

The Ancient Secret of Health and Longevity

by Robert L. Peck

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A recent article in the prestigious *New England Journal of Medicine*¹ (NEJM) was written to prove the *Value of Medical Spending*, but has done more to expose the underlying problems of the medical complex that were not acknowledged before. The first problem is the cost of medicine per year per man, woman and child. The NEJM article reported that our 2006 annual medical spending was \$6,000 per person. (Recently the US Dept. of Health and Human Services stated that the 2016 annual cost was \$10,345 per person.)

The second problem is arguing that this large expenditure saves lives and then in giving a price tag for each year to life that medicine was supposed to have added. As an example, the NEJM paper concludes that the cost of increasing the life of a 45-year old person by just one year between 1990 and 2000 was more than \$100,000, and the cost for an added year for a 65-year old was about \$150,000 (which has of course increased far more in the intervening years).

The third problem is a question that has not really been addressed before and that is, does medicine actually save lives? This sounds like a trivial question, but since people die as well as get well under medical care, what is the contribution of medicine for both cases? Even for those who get well, what is the contribution of medical care over the natural inner curative processes? Medicine itself or iatrogenics is also the #3 cause of death, slightly ahead of diabetes.²

The NEJM paper took what appears to be a very logical approach in studying the effect of medicine over many years by taking data from the *US Vital Statistics* for the yearly life expectancies of different age groups for the period of time between 1960 and 2000. For all age groups, life expectancies increased steadily year by year. A very erroneous conclusion was made, however, in assuming that medicine was the source of the increased life expectancies which, although widely believed and promoted by various medical groups, is untrue as will be shortly shown. (The NEJM paper refers to papers by J.P. Bunker as providing the support for its conclusion that, “at least half of the life expectancy gains since 1950 are due to medical advances” even though Bunker states that, “There is no population-based data to support a direct estimate of the contribution of medical care to life extension.”³ A recent study by Murray et al.⁴ finds many factors of far more importance than medicine for increased longevity.) The NEJM paper, however, divided one half of the increase in life expectancy for a particular age group by the corresponding medical expenditure over the same ten-year period to yield their cost per year of life gained from medical care.

¹ Cutler, D.M., Rosen, A.B., Vijan. S. [The value of medical spending](#), 1960-2000. NEJM. 355:920-927, 2006.

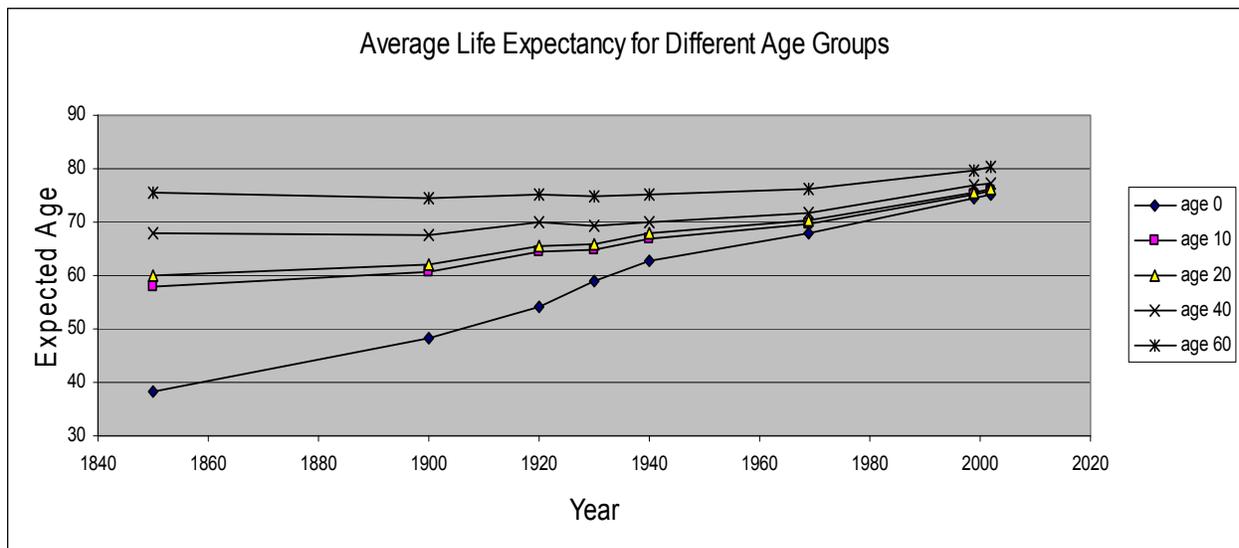
² Starfield, B. Medical errors - A leading cause of death. *JAMA*. 284(4), 2000.

³ Bunker, J. P. The role of medical care in contributing to health improvements within societies. *Int J Epidemiol* 30:1260-1265, 2000.

⁴ Murray, C.J. L., et al. Eight Americas: Investigating mortality disparities across races, counties, and race-counties in the United States. *PLoS Medicine*. 3(12): e545, 2006.

Modern medicine's contributions to the rise in longevity can be easily questioned by consulting the same data used in the NEJM paper. The *Vital Statistics* show that before the advent of modern medicine an even greater increase in longevity had been taking place since the *Statistics* were started in 1850.

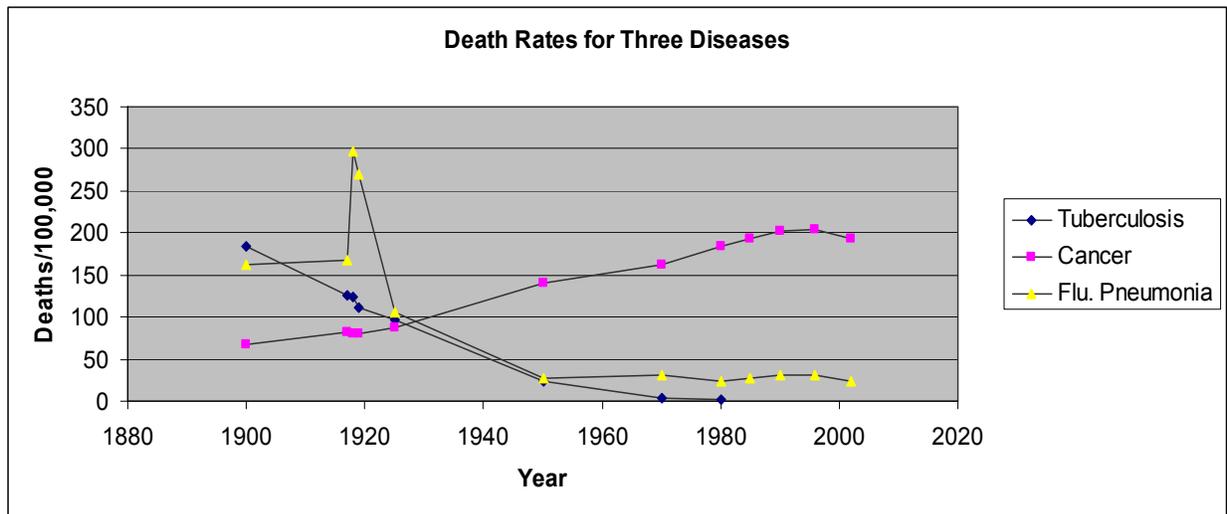
Consider the following graph of the life expectancies for different age groups of white males from 1850 to the last Census in 2000. The first obvious conclusion is that life expectancies have been increasing year by year from 1850 at a nearly constant rate with a slight decrease in improvement in the younger ages somewhere around 1940.



The very low life expectancy for the new born or age 0 in 1850 and its rapid rise up to 1940 reflect a major change taking place in society. In 1900 a number of studies⁵ were undertaken to determine the reasons for the high mortality rate where 100 deaths were being recorded out of 1,000 births. This rate was attributed to a large number of factors including infanticide, abandonment, starvation, wet nurses, and 'milk depots' all of which can be summarized as resulting from the lack of concern for infants or life itself.

In order to get a bit of a more detailed view of the changes in life expectancies, the death rates due to particular diseases were studied over the same period of time. This data also resulted in surprises, since most of the diseases showed either a continual increase or a continual decrease over the years and is typified in the following graph for three of the major diseases.

⁵ Holt, L.E. Infant mortality, ancient and modern: An historical sketch. *Archives of Pediatrics*. 30:885-915, 1913.



The line for tuberculosis is representative for measles, scarlet fever, typhoid fever, whooping cough and diphtheria, all of which dropped nearly linearly from 1900 to a minimum by around 1950, but with lower death rates than TB. The curve for influenza and pneumonia has the sudden increase in 1918 during the flu epidemic, but then drops until about 1950 when it remains relatively level. The fact that the slope of the lines did not change when vaccinations or antibiotics were widely introduced after 1945 is quite unexpected, since the death rates would be expected to at least drop immediately or to drop to zero if antibiotics were as effective as claimed.

Cancer death rates were steadily rising up to the turn of the last century. This lack of change of slope also suggests the independence of major non-communicable illnesses (including diabetes and heart disease) from medicine and/or sanitation. The small recent decrease cannot be directly attributed to medical treatments, since it can more logically be attributed to change in life styles such as lack of smoking or improved diet and exercise. There is still a much higher death rate from cancer today than in 1900. The world certainly is not gaining in any war to defeat overall death with medicine and is now facing such threats as AIDS, staphylococcus infections, obesity and various syndromes which are also not being cured with medicine.

There is a very fundamental argument that modern medicine cannot be responsible for the increase in life spans since the same life spans existed before the Dark Ages over two millennia ago. This raises the very important question which is, if the rise in longevity cannot be credited with medicine and technology, what can it be credited to? The answer which would appear obvious to our ancestors is that the increase in life expectancy has to be due primarily to deep inner changes within the hearts or souls of individuals. As a quick reminder of this truth, consider that modern psychology has studied how rapidly people can die without the prospect of a promising future such as encountered with the death of a mate or the onset of retirement. Pediatricians likewise have proven that a child can die for lack of love.

The explanation for an inner power that can affect people's health or length of life needs to start with the ancient views. The ancient verse of Psalms 90:10 speaks of men having an allotted life span of three score and ten years, but also adds that it can be increased to four score or 80 years with an inner strength. The word 'strength' is instructive since it is translated from the Hebrew word *gebuwrah*, which means the inner power associated with a hero. Plato and other Greeks

may have drawn from the same source when they describe an allocated life span of three score and ten years and then also describe an inner heroic power called *Eros* which can further increase the span of life.

The concept of an inner power of a hero is suggested by the modern testimonials of cancer survivors, who trust an inner strength to fight cancer and live. Indeed, many people have an absolute belief in this concept as they speak of someone's Will and strength overcoming an illness or all odds. The ancient and modern definitions of *gebuwrah* and *Eros* certainly imply a power of something greater than that of external institutions or even of the heavens above.

The inner heroic power can also explain why 99.5% of the people in the US survived the flu epidemic in 1918 or why the vast majority of people survive communicable diseases today. Medical research also proves that the inner power of individuals can be greater than the power of pharmaceuticals. Every drug test today must include the administration of sugar pills instead of the tested drug to a percentage who do not know which they are taking. These drug tests nearly always show a significant number of people who react as well to the sugar pill as others do to the drug (and without side effects). This can only be explained by their inner powers managing to produce the same net effects as does the drug. Such an effect is known as the placebo effect.⁶

Originally many placebos (from *L. placer*, 'to please') were given to patients as mild sedatives (such as Phenobarbital) and were found to cure underlying symptoms that could not be directly treated with drugs. Medicine then used the term placebo to describe cures that were taking place without active drugs. It is unlikely, however, that any pharmaceutical company will study the placebo effect to replace their drugs.

The earliest explanations of the nature of the inner heroic power can be closely correlated with modern views of the vitalization of the body and its functions.⁷ The early Greek view described the existence of a soul, *Aphrodite*, as an allegorical inner goddess who inhabited the body along with an inner power described as an allegorical inner god, *Eros*, who manifested the yearnings of the soul. The power of *Eros* was obtained from the consuming of *ambrosia* (Gr. 'immortal') produced under stress by the physical body. The god *Eros* would then take over the body to give it the powers of a god or hero (the word hero is derived from *Eros*).

The early philosophies of much of the world had similar models and taught methods of how the stimulating drink (*amrita* or *soma* in India) for the inner god could be generated. One of the most common methods of generating *ambrosia* or *amrita* or the inner vitalizing fluid started with the (non-alcoholic or drug) intoxication of the mind and body. This state was called *mania* by the Greeks and the Indians called it *mad* which is well described when people state how their fears or desires drive them crazy and give them the powers of a demon. These states were symbolized with *Dionysus* and *Shiva* who were known as initiating gods and symbolized by wine and dance. An example of the stimulation of the inner heroic power is evidenced in the common experience of a child who is able to change her whole world after a session of intense sobbing. Many people rely upon 'psyching themselves up' or intoxicating their own mind as they face an audience or opposition and then 'wing it' to find maximum creativity.

⁶ Frank, J. D. and Frank, J. B. [*Persuasion and Healing*](#). Baltimore, MD: Johns Hopkins Univ. Press, 1961.

⁷ Peck, R. L., Cassinari, L. M., and Gavlick, C. S. [*Joy and Evolution*](#). Lebanon, CT: Personal Development Center, 2004.

Rather than calling the inner intoxicating fluid *ambrosia*, the modern scientific world calls it hormones (from Gr, *ormao*, meaning ‘urging on’), which some people learn to generate much as did the ancients. The early concept of your inner self existing as a beautiful goddess *Aphrodite* is also not foreign to many people who recognize an inner source of appreciation of beauty and goodness. *Eros* is of course, equivalent to the reserve power in the body that allows humans to overcome challenges and to evolve.

When the honoring of the inner powers and allegorical gods of humans was lost in the obedience to external rulers, the world entered into the Dark Ages. The following centuries saw a great reduction in the average life span as well as mental and physical health. The rise in the inner powers of individuals was chronicled by Ortega y Gasset in *The Revolt of the Masses*. This book described the switch taking place in the world from the blind obedience to the nobility and rulers to the beginnings of a new type of society reminiscent of the activity at the height of Rome.⁸ In *Bowling Alone* Putnam describes the continuing changes exemplified with individuals becoming independent specialists and card-carrying members of non-interactive groups.⁹

With the impact of the mystical nature of quantum mechanics, science has finally started to extend its borders into the metaphysical realms as further support for the ancient concept of an inner power. For instance, Princeton University recently demonstrated how a continued gut desire or intention can, without any physical contact, slightly effect the operation of a physical machine.¹⁰ and the prestigious magazine *Science* recently ran an article¹¹ giving evidence that better choices are made ‘without-attention’ or subconsciously instead of with the prescribed fully conscious thinking state.

It seems reasonable to hope that the developing world is now getting ready to continue to increase the life span enjoyed by our ancestors as we develop our inner personal powers to add to our technological advances.

⁸ Ortega y Gasset, J. *Revolt of the Masses*. New York, NY: WW Norton & Co, 1930.

⁹ Putnam, Robert D., *Bowling Alone*. New York: Simon and Schuster, 2000.

¹⁰ Jahn, R. G. and Dunne B. *Margins of Reality*. San Diego, CA: Harcourt Brace, 1989.

¹¹ Dijksterhuis, A., et al. On making the right choice: The deliberation-without-attention effect. *Science*, 311(5763): 1005-1007, 2006.

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* More about the heroic power, its nature, generation and its later suppression can be found in the books [Directing Life](#) or [Joy and Evolution](#) both available from [Amazon.com](#) or [Personaldevcenter.com](#)