Out of Iowa: Two trailblazers who shook up the medical mainstream and continue to do so

By
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What does Iowa bring to mind? Colorful images of dairy cows and lush green fields of corn? Wintertime political caucuses in which Iowans cast the very first votes in the nation for candidates determined to win their party's nomination for President? Or perhaps you associate Iowa with fictional Star Fleet Captain James T. Kirk (tagged as an Iowan in 1986's *Star Trek IV*)? If you do a quick Google search you'll discover that Iowa gave America its 31st President, Herbert Hoover, five Nobel Prize winners, and many prominent figures in sports, music, literature, journalism and many other fields.

Iowa has also blessed America with such luminaries as George Gallup (of Gallup poll fame) and space researcher James Van Allen ("Van Allen radiation belts"), and acclaimed writers such as Pulitzer Prize winner Tennessee Williams.

The Hawkeye state has also given us pioneering souls whose activities have been hailed in some circles and lambasted in others. Two outspoken Iowan innovators in particular deserve a closer look because they have been periodically singled out by vocal skeptics and self-proclaimed "quackbusters": Highly successful businessman and former US congressman, Berkley Bedell, 97, whose activism on behalf of complementary-alternative medicine now better known as integrative medicine played a significant role in birthing the NIH’s Office of Alternative Medicine in 1991 (now the National Center for Complementary and Integrative Health); and David A. Steenblock, 75, an osteopathic physician whose use of hyperbaric oxygen, stem cells, and chelation therapy to treat stroke and a whole host of other chronic diseases and medical conditions have produced clinical improvements in many of his patients that their own doctors said could not be pulled off by any known means.

BERKLEY BEDELL

Like Berkley Bedell, Dr. David A. Steenblock grew up wanting to get ahead and make life better for others. After witnessing a necropsy on a horse at age five, Steenblock set his sights on becoming a doctor and then a few years later joined the 4-H and promptly declared that he would base his envisioned medical career on this organization’s motto, "To make the best
And, as is often the case for young people who grow up on a farm or in a small town dominated by farming and ranching, Steenblock learned firsthand that precious time and money can be saved by creative “jury-rigging” and “tinkering things together”. This went hand-in-hand with another of life’s lessons: namely, that while “necessity is the mother of invention” it takes a lot of experimentation, determination and perseverance to come up with viable solutions as well as more efficient ways of getting things done.

After graduating high school young Steenblock, like Berkley Bedell before him, attended and graduated from Iowa State University (BS degree in zoology, 1964). He then went on to earn an MS in biochemistry (1967) from the College of Osteopathic Medicine and Surgery in Des Moines, Iowa and afterwards was admitted to the school’s Doctor of Osteopathy (D.O.) degree program. While in medical school Steenblock did an externship at the University of Washington Department of Hematology/Oncology (1969) which included work with stem cell-rich bone marrow. This particular program was run by Dr. Edward Donnall Thomas who in 1990 was awarded the Nobel Prize in Medicine & Physiology for his pioneering organ transplant work.

Following receipt of his medical degree, Dr. Steenblock did post-doctoral training including three years at Case Western Reserve University and one year at the Oregon Health & Sciences University. He then did a Clinical Rotating Internship at Providence Hospital in Seattle, Washington.

Then, after beginning his osteopathic medical internship and realizing that it consisted for the most part of seeing patients with tonsillitis and other rather minor medical challenges, he promptly joined a group of MD interns at a local teaching hospital so he could handle and learn firsthand how to deal with emergency cases as well as people struggling with serious chronic illnesses and medical conditions. When word of this reached one of the deans of his medical school he naturally wound up in hot water but even so held his ground and continued making rounds with MDs (Osteopathic medical internship programs have improved over time and now considered every bit the equal of MD medical schools).

Medical school equipped Dr. Steenblock with a lot of insight into how chronic diseases are triggered and develop in people, but he wanted to know more. This led him to pursue hands-on training and work in the field of pathology, something which occupied him for two years. During this time, Steenblock did autopsies and all kinds of laboratory tests on tissue, organ and body fluid samples to help determine the exact cause of death in scores of individuals. Pathology work also helped him better zero in on key players in the development and evolution of many diseases and medical conditions.

However, what Dr. Steenblock discovered is that pathology is at times a very inexact science which sometimes misses or glosses over evidence of disease contributors linked to specific lifestyle and dietary patterns in people.

It was these lifestyle and dietary players in chronic disease that motivated Steenblock to leave pathology and focus on holistic medicine which emphasizes health-promoting lifestyle, dietary and supplement measures. After spending some time learning all he could from various
accomplished holistic physicians, he made his way to El Toro, California where, in 1977, he opened the first holistic medical clinic west of the Mississippi River.

In his role as a holistic physician Dr. Steenblock advocated and prescribed then controversial treatments such as a very low fat, high fiber, nutrient dense vegetarian diet to slow and reverse arterial disease, though for the most part he, like most of his traditional physician colleagues, prescribed and administered lots of conventional drugs, treatments and therapies.

Two things that especially stood out about Dr. Steenblock was his almost obsessive reading habits (most being scientific and medical journals, abstracts and books) and in-office experimentation. Of course, many doctors try to stay on top of the literature in their specialties and use FDA approved drugs and technology off-label (alone or in combinations to treat diseases or medical conditions they are not officially approved for). But in Steenblock’s case the quest for the latest, greatest knowledge, therapeutic agents and technology, and their use in spinning novel treatment angles, took up almost every free minute of time he had 7/7/365 (and still does according to him and his staff).

In an age in which discoveries are routinely made and trumpeted by major pharmaceutical firms and academic research centers, Dr. Steenblock’s in-office experimentation may at first glance seem quaint if not anachronistic. It is not though, as many celebrated medical advances have been made by physicians doing in-office experimentation.

Among the things Dr. Steenblock experimented with: Combining chelating (calcium/other minerals, iron and heavy metals binding) agents with other compounds, drugs and dietary measures to slow blood vessel blockage and reverse this (1970s on); the use of a medicinal algae (Chlorella) to both prevent and treat specific health challenges such as diabetic ulcers (1970s), and hyperbaric oxygen therapy (1989 - present) to treat stroke (including effecting a remarkable turnaround in an acute stroke case), and later cerebral palsy, autism and other neurologic diseases and conditions.

Not unexpectedly though, some patients who were cared for by Dr. Steenblock found fault with his somewhat cerebral bedside manner, by his incredible busyness, or by the fact they had convinced themselves they would get a rapid medical turnaround and did not. Some of these shared their concerns or disappointment with their conventional doctors, many of whom made disparaging remarks that made their way back to Dr. Steenblock.

Then, during a 1988-1990 Orange County (California) court case involving a physician (MD) charged with involuntary manslaughter as the result of administering intravenous hydrogen peroxide to a man with esophageal cancer, Dr. Steenblock was called on to provide expert technical testimony on this sort of treatment by the defense, which he did. Right after Dr. Steenblock left the stand, one of the prosecuting attorneys was overheard to say “We’ll find a way to get Steenblock” (Oral communication from the woman who was in the courtroom at the time and heard this).

While it was business as usual for Dr. Steenblock through much of the 1990s, storm clouds were gathering on the horizon. Then, during the late 1990s the first of what would prove a series of regulatory agency tempests moved in on the heels of a complaint filed by two patients
claiming negligence on the part of Dr. Steenblock. The (California) Department of Consumer Affairs thoroughly investigated his actions and declared he had done nothing wrong. However, the Osteopathic Medical Board of California (OMBC) then weighed in and managed to come up with a long list of charges (It didn’t help that the copies of Dr. Steenblock’s records reviewed by a OMBC physician were difficult to read and he did not request more legible copies). What followed was a legal tug-of-war which, according to Steenblock, resulted in his reluctantly accepting a “plea bargain” in which the only violation he signed off on concerned inadequate charting and the use of injectable iron (And Dr. Steenblock apparently railed against these even as he signed off on the agreement).

Then, from 2000 to 2013, Dr. Steenblock was hit with four additional regulatory actions (The last one being for failure to fully comply with the terms of the third). The “black and white” details can be found by doing a search using Steenblock’s name on the Osteopathic Medical Board of California’s physician database.

According to Steenblock, the state of California was unfair in their handling of each case filed against him. In mid-November 2016, HBO’s Vice News program aired a short (7m11s) segment on Dr. Steenblock including mention of the various run-ins he has had with the state of California and his belief that the board has a vendetta against him. This news piece can be accessed by clicking on the embedded video below or by going to https://news.vice.com/story/stem-cell-therapy.

If Dr. Steenblock seems biased in his own favor, it should be mentioned that others who independently examined the details of these cases concluded that some aspects of the regulatory proceedings seem to gloss over and, in some instances, not even take into account mitigating circumstances or contrary evidence. These are laid out in various online venues including the “Something Amiss” website at http://www.something-amiss.org/state-medical-board-decisions.html (A website Dr. Steenblock had no role in setting up nor provided any input to according to its creators).
In the midst of his battles with the state, Dr. Steenblock continued creating and seeking out unique, effective ways to help turn the tables on a wide variety of chronic diseases and medical conditions. Many of these involved the use of adult (nonembryonic) stem cells. Among them:

In 2002 Dr. Steenblock got involved in the experimental use of umbilical cord stem cells in Mexico, including their administration to children with cerebral palsy, autism and metachromatic leukodystrophy (MLD), and also adults with a wide variety of other neurologic and non-neurologic diseases and medical conditions including chronic stroke, multiple sclerosis, amyotrophic lateral sclerosis (ALS), and various dementias such as Alzheimer’s disease. As part of this clinical work, he helped design and carry out a clinical pilot study involving eight children with cerebral palsy who were treated with pure cord blood stems (Mexico) during 2004-5. The results indicated that these treatments were both safe and effective. During this time he also co-authored one of the very first lay-level books on umbilical cord stem cell therapy ever published titled “Umbilical Cord Stem Cell Therapy: The Gift of Healing from Healthy Newborns” (2006, Basic Health Publications), which includes case histories of both children and adults treated in Mexico who reaped impressive improvements and in some instances, turnarounds.

And, starting in 2005, Steenblock began using minimally manipulated or processed stem cell rich bone marrow aspirate concentrate (BMAC)* along with FDA approved drugs that mobilize bone marrow stem cells as well as those that activate them, to treat patients with a wide variety of chronic diseases, some progressive, including age-related macular degeneration, Amyotrophic Lateral Sclerosis (ALS), COPD (Emphysema), multiple sclerosis (MS), osteoarthritis, osteoporosis, Parkinson’s disease, spinal cord injury (SCI), and traumatic brain injury (TBI). According to him (oral communication, 2017), he and his medical team have done more than 5,000 such treatments without a “hitch or glitch” and accrued evidence of a slowing of progression as well as clinically significant improvements in various chronic diseases, many being both progressive and terminal in nature.

In the midst of this he began seeing something odd cropping up in virtually all his sporadic ALS patients: a pattern of spinal injury and reinjury. Maybe, he speculated, these injuries were causing tiny breeches or tears in the blood-cerebrospinal barrier. Curious, during 2014-2015 he carried out a retrospective study of 54 sporadic ALS (sALS) patients he had treated over a four-year period (2011-2015). He found evidence in 52 of the 54 sALS patients of spinal injury and subsequent reinjury. Bolstered by this, he formalized his thoughts in a paper titled “Osseous Spinal Injury & Reinjury As a Risk Factor, Biomarker and Etiological Factor in Sporadic ALS” in which he posited that spinal (especially cervical) injuries and their subsequent reinjury creates blood-cerebrospinal barrier breaches which permit specific neurotoxic compounds and other known triggers and players in ALS to get into the central nervous system and wreak havoc.

This paper was published in the October 2016 issue of the Townsend Letter which can be accessed here.

Much of what Dr. Steenblock accomplished over the course of his long medical career was (not unexpectedly) met with opposition and resistance from conservative mainstream doctors,

* A legal form of stem cell therapy in the US as of April 2018.
scientists and organizations. Many began referring to his work as “fringy”, “quackery” or worse. Since most of the evidence supporting the efficacy of his treatments was based on patient histories – anecdotal evidence – his claims were typically characterized as weakly supported or unsubstantiated altogether.

In light of this, will any of his novel insights or treatments ever attract the attention of researchers or institutions with the resources he lacks to put these to the proverbial acid test (randomized controlled studies)? Does the history of science and medicine offer much hope this will be the case?

There are instances in which individual inventors, physicians and others created or were proponents of treatment or disease prevention methods that were ridiculed and dismissed by mainstream doctors and scientists, only to be vindicated later on (by indisputable scientific evidence). The same is true of maverick thinkers in other fields. A simple Google search done by this writer turned up 3 popular articles on this very topic:

Mad Scientist: 6 Scientists Who Were Dismissed As Crazy, Only To Be Proven Right Years Later

5 Famous Scientists Dismissed as Morons in Their Time

7 Scientists whose ideas were rejected during their lifetimes

In addition, in the late nineteenth century surgical oncologist William Coley developed a treatment for cancer (Coley’s Toxins or Coley’s Vaccine) involving killed strains of bacteria that brought about tumor regression in many cancer patients treated with it. Since Coley’s proof consisted of a series of case histories, most doctors and researchers had serious qualms about it. When studies were done the outcomes were mixed, but even so in 2005 Pfizer and Sanofi-Aventis began funding research into Coley’s Toxins.

And more recently, Australian internist Barry Marshall and pathologist Robin Warren turned conventional thinking about the cause of peptic and gastric ulcers on its head by providing evidence that the bacterium Helicobacter pylori was the culprit. However, the road to such acceptance of this was not an easy one. After publishing a hypothesis linking this bug to ulcers in 1982, they were met with widespread incredulity, mainly because few doctors or scientists believed that a bacterium could thrive in the stomach’s highly acidic environment. After Drs. Marshall and Warren failed to induce ulcers in animal models, Marshall decided to prove the linkage by having some tests done including an endoscopy to prove his stomach was healthy, and once this was done, to gulp down a petri dish containing Helicobacter pylori. Gastritis symptoms appeared after only three days and on day eight a repeat endoscopy was done which revealed gastritis. In addition, H. pylori were cultured from stomach material obtained from Marshall.

This dramatic experiment was published in the Medical Journal of Australia in 1985 and in 2005 Drs. Marshall and Warren were awarded the Nobel Prize in Medicine & Physiology.
With this said, it appears that the percentage of those who create or champion a novel medical idea, hypothesis, treatment or preventative measure that pans out is very small, perhaps miniscule.

And, as the author of “7 Scientists whose ideas were rejected during their lifetimes” (hyperlink above) correctly pointed out “…many new, controversial scientific ideas are rejected – and rightly so, because most are flawed. Otherwise, today we might accept ideas such as the existence of: Planet Vulcan, N-Rays, Caloric, Pangenesis, an inhabited Sun, and the number of the universe

However, the fact that some of the treatment approaches Dr. Steenblock created or advocated later gained scientific support from studies done on similar combinations of methods and regimens carried out by clinical researchers in various reputable private and public institutions, suggests that some of his yet formally untested brainchildren might yet be put to the test and proven correct or accurate.

Among his “on target hits”: Steenblock’s use of very low fat, nutrient and fiber rich vegetarian diets to slow and reverse arterial blockage presaged later research carried out and popularized by Dean Ornish, MD (1990) and others. The same can be said of his in-office clinical experiments using chelation therapy\(^1\), hyperbaric oxygen therapy\(^2\), umbilical cord blood and stem cells\(^3\), as well as bone marrow aspirate concentrate\(^4\) (BMAC).

Perhaps not surprisingly, Steenblock’s involvement with the use of umbilical cord stem cells in children with cerebral palsy (Mexico), especially during the years 2003-6, was singled out and characterized by various American stem cell experts as little more than “smoke and mirrors” or an outright scam. Most of these experts were university researchers who worked with cell cultures and lab animals and not humans. After casting aspersions on the stem cell work of Dr. Steenblock and his Mexican associates, more than a few of these academic stem cell researchers then pursued and obtained funding to test the use of umbilical cord blood or cord blood derived stem cells in animals and humans.

According to various current and former staff members of Steenblock’s namesake nonprofit institute (Steenblock Research Institute/SRI) which was founded in 2003, some of the very doctors and academic researchers who were the most critical of Drs. Steenblock and Ramirez’s clinical stem cell work in Mexico also secretly steered patients to them. In addition, nurses working with some of Steenblock’s most vocal critics including a research RN in a major east coast university ALS program also surreptitiously referred patients to Dr, Ramirez through SRI.

When some of these patients reaped medically verified improvements the very people who had referred them to Dr. Steenblock refused to share this publicly. When pressed to explain why by SRI staffers, some said they feared they would be subject to the very skepticism and criticism they had openly heaped on him and Dr. Ramirez, while several MDs pointedly mentioned wanting to avoid jeopardizing their standing with their strictly-by-the-book peers.

While these mainstream doctors, nurses and researchers dodged getting embroiled in the controversy that swirled around Steenblock and which they had contributed to, Dr. Steenblock
pressed on, convinced that he was getting results that made his battles with critical colleagues, journalists and others worthwhile.

Of course, the fact remains that Dr. Steenblock was and is a controversial figure with plenty of flies in his ointment, enough to surely shake the confidence of those considering seeing him for medical care. And yet he remains both popular and busy.

How is this possible? One way to find out what might be keeping the scale tilted in Steenblock’s favor is to ask some of his patients, past and present.

A world renown NYC lawyer who was examined and treated by Dr. Steenblock in 2005 and then on several subsequent occasions, admits he was aware of Steenblock’s regulatory violations history, but that his finely-honed litigator’s instincts sent a “signal to his brain that Dr. Steenblock is a competent doc and genuine medical pioneer”.

Other patients who were surveyed as part of preparing this article expressed similar sentiments.

Are these people wrong, which is to say, did a significant number of the people who have seen Dr. Steenblock end up disappointed? To answer this would require doing a formal scientific survey. The best that can be determined from patient and caregiver comments to this writer as well as various satisfaction surveys conducted over the years by Dr. Steenblock’s clinic personnel and outside firms, is that few if any wound up feeling they were left holding the proverbial bag.

For people unable to make their way to Dr. Steenblock’s clinic and stem cell lab complex in San Clemente (California), he recently introduced a program in which those seeking stem cell therapy can do so without seeing him. Here is how it purportedly works: An individual’s doctor obtains and ships Steenblock’s lab people a vial of blood which they then process in a unique way so as to generate more than 100 million stem cells. The stem cells are then shipped back to the blood donor’s doctor who then administers the cells to him.

He has also introduced a very low-cost do-it-yourself form of stem cell therapy which includes having people take an all-natural product called Stemgevity™ which Dr. Steenblock and his technical support team developed over a decade ago and has refined and patient tested every since. According to Steenblock, Stemgevity™ mobilizes stem cells from the bone marrow which then gravitates to diseased or damaged tissues, embeds in them and then excretes growth factors and other potent compounds which promote healing and restoration.

And, drawing on a lifetime of learning about and dealing with aging and how to offset or counter it. Dr. Steenblock, who turned 75 in January, recently launched his “Youngering™” program as well as a “Youngering™ Club” which meets once monthly in his clinic, typically on a Saturday or Sunday afternoon. Members of his club are required to become patients of his by filling out some paperwork and paying a single dollar, something which entitles them to aging management and antiaging insights and tips from Steenblock as well as various visiting experts and scholars in the field.
Only time will tell if Dr. Steenblock has truly “made the best better” in medicine. But one thing seems certain; he cannot be accused of failing to give it his best shot or of lacking perseverance.

References


This randomized, placebo-controlled study concerned the use of the metal chelator EDTA and a multivitamin supplement in people age 50 and over who had had a heart attack. Dr. Steenblock’s experiments with combinations of chelation drugs and multivitamins/multiminerals given by iv (intravenous) means presaged this study by decades and his subsequent experiments appear to go well beyond this approach.

2. A major randomized, prospective Israeli study was published in 2013 in the open access journal **PLOS Clinical Trials** in which the authors reported that “… HBOT can lead to significant neurological improvements in post stroke patients even at chronic late stages”

3. $15 Million Award to Go Toward Exploring New Treatments for Autism, Other Brain Disorders (Duke University new release - June 18, 2014)

"Duke Medicine has been awarded $15 million to support an innovative research program that explores the use of umbilical cord blood cells to treat autism, stroke, cerebral palsy and related brain disorders."

4. Stem cells can be safely infused in brain to promote stroke recovery, study finds May 21, 2015.

To learn more

[Berkeley Bedell’s Foundation for Alternative and Integrative Medicine website](#)

[Dr. David Steenblock’s Clinic website](#)

[2 min. (Steenblock) San Clemente, California clinic video including exterior drone shots](#)

[Scientific Proof that Your Gut is Best at Making Decisions](#)

[Operation Clambake presents: Baloney Detection Kit](#)

Anecdotal evidence and observational studies are regarded by some researchers as a more reliable means of discovery and explanation than formal studies. One very cogent paper on this subject is “Observational Research, Randomised Trials, and Two Views of Medical Science” that appeared in the **PLoS Hub for Clinical Trials**. It can be accessed by licking this link: [http://bit.ly/M8WwEV](http://bit.ly/M8WwEV)

[Manufacturing Consent: The Political Economy of the Mass Media](#)
Media bias is real, finds UCLA political scientist

Suppressed Science on Skeptics (Many who loudly advertise themselves as “skeptics”)

Wikipedia: Captured by Skeptics

How the FDA Manipulates the Media (Scientific American, October 2016)

Health Care Myth Busters: Is There a High Degree of Scientific Certainty in Modern Medicine? (Scientific American, March 25, 2011)

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