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*Ear, Nose and Throat
Dysfunctions Due to
Deficiencies and Imbalances*

With a Foreword by
MORRIS FISHBEIN, M.D.



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*Ear, Nose and Throat Dysfunctions Due to
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DEDICATION

I AFFECTIONATELY dedicate this book to my first teacher in internal medicine and diagnosis, the late Dr. Peter Thomas Bohan, Professor of Medicine, University of Kansas. Through his devotion and his enthusiasm as a teacher he left a rich heritage which will be long remembered by his students. He was master in the art of history taking, physical examination and case reporting. He taught his students to rely on their medical knowledge and special senses, not on the laboratory, in making a diagnosis.

He understood and taught the clinical approach to medical problems. By his masterly skill in case reporting he stressed the vital importance of correctly interpreting the fact that metabolism plays in hypoglycemia. He emphasized that the condition is commonly overlooked, or wrongly diagnosed as a neurosis, by most physicians. This diagnostic error is usually made because the extreme exhaustion, not readily explained by the physical findings, and the numerous so-called bizarre symptoms present are ordinarily associated with a neurosis. He also pointed out the dangers to the entire neurovascular system, and especially to some of the cranial nerves, should this metabolic dysfunction coexist with tobaccoism.

Because of his medical ability, his intellectual and professional honesty, he was respected by his colleagues, revered by his students, beloved by his patients and friends.



Dr. Peter Thomas Bohan.

ACKNOWLEDGMENTS

I WISH TO express my appreciation to my friends and colleagues at the Mayo Clinic, especially to Dr. Henry L. Williams and Dr. Bayard T. Horton.

Dr. Williams reviewed and gave helpful advice in completing the chapter on Meniere's disease. Dr. Horton has been a constant source of inspiration through the years in my struggle to master, in part, the many intricacies of vascular headaches.

I also wish to extend to my friend Dr. Morris Fishbein my deep appreciation for his interest, his many helpful suggestions, and for reviewing the manuscript. His knowledge of all branches of medicine and his continuous willingness to be of personal help to all physicians everywhere have endeared him to the entire profession.

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Others of my associates at the University of Kansas Medical Center, who have always been willing to give generously of their time, knowledge, and encouragement, are Dr. Edward H. Hashinger, Professor of Gerontology and Medicine, Dr. Charles C. Dennie, former Professor of Dermatology, and Dr. Frank S. Forman, a former resident at the Center, now associated with the Colorado Springs Medical Center.

I am profoundly thankful to Nancy Hurt who has been associated with these investigations for seven years. Her intellect, dedication and enthusiasm gave impetus to the work when, through the stress of circumstances, it would have faltered.

I am greatly indebted to my secretary, Jane Flack, who so capably kept the numerous notes, drafts, and various segments of this book in such good order that they were available instantly. I appreciate greatly her loyalty and patience.

I am grateful to my former secretary, Sally Whitehurse, who rendered invaluable services at the medical reference libraries in the beginning of these investigations.

I wish to express my deep appreciation to Nancy A. Simms who undertook the assignment of typing this volume. The material given to her was mostly in my own handwriting, illegible to all but her. Her skill as a typist, her devotion to the cause and her cheerfulness at all times have been of priceless value in the completion of this book.

My special thanks to Zita Wist who undertook the arduous task of editing this volume.

In conclusion, I want to acknowledge the sympathetic assistance my wife, Mary, has always given me. Her unflagging interest has proved inspirational. Without her understanding, encouragement, and companionship the task would have been insurmountable.

S. E. R.

FOREWORD

DR. SAM E. ROBERTS, whom I have known as a friend for many years, has been distinguished as a leader in the field of otolaryngology. Some have argued that the field of otolaryngology is gradually disappearing with the arrival of the antibiotic drugs which have well nigh eliminated infections of the nose and throat and the extension of such infections to the mastoid and other parts of the body. However, Dr. Roberts has wisely recognized that conditions affecting the nose, throat, the sinuses, the nervous system—in fact, any portion of the human body—are in a sense not localized but constitutional disorders. Obviously the attack on a constitutional disorder is not limited to surgical correction of the anatomical errors nor to elimination of infectious or toxic agents. The attack must be total. His extensive experience using total approach to the control of dysfunctions of the sinuses, Meniere's disease, headaches, allergies, tinnitus, exhaustion, fatigue, and many other conditions has apparently yielded excellent results. He cites many reports of cases as proof of the efficacy of such methods.

Medicine stands on the threshold of the new knowledge of nutrition which has advanced more in the past quarter century than in all the previous years of our lives. This knowledge is piecemeal since the thousands of studies have not yet been integrated and coordinated into a system of their use in the conditions that have been mentioned. Moreover, Dr. Roberts wisely emphasizes that the study of each patient reveals conditions in deficiencies and disorders of absorption, digestion, assimilation, and nutrition which must concern the clinician. As a beginning, basic diets are known for their efficiency and an adequate supply of protein, vitamins, and mineral salts is indicated for every patient. Apparently, however, specific deficiencies do become apparent with careful study.

Again emphasizing the constitutional approach to various disorders, Dr. Roberts takes into account the vital character of

glandular activities and he finds, as might be expected, that various patients suffer from various inadequacies and that the glandular difficulties are often closely related to the dietary problems.

If all of this warrants any single conclusion, the answer lies with the clinician who is studying the patient and who studies the patient as a whole human being and not as a mechanism that responds in various ways to a variety of laboratory determinations.

I have been impressed that some of Dr. Roberts' opinions relative to sugar, alcohol, tobacco, psychosomatic medicine, and other problems which are discussed and strongly held by him. They are presented as a stimulation to further research and he ventures them as opinions for which his experience demands respect. His contribution is interesting and indicates how greatly any physician, whether trained in the methods of the laboratory, the hospital or in private practice, may contribute to medical advancement. This he has achieved.

MORRIS FISHBEIN, M.D.

INTRODUCTION

IT IS FORTHWITH disclosed that the opinions and annotations recorded in this book are founded on clinical observations, and the results described are, in part, subjective. Presently there are no available laboratory procedures which are diagnostic of deficiencies and imbalances. These tests, while being intensely pursued in many institutions of learning, still remain in the realm of basic research.

However, there are many well controlled scientific studies now in progress which lend vigorous support to the concepts that ensue in the various chapters.

I hope that this volume may have the paradoxical destiny of becoming more useful as time passes. I will attempt to obey the conventions of scholarly writing but not at the price of producing a spineless volume. Positive statements will be made with caution. As much detachment and objectivity as possible will be maintained, although personal enthusiasm will appear occasionally. No one could live this subject twenty years and have it otherwise.

I have amassed and attempted to evaluate clinical evidence which I believe represents sound basic tenets. If, at times, I have seemed repetitious it was not because repetition is the soul of pedagogy, but because essentially the same general subject is discussed in each chapter.

The motif throughout the book will be to accentuate the importance of cellular nutrition and metabolism in diseases and dysfunctions rather than the virulence and toxicity of the micro-organism. I hope this discussion will be equally valuable to the specialist, to the general physician, and to the layman. No detailed discussion will be included of the clinical freak, or of the almost extinct deficiency diseases such as scurvy, beriberi, clinical pellagra with its three D's, and others. They are seldom encountered in the United States; however, the subclinical deficiencies and imbalances are widespread in the United States. They

are seldom diagnosed because laboratory proof is lacking and there is a paucity of other precise diagnostic methods. Physicians are also so busy treating acute conditions they fail their duty to the patient whose only complaint is "I don't feel well. I know I need a checkup." It is much easier and less time-consuming to tell these patients, "There is absolutely nothing physically wrong with you," leaving the distinct connotation that the condition is nervous or mental.

Too often the patient is presented with the diagnosis of chronic nervous exhaustion or some other neurosis. This is his reward from our profession for the time he whiled away in examining rooms and for his hard-earned dollars he spent for a series of senseless, and often useless, laboratory tests.

Subclinical deficiencies and imbalances are only recognized by the astute clinician with an inquiring mind and an appreciation of constructive medicine, so well defined by Stieglitz¹ who believes that treatment of the sick is an attempt to reconstruct health after it has been damaged, and to control and retard further damage. *He also points out that the treatment of the apparently well is an effort to enhance greater health, and that health is never perfect and is thus always amenable to improvement.* Constructive medicine individually applied to adults offers much more than is generally realized by the profession.

Stieglitz also is convinced that health is something more than the absence of disease; that it is possible, feasible, and profitable to the patient to attempt the construction of health in maturity. This concept, he concludes, is in contrast to the usual philosophy that medical practice consists of treatment of disease after it has occurred.

I agree that emphasis on disease, often to the unfortunate exclusion of the consideration of health, has dominated medical thinking.

PREFACE

I AM CERTAIN that deficiencies, and especially imbalances, are the principal causes of the diseases, dysfunctions and syndromes herein reported. They are also contributing etiologic factors to many other diseases and dysfunctions not included in this text. They are the precursors of many chronic degenerative diseases. These deficiencies and imbalances are nutritional, electrolytic, hormonal, acid-base, and insulin-sugar.

Further clinical investigations and basic evaluations are essential before heparin-heparinase, histamine-histaminase and insulin-insulinase imbalances can be included in such a discussion.

Through correction of these deficiencies and imbalances, when indicated, the symptoms and physical findings are relieved or greatly improved. This I will call throughout this volume the therapeutic test.

Available laboratory tests have, in the main, impeded, not helped, these investigations.

In the case of insulin-sugar imbalance, a single fasting blood-sugar test is without real value in the diagnosis of clinical hypoglycemia. Hyperinsulinism was first diagnosed by Seale Harris² in 1924, one year after insulin was in general use.

Harris³ also modified the glucose tolerance test by prolonging the test to six readings at hourly intervals. He noted that in hyperinsulinism, which is one of the main causes of hypoglycemia, the blood-sugar decreased as the analysis time was increased. This does not occur in the normal person. This modified test requires six or seven venipunctures and is therefore objectionable to even the most courageous patient. Moreover, it frequently does not reveal the subclinical insulin-sugar imbalance of hypoglycemia, which is probably the most common imbalance encountered in general practice. Except for academic purposes, I prefer to make the diagnosis of an insulin-sugar imbalance and confirm it with the therapeutic test. (See Index for chapter on Insulin-Sugar Imbalance, and the Therapeutic Test.)

Insulin-sugar imbalance is probably the most frequent cause of the two great American complaints: "I am utterly exhausted," and "I don't feel well."

My wish and the purpose of this book is that the clinical observations I have made and the postulations I have set forth will carry a definite and useful understanding and meaning to the profession and the layman.

While I have stressed deficiencies and imbalances, it must be stated forthwith that I am not in any way ignoring the crucial importance of focal infections. There is not a single dysfunction discussed in this book in which focal infection does not play a significant role. These infections are not included in this text because their consequences are well understood and adequately evaluated throughout the medical literature of the last three decades.

The statements I have made in this book are not casual or final. I have weighed each of them carefully and they are presented as the nearest approximation of the truth obtainable with our present day knowledge.

Therapeutic results in any field of medicine lies, not in the printed word but in the clinical response of the body to metabolic dysfunctions and organic disease.

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