

When the traffic-light turns red!

by Karin Mont



Karin Mont,
MARH, ARH Chair

This article explores the multiple benefits of taking a salutogenic approach to managing health. A **salutogenic approach is based on optimising health, as opposed to battling disease, and is practised by most CAM practitioners anyway.** The conventional model of health is disease-based, or pathogenic, and is heavily dependent upon the application of pharmaceutical products to combat disease. The pathogenic approach certainly delivers generous profits to the pharmaceutical industry, but its effectiveness at delivering improved health and wellbeing is a matter for debate. We need to raise public awareness of the difference between these two approaches, and start to push back against current medical propaganda which only promotes the pathogenic approach.

Livestock farmers who care about the wellbeing of their stock and the environment in which they operate, focus on health optimisation. They have to. Overall productivity depends on establishing and maintaining a high standard of animal health, and minimising the need to resort to costly veterinary or medicinal interventions. Good livestock practices which focus on enhancing health and resilience naturally, significantly reduce the use of antibiotics and other antimicrobials. This is not necessarily seen as a priority in the conventional model of farming practice, but it is becoming an increasingly important factor in the move towards ‘sustainable healthcare’, because antimicrobial-resistant pathogens (AMRs) are now acknowledged to constitute a major health risk globally. Across Europe alone, about 50% of our exposure to antimicrobials comes through the food-chain, which probably makes a salutogenic approach to farming more crucial now than ever before.

We have witnessed the over-industrialisation of agriculture for decades now, and it comes at a high price to human health. Ultimately, we are what we eat and, if our food is of low nutritional value and contaminated with high levels of toxic residues, we will be adversely affected, as will our environment and ultimately our planet. We know this is true, yet trying to change current attitudes to health and disease across the spectrum poses a significant challenge. A move towards salutogenic healthcare delivery will take time to establish, and will require hard evidence to support its viability. This makes the farm the perfect place to start. **Everything to do with the health and wellbeing of both livestock and the surrounding environment is observable, measurable and recordable within a single micro-environment.**

Happily, the Whole Health Agriculture (WHAg) team has set about establishing this all-important evidence base. Between May 2020 and January 2021, WHAg undertook a survey involving 221 farmers, all of whom used at least one CAM therapy to manage the health of their livestock. The astonishing results of this survey represent a fact-based account of the experience of farmers who have successfully **reduced** their use of conventional medicinal interventions, simply by using alternative approaches to the health of their animals, mainly (though not exclusively)

with homeopathy. Most farmers surveyed used CAM to prevent disease, and treat acutes such as birthing issues and infections, or more chronic conditions such as infertility and lameness. They also found CAMs to be effective in minimising the negative health impact of routine stress events, such as weaning, tail ringing, transportation, and veterinary inspections. The results of this fundamentally salutogenic approach to livestock health are impressive: 65% of the farmers surveyed reported that their use of CAMs has contributed to a zero, low or reduced use of antibiotics, a figure which rises to 69% for dairy farmers. 84% of farmers observed an improvement in the general health and wellbeing of their livestock, and 65% noted a lower frequency and / or reduced severity of disease, since the introduction of CAMs. The survey contains numerous other examples of the health benefits of incorporating CAM into managing animal health, and the full report – well worth reading – can be found on the WHAg website: <https://wholehealthag.org/>.

WHAg is committed to supporting farmers who really care about all aspects of farm health, and have developed an online foundation course which delivers a basic training in farm homeopathy. The course is further supported by a farm health hub and learning centre, run by vets, farmers and other experts within the field. This is an exciting initiative, with tremendous potential – for example agro-homeopathy would certainly sit with the mantle of whole health agriculture! WHAg has built upon the sound principles already established by Homeopathy at Wellie Level (HAWL). By enabling online training, and by formalising an evidence-base which verifies the effectiveness of CAM interventions on the farm, WHAg has taken those principles to the next level.

At the ARH Conference on 14-15 May 2022, Chris Aukland and Jackie Pearce-Dickens offered an optimistic and uplifting presentation on the work of WHAg to date, which included an overview of the above-mentioned survey. One interesting and ingenious health measurement system they have introduced into their teaching programme is the traffic-light model. In this model the green light represents the ideal scenario, where animals are happy, healthy, socially balanced and productive. The amber zone can be a bit more nebulous, and requires good observational skills; this is where nothing seems seriously wrong, but the farmer knows that things just aren't quite right. By complete contrast, the red light is very obvious, and represents a potential disaster mode, where the animal is sick or distressed, and may be in need of urgent veterinary attention. The point of imbalance, and the subsequent slide into ill health, invariably happens somewhere in the amber zone, the area of no clear diagnosis. Conventional medicine does not work well without a diagnosis and, as often as not, the go-to prescription for the un-diagnosed is a course of antibiotics, just in case there's an infection brewing. The WHAg homeopathy training course encourages farmers to apply the traffic-light system to evaluating the health of their animals in order to

recognise when the amber zone has just been entered, and to treat that animal immediately using a prescription based on the animal's presenting symptoms. This preventive approach, applied at an early stage of the onset of disease, is often all that is needed to help restore balance and return the animal to the green zone.

It is interesting to speculate what the results might be if we were to apply the traffic-light model as a health measurement system to ourselves, **where we are the livestock and our governments are the farmers.** We moved out of the green zone a long time ago. Now we have entered the amber zone, and the interventions offered by our respective healthcare services are predominantly driven by the pathogenic approach. This has the potential to precipitate us into the red zone. We only need to look at the world's response to SARS-CoV-2 to see an example of questionable healthcare practice. We were socially isolated, denied physical contact, subjected to relentless stress, had limited access to exercise, had our ability to breathe compromised (the masks) and, in due course, were given a jab that made a lot of people ill – surely that should be classified as a red-zone outcome? During the whole so-called pandemic, there was no mention of supporting innate immunity via natural methods such as taking vitamin supplements, eating a healthy diet, getting enough sleep, and taking regular exercise. If a farmer were to apply the same health practices to their livestock as our governments have applied to us, they would rapidly go out of business.

We have reached the red zone when it comes to the prevention of a number of diseases. For example, diabetes: according to the World Health Organization's (WHO) report on the top 10 causes of death (December 2020), diabetes comes in at number nine, and has seen an alarming increase of 70% over the last two decades. There is a significant link between the onset of type 2 diabetes and obesity and, given that in the UK alone 63% of adults and 20% of children are classified as overweight or obese, we can expect diabetes levels to continue their upward trajectory.

What is the Government doing to address this issue? Apparently, they're going to encourage people to move towards a healthier weight, and to expand weight management services – it's not clear what difference it will make in real terms, but it sounds plausible. Meanwhile, people trying to lose weight are being prescribed Orlistat, a lipase inhibitor which reduces the absorption of dietary fat. There seems to be little will to promote a healthy diet and regular exercise as an alternative to a drug.

In reality, the general public will continue to demand drugs to treat their various ailments, and governments across the world will have to ensure their supply. A lot of patients remain unwilling to take responsibility for their own health and wellbeing; they are much happier taking a prescribed pill to achieve a quick fix, and are less concerned about the long-term consequences of their actions. It is also true that in emergency situations, and other special circumstances, some drugs can save lives. However, over- or inappropriate use of drugs, is responsible for the deaths of nearly 200,000 citizens across Europe each year.

If drugs are here to stay, what about treatment choices? We've been promised patient-centred healthcare for years now, but somehow it never seems to materialise. The 'one size fits all' approach continues to prevail, and the fact that governments everywhere consistently fail to offer patients any alternative treatment options, suggests that conventional medical doctrines combine with vested interests, to dominate global healthcare policies.

When it comes to the general health of our citizens, the traffic-light has already turned red and, if we don't recalibrate our approach to healthcare delivery now, we will definitely crash. The collision point features the WHO, and its insidious creep to widen and tighten its grip on the globalist health agenda. WHO is trying to impose a World Pandemic Treaty upon sovereign nations, which they describe as 'a new international instrument on pandemic preparedness and response'. This level of rhetoric implies that the WHO's response to SARS-CoV-2 demonstrated the successful management of a global health crisis which simply needs to be better coordinated 'next time'. This is an assumption which is currently undergoing forensic scrutiny by world experts in the fields of virology, microbiology, vaccinology, physics, chemistry, law, ethics, human rights, and other related disciplines. Some of the evidence coming to light during these investigations should set alarm bells ringing everywhere. It is disappointing to note that the UK is in favour of signing up to this treaty which, in the event of a future pandemic, effectively provides the WHO with the powers to enforce unjustified lockdowns, vaccine mandates, travel restrictions and compulsory treatments, across the globe; non-compliance could result in crippling sanctions.

It is hard to understand why any country would choose to allow the WHO, an organisation known to have deep political and financial connections with vested interests, to dictate their health policy. For one thing, appropriate public health measures will differ across different regions, and across different social factions. To attempt to apply the same health measures across diverse communities has the potential to be devastating to the health of individuals, and would place an undeliverable burden on healthcare providers. Furthermore, individuals have an absolute right to bodily autonomy, and any attempt by the WHO to remove that fundamental human right would represent an unacceptable abuse of power. It is also sad to note that the patient's voice is consistently absent in discussions about public health, which reinforces a sense that the patient's actual experience is of little consequence to the powers that be.

There is a bright side to this sorry saga of the industrialisation of our health; at a recent meeting in Geneva, the World Pandemic Treaty was rejected in its current state, mainly by smaller Third World countries who objected to being railroaded by the WHO. It was agreed that an amendment would be drafted which would allow member nations to raise concerns about future proposals, however that should be interpreted. Meanwhile, here in the UK a government petition demanding a referendum on signing up to the World Pandemic Treaty has been doing the rounds, and has attracted over 150,000 signatures. This petition is open until November so, if you would like to add your voice to this request for public inclusion in this important matter of national sovereignty, here is the link: <https://petition.parliament.uk/petitions/614335>.

In conclusion, it is no surprise to note that governments would not make good farmers. If we want to move towards a salutogenic approach to healthcare across the spectrum, we're going to have to work at it, lead by example and raise public awareness. As ever, we will have to remain vigilant and focussed, because we are likely to be confronted by numerous obstacles as we progress – a good example is the emergence of this new 'scare' virus, monkeypox. Fortunately, WHAg has provided us with an outstanding model of what can be achieved when like-minded people, who genuinely care about whole health, come together to pool their expertise. It's now up to us to build on this excellent foundation. □