The author of this book, Dr. Nicholas Gonzalez, and I were professional colleagues for more than twenty-five years. During our long working relationship, I was always one of the first to read Nick's drafts, after he had done numerous rewrites himself. Reading this manuscript brought back memories of the first time I reviewed it, many years ago. Nick had not completed this work; he started it in the early 2000s but put it aside as other issues took priority.

Nick and I met when I was in medical school. He was the intern and I was the third-year medical student on an internal medicine team at Vanderbilt University Medical Center. He was already engaged in his study of the work of William Donald Kelley, DDS, the brilliant and eccentric orthodontist who had developed a nutritional method for treating cancer and other illnesses, using individualized protocols involving diet, nutritional supplements, and detoxification routines. Dr. Kelley believed that regulation of the autonomic nervous system explained how his methods worked.

The autonomic nervous system is in charge of the functions of our bodies that we do not consciously direct, such as digestion or heart rate. The autonomic system has two parts, the sympathetic and parasympathetic nervous systems, with different and frequently opposing actions. The sympathetic nervous system, the “fight-flight-freeze” system, is in charge of the stress response. Among other activities, it raises heart rate and blood pressure and slows digestion so that the body’s resources can go toward dealing with immediate threats. The parasympathetic system is in charge of the “rest-digest” functions. It stimulates the digestive tract and all its accessory organs such as the pancreas, but it slows the heart and drops the blood pressure. In normal physiology, these two systems take turns depending on the need of the hour, the sympathetic system being active in times of stress and the parasympathetic system being dominant when repair is needed.

At the time Nick met Dr. Kelley in 1981, Kelley had already put these premises together. During the next six years, as Nick reviewed Dr. Kelley’s charts for the research project that would eventually be published as the book One Man Alone, Nick was filled with questions for Dr. Kelley about how this theoretical model of autonomic balance worked in practice. He had questions not only about Kelley’s patient files, but also about patients he was seeing in his orthodox medical training, for, during this same time period, Nick completed his third and fourth year of medical school, his medical internship, and an immunology fellowship.

Early in our relationship, Nick told me that one of the best things about these principles of autonomic imbalance was that they helped make sense of many of the bits and pieces that would float past in the medical and nutritional literature. As an example, researchers have found that breast cancer patients...
prescribed beta-blockers for reasons other than breast
cancer, such as hypertension or heart disease do better than
patients who were not prescribed this medication. In Kelley’s
model, breast cancer patients have an overactive sympathetic
nervous system, and beta-blockers specifically block the
beta-adrenergic receptor of the sympathetic nervous system,
helping bring these patients’ metabolisms closer to balance.

In another study, administration of calcium supplements
slightly raised the risk of heart attacks. Later analyses, pooling
the results of many studies, suggested that there was no such
increased risk. Calcium, as a stimulator of the sympathetic
nervous system, could well be an instigator of heart attacks if
given in large doses to patients whose sympathetic nervous
systems are already too active. In the Kelley model, patients
with overactive parasympathetic nervous systems need and
thrive on high doses of calcium supplements, while patients
with overactive sympathetic systems need very little. The
patients in the study showing increased risk might well have
been made up mostly of those with overactive sympathetic
systems. Largely analyses, pooling data from many studies with
patients of a variety of metabolic types, would show no risk.

In contrast to Kelley, Nick, and myself, others in the
integrative nutritional world state that everyone should be
on the same diet, which might be anywhere from vegan to
low-carb—usually the diet that the prescribing practitioners
feel best eating for themselves. With our methods, I will
find myself recommending for some patients a diet with less
animal protein than works for me, and for others a diet with
much, much more. Two of my patients, who were included in
our article in Alternative Therapies in Health and Medicine,
illustrate this point. One, with pancreatic cancer, was told to
eat a near-vegetarian diet; the other, with lymphoma, was
told to eat large amounts of animal protein. Both patients are
alive and well today, nearly ten years since the publication
of this article. Each continues to eat the prescribed diet with
relish. The vast majority of the time, patients feel well with the
recommendations we give.

However, in some cases, patients will modify things
not because they feel unwell, but because they have read
something that contradicts our advice. As an example, a
few months after Nick’s death, I saw one of his patients,
a parasympathetic-dominant patient with a low-grade
lymphoma of the skin. His disease had improved at first, but
it then stabilized with a small patch of disease remaining. As
most clinicians know, with a change of physicians sometimes
new information comes forward. I routinely ask whether
patients are having any trouble tolerating their supplements.

He said no, rather tentatively, and paused. Then he said,
“Well, I’m not actually taking the calcium supplements that
Dr. Gonzalez told me to take. I read that calcium needs to be
balanced with magnesium, so I’ve been taking a product with
extra magnesium.” The extra magnesium was making his system
too alkaline and suppressing his weak sympathetic system,
keeping his parasympathetic system relatively overactive and
preventing the protocol from bringing his system into balance.
The advice he found about balancing calcium with magnesium
is valid for people with other metabolic types, but not for him.
From my point of view, his modification of his protocol was
preventing progress against his disease.

Another example involves a patient whose sympathetic
system was overactive. Such patients are accustomed to
having the quick responses of a metabolism that is on red
alert all day long, ready to react and react quickly. Sympathetic
dominants are usually very busy people, rushing through
their day checking things off their to-do list. Their nervous
system is accustomed to this frenetic activity, and when they
begin a treatment protocol that is designed to tone down
the sympathetic system, they may feel somewhat lethargic,
contemplative for the first time in years, possibly depressed
as they sense some unpleasant realities in their lives that were
previously ignored in a sea of busyness. If they relax and allow
their nervous systems to readjust, they can learn to appreciate
this state and even find that they become more effective: they
listen to others more carefully, they plan more thoughtfully,
and they spend less energy pointlessly.

But some patients resist this process. A long-time patient
of Nick’s illustrates this principle. She would call periodically,
reporting mild lack of energy. He would remind her of the goal
of toning down her sympathetic nervous system. She would
then start reading the nutritional literature or going to other
practitioners, looking for a solution for her low energy, and
start some herb or supplement that would make her feel better
by stimulating her sympathetic system. A few months later,
she would call Nick because of a deterioration in her medical
condition. He would then find out what she had started this
time, explain why it was counterproductive, and tell her to
stop it. Her condition would then improve, until the next time
she decided to find out why she did not have the energy to
complete her extensive to-do list. This cycle repeated for years.

Another, sadder story involves a patient of mine, who also
had an overactive sympathetic system along with a metastatic
carcinoma in his abdomen that he and I could feel on exam.
After receiving his protocol from me, he had not followed it
completely, and his disease was dramatically worse when
he returned for his six-month checkup, with a mass in his
abdomen the size of a cantaloupe. I pointed out that he would
never know if it would work for him if he did not follow through
100 percent; he then called a few months later to report
that he had taken my words to heart and that his tumor had
markedly reduced in size. When I spoke with him a few months
later, he had continued to improve, but he did report some
low-grade fatigue and depression. I explained that the diet and
supplements were designed to tone down the sympathetic
system and that this could create these symptoms. I counseled
him to be patient.
About six months later, he called and asked, “Do the enzymes ever stop working?” His cancer had resurged with a vengeance; the mass had regrown, and he had developed fluid in his abdomen, putting pressure on his stomach and making adherence to his protocol challenging. On further questioning, I learned that a few months earlier he had visited his family physician and reported his symptoms of fatigue and mild depression. His physician then prescribed Adderall, a potent sympathetic stimulant, and the patient opted to proceed without checking with me. On this medication, not surprisingly his fatigue and depression resolved—and his disease exploded.

Balanced patients, those whose sympathetic and parasympathetic systems are equally or nearly equally active, need only to have this balance maintained with their nutritional supplements. The diets for balanced patients have a great deal of flexibility; such patients will at times crave red meat and other acid-forming foods, and at other times desire only salads, citrus, and other more alkalinizing foods. I saw one such patient recently, a long-term patient of Nick’s who is a health professional. She reported that she did indeed have shifts in her food preferences, with days of eating meat followed by days of eating leafy greens.

She then told me enthusiastically about a meditation program that she had begun. I started to feel a little nervous as she spoke. Some forms of meditation have been shown to stimulate the parasympathetic nervous system, which could cause a balanced patient to shift into parasympathetic dominance. Dr. Kelley once told me that meditation was bad for people with an overactive parasympathetic system, and that such patients should instead consider watching action movies or playing video games to stimulate the underactive sympathetic system.

As I started to express my reservations, she said, “Oh, I don’t meditate every day. There are some days that it just doesn’t seem like the right thing to do.” I then told her that it would be interesting to see if her preferences about meditation correlated with her food choices, and asked her to keep track of that going forward. She said, “I can already answer that. The days I want to meditate, I don’t want red meat. The days that meditation doesn’t feel right, I want to eat a steak.”

After many years on her protocol, she was able to recognize how her metabolism was functioning on any given day and adjust both her diet and her activities to bring her system into balance, almost instinctively. On days when her sympathetic system was a trifle overactive, she would meditate and eat more lightly; on days when her parasympathetic system was overactive, she would eat more animal protein and skip the meditation.

The principles detailed in this book, when used correctly, can be a powerful tool to improve health and well-being. As with any kind of medical knowledge, these principles are best learned in an apprenticeship or internship setting, such as Nick had with Dr. Kelley, and as I had with Nick. The prevailing mindset of the medical world, whether using pharmaceuticals, diet, or nutritional supplements, is biased toward a “one size fits all” model that takes some time and training to unlearn.

Drs. Pottenger, Gelhorn, and Kelley used their observational skills and clinical acumen to create medical theories that deserve wider recognition than they have received. I hope that the publication of this book will help speed the day when their work becomes part of standard medical treatment.

References

Linda L. Isaacs, MD
36 E. 36th Street, Suite 1A
New York, New York 10016
www.drlindai.com
212-213-3337