

The Principles & Practice of

# Fasting

John L. Fielder

Dr. Fielder has granted permission for this booklet to be placed online and made available to patrons of the Soil and Health Library. Further reproduction especially including placing this material on any other website for download is expressly prohibited and is a violation of Dr. Fielder's copyrights.

Copyright © 2001 by John L Fielder

All Rights reserved. No Part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information retrieval system, without the express written permission of the publisher, except for the inclusion of brief quotations in a review

Academy of Natural Living  
P. O. Box 901  
Cairns, Queensland, 4870  
Australia

[www.iig.com.au/anl](http://www.iig.com.au/anl)

ISBN  
0 9586611 7 0

DISCLAIMER: The information in this book is not intended as medical advice. The author does not recommend standard medical practices. The authors, publishers and/or distributors will not assume responsibility for any adverse consequences resulting from adopting the lifestyle described herein.

# Contents

<b>One</b>	<b>Introduction</b>	<b>4</b>
<b>Two</b>	<b>History</b>	<b>9</b>
<b>Three</b>	<b>Terminology</b>	<b>14</b>
	Starvation vs. Fasting	15
	Inanition	16
	Induction	17
<b>Four</b>	<b>Philosophy</b>	<b>20</b>
	Autolysis & Rejuvenescence.	20
<b>Five</b>	<b>Prophylaxis &amp; Fasting</b>	<b>25</b>
<b>Six</b>	<b>Practice</b>	<b>27</b>
	Three Day Fasts	28
	Therapeutic Fasting	29
	Fasting and Body Temperature	31
	In Conclusion	33
<b>Seven</b>	<b>Duration of the Fast</b>	<b>34</b>
	The Vitality	34
	Weight of the Fasting Patient	34
	Psychological Status	34
	Physiological Processes	34
	Vital Signs	35
<b>Eight</b>	<b>How to Break the Fast</b>	<b>37</b>
	Premature Breaking of the Fast	43
	Environment	43
	Enemas	44
<b>Nine</b>	<b>Not Fasting</b>	<b>45</b>
	Contra-indications to Fasting	45
	Alternatives to Fasting	46
<b>A</b>	<b>Laboratory Test Profiles in Dehydration</b>	<b>49</b>
	Symptoms of Dehydration	49
	<b>Bibliography</b>	<b>50</b>

# One Introduction

One of the most intuitive and inherent ways employed by Nature Curists and Hygienists alike, and which emulates the instinctual reaction of all the animals in the wild to disease or injury, is that of fasting.

The term fasting implies total or partial abstinence from food or water for any number of reasons. Thus one may refer to fruit fasts, vegetable fasts, milk fasts, water fasts, and many other types such as religious fasting, professional fasting, pathological fasting, accidental fasting, and experimental fasting.

A fruit fast is abstinence from fruit; a vegetable fast is abstinence from vegetables; milk fast is abstinence from milk; water fast is abstinence from water, and similar fasts may be defined accordingly. Religious fasting is abstinence to develop spiritual thought or fulfil a religious rite. Professional fasting is abstinence for the purposes of notoriety and publicity. Physiological fasting is normal inanition in nature such as the hibernation and seasonal abstinence of certain animals. Pathological fasting is associated with organic derangement, which make one unable to take or retain food. Accidental fasting occurs in such cases as miners entombed in a cave-in. Experimental fasting is forced inanition among man or animals for purposes of scientific investigation.

These are the recognised forms of fasting. There is yet another and perhaps more important classification which is seldom given mention or even known about. This is therapeutic fasting. Salloum and Burton define it, ". . . as abstinence from all food and drink except water . . ."

The purpose of therapeutic fasting is the promotion and restoration of health. It is associated with experimental and physiological fasting in the sense that studies of the latter provide the knowledge and information which make therapeutic fasting possible.

Therapeutic fasting is not the result of any particular new scientific discovery, but rather has proceeded to its present development as the result of centuries of experimentation, observation, and study.

Through the process of fasting during such times as disease or injury we are, as many claim, living out our biological heritage. It is well for us to keep in mind that we have a similar heritage to the rest of the animal kingdom with many similarities to our close genetic relatives, the chimpanzee, gorilla, and orang utan. These animals, in their inherent, intuitive way, follow this simple, yet very profound method of dealing with injuries and the process which we commonly term as disease, or which might just as well be referred to as dis-equilibrium.

Nature's method of enabling the body to restore equilibrium when a state of disease or dis-equilibrium has occurred is the loss of appetite and subsequent withholding of all food except for the drinking of adequate water—that is to fast—until such time as equilibrium, or a state of health, wholeness, or healing is attained.

Hippocrates referred to this process of self-regulation in 400B.C. as the *vis medicatrix naturae*—the healing power of nature. In modern parlance it is referred to as the regulation by the homoeostatic mechanism which controls the interconnection of all parts of the body through the circulatory and neuroendocrine systems.

Walter Cannon first used the term "homoeostasis" in 1926 during his work at Harvard to describe the relative constancy of physiologic

processes achieved through a complex dynamic equilibrium. This dynamic equilibrium has been described by W.F. Hewitt, *Somatic Aspects & Applied Physiology* in the following words:

"We are so versatile, because of our servo-mechanisms for adaptation, that we live in climates ranging from almost absolute desiccation to water saturation and from below zero temperatures to desert heat (a range of more than 150 degrees Fahrenheit); we survive the loss of a third of our blood by haemorrhage, or the doubling of our body weight by fluid retention; and we live on, minus many of our organs, riddled with cancer in nearly every remaining tissue, sometimes for years after any 'reasonable' organism would have succumbed."

This versatility is achieved by constant changes. In describing the homoeostatic mechanism Heraclitus of Ephesus said (preceding Cannon by some twenty-five hundred years):

"Man is like a fountain, always the same form, never the same water."

To which Bernard added that the mechanism has:

". . . only one object, that of preserving the constant conditions of life."

At all costs, the body attempts to preserve its constancy within the limits of physiological parameters, while adapting to ecological challenges.

Homoeostatic dysfunction occurs firstly on the cellular level, followed by significant cytopathological changes at which level classifiable disease symptoms occur. We may better understand the disease process as a disruption in cellular regulatory and communication processes, which results from the interacting forces of catabolism and anabolism in the context of internal and external factors.

Roger Williams, the biochemist, in *A Physician's Handbook on Orthomolecular Medicine* addresses homoeostasis through his genotropic theory of disease as:

". . . the biological capabilities of a person are set by his/her genotype; these interact with the environment (which includes the nutritional milieu of the cell as well as the external physical, emotional, and social environment) to produce the phenotype of the individual, and the diseases to which he is susceptible."

The genotropic theory differs from the more static and fatalistic view of disease in which the genotype and phenotype are viewed as the same, eg. a patient develops diabetes at age 40 because of his genetic predisposition.

What part then do the bacteria of Pasteur play in the process?

According to G Rosen, From *Medical Police to Social Medicine*, Louis Pasteur is said to have declared in his latter days:

"Bernard is right. The pathogen is nothing. The terrain is everything."

Rosen further states:

"For Virchow who saw medicine in its organic relations to the rest of society and recognised health and disease as enmeshed within the web of social activity, the strict bacteriological view could not but seem narrow and limited, if not a complete intellectual aberration. Virchow recognised the discoveries of the bacteriologist, but he could never accept an unqualified causal relationship between bacterium and disease. For him the tubercle bacillus was not identical with tuberculosis."

It is with this view of disease that we readily concur. We do not, as some would claim, deny the presence of bacteria. They, in our view, are a very important aspect of life and play a very vital role therein. But as to

being the cause of disease we find ourselves in complete agreement with Pasteur and his comment:

"The pathogen is nothing, the terrain is everything."

Hence our undivided support for being guided by the observed factor of "fasting" in injury and disease in the other animal species as the best and most appropriate way to provide the right and correct conditions for the restoration of homoeostasis (healing).

I believe we were ably supported in this aspect by the world famous physician, Sir William Osier who said:

"On of the first duties of the physician is to educate the masses not to take medicine."

That fasting is not employed as a therapeutic agency in orthodox medical circles is evidence of how far the medical profession has allowed itself to become oblivious to the simplest facts relating to the natural processes involved in the process of cure in its attempts to overcome disease. For they would only have to look to the manner in which the members of the animal and bird kingdoms recover from disease or accident without any external aid whatsoever to see these natural processes in full operation before their eyes everywhere around them.

It is to the living that we must look for guidance in understanding the laws which govern life and health. The fact that much of medical information comes from the study of anatomical specimens—corpses—or from the action of germ cultures under the microscope accounts for much of the present day medical incompetence to deal with disease when face to face with it in the living organism.

Fasting is a natural expedient resorted to by all living creatures when unwell. It is a natural reaction to disease or malaise of any kind by which the living organism seeks to set itself in proper equilibrium again (homoeostasis). Why, then has man refused to take advantage of it? Because as man has grown more and more "civilised" his natural reactions (or instincts) have become more and more over-laid with a veneer of artificial reasoning and logic; so he has turned more and more to outside agencies—to those who can appeal to his credulity; to those in authority—for guidance in the treatment of his body when confronted with the phenomenon of disease.

This is not to say that clear thought and sound reasoning are to be discouraged, but the thought processes of the average human being are far from clear and sound. He is at once a prey to superstition and custom, to habit and tradition, to all the forces, in fact, which exert the wrong influence over his mind and reasoning faculties. And by giving heed to these and denying the existence of the instinctive and natural guides within, modern man does more harm to himself—not only in matters relating to health and disease, but also in all the general affairs of life—than the world at large could possibly believe or imagine.

## Two History

The origin of fasting for illness dates back to the development of the present forms of animal life. Among domesticated animals it is a common practice, along with their relatives in the wild, to fast when ill. Fasting is an instinctive procedure rather than a planned therapeutic measure as we have mentioned earlier in this course.

The first records of human fasting for the remedy of disease go back to the ancient civilisations of Greece and the Near East. Both Plato and Socrates are said to have fasted for 10 days at a time to "attain mental and physical efficiency." Pythagoras fasted for forty days before taking his examination at the University of Alexandria. He also required this his pupils fast prior to entering his class.

The ancient Egyptians were said to treat syphilis with their fasting cures and the great Greek physician Hippocrates prescribed fasting during the critical periods of disease. Asclepiades and Thessalus employed fasting. Celsus is said to have used fasting in the treatment of jaundice and epilepsy. Avicenna, the Arab physician, prescribed fasting for three to five weeks at a time. Later Tertullian wrote of fasting and Plutarch said:

"Instead of using medicine better fast a day."

During the sixteenth century, the renowned Swiss physician, Paracelsus claimed that:

"Fasting is the greatest remedy."

In the seventeenth century Dr Hoffman wrote a book entitled *Description of the Magnificent Results Obtained Through Fasting in All Diseases*. In the next century Dr Anton Nikolai wrote with recommendations of fasting instead of food for those who were ill. Later Dr Von Seeland of Russia wrote:

"As a result of experiments I have come to the conclusion that fasting is not only a therapeutic of the highest degree possible, but also deserves consideration educationally."

In Germany we find Dr Adolph Mayer asserting that:

". . . fasting is the most efficient means of correcting any disease."

Dr Moeller wrote:

". . . fasting is the only natural evolutionary method whereby through a systemic cleansing you can restore yourself by degrees to physiologic normality."

Scientific research and the gathering of data on the benefits or otherwise of experimental and physiological fasting has occurred both in Europe (particularly in Germany) and in American with hundreds of publications being the result of work providing thorough and exact knowledge regarding many phases of fasting.

Among the best known research scientists who studied fasting were:

Sergius Morgulis, Professor of Biochemistry at the University of Nebraska College of Medicine; Professor Child of the University of Chicago; Herbert Sidney Langfield of Harvard University; Dr Frederick M. Allen of the Rockefeller Institute; Francis Gano Benedict and Ernest G. Ritzman of the Carnegie Institute; Luigi Luciani, Professor of Physiology at the University of Rome; and Victor Pasiutin, director of the Imperial Military Medical Academy of pre-revolutionary Russia.

Other scientific studies of fasting that have been recorded have been made by N. Pyaskovski, W. Skorezewski, N.J. Sands, A. Cleghern, N.

Morozov, P.B. Hawk, CM. Jackson, L.H. Hyman, N. Zuntz, Rogeret Josue, Miescher, Mansfield, Rosenfeld, and many others. During the last nearly one hundred years, hundreds of scientific workers in many countries have added to our knowledge of the biological importance and benefits of fasting.

In more recent times Ancel Keys and colleagues at the University of Minnesota compiled two volumes entitled *The Biology of Human Starvation*, citing the experiences and scientific observations of thirty-two volunteers who fasted for periods of up to eight months. The researchers concluded that fasting did not cause vitamin or mineral deficiencies, also that skin diseases and diabetes improved.

It is well to note that these scientists were concerned primarily with developing laboratory data from studies of experimental and physiological fasting, chiefly among animals, and to a lesser extent among humans. On the other hand we have other men of science who were concerned with the clinical and therapeutic phases of fasting. They supervised tens of thousands of fasts, resulting in the discovery of the exact effectiveness of fasting in the treatment of specific diseases.

Dr Isaac Jennings is one of the first physicians recorded to use therapeutic fasting in the United States. In 1822, Dr Jennings, through the influence of Sylvester Graham, a Presbyterian preacher, discarded the use of drugs. He commenced to advocate the use of fasting and other modes of hygienic treatment including vegetarianism, the use of pure water, sunshine, clean air, exercise, emotional poise, and rest in the care of his patients.

It is of interest to note here that Dr Linda B. Hazzard in her book *Scientific Fasting* quotes the contents of a personal letter to her—dated 28th December 1911—from Dr Henry S. Tanner in which he says:

"I really believe that I am entitled to be called the father of therapeutic fasting in this country . . . "

On the 17th day of July 1877 Dr Henry S. Tanner commenced a fast which lasted until the 19th day of August—a period of forty-two days. His second fast, which was publicly given and termed the "Great American Sensation," was widely publicised throughout the world. The fast commenced on 28th June 1880 and was completed at noon on 6th August 1880—a full forty days.

In another letter to Dr Hazzard—dated 23rd February 1912—Dr Tanner is recorded as saying: "My advisers planned for me wisely. My object was not money, but to relieve myself of the odium unjustly heaped upon me by the medical enemies of all righteousness. Right triumphed and the very javelins of hate hurled at me, in their recoil held up the medical profession to the derision of the world. Every prediction of failure was mollified and I came off conqueror and more than conqueror, in spite of the medical Goliaths arrayed against truth."

Dr Henry S. Tanner was born in England in 1831 and died in San Diego, California in 1919 at 88 years of age. As can well be observed Dr Tanner was as yet to be born when Dr Jennings commenced to use therapeutic fasting.

In the nineteenth century we also find the founding of the Hygienic movement with Dr Jennings, he being followed by James C. Jackson (1881-1895), Russell T. Trail (1812-1877), William A. Alcott (1798-1859), Mary Gove Nichols (1810-1884), Thomas L. Nichols (1815-1901), Edward Hooker Dewey (1837-1904), George H. Taylor (1821-1896), Harriet Austin (1825-1891), Charles C. Page (1840-1925), Emmett



Densmore (1827-1911), Helen Densmore (?-1904), Susannah W. Dodds (1830-1915), Felia Oswald (1845-1906).

At the turn of the century and still today we find the following professionals who have continued to add to our knowledge with most of these physicians being graduate MD's from eclectic medical schools. Many, but not all, were followers of the principles of Natural Hygiene.

The hygienic professionals were: Robert Walter (1841-1921), John H. Tilden (1851-1940), George S. Weger (1874-1935), with the main protagonist of Hygiene in recent years being Dr Herbert M. Shelton (1895-1985).

Shelton, along with William Esser, Christopher Gian-Cursio, and Gerald Benesh, in 1949 formed the American Natural Hygiene Society—a lay organisation dedicated to preserving the tenet of Hygiene.

In this period we also find the following who were not necessarily allied to, or acknowledged by, the Hygienists, but who also advocated therapeutic fasting: Linda Burfield Hazzard, Hereward Carrington, Eugene A. Bergholz, William Howard Hay, Henry Lindlahr, E.B. Szekely, A. Ehret, and Paul Bragg.

In England, Dr Josiah Oldfield, James C. Thomson, and Leslie Thomson, along with Stanley Lief were its main advocates in recent years, along with Dr Barbara and Dr Gordon Latto. Dr Gordon Latto achieved fame through his successful treatment of the famous single-handed around-the-world sailor Frances Chichester. Perhaps best known for his work in this area in the latter years has been, and still is, Dr Keki Sidhwa, a Hygienist.

Since the passing of Stanley Lief and the loss of Champneys as a Nature Cure Resort, with the eventual closing of the Health For All publishing house and the demise of the popular magazine of the same name, a decline has occurred in the understanding, advocacy, and popularity of fasting as an aid to healing in the UK.

In Australia with the recent passing of Kenneth S. Jaffrey a distinct loss has been sustained. Among the adherents to the principles of fasting as a very important and vital aid to the process of healing, the late Kenneth Jaffrey, along with Dr Alec Burton of Sydney, and myself, John L. Fielder, have been the main advocates and practitioners in Australia in recent times. In the earlier years The Hopewood Health Centre at Wallacia, near Sydney also was in the habit of utilising fasting when it appeared to be advisable. The death of one of their clientele whilst undergoing a fast in their institution has caused them to change their policy and they now do not permit anyone to fast longer than seven (7) days whilst under their care.

In recent years while travelling overseas, I have visited a number of health spas in the UK and on the Continent and have found that most, if not all, have adopted medical methods with the use of the term "fasting" being used very loosely. In one instance, a low protein, low carbohydrate diet, including fresh, raw fruits and vegetables was described as "fasting" and clients participating in such a regime as "being on a fast." Under such a definition, many people of like minds, myself included, would be considered to be perpetually "fasting."

In the earlier years in Australia there were very few advocates of fasting as a therapeutic agent. Most naturopaths preferred to advocate the many different remedies that have become accepted in the public mind as being "natural," such as herbalism, homoeopathics, etc. In fact, they practiced what has become known as "Natural Medicine," in preference to recommending one of nature's healing agents, the fast.

## Three Terminology

As in all the disciplines which we are studying, we need to firstly define our terms. That is, we should as much as is humanly possible set out precisely our parameters.

*The Heritage Dictionary* defines:

"Fast: To abstain from all or certain foods, especially as a religious discipline or means of protest."

*The Macquarie Dictionary* says:

"Fast: To abstain from all food."

*The Dorland Medical Dictionary* says:

"Fast: To abstain from food."

Leon Chaitow, *Principles of Fasting*, pp 2:

"Fasting is the avoidance—totally or partially—of the eating of food and liquid, except for pure water, for a particular kind of nutriment."

Kenneth S. Jaffrey, *How To Fast*, pp 4 writes: "To FAST means to abstain from."

Herbert M. Shelton, *The Science & Fine Art of Fasting*, pp 23 says:

"We may define it thus: Fasting—is abstention entirely or in part, and for longer or shorter periods of time, from food and drink, or from food alone."

Linda B Hazzard, *Scientific Fasting*, pp 39, has, in our view, the best and most appropriate definition when she says:

"Fasting is defined as follows: the voluntary denial of food to a system which is diseased and which, because of disease, neither demands nor desires nourishment until rested, purified, and with hunger in evidence, it is again able to resume its metabolic processes. Then, and not till then, is food supplied; then and not till then, does starvation begin."

The word "fast" comes from the Middle English "fasten," Old English "faestan," which means to hold fast, to observe, or to abstain from food.

In his comments upon fasting Dr Henry Lindlahr, *Natural Therapeutics*, Vol 1, pp 322, wrote:

"Foremost among the methods of purification stands fasting . . . "

He goes on to point out how many people had come to regard fasting as a " . . . panacea for all human ailment," a position held by many still today. And we certainly agree with Lindlahr when he continues:

"However, it [fasting] is a two-edged sword. According to circumstances it may do a great deal of good or a great deal of harm."

It is a commonly held concept that fasting and starvation are synonymous. Hereward Carrington, *Vitality, Fasting and Nutrition*, pp 96, says:

" . . . fasting is a totally different thing from starvation."

### Starvation vs. Fasting

In describing the difference between fasting and starvation, Leon Chaitow, *Principles of Fasting*, pp 12 writes:

"The difference between fasting and starvation was the subject of much early research, and it has continued to exercise minds in subsequent concerted and lengthy studies. The conclusions drawn are that, in instances of food deprivation, starvation cannot be said to begin until all the body's fat stores have been used up, and significant protein breakdown has occurred."

As we can well observe, and as Chaitow has pointed out, there are definitely major lines of demarcation and differences between fasting and starvation. Further that these areas have been well researched in the past.

In Harrison's, *Principles of Internal Medicine*, 14th edition, pp 452, an accepted definitive medical text writing of the period of fasting they say:

"During the first week of starvation, 4 to 5kg of body weight is lost consisting of about 25 percent adipose tissue, 35 percent extracellular fluid and 40 percent protein."

Writing of the ongoing process and the ensuing period, they continue:

"Different compartments contract at different rates: skeletal muscle faster than cardiac muscle; gastrointestinal tract and liver faster than kidney. Mobilisation of amino acids from muscle supports the synthesis of some albumin so that hypoalbuminaemia develops late."

Herbert M. Shelton, *The Science & Fine Art of Fasting*, pp 25, quotes Carrington as saying:

"Many doctors speak of 'the fast or starvation cure'—which simply shows that they don't know what they are talking about. Fasting is an absolutely different thing from starvation. One is beneficial; the other harmful. One is a valuable therapeutic measure; the other a death dealing experiment."

In underlining the distinction between fasting and starvation Dr Linda Burfield Hazzard writes, *Scientific Fasting*, pp 51,

"It is an error to associate the terms fasting and starvation. Fasting conduces to systemic purification; starvation is actually systemic poisoning."

When describing the completion of the fast and commencing of starvation, Leon Chaitow says, pp 12-13,

"When fat stores are used up there remains a store of protein which, as a rule, can maintain calorie levels for a few weeks longer before essential proteins from the vital organs start to be used. There are many signs which indicate when this threshold has been passed, when fasting which is beneficial has ended and when starvation, which can kill, has started."

Herbert M. Shelton, pp 25 in addressing the confusion in many people's minds regarding fasting, starvation, and the use of the term "hunger cure," writes:

"Fasting is neither a 'hunger cure,' nor a 'starvation cure' as it is sometimes called. Fasting is not starving. The fasting person is not hungry and fasting is not a method of treating or curing diseases."

## **Inanition**

The term inanition has been the technical term used to describe all forms and stages of abstinence from food. It has been used by many scientific researchers to describe the abstinence from food in all its phases of fasting and starvation as well as malnutrition. Professor Sergius Margulis, writing in his book, *Fasting and Undernutrition* used the term inanition as being interchangeable with fasting and starvation, etc. and classifies three different types:

1. Physiological inanition,
2. Pathological inanition, and
3. Accidental or experimental inanition.

In writing of this he says, pp 3,

"It is erroneous to suppose that during inanition the processes of nutrition are interrupted. Obligated to exist wholly or in part on accumulated reserves contained in the tissues, the fasting organism is nourished just as

truly as if it lives on the fat of the land. But now it is being nourished from within not from without. Fed or starved, the living organism is governed vigorously by the law of the conservation of energy."

I believe it is important to define our terms with as much exactitude as is possible to ensure that we limit any breakdown in communication between ourselves and those who are dependant upon us, or are looking to us for direction.

To complete this section on fasting I again quote Carrington, pp 563-564:

"One other point may be here noted. The distinction between fasting and starving should now be clear to us. Throughout this book I have advocated the theory of fasting; I cannot too strongly condemn the practice of starving. For they are not by any means interchangeable or synonymous terms as many think. Fasting is a scientific method for ridding the system of diseased tissue and morbid matter, and is invariable accompanied by beneficial results. Starving is the deprivation of the tissues from the nutriment they require, and is invariable followed by disastrous consequences . . . Fasting commences with the omission of the first meal and ends with the return of natural hunger; while starvation only begins with the return of natural hunger and terminates in death. Where one ends, the other begins."

In *The Life Science Health System*, Lesson Forty-Six, pp 1035, they write:

"There is a difference between fasting and starvation. Starvation results from food being denied to a person whose reserves have been exhausted, and, in its extreme stages, leads to death."

Apart from Dr Hazzard's definition, all the definitions of fasting we have quoted above constitute definitions of "Therapeutic Fasting." It is my belief that this particular method is contrary to the biological principles of life, since, with hunger present, the organism is requiring food, in fact demanding nutriment.

With therapeutic fasting, the organism may therefore not have sufficient vitality to fulfil the needs placed upon it during the fast. In fact, it will often be in such a lowered state of vitality that to fast for any length of time—beyond three days—may be hazardous and even injurious.

## **Induction**

The introduction of a fast where there is no indication by the organism for us to fast—as in the case of acute disease (the healing crisis) or in pain—is synonymous with induction in childbirth. Childbirth is a natural process and should be considered as such under most circumstances. Induction is in most instances an interference to this natural process, purely for the benefit of the presiding doctor or midwife and has no place in the biological process.

Therapeutic fasting comes within this category in my view in-so-far as it is the inducement to fast at a time which is convenient to the doctor and/or patient but which is not in accord with our biological needs.

In my opinion it is far safer and more correct to institute the fast only at those times where the organism itself indicates that such is the right and correct time to do so. The indication is the lack of desire for food (hunger) as occurs in acute disease and/or injury. In this opinion we are ably supported by such people as Jennings, Tanner, Dewey, Lindlahr, Hazzard, Gerson, Bircher-Benner, Thomson and others. Kenneth S. Jaffrey writes in his book, *How To Fast*:

"We should commence fasting when the temperature rises above the normal of 37 degrees Celsius or whenever we are in pain or feel ill."

Indeed in the *Natural Hygiene Handbook*, pp 104 we find:

"The natural indication to fast is when you lose your appetite, as in the case of acute illness."

I feel this is the only way indicated by nature for us to conduct a fast in accord with the laws of biology. In these lessons such fasts are referred to as "biological fasts."

Regarding fasts initiated due to loss of appetite, the Handbook goes on to say that such fasts can be conducted without supervision:

"For most people without other health problems and who are not on any medications, a fast such as the one described above can be conducted naturally on their own."

In my opinion, this is fine if the fast lasts no longer than 3 days. However, all fasts in excess of 3 days should be supervised.

It is not my wish to say that there may not well be a place for "Therapeutic Fasting." It is my belief, though, that "Biological Fasting" is far superior, and has a decidedly higher chance of a beneficial outcome.

To recapitulate the definitions:

#### *Biological Fasting*

Biological fasting is the voluntary withholding of food to a system which is diseased and which because of disease neither demands nor desires nourishment until rested, purified, and with hunger in evidence is again able to resume its metabolic processes.

#### *Therapeutic Fasting*

Therapeutic fasting is the complete abstinence from all substances except pure water in an environment of total rest.

#### *Starvation*

Starvation commences when fasting is completed. That is when the bodily stores of fat have been used up and significant protein breakdown has occurred. At such a time it is usual for there to be a return of hunger in conjunction with a clearing of the tongue.

#### *Inanition*

All abstinence from food.

I will complete this section with a quotation from Dr Shelton who says in *The Science & Fine Art of Fasting*, pp 24:

"If we keep the term inanition for all abstinence from food, the term fasting for that period of abstinence from the omission of the first meal to the recurrence of hunger, the term starvation for that period of abstinence from the return of hunger to death, we may avoid confusion."

## Four Philosophy

### Autolysis & Rejuvenescence

Autolysis is described as follows in *Dorlands Illustrated Medical Dictionary*, 23rd Edition, pp 150:

"1. The spontaneous disintegration of tissues or of cells by the action of their own autogenous (self generating) enzymes, such as occurs after death and in some pathological condition, autodigestion (self digestion).

"2. The destruction of cells of the body by its own serum."

In *The Science & Fine Art of Fasting*, Herbert M. Shelton, pp 79, writes:

"The word autolysis (a-tol-i-sis) is derived from the Greek and means, literally, self loosing. It is used in physiology to designate the process of digestion and disintegration of tissue by ferments (enzymes) generated in the cells themselves. It is a process of self digestion—intracellular digestion."

We find in *Dorland Illustrated Medical Dictionary*, 23rd Edition, pp 1174, rejuvenescence being described as: "A renewal of youth or of strength and vigour."

This process of rejuvenescence, this renewal of youth, strength, and vigour, is very dependent upon the process of autolysis, for it is by this process that the body is enabled to break down and dispose of cells and the tissues composed of them, especially if they are in an unhealthy or pathological state. It is a very important component in the process of metabolism.

Old age is characterised by a slowing down of the metabolic rate. This decrease may be permanently increased by the process of fasting according to experiments conducted at the Hull Biological Laboratory of the University of Chicago. These experiments were conducted on both dogs and humans for extended periods of time. The results observed were that in fasts of from 30-40 days a five to six percent increase in the metabolic rate was observed.

Arnold DeVries notes in *Therapeutic Fasting*, pp 9, Professor Margulis as stating: "Laboratory as well clinical experiments corroborated the rejuvenating effect of inanition. If it is not too prolonged it is distinctly beneficial and may well be used in overcoming somnolence and lassitude as well as improving the fundamental organic functions (circulation, respiration), muscular strength, or the acuity of the senses . . . Biologically speaking, though the organism acquires no new assets it becomes stronger by ridding itself of liabilities. In the foregoing it has been pointed out that the cell-nucleus ratio changes in such a manner as to increase the preponderance of the nucleus. Morphologically, therefore, the cells composing the entire organism assume a more youthful condition. They resemble more the embryonic cells in this respect, and this may account for the expansive growth which they display under the proper nutritive regime."

It is of interest to note the comments on ageing by Leon Chaitow in *Principles of Fasting*, pp 25, where he writes:

". . . a pattern of eating and living which includes periodic fasting, mono-diets or detoxification periods . . . is likely to enhance health as well as retard the ageing process . . ."

He concludes by saying:

"These are not theories but facts, and the proof is there for you to test for yourself."

As Chaitow has so wisely said, these are facts which we may prove for ourselves. A living example of this principle was the late Paul Bragg who contracted TB at a very young age. But by utilising the principles of natural living, including the fast, he lived to be 96 and was reported to have died by accidental means. Bragg's comments on the fast in his book *The Miracle of Fasting*, pp 109, are:

"Let me tell you honestly what fasting can do for you. This natural miracle can help reverse the premature ageing process for you. It has been proven by some of the world's greatest scientists that fasting is the magic key that opens the door to agelessness."

Another similar instance to that of Bragg is the case of Kenneth S. Jaffrey who until recently (1998) resided on Magnetic Island, just off the coast of Australia, near the city of Townsville in the state of Queensland. At the very early age of 20 Kenneth was advised to put his life in order as it was pronounced that he would die within the next three months from inoperable cancer of the liver. As I have given full and complete details of his life in the biographical section, suffice it to say that Kenneth adopted a simple natural regimen, foremost amongst which was the use of the fast. The moral of the story is that he was so able to rejuvenate himself that he lived a further nearly 70 years, dying in his 90th year.

We find Dr Joel Shaw writing in his booklet, *Sea Sickness*, pp 22, as recorded by Hereward Carrington, *Vitality, Fasting, and Nutrition*, pp 172:

"It is the law of Nature that when the body is wasted for time, by want of food, it grows more pure."

Bernard McFadden writing in the early part of the century in *Virile Powers of Superb Manhood*, pp 150, says:

"Fast from one to seven days and there will not be the slightest doubt that your appetite will be resurrected in all its youthful intensity, and with the appetite will come renewed enjoyment of everything in life."

It is of interest to note the comments of Dr Paavo Airola on the benefits to be derived from what he terms as "juice fasting" in his book *Worldwide Secrets For Staying Young*, pp 55:

"Juice fasting—the modern, scientific health restoring and rejuvenating miracle—will recharge, renew, and rejuvenate your whole personality—physically, sexually, mentally, and spiritually."

Dr Airola is of course writing here of a mono-diet of juice, which as our students will know does not come within our definition of the fast. It is, of course, a very limited diet and can well be described as the "next-best-thing" to the fast. And as can be well observed, provide sufficient of the necessary pre-condition to enable the process of regeneration and rejuvenation to manifest themselves in a wide range of people, as has been experienced by such people as Daerland, Bing, Zabel, Buchinger, Bircher-Benner and Airola, all of whom have been considered as leading authorities in biological medicine.

In spite of the fact that Airola and others consider that "juice fasting" is superior in all ways to "therapeutic fasting" or as Airola terms it "water fast," I believe there is a place for the use of both methods, since in certain situations one is more appropriate than the other. Airola writes, pp 55:

"I can testify that juice fasting is, indeed, superior to water fasting. It is the best, safest, and most effective method I know. Juice fasting not only accomplishes a physiological rejuvenation and revitalisation of your body, but also has a profound effect on your mind and mental faculties. It

stimulates and sharpens mental and aesthetic perception and increases your spiritual awareness."

All that Airola has outlined as being the positive results and benefits of a mono-diet of juice has been observed to occur during the (water) fast and more. But even though, as I have already stated, there is a place for both the mono-diet of juice (juice fast) and the fast (water fast), and appropriate instances for their utilisation, it is necessary to state that they most certainly are not the same, nor do they, or can they, achieve the same results.

I believe it is important that we come to a true and precise understanding of their differences and the benefits to be obtained therefrom. If you have any doubts as to their difference I suggest you carry out the simple test of spending at least one day on a mono-diet of juice noting how you feel and observing all the vital signs. Then spend a day on the fast with the same observations. This simple exercise should well underline for you that they are very different states with different benefits.

Much, much more could well be written on this very important subject. I would advise you to study every available text on the subject of limited diets, mono-diets and fasting, as well as submitting yourself to a few sample experiments. This will enable you to come to a fuller and better understanding of this whole topic.

On this subject of rejuvenescence through fasting, Dr Herbert M. Shelton states in his book *The Science & Fine Art of Fasting*, pp 169:

"Regeneration of the body is a ceaseless process. The daily renewal of its cells and tissues prevents old age and early death for considerable time, despite the worst abuses which are heaped upon the bodies of most of us. Fasting enables the process of renewal to outdistance the processes of degeneration and the result is a higher standard of health. Regeneration of the flesh, even the marrow of the bones is possible through this method. By it we may actually tear down much of the body and then rebuild it and have a new or renewed one."

This, of course, brings us full circle, back to our discussion of autolysis and the autolytic process. For it is this very basic physiological action that enables this process of rejuvenescence to occur. For though and by the autolytic process our bodies are enabled to tear down and rebuild or reconstruct tissue which is below par, that is not normal or healthy and thus enables it to function at its highest potential. And by this replace it with normal healthy tissue, which will by its very nature be superior to that which it has replaced.

Thus the the faster experiences an enhanced feeling of well-being, an increase in overall health, in matter of fact a rejuvenescence.

In describing this autolytic process, Arthur C. Guyton, *Basic Human Physiology* writes, pp 20:

"Damage to the cell causes lysosomes to rupture and the released hydrolases begin immediately to digest the surrounding organic substances. If the damage is slight only a portion of the cell will be removed followed by repair of the cell. However if the damage is severe the entire cell will be digested, a process called 'autolysis.' In this way, a cell of the same type ordinarily is formed by the mitotic reproduction of an adjacent cell to take the place of the old one."



# Five

## Prophylaxis & Fasting

By Kenneth S. Jaffrey †

It has come to my notice that some people are promoting the use of fasting as a prophylactic. They claim that by fasting regularly, disease may be prevented. This notion is erroneous.

It should be clearly understood that fasting does not prevent the development of disease. Although it can be said that fasting is Nature's method of healing, it does not prevent disease. In fact, fasting does not, in itself, CURE disease. Fasting simply provides one of the conditions for cure.

Disease is cured by the metabolism inherent in all living tissues. Metabolism alone cures disease. It is the sum total of all anabolic and catabolic processes. May I remind you that anabolism is the constructive mechanism which converts nutritive compounds into living tissues. Catabolism is the destructive mechanism which breaks down body tissues, making them ready for elimination. Metabolism is the healing process and there is no other.

In order to heal any disease we need three things. These three essentials are:

1. Removal of the causes of disease,
2. Provision of the body's normal biological needs, and
3. Provision of physical, mental and physiological rest in order to conserve vital energy. Fasting simply provides this rest.

Disease cannot be prevented by withholding food. Disease can only be prevented by NOT CAUSING it. What is generally called an acute disease is recognised by us as a Healing Crisis. Fasting should only be undertaken when the body indicates by a very special process (in which its temperature is elevated above the normal of 37 degrees Celsius) that it wants to heal itself.

Fasting when a disease process is not present cannot possibly prevent development of a disease process. Disease can only be prevented by adopting a biologically favourable lifestyle. By doing this, the necessity for an acute disease will not arise. Fasting should only be used when a Healing Crisis indicates that it is needed.

A biological lifestyle is one in which the body is given appropriately nutritious foods. Our bodies should be exposed to sunlight and air as often as possible. We should exercise and relax regularly. We should breathe pure air rhythmically with the diaphragm. We should adopt a healthy posture. We should bathe regularly. We should think positively, constructively, and optimistically. Only in this way can we prevent acute disease.

In conclusion, may I suggest that you read and thoroughly digest the contents of my book *How To Fast* 6th Edition.

Fasting is NOT a prophylactic.

†Editor's note: Kenneth S. Jaffrey, a mentor and dear friend, died peacefully in his 90th year at home on Nelly Bay, Magnetic Island, Queensland, Australia, February 1998.

## Six Practice

I have used Kenneth S. Jaffrey's paper on "Prophylaxis & Fasting" as an introduction to this section on the "Practice" of fasting for two reasons. First, it is relevant to this area of fasting, its practical application. Theory is all well and good, and certainly has its place, as well as playing a very important part in our methods of application. Ultimately, though, action speaks louder than words. This could not be more true than in the case of fasting. Second, this document by Jaffrey was written just prior to his death, and these are, to my knowledge, his last words on the subject of fasting. H. Leslie Harrison, of York, UK, said that in his opinion these words were amongst the most profound that Jaffrey had written on the subject of fasting, and I agree.

In defining the term prophylaxis, the *Heritage Dictionary* says:  
"the prevention of, or protective treatment for, disease".

Acute disease is a part of the natural process by which the body regenerates, or heals, itself, and chronic disease is the effect of the continual suppression of the acute stage.

Fasting does not affect this natural progression of events—in fact, it is a part of it. Hence, we cannot expect that by fasting the acute phase may be eliminated or even reduced. Any process or therapy that did suppress the acute phase would only be diverting the body from its natural healing processes and thereby cause further degeneration and pathology.

In describing how to fast in his book *The Essene Science of Fasting and The Art of Sobriety*, Professor Szekely, pp 8, makes a very telling point when he writes:

"In general, official medicine looks on fasting as a bad and even dangerous thing for the human organism and regards it as the equivalent of starvation. There is some truth in the official viewpoint, but we cannot accept it in its totality, for as it stands it is extreme. At the other end of the pole, certain naturist systems consider fasting to be the high spot of therapeutics and as the best method of cure. I know some very good and reputable naturopaths who make all their patients fast, and who say that by fasting every disease is curable. This concept has a great deal of truth in it, but we must reject it also as extreme. It is true that very often fasting produces excellent results, but there are many cases when a fast, particularly a long fast, may result in accident and even in disaster."

We would advise our students to take heed of these words by Professor Szekely and be aware that the whole concept of fasting for all patients at all times is definitely not recommended in this course. Fasting if used only when indicated by the loss of desire for food and/or extreme pain or injury, both of which usually go hand in hand, and where there has been adequate preparation, both physiologically and psychologically, with adequate supervision where required, most certainly will have a positive outcome.

### Three Day Fasts

Generally speaking it can be said that anyone can safely fast for a period of up to three days. This is so as our digestive tract has within it sufficient food to supply our needs for up to three days, and it is not until we pass this point that it could be said that we are "truly" fasting. For those who are in the habit of overeating, and in our Western civilised countries this appears to be the rule rather than the exception, this process of undertaking

a one, two, or three day fast at infrequent intervals may well be of great benefit. To again quote Professor Szekely, pp 9:

"It is sad, but none the less true, that generally we eat very much more than is necessary for the organism as regards both quantity and quality . . . As a general rule more people die of overeating than from malnutrition . . . If people were to feed upon a healthy diet and not overeat, then I should not advise fasting as a therapeutic method as it would be unnecessary. But since people do, fasting is a very valuable therapy."

In describing the benefits of frequent short fasts of one, two, or three days, Henry Lindlahr writes *Philosophy of Natural Therapeutics* pp 323, under the heading "When Fasting is Indicated":

"Vigorous, fleshy people, positive physically and mentally, especially those who do not take sufficient physical exercise, should take frequent fasts of one, two or three days duration for the reduction of superfluous flesh and fat and for the elimination of systemic waste and other morbid materials . . . However different temperaments and constitutions require different treatment and management."

On the subject of short fasts, Leon Chaitow *Natural Life Extension*, ppl61-162, writes:

"It is an excellent idea to introduce a two day fast as a quarterly part of your programme. Two days of fasting, every three months, is not going to place any strain on your leisure or social time, and offers a magnificent method of regularly 'spring cleaning' yourself."

When writing of a one day fast, Chaitow says, ppl62:

"A 24 hour fast achieves something, but not nearly as much as the 48 hour version, and the benefits from a one day fast take a lot longer to show. Nevertheless, 24 hour fasts are better than no fast at all . . ."

As he so correctly says, we are unable to benefit nearly as much by a 24 hour fast as for a 48 hour fast. The same, of course, is true for a 48 hour fast in contrast to a 72 hour fast. Always bear in mind, though, the fact that there is a time and a place for either the one, the two, or the three day fast, according to the prevailing circumstances. What may well be appropriate today, may not apply tomorrow, next week, or for that matter, next year. In some instances, fasting for even such a short period of time as three days or less may be contra-indicated or considered not possible, and the next best method of reducing the amount of energy being expended by the body in digestion is by the use of a 'mono-diet', of which we shall speak more later on.

## **Therapeutic Fasting**

As I have already commented earlier in this course on the method and benefits of therapeutic fasting it is not my wish to elaborate further, except to quote from the greatest proponents of its benefits, The Hygienists, as enumerated in their *Natural Hygiene Handbook* pp 96. They say:

"The ideal time to fast is when we receive the natural signs from the body to do so. A good example is the loss of appetite that occurs when we develop an acute illness, especially when it is accompanied by fever, chills, or fatigue. These are times when we will secure the greatest benefits from fasting. Our body is telling us to stop eating, keep warm, and rest until we feel better."

Now this is all well and good, and in keeping with the biological needs of our organism, and in accord with what we have defined as "biological fasting". They continue by saying:

"Unfortunately, family, community, and economic situations often exist that prevent, or at least deter, people from fasting at those times."

It is with this approach that I would take issue in so far as I personally do not believe that as Hygienists, Nature Curists etc., supposedly followers of the laws of biology, that it is correct for us to support the view that we can break any of those laws with impunity. Yet the handbook indicates that it is only right and proper to do so under the above named circumstances. I would even go so far as to say that it is encouraged, particularly in the light of the following:

"Consequently, some people choose to fast for longer periods on their vacations."

These longer periods that they mention have been, and often are, according to my observations, up to a half or twice as long again as would be required under "biological fasting", and with less than the expected, or desired, results in many instances. Where the fast is followed to its natural termination, that is, the return of hunger, clearing of the tongue etc., therapeutic fasting can, and often does, require 30 to 40 days or so. With the biological fast it will be of relatively short duration, rarely, if ever extending to, or beyond 25 days. It is only in those persons who have not made any preparatory steps to the fast and/or are in a highly toxic state, that have I observed fasts extending to, or beyond, 25 days.

In the handbook they continue by saying:

"Many people who suffer with chronic illness have long passed the acute stages of disease when the body signalled them to fast. They need to set aside an arbitrary period of time to fast."

Although I find myself in agreement with the first part of this statement, the latter sentence I would take issue with if the arbitrary period is not to be in accord with biological law. If, on the other hand, the authors are referring to the 'arbitrary period' as being that time when the organism is indicating that we do so, then I would heartily agree. As, of course, this is not the case, and they are referring to what we have termed "induction", this practice has no place, in my view, in Hygiene or Nature Cure.

### *Biological Fasting*

As I have mentioned already, biological fasting is the only truly natural, or biological way for the conduct of a fast of more than three days duration. In the past, many people have arbitrarily fasted for long periods of time, 30, 40, 50 or more days, with what has appeared to be nothing but great benefit. I have on one occasion supervised a fast of 120 days in a grossly overweight person. However, I would neither advocate nor suggest the duplication of such a procedure. In fact a number of studies that have been carried out on those who have lost weight in this way have found that two or three years later these very same people have not only regained the weight they had lost, but in some instances had gained even more.

To fast biologically is, as I have stated earlier, to fast "when we receive the natural signs from the body to do so". These signs will always occur in acute disease, in gross injury, and in pain. It is normal and natural for there to be a loss of appetite in any of these conditions. In fact, nausea is commonplace in acute disease and injury, and often occurs with pain. And nausea is an indication that food, far from being beneficial, is decidedly harmful, if not well nigh dangerous at this time.

In their *Textbook of Medical Physiology*, pp 610, Guyton and Hall write:

". . . the intensity of pain has also been correlated with tissue damage . . . bacterial infection, tissue ischemia, tissue contusion, and so forth."

All of which tend to lead to a significant rise in body temperature and loss of appetite, which of course indicates the need to fast.

### **Fasting and Body Temperature**

Kenneth S. Jaffrey in his book *How to Fast* pp 9, writes:

" . . . it can also be safely laid down as a rule that it is safe to fast whenever the body temperature rises above the normal of 37°C."

He further reiterates this on pp 10, where he says:

"We should commence fasting when the temperature rises above the normal of 37°C, or whenever we are in pain or feel ill."

Jaffrey does add that there may be times when this is contra-indicated when he writes, pp 9:

"But even if you have an acute disease you should not fast for more than three days if there are contra-indications."

The contra-indications are listed by him in Chapter Nine, pp 21.

Although basically I would agree that body temperature and the indication, and need, to fast may well go hand in hand, to state categorically that any rise above 37°C is an indication to do so is far from being correct. This presupposes that the figure of 37°C is normal and any variation from it is abnormal. According to the available evidence, both empirical and scientific, it is my opinion that this view is arbitrary and far from correct.

Although I have referred to body temperature in the section on Physiology, I feel it is important enough to repeat much of it here. Guyton and Hall, *Textbook of Medical Physiology* pp 911, write:

"No single temperature level can be considered to be normal because measurements on many normal people have shown a range of normal temperatures measured orally as . . . from less than 97°F (36°C) to over 99.5°F (37.5°C)."

William F. Ganong in his *Review of Medical Physiology* pp 282, further elaborates on what is considered as normal temperature:

"In humans, the traditional normal value for oral temperature averaged 37°C (98.6°F), but in one large series of normal young adults, the morning oral temperature averaged 36.7°C with a standard deviation of 0.2°C. Therefore 95% of all young adults would be expected to have a morning oral temperature of 36.3°C to 37.1°C."

Ganong continues by saying:

"The normal human core temperature undergoes a regular arcadian fluctuation of 0.5-0.7°C. In individuals who sleep at night and are awake during the day it is lowest at about 6 am and highest in the evenings. It is lowest during sleep, is slightly higher in the awake but relaxed state and rises with activity. In women there is an additional monthly cycle of temperature variation characterised by a rise in basal temperature at the time of ovulation. Temperature regulation is less precise in young children, and they may normally have a temperature that is 0.5°C or so above the established norm for adults."

It is well for us to bear in mind also that during any physical activity there is an accumulation of heat in the body, with normal rises of temperature to as high as 40°C (104°F) when taken rectally, remembering that the oral temperature is normally 0.5°C lower than the rectal temperature. A rise in body temperature can, and often does, occur during emotional excitement, and some apparently normal adults have a body temperature above the normal range, a condition referred to medically as constitutional hyperthermia.

### *Environmental Conditions*

The external temperature also influences the body temperature by up to 1 degree Celsius or more where the external temperature is extremely hot or extremely cold.

### *Hot and Cold Food and Beverages*

Where hot or cold beverages or food have been taken in the previous half hour to an hour, the oral temperature may not be a true indication of the body temperature.

### *Other Causes*

Where there is mouth breathing, and where the nasal passages are blocked, as in a common cold, the oral temperature will almost invariably be inaccurate.

It can well be seen then, that quite large variations can, and do, commonly occur according to our state of activity, individual to individual, psychological state, time of day, time of month (for women), age (for children), weather conditions, foods and beverages consumed, and perhaps many others of which we are as yet unaware.

### **In Conclusion**

My summation then is that to consider that fasting is indicated by a rise in temperature above 37°C is far from being correct, and most certainly should not be taken as a guide for doing so.

If on the other hand there is a lack of desire for food or hunger is not present, generally speaking, this most certainly is an unequivocal indication that food should not be consumed at that point, with subsequent events indicating whether the fast should or should not be continued.

## Seven                      Duration of the Fast

The duration of the fast is dependent upon the following factors:

1. The vitality.
2. Weight of the fasting patient.
3. Psychological status.
4. Physiological processes and vital signs, i.e. the pulse, the tongue, hunger and temperature.

### **The Vitality**

In instances where the vitality is quite high, thus enabling major regeneration to occur, it can be expected that the fast may well extend for a period of twelve to 21 days. If, on the other hand, there is major regeneration required but there is low or insufficient vitality to sustain a prolonged fast, the fast may be of short duration, i.e. seven to ten days.

### **Weight of the Fasting Patient**

Where patients are extremely thin, emaciated, or suffering malnutrition, it is normal to expect that any fasting which may be indicated will be of relatively short duration. In some instances this may be in the realm of one to three days. It has been noted by the author, and others, that this may not necessarily be so, especially in the case of thin people who have often needed, and been able to, fast for fourteen days or so with great benefit.

### **Psychological Status**

It is not unusual for some patients to experience periods of anxiety and fear during a fast. Dr Henry Lindlahr specifically warns of the necessity to counsel and support the patient during these periods, as they often occur as the process of detoxification is proceeding, triggering, in many instances, unpleasant or disturbing memories that have long lain dormant in the unconscious.

### **Physiological Processes**

During the fast there are two physiological processes in operation. In the first instance there is the dissolution and elimination of the superfluties and excesses contained within the organism, and secondly we have the exhaustion of the reserves of the organism. In this physiological process of the fast, the organism lives on and eliminates the unhealthy tissues of the organism prior to consuming healthy cells. And it is at this fundamental physiological point that fasting ceases and starvation commences.

Professor Szekely writes in *The Essene Science of Fasting and The Art of Sobriety*, pp 10:

"We must only fast up to the moment when the elimination of accumulated waste products and diseased cells is complete. We must always stop the fast at this point, before the organism starts to exhaust its healthy cells and tissues, which are necessary for the vital functioning of the organism."

## Vital Signs

In writing of when to break the fast, Kenneth S. Jaffrey in his book *How to Fast* pp 17 writes:

"Nobody can set in advance the length of any given fast. We must follow the 'voice of the organism'. We must fast when the body tells us to fast and we must break the fast when the body indicates that it has fasted long enough."

In describing the vital signs, Kenneth S. Jaffrey writes, pp18:

"When the body has used up its available resources of stored food and nervous energy it will call for more nourishment. It does so in several ways. Usually at this time the coating slowly disappears from the tongue. The outer edges turn pink first and the rest of the tongue clears gradually. The central section and rear of the tongue clears last. At this time the breath loses its foul odour, becomes fresh and clean. The mouth becomes moist again. Hunger then returns and there is an urgent demand for food . . . Return of hunger is the most definite criterion."

[Editor's note: It has been my observation that hunger usually returns prior to the complete clearing of the tongue. In fact, the centre of the tongue along with the back, in most instances, may retain quite a substantial coating at the time of the return of hunger.]

Dr. Herbert M. Shelton describes the condition of the vital signs and the breaking of the fast in his book *The Science & Fine Art of Fasting* pp 314 as follows:

"The usual indications for breaking the fast . . . are as follows:

Hunger invariably returns.

The breath, which during all or most of the fast has been offensive, becomes sweet and clean.

The tongue becomes clean. The thick coating which remained on it throughout most of the fast vanishes.

The temperature, which may have been subnormal or above normal returns to exactly normal, where it remains.

The pulse becomes normal in time and rhythm.

The skin reactions and other reactions become normal.

The bad taste in the mouth ceases.

Salivary secretion becomes normal.

The eyes become bright and eyesight improves.

The excreta loses its odour. The urine becomes light."



## **Eight**                      **How to Break the Fast**

This period of breaking the fast is, so I believe, as important, if not more important, as the fast itself. If in this period of time we do not act with great care, we can—and people often do—undo much of the good that has been gained by the fast.

Herbert M. Shelton *The Science & Fine Art of Fasting* pp 311 makes the following comments on breaking the fast:

"Breaking the fast is one of the most important elements of the fast."

He is ably supported by Kenneth S. Jaffrey *How to Fast* pp 19, who writes:

"Breaking the fast is just as important as the conduct of the fast. It would be foolhardy to conduct the fast correctly and then nullify the effects by unwise breaking of the fast."

It is very necessary, and extremely important, that great care be taken in the breaking of the fast. Lack of care, understanding and thoughtfulness during this most vital and important time can be fraught with danger for the unwary. For those who have had no experience, or for even those with a little experience, it is important—in fact, I would say it was imperative—that support and guidance be there during this most crucial period. To underline this further, let me quote from Linda B. Hazzard *Scientific Fasting* pp 191, who writes:

"The procedure to be following in breaking a fast demands both caution and care."

Hereward Carrington *Vitality Fasting and Nutrition* pp 558, warns us also on the improper breaking of the fast when he writes:

". . . improper breaking of the fast is the real and only danger connected with this system of treatment."

Prior to my continuing with the method advocated for breaking the fast, allow me to add one further word of warning.

### *Coma*

If at any time during the first week or so of breaking a prolonged fast of 20-40 days, and for a slightly lessened time for shorter fasts, the ingestion of food, including even diluted juices, is such that the absorption is excessive beyond both the needs and the ability of the organism to metabolise it without causing undue stress, then a comatose state can quite readily occur, followed by death.

If the amount of food ingested is insufficient to cause death, and results in a comatose state followed by recovery, the effect is usually experienced in the following way.

1. Firstly, the patient fails to recognise anyone, including their most immediate family. This stage will be for a period of approximately one hour.

2. Secondly, the patient becomes comatose, with this period also occupying approximately one hour.

3. Thirdly, the patient recovers from the comatose state and again passes through a period of approximately one hour, as in stage one, where, although conscious, they again do not recognise anyone.

The author has observed the above on at least three occasions where the patients, although taking only diluted fruit juice, disregarded the instruction to "sip it slowly and masticate it well". Two of these occasions

were after a period of prolonged fasting, but one was on a fast of less than 20 days. It has been my experience that this problem can be simply avoided if the patient sips the juice from a teaspoon.

It is my recommendation that for each week that is fasted, a day of diluted juice should be utilised followed by a day of full strength juice, i.e. one weeks fast will be broken by a day on diluted fruit juice every three to four hours from 8am to 5 or 6pm, followed by one day of full strength (undiluted) fruit juice. Two weeks fast would be broken by two days on diluted juice and two days on undiluted juice, and so on.

Following is a recommended method for the breaking of the fast, with each sector being increased by a day according to the number of weeks that have been fasted.

*First day:* Take one average size glass or cup of freshly made fruit juice which is 50:50 juice and water. This to be taken at three hourly intervals commencing at 8am, with the last juice being taken at 5pm. To be taken slowly, sipped from a teaspoon and masticated (insalivated) well.

*Second day:* As for the first, except the juice may be full strength (undiluted).

*Third day.* Eat three equally spaced meals each of up to one pound (450g) of one type of fresh raw fruit per meal. i.e. breakfast 8am, lunch 12noon, dinner 4pm.

*Fourth day:* As for day three, except that a different fruit is eaten at each meal. Add also for lunch one ripe banana.

*Fifth day:* As for day four, but add for dinner at night up to 4oz (100g) crushed or soaked mixed nuts.

*Sixth day:* As for day five, except that dinner at night should consist of a raw vegetable salad.

Bear in mind that this is a general guide and will not be applicable in many instances. For instance, it often occurs that by following all the indications that the fast should be terminated, i.e. the return of hunger, the clearing of the tongue, etc., when the stage arrives that whole food should be taken, it is discovered after a day or so that only juice fruit is desired or tolerated. I have often observed this to be the case, with the person wishing to only eat one type of juicy fruit at each meal, for one or many days. Often the fruit desired is of a savoury nature, i.e. such as tomatoes. And I have found that almost invariably, if tomatoes are available and they are offered, they are the choice that is made.

It has been my experience that tomatoes and cucumbers when grown on fertile soil by organic methods almost inevitably have a savoury or salty flavour.

In other instances, it may be found that about a week after the fast has been terminated the body again indicates the need to fast. I personally have observed such occurrences, and in each instance the period of fasting has been for three days before it has again been indicated that the fast should be terminated.

On the breaking of the fast, Professor E. B. Szekely *The Essene Science of Fasting and The Art of Sobriety* ppl6-17, writes:

"How should the fast be ended? It should end much as it began, but instead of taking juicy fruits for the first meal, simply a glassful of fresh fruit juice eaten with a small teaspoon should be taken. This should be thoroughly mixed with saliva."

He goes on to warn us of the injudiciousness of incorrectly breaking the fast with inappropriate foods such as meat and other concentrated foods. He writes pp 17:

"The interruption or termination of a fast with meat or even any concentrated or nourishing food can have catastrophic results. It is most important to end the fast with fresh fruit juice, preferably from fruit which is organically grown and ripened in the sun. Such fruit contains the most superior water, rich in organic mineral salts, vitamins and enzymes, and the accumulated energies of the sun."

On this same aspect, Dr. Herbert M. Shelton in *The Science & Fine Art of Fasting*, pp 314-315 writes:

"The care that must be exercised in breaking a fast is in proportion to the length of the fast and to the general condition of the fasting individual. The approved plan is to break the fast on liquid food, using for this purpose fruit juice or tomato juice or watermelon juice or vegetable broths. Fruit juice—usually orange juice—is used most often."

[Editor's note: It has been my experience that great care is required in the selection of the juice for the breaking of the fast, particularly as to the ripeness and source of the food used for juicing. For instance, in the cooler climates where oranges do not grow naturally, they usually do not ripen. Fruits which are to be shipped over long distances are generally picked green to ensure they arrive at their destination before they go off. It is usual then to "gas ripen" them.

In the case of oranges, they are often coloured and waxed, which becomes an added hazard. Waxing is also common to other fruits such as apples. Where such has occurred the fruit must be peeled prior to juicing.]

#### *Pineapples and Pineapple juice*

I feel it necessary to add a word of warning to the unwary with regard to pineapples and pineapple juice. Today it is common practice in the commercial production of pineapples for the growers to apply sulphate of ammonia as a fertiliser. This, as anyone familiar with agriculture will know, is a nitrogenous fertiliser. However, what few people know is that it has the ability to inhibit the conversion of fruit acids to fruit sugars. It is in this ability that lies one of the great dangers for the unwary who are contemplating using pineapple juice or, at a later stage, whole pineapple, in the process of breaking the fast.

Most people who have eaten pineapple in any quantity will have experienced the "cutting of the tongue", and the irritation to the gums and lining of the mouth. This occurs because the pineapple is unripe. The danger of sulphate of ammonia lies in its ability to keep pineapples in the unripe stage, i.e. where the fruit acids are not converted into fruit sugars, even though they appear to be fully ripe. Breaking a fast using pineapples fertilised using sulphate of ammonia can then result in the symptoms described above, but in addition the whole of the digestive tract may also be irritated to the point where there occurs bleeding from the anal canal.

Due to this possibility, and having observed such an occurrence, it is my practice and advocacy that pineapple juice, or whole pineapple, not be used in the period of breaking a fast. The old saying "If in doubt, don't", to my way of thinking, is very applicable here. Hereward Carrington in *Vitality, Fasting and Nutrition*, pp 562 writes:

". . . what foods are best upon which to break the fast? The food must obviously be light . . . while the fact that it should be 'natural' food goes without saying."

And on pp 563 he continues by saying:

"My own experience, and the experience of those with whom I have been associated in practice, or of fasters whom I have known personally, all seem to indicate this fact; that at this time, and in the vast majority of cases, liquid food only should be taken—preferably in the form of fruit juices, freed from the pulp; and that this diet should be followed to the exclusion of all other food, liquid or solid, for the first day, and sometimes for the initial two or three days, after breaking the fast, when solid food may gradually be added."

An interesting variation is mentioned by Hannah Allen in the *Life Science Health System* pp 1065:

"Dr. Vetrano has changed from juices to whole fruit for breaking most prolonged fasts. She serves one-half orange every two hours. Or she varies the second day by serving one piece of a different fruit every two hours—six servings. She sometimes breaks fasts with tomatoes for those who desire not to gain weight. For people with a history of digestive problems, she may still break the fast with juices.

"Dr. Vetrano believes that good bowel action is established sooner when breaking fasts with solids rather than juices, and that most people prefer the opportunity for chewing."

Hannah Allen continues:

"My own experience and preference is for four ounces (100ml) of strained, diluted orange juice for the first food . . . I like to start with diluted and strained juice to reduce the possible hazard of the insufficient mastication of the tough connecting citrus membranes; also to reduce the acidity of the first juice."

As a last word in this area I would like to quote from Arnold De Vries, *Therapeutic Fasting*, pp 64-65:

"With few exceptions there is general unanimity of opinion that the first nutriment should be of a liquid nature, for it thus is more readily absorbed and is easier of digestion. It is also more soothing and less abrasive to the delicate mucous membrane lining, which is especially sensitive at this time."

### *Cold and Iced Juices*

As we are so much in the habit of taking our food and beverages in a cold or iced state, I feel it imperative that I should add a word of warning against this most pernicious habit. At no time should food or beverages be taken into the body in this state, for to do so is a sure way of causing great harm to our digestive systems. Juices used immediately after the fast must be served at close to body temperature. Remember that the enzymes in the juice, along with those in our body, which are necessary for the digestion and full utilisation of the juice, are inactivated at 1 degree below normal body temperature.

In setting down the duration of the juice diet to follow the fast, Arnold De Vries pp 66 has supplied the following chart:

<i>Length of Fast</i>	<i>Length of Juice Diet</i>
1-3 days	1 day
4-8 days	2 days
9-15 days	3 days
16-24 days	4 days
25-35 days	5 days
over 35 days	6 days

De Vries points out that this chart represents a general guide and not a specific rule, with certain deviations being made according to the prevailing circumstances. If there has been a long history of digestive weakness, constipation or haemorrhoids, then a slightly longer period on the juice diet may be profitable.

In his book *Thorsons Principles of Fasting*, pp 47-48 under the heading "What Experts Advise for Breaking a Water-Only Fast", Leon Chaitow lists the different methods advocated by such people as Dr. G. Loomis, Dr. Paavo Airola, Dr. James Balch, Dr. Joel Fuhrman, and Dr. Boris Chaitow, all of whom give slightly different recommendations from those listed in this course.

As Dr. Shelton says *The Science & Fine Art of Fasting* p 311:

"It is possible to break a fast on any food that is available."

This of course is quite true. The method listed in this course is the tried proven method used by me in over 30 years of practice and supervision of fasting patients. You, the student, must now look at all these various methods, give them your due consideration, experiment with them, firstly of course on yourself, noticing their differences—benefits and otherwise. You may come to the conclusion to follow one of these particular methods. On the other hand, you may well devise your own method, one which is acceptable to you and that you feel most comfortable with.

We are all individuals in our own right, and must follow or use the method we find is true for us. And this applies as much to the method used for breaking the fast as it does in any other area of our lives.

### **Premature Breaking of the Fast**

Where it has been found necessary to break the fast prematurely it is always necessary to keep in mind that this can be somewhat like trying to "change horses in midstream". We have allowed the body to set in motion its energy for the purpose of healing. That is, to mobilise all its available vitality by listening to and working with our organism when it has indicated the necessity to fast. Now, for whatever reason, we have decided to terminate the fast. That is, we have arbitrarily decided that we must change direction. The actions which we have encouraged and been set into motion must now cease forthwith. As can well be observed, this could also be likened to the "irresistible force vs. the unmovable object," but not quite. Great care must therefore be taken, perhaps even more so than when the fast ends naturally.

Right from the outset it will be noted that the food taken will not be desired, and if taken too quickly may cause extreme nausea, vomiting, unconsciousness, and even death. We must tread carefully, not increasing the intake too quickly or prematurely. It may, and often does, take many days before natural hunger returns.

### **Environment**

This is an important issue, and one in which I feel too little emphasis is made.

We must always fast in an environment where the people concerned are in favour of, and actively support the necessity to, and benefits of a properly conducted fast. The surroundings should be peaceful and restful and not full of loud disturbing noises. The atmosphere must be clean and unpolluted, free of noxious gases and irritating or annoying aromas. It

should be neither excessively hot nor excessively cold. In fact, overall we should be able to feel comfortable and relaxed.

### **Enemas**

The question of enemas is a vexed one among professionals, there being about as many against it as for it. Hygienists and Nature Curists generally are not in favour of its general use, but do suggest that there may be a need on very special occasions.

The Naturopaths, on the other hand, tend to recommend and advise the use of the enema.

I myself do not recommend or use enemas as a general practice. Rather than list here the arguments for and against the enema, I shall direct the student to the available literature on this subject, as well as inviting you to observe in practice the benefits and detriments of its use. In this way you will be in a position to draw your own conclusions.

# Nine Not Fasting

## Contra-indications to Fasting

In reviewing the contra-indications to fasting, *The Natural Hygiene Handbook*, pp 95 says:

"Not every individual is a candidate for fasting. In some instances a person's medical condition will preclude the undertaking of a therapeutic fast."

They continue:

"Not every individual or every condition will respond to fasting and conservative treatment."

Dr. Herbert M. Shelton, writing in *The Science & Fine Art of Fasting*, pp 248-249, lists the following contra-indications:

1. Fear.
2. Extreme emaciation.
3. Extreme weakness.
4. Inactive kidneys, accompanied by obesity.
5. Marked 'deficiency diseases'.
6. Difficult breathing.

Leon Chaitow, *Principles of Fasting*, pp 27-30, lists the following contraindications to fasting beyond 48 hours:

1. Emaciation.
2. During pregnancy.
3. During menstruation.
4. Type I diabetes.
5. Infants.
6. Kidney failure.
7. Medium-chain acyl CoA dehydrogenase (MCAD).
8. Severe liver disease or severe anaemia
9. Whilst taking prescription drugs.
10. Habitual users of alcohol, tobacco and non-prescription drugs.
11. No-one who is afraid of the idea of fasting.

Kenneth S. Jaffrey, while agreeing with our other authorities, adds a few contra-indications which I feel are very important to note:

1. Those who are currently taking permanent medication, such as insulin, thyroxine, etc.
2. Those who have had an organ transplant.
3. Those who have had an artificial tissue implant, such as plastic tubing, etc.
4. Those who have serious reservations about fasting.
5. Those who cannot achieve a state of mental poise and equanimity.
6. Those who cannot secure a suitable environment.
7. Those who are chronically ill, that is, in the chronic stage of disease. To all those that have been listed, I would like to add that it is my considered opinion that a prolonged fast, that is beyond 3 days, should never be undertaken while hunger is present.

## Alternatives to Fasting

I would like to commence by expressing the viewpoint that in the ideal situation, and under ideal circumstances, there really is no "alternative to the fast" when the body indicates that we should do so. The reality is, though, that we do not live in an ideal world, under ideal conditions, and

we are far from being ideal people. Under such circumstances, we often find ourselves desiring to find an "alternative", one which will still enable a modicum of healing to go on, but which will at the same time enable us to continue to be somewhat active without the fear that we may be doing ourselves a gross amount of harm or exacerbating the existing condition. Thus this section on "alternatives to fasting".

In spite of all that I have expressed above, there can, and most probably will be, periods which will occur in everyone's life where there will be no alternative but to fast if we wish to have complete and lasting recovery. If we do not heed these occasions, it is quite possible that we may well not have a second chance. This is particularly so where terminal conditions are apparent.

The two main alternatives, and those which I have commonly used and advocated, are:

1. Mono diet of fruit or vegetable juice.
2. Mono diet of fruit.

#### *Mono-diet, Fruit or Vegetable juice*

With a mono-diet of fruit or vegetable juice, the particular juice chosen is taken at three or four hourly intervals, and three or four times per day. The choice of the method chosen is usually based upon the energy output of the individual concerned. The active person will usually opt for the greater amount, and the less active for the lesser amount. Each juice should consist of no more than one (1) eight ounce glass (225ml). Some will find that whatever amount they choose, at some stage it will be in excess of their need. When this occurs, the next juice should be eliminated and any further intake should not occur until the following period arrives.

#### *Vegetable Juices*

Generally speaking, vegetable juices require far more energy to process, and tend to provide a greater feeling of wellbeing, with a lessened loss of apparent energy than fruit juices. In the hierarchy of things, therefore, the mono-diet of fruit juice would be considered as the "next best" to fasting, with the mono-diet of vegetable juices following as a close second choice.

#### *Mono-diet, Fruit*

Next to the mono-diet of fruit or vegetable juices, the mono-diet of fruit, and juicy fruit at that, is to be considered as the next best alternative. It is well to note that this does not include such fruits as bananas—a starchy fruit equivalent to bread and potatoes; avocados—a fatty and oily fruit; yellow sapote and durian—both highly concentrated foods. There will of course be others which I have not listed that do not come within the category of a juicy fruit and that should not be considered as being applicable to be used as a mono-diet of fruit.

On the mono-diet of fruit, three meals per day (or only two, if so desired) are eaten, each consisting of not more than one pound (450g) of edible food. It is also best if only one type of fruit be utilised for the whole period, or if insufficient is available it may be varied on a weekly or even daily basis. Nevertheless, the best results will always be obtained if one type of fruit is utilised for the whole period.

This method can well be utilised for quite extended periods of time without fear of harm occurring, especially if the fruit is organically grown, as long as normal care is taken. Where a very strong antipathy for the fruit being taken occurs, the diet should be regulated accordingly.



I have, on many occasions, observed people on mono-diets of up to four to six weeks, and at times 16, 17, and 18 weeks, with only great benefit occurring.

In commenting on the mono-diet, Leon Chaitow *Principles of Fasting* pp 61-63 writes:

"By definition is one in which only a single food is eaten for a period. Probably the most famous is the "grape cure" which has been used for many years as a means of treating chronic disease.

"On each day of the mono-diet, not more than 3 pounds (1.4kg) weight of the selected fruit should be eaten in small amounts through the day."

He goes on to quote Paavo Airola:

"Paavo Airola, in describing a two week grape diet, has the patient eat no more than a few grapes at breakfast and lunch on the first day and a few ounces in the evening. On the second day he suggests several ounces at each meal, with a gradual increase in quantity so that by the fourth day as much as is desired is eaten—grapes only, of course—with an upper limit of 3-4 pounds (1.4-1.8kg) daily."

As can well be imagined, there are slight variations on this theme according to the practitioner and his relevant experience.

# **Appendix A Laboratory Test Profiles in Dehydration**

1. It is possible, but not necessarily so, that increased serum sodium may occur in dehydration. This will occur where the water loss is in excess of the salt loss.

2. Increase in serum chloride occurs in dehydration. 2a. Increase in serum creatinin occurs in dehydration.

3. Increased RBC (red blood cell) count indicates dehydration.

4. Serum urea nitrogen (BUN) is increased in dehydration.

## **Symptoms of Dehydration**

1. Sunken eyes.
2. Markedly sunken fontanelles.
3. Dry and sticky mucus membranes in the mouth.
4. Lack of normal elasticity in the skin, causing it to slow in returning to its normal position after being pinched up into a fold (poor skin turgor)
5. Low blood pressure (hypotension).
6. Rapid heart rate (tachycardia).
7. Shock.
8. Heartburn.
9. Stomach ache.
10. Chronic or recurring pain.
11. Low back pain.
12. Headache.
13. Mental irritability and depression.

# Bibliography

- Airola, Paavo. *How to Get Well*. Health Plus, Phoenix 1978.
- Anon. *The Natural Hygiene Handbook*. American Natural Hygiene Society Inc., Tampa 1996.
- Anon. *Correspondence Course*. The Australian College of Hygiene, Arcadia 1992.
- Anon. *The Life Science Health System*. College of Life Science, Austin (undated).
- Benjamin, H. *Everybody's Guide to Nature Cure*. Health for All Pub. Co., Croydon 1967.
- Bragg, Paul C. *The Miracle of Fasting*. Health Science, Burbank 1966.
- Chaitow, Leon. *Thorsons Principles of Fasting*. Thorsons, London 1996.
- De Vries, A. *Therapeutic Fasting*. Chandler Book Co., New York 1963.
- Carrington, H. *Vitality, Fasting and Nutrition*. Rebman and Co., New York 1908.
- Dewey, E. H. *The No Breakfast Plan and the Fasting Cure*. L. N. Fowler and Co., London 1900.
- Ehret, A. *Rational Fasting*. Ehret Publishing Co., Los Angeles 1926.
- Graham, S. *The Science of Human Life*. Fowler and Wells, New York 1843.
- Hay, W. H. *Health via Food*. Sun Diet Health Foundation, New York 1929.
- Hay, W. H. *A New Health Era*. Mt Pocano, Pa 1993.
- Hazzard, L. B. *Scientific Fasting*. Grant Pub. Co., New York 1927.
- Jaffrey, K. S. *How to Fast*. Self published, Nelly Bay 1984.
- Lindlahr, H. *Philosophy of Natural Therapeutics*. Lindlahr Pub. Co., Chicago 1924.
- McFadden, B. A. *Fasting for Health*. McFadden Publications 1923.
- Morgulis, Sergius. *Fasting and Undernutrition*. E. P. Dutton and Co. 1923.
- Oswald and Shelton. *Fasting for the Health of It*. Franklin Books, Franklin 1989.
- Purinton, E. E. *Philosophy of Fasting*. Lust Pub., New York 1906.
- Salloum, Trevor K. *Fasting Signs and Symptoms*. Buckeye Naturopathic Press, Ohio 1992.
- Salloum and Burton. *Therapeutic Fasting*. 1987 (a paper).
- Sarma, K. Lakshmana. *Practical Nature Cure*. Nature Cure Pub. House, Pudukkottai 1984.
- Shelton, H. M. *The Science & Fine Art of Fasting*. American Natural Hygiene Society, Tampa 1993.
- Sinclair, Upton. *The Fasting Cure*. Health Research, Mokelumne Hill 1975.
- Sweet, M. P. *Hints on Fasting Well*. Health Research, Mokelumne Hill 1956.
- Szekely, E. B. *The Essene Science of Fasting and The Art of Sobriety*. Academy Books, San Diego 1975.
- Wegner, G. *The Genesis and Control of Disease*. Phillips Printing Co., Los Angeles 1931.
- Wilhemi-Buchinger, Maria. *Fasting, The Buchinger Method*. The C. W Daniel Co. Ltd, Essex 1986.



Dr John Fielder, Osteopath, Chiropractor, Lifestyle Consultant, author, and broadcaster lives on his 300 acre farm in the hinterland from Cairns in North Queensland Australia where he has been demonstrating the principles of Natural Living and Natural Hygiene for more than 30 years. During that period he has helped hundreds of people regain their health, many from so-called incurable diseases, as much by his own personal example as by the advice he has offered.

Dr Fielder eschews the use of all forms of medication whether they be so-called 'natural' or otherwise, including supplementation. He believes solely in the self-reparative nature of the organism and its ability to heal itself given the necessary care, attention and environment. The only exception being in the case of major trauma where reparative surgery is necessary.

Dr Fielder describes the natural approach to healing as being "An Alternative to Medicine, not Alternative Medicine".