Environment and Inheritance

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Possibly the two most important factors in creating good health are, firstly our environment and how it affects us immediately, and secondly the inherited features we acquire from our parents, some of which may also be influenced, but more indirectly, by our environment.

Environment is defined in Webster's Dictionary as "all of the surrounding conditions and influences that affect the developing of a living thing." From this definition we may appreciate that the environment of the body therefore is not just geography or of seasonal climatic changes, but more importantly may concern the chemical substances which we eat in our diet during our lifetime and which we obtain through respiration, through exposure of your skin to sunshine, etc.

Heredity is defined as "the transmission from parent to offspring of certain characteristics." Since biochemical mechanisms of the billions of our body cells may be altered by environment and because these alterations may be donated to our offspring, heredity or inheritance may not only be of genetic features, but may also be of perfectly preserved or of altered cellular biochemical mechanisms.

Inheritance and environment are intimately related for the chemical environment of our bodies, which includes the vitamins and minerals and other nutrients we eat, as well as the toxic chemical factors we inhale and eat, is responsible for the preservation of correct biochemical mechanisms of the billions of cells of the body, or is responsible for their degeneration and replacement with alternative biochemical mechanisms. Because such perfectly preserved or altered biochemical mechanisms of the body may be donated, by either/or both parents in the ovum and in the sperm to the fertilized ovum and so to the embryo, and because faulty nourishment of the mother prior to and during pregnancy can cause further deterioration of such altered cellular mechanisms of the developing embryo, the chemical environment of the body does seriously influence health through inheritance.

This factor of inheritance, however, is not the inheritance of genetic factors, such as inheritance of the color of the grandmother's eyes or the father's physical build, which I define as "indelible genetic inheritance." Instead the inheritance factor, or altered biochemical mechanisms, present in the ovum and in the sperm, arising for reason of faulty nutrition and/or of toxic factors experienced by the father and by the

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mother, and also the biochemical influences on the embryo arising for reason of the nutritional state of the mother during its nine months' development in the womb, gives rise to the feature of inheritance which I define as "labile biochemical inheritance."

In this definition the term "biochemical" infers that the inherited influence is one concerning the biochemical mechanisms of the cells which arise for reason of the vitamins, minerals, proteins, and other nutrients eaten in the daily diet by both parents, but particularly by the mother of the child.

The term "labile" in this definition further contrasts this type of inheritance with genetic inheritance, in that it indicates that alterations of these cellular mechanisms, acquired by the embryo at conception and development, may be corrected during early formative years after birth. This correction or eradication of such acquired defective cellular biochemical mechanisms may be affected by the provision of an optimal chemical environment of the body in the line of an improved diet and dietary supplements which will provide all the dietary factors required for health.

The existence of such "biochemical inheritance" has been brought to my attention years ago in practice as I studied and treated several diseases, particularly chronic asthma in infants and young children. The study of these types of asthmatic patients eventually forced the conclusion that a young child does not acquire a disastrous disease such as asthma at the age of one, two, or three years for reason that it had been born normal, had been created perfect, and then this perfection of creation had degenerated to this spectacular degree at such an early age. Instead, many years of study of thousands of chronic asthmatic patients, the study of their chronic dietary deficiency state, and observations of the resolution of their chronic asthma treatment with vitamins and minerals led me to the appreciation that the parents of these young asthmatic children were frequently deficient of the same nutritional factors which had given rise to asthma in these other patients I have studied. Moreover I observed that while the mothers of these asthmatic children frequently did not experience asthma, they frequently showed the same particular features which had indicated chronic deficiency in the other adult asthmatic patients, such as coating of the tongue, breaking of the fingernails, cramping of their leg muscles, and cramping of other intestinal structures, etc. My study of these different classes of patients ultimately led to the conclusion that, while the deficient mother did not have asthma, she had donated a biochemical defect, affecting muscle, to her offspring. I concluded, moreover, that continued dietary deficiency of the young child, usually caused by dietary deficiency of milk or the drinking of 2 percent milk instead of whole milk, or the eating of margarine instead of butter, had led to a worsening of this biochemical defect which eventually was largely responsible for the spasm of the muscle within the child's lungs.

While I do agree that an allergic reaction may have been present or may be very essential to initiate the bronchial reaction causing asthma, compared to the tissue reaction excited by chronic deficiency which I define as a "deficiency reaction," the allergic reaction is frequently a relatively nonimportant feature in the excitation of the disease.

In brief, therefore, in the study of biochemical inheritance, I look on asthma as largely a disease of muscle involving both the skeletal muscle of the body and the internal muscle of intestinal organs such as of the bronchial tubes of the lungs. It does appear that all muscle cells of the body become irritable to the point that they are inclined to contract or to cramp excessively if they become deficient in minerals and vitamins, particularly calcium and vitamins A and D, which minerals and vitamins are usually present in good quantity only in whole milk and butter fat. Therefore, while the asthmatic child has experienced a worsening of an acquired biochemical defect of muscles sufficient to give rise to spasm of his bronchial muscle creating asthma, examination of the skeletal muscles of the mother and the questioning of function of

her internal organs, other than the lungs, almost invariably reveals positive evidence that the mother indeed had experienced a biochemical defect prior to her pregnancy caused by chronic dietary deficiency.

This, then, is the "labile biochemical factor" arising out of dietary deficiency, which is responsible for much asthma and other diseases currently entirely attributed to allergy, but which may be corrected by vitamin and mineral therapy to cause resolution of the disease. This also is the inherited biochemical factor, currently attributed to genetic inheritance, especially when familial pattern of the disease is present.

Despite this influence of dietary deficiency I do agree, however, that many members of a family may show a particular "biochemical individuality" and they do require a higher than normal intake of mineral content foods in order to insure proper function of their muscles. If this particular requirement for minerals of members of a family is not satisfied by even a higher than normal intake of milk, etc., the resulting biochemical defect may give rise to a higher incidence of asthma in this particular family. This "biochemical individuality," which is a genetic feature, may arise for reason of inherited absence of an intestinal digestive enzyme which interferes with the digestion and the absorption of fats and so with the absorption of the A and D vitamins. This faulty absorption of vitamin D, in turn, leads to deficient absorption of minerals.

These are some of the labile biochemical and genetic factors responsible for the acquisition of the disease and, as I have already indicated, "labile biochemical inheritance" is entirely dependent on diet and other physical features which comprise the environment.

As in the case of chronic asthma, in which disease I hope that I have illustrated that features of the lifestyle of the parents may be responsible for the development of the disease in their offspring, so in other diseases such as diabetes mellitus, multiple sclerosis, cancer, and other diseases currently arising from unknown causes, I suggest that study of the lifestyle of the parents, in reference to diet and other features, may reveal a particular set of physical factors that may have created the background for disease in children, in their parents.

Environment, therefore, is not so much the influence of geography or climate as it is the influence of what we do not eat and do not drink, that is the vitamins and minerals we are deficient of, and may be the influence of what we do eat and drink, and smoke, such as the excess of starches, the flavorings and preservatives we eat, and the tobacco and other drugs we smoke or partake of.

The most unfortunate aspect of the influences of deficiencies or of excesses in our diet or of other physical deficiencies and excesses, such as the deficiency of sunshine on skin, or of exercise, etc., is that the body has well-developed built-in protective devices designed to protect it or to compensate for such deficiencies and excesses. For this reason such deficiencies and excesses may be experienced frequently for many years without their effect being noted, that is before the individual experiences even any minor dysfunction, such as headaches or fatigue, or long before he or she experiences any overt disease such as constipation, colitis, asthma, arthritis, depression, etc.

It is this element of body protection, through natural biochemical adaptive maneuvers, that leads a very large percentage of our population to believe that, because they are or have been functioning normally while inflicting their bodies with an abnormal chemical environment created by many chronic deficiencies and as many excesses, they can continue to live a good and full symptom disease free life indefinitely while pursuing the same lifestyle. Moreover, such individuals take their current good body function and health as absolute proof that those who advise them differently regarding their diet and regarding their excesses are totally wrong to the point that they judge that such advice is worthless and only worthy of ridicule. The unfortunate truth, however, as learned by those of us interested in nutrition and those, of us who have been able to piece together some of the features of the evolution of disease,

arising out of faulty biochemical environment, is that these individuals are but living in a fool's paradise. In my appreciation only very few individuals indeed have perfected biochemical inheritance, acquired from the good health of their parents or from their good nutrition in early years, that enables their bodies to withstand these combined onslaughts for many decades. Contrary to this, most of these individuals within several decades do show the effect of faulty environment in the creation of symptoms and in the creation of disease.