The New Zealand Journal of

NATURAL MEDICINE

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Are Viruses REAL?
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A new study by microscopists with La Quinta Columna has shown that the "self assembling entities" found inside Pfizer, Moderna, and most recently, dental anesthetic, are "totally destroyed" by a nicotine mixture, derived from steeping tobacco in distilled water.

https://therebelpatient.substack.com/p/must-see-video-la-quinta-columna

ALSO: "Statistical surveys of COVID-19 patients indicate, against all common logic, that people who smoke are less prone to the infection and/or exhibit less severe respiratory symptoms than non-smokers."

https://pubmed.ncbi.nlm.nih.gov/32522666/

Much more inside

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Introduction

By now millions of people around the world have awakened to the fact that the whole "plandemic" was a very nefarious scenario, killing or maiming millions of "vaccine" recipients.

That is to say impeccably accurate statistics from reliable sources are reporting about an average of 10% "excess deaths" of their respective populations. VAERS, the UK "Yellow Card" reporting systems; actuarial reporting from life insurance companies, scientists and whistleblowers alike are all confirming the truth of this ongoing catastrophe.

And this doesn't even begin to cover the dramatic drop in live births in those countries that went all in for the "vaccinations" *. Many countries are rapidly losing massive numbers of people as the depopulation agenda kicks in, while their governments (with few exceptions) continue to deny the evidence and punish those like Reinhardt Fuellmich in Germany and Barry Young in New Zealand who dare to publish the facts.

All the while the medical establishment continues to punish doctors who have spoken out or who are exploring often successful potential remedies for vaxx-related illnesses.

We're in dire straits, made worse by a system that seems incapable of facing up to the fact that this is, indeed, a real catastrophe, much less owning up to its own culpability and/or calling a halt to genetic engineering full stop.

It is thus becoming increasingly obvious that non-toxic natural medicine and organic farming is the only way out of this mess.

Which is why we offer our readers information that may provide ways for readers to stay healthy in order to survive the next plandemic that is being hatched by the same interests that brought us "Covid-19".

This issue features some of the most interesting articles we could source on this and many other treatments that should be considered carefully by the reader, especially in this era of rapid deline in the human immune system.

WIshing you the best of health,

Jonathan Eisen and *Katherine Smith*

**** Many people are putting quote marks around the word "vaccines" and "vaccinations" because strictly speaking the Covid inoculations are not vaccines at all as the word is traditionally defined but is technically "genetic manipulation" or "gene therapy" with absolutely no therapeutic effect whatsoever.***

STOP PRESS >> >

As we go to press we learn that in the US a federal court has ruled that fluoridation poses "an unreasonable risk to human health".

The Federal Court judge has concluded "Plaintiffs have proven, by a preponderance of the evidence, that water fluoridation at the level of 0.7 mg/L – the prescribed optimal level of fluoridation in the United States – presents an "unreasonable risk of injury to health or the environment".

New Zealand fluoridates at target of 0.85 mg/L with some Councils fluoridating up to the top end of the MoH target range of 1ppm.

The judge also drew on a pooled benchmark dose analysis carried out by renowned toxicologist Prof Philipe Grandjean, famous for his work on Mercury neurotoxicity, stating, "The pooled benchmark dose analysis concluded that a 1-point drop in IQ of a child is to be expected for each 0.28 mg/L of fluoride in a pregnant mother's urine. This is highly concerning, because maternal urinary fluoride levels for pregnant mothers in the United States range from 0.8 mg/L at the median and 1.89 mg/L depending upon the degree of exposure. Not only is there an insufficient margin between the hazard level and these exposure levels, for many, the exposure levels exceed the hazard level of 0.28 mg/L."

HERE: https://fluoridefree.org.nz/wp-content/uploads/2024/09/Judges-Ruling-Fluoridatio-is-an-Unreasonable-risk.pdf

In This Issue

3 Introduction

8 Warnings FDA Approves Vaccine for Mpox (Monkeypox)

11 Emergency Medicine Naturopathic approach to treating burns - and scarring from burns

5 Covid Updates Court-Ordered Pfizer Documents They Tried to Have Sealed For 55 Years Show 1223 Deaths, 158,000 Adverse Events in 90 Days Post EUA Release • Systematic Review Reveals Many COVID-19 Vaccine Recipients Experienced New-Onset Psychosis • Moderna confirms mRNA COVID Vaccines cause Cancer • Bad News from Japan • Japan Links Covid Shots to 201 Dangerous Diseases .... MORE

23 Guy Hatchard: Vaccine injury and the serious long term adverse health prospects

30 Jon Rappoport Drug cartels are amateurs: Here's the real thing



32 Is There Nanotech In The 'Vaccines"?

33 How Nicotine Can Inhibit Cytokine Storm in the Lungs and Prevent or Lessen the Severity of Covid-19 Infection

34 Controversies Does the Virus Even Exist?

36 What is a Living Thing?

42 Breakthroughs Lumbrokinase: The Overlooked Enzyme

46 Energy Medicine What is Energy Medicine?

49 Breakthroughs Can Humans Harvest The Sun's Energy Directly – Like Plants? • Animal Cells Powered By Sunlight/Chlorophyll

56 Grapefruit Seeds Treat Antibiotic-resistant UTIs

57 Detox Unlocking Your Body's Detox Potential: The Crucial Role of Lymphatics

60 Cancer Root Canals: The Cancer Connection

64 Herbal Medicine The Amazing Healing Properties of the Humble Dandelion

67 Homeopathy The Evidence Base

76 The How, When, Where and Why of Hernia Advances in Prevention and Cure

81 Reviews *The Living Language of Water • Sensory Processing Solutions: Drug-Free Therapies to Realize Your Child's Potential*

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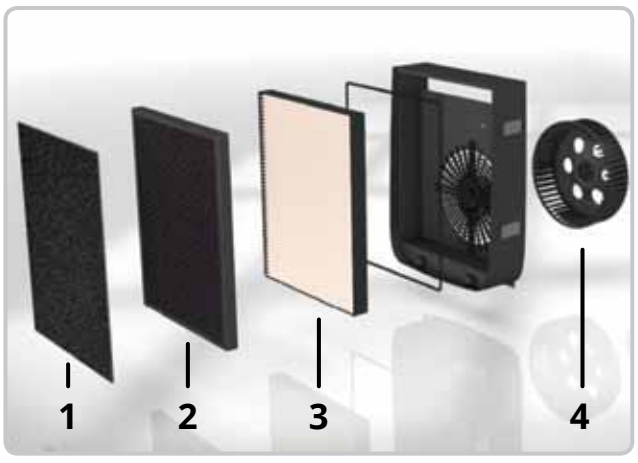
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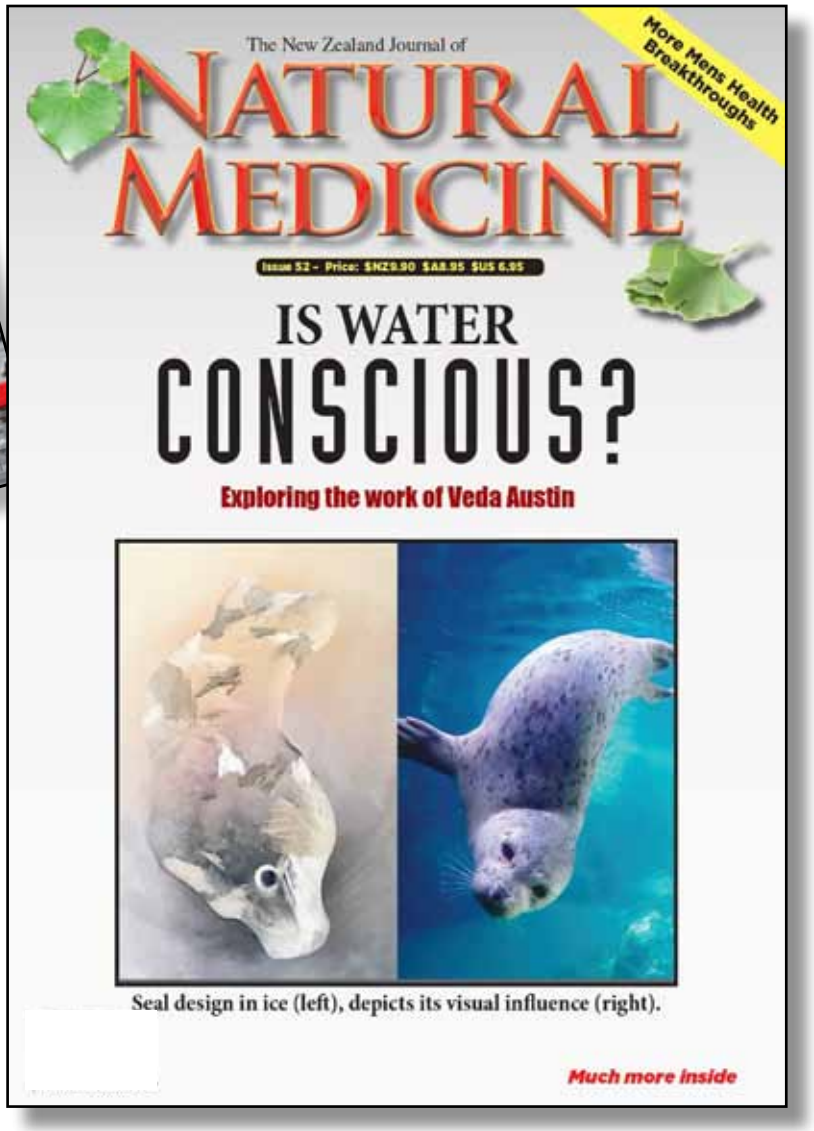
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FDA Approves Vaccine for Mpox – Warns It May Cause Death in Vaccinated and People They Come in Contact With

ACAM2000, a vaccine approved last month by the FDA for mpox, comes with a list of "serious complications," including myocarditis, death and fetal death. The FDA's medication guide also warns that people who receive the vaccine may spread it to unvaccinated people, who also risk developing vaccine side effects, including death.

By Suzanne Burdick, Ph.D.
September 17, 2024

A vaccine approved in August by the U.S. Food and Drug Administration (FDA) for people deemed to be at "high risk" for mpox infection may cause more harm than good, according to the FDA's own medication guide for the product.

ACAM2000 – made by Emergent BioSolutions, a company specializing in vaccines for biochemical warfare threats such as anthrax and smallpox – was approved for smallpox in 2007.

However, on Aug. 29, the FDA issued an expanded supplement approval for ACAM2000's use against mpox.

Since then, social media users have been posting clips of the FDA's ACAM2000 medication guide, which warns the vaccine may cause "serious complications" in both the vaccinated person and those with whom they come into close contact up to 6 weeks after getting the shot.

Karl Jablonowski, Ph.D. – senior research scientist at Children's Health Defense – told The Defender that the FDA's approval of the shot is a "public hazard, not the practice of public health."

"You can call ACAM2000 a 'vaccine,' but its impact on the United States will be as a 'disease,'" Jablonowski said.

He added: "For instance, the drug's package insert reveals (see Table 3) that the U.S. Department of Health and Human Services (HHS) found roughly 520 per million ACAM2000 recipients contracted myocarditis or pericarditis.

"That is about 1 in 2,000. If the 262 million adults in the U.S. received this vaccine, an estimated 136,000 would contract the serious adverse reaction of myopericarditis."

Myopericarditis is an umbrella term for myocarditis, inflammation of the heart, and pericarditis, inflammation of the tissue surrounding the heart.

ACAM2000 can also cause fetal death when taken during pregnancy, the package insert states.

Additionally, the shot contains a "live vaccinia virus" that can be spread to – and possibly cause the death of – people who have close contact with the vaccinated person up to 6 weeks following vaccination, according to the medication guide.



The guide – which the FDA requires to be given to patients before they get the ACAM2000 vaccine – says, "ACAM2000 can cause serious complications in vaccinated individuals and in their close contacts to whom the vaccine virus has spread."

Jablonowski said, "The spread of vaccinia virus is an infliction and an assault, as an unsuspecting person cannot possibly consent."

"For good reasons you would not consent to this vaccine," Jablonowski said, "even if you believed your benefits outweigh your risks, as you become a potential vector of a disease that is damaging to the heart and fatal to both fetus and infant."

Risk of serious complications and death in vaccinated and those exposed to vaccinated individual

ACAM2000 is a single-dose vaccine administered using a bifurcated needle that's been dipped into the vaccine solution, according to an Emergent BioSolutions press release.

In its Aug. 30 press release, the FDA stressed that "every person" who receives ACAM2000 is "required" to be given the drug's FDA-approved medication guide.

"A Medication Guide is necessary," the FDA said, "for safe and effective use of the vaccine because it could help prevent serious adverse events and inform the vaccine recipient of serious risks relative to benefit that could affect their decisions to be vaccinated."

The guide lists serious possible complications, including: myocarditis, inflammation of the brain or spinal cord, serious skin infections, spreading the vaccine virus through the blood to other parts of the body and fetal death if taken during pregnancy.

According to the guide, "The risks for serious vaccine side effects are greater for people who:

• have heart problems or a history of heart problems

• are taking steroid eye drops or ointment

• have a weakened immune system

• have skin problems such as eczema, atopic dermatitis, burns, impetigo, contact dermatitis, chickenpox, shingles, psoriasis, or uncontrolled acne

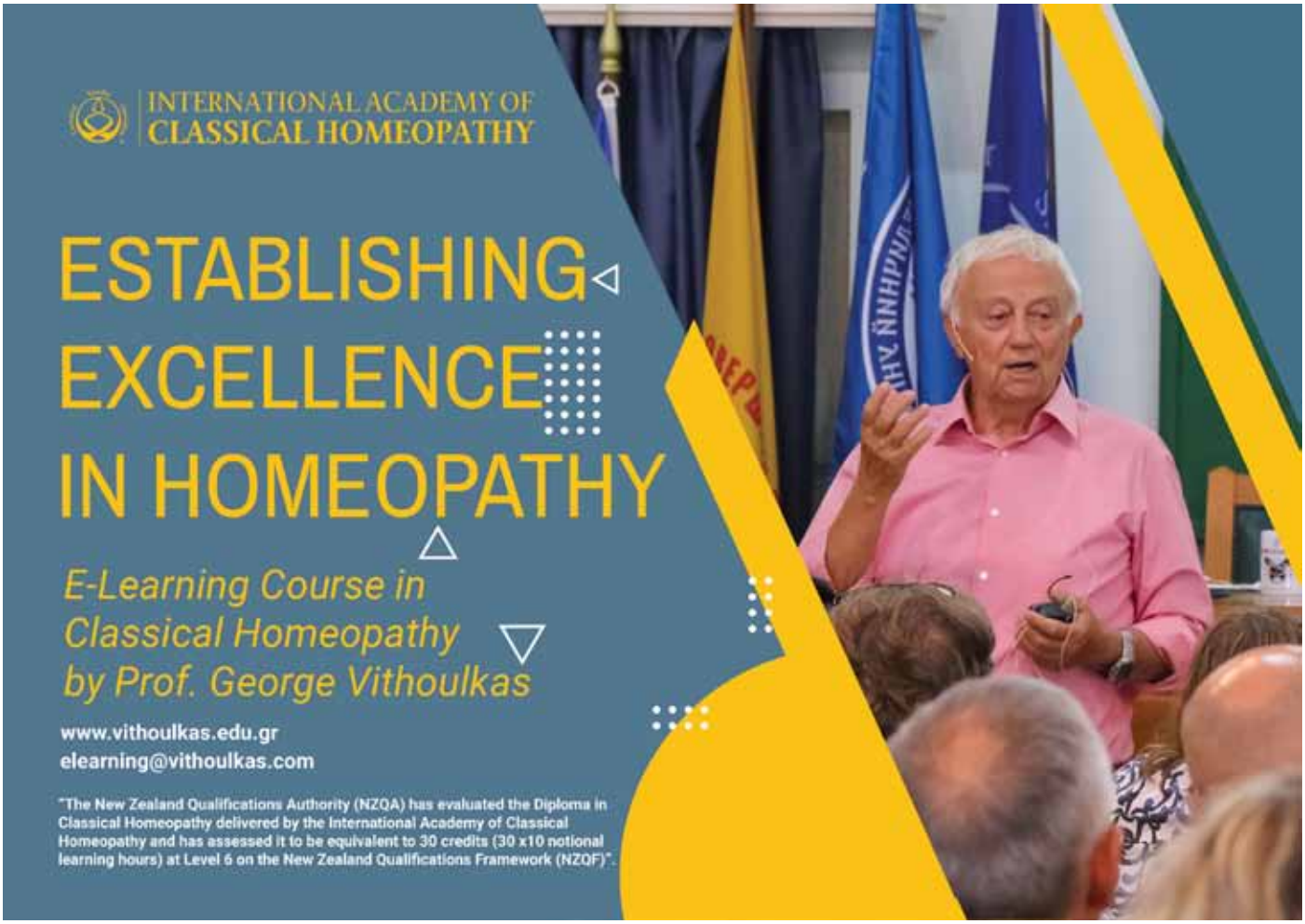
• are less than 1 year old

• are pregnant or become pregnant within 6 weeks after vaccination."

ACAM2000's package insert warns of a longer list of possible serious complications, including:

(Continued on page 33)


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Samuel Milham, MD MPH Washington State Department of Health, Olympia, WA, USA, 2009

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Spontaneous Evolution: Our Positive Future (And A Way to Get There from Here) Bruce Lipton PhD 2014

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Naturopathic approach to treating burns - and scarring from burns

By Bianca Haux

One Monday night I poured boiling water over my left hand. Ouchh!!!

This was an accident that should not have happend because for years I have made the effort to do hazardous tasks with great care - and even told other people about how accidents can be avoided, because they are so painful. But it happend to me when I was tired and just not feeling my maximum best and decided to fill up my hot water bottle.... *

Fortunately, I knew what to do – and the next day already I was fine again. No blistering, no red skin, no pains, no sensitivity to warmth, just a bit of tingling for a few second 2 – 3 times the next day, that was all.



How do you achieve that?

Through my accident I was reminded that it is good to share what really works.

So when it happend – ouch!! Don't drop everything, you might burn yourself even worse.

- First thing you do is to cool the burnt area. So I put my hand under cold running water, and once the hand felt OK, got a bowl, filled that with cold water and put it in there and like that I could move around while cooling my hand.
- Next I put lots of aloe vera on all the places that got burnt. In my household I have aloe vera gel in a tube in my first aid kid. That is something I really highly recommend to have in your first aid kit as well for burns, skin problems and all sorts of wounds, including badly healing wounds. If you don't have a tube of aloe vera gel, I hope you have some aloe plants in the garden (or as a house plant). It doesn't really matter which type of aloe (although aloe vera is the best), they all have these skin healing properties, so just use what you have: Slice a leave and get the gel out and put that on all the burns.
- Then you keep the burned area moist. That is for the reason, that the aloe will have optimal properties when moist but will loose some when drying. So either you replenish the aloe every so often or you keep it moist somehow. So thinking about how to do that I had the idea to take a vinyl single use, glove and put it over. Making sure that it was enough aloe gel to keep it moist for at least 8-10 hours. And that was it.

Before I went to bed I cooled the hand in the bowl of cold water and it was fine and didn't hurt, but when the hand warmed up in bed it started to burn a bit and I got up two times and cooled it again. Then I slept and did not have any pain or burning sensations any more. And the next morning as I said, my hand had healed so well I could not even see where the burns had happened.

For the cooling just cold tap water will do. Ice is NOT recommended or necessary as it can cool the burnt are down too much so that the body's healing is slowed or worse. So just cold water will do. If you don't have an aloe vera gel I have added a receipe for you how you make it. It's just the liquid form so quite a bit more runny than a bought gel.)

Aloe vera (and all the Aloe family members in a slightly lesser way) is one of the best skin healers that we have. Aloe contains lots of nutrients that it can transport through the skin to the place where it is needed and nourishes the skin and so enables the repair processes in the skin. Aloe plants have the best qualities when growing in their natural conditions. For aloe vera that is semi-arid to arid conditions. Little moisture and lots of sunlight that opitmize the production of their most valuable components that then are able to heal all sorts of skin issues including burns.

Once in a while I see people with a bad burn. Blisters or a really nasty redish purple or badly discoloured patch where they hurt themselves at a hot handle, or pot, or burnt themselves with steam, an open flame/ fire or hot water and it takes long weeks to heal. Bad burns can leave nasty scars. And the pain when warmth gets onto that burned patch is really nasty. So when it happend on Monday I was reminded of all these people and all my mishaps and thought I better share this, so that if you (or someone you know) is

burned you hopefully remember and don't suffer that much from the accident.

Before I knew about the aloe vea I had used another method that is almost as good and also will preserve your skin and minimize pain.

Instead of the aloe vera you can use alcohol (ethanol). It needs to be high volume about 35% or higher, 40-50% will definitely do the trick. (Something like Vodka strength alcohol.) So after the cooling you put alcohol on the burnt skin and then think of a way of putting it on for 8-10 hours without it evaporating. Soaking some clean ironed old fashioned handkerchief, some gauze or simply a paper kitchen towel in the alcohol and put it reasonably wet on the skin. Then cover with plastic (some plastic wrap like glad wrap) is a good idea, especially for limbs and keep it there for roughly the mentioned 8-10 hours. If the burn is not too bad less time might be already fine.

The skin can wrinkle up with the moisture and I once had a burn that started to hurt just from the wrinkling. I simply had kept it too moist. But opening it up and exposing it to the air this was remedied quite fast.

With both methods burn blisters that had already apeared vanished and the skin was fine.

How the alcohol works is not so clear, my presumption is that the alcohol has a cooling effect and that this is doing the best part of the job.

An additional thing to support, which I did on Monday was using homeopathic remedies. In case of burns that is Cantharis 30C and you take pillules (those small white sugar pills) depending on the size 1-2 big ones or 5 small ones 2-3 times (immediately, then again after 10-15minutes, and again after 30 minutes). Or 5 drops of a liquid form of Cantharis 30C.

In case of shock with shaking, which ios a common reaction to the pain of a burn, you also take Aconite 30 1-2 pillules or 2 drops just once.

My recommendation is that you get a homeopathic remedy kit that includes these remedies.

Also use the aloe vera if you spill your coffee or tea over yourself. I definitely have done that uncountable times and burned my arm or thigh so often! Each time it helped.

Then another typical thing is when tasting food that is still too hot. Again one of my "favourite" burn accidents, that actually destroys taste buds if you can't counter act it with aloe vera: put some aloe vera gel on that bit of the lip or tongue and renew it several times until it feels fine.



What I describe here is a very effective treatment for these small accidents, in case of a big accident the first aid recommendations say: ... to cool as described at least for 20 minutes and cover with a clean sterile sheet (ironing will do that) and seek medical help ASAP.

An approach to treating scars from old burns
In case you have a scar from a burn it still is quite effective to put aloe vera or any other aloe on it repeatedly and massage it into the skin. This will improve the scar tissue even weeks or years later. Even big patches of scar tissue soften up and get less knotty. I have seen remarkable changes happening when treated like that, and at least it is worth a try.

In the worse case scenario that you can't do a thing because you are somewhere out camping or tramping, you still can cool as much possible and then when you come to a place you can get the above mentioned aloe vera or alcohol (alcohol will only work until 3-4 days after) you can still apply as descibed and you will have still an impact and improve the healing time by far or/and you will have less scaring.
If a child is burned

Absolutely horrifying are burns can happen to children: accidents with fire, or with boiling water etc. With children you can do use the same treatment approach. Their skin is thinner and will react worse than adults' skin but still all the described measures will improve the situation a lot. What I would recommend there is that an adult hold the child, calming and reassuring him/her. Be in skin contact while cooling and then putting aloe on the burnt area and cover it with plastic (like gladwrap) or a clean sheat or towel. Not too tight please, so that the blood flow is fine.

Children really need this reassurance; don't scold them. The damage is done and scolding is not helpful and they are already in shock. So rather give them reassurance and calm and do what you can to also minimize the traumatic experience. And you have to keep the child warm enough while cooling the burn. (Don't put ice cubes on it unless that's the only cooling agent you have, cold water will do.)

With a child I always would recommend to go to the nearest emergency room to play it safe.

So now I just hope you will never need my advice ever but if it so happens, all of the above will hopefully prevent a lot of pain, blistering, open wounds and perhaps even skin grafts like in all those stories I have heard, when people where feeling helpless in any such situation. So good luck and take good care of yourself!

* Aloe vera gel recipe: Take some aloe leaves, remove the skin and put the gel in a blender, add lemon juice or vitamin C powder and whizz up for a few seconds. Pour into a closed container and keep in the fridge. Use for external and internal use within 3 weeks. (The ratio to use is: For 300g of aloe you will need half a lemon the juice or 1/3 of a teaspoon of vitamin C powder.)

ABOUT THE AUTHOR:

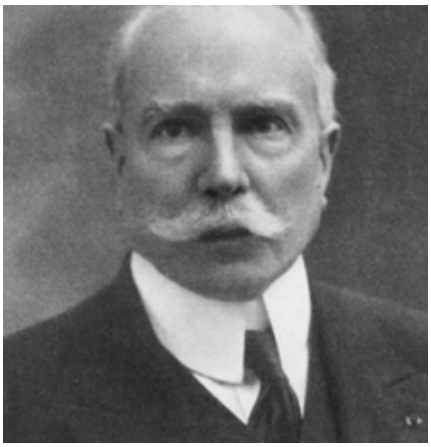
Bianca Haux is A Certified Natural Medicine Practitioner of Germany (2006) and a Registered Naturopath of New Zealand (2016)

ED NOTE: *Please note the instructions with your hot water bottle when you purchase it. Many brands should NOT be filled with boiling water. 80 degrees C is a recomended maximum for hot water bottles when they are in use and a cover should also be used to reduce the risk of overheating or burns. St John's website provides additional burn treatment info here:* https://www.stjohn.org.nz/first-aid/first-aid-library/burns/



More than 100 years ago Réné Quinton developed

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Rene Quinton was one of the great scientific minds of his – or any other – time, and yet few people outside of Europe have ever heard of him.

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Quinton was the first to discover that sea water was remarkably close to human blood plasma in its constituent minerals. This was a remarkable discovery for his time, but it didn't stop there.

He went on to discover that there was one spot in the Atlantic Ocean where zooplankton gathered by the trillions to ingest and process the sea minerals – thereby making them completely bioavailable to us.

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Quinton Marine Plasma™ is the only natural, purified, unheated seawater solution available as a nutritional supplement.

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The high bioavailability of seawater processed by the zooplankton means a quick absorption of minerals into your body – in the same balance as those found naturally in human blood.

The result: You will feel the beneficial effects almost immediately.

What Makes Quinton So Unique and So Effective?
Quinton Marine Plasma contains all 78 minerals in the same proportions in human blood, thus making it the most bioavailable mineral supplement on the planet.

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Each element is reliant upon others in the right proportions to catalyse each other for proper assimilation. For instance, Selenium requires 11 complementary minerals and trace elements present in order for the body to metabolize Selenium. Zinc requires 12 additional minerals, Iron requires 10 and so forth. Quinton Marine Plasma provides these elements in the same ratio as human blood naturally for rapid assimilation.

What is the difference between our Original Quinton™ and other seawater products on the market?

Original Quinton™ is one of the most remarkable and enduring health discoveries in history.

Quinton marine plasma was used as one of the primary medicines during the disease epidemics of the early 20th century in Europe and the Middle East. It also served a critical role as a blood plasma replacement during both WWI and WWII and is still produced to a pharmaceutical grade by Laboratories Quinton, Alicante, Spain.

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Australia: rightspinhealth.com.au



Court-Ordered Pfizer Documents They Tried To Have Sealed For 55 Years Show 1223 Deaths, 158,000 Adverse Events in 90 Days Post EUA Release

The Most Shocking Document Release Of The Last 100 years

By Celia Farber
December 5, 2021

Dear readers of my Substack, I am sitting here, as shocked as I can remember being, since I began reporting on pharmaceutical and government/ pharmaceutical predation in 1987/1988, at a rock magazine called *SPIN*. I've spent most of my life shocked, often disoriented, wondering if I can believe my own eyes, and trying to square the countless attacks on my own sanity with what appears to be the impossibly dark truth. For years I processed the relentless violence as some kind of possibility that I had missed something. I don't anymore.

There are not "two sides." Pfizer itself can explain exactly why all the people dropping dead have died, but they felt it should be hidden for 55 years, so they could continue to murder and maim without interference. The mass media is the engine of the catastrophe, the sine qua non.

Most smoking guns are not really smoking guns, but this one is.

A group called "Public Health and Medical Professionals For Transparency Documents" sued the FDA for the release of Pfizer's documents concerning adverse events from their Covid "vaccine", which Pfizer fought to have concealed 55 years, but a courageous judge ordered them released anyway.

They wrote on their website:
"Four days after the Pfizer vaccine was approved for ages 16+, we submitted a Freedom of Information Act Request to the FDA for all of the data within Pfizer's COVID-19 vaccine biological product file. We have now sued the FDA for not releasing the data. Click below for court documents and for productions of Pfizer's documents from the FDA."

Link: https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf

My God.

In the 90 days following EUA release of the "vaccine" they recorded 1223 deaths, and 158,000 adverse reactions, including fetal deaths, spontaneous abortions and more. They call this, in their encrypted, trans-human Pharma-lingo, the "post marketing experience." [See link above]

Whose experience? Pfizer's, or the dead?

I failed to catch on to this when it was released a few days ago, for which I apologize. Mark Crispin Miller sent it out today and I realized I'd missed something incredibly important. I opened the document and began to read, as my mind short-circuited.

One thinks one has seen it all, but no.

I'd heard Alex Jones apoplectically reporting on it this week but for some reason I still didn't drop what I was doing and go to it. Mike Adams reported comprehensively on it HERE: https://thetruthaboutvaccines.com/smoking-gun-confidential-pfizer-document/

These "events" have never been "of special interest" to the protected class of mass media vaccine propagandists, but they are REAL. They are now here in black and white, from Pfizer's own documents. They mirror exactly what everybody who has been trying to sound the alarm has ever said; There is no mystery anymore.

Anybody who tells you these "vaccines" are safe is somewhere between hypnotized, dishonest, and malicious.

As these Pfizer documents lay bare, our bodies are nothing but their field of sadistic experimentation, their wealth gain, their total self-appointed right to destroy life, while raking in billions, maybe trillions, and even guilt-tripping their endless victims for not promoting "vaccines" once they have been crippled. Even the dead are expected to promote vaccines from the grave, via their surviving loved ones.

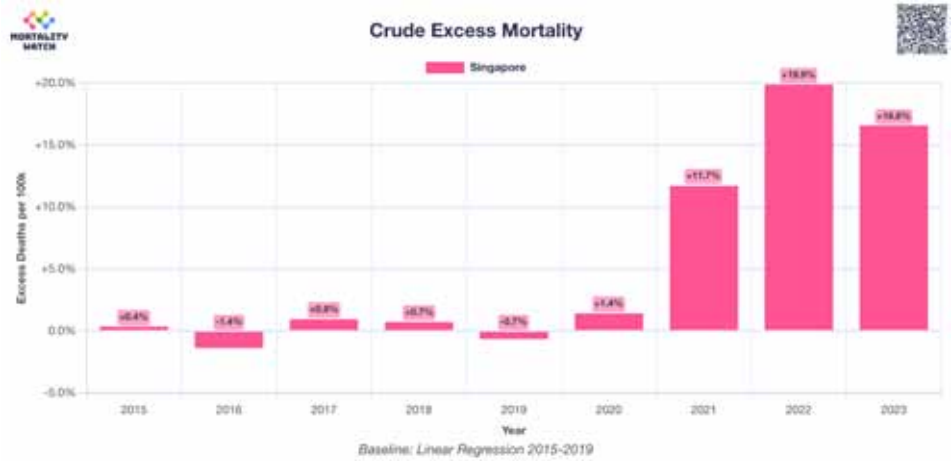
Yet you are an "anti-vaxxer."

And this is a fate worse, they make clear, than death.

But no need to believe "anti-vaxxers" anymore – here's the data from Pfizer, of everything these predators have "observed" in their victims, whose lives they are ostensibly so insistent upon "saving" and who were healthy before the shots, but spellbound by fear, and sacrificed by an unspeakably cold-blooded media:

For a complete list of "adverse events" reported by Pfizer,

SEE: https://celiafarber.substack.com/p/court-ordered-pfizer-documents-they



Singapore's Age Stratified Mortality Rates after Vaccine Rollout

Massive Excess mortality in the highly vaccinated country only started in 2021!

SOURCE: https://www.usmortality.com/p/singapores-age-stratified-mortality

Systematic Review Reveals Many COVID-19 Vaccine Recipients Experienced New-Onset Psychosis

By Naveen Athrappully
via *The Epoch Times*
May 7, 2024

Individuals who took COVID-19 vaccines were found to have later suffered from psychosis, with Pfizer and AstraZeneca shots linked to most of the cases.

The peer-reviewed systemic review, published in the *Frontiers in Psychiatry* journal on April 12, examined cases of new-onset psychosis among people who took the vaccines. The review looked at 21 articles describing 24 cases of psychosis symptoms following vaccination. The researchers concluded that "data suggest a potential link between young age, mRNA, and viral vector vaccines with new-onset psychosis within 7 days post-vaccination."

"Collecting data on vaccine-related psychiatric effects is crucial for prevention, and an algorithm for monitoring and treating mental health reactions post-vaccination is necessary for comprehensive management."

Out of the 24 cases, 13 were female. The median age of participants was 36 years. Twenty-two patients (91.2 percent) had no specific history of somatic illness and comorbidities.

In 33.3 percent of the cases, administration of the Pfizer mRNA vaccine "potentially induced adverse psychiatric events," the study said. The viral vector AstraZeneca vaccine was linked to psychotic symptoms in 25 percent of cases.

In 45.8 percent of incidences, psychotic symptoms were reported after the first shot and in fifty percent after the second dose.

"Almost all reviewed cases (95.8 percent) presented with psychotic symptoms, such as hallucinations (visual, auditory, olfactory, and tactile) and delusions (mostly persecutory and delusions of reference)."

The most common form of hallucination was auditory, experienced in 54.2 percent of the cases, while visual hallucinations were experienced by 12.5 percent of patients.

"Motor disturbances, such as increased or decreased motor activity and bizarre behavior, were mentioned in 83.3 percent of cases. In 3 (12.5 percent) cases, a suicidal attempt was described."

The psychotic symptoms mostly lasted for a period of one and two months.

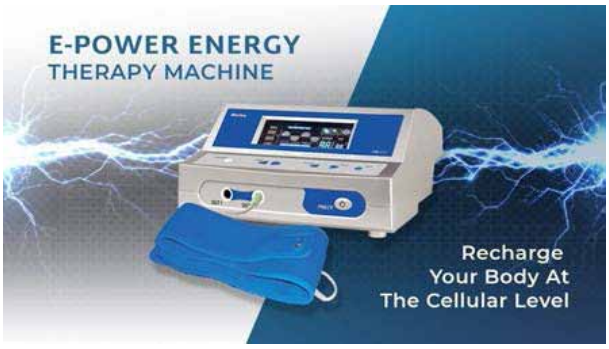
The patients were treated using various methods including antipsychotics and steroids, but only 12 out of the 24 made a full recovery. The remaining suffered from "residual symptoms such as decreased emotional expressions, low affect, or residual psychotic symptoms."

In one case, the patient reported a positive COVID-19 test result. "Previous studies have shown that individuals with documented comorbidities and a history of COVID-19 infection exhibit a statistically significant increase in adverse events following vaccination," the study noted.

FULL STORY HERE

https://www.zerohedge.com/covid-19/systematic-review-reveals-many-covid-19-vaccine-recipients-experienced-new-onset-psychosis





HAVE YOU HEARD ABOUT THE E-POWER BODY ENERGIZER?
The E-Power Machine is a device designed to energize the body by creating a negative potential environment.

What does 'Negative Potential' mean?
Your body contains approximately sixty trillion cells, each with a potential of 30-40 microvolts, resulting in a significant total electric potential. Cells can have either a positive or negative charge.

A positively charged cell may be detrimental because:
- It prevents nutrients, oxygen, and water from entering.
- Waste and carbon dioxide cannot exit the cell.
- The cell accumulates excessive sodium and hydrogen ions.

Conversely, a negatively charged cell:
- Allows the entry of nutrients, oxygen, and water while facilitating the exit of waste and carbon dioxide.

Everyone has a 'negative potential' reserve:
a) Children possess about 70-90 millivolts, correlating with high energy levels.
b) The sick and fatigued fall below 60 millivolts, experiencing energy deficits and pain.
c) Elderly individuals have even lower levels, and upon cell death, the potential drops to zero.
d) Cancer and diseases are associated with around 15 millivolts.

The E-Power machine aims to increase the body's negative electrical potential, thereby enhancing oxygen reserves, boosting metabolism, supporting the immune system, and reducing blood sugar levels, which collectively contribute to improved health, beauty and vitality.

The body, responding to this negative potential energy, starts to eliminate sediment acids, impurities, triglycerides, and cholesterol that cling to artery walls. By increasing electric potential and cell permeability, the E-Power machine purifies the blood and balances pH levels.

Negative ions may neutralize free radicals in the body and help maintain bodily fluids at a slightly alkaline level. The E-Power machine operates by using the body as a capacitor, generating 70KHz of high-frequency electrical waves to stimulate sensory fibers for pain relief. As it raises the temperature of the subcutaneous skin, the negative potential energy disperses throughout the body, promoting a sense of balance and revitalization.

Chi Machine Australia
www.chimachineaustralia.com.au
0417 771908

Vaccines Killed Far More People than Covid

By Frank Bergman
August 30, 2024

Researchers from Ohio State University have found that patients who contract COVID-19 are twice as likely to die if they received an mRNA injection to supposedly protect them from the virus. The peer-reviewed study, published in the renowned journal *Frontiers in Immunology,* states: "Among COVID-19 patients, mortality rate was significantly higher among Vax vs. NVax patients (p=0.002)."

"While mortality rates were 36% (n=25) and 27% (n=15) for non-COVID-19 [non-vaccinated] and [vaccinated] patients, respectively, in COVID-19 patients mortality rates were 37% [for non-vaccinated patients] and 70% [for vaccinated patients]."

(https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2024.1325243/full)

The scientists conclude that a person's risk of death from COVID-19 nearly doubles when they receive a Covid mRNA injection.

The researchers noted that those who have not received a Covid shot are at a much lower mortality risk due to increased levels of natural immunity.
Early death is not the only risk factor associated with Covid shots, however. In addition, the mRNA injections are linked to other severe health complications, including heart failure, autoimmune disease, strokes, blood clots, brain damage, turbo cancers, and sudden deaths. Meanwhile, government officials in the Philippines have just raised the alarm after the nation recorded a staggering 290,000 deaths among the Covid-vaccinated population.

The hearings established that the deaths were not related to COVID-19 and that the spike only emerged after the "vaccines" that were meant to tackle the virus were rolled out for public use.

Meanwhile, thousands of doctors, scientists, and academics have signed a declaration demanding an "immediate" ban on mRNA injections. Slay News reported earlier this week that the unprecedented statement, called "The Hope Accord," has also been signed by over 2000 doctors, scientists, and academics, and more than 2700 other healthcare professionals.

The Hope Accord (https://thehopeaccord.org/) was first launched last week and has quickly gathered a huge amount of support.

All of the signature endorsements have been verified to ensure they are from real and qualified professionals.

The document has continued to garner support and, at the time of publishing, the statement has gained 37,565 total supporters, including 1,171 medical doctors, 3,109 other healthcare professionals, and 1,244 scientists and academics.

Among the most notable signatories are diagnostic pathologist Dr. Clare Craig, physician, renowned British cardiologist Dr. Aseem Malhotra, and evolutionary biologist and podcaster Professor Bret Weinstein.

"A growing body of evidence suggests that the widespread rollout of the novel Covid-19 mRNA vaccine products is contributing to an alarming rise in disability and excess deaths," the statement warns.

"The medical profession must lead by admitting we lost our way," the group of doctors and other academics said.

FULL STORY HERE: https://slaynews.com/news/vaccines-killed-far-more-people-covid/

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Moderna confirms mRNA COVID Vaccines cause Cancer

By The Exposé
September 6, 2024

Moderna has admitted its mRNA COVID vaccine causes CANCER after billions of DNA fragments were found in vials of the dangerous injection.

The revelation was made after Dr. Robert Malone recently made an appearance at an "Injuries Caused by COVID-19 Vaccines" hearing led by Congresswoman Marjorie Taylor Greene (R-Ga.), at which he revealed how Moderna's patent shows that its (COVID-19) "vaccine" vials contain billions of DNA fragments and other contaminants linked to birth defects and cancer.

At the hearing, Dr. Malone spoke about how Moderna acknowledges in its patent that RNA is preferable to DNA in vaccines because of the risks involved, but that the company's mRNA injection, which was administered to tens of millions of people, is contaminated with the latter.

"Moderna has a patent on the use of RNA for vaccines," Dr. Malone stated. "And in that, Moderna explicitly acknowledges that RNA is superior to DNA for vaccine purposes because problems, including the possibility of insertional mutagenesis that could lead to the activation of oncogenes or the inactivation of tumour suppressor genes."

"FDA says they're not aware of any concerns, but Moderna, in its own patent, lays out exactly the same concerns that exist about DNA in insertional mutagenesis and genotoxicity.

"So, Moderna knows it – DNA is a contaminant. It is left in because of the way they make it … they use DNA to make RNA, and then they degrade the DNA, and then they have to purify the degraded DNA away from the RNA, and the process they are using is not that good."

Pfizer's mRNA jab for COVID also contaminated with cancer-causing DNA fragments

Scientists from the United States and Canada were able to get their hands on unopened vials of Moderna's COVID jab, with a clear chain of custody, and sampled them. This is their expertise, just to be clear: they do deep sequencing on samples and relay their findings for the public good.

What they discovered were large numbers of DNA fragments in the RNA preparation, to which they applied standard reconstruction tools to see what the circular plasmid DNAs looked like – none of this was disclosed to the public, by the way.

The documentation suggests that there are certain DNA sequences present in the vials that are normally not allowed in anything that is going to go into humans, "not the least of which is an antibiotic resistance gene," Dr. Malone explained.

"They include these sequences from Simian Virus 40 – not the whole virus, but highly active promoter sequences – which is exactly the thing that the FDA in their older regulations said must be avoided because it confers even more risk for insertional mutagenesis."

It turns out that Pfizer's mRNA injection for COVID contains the same contaminants. Documentation was provided by the company to regulators in the U.S., Europe and Canada. These regulators deleted the little notation about SV40 sequences in an apparent attempt to hide it from the public.

"The FDA didn't take the raw DNA sequences, reconstruct those plasmid maps, and look at them themselves," Dr. Malone clarified. "They just took for granted what Pfizer had given them. And now this is all coming out because of what these researchers found."

High-level people at both Moderna and Pfizer had to have known about this, Dr. Malone said, the potential consequences for jab recipients being "anything that is associated with DNA damage, i.e., birth defects and cancer being the most notable ones."

SOURCE: https://expose-news.com/2024/09/06/moderna-confirms-mrna-covid-vaccines-cause-cancer/

Bad News from Japan

On Wednesday, Japan's largest broadcaster, NHK, read out messages from viewers about their injuries from Covid vaccines at the end of an hour-long special coverage on the adverse effects of Covid vaccines.

However, the harms and deaths caused by Covid vaccines that we have known up until now won't compare to the devastation the new replicon vaccines could and will most likely cause, according to Dr. Daniel Nagase.

It could be a worldwide disaster. "Because [if] an artificial gene [from the vaccines] out in the environment is proven, especially if it is in birds or insects … The man-made gene could spread around the world across multiple species and become nearly impossible to eliminate," he said.

A replicon vaccine is a type of vaccine that uses a self-amplifying RNA as its antigenic component. Replicons are derived from viruses, such as alphaviruses.

There are 32 alphavirus species which infect various vertebrates, including humans, rodents, fish, birds and larger mammals, as well as invertebrates. Some are species-specific while others are not. Transmission between species and their vertebrate hosts, including humans, occurs mainly via mosquitoes.

The use of alphavirus-derived RNA technology in vaccines is where the danger lies. The man-made genes in the replicon vaccines, if introduced into humans, are likely to spread not only to other humans but also to other species.

In November 2023, Japan approved the use of the first self-amplifying mRNA ("saRNA") vaccine against covid. The vaccine is called Kostaive and is also known as ARCT-154 or, in Vietnam, VBC-COV19-154. At the time of the approval, researchers were hopeful that this was only the beginning for saRNA treatments for infectious diseases and even cancers.

The difference between a Covid mRNA vaccine and a Covid saRNA vaccine is that with the former, a cell's machinery produces the spike protein for as long as these instructions persist while the saRNA goes a step further. It integrates the genes needed for the replication and synthesis of the spike protein-encoding RNA, effectively establishing a biological printing press for fabricating the vaccine inside cells.

The replicon vaccine is due to be rolled out in Japan in October 2024

SOURCE: https://expose-news.com/2024/09/01/self-replicating-vaccines-rolled-out-next-month/

Confidential Pfizer document shows the company observed 1.6 million adverse events covering nearly every organ system

By Daniel Horowitz
June 14, 2023

Over 10,000 categories of nearly 1.6 million adverse events – many of them serious and debilitating – brought to you by Pfizer!

You might not have heard it in the news, but in recent months, Pfizer's pharmacovigilance documents requested by the European Union's drug regulator, the European Medicines Agency (EMA), have been released. They show that Pfizer knew about a sickening level of injury early on. An August 2022 document shows that the company already had observed the following scope of vaccine injury:

• 508,351 individual case reports of adverse events containing 1,597,673 events;
• One-third of the AEs were classified as serious, well above the standard for safety signals usually pegged at 15%;
• Women reported AEs at three times the rate of men;
• 60% of cases were reported with either "outcome unknown" or "not recovered," so many of the injuries were not transient;

Highest number of cases occurred in the 31-50 year age group, and 92% did not have any comorbidities, which makes it very likely (! - Ed) it was the vaccine causing such widespread, sudden injury.

These numbers alone suggest that all COVID shots should be defunded and Congress must immediately remove liability protections from the manufacturers. But a more recent document released by the Europeans is even more devastating, because it breaks down the 1.6 million adverse events observed by Pfizer by category and subcategory of ailment and injury.

The 393-page confidential Pfizer document, dated Aug. 19, 2022, shows that Pfizer observed over 10,000 categories of diagnosis, many of them very severe and very rare. For example:

• Pfizer was aware of 73,542 cases of 264 categories of vascular disorders from the shots. Many of them are rare conditions.
• There were hundreds of categories of nervous system disorders, totaling 696,508 cases.
• There were 61,518 AEs from well over 100 categories of eye disorders, which is unusual for a vaccine injury.
• Likewise, there were over 47,000 ear disorders, including almost 16,000 cases of tinnitus, which even Mayo Clinic researchers observed as a common but often devastating side effect early on.
• There were roughly 225,000 cases of skin and tissue disorders.
• There were roughly 190,000 cases of respiratory disorders.
• Disturbingly, there were over 178,000 cases of reproductive or breast disorders, including disorders you wouldn't expect, such as 506 cases of erectile dysfunction in men.
• Very disturbingly, there were over 77,000 psychiatric disorders observed following the shots, lending credence to Dr. Peter McCullough's research observing case studies showing psychosis correlating with vaccination.
• 3,711 cases of tumors – benign and malignant
• Of course, there were almost 127,000 cardiac disorders, running the gamut of about 270 categories of heart damage, including many rare disorders, in addition to myocarditis.
• There were over 100,000 blood and lymphatic disorders, for both of which there's a wealth of literature linking them to the spike protein.

When reading what Pfizer knew early on juxtaposed to independent studies, it's clear that nobody could have mistaken most of these AEs for mere incidental ailments. Here is a list of 3,129 case studies chronicling vaccine injury in every organ system observed in this Pfizer document: https://ashmedai.substack.com/p/the-complete-compilation-of-2752.

What is so jarring is that there are hundreds of very rare neurological disorders that reflect something so systemically wrong with the shots, a reality that was clearly of no concern to the manufacturers and regulators alike. One of the infamous cases of vaccine injury was Maddie de Garay, an Ohio teen who became disabled for life immediately after participating in the Pfizer clinical trial. Her story is chronicled in chapter 16 of my book, *Rise of the Fourth Reich*. I checked this confidential document and found that they knew of 68 cases of her rare diagnosis, chronic inflammatory demyelinating polyneuropathy.

The broad scope of injuries affecting every single organ system is simply extraordinary. Yet to this day, the FDA continues to criminally label the Pfizer shot as safe and effective. To this day, the label indicates the shot

Japan Links Covid Shots to 201 Dangerous Diseases

By Frank Bergman
September 4, 2024

Researchers in Japan have issued a red alert after making a "shocking" discovery, warning the public that Covid mRNA shots are now "affecting every possible aspect of human pathology."

The nation's leading scientists are raising the alarm after linking Covid mRNA injections to surges in 201 dangerous and deadly diseases.

The findings were laid out in a 93-minute press conference, during which, some of Japan's leading researchers revealed that Covid "vaccines" have now been linked to thousands of side effects.

During the press briefing, the Vaccine Issues Study Group, a panel of esteemed medical experts, detailed the findings from a "shocking" systematic review of research papers.

The findings followed six months of investigations into the side effects of the Covid mRNA shots that were pushed onto the public supposedly to tackle COVID-19.

Professor Emeritus Masanori Fukushima of Kyoto University warns that the breadth of the harms is "unprecedented" for medical treatments.

"A systematic review of the literature has unveiled some shocking information," Fukushima told reporters.

"Thousands of papers have reported side effects after vaccination, affecting every possible aspect of human pathology, from ophthalmology to psychiatry," he said.

"For example, the age-adjusted mortality rate for leukemia has increased.

"And there are significant findings for breast cancer, ovarian cancer, and so on."

Prof. Fukushima said there were so many brain-related adverse events among the Covid-vaxxed that researchers probably hadn't found all of them yet.

"Mental disorders, psychiatric symptoms, depression, mania, anxiety, came up in abundance, but it's endless," he said.

Fukushima, who has 208 scholarly papers to his name on ResearchGate, warned that doctors who want to sound the alarm are being silenced.

In February 2023, he filed a lawsuit against the Japanese government for allegedly hiding vaccine harms.

"Japanese doctors are trying hard, but they face various obstructions," Fukushima said.

Professor Yasufumi Murakami from the Tokyo University of Science is demanding that the administration of Covid mRNA shots be banned.

"It's very clear what happens when you administer a toxic gene to a human," he said before laying out long-term risks.

"There are cases that occur within one or two weeks after injection, but there are also many cases that appear after one or two years.

"Vaccines that have failed are still being administered and the Ministry of Health, Labour and Welfare recognizes these failed vaccines.

"So I would like them to stop immediately," he continued.

"And even though I speak out in various places, they don't stop at all.

"So we will clearly present evidence and publish it as articles, one by one."

Murakami warned that "with the current messenger-type [mRNA] vaccines, a significant amount of IgG4 is being induced."

He warns that this is far in excess of a normal vaccine response and could interfere with immune functions.

The researchers found 201 types of diseases had been found among

(Continued on next page)

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is a fully protective vaccine and also fails to mention all of these side effects, as required by law.

Recently, Peter Doshi, editor of the *British Medical Journal*, wrote a letter to the FDA requesting that the agency update its labeling to reflect the reality of what we've learned about the shots. Specifically, he asked that they include the following side effects on the label: multisystem inflammatory syndrome in children, pulmonary embolism, sudden cardiac death, neuropathic and autonomic disorders, decreased sperm concentration, heavy menstrual bleeding, and detection of vaccine mRNA in breast milk. The causal relationship of all these AEs to the vaccine is backed by substantial research, surveys, and adverse event reporting systems.

Unfortunately, the FDA denied the causal relationship between any of these side effects and the COVID shots. Even with regard to the request that officials clarify on the label that the shots don't stop transmission, the FDA replied, "We are not convinced that there is any widespread misconception about this."

"Product labeling should be informative and accurate, not promotional. The law requires it, and following the law shouldn't be optional," bemoaned Doshi and the other authors in a piece at TheHill.com.

The question is whether Republicans in the House will force the FDA to comply with the law by using the leverage of the appropriations bills for the FDA and HHS. So far, there has been no reckoning for their false marketing and the devastating human toll it has cost. Oh, and that is just the short-term human toll.

SOURCE:

https://tinyurl.com/3v3dmea5

New 'Syndrome' Emerges in Covid-Vaccinated

By Frank Bergman
September 12, 2024

A disturbing new "vaccination syndrome" has emerged in people who have received Covid mRNA shots, scientists are now warning. The new phenomenon was revealed in a medical case study published in the prestigious *Cureus* journal. The researchers investigated the case of a patient who was suffering from "cerebral disease, eye disease, and SFN [small fiber neuropathy]."

According to the study, the patient had developed a new syndrome which was caused by the Pfizer (BNT162b2) Covid mRNA "vaccine."

The scientists diagnosed the patient, a 47-year-old male, with the first confirmed case of "Post-Acute Covid Vaccination Syndrome" (PACVS).

In the "Abstract" section of the study's paper, the researchers note that the patient "developed acute and post-acute COVID vaccination syndrome (ACVS/PACVS) after the first dose of the BNT162b2 vaccine.

"The PACVS manifested as cerebral disease, eye disease, and SFN [small fiber neuropathy]."

The researchers warn that the new syndrome can strike anyone of any age who has received at least one dose of a Covid mRNA "vaccine." The new syndrome can emerge suddenly at any unspecified time and potentially kill sufferers.

In the "Abstract" section, the researchers elaborate:
"Side effects can manifest as acute COVID vaccination syndrome (ACVS) within hours or a few days after vaccination or as post-acute COVID vaccination syndrome (PACVS) several days or weeks after vaccination.

"ACVS/PACVS can be mild to fatal and can occur at any age."

Unfortunately for the patient analyzed for the case, all efforts at treating the syndrome have mostly been unsuccessful.

The scientists note in the paper: "Two years after the onset of the adverse effects, recurrent elevated recoverin antibodies were detected.

"Despite the administration of various treatments, most symptoms persisted for more than three years, and only a few interventions such as glucocorticoids, hyperbaric oxygen therapy, botulinum toxin, inuspheresis, and HELP (heparin-induced extracorporeal LDL precipitation) apheresis showed a transient beneficial effect."

The new syndrome's side effects include:

• malaise • chronic fatigue • peripheral nerve dysfunction • dysesthesia (an unpleasant abnormal sense of touch) • motor weakness • pain • vasomotor dysfunction • cardiovascular impairment • cognitive impairment • headache • visual or acoustic dysfunctions • death

The scientists note that the patient suffered severe and persistent adverse events following his first dose of the Pfizer mRNA injection.

"Post-acute COVID-19 vaccination syndrome (PACVS) is a chronic disease triggered by SARS-CoV-2 [Covid] vaccination," the researchers confirmed.

"[Post-acute COVID-19 vaccination syndrome] is discriminated from the normal post-vaccination state by altered receptor antibodies, most notably angiotensin II type 1 and alpha-2B adrenergic receptor antibodies."

"In conclusion, this case offers an example of a collection of symptoms following SARS-CoV-2 vaccination (SC2V) in a patient with a specific autoimmune disorder and positivity for anti-recoverin antibodies.These clinical manifestations may be triggered by an exaggerated immune response known as multisystemic inflammatory syndrome in adults to SC2V."

FULL STORY HERE:

https://slaynews.com/news/scientists-sound-alarm-untreatable-deadly-syndrome-emerges-covid-vaccinated/

Continued from previous page

Professor Masayasu Inoue, Emeritus Professor at Osaka City University School of Medicine, said some harms are hitting entire families.

These harms, such as dangerous disease and death, are well-documented, he noted.

"It is unprecedented in human history for a single vaccine to have this much literature out on it," said Masayasu.

"You will find diseases of the heart, kidney, thyroid, diabetes, liver, skin, eyes, blood, nerves, systemic diseases, brain, lungs."

Fukushima said the mRNA vaccine disperses throughout the body and is not contained in the shoulder like most vaccines.

"It doesn't know where to go. If it goes into the bloodstream, it goes to the brain, liver, and kidneys," he explained.

Fukushima said authorities preaching the safe and effective message ignored a wide body of evidence and should go back to school.

"With fragments of such knowledge, they exaggerate things and think they can go with this," Fukushima said.

"So, honestly, they need to go back and redo from middle school biology to high school and university entrance exams.

"As I mentioned earlier, medicine is still immature."

SOURCE: https://www.thaimbc.com/2024/09/05/japan-links-covid-shots-to-201-dangerous-diseases/

Staggering new data from Health New Zealand and others

Vaccine injury and the serious long term adverse health prospects

By Guy Hatchard

Today we report two new sources of alarming information about Covid vaccine injury. One from Health NZ data and the other from the NZ health insurance industry. We ask how the government could have either missed these or deliberately ignored them. We then go on to discuss network theory and physiology. We will show how mRNA vaccines are able to have extensive and long lasting effects.

Health NZ Emergency Department data

An OIA (freedom of information) request to Health NZ asked for "The number of people under the age of 40 presenting to Emergency Departments (A&E) throughout NZ hospitals with Chest Pain or Heart Issues by year?" The Health NZ answer (OIA reference: HNZ00061156) contains shattering information:

Year	Number presenting to ED with chest pain
2019	**2219**
2020	**4406**
2021	**13063**
2022	**21416**
2023	**20005**
2024 (to June)	**14639**

The definition of chest pain for the purposes of this data includes right sided chest pain, chest wall pain, chest pain, musculoskeletal chest pain, chest pain on breathing, acute chest pain, chest pain on exertion, assessment of chest pain, anterior chest wall pain, atypical chest pain, history of chest pain, costal margin chest pain, non-cardiac chest pain, cardiac chest pain, dull chest pain, left sided chest pain, central chest pain, and ischaemic chest pain.

For the benefit of our overseas readers, these figures need to be read in the context of Covid incidence in NZ. Because of border closures, quarantine and lockdowns, NZ had close to zero Covid cases until February 2022. In contrast, Pfizer mRNA Covid vaccination became available in February 2021 for older people and those at risk. General availability for those under 40 years started towards mid 2021. Legislation making Covid mRNA vaccination compulsory for those in various state employment sectors (vaccine mandates) was enacted in November 2021. The mandates were also adopted by the vast majority of private employers.

With this timeline in mind, the close association between Covid mRNA vaccination and chest pain and/or heart disease among younger people becomes very clear.

The surge in ED chest pain admissions began well before Covid infection took hold in NZ but immediately after the Covid mRNA vaccination programme began.

The incidence of chest pain and heart disease took off in 2021 as more of the age group were vaccinated. Nor do the figures suggest a strong independent effect of lockdowns on chest pain and cardiac health.

Whilst the OIA figures are only by year and for the under 40s, 2021 official weekly figures for vaccination and mortality for all age graoups combined, that we reported at the time, show a very close association. *All cause death rates rose in tandem with mRNA vaccination.*

The OIA figures suggest approximately a ten fold increase in chest pain and/or cardiac events among those under 40 probably associated with the administration of mRNA vaccines. Moreover the figures to June 2024 indicate the trend is still continuing.

These alarming figures are not marginal, they stand up and slap you in the face. They have been in the possession of Health NZ from the outset, but the public has heard nothing about them from official sources. Health NZ is still offering mRNA vaccines and telling the public the jabs are safe and effective. The serious implications are obvious. As we have been asking repeatedly, the government must first pause mRNA vaccinations and then publish the health outcomes of the last few years by date, age, vaccination status, and disease category. Only then can the longer term effect of the mRNA vaccines be known in detail. Instead, the government is not just hiding the figures and continuing to promote the mRNA vaccines, but also prosecuting a whistle blower who leaked mortality data.

• How many parents have taken their children in for Covid mRNA vaccination relying on the "safe and effective narrative of Health NZ and the government when all along Health NZ was sitting on these truly alarming figures?

• How many young adults have casually accepted Covid vaccination unaware that those offering them knew they could be very dangerous?

• How many working age Kiwis were coerced after November 2021 into taking the jab on pain of losing their job, profession and home?

• How many NZers are still suffering the devastating adverse effects of Covid mRNA vaccine injury years later?

All this happened when Health NZ should have realised, or possibly did know very well, what was going on from their own data and from overseas sources early in 2021. When finally on 15 December 2021 Health NZ wrote privately to District Health Boards admitting that mRNA vaccines could cause myocarditis, they said the incidence was as few as 3 cases in 100,000 vaccinations. Their own data, as reported above, told a completely different story.

If these were all single individuals, the OIA figures would show that in the under 40 age group in NZ in 2021 1 out of every 130 individuals reported to an ED with chest pain or cardiac events. In fact, individuals with more serious cases would have been presenting multiple times, therefore this ratio will be higher, but not by orders of magnitude.

The majority were apparently sent home with ibuprofen, and told to stop worrying (???). They were not made aware that overseas studies indicated their symptoms could be the start of long term illness and vulnerability to cardiac issues, as we reported in our March 2022 article "Study Finds Persistent Heart Abnormalities Among Child Vaccine Recipients".

In 2022, chest pain incidence increased by a further 64%

among the under 40s to a total of over 20,000 cases and continued at that level in 2023. These are not all the same people week after week and year after year, suggesting the long term rate of incidence of chest pain requiring a visit to ED is staggeringly high.

The 15th December 2021 letter was signed by Ashley Bloomfield, NZ Director General of Health now honoured as Sir Ashley Bloomfield and currently directing the global pandemic response plan at WHO (World Health Organisation). The letter was also signed by Dr Andrew Connolly, Chief Medical Officer, Dr Juliet Rumball-Smith, GM Clinical Quality & Safety COVID-19 Vaccine & Immunisation Programme, and by Astrid Koornneef, Director, National Immunisation Programme.

From the above OIA, it is clear that these people carry the heavy responsibility of failing to investigate the extent of vaccine injury, misinforming the public, GPs, and the DHBs, and endangering public health.

In addition to this, there has been a persistent public narrative that the potential risks of Covid vaccination are limited and generally mild. This is a false narrative. It is counterfactual to the known pre-pandemic ten year 25% mortality risk of acute myocarditis. In fact, mRNA Covid vaccination poses significant cardiac mortality risks. A study conducted in Spain and just published by the prestigious journal *Vaccine* entitled "Association of SARS-CoV-2 immunoserology and vaccination status with myocardial infarction severity and outcome" concluded:

"The combination of Covid vaccination and natural SARS-CoV2 infection was associated with the development of severe heart failure and cardiogenic shock in patients with myocardial Infarction, possibly related to an increased serological response."

The researchers examined outcomes from 950 heart attack patients from March 2020 through March 2023 in a Madrid hospital. *They found Covid vaccinated and previously Covid infected patients had an over 50 percent higher risk of death or heart failure than unvaccinated people who had also been previously infected - and a 90 percent higher risk than those who were unvaccinated and previously uninfected.*

These researchers in Spain simply did what we have been asking our government to do for four years: Monitor the health outcomes of patients, compare the data for the vaccinated with the unvaccinated and analyse the results. Given our alarming increase in ED stats, why would our government omit to do this?

The Spanish study goes a long way to explaining why there is the persistently high rate of ED admissions with chest pain and heart failure up to the present day as the OIA data shows. In other words, cardiac adverse effects of Covid vaccination are not necessarily mild and often do not go away over time. In fact the adverse cardiac effects of Covid mRNA vaccination can be exacerbated by a subsequent Covid infection. Moreover, as we have been reporting, Covid mRNA vaccination also raises igG4 antibody levels which leaves the Covid vaccinated more vulnerable to Covid infection, a process known as immune imprinting. In other words, Covid mRNA vaccination triggers a form of cardiac double jeopardy.

Alarm bells sounding among private health insurers

Our second source of information has been passed on to the Hatchard Report from within the NZ Private Health Insurance industry. Around 36% of the NZ population are covered by some form of private health insurance. Among these there are about 920,000 working adults (up to 65 years). According to our source, the incidence of heart disease and cancer has accelerated to record highs in the years since 2020. However, the most concerning trend for our health insurance industry involves another condition.

Some health insurance policies include income protection coverage for working adults should they become sick and unable to work. In the event of an illness, the insured's income will be covered if they are absent from work as a result. For the majority of illnesses this coverage does not extend indefinitely because treatment for most conditions can get people feeling well enough to return to work. However there has been a recent significant and concerning blow out in the number of working adults suffering from cognitive decline—a condition sufficient to cause long term incapacity to work. Individual cases can cause insurers to continue to make income support payments over many years, costing millions of dollars per person.

To put it bluntly, this information may indicate there has been a significant increase in the incidence of early onset dementia among working age adults.

A year ago we published an article "The Long Read: Mental Health Issues are Multiplying. Why?". We now have to ask if the alarming rises in anxiety, confusion and depression that we reported at the time have in some cases been developing into long term cognitive decline? The Health Insurance Industry is generally very secretive, the fact that they are now very concerned and seeking solutions says a lot about how serious this might be.

Networks and Covid vaccine injury

The general public in NZ is so poorly informed on these issues, that people are still unable to connect the dots joining the well publicised crisis in our health system and Covid vaccination. A lot of people accessing mainstream media sources are wondering why there are still people who have refused multiple Covid vaccinations. To them it might seem incredible for anyone to suggest that a simple vaccination can cause widespread harm. In fact traditional vaccination has always been associated with adverse effects, some of them very serious. Moreover, reductions in the rate of serious infectious diseases like smallpox preceded vaccination programmes and was largely achieved via public hygiene measures. *However, whatever you might think about that, mRNA Covid vaccines are not traditional vaccines in any sense.*

How could a vaccination cause cancer, heart disease and dementia, that's ridiculous right? Apparently though, mRNA vaccines are, at high rates. How? To answer this question in simple terms we refer to network theories of immunity. Networks are connected by a communication system and are usually designed to achieve a shared purpose. Every person has around 37 trillion cells that each contain identical DNA (with the exception of red blood cells which have no DNA to expedite unimpeded circulation). Our cells are *networked* through multiple means of communication, chemical, electrical, vibrational etc., yet we have a single personal and genetic identity and our cells share a single immune purpose to maintain health. Cells cooperate with one another to achieve this purpose. They do so through multiple trillions of communications and actions every day which repair the integrity and uniformity of our DNA and repel foreign pathogens and toxins.

Cooperation is crucial to the functioning of networks. Individual units in a network must continue to work towards a shared purpose, otherwise a network could collapse. This is why botnets and viral software are so dangerous to computer networks. They repurpose the protocols of network members which can eventually spread and collapse the network viability. We have seen many cases of computer viruses over the last few years

affecting the networks of various organisations and corporations.

mRNA vaccines cross the cell membrane (traditional vaccines do not) and repurpose their genetic functions. Thereby they affect the command and control functions of our physiology. In the case of Covid vaccines, billions of cells are repurposed to produce the spike proteins found on the surface of the Covid virus. The purpose of the mRNA vaccine is to encourage the immune system to develop a response against Covid spike proteins and therefore Covid infection. Almost everyone now realises these mRNA vaccines are very ineffective at protecting from repeated Covid infections, but the accompanying risks are not generally well known. In simple terms:

The spike protein produced in massive quantities following Covid vaccination, sometimes for months, is now recognised as a cardio toxin.

The billions of cells repurposed by mRNA vaccines are no longer able to properly perform their immune functions and their role in the immune network which includes fighting cancer and protecting from pathogens. Thus opening a door for a wide range of illnesses. Our higher mental functions rely on unique, exact and specific characteristics of genetic functions which are disrupted by Covid vaccines. *Thereby the potential for mental illness is increased*.

In sum, our cell-based immune network no longer has a single purpose. Our internal physiological communication systems distribute the resulting imbalanced functions and proliferate health problems. It is as if our whole physiological network of genes, cells and organs has been invaded by a rogue agent. The network is fighting itself, as happens with autoimmune diseases. If the number and density of mRNA vaccine repurposed cells is sufficiently large our immune system can fail to clear up the mess. In this case, a wide variety of disease outcomes can result.

This has to stop now

This has not been a merely theoretical article. The Health NZ data and the other results and studies we have been reporting speak for themselves. The fact that Health NZ has not acknowledged the import of their own statistics is a huge failure of intelligence (*and way beyond that. – Ed*). It is all but unforgivable. Despite early warning signals, Health NZ has failed to take account of facts well known to biotechnology researchers and reported in the literature long before the pandemic began. Gene therapies, of which Covid mRNA vaccination is a type, can have multiple physiological adverse effects including whole system instability and collapse.

Health NZ have hidden behind an unjustified fiction that Covid vaccination can only be blamed for a very limited, often mild and treatable known set of adverse reactions. In other words, they have excluded reported serious health outcomes following Covid vaccination from any causal investigation. They turned their heads and looked away. In fact the data we have reported above illustrates just how far they have misled the public. In reality, the public have become unknowing participants in a deadly game of Russian roulette.

It is so far past time to recognise past mRNA Covid vaccine harm and the growing dangers ahead. Especially as multiple mRNA vaccines are under development and soon to be offered to the public. Our government is planning to deregulate biotechnology, rushing like a moth to the flame. This has to stop now.

Guy Hatchard PhD
Website: HatchardReport.com and https://GLOBE.GLOBAL



He was formerly a senior manager at Genetic ID, a global food safety testing and certification laboratory. His published work uses the statistical methods of the physical sciences to analyse social data. He has lectured and advised governments in countries around the world on health and education initiatives. His book Your DNA Diet examines the role of genetic information in nutrition and investigates safety issues in medical settings.

He is a pioneer of research on consciousness as a field phenomenon and has presented papers on the benefits of meditation to improve health outcomes and quality of life.

He lives in New Zealand.

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GAME OVER for the mRNA-based "vaccine" technology

www.mwgfd.org

1. This is what they tell you: "It's a vaccine", but that's not true

Here are the FACTS

- It's not a "vaccine", because it meets all the criteria of **a genetically engineered product** [1]. It contains synthetically produced modified mRNA packaged within lipid nanoparticles that have the ability to transfect our cells.
- It's not a "vaccine", because it **circulates in our body and in our cells without being noticed as foreign** – unlike the particles of conventional vaccines [2].
- It's not a "vaccine", because in 2021, the purpose of vaccination was revised and its definition changed. According to the new "standard", "vaccines" do not need to create immunity specifically against a disease, but are only required to elicit an immune response, even if this response is **non-specific or adverse** [3].
- It's not a "vaccine", because upon entry into our cells, the **modified mRNA hijacks our cells** to force them to produce foreign proteins, the nature of which is partially unpredictable [4].
- It's not a "vaccine", because after receiving a mRNA-based injection, we are initially still considered "unvaccinated". It will take another **two weeks before any medical authorities will consider you as "vaccinated"**. As a result, reports on adverse events (including hospitalization and death) that may occur within those first two weeks post-vaccination will simply not be counted, if reported at all. Likewise, it is difficult to argue for any claims for compensation.
- It's not a "vaccine", because you are intended to receive boosters on a regular basis. These repeated injections lead to the **non-stop production of the antigen**, possibly several antigens [4]. This differs from a natural infection, in which the antigen invades our body occasionally and transiently. This ongoing presentation of the same antigen inevitably weakens our immune system [5].

2. This is what they tell you: "It's mRNA", but that's not true

Here are the FACTS

It's not messenger RNA (mRNA), it's modified mRNA (modRNA) [6] [7]. This modRNA mimics mRNA, but has completely different features:

- It's not mRNA, because it is composed of a **new synthetic genetic code.** One letter of the genetic code, the U, which is natural uridine, is systematically replaced by Psi, which is synthetic N1-methyl-pseudouridine (mΨ).
- It's modRNA, because **it is unknown if and when it degrades**. The change of U into Psi makes the modRNA less inflammatory and increases its longevity – from hours to months. The possible effects of these modifications on epigenetic and post-translational regulations are mostly unknown. Unlike natural mRNA, which degrades rapidly, modRNA of Covid-19 "vaccines" has been detected in blood for up to 28 days [8] and in tissue for up to eight weeks post-injection [9]. The spike protein produced as a result of the injected modified mRNA has been shown to circulate in the blood for up to six months post-injection [10].
- It's modRNA, because the sequence was also changed by increasing content in G (guanine) and C (cytosine). This is called codon optimization but **this substitution suppresses the innate immune system**, which is also very problematic since it represents the first line of defense against invading microorganisms [11].

It's DNA in addition to modified mRNA

- **It's also DNA, and this is totally unexpected.** Large quantities of contaminating DNA have been found in the vaccine [12], effects of which are worrying based on our scientific knowledge, presenting altered regulations and a risk of integration into our genome [13]. These contaminants result from a change in the manufacturing process. In the initial process, which was used for the clinical trials, modified mRNA was produced by in-vitro transcription from synthetic DNA followed by clean PCR amplification. In the modified process, which was used on the population for the "vaccination" campaigns by governments, viral RNA reverse transcribed into DNA was cloned into bacterial plasmids, resulting in the contamination of the product by a mix with bacterial DNA and viral DNA [14].

The Dam Has Broken:

Mainstream Media Reports On Study Showing COVID Vaccines Likely Fueled Rise In Excess Deaths

Data from 47 countries in the Western world showed excess mortality has remained high for the last three consecutive years, according to a study published Monday in *BMJ Public Health.* The authors called for a thorough investigation.

By Suzanne Burdick, Ph.D.

Excess death data from 47 countries in the Western world show that excess mortality has remained high for the last three consecutive years – despite COVID-19 lockdown measures and COVID-19 vaccines, concluded the authors of a peer-reviewed study published Monday in *BMJ Public Health*.

"This is unprecedented and raises serious concerns," said the team of Dutch researchers, who analyzed all-cause mortality reported in the "Our World in Data" database.

The open-access database included reports from the Human Mortality Database – known as "the world's leading scientific data resource on mortality in developed countries" – and the World Mortality Dataset, which researchers used to track excess mortality during the COVID-19 pandemic.

In addition to presenting excess death figures, the Dutch authors cited research showing negative health outcomes related to COVID-19 vaccination programs and lockdown measures.

The researchers called on government leaders and policymakers to "thoroughly investigate underlying causes of persistent excess mortality."

The Telegraph – a prominent mainstream U.K. newspaper – today ran a front-page article on the study with the headline, "Covid vaccines may have helped fuel rise in excess deaths."

Dr. Meryl Nass posted a photo of the article on Substack, writing, "The dam has broken."

In May, Norwegian researchers published a peer-reviewed study in *BMC Public Health*, showing an increase in excess non-COVID-19 mortality — or deaths attributed to causes other than a COVID-19 infection – in Norway in 2021 and 2022. TrialSite News reported on the Norway study last week.

The study authors noted "temporal concordance" between Norway's increase in non-COVID-19 excess mortality and the country's increase in mRNA COVID-19 vaccination.

Dr. Pierre Kory told *The Defender*, "This is unsurprising and totally in line with what we have argued is the effect of the mRNA vaccines."

Kory – who has written numerous op-eds calling for an investigation into what's causing excess deaths – said there are "numerous mechanisms of the spike protein used in the shots [that] cause endothelial damage and hypercoagulability [excessive blood clotting] leading to heart attacks, strokes, aortic aneurysms."

"Other mechanisms increase the risk of cancer," he said, "in particular the ubiquitous findings of DNA contamination of the vials with cancer-promoting sequences such as SV40."

'Every death needs to be acknowledged'

The Dutch team's study on excess deaths in 47 countries showed that excess mortality in 2020 was documented in 41 of the 47 countries.

Over the next two years, that number increased to 42 and 43 countries in 2021 and 2022, respectively.

Overall, there were 3,098,456 excess



deaths from Jan. 1, 2020, to Dec. 31, 2022, with just over 1 million of those occurring in 2020.

"In 2021," they wrote, "the year in which both containment [i.e., lockdown] measures and COVID-19 vaccines were used to address virus spread and infection, the highest number of excess deaths was reported: 1,256,942 excess deaths."

They reported that in 2022 – "when most containment measures were lifted and COVID-19 vaccines were continued" – there were 808,392 excess deaths.

The authors pointed out that during the pandemic, politicians and the media emphasized "on a daily basis that every COVID-19 death mattered and every life deserved protection through containment measures and COVID-19 vaccines."

"In the aftermath of the pandemic, the same morals should apply," they said. "Every death needs to be acknowledged and accounted for, irrespective of its origin."

The authors of the Dutch study called for government transparency in cause-of-death data so researchers can do "direct and robust analyses to determine the underlying contributors."

This also means that autopsies need to be done to determine the exact reason for death, they added.

The Dutch authors noted that the data they analyzed may not have recorded all actual deaths because "countries may lack the infrastructure and capacity to document and account for all deaths."

Record-keeping mishaps or delays may also cause deaths to go unrecorded.

Cardiovascular deaths driving non-COVID excess mortality in Norway

The Dutch authors' findings were corroborated by the earlier Norwegian study on non-COVID-19 excess mortality in Norway from 2020 to 2022.

Researchers at the Norwegian Institute of Public Health analyzed death records in which a COVID-19 infection was not listed as the cause of death to discover the causes of non-COVID-19 excess deaths.

They used data from the Norwegian Cause of Death Registry, known for high data quality and reliability.

The Norwegian authors found "significant" excess mortality in 2021 and 2022 for all causes (3.7% and 14.5%), for cardiovascular diseases (14.3% and 22.0%), and for malignant tumors in 2022 (3.5%).

When discussing their findings, the authors noted that some people opposed COVID-19 mass vaccination campaigns "due to concerns about potential harmful effects of allegedly insufficiently tested vaccines."

They noted that the uptick in non-COVID-19 excess deaths happened at the same time that most Norwegians had received an mRNA COVID-19 vaccine — but they were careful to avoid outright stating a causal link between COVID-19 vaccines and excess deaths.

"From data available to us, it was not possible to compare excess mortality in vaccinated and unvaccinated individuals," they said.

They said preliminary analyses from the National Preparedness Register for COVID-19 in Norway did not show signs of increased mortality among vaccinated older people.

TrialSite News speculated that the study's authors avoided suggesting that the surge in excess cardiovascular deaths could be tied to Norway's mass vaccination program because they may have faced difficulty getting their work published.

The Norwegian authors said lockdowns may also have contributed to the increase in non-COVID-19 excess deaths.

"There has been concern that lockdowns have resulted in less use of health care, leading to diseases that otherwise would have been discovered remaining undiagnosed, possibly with increased mortality," they wrote.

Studies need to be done to assess this possibility, they said.

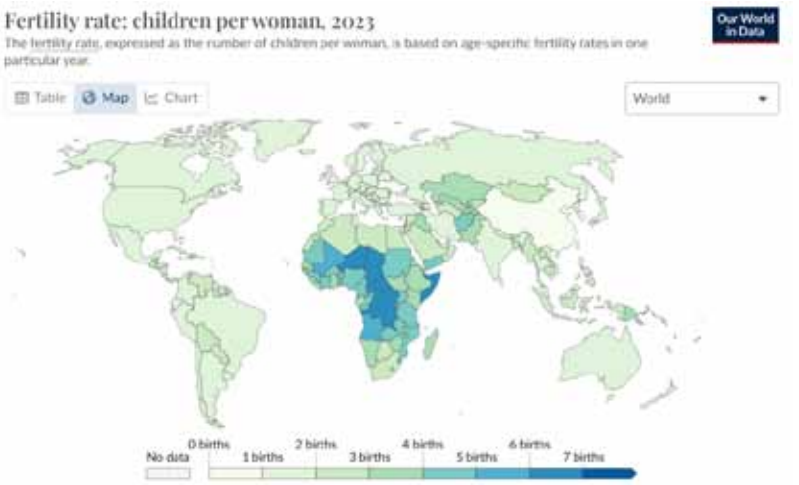
"Researchers," they added, "should also investigate whether the [lockdown] restrictions have resulted in deterioration of lifestyle factors, such as less physical activity, a less healthy diet and even social and mental health issues that influence mortality."

SOURCE: https://childrenshealthdefense.org/defender/media-covid-vaccine-rise-excess-deaths-47-countries/

About the Author: Suzanne Burdick, Ph.D., is a reporter and researcher for *The Defender* based in Fairfield, Iowa.

More on FALLING BIRTH RATES HERE:

https://expose-news.com/2024/09/05/falling-birth-rates-civilised-nations-future-hands/



Important Gut Bacteria Are **Erased by Covid "Vaccines"**

Gastroenterologist reveals that important gut bacteria are ERASED by COVID "vaccines".

By Ethan Huff
September 6, 2024

Gastroenterologist Dr. Sabine Hazan took a closer look at the gut microbiomes of doctors who got "vaccinated" for COVID-19 before comparing their composition to that of doctors who skipped the shots. What Dr. Hazan found is that COVID jabs kill off important gun bacteria like *bifidobacteria* that are essential for strong immunity.

Instead of boosting one's immune system like government authorities and the media are still claiming, COVID jabs destroy the probiotic bacteria that the body relies on to process nutrients, neutralize toxins and promote strong immunity.

"I started noticing a month later, the bifidobacteria, this important microbe, is dropping in patients pre- and post-vaccinations," Dr. Hazan commented. "Only a certain group of microbes are getting killed ... *Bifidobacteria* is a huge part of immunity ... I think [the vaccine] is creating a bacteriophage or bifidophage."

A bacteriophage or bifidophage is a type of virus that infects a person and starts replicating within their microbiome.

Dr. Hazan found that bifidobacteria destruction appears almost immediately post-injection. At around the 90-day mark, the fully jabbed person's entire bifidobacteria population drops to zero.

"There was a persistence in the damage, not only [after] 90 days but six months, nine months later," she says. "That was the thing that started to make me panic."

Vaccinated mothers pass microbiome destruction to newborn children

Another really disturbing thing that Dr. Hazan discovered is that pregnant women who get jabbed for COVID end up passing on the same damage and destruction to their newborn babies.

"As we were looking at the microbiome of newborns [of] mothers who were breastfeeding, we started noticing that there's no bifidobacteria in those newborns," she explains.

"Newborns are supposed to have a ton of bifidobacteria ... 90 percent of the microbiome of babies is bifidobacteria."

Keep in mind that one of the hallmarks of bifidobacteria loss in children is autism and autism spectrum disorders. This once again suggests that vaccines, in this case those for COVID, destroy probiotic bacteria and trigger autism in children.

Dr. Hazan continued her research by collecting stool samples from her test patients. She observed that patients with extreme COVID symptoms had certain bacteria missing from their gut. Once again, the bacteria are none other than bifidobacteria.

All that talk about the benefits of ivermectin for treating COVID are further confirmed by another amazing discovery by Dr. Hazan. She observed that taking ivermectin helps to repopulate the gut with bifidobacteria in 24 hours or less.

You may not know this but ivermectin is a fermented product with a biological construct similar to that of bifidobacteria and common probiotic supplements. According to Dr. Hazan, ivermectin belongs to the same group of microbes as bifidobacteria – you can think of it like brothers and sisters in the microbiome world.

This would explain why many are seeing incredible success overcoming COVID- and COVID jab-related health problems by taking ivermectin. It also explains why the establishment remains hellbent on keeping the public in the dark about ivermectin, as well as keeping it as inaccessible and unaffordable as possible.

If you got "vaccinated" for COVID, you may need help clearing your body of any residual poisons and toxins. Learn more at Detox.news.

Ed Note: *Human breast milk contains bifido bacteria. Food sources of bifido bacteria include natural yoghurt and kefir, as well as fermented vegetables such as sauerkraut and kimchi. If you are reading labels look for "B" for bifidus. (Common bifidus strains include B. bifidum and B. longum; there are many others.)*

Sources for this article include:

- https://expose-news.com/2024/09/02/covid-injections-kill-key-gut-bacteria/
- https://www.naturalnews.com/2024-09-02-sabine-hazan-lawsuit-facebook-censorship-covid-protocols.html

SOURCE: https://www.naturalnews.com/2024-09-06-sabine-hazan-gut-bacteria-erased-by-covid-vaccines.html



Drug cartels are amateurs: Here's the real thing

By Jon Rappoport

Mexican cartels? Colombian cartels? Afghan poppy lords? Middlemen? Street dealers? Are you kidding? They're small fry. Check out the pros.

Medical News Today, June 22, 2013, "Most Americans on Prescriptions." "7 out of every 10 Americans are on prescription drugs, and more than half of the country are on at least two, according to an analysis conducted by Mayo Clinic and Olmsted Medical Center researchers."

That's 210 million men, women, and children – hooked. Something the Sinaloa Cartel can only dream of.

Most commonly ingested medical drugs? In order: antibiotics, antidepressants, and opioids. Those last two indicate Americans are trying to change their state of mind and kill pain via the Man in the White Coat; the street dealer is way, way behind.

Here's an interesting quote from the *Medical News* piece: "... nearly one quarter of women between 50 and 64 take antidepressants..."

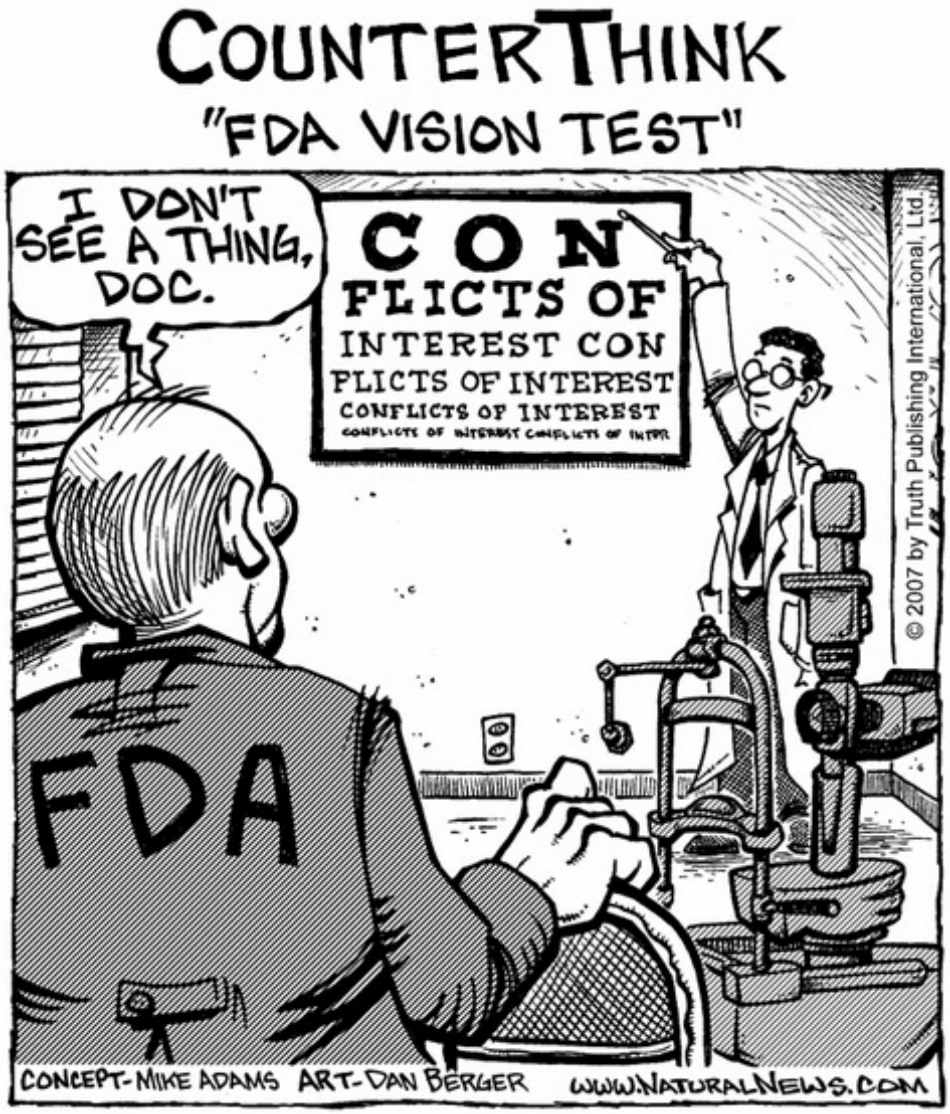
The street drug cartels, of course, are working at a disadvantage. The White Coat dealers are backed up by government, insurance companies, medical boards, medical journals, Wall Street, banks, pharmaceutical companies, media, medical schools, hospitals, and big foundations. That's the competition. What are the street drug cartels going to do? Put out a hit on all these people? Hell, I'm sure some of the Mexican and Colombian drug chiefs have their own doctors and are taking Zoloft and Paxil themselves.

Previously, in another piece, *Medical News Today* reported that, in 2011, there was a modest uptick in the number of prescriptions written in the US.

The increase brought the total to: 4.02 billion.

Yes, in 2011, doctors wrote 4.02 billion prescriptions for drugs in America.

That's an average of roughly 13 prescriptions for each man, woman, and child.



That's about one new prescription every month for every American.

The Medical News Today article concluded, "...the industry should be heartened by the growth of the number of prescriptions and spending." Yes, I'm sure the drug industry was popping champagne corks.

We're talking about prescriptions here. We're not talking about the number of pills Americans took. We're also not counting over-the-counter drugs.

Pharmacopoeia, a 2011 exhibition at the British Museum, estimated that "the average number of pills a person takes in his or her own lifetime in the UK is 14,000." That's as a result of prescriptions. Including over-the-counter drugs, the 14,000 number would swell to 40,000 pills taken in a lifetime.

What are the effects of all these drugs?

We are looking at a supreme Trojan Horse that is rotting out America and other industrialized countries from the inside. Wars, no wars, economic deprivation, economic prosperity; the drugs continue to do their work, debilitating and ruining and terminating lives.

Many sources can be cited to con-

firm this assessment.

On January 8th, 2001, the *LA Times* published an article by Linda Marsa: "When Good Drugs Do Harm." Marsa quoted researcher Dr. David Bates, who indicated that, in the US, there are 36 million serious adverse reactions to medical drugs per year.

On July 26, 2000, the *Journal of the American Medical Association* published the most stunning mainstream estimate of medical-drug damage in history: "Is US health really the best in the world?" The author was Dr. Barbara Starfield, a respected public-health researcher at the Johns Hopkins School of Public Health.

Starfield concluded that medical drugs were killing Americans at the rate of 106,000 per year. That's over a million deaths per decade.

(By contrast, *The Wall St. Journal* reports 3,094 deaths from heroin overdose in 2010.)

Starfield gives us a conservative sketch of the Trojan Horse that has been placed in the center of the industrialized world.

The destruction of societies by medical drugs goes far beyond what some people call "over-prescribing." This isn't just a tilt in the wrong direction. It isn't simply errors of judgment compounded by the number of doctors dispensing medicines.

Those are all polite terms suggesting the situation can be corrected through a show of good will and better judgment. That will never happen.

Countries of the world are literally being assaulted by pharmaceutical companies and their foot-soldier doctors. It's chemical warfare.

To even begin to see light at the end of the tunnel, hundreds of millions of people must add themselves to the rolls of those who already are pursuing better health through natural means.

Not even the worst dictators and mass murderers in history dreamed of a day when the citizenry would line up and demand to ingest more and more life-destroying chemicals.

About the Author



Jon Rappoport is the author of three explosive collections, THE MATRIX REVEALED, EXIT FROM THE MATRIX, and POWER OUTSIDE THE MATRIX, Jon was a candidate for a US Congressional seat in the 29th District of California.

He maintains a consulting practice for private clients, the purpose of which is the expansion of personal creative power.

Nominated for a Pulitzer Prize, he has worked as an investigative reporter for 30 years, writing articles on politics, medicine, and health for CBS Healthwatch, *LA Weekly*, *Spin Magazine*, *Stern*, and other newspapers and magazines in the US and Europe. Jon has delivered lectures and seminars on global politics, health, logic, and creative power to audiences around the world.

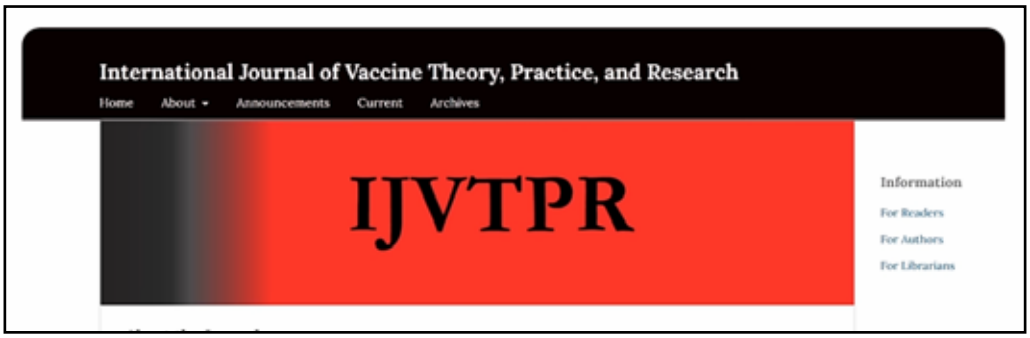
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IS THERE NANOTECH IN THE 'VACCINES"?



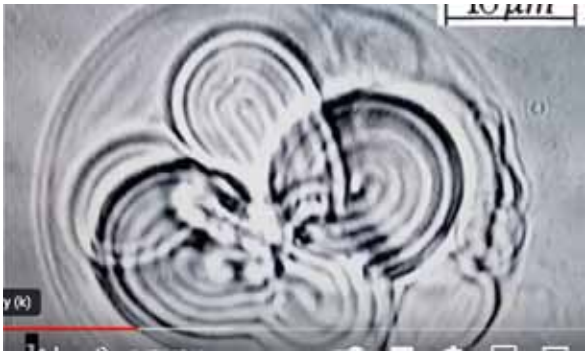
International Journal of Vaccine Theory, Practice, and Research 3(2)July 18, 2024| Page 1180
https://doi.org/10.56098/586k0043

Real-Time Self-Assembly of Stereomicroscopically Visible Artificial Constructionsin Incubated Specimens of mRNA Products Mainly from Pfizer and Moderna: A Comprehensive Longitudinal Study

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Abstract: Systematic analyses of observable real-time injuries at the cellular level in recipients of the "safe and effective" COVID-19 injectables are published here in a peer-reviewed context for the first time. The global administration of these often-mandated products from late 2020 triggered a plethora of independent research studies of the modified RNA injectable gene therapies, most notably those manufactured byPfizer and Moderna. The contents of COVID-19 injectables were examined under a stereomicroscope at up to 400X magnification. Carefully preserved specimens were cultured in a range of distinct media to observe immediate and long-term cause-and-effect relationships between the injectables and living cells under carefully controlled conditions. From such research, reasonable inferences can be drawn about observed injuries worldwide that have occurred since the injectables were pressed upon billions of individuals. In addition to cellular toxicity, our findings reveal numerous – on the order of 3~4 x10^6 per milliliter of the injectable – visible artificial self-assembling entities ranging from about 1 to 100µm, or greater, of many different shapes. There were animated worm-like entities, discs, chains, spirals, tubes, right-angle structures containing other artificial entities within them, and so forth. All these are exceedingly beyond any expected and acceptable levels of contamination of the COVID-19 injectables, and incubation studies revealed the progressive self-assembly of many artifactual structures. As time progressed during incubation, simple one-and two-dimensional structures over two or three weeks became more complex in shape and size developing into stereoscopically visible entities in three-dimensions. They resembled carbon nanotube filaments, ribbons, and tapes, some appearing as transparent, thin, flat membranes, and others as three-dimensional spirals, and beaded chains. Some of these seemed to appear and then disappear over time.Our observations suggest the presence of some kind of nanotechnology in the COVID-19 injectables.Keywords: mRNA, modified RNA, COVID-19 vaccine incubation, stereomicroscopic examination, nanotech



SOURCE: https://ijvtpr.com/index.php/IJVTPR/article/view/102/291

How nicotine can inhibit cytokine storm in the lungs and prevent or lessen the severity of COVID-19 infection

Malgorzata Kloc,a,b,c, Rafik M. Ghobrial,a,b and Jacek Z Kubiakd,e,***

- **COVID-19 positive patients who smoke are more often asymptomatic or exhibit less severe respiratory symptoms than non-smokers.**
- **The macrophages, which are directly infected by the SARS-CoV-2 virus, may drive the cytokine storm in the lings.**
- **Stimulation of macrophage ACh receptors by nicotine inhibits pro-inflammatory cytokines production and inflammatory response.**
- **The nicotine use may lessen or eliminate ARDS in the smoking COVID -19 patients.**

Abstract

Statistical surveys of COVID-19 patients indicate, against all common logic, that people who smoke are less prone to the infection and/or exhibit less severe respiratory symptoms than non-smokers. This suggests that nicotine may have some preventive or modulatory effect on the inflammatory response in the lungs. Because it is known that the response to, and resolution of the SARS-CoV-2 infection depends mainly on the lung macrophages, we discuss the recent scientific findings, which may explain why and how nicotine may modulate lung macrophage response during COVID-19 infection.

Keywords: α4/α7 Nicotinic Ach receptors - nAChRs, Acute respiratory distress syndrome - ARDS, COVID-19, Cytokines, Cytokine storm, Inflammation, Lungs, Macrophages, Nicotine, SARS-CoV-2

SOURCE: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7836994/

Continued from page 8

"Myocarditis and/or pericarditis, encephalitis, encephalomyelitis, encephalopathy, progressive vaccinia (*vaccinia necrosum*), generalized vaccinia, severe vaccinial skin infections, erythema multiforme major (including Stevens-Johnson syndrome), eczema vaccinatum, accidental eye infection (ocular vaccinia) which can cause ocular complications including keratitis and corneal scarring that may lead to blindness, and fetal death in pregnant women."

The insert also goes into more detail about the risk of death: "Historically, death following vaccination with live vaccinia virus is a rare event; approximately 1 death per million primary vaccinations and 1 death per 4 million revaccinations have occurred after vaccination with live vaccinia virus.

"Death is most often the result of sudden cardiac death, post-vaccinial encephalitis, progressive vaccinia, or eczema vaccinatum.

"Death has also been reported in unvaccinated contacts accidentally infected by individuals who have been vaccinated." U.S. stockpile contains more than 100 million doses

The FDA's approval of ACAM2000 for use against mox followed just days after Emergent BioSolutions pledged to donate 50,000 doses to address the mpox outbreak in Africa.

On July 2, the U.S. Administration for Strategic Preparedness and Response at the HHS signed a $99.9 million deal with the drugmaker to obtain more ACAM2000 doses this year. Although the exact number of doses was not disclosed, Forbes on Sept. 8 reported that the U.S. currently has over 100 million doses.

HHS did not respond when *The Defender* asked if these doses are reserved for an emergency smallpox outbreak or are being made available as an mpox vaccine.

The Defender reached out to the Centers for Disease Prevention and Control (CDC) with the same question but was told by a CDC spokesperson, "We defer to the Administration for Strategic Preparedness and Response (ASPR) where the National Stockpile is housed."

The CDC website on mpox vaccination states that ACAM2000 "has not been used in the ongoing clade II mpox outbreak that started in 2022" but "has been made available for use against mpox in the clade II outbreak under an Expanded Access Investigational New Drug (EA-IND) protocol, which requires informed consent along with completing additional forms."

When *The Defender* asked the CDC to clarify if the agency currently recommends ACAM2000 for mpox, an agency spokesperson said:

"It has not been used for U.S. civilians affected by the clade II global outbreak that began in 2022, and there are no plans to use it broadly during Mpox outbreaks.

"This is because JYNNEOS, the alternate to ACAM2000 in the United States, has fewer side effects."

The Defender asked Emergent BioSolutions what it wants to tell members of the public who may be concerned about risks associated with ACAM2000 but did not receive a response by our deadline.

ABOUT THE AUTHsOR

Suzanne Burdick, Ph.D., is a reporter and researcher for *The Defender* based in Fairfield, Iowa

SOURCE: https://tinyurl.com/5dk5avnv

Does the Virus Even **Exist?**

By Meryl Nass
August 24, 2022

Jeremy Hammond has written a beautiful article about the reality of SARS-CoV-2 and viral isolation methods. He has a very good grasp of the details of viral isolation, for those who want to delve into this subject and improve their knowledge base.

I continue to be asked if the virus is real. I answered this question in two prior blog posts, below. But off-guardian.org/ has a new article claiming the virus is fake, and I was again asked to comment.

https://anthraxvaccine.blogspot.com/2020/10/the-testing-mess-lack-of-reliable-data.html

https://anthraxvaccine.blogspot.com/2021/01/is-virus-real-has-it-been-photographed.html

Here is a description of its culture and isolation, with additional details in the supplementary materials, for those who continue to clamour for it.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7228321/

Since I have explained some technical aspects in the two prior posts, I will be brief.

1. There has been tremendous falsification of information on almost every aspect of the pandemic. I don't think there is much question about that, and I understand that it makes people appropriately suspicious about the reality of the virus, too. Particularly when people with MDs and PhDs after their names claim it does not exist.

2. I am willing to go on record to say that Andrew Kaufman, MD (a psychiatrist, not a molecular biologist, who got his undergrad degree in the same department I did at MIT – Biology) who is quoted in the piece, is wrong and ignorant, besides. As are others.

3. **Here is the key argument:** I have challenged those who deny Covid is caused by a real virus to explain what, exactly, is causing these symptoms if it is not a virus. One suggested toxins. Or 5G.

• Well, toxins and 5G and exosomes are not contagious, but this disease is.

• It has a very predictable incubation period, averaging six days.

• Properly used PPE protects the wearer from exposure.

• It causes mostly similar syndromes in those who get very ill.

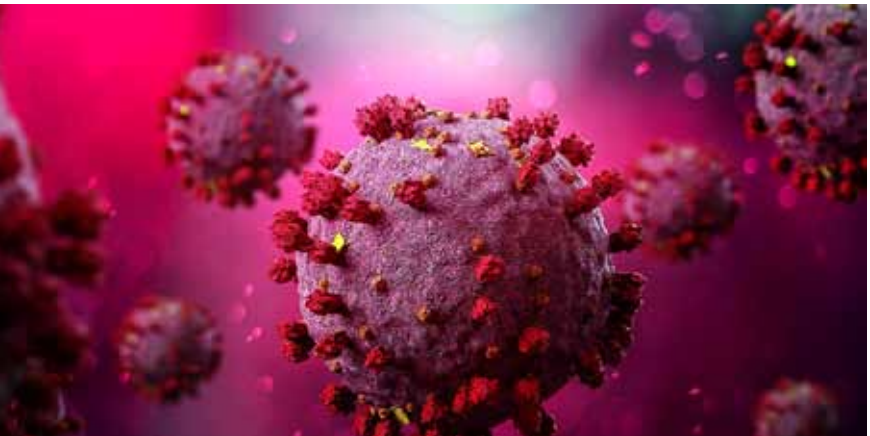
• The syndrome, while relatively unique, is similar to that caused by SARS-1 in 2003.

• The illness responds well to antiviral drugs. Patients get better quickly when viral-killing protocols, including hydroxychloroquine or ivermectin, are used early in the illness.

These simple facts, along with the arguments I have made in the two linked blog posts, confirm that we are facing an infectious disease, and it is caused by a virus.

4. Hundreds of thousands of whole genome sequences (maps of every nucleotide in the virus' RNA) have been uploaded by scientists in scores of countries to international databases, each with its own local mutations. You would need to isolate and grow these viruses in order to sequence them. Saying that all these sequences are false requires that thousands of scientists are lying, together, about the work they have done. Since these scientists are from the US, China, Russia, and everywhere else, getting them all to tell the same lie would not be simple.

5. Did this virus originate in a lab? Almost certainly. Was it spread deliberately? I don't know. It could have been accidental. If it was spread deliberately, who did it? I don't know that either.



If you approach this question by asking who had the means, motive and opportunity to commit such a crime, we can at least begin the discussion.

a. **Means:** Scientists in multiple countries, including the US and China, had the means to produce a virus like this.

b. **Motive:** Who is benefiting from the



pandemic? The $US dollar, Amazon, Elon, Facebook, Zoom, Twitter and the surveillance state, for a start.

c. **Opportunity:** Since the world military games were held in Wuhan in October 2019, military staff from dozens of countries had the opportunity. Wuhan is also an international trading center. Maybe anyone visiting Wuhan had an opportunity.

If this theory is so easy to debunk, why does it keep popping up?

I am starting to wonder if it isn't a psyop, repeatedly inserted into the discourse to stop people from looking into the true origin of the virus... looking into the funders of Gain of Function research on coronaviruses at NIAID and elsewhere... and looking into what exactly they were trying to do, and for whom...

Those are the important questions, particularly in terms of avoiding a repeat lab-derived pandemic.

Please don't waste any more of your time on the "fake virus" hypothesis. We don't have the time or luxury to fight each other. We need all hands on deck to turn back the Great Reset (whatever it is supposed to be) and regain sane control of our societies.

Now I remember why I said I would not write about this again.

Because if people cannot agree on some basic facts as a starting point (like come on, of course people have been given colds, as have animals, in labs) then the conversation goes nowhere.

And those who believe there are no contagious micro-organisms (or only none we cannot see with light microscopes) or some other iteration of this belief system – well, we start out with a different set of facts.

Anyway, this is a distraction if it is not a psyop, so why waste more time on it.

SOURCE:

https://merylnass.substack.com/p/is-the-virus-real

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What is a living thing?

The most basic concept in Science and how it unravels everything.

By Daniel Nagase MD
March 16, 2024

A few months ago I wrote a series of articles on Psyops. The one that still seems to cause the most consternation for some readers is about the "No such thing as a virus" narrative. While I made the psyop articles with the same intent as all my other articles, that is an exercise too show people HOW to think rather than telling people WHAT to think; some people were so offended by the conclusion that they became blind to the process that generated the conclusion, and flatly refused to engage in any thought process to determine themselves whether the "No Virus" narrative was in fact false. There is something about the narrative crafted by the psychiatrist Andrew Kaufman, that seems to be able to stop people from being ABLE to think.

Why communicating the process of thought to stubborn virus deniers is so dear to me is that every post on my substack, starting with my very first,

My First Post

was made to inspire people to think. The problems of today as far as I can see, stems from people stuck in the habit of following someone who tells them what to think. Without a change, where people start thinking themselves instead of following, humanity has slim chance of finding a way out of the mess we currently are in. A temporary solution brought on by following the "Right" authority is quickly undone when the "Wrong" authority (who often pretends to be a "Righteous" one) takes over and subsequently leads people astray.

This entire substack is an exercise with examples on how everyone can think problems through using process, instead of relying on others to tell them what to think and what to do. For example with doctors, instead of asking, "Is Covid deadly?", most highly educated and intellectually capable doctors blindly followed media and authority. Instead of asking what factors increased mortality (such as low vitamin D), what patients had difficulties with infection (overweight, diabetes, and elderly), doctors blindly followed "experts" instead of thinking for themselves. Had even just 30% of doctors spoken publicly about the true risks of COVID-19, all the societal damage from this pandemic could have been stopped by the summer of 2020.

More than anything, the lack of reasoned thought that is most obvious in doctors, actually plagues most if not all of modern society today. Even within the "Freedom and Truth" movement, a vast majority of people are still habitually accepting of being TOLD what to think (but only from an "authority" other than the mainstream media). The self congratulatory feeling that they didn't fall for the false authorities on TV, leads many to a complacency of never thinking that there are also false authorities on alternative media as well.

Here is where thinking becomes a matter of life or death. Without reason, and observation, doing the right thing by following someone else is a matter of happenstance and luck. If you follow the right person, you're good. If you're deceived by the wrong person pretending to be the right one, then you're not. Swearing by one authority or another without ever becoming your own authority able to hold others accountable removes the fail safe that stops "leaders" from causing harm. This can only happen when thinking, observation and reason become the standard of behavior in society and not the exception.

Because I've failed to convey the importance of reason and the process of thought to those who've been trapped by psychiatrist Andrew Kaufman, and his claims about cell biology, namely that there is no such thing as a virus, I am trying here again, to set straight what a psychiatrist made wrong by using the simplest but most important of all thought exercises.

What is a living thing?

The most important lesson in biology is knowing what is the difference between living and non-living things. There are three features that define "Living" on this planet.

- **Reproduction**
- **Adaptation**
- **Inheritance through DNA / RNA**

Without all three of the above, nothing is considered to be a "living" thing on this earth.

Crystals, for example, can reproduce, but they can't adapt. The crystal is always the same. Some proteins can "adapt", taking on different shapes according to temperature or acidity, but they can't reproduce unless they are a prion. However, a "reproducing protein" such as a prion only makes copies of itself like a crystal, lacking the transfer of any "new" adaptation from the predecessor (parent) to the successor (offspring) – therefore it lacks inheritance.

In biology, as we know it, these three features are the defining factors that separate the living world from the non-living world.

Now the topic of Viruses

Do the encapsulated segments of DNA or RNA that we call viruses reproduce?

Yes.

Do they adapt to their environment?

Yes. (when 80%-90% of Covid 19's "environment" has antibodies to spike proteins, the virus evolves and changes its spike proteins to avoid those antibodies — and become "variants")

Do virus offspring inherit adaptations from their parents?

Yes. (Through DNA or RNA) The genetic family tree list of many species of animal, bacteria and virus are stored on GenBank. With COVID 19, analysis of these genetic family trees and their DNA/RNA sequences, can lead to some surprising conclusions. For example, how some family trees of COVID variants are nearly impossible from natural evolution. To see how the "variants of concern" were most likely manmade, this paper here from Japan shows the genetic analysis of COVID's family trees:

https://zenodo.org/records/8361577

Viruses are living things. (Despite what anyone claims some biology "textbook" says.)

If someone claims that viruses aren't living because viruses are a parasite that needs another living thing to reproduce, then ask if intestinal tapeworms are non-living as well?

Are farm animals not living? (Because they need another living thing – the farmer – to reproduce and live?)

Are humans not a "living thing" because we need a planet in order to reproduce and "live"?

For a virus, the cell it grows inside is its "Planet". For skin bacteria, the body that feeds it enough dead cells to live and reproduce is its "Environment". Whether an entity is a parasite or not is a non-sequitur to any argument of living vs. non-living.

(If someone is blind to this logical non-sequitur, consider the possibility their mind is trapped in a psy op.)

Living things aren't living because someone says so, they're living because they possess three abilities that non-living things do not.

Do viruses cause disease?

The answer is not always. Living things can have 3 types of relationships with other living things in nature.

- **Parasitic - One living thing lives off another and causes harm to the host.**
- **Commensal - One living thing lives off another and causes neither harm nor benefit.**
- **Symbiotic - One living thing lives off another and also helps its host.**

The observations that led to this classification of relationships between living things are not some "germ theory conspiracy". It is an observation of three patterns of living found in nature that anyone can go outside and confirm for themselves.

If a virus uses resources to multiply it:

It can be **parasitic** if it is using the same material the body uses,

Commensal if the virus only uses that which the body does not use such as waste or material the body doesn't need.

Symbiotic if a virus can offer some benefit to the host, such as turn a waste into nutrient, as gut bacteria do, or offer offer some sort of protection, e.g. Herpes Simplex 1 infection – cold sores – confer partial protection against genital herpes – Herpes Simplex 2.

In fact this latter idea of making viruses symbiotic to help people has been explored by engineering viruses to only attack and kill cancerous cells. *Claiming that "Viruses don't cause disease" as many virus deniers do, is more a statement of ignorance than anything else. Viruses can take up any sort of lifestyle from disease causing and harmful, to immunity granting and helpful such as cowpox infections protecting against smallpox.* Genetic engineering of viruses has been ongoing for decades, but the irony is that many virus deniers will also believe "bioweapons" exist. Point out that a basic type of bioweapon is a parasitic segment of DNA or RNA packaged in a protein coat (*aka a virus*), virus deniers will often have a blank look come over their face. In my experience, people trapped in cults or those who've had hypnotic blocks placed in their minds behave similarly.

As I explained in Psyop Part 1, the conspiracy of "Germ Theory against Terrain Theory" only seems to exist in the minds of virus deniers. Even though I point out that medical schools teach pre-existing conditions, health and malnutrition as factors in disease, virus deniers insist that such things related to "terrain" are not taught in medical school. (The fact that they've never been to medical school doesn't stop their insistence that such things are not taught.) Back in the 2000's, certain bacteria were already known to be symbiotic for decades, and probiotics were taught in my medical school to help patients recover from the indiscriminate eradication of good bacteria from antibiotic use. Bring this fact to the attention of an Andrew Kaufman follower, however, the response is usually an emotional and angry insistence that they "know" only "germ theory" is taught in medical school. Despite never having been to a medical school they "know" because they've watched videos that told them so.

How does the psychiatrist Dr. Kaufman create such a strong attachment to a narrative? How does he manipulate the mind such that the victim's own identity seems to hinge on the Kaufman's "story" being true? Why do people defend

that identity narrative even when the contradictions and falsehoods become apparent?

What is it about psychiatrist Andrew Kaufman that makes his stories so compelling that followers experience emotional reactions that override reason and perception of reality?

Is it a form of hypnosis from watching his videos?

Is it self identification with martyrdom and the "struggle" narrative?

Or is it simply ego?

This last point deserves some explanation. If someone attaches themselves to a narrative that elevates them above those who have studied for decades, telling them that they don't need to know what others have studied because it is "all wrong"; it not only excuses ignorance, the narrative makes people "feel" like they are smarter because they learned the "real" truth by being told what to think (by someone else, often from watching a video). The "follower" gets an ego reward that puts them on a higher pedestal than academics and doctors but without any of the work. (If one were to put this in the context of seven sins, this would best fit the sin of pride.)

Can ego override someone's ability to observe reality? Consider the following:

"Ask a Virus Denier to test their belief against the reality of contagion and spread of Genital Herpes, Plantar Warts or Chicken pox. Ask them to do an experiment to prove there's no virus caused disease, by exposing themselves to Genital Herpes, and Plantar Warts."

Ask a Virus Denier to test their belief against the reality of contagion and spread of genital herpes, plantar warts or chicken pox. Ask them to do an experiment to prove there's no virus caused disease, by exposing themselves togenital herpes, and plantar warts. Does a refusal to observe the disease process, come with an insistence that all the physical manifestations of infectious diseases (the multiplying sores and lesions), are a naturally occurring "detox"?

Often belief will cloud people's ability to observe reality. The existence of three illnesses completely incongruent with "detoxing" becomes impossible and unfathomable to the trapped mind, and so they are just ignored. This becomes dangerous because once minds are unhinged from truthful observation, people can be manipulated into all manner of atrocity because they "believed" they were doing the right thing based on their "perceptions".

False virus conspiracies vs. a True Academic one

Some "freedom fighters" have accused me of being stuck in the establishment mindset, and unable to think beyond the paradigms of cell biology and medicine that I've been taught. Such an accusation, if it came from someone who was witness to the breadth and depth of my thoughts that I've written on this substack, might be worth self reflecting upon. But as it stands, such accusations seem to come only from people who haven't read or understood what I've written over the past two and a half years. This largely makes me curious about the extent of brainwashing within the "Freedom Community".

One observation I've made within the freedom movement is that many spend an incredible amount of time on social media watching videos. This concerns me because video, as a medium, makes people susceptible to hypnosis. As I hinted above, hypnosis is one technique that I suspect the psychiatrist Andrew Kaufman uses extensively. Accusations of that I am "establishment" seem to come from the video "hypnotized" more than anyone else. Sharing my knowledge about viruses, cell biology and living things seems to have little effect when people do not think enough to contemplate whether or not Andrew Kaufman the psychiatrist is telling the truth. Many would rather rather watch hours of video and repent themselves into the playpen of psychiatrist Andrew Kaufman's thought cage than take the risk of looking outside. (On a side note, I noticed that Dr. Andrew Kaufman has a couple of podcasts on Audible and Apple that show up as first hits in a search of his name, 'germ' and 'terrain'. Audio is a particularly effective medium for hypnosis and subliminal messaging. When someone has a flood of material on all types of media, I start to wonder what kind of infrastructure is backing him up, and who is paying for it.)

So What is a Real Conspiracy?

What follows is as much about how I discovered a great conspiracy, as it is about the conspiracy itself. This one is far greater than the "germ versus terrain" narrative that psychiatrist Andrew Kaufman wants people to believe. This conspiracy makes his "story" look like child's play. Thinking this one through will change the way one looks at all the institutions of higher education.

Just as in every article on https://danielnagase.substack.com, I emphasize how I discovered the problem and thought it through. Like many of my explorations, this discovery started with a question.

I hope that people can read this and have yet another example of how to discover what is true and false about the world around them.

Why is the ability to discover is greater than the discovery itself? Because the process by which a conclusion is made is a higher order than the product. How much higher? Exactly 1 dimension higher by one integral to be exact.

Dimensions in another context

For those who prefer, I also illustrate a process of creation in a video. (Albeit on a different and possibly more controversial topic)

11th Commandment

The thread that unravels the greatest academic conspiracy of our time starts with the question:

Are there other definitions of "living"?

Twenty-eight years ago while studying the laws of thermodynamics1 at McGill, one definition of living came to mind that I have never seen written anywhere:

With the application of energy, a living entity causes a net decrease in entropy, while in non-living entities the application of energy causes a net increase in entropy.

How did I come to this conclusion?

Observing how plants given energy from sunlight decrease the disorder around them. That is, plants take water, soil and air which are all in a relatively high state of "randomness" or "entropy", and turn it into highly ordered cells that are highly structured down to the molecular level. This degree of entropy is orders of magnitude lower than the starting state.

Observation of how sunlight applied to a non-living object such as a plastic chair, eventually causes that plastic, initially in a high state of order as a structured solid, to fade, crumble and turn into dust, which is in a higher state of entropy (disorder) than the initial state of a new plastic chair.

Am I postulating that living things defy the second LAW of thermodynamics?

Yes. Exactly.

Why hasn't any physicist researched this? (I do not know.)

However, from what I remember of the physics department at McGill, physicists don't typically study biology and vice versa. So when it comes to questioning the fundamental laws of physics, laws that seem to be perfect in the inanimate world, it appears farfetched that any physicist could imagine things would be any different in the animate (or living) world. (I never witnessed anyone in the physics department try to calculate the T delta S (change in entropy) from a cell multiplying – that is transforming a solution of nutrients into a plate full of identical cells.)

However nearly three decades ago, as a cell biologist contemplating physics, questioning the second law of thermodynamics was one of the first things I did. The discrepancy between what a physicist questions of nature and what a biologist questions of the world made me question academia itself. Isn't this all "science"?

I wondered why the sciences are divided into chemistry, biology and physics. With enough knowledge of biology and chemistry, one comes to a realization that all biology IS chemistry. Everything that happens in biology is a chemical reaction, with changes and exchanges of energy between atoms and molecules driving the changes and activities inside living bodies.

But it does not stop there. With enough knowledge of chemistry AND physics, one realizes all chemistry IS physics. Chemical reactions happen because of the magnetic, electrical and physical properties of atoms, electrons, and subatomic phenomena.

So if biology is chemistry, and chemistry is physics, why are the fields divided to discourage any connection and comprehension across biology AND physics? Is there a conspiracy to prevent people from acquiring knowledge of all the sciences as one unified field?

If there was such a conspiracy, it would have to date back centuries if not millennia, all the way back to the very founding of the "academic institutions" we see today. The very first school, the very first college, the very first university to divide the sciences to prevent a unified knowledge of all the sciences would be the initiator of this grand deception.

This deception, misleading scholars down false paths, has systematically grown and spread across the world using the academic system of school diplomas, college certificates and university degrees. In fact it seems that the higher the degree, the further the recipient moves into minutiae and away from universal knowledge.

Years ago when I brought up the living vs non-living contradiction within the second law of thermodynamics to a physicist friend, he found it incredible (not believable) that a foundational law of physics, the second LAW of thermodynamics of all things, was wrong, or at the very best only a half truth. He argued that my plant vs plastic chair example were open systems and he insisted that overall the entropy of the universe increased even though the plant decreased entropy by growing. However, mathematically his argument to explain away this apparent violation of the second law of thermodynamics doesn't add up. If what he were saying was true, then the plant would have to have some mechanism that increased the entropy outside its environment to make the universe have an increase in entropy to counter the plant's growth decreasing entropy. This entropy transfer effect would only occur in a plant that was growing and not decaying, and be completely absent in a plastic chair. (I for one have never witnessed any plant with an "entropy beam".)

For physicists who still find a reversal of the law of entropy incomprehensible, I offer this thought exercise:

• Non-living object such as a rock + energy from sunlight = molecules of silica periodically knocked off the rock by EM radiation causing atomic excitation into non-bonded states. Eventually, the sunlight (electromagnetic radiation) turns the rock into dust after millions of years of exposure. Bright sunlight + inanimate matter = increases in entropy

• Living object such a a plant + sunlight over millions of years = a whole bunch of plants. (a net reversal of entropy) For a physicist to comprehend how much of a decrease in entropy even a single extra plant causes, they'd have to know just how intricate and ordered every structure and protein is in the plant.

Even if both systems are put into separate sealed closed vessels, where the only input is an equal amount of sunlight to both, the result would be the same. Mathematically when the amount of input is the same for each test vessel, then the input can be cancelled out in an equation, leaving only the observation that one vessel experiences a decrease in entropy while the other experiences an increase.

What does this mean?

There is a fundamental difference between the nature of contents in a living vessel versus a non-living one.

Taken to the next level, this means that the second law of thermodynamics isn't a unidirectional vector where the entropy of the universe inexorably increases with time. If living things and their reversal of entropy over time are taken into account, entropy may actually be an equality.

The fundamental definition of "Living" as:

An entity which increases order (decreases entropy) with energy;

and "Non-Living" as:

that which decreases order (increases entropy) with the application of energy;

is something I have never seen in any university science textbook.

When the artificial divisions in the fields of science are collapsed, one of the first consequences is a redefinition of what is Alive. This redefines the natural world in a direction modern physics has been led away from for at least a century.

(Is this division of science into Chemistry, Physics, and Biology for the express purpose of preventing this realization?)

What is the harm in academics coming to this understanding?

Taking the process of reunifying the fields of knowledge even further…

Is the division of Academia into a faculty of Arts and a faculty of Sciences, also a conspiracy?

Is it another attempt to compartmentalize knowledge such that people are prevented from attaining complete knowledge?

Why Art vs Science?

Is there something dangerous about the study of creativity (art) when combined with the study of nature (science)?

This is for you the reader to think through.

Addendum #1: Mensa for Thought

Why is History in the faculty of Arts?

At McGill a BSc. from the faculty of Science requires first year courses in all the sciences, biology, chemistry, mathematics and physics.

SOURCE: https://danielnagase.substack.com/p/what-is-a-living-thing

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Lumbrokinase:
The Overlooked Enzyme

Greg Fredericks ND NMD ©2024

By now most readers are familiar with the health issues attributed to the fallout from COVID and its associated Vaxx program. Many strategies were developed by notable practitioners to treat an array of health conditions especially those focusing on an abnormally high incidence of myocarditis, heart attacks, strokes and other cardiovascular ischemic disorders.

The renowned American cardiologist/epidemiologist Dr. Peter McCullough proposed using enzyme therapy along with other therapies to breakdown spike proteins and other vascular blood clotting mechanisms. His enzyme of choice has been Nattokinase which has at least 1032 test studies demonstrating the antifibrolynic and antiplasmogenic effects of Nattokinase in reducing blood clotting related cardiovascular disease (CVD) (Li et al. 2023). Other enzymes in combination with Nattokinase such as Serratiopeptidase have also been recommended for additional support against CVD and Alzheimer's disease (Jadhev SB et al. 2020). Natto, as it is also known produces an antiplasmolynic effect which can reduce fat decomposition leading to decreased absorption of body fat and helping control obesity (Yang et al. 2024).

Nattokinase is one of two possible plasminogen inhibiting enzymes that is essential therapy for patients with myocarditis and has received most of the attention with good reason. However there is another enzyme that is not well known that promises to have up to ten times the power of Nattokinase.

The neglected enzyme known as Lumbrokinase not only regulates blood clotting mechanisms but may provide a key mechanism to deactivate long term recurring viral related illnesses such as LongCOVID, Chronic Fatigue Syndrome (CFS), Epstein Barr, Cytomegalovirus, Myalgic Encephalomyelitis (ME), and LongLyme's disease. The implications of the wonder enzyme Lumbrokinase are so profound it may hold the potential to clear illnesses that up until now have been only partially managed. So why has Lumbrokinase been mostly overlooked?

This article will explore the latest research and evidence that may provide new hope to those suffering from a wide range of chronic blood viscosity related disorders.



The Overlooked Brother Enzyme: Lumbrokinase

So why has the fribrolynic enzyme Lumbrokinase been mostly overlooked? Could it be because of its' non kosher origins? Nevertheless it may hold the key for an even greater scope of treatment against CVD and other previously named disorders. While Nattokinase is mostly a soybean derived enzyme Lumbrokinase is an earthworm derived protease enzyme from the species Lumbricus bimastus and Lumbricus rubellus. Used extensively in China, Korea and Japan, Lumbrokinase is now an emerging anti thrombotic treatment in Canada, USA and recently in Australia and New Zealand.

For those who are becoming accustomed to Bill Gates' addition of cricket protein to the food pyramid Lumbrokinase may not be as difficult to accept. However before we examine the multifaceted benefits of Lumbrokinase let us look at how blood clots are created.

Blood Clot Formation

The complete physiology of the fibrin–clot formation is relatively well documented. A blood clot or thrombus consists of blood cells occluded in a matrix of the protein fibrin. In normal blood circulation blood clotting factor runs in inactive form and forms a clot when it is needed and activates a clot dissolving factor afterwards in order to clear it. Thrombolysis or fibrinolysis is the enzyme regulated process that results in the dissolving of clots. Blood clot formation is often a defensive mechanism of our system which is regulated by various factors however other factors may inadvertently produce excess blood clots that are life threatening. A healthy system maintains a homeostatic balance between the defensive and aggressive factors of plasminogen-fribrolynic blood clotting mechanisms and their availability in the systemic circulation.

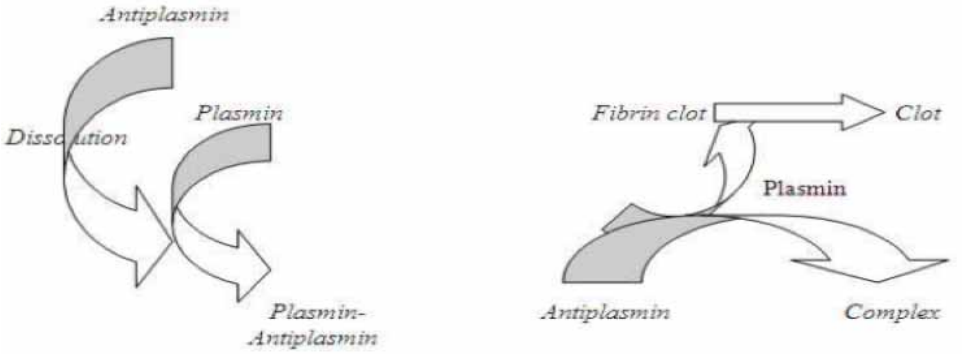
The fibrinolytic enzyme plasmin is a trypsin-like serine protease type enzyme that is already present in the blood. Like most other protease enzymes it is capable of acting upon a number of different protein substances as well as fibrin which is a proteinaceous blood clotting-factor like fibrinogen, proaccelerin, antihemophilic factor, prothrombin, Christmas factor and certain other blood proteins. Normal blood contains plasmin as well as its inhibitors antiplasmin which works as a counter balance for plasmin activity. Antiplasmin is 30 fold higher than plasmin in plasma concentration and acts as a defensive factor for the breakdown of other plasma proteins (Ambrus et al. 1961). In the presence of activators the fibrinolytically active plasmin is produced from the inactive protein plasminogen which is present in systemic circulation. The biochemical conversion of the inactive plasminogen to fibrinolytic plasmin involves a limited proteolytic cleavage which is mediated by the various plasminogen activators. Generally two plasminogen activators that occur naturally in blood are; tissue type (t-PA) and the urokinase type (u-PA). They act as fibrinolytic clotting inhibitors (Francis et al. 1991).

The Anti Clotting Mechanisms of Lumbrokinase

Despite Lumbrokinases new found notoriety it has a body of

research that goes back decades. Lumbrokinase is found to be a plasminogen t-PA activator type enzyme. Early discovery studies of Lumbrokinase found that the enzyme could affect an over production of clots via its potent fribrolynic activity as a plasma modulator. Lumbrokinase the eukaryotic protein derived from earthworms which is a plasminogen activator (t-PA) produces a fibrin specific thrombolysis action for clearing blood clots (Francis et al. 1991).

The Role of Antiplasmin (Plasmin Inhibitor) in Clot Dissolution Mechanism; Reversing Second Hand Smoke Damage



An early study investigated the effects of Lumbrokinase in second hand tobacco smoke (SHS) exposure induced heart disease. The study tested rats that were exposed to cigarette smoke from ten cigarettes for 30 minutes twice a day for one month. The subjects were found to have narrowed ventricles and cardiomyo-apoptosis (death to heart cells). The administration of Lumbrokinase and dilong (earthworm powder) was shown to reverse the cellular death of cardiac cells and significantly inhibit the effects of SHS (Lao et al. 2015).

Lumbrokinase as a Myocarditis Modulator

Another study evaluated the cardioprotective mechanisms of Lumbrokinase with a disorder that has increased among the population – myocarditis. The study found that compared to untreated subjects, post-ischemic treatment with Lumbrokinase was associated with significant reductions in myocardial I-R-induced arrhythmias, myocardial damage and improved cardiac function. These findings demonstrate that even after cardiac damage (post-ischemic) the treatment with Lumbrokinase repaired myocardial injury through the activation of Sirt1 gene signaling, and enhanced autophagy mechanisms, while reducing oxidative damage, inflammation and apoptosis (cell death) (Wang et al. 2019).

Post Stroke Healing

Lumbrokinase has also been the subject of investigation in post stroke recovery. In most cases the fibrinogen-depleting agent Lumbrokinase has been used to improve myocardial perfusion (blood flow) in angina cases and to prevent secondary ischemic stroke. Due to the fact that Lumbrokinase is highly fibrin-specific and only active in the presence of fibrin it is considered a low risk of hemorrhaging due to excessive fibrinolysis.

In order to clarify the neuroprotective characteristics of Lumbrokinase a study was designed using mice subjected to permanent middle cerebral artery occlusion (stroke damage) were examined. The results of the examination found that Lumbrokinase dramatically decreased membrane inflammation of the endoplasmic reticulum (ER) and transmembrane receptor protein inositol-requiring enzyme-1 (IRE1). The downstream gene signaling transcription factor, XBP-1, caspase-12 and NF-kB activity was also decreased.

This study's outcome indicates that post-stroke treatment with Lumbrokinase protects against ischemic stroke, thereby regulating ER stress through the collective inhibitory effect of the IRE1 signaling pathways to decrease apoptosis, autophagy, and inflammatory responses. This study suggests that Lumbrokinase not only improved the gene signaling involved with stroke it also improved neurological damage associated with stroke. In conclusion Lumbrokinase is a potential adjuvant treatment for ischemic stroke (Wang et al. 2022).

Increased Wound Healing with Less Scar Tissue

Recently researchers assessed the effect of Lumbrokinase on intra-abdominal adhesion. Lumbrokinase treatment was shown to significantly decrease the severity and the area of intra-abdominal adhesion in vivo. Testing using three-dimensional spheroid, MTT and scratch wound migration assays using the IMR-90 human fibroblast cell line demonstrated that Lumbrokinase significantly attenuated the migration and adhesive activity of fibroblasts without compromising cell proliferation. A Luciferase assay and western blot analysis showed that Lumbrokinase inhibited the AP-1/ICAM-1 cell adhesion signaling pathway. Lumbrokinase has shown to decrease intra-abdominal adhesion and peritoneal thickening by augmenting fibrinolytic action and inhibiting fibroblast migration and adhesive activity via attenuation of the AP-1/ICAM-1 signaling pathway. Lumbrokinase is thus a promising agent to prevent intra-abdominal adhesion (post surgical scar tissue) (Nguyen et al. 2023).

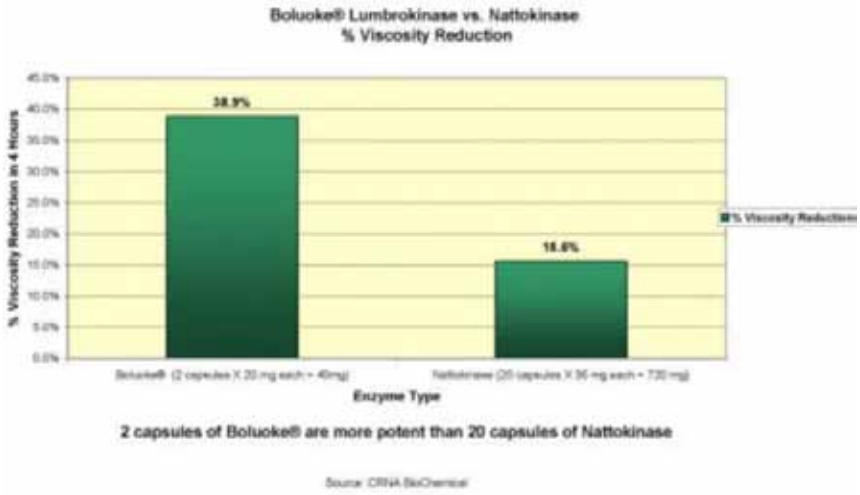
Since the before mentioned studies there is mounting evidence that Lumbrokinase from *Lumbricus rubellus* extract in an oral dosage form is an effective therapy to prevent myocardial reinfarction (an infarction occurring subsequent to a previous infarction). Lumbrokinase can prevent myocardial reinfarction by several mechanisms, including its thrombolytic effect by activating plasminogen and degrading fibrin, its anti-inflammatory and antioxidant effects and can prevent further myocardial apoptosis. Lumbrokinase can prevent apoptosis by increasing the activity of Silent Information Regulator 1 (Sirt1) and decreasing the procaspase-3 pathway. Lumbrokinase can prevent further inflammation by reducing levels of Nuclear Factor kappa-B (NF-kB) and the Toll-like Receptor 4 (TLR4) pathway, as well as preventing oxidative damage by deacetylating Forkhead Box-O (FoxO) gene signalling mechanisms. These results conclude that oral Lumbrokinase enzyme treatment can potentially prevent myocardial reinfarction post-reperfusion (Mufaidudden et al. 2024).

New Hope as a Treatment for LongCOVID, ME/CFS, LongLyme's Disease?

Currently a group of researchers are running clinical trials to test if the fibrinolytic enzyme Lumbrokinase improves symptoms and mitigates blood clotting issues or platelet hyperactivation in three distinct types of patients. These include patients with LongCOVID, Chronic Fatigue Syndrome (ME/CFS) and LongLyme disease. Researchers David Putrino, PhD, Amy Proal, PhD and Mackenzie Doerstling, affiliated with the Icahn School of Medicine at Mount Sinai and the Poly Bio Research Foundation are currently investigating the effects of Lumbrokinases in these disorders. The Poly Bio Research Foundation has received an additional 15 million dollar grant in November 2023 to perform multiple studies on post COVID health disorders in 2024-2025.

Unwrapping the Perpetual Mechanism of Chronic Illnesses

The hypothesis behind the aforementioned investigation is that platelets have dozens of viral and bacterial protein receptors that are implicated in myalgic encephalomyelitis (ME) and chronic fatigue syndrome (CFS). The platelet receptors accumulate viral components such as herpes / HPV viruses and enteroviruses such as cytomegalovirus and Epstein Barr. This unfortunate mechanism accounts for why



these viral related conditions keep reoccurring and potentiate the long term activity of the three groups of disorders. Lyme's disease in America may be further complicated by *Borrelia burgdorferi* which sheds peptidoglycan, a component of its cell wall envelope that activates platelets and neutrophils.

All three groups of disorders mentioned have a common mechanism which accumulates fibrin / amyloid microclot deposits which impede blood flow resulting in prevention of oxygen (hypoxia) from reaching into tissues. The platelet activation is also associated with inflammatory signalling and damage to blood vessels as well as surrounding tissue.

Lumbrokinase has demonstrated a potential to mitigate the issues associated with the groups of patients by being able to degrade both plasminogen-rich and plasminogen-free fibrin found in thrombotic conditions. These three conditions often have hyperactivation of platelets and microclots. Lumbrokinase has repeatedly demonstrated the ability to dissolve clots lowering blood viscosity and reduction in platelet aggregation/hyperactivation and adhesion as demonstrated in the previous studies.

For patients that have experienced post COVID myocardial or ischemic stroke related symptoms or damage there is now another possible treatment to consider for improvement of symptoms and physiology. For those experiencing more severe chronic disorders such as LongCOVID, ME/CFS and LongLyme's disease there is new hope for an intervention with the likelihood of no side effects.

Availability and Quality of Lumbrokinase

The earthworm has apparently been in use in traditional Chinese medicine for at least 3,000 years. However, before you rush out to your health food store to purchase Lumbrokinase don't be surprised if they don't stock it. Lumbrokinase is currently only available through professional Naturopaths, Nutritionists, Pharmacists and medical practitioners. Of all the Lumbrokinase products available the product named Boluoke® is the only Lumbrokinase that is backed by Phase I – III clinical trials in China. The Lumbrokinase product known as Boluoke® claims to be ten times more effective than Nattokinase.

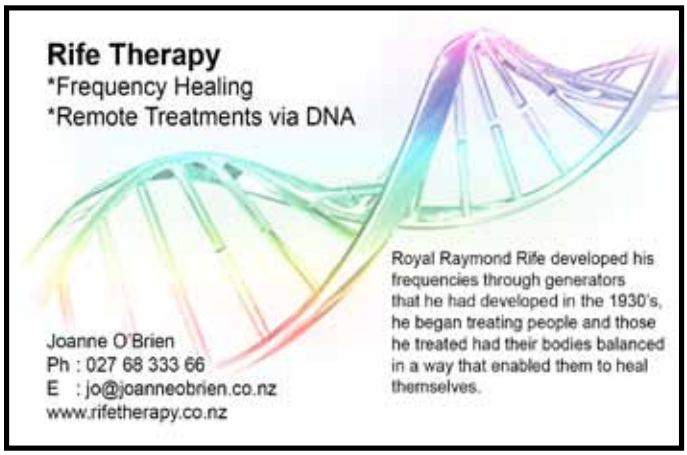
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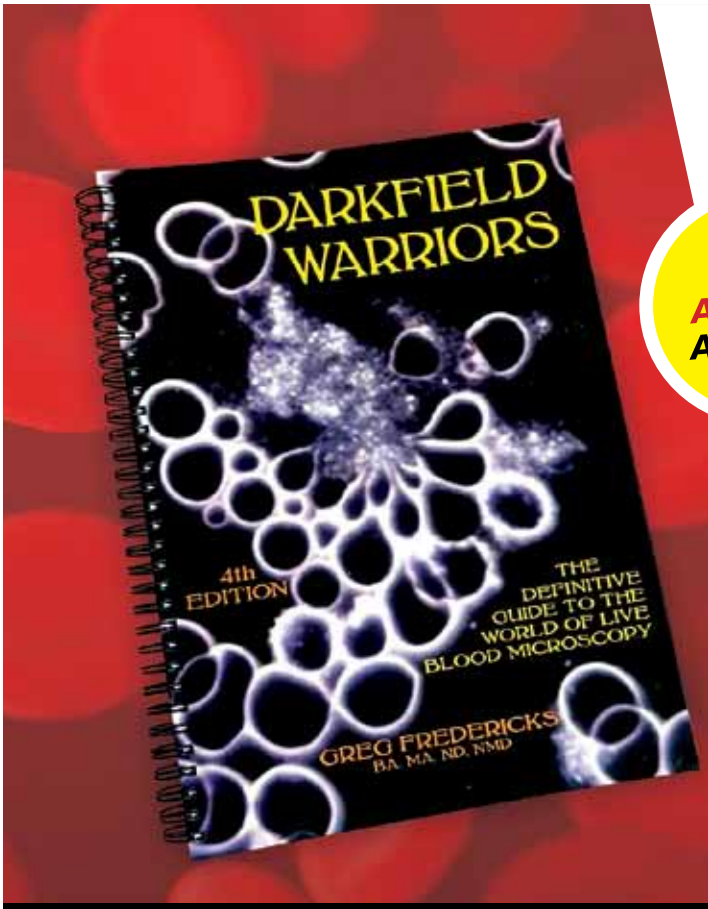
Boluoke® claims that imitation products are likely just earthworm protein extract containing less pure Lumbrokinase or of low enzymatic strength. On the raw material market, the price of Lumbrokinase can vary by up to 15 fold and the enzymatic strengths of various Lumbrokinase supplements may differ.

MORE HERE: http://www.allergyresearchgroup.com/Mar-2009-Focus-Newsletter-Earthworm-References-sp-93.html

ABOUT THE AUTHOR: Greg Fredericks is the Director of Nu Look Biologics and Board Director of the Complementary Medicine Association of Australia. He is the author of *Darkfield Warriors and Alternative* and *Integrative Oncology.*

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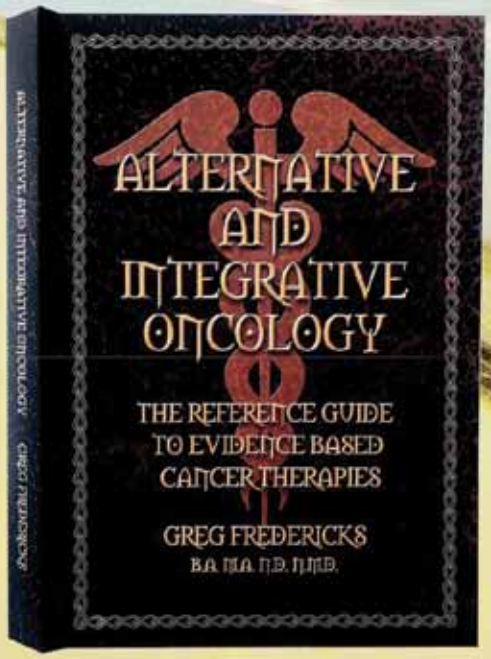
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WHAT IS 'ENERGY MEDICINE'?

By Dr. Med.Jorg Prinz

There are two different approaches to health these days: the pharmaceutical and the bio-physical way. Conventional medical doctors treat the illness whereas bio-physical practitioners treat the whole person.

The term "energy medicine" is used widely but here it means any approach that aims at increasing or redirecting energy within the body. The Chinese use the term Qi to describe this energy – and interpret it as "life force" which travels along channels, meridians, through the body.

With advances in electro-technology we are now able to measure energies in the human body along those meridians and correlate this data with illness – and then restore the energy and its flow to normal with the aim of lessening patients' symptoms. From Traditional Chinese Medicine (TCM) and its thousands of years tradition we know the re-energising exercises of Qi-gong and meditation and are familiar with the restoration of energy with acupuncture. This article focuses on the latter: the hands-on approach of the modern energy medicine practitioner and the technology that is available today.

Modern bio-physical approaches to illness and wellbeing have been largely ignored by conventional medicine over the last century. This is mainly the after-effect of the Flexner Report [Abraham Flexner 1910 [1] that recommended medical schools in America which teach only the use of pharmaceutical therapies. Those schools – 89 (!) out of 155 schools which focussed on other medical modalities like bio-physical, homoeopathic or manual treatments were systematically closed between 1910 and 1935. (Flexner worked for the Carnegie Foundation which was solely sponsored by John D. Rockefeller. He had monetary interests not only in oil but also in chemical and pharmaceutical plants.)

Even conventional medicine today bases a lot of diagnostics on physical means like ECG [2], EEG [3], CT [3] and MRI [4] as well as chemical means like lab studies. When it comes to conventional therapy the chemical approach is still favoured, although the most stunning results for (chronic) illness are achieved with bio-physical treatments [6]. Stimulating the body with electric impulses has been done for a long time – from using electric eels in antiquity to transcutaneous nerve stimulation (TENS) and SCENAR in more modern times.

These days electric stimulators get implanted, be it a pacemaker for the heart to treat irregular and slow heartbeats, for the brain to treat epilepsy, dementia (electromagnetic pulses) and even Parkinson's disease, and for the stomach to ensure a regular emptying in patients with slow-transit constipation. The most spectacular results recently were the implants of stimulators on the spinal cord for paraplegics – and their ability to move their limbs while the nerves were stimulated electrically [7]. And another noteworthy approach is for the treatment of glioblastoma (a fast growing malignant brain tumour): the Novo TTF uses an electric field around the head 24/7 to successfully interfere with the division of tumour cells. [8]

Over the last 10-20 years we have learned a lot more about (electrical) energy in the human body – even the more subtle energies that are now measurable with modern technology. Lynne McTaggart's book *The Field* [9] and James Oshman's book *Energy Medicine: The Scientific Basis* [10] contain a great collection of studies on the subject.

Since the 1970s we have known about changes of the skin resistance over acupuncture points, so-called electro-dermal screening (EDS). Dr. med. Reinhard Voll [11] used this observation to test skin resistance on acupuncture points and see which homeopathic remedies would normalise the resistance. Those remedies which could correct the skin resistance were then prescribed to the patient. Electro Acupuncture according to Voll (EAV) is still in use today and with the help of computers has become more sophisticated over the years.

A further development of Dr. Voll's ideas was undertaken by Franz Morell and Erich Rasche with the development of the MORA device. It uses EAV to measure distortions in the body but applies remedies (just their frequencies) electronically.

The idea behind the concept of bio-resonance is that harmful substances like environmental toxins, bacteria and viruses have a certain natural frequency that makes them detectable in the human body. By changing the phase shift and applying this frequency back to the body it is believed that the causative agent loses its energetic harmfulness (or bacteria simply die). Many of the more modern bio-resonance devices like the BICOM or the SCIO/Indigo can deliver a wide variety of frequencies and patterns that include everything from frequencies, vibrational patterns from herbs, plants, crystals, flower essences, minerals and aromatherapy oils, as well as colour, sound and many others.

Although we can measure the electrical potential and currents flowing via different pathways through the body, we have no idea yet what different waveforms mean. Oscilloscope views of actual signals in the tissues look like electric noise without any traceable regularities. The early pioneers of bio-resonance were not discouraged by these complexities and made a bold approximation. Their idea was that if this electric noise is sampled at any point on the body, phase-shifted and fed back to the client, it might cure disease. And in fact bio-resonance has proven to be useful in a wide variety of disease conditions and so it is assumed that the theory is right and that's what actually happens.

Rife machines work with the same principal, although the original device seemed to have used a pulsed radio-wave to apply the frequencies to the body. Unfortunately the original plans for Rife's "beam ray device" are inaccessible. Modern Rife machines, however, do not deliver the same results as Royal R. Rife's legendary device with which he claimed to have cured cancer.

There seems to be, however, another ingredient necessary for bio-resonance devices to find and treat the cause of the disease: the intention of the examiner and the patient. Also bio-resonance claims to be able to change adaptive behaviours to trauma and shock. In my experience, the protocols developed by practitioners of Neuro Linguistic Programming (NLP) and Emotional Freedom Technique (EFT) work best for resolving shock and trauma.

The NES-ProVision is at present the most advanced bio-energetic system [12]. It uses a scanning process to evaluate the Human Body-Field (HBF) and then – and that is the big advantage – compares the measured energy patterns against a normal HBF. Peter Fraser [13] [14] spent 30 years mapping the energy patterns of the human body on human tissue. He found the frequency patterns that meridians use and which tissue is actually connected to which meridian. The replenishment of

missing energies is then done through energised colloidal minerals – rather than through the device itself as the other systems do. These colloidal minerals are called Infoceuticals which can be ingested or applied topically. Another way is the NEStrition range: energised encapsulated herbs that have gone through the NES imprinting process.

Any bio-energetic scan helps the holistically orientated practitioner to focus on the most prominent energetic issues of the client as revealed by the scan. Discussing the findings with the client opens up the possibility of evaluating symptoms and getting to know the client in greater detail. It is amazing to see the accuracy of, for example, the NES scan and what a trained practitioner can learn about their clients – and the clients about themselves.

A few conditions where bio-energetic application made a significant difference in clinical trials for the patients include fibromyalgia, myalgic encephalomyelitis (ME) [15] and irritable bowel syndrome (IBS), acute pain, chronic pain, digestion issues, lack of energy, emotional issues, joint and musculoskeletal dysfunctions [16] [17].

I use the NES in my holistic clinic as a stand-alone application. I see patients with chronic pain who respond within a minute to the application of Infoceuticals with reduced pain sensation. I see patients with chronic illness who are more buoyant after a week of treatment, who show less depressive traits, who get the feeling that their illness can be overcome and that they can take an active part again in life. I have patients who were bedridden for months, yet a day after taking their Infoceuticals were up and about. And I have patients who can cope better with the usual stress that modern life brings – and less perception of stress equals a better quality of life and fewer symptoms. Patients with chronic fatigue and depressive symptoms (whatever the underlying "illness" might be) respond to the Infoceuticals and make significant changes in their life and their symptoms.

Of course there is the usual question by the conventional medical community as the "gold standard" – randomised clinical trials. As usual I do not comment on the usefulness of RCTs – that's worth a separate discussion. Companies who produce these bio-energetic devices have conducted these internal RCTs; now it is up to independent institutions to verify these trials and recommend that energy medicine be integrated into mainstream medicine. In the meantime I encourage patients to discuss a complementary approach to bio-energetic applications with their medical doctor to experience the benefits for themselves.

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Dr. med. Jörg Prinz was born in Germany and has lived in worked in New Zealand since 1990. He is a trained medical doctor and is still registered with the German Medical Council. His doctoral thesis was about the immunotherapy of prostate cancer.

For his scientific work Justus-Liebig-University, Giessen, Germany, awarded him the academic title of a "Doctor of Medicine" (Dr. med.).

Jörg has been been interested in neurosciences since the 1970s. His studies led him initially to NLP (Neuro Linguistic Programming) and to EFT (Emotional FreedomTechnique) in his counselling clinic. Then he was introduced to the Nutri Energetic System that helps to scan the Human Body Field, the energetic make up of a person, and the use of Infoceuticals to rebalance these energies.

Finally Jörg has been trained in the use of SCENAR devices for pain relief and health recovery. He is the RITM SCENAR traner for New Zealand.

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Can humans harvest the sun's energy directly – like plants?

By Gerald Pollack, PhD

Much like photosynthesis in plants, can human beings utilize light and water for their energy needs? New evidence suggests that it may be happening right now in each cell of your body.

In response to the title question, my answer is a definite "maybe."

On the positive side, a recently published paper by Herrera et al. (1) argues that the answer is yes. The authors pinpoint melanin as the central player in the drama of photosynthesis, arguing that melanin, a black substance prominent in certain tissues, absorbs all visible wavelengths. Those concentrated photons could then drive the photosynthetic process in the same way as photons do in green plants and many single celled organisms.

The authors focus on the eye, which absorbs abundant light. They address a mystery of ocular function that remains unsolved: the retina stands as one of the most avid of the body's consumers of energy; yet nearby capillaries are remarkably sparse, and therefore seemingly unable to meet those energy needs. Herrera et al. argue that the missing link could be melanin, which exists in unexpectedly high concentration in the eye. If melanin were a light antenna, collecting numerous photons, then that concentrated energy could drive metabolic processes just as they do in green plants. Melanin could resolve the energy problem.

Melanin exists not only in the eye, but also in many tissues. In a comprehensive review, Barr et al., (2) discuss many relevant features of melanin that support the authors' hypothesis. First, melanin is an ancient protein, which may have been present at the inception of life. Second, its distribution is ubiquitous not only within, but also among, living organisms. Third, melanin in brain tissue increases with ascent up the phylogenetic ladder, reaching a peak concentration in man; it is invariably found in the brain's strategic, highly functional loci. And, melanin responds to light, with semi-conductive properties. Hence, the provocative idea that melanin may be centrally involved in transduction of light energy into chemical energy gains traction from this evidence.

Our own work lends strong support to the idea that humans exploit light energy. Although we have not studied melanin, we have studied in considerable detail another light-absorbing substance that exists in higher concentration in the human body: water. Given water's simplicity and pervasiveness through nature, many presume that water must be completely understood, but in fact little has been known about how water molecules organize themselves, and especially how they respond to light – until recently.

Students learn that water has three phases: solid, liquid and vapor. But there is something more: in our laboratory we have uncovered a fourth phase. This phase occurs next to water loving (hydrophilic) surfaces. It is surprisingly extensive, projecting out from those surfaces by up to millions of molecular layers. And it exists almost everywhere throughout nature, including our bodies.

This newly identified phase of water has been described in a recent book (3). The book documents the evidence underlying the existence of this phase, and goes on to show how that phase explains many familiar phenomena in straightforward terms. A central feature is that the phase builds from light, i.e., from absorbed electromagnetic energy. The more light that's absorbed, the more extensive is the phase.

The existence of a fourth phase may seem unexpected. However, it should not be entirely so. A century ago, the physical chemist Sir William Hardy argued for the existence of a fourth phase; and many authors over the years have found evidence for some kind of "ordered" or "structured" phase of water. The fresh experimental evidence cited in the book and many papers not only confirms the existence of such an ordered, liquid-crystalline phase, but also details its properties. It is more viscous, dense and alkaline than H2O and has more oxygen since its formula is H3O2. As a result, it has a negative charge. And like a battery, it can hold energy and deliver that energy as needed.

The presence of the fourth phase carries many implications. Here, I outline some basic features of this phase, and then deal with several of those implications including the role of light and energy. I then focus on some biological and health applications. [Note: the video here: https://youtu.be/i-T7tC-MUDXU will explain the fourth phase of water if you want a comprehensive, easy to learn overview.]

Does Water Transduce Energy?

The energy for building water structure comes ultimately from the sun. Radiant energy converts ordinary bulk water into ordered water, building this structured zone. We found that all wavelengths ranging from UV through visible to infrared can build this ordered water. Near-infrared energy is the most capable. Water absorbs infrared energy freely from the environment; it uses that energy to convert bulk water into liquid crystalline water (fourth phase water) — which we also call "exclusion zone" or "EZ" water because it profoundly excludes solutes. Hence, buildup of EZ water occurs naturally and spontaneously from environmental energy. Additional energy input creates additional EZ buildup.

Of particular significance is the fourth phase's charge: commonly negative (Figure 1). Absorbed radiant energy splits wa-

ter molecules; the negative moiety constitutes the building block of the EZ, while the positive moiety binds with water molecules to form free hydronium ions (H_3O), which may diffuse throughout the water. Adding additional light creates more charge separation.

This process resembles the first step of photosynthesis. In that step, energy from the sun splits water molecules. Hydrophilic chromophores catalyze the splitting. The process considered here is similar, but more generic: any hydrophilic surface may catalyze the splitting. Some surfaces work more effectively than others. Melanin might be one of those.

The separated charges resemble a battery. That battery can deliver energy in a manner similar to the way the separated charges in plants deliver energy. Plants, of course, comprise mostly water, and it is therefore no surprise that water itself could exhibit similar energy conversion.

The stored electrical energy in water can drive various kinds of work, including flow. An example is the axial flow through tubes. Immersing tubes made of hydrophilic materials into water produces flow through those tubes (3), similar to blood flow through blood vessels (Figure 2).

The driving energy comes from the radiant energy absorbed and stored in the water. Nothing more. Flow may persist undiminished for many hours, even days. Additional incident light brings faster flow (4). This is not a perpetual motion machine: incident radiant energy drives the flow – in much the same way that it drives vascular flow in plants and powers water from the roots to nourish trees taller than the length of a football field.

Implications of Light Energy

This energy conversion framework is rich with implication for many systems involving water. All that's needed is water, radiant energy, and a hydrophilic surface. The latter can be as large as a slab of polymer or as small as a dissolved molecule. The liquid crystalline phase inevitably builds – and its presence must therefore play some role in the system's behavior.

A Few Representative Examples.

One example is...yourself. By volume, two thirds of your cells' content is water. However the water molecule is so small that making up that two-thirds volume involves numerous water molecules. If you count molecules, 99% of the molecules in your body are water molecules. Modern cell biology considers that huge fraction of molecules as mere background carriers of the "important" molecules of life such as proteins and nucleic acids. It asserts that 99% of your molecules don't do very much.

However, EZ water envelops every macromolecule in the cell. So tightly packed are those macromolecules that little room exists for any but liquid-crystalline EZ water. Most of your cell water is EZ water. As elaborated in my earlier book (5), the ordered phase water plays a central role in everything the cell does.

What's new is the profound role of radiant energy, which can power many of those cellular functions. An example is the blood flowing through your capillaries. That blood eventually encounters high resistance: capillaries are often narrower than the red blood cells that must pass through them; in order to make their way through, red cells need to bend and contort. Resistance is high. You'd anticipate the need for lots of driving pressure; yet, the pressure gradient across the capillary bed is modest. The paradox resolves if radiant energy helps propel flow through capillaries in the same way that it propels flow through hydrophilic tubes. Radiant energy may constitute an unsuspected source of vascular drive, supplementing cardiac pressure.

Why you feel good after a sauna now seems understandable. If radiant energy drives capillary flow and ample capillary flow is important for optimal functioning, then sitting in the sauna will inevitably be a feel-good experience. The infrared energy associated with heat should help drive that flow. The same if you walk out into sunlight: we presume that the feel-good experience derives purely from the psychological realm; but the evidence above implies that sunlight may build your body's EZs. Fully built EZs around each protein seems necessary for protein folding and hence for optimal cellular functioning.

A second example of the EZ's functional role is weather, which, as I will show, is not unrelated to health. Common understanding of weather derives from two principal variables: temperature and pressure. Those two variables are said to explain virtually everything we experience in terms of weather. However, the atmosphere also contains water: it is full of micrometer-scale droplets commonly known as aerosol droplets or aerosol particles. Those droplets make up atmospheric humidity. When the atmosphere is humid, the many water droplets scatter considerable light, reducing clarity; you can't see distant objects as clearly as in drier conditions.

The Fourth Phase book presents evidence for the structure of those droplets (3). It shows that EZ water envelops each droplet, while hydronium ions occupy the droplets' interior. Those internal hydronium ions repel one another, creating pressure, which pushes against the robust shell of EZ water. That pressure explains why droplets tend toward roundness.

How do those aerosol droplets condense to form clouds? The droplets' EZ shells bear negative charge. Those shells should repel one another, precluding any condensation into clouds. Droplets should remain widely dispersed throughout the atmosphere. However, droplets do often condense into clouds, and the question is how that can happen.

The agent of condensation is the unlike charges that lie in between the droplets. Richard Feynman, the legendary Nobel Prize physicist of the late 20th century understood the principle, opining that: "like-likes-like because of an intermediate of unlikes." The like-charged droplets "like" one another, so they come together; the unlike charges lying in between those droplets constitute the attractors (Figure 3).

The like-likes-like principle has been widely appreciated, but also widely ignored: after all, how could like charges conceivably attract? A reason why this powerfully simple concept has been ignored is that the source of the unlike charges has been difficult to identify. We now know that the unlike charges can come from the splitting of water – the negative

components building EZ shells, while the corresponding positive components, the hydronium ions, provide the unlike attractors in between. With enough of those attractors, the negatively charged aerosol droplets may condense into clouds.

The like-likes-like principle operates not only in clouds but also in our bodies. Wherever two like-charged substances exist, a good possibility is that they hold together because of the opposite charges lying in between. Since those separated charges build from the energy of light, one might say that the self-organization of biological materials comes ultimately from light, just as the blood flow in capillaries might also comes from light.

We may be reluctant to call these light-driven processes photosynthesis, because they do not – as far as we know – produce sugars as end products. Nevertheless, the role of light in driving biological processes is clear.

Implications for Body Function

I present two implications of these light-driven processes: why your joints don't squeak; and why dislocated or sprained joints will swell within seconds.

Joints are sites at which bones tend to press upon one another (Figure 4). The bones may also rotate, as during deep-knee bends and push-ups. You'd think that rotation under pressure might elicit frictional resistance, with some squeakiness, but joint friction remains remarkably modest. Why so?

Cartilage lines the ends of bones. Those cartilaginous materials do the actual pressing. Hence, the issue of joint friction reduces to the issue of the cartilaginous surfaces and the synovial fluid lying in between them. How does this system behave under pressure?

Cartilage is made of classic gel materials: highly charged polymers and water; therefore, cartilage is a gel. Gel surfaces grow EZs, so cartilage surfaces should likewise line themselves with EZs. EZ buildup – driven by light – creates many hydronium ions in the synovial fluid between those EZs. Additional hydronium ions come from the molecules within that fluid, creating their own EZs and protons. Thus, many hydronium ions will lie in the area in which two cartilaginous surfaces lie across from one another. The repulsive force coming from those hydronium ions should keep the cartilage surfaces apart – some investigators maintain that the cartilage surfaces never touch, despite heavy loads. That separation means that any rough spots, or asperities, will never come into contact as the respective surfaces shear past one another; and that in turn means low friction.

For such a mechanism to actually work, some kind of built-in restraint should be present to keep the repelling hydronium ions in place. Otherwise, they may be forced out of the local region, compromising lubrication. Nature provides that safety net: a structure known as the joint capsule envelops the joint. By constraining the dispersal of hydronium ions, that encapsulation ensures low friction. That's why your joints don't ordinarily squeak.

Regarding swelling, the second issue under consideration here, osmosis evidently plays a role. Since the cell is packed with negatively charged proteins, the cytoplasm should generate an osmotic draw similar to the osmotic draw generated by diapers or gels. Physiologists know that it does.

A peculiar feature of cells, however, is their relatively modest water content. Compared to 20:1 or higher for many common gels, the cell's water-to-solids ratio is only about 2:1. That limited water content may come as a consequence of the macromolecular network's stiffness: cellular networks typically comprise tubular or multi-stranded biopolymers tightly cross-linked to one another. The resultant stiffness prevents the network from expanding to its full osmotic potential.

If those cross-links were to disrupt, however, then the full power of osmotic draw would take effect; the tissue could then build many EZ layers and therefore hydrate massively, bringing huge expansion (Figure 5). That's what happens when body tissues are injured, especially with dislocations. The injury disrupts fibrous macromolecules and cross-links, eliminating the restraining forces that keep osmosis at bay; EZ buildup can then proceed virtually unimpeded.

The reason why swelling can be so impressive is that the cross-link disruption occurs progressively. Breaking one cross-link results in higher stress on neighboring cross-link; so disruption progresses in a zipper-like fashion. When that happens, the osmotic rush of water into the tissue can continue practically without restraint, resulting in the enormous immediate swelling that is often seen. The tissue will return to normal only when cross-links repair and the matrix returns to its normally restraining configuration.

Water and Healing

During childhood illness, grandmothers and doctors will often advise: "drink more water." In his now-classical book, *Your Body's Many Cries for Water,* sub-titled, *You Are Not Sick, You Are Thirsty* (6), the Iranian physician Fereydoon Batmanghelidj confirms the wisdom of this quaint advice. The author documents years of clinical practice showing reversal of diverse pathologies simply by drinking more water. Hydration is critical.

Batmanghelidj's experience meshes with evidence of healing from special waters such as those from the Ganges and Lourdes. Those waters most often come from deep underground springs or from glacial melt. Spring waters experience pressure from above; pressure converts liquid water into EZ water because of EZ water's higher density. Unlike bulk water, EZ water absorbs light in the UV-wavelength region of 270 nanometers. The more light absorbed, the higher the EZ concentration. Certain spring waters and glacial melt (7) show a spectrometer peak in this 270-nanometer region, suggesting that their therapeutic benefits could come from the relatively high EZ content.

EZ water should rehydrate tissues better than ordinary water because of its higher dipole moment. To appreciate this argument, picture a bean with positive charge localized at one end, negative at the other. The positive end of that dipole orients toward the negatively charged cell, which then strongly draws in that dipole. The larger the dipole moment, the stronger will be the draw. Since EZs contain masses of

separated charges, or large dipoles, that water should hydrate cells better than ordinary water. Now under study, that feature may be particularly important for promoting good health.

Negative Charge and Anti-Oxidants

Humans are considered neutral, but I suggest that we bear net negative charge. Most physical chemists would disagree. They reasonably presume that all systems tend toward neutrality because positive charge attracts negative charge. The human body being one of those "systems," we assume that the body must be neutral.

Not all systems are neutral, however. The earth bears net negative charge, while the atmosphere bears net positive charge. Water itself can bear charge: Anyone watching MIT professor Walter Lewin's stunning demonstration of the Kelvin water dropper (8), where separated bodies of water eventually discharge visibly onto one another, will immediately see that bodies of water can bear net charge. If doubt remains, then the experience of getting an electric shock from touching certain kinds of drinking water (which my colleagues and I have personally experienced) should eradicate that doubt.

Charges can remain separated if input energy keeps them separated – something like recharging your cell phone battery and creating separated negative and positive charges at the battery's terminals. Since we constantly absorb electromagnetic energy (light) from the environment, the theoretical possibility exists that we may bear net charge.

Consider the arithmetic. Cells make up some 60% of your body's mass, and they are negatively charged. Extracellular tissues such as collagen and elastin are next in line, and those proteins bear negative charge and adsorb EZ water, which is negatively charged. Only some of the smaller compartments remain positively charged with protons (low pH), and they commonly expel water: urine, gastrointestinal system; sweat, and expired air (containing hydrated CO2 or carbonic acid). They rid the body of positive charge. The net charge should be negative, and an ordinary voltmeter connected between your clasped fingers and ground will confirm that negativity.

So, the body makes every effort to maintain that negativity by ridding itself of protons. It is as though maintaining negativity is a "goal" of life. Plants do it easily: they connect directly to the negatively charged earth. Animals need to struggle a bit more to maintain their body's negative charge, but greater mobility compensates for that struggle.

How does our body's negative charge relate to the benefits of anti-oxidants?

Answering this question returns us to elementary chemistry. Recall that "reduction" is the gain of electrons, while "oxidation" means electron loss. Oxidation strips molecules of their negative charge, acting against the body's attempt to maintain that high negativity. To guard against such loss we employ anti-oxidants. Simply by maintaining proper negativity, anti-oxidants may keep us healthy.

The Future

Water's centrality for health is nothing new, but it has been progressively forgotten. With the various sciences laying emphasis molecular, atomic, and even sub-atomic approaches, we have lost sight of what happens when the pieces come together to form the larger entity. The whole may indeed exceed the sum of its parts. 99% of those parts are water



molecules. To think that 99% of our molecules merely bathe the "more important" molecules of life ignores centuries of evidence to the contrary. Water plays a central role in all features of life.

Until recently, the understanding of water's properties has been constrained by the common misconception that water has three phases. We now understand that it has four. Taking into account this fourth phase allows many of water's "anomalies" to vanish: those anomalies turn into predictable features. Water becomes more understandable, and so do entities made largely of water, such as oceans, clouds, and human beings.

Central to the existence of that fourth phase is light, for light energy builds that phase. Ambient infrared light — literally free energy, is sufficient to maintain that phase. Additional light expands the phase. The examples above imply that through the vehicle of water, humans exploit that light to drive many processes. This energy source may help explain why some people can get by with little or no food intake (9). And, it may explain the basis of the various light therapies (10).

As Herrera et al. suggest (1), light may be critical for humans, just as it is for plants and bacteria. Nature has not deprived humans of the advantages of exploiting light. The role of melanin in the process described above has not yet been fully explored, although the melanin could conceivably absorb visible light and then emit the absorbed energy in the infrared band. That could power appreciable EZ buildup, charge separation, and therefore energy to run the cell.

Clearly, humans exploit light. I've described a water-mediated mechanism by which light energy gets transformed to other kinds of energy. The process bears some resemblance to photosynthesis, or at least the initial step of photosynthesis, in which light splits water into positive and negative components. Subsequent steps are less clear, and that's why, on the question of human photosynthesis, I suggested a definite "maybe." Herrera and colleagues might be on a productive course.

Various presentations describe these fresh understandings on light and water (11-13). A fuller, detailed synthesis appears in the above-mentioned book (3).

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Groundbreaking discovery:

Animal cells powered by sunlight/chlorophyll



By Sayer Ji, Founder Greenmedinfo.com

An amazing study published in the *Journal of Cell Science* reveals an entirely new reason why it is essential that you 'eat your greens,' as mother always said, namely: it enables your body's mitochondria to produce more ATP energy when exposed to sunlight.

The study titled, "Light-harvesting chlorophyll pigments enable mammalian mitochondria to capture photonic energy and produce ATP", indicates that by eating a chlorophyll-rich diet mammals (and by implication humans) can capture specific wavelengths of sunlight radiation that will translate into increased energy within the powerhouses of the cell known as the mitochondria.

The researchers, working out of Columbia University Medical Center, conducted a number of experiments in order to ascertain whether animals as well as plants can use light-absorbing chlorophyll molecules to capture light energy for ATP synthesis.

While it has been prevailing wisdom that only plants can use sunlight directly for producing energy (photosynthesis), it can not be denied that not only do many animals consume chlorophyll through their diet but that research has been performed showing chlorophyll metabolites "retain the ability to absorb light in the visible spectrum at wavelengths that can penetrate into animal tissues." (Ferruzzi and Blakeslee, 2007; Ma and Dolphin, 1999). Given these facts, the authors of the new study "sought to elucidate the consequences of light absorption by these potential dietary metabolites." What they discovered was simply remarkable:

"We show that dietary metabolites of chlorophyll can enter the circulation, are present in tissues, and can be enriched in the mitochondria. When incubated with a light-capturing metabolite of chlorophyll, isolated mammalian mitochondria and animal-derived tissues, have higher concentrations of ATP when exposed to light, compared with animal tissues not mixed with the metabolite. We demonstrate that the same metabolite increases ATP concentrations, and extends the median life span of Caenorhabditis elegans [worm], upon light exposure; supporting the hypothesis that photonic energy capture through dietary-derived metabolites may be an important means of energy regulation in animals. The presented data are consistent with the hypothesis that metabolites of dietary chlorophyll modulate mitochondrial ATP stores by catalyzing the reduction of coenzyme Q. These findings have implications for our understanding of aging, normal cell function and life on earth."

Implications

The implications of this study are truly profound. ATP production is essential for the health of our body, from the level of the cell all the way up. When ATP production is compromised through suboptimal nutrition, environmental exposures, or non-adaptive stress, disease and accelerated aging are inevitable. Even when these adverse variables are not a factor, ATP production will naturally fall off as we age, leaving a role for nutritional interventions that can help to increase ATP synthesis without, for instance, increasing oxidative stress or causing exhaustion or imbalances elsewhere. Clearly, a plant-based diet rich in chlorophyll will have certain advantages over one without this compound (and its metabolites). Also, chlorophyll and/or it's metabolites may be an ideal nutritional and/or functional medical intervention for the growing number in the post-industrial world whose cellular machinery is already deeply compromised and functioning far below optimal levels.

If this cell and animal research holds true for humans, a chlorophyll-deficient diet, along with a deficiency of sunlight exposure, would lead to significantly lower ATP production. Given this possibility, wouldn't it be amazing to begin looking at the green wavelengths of color in the produce case as a source of energy for the powerhouses of the cell (mitochondria), as potential age-decelerating agents, or as a means to increase one's sense of energy and health by allowing you to capture the sun's energies directly within your body? I believe this is exactly what this research indicates and makes it all the more compelling to got out of your way to include deep green veggies and living, chlorophyll-rich foods in your diet on a daily basis, does it not?

Is a Radically New Understanding of Cell Bioenergetics on the Horizon?

It's really not that hard to believe that the human body can capture and utilize sunlight when you consider the extensive body of research that already proves we emit low levels of light (below the threshold of visibility) known as biophotons. And this study is actually only the tip of the iceberg! Two new studies just published and well worth reading, argue that our bodies evolved the capability to capture the energy of the Sun directly through melanin, as well as other components within our cells, in a process known as "extrasynthesis of ATP."

The first study, titled, "Did human hairlessness allow natural photobiomodulation 2 million years ago and enable photobiomodulationtherapy today? This can explain the rapid expansion of our genus's brain", argues that human hairlessness evolved approximately 2 million years ago because it made possible the conversion of sunlight wavelengths into chemical energy within our cells. By making possible the exposure of our skin to a consistent and significant source of ultraviolet radiation, the genetic mutation leading to hairlessness was positively selected for, leading to a number of downstream effects, including the accelerated growth of the energy-hungry neocortex portion of our brains. Here is

the extraordinary abstract:

"Present hypotheses to explain human hairlessness appear to be inadequate because hairlessness is not accompanied by any immediate benefit. A new, testable, hypothesis is advanced to explain our hairlessness based on photobiomodulation research, also known as low-level light therapy. This shows that red and near infrared radiation has a very beneficial effect on superficial tissues, including the brain. Random mutation/s resulting in complete hairlessness allowed early humans to receive daily doses of red and near infrared radiation at sunset. Photobiomodulation research shows this has a twofold effect: it results in increased mitochondrial respiratory chain activity with consequent ATP 'extrasynthesis' in all superficial tissues, including the brain. It also advantageously affects the expression of over 100 genes through the activation of transcription factor NFkB which results in cerebral metabolic and haemodynamic enhancement. It is also possible that melanin can supply electrons to the respiratory chain resulting in ATP extrasynthesis. These effects would start automatically as soon as hairlessness occurred resulting in a selective sweep of the mutation/s involved. This was followed by the very rapid brain evolution of the last 2my which, it is suggested, was due to intelligence-led evolution based initially on the increased energy and adeptness of the newly hairless individuals."

The second study, even more extraordinary in its hypothesis and implications, and titled "Beyond Mitochondria, What would be the Energy Source of the Cell?", argues that melanin (the archetypal pigment molecule) is capable of providing up to 90% of the cell's energy needs through capturing and converting sunlight into chemical energy (specifically, disassociating and reforming H20). If proven true, this view would profoundly decenter the glucose-centric view of cellular energetic which presently dominates cell biology, with many deep-reaching implications to the field of nutrition and medicine. Here is the amazing abstract:

Currently, cell biology is based on glucose as the main source of energy. Cellular bioenergetic pathways have become unnecessarily complex in their eagerness to explain that how the cell is able to generate and use energy from the oxidation of glucose, where mitochondria play an important role through oxidative phosphorylation. During a descriptive study about the three leading causes of blindness in the world, the ability of melanin to transform light energy into chemical energy through the dissociation of water molecule was unraveled. Initially, during 2 or 3 years; we tried to link together our findings with the widely accepted metabolic pathways already described in metabolic pathway databases, which have been developed to collect and organize the current knowledge on metabolism scattered across a multitude of scientific articles. However, firstly, the literature on metabolism is extensive but rarely conclusive evidence is available, and secondly, one would expect these databases to contain largely the same information, but the contrary is true. For the apparently well studied metabolic process Krebs cycle, which was described as early as 1937 and is found in nearly every biology and chemistry curriculum, there is a considerable disagreement between at least five databases. Of the nearly 7000 reactions contained jointly by these five databases, only 199 are described in the same way in all the five databases. Thus to try to integrate chemical energy from melanin with the supposedly well-known bioenergetic pathways is easier said than done; and the lack of consensus about metabolic network constitutes an insurmountable barrier. After years of unsuccessful results, we finally realized that the chemical energy released through the dissociation of water molecule by melanin represents over 90% of cell energy requirements. These findings reveal a new aspect of cell biology, as glucose and ATP have biological functions related mainly to biomass and not so much with energy. Our finding about the unexpected intrinsic property of melanin to transform photon energy into chemical energy through the dissociation of water molecule, a role performed supposedly only by chlorophyll in plants, seriously questions the sacrosanct role of glucose and thereby mitochondria as the primary source of energy and power for the cells.

For the rest of this article please go to source link below.

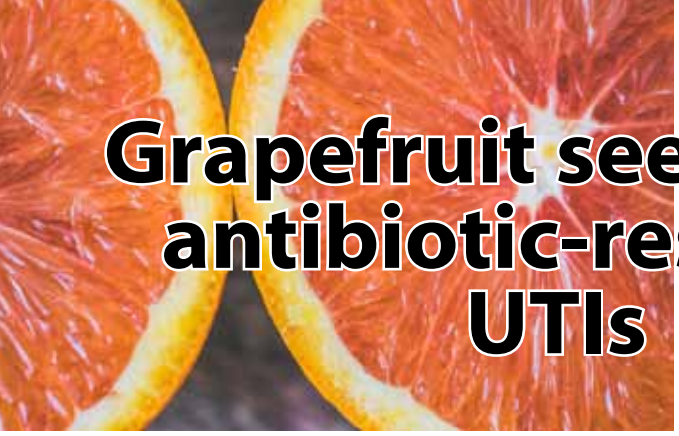
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Grapefruit seeds treat antibiotic-resistant UTIs

By Sayer Ji, Founder Greenmedinfo.com
August 4, 2015

Antibiotic resistant urinary tract infections are increasingly common, leaving many looking for natural alternatives. Grapefruit seed extract may be an effective treatment that is safe, affordable and easily accessible

Urinary tract infections (UTIs) are a common nuisance, disproportionately afflicting women, most of who will have a UTI at some point in their lives. UTIs when left untreated or when conventional treatment with antibiotics fail, can progress to more serious kidney infections. They are also of great concern for pregnant women, as the changes in prostaglandins and cytokines they induce can contribute to preterm delivery.

Conventional antibiotics are notorious for killing both the "good" and the "bad" bacteria within the body, as well as leading to the overgrowth of fungi like *Candida albicans*, which can lead to yeast infections. Moreover, even when conventional antibiotics suppress acute symptoms of infection, they can drive the survival of even more virulent antibiotic resistant bacteria. These surviving colonies form biofilm enabling them to lay dormant and grow back with even greater virulence when the infection recurs post-treatment.

This is why natural alternatives are becoming increasingly popular, especially those within the food category, like cranberry, whose safety is assured relative to what are often highly toxic conventional antibiotics such as the fluoride-based ciprofloxacin. (You can view the Greenmedinfo.com Urinary Tract Infection database for over 20 natural substances that show promise as anti-urinary tract infection agents.)

Grapefruit is perhaps the most interesting anti-urinary infection agent we have yet stumbled upon in our research. A remarkable case study published in the *Journal of Alternative and Complementary Medicine* in 2005 titled, "The effectiveness of grapefruit (*Citrus paradisi*) seeds in treating urinary tract infections," found that the seeds of the grapefruit were highly effective in killing antibiotic-resistant UTIs:

"Three middle-aged males and one female were diagnosed as having urinary tract infections (UTIs) between 2001 and 2003 in the Wesley Guild Hospital, Ilesa, a unit of Obafemi Awolowo University Teaching Hospitals Complex, Ile Ife, Osun State, Nigeria. Of the 4 patients, only the female was asymptomatic. The 3 males had *Pseudomonas aeruginosa*, *Klebsiella* species, and *Staphylococcus aureus*, respectively, in their urine samples, while the female had *Escherichia coli*. All 4 patients were treated with grapefruit seeds (*Citrus paradisi*) orally for 2 weeks and they all responded satisfactorily to the treatment except the man with P. aeruginosa isolate. However, the initial profuse growth of *Pseudomonas* isolate in the patient that was resistant to gentamicin, tarivid, and augmentin later subsided to mild growth with reversal of the antibiotic resistance pattern after 2 weeks' treatment with grapefruit seeds. These preliminary data thus suggest an antibacterial characteristic of dried or fresh grapefruit seeds (*C. paradisi*) when taken at a dosage of 5 to 6 seeds every 8 hours, that is comparable to that of proven antibacterial drugs."

The authors concluded that based on these case studies, "The adequate clinical response of these patients suggest that the 8-hourly dosage of 5 to 6 seeds of grapefruit seeds taken for a 2-week period may have an effect that is comparable to other proven antibacterial drugs."

They also referenced research on grapefruit seed extract's effectiveness at inhibiting bacteria:

"Recently, it has been confirmed that grapefruit seed extract (GSE) has antimicrobial properties against a wide range of gram-negative and gram-positive organisms at dilutions found to be safe. With the aid of scanning transmission electron microscopy (STEM), the mechanism of GSE's antibacterial activity was revealed (Heggers et al., 2002). It was evident that GSE disrupts the bacterial membrane and liberates the cytoplasmic contents within 15 minutes after contact even at more dilute concentrations. It has also been found that GSE appeared to have a somewhat greater inhibitory effect on gram-positive organisms than on gram-negative organisms; however, its comparative effectiveness against a wide range of bacterial biotypes is significant (Reagor et al., 2002)."

Indeed, our database contains a number of citations on grapefruit seed extract's anti-microbial activity, including against MRSA. Also, the more salient difference between GSE is that it also has potent anti-fungal activity, making it superior to conventional antibiotics.

The really amazing thing here is that even if conventional antibiotics were safe, effective, available and inexpensive (which they are not), not everyone in the world has access to them. Grapefruit, and related "medicinal foods," are far easier to acquire, and also provide significant nutritional benefits, which supports the underlying immune system whose status is responsibility for determining susceptibility to infection. We've reported on a similar case study on the use of black seed (nigella sativa) in putting an HIV patient into remission, as well as a case of temporary remission of incurable leukemia using cannabis.

Case studies always provide a powerful window into the role of ancient food-based healing interventions, which, owing to their non-patentability, will likely never receive the massive capital influxes required to fund the RCTs needed to legitimize them in the eyes of a medical model beholden to pharmaceutical interests.

About the Author

Sayer Ji is the founder of Greenmedinfo.com, a reviewer at the International Journal of Human Nutrition and Functional Medicine, Co-founder and CEO of Systome Biomed, Vice Chairman of the Board of the National Health Federation, Steering Committee Member of the Global Non-GMO Foundation.

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Unlocking Your Body's Detox Potential:
The Crucial Role of Lymphatics

Story at-a-glance

- **Your lymphatic system is crucial for immune function, fluid balance and detoxification. It removes cellular waste, fights infections and aids in nutrient absorption. Proper lymphatic function is essential for overall health.**

- **In our interview, Dr. Perry Nickelston recommends a "Big Six" lymphatic drainage technique, focusing on six primary areas in a specific order: collarbone, jaw, shoulder/armpit, abdomen, groin and behind your knee.**

- **Lymph nodes cluster around major joints to facilitate movement-based drainage. Lack of movement and poor breathing lead to lymphatic stagnation, causing various health issues like inflammation and recurring infections.**

- **Regular movement, including walking, rebounding and hanging exercises, is vital for lymphatic health. Combining lymphatic massage with other detox strategies like sauna use enhances overall effectiveness.**

- **Lymphatic health is closely tied to cardiovascular and brain function. Addressing lymphatic stagnation helps with heart health, neurodegenerative diseases and chronic pain management by reducing inflammation and improving fluid dynamics.**

By Dr. Joseph Mercola
September 8, 2024

Recently, I had the pleasure of interviewing Dr. Perry Nickelston, a chiropractor and expert in lymphatics. Your lymphatic system is a vital component of your body, playing a critical role in maintaining overall health and function. As an integral part of your immune system, it produces and transports white blood cells, particularly lymphocytes, which are essential for fighting infections and diseases.

Beyond its immune functions, your lymphatic system is crucial for maintaining fluid balance in your body by collecting excess fluid from tissues and returning it to your bloodstream. It also plays a key role in your digestive process, absorbing fats and fat-soluble vitamins from your small intestine and transporting them to your bloodstream.

Additionally, your lymphatic system acts as your body's cleaning system, removing cellular waste, debris and toxins from tissues. It aids in defending against cancer by trapping cancer cells in lymph nodes, slowing the spread of some types of cancer. The system is also responsible for the circulation of interstitial fluid, which is important for delivering nutrients to cells and removing waste products.

Some hormones also utilize your lymphatic system as a transport channel. Given its diverse and essential functions, your lymphatic system's importance to overall health and bodily function cannot be overstated. Nickelston shares key tips on how to unlock your body's detox potential using a six-point lymphatic drainage program.

Your Lymphatic System: Your Body's Unsung Hero

Nickelston began by explaining your lymphatic system's role, noting: [1]

"The lymphatic system, it's primarily part of two systems. Your immune system – it's the biggest component of your immune system. And it just so turns out that the largest part of your immune system is in your gut … and that's also where you find the largest presence of lymphatics.

"And it's a major part, which many people forget, of your vascular system, which is your blood flow system. So, if you have an issue with either one of those, blood flow and lymphatics, they're going to go together."

He likened the lymphatic system to a fish tank filter, constantly cleaning out cellular waste and harmful substances like bacteria, viruses and toxins. When this system becomes stagnant or blocked, it leads to a host of health problems. Nickelston recovered from several of his own health challenges by addressing his lymphatic system: [2]

"Many years ago, I was very sick and I was having a lot of infections and different types of autoimmune conditions that I never really got an official name for. Honestly, it felt like I had every one that you could possibly list off. It was just inflammation run amok."

After years of struggling with conventional medical approaches, he discovered the power of working with your lymphatic system: [3]

"Within several days, I made the largest shift in how I felt and my symptoms that I've had probably five years up to that point. And I'm like, 'OK, this is it. This is what I've been looking for. And now I'm just devoting the rest of my life to teaching others that."

An Interconnected Web of Fluids and Signs of Lymphatic Stagnation

Most clinicians consider your kidneys to be the filtration system of your body, not the lymphatics. But as Nickelston explains, your lymphatics facilitate the excretion of toxins to your kidneys to ultimately remove them from the blood. The process involves an interconnected web of fluids. Nickelston explained: [4]

"All these fluids interconnect with each other. So, when you have stuff that comes out through the arterial system, the vascular system, that's the supply side. So, that's going to deliver the nutrients and the oxygen and the things to the cells, but in order to get to the cells, they have to cross through what's called the interstitial fluid. And the lymphatic's job is to keep that fluid clean.

"So once the cells use the nutrients, they're going to create energy and they create waste, metabolic waste. If anything, that comes through the capillary, and that waste has to get out. The veins are going to take some of it, but the particles that are too large won't go into the vein. So, then it has to go into the garbage can of the lymphatic system.

"Then the lymphatic system takes it to the lymph nodes, which are these mini toilets throughout the body, and you have about 600 or 700 of them.

"And each node kills more things along the pathway. Your immune system bags and tags things that the lymphatics capture and that tells your immune system what something is and what it needs to do about it. And then eventually it's going to dump its way back into the veins, and then it's called plasma.

"So, it goes from the veins and then it's going to go from the veins back into the blood flow again, and that's how it's going to make its way to the kidneys. All of these areas intermix with each other. And if you have a backflow in one area, an obstruction or a stagnation, you're going to have backflow in all the other areas because the pressure has to dissipate somewhere."

This interconnection means that problems with lymphatic flow impact everything from your cardiovascular system to your brain health. How can you tell if your lymphatic system is struggling? Nickelston pointed out several key indicators:

- Puffiness and swelling, especially above your collarbones
- Recurring infections
- Chronic inflammation
- Brain fog
- Unexplained weight gain
- Chronic pain

The 'Big Six' Lymphatic Points

Lymph nodes are strategically clustered around your body's primary joints that are meant to move frequently. These clusters are found at your shoulder joint, hip joint, knee joint, center of your abdomen and the top of your neck – specifically at the first three vertebrae and behind the angle of your jaw.

The purpose of this arrangement is to facilitate lymph movement through joint motion, such as when walking. Nickelston emphasizes that lack of movement in these joints, coupled with poor diaphragmatic breathing, lead to stagnation in your lymphatic system. This is why he recommends focusing on these six primary areas, dubbed the "Big Six," before engaging in movement.

By addressing these key points, you effectively prime your lymphatic system for better function. Nickelston suggested the order is important, but my review suggests the order is not important. The key principle is to move lymph from areas of high pressure to low pressure, always toward your collarbone, which is the ultimate destination for lymph drainage:

- Collarbone area (both sides)
- Behind the angle of your jaw
- Shoulder joint/armpit region
- Abdomen (from sternum to navel)
- Inguinal lymph nodes (groin area)
- Behind your knee

"I usually have people do some rubbing. It can be different pressures, it can be light, it can be a little bit deeper, it can be slow, it can be fast," Nickelston says, "just don't cause pain when you do it. If you cause pain when you do it that too means you're pressing too hard and you're likely going to tighten up, which is going to defeat the purpose of you doing the reset." [5]

This routine can be performed before exercise as a "pre-movement workout" and after exercise to facilitate waste removal. The duration can be as quick as one minute for all areas or longer if desired, with each area typically worked on for about 20 seconds.

According to Nickelston, this technique not only primes lymph flow but also improves vein and artery flow and enhances proprioceptive awareness before movement, presenting a simple yet effective way to support your lymphatic system's function in your body.

The Power of Movement

While targeted massage is important, Nickelston also emphasized the role of movement in maintaining lymphatic health, noting, "Humans, were made to move. We're designed to walk. So, you're using your muscles and you're pumping fluids all over the place." [6] We discussed the benefits of various types of movement, including:

- Walking, including brisk walking with arms swinging
- Rebounding on a mini trampoline
- Dancing and flowing movements
- Hanging exercises

I believe walking is the primary exercise that humans were designed to do. If you're doing other forms of exercise and not walking, I encourage you to consider giving yourself more time to walk and do other exercises on top of walking. But with respect to lymphatics, adding in rebounding, dancing, hanging and walking backward allows you to move up and down, twist and rotate your body to further improve

lymphatic circulation. Nickelston said: [7]

"You should be walking, hopefully brisk enough and without a phone in your hand, so you get some twisting and rotation and torsion in the center of the abdomen, and that moves fluids too. I always tell people envision wringing out a towel; twisting gets fluids to move.

"So how about you walk and then you stop for a little bit, then you kind of jump up and down on the balls of your feet because you have built-in rebounders called calves, and you can go up and down like that as well as monitoring your breathing at the same time. Usually, I tell people to keep their mouth closed, breath in and out through their nose, and they'll have more optimal movement of their diaphragm at the same time, and you do your lymphatics.

"What I usually teach people is to do those, but then you'll even have a better result when you do some lymphatic work before you walk and before you rebound … Twisting and turning when you're walking and hanging works really great too. If you can hang from something for a period of time that really begins to open up those ribs along the spine and along the back that get stuck and locked."

Further, lymphatic work complements other detoxification approaches. Combining lymphatic massage with strategies like sauna use, cold plunges and targeted supplementation is highly effective to facilitate detoxification. If this is your focus, an ideal sequence is to massage the Big Six, then use a rebounder and then progress into a far infrared sauna.

Your Lymphatic System's Role in Heart and Brain Health

Your lymphatic health is tied to your overall health, including cardiovascular and brain function. Nickelston explained: [8]

"When your lymphatics are stagnated, you get backflow around the heart too. But that pressure … from the lymphatics also can revert back into the veins. So, the veins themselves can become stagnant and slow flowing and then that's going to make a difference on the arterial side."

This means addressing lymphatic stagnation is a powerful tool in supporting heart health, especially for those dealing with conditions like mild heart failure. In terms of brain health, Nickelston said: [9]

"What they're finding in relationship to the brain – neuroinflammation, neurodegeneration with Alzheimer's, Parkinson's, MS [multiple sclerosis] and the fluid waste management system of the body, they're tying it more to lymphatics in general, which is great."

This emerging understanding of your lymphatic system's role in brain health could open up new avenues for addressing neurodegenerative diseases. There's also a relationship between lymphatic health and chronic pain. Nickelston explained: [10]

"Whenever you're going to have a decrease in the lymphatics being able to get out, you're going to have trapped inflammation around the interstitial fluid because it's stasis. There's an actual term for it called interstitial inflammatory stasis."

This stagnation leads to increased pressure and inflammation, triggering pain responses. Moreover, lymphatic issues impair your body's ability to inhibit pain signals: [11]

"What you'll also find is that when you have so much inflammation in your body, and even maybe inflammation in your brain and poor blood flow into your brain because of lymphatic stagnation, you lose the ability to efficiently activate the pain inhibition pathway."

This insight offers a new perspective on addressing chronic pain, suggesting that improving lymphatic flow is a key component of pain management.

How to Implement Lymphatic Health Strategies

Be sure to review the article I posted in the last week that supplements this interview. In terms of practical advice to begin incorporating these insights into your daily life, here are some key takeaways:

• Start with the Big Six lymphatic massage routine daily, especially before exercise.
• Prioritize regular movement, including walking, rebounding, hanging and varied motions.
• Practice deep, diaphragmatic breathing to support lymph flow.
• Consider integrating lymphatic work with other detox strategies like sauna use.
• Be patient and persistent, as it may take time to clear long-standing blockages.

While often overlooked, this crucial system plays a vital role in detoxification, immune function and even brain and heart health. What excites me most about this approach is its simplicity and accessibility. With just a few minutes of targeted massage and some mindful movement practices, you unlock significant improvements in your well-being.

A greater focus on lymphatic health is especially useful for those struggling with chronic conditions, inflammation and unexplained health issues. I encourage you to explore these concepts further and consider incorporating these strategies into your own health routine. As always, listen to your body and consult with your health care provider before making significant changes to your health regimen.

By paying attention to this often-neglected system, you'll unlock a powerful key to enhanced vitality, reduced pain and improved overall health. It's a reminder that often, the most profound health solutions are also the simplest.

(For references for this article, please go to the source link.)

SOURCE: https://articles.mercola.com/sites/articles/archive/2024/09/08/lymphatic-system.aspx

ABOUT THE AUTHOR: Dr. Mercola is an osteopathic physician who, similar to MDs, finished four years of basic clinical sciences and successfully completed licensing exams. Hence, he is fully licensed to prescribe medication and perform surgery in all 50 states. Also a board-certified family physician, he served as the chairman of the family medicine department at St. Alexius Medical Center for five years.

Moreover, he has written over 30 scientific studies and reports published in medical journals and publications. With his written contributions and extensive experience in patient care, he was granted fellowship status by the American College of Nutrition (ACN) in October 2012.

Root Canals: The Cancer Connection

By Our Correspondent

97% of Terminal Cancer Patients Previously Had This Dental Procedure



Do you have a chronic degenerative disease? If so, have you been told, "It's all in your head?"

Well, that might not be that far from the truth…the root cause of your illness may be in your mouth.

There is a common dental procedure that nearly every dentist will tell you is completely safe, despite the fact that scientists have been warning of its dangers for more than 100 years. Every day in the United States alone, 41,000 of these dental procedures are performed on patients who believe they are safely and permanently fixing their problem.

What is this dental procedure? The root canal. More than 25 million root canals are performed every year in this country.

Root-canaled teeth are essentially "dead" teeth that can become silent incubators for highly toxic anaerobic bacteria that can, under certain conditions, make their way into your bloodstream to cause a number of serious medical conditions – many not appearing until decades later. Most of these toxic teeth feel and look fine for many years, which make their role in systemic disease even harder to trace back. Sadly, the vast majority of dentists are oblivious to the serious potential health risks they are exposing their patients to, risks that persist for the rest of their patients' lives. The American Dental Association claims root canals have been proven safe, but they have NO published data or actual research to substantiate this claim.

Fortunately, I had some early mentors like Dr. Tom Stone and Dr. Douglas Cook, who educated me on this issue nearly 20 years ago. Were it not for a brilliant pioneering dentist who, more than a century ago, made the connection between root-canaled teeth and disease, this underlying cause of disease may have remained hidden to this day. The dentist's name was Weston Price – regarded by many as the greatest dentist of all time.

Weston A. Price: World's Greatest Dentist

Most dentists would be doing an enormous service to public health if they familiarized themselves with the work of Dr. Weston Price. Unfortunately, his work continues to be discounted and suppressed by medical and dental professionals alike. Dr. Price was a dentist and researcher who traveled the world to study the teeth, bones, and diets of native populations living without the "benefit" of modern food.

Around the year 1900, Price had been treating persistent root canal infections and became suspicious that root-canaled teeth always remained infected, in spite of treatments. Then one day, he recommended to a woman, wheelchair bound for six years, to have her root canal tooth extracted, even though it appeared to be fine. She agreed, so he extracted her tooth and then implanted it under the skin of a rabbit. The rabbit amazingly developed the same crippling arthritis as the woman and died from the infection 10 days later. However, the woman, now free of the toxic tooth, immediately recovered from her arthritis and could now walk without even the assistance of a cane.

Price discovered that it's mechanically impossible to sterilize a root-canaled (e.g. root-filled) tooth. He then went on to show that many chronic degenerative diseases originate from root-filled teeth – the most frequent being heart and circulatory diseases. He actually found 16 different causative bacterial agents for these conditions. But there were also strong correlations between root-filled teeth and diseases of the joints, brain and nervous system.

Dr. Price went on to write two groundbreaking books in 1922 detailing his research into the link between dental pathology and chronic illness. Unfortunately, his work was deliberately buried for 70 years, until finally one endodontist named George Meinig recognized the importance of Price's work and sought to expose the truth.

Dr. Meinig Advances the Work of Dr. Price

Dr. Meinig, a native of Chicago, was a captain in the U.S. Army during World War II before moving to Hollywood to become a dentist for the stars. He eventually became one of the founding members of the American Association of Endodontists (root canal specialists). In the 1990s, he spent 18 months immersed in Dr. Price's research. In June of 1993, Dr. Meinig published the book *Root Canal Cover-Up*, which continues to be the most comprehensive reference on this topic today. You can order your copy directly from the Price-Pottenger Foundation.

What Dentists May Not Mention About the Anatomy of Your Teeth

Your teeth are made of the hardest substances in your body. In the middle of each tooth is the pulp chamber, a soft living inner structure that houses blood vessels and nerves. Surrounding the pulp chamber is the dentin, which is made of living cells that secrete a hard mineral substance. The outermost and hardest layer of your tooth is the white enamel, which encases the dentin. The roots of each tooth descend into your jawbone and are held in place by the periodontal ligament.

In dental school, dentists are taught that each tooth has one to four major canals. However there are also tiny tubules in each tooth – literally miles of them! Just as your body has large blood vessels that branch down into very small capillaries, each of your teeth has a maze of very tiny tubules that, if stretched out, would extend for three miles. Weston Price identified as many as 75 separate accessory canals in a single central incisor (front tooth).

For a more detailed explanation, refer to an article by Hal Huggins, DDS, MS, on the Weston A. Price Foundation website.

Microscopic organisms regularly move in and around these tubules, like gophers in underground tunnels. When a dentist performs a root canal, he or she hollows out the tooth, then fills the hollow chamber with a substance (called guttapercha), which cuts off the tooth from its blood supply, so fluid can no longer circulate through the tooth. But the maze of tiny tubules remains. And bacteria, cut off from their food supply, hide out in these tunnels where they are remarkably safe from antibiotics and your own body's immune defenses.

The Root Cause of Much Disease

Under the stresses of oxygen and nutrient deprivation, these formerly friendly organisms morph into stronger, more virulent anaerobes that produce a variety of potent toxins. What were once ordinary, friendly oral bacteria mutate into highly toxic pathogens lurking in the tubules of the dead tooth, just awaiting an opportunity to spread. No amount of sterilization has been found effective in reaching these tubules – and just about every single root-canaled tooth has been found colonized by these bacteria, especially around the apex and in the periodontal ligament. Often, the infection extends down into the jawbone where it creates cavitations – areas of necrotic tissue in the jawbone itself. Cavitations are areas of unhealed bone, often accompanied by pockets of infected tissue and gangrene. Sometimes they form after a tooth extraction (such as a wisdom tooth extraction), but they can also follow a root canal. According to the Weston Price Foundation, in the records of 5,000 surgical cavitation cleanings, only two were found healed. And all of this occurs with few, if any, accompanying symptoms. So you may have an abscessed dead tooth and not know it.

This focal infection in the immediate area of the root-canaled tooth is bad enough, but the damage doesn't stop there.

Root Canals Can Lead to Heart, Kidney, Bone, and Brain Disease

As long as your immune system remains strong, any bacteria that stray away from the infected tooth are captured and destroyed. But once your immune system is weakened by something like an accident or illness or other trauma, your immune system may be unable to keep the infection in check. These bacteria can migrate out into surrounding tissues by hitching a ride into your blood stream, where they are transported to new locations to set up camp. The new location can be any organ or gland or tissue. Dr. Price was able to transfer diseases harbored by humans to rabbits, by implanting fragments of root-canaled teeth, as mentioned above. He found that root canal fragments from a person who had suffered a heart attack, when implanted into a rabbit, would cause a heart attack in the rabbit within a few weeks. He discovered he could transfer heart disease to the rabbit 100 percent of the time! Other diseases were more than 80 percent transferable by this method.

Nearly every chronic degenerative disease has been linked with root canals, including: heart disease; kidney disease; arthritis, joint, and rheumatic diseases; Neurological diseases (including ALS and MS); Autoimmune diseases (Lupus and more). There may also be a cancer connection. Dr. Robert Jones, a researcher of the relationship between root canals and breast cancer, found an extremely high correlation between root canals and breast cancer. He claims to have found the following correlations in a five-year study of 300 breast cancer cases: about three percent of women with breast cancer had root canals about seven percent had other oral pathology. Tumors, in the majority of cases, occurred on the same side of the body as the root canal(s) or other oral pathology Dr. Jones claims that toxins from the bacteria in an infected tooth or jawbone are able to inhibit the proteins that suppress tumor development. A German physician reported similar findings. Dr. Josef Issels reported that, in his 40 years of treating "terminal" cancer patients, 97 percent of his cancer patients had root canals.

If these physicians are correct, the cure for cancer may be as simple as having a tooth pulled (and any other associated areas of infection cleaned), then rebuilding your immune system.

Good Bugs Gone Bad

How are these mutant oral bacteria connected with heart disease or arthritis? The ADA and the AAE claim it's a "myth" that the bacteria found in and around root-canaled teeth can cause disease. But they base that on the misguided assumption that the bacteria in these diseased teeth are the SAME as normal bacteria in your mouth – and that's clearly not the case. Today, bacteria can be identified using DNA analysis, whether they're dead or alive, from their telltale DNA signatures. In a continuation of Dr. Price's work, the Toxic Element Research Foundation (TERF) used DNA analysis to examine root-canaled teeth, and they found bacterial contamination in 100 percent of the samples tested. They identified 42 different species of anaerobic bacteria in 43 root canal samples. In cavitations, 67 different bacteria were identified among the 85 samples tested, with individual samples housing between 19 to 53 types of bacteria each. The bacteria they found included the following types: *Capnocytophaga ochracea; Fusobacterium nucleatum; Gemellamorbillorum; Leptotrichia buccalis; Porphyromona gingivalis.* Are these just benign, ordinary mouth bugs? Absolutely not. Four can



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affect your heart, three can affect your nerves, two can affect your kidneys, two can affect your brain, and one can infect your sinus cavities… so they are anything BUT friendly! (If you want see just how unfriendly they can be, I invite you to investigate the footnotes.) Approximately 400 percent more bacteria were found in the blood surrounding the root canal tooth than were found in the tooth itself, suggesting the tooth is the incubator and the periodontal ligament is the food supply. The bone surrounding root-canaled teeth was found even HIGHER in bacterial count… not surprising, since bone is virtual buffet of nutrients for bacteria.

Since When is Leaving a Dead Body Part IN Your Body a Good Idea?

There is no other medical procedure that involves allowing a dead body part to remain in your body. When your appendix dies, it's removed. If you get frostbite or gangrene on a finger or toe, it is amputated. If a baby dies *in utero*, the body typically initiates a miscarriage. Your immune system doesn't care for dead substances, and just the presence of dead tissue can cause your system to launch an attack, which is another reason to avoid root canals – they leave behind a dead tooth. Infection, plus the autoimmune rejection reaction, causes more bacteria to collect around the dead tissue. In the case of a root canal, bacteria are given the opportunity to flush into your blood stream every time you bite down.

Why Dentists Cling to the Belief Root Canals are Safe

The ADA rejects Dr. Price's evidence, claiming root canals are safe, yet they offer no published data or actual research to substantiate their claim. The American Heart Association recommends a dose of antibiotics before many routine dental procedures to prevent infective endocarditis (IE) if you have certain heart conditions that predispose you to this type of infection. So, on the one hand, the ADA acknowledges oral bacteria can make their way from your mouth to your heart and cause a life-threatening infection. But at the same time, the industry vehemently denies any possibility that these same bacteria – toxic strains KNOWN to be pathogenic to humans – can hide out in your dead root-canaled tooth to be released into your blood stream every time you chew, where they can damage your health in a multitude of ways. Is this really that large of a leap? Could there be another reason so many dentists, as well as the ADA and the AAE, refuse to admit root canals are dangerous?

Well, yes, as a matter of fact, there is. Root canals are the most profitable procedure in dentistry.

What You Need to Know to AVOID a Root Canal

I strongly recommend never getting a root canal. Risking your health to preserve a tooth simply doesn't make sense. Unfortunately, there are many people who've already have one. If you have, you should seriously consider having the tooth removed, even if it looks and feels fine. Remember, as soon as your immune system is compromised, your risk of of developing a serious medical problem increases – and assaults on your immune system are far too frequent in today's world.

If you have a tooth removed, there are a few options available to you:

1) **Partial denture:** This is a removable denture, often just called a "partial." It's the simplest and least expensive option.

2) **Bridge:** This is a more permanent fixture resembling a real tooth but is a bit more involved and expensive to build.

3) **Implant:** This is a permanent artificial tooth, typically titanium, implanted in your gums and jaw. There are some problems with these due to reactions to the metals used. [Ed note: Dr Thomas Levy, MD, recommends against implants in his book on cardiovascular disease *Stop America's #1 Killer*.] Zirconium is a newer implant material that shows promise for fewer complications. But just pulling the tooth and inserting some sort of artificial replacement isn't enough. Dentists are taught to remove the tooth but leave your periodontal ligament. But as you now know, this ligament can serve as a breeding ground for deadly bacteria.

Most experts who've studied this recommend removing the ligament, along with one millimeter of the bony socket, in order to drastically reduce your risk of developing an infection from the bacterially infected tissues left behind.

I strongly recommend consulting a biological dentist because they are uniquely trained to do these extractions properly and safely, as well as being adept at removing mercury fillings, if necessary. Their approach to dental care is far more holistic and considers the impact on your entire body – not JUST your mouth. If you need to find a biological dentist in your area, I recommend visiting www.toxicteeth.org, a resource sponsored by Consumers for Dental Choice. This organization, championed by Charlie Brown, is a highly reputable organization that has fought to protect and educate consumers so that they can make better-informed decisions about their dental care.

The organization also heads up the Campaign for Mercury-Free Dentistry.

SOURCE:

http://www.whydontyoutrythis.com/2013/12/97-percent-of-terminal-cancer-patients-previously-had-this-dental-procedure.html



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Parasite Infection, Carcinogenesis and Human Malignancy

Hoang van Tong,a,b,⁎,1 Paul J. Brindley,c Christian G. Meyer,a,d,e,f and Thirumalaisamy P. Velavana,e,f,⁎,1

Abstract

Cancer may be induced by many environmental and physiological conditions. Infections with viruses, bacteria and parasites have been recognized for years to be associated with human carcinogenicity.

Here we review current concepts of carcinogenicity and its associations with parasitic infections. The helminth diseases schistosomiasis, opisthorchiasis, and clonorchiasis are highly carcinogenic while the protozoan Trypanosoma cruzi, the causing agent of Chagas disease, has a dual role in the development of cancer, including both carcinogenic and anticancer properties.

Although malaria per se does not appear to be causative in carcinogenesis, it is strongly associated with the occurrence of endemic Burkitt lymphoma in areas holoendemic for malaria. The initiation of Plasmodium falciparum related endemic Burkitt lymphoma requires additional transforming events induced by the Epstein-Barr virus. Observations suggest that Strongyloides stercoralis may be a relevant co-factor in HTLV-1-related T cell lymphomas. This review provides an overview of the mechanisms of parasitic infection-induced carcinogenicity.



• The helminth diseases schistosomiasis, opisthorchiasis, and clonorchiasis are highly carcinogenic.
• Trypanosoma cruzi has a dual role in cancer development including both carcinogenic and anticancer properties.
• Initiation of Plasmodium falciparum related endemic Burkitt lymphoma requires additional transforming events induced by EBV.
• Strongyloides stercoralis may be a relevant co-factor in HTLV-1-related T cell lymphomas.

We searched MEDLINE database and PubMed for articles from 1970 through June 30, 2016. Search terms used in various combinations were “parasite infection”, “carcinogenesis”, “cancer”, “human malignancy”, “parasite and cancer”, “infection-associated cancer”, “parasite-associated cancer” “schistosomiasis”, “opisthorchiasis”, “malaria”, “Chagas disease”, and “strongyloidiasis”. Articles resulting from these searches and relevant references cited in those articles were selected based on their related topics and were reviewed. Abstracts and reports from meetings were also included. Articles published in English were included.

1. Introduction

Cancers are characterized by uncontrolled growth of abnormal and transformed cells, which can invade adjacent tissues. The global burden of cancer in 2012 was estimated to be 14.1 million new cases and 8.2 million related deaths (WHO, 2015). Six types of cancers including lung, liver, stomach, colorectal, breast, and esophagus cancers are the most common causes of cancer death; four of these (liver, stomach, colorectal, and esophagus cancers) are often associated with distinct infectious diseases (WHO, 2015). Multiple factors can significantly contribute to carcinogenesis (WHO, 2015). Meetings of experts from diverse fields of cancer research held at the International Agency for Research on Cancer (IARC) from 2008 to 2009 have reassessed and classified human carcinogens into “discrete” groups including infectious pathogens (Bouvard et al., 2009, IARC, 2012).

Infections with eleven species of pathogens associated with cancers are classified as Group 1 carcinogens, definitely “carcinogenic to humans”, by the IARC. These agents include *Helicobacter pylori, hepatitis B virus (HBV), hepatitis C virus (HCV), Opisthorchis viverrini, Clonorchis sinensis, Schistosoma haematobium*, human papillomavirus (HPV), Epstein-Barr virus (EBV), human T-cell lymphotropic virus type 1 (HTLV-1), human herpes virus type 8 (HHV-8) and human immunodeficiency virus type 1 (HIV-1) (Bouvard et al., 2009, IARC, 2012, de Martel et al., 2012). Among parasitic diseases, infections with the two fish-borne liver flukes of the family *Opisthorchiidae* (trematodes), specifically *Opisthorchis viverrini* and *Clonorchis sinensis*, can induce cholangiocarcinoma, and infection with the blood fluke *Schistosoma haematobium* may cause cancer of the urinary bladder (Bouvard et al., 2009).

Although malaria per se is not considered carcinogenic to humans by the IARC, the geographical association between the occurrence of malaria and that of Burkitt lymphoma provides a clue that malaria plays as a co-carcinogenic factor, together with EBV infection, for the development of Burkitt lymphoma (Molyneux et al., 2012).

Other species of the genera *Opisthorchis* and *Schistosoma* are thought likely to be carcinogenic (Sripa et al., 2007, Pakharukova and Mordvinov, 2016). Intriguingly, *Trypanosoma cruzi*, the etiological agents of Chagas disease, displays apparently paradoxical roles in malignancy in exerting carcinogenic and anticancer properties (Krementsov, 2009, Sacerdote de et al., 1980). Potential causative roles of other parasitic infections have been postulated (Machicado and Marcos, 2016).

Here, we summarize current concepts and facts on associations of parasite infections, namely schistosomiasis, opisthorchiasis, clonorchiasis, strongyloidiasis, malaria, and Chagas disease with human cancers and review mechanisms by which parasites may promote, or impede carcinogenesis

FULL STORY HERE:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5233816/

The Amazing Healing Properties of the Humble Dandelion

By Bianca Haux

For most people in the Western world, food is defined what can be found on the shelves of a supermarket, but not so long ago, perhaps even just even in our grandparents' youth, people defined food as what grew in their gardens, fields and wild in nature.

Now the supermarkets where most people shop mostly offer highly processed foods. I think that many of our ancestors wouldn't consider much of the processed food from a supermarket shelve to be palatable. And quite rightly, as they are very nutrient-poor.

Unfortunately, while people will often buy high processed food without a second thought, many people today regard many high nutritious plants as weeds instead of what they are: foods and herbs, actually with high healing properties.

Driving through town I can see resources going to waste, like oranges, mandarins, grapefruit, bananas and more in private gardens that have been left to rot on the ground instead of being harvested. Presumably the owners of the garden are buying their bananas in the supermarket than picking from the banana palms in their garden.

It's much easier to buy some washed potatoes in the supermarket than to dig up some potatoes or some dandelion roots in your garden, clean them up and make some good food out of them. But it is empowering to see potatoes grow in my backyard, all by themselves and to harvest them and have some self-sown spinach and different wild plants with them. (With the self-sown spinach, I have to do next to nothing – just harvest the leaves. All I have to do is allow these self-sown plants to have their space so they can grow.) This meal will be for free, will taste great – and contains heaps of very valuable nutrients that otherwise are scarce in a supermarket landscape.



When I first started to be interested in healing herbs I was absolutely astonished about how much was there to be found and collected for free. And my first tentative experiments were so absolutely amazing that I was on the hook. So, I hope very much that I can hook you. too. and by doing so help you to become healthier as a wonderful side effect – just for the effort of collecting and using them.



So, if you allow me to entertain you, I will start with the dandelion.

Dandelion is a very common plant that grows worldwide. It is native to Europe and Asia and now is naturalised throughout North and South America, Southern Africa, India, Australia and New Zealand. While it is passionately fought by the "perfect lawn" addicts, herbalists get passionate about it for its amazing properties. So please don't fight it: eat it.

I hold a long love for it, for its amazing vibrant yellow flower and its abilities to grow almost everywhere, from the smallest crack in the pavement, to the constantly trimmed lawn, it will still grow, perhaps in a miniature version but there it is clinging on.

To make sure you identify dandelion correctly: it has a rosette of serrated leaves growing at ground level and grows a tap root, that can be go down quite deep. (If you are in an area where

there is a hard clay pan beneath the top soil it may even break through this.) The leaves and stem are smooth: no hairs. Each flower grows from a single hollow stem that bleeds white latex when cut. This latex sap is very healing and bleeds only freshly harvested. You want that sap for its digestive properties (or it may be used topically for treating warts). After another plant that is said to deal with warts failed me the dandelion's latex sap helped me to successfully treat my warts as a teenager - it freed me of all my warts. They shrivelled up or fell off never to appear again.

Dandelion has been studied a lot and some of its well known traditional uses have been proven – and some more uses found. So, we now know, that dandelion has antimicrobial abilities. It is antibacterial, antiviral and antifungal, yes, even antiparasitic. It activates the bile flow and acts as a mild diuretic and a mild laxative. We know about this from several languages that state that (French: "*pis en lit*" = piss the bed). Dandelion contains beta carotene, vitamins C, E and K, contains bitters that are known to be good for liver health and digestion, as well as calcium, potassium and inulin (roots). Inulin is a type of soluble fibre, a substance to feed our gut microbiome and is also known to lower blood sugar levels.

Dandelion also contains manganese, phosphorous, polyphenols and essential oils. It is high in carotenoids that are so healthy for us – which we can see from the nice colour of its flower - and it also contains lutein and zeaxanthin – which are all very important eye nutrients.

These eye nutrients can help you keep good vision and healthy eyes. Meaning that you can avoid or delay some of the typical eye diseases. As an example, I have had quite a few patients with wet (exudative) macula degeneration who have reported back to me, that their eye doctor has found that they did not need further injection treatments any more. That did not happen overnight and it also required some therapy and other good nutrition but it proves it is possible. And I can say that dandelion played its part in all these stories.

So how can you use dandelions?

You may include it in your salads and eat it as much raw as you can. In pesto as a single herb, or in combination with others, it tastes amazing. Another way to use it is to add it to your green smoothies. One to two handfuls at a time is absolutely safe. Another way to use dandelion is to make tea out of it. So, take either the dried herb, 1-2 teaspoons, or the fresh herb about 4-5 middle sized leaves and pour boiling water to make a tea. It is good after about 10 minutes. This will support your kidneys and liver and will also act as a mild laxative. When used as a laxative; it works about 80% of the time. So, if you are struggling with some constipation, about an hour after the tea many people have a bowel movement. Amazing! And if it doesn't work straight away, you always can try it a second time and then still go for stronger measures if it doesn't work.

Because it helps the liver and kidneys it has a cleansing effect and can be used as part of a detox program. It also acts as a blood cleanser.

Dandelion helps digestion, is supportive with bloating and gas. It is spasmolytic and helps with the sense of fullness in the abdomen.

The whole plant has its beneficial effect so also the root can be used. Dig the roots, clean them up, cut them into pieces and stir fried they can replace potatoes, or just add to a veggie dish. The roots are also famous for making a nice coffee replacement. Together with barley and chicory root or on their own dandelion roots have been used either for financial reasons, during times of war when the world trade broke down, or for their health benefit in replacing coffee. How to do it: you dig the roots, wash them, then cut roughly into 1 cm pieces, then dry for about 4-5 hours at 50° Celsius (not higher as you don't want to destroy the healthy components), then roast at a 150°Celsius for 20 minutes and keep in an airtight container. To make your dandelion coffee, grind in a coffee grinder and pour boiling water over it. Filter after 2-3 minutes and enjoy.

"Dandelion has been proved to activate digestion, metabolism and influences the intercellular matrix in a positive way. So beneficial effects on chronic rheumatoid conditions and chronic degenerative joint diseases like arthritis have been observed. For that dandelion can be used in any form as a 4-6 weeks regimen. The diuretic effect helps with UTIs and renal gravel and is used to prevent kidney stones."

Dandelion has been proved to activate digestion, metabolism and influences the intercellular matrix in a positive way. So beneficial effects on chronic rheumatoid conditions and chronic degenerative joint diseases like arthritis have been observed. For that dandelion can be used in any form as a 4-6 weeks regimen. The diuretic effect helps with UTIs and renal gravel and is used to prevent kidney stones.

Skin and eye conditions can improve with dandelion

Dandelion's inhibiting effect on cancer cells has been found in recent years, especially breast and prostate cancer. An apoptosis (natural programmed cell death) effect was also found for liver cancer cells, leukaemia, melanoma and pancreatic cancer cells. So, it makes sense to use dandelion in your regimen if you have a cancer diagnosis (or before!). If you find the dandelion too bitter knowing that you can prevent cancer to a certain extent might mellow the taste. In any case it makes sense to use dandelion in as many ways as you can think of!

As for the taste, we know that we can evolve the perception of our taste buds, just by exposing them time and time again. So after about 10 times exposure the sensations changes and we don't register the bitterness that much any more.

The homeopatic remedy of dandelion is called Taraxacum and finds its uses with joint and muscles issues, stomach pains, inflammation of the stomach lining and rheumatoid diseases.

So keep trying new things and stay healthy!

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HOMEOPATHY:
THE EVIDENCE BASE

The evidence for Homeopathy as a safe and effective medical therapy is undeniable, although this is still hotly contested by many in the conventional medical establishment, and particularly by the large, powerful and influential pharmaceutical companies that dominate conventional drug-based medicine. This failure to recognise the evidence for homeopathy has everything to do with powerful vested interests, and little to do with science!

There are three main types of evidence for the safety and effectiveness of Homeopathy as a medical therapy, and these will be dealt with in order of their importance and significance.

Personal Testimony

Homeopathy has been practised for over 220 years, and it is now available to patients throughout the world. Many people, including myself, believe that it is an amazing medical therapy, and can give personal testimony to this.

Indeed, personal testimony, or in other words, empirical evidence, is one of the main reasons homeopathy has survived and prospered as a medical therapy. Homeopathy has never received or needed to be subsidised in Britain, or in any other country. Its continued existence has depended largely on the testimony of homeopathy users, that is, when homeopathy has worked for patients, they pass on their experience to others, who will in turn will use homeopathy when they become ill.

Most people turn to homeopathy when they wish to avoid using drugs and vaccines they know to be dangerous, or more positively, when they want to discover a safer and more effective medical therapy.

As a result, over the years, large numbers of people have recorded their personal experiences of homeopathy, and there is now an abundance of this 'empirical' evidence. Indeed, these experiences have been recorded now for over two centuries. Dana Ullman, in his book *The Homeopathic Revolution: Why famous people and cultural heroes choose homeopathy*, (North Atlantic Books, Berkeley, 2007) has researched and recorded a large number of famous personalities and celebrities who have used homeopathy, and found it to be and amazingly safe and gentle medical therapy. Here are just a few from Ullman's book.

- US Presidents from Abraham Lincoln to Bill Clinton.
- British Prime Ministers, from Benjamin Disraeli to Tony Blair.
- Celebrities from the entertainment world, from Sarah Bernhardt to Michael Caine to Priscilla Presley to Jennifer Aniston to Julia Sawalha.
- Literary giants, from Longfellow, to Mark Twain, to Goethe, Dostoevsky and Chekhov, to Charles Dickens, to Barbara Cartland.
- Musicians such as Beethoven, Chopin, Yehudi Menuhin, Tina Turner, Paul Mc Cartney and Pete Townshend.

- Artists such as van Gogh, Monet, Renoir, and Gauguin.
- Sportsmen, such as David Beckham, Martina Navratilova, Boris Becker, and Jose Maria Olazabal.

Another useful source of information about how homeopathy has helped people through the ages is Sue Young's website. She has done considerable research into the work and careers of well-known homeopaths, and has also undertaken important research into the history of homeopathic treatment over the years with many of the most serious diseases.

There is also Sylvain Cazalet's website, where there is a huge number of homeopathy cases, written in French.

The Homeopathic Materia Medica (HMM)

The HMM is the collected works and wisdom of homeopathic practitioners in nearly 220 years of clinical experience. HMM is the means by which homeopaths utilise the 'Law of Similars', and seek to match each patient with a suitable remedy.

The HMM are vast works. They contain detailed information about each individual remedy, and what symptoms of illness each one can be used for. These have been, and continue to be modified and extended over the years, according to clinical experience. So when a patient sits down with a homeopath they are both 'experts' in their own spheres.

- The patient knows his or her illness symptoms intimately.
- The Homeopath has this great source of HMM knowledge at his or her disposal.

The task that the patient and homeopath undertake is to match the symptoms of illness with the known symptom of homeopathic remedies. The HMM is the means of applying the 'Law of Similars', of 'Like cures Like'. to the patients experience of illness.

So the HMM is an absolutely essential tool in the practice of homeopathy.

Scientific Evidence supporting Homeopathy

Scientific evidence, including randomised controlled tests (RCTs are the third, and decidedly the least important type of evidence supporting Homeopathy as a medical therapy. There is now a considerable body of RCT evidence now available, mostly undertaken during the past 10-15 years, and which has demonstrated that homeopathy is an effective medical therapy.

In order to see this evidence, look at the following sources, where RCT evidence has been collected and discussed and made available for study.

- *The Emerging Science of Homeopathy. Complexity, Biodynamcis and Nanopharmacology.* Paolo Bellavite, Andrea Signorini. North Atlantic BooKs. Berkeley (2002)
- *The Trials of Homeopathy. Origins, structure and development.* Michael Emmans Dean.

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KVG/Vertag, Essen (2004).
• The Homeopathic Research Institute website, where RCT trials on homeopathy are listed by medical condition.
• British Homeopathic Association website which highlights medical conditions for which there is 'overall positive evidence for homeopathy'.
• The European Network of Homeopathy Researches. An overview of positive homeopathy research and surveys.
• *Research in Homeopathy*. Robert Medhurst. A list of over 400 studies, some of them conducted on animals and plants.
• Scientific Research in Homeopathy, the website of Dr Nancy Malik, BHMS

In dealing with each of the illnesses and diseases featured on in this website, both the HMM, and the RCT evidence will be gathered together.

Conventional Medicine - The Evidence Base

The evidence base for conventional medicine is, to say the least, highly problematical. It relies largely upon the scientific testing of drugs and vaccines through what are normally called 'Randomised Controlled Tests' (RCT's). The conventional medical establishment believes that these RCTs are the 'gold standard' of scientific proof. In fact they are no such thing.

The testing of conventional drugs and vaccines

Every pharmaceutical drug and vaccine goes through this testing. It is supposed to be rigorous. It is supposed to be regulated. And once a drug or vaccine is approved, they are supposed to be closely monitored.

The reason for this is simply explained. Conventional drugs and vaccines have a history of the harming patients that take them.

For more information on the harm conventional medicine has caused click here, 'Banned pharmaceutical drugs': http://s-scrutton.co.uk/Failure_ConMed/4-banned-drugs.html



The drug Thalidomide began drug testing, in earnest, and inaugurated drug regulation regimes throughout the world. Unfortunately, these actions have not made conventional drugs any safer, and this is for a variety of reasons.

• Drug testing (through RCT's) have failed to pick up on the dangers new drugs.
• Drug testing has picked up on dangers, but the drug has passed through the regulatory system anyway.
• Drug companies have picked up on the dangers, but have failed to release the information.
• Drug monitoring has often picked up on drug dangers, but drug regulators do not react to the evidence.

The undeniable fact is that even common and popular drugs, such as painkillers and antibiotics, have proven to be harmful to our health, and conventional doctors are now severely restricted in when they can prescribe them.

My ebook, *The Failure of Conventional Medicine* explains what has happened in more detail. The chapter on "Medical science and drug regulation" outlines the historical and ongoing failure of drug regulators to protect patients from being harmed by pharmaceutical drugs.

Secrecy

The failure of conventional medical treatments, particularly drugs and vaccines, appear to be kept as secret from us as is possible. Governments, politicians, national health services, conventional doctors do not tell us about the dangers of these treatments until millions of patients have been harmed, and their 'safety' can no longer be covered up. And the mainstream press, throughout the world, appear to have no interest in informing us either.

Therefore, comparing conventional and homeopathic treatments of disease is often a matter of patient safety. Homeopathy does no harm. Many conventional drugs and vaccines are harmful.

Yet, there is a further problem. The effectiveness of conventional drugs and vaccines is often not what we think. Many drugs have eventually been withdrawn as they have not proved to be effective. What effectiveness they have is also usually greatly exaggerated. What this means is that patients are often taking drugs that are ineffective in treating the condition they are supposed to be treating – and then they suffer from the 'side effects' that cause them additional harm.

Informed Consent to Treatment

This is perhaps the primary reason for anyone who is unwell, sick, or suffering from an illness or disease, should consider the treatment they take, and become fully informed about the effectiveness of the treatment, and its potential harm.

NOTE: *The information on this web page represents the views and opinion of the author, based on his clinical experience, and the traditions of Homeopathy. This material is provided for information only, and should not be construed as medical advice or instruction. Always consult with a suitably qualified and registered Homeopath, or with a medical doctor for advice about the treatment they offer, especially in serious or life threatening medical conditions, or if you are already taking medical drugs.'*

SOURCE:

http://s-scrutton.co.uk/Why_Homeopathy/h-the-evidence-base.html

Anti-inflammatory diet may **reduce dementia risk** by up to a third: study

By Jennifer Sweenie via *The Epoch Times*

A study published in *JAMA Open Network* this month uncovered a link between diet and brain health. The research revealed that individuals who adhered to an anti-inflammatory diet saw a 31 percent reduction in their risk of developing dementia.

The observational study set out to examine the effects of an anti-inflammatory diet in those with an existing cardiometabolic disease, such as heart disease, Type 2 diabetes, and stroke. The authors found that individuals with one of these risk factors are less likely to develop dementia if they adhere to consuming anti-inflammatory foods.

Abigail Dove, the lead study author and a doctoral student at the Aging Research Center at Karolinska Institutet in Stockholm highlighted the uniqueness of their study in an email to *The Epoch Times*. "Our study is distinctive in that it delves into the relationship between diet and dementia within the context of a major dementia risk factor: cardiometabolic diseases (CMDs)."

Dementia is an umbrella term used to describe a range of symptoms associated with a decline in memory severe enough to interfere with a person's ability to perform everyday activities. It is caused by damage to brain cells, and the most common type is Alzheimer's disease. There is an established link between diet and dementia.

A systematic review published in *Frontiers in Neuroscience* in 2023 found that certain dietary patterns may slow the progression of Alzheimer's, while a standard Western diet is a risk factor. Recent research has also linked blood sugar regulation to dementia, highlighting the importance of ongoing research in this field.

The new findings underscore the promising potential of dietary interventions in preserving cognitive function as we age. Understanding which foods promote inflammation and which prevent it may minimize your risk of developing dementia.

The Link Between Cardiometabolic Disease and Dementia

Cardiometabolic diseases are well-established risk factors for dementia. Dove pointed out, "Individually, each of these diseases [Type 2 diabetes, heart disease, and stroke] is associated with 1.5-2x increased risk of dementia, and this becomes even stronger for people who have more than one CMD (for example type 2 diabetes plus heart disease)."

Dove noted that this new research points to how dietary modifications may serve as a strategy to temper the likelihood of dementia in such a high-risk group of individuals. People with cardiometabolic diseases have more overall inflammation, making adopting an anti-inflammatory dietary pattern a potentially critical approach.

Dove said that an anti-inflammatory diet lessens systemic inflammation in the body, which may slow the progression of injury in the brain and the eventual development of dementia. It is still unclear as to why people with cardiometabolic diseases are more at risk of developing dementia than those without. The connection exists, but studies are still underway to uncover the precise mechanisms, she said.

"It seems that CMDs [cardiometabolic diseases] share similar underlying biology with dementia. The heart pumps blood through a vast network of blood vessels spread out throughout the entire body, including the brain," Dove said. "Heart problems– for example an irregular heart rhythm or stiffening of the heart's pumping chambers – can cause blood flow to the brain to become irregular, therefore restricting the brain's supply of oxygen and important nutrients, gradually starving brain cells over time."

"Type 2 diabetes can lead to brain wear and tear: when excess sugar from the blood enters the brain, it can break down the protective coating that surrounds brain cells, making them less efficient and more vulnerable to damage," she continued, "Stroke occurs when blood supply to a part of the brain is cut off, essentially suffocating brain cells and leaving severely damaged tissue behind."

Study Details

Using data from the UK Biobank, the researchers constructed a sample of more than 80,000 adults aged 60 and above without dementia at baseline. The individuals were tracked for up to 15 years, with a median follow-up period of 12.4 years. During the follow-ups, participants filled out a comprehensive food questionnaire.

The models were adjusted for baseline age, sex, education level, and caloric intake, as well as race, ethnicity, socioeconomic status, and vascular risks, including

body mass index, hypertension, smoking, and physical activity. The status of a genetic risk factor for early onset Alzheimer's disease, APOE ε4, was also assessed.

The study measured 206 foods and 32 drinks, ranging from vegetables and green tea to brownies and beer. However, the inflammation index calculated was not based directly on consumption of these particular foods. The researchers used a more nuanced approach to assess inflammation from diet. Each nutrient in the measured foods was designated an inflammatory effect score.

"The data about these specific foods and drinks was used to estimate the amount of different vitamins, nutrients, spices, etc. that people consumed. It is these more granular items that were used to calculate dietary inflammation," said Dove.

"This is basically how strongly anti- or pro-inflammatory the nutrient is, based on meta-analyses of previous studies correlating the nutrient to inflammatory markers in the body," she said.

Once an inflammatory score was calculated for each participant's diet, Dove said, they were divided into three groups. One-third were categorized as having an anti-inflammatory diet, one-third as having a pro-inflammatory diet, and one-third as having a neutral diet.

MRIs were done to measure the total brain volume. "Reduced gray matter volume is an indicator of neurodegeneration (i.e., loss of brain cells), a key type of brain damage underlying dementia. In our study, CMDs and pro-inflammatory diet were both associated with lower gray matter volume," said Dove.
"They were also both associated with smaller hippocampal volume," she continued, "The hippocampus (which is composed of gray matter) is a region of the brain that is specifically dedicated to memory processing. Neurodegeneration/loss of volume in this area is an especially important marker for dementia, since memory loss is the key symptom of dementia."

While the study found an association between lower systemic inflammation and more favorable brain markers in the MRIs with a lower risk of dementia, Dove noted that a causal conclusion cannot be drawn just yet, "Interventional studies in which participants are randomized to an anti-inflammatory vs. pro-inflammatory diet would be required to conclusively test this hypothesis."

As to whether an anti-inflammatory diet could be beneficial for people seeking to mitigate their risk of developing dementia later in life, whether or not they have any cardiometabolic diseases, Dove said, "Yes, the main takeaway of the study is that adhering to an anti-inflammatory dietary pattern was associated with lower risk of dementia in both people with (-31%) and without (-21%) CMDs."

Anti-Inflammatory Foods to Add to Your Diet

If you are seeking to minimize your risk of developing dementia, adding anti-inflammatory foods to your diet may help combat systemic inflammation. Examples include:

- **Berries**

Berries, including blackberries, blueberries, raspberries, and strawberries, contain a high amount of antioxidants



known as polyphenols that can help fight inflammation.

• **Nuts**

Nuts are rich sources of antioxidants with anti-inflammatory potential. A review published in Nutrients in 2023 found that tree nuts and peanuts can help lower risk factors for cardiometabolic diseases.

• **Fatty Fish**

Fish such as salmon, sardines, anchovies, and mackerel are good sources of anti-inflammatory omega-3 fatty acids.

• **Avocado**

Certain compounds in avocados are linked to anti-inflammatory properties.

• **Green Tea and matcha**

EGCG, a component of green tea, is known to regulate inflammation.

• **Olive Oil**

A study published in the *International Journal of Molecular Sciences* in 2018 found that oleocanthal, a compound present in extra virgin olive oil, has similar effects as the nonsteroidal anti-inflammatory drug ibuprofen when ingested in the same amounts.

• **Vegetables**

Leafy greens are high in the antioxidant beta-carotene, which reduces inflammation. Peppers, such as bell and chili, contain vitamin C and quercetin, both of which have been shown to lower inflammation. Sulforaphane, an antioxidant found in cruciferous vegetables such as broccoli, cauliflower, and Brussels sprouts, is shown to prevent inflammation.

• **Turmeric**

Turmeric is rich in curcumin, which has been shown to contain anti-inflammatory properties.

• **Mushrooms**

Mushrooms are rich in antioxidants. Though more research is warranted, an animal study published in Antioxidants in 2019 found that lion's mane may offer neuroprotective and anti-inflammatory qualities.

Inflammatory Foods to Avoid

While adding anti-inflammatory foods to your diet may help assuage systemic inflammation, removing common inflammatory culprits is another practical approach:

* Excess sugar and high-fructose corn syrup intake is linked to an inflammatory response.
* A diet high in refined carbohydrates, such as processed foods like bread, pasta, and cereals, is linked to neuroinflammatory processes in the brain.
* Fried foods may contain high amounts of harmful compounds (advanced glycation end products) known to contribute to inflammation. Frying food also increases trans fats, which can promote inflammation.
* Research ties heavy alcohol intake to systemic inflammation.

Naria Le Mire, a registered dietitian, shared which foods to avoid with *The Epoch Times* via email:

"I always advise my clients to limit their intake of sugary beverages, pastries, high-fat animal products, refined carbohydrates like white rice and pasta, processed meats such as hot dogs, and alcohol to prevent chronic diseases such as diabetes, heart disease, and gut issues, which are connected to chronic inflammation."

SOURCE: zerohedge.com; https://tinyurl.com/4v44bzu4



Stable Blood Sugar Levels Could Reduce Dementia Risk in Older Adults With Diabetes

A recent study indicates that maintaining stable blood sugar levels could potentially reduce the risk of developing dementia in Type 2 diabetes patients.

By Jennifer Sweenie
August 19, 2024

Maintaining optimal blood sugar levels could hold the key to reducing the risk of developing dementia later in life, according to recent research. A study published in *JAMA Network Open* in August found that a stable hemoglobin A1c (HbA1c) may be associated with a reduced risk of dementia in older Type 2 diabetes patients.

The HbA1c is a three-month average of the amount of glucose in the blood, expressed as a percentage. The measurement is used to evaluate a person's blood sugar control.

The prevalence of dementia is expected to rise in the coming years, placing a significant burden on health care systems and caregivers. This emerging evidence linking stable blood sugar levels with a reduced risk of dementia underscores the importance of proactive measures to support cognitive health.

Identifying risk factors that are modifiable, such as blood sugar levels, could be paramount in developing effective preventive strategies for Alzheimer's disease and related dementias.

Study Findings

The study shows that extreme glucose levels measured by the average HbA1c are associated with an increase in dementia incidence. Glucose levels persistently below a set target range may lead to changes associated with a heightened risk of developing Alzheimer's disease and related dementias, and blood sugar stability is associated with a reduced dementia occurrence.

Dr. Paul R. Conlin, an author of the study and chief of the medical service at VA Boston Healthcare System, summarized the findings of the study in an email to *The Epoch Times*.

"Among older adults with diabetes, maintaining stable HbA1c levels within patient-specific ranges is associated with a lower risk of Alzheimer's disease and related dementias," he said. "Dementia risks are particularly increased when HbA1c levels are mostly below target ranges."

The cohort study included 374,021 older veterans with diabetes. The veterans were primarily males 65 years or older, with a mean age of 73.2. The data assessed were collected from 2004 to 2018. Participants were required to have at least four HbA1c tests during a baseline of three years to determine their HbA1c time in range (TIR). "We calculate the percentage of time over a 3-year period that a patient's HbA1c levels are within their target range," Conlin said.

Eleven percent of the participants in the sample had developed Alzheimer's and related dementias during their follow-up of up to 10 years. There was also an association with the direction of out-of-range levels – a greater time below the range (60 percent or more) was linked to a significant risk.

"Ongoing diabetes care is important to reduce its complications, such as heart disease, kidney disease, and dementia," Conlin said. "We're fortunate that Veterans provided us with this unique opportunity to study these health problems."

HbA1c Time in Range

HbA1c TIR measures the percentage of time that a person's blood sugar level spends within a target range, typically expressed as a percentage of 24 hours. For example, a patient may have a target of an HbA1c of 6 to 7 percent with a time in range of 60 percent or greater.

This measure offers a more comprehensive view of a patient's blood sugar regulation than the HbA1c.

"We found that HbA1c TIR provides additional risk information beyond that contained in single HbA1c tests," Conlin said.

A person's target range is patient-specific and based on his or her current health status. Conlin clarified that lower HbA1c target ranges are appropriate for those in good health, and higher ranges are appropriate for those experiencing major health challenges.

Higher HbA1c TIR, or less HbA1c variability, is preferred, he said.

The Link Between Blood Sugar and Dementia

Alzheimer's disease has been coined Type 3 diabetes in recent years because of its shared mechanisms with diabetes and insulin resistance that are associated with cognitive decline. A meta-analysis published in May in *Diabetology & Metabolic Syndrome* ultimately concluded

that, though little is understood about this relationship, there is a "robust link between diabetes and the onset of dementia," notably when the diabetes duration is under five years or there is hypoglycemia.

A meta-analysis published in *Diabetes Research and Clinical Practice* in 2022 found that, again, although the data are limited, there is an association between prolonged blood sugar variations and an increased risk of dementia. In addition to varying blood sugar levels, a history of severe episodes of hypoglycemia is also associated with an increased risk of Alzheimer's and related dementias in those with Type 2 diabetes.

Research published in 2022 in the *Journal of Alzheimer's Disease* determined that chronic hyperglycemia, even in those who are only at a pre-diabetes level, is significantly associated with an increased risk of developing Alzheimer's disease. A cohort study published in *JAMA Network* in 2021 found that the onset of Type 2 diabetes at a younger age is significantly associated with a higher risk of dementia.

Conlin said that there are several mechanisms presumed to increase the risk of Alzheimer's and related dementias in people with diabetes.

"For example, diabetes leads to vascular and nerve damage, and its treatment may result in low blood sugar (i.e., hypoglycemia), each of which can alter cognitive function," he said.

One possible explanation for the link between blood sugar levels and dementia is the effect of glucose on the brain. A systematic review published in *Neuroscience & Biobehavioral Reviews* in 2022 notes that fluctuations in blood sugar levels can affect cognitive performance in healthy individuals.

"Glucose is also an important fuel for the brain, and glucose fluctuations over time may disrupt the brain's use or availability of this energy source," Conlin said.

Stable Blood Sugar May Prevent Dementia

The recent *JAMA* study reported that the incidence of Alzheimer's disease and related dementias is higher in those with diabetes. For those without diabetes seeking to mitigate their prospects of cognitive decline, Conlin suggests that a more important risk-reducing strategy is to prevent the development of diabetes in the first place.

"We don't know the mechanisms for dementia risk in patients with diabetes, so we can't extrapolate these findings to people without diabetes," Conlin said.

Further research on the connection between blood sugar and dementia is warranted.

"We found a significant association between low HbA1c TIR and dementia risk, but this doesn't define a cause-and-effect relationship," he added.

"An important next step is to see if increasing HbA1c TIR prospectively reduces the risk of dementia."

SOURCE: https://www.theepochtimes.com/health/stable-blood-sugar-levels-could-reduce-dementia-risk-in-older-adults-with-diabetes-5706952

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Cannabis revealed to have anti-ageing effect in the brains of mice

By David Nield
August 26, 2024



Tetrahydrocannabinol (THC), the main active ingredient in cannabis, has been shown to reverse conventional signs of brain aging in mice – a discovery that could help in finding ways to keep our brains healthier and sharper for longer as we get older.

The new study builds on what was already known about the endocannabinoid system and the cannabinoid receptor type-1 (CB1) in the brain, and their links to the gradual cognitive decline that comes with age.

What's more, the team from Germany and Israel was able to observe how the anti-aging effects were taking place: through a signalling pathway involving the mTOR protein, which is associated with the healthy regulation of cell metabolism, and from there the metabolome (the overall composition of small molecules in the body).

"We have now been able to show that treatment with THC has a tissue-dependent and dual effect on mTOR signaling and the metabolome," says molecular biologist Andras Bilkei-Gorzo from the University of Bonn in Germany.

Some of the same researchers had previously found that low doses of cannabis could improve memory and learning capabilities in aging mice, suggesting that there might be a relationship between THC and cognition worth exploring.

In this study, two groups of mice were used: young mice around four months old, and an older group around 18 months old. Some mice in each age group received a daily low dose of THC across a period of 28 days, and the effects were compared to age-matched controls.

The mice treated with THC showed a boost in mTOR activity in the brain and the production of more of the proteins necessary to form new synapses between neurons – which helps with almost every aspect of brain function.

What's more, mTOR activity in fat tissue dropped in the same way that it does with a calorie-controlled diet: In other words, the body starts to dial down some of its production processes in ways that have previously been shown to slow down biological aging too.

"We concluded that long-term THC treatment initially has a cognition-enhancing effect by increasing energy and synaptic protein production in the brain, followed by an anti-aging effect by decreasing mTOR activity and metabolic processes in the periphery," says Bilkei-Gorzo.

These are potentially very interesting findings for protecting brain health in old age. We know from previous studies that THC might be able to play a role in delaying the onset of dementia, and the drug clearly affects the brain in some pretty fundamental ways.

All of this still needs to be observed in humans, and it's worth remembering that cannabis has been linked with harming brains as well as helping them. If these mechanisms can be harnessed in a healthy way, however, there's hope for some significant brain health boosts.

"Our study suggests that a dual effect on mTOR activity and the metabolome could be the basis for an effective anti-aging and cognition-enhancing drug," says Bilkei-Gorzo.

The research has been published in *ACS Pharmacology & Translational Science.*

ABOUT THE AUTHOR

David Nield is a freelance journalist who has been writing about science and technology for more than 10 years. His work can be seen on the *Guardian*, *Gizmodo*, *TechRadar*, *Digital Trends* and numerous other places.

SOURCE: sciencealert.com;
https://tinyurl.com/23bwrkfo



The Joy of Jelly



Do you have happy memories of eating jelly desserts as a child – but now shudder at the amount of white sugar and artificial colour you may have consumed if packets of flavoured jelly crystals formed the basis of that treat?

Here's a new spin on that dessert that uses natural sweeteners and includes coconut cream – providing a dairy free option. (I have specified organic coconut cream in the recipe since the organic brands in NZ do not contain emulsifiers.)

Good quality plain gelatine, without additives, provides raw materials for collagen synthesis and eating gelatine helps with gut health and some people find it helpful for joint pain. The lysine and glycine it contains both have antiviral effects. Glycine is an inhibitory neurotransmitter which can promote a feeling of calmness and promote sound sleep. (Gelatine is generally well tolerated, including by people who are ill; an exception is in the case of people who have a histamine, intolerance who may react to gelatine – because it is produced by prlonged boiling of animal sinews, bones etc.)

Jellies made from gelatine are not vegetarian; agar agar provides a vegetarian option for making jelly (but I haven't included recipes made with agar agar here as I want to highlight the health benefits of gelatine – sorry vegetarians!).

As well as being a dessert which is cool and refreshing in hot weather – jelly can team up well with a warm dessert (such as stewed fruit) in cold weather.

I have also included a jellied custard option that contains dairy and eggs.

Coconut jelly #1

(the dairy free coconut jelly option)

INGREDIENTS

3 TBS gelatine
200 ml filtered water
200 ml organic coconut milk or cream
100 ml apple juice
A few drops of real vanilla essence (optional)

Coconut jelly #2 (includes cows milk)

INGREDIENTS

3 TBS gelatine
200 ml filtered water
100 ml organic coconut cream and 100 ml cows milk
100 ml apple juice
A few drops of real vanilla essence (optional)

PREPARATION (for both coconut jelly options)

Sprinkle gelatine over a bowl of room temperature water, cover and allow to "bloom".

Heat the coconut cream/milk (and/or cows milk) and juice to the boil in s stainless steel saucepan.

Remove the saucepan from the heat and add the bloomed gelatine to the ingredients in the stainless steel saucepan.

Cover the saucepan and cool the mixture by immersing most of the saucepan in a larger pot of cold water.

Pour into very clean jars (or a glass jelly mould) and refrigerate to set.

Keep in the refrigerator and eat within 2-3 days.

Custard Jelly

INGREDIENTS

6 TBS of gelatine
2 eggs
1 litre of milk
About 200 ml water
1 - 2 tsp coconut sugar or dollop of maple syrup
A few pinches of ground allspice (optional)

PREPARATION

Sprinkle gelatine over a bowl of room temperature water, cover and allow to "bloom".

Whisk up the eggs and leave in their bowl. Heat milk to the boil in a stainless steel saucepan.

Combine the whisked eggs into hot milk in stainless steel saucepan, strring well, then stir in the bloomed gelatine. Cover saucepan and cool mixture by immersing most of the saucepan in a larger pot of cold water.

Pour into very clean jars and refrigerate to set. Keep in the refrjgerator and eat within 2-3 days.

(Hat tip to https://keto4asians.com/ – the two coconut cream jelly recipes above are based on the site's recipe for a keto version of a traditional coconut cream-jelly. (That recipe is here: https://keto4asians.com/keto-coconut-cream-jelly/)

– Katherine Smith

The How, When, Where and Why of Hernia

advances in prevention and cure

"A new concept of hernia biology puts forward the premise that disturbances in collagen metabolism contribute to hernia disease and high recurrence rates."

Here are some alarming statistics:

World*wide, more than 20 million patients undergo groin hernia repair annually.(1)*

And In Australia

• Between the years 2000 and 2015, a total of 324 618 groin hernia repairs were performed on adult patients, 43% by a laparoscopic method.
• Approximately 40,000 Australians have their hernias surgically repaired every year
• An estimated 1 in 4 men and 1 in 50 women will require surgery for a hernia during their lifetime.

But my guess is you are not reading this because you're interested in statistics.

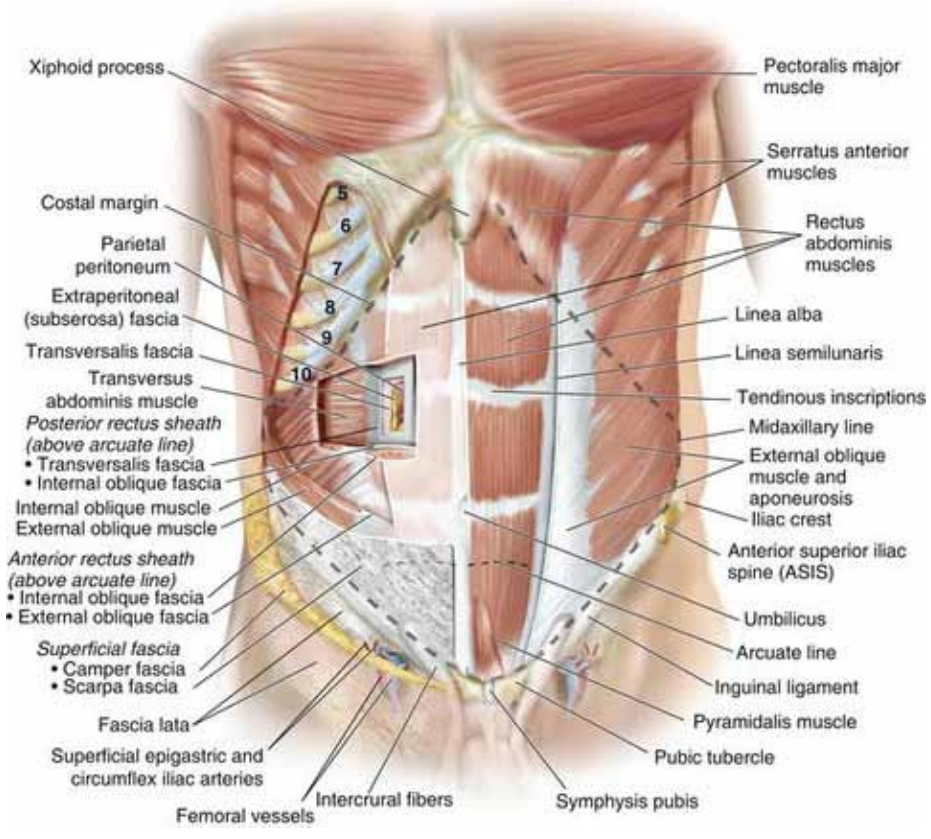
You're probably reading this because you have a hernia yourself or you know someone close to you who does, and you're looking for answers. Well read on because in this article we reference over 30 scientific studies and highlight the very latest cutting-edge science and innovative health supplements providing exciting advances in prevention and cure.

So, What Is A Hernia?

A hernia is the protrusion of organs, such as intestines, through a weakened section of the abdominal wall. If left untreated, the split in the muscle widens and greater amounts of tissue or organs are pushed through the opening, forming a sac. This visible lump or bulge is one of the key characteristics of a hernia.

Inguinal hernias are located in the lower abdomen just above the leg crease, near or adjacent to the pubic area. They can sometimes occur on both sides of the pubic area, and if they do, they are called bilateral inguinal hernias. Inguinal hernias, along with femoral hernias make up the two types of groin hernias and can produce pain that extends into the upper thigh or scrotum.

Inguinal hernias can be classified as "direct" or "indirect"



• An indirect inguinal hernia occurs through the natural weakness in the internal inguinal ring.
• A direct inguinal hernia is a result of weakness in the floor of the inguinal canal and is more likely to develop in older men over the age of 40.

A Sportsman's Hernia is a condition of chronic exercise-related groin pain. Generally, it involves a direct inguinal hernia. Symptoms are pain in the groin without any detectable swelling in the groin or any other explanation for the pain.

Femoral hernias, along with inguinal hernias are groin hernias. They are much more common in women but can occur in men. These hernias appear just below the groin crease. A weakness in the lower groin allows an intestinal sac to drop into the femoral canal, a space near the femoral vein that carries blood from the leg. These hernias are more prone than inguinal hernias to develop incarceration or strangulation as an early complication.

A hernia that appears in the abdomen at the site of a previous surgery is known as an incisional hernia. These hernias can appear weeks, months, or even years after surgery and can vary in size from small to very large and complex.

Epigastric and Ventral hernias are more common in men than women. They occur due to a weakness, gap, or opening in the muscles or tendons of the upper abdominal wall, on a line between the breast bone and the navel or umbilicus.

Spigelian Hernia is a protrusion of intestine or an empty sac through a weakness between the muscle fibers of the abdominal wall, often on the right-hand side of the abdomen. Often there is no obvious swelling or lump, so it can make it almost impossible to detect. It develops between the muscles of the abdominal wall rather than protruding through layers of fat. It may be mistaken for another type of abdominal complaint. This is quite a rare type of hernia which occurs in both male and females. It often develops in later life when the abdominal muscles have become weaker.

If the hernia resists manual pressure and can't be popped back through the abdominal wall, it is known as a non-reducible hernia. This means that the intestinal loop is held tight by the muscular ring, which can lead to further swelling of the loop and eventual strangulation of the entrapped bowel. The femoral hernia is the most susceptible to this complication.

Symptoms of a strangulated hernia include nausea, vomiting and severe pain.

Prompt medical attention and surgery is vital. Untreated, a strangulated hernia can lead to gangrene of the trapped bowel.

Both reducible and non-reducible hernias need to be surgically repaired. The various procedures used depend on the location of the hernia, but may include opening the abdomen and using stitches and nylon meshes to close and reinforce the weakened section of muscle. Inguinal hernias can be repaired using laparoscopic surgery.

Advances In Hernia Research

Despite technical developments over the last 3 decades, population-based analyses have revealed no pronounced reduction in recurrence rates.

This somewhat surprising finding gives rise to a new concept of hernia biology that puts forward the premise that disturbances in collagen metabolism contribute to hernia disease and high recurrence rates.

Studies focusing on hernia as a disease of the extracellular matrix (ECM) reflect a new approach to decipher the biology of recurrent or direct inguinal hernia and incisional hernia formation.

The ECM is the non-cellular portion of a tissue. It is a collection of extracellular material produced and secreted by cells into the surrounding medium. The main function of the ECM is to provide structural and biochemical support to the surrounding cells.

Our connective tissue supports many different parts of our body, such as our skin, eyes, and heart. It is like a "cellular glue" that gives our body parts their shape and helps keep them strong. It also helps some of our tissues do their work. It is made of many kinds of proteins, predominantly collagen.

Collagens are a large family of triple helical proteins that are found throughout our entire body. They have a broad range of functions, including cell adhesion, cell migration, tissue morphogenesis, tissue scaffolding, and tissue repair. Collagens are abundant in ligaments, tendons, cartilage, and in muscle as fibrillar proteins, and not only give structural support to resident cells, but also regulate the resident and inflammatory cell function. Collagen fibres are imbedded in ECM, and undergo a continuous process of synthesis and degradation under the action of matrix metalloproteinases (protein enzymes).

Collagen has mechanical properties sufficient to enable it to support healed scars and other tissues. Over 20 distinct types of collagens have been recognized, the most common of which are Types I and III. Type I predominates as healing proceeds whereas Type III collagen is the second most abundant collagen of soft tissues and dominates early phases of wound healing.

Many scientists are now studying the role of collagen in hernia and have even defined hernia as a disease of the ECM!

It is now suggested that inguinal hernia is not so much a local disease as it is a local manifestation of a systemic disorder of collagen metabolism. Numerous studies are showing that patients with inguinal hernia have some anomalies in collagen metabolism and a changed ratio of collagen types.

"It is now suggested that inguinal hernia is not so much a local disease as it is a local manifestation of a systemic disorder of collagen metabolism. Numerous studies are showing that patients with inguinal hernia have some anomalies in collagen metabolism and a changed ratio of collagen types."

These studies have revealed marked changes in the abundance, composition, and metabolism of interstitial collagens in patients with recurrent hernia diseases, adult groin hernia and incisional hernia. These observations have led to the suggestion that hernia formation and the recurrence of incisional hernia may be explained by disordered tissue renewal and by abnormal wound healing, respectively.

Results of studies (3) conducted as early as 1970 indicated that in inguinal herniation the rectus sheath is thinner than normal. The study shows that a deteriation in the sheet-like facia that joins muscle to other body parts explains the development and recurrence rate of inguinal herniation in adults.

Since then, other studies (4), (5), (6) have confirmed that, in abdominal aortic aneurysm patients, a genetic predisposition to the formation of abdominal wall hernias was also suggested. The finding supports the long-held impression of a common ECM defect in both vascular wall and abdominal wall collagen metabolism.

The Collagen-Hernia Connection

But it was in 1982, when Busuttil (7) a vascular surgeon now renowned for transplantation, reported that the Type I to Type III collagen ratio was decreased in the aortic media of patients with abdominal aortic aneurysm (a balloon-like bulge in the aorta, the large artery that carries blood from the heart through the chest and torso).

More and more studies confirm this collagen imbalance, with Scientists now suggesting that the presence of a high quantity of collagen Type III in the tissue obtained from cases operated for hernia, indicates that there is an intrinsic and inherent weakness in the tissue which makes the individual more prone for developing primary, incisional or recurrent hernias.

More recent studies (8) (9) have proved that ventral, recurrent and primary inguinal hernias are not just caused because of a primary defect but an acquired disorder with respect to collagen distribution.

This study (10) confirmed previous findings of a significant increase of synthesis of Type III collagen, and also show a similar fall in the Type I / Type III ratio. This index has emerged as a possible tool for determining in any adult with abdominal herniation whether connective tissue disease is present and to what degree.

Results of this study (11) by Antonio Britto Casanova et al. published in the American Journal of Surgery, showed 17.3% less total collagen in patients with hernias compared with the control group. Type I collagen in patients with indirect inguinal hernias was 23.7% less than the control group, type III collagen was 6.4% less in the controls. The study concluded that the lower percentages of total collagen and type I collagen in the transversalis fascias (the thin layer of connective tissue lining most of the abdominal cavity) of patients with indirect inguinal hernias could be a factor in hernia formation.

This study (12) demonstrated that there was a significant lesser amount of collagen and higher amounts of elastic fibres in transversalis fascia from those patients with direct inguinal hernia as compared to those patients with indirect inguinal hernia.

A study by Henriksen NA (13) showed a significant increase in the immature collagen type III with relation to the stronger collagen type I in those patients with a hernia, which further resulted in thinner collagen fibres with a decreased biomechanical strength. A consistent finding was a significant increase in immature type III collagen relative to the

stronger type I collagen in patients with a hernia. This resulted in thinner collagen fibres with a correspondingly diminished biomechanical strength. It has been suggested that these alterations are due to variation in the synthesis, maturation or degradation of collagen by matrix metalloproteinases, in combination or alone. The study concluded that hernia formation and recurrence is associated with altered collagen metabolism manifested by a decreased type I:III collagen ratio.

Wagh et al.(14) suggested that diminished collagen, in the sheath of the rectus abdominis muscles of patients causes indirect or direct inguinal hernias. They studied the amount of collagen and elastic fibers in the transversalis fascia of 36 male patients with indirect inguinal hernia and 21 with direct inguinal hernia. They were able to demonstrate significantly lower amounts of collagen and higher amounts of elastic fibers in transversalis fascia from patients with direct inguinal hernia compared to indirect inguinal hernia patients. The transversalis fascia from direct inguinal hernia patients showed structural changes of the mature and elaunin elastic fibers, which are responsible for elasticity, and lower density of oxytalan elastic fibers, which are responsible for resistance. These changes promoted loss of resiliency of the transversalis fascia.

The study (15) showed that in patients with inguinal hernia, there are less collagen in the hernia's wall. The authors also noticed the thickness of transversalis fascia from hernia patients were 58% thinner than those of the control. They concluded that the direct inguinal hernia patients have less collagen in transversalis fascia either absolutely or relatively to other constitutional elements.

These observations indicated that inguinal herniation in the adult could be related to reduced collagen synthesis by fibroblasts, presumably leading to a weakening of the transversus abdominis aponeurosis and transversalis fascia. All of the changes observed were much more marked in those individuals presenting with direct herniation as opposed to the indirect type.

Finally, this meta study published in 2016 (16), reviewed 61 published medical articles which revealed that multiple authors suggest a qualitative or quantitative defect in collagen formation as a common factor in hernia formation, and this trend in pathologic studies suggests a link between abnormal collagen production and/or processing that is likely associated with hernia development.

So What Is Type I and Type III Collagen?

Collagen is our predominant structural protein, especially of abdominal wall fascial layers, comprising 80% or more of structural tissue. It can be found abundantly in organs such as bones, the liver, kidney, heart, teeth, our muscles, tendons, ligament and skin. Collagen provides the necessary structural framework for tissues in which it is found. It also helps the development of the organs, wound and tissue healing, cornea, gums, and scalp repair. Collagen helps in bone and blood vessel reparation. It is present in biological functions of the cell such as proliferation, cell survival, and differentiation.

Collagen is also the principal component of the ECM. Type I and III are the most predominant, and comprise 95% of the whole. They interact to form the bundle architecture. Type I are strong and big, whereas Type III are thin and flexible. Normally, the former are approximately four times as prevalent as the latter. Type III collagen is believed to accommodate the expansion and contraction of tissues such as blood vessels and viscera, (the internal organs in the main cavities of the body, especially those in the abdomen, e.g. the intestines).

Collagen type I is the most common in skin, bone, teeth, tendon, ligaments, vascular ligature, and organs. It comprises about 80% of dermal collagen and plays a major role in providing tensile strength to skin. It is the predominant collagen in mature tendons and ligaments, where it gives them their load-bearing mechanical properties.

However, if there are any alterations in the delicate balance of collagen types in the extracellular matrix, then problems arise. Increasing collagen I:III ratio would provide additional rigidity to tissue structure, whereas decreasing this ratio would provide elasticity and flexibility to the tissue. The proper function of tissues is reliant on this scale not tipping too far in either direction.

Defects result in either delayed or abnormal collagen synthesis or increased wound protease activity leading to collagen degradation. The result is an imbalance in repair collagen homeostasis leading to a reduction in wound collagen levels, wound tensile strength and an increased risk of mechanical wound failure.
The Role of Proline, Hydroxyproline, and Arginine

The amino acid, hydroxyproline (HYP), is a major component of collagen, and plays a key role in the stability of the collagen triple helix. Approximately 99.8% of the body's stores of HYP are found in collagen. HYP levels are measured as a marker for total collagen deposition and have shown to be substantially reduced in patients with hernia.

In this study (17), scientists measured the structural tissues of patients with inguinal hernias and found they had a significant reduction in their levels of hydroxyproline and collagen. They noted that Isolated fibroblasts from these patients expressed a proliferative defect and a reduced ability to translocate hydroxyproline.

Another amino acid found in collagen, Proline, is significantly lower in rectus sheath samples taken from patients with hernia as opposed to those without. This study (18) showed there is a relationship between proline levels with age, and onset of incidence among indirect inguinal hernia.

Arginine (ARG), a semi-essential amino acid, plays a fundamental role in the metabolism of various body components, displaying numerous and peculiar pharmacological effects. It is recruited in the acute and chronic phases of healing and it is a precursor, among other molecules, of nitric oxide (NO), which favours angiogenesis and the healing process as a whole. Angiogenesis (the formation of new blood vessels) is a healing phenomenon of the proliferative phase that occurs so that cells and growth factors can continue the remodeling phase, with collagen maturation and increased tensile strength.

In humans, ARG is synthesized in adequate quantities to sustain muscle and connective tissue mass but probably in insufficient quantities for optimal collagen biosynthesis and healing following injury. In situations of stress or injury, body stores of ARG decrease rapidly. It is during these times, in which endogenous synthesis is insufficient to meet the demands of increased protein turnover, that ARG becomes an indispensable amino acid for wound healing and the maintenance of a positive nitrogen balance.

Arginine has been shown to enhance wound strength and collagen deposition in artificial incisional wounds in rodents and humans. A role for dietary intervention in the form of arginine supplementation has been proposed to normalize or enhance wound healing in humans (19).

This study (20) showed that in the abdominal wall healing evaluation of Wistar rats under arginine treatment, there was an increase in type I collagen maturation, microvascular density and improvement

in scar granulation tissue formation. Arginine supplements influence growth and healing of skin incisional wounds. This study (21) concluded that arginine is essential for the synthesis of the increased amounts of reparative collagen required for wound healing, and it decreases some of the negative aspects of the metabolic responses to injury and improves wound strength.

The best method to support wound collagen biosynthesis is by providing adequate host nutrition. ARG supplementation is most effective in increasing collagen deposition. Experts advise that the best source of Hydroxyproline, Proline, and Arginine is to supplement with Hydrolysed Collagen powder with the three containing over 20% of its whole. Skin as a Marker for Collagen Ratio

Friedman et al (22) 1993 described a change in cultured fibroblasts obtained from the skin of patients with inguinal herniation. His team concluded that the presence of such a change would render an individual liable to herniation, incisional breakdown, and reoccurrence. This study was the first attempt which showed the world that individuals with the abnormality in the collagen production have a higher chance for developing hernias.

This study (23) published in 1999 indicated that the ratio of collagen type I/III was significantly decreased in the skin of patients with either indirect or direct hernia, with a concomitant increase in collagen type III vs. controls. The authors concluded that the decreased ratios of collagen type I/III could be of significant importance for the pathophysiology of hernias. The specific ratio collagen I/III probably reflects the altered structural integrity and mechanical stability of the connective tissue in both indirect and direct hernias.

The decreased tensile strength of collagen type III plays a key role in the development of incisional hernias (24). The data from the 2002 study confirmed that the presence of incisional hernia is accompanied by impaired collagen synthesis in the skin. Again confirming that the decreased tensile strength of collagen type III may play a key role in the development of incisional hernias. Not only that, but it might explain the high recurrence rates of hernia repair by simple closure, as a repetition of the primarily failing technique, and the improvement by the additional use of alloplastic material.

A study by Peeters, DeHertogh, Junge, in 2014, (25) compared the collagen type I/III ratio in patients with primary inguinal, recurrent inguinal, primary incisional and recurrent incisional hernia with controls and demonstrated that the ratio was significantly lower in skin and anterior rectus sheath fascia of the cases and also showed that incisional and recurrent inguinal hernia had lower ratio than primary inguinal hernia patients. And the important point noticed was that collagen type I/III ratio in skin was representative for that in abdominal wall fascia.

Does Collagen Improve Scar Tissue?

In this study (26) scientists found that patients with recurring hernias exhibited a significantly decreased ratio of Type I collagen to Type III. They concluded that the composition of scar tissue with a lowered collagen type I/III ratio and therefore, reduced tensile strength, may be a major contribution to hernia recurrence.

In this study (27), skin scars from patients with either primary or recurrent incisional and recurrent inguinal hernias, were analyzed for overall collagen content and for the distribution of collagen types I and III. They found that patients with recurrent incisional hernia showed lowest ratios of collagen types I to III. The expression of tenascin (an adhesion-modulating extracellular matrix protein) was notably decreased in all hernia groups. They concluded that the observed alterations in the expression of collagen-interacting proteins again indicate the possibility of a fundamental connective tissue disease as the causal factor in the pathogenesis of (recurrent) incisional hernias.

It is the pathological changes in collagen that set the stage for the development of a hernia.

New Theories in Hernia Repair and Prevention

The causes of hernias are multi factorial, the components of the extracellular matrix, and the importance of collagen which promote a loss of resistance and elasticity of the transversalis fascia determines the onset and recurrences of hernias.

In Australia, leaders in hernia surgery are now recommending their patients ingest marine collagen powder pre and post operation as studies (28) have shown a transient increase in collagen-derived peptides, especially of Pro-Hyp, in the blood and skin after ingestion of collagen hydrolysate.

Collagen hydrolysate, a well-known nutritional supplement for the improvement of healthy skin, consists of small peptides with low molecular weight. Due to its low molecular weight, hydrolysed collagen is easily digestible, absorbed and distributed in the human body.

When administered orally, hydrolysed collagen reaches the small intestine where it is absorbed into the blood stream, both in the form of small collagen peptides and free amino acids. Through the network of blood vessels, these collagen peptides and free amino acids are then distributed in the human body, in particular to the dermis, where it has been proven they can remain up to 14 days. In the dermis, hydrolysed collagen has a dual action mechanism: 1) free amino acids provide building blocks for the formation of collagen and elastin fibres; 2) collagen oligopetides act as ligands, binding to receptors present on the fibroblasts' membrane and stimulate the production of new collagen, elastin and hyaluronic acid.

What is Hydrolysed Collagen Supplementation Effects on Wound Healing?

Addressing the innate collagen deficit through collagen supplementation offers a promising strategy to restore ECM homeostasis and aid cutaneous wound healing. To this aim, there has been increased interest in the use of orally administered nutraceutical collagen peptides derived from animal skin collagen, constituting a mixture of low-molecular-weight, water-soluble peptides that are rich in amino acids such as hydroxyproline, glycine, arginine, and proline.

Pro-Hyp is a low molecular weight growth-initiating factor for specific fibroblasts that is involved in the wound healing process. Pro-Hyp is also supplied to tissues by oral administration of gelatin or collagen hydrolysate. Thus, supplementation of gelatin or collagen hydrolysate has therapeutic potential for chronic and incisional wounds. Animal studies and human clinical trials (29) have demonstrated that the ingestion of gelatin or collagen hydrolysate enhances the healing of pressure ulcers in animals and humans and improves delayed wound healing in diabetic animals.

Therefore, the low molecular weight fibroblast growth-initiating factor, Pro-Hyp, plays a significant role in wound healing and has therapeutic potential for chronic wounds.

This study (30) was designed to investigate the effect of marine collagen peptides on wound healing and angiogenesis in rats. 96 animals were randomly treated with marine collagen peptides.

(Continued on page 81)

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African Potato (Hypoxis Hemerocallidea) has a history of being used as a traditional medicine or "miracle muhti" for centuries in Southern Africa and is unique to this region.

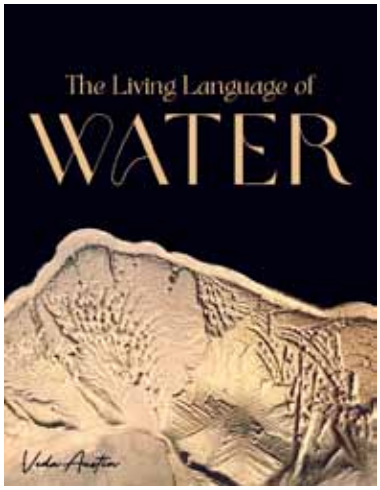
The underground tuberous rootstock is hard, fleshy, mucilaginous and this is what is used for medicinal purposes. Hypoxoside is extracted from the root. It has a high sterol content which may explain the anti-inflammatory and immune strengthening properties of African Potato. Used mostly for wasting diseases & immunity boosting. Studies have shown that the African Potato is an effective anti-inflammatory and especially useful for BPH (benign prostatic hyperplasia), due to the chemical called beta-sitosterol.

African Potato is known to have been a great help for prostate problems, bladder infections, urinary tract disorders.
Another compound isolated in Hypoxis is phytosterol, which is an immuno-enhancer. This was originally used in the commercial product Moducare which is used to help support a healthy immune system.

https://pza.sanbi.org/hypoxis-hemerocallidea
https://www.herbgarden.co.za/mountainherb/herbinfo.php?id=298

The Living Language of Water

By Veda Austin



Earlier this year we attended a public talk by Veda Austin about her work with water. It was one of the most interesting talks I have ever attended – and certainly the most inspiring. We were very privileged to meet Veda at that event and she graciously allowed us to reprint the opening chapter of her new book, *The Living Language of Water* in issue 52.

This book is now available – and it is beautifully produced on high quality glossy paper and has a generous size (approximately 21 cm wide and 26 cm high) which makes it easy to see the details on key photographs.

Basically, the book is a exploration into one of the most fascinating discoveries this writer has ever ecountered: the ability of water to respond pictorially to images "shown" to it and to evidence of undeniable intelligence.

This is a book that will be a treasured part of our library – there is much here to marvel at – and to explore. (If you feel inspired by the work that Veda Austin is doing with water, Chapter 28 of this book provides the "how to" of her technique of partially freezing water in glass petri dishes and then photographing the layer of ice that forms on the top of the sample. No expensive special equipment is needed for this – Veda Austin just uses the camera on her iPhone to take photos. And she has known people to use other glass dishes as the container in which they freeze water samples (such as oven dishes) and get good results. Many of the images in the book were contributed by other photographers.)

Veda Austin used to run a healing centre and this book explores how her technique of examining water may be used as an aid to diagnosis. The book also includes photos illustrating how therapeutic techniques – such as drinking spring water to relieve dehydration, specific healing frequencies (for example, 432 Hz) and meditation and prayers from a variety of faiths/traditions – can affect water.

If you are interested in homoeopathy you will also find the series of images of homoeopathic remedies presented in this book to be of considerable interest.

While Veda Austin is best known for her work as a water researcher, this book shows that she has also investigated other watery fluids – including human tears, urine and blood. The photos of tears of grief, tears of relief, laughing tears – and tears from cutting an onion all look very different.

"Ko te wai te ora nga mea katoa"
Water is the life giver of all things – Maori proverb

Price and ordering information HERE: www.vedaaustin.com

(Continued from page 79)

Wound closure and tensile strength were calculated. The results showed that hydrolysed collagen reduced matrix metalloproteinase-1 production (the enzyme that degrades collagen), and increased the synthesis of type 1 procollagen. The plasma concentrations of Gly-Pro and Pro-Hyp increased dramatically. The rats treated with marine collagen peptides showed quicker wound closure and better tissue regeneration at the wound site. Moreover, marine collagen peptides treatment improved angiogenesis and contributed in forming a thicker and better organised collagen fiber deposition when compared to the control group.

These studies show that the structural and mechanical properties of collagen within the ECM are key to tissue integrity. Addressing the innate collagen deficit within aged skin through collagen supplementation therefore offers a promising strategy to restore ECM homeostasis and aid cutaneous wound healing.

So the benefits from ingestion of collagen powder may be threefold. 1. Improving the ratio of Type I to Type III collagen in the body; 2. Increasing the healing time of wounds; and 3. improving the strength of scar tissue.

So Which Hydrolysed Collagen is Best? Leading Australian hernia surgeons are now recommending CollagenX, as their preferred brand for its proven results in clinical studies (31) and because of its purity.

The study published in the *Journal of Clinical and Experimental Dermatology* in 2020, uses CollagenX Hydrolysed Collagen Powder and demonstrates that collagen peptides significantly increase wound closure rates in both young and aged fibroblasts. These results corroborate previous studies revealing enhanced fibroblast proliferation through the addition of prolyl-hydroxyproline-containing collagen peptides.
The use of Collagenx hydrolysates as food or dietary supplements for the improvement of skin, joint, and bone health properties is increasing. CollagenX hydrolysed marine collagen powder is a fish-derived type I collagen hydrolysate that has a unique amino acid profile that constitutes high amounts of Proline, Hydroxyproline and Alanine.

So the new frontiers of science and cutting-edge health supplementation may just be providing the good news all hernia suffers have been waiting for.

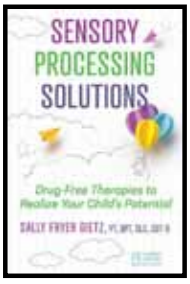
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Sensory Processing Solutions: Drug-Free Therapies to Realize Your Child's Potential

By Sally Fryer Dietz
Healing Arts Press
Paperback, 192 pages
$US 16.99 • ISBN- 9781644117903
Kindle: amazon.com

Reviewed by Katherine Smith



Sensory Processing Solutions is Sally Fryer Dietz's second book. It's an expanded and updated version of her book *When Kids Fly.*

As she relates in the preface she wrote her first book "for worried parents, like I once was, and wanted the very best for their child. It was for a child whose behaviour and learning style caused them to avoid the things that were too uncomfortable or challenging, or when a new setting or too much stimulation set them up for major meltdowns, anxiety or depression."

She also wanted her book to be of help to "teachers who struggled to meet the needs of a child in their classroom despite trying all the typically suggested things". Another goal of the book was to provide medical professionals with "accurate information on effective therapies beyond medication."

In addition to being a doctor of physical therapies and an Upledger CranioSacral Diplomate therapist Sally Fryer Dietz is also a mother of two.

Her first son, Alex, was acknowledged by his teachers as being a bright child, but one who balked when introduced to reading, writing and maths at the age of five and was not acquiring these skills in an age-appropriate level despite having skilled teachers. While recognising that Alex was very "active", Dietz was taken aback when it was suggested by school staff that her young son should be assessed for "learning differences".

A less than satisfactory trip to the paediatrician ensued: "There was no evaluation, barely an examination and no other recommendations made of anything other than the trial use of pharmaceuticals."

Ritalin, the drug prescribed for her son, is a stimulant medication.

While taking this drug, "Alex calmed down so much that even though he now seemed to be overfocused on things that had previously seemed to bore him, he hardly talked and he moved through the day in a slow, almost 'automatic' motion. He wasn't rambunctious and animated any more, and he rarely smiled. When the medication wore off he became explosive and agitated and unable to sleep at night, complicating things even further. Soon he began to show signs of depression and we had seek out another opinion about what we could do to help him."

Fortunately, Alex's story has a happy ending. After a series of consultations with a variety of health professionals – who agreed that Alex was an intelligent child who had difficulty with handwriting – but could not offer any therapeutic pathway to help Alex with this issue, Dietz took matters into her own hands. Drawing on her own training in physical therapy and child development, she determined that what Alex needed was "a sensory motor development clinic".

Accordingly, she began to look for a clinic that offered the types of therapy that her son needed, only to find that such a clinic (where Alex could benefit from therapy with practitioners trained in different modalities) did not exist in her city.

Undeterred, Dietz decided to create "a therapy centre where Alex (and the many other children with similar challenges) could receive the assistance they needed to thrive.*

The rest is history. Alex grew up to be a successful adult and his mother has been able to put her experience in raising her children and her professional education to good use helping other children and their families.

Sensory Processing Solutions explains how weaknesses in nervous system function can affect the ability of intelligent children to master some basic skills in an age-appropriate manner – and/or exhibit symptoms that lead to diagnoses such as ADHD (Attention Deficit Hyperactivity Disorder), or an Autism Spectrum Disorder (ASD).

The chapter "Making Sense of Your Child's Senses" provides helpful descriptions of the different sensory systems including the visual (sight), auditory (sound), tactile (touch), gustatory (taste) and olfactory (smell). In addition, this chapter also describes the proprioceptive system (involved with processing of information from joints, muscles and ligaments) and the vestibular system (involved with processing information from the inner ear so that we know where our head is in relation to objects around us) and the interoceptive sense (that "allows us to 'feel' information coming from our senses and inner organs"). Helpful examples of the signs that a particular sensory system may not functioning as well as it should (it is possible for sensory processing to be dysregulated so that people are over- or under-responsive to sensory inputs, such as light, sound, touch, etc.) are included in "Making Sense of Your Child's Senses".

The book also includes useful information on potential "red flags" that indicate that there may be a problem with the development of a baby or young child so that parents can be aware of these and therapy can begin early, rather than months or years going by during which a child's development may fall further and further behind his or her peers.

Dietz also reports on how she integrates "Upledger CranioSacral" therapy work into her therapeutic programmes for children, in part because of how she has found that this very gentle treatment option can help children relax and get more benefit from other interventions.

This book affirms parents' roles as their children's guardians and advocates. (The author makes a case for any therapy that may be needed being provided by an appropriate professional (or professionals). This is because the author believes that professionals have the skills, experience and objectivity to see each child's strengths and weaknesses more clearly – and can therefore provide an optimal therapeutic programme of activities to foster an individual child's development and confidence.

* A similar example of a parent-created therapy centre was The Beach House, created by Barbara Pheloung a special education teacher and mother, whose youngest child had learning difficulties.

Barbara initially began teaching children with learning difficulties in her own garage and subsequently collaborated with "other like-minded teachers and therapists to set up a specialised treatment centre in Manly known as 'The Beach House'. This was a private centre for those with Learning Difficulties and Hyperactivity in which Teachers, Physiotherapists, Occupational Therapists and a Physical Education Teacher worked together sharing their expertise". https://www.movetolearn.com.au/about/barbara-pheloung/ Barbara Pheloung wrote a number of books and produced a DVD on the form of exercise-based therapy that are available from https://www.movetolearn.com.au/. The programme is suitable for use by adults as well as children and the website also provides contact details for people who have trained in the Move to Learn programme and offer this as a therapy.

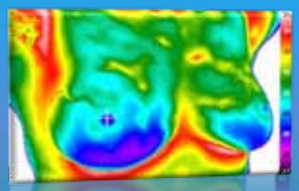
Barbara Pheloung died in March 2015; her biography may be read at this link: https://www.movetolearn.com.au/about/barbara-pheloung/

A review of one of Barbara Pheloung's books and the "Move to Learn" DVD may be read on our website here: https://naturalmedicine.net.nz/product-reviews/help-your-child-to-learn-book-and-move-to-learn-dvd/

If you are concerned about your child, grandchild (or a child or children you teach) there is a useful questionnaire accessible via this link: https://www.movetolearn.com.au/resources/free-interactive-ld-profile-test/

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