

# Twilight of the Idiopathic Era and the Dawn of New Possibilities in Health and Health Care

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Among the perplexing paradoxes that exist in health care is the coexistence of our adoration of allopathy for its “scientific method,” alongside the description of most chronic diseases as “idiopathic.” If the allopathic use of the scientific method were so adroit, why are so many conditions described as having “no known cause?” Is it that the scientific method is inadequate, or that the allopathic lens is incapable of bringing disease causation into focus? Perhaps a third option exists: could it be that some groups—namely the allopaths and the pharmaceutical companies—benefit by convincing us that most diseases have “no known cause” and that the best doctors and patients can hope for is additive and endless pharmaceuticalization of all health problems? When the cause of our health problems is “unknown,” we are disempowered and must depend on “experts” to help us. When the cause of our problems is known, we are empowered to take effective action. Certainly, some groups have financial and political interests in keeping us confused and disempowered.

## The End of the Idiopathic Era

A stark contrast exists between primary research literature and the “facts” that are selectively reported in medical textbooks and which are used to buttress “conventional wisdom” and the resulting status quo. While I have been aware of this contrast for many years, the divergence was impressed upon me with renewed vigor during the preparation of a recent article<sup>1</sup> and the completion of my recent textbook, *Integrative Rheumatology*.<sup>2</sup> Arthritis in general, and autoimmune and rheumatic diseases in particular, frequently are described as “idiopathic” and as having “no known cause” by most mainstream medical books like *The Merck Manual* and *Current Medical Diagnosis and Treatment*. These contentions are inconsistent with the abundant and diverse research showing that most chronic musculoskeletal disorders are multifactorial, rather than being idiopathic. When a disease is codified as idiopathic, doctors lose their incentive to look for and treat the causes of the disease (because the causes have not been identified), and patients are convinced to give up their hope of ever being cured. They choose the second-best option: lifelong medicalization.

## Idiopathic or Multifactorial?

Let’s look at psoriasis and rheumatoid arthritis as two idiopathic examples. If one looks into a regular medical textbook, one sees that these conditions have no known cause and, therefore, the lifelong prescription of anti-inflammatory medications is presumptively justified. On the contrary, if one spends a few days in the local medical library, one can find articles that point to the causes of these diseases and then illuminate the path by which doctors and patients can arrive at a permanent cure. Most patients can be cured of psoriasis, and a large percentage of rheumatoid arthritis patients can avoid the complications and medicalization associated with their disease, particularly if the causes of their condition are treated early. We now know that most autoimmune diseases are caused by and/or perpetuated by chronic infections,<sup>1</sup> food allergies, a proinflammatory lifestyle, hormonal imbalances, and exposure to chemicals and metals that cause immune dysfunction.<sup>2</sup> When the cause(s) of the disease is treated, the disease is cured. When the disease is cured, lifelong medicalization becomes unnecessary, the patient is free to fully resume his/her life, and doctors are liberated from their roles as drug representatives and can resume their proper position as healers.

Asserting an empowered stance toward disease prevention and treatment carries implications beyond those for the doctor and the patient. These implications also point to new ways of living and stewarding the world. When we look at a disease like Parkinson’s, and then determine that it’s idiopathic, nothing happens to change or shape our view of the world, our place in it and the interconnected natures of health and disease. Everyone agrees that clinical manifestations of Parkinson’s disease result from the death of dopaminergic neurons. From the allopathic perspective, the disease is idiopathic, while from an integrative naturopathic perspective, we see Parkinson’s disease as a multifaceted disorder associated with defective mitochondrial function, impaired xenobiotic detoxification, and occupational and/or recreational exposure to toxicants, particularly pesticides. These associations align to create a new model for the illness based on exposure to neurotoxicants such as pesticides,<sup>3</sup> which are ineffectively detoxified<sup>4</sup> and then accumulate in the brain,<sup>5</sup> inducing mitochondrial dysfunction<sup>6</sup> and resultant oxidative stress,<sup>7</sup> which leads to death of dopaminergic neurons. Therefore, from the perspective of both prevention and treatment, the clinical approach to Parkinson’s disease would include pesticide avoidance and optimization of detoxification to prevent the neuronal accumulation of neurotoxic mitochondrial poisons. The plan also must include optimization of nutritional status, antioxidant capacity, and mitochondrial function.<sup>8</sup> Further, if our goal is to reduce the prevalence of Parkinson’s disease, then we must begin living

in better harmony with nature and thinking of ways to reduce our use of pesticides and herbicides, the very chemicals that are consistently shown to cause premature neuronal death.

### **The Dawn of New Possibilities in Health and Health Care**

The time has passed when credible physicians can assert that most diseases are “of unknown origin.” The truth is that we already have access to the information we need to help our patients. The truth is that we can often offer our patients the probability of cure rather than lifelong and endless prescriptions for symptom-modifying drugs. These truths imply that health care and our systems of health care delivery must change, because the pharmaceutical and medical icons that stand before us were built upon feet and legs of clay and interspersed lead. We stand at the dawn of a new era in health care—one in which patients with chronic diseases in general and autoimmune diseases<sup>2</sup> in particular have a real opportunity to regain their health.

### **References**

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