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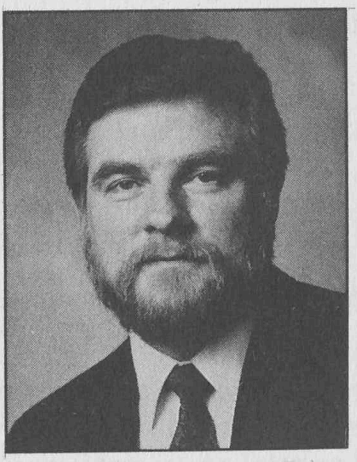
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Conducted by

KURT GREENBERG

Update on the Yeast Syndrome

JOHN P. TROWBRIDGE, M.D.



John Parks Trowbridge is President-Elect (1989–1991) of the American College of Advancement in Medicine (ACAM), and has lectured extensively and conducted a variety of workshops, in addition to maintaining a practice in Humble, Texas. He emphasizes complementary and nutritional medicine, is the developer of the Face2 nonsurgical facelift, and makes a particular specialty of treating yeast syndrome. He is the author (with Morton Walker) of *The Yeast Syndrome* and *Chelation Therapy*, and has written many articles for professional and general publications.

GREENBERG: *You've had some years of experience in treating patients with yeast syndrome. What new developments with that condition have you observed recently?*

TROWBRIDGE: I think the most exciting observation is the number of patients who are clearly helped by a treatment program for the yeast syndrome when they don't fit the classical pattern of someone who has the problem. They don't come in with the skin afflictions, they don't necessarily come in with the digestive problems, things that would classically pin them down to the yeast syndrome. And yet when nothing else has helped, and you've done nutritional assessment, a general medical assessment, for particular disease problems and you can't identify one, but the patient contin-

ues to be symptomatic, increasing numbers of those patients are helped by the treatment program.

GREENBERG: *Do you suspect the yeast syndrome is affecting younger populations now?*

TROWBRIDGE: Oh, absolutely, I have no question about that. And the problem that I see is that you don't even have to have yeast syndrome to get sick. It's real simple, all you have to do is grow up in America, and eat like an American and live your life like an American. And automatically, by definition, as far as I'm concerned, you are predisposed to illness. And you will get it. And you don't know how sick you will be until you get it.

And so people cavalierly lead their lives expecting not to be sick, then they go from doctor to doctor thinking that they are not really sick. The problem with that is that the doctors agree with them: "Well, you don't really have very much going on, don't worry about it." And they get sicker.

And a lot of young children, teenagers are suffering from a chronic indigestion syndrome. I would put three primary causes for that.

Number one, they are not taking in the food parts that make people parts. I try to make it real simple with my patients. You are only the food that you ate. You are not the air that you breathe, and you are not the water that you drink. You are only the food; chopped up, rearranged. And now you get people parts out of it. And that's replacement parts. That's where you get the growth parts. So if you eat junk food, you create a junky body. And if you have a junky body, of course it's not just the rest of you, it's also your digestive system. Therefore it doesn't work as well as it should.

The second reason would be the incredible sugar level—we put a sugar/starch load onto ourselves in this country that is phenomenal. So do all westernized, civilized, industrialized nations. With that sugar load, you're overstressing your pancreas tremendously, and it simply isn't built to take that.

And thirdly, the amount of fried food that has become commonly accepted in the fast food business. There's no question that you're overstressing your liver and gall bladder.

GREENBERG: *The "average" American consumes around 125 pounds of sugar yearly. Some might develop diabetes. Do you think this can be yeast-related?*

TROWBRIDGE: No, I am not going to maintain that. But on the other hand, if you take a look at the statistics for juvenile delinquents, it's about 275 or more pounds of sugar per year per person, okay?

So juvenile delinquency, let's go ahead and start looking at it. If you are always eating junk foods, you tend to eat foods that have a higher taste content. Sweeter, saltier, spicier, whatever. This is largely because, as you get increasingly zinc deficient, your sensation of taste is gone. So as you become anorexic, because of not enough zinc, because the foods you are eating don't have zinc in them, then you tend to go more and more and more off center on your dietary choices. You tend to go for more foods that have the bad content, which of course means they have less and less minerals.

When we start people on treatment for the yeast syndrome, the last thing we are thinking of is medications. The first thing we are thinking of is to get a strong nutritional foundation so they can even approach a treatment program.

GREENBERG: *What are the social ramifications of correcting this yeast syndrome?*

TROWBRIDGE: If you look at the treatment for the yeast syndrome as based in food selection and in food preparation, which is what I basically say it is, if you are not ready to make the dietary changes, don't start the treatment program. Period.

Because what we are really doing is a *social reformation in the values* that people have with regard to food and what it means. Food has so often been thought of as a reward and a symbol of prestige, and social position, and really it is no longer that. We're trying to return food to its rightful place, the sustenance of human beings. Okay, sustenance and enjoyment, but not making enjoyment the big thing. But that's what people do. I mean, they have ice cream every day, they have soda every day, they have cakes and cookies every day, they have treats every day. And no longer does food serve its primary purpose, when you do that. So we're having to change that habit mode.

I tell people, this is not a diet, like you think of a diet, this is an eating program, and I want you to eat all the food you want to eat. The only thing I want to restrict is your choices. And they invariably lose weight. And they invariably feel better. And they invariably say, "I can't eat all that food."

GREENBERG: *Each year, Americans spend approximately $39 billion on weight loss programs. What makes your dietary recommendations of continuing value?*

TROWBRIDGE: You know, one out of every five Americans is on a diet continuously. And that's got to say something to you about our relationship to food.

The most significant thing that I see about yeast syndrome is that it is going to change our fundamental approach to two things. Number one is our relationship to food. And number two is our relationship to the ecosystem that each of us represents. This is really an outgrowth of the 1960's—you could call it the Sierra Club movement. The environmentalist issues, where we became really concerned about polluting our environment. Well, what I see the yeast syndrome doing is changing the way we look at what food means to us and how we approach it, and changing the way that we take care of the environment of our bodies, the micro-ecology. Do we really pay attention to culturing the bugs in our colon; do we pay attention to nursing them along and replacing them? I don't see it as a fundamental change to how we approach medications. Because I believe in medications. I think they are incredibly powerful for what they do.

But they don't need to be used that much; because what they do is very specific to special situations. And mostly those situations do not have to arise if you have a proper dietary approach and you take care of the microenvironment, which would really protect you. The body is built with all sorts of checks and balances between the good bugs that protect us and the bad ones.

If you do that, you don't need antibiotics that often. So you don't have to worry about changing the way people think about antibiotics, all you have to do is worry about if you can minimize the number of times they need those antibiotics. And that's what a rearrangement of their thinking would do for the microflora.

GREENBERG: *So treatment of this type may not only succeed in helping patients restore their sense of wellness, but in fact may help to alter their perceptions of the world around us?*

TROWBRIDGE: Absolutely. You see, most medical care is a negative conditioning. You are only there, resentfully, because you have to be. And all the things associated with medical treatment are deprivations, and all of them are expensive, and all of them

are inconvenient. And all of them have a bad-medicine taste to them.

And so our whole notion of the medical model, the sick role, is to get out of it as quickly as possible. Getting out of the sick role we view as no longer suffering the discomfort of the limitation. The problem with that is that as soon as you stop suffering, all of your incentives for doing anything different disappear. With the yeast syndrome, the reverse is true. We tell people, "You are not here to feel better right away. You're here to do things that lay the foundation, that improve your health. And that's a slow process."

So I use the example that when you graduate from college, that's an event. That's like taking a medicine, *that's* an event. Something definite happened, you can record it right here on film. But the education is a process, and that takes the time. And you didn't see that, you didn't *get* the education. And nutrition is that process compared to graduation, which is an event, or a medication. And so you are here now to change the way your body works on the inside, not just to create an event. If you want an event, go elsewhere. But if you want the process, let's start it now.

So that they never have a sudden realization, "Gee, I'm all well now." Wellness becomes a way of life, not a goal. Wellness becomes a process, not an achievement.

GREENBERG: *This switchover to wellness thinking is the cornerstone of your therapy?*

TROWBRIDGE: Right. I tell people, very simply when they start, "If you are not ready to make the dietary changes, don't start any of this. Don't let us get the testing, nothing. Go off and stay sick; then, when you get tired of being sick, and when you get sicker, hopefully you will come in here before it's too late for us to do something with your foundation. And if you are ready to do it, do it now. But make a commitment. And I only ask for a month at a time—give me a thirty-day commitment. So I can know what's happening and I can make adjustments based on seeing that response."

But they'll come in here saying, "That was mostly pretty good." The point of it is *not* to be pretty good; that's taking your medicines. What I want you to do is to do everything that you need to do for you to feel better. And what that means is rebuilding your foundation, not mine. I don't suffer.

GREENBERG: *Your program of self-responsibility in participating in one's medical care adds, then, to self-esteem?*

TROWBRIDGE: Absolutely. I get patients to come in, and in thirty days I say, "What's happened?" "Well, I'm feeling this, and I'm feeling that." And if you go down the list, most everything is improving. And say, "Now, who did it? Well, you, I guess you did know. You did. See all I did is tell you what to do in a specific way. Just the same way you'd hire someone to consult for repairing your house. Okay, whether they did the repairs or you did it, they told you what to do. And the point is, you did it. You made the commitment."

GREENBERG: *By encouraging patients to take more responsibility for themselves, you've truly empowered your patients.*

TROWBRIDGE: Absolutely. You have empowered the patient. Actually, I tell the patients that we deal with that we've returned the power of medical care to them instead of to me. The tragedy of modern technological medicine is that it has usurped the power from the patient. It operates on the patient, whether it's by medications, or by ministrations, or by surgery. It operates with their consent, but once it's achieved that consent, it immediately takes from them any power to withdraw it. It takes the language of medicine and makes it purposefully confusing, takes the concepts and makes them woefully intricate, and then expects the patient to do everything it says.

What it comes down to is, health is so much simpler. First, you listen to your body very carefully. You'll report to me what your body says—for example when women say, "You know, I really crave chocolate; I had a very hard time this month," I'll say, "Well, when did you crave chocolate?" "Well, about two weeks ago." "When was your period?" "Let me see, about a week and a half ago." "Great, okay. Do you notice that you crave chocolate just about every time before your period?" "Well, as a matter of fact, yes." Great. So we go looking for copper deficiency because that's very commonly associated.

All they have to do is tell me what their body is doing; they listen first to their body, and ask my advice. Then, they can go back armed with new information for their own pursuit of health.

GREENBERG: *Medicine practiced in this manner represents a major paradigm switch?*

TROWBRIDGE: That's a replacement. That's the medical model, that's correct.

GREENBERG: How will this impact on society in the next 20–30 years?

TROWBRIDGE: Let me give you an example. When Orian Truss wrote his book, he called it *The Missing Diagnosis.* He didn't call it the missing treatment. He called it *The Missing Diagnosis,* because if a standard orthodox physician diagnoses that you have a yeast infection—happens to stumble upon it, it's quite obvious—then his treatment is the same kind of medications that I would routinely prescribe. The only problem is that his patients don't get better in the same sense that I see my patients getting better.

And that is because he continues to be the dispenser of their improvement. He dispenses their medications, and as far as I'm concerned I tell patients who are only interested in that to please go elsewhere. I'm not interested in being the one that saves them from an illness, I'm only interested in being one who assists them in regaining their health. And that's a completely different medical model.

Yes, we'll use medications along the way. Yes, we'll use dietary changes. Yes, we'll use nutritional supplements. But the question is, whose commitment is it to put into place, mine or theirs?

GREENBERG: You said before that dietary junk was a precursor for yeast, the yeast syndrome. What is the yeast syndrome a precursor for?

TROWBRIDGE: That's a great question. I personally think that the yeast syndrome is a precursor for any and every degenerative disease. The metabolic disturbance that comes from the yeast syndrome is so overwhelming that you are looking at injury to every single body system. If you take a look just at magnesium balance, we don't know why, but it's quite clear that tissue magnesium levels are lower in patients who have the yeast syndrome.

Now, if you start correlating magnesium balance with high blood pressure, with cardiovascular illness, and hardening of the artery diseases; if you start correlating magnesium with nervous system disorders, anxiety, stress, distress, depression, you are looking at just two completely different areas. One is cardiovascular disease, which everybody is concerned about, and the other is mental, psychological balance, which everybody is concerned about.

And yet, they don't have anything in appearance in common, except magnesium is at the root of both in a number of ways. And the yeast syndrome is associated with lower tissue magnesium.

Vitamin B6 is very commonly used for cardiovascular illness, very commonly used for neurological illness; again, yeast syndrome has lower levels of B6 present.

And there's thyroid hormone, one of the first activities interfered with by the yeast syndrome. Thyroid is your thermostat. I tell patients that they won't understand how important the thyroid is, that what they need to think of is: in their house, they do activities in various rooms. If they want to change the activity in every single room in their house, turn down the thermostat and see what it's like. They'll change what they do in every single room. And that's your thyroid gland.

It you want to talk about sugar handling, which every single cell in your body must do, it's obligatory that they handle sugars appropriately. The yeast syndrome interrupts your ability, probably at the acetylcholine step, probably when you are trying to get most of the energy out of the sugar.

So the yeast syndrome is setting you up for every degenerative disease that I could possibly think of, because you are damaging the cells, and once they get damaged, and don't get repaired, they degenerate.

GREENBERG: *For many, the Herxheimer reaction [dying off of yeast, producing Candida toxin in the bloodstream] is one of the most troublesome aspects of therapy.*

TROWBRIDGE: Oh yeah, it could be. And I'll tell you how we avoid it, it's really quite simple.

Most physicians who treat the yeast syndrome, and see the Herxheimer reaction consistently, are jumping into the treatment program without laying the foundation. So we get people to change their dietary program dramatically. And this is the single most important thing I tell physicians who call me and say, "How do you really treat this?" The dietary program, the nutritional basis is absolutely fundamental.

So we start them on phase one of the eating program, and then we graduate them into phase two of the eating program. We start them on a proteolytic enzyme, that they take between meals. You can use any basic proteolytic enzyme, we have two or three favorites that we employ with people. You take them between meals, and you take a yeast-suppressive nutritional supplement, for

instance caprylic acid. And you take that on a graduated basis. We usually start at twice a day, and gradually go up to four times a day.

So we are putting in an increasing suppression on the yeast growth. Meanwhile we have this proteolytic enzyme in between meals, so it's not digesting on food. And the theory is that we are helping to chop up released toxin. What is probably going on is that we have changed the microfloral environment, and so we are encouraging the growth of some species and discouraging the growth of others just by making changes of which we really don't know the magnitude.

As we get to the point where, about three to four weeks into the program, we add a medication, we have so gently reduced the yeast population that the amount of toxin that is released, the Candida toxin that comes out from the new bugs that are killed, is dramatically less than would have happened if we had had it happen on day one.

When we first started treating the yeast syndrome, we started using medications from day one, and roughly one third of the patients never came back again. We called and found out why. "I didn't want to feel that bad again. Ever." "I'd rather suffer with what I've got than feel that bad." So we look for ways to avoid that.

We have a slogan about how you get better in the office. When you come to our practice, we want you to hear this real clearly: DON'T STAY SICK. DON'T.

D for dietary changes, O for over the counter nutritional supplements that decrease the growth of yeast—caprylic acid, garlic, acidophilus and so on—N for specific nutritional substances that reverse the process going on inside of you—generally speaking, magnesium and vitamin B6, evening primrose oil, GLA, things like that that we can document interfere with yeast in general. And then other things specifically for you. In other words we are trying to treat the specific patient who comes in, not just the yeast syndrome. And T, the final letter, treatment with medications.

We must go through D, O, and N before we ever get to T. And if you don't do it that way, your treatment program is markedly less successful, at least in our guess.

GREENBERG: Now, stress has become a buzz word, I'm afraid, for our society's inability to manage much of what we've created both personally and professionally. What's your concept of what's

called stress, and how much of a role, if any, do you see it playing in the etiology of the yeast syndrome?

TROWBRIDGE: There are two dynamics to that. The first is, the really startling realization that we don't understand the microflora. If you take a look at it, yeasts are single-cell organisms. They are neither plant nor animal, they are in the fungus kingdom. They are entirely self-sufficient and do not require another yeast nearby at all for any of their life functions. Bacteria are similarly self-sufficient; so are algae. Those are representative of the animal and plant kingdoms.

What we have always thought is that you had to be a multicellular organism to need hormone signals, but we have discovered that yeasts have hormone receptors. And they make hormone signals. And what's strange is, what does a single-cell, self-sufficient bug, like a yeast, need to have a hormone for? In other words, why does it need to signal other members that are equally independent?

It turns out that if you test those hormone receptor sites, they are exquisitely more interested in having human-being cortisone on them than any other signaler.

GREENBERG: *Human-being cortisone? What's that? Explain.*

TROWBRIDGE: It's one of your major stress hormones, you produce it when you are stressed. What's of interest with this human-being cortisone, animal cortisone—very similar type stuff; I mean, cortisone is cortisone anywhere in the animal kingdom—what is interesting is that, if you take a look about an organism that's undergoing stress, it's putting out cortisone; that's an alert and a stimulus for the rest of the cells, preparing you to do the adaptation response.

And if you fail to adapt, you exhaust after the fatigue of trying to adapt and trying to adapt, and that exhaustion presages your disintegration. In other words, your death.

If you take a look at yeast and their function in the fungus world, fungi recycle the last bits of life out of living organisms. In other words, as they are dying and dead. And stress usually increases the dying and death phase. And, indeed, is probably the primary initiator for it. So you will be signalling your stress all along, while you are disintegrating and dying, and that signal may be a prime initiator for growing yeast in sufficient numbers to recycle you.

GREENBERG: Lifestyle modifications, such as progressive relaxation, make good physiological sense?

TROWBRIDGE: Absolutely. Anything to reduce your stress levels and reduce your hormones circulating.

GREENBERG: Trust in medicine in America is steadily diminishing. People seem to be genuinely suspicious and often fearful of their physicians.

TROWBRIDGE: Well, I had a patient today, I said, "Okay, so your doctors tried something and it didn't work and they said to just go ahead and live with it. So where does that leave you?"

Well, I'm stuck. I said, "I don't understand that. Because you're not crazy. I understand that they said it was all in your head and you were making it up because they couldn't make it go away, but just because they couldn't make it go away doesn't mean that it isn't there. Just because they didn't do the test to find it doesn't mean it doesn't exist."

You know, before 1924, we had insulin clearly delineated. We knew that we had something here that controlled blood sugar. What happened to all those people who were diabetics before? Just because we couldn't pin down the molecule doesn't mean that the problem didn't exist.

And now, some parts of your problem may be on the medical horizon, and we can kind of see where it is, but we can't pin it down. That doesn't mean I can't help you. It just means I might not be able to tell you exactly what the name of it is.

So you see, the whole concept is, you are not in here to know the names; if I told you the names right now would that make you happy? "Well, I don't know." And I say, "Well, fine. Here are some names. Delta-6 saturate enzyme interruption. Does that make you happy?" "Well, no." "Does it make you feel any better?" "No." "Fine. Now would you like to know what we are going to do about it?" "Yes."

You see, that's the thing. Doctors don't do anything with their patients. They name it, kick them out the door with some prescription, and they are done. But that's not doing something with your patient, that's doing something *to* your patient. That's veterinary medicine. That has nothing to do with human medicine. It has nothing to do with what's going on with people. That's why stress control is so important. You know what I do with the depression? I get all these people coming in depressed, I mean sadly depressed,

and what I say first is, "Do you own a Bible?" "Yes." "Fine. Have you ever read Proverbs?" Well, some have, some haven't. "Here is your lesson. Get a three-by-five card, and every day you start somewhere in Proverbs, I don't care where, and I don't care whether you read forward or backward, when you find a verse that means something, you write down the date, the verse number and you write the verse. It's only three, four, or five lines. And you read it at breakfast, lunch, supper, and bedtime. And the next day you do it again, only you've got a second verse now. At the end of the month you have thirty verses out of Proverbs that are God's message specifically to you and nobody else."

GREENBERG: *Let's turn our attention to colonic health.*

TROWBRIDGE: It's not taken seriously, and it's dismissed in the same way that the yeast syndrome is dismissed. And that is that you can't see the harm caused by it.

It's sort of like saying, "Well, didn't you see the tornado that didn't strike because we did something. Didn't you see the illness that you didn't get because we did something?" No. The doctors don't see that at all. What they see is only that they can have a direct causal relationship, and then they want a large double-blind cross-over placebo-controlled study. And some of these things may be very hard. Like for instance, wheat germination. If we waited until we understood the scientific process of wheat germination, we'd still be sitting around trying to grow wheat rather than just taking some things on faith, and throwing wheat in the ground and watering it.

Take a look at the number of people who laughed at Linus Pauling—many of them are dead, and he is still alive and thinking productively, aggressively. So for all of the "wrong answers" he has, some of them are remarkably right in a very personal sense.

What I'm concerned about is that the yeast syndrome is so readily dismissed. I have patients come in, who have talked to their doctors and say, "You know, I think maybe I have the yeast problem here, and I've read Dr. Crook's book, or Dr. Trowbridge's book, or Dr. Truss's book, but the doctors say, 'No, no, no, you don't have that problem.' "

And I say, "Did your doctor ever read any of those books?" "No." "Then how did he know you didn't have the problem?" "Well, he said that that couldn't be my problem because that's very unusual."

GREENBERG: *Dismissal without inquiry seems peculiar for something we call medical* science.

TROWBRIDGE: They would argue to the death their right to practice the art of medicine and yet will insist that anyone else has to practice the science if they do anything different. And that breaches the concept that every physician has the right to practice the art of medicine as well as the science.

GREENBERG: *The late Carlton Fredericks often said, "Many doctors would prefer you died than be cured by a quack." What happens when ignorance and bias replace sound judgment? Belief—I didn't believe in vitamins, I don't believe in the yeast syndrome—over inquiry?*

TROWBRIDGE: If you had to choose your religion based on your doctor's opinion, how many of us would get to heaven? You see, your doctor's opinion is exactly that, it's an opinion you've hired to be rendered to you. It is not the final statement upon which you should base living your life. If you find that that opinion makes sense, and that produces the desired results, by every means go with it. And if it doesn't, then don't.

People ask me, "What are the critical questions to ask the doctor?" One of them is, "Doctor, what is it you know about this, and what is it you are setting out to do?" And if the doctor says he doesn't know very much about it, don't take his opinion to heart.

Another thing is, and I encourage my patients to understand this, I tell a lot of stories in my practice. And what I'm going to tell you is how I think this works. This is a story. We have certain pieces of evidence that make this story seem reasonable, but there is no big study that proves it, there is no way of telling if this is actually what's happening inside you as a human being. However, it makes sense. And if it works as a way and plan of treatment program for you, then the story is pretty good. And if it doesn't, then we'll change the story, we'll find out more facts, we'll try and make it work better for you.

If physicians participate with their patients, in making stories that make sense, and then trying to see whether or not that works, then we will call it clinical trial. That's much more effective than all of the medical literature that's ever been published, if none of that literature can help me.

GREENBERG: *Unfortunately, too many physicians do not represent their patients' interests. In the last decade, there has been an*

information explosion, most of which primary-care physicians have not kept up with.

TROWBRIDGE: To make that point even more thoroughly, *Future Shock* by Alvin Toffler came out in the late 1960's and in it he noted that medical information, scientific information was exploding at a rate of a doubling every four years. So in four years, twice as much medical knowledge will exist as now, in eight years four times as much medical knowledge, in twelve years eight times as much medical knowledge, and in another four years it would be sixteen times as much medical knowledge as now.

Here's the problem with that. Only ten percent of the world's medical literature is indexed or is referenced in such a way that you can get at it in the library. The other ninety percent is published in journals that are not indexed. You can't easily go to the computer and ask it to give you a list of where these articles are.

So you have this explosion of medical knowledge, doubling every four years, and ninety percent of that information is not accessible to physicians unless they actually have that piece of paper on their desk. They can't just go find it. And so what they don't see, they take the ostrich attitude, it doesn't exist.

GREENBERG: Obviously, none of us can process all the information needed.

TROWBRIDGE: You know what I tell patients? That I don't have the answers to what your problems are. I don't think anybody has the answers. What I think is, I have a way of approaching finding out what your problems are so that we can get them better, even if we can never name them.

So my job is to try and figure out what raw materials we need to put together on the inside. That's dietary changes, nutritional supplements, stopping putting in some things that may be interfering with that, and then flipping the switch, turning that on so that you improve.

Because you see, God put all the instructions inside your body to begin with, or you'd never have gotten to where you are now. You've built this marvelous and elegant machine based solely on those instructions. So if there's an interference to them working, because the raw material isn't there, because there's a toxic interference or something like that, my job is to try and figure that out. Maybe I can't ever name it, and maybe I can't ever tell you exactly what it was, but that doesn't matter to you once it's gone away.

GREENBERG: How is medicine going to play catch-up with doctors like you? How is that possible?

TROWBRIDGE: My hope is that before medical science kills too many of its patients by refusing to recognize that *a live healthy patient is the only standard of care,* before it kills too many of its patients, that it will pause and realize that *there is no standard* we can call truth in the biological science called medicine.

There are facts and observations, they are important, and they are never to be disregarded; on the other hand, they cannot be held up to the exclusion of providing appropriate care and caring to the patient in need. And if we can get just that one concept across, then we won't have cardiovascular surgeons turning up their noses and turning away their heads at chelation therapy. We won't have internists and gynecologists and pediatricians and family physicians turning their noses up and their heads away at the yeast syndrome. We won't have psychiatrists and others turning their noses up and their heads away at nutritional and mineral balancing. We won't have people ignored when they are desperately turning to the doctors for help.

GREENBERG: If you could see into the future, say twenty-five years from now, what do you see?

TROWBRIDGE: In an enlightened culture, or in the one I expect us to have?

GREENBERG: Let's go with what we've got for now.

TROWBRIDGE: What I see is a medical care system barely able to provide a minimal standard of technical care to the groups of people with the largest political input. Basically military medicine, in the same way we think of what military music is to music.

The military medicine in the future will have physicians working structured hours, and will have places you go if your problem comes up after hours, you are not going to be seen if the doctor's clinic is running late, you'll just be sent to the emergency room, like many of the HMO's now do. "Sorry, our clinic is closed now, I know you've been waiting two hours and you can go next door to the emergency room or get another appointment."

I see more technical care and less humanistic care. In an enlightened society, we would not be tied to giving the privilege of medical care to the politically important ones, the ones who really make a difference in the voting power blocs. We would instead

look toward a preventive health care model, an alternative complementary health care model, where we are testing mineral balances on people long before they were ill, where we are checking vitamin and essential fatty acid levels, amino acid levels, on people long before they were ill, and showing them what they could do differently to keep from getting ill, showing them what free radical degenerative chemistry was all about. And showing them an understanding about how cancer, arthritis, allergies, cardiovascular disease—they all come from the same problems inside your body, and what you could do.

GREENBERG: *That paints a very bleak picture for the future of medicine.*

TROWBRIDGE: Yes, I think it does. I think physicians are becoming merely functionaries. And once you realize that physicians are just fancy clerks, and you can buy them for a dime a dozen and just plug another one in, that's exactly what has happened with the HMO concept, the PPO concept, all these things are just looking at doctors as replaceable units. Medicine is increasingly just big business run by big businessmen and if you want to make money on it, invest in it, don't participate in it.

GREENBERG: *It comes back to self-responsibility.*

TROWBRIDGE: If you're going to be healthy at all, absolutely. If you are looking for the government to protect you from the cradle to the grave, the only thing you can bet is that they'll make the distance between the two shorter.

If you want to take your own personal responsibility, I can absolutely guarantee you a longer and healthier life than you would have ever dreamed or anyone would ever assure you of.