

The New Zealand Journal of

NATURAL MEDICINE

Issue 4: February - May 2012

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For Ultimate Longevity**

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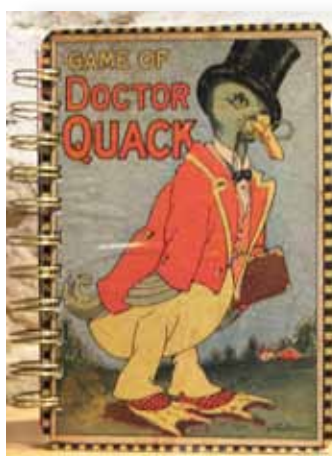
**The Unknown
Properties
of Water**

**Natural Remedies
for Gum Disease**

**The Best (Painless) Ways
to Detoxify Your Body**

**Psychiatry Runs
Amok: Will You
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**Put Down That
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Introduction

Welcome to Issue 4.

With it we celebrate the end of our first year of publication.

Katherine and I are so happy with the positive responses we (as well as our advertisers) have been getting from our gentle readers.

We have strived to produce a “serious yet accessible” magazine, and we’re glad to hear you’re finding it to be an important part of your reading.

As the world wakes up to the mixed blessing of “modern medicine” more and more people are turning to “alternative” (to mainstream) sources of information ... and healing.

And not a moment too soon.

There is no doubt that our entire ecosystem is being systematically weakened.

With the unrelenting assaults on our health and well being from, well, just about everywhere, it’s amazing most of us still have an immune system at all! Indeed, it’s a tribute to our Creator.

This Issue

The topics in this issue range from the unknown (or little-known) properties of water (of which we are about 70% ourselves! – properly hydrated, that is) to the blatant disregard by The System for scientific evidence of the harm from CT scans; from the proof that vaccines not only don’t work but are highly dangerous to your health, to the remarkable properties of native NZ herbs – this issue brings you vital information we hope you will put to good use.

Issue 4 also inaugurates our new “**Detoxification**” section, wherein we devote a serious look at what is becoming one of, if not the most important areas people should be seriously studying and implementing.

We are toxifying our bodies and minds to increasingly dangerous

levels. Regardless of how organic we’re eating, or how many nutritional supplements we may be taking, for many people it is often a losing battle, thanks to our hundreds if not thousands of daily exposures to environmental toxins – the most recent being the radiation from Fukushima, now spreading around the world – but including a myriad of others as well.

For many of us with environmentally induced illnesses, getting well is often problematic and many of us are forced to “adjust” our lives to “coping as best we can” to these “chronic illnesses”.

I know. I was one of them, and would be to this day had I not taken responsibility for finding my cure, as so many other people have done. I was fed up with “managing” my illness. I knew that there was a cure “out there” for, well, just about everything, and I was determined, even whilst really ill, that I would find it.

And found it, I did. In so doing I opened myself to the real healing powers of what was then (1983) called “alternative medicine” and began to learn about the importance of continuous (as well as occasionally intensive) detox programmes.

The rule I learned was that it’s wise to heal the harm that comes to your body as well as mind and spirit. If you heal that, you get well.

Otherwise, all three seem to deteriorate in quality and we become as toxic as, well, the planet is becoming.

So much for “modern civilisation”.

What We Can Do

There is much we can do, both on a personal as well as community level:

- Minimise our exposures to toxins in food, water, air, as much as we possibly can.
- Spend our “green dollars” only with those companies and products that are not a part of that toxification pro-

cess. Stop buying junk “food”.

- Detoxify our bodies with the numerous, proven ways one can do that. You will find some of those methods and products discussed in these pages.

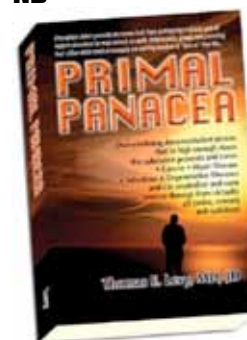
- However, perhaps the most important of all: Confront our inner thoughts and the attitudes we have adopted over the years which enable us to acquiesce in our own poisoning. Many people we meet tell us that “we all have to die sometime”, so we may as well go along and ingest the junk food, drugs, and “culture”.

If there are two forces at work within us: Eros (The Life Force) and Thanatos (The Death Force), the ultimate question then becomes: “Which side are you on?”

Where do you want to put your own energy?

Sure, it is probably true that we all have to die sometime. However, even if physical immortality is not yet possible, **how healthy do you want to be while you are here?**

NB



Please pay special attention to Katherine’s review-essay of Dr Thomas Levy’s remarkable book **Primal Panacea** wherein the good doctor

discusses the longevity factor associated with this crucial vitamin.

Fascinating reading – especially if you’re interested in becoming and/or staying healthy – something most of us can do if we do our homework and are serious about it.

Hope you enjoy the issue. We look forward to hearing from you!

All the best,

Jonathan Eisen

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“Let food be your medicine and medicine your food.”
– Hippocrates
“When diet is wrong, medicine is of no use; when diet is correct, medicine is of no need.” – Ayurvedic wisdom



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Raising a Vaccine Free Child provides parents with a comprehensive, scientifically based guide to the facts, myths, problems and solutions associated with raising a vaccine free child. It helps them protect their children both from the wiles of the vaccine industry and from harmful germs. It explains the difference between childhood diseases and the other infectious diseases, which is the key to understanding immunisation.

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A look at the history of vaccination reveals that it is an unscientific procedure that is based on falsehood, cruelty and suppression.

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RAISING A VACCINE FREE CHILD

Wendy Lydal



FOREWORD BY

Dr. Keri Godfrey



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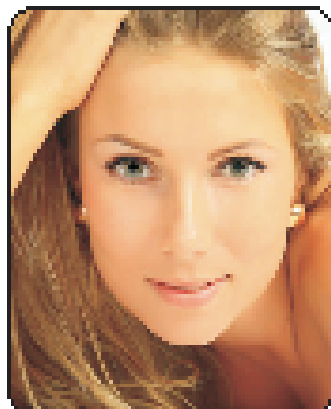
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Letters

Fluoride (1)



To the Editor: It would be interesting if someone could find out how many dentists are in Australia in view of extensive 'fluoridation'. Remember what the President of the ADA Tasmania said (as per Glen Walker):

'Fluoridation' is so successful it will virtually put dentists out of business (words to that effect). I recall I had done a bit of searching previously and was shocked at the number of general dentists, cosmetic dentists, implants etc. etc., in the long time 'fluoridated' cities, i.e. up to 40 years!

Inasmuch as Queensland was fluoridated in December, 2008, (Townsville was in 1965) it would be good to see how many 'new dentists' have popped up – say in all Brisbane area and Gold Coast. Business in booming for dentistry in all towns and cities that have this dangerously corrosive and cumulative toxic waste fluorosilicic acid/silicofluorides.

<http://www.aussiestockforums.com/forums/showthread.php?t=20184&page=1>

Regarding the dental crises afflicting most States of Australia which have been fluoridated for up to 45 years, Tasmania has the worst dental health in the nation. Beaconsfield; fluorosilicic acid/silicofluoride poisoned (aka 'water fluoridation') since 1953 and Hobart since 1964 sits at 83% saturation of this dangerously corrosive and cumulative toxic waste pollutant with co-contaminants of lead, mercury, arsenic, cadmium, *inter alia*.

Tasmania with the longest history of fluoridation in Australia, has the worst dental health (of course) and mental health crises and kidney disease.

Bone /joint diseases are a major health problem in 'fluoride polluted' Australia also i.e. osteoporosis, arthritis, et al. Fluoride & Bone Disease: <http://www.fluoridealert.org/health/bone/index.aspx>

Fluoride & bone fracture: <http://www.fluoridealert.org/health/bone/fracture/index.html>

Further Health effects: see Fluoride health effects data base <http://www.fluoride-alert.org/fluoride-dangers/health/index.aspx>

The harm of 'fluoridation' somehow must be stopped permanently and irrevocably forever. The producers of this toxic waste product must look to proper and moral disposal of this toxic waste and no longer use people's kidneys as toxic waste disposal/filtration units.

Queensland was the last state without fluorosilicic acid/silicofluoride pollution in water supplies, thus leaving no state left unpoisoned to do control studies. The pro-fluoridation lobby has systematically ignored the evidence proving fluoride's harm, including the scourge of cancer devouring many of the population. See: Fluoride Dr John Yiamouyiannis <http://www.youtube.com/watch?v=RomVuPE1A6s>

Sincerely, Diane Buckland
Independent Chemical Researcher
dianedraytonbuckland@gmail.com
<http://www.dentalboard.gov.au/About-the-Board.aspx>

Fluoride (2)

Hi Katherine: We have been in touch by email previously and always find more things to refer back to in your magazine.

In utter frustration I hope your magazine can make an impact on the idiots in power over here in Australia. I am referring to the stupidity of continuing Fluoridation of our water supply. Especially when now NZ, Canada and the USA not to mention several European countries are taking some positive steps to eradicate this practice - some of us have lodged our total disagreement particularly in our regional area where the Local Council with the endorsement of the Australian Government, in its "wisdom" is about to undertake this deplorable practice in our electorate.

There have been no scientific studies done that can possibly justify tampering with our drinking water – although there have been many studies carried out in other countries which show that there is no proof of health benefits, and in fact the opposite is true. No one else in power seems to be listening

– and the ramifications for our health are enormous.

Another book of interest perhaps to your readers is *Water and Salt* by F Batmanaghelidi and Phillip Day. I found it a very informative, interesting and easy to understand reference book on the NEED for the good salt – the Himalayan variety – so necessary for our bodies, unlike the refined white salt we should not consume at all.

We have been told by the medical profession to not have any salt in our diets but in fact we do need some good salt – with the concomitant benefits of adding this daily.

Then there is *Death by Civilization* by renowned Dr Peter Baratosy who has also written several other books on the terrible state of our health in Western Civilization and what can be done to help us simply with alternative natural methods – no drugs or pharmaceutical intervention.

Looking forward to the next edition!

Regards, Cheryl Stacey

Coconut Oil

To the Team at Natural Medicine:

Congratulations on a wonderful, classy, informative magazine.

I would like to comment on two articles in the first issue. My first comment is about vaccinations.

I was in Israel in November 2009 and swine flu vaccinations had just been made available to the public.

The *Jerusalem Post* interviewed several people with their names and photographs, and asked them if they would have the vaccination. One of them answered "No, I'm a scientist and I know all about it."

My other comment is about the article on coconut oil whether a doctor researched this oil in order to help her husband with Alzheimer's.

The recommendation was to use 4 teaspoons of virgin, cold pressed organic coconut oil per day – at least you didn't recommend it as such but were reporting what this doctor had done for her husband.

I decided to try this to improve my cognitive function and to perhaps deflect Alzheimer's should it ever strike me.

What I didn't expect was that it would lift my depression for which I had been taking medication for several years. I had already begun to lower the doses, and was down to one tablet every four days, since I don't think you should take yourself off, or lower doses without a G.P.'s knowledge.

However as I approached the fourth day, I could feel an uneasiness and a feeling which I describe as being "like a lump of black coal in my chest". These feelings completely lifted to my utmost surprise since I wasn't looking for anything like this.

Since I cook breakfast for my sister several times a week after her night shifts, and knowing that she felt as I did I began to use the coconut oil in her meal and within a week she phoned me and said:

"I have to ask you this, but I suddenly feel so much better that I need to know if you are slipping something into my meals."

This was something else I hadn't expected and cheerfully told her about the coconut oil where she immediately said, get me a jar for use in my own kitchen.

I need to emphasise that the depression I experienced was not major though I had had it for at least four years, and was most likely related to my parents' deterioration and death at approximately the same time.

I have passed another copy of your magazine to a woman I know who has cancer.

With grateful thanks, Greta Carter

Letter to the Australian Minister of Health

To the Honourable Ms. Roxon,

The public would like you to address the 6 significant flaws in government vaccination policies before any bribes are used to encourage vaccination:

1. There is no historical evidence that vaccines controlled any of the infectious diseases listed in government immunisation policies – in any developed country.
2. There is no government that has funded research to investigate the combined effects of adding 12 vaccines to an infant's body. That is, a child under 1 year of age.
3. The medical community and the public are not informed about the ingredients of vaccines and no adult ever injects 12 vaccines into their own body in a 1 year period.
4. In 50 years of using multiple vaccines in mass immunization campaigns governments have never monitored the side-effects of vaccines in a systematic manner – either in the short-term or the long-term. Passive surveillance has been used in all countries and it is known to only detect approximately 10% of adverse reactions (CDC website).
5. Government immunisation policy is founded on biased science funded by pharmaceutical companies and biotechnology companies that has never been independently tested because of trade secrets.
6. Government vaccine advisory boards are non-transparent and dominated by industry representatives. The community perspective is not adequately represented on these boards. The consequence is that the science from this perspective has been excluded from policy decisions.

There is no democracy in a country that doesn't have a transparent government. The Australian government will be

committing a crime against humanity by introducing policies that bribe the Australian public into vaccinating by offering \$2000 in welfare benefits or by preventing individuals from working in clinical positions. In addition, AMA president, Steven Hambleton has stated, you cannot just tell people 'Don't worry its safe' – which is the current government position because the TGA has never adequately monitored side-effects. The TGA is funded by the pharmaceutical companies.

In 2010 Australia's Nobel Prize winner (1996) for medicine, Professor Doherty claimed 'denying children vaccines is a crime against humanity' (ABC Lateline). Yet the evidence above supports the opposite conclusion. Professor Doherty also claims that he will not work for biotechnology companies because he does not want to have a conflict of interest (30.9.2010). Yet Professor Doherty is a board member for the Wistar Institute – an international leader in biomedical research into vaccines and disease therapies – an organization that also claims to be 'independent' and 'non-profit'.

The community would like you to address the issues above and ensure that you can provide conclusive evidence and transparency for your policy before introducing any coercive measures into vaccination policies.

Judy Wilyman
PhD researcher
Wollongong University

Ed note: Judy Wilyman's paper about HPV vaccination was featured at the 2011 conference of the British Society of Ecological Medicine. It may be downloaded from this link: www.ecomed.org.uk/wp-content/uploads/2011/09/6-wilyman.pdf

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Cordially, Larimar
January 14, 2012



Better Health On A Shoestring

Katherine Smith



Parsley, Sage, Rosemary and Thyme: Herbal Helpers in Your Garden or Pantry

Even if you've never been to Scarborough Fair, it's likely that you have some parsley, sage, rosemary or thyme in your kitchen cupboard or garden.

I've chosen these traditional European culinary herbs for this issue because they all have properties that make them useful home remedies as well as food seasonings.

Parsley (*Petroselinum crispum*)



Parsley is a nutritious plant that contains useful amounts of iron as well as betacarotene and vitamins C and E – making tabouleh a particularly nutritious summer salad. It is good diuretic and a tea brewed up from a handful of chopped fresh parsley can be useful as a treatment for cystitis as long as you use it in the early stages. Parsley promotes menstruation, so self medication with any part of the plant should be avoided in pregnancy, although normal (modest) use of parsley leaves is considered fine for pregnant women. The seeds are the strongest part of the plant and should be avoided entirely by pregnant women and people with kidney disorders.

Sage (*Salvia officinalis*)

Sage is an aromatic plant. Chopped with onions, it makes wonderful stuffing for



baked chicken. On the medicinal front, Sage can be a helpful home remedy. Its antiseptic properties can be used to good effect by preparing a tea and gargling it to relieve sore throats. (A standard infusion for gargling may be made from 1 tsp of dried sage or 2 tsp of fresh sage to a cup of boiling water.) This may be gargled three times daily.

In herbal medicine sage it is often used in formulae for women suffering from menopausal distress due to its weak oestrogenic action. A friend of mine has found that eating just one fresh sage leaf a day is all it takes to relieve her hot flushes.

Breast feeding mothers should avoid drinking sage tea as drinking it can reduce milk production and medicinal use of the herb should also be avoided during pregnancy.

Sage does contain a toxic ketone called thujone and for this reason should not be used medicinally by people who have epilepsy or other seizure disorders. However, overall, the action of sage on the nervous system is a positive one. Sage's historical reputation as an important tonic for the nervous system was recently validated in a trial in which people with Alzheimer's disease taking a sage extract showed improved cognitive function. (See: <http://www.ncbi.nlm.nih.gov/pubmed/12605619>)

Rosemary (*Rosemarinus officinalis*)



An antioxidant plant which together with garlic makes a wonderful seasoning for lamb, rosemary is also a medicinally useful plant.

Rosemary is a circulatory stimulant that improve blood flow to the brain, thus improving concentration and memory and helping to relieve depression. It is a helpful treatment for low blood pressure. (People with high blood pressure should not self medicate with rosemary - although modest amounts used in cooking should not pose any problem.)

Renowned British medical herbalist Andrew Chevalier recommends add one cup of an infusion of rosemary tea (made using 1 tsp of dried rosemary or 2 tsp of fresh rosemary to a cup of boiling water) to a warm bath and soaking in this every morning.

Thyme (*Thymus vulgaris*)



Like sage, thyme can be used as a home treatment for colds, sore throats and mild chest infections. Chewing the fresh leaves is one option; drinking thyme tea is another. Thyme contains an essential oil which includes thymol, a constituent which has antiseptic properties. Andrew Chevalier says that thyme is a much underrated herb recommends making an infusion by using one teaspoon of the dried herb or two teaspoons of fresh thyme and drinking two-three cups of this daily as general tonic to maintain vitality, this being especially valuable for the elderly.

(Ed Note: Occasionally some people will have an allergic reaction to herbs, whether used in medicine or in cooking. If you develop an allergic reaction, stop using them. If you are taking pharmaceutical medications, are pregnant or breastfeeding, consult your health professional before taking any herbs.)

The Health Freedom Report

By Katherine Smith, Editor



The beginning of 2012 sees people in New Zealand facing a number of challenges – and opportunities – in the quest to maintain health freedom.

Natural Health Products Bill

The Natural Health Products Bill is now available online at this link and the NZ government has called for public submissions on the bill. A thoughtful discussion of the bill by Sandra Clair (which would be helpful for anyone making planning to make a submission) may be read in the November-December 2011 issue of *Organic NZ* magazine. This is now available to read online at organicnz.org/organic-nz-magazine/1278/the-natural-health-products-bill-is-here-have-your-say/.

This bill has been the result of an agreement between the National Party and the Green party. The idea for a New Zealand regulator of natural health products was developed as an alternative to NZ health products being regulated under the notorious Australian Therapeutic Goods Agency (TGA), as was the preferred option under the previous Labour-led government.

The NZ Health Trust helped to develop a model bill which may be downloaded from this link on their site: nzhealthtrust.co.nz/proposed_bill.html

The government bill may be downloaded from the following link: http://www.parliament.nz/en-NZ/PB/Legislation/Bills/b/c/8/00DBHOH_BILL11034_1-Natural-Health-Products-Bill.htm

The regulatory impact statement for the bill may be read at this link: <http://www.health.govt.nz/about-ministry/legislation-and-regulation/regulatory-impact-statements/development-natural-health-products-bill>

This is an important bill for people and businesses that produce or import natural health products, for health professionals who use natural medicines – and for members of the public who use natural remedies to maintain their health or treat illness. As the bill is currently drafted, if it is passed, in most cases it will be necessary to apply for a license to manufacture most health products (such as dietary

supplements, herbal medicines etc) for the NZ market. (The exception to this appears to be practitioners who are making up a remedy for a particular patient, and companies that are exporting products that are not sold on the NZ market. At this stage, it appears that exceptions will also be made for manufacturers of homoeopathic medicines and aromatherapy products, as has been done in Australia.)

If the bill becomes law it will (in most cases) become illegal to manufacture a natural health product in New Zealand without having obtained a license. It will also be illegal to sell a product (within NZ) that has not been registered with the NZ regulator that the bill establishes to regulate natural health products. As the bill is currently written there are substantial penalties for failing to comply with some of its provisions (and the regulations which will be established after the bill has been passed into law.) Penalties may include large fines for individuals and/or companies. If an offence is one that is deemed “likely to endanger the health of the public or the health of any individual” or to potentially “directly or indirectly” pose “a “a risk to human health” or “increase the likelihood of an existing risk to human health” the bill allows for imprisonment.

The regulatory impact statement produced by the NZ Ministry of Health makes it clear that the government view is that most of the costs of establishing the new natural health products regulator should be borne by the natural health industry. This could have a substantially detrimental effect on the many small and medium sized businesses that manufacture and/or import natural health products. The regulatory impact statement suggests that a product levy ranging from about \$190 - \$570 per product could be used to fund the regulator. Levying fees on a per product basis in this way are obviously more of a burden on smaller companies that have a large product range from which they sell small volumes of each product than they are on bigger businesses that sell large volumes of a smaller range of products. Levying costs on a per product basis could therefore mean that the public could lose access to some specialty products that are not big sellers – but nonetheless very important to

the people who use them.

While I have focussed on some of the features of the Natural Health Products bill that concern me, overall, the natural health products industry and NZ public are probably better off having an NZ based regulator than they would be under the Australian TGA.

I will be studying this bill further and plan to post further information about it on the Health Activism page of our website <http://www.naturalmedicine.net.nz/health-activism/> to help people who want to make submissions on this issue. Please also email me through the Contact page of our website with the subject headline “NZHPB” if you would like me to email you information about this issue.

The closing date for submissions is February 24, 2012.

The Food Bill

The Food Bill which had its first reading in the NZ parliament last year is likely to have its second reading in parliament this year. This bill is causing public concern for a number of reasons. One of the most egregious clauses in the bill is that private individuals can be employed as food inspectors. Food inspectors can use whatever means is deemed necessary to enter food premises (including force) and seize property. Anyone who agrees to assist the officers with such duties will be immune to prosecution. See http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10776370

Any bill that assigns police powers to people who are not public servants is a bad bill, in my view. (While public servants are not necessarily perfect, they are at least obliged to follow the Code of Conduct for State Services (<http://www.ssc.govt.nz/code>) and the actions of staff employed by local or central government may be investigated through Official Information Act (OIA) requests. The OIA does not apply to private businesses.)

Activist Penny Bright (best known for her work with the Auckland Water Pressure Group which opposes water privatisation) is now working on this issue and is posting updates on her Facebook page.

Other concerns and commentary about the bill may be read at: www.nzfoodsecurity.org (there are now important updates on this site) and <http://www.wildpicnic.blogspot.com/2011/10/chewing-over-food-bill.html>

The Minister for Food Safety, Kate Wilkinson has stated she has asked officials to address community concerns about some aspects of the bill, and that these will be covered in a Supplementary Order Paper. However, as of this writing there is no sign of any such paper.

Raw Milk Regulation

In other food news, late last year the NZ Ministry of Agriculture and Fisheries (MAF) asked for public feedback on its discussion document that proposes to change the law regarding the sale of raw (unpasteurised) milk. The regulatory option favoured by MAF would have the effect of restricting access to raw milk especially by people in urban areas. Moreover the proposed limits on the amount of raw milk a farmer could sell could make it uneconomic to supply raw milk, or push prices up considerably. (Currently raw milk is very affordable with one raw milk club in Auckland obtaining it for \$1 a litre.)

MAF received approximately 1670 submissions on this issue. Given the large number of submissions, MAF is not expected to issue its response until the end of February at the earliest.

Please check the site www.milk.org.nz for updates on this issue.

Vaccination

Last year I started the website www.noforcedvaccines.org in response to a New Zealand government health select committee report that recommended that the government adopt new, coercive vaccination policies.

By the end of March this year, the Ministry of Health will report back to the government about whether recommendations in Dr Nikki Turner's "Six Star Plan" should be adopted. Nikki Turner works for the Immunisation Advisory Centre (IMAC) which acknowledges funding from "private industry", presumably vaccine manufacturers and/or distributors. Her "Six Star Plan" included a number of recommendations apparently designed to force parents to choose between their

children having either no vaccinations or all those recommended by the Ministry of Health, with no middle ground for parents who want their children to have some vaccinations but not others.

If you have not already visited www.noforcedvaccines.org and sent an email through the Contact form to become a



member, please do so now. While I hope that there are some Ministry of Health staff who have enough common sense, good ethics and respect for human rights to reject the coercive recommendations in Nikki Turner's "Six Star Plan", if any of these recommendations are accepted, concerted public pressure may be needed to compel politicians to reject them.

Australian parents should note that while it was reported late last year in a number of major newspapers that parents will have to get their children vaccinated in order to qualify for a tax rebate and childcare subsidies, this is not true. Australian parents who choose not to have their children vaccinated (or who choose for their children to have some vaccines, but not others) are still eligible for these payments. For more information see <http://www.humanservices.gov.au/customer/information/strengthening-immunisation-for-children> and <http://www.vaccination-awareness.com.au/>

GreenCross

New Zealand has an organisation that offers support to people who are using *Cannabis sativa* or *indica* for medicinal reasons. Its site is <http://www.green-cross.org.nz/>.

Vitamin C Can Cure

The website for the Vitamin C Can Cure campaign is now up and running again at a new address www.vitaminccancure.org.nz. If you need help to access high

dose intravenous vitamin C in the NZ public hospital system, please visit the site for more information or call 0800 148 48 48.

International Health Freedom News

Last but not least, the Alliance for Natural Health – which is campaigning to maintain access to traditional herbs and nutrients in Europe – has emailed its membership alerting them to stand by to apply concerted pressure to members of the EU parliament to persuade them to reject regulations that would legalise 224 health claims for 70 foods and food ingredients while making thousands of health claims for other foods, nutrients and herbs illegal. If you are not already a member of the Alliance for Natural Health please visit their site <http://anh-europe.org/> and sign up to receive email alerts about this issue.

The US branch of Alliance for Natural Health is appealing to people to write to their congress person to oppose the draft guidance on the New Dietary Ingredient notification protocols which has the potential to be abused by the FDA to make many supplement illegal. Their website is <http://www.anh-usa.org/>

Please note that I have now posted previous issues of "The Health Freedom Report" on our website. If you are a new reader, these may give you some useful background to the some of the issues covered in this report.

Breast Screening Services Attacked in Australia

Two businesses that provide Multifrequency Electrical Impedance Mamograph (often abbreviated to MEM) services to women in Australia have been targeted by the Australian Competition and Consumer Commission (ACCC). Like breast thermography, MEM screening is an ionising radiation free technology. It assesses electrical conductivity of different areas of breast tissue. MEM can provide useful information about breast health as normal breast tissue, fluid filled cysts and cancerous tissue have different electrical conductivity. (Some examples of the information that can be obtained using this technology may be viewed at this link <http://med-impedance.com/support.html>)

The two businesses targeted by the ACCC are Safe Breast Imaging (run by Jo Firth) and Breast Check directed by Dr Alexandra Boyd.

Continued on Page 25

New Zealand “Food Bill” mirrors US and Canada, fake food safety bills

December 29, 2011

By Marti Oakley

It comes as no surprise that the fake food safety bill passed here in the US in what was clearly a staged event that required the complicity of the other 99 Senators who voluntarily vacated the US Senate chamber to allow “Dirty Harry” to cast the only vote as “unanimous” is being mirrored, replicated and implemented in many other countries. Canada passed its C-36 bill shortly after “Dirty Harry” completed his task here in the US, and now it appears New Zealand food rights are on the chopping block too.

What are the chances that New Zealand Retailers Association would come up with what appears to be a line of propaganda nearly identical to the crap foisted on the American public as their rights to produce and consume foods of their choice were attacked relentlessly by Big AG and the bio-pirates along with other corporate interests who stand to profit immensely at the expense of the public? These are the same interested party’s and stakeholders who rammed C-36 through Canada’s parliament.

And here we see the same limp arguments coming out of New Zealand, promoted by yet another retailers association intent on convincing New Zealanders that their food supply and production, needs “modernization”. Modernization with regards to food can be easily defined as centralization of food production and supply to provide market monopolies to multi-national corporations. The greatest threat to food supply chains around the world is industrialized food which provides neither safe food, nor nutritious food. Progress on the food bill:

The Food Bill provides a much needed modernisation of New Zealand’s food safety legislation. It provides the framework for an efficient, effective and risk-based regulatory regime for managing the safety and suitability of food produced, processed, manufactured, traded, trans-

ported and imported to New Zealand.

Under the Food Bill, food businesses will be expected to be proactive, establishing safe procedures and systems ready for verification rather than the current system, which is based on ‘one size fits all’ requirements and inspections.

New Zealand is about to witness what we have here in the US; small retailers, family farms and ranches raided by agency swat teams, business and lives destroyed, property illegally destroyed or seized while Big Ag operations responsible for horrendous contamination of various sectors of food production receive only a warning letter and never miss a day in their crappy operations.

New Zealand’s bill, Food bill 160-2, just as the bills in the US and Canada, are more centered on creating an oppressive regulatory system designed to drive independent and family producers, out of business and by extension, out of the markets. Again mirroring the US Fake Food Safety Bill, and Canada’s C-36 Fake

Food Safety Bill, arbitrary rules, regulations and stifling enforcement initiatives will be directed not at industrialized multi-national producers, but rather, towards the family independent or individual producers; meaning home gardeners, community gardeners and producers. Also seriously affected will be farmers markets, road-side vendors, church bake sales, and heritage seed banks.

New Zealand’s bill fails to exempt seeds used for crops from “food regulation” leaving their definition under this new police state law open to broad interpretation. The fact that New Zealand, just as the US and Canada has attempted to include seeds in their food control program should be a clear indicator that the bill has little to do with food safety and more to do with controlling food and market access.

It appears that New Zealanders may also be forced under this legislation to use genetically modified aluminum resistant seeds produced by the infamous Monsanto.

“Why did Monsanto produce an alu-



minium resistant seed? Because our skies and soils are ultimately being polluted with aluminium, barium (just to name two) toxins/heavy metals. If the use of chemtrails/geoengineering is allowed to continue, Kiwis will have no choice as to what type of seed they can grow. Monsanto's aluminium resistant seed will fit the bill nicely for the unaware farmer and ultimately the unaware consumer."

The comparisons between the US Fake Food Safety Bill, Canada's C-36 and now New Zealand's fake food safety bill highlight the fact that each country is using the same format, criteria and oppressive regulatory system to make any thing other than industrialized farming and ranching as performed by multi-national corporations, unacceptable. While ranting hysterically about food safety, the same people who will vote to make this abomination a law in New Zealand will simultaneously open the door to industrialized food production devastating the environment, water supplies and reducing the quality and safety of food across the board.

What was/is at stake in all three countries is the access to clean, affordable, nutritious food. What has been/will be for-

feited under yet another fake food safety bill are these same things. New Zealand is about to find itself in the same condition as the US and Canadian populations; their food contaminated and unfit for consumption, infected with GMO's, herbicides and pesticides, produced in countries with whom some bogus free trade agreement has been struck that reduces production standards to the lowest possible level in order to increase profits.

The truly sad part of this is that New Zealand could find out, just as the US and Canadian people did, that no matter how massive their protests, no matter how hard they fight this assault on their right to produce their own food, their government could pass this bill.

This is about corporate takeover of food production and supplies and the ensuing markets. This is not about food safety and never was.

References

<http://www.retail.org.nz/progresson-thefoodbill.html>

The Food Bill 160-2 will seriously impede initiatives like community gardens, food

co-ops, heritage seed banks, farmers markets, bake sales, and roadside fruit & vegetable stalls.

<http://bit.ly/ol7zgJ>

New Zealand Fake Food Safety Bill

http://www.legislation.govt.nz/bill/government/2010/0160/latest/whole.html?search=ts_bill_food+bill_resel&p=1#dlm3435700

Food bill petition here. <http://www.petitiononline.co.nz/petition/oppose-the-new-zealand-government-food-bill-160-2/1301> Please consider signing and passing on to your fellow Kiwis – people who have lived in New Zealand all their lives would lose the right to grow and share garden produce and seed just to highlight one area of this Bill.

<http://ppjg.wordpress.com/2011/03/21/corporations-contaminating-agriculture/>

SOURCE: <http://ppjg.wordpress.com/2011/12/29/new-zealand-law-mirrors-us-and-canada-fake-food-safety-bills/>

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BREAKING ...

Fukushima killed at least 14,000 people in the US, mostly babies, in weeks following disaster

January 07, 2012
By Jonathan Benson

(NaturalNews) For the very first time, a scientific study published in a peer-reviewed journal has come up with a solid estimate of the total number of US deaths caused by the Fukushima nuclear disaster in the weeks following it. Epidemiologist Joseph Mangano, MPH, MBA, and his colleagues say that, based on compiled data, at least 14,000 people in the US were killed during the 14 weeks following the Fukushima catastrophe -- and the majority of these deaths were in children under age one.

Published in the International Journal of Health Services, Mangano's study looked at both infant and adult death rates during the time when Fukushima occurred, as well as

in previous months and years. During the 14 weeks prior to Fukushima, for instance, infant deaths had been declining by 8.37 percent, while in the weeks following the disaster they increased by 1.8 percent. Among adults, a 4.46 percent death rate was observed in the weeks after Fukushima, compared to 2.34 percent, which is about half that rate, a year prior.

"This study of Fukushima health hazards is the first to be published in a scientific journal," said Mangano. "It raises concerns, and strongly suggests that health studies continue, to understand the true impact of Fukushima in Japan and around the world. Findings are important to the current debate of whether to build new reactors, and how long to keep aging ones in operation."

During the first few months when the Fukushima disaster was unfolding, NaturalNews reported on radiation spikes in milk (http://www.naturalnews.com/032048_radiation_milk.html), rainwater (http://www.naturalnews.com/031871_radiation_rainwater.html), and the general food supply, both in the US and abroad. Though tangible harm in humans was not necessarily evident at that time, it now appears that this systemic poisoning translated into thousands of known deaths, and likely tens of thousands more

cases of cancer and other illnesses.

"Based on our continuing research, the actual death count here may be as high as 18,000, with influenza and pneumonia, which were up five-fold in the period in question as a cause of death," added Mangano. "Deaths are seen across all ages, but we continue to find that infants are hardest hit because their tissues are rapidly multiplying, they have undeveloped immune systems, and the doses of radioisotopes are proportionally greater than for adults."

Sources for this article include:

<http://www.marketwatch.com/story/medical-journal-article-14000-us-deaths-tied-to-fukushima-reactor-disaster-fallout-2011-12-19>

http://www.naturalnews.com/034586_Fukushima_USA_fatalities.html#ixzz1i9kBXNld

STORY UPDATED HERE:

<http://enenews.com/study-authors-now-20000-excess-u-s-deaths-after-fukushima-not-14000-follow-up-article-looking-at-age-groups-cities-in-works>

HEALTH NEWS

ALERTS

Prostate Cancer - Vasectomy Link

May 1, 1993

Men who have had vasectomies are at greater risk of developing prostate cancer, according to two US studies of more than 73,000 men (*The Lancet*, 20 February 1993).

The researchers found that the likelihood of prostate cancer increased with the length of time since the operation. They speculate that the cancer may be triggered by the reduction in the secretion of prostatic fluid that follows vasectomy, or that the immune system may be compromised by the operation and, therefore, less able to ward off cancer.

One in 11 men in the US develops prostate cancer an incidence rate 50 times higher than in developing countries, according to a statement from the World Health Organization Human Reproduction Programme. Both the American Cancer Society and the American Urological Association recommend annual prostate cancer screening for men over 50, even though there is no evidence that screening improves individual prognosis.

According to Fritz Schroder, chairman of the department of urology at Erasmus Hospital, Rotterdam (*The Lancet*, 13 February 1993), screening simply leads to over treatment of cancers which pose no threat to life. Autopsy studies show that in the European Community, 32.9 per cent of men have prostate cancer, yet only 1.2 per cent will die from it.

"Thus if all cancers discovered at necropsy were identified clinically and treated, then 26 out of 27 patients would be treated unnecessarily because these tumours do not represent a threat to their lives," writes Schroder. Furthermore, the inaccuracy of the available screening methods (digital rectal examination, prostate specific antigen and transrectal ultrasonography) is so

low that their use will "result in many unnecessarily worried men and unwarranted prostate biopsies," he warns.

Schroder adds that, as yet, there is no evidence that treating prostate cancer makes any difference anyway.

Another urologist, Robert Shearer, consultant at London's Royal Marsden Hospital, is about to seek approval from the Medical Research Council for a 15 year study to determine which treatment, if any, improves survival. "Many patients are impotent [after surgery for prostate cancer], and that's a high price to pay if you are not going to improve survival," Shearer says.

PSA Screening More Likely to Result In Death

July 1, 1998

PSA (prostate specific antigen) screening may be unable to detect prostate cancer, some scientists believe. More men who were screened died from prostate cancer compared with those who were not, research findings suggest.

The conclusion is controversial because it is based on an original research paper which had suggested that PSA screening could reduce death from prostate cancer by 69 per cent.

But some experts to whom the paper was presented said the research was flawed. Only 23 per cent of the men invited to join the screening programme actually did so, but the researchers had not allowed for this. In addition, 982 of the 8,137 men in the screening group had been placed in the control group which had not been screened. When the data was reanalysed, the death rate among the screened group was higher, said Peter Boyle from the European Institute of Oncology in Milan (*The Lancet*, 1998; 351: 1563).

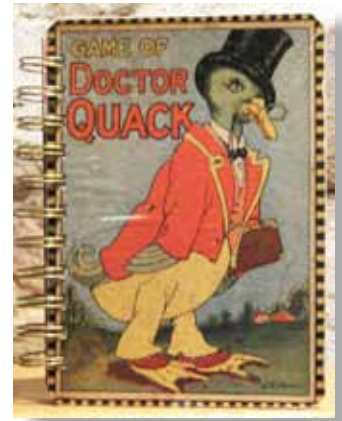
Surprising Link Between Diabetes and Alzheimer's

November 16, 2011

Type 2 diabetes mellitus is a condition in which the body fails to utilize insulin produced by the pancreas. Insulin is necessary to carry glucose into body cells where it is used as fuel. When there is not enough insulin or when there is insulin resistance, glucose stays in the blood, causing blood sugar to rise. In turn, this high blood sugar causes extensive damage to all parts of the body. While it has long been known that diabetes can lead to heart attacks and strokes, there is now clear evidence that diabetes, especially Type 2, can lead to Alzheimer's disease.

For the rest of this article: http://www.alignlife.com/articles/diabetes/Surprising_Link_Between_Diabetes_and_Alzheimers.html

More articles from this author: <http://www.alignlife.com/articles/more>.



Half Of US Doctors' Surgeries Contaminated by Super-Bug

November 16, 2011

We've always said that the hospital is no place to be if you're sick – and new research suggests you should think twice about surgeries and patient rooms, too. Nearly half are rife with a drug-resistant 'superbug'.

The bug, multidrug-resistant *Acinetobacter baumannii* (MDR-AB), has been found on doorknobs, bedrails, bedside tables, monitors, switches, sinks and the floors around beds in patient rooms. In all, 48 per cent of the surgeries examined were contaminated from previous patients who were infected, say researchers from the Maryland School of Medicine. The worst contamination was on surfaces regularly touched by staff, such as cart drawer handles and medical equipment. Staff who do not observe rigorous hygiene procedures could be causing contamination in the general population outside the surgery setting.

MDR-AB usually infects the very ill, the wounded or those who are immuno-compromised. (Source: *American Journal of Infection Control*, 2011; 39: 711).

Tap Water May Be Causing Prostate Cancer

November 16, 2011

If you're a man, don't drink water from the tap (faucet) – it could cause prostate cancer. By-products of the contraceptive pill are contaminating the public water supply, and they may be triggering the cancer in men.

Populations around the world with the most extensive use of the contraceptive pill also have the highest rates of prostate cancer, researchers from Toronto University have discovered.

Analysing data from many countries around the world, the researchers found an association between usage and rates of, and deaths from, the cancer, irrespective of a nation's wealth. The link was strongest in Europe.

They suspect that the pill's estrogen by-products – endocrine disruptive compounds (EDCs) – are making their

way into the food chain and public water systems, and are causing the cancers. EDCs 'feed' some cancers, and especially prostate tumours. The researchers stress that an association is, at this initial stage, speculative, and has not yet been definitively proven. (Source: *British Medical Journal Open*, 2011; 1: e000311).

PSA: A Test That Has Had Its Day?

PSA: is this a test that has had its day? The prostate specific antigen (PSA) blood test fails to recognise eight out of every 10 cases of prostate cancer. Researchers from Harvard Medical School analysed the test results of 6691 men who had undergone a PSA screening test, and discovered that it had failed to spot 82 per cent of cases of cancer (*N Engl J Med*, 2003; 349: 335-42).

Depression Associated with Poorer Survival After Surgery

Scientists have discovered that patients are more likely to die after coronary bypass surgery if they are depressed, and the risk of death increases with the depth of the depression. After a five-year follow-up of 817 patients who had undergone bypass heart surgery, the researchers found that, of the 122 patients who died, those who had suffered deep depression were nearly two-and-a-half times more likely to die. The risk dropped to a likelihood of just over two times among patients with only mild depression (*Lancet*, 2003; 362: 604-9).

Ed Note: Mercury poisoning may cause both heart problems as well as depression. This may be one reason why the people who were the most depressed had the highest mortality rate ... Cardiac patients should be assessed for mercury toxicity.

Why Home Birth Could Be Best

An investigation of seven maternity units in the UK found that all were seriously understaffed, and the level of skill among the hospital midwives was very mixed. In the short time spent at each unit, the researchers noted many 'near-misses', or accidents that almost happened, that could have proved disastrous for either the mother or baby involved (*BMJ*, 2003; 327: 584-6).

Hospitals: Where You Can Go To Become Ill

Hospitals are dangerous places – as new research has now confirmed. Well over 30,000 patients die in American hospitals every year as a result of some medical mishap, and 167,000 will suffer a serious injury that will, at the very least, extend their stay in hospital. The researchers conceded that the situation is far worse than reported – but just how bad is anyone's guess (*JAMA*, 2003; 290: 1868-74).

The 10 Biggest Vaccine News Stories of 2011

(NaturalNews) A lot happened in the vaccine industry in 2011 – a year of accelerating change and increased awareness among the people. One of the big realizations that hit home in 2011 is that vaccines are far more dangerous than most people previously thought, and even conventional scientists are starting to question the over-vaccination of infants and children.

Here are the 10 biggest vaccine news stories of 2011, reported on NaturalNews.com:

#1 - Japanese children die from vaccines – Yet more evidence emerges of the deadly side effects of vaccines.

#2 - U.S. government recruits churches to push flu shots on congregation members.

That's the new message the U.S. government is trying to pound into the heads of church pastors and priests.

#3 - Top CDC vaccine scientist indicted for fraud

You probably never read this story elsewhere, but one of the CDC's top researchers was indicted for allegedly stealing vaccine research money and using it to buy fancy vehicles and a luxury home:

#4 - IOM admits MMR vaccines cause seizures and measles

In a groundbreaking report, the Institute of Medicine openly admitted that vaccines actually cause the very measles they claim to prevent. The mainstream media, of course, misreported this research and utterly failed to cover the real story.

#5 - CDC openly admits flu vaccines don't work

Here's news you don't see every day: The CDC openly admits that vaccine flu shots "wear off," meaning they simply do not work in the way vaccine-pushing immunologists told us they did.

#6 - Merck vaccine scientist Dr. Maurice Hilleman admits vaccines contain cancer-causing viruses

The actual admission happened decades ago, but news of it only went viral in 2011 as alternative news websites like NaturalNews publicized the once-secret audio recordings revealing shocking admissions by Dr. Maurice Hilleman.

#7 - HPV vaccines found contaminated with HPV!

Pretty clever, huh? Just lace the HPV vaccines with the DNA of HPV itself, and you can spread the disease to create more fear that sells more vaccines!

http://www.naturalnews.com/033585_G...

#8 - Swine flu vaccine admittedly causes neurological disorders

2011 was the year that the nation of Finland openly admitted on the record that swine flu vaccines "conclusively" cause neurological disorders. It then offered to pay the lifetime medical costs of those damaged by such vaccines.

Remember, the USA continues to absurdly claim that vaccines cause NO damage (not to anyone) and are perfectly safe for infants, children and even pregnant women!

#9 - Science says flu vaccines only work on 1 out of 100

Now, even the scientists can't argue with their own science, can they? Rigorous studies published in peer-reviewed medical journals reveal that flu vaccines hardly work at all and are wasted on 98.5 out of

100 people who take them.

#10 - Hallmark caught distributing flu shot 'compliance cards' to new mothers.

Yes, even the Hallmark card company is now pushing vaccines. Plotting alongside state agencies in Florida, Colorado and elsewhere, the company pushes out cutesy flu shot "compliance" cards that urge new moms to have their newborn babies injected with dozens of combination vaccines, complete with mercury and chemical adjuvants that cause neurological disorders:

SOURCE: http://www.naturalnews.com/034525_vaccines_news_stories.html

Measles Among Vaccinated Quebec Kids Questioned

October 20, 2011,
Canadian Broadcasting Corporation

Measles cases have surged in parts of Canada and the United States this year, with cases among unvaccinated children and teens driving the high numbers. A still smoldering outbreak of measles in Quebec is the largest in the Americas in over a decade. An investigation into an outbreak in a high school in a town that was heavily hit by the virus found that about half of the cases were in teens who had received the recommended two doses of vaccine in childhood — in other words, teens whom authorities would have expected to have been protected from the measles virus.

It's generally assumed that the measles vaccine ... should protect against measles infection about 99 per cent of the time. So the discovery that 52 of the 98 teens who caught measles were fully vaccinated came as a shock to the researchers who conducted the investigation. The discovery that as many of the cases were fully vaccinated as unvaccinated raises a

serious question about whether the timing of the delivery of the first dose of measles vaccine is undermining the efficacy of the prevention program.

SOURCE: <http://www.cbc.ca/news/health/story/2011/10/20/measles-quebec-vaccine-schedule.html>

Vitamin C may be effective treatment for heart failure, scientists announce

November 14, 2011
by S. L. Baker

(NaturalNews) According to the National Institutes of Health (NIH), approximately 5.7 million people in the US suffer from heart failure and it takes the lives of about 300,000 Americans each year. Currently, heart failure has no cure although certain medications and lifestyle changes can help many people live longer; in severe cases some heart failure patients undergo heart transplants. But now there's a new treatment that could dramatically help heart failure patients. And it's not a new type of surgery or Big Pharma prescription -- it's plain old vitamin C.

These findings were just announced at the American Heart Association's Scientific Sessions 2011, underway in Orlando, Florida. "We found that adequate intake of vitamin C was associated with longer survival in patients with heart failure," Eun Kyeong Song, Ph.D., R.N., lead author of the study and assistant professor at the Department of Nursing, College of Medicine, in the University of Ulsan in Korea, said in a media statement.

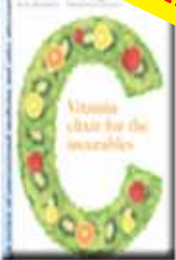
Heart failure is a common and often deadly condition that results when the heart



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can't pump an adequate amount of oxygen and nutrient rich blood through the body. The symptoms that result can include fatigue, loss of appetite, fluid build-up and kidney failure. Shortness of breath also occurs when heart failure causes blood to back up behind the heart, leading to increased pressure or fluid in the lungs. For the new study headed by Dr. Song, the researchers worked with 212 patients with an average age of 61. Approximately 45 percent of the participants had moderate to severe heart failure. When the scientists tested their vitamin C levels, they found that heart failure patients with low levels of the vitamin had the highest levels of high sensitivity C-Reactive protein (hsCRP), a marker for inflammation and a risk factor for heart disease. Those with lower vitamin C levels in the body also had more major cardiac events and higher death rates.

Low vitamin C levels linked to higher death rate

Specifically, heart failure patients in the study who had low vitamin C intake were 2.4 times more likely to have higher levels of hsCRP compared to patients with higher levels of the vitamin. Study participants with low vitamin C intake and hsCRP over 3 milligrams per liter (mg/L) were also about twice as likely to die from heart disease within one year of follow-up.

"Increased levels of high-sensitivity C-reactive protein means a worsening of heart failure," Dr. Song explained. "An adequate level of vitamin C is associated with lower levels of high-sensitivity C-reactive protein. This results in a longer cardiac event-free survival in patients."

It turns out heart failure patients may be at increased risk of too little vitamin C because they are regularly prescribed diuretic drugs to help the body get rid of excess fluid. In the media statement, Terry Lennie, Ph.D., R.N., a study author and associate dean of Ph.D. studies in the College of Nursing at the University of Kentucky in Lexington, Kentucky, pointed out that vitamin C is water soluble and diuretics, also known as "water pills", increase the amount of water excreted from the kidneys which also takes C out of the body.

So what is it about vitamin C that appears to be extremely advantageous to people with heart failure? Dr. Song and colleagues pointed out that inflammation seems to play an important role in heart failure and a lack of vitamin C could contribute to that problem. On the other hand,

taking in adequate vitamin C appears to significantly lessen inflammation.

SOURCE: http://www.naturalnews.com/034146_vitamin_C_heart_failure.html

Antibiotic Treatment for Ear Infections in Kids Provides Only Modest Benefits

<http://www.sciencedaily.com/releases/2010/11/101116181951.htm>

ScienceDaily (Nov. 16, 2010) — Using antibiotics to treat newly diagnosed acute ear infections among children is modestly more effective than no treatment, but comes with a risk of side effects, according to a new study designed to help advise efforts to rewrite treatment guidelines for the common illness.

Researchers found no evidence that name-brand antibiotics work any better in general than generic antibiotics and that careful examination of the eardrum by a clinician for signs of infection is critical for accurate diagnosis of acute ear infections. The study is published in the Nov. 17 edition of the Journal of the American Medical Association.

"Our findings reinforce the existing knowledge that the best antibiotic treatment for common childhood ear infections may be no antibiotic treatment at all," said lead author Dr. Tumaini R. Coker, a pediatrician at Mattel Children's Hospital UCLA and a researcher at the RAND Corporation, a nonprofit research organization.

"Prescribing antibiotics early may help cure ear infections a little bit faster, but also raises the risk that children will suffer antibiotic-related side effects such as a rash or diarrhea," Coker said. "Parents and their children may value these different outcomes differently."

Researchers from the Southern California Evidence-Based Practice Center conducted the study by examining previously published research about the diagnosis and treatment of acute ear infections among children. The review was requested by the American Academy of Pediatrics as part of its effort to update practice guidelines

for treating acute ear infections among young children.

The study found that a major limitation of efforts to improve the treatment of acute ear infections is that there is no one definitive test for making the diagnosis. The use of an otoscope to look into the ear for signs of infection is a key component of any diagnosis and improving clinicians' ability to conduct this exam may help improve the accuracy of diagnosis, researchers said.

Acute ear infections are the most common childhood illness in the United States where antibiotics are routinely prescribed. A 2006 study estimated that it costs about \$350 to treat each episode of the illness, with yearly national costs totaling \$2.8 billion.

The new study reviews published data from 1999 to 2010 about the treatment of acute ear infections among children. This systematic review of the literature found that prescribing antibiotics early for acute ear infections had a modest benefit. Of 100 average-risk children with acute ear infections, about 80 would be expected to get better within about three days without antibiotics. If all were treated with antibiotics immediately at diagnosis, evidence suggests an additional 12 would improve, but three to 10 children would develop a rash and five to 10 would develop diarrhea, according to the study.

"Early prescribing of antibiotics offers a slight benefit and poses a slight risk," said the study's senior author, Dr. Glenn Takata, a pediatrician and researcher at Children's Hospital Los Angeles. "Clinicians will have to take these modest benefits and risks into consideration when deciding whether to treat with antibiotics or not."

Researchers also found no evidence that using newer, name-brand antibiotics to treat uncomplicated acute ear infections in normal-risk children offers an advantage over generic antibiotics, namely the commonly-used amoxicillin. Despite these findings, the higher-priced antibiotics are often prescribed for uncomplicated acute ear infections. Savings could be substantial if physicians used amoxicillin as the first line of defense against uncomplicated acute ear infections, according to researchers.

Pine Bark Used To Treat Brain Injuries

November 21, 2011

Researchers at AUT University are investigating the use of supplements made from New Zealand pine tree bark extract to treat traumatic brain injury (TBI).

Ongoing cognitive difficulties are common following TBI and can profoundly affect a person's day-to-day functioning and ability to work and live independently, says Professor Valery Feigin. Director of AUT's National Institute for Stroke and Applied Neuroscience, Feigin is leading a team of researchers looking at the effect of Enzogenol (*Pinus Radiata* bark extract) on the cognitive functions of a group of patients with mild TBI.

Sixty people with persistent cognitive difficulties due to TBI took part in the pilot study where they were given Enzogenol for either a six or 12 week period. Results of the pilot study have been announced at New Zealand's first national conference on stroke and applied neuroscience.

"Every day, 90 New Zealanders sustain a brain injury, ranging from mild to severe. Acquired brain injury – including stroke and traumatic brain injury – is the leading cause of disability and death in this country costing our health system an estimated \$100 million per year," says Feigin.

"While many supplements claim health benefits, this research is one of very few evidence-based treatments. Until now, there has been a lack of effective medication for mild TBI. Other than brain exercises, there are limited treatments available to improve damage as a result of TBI."

The aim of the pilot study was to explore the effectiveness of Enzogenol to improve verbal and working memory, information processing speed, attention span, everyday memory difficulties and post-concussive symptoms in patients three to 12 months following mild TBI. The major causes of TBI are motor vehicle crashes, sports injuries, assaults and falls, says Feigin. Senior Research Fellow Dr Alice Theadom says that preliminary results have indicated an improvement in day-to-day cognitive functioning.

"There was a statistically significant improvement on the reporting of cognitive failures such as walking into a room and

forgetting what you went in for, failure to remember names, forgetting directions on a familiar route and forgetting to respond to important correspondence.

"The pilot trial has revealed some promising findings for use of the Enzogenol supplement to improve everyday cognitive failures. We'll now be looking at conducting a full scale clinical trial to determine the effectiveness."

Enzogenol is a natural extract from the bark of New Zealand grown pine trees produced by ENZO Nutraceuticals using a specialised water-only extraction method. The active compounds in Enzogenol are flavonoids and other plant polyphenols with antioxidant and natural anti-inflammatory properties.

So far, other clinical research findings have shown that Enzogenol may help improve brain activities and cognitive performance, says Feigin. "We are also investigating the actual incidence of TBI in New Zealand; it's a far greater problem than we anticipated."

Ed note: *Given the large number of people who suffer head injuries this research has the potential to help many people. It is very promising that a treatment administered several months after the injury has shown positive results. However it is also vital for people to receive optimal medical care as soon as possible after a head injury. The paper at this link <http://bjsm.bmj.com/content/36/1/3.full> gives a good overview of pharmacological treatments for head injuries (including nutritional medicine). Homoeopathy can also be helpful in promoting recovery. A basic guide to homoeopathic first aid may be read in issue 1, although obviously serious head injuries require professional treatment.*

Low Vitamin D Linked To Respiratory Problems In Infants

A groundbreaking study has now revealed how important vitamin D is for the immune system of the fetus and newborn. In a study published in the January 2011 issue of *Pediatrics*, the umbilical cord-blood level of vitamin D was evaluated at birth for 922 healthy newborns, and these levels were compared to the incidence of respiratory infections, wheezing, and allergies over a 5-year period. The researchers

discovered that low levels of vitamin D in cord-blood were associated with a higher risk of respiratory infections during the first months after birth and a higher risk of wheezing episodes throughout early childhood. Twenty percent of the newborns in this study had a cord-blood level that indicated a deficiency of vitamin D (less than 25 nmol/L), and these babies had more infections and wheezing than infants with higher vitamin D levels.

Four previous studies published between 2006 and 2009 showed that the babies of mothers who ate foods high in vitamin D or took vitamin D supplements during pregnancy had a decreased incidence of wheezing and/or asthma.

A low vitamin D level at birth is associated with more respiratory infections and wheezing in children. This study provides further evidence of the importance of maintaining adequate vitamin D levels during pregnancy as well as later in life. Women should have their vitamin D levels tested during pregnancy and consider taking a vitamin D supplement. Babies should have adequate sun exposure, or take vitamin D as a supplement starting during infancy.

Commonly recommended dosages of vitamin D3 supplementation during the winter months are (per day) 75 IU per kg of weight for babies, 2,000 IU for children ages 3-12, and 5,000 IU for teenagers and adults. During the summer, if children are spending significant amounts of time in the sun, vitamin D supplementation can usually be suspended.

(Ed Note: Mothers who are Vitamin D deficient have Vitamin D breastmilk and therefore their babies are at risk of rickets and other Vitamin D associated problems such as diabetes.)

SOURCE: <http://www.hippocrates.com.au/hippocrates-news-archive/vitamin-d/item/392-vitamin-d-for-your-baby>

The Leading Cause of Breast Cancer?

Profiteers in the medical CT scan business took a big hit last week from a major new government report on the causes of breast cancer.

Published by the Institute of Medicine (IOM), the health arm of the National Academy of Sciences, the exhaustive analysis found that medical radiation, par-

ticularly the large radiation dose delivered by CT scans, is the foremost identifiable cause of breast cancer.^[1]

CT Scans may cause 29,000 cancers and 15,000 cancer deaths every year

NBC News said in 2009 that each whole-body CT scan can deliver as much radiation in 10 minutes as 440 chest X-rays.^[5] The IOM's authoritative warning against CT scans has to be considered in view of a 2009 study led by the National Cancer Institute which showed that CT scans administered in the year 2007 alone may have contributed to 29,000 new cancer cases and nearly 15,000 cancer deaths in the United States. SOURCE: www.coun-terpunch.org/2011/.../the-leading-cause-of-breast-cancer/

Prevention Of Chronic Urinary Tract Infection (UTI) Pretty Easy

Cranberry juice really does prevent UTI (urinary tract infection). UTI is an infection of any part of the urinary tract (kidneys, bladder, prostate). UTI is a virulent form of e-coli that has small hooks to attaches itself to cells that line the urinary tract. Cranberry contains natural chemicals that collectively cause the hooks to curl up, preventing the bacteria from attaching to the urinary tract.

Cranberry

Cranberry juice is usually cranberry cocktail and contains a number of other juices, usually apple and pear juice to sweeten the cranberry juice. Be sure to avoid cranberry juice containing high fructose corn syrup and other kinds of added sugar. Northland makes a pretty good cranberry juice. Cranberry supplements are sold in health food stores and may be less expensive or more convenient than cranberry juice. Drink cranberry juice, eat cranberry sauce, or use cranberry supplements to prevent UTI.

Other Benefits Of Cranberries

Most bacteria that are harmful thrive in low pH environments. It doesn't help when pH is kept lower than normal with junk food, sweets, alcohol, and especially soda.

What About Antibiotics For UTI?

Cranberry prevents urinary tract infection, but cranberry can't stop bacteria once bacteria is attached to the urinary tract. Cranberry prevents bacterial infection, but

if the infection came before the drinking of cranberry juice, cranberry can't kill bacteria.

Like so many types of bacterial infection, UTI is life threatening if not cured. But "cured" means removed or stopped but it doesn't mean removed or stopped forever. Without cranberry, often UTI comes back. Sometimes UTI comes back adapted to the antibiotic it was killed off with, requiring a different and more powerful antibiotic the next time there's a urinary tract infection. With repeated infections and antibiotic cures, eventually the bacteria can survive any antibiotic – the reason why it's so important to prevent UTI.

A couple of glasses of cranberry juice every day won't remove bacteria from the urinary tract, but once the bacteria is removed (by an antibiotic or some other means) a couple of glasses of cranberry juice every day will prevent bacteria from coming back.

UTI and Nursing Homes

UTI affects over 7 million men and women each year and costs over 1 billion dollars in medical costs. The incidence of UTI is much higher in nursing homes. Nursing home "care" often leads to excessive antibiotic usage and sepsis and thus more emergency room visits and hospitalizations. The use of antibiotics to prevent UTI in elderly nursing home patients is fraught with problems, including adverse reactions, drug interactions, and the development of drug-resistant bacteria.

SOURCE: www.actualcures.com/urinary-tract-infection-uti-cranberry/

Ed note: *In the elderly, symptoms of severe UTI may include confusion which may lead to a mistaken diagnosis of Alzheimer's disease if the UTI goes undiagnosed. Adverse reactions to prescription drugs can also cause symptoms that could be mistaken for Alzheimer's. An Alzheimer's diagnosis may lead to the prescription of antipsychotic medications that can have severe side effects, including increased risk of death. Therefore, tests to rule out UTI should always be done as part of a comprehensive medical assessment of any elderly person who is agitated or confused. Please see the **Readers' Stories** link on our website www.natural-medicine.net/category/readers-stories/ for a personal story written by qualified nurse, massage therapist and personal trainer Rachel Tomlinson about how her grandmother's UTI was misdiagnosed as Alzheimer's and the consequences.*

Too Much Sitting Is Killing Us

January 3, 2012

A study published in the American Heart Association's journal *Circulation* showed that each extra hour of television watching (the ultimate sitting sedentary activity) per day was associated with an 18% increase in deaths from heart disease and an 11% increase in overall mortality. People who watched TV for at least four hours a day were 80% more likely to die of cardiovascular disease than those who watched two hours or less, and 46% more likely to die of any cause.

We have smart readers, and many of you will immediately ask: "Weren't there other factors, not just sitting, that resulted in this outcome?" Yet that doesn't seem to be the case. There are specific reasons why sitting, in itself, appears to be dangerous. The message seems to be to move around. But if you aren't moving around, stand or lie down, which humans have done throughout their history. Avoid sitting in a chair, an activity that is relatively new for human beings and not at all good for us.

Surprising as it is, the increase in heart and mortality risk observed in the *Circulation* study affected people who met exercise guidelines – and were independent of eating habits as well! Studies reported significant associations between total sedentary time with blood glucose, blood lipids, and adiposity, even in people who performed moderate to vigorous exercise several times each week.

Animal studies also show that how much time we are sedentary is related to how well our bodies process fats. The studies in rats show that leg muscles only produce the lipase lipoprotein (fat-processing) molecule when they are being actively flexed – that is, when standing or, better still, walking around – and low levels of the molecule are associated with health problems, including heart disease. In short, sitting makes this important molecule slow down. In fact, actively contracting the muscles produces a whole suite of substances that have a beneficial effect on how the body uses and stores sugars and fats.

"Many people, on a daily basis, simply shift from one chair to another – from the seat in the car to the chair in the office to the chair in front of the television," said to the lead author of the study. "Even if someone has a healthy body weight, sit-