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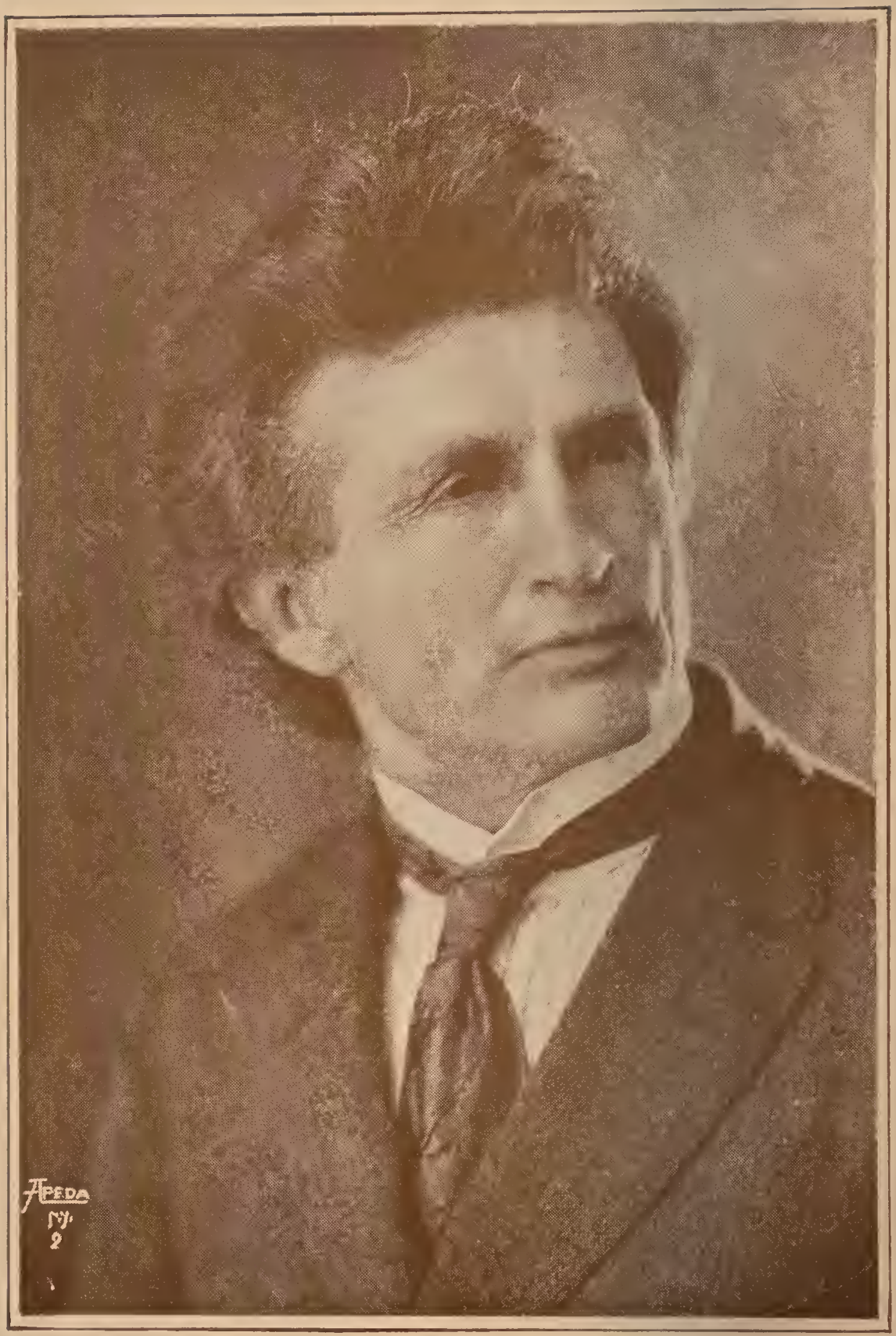

PORTRAIT OF THE AUTHOR

FASTING *for* Health

A Complete Guide on How, When and Why to Use the Fasting Cure

BY

BERNARR MACFADDEN

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PREFACE

FASTING is the most powerful of all remedial measures.

It is an entirely natural method of renovating the body.

And it is as old as the human race.

Doctors will tell you that diseases begin in the stomach—a definite admission from them that disease is absorbed from the alimentary canal, of which the stomach is an important unit. And it is poisons—absorbed by the digestive system—which cause disease. How then, are we to rid the system of the foreign elements, toxins, poisons? *Fasting solves this problem!*

When the civilized world is made familiar with the information presented in this book nine-tenths of the doctoring and attendant dosing, operating, and untold misery, will be avoided. Fasting has accomplished, and will continue to accomplish wonders.

In this work the entire subject is presented in a new and understandable form, with a

thorough review of the startling history of scientific research into Nature's own cure—fasting. Each step of the fast from its inception to breaking, and care to be taken of the body following the fast, are fully and carefully explained. It is a compendium that none who contemplate fast cures should fail to read carefully. In these pages will be found the individual advice your own case requires.

More than forty years have elapsed since the author's interest was first aroused in fasting. The first occasion I seriously used it was when I fell victim to pneumonia.

Exercise was a "cure-all" for me at that time. I depended mostly upon a large amount of physical effort — walking, running and gymnasium work—when physical difficulties appeared, though I might moderate my diet somewhat.

And so it was, on noting symptoms connected with this attack of pneumonia, I tried to exercise them away. I was able, to a certain extent, to arrest the development of the disease, but dangerous and painful symptoms still remained.

I had no faith in medical methods, and it

was then I decided to give previous conclusions of fasting, arrived at after some very interesting studies and investigations, a fair trial. The result was astonishing.

I noted a slight improvement after the first day. A greater improvement the second, and on the fifth day every symptom of pneumonia had disappeared. This was the first practical example in my own experiences of the extraordinary value of fasting in the cure of acute disease.

One of the first factors definitely influencing me in favor of fasting was my observations of animal life. Every animal, when sick, will refuse to eat. It loses appetite. Food has no attraction for it. It fasts until it is well—a sure cure governed by its instincts.

We, the superior animals, have tried to replace our instinct with intelligence. Frequently, it will be admitted, our intelligence and the intelligence of our advisers have proven defective, and often we endure serious penalties for our applied false reasoning.

Since my first experiment I have personally fasted on numerous occasions, and long since it has ceased to be a novelty or experiment.

Thousands of cases have been observed since I first became interested. During a period of several years my time was occupied in the sanitarium business, and hundreds of fasting cases were under my direct supervision. Fasts ranging from one to ninety days were conducted, and in nearly every case benefits resulted. I know of no case in which the rules were carefully observed that harmful results were recorded.

In the case of the ninety-day fast there was a weight reduction of seventy-five pounds. The faster weighed three hundred pounds when he began, and two hundred and twenty-five pounds when he finished his fast.

It is important to remember, in consideration of this subject, that one should be able to see physical danger far ahead on the road of life; and that while fasting is of value as a means of remedying and curing acute and chronic ailments it is of still greater value as a means of avoiding disease. I still fast—on an average of thirty to forty days every year. These fasts range in duration from one to ten or twelve days. If I were more careful in my eating doubtless I could avoid the necessity of

such a strict regime; but when eating in accordance with civilized customs and social observances it is difficult to restrict one's appetite and fasting is absolutely necessary if occasional illnesses are to be avoided.

There is a popular but wholly erroneous idea that the faster grows gradually weaker. This is far from the fact. In most instances, for a time, the faster actually becomes stronger.

I have used feats of strength to impress my audiences with the advantages of physical culture during many lecture and exhibition tours. One of these was "chinning" myself with one finger of either hand. On several occasions when I was scheduled to lecture, after having been busy with other activities for a considerable period, I would discover that I was unable to perform this feat of strength. After a two or three day fast I could easily perform it. Many athletes have registered similar conclusions after experiences of this nature.

The most profitable fast I ever took was recorded in *Physical Culture Magazine* nearly twenty-five years ago. I had over-worked my eyes to such an extent that I was nearly blind. I stopped work entirely. After a vaca-

tion my impaired eyesight showed a slight improvement. I was not satisfied, however, it may readily be understood, and concluded to take a seven day fast—absolute in every detail excepting water. As I intended to make use of this fast for editorial purposes for the benefit of others, I watched and recorded the symptoms associated therewith closely.

At that time I, too, had the impression that one's strength greatly decreased while fasting. I determined to try to raise a fifty-pound dumbbell over my head at the conclusion of the fast, for the purpose, bear in mind, of proving strength is not seriously impaired by fasting. Now read what happened—

I went to the gymnasium every day and exercised for half an hour or an hour, and finished the exercise period by testing my strength with heavy dumbbells.

On the fourth day of my fast hunger bothered me so seriously that I went out of my office with a definite determination to eat a square meal in the nearest restaurant I could find. After a few minutes in the open air I gained control of my hunger, and decided to go to the gymnasium and take my exercises.

At the conclusion of this exercise my appetite had disappeared!

This result will astound the average individual, but it will often be noticed during a fast that you need very badly. Exercise, instead of increasing your appetite while fasting, will eliminate it. Exercise tends to bring about normal conditions, and when normal conditions mean "no appetite" the appetite will disappear.

As previously stated, I tested my strength each day during this fast and on the sixth day I found my strength had decreased very little, if any, and I was able to raise—not a fifty pound, but a hundred pound dumbbell over my head with one hand. But that is not all. Photographers were on hand to take my photograph as I raised this one hundred pound dumbbell on the seventh day at the end of my fast. The photographers were over-anxious and it was necessary for me to lift this heavy dumbbell several times to give them opportunity to secure dependable photographs.

And not to forget the original purpose of this fast—there was a remarkable improvement in the strength of my eyes. And this despite

the dire predictions of optometrists and the damaging effect of editorial activity on the eyes. At the age of fifty-five my eyes are still strong. *And I have never worn glasses!*

I am presenting these personal experiences to prove that I "take my own medicine." And I have been taking it for more than forty years. I owe my unusual health and strength, maintained throughout this period, largely to my knowledge of fasting.

During my business activities in the last twenty-five years I cannot recall a single day's absence due to illness. This is all due to my ability to look ahead—to avoid disease by cleansing the body with fasting. I exercise, diet, use hydrotherapy and various other measures, but fasting is the most valuable of all these remedial measures.

No effort has been spared to make this book complete in every detail. Many medical and editorial writers have aided in its preparation, and it is sent forth with the hope that it will add to the health and life of every reader.

Bernarr Macfadden

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FASTING FOR HEALTH

Chapter I

What is Fasting?

FASTING, as defined and defended in this book, is a scientific method of curing disease, by causing the patient to abstain—for a longer or shorter period of time, as the case may be—from all solid and liquid food, with the single exception of water, which should always be allowed. It is a therapeutic measure, a curative agent, and is quite a different thing from *starvation*—which deprives the bodily tissues of nutriment which they require. The difference between these two states (fasting and starvation) is very important to understand, and I shall take occasion, several times in this book, to point out and emphasize the distinction between them.

In order that the patient (or student) may understand the fundamentals of this method

of treatment, it must be explained just why fasting may be expected to cure certain diseases; and, further, precisely what disease is—for unless the true nature of disease be understood, the value of the fasting cure cannot be appreciated nor understood.

The common idea of disease is that it is something which can be "caught," which "attacks" a patient, and which has to be "expelled," as though it were an entity or a thing in itself. Generally speaking, disease is not a *thing* at all; it is a *condition.* There is a *cause* for every disease, manifested in a variety of "symptoms." These symptoms are too often mistaken for the disease itself. We are apt to think of the complex of symptoms as the *disease,* whereas they are only its outward manifestations. They are the expressions of the inner thing or condition, and "curing," suppressing, or removing them will not cure the disease, *their cause.* Such a method merely removes or masks effects. What we must do is to discover and remove the cause; and when that is done the symptoms will disappear of themselves.

Food, when taken into the body, replaces

broken-down tissue, maintains bodily heat, and according to accepted teachings, maintains to a great extent the vital energies of the body. There should be a justly balanced proportion between the income and the outgo of our food supply—this being determined by the amount of food eaten, on the one hand, and the amount of exercise and general activity on the other. The more activity, the greater is the amount of food required, and *vice versa.* Most of us know this.

Few realize, however, that we are in the habit of eating far more food than is necessary to maintain the body in a state of health, and to replenish those tissues which have been broken down as a result of the body's activities. It is true that the body can transform and get rid of, without great injury, a considerable amount of food over the quantity which we really need; but this by no means proves that the extra food is *necessary;* and common observation shows us that a far less quantity of food is actually required by the body, to maintain it in a state of physiological balance and proper health.

In all disease conditions particularly, nature

clearly indicates that food is not required, since the appetite is lost and an aversion to food is noted—amounting in some cases to actual loathing of the thought of food. This means that nature has seen to it that the instincts of the body are right, and many observations have shown that food eaten at such times does not *nourish* nor maintain bodily energies at a higher pitch; but, on the contrary, tends to lower them and actually feeds and prolongs disease! And the more food that is eaten, the more the disease is fed, while the patient may actually continue to waste away and lose flesh and strength, in spite of the quantity of food eaten—or really on account of it!

A useful picture to keep in mind is that of a sponge which, when it is squeezed out, is capable of absorbing a certain quantity of water in which it is immersed. If, on the other hand, the sponge is already full of water, it will not soak up any more and the excess simply drips away when the sponge is lifted out of the water.

The body may be compared to the sponge, and the food supplied to it may be compared to the water. If the body is *under*-nourished

for a certain length of time, it will greedily absorb any nutriment which may be floating about in the fluids within it. If, however, there is constantly present within the body an excess quantity of easily assimilated material from the food eaten, the body will absorb but a certain amount and consequently the excess is not utilized nor properly eliminated.

There is invariably a certain bodily cause, then, behind these symptoms with the symptoms appearing merely as the outward evidences of things unseen. Further, these symptoms are, in the majority of cases, purely prognostic of a curative effort on the part of Nature to rid the physical system of impurities. The symptoms—the "disease," as we commonly call it—are themselves the curative processes in actual operation. In other words, *disease is a process of cure!*

This conception as to the nature of disease is an entirely new one to the average person. When he is told that disease is itself a curative process, he can hardly believe it—and too frequently will not believe it; yet it is a fact! Disease is a process of purification! It is a remedial action! It is a vital struggle to over-

come obstructions and to keep the channels of circulation (of body fluids) free. It expels through the skin and by way of the kidneys, bowels, liver and lungs, the accumulated effete material as fast as it can, and if these organs and channels become choked and blocked, then trouble results! We note a set of pathological symptoms, which we term "disease." As a matter of fact, they are the benevolent endeavors on the part of Nature to right a wrong —and what we term the disease is the process of cure taking place before our eyes.

Nearly all diseases, then, are remedial and curative.

In the same way that a broken bone is healed by the curative powers of Nature, so also are other diseases cured. In the case of the broken bone, all we can do is to "set" it, and Nature will do the rest. And that same Power which heals the broken bone will also heal a cold in the head, or diabetes, or rheumatism, or any other diseased state, *if given a chance to do so,* —if Nature is helped instead of hindered in her restorative efforts.

There is a fundamental *unity* and *oneness* of disease. Broadly speaking, disease is *one*—

it is one fundamentally, but with different phases or manifestations. The effete, poisonous material within the body is the real cause of disease, regardless of its outward appearance or showing; the various methods of its elimination constitute the various so-called "diseases." This basic, corrupt material—the *real cause* of the disease (which we do not name)—might thus be the same in nearly all cases; but, owing to the different processes of elimination, and the different symptoms which arise in consequence, it is mistaken for so many different diseases—with hundreds of names—of great variety.

It follows from all this that, except in rare instances, there is no such thing as a purely "local disease." What we know as such is but the local betrayal of a general internal condition. The blood and the nervous system unite the body into one whole; and, this being so, it is obvious that we should treat the body as a whole, and not only locally, if we desire to dislodge and cast out the real cause of the disturbance. This treatment consists of purifying the blood stream, restoring the organs to a normal state of functioning, and upbuilding

the health generally. When this is done, the local manifestations of the general condition will vanish.

Now, the speediest method of doing this is to eliminate what various poisons, toxins and impurities there may be in the body; and, in order to do so, the organs of elimination are encouraged to perform their duties more thoroughly and more rapidly than they do habitually, and without interference. The skin, the liver, the kidneys, the bowels, the lungs,—these are urged to greater effort, in order to throw off the load of impurities within the body. At the same time, care is taken that no more matter is taken into the body which needs expulsion—that is, no more food material is administered, for, in such cases, it constitutes further choking and blocking material.

In time of disease food is no longer a support; but, on the other hand, it is a positive danger, and when given at such times does not nourish the patient but poisons him. It is only when the body is functioning normally that food is utilized properly; and when the body is ill or diseased, food substance is not digested, but, as a poison, retards the progress of cure.

Fasting is the only method by means of which the body is cleared of its corruption, inasmuch as fasting permits the effete material already contained to be disposed of, and at the same time allows no introduction of new material into the body.

There is an instinct to fast when one is ill, and it is practically universal, for all animals share this instinct, and will actually refuse food at such times. Does not this prove to us that eating is prohibited by Nature—that our instinct is right, and that we should actually fast when indisposed? It is only our perverted instincts and false reasoning and erroneous medical teaching which prevent us from seeing this and acting upon it.

The true nature of disease should thus be apparent. Since it is an effort of the body to throw off worn-out and discarded and malassimilated material, it should be aided and helped, rather than thwarted and perverted. Nature is the only curative agent—it is Nature alone which cures or which can cure, and we cannot *force* her—though we can protect, encourage and aid her by giving her full authority! All curative, expulsive effort must come

from within, and its effectiveness depends upon the amount of the patient's vitality. It is the *vis medicatrix naturæ* which cures, and that alone.

The function of the hygienic physician, therefore, should be to *direct* this renovative and restorative effort, and not to prevent it. This direction can be effected by various hygienic measures such as water packs, compresses, baths, etc.,—the circulation being balanced at the same time. Fasting, by relieving congestion in the internal organs—by drawing the blood away from these organs and allowing it to circulate more freely and readily throughout the periphery of the body—assists in balancing the circulation, and restoring the normal condition.

There are, normally, but two ways in which impure material *can* enter the system; through the lungs, by breathing impure air, and through the stomach, in swallowing improper food and drink, or in taking too much of it. In no other way are impurities normally introduced into the system—(though it must not be forgotten that the administration of drugs constitutes a very frequent and general source

of body pollution). From this it would seem that the obvious thing to do, to prevent this material from entering the body, would be, on the one hand, to breathe pure clean air, and, on the other, to fast. These measures, coupled with cleansing and purifying methods, will eliminate the cause of any diseased condition which may happen to be present (if there is not too great organic destruction), and thus effect the cure.

The average mode of living—of gorging on several times the amount of food the system requires for all its numerous functions; of using stimulants which whip up fatigued organs to the point of exhaustion; of using foods and yielding to dissipations that consume and waste the energies of the body; of whipping into submission the organs which make any attempts to right conditions; of removing certain offending organs and structures which have carried the fight too far for the comfort of the patient, this removal placing added demands on some other organs; and of postponing the adoption of any truly remedial measures until some parts of the anatomy have become pathologic—this manner of living has

made it absolutely essential that there be *rest* of the body, if health is to be attained.

And it must not be understood that sleep and mere muscular relaxation constitute complete rest. Sleep alone suffices for these external muscles; but how about the organs themselves —the organs that have been obliged to overwork day after day, month after month, and year after year? It is indisputable that they cannot be rested by being doped with depressants—by some drugs which merely reduce their functional activity—and especially so long as the mode of living is continued uninterruptedly. And it is equally certain that they cannot be rested if they are obliged to continue work throughout the hours of sleep and muscular relaxation, in order to "catch up" with their work and keep pace with the requirements demanded of them.

It should be as simple as the a-b-c's that what these organs and body structures and tissues require is *rest*—an absolute rest such as can be *secured only by the fast!* Such a procedure as a protracted fast gives them their one opportunity to disgorge the overwhelming excess food material to be relieved of the re-

sulting congestion and to secure rest; to recuperate from their exhaustion from overwork and constant action and reaction in attempting to respond to every impulse and every influence; for the cells of these structures to rid themselves of their dead and dying fellow-cells, (which add to their depression by the toxins produced, as well as increase their obligations), and to give a chance for new cells to take their places. Also, the brain and nervous system are rested, and the whole internal muscular, nervous, and glandular systems have a chance to recuperate. All this the fast accomplishes or allows. It is truly the most valuable kind of a recess or intermission for the best employees you have—the cells and organs which take care of your nourishment and health constantly—as much as you will permit them to!

It is a common experience that the brain becomes more active and that thinking is facilitated. Furthermore, if fasting were instituted at the very inception of an illness, and systematically carried out, the "disease" would be rendered practically inert at once.

The reasons for the fasting cure should thus be apparent. Fasting prevents the introduc-

tion into the diseased body of any new material calling for excretion or elimination; it permits a balancing of the circulation—absolutely essential to good health; it allows the various eliminating organs to dispose of the effete material in the system, and to oxidize or burn up useless matter which has accumulated in the body, like ashes in a grate. Fasting purifies and cleanses the body, and at the same time, in effect, adds to its actual vital strength, by removing toxic material which is poisoning and weakening the nerves of the body and the cells of the various organs. In all these ways fasting benefits; and, as we shall see later on, it is probably the most powerful remedial agent known to any one.

Just here is it necessary to reply to an objection which will doubtless arise. One may ask: "That is all very well, but is it not harmful thus to absorb living tissues of the body, and lower the strength and resistance of the body in this manner? May we not injure the body by drawing upon it thus—allowing it to feed upon itself—instead of supplying it with the accustomed food?"

That objection can be raised only by those

who do not understand the actual processes at work, and the fact that, at such times, the body does not draw upon its own valuable tissues for a long period of time, but rather upon the most *useless* material and waste, and only when these have been utilized and discarded are the more useful and vital tissues and organs drawn upon; and those essential to life are not drawn upon until the process has been extended *beyond* the therapeutic fast into starvation.

When a fast is begun, the first things which are oxidized and eliminated by the body are those useless materials which are floating about within it in the form of mal-assimilated food material and the waste which is blocking and choking the small blood vessels and congesting the lymph vessels. In other words, the very things which we wish to eliminate from the system are those which Nature actually disposes of first of all—the very excess materials which are actually causing the diseased condition! It is most important to bear in mind this fact, for it is upon the proper understanding of it that the whole fasting cure is based.

After this material has been eliminated, the

useless, fatty tissue of the body is next drawn upon, and this is very largely utilized for the bodily nutrition before any other tissues or organs are called upon. And it is a remarkable fact that *even in cases of death from starvation* (which of course is a very different thing from *therapeutic fasting*) the nerve centers are practically not drawn upon at all, so that they maintain their weight intact and their complete functional activity.

The following table, giving the estimated losses that occur in cases of death from starvation, is taken from Yeo's "Physiology," and may be considered as fairly representative of the varying losses which occur at such times:

Fat	97%
Muscle	30%
Liver	56%
Spleen	63%
Blood	17%
Nerve Centers	0%

This table is most significant, inasmuch as it shows to us most conclusively that the least important tissues of the body are drawn upon first and in larger amounts when food is withheld, and the more important tissues later and

to a less extent; and it shows us also that it is *physiologically impossible* to starve to death until a "skeleton condition" has been reached, —that is to say, a condition in which practically all the tissues of the body have been used for food material. Death is impossible before such a condition has been brought about.

And it is very important again to point out just here for the sake of emphasis that *fasting* and *starvation* are two entirely different things. Whereas fasting is beneficial and rids the body of disease, starvation is detrimental and if continued long enough ends in death. The difference between these two processes is fundamental, and the distinction between them should be carefully borne in mind when discussing the fasting cure. Let us try to make plain precisely in what this distinction consists.

When food is withheld, the body begins to live upon itself —oxidizing and eliminating, as before explained, the most useless materials first. Now, we are none of us in *perfect* health. If we were, we should be in perfect condition, and the mere fact that a long course of "training," is necessary to place the body in a state of vigorous health shows us that we are far from

being in this perfect condition. Nature sees to it that certain signals or warnings are given, which indicate the length of time required in order to eliminate this useless and disease-producing material. During the time required for this process, hunger invariably leaves, the tongue becomes coated, the breath foul, and the body exerts itself in every way possible to dispose of the excess of mal-assimilated material within it. This effort on the part of Nature is continued for a longer or shorter period of time, necessitated by the actual condition of the patient undertaking the fast. In some cases only a few days may be needed; in other cases several weeks may be necessary in order to effect a thorough, physiological "house-cleaning."

When this condition has been brought about and the body has been thoroughly cleansed and inwardly purified, Nature indicates that such is the case by a series of unmistakable symptoms. Natural hunger returns, the tongue clears, the breath again becomes sweet, the pulse and temperature again rise to normal, etc., as indicated more fully in the chapter dealing with "How to Break the 'Finish' Fast."

The point to emphasize here is that hunger returns only when the fast is naturally terminated, and not until that time. This is a signal that food is then required, and if it is not given at that time, then actual starvation begins.

We are now in a position to indicate briefly the exact difference between fasting and starvation: *Fasting* begins with the omission of the first meal and ends with the return of natural hunger. *Starvation,* on the contrary, only begins with the return of natural hunger and ends with death. While the first is beneficial and curative, the second is detrimental and ultimately destructive to the body. No one has ever advocated starvation, but let me repeat again that the proper application of fasting is one of the most potent methods of cure which we possess.

In reading the above, some such thought as the following may have entered the reader's mind: "But I am hungry if I skip a meal, so that in my case fasting is not necessary, and consequently I must be in perfect health." What is experienced at such times is not *true* hunger. It is mere "appetite," or what is technically known as "habit hunger." If we are

accustomed to eat three meals a day, a certain rhythm is established in the body, and a craving for food recurs at the usual time for the meal; but if nothing is eaten at that time, a glass of water drunk, and the mind immediately diverted into other channels, it will be found that this craving for food soon wears off, and the person then discovers that he has, as we say, "lost his appetite."

Now this would be impossible if the body actually needed food. If such were the case, this craving would not disappear, but would, on the contrary, increase with every hour and become ultimately an acute pain—as it actually *does* in cases of starvation. What happens at such times is that the body, finding that no food is supplied to it at the regular time, turns its attention upon itself, and begins to absorb and assimilate the excess of nutriment already within it.

It has been shown by experimental fasting that, *after* fasts, much less food is required to maintain the physical energies, the physiological activities, the weight, and the nitrogen balance; and that the fast produces a really more efficient "machine." And it has also

been shown that repeated fasts of from one to three days in growing animals, when the recovery is *complete* between fasts, result in better growth and greater strength of the animal. This will prove that children are not harmed by this procedure—especially when used for the cure of an abnormal condition! But the adult of any species, including human, can fast much longer at any given time than the young of the same species.

The distinction must always be kept clearly in mind, however, between fasting and starvation. This is very essential. I have pointed out the difference between these conditions (so confused in the public and medical mind) in a number of places in this book, and I need only state here that while starvation is destructive to the body, fasting is curative, remedial, renovative, and restorative. It is fasting alone which is advocated in this volume—and for the cure of diseased conditions alone!

Fasting, therefore, as defended herein, is a scientific method of releasing the vital economy from its thraldom of pollution and disease, and of physical and mental, rejuvenation and regeneration, by abstaining from food for a

certain length of time. This measure, rightly applied, is a powerful remedial agent—*how* powerful, I shall endeavor to show and prove as we proceed.

Chapter II

The History of the Fasting Idea

THE practice of fasting is one of the most ancient customs of which we have any record. More than two thousand years ago the fasting cure was advocated by the school of the natural philosopher Asclepiades, and we know that Plutarch said, "Instead of using medicine rather fast a day." Traces of this idea are to be found in ancient Chinese and Hindu writings, and it is, of course, a matter of record that the early Christian monks and ascetics abstained from food very frequently —largely as a religious rite. Frequent references to fasting are to be found in the Bible, and in the Middle Ages it was a common practice. Thus, we read in a queer old book entitled "Of Good Workes and First of Fasting," published in the sixteenth century, that the Church of England speaks of fasting and of its treatment by the Council of Calderon in the following words:—

"The Fathers assembled there . . . decreed in that Council that every person, as well in his private as public fast should continue all day without meat and drink, till the evening prayer. And whosoever did eat and drink before the evening prayer was ended, should be accounted and reputed not to consider the purity of his fast. The Canon teacheth so evidently how fasting was used in the primitive church, as by words that cannot be more plainly expressed."

Again we read in the "Peregrinatio Silviæ" (the writer is describing how Lent was observed in Jerusalem, when she was there about 386 A.D.):

"They abstained entirely from all food during Lent, except only on Saturdays and Sundays. They took a meal about midday on Sunday and after that they took nothing until Saturday morning. This was their rule though Lent."

These earlier practices of fasting, however, were usually associated with some form of penance or mortification of the body, and were usually part of some religious rite. It was not until the last century that fasting came to be

looked upon as a valuable therapeutic measure, which might be applied in cases of disease, and it is this which distinguishes the modern theory of fasting from all the older views, inasmuch as the new view holds it to be a *curative* or *therapeutic* measure of great value, while the older view was that it served merely as a means of spiritual growth or exaltation.

The great value of fasting, in many cases of disease, was pointed out by many of the early nature cure writers—particularly Sylvester Graham (of Graham bread fame), Dr. R. T. Trall, Dr. Joel Shew, Dr. John Cowan, Sebastian Kneipp, and many others. Long before this, Cornaro, Bacon, and many of the earlier writers had emphasized the importance of a very limited diet, and a number of physicians have continued to emphasize this up to the present day.

It was Dr. Edward Hooker Dewey, however, who first formulated the new science of fasting, in a series of remarkable books in which this modern view was first put forward; and it was backed-up by innumerable *cases* of prolonged fasts which the author had himself observed and studied. This pioneer work of

Dr. Dewey gave rise to the newer view of fasting, by placing the whole subject within an entirely new light. It was further supported by the lengthy experimental fasts undertaken by Dr. Tanner (once in Chicago and once in New York), when he fasted for forty days—showing that it was possible to remain alive and well for *at least* that period of time, without actually starving to death!

At the time his fasts were undertaken, practically nothing was known of the subject, and the hue and cry of "fraud" was at once raised, and attempts made to discredit the reality of his facts. When, however, other cases were forthcoming, in which various individuals had succeeded in fasting for even longer periods than forty days, and had not died, but had, on the contrary, only benefited themselves in consequence, it followed that another view of the subject was in order, and that its scientific study would have to be undertaken.

I may perhaps be permitted to say that I was one of the first writers in this country who publicly advocated the fasting cure, and induced, directly or indirectly, a large number of patients to undertake this method of cure.

Since those early days I have had an opportunity of observing many hundreds of cases of fasts, varying in length from one to ninety days, as previously stated, and the result of my experience has been that, in practically every case in which fasting has been undertaken scientifically for the purpose of curing disease, only beneficial results have followed in consequence, and many thousands of persons have had their health restored to them by following this simple, but rational method of cure.

Many years ago various "professional fasters" were studied in detail by physiologists in Europe, but it is probable that the majority of these men were merely *starving* themselves for longer or shorter periods of time, and were not actually "fasting," in the scientific sense of the term in which it is now employed.

The first lengthy study undertaken in this country was made by Professor Francis Gano Benedict, of the Carnegie Nutrition Laboratories in Boston. He published two illuminating works entitled respectively "The Influence of Inanition on Metabolism" and "A Study of Prolonged Fasting." He observed

several patients during their fasts and, in his second book, dealt particularly with the thirty-one day fast of Dr. Augustino Levanzin, who came from Malta to the United States in order to undergo this fast in the interests of science. A summary of these results will be given in a later chapter.

Among the later scientific advocates of fasting may be mentioned Dr. A. Guelpa, of Paris, who has published a book entitled "Auto-Intoxication and Disintoxication: An Account of a New Fasting Treatment in Diabetes and Other Chronic Diseases," and Dr. Henrik Stern, who published a book entitled "Fasting and Under-Nutrition in the Treatment of Diabetes (The Allen Treatment)." It is also of interest to note that the Rockefeller Institute, of New York, has also applied the fasting cure in the treatment of this disease, an account of which may be found in "The Starvation Treatment of Diabetes," by Drs. Lewis W. Hill and René S. Eckman.

From the very first number of *Physical Culture Magazine,* I have consistently advocated the fasting cure; and a number of articles, as well as "cases" have been published

dealing with this subject. I also published a little book entitled "Fasting, Hydropathy and Exercise," in the year 1900; and a large part of Vol. III of "The Encyclopedia of Physical Culture" is devoted to fasting. Dr. Linda Burfield Hazzard's book was also published by the Macfadden Publications Corporation; and Upton Sinclair (The Fasting Cure), Purington (The Philosophy of Fasting), Beals, Walton, and others, have published books upon this subject. One of the most extensive is Hereward Carrington's "Vitality, Fasting and Nutrition," an extensive work of nearly seven hundred pages, dealing with all phases of fasting. The present book is intended to summarize the foregoing works, and to state the fundamental theories of the fasting cure in plain, simple language. How far the author has succeeded in doing this must be left for the reader to decide. The above outline will, at least, give a general idea of the evolution of the fasting theory—from the earliest times to the present day, and will show how it has gradually evolved from a primitive religious rite to a scientific, therapeutic measure of the utmost value and importance.

Chapter III

Effects of Fasting on the Body

IN our chapter dealing with the History of Fasting we saw that it was an extremely ancient practice, indulged in, more or less, by individuals and by groups of specially inclined persons, mostly for religious purposes. It is nevertheless true that the scientific study of fasting is relatively new, and it has remained for our own age to study it from the purely therapeutic and scientific standpoint. Towards the end of the last century a number of European savants, mostly Italians, undertook prolonged studies of fasting cases, so-called, but from what we now know of the subject it is evident that they studied cases of *starvation*—which, while valuable in themselves, throw no light upon the therapeutic aspect of *fasting*, as advocated by modern physicians who recommend this method of cure.

The fasting cure is based upon the fun-

damental assumption, previously referred to, that most diseases are very largely curative processes, and that what we regard as the disease is, as a rule, a mere complex of symptoms or outward manifestations of the underlying cause—which cause is in reality the thing to be removed—that which produces the diseased state. Once we succeed in removing this cause, the symptoms disappear of themselves, without having been "repressed" or "suppressed" as they too often are under orthodox medical treatment. All Nature Cure methods are based upon the fundamental truth that Nature is the prime curative agent and that any methods of cure should attempt merely to assist Nature instead of blocking her efforts. To this end, the various channels of elimination in the body are stimulated as much as possible, and, by depriving the patient of food for the time being, the further introduction of possibly toxic material is prevented, while the energies of the body are conserved and utilized for purposes of cure.

Dr. Joel Shew has stated very clearly the principles upon which the fasting cure is based,

and a brief quotation from his book may perhaps be valuable in this connection. He says:

"The principle on which the hunger cure acts is one on which all physiologists are agreed, and one which is readily explained and understood. We know that, in animal bodies, the law of nature is for the effete and worn-out and least vitalized matter first to be cast off. We see this upon the cuticle, nails, hair, and in the snake casting off his old skin. Now, in wasting or famishing from want of food, this process of elimination and purification goes on in a much more rapid manner than ordinarily, and the vital force which would otherwise be expended in digesting the food eaten acts now in expelling from the vital domain whatever morbific matters it may contain. This, then, is a beautiful idea in regard to the hunger cure—that whenever a meal of food is omitted, *the body purifies itself this much from its disease,* and it becomes apparent in the subsequent amendment, both as regards bodily feelings and strength. It is proved also in the fact that, during the prevalence of epidemics, those who have been obliged to live almost in a state of starvation, have been free

from attacks, while the well-fed have been cut off in numbers by the merciless disease."

The point here made is very important, namely, that the energy which is ordinarily used in the digestion and assimilation of food may, when that food is withheld, be turned into other channels and used for the purposes of cleansing the system, by eliminating poisonous material from it. We do not perhaps realize to what extent the processes of metabolism draw upon the body energies. It requires an enormous amount of energy to digest, convert, and push through thirty feet of tubing several pounds of food material, and to carry the normal and excess assimilated food elements through every blood vessel in the body, over and over again. If this energy is not utilized for that purpose, it is free to be utilized in other directions, and in all cases of disease it is in the main actually used for purpose of cure. Many people keep themselves tired and exhausted by using up the energies of the body in continual digestive processes which are actually detrimental; and the auto-intoxication which results from this excessive food also poisons the tissues and

nerve-cells throughout the body, inducing sluggishness, laziness, and fatigue. The degree to which the bodily energies revive when food is withheld or restricted for some days is astonishing, and clearly shows us what a large amount of energy is actually wasted by us in the digestion and elimination of quantities of food-material which we do not really require.

Two important truths emerge from the above argument. These are, first, that during a fast the energy which was previously utilized in the digestion of food material is now set at liberty, and may be used to cure the body; and, second, that during a fast the useless and dead matter is always *first* eliminated—leaving the healthy tissue free to function normally. As Doctor Dewey so tersely put it, "Take away food from a sick man's stomach and you have begun, not to starve the sick man, but the disease." Or as Hippocrates said, many centuries before, "The more you nourish a diseased body the worse you make it!"

Just as a chain is only as strong as its weakest link, so is the body only as strong as its weakest part or organ; and, if the body is weakened and devitalized by disease, every

organ and function throughout the body is likewise weakened and devitalized to some extent. The stomach is particularly affected, being, of course, more intimately associated with the intake of food, but *every* part of the body is more or less directly concerned with the process of metabolism or food change. The more diseased the body, the weaker must be the functioning power of each and every organ, and, as the diseased organ or part should be made the standard of the ability of the whole system, the less work should it be called upon to perform—until healthy, normal conditions are restored.

Whenever a machine of any kind is out of order and needs repairing, the first thing to do, almost invariably, is to *stop the machine*. Now the human body is a machine and, in disease, it is out of order! What could be more rational than to stop its digestive activities while the process of cure is proceeding? This process of repair is a healthy process, and is normally a great tax upon the bodily energies. Is it not obvious, therefore, that any useless vital tax should be stopped, so far as possible, while the cure is taking place?

In fevers, and in many diseased conditions, the body continues to waste, no matter how much food be eaten; in fact the more food we eat, the more rapidly the body wastes—clearly proving that we are starving and poisoning the patient at the same time. The obvious thing to do under these circumstances is to withdraw the food—allowing the body to eliminate the excess of poisonous material within it, and at the same time to flush out the system, by means of large quantities of water internally and externally.

The greatest of all illusions is that it is possible to "support the strength" of the sick person by giving him food! As a matter of fact, it has precisely the reverse effect. It keeps the patient weak and diseased for a longer time, and depletes the energies far more than they would be if food had been withheld entirely. One need never be afraid, therefore, of insisting upon a complete fast in practically all cases of serious, and particularly of acute disease.

Precisely *what* takes place in the body, however, at such times, is a very interesting question, and it is this which modern physiological

science has been called upon to discover and explain. Several extensive studies have been made of late years and a brief summary of these results should be given here.

Two very extensive studies of fasting have been published by the Carnegie Institute (Nutrition Laboratories) of Boston, Mass., under the titles "The Influence of Inanition on Metabolism," and "A Study of Prolonged Fasting," both by Prof. Francis Gano Benedict. As the result of extensive experiments, it was found that the bodily *temperature* remained more or less normal for the first week or so, showing a tendency, at times, to sink and at other times to rise, but that after the first week a fall in temperature was noticed, which was more or less permanent during the remainder of the fast. The *pulse* rate remained more nearly normal, in some cases rising and in others falling. The *respiration* remained fairly steady—the conclusion being arrived at that "The pulse rate is much more liable to fluctuations than the respiration rate."

The *blood* was next studied, most interesting results being obtained. The report says:

"Senator and Mueller, in reporting the re-

sults of their examinations of the blood of Cetti and Breithaupt, note an increase in the red blood corpuscles with both subjects. . . . In a later examination of Succi's blood, by Tauszk, the conclusions reached were: (1) that after a short period of diminution in the number of red blood corpuscles there is a slight increase; (2) that the number of white blood corpuscles decreases as the fast progresses; (3) the number of the mononuclear corpuscles decreases; (4) the number of the eosinophiles and polynuclear cells increases, and finally (5) that the alkalinescence of the blood diminishes . . . ." The newer experiments agreed with these results almost entirely.

Hereward Carrington, in his book on "Vitality, Fasting, and Nutrition," has called attention to the fact that, in cases of fasting (as opposed to starvation), the bodily temperature, while it may be subnormal throughout the greater part of a fast, has a distinct tendency to rise to normal when natural hunger returns, and has also called attention to the fact that, in several cases observed by him, the temperature dropped a degree or more when the fast was broken and the patient be-

gan to eat solid food—which we should think would tend to raise the temperature. The fact that the bodily temperature may be elevated permanently by a therapeutic fast has also been attested by Dr. A. Rabagliti, who says:

"In point of fact, I raised the temperature of a man who was, besides, thin, emaciated, and attenuated by constant vomiting, lasting for seven years, from 96 degrees Fahrenheit to 98.4 degrees Fahrenheit, by advising him to fast for thirty-five days."

Were our food the source of bodily heat, in the sense commonly supposed, such a result would be impossible, and these results seem to show us that the heat of the body is not directly dependent upon the chemical combustion of the food.

It is true, nevertheless, that a patient may *feel* cold, during a fast, particularly if he is fasting in damp or cold weather. This feeling of chilliness, however, has nothing to do with the body's actual warmth. A case has been reported in which the patient complained of being "cold," etc., when the bodily temperature was 97.8 degrees Fahrenheit (or only 0.8 degrees Fahrenheit below normal), on the

twenty-third day of a fast, while he did not feel the external temperature as being cold when an examination showed that his actual bodily temperature was nearly two degrees Fahrenheit lower! This shows us that the sensation of cold has nothing to do with the patient's actual temperature, as registered by the thermometer, but is due to the condition of the skin, nervousness, and other factors.

Dr. John D. Malcom has stated that "It is usual to have the temperature and the pulse rising and falling together, and it has been approximately estimated that in fever an increase in the temperature of one degree Fahrenheit above 98 degrees Fahrenheit corresponds with an increase in the pulse of ten per minute."

While this is very largely true, it is a curious fact that this correspondence by no means exists in fasting cases, and that, at such times, the pulse may sometimes run up to 110 or even 120 beats per minute, the temperature meanwhile remaining almost normal. Again, the pulse may sink far below normal, without any corresponding fall in the temperature being noted. I have known of the pulse being 40

per minute in fasting patients, with no untoward effects. It is well to bear these facts in mind while observing fasting cases, for otherwise the patient may become alarmed at symptoms of this character if they develop, whereas there is no cause for fear.

Prof. Benedict, in his Report, details a number of interesting experiments upon the *strength* of his subject, Dr. Levanzin. And regarding similar experiments he has this to say:

"In the tests made by Luciani on Succi in which a dynamometer was used, the strength of the right and left hands showed results seemingly at variance with the popular impression. Thus, on the twenty-first day of the fast, Succi was able to register on the dynamometer a stronger grip than when the fast began. From the twentieth to the thirtieth day of the fast, however, his strength decreased, being less at the end than at the beginning of the fast. In discussing these results, Luciani points out the fact that Succi believed that he gained in strength as the fast progressed. Considering the question of the influence of inanition on the onset of fatigue,

Luciani states that the fatigue curve obtained by Succi on the twenty-ninth day was similar to those obtained with an individual under normal conditions."

Dr. John E. Loveland, who reported upon several cases of this character, states that:

"On the fourth day of the fast, the force of the pulse appeared less than on previous days. On the fifth day there was an irregularity noted, the individual beats varying in force. On the sixth and seventh days of fasting, and the first day with food, the force appeared greater than on the other five days. At no time did the pulse rate and force appear to approach a dangerous situation. At the end of the fast the subject was in a condition that, in my opinion, would have warranted his continuing the fast with impunity."

Further proof of this increase in strength during the fast is furnished in Prof. Benedict's Report, where we read:—

"The fast of Merlatti, which was said to have continued fifty days, was characterized by extreme discomfort, pain, and sensation of coldness. During the thirty-day fast of Jacques, the only marked discomfort noticed

was a slight attack of gout which appeared on the sixteenth day. In the numerous fasts of Succi, no marked discomfort was observed. In fact, during his fast at Florence, his cheerfulness, and apparent good health were the subject of much comment.

"The record of the *subjective impressions* of J. A., in the experiments of the Stockholm Laboratory, show that on the first day of the fast he noticed no dizziness. On the second day, while his general condition was good, he observed unusual weakness following a slight muscular exertion. On the third day he was in not a little discomfort and was dizzy when climbing on a short ladder inside the respiration chamber. On the fourth day, the pain in the stomach disappeared and no dizziness was noticed in the experiment on the ladder. On the fifth day, the general condition was excellent and there was no pain or discomfort in the stomach. His strength, too, was greater, although he noticed that if he arose suddenly from the bed, there appeared to be black spots before his eyes . . . . It seems therefore that, from the experiments made in this laboratory, the conclusion can properly be drawn that fast-

ing, *per se,* produces no marked symptoms of pain or weakness—at least during the first days of inanition."

The condition of the *tongue* and of the *breath* also vary greatly during the period of fasting. No extended study of these questions was made by Prof. Benedict, in his experiments, but numerous fasting experts have dwelt upon them at considerable length, and they present valuable indications as to the character and progress of the fast.

The tongue has always been considered an indication of the patient's bodily health. If the tongue is clear, other things being equal, the health is considered good, while if it is heavily coated the patient is thought to be in more or less diseased condition. The study of fasting cases has clearly proved that this judgment is entirely erroneous, and that a patient whose tongue is heavily coated may be in a far *better* condition (actually) than one whose tongue is perfectly clear!

The proof of this lies in the following fact: Immediately a fast is entered upon, the tongue (which may previously have been quite clean) coats heavily, and this coat frequently increases

day after day throughout the early stages of the fast. No one who understands the mechanism of the fasting cure will contend that the patient was in a better condition at the beginning of his fast than he was after fasting (say) one week. Nevertheless, were we to judge by the condition of the tongue alone, we should have to assume this. The reason for the coating of the tongue is that Nature employs every avenue of elimination possible; that impurities within the system are poured out upon every mucous surface; and the tongue, being actually a part of the alimentary canal, is used for this purpose in Nature's effort to purify the system as rapidly as possible.

The important thing to observe about this phenomenon is that the tongue, while it may be heavily coated throughout a fast, almost invariably clears when natural hunger returns and the fast is ready to be broken. This is one of the symptoms of the return of normal hunger, and a sure indication that the system is ready for the fast to be broken. By watching the tongue, one can thus gauge the condition of the patient throughout the fast in many cases. In others, other signs and symptoms

will have to used as guides. As Carrington says in his "Vitality, Fasting and Nutrition," "A slight coating—heavy coating—very heavy coating—foul coating (continuing for a longer or shorter period, according to the length of the fast necessary) slightly cleared—rapid clearing—are observed, followed by a complete return to normal conditions, at precisely the period of the return of natural hunger. This was the almost invariable routine, and indicates once again how in accordance with natural organic law this method of treatment is, and how clearly indicated are Nature's symptoms, were we but to heed them."

This coating may be removed by rinsing the mouth and by brushing the tongue with a tooth brush, dipped in a mixture of peroxide and water. The *color* and *depth* of the coat on the tongue are also important. The deeper the coat and the darker brown the color, the graver the condition indicated.

It should be noted, however, that the tongue does not *invariably* clear completely at the conclusion of the fast. I mention this because one or two somewhat fanatical patients who had decided that they would not break the fast

until the tongue completely cleared continued fasting until they actually starved to death! One case of this character occurred some years ago in California. The patient should not, therefore, rely upon this symptom taken by itself, but should be guided by a complex of indications, the tongue being but one of these.

The condition of the *breath* is also of great interest in fasting cases. After the patient has fasted for some days, a peculiar and characteristic odor, which cannot possibly be associated with any condition other than fasting, becomes manifest. The breath is sweet, but not sweet with the fragrance of health. Associated with this there is also another peculiar odor, difficult to describe, but the combination frequently reminds one of the smell of chloroform. This condition of the breath changes as the fast progresses, and when the fast is ready to be broken, the breath usually will have assumed its usual healthy odor, characteristic of a wholesome condition of the body. In some cases as with the tongue coating, it seems out of the question to fast the patients until this peculiar sweetish odor has given away to a normal odor.

Prof. Benedict, in his Carnegie Report,

studied at considerable length the solid and fluid excreta of the body during fasting, and regarding them has this to say:—

"Fasting . . . affects first the amount and regularity of the defecation. . . . . Owing to long retention in the colon, fasting feces become hard, much dried and pillular, and frequently cause considerable uneasiness. Much difficulty is experienced in passing them, and at times they may cause considerable pain with slight hemorrhages. The use of an enema to remove the fecal matter during inanition is quite common. This method was employed throughout the thirty day fast of Succi—reported by Luciani. Depending upon the amount of food consumed on the day previous, the defecation of the first day of fasting may be quite as regular as on the ordinary food days. The most important factor noted was that feces were frequently retained for a number of days together, during fasting, with no apparent attempt on the part of Nature to effect a movement—a fact noted by myself also."

The question of the average amount of *weight lost* during a fast is also of considerable

scientific importance. As the result of numerous observations it has been shown that *a pound a day* is the average loss of weight over extended periods of fasting. This amount is greater at the beginning of the fast and less towards its close. In ten cases of quite different types Carrington noted that there was a loss of 248 pounds in a total of 253 fasting days. This is practically a pound a day. The patients varied in weight all the way from 228 pounds to 108½ pounds at the beginning of the fast, so that these results may be taken as fairly typical of other cases.

The great loss during the first two or three days is mostly due to elimination of intestinal contents without replacement, and is not an *actual* loss as is that of later days.

This fact is of importance for the reason that it shows us that the body, when in health, needs about one pound of food a day in order to maintain it in a state of physiological and nutritional equilibrium. Instead of this, however, many persons, in health, eat three or four pounds of food, and even more, under the impression that this amount is necessary in order to preserve them in a state of health. How

erroneous this opinion is may readily be proved by an observation of these fasting cases.

While this is the average loss of weight, there are of course wide variations—excessively fat persons losing much more than a pound a day, and thin and emaciated persons usually losing less. There are also cases on record in which practically *nothing at all* has been lost, during several days of fasting after the first three or four days and what is yet more curious, there are cases on record in which the patient has actually *gained* weight, though no food whatever had been consumed during the period of fasting! This apparent impossibility has been explained by assuming that the tissues of the body are in such cases very dense and solid and that during the fast these spaces or interstices between these tissues are, so to say, opened up like the pores of a sponge, and are filled in with water, which has of course been imbibed during the fasting period. This pathological density of the tissues is a serious condition which, unless checked, might lead to premature death. Dr. R. T. Trall indeed went so far as to define natural death as "That condition in which the solids are so dispropor-

tioned to the fluids that the nutritive processes can no longer be carried on." From this it will be seen that it is very essential to maintain the fluidity and elasticity of the body, and that when this condition of "blockage" takes place, serious results are bound to ensue. Fasting is the speediest and surest method of correcting this condition.

The *stomach* is, of course, one of the first organs in the body to be affected by fasting. Physiologists usually contend that food is digested by the stomach in from two to five hours. Observations of fasting cases, however, have shown that this is completely erroneous, and that undigested food is retained in the stomach for one, two, or even three days! I have personally known of cases where food was ejected from the stomach at the end of three days, in spite of profuse water-drinking, yet these patients were not fasting for stomach trouble at all, and were quite unaware that anything had been the matter with that organ prior to their fast! As solid food is withheld, the walls of the stomach gradually approach nearer and nearer, until they practically touch one another, and this condition is maintained

until solid food is again eaten—since water does not distend the stomach for any appreciable period of time, in its passage through it.

And just here it may be a good place to answer an oft-occurring objection to fasting that is made on this very ground. "The idea of allowing your stomach to get into this weakened and collapsed condition," I hear my reader say; "it's a wonder that you are ever able to digest anything again! Think of the weakened condition the stomach must be in to have assumed this condition, with every muscle slackened and inactive; it's a wonder you ever recover!" This objection is, of course, based on an altogether erroneous idea of the functions of the stomach, and the relative amount of work it should perform. Many people believe (*why,* heaven only knows,) that a man should in duty bound keep his stomach at work every hour of the day and night, and that if he should happen to leave it empty for a short time, it would immediately commence to "weaken" until it had not sufficient strength left to properly resume its functions when eating was again resumed.

Where such a curious hallucination could

have originated it is hard to see. The stomach is a *muscle,* and this muscle requires rest like any other muscle in the body. Alternate rest and work is the organic law of the body. The only way in which the stomach can get rest is to deprive it of food, and when this is done it at once begins to repair any injury done to it, and to recuperate from the excessive work which had previously been thrown upon it.

Another important point to bear in mind is that the *gastric juice* is not secreted to any extent during a fast. Under normal conditions it may be laid down as a general rule that gastric juice is secreted, not according to the amount of food swallowed, but according to the needs of the organism, and if these needs are *nil,* but a small quantity of gastric juice is secreted, even if a considerable quantity of food be eaten. Under these conditions, it is only natural that all food should be improperly digested. During the fast, this secretion practically ceases entirely, so that there is no danger that the walls of the stomach will be "eaten away" by the gastric juice which has been secreted in excess, as many seem to fear!

Many patients who have suffered for years

from stomach trouble have been permanently relieved by even a relatively short fast. The moment the last morsel of food is digested and the stomach emptied, a general reconstructive process begins, owing to the fact that the broken-down cells are replaced by healthy ones, which is Nature's method of repairing any destroyed or injured part of the organism. This replacement of cells means gradual replacement of tissue; replacement of tissue means that a *new stomach* has been created—a stomach in every sense of the word *new*—and this new stomach is enabled to digest food for long periods of time, unless it is reabused, in which case, of course, stomach trouble may again develop.

It has frequently been noticed that after a fast the stomach will not tolerate and the system does not crave the enormous quantity of food which had before been indulged in. Dr. Russell H. Chittenden stated that "in the latter part of September, 1903, Dr. Underhill attempted to return to his original methods of living (after a fast), but found difficulty in consuming the daily quantities of food he had formerly been in the habit of taking."

The reason for this seems to be partly that the whole system has been toned-up and rendered more normal; partly in the fact that the patient has learned to control his appetite; but most of all because of the fact that the stomach has not been so constantly over-stretched and distended that it is uncomfortable until it is in this abnormal condition. At the conclusion of a fast, having shrunk to small proportions, it refuses to be again distended and engorged to the previous unnatural extent without protest—hence the inability to eat the amount of food formerly ingested.

Inasmuch as the *lungs* are the great purifiers of the blood, they are among the first organs to feel the beneficial effects of a fast. Any congestion of the lungs is speedily removed during the early days so that a free, unobstructed passage of air is readily provided, and the feeling of clearness and the ability to talk and sing, together with a greater range and depth of tone, is sometimes observed in patients undergoing a fast; though there are cases in which the voice seems to lose strength and clearness, with an almost immediate return of these powers after resuming a regular diet.

It must be remembered that the lungs eliminate impurities at such times with extreme rapidity, and as this process of purification continues, and greater æration becomes possible, the blood stream is consequently purified and the general benefits from this are at once observed throughout the entire body.

The *liver* and *kidneys* are, of course, ultimately cleansed by a fast, though they may have added work thrown upon them during the early days of a fast. The *heart* is also relieved of undue strain, since we know that many cases of "heart-disease," so called, are due merely to the toxins which have accumulated within the system and, poisoning the heart muscles, prevent their normal functioning. The *bowels* are immediately affected by a fast, and one of the most noticeable effects of fasting is the reduction of the lower abdomen after the first two or three days when food is withheld. The bowels become slowly emptied as the fast progresses, the work of purification being aided by copious enemas; the walls of the bowels become cleansed and a complete rejuvenation takes place as the irritating ingesta is removed.

The character and quantity of the *secretions*

is greatly altered during a fast; the saliva and the gastric juice are secreted in but small quantities, and the saliva may acquire a characteristic rancid or unpleasant taste. This, however, passes away before the termination of the fast.

The *senses* become excessively acute, and many patients have been enabled to see, hear, and smell far more acutely than they had been for years. The eyes become clear and bright; hearing is made acute to an unusual degree—many cases of partial deafness having been cured by fasting. This is doubtless due to the fact that the congestion of the inner ear, and particularly the eustachian tube, has been removed, creating more open inlet for air, thus equalizing the air pressure on both sides of the ear drum and allowing a freer vibration to take place, resulting in more acute hearing.

The effects of fasting upon the *blood* are of course extremely important, inasmuch as the blood is the medium through which the nutritional changes within the body are carried on. It is the conveyer of nutriment to the various tissues throughout the body, and is also the great cleanser and purifier, so that it is only

natural the blood should be fundamentally affected by a fast.

The blood becomes to some extent thinner during the fast, and absorbs and carries away all unassimilated food material, conveying it to the various depurating organs for elimination. It is a fact, however, that the number of red blood corpuscles *increases* during the early days of a fast, though there may be a slight decrease towards the end, if it is protracted—perfectly safe in the therapeutic fast.

The *brain* and *nervous system* are profoundly affected by a fast, and it has been frequently observed that the processes of thinking become clearer and more facilitated as it progresses, so that long-continued thought is possible to a degree which would previously have insured brain fatigue. As the blood, which bathes the nervous system and the higher brain-cells, is gradually purified, these acquire an added life, and increased nervous energy is noted in consequence. The effects of all this upon the mind are far-reaching. Inasmuch as the mind utilizes the brain for the purposes of its manifestation, it is obvious that anything which improves the condition of that organ renders possible a

sounder mind and a more optimistic point of view. "Pessimism," says Max Nordau, "has a physiological basis." "I believe," says Dr. Alexander Haig, "that, as the result of a rational, natural, and proper diet, producing the best circulation in the great powerhouse of the human body, we shall have not only freedom from gross disease, but we shall have gradually developing conditions of mind, thought, judgment, and morality which will, in the future, be as different from what they have been in the diseased and degraded past, as the light of heaven is different from the darkness of a dungeon; and that while there are today many things in human nature which all believers in the great and good and true can only most heartily deplore, I believe that, in the future, there will be more harmony, more strength, more beauty, more unselfishness, more love—in a word, a truer and greater and more complete *sanity*."

All this fasting will do for us, individually and racially; and it will be seen that these observations upon the effects of fasting have shown us that, even from a purely physiological standpoint, we are forced to these conclu-

sions, and forced to concede that fasting demonstrates to us in a remarkable manner at once the independence and the inter-dependence of mind and body. And, with a cleansed body, purified blood, a clearer brain, and an unprejudiced and open mind, the patient can review his past life and clearly perceive how transgressed physiological law is the true and only cause of disease and suffering throughout the Universe (a departure from which rendered the fast necessary), and how clear it is that Nature provides, in fasting, an unfailing sovereign remedy, always ready at hand, and that the mere following of Nature's dictates will and must render a return to health possible in every case where such a cure is possible at all.

Chapter IV

When to and When Not to Fast

WHEN should one fast? For what disease? Is it suitable for every case, under all circumstances? Or has it only a limited scope? These and many other questions will naturally come to the reader's mind, and they should all be answered, fully and frankly.

In the first place, it should be stated that fasting is not a "cure-all," in the sense that it will cure every sort of disease known—acute and chronic, functional and organic—and it is useless to pretend that it will. None of its advocates has ever asserted that it does so. At the same time, it is probable that fasting has a wider range of curative influence than any single measure known to us. Few are the diseased states it cannot cure, or at least benefit to some extent, if employed before there is too great organic destruction or change, or loss of vitality.

"Organic diseases" are those in which some

organ is anatomically defective, and hence cannot function. "Functional disease," on the other hand, is present when the organ in question appears to be perfectly sound, but does not function properly. (How far this may be due to minute and undetectable physical changes is a question which has been much debated.)

Now, of course, in *serious* organic trouble fasting will not cure. In these conditions certain avenues of elimination will prove inadequate to the exacted demands resulting from insufficient activity of the diseased organ or organs. The vital organs cannot function except to a certain limited degree when partially destroyed. In these cases the symptoms during the fast are likely to be extreme, and one is apt to lose courage. It is in these cases that the patients are likely to return to foods and drugs, and if they do, results will in all probability be serious and possibly fatal. Elimination must necessarily be extremely slow on account of the destruction of organs, and convalescence will be much prolonged. Fasting will not restore half a liver or kidney which has been destroyed by inflammation, by toxins,

or by exhaustion of the cells. Neither will a heart valve that is shrunken following inflammation ever be made to completely cover the opening it originally guarded.

But fasting will help even in these cases. It will aid in purifying the blood stream of circulating toxins, poisons, and the debris resulting from cell metabolism; it will aid by the removal of destroyed and diseased cells from the organs and structures affected; by facilitating repair and, in some instances, by actually replacing diseased tissue; by removing encumbrance which has chronically suppressed organic activity, thus permitting more nearly normal functioning of these organs. In these ways fasting can and will help in even organically diseased cases.

In nearly all functional cases, fasting will be of the utmost benefit, and many are the cures that have been effected by its means! In all obstructional and so-called "filth-diseases," fasting is naturally the sovereign remedy. These diseases disappear under its stern rule as if by magic.

In certain wasting diseases, fasting cannot be advised for any considerable length of time;

but in certain cases of emaciation and general debility it has restored the patients to complete health and strength. We must therefore study this question a little more fully.

In the chapter devoted to the physiology of fasting, it has been fully explained why some of these apparently paradoxical results may be obtained. Wasting is not invariably a sign of direct starvation; and giving less food may be the means of supplying more nutriment to the patient in the end. But in tuberculosis, for example, wasting occurs very quickly, and weight which is lost is with great difficulty regained. Hence, anything more than a very brief fast at the beginning of the treatment, in order to rid the system of toxic material, is not advised in every case, though the long fast has been employed with complete cures in some carefully supervised cases.

In the late stages of cancer, fasting cannot be expected to do more than relieve immediate pain (which it has often done); but in the early stage, there is every reason to believe that fasting would actually prevent and effectually cure this terrible malady, for it has done so in several cases, to my personal knowledge.

Dr. A. Rabagliati, an eminent cancer specialist, contended very strongly in favor of fasting for the early stages of cancer, and this view has been supported by a number of eminent physicians since then. And even in later stages of cancer, this method offers more hope for reduction of the growth and the prolonging of life (more comfortable life too) than any method known.

But in certain other troubles, it is only in rare instances that fasting will be of value. Where there are congenital or developmental defects in the adult, fasting will have absolutely no beneficial effect, though there may be some tendency to correction in these conditions in childhood. Fasting will not be of marked value in leaking valves, unless there is a marked fatty condition of the heart or decided enlargement of the organ, with a large amount of toxic material in the body; nor will it be of pronounced value in aneurism. In pernicious anemia, only the partial fast of short duration is to be suggested, if at all—never a complete abstinence from food—at least at the very outset of treatment; and this is usually true of the secondary form of anemia as well.

Where there is brain destruction resulting in insanity, the fast is useless; but in severe injuries resulting in concussion of the brain, the fast is indicated and should continue until serious symptoms have subsided, mentality is restored, and consciousness is cleared. Also in cases of mental disturbance from toxemia the fast will prove beneficial. In chorea (St. Vitus Dance) there is already an insufficient nourishment which contra-indicates the fast. What is needed here is increased nourishment. Hysteria and psychoneuroses that are, without doubt, due to or aggravated by toxemia, may be benefited materially by judicious fasting, but all other forms of these conditions are better treated by the limited diet or partial fast, with later a very nourishing diet, with possibly a fast of longer or shorter duration at some later time. The same is true, to a considerable extent, of melancholia.

In scurvy and rickets, the same may be said —that there is a deficiency which must be supplied at once. In third stage spinal cord syphilis, the fast may have a tendency to precipitate trouble of a very serious nature, which cannot be overcome by the continuation of the

fast. Hence, in these cases it may be safer to omit the fast as an initial factor in treatment, though in earlier stages of this disease the fast is indicated.

A case of spinal curvature has recently been reported practically cured by fasting, but victims of this deforming condition must not be led into false hope that they may also develop a perfect spine by this treatment. I am quite certain that few cases will make any favorable change by this procedure, and that other treatments will be of greater value.

We have received numerous inquiries as to the effect of the fast in conditions of body lice and scabies (the itch). We must not expect the fast to accomplish the impossible; these are typically external insect conditions due to uncleanliness or contamination, for which external cleanliness and applications are required.

Unless the woman is markedly toxic, or suffering from serious functional inactivity of certain organs, the fast is not advisable during pregnancy—at least it should not be used promiscuously.

There are probably other cases in which the fast cannot be considered, unless it be a very

modified partial fast. But the subject of partial fasts is taken up further in Chapter VI.

But with these exceptions, it may be said that fasting is the greatest curative agent known to us for the great majority of common diseases. One can name comparatively few diseases in which fasting, for a longer or shorter period of time, would not be beneficial; and in fact, in many of them death would soon result if fasting were *not* enforced (as in pneumonia, for instance). The medical profession in the main acknowledges the fact that fasting is essential in such cases, and yet the philosophy of fasting does not seem to have struck them as it should. They still labor under the mistaken impression that we must eat in order to "keep up the strength," even in diseased states, and in spite of the obvious facts of every-day existence which show us that strength at such times is not maintained by food.

Every "disease" an infant or child may have will be checked and its symptoms eliminated, and in a short time, too, by the fast, if this treatment is introduced *without delay, and if no poisonous drugs are administered to further depress the little body.*

Measles, scarlet fever, diphtheria, sore throat, croup, whooping cough and, I am convinced, infantile paralysis as well—all require an initial short fast as part of the most effective treatment régime for the elimination of the toxic materials responsible for the symptoms. There is not a doubt that this procedure given at the very onset of a disturbance, with the addition of bowel washings, relaxing eliminative baths, and a plentiful supply of fresh air and water, will so hasten reduction of the initial symptoms that a typical "acute infectious disease" will not develop. It will doubtless be horrifying to drug-vending and serum-injecting physicians to suggest "curing" a condition before a diagnosis is made or is possible. But you will agree that it is better to save the child than to save the disease until the diagnosis can be made. Headaches, diarrhea, vomiting, convulsions and other disturbances of children also respond to the short fast and associated treatment.

It is a common belief that thin persons cannot fast to advantage, and that only those burdened with a superabundance of fatty tissue can fast for any length of time with safety and

benefit. This, however, is a complete mistake. There are many recorded cases in which patients who were quite slender and emaciated at the beginning of their fasts underwent more or less protracted periods of fasting and derived great benefit therefrom. In the classical case of Mr. G. W. Tuthill, for example, the patient weighed but 105.5 pounds, yet fasted for forty-one days with marked benefit—during which time he completely cured himself of partial paralysis. In the case of Mrs. R. T., the patient weighed but 98 pounds *clothed,* yet fasted for eighteen days and was restored to a condition of complete health!

These may be exceptional cases, and prolonged fasts are not as a rule advised for persons whose weight has been reduced to this extent, but they merely show us that the benefits derived from fasting are not limited to nor reserved for the obese.

It must be remembered that the reason for extreme emaciation of this character is that the patient has not assimilated the food eaten and, while he may have been in the habit of eating a large quantity of food each day, this food has not been utilized. And inasmuch as the

body derives benefit from the amount of food properly *assimilated,* and *not* from the amount of food *eaten,* the quickest way to restore the body to its normal condition in many cases is to place it in such a state that it can utilize the food ingested, and, when this condition of health has been restored, then the body will absorb the food, and health and weight will be rapidly restored.

Fasting is a powerful therapeutic measure, and is not a thing to be toyed or played with. Unpleasant symptoms may arise while fasting; but at the same time, in cases where needed, a cure is actually going on within the body of the patient. Death has even resulted, but it is extremely doubtful whether the fasting, as such, was responsible for such deaths. I am positive that therapeutic *fasting,* properly conducted, never killed anyone. But, of course, *starvation* has killed many thousands of people. Note the difference here!

It has been said that an acid condition of the body fluids and tissues (acidosis) is sometimes brought about by fasting. I cannot concede that this is ever the case, in true fasting. As a matter of fact, all the evidence seems to

prove that, as Dr. Haig expressed it, "fasting acts like a dose of alkali." If there is acidity in the system, fasting will remove it, and restore the chemical balance of the system. Therapeutic fasting never created acidity, but on the contrary removes that state when existing. Of course protracted starvation may do so. But then, who ever advised starvation?

The medical as well as the general idea is that starvation begins practically immediately when meals are discontinued. The impression is that at once the blood and solid structures of the body begin to break down, and that organic destruction has begun. Such is far from the case, as results have proven in scores of cases. The vital cells of the organs and glands —those doing the active physical and chemical work of these parts—do not begin to disintegrate until *actual* starvation, as explained elsewhere, begins. Because of the encumbrance which acts as "brush" to the functioning organs, these structures are improved very decidedly in functioning ability by the fast, because this burden is eliminated. As modes of living have been contrary to nature throughout the life of practically every individual, it will

require days and weeks, in most cases, to remove this "rubbish," and not until this is removed will the cells themseves be affected by the fast. The opinion has also been expressed that the blood is starved and that anemia necessarily results, with the intimation that this precludes the possibility of later nourishment of the tissues. Even in starvation, it has been proven, the blood reduces but 17 per cent. In the normal, therapeutic fast, it is doubtful if half this amount is lost. This can be replaced within the first few days after the discontinuance of the fast and is replaced in this time on the proper dietetic régime.

In the case of tumors, it has been thought that the tumor grows at the expense of normal tissue—as if the tumor were an entity in itself, a thing with a soul! A tumor, particularly a cancerous tumor, is the result of a high toxicity of the blood and the tissues. Toxic material is invariably the first eliminated during the fast. Cancers and tumors usually reduce when not fed *from the outside,* fibroid tumors excepted.

Other arguments have been advanced by the medical profession against fasting as a curative

agent. One of the most curious of these is that advanced by Dr. J. H. Kellogg, of Battle Creek, Mich. He said on one occasion that we consume our own bodies while fasting and, as he is opposed to eating meat, he says that we are practically on a cannibalistic diet during a fast, inasmuch as we are eating ourselves—our own bodies!

But this argument fails to appreciate the true significance of the fasting cure. We do not, at such times, consume any really valuable parts of our own bodies, but only the useless portions, which *need* to be eliminated; we consume the fatty tissue and other relatively useless parts; and eliminate, at the same time, all the poisonous matter and mal-assimilated food-material, which are lying latent in the body, and which need to be eliminated, and which are really the causes of the disease. Such arguments as the above simply show that the true *rationale* of the fasting cure has never been properly appreciated by those advancing them.

It has been said that fasting is unpleasant and uncomfortable. It may be so, to a certain extent—though far less so than is commonly

supposed. It has often been pointed out that the first two or three days of fasting are the only really difficult ones, and that after this but little discomfort is experienced by the patient. There are many cases on record in which the subject has sat at the table, when the rest of the family were eating a hearty meal, and has not been at all tempted to eat the food in front of him. In all cases of severe illness, again, a positive aversion to food is experienced. But, even if it be admitted that fasting *is* a little hard on the patient, it must also be remembered that it is positively *curing* him; and no method of cure is pleasant at the time—but neither is any illness pleasant! It is surely better to undergo a few days' discomfort than to have an extremely severe illness or a serious operation, and possibly lose a portion of one's body forever; or perhaps to die! And fasting *has* saved many a life, during the past quarter of a century.

The old idea that fasting causes extreme weakness is entirely erroneous. In many instances, though the patient may feel weaker, a test of actual strength will show a marked increase in strength, this being particularly

noticeable when the patient was weak at the beginning of his fast. Strength often increases as the fast progresses, and energy seems to be added to the body, instead of taken from it. As nerve centers lose nothing during the fast, it is evident that the tissue lost elsewhere goes partly to supply energy to the nervous system. Most weakness is due to fatigue poisoning and disease. And when these causes are eliminated by fasting, the patient's strength increases—as many cases of this character have abundantly demonstrated.

It must not be thought, however, that fasting in itself will permanently build up health and strength! Right food, exercise, right breathing, and a proper, hygienic life alone will do this. All that fasting will do is to cure the diseased condition which may be present, and eliminate poisons from the system, preparatory to building it up afterwards. While a short fast will probably benefit every one, it is unwise to experiment too much in this direction, unless some diseased condition is actually present. When there is such diseased condition, of course fasting is the thing; but otherwise it is better to diet and exercise, and to live a whole-

some, normal, rational life, and forget the body as much as possible.

I do not contend that fasting is the normal condition of mankind—since we must eat to live (while not living to eat!). And, if we did not continually overload the system with an excess of food-material day after day, month after month, year after year, fasting would never be necessary. Were we to eat only proper food and only in such quantities as are necessary to preserve the body in a state of health, fasting of any character would be quite unnecessary. It is only when the body has become congested and filled with impurities resulting from the excess of food and from other wrong methods of living that fasting becomes urgent, in order that the body may purify itself internally.

Rightly applied and properly managed or conducted, fasting is one of the most powerful remedial agents known to us; but it should be utilized in its rightful place—as a curative, therapeutic agent. As such, it cannot be excelled. These general remarks should help the student to answer for himself the question, "When shall I fast, and when shall I not?"

Chapter V

Symptoms. Mishaps and Emergencies of Fasting

WHEN a patient enters upon a protracted fast—particularly if it is the first one he has ever taken—he is liable to experience a number of puzzling and alarming symptoms; —alarming to him, however, only because he does not expect nor understand them. As a matter of fact, they are all invariably either indicative of the cure that is progressing within, or mere *symptoms,* which will pass away if they are properly treated. The former are called "crises," and are well known to those who have studied fasting cases. Some of these symptoms were noted by Dr. Joel Shew, more than half a century ago, and, in writing of them, he says:

"A feverish excitement of the system, together with a feeling of debility, faintness and depression is generally experienced. The patient becomes discouraged and melancholic,

and is very excitable and sensitive to surrounding influences. He also experiences pains and soreness in the loins, feet, and sometimes in the joints. He becomes very tired of the sitting posture, and leans to one side or the other for support. But all these disagreeable symptoms, which are necessary in the process, grow by degrees less and less, as the morbid matter is eliminated from the vital economy. And when the body has at last grown pure, these unpleasant consequences disappear entirely, and the convalescent gains strength with inconceivable swiftness through the period of the after-cure."

All this brings home to us once again the necessity for the right mental attitude while fasting, and shows us that a contented and confident frame of mind is very essential when beginning a fast. Without it, many a fast fails; with it, the fast cannot fail when wisely applied.

A certain feverish condition has often been noted after a fast is begun. This is known as the "Famine fever," and physicians usually hold this up as an example of the horrible things which are liable to happen to one who

undertakes a fast. As a matter of fact, it is merely a curative measure on the part of Nature, like all such symptoms, and is well understood. It represents merely a period of rapid oxidation and elimination, and shows us that the body is disposing of its effete material rapidly. As Dr. Rabagliati said, in discussing this point, in his "Air, Food and Exercise" (p. 122):

"Fever and feverishness are . . . due, not so much to the starvation, as to the fact that for a long time previously their bodies and blood had been loaded with waste and unassimilated materials derived from an excess of (even wholesome) food. The fever and feverishness are *occasioned* no doubt by fasting, but not *caused* by it. . . . If we cannot fast without fever, it is because we have previously been improperly fed."

But the mere "feeling" of fever is not indicative of an actual rise in body temperature. We have noted numerous cases where the patients complained of being feverish—probably "'burning up' with fever"—where the thermometer showed a normal or even a slightly *sub*normal temperature. This is fre-

quently accounted for by the fact that the patient has not been taking sufficient water during his diet, and that there is an extremely rapid oxidation going on within; also by the lessened activity of the skin. Practically invariably the drinking of more water will correct this feeling; the use of friction and cool sponge baths will take care of the other few remaining conditions—and these baths should be used in all such cases.

Another point which should be observed about fasting cures is that they will frequently bring to the surface diseases which had been suppressed ("cured") by drugs, years previously. There are many cases of this kind of crises on record, and I have observed several myself. If, therefore, the patient has ever had any disease which had been suppressed, it is quite liable to come to the surface during the progress of the fast, either as old symptoms or as skin eruptions, or both conditions. But this shows us merely that the *roots* of the diseased condition are being destroyed, and after the fast has been completed these will be found to have been destroyed once and for all. No treatment is required for such manifestations

on the surface except the exposure of the affected areas of the skin to the direct rays of the sun and, in some cases, a light covering with sterile gauze. The other symptoms will quiet naturally.

Let us now enumerate a few of the other symptoms which may be occasionally noted during a prolonged fast. Most of these, of course, will be observed rarely; some patients are not bothered by any of them at all during their entire fasts, even in fasts of several weeks; others, on the other hand, *are*. And it is with the idea of informing the student or prospective patient of all the possibilities of "trouble," that they are listed here—so that he will be prepared for these "crises" should they develop, either in his own case or in some other individual, whose case he may be observing. He will then understand what is taking place, and will be undisturbed; and he will be able to reassure another who is experiencing such manifestations.

Dizziness. This is often noted on arising in the morning, or after the patient has been lying down during the day. It is usually due to insufficient blood in the brain (though it may

sometimes be due to cerebral congestion), which is in turn due to the slackened "watchfulness" of the nerves of the sympathetic system, allowing the large abdominal blood vessels to dilate and receive (by the force of gravity) a larger amount of blood than usual, thus leaving the brain without its normal blood supply. This condition is usually merely temporary and will soon pass off. If it is lasting, however, as is rarely the case, it should be treated in the same way that fainting is treated. One should be careful, if he has this tendency, to arise to his feet only when holding to some support, since such dizziness may be sufficient to cause him to lose his balance, and serious injury may result from a fall.

Fainting. This is almost invariably due to cerebral anemia (lack of sufficient blood in the brain), the cause being the same as in dizziness, unless there has been this tendency before, due to some other underlying cause. It should be treated by placing the patient with the head lower than the feet, though sometimes merely placing him in the prone position will have the desired effect. But never lift the patient's head when he has fainted! This can have only

the effect of aggravating the existing condition. Loosen the collar or clothing around the neck and chest and apply a *little* cold water to the forehead; also rub the patient's hands (and feet if undressed—at least loosen the shoelaces), fan his face, and occasionally hold smelling salts to the nostrils—not *too* close, however. The patient should revive *gradually*, not rapidly. In other words, if the patient does not "come out" of the faint easily after being placed in the reclining position, treat the faint precisely as fainting under any other conditions should be treated.

Cramps. Pains in the bowels occasionally occur while fasting, though this is rare. When they occur they are usually the result of inner "crises," or of a spasmodic contraction of muscles by over-sensitive nerves, or possibly to some long-retained fecal content that has been broken from its moorings by the fast, or by the production of gas from such long-held and decomposing bowel content. In a few cases they may be brought on by an injudicious use of cold water, internally. Many times they pass off in a very few minutes, but should they remain, however, a warm enema should be ad-

ministered, and a hot compress applied over the abdomen. *Gentle* kneading of the abdomen may also prove beneficial, especially after the patient has taken one or more glasses of quite warm water. The application of the bare, open hand frequently has a wonderfully soothing and pain-allaying effect—especially the hand of another.

Headaches. I have spoken of these before. When occurring on a fast they are usually due to an unusually rapid elimination of the effete material, which has been re-absorbed into the blood stream and thus, through the circulation, found its way to the brain. Such headaches are most common in those who have been especially heavy eaters and coffee and tea drinkers. Continued fasting will get rid of this symptom. Should a headache develop to a severe degree, the patient should drink water profusely; if there is anxiety, or if the headache is exceptionally severe or protracted, take a fairly large enema of quite warm water, and apply hot or cold cloths to the head; in some cases the cold will be required, in others the hot. Manipulate the back of the head and the neck if the pain is posterior, or the forehead if the

pain is frontal. A hot foot bath sometimes works like magic. Sleep is the sovereign remedy for most headaches. Few cases of this symptom will develop to the extent where any of the above treatments will be required, for the ache is usually merely a slightly unpleasant sensation, and will pass off unnoticed by most fasters in whom it does develop.

Diarrhea. This is almost an unknown symptom in fasting cases, for the tendency is usually all the other way. It can safely be considered a "crisis" when it does develop—and to be welcomed. If it does appear, however, the elimination should be encouraged by taking a tepid enema. A warm or cool sitz bath may follow the enema. Otherwise, the "let alone" plan will be all that will be required; the condition will subside when Nature has done the rough but necessary work of her house-cleaning.

A "Bad Taste in the Mouth." This is one of the most frequent of symptoms noted during a fast, and is largely due to the tainted saliva from the rapid elimination going on within the body. The mouth should be kept clean by frequent washings, and the throat

should be cleansed by gargles. Salt water, or weak lemon water may be used for this purpose. The tongue may be "scraped" with a tooth brush and water to which an equal portion of peroxide of hydrogen may be added. Plenty of water should be taken, also. If this condition is due to bad teeth, these must of course be attended to at once; otherwise the symptoms will subside as poisons are eliminated.

Insomnia. This is also a frequent symptom noted to a greater or less degree by fasting patients. To a certain extent it is only natural—since so much sleep is not required; the body of the fasting patient is internally resting and conserving all its energies, which would otherwise be used in digesting food. Further, the body is not being poisoned by an excess of food material—and we know that this poisoning is the great cause of fatigue. Less sleep is required while fasting, as a rule, though there will be some fasting patients who will notice a marked increase in ability to sleep—at least for the first several nights of the fast. Should insomnia develop, however, (not merely the inability to sleep the entire usual number

of hours for several successive nights), it should be treated in much the same way as the same condition is treated at any other time—by relaxation, suggestion, quiet, air-baths just before bed, warming the hands and feet, deep breathing exercises, a slightly warm tub bath, etc. There are several good books published on this subject, and to these the reader is referred for a discussion of this subject. However, it is extremely doubtful if the patient will be troubled sufficiently in this way to require any treatment, since a genuine insomnia is not a commonly observed symptom of the therapeutic fast.

Retention of the Urine. This is an extremely rare condition, but it has been observed in a few cases. It will not develop if the patient is careful from the very beginning of the fast to keep the solid elements of the urine diluted sufficiently by drinking rather copiously of plain water. But *should* the urine be retained for twelve hours or more, and the patient has meanwhile taken considerable water, a hot sitz bath is suggested, or a hot pack applied to the lower part of the abdomen may be used effectively. Relaxation is imperative, and *very*

gentle pressure may be tried while the bath or pack is being employed—at the very lower point of the abdomen. Should these measures fail, and pain ensue, recourse may be had to the catheter, which, however, *must* be inserted by a competent surgeon or physician.

Pain in the Heart, Palpitation, etc. This condition developing during the fast is almost invariably due to the pressure of gases in the stomach, and to other digestive disturbances, and so usually will not appear during the fast except as a curative crisis. Says Dr. Schofield ("Nerves in Order," pp. 63-4):

"To understand what is the matter, we must picture the heart sitting on the end of the stomach, something like—to use a striking illustration—a donkey boy sits on the hinder end of his ass; so that when the donkey kicks, the boy begins to palpitate on his back. In like manner, when the stomach 'kicks' or is distended in any way by food, it often sets the heart off palpitating; and in this way the heart gets the blame while the stomach is the culprit."

In fasting, this condition is naturally very rare, but if it should appear and develop to a

disturbing degree the best procedure is to drink one or two glasses of quite warm water and sit or lie down and relax—keeping composed mentally, for it is not a serious symptom. In rare cases it may be well to apply a cold wet cloth (*not* iced) over the region of the heart, while reclining. The trouble is usually only momentary and in any case passes off within a short time.

Abnormally Slow Pulse. The normal average rate of pulse beat in men is seventy-two beats a minute, and in women eighty beats per minute. In slow, heavy, phlegmatic individuals, and in certain other types, the pulse is inclined to drop below this number of beats when fasting, and may go as low as fifty, forty-five or even forty *or less,* without any untoward effects whatever. Napoleon was reported to have had a *habitually* low pulse rate —of less than forty. While it is not advisable in some cases to allow the pulse to become as infrequent as this, I have seen it as low as thirty-six while every other sign and symptom showed normality. When the pulse beat is low in frequency, it is usually practically invariably stronger in force, showing that the

heart is compensating for the lowered frequency of its pumpings by a greater force and volume at each pumping. During this period of slow pulse, the heart is securing long periods of rest between beats, and will come through the fast stronger in every way.

But if a slow pulse is associated with a decided drop in the circulation (manifested by increased coldness of the hands and feet, and probably by a slight blueness of the lips), or an increased tendency to dizziness, or a marked reduction in energy and feeling of well being, some attention may be given to the symptom. Such a condition may be due to debility, but may be effected to a great extent by the mental and emotional tone of the patient. No attention is required in any case unless the pulse drops to below fifty beats per minute. Very mild exercises, deep breathing, etc., are helpful. A rather warm bath is one of the surest means of restoring the pulse rate, or a hot water bottle or hot cloth over the heart region may prove effective. Says Dr. Kellogg:

"The hot bath is the most efficient stimulant, in the true sense of the word. It will so excite the circulation as to increase the pulse from 70

to 150 in fifteen minutes." ("Uses of Water," p. 60).

It would be advisable to always place a cold wet towel about the head of the patient during this hot bath treatment.

Suggestion, friction, massage, may also be tried.

Abnormally Rapid Pulse. As the phlegmatic individuals are subject to a slow pulse when on the fast, nervous individuals are inclined to the opposite change from normal—to a rapid pulse. It is only occasionally that an abnormally rapid pulse develops on the fast. I have seen cases where the pulse went at the merry rate of 140 beats a minute and still the patients would complain of no distress nor disturbance, only that they were unable to relax thoroughly. As this condition rarely develops except in those who are "high strung" or who have vivid imaginations or who are inclined to neurasthenia or neuroses, one can quite accurately predict whether or not a certain case will develop this condition, and so be prepared.

If every other condition save the pulse rate indicates a normal condition, and if the patient

is not complaining about the high rate of pulse, nothing need be done but to have the patient secure rest and relaxation, for it is not advisable for one to undergo any extra exertion while the heart is already going like an automobile engine in low gear. It necessarily must be other than advantageous. Ordinarily I would want to control the heart beat so as to keep it below 120 per minute. When it is hovering around this number or is above it, steps may be taken to reduce it or to prevent it from continuing long at this rate or becoming more rapid. The patient should be made to understand (if he is uneasy about it) that it will in all probability be of short duration and that it can be controlled easily.

For controlling the rapid pulse a cool bath is one of the best measures—but not a *cold* bath! Personally, I have seen very good results obtained by using water at the temperature of the body—about 99 degrees Fahrenheit. This *gradually* withdraws the blood from the inner organs to the surface of the body, without undue shock. The patient may be kept in this bath for a considerable length of time, in order to balance the circulation. Re-

sults will determine when the bath may be discontinued. The use of a cool wet cloth over the heart region is often as effective as any other measure—applied while the patient is reclining. Suggestion may often be utilized to good effect in these cases. A reposeful state of mind and a relaxed muscular system are to be insisted upon. If the patient should become nervous and excited, the pulse will tend to rise still higher, and it should be emphasized that there is no need for fear—if the condition be understood and treated promptly and efficiently.

Vomiting. This is probably the most serious condition which can be encountered in fasting cases. In a few instances, vomiting has been known to occur on about the fortieth or fiftieth day of a fast, or sometimes much earlier; and when this occurs it must be treated promptly and with vigor. If the vomit is bright green or blackish, the outlook is not so favorable. One or two deaths from this cause have been noted. But this condition is very rare, and will probably not be encountered once in a thousand fasts. As it is confined to the obese, a normal or thin person need not fear this

symptom. The cause of the trouble is not definitely known, but it is evidently a nervous reflex phenomenon, unless due to organic obstruction of the intestines or some degree of liver disintegration.

In case the symptom *does* develop, the following measures should be used: The patient should drink freely of hot water, even one or two quarts if possible, and even if it is immediately expelled. This will cleanse the stomach and will ease the excited nerves; also it will tend to start the peristalsis of the stomach and intestines in the normal direction, for in such cases there is a reverse peristalsis, the bile flowing backward into the stomach rather than onward down the intestinal canal. Hot cloths may be applied all around the abdomen and back. Fresh air and deep breathing will materially assist in breaking the spell. Suggestion may also be tried. Sometimes these cases resist all such efforts to check the vomiting unless some liquid such as quite hot water, sweetened with strained honey; very thin barley water or oatmeal gruel, slightly salted; hot water flavored with orange; or some other

liquid acceptable to the taste can be taken in large quantities.

The question has often been asked: "Is it advisable to break the fast under such circumstances?" Dr. Dewey was strongly opposed to this, and he wrote:

"Taking food into such a stomach is death-dealing. There is nothing but to make the body and mind as comfortable as possible, and Nature will cure, if the seal of Death is not set."

It *may* be advisable to try to break the fast, however, if the vomiting does not stop—even though the food be promptly ejected, though if a large amount of pleasantly flavored liquid is taken as previously suggested this will rarely result. Also you will then feel that at least you have given this method a trial, and you will also have silenced those critics—relatives and friends—who will probably insist upon this being done! Dr. Dewey tells of a case where the fast was broken, the food ejected and the fast continued. In this case, however, the patient completely recovered, and the natural hunger returned, on the *sixtieth* day of the fast.

Weakness and Lassitude. There is a dif-

ference in these symptoms, but as they are usually associated (in the fast) they are discussed together. They are uncommon symptoms, though there is a considerable variation as to the time they may appear and their degree. Usually they appear only at the first few days of the fast, to give way to a feeling of increased strength and energy. They may appear occasionally for short periods of time throughout the fast. They appear most frequently and most pronouncedly in those cases where drugs have been used in quite large quantities in the past—for the suppression of fever and other symptoms. They may alternate with (or give way to or be preceded by) the opposite symptoms of unnatural strength and energy in those cases where there have been nervous symptoms suppressed by bromides and other "deadening" drugs. Their appearance is also noted in those cases of long-standing self-poisoning of a pronounced type; also in cases where the nervous energy has been of the "kindling" type—unusually strong for a short time, to burn out quickly under exertion, either mental or physical. They are due, as the case may be, to marked elimination of the poison of drugs

or of toxemia, or to a readjustment of the nervous system. But if the patient is of the self-centered and introspective type, he may bring these symptoms on to a certain degree by self-pity and by a doubt concerning the fast's ability to be of benefit to him, or by magnifying a simple, insignificant weakness or lessened energy.

It will be seen, then, that it is necessary for the patient to be enthusiastic concerning the fasting program and the benefits to be derived in his case, in order to avoid bringing these symptoms about through his own mental attitude. If they appear to a marked degree under other conditions, and tarry, then the best procedure is to drink a glass or two of water—either hot or slightly cool—and to have an abundance of fresh air, taking deep breaths all the while. A little "stirring about" frequently works like magic, and a walk out in the fresh air will take care of these symptoms in many of these cases. If the patient is bed-ridden (from the condition for which he is fasting), he can still take the deep breaths in a room filled with fresh air, and he can also take stretching exercises and some of the tensing

movements, to slightly stimulate the heart action and circulation. A light massage may also be taken with benefit. It is rarely desirable to take food, unless the natural hunger appears—which is not apt to occur without an increase in both strength and energy. A complete relaxation, such as is derived in sleep, will also be good for these patients, but should follow some of the other procedures. If the slow pulse or the rapid pulse appears in association with the weakness and lassitude, the measures suggested for these symptoms may be used, also. Almost invariably such symptoms will be of but short duration and are corrected by the above named steps.

Light-Flashes and Specks Before the Eyes. These conditions frequently appear with headaches and may be from anemia or congestion of the brain, or they may be from nervous irritability, or in cases of toxemia or liver or kidney insufficiency. They may appear at the same time or either one may appear separately and they may pass off in a few minutes or linger for hours. Frequently it is better for the individual to be quiet during the time of these, though in some cases some physical

activity will help to reduce them somewhat. In the majority of cases they may be ignored.

Ringing or Humming in the Ears. Because the body is using every avenue of elimination to full advantage during the fast, it is not unusual for the ear to be clogged with an excess of wax. This is the occasion for many cases of this symptom, though many others result from anemia of the brain and are only temporary. Where the symptom does not fluctuate considerably or disappear after a short time, it is usually advisable to put a few drops of warm water, warm olive oil or warm glycerine in the ear and after a few minutes remove the wax. If this has been the cause, the symptom will disappear at once.

Body Odors. Different types of disease produce different odors of the emanations from the skin and these odors will be intensified during the fast because of the increased eliminative efforts of the body. Rheumatism, Bright's disease, diabetes and many other conditions have their own peculiar odor to the perspiration, even though this perspiration is never more than the invisible perspiration. Nothing is necessary in these cases except to

increase the activity of the skin by water and friction baths and keeping the body surface clean.

Ether-like Odor of the Breath. This is due to the presence of acetone, which is present in all the body secretions, particularly during some protracted fasts, and indicates a decided functional disorder with a breaking down of organic matter. This symptom is not especially favorable and sometimes it is desirable to attempt to break the fast—at least, a small amount of fruit juice or thin oatmeal gruel may serve to end this symptom.

Delirium. In some cases where there is a very large amount of toxic material or where drugs have been used in the suppression of nervous symptoms, an active delirium will appear during the fast. This is due to the very markedly increased elimination or to the elimination and re-absorption of the poisonous elements, and subsides naturally when sufficient toxins or drug-poisons have been removed from the system. A wet sheet pack may prove effective in hastening the reduction of this symptom, if perspiration is established, thus quickening elimination.

Hiccough. This perplexing symptom is caused by a spasmodic contraction of the diaphragm and sometimes develops on the long fast. This is occasionally due to the return of bile into the stomach, or to intestinal obstructions. In itself it is not particularly dangerous, except that, if continued for a long period of time, it is very weakening, as it prevents sleep and produces fear and anxiety. The obstruction of the intestines is probably the cause of death, usually, in these cases, though without doubt a very prolonged attack is capable, in itself, of producing death. The best treatment for this is cold water internally and the inducement of vomiting. Hot spinal packs (or occasionally cold packs) will also help quiet this symptom. Sometimes tapping the middle region of the spine will help quiet this symptom.

A belt gradually drawn tighter around the waistline will usually cure hiccoughs, when all other methods fail. Gradually increase pressure of belt by making it tighter and tighter until spasmodic contractions in abdominal region cease. Sometimes you have to use all

your strength in tightening this belt to accomplish a cure.

The patient must not think that all or even any of these symptoms invariably occur while fasting. It is safe to say that no one fasting patient will experience more than two or three of them during even a protracted fast. They are relatively *rare*—with the exception of dizziness, a bad taste in the mouth, and a lessened ability to sleep soundly for the usual length of time (though this does not indicate "insomnia," as described in this chapter). And headache is quite apt to appear for a short time in those who are very toxic or who have been subject to this complaint—especially those who have been coffee and tea drinkers and heavy smokers or users of headache powders or other pain-killing drugs. But most patients will be able to carry through a long, "finish" fast without disturbance by these symptoms.

Death. There have been some cases of death resulting from the fast—or at least during the fast. In every case where post-mortem examinations have been held following these deaths, it has been stated that the organic condition was such that death was inevitable

whether or not the fast was taken, and that the fast probably prolonged life to some extent in some of these cases. It is not physiologically possible for death to appear from starvation until forty to fifty percent of the body weight has been lost. The therapeutic fast is never carried to the point where this great loss is suffered.

It must not be forgotten that a most destructive force, both mentally and physically, is *fear*. If one fears the disease or the fast, there must necessarily be a let-down of the vital activities that may result in death. The effects of fear are easily seen in those cases of shipwrecks, mine explosions, cave-ins, etc., where death comes much sooner than could be possible physiologically, because of the fear and anxiety associated with the forced fast.

In all the thousands of cases where fasting has been employed, there have been but eighteen deaths reported, according to Dr. Linda Burfield Hazzard in "Fasting for the Cure of Disease." Two of these were only partially fasting, and in every instance it was definitely determined that there was such organic destruction or developmental defi-

ciency of one or more vital organs, that death was unavoidable whether or not the fast had been taken. Some of these conditions resulting in death were extremely severe abdominal adhesions, destructions of liver or kidneys, syphilis, destruction of the brain, the lungs, or the liver, or atrophy of some organ, or marked arrested development of the intestines, spleen, bladder, heart, lungs or digestive apparatus. It was evident that no system of treatment and no surgical interferences could have brought about recovery in any of these cases.

As a proof that these deaths did not result from starvation, but resulted from some of the above mentioned conditions, it was found that in every case there was still considerable subcutaneous fat, which is always entirely absent where death has resulted from starvation. Also the heart was normal in all cases, except where it had never developed sufficiently; while in starvation the heart is always contracted or markedly atrophied. The blood was also practically normal in amount with no real anemia; while in starvation the opposite condition exists. The pancreas is little affected, if at all, in death during the therapeutic

fast; while in starvation-death this organ is practically entirely absent.

The exact cause of the death in fasting is not determined, but it is possibly due to the failure of some particular vital organ or life process, and not through exhaustion of all possible nutritive material. If death is approaching there is rarely any procedure that can prevent its appearance, though it is advisable and sometimes necessary, to quiet the urgings and entreaties of family and friends, to endeavor to break the fast. As this fatal ending appears in such a very small percentage of the cases, it should not be anticipated if the organic condition has been determined beforehand and found favorable. Nevertheless in order to make this book a complete guide to the fasting cure, it has been thought well to include discussions of all possible symptoms and results so that, should any of them arise, the student or patient will know what to do.

Chapter VI

How Long to Fast—Long and Short Fasts and the Partial Fast

THE length of any given fast depends altogether upon the condition of the patient at the time, for we know that the "sicker" he is, the longer the fast which will be required to cure him. The length of all fasts must be determined by Nature, and it therefore becomes impossible for us to set up any arbitrary rules as to the length of the fast required. Any fast of longer than, say, ten days, may be called a "complete" or "finish" fast, while one under that period may be called a "short" fast. This is a rough classification only.

Now, what are the advantages of a long fast over a series of shorter fasts, and *vice versa?* If the system is in a condition where a protracted period of fasting is needed, in order to restore it to health, should one advise one long fast, or a series of shorter fasts, broken into by alternate days of eating? There is

much to be said on both sides of this question, for sometimes one seems advisable, and at other times, the other.

It is a fallacy to suppose that the analogy of the body to that of the steam engine is perfect. In the case of the latter, it is true that regular stoking of the fires is necessary; and if no new coal is supplied, the fire will ultimately die down and go out; but if there is a plentiful supply of unburnt coal in the furnace, and this coal cannot be properly burned up, owing to the fact that the grate is choked with an excess of ashes, then the thing to do in order to burn up this excess of coal is to rake out the ashes and permit a draught of fresh air to pass through the furnace; it is useless to pile on more coal while the grate remains clogged with the ashes below.

In all diseased conditions this state of affairs exists. An excess of ash has accumulated, and this must be disposed of before any new fuel in the form of food is added. Just *how long* may be required to ensure this cleansing process will depend, as before pointed out, upon the degree of health, or rather lack of health at the time. Nature knows just how long it

will take to restore the normal condition, and we cannot say that such and such a time will be necessary in order to ensure this. It is a great mistake, therefore, to say "I shall fast one week," or two weeks, etc., as the case may be. This cannot be predetermined artificially. Only a few days may be needed; and if this is the case, natural hunger will return at the end of that time. On the other hand, in cases of severe illness a much longer time may be necessary, and here again Nature will clearly indicate the length of time which the fast should be continued. And *only at the end of that time* will natural hunger return.

If we are not really hungry, and we omit the meal, what happens? What is lost, and what is gained? All that is *lost* is the amount of tissue and heat which that amount of food would have supplied. And what is *gained?* The energy which would have been utilized in the digestion and elimination of all that quantity of food is saved—and the system is freed at that time of much effete and toxic material which would otherwise have been to a certain extent retained. Not only "floating" toxic material, but toxins and drugs deposited in

various organs and structures are eliminated. Inasmuch as all these must be expelled from the system before health is restored, the shortest cut to this end is the most desirable, and a "finish" fast best accomplishes this result.

The long fast is also an excellent diagnostic measure in many instances. It uncovers many weak points in a body that is disease-ridden and plainly reveals the location of organs that are defective either functionally or organically. Symptoms that have been experienced at some previous time, but possibly forgotten, are developed again on the fast in numerous cases.

Another reason for taking the prolonged fast in place of a number of shorter ones, is that the latter method tends to keep the patient hungry. Whenever food is eaten the stomach activities are stimulated and appetite returns at regular intervals. It is well known that the first two or three days of fasting are the hardest. "Habit hunger" returns with more or less vehemence at every meal, but with gradually decreasing intensity until, about the third day, it will disappear entirely, and thenceforward, until true hunger returns, no craving for food will be experienced, and the very thought of

food may even be repugnant to the patient during the intervening days before this true hunger actually returns. The length of time which it is necessary to fast in order to ensure the return of natural hunger varies, of course, in each individual case, and no law for this can be laid down as generally applicable to all cases. This method, then, of alternate fasting and feeding is inclined to keep the patient constantly hungry and dissatisfied. The old adage "Abstinence is easier than temperance" applies here.

Still another reason for indulging in a prolonged fast is that the bowels have a chance to become thoroughly cleansed, by the abstinence from food itself and by the use of the enema; whereas in a series of short fasts this is not the case. It is often to great advantage to have the bowels thoroughly cleansed in this manner; and only a protracted fast will effectually accomplish this.

Any fast that approaches two weeks in duration may be termed a long fast, though many of these will extend well into the second month.

There are certain diseased conditions which seem to call especially for the long fast. Many

fasts for these conditions have been from thirty to fifty days in duration, though all depends upon Nature's indication for the breaking of the fast—a normal, true hunger. Those cases ordinarily requiring the long fast for the most speedy recovery are the deep-rooted diseased conditions, such as Bright's disease, diabetes, rheumatism and gout, syphilis and arteriosclerosis, and asthma in heavy subjects. Other conditions that have responded better to the long fast than to any other method of conducting the fast are obesity, apoplexy and the paralysis resulting therefrom, liver congestion and abscesses, appendicitis both acute and chronic, and peritonitis. Cancer and other forms of malignant growths, as well as benign tumors, also respond more fully to the long fast than to the short fast. Typhoid fever, among acute diseases, calls for the long fast. But if great emaciation and weakness have resulted from a disease, the duration of the fast will be materially shortened. Any of the conditions mentioned in the short fast and the partial fast may in an individual case call for the long fast also.

There are, on the other hand, many things

which might be said in favor of a series of shorter fasts. If the patient is run down and debilitated, by a prolonged illness; if he is extremly emaciated; if he suffers from tuberculosis or some other wasting disease; when the body is but slightly indisposed—in these and in many other cases a series of shorter fasts would be advised.

The length of the fast, in other words, must be gauged very largely by the condition of the patient, and by general considerations. Mr. Upton Sinclair, who had his first fasting experience under my instruction, has summed up the relative merits of a long and short fast in an admirable way, as follows:

"The questions most commonly asked me were: How long should one fast, and how should one judge the time to stop? I personally have never taken a 'complete fast,' and so I hesitate in recommending this to anyone. I have fasted twelve days on two occasions. In both cases I broke my fast because I found myself getting weak and I wanted to be about a good deal. . . . I was told by Bernarr Macfadden, and by some of his physicians, that they got their best results from fasts of

this length. I would not advise a longer fast for any of the commoner ailments, such as stomach and intestinal trouble, headaches, constipation, colds and sore throat. Longer fasts, it seems to me, are for those who have really desperate ailments, such as deeply-rooted chronic diseases as Bright's disease, cirrhosis of the liver, rheumatism and cancer.

"Of course, if a person has started on a fast, and it is giving him no trouble, there is no reason why it should not be continued; but I do not in the least believe in a man's setting before himself the goal of a forty or fifty days' fast as a thing to be played with in that way. I do not believe in fasting for the fun of it, or out of curiosity. I do not advise people to fast who have nothing the matter with them, and I do not advise the fast as a periodical or habitual thing. A man who has to fast every now and then is like a person who would spend his time in sweeping rain water out of his house, instead of taking the trouble to repair his roof. If you have to fast every now and then, it is because the habits of your life are wrong, more especially because you are eating unwholesome foods."

If a patient does not thoroughly understand the *rationale* of fasting, and does not fully know what he is doing, it is often advisable to try a series of short fasts, instead of one long or "finish" fast. This is especially true when unpleasant symptoms develop—as they occasionally *do* (see Chapter V). In such instances it is perhaps advisable to suggest a series of short fasts, with periods of very light eating between, or a partial fast.

A short fast begins when you omit one meal. "Break-fast" really means that you break a short fast of several hours. If you are not hungry, it is always a good plan to omit the meal, and wait until the next. Nature will indicate when you need food, and you will probably have a good, healthy appetite when the next meal-time comes around unless you positively require a fast. If you develop a headache by omitting one meal, it is a sure sign that you ought to omit not only one meal, but several meals, since headache is due to the fact that impurities are absorbed into the blood stream as soon as your fast has begun, and are carried to the brain, giving rise to the headache. It is an indication that these impurities are in

the blood and should be eliminated. The thing to do, therefore, is to go on fasting—when the headache will disappear, and you will be that much better off in consequence, eventually.

If on one day a patient abstains from one meal entirely, this is a short fast; but a fast that extends for from seven to twelve days may still be considered as a short fast. There are some conditions of disease which do not usually demand a protracted fast, but which demand more than the partial fast. These are the common ailments, such as catarrh, constipation or diarrhea, headaches, colic, boils, superficial abscesses, skin eruptions, neuritis, neuralgia, pyorrhea, worms, and the acute illnesses with or without fever. This includes hives, colds, influenza, tonsilitis, ptomaine poisoning, vaccination or serum fever, etc. Tuberculosis frequently will respond better after the short fast than to a régime that for the first few days permits of some nourishment. Hay-fever, bronchitis, asthma in thin subjects, pleurisy, usually demand the short fast. So also do menstrual disorders, pelvic inflammations, prostatic hypertrophy, impotence, blad-

der troubles, hemorrhoids and prolapsis of pelvic or abdominal organs, and the acute infectious diseases — measles, scarlet fever, diptheria, etc.

Realize that you are really much healthier and have a stronger body, a better body, and a more alert mind on less food than you would on more! The less food you eat, the better; up to a certain point. Certainly Americans are in the habit of eating far too much, and it is because of this that they suffer so much from various sicknesses and ailments, and that the country is so overrun with doctors and hospitals and patent medicines. Get at the *root* of the trouble, and eradicate *that*. The root of the trouble, in nearly every instance, is an excess of food waste products, and it is this which we should get rid of first. Fasting alone does this!

The proper mental attitude during a fast is all-important, as I have already stated. The *will* will be strengthened by fasting and the patient will find that he is free from the tyranny of the body perhaps for the first time in his life. Instead of his appetities ruling him, he is ruling them. And as this realization

comes to him, he will gain added power and self-respect, at the same time that he is gaining physical health.

Many persons of my acquaintance make a practice of fasting one day a week and, while this is not advisable in all cases, it would certainly benefit the majority of persons, who are in the habit of eating too much. Others take a longer fast every year—usually in the summer time, and this also is a good practice. It keeps the body fit, young, and in good health. But these fasts would not be necessary if everyone ate only as much as the body actually needed, of simple, nourishing food.

PARTIAL FASTS

Again, others undertake from time to time what they call a "fruit fast"—that is, they eat nothing but uncooked fruits for several days or weeks at a time, as the case may be. As a matter of fact, this more nearly resembles a *diet* than a fast, since it has been shown over and over again that people can live for long periods of time on nothing but fruits—and thrive on it too. But the word "fruit" has a very wide meaning. The sub-acid, luscious

fruits contain relatively little actual nutriment, while others, such as the banana, the fig, the date, etc., are substantial articles of diet. If a fruit diet be undertaken as a curative partial fast, it is well to bear these facts in mind, and choose only the juicy, sub-acid fruits, such as the grape, the peach, the pear, the plum, etc.; also oranges in any amounts desired. An exclusive diet of these fruits for some time in the summer months cannot fail to benefit nearly everybody.

Other partial fast régimes are:

1. Three meals daily of one orange. If bowels need cleansing, eat the orange seeds and the white part of the peeling.

2. One-fourth of a pint of fruit juice three times a day, with water as desired throughout the twenty-four hours.

3. From two to four meals of acid fruit or berries. Without sugar or cream. Use all the water desired.

4. Two meals a day of one acid and one sweet fruit together, from three to six ounces at a meal. Water as desired.

5. One glass of sweet milk or sumik (milk

clabber) in the morning, another in the afternoon, with all the water craved.

6. Three meals a day of one glass of skimmed milk or buttermilk, with a plentiful supply of water.

While most conditions will be as satisfactory for the absolute fast, either long or short, some individual cases will call especially for the partial fast. These, as will be seen, are to some extent a repetition of some of the above, with some additional. Perhaps the most prominent of these conditions are paralysis agitans, locomotor ataxia, goitre, hysteria, melanchola, old cases of syphilis with gummatous formations or spinal cord affection, pernicious and severe secondary anemia, and pronounced cases of myocarditis and inflammation and weakness of the heart muscle, with probably dilation. Other cases frequently calling for this method are tuberculosis, catarrh, adenoids, tonsilitis, prolapsed organs (either abdominal or pelvic), and prostatic hypertrophy in old men.

In general, it may be said that the long, unbroken fast should be employed in severe acute and chronic cases, when the patient is really seriously ill, and continued as long as

the patient feels no ill effects or weakness and depletion. For minor troubles, a series of short fasts or the partial fast will suffice, gauging the length of these fasts by the condition of the patient, and special considerations which may arise. In this connection, the reader should refer to the chapters on "How to Break the Fast," and "Symptoms, Mishaps and Emergencies of Fasting," etc.

Chapter VII

How to Fast

SCIENTIFIC fasting is much more than merely "going without food." There is a real *science* of fasting, which can only be learned by prolonged observation and experience, coupled with a certain amount of personal experimentation. One must know *how* and *when* to fast, no less than *why,* and such questions as the amount of exercise, the mental and physical activity, water drinking, etc., during a fast, all require careful thought. The preparation for an absolute fast is also very important, as well as the general régime after it has been broken. We must now go into these questions at some length, and explain in detail the various factors which constitute the correct conduct of a fast.

Let us assume that the patient has decided that he will enter upon a fast of greater or lesser duration, as the case may be; that he has some idea of the theory and understands

the actual mechanism employed by the body in curing himself during this period. If he is suffering from any form of *acute* disease, the fast must of course begin immediately, and there is no time for any preliminary preparation. He should on such occasions immediately omit all solid food, and drink a plentiful supply of cool water, following this by thoroughly opening the pores of the skin, flushing the bowels, etc. This general advice is applicable practically to every case of acute disease and the fast should be continued at such times until natural hunger returns, which will only be after the disappearance of at least all the serious symptoms of the original malady.

In cases of *chronic* disease, however, or where a fast is undertaken for the purpose of ridding the system of impurities, or eliminating some unpleasant set of symptoms, a few days of preparation may be advisable. Avoidance of abrupt transition from the regular diet to a state of complete fasting will tend to make the fast much easier, thus preventing any unnecessary shock to the system.

A very good rule to follow, for one accustomed to an ordinary "mixed" diet, would be

to omit all meat from the meals for two or three days, thus withdrawing the most stimulating food. During this period the patient will automatically restrict himself to a vegetarian diet, but he should not make the mistake of thinking that he should eat *more* in consequence, since he should begin at the same time, to restrict the *quantity* of food eaten, and reduce from three daily meals to two, or, if three meals are eaten, two of these should be extremely light. At the end of three days, say, the patient may, with considerable benefit to himself, pass on to an exclusive fruit diet. Pears, peaches, plums, grapes, apples, oranges, bananas, figs, dates, etc., may be eaten at such times, either singly or in combination, gradually eliminating all except the fresh juicy fruits. The effect of this diet is to cleanse the system by reason of the slightly antiseptic qualities of the fruit juices, and by their laxative action upon the bowels. As this diet is non-stimulating in character, it will also enable the patient to pass very easily to the complete fast at the end of a few days, when it will be found that he can do so with relative ease.

Another benefit to be derived from this

preparatory program is that vegetables and fruits contain large quantities of mineral salts and vitamines, which are lacking in the ordinary "mixed" diet. If a patient began a protracted fast without supplying these elements in abundance, the body throughout the fast would suffer to a certain extent from their lack; whereas if considerable quantities of them are supplied, in the form of fruits, salads, etc., during the days immediately preceding the fast, the body will acquire a surplus upon which it can draw, and which will keep it supplied with these necessary elements while the fast is progressing.

Our ordinary diet is deficient in these essential elements, but recent investigations have shown that they must be supplied to the system in some form or another, if health is to be maintained. Vitamines are supplied chiefly by fruits, grains, milk and the green leaves of vegetables, and these should form a part of the diet in order to insure perfect health and nutrition. When the body is suffering from their lack, the benefits to be derived from fasting may be offset to some extent, and it is consequently very important that the body should

be well supplied with these elements at the beginning of the fast, in order to insure the best possible results. Many fasts have been successfully conducted, however, where the only preparation was from one to three days of acid fruit and fruit juices only.

The first days of the fast are, of course, the most difficult. Not only does the body crave food at stated and regular times, by reason of long-continued habit, but the mind likewise becomes restless and continues to remind the patient that food would be relished. One never realizes until he begins a fast how important a factor is food in life, mental as well as physical. As long as the body is being continually nourished, one does not think of food to any great extent, but as soon as it is withheld, it begins to occupy an important part in the mental life; and one finds a constant tendency to think about food and to anticipate even at the very beginning of the fast the day when abstinence will terminate and when eating will again become possible.

This tendency of the mind to revert to and concentrate upon the previous habit of promiscuous eating, this craving of the body, can only

be overcome by immediate distraction of attention, by the exercise of will power, and by drinking a glass or two of water, which tends to alleviate the immediate "gnawing" symptoms. These will probably develop in the neighborhood of the stomach. These sensations are produced by the rhythmic activity of the muscles in and about the stomach, and are present when food is first withheld and when the thought of food enters the mind. As soon as this thought is banished, these rhythmical muscular contractions (known as the "peristaltic action"), soon subside and after a little time these acute sensations of hunger will pass off, possibly to occur again later, at about the next regular meal time. A repetition of the water drinking and prompt distraction of attention will again dispose of these, however, and after two or three days it will be found that the symptoms entirely disappear, and will not again return until the return of natural hunger at the conclusion of the fast.

One of the greatest obstacles which must be overcome by practically all those who undertake a fast is the anxiety and persuasion of over-solicitous relatives and friends, who in-

variably endeavor to tempt the patient to break his fast, under the impression that he is "injuring" himself, that he is "starving" to death, etc. These persuasions become very strong and insidious after the first few hours and unless the patient has enough will-power to overcome them, and to continue the fast for at least three days, he will find that he is very apt to "fall by the wayside" and partake of some "tempting dish" which has been prepared for him, when, of course, the fast is immediately broken, and hunger will return again as usual at the next regular meal time. After the first few days have been successfully passed the patient will frequently find that he can sit at the table with others who are eating and will not be in the slightest degree tempted by the food which is heaped upon the table before him.

One never realizes, perhaps, the great quantity of food (very largely useless!) which is consumed in the course of a month or so by an ordinary individual. If one has fasted thirty days, and thinks of the quantity of food which would have been consumed in that length of time, it is astonishing to discover that one has got along very well without it, and that one

is still alive and just the same person as before! When one considers the enormous amount of energy which would have been consumed in the digestion and conversion of this mass of food-material, and considers that this energy has consequently been available for purposes of cure, the enormous benefits derived from the fasting system begin to dawn upon the mind; and to these must be added the fact that the body has, meanwhile, entirely rid itself of superfluous fatty tissue and poisonous material of all kinds, which had for years been accumulating within the system!

There is a common belief that the patient should remain indoors, and perhaps in bed, throughout a fast of any duration. This idea is entirely erroneous, and is based on the belief that we derive our strength and energy directly from the food that we eat. A certain feeling of languor may be present during the early or later days of a fast, but it has been frequently noticed that strength increases as the fast progresses, so that a patient may be so weak he can hardly walk down a flight of stairs at the beginning of a fast, and may be walking four or five miles a day after fasting thirty or more

days! Dr. Dewey reports several cases of this character in his published works, and the author has seen a number in his own extended experience.

Certainly this would appear impossible if we derived our strength from food in the direct manner commonly supposed. If the bodily energies were directly dependent upon the chemical combustion of food, and that only, it would be inconceivable that a man would be stronger at the end of a protracted fast than he was at its beginning. Yet such is sometimes the case. All this seems to show us that weakness, lassitude, and fatigue depend upon poisons present within the body which affect the nerves and muscles, rather than upon the lack of food. And that when we eliminate these poisons, and the nerves and muscles regain their normal healthy condition, the strength increases in exact proportion.

Of course all this is not saying that a great amount of strenuous exercise should be taken by anyone undergoing a fast. As a general rule only a moderate amount of light exercise should be taken, and if the patient feels weak or exhausted at any time during the day, he

should lie down and relax until he feels to some extent refreshed and invigorated. The mental factor is, however, very important here. Frequently a patient will feel "tired" in the morning, or at some time during the day, and will feel that he is too weak to get up and move about actively. If, however, he forces himself to do so, he will almost invariably find that as soon as he moves about this feeling of weakness will disappear, and that an added sense of strength will result.

Deep breathing and an abundant supply of water will often assist in this reaction. Dr. Tanner tells us that on the seventeenth day of his Chicago fast he felt very weak and exhausted, but that after drinking plentifully of water he felt completely rejuvenated, and continued the fast for more than twenty days longer.

It cannot be too constantly emphasized, however, that while this improvement is noted in cases of fasting for the recovery of health —especially during a severe illness—this feeling of weakness is very real during *starvation,* and that no feeling of returning strength will be experienced at such times, since the system

is being constantly depleted by the loss of vital energy and healthy tissue. If a patient is not really ill when he begins his fast, he will of course experience a feeling of weakness very quickly, and this weakness is *real*. This point has been frequently emphasized in the present book, but it is very important that it should be clearly understood by the reader, so that he may have no false impression as to the nature of the fasting method here advocated.

Some people have become so enthusiastic over the subject of exercise that they have the impression it will cure almost every imaginable ill or disease, or that it should invariably be included in a curative régime, or that work can be continued uninterruptedly throughout a fast. Needless to say, such ideas are wrong and may lead one into grave trouble. During the partial fast or occasionally during the short absolute fast no reduction of physical activity is required, but in nearly all cases the exercise should be reduced after from the third to the fifth day of the fast—and in many cases there should be practically none, except those light ones given at the end of this chapter in the specimen daily program.

Walking is the best form of exercise for the fasting individual, if not confined to bed with the original condition for which the fast is taken; but some stretching, resisting, and tensing exercises may be taken when there is a desire for more general activity than walking allows. Stretching exercises should be a part of the daily program, and these are especially valuable when a feeling of lassitude develops, which not infrequently happens.

I recently received a letter from a man who had fasted seven days and during all this time handled a pick and shovel for nine hours daily. This might indicate that any one could exercise more than we recommend here, but I am sure such exertion might prove harmful or even disastrous to most fasters—especially so if not accustomed to vigorous exercise of this type. Much depends upon the presence and degree of "muscle hunger" in many cases, upon the absence of marked contra-indications to exercise, previous habits of exercise, and the effects of exercise, as to how much exercise can be taken during the fast, but moderation is absolutely necessary in all cases.

As action and reaction are everywhere evi-

dent, and as the human machine requires its quota of reaction from activity, it is essential that sufficient rest be taken at all times, but this is even more necessary during the fast — more so in some cases than others, naturally. There should be a balance between activity and rest, between exercise and relaxation. There should be eight hours of rest in bed, even though all these hours are not spent in sleep. At certain times during the day (when it is evident that activity is not indicated for the removal of the feeling of weariness and lassitude) rest should be secured, and it is advisable to spend all the rest time possible out of doors. Mother Earth gives valuable "magnetism" that can be secured by lying on the ground and in the sunlight when the weather is favorable. But comfortable chairs can be arranged where there will be an abundance of fresh air and still not too much of the breeze, when the weather is less pleasant.

After each period of activity one should rest. In resting, it is necessary that the body be relaxed. It may require conscious attention to each group of muscles to insure this, but it is important and should be observed; for it

is only during relaxation that the best results are secured from resting. Many people are constantly on a tension and fail to secure the proper recuperation during what they call rest. Two periods of from half an hour to an hour should be all the time required for reclining rest during the day if the body is released from tension during these periods.

It is advisable for the patient to remain out of doors as much as possible throughout a fast. The invigorating effects of fresh air are very marked at such times. The patient may become very sensitive to close and stuffy air, and will probably perceive ordors which he cannot appreciate or notice at other times. The sense organs become very acute when fasting, and sight, hearing, and smell become extremely keen during a protracted fast. The vital and life-giving radiations of the sun also seem to have a remarkable effect upon the patient and there is no doubt that the mental stimulation derived from an outdoor atmosphere is also appreciable. The patient should, therefore, spend as large a part of each day as possible in the open air, and see to it that plenty of fresh air is admitted at night, adding an

extra number of bed clothes if necessary in order to maintain a feeling of warmth.

The activity of the skin is greatly increased during a fast, and sun and air baths should also be taken in warm weather whenever possible. Inasmuch as the body at such times makes use of every possible avenue of elimination, the sweat-glands pour out their secretion in added quantity, and the perspiration carries with it a large amount of waste material which is in this way excreted. But it must not be forgotten that there are destructive chemical rays from the sun, and that care must be observed to avoid over-exposure, either in the nude sun bath or while sitting or lying about in the sun, dressed. Sun baths may easily be taken through the open window of one's room if other facilities are denied one.

Frequent bathing of the skin with warm or cool water is advisable in some cases, and the skin may be bathed daily throughout the fast with benefit. The sponge or wet cloth bath may be sufficient in many instances, and there is a decided stimulation from the bath with the wet hand, particularly if taken with friction by the hand at the same time. If the skin is at

all chilled, it is not advisable to attempt *cold* baths, and even tepid water may be too chilling. Hot baths will open the pores of the skin and greatly assist in the elimination of impurities, and at the same time soothe the sensitive nerve-ends at the surface of the body. When the skin is kept active in this way, the work which has been thrown upon the internal organs (liver, kidneys, etc.) is lessened, and internal congestion is thereby decreased, while the fast is at the same time shortened to that degree. But as hot baths can be continued to the point where they are very weakening, it is advisable to use care in the degree of heat used and in the length of the bath, also in the frequency of such baths. In all cases where at all possible the hot bath should be followed by a short cold (or cool) bath, in order to counteract the weakening tendency.

The activity of the skin should be encouraged in some cases. Turkish baths may be used if the patient is strong enough to benefit by them. Wet sheet packs are also advisable in some instances, but care must be taken to see that the body is warm while in these packs; the hot water bottles may be used here, also,

if necessary, in order to bring about a reaction and an increased skin activity.

Of course, if the patient is very weak and is, as we say, "sick in bed," these general rules cannot be applied—since the patient may be too ill to walk about, or to take the various baths, or to follow the general hygienic measures outlined. The utmost we can do for such patients is to allow Nature to slowly restore the strength, while assisting her to the best of our ability by stimulating the various channels of elimination into greater activity, using care not to attempt so much that further weakening results.

But fasting will usually accomplish the desired results without these added aids, and it should be borne in mind that it is frequently of greater benefit to the patient to be "left alone"; the policy of "hands off" is a good policy to be guided by to the fullest extent possible.

Water drinking should be encouraged, but not forced on the faster, and a plentiful supply of fresh air should always be admitted to the room or quarters; but the surface of the body, particularly the feet, should be kept *warm,* hot

water bottles being used for this purpose if necessary.

The temperature of the water taken into the stomach should be gauged by the condition of the patient to some extent—just as the temperature of the external baths and compresses should be gauged by the condition of the skin and the patient's reactive ability. If the condition of the patient's stomach is such that it can react rapidly, cold water is preferable; but if the temperature and the pulse are low and the patient's instinct establishes a preference for hot water, this may be allowed and will prove beneficial, at such times. It is never permissible to drink ice water, for it is too chilling for even the hardiest faster, and may cause considerable discomfort. The drinking of water during the fast hastens metabolism and decreases the length of the fast to a considerable extent.

Very often during a fast a patient will become highly sensitive to the taste of water. He will detect in it all kinds of flavors, usually metallic, or "fishy," which he had not before noticed in water from the same source, when his senses were less acute. Ordinary tap water

will often arouse a feeling of nausea during a fast, and the patient must have provided for him either distilled water, spring water, or water which has been carefully boiled and filtered. Even here, however, an unpleasant taste is frequently noticed, but this may usually be obviated by squeezing four or five drops of lemon juice into the water and thoroughly stirring the water. This will give a very slightly acid flavor and will remove the unpleasant taste previously noticed. The patient should avoid this addition to the water if possible, but if necessary to use it there should be care not to use *too much* lemon juice; for the excessive fruit juice may have a tendency to stimulate the stomach into a certain degree of activity, and this will in turn tend toward a revival of its "hunger" cravings, and hence to a premature breaking of the fast. Prepared water may be kept cool for use by placing it in an earthenware pitcher or other vessel which is wrapped in a wet cloth and kept in the coolest place in the house, except the ice box, if the weather is warm.

It is usually desirable that the bowels be kept open throughout the fast by the use of the

enema—using for this purpose two or more quarts of warm water, to which a level teaspoonful of salt may be added for each two quarts. It is a remarkable fact that many patients have been enabled to remove material from the bowels after a thirty or forty-day fast, and that every day during that period material results had followed this flushing process! The blood continually supplies refuse material to the alimentary canal, which accumulates in the bowels as the fast progresses. If the bowels are kept thoroughly flushed, as advised, with an enema daily or every alternate day, it will tend to facilitate the curative effects of the fast, and will leave the patient in a far healthier condition than will be the case were he to fast without this cleansing of the lower part of the alimentary tract.

This does not apply to all cases, however. I have known many cases in which the enema was not used and satisfactory benefits were secured—even in cases in which the bowels would not move for many days. But I think it advisable to make use of the enema in practi-

cally all cases, and daily if strength permits —otherwise every second day.

One of the most efficient methods of taking the enema is by assuming the knee-chest position. This position is taken in this manner: First take a position on "all-fours"—on the knees and hands; then keep the knees and hips in approximately the same position while bending the elbows and lowering the chest to the couch or floor or table, wherever the enema is to be given. This position allows the water to enter the rectum easily and by the force of gravity to enter naturally the descending colon and the transverse colon and, if enough water is taken, to traverse this section of the colon and flow down the ascending colon when the position is changed to lying down or sitting up. It is usually advisable to take a position on the back, with hips somewhat elevated (simply by the muscular action of raising the hips) for a moment or so, and then to lie on the right side or sit erect until time to expel the water and its product.

If there is marked weakness and this method is undesirable, the patient may lie on the *left* side while taking the enema. The water should

be allowed to enter *very slowly* and by gravity only. This may be retained for two or three minutes and then expelled. In some cases where it will prove of benefit, this may be followed by a much larger enema, employing three or four quarts of water. The patient should lie first on the left side, then on the back, and finally on the right side; or he may lie on the right side immediately from the left side. This change of position is to permit the water to reach every part of the colon (or large intestine). In this way the greatest benefit is derived from the use of the enema, for it insures a thorough cleansing of the bowel.

Let me here repeat again that the right *mental attitude* when fasting is important. If the patient *believes* in the fasting cure, and understands that he is deriving benefit from it, he will not, as a rule, experience many of the unpleasant symptoms which invariably manifest themselves when fasting has been undertaken under compulsion. The patient should realize that every minute of the fast is ridding his body *just to that extent* of the causes of his disease, and that while the period of fasting may not be pleasant, it is never-

theless actually *curing* him, and incidentally may be prolonging his life for many years. It will be found that even long fasts can be undertaken with practically no unpleasant feelings if the patient really understands this, and it is a remarkable fact that his strength and energy seem to be largely dependent upon his attitude of mind. There are many cases on record of individuals who have actually starved to death within a few days when lost in the jungle, or shipwrecked, for example.

Physiologically this would have been an impossibility! They could not have starved to death within that short period of time. It was their own mental attitude which killed them. We know that this can be carried to such an extent that death may be practically instantaneous—as, for example, when a man reads a surprising telegram and drops dead from shock. Here his mind and his emotions have acted so powerfully that they have produced immediate death, and it is doubtless true that these depressing emotions of fear, worry, etc., may wear on the body to such an extent that they really do produce premature death; while on the contrary the happier emotions —

hope, courage, faith, etc. —will stimulate the body to continued activity, and they seem to supply it with an added source of power.

The faith and the belief of the patient are, therefore, essential factors in all cases of fasting, and it is because of this that he should be familiar with the theory of the treatment and to some extent, at least, with the literature of the subject before he undertakes an extended fast. Well-meaning friends and relatives are frequently the greatest obstacles to the fast which the patient has to encounter, since they will constantly endeavor to persuade him to eat a little something to "keep up his strength" and, if he refuses, sometimes threaten to have him examined by a mental specialist to see whether he is altogether of sound mind! Many a fast has been broken before it should have been, merely to please well-intentioned relatives, and at such times the patient has invariably injured himself by failing to wait for the return of natural hunger, lack of which return Nature indicates very clearly by showing her repugnance for food, by producing nausea, or even by forcibly expelling the food which has been swallowed.

The patient who believes in fasting, however, and who is permitted to continue his fast under more or less normal conditions, should see to it that his mind is kept occupied and busy throughout the waking day, when he is not consciously relaxing. Frequent short periods of rest may be very beneficial during a fast, since the body is under a great strain in curing itself from some seriously diseased condition and repairing the damage which had been done before. There is no doubt that there exists a repugnance for food and a strong instinct to fast in all seriously diseased states, and this indication on the part of Nature should be accepted as a clear proof that food at such times is *not necessary*. Don't forget that all animals, when ill, refuse to eat; and this is true even when they have been injured by accident, etc. Dr. Oswald observed the case of his own dog who fasted for twenty-two days after having had a leg and several ribs broken, though food was placed within his reach every day throughout that period. On the twenty-second day he ate ravenously what was placed before him. He was restored to perfect health. This merely shows us that

there is a very powerful protective instinct in animals, and even in us perverted human beings there is still a strong defensive instinct. It should clearly prove to us that fasting is Nature's own *law of cure;* that nothing but benefit will result by following this natural instinct which has been so deeply implanted within us. Fasting is Nature's Law of Cure, and those who follow it are merely obeying the guidance of Nature herself.

Daily Régime

It is impossible to outline a *daily régime* that can be followed in detail by all fasting patients, owing to the various classes of patients who will use this method of cure. There will be patients who are free from occupation every hour of the day and who can devote all their attention to the business of getting well; there will be others who will of necessity have to work several hours a day. But the régime given here is meant to guide the fasting patients in filling in their spare time to the best advantage—that the fast may be productive of greatest good.

On awakening, it is best to take the stretch-

ing exercises. These consist merely of stretching every member of the body to the extreme, as well as every muscle of the body. First stretch the body as a whole, while reclining; then individual members of the body; then slightly raise the head and turn it in all directions; then sit up and rotate the body fully to each side; then bend forward and try to touch the toes, so as to stretch the back; also raise the hips as high as possible to stretch the abdominal muscles. These exercises (at least part of them) can be taken even by bed-fast patients. Those with hernia and prolapsus of abdominal organs can take all the above, but should be careful in taking the abdominal stretching exercise. Tensing exercises are also excellent to stimulate the heart and circulation, but must be followed by a brief period of relaxation.

Then get out of bed and stand before an open window to take the breathing exercises. Breathe as deeply as possible without strain, and rise on the toes to stretch the body again.

Either before these breathing exercises or immediately after, one or two glasses of water should be drunk—slowly. It would be better,

perhaps, to take water before and after the exercises above.

The bath may be taken now or later during the day—at any time most convenient.

If time permits, a walk should now be taken —out in the air, of course. During this time it is advisable to repeat the deep breathing exercises as much as possible while walking; at least the deep breaths should be taken during this walk. Keep the mind occupied with something other than the fast; study Nature in some of its many forms, observe the things and the people about you, and make mental analysis of everything you observe. Get pleasure as well as benefit from the walk—don't take it merely as a dose of medicine. Make this walk long enough to do you good, but not long enough to exhaust you. A little fatigue will not be harmful. If the walk is long enough to demand it, drink some water.

On your return, drink some more water. Then do any of the little things you may have to do, or read. Sewing, kitchen work, shop work—anything can be done that doesn't weaken.

Take a few more deep breaths, walk about

a little and then lie down for a little while, if desirable—after drinking more water.

Now would be a good time for the enema, though this may be taken instead of the bath in the earlier morning, or it may be taken in the late afternoon.

If you feel like it, it will do no particular harm to go to some show in the afternoon, if you happen to live in the city. But it is better to spend all the time possible out of doors—and theatres are not ventilated sufficiently to remove the exhalations of their hundreds of patrons.

If you have a yard or a garden, "potter around" in that for an hour or so. Dig in the earth a little or dissect some plants, or water the flowers or vegetables. Keep the mind busy and the body as busy as possible without weakening it.

Take a friction bath and some deep breaths; and retire early.

Chapter VIII

How to Break the Fast

IN the chapter dealing with the physiology of fasting, it was stated that Nature will always indicate when the "finish" fast should be broken, and this is a most important fact to bear in mind. It is a mistake to suppose that we can set a definite time beforehand when the fast should be broken, for Nature will designate the time by a series of symptoms which will be unmistakable. These symptoms are: The spontaneous cleaning of the tongue, the sweetening of the breath, the return of the normal pulse and temperature, the sense of rejuvenation and buoyancy, the increased circulation of the blood on the surface of the body, the return of natural hunger, etc. These symptoms should be waited for in a "finish" fast before the fast is broken, and the fast should never be broken before the appearance of these symptoms or some of them. The premature breaking of the fast will often rob

you of the results of your long period of abstinence from food.

It must be remembered that, so long as the fast is progressing normally, the internal cleansing of the body is also proceeding, and the various contributory factors producing disease are being eliminated. Until this process is completed, and Nature signals her desire for food, *no food should be taken.*

One of the most important points to bear in mind in this connection is that normal hunger is only partially felt in the stomach. It is not a gnawing or "all gone feeling," which is commonly thought to denote hunger. Normal hunger, like normal thirst, is manifested by a craving throughout the body, and particularly in the throat and mouth. The stomach sensation is only a contributory impression in this general feeling. Another point to remember is that normal hunger frequently manifests itself by craving *some particular thing,* whereas mere appetite will crave *anything* in order to smother certain temporary, disagreeable sensations.

It is usually much easier to abstain from food altogether (except, of course, water,

which is always allowed in fasting cases), than it is to eat a little food each day, no matter how little that may be. The small quantity of food eaten, under these circumstances, stimulates the stomach and intestines into continued activity, and the result is that they crave a greater quantity of food; but if no food at all is administered, the digestive system accustoms itself to a temporary state of inactivity, and it no longer sets up the vigorous waves of muscular action which characterize the digestion of food, and which are largely responsible for the feeling of hunger at such times.

Even a mouthful of solid food will, therefore, serve to break the fast—since this will stimulate the stomach and intestines into renewed activity—and once they have been re-awakened, a strong and an uncontrolable appetite will at once develop, and the patient will find that he cannot resist the insatiable desire for more food in order to satisfy this craving. The only sane and rational course to pursue, then, is to abstain entirely from all food until you are ready definitely to break the fast. A complete fast is relatively easy, but a small quantity of food each day will

merely serve to keep the patient irritated and hungry!

The important point to bear in mind is that, in all diseased states, the moment the fast is broken the process of most decided and rapid improvement abruptly lessens and, if the fast has not been carried to its logical conclusion, the patient is not cured completely, but is benefited little beyond the extent which corresponds (organically) to the actual time of the fast.

If the fast be broken prematurely, various unpleasant consequences will frequently ensue. An excited and feverish condition may result, in some adverse conditions, the pulse and temperature may rapidly rise, the patient's thinking and reasoning abilities may be slightly affected, and nausea and even vomiting may result. There are various cases on record in which this has occurred, and it has usually been necessary, in such instances, for the patient to resume the fast until the stomach has become readjusted and normal hunger returns. This question has been discussed, however, in the chapter devoted to "Symptoms, Mishaps and Emergencies of Fasting," and I

only refer to it here as one of the symptoms which may occasionally be observed as the result of the premature breaking of the fast.

The unpleasant results referred to after breaking a fast, even when premature, are largely caused by a neglect to take a sufficient quantity of liquid with the food. Liquid must be supplied very freely when breaking a fast; and if desired, sweeten it with strained honey or lightly flavor with orange or other acid fruit juices.

The most essential facts to bear in mind are that Nature will practically invariably indicate when the fast should be terminated by a series of signals or symptoms which are well-known and which can be readily observed; and that it is detrimental to break the fast before these symptoms appear.

Now assuming that the patient has fasted for a certain length of time—longer or shorter, as the case may be—(according to his condition)—how should the patient break the fast? These are very important questions, since ill effects frequently result from the unwise breaking of a fast, and from permitting the patient to overeat in the days immediately fol-

lowing it—when the hunger is very keen and food constantly craved.

Those who have studied fasting cures are practically unanimous in their decision that the first food eaten should be *liquid only,* and preferably fruit juices—whether the fast is long or short. Orange juice and water make a very good first meal, though this should usually be followed after an hour or two with additional food in the way of more fruit. We have found that some patients prefer apple juice, or pineapple or grape juice. Individual preference will need to be considered, of course, but any fruit juice used should be *diluted.* After a short fast, the first article of food taken may be a small piece of ripe watermelon or canteloupe, if this is especially desired. Not infrequently tomato juice agrees perfectly, but is good only after the shorter fasts. Regardless of the length of the fast, fruit juices or the melon should be taken as the first article of food. The action of the fruit juice is to very gently stimulate the stomach to activity and also to exert a certain cleansing action, which is very desirable. This glass of fruit juice should not be taken all at

once (as one would ordinarily drink a glass of water), but should be taken in sips, so that three or four minutes are consumed in finishing the whole glass. It should be "masticated," as it were, before being swallowed. This constitutes the actual breaking of the fast, and is probably the safest and best method known, though it is usually better after a very long fast to use considerably less than a full glass of fruit juice, unless it is diluted at least one half. If diluted one-third, then two-thirds of a glass would be sufficient.

Following this, an hour or two later, a light fruit "meal" may be eaten—one orange (minus pulp) preferred, though grapes, peaches or other fresh fruit may be used—discarding the seeds and skins at first.

There is a constant craving for food, once the fast has been broken, and considerable will power will have to be exercised in order to check this constant hunger. Many of the good effects of the fast may be undone by over eating or by eating the wrong foods at such times, and in fact many patients have made themselves seriously ill by unwisely partaking of excessive or unsuitable foods at the conclusion

of a protracted fast. It is always safer to adhere to acid or at least the juicy fruits for the first two or three days, though they must be masticated thoroughly. If any other food is strongly craved and if it is well selected and chewed to an absolute liquid, also eaten very slowly in very small quantities, one will doubtless digest it satisfactorily.

One of four modes may be adopted at the conclusion of a fast. These are: (1) a fruit diet; (2) a milk diet; (3) a gruel diet; (4) an ordinary mixed diet.

(1) If the subject desires to go on a *fruit diet* following his fast, he should make it his business beforehand to familiarize himself with the food values of various fruits, and should endeavor to proportion them rightly. Too much acid at such times is not advisable, and certain combinations of various fruits will frequently result in the formation of gas and various minor digestive troubles. A simple meal composed of one or two fruits would be advisable. Finely chopped apples and dates would represent a good combination; or peaches and dates, always using the golden or Persian dates. Any fruits may be used,

according to these suggestions and according to personal tastes and desires.

The most important factor when breaking the fast is the necessity of drinking water very freely. Encourage yourself to drink it at meals and between meals. To do this, flavor the water, if desired, with strained honey or any fruit juice that may appeal—lemon, orange, apple, etc. The system requires a great amount of liquid after an extended fast.

(2) An exclusive *milk diet* is usually of greatest value following a fast. Milk supplies the body with a considerable quantity of easily digested and assimilable food material in simple form, more nearly correctly proportioned than one is apt to secure in other foods in combination. Weight and strength are often seen to increase very rapidly when an exclusive milk diet is followed. This gain is normal, however, and unless too much milk is taken, will continue for a long period of time without abatement.

Always take fruit or fruit juice, or in some cases, as previously mentioned, the gruel—for at least one or two days before beginning the milk diet. *This is important!* At the end of

this chapter will be found a number of régimes indicating the most satisfactory diets following fasts of different lengths.

The best way to take milk is to compress the lips on the glass so tightly that the milk has to be "sucked in," the same as a baby would take it from a bottle. This method insures its being mixed with the saliva and therefore properly digested.

The milk should, however, be *warm,* and should be thoroughly chewed or masticated before being swallowed. The moment milk reaches the stomach it is curdled—since the stomach secretion is an acid medium; and if a whole glass of milk be swallowed at once, it will form one solid ball which will have to be slowly broken up before it can be digested and passed on into the intestines. If, on the other hand, the milk is swallowed after being sucked into the mouth, it will form a number of small curd lumps which are readily digested without trouble.

The quantity of milk taken after long fasts will depend upon several circumstances, but as a general rule it may be said that for the first day from two-thirds to three-quarters of

a glass of milk may be allowed every two hours—taken "baby fashion," as described; on the second day, a full glass every two hours or every hour and a half; on the third day, one full glass every hour; and on succeeding days, one glass every three-quarters or every half hour—for twelve hours a day, say, from seven to seven, or from eight to eight. By the "full glass" is meant an ordinary eight-ounce glass —filled to probably one-half inch from the top for the first few days, and later practically to the very top.

This will run up the quantity of milk imbibed during the full milk diet to nearly a gallon and a half—half a pint to each glass, for the twelve-hour day. This appears to be a great quantity, but when we consider that the amount of solid material contained in milk is relatively small, compared with the fluid content, it will be seen that the actual amount of nutriment is not so great; in fact, actual experience has shown that it can be assimilated by the individual of average weight with comparative ease and with only beneficial results. But if your height and normal size are below average, lessen the quantity to four and a half

or five quarts a day; and if they are above the average, increase the milk allowance to as much as seven quarts. It is rare that more than this quantity can be taken safely for any considerable length of time.

Following the fast of one or two weeks, the milk may be taken (after a day or two of fruit) as described for the second day after the long fast, and continued from then on as the milk diet is described above.

The milk diet has been taken by great numbers of persons following fasts, and has resulted in rapid increase in weight and strength in practically all cases. Should nausea or an aversion to milk develop at any time, the milk should be omitted for a half a day or so, and small quantities of orange juice and water substituted instead. Under these circumstances, it will usually be found that the milk diet can be followed the next day without difficulty. Or this difficulty can be overcome more effectively by the use of a small amount of orange or lemon juice after or before occasional glasses of milk throughout the day. This milk diet may be continued for several weeks if desired, or may be stopped at the end of a week or so,

and replaced by some form of solid food or by the "mixed" diet.

(3) A *gruel diet* has proven of greatest benefit in breaking a fast taken for the cure or benefit of gastric ulcers, gastric carcinoma (cancer) or gastric tuberculosis. This applies also to duodenal ulcers and to some cases of "plain indigestion." It is true that the fast itself will make a very great change for the better in the pathology of these cases, but the improvement gained by this factor of the treatment can be carried on to better advantage by the use of the very bland and easily digested gruel. This gruel is a very thin oatmeal gruel, made by boiling well (or cooking in a double boiler, as in the preparation of oatmeal or other cereal) a level tablespoonful of oatmeal in one pint of water, and adding a pinch of salt. The solid substance is strained out, the liquid only being used. The amounts taken may vary somewhat, but at the very beginning, after breaking the fast, four to six ounces will be a sufficient "meal." This may be repeated every three hours for the first two or three days, though it is sometimes better to have but three feedings during the first twenty-

four hours. After this first two or three days, the amount of solid material in the gruel may be allowed, and more than that put in the original gruel itself may be added, slowly and gradually increasing the amount. It is well to give the milk diet after this diet has been continued from five days to a week. This may be begun as explained for the second or third day of the milk diet, (see under (2), "Exclusive milk diet,") depending upon the general feeling, the appetite, and the digestion of the gruel; if the appetite is good and there is perfect ease in digesting the gruel, begin as for the third day of the milk diet; but if there is a limited appetite and a feeling that enough is being taken, begin on the second day's milk ration. Whichever is used, proceed with the milk diet as if that had been used in the beginning. Barley water may be used for this diet if preferred to oatmeal gruel.

(4) Let us assume, however, that the patient desires to break his fast on the ordinary *"mixed" diet,* instead of according to some special system such as the fruit or milk diet. In this case it is advisable to begin with acid fruit juices for the first day and liquid food

the next day or two—such as some light vegetable bouillon. Chop several vegetables finely, simmer in a boiler for several hours, strain, and drink *(slowly)* the liquid only. Four pounds of vegetables to the gallon of water at the beginning will make a good strong bouillon when ready to use. Four ounces of this should constitute the first "meal," but later "meals" may be of four to six ounces, and the periods between feedings should be four hours the first day and two and three hours on later days.

About the third or fourth day a more substantial meal may be eaten. This should consist of one egg, soft boiled, poached or coddled, a slice of toast or zwiebach, and the juice of an orange. And remember to drink plenty of water, or, better still, continue to drink the vegetable bouillon previously described in whatever quantities desired. This should be taken about mid-forenoon, and should be all that is eaten the first day with the exception of perhaps half a glass of milk early in the evening. All food eaten at such times should be thoroughly masticated; don't fail to reduce the food to a liquid state in the mouth before it is swallowed. It is far better to err on the

side of caution and to eat too little, rather than to eat too rapidly and too much, as one of the great difficulties which practically every one experiences after a fast of any duration is restraining the appetite for the first week or so —as it will be found that hunger is more or less constantly present, and must be kept under control by a considerable effort of will. It is most important to bear in mind, however, that overeating at this time will undo many of the beneficial effects of the fast, and is liable to cause cramps, flatulence and, perhaps, nausea and vomiting—and worse. Should any of these symptoms develop, use vegetable bouillon quite freely or drink a glass or two of hot or cold water, as desired, and if necessary sweeten the water with strained honey or flavor it with orange or lemon juice, and eat nothing until all symptoms have disappeared.

The second and third days following the fast are often difficult to regulate in this regard. It is far better to determine before sitting down to eat exactly what will be eaten at each meal, and not deviate from this amount under any circumstances. If eating alone this will be easy, for then just the proper amount

can be placed on the table; but the greatest care will have to be observed when the meal is taken with other members of the family, where a more or less large variety of food is before one and where one will probably be urged to eat more. The will power displayed when determining to take the fast and in carrying it over the difficult places and through to a successful finish must be brought into use under such circumstances.

Two meals a day are ample, and these meals should be *very light* for at least a week or ten days following a fast. If three meals are taken you must greatly limit the quantity. Eggs, vegetables, salads, fruits, and milk should form the bulk of the diet, which may be supplemented at times by chicken, fish, etc., should the patient desire. But the amount eaten at each meal should be strictly limited in quantity and liquids freely used. Care should be taken to select the foods so that the proteins, fats, carbohydrates, and mineral-salt-containing foods should be balanced as nearly as possible in their right proportions. For example, potatoes, spaghetti, macaroni, breads, cereals, etc., are practically all starch foods; while peas,

beans, lentils, meats, eggs, cheese, nuts, etc., are proteins. If those of either of these groups are combined at the same meal, a duplication of the original food elements will result. It is advisable, therefore, for the patient to read two or three good books on food and diet before beginning his fast, so that he may have a fair general knowledge of the relative values of the various foods. Not more than from eight to twelve ounces should be eaten at any one meal and, as said before, *the less the better* for the first few days following the fast.

Personal idiosyncracies must be considered in this question of diet. Some persons cannot eat strawberries, others cannot eat fish, others eggs, etc.; and these personal reactions must be taken into account when breaking the fast. While it is true that the chemistry of the body and its fluids undergo some changes during a fast, it is inadvisable to partake of any food known to disagree with the patient under normal, non-fasting conditions. Of course, a greater variety of foods may be eaten with impunity after a short fast than after a long fast, and more food may also then be eaten; but it cannot be too strongly emphasized that

overeating, especially after the long fast, is very harmful and the desire must be restrained at all costs!

Should the patient feel weak and languid at the conclusion of his fast, he must not feel disappointed if he experiences no immediate reaction and benefit from the first meal immediately after it has been consumed. This food must first of all be digested and assimilated before its effects are noticed, so that no immediate stimulation may be expected—and none for at least two or three hours after the completion of the meal, ordinarily. Even assuming that the food agrees perfectly with the patient, it is better not to expect any marked reactionary stimulation until the following day. A misunderstanding of this point has caused many persons to become needlessly alarmed and some of them have eaten a second meal shortly after the first one. This is a great mistake, however, and should by all means be avoided. For even if one is so fortunate as to escape serious consequences so far as his digestive functions are concerned, the demand upon the nervous system will be so great that

there will be an increased weakness and depression.

Food—to the extent that its ingestion increases functional activity—is a *stimulant,* and the more stimulating the food the more will this characteristic be noted. Meat will, of course, produce this feeling of stimulation or "added strength" more quickly than anything else (that is not a typical direct stimulant), but it must always be borne in mind that energy is noted by us in its *expenditure,* never in its *accumulation.* If a sudden feeling of strength be noted at any time, it may be taken for granted that the energies of the body are being stimulated (whipped) into renewed activity—in other words, *wasted*—and the greater the degree of stimulation, the more will this feeling of renewed strength be present and the greater will be the following feeling of depression. Non-stimulating food, therefore, is far better to use after a fast, for both immediate effects and ultimate good.

Any machine, while gaining or regaining impetus, must begin *gradually,* and slowly work up to higher pressures and speeds as it gains momentum. The same is true of the

human body—the more slowly it begins its activities, the better; and it will be found that if this rule is followed, particularly in relation to digestive activities, trouble will be avoided in the days immediately following the breaking of the fast—and in the days to come.

Following are the suggested menus previously mentioned, to be used after fasts of different lengths:

AFTER A SHORT FAST OF FROM TWO TO FIVE DAYS:

First Day
Three meals of fresh fruit, choice of.

Second Day
One glass of whole, sweet milk every hour.

Following Days
Full milk diet—one glass every three-quarters of an hour to every half hour for twelve hours daily—depending upon digestive capacity and desire, also size of individual.

OR

First Two or Three Days
Three meals a day of one acid and one sweet fruit with one glass of milk.

After Two or Three Days
One pint to one quart of hot milk in the morning and another in the evening, with a vegetable meal at midday.

After from one to two weeks—gradually work into regular diet, if the milk diet is not desired.

AFTER A FAST OF SIX TO TEN DAYS:

First Two Days

Three or four meals of fresh fruit only.

Third Day

One half pint of warm milk every two hours.

Fourth Day

One half pint of milk every hour.

Fifth Day and Later

One half pint of milk every three-quarters to every half hour for twelve hours a day.

OR

After the First Two Days

Three meals of fresh fruit and milk, or fresh fruit, sweet fruit and milk.

AFTER A FAST OF TEN TO TWENTY DAYS:

First Day

Three meals of diluted fruit juice in four to six ounce doses.

Second Day

Three or four meals of the same, in doses of from six to eight ounces.

Third Day

One half pint warm milk every two hours.

Following Days

Work up to full milk diet as suggested above.

OR

If milk diet is not desired,

Third Day

Three meals of one fresh fruit, plus one half glass of milk.

Fourth Day

Fruit for three meals, with one full glass of milk with each meal.

Fifth Day

One half pint of milk as desired until one p.m., and at five or six p.m. a vegetable meal.

Sixth Day

Morning: One-half to one pint of warm milk;

Noon: Vegetables and whole wheat cereal with possibly an egg or two:

Six p.m.: A similar meal, without duplicating the eggs.

Shortly Before Retiring: One pint of milk.

At Any Time After This: The usual diet may be returned to.

FASTS OF LONGER DURATION THAN TWENTY DAYS:

Follow the same program as for the ten to twenty day fast, except that smaller amounts of food are taken at each feeding for the first three or four days.

In any of the above cases orange juice is preferable in the large majority of cases, though other natural fruit juices may be selected. Or, in place of the fruit juice or fruit, the gruel or barley water may be taken, in four to six-ounce doses. The quantity of the cereal preparation should be increased as the system is prepared for the larger diet, and after two or three days following fasts of longer than ten days these preparations may be made with milk, or, to increase the quantity, warm milk may be added to the water-made preparations.

Bear in mind that *wherever possible* fruit and milk should be taken instead of any other foods and combinations, for they are natural foods and are more likely to carry on without interuption the benefits secured by the fast.

Chapter IX

Building Health After the Fast

AFTER the fast has been broken, the object of the patient is to regain a certain amount of healthy tissue as rapidly as possible, and to restore normal conditions, without forcing matters, and with as little strain upon the internal mechanism as possible. I have already pointed out the necessity for breaking the fast very cautiously in the chapter devoted to "How to Break the Finish Fast." Assuming that breaking of the fast has been accomplished successfully, and the fast thus brought to a normal, favorable termination, it remains for the patient to build up his physique rapidly, since there will be an undoubted call by all the tissues and organs of the body for considerable wholesome nutriment, this being manifested in a vigorous appetite, which will show itself as soon as the fast is broken.

I have already mentioned several specific diets which the patient may follow to advan-

tage on breaking of the fast. The most important of these are, probably, the *milk* diet, the *raw food* diet, and the *liquid* diet. These will, of course, be modified more or less according to individual cases, and the amount of food which can be permitted in any given case depends partly upon the length of the fast, and partly on the weight, digestive capacity, and general condition of the patient. Wholesome food, containing an abundance of organic salts and vitamines, is absolutely essential at this time, since the body's supply of these has been doubtless drawn upon considerably during the period of fasting, and needs replenishment. You must remember that a long fast materially reduces the size of the stomach, while a short fast will make but little change in it. This contraction of the stomach makes it important that one should avoid, above all things, the inclination to overeat that often appears within one or two days after having broken a fast.

The following dietetic regimens will be found useful in restoring the general health and weight, after a more or less protracted fast, and for upbuilding the health and strength generally.

The milk diet and fast-breaking regimens have already been given. The following dietetic regimens are given when the milk diet has secured most of the results desired, or when necessity demands that a change be made from the milk diet, or that some other diet be taken in preference to the milk.

Always when changing from the exclusive milk diet it is better to continue on the milk at the usual rate for the full milk diet daily until one or two p. m. These next few menus take into consideration this feature for proper fast-breaking.

Diet No. 1.—Take milk or sumik as prescribed until one p.m. At five or six o'clock take a meal consisting of sweet fruit and vegetables according to the taste—using the greatest care to masticate thoroughly and to avoid overeating.

Diet No. 2.—Take milk or sumik one-half pint every hour until one p.m. At five or six o'clock take a meal consisting of one kind of acid fruit, one kind of sweet fruit and one kind of nut. Milk can be taken with this meal if desired.

Diet No. 3.—Take milk or sumik as in the ordinary milk diet—that is one-half pint every half hour until one P.M. At five or six o'clock eat an ordinary meal of food that previous experience has shown will thoroughly agree with you.

Diet No. 4.—Milk or sumik until one P.M. Meal at five or six o'clock consisting of meat and an abundance of green vegetables, such as onions, lettuce, water-cress and the like. No bread to be used.

Note—The order of taking the articles in the above diets may be reversed if desired—that is, take the meal between six and eight A.M. and the milk or sumik from one P.M., to within two or three hours of retiring—aiming to secure half as much milk as on the full milk diet.

Diet No. 5.—A quart of hot milk or cool sumik or buttermilk, to be taken within a few minutes after arising; a meal of limited variety of ordinary food, that you know from previous experience to be agreeable, to be taken between twelve and three P.M.; a quart of milk,

sumik or buttermilk to be taken an hour or two before retiring.

Diet No. 6.—Acid and sweet fruits chopped up finely, thoroughly mixed together, with cream or olive oil added. Be careful not to add both cream and olive oil, but one or the other may be used. If one is not prejudiced against olive oil it will usually make a more satisfactory combination than the cream. Or nuts may be used in place of either cream or olive oil. The following combinations of fruit and nut meats are suggested: raisins, oranges and Brazil nuts; dates, apricots and filberts; bananas, pears and pignolias; apples, dates and pecans; peaches, bananas and almonds; pears, figs and walnuts; oranges, dates and cashew nuts. One meal of this, together with a glass of milk at five or six o'clock, after milk has been taken until one.

Diet No. 7.—Milk until one, as before. At five or six take a meal consisting of vegetable soup, a raw vegetable salad, one or two cooked green vegetables, a baked potato or whole rice, if desired, and one or two eggs or fish. With this may be taken one glass of sumik or butter-

milk if desired. Or one or two slices of whole-wheat bread with butter may be taken instead of the milk.

These diets include all the variety that should be required so long as one is taking the milk one-half day.

When it is desired to go completely from the milk diet, the following menus will be valuable suggestions:

DIET NO. 8.—Ordinary raw flaked or rolled oats, wheat, rye or barley, moistened with cream, with raisins added to taste. Begin with a small cup two-thirds full of this mixture at each meal, taking two meals a day—early in the morning and at five or six P.M. One may take whatever quantity of milk is craved at each meal. At midday take acid fruit and milk, or acid fruit, sweet fruit, and milk. The allowance of the cereals and fruit can be increased gradually—using considerable care not to eat beyond the ability to digest. Also observe care that the mastication is thorough.

DIET NO. 9.—Two meals daily of shredded wheat biscuit and sweet fruit, adding cream; drink as much milk as desired with each meal.

Raisins, figs, dates or bananas may be used as sweet fruit in this regimen. A pint of milk may be taken a short time before retiring, or at midday provided there will be four hours or more between this and each of the two meals.

Diet No. 10.—Ground or macerated round steak after the gristle and cartilage have been removed. Mold the meat into cakes and then broil. A small piece of "stale" bread or whole-wheat bread may be taken with the meat. After eating the meat, eat whatever quantity of (unpolished) rice you may desire, adding pure honey if desired. It is better to drink one or two cups of quite hot water with this. Raw onions, celery, lettuce or cabbage should be taken in considerable amounts with this meal. Begin with eight ounces of the macerated meat at a meal and increase two or three ounces every two or three days up to twelve to fourteen ounces at a meal. This should be taken for only one meal during the day, and the other meals should be fruit and milk, or vegetables and milk, or sweet fruits and green vegetables.

General Diets

no. 1

Breakfast:

Raisins and almonds, or any other sweet fruit and nuts desired, taken with or without milk.

Lunch:

Any soup desired made from vegetables; rice boiled in milk with grated cheese; simple dessert; sumik or buttermilk.

Dinner:

Any soup desired; green vegetables (cooked) and baked potato; raw salad; dessert of stewed raisins, figs or prunes; cereal coffee, if desired, prepared with or without egg.

no. 2

Breakfast:

Acid or sweet fruit, or both fruits combined, with milk.

Lunch:

Eggs cooked as desired, except fried; one vegetable (cooked); one or two green vegetables, raw, or in salad; cereal coffee or cocoa.

Dinner:

Soup made from vegetables; baked macaroni or spaghetti; one cooked green vegetable; one raw vegetable; (unpolished) rice pudding or other simple dessert; cereal coffee, cocoa, sumik or buttermilk.

NO. 3

Breakfast:

Raisins and nuts, or any other fruit or nuts.

Lunch:

Vegetable soup (of two or more cooked vegetables); water-cress, lettuce, and tomato salad, flavored with chopped onions; sumik, buttermilk or cereal coffee.

Dinner:

Vegetable soup; eggs any style, or fish, or fowl; one or two cooked vegetables; salad as desired; one simple dessert; cereal coffee or cocoa made with egg if desired, unless egg is used in the dinner.

Do not labor under the delusion that you can rapidly build up your health and strength by eating large quantities of food after the fast is broken. If you do this, you will merely throw an excessive strain upon the digestive apparatus, which may in consequence be injured, and nausea or actual illness follow. It is true that we are repairing the body, and replacing tissue at an unusual rate, but there is a normal rate at which this can be accomplished, and if we attempt to exceed this, only harm will result.

In addition to these specific methods of diet-

ing, other general health-building measures should be adopted at the conclusion of the fast. One of the most important of these is a course of systematic *exercise,* which will build up and invigorate the entire muscular and nervous system, and impel a plentiful supply of fresh blood to all tissues and organs of the body. Walking is one of the best exercises of this character, since it serves to stimulate the internal organs, and gives a certain degree of of "stamina" which can be attained in no other way. Exercises which strengthen the muscles about the waist-line are also very essential. Twisting, bending and swaying exercises—forward and backwards, and from side to side—stimulate the internal digestive organs, and impart to them a certain resistance and stamina which they would otherwise lack.

Deep breathing exercises will not only improve the condition of the lungs and expand the chest, but will also massage the stomach, bowels, and other organs of the abdomen, by exercising the diaphragm, since this presses upon them with every inhalation and gently massages them by a system of internal rhythmic pressure. In addition to this, the nervous

tone of the body is rapidly built up by these deep breathing exercises.

The patient should be encouraged to drink plentifully of *water* at this time. Orange or lemon juice may be added to the water if desired, but sugar should not be added as in "lemonade," as sweetened or acidulated drinks are not advisable for regular use. In fact, plain water should be the only fluid taken at practically all times, except when on the full milk diet. Form the habit of drinking from six to eight glasses of water daily. But as stated before, avoid iced water (and iced or ice cold drinks of any nature) as you would avoid absolutely poisonous potions. And do not drink hastily.

The *skin* should be kept active, because of its ability to reduce the work of vital internal organs. A daily bath or skin stimulant of some nature should be taken. This daily bath should *not* be of *hot* water, though the hot bath may be taken occasionally. A shower bath, sponge, or splash bath is excellent. A plunge would be advisable for those of rugged constitution. The wet hand gives the benefit of both water bath and friction bath. And

the warmth of the hand reduces the tendency to chill in those cases where the circulation and reaction are not vigorous. The dry hand or a coarse towel also gives a good friction bath, though the flesh brush is to be preferred. These dry baths may be used almost exclusively with only an occasional water bath, where facilities are poor and where the body does not warm up very quickly after a water bath. However, accustom yourself, if possible, to the use of cool or cold water baths, because the effect they have upon general circulation, the quality of the blood, and the activity of the internal organs is decidedly beneficial.

The *air bath* should be taken daily regardless of other baths. Much cooler air than water can be borne on the body, and the reaction is usually immediate as soon as one dresses according to the weather and usual requirements. If air and water baths are taken together, it is usually better to take the water bath first, followed by both air and friction baths, though individual preference and effects must decide this in any particular case.

Sun baths are very valuable in improving the skin activity and thereby the functioning

of internal organs. Wherever possible, this should be taken daily or, at least, frequently. Greater results are secured where this excellent bath is followed by the cool or cold water bath.

The *bowels* should be kept open, preferably by those foods which have bulk and an effect of gently stimulating the peristaltic action of the intestines. Too much rough, coarse food is not advisable, though the diet should contain some "roughage," also fresh fruits. The fast will have done much to normalize bowel action and if the milk diet follows the fast, a still greater tendency in this direction will have resulted. But it must be remembered that all the good effects of the fast in any way can be undone by incorrect diet and living following the fast. Physical activity will help much to keep the bowels and liver active, as will the fresh fruit. Special exercises may be taken for this function if desired, and they will prove of general value as well. Drug laxatives should never in a single instance be resorted to, except perhaps occasionally immediately preceding a fast. The enema should be used whenever apparently necessary, without fear

of producing any aggravation of the constipation.

While everyone who can should indulge in some wholesome physical activity, there should be sufficient *rest, relaxation* and *sleep.* If necessary, give conscious attention to the various muscles or groups of muscles to insure relaxation that will result in most pronounced and rapid recuperation. One or two daily rests of ten to thirty minutes each will help materially to conserve the energy and even to increase energy and, therefore, to prolong life —particularly in the cases where the general constitutional strength seems to be below normal.

As fasting is one of the most radical departures from modern "civilized" methods of living, and also one of the most needed and valuable of Nature's many inclinations for counteracting the destructive physical defects of this modern civilization, one who has adopted it should have become enthusiastic about the whole "return to Nature" program. Spend all the time possible out of doors, or at least in wholesome activity, and keep always as a central thought that happiness is greater,

success more decided and more certain, when superb health is maintained. Throw off the yoke of "conventions" as much as your nature will permit; refuse to be bound down by those social requirements which are conceived in ignorance and fostered by hypocrisy. Cast aside the cares and worries and the dignity of years, and experience the exhilaration that comes only to those who know how to live naturally. Experience "the thrill that comes once in a lifetime" by feeling again that you have the heart of youth in a body capable of responding faithfully to your every requirement—your every normal desire, your every natural instinct. Be a hobbyist—select some avocation which demands a turning of the thoughts outward and upward—always away from self.

Remember that water, fresh air, sunlight, activity, rest, and moderation in all things are the prime requisites for complete health. Reduce any one of these and disease begins to creep into and over one. But remember too that you have in the fast a relief for every ill that has a possible relief—if taken in time! Use it in the knowledge that it is Nature's

supreme remedy, and with the conviction and assurance that it offers you your one chance to enjoy those things which make life *really* worth while.

Chapter X

Fasting Cases and Experiences

READERS of the preceding pages may now feel that they have acquired a fairly thorough grasp of the *theory* of fasting, and that they understand precisely how cures of this character are brought about. At the same time, they would like to see narrated a number of accounts of actual experiences of individuals who have undergone longer or shorter fasts, and who have had health restored to them by this simple method of treatment. In this final chapter I shall summarize a number of cases of this character—some of which have been published before in *The Physical Culture Magazine*.

It will be observed that these cases vary very much in their general characteristics. The diseases which have been treated by this single method of treatment are very diversified. The character and temperament of the individuals who have fasted have also been

decidedly different. Their weights at the beginning of their fasts have ranged from less than a hundred pounds to nearly three hundred pounds, in cases of adults, while cases of children, and even babies, who have fasted to regain health, have been included. Some of these patients, then, have been old, others young; some have been nervous in temperament, others phlegmatic, etc. In fact, all types of individuals may be found represented in a list of this character, but one and all of them have been benefited by fasting, or have been entirely cured of some illness by this very simple yet effective mode of treatment.

It is a mistake to suppose that very young children on the one hand, or quite elderly people on the other, cannot fast to advantage. Sir Henry Thompson, the greatest specialist on diet for the aged, has emphasized over and over again in his writings the fact that, as we grow older, less and less food is required, and that while we can *tolerate* a certain excess of food in youth, this is not the case in old age, when a general process of enfeeblement has set in, and the stomach and general digestive apparatus are incapable of converting the quan-

tity of food material which they were enabled to digest, assimilate and utilize earlier in life. The reason for this is that the energy exerted in digestion is less, and the quality of the digestive juices is inferior and their strength weaker, so that food (and particularly heavy food) cannot be digested nor utilized to advantage. Further, during the periods of childhood, youth, and adolescence, the body is actually growing and increasing in weight from year to year, whereas the reverse of this is true in old age, when weight is lost from year to year, or maintained with difficulty. For these reasons, therefore, it is obvious that a very light diet is essential for those well advanced in years; and if overeating has been indulged in for any length of time, fasting may be employed with benefit, even in those cases where the patients are relatively quite aged.

In the case of children, again, fasting may be employed without the slightest danger, though of course for shorter periods of time. We are accustomed to think that a fat child is necessarily a healthy child, but this is by no means the case. As Dr. Page remarked, years ago, "lank, lean childhood seems to be uni-

versal in the animal world, with the single exception of man." It is true that a certain amount of fatty tissue may in a certain sense indicate health, inasmuch as it shows that the body is utilizing the food which it consumes; but any excess of fat at this time is a sign of deterioration and disease rather than health, and the amount of food which is allowed to growing children, under the illusion that they should eat great quantities in order to provide for growth, is alarming to behold!

This illusion is also prevalent in regard to the mother of the child before birth. It has often been said that the expectant mother should "eat for two," etc. But a simple analysis of facts would easily disprove this. Let us say that the average weight of the new-born babe is nine pounds. This is a pound a month, or an average of about *half an ounce a day;* but to supply this half ounce, many mothers have been urged by their advisors to eat daily one or two *pounds* extra, or even more! What wonder is it that, under these circumstances, the mother experiences difficulty at the birth of the child, and that her tissues lack vitality and are easily lacerated,

and that fever and other complications ensue?

For the infant itself, the overfeeding begins with the first few feedings after birth, and is carried well into the period of childhood. Dr. Page has estimated that, were an adult human to consume as much milk (proportional to his weight) as a young babe, he would consume approximately twenty-two and one-half quarts a day! Children are frequently permitted to overeat, not only at meal times, but between meals are tempted with fruit and "delicacies." There is no reason whatever why babies and young children should suffer the variety of complaints which they generally experience, or why they should suffer from so-called "children's diseases," which are supposed to be an inevitable part of normal childhood. Were children fed normally, and permitted or compelled to fast for short periods of time whenever they become ill or indisposed, there is no reason to suppose that these diseases would ever supervene. And this is proved by the fact that numbers of "physical culture children" have been reared and have grown into healthy manhood and womanhood without experiencing any of these diseases, or suffering

any of the minor complaints which are thought to be inseparable from childhood.

The instinct of normal childhood is to refrain from all food when sick, just as it is the instinct of animals to abstain from food under similar conditions; and if this instinct were allowed full play it would doubtless be instrumental in preventing the onset of these illnesses, and in saving the life of many a child who might otherwise die. The cases of fasting quoted in the following pages will prove the value of this method of cure, even in young children.

It may seem incredible, at first, that such a variety of diseases can be successfully treated by the same method, and that a *single system,* such as this, can equally apply to all of them. This objection, however, will not be raised by any one who thoroughly understands the philosophy and the physiology of the fasting cure. Once we realize that most "diseases" are themselves curative processes; that there is a certain fundamental unity and oneness of disease; that the majority of so-called "diseases" are but the outward manifestations of the single underlying inner cause, and that this cause is the poisonous or effete material in the

system, which has not been adequately eliminated—once we realize all this, we see that fasting, rightly applied, must be the simplest, speediest, and most effective method of eliminating this primary cause. And, once we accomplish the removal of this primary cause, the outward demonstrations or symptoms of it will disappear of themselves, no matter how varying these symptoms may be, nor in what part of the body they may be present. Inasmuch as "local" diseases, so-called, are in the vast majority of cases merely local expressions of a general state, these local conditions are of course eliminated as soon as the primary or fundamental cause is removed; while, in general conditions — chronic and acute illnesses, etc.—the reason for the fasting should be obvious.

One other point should perhaps be made here, and that is that diseases cured by fasting and similar and other nature cure methods *do not and cannot recur,* because their cause has been eliminated, and they cannot return unless the cause is again engendered within the body. Of course, it is possible to bring about any disease or the recurrence of any diseased

condition by improper methods of living, but once this primary cause has been removed, disease is impossible so long as the patient maintains his body in a fair degree of health and strength—by means of a suitable diet, and a sensible, natural, hygienic mode of life, such as outlined in the preceding chapter.

Now as to actual experiences:

Fasting Cases

L. H. (Reported by Annie Riley Hale, in *Physical Culture Magazine,* December, 1920):

A young woman, thirty-two years of age, with a fully developed case of *tuberculosis of the lungs,* with all the classical symptoms. She was put on a liquid diet for several weeks, then took absolute fast for twenty-four days, drinking much water daily. During the first few days the discharge from the lungs increased very greatly, but gradually subsided. After the twenty-second day there were no tubercular germs present. There was a progressive improvement to a complete cure.

Senator H. J. Riley, of Pittsburgh, in an article in the November, 1920, *Physical Culture Magazine,* told of his absolute fast of twenty-

three days for the cure of *asthma.* He was also overweight—weighing two hundred and thirty-eight pounds. He walked eight miles every day of the fast, part of the walk being up a very steep hill; and he also attended to his regular duties daily. He lost eighteen inches from his waist circumference and three inches from the circumference of his neck. But the most pleasing result was his absolute cure of the asthma, of which he was a victim for years.

Mr. P., of Rochester, N. Y., undertaker. Because of his business and of his contact with doctors, he was able to secure the best medical service and advice, and several doctors had told him that his was a case of *gastric cancer* —that operation was "the only chance he had." He had already put too many operated (and other) cases under the sod, and determined to try and find some other than surgical treatment for himself. He had typical signs and symptoms of cancer and was "doubled up" from pain in his stomach. He fasted for three weeks and in that time was able to straighten up when walking, his pains had ceased, his color began to slowly return, and he felt better in every way. Within two months he was

pronounced completely cured, and within another month was on a fishing trip!

Joseph Thomas, twenty-three years old; (Account given in *Physical Culture* for April, 1921):

Syphilis—with the strongest Wassermann reaction—four plus; had had the "specific" treatment which had, by suppression only, caused a clearing up of the signs. Two months after discontinuing treatment and while in the navy, the signs and symptoms returned, and Wassermann test again showed four plus. Then followed a nine months' course of salvarsan, mercury and potassium iodide—with the result that his stomach rebelled almost completely and he was becoming more and more anemic. But the Wassermann remained four plus! He received a Bad Conduct Discharge from the Navy because he refused any more treatment, but he gladly took the discharge rather than further treatment. He fasted nineteen days, except for an apple on the thirteenth day. His later treatment was the milk diet for thirteen weeks. The results were—all signs and symptoms removed and Wassermann *negative!*

Little Johnnie Wells, Kentucky; four years old.

Pneumonia, a typical *catarrhal or lobular (broncho) pneumonia* ushered in with the usual abrupt severe symptoms. Fasted six days, with a considerable amount of plain and slightly acidulated water. He was playing about the bed and also some on the floor at the end of the fourth day, but a slight rise in temperature appeared on the morning of the fifth day and the fast was continued longer. There was no pain in the chest after the early part of the third day, and no other disturbances except for the slight fever mentioned. His recovery was complete within a week.

Ambrose Taylor (Reported by Annie Riley Hale, in September, 1922, *Physical Culture Magazine*). Age sixty. *Rheumatism* for years —bedfast. He fasted twenty-three days. During the fasting he experienced three light strokes of paralysis, which would probably have occurred without the fast, with perhaps fatal results. The paralysis left entirely before the end of the twenty-third day, and the rheumatism was practically cured.

A young woman (Reported in the same

issue of *Physical Culture* by Annie Riley Hale). Overgrown, with *severe digestive and other troubles.* She fasted for thirty-five days, part of the time with not even water. All her digestive and other symptoms were completely cured.

C. C. H. Cowan (Reported by the same author, in September, 1922, issue of *Physical Culture),* Warrensburg, Illinois. *Severe nasal and throat catarrh* for years. His fast was of forty-two days, with water only. During this time he lost thirty pounds, but continued his duties daily. His catarrh is entirely cured and he feels that his stomach is "completely relined."

Mr. Milton Rathburn, grain merchant of Mount Vernon, New York (reported in the same article as the above three). He was *overweight* and with symptoms such that he *feared apoplexy,* as his age was fifty-four, an age at which many have this fearful condition. He fasted absolutely twenty-eight days, with bouillon on the next few days; commuted regularly into New York daily, and lost forty-two pounds of useless flesh. He refused to eat fruits brought by men in his employ—

saying he wouldn't eat the fruit for $1,000! The result was a satisfactory reduction in weight and a freedom from the dreadful symptoms.

Mr. David Edstrom, Sculptor. (Reported by himself in the January, 1921, issue of *Physical Culture.)* His weight was two hundred and thirty-three pounds, and he could not walk more than a block; cold baths gave him *severe lumbago and rheumatism,* and he suffered severe headaches. The fast was absolute and for many days, though no details are given —except that at the end of the first week his headaches disappeared; in one week he walked six miles on one day, fourteen miles another day, and twenty miles on a third day! He also took long swims, and reduced to one hundred and eighty-five pounds. He justly feels that he has a new lease on life.

H. H. H. (Reported in September, 1921, *Physical Culture),* age thirty-one. His trouble was *severe catarrh of the stomach,* and *constipation.* His diet was gradually reduced to soups, and then from June first to July third he took only water. From June fifth to fifteenth he states that the "bowel lining

seemed to be peeling away." On July third he began taking half-glasses of water and orange juice. His is a case where he early began to eat too much, but he soon discovered his error and adjusted his diet so that within five weeks he had gained up to one hundred and seventy-four pounds—he weighed one hundred and sixty-three pounds at the beginning of the fast and lost to one hundred and fourteen pounds. He reports a complete recovery, and says that he is now strong and rugged.

Mr. Williams, N. C. Age twenty-five. At the beginning of the fast he could scarcely be moved in bed, because of a severe *gonorrheal rheumatism.* His entire fast was fifty-four days, the first four or five days with just the juice of a few oranges, as were his last three or four days, and another similar period after thirty days of water. He was tall and slender at the beginning of the fast—weighing about one hundred and fifty-five pounds. During the fast he lost forty pounds. Before the fast was completed he was walking about the room and within a week after breaking the fast he was walking on the street, with one cane. Within

another two weeks he was carrying the cane, but not using it—and he regained all his lost weight and ten pounds more within five weeks after the fast was broken.

Baby Miller, one year old. The family physician diagnosed the case as typical *scarlet fever*. Three days of fast, with the faintest amount of orange juice in his drinking water, removed the symptoms so completely that his mother refused to believe that he had had scarlet fever or any other illness that might have been serious. I might say here that this is a frequent result where the natural methods of treatment are used—the mothers, families, and friends will not believe that the illnesses can be cured so quickly and easily!

Miss A. A., Canada, twenty-eight years old. *Prolapsus of the abdominal organs* and a *complete "breakdown."* Four days of orange juice, twenty-five days of water only, and three days of orange juice again gave her an appetite such as she had not felt for years, and gave her also a real desire to live—"long enough to satisfy that appetite once," as she said. A strict natural régime followed this fast and within three months she had recovered

her normal superb physique, strength, and health and cheerfulness in every way, and is today (four years later) a "perfect woman."

M. A. M., South Carolina, sixty-eight years old. His trouble was *gastritis, catarrhal deafness* and *ulcerated* tongue. Orange juice aggravated his tongue condition and he was obliged to take water only, which he did for three weeks. He then tried milk for ten days, with a slight return of the tongue condition, which had cleared up completely on the fast. At this time he returned to the water diet, which he continued for another two weeks. The milk diet was tried again and found satisfactory until five weeks more; then he started on orange juice only and continued this for another two weeks. From this time on he made rapid strides toward health and all his symptoms left except for probably twenty-five per cent of his deafness (as he estimated it), which remained with him.

Miss T. L. Age sixteen years, five feet, seven inches tall, and weighing one hundred and fifteen pounds. She had a decided case of *tuberculosis of the larynx.* Orange juice for two days, water for fifteen days and orange

juice again for two days, followed by the milk diet and later two months in the country completely cleared her trouble and her voice was as "clear as a bell." She also gained ten pounds over her original weight within the three months.

P. May, Oklahoma, forty-four years old. *Diabetes mellitus* of three years standing—with all the symptoms and signs except boils. Fasted thirty-one days, first and last three or four days on diluted grape juice. On the sixteenth day there was no bowel action because there had been *two* the day before; on every day of the fast except these two there was a small natural bowel action of solid material. His strength increased gradually until the last of the fourth week, and then slightly fluctuated, at no time giving away to weakness. This fast was followed by the skimmed milk diet and all symptoms of the diabetes were apparently completely removed. Weight was below average at the beginning and reduced twenty-one pounds more, but was regained to normal within four weeks after breaking the fast.

The few cases cited here must not by any

means be considered the most successful cases; they have been picked merely at random from a large list. An effort has been made to avoid the spectacular; hence these cases are those similar to many others.

However, I realize that each individual who contemplates a fast would prefer to know of a case similar to his own. If we had extended the above list to include a hundred or several hundred, it is probable that we would not have included one that is similar to yours. I have thought it necessary, or advisable, at least, to give these few cases to show that the contents of the book are not based on theory only.

Out of a wide experience with fasting, where hundreds of patients have fasted from twenty-four hours to ninety days, I have been able to gather the detailed information concerning fasts that has been presented in this work. No amount of theorizing would give one the many details that are presented here.

As stated several times in this book, a fast is, without doubt, one of the greatest, if not the greatest individual or single factor of healing known to any system of treatment. And even though your case may be such as to pre-

sent no symptom of any of the above cited cases, if it is susceptible to cure at all, or to relief, the fast will probably do more toward establishing that cure or relief than any other single procedure of treatment.

If after you have read this volume you are convinced that the fast will be of value to you, do not hesitate to take it—according to suggestions given, of course—even though there may never have been a similar case treated by the fast.

The value of this treatment and its manner of application have been explained so that, even though there has been no precedent of a similar case successfully treated, you will be enabled to conduct the fast in such a manner as to make it not only effective but perfectly safe.

I may be unduly enthusiastic about the fast, but I do not believe so. I recall too many instances where it has been instrumental in restoring health to doubt its efficacy in all but rare cases.

You may have your physician if you choose; you may rely exclusively upon his prescription or treatment if you see fit; or you may

have him supervise your fasting if you desire (providing you can find one who looks favorably upon the fast); but in the fast you have the kindest, most valuable and most effective physician you could possibly choose—providing of course, that your case is not one of the few in which the fast will be ineffective.

But from previous experience of myself and others, it is practically certain that where the fast will be unproductive of satisfactory improvement (when taken in connection with other natural factors of treatment) no other system or mode of treatment is likely to make a more agreeable and desired change for the better.

I must urge again that the theory of the fast must be carefully understood by those who contemplate a fast. Proper preparation must be made, and the fast must be conducted in such a way that it may produce its greatest beneficial effects. All these have been presented in such a manner in this volume that any one who reads it may understand.

I am not claiming the fast to be a cure-all; but I believe that when it is taken in the proper manner and with the proper associated treat-

ment, and concluded successfully—probably by the milk diet—in the majority of cases it will come nearer being that cure-all than anything we have at present, or will develop in the future. For it is strictly in accordance with natural law, and no one can ever devise any means that will supersede or overshadow natural law.

I commend the book and the subject of its contents—the fast—to you who would restore the body to as nearly normal functioning as possible, and develop a high degree of health and immunity to disease in the future.

[The End]