

A DIAGNOSIS THAT IS NOT

by Dr. Van Beveren

I have been wanting to share my method of evaluation with you and your students for some time now. I have been held back by responsibilities which, close to retirement age, are starting to wane. I have reduced my workload to 2 days a week. Not much of a change, of course, since I have only worked 3 days per week for the last 35 years!

Even so I do not want to become complacent and have decided to share my lifework, standing on the shoulders of other integrative, alternative and holistic giants who paved the way before me, now sharing with those who are continuing the work after me. I have spawned 14 interns that are working my method all over the world - and the last one, Michael Pellegrino, Clinical Nutritionist and Herbalist, working/studying in the office now.

I want to share several conclusions which I have incorporated in my Power Point Presentation GRASP (General Radiation of Aging Sequence Pattern) lectures:

A) DIAGNOSIS - is not. There is no such thing. There is only a pronouncement of a word that doctors have agreed on when ALL THE KNOWN INFORMATION COMES TOGETHER AT THE SAME TIME. And the "diagnosis" (a word that is owned by the medical profession, BTW and cannot be used by any other profession) is secured less for the care of the patient than to attachment to a code# for insurance purposes. It is much simpler to treat an entity as if still on their assembly line. Proof is considered and found in lab reports and other "machinery" - and rarely now - light physical interaction with the "patient" that shifts and shapes on all the symptoms that gives doctors "THE diagnosis" - with a few left-over symptoms to spare - usually re-directed to the DSM.

Enlightened are the practitioners that follow the multiple causes to symptoms with pure physiological, psychological, toxic and biochemical jargon. "The name of the game is the name" - said the late Emanuel Cherskin, MD in "Orthomolecular Psychiatry". So right he was.

Diagnosis is a pipe dream. Daniel J. Schneck once said that "even for a given individual, body composition goes through cyclical changes as often as daily, but certainly during the course of a lifetime" Thus we are reduced to taking pictures by means of the EEG, EKG, ECHO, MRI, ULTRASOUND & other SCANS - complete with laboratory numbers.

And while those numbers certainly help - they have become the be-all for every patient and they become defined by them.

Eventually we must learn that we are as different on the inside as we are on the outside.

We are unique individuals - in every way. Thus, not only are there many biochemical paths to the same "dis-ease" but the symptoms change from day to day, month to month, year to year - sometimes fast - depending on lifestyle, environmental changes and the speed of degeneration or regeneration.

Unfortunately, once the medical profession has you labeled - you are stuck with not only the diagnosis, but the "code" and the traditional "standard" (consensual) treatment of the code - nothing more, nothing less.

B) INFLUENCES - The alternative camps have come up with something called the "Multiple Organ Dysfunction Syndrome" - or MODS. The emphasis in this current shift in thinking is not new. It had its first testing of the waters with the word "subclinical" - meaning processes going on below the awareness of the client and practitioner. For example, while Celiac Disease could not be "proven" - the abstinence of gluten in the diet made the person feel much better. Same thing with Diabetes: while the numbers were not there for the big DIAGNOSIS - the human being who took Chromium, Vanadium and other helpers were feeling much improved and prevented the dreaded insurance "code" diagnosis.

The medical profession is getting its first taste of this scientific principle in the form of LYME'S DISEASE where multiple organs are the unlucky recipients of theSpirochete. Joseph Scogna was fond of saying that "the dragon moves stealthily but steadily". Multiple organs systems are affected by other conditions such as: inflammation, thyroidal, pancreatic or pituitary involvements - these are all recognized for their all-out multiple systemic effects. A local phenomenon, the leaky gut causing dysbiosis, has been recognized as one of the most important fractions of the entire defense system. Researchers, less and less able to pin their "causal" jargon on bacteria, viruses, prions, fungi and other "biologicals" are now pinning their hopes on and looking toward genetics to blame. Damn the food & environmental toxins which control the DNA and RNA!

C) INFLAMMATION=PAIN - Success is defined by me and others as "the percentage of patients in a specific group that all respond to therapy in a manner that is satisfactory to the patient - not necessarily the health care provider." Like the gun and red stop lights - pain is the great equalizer. It alters priorities and is generally unresponsive to many different "treatments".

Now comes the "Systemic Inflammatory Response Syndrome - or SIRS - which encompasses the notion that shifting body pains and aches are due to a single entity - inflammation and its ir-response-ability - or the "inability to respond". Sequential therapy, the norm for decades - chasing after one organ system at a time - has not proved to be the answer. Instead, we need a much simpler systemic approach if we are to move away from just physically "curing" (like a pickle) to healing - the entire organism on multiple levels. For that we don't need a diagnosis.

Then what IS the answer? As I said before, It must be understood that the patients' ailments are not being caused by a single entity but a sometimes complex interaction between multiple "subclinical" conditions: chemical or metal toxicity; compromised epithelial barriers; faulty intake or malassimilation; malfunction of the neuro-endocrine response; love gone wrong; financial stress; debilitating vigilance; reduced blood supply; compromised drainage; anxiety and panick, PTS - to name just a few. For that

we need to come down from our diagnostic perch and observe all the factors, systems and disciplines - and learn to see the end from the beginning.

Important in the role of chronic illness are trauma, infection and the limited (or rather limiting) role of genetics. For centuries trauma, SIRS and genetic influences have not been taken into consideration as factors of the same cause - but as separate entities having nothing or little to do with one another. Just add another diagnosis, another code #.

D) CIRCLE OF LIFE: The five major aspects (phases) of everything that lives - even in the sub-nuclear zoo - are:

1) BIRTH: The beginning or - if going back further - the concept(ion) of life. Creation - the coming together of things that create (or form) life: from the sub-nuclear entities to proto-morphology.

2) MATURATION - Growth and experience of the entity. Here it is in a state of adapting, learning, testing and probing. Every cell, every organ, every system goes thru this stage - unless it succumbs to degeneration prematurely.

3) MAINTENANCE - but with "defense wounds" - wounds from constantly adjusting to the environment (internal or external) as well as degenerating and regenerating. This is the phase where copying without too much background noise (free radical activity to pathology) is so very important for the next pro-& re-CREATION time. This is often the longest "reproduction". "creation", "copying" phase.

4) DECLINE of the cell's ability to remain elastic - stiffness settling in mind and/or body. This hardening of the soft tissues and softening of the hard tissues can be either a chronic, gradual or acute, sharp movement - but decline is inevitable. Lack of motion - degeneration - is the norm and re-production, let alone re-creation becomes more and more challenging, if not impossible.

5) DEATH - or rather atomic re-cycling of the entity is the last definitive phase before the new re-evolution.

These five phases in the circle of life can be seen within each cell, each organ and each system. When we look at them systemically there are certain physical (physiological & biochemical) and mental, (emotional & feeling) aspects that, with training, we can recognize within ourselves and so become aware of the language (frequencies) that will eventually lead to the path and the words that heals us.

E) GENERAL RADIATION of AGING SEQUENCE PATTERN (or GRASP) is a system of measuring these 5 five phases (see D) based upon the cells in an organ system's inability to maintain stasis in the presence of radiation. Thus we discovered a CASCADE of tissues inevitable falling apart in a HEIRARCHY that is common to all people - from sensitivity (or hyper sensitivity) to resistance (or hypo sensitivity). This order was based upon the degeneration of human tissues in the face of immense radiation such as that found in Hiroshima and Nagasaki after the bombing took place. By searching the hospital charts and thus knowing the sequence from the most sensitive to the most

resistance in the 24 most important human organs - gives one the ability to ascertain the levels of (dis)organization and individual organ hierarchy.

Now comes the entity called "me". No longer are we bound by the shackles of the dreaded "diagnosis" - a word full of despair, pain, suffering and often hopelessness. Instead we recognize, address and reduce the organ systems with a new, more simple vocabulary - one that takes into consideration the hierarchy of organ systems, their physiology, psychology, biochemistry and other aspects. Reducing "diagnosis" to its multiple, shifting parts and gradually seeing the big picture, not from just a "down-under", cellular, separated, measurable, mathematical, detailed point of view, but taking into account the upper, birds-eye, systemic, holistic and spiritual connections. It is not the holes in the net(work) that are important - but the knotty meridians.

These are the five principles under which healing can take place. I have built upon the works of many holistic practitioners but Joseph Scogna was the major influence in my thinking and ideas.

I would be privileged to teach these new, simpler evaluations to a more receptive, younger generation of holistic practitioners.

Because Medical Doctors are so good at Crisis Intervention and so bad with Chronic, Debilitating Disease; and since we are in the middle of a tidal wave of chronic conditions - the GRASP method of non-diagnostic evaluation can be used by any holistic practitioner - including, but not limited to, psychologist, herbalists, acupuncturists, iridologists, nutritionists, body-workers, chiropractors and holistically-inclined MD's.

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