

IS DIABETES CURABLE?

How Those Afflicted with Diabetes and Bright's
Disease Can Be Helped to Restoration
by the New Scientific

SANBORN TREATMENT



*Mrs. Albert Grabner
48 W. Graefen*

PUBLISHED BY
THE SANBORN LABORATORIES
Battle Creek, Michigan

Non-Technical Edition.

**Copyright, 1923, by
The Sanborn Laboratories**



SANBORN BUILDING, 63 E. Main St., BATTLE CREEK, MICH.

Owned by The Sanborn Laboratories

- | | |
|-----------------------------------|---|
| 1. Exterior, Main Street Entrance | 5. Dr. Bobo's Private Office |
| 2. Dr. Perkins's Private Office | 6. Chemical and Pathological Laboratory |
| 3. Main Business Office | 7. Correspondence and Filing Department |
| 4. Microscopical Laboratory | 8. Dispensary |

DEDICATION

TO DR. IDA M. SANBORN, who has lit the Lamp of Hope for thousands, has given us an understanding of Diabetes and Bright's that should revolutionize our conception of these grim tools of Death, and completely change the present methods of treatment, this treatise is dedicated in grateful recognition of her devoted work for humanity.

CONTENTS

	Page
INTRODUCTION	5
Chapter	
I.—THE MENACE OF DIABETES.....	9
II.—BRIGHT'S DISEASE	18
III.—STARVING THE STARVED.....	21
IV.—THE NEWER KNOWLEDGE.....	27
V.—TREATMENT	37
VI.—HOW THE SANBORN TREATMENT OPERATES.....	40
VII.—HOW THE PATIENT MAY HURRY HIS RELIEF— A LITTLE CHAT WITH DR. SANBORN.....	43
VIII.—WHAT TO EAT.....	46
IX.—“ACIDOSIS”	51
X.—WHY THE SANBORN TREATMENT CAN BE AD- MINISTERED ONLY BY TRAINED SPECIALISTS.....	56
XI.—A CHALLENGE TO “ORTHODOX” PRACTICE.....	60
XII.—HOW THE SANBORN TREATMENT CAN BE GIVEN WITH THE UTMOST SUCCESS BY MAIL.....	72
XIII.—WHY WE ADVERTISE	73
XIV.—SOME REPETITION—AND A FEW NEW POINTS....	75

INTRODUCTION

One in every five of the adult population of this country is afflicted with some well-defined abnormal condition involving the kidneys. This manifests itself in the appearance of albumin, sugar or casts in the urine—or in dropsy, blood tension, or heart irregularity. So that at the present time perhaps the most dangerous menace to life and health in America lies in the prevalence of these insidious disorders, the presence of which is rarely even suspected until the body defense has been undermined, and the gnawing tooth of disease has eaten away the prop of life.

Especially are these conditions to be dreaded after creeping age has slowed the powers of repair and retarded recuperation.

Disheartening progress has been made in the treatment of these disorders. This is in part due to the failure of medical men to recognize their underlying causes.

Until recently, it has been the general practice to attack the symptoms—rather than the thing the symptoms represent.

In Diabetes, for instance, every effort is bent to keep the urine free from sugar—even the last bearable degree of starvation being employed for this purpose. This practice—protracted over any considerable time—so depletes the system that recovery is difficult, if not altogether impossible.

It would, on the face of it, seem obvious that, to deprive a diabetic of all sugar-forming foods to cure him of a disease one symptom of which is sugar in the urine, or attempt to cure him of Bright's Disease by depriving him of all meat and other albuminous food, because albumin in the urine is one of the chief characteristics, is quite as absurd

as it would be to attempt to mend a leaky pail by merely keeping water out of it.

This failure to take the *cause* into account results in the death of thousands who succumb every year to these insidious disorders.

The reason is plain. Physicians are taught in most medical schools that the only relief for Diabetes—usually pronounced incurable—is in rigorous and protracted diet, often lasting the remainder of the sufferer's life, coupled in many cases with periods of actual starvation. This same teaching largely applies to Bright's Disease.

What the physician has been thus taught, he practices. His entire training and experience have to do with these methods. He is familiar with the symptoms and successive developments of his particular form of treatment, and therefore has some idea as to what to expect and what to do for the symptoms that develop during his treatment.

Dr. Ida M. Sanborn, who perfected the system of diagnosis and medication now employed solely by the Sanborn Laboratories, went through the same futile medical schooling.

However, fortunately for thousands whose lives she has already saved, perhaps millions to come who may be restored to life and health through the means perfected through her intelligent and inspired effort, Dr. Sanborn was forced to take up a postgraduate course in medicine, in which she was both student and instructor.

As a result of this intensive study and training, Dr. Sanborn has turned the old and generally accepted treatment of Diabetes and Bright's Disease inside out and upside down.

The food which other physicians fear to give she considers essential to relief, and to the restoration of normal functioning.

She claims, and she has proved her contention in thousands of cases, that *nothing but food*—wholesome, nourishing, well-balanced food—*can possibly rebuild a single cell of wasted tissue or restore a particle of lost strength or energy.*

Dr. Sanborn realizes that deprivation of certain food may tend to lessen the showing of sugar or albumin in the patient's urine, but it does so only at the expense of the body tissues and vital resistance. And, meanwhile, the source of the disease remains untouched.

For deprivation of food will stop the disease itself only when the deprivation is continued long enough to stop the person who has the disease.

We use a lot more common sense and good judgment in dealing with a machine. If, for instance, the steam begins to fail in the engine, no sensible person would attempt to remedy the difficulty by cutting off the supply of fuel.

Yet, this is exactly what many orthodox medical men do when attempting to cure Diabetes or Bright's Disease.

For you must remember that food is the fuel of the human engine. *Nothing but food can possibly keep this complicated and delicate machine in operating condition.*

Even medicines are not food. The medicines combined by Dr. Sanborn with such rare judgment are designed to *repair*, but *not to operate*, the human engine. They merely help the treatment of these diseases in a more or less specific way, enabling the patient meanwhile to absorb and utilize the food necessary for his restoration.

If the patient be not so depleted, by starvation or otherwise, as to have lost the power to digest, absorb and assimilate the necessary food elements when given, arrest of the disease and restoration of health are confidently looked for. Many years of experience in hundreds of cases inspire this confidence.

In these pages we shall try to make clear how and why this confidence has been developed; and why we believe this confidence is absolutely justified.

We feel strongly that no more important message has ever been given to the millions who suffer from these disorders—not alone in America, but in the entire civilized world.

THE SANBORN LABORATORIES.

CHAPTER I

THE MENACE OF DIABETES

Diabetes is one of the penalties inflicted upon us by what we are pleased to call "civilization." The fortunate inhabitants of the South Sea belts and the aborigines of Australia or the Congo basin are blissfully ignorant of its ravages — another exemplification of the law of compensation.

In 1917 there were 16.9 deaths from Diabetes in the United States per 100,000 population; while 107.4 out of 100,000 died of Bright's Disease. It is estimated that there are, at the present time, at least a million cases of Diabetes in this country. The number of nephritics is even greater.

Dr. Eugene Lyman Fisk, of the Life Extension Institute, in discussing this matter, says: "Of course we have no morbidity statistics for the whole country, and can only estimate the morbidity from these troubles. It is easier to fix figures for Diabetes than so-called 'Bright's Disease,' which varies in degree from slight, low-grade, chronic kidney changes to the acute forms.

"However, from our own records, I am able to say that about 20 per cent of the active working population show definite signs of kidney irritation, such as albumin, casts, blood or low efficiency test. To these we would have to add those who are on the sick list, and who do not come under our observation. The fact of the matter is, the kidneys participate in the deterioration which affects all the tissues of the body as age advances. Hence my aversion to attempt any classification by specific diseases."

Statistically, it would sum up something as follows:—

Diabetes—	1901-1905	1917
Death-rate per 100,000 population..	11.5	16.9
Nephritis or Bright's Disease—		
Death-rate per 100,000.....	97.0	107.4

THE STALKING SPECTER

Diabetes is in no sense a "modern disease;" for it is referred to in the Papyrus Ebers, that most hoary-headed of medical documents, recovered from the ancient Egyptian tomb.

Celsus, the great Greek contemporary of Galen, speaks of the polyuria—the excessive urination—and the abnormal thirst of the disorder to which Arteus gave the name *Diabetes*—the Greek word for syphon. This, based on his belief that all liquids of the body were changed into urine by the disorder.

However, according to the Ayur Veda (500 A. D.) the sugary nature of diabetic urine was known to Hindu physicians from the remotest times. Without doubt a description of a disease characterized by "Honey Urine" refers to Diabetes Mellitus.

It was not, however, until 1835 that the apothecary, Amboosian, conclusively demonstrated the presence of sugar in the urine.

The work of Claude Bernard—published first in 1845 and 1850—gave for the first time a true conception of certain essential facts in the relation of the liver to sugar formation. These experiments pointed a path of investigation which is still being followed by physiologists and pathologists.

TWO KINDS OF DIABETES

There are two chief varieties of diabetes — Diabetes Insipidus and Diabetes Mellitus.

Diabetes Insipidus is relatively a rare disease, occurring on an average of once in 10,000 hospital cases — which makes it only about one one-hundredth time as frequently met as is Diabetes Mellitus, or "Honey Urine."

Diabetes Insipidus has thoroughly earned its name, "Syphon Disease," for many sufferers from it have actually been known to drink from ten to twelve gallons of water a day—literally syphoning the water into the system, with, of course, a corresponding increase in urination.

The specific gravity of the insipidus urine is low—1.000 to 1.005. Unlike Diabetes Mellitus, it contains neither albumin nor sugar.

Often the health is only slightly impaired, although generally there is dryness of the skin, with progressive weakness and emaciation, as in Diabetes Mellitus.

Nervous shock, the effect of blows or falls, pregnancy, syphilis, and possibly brain tumors or lesions, are supposed to be the most frequent causes for Diabetes Insipidus; although there is no reason for not believing that the toxic origin—the most probable cause of Diabetes Mellitus—should also account for Diabetes Insipidus.

Insipidus is not necessarily fatal, although it is a most incapacitating disease.

"HONEY URINE"

Diabetes Mellitus, on the contrary, is a grave and—under present accepted methods—a generally fatal condition. Indeed, it is quite universally contended that a well-developed case of Mellitus in a child under twelve years of age probably never recovers.

So great an authority as Dr. Nellis B. Foster, Assistant Professor of Medicine at Cornell University, has said: "With children and young adults, the progress and termination of Diabetes may be seen definitely. The children all succumb within a comparatively short period after the disease is recognized; two years from the time of the first symptom is the longest tenure that has come to my observation. I have known of no case of recovery."

In Diabetes Mellitus there is a hypersecretion of urine highly charged with sugar. The specific gravity of this urine varies from 1.020 to 1.040, or even higher; the per-

centage of sugar from $\frac{1}{2}$ to 10 per cent, or even more, although it is rarely indeed that this latter high percentage is reached.

Diabetes Mellitus is found more frequently in the rich—who can afford to indulge their appetites—than in the poor, and is probably three times more frequently met with in men than in women. It is especially prevalent among Hebrews, and is only rarely found among negroes.

ONSET SLOW

The onset of Diabetes Mellitus is usually slow and insidious, and any one of its symptoms may appear first. As a rule, however, the earliest symptoms observed are unusual thirst and dryness of the mouth and throat and viscosity of the saliva. Polyuria (frequent urination) may either occur at the same time or be the first symptom noted, the daily output of urine varying from only a slight increase above normal to as much as twenty-five or thirty pints, and in some cases even more.

Pruritis (intense itching) is a common symptom, particularly among women, and one that may cause considerable annoyance.

The sufferer may sweat profusely under the influence of slight exertion or during moderately warm weather, or his skin may be dry and harsh.

Bulimia (excessive appetite) is a common symptom, though the patient gains no weight or even loses flesh and grows progressively weaker.

As the disease progresses, complications may be looked for. Neuritis is frequently observed. Gangrene may be readily produced by what under normal conditions would prove to be a trifling injury, an abrasion, a boil, etc. It is apt to begin in an extremity, especially the great toe, and extend upward.

Gastro-intestinal disorders are frequently observed, consisting of indigestion, constipation or diarrhea.

In addition, the sufferer is often liable to successive crops of boils or carbuncles; while eczema may at times manifest itself.

Cataract is occasionally met with. The poisonous effect of the sugar-laden blood also induces loss of sexual desire and other manifestations of nerve exhaustion.

Coma is the terminal symptom, most justly dreaded in the diabetic. It is caused by the accumulation in the system of poisons of a highly toxic nature—including acetone and diacetic acid—elaborated in the body of the diabetic by the disturbed process of metabolism. Coma is sometimes ushered in by cramp-like pains in the abdominal region, although often the only noticeable symptom of its presence is a drowsiness, gradually increasing, until profound coma develops.

Then usually follow the convulsion—the last scene of all in this strange, eventful history.

A FEW OF THE CAUSES OF DIABETES

Brain lesions, degeneration of the “Islands of Langerhans” in the “tail” of the pancreas; physical and mental overwork; overeating and obesity are believed to be the most common causes.

Dr. F. A. Berry claims that about one-half of the cases of Diabetes are probably due to some pathology of the pancreas, most likely found in the Islands of Langerhans. The other 50 per cent are possibly due to one of several factors: a disturbance of the glycogenic function of the liver or some dysfunction of the suprarenals.

Joslin especially stresses the influence of obesity in producing Diabetes and claims that 60 per cent of diabetic cases are the result of overeating.

In a group of 457 patients, 38 ranging in age from 12 to 24 years were 8 pounds overweight; 27 ranging from 25 to 29 years were 54 pounds overweight; 72 ranging

from 30 to 39 were 23 pounds overweight; while 320 ranging from 39 years upward were on the average of 37 pounds overweight.

In a large proportion of cases, the trouble is brought on by the presence in the blood of an excess of the normal waste-products—toxins. The accumulation of these poisons is principally due to the ingestion of food in excess of the body's needs. Overeating becomes *more active* as a cause of Diabetes when alcoholics are used.

This accounts for the fact that Diabetes is often observed in vigorous subjects who are large eaters, particularly those who partake freely or habitually of alcohol.

All conditions that impose excessive strain, wear and tear upon the body, such as prolonged overexertion, mental or physical, worry, anger,—which are all attended by excessive production of waste-products,—favor the development of Diabetes.

This is an extremely important matter, and one to which perhaps the majority of diabetics do not give sufficient attention—which is all the more deplorable, inasmuch as *prevention* lies very largely within the hands of these potential diabetics.

DIABETES IN EVERY BOX

To the fact that we are becoming a nation of "sugar hogs" may also be attributed a rather rapid increase in the number of cases of Diabetes in this country. For the eating of sugar in excess of the oxidizing capacity of the system is pernicious in the extreme.

Our grandfathers and grandmothers, between 1800 and 1810, consumed but 11 pounds of sugar a year. Between 1910 and 1917 we had increased the consumption of sugar 73 pounds! At the present time it is nearly 90 pounds. And heaven only knows how much farther it will go—with a candy shop on every corner in the country taking the place of the two saloons that formerly occupied these coigns of vantage.

Of course, it may well be contended that the lessened consumption of alcohol in these piping days of prohibition contributes somewhat to curtail the grand total of the number of diabetic cases. For your alcohol is a sure provoker of much more than "nose-painting, lechery and urine." The underoxidation of the protein molecule, for which it was and is frequently responsible, must necessarily produce highly irritating toxins. It is the irritating effects of these toxins upon the protoplasm of the pancreatic cells that occasions the high incidence of Diabetes among drinkers—especially among those who drink beer to excess.

WHY THE DIABETIC IS SO HUNGRY

The body is a sugar-burning engine, running largely by the combustion of glucose derived from the consumption of starch and sugar.

All starch and sugar taken into the body must first be transformed into glucose, or dextrose, before it can be utilized to yield heat and energy.

When, for some unknown reason, this glucose is lost to the system by being voided in the urine, actual starvation is produced. The hungry tissues cry out day and night for their fuel food. This creates the abnormally large appetite (called "Bulimia") present in most diabetics—especially in the early stages.

Even though this appetite be catered to, however,—which it never is under the generally accepted form of treatment,—the patient progressively loses flesh. As the disease advances, he becomes more and more emaciated, more and more weak and debilitated. For his diabetic process is robbing him of his only source of strength and energy—the tissue-building and energy-creating value of his food.

SOME COMPLICATIONS

The diabetic, as a result of lowered nutrition and deficient resistance, is subject to every conceivable disease that may develop. He is particularly susceptible to pulmonary tuberculosis and all infectious diseases, gout and rheumatism.

Albuminuria occurs in connection with a large number of cases of Diabetes—generally late in the disease. This form may be brought about by the excessive strain of elimination on the kidneys, although frequently the same degenerative process responsible for Diabetes is also responsible for Bright's Disease.

A DIABETIC UNTIL DEATH

It is interesting to note that most medical men regard a diabetic as incurable. Dr. Joslin, one of the greatest of all experts on Diabetes, says: "The treatment of a patient with Diabetes lasts through life. All too often in the recent years it has been felt that if the urine were rendered sugar-free by fasting, the treatment of the diabetic ended; in reality it has hardly begun."

"Treatment must, therefore, be adjusted to the condition of the patient, and should be so arranged that it can be continued for years, not only without harm, but with as little annoyance and interference with the daily routine as possible."

HOW AUTHORITIES REGARD DRUGS

Joslin says: "Drugs are not recommended by physicians like Professor Naunhyn, the Nestor of diabetic treatment, or by those concerned in the recent advance in diabetic treatment in this country. Drugs are not prescribed with the purpose of lowering the sugar in the urine in the most famous of our large hospitals."

This is the general consensus of opinion among medical men on this subject. Yet the astonishing results in the treatment developed by Dr. Ida M. Sanborn and her associates merely demonstrate how wrong medical men may be who still believe that therapeutic nihilism and a fatuous dependence on a semi-starvation diet are justified.

CHAPTER II

BRIGHT'S DISEASE

THE DIAGNOSIS IS THE EASIEST PART OF IT

Nephritis, commonly called Bright's Disease, is an inflammation of the kidney, although not always of the same structure or part of the kidney, and may be either acute or chronic in form. That it is a serious disease no one who has it will deny. And that it is one of the most frequent causes for inefficiency, incapacity and death is evidenced by the fact that it affects probably 20 per cent of the working population in this country.

With the acute varieties of Nephritis, we are not here concerned. Suffice it to say that they are dangerous because of their immediate consequences. Yet they are even more dangerous because they are likely to leave the kidney in a crippled condition, making it more susceptible to the chronic forms of the disease.

A FEW OF THE CAUSES

The causes of Nephritis are so many and varied that it is not always possible to determine the exact cause in a particular case. But that you may know what the common causes are and, knowing, be able to avoid them, thereby enhancing your chances for recovery, we will briefly give you some of the most frequent.

a. Habitual overeating. This very common but dangerous habit results in burdening the system with waste-products, thereby putting an overload on the kidneys that in time leads to irritation and congestion which may, under certain conditions, develop into Nephritis.

b. The continuous use of alcoholic beverages over a considerable period of time.

c. Infectious diseases — Scarlet Fever, Typhus Fever, Smallpox, Malaria—cause a large per cent of the cases of acute Nephritis, a great many of which, because of neglect or improper treatment, run into the chronic form.

d. Certain occupations seem to favor the development of Nephritis. Workers in lead and mercury are especially prone to diseases of the kidneys.

It is also a well-known fact that locomotive engineers, firemen and others whose occupation subjects them to constant vibration and jars are particularly susceptible to Nephritis.

Workers in cooling-rooms of packing-houses and others engaged in occupations that expose them to extremes in heat and cold are frequent victims of Nephritis.

e. Pregnancy has long been recognized as a cause of Nephritis.

f. Acute gastro-intestinal disorders appear to be the starting-point of Nephritis in many cases.

g. Heredity plays a very important part in the development of kidney troubles. There can be no question that a tendency to Nephritis is frequently transmitted.

h. Anxiety, worry and the high nervous tension incident to modern business activity favors the development of chronic Bright's Disease, particularly where these causes are associated with sedentary habits and overindulgence in rich foods and alcoholics.

CHARACTERISTIC SYMPTOMS

One of the chief reasons for the heavy mortality of Bright's Disease is its slow, insidious onset, in which the symptoms are so seemingly trifling and unimportant that the sufferer fails to heed them until the disease is well advanced. If potential nephritics knew the "danger-signals" and would take immediate steps to combat the development of the disease at the first indication of trouble, the present mortality figures of Bright's Disease would be tremendously reduced.

A whole volume might be written on the value of the early detection of the signs of impaired renal function—the key-note of success in the treatment of Bright's Disease is *promptness*.

One of the early and most constant symptoms of Bright's Disease is an increase in the quantity of urine passed, coupled with a frequent desire to urinate, not only during the day, but often two or three times through the night. This may be aggravated by the hyperacidity of the urine and by an irritability of the prostate gland, so often associated with kidney disease, particularly in those past middle life.

Other symptoms are progressive weakness, often accompanied by a gradual loss of flesh, disinclination to exertion, headaches, attacks of indigestion, a puffiness under the eyes, or swelling of the lower extremities and shortness of breath.

Arteriosclerosis, or hardening of the arteries, is very frequently met with where Bright's Disease is well defined, and, while not a symptom of the disease, is undoubtedly a phase of the same general process that causes the Bright's.

The association of Diabetes and Bright's Disease is well known to most laymen, as well as to all physicians. The reasons for this association are perhaps not so well understood.

We believe, however, that before the reader is more than halfway through these pages he will clearly see the relationship; for in the light of the newer knowledge of Diabetes and Bright's Disease, much of hopefulness and helpfulness has been developed.

CHAPTER III

STARVING THE STARVED

The whole philosophy of the accepted treatment of Diabetes is summed up in Question No. 20, which Joslin asks himself in his "Manual," and which he himself answers with thorough assurance.

The question is, "How can sugar be removed from the urine, or, in other words, how can the patient become sugar-free?" The answer is:—

In mild cases, by eating less and exercising more, with a consequent loss in weight. In moderate cases, by still greater care in avoiding unnecessary food, and often by reducing the quantity of carbohydrates, protein and fat. In severe cases, by omitting the fat from the diet, by which procedure the danger of acid poisoning is prevented, and then reducing the carbohydrates and protein, or, in a few cases, by fasting.

In these words Joslin admirably expresses the common medical opinion on the subject of the treatment of Diabetes.

It is quite generally believed that improvement takes place when the urine is kept free from sugar. For in *Diabetes* the physician knows that his patient is being poisoned by sugar (glucose), which for some reason his system is not utilizing, or taking care of, as Nature intended. "Disturbed Metabolism" he calls it.

He knows that this sugar is manufactured in his patient's digestive apparatus out of the food he eats, because of some complicated pathological disturbance in the pancreas, or because of some nervous or mental influence which disturbs the normal physiological activities of the liver and the pancreas.

Therefore, to stop the sugar poisoning he stops the food, so far as he dares, which, of course, tends to lessen the sugar manufacture, thereby satisfying the patient, *for the moment*, that he is getting better.

But when he stops the food, other things stop as well. The patient's strength and vitality and energy, and the restoration of his wasted tissues depend upon his food.

When the food stops, they stop. For wasted tissues are never restored with wind.

THE HORSE DIES WHILE LEARNING TO DO WITHOUT OATS

The physician is in a grave dilemma. If he starves the patient to reduce the urine-sugar, his patient loses his strength and weight and energy. If he doesn't starve him, the sugar manufacture and poisoning go on all the faster, and the patient's strength and weight and energy fall away the faster.

The distracted doctor does not know how to solve the problem of permitting his patient to take the food his body needs and still avoid the sugar poisoning. He is in exactly the position of the gentleman who conceived the idea of educating his horse to do without oats. The horse's education progressed beautifully—up to the point where he had almost learned to do without eating. And then the horse died.

THE LOW DIET ALSO GENERALLY PRACTICED IN BRIGHT'S

Also, in Bright's Disease, whether it be chronic or acute in type, the physician knows in general that his patient's kidneys are in process of degeneration—that actual particles of these structures and kidney cells are passing away in the urine.

Some physicians think that meat is one of the chief contributing causes and therefore cut off meat. Some think that poisons, biological, chemical or mineral, which are disintegrating the kidneys, can be flushed out. These doctors advise great draughts of water, and the flushing out of the system.

Others, on the contrary, say that a diseased organ should be kept at rest—as is done with a broken bone or an ulcerated stomach—and they therefore *limit* the intake of fluids, to rest the diseased kidneys.

There are various factors entering into the symptomatology which influence certain changes in the treatment. But, in the main, the generally accepted method is to *starve the starved victims to the last limit of tolerance* consistent with keeping the breath of life in their bodies.

THE *NE PLUS ULTRA* OF SCIENTIFIC STARVATION

Perhaps the utmost refinement of scientific starvation in Diabetes has been achieved in the now well-known Allen Treatment, originated by Dr. Frederick M. Allen, of Harvard and the Rockefeller Institute. This consists of putting the patient to bed, allowing him no food, only whisky, black coffee and plenty of water.

An ounce of whisky is given every hour from 7.00 A. M. until 7.00 P. M., together with bicarbonate of soda if there is any tendency toward acidosis present, as indicated by the strong acetone and diacetic acid reaction in the urine, or by the pronounced acetone odor of the breath. In most cases the precaution is not necessary, as there is no danger, so it is claimed, of producing coma by starvation.

And so the patient is kept in bed and fasted until he is sugar-free. The disappearance of the sugar is rapid. If there has been five or six per cent of sugar, after twenty-four hours it declines to two or three per cent. And by the end of three or four days the patient may be absolutely sugar-free; for he hasn't had anything out of which to make sugar except the material stored up in his own tissues.

If he is obese, he may excrete sugar for a long time and still retain a considerable part of his weight, even though he is taking next to nothing in the way of carbohydrates.

Indeed, it would seem to be quite clearly established that the obese patient's digestive apparatus, having been overloaded with carbohydrates for many years, stores up the excess carbohydrates as fat, until finally the ability of the system to take care of the excess of carbohydrates becomes lessened or impaired—and sugar appears in the urine.

However, in the Allen Treatment, after the patient has been starved sugar-free, he is put on a diet of what is termed "5 per cent vegetables"—vegetables containing 5 per cent carbohydrates, prepared by boiling the vegetables in three successive waters, so as to extract the free starch.

Then the attempt is made gradually to increase the amount of tolerance for food of all varieties, so as to bring the patient up to a point where he can utilize, according to the measurement used by these doctors, 1,800 to 2,000 calories per day.

A COMPLETE CURE HARDLY TO BE HOPED FOR

But even under the most favorable conditions, a *cure* of a diabetic is hardly ever even to be hoped for under this procedure.

Joslin states the orthodox conviction in connection with this class of cases very clearly when he says:—

The treatment of a patient with Diabetes lasts through life. All too often in recent years, it has been felt that if the urine were rendered sugar-free by fasting, the treatment of the diabetic ended; in reality, it has hardly begun. Treatment must therefore be adjusted to the condition of the patient, and should be so arranged that it can be continued for years, not only without harm, but with as little annoyance or interference with the daily routine as is possible.

In other words, while with certain types of Diabetes the patient may hope to live for a time, in the majority of instances, as Joslin says, it is but rarely that he entirely recovers function.

He may work up a fair carbohydrate tolerance; but he very seldom, if ever, is so completely restored as to be able to eat the foods and drink the drinks that a normal individual may eat or drink.

And, understand, we are not here discussing any of those forms of Diabetes the origin of which is in the brain, that are incident to pregnancy, acute appendicitis, cancer of the liver or gall-stones.

WHY THE TISSUES DRY OUT

The curtailment in the amount of carbohydrate food causes a progressive dehydration, or loss of the water from the system.

There is some unknown factor in a rich carbohydrate diet that tends to cause a retention of water in the system—and with this a corresponding retention of normal weight.

Some authorities contend that the consistent loss in weight, which is one of the most characteristic symptoms of Diabetes, is caused by the loss of the carbohydrate normally found in the body as glycogen.

This, however, can have no foundation in fact, inasmuch as the total glycogen stored in the system amounts to only 400 grams, and therefore the loss of even the entire amount would not materially affect the total weight.

Both fat and the carbohydrates (sugars and starches) contain the same elements—hydrogen, oxygen and carbon.

When these are consumed by oxidation, the resultant products are water and carbon-dioxide; neither of which can linger long in the system when it has once been jolted out of its combination.

ONE MAY HAVE A SMALL AMOUNT OF SUGAR, BUT
A LARGE AMOUNT OF DIABETES

The diabetic may have a relatively low amount of sugar in the urine, or be "sugar-free," and yet be in a most dangerous condition as regards the possibility of *developing gangrene, acidosis, or even coma, when least expected.*

These are the cases in which the starvation treatment is practically negative of results. For, while it is relatively easy to fast an obese, high-living, high-sugared patient and get him to quit eliminating sugar in his urine,—for a while, at least,—it is quite another matter to starve a rather spare, low-sugared patient and get him to stop excreting sugar.

CATARRH AND DIGESTIVE TROUBLES
HELPED BY FASTING

Of course, it is obvious that starvation temporarily helps one important source of diabetic trouble—disorders of the gastro-intestinal tract. In this connection it must be conceded to be of undoubted value. So much so, that in many cases in which gastric catarrh is a prominent symptom, the clearing up of the catarrhal condition by appropriate treatment results in an improvement of the Diabetes.

Funk, Dietrich and others have mentioned gastric and intestinal catarrh—colitis—and the beneficial influence of their correction upon certain cases of Diabetes in their practice.

“HOW MUCH SUGAR CAN HE TAKE?”

The chief problem considered by the average physician in the treatment of Diabetes is, “How much sugar can this particular patient utilize?”

The answer to this query is important, since if an amount beyond the power of the system to utilize be taken, not only is this excess excreted through the kidneys, *but the ability of the tissues to utilize sugar is progressively reduced and the system is poisoned by the excess.*

Because of this impaired function, the tissues are unable to utilize sugar as a source of energy, nor can it be stored as glycogen.

Therefore, in a broad, general sense, diabetic treatment has for its object the regulation of the “warehousing” function of the system for glycogen, together with a restoration of the ability of the system to metabolize sugars and starches.

This is the effect sought for. And all methods, irrespective of their theory of cause, or the philosophy upon which they may be founded, must necessarily fail if they do not accomplish this object.

CHAPTER IV

THE NEWER KNOWLEDGE

In the second edition of his "Diabetic Manual," Dr. Joslin has a chapter eighty-seven words long. It is entitled "Drugs in the Prevention of Diabetes."

The first fifty words of the chapter state that "drugs are not recommended by physicians like Professor Naunhyn, the Nestor of diabetic treatment, or by those concerned in the recent advance in diabetic treatment in this country. Drugs are not prescribed with the purpose of lowering the sugar in the urine in the most famous of our large hospitals."

Dr. Nellis B. Foster, in his book on "Diabetes Mellitus," writes more than ten thousand words on "treatment," but without one solitary reference to medication, other than a brief reference to neutralizing or lessening acidosis.

His treatment consists in cutting the carbohydrate to the vanishing-point, and not infrequently abbreviating even the protein intake to the last bearable degree

Dr. Allen's book and articles, as well as the writings of Woodyatt, Sansum and other authorities, are equally illuminating in what they *fail* to say about the value of medicine in Diabetes and Bright's.

In fact, orthodox medical men, convinced in their own minds of the utter uselessness of any medication in these disorders, are quite in accord with the spirit of therapeutic nihilism, which has stolen out of the German and Austrian universities and saturated the medical mind of the entire world.

So they give little, if any, medicine in cases of Diabetes and Bright's. If they give any, it is usually more for the mental effect than for any expected therapeutic value.

Their nihilistic views, however, are thoroughly justified from the standpoint of their conception of the etiology, or cause, of the trouble.

THE CAUSE OF THE CAUSE

This cause, according to Dr. William H. Porter, Emeritus Professor of Pathology and Clinical Medicine in the Postgraduate Medical School and Hospital, New York, is underoxidation and imperfect elimination of the end-products of digestion. In other words, the incomplete conversion and abnormal retention of products formed by putrefactive fermentation in the intestinal canal.

In discussing this question in his eminently practical book, "Eating to Live Long," Dr. Porter says:—

"The problem is to prevent the excessive formation of uric acid and such putrefactive toxic products as cause chronic irritation of the kidney structure.

"Incomplete oxidation of the proteins frequently results in either the uric acid or the diabetic conditions, largely because of an excess of sugars, starches or fats in the diet. Much more oxygen is utilized to oxidize, or convert the protein molecule into its end-products. On the other hand, the molecule of starch, sugar or fat requires far less oxygen for its complete reduction and the formation of end-products, but it is oxidized so rapidly and in such large numbers that there is not enough oxygen available to satisfy a molecule of protein parentage.

"Perhaps a slightly greater restriction in the use of starches may be required in the initial stages of the treatment of Diabetes; but, in a general way, what is effective in reducing the underoxidation in Nephritis is equally effective in Diabetes, gout, rheumatism, high blood-pressure, arteriosclerosis, intestinal indigestion, senility, and even in anemia, tuberculosis and other degenerative disorders."

Again, Dr. Porter says: "Because glycogen occasionally has been found in the liver, it has been looked upon as a 'stored-up' product. Much, if not all, of the glycogen produced in the system, however, is derived from oxidation reduction of the nitrogenous products—from the albumin. When oxidation is incomplete, it passes as glycogen, or

some other form of antecedent product, to the kidneys, where it is seized by the kidney cells and discharged in the urine, giving rise to the condition known as glycosuria, or Diabetes."

BARKING UP THE WRONG TREE

If it be true that the real factor in the development of Diabetes is the underoxidation of the protein molecule, and that if there are degenerative changes in the liver or the pancreas, these usually develop as a result of poisoning by the products of underoxidation, and not because of an intrinsic deficiency or disease in these organs themselves, our entire philosophy of sugar tolerance may be founded upon a misconception. And our attempt to cure Diabetes by withholding easily converted starches, or already converted sugar, is a terrible mistake, as it inevitably tends to lower the oxidizing power of the system in the oxidation reduction of the protein molecule, as well as to further deplete the system already sadly deficient in stores of energy.

If, as Professor Porter says, the free-burning sugar is the kindling that oxidizes the fat, and the free oxidation of fat yields heat and energy to normally transform the end-products of protein digestion, it is obvious that we have been working on an erroneous foundation in altogether withholding the kindling that would tend completely to consume these poisonous end-products of albumin metabolism.

And, it is more than likely that Diabetes may be the "expression of resentment on the part of liver or pancreas against overwork—in the frequent result of the absorption of toxins that paralyze the normal functioning of the gland."

IN SUPPORT OF THE NEWER KNOWLEDGE

This theory is gradually gaining ground among modern authorities. It is the *piece de resistance* of Philip Horowitz's

book. In fact, Dr. Horowitz plainly states his belief that "Diabetes and other forms of metabolic disturbances, such as nephritis, arteriosclerosis, gout, etc., are the results of an autointoxication causing an interference with the function of the ductless glands, or irritation of these and other organs."

Dr. Thomas W. Edgar ("Patient's Handbook on the Treatment of Diabetes Mellitus") also gives autointoxication a large share of credit—or blame—for causing Diabetes.

It cannot be denied that treatment based on this pathology, directed toward the correction of all fermentative conditions in the small intestines,—as determined by the elimination of indican from the urine,—is most vital.

THE FOCUS OF A STELLAR FACT IN SCIENCE

It is, no doubt, in strict conformity with these advanced theories that the astonishing results secured by Dr. Ida M. Sanborn are brought about.

In fact, it is of intense scientific interest, as well as to the interest of every person afflicted with Diabetes or Bright's, to note that independently of each other, Dr. Porter and Dr. Sanborn had for twenty years past been evolving what must now be recognized as the ultra-modern conception of the etiology, or cause, and the treatment of underoxidation disorders—a conception to which many of the most eminent physiologists and clinicians in this country and in Europe are now, as we have seen by the references noted above, definitely committed.

Dr. Sanborn has had, for upward of a score of years, an astonishing degree of success in clearing up all evidence of Diabetes and Bright's Disease in patients of all ages, many of whom were in well-advanced stages of the disorders.

A large percentage of these patients were afflicted with both Diabetes and Bright's Disease; the diagnosis estab-

lished beyond a question, and confirmed by the observation of some of the ablest men in the country, under whose care not an inconsiderable number of these patients had originally run the gamut of all the accredited forms of treatment now in general use.

Now, if a patient, after any course of treatment, so improves that all sugar, acetone, diacetic acid, albumin and casts clear up, and if he remains in this normal condition for a number of years, he may truly be said to have been cured of his disease.

If, in addition, application for heavy life insurance by this patient is favorably passed upon, it would tend to confirm the conviction that all discoverable symptoms of any abnormal condition must have been removed.

For these conditions, as may be again emphasized, are not mental or subjective — as in neurasthenia, where the patient's symptoms may fluctuate with every breeze that blows across the mazes of the mind. On the contrary, they are capable of being accurately checked in any laboratory properly equipped to make the necessary urinary tests.

FOOD IS GOOD MEDICINE IF IT CAN BE UTILIZED

The orthodox method of rigorously restricting the diet in the treatment of Diabetes is about as sound as to expect an engine to continue to run without fuel.

If you put no fuel in the furnace there will be no ashes (refuse—waste material), but neither will there be any fire. And so it is with the human body. If you withhold all sugar-forming foods, no sugar (ash) will be eliminated; in fact, the urine may be made sugar-free by starvation—but *the disease remains*. And because of the weakening effect of the withdrawal of all heat- and energy-producing foods, the sufferer is reduced to a weakened, emaciated, helpless condition, and is an easy prey to coma or any of the infectious or wasting diseases that are ever present and waiting a favorable opportunity to strike.

A form of diet calculated to turn Jack Dempsey or Vladek Zbysako into a pale-faced invalid most emphatically could not be depended upon to restore robust strength and the hue of health to those whose feet are stumbling down the steep slopes that lead into the Valley of the Shadow.

This is why Dr. Sanborn and the physicians of the Sanborn Laboratories prescribe nourishing and well-balanced food for diabetics and nephritics, such as a normal person of like weight and activities ought to have.

Of course, many patients who write or send for treatment have been so reduced by starvation and their disease that it is often necessary to build up the diet for them by gradual stages. Sometimes it has been found necessary to begin with an entirely liquid diet.

However, the Staff, guided by a careful and scientific examination of the urine in each case, prescribe the food best adapted to the patient's existing condition, and change the kind, variety and amount as rapidly as the progress of the case warrants.

MEAT IN DIABETES AND BRIGHT'S

Dr. Sanborn and the physicians of the Sanborn Laboratories believe that all varieties of food are important; but the proteins are the most important, not only for the work they accomplish, but also for the potentialities for harm that are wrapped up in them if their debris—their organic ashes and clinkers—are not removed from the alimentary firebox after their parent forms have "done their bit."

For the proteins are the undisputed champions of the body's poison squad. This does not mean that they should be eliminated, but only that they should be thoroughly digested. And the most certain way to insure their proper digestion is to take them in their most digestible form—meat (preferably beef), eggs and milk.

Only 2.8 per cent of beef is lost in its passage through the alimentary canal; 2.9 per cent of eggs, and 5.7 per cent of milk; as against 80 per cent of the protein of oats, for

instance, which passes undigested through the alimentary tube of the sturdy Scot. The same ease of digestion holds true for animal foods generally, but the three here mentioned are the best for practical utility.

WHY THE STEER HAS 200 FEET OF INTESTINES

Of course, protein can be extracted from vegetable foods. But do not forget that God gave the steer 200 feet of intestines, so that he could break up vegetable protein, and make it easier for human consumption in meat form.

Which is a mighty good excuse for recommending a well-balanced diet, with meat as the *piece de resistance*.

THE CALORY FAD

One fact that must establish Dr. Sanborn and her associates as advanced medical thinkers is their repudiation of the calory as a measure of food value.

They believe, with Dr. Porter, that food which is oxidised, or consumed, in the body, is burned by chemical action—which is an entirely different thing from combustion, the combustion that takes place in a furnace, or a calorimeter bomb, which is the basis of calory measurement.

On the basis of these measurements, fat, for instance, yields approximately twice as much heat as the sugars or starches, or even protein. In fact, weight for weight, fats have a much higher caloric value than any other type of food. Yet, who would be obtuse enough to believe that a fine calory-filled diet of fat would be best adapted to supply all the requirements of growth and nutrition?

CALORIES CAN'T BUILD TISSUE, MAKE BLOOD, OR CONSTRUCT BONE

Calory scientists lose sight of the fact that a considerable part of the heat which results from the oxidation of food in the body goes to maintain normal temperature, and that

where the oxidation processes are impaired by disease or faulty nutrition, no amount of calory value can be depended upon for this purpose.

Nor can calories, no matter how numerous, put iron into an anemic blood corpuscle, nor increase the amount of manganese in the coloring matter of the blood.

Foods which have the very highest percentage of calories are absolutely worthless for building fluorides around the tooth structure, or for feeding calcium and phosphorus into the bones.

Calories have nothing to do with maintaining the normal alkalinity of the blood, and preventing acidosis; or supplying the body with magnesia, sodium, sulphur, potassium, or other mineral salts and colloids, which are indispensable in the control of the various intricate metabolic processes of the body.

In short, the scientists and dietitians who have become devotees in the worship of the great god Calory have entirely lost sight of the fact that the food requirements of the body, as expressed in the actual chemical needs of the organism, and the fuel, or energy requirements, as expressed in the terms of calories, have no more to do with one another than have ships, soup-tureens and sunflowers.

EXERCISE IN MODERATION A SPLENDID THING

It is interesting to note that Dr. Sanborn has, for twenty years, advocated what Dr. Allen now consistently recommends—a reasonable amount of exercise for all diabetic patients able to take exercise.

Fat is reduced and muscle tissues are built up by exercise. But, most of all, respiration is deepened, oxygenation is increased, and oxidation-reduction enhanced by the influence of exercise.

Also, it may be interesting to know that Dr. Sanborn has found that where it is necessary to restrict temporarily to a starch-free diet, the ordinary gluten breads so generally used are, if anything, worse than white bread itself.

This experience of many years is borne out by the analysis of the Connecticut Agricultural Experiment Station, which has proved that many gluten flours, recommended to diabetics in the fatuous belief that the products are starch-free, contain anywhere from 4 or 5 to 78 per cent of starch.

When starch is temporarily contraindicated, it may be just as well for the physician therefore to assure himself that it is not present in the flour he recommends.

SOMETIMES WELL NOT TO PAY EXAGGERATED ATTENTION TO SMALL AMOUNTS OF SUGAR

The presence of a small amount of sugar in the urine is of little moment, provided active elimination of the toxins is kept up, and does not call for "meddling" with the diet.

First, because the accurate weighing of each mouthful is somewhat of a hardship, and, secondly, because the capacity for completely oxidizing a given quantity of nutriment is not always the same.

Again, much may depend upon the ability and the opportunity for taking exercises, which, of course, would hasten the oxidizing process.

Also, it would be well to emphasize that articles of food which may well be tolerated at one time totally disagree at another, and *vice versa*.

This is one of the reasons why the patient who thoroughly understands and intelligently applies the instructions given from time to time may do much better than a patient whose pathology is not nearly so grave, but who, because of that very fact, is less faithful to the treatment.

THE VALUE OF ELIMINATION

While the most scrupulous attention should be given to insure thorough elimination, and to prevent the accumulation of poisons within the system, all drastic purgatives

are usually to be avoided, as they tend to deplete a system already low in vital resistance.

The tendency toward acidity also is reduced by the use of soda bicarbonate, or else by the free use of one of the alkaline waters, which tends to alkalinize the blood, and yet is followed by no disagreeable reaction on the hydrochloric acid-secreting action of the stomach.

CHAPTER V

TREATMENT

We come now to the part of our subject which is nearest the heart of every sufferer—the remedy.

If you have read the preceding pages attentively, you have seen that the Sanborn Treatment is directed at what we believe to be the underlying *cause*—the body's impaired power to utilize sugar—rather than at the *result* of that condition—sugar in the urine.

We know that if we artificially reduce the sugar in the urine by starvation—or drugs, and there are drugs that act very powerfully in this direction—we have by no means removed the disease. We have only done away with one of the symptoms—muffled the danger-signal, as it were, and actually left our patient in a more dangerous condition than before. We now have nothing to guide us as to what is going on internally. We are working in the dark and cannot tell as to the progress of the disease.

While we do not claim to know all there is to know about Diabetes or Bright's Disease or to be able to relieve every case, we honestly believe that we have the safest and most reliable treatment for these deadly maladies that is known today. We restore every year hundreds upon hundreds of sufferers whose cases had absolutely refused to yield to every other treatment that had been tried, and no sufferer should give up in despair before giving the Sanborn Treatment a trial.

Some of our cases elude us in spite of all we can do, but these are few. Generally speaking, they are cases of the most malignant type and of long standing, where the poisons resulting from the faulty metabolism have set up serious complications which are quite as hard to combat as the original disease. And in many cases we have to fight almost as hard to overcome the effects of the "treatments" previously undergone as we do to combat the disease itself.

HOW THE SANBORN TREATMENT WAS DISCOVERED

Twenty-five years ago, Dr. Sanborn—then a surgeon of promise—was told that her father had Diabetes and that medical skill could do nothing more for him.

Faced with this verdict, Dr. Sanborn consecrated herself to the saving of her father's life.

She found that little was known of the disease beyond the fact that the examination of the urine showed sugar, and that the recognized form of treatment was to deprive the patient of all sugars and starches in the hope of somewhat retarding the progress of the disease.

Almost always, however, it was found that the patient got worse instead of better—that depriving the system of the foods it required for the maintenance of health and strength was a serious injury rather than an aid.

Dr. Sanborn started where other physicians left off. She equipped her home with a complete laboratory for the study of Diabetes. She labored day and night, giving her whole energy toward the saving of her father's life.

And she was successful. Her father was completely restored to health and strength. He lived more than twenty years afterward and died not long ago of pneumonia at the ripe age of eighty-seven.

From her intensive laboratory work which led to the mastery of her father's case, Dr. Sanborn discovered that many tests besides the ones for sugar were necessary in order to determine the progress of the disease. Sometimes these tests of a single specimen were carried on for days before a positive diagnosis was made.

When these tests were completed, then and only then could an intelligent treatment be given. The Doctor's findings enabled her to treat the *cause* of the disease rather than the results of that cause.

Therefore, in order to derive the full benefit from the Sanborn Treatment for either Diabetes or Bright's Disease, it is first necessary to make a careful urinalysis in order to

discover the exact stage of the disease and govern the treatment and the diet accordingly.

This urinalysis is made by trained chemists of long experience in laboratories equipped for this particular type of work. All research work is under the direction of thoroughly trained and competent chemists and laboratory technicians.

And it is to the thoroughness and completeness of these urinalyses that the Sanborn Treatment owes much of its wonderful success.

CHAPTER VI

HOW THE SANBORN TREATMENT OPERATES

We are often asked, "How does the Sanborn Treatment act?", "How can it be so effective when the usual treatment for Diabetes and Bright's Disease is so unsatisfactory?"

While the underlying cause of Diabetes and Bright's Disease is still not definitely known, it is the contention of Dr. Sanborn, as stated in a preceding chapter, that both of these diseases—quite generally held to be incurable—are the result of underoxidation of the end-products of digestion—a contention supported by Professor Porter.

If the waste materials incident to the processes of life are not properly oxidized and rendered harmless, they irritate and upset the delicate nervous mechanism that controls the secretory, circulatory and nutritive functions of the renal glands, the pancreas and the suprarenal capsules—the three organs directly involved in the production of these diseases.

That the Sanborn Treatment in some way stimulates the oxidation processes or has to do with assisting the faulty, fagged or diseased function of the internal secretory glands—to which an increasing number of medical authorities now attribute many bodily diseases and imperfections—is evidenced by the results it accomplishes.

Whatever the explanation, the fact remains that many hundreds seriously ill with these insidious and dangerous diseases recover complete health as a result of the Sanborn treatment, and, after all, what the victim of Diabetes and Bright's Disease really wants to know is—*not what the actual or underlying cause of his disease is, but how he can get rid of it.*

This question seems to have been answered in a remarkable degree by Dr. Sanborn, who, in a lifetime of earnest endeavor, has given humanity a boon the value of which can be measured only in terms of mended function and the saving of precious lives.

HOW THE SUGAR OUTPUT VARIES

During the progress of treatment by the Sanborn method, the sugar content may vary from time to time. In fact, it is rather to be expected that sugar will continue to be present for some considerable period after beginning treatment.

This is largely because of the fact that it is considered of far greater importance that a diabetic may partake of an adequate and nourishing diet, and digest and assimilate the same, than that he should be rendered sugar-free at once.

In this, the average physician who depends on the effects of a starvation diet, and who knows nothing of the specific results of medication in certain phases of these disorders, commits a great error.

He bends every effort toward keeping his patient from eliminating sugar, even though the patient be maintained on a diet so low in energy-yielding values as to sap his strength, and markedly weaken vital resistance.

As a matter of fact, there are a number of other pathologic states for which tests and examinations are made in connection with the Sanborn Treatment that have quite as much bearing on the case as do the sugar findings.

The results of the Sanborn Treatment, not in a few cases, but in hundreds upon hundreds, removes all doubt that the *proper kind* of medication is of tremendous value in enabling the diabetic or the nephritic to digest, assimilate and metabolize an increased amount of food.

DURATION OF TREATMENT

As to the duration of treatment, it would be utterly impossible definitely to forecast the time required in any case. Six months to eight months seems to be the average. Sometimes it takes longer. On the other hand, three or four months have sufficed in many cases. And, of course, there

have been cases wherein the objective of the treatment could not be accomplished, irrespective of the time.

This objective is the elimination of both the physical and urinary findings in Diabetes or in Bright's — with reasonable assurance of non-recurrence under a practically unrestricted diet.

CHAPTER VII

HOW THE PATIENT MAY HURRY HIS RELIEF

A LITTLE CHAT WITH DR. SANBORN

In this chapter, Dr. Sanborn has epitomized for us the instruction usually given her patients. It is valuable advice, built on sound judgment and long experience. It should prove exceedingly useful to every reader who, himself, is a diabetic or nephritic.

But, let Dr. Sanborn tell it herself:—

"Nature's restorer and upbuilder is food. You cannot regain and cannot keep your health and strength without it—in proper balance and quantity. Starvation means depletion instead of restoration. We recognize this from the start and are generous in our food allowance, both as to variety and quantity.

"Where the patient's condition warrants, the diet is practically unrestricted and nourishing. Upbuilding foods in proper balance and quantity are permitted, leaving the medicine to take care of the disease. In other cases, a specific diet is prescribed until the nutritive functions of the body are sufficiently restored to permit wider latitude. It often happens, especially in Diabetes, that the patient's system has been so depleted by starvation, or semi-starvation, that strong, nourishing foods cannot wisely be given, in the first instance. In such cases, a modified diet is directed; in extreme cases, it has been limited to liquid foods.

"Do not permit yourself to forget, however, that overfeeding—eating more than normal bodily maintenance requires—carries its own penalties; and that any but the most modest indulgence in sweets and pastries usually amounts to overfeeding, even for those who are well. For those who are ill—such indulgence, of course, is inexcusable.

"Never eat anything which is not digestively agreeable. You alone are the judge of this. And you should never overload your stomach. Too little is far better than too much in a condition such as yours.

"Whole-wheat bread is best for you, or bran bread when constipated. You may also have rye bread, if you care for it. White bread I do not recommend. It has been robbed of practically everything of value except starch the wheat kernel contained, and occupies space that should be given to more wholesome and nourishing food.

"I do not advise the use of saccharin in sweetening. Saccharin is a coal-tar product, and is exceedingly irritating—especially to the kidney cells.

"I should prefer that you use chemically pure dextrose, instead. Dextrose is almost as sweet as powdered sugar, and can be used freely without increasing the sugar output. In fact, it tends to decrease the sugar, and to eliminate acetone and diacetic acid, because it favors the perfect oxidation of the fats, as well as the protein molecule.

"Be very careful that you do not exercise at any time to a point of exhaustion. Even in reading, you should not become overtired. Be out-of-doors as much as possible in favorable weather, but you must at all times remember that in your present condition you are unusually susceptible to complicating conditions, and for that reason you must be extremely careful that you subject yourself to no undue exposure.

"You must keep regular hours, both as to sleep and meals. You should have at least nine or ten hours' sleep each night, preferably from ten o'clock in the evening until seven or eight o'clock in the morning. Do not remain in bed after eight o'clock, unless for some fairly special reason which makes your doing so either necessary or advisable.

"Many headaches and other disagreeable symptoms are due to improper elimination. *Remember that you must keep your bowels open at all times, and should not have less than two movements per day.*

"You must make it a point to keep in close touch with the doctors by letter, as well as by the specimens. In fact, you should send a letter at the time of mailing each specimen, covering all the symptoms as to how you are

feeling. Do not hesitate to write at any time, and if you are in doubt upon any point, no matter how trivial it might seem to you, be sure to ask, so that it can be made plain to you.

"And after all signs of sugar or albumin—the telltales of Diabetes and Bright's Disease—have disappeared, the treatment *should be continued for a reasonable time*, sufficient to guard against return.

"If you are subject to 'gum boils,' have your teeth X-rayed. If there are local infection areas at the roots of any of your teeth, it might be well to have such teeth removed. See your dentist.

"If the X-ray shows faulty root canal filling, it would be good judgment—and may prove very helpful—to have the tooth canal opened up, treated and properly filled.

"Many cases of Diabetes, Nephritis, rheumatism and high blood tension have been caused by nothing more or less than poisons absorbed from some local foci of decay in the cavity of the mouth.

"There are many cases on record where these disorders have been entirely cleared up by the relief of this septic local condition.

"Boils, ulcers and gangrene are conditions that often occasion grave concern, and justly so. The Sanborn Treatment will usually take care of these conditions by indirect action. If necessary, however, special adjunct treatment will be prescribed.

"And one last word:—

"Cease making analyses and tests.

"Cease weighing food.

"Cease figuring 'calories.'

"Simply follow directions—
and long life and happiness to you."

CHAPTER VIII

WHAT TO EAT

While the diet permitted—or rather encouraged—under the Sanborn Treatment—is infinitely more liberal than would be generally countenanced even by radical specialists today, at the same time, it is absolutely essential, in order to secure the quickest and most satisfactory results with any method of treatment, to pay scrupulous attention to a sensible form of diet.

With the Sanborn Treatment, however, it is not advised that a “restricted diet” be undertaken, in the sense that the word “restricted” usually conveys.

For it is not so much to eliminate carbohydrate from the diet as it is to develop a diet that will be thoroughly balanced in the proper proportions of proteid, fats, sugars, starches and mineral salts.

Dr. Sanborn contends that the restriction of a nephritic, for instance, to a diet of skimmed milk and fruit, as is so frequently insisted upon in this condition, is one of the surest and most definite ways of robbing the patient of his last slim chance of life.

For it not only deprives him of needed building material and body fuel, but, by creating pathological fermentative changes, it adds immeasurably to his excessive stock of indol and other putrefactive poisons.

Also, the drastic reduction in the carbohydrate intake exerts an even more deleterious influence upon the organism—as it utterly destroys the normal food balance.

Dr. Sanborn is absolutely convinced—as the result of more than a quarter century of experience and observation—that the best and most rational diet for any under-oxidation disorder—whether it be Diabetes, Nephritis, rheumatism, or increased uric acid production—is a properly balanced diet.

It is, of course, impossible to give a concrete general diet, suitable to every case, because of the varying conditions of patients. As a matter of fact, and particularly

during the earlier stages of the treatment, the selection *may range all the way from an all-liquid diet in one case to anything and everything on the most liberal list* in other cases.

The better to visualize just what is or is not permissible under the Sanborn regime, we append a specimen menu containing an entire week's food allowance — such as is available to the average patient in four to six weeks after the treatment is instituted. You will note the absence of any reference to grams, calories and so forth:—

SUNDAY

BREAKFAST

Grapefruit
Oatmeal
Soft boiled eggs
Bread and butter
Coffee

DINNER

Soup
Roast beef or lamb
Baked potato
Cauliflower or string
beans
Combination salad
Jello
Coffee

SUPPER

Cold roast beef or
lamb
One hard boiled egg
Bread and butter
Cup custard
Tea or milk

MONDAY

BREAKFAST

Orange
Cream of Wheat
Poached eggs and
bacon
Bread and butter
Coffee

LUNCHEON

Sardines or smoked
fish
Bread and butter
Lettuce and tomato
salad
Cheese
Tea or milk

DINNER

Beef stew, with
vegetables
Bread and butter
Asparagus or green
peas
Tapioca pudding
Tea or milk

TUESDAY

Grapefruit
Shredded wheat
Omelet
Bread and butter
Coffee

Smoked fish
Any green vegetable
Combination salad
Bread and butter
Cheese
Tea or milk

Soup
Steak
Baked potato
Spinach
Celery
Orange ice
Coffee, tea or milk

WEDNESDAY

Baked apple
Oatmeal
Ham and eggs
Bread and butter
Coffee

Baked or broiled fish
Any green vegetable
Bread and butter
Cheese
Tea or milk

Soup
Lamb chops
Brussels sprouts or
asparagus
Vegetable salad
Bread and butter
Tea or milk

THURSDAY

Grapefruit
Any kind of cereal
Poached eggs
Bread and butter
Coffee

Soup
Any green vegetable
Cheese
Jello
Tea or milk

Chicken, roasted or
stewed
Baked potato
Bread and butter
Green peas
Lettuce and tomato
salad
Coffee, tea or milk

FRIDAY

Stewed prunes
Oatmeal
Bacon and eggs
Bread and butter
Coffee

Soup
Any green vegetable
Corn bread and butter
Combination salad
Tea or milk

Fish of any kind,
baked or broiled
Any green vegetable
Combination salad
Tapioca pudding
Tea or milk

SATURDAY

Grapefruit
Any cereal
Scrambled eggs, with
ham or bacon
Bread and butter
Coffee

Soup
Sardines, with lemon
Bread and butter
Vegetable salad
Tea or milk

Beef stew, with
carrots and onions
Bread and butter
Cup custard
Cheese
Coffee, tea or milk

NOTES

Potatoes should always be thoroughly baked or boiled in the skin. Bread means whole wheat, rye or bran.

Dextrose or a little saccharin may be used for sweetening as necessary, until sugar is permitted.

Soups—unthickened, from any good soup stock. (Canned soups may be used.)

Between meals, fresh fruits of any kind may be taken with the exception of bananas. Also, milk or buttermilk, malted milk or egg-nog.

Ham and bacon should always be broiled.

Do not toast bread without special permission.

Use French dressing on salads.

Cream may be used on cereals and in coffee.

Cheese—Cottage or American.

When tea or coffee is indicated, either may be used, as preferred.

Please remember that *variety* of foods is desirable in order to stimulate the appetite and maintain a proper balance. It would not do to make an entire meal, for instance, out of starchy foods, such as bread, potatoes, vegetables and cereals. Neither should an entire meal be made out of protein foods, such as meat, fish, eggs, cheese,

etc. Neither would fruits alone do. Keep the *balance* in mind.

CHRISTMAS MENU OF A VERY BAD CASE

It may be interesting to some well-advanced case of Diabetes to note what Dr. Sanborn permits occasionally to those ordinarily kept as close to the starvation point as is possible, without pushing the patient over the ragged edge of collapse.

Here is what one of the very worst cases ever treated by Dr. Sanborn was allowed by way of a little laxity for his holiday menu:—

BREAKFAST	DINNER	SUPPER
Strained juice of two oranges	Celery and olives	Cup chicken broth (canned)
Broiled bacon and two poached eggs	Roast turkey	Cold turkey
Two slices whole wheat bread, with butter	Baked potato	Two slices whole wheat bread, with butter
Coffee and cream	Canned spinach	
	Asparagus tip salad, with French dressing	
	Jello	
	Tea, with lemon	

It would take a person a long time to starve to death on a diet of this character. So, from these menus, it can readily be seen that there is an abundance of the usual nourishing, wholesome foods,—including meat, fish or poultry, once and not more than twice a day,—with plenty of green vegetables.

The following restrictions are recommended by Dr. Sanborn, at least during the earlier periods of treatment: Moderate amount of sugar and sweets, if any at all. No white bread. Use instead, untoasted whole wheat bread or bran bread; bran especially if constipated. No pork, except bacon and ham. Fruits (except bananas) may be taken midway between meals; none with meals, except an orange or grapefruit at breakfast.

Most of these restrictions are merely such as a perfectly healthy, normal person ought generally to observe, with any indulgence the exception, and not the rule. An athlete

in training would be held to most of them. They are not so much restrictions, therefore, as sound dietetic rules.

It is a fact, as the medical profession generally will soon concede, that nothing but food can rebuild wasted tissue or renew strength and energy; and that while seeking restoration one should confine himself to foods which have high restorative value, and not allow foods of low restorative value to take their place. He should cater to his bodily needs rather than to his palate.

Also, it must not be forgotten that overeating, instead of being curative and productive of increased health and strength, may in itself be a cause of disease, even in a well person.

Dr. Sanborn has the true appreciation of the value to an invalid of husbanding and conserving his vital forces. Therefore, to each and every patient she says:—

"During the process of your restoration, strength and energy must be carefully conserved. Under no circumstances permit yourself to become overtired or to approach exhaustion in any degree—and this means mentally as well as physically. Stop well within your limitations, for you can easily tear down much faster than we can possibly build up."

CHAPTER IX

"ACIDOSIS"

Acidosis is the *coup de grace* which Nature reserves for the diabetic. It is the cause of the coma which ushers in the last chapter of his life. Acidosis arises mainly from the incomplete combustion of the fats; for it is well established that *fats can be completely oxidized only when carbohydrate is being simultaneously burned.*

As one writer expresses it: "Fat only burns completely in a fire of carbohydrate. If the carbohydrate fire lags or goes out, as it does in Diabetes, then the fat fire smokes. The smoke is oxybutyric acid."

The philosophy of this condition is very simple. The facts are these: Owing to the inability of the system to utilize the carbohydrates, and to store the unburned product as glycogen, the carbohydrate is hurried through the system, and lost to the animal economy.

Therefore the energy required to run the body machinery must be provided by the proteins and fats. The proteins are easily utilized, but apparently it takes so much draught to consume them that there is not enough oxygen left properly to oxidize the fats.

WHERE THE POISON COMES FROM

The products of this incomplete combustion accumulate in the system and overcome the patient. As Osler says: "He is suffocated quite as effectually as he would be from the carbonic oxide of a charcoal stove." The chief product of this incomplete combustion of the fats is B-oxybutyric acid, which in itself is a source of diacetic acid and acetone.

In acidosis, the fixed alkaline bases of the body are depleted in the effort to maintain blood alkalinity. But carbonate is lacking to combine with the carbon-dioxide—the CO_2 —in the tissues. So the tissues are loaded up with this CO_2 , which cannot be taken up by the blood,

carried to the lungs, and burned in the white fire of the oxygen taken into the system during the act of respiration.

Instead, the blood—even the venous blood—becomes charged with oxygen, until it becomes almost as bright as is the arterial blood. Then develops that dyspnea (shortness of breath) without the cyanosis—the bluish discoloration—so generally found in underoxidation.

The successful removal of acidosis symptoms depends largely upon early recognition of the condition. This is determined most quickly and readily by the increased ammonia content of the urine.

In fact, the quantity of ammonia elaborated by the metabolism and excreted in the urine is a measure of the reaction of the body to counteract acidosis and maintain blood alkalinity. If the twenty-four-hour total ammonia does not exceed three or four grams, the acidosis is usually not considered serious.

BUT DON'T TRY TO PASS UPON YOUR OWN CASE EVEN PHYSICIANS RARELY DO THAT

While many informed patients are qualified by experience to make the various tests for acetone and diacetic acid, and are thoroughly familiar with the Gerhardt ferric chloride reaction, as well as with Legal's and Folin's tests, it is deemed much better that the patient does not concern himself too much with the urinic tests.

The lawyer does not try to plead his own case; the physician does not attempt to prescribe for himself, or even for members of his own family. So, for infinitely better reasons, the patient should not attempt to judge his progress by laboratory methods. His technique may at times be faulty, or the strength and accuracy of his reagents may vary in a way that might produce serious discrepancies in the end-results of his calculations.

Perhaps the best means for noting significant lowered tissue alkalinity lies in the increasing languor, drowsiness,

and disinclination to do anything—together with the sensation of not getting sufficient air, accompanied by the tendency to take deep, full breaths. Even where these symptoms might be attributed to some other cause,—which would be most usual,—the attempt to eradicate them would be, in any event, highly constructive.

This is best done by taking an alkaline enema of a strength of two ounces of sodium bicarbonate to the pint. Liberal quantities of soda bicarbonate should be taken by the mouth—a teaspoonful in a glass of water, repeated every two hours, is not too much.

DIET IN COMBATING ACIDOSIS

Citrus fruits—oranges, lemons and grapefruit—tend to prevent acidosis and may be freely used, as their weak acids are split off into alkaline bases by the digestive process, and help, in this way, to alkalinize the blood and tissues.

A BAKED POTATO HELPFUL

It is a matter of scientific knowledge that a diabetic can tolerate on an average three times as much potato (weighed raw) as he can of white-flour bread. The whole potato contains approximately 20 per cent of sugar and starches, 2.5 per cent of protein, and a trace of fat. But the most valuable things it contains—considered for the purpose of warding off acidosis—are calcium, potassium and iron.

The alkalinity of the potato, it may be stated, is estimated by Prof. H. C. Sherman, of Columbia University, at 8.6. This, of course, only when baked, or boiled in the skin, so as to retain the mineral salts.

In our ignorance of food preparation, the potato and other vegetables are usually peeled and sectioned, and boiled until all mineral salts and much of the nitrogenous matter is extracted. After this is thoroughly accomplished, the water is thrown down the kitchen sink.

This act of dietetic vandalism effectually converts a valuable base-forming alkaline food into a demineralized, acid-forming pulp—an actual menace to the health of even a healthy individual. The water-leached potato is like all other acid-forming food in respect to the fact that not only does it refuse to contribute any basic nutrient material for the internal secretions, but it also helps to rob them of the alkalies already in solution.

OATMEAL ALSO OF VALUABLE ASSISTANCE

Van Norden's very excellent work has also done much to establish the value of whole oatmeal (not the scoured product) with a little butter fat—to make up the fat deficiency—in the treatment of Diabetes, and in the relief of acidosis.

The oatmeal should be thoroughly cooked in a double boiler, using water slightly salted. While still hot, strain through a sieve and add a little butter, well stirred in.

It is hardly possible, nor is it thought desirable by the staff of the Sanborn Laboratories to maintain any of the special diets except as emergency measures, as the patient tires of them so readily.

Special diets are intended merely to tide the patient over until the condition of acidosis, for which they were originally given, has subsided; after which they become merely a part of a much more liberal dietary.

Alcohol is one of the most valuable of therapeutic agents in acidosis, as Nebauer, Porter and others have demonstrated, and may be used liberally in the form of wine, whisky or brandy.

AN ACIDOSIS VICTIM SHOULD CAREFULLY CONSERVE HIS STRENGTH

And, last of all, an acidosis patient should carefully conserve his strength and his heat units. He should go to bed and keep warm, thereby avoiding needless loss of body

heat through exertion or exposure. Every effort should be made to keep him as quiet and tranquil as possible.

Plenty of liquids should be taken to help flush the poisons out of the system. These are best given hot—in the form of broths and soups, tea, coffee and hot water or clam bouillon. An average of one quart of hot fluids should be given every six hours, until the urinary balance is improved, or until the symptoms of languor and debility are relieved.

Fresh air, day and night, and absolute cleanliness of the body are most helpful. Yet it is well to avoid the shock of extremely cold baths, unless the reaction is very prompt, which is rarely the case with the diabetic or a nephritic.

After all, the successful care of acidosis consists merely in the recognition of its fundamental causes, and the use of common-sense principles for overcoming the effects of these causes; at the same time employing every endeavor to eradicate the cause itself. When this is said—it's all said.

CHAPTER X

WHY THE SANBORN TREATMENT CAN BE ADMINISTERED ONLY BY TRAINED SPECIALISTS

It has been repeatedly asked, "Why cannot the Sanborn Treatment be described in detail and the medication outlined so clearly that physicians everywhere could take it up and put it into practice with their own patients?"

The answer to this question is obvious. Physicians generally are unqualified to administer the Sanborn Treatment because the ordinary practitioner is totally unprepared — by reason of his lack of special training and experience — to administer the treatment.

His medical teaching has been to the effect that the only relief in Diabetes lies in the exclusion or in the limitation of carbohydrates.

His dietetic treatment of Bright's involves the exclusion or the limitation of meats. He knows from experience the symptoms his patients develop under such a dietary regime, and for the little that can be done for them under this method, he knows what to do.

MAKING MEDICINE OF FOOD

The Sanborn Laboratories' specialists, on the contrary, give carbohydrates in Diabetes, and meat and eggs in Bright's. They believe that there is only one way in which a victim of either of these disorders can ever be restored to normal—and this is by helping his system to digest, assimilate and metabolize food, and to oxidize and eliminate the end-products of this food. In other words, to use properly converted food as a medicine for the purpose of overcoming the pathologies which improperly converted food brings about.

Therefore, symptoms developed by the patient under the Sanborn Treatment are entirely different in important aspects from the symptoms he might normally develop while under the usual treatment.

These symptoms he will be totally unable to estimate, meet or overcome. He must, therefore, learn the Sanborn Treatment before he can practice it successfully—exactly as he must learn any special branch of medicine or surgery before he can practice it successfully.

He must acquire technique in the Sanborn method just as he acquired technique in his present specialty. He must understand Sanborn medication,—understand that the ingredients which are given differ in different cases, and at different times in the same case. The practitioner must know how these medicines operate under those varying conditions; what symptoms will or may develop; and what to do under those conditions. Without this knowledge clearly and fully at his command, he would be unable intelligently to use the Sanborn medication, even though it were placed at his disposal.

THE LAST WORD IN LABORATORY EQUIPMENT

The Sanborn Laboratories are equipped with expensive and the most delicate apparatus, such as few physicians in all the country possess, and only the most perfectly equipped college laboratories can boast. Many of the results and determinations made in these laboratories would be considered impossible of achievement by the average practitioner, whose laboratory is inadequate, and whose urinary examinations are often wholly inadequate.

MORE IN THE URINE THAN MOST DOCTORS EVER FIND

Also, the ordinary practitioner is satisfied with a brief test. He would be apt to smile if told that the Sanborn Laboratories' analyses often require twenty-four hours. As a matter of fact, Dr. Sanborn, for more than twenty years, has been laughed at as either amateurish or old-foggyish, or both, for devoting so much time to this work. Yet a physician or a patient who attempts his own urinary

examinations along orthodox lines may easily be deceived by a faulty or an incomplete analysis. The absence of sugar, for instance, may prove utterly deceptive in a given specimen. In this way, physicians have been known wrongly to diagnose serious cases of Diabetes, because no sugar showed.

It may, for example, be news to most diabetics to know that there are two types of glycosuria—which may be distinctly differentiated by a complete urinalysis. In one of these types, the glucose as found in the urine is the result of extrinsic causes, such as eating too much, inability to oxidize, lack of out-of-door exercise, and so forth. In the other type of glycosuria, there is some well-defined intrinsic change, which plays an important role in the production of the glucose and its presence in the urine.

SUGAR SOMETIMES THE LEAST IMPORTANT FACTOR

In connection with the question of urinalysis, it may be pertinent to ask: "If the sugar content alone were the sole factor to be determined, would not the absence of sugar imply a negative Diabetes, or a freedom from pathological conditions?"

In this respect, it is interesting to note that the Sanborn Laboratories' specialists have had many cases running an extraordinarily high percentage of sugar, which permitted the most favorable prognosis. These cases readily yielded to treatment by Sanborn medication. On the other hand, many cases of Diabetes have applied for treatment which were sugar-free, and yet from whom little or no response could be hoped for under any treatment.

THREE TYPES OF ALBUMIN AND THEIR SIGNIFICANCE

With albumin, as sugar, the urinary test discloses several types. The very translucent type of albumin indicates merely a slight disturbance in metabolism, but without

retrograde changes in the kidney cells, either present or proximate.

A second type, which is decidedly opaque, is seen in varying amounts.

Then there is a third type in which the precipitate is in the form of a highly caseous, dense mass. This form usually indicates a pronounced parenchymatous metamorphosis taking place in the renal cells, and is of a most serious nature. It is usually most pronounced in syphilitic cases; less fatal, however, in this connection than in the absence of this infection.

In the face of these facts, it is obvious that a peculiar knowledge of a distinct technique is required for the proper administration of this treatment. An amateur would only bungle the matter, and bring discredit upon the treatment, and disability or death to the patient.

CHAPTER XI

A CHALLENGE TO "ORTHODOX" PRACTICE

This chapter is a challenge—a challenge to the most rigid investigation. The claims made in it are *substantiated by the irrefutable testimony of men and women of irreproachable integrity*. These men and women gladly and cheerfully testify that while they were sick, some of them with the Clammy Hand of Death almost at their throats, they are now well.

They have given their testimony in the goodness of their hearts, and in the sincere desire to help others find the path by which they climbed back into wholesome life. They are grateful and highly appreciative of the broad, generous sympathy of the good woman doctor and of her associates of the Sanborn Laboratories whose skill and profound knowledge in their specialty have restored them once more to the fullness of health.

These men and women have, under the Sanborn Treatment, recovered from Diabetes and Nephritis—two of the most desperate and fatal diseases that afflict humans when allowed to develop into the degenerative stages that characterize these disorders.

They are now well. Many of them have been well for years following this remarkable treatment. They *know* they are well, not alone because they *feel* well, and are once more restored to a full life of usefulness, but also because Diabetes and Nephritis are *the* two diseases which admit of no question.

Either one has, or has not, Nephritis or Diabetes. There is no guesswork about the diagnosis. *For the presence or the absence of either of these disorders can be determined by scientific laboratory tests in conjunction with the clinical findings.*

When there is a complete clearing up of all pathological evidence in the urine,—even to such an extent that applications for heavy life insurance policies are favorably

passed upon,—and when the very obvious clinical symptoms are entirely removed, there is positive evidence that these patients are no longer suffering from either Bright's Disease or Diabetes.

NOT A MATTER OF FAITH OR FEELING

It is not a matter of faith or feeling. It is not a condition which permits of the corrective or curative value of the mental state—as is frequently the case in neurasthenia, or in many conditions which the influence of suggestion or any subconscious mental activity may bring about.

Diabetes and Nephritis are very definite abnormal states, capable of determination by any qualified medical examiner, and capable of being checked up by any number of independent examiners, as hundreds of these cases have been. Read carefully what our patients say:—

1286 Hill Ave., S. E., ATLANTA, GA.,
Sanborn Laboratories,
Battle Creek, Mich. Feb. 8, 1928.

GENTLEMEN: Your letter of January 28th received and I am exceedingly delighted at the A No. 1 showing [this urinalysis on page 63] of my last specimen; especially in view of the fact that for five days before [see excerpt from letter of January 23d on page 62] this specimen was taken from a 24 hour voiding, I had taken a maximum amount of the heaviest sweets and starches—much more, in fact, than a normal person of my weight should use.

I am very, very grateful to you and your remarkable treatment for what appears to be a complete cure of my diabetes. A little over a year ago I was weighing all my food on gram scales and limited to only 65 grams net of carbohydrates per day. Now, I am eating an amount of sweets and starches and no sugar showing in the urine. By accurate measurement on gram scales, I have lately eaten from 400 to 500 grams net of carbohydrates per day in the form of both starches and direct sweets, and remain sugar free—about 150 net grams per day above the maximum requirements of one of my size and weight.

My weight has increased from the low point of 111 lbs. stripped to 128 lbs. stripped and I am still gradually gaining. Everyone

tells me that I look like a different person, my improved physical tone is so pronounced. My nerves are much steadier and I am beginning to experience a zest in life that for a long time before undertaking your treatment seemed hopelessly gone, especially in view of the opinion of the orthodox medics that diabetes is incurable and can only be controlled by diet and Insulin.

I am naturally very happy that I can now discontinue the Sanborn treatment with safety. In discontinuing it, however, I shall not discontinue any of my carefulness in following the same rules of diet and health.

Thanking you again for all you have done for me, and your many kindnesses during the time I have been under your care, and assuring you that I shall never pass an opportunity to recommend your treatment to anyone I know suffering from Diabetes, I am,

Yours very gratefully,

WILLIAM H. MAYFIELD.

Under date of January 23d, 1928, Mr. Mayfield writes as follows:—

"I am infinitely better in every way. Your treatment seems to have completely knocked out my diabetes.

"I have been eating very liberally of sweets for five days—for test purposes only to see just where I stand. Until last Wednesday I had not tasted direct sweets of any kind in about two years, and now that the special test is over, I have again discontinued all sweets. In fact, I have about lost my taste for sweets and if told that I could use them without harm, I would probably touch them very rarely. I now prefer vegetables, thanks to the retraining of my sense of taste during my battle with the Diabetes.

"Last Wednesday I ate one slice of cake in addition to my regular meal—supper. My test next morning showed the urine entirely sugar-free. Thursday and Friday I also ate one good slice of cake each day with no sugar showing. On Saturday I ate much more liberally of sweets, taking during the day three slices of cake and five apple tarts. On Sunday, in addition to regular meals, I ate two good slices of cake and three apple tarts at dinner (also some fruit salad made with Jello and sugar) and at supper I ate two slices of cake and three apple tarts. I do not think I could possibly use more sweets than this at any time, and I shall await with great interest your report on this specimen I am forwarding you today."

The specimen referred to in the above letter was not

only sugar free but was entirely normal in every way, being as follows:—

Specific Gravity.....	1.017
Acidity	24 Degrees
Urea	1.0
Albumin	Negative
Sugar	Negative
Acetone	Negative
Diacetic Acid	Negative

Mr. Robert W. Rentz, 4919 Natural Bridge Ave., St. Louis, Missouri, applied for treatment in April, 1927, stating that he had been suffering from Diabetes for two and a half years with the loss of 34 lbs. in weight and considerable loss of strength and energy. Mr. Rentz's urine at the time treatment was instituted showed as follows:—

Specific Gravity	1.030
Acidity	45 Degrees
Urea	1.3
Albumin	Negative
Sugar	7.3
Acetone	Negative
Diacetic Acid	Negative

After eleven months' treatment, Mr. Rentz writes as follows:—

4919 Natural Bridge Ave.,
St. Louis, Mo., Feb. 2, 1928.

*Sanborn Laboratories,
Battle Creek, Mich.*

GENTLEMEN: Just a line to say that I am forwarding specimens on which I will be glad to receive a prompt report.

I am particularly anxious to learn your findings on this specimen, for I have been eating practically everything that appealed to my fancy for the last two weeks, in fact, have eaten more than I wanted, including pie, cake, pork, crackers and also one or two pieces of candy every day and yesterday three pieces. I did this merely to test myself and see whether or not I was really cured, and I am happy to say that I felt no ill effects in any way, but will anxiously await your report on my specimen to see whether

or not sugar showed up in the urine (see analysis of specimen below).

Having suffered the tortures of hell fire for more than two years I fully appreciate the wonderful work the Sanborn treatment has done for me and only regret that I did not know about it two years earlier.

Thanking you for everything you have done for me and your many kindnesses while under your care and assuring you that I shall forever be a great booster for the Sanborn treatment, I am,

Yours very truly,

ROBERT W. RENTZ.

Analysis of specimen received February 6th referred to in above letter:—

Specific Gravity	1.012
Acidity82 Degrees
Urea	1.4
Albumin	Negative
Sugar	Negative
Acetone	Negative
Diacetic Acid	Negative

2429 Jefferson Ave., OGDEN CITY, UTAH,

*Sanborn Laboratories,
Battle Creek, Mich.*

Feb. 25, 1925.

GENTLEMEN: I am happy to say that I am feeling fine, although I have not taken any medicine for over a month. I have gained several pounds in weight and very greatly in strength and vitality and am in better health today than I have been in ten years, thanks to the five months' course of treatment I took of your wonderful Sanborn treatment.

I cannot recommend the treatment too highly to those suffering from Diabetes and shall never fail to refer to you any sufferer whom I may meet.

Again thanking you for the great service you have rendered me and your many kindnesses, I am,

Sincerely yours,

JOSEPH F. FLYGARE.

920 Cecil Ave., LOUISVILLE, KY., Oct. 2, 1927.

*Sanborn Laboratories,
Battle Creek, Mich.*

GENTLEMEN: It is now two months since I finished my treatment and I am feeling very well indeed. I have had no return of any of the old diabetic symptoms and feel that I am entirely cured. Of course I realize that an imprudent diet might cause a

return, but of that I shall never be guilty, as I have learned the pleasure and profit of right living and eating.

I have spoken to several persons about your treatment but do not know whether they have written you or not. I certainly can heartily recommend it to all diabetic sufferers.

I am sending a specimen of my urine today and would like a report at this time—two months after stopping the remedies, just to make sure that I am really cured. I feel that I am, but realize that only a urinalysis will tell the real story.

Thanking you for all you have done for me, I am,

Your grateful patient,

Mrs. FRANK MOSES.

Analysis of specimen referred to in Mrs. Moses' letter of October 2d:—

Specific Gravity	1.018
Acid88 Degrees
Urea	0.9
Albumin	Negative
Sugar	Negative
Acetone	Negative
Diacetic Acid	Negative

MEERMILL, OHIO, Jan. 20, 1928.

*Sanborn Laboratories,
Battle Creek, Mich.*

GENTLEMEN: As it is going on two years since I discontinued your treatment for Diabetes, I thought you would like to hear from me.

I am happy to say that I have been feeling fine ever since you heard from me last except that I have had some slight rheumatic symptoms in my shoulders and the knuckles of my right hand, due, I think, to the very hard work I have been doing for the past few months. Please send me a container, as I would like to have you check me up and see if there is any sign of a return of the old trouble. I do not believe there is, but want to be sure.

Before getting your treatment I tried many doctors and some patent medicines, in fact about six years rolled around before I saw your ad in the paper and began with your wonderful remedy. I was, of course, badly discouraged and debated a long time about trying it. Am very thankful that I did, for I am today a well man.

Please send my friend, ———, ———, one of your little books, "Back to Health," and a Clinical History. I have told him

what the treatment did for me and he is very anxious to give it a trial. I shall never let an opportunity go by to pass the good word along to diabetic sufferers everywhere.

Thanking you for all you have done for me, I am,

Your grateful patient,

H. C. KILLIAN.

Analysis of specimen:—

Specific Gravity	1.020
Acid	27 Degrees
Urea	0.8
Albumin	Negative
Sugar	Negative
Acetone	Negative
Diacetic Acid	Negative

Mrs. John Collette, of Chicago, Ill., presented herself for treatment on July 4, 1919. At that time she was thirty years of age and her urine showed in part:—

Specific Gravity	1.084
Reaction	Acid
Sugar	6.1 Per Cent
Acetone	Heavy
Diacetic Acid	Trace

By September, 1919, every symptom, both physical and urinary, had been cleared up, and she was discharged as cured on Nov. 12, 1919.

Miss Gladys Blair is the daughter of a prominent merchant of Owosso, Mich. On Oct. 5, 1911, she came under Dr. Sanborn's treatment for Diabetes. She was then twelve years of age, very weak and emaciated, and confined to the house most of the time. She had been under treatment by local physicians and specialists from Detroit for nearly two years. When the Sanborn Treatment was instituted, her urine showed in part:—

Specific Gravity	1.089
Reaction	Sharply Acid
Sugar	4.7 Per Cent
Acetone	Heavy Trace
Diacetic Acid	Negative

After nine months' treatment she was a perfectly normal girl for her age and the urinary findings were negative. There has not been the slightest recurrence of the trouble during these many years that have intervened, and she is now in perfect health. You will be glad to read a letter from her, which follows:—

OWOSSO, MICH.

Dear Dr. Sanborn:—

Nothing but your letter of recent date would have reminded me that I had ever suffered from Diabetes. I am so well now, and have been for so many years, that it is hard for me to realize that there was ever a time when I was so seriously threatened.

It was in the latter part of 1911 and after my parents had made every effort to bring relief, but with no success, that I first came under your care. About all that I remember is that up to that time I had been alternately starved and tempted until there was little left of me and I had no interest in the future. At that time I was only twelve years of age, and did not fully appreciate the seriousness of my condition for one of my years. Had I really understood it all, I would probably have given up all hope.

The next thing of importance which I remember is that you discharged me less than a year afterward, by which time I was again in the fulness of youth and vigor, and without the slightest trace of what once had been a severe case of Diabetes in a little girl of twelve years of age.

I have never had the slightest return whatever of it, and shall be glad indeed if you will refer anyone to me at any time.

With every good and sincere wish.

Sincerely yours,

(Signed) GLADYS BLAIR.

CAN BRIGHTS DISEASE BE CURED?

Read these letters and these laboratory reports and then judge for yourself. They need no comment.

ST. JOSEPH, MICH.

Dear Dr. Sanborn:—

In June, 1911, when I had been suffering from Bright's Disease for a long time, your treatment very fortunately was recommended to me. I began the treatment at once and by October of the same year albumin had entirely cleared. By December, 1911, I was completely cured, and since that time my health has been normal.

' I cheerfully recommend your treatment to others, and authorize you to refer anyone to me at any time.

Wishing you and your treatment the success deserved, I am,
Gratefully yours,

(Signed) MRS. E. A. GRAHAM.

When Mrs. Graham, the widow of the founder of the Graham & Morton Lines of Great Lakes Steamships, first came under Dr. Sanborn's treatment, her urine showed as follows:—

Specific Gravity.....	1.004
Reaction	Alkaline
Sugar	Trace
Albumin	Very Heavy

Under the microscope there were many fine granular casts and a few hyaline, many pus cells, squamous epithelium, bacteria and many urates.

Mrs. Graham began to improve almost from the very beginning of treatment, and in the course of six months she felt perfectly well. The treatment, however, was extended a little beyond that time, to obviate all reasonable possibility of a recurrence. She was discharged by Dr. Sanborn on Jan. 15, 1912, free from every evidence of Nephritis, and remained so uninterruptedly to the date of this writing.

The chief thing to emphasize, however, is the fact that *the earlier in the stage of the disease the treatment is instituted, the more readily it responds*. The longer treatment is deferred, in useless experiments with inadequate and weakening measures, the more difficult it becomes to bring about a complete restoration of health.

A GRATEFUL TRIBUTE

Mount St. Scholastica's Academy,
CANON CITY, COLO., July 25, 1922.

Dear Dr. Sanborn:—

To be grateful in the ordinary sense is commonplace and has no special significance, but to be grateful for the saving of life, a young life dedicated to God's service, means that it comes from

the heart, and such is my gratefulness to you. It is genuine and true, and I am ever ready to preach it.

Five years have now passed since you told me that I need no longer consider myself a patient. I hardly needed to be told, because I felt and knew that I was again well and strong. But it was none the less gratifying to learn that the albumin and casts, those two things which I had so justly dreaded until I found you, had completely disappeared.

Need I picture myself before that time? Won't it do just to say that I was not only tuberculous, but that Bright's Disease had fastened its deadly grip upon me and that, by reason of it, on three occasions—occasions which I will long remember, but which no longer haunt me—I was told that I could not live more than a few months at the best!

In all fairness, I think you must share with this wonderful climate my thanks for relieving my tuberculosis, but you alone do I thank for ridding me of the dreadful Bright's Disease. I am entirely free from it.

Devotedly,

(Signed) **REV. ROBERT M. HENNESEY, C. M.**

Father Hennesey was sent to Colorado on account of his tuberculous condition by the famous Dr. John B. Murphy, of Chicago, who was his friend as well as his physician. While there, Bright's Disease developed, for which he was successively treated by three Denver physicians—Drs. Carlin, Mathews and Monaghan. Finally, he learned of Dr. Sanborn's treatment.

In fourteen months he was pronounced cured. One of his former physicians, who chanced to meet him in Denver after Dr. Sanborn discharged him, was amazed, calling his cure absolutely miraculous.

Mr. P. M. Heimbach is a department head for Marshall Field & Co., Chicago, with which firm he has been connected for more than thirty years. On Feb. 15, 1911, he began treatment with Dr. Sanborn. He was suffering from Bright's Disease, and found it very difficult to meet the exacting duties of his position. In fact, he found it necessary to remain in bed for a day or two at frequent intervals,

and was rapidly on the decline in spite of the very best that many specialists had been able to do for him.

At that time his urine showed in part:—

Specific Gravity.....	1.008
Reaction.....	Mildly Alkaline
Albumin	Heavy

Under the microscope there were many casts, both granular and hyaline, many pus cells and several calcium oxalates.

In July, 1912, Mr. Heimbach was discharged as cured, and has had no recurrence whatever of any of the conditions for which he was treated. His urine was absolutely negative at the time of his discharge, and has so remained throughout these ten and more years. His weight, strength and vitality were at par at the time of his discharge and have remained so without interruption to the time of this writing.

It is our policy to make occasional examinations for at least a year subsequent to a patient's discharge. This enables us to guard against any recurrence. In only a very small per cent of the many hundreds of discharged cases has it been found necessary or advisable to resume the treatment.

SUTTER, CALIF., April 8, 1923.

*The Sanborn Laboratories,
Battle Creek, Mich.*

DEAR DOCTOR:—I was very glad indeed to get your letter of March 27th, advising me that it would be safe for me to discontinue the treatment. I would have kept on for another month had you wished, but I am glad it will not be truly necessary.

I will send a specimen at intervals of about eight weeks, according to your instructions, and will finish such medicines as I have on hand.

It has been several years since I have been in such good health as I now find myself. Before I knew I had any trouble with my kidneys I suffered such dreadful headaches almost continually and was dizzy, my eyes hurt and vision affected. Then last March (a year ago) I had an acute attack, when the doctor was called in and I learned the real trouble. I was dreadfully sick then and

bloated all over. A milk diet helped me over this attack a little and then I heard of the Sanborn Treatment.

My strength has now returned so that I can do all my work and, besides, I enjoy it. I can again take my place socially, do club work and all the other things that had made my life happy.

And so you see how truly grateful I am for my health to be restored in such a degree as I now find it. Please accept my thanks for your interest and wise counsel. I have found nothing unpleasant during the entire course of treatment and correspondence.

Sincerely yours,

(Signed) **Mrs. C. C. EPPERSON.**

CHAPTER XII

HOW THE SANBORN TREATMENT CAN BE GIVEN WITH THE UTMOST SUCCESS BY MAIL

The query may come to your mind, "Can Diabetes and Bright's Disease be successfully treated at home?"

We unhesitatingly say "Yes"—because for years the Sanborn Treatment has been doing that very thing. Hundreds upon hundreds of patients living in every part of the country, whom neither Dr. Sanborn nor any member of her medical staff ever saw, *have been restored by the Sanborn Treatment. Every detail of the treatment was conducted by correspondence.*

This is possible because the diagnosis of both Diabetes and Bright's Disease is really made from the urine by means of the test tube and microscope, even in office patients. A scientific and complete urinalysis tells plainer than any words or any description of symptoms possibly could tell *the patient's exact condition*, how serious or far advanced the disease may be, and what his approximate chances for recovery are.

When the diagnosis is made the medicinal remedies can be mailed. Instructions regarding diet, hygiene and general care can be given in writing as well as orally. In fact, the results are usually better. For if given by word of mouth the instructions *may be forgotten* and thus not carried out. But if given in writing, *the patient has them* for continual future reference.

You know from your own experience, and your doctor will confirm this, that the true index of your condition—the factor more important than any group of how-you-feel, or what-you-can-tell symptoms is the *condition of the urine on analysis.*

This can be told *quite as readily* if the postman brings it as if you bring it. And your medicine can reach you quite as readily through being delivered by the mailman as though you went or sent to the drug-store after it.

CHAPTER XIII

WHY WE ADVERTISE

Mr. Francis H. Sisson, Vice-President of the Guaranty Trust Company, of New York, in his 1923 address before the Associated Advertising Clubs of the World, at Atlantic City, as reported in the Press, placed advertising as a "clear call to duty" on the part of those who could, through its medium, benefit their fellow-men.

He said there was no code of ethics that prevented professional people from advertising their services as merchants advertise their merchandise, and then pointed to the fact that many of those who had formerly thought it unseemly to advertise had dispelled that "bugbear" through realization that the great forward movements had few other highways upon which they might travel. This was clinched by the assertion that "in the sale of any service as intimate and personal as law and medicine, standards of taste might readily be involved, but not of ethics."

The Sanborn Laboratories, although under the supervision and management of regularly graduated and licensed physicians, have unhesitatingly, and without fear or apology, adopted the one method recognized by Mr. Sisson and all progressive, forward-looking persons as modern and competent to reach the greatest number of those who may benefit by the discoveries which they have made.

How else in the lives of the millions of those sufferers now living is this knowledge to be brought to their attention?

Who is to tell them that they can be, in the majority of instances, restored to health? Who is to direct them to possibly the only source from which help may be expected?

However, notwithstanding the fact that even churches and ministers of the gospel today advertise their services to mankind, many physicians condemn us because of the fact that the Sanborn Laboratories make an appeal directly to the sufferer.

But happily only a very small minority of the rank and file of the medical profession are sufficiently narrow-minded to advance this objection. The vast majority of fine, big-hearted medical men are only too happy to recommend to their patients a treatment that has shown such wonderful results in hundreds of cases considered beyond help and that has the endorsement of so many men and women high in the social and business world.

If your Doctor is really interested in your welfare he will put your interest—your restoration to health—above every other consideration. We hold that the true mission of the physician is to save life.

If he should attempt to dissuade you, knowing absolutely nothing about the Sanborn Treatment or its wonderful work in the relief and cure of these deadly diseases, you may draw your own conclusions.

CHAPTER XIV

SOME REPETITION — AND A FEW NEW POINTS

Diabetes is insidious in its inception, often very gradual in its development, but deadly in its results. Many thousands—many hundreds of thousands—suffer from it and when finally awakened to its presence and seriousness are all too often informed that nothing better can be done than to go upon a starvation diet in hopes of somewhat checking the progress of the disease.

Bright's Disease is equally insidious in its inception, and apt to be more rapid in its progress and is equally deadly in its results. The number of its victims is appalling and far exceeds those from Diabetes.

The Sanborn Treatment is not the "Fountain of Youth" sought by Ponce de Leon. It is not a panacea for all ailments. Its wonderful record of achievements is confined to Diabetes and Bright's Disease. But these constitute an age-long and world-wide field that a thousand remedies have failed to check.

We do not, however, claim to cure, or materially help ALL cases, even, of those diseases. *We hold out hope of help to all, but some wait until it is too late for any human aid.*

Cases are not uncommon in which the patient's system has been so depleted by starvation, and his power to take and assimilate the proper nourishment has been so reduced, that when we give him the food his body needs, he has lost the ability to take advantage of it.

Our medicines, themselves, are not nourishment. They only make it possible for you to take nourishment in the presence of Bright's Disease or Diabetes, and gradually remedy those conditions if your power of assimilation and recuperation has not been too far destroyed.

Continuity of effect is of exceeding importance. Little is promised to the intermittent user. The remedies are in simple form, easily carried and easily taken, but they must be taken *regularly, as directed*, during the period of treatment.

There is no "ROYAL ROAD TO HEALTH." If our pathway leads you there, be equally assured that the Sanborn Treatment constitutes no ROYAL WARRANT permitting those who have reached the goal of health through this treatment thereafter to ignore the laws of health and right living. As well try to ignore the law of gravitation when mountain climbing as to ignore the laws that Nature has imposed upon all humankind for the promotion of health and long life. These words are for your guidance after you have been cured. You personally may not need them. Some do. We have cured patients enthusiastic—and foolish—enough to think that they are safe—with the Sanborn Treatment available—and that everything thenceforth is simply *carte blanche*.

NATURE CANNOT BUILD WITHOUT FOOD

Nature's restorative and builder is FOOD. You cannot regain your health and strength without it—in proper balance and quantity. Starvation means depletion, weakness, disease.

We recognize this and our practice is to put the patient, from the start, on as nearly a normal ration as his condition will permit. Physically he is greatly run down—his strength and vitality are at a low ebb. Our purpose is to build him up—to strengthen and to increase his resistance to disease and give him greater recuperative powers.

PERHAPS YOU, TOO, MAY HAVE DIABETES OR BRIGHT'S DISEASE

WITHOUT A THOROUGH EXAMINATION OF YOUR URINE
YOU CANNOT KNOW

From most reliable sources we are informed that from one to two per cent of the total population have Diabetes; while twenty per cent have a more or less well developed involvement of the kidneys. In 1917 there were 16.9 deaths from Diabetes for every 100,000 population; while 107.4

out of every 100,000 were destroyed by Nephritis or Bright's Disease.

It is also a universally recognized fact that the foregoing mortality figures could be tremendously modified if a thorough examination of the urine was made at least once a year, that the trouble might be detected and proper steps taken to combat the disease at its very inception. A whole book might be written on the virtues of early detection and prompt treatment of these diseases. The very keystone of the successful treatment of both Diabetes and Bright's Disease is PROMPTNESS.

If you have any cause to suspect either Diabetes or Bright's Disease, or even a tendency toward either, you should lose no time in having your urine thoroughly examined by some completely equipped, modern laboratory.

The sufferer should not wait until the ravages of the disease or the starvation diet imposed upon him have sapped all his physical reserve and destroyed his ability to take and assimilate the nourishing food the body needs and must have if it is to be restored. When he reaches that stage we know as well as those responsible for permitting him to reach that stage, that the chances are 100 to 1 against him. Sometimes, when urged, we have taken such apparently doomed cases in the hope that there might be an unexpected reserve sufficient for restoration. Sometimes, not always, we have succeeded. No one is warranted in waiting until there is only one chance in a hundred left, or what is almost as bad, in waiting until the most that expert physicians can offer is a more or less prolonged life and that only upon condition that he deny himself the things that mean strength and energy and ambition, and make life worth living.

If you suffer from Diabetes and Bright's Disease, we want to help you if we can and if you want us to and will give us your full co-operation. Without such co-operation on your part, which means faithfully following the suggestions as to diet and general methods of living that we may find applicable to your case, and the taking of such

remedies as we will prescribe and send you, you might waste your time and also ours—time and effort for which your money alone would not pay.

OUR FINAL WORD

All our hopes of bringing relief to those suffering from Diabetes and Bright's Disease are predicated upon what the Sanborn Treatment has achieved for others. Our confidence is based upon just such reports as those contained in this book. We know no more. You must judge for yourself.

Egg plant
 Bake like potatoes
 then remove skin and
 soft part with spoon, salt
 & butter & oil

