

The New Zealand Journal of

NATURAL MEDICINE

Issue 9: May – August 2013

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Why hospitals can't learn

**Do you still believe that
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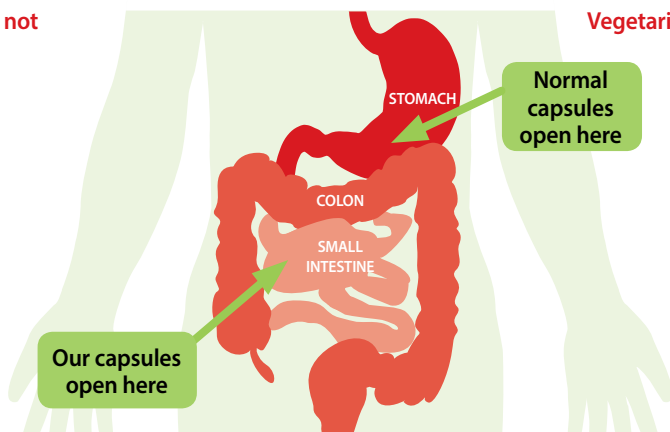
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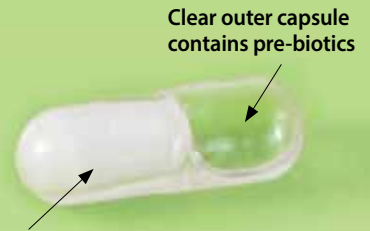
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Introduction



Why Hospitals Can't Learn

I am often flummoxed by the gullibility of people who just can't seem to "get it" that our "health system" is a misnomer. After all the evidence to the contrary, people still believe that the system is "there" for our health. They also think, irrespective of the evidence to the contrary that "our" political elites are "there" for our protection and well-being.

They don't seem to understand that the dynamics of the system actually militate to **destroy** our health, and that the hospital system itself has an in-built aversion to adopting non-drug (and non-surgical) modalities even though these may be light years ahead of the drug and surgical modalities currently in use.

They don't seem to be able to connect the FACT that the medical system itself is our second leading cause of death – with how the system happens to be treating individual people, some of who are near and dear to us.

Or why it is that this vaunted, "scientific" medical system is so closed off from the legion of successful alternatives that exist to their failing pharmaceutical model – and has been that way for the better part of a century.

Case in point: While visiting a friend in hospital several weeks ago – he was in the Infectious Disease ward – I chanced to ask one of his doctors if Auckland Hospital still had a policy of "never giving vitamin C to anyone for anything".

I was remembering the now famous case in 2009 of Allan Smith (see www.vitaminccancure.org.nz) who was so ill that Auckland hospital decided to shut off his life support system and thus let him die – rather than giving him *any* vitamin C.

As those who watched the story on "60 Minutes" will recall, Allan's family refused the hospital permission to pull the plug and absolutely insisted – against the hospital wishes – that he be given vitamin C.

Before they killed him.

The hospital reluctantly acceded to the family's insistence, and Allan recovered not only from the Swine Flu that he had, but also from a previously undiagnosed case of leukaemia!

In fact, when asked on "60 Minutes" whether he now thought that vitamin C accounted for Smith's apparently miraculous recovery, the head of the Intensive Care Unit calmly replied that it was probably only a "coincidence" and that the man's recovery might well have been due to a "passing bus" or "pron-ing him" (turning him over).

The fact is that shortly after Smith's story went "viral" (as they say), the US FDA began harassing the manufacturer of intravenous vitamin C.

Now, there's a coincidence!

Has the medical system learned anything from Smith's (and other) caseS?

While some individual doctors are beginning to wake up and read the evidence (and there is plenty!) of treatments that leave the "standard" treatments in the dust, sadly the system itself, true to form, has closed ranks against vitamin C as well as a host of other excellent treatments from the natural medicine cornucopia.

After all, look what's at stake:

Corporate medicine, the system as it were, has an enormous stake – not in learning and practicing more effective ways of treating its patients – but in maintaining its status as the Authority, which just happens to mean an endless supply of money and a totally dependent population – an endless stream of people who are getting sicker and sicker, in part thanks to the interventions of the medical system itself.

After all the sicker the population, the more business is generated. And to heck with the Hippocratic Oath.

So I asked this doctor who was assigned to my friend if this ridiculous policy of never giving vitamin C to anyone for anything was still the order of the day.

When she adamantly refused to answer I pressed her to respond.

After all, there comes a time when even a hospital professing to practise "evidence-based medicine" has to look at the evidence.

And in this case, the evidence was not only manifest right there in her own hospital's Intensive Care ward, but in the works of Dr Thomas Levy (author of ***The Primal Panacea***) as well as hundreds of other works of excellent research dating back to the 1930s.

It's in their own vaunted "peer reviewed" literature, for goodness sake.

Even polio was being cured by Dr Frederick Klenner in 1948 and reported on in a mainstream medical journal.

But this doctor, so representative of a system that is threatened by anything "outside" of her comfort zone – regardless (or because) of the evidence of efficacy – dug in her heels and refused to answer my question.

Which, of course, was her answer: No, the hospital will not administer vitamin C to anyone for anything, ever, and the evidence be damned.

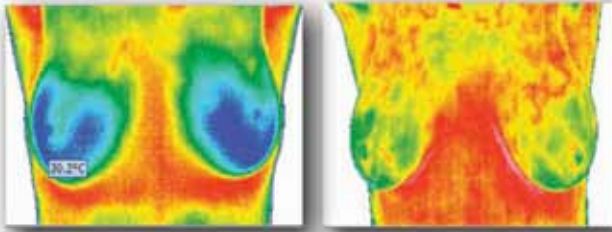
This adamant refusal to countenance anything outside of the dominant medical paradigm may be killing more people every year than all other causes combined. We just don't know how many people it kills but we do know that the medical system is officially our 3rd leading cause of death.

Such a system cannot learn from its mistakes, because to do so would be to acknowledge its huge contribution to our soaring death toll. And its subservience to its corporate and political masters.

So the paradigm gets reinforced with every new generation of medical graduates who sadly, are not taught nutritional medicine, much less anything else that might actually cure anyone.

– Jonathan Eisen, Publisher

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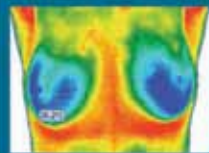
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In this issue ...

- 11 **Column:** Better Health On A Shoestring
- 12 Health Freedom News
- 14 Kiwis Making A Difference
- 16 Health News Alerts
- 21 Cholesterol: A Must Have!
- 22 GMO and Intestinal Flora
- 24 Vaccine News Updates
- 27 **Column:** The Hoax At The Bottom of Autism And Alzheimer's
- 34 Healing Ash And Cleansing Clay
- 36 A Fever Is A Good Thing – Don't Suppress It!
- 38 **Evidence-Based Home Remedies**
- 40 What Really Causes Kidney Stones?
- 45 **Reader's Story:** How I Gave My Son Autism
- 48 Smart Meter Health Concerns
- 52 10 Signs That You May Be Gluten Intolerant
- 53 Is A Vegan Diet Really That Healthy?
- 56 Iron: A Delicate Balance
- 58 Canola Oil: The Blob That Ate Butter etc
- 60 Sweet Treat Addiction: The Scourge Of Sugar
- 62 Qi Gong: A Brief Introduction
- 64 Psychiatry & The Adrenochrome Hypothesis
- 66 Essential Oils For Family Health
- 69 Aids: The Seleno-Enzyme Connection
- 75 Detox Juicing
- 76 Thermography And Breast Health
- 78 Hypothyroidism
- 80 Calcium Supplementation: Should I or Shouldn't I?
- 82 The Health Benefits Of Vitamin D
- 85 How To Improve Your Memory
- 89 **New Zealand Native Medicinal Herbs: "Bush Lawyer"**
- 90 Homeoprophylaxis and the Cuban Experience
- 93 **REVIEWS: Herbal Antibiotics: Natural Alternatives for Treating Drug Resistant Bacteria; Resonance – Beings of Frequency; Weeds Heal; Professional Perspectives on Fluoridation; What Should I Eat? Nutrition, the Autonomic Nervous System and Health**



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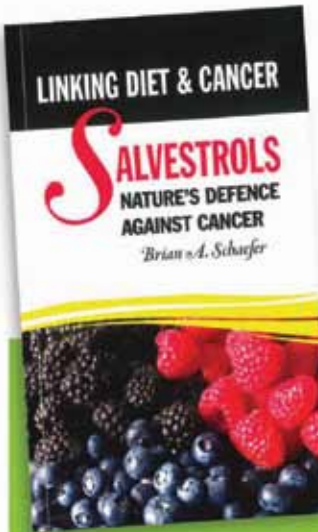
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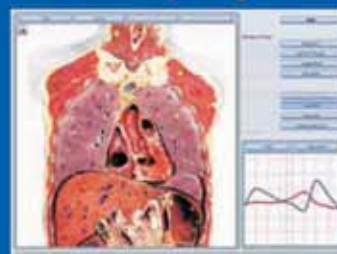
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LETTERS

NZ Native Medicinal Herbs

Kia ora Katherine,

I have appreciated the work that has been done in the articles in the journal on New Zealand native medicinal plants [*rongoa*]. I think they have been well done, but then again they are not so well done. In issue 7, Amy has done a good job in bringing together the published information on kowhai, for instance, and drawn on her own experience. However that is only the beginning of the story.

Some work has been done on the chemistry of the plant, but not nearly enough. As a result of recent work botanists now consider that NZ has eight *Sophora* species, not three. In many cases they are very similar, but it would appear that the differences may be more significant than first realised. What made me realise that quite dramatically the other day was a comment made by one of my neighbours here in Tauranga. The family has two kowhai trees, different species, growing side by side. Every year the kereru completely strip all the leaves and flowers off one tree, and left the other one completely untouched. The kereru is not the brightest bird in the forest, but they certainly knew the difference. Is one poisonous and the other not, or is one full of nourishment.....?

So which kowhai is used for medicine? Brooker, Cooper and Cambie discuss two species, but

what about the other six? And what influence does climate, soil chemistry, harvesting time, etc. have on the medicinal properties of the plant? We have got so much more to learn, much of which can be found in local traditions, where they still survive. We are only at the beginning of the journey.

I think one thing we can do is what you are already doing, and make available to people what is already published and known, as a way of stimulating more people to make use of NZ medicinal plants, and to carry out further research. In the meantime those who can need to work very hard to keep alive the oral traditions around the use of *rongoa*, because in those traditions is a wealth of knowledge which will become increasingly relevant as the use of natural medicines continues to grow in NZ. It is because of that my focus at the moment is on teaching and sharing what I know.

What is happening with *rongoa* is just a small part of what's happening within the Maori world. There is a real urgency to ensure that the culture continues to live, very much part of the 21st century, but strongly rooted in the traditions that have been handed down. *Rongoa* Maori is a key part of that, particularly because at its foundation it draws life from connection to the whenua, the land. It certainly is a challenge.

Nga mihi nui, Robert McGowan

[Editor's note: Robert McGowan is the author of **Rongoa Maori: A Practical Guide to Traditional Maori Medicine**. He runs courses for people who want to learn about *rongoa*. For information about these courses, please contact Karen Tindall via email at titoki.education@gmail.com]

Getting its phytic acid with all the attached nasties, just ain't worth it.

Paul Jaminet in the just-released book *The Perfect Health Diet*, notes that the most toxic food is: CEREAL GRAINS. His advice? Avoid bread.

"There may be no single step that can do more to improve health". Good luck, cereal devotees.

– Dr Neil (Neil Hilford, Whangarei)

Horror Mobile Phone Incident

Dear Editors:

In July 2012 I left Optus Mobile to Telstra Mobile. (Optus was too weak). Over the past five months since the change over and purchasing a new Nokia 4G mobile I noticed burning in my right ear which cleared after one day. On Sunday 9th December 2012 I experienced increasing burning pain over the one hour conversation with my friend. At the one hour mark I had to get off the phone as my right ear was in excruciating burning pain.

That same day I experienced burning pain surging on the right side of my head to the middle of my head down to my forehead as well as dizziness, nausea, body weakness, shakiness and trouble concentrating. It felt like a severe flu! I spent three days in bed with ringing, burning, tuning fork sounds and feelings of fluid leaking, in my right ear still. On the 12th December 2012, I asked my neighbor to drive me to the doctor as I was still very sick since the incident.

I spent one hour lying down in a room. I told nurse what happened. Her reply was "It's not the phone company." Odd reply, I thought. The GP asked me to follow him to his room. I gave him a brief summary of what happened. he just said "The phone or the company hasn't done any damage to your ear. You have past psychiatric problems, and you need blood tests."

I had a severe reaction to radiographic dye in 1997, near dead and was very traumatised. They covered up what had happened to me. This present GP gave me the final insult. Didn't give me anything for my nausea. Just dismissed me with a psychiatric diagnosis for the one hour of waiting in misery.

I have a burn in my little right finger where I hold the phone. When I left the surgery in an outburst I said: "I know what's going on. You medicos are protecting yourselves from the big boys."

I lost faith in the medical profession in 1997; one horror story is enough.

If you're damaged by any industry the medicos don't treat you properly. A psychiatric diagnosis is a very convenient way to hide the truth. As I try to write this letter my mind is dizzy, [I have] nausea, my right ear is ringing and burning feeling of water or fluid in my ear. Like a raw wound.

I'm hesitant now of going for a hearing test as I won't be believed. I'm so traumatised by the medical profession I would rather ignore them from now on. God help us all!

Yours sincerely,

[Name and address supplied – Ed]


I now avoid all grains.

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In Praise of Broth

(Apologies to vegetarian readers!)

With autumn here, and winter not far behind, as the poem goes, warm, nourishing food is helpful. Traditional broths, made from boiling up bones (and otherwise in-edible portions of animals) with vegetables can provide food that is warm, comforting and nutritious.

Most cultures have a tradition of boiling bones to extract the minerals. Boiling the rubbery, cartilaginous parts of an animal (such as chickens' or calves' feet, or tendons) extracts the chondroitin and glucosamine sulphates that these contain, creating a natural "joint food". When cooled, broths solidify due to the presence of gelatin, which also has beneficial properties, being high in the amino acids arginine and glycine. Together these two conditional essential acids assist with wound healing and growth – and their inclusion in the diet helps the body to make better use of the essential amino acids.

In traditional Chinese medicine, broths made from boiled bones are considered to contain the "blood and essence" of the animal. Broths can be helpful for people on chemotherapy as an easily assimilable source of nutrients that help the bone marrow to regenerate after being hammered by antineoplastic medications.

Below are two broth recipes from the website of the Weston Price Foundation (<http://www.westonaprice.org/>). Thank you to Sally Fallon Morell, co-author (with Mary Enig) of the book *Nourishing Traditions* for permission to print the recipes. Bon appetit!

Chicken Stock

- 1 whole free-range chicken or 2 to 3 pounds of bony chicken parts, such as necks, backs, breastbones and wings*
- Gizzards from one chicken (optional)
- 2-4 chicken feet (optional)
- 4 quarts cold filtered water
- 2 tablespoons vinegar
- 1 large onion, coarsely chopped
- 2 carrots, peeled and coarsely chopped
- 3 celery stalks, coarsely chopped
- 1 bunch parsley

*Note: Farm-raised, free-range chickens give the best results. Many battery-raised chickens will not produce stock that gels.

If you are using a whole chicken, cut off the wings and remove the neck, fat glands and the gizzards from the cavity. Cut chicken parts into several pieces. (If you are using a whole chicken, remove the neck and wings and cut them into several pieces.) Place chicken or chicken pieces in a large stainless steel pot with water, vinegar and all vegetables except parsley. Let stand 30 minutes to 1 hour. Bring to a boil, and remove scum that rises to the top. Reduce heat, cover and simmer for 6 to 8 hours. The longer you cook the stock,

the richer and more flavorful it will be. About 10 minutes before finishing the stock, add parsley. This will impart additional mineral ions to the broth.

Remove whole chicken or pieces with a slotted spoon. If you are using a whole chicken, let cool and remove chicken meat from the carcass. Reserve for other uses, such as chicken salads, enchiladas, sandwiches or curries. Strain the stock into a large bowl and reserve in your refrigerator until the fat rises to the top and congeals. Skim off this fat and reserve the stock in covered containers in your refrigerator or freezer.

Beef Stock

- About 4 pounds beef marrow and knuckle bones
- 1 calf's foot, cut into pieces (optional)
- 3 pounds meaty rib or neck bones
- 4 or more quarts cold filtered water
- 1/2 cup vinegar
- 3 onions, coarsely chopped
- 3 carrots, coarsely chopped
- 3 celery stalks, coarsely chopped
- several sprigs of fresh thyme, tied together
- 1 teaspoon dried green peppercorns, crushed
- 1 bunch parsley

Place the knuckle and marrow bones and optional calf's foot in a very large pot with vinegar and cover with water. Let stand for one hour. Meanwhile, place the meaty bones in a roasting pan and brown at 350 degrees in the oven. When well browned, add to the pot along with the vegetables. Pour the fat out of the roasting pan, add cold water to the pan, set over a high flame and bring to a boil, stirring with a wooden spoon to loosen up coagulated juices. Add this liquid to the pot. Add additional water, if necessary, to cover the bones; but the liquid should come no higher than within one inch of the rim of the pot, as the volume expands slightly during cooking. Bring to a boil. A large amount of scum will come to the top, and it is important to remove this with a spoon. After you have skimmed, reduce heat and add the thyme and crushed peppercorns.

Simmer stock for at least 12 and as long as 72 hours. Just before finishing, add the parsley and simmer another 10 minutes. You will now have a pot of rather repulsive-looking brown liquid containing globs of gelatinous and fatty material. It doesn't even smell particularly good. But don't despair. After straining you will have a delicious and nourishing clear broth that forms the basis for many other recipes in this book.

Remove bones with tongs or a slotted spoon. Strain the stock into a large bowl. Let cool in the refrigerator and remove the congealed fat that rises to the top. Transfer to smaller containers and to the freezer for long-term storage.

There is also a recipe for a fish stock [HERE](http://www.westonaprice.org/food-features/broth-is-beautiful):

<http://www.westonaprice.org/food-features/broth-is-beautiful>

Clamping Down on Nutritional Information In Europe: You'd Better Watch What You Say



Commentary by Gert Schuitemaker, PhD (Netherlands) and Andrew W. Saul (USA)

(OMNS Apr 6, 2013) The government of the Netherlands, one of 27 European Union countries, continues to clamp down on alternative medicine. The Netherlands Food and Consumer Product Safety Authority (NVWA, <http://www.vwa.nl/english>) has the tools in place to restrict communication of information about the beneficial effects of food and nutrients to promote health and effectively curb disease. And, most importantly, this bureaucracy makes all decisions as to how strict the rules are applied.

Netherlands law is backed up and strictly enforced by new EU rules based on very rigid codes regarding health claims for foods and dietary supplements. The power is held by the European Food Safety Authority (EFSA). These regulations are now in force in every European Union country.

The Noose Tightens

When we go back in history, we see that already in 1958 the Dutch Medicine Laws defined all substances in nature as medicines, if they were in any way presented as suitable for curing or preventing a disease. So once a common beet, or vitamin C, was associated with a preventive medicinal effect, it legally became a drug. This was the start of censorship and control, and has been buttressed by subsequent European regulations. Slowly but relentlessly, since 1958, all substances in nature are being brought into the realm of medical care.

Since December 14, 2012, the date the new EU rules came into force, the stage is set for stepped-up enforcement of the law. This serves the pharmaceutical-dominated belief system of the controlling officials that "medical claims" (like how vitamin C helps against colds) are illegal. Now huge fines up to \$30,000 may be imposed. Doctors, therapists and other clinicians are at risk . . . even journalists and publishers. We think you'd better know what's going on and learn from people who were unlucky. Perhaps "unlucky" is not the precise word. "Victimized" might be more accurate.

Government power grabs are a serious matter and fit into a long historical trend. Most governments for years have evidenced no sympathy for complementary medicine. Take, for example, the recent July 2012 action against homeopathy in the Netherlands. It is now forbidden by

law for homeopathic products to mention any use of the product on the label or in flyers.

Paying More, and Paying with Human Lives

In the Netherlands, there has been an increase of the tax rate on complementary treatments. At the same time, every citizen is obliged to pay collectively for a medical system where all alternatives are slowly but effectively being eliminated. But hazard-ridden mainstream services are defended politically, financially and economically. Pharmaceutical abuses are "downgraded" to mere incidents. In the Netherlands alone, with 16 million citizens and not a particularly large nation, nearly 2000 deaths every year are due to avoidable medical mistakes. Between 30,000 and 40,000 patients are unnecessarily harmed, every year. Were we to be able to count the errors that do not come out, that number would be vastly higher. And that is just in one EU country.

Confidence Game

The medical care system is founded on the confidence of the citizens, who increasingly tolerate higher and higher costs. Seemingly nothing is permitted to undermine the system. A comparison with the financial system is obvious: the international economy, the banks as central players, is built on confidence. As soon as the confidence disappears, the system will be ruined. Complementary medicine is an irritant to the official medical care system. It is a source of continuous criticism. Moreover, alternative health practitioners often have the safest and most effective therapies to offer their patients, especially to the growing number of chronically ill. The regular entrenched interests are fundamentally affected, and laws are made to protect those in power. Censoring reasonable health claims for supplements bolsters the medical-pharmaceutical industry.

Slowly the government has scaled up restrictive measures. Slowly, dissenting physicians have been gagged. This process goes on over decades. The gagging takes place such that it is just bearable. Avoiding sudden moves, no healthcare rebellion breaks out. It would appear that conventional medical authority in science, media and politics cannot tolerate being challenged. But losing information access, and losing choice of treatment, are not just marginal phenomena. Just because freedoms have been lost inconspicuously doesn't make the loss any less serious.

It Can Happen Here

Just because you live outside the European Union does not mean you are going to keep your access to dietary supplements. If they can restrict access to fair information, they can and will restrict access to the supplements themselves. European legislation is a ready blueprint for legislation in other countries, including the United States. We urge OMNS readers to protest, in their own nation, any and all laws that restrict information access, supplement availability, and treatment options.

Take Action

Online newsletters and updates from the Alliance for Natural Health (ANH, <http://anh-europe.org/>), the National Health Federation (NHF, <http://www.thenhf.com/>), and other valuable activist organizations provide background information and opportunities for you to make a difference. Going through PubMed/MEDLINE week by week, you (and your doctor) can see that many new studies show the validity of orthomolecular (nutritional) medicine.

Even with the restrictions encouraged by the pharmaceutical industry onto government, more and more people are realizing the importance of readily available, unbiased information about essential nutrients and how they can prevent and reverse disease. Restrictions haven't stamped out people's desire for unhampered access to supplements. But take a lesson from the European Union countries: it is easier to act now and defend your freedoms than it is to lose them and have to fight to win them back.

References:

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32002L0046:EN:NOT> [EU-level legislation started in 2002 with this directive (law). There is a permitted list of nutrients, and by their absence, other nutrients are excluded.]

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2006:404:0009:0025:EN:PDF> [link to EU regulation 12-30-2006, the basis for general claims regulation]

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2012:136:0001:0040:EN:PDF> [link to EU regulation 5-16-12 with the 222 authorized claims]

Up-to-date register of permitted health claims: <http://ec.europa.eu/nuhclaims/>

The peer-reviewed Orthomolecular Medicine News Service is a non-profit and non-commercial informational resource.

The Truth About Cancer Cures and Media Lies

Channel 7 Bunbury recently telecast a snake's nest of lies about Black Salve. Every one of their statements is a lie. They don't want you to know the truth about this ancient, revered, natural herbal cancer remedy, which has been used for ages with great success throughout the world.

Why so many media lies? You know the answer: Big Medicine, Big Pharma, Big Government and Big Media have long colluded to pick your pocket and destroy your health. It really is that simple.

In 2005, Queenslander Tanya Andersen was diagnosed with Ewing's Sarcoma. Physicians gave her six months to live, yet she is alive and well today, in 2013, because she did not follow their advice, and trusted in Black Salve. Yet, Channel 7 had the unmitigated gall to use Tanya as an example of Black Salve damage!

By going here <http://www.youtube.com/watch?v=9ooNHIB5UEU> you can learn the truth, straight from Tanya Andersen. Then, go here, <http://au.gwn7.yahoo.com/w1/video/watch/42481608-c064-3f6f-9764-d695f10f7231/cancer-patients-duped-by-corrosive-illegal-black-salve-treatment/2/> to see the way Channel 7 lied. They even used clips from the copyrighted DVD, *One Answer To Cancer*, without approval, and without consulting Tanya.

For decades we have refused to trust in mass media, and we urge you to do the same. The Internet is our only way to counteract the lies of Big Media, and spread the truth.

– Our Australian Correspondent

Elaine's DVD is available at www.oneanswertocancermovie.com



Neon Roberts Update

Neon Roberts, the young British boy who who developed a malignant brain tumour (medulloblastoma) in 2012, has now completed his court-ordered radiation therapy, and began his court-ordered chemotherapy on April 8.

Neon's mother Sally Roberts lost custody of Neon to her ex-husband Ben Roberts as a result of her opposing the toxic treatments proposed for Neon by his oncologists in favour of less toxic alternative treatment options. As Sally explained to the British newspaper *The Mirror*, the radiation therapy Neon received against her wishes has had a devastating effect on her son's health and quality of life:

"He's broken. He has chronic fatigue. He cries over the smallest things. He barely eats any more and has to take

anti-sickness pills to keep down what he does eat."

<http://www.mirror.co.uk/news/uk-news/sally-roberts-worst-fears-son-1781412>

Despite having a six week break from treatment between the end of radiation therapy, during which Neon regained some of the weight he lost during his course of 30 radiation treatments, Neon has begun chemotherapy in a very debilitated state due to suffering ongoing problems with nausea and vomiting caused by the radiation. This has not been adequately controlled by prescription medication.

If you can donate to help with legal and other expenses relating to Neon's care, please see this link: <http://www.gofundme.com/neonappeal>

– Katherine Smith

STOP PRESS

Cheap, 'safe' drug kills most cancers – *New Scientist*

It sounds almost too good to be true: a cheap and simple drug that kills almost all cancers by switching off their "immortality". The drug, dichloroacetate (DCA), has already been used for years to treat rare metabolic disorders and so is known to be relatively safe.

It also has no patent, meaning it could be manufactured for a fraction of the cost of newly developed drugs.

Evangelos Michelakis of the University of Alberta in Edmonton, Canada, and his colleagues tested DCA on human cells cultured outside the body and found that it killed lung, breast and brain cancer cells, but not healthy cells. Tumours in rats deliberately infected with human cancer also shrank drastically when they were fed DCA-laced water for several weeks.

DCA attacks a unique feature of cancer cells: the fact that they make their energy throughout the main body of the cell, rather than in distinct organelles called mitochondria. This process, called glycolysis, is inefficient and uses up vast amounts of sugar.

Until now it had been assumed that cancer cells used glycolysis because their mitochondria were irreparably damaged. However, Michelakis's experiments prove this is not the case, because DCA reawak-

ened the mitochondria in cancer cells. The cells then withered and died (Cancer Cell, DOI: 10.1016/j.ccr.2006.10.020).

Michelakis suggests that the switch to glycolysis as an energy source occurs when cells in the middle of an abnormal but benign lump don't get enough oxygen for their mitochondria to work properly (see diagram). In order to survive, they switch off their mitochondria and start producing energy through glycolysis.

Crucially, though, mitochondria do another job in cells: they activate apoptosis, the process by which abnormal cells self-destruct. When cells switch mitochondria off, they become "immortal", outliving other cells in the tumour and so becoming dominant. Once reawakened by DCA, mitochondria reactivate apoptosis and order the abnormal cells to die.

"The results are intriguing because they point to a critical role that mitochondria play: they impart a unique trait to cancer cells that can be exploited for cancer therapy," says Dario Altieri, director of the University of Massachusetts Cancer Center in Worcester.

The phenomenon might also explain how secondary cancers form. Glycolysis generates lactic acid, which can break down the collagen matrix holding cells together. This means abnormal cells can be released and float to other parts of the body, where they seed new tumours.

FULL STORY HERE: <http://www.newscientist.com/article/dn10971-cheap-safe-drug-kills-most-cancers.html>

Kiwis Making a Difference

By Clare Swinney



Betty Hooper's Campaign To Keep Kids Off Ritalin

In 1991, Betty Hooper joined the Allergy and Hyperactivity Association and communicated regularly with its founder, Brenda Sampson, QSO, until she passed away in 2002. Brenda Sampson was "very generous" in giving advice, so much so that Betty felt prepared to begin working with families in Northland, which she has done, free of charge, since 1994. "I advise parents of hyperactive children to keep a food diary to help them identify the foods that may cause the

of fizzy drinks and processed foods – so there's no need for Ritalin."

In recent years, Betty has travelled to towns in Northland and erected displays in public areas to expose the ADD/ADHD fraud. In 2013, she plans to work from her driveway in Hikurangi on Market Days. "I will keep carrying the torch for Brenda Sampson. I owe it to her," Betty said.

Annie Chapman On Walk To Bring Sanity To Mental Health

In 2010, Annie Chapman began working as a Mental Health Support Worker in the Wellington suburb of Porirua, New Zealand in the hope of sharing healthy methods of treatment, such as yoga, with those suffering from mental illnesses. No sooner had she begun, than she realised that the levels of psychotropic medication people were

this passionate woman, who is now in her fifties, kicked off a 1,600 kilometre walk, she calls the "Hiko for a Big re-THiNK of Mental Healthcare Choices". She began walking on the Te Araroa trail at Cape Reinga on December 12, 2012 and plans to be in Wellington in May, where she will present a petition to Parliament asking that the District Health Boards (which receive government funding to provide health services in their areas) provide greater access to health-promoting options. Her petition and speaking dates can be found online at Hikoiforhealthychoices.wordpress.com. By early March, she was halfway to her destination.

About the author:

While studying for her of Master of Science (Hons) at Auckland University, Clare Swinney developed a love of the English language. The 49-year-old, who says she feels compelled to shed light where the corporate-controlled media will not, has written for magazines, newspapers and online news sites. She also makes short films which are on YouTube. Her primary website, Northland NZ Chemtrails Watch, <http://chemtrailsnorthnz.wordpress.com/> deals with the topic of the weather modification technology that is being used to create droughts in New Zealand.



problems. All the cases I've worked on have improved almost overnight," says Betty.

Today this busy 93-year-old's foremost concern are the children who are being harmed by the addictive drug, Ritalin, which is being prescribed to treat disorders fabricated by the American Psychiatric Association, namely ADD/ADHD. There weren't any hyperactive children when she taught at the Centre for Mentally Handicapped in England between 1942 and 1951. Hyperactivity evolved in the 1960's and has been shown to be related to diet, as her research in Cuba, where children do not eat junk food, affirmed. She offers: "Hyperactivity is virtually unheard of in Cuba, where the children have healthy, organic diets, free

being prescribed, made other forms of treatment pointless. She reluctantly remained in the job for two years out of financial necessity and by the end of this was so deeply disturbed at the number of people being over-medicated with cocktails of toxic, mind-altering drugs, that she decided to make a stand and raise awareness for the need for healthy alternatives to medication.

Consequently,





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Health News ALERTS

IV Vitamin C Doubles Survival Time Of Pancreatic Cancer Patients In New Clinical Trial

February 17, 2013
By Ethan Evers

(NaturalNews) A small Phase I clinical trial in the U.S. has just shown that adding IV (intravenous) vitamin C to a common chemo drug for pancreatic cancer extended patients' average survival time to 12 months, compared to historical survival times of 5.65 months for such patients. More remarkable is that three of the patients were still alive at the end of the trial (two at 15 months, one at 29 months survival time) which means overall survival could further increase.

Pancreatic cancer strikes 44,000 Americans every year and is the fourth leading cause of cancer-related death in the U.S. Despite conventional medicine's best efforts, the mortality rate of pancreatic cancer remains tragically high at 80 percent in the first year after diagnosis. Because of this, doctors have started looking to complementary, natural treatments as a means of improving patients' prognosis - and IV vitamin C has now done exactly that with remarkable, clinically demonstrated results.

Doctors at the University of Iowa Carver College of Medicine ran a Phase I study in which 50 to 125 grams of vitamin C were infused into patients once a week on a weekly cycle. The standard chemo drug for pancreatic cancer was also administered on a weekly cycle as usual. The average treatment duration was six months (range: 60 to 556 days) during which patients lost an average of only 11 pounds, which is much less than expected. Side effects of the IV vitamin C treatment were generally mild and included diarrhea and dry mouth. Apart from increasing survival time to 12 months, the IV vitamin C

therapy also increased progression-free survival to 26 weeks (12.7 weeks have been reported in other trials). The researchers did not report on overall tumor size development except for one patient who experienced a dramatic nine-fold reduction in the size of the primary tumor after four months of treatment.

This application of IV vitamin C is not new. In lab studies, high-dose vitamin C has proven to be potently cytotoxic to a wide variety of cancer cell lines as well as to boost the cytotoxicity of several common chemotherapy drugs. This has been further confirmed in animal studies, where IV vitamin C decreases the growth rates of liver, ovarian, pancreatic, and glioblastoma tumors with dosages easily achievable in humans.

In human trials, this therapy has been shown to significantly improve quality of life for breast cancer patients and for patients of multiple other cancers. Just weeks ago, another study showed that IV vitamin C significantly reduced inflammation markers in 76 percent of cancer patients, which is important for a better prognosis. Just as impressively, the same trial showed that IV vitamin C decreased tumor markers in 77 percent of prostate cancer patients and 73 percent of breast cancer patients.

Important lessons from past studies Those considering IV vitamin C therapy for any cancer should keep in mind important lessons from other trials. Namely, patients who begin this therapy earlier tend to respond better, as do patients who undergo more vitamin C infusions.

The doctors who ran this pancreatic cancer study are calling for Phase II trials to verify the results on a larger scale. However, as IV vitamin C therapy is already available in clinics throughout the U.S. and has demonstrated few adverse events (even in the current trial), pancreatic cancer patients and their oncologists should urgently consider the option of IV vitamin C in addition to standard therapies in order to improve survival time.

Sources for this article include:

- <http://www.ncbi.nlm.nih.gov/pubmed/23381814>
- <http://www.naturalnews.com>
- http://www.naturalnews.com/034663_IV_vitamin_c_cancer_treatment.html
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About the author:

Ethan Evers is author of the award-winning medical thriller *The Eden Prescription*, in which cutting-edge researchers perfect an effective, all-natural treatment for cancer, only to be hunted down by pharmaceutical interests which will stop at nothing to protect their \$80 billion cancer drug cash machine. *The Eden Prescription* is based on the latest science and draws on real historical events stretching back to the beginning of the "War on Cancer." Ethan has a PhD in Applied Science.

Learn more: http://www.naturalnews.com/039126_vitamin_C_chemotherapy_pancreatic_cancer.html#ixzz2NMyCtmcM

Ed Note:

For people with pancreatic cancer who are well enough to eat and drink normally, the metabolic therapy approach developed by dentist Dr William Kelley is worth considering. Kelley cured himself of this disease and then helped other cancer patients. Issue 7 of this journal includes a review of the book about Dr Kelley called *One Man Alone*. The website of the book's author, Dr Nicholas Gonzalez, MD <http://www.dr-gonzalez.com/> also includes information about this approach.

FUKUSHIMA FALLOUT:

1/3 US West Coast Babies More Likely to be Hit With Thyroid Problems

April 3, 2013

Researchers have discovered that the Fukushima nuclear disaster has had far-reaching health effects more drastic than previously thought: young children born on the US West Coast are 28 percent more likely to develop congenital hyperthyroidism. (And cancer – Ed.)

In examining post-Fukushima conditions along the West Coast, researchers found American-born children to be developing similar conditions that some Europeans acquired after the 1986 meltdown of the Chernobyl Nuclear Power Plant.

"Fukushima fallout appeared to affect all areas of the US, and was especially large in some, mostly in the western part of the nation," researchers from the New York-based Radiation and Health Project wrote in a study published by the *Open Journal of Pediatrics*. SOURCE: rt.com/usa/fukushima-us-children-thyroid-291/

High "bad" cholesterol has lower death rate than low "bad" cholesterol

By Masanori Tonegawa, Yomiuri Shimbun
The Spokesman Review
March 28, 2010

The Japan Society for Lipid Nutrition has drawn up new guidelines stating that high cholesterol levels are better for living longer, defying conventional wisdom.

There are two kinds of cholesterol - low-density lipoprotein (LDL) that is considered "bad," and high-density lipoprotein (HDL), which is regarded as "good" cholesterol. LDL cholesterol is delivered to cells throughout the body, while HDL is excess cholesterol collected from the body.

The Japan Atherosclerosis Society, an organization focusing on lifestyle-related diseases, has advocated people lower their LDL cholesterol levels by improving dietary habits and using medication, because high LDL levels could cause heart disease.

In 2007, the society set diagnostic criteria for hyperlipemia, or elevated levels of lipids in the bloodstream, flagging LDL cholesterol levels of at least 140 mg/dl and HDL levels less than 40 mg/dl as dangerous for both men and women.

"According to domestic and foreign research, the higher LDL levels become, the more arterial stiffening advances. Correspondingly, incidence of heart disease also rises. We concluded that LDL cholesterol levels more than 140 mg/dl could easily cause heart disease," said Hirotsugu Ueshima, professor emeritus at Shiga

University of Medical Science, who devised the atherosclerosis society's criteria.

However, Tomohito Hamazaki, a professor at Toyama University's Institute of Natural Medicine, who compiled the new cholesterol levels guidelines for the Japan Society for Lipid Nutrition, countered Ueshima's argument. "When examining all causes of death, such as cancer, pneumonia and heart disease, the number of deaths attributable to LDL cholesterol levels exceeding 140 mg/dl is less than people with lower LDL cholesterol levels."

The lipid nutrition society guidelines do not posit new criteria, but Hamazaki cited some study results to prove his thesis.

According to an eight-year study of about 26,000 men and women in Isehara, Kanagawa Prefecture, the death rate of men whose LDL cholesterol levels were between 100 mg/dl and 160 mg/dl was low, while the rate rose for those with LDL cholesterol levels of less than 100 mg/dl.

The LDL figures exhibited less influence on women, but the death rate still rose for women with LDL cholesterol levels less than 120 mg/dl.

A separate study of 16,850 patients

nationwide who suffered cerebral stroke showed the death rate of people with hyperlipemia who died from a cerebral stroke was lower, and their symptoms more slight.

"Cholesterol is an essential component for the creation of cell membranes and hormones. It's not recommended to lower LDL figures by means of dietary intake and medication," Hamazaki said.

Additional differences exist between men and women's LDL figures.

"When women reach menopause, their cholesterol figures rise sharply, yet do not affect the arteriosclerosis process or development of heart diseases. At the very least, cholesterol criteria is not necessary for women," Hiroyuki Tanaka, director of Niko Clinic in Takeo, Saga Prefecture.

SOURCE: <http://www.sott.net/article/260468-High-bad-cholesterol-has-lower-death-rate-than-low-bad-cholesterol>

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Magnesium lowers the risk of heart attacks and strokes and helps in recovery from heart attacks and strokes. Magnesium also maintains proper muscle function. Sadly, most Americans are deficient in this important mineral. Therefore, it is no wonder that the incidence of serious diseases such as heart disease, stroke, osteoporosis, arthritis, stress-related illnesses, and chronic fatigue are so prevalent. (Ed Note: Epsom salts should be added to your bath water and not taken internally.)

SOURCE: <http://www.rumormillnews.com/cgi-bin/forum.cgi?read=271492>
Read More: http://www.tbyil.com/Epsom_Salt.htm

British Teenager Awarded £90,000 for MMR Injury

Eighteen years after becoming disabled as a result of a seizure disorder he developed after a routine MMR vaccination, British teenager Robert Fletcher has been awarded £90,000 compensation for his injuries. He is the first person in the UK to be compensated after suffering an adverse reaction to the MMR vaccine.

Robert Fletcher is profoundly physi-

cally handicapped. He is unable to walk or even stand unaided. He also suffers from ongoing seizures and while he is not autistic, he is mentally retarded and has very little speech. Robert's mother, Jackie Fletcher told the UK *Daily Mail*:

'My husband John and I have battled for 18 years for the cause of Robert's disability to be officially recognised,' she said.

'We were told the vaccine was perfectly safe. Like most people, we trusted what the doctors and nurses were putting to us.

'Robert is nearly 19 but mentally he is like a 14-month-old toddler. He can't stand unaided and he is doubly incontinent.

'He can't speak except to say "Hi, Mum" or "Hi, Daddy".

'We chop up his food and have to anticipate all his needs. He is prone to various illnesses and last week suffered around 40 severe epileptic seizures.

'In April this year, we thought we'd lost him. He contracted a chest infection and had to go to hospital for several days.

'He is such a lovely boy. When he's not ill, he's so cheerful and seems to take everything on the chin. In between seizures he says "Hi, Mum" and tries to kiss me.

'The money is a derisory amount though it will help with making adaptations to the house for Robert's benefit.

'What matters is the recognition that MMR was the reason this happened.' Mrs Fletcher is the founder of JABS (an acronym that stands for Justice, Awareness and Basic Support). The organisation maintains the website <http://www.jabs.org.uk> and offers support to parents who have vaccine-injured children – including many of the children who have become autistic following MMR vaccinations.

Read more: <http://www.dailymail.co.uk/news/article-1307095/Family-win-18-year-fight-MMR-damage-son-90-000-payout-concerns-vaccine-surfaced.html#ixzz2MRngH1SP>

Did Cannabis Cure Baby's Inoperable Brain Tumour?

Medical marijuana is gaining acceptance, but could it even help kids?

Dr. William Courtney has seen it happen, and on Friday, told HuffPost Live host Alyona Minkovski about it.

Saying he was "quite a skeptic 5 or 6 years ago", Dr. Courtney continued that "my youngest patient is 8 months old, and had a very massive centrally located inoperable brain tumor."

The child's father pushed for non-traditional treatment utilizing cannabis. "They were putting cannabinoid oil on the baby's pacifier twice a day, increasing the dose... And within two months there was a dramatic reduction, enough that the pediatric oncologist allowed them to go ahead with not pursuing traditional therapy."

The tumor was remarkably reduced after eight months of treatment. Dr. Courtney pointed out that the success of the cannabis approach means that "this child, because of that, is not going to have the long-term side effects that would come from a very high dose of chemotherapy or radiation... currently the child's being called a miracle baby, and I would have to agree that this is the perfect response that we should be insisting is frontline therapy for all children before they launch off on all medications that have horrific long term side effects."

Source: <http://www.rumormillnews.com/cgi-bin/forum.cgi?read=262024>



Saffron Improves Vision

A trial run by Australian and Italian researchers has shown that the herb saffron may hold the key to preventing the loss of sight in the elderly.

Professor Silvia Biti, a visiting scholar based at The Vision Centre at the University of Sydney, described the results as a breakthrough, with trial participants showing significant vision improvements after taking a saffron pill for three months.

"Measurements using objective eye sight tests showed patient's vision improved after taking the saffron pill. When they were tested with traditional eye charts, a number of patients could read one or two lines smaller than before, while others reported they could read newspapers and books again."

The trial, conducted at Italy's Policlinico Gemelli by Professor Benedetto Falsini, was double blind and randomly controlled, involving 25 subjects over six months. Half the group were given a saffron pill for the first three months followed by a placebo, while the other half were given the pills in the reverse order.

"All patients experienced improvements in their vision while taking the saffron pill," Professor Bisti said. "But when they stopped taking the pill the effect quickly disappeared."

Professor Bisti began studying the effects of saffron at L'Aquila, in Italy's mountainous Abruzzi country, because it was a widely-grown local crop which has been used in traditional medicine as a treatment for conditions such as cancerous tumours and depression.

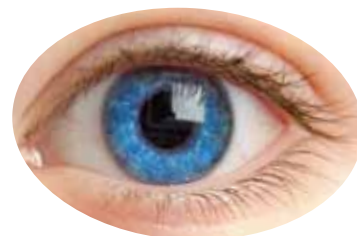
"The chemistry of saffron is quite complex", she says. "It is well-known as an anti-oxidant, but no-one had explored its effects on eyesight before."

Professor Bisti says "saffron appears to affect genes which regulate the fatty acid content of the cell membrane, and this makes the vision cells tougher and more resilient".

A twelve month trial of the herb is now in progress and the researchers also plan to trial it as a treatment for retinitis pigmentosa.

Source:

<http://sydney.edu.au/news/84.html?newsstoryid=4452>



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Cholesterol: A Must Have!

by Malcolm Harker M.H.D.
Traditional Medical Herbalist, Master
of Herbology

There's not a week goes by that someone doesn't write to me concerning high cholesterol levels, and what to do about it. The reality is that cholesterol is not bad. If our body doesn't receive enough good oil and fats, it begins to make its own cholesterol. The polyunsaturated oils said to be good for you, are in fact harmful. If you seriously want good health, avoid all manufactured polyunsaturated oils and trans fats (margarine etc).

Propaganda has successfully covered up dangers associated with having low blood cholesterol, and has discredited the safety of old-fashioned fats and oils which have nourished our ancestors.

Studies that show low cholesterol causes higher deaths from cancer have appeared for decades in obscure medical journals; few people get to see them. Yet articles exalting the cardiac - circulatory 'benefits' of polyunsaturated oils appear everywhere!

Worldwide studies show mortality rates from cancer are four times higher in low blood serum cholesterol

groups, compared to high serum cholesterol groups, and that as cholesterol levels fall, total mortality rises. A Swedish study showed that the lowest blood serum cholesterol group was associated with the highest death rate, mainly due to cancer and other non-coronary heart disease causes.

Devoid of the right kind of cholesterol, the male body cannot manufacture testosterone. Low testosterone is now considered a major cause of 'Irritable Male Syndrome', the cantankerous male who makes life bleak for everyone.

Shorter Life

Gary Taubes, author of *The Soft Science of Dietary Fat*, wrote in *Science Magazine*, 2001, "Men with very low cholesterol levels seemed prone to premature death; the lower the cholesterol the shorter the life... Men with low cholesterol levels (below 4.1 mmol/L) tended to die prematurely from cancer, respiratory and digestive diseases and trauma. As for women, the higher the cholesterol the longer they lived."

Dr Robert Jay Rowen, in his newsletter, *Second Opinion*, writes that cholesterol dangers are largely a myth:

"The majority of heart attacks are incurred by people in the 'normal' range... I see elderly women with cholesterol levels over 800 and no signs of vascular disease or hypertension whatsoever!"

Women must have cholesterol, for without this vital nutrient their bodies will not be able to produce the hormones needed for the reproductive cycle, and on-going good-health

thereafter.

Endocrinologist Dr Raymond Peat wrote in his book, *From PMS to Menopause*: "Unsaturated oils, especially polyunsaturates, weaken the immune system's function in ways that are similar to damage caused by radiation, hormone imbalance, cancer, aging and viral infections."

The current cholesterol scare campaign gained popularity for all the wrong reasons post World War II and was picked up by food manufacturers and health professionals who didn't read the research, and blown into a dangerous cult. Some fats are deadly – but they are the manufactured fats such as margarine, homogenised milk, soy oil, corn oil, etc. All of the heavily-promoted oils are hazardous, whilst natural fats and oils (much maligned by huge companies) such as coconut oil, raw-milk butter and cold-pressed olive oil, are the good fats – but only if they are properly formulated and carefully stored.

Manipulated research has been used to promote chemicalised, oxidized products, which are unfit for ingestion! Attention has been diverted from the real causes of heart disease – sugar, junk food, heavy grain consumption and the wrong kinds of fats (such as rancid polyunsaturated fats and trans fats.) Expensive ads and misinformation tactics have led health practitioners astray from the truth that cholesterol, unless it is oxidized, is a valuable nutrient, needed because it is the precursor of progesterone, oestrogen, DHEA, pregnenolone and other invaluable hormones which our bodies, if low in cholesterol, cannot manufacture.

Just a spoonful of cod liver oil helps keep depression at bay

If you want to maintain a positive mental attitude, take a spoonful of cod liver oil every day. Researchers have discovered that it can reduce the risk of depression by as much as 30 per cent.

The oil is rich in omega-3 fatty acids,

which also have been found to improve learning abilities in children, and reduces the risk of stroke, heart disease and cancer.

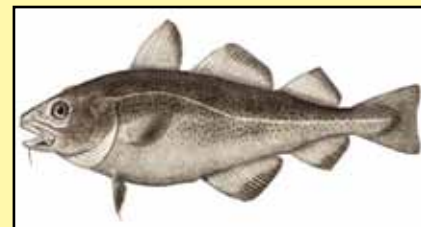
Its positive effects on depression were discovered when a research team in Norway reviewed the health profiles of 21,835 people aged between 40 and 49, and 70 and 74, over a two-year period.

After taking into account other factors that could also impact on depression, the researchers found that depressive symptoms among people who took cod liver oil every day was 2.5 per cent, compared to 3.8 per cent among

the rest of the population.

These percentages improved the longer a person took the oil, and especially if he or she took oil every day for more than a year.

(Source: *Journal of Affective Disorders*, 2007; 101: 245-9).





How GMO farming and food are making our gut flora

... UNFRIENDLY

By Sayer Ji, Founder GreenMedInfo.com

Two studies published in the past six months reveal a disturbing finding: glyphosate-based herbicides such as Roundup® appear to suppress the growth of beneficial gut bacteria, leading to the overgrowth of extremely pathogenic bacteria.

Late last year, in an article titled "Roundup Herbicide Linked to Overgrowth of Deadly Bacteria", we reported on new research indicating that glyphosate-based herbicides such as Roundup® may be contributing to the overgrowth of harmful bacteria, both in GM-produced food and our own bodies. By suppressing the growth of beneficial bacteria and encouraging the growth of pathogenic ones, including deadly botulism-associated *Clostridium botulinum*, GM agriculture may be contributing to the alarming increase, worldwide, in infectious diseases that are resistant to conventional antibiotics, such as Methicillin-resistant *Staphylococcus aureus* (MRSA) and Carbapenem-resistant *Enterobacteriaceae* (CRE), which the CDC's director recently termed a 'nightmare bacteria.'

GMO Herbicides May Lead To The Overgrowth of Harmful Bacteria, Including Deadly *Clostridium Botulinum*

Now a new study published in the journal *Anaerobe* titled, "Glyphosate suppresses the antagonistic effect of *Enterococcus* spp. on *Clostridium botulinum*," confirms this herbicide's ability to adversely affect gut bacteria populations (i.e. generate dysbiosis).[i] In an attempt to explain why *Clostridium botulinum* associated diseases in cattle have increased during the last 10-15 years in German cattle, researchers theorized that since normal intestinal flora is a critical factor in preventing *Clostridium botulinum* colonization in conditions such as infantile botulism perhaps the ingestion of strong biocides such as glyphosate found in GM cattle feed could reduce their natural, lactic acid bacteria dependent immune defenses as pathogenic microbes.

They reported on the toxicity of glyphosate to *Enterococcus*, the most prevalent lactic acid bacteria species in the gastrointestinal tract of cattle, and concluded "Ingestion of this herbicide could be a significant predisposing factor that is associated with the increase in *C. botulinum* mediated diseases in cattle."

Of course, the implications of this finding extend beyond

the health of cattle or poultry. The majority of American consumers who don't even have the legal right to know through truthful labeling if they are eating GMOs, are consuming non-organic, "Roundup Ready" soy, canola or cottonseed on a daily basis, and therefore are being exposed to glyphosate residues year round; additionally, animals fed Roundup sprayed GMO plants will bioaccumulate glyphosate and/or glyphosate metabolites, adding to the consumer's bodily burden of these gut flora-altering, highly toxic chemicals.

GMO Herbicides Kill More Than 'Weeds'; They Are Broad-Spectrum Biocides

Glyphosate is a broad-spectrum biocide. It does not discriminate by killing only the "weeds" that compete with the genetically modified plants resistant to it. In fact, it has been found to be toxic to human DNA at concentrations 450-fold lower than presently used in agricultural applications.[ii] When combined with adjuvants and other so-called 'inactive' ingredients, the glyphosate-formulations are far more toxic than their component ingredients taken in isolation.[iii] Nor are the toxic effects limited to plants. A 2012 study published in the journal *Environmental Monitoring and Assessment* found that Roundup herbicide has DNA-damaging effects to fish after short-term, environmentally low concentration exposures (6.67 ug/L, or, 6.67 micrograms per Liter).[iv] For a comprehensive list of the toxic effects of Roundup and glyphosate visit the www.GreenMedInfo.com research page "Glyphosate formulations."

One of the most concerning adverse effects of glyphosate most relevant to the topic of this article is its destructive effects on the fertility of soil itself. In an earlier expose titled, "Un-Earthed: Is Monsanto's Glyphosate Destroying the Soil?", concerning findings published in the journal *Current Microbiology* were discussed showing that Roundup® herbicide is having a negative impact on the microbial diversity of the soil, including microorganisms of food interest, and specifically those found in raw and fermented foods.[v]

One of the key implications of this finding is that since many of the beneficial bacteria that make up the 100 trillion bacteria in our gut necessary for health come from our food, and these bacteria-rich foods nourish and help maintain the flora in our gut, the removal of key beneficial microorganisms from the soil will likely result in profoundly disrupting the bacteria-mediated infrastructure of our health.

We Must Reject GMO Farming Practices or Face Dire Consequences

We must, of course, consider carefully the origin of our food. Conventionally produced produce and animal products are often grown or fed from farming practices that involve the use of factory-farmed manure and human sewage [Sewage sludge may be disguised under the term "Bio-solids – Ed] Animal and human excreta today is exceedingly toxic, and contains a wide range of chemicals, pharmaceuticals, hormones and antibiotic resistant bacteria and related pathogens that contaminate our food and our bodies if we choose to eat it. It also causes us to employ 'food security' technologies like nuclear waste-based food irradiation and bacteriophage sprays try to disinfect inherently toxic food, only generating different and sometimes far more dangerous compounds as a result.

Instead of succumbing to the intellectually unsophisticated concept that disease is primarily caused by germs 'out there', rather than viewing our risk of infection as primarily determined by immune susceptibility 'in here,' we must shift our understanding radically if we are to survive the wholesale destruction of our biosphere, also entirely refraining from supporting, buying, consuming food produced through GM-based farming practices. Our body is literally woven from the molecular fabric of the body of the Earth. And so, when we poison or genetically modify our environment, and we poison and genetically modify ourselves.

Resources

[i] Monika Krüger, Awad Ali Shehata, Wieland Schrödl, Arne Rodloff. Glyphosate suppresses the antagonistic effect of *Enterococcus* spp. on *Clostridium botulinum*. *Anaerobe*. 2013 Feb 6. Epub 2013 Feb 6. PMID: 23396248

[ii] [GreenMedInfo.com](http://www.greenmedinfo.com), Research: Roundup Diluted by 450-Fold is Still Toxic to DNA, Feb. 15th, 2012

[iii] [GreenMedInfo.com](http://www.greenmedinfo.com), Research: Roundup Herbicide Toxicity Vastly Underestimated, Oct. 15th, 2012

[iv] *Environ Monit Assess*. 2013 Apr;185(4):3201-7. doi: 10.1007/s10661-012-2783-x. Epub 2012 Jul 22.

[v] Emilie Clair, Laura Linn, Carine Travert, Caroline Amiel, Gilles-Eric Séralini, Jean-Michel Panoff. Effects of Roundup(®) and Glyphosate on Three Food Microorganisms: *Geotrichum candidum*, *Lactococcus lactis* subsp. *cremoris* and *Lactobacillus delbrueckii* subsp. *bulgaricus*. *Curr Microbiol*. 2012 Feb 24. Epub 2012 Feb 24. PMID: 22362186

Study abstract

Glyphosate suppresses the antagonistic effect of *Enterococcus* spp. on *Clostridium botulinum*

Krüger M, Shehata AA, Schrödl W, Rodloff A.

Anaerobe. 2013 Feb 6. pii: S1075-9964(13)00018-8. doi:

10.1016/j.anaerobe.2013.01.005. [Epub ahead of print]

<http://www.ncbi.nlm.nih.gov/pubmed/23396248>

Abstract

During the last 10-15 years, an increase of *Clostridium botulinum* associated diseases in cattle has been observed in Germany. The reason for this development is currently unknown. The normal intestinal microflora is a critical factor in preventing intestinal colonisation by *C. botulinum* as shown in the mouse model of infant botulism. Numerous bacteria in the gastro-intestinal tract (GIT) produce bacteriocines directed against *C. botulinum* and other pathogens: Lactic acid producing bacteria (LAB) such as lactobacilli, lactococci and enterococci, generate bacteriocines that are effective against *Clostridium* spp. A reduction of LAB in the GIT microbiota by ingestion of strong biocides like glyphosate could be an explanation for the observed increase in levels of *C. botulinum* associated diseases. In the present paper, we report on the toxicity of glyphosate to the most prevalent *Enterococcus* spp. in the GIT. Ingestion of this herbicide could be a significant predisposing factor that is associated with the increase in *C. botulinum* mediated diseases in cattle.

About the Author

Sayer Ji is the founder of [GreenMedInfo.com](http://www.greenmedinfo.com) and an advisory board member at the National Health Federation, an international health-freedom organisation. He co-authored the book **Cancer Killers: The Cause Is The Cure**.

Disclaimer: This article is not intended to provide medical advice, diagnosis or treatment. Views expressed here do not necessarily reflect those of GreenMedInfo or its staff.

Source: <http://www.greenmedinfo.com/blog/how-gmo-farming-and-food-making-our-gut-flora-unfriendly>

NOTE: This new study comes in the wake of farmer reports of gut problems and digestive disorders in livestock animals fed GM feed:

<http://www.gmwatch.org/latest-listing/1-news-items/13882>

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Serious Outbreak of Chicken Pox:

97% Were Vaccinated

December 11, 2012

By Dave Mihalovic,
Waking Times

A county in the western part of Indiana is the site of the nation's largest current chickenpox outbreak, according to news reports. An epidemiologist has confirmed that out of the cases analyzed, 97 percent of the children were vaccinated.

Vigo County has now seen over 84 cases of the varicella-zoster virus (chicken pox) – marked by itchy blisters on the body, fever, stomach ache and headache – since September and the count is currently well over 100.

“Vigo County usually has less than 10 cases a year; however, since the end of September, Vigo County has reported 84 cases which would meet

the definition of an unusual occurrence of disease,” Dr. Joan Duwve, M.D., of the Indiana State Department of Health, told the Tribune-Star. “Prompt identification, investigation and control of chickenpox outbreaks are important. Even mild cases can be contagious.”

To cover-up the wild increase for the disease, public health officials are blaming one unvaccinated child as the cause despite 97 percent of vaccinated children contracting chicken pox. More than 85 percent of those vaccinated were fully vaccinated.

The Indiana Coalition for Vaccination Choice reported on their Facebook page:

“Placed another call to the Indiana State Department of Health. Was able to reach the epidemiologist working the chicken pox outbreak. There are a total of 92 cases so far. Only 3 were never vaccinated. 10 had received one vaccine and 79 were fully vaccinated. They are seeing fewer lesions in the fully vaccinated. Zero deaths. Possibly one hospitalization but not sure off the top of their head. Zero complications from chicken pox. We

were told that only one chicken pox vaccine was supposed to provide lifelong immunity but this did not turn out to be the case. A booster was added and yet we are seeing a very high rate of fully vaccinated children contracting chicken pox. We asked if another booster will be mandated and told possibly. We asked about vaccine failures and were told this is not vaccine failure because the severity of lesions in the fully vaccinated was less than if never vaccinated and that no vaccine is 100% effective. We were told that if vaccines save one life they are worth it. We

asked how many children died from chicken pox before the vaccine. This epidemiologist was unsure.

“It's just another example how vaccines fail the population. Why would any person agree to an injection of harmful chemicals for a claimed preventive measure that DOES NOT EVEN WORK?”

Vaccinated populations contract some of the highest rates of disease and more evidence on whooping cough is coming forward to support this claim. Whooping cough, or pertussis, is spreading across the entire US at rates at least twice as high as those recorded in 2011 and epidemiologists and health officials are even admitting that the vaccines may be the cause.

Jane Seward of the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia previously commented on case where an outbreak in 23 children also began with a child who had been vaccinated, contradicting the belief that such “break-through” cases are not contagious, Seward noted.

Seward said she cannot yet explain why the vaccine may have been ineffective in specific groups of youngsters. “We'd like to really understand what factors came together to produce it,” Seward added. “We're not dismissing it.”

The researchers evaluated an outbreak of chickenpox in New Hampshire. A total of 88 parents returned a questionnaire that aimed to gauge prior chickenpox illness and vaccination among the children. In all, 25 children came down with chickenpox between December 2000 and January 2001. The researchers sourced the outbreak to a 4-year-old child who had been vaccinated for chickenpox 3 years prior to contracting the illness.

The child infected about half of his classmates who had no prior history of chickenpox infection. At the time of the outbreak, roughly 73% of kids old enough for chickenpox vaccine had received it, the report indicated.

During an outbreak of chickenpox in Minnesota in the fall of 2002, more than half the children who became



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infected had been vaccinated with the varicella vaccine.

Dr. Brian R. Lee, at the Minnesota Department of Health in Minneapolis, and his colleagues investigated the outbreak that involved 55 children among 319 attending an elementary school in northern Minnesota.

According to the team's report in the *Journal of Infectious Diseases*, 29 of the affected children had been vaccinated. The primary case in the outbreak was a vaccinated 6-year-old boy.

Chicken pox vaccine is produced in lung tissue obtained from two surgically aborted human fetuses (*Exp. Cell Res.* 37:614-636, 1965; *Nature* 227:168-170, 1970). Merck's own literature states the vaccine contains "residual components" of fetal lung cells. Informed consent, a basic tenet of ethical medical practice, dictates that citizens should have a choice whether or not they are injected with another person's body cells. [Or anything else.] Ed note: The rubella viruses in most MMR (measles, mumps, rubella) vaccines are similarly cultured on cells lines derived from aborted foetal tissue.

Vitamin D and UV Rays Inactivate The Virus

The American Academy of Pediatrics, a major supporter of mandatory chicken pox and other vaccine mandates never admit to the fact that ultraviolet rays and vitamin D help prevent the spread of chickenpox, meaning people in milder climates are more at risk of catching the disease.

Vaccine manufacturers, namely Merck, who conjure up the pseudoscientific and fraudulent data on chicken pox vaccines will stop at nothing to prevent the public from knowing the truth. The American Academy of Pediatrics shares incestuous financial ties with Merck, and hence it is also in their best interest to fabricate data on the actual causes of the virus.

It has long been known that vitamin D and UV rays from the sun can inactivate viruses. However, virologist Dr Phil Rice believes his findings indicate that UV rays could inactivate the varicella-zoster virus – the

herpes virus responsible for chickenpox and shingles – on the skin before it transmits to another person. This explains why there is less transmission in the tropics, where chickenpox is much less frequent than in temperate countries. It would also explain why chickenpox peaks in temperate zones – where it is seasonal – in winter and spring, when UV rays are lowest.

Previously, it was thought that geographical differences in chickenpox incidence were related to heat, humidity, population density, or infection with other viruses that protect against it. The new data puts perspective on what actually prevents chicken pox from spreading and it has nothing to do with a vaccine.

The claim by public health officials is that 90% of children who are not vaccinated for chickenpox will get it by the time they are twelve. However, studies have demonstrated that the virus remains dormant in the body of those who are vaccinated and can become active again later on. Other studies show that the frequency and incidence are regardless of vaccination rates as those vaccinated still contract the virus and all its symptoms.

Dr Rice examined data from 25 studies on varicella-zoster virus prevalence patterns in both temperate and tropical areas across the globe. He plotted the data against a range of climatic factors, to examine what might be the most likely causes of increased prevalence. The data showed that – once other factors were ruled out – UV rays were the only factor to match the infection patterns in each country studied.

Dr Rice, whose study has been published in *Virology Journal*, said:

"No one had considered UV as a factor before, but when I looked at the epidemiological studies they showed a good correlation between global latitude and the presence of

the virus.

While providing lifelong immunity, chicken pox disease [not vaccine] carries a very low risk of complications and death. Writing in the British medical journal, the *Lancet* (343: 1363, 1994), a voice of reason, Dr. Arthur Lavin, Department of Pediatrics, St. Luke's Medical Center in Cleveland, Ohio, presented concerns that "argue strongly against the licensure of varicella vaccine for healthy children." Lavin asserted: "[Chicken pox] is not major in the sense of disease mortality or morbidity. Therefore, if healthy children were fully vaccinated it is unclear in what significant way the health of the children or the economic health of their families would be improved."

The research and current evidence from the cases in Indiana further lends credence to why chicken pox vaccines are redundant for populations in both temperate and tropical climates. Chickenpox in childhood is usually a benign disease that does not cause complications, the case for using vaccines to try to prevent it is not strong. In fact, it could be argued that since chickenpox can be a more serious illness in adults than in children, it makes sense for children to be allowed to catch the disease when they are young and thereby develop natural immunity.

The vaccine industry has corrupted government policy. It's about time lawmakers say "no" to drug company lobbyists and "yes" to informed consent.

About the Author

Dave Mihalovic is a Naturopathic Doctor who specializes in vaccine research, cancer prevention and a natural approach to treatment.



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