

# Reflections on health

My colleague was a lot like me, only seemingly better. A young holistic physician with a thriving practice, active in the politics of alternative medicine, ambitious, energetic in his 40s, owner of a health food store and host of his own radio program—we seemed to live in a parallel universe—he in the Midwest, I in New York. His youthful dynamism and pursuit of excellence amazed even me. When I embarked on a morning run prior to the 8 o'clock lecture at one of the doctor's conferences we attended together, my colleague often would be returning, having bested me by a good hour. At 6 a.m., when I determinedly made my way to the weight room at our hotel, he usually would already be there, zealously pumping iron, using weights and performing calisthenics in ways that were entirely novel and challenging to me. His eating habits were impeccable at the meals we shared together; he quaffed self-prescribed vitamin-packs without fail, and he always held the line at one glass of wine. His deep-rooted religious beliefs and stable family life provided the perfect stress-free context for his active lifestyle.

It was all the more surprising then, when I learned of his sudden death this summer at the age of 46. While playing golf with his 15-old-son, my colleague suddenly collapsed and died of a heart attack. I'll miss him.

My mother called me the other day at the office. She knows I'm busy, and a call during patient consultation time usually means something important is up. It was. She duly reported to me the latest in an ongoing family saga: my 97-year-old grandfather had been located again—alive!

You see, ever since he was in his 60s, my grandfather had cultivated an annoying habit of disappearing. After cutting off contact with all members of the family, he would be traced after several months or years to a new locale, occasionally with a new wife, sometimes alone, turning up first in Palm Springs, then Miami, then Honolulu, then Tel Aviv, then Vancouver. On and on it would go. As disillusionment set in with one venue or another wife, he would pull up stakes and vanish. Well into his 80s, he would take the "red-eye" from L.A. to New York, complete a strenuous day of business, and then turn around for a five-hour return flight home. It was on one of those whirlwind visits that I last saw him. Then he vanished.

My mother told me that a mutual acquaintance had just visited my grandfather in a luxury retirement community near Mexico City. A more shriveled version of his former self (5' 2" in his prime—a testament to the nutritional deprivation of his childhood in Poland) and partially incapacitated by a mild stroke, he was nonetheless doing fine for 97.

Cheered by the news of the vindication of my genetic heritage (my father died of smoking-related causes at a mere 70) I thought about the factors involved in my grandfather's longevity. My grandfather was born sometime in the winter of 1898-99, but the actual date was not recorded by his parents since, as he was fond of telling us, he was not expected to live. When he survived, the nutritional deprivation of life in a Polish ghetto kept his stature short and bowed his legs with rickets. Nevertheless, he might thus have started out as the human equivalent of the lean rats known to outlive their well-fed counterparts in experiments on longevity.

Was his life stress-free? No. He survived two world wars and three wives, escaped from a Nazi detention camp en route to extermination, and became a success in a cutthroat business world that broke the hearts of my other male relatives. Did he practice special relaxation techniques? No; while enjoying afternoon naps and warm baths, my grandfather was throughout his life the embodiment of the angry,

impatient, type-A personality. When driving, he could at any moment explode into a barrage of English, French or Yiddish epithets hurled at another, usually innocent, driver. Did he follow a special diet? No. Other than the enforced deprivation of his childhood, my grandfather was a bon vivant, always selecting choice French restaurants for cholesterol-laden meals of escargot lobster or filet mignon with french fries, and desserts of rich cheeses and wine topped off by deluxe eclairs.

Did he eschew the temptations of alcohol and tobacco ? No again! My grandfather, in the continental style, polished off around a half-bottle of rich red French wine daily. Painful attacks of gout led him to curb his intake in his 70s, and by 85 or so he was only puffing on an occasional cigar after a lifetime of cigarettes.

Did he take vitamins? Not on your life! Did he exercise? Did he, like me, carefully preen his body with aerobic cross-training, weight-lifting and yoga? No, yet again. Whatever has sustained my grandfather well into his 90s—and may yet afford him the unusual privilege of spanning three centuries of human history—is not a simple summation of the acknowledged health verities, but is rather a complex fabric of genetic endowments, sheer coincidence and ineffable paradoxical secrets that make up the formula for successful long life.

The purpose of these stories is not to dissuade you from the pursuit of health via proper lifestyle. It is, rather, to prompt inquiry and to challenge facile notions. This health column is generally given over to general discussion of a health problem like chronic fatigue, allergies, heart disease, arthritis, etc. Seldom do we take time to reflect on the notion of health itself.

### **Health entitlement**

The health consciousness of the “New Age” is the consciousness of the post-war baby boomer, born into unprecedented material entitlement. Middle class baby boomers were earmarked to be shielded from the hardships of war, poverty, malnutrition and disease. Many were brought up in the suburbs under what were hoped to be optimal conditions. Part of that protected sinecure was a health care system that safeguarded us with vaccinations, antibiotics and high-tech medicines—the horizons of which were perceived as endless. Just as the right to “life, liberty and the pursuit of happiness” were sanctified in the constitution, the post-war era in America heralded for the first time in history a new birthright: optimal health.

### **The optimization trap**

Holistic medicine, paradoxically, embraces the potentially dangerous paradigm of optimum health. Of course, striving for the best health you can achieve is a laudable goal, but a health model that takes as its point of departure the denial of disease, physical limitation and the limits of longevity, is inherently doomed. It is a comfort only to the relatively young and healthy, but a gloomy repudiation to those for whom physical well-being is elusive. In a commercial culture, “optimal health” takes its place in the pantheon of plasticized values right up there with eternal youth, perpetual thinness and Have a Nice Day. If optimal health were a climate, it would be that of Southern California—seemingly changeless, reliable, ever-pleasant, but riven unpredictably by disastrous earthquakes, floods and fires.

### **Health is not a merit system**

Freedom is lost when health becomes a merit system based on exercise, correct diet, proper supplementation, suitable thoughts and ingenious use of medical resources. While my entire career orientation is based on these tenets, too complete reliance on this ideology makes one a prisoner of this choice or that, of this regimen or the

other. I am appalled when I hear my nutritionally oriented colleagues offer a post-mortem like this: "This patient couldn't stick to the diet, she had to pig out, and so the cancer came back." The presumption is that the causes of disease are completely discernable and that the limits of our longevity are simply the limits of our ingenuity.

By contrast, a view of health that admits elements of irony, magic, precariousness, chance, inexplicable resilience—the very elements that characterize the stories that begin this article—becomes extremely liberating and exhilarating. We live and die not merely by our decisions to eat more soy or take in more pycnogenol, but subject to an unseen power that relieves us of the need to constantly ruminate over our health choices.

### **More holistic than thou**

For some, holism is a life orientation that expresses the world-view, "I'm different. I'm not going to piss my life away like everyone else. I'm going to refuse to go with the idiotic mainstream, and my continued good health will be my vindication, while those people less disciplined than me will get their just desserts when they die of cancer, heart disease, or strokes."

While there may be some truth to this statement, it bespeaks a life orientation that is at its core separatist, rather mean-spirited and constipated. It is a latter day assumption of the mantle of virtue once reserved for religious acolytes—now sometimes the refuge of health enthusiasts.

### **Banished from the Garden of Eden**

In his best seller *Care of the Soul* philosopher/psychologist/theologian Thomas Moore examines illness from the "soul" perspective. He notes that "we are wounded simply by participating in human life, by being children of Adam and Eve. To think that the proper or natural state is to be without wounds is an illusion. Any medicine motivated by the fantasy of doing away with woundedness is trying to avoid the human condition."

### **Invulnerability**

Being a young physician myself, I see a lot of young patients. I am continually struck by the degree of fear and apprehension they show when visiting me for a second opinion about an annoying complaint—be it a case of fibroids, a thyroid that needs to come out or a knee requiring arthroscopic surgery.

Actually, it's as if a prized Persian rug were to receive a small wine stain that mars its perfection. All the owner can do is lament the stain—it can truly never be restored to its undamaged state. But is the beautiful rug any less a work of art when it possesses a stain? Does it then become the stain—or does its underlying artistry persevere despite the slight flaw? Some people look at the object and see only the stain.

Fascinating to me also is the way some start their medical histories this way: "I guess you want to hear everything. Back before World War II, I had syphilis. They finally cured that in '45. In '48 I had my appendix out. In '51 my car hit a telephone pole and it poked my left eye out . . ." And on and on it goes, much of this calamitous health history transpiring before I learned my addition tables. And yet they are sitting in front of me, decades later, stoically recounting their health history, monuments to survival and resilience and the marvelous adaptability

of the human organism.

I wish my young patients would recognize more often that good health is not about invulnerability but rather about flexibility. Like the difference between the static Maginot Line and the subtle defensive feints of oriental martial arts.

**“Maybe there’s nothing wrong here”**

Sometimes I ask my patients to paste this motto on their refrigerator: The phrase “Maybe there’s nothing wrong here” is like a hypnotic mantra, antidoting the maladaptive belief that the transient inability to experience the elusive goal of Health represents a breached covenant, a form of faulty reality.

“Yup,” I sometimes say to my middle-aged patients, “The pain you’re experiencing in your fingers is kind of like the teething pain babies experience. Perfectly natural. Now let’s see if we can do something to relieve it.”