

Dynamic Integral Medicine: The Next Frontier

by Dr. Edwin C. Floyd, M.S., D.C., D.I.M., President of QUANTUM-VERITAS International University Systems (QVIUS)



The marketplace of ideas is the environment where intellectual conversation gathers, forms, develops or fades away. Over time, major shifts take place within the marketplace of ideas. Specifically, the medical marketplace of ideas, traditionally dominated by the allopathic medical scientific community, has been undergoing numerous and significant changes. The 1970s ushered in a new era of integration that had a great impact on society as a whole and upon the healthcare community. That integration within the healthcare community brought about a movement that has come to be called "Alternative Medicine." Now, the arena of alternative medical thought has evolved into an all new conversation. In medical, business and political offices, people are discussing seriously the inclusion of alternative medical thought into the modern healthcare system. As this country strives to reform the healthcare delivery system, attention is shifting from a focus on treating the sick, or sickness care, towards returning individuals to a state of health, or wellness.

Non-allopathic medical professionals, whose methods and procedures are traditionally not a part of the totalitarian western medical system, are experiencing a new spirit of inclusion as alternative medical thinking is being integrated at an increasing rate into the emerging 21st century healing community. This inclusive spirit has created a

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FROM THE EXECUTIVE DIRECTOR

Greetings to all GHO members!

Building this organization has been very exciting. The latest news is that we are in the process of setting up a Yahoo! Group for General Members and the Academy Members. This Yahoo! Group will be a place for discussions and asking and answering questions. If you would like to be a part, please send your email for receiving this information to Vickie Craig at gho@ghonow.org.



Kathryn T. Green, M.A., Sr.
Assoc. I.A.C.H., Executive
Director GHO

We are also in the process of setting up a series of live discussions that will take place on Skype. Dr. Earl Sweet, Chair of the Botanical Medicine Academy, will lead the first discussion in our series. GHO can be found on Skye as "ghonow." Please add "ghonow" to your Skype directory.

Finally, we hope that you enjoy this newsletter. Do you have any ideas for articles, or would you like to contribute? We welcome articles of interest for future newsletters. Please send your ideas to Kathy Green at kathygreen@ghonow.org.

Eating Red Meat: A Response to a National Cancer Institute Study

By Dodie Anderson, Director,
Metabolic Typing® Center

In March the Associated Press carried results of a large statistical study done by the National Cancer Institute (NCI) using AARP data indicating an increased risk of heart disease correlating with red meat consumption. [Editor's Note: The results of this study were published March 23, 2009 in the *Archives of Internal Medicine.*]

We should be thankful for another small contribution to our knowledge. Without denigrating the work, I think it is important to put it in perspective. The study points us to larger questions, harder to answer, but that must be answered before we assume that all red meat is dangerous. Based on the results of this study, some people will choose to avoid meat and some will not. For those who wish to be intelligent users of this information, one should ask many questions that will lead to even more research into the root cause of our failure to conquer chronic diseases in the United States.

1) How accurate is the information? The study relies on the memory of AARP members to determine the number of ounces of meat they consume daily. This in no way can be called a controlled experiment. It is more a public poll than a piece of science.

2) What meat is the subject of the study? It is comforting that the National Pork Board and the National Cattlemen's Beef Association had nothing to do with the study. It must be assumed that this

was a study of US meat products without such influence. The meat associations have only reacted to the study by labeling it misleading, not by misleading it themselves. If only US meat products are included in the study, that leads to the next common sense question.

3) How fit is US meat for safe consumption? We know that red meat in the US is subject to feed which is very heavily corn, soy and other cheap grains. Since we learn in high school biology that steers are ruminant animals and pigs are mono-gastric, what is the impact of this feed on the meat we eat?

Cattle normally eat only grass, and any grain or seeds they get should be limited and seasonal, naturally. They are perfect herbivores, converting leafy cellulose into protein for us. The chewing of cud by cattle is the product of the rumen in the animal, and precedes re-swallowing into the stomach, which is divided into three chambers that further do this wonderful work. Most of the world feeds beef exclusively grass. We don't.

Pigs, on the other hand, are monogastric, like us. They are omnivores, not herbivores. They need protein, fat and carbohydrate to thrive. In a natural state, pigs dig for these types of food in the ground. Grazing pigs make a mess of any pasture, unlike cows. Again, the rest of the world does not put pigs in meat factories.

If we feed omnivores and herbivores heavily on grain, certainly they fatten well, but what type of fat is produced and what kind of protein? Which federal study will sponsor this kind of inquiry?

It should be noted that of all the countries in Europe, only three import US beef. The same is true for South America. In Asia, only Japan is a heavy importer of US beef and pork, although nervous about the quality of it, considering mad cow disease. For the first time in human evolution, only since the early 1800s, the US does with food animals what most of the world does not. If we are so clever, why do we not study the content and impact of the fat and protein in US beef and pork? We lead the world in producing corn, and we lead the world in producing heart disease. Maybe giving up OUR beef and pork IS a healthy idea. The rest of the world need not worry. If you ever have beef in France, for example, you will find it very lean and different from ours. French beef is more like the strictly grass-fed buffalo that the Sioux Indians ate on the plains of the Midwest before corn took over. France also happens to lead the world in saturated fat consumption, and at the same time, is lowest in heart disease. Are we the world leader in polyunsaturated fat consumption because of our cheap, but poorly fed, meat? Is this the real reason to restrict red meat here?

4) How accurate is our assessment of heart disease? The statistical inferences that have been made about heart disease are usually confused by factors that have been made public by several researchers. The standards by which death reports are filled out for heart problems have changed about 5 times in the last 30 years. This is ok at one level, but makes consistent analysis difficult. The recent impact of such non-medical technologies such as cell

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phones, ambulances and EMTs, are hard to sort out in any recent data set, and so the danger of over attribution of benefits to any one factor is more complicated. If 'modest' changes are what are shown in the NCI study, can we really just use normal statistical norms to judge its accuracy and be correct?

5) Where is the root cause information? Statistical inference studies are easier to do than scientific research for root causes. Scientists use 'peer review' to validate hypotheses to make sure a study is not a fluke, and to open the inquiry to as many excellent minds as possible. One study I saw showed that the largest life factor statistical correlation with heart disease is the ownership of four automobiles. I do not think anyone is about to peer review that for accuracy. Not three, not five, but four automobiles? Is that conclusion worth more work even though statistical assessments showed it the best fit? I don't think so. Statistical inference is commonplace in the press, medicine and the FDA today. Unfortunately, statistical inference is sometimes like the proverbial search for a lost item under the lamplight because it is easier to see there. It is sad that life and death issues do not seem to command resources to do the really hard work of finding root cause mechanisms.

In the face of all these questions, knowing what to do is hard. Clearly common sense and personal situations drive our decisions about our health. What shouldn't drive us is the advertising and marketing of suspect solutions. That older people may be less prone to growth as a body agenda, and that ingestion of protein and fat

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new specialty within allopathic medicine called Integrative Medicine. The Integrative Medicine movement represents an updated attitude of traditional western medicine toward that part of the healthcare community that vehemently had been called “quackery.” This updated attitude is quickly becoming a spirit of cooperation. As alternative medicine and allopathic medicine begins integrating in the modern medical marketplace of ideas, it is tremendously important that the culture, customs and language within the dynamic systems of alternative medical thought are not lost.

Failure to maintain the art, science and philosophy upon which the principles of functional healing and wellness is built, will lead to what would be best described as assimilation, not integration, into a system that is better suited for saving lives and does not contain nor allow for the kind of environment necessary to provide the type of care that leads to healing, the enhancing of health and wellness.

Two opposing schools of thought regarding the nature of disease can be traced throughout the history of medicine. One, the “rational” school, is mostly associated with what has been regarded as orthodox medicine. Rational medical thought is focused on the acquisition of a scientific explanation for the primary cause of illness, the *prima causa morbid*. Rational medical thinkers view life, health and disease as a complex series of biochemical reactions that could be thoroughly understood and its manifestation cured with adequate funding

and resources. Rational thinkers view disease as the result of a disruption in the state of normal biochemistry within an organism from chemical disruptions or deficiencies such as poor nutrition, toxic exposures, microorganisms, and most recently, genetics. For the rationalist, these types of circumstances are the *prima causa morbid*, or primary causes, of all diseases. Over time, rational thinkers found chemical substances such as vitamins missing from the diet to be directly related to disease, and linked specific microorganisms to illnesses

Dynamic Integral
Medicine is a
truly integrated
movement.
Remember,
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and infections. These discoveries fueled the belief in “germ theory” and the notion that all disease could be treated with chemicals.

Allopathic medicine, a direct result of the school of rational thought, focused on saving and preserving life with therapies that use chemicals (drugs) that specifically counteract disease manifestations by targeting one or more of the biochemical pathways altered by the disease process, or with the surgical removal of tissues believed to be the cause of the disease or a result of the disease. In Western

Europe, or “the west” these practices came to be referred to in the as evidence-based medical science from which came the successes and growth of the chemical-based pharmaceutical industry.

Every day the methods and procedures of rational medicine prove effective in the ability to save lives. However, this mode of healthcare has been less effective in enhancing health. As the result of the ability to save lives, the methods of western medicine grew dominant and to this day enjoy heightened status within society.

The other school of thought is “empirical.” The empirical school of thought places far greater emphasis on enhancing one’s state of health. Empirical thinkers believe that acquiring scientific knowledge is inadequate to fully comprehend the dynamic processes within a diseased living organism, and therefore insufficient in removing a disease and returning an individual to a state of dynamic health and wellness.

Empirical medical thinkers view disease as a fundamental disconnection, disruption, or misdirection of the organized intelligence emanating from throughout the universe. This ineffable element called “universal intelligence” serves as the primary source of animation of all living organisms. Universal intelligence innate within all living beings is “innate intelligence”.

Empirical medical thinkers believe the animating process of “life” produces force, the amount of energy required to move matter. But without this force there is no life. Because this force is vital to the animat-

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ing process, empiricists use the term “vital force.” The ease of expressing vital force without limitation or obstruction is “health.” When the ease of expression of vital force is disrupted or is limited, empirical medical thinkers view the animating process as “diseased.” The expression of such disease in the form of signs and symptoms is disease, which is what is treated within the rational medical system.

Health is not installed; health is grown!

The vital force is believed to maintain overall harmony between the physical organism, its various components and the dynamic animating process. Ease of these relationships provides the mechanism for repairing damaged tissues, or at least a process of adaptation. Adaptation compensates for or minimizes the impact of a less than optimally functioning organism. This dynamic is what ensures wellbeing within an individual and its joyful and painless expression.

The empirical approach to health is designed to assist in regaining and maintaining harmony within the body. Its mission is not the cure of disease, and therefore is not necessarily directed at the site of the observable pathology. Rather, empirical medicine is targeted at the inner essence of an individual. This school of medical thought places a heavy reliance on the observation of an individual’s response to the process of the diseased vital force, as opposed to the

manifestation that is interpreted as disease.

The Latin term “Physis” identifies the observed flow of nature towards its normal natural state of ease. The mission of rational medicine as practiced by the traditional allopathic medical physician is to analyze, detect and cure disease. The mission of empirical medicine, now regarded as Dynamic Integral Medicine, is the removal of obstacles that may be preventing the natural flow of nature toward the state of normal. Within the empirical medical system, the dynamic integral medical physician is a “physis facilitator” whose mission is to facilitate two things: 1) the natural flow of the dynamic animating process and 2) the maintenance of the dynamic animating process’ natural state of ease.

Dynamic Integral Medicine is a 21st century continuation of the alternative medical movement that began in the 1970s. This movement, built upon empirical medical philosophy, is a collaborative effort of all healthcare professionals: M.D., D.C., D.O., N.D. and others coming together and pooling their resources. The Global Health Organization (GHO) is a dedicated member of this coalition,

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and is on a mission to heal this planet one individual at a time by any means, but with a primary focus of physis facilitation. Being a truly integrated movement, the participants must always remember that healing is a dynamic, not chemical, process and that health is not installed; health is grown!



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may need to be less than the need for glucose and energy production for repair and maintenance of the body makes sense. How exactly the body does these various things is still too big a mystery. We will all make our own decisions freely, one hopes.

One thing is clear, all of us in the US must continue the effort to solve our obvious chronic health problems. Large institutions are not usually motivated by new frontiers or change, despite noble mission statements. We all need to demand more real science, more explication of root causes, and less naiveté of statistical inferences and their place in our knowledge of ourselves.

Thanks, NCI, for helping us understand more about ourselves. Thanks also to all those who can perceive the difference between demonstrated truth and the many other forms of new information.



INTRODUCING ACADEMY CHAIR DR. EARLE SWEET, D.C., M.H., D.N.M.

Dr. Earle Sweet, D.C., M.H., D.N.M., is a consultant, lecturer and clinician dealing with herbal remedies and natural therapies. He speaks English, Spanish and Portuguese fluently. Dr. Sweet has visited 115 countries and sovereign islands lecturing and studying.

Dr. Sweet graduated with honors in 1960 from the Canadian Memorial Chiropractic College in Toronto, Canada. He moved to Montevideo, Uruguay in the same year and started both a private and a public hospital practice. Five years later he moved to Porto Alegre in southern Brazil and practiced another 5 years before returning to Canada in 1970. Upon returning to Canada, Dr. Sweet opened the Oakridge Chiropractic Clinic in London, Ontario where he has been in practice ever since.

In the 1980s and 1990s, Dr. Sweet and his research team developed full spectrum, cold percolated herbal tinctures. Today he holds 40 patents in North America in the technology and methodology of herbal tincture manufacture.

This is more patents than any other living person in this technology.

At his clinic, diagnostic techniques have been developed over the last 12 years that permit practitioners to custom make herbal remedies for the specific needs of patients. Until Dr. Sweet's developments, no one had been able to custom make medicine that was both cost effective and beneficial. That is now a thing of the past. Custom made, cost effective, exceptionally beneficial remedies can be offered to the waiting world.

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INTRODUCING MEMBERSHIP DIRECTOR VICKIE CRAIG

Vickie is a welcome addition to our staff as the Membership Director. The energy she brings to GHO will make your experience great. Please assist Vickie when she calls to verify contact information in the near future. She will be asking for updated contact information, sending out invitations to join the GHO Yahoo! Group online, and making sure you get the newsletter, too.

Vickie moved to Idaho in the early 1970s and began raising her family of 5 children. Her experiences as a mother led her to believe that there had to be a better way to keep all children healthy. In 1997 she started her journey in the Healing Arts by

completing the first and second levels of Classical Homeopathy from the International College of Homeopathy. These classes were taught by Dr. Edwin C. Floyd of Los Angeles, California, and conducted in Boise, Idaho. Vickie obtained her Practitioner Certification as a Classical Homeopath from the National Board of Homeopathic Examiners in 1999. Vickie attended Boise State University and in 2004-2006 completed pre-nursing courses to enhance her knowledge of chemistry and the human organism.

This knowledge of the healing arts and the medical sciences help Vickie carry out the mission of the



GHO. Vickie has been serving her community since 1999, under the guidance of her teacher and mentor, Dr Edwin C. Floyd. Vickie also conducts study groups occasionally for both homeopathic students and professionals.

You can reach Vickie at gho@ghonow.org or 208-331-1959.