

## Population Density Stress Is Killing Us Now!

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Image credit: John Kastner, Inpatient psychiatry art therapist, University of Rochester (NY)

You may not want to hear it, and when I started medical practice 46 years ago, I certainly did not plan on finding it, but human overpopulation and our modern life-style choices are causing physiological changes responsible for our top ten killing “diseases of civilization”. I spent 41 years in active medical practice treating 25,000 patients with 1,000,000 Rx and talk therapy. My training was in medicine and psychiatry, and the majority of my patients suffered from “anxiety” and “depression”, but I became increasingly aware of the direct association of their psychiatric problems with other general medical conditions.

Eventually, I came to realize that nearly all psychiatric conditions, and most general medical problems as well, could be explained as resulting from our overactive stress response. Our chronically overactive stress response was generating abnormally elevated blood levels of the adrenal stress hormone cortisol, and research dating back over 100 years indicated a direct connection between these elevated cortisol levels and the comparable diseases of civilization in research animals.

But, then, I discovered a parallel line of animal crowding research dating back to the 1940’s, which also implicated elevated cortisol levels with diseases and deaths associated with

population density stress. As the supporting evidence accumulated, I applied this population density stress model to my clinical medical practice and achieved remarkable results.

Numerous conscious and unconscious environmental stressors in our daily lives trigger our often unconscious stress response and elevate cortisol levels, as well as other aspects of our over-activated stress response. This over-activated stress response results in our feelings and symptoms of “anxiety” and eventually “depression”. I knew that properly administered anti-anxiety and antidepressant medications relieved these symptoms and signs of anxiety and depression.

Numerous peer reviewed scientific papers demonstrate the lowering of cortisol levels as a result of these medications, as well as massage, meditation, Yoga, Tai Chi, music, and exercise. Both my patients and myself could see this effect first hand and their lowered cortisol levels were proof positive. Chronic stress was causing their anxiety and depression and cortisol lowering medications were restoring them to normal. But what about their other general medical problems?

An extensive medical scientific literature dating back to the beginning of the 20<sup>th</sup> century, had demonstrated the connection between our overactive stress response and elevated cortisol levels with many diseases: hyperthyroidism (Graves disease), atherosclerosis and heart disease, obesity and diabetes, cancers, immune system suppression and increased risk of infection, high blood pressure, kidney disease, peptic ulcers, heart attack and stroke, etc.: “the diseases of civilization”.

However, our contemporary and historical hunter-gatherer ancestors have few of our diseases. They suffer from a wide range of communicable and parasitic diseases associated with their ecosystems, but they rarely have our most prominent diseases. Their life-spans are comparable to ours, except for our forced extensions by all manner of expensive medical technology.

A case in point: in 1932, British physicians examined 238,851 rural Kenyans in the course of treating them for various native medical conditions, but they did not find a single case of heart disease. Dr. Donnison published these results in his 1937 book, *Civilization and Disease*.

Heart disease is the number one fatal disease in our Western urban populations. The only demographic factors separating the two populations are physical activity levels, sparse diet, close-knit clan living, immersion in an undisturbed natural environment, and population density. We do not know the cortisol levels of these Kenyans, but they had few or none of our “civilized” diseases, and the same phenomenon has been reported by physicians working in similar rural hunter-gatherer and pastoralist populations all over the world. And, by the way, these same rural hunter-gatherer or pastoralist people develop all of our diseases within two years of moving to congested urban centers and taking up our Western lifestyle!

So, a broad picture of population density stress emerged. And, then, I read several books and papers from 19<sup>th</sup> century neurologists practicing in large eastern cities in the US, Drs. Charles Miller Beard and Silas Weir Mitchell, who had reported numerous cases of a then new medical condition they were seeing and treating. They coined the term “neurasthenia” and later “nervous exhaustion” for this new medical condition. They made long lists of their patients’ symptoms and I realized that they matched the symptoms that I was seeing in a large sub-population of my patients.

This group of patients with a previous history of severe or chronic stress seemed to be suffering from the opposite of my anxious and depressed patients, leaving me to guess that they might no longer be able to make cortisol. Perhaps over use of their adrenal glands had simply worn them out, so they could no longer produce adequate amounts of cortisol. They, like the neurasthenia patients, were totally exhausted all the time, they craved salt and were light-headed on standing, and they were plagued by either new or returning symptoms and signs of a whole array of autoimmune diseases: multiple sclerosis (MS), rheumatoid arthritis (RA), lupus erythematosus (LE), psoriasis, myalgic encephalitis/chronic fatigue syndrome (ME/CFS), fibromyalgia, etc.

Cortisol regulates energy release as well as the immune system and neither too much or too little is unhealthy. So, I asked these patients to get cortisol blood levels first thing in the morning, just like I had with many of the over-stressed, anxious, depressed patients described above. Many of these poor souls were making almost no cortisol at all, while the anxious and depressed patients most often had very high levels. Can you see the pattern here? These cortisol depleted patients seemed to be suffering from “adrenal fatigue”, which occurred after long periods of high stress or even a brief serious illness, just like the neurasthenia patients in the 19<sup>th</sup> century. Fortunately for us, I could refer these cortisol depleted patients to James Wilson’s self-help book *Adrenal Fatigue*.

Population density stress was making us sick and killing us, first through the “diseases of civilization”, and then as a result of adrenal fatigue!

This has been a brief overview of what my patients taught me over a 42 year clinical medical practice. If the reader would like the details, just Google “Stress R Us” for a free e-book PDF in the MAHB website library at Stanford, or a PB copy on Amazon Books. This book goes into great detail demonstrating the connection between human overpopulation, population density stress, our rapidly increasing “diseases of civilization”, environmental collapse, and the other topics touched on above.

The solution to the problem of our rapidly increasing diseases of civilization, our increasing cortisol levels or their collapse, and the human overpopulation driving them is simple. We need to voluntarily restrict our future worldwide reproduction to one-child per couple on average,

which will bring our worldwide population down to the 1950 level of two and a half billion (2,500,000,000) by 2,100. Such a worldwide effort demands ready access to safe, effective, and inexpensive contraception and freedom for men and women to make the decision to limit their reproduction in order to have a habitable earth for their child, and the generation following, if there is to be one.

Everywhere women (and men) are freed from the obligation in our Capitalist societies to overproduce offspring to keep the wheels of industry turning out excessive profits for the few running these huge corporations, and women are allowed and encouraged to get higher education and meaningful work, the fertility rate drops naturally.

The alternative to this voluntary human population reduction movement is increasing disease, increasing medical interventions, decreasing quality of life, unbearable medical costs, and misery, as well as continued environmental exhaustion and endless resource wars. Which do we prefer for ourselves and our offspring?

Thank you for your time and consideration!

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