

Above Down ...

Willard Bertrand, DC

The living body contains an internal, resistive force, using intelligence to protect and preserve itself. -- B.J. Palmer

Within the small town there are statistical facts that everyone reads about in the paper -- obituaries and ambulance runs. When Emma or Wade goes to the hospital, everyone knows. By this crude observation a picture of the community's morbidity and mortality develops. Year after year most of the residents remain alive in defiance of their age and common expectation. Few of them require an ambulance trip to the hospital. Given the small size of the fish bowl of Union, Oregon, national statistics concerning disease and death come into clearer focus. But more important, the statistics concerning innate and longevity become overwhelming.

Since you may not be familiar with the environmental limitations inherent in this remote community, a brief summation is in order. First, there is no hospital in Union. The closest facility is 20 minutes away (after the volunteer ambulance arrives). Second, the 80 bed hospital does not offer highly technical critical care. There is no resident cardiologist, neurologist, or neonatologist available. It is a rare occasion that any local resident uses this hospital; beds are chronically underutilized, there are fewer than 10 ambulance runs a month (only a few a year are life-threatening emergencies), and most people die at home or outside of the hospital.

In the absence of the familiar city backdrop of sirens, traffic and televised local news, it is reasonable to expect an observer to become less aware of critical illness and death. Observations sustain a sense of ease with the process of living and a familiarity with longevity.

The natural curiosity of a chiropractic scientist gives way to a search for statistics to validate or disprove the contention that innate maintenance of life on a national scale is just as dependable as that observed in this small sample population.

For example, breast cancer seldom claims a life in Union. In this isolated community (no oncologist within 628 square miles) 99.9533 percent of the people will not have breast cancer and 99.9842 percent will not die from it. The obituary column in Union agrees with this prediction.

However, in the city, where there are hundreds of oncologists working in multimillion dollar cancer wings to substantiate the rampant increase in cancer, it is inevitable that the population will read about cancer every week and will tend to inflate the importance of cancer in their lives.

In 1900 the average person had a 98.3 percent chance of surviving the new year; by 1925 that figure had increased to 98.8 percent; and by 1980 it increased to 99.1 percent. The absolute overall increase was 0.8 percent over more than three quarters of a century and just 0.3 percent in the last fifty years.^{1,2} This increased longevity is a consequence of improved sanitation, food storage and handling technology, and other environmental factors with a small remainder identifiable as a product of medical technology.

The most important facet of this comparison is the enormity of the survival statistic regardless of

the level of scientific medical advancement. The 98 plus percent human survival rate in the absence of modern medicine supports the efficacy of innate intelligence.

A more detailed analysis is required to develop a practical significance for these numbers. Longevity, like survival, is commonly correlated with medical advances.

Longevity statistics dating from 1900 indicate that the average person dying that year was merely 49 years old. In 1982 life expectancy was 74 years.³ This statistic is particularly puzzling in Union because over 30 percent of the population was born before 1925, and most of these aged people will reminisce about their parents who lived well into their 70s and 80s.

Today's "gray miniboom" of elderly citizens can be explained by taking the favorable medical distortion out of the statistics. The early 1900s had notoriously high infant death rates which made it appear that the average person lived a very short life. The mean life expectancy of those individuals over one-year of age for the year 1900 was more than 70 years of age.

The innate capability to survive is the driving force behind the highly favorable health statistics for this century. When the educated mind introduces unsanitary or unlivable environmental conditions the body's defenses are driven to exceed their inborn capabilities. For example, the high death rate from typhoid, paratyphoid, and cholera in the early 1900s were preventable by controlling water quality.⁴ Improved sanitation, pasteurization, and stricter food handling regulations are largely responsible for the prevention of the infectious intestinal diseases -- the number two cause of death in the year 1900.⁵ The steady climb in longevity for Americans cannot be assigned to medical advances in heart surgery and chemotherapy. Environmental improvements enabled the body's innate intelligence to function within its God given limits.

The national compulsory vaccination programs for polio, measles, diphtheria, tetanus, measles, and mumps is often cited as this nation's major advancement in preventive medicine.⁶ The truth in this statement should not be misconstrued to mean that vaccinations are responsible for reducing the overall mortality rate in this century. Deaths directly attributable to measles, whooping cough, and diphtheria were responsible for less than 4 percent of the annual mortality in 1900, the year of the highest mortality rate for these diseases in this century. Immunization programs were introduced for diphtheria in 1920 -- a time when the incidence of the disease had dropped by 90 percent from its peak in 1880.⁷ Immunization programs for pertussis also were not instituted until late in the natural course of the epidemic. Measles vaccination did not begin until 1969.

The average person in 1925 had a 99.99983 percent chance of surviving an immunizable disease,⁸ without vaccination. This class of diseases has not been a major cause of death in this century.

Even today with 25 percent of American children unvaccinated there are no epidemics.⁹ Fear of morbidity may be a motivating factor for immunization, however, fear of mortality is not justified by the statistics.

America is distracted from the timeless dependability of innate intelligence by the spectacular medical displays that salvage only a minute percentage of the population. The media and the public focus upon heart transplants, AIDS, genetic engineering, chemotherapy, and a host of flashy Friday night news items that have yielded very little in terms of tangible health improvements. Like the dog who jumps into the water for the reflection of a bone, Americans discount the value of that which they already possess.

Deaths from heart disease have increased by almost 300 percent since 1900 despite the increased

use of antihypertensive medications, blood thinners, vasodilators, and surgeries. Heart disease accounted for (age-adjusted figures) 359 deaths per hundred thousand in 1960 and slipped to 336 per hundred thousand in 1980, even though the cost of medical care more than tripled during that same time period. Either the technological improvements of the 1980s are a highly televised placebo; or the surgical/pharmaceutical measures cannot keep pace with the ever-increasing demand of a country that is rapidly getting sicker.

In either case, medicine does not appear to have the solution. If medical methods are ineffective at preventing heart disease, then more drugs and surgeries will not improve the statistics. On the other hand, if America is rapidly getting sicker, then medicine is largely responsible for ignoring this trend by giving the public clean bills of health at their annual physicals. The statistics show that the nation must find a different path toward cardiovascular health.

Given reasonable dietary and environmental support, innate intelligence has historically prevented heart disease. Several large studies have indicated that low fat, low sugar diets and exercise play a large part in the prevention of heart disease; no studies support the prevailing concept that increased medical technology is superior to diet and exercise in preventing death from heart disease.^{10,11} Just as quality sanitation allowed innate to prevent cholera and typhoid, a sensible diet will allow innate to prevent heart disease.

Even in the seemingly controllable illnesses like strep throat, medicine has not performed as you might believe. Since the introduction of antibiotics in 1950, the incidence of strep throat has risen to as high as 433 cases per thousand in 1970 and has yet to fall below the pre-antibiotic 211 per thousand incidence rate. Medicine is not more successful than innate in preventing strep throat.

Cancer, the number two cause of American death, has resisted significant improvement in mortality since the dawn of modern cancer treatment in the 1960s. The billions of government dollars spent on research and the devastating cost of hospital-based medical treatments have purchased little; the statistics reveal that the cancer survival rates now are no better than at any time in history. In 1927 cancer mortality reached 116.1 per thousand, 125.8 per thousand by 1960, and 132.8 per thousand by 1980.

During the period from 1962 to 1982 there was a 56 percent increase in the death rate from cancer and the incidence of cancer increased by 25.1 percent.

In a 1986 study of all available cancer statistics, Bailar and Smith surmised that the U.S. is losing the war on cancer.¹²

American society is conditioned by the media to think that medicine is making America healthier, but there is no evidence that the wondrous life-saving capability of modern hospital care is less effective than innate intelligence in maintaining human health. Yet, no sector of the scientific community, except the chiropractic profession, correlates the free expression of innate with health.

Every chiropractic adjustment depends upon an attempt by the chiropractor to restore free expression to innate intelligence, yet we do not mention it in our scientific literature. We freely describe and refer to disease but couch our discussions of innate.

Knowledge of the innate causes for health precede knowledge of disease and subluxation.

Studies of disease have gotten out of hand when you find so many Americans misinformed about health. The statistics for death are so ingrained in society that we may be startled by the overwhelming likelihood for survival.

References

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Willard Bertrand, D.C.

Union, Oregon

AUGUST 1991