

How and When to Be Your Own Doctor

by Dr. Isabelle A. Moser with Steve Solomon

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Steve Solomon, June, 1997.

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Forward

Tis a gift to be simple

Tis a gift to be free,

Tis a gift to come down

Where we ought to be.

And

when we find ourselves

In a place just right,

It

will be in the valley

Of love and delight.

Old Shaker Hymn

Favorite

of Dr. Isabelle Moser

I was a physically tough, happy-go-lucky fellow  
until I reached my  
late thirties. Then I began to experience more and  
more off days when I did  
not feel quite right. I thought I possessed an iron  
constitution. I thought  
I could eat anything with impunity though I grew a  
big food garden and ate  
mostly "vegetablitarian." I had been fond of drinking

beer with my friends  
while nibbling on salty snacks or heavy foods late  
into the night. And I  
could still get up the next morning, feeling good,  
and would put in a solid  
day's work.

When my health began to slip I went looking for a  
cure. Up to that time  
the only use I'd had for doctors was to fix a few  
traumatic injuries. The  
only preventative health care I concerned myself with  
was to take  
multivitamin pill during those rare spells when I  
felt a bit run down and  
to eat lots of vegetables. So I'd not learned much  
about alternative health  
care.

Naturally, my first stop was a local general  
practitioner/MD. He gave  
me his usual half-hour get-acquainted checkout and  
opined that there almost  
certainly was nothing wrong with me. I suspect I had  
the good fortune to  
encounter an honest doctor, because he also said if  
it were my wish he  
could send me around for numerous tests but most  
likely these would not  
reveal anything either. More than likely, all that  
was wrong was that I was  
approaching 40; with the onset of middle age I would  
naturally have more  
aches and pains. 'Take some aspirin and get used to  
it,' was his advice.  
'It'll only get worse.'

Not satisfied with his dismal prognosis I asked  
an energetic old guy I  
knew named Paul, an '80-something homesteader who was  
renowned for his  
organic garden and his good health. Paul referred me  
to his doctor,  
Isabelle Moser, who at that time was running the  
Great Oaks School of  
Health, a residential and out-patient spa nearby at

Creswell, Oregon.

Dr. Moser had very different methods of analysis than the medicos, was warmly personal and seemed very safe to talk to. She looked me over, did some strange magical thing she called muscle testing and concluded that I still had a very strong constitution. If I would eliminate certain "bad" foods from my diet, eliminate some generally healthful foods that, unfortunately, I was allergic to, if I would reduce my alcohol intake greatly and take some food supplements, then gradually my symptoms would abate. With the persistent application of a little self-discipline over several months, maybe six months, I could feel really well again almost all the time and would probably continue that way for many years to come. This was good news, though the need to apply personal responsibility toward the solution of my problem seemed a little sobering.

But I could also see that Dr. Moser was obviously not telling me something. So I gently pressed her for the rest. A little shyly, reluctantly, as though she were used to being rebuffed for making such suggestions, Isabelle asked me if I had ever heard of fasting? 'Yes,' I said. "I had. Once when I was about twenty and staying at a farm in Missouri, during a bad flu I actually did fast, mainly because I was too sick to take anything but water for nearly one week.'

"Why do you ask?" I demanded.

"If you would fast, you will start feeling really good as soon as the fast is over." she said.

"Fast? How long?"

"Some have fasted for a month or even longer,"

she said. Then she observed my crestfallen expression and added, "Even a couple of weeks would make an enormous difference."

It just so happened that I was in between set-up stages for a new mail-order business I was starting and right then I did have a couple of weeks when I was virtually free of responsibility. I could also face the idea of not eating for a couple of weeks. "Okay!" I said somewhat impulsively. "I could fast for two weeks. If I start right now maybe even three, depending on how my schedule works out."

So in short order I was given several small books about fasting to read at home and was mentally preparing myself for several weeks of severe privation, my only sustenance to be water and herb tea without sweetener. And then came the clinker.

"Have you ever heard of colonics?" she asked sweetly.

"Yes. Weird practice, akin to anal sex or something?"

"Not at all," she responded. "Colonics are essential during fasting or you will have spells when you'll feel terrible. Only colonics make water fasting comfortable and safe."

Then followed some explanation about bowel cleansing (and another little book to take home) and soon I was agreeing to get my body over to her place for a colonic every two or three days during the fasting period, the first colonic scheduled for the next afternoon. I'll spare you a detailed description of my first fast with colonics; you'll read about others shortly. In the end I withstood the boredom of water fasting for 17

days. During the fast I had about 7 colonics. I ended up feeling great, much trimmer, with an enormous rebirth of energy. And when I resumed eating it turned out to be slightly easier to control my dietary habits and appetites.

Thus began my practice of an annual health-building water fast. Once a year, at whatever season it seemed propitious, I'd set aside a couple of weeks to heal my body. While fasting I'd slowly drive myself over to Great Oaks School for colonics every other day. By the end of my third annual fast in 1981, Isabelle and I had become great friends. About this same time Isabelle's relationship with her first husband, Douglas Moser, had disintegrated. Some months later, Isabelle and I became partners. And then we married.

In 1982 Isabelle sold Great Oaks School and moved to my homestead. Her colonic machine was installed in our bathroom--could a healthy home be run without one? Now, with my own personal hygienic physician in residence, how could I not continue my practice of a more-or-less annual fast. So I did, but with one change. Isabelle would give back rubs for love, would exchange massage for massage, but she would not give me any more colonics. Administering colonics was rather unpleasant, and were something she'd only do if it were really necessary and if she were paid for so-doing. She showed me how to self-administer my own.

And since I now was living with both a hygienic doctor and her colonic machine, I decided to find out how many colonics it might take to

completely empty my colon of old, encrusted fecal matter and totally repair the ravages of forty years on a civilized diet. Thus began a short period when I self-administered a thorough colonic every day. Initially I'd thought a month would do it, but Isabelle only chuckled at my naiveté; my daily colonics went on for over three months before one entire week went by without any old deposits of fecal matter leaving my body. My colon had become entirely cleansed. Thus it was that I developed a personal appreciation for colon cleansing that few have.

My regular fasts continued through 1984, by which time I had recovered my fundamental organic vigor and had retrained my dietary habits. About 1983 Isabelle and I also began using Life Extension megavitamins as a therapy against the aging process. Feeling so much better I began to find the incredibly boring weeks of prophylactic fasting too difficult to motivate myself to do, and I stopped. Since that time I fast only when acutely ill. Generally less than one week on water handles any non-optimum health condition I've had since '84. I am only 54 years old as I write these words, so I hope it will be many, many years before I find myself in the position where I have to fast for an extended period to deal with a serious or life-threatening condition.

I am a kind of person the Spanish call autodidactico, meaning that I prefer to teach myself. I had already learned the fine art of self-employment and general small-business practice that way, as well as radio and electronic theory, typography and graphic

design, the garden seed business, horticulture, and agronomy. When Isabelle moved in with me she also brought most of Great Oak's extensive library, including very hard to obtain copies of the works of the early hygienic doctors. Naturally I studied her books intensely.

Isabelle also brought her medical practice into our house. At first it was only a few loyal local clients who continued to consult with her on an out-patient basis, but after a few years, the demands for residential care from people who were seriously and sometimes life-threateningly sick grew irresistibly, and I found myself sharing our family house with a parade of really sick people. True, I was not their doctor, but because her residential clients became temporary parts of our family, I helped support and encourage our residents through their fasting process. I'm a natural teacher (and how-to-do-it writer), so I found myself explaining many aspects of hygienic medicine to Isabelle's clients, while having a first-hand opportunity to observe for myself the healing process at work. Thus it was that I became the doctor's assistant and came to practice second-hand hygienic medicine.

In 1994, when Isabelle had reached the age of 54, she began to think about passing on her life's accumulation of healing wisdom by writing a book. She had no experience at writing for the popular market, her only major writing being a Ph.D. dissertation. I on the other hand had published seven books about vegetable gardening. And I grasped the essentials of her

wisdom as well as any non-practitioner could. So we took a summer off and rented a house in rural Costa Rica, where I helped Isabelle put down her thoughts. When we returned to the States, I fired-up my "big-mac" and composed this manuscript into a rough book format that was given to some of her clients to get what is trendily called these days, "feedback."

But before we could completely finish her book, Isabelle became dangerously ill and after a long, painful struggle with cancer, she died. After I resurfaced from the worst of my grief and loss, I decided to finish her book. Fortunately, the manuscript needed little more than polishing. I am telling the reader these things because many ghost-written books end up having little direct connection with the originator of the thoughts. Not so in this case. And unlike many ghost writers, I had a long and loving apprenticeship with the author. At every step of our collaboration on this book I have made every effort to communicate Isabelle's viewpoints in the way she would speak, not my own. Dr. Isabelle Moser was for many years my dearest friend. I have worked on this book to help her pass her understanding on.

Many people consider death to be a complete invalidation of a healing arts practitioner. I don't. Coping with her own dicey health had been a major motivator for Isabelle's interest in healing others. She will tell you more about it in the chapters to come. Isabelle had been fending off cancer for thirty years. I view that 30 plus years of defeating Death as a

great success rather than consider her ultimate defeat as a failure.

Isabelle Moser was born in 1940 and died in 1996. I think the greatest accomplishment of her 56 years was to meld virtually all available knowledge about health and healing into a workable and most importantly, a simple model that allowed her to have amazing success. Her "system" is simple enough that even a generally well-educated non-medico like me can grasp it. And use it without consulting a doctor every time a symptom appears.

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Go to Chapter Two

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How and When to Be Your Own Doctor

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Chapter One

How I Became a Hygienist

From The Hygienic Dictionary

Doctors. [1] In the matter of disease and healing, the people have been treated as serfs. The doctor is a dictator who knows it all, and the people are stupid, dumb, driven cattle, fit for nothing except to be herded together, bucked and gagged when necessary to force medical opinion down

their throats or under their skins. I found that professional dignity was more often pomposity, sordid bigotry and gilded ignorance. The average physician is a fear-monger, if he is anything. He goes about like a roaring lion, seeking whom he may scare to death. Dr. John. H. Tilden, Impaired Health: Its Cause and Cure, Vol. 1, 1921. [2] Today we are not only in the Nuclear Age but also the Antibiotic Age. Unhappily, too, this is the Dark Age of Medicine--an age in which many of my colleagues, when confronted with a patient, consult a volume which rivals the Manhattan telephone directory in size. This book contains the names of thousands upon thousands of drugs used to alleviate the distressing symptoms of a host of diseased states of the body. The doctor then decides which pink or purple or baby-blue pill to prescribe for the patient. This is not, in my opinion, the practice of medicine. Far too many of these new "miracle" drugs are introduced with fanfare and then revealed as lethal in character, to be silently discarded for newer and more powerful drugs. Dr. Henry Bieler: Food is Your Best Medicine; 1965.

I have two reasons for writing this book. One, to help educate the general public about the virtues of natural medicine. The second, to encourage the next generation of natural healers. Especially the second because it is not easy to become a natural hygienist; there is no school or college or licensing board.

Most AMA-affiliated physicians follow predictable career paths,

straight well-marked roads, climbing through apprenticeships in established institutions to high financial rewards and social status. Practitioners of natural medicine are not awarded equally high status, rarely do we become wealthy, and often, naturopaths arrive at their profession rather late in life after following the tangled web of their own inner light. So I think it is worth a few pages to explain how I came to practice a dangerous profession and why I have accepted the daily risks of police prosecution and civil liability without possibility of insurance.

Sometimes it seems to me that I began this lifetime powerfully predisposed to heal others. So, just for childhood warm-ups I was born into a family that would be much in need of my help. As I've always disliked an easy win, to make rendering that help even more difficult, I decided to be the youngest child, with two older brothers.

A pair of big, capable brothers might have guided and shielded me. But my life did not work out that way. The younger of my two brothers, three years ahead of me, was born with many health problems. He was weak, small, always ill, and in need of protection from other children, who are generally rough and cruel. My father abandoned our family shortly after I was born; it fell to my mother to work to help support us. Before I was adolescent my older brother left home to pursue a career in the Canadian Air Force.

Though I was the youngest, I was by far the healthiest. Consequently, I had to pretty much raise myself while my single mother struggled to earn a

living in rural western Canada. This circumstance probably reinforced my constitutional predilection for independent thought and action. Early on I started to protect my "little" brother, making sure the local bullies didn't take advantage of him. I learned to fight big boys and win. I also helped him acquire simple skills, ones that most kids grasp without difficulty, such as swimming, bike riding, tree climbing, etc.

And though not yet adolescent, I had to function as a responsible adult in our household. Stressed by anger over her situation and the difficulties of earning our living as a country school teacher (usually in remote one-room schools), my mother's health deteriorated rapidly. As she steadily lost energy and became less able to take care of the home, I took over more and more of the cleaning, cooking, and learned how to manage her--a person who feels terrible but must work to survive.

During school hours my mother was able to present a positive attitude, and was truly a gifted teacher. However, she had a personality quirk. She obstinately preferred to help the most able students become even more able, but she had little desire to help those with marginal mentalities. This predilection got her into no end of trouble with local school boards; inevitably it seemed the District Chairman would have a stupid, badly-behaved child that my mother refused to cater to. Several times we had to move in the middle of the school year when she was dismissed without notice for "insubordination." This would inevitably happen on the frigid

Canadian Prairies during mid-winter.

At night, exhausted by the day's efforts, my mother's positiveness dissipated and she allowed her mind to drift into negative thoughts, complaining endlessly about my irresponsible father and about how much she disliked him for treating her so badly. These emotions and their irresponsible expression were very difficult for me to deal with as a child, but it taught me to work on diverting someone's negative thoughts, and to avoid getting dragged into them myself, skills I had to use continually much later on when I began to manage mentally and physically ill clients on a residential basis.

My own personal health problems had their genesis long before my own birth. Our diet was awful, with very little fresh fruit or vegetables. We normally had canned, evaporated milk, though there were a few rare times when raw milk and free-range fertile farm eggs were available from neighbors. Most of my foods were heavily salted or sugared, and we ate a great deal of fat in the form of lard. My mother had little money but she had no idea that some of the most nutritious foods are also the least expensive.

It is no surprise to me that considering her nutrient-poor, fat-laden diet and stressful life, my mother eventually developed severe gall bladder problems. Her degeneration caused progressively more and more severe pain until she had a cholecystectomy. The gallbladder's profound deterioration had damaged her liver as well, seeming to her surgeon to require the

removal of half her liver. After this surgical insult she had to stop working and never regained her health. Fortunately, by this time all her children were independent.

I had still more to overcome. My eldest brother had a nervous breakdown while working on the DEW Line (he was posted on the Arctic Circle watching radar screens for a possible incoming attack from Russia). I believe his collapse actually began with our childhood nutrition. While in the Arctic all his foods came from cans. He also was working long hours in extremely cramped quarters with no leave for months in a row, never going outside because of the cold, or having the benefit of natural daylight.

When he was still in the acute stage of his illness (I was still a teenager myself) I went to the hospital where my bother was being held, and talked the attending psychiatrist into immediately discharging him into my care. The physician also agreed to refrain from giving him electroshock therapy, a commonly used treatment for mental conditions in Canadian hospitals at that time. Somehow I knew the treatment they were using was wrong.

I brought my brother home still on heavy doses of thorazine. The side effects of this drug were so severe he could barely exist: blurred vision, clenched jaw, trembling hands, and restless feet that could not be kept still. These are common problems with the older generation of psycho tropic medications, generally controlled to some extent with still other drugs like cogentin (which he was taking too).

My brother steadily reduced his tranquilizers until he was able to think and do a few things. On his own he started taking a lot of B vitamins and eating whole grains. I do not know exactly why he did this, but I believe he was following his intuition. (I personally did not know enough to suggest a natural approach at that time.) In any case after three months on vitamins and an improved diet he no longer needed any medication, and was delighted to be free of their side effects. He remained somewhat emotionally fragile for a few more months but he soon returned to work, and has had no mental trouble from that time to this day. This was the beginning of my interest in mental illness, and my first exposure to the limitations of 'modern' psychiatry.

I always preferred self-discipline to being directed by others. So I took every advantage of having a teacher for a mother and studied at home instead of being bored silly in a classroom. In Canada of that era you didn't have to go to high school to enter university, you only had to pass the written government entrance exams. At age 16, never having spent a single day in high school, I passed the university entrance exams with a grade of 97 percent. At that point in my life I really wanted to go to medical school and become a doctor, but I didn't have the financial backing to embark on such a long and costly course of study, so I settled on a four year nursing course at the University of Alberta, with all my expenses paid in exchange for work at the university teaching hospital.

At the start of my nurses training I was intensely curious about everything in the hospital: birth, death, surgery, illness, etc. I found most births to be joyful, at least when everything came out all right. Most people died very alone in the hospital, terrified if they were conscious, and all seemed totally unprepared for death, emotionally or spiritually. None of the hospital staff wanted to be with a dying person except me; most hospital staff were unable to confront death any more bravely than those who were dying. So I made it a point of being at the death bed. The doctors and nurses found it extremely unpleasant to have to deal with the preparation of the dead body for the morgue; this chore usually fell to me also. I did not mind dead bodies. They certainly did not mind me!

I had the most difficulty accepting surgery. There were times when surgery was clearly a life saving intervention, particularly when the person had incurred a traumatic injury, but there were many other cases when, though the knife was the treatment of choice, the results were disastrous.

Whenever I think of surgery, my recollections always go to a man with cancer of the larynx. At that time the University of Alberta had the most respected surgeons and cancer specialists in the country. To treat cancer they invariably did surgery, plus radiation and chemotherapy to eradicate all traces of cancerous tissue in the body, but they seemed to forget there also was a human being residing in that very same cancerous body. This

particularly unfortunate man came into our hospital  
as a whole human being,  
though sick with cancer. He could still speak, eat,  
swallow, and looked  
normal. But after surgery he had no larynx, nor  
esophagus, nor tongue, and  
no lower jaw.

The head surgeon, who, by the way, was considered  
to be a virtual god  
amongst gods, came back from the operating room  
smiling from ear to ear,  
announcing proudly that he had 'got all the cancer'.  
But when I saw the  
result I thought he'd done a butcher's job. The  
victim couldn't speak at  
all, nor eat except through a tube, and he looked  
grotesque. Worst, he had  
lost all will to live. I thought the man would have  
been much better off to  
keep his body parts as long as he could, and die a  
whole person able to  
speak, eating if he felt like it, being with friends  
and family without  
inspiring a gasp of horror.

I was sure there must be better ways of dealing  
with degenerative  
conditions such as cancer, but I had no idea what  
they might be or how to  
find out. There was no literature on medical  
alternatives in the university  
library, and no one in the medical school ever hinted  
at the possibility  
except when the doctors took jabs at chiropractors.  
Since no one else  
viewed the situation as I did I started to think I  
might be in the wrong  
profession.

It also bothered me that patients were not  
respected, were not people;  
they were considered a "case" or a "condition." I was  
frequently  
reprimanded for wasting time talking to patients,  
trying to get acquainted.

The only place in the hospital where human contact was acceptable was the psychiatric ward. So I enjoyed the rotation to psychiatry for that reason, and decided that I would like to make psychiatry or psychology my specialty.

By the time I finished nursing school, it was clear that the hospital was not for me. I especially didn't like its rigid hierarchical system, where all bowed down to the doctors. The very first week in school we were taught that when entering a elevator, make sure that the doctor entered first, then the intern, then the charge nurse. Followed by, in declining order of status: graduate nurses, third year nurses, second year nurses, first year nurses, then nursing aids, then orderlies, then ward clerks, and only then, the cleaning staff. No matter what the doctor said, the nurse was supposed to do it immediately without question--a very military sort of organization.

Nursing school wasn't all bad. I learned how to take care of all kinds of people with every variety of illness. I demonstrated for myself that simple nursing care could support a struggling body through its natural healing process. But the doctor-gods tended to belittle and denigrate nurses. No wonder--so much of nursing care consists of unpleasant chores like bed baths, giving enemas and dealing with other bodily functions.

I also studied the state-of-the-art science concerning every conceivable medical condition, its symptoms, and treatment. At the university hospital nurses were required to take the

same pre-med courses as the doctors--including anatomy, physiology, biochemistry, and pharmacology. Consequently, I think it is essential for holistic healers to first ground themselves in the basic sciences of the body's physiological systems. There is also much valuable data in standard medical texts about the digestion, assimilation, and elimination. To really understand illness, the alternative practitioner must be fully aware of the proper functioning of the cardiovascular/pulmonary system, the autonomic and voluntary nervous system, the endocrine system, plus the mechanics and detailed nomenclature of the skeleton, muscles, tendons and ligaments. Also it is helpful to know the conventional medical models for treating various disorders, because they do appear to work well for some people, and should not be totally invalidated simply on the basis of one's philosophical or religious viewpoints.

Many otherwise well-meaning holistic practitioners, lacking an honest grounding in science, sometimes express their understanding of the human body in non-scientific, metaphysical terms that can seem absurd to the well-instructed. I am not denying here that there is a spiritual aspect to health and illness; I believe there are energy flows in and around the body that can effect physiological functioning. I am only suggesting that to discuss illness without hard science is like calling oneself a abstract artist because the painter has no ability to even do a simple, accurate representational drawing of a human figure.