

SECOND EDITION

YOUR BODY'S MANY
CRIES *for*
WATER

You Are Not Sick, You Are Thirsty!

Don't Treat Thirst with Medications!

**A Preventive and Self-Education Manual
For Those Who Prefer to Adhere to the
Logic of the Natural and the Simple in Medicine**

**By
F. Batmanghelidj, M.D.**

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materials. I had them in my case and gave them to him. Among the materials supplied was a copy of the first edition of this book. I explained to him that this information is becoming public knowledge. I invited him for the sake of society and advancement of medical science to begin the study of its topic through his Office.

I did not hear from Dr. Jacobs or see him until the next Alternative Medicine Conference. Nothing about chronic dehydration was on the agenda. Even when Col. Robert Sanders, who is very well versed with the topic, made a five-minute philosophic presentation on dehydration, no steps were taken to put the issue before the Advisory Board. It became clear that the Office of Alternative Medicine had its own agenda, and serving the public was not on its list of priorities.

According to Rita Mae Brown, "The definition of insanity is doing the same thing over and over again and expecting the results to be different." One would assume that according to this definition, I am one of the insane ones. I often think myself to be a *simpleton*. I question myself: Why do I spend time and personal resources to bring about a science-based transformation of medicine in, of all places, America? In the next breath I console myself by thinking I am privy to vital health and wellness information that has to reach the innocent and trusting people who become sick and do not know they are only thirsty for water. With this thought I go the next stretch of my weary way.

In the meantime, Dr. Bernadine Healy left the NIH. She is a medical doctor. The NIH is a "science" institution. Obviously there must have been a conflict of purpose; she had to leave. Nobel Laureate Harold Varmus took over. Once again, on the 23rd of November 1993, I wrote to him. I started my letter, "Welcome to the position that you can now make a greater contribution to advancement of medical science and our society. Today's Washington Post article on you prompted me to write this letter and bring a breakthrough of significance in medical science to your attention. 'It is chronic dehydration that is the root cause of most major diseases.' I have in the past tried to get the NIH to take a serious look at this simple 'paradigm shift' and make the future practice of medicine patient-friendly!" I sent him one of my books and some supportive materials. To this date, February 1995, I have not heard from this gentleman, not even a letter of thank you.

Obviously, the only way to take the message of "dehydration" to the public was to write. That I did. After sending letters to various journals and newspapers and not hearing from them, I decided, in 1989 to create

our own journal at the Foundation for the Simple in Medicine. We called it Science in Medicine Simplified. A special issue and a regular issue of the journal were published in a period of one year and freely distributed to some research centers and medical libraries at some universities.

We also applied to the National Library of Medicine for the journals to be indexed in the Index Medicus computer system so that their content could be accessed by other researchers. We appealed to them to afford us an equal opportunity to present our "paradigm shift" research views in medicine. They got back to us and said two volumes of a publication was not enough, but once another volume was put out and we were sure there was going to be continuity, they would consider indexing the journals.

The third volume of the journal was in the works at this stage and, when it was published in 1991, we sent our application and two volumes of each publication to the NLM. Journals are evaluated two to three times a year for their possible inclusion in the Index Medicus. The committee consists of mainly NIH scientists. When they met at the end of the year and reviewed our new information in medicine, we were refused. They did not want to give us an equal opportunity for our views to be heard. The NIH "thinkers" did not wish our new thoughts to enter the scientific arena and eventually reach the public. We were deftly censored. This is when I decided to write the first edition of this book and go public.

About six months after the NLM refusal, my book was out and being reviewed. I now had a simple language explanation of where mainstream medicine had gone wrong. This was the book I sent, in addition to the scientific publications, to Drs. Healy, Groft and Jacobs at the NIH. I wanted them to know I did not need them for my views to reach the public. I had realized that the NIH was self-servingly satisfied with the insanity of conducting and repeating the same types of research without finding a cure for any of the degenerative diseases of the human body.

In April of 1993, there was an International Bio-Oxidative Medical Conference in Reston, Virginia. I was invited to speak following the President of the Association. This is one of the conferences convened by the practitioners of Alternative Medicine. I was introduced to one of the NIH Scientific Secretariats, Dr. Edmund Sargent Copeland, who was invited to review the conference. After my talk on the role of histamine as the main water regulator of the body, he very graciously discussed how I could succeed in getting my views evaluated. I sent him most of

The Paradigm That Needs To Be Changed

What is a paradigm and how does it change? A *paradigm* (paradime) is the most basic understanding on which new knowledge is generated. As an example, the earlier understanding was that the Earth is flat. The new understanding is that the Earth is round. The roundness of the Earth is the basic paradigm to the design of all maps, globes, recognition of stars in the sky, and calculations for space travel. Thus, the earlier paradigm for holding the Earth to be flat was inaccurate. It is the correct understanding of the Earth as a sphere that has made advancement in many fields of science possible. This change in paradigm is basic to our progress in many fields of science. The shift in that paradigm and the transformation it brought about did not occur easily. Adoption of a fundamentally significant new paradigm in the science of medicine is more difficult even if the outcome is highly desirable and desperately needed by the society.

The Source of Error in Medicine

The human body is composed of 25 percent solid matter (the solute) and 75 percent water (the solvent). Brain tissue is said to consist of 85 percent water. When the phase of inquiry into the workings of the body began, because the scientific parameters and a very broad knowledge of chemistry had already become well-established, it automatically became the assumption that the same understandings that were developed within the discipline of chemistry applied to the body's solute composition.

It was therefore assumed that the solute composition is the reactive regulator of all functions of the body. At the very onset of research into the human body, the water content of the body was assumed to act only as a solvent, a space filler, and a means of transport—the same views that were generated from the test-tube experiments in chemistry. No other functional properties were attributed to the solvent material. The basic understanding in today's "scientific" medicine—which has been inherited from an

educational programs established at the dawn of systematic learning—also regards solutes as regulators and water as only a solvent and a means of material transport in the body. The human body is even now regarded as a large "test tube" full of solids of different nature and the water in the body as a chemically insignificant "packing material."

In science, it has been assumed that it is the solutes (substances that are dissolved or carried in the blood and serum in the body) that regulate all the activities of the body. This includes the regulation of its water (the solvent) intake, which is assumed to be well-regulated. It is presumed, because water is freely available and one does not have to pay for it, that the body has no business in falling short of something that is available!

Under this erroneous assumption, all the human applied research has been directed toward identification of one "particular" substance that can be held responsible for causing a disease. Therefore, all the suspected possible fluctuations and variation of elemental changes have been tested without a clear-cut solution to a single disease problem. Accordingly, all treatments are palliative and none seems to be curative (except for bacterial infections and the use of antibiotics). Hypertension is not generally *cured*; it is *treated* during the lifetime of a person. Asthma is not *cured*; inhalers are the constant companion of the afflicted. Peptic ulcer is not *cured*; antacids have to be nearby all the time. Allergy is not *cured*; the victim is always dependent on medication. Arthritis is not cured, it eventually cripples, and so on.

Based on this preliminary assumption of the role of water, it has become a practice to regard the "dry mouth" as a sign and sensation of body water needs, which is further assumed to be well-regulated if the sensation of "dry mouth" is not present, possibly because the substance water is abundant and free. *This is an absurdly erroneous and confusion-generating view in medicine and entirely responsible for the lack of success in finding permanent preventive solutions to disease emergence in the body, despite so much costly research.*

I have already published an account of my clinical observations when I treated more than 3000 peptic ulcer sufferers with water alone. I discovered for the first time in medicine that this "classical disease" of the body responds to water by itself. Clinically, it became obvious that this condition resembled a thirst "disease." Under the same environmental and clinical settings, other "disease" conditions seemed to respond to water by itself. Extensive research has proven my clinical observations that the body has a variety of most sophisticated thirst signals—integrated signal systems during regulation of the available water at times of dehydration.

The combination of my clinical and literature research has shown that the paradigm that has until now governed all human applied research must be changed if we wish to conquer "disease." It has become clear that the practice of clinical medicine is based on a false assumption and an inaccurate premise. Otherwise, how could a signal system for water metabolism disturbance be missed or so blatantly ignored for such a long time? At the moment, the "dry mouth" is the *only* accepted sign of dehydration of the body. As I have explained, this signal is the *last* outward sign of *extreme* dehydration. *The damage occurs at a level of persistent dehydration that does not necessarily demonstrate a "dry mouth" signal.* Earlier researchers should have realized that, to facilitate the act of chewing and swallowing food, saliva is produced even if the rest of the body is comparatively dehydrated.

Naturally, chronic dehydration of the body means persistent water shortage that has become established for some time. Like any other deficiency disorder such as vitamin C deficiency in anemias, vitamin B deficiency in beri-beri, iron deficiency in anemia, vitamin D deficiency in rickets, or you name it, the most efficient method of treatment of the associated disorders is by supplementation of the missing ingredient. Accordingly, if we begin to recognize the health complications of chronic dehydration, their prevention, and even early cure, becomes simple.

Although my scientific views before I presented my paradigm lecturer at an international conference, Kendler's letter on page 12 further confirms the validity of *dehydration as a disease produced* studied some of the important to explain that chronic dehydration degenerative diseases of the cause was not clear until now. I you will see over a thousand pages to giving the reasons for the paradigm the statement in *all* cases is unknown!"

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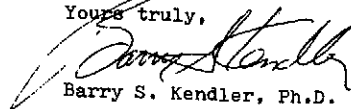
F. Batmanghelidj, M.D.
2146 Kings Garden Way
Falls Church, VA 22043

Dear Dr. Batmanghelidj,

I had the opportunity of reading some of your publications concerning the significance of adequate hydration and the role of chronic dehydration in the etiology of disease. While perusing this material, I carefully examined many of the references that you had cited, especially those in your paper published in *Anticancer Research* (1987:7:971) and in your subsequent paper in Volume 1 of *Science in Medicine Simplified*.

Every reference that I checked was properly used to support your hypothesis that a paradigm shift from a solute-based to a solvent-based body metabolism is warranted. I conclude, based upon study of your revolutionary concept, that its implementation by health care professionals and by the general public, is certain to have an enormous positive impact both on well-being and on health care economics. Accordingly, I will do all that I can to publicize the importance of your findings.

Yours truly,



Barry S. Kendler, Ph.D.

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THE NEW PARADIGM

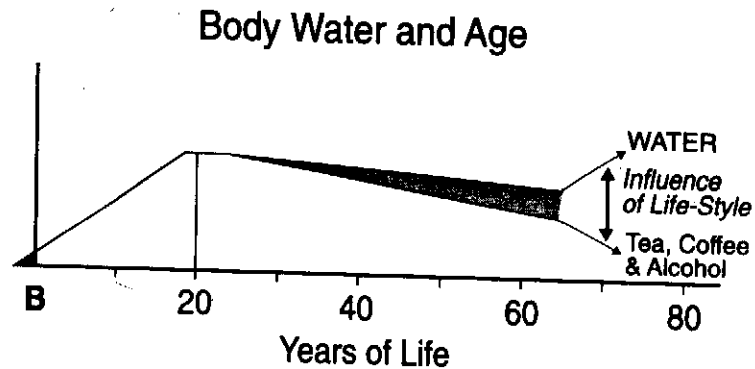
"A new scientific truth is not usually presented in a way to convince its opponents. Rather, they die off, and a rising generation is familiarized with the truth from the start."

Max Planck

The new scientific truth and *level of thinking* about the human body that will empower people to become practitioners of preventive medicine for themselves is as follows: It is the solvent—the water content—that regulates all functions of the body, including the activity of all the solutes (the solids) that are dissolved in it. The disturbances in water metabolism of the body (the solvent metabolism) produces a variety of signals, indicating a "system" disturbance in the particular functions associated with the water supply and its rationed regulation.

Let me repeat: every function of the body is monitored and pegged to the efficient flow of water. "Water distribution" is the only way of making sure that not only an adequate amount of water, but its transported elements (hormones, chemical messengers and nutrients) first reach the more vital organs. In turn, every organ that produces a substance to be made available to the rest of the body will only monitor its own rate and standards of

Water regulation at different stages of life



Water intake and thirst sensations

Figure 1: There are basically three stages to water regulation of the body in the different phases of life.

One, the stage of life of a fetus in the uterus of the mother (to the left of B in the diagram).

Two, the phase of growth until full height and width is achieved (approximately between the ages of 18 to 25).

Three, the phase of life from fully grown stage to the demise of the person. During the intrauterine stage of cell expansion, water for cell growth of the child has to be provided by the mother.

It Should Be Thoroughly Understood

It is now becoming obvious that *because of a gradually failing thirst sensation*, our body becomes chronically and increasingly dehydrated, from an early adult age. With increase in age, the water content of the cells of the body decreases, to the point that the ratio of the volume of body water that is inside the cells to that which is outside the cells changes from a figure of 1.1 and becomes almost 0.8 (see Figure 2). This is a very drastic change. Since the "water" we drink provides for cell function and its volume requirements, the decrease in our daily water intake affects the efficiency of cell activity. It is the reason for the loss of water volume held inside the cells of the body. As a result, chronic dehydration causes symptoms that equal disease when the variety of emergency signals of dehydration are not understood—as they are until now not understood. You see, these urgent cries of the body for water are treated as abnormal and dealt with by the use of medications.

The changing ratio of the water content in cells to the water outside cells

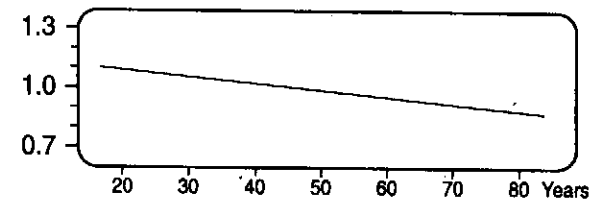


Figure 2: A gradual and steady loss of sensitivity of the thirst sensation and insufficient water intake will alter the ratio of the amount of water held inside all the cells to the volume of water held outside the cells of the body. The water we drink will keep the cell volume balanced and the salt we take will maintain the volume of water that is held outside the cells and in circulation.

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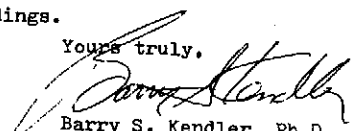
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The nerve water transport system in the body

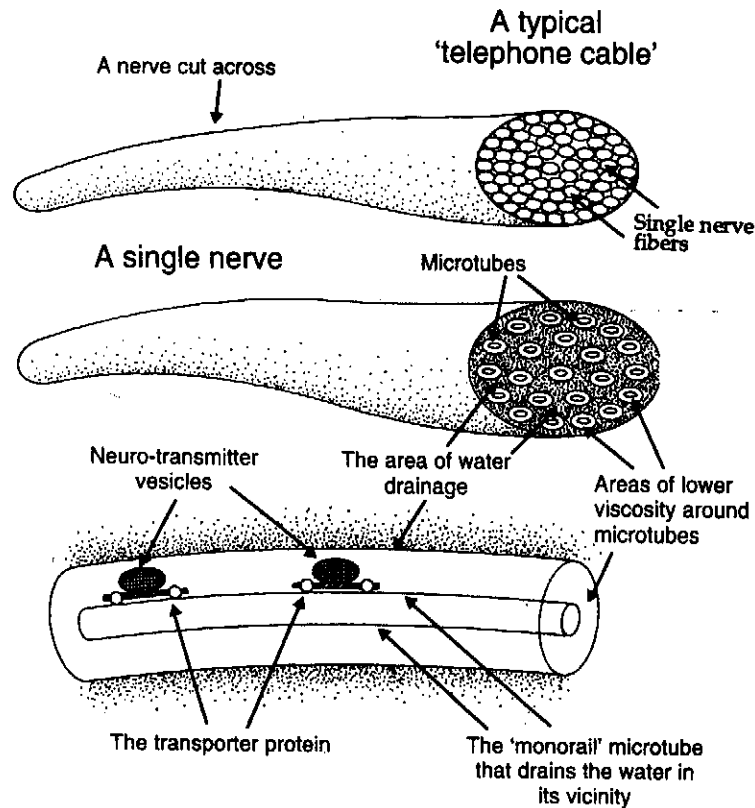


Figure 3: This is a schematic presentation of a single nerve fiber and the waterway system of transport along the line of microtubes that act as drainage pipes and create areas of lower viscosity by drawing water from the surrounding areas.

Don't Treat Thirst With Medications

In the amphibian species, it has been shown that histamine 1 serves and their rate of generation are at minimal levels. In the same species, histamine generation becomes established and gets pronounced whenever the animal is dehydrated.

A proportionate increase in the production rate and storage of the neurotransmitter histamine for rationing regulation of the available water in dehydrated animals—drought management—becomes established. Histamine and its subordinate water intake and distribution regulators, *prostaglandins*, *kinins*, and *PAF* (and other histamine associated agent) also cause pain when they come across pain-sensing nerves in the body.

The above "view shift" in medicine establishes two major points that have been disregarded until now. One, the body can become dehydrated as we progress in age. At the same time, it disregards "dry mouth" as the only indicator of body thirst. Two, when the neurotransmitter histamine generation and its subordinate water regulators become excessively active, to the point of causing allergies, asthma, and chronic pains in different parts of the body these pains should be translated as a thirst signal—one variety of the crisis signals of water shortage in the body. This "paradigm shift" will now make it possible to recognize many different associated signals of general or local body dehydration.

The adoption of the "view shift" (new paradigm) dictates that chronic pains of the body that cannot be easily explained as injury or infection should first and foremost be interpreted as signals of chronic water shortage in the area where pain is registered—a local thirst. These pain signals should be first considered and excluded as primary indicators for dehydration of the body before any other complicated procedures are forced on the patient. Non-infectious "recurring" or chronic pains should be viewed as indicators of body thirst.

Not recognizing the thirst signals of the body will undoubtedly produce complicated problems in the present way of treatment of these conditions. It is all too easy to assume these signals as

complications of a serious disease process and begin to treat signal-producing dehydration with complicated procedures. Although water by itself will alleviate the condition, medications or invasive diagnostic procedures may be forced on the person. *It is the responsibility of both patients and their doctors to be aware of the damage chronic dehydration can cause in the human body.*

These chronic pains include *dyspeptic pain, rheumatoid arthritis pain, anginal pain* (heart pain on walking, or even at rest), *low back pain, intermittent claudication pain* (leg pain on walking), *migraine* and *hangover headaches, colitis pain and its associated constipation* (See figure 4 on page 23).

The "view shift" dictates that all these pains should be treated with a regular adjustment to daily water intake. No less than two and a half quarts (two and one half liters) in 24 hours should be taken for a few days prior to the routine and regular use of analgesics or other pain-relieving medications such as antihistamine or antacids—well before permanent local or general damage can establish and reach an irreversible disease status. *If the problem has persisted for many years, those who wish to test the pain relieving property of water should make sure their kidneys can make sufficient urine so that they do not retain too much water in the body.* Urine output should be measured against water intake. With increase in water intake, the urine output should also increase.

This new understanding of the *physiology of pain production in dehydration* will shed light on cause of disease in future medical research. It exposes as detrimental to the well-being of the body the long-term use of pain medications for "killing" a cardinal signal of chronic and local dehydration of the body.

Dehydration and some chronic pains

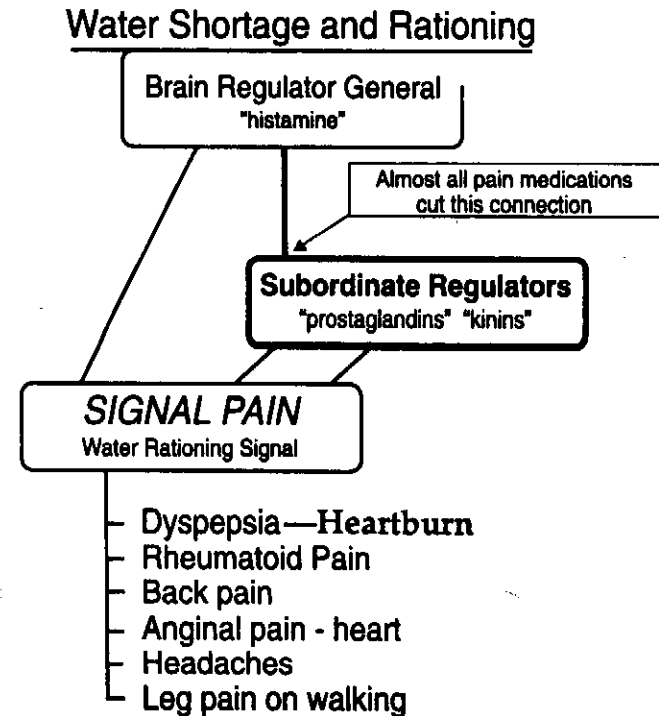


Figure 4: There are two components to the sensation of pain. One is local and the other is central nervous system-registered. At an early phase, the locally registered pain can be alleviated with painkillers. After a certain threshold is reached, the brain becomes the direct center for monitoring its perpetuation until hydration of the body takes place.

Stomach and Duodenum

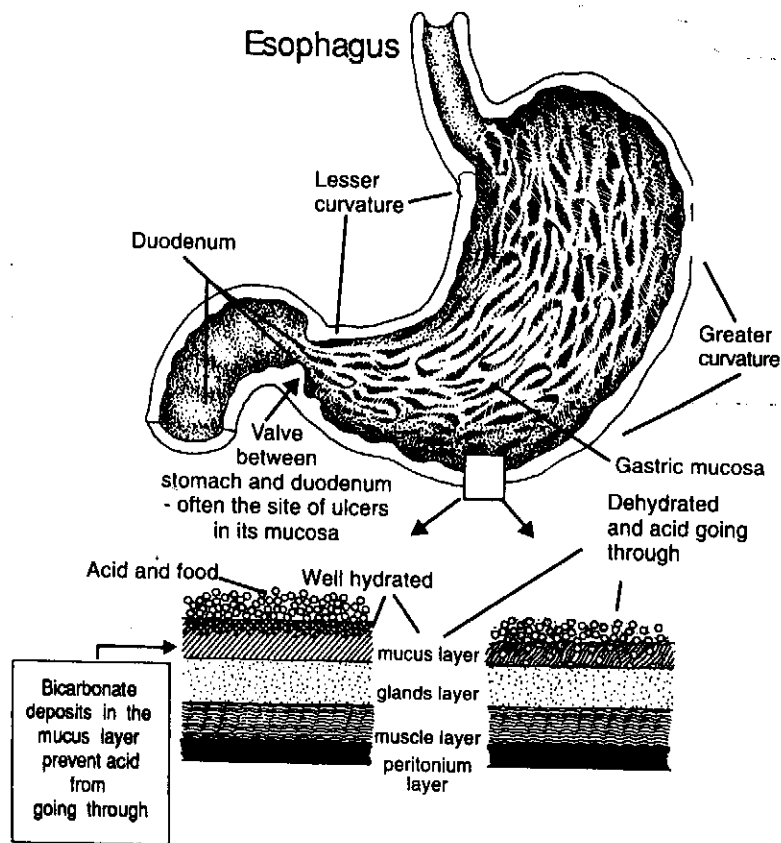


Figure 5: A model of the stomach and its mucosal structures. A well-hydrated mucus barrier will retain bicarbonate and neutralize acid as it tries to pass through the mucus. A dehydrated body will also predispose to inefficient mucus barrier that will permit acid penetration and mucosal damage. Hydration will provide a much better acid barrier to the mucosa than any medication on the market.

The natural design in the resecretion of water through the mucus layer seems to be the process of "back-washing" the mucus layer and getting rid of the salt deposits. This is a most efficient design for rehydrating the mucus layer from the bottom when new mucus is also secreted. This refreshed, thickened and sticky mucus barrier is the natural protective shield against the acid in the stomach. Naturally, the efficiency of this shield depends on a regular intake of water, particularly before the intake of different solid foods that would stimulate the production of acid from the glands in the stomach wall. Thus, water provides the only natural protection against the acid in the stomach, from base upward. Antacids are designed to attach to the acid in the stomach itself—an inefficient protection.

We should begin to realize that in the same way we have a "hunger pain" signal, we also have a "thirst pain" signal in the body. It is unfortunate they call it "dyspepsia" and treat it with all sorts of medications until there is local duodenal or stomach tissue damage from the metabolic complications of dehydration. The use of antacids for the relief of this pain is generally the accepted form of treatment. These substances are non-prescription slow poisons that one can buy even in the supermarkets.

Significant research conducted in Sweden has shown that *the outcome is the same* in those who do not have an actual ulcer and yet have the classical dyspeptic pain, whether or not they use a placebo, an antacid, or even the agent that blocks the action of histamine. In other words, neither antacid nor the stronger medication are all that effective. It is at this stage of body physiology, now generating signals of dehydration, that one should be prudent and refrain from the use of any form of medication.

Water is most probably the only effective substance to give relief. After all water, and only water, is what the body *wants, needs, and is calling for*. If we search accurately for other signs, there would be more indicators of dehydration. Do not imagine that dyspeptic pain is the indicator of an isolated and localized phenomenon. *In any case, dyspeptic pain is a signal of dehydration—a thirst signal—of*

Finger joint

Water held in the cartilage of a joint is the lubricant that protects the contact surfaces of the joint.

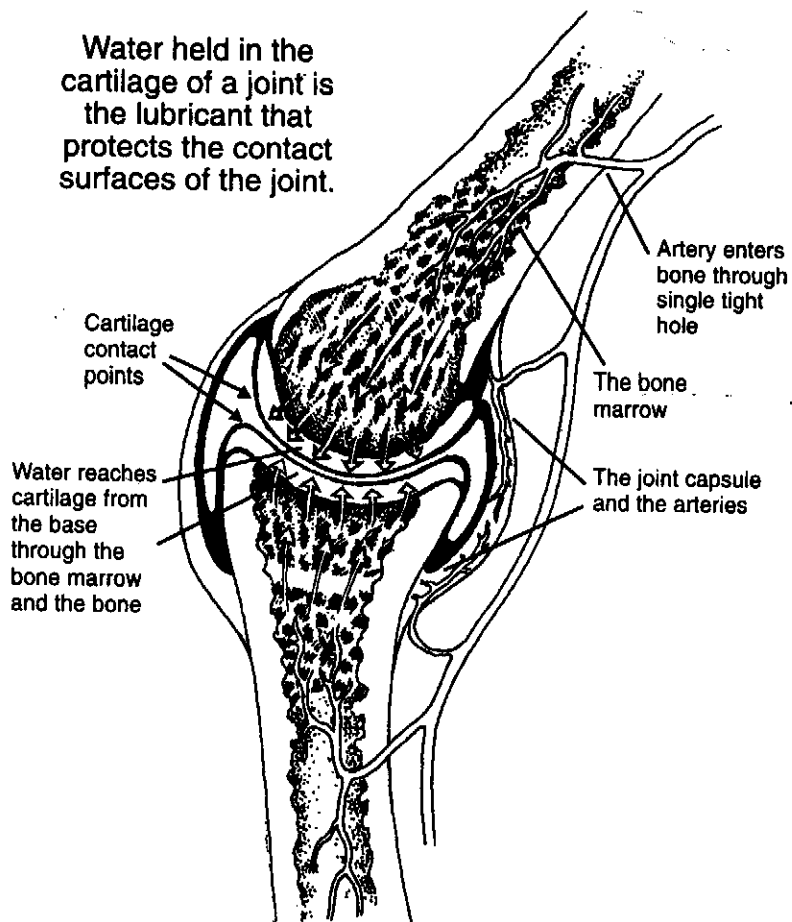


Figure 6: A schematic model of a normal hinge joint (found in the fingers) - its arterial supply, to the bone marrow, to its capsule, and the direction of serum supply to its cartilage contact points through the bone marrow.

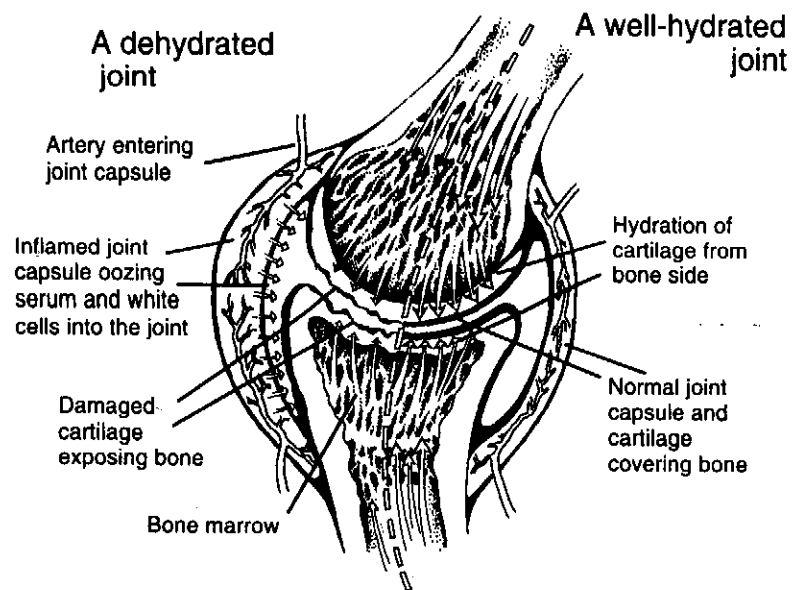
As the cartilage surfaces glide over one another, some exposed cells die and peel away. New cells take their place from the growing ends that are attached to the bone surfaces on the two sides. In a well-hydrated cartilage, the rate of friction damage is minimal. In a dehydrated cartilage, the rate of "abrasive" damage is increased. The ratio between the rate of regeneration of cartilage cells to their "abrasive peel" is the index of joint efficiency.

Actively growing blood cells in the bone marrow take priority over the cartilage for the available water that goes through the bone structure. In the process of dilating the blood vessels to bring more circulation to the area, it is possible that the branch that goes through a tight hole in the bone cannot expand adequately enough to cope; the cells that depend on these vessels for an increased water and nutrient supply are under a physically imposed rationing control. Under such circumstances, and unless there is blood dilution to carry more water, the "serum" requirements of the cartilage will have to be satisfied from the blood vessels that feed the capsule of the joint. The nerve regulated shunting mechanisms (to all the joints) also produce signals of pain.

Initially, this pain is an indication that the joint(s) is not fully prepared to endure pressure until it is fully hydrated. This type of pain has to be treated with a regular increase in water intake to produce some dilution of blood that is circulating to the area until the cartilage is fully hydrated and repaired from its base attachment to the bone—the normal bone route of serum diffusion to the cartilage. A look at Figures 6 and 7 will help make these points clear.

It is my assumption that the swelling and pain in the capsule of the joint is an indication there is dilation and edema from the vessels that furnish circulation to the capsule of the joint. Joint surfaces have nerve endings that regulate all functions. When they place a demand for more blood circulation to the area to pick up water from the serum, the compensatory vascular expansion in the capsule is supposed to make up for the inefficiency of circulation from the bone route of supply.

A well-hydrated and dehydrated joint - comparison



Joint movement causes vacuum to be created within the joint space. Water will be pulled through the bone and the cartilage into the joint cavity - if it is freely available.

Figure 7: A schematic model intended to show and compare, side-by-side, a well-hydrated joint to a dehydrated joint. The articular cartilage in a well hydrated joint gets its nutrition from the blood supply to its base attachment to the bone. A dehydrated joint will need to get some form of fluid circulation from the capsule of the joint, hence the swelling and tenderness in the joint capsule. The inflammatory process may appear as if there is infection when there is only dehydration.

Because dehydration in the joint surfaces will eventually cause severe damage—to the point of making the bone surfaces bare and exposed until osteoarthritis becomes established—the tissue damage will trigger a mechanism for remodeling of the joint. There are hormone-secreting cells in the capsule of the joint. When there is damage (also from dehydration), injured tissue has to be repaired. These "local remodeling hormones" take over and restructure the joint surfaces. It seems that they cater to the lines of force and pressure that the joints have to endure.

Unfortunately, the repair process seems to produce a deviation of the joints. To avoid such disfigurement, one should take the very initial pain seriously and begin a strict attention to daily intake of water. Initially, this pain should be recognized as a sign of local dehydration. If it does not disappear after a few days of water intake and repeated gentle bending of the joints to bring more circulation to the area, one should then consult a professional practitioner of medicine.

You have nothing to lose and everything to gain by recognizing the pain and the non-infectious inflammation of a rheumatoid joint as a thirst signal in your body. You are probably showing other signals for water shortage in your body, but this particular site is indicating predisposition to a more severe local damage.

If we understand the body to have difficulty in recognizing its thirst state, it is possible that this lower state of alertness is also inheritable by a child. It is possible that dehydration in a rapidly growing child might also indicate its presence by the pain felt in the joints as well as it can be felt in heartburn. The mode of signal production that would denote thirst might naturally be the same in the young, as well as in older people. It is therefore recommended that juvenile arthritis should also be treated with an increase in daily water intake.

As you can see, Dr. Laurence Malone, whose letter is published below, is an experienced medical doctor and an educator. His observations on the effect of water in rheumatoid joint pains in himself shows that our other colleagues in the medical profession

Low Back Pain

It should be appreciated that the spinal joints—intervertebral joints and their disc structures—are dependent on different hydraulic properties of water stored in the disc core, as well as in the end plate cartilage covering the flat surfaces of the spinal vertebrae. In spinal vertebral joints, water is not only a lubricant for the contact surfaces, it is held in the disc core within the intervertebral space and supports the compression weight of the upper part of the body. Fully 75 percent of the weight of the upper part of the body is supported by the water volume that is stored in the disc core; 25 percent is supported by the fibrous materials around the disc (see Figure 8). The principle in the design of all joints is for water to act as a lubricating agent, as well as bearing the force produced by weight, or tension produced by muscle action on the joint. It is the same type of force.

In most of these joints, the establishment of an intermittent vacuum promotes a silent water circulation into the joint, only to be squeezed out by the pressure borne as a result of joint activity. To prevent back pain, one needs to drink sufficient water and do a series of special exercises to create an intermittent vacuum to draw water into the disc space. These exercises will also reduce the spasm in the back muscles that in a vast majority of people—80 percent of all back pains—is the main cause of lower back pain. One also needs to adopt correct postures. The subject of back pain and its relationship to water is so important to understand that I have dealt with it in a special book, *How to Deal With Back Pain and Rheumatoid Joint Pain*, and a complementary video, *How To Deal With Back Pain*.

If you get back pain and, in particular, sciatic pain, **you will benefit** by reading the book and/or seeing the video. In majority of cases, **sciatic pain can be totally relieved within half an hour**, when the special movements that produce an intermittent vacuum in the disc spaces—shown in the book and the video—are performed.

The importance of the 5th lumbar disc

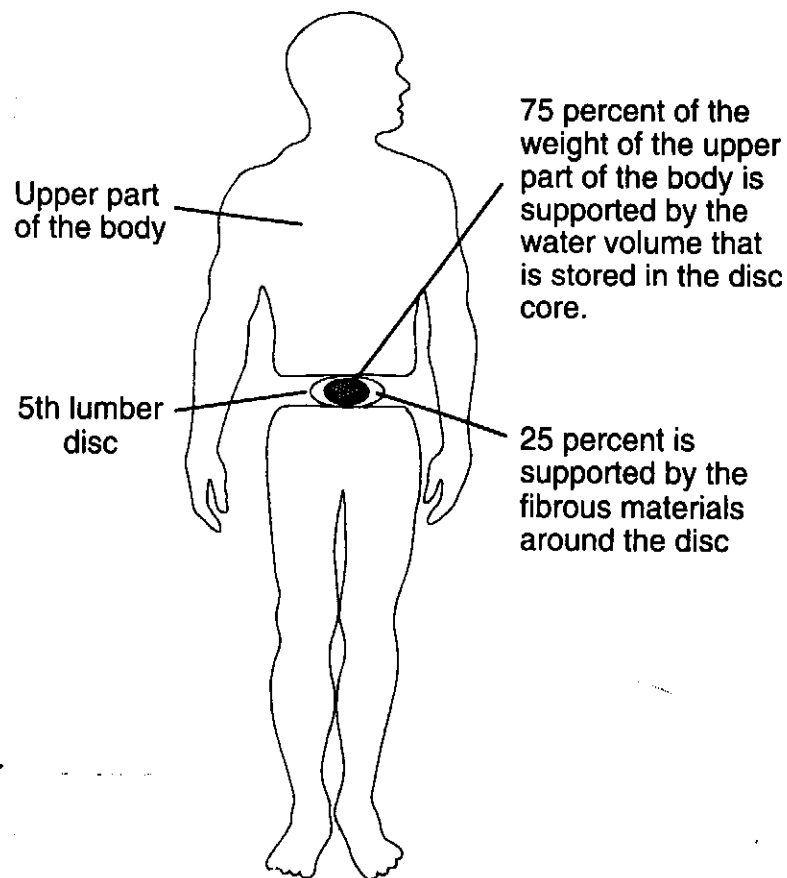


Figure 8: A schematic model showing the importance of water to the disc core. It provides the essential hydraulic support for the weight-bearing qualities of an intervertebral disc. Once dehydration sets in, all parts of the body begin to suffer. The intervertebral discs and their joint are the first in line. The 5th lumbar disc is affected in 95 percent of cases.

- "The reasonable man adapts himself to the world: the unreasonable one persists in trying to adapt the world to himself. Therefore all progress depends on the unreasonable man."

George Bernard Shaw

5

STRESS AND DEPRESSION

A state of depression is said to exist when the brain, in confronting a stressful emotional problem, finds it difficult to cope with other attention-demanding actions at the same time. This phenomenon can become so all-absorbing as to incapacitate the person. In the long run, such a stressful drain on brain activity can produce different manifestations that are labeled according to the person's outward behavior pattern.

Ten million Americans are said to be suffering from one form or another of such conditions. Infinitely greater numbers are experiencing, or will at one time or another experience, the milder forms of depression. Some form of depression is a natural phenomenon in the process of development and progress of any individual. It is in these states of consuming mental activity that characters are developed and the inner mettle of the individual is forged. Naturally, coping with different aspects of one's negative feelings is part and parcel of the process. Almost always, the state of depression is a passing phenomenon if love, care, and empathy are available to nudge the individual in the direction of a resolution of negative inner thoughts.

Unfortunately, some people will not be able to cope with the fear,

Dehydration: The main destructive factor in stress

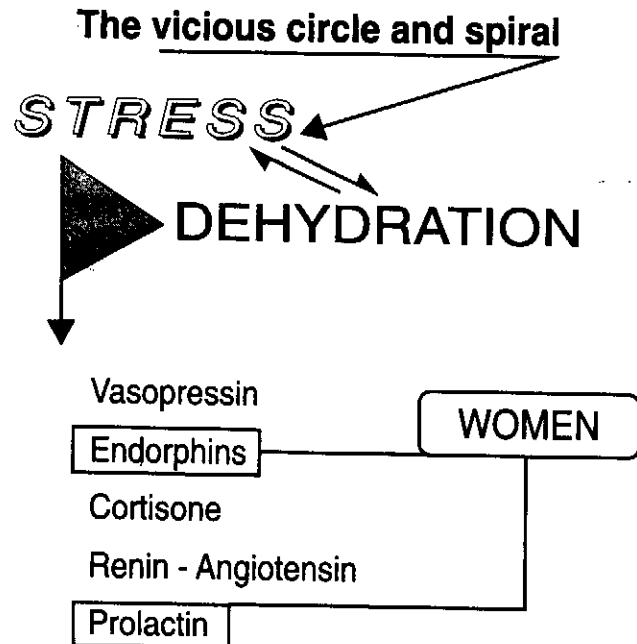


Figure 9: A schematic presentation of hormonal secretions during continued 'spiral' of stress or chronic dehydration.

Endorphins, Cortisone, Prolactin, and Vasopressin

Endorphins prepare the body to endure hardship and injury until it gets out of danger. They also raise the pain threshold. With an injury that would have caused pain at a lower level, with the "umbrella" of endorphins, the body will be able to continue with its task. Because of childbirth and monthly menstruation, women seem to access this hormone much more readily. *They generally have a greater ability to withstand pain and stress.*

Cortisone will initiate the remobilization of stored energies and raw materials. Fat is broken down into fatty acids to be converted into energy. Some proteins are once again broken down into the basic amino acids for the formation of extra neurotransmitters, new proteins, and some special amino acids to be burned by the muscles. During pregnancy and at the time of feeding milk to the child, this hormone and its "associates" will mobilize a uniform flow of primary materials for the purpose of offspring development. If the action of cortisone continues for long, soon there will be some selective depletion from the amino acid reserves of the body.

Under the influence of cortisone, the body continues to "feed off itself." The effect of cortisone is designed to provide emergency raw materials for the production of most essential primary proteins and neurotransmitters—to get the body "over the hump." It is not designed for the continued breakdown of materials employed in the maintenance of the structural integrity of the body. It is this phenomenon that produces the damage associated with stress, if the "stressor" maintains its unabated influence.

Prolactin will make sure that the lactating mother will continue to produce milk. All species have it. Prolactin will prime the gland cells in the breast to continue milk production even if there is dehydration or stress that will cause dehydration. It will prime the gland cells to regenerate and increase in quantity.

Water filtration through cell membranes

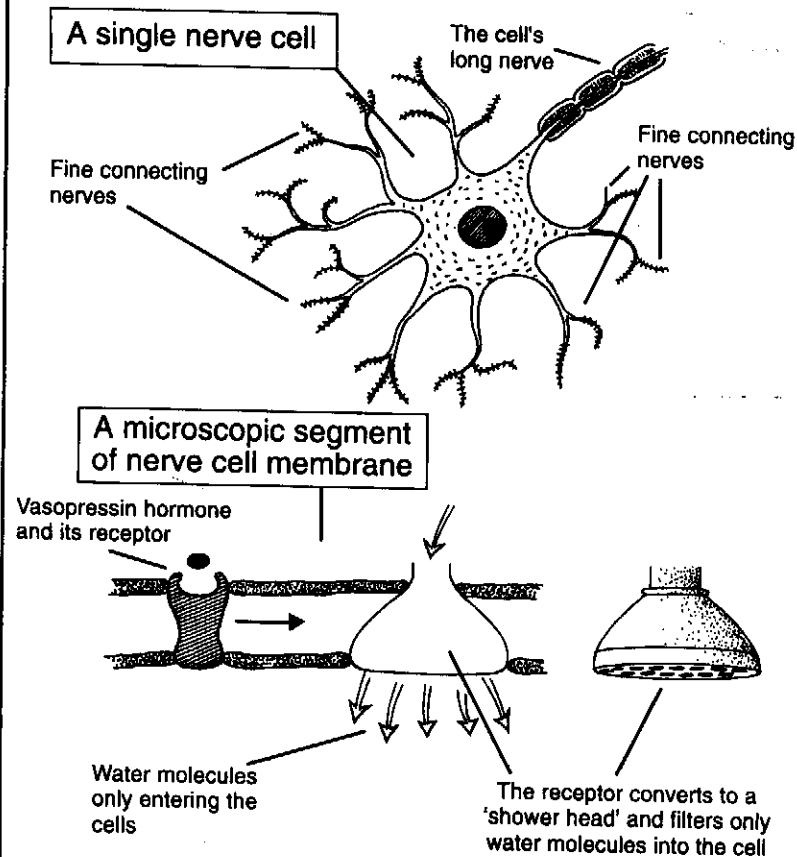


Figure 10: A schematic model of a nerve cell, its bilayer membrane, and the vasopressin receptor that converts into a "shower-head" structure and allows for the filtered water from the serum to enter the cells that have the receptor. Vasopressin also produces vasoconstriction, which puts a squeeze on the blood volume to produce the pressure for water filtration - reverse osmosis.

Alcohol

Alcohol will suppress the secretion of vasopressin from the pituitary gland. Lack of vasopressin in circulation will translate to general dehydration of the body—even in the brain cells. Now, a previously slight and easier-to-adjust-to dehydration will translate to a very severe drought in the "sensitive cells" of the brain. To cope with this "stress," more of the various hormones are secreted, including the body's own addictive *endorphins*.

Thus, prolonged use of alcohol may be instrumental in promoting addictive tendencies to endorphin secretion in the body—triggering the secretion of excess endorphins. Women, because of their natural tendency to increased endorphin production to cope with childbirth and their monthly menstruation, seem to become addicted to alcohol more readily than men. It seems that women become addicted to alcohol in about three years compared to men, who may become compulsive drinkers in about seven years.

Figures 10 and 11 will explain some of the possible contributory factors to the development of chronic fatigue syndrome during an expanding chronic dehydration. It can occur from the regular intake of caffeine-containing and alcoholic beverages in place of water. Vasopressin receptor is naturally designed in place of the *waterways* in the nerve systems fully *topped-up*. Naturally, in dehydration of the nerve system, the energy and volition to do new work is drastically reduced.

In severe dehydration, produced by the habitual intake of alcohol and caffeine, when water has to be urgently pumped into the "waterways" in the nerves, more blood circulation has to be brought alongside the nerves. The process will involve the release of histamine from the cells in the lining that cover the nerves. This will, at some point, cause an "inflammatory" situation that will eventually damage the lining of the nerves in the vicinity—at a pace faster than they can be repaired. The outward manifestations of such a "regional" process have been labeled as different nerve disorders, including *multiple sclerosis* (MS). Now, their prevention and treatment become clear. *I have seen it work in MS.* See John Kuna's letter on page 70.

Renin-Angiotensin Activity

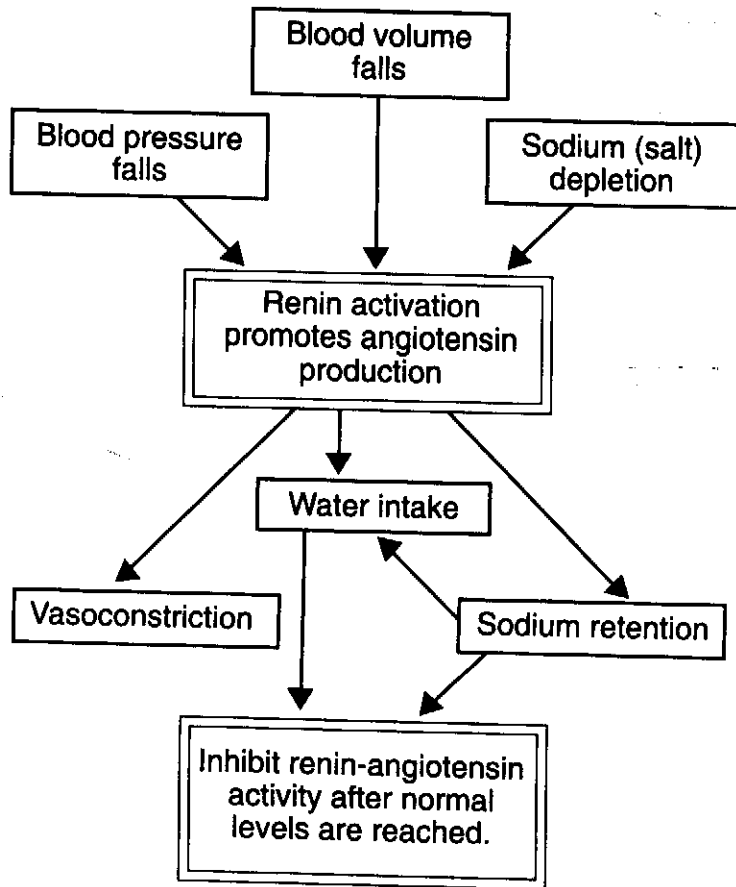


Figure 12: A model of physiological events that will either stimulate or inhibit renin-angiotensin production.

The RA system is the pivotal mechanism for the restoration of fluid volume in the body. It is one of the subordinate mechanisms to histamine activity for water intake. It regulates the vascular bed to adjust for the fluid content of the circulation system. Its activity is decreased by the presence of more salt and water to fill the fluid capacity of the vascular bed. In the kidneys, it senses the fluid flow and the filtration pressure for its urine-making system. If the filtration pressure is not adequate for urine filtration and secretion, the RA system will tighten the blood vessels in this organ.

When the kidneys are damaged and urine production is insufficient, the RA system is more active. It promotes more salt intake and induces more thirst. Kidney damage may be the consequence of long-term dehydration and salt depletion that had triggered the RA system activity in the first place. But we have not in the past recognized the significance of the vascular tightening (essential hypertension) as an indicator of body's fluid loss. Now, insufficient fluid balance in the body may have to be considered as the primary factor in some cases of renal damage—to the point of needing kidney replacement. Once the RA system is turned fully ON, it continues its expanding pace until a natural switching system could turn it off. The components of the natural OFF switch are *WATER and some SALT—in that order*—until the measurable vascular tightening indicates a normal range.

The salivary glands seem to have the ability to sense salt shortage in the body. When there is sodium shortage, they seem to produce substances called *kinins*. Kinins promote added blood circulation and increased saliva formation in the *salivary glands*. This increased saliva formation (possibly to the extent that it would flow out of the mouth) serves two purposes: One, it lubricates the mouth during food intake in a dehydrated state of the body; two, its alkaline consistency and copious flow will assist in food breakdown and its eventual evacuation from the stomach. Within the integrated systems of the human body, the kinins of the salivary gland seem to also trigger activation of the RA system that will begin to influence all parts of the body.

blood-holding capacity of the capillary bed that determines the direction and rate of flow to any site at a given time.

This process is naturally designed to cope with any priority work without the burden of maintaining an excess fluid volume in the body. When the act of digestion has taken place and less blood is needed in the gastrointestinal region, circulation to other areas will open more easily. In a most indirect way, this is why we feel less active immediately after a meal and ready for action after some time has passed. In short, there is a mechanism for establishment of priority for circulating blood to any given area—some capillaries open and some others close. The order is predetermined according to a scale of importance of function. The brain, lungs, liver, kidneys, and glands take priority over muscles, bones, and skin in blood distribution—unless a different priority is programmed into the system. This will happen if a continued demand on any part of the body will influence the extent of blood circulation to the area, such as muscle development through regular exercise.

Water Shortage: Potentials for Hypertension

When we do not drink enough water to serve all the needs of the body, some cells become dehydrated and lose some of their water to the circulation. Capillary beds in some areas will have to close so that some of the slack in capacity is adjusted for. *In water shortage and body drought, 66 percent is taken from the water volume normally held inside the cells; 26 percent is taken from the volume held outside the cells; and 8 percent is taken from blood volume* (see Figure 13). There is no alternative for the blood vessels other than closing their lumen to cope with the loss in blood volume. The process begins by closing some capillaries in less-active areas. Otherwise, where will the balance come from to keep these capillaries open? The deficient quantity must come either from outside or be taken from another part of the body!

The role of capillary bed in hypertension

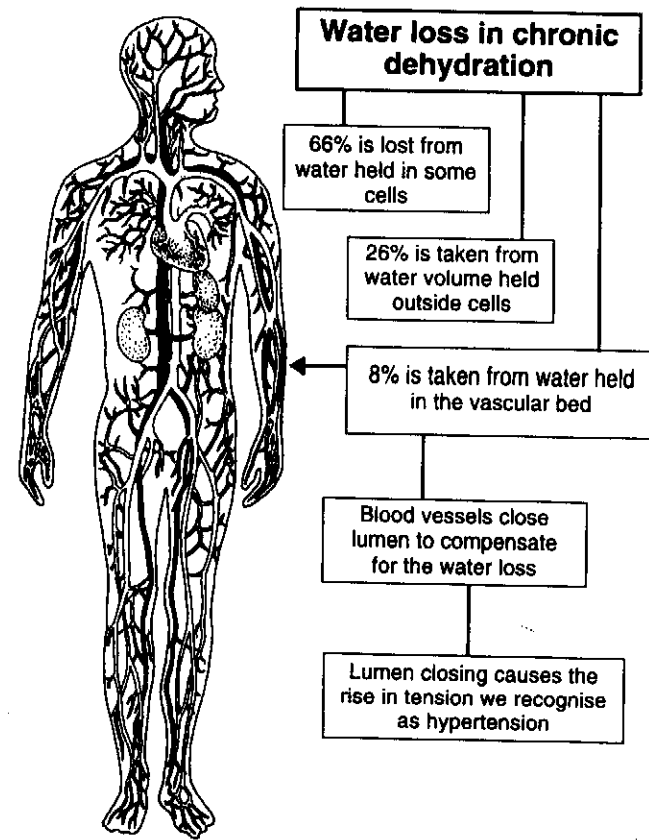


Figure 13: The vascular system all over the body adapts to blood volume loss by selective closing of the lumen. One major cause for blood volume loss is the loss of body water or its under supply through the loss of thirst sensation.

If you can find out why this doctor was not interested in discovering how Charles's mother brought his blood pressure back to normal, you will then realize why we have a health care crisis on our hands!!

Michael Peck has in the past been involved in an administrative capacity with the Foundation for the Simple in Medicine. The foundation is a medical research ("think tank") institution. At a scientific and public education level, the foundation is engaged in the introduction of the paradigm shift on water metabolism of the body in this country. Mr Peck briefly explains his medical problems since childhood. Who in the world would have thought so many disparate medical conditions could be related, and after so many years, these conditions would disappear as a result of a simple adjustment to daily water intake? The solution to Mr. Peck's medical problems was so unique his wife also began to adopt the "treatment ritual."

MICRO INVESTMENTS, INC.

Dr. F. Batmangheidj
Foundation For The Simple In Medicine
2146 Kings Garden Way
Falls Church, Va. 22043

25 March 1992

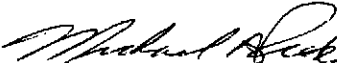
Dear Fereydoon,

This letter is a testimony to the merits of water as an essential part of the daily dietary requirements for good health. I have been following your recommendations for nearly five years, and have found myself taking for granted the positive effects of water intake.

When I first started on the program I was overweight, with high blood pressure and suffering from asthma and allergies, which I have had since a small child. I had been receiving treatment for these conditions. Today, I have my weight and blood pressure under control (weight loss of approximately 30 pounds and a 10 point drop in blood pressure). The program reduced the frequency of asthma and allergy related problems, to the point of practical nonexistence. Additionally, there were other benefits, I experienced fewer colds and flus, and generally with less severity.

I introduced this program to my wife, who had been on blood pressure medication for the past four years, and through increased water intake has recently been able to eliminate her medication.

Thanks again for your program,


Michael Peck

Michael Paturis is a fellow Rotarian. He first became aware of my work when I was asked to speak before his club a few years ago. One day we had lunch together and I explained in detail why hypertension and fat accumulation in the body are generally the consequences of chronically occurring dehydration. He accepted my advice of increasing his daily water intake. He also convinced his wife to adopt the measure. Please note the impact of increased water intake on allergies and asthma that have been stated in the two letters.

Lt. Col. Walter Burmeister has observed the effect of water on his own blood pressure. As you can read in his letter, which is being published with his kind consent, he, too, has experienced a drug-free and nature-designed adjustment to his blood pressure.

If water is a natural diuretic, why do intelligent and appearing-to-be-learned people still insist on using chemicals to get rid of water from the kidneys? As far as I am concerned, this action constitutes negligence. Since this action will eventually damage the kidneys, and ultimately the heart, its practice should stop.

My colleagues who still insist on blindly using diuretics in the treatment of hypertension are walking into foreseeable litigations for negligent treatment of their patients. The new information will provide their patients with sufficient insight to understand what damages have been caused in them by the stupid way of asserting the treatment of "hypertension" with diuretics. Let the February 1995 class action suit of smokers against the tobacco industry be a lesson for the health care industry.

E. MICHAEL PATURIS

LAW OFFICES OF
E. MICHAEL PATURIS

February 20, 1992

LEE STREET SQUARE
431 N. LEE STREET
OLD TOWN
ALEXANDRIA, VIRGINIA 22314
(703)

F. Batmanghelidj, M.D.
Foundation For The Simple
In Medicine
2146 Kings Garden Way
Falls Church, Virginia 22043

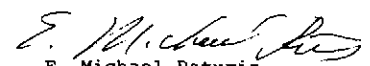
Dear Dr. Batmanghelidj:

I again wish to thank you for your kindness in helping my wife and me to better appreciate the importance of water to our health.

We feel the conscious increase in our water consumption contributed greatly to our weight loss -- a weight loss which had been urged upon both of us by our respective physicians for years. My loss of approximately forty-five (45) pounds has resulted in such a lowering of my blood pressure that I am no longer taking medicine for my blood pressure. My wife's weight loss has alleviated the discomfort she has experienced for years with her back. In addition, she believes the weight loss has reduced her discomfort and problems with her allergies.

With best wishes, I remain

Sincerely,


E. Michael Paturis

EMP:map

Dr. Fereydoon Batmanghelidj
 Foundation For the Simple in Medicine
 2146 Kings Garden Way
 Falls Church, Virginia 22043

3 August 1994

Dear Dr. Batmanghelidj:

Since my 24 May 1994 letter, and your consequent telephone call, a physical change of address has absorbed my time. The new address is LTC Walter F. Burmeister, 118 Casitas del Este, El Paso, Texas 79935.

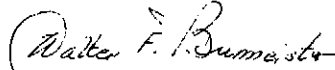
Albeit, much more important than these facts, I am in a position to verify how tap water effectively lowers hypertension. Starting in early April 1994, leaving years of diuretics and calcium-blockers behind, in accordance with your recommendation, for approximately 3 months I drank a minimum of eight 8-ounce glasses of tap water; occasionally more. The blood pressure, heretofore contained by drugs, gradually dropped from an average around 150-160 systolic/over 95-98 diastolic to an amazing, drug free, 130-135 systolic/over 75-80 diastolic fluctuating average.

My wife makes these measurements at home; each time taking two or three readings. The record shows several lows of 120s. over 75d. and a rare high of 140s. over 90d. However, the average range, as stated above, uniformly dominates.

In addition to vitamins and minerals, this drug-free approach, based essentially on tap water and a pinch of salt, has relaxed my system and justifies the confidence that you hold the handles of a truly revolutionary and marvelous medical concept.

Since you are about to publish a book with applicable testimonies of the Hydration System, my personal experience is gratefully offered as a way of saying thank you.

Respectfully yours,


 Walter F. Burmeister
 Lt. Col. AUS RET

118 Casitas del Este Pl.
 El Paso, Texas 79935

Tel: 1-915-590-7545

7

HIGHER BLOOD CHOLESTEROL

Higher blood cholesterol is a sign that the cells of the body have developed a defense mechanism against the osmotic force of the blood that keeps drawing water out through the cell membranes; *or the concentrated blood can not release sufficient water to go through the cell membrane* and maintain normal cell functions. Cholesterol is a natural "clay" that, when poured in the gaps of the cell membrane, will make the cell wall impervious to the passage of water (see Figure 14). Its excessive manufacture and deposition in the cell membrane is part of the natural design for the protection of living cells against dehydration. In living cells that possess a nucleus, cholesterol is the agent that regulates permeability of the cell membrane to water. In living cells that do not possess a nucleus, the composition of fatty acids employed in the manufacture of the cell membrane gives it the power to survive dehydration and drought. Cholesterol production in the cell membrane is a part of the cell survival system. It is a necessary substance. *Its excess denotes dehydration.*

Normally, it is water that instantly, repeatedly, and transiently forms into adhesive sheets and binds the hydrocarbon bricks together. In a dehydrated membrane, this property of water is

lost. At the same time that water is binding the solid structure of the membrane, it also diffuses through the gaps into the cell.

Figure 14 has been designed to demonstrate the structure of a bilayer membrane during full hydration and its possible extreme dehydration. I have presented this researched concept at an international gathering of cancer researchers. These same scientific statements are published and have been discussed by other researchers. How does this phenomenon affect us in our everyday life? The answer is simple. Imagine that you are sitting at a table and food is brought to you. If you do not drink water before you eat the food, the process of food digestion will take its toll on the cells of the body. Water will have to be poured on the food in the stomach for proteins to break and separate into the basic composition of their amino acids. In the intestine, more water will be required to process the food ingredients and then send them to the liver.

In the liver, the specialized cells will further process the intestine-digested materials and then pass the *resupplied and composition adjusted blood* to the right side of the heart. In the liver, more water is used to process the food ingredients. The blood from the right side of the heart, which has also received some "fat" components from the lymphatic system that empties into the right side of the heart, will now be pumped into the lungs for oxygenation and exchange of the dissolved gases in the blood. In the lungs, aeration of the blood further dehydrates it by the process of evaporation of water—the "winter steam."

Two modes from the bilayer membrane

DEHYDRATED

HYDRATED

The membrane that covers any cell is in two distinct layers

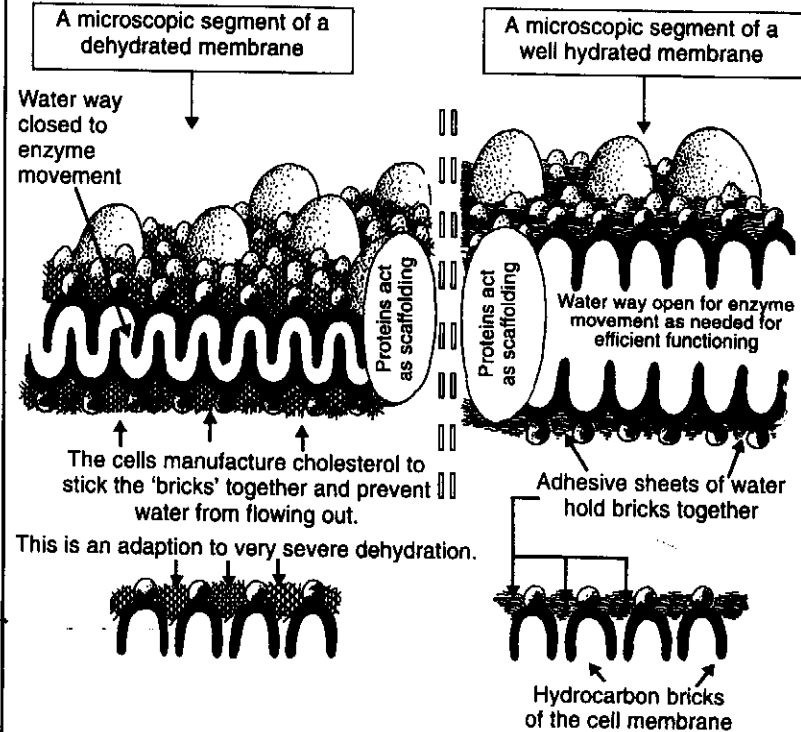


Figure 14: In a well-hydrated membrane, water is the adhesive material that also diffuses through the hydrocarbon 'bricks'. The bilayer is separated and the space is used as a 'waterway' for enzyme activity. In a dehydrated membrane, cholesterol is manufactured to stick the 'bricks' together and also prevents further loss of water from inside the cell. The 'waterway' is also obstructed by the inter-fit of projections of the 'bricks' - the left side.

EMBASSY OF THE ARAB REPUBLIC OF EGYPT
PRESS & INFORMATION BUREAU

1666 CONNECTICUT AVENUE, N.W., SUITE 440 WASHINGTON, D.C. 20009 • TEL: (202) [REDACTED] FAX (202) [REDACTED]

May 1st, 1991

Dr. Fereydoon Batmanghelidj
Foundation For The Simple In Medicine
P.O. Box 3267, Falls Church, VA 22043

Dear Dr. Batmanghelidj,


This is to say how grateful I am to you for making me a much less worried man. I have suffered from a high cholesterol level since 1982. It was 278 when it was first discovered. I was then in Germany and I was put on such a strict diet that I lost 16 pounds in less than two months and the Cholesterol level went down to only 220. I refused to accept to lower it further through medication especially since in Egypt the doctors still believe that this level is not really dangerous by the prevailing standards in our country.

Since I entertain and attend business lunches more than what would be expected even from a diplomat, because of the additional burden of dealing with the media, my cholesterol was always going up to around 260 and back to 220s, by putting myself on very strict diet from time to time. However, it must be noted that it was only outside my home that the diet came crashing down. Otherwise, I was strict with myself. In fact, even when I ate outside, I was careful to choose dishes, wherever available, which were not particularly rich in fat.

Last year I was shocked to discover that my blood cholesterol level had shot up to 279. I was lucky to have met you then. When you "prescribed" ample water (two full glasses) be taken before meals instead of medication that I was just about to submit myself to then, I was very skeptical. All the more so since you did not overemphasize dieting. In two months, and with very little observance of all the old "rules" which were making my life miserable, my cholesterol went down to 203 for the first time in more than nine years! My weight too was surprisingly also down by about eight pounds and has since been under control. In fact, I feel so good that I am sure that the next time I will be going for a blood test, my cholesterol level will be found to be even lower. So, goodbye to the "normal" Egyptian standards and welcome to the American new levels of cholesterol without the accompanying sense of deprivation!

Enjoying eating, moderately of course, as I had not been doing for a long time and free from a worry that was always at the back of my mind, I believe I owe you a big THANK YOU.

YOURS SINCERELY


MINISTER MOHAMMED WAHBY
Director, Press and Information Bureau

Don't Treat Thirst With Medications

These same chemicals can also set the stage for the deposit of cholesterol in the walls of the arteries. The common factor to all of the various conditions labeled as different diseases of the heart and the lungs is an established dehydration. Take a look at Sam Liguori's letter, published by his kind permission. His arterial pain disappeared when he started to increase his water intake. He also has suffered from hiatus hernia. That, too, has started to clear up. Give him time, and it will recover completely. Also take a look at Loretta Johnson's letter. You will see that even at a young-at-heart age of 90, her anginal pain can be treated with water to the extent that she does not need any medication for her heart pains.

I have many, many letters similar to these. It is not possible to publish them all. I have selected a few of them to show you that what I propose is not a theory. It, in fact, works for different people of varying ages.

WARD

The talk station
1550·AM

December 2, 1994

Global Health Service, Inc.
Attention: F. Batmanghelidj, M. D.
P. O. Box 3189
Falls Church, VA 22043

Dear Dr. Batmanghelidj:

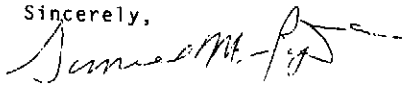
Just a short letter to thank you for informing our listeners about the health benefits of drinking two quarts of water a day.

Not only did you help our radio audience, but I personally have enjoyed a resurgence of energy after drinking two quarts of water each day for just over one week.

The angina pain I endured for five years has disappeared and my distress from a hiatal hernia has greatly lessened. I feel like a new person.

I've been doing talk shows at WARD Radio for the past 20 years, and I must say your interview with us is one I'll always remember.

Sincerely,



WARD Broadcasting Corporation
Samuel M. Liguori, Program Director

SML:rwb

P.O. Box 1550 Pittston, PA 18640
(717) 655-5521



Mrs Loretta M. Johnson
174 Cherry St.
Naugatuck, CT. 06770-4828


May 11, 1994

Dear Dr. Batmanghelidj:

I am 90 years old I have angina. I do not get chest pains or cramps but at the base of my throat I get an ache - a painful tension and my pulse beats like a run-away horse.

But after I read your book "Your Body's Many Cries for Water" I started drinking water. When I get an attack of angina - I rest and drink water! Would you believe it? I don't need the nytrostat (buffered nitroglycerin) anymore. I am so glad because the nitro burned my mouth and gave me oral ulcers. Now I carry a small bottle of water with me at all times in addition to drinking it at home. Thanks a million!

Loretta M. Johnson
Naugatuck, Conn 06770



Mrs Loretta M. Johnson
174 Cherry St.
Naugatuck, CT. 06770-4828

Mr. John Fox's case is very unusual in that his severe case of heart disease was reversed sufficiently to make life once again normal for him—without the bypass surgery that is now in vogue. Mr. Fox is in his sixth decade of life. He is a retired electronics engineer who has spent many highly responsible years with the Navy. Today, he is one of the 50 living Bates-Trained Natural Vision specialists. At some point in time, he was nearly blind in one eye and losing vision in the other. He became intrigued with the Bates method of vision training because of his own needs. As a result of his training, he is not going blind anymore and his eyesight is saved—virtually normal now.

A few years back, he was considered hypertensive. He received medication to reduce his blood pressure. He could not take the medications; they made him worse. His problems started when he suffered his heart attacks. His letter explains what happened to him and how he is better now. The highlight of this letter is that after two months of taking increased water, and a slight adjustment to his diet, in addition to his daily walks, his coronary arteries must have cleared sufficiently for him to feel normal. He now enjoys normal activity without having to endure any pain, and all of that without the use of any medication or suffering by-pass surgery.

Imagine that a person with such a severe heart problem as Mr. Fox could in about two months get back to normal life and not need invasive treatment even though chemical treatments failed! The proposed nature-designed approach to the problem scientifically and logically seems to depend on physiological reversal of the disease process. It's an ideal way of offering *cures* for some degenerative disease conditions.

BATES-FOX

Natural Vision Training

2945 North Lexington Street Arlington Virginia 22207

Telephone 703 536 7482

Attestation: 25 March 1992

It was in the spring of 1991 when I first learned from a member of the Foundation For the Simple In Medicine the value of water as a form of medication. Six months before, I had suffered two heart attacks and had undergone angioplasty surgery. After the operation, I was prescribed heavy dosages of calcium and beta blockers, baby aspirin, nitroglycerine (for pain), and cholesterol-reducing medicine for recovery. The angiogram before the angioplasty had shown one of the arteries of my heart was 97 percent blocked by cholesterol deposits. I was told my heart had been damaged.

After six months of strict attention to my prescribed "recuperation" program, I noticed that my condition was rapidly deteriorating, to the extent that I had difficulty sleeping because of pain in my left arm, back and chest, and also felt these same pains when I took my daily walks. I visualized myself going for bypass surgery at the scheduled time for reevaluation of my condition. By this time, I also suffered from serious side effects caused by the medications, such as: my prostate created retention and blocking problems; I had also developed problems with my vision and memory recall.

I first began my rehabilitation through diet by a regular intake of six to eight 8-ounce glasses of water each day for three days. I was told to drink water a half-hour before eating my daily meals. I cut off my anti-cholesterol pills, aspirin and nitroglycerine pills. Judging by the effect of the water, it seemed I did not need them. I also started taking orange juice and started using salt in my diet again (I had been on a sodium-free diet). After the first three days, I was feeling more comfortable about all of that added water. After three weeks of gradually reducing the calcium and beta-blockers, I noticed some very favorable changes. Whenever I felt pain, I would drink water and get instant relief. My diet remained the same--fruits, vegetables, chicken, fish, orange juice, and carrot juice. To get more tryptophan, I was asked to add cottage cheese and lentil soup to my diet.

Dr. Batmanghelidj requested that I take two one-hour walks (25 min. mile) a day. After the second month, I noticed no more pain--even walking up steep hills. After the fifth month, I changed my walks to 1/2 hour and increased my pace to a 15-minute mile. No constrictions were noticed during my walks and my energy had increased two-fold. Much of my power to recall had been reestablished, and my vision returned to normal.

In October 1991, I had a series of chemical and physical tests, including x-rays, sonogram, echocardiogram and electrocardiogram, to determine the state of my heart. The tests showed that my heart had restored to its normal state and I did not need any form of medication to cope with my daily routine. My doctor could not believe how simply all this change had taken place.

John O. Fox

John O. Fox
Bates-Fox Natural Vision Training

Adding the statements of Mr. Wahby to the results presented by Mr. Fox, Mr. Paturis, Mr. Liguori, Mrs. Johnson, Col. Burmeister and Mr. Peck, one begins to recognize the fact that *common tap water has medicinal values hitherto unrecognized*. Water is a readily available natural medicine for some of the prevalent and very serious medical conditions that are known to kill many thousands of people every year. Is it heart disease or dehydration that is killing people? In my professional and scientific view, it is *dehydration* that is the biggest killer, more than any other condition you could imagine. The different aspects and "chemical idiosyncrasies" of each individual's body reaction to the same pattern of dehydration have received different professional labels and have been treated differently—*and ineffectively*.

Dehydration is the common factor. It is the difference in the "chemical blueprint" in the design of each body that initially demonstrates the signs of chronic dehydration by different outward indicators. Later in the process, other indicators of the same dehydration become apparent. The reason for this difference in the initial pattern may well be the selective process of "showing head" emergency hydration of some cell types in the body. If you take a second look at the letters by Mr. Peck, Mr. Paturis and Mr. William Gray (page 152), you will see that the individuals in question had multiple problems that got better by the regulation of daily water intake. You are now privy to information on where the mistake lies in the creation of monstrous problems within the health care systems in scientifically advanced countries. *They seek to allow the arrogant treatment of a simple dehydration of the human body by chemical mallets until real diseases are born.*

- "The secret of caring for a patient is caring for the patient."

Sir William Osler

8

EXCESS BODY WEIGHT

Q: Why are 30 percent of Americans overweight?

A: Because of a most basic confusion!

They don't know when they are thirsty; they also don't know the difference between "fluids" and "water."

Let us discuss the letters from Mr. Peck, Mr. Paturis, Priscill Preston, and Donna Gutkowski that follow. All of them state they lost between 30 and 45 pounds in weight when they switched to water as their preferred beverage. There is another person who gradually lost 58 pounds in less than a year, weight she had gained in six years. As you read on, you will see how simply we gain weight. You would think it "simplistic" if you did not have the proof in front of you.

The central control system in the brain happens to recognize the low energy levels available for its functions. The sensations of thirst or hunger also stem from low, ready-to-access energy levels. To mobilize energy from that which is stored in the fat, one needs hormonal release mechanisms. This process takes a while longer (and some physical activity for energy release) than the urgent needs of the brain. The front of the brain either gets energy from "hydroelectricity" or from sugar in blood circulation. Its functional needs for hydroelectricity are more urgent—not only the energy formation from water, but also its transport system within



October 31, 1994

To Whom It May Concern:

Priscilla D. Preston, APR

Public Relations

1232 South Crockett

Amarillo, Texas 79102

(806) 374-3123

Imagine having to sleep in an upright position for almost a year, struggling for each breath and suffering from countless asthma and panic attacks nightly! That was me until five months ago! On March 27, 1993 I was hospitalized with a severe asthma attack and developed bronchial pneumonia! My blood gases registered 40 and I was in a life-threatening situation!

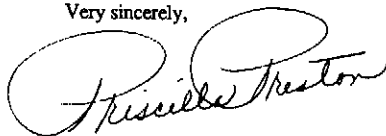
After my release from the hospital, I was placed on large doses of theophyllin and prednisone. My weight skyrocketed and the medication caused me to become hostile and disoriented. I really didn't want to live! Then, a wonderful friend gave me a flyer on Dr. Batmanghelidj's book *Your Body's Many Cries for Water!* I quickly mailed a check and a letter to the doctor, pleading for a fast delivery! To my complete surprise, he called me personally and started helping me by telephone to get off the medication, which was inappropriate for my condition at this time and asked me to drink at least three liters of water a day and use a small amount of salt! He also asked me to walk in an indoor shopping mall for 15 minutes a day. I can now walk for 30 minutes a day and my breathing is 100% better!

As of this date, October 31, 1994, I am no longer on any medication for asthma! I have not used an inhaler or medication of any sort for more than five months! When I start any sort of mild wheezing, I just drink a glass of water and take a little salt and I'm fine!

And....guess what? All of the wonderful water and walking has made me lose 35 lbs. I'm now back to my desired weight and I look young, vibrant and healthy again!

There are millions of Americans out there who need to get "the message." They suffer from AIDS, asthma, arthritis and chronic fatigue syndrome, etc. Everyone in America could benefit from reading Dr. Batmanghelidj's books!

Very sincerely,



9

ASTHMA AND ALLERGIES

It is estimated that 12 million children suffer from asthma, and several thousand die every year. Let us declare an end to asthma in less than five years. Let us save children from the constant fear of suffocation because they do not recognize they are thirsty for water!

Asthma and allergies are indicators that the body has resorted to an increase in production of the neurotransmitter histamine, the sensor regulator of water metabolism and its distribution in the body.

It is recognized that asthmatics have an increase in histamine content of their lung tissue and that it is the histamine that regulates the bronchial muscle contraction. Since one of the sites for water loss through evaporation is in the lungs, bronchial constriction produced by histamine means less water evaporation during the act of breathing—a simple natural maneuver to preserve the body water.

Histamine is an agent that, apart from its water regulatory role, has responsibilities in antibacterial, antiviral, and anti-foreign agents (chemicals and proteins) defense systems in the body. A

a normal level of water content of the body, these actions are held at an imperceptible or unexaggerated level. At a dehydrated state of the body, to the point that the histamine activity becomes exaggerated for water regulation, an immune system activation of histamine-producing cells will release an exaggerated amount of the transmitter that is held in storage for its other functions.

It has been shown in animal models that histamine production in histamine-generating cells will decrease with an increase in the daily water intake. Both of these conditions should be regulated with an alert and determined increase in water intake. On average, these conditions respond after one to four weeks of water regulation of the body.

Mr. Peck, an asthmatic since childhood, who also became sensitive to all sorts of "allergens," is no longer in fear of these health problems. Mr. Paturis also testifies to the fact that his wife's allergic condition became less problematic. Jose Rivera, M.D., had for years suffered from allergies and asthma. He was severely allergic to cats. In fact, he would never go to a house where a cat was also kept. It seems he at one time got very sick after being exposed to a cat. As a result of using the new information about the relationship of dehydration to excess histamine production in the body, he has totally recovered from both of these conditions. To top it all, he now treats asthmatics with water and salt. His letter is on the next page.

Priscilla Preston's letter you have already seen. Joanie Winfield's letter is also printed below. I only discuss these persons because their letters testify to the fact that increased daily water intake has provided total relief from asthma and allergies in grown persons, even after many years of suffering from the problem.



VON KIEL FAMILY MEDICINE & WELLNESS CENTER

Erik Von Kiel, D.O. *Board Certified Family Practice with emphasis on Preventive Medicine*

Liberty Square Medical Center
501 North 17th Street • Suite 200
Allentown, PA 18104
(610) 776-7639

1/8/95

Jose A. Rivera M.D.
Lecturer/Member Advisory Board
International Federation of Holistic Medicine

Dr. F. Batmanghelidj
Global Health Solutions
Falls Church, VA. 22043

Dear Dr. Batmanghelidj

This letter is in appreciation for the information that you have presented concerning water dehydration and asthma. As you recall I have had adult onset asthma since I was in college and have had many bouts of anaphylaxis which were life threatening.

Due to the information that you have provided I have been able to ameliorate and cure my own asthma with water and salt intake. I have been asthma free for approximately 1.5 years and have not had any reactions to the allergens of the past.

The information has been most helpful in making me aware of when and how to drink water and take salt in order to hydrate myself and prevent any recurrence of asthma.

Also, I have been able to advise other patients with respiratory and allergen problems in how to increase their water and salt intake safely, and to my amazement the amelioration has been dramatic.

Thank you sir for giving me and others the breath of life thru something so simple as water and salt.

Sincerely,

Jose A. Rivera M.D.

Joanie Winfield

206 West Prospect Avenue
Pittsburgh, PA 15205
(412) 922-1625

July 18, 1994

Fereydoon Batmanghelidj, M.D.
2146 Kings Garden Way
Falls Church VA 22043

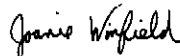
Dear Dr. Batmanghelidj:

I am writing this letter to thank you for sharing your discovery about the need for water with your readers. I have benefited greatly from following your advice on water intake.

The changes in my health have been very noticable. Asthma used to be a major health concern of mine. Since I have been drinking enough water, however, I have been able to breath fine without the use of any medicine. What a difference this has made in my life. There have been other benefits as well, such as softer skin and increased mental awareness.

I am so happy to have read your Book, and I share your advice with as many people as I can. Once again, thank you for your help.

Sincerely,



Joanie Winfield

Do not forget, if concentrated blood reaches the lungs, *local histamine production is a natural and automatic process*. Its exaggerated release will promote bronchial constriction. If you suffer from asthma or allergies, increase your daily water intake. *Do not overdrink thinking you can undo the damage of many months or years of dehydration by excessive intake of water in a few days. You need to drink a normal amount every day—eight to ten 8-ounce glasses—until full hydration of the body is achieved over a longer period of time.*

Reduce orange juice intake to one, or at most two, glasses a day. The potassium content of orange juice is high. High loads of potassium in the body can promote more than usual histamine production. In asthmatics, this point should be kept in mind.

Mary B. is one of the administrators in a government department that is responsible for the health care system of a major city. She suffered from asthma for many years. She no longer enjoyed her walks in the parks. Shortness of breath deprived her of the joys of walking. It just so happened that one of my colleagues at the Foundation for the Simple in Medicine became aware of her problem. Responding to the recommendation to drink water, she indicated she was taking ample water. When she was asked to define her daily water intake, it came to light she was drinking many glasses of *orange juice* and was counting her juice intake as *water* intake. It was explained to her that although orange juice *contains* water, it cannot be assumed it *replaces* the needs of the body for pure and simple water. She accepted the advice to cut the juice intake and increase her water intake. Within days her shortness of breath improved. The last time we heard from her, she was apparently clear of her asthma.

Let me explain another very important issue in asthma—the role of salt. When there is water shortage, the body begins to retain salt. In some people, the salt regulatory mechanisms are inefficient. Add to this physiological problem bad education about dieting and salt-free diets that have become established trends in our society. In certain people, salt shortage in the body can occur and become symptom-producing in exactly the same way as

water shortage, such as some arthritis pains. It is my understanding that in severe asthma attacks, salt shortage is a major contributing factor. *I would like to share an important secret with you. Salt is a natural antihistamine. People with allergies should begin to increase their salt intake to prevent excess histamine production.*

Water is needed in the lungs to keep the air passages moist and prevent them from drying up when air goes in and comes out. In dehydration, mucus secretion protects air passages from drying. In the first stages of asthma, mucus is secreted to protect the tissues. There comes a time that much mucus is secreted and it stays put, preventing normal passage of air through the airways. Sodium is a natural *mucus breaker*, and it is normally secreted to make mucus "disposable." That is why phlegm is salty when it comes in contact with the tongue.

Salt is needed to break up the mucus in the lungs and render it watery for its expulsion from the airways. In dehydration, and in conjunction with water preservation mechanisms, a simultaneous and associated salt-preservation program becomes established. Not losing salt to mucus secretion becomes a part of the program. The body needs to be assured that both water and salt are available before bronchial constriction relaxes and mucus becomes loose enough to be secreted. *In children with fibrocystic lungs, this relationship of salt and water for normal lung development and functions, as well as mucus secretion, should be kept in mind.*

This is why Mrs. Preston's and Dr. Rivera's asthma got better. This is why *asthma is not a "disease" that gets "cured." It is a physiological adaptation of the body to dehydration and salt shortage. It will recur anytime sufficient attention is not paid to regular water and salt intake.* A pinch of salt on the tongue after drinking water fools the brain into thinking a lot of salt has arrived in the body. It is then that the brain begins to relax the bronchioles. Alcohol and caffeine contribute to severe asthma attacks. People with asthma should slightly increase their salt intake.



LIFESTYLE

MEDICAL CENTER

Family Medicine • Reconstruction Therapy for Back, Knee, Hand and Joint Pain • Varicose Vein Therapy

Dr. Batmanghelidj
2146 Kings Garden Way
Falls Church, VA 22043

May 24, 1995

Reference: Jeremy Christopher

Dear Dr. Batmanghelidj:

I am writing to thank you for your kind assistance in treating Jeremy's allergies. As you know, Jeremy is my eight year-old son who suffered for the last 3-4 years with severe allergy symptoms related to allergic rhinitis and asthma.

More Recently he has had significant coryza and coughing which is associated with his asthma. On about the 28th of April 1995, we began a program of rehydration involving his drinking two cups of water before food or exercise and excluding all other fluids. In addition, he consumes a half teaspoon of salt which is added to his food to offset the increased water intake.

Within 3-4 days he showed dramatic improvement; he no longer had severe and excessive mucus production, his coughing had virtually stopped, and his sneezing and other allergy symptoms were totally gone. Therefore we discontinued his Benadryl and Albuterol and continued his hydration program.

Jeremy has been following this program now for approximately four and a half weeks, spending almost four weeks off his medication and is doing quite well. Not only have his symptoms cleared subjectively, but in terms of objective findings, his peak flow volumes have been within normal range. His constant medication-induced drowsiness has disappeared and as a result he is more alert, and his school grades have improved.

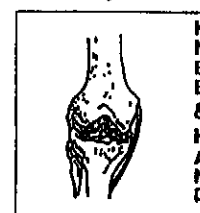
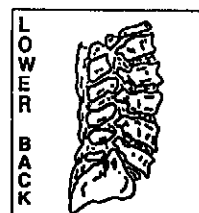
Therefore I want to emphasize how effective this treatment has been for Jeremy and I wish you well in sharing this cost effective and very efficacious program with others.

Once again Dr. Batmanghelidj, I thank you for advising me on the new treatment program of Jeremy's allergies and asthma.

Very truly yours,


Cheryl Brown-Christopher, M.D.

1419 Forest Drive • Suite #202 • Annapolis • Maryland 21403 • (410) 268-5005



Edward Dippre
 217 North Street
 West Pittston, Pa. 18643
 March 15, 1995

Global Health Solutions
 c/o Dr. Batmanghelidj
 P.O. Box 3189
 Falls Church, Va. 22043


Dear Dr. Batmanghelidj

Around November 1 my legs were giving out. They became black and blue from my knees to my thighs, and very painful. I went to the doctor and he told me that my muscle enzymes were at 660 and normal was 90. Then I went to another doctor and he said that I had muscular dystrophy.

I started talking to Dr. Batmanghelidj who told me to start drinking 2 quarts of water daily. I have been, I feel much better, and all symptoms disappeared in two months. I also use sea salt liberally with all my meals.

I went back to the doctor and had additional bloodwork done. The enzyme levels in my muscles were back to normal, and the doctor couldn't understand how it was possible.

As of this date, March 15, 1995, I am free of all discomfort and symptoms. I also have more energy and better health than I can remember for a long time.

Sincerely,

 Edward Dippre

12

THE SIMPLEST OF TREATMENTS IN MEDICINE

"You cannot by reasoning correct a man of ill opinion which by reasoning he never acquired." --Bacon

Your body needs an *absolute minimum* of six to eight 8-ounce glasses of water a day.

Alcohol, coffee, tea, and caffeine-containing beverages don't count as water.

The best times to drink water (clinically observed in peptic ulcer disease) are: one glass one half hour before taking food—breakfast, lunch, and dinner—and a similar amount two and one half hours after each meal. This is the very minimum amount of water your body needs. For the sake of not shortchanging your body, two more glasses of water should be taken around the heaviest meal or before going to bed.

Thirst should be satisfied at all times. With increase in water intake, the thirst mechanism becomes more efficient. Your body might then ask you to drink more than the above minimum.

Adjusting water intake to mealtimes prevents the blood from becoming concentrated as a result of food intake. When the blood becomes concentrated, it draws water from the cells around it.