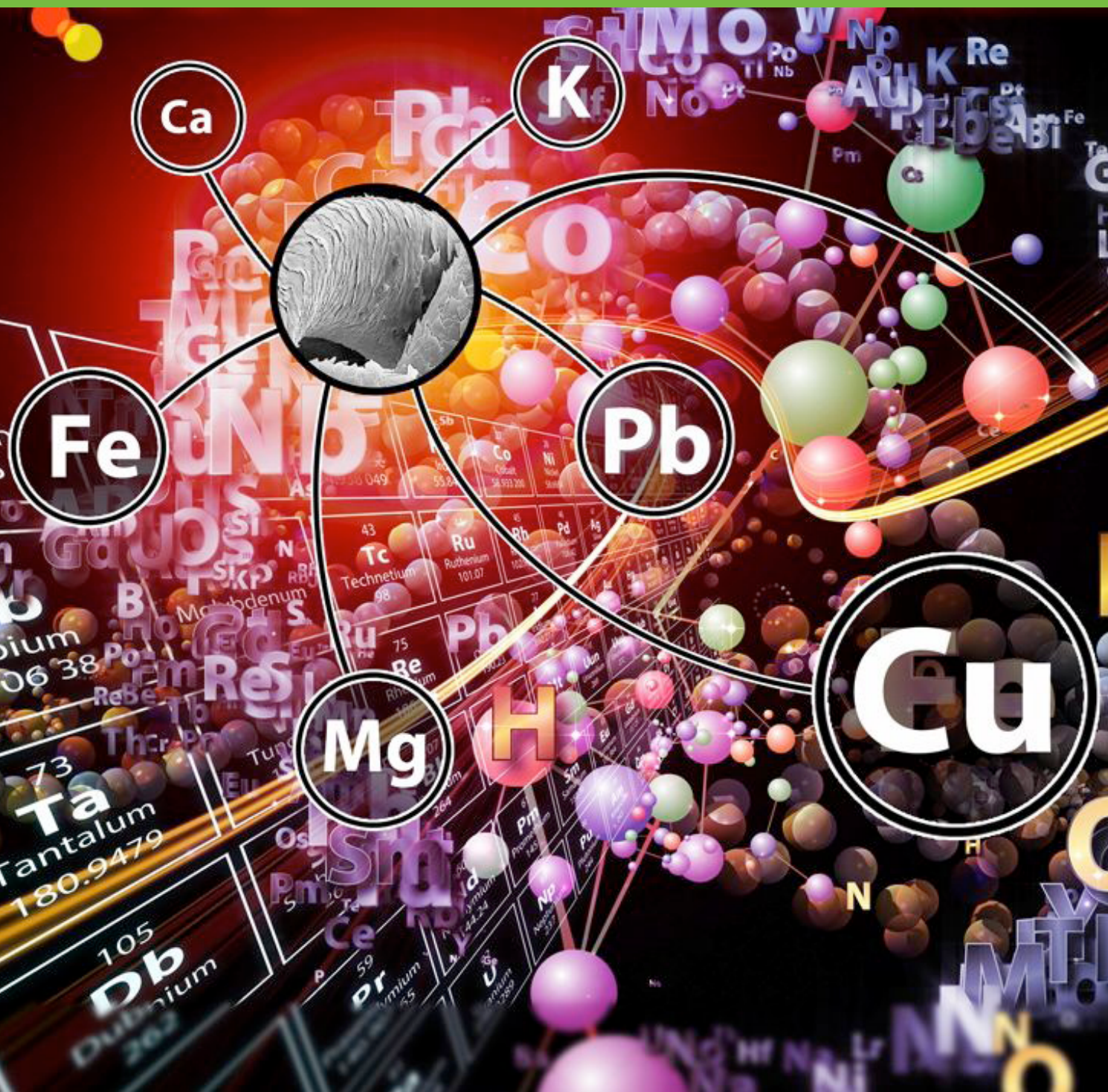


Understanding Human Energy

Energy II

An Interview with Dr. Lawrence Wilson



Recognizing Burnout



Never before have we been exposed to such high levels of stress and chemicals in our daily lives, foods and environment. Many people today are burned out, stressed, easily irritated and fatigued leading to deteriorating health.

Surveys suggest up to 80% of people today are in some stage of burnout.



Top Twelve Signs You Are in Burnout:

1. Constant fatigue that is not relieved by rest and sleep.
2. Everyday tasks seem overwhelming.
3. Taking a restful vacation does nothing to improve your fatigue.
4. Increase in food and chemical intolerances.
5. Digestive disorders.
6. Having difficulty completing tasks that used to be easy.
7. Easily fatigued after minor exertion.
8. Onset of apathy and depression.
9. Avoidance of frequent interaction with others.
10. Lowered self-esteem and sex drive.
11. Heart rate irregularities.
12. Sensitivity to extreme temperatures, light, and poor circulation.

Susan Cachay: A lot of people complain about a lack of energy. I wanted to talk about energy and how energy, or the lack of energy, can affect a person's health and life. Perhaps we could start by defining burnout.

An analogy to burnout is a battery that you cannot recharge. Fatigue is like a dead battery, a rundown battery. But it can be recharged. Burnout is more like what happens when the battery in your car is destroyed and it will not recharge.

Dr. Wilson: Burnout is a depletion of the energy-producing system of the body. Just getting a night or two of sleep does not restore one's energy. That's how I would define burnout as opposed to fatigue, which is also low energy, but it is restored by a night, or maybe even two nights, of sleep plus eating correctly and taking care of oneself.

Derangement is more severe, and as a general principle, is caused by the presence of toxic metals at enzyme binding sites, nutrient deficiencies and perhaps other problems such as infections, so that the energy system does not recover after a night or two of good sleep and eating well.

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Susan Cachay: Can burnout happen suddenly or does it always happen over a period of time?

Dr. Wilson: I would say it usually happens over a period of time. It is always possible to have a trauma that does so much damage that it happens suddenly. I'll give you an example: a rape where the person wakes up the next morning and just can't function. Another example of something like that would be an

illness. A high fever might actually deplete the body so much quickly in a day or a few days that it could happen quickly. It is possible to have it happen quickly.

If you don't have a trauma like that, it often happens over a period of months or years. The person, for a while, can compensate with coffee and maybe sugar and exercise, but a time comes where they just can't compensate anymore and they realize they stop functioning well.

Susan Cachay: What I've been seeing in my practice is children, even at a very young age, that show a burnout pattern on their hair analysis probably because when their moms were pregnant with them they were in burnout as well.

Essentially, is it true that people can actually be born in burnout?

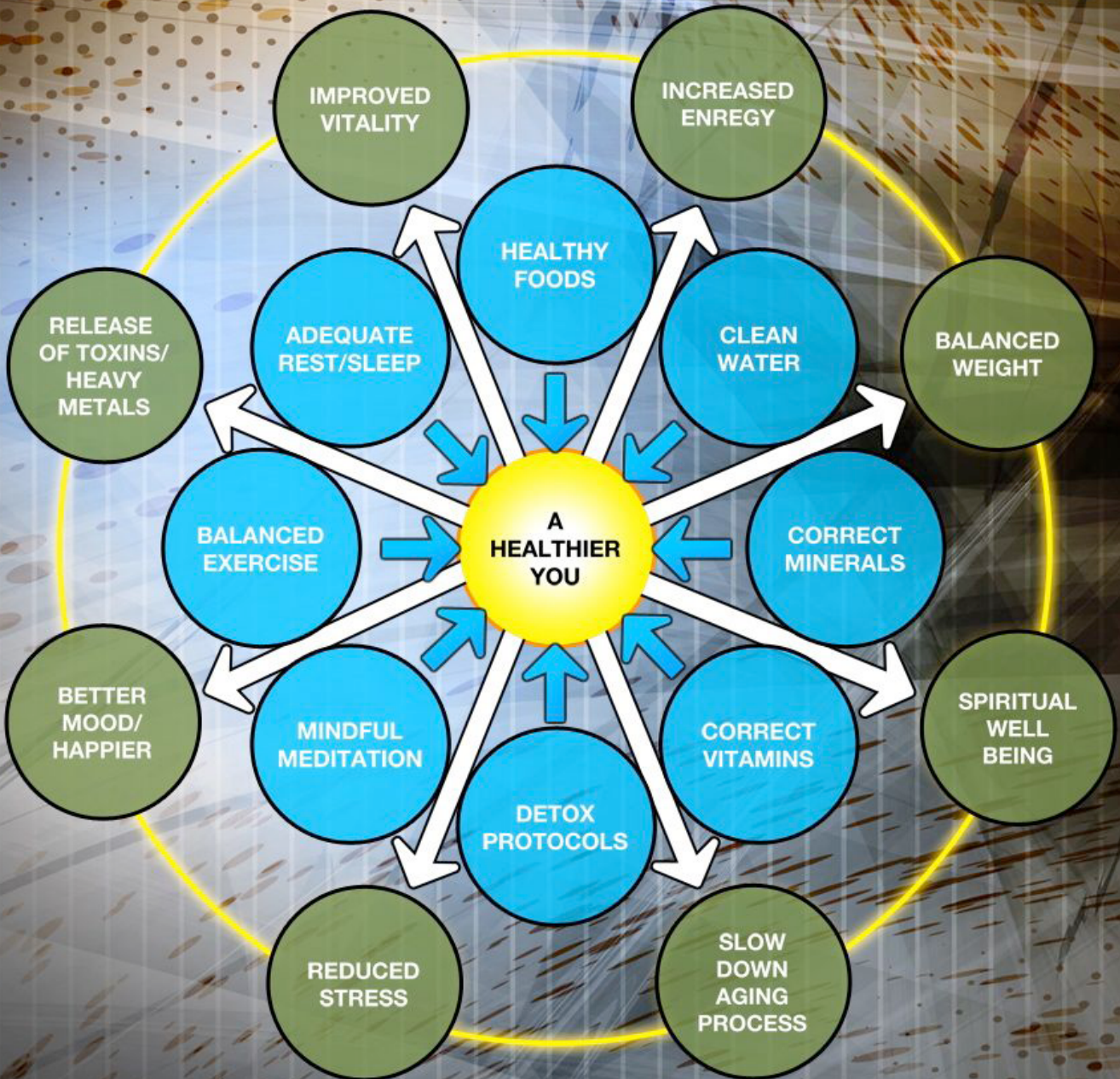
Dr. Wilson: Yes. I would say that is possible. At times the mothers are so deficient and so toxic that the children are either born in burnout or they go into burnout, and it is made a lot worse by the widespread use of vaccination, by the use of formula instead of breast milk and the use of medical drugs. Those things are making the childhood or even baby burnout worse. The other thing could be some kind of an illness or other problem or trauma that happens to a baby – even a long, difficult birth.

Susan Cachay: What are some of the main signs of burnout?

Dr. Wilson: In terms of medical signs and symptoms, there aren't necessarily a lot. One of them is a person whose energy is very low and going on a vacation or resting a lot doesn't fix it. That would be a symptom, not a sign. It's not a sign because there's not an objective medical test that can determine that. That's something the patient tells you.

As far as the signs of burnout, I would say there are not a lot of them that are reliable. The signs usually might be secondary effects of burnout. For example,

people may have a digestive problem or they may have repeated infections or they may not function well mentally. The brain doesn't work right. In other words, some body systems begin to break down when the energy system begins to break down in the body. They may get a chronic disease.



The medical signs are usually secondary. One of Dr. Eck's concepts was that the production of energy is a basic human function and is one that is ignored by the medical profession because it is not easy to measure.

It's not so easy to measure with regular medical tests. There are ways of measuring it with a hair analysis, although even there it is not always reliable. We can talk about that if you want.

Susan Cachay: What would be the burnout indicators on a hair test and why may those not always be obvious initially?

Dr. Wilson: There are quite a few. I did not include these in what you asked before about signs. Maybe I should have, but hair testing is not used by the medical profession. It is certainly not used to assess or diagnose a burnout. We don't like to use the word diagnose. We can get in trouble for using that word in that way.

Things that we look for on a hair mineral test would be a slow oxidation rate, especially what we would call a moderate to very slow oxidation rate. A low sodium-potassium ratio, especially if that ratio is less than one or even less than 1.5.

There are some other things like a low phosphorous level (10 or less) and the presence of poor eliminators, especially four or five (or more). Another indicator could be high levels of toxic metals.

The indicators are not diagnostic. They are indicators – that's all. The more of them you have, the more likely adrenal burnout is. We do use that term. But even with the hair test, I would say we cannot always predict severity. In other words, some people will respond faster than others. There can be emotional reasons, for example, which I don't know if we're going to talk about today. Sometimes the hair test is skewed by emotional factors rather than physical factors. They can both look the same. They can both cause a

slow oxidation rate, for example. But in some cases, the emotional factor is more important.

Another important indicator is the presence of the four-lows pattern. It's worse if the four-lows is a low four-lows – in other words, being on the lower side – say, with a sodium and potassium of 2-3 or less. It's also worse if there's a combination of the four lows plus a low and na/k ratio.

I would say those are some of the main patterns that are associated with burnout.

Susan Cachay: I know that burnout can affect a person's life in all different areas. Even difficulty communicating with others can sometimes be a sign of burnout because it indicates a lack of energy to interact as much. People in burnout are often more introverted. I just wanted to talk about issues such as insomnia or anger or loss or low sex drive, even children who are hyperactive. Would you say those things could possibly stem from a burnout situation?

Dr. Wilson: They can. Those would be called secondary effects of burnout. What I like to use as an analogy is our bodies are like the newer cars that have power everything – power windows, power brakes, power steering, power door locks, all kinds of stuff – and if you lose power in those vehicles (which doesn't happen very often of course), you lose all those functions. They all start to go downhill quickly.

A friend of mine had one of these vehicles and he had to leave it by the side of the road with the windows open and the doors unlocked. He couldn't close the windows. He couldn't lock the doors. It was a fancy European car.

That's our body. That's how it works. As the energy of the body goes down, Dr Eck used to call it energy loss. This is tricky because it is not necessarily the energy that we run around with. It's what is called adaptive energy. It is more subtle than that. In other words, there are people running around

who are stimulated in some way by toxic metals, for example, or of course stimulants like caffeine or sugar.

But as the energy runs down, it affects every system of the body. It affects the heart and the cardiovascular system and the immune system and the digestive system and the endocrine system, the glands.

In addition to that, it will affect the brain. It can cause brain fog. It can cause introversion, as you mentioned. It can cause ADD, because when people function, they sort of have to function out of anger or resentment and they don't function too well. It could cause bipolar disorder where they have energy for a couple of days, then they don't have any energy. It can certainly affect sex drive. It can actually affect everything. Relationships require energy. Risk-taking behaviors, say, in business or even in relationships takes energy. All kinds of jobs require energy.

It's a common denominator of health. That was Paul Eck's statement I believe. I studied with another doctor and he said fatigue is the basic disease. Maybe that's an overstatement, but it is not a bad statement from an energetic standpoint.

Susan Cachay: I think a main complaint when people go to the doctor is fatigue.

Dr. Wilson: Or depression and constipation. I know those are among the two top complaints in a doctor's office. Constipation I think is number one. I'm sure fatigue rates up there. Certainly, depression.

As a matter of fact, we can talk about depression. Paul Eck said that he thought depression – at least in some cases – was a type of mechanism to keep you from killing yourself when you are very tired. In other words, it was the body's way of saying you've got to slow down. When you're depressed, you don't feel like doing anything. If you haven't been through it, that's what

depression makes a person feel like. You don't feel like doing anything. You don't feel like interacting with others. You don't feel like going to work. You can hardly get out of bed.

While it can be purely psychological, we find that in many cases it is a physical sign or associated with a secondary aspect of burnout. I don't know if that causes a sign of burnout, but maybe.

Depression can be a way that the body stops you, because you're in burnout. The body knows that it's dangerous for you to run around. You can't think straight and you're not going to make good decisions, so it slows you down. Unfortunately, the doctors just give you drugs for it instead of looking deeper to see if there's another cause, which is what we find.

I want to emphasize that this concept of adaptive energy is a little bit different than the energy that you use just to run around town. There's this idea that adaptive energy is a more complex concept in which your body is not producing enough ATP or is not using its energy properly, and therefore systems in the body break down. That's what adaptive energy is. It has to do with the energy needed for digestion, the energy needed for thinking, the energy needed for the immune system, cardiovascular system and all kinds of other systems.

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Sometimes the body wants to conserve energy, because you don't have it. It won't let you run around. You would feel like staying in bed all day.

But that's not the same. There are people like that, and I can be that way at times, needing a nap or something. It may go on for sometimes a couple days. Clients report healing crises where they just get very tired for a while.

Yet, they're not necessarily in burnout. They could be going through a healing crisis, whereas someone else who is working full-time, holding down two jobs maybe, they can be in burnout and they're just running on nervous energy or caffeine. It's confusing at times.

Susan Cachay: Can people recover from burnout?

Dr. Wilson: Yes. I think they definitely can. However, I think most people do not. In other words, most people, because they don't have access to nutritional balancing, I think most people probably don't— and by the way, burnout is extremely widespread today. I don't know if we could give a percentage, but perhaps something like 80% of the population. It's the Western world, particularly. In certain areas where they still eat naturally and they have a low stress-life style and the environment isn't full of chemicals and toxic levels, the numbers are lower. Then there are areas of the world where it's higher because everybody is starving, in places like Africa.

In the Western world, it's probably around 80%, and most people are never going to recover, so they compensate and put up with it. What that means is they may compensate with caffeine, sugar, marijuana, loud music, and other stimulants. There are a lot of ways that people can use anger and resentment to generate energy in the body. They even can do it with work. They can create so much work for themselves, so much stress that that keeps them going for a while.

The other way they do it is their whole life sort of slows down. They don't have a very fulfilling life and I think that's very, very common. Their expectations are lower. They accept less happiness and joy because they simply don't have the energy to do anymore.

Susan Cachay: One of the things I wanted to talk about is exercise being a really potent stimulant. It's a very acceptable stimulant today where people actually admire those who run a lot or really push themselves in terms of their athletic achievement. Obviously it's a potent stimulant for the adrenal glands. How can that exercise actually make people feel like they're in better health than they certainly are?



Dr. Wilson: One of the compensations that are used by some people is exercise. I suppose it's one of the better ones in some ways, than using marijuana or cocaine or other stimulants. Marijuana not being exactly a stimulant; it mostly helps you feel better if you don't feel well.

A little bit of exercise actually is very good. However, you should feel good whether or not you exercise or not. Exercise also helps with breathing and has other benefits. It helps flexibility and massage of the organs. There are benefits to exercise, but there are a group of people who definitely abuse exercise. They use it to keep themselves feeling good and it works for a while. For some people, it works for years.

The way you can tell if someone asks you, "How do you feel if you *don't* exercise for a few days?" If they start to feel depressed and exhausted and start gaining weight and things like that, then most likely exercise is being used as a compensation. It's a compensatory process.

There certainly are reports that it can be deadly to do that. People can drop dead of a heart attack with too much exercise. We warn people against using anything as a drug. You can literally be "running away" from your problems.

resiliency

Web definitions

resilience: an occurrence of rebounding or springing back.
wordnetweb.princeton.edu/perl/webwn

Susan Cachay: I've also noticed with some of my clients who were avid exercisers at the beginning of the program, their bodies didn't start release metals until they actually slowed down their exercise. It was like the body was using all of its energy to exercise rather than focusing on the healing and

there was a real shift in terms of how their body chemistry responded when they actually started to rest more and take it a little bit easier.

Dr. Wilson: Basically they were keeping themselves in a sympathetic state – the sympathetic nervous system was turned on by the exercise. After you finish your exercise routine, it stays that way for a while. The sympathetic nervous system does not support or encourage the elimination of poisons – or digestion for that matter or the immune response.

By doing a nutritional balancing program and reducing the exercise, we move the body into a more parasympathetic state. That is, spend more time in a parasympathetic state. By the way, sometimes that takes months or years because the toxic metals are also keeping the body in a sympathetic state. We call that pattern sympathetic dominance.

Susan Cachay: I know that we talked a little bit about people who are being angry all the time or keeping themselves busy all the time. I also wanted to mention gambling or compulsive shopping or compulsive eating. I think there are many people who are compulsive eaters simply because they're in burnout. I think it can probably go both ways where some people tend to lose their appetite, but other people tend to compulsively eat to try and keep up their energy as well. Would you say that is true?

Dr. Wilson: Absolutely. As a matter of fact, regarding adrenal burnout, Dr. Eck specifically referred to the adrenal glands, and the thyroid gland to some degree certainly, but actually it's more widespread than that. It can be damage to the energy-producing mechanism in every cell of the body. One of the consequences can be addiction. Addiction, by definition, is something that makes you feel better but it's harmful, therefore it wears the body out when the addiction wears off – when the fix wears off – whether it's food or anything.

You can become addicted to exercise. You can become addicted to people, which we call codependency in relationships. Certainly drugs or alcohol. You can become addicted to activities. When that wears off, you feel worse; therefore the craving is stronger and the problem gets worse and worse. That is the definition of addiction. Yes, you're absolutely right that food is one of those.

Susan Cachay: You said that you felt people could recover from burnout with a full nutritional balancing program. How long, on average, would you say that it takes for most people to feel like they are recovered from burnout?

Dr. Wilson: That's a difficult question. I would say you have to measure it in years. If they recover faster in a few months – like you sometimes hear stories about, “I took this product and now I'm fine” – then I would say they weren't in burnout. They may have been in a borderline state where they're missing a nutrient, so they drink some juice. They take a product and, like magic, the whole thing goes away. I'm assuming it was not just a stimulant product, but it was something else like a nutritional product.

But if a person is in adrenal burnout, I would say five years to recover is average, but it's really hard to say. Each case is different. Some people do the program a lot better than others. That's a factor. The depth of the derangement varies. In other words, when we talk about adrenal burnout, we're not talking about one problem. It's not like having pneumonia or something where you have a bacteria and if you get rid of it, then the problem is gone. Burnout is a derangement of the energy

When we talk about adrenal burnout, we're not talking about one problem. It's not like having pneumonia or something where you have a bacteria and if you get rid of it, then the problem is gone. Burnout is a derangement of the energy system, and there are hundreds – maybe thousands – of ways, because the system is complicated.

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I use the analogy of the fuel system on a car, only because people know about cars. In a car, you have the fuel tank and you have a fuel pump that pumps the fuel up through a fuel pipe to a fuel filter. Then from there, it goes into the engine and the fuel injector.

If you have a problem anywhere along that pathway, the system will not work. If there's a fuel problem, which you could say burnout is a crude analogy, it could be in any of those in a car. In a human being, we have at least 100 steps and probably 1,000 steps. In addition, in a human being – and this is true of the automobile actually, too – the tune of the engine has to be correct or the power of production goes way down, the RPM of the engine and the tune of the engine. This is like your oxidation rate and perhaps the ratio of cellular minerals. This is independent of what might be called the energy pathway.

In other words, in order to get the body out of burnout, we have to restore the energy pathway; and the energy pathway consists of all these steps from eating your food to digesting your food to absorbing it and sending it to the liver where it's changed. Some items are broken down and other ones are synthesized. Then it must move on to the cells and enter the cells. From there, it must enter the mitochondria of the cells which are the energy-producing organelles. The ATP has to be produced, the ATP has to be utilized, and then the ATP has to be recycled. That's how the body does it.

Any like the cell permeability is off, if the hormones are off and they're not getting enough thyroid hormone or adrenal hormone, anything in there will damage the energy system.

That's the energy pathway, but in addition to that is the RPM of the engine, which is similar to your oxidation rate, or the tune of the engine. All that has to be correct and has to be corrected.

Susan Cachay: I'll see people who come to me and say, "I have a thyroid problem. I want my thyroid fixed. I want to help my thyroid," or "I know I'm in adrenal burnout, I want to heal my adrenals."

What many people do not understand is that the body doesn't work in parts like that. The body works as a whole system and, normally, when one organ or gland function is compromised, the whole system is compromised in some way. The amazing thing about this program is we are not focusing on the body as a bunch of individual parts because the body doesn't work like that. If we were just to focus on the thyroid, in the long run, the person is still going to have some issues. With Nutritional Balancing we focus on the body as a whole system, increasing the vitality and energy of the whole body, which then allows the body to heal itself. I think as advanced as we are in terms of what we know about the human body, there's still a lot that we don't know and we won't know for quite some time. On a Nutritional Balancing program, when we address the whole system, nothing gets missed.

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Dr. Wilson: It's not only just the physical body. Nutritional Balancing is quite amazing. I see it on a daily basis. We focus on the physical, mental, emotional, spiritual aspects also. The program tends to help all these and bring them up because some people will remain in burnout for emotional reasons.

For example, someone who was raped may actually be terrified to leave their house. They recover physically but if they don't deal with the emotion, that can cripple the system as well. The human being is much more complex than a car. That's for sure.

Nutritional Balancing actually allows the brain to process trauma. That's a huge area. That's often a key to restoring your energy as well.

But you're right. We don't like to focus on any one organ. We don't even like to focus on just one kind of problem, like mercury poisoning, cadmium poisoning or something, which definitely can cause burnout.

But we find that if we do our balancing and renourishing as a whole, many areas, including many that we don't even know about, will be addressed.

Susan Cachay: I was hoping we could discuss oxidation rate. How would you define the oxidation rate?

Dr. Wilson: Paul Eck took that word from George Watson's book "Nutrition and Your Mind." Originally, George Watson used smell tests and blood tests to measure the PH of the blood and carbon dioxide levels. He found some miniscule differences, and he made up this term fast oxidizer and slow oxidizer. Paul Eck refined the concept and based it on mathematical formulas, basically, on numbers on a hair test.

What is a fast oxidizer? I suppose the real definition, according to Dr. Eck, is a calcium-to-potassium ratio less than 4, and a sodium-to-magnesium ratio

of greater than 4.17. That's how he defined fast oxidation. Slow oxidation is the opposite. Mixed oxidation is if one ratio is fast and one ratio is slow.

You can define it in other ways. We find that the fast oxidizer is more yang in macrobiotic and Chinese medicine. Slow oxidizer is more yin. In the fast oxidizer, there's more adrenal and thyroid activity – excessive sometimes, although not necessarily measurable on a blood test. It's more of an effect, not a hormone level.

When they measure blood levels testing the thyroid and adrenal, they're measuring hormones. We are measuring a cellular effect. A fast oxidizer has a greater cellular effect of these glands. A slow oxidizer has a sluggish or lower cellular effect. It has to do with cell permeability and the utilization of the hormones.

Susan Cachay: What the ideal oxidation type?

Dr. Wilson: I think of it like a car engine, again. The ideal oxidation rate would be flexible and fairly balanced on average. In other words, like your car, sometimes you'll be going fast and sometimes you'll be going slow. For it to work properly, it should be able to do both. If you need to go slowly in the car, it should run slowly. If you need to go fast, it should be able to go fast.

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your age and other things, it usually shouldn't be too fast or too slow. That would be the ideal oxidation rate.

Susan Cachay: I know that Dr. Paul Eck used to give some simple dietary recommendations based on whether or not someone showed as being a fast or a slow oxidizer on the hair mineral analysis test. Since then, you have expanded on that and come up with some more specific dietary recommendations.

In general, what are the difference in the diet that you recommend for fast oxidizers versus slow oxidizers?

Dr. Wilson: Before we discuss that, another definition of the oxidation rate is the rate of burning of food. The word oxidation means burning, combining with oxygen. It generally means combustion or burning. The fast oxidizers are burning things up too quickly. A slow oxidizer, the burning of the food is too slow. That's another definition, and that has to do with the diet.

The original concepts were from George Watson, and he found that the fast oxidizers needed more fat and oil. He had a theory about this. We won't get into that in depth. But research showed they needed more fat and oils. The slow oxidizers did not do well on as much fat and oil because it slowed the oxidation rate. Slow oxidizers needed more carbohydrates and protein. That forms the difference between the two.

However, I would say we changed Dr. Eck's diet a bit, and now the base of the diet is the same for the fast and the slow, which is about 70-75% cooked vegetables. I don't know if we want to get into diet and why, but basically the cooked vegetables provide the most nutrients. The raw food does not provide nearly enough. And the raw food is too yin. The cooked vegetables also have a detoxifying property and an alkalizing property that most people need. That is common to both metabolic types.

Then the fast oxidizers do better with more fat – a tablespoon or more per meal – because fat helps to slow the oxidation rate. Slow oxidizers do not do as well on fat. They can have maybe a tablespoon or two of fat per day, but they need more protein and complex carbohydrates – especially the cooked vegetables, starchy vegetables, and a little bit of whole grain if they tolerate it. And less fat. Those are the two differences in the diets for the metabolic types.

Susan Cachay: I see a number of clients who are vegetarians and they think they've gone to a healthful way of eating. I wanted to get your thoughts on that, and also to perhaps comment on the fact that out of the vegetarians that I've seen, I would say all of them are slow oxidizers with quite a high level of copper toxicity, and even a higher calcium level.

Are they drawn to that way of eating because of the copper toxicity? How can copper toxicity be related to wanting to eat a vegetarian diet?

Dr. Wilson: Paul Eck had a term called obligatory vegetarian. These are people who become vegetarians because they can no longer digest meat. Their digestive strength just starts to go down. Meat feels heavy in their stomach. They're not producing enough digestive enzymes to digest it. There may be other complex biochemical reasons, but they just don't like it. They don't feel good on it. They try a vegetarian diet because they read about it and they feel better, so they just assume that is the way to eat because it feels better to them.

He called them obligatory vegetarians because they often lose their taste for meat. Part of that can be copper toxicity. Part of that is weak digestion, weak adrenal glands, weak thyroid. Part of that whole syndrome.

There are other people who become vegetarians for other reasons, like philosophical reasons or health reasons because they read a book about it. I did that myself, so I understand that. They do not stop eating meat because of the digestive problems.

We find, though, that the vegetarian diet is not adequate. It causes worse problems. If you have trouble digesting meat, there are ways around that. The rules are pretty simple: (1) eat the meat alone (2) eat a small quantity to begin with, even if it's just a few bites (3) always take a powerful digestive enzyme, especially with ox bile and pancreatin and (4) chew your food thoroughly. If you follow those four steps, most everyone can eat animal protein and benefit from it.

We find that vegetarianism can be a cause of burnout – an important cause of burnout, by the way, simply because it's a deficient diet. But we also find that vegetarianism can be an effect of burnout, simply because people lose the ability and the taste for meat and the ability to digest.

Susan Cachay: I see a lot of women who are actually prescribed iron supplements for fatigue, and they find it gives them a little bit of a boost of energy. How could taking iron supplements actually be affecting their body chemistry negatively?

Dr. Wilson: There are different ways to look at it. Iron raises sodium in the mineral balancing system, so iron can have a stimulating effect. It's also irritating. We call it one of the amigos, a concept that has been added since Paul Eck's passing. It's very irritating in the system, but it can actually support the adrenal glands, so it can give you a boost.

It is the same with vitamin B-12, which is another thing that doctors give people who are tired, even other B vitamins, but those in particular.

The other thing that happens, and is one of the effects of adrenal burnout, is that copper will start to build up in the body. An effect of that can be anemia. It's usually a mild anemia, but it looks identical to iron deficiency anemia. By that I mean that it is a microcytic, microchromic anemia. The red blood cells are small in size and microchromic means it's microcytic, and microchromic means that they are pale in color. That is the picture of iron deficiency anemia.

However, I think it was the work of Paul Eck, but maybe others as well, that figured out that copper is required to metabolize iron, to incorporate iron into hemoglobin and to actually shift the iron from a ferric to a ferrous form and back. That is, to change the balance of iron +2 to +3 and back. When that doesn't happen properly, what appears as an iron deficiency anemia occurs. This is very common.

I'm not talking about women who have heavy periods or some kind of internal bleeding causing anemia. This is in addition or separate from that. It is a common thing among mostly women. More so with women. Women, by the way, suffer more from burnout than men do in many cases. We might want to talk about that.

That is one of the effects of adrenal burnout in some cases. Usually in mild anemia that looks like an iron deficiency anemia, but actually it doesn't respond very well to iron.

Susan Cachay: Why is it that women suffer more from burnout than men?

Dr. Wilson: I think there are a lot of reasons. A chemical reason is they start out with a slower oxidation rate than the men. This concept that women and men are just the same and should do everything the same has been deadly for women – lethal. They're not the same.

Women I think are more delicate. They have a slower oxidation rate, they have higher levels of copper, and they have lower levels of zinc to begin with. That's a chemical or hormonal reason. I also think women have a more difficult time in society. I think it's been made much worse by the women's liberation movement. It's not that there aren't good things about that movement, but in the old days, the roles were very prescribed if you know what I mean.

Men went to work and the women stayed home and raised the children. This was in Western society. And now it's all chaotic. The men and the women

are both going to work, which is even worse. It's high taxes, by the way, that's forcing two people to work in the home. The women bear the children. The women are much more prone to problems that men do not have to put up with. Women are more fearful. Fear is associated with burnout, with adrenal problems and thyroid problems. For all those reasons, I think it's a combination.

On the good side, I think it drives women to take better care of themselves and most of our practitioners are women. Women are also culturally allowed and maybe even encouraged to seek help. Men are taught that they should be strong and tough, don't complain and all that. But I think burnout is definitely probably twice as prevalent among women as among men.

Susan Cachay: I get number of people who ask me "Why can't I just take a multivitamin and mineral and cover the bases? My body will use what it needs and discard the rest." Why don't our bodies work that way?

Dr. Wilson: That's a good question. We have a program on the Internet called "The Free Program." It's a basic diet, basic supplements, basic lifestyle. I get e-mails from people and a lot of them do feel better when they do that, but they've got to do it properly and it's not easy. It says no fruit and no wheat, and you have to eat nine cups of cooked vegetables a day – not raw vegetables.

To some degree, if people did everything correctly and didn't bother with the hair test, many of them can improve. However, the analogy that I use is the body has sort of an autopilot, like an airplane. Yes, you eat your food. The body should take what it needs and get rid of the rest. Assuming the food were really adequate, you might be okay.

But it's like an airplane or ship that's been in so much of a storm that the autopilot doesn't work anymore. It's so deranged.

When we put a person on a nutritional balancing program, it is like taking the plane or ship off autopilot and flying it manually. The autopilot is damaged. What we hear from our clients is exactly that. For example, they're craving chocolate and want to live off coffee and sugar all day. You could say that's the autopilot, and if that's what it wants, it has to be good. But it's not good. The self-regulatory process is not working.

How can you fix the machine? They're asking, "Isn't the machine self-healing?" That's their question. "Why can't I just eat right and the machine is self-healing?"

First of all, the food is all depleted today, so getting enough nutrition is very difficult at best. As a matter of fact, one could say it's impossible from the food. I would tend to believe it's really impossible without things like special diets and supplements, it's impossible to get enough. Even if you do get enough, because the self-healing mechanism is damaged, the cravings can be intense.

Then there are other factors today, which are confusing. People are recommending different diets and supplements. Some people are recommending a lot of exercise and so forth. It's very, very confusing.

But we can go further than that with a nutritional balancing program. We can go into what they call wellness. We can go into what we call mental development and make you super healthy. We can create super children, super babies, super old people for that matter, super animals even. That's if you keep the people on the program long enough.

Essentially, what we do on some level is take them off autopilot. We fly the ship manually. We can do a lot that way and we really are good at it, which we like to do for least a couple years. Then, slowly, as the autopilot gets rebuilt – as the human system gets rebuilt (the self-healing systems) – they may be able to go off a full program and still do fairly well.

There's another aspect of this. We find that the longer you do a nutritional balancing program, the more healthy you can become. That's a whole other topic probably for another day. That's once you're out of burnout and the ship is back in the ocean at least; it's not on the rocks.

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Susan Cachay: I think that's one way that nutritional balancing is dramatically different from symptomatic approaches where the focus is on the symptoms rather than looking at the body as a whole system.

There are a number of people who will do the hair test and get really confused because there are some minerals that will show up as being low, but we don't necessarily recommend those ones for them because there are other things taking priority.

How is nutritional balancing different from replacement therapy? There are a lot of companies/practitioners doing hair mineral tests through various labs and they will either just recommend chelation therapy to get rid of the heavy metals or they'll just recommend that people take the minerals that are showing up as being low and leave the rest. How is nutritional balancing different from that?

Dr. Wilson: That is called replacement therapy and that's how most doctors do hair analysis – or many doctors who use it. That's one way. Some doctors just look at the toxic metals and try to bring them down. That would be a form of replacement therapy, just correcting what you see. Another way is they look at the low numbers and give those minerals or foods that have those minerals in them to bring those levels up.

Dr. Eck found that did not work. He found that sometimes the more calcium he took, the lower his calcium got. The more zinc he took, the lower the zinc level became on himself and others. This puzzled him, because it doesn't make sense. It's not logical. It's not intuitive. It's very counter-intuitive.

Fortunately, he read people like William Albrecht, a great ecocultural scientist who lived one hundred years ago or more. He discovered that there was a system of mineral balance in the soil, and just by giving the mineral, it didn't necessarily raise the mineral. Somehow the minerals interact with each other and maintain equilibrium states or homeostatic states.

Although he doesn't talk about this, he was also aided by the work of Louis Kervran on the transmutation of the elements one into another, and this can help explain why just taking zinc doesn't raise your zinc because the zinc can actually be transmuted.

This gets very complicated, but basically replacement therapy doesn't work. The only thing that does work is to use certain overriding concepts such as the oxidation types systems theory, the stages of stress, and to analyze the hair chart using those concepts and then to balance the system and strengthen the system.

I'm trying to think of a way to explain this in a nontechnical way or an analogy that's a simple one, but I'm not really coming up with a simple way to explain it except to say that replacement doesn't work. We tried it, we tried it, we tried it.

Susan Cachay: I get asked by a lot of people why we can't just heal our body with food, that they're opposed to taking supplements. I just wanted to know if you could comment on that.

Dr. Wilson: I believed that at one point. I had exhausted my body because I didn't believe in supplements. What we don't realize is the food today is very, very deficient. That's one reason.



There is a book out I think is called "Empty Harvest" and it compares the mineral content, which is easy to do, from the United States Department of Agriculture from 100 years ago and the present one. Because of what's called factory farming, super phosphate fertilizers, hybrid seeds, hybrid crops that are bred for

production and not for nutrition – because of a combination of these things plus pesticide use which damages the microorganisms in the soil which help bring minerals up from the earth and make the minerals more available – the food today is not what it used to be. It's not even close.

The levels of minerals are often 1/100th or 1/1000th the levels that they were. It doesn't matter how gorgeous the food looks. That applies not just to vegetables and fruits, but even to animal products – certainly grains. It applies across the board. That's one reason that you can't use food to heal these days. It's very difficult.

If you drink juices – fruit concentrates, powders, etc. – you will get more nutrition, but there are problems with doing all that. We wish we could use more of that, but we find that the powders and juices, again in Chinese

medicine, have food combinations that are hard on digestion. Some of them go rancid, particularly the vegetable powders and superfood powders. They're full of sugar - the fruit juices and some of the vegetable juice. So that doesn't work either. It helps to do a little carrot juice, and we do use a freeze dried vegetable capsule. But the food concentrates don't work either. People who juice are a little better nourished we find, but they have other problems that develop as too much juicing makes the body very yin.

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There are other reasons for using supplements. One of them is we can modify or alter body chemistry. We are literally manipulating the body chemistry. This area is fraught with danger because many people don't know what they're doing. I get phone calls all the time. People say, "I'm taking zinc because I feel better on it," or "I'm taking copper because it makes me feel good."

A lady asked me that yesterday. She asked, "Should I keep taking the zinc? How much should I take?"

I said, "I really don't know, because I don't know if that's what you need or whether you're compensating for something. We don't do it that way. We like to do a total program."

We use supplements to manipulate body chemistry. We also use supplements to assist digestion and absorption. Without that, a lot of people

don't absorb the food very well and it doesn't matter how good the food is. It wouldn't matter if was all heirloom seeds and the soil was perfect. We use supplements to help the eliminative organs: kidneys, liver, bowel. That's really reason we use them.

We use the glandular supplements to enhance glandular activity. Hippocrates talked about this, by the way. It's not new. If a man has a bad liver, get him to eat liver. If he has bad kidneys, it some kidney. Why exactly it works, we don't know. But it does. We use supplements for that. That could be food, but it's more difficult to get all those things in foods – to get kidney, liver, adrenal, thyroid, etc. Of course if you eat the glands, you end up with a lot of hormones, and we don't want the hormones, so those are removed in the glandular products.

We also use supplements to help lower toxic metal levels in the other ways. For example, we use a little bit of vitamin C. We use garlic sometimes. These things have a slight chelating effect. They combine metal. Alginates from the kelp help bind the metal.

Supplements are used for probably ten different reasons. Without them, we're dealing with sick bodies. To do without them sounds wonderful, but it's primitive and it doesn't work very well.

Susan Cachay: When starting a nutritional balancing program, some people notice an increase in energy quite quickly and others don't. I think everybody is looking for instant energy. They want to feel better right away. I think Dr. Paul Eck said something like believe it or not, many times you have to make a person temporarily feel worse to get him better.

We live in a society where everyone is looking for something instant – an instant change. When on a nutritional balancing program, at times, people can feel more tired before they notice an increase in energy and they think

the program isn't working. Or there are times that on a retest, ratios and levels can look like they are further out of balance but, in fact, the body is now revealing truer levels. This concerns some people particularly when they don't fully understand the philosophy of healing the body as a whole system which is what the program does.

I was wondering if you could just comment on the healing process, how that happens and also on healing reactions that can occur on the program.

Dr. Wilson: I find the most difficult people to work with, or the most difficult situations to work with, are people who don't feel well and they get on a program, and right off the bat or within a few weeks, they start feeling worse or they don't feel any better for six months or so. They are very discouraged, and usually they decide the program doesn't work and that we don't know what we're talking about. They want their money back because the program is a failure. It's not a failure, but it can seem that way.

You mentioned a couple reasons why that happens. One of them is as soon as the body gets a little bit of energy, it wants to go in and heal either an old infection or it wants to remove toxic metals. There's a shift in the body chemistry, and temporarily a person can feel worse. Even emotions can come out and a person can suddenly feel a depression or anxiety, which was in there. It's not that we created it, but the emotion was not able to be expressed; and when they get some energy, the body says, "Let's handle this. Let's process this old trauma." So the person temporarily feels worse. That's one reason that happens.

The other one is there can be a decompensation. The body can be running on nervous energy which is usually toxic metals related. But it could be something else. It could be an emotion. It could even be a habit that the person has. They might have been living on chocolate or caffeine. We tell them to please stop that or extreme exercise. Staying up late or getting revved up on something or other. As a result, they feel worse. They feel

tired. We take them off all that exercise. That would be called a decompensation kind of reaction. These are healing processes. It's very important, especially when it happens early in a program.

There's another reason I should mention. Many people have a sub-clinical condition or a latent condition. Those are medical terms for a health condition that you can't see. It could be a little cancer someplace. It could be an aneurism someplace. It could be a weakness in the heart, kidneys or liver. But you can't see it and it won't show up on any test. It's too subtle, or we wouldn't know what to test for.

I use the analogy that when we fix your body, it's like fixing your house. If you call in a repair crew and they start repairing your house, they may find things that you didn't know were wrong with the house. You may need new plumbing or new electrical. The foundation may need redoing. It may be much more work than you imagined. That is the case with many of our clients.

When the body gets on a program, the first thing it does as the body increases in vitality is go after that condition to start to heal it and deal with it. So the person does not feel better. They may feel the same or they may feel worse for a while. That has to do with removing latent conditions. We have no way of knowing about those conditions. Doctors don't have a way of knowing about them, but they're very real. We know that because people have heart attacks all of a sudden. People develop cancer, so we know it's growing inside. It needs to be taken care of.

It's one of the wonderful parts of the nutritional balancing program that the latent conditions are dealt with, but it can be very discouraging for some people because we tell them, "You should feel better in a few weeks," and they don't.

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The medical approach is usually, "We'll just give you something for your energy," and they give you something for your adrenals. They may indeed be able to give you some energy quickly, but they don't address the latent problems. They just wanted to fix the adrenal or the thyroid by putting you on thyroid medicine or something. So the person generally will develop more problems and it will be worse on them.

Nutritional balancing goes after the entire system. By the way, it's not just physical, but it can be mental and emotional lifestyle imbalances. It could be what people call karmic or cause-and-effect.

We don't know when we begin the program where the body will take the nutrition that we give it and the better lifestyle and procedures and use them. But we have to rely on the wisdom of the body, and we do.

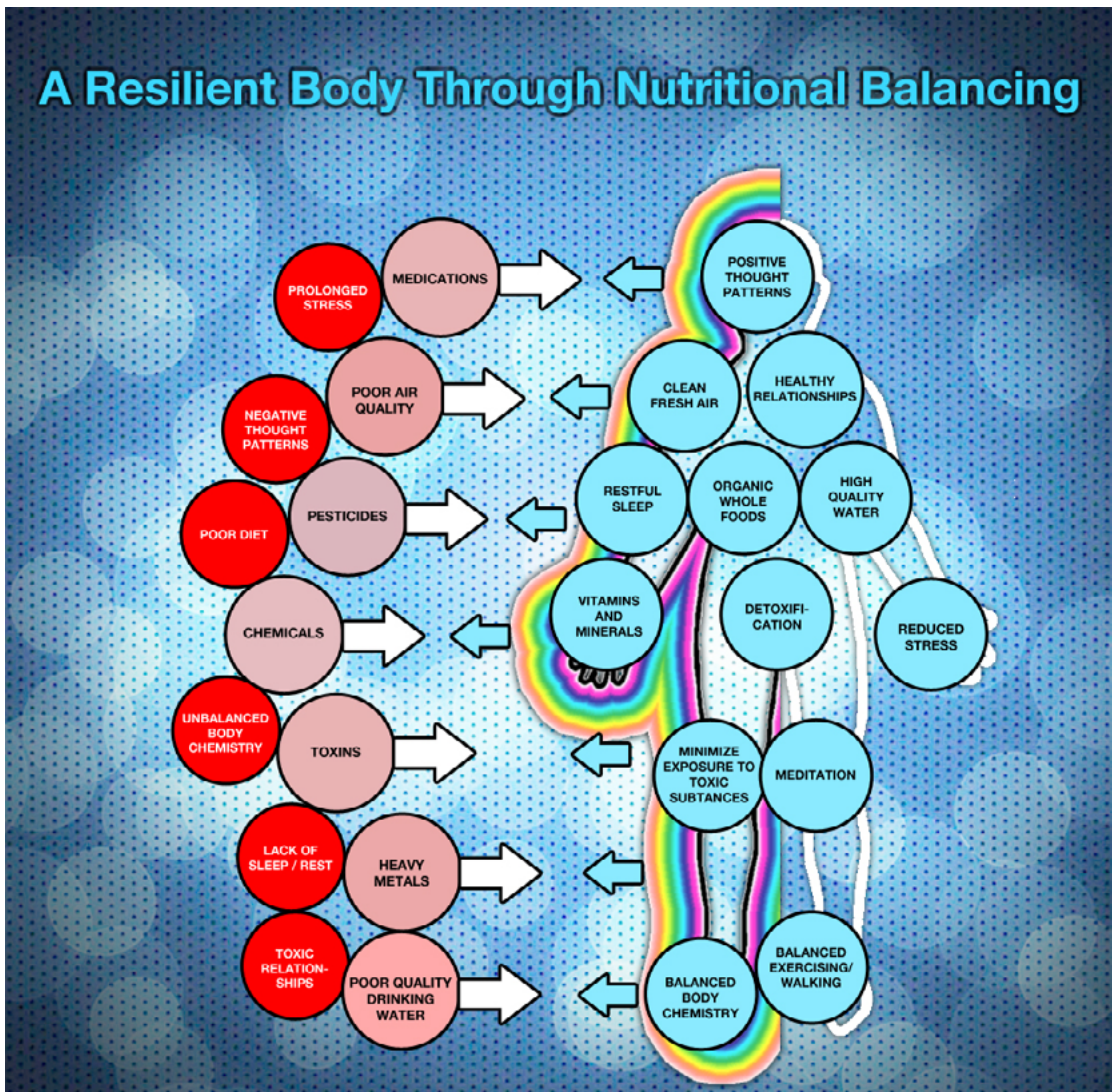
Susan Cachay: What are some things that you would recommend to help ease a healing reaction?

Dr. Wilson: It really depends on what it is. There are two principles. We can either slow it down or speed it up. That's one way to look at it. In other words, for some people, if they just go off the program for a day or two or starts to dissipate, just do the diet perhaps and get more rest, they'll get over it. They're fine.

Sometimes if they do more of the detoxification procedures they'll get through it faster. Sometimes we can modify the supplements, especially the use of more TMG (trimethylglycine). That's a newer modification. But

sometimes, for example, if someone becomes very depressed, we might give them more of the B complex vitamin and more of the adrenal and thyroid support.

If they become very anxious, you might have to eliminate those supplements for a while and give more of the supplements that calm you down, such as Paramin and zinc, or one called ICMN (inositol, choline methionine,



niacinamide). If digestion gets off, we might have to work their digestion. They might have to go on what we call a mono diet, one food at a meal, for a while.

More than that, if they go through an emotional reaction, we might connect them with one of the counselors who work with us that understand our program. Most counselors do not understand what we're doing and they will put people on drugs. That's not always terrible. There might be a situation where going on a medical drug for a while – or even going into a mental institution for a while, if the situation was extremely severe, is the best decision. I don't want to rule that out. I don't think we've had to do that ever, but it's certainly possible especially because we can't control all of the person's life. For example, if their family doesn't support what they're doing or if their doctor doesn't support what they're doing, it makes it a lot harder.

Offering reassurance and support is one of the best things that we can do for any healing reaction. That's probably the single most important thing, and the importance of working with a qualified practitioners.

Susan Cachay: The detoxification protocols were not part of the original program that Dr. Paul Eck had designed and you added those in later. Why did you feel it was necessary to add those in? How important are they to the effectiveness of the program?

Dr. Wilson: I was doing coffee enemas from the beginning, from before I even met Dr. Paul Eck and I had seen the changes in myself. I read all about Dr. Gerson, the coffee enema man. And I knew about the sauna therapy from reading the work of L. Ron Hubbard and his Clear program. They called it the Purification Rundown. In other words, these procedures have been known.

When I lived in Mexico, I had natural healing books. The people there don't have a lot of money, so they were using hydrotherapy, the genital baths, for example, to bring blood to that area. Simple things like that.

Dr. Eck did not focus on this. He didn't really focus even too much on the food. He mostly wanted to understand the supplement relationships, the minerals, the patterns, the theory and a basic diet.

When I started my practice, I started adding these because I ran into problems with people. Paul Eck would help with supplement changes, and perhaps dietary changes, but it wasn't enough.

I also was doing the Roy Masters meditation exercise before I met Dr. Paul Eck and I saw the benefits of that. It was amazing.

I didn't add the saunas until 2002, or really 2003. I knew about sauna therapy, but to ask people to spend up to \$1000 or more on a sauna seemed difficult. I was introduced to the lamp sauna and built one, and I realized it's not hard to build these things and the benefits were amazing for me. So that was added to the program around 2003.

There are other procedures we're actually researching now. One of them is the use of oxygen therapies. We find everybody needs more oxygen and oxygen therapies can be quite remarkable. They're good for healing reactions. Oxygen helps burn off toxins. Oxygen helps speed up the oxidation rate (or can). Actually, it helps normalize it more than speed it, but most people need it speeded up. That's another simple therapy. We're using simple ones. We're not recommending hyperbaric oxygen, which requires a chamber that's quite expensive. Another simple one that we're using now is kelp wrap to get more minerals into the body to apply it to the skin.

Basically, over the years, I also did other therapies. Chiropractic I found very helpful. Rolfing as well and if you find someone good, massage.

I had experimented with a number of these therapies, some of which I found very helpful (the ones I'm telling you about). There were many others I did.

I used electronic frequency machines, radionics machines, homeopathy, herbs. A lot of those were discarded. They didn't work that well.

Basically, that's how the procedures developed. They were added slowly to the program. Now we think of them as a major part of our program because we see and hear the benefits from the client.

I use the word dialysis. It's not quite the right word. But a dialysis is a forced elimination. For example, coffee enema- and the sauna is a way to force people to sweat. On one level, you can call them hydrotherapy and body therapy, electrical therapy, mediation. They're mechanical natural healing methods that are really quite old. Of course, mediation, that goes back millennia.

Many of these procedures slowly got incorporated and they really need to be there. We find they benefit people tremendously. People are much more toxic than they were even 20 or 30 years ago and, in most cases, we find these procedures necessary for deep healing.

Susan Cachay: Sometimes people don't have family support when they are doing the nutritional balancing program. That has been brought to my attention by a fair number of my clients. Many ask me: "How do I explain this to my family and friends?" "How can I make them understand what I'm going through?" "Especially when people are changing their lifestyle. Perhaps they don't want to eat junk food all the time anymore or they're wanting to be in bed by 9:00 or 10:00pm. They're not wanting to drink alcohol, etc.

People have told me, "I wish there was something I could give my family and friends and say, 'Read this because this is what I'm doing,' and it would explain it in a way that would make sense to them," especially when they're going through various healing reactions.

Is there any advice that you have for those who don't have support or for those people who have loved ones on the program but are not doing it themselves?

Dr. Wilson: I would say that's a major issue. Not only no support from their family, but no support from their doctors or the opposite – meaning, fear mongering from the family and the doctor and their friends and their culture. They turn on the television and they tell you that you better get vaccinated, because the flu season is coming. And you've got to go see your doctor.

Then the next thing is an ad that says, "If you have insomnia, don't worry about it. Just ask your doctor for this new drug." Then of course, a year later, there's an ad on television saying, "If you took that same drug and you had a heart attack, please call us. We're a law firm and we'll try to get you some compensation." There's a constant barrage in the media on supporting the medical method with new operations, new drugs, new techniques, giving billions of dollars for the building in a new hospital, a new research lab run by the government or whoever it is.

We're out here suggesting a different way.

It's funny because you may think the problem is bad but it used to be worse. I would say it used to be a lot worse. That was because there was no website and there were no books. Paul Eck did not write books. He had a magazine for a little while called the Health Scope Magazine that I think was excellent. It was kind of a cartoon, light thing. It wasn't a heavy intellectual journal, but it had good articles. But he only ran that magazine for two or three years, maybe four, and that was it. He didn't do many radio programs or anything.

If you have someone in your family who's ill, it's very difficult to understand them. It's not easy for family members and it's not easy for doctors.

Susan Cachay: Agreed. Especially when it's something like burnout that we're dealing with or low energy overall in the system, because oftentimes the person looks perfectly normal.

Dr. Wilson: That's right. These people look fine but they're not fine. Especially if it's a condition that is not well-researched in the medical world

like adrenal burnout, candida, yeast, brain fog. We deal with a lot of those. Those are important conditions, but they're just beginning to be recognized in the medical world. That's going to be an ongoing problem.

Another concept that I hope will be developed is residential centers and maybe day spa types of places where people can also experience the program and become oriented. They could maybe attend lectures with their family and become oriented to the program.

We need educational materials. There are people doing YouTube videos. We need all that. That's one of the weak areas, although as I say, it is much better than it was before. I work on that every day.

Susan Cachay: The program that we've been talking about is the Nutritional Balancing program that is facilitated by practitioners that are listed on your website. The hair analysis testing is done through Analytical Research Labs. I know that there are other labs that do hair mineral analysis testing that actually recommend supplements as well, but I just wanted to emphasize that the program you're promoting is quite unique.

The Nutritional Balancing program is about treating the body as a whole system. We don't necessarily focus on yeasts, candida, parasites, etc., because when you increase the vitality and energy of the body as a whole, the body starts to deal with those on its own.

Dr. Wilson: Yes. Although there are specialty alterations of the program that we do, for diabetics, for cancer, possibly for yeast problems. That's going to be an article I have to write. We give specialty things for babies. In other words, there are some alterations. But you're correct in saying that we don't focus on remedies. We don't focus on symptomatic types of approaches. But I don't want to give the impression that everybody gets the same program, because that's not the case either. There are modifications.

You brought up another issue, which is the use of other labs and other people's programs. That is very confusing for people. There are other people who claim to do nutritional balancing and who claim that they're doing the same thing but they're not. I feel that I'm continuing Dr. Paul Eck's research and that I am following in his footsteps, and that the other people are not doing that. Analytical Research Labs is behind us. Their computer is not up to date enough, though, at this time to go by their supplement recommendations. I hope that's going to change.

Susan Cachay: Thank you for your time today, Dr. Wilson.

For those of you interesting in finding out more about Nutritional Balancing, a comprehensive, deep healing program, visit www.susancachay.com

