Paradigm Blindness: Academic vs. Clinical Medicine

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Introduction

"We find that which we seek" is an everyday experiential reality of the worldwide Internet system by which the research engine preselects a range of possible and appropriate responses. Information is thus determined by the form of the inquiry itself. While this is of great pragmatic value, it also represents a limitation that could be termed "paradigm set."

Progress and Developments in Clinical Medicine

A new clinical science of Consciousness Research began to emerge in the late 1970s that applied the findings of John Diamond, M.D.[1] to an identification of positive versus negative energies that covered totally different physiological responses, such as muscle strength. This was termed "the kinesiological response," which proved to be useful for diagnosis as well as identification of beneficial treatment modalities, including nutrition and psychopharmacology.

During the same era, nutritional medicine and orthomolecular psychiatry emerged as a new clinical science that was based not only on theory[2] but also on clinical experience and pragmatic success in treating difficult or even supposedly hopeless psychotic conditions.[3] Thus, efficacy was the critical proof and demonstration of theory and practice.

Levels of Truth

Utilizing the technique of Behavioral Kinesiology, it was discovered that 'reality' as verifiable 'truth' was actually a consequence of and concomitant with levels of consciousness, and that 'facts' or statements, such as those made by science, reason, or philosophy, could be calibrated on a logarithmic scale of 1 to 1,000, which included all possibilities within the human domain. Most startling was the discovery that below consciousness level 200, all statements were fallacious, and verifiable truth calibrated from 200 on up through the ranges of intellectual excellence (the calibration level of the 400s) to spiritual realities, such as Love in the range of the 500s, and then levels of classical Enlightenment, from 600 to 1,000.[4, 5]

What is experiential and believed to be 'real' depends on the level of truth of its exposition as well as the level of consciousness of the observer.

Clinical versus Academic Medicine

On the Scale of Consciousness, 'academic medicine' calibrates at exactly 440, whereas clinical and holistic medicine calibrate at level 445. Thus, by external verification, clinical medicine (such as nutritional/orthomolecular medicine) arises from a higher level of consciousness (the scale is logarithmic; therefore five points higher are quite significant).

All statements of 'truth' (linear content) are actually only true within a given (nonlinear) context. The context of nutritional medicine is more inclusive as it encompasses the overall condition of the patient and not just innate brain chemistry as though the brain operated independently of the body's overall chemistry.

Via the Heisenberg principle, quantum mechanics demonstrates that the intention of the treating observer-physician has a sizeable and measurable impact on the outcome (the collapse of the wave

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function from 'possible' to 'actual'). This also demonstrates that the therapeutic response increases with the expansion of paradigm so that the hypothetical-possible becomes the manifest-actual response.

Professional Paradigms

The paradigm of acceptable academic medical responsibility and authenticity is limited to the restriction of consciousness calibration level 440, a very narrow range that is suitable to academia but insufficient when applied to clinical medicine where greater flexibility and options are necessary in order to achieve optimal results. The patients and their families are only interested in, or more likely, are desperate for relief from suffering and disability. Thus, the true clinician is a humanist who utilizes expertise in the art of medicine and not just the 'science' of medicine. Approved academic medical science is thus only one tool in the wide range of therapeutic modalities available to an experienced clinician.

Clinical Practice

Orthomolecular practitioners are besieged by huge numbers of 'hopeless' cases that 'have been everywhere and seen everybody' in academia. A New York clinic (North Nassau Mental Health Center) that specialized in clinical nutritional, environmental, orthomolecular holistic treatment had two thousand outpatients and treated one thousand new patients per year. Orthomolecular psychiatrists treated desperate, 'incurable' patients from all over the world. Success with many of the most difficult patients led to therapeutic optimism and expanded areas of clinical research outside the limiting parameters of strict academia.

Professional Extrapolation

As a consequence of 'paradigm allegiance', mainstream medical journals are self-restricting to a limited range of topics and therefore are not open or favorably inclined toward clinical research or reports of therapeutic success with alternative, nontraditional modalities. There is, in fact, a subtle disrespect or even open hostility toward any deviation from strict, approved, and 'respectable' methodologies and styles of reporting. As reported in the *Journal of Orthomolecular Medicine* 21: 2, June, 2006, this results in "Medline Bias."[6] Thus, over the decades, holistic medical practitioners have formed their own professional societies and created journals to fill an important vacuum.

Intention: Healer versus Scientist

The true physician is dedicated to the healing, cure, and recovery of the patient by which the power of intention[7] contextualizes and defines the quality of the patient/practitioner interaction. While the academic is rigid, the holistic practitioner is flexible, open-minded, and includes a moral responsibility that is one of allegiance to the best possible outcome.

Case Example

A hopeless 'chronic schizophrenic' who had seen 'all the world's academic experts' over the years, and who was refractory to antipsychotic medicines, was brought in for treatment by the forlorn family. He was placed on a sugar-free diet and megavitamins. In addition, he was placed on rotation diets in order to reverse cerebral allergy toxicity. The patient was indeed very psychotic, with severely impaired irrational thought disorder. My clinician's mind silently said to me that he was "as mad as a hatter," so I ordered a hair analysis test for toxic materials because the patient had spent time in the past spraying horticultural pesticides.

As can readily be noted, all the above procedures and modalities were outside that of academic medical practice. Kine-

siological assistance with diagnosis and an effective treatment modality would have been equally ridiculed.

The overall results, however, were astonishing in that the patient made a full recovery. The hair analysis (as clinically suspected) showed mercury poisoning. Rotation diets revealed cerebral wheat allergy. The patient was placed on a gluten-free diet, and the mercury was chelated out with massive doses of ascorbic acid. The psychosis disappeared, and the patient returned to normal life and functioning.

Was this case unusual? No, indeed, for he was typical. As a consequence, the families of patients joined the American Schizophrenic Foundation, which encouraged practitioners who were more versatile than those who were limited to academic orthodoxy.

In 2006, Dr. Hawkins was inducted as a 50-Year Distinguished Life Fellow of the American Psychiatric Association and also inducted into the 2006 Orthomolecular Medicine Hall of Fame. In 1989, he was knighted by the Sovereign Order of St. John of Jerusalem (founded 1077) in recognition for his service to humanity.

References

1. Diamond J: *Behavioral Kinesiology.* New York. Harper and Row. 1979.
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3. Hawkins D, Pauling L: *Orthomolecular Psychiatry.* New York. Witt, Freeman & Co. 1973.
4. Hawkins D: *Power versus Force.* Sedona, Ariz. Veritas Publishing. 1995; Carlsbad, Calif. Hay House. 2001
5. Hawkins D: *Truth versus Falsehood.* Sedona, Ariz. Veritas Publishing. 1995.
6. Saul AW: *Editorial Medline Bias.* J Orthomol Med, 21:2; 62.
7. Dyer W: *The Power of Intention.* Carlsbad, Calif. Hay House. 2004.

Is your patient a pyrrole excreter?

It would be well worth finding out if he/she presents with—
• Schizophrenia, mental disturbances, or autism (20% are pyrrole excreters)
• Knee pain
• White spots on fingernail

Urinary pyrroles are chemicals that attach to vitamin B_6, zinc and manganese. A genetically determined pyrrole excreter carries large amounts of those nutrients out of the body. The effects of pyrrole excretion can be easily corrected by taking vitamin B_6, zinc and manganese.

The Bio-Center Laboratory is the expert in Urinary Pyrrole testing.

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Please visit our website at www.biocenterlab.org for a complete list of assays that we offer.