

Vital Force

The Healing Force of Nature

The notion of the body's possessing a natural, in-born defense system has been with us for thousands of years. Hippocrates, the Father of Medicine, taught his disciples in Greece that disease is not only suffering, but also toil: the fight of the body to restore itself to balance.

These early medical workers believed strongly in a *vis medicatrix naturae* that is described as a **healing force of Nature**, i.e., the ability of the organism (body) to heal itself by using its own in-born resources.

Over 180 years ago, John Hunter observed that the body possessed a miraculous and powerful ability to respond to injuries and to stimulate, within itself, its own means of cure.

This important point, despite being constantly rediscovered over years, is not yet generally understood even today. These **ideas lead us to believe that disease is not a mere surrender to attack, but also a fight for health; unless there is fight there is no disease.** An understanding of these concepts is *critical* in choosing therapeutic programs that assist a sick body in its effort to regain health.

In the early 1800's, Samuel Hahnemann, the founder of homeopathy, further described the dynamic force possessed by the body. He stated that this dynamic force within the body is the difference between a corpse and a human being. He called this dynamic force contained within the body the "Vital Force."

"In the healthy condition of man, the spiritual Vital Force, the dynamism that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence." (Samuel Hahnemann, The Organon of Medicine)

These ideas evolved in Hahnemann's mind from his observations about how his patients responded to his new therapeutic developments. After centuries of stumbling and experimenting by many workers in the field of health, it was homeopathy that finally demonstrated the true existence of the Vital Force.

Homeopathy was recognized as a system of medicine that embraced the presence of the healing powers of the body and Nature, the Vital Force. The principles underlying homeopathic therapeutics were designed to work with, rather than against, the Vital Force – a true development in medicine.

In the late 1800's, physiologists taught that one of the most characteristic features of all living beings is their ability to maintain the constancy of their internal milieu (internal core or biological terrain) despite changes in the surrounding environment. This means that the physical

properties and the chemical composition of our body fluids and tissues tend to remain remarkably constant in spite of all of the changes going on around us.

For example, an individual can be exposed to cold or heat without experiencing a significant variation in body temperature. One can also eat large amounts of different types of foods without those foods greatly influencing the composition of his blood.

Whenever this self-regulating power fails, there is disease or even death.

Influence of the Germ Theory of Disease, Reductionism, and Modern Science

During the latter half of the 18th-century, Rudolf Virchow formulated the cell theory in its modern form. After the presentation by Virchow of his theory, the focus of biologists shifted from the study of ***whole organisms*** to ***individual cells***. Biological functions, rather than reflecting the *organization of the organism as a whole*, were now seen as the result of interactions among the cells and their parts.

Research in microbiology, led by Louis Pasteur during the late 18th-century, developed rapidly and made a lasting impact in chemistry, biology, and medicine. Pasteur established the role of bacteria in certain chemical processes, thereby laying the foundation of the new science of biochemistry and further suggesting that there was a definite relation between “germs” (microorganisms) and disease. Pasteur’s discoveries led to a simplistic “Germ Theory of Disease,” in which bacteria were seen as the ***only*** cause of disease. Pasteur’s views eclipsed the alternative theory that was concerned primarily with the organism (host) and its relationship both to its external environment and its internal environment.

The new science of biochemistry progressed steadily, and it was firmly believed among biologists that all properties and functions of living organisms could be explained in terms of chemical and physical laws. Therefore, an age-old conflict between two distinct philosophies continued. The rapid development of technology continued to fuel the views of proponents on both sides.

Dr. Walter Cannon, the famous Harvard physiologist, upped the ante in favor of the Vital Force concept with his Theory of Homeostasis that he formulated and presented in the early 1900’s. Homeostasis is the balancing mechanisms possessed by living organisms that maintain constancy: the ability to remain the same or static. This can be roughly translated as “staying power.” An example of this is thermostasis, that is the ability of the body to maintain a steady temperature.

While the study of cell biology continued to increase our understanding about the structure and function of many of the cell’s sub units, biologists remained largely ignorant of the coordinating activities *that integrate those operations into the functioning of the cell as just a ***piece of the whole****. Attempts to use the sciences, such as physics and chemistry, to understand life by reducing it to smaller and smaller components is termed ***reductionism***.

Reductionistic theory is opposed by those who believe that the living organism is an integrated whole and that it cannot be understood from the study of its parts alone. Systems philosophers have stated that the whole is always more than the sum of its parts.

Vitalists assert that some non-physical entity, force, or energy field must be added to the laws of physics and chemistry to understand life. Current concepts, based on the Vitalistic idea, postulate the existence of non-physical (form-generating) bio- electromagnetic fields as the causal agents of the development and maintenance of biological form.

Hans Selye and Non-Specific Defense System

Dr. Hans Selye, in the mid-20th-century, synthesized the ideas that had evolved from earlier workers, into a coherent understanding of the process of disease and the body's *defense* against it. Selye first coined the word Stress in 1936. His observations had shown him that *stress* plays a role in stimulating the in-born defense mechanisms within the living body – the Vital Force of Hahnemann and the ancients.

Clearly though, he also understood that there were specific defenses against certain germs and certain poisons. But his most important contribution was to understand that any type of stressing agent, such as emotional trauma or physical trauma, could stimulate a *non-specific defense reaction* within the body that defends it against any attack.

Selye was well learned in the history of medicine. He knew that as early as 100 AD the Greek physician Rufus of Ephesus had made the important discovery that strong fever cured many diseases. From the writings of Rufus, Selye understood that the ancient physician was talking about malarial fevers. Rufus had observed that malarial fever was beneficial in relieving people of mental disorders, diseases of the skin, asthma, convulsions, and epilepsy. Unfortunately, these observations were soon forgotten, and it was not until about seventeen centuries later that the great value of treatment with fever was rediscovered and applied in the therapeutics of modern medicine.

The most peculiar thing the ancient use of fever, and other non-specific therapies, was a lack of any detectable relationship between the *cause of the disease* and the *way it was treated*. Modern medicine bases the majority of its therapeutics on the idea that a (disease causing) germ can be squashed and eliminated by a drug targeted to kill the germ. Today, everyone is familiar with this concept, and, in fact, few people believe that there are any other effective methods for fighting disease.

Why should an infection with malaria, that leads to a fever, or treatment with electric shocks, cure a mental derangement that was caused, say, by syphilis? These treatments did work, but there was no explanation about how they effected a cure. This “not-knowing-how-they-worked” created much uneasiness. But these therapies did work – and often in conditions that could not be treated by any other method – so they enjoyed considerable popularity.

From these early observations, a variety of so-called non-specific therapies became very popular during the early 1900's. These were, in fact, not so far removed from fever therapy and shock therapy. They were based upon the observation that the condition of the patient, suffering

from various kinds of chronic diseases such as arthritis, was often improved by injections with foreign materials. Somehow, the injection of the foreign materials stimulated a strong reaction within the body.

From this, the question arose in Selye's mind, "Could a sudden stress, or push, force the body to snap out of disease"? Therefore, an extremely threatening treatment might even stimulate active mechanisms of defense. These could be intensified to such an extent that they would overcome not only the damage that the treatment caused, but also overcome the disease itself!

Selye's quantum leap of insight led him to postulate that there is some non-specific defense system built into the body, a mechanism to fight any kind of disease. He believed that an understanding of the non-specific defense system could lead to a unified theory of disease. Throughout the next thirty years, Selye continued to explore this area of research and published over 1,500 scientific articles.

His work is a landmark in understanding how the body reacts against attempts to disturb its balance or homeostasis. Selye concluded that disease is not just suffering, but a fight to maintain the homeostatic balance of our tissues, despite the damage and assaults from the environment that tend to push us out of balance.

Two Schools of Thought Clash Over the Cause of Disease

Today, with the growth of interest in eastern philosophies, particularly Chinese medicine with its philosophy of yin and yang, there is a resurgence of interest in Western cultures about the concept of Vital Force.

Medical historians have defined two specific philosophical schools of thought regarding the causes of disease: the **Empirical** school and the **Rationalist** school. These two groups represent the two philosophies as outlined above. The first is the *Vitalists* (Empiricists) who subscribe to the idea that the body possesses a Dynamic Force or Life Force that integrates and organizes all aspects of living. The second group is the *Mechanistics* (reductionists or Rationalists) who believe that the answer to the cause of disease can be discovered by studying ever smaller and smaller parts of the cell.

The Rationalist viewpoint is currently represented by the methods of modern medicine, primarily that type of medicine practiced in the United States which is called allopathic medicine. Rationalist thinkers deny the existence of a Vital Force, and the basis of their therapeutics depends upon the use of powerful pharmacological agents to restore the diseased body to health. They depend upon the sciences of chemistry, biochemistry, physiology, anatomy, and physics to assist them in understanding the way the body works. They believe that this understanding can help them in devising therapeutic procedures to assist in the healing process.

The basis, however, of Rationalist therapeutics is the belief that the body is attacked from agents outside of it, such as bacteria or viruses (the Pasteur Germ Theory of Disease), and that the body, in general, is defenseless against this attack. Their therapeutic paradigm is to attack the infecting agent and kill it.

The Empiricists (Vitalists) maintain that the reduction of the body's vital processes, i.e., life force, exclusively to the laws of physics and chemistry has never worked. The basic notion of traditional Empirical thought is that the body is **reactive and purposeful**. Empiricism believes that illness is part of a reactive, curative process.

Observations throughout history have proved to the Empiricists that the body resists attacks from agents in the hostile environment and seeks to ward off attempts to damage it. Further, the body will, and has the capacity to, mount a reactive fight to resist or to neutralize anything that tries to destabilize it. This reaction is focused and is capable, within limits, of defusing and de-activating most of the noxious environmental pollutants and stresses which can lead to disease.

The Reactive Organism Defends Against Attack and Injury

This concept provides the basis for two important practical considerations:

- 1) any stress encountered by the organism leads to a stimulation of the organism's in-born power of resistance
- 2) the strength of the response depends upon the capacity and power of the individual.

Therefore, we now have another view of disease which states that "sickness is a reaction" or "sickness is a struggle" against attempts to damage the organism. This viewpoint, that the organism is vital and reactive, has always held more weight within the Empirical school than in the Rationalist school.

When sickness is viewed as a reaction by the body against something that is trying to disturb it, we are able to visualize a completely different perspective about the symptoms of disease. These ideas were fully realized by Dr. Hans Selye when he wrote about the "syndrome of being sick."

Selye realized that sick patients often demonstrated similar symptoms: fever, enlarged spleen and liver, inflamed tonsils, mucus, coughing, a skin rash, and fatigue. ***Most of these disturbances are common to many, or perhaps even to all, diseases.*** Selye understood that widely different disease-producing agents, such as those that cause measles, scarlet fever, or the flu, share with a number of drugs, allergens, etc., the property of stimulating the body's non-specific defense mechanisms, leading to the manifestation of these common symptom responses shared by all individuals!

Selye understood that the body has the ability to defend itself against attack. He was also aware that this idea had been observed in antiquity. It mystified him that physicians, ever since the dawn of medical history, continued to attempt to concentrate all of their efforts on the recognition of individual diseases and the discovery of specific remedies for them without giving any attention to the much more obvious "syndrome of just being sick."

Ultimately, Selye's work led him to the development of the ***General Adaptation Syndrome*** that is represented by three distinct phases:

- 1) The alarm reaction,
- 2) The stage of resistance,
- 3) The stage of exhaustion

Selye published the results of many studies in which he showed that every living being has a certain in-born amount of *adaptation energy*. This is the Vitalism of the ancient Empiricists and the “Vital Force” of Hahnemann.

The Vital Force provides the energy for the reactivity and in-born defense mechanisms of the body. The *mechanisms* by which the body defends itself against assault from microorganisms, pollutants, accidents, and other attempts by environmental agents to disrupt its homeostasis, are the ones with which we are all familiar: urine, stool, perspiration, skin disorders, mucus, and coughing.

The body will mount an aggressive reaction to defend itself against assault -- if it is capable! Depending on the strength of the individual’s vitality, the body will use whatever means are required to maintain homeostasis. More aggressive defense reactions include various inflammations such as fever, vomiting, and diarrhea.

A body with high vitality will mount a defensive reaction and grade the strength of the response to a level that will allow it to overcome the intensity of the assault. Only two limitations exist, leading to a failure in response:

- 1) an assault whose intensity is so strong that it overwhelms the capacity of the individual to defend against it
- 2) a weakened individual who is unable to mount a response that is strong enough to overcome even a mild assault.

Symptoms: Are They the Disease or the Reaction of the Body Defending Itself?

An appreciation of the body as reactive and defensive is, essentially, lost to the philosophy of modern allopathic medicine. The vast majority of therapeutic protocols practiced by modern allopathic medicine lead to a *suppression* of the body’s natural defensive reactions.

Suppression of the body’s efforts to rid itself of agents that are trying to disturb it has been long-known to generate serious systemic disorders and disease. Ancient Empiricists vigorously advocated the use of remedies that would promote discharges and eruptions. They discouraged the use of remedies that suppressed the natural defensive efforts of the body.

The treatments espoused by the Rationalist doctrine proceed from different assumptions: Rationalistic doctrine does not view the living organism as reactive. Rationalist belief is that the reactions of the body, in its effort to defend itself, are actually the symptoms caused by the disease or microbe.

In this view, *the visible sickness is not a response of the body to defend itself, but rather the result of the damage caused by the attacking agent inside the organism.* This cause creates a

functional defect or structural abnormality within the body. The symptoms observed on the outside of the body are believed to be a function of the problems occurring on the inside. And, it is believed that microbes are the cause of the symptoms.

Today, our sophisticated understanding of the sciences of biochemistry and physiology has led to more modern definitions of disease than those provided by the ancients who called disease a disturbance of the body “humor.” Modern-day interpretations, based on the precepts of modern science, suggest that diseases are a result of the breakdown in the physical/chemical aspects of the body. It is believed that this is most often caused by an attack from microbes, thereby interrupting the mechanisms of our body’s function.

The Rationalist view of symptoms is that they are representative of the disease and do not represent a positive curative effort by the organism’s own in-born vitality. They are viewed as an extension or imitation of the noxious “cause” inside. And since, by definition, “cause” is harmful, an entity which disrupts the body’s functions, the symptoms must also be damaging.

The Empiricists view symptoms as the effort of the body to rid itself of something that is trying to damage it and then, further, to help repair any damage that has been caused. Therapeutically, then, the Empiricist wants to stimulate the body’s own natural healing efforts. In the Rationalist view symptoms represent the disease, and they must be stopped at all cost; they must be opposed and neutralized.

Two examples of the contrary position of Rationalist thought vs. Empiricist thought are antibiotics and fever. It is well known today that the majority of antibiotics are mis-prescribed and that our nation is entering into an era of massive antibiotic resistance. There are few antibiotics that work anymore because of the mass over-prescription of these drugs during the last 50 years. Because of this, some researchers predict massive outbreaks of infectious diseases similar to those seen in the early 1900’s.

The basis of antibiotic therapy is that the microorganism (germ) is a primary cause of disease suffered by humankind. Antibiotic therapy was heralded as the savior of humankind against the ravages of germs. However, at the dawn of the new millennium, we are discovering that the God-like power of antibiotics to save us is failing.

It is also well established in the scientific literature that there are few instances in which one should attempt to reduce fever. Fever has been identified as one of the most therapeutic and effective treatments for disease that is known. Fever is generated by the body’s Vital Force.

In spite of the published research about the healing value of fever, almost every doctor, nurse, and parent does everything in their power to lower fevers by the administration of antipyretics (temperature-lowering drugs, such as aspirin or Tylenol). It is well known that the long-term effects of this therapeutic action are detrimental to the organism (host).

Every animal study ever performed, looking at the effects of lowering fever by antipyretic therapy, has demonstrated that overall death rates in the treated group exceed those in

the group who received no therapy at all. The most compelling reason not to lower the patient's temperature is that it may deprive him of important host defense mechanisms.

Recently, some clinicians have suggested methods to actually increase the patient's temperature in order to maximize host defense mechanisms! In the vast majority of febrile (fever) infectious illnesses, there is no evidence that fever is detrimental or that antipyretic therapy offers any significant benefit. Fever usually does more good than harm (Styrk and Sugarman, Archives Internal Medicine, pp. 1589-1597, 1990).

Strengthen the Host or Attack the Microbe?

The critical difference between Empirical and Rationalist thought is the idea of the host vs. microbe. The Empiricist philosophy is to stimulate maximally the natural, in-born defense mechanism of the host, thereby strengthening it to withstand any assault against it by attack from microbes. The Rationalist thought is to disregard the host and attempt to do battle against the microbe. The failure of this theory is all too evident in the year 2000.

In summary, it is important to compare and contrast Empiricism and Rationalism:

- ***Empiricism*** believes that the organism is reactive; ***Rationalism*** believes that the body is not a reactive entity, but a mechanism that merely obeys the laws of such disciplines as chemistry, physics, and mechanics.
- To ***Empiricism***, the symptoms are signs of the body's reaction, beneficial phenomena that should not be suppressed or eliminated, but stimulated to assist the body in its natural, healing efforts. To ***Rationalism***, the symptom is intrinsically harmful, an external manifestation of any internal disease "cause" within the body.
- ***Empiricism*** believes in the administration of "similar" remedies, which help to further or promote the body's vital reaction; ***Rationalism*** applies the "contrary" remedy, such as an antibiotic or an antipyretic, which is thought to bypass the host organism and act directly on the internal, causal agent.
- ***Empirical*** therapeutics seek to strengthen the individual's powers of resistance and compensate for the predisposition or susceptibility to become ill (strengthen the host). Therefore, any remedy which promotes a vital reaction must strengthen the resistance and reduce the susceptibility or predisposition to becoming ill; ***Rationalism*** is less interested in the body's resistance or susceptibility to becoming diseased and more concerned with the "disease" than with the host organism.

In conclusion, two major schools of therapeutic philosophy have evolved over the last several thousand years: Empiricism with its belief in the Vital Force, and Rationalism with its belief in reductionism/mechanism and therapeutic paradigms directed at attacking microorganisms or other external agents.

The history of medicine, without doubt, has constantly validated the existence of the Vital Force. Even through modern times, some of our greatest medical philosophers and researchers have continued to support the early observations of scientists and medical practitioners of many thousands of years ago. Yet, it is stunning in this age of information access

and science maturity that most scientific and medical workers study and use therapeutics that ignore the body as a reactive and defensive organism.

Modern-Day Toxins Are Major Damaging Agents to Health

I think that during the 20th century, particularly since the time of World War II, we have witnessed the development of chemical agents (agricultural, industrial, and pharmaceutical/medical) that are at the root of many of our health problems. Although they were initially hailed as saviors of our agriculture and our health, it is now becoming painfully obvious that we are paying a long-term price in compromised health as a result of the development of, and bombardment from, this endless array of chemical bombs. The body is assaulted by so many noxious and toxic agents that it is having a difficult time maintaining its homeostasis in the face of their overwhelming number.

The organism, understood as reactive and defensive (its Vital Force), manifests a myriad of defensive reactions in an attempt to eliminate the bio-accumulation of this endless array of assaulting agents. These reactions (symptoms) are ones with which we are all familiar: mucus, headaches, sinus troubles, sore throats, diarrhea, vomiting, gastrointestinal disturbances, coughing, inflammation, chills, sweating, loss of appetite, generalized fatigue, malaise, and fever are common examples.

The views, above, also determine how we interpret disease. Throughout the history of medicine, again, two views have prevailed, 1) the “ontological” doctrine which regards diseases as specific entities and 2) the “physiological” view that sees disease as simply an abnormal state experienced by a given individual at a given time. In one form or another, the ontological attitude has been the more dominant among both layman and physicians. It assumes that disease is a thing in itself, essentially unrelated to the patient’s personality, his bodily constitution, or his lifestyle.

This concept reasserts itself repeatedly in everyday language when it is said that the patient has “*a disease*” or that the physician treats “*a disease*.” To think of disease as an entity separate from oneself and caused by an agent external to the body, but capable of getting into it and thereby causing damage, seems to have great appeal for the human mind. In pre-scientific medicine, the explanations for disease included demons, the influences of taboo violation, sorcery, vengeful ghosts, witchcraft, hostile ancestors, or animal spirits.

Regardless of their level of education and sophistication, patients are prone to blame their illness on something they “caught” or “ate.” They think of disease as something apart from themselves (outside of themselves, having nothing to do with their own current state of health). Physicians also find this way of thinking attractive, particularly if they can see the “cause” of disease as something that they can attack and destroy.

The body has a limited armamentarium with which to defend itself. We all appreciate the defensive action of turning and running away when danger approaches, as in an attack by an assailant, an attack by a swarm of bees, and an attack by a wild animal. Running, kicking, swatting, are all accepted forms of behavior to defend oneself against potential threats.

Today, we are often threatened by unseen enemies, such as bacteria, fungi, viruses, *and* environmental pollutants (chemical toxins: dioxin, DDT, and food additives), plus environmental heavy metals, such as lead, cadmium, and mercury. However, we do not readily appreciate the defensive mechanisms that the body uses to expel these agents from within.

They are the same mechanisms that the body uses to fight “colds.” Therefore, every time an individual breaks out with the symptoms of a “cold,” it is just as likely, if not more so, that the symptoms are an effort by the body to rid itself of some accumulated internal toxin.

The administration of pharmaceutical weapons to dry up the mucus or stop the cough, for example, are, in the Vitalistic view, a suppression of the body’s own natural healing capacity which, under no circumstance, should be suppressed. If suppression does occur, there will be a price to pay down the road, resulting in some deeper internal disease and ultimately in a diagnosed pathology (break down of the body’s tissues).

Therefore, skin symptoms are almost invariably *protective*, as are fever and inflammation. It is well established from studies of evolution that the purpose of inflammation is to accelerate the disposal and neutralization of foreign and noxious agents. Therefore, the suppression of inflammation might well lead to a prolongation of the total course of the disease.

The Hippocratic view was that inflammation be considered as an essentially protective response to any noxious stimulus and that the inflammation response could range from a transient, cell-limited, and localized response to a more complex and sustained action affecting the whole body (such as fever).

As noted by Selye, even the loss of a limb or other part of the body, may serve to protect the remainder. He states, “The diseased part may have to be sacrificed; the destructive cells and fluids of inflammation enter the quarantined area to kill the invader, but usually they also kill the invaded tissues. This is still a small price to pay for the preservation of life.”

The Progression of the Disease Process

It is important to understand the progression of disease. A good analogy to understand the decay of the human body is that of an iron pipe that is rusting. In this model, the very first speck of rust that appears on the pipe is the beginning of its degeneration. At this point, there is no pathology, i.e., no destruction of the substance of the pipe – that process is only just beginning.

Even at this point, there is no limitation of the *function* of the pipe to carry water. However, as the rust continues to infiltrate the pipe, the first change that will take place is one of function. The rust is accumulating and reducing water flow, but no holes have yet developed in the pipe. At this point, there is still no pathology, i.e., observable breakdown of the pipe.

In the body, there are three progressive states of ill health. The *first* is a functional impairment: there is loss of function but no diagnosis of “disease” as the body is not yet disturbed enough to show significant changes in medical tests. There may be symptoms, but the progressing “disease” is often impossible to define by the patient or his physician; the *second* stage brings definite symptoms of illness; the *third* brings structural changes.

At this point, the physician may be able to detect abnormalities, either through blood tests or by other diagnostic means. This third stage, pathology, however, is fairly far down the road, and degenerative changes began *long* before the pathology occurred.

Our current thinking ignores early symptoms as the beginning of a disease process. They occurred years before pathology set in, and are not seen as having any relation to the current pathology. They were disregarded, or palliated, by the use of pharmacological agents. If the philosophical framework of the therapeutics had been based on Vitalistic philosophy, symptoms would have been appreciated as the effort of the Vital Force to protect the body through its mechanisms of reaction and defense. The symptoms would have served as an early warning sign to the presence of some damaging agent. At this point, one could have acted preventively at the very earliest warning signs of a disturbance to the vitality of the organism.

“Symptoms are apt to appear sometime before striking physical signs of disease are evident and before laboratory tests are useful in detecting disordered physiology. A patient’s sore tongue and mouth may be the only grossly visible sign that he has a nutritional deficiency disease. Yet he is sick in every cell of his body and, indeed, has been biochemically sick for a variable period of time prior to the appearance of the first gross or microscopic lesion.” (Cyril MacBryde, Signs and Symptoms: Applied Pathologic Physiology and Clinical Interpretation, 3rd Edition, Philadelphia, PA, 1957).

Vital Force is an age-old understanding of the body as reactive and defensive against agents that are trying to disturb its balance or homeostasis. This concept has been well appreciated in many cultures, and many therapeutic regimens have attempted to define modalities of treatment to support this natural, in-born healing capacity.

However, during the 20th century, the Rationalist viewpoint has prevailed. This viewpoint does not consider the body as a defensive entity, but, in contrast, believes that its therapeutic modalities (primarily pharmacological agents) should attack and kill the so-called infecting agent.

Over the last 5 decades there has been a massive growth in the use of pharmacological agents used as therapy against “disease.” These are superimposed upon an enormous increase in environmental pollution (primarily since World War II), all of which, in sum, have made a significant impact upon the body’s capacity to cope.

Future interventions to assist human beings in improving their health should focus on regimens that stimulate host defense mechanisms, thereby reestablishing the predominance of the Vital Force as the primary area of concentration for protecting the living organism.