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Do I Have an Environmental Disease?

Recognition and Prevention of the
Causes of Cancer and Chronic Diseases



4. Introduction: why this book?

*“What we know is a drop,
what we don’t know is an ocean.”
Isaac Newton*

There are three reasons that led me to writing this book:

1. Do I have an environmental disease?

Am I suffering from an environmental disease? During the past 25 years, more and more patients traveling from all over Germany asked me this question when visiting my practice for general, environmental, and tropical medicine. The question was put into their mind through the internet, neighbours, television, their family physician, and my lectures. An overwhelming number of people asked me for help after hearing one of my lectures. Although I have been retired since 2003, my telephone does not cease to ring. This public interest in environmental medicine stands in shrill contrast with the official reaction from the authorities. I have been supervising self-help groups, unions, and networks consisting of victims of environmental health damage. What do they suffer from? To answer this question, I have to digress a little further and take you, the reader, off to Africa.

During my time in a bush hospital in Akwanga, Nigeria, from 1971 to 1974, I never saw many of the diseases that we encounter in the industrialized countries—P. Jennrich (58.) calls them “diseases of affluence”, with which he wants to express that they are a consequence of our contemporary lifestyle, which in turn is an emergent property of our industrialization: it shapes us more strongly than we want to see, both in positive and in negative ways. Because these diseases concern everybody, they are diseases of affluence. How does one recognize these “diseases of affluence”?

There are no typical signs or specific complaints. These diseases are often characterized by highly stubborn symptoms that improve little, despite intensive treatment from conventional medical practitioners. Maybe this is even a good thing and a clever idea by “mother nature”. Symptoms of pain, itching, reddening and flaking of the skin, vertigo, tingling sensations in the legs, and fatigue are warning signs. They protect us against larger dangers to our health and signal that something is not alright with our body.

Exposure to harmful substances must be considered as a cause for any pain or suffering that continues over months or even years—i.e., chronic diseases. Once a connection can be shown, we know we are dealing with an environmental disease.

What are the most frequently encountered symptoms and diagnoses (i.e., diseases)? Some example:

| Organ | Psychiatric | Nervous system | Inner organs/immune system | Hormonal system |
|----------|---------------------------------------|---------------------------------|---------------------------------------|-------------------------------------|
| Symptoms | rapid fatigue | headaches | chronic coughing | disturbances of the menstrual cycle |
| | inner turmoil | problems concentrating | fever episodes of unknown etiology | fertility disorders |
| | insomnia | memory lapses | elevated liver enzymes | thyroid inflammations |
| | depressive disorder | feelings of numbness | relapsing infections | thyroid nodules |
| | anxiety | vertigo | elevated liver values (transaminases) | |
| | no longer able to work under pressure | tingling sensation in the legs | | |
| | | mental and physical impediments | | |

What many people don't want to know is that this group of diseases of affluence also includes:

- skeletal and connective tissue problems: chronic rheumatoid arthritis, fibromyalgia, osteoporosis, arthritis
- Cardiovascular diseases: high blood pressure, arteriosclerosis, cardiac diseases
- Pediatric diseases: headaches, migraine, AD(H)D, neurodermitis, eczema, autism
- Diseases that lead to mental and physical disability (130., 134., 134.)

- Finally, this group also includes cancer, the most devastating disease of all. In his book (84.) S. Mukherjee calls it “The King of Diseases”. Cancer is frequently the final station in a long life of suffering.

We can expand this list at will, but all of these diseases share a common property: their prevalence has increased dramatically over the past 20 to 30 years: their frequency has doubled, sometimes even tripled and quadrupled. Growth rates as large as this cannot be explained away by increased life expectancy and increasing professional stress.

In 2005 and 2009 my wife and I visited Burkina Faso and Tanzania (in West and East Africa, respectively), where we were sad to find out that our diseases of affluence are also on the advance in these countries. Their causes are, without any doubt, chemicals and pesticides, i.e., many harmful substances that have been banned in Germany for years. Now, they are exported to the developing countries. What an outrage!

It hurts. Africa is, as it were, my second home country: both of our two children were born there.

2. Passing on our knowledge—more human care instead of technology and profit

For me who has occupied himself with the topic of environmental medicine for the past 40 years, in my capacity as private physician, scientist, and expert witness, it is almost my duty to pass on my knowledge to victims of environmental damage—for them, there is no lobby. With this book, I want to tell them that they are not left alone with their problems.

In my general and environmental health practice, between 1987 and 2003, I treated 11,600 patients, 1,600 of them (i.e., 15 %) suffering from clinically proven environmental damage. After this, because of my retirement, I have stopped counting. This was end of August 2003.

All patients underwent conventional as well as environmental-medical examinations and received appropriate treatment. My studies extended over many years. To begin with, I chronicled the design for my proceedings—in technical jargon this is called the study design. There exist few studies of this kind, which is regrettable since only with the help of this type of study we can arrive at persuasive results.

As early as in 1994, 1999, 2002, and 2003 I documented and sent the first results of my environmental-medical studies to the state and

federal medical boards and the corresponding odontological boards. In these documents, I urgently pointed out the dangers posed by harmful substances. I also sent copies to the public health insurance companies and health ministries on state as well as federal level (a total number of ca. 50). Since 1998, I hold lectures for the medical boards and environmental committees of the association of public physicians Dortmund (KV Dortmund) and the Westfalen/Lippe medical association in Münster—something that my environmental-medical colleagues also do. All of us have shown great engagement with our environmentally damaged patients. However, all our efforts have so far not had any result.

In the summer of 2009 I personally handed one of these files with documentation to the president of the medical professional association, and three weeks later to the chairman of the KV Dortmund. I added a list of participants in an environmental health conference in Trier. Both of them gave me an almost identical reaction: “I have never seen any environmentally damaged patient. How does one recognize them?”

Only the State medical association of Westfalen/Lippe answered me with a written statement that proudly pointed out their Environmental Information Van, which could be called on demand. I received this answer with a shake of my head. It made both myself and many of the colleagues whom I mentioned this statement ask ourselves if our new environmental-medical findings are completely ignored. I cannot believe this nor do I want to!

In the meantime I have published part of my results in scientific journals. All patients gave their informed consent and reaching as many people as possible was a crucial factor in publishing my results in the form of this book—something that is not the case for publication in professional journals. Even though the populace has a marked interest in environmental medicine, there is a rather small level of concrete knowledge amongst them.

Our medical profession must once again become more human. Technology and logic by themselves are not sufficient for practicing medicine: it is an art of healing that today regrettably is almost lost, says B. Lown (74.) in his book “The Lost Art of Healing”.

*Healing as an art needs quietness, patience, and time.
It must be practiced with passion and love.*

In the end, healing cannot only be explained by biochemistry and biophysics, even though our greatest contemporary scientists believe this. Healing means to reach the soul of a human being. With this, we enter the realm of metaphysics that cannot be grasped by the intellect alone. A human being consists of body/matter, mind/intellect, and soul. Today, we have scientific proof that psychological problems can lead to genetic disorders.

We must remove the underlying causes, the origin of these toxic effects. This way, we have to keep people in good health for as long as possible rather than to elaborate on ever more individual symptoms—something which in the end will no longer be financially sustainable. Informing the public is the foremost precondition for reaching this target.

During my time in Africa I founded a nursing school. The first ever lesson started out with the baffling question posed by a 14 year old boy as to “what is the mother of the disease?”. This is the central question of the medical profession, namely what is the cause of disease. I continually had to think of that.

In his book, “The Secret of Healing. How Ancient Wisdom Changes Medicine”, J. Faulstich (29.) showed that there is no contradiction between ancient wisdom and modern science. Reading this book effectively gave me the courage to dare undertake my own balancing act of writing a book that targets both laymen and conventional medical practitioners and to have the courage to describe ancient wisdom and modern medical science next to each other, as equal partners.

3. A close acquaintance with a severe environmental disease as the actual motivation for this book

My actual motivation for scientifically documenting and exactly evaluating all environmental-medical cases that I encountered was a visit to my practice, in 1987, by a close acquaintance, who presented a classic example of environmental damage due to inappropriate treatment with dental restoration material (chapter 7.2.1).

I will not try to hide that I am aiming for understanding and support from in particular my younger colleagues. Since devoting myself ever more to environmental medicine my life has gained lots of new stimuli. That which applies to the doctor also applies to the patient when regarding the disease as new

life experience and as a sign of personal reorientation. The cases I discuss in chapter 7.2 provide signs of everything that is possible.

From a scientific point of view it is clear that my single study will not be able to rattle the foundations of our classic, conventional medicine. Hence, I decided to sketch out my 25 years of experience with and research into environmental diseases. In this, I lay even higher worth on my own experiences than on the experimental results—in the end, experiences cannot be wrong, they are always true and hence truthful. Also, experiences gained in one's own life are easily understood by an individual layman. When presenting them in conjunction with results from objective research, one has passed on all information that one is humanly capable of.

In chapter 5 I investigate why environmental medicine gets so little attention in Germany.

In chapter 6 I describe some industrial accidents to illustrate the consequences of our exploitation of nature. The consequential damage to plants, animals, and also to humans make the necessity of re-appreciating environmental medicine as its own scientific field blatantly obvious.

Chapter 7 lists several case studies. Here, some of the people concerned might recognize themselves, although I obviously changed the names of the patients. With the help of these examples, I sketch out a first set of diagnostic and therapeutic options, which enable the layman to find, with the help of their physician, the best diagnostic and therapeutical methods. Only the attending physician, who knows their patient well, can select the correct approach and determine the right dosages—they should act the coordinator during the whole course of treatment, and in their hands all strains should converge.

In chapter 8 I present results from studies in my own practice in the form of individual papers that prove that these examples are not isolated cases. I obtained permission to conduct tests on hospital patients, supported by the respective specialist departments, from the Westfalen/Lippe medical association's ethical commission. Each article ends with a critical assessment, which may involve an intentional partial overlap and repetition of the same statements. Because the matter at hand will be unfamiliar to most readers, I opt to introduce it to them step by step.

In chapters 9 to 12 I will report new diagnostic and therapeutic treatment options. By taking note of these procedures, patients are able to

better understand the cause of their illness and the therapeutical measures taken. This way, the patient is also capable of influencing their progress. A lot of space is occupied by the question as to how to remain fit without taking medical drugs. I will present concrete steps as to how to proceed.

Chapter 13 contains a critical assessment of all that was discussed before, together with the necessary conclusion. Here, I refer back to the findings from previous chapters in order to integrate them into the higher-level social and sociopolitical situation. It is not possible to practice effective environmental medicine without this high-level overview. With it in mind, I finally present my wish list.

I hope that this book is written in such a way that it is understandable to the layman. I abstained from presenting expansive numerical data in tables, without scientific rigor suffering from it. All tabulated material can be found in the individual publications or requested from me directly. Once the underlying cause has been found, difficult correlations become easy to understand. However, finding those causes often requires the skills of a private investigator.

When using technical jargon, I opted to use the German term followed by the jargon term in parenthesis, for example: poisons (noxa) and cancer (carcinoma). It is of regrettable importance for laymen to learn technical terms, since we as medical professionals prefer to use jargon even when talking to our patients.

This book has no intention to cause harm to anyone. The seriousness of its topic virtually commands honesty and fairness. Nevertheless, if one suffers together with patients, in particular victims of environmental disease, for several decades, one unwittingly assimilates their emotions, disappointments, the way they talk, and their reproaches, which can then be reflected in the text. On the other hand, I do not hide the fact that the decline of contemporary medicine worries me immensely. Only clear words and ruthless exposure of its weaknesses can stop this decline and show it the way out of the dead end street in which it has found itself.

"Today's sufferers of environmental diseases are only snowballs compared to tomorrow's avalanche."

Conclusion of the Symposium held by the non-profit network for patients diagnosed with environmental disease (Gemeinnütziges Netzwerk für Umwelt-Kranke Genuk e. V.), 21.4.2012