed the industrial synthesis of acrylic acid, Dr. Köhler, he pioneered the development of a chemotherapeutic approach to subcellular cancer dysregulation dynamics in 1958. His earliest publication was a booklet in 1953 on a theory of cell growth regulation. He has since published more than 200 articles, many of which are currently available from the Admiral Ruge Archives, A.K. Brewer Science Library, Richland Center, Wisconsin 53581.

Dr. Nieper is the inventor of electrolyte carriers or mineral transporters, which are coming to play an increasingly important role in protective metabolic therapy which he calls eumetabolic therapy. In 1972 Dr. Nieper developed his de-shielding therapy employing enzymatic decomposition of mucoid shielding surrounding tumor cell membranes and observed how both proteolytic and glycolytic enzymes are required for this process.

Hans Nieper is a founder of the German Medical Society of Cardiovascular Disease and of the *Medical Week Baden-Baden*. He is currently the General Secretary of the German Society for Medical Tumor Therapy, and is a member of the Board of Trustees of the International Academy of Preventive Medicine.

Dr. Nieper's hobby of many years has been gravity theory and research, and his work in this field has attracted the attention of scientists at NASA and earned him a citation in the prestigious "Two Thousand Men of Achievement". Preliminary data on the planet Jupiter, obtained by NASA, supports Nieper's gravity theory, and it is expected that NASA's "big tour" exploration of this planet's gravitational field will further confirm his theoretical position concerning gravity.

Finally, Dr. Nieper serves as an Associate Editor of the Journal of the International Academy of Preventive Medicine and is also preparing an article for this Journal dealing with protective myocardiology to appear in a future issue of IIAPM.

Introduction

For years it has been obvious that medicine is increasingly getting into a crisis. The crisis concerns the mechanistic concept which has dominated medicine for over 50 years and the current delivery of health care to the populace in industrialized nations.

The Mechanistic Fallacy

It is very worthwhile to search for the roots of this development. The concept held by medicine, which I designate as being mechanistic, began with full intensity in Europe and in the United States in the era after Paul Ehrlich when, under the influence of the fast-growing technology, everything in medicine was thought to be measurable, comparable, subject to being

manipulated, constructed, or to be visualized. Certainly, our existence of body and soul (mind) is physically bound to definitions concerning mass or energy. Nevertheless, the multitude of inter-relating factors which make our living existence possible, presents a hopeless tangle for the relatively crude and rigid investigative methods which have come to dominate medical science in the last decades. These mechanistic methods have undoubtedly brought great medical success, for instance in surgical techniques and in the conquest of infectious diseases. At a closer look though, these euphorically celebrated successes concern either technical manipulations and related fields or attacks on diseases which arise by intervention of foreign organisms from the environment such as, bacterial or viral infections. However, the glamour undeniably fades when the successes, which have been achieved in the treatment of diseases that are essentially due to endogenous changes in our own physical existence, are analyzed. We could proudly point to the treatment of diabetes and of pernicious anemia, perhaps also to the treatment of cardiac insufficiency with digitalis, but beyond these therapies the current therapeutic concepts resemble a rather failing compromise. They are failing because the functional and metabolic definition of disease given by present-day mechanistic medicine does not adequately describe reality and has therefore often been a misleading guideline for the development of new therapeutic concepts.. Just think of the fact that almost any kind of disease is merely the expression of an abnormality of one's bodily and mental existence. To consider a disease as a separate entity and to try to heal it without integrating it with the bodily and mental existence does not make sense.

Now and in the future it will be impossible to control cancer—which has been traditionally uncontrollable—by means of agents which have a systemic toxic action and damage the organism. External actions such as those arising from radiation therapy or from systemic-toxic chemotherapy will never solve the problem, simply for the reasons of elementary definition.

Does anybody really think that heart attack deaths can be prevented by nitrates which are cell respiration poisons, by Carbocromen, by Nifedipine, by propanolol or by clofibrate? All of these chemicals are foreign to the body. They interfere with and damage basic metabolic processes. Does anybody really believe it is intelligent to treat diseases of the immune system by damaging this system, for instance with Azathioprine? Is it not better to seal immunologically-attacked membrane systems against further attacks with the aid of eumetabolic substances? Does it not reveal the mentality of a mechanistic "plumber" when metabolic calcium imbalances evident in teeth or bones are treated with sodium fluoride? Are these diseases then the result of fluoride deficiency? Certainly not! Although for years it has been reported in the medical literature and in the public press that sodium fluoride causes chromosome damage even at very low concentrations, that it increases the frequency of cancer by about 15%, and that it very likely produces partial mental damage to infants and children, the continued habit of prescribing

sodium fluoride shows that the mechanistic automatism in medicine is evidently unbroken.

The scientific experiment is only one of several methods of research in the natural sciences. The result of an experiment can elucidate a given problem but is always affected with the disadvantage of tubular vision. Mostly it provides no, or misleading, information about complex inter-relationships. This fundamental phenomenon which every experienced theoretical scientist knows may explain why the so-called experimental-mechanistic medicine has reached a therapeutic cul-de-sac, as I have mentioned above. In view of the living bio-entity the therapeutic concepts which dominate the present-day medical thinking everywhere are very primitive.

Renowned thinkers in philosophy and in physics have always esteemed principle-theoretical models, particularly in cases when the number of converging factors becomes very large. In general the measuring experiment is of secondary importance only since it can ascertain details of a model concept held in the mind. When measurement becomes difficult then empirical research methods must necessarily become more prominent. It is not accidental that such a development can also be observed in modern physics, for instance in the field of gravitation research.

The living bio-entity is subject to innumerable converging and diverging material and electrical phenomena which are not accessible by experiments nor by computers. At any rate, it is not possible to obtain by such means an adequately complex representation of the bio-entity of a certain patient. It is not accidental that here too, medical empiricism proves daily and a thousand times to be superior to the mechanistic-medical thinking: success in economic terms, and also in professional satisfaction.

Mechanistic Medicine Will Bankrupt Us

At this point begins our second basic reflection. The mechanistic concept of medicine has over the years become more and more expensive, for the reasons mentioned above, and still it has remained forever a failure. The result is that the physicians realizing the ineffectiveness of their remedies stand with their backs to the wall, and that the activities of mechanistic medicine become mainly reduced to the care of sick people (curative medicine). The past has shown that a tenfold increase of expenditures for treatments according to the concepts of mechanistic medicine has hardly been worth it. Another tenfold increase—which would be utopian—would still not bring any further progress.

Since the medical schools and universities know and teach little else than mechanistic medicine and the care of sick people, they are often the source of misleading advice to government agencies concerned with health care.

The Rise and Fall of Medical Schools

When taking a closer look at this complex of questions it is frightening to find how the guidance and leadership of the medical schools has declined, for instance in comparison to the medical university faculties at the beginning of the century. By decline, I mean the loss of philosophical and theoretical background qualification. It is my opinion that the specialized academic training should not be separated from the "universitas literarum" of the elite. Otherwise we have a trade school and not an academic education center of conventional claim. However, only the latter is qualified to act as a guide into the future for state and society.

The Crisis at Hand

It so happens that this crisis of scientific medicine and of the treatment of disease coincides with certain sociological and economical developments. Economic difficulties arising from the realization that growth is limited, lack of energy or overpopulation may be a reason for that. The comparative study of Western European nations shows furthermore that certain manipulations in economy and society, which necessarily have a negative economic overall impact, have decreased the productivity. This leads to the situation that suddenly the costs of mechanistic medicine with the result that the patient, and the doctor, as well as the choice of treatment and therapeutic progress, become more or less gagged and cuffed. As far as therapy is concerned, the restrictions will naturally be made in line with the thinking of mechanistic medicine which is, as I have explained before, methodologically fossilized. A further consequence of this development is the paralysis of pharmaceutical research which should at this time be activated to change over from mechanistic to eumetabolic preventive medicine. And a further result is that under these conditions the patient can often be provided with only a primitive form of mechanistic therapy which does not satisfy modern requirements. The patient who wants to be treated in a progressive way has to pay for it out of his own pocket and is not reimbursed by medical insurance. Again, as so often before, the socialist solution turns it into a unsocial one. Anyone who knows the conditions in England, Sweden, Italy or the emergent development in West Germany will confirm this statement.

Unfortunately, we fear that the problem of sky-rocketing costs in public health care will be dealt with similarly in the United States, as recently happened in Bonn through a scientifically and philosophically unqualified socialist minister of public health. The West German law aimed at reducing health care expenditures hardly restricts the methods of mechanistic medicine and overdone care of sick people, whereas on the other hand it strangulates methods of early diagnosis to prevent diseases and limits medication for preventive medicine and protective therapy.

In addition, medical education is directed in such a way that physicians almost completely lack any training in preventive medicine. This makes it

difficult to change the emphasis in the physician's activities from mechanistic medicine to preventive medicine. Such a state of affairs shows what the task of an organization such as the International Academy of Preventive Medicine should be.

Preventive Medicine: Cancer

You will ask me what I consider to be preventive medicine or, more specifically, preventive medical treatment. In reply I shall give a brief but very concrete overview:

In the field of malignant diseases we shall make decisive progress only if

1. The patients are diagnosed correctly in early stages of cancer
2. Immediately after the diagnosis is made, and eumetabolic nontoxic protective therapy is established and continued for an unlimited period of time, regardless of the histologic findings and other necessary measures, particularly surgery

Methods of early diagnosis to detect cancer will be developed mainly from blood tests such as the EMT-test. X ray examinations, also mammography and endoscopic methods, cannot always be considered as methods of early diagnosis, though, for example the Japanese serial examinations of the stomach with the gastro-camera are excellent and have been successful for that purpose.

We know from extensive studies that a tumor consisting of one million cells—perhaps ten or even a hundred million cells in slow-growing tumors—is the maximum size which can still be overcome by the immune defense of the body. Since a nontoxic, protective long-term therapy of malignant diseases has as one of its essential goals to activate the patient's immune defense system such a therapy must be initiated immediately after the diagnosis of cancer is made. This therapy must also be continued for an indefinite length of time. It does not really matter what the details of the diagnosis were or are. According to the present state of knowledge the following measures implement the preventive and protective cancer therapy.

Avoidance of a cancer-promoting diet. Despite differences of opinion there is a dependable scientific basis for such a diet.

—Continued use of active agents which are free of systemic toxicity but have an anti-cancer action. Among such agents are the nitrilosides with mandelonitrile as the active principle. The classic drugs used in cancer chemotherapy act by interference in the cell structure. After some time this results in structural damage in the patient's organism which cannot be eliminated. This approach is therefore largely unsuitable for protective cancer therapy. Only suitable are eumetabolic substances which interfere merely with the metabolism of the cancer cells and which have no lasting secondary effects.

Nitrilosides are such substances. We may add to cancer-inhibiting therapy with hormones to this category also.
—Of great importance are enzymes, e.g., bromelaine, which expose the membrane antigenicity of the cancer cell.
—The immune defense capacity of the organism must be activated. This absolutely requires being supplied with zinc, copper, carotene or vitamin A, and thiamine.
—The "unspecific" tumor defense must be activated. This defense against tumors is based mainly on the activity of macrophages which contain active lysosomal enzymes. Activation is achieved by BCG or C parvum injections. It is desirable to produce a subseptic reaction.

This is, in short, a model for the protective-therapeutic, long-term therapy of cancer. Genuine preventive measures would aim at avoiding a cancer-promoting diet, at eliminating carcinogens from the environment, and at leading a consciously healthy way of life.

Preventive Medicine: Heart Attacks

Heart attacks, arteriosclerosis and inflammation of blood vessels represent by their number an immense threat to our health. However, the traditionally used protective measures are scientifically not less primitive than those used against cancer. They continue to be used despite large clinical studies which have proven the ineffectiveness of clofibrate, of nitrates, of anticoagulants, and of coronary dilators. On the other hand, we know from experimental and empirical studies that magnesium salts, essential phospholipids, and also a diet which avoids carbohydrate loading improve the elasticity of cells permanently and lower the heart attack mortality by over 90 percent. Particularly effective in this respect is microgranulated magnesium orotate in daily doses of at least 2 grams. These are classic examples of eumetabolic treatment, as the above-mentioned substances or their active components are entirely normal body metabolites. From a preventive medical point of view we should recommend use of unrefined salt which contains magnesium. The intervals between meals should be long enough so that fats and other substrates from the preceding meal can be sufficiently cleared. The fact that nicotine and alcohol are damaging to the blood vessels needs no further explanation. The intake of sodium should remain low, but on the other hand, the intake of chloride should be high which automatically clarifies the role of magnesium and potassium chloride in the prevention of blood vessel diseases. Magnesium also prevents metabolic imbalances which result in myocardial necrosis. Occlusion of the coronary arteries is of minor importance in the development of myocardial infarction. Medical teachings often disagree with this statement but are out of date. It is important that thromboses which develop particularly in older people are "digested" and prevented by bromelaine, a natural pineapple

enzyme. This concerns the coronaries and other arterial regions and particularly thromboses and phlebitis of the leg veins.

Immune reactions possibly prepare the way for arteriosclerosis. Immune reactions against polyglycolethers which are being used in kitchen detergents have become a public issue. In the gamut of human diseases numerous other immune diseases are important, ranging from gastritis to colitis to immunopulmonitis, to nephritis and as far as multiple sclerosis. The method of choice is not to damage the aggressive immune system with toxic agents but to seal membrane systems which have been attacked. This can be done with calcium and magnesium salts of 2 aminoethanol phosphoric acid (calcium EAP, magnesium EAP). Electron-microscopic tests have shown that membrane sealing is highly effective. Despite these findings and though the method has been known for 15 years, it is hardly used for therapy. This is another instance of application of eumetabolic substances whose subcomponents are normal metabolites.

Preventive Medicine: Other Considerations

The preventive and protective treatment of decalcification diseases of the bones and teeth is totally in the dark. Calcium therapy may be ineffective since these diseases are generally not due to calcium deficiency. Nevertheless, the long-term therapy of osteoporosis with all the substrates necessary for the formation of bone, including magnesium and phosphate, vitamin D, acid diet and exercise therapy, is hardly applied.

Such negligence also applies to the treatment of structural cartilage with gelatin, calcium orotate, and preparations of fish cartilage, to mention only a few possibilities.

My special concern is to point to the possibilities gained by the application of lithium orotate. Five milligrams of lithium from lithium orotate are clinically equivalent to about 100-120mg lithium from lithium carbonate or from lithium citrate. Use of lithium orotate makes lithium therapy free of problems because it does away with the need for laboratory controls of the blood lithium level. This eumetabolic substance is suitable not only for the treatment of bipolar psychoses but also for the treatment of episodic alcoholism due to latent depression, and possibly also for the treatment of criminality. Psychiatrists at Yale University have found that lithium therapy lowers aggressivity of criminally-inclined persons markedly.

Eumetabolic Therapy and Social Movements

In order to achieve successful results with these therapeutic concepts it is not only necessary that the treatment is started early and continued indefinitely, and that the substances used must be eumetabolic, i.e., free of all toxicity. However, the cooperation and insight of the patient is essential for optimum results. We know from the results of our current nontoxic long-term therapy of cancer that the cure rate of fully informed and thus most

cooperative patients is about 2.5 times higher than with patients who are unable to cooperate. By "informed" I mean the development of an increased understanding for the problems of interaction between organism and disease. The patient must be at least mentally prepared to have an open mind for these problems and an adequate willingness to learn. We know from documented experience that persons belonging to organizations such as the International Association of Cancer Victims and Friends, the Cancer Control Society, the Freedom of Choice group, the National Health Federation or other lay groups benefit disproportionately more than other population groups from modern preventive and protective therapeutic developments. Europeans, particularly West Germans, are about 20 years behind with respect to this state of mind.

I consider the citizen's movements in the United States as a very desirable phenomenon which will help to convert the therapeutic reorientation into political expressions of what people want. The crisis of medical science and the health care reform for which I plead here are embedded in other developments, as well: the mechanistic era comes to an end. So will it be with technology and with sociology. The future can belong only to an ethical individualism dedicated equally to enrich the future and better the lives of individuals as well as of peoples.

In conclusion, I would like to invite all progressive health care doctors and friends to join with the IAPM in the furthering of these ideas so as to enrich our lives and secure our future as persons and as a civilization.

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