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# On the Origin of Disease

*The role of post-Paleolithic foods in disease vulnerability – and the familiar medical tenet which may be exacerbating disease.*

## Executive Summary

Most disease research focuses on mechanisms, symptoms or infective agents in the quest for treatments. However - we begin with the Greater View of *Homo sapiens*. We wondered why modern humans are so vulnerable to disease - given that archaeology finds Paleolithic humans were virtually disease-free. From this - and our unique and extensive knowledge of how troublesome breakdown products from grains and milk trigger immune responses (food intolerance) - a new theory of disease has arisen. *Xenos Theory* finds extensive support when we study the medical literature - and anecdotally in hundreds of patient experiences. Further, an analysis of the widespread *diagnose-then-treat* practice exposes how this very approach misdirects efforts to solve disease.

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# I. The Greater View of Human Life

## Why *diagnose-then-treat* is failing us

Mankind's gravest concern after climate change, must be disease. And only rigorous scientific method can take us to its solution. But in this paper I will discuss why Western medicine's familiar *diagnose-then-treat* approach to disease *is not* rigorous scientific method – and how it is failing us. Indeed my work concludes that this approach blocks us from grasping the true nature of disease – and therefore, from ways to solve it.

When we apply *diagnose-then-treat* we fail on two accounts:

- We fail to review old assumptions – and we fail to embrace new knowledge. Both are considered poor scientific practice.

But when we *let go* of old assumptions – and embrace recent discoveries about our species from fossil evidence - a whole *new theory of disease* appears.

## Questioning our understanding of disease

Disease looms over us: hepatitis, Ebola, influenza, AIDS and dozens of chronic disorders. Every month, ever more potent viruses outwit medicine; another third world community is decimated; another close friend receives a dire diagnosis. Most of us are candidates:

*Chronic degenerative conditions like heart disease, diabetes, cancer, depression and arthritis are at all-time highs. For people aged 45 - 64 more than half, 53% have one or more of these conditions<sup>1</sup>. For those 65 or over the number is 71%.*

In this paper I will look closely at our *understanding* of disease: why it afflicts so many of us, why our only solution is *treatment* – and why, at the rate of *three new infectious diseases* annually (forty five since 2000<sup>2</sup>) - we seem to be losing the battle. Nobody seems to understand *why* disease happens.

Traditionally in science - to *find the cause of a problem* we apply **scientific method**: cycles of observation, hypothesis, experiment and review. We eliminate possibilities and arrive at solutions. It is done this way in all sciences: physics, chemistry, engineering, microbiology, genetics and pharmacology.

But bizarrely - *not in medicine* for tackling the problem of disease. Instead, in the absence of any 'theory of disease' – doctors are obliged to employ *diagnose-then-treat* from Ancient Greece, 350 BC.

Effectively then - our main strategy for tackling disease flounders at a level of knowledge and technology from two millennia past.

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<sup>1</sup> AIHW Australia's Health 2008 <http://www.aihw.gov.au/chronic-diseases/>

<sup>2</sup> Woolhouse M, Gaunt E, Ecological Origins of Novel Human Pathogens *Critical Reviews in Microbiology* 33:231–242 (2007)

I had always wondered why my doctors never searched for the cause of my illnesses - and eventually I dared to imagine a better way. I had suffered for most of my life with serial infections and nagging ailments – and doctors could not make me stay well. Then in 1996 a nurse at the Blood Bank asked if I was celiac: my iron levels had fallen too low for me to donate. I resolved to learn more.

So I went back to the university library - and for the past two decades I have been researching links between foods and disease in the medical literature. This learning – direct from the coal-face of new knowledge - healed me and changed my perspective, and in July 2013 led me to an actual *theory of disease* . . . a workable rule which gives us *predictability* over disease. I am still stunned by it.

- ❖ The main reason for putting a theory is to gain predictability over an intractable problem. Regarding disease, *Xenos Theory* has so far held in every situation we can devise.

## From the beginning: every species has an ideal diet

We are *Homo sapiens* . . . a species. Sometimes we forget this.

We understand the plight of endangered **species** like the Chinese Great Panda, Asian tigers, the Tasmanian devil, the whales of our oceans and others whose habitats are threatened. Each species has *very particular and different requirements*...especially their diet.

- Pandas must eat only bamboo shoots to stay healthy, koalas perish without their particular eucalyptus leaves . . . a horse eats grass - but would become very ill on ground beef . . . goldfish die quickly on the wrong food

We already know from keeping animals that disease and death can arise in a species - *just from eating inappropriate foods*. Every species on the planet needs its *ideal diet* to enjoy good health. Why would humans be any different?

So . . . what is the ideal diet for *Homo sapiens*? Where do you find that?

Food pyramid charts? A nutritionist? Health websites? Your doctor? The side of a cereal pack?

All these do give nutritional advice – *but not one of them* is working from the hard scientific evidence now available. Unfortunately - they all seem to be piggy-backing off some olde world view of nutrition published in the late nineteenth century by one Wilbur Atwater of the US Dept. of Agriculture.

His recommendations for consumption of produce like grains, milk, cheese and meat were set down in booklets - and survive with revisions a whole century on - as food pyramid charts. Unfortunately these (now misleading) documents endure as fixtures in school classrooms around the world.

## What the research says about the ideal human diet

Back in the nineteenth century - nobody had much knowledge about our species. Even Charles Darwin's landmark Theory of Natural Selection published in his book *On the Origin of Species*<sup>3</sup> in 1859 struggled to find acceptance.

Likewise, some stunning discoveries about our species published four decades ago languish on library shelves. However this 'new' knowledge exposes a gaping mismatch between the scientific facts on the *ideal* human diet and entrenched nutritional 'rules' peddled by food manufacturers and others.

Despite what you may believe about 'wholesome grains and the goodness of milk' – few nutritionists, dieticians or doctors are up to date with the research.

But the archaeologists and anthropologists are. For decades now, they have used space age technology to examine fossils and have made new discoveries about our species - and our ideal diet. Nonetheless the work remains largely ignored by health and nutrition professionals.

The startling findings are captured in a single diagram: the *Greater View* below.

## Our first 'helicopter' view of human history

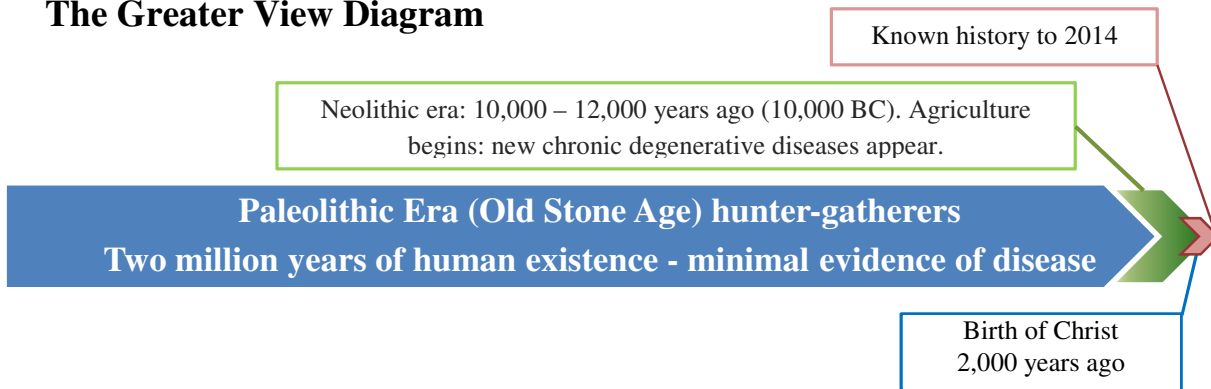
The *Greater View Diagram*<sup>4</sup> of human life (below): Two million years of Paleolithic (Old Stone Age) human existence is **shown in blue**. The **small green section** is the Neolithic (New Stone Age) Era – beginning around ten to twelve thousand years ago in the Middle East.

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<sup>3</sup> Darwin, C *On the Origin of Species* Signet Classics; Rep Anniv edition (September 2, 2003)

<sup>4</sup> Manners, D. *Beyond the Paleo Fence* The Food Intolerance Institute of Australia 2014

## The Greater View Diagram



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**1. Blue section:** Palaeolithic peoples were nomadic hunter-gatherers and survived successfully for *more than two million years*.

- They ate fresh meat, fish, green leafy vegetables, fruit, nuts, seeds, eggs, water.
- But **no grains, no milk products, no nightshades**. Minimal salt and sugar.
- **NO DISEASE:** Despite four decades of research Paleolithic fossils show minimal evidence<sup>5,6,7,8,9,10,11,12</sup> of chronic or infectious disease – apart from injury-induced conditions.

**2. Green section:** Around 10,000 to 12,000 years ago, Neolithic era - first farming began.

- Cultivating grasses delivers **wheat and barley** crops - and keeping livestock like sheep and cows for meat leads to the *practice of milking*
- **DISEASE APPEARS:** Unmistakeable evidence of disease first appears in fossils from this era: chronic disease: osteoporosis, rheumatoid arthritis, tooth decay; and infectious disease: leprosy, tuberculosis, poliomyelitis, syphilis, pulmonary disease<sup>13,14,15</sup> and others.

<sup>5</sup> Angel JL: Paleoecology, paleodemography and health; in Polgar S (ed): *Population, Ecology and Social Evolution*. The Hague, 1975, pp 167–190.

<sup>6</sup> Nickens PR: Stature reduction as an adaptive response to food production in Mesoamerica. *J Archaeol Sci* 1976;3:31–41.

<sup>7</sup> Eaton SB, Konner M, Paleolithic Nutrition A consideration of its nature and current implications. *New England Journal of Medicine* Vol.312 no. 5, pages 283—289.

<sup>8</sup> Eaton et al. Stone Agers in the fast lane: chronic degenerative diseases in evolutionary perspective. *Am J Med*. 1988 Apr;84(4):739-49

<sup>9</sup> Cordain L, Cereal Grains: Humanity's Double Edged Sword. *World Review of Nutrition & Dietetics*, 1999;84:19-73

<sup>10</sup> Eaton SB, Nelson DA: Calcium in evolutionary perspective. *Am J Clin Nutr* 1991;54:281s–287s.

<sup>11</sup> Konner M Eaton SB Paleolithic nutrition: twenty five years later. *Nutr Clin Pract*. 2010 Dec;25(6):594-602

<sup>12</sup> Eaton SB et al. Stone age nutrition: implications for today. *ASDC J Dent Child*. 1986 Jul-Aug;53(4):300-3.

<sup>13</sup> Robbins G, Tripathy VM, Misra VN, Mohanty RK, Shinde VS, et al. (2009) Ancient Skeletal Evidence for Leprosy in India (2000 B.C.). *PLoS ONE* 4(5): e5669. doi:10.1371/journal.pone.0005669

<sup>14</sup> Hershkovitz I<sup>1</sup>, Donoghue HD, Minnikin DE, Besra GS, Lee OY, Gernaey AM, Galili E, Eshed V, Greenblatt CL, Lemma E, Bar-Gal GK, Spigelman M. Detection and molecular characterization of 9,000-year-old Mycobacterium tuberculosis from a Neolithic settlement in the Eastern Mediterranean. *PLoS One*. 2008;3(10):e3426.

<sup>15</sup> Sabbatani S, Fiorino S [Contribution of paleopathology to defining the paleocoenosis of infectious diseases (Part one)] *Infez Med* 2008 Dec;16(4):236-50

We already know the cause of some diseases:

- Tobacco smoking causes lung, throat and other cancers – the nicotine and other toxins in the smoke are proven culprits
- Pollution of our air and water causes disease: lead poisoning from car emissions; mercury contamination in our fish catches; chemicals in our rivers
- What about holes in the ozone layer? And food additives? Artificial sweeteners? Asbestos? Chemicals? Preservatives?

Yes, these things can certainly all make us sick. But we cannot blame them for the Neolithic diseases. They are all *modern effects*. They could not have caused the diseases suffered by Neolithic farmers. It must have been something else.

## ‘Species-appropriate’ foods

The science says there was hardly any disease in Paleolithic times. Then it suddenly appears as farming begins. . . . Well, disease may not be the mystery we thought it was! We know the foods Paleo peoples ate in their non-stop nomadic disease-free lifestyle. We can reason therefore that their foods are *perfectly suited* for our species:

- Fresh lean meat
- Fresh vegetables – especially green leafy and above-ground types
- Fresh fish, crustacea and shellfish, even insects and larvae
- Fruit, nuts, seeds
- Eggs
- Water

So we could call these the ‘Paleo diet’ or *species-appropriate* foods for humans. Many of today’s foods were *not available* to Paleolithic humans. The so-called ‘modern’ foods only appeared *after* farming began in the Neolithic era:

- ⇒ Grains including wheat, rice, oats – *poaceae* grasses (for bread, cookies, pasta, cereals)
- ⇒ Milk and dairy products from: cows, goats, sheep, buffalo and *all other mammals*
- ⇒ Sugars - in quantities greater than found naturally in fruits
- ⇒ Nightshade vegetables and others native to South America
- ⇒ Salt - in the quantities eaten today
- ⇒ Fat meat – as found today
- ⇒ Dried or otherwise processed foods e.g. pulses, extracted oils
- ⇒ Distilled alcohol, additives and concentrates e.g. supplements

## Not enough time to evolve digestive equipment

Fossil evidence tells us the introduction of these ‘new’ foods coincided with the debut of diseases – both chronic degenerative - and infectious/communicable. These discoveries impact us enormously. It means that in the brief ten thousand years (since ‘modern’ foods appeared) there has not been enough time for our species to evolve to digest them.

Evolution is a slow business. In simple terms - we have not evolved the biological equipment necessary to process ‘modern’ foods – and ‘foreign’ substances are generated from them making us sick. We could reason that these are *not* appropriate foods for *Homo sapiens*.

## Food intolerance: symptoms as warning signs

Some adaptation of our species to ‘modern’ foods has taken place in ten thousand years – allowing a degree of ‘tolerance’ – especially when we are young. But as we age - we grow *less tolerant* (even intolerant) to them.

- **Definition of food intolerance:** the inability to fully digest certain foods – generating unrecognised or ‘foreign’ substances.

Many people notice food intolerance symptoms appearing in adulthood. Because the medical literature causatively links foods to diseases (Appendix) – these symptoms are *potential warning signs* for: heart conditions, depression, miscarriage, infertility, rheumatoid arthritis, diabetes, thyroid issues, bowel cancers, multiple sclerosis or other autoimmune diseases. Unfortunately, few general practitioners link these illnesses to foods – choosing instead to prescribe drugs.

But the scientists confirm ‘modern’ foods like wheat and milk generate ‘foreign’ particles (antigens) during digestion which our bodies cannot process – triggering immune responses. These are causatively linked to many types of disease<sup>16,17,18,19</sup> (see also Appendix).

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<sup>16</sup> Dong JY<sup>1</sup>, Zhang L, He K, Qin LQ. Dairy consumption and risk of breast cancer: a meta-analysis of prospective cohort studies. *Breast Cancer Res Treat.* 2011 May;127(1):23-31

<sup>17</sup> Gobbi G<sup>1</sup>, Bouquet F, Greco L, Lambertini A, Tassinari CA, Ventura A, Zaniboni MG. Coeliac disease, epilepsy, and cerebral calcification. The Italian Working Group on Coeliac Disease and Epilepsy. *Lancet.* 1992 Aug 22;340(8817):439-43

<sup>18</sup> Reichelt KL, Jensen D. IgA antibodies against gliadin and gluten in multiple sclerosis. *Acta Neurol Scand.* 2004 Oct;110(4):239-41.

<sup>19</sup> Bruzelius M<sup>1</sup>, Liedholm LJ, Hellblom M. [Celiac disease can be associated with severe neurological symptoms. Analysis of gliadin antibodies should be considered in suspected cases]. *Lakartidningen.* 2001 Aug 22;98(34):3538-42.



## Two principles of food intolerance

1. **Semi-digested ‘foreign’ particles from modern foods activate the immune system:** We already know foreign antigens like bee stings and chemical toxins trigger immune responses. Now the research says we must include the ‘foreign’ things generated by ‘modern’ foods like grains and dairy
  
2. **Immune resources are limited:** When the immune system’s *finite resources* are taken up trying to combat a constant stream of ‘foreign’ substances – (say from routinely eating ‘modern’ foods) – we are vulnerable:
  - ⇒ Inflammation (intended as part of the healing process) becomes chronic<sup>20</sup>
  - ⇒ Infective agents can now multiply freely making us sick
  - ⇒ Processes are disrupted e.g. tissues are damaged, organs malfunction, biochemical reactions are scrambled.

So just like any other species - humans thrive on species-appropriate foods – but become ill on the wrong food. At the *Institute* we have observed since 2003 that when people identify their *particular problem foods* - and avoid them – symptoms fade. Our landmark survey of nine hundred members<sup>21</sup> supports this.

## The *Greater View* is based in scientific data

The *Greater View* and the concept of *species-appropriate foods* are not what we have been taught. But they are borne of hard scientific fact.

However - despite the new knowledge being three decades in the public domain - medical training institutions do not seem to have embraced it. And in the clinic - most doctors still resist the possibility that foods are implicated in disease

But neither of these situations changes the facts.

*‘Facts are stubborn things; and whatever may be our wishes, our inclinations, or the dictums of our passion, they cannot alter the state of facts and evidence.’*

John Adams, Second President of the United States

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<sup>20</sup> Bengmark S. Nutrition of the critically ill; a 21<sup>st</sup> century perspective *Nutrients* 2013 Jan. 14;5(1): 162 -207.

<sup>21</sup> foodintol.com Survey results at <http://www.foodintol.com/food-intolerance-survey-2012>

## A summary of points so far:

1. Surging levels of chronic and communicable disease compel us to rethink our understanding of how illness arises.
2. The medical profession's *diagnose-then-treat* approach from two thousand years ago:
  - a. Is still widely applied without review
  - b. Has not embraced current anthropological knowledge
3. Current knowledge of *Homo sapiens* summarised in the *Greater View* diagram:
  - a. Describes how anthropologists have found no evidence of chronic or communicable disease in Paleolithic human fossils.
  - b. Captures research findings that Neolithic fossils give the earliest widespread evidence of chronic and communicable diseases, coinciding with the introduction of 'modern' foods: grains and mammalian milk.
  - c. Allows us to infer that the diet of Paleolithic peoples (the 'Paleo' diet) can be regarded as 'species-appropriate' – an *ideal diet* for humans.
4. **Food intolerance** is *the inability to fully digest certain foods* – generating foreign substances which set off immune responses.
5. Symptoms appear when the immune system's finite resources reach their limit.
6. Peer-reviewed research links dozens of diseases to 'modern' foods.
7. Nutrition advice which recommends grains and dairy foods as essential for our diet is at odds with current knowledge of our species.

## II. *Xenos Theory*: Five Causes of Disease

### The Paleolithic immune system was robust

As discussed archaeologists have found little fossil evidence of disease from the Paleolithic era. Apart from injury-induced conditions, there is no evidence of chronic degenerative diseases such as those easily seen in bones: no osteoporosis, arthritis or tooth decay. Neither is there evidence of communicable or infectious disease.

We might conclude then that the immune systems of Paleo people successfully fought off the bacteria, fungals and viruses - which were certainly present. We could reason that the Paleolithic immune system was more robust than ours today.

### What we know about Paleolithic disease

The causes of death in the late Paleolithic era for which *there is* fossil evidence are:

- Starvation (most common)
- Fatal trauma: injuries, exposure to extreme heat or cold

We can also imagine other causes of death in these brutish times:

- Drowning or suffocation
- Toxins e.g. snake venom, spider bite, tick paralysis, mineral gases

Brilliant archeologists have found Paleolithic fossil evidence of disability from trauma: healed fractures which would have caused a limping gait, inflammation and constant pain. And we know these nomadic hunter-gatherers suffered from minor infections. The skeleton of *Turkana Boy* - who lived 1.6 million years ago, has an abscess<sup>22</sup> in his jaw bone.

As well bacteria, fungals and viruses must have jumped in where there were wounds or cuts – such as those sustained when hunting prey, fighting or falling down cliff faces. However without evidence of communicable diseases from this era (e.g. where there would have been groups of people dying at the same time – their bodies found together) – we can surmise that infections were mostly experienced as brief individual maladies fought off by the immune system.

No Paleolithic fossil evidence has been found of infectious disease like leprosy or tuberculosis - which shows up clearly in skeletal remains. But there is plenty of evidence of parasites – so we understand Paleo peoples were infested with lice and fleas - and intestinal worms like hookworm.

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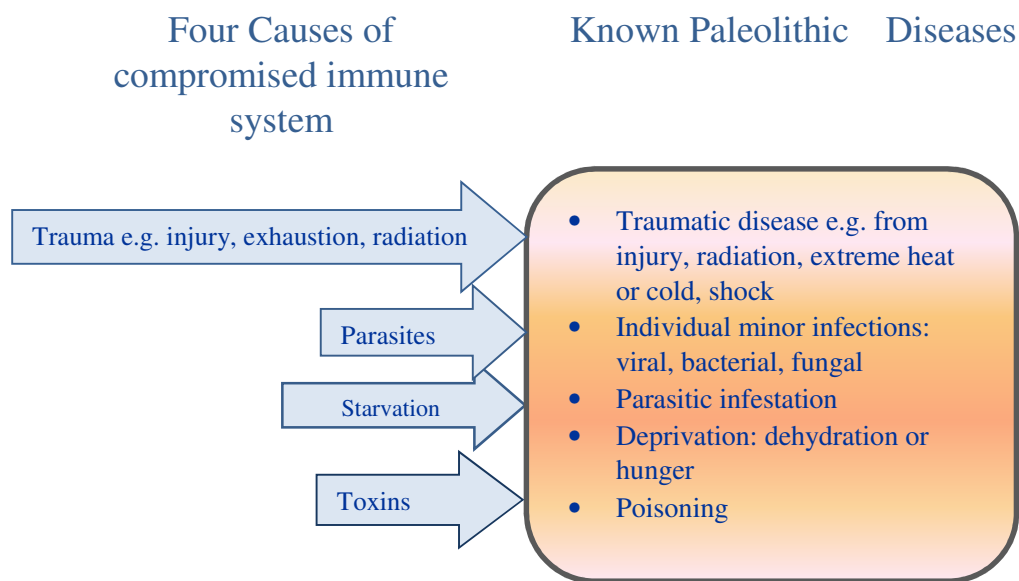
<sup>22</sup> Brown F, Harris J, Leakey R, Walker A (1985). "Early *Homo erectus* skeleton from west Lake Turkana, Kenya". *Nature* **316** (6031): 788–792.

Archaeologists have also observed evidence of osteoarthritic inflammation<sup>23</sup> (osteoarthritis: wear-and-tear or injury-induced) in Paleolithic fossils.

With this knowledge we can now make a list of the things which did compromise immune defences – in other words, the actual *causes of Paleolithic disease*.

## The Four Causes of Disease in Paleolithic Times

This diagram shows all the diseases *for which we have evidence* from the Paleolithic era:



Studies have shown that any of these four can compromise the immune system. We also know it from our own experiences.

### Trauma

Trauma can arise from serious injuries, from shock or from near-death experiences. We can be deeply affected by the shock of seeing loved ones injured or killed. The mental trauma can leave us vulnerable to infections and functional disorders. Physical or emotional exhaustion can arise from excessive physical exertion, sleep deprivation or other excesses.

### Parasite infestation

In Paleolithic times it was difficult to avoid infestation by parasites. Intestinal worms like hookworm - and fleas, ticks and lice steal nutrients and deliver irritation and sometimes lethal substances.

<sup>23</sup> MacLennan WJ History of arthritis and bone rarefaction evidence from paleopathology onwards. *Scott Med J.* 1999 Feb;44(1):18-20.

## Starvation

Starvation and/or dehydration constantly threatened health in Paleo times - with the risk of brain or organ damage. This increased the risk of becoming prey to other animals.

## Toxins

**Toxins** actually deliver substances which are *chemically 'foreign'* in the human body and call up the immune responses by directly interfering with biochemical processes. In Paleolithic times - animal, plant or mineral toxins could cause disease or death: poisonous mushrooms or plants; animal venom (e.g. scorpions, snakes) or deadly mineral gases from volcanic eruptions.

## From the Neolithic to the modern day - causes of disease

These four causes of disease continue today: trauma, starvation, parasites and toxins.

But according to anthropologists the introduction of **grains** and **dairy foods** by humanity's first farmers gave rise to a raft of never seen before *chronic degenerative diseases* – which still plague us today.

Evidence of them is clearly visible in Neolithic fossils: the *Diseases of Civilisation*. These were so-called because grains, being storable without spoilage relieved the constant need to search for food – allowing nomadic people to settle into communities. Civilisation had begun.

But there was a cost.

## Chronic degenerative disease

This is the term for Neolithic peoples' suddenly present 'incurable' conditions which worsen over time. In the twenty first century these same diseases are our greatest plague: typically inflammatory or malabsorptive conditions, organ malfunctions - or autoimmune disorders:

Rheumatoid arthritis, cardio-vascular conditions, asthma, diabetes, cancers, mental illness, chronic liver disease, pancreatic disorders, osteoporosis, anemia, depression, chronic obstructive pulmonary disease, gastro-intestinal disease, thyroiditis, metabolism disorders and others.

## Further evidence that ‘modern’ foods cause disease

As we know - no evidence of these has been found in Paleolithic fossils. But in addition - no evidence of these diseases has ever been found amongst *recently surviving* hunter-gatherer populations: isolated tribes observed in the nineteenth and twentieth centuries still living the nomadic Old Stone Age life.

It seems these chronic diseases are unique to modern society.

While these pristine indigenous tribes remained true to their lifestyles they showed no evidence of communicable diseases, chronic degenerative diseases or cancers<sup>24</sup>. However - as they integrated with modern societies – and grains and dairy foods came into their diet – disease appeared<sup>25, 26</sup>.

Until recently there were isolated nomadic peoples who had not been exposed to ‘modern’ foods - in Papua New Guinea, Africa and Northern Canada. Famous explorers observed these remote clans untouched by Western civilisation:

- Dr Albert Schweitzer was surprised at the absence of cancer among natives in Gabon, Africa in 1913<sup>27</sup>
- Dr Samuel King Hutton found no cancer among Labrador Eskimos in 1925<sup>28</sup>.
- Roald Amundsen in his book *The Northwest Passage*<sup>29</sup> recorded: *'My sincerest wish for our friends the Nechilli Eskimos is, that civilisation may never reach them'*.
- Harvard anthropologist V. Stefansson, travelling in expeditions in 1906-07 and again in 1913 found no evidence of cancer among the Inuit (Eskimo) natives of northern Canada. He put it down to their diet. Later, however he was to witness the sudden appearance of cancers and other *Diseases of Civilisation* as they adopted Western foods.
- A study of indigenous Papua New Guinean highlanders<sup>30</sup> published in 1994 reported the sudden appearance of pre-diabetic markers amongst a high proportion of Wanigela people living in urban squats near Port Moresby. They had given up their hunter-gatherer life and had openly embraced the Western diet and lifestyle.

<sup>24</sup> Hoffman, Dr. Frederick L. *The Mortality from Cancer Throughout the World*. The Prudential Press, Newark, New Jersey, 1915.

<sup>25</sup> Lallo J, Armelagos GJ, Rose JC. Paleoepidemiology of infectious disease in the Dickson Mounds population. *Med College Va Q* 1977;14: 17-23.

<sup>26</sup> Lallo, John; Jerome C. Rose; George J. Armelagos (1980). "An Ecological Interpretation of Variation in Mortality within Three Prehistoric American Indian Populations from Dickson Mounds". In Browman, David L. *Early Native Americans: Prehistoric Demography, Economy, and Technology*. The Hague: Mouton. p. 205.

<sup>27</sup> Schweitzer, Dr. Albert. Preface to *Cancer: Nature, Cause and Cure* by Dr. Alexander Berglas. Paris, 1957.

<sup>28</sup> Hutton, Dr. Samuel King. *Health Conditions and Disease Incidence among the Eskimos of Labrador*. Poole, England, 1925.

<sup>29</sup> Amundsen, Roald. *The Northwest Passage*. London and New York, 1908.

<sup>30</sup> Dowse GK et al. Extraordinary prevalence of non-insulin-dependent diabetes mellitus and bimodal plasma glucose distribution in the Wanigela people of Papua New Guinea. *Med J Aust* 1994 20;160(12):767-774

## A China syndrome

In the last thirty years the Chinese – especially those in urban centres - have started eating dairy foods with alacrity. The demand for milk in China is striking, with Australian dairy companies scrambling to take advantage. But for thousands of years dairy food was not part of the traditional Chinese diet: there was no milk - no cheese, yogurt or ice cream.

Interestingly China is now experiencing an explosion<sup>31,32</sup> in the *Diseases of Civilisation*.

- From a previously dairy-free society - suddenly one in five Chinese citizens (two hundred million) are estimated to be suffering a cardio-vascular disorder. It is the leading cause of mortality and now accounts for 41% of all deaths<sup>33</sup>.
- Another study<sup>34</sup> of China notes that diabetes prevalence has increased so fast that one third of all diabetics in the world are Chinese.

## The debut of chronic and communicable diseases

Fossil evidence is compelling. The Neolithic farmers were the first humans to suffer *non-trauma related inflammatory conditions* like rheumatoid arthritis - and malabsorptive conditions like osteoporosis. And we know they were of shorter stature than their Paleo ancestors by at least four inches<sup>35,36,37,38</sup>.

Neolithic fossils contain human history's first widespread tooth decay<sup>39,40</sup>. Having good teeth may not seem very important. But dental caries and lost teeth impacted heavily on the first farmers' ability to chew meat and vegetables, threatening their survival.

From fossils we know too that Neolithic peoples suffered from the first *infectious diseases*. Known as *communicable diseases* they include smallpox, influenza, leprosy, bubonic plague, tuberculosis<sup>41</sup> and others.

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<sup>31</sup> Yang W, Lu J, Weng J, Jia W, Ji L, Xiao J, Shan Z, Liu J, Tian H, Ji Q, Zhu D, Ge J, Lin L, Chen L, Guo X, Zhao Z, Li Q, Zhou Z, Shan G, He J; China National Diabetes and Metabolic Disorders Study Group. Prevalence of Diabetes among Men and Women in China *N Engl J Med* 2010; 362:1090-1101

<sup>32</sup> Y Wang, J Mi, X-y Shan, Q J Wang, K-y Ge Is China facing an obesity epidemic and the consequences? The trends in obesity and chronic disease in China *International Journal of Obesity* (2007) 31, 177-188.

<sup>33</sup> Hu SS<sup>1</sup>, Kong LZ, Gao RL, Zhu ML, Wang W, Wang YJ, Wu ZS, Chen WW, Liu MB; Editorial Board. Outline of the report on cardiovascular disease in China, 2010. *Biomed Environ Sci*. 2012 Jun;25(3):251-6.

<sup>34</sup> Weng J, Pozzilli P. Diabetes Metabolism Research and Reviews-Chinese Diabetes Society Special Issue: a small but encouraging step toward the successful control of diabetes in China. *Diabetes Metab Res Rev*. 2014 Jul 9.

<sup>35</sup> Angel JL: Paleoecology, paleodemography and health; in Polgar S (ed): *Population, Ecology and Social Evolution*. The Hague, Mouton, 1975, pp 167-190.

<sup>36</sup> Eaton SB, Nelson DA: Calcium in evolutionary perspective. *Am J Clin Nutr* 1991;54:281s-287s.

<sup>37</sup> Nickens PR: Stature reduction as an adaptive response to food production in Mesoamerica. *J Archaeol Sci* 1976;3:31-41.

<sup>38</sup> Cohen MN: The significance of long-term changes in human diet and food economy; in Harris M, Ross EB (eds): *Food and Evolution. Toward a Theory of Human Food Habits*. Philadelphia, Temple University Press, 1987, pp 261-283.

<sup>39</sup> Cordain L, Cereal Grains: Humanity's double-edged sword. Simopoulos AP (ed): *Evolutionary Aspects of Nutrition and Health. Diet, Exercise, Genetics and Chronic Disease*. *World Rev Nutr Diet*. Basel, Karger, 1999, vol 84, pp 19-73

<sup>40</sup> Turner CG: Dental anthropological indications of agriculture among the Jomon people of central Japan. *Am J Phys Anthropol* 1979;51:619-636.

<sup>41</sup> Sabbatani S, Fiorino S [Contribution of paleopathology to defining the paleocoenosis of infectious diseases (Part one)] *Infez Med* 2008 Dec;16(4):236-50

Because some infections do cause visible damage to bones – they are easily identified in fossils.

- 1) Leprosy: the facial bones, skull, fingers, limbs and other bones are gradually eroded as the disease progresses. The earliest fossil evidence of leprosy<sup>42</sup> was discovered in 2009 in India and is roughly dated as 4,000 years old – from ~ 2,000 BC (Neolithic)
- 2) Tuberculosis: In 2009 the nine thousand year old bodies of a Neolithic woman and infant were found submerged in the Mediterranean Sea off the coast of Israel, (the Middle East was the birthplace of grain cultivation). The skeletons both had lesions characteristic of tuberculosis<sup>43</sup>. Confirmation of the disease was attained using modern molecular methods.

Even though Old Stone Age (Paleolithic) humans would certainly have been infected by bacteria<sup>44</sup> – there is no evidence that full-blown illness developed. We could reason therefore that their immune systems quickly fought them off.

But Neolithic peoples were the first humans to eat the ‘modern’ foods - grass grains and milk products. And like millions of people today they were unable to fully digest them – with unprecedented adverse effects.

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<sup>42</sup> Robbins G, Tripathy VM, Misra VN, Mohanty RK, Shinde VS, et al. (2009) Ancient Skeletal Evidence for Leprosy in India (2000 B.C.). *PLoS ONE* 4(5): e5669. doi:10.1371/journal.pone.0005669

<sup>43</sup> Hershkovitz I, Donoghue HD, Minnikin DE, Besra GS, Lee OY, Gernaey AM, Galili E, Eshed V, Greenblatt CL, Lemma E, Bar-Gal GK, Spigelman M.. Detection and molecular characterization of 9,000-year-old *Mycobacterium tuberculosis* from a Neolithic settlement in the Eastern Mediterranean. *PLoS One*. 2008;3(10):e3426.

<sup>44</sup> Bacteria are some of the world’s oldest forms of animal life – some dating from the Cretaceous period 100 million years ago – well before humans existed.



## Introducing *Xenos Theory*

My research began in 1994. But nearly two decades later in July 2013 - when all the aforementioned ‘dots’ were joined up – I began to imagine a single underlying ‘rule’ or theory for predicting why disease appears. It was about our body’s response to foreign substances.

We now introduce *Xenos Theory* – from the Greek word for *stranger* or *foreigner*. The theory arises from the intersection of years reading medical literature - and extensive experience helping people become well by discovering their food intolerances.

### *Xenos Theory of Disease and Healing*

The rise of ‘foreign’ or *Xenos scenarios* in the body (the cause) activates immune responses and/or disrupts processes (the effects) – consuming the immune system’s finite defensive and healing resources.

From this it follows that:

- \* When the immune system’s defensive and healing capacities are overstretched – disease will appear
- \* Correcting the *Xenos scenario* allows immune resources to resume normal defensive and healing functions - disease will abate

## Examples of *Xenos scenarios*

- i. When foreign things are ingested the immune system attempts to neutralise their effect: eliminating, disabling and/or depositing<sup>45</sup> the invaders.
- ii. If tissues become permeable or damaged, e.g. Leaky Gut where the lining of the small intestine is perforated compromising its functions. ‘Unrecognised’ substances from partial food breakdown escape into the bloodstream and trigger immune responses.
- iii. When unusual biochemical situations develop e.g. changes in salt concentration, acid-base balance or sugar levels outside normal windows. Processes may be disrupted: enzyme release, hormone delivery, neural messaging and others.

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<sup>45</sup> Deposits might include ‘plaques’ lodged in the arteries or brain – or the tarry substance found in the lungs of smokers.

## Disease arises in *Xenos* scenarios

**Infections flourish:** Infective agents like viruses, bacteria and fungals are always present in the human body and are opportunistic. Alert to any change in environment – they multiply rapidly when *Xenos* scenarios develop, because defences are down.

**Chronic disease appears:** A continuous stream of foreign invaders (e.g. from ‘modern’ foods) drives continuous immune responses: chronic inflammation, continuously disrupted processes, eventual tissue damage. The immune system is at or beyond its capacity.

In fact – if we turn this around - we could reason that when infection or say, chronic inflammation appears – it is a *telltale sign* that a *Xenos* scenario has arisen – and the immune system is already busy fighting *something else*. So discovering and correcting that *something else* allows healing to begin – and *prevention* of future disease.

*Xenos Theory* then gives us a strategy for *predicting disease* and, by definition . . . for *healing*.

## Our immune resources are limited

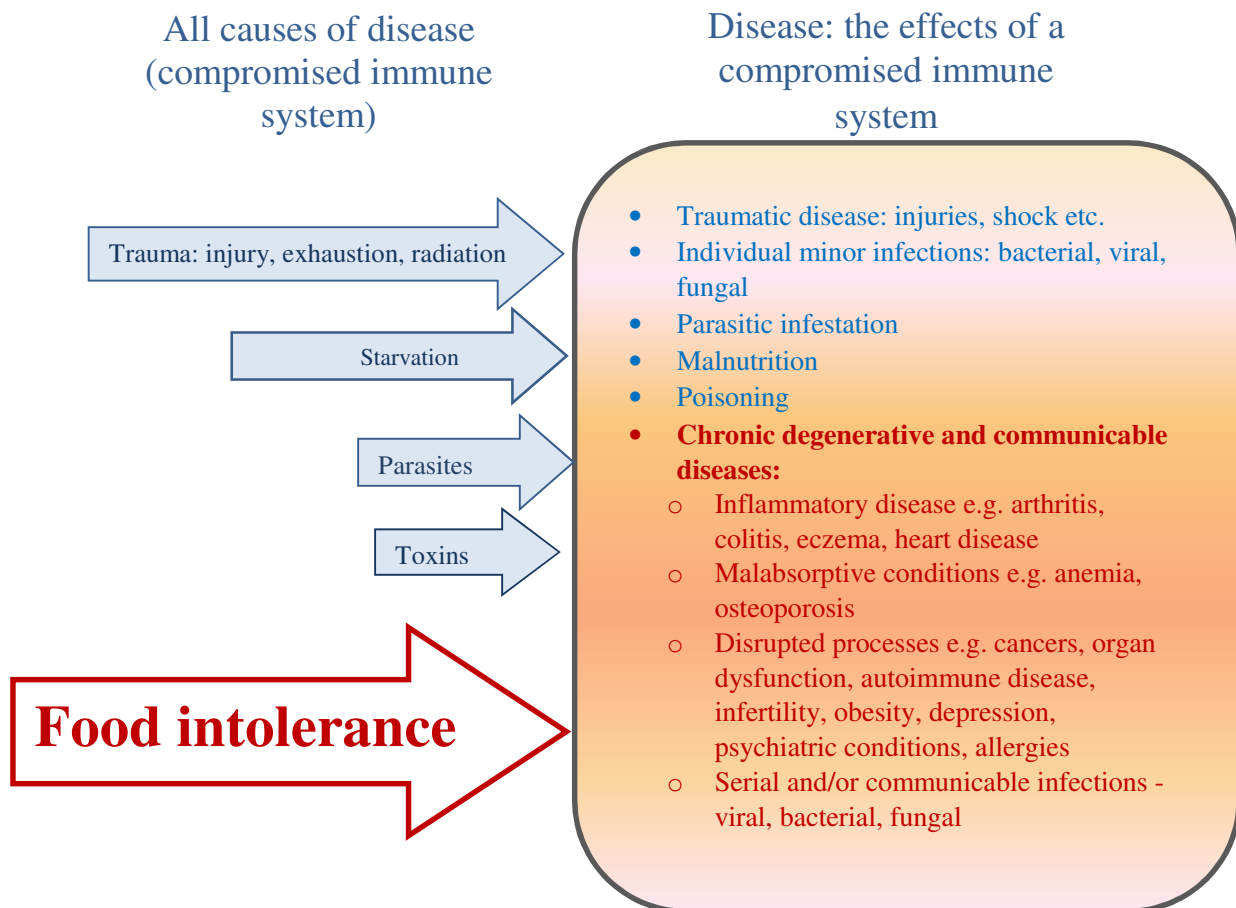
Like any other bodily system - the immune system has *finite resources*: that is, its defensive and healing capacities have limits. Disrupted and/or depleted immune resources mean infective agents can flourish, the ability to clear inflammation gets backlogged - and routine processes are impaired.

But *Xenos Theory* says: if we can correct, disable or neutralise the *Xenos* scenario, immune resources will become available for healing and defence.

- Suddenly we have a viable explanation for disease – and a very *short list* of its causes.

## The Five Causes of Modern Disease

This diagram captures all causes of a compromised immune system – that is, all causes of human disease. Based on archeological evidence, observations of hunter-gatherer cultures - and extensive review of the medical literature - those in red have been attributed to **food intolerance**.



The four **represented in blue: trauma, parasites, starvation and toxins** are always at work – just as they were in the Old Stone Age, or Paleolithic era.

However – the fifth cause **food intolerance** (in red) is new. It has only been around since agriculture first delivered grass grains and dairy foods into the human diet, around ten thousand years ago.

- Food intolerance easily explains the sudden appearance of inflammatory and malabsorptive conditions in the Neolithic – and therefore the debut of **chronic degenerative diseases**.
- Food intolerance also explains the **rise of infectious and communicable diseases** – as it consumes precious immune resources – allowing infective agents to multiply freely.

The evidence in the medical literature linking grains and dairy foods with disease is extensive and compelling (hundreds of references in Appendix). From this it appears that the action of semi-processed food particles during digestion from ‘modern’ foods like grains and dairy, and sugar overload - **food intolerance** – leads to adverse effects and often, to disease.

## Bacteria, viruses and fungals: not root causes of disease

In the twenty first century doctors routinely blame ‘unknown causes’ and bacteria, viruses and fungals for disease. But nobody asks why our immune systems cannot fight off infective agents without intervention. Here is a possible explanation.

Until now - all the doctor had was *diagnose-then-treat*. But the method does not search for the cause. All the evidence: archaeological, anthropological, peer-reviewed, and survey-based suggests there are only *five actual causes* of disease . . . **and they do not include bacteria, viruses or fungals.**

(Because if our immune system were robust – as in Paleolithic times – it would quickly thwart the infective agents before they could flourish.)

- ❖ Now with *Xenos Theory* we can see that disease might be nothing more than a *symptom* of a stretched-thin immune system. So – illness could be solved by investigating which of the *Five Causes* is at work.

If we can rule out trauma, parasites, starvation and toxins – suspicion falls on **food intolerance**.

Unfortunately in the doctor’s surgery - food intolerance is seldom suspected or investigated, so opportunities to heal are missed. However investigating food intolerance is harmless - and capable of remarkable results:

- ❖ **Low risk:** With no drugs or surgical procedures there is minimal risk for the patient. Identifying and substituting problem foods carries little risk
- ❖ **High return:** when the cause is removed - disease progress will be arrested. E.g. healing begins when simple dietary adjustments are made
- ❖ **Low cost:** The method needs only a simple food Journal or blank exercise book to identify problem foods by tracking symptoms. Or there can be a switch to the Paleo diet.
- ❖ **Reliable disease prevention:** With the cause identified – we have a clear path to prevention.

## An invitation to test *Xenos Theory*

We appreciate this is a radical view of disease. But *Xenos Theory* seems to fit and explain everything. There is extensive peer-reviewed evidence (Appendix) that food intolerance is causatively linked to the appearance of most types of disease.

As a scientist I urge more research to test the *Theory*. For the more rigorously a theory is tested and supported in a wide variety of situations – the more useful it becomes.

⇒ In fact *we must strive to find situations where the Theory fails . . . we must try to disprove it*

For the moment - *Xenos Theory* seems to be the obvious-in-hindsight solution for all disease. But if it holds – it gives mankind unprecedented *power* over disease.

### III. Critical analysis of *diagnose-then-treat*

Let us critically examine *diagnose-then-treat* and its ability to heal and/or solve disease.

#### #1. Problem solving abandoned: no search for the cause

We know early humans used problem solving to make sense of life for more than *two million years* - and as a species were highly successful.

Problem solving is innate to humans. Early man understood seasons and how to find food - and invented fire and animal skin clothing. He solved problems by observing carefully, trying different things (experimenting) and reviewing the outcomes – just as scientists do today.

But later, around 350 BC in Ancient Greece learned philosophers began forming ideas about the problem of disease - and worked to standardise a framework for tackling it.

➤ Unfortunately - for some reason they abandoned tried-and-true problem solving.

At the time – illness was wrapped up in belief systems. Nobody could explain the *cause* of illness – and most believed the gods were responsible.

Back then medicine was an unregulated mish-mash of service providers in the city markets: herbalists, apothecaries and soothsayers - mixed up with spiritualists, midwives, temple priests and religious ritual. Revered ‘healers’ brewed up plant and animal extracts, powders and juices often with wailing or curses to ‘treat’ those afflicted by disease. Animals were sometimes used: dogs licked wounds - snakes were let loose in the bedchambers of sick people. Almost anyone could use minerals, roots, leaves, insects and animal parts as treatments.

As new methods were conceived they were employed to treat fevers, cancers and plague: plasters, pastes, bleeding procedures, surgery, amputation and cauterization. Some brought relief. But then as now – the focus was on symptoms and treatment. Because everyone thought the gods were responsible, nobody searched for the cause of the disease.

It was the time of Hippocrates – the ‘father of medicine’ remembered for his famous oath. But Hippocrates was different from most of his contemporaries. He taught that ill health *always had a cause*; that the gods were not responsible for sickness. Instead he suspected environmental factors including diet.

Eventually two main medical training schools emerged:

- From the peninsula of Knidos, the ‘Knidian’ School embraced the contemporary cultural approach of *treatments* – potions, herbs and animal extracts - and surgery.

Knidian students were taught to first *identify* the malady - based on the *symptoms*; then apply the standard treatment: the familiar *diagnose-then-treat*. But the approach was stymied due to Greek religious taboos on corpses for anatomical learning. And it was further flawed in that when one disease gave many symptoms there was confusion. So for some centuries it was out of favour.

- The Hippocratic School from the island of Kos however took a wider view – with *little* focus on treatment. One purpose was to observe the patient closely and make notes, still used today – the patient history. Another was to encourage the patient to rest and let nature do the work. Hippocratic teachings also worked to predict outcomes of the disease based on previous experience, now preserved as the *prognosis*: e.g. ‘*the prognosis for this illness is that 40 percent of people die in the first week. If not then there is a good chance of survival.*’

Both schools of thought persist in modern medicine. However – over the last few centuries as we came to understand human anatomy - the Knidian *diagnose-then-treat* method emerged as the dominant medical practice: that is - the application of *treatments* to illness.

Two thousand years on – still we do not use problem solving, we do not search for the cause – and still, we apply *diagnose-then-treat* as if entrenchment alone renders it unquestionable.

## #2. *Diagnose-then-treat* lacks scientific method

Medicine counts itself as a science. But there are four ways *diagnose-then-treat* breaches scientific tenets.

### a). Not reviewed in two thousand years

A central tenet of scientific method is that we must review assumptions and principles regularly for congruence with fresh data: observed outcomes and new discoveries. This is how scientists expand on existing knowledge – and evolve new and better theories to solve more complex problems.

With every research study - new data becomes available and it is used to test the authenticity of existing principles. When new knowledge is at odds with existing assumptions – it is independently and critically scrutinised by scientists around the world – the peer-review process. If the theory no longer holds – or fails to take us forward - it is set aside. A new theory may replace it.

Despite record and increasing levels of disease, three new diseases annually, and poor outcomes regarding permanent healing – the *diagnose-then-treat* approach from two millennia past persists, unchallenged. It is virtually the only approach – so there is no benchmark for assessing its effectiveness.

### b). Fails to embrace new knowledge

Anthropologists back in the 1980s noted that the chronic diseases which plague us today were absent before grains and dairy foods were introduced. They named the chronic degenerative conditions which arose from the Neolithic Era *Diseases of Civilisation* – implicating our modern lifestyles and diet. But this knowledge has not been embraced by the medical community.

Had it been integrated into medical undergraduate studies thirty years ago – the shortcomings of *diagnose-then-treat* might have been exposed – and somebody else would have arrived at *Xenos Theory* and the *Five Causes of Disease* long before us.

## A Kuhnian shift

As it turns out – *Xenos Theory* is a *Kuhnian*<sup>46</sup> shift: a totally new explanation of disease which challenges the medical establishment.

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<sup>46</sup>Thomas Kuhn 1922 – 1996 was a philosopher of science whose work alerted us to the power of a paradigm shift. Galileo's theory that the earth moves around the sun was based on scientific observation and hundreds of measurements. It was a Kuhnian shift – but rejected by contemporary thinkers who were sure the sun orbited around the earth. Charles Darwin's theory of *Natural Selection* suggested that humans evolved from apes and was based on thousands of observations in nature - also a Kuhnian shift. But the idea met fierce resistance – because his contemporaries already 'knew' how mankind came about from reading the Bible. Albert Einstein's history-making *Theory of Relativity* too was a Kuhnian shift, changing the rules of physics.



### c). Scientific tenets not employed

All sciences are predicated on observation, hypothesis, experiment and review: physics, geology, biology, biochemistry, zoology – and certainly the disciplines used in disease research.

It is only in the doctor's surgery with an ailing patient that scientific method is abandoned – and the *diagnose-then-treat* approach applied.

- Because diagnose-then-treat does not employ scientific tenets to solve the problem and investigate the cause – it should not be regarded as scientific practice.

### d). A procedure only

Edward de Bono<sup>47</sup> is famous for describing and teaching lateral thinking. Reading his books has given me clarity regarding intangible concepts. In fact *diagnose-then-treat* is nothing more than a *procedure*.

A procedure is a series of actions conducted in a certain order or manner; a standing set of instructions to use in a particular situation.

- Making a pot of coffee is a procedure
- Factories and industrial plants have Standard Operating Procedures (SOPs) for dozens of tasks from how to switch on machinery - to cleaning up spills
- Emergency medicine has procedures for keeping trauma patients alive: systems to stem bleeding, monitor heart rate and blood pressure - and deliver fluids

But procedures alone are not useful for solving the problem of disease. At its most basic, *diagnose-then-treat* is really a simple match-up process:

- The doctor works to match the given symptoms with those in a pre-existing inventory of diseases - *diagnosis*
- When a match is found – a diagnosis is pronounced - and we launch straight into *treatment*
- If a match cannot be found – the patient must live with 'no diagnosis'. In these cases treatments usually proceed nonetheless.

Alarmingly therefore - in the twenty first century to combat the scourge of disease - our medical practitioners *are equipped only with a procedure* – and no method or motive for finding the cause.

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<sup>47</sup> E.g. De Bono, E. *Practical Thinking* Pelican Books 1971

### #3. *Diagnose-then-treat* is not proactive

The *diagnose-then-treat* approach to ill health can only deal with disease *after* it has become apparent. That is, it only addresses the *consequences* of an illness – by definition a reactive approach.

- ❖ There is little control of a situation when we are reacting to it.

In effect *diagnose-then-treat* steers medical practitioners away from using their intellect to proactively solve the cause of illness and thus prevent further occurrences. Searching for the cause would be proactive – and by definition, would increase our control over the situation.

So there are only two possible outcomes for the patient:

- *Temporary respite* from symptoms via medication and/or surgery – in the *hope* that rest and recuperation will restore health permanently
- *Disease management* via lifetime medication and/or serial surgeries

For patients submitting to this approach - there is no discovery of the underlying cause . . . no strategy to prevent future disease, so no possibility of true permanent healing.

Therefore the patient remains as vulnerable to disease as she was before treatment began:

- Either just waiting for illness to strike again – or
- *Managing* her chronic disease with medication or surgery - unto the grave

## Road-testing *diagnose-then-treat*

Let us see how *diagnose-then-treat* performs when applied to problems in other settings.

### The Cracked Road Bridge Problem

Engineers are scientists who apply practical problem solving every day. Say engineer Frank Jackson is responsible for assessing and restoring an unsafe bridge where cracks had appeared in the bitumen surface.

Search for the cause approach: He observes carefully, *looking beyond the obvious symptoms* – fissures in the bitumen - and searches for possible causes. He eventually finds hairline cracks in one of the supporting girders which he realises has been made with the wrong steel. Then he has the faulty girder replaced with an appropriate steel member - and the bitumen resurfaced i.e. he removes the cause of the problem and solves it for the long term.

Diagnose-then-treat approach: Engineer Jackson would first focus on the symptoms. If he had never seen it before he might name it ‘bitumen crack disease’ and write a paper describing it. His peers may even start referring to it in his honour as *Jackson’s bitumenosis*. Then he would prescribe treatment - say weekly tarring of the bitumen cracks as they re-open. Because the underlying cause has not been addressed - the bridge continues to fail and may collapse.

### The Ailing Racehorse Problem

A horse is a herbivore (eats only plant materials) – you can tell by looking at its teeth. But if a naive owner tried to fortify a racehorse’s diet by adding ground up beefsteak – in the hope she would gallop faster - she would become extremely ill and may even die – as with slow poisoning. Most of us know intrinsically that horses do not have the physiological equipment to digest meat.

Search for the cause approach: As the horse has suddenly become ill - the initial focus is on her diet. Analysis of her feed would soon identify the problem - so we could replace the beefsteak with a species-appropriate food - and allow her to begin healing.

Diagnose-then-treat approach: Initial focus is on *symptoms* – but a firm diagnosis cannot be given. Perhaps the condition would be dubbed ‘equine idiopathic gastritis’ (horse stomach inflammation of unknown cause). If a bacterial infection were present – that would be blamed. Antibiotics might be prescribed. If the horse’s diet is never examined she would not get well, and there would probably be subsequent infections and repeated treatments. At some stage she may suffer organ damage from the inappropriate diet - putting her life at risk.

# THE ORIGIN OF DISEASE

*Xenos Theory starts here*

## *Origins of disease*

### Five Causes:

- Food intolerance
- Trauma
- Starvation
- Parasites
- Toxins

Effects: immune system tries to cope, but overworked.

### Multiple effects:

- Disrupted processes
- Inflammation backlogs
- Infections flourish
- Deposits: pus, plaques, phlegm

e.g. malabsorption or neural dysfunction

e.g. pancreas or thyroid dysfunction

e.g. Stiff joints, back pain or headache

e.g. skin rashes or sinusitis

e.g. bacterial or viral infections

e.g. fungal infections

e.g. clogged arteries or dementia

e.g. lung congestion or dental tartar

*Diagnose-then-treat starts here*

- Celiac disease
- Osteoporosis
- Anaemia
- Bowel cancer
- Graves' disease
- Diabetes
- Infertility
- Metabolism disorders
- Rheumatoid arthritis
- Psoriasis
- Asthma
- Cold viruses
- Influenza
- Ebola virus
- Staphylococcal infec.
- Arteriosclerosis
- Cardiovascular disease
- Alzheimer's disease
- Pulmonary disease
- Dental disease

## Two medical doctors who investigated the cause

Here are two examples of what can happen when doctors leave behind the *diagnose-then-treat* approach and taking the wider view, *search for the cause* of disease.

Nineteenth century English surgeon Dr John Snow<sup>48</sup> was surrounded by cholera – and from his observations of patients formed a theory about its outbreak and spread. In 1854 London was in the grip of the deadly epidemic. The Germ Theory of disease had not yet been developed. At the time the *miasma* theory of disease contagion was popular: people breathing unclean air. But Dr Snow suspected it was somehow carried in the town water which all residents fetched from communal pumps. With painstaking questioning of those who had lost family members – and by mapping the locations of victims around the streets of London – he theorised that a single water pump in Broad Street might be contaminated and may have become the source of the infections. He negotiated with the parish guardians to remove the pump handle. When it was finally done the number of new cholera cases dropped noticeably. Later investigation revealed a nearby cesspit had been leaking into the well. Snow's careful and rigorous investigation had pinpointed the cause: the waterborne nature of the cholera bacterium. His work is now seen as one of the defining studies in epidemiology which underpins modern public health. But the medical establishment of the time was so appalled by the idea of human fecal waste contamination that they refused to endorse the work, so it was ignored for decades.

In the 1930s Dr Willem-Karel Dicke<sup>49</sup>, Medical Director of the Children's Hospital in the Hague, the Netherlands was working with a group of chronically ill children. They were all undersize for their age and generally did not do well at school studies because of a raft of symptoms and serial illnesses. His astute observations and the use of a wheat-free diet had begun to show good results. Then World War II broke out and food rationing began in Europe. Wheat supplies were diverted for feeding troops and Dutch civilians were given substitute flour made from corn, potato and other starches. The sickly children began to get well. Dr Dicke already had a theory that wheat contained a protein which damaged the intestine and caused Celiac Disease. After war rationing ended and wheat flour was again available he noticed the children's health worsen again. Dicke published a paper about his work in 1941 but it was sidelined for decades. Eventually in the 1960s it was accepted as a breakthrough healing method for Celiac disease. A great example of healing a disease by removing the cause.

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<sup>48</sup> Newsom SW Pioneers in infection control: John Snow, Henry Whitehead, the Broad Street pump, and the beginnings of geographical epidemiology. *J Hosp Infect.* 2006 Nov;64(3):210-6.

<sup>49</sup> G P van Berge-Henegouwen Pioneer in the gluten free diet: Willem-Karel Dicke 1905-1962, over 50 years of gluten free diet. *Gut.* 1993 November; 34(11): 1473–1475.

## IV. Comparing the Two Approaches

This final section directly compares the two approaches to disease as to healing capability and patient risk. It also examines how the two different *concepts* of disease deliver two very different patient outcomes.

### Clarifying our definition of healing:

- Symptoms and disease fade away – and do not reappear;
- Good health is restored for the long term;
- Medications, treatments, surgeries and therapies are no longer needed

#### i. Is it a pathway to healing?

##### *Diagnose-then-treat: not a pathway to healing*

Most often, even with symptom relief - treatment does not provide a pathway to *healing* as defined above.

If diagnosis is quick, as with bacterial infections – we move straight to treatment. However diagnosis may take many weeks – because many diseases masquerade as one another. Diagnostic testing takes time - as appointments for blood tests, urine analyses, endoscopies, CT scans, MRI scans and biopsies are completed, processed and interpreted. It can be an expensive and stressful situation for the patient, mired in discomfort and uncertainty - and fearful of a bad outcome.

- If symptoms do *not* match up with a recognisable condition – the patient must make do with ‘no diagnosis’ – but continuing illness – often with ongoing medications for symptom relief. No pathway to healing.
- If the symptoms *do match* a known condition, then it is diagnosed – and treatment is scheduled.
  - For some conditions disease progress is arrested – e.g. bacterial infections using antibiotics. While healing of *this bout* of illness can be claimed - there is no strategy for preventing another infection. Indeed the use of antibiotics is now known to be having the *opposite effect*<sup>50</sup>. Not a pathway to healing as defined above.
  - For chronic conditions – the patient is informed the condition is ‘incurable’ resigning him to *disease management* with drugs and/or procedures for the rest of his life. Not a pathway to healing.

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<sup>50</sup> That is, the use of these medicines is fostering the development of ever more resistant strains of bacteria.

## *Xenos Theory: a pathway to healing*

Using *Xenos Theory* - we simply discover which of the *Five Causes* is at work. When the *Xenos* scenario is identified and corrected, relief can be noticed within a few days. Because the cause is removed it is a pathway to permanent healing.

- The patient may be able to rule out trauma, starvation, parasites and toxins quite quickly.
- Then his focus falls on **food intolerance**. E.g. gluten, dairy, fructose, nightshades.

Permanent relief – true healing as defined above - is attained by avoiding the cause for life . . . obviously.

If it is food intolerance – it means some dietary adjustment. Our work at the *Institute* shows that if the person observes the new eating regime – the cause of disease is removed and good health returns.

## ii. What are the risks?

### *Diagnose-then-treat: significant patient risk*

For chronic disease - if there *is* a diagnosis the patient is faced with a period of treatment, usually medication – and in the case of chronic disease - a lifetime of it. Doctors readily warn patients that risk is a normal aspect of medicating. Interestingly – even though treatments rarely heal the illness permanently or prevent its reappearance – both medication and surgery carry considerable risks.

- Medication risk: Medications always have other effects beside the intended ones:
  - Medications are almost all poisons, ‘foreign’ to the body – so dosages must be monitored closely. And we know such toxins further compromise an already struggling immune system<sup>51</sup> – feeding the likelihood of infection.
  - Unfortunately medications often trigger a series of added adverse effects, which themselves call for additional medications: second-tier drugs to offset the side effects of the first.
- Surgery risk: Surgery can remove diseased tissue, replace joints and transplant organs. It can also implant items into the body for therapeutic function. Note that even with diseased tissue removed or worn out joints replaced – disease can reappear anytime.

But anaesthetics, drugs, incisions, procedures, sutures and wound healing, lost organs, missing limbs or altered functionality all come with risk and some disability for the patient.

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<sup>51</sup> Bengmark S. Gut microbiota, immune development and function. *Pharmacol Res.* 2013 Mar;69(1):87-113.

Historical treatments were even more fraught with risk: the practice of bleeding the patient was carried out for centuries – often removing the patient’s best chance of recovery; lobotomy (surgical removal of brain parts) was practiced in the early twentieth century; electro-shock therapy in the 1930s - still used today.

These all had distressing and detrimental effects on patients without delivering much in the way of healing. Yet each was hailed by contemporary practitioners as a brilliant breakthrough ‘treatment’. Then as now, nobody searched for the root cause of disease.

- Financial and professional risk: Being away from one’s employment for extended periods accumulates other personal risk. Promotions or other opportunities may be missed – and reinstatement may not be assured. Sick leave may be inadequate to cover lost earnings – and extensive medical and rehabilitation costs can make the experience even more difficult for the patient - spreading pain to his family.

### *Xenos Theory: minimal risk*

Few risks are associated with finding which of the *Five Causes* is at work. If parasites, trauma, starvation and toxins can be ruled out – we should investigate food intolerance.

Regarding dietary adjustments there is an oft-touted but rather false caution about missing nutrients. However – we now know dieticians’ rules have no basis in current anthropology. The science says Paleolithic peoples, with no dairy and no grains were much healthier than modern day humans – and suffered no chronic or communicable diseases.

Even the well-documented shorter life span of Paleo humans – often cited as evidence that modern medicine is extending our lives - is not related to disease:

- The main causes of death in the late Paleolithic according to archaeological evidence were: starvation (most frequent), trauma from fighting and accidents - and fatal encounters with wild animals.

By definition there is minimal risk in adopting the diet of Paleolithic humans – as these people survived for more than two million years with virtually no disease – without any of today’s ‘modern’ foods, supplements or medications.

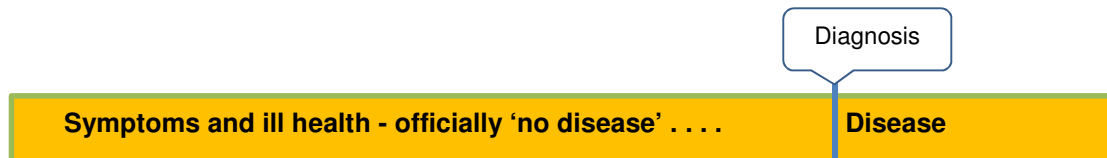


### iii. How does our **concept of disease** affect patient outcome?

#### Doctors see an either/or dichotomy

Doctors are trained to strive for a diagnosis. So they use symptoms and diagnostic testing to match the ailment with a known condition. With this inflexible definition of disease the doctor has an either/or situation.

It is disease . . . or it is *not disease*.



Patient experience: advancing time, >>> worsening illness >>> treatment begins

At some stage there is diagnosis at which point treatment begins. As disease progresses there may be complications, surgery needed or additional disease diagnosed. But with this definition, even with treatment - there is no strategy for curbing disease progress.

The strictness of the method means that if test results fall just below the defined level for a suspected disease – diagnosis cannot be confirmed: officially not that disease. There is little room for ‘not quite yet’ disease. This restriction misses good opportunities to heal.

A summary of *diagnose-then-treat*:

- Treatment does not discover the cause: Without a search for the cause – it can never be found. And without knowledge of the cause – true healing as defined above cannot happen.
- Treatment only leads to more treatment: Once the disease is named and treatment applied – there is no motive for the doctor to enquire any further into the patient’s condition. The doctor is thus directed away from using her intellect to solve disease. The question, she believes, is answered because there is *diagnosis*. According to her training - the next steps only involve *further* treatment as disease progresses.
- No strategy for preventing recurrence: With no knowledge of the cause of disease the possibility of healing-by-removing-the-cause is not available. Despite *continuing treatment* – often with escalating dosage and added surgical procedures (with their inherent risks) – disease can reappear any time – because there is no strategy for prevention.

## *Xenos Theory*: a normal response to ‘foreign’ scenarios

Disease is often regarded as ‘abnormal’. However under *Xenos Theory* - disease is a **perfectly normal effect** brought about by one or more of the *Five Causes*.

This gives rise to a different concept of disease:

- Disease is a continuum of worsening symptoms – arrestable by removing the cause.

Removing the cause might be simple. In the case of infectious disease – that itself is likely to be a symptom. Although treatment may be a good stop gap option – infection is rarely the root cause. In the case of chronic degenerative disease - severity of symptoms worsens in phases as we age:



- Easy discovery of cause: For chronic diseases - even mild symptoms can be linked to one of the *Five Causes*. Environmental toxins like trichloro-ethylene (a notorious water pollutant TCE) are relatively easy to identify. So is nicotine poisoning. And **food intolerance** is easily pinpointed: use a journal to track changes in symptoms as suspect foods like gluten and dairy are substituted. Confirmation of the cause alerts us to an easy method of disease *prevention*.
- Arrest of disease progress: Once we learn which of the *Five Causes* is responsible we can work to correct the *Xenos* scenario – and arrest disease progress. Even where diagnosis has been made – *Xenos Theory* predicts disease can be arrested – and even healed.

[Note to reader: Where prescription medication is being applied – it must continue in accordance with the doctor’s instructions. If disease abates the doctor may decide to reduce dosages.]

- Disease prevention: Under *Xenos Theory* - if at an early phase (occasional or frequent symptoms) we were to investigate which of the *Five Causes* is operating – there is a real chance of preventing full-blown disease. If we can recognise the occasional symptoms at the beginning of the continuum - as precursors to chronic disease (e.g. poisoning, food intolerance) – we can move forward to arrest the disease in its early stages. Importantly, *because the root cause is removed* - further illness will be prevented: true healing.

## Conclusion: *Diagnose-then-treat* extends disease

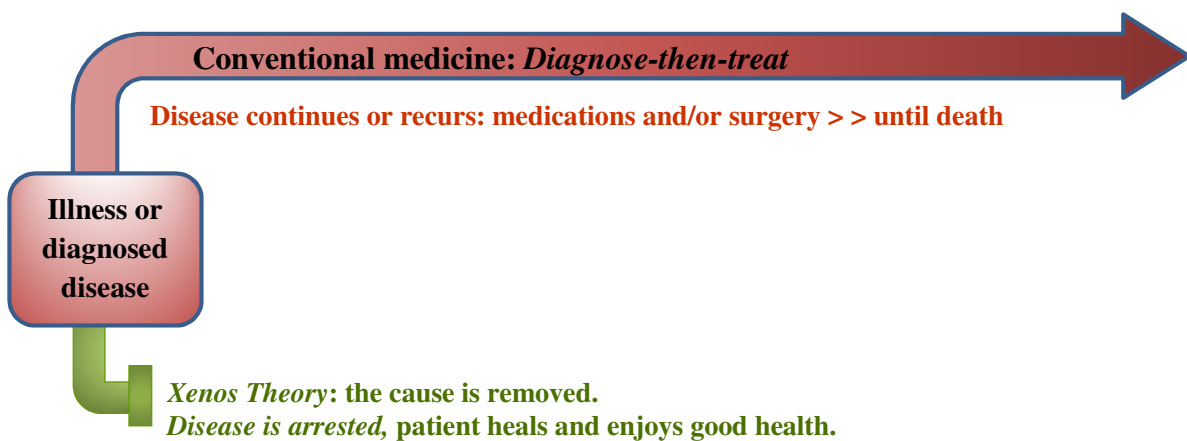
We have enormous respect for the knowledge, care and diligence of our doctors. But it seems that their medical training has only partially equipped them to deal with disease.

*Diagnose-then-treat* is an essential tool in emergency situations, in obstetrics and other areas of healthcare.

But when *diagnose-then-treat* is applied to disease in the absence of any search for the root cause it misses opportunities to heal. Instead the method steers patients down a path of ongoing treatment – *and therefore ongoing disease*.

It also sets the stage for many diseases to be dubbed ‘incurable’ – implying there is no purpose in pursuing the cause and that *disease management* is the only way forward.

The logical conclusion is that *diagnose-then-treat* actually makes things worse for the patient in the long run. That is, *it extends disease* by allowing it to progress.



As informed consumers, because of the knowledge brought to us by recent anthropology (summarised in the *Greater View Diagram*) – and because we now have *Xenos Theory* and the *Five Causes of Disease* - we can ask our doctor about the two approaches . . . and the two outcomes.

## We must stop accepting disease

We readily accept disease as a necessary evil – something mysterious - over which we have little control. In addition the *diagnose-then-treat* method has thoroughly pervaded human life. Most of us: consumers, researchers, economists, politicians use it without thinking:

- As consumers, when we have a headache or a cold - we self-medicate right away
- In the quest for magical ‘cures’ researchers look ever more deeply into diseased tissue, DNA and bio molecular pathways – but without the *Greater View* we only get more treatments
- Federal budgets factor in requirements for increased healthcare costs; played off by ever-growing employment opportunities in healthcare – the only industry sector which never shrinks
- Politicians win votes by promising more hospital beds, more subsidised medicines – and more millions for cancer research

But at some stage this paradigm may shift. We must change our approach, and begin to push back on disease – and on a method which only seems to extend it.

➤ *Diagnose-then-treat* - from Ancient Greece says:

- ‘Disease is abnormal - and treatment should be applied’.

➤ But *Xenos Theory* - founded on two million years of human success and four decades of peer-reviewed science asserts:

- ‘Disease is a *normal response* of the human body to one or more of the *Five Causes*’.

In our search for the truth – we must always begin with the facts.

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WARNING RE MEDICATIONS: It is not safe to change dosage of your prescription medications in any way without consulting a doctor. Based on this research some readers may choose to adjust their diet to stem disease. However prescription **medications and/or dosages *must never be changed*** except by a medical practitioner.

Aspect	Conventional Medical Approach	<i>Xenos Theory Approach</i>
Definition of Disease	Disease is an abnormal condition which threatens health and calls for treatment.	Disease is the <i>perfectly normal</i> response of a disrupted and/or overburdened immune system to one or more of the <i>Five Causes</i> .
Method for tackling disease	<b>Diagnose-then-treat</b> : a procedure only, not an investigation of the cause. A match-up of symptoms against an inventory of conditions: diagnosis. Set-down treatment is applied.	<i>Xenos Theory</i> : assume the immune system is compromised by one of the <i>Five Causes</i> . Then apply normal problem solving: observation, experiment and review to discover the cause - and correct it.
Causes of disease	<b>Infectious disease</b> viruses, bacteria and fungals are blamed.  <b>Chronic degenerative diseases and autoimmune disorders</b> : ‘no known cause’, ‘incurable’. A list of <i>risk factors</i> may be given.  <b>Malabsorptive disorders</b> : Nutrient deficiencies are blamed without search for root cause.	The <i>Five Causes of Disease</i> (causes of a compromised immune system) are: <ul style="list-style-type: none"> <li>• Trauma: injury, shock</li> <li>• Parasites</li> <li>• Starvation</li> <li>• Toxins</li> <li>• Food intolerance</li> </ul>
Origin of strategy	The <i>diagnose-then-treat</i> method springs from ancient spiritual practices which applied treatments – with no search for the cause.	<i>Xenos Theory</i> and the <i>Five Causes</i> are based in scientific evidence: peer-reviewed medical studies and modern anthropology.
Is disease arrestable?	Bacterial and fungal infections, yes but can recur. Viral infections: generally no. Cancer: in some cases, yes – but can recur any time. Chronic degenerative disease: no.	Yes. Confirmed by medical studies. Correction of <i>Xenos</i> scenario removes the cause of disease – releasing immune resources for defence and healing.
Can diagnosed disease be healed?	<b>Chronic inflammatory disease: No.</b> The patient is told it is ‘incurable’ – so no drugs will ever heal it. Disease is <i>managed</i> with treatments until death.  <b>Malabsorptive conditions: No.</b> With no search for the cause, disease progress cannot be arrested, so no healing. Symptoms may be managed with continuous supplements or drugs.  <b>Infectious disease: No.</b> A course of antibiotics may overcome one bout of bacterial infection. Anti fungals may control one fungal infection. Antiviral drugs may inhibit the growth of some viruses. But <i>none of these reduces susceptibility</i> to infection.  <b>Autoimmune disease: No.</b> Officially known as ‘incurable’.	<b>Chronic inflammatory disease: Yes.</b> Identifying and correcting <i>Xenos scenario</i> releases immune resources to resume normal healing functions.  <b>Malabsorptive conditions: Yes.</b> Because the root cause is corrected e.g. with an adjusted diet. Disease progress can be arrested and effects can be reversed: healing.  <b>Infectious disease: Yes.</b> With the <i>Xenos scenario</i> corrected - immune resources get back to full capacity - and fight off infective agents before they take hold. Susceptibility to further infection is reduced.  <b>Autoimmune disease: Yes,</b> identifying the cause and correcting it arrests disease progress for healing to begin. For some where permanent damage has been done e.g. MS - no healing, but disease progress stops.
Is disease preventable?	Yes, immunisation, applied to individual people for a single disease. Public hygiene initiatives achieve prevention of some diseases. But for most other medical conditions – even where risk factors can be cited – an individual’s disease cannot be reliably predicted or prevented.	Yes. By definition – correcting <i>Xenos</i> scenarios – even where there are no symptoms – will keep the immune system strong to fight off infection – before it becomes full blown infectious disease. This method will also prevent chronic degenerative conditions from developing.
What are the risks?	<b>Many risks:</b> Medication, surgical procedures, radiation and other treatments all carry significant risks for the patient.	<b>Very low risk:</b> Minimal risk associated with discovering which of the <i>Five Causes</i> is responsible.
What are the costs?	<b>Frequently expensive, often ongoing:</b> Numerous doctors’ consultations, diagnostics, hospital admissions, surgical procedures and medicines can be expensive.	<b>Once-only moderate cost:</b> Discover which of the <i>Five Causes</i> is the culprit. The new knowledge then applies for life.

Notional scenarios	Conventional medical approach	<i>Xenos Theory</i> approach
NORMA, 52, rheumatoid arthritis	Norma is prescribed heavy anti-inflammatory medication as her arthritis worsens over two years. Then she has surgery to improve the function of deformed hip joints. But as time goes on, even with heavier medication – her pain and disability continue to increase and she is provided with a motorised wheelchair.	Norma puts herself onto a dairy-free and gluten-free diet. She is so surprised by the improvement and consults her doctor to reduce her medication. She begins yoga classes which improve her strength and ease of movement. Eventually she moves to completely Paleo diet and joins a walking club.
BRAD, 20, depression	Brad becomes depressed when he fails some university exams, and his girlfriend leaves. His doctor prescribes anti-depressants. He does not improve, so the dosage is increased; but the side-effects are debilitating. Soon he is hospitalised and given further medications, some addictive. At six months he has lost weight and appears paranoid and anxious. Two years on he is heavily medicated and unable to live independently.	Brad finds out from a friend that feeling ‘blue’ can be caused by food intolerance and starts eating gluten-free. In a month he feels better. With further experimentation he discovers his intolerance to some nightshades and also milk products. At six weeks he is feeling good again – and re-enrols in his university final year with confidence.
GINA, 28, breast cancer risk	Gina’s mother died from breast cancer. She has no children – and no symptoms of tumour. But DNA testing reveals she is susceptible to breast cancer and ovarian cancer. Gina is so anxious and fearful – she decides not to wait for a tumour to appear, so has ‘prophylactic’ surgery: both breasts and both ovaries removed. But even with these treatments, cancer can still occur at other sites of the body. She can no longer have children.	Gina has a DNA test result which - when reinterpreted – suggests that eating ‘modern’ foods may lead to tumour development. She moves to a diet without ‘modern’ foods – whilst avoiding other toxins. She also continues regular mammograms and other screening procedures. Gina stops feeling anxious and fearful – and she and her partner decide to try for a baby.
MATTHEW, 43, Parkinson’s disease (early stage)	Matthew is initially prescribed <i>dopamine agonist</i> medication to improve his worsening tremors. The drug’s side effects include excessive libido which seem to change his personality. But the disease progresses and heavier doses are required. Then in the face of worsening symptoms he undergoes <b>deep brain stimulation</b> : a battery-operated pulse generator is implanted surgically in his chest with wires leading to electrodes placed in his brain – designed to ‘reprogram’ scrambled neural signals.	Matthew moves to a diet free of ‘modern’ foods - and his disease stops getting worse. Although some neurological damage has happened – early diagnosis means it gets no worse. Matthew starts an exercise program at the gym. For his children he learns that <i>Xenos Theory</i> predicts the disease can be <i>prevented</i> by carefully avoiding ‘modern’ foods for life.
OLIVIA, three months	Since her birth Olivia has cried for many hours every day. She is exclusively breastfed – so her parents cannot understand why she suffers so much tummy pain. She has quite noisy flatulence every day. Because she is so unsettled and does not sleep much – she has not met growth and development milestones. Her parents, sleep-deprived themselves - are desperate as they use ever more creative ways to get her to sleep; walking in the pram and driving her around in the car. They erroneously think that ‘wind’ pain is the result of ingested air when feeding – and believe that burping the baby will prevent wind later. But nothing works. In desperation they go to the doctor who prescribes <b>daily probiotics</b> for the baby. These help to digest what the baby’s system cannot – but must be taken every day. She sleeps better and begins to grow.	Olivia’s mother is aware of her gluten intolerance and remains gluten-free. She knows that any ‘foreign’ things her body produces will get into the breast milk and be fed to the baby. The infant - with many of the same genes is likely to have gluten intolerance too. Olivia grows well and meets milestones. The mother also understands that ‘wind’ is created far down in the intestine (by the inability to digest certain foods), that it appears hours later - and has nothing to do with burping. When the mother accidentally has some breadcrumbs Olivia gets bad wind pain 18 hours later. It must pass through the mother’s system first, into the breast milk – then into the baby and through her intestine. When the mother sees Olivia’s reaction – she backtracks over foods eaten – and picks up on her mistake.

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