

The New Zealand Journal of

NATURAL MEDICINE



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Introduction



Many of us simply don't realise just how important our teeth and gums are to our overall health. And even if we do, we often ignore the implications of things like caries or abscesses.

I confess that I have learned an extremely valuable lesson in this regard since the last issue was published.

About two years ago, I developed an abscess in my gum following a rather arduous visit to my dentist. While not initially painful as many if not most abscesses are, it protruded in a rather pronounced way and felt a tad uncomfortable. My dentist didn't think it was anything to worry about, so I didn't, either.

That is, until the problems really got going, and surgery became inevitable.

While awaiting the aforementioned visit to the surgeon it became quite necessary to "hold the line" with a course or two of powerful antibiotics, something that I am not only philosophically averse to, but constitutionally, as well.

I resorted to this only after the toxins from the abscess began affecting my heart muscle, a rather alarming sign.

Katherine would have rung for an ambulance were it not for the fact that in an altered state of "she'll be right, mate" I actually didn't tell her until the next morning.

Our kind and tolerant GP immediately put me on an ECG and a course of Amoxicillin, which managed to hold the infection in check, at least for a while.

Since there was "a chance" that the antibiotics could actually resolve the infection, I delayed the surgery once again, another mistake.

Consequently I took too many antibiotics for my own good and developed

a recurrence of an old problem with systemic candidiasis.

The actual surgery was performed flawlessly by one of the most competent and personable men I have had the pleasure of being operated on by, and recovery went well, at least for the by now lonely socket.

It was the after-effects of the antibiotics that caused the problem, though there is a lesson to be found in that, as well.

As I mentioned earlier, the antibiotics (the word actually means "against life" – an appropriate definition to be filed away for later use) had caused a recurrence in a long standing problem I have with candida overgrowth. Antibiotics, of course, kill bacteria, often both "good" and "bad" bacteria indiscriminately. These bacteria ("flora") are usually in balance with the *Candida albicans* which is also native to the human intestine. When the bacteria are killed off by the antibiotics, the *candida* can run amok, and can (and do) penetrate the intestinal wall and make their way into the bloodstream – which is where they really go to town.

In their new home they metabolise sugars – fructose, sucrose, and lactose, the by-product of this process being, of course, alcohol. I had become a walking, talking human alcohol brewery, and was rapidly descending into an old condition known as "chronic fatigue".

But more to the point, something really interesting happened, something that could well have relevance to millions of people who have discovered, much to their amazement, that they have become "gluten intolerant".

That's right. I became "gluten intolerant" too.

And the antibiotics seem to have worked this particular magic. And there

is lots of material on the net that seems to corroborate this. For example:

Connecting Gluten Allergies and Candida Albicans

By Dr. Jeffrey McCombs

"Hwp-1, also known as Hyphal Wall Protein-1, is an amino acid within the cell wall of Candida albicans that enables Candida cells to attach to the intestinal cells. The sequence of amino acids that make up Hwp-1 are identical or highly similar to the proteins, a-gliadin and y-gliadin found in gluten (Wheat, barley, rye) products. When Candida attaches to the intestinal wall, the body's immune system responds.

The cells of the immune system don't recognize the Hwp-1 as being separate from the intestinal cell. It sees them as both being a part of the same foreign material. From that point on, it can then target both substances either together or separately. (<http://www.healthiertalk.com/connecting-gluten-allergies-and-candida-albicans-4644>)

Anyhow, you get the point: One part of the body's intricate and delicate immune system gets out of whack, starting, in my case, with a stupid decision to believe my dentist when I should have believed my body, and ending in a desperate attempt to cure what was incurable through the mechanism of a allopathic drug that caused more problems than I had to begin with.

I should never have believed my dentist, and I should have had the surgery straight away.

That's called 20-20 hindsight.

Anyhow, we're running a particularly good article by Marc Sircus in this issue on antibiotics. I suggest you read it carefully. I have already.

– Jonathan Eisen, Publisher

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“Let food be your medicine and medicine your food.”

– Hippocrates

“When diet is wrong, medicine is of no use; when diet is correct, medicine is of no need.” – Ayurvedic wisdom



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A Journalist's assignment: Iatrogenic Epidemic

To the Editors:

Subject: Do 259 or 4,500 or 18,000 or 50,000 Australians die per year as a result of harm arising from medical treatment as distinct from dying because of their medical disorder?

“Harm” arising from medical treatment was defined by Ivan Illich in the 1960’s as *iatrogenesis*. The name derives from “iatros”, the Greek word for physician, and “genesis” meaning origin.

For a government to define how many patients die from medical treatment as distinct from the patient’s medical disorder; that is its nation’s iatrogenic death toll:

1 The law must require and achieve, reporting of all such deaths.

2 A government department must be required to collect, collate and record all iatrogenic deaths in all of the categories of the causes of these deaths.

Step 1: Check if there is a legal obligation to report iatrogenic deaths.

The following questions were put to the Federal Minister for Health and responded to by Senator Santoro, tabled 20 September 2006:

Are iatrogenic deaths legally required to be reported by law?

Yes, under the jurisdiction of the States and Territories, all iatrogenic deaths are required to be reported by law.

Is it illegal for a medical practitioner to falsely certify an iatrogenic death as having arisen from some other legally acceptable cause of death?

Yes, it is illegal for a medical practitioner to falsely certify a cause of death.

Do Australia’s governments grant anonymity to iatrogenic deaths by allowing their true cause of death to go unrecorded?

No, the cause of death must be recorded.

Step 2: Check if the Australian Bureau of Statistics (ABS) uses the appropriate number of categories of iatrogenic harm causing

death to categorise and record all reported iatrogenic deaths.

The ABS must have a classification system that includes all of the numerous categories of iatrogenic harm causing death. When I inquired, I was told that the ABS uses the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and that the ABS figures reflect two categories of “incidents arising from medical and surgical mishaps”.

Assembling data using only a fraction of the all-inclusive list provides an untrue estimate of Australia’s iatrogenic toll. The ABS reported an annual iatrogenic death toll of 259.

Step 3: Check if 259 iatrogenic deaths equate with media reported iatrogenic death rates.

An article by Mark Metherall in *The Age*, July 27, 2009, regarding a Federal Government Report about public health was titled “Hospital Botches Kill 4500”. (“Hospital botches” are only a part of the entire iatrogenic spectrum.) [i]

According to Bruce Barraclough’s study, [ii] Dr. Ross Wilson, Director of Quality Assurance at Sydney’s Royal North Shore Hospital stated that there are 18,000 patients who die each year as a result of medical mistakes in Australia. [iii]

In his 1995 book *Bad Medicine*, Australian investigative journalist, John Archer, derives his information via a meta-analysis of some of the public domain medical literature regarding iatrogenic harm and quotes some of the medical data about iatrogenic harm and concludes that approximately 50,000 iatrogenic deaths occur each year. [iii] *This implies that iatrogenic death may one of the leading cause of death in Australia.*

Comment: These patients had a medical disorder. Some would have had a very serious disorder. Others may be in the terminal stage of an illness. However terminal iatrogenesis is certainly not confined to those about to die.

A fatal flaw in the claim that medicine is evidence-based is that the medical profession does not collect, collate and publish accurate evidence of its own epidemic level of iatrogenic permanent harm and fatalities.

Step 4: Compare Australia’s decades of accumulating iatrogenic deaths to deaths

arising from wars and the road toll.

a) War – among service personnel in all of the wars in which Australia has been a combatant.

Unlike peace, iatrogenesis knows no casualty free times. Rather, its pandemic toll accumulates relentlessly over decades. When I checked with Australia’s War Memorial their figures showed that in the years since 1860-61 the total number of Australian service personnel who were killed as a result of war caused injury totaled 102,820.

b) Australia’s Road Toll

In his 1995 book Archer noted Australia’s annual road death toll was about 2,000.

Step 5: Query why the ABS reported 259 iatrogenic deaths when 1) the public domain medical literature implied an epidemic level of iatrogenic deaths, 2) selective media reports clearly indicate thousands of iatrogenic deaths?

I received an incredible reply: “The issue of data discrepancies with regard to iatrogenic deaths in Australia is not currently on the ABS Mortality Statistics Forward Work Program, nor has it been in the recent past.”

It is my understanding that because the World Health Organisation’s International Statistical Classification of Diseases and Related Health Problems (ICD-10) does not accurately account for all categories of iatrogenic deaths the ABS figures are fatally flawed.

All nations using this ICD-10 classification cannot accurately account for their iatrogenic toll. No government reveals its own country’s iatrogenic epidemic and so collectively, the WHO cannot recognise the iatrogenic pandemic.

Step 6: Check to see if other Australian Government departments know Australia’s annual iatrogenic toll.

I e-mailed the Office of the Safety and Quality Council. In July 2005, their incredible reply confirmed that: “There is currently no one body that correlates all information on rates of death due to treatment and in fact, there is no single source of statistics that provides an appropriate measure for safety and quality in Australia.”

Step 7: Ask Australia’s Governments to define the true extent of Australia’s iatrogenic toll, pointing out that the ICD cannot define Australia’s total iatrogenic toll.

I created a list that incorporates most causes that may define Australia's total iatrogenic toll. I sent that to the Federal Minister for Health and asked him to use that to define Australia's total iatrogenic toll.

In reply to one of my questions, Australia's Minister for Health avoided confronting the total iatrogenic toll by stating: "The Australian Government does not make estimates of annual fatalities arising from these categories." [iv]

My questions, in person and in state and federal parliament confirmed that governments cannot know their state, territorial, or national iatrogenic toll. By seemingly having made an unofficial, informed choice not to adequately forewarn generations of victims, people in power contribute toward that toll.

Step 8: As evidence-based medicine is replicated in both Australia and other developed countries, check the international scene to see if other nations share similar epidemics.

In the USA and in 2004, three MDs and a PhD reported: "The most stunning statistic, however, is that the total number of deaths caused by conventional medicine is an astounding 783,936 per year. It is now evident that the American medical system is the leading cause of death and injury in the US". [v]

According to the *British Medical Journal* 1999;319:136-137 (17 July) "Studies in Australia, [vi] Israel, [vii] the United Kingdom [viii] and elsewhere, suggest levels of error and hazard in patient care that are no lower than in America."

Edgar Suter, the author of *What Doctors Don't Tell You* comments, when comparing the rates of iatrogenesis to the misuse of firearms, "If you live in the USA where about 40,000 people are shot dead each year, you are nevertheless three times more likely to be killed by a doctor than by a gun". [ix]

According to *Scientific American*, "If the airline industry's fatality rate was as high as the estimated death rate from medical errors, five major crashes would take place every day." [x]

And in Canada: "It is not unreasonable to estimate that mistakes within the entire Canadian health system may be inadvertently or negligently killing 50,000 people a year or more rivaling heart disease and cancer as the greatest threats to life." [xi]

Step 9: Check internationally, does any government collect and publish complete

and accurate data about this "greatest threat to life"?

I have not seen any indication that any country does that. I suspect that the international use of ICD-10 classification serves to give an impression of accountability without confronting and exposing either national iatrogenic epidemics or the global iatrogenic pandemic. That suspicion carries enormous implications!

Step 10: Check internationally, has any mainstream media noted: 1) this glaring ICD-10 sourced discrepancy; 2) that no government collects and publishes accurate data revealing their country's annual iatrogenic toll; 3) that no government publishes adequate forewarnings about this great risk?

Responsible media outlets share a duty of care to recognise that using the ICD-10 classification conceals rather than reveals the magnitude of a nation's iatrogenic toll. A concealed epidemic should be a major area of concern to responsible news outlets. Instead, as far as I know mainstream media articles never recognise that there is an iatrogenic epidemic or a global iatrogenic pandemic.

It is hard to imagine that a nation's key editors and journalists in the mainstream print, TV and radio media would make such an informed decision to: 1) fail to call the government to account for what seems to be a massive betrayal of patient and public interest 2) never sound a public alarm about the true full dimension of the iatrogenic threat to medical patients.

Step 11: Prepare and circulate adequate background material to effectively inform Australia's key editors and journalists in our mainstream print, TV and radio that a serious problem exists. Then observe their informed decision. I circulated adequate information. Their uniform response has been silence and total inaction about it.

No one asked the government to explain 1) why they use the ICD-10 classification and so fail to accurately fully account for the iatrogenic epidemic and 2) why they don't publish adequate forewarnings about the epidemic.

Step 12: Look for the red herrings used by government to justify not providing public patients with direct Medicare funded access to non-medical registered and licensed health care professionals who do not create an epidemic.

Safety cannot be a foundation for medicine's exclusive role as the sole major provider within the public health system. Exclusive dealing between government and in terms of iatrogenesis, the most dangerous health care profession betrays, rather than protects, patient and public interest.

As for your story: It will not get published if it exposes the complicity of our mainstream media in a great wrongdoing. The mainstream media's control over information has been lost to internet's social media. That offers opportunities to publish and network the story.

Please let me know if I have got something badly wrong. – Michael McKibbin
michael.mckibbin@attadalechiropractic.com

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Dental Mercury

To the Editors:

Last week I had the “silver” fillings I’ve had in my teeth for over 10 years removed, and it changed my life so much that I had to write to you about this (in case you don’t know about this already).

I’m a pretty health conscious guy and I can’t believe I let this slip under my radar for so long.

First of all, if you have “silver” fillings in your mouth, go watch these videos below right now. These are not just silver fillings, they also contain mercury, which is extremely toxic, causes depression, brain disorders, chronic fatigue, and a host of many other health conditions which are in plague status currently all over the world. (Especially in young children.)

Watch these videos:

(This one shows the mercury gas coming off your teeth if you have fillings)
<http://www.youtube.com/watch?v=GDnfeIwd0wI>

The amount of mercury which comes off your teeth from these fillings is many times more than what the EPA considers toxic and mortally hazardous to human beings!

(In this one you’ll see how mercury affects your brain cells, this is seriously messed up) <http://www.youtube.com/watch?v=hqIdGwAMxxs>

Here’s how this changed my life.

The moment the fillings came out of my mouth, it was as if my brain started working properly for the first time in 10 years.

A mental fog, a fuzz that’s been there for years suddenly lifted. My whole body began buzzing with energy.

All of a sudden my thoughts became extremely lucidly clear and a type of inner harmony began to arise, peace on a cellular level in my body.

Latent abilities which I had very strong as a child, such as clairvoyancy, returned at rapid speed. (This is because mercury inhibits the pineal gland which is in the brain.)

Even though I didn’t know it, my body was under constant attack from mercury for 10 years, causing my thinking to be fuzzy and my thoughts to be blocked.

All I can say is WOW, I can’t believe

I waited this long to take these out, my friend made me aware of it months ago and I kept on putting it off. (Who likes going to the dentist?)

If you have “silver” fillings in your mouth, I highly recommend that you take them out immediately. This is a total game changer.

Here’s some more articles if you want to do your own research:

Here’s a list of Mercury poisoning symptoms if you have any of these, and you’ve got fillings, take them out and see what happens.

- <http://www.mercurypoisoned.com/symptoms.html>
- http://www.naturalnews.com/029001_dental_fillings_mercury.html
- <http://www.mercurypoisoned.com/should.html>

The best way to have them removed is to find a Biological Dentist and have them safely remove the Mercury and replace them with Ceramic fillings or other safe materials (of which there are plenty.)

Hope you found this helpful.

Kacper
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Editor’s note: The removal of mercury amalgam fillings can cause acute mercury poisoning if proper precautions such as a dental dam etc are not used. Make sure you find a dentist who understands this risk and acts accordingly.

Fluorosilicic Acid (Fluoride), in ONE paragraph...

“Fluorosilicic Acid... is an aqueous solution... used for the Fluoridation of drinking water... Fluorosilicic Acid is the most widely used fluoridation agent in Australia, and has several advantages over powdered fluoridation products, including the elimination of manual handling, dust control, and slurrification.[1] Fluorosilicic acid is a particularly aggressive and hazardous chemical and requires specific operator training and awareness. [2] Fluorosilicic acid is classified as a Schedule 7 (S7) Poison using the criteria in the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP).[3] Schedule 7 (S7) drugs and poisons are substances and preparations that have high to extremely high toxicity; can cause death or severe injury at low exposures; require

special precautions in their manufacture, handling, or use; may require special regulations restricting their availability, possession or use; and are too hazardous for domestic use, or use by untrained persons.”[4]

SO, let me get this straight...

The guy who wants this highly corrosive toxic S7 poison acid removed from the drinking water supply of babies, kidney patients, the elderly, and so on, is a “fringe” nut job, whose views pose a “risk [to the] health of the public”[5-6]; whilst those who insist on continuing to forcibly inject this highly corrosive toxic S7 poison acid into public water supplies, are hailed as “leading doctors,” “authorities,” “health officials,” and the like.[7]

Mmmmmmmmmmmmm.....
All makes perfect sense to me!

SOURCES

- [1] http://www.incitecpivot.com.au/products_1.cfm
- [2] http://www.hydramet.com.au/3/53/2/fluoride_dosing.pm
- [3] <http://data.rmt.com.au/msds/3082468.pdf>
- [4] http://en.wikipedia.org/wiki/Standard_for_the_Uniform_Scheduling_of_Medicines_and_Poisons#Schedule_7_Dangerous_Poison
- [5] <http://www.couriermail.com.au/news/opinion/editorial-tech-control-a-positive-step/story-e6frerc6-1226532801035>
- [6] <http://www.couriermail.com.au/news/queensland/minister-and-former-dentist-john-paul-langbroek-tells-backbencher-jason-woodforth-to-concentrate-on-his-electorate/story-e6freoof-1226532817150>
- [7] <http://www.sunshinecoastdaily.com.au/news/mps-crusade-irresponsible-fluoride-water/1653543/>

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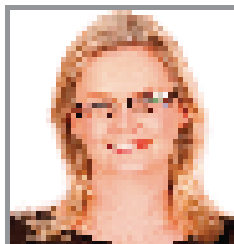
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In the nineteenth century, the oil massaged into the skin of people who were unable to eat to take advantage of the skin's ability to absorb nutrients.

Extra virgin olive oil also makes a good base for a salve that can be applied to babies' bottoms to help prevent nappy rash or used on chapped skin for adults, as a relief for mild sunburn, etc. Just heat a little olive oil on a low setting in a stainless steel saucepan and add flakes of beeswax. Drip the mixture onto a cool plate to check the consistency, and when it is ready, pour it into a clean glass jar. (NB: As it contains no preservatives, it is best to use a clean teaspoon or other implement to remove this salve from the jar, rather than a finger.)

The leaves of the olive tree have long been valued medicinally as a bitter tonic and treatment for fevers. Twentieth century research has helped to explain the use of olive leaf preparations in the treatment of infections. A phenolic compound called oleuropein was identified as a key constituent of the leaves and *in vitro* research showed it to have activity against both gram negative and gram positive bacteria, as well as mycoplasma. (See: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3002804/>) Antiviral effects for oleuropein have also been claimed in a patent, and Chinese research showed inhibition of respiratory syncytial virus (RSV) which can cause serious infections in young infants. (<http://www.ncbi.nlm.nih.gov/pubmed/11724241>)

In his book *Olive Leaf Extract*, Morton Walker DPM, states that the US organisation People With AIDS (PWA) reported that some of its members had been preparing water-based olive leaf extracts and using it as a home remedy, with beneficial effects on their health. (The recipe used by the PWA members is included in his book.)

My personal introduction to the antiviral properties of olive leaf extract was in the late 1990s when a particularly virulent strain of influenza was circulating in New Zealand. My husband Jonathan was quite sick with the virus for a few days and was showing no signs of improvement, which was unusual for him. I obtained an alcohol based fluid extract and gave it to him. He thereafter made a rapid recovery.

I subsequently gave olive leaf extract to another dozen or so people who had the same symptoms – all of whom recovered quickly and completely, except for one young woman who felt so much better after two doses that she decided to go out dancing the whole night, which caused her to suffer a relapse.

More recent research has identified other constituents in *Olea europaea* that have helpful medicinal effects. These include another phenolic compound known as hydroxytyrosol, which is present in both olive leaves, olives and the pulp of olives which have been pressed to extract olive oil.

Considerable research has been done on hydroxytyrosol which has shown that it has antioxidant and cardioprotective effects. (See:

http://www.academia.edu/1612560/Potential_use_of_olive_mill_wastewater_in_the_preparation_of_functional_beverages_A_review)

Hydroxytyrosol also has significant anti-inflammatory effects, inhibiting prostaglandin E2, and a study published in 2007 showed a reduction in pain in adults with osteoarthritis who were taking a "freeze-dried olive water extract". (See: <http://www.nutraingredients-usa.com/Research/Hydroxytyrosol-is-key-anti-inflammatory-compound-in-olive-DSM-study> and <http://www.nrjournal.com/article/S0271-5317%2807%2900131-5/abstract>)

Olive trees grow well in much of the North Island of New Zealand and it has become quite fashionable in some parts of Auckland to have a hedge of olive trees, making olive leaves available in many neighbourhoods.

A simple tea for treating colds or flu may be made by tearing up three or four leaves, covering them with boiling water and leaving them to steep. (Pregnant and breast-feeding women should avoid olive leaf teas and extracts except on professional advice.) Alcohol based olive leaf extracts can significantly lower blood pressure, so professional advice is advisable for people who are taking pharmaceuticals to lower blood pressure before taking olive leaf products.

Perhaps Hippocrates was thinking of olives when he coined the immortal phrase: "Let thy food be thy medicine and thy medicine be thy food."

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The Health Freedom Report



Codex Alimentarius – An Inside Story

December 25, 2012.

By Kat Carroll



Codex Alimentarius is a UN-sponsored concept and organization, which – under the auspices of the World Health Organization (WHO) and the Food and Agriculture Organization (FAO) – creates food standards and guidelines used in international trade. In 1994, the World Trade Organization (WTO) replaced the General Agreement on Tariffs and Trade (GATT) with actual trade-sanction power to enforce Codex and other standards and guidelines. Not surprisingly, Codex took on an entirely new importance.

Now nearly 300 of us – Country delegates and International Non-governmental Organizations (INGOs http://en.wikipedia.org/wiki/International_nongovernmental_organization) – were involved in Germany this December in a playoff where inches of dry but crucial script would gain the yardage of victory or bitter defeat. This was the 34th session of the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU), alias “Malnutrition Meeting,” in frigid Bad Soden, Germany the first week of December 2012, where the National Health

Federation sought to make its own gains and preserve our health freedoms.

In this innocuous meeting room at the Ramada Inn, play by play, line by line, either the “ball” is moving forward, backward, or it’s being passed or kicked into oblivion without regard to any real goal in a last-ditch effort to get rid of it before being tackled. In this case, for the majority of the represented world, “tackled” was a voluntary fumble, “When is it break time? Let’s just agree with the provided wording and get a cup of coffee.” You have to realize the World doesn’t often enjoy what the United States takes completely for granted, in this case, safe, high-quality supplements in abundance.

In a worst case scenario, Codex is rigged and we merely delay the inevitable passage of their ultimate will. It takes a skillful operator – in this case Dr. Pia Noble (what a misnomer...) – who can lead the room and somehow convince or cow the country delegates into believing there is actually consensus. That’s how Codex operates: by consensus. We don’t vote unless pushed. The world must agree, must cooperate...however, what I witnessed at this session of the CCNFSDU was clearly, in legal terms, “leading” and manipulating the room to the wishes of three strong forces: the U.S., Australia, and, of course, Chairwoman Dr. Pia (anything but) Noble.

At Codex Alimentarius (Latin for “Food Code”), the plays are read, line by line, and debated on by a world that doesn’t necessarily even accept certain principles in their daily life – like taking supplements. As a nutritional therapist, this was my meeting. I had to be there. Thankfully a few staunch supporters made sure that this happened.

In the case of this particular Codex meeting in Bad Soden, the ball was in jeopardy of being punted into oblivion when we hit the discussion of Nutrient Reference Values (NRVs). Was there anyone out of the nearly 300 delegates who really cared at all about the issues that will impact you when you go to the health-food store this coming year? This was my second Codex meeting and I could see clearly that the paragraphs dedicated to the discussion

of our NRVs were in danger of being accepted as written and set into stone around the world, to expedite getting to the coffee break, and I mean that literally.

You have to understand, United States citizens enjoy unprecedented access to supplements with values that actually have the power to prevent disease or heal ill health – the rest of the world either does not use supplements, believing they are toxic – like drugs – or the nutrient reference values (NRVs) are so low that multiple bottles would have to be purchased at great expense to create the impact that one good U.S. bottle creates, or they simply don’t have them because no one could afford them when their healthcare system provides “free” drugs as an alternative. I saw the low reference values firsthand in Germany. We went into a health-food store and I could hardly find the vitamin/mineral section. I had to ask. When I did find the one small shelf, the highest values for Vitamin D3 were 400 IUs. I take 25,000 IUs daily...talk about breaking the bank. No wonder the world, represented in the form of country delegates, was anxious to get to the free coffee, sweet rolls, etc. at the break. Their countries cannot afford what seems to them to be nonsense, so they have mentally moved on and disregarded any pro-vitamin/mineral argument. This is not their world. In fact, if the National Health Federation were not present at this crucial meeting on setting Nutrient Reference Values, I can guarantee you that your world would never be the same again. Once lowered, do you really think NRVs would ever stand the chance of somehow going through Codex’s 8-step process to rise again?

From a nutritional therapist’s standpoint, several of the nutrients that were placed on Codex’s sacrificial altar were methylation factors. B6, B12, folic acid...If we don’t methylate well, we can develop opportunistic diseases. Cancer...heart attacks that occurs when homocysteine elevates... Some nutrients, like calcium, which Codex wished to elevate out of proportion to stabilising magnesium, and when taken out of balance, creates disease as well by mineralising in soft tissue like blood vessels instead of strengthening the bones and teeth. So, at this point I’m thinking, “Is

Codex out to kill us?”

So many of the final decisions made by Codex equal ill health for the world. It means both Big Pharma and the so-called “health” care system profits, while we grow ill and die. It is no secret that depopulation is one aspect of the world’s agenda. Dr. Henry Kissinger himself wrote: “Depopulation should be the highest priority of U.S. foreign policy towards the Third World.” Apparently America is the new ‘Third World.’

If you ever needed an advocate for your health and your health freedom, it is now. Now is the time to have your wishes and your Voice represented at Codex. Is it any wonder that Codex is not letting any more health-freedom organizations into the elite representation? The National Health Federation (NHF) is the ONLY health-freedom organization that has the power to speak out and, believe me, we do and we have – frequently. We have also submitted comments to the Electronic Working Groups that often meet in cyberspace before the meetings, and we also have the power to propose correction of the final report. Do you know how many delegates stick around for the tedious, line-by-line reading of the final report? Many are long gone, mistakenly trusting that the work they performed for the world will actually be represented accurately in the final report. NHF stays ... to the bitter end. Hours of rehashing what we have spent the week working toward, defending our documented statements, defending the truth that too-often gets somehow skewed, omitted, or somehow rendered opaque.

NHF came to this meeting to promote and defend healthier Nutrient Reference Values. The attack by Australia and others on these particular NRVs, from my professional standpoint, is designed to take out a large number of the population at least in the U.S. where we have access to supplements with values that are currently at least approaching sufficiency and where we have the incomes generally capable of supporting their purchase.

What was so incredibly ironic about this meeting was the emphasis on malnutrition in the World. This issue sparked my interest the integrity of infant formulas. Some infant formulas contain trans fats and contaminants! When we learn that in France, for example, breast feeding is neither popular nor widely practised, it pays to defend the integrity of infant formulas! But the trajectory of the morning – 3 hours before NRVs were even approached – was on “growing up milk”, which Elizabeth

Streken (an INGO representative of the International Baby Formula Action Network) said was a market ploy to get mothers to feel guilty if they didn’t keep bottle feeding babies way past time... At any rate, the discrepancy and complete disconnect in regards to the NRVs was that supposedly Codex was there to prevent malnutrition in the world, yet here they were, the very last ones in favor of optimal nutrition for infants. Instead, Codex was lowering our already malnutrition-promoting, low NRVs, which are set to prevent the very last-ditch disease processes before death instead of promoting optimum nutrition and vibrant, disease-resistant health.

So, these two themes predominated: (1) Get through the tedious drivel and get me to the coffee and donut cart; and (2) The incongruous ‘Yes, we are all for stopping malnutrition ... let’s lower the values in the supplements, shall we?’ And then let us not forget the overarching theme by Mme. Chair – “not so terribly Noble, Pia” – “What I Decide, Will Be.”

The National Health Federation has been in existence long before any other health-freedom organization was even a “gleam in the father’s eye.” We are the granddaddy of them all. We’ve employed a lobbyist in Washington, D.C. for more than 50 years. We alone hold the distinction of being the only health-freedom organization able to speak at Codex. So, do you see now how important this ability is? Not only can we speak; but, as mentioned above, we can submit written comments and arguments – and we did, three times – on the NRV issue alone prior to the meeting in Germany (twice as part of the electronic working group hosted by the ultimate opposition: Australia, and once directly to the Committee).

Do I feel fortunate to be on the team of the most powerful health-freedom organization at Codex? I feel incredibly humbled. For one who had little political interest or influence in the past, I am now thrust into the heart of the action where policy is set for the world. It is not only quite humbling but it carries an enormous responsibility to carry the wishes and desires of those whom NHF speaks for and represents to the seat of power. And we do so faithfully time and again.

The lives that are impacted are not only our own but those of our children and grandchildren. Our family’s health is at stake. In the final analysis, if we lose our health, we have lost. It is all we have besides the faith that sustains us and keeps us seeking the path of Light in the growing

darkness of the world. The Codex meeting on nutrition was anything but. It was about some elite marketers seeking to manipulate the world – guilt tripping parents into keeping children on formulas when they needed to embrace a solid diet – real “growing up” food. It was about government regulators lowering key nutrients and raising others that would ensure that our health would deteriorate. It masqueraded in the guise of compassion and the oft-said mantra “consumer protection,” yet all the while was undermining our health by chipping away at the very foundations in the name of control and ill health.

We at NHF spoke for you. At the end of the day, I approached the dais where Dr. Pia Noble held court. I asked her for five minutes at the next meeting to explain the science behind our commitment to NRVs. She grimaced, rolled her eyes, disregarded me completely in the most disrespectful way possible for one woman to address another, and then deferred to the Secretariat. The answer was – you guessed it – NO. “It might create further discussion...” Codex is a body that is supposed to elevate your health, not suppress it. But who speaks for you there? The National Health Federation. That’s the real WHO.

About the author:

By Kat Carroll, NTP is the Associate Editor of the National Health Federation’s *Health Freedom News*.

To access NHF President Scott Tips’ article summarizing the Codex meeting, visit the website at www.thenhf.com or this direct link: <http://www.thenhf.com/article.php?id=3567> or <http://www.thesleuthjournal.com/codex-nutrition-committee-chooses-malnutrition/>.

While you’re there, we invite you to join our efforts to protect the health of the World by becoming a member or helping to underwrite expenses to future Codex Alimentarius meetings like the one upcoming in March 2013 in Beijing where the topic of “contaminants” will be reviewed. My personal passion is focusing on contaminants in infant formulas, as well as aspartame and aluminum in our food supply. We really cannot fight this fight without every one of you pitching in and doing your part. Believe me, it’s so satisfying to know we really ARE making an impact on this world for the benefit of future generations.

Saving Neon Roberts

Ed Note: *Neon Roberts is a little boy in the UK with brain cancer. In a high profile case unfolding in the UK, Neon's mother, Sally, lost custody of her son because she opposed his having radiation treatment following surgery to remove a malignant brain tumour. Sally's ex-husband has agreed for Neon to have conventional cancer treatment and the court has ruled that Neon must undergo radiation and chemotherapy. Sally's friend Linda Scotson has written this report:*

By Linda Scotson

What has been lost in the press reportage of Sally Robert's brave struggle to obtain a better clinical deal for her son Neon is the actual documented severity of the long term effects of radiation to the brain in survivors of childhood brain tumours.

These include; personality changes, memory loss, problems with brain functions, deafness, necrosis (death) of brain tissue, stunted growth and the growth of secondary cancers. The side effects intensify if chemotherapy is added to radiotherapy as is proposed for Neon.

Neon began radiotherapy on January 10, 2013, despite a last minute legal appeal by his mother.

It is surely surprising that despite the great wealth of the pharmaceutical industry and the huge amounts raised by the public for cancer research the treatments offered in the UK, surgery, radiotherapy and chemotherapy, have not changed since the 1940s.

Why for example isn't hyperthermia, a well evidenced approach to cancer treatment including brain tumours, which is used by the prestigious Barnes Jewish Hospital in Washington as a state of the art treatment approach, also offered here?

The principle of hyperthermia is that cancer cells are much more sensitive to and intolerant of the effects of excessive heat than normal cells. Hyperthermia also activates the immune system while causing no harm to healthy cells. Hyperthermia is used in Germany both as a single treatment and as an adjunctive treatment to both radiation and chemotherapy since it enhances their effects while reducing side effects.



Interestingly Dr Clare Vernon consultant clinical oncologist at the Hammersmith hospital has been quoted in the *Lancet* (2001) as saying "I think every major cancer treatment centre should have a hyperthermia unit.

"Hyperthermia is very effective even when other treatments have failed. It is also very cheap and well tolerated." The American Cancer Society describes it as "a promising way to improve cancer treatment."

Another advanced cancer treatment available in America is provided at the Burzynski Institute. Dr Burzynski has developed a bio-chemical defence system which activates genes in cancer cells reprogramming them to self destruct. The high success rate that Burzynski was able to demonstrate over 20-30 years finally prompted the FDA to run a study which confirms that the approach works and has negligible side effects. Previously it has been standard practice of the FDA to provide drug licences only for big established pharmaceutical companies which had ruled out the Burzynski Institute.

In 2007 a small pharmaceutical company connected to the University of Alberta, Canada found a simple cure for cancer but major pharmaceutical companies were not interested in taking it on board. A Canadian scientist tested the drug on human cancer cells and found it killed lung, breast and brain cancer cells and left the healthy cells alone.

Pharmaceutical companies are not investing in this research because the method cannot be patented and without a patent they cannot make money. Research on the drug has shown support for its effectiveness and that it has no adverse side effects.

Dr Leonard Lichtenfield from the American Cancer Society wrote of the last study that the drug appeared to be worth pursuing. The drug is called dichloroacetate (DCA).

There is also Proton Beam Therapy a more sophisticated form of radiotherapy which is one of the most precise and advanced treatments of cancer available. Unlike conventional radiotherapy it causes minimal damage to surrounding tissue. I have found that the UK NHS will fund patients' treatment, travel and accommodation to units around the world providing Proton Beam Therapy. I am amazed Sally was not told this by Neon's doctors and that it is not now being offered to Neon on the NHS.

There have been two major difficulties that Sally has had to contend with in her search to find a better, more humane treatment for her son's condition.

The first, is the 1939 Cancer Act which makes it illegal in the UK to promote or advertise anything other than radiation, chemotherapy or surgery as treatments for cancer.

The second is that although adults can

choose different treatment protocols, children have no choice but surgery, chemo and radiotherapy (described by one parent of a child with a brain tumour as "cut, burn and poison"), therefore clinical studies looking at other approaches are largely limited to adults rather than children.

Here now lies a paradoxical situation. If Sally wants to take Neon for a cancer treatment that doesn't include radiotherapy or chemotherapy she is told there are no studies on children by which it can be evaluated and therefore it must be ruled out. Case histories indicating positive outcomes in children worldwide who got through the net, and successful studies with adults don't help. The NHS considers this as insufficient argument to support a parent's choice of one of these therapies.

It has gradually become clear to Sally that she has been caught in a web of procedures rather than true unimpeded scientific evaluation of the potential benefits of these approaches for her son. She feels she is fighting bureaucrats when she should ideally be working alongside scientists to evaluate the best choice of protocol to provide the best long term outcome for Neon.

Above and beyond all this I can see how incredibly difficult it must be for any parent in her situation to argue their child's case without fear that their child will be taken away from them. This has in fact

happened to Sally and her greatest challenge now is to recover custody of Neon. She has been widely represented in the press as being an irresponsible parent because she has refused to be panicked into agreeing for Neon to receive a treatment that has serious short and long terms consequences.

The immediate side effects of radiation may involve a burnt scalp, inflammation of the lining of the mouth, difficulties chewing, speaking and swallowing, mouth and throat infections, damage to the salivary glands and loss of hair.

The longer term repercussions potentially make it impossible for Neon to ever to lead a normal life as well as making him more likely to suffer further cancers in other organs, strokes and heart attack. The choice is clearly not one that any parent wants to be rushed into. However the 1939 Cancer Act ensures that most parents tragically are led to believe there is no choice.

The more Sally read what was going on in other countries and the more she received information through her solicitor from professionals working in the field of cancer, of the variety of proven options available, the more she became aware that Neon's life could be preserved and his future secured. From the options available there is one option (proton beam therapy) that does not depend upon the repeal of

the Cancer Act for its implementation. There is also the possibility of adjunctive approaches to reduce the effects of radiation and chemotherapy and increase Neon's immune responsiveness.

If Sally wins her case for Neon this will not be a waste of public money, rather in saving her child she will have opened a door to let in the light bringing new hope to all sufferers of childhood cancers and their families. As Sally has said:

"When cancer enters your life, you can never control what the outcome will be, but we should at least be able to control the amount of pain and suffering, especially where children are concerned. As with life, it is the journey and quality of life that is important. As a mother my responsibility is to shield my son from any immediate or potential harm, this is all I have tried to do... and will continue to do."

Ed note: Sally wants to appeal the decision to force Neon to have standard radiotherapy when proton beam therapy offers a safer alternative. As she has had her legal aid cut off, she needs money urgently to mount the appeal. If you would like to donate money to help Neon and Sally please go to http://www.gofundme.com/neonappeal?pc=fb_cr

Sally has also created a blog where she is posting updates: <http://sallyrobertsourstory.wordpress.com>

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New Zealand Health Freedom News



Raw Milk Availability in New Zealand

The Ministry of Primary Industries (which incorporates the former Ministry of Agriculture and Forestry, known as MAF) has now finished its review of raw milk regulation in New Zealand.

A recent letter from the MPI's Hilary Reade stated that the Minister for Food Safety has "decided that farm gate sales of raw milk will continue to be allowed, and that the amount that can be purchased is likely to increase in the future. The Minister has also decided that farmers will be exempt from the current requirement to have a Risk Management Programme for farm gate sales of raw milk and will instead need to adhere to certain animal health and hygiene requirements.

"The Minister has also asked MPI to undertake further scientific and policy work to investigate increasing the limit that consumers can purchase and whether raw milk can be sold off the farm in a way that balances managing the risks to public health with consumer choice."

A summary of the submissions that MAF received on this issue may be read at this link: <http://www.foodsafety.govt.nz/elibrary/industry/farm-gate-raw-milk-sales/index.htm>

Natural Health Products Bill

After several months delay, the New Zealand Parliament Health Select Committee released its report on the Natural Health Products Bill with the recommendation "that it be passed with the amendments shown" and that once the bill has been passed into law, it should come into effect "no later than 3 January 2014."

The revised bill and the commentary may be downloaded from this link: http://www.parliament.nz/en-NZ/PB/SC/Documents/Reports/0/9/f/50DBSCH_SCR5643_1-Natural-Health-Products-Bill-324-2.htm

The bill has now been renamed "The Natural Health and Supplementary Products Bill" to reflect the fact that it covers synthetic versions of naturally occurring nutrients. (For example, many vitamin C supplements contain ascorbic acid which has been synthesised from corn starch rather than naturally occurring ascorbic acid extracted from vitamin C rich fruits.)

The introduction to The Natural Health and Supplementary Products Bill includes

a minority report by Green party MP Mojo Mathers. This outlines concerns regarding allowable claims, and the fact that the Green Party would have preferred a list of prohibited ingredients to have been developed prior to the bill being passed, among other issues.

One class of natural health products, homoeopathic remedies, will be exempted from having to be registered on a per product basis; however, manufacturers of homoeopathic remedies will still be subject to manufacturing requirements and audits. The introduction to the bill reveals a very disparaging attitude towards homoeopathy:

"We understand that currently there is no accepted scientific evidence for the effectiveness of homoeopathy and therefore that health benefit claims should not be made for homeopathic products on this basis."

This potentially threatens the viability of companies that manufacture or distribute combination homoeopathic remedies (such as those sold for the relief of symptoms of self limiting conditions such as colds, menstrual cramps etc.)

The bill will also contain a new clause designed to make it illegal to sell natural health products that are designed for administration by "injection or parenteral infusion" or for "application to the eye". The former prohibition may affect the availability of liquid homoeopathic products which may be given by injection, or taken orally, depending on the prescribing practitioner or the patient's preference.

The decision to prohibit the sale of natural health products designed for administration by injection or for administration to the eyes is explained thusly:

"We recommend inserting new clause 19B to prohibit the sale of natural health or supplementary products that are administered by injection, parenteral infusion, or application to the eye. While most products meet the sterility requirements of recognised manufacturing practice for therapeutic goods, we consider this clause a necessary safeguard against those which do not."

Another new clause in the bill is "(40C): Offence to publish certain advertisements relating to natural health and supplementary products." This section seeks to prohibit the advertisement of products that are intended to be injected or to be applied to the eyes and those that "directly or by implication states or suggests" that a natural health

product "is able to treat or can assist in the treatment of a named condition." The definition of "advertisement" in the bill is very broad and encompasses "any words whether written, printed, or spoken, and any pictorial representation or design, used or appearing to be used to promote the sale of any natural health and supplementary product and includes any trade circular, any label and any advertisement in a trade journal."

The bill allows for fines of up \$50,000 for an individual or \$250,000 for a body corporate convicted of the above offence.

The bill allows for similar fines for anyone who manufactures a natural health product without a license (except for practitioners who may make a remedy specifically for a patient) or sells a natural health product that has not been registered. In the bill "sale" is defined very broadly, including to "give or distribute...without charge".

The Health Select Committee's commentary to the bill states that "only persons or organisations representative of the interests of those likely to be affected by the code" should be consulted on the development of a code of practice for the manufacture of natural health and supplementary products.

The Natural Health and Supplementary Products Bill is a government bill, so is likely to pass. Its effects on the availability and price of natural health products and the viability of the businesses that supply them remains to be seen.

Fluoride Victory in Australia

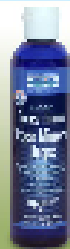
Activists who have been working to prevent mutagenic fluoride compounds from being added to the public water supply have scored an important victory in the State of Queensland, Australia. The state has revoked the mandatory requirement for towns and cities to fluoridate their water supplies and the decision as to whether or not to add fluoride compounds now rests with local communities.

For more information about fluoride please see <http://www.fluoridealert.org/> New Zealand and Australian readers who want to help with national or regional campaigns can visit <http://www.fannz.org.nz/> and <http://fluoridealertaustralia.org/>.

Please also see the advertisement on page 99 about international fluoride expert Dr Paul Connet's tour of NZ which begins in February.



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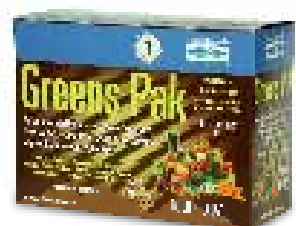
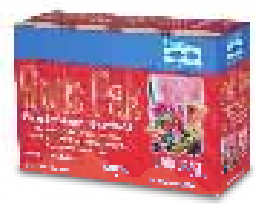
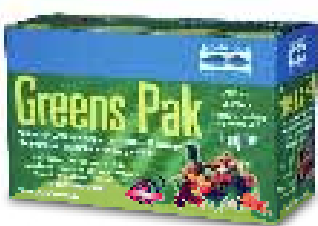
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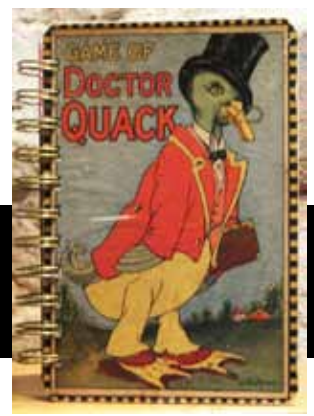
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ALERTS ...



Vaccine pioneer admits knowing cancer-causing virus in vaccines

In this interview Dr. Maurice Hilleman reveals some astounding revelations. He admits that Merck drug company polio vaccines had been contaminated with SV40, a cancer-causing monkey virus from 1953 – 63, and the company knew about it.

For years, researchers suggested that millions of vials of polio vaccine, contaminated with SV40, infected individuals and caused human tumors. Moreover by 1999, molecular evidence of SV40 infections were showing up in children born after 1982. Some experts now suggest the virus may have remained in the polio vaccine until as late as 1999.

In 2002, the journal *The Lancet* published compelling evidence that contaminated polio vaccine was responsible for up to half of the 55,000 non-Hodgkin's lymphoma cases that were occurring each year. And there is the likelihood that there was an importation and spreading of the AIDS virus in the same manner, as revealed in the video.

At first no one could fathom how the virus had been transmitted into the human population, but this shocking video proves that Dr. Maurice Hilleman knew about the contamination.

Just Who is Dr. Maurice Hilleman?

Now, for those of you who may think Dr. Hilleman was just another crackpot (he passed away in 2005), think again. He was, and still is, the leading vaccine pioneer in the history of vaccines. He developed more than three dozen vaccines – more than any other scientist in history – and was the developer of Merck's vaccine program.

He was a member of the U.S. National Academy of Science, the Institute of Medicine, the American

Academy of Arts and Sciences, and the American Philosophical Society, and received a special lifetime achievement award from the World Health Organization.

When he was chief of the Department of Respiratory Diseases with what's now the Walter Reed Army Institute of Research, he discovered the genetic changes that occur when the influenza virus mutates, known as "shift and drift". He was also one of the early vaccine pioneers to warn about the possibility that simian viruses might contaminate vaccines.

Dr. Hilleman knew what he was talking about. "Vaccines have to be considered the bargain basement technology for the 20th Century."

SOURCE: <http://www.oneworldchronicle.com/?p=9833>

Video of Dr Hilleman HERE: http://www.youtube.com/watch?feature=player_embedded&v=13QiSV_lrDQ



Groundbreaking study: Aronia, curcumin extracts effectively kill brain cancer cell line

By Jonathan Benson

Researchers from the Department of Natural Sciences at Middlesex University in the U.K. have made a fascinating discovery concerning two natural “superfood” compounds and their ability to kill cancer cells. It turns out that both chokeberry extract (*Aronia melanocarpa*) and turmeric (*Curcuma longa*) work together with one another to stop the spread of malignant cancer cells, as well as induce programmed cancer cell death, a process more commonly known as apoptosis. (See: <http://www.ncbi.nlm.nih.gov/pubmed/22842701>)

The study, which was published in the journal *Oncology Reports*, evaluated the effects of both *Aronia* and curcumin on a specific glioblastoma line of brain cancer cells known as U373. Because earlier studies have already established that both herbs possess unique anticancer properties, the researchers, who themselves have been studying the herbs’ therapeutic benefits for several years, decided to examine further how one of the most common and deadly forms of brain cancer might respond to these two anticancer superfoods.

It turns out that *Aronia* berry, which is rich in anthocyanin flavonoids and other antioxidants and nutrients, is necrotic to the U373 cancer cell line, which means it actually kills cancer cells. And turmeric, which is abundant in the anticancer polyphenol curcumin, effectively induces apoptosis in U373, meaning that it stops this deadly cell line from producing new cells and spreading. When used together, both *Aronia* and turmeric appear to elicit a one-two punch defense against brain cancer.

“The aim of this study was to extend our previous research to evaluate the therapeutic potential of these two agents by testing their ability to induce apoptosis in an established glioblastoma cell line (U373),” wrote the authors in their abstract. “Taken together, the comparative data suggest that both curcumin and chokeberry extract may exhibit their anticancer potential by inducing apoptosis and inhibiting invasion by reducing MMPs (matrix metallopro-

teinase) gene expression.”

According to a 2003 study published in the journal *Anticancer Research*, curcumin also suppresses the proliferation of many other types of cancer cells besides just brain cancer cells, and effectively blocks cancer tumors from forming, reproducing, and metastasizing ([ncbi.nlm.nih.gov/pubmed/12680238](http://www.ncbi.nlm.nih.gov/pubmed/12680238)). The Life Extension Foundation (LEF) recommends the highly-bioavailable BCM-95 variety of curcumin as the most effective form. (lef.org/magazine/mag2007/oct2007_report_curcumin_01.htm)

Likewise, *Aronia* berry has been shown in previous studies to be one of the richest plant sources of cancer-fighting antioxidants. A study published earlier this year in the journal *PLoS One* explains how *Aronia* juice extract possesses unique chemotherapeutic properties that effectively target lymphoblast-derived tumor cells associated with lymphoblastic leukemia. ([ncbi.nlm.nih.gov/pubmed/22412883](http://www.ncbi.nlm.nih.gov/pubmed/22412883))

SOURCE: <http://thewatchers.adorraeli.com/2012/10/21/groundbreaking-study-aronia-curcumin-extracts-effectively-kill-brain-cancer-cell-line/> 21, 2012

Korean scientists successfully kill cancer with magnets

By Lisa Garber
theintelhub.com
October 10, 2012

In South Korea, scientists used a magnetic field to get cancer cells to actually self-destruct.

The body removes old, defective, and infected cells through the process of programmed cell death (PCD), or apoptosis.

In apoptosis, the rejected cell responds to certain signals sent by the body by fragmenting. Immune cells then consume these fragments.

The magnets help trigger apoptosis. When apoptosis fails, however, rejected cells divide uncontrollably, developing tumors.

Magnets Induce Apoptosis

Professor Jinwoo Cheon of Yonsei Univer-

sity in Seoul and a team of scientists conducted experiments on bowel cancer cells using magnetic fields to induce apoptosis.

They attached iron nanoparticles to antibodies, which bind to “receptor” molecules on tumor cells. These molecules cluster when the magnetic field is applied, triggering the “self-destruct” signal and thereby apoptosis.

In the experiment, over half of the bowel cancer cells were destroyed when the signal for apoptotic clustering came into effect. Untreated cells remained unaffected and unharmed.

Big Pharma’s Response?

In a related experiment, the scientists performed the same therapy on zebra fish, which caused them to grow unusual tails. More trials are in the works.

“We have demonstrated that apoptosis signaling can be turned on in-vitro (in the laboratory) and in a zebra fish in-vivo (living) model by using a magnetic switch,” say the scientists.

“Our magnetic switch may be broadly applicable to any type of surface membrane receptors that exhibit cellular functions on clustering.”

The study is to be published in the journal *Nature Materials*. One must wonder how this form of therapy – one that does not, as of yet, line the pockets of Big Pharma – will develop in the world of traditional medicine.

Drug manufacturers (literally) bank on perpetual sickness, and cancer drugs have shown time and again to worsen tumors.

But regardless of any potential alternative treatments, big pharma will continue to push these dangerous “solutions” on the public.

Even while numerous cancer-fighting foods like turmeric, ginger, garlic, papaya leaf extract, berries, and many more exist, the pharmaceutical industry and mainstream medicine won’t recognize these as solutions.

Additional Sources: *Belfast Telegraph*

This article originally appeared on Natural Society: <http://naturalsociety.com/>

Chemotherapy backfires – causes healthy cells to feed growth of cancer tumours

Ever since chemotherapy was introduced into the practice of western medicine, doctors and oncologists have been trying to answer this nagging question: Why does chemotherapy seem to work at first, but then cancer tumours cells grow back even more aggressively while the body becomes resistant to chemotherapy?

“The No. 1 side effect of chemotherapy is, by the way, cancer. Cancer centers should technically be renamed “poison centers” because they are in the business of poisoning patients with a toxic cocktail of chemicals that modern science reveals to be a cancer tumor growth accelerant!”

MORE: http://www.naturalnews.com/036725_chemotherapy_cancer_tumors_backfires.html#ixzz2FupUjDXv

It turns out that chemotherapy damages healthy cells, causing them to secrete a protein that accelerates the growth of cancer tumors.

This protein, dubbed “WNT16B,” is taken up by nearby cancer cells, causing them to “grow, invade, and importantly, resist subsequent therapy,” said Peter Nelson of the Fred Hutchinson Cancer Research Center in Seattle.

MORE: <http://www.dailymail.co.uk/health/article-2184277/Chemotherapy-encourage-cancer-growth.html>

Vitamin D may reduce risk of breast cancer

New research out of the Georgetown University Medical Center (GUMC) in

Washington, DC, has found yet another link between high vitamin D intake and a reduced risk of breast cancer. Presented at the American Association for Cancer Research (AACR), the findings reveal that high doses of vitamin D are linked to a 50 percent reduction in tumor cases, and a 75 percent reduction in overall cancer growth among those who already have the disease. For several years now, researchers have observed a correlation between low vitamin D levels and high rates of disease, including breast cancer. As a result, many of them have initiated various studies designed to verify whether or not a causative link exists between vitamin D deficiency and disease. So far, the results suggest that vitamin D plays a critical role in preventing and treating disease.

In the GUMC study, researchers evaluated mice with breast cancers sensitive to estrogen, which is the most common type, as well as those with breast cancers not sensitive to estrogen. In both cases, vitamin D supplementation proved to help inhibit the development and growth of breast cancers. Estrogen-sensitive breast cancers in particular, though, seemed to respond best to the vitamin D.

Earlier this year, French scientists found that getting vitamin D from both supplementation and the sun is the most effective way to prevent and treat breast cancers. A team from France’s version of the US National Institutes of Health (NIH) pored through the records of over 67,000 women and found that those who lived in the sunniest areas of southern France had a 50 percent reduced risk of developing cancer compared to those living in less sunny areas. And those who got their vitamin D primarily from sunshine rather than from their diets were 32 percent less likely than others to develop breast cancer (http://www.naturalnews.com/031042_b...).

Currently, there are two major human trials on vitamin D being conducted in the US. These studies are meant to verify what previous studies have found concerning the effect of vitamin D on animals — mainly that high-dose vitamin D is an effective and natural intervention for preventing and treating disease in humans.

The Vitamin D Council also has an extensive compilation of scientific literature involving vitamin D and breast cancer that you can view here: <http://www.vitamin-dcouncil.org/>

Severe, acute kidney injuries in humans double due to GMO foods?

By Craig Stellpflug

December 19, 2012

(Natural News) Severe, acute kidney injuries have doubled over the last decade and continue to rise by 10 percent a year according to a hot new study out of the University of California, San Francisco. Raymond K. Hsu, MD, a UCSF nephrologist who led the research said “That was a staggering revelation of how increasingly common and how life-threatening acute kidney injury has become over the past decade in the United States.” Of course, doctors are clueless and cannot account for the rise in acute kidney injury.

Meanwhile, the latest word from the American Society of Nephrology says that the total number of deaths associated with dialysis-requiring acute kidney injuries rose from 18,000 in 2000 to nearly 39,000 in 2009 – that’s more than double in a decade. When you look at all the studies that are coming out showing kidney failure and injuries in study animals after 90 days on GMO foods, it doesn’t take a genius to figure out “why.”

Acute Kidney Injury: The Silent Killer

Chi-yuan Hsu, MD, who is chief of the Division of Nephrology in the UCSF School of Medicine says, “Even if you were to lose 80 percent of your kidney function, you wouldn’t feel it... because the organ itself is so redundant in structure and steadfast in function.” The epidemic of acute kidney disease is a silent one. The kidneys are composed of more than a million identical structures called nephrons that filter blood and produce urine. One kidney can function even if a large portion of it is damaged or shut down.

Chi-yuan Hsu further states that once the damage to the kidneys becomes severe enough to require dialysis, the result is often fatal – about one-fifth of patients with acute kidney injury requiring dialysis in the study died.

Are GMOs to Blame?

A new study released by the *International Journal of Biological Sciences (IJBS)*,

which analyzed the effects of GMO foods on mammalian health, found that Monsanto's GM corn is linked to organ damage in rats. The study concluded: "Effects were mostly concentrated in kidney and liver function, the two major diet detoxification organs... some effects on heart, adrenal, spleen and blood cells were also frequently noted... We therefore conclude that our data strongly suggests that these GM maize varieties induce a state of hepatorenal toxicity....These substances have never before been an integral part of the human or animal diet and therefore their health consequences, for those who consume them, especially over long time periods are currently unknown."

Interestingly, this was a 90-day study that showed once-again the damaging effects of GMO foods. The mammals used were rats that live for about two years. These rats were fed GMO foods for 90 days and then compared to rats fed a non-GMO diet. 90 days of a rat's life equates to the human equivalent of roughly 10 years of life - putting us on the threshold of cataclysmic health disaster.

The giant responds

Big Ag's GMO food giant Monsanto immediately responded to the *IBJS* study,

stating that the research was "based on faulty analytical methods and reasoning and do not call into question the safety findings for these products."

The *IBJS* study's author Gilles-Eric Seralini responded to Monsanto's ambiguous statement: "Our study contradicts Monsanto conclusions because Monsanto systematically neglects significant health effects in mammals that are different in males and females eating GMOs, or not proportional to the dose. This is a very serious mistake, dramatic for public health. This is the major conclusion revealed by our work, the only careful reanalysis of Monsanto crude statistical data."

The scientific evidence of organ damage done by GMO foods is overwhelming. Multiple studies prove that. If you are waiting around while the FDA makes a final determination about the devastating effects of GMO foods on your health, you are only hurting yourself. To protect yourself and your loved ones, only purchase certified GMO-free foods.

Sources:

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About the Author:

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With 17 years of clinical experience working with both brain disorders and cancer, Craig has seen first-hand the devastating effects of vaccines and pharmaceuticals on the human body and has come to the conclusion that a natural lifestyle and natural remedies are the true answers to health and vibrant living. You can find his daily health blog at www.blog.realhealthtalk.com and his articles and radio show archives at www.realhealthtalk.com

Learn more: http://www.naturalnews.com/038401_kidney_damage_GMO_scientific_study.html#ixzz2FU8HomRo

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