# Vitamin C Protects Against Coronavirus

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by <u>Andrew W. Saul</u>, Editor Orthomolecular Medicine News Service, Jan 26, 2020

(OMNS January 26, 2020) The coronavirus pandemic can be dramatically slowed, or stopped, with the immediate widespread use of high doses of vitamin C. Physicians have demonstrated the powerful antiviral action of vitamin C for decades. There has been a lack of media coverage of this effective and successful approach against viruses in general, and coronavirus in particular.

It is very important to maximize the body's anti-oxidative capacity and natural immunity to prevent and minimize symptoms when a virus attacks the human body. The host environment is crucial. Preventing is obviously easier than treating severe illness. But treat serious illness seriously. Do not hesitate to seek medical attention. It is not an either-or choice. Vitamin C can be used right along with medicines when they are indicated.

"I have not seen any flu yet that was not cured or markedly ameliorated by massive doses of vitamin C."

(Robert F. Cathcart, MD)

The physicians of the Orthomolecular Medicine News Service and the International Society for Orthomolecular Medicine urge a nutrient-based method to prevent or minimize symptoms for future viral infection. The following inexpensive supplemental levels are recommended for adults; for children reduce these in proportion to body weight:

Vitamin C: 3,000 milligrams (or more) daily, in divided doses.

Vitamin D3: 2,000 International Units daily. (Start with 5,000 IU/day for two weeks, then reduce to 2,000)

Magnesium: 400 mg daily (in citrate, malate, chelate, or chloride form)

Zinc: 20 mg daily

Selenium: 100 mcg (micrograms) daily

Vitamin C [1], Vitamin D [2], magnesium [3], zinc [4], and selenium [5] have been shown to strengthen the immune system against viruses.

The basis for using high doses of vitamin C to prevent and combat virus-caused illness may be traced back to vitamin C's early success against polio, first reported in the late 1940s.[6] Many people are unaware, even surprised, to learn this. Further clinical evidence built up over the decades, leading to an anti-virus protocol published in 1980.[7]

It is important to remember that *preventing and treating respiratory infections with large amounts of vitamin C is well established*. Those who believe that vitamin C generally has merit, but massive doses are ineffective or somehow harmful, will do well to read the original papers for themselves. To dismiss the work of these doctors simply because they had success so long ago sidesteps a more important question: Why has the benefit of their clinical experience not been presented to the public by responsible governmental authorities, especially in the face of a viral pandemic?

**References:** 

1. Vitamin C:

Case HS (2018) Vitamin C questions answered. Orthomolecular Medicine Service, <u>http://orthomolecular.org/resources/omns/v14n12.shtml</u>.

Gonzalez MJ, Berdiel MJ, Duconge J (2018) High dose vitamin C and influenza: A case report. *J Orthomol Med.* June, 2018, 33(3). <u>https://isom.ca/article/high-dose-vitamin-c-influenza-c</u> <u>ase-report</u>.

Gorton HC, Jarvis K (1999) The effectiveness of vitamin C in preventing and relieving the symptoms of virus-induced respiratory infections. *J Manip Physiol Ther*, 22:8, 530-533. <u>https://www.ncbi.nlm.nih.gov/pubmed/10543583</u>

Hemilä H (2017) Vitamin C and infections. Nutrients. 9(4). pii:E339. <u>https://www.ncbi.nlm.nih.gov/pubmed/28353648</u>.

Hickey S, Saul AW (2015) Vitamin C: The real story. *Basic Health Pub.* ISBN-13: 978-1591202233.

Levy TE (2014) The clinical impact of vitamin C. Orthomolecular Medicine News Service, http://orthomolecular.org/resources/omns/v10n14.shtml

*OMNS* (2007) Vitamin C: a highly effective treatment for colds. <u>http://orthomolecular.org/resources/omns/v03n05.shtml</u>.

OMNS (2009) Vitamin C as an antiviral <u>http://orthomolecular.org/resources/omns/v05n09.shtm</u> <u>1</u>.

Taylor T (2017) Vitamin C material: where to start, what to watch. *OMNS*, <u>http://www.orthomolecular.org/resources/omns/v13n</u> 20.shtml.

Yejin Kim, Hyemin Kim, Seyeon Bae et al. (2013) Vitamin C is an essential factor on the anti-viral immune responses through the production of interferon- $\alpha/\beta$  at the initial stage of influenza A virus (H3N2) infection. *Immune Netw.* 13:70-74. <u>https://www.ncbi.nlm.nih.gov/pubmed/23700397</u>.

2. Vitamin D:

Cannell JJ, Vieth R, Umhau JC et al. (2006) Epidemic influenza and vitamin D. *Epidemiol Infect.* 134:1129-1140. <u>https://www.ncbi.nlm.nih.gov/pubmed/169</u> <u>59053</u>.

Cannell JJ, Zasloff M, Garland CF et al. (2008) On the epidemiology of influenza. Virol J. 5:29. <u>https://www.ncbi.nlm.nih.gov/pubmed/16959053</u>.

Ginde AA, Mansbach JM, Camargo CA Jr. (2009) Association between serum 25-hydroxyvitamin D level and upper respiratory tract infection in the Third National Health and Nutrition Examination Survey. Arch Intern Med. 169:384-390. <u>https://www.ncbi.nlm.nih.gov/pubmed/19237723</u>

Martineau AR, Jolliffe DA, Hooper RL et al. (2017) Vitamin D supplementation to prevent acute respiratory tract infections: systematic review and meta-analysis of individual participant data. *BMJ*. 356:i6583. <u>https://www.ncbi.nlm.nih.gov/pubmed/2820</u> 2713.

Urashima M, Segawa T, Okazaki M et al. (2010) Randomized trial of vitamin D supplementation to prevent seasonal influenza A in schoolchildren. Am J Clin Nutr. 91:1255-60. https://www.ncbi.nlm.nih.gov/pubmed/20219962 .

von Essen MR, Kongsbak M, Schjerling P et al. (2010) Vitamin D controls T cell antigen receptor signaling and activation of human T cells. Nat Immunol. 11:344-349. https://www.ncbi.nlm.nih.gov/pubmed/20208 539. 3. Magnesium:

Dean C (2017) Magnesium. OMNS, <u>http://www.orthomolecular.org/resources/omns/</u> v13n22.shtml

Dean C. (2017) The Magnesium Miracle. 2nd Ed., Ballantine Books. ISBN-13: 978-0399594441.

Levy TE (2019) Magnesium: Reversing Disease. Medfox Pub. ISBN-13: 978-0998312408

4. Zinc:

Fraker PJ, King LE, Laakko T, Vollmer TL. (2000) The dynamic link between the integrity of the immune system and zinc status. *J Nutr.* 130:1399S-406S. <u>https://www.ncbi.nlm.nih.gov/pubmed/1080</u> 1951.

Liu MJ, Bao S, Gálvez-Peralta M, et al. (2013) ZIP8 regulates host defense through zinc-mediated inhibition of NF-κB. *Cell Rep.* 3:386-400. <u>https://www.ncbi.nlm.nih.gov/pubmed/23403290</u>.

Mocchegiani E, Muzzioli M. (2000) Therapeutic application of zinc in human immunodeficiency virus against opportunistic infections. *J Nutr.* 130:1424S-1431S. <u>https://www.ncbi.nlm.nih.gov/pubmed/108</u> 01955.

Shankar AH, Prasad AS. (1998) Zinc and immune function: the biological basis of altered resistance to infection. *Am J Clin Nutr.* 68:447S-463S. <u>https://www.ncbi.nlm.nih.gov/pubmed/970116</u> <u>0</u>.

5. Selenium:

Beck MA, Levander OA, Handy J. (2003) Selenium deficiency and viral infection. J Nutr. 133:1463S-1467S. <u>https://www.ncbi.nlm.nih.gov/pubmed/127</u> <u>30444</u>.

Hoffmann PR, Berry MJ. (2008) The influence of selenium on immune responses. Mol Nutr Food Res. 52:1273-1280. https://www.ncbi.nlm.nih.gov/pubmed/1838409 7.

Steinbrenner H, Al-Quraishy S, Dkhil MA et al. (2015) Dietary selenium in adjuvant therapy of viral and bacterial infections. *Adv* Nutr. 6:73-82. <u>https://www.ncbi.nlm.nih.gov/pubmed/25593145</u>.

6. Klenner FR. The treatment of poliomyelitis and other virus diseases with vitamin C. *J South Med Surg* 1949, 111:210-214. <u>http://www.doctoryourself.com/klennerpaper.html</u>.

7. Cathcart RF. The method of determining proper doses of vitamin C for treatment of diseases by titrating to bowel tolerance. *Australian Nurses J* 1980, 9(4):9-13. <u>http://www.doctoryourself.com/titration.html</u>

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# Modern Medicine's Aversion To Vitamin C Therapy Results In A Half-Million Needless Deaths From Sepsis In U.S.

# **Hospitals Every Year**

By <u>Bill Sardi</u> December 2, 2019 <u>Source</u>

While modern medicine casts a blind eye towards vitamin therapy and <u>even exhibits open disdain for health</u> <u>practitioners and patients who incorporate vitamins into daily</u> <u>health regimens</u>, it now appears a half-million Americans are losing their lives to a mortal bloodstream infection called sepsis that is induced by a deficiency of vitamin C.

After three decades, and more than <u>one-hundred failed clinical</u> <u>trials of synthetic drugs</u> to quell the most common cause of death in American hospitals, modern medicine is dragging its feet over what has now been demonstrated to be obvious – <u>intravenous vitamin C demonstrably reduces death from</u> <u>sepsis</u>. Sepsis patients are being brought back from the precipice of death, enough to make <u>ICU nurses cry tears of</u> joy. But medical overseers have attempted to obscure this fact.

Here is what modern medicine did to quash the compelling though preliminary data showing vitamin C saves lives of sepsis patients.

The biggest study yet published, in the <u>Journal of the</u> <u>American Medical Association</u> no less, utilized 46 "end points" (measures) to assess whether vitamin C is effective in the treatment of sepsis. The study involved 167 vitamin C-treated sepsis patients from seven intensive care units in the U.S.

The study concluded, based upon the un-weighted measures, that vitamin C is ineffective. In their own words, study evaluators concluded "there was no significant difference

between vitamin C and placebo-treated patients."

Markers of organ failure, inflammation, blood clotting, number of days in the intensive care unit and hospital readmissions, were not improved. But the most important measure, mortality, plummeted (from 46.3% in the placebo group to 29.8% in the vitamin C-treated group)! The researchers didn't rank mortality over less consequential markers of disease.

An analytical article written at NPR.org said doctors "were interested in blood test results while patients are concerned whether they live or die." What reviewers won't say is that the study was designed to fail, designed to overlook the importance of mortality over all other measured factors of sepsis. In spite of the fact none of the many clinical measurements associated with better outcomes explain why vitamin C-treated patients are more likely to survive suggests the important of vitamin C as a life saver. Vitamin C vanquished the mortal consequences of sepsis despite insignificant changes in other markers.

When a man has fallen overboard on a ship into icy waters, if physicians pull him out of the water and measure his blood pressure, heart rate, body temperature, level of inflammation, and level of stress hormones, they will likely be abnormal, but the simple fact is, throwing a life preserver to save the drowning man would be a life-saving intervention regardless of any of those other numbers. The same is true for vitamin C.

#### Sepsis is the major cause of death in hospitals by far

Sepsis is the number one reason why patients die in hospitals today. <u>Sepsis accounts for ~52% of hospital deaths</u>, above cancer (16%) and heart failure (7%). Sepsis is a bloodstream infection, involving any bacterium or virus, which often occurs among patients who have a weakened immune system and is accompanied by other diseases such as cancer, heart or lung disease, among patients that are in the intensive care unit of the hospital because of their life-threatening condition.

Their blood pressure is low. Their kidneys aren't functioning normally. Urine flow is nil. Breathing is difficult. Body temperature falls. Blood doesn't clot effectively. The sepsis patient is often in a state of mental delirium (confusion). In other words, patients in septic shock are helpless to even help themselves. Multiple organ failure is common.

Modern medicine says <u>many of these deaths may not be</u> <u>preventable</u>. A recent study mistakenly concluded <u>only 3.7% of</u> <u>the 300 deaths due to sepsis were deemed to be preventable</u>.

# The ground-breaking study

Dr. Paul E. Marik MD of the Eastern Virginia Medical School published the initial ground-breaking report showing vitamin C therapy <u>drastically cuts the mortality rate for sepsis from</u> <u>40% to 8.5% in a small study published in 2017</u>. But now modern medicine is in denial.

The stand-out statistic from Dr. Marik's study is that none (zero) of the vitamin C-treated sepsis patients died of sepsis in the intensive care unit, they were transferred to general nursing units where some succumbed to their lung, heart or malignant diseases! The positive published result is overwhelming.

While modern medicine drags its feet, a pooled analysis of the three small studies that employed vitamin C in the treatment of sepsis concluded "<u>the evidence is stronger than first</u> <u>thought</u>" that vitamin C results in a marked reduction in mortality.

But skeptics argue and debate whether the evidence for the

safety of intravenous vitamin C is clear. As of April 10, 2019 there were <u>28 clinical trials planned or</u> underway including the 2000-patient VICTAS study, which ought to settle the issue.

Yet, there is no question that sepsis patients are, as a group, severely deficient in vitamin C, a shortage that is in need of correction. Intravenous vitamin C therapy has been safely used since the 1970s.

#### Experts argue over a definition of sepsis

Infectious disease specialists now grapple with how to define sepsis. The most recent description of sepsis is "<u>a life-</u> <u>threatening organ dysfunction caused by a dysregulated host</u> <u>response to infection</u>." But there is no standard definition of sepsis. How can physicians effectively treat sepsis when they are still attempting to define the disease?

Let's let Dr. Marik define sepsis for us:

In an editorial published in Critical Care journal, Mr. Marik's title is pointed: "Doctor – your septic patients have scurvy!" It's not just the sepsis patients who have scurvy in the intensive care unit, 50% of the non-sepsis patients have vitamin C levels that are so low as to be classified as scurvy too!

Dr. Marik writes that clinicians "would undoubtedly be shocked to learn that about 40% of the patients in their intensive care unit with septic shock have serum levels of vitamin C supporting a diagnosis of scurvy." So scurvy is the true definition of sepsis, induced by increased demand rather than a shortage of intake of vitamin C.

Dr. Marik writes: "These astonishing revelations are not new. It has been known for over two decades that acute illness results in an acute deficiency of vitamin C." An unwelcome development is that in acute disease, a key vitamin C transporter is reduced, which limits delivery of vitamin C when given orally. Oral absorption of vitamin C is hindered too. Therefore, intravenous vitamin C is required.

The need for vitamin C is dynamic. The <u>introduction of any</u> <u>toxin depletes the body of vitamin C</u>. Patients with bloodstream infections (sepsis) have a high metabolic demand for vitamin C. The provision of the recommended daily intake of vitamin C (125 milligrams/day) leaves a septic patient in the ICU in <u>a state of abject vitamin C deficiency</u>.

Dr. Tom Levy MD, author of <u>Curing The Incurable</u>, says "sepsis is when you have two or three molecules of vitamin C left in your body in the presence of any infection. In the final stage of almost any disease you die of scurvy because disease increases demand for this essential vitamin."

#### How many lives could be saved with vitamin C therapy?

Let's do some guesstimating. Some 19 million people worldwide which includes 1.7 million Americans, are diagnosed with sepsis annually. The mortality rate for hospital-treated sepsis cases is 34.7%. Dr. Marik's small study brought the overall mortality rate down to 8.5%.

Dr. Marik used a combination of intravenous vitamin C + vitamin B1 (thiamine) and cortisone (a steroid), which he says works synergistically rather than just additively to rapidly quell sepsis. All 300 of his first tranche of vitamin C-treated patients were discharged from the ICU, cured of their sepsis! They later died in the hospital of other causes.

But even intravenous vitamin C therapy alone has been shown to dramatically reduce mortality, from 64% to 14% among patients in septic shock. (Vitamin C is doing most of the work.)

About 6,593,000 sepsis patients worldwide and 589,900 sepsis patients in the U.S. die annually due to this bloodstream infection. It appears a regimen of vitamin C + vitamin B1 and cortisone (steroid) would reduce those numbers to 1,615,000 worldwide and 114,500 in the U.S. annually. By extrapolation of Dr. Marik's data, close to 5 million (4,978,000) lives worldwide and close to a half-million (475,400) lives in the U.S. could be saved annually by intravenous +B1 + cortisone therapy.

The 19 million worldwide sepsis figure is lacking data from lower income countries. By extrapolation of data from highincome countries, <u>global incidence and death from sepsis may</u> <u>be much higher</u> (31.5 million and 5.3 million deaths).

# Hospitalization may worsen the problem

Many hospitalized elderly patients that develop sepsis are on vitamin C-depleting drugs (<u>steroids</u>, <u>aspirin</u>, <u>diuretics</u>– water pills), as well as drugs that <u>deplete critical nutrients like</u> <u>zinc and vitamin D</u> needed for immune response. Acetaminophen (Tylenol) depletes a key antioxidant, glutathione. Supplemental <u>vitamin C</u> thwarts kidney failure induced by <u>acetaminophen</u>.

Sepsis patients exhibit life-threatening low blood pressure (hypotension) and drugs (vasopressors) that tighten the caliber of blood vessels frequently need to be employed. The provision of intravenous vitamin C reduces the need for vasopressors.

# Modern pharmacology threatened

A dagger has been thrown into the heart of modern pharmacology. Over 100 synthetic drugs have failed to conquer

sepsis. Intravenous vitamin C has a <u>track record of safety</u> <u>that goes back to the 1970s</u>. A survey of alternative medicine practitioners published in 2010 shows thousands of patients <u>safely treated with intravenous vitamin C</u> with little side effect.

Dr. Frederick R. Klenner is credited as the first doctor to employ injected vitamin C to patients with therapeutic efficacy with <u>published studies dating back to 1948</u>.

Modern medicine has done a good job of throwing vitamin C therapy under the rug. Its use threatens the modern model of developing patentable synthetic drugs to conquer disease.

The demand for double-blind placebo-controlled studies is unethical when it comes to sepsis. Patients receiving placebo would essentially be left to die. Historically, it should be noted that penicillin, insulin, digoxin, aspirin, acetaminophen, nitroglycerin all came into common use without controlled studies.

Recognize prescription drugs are <u>approved by demonstration of</u> <u>comparable risk reduction</u>. For example, the relative risk for a non-mortal heart attack is 3 in 100 and is reduced by statin drugs to 2 in 100 over a 5-year period for a 33% relative risk reduction (in hard numbers that is just 1% absolute risk reduction). The <u>number of patients that need to be treated</u> with statin drugs to spare 1 patient from a non-mortal heart attack is 104.

Intravenous vitamin C reduces absolute, not relative risk, from 40 in 100 to zero in 100. The number of sepsis patients that need to be treated to save one life is 1. With vitamin C therapy <u>deaths occur after discharge from the intensive care</u> <u>unit and are due to other causes</u>. Yet medical skeptics argue over the safety and effectiveness of vitamin C (??). Potentially the lives of all 1.7 million hospitalized cases of sepsis can be saved (100% survival from sepsis), but some (~8.5%) will die of other diseases (overall survival).

The clock is ticking. Every hour another 57 Americans die of sepsis in the hospital. The remaining question is not whether vitamin C will be proven to save lives of sepsis patients but whether our overseers will allow this to happen.

In the meantime, particularly if you are a senior American with heart, lung or malignant disease, you want to supplement with oral vitamin C. It is true vitamin C is rapidly excreted and therefore supplementation throughout the day is needed. A <u>dynamic model of the need for vitamin C</u> based upon severity of disease has been published by Dr. Steve Hickey. Dr. Steve Hickey has shown that <u>repeated daily use of vitamin C</u> by healthy adults, 500 mg vitamin C every 6-hours, produces blood concentrations that approach intravenous therapy. More vitamin C would be needed (up to 3000 mg every 4 hours) for individuals who are ill or have infection. A discussion of the <u>dynamic need for vitamin C can be read online</u>.

# Ruthless Prosecutions of David Noakes & Lynda Thyer Prevent Cancer/Autism Cure GcMAF from Reaching Public

Sourced from Dutch Anarchy

Ruthless Prosecutions of David Noakes, Lynda Thyer Apparently an MHRA Exercise Aimed at Preventing Cancer/Autism Cure GcMAF From Reaching Public by <u>Ramola D</u> October 11, 2019 <u>Original Source</u>

In a conversation with UK journalist **Ian Crane** today, shortly after his appearance at Southwark Crown Court this morning, **David Noakes**, CEO, Immuno Biotech, reported that the court had demanded further accounting of his assets with apparent intent to further strip him of all economic latitude.



David Noakes, outside Southwark Crown Court, speaking to Ian Crane/10/11/2019

In fact, says David, "They want to make absolutely certain I have nothing left because of course if I have nothing, I can't make GcMAF anymore which is the exercise—the entire exercise is aimed at preventing GcMAF from ever hitting the public."

As many know, David Noakes has been the subject of long-

running persecution by the MHRA (Medicines and Health Products Regulatory Agency in UK/equivalent of FDA in US) following their forced and unsubstantiated shutdown of his company which had been *successfully treating* cancer patients and autism sufferers with GcMAF, a naturally-occurring bodily human protein intrinsic to the immune system which can be manufactured externally for those with compromised immune systems.

The powerful possibilities for a natural cancer cure inbuilt into the human body's defense mechanism which GcMAF embodies is what the MHRA and the pharmaceutical industry it protects is frantic to keep hidden from the larger British, European, American and world public, David Noakes has <u>stated earlier</u>, citing the huge profits currently made by the chemotherapy industry, which would conceivably collapse overnight were GcMAF, a low-cost supplement, made available to all chemo patients.

This indeed is what David Noakes recommends, that people <u>petition the NHS</u> to put GcMAF into British hospitals, and similarly ask Congress to put GcMAF into American hospitals, in order to save lives, not just from cancer, but many other diseases and conditions it has shown a positive effect on, such as autism.

Doctor Healing Autism with GcMAF, Dr. Bradstreet, Shot Dead in June 2015

However, in peculiar opposition to the objectives of curing people from chronic and debilitating diseases, the FDA has shut down GcMAF manufacture in the US, and the MHRA has shut down GcMAF manufacture in the UK. Worse, in June 2015, a prominent doctor and researcher who had worked with David Noakes and successfully treated 3000 autistic children (as <u>covered here earlier</u>), Dr. Jeffrey Bradstreet, was shot dead, one day after his office was raided, while on a drive through N. Carolina, his body found face-down in a river, with much frenetic mainstream media coverage professing his death was a suicide.



Dr. Jeffrey Bradstreet

The phenomenal success in treating autism Dr. Bradstreet had achieved along with Immuno Biotech – David Noakes reports that "60% of non-verbal autistic kids were cured in one week flat with an ultrasound probe held on the brain for 5-10 minutes after the GcMAF was administered" – was built on his keen research and studies of Nagalase levels in autistic children, noted online at many health sites including *Age of Autism* and *AutismWeb* (and <u>covered here earlier</u>).

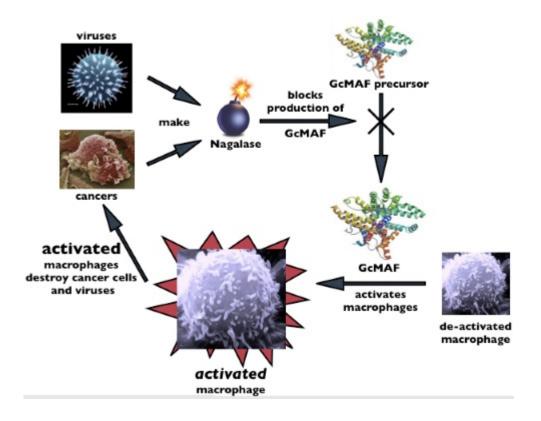


Image: GcMAF and Nagalase/From Dr. Timothy Smith's GcMAF Book

Ian Crane notes that Dr. Bradstreet was one of a hundred and two holistic doctors shot dead in the USA in recent years, all by an assassin with a gun, many of them well-known and highly reputable, who had been having great success in treating patients with naturopathy, homeopathy, and other natural means.

# Standing Conflict of Interest in MHRA

Clear evidence of conflict of interest (covered <u>here earlier</u>, and <u>here</u>) can be traced to the overt ties of FDA and MHRA regulators to pharmaceutical industry, where most in top positions have held senior positions in drug companies. Protecting the profits of the drug companies then becomes a key role of the FDA and MHRA regulators. The emphasis has switched from public safety to private profit-protection. David Noakes points out that while the mandate of the MHRA was to "protect the British people from the 1.8 trillion dollar pharmaceutical companies and their chemical drugs that kill, actually what they do now is they protect the profits of the big pharmaceutical companies and kill 200,000 English people every year when of course this is actually a part of the Codex Alimentarius agenda — for the corporatocracy to completely eradicate all natural healthcare and all natural foods at the same time so condemning people to lives of certainly substandard health."

The **Codex Alimentarius**, a joint FAO and WHO globalist plan to control world food, supplements, additives, and medicines, has not gone away in 2019–Scott Tips, Head of the National Health Federation reports on their <u>faulty use of "scientific</u> <u>consensus" in their July 2019 meeting</u> in Switzerland–and is part of the Agenda 2030 and Agenda 21 to forcibly and feudalistically impose a draconian "Order" on the world through beneficial-sounding goals of sustainability and health, as explained by writers <u>Daisy Luther of The Organic</u> <u>Prepper here</u> and <u>Chantal Bocaccio of The People's Voice here</u>.

Notably, as David Noakes points out, the Codex Alimentarius will dictate and destroy livelihoods and health of all people worldwide in its bulldozing strides to fully take down natural healthcare, which intent can also be seen in the MHRA's frenzied suppression of GcMAF from the British public,

# Grave and Injurious Perjury Committed By MHRA

David Noakes relays how his wife Lorraine Noakes' bank accounts have been seized and how a wrongful figure of three hundred and fifty thousand has been attributed to her personal balance.

This appears to be part of the overall false-attribution scenario facing David as well, who says the judge was unable

to move further against him for a few salient reasons, including the fact that he was representing himself in court, and that he had sent an email earlier this week to the court, denying the judge and court jurisdiction by pointing out the perjuries committed by the MHRA and the French OCLAESP against him and Lynda Thyer.

These perjuries include attributing wrongful balances — in the millions — to his and Lynda Thyer's bank accounts — 11 million Euros, later corrected, after two years, by English Judge Supperstone to 11 thousand; duplicitously stating no scientific studies, reviews, or trials had been done on GcMAF when 150 papers have been written by 300 scientists, and when 1180 papers can be found on Google Scholar; duplicitously stating GcMAF needed licensing and regulation when it was a naturally-occurring bodily protein; and in duplicitously stating he had paid no taxes at Guernsey where his office had been, when he had indeed overpaid taxes there.

Each of these perjurious statements have been employed to level fabricated UK and French allegations against David Noakes and Lynda Thyer of terrorism, money-laundering, taxevasion, and unlicensed use or sale of unregulated substances; the "11 million Euro" perjury has procured for Judge Gadaud an European Arrest Warrant on which Lynda Thyer was forcefully extradited and incarcerated in France.

The involvement of the French court and Prosecutor itself being highly suspect, since no GcMAF manufacturing or business had been conducted by them in France, says David, on the occasional holidaying weekends they had spent there at a rented home. Yet the Prosecuteur invented nine false charges against him, and against Lynda Thyer.

# Lynda Thyer's Dire Situation

David Noakes reports that he informed the judge that Lynda

Thyer, "an innocent woman who is in a French jail put there by the MHRA is still on hunger strike after two months and has now attempted suicide twice and she almost certainly will not see the new year since the MHRA will almost certainly kill her by Christmas — but that's no problem for them they kill 200,000 people a year so what does one more matter?"

An emergency appeal <u>podcast and article</u> was published here this week; members of the public are being asked to make a call to the British consulate in France or to local MPs to ask for Lynda Thyer's immediate release from jail and from this wrongful prosecution and extradition based on perjury by the MHRA, the UK courts, and the French OCLAESP and French courts.

David Noakes' report to Ian Crane is below:

Related: Free the Innocent Lynda Thyer from a French Prison

# The Healing Power of Cordyceps Sinensis Medicinal Mushroom

The Healing Power of Cordyceps Sinensis Medicinal Mushroom

by Dr. Richard Alan Miller © 2008–2009 Dr. Richard Alan Miller

# A True Superfood

Since the dawn of shamanic healing over 50,000 years ago, mankind has searched for healing ingredients to concoct the ultimate panacea-a cure-all. One of the most sought-after ingredients was Cordyceps, a substance so revered that it was exclusively reserved for use by royalty in ancient China. Chemical analyses have shown that its allegedly remarkable properties are much more than superstition or mere folklore. Cordyceps sinensis is a new generation of mushroom being used by the pharmaceutical industry and also as a dietary amongst informed supplement more consumers seeking alternatives to the more conventional treatments for cancer and AIDS as well as a wide range of other health and immune system issues.

Cordyceps is considered a "food" by the US Food and Drug Administration (FDA) and is classified as "generally recognized as safe" (GRAS). A growing number of researchers now consider it to be a "superfood" that can be included in almost every diet. So why are these rediscovered mushrooms now regarded as superfoods?

These medicinal mushrooms are extremely high in both betaglucans, which have been shown to be useful in cancer therapies, and polysaccharides. Polysaccharides are long sugar chains with many oxygen sections within them. As these sugars are broken down by the body, the oxygen molecules are released and absorbed on a cellular level. We know that all forms of cancer cannot exist in an oxygen-rich environment and that without proper oxygen levels the body is left to fall into degenerative states that encourage cancer, heart disease, immune disorders and diabetes, and also allow many viral diseases such as hepatitis C, Lyme's disease and many others to flourish.

The key is how to deliver oxygen to the body on a cellular level. This host of pharmaceutical mushrooms includes such

well-known products as Reishi, Maitake and Agaricus which are rich in beta-glucans, known sources for oxygen. This list continues to grow, with clinical studies now including more than 70 different mushroom species. The most interesting one to emerge is Cordyceps sinensis, which grows at about 16,000 feet (4,877 metres) in Tibet.

Cordyceps sinensis increases ATP (adenosine triphosphate) levels in the body by almost 28 per cent. ATP is the body's energy supply source-the body's battery, so to speak-and is required for all enzyme processes. It is also now believed that ATP is where cold-fusion ("Brown's gas") processes occur in the body on a molecular level. Although the concept of molecular-level cold fusion is not the subject of this article, I believe this is the root of biological energy exchanges, which will be explored in future writings. The impact on the energy state alone would make this mushroom a true superfood, but there is much more to be shared. What makes Cordyceps important for use with cancer is that it contains beta-glucans and polysaccharides. As the sugars break down, the numerous oxygen molecules are released on a cellular level, the result being that cancerous materials present are immediately destroyed. Cordycepin, one of the target compounds (nucleosides), inhibits the DNA repair mechanism and is probably responsible for its antiviral (HIV) effects.

# Full-spectrum Chemistries

There is a lot of confusion today in the field of pharmaceutical mushrooms as to what form of mushroom product is the best for use. There are various components of the mushroom which have been used as separated compounds. Is it the fruit-body, the mycelium or an extract standardised from some particular compound which is responsible for the mushroom's properties? This question is not as straightforward as it seems. **Fruit body.** This is the mushroom that you see above the ground. It is the spore- producing portion involved with reproduction. Basically, the fruit body is equivalent to the flower of a plant. Fruit bodies only form in response to some stress from the environment.

**Mycelium.** This is the growth form of the organism under the ground where all of the life processes occur: growth, feeding, competing for survival and some forms of reproduction.

**Broth.** In cultivated mushroom products, the mycelium can be grown either by fermentation, in a tank full of liquid "broth", or on a solid substrate of some material that is found in the natural growth condition. For the production of many mushroom-derived drugs and health supplements, the compounds are extracted not from the mycelium but from the broth in which the mycelium is grown.

As an example, there are a number of pharmaceutical drugs produced from the Shiitake mushroom: lentinan from the fruit body; LEM from the mycelium; and KS-2 from the residual culture broth, an extracellular compound. To extract lentinan from Shiitake mushrooms is a pretty straightforward chemical process. But what about another compound present in Shiitake, called eritadenine?

This compound is useful in the treatment of high cholesterol levels, while lentinan is used for the treatment of cancer.

If you extract Shiitake compounds using hot water and then use alcohol to precipitate out the polysaccharide fraction, the lentinan is concentrated and the resultant product is effective for cancer treatment or immune system stimulation. However, with this process you lose the eritadenine, and the extract has no effect on blood cholesterol. Consequently, even though a raw Shiitake product shows great effectiveness in treating high cholesterol, the "standardised extract" available today is useless for this purpose. So, what is the more valuable product: the raw, full-spectrum Shiitake or the standardised extract? The answer is neither, or both. It really depends on what you are hoping to achieve with the supplement.

For general health-supplement usage, the best product is the one that has the greatest effectiveness over a broad range of conditions. In this example, it makes much more sense to use a full spectrum of products—the fruit body, mycelium and broth.

German precision created the concept of standardised extracts. But now we are beginning to realise that mixed chemistries play a more important role in the effectiveness of how unrelated chemistries might produce specific results. It is a complex form that is still not completely understood but produces clinical results not available with standardised extracts.

Most pharmaceutical mushrooms are utilised as extracts for their most potent and most successful products and formulas. But these are very specific and targeted extracts, made for the particular purpose of concentrating specific compounds. Additionally, it is because these chemical compounds are produced as extracts that the pharmaceutical medicine industry is allowed to hold patent rights to them. Natural foods cannot be patented.

There are two general categories of bio-active compounds found in pharmaceutical mushrooms:

1. The polysaccharides, which comprise most of the medicinal compounds, are soluble in hot water and not in alcohol. The immuno-stimulant type of action so well known in mushrooms is from this class of compounds. If you are looking for immuno-modulation action, then don't use alcohol extracts as they will not be effective.

2. The nucleosides, another class of compounds, are soluble in non-polar solvents like alcohol and hexane. These compounds

are usually smaller in molecular size and are more specific in their bio-activity compared with polysaccharides. Nucleosides, deoxynucleosides and most of our antibiotics and antimicrobials fall into this category.

#### Health Benefits and Clinical Studies

The medicinal properties of Cordyceps are remarkable. In traditional Chinese medicine (TCM), the main use of Cordyceps has been in the treatment of asthma and other bronchial conditions. Modern research now confirms the efficacy of these ancient uses.

Much of what is known in the western world about Cordyceps sinensis is due to the work of Dr Georges Halpern, a physician and professor emeritus with the University of Hong Kong and the author of several books about Cordyceps.

One of the highlights of modern research has been the discovery of new antibiotics in this mushroom. One of these, cordycepin, is very effective against all sorts of bacteria that have developed, or are developing, resistance to other, more common antibiotics (such as penicillin, a fungus product!).

Cordyceps is especially effective against tuberculosis, leprosy and human leukaemia, as shown in many trials in China, Japan and elsewhere.

Some additional health benefits of Cordyceps are outlined below.

# • Enhances physical stamina

The best-known medicinal action of Cordyceps is in the increase of physical stamina. In 1993, the Chinese National Games brought this mushroom to the attention of the world's

sporting authorities. A group of nine women athletes who had been taking Cordyceps shattered nine world records.

There have been many reports of amazing improvements in performance in various sports due to the intake of Cordyceps.

There has even been talk of banning Cordyceps from sporting events because it may give an unfair advantage to those who can get it!

Most professional athletes who use it now are unwilling to admit that they do, due to the possibility that some sporting authority will outlaw its use. In the other direction, the Canadian Olympic Committee has taken an official stand on Cordyceps, ruling that it is allowed in professional competition.

Clinical research has shown that Cordyceps use increased cellular bio-energy—ATP (adenosine triphosphate)—by as much as 55 per cent. Increased synthesis of ATP and faster energy recovery have been reported. It would seem that Cordyceps improves the internal balance mechanism, thus making the utilisation of oxygen more efficient. These properties may account for the overall physical enhancement, the extra endurance and the anti-fatigue effects that are seen in humans using Cordyceps.

#### • Improves respiratory function

Several scientific studies have demonstrated the benefits of Cordyceps sinensis in alleviating the symptoms of various respiratory illnesses including chronic bronchitis and asthma.

#### • Increases oxygen absorption

In a double-blind, placebocontrolled study with 30 elderly volunteers, Cordyceps was shown to improve significantly the

maximum amount of oxygen these people were able to assimilate.

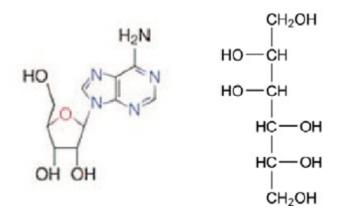
Chinese studies of cardiovascular illnesses have shown that ethanol extracts of Cordyceps mycelia and Cordyceps fermentation solutions caused a change in the biological action that allowed for an increase in cellular oxygen absorption by up to 40 per cent. In addition, studies have shown the effect of these compounds in relieving chronic obstructive pulmonary disease.

# • Improves heart function

Numerous studies have demonstrated the benefits of Cordyceps sinensis in treating heart rhythm disturbances such as cardiac arrhythmia and chronic heart failure.

# • Helps maintain healthy cholesterol levels

Four studies have demonstrated that Cordyceps sinensis helped to lower total cholesterol by 10–21 per cent and triglycerides (neutral fats) by 9–26 per cent, and at the same time helped to increase HDL ("good") cholesterol by 27–30 per cent.



Chemical structure of adenosine and cordycepic acid

# • Improves liver functions

Cordyceps sinensis has been shown to improve liver functions as well as help with cirrhosis, sub-chronic and chronic hepatitis and related liver diseases which are more prevalent than most people think.. The liver is the living filter of the body, cleaning the blood and all other fluids of impurities. There is no way for you to survive, much less feel healthy, without a functioning liver.

Clinical trials with Cordyceps supplement involving 33 patients with hepatitis B and eight patients with cirrhosis of the liver showed a 71.9 per cent improvement on the thymol turbidity test and a 78.6 per cent improvement on the SGPT test. These are enzyme tests showing changes in liver functions.

# • Improves kidney disease

A Chinese study has shown a 51 per cent improvement in chronic kidney disease after only one month of dietary supplementation with Cordyceps.

# • Reduces tumour size

Several clinical studies with cancer patients have been conducted in China and Japan, using a therapeutic dose of 6.0 grams of Cordyceps per day. In one study with 50 lung cancer patients who were administered Cordyceps in conjunction with chemotherapy, tumours reduced in size in 46 per cent of patients. A study involving cancer patients with various types of tumours found that Cordyceps sinensis extract (6.0 grams/day for over two months) improved subjective symptoms in the majority of patients. White blood cell counts were maintained and tumour size was significantly reduced in about half of the patients. Researchers in Japan reported that Cordyceps enhances the general reactivity of the immune system in individuals with cancer. To discover this, they subcutaneously injected mice with cancerous (lymphoma) cells and then orally administered Cordyceps. This led to a reduction of tumour size and prolonged life. Cordyceps also improved the antibody responses in these studies.

# • Enhances immunity and T-cell production

Cordyceps has been found to enhance "natural killer" (NK) cell activity, thus increasing T-cell production which results in expanded muscle mass. Muscle power is improved with the building of young, healthy cells. Cordyceps effectively recharges the protective army of NK cells. The body's ability to fight infections and tumours depends on the availability of NK cells. These are essential as the first line of defence for maintenance of the body's protection mechanism, commonly known as the immune system. Several scientific studies of Cordyceps have especially focused on NK cells and Cordyceps' effect on them as they relate to cancer formation. One in vitro study demonstrated that Cordyceps significantly enhances NK cell activity in normal individuals as well as leukaemiastricken people.

In a Chinese study, published in the Chinese Journal of Integrated Traditional and Western Medicine, natural Cordyceps enhanced the NK cell activity of normal patients by 74 per cent and increased the NK activity of leukaemia patients by 400 per cent. Similar improvements of NK cell activities were found in large melanoma tumours.

# • Assists symptoms of ageing

Clinical research in controlled studies has revealed that elderly patients suffering from fatigue and senilityrelated symptoms reported relief in these areas after using Cordyceps for 30 days. Their fatigue was reduced by 92 per cent, their feeling of cold by 89 per cent and their dizziness by 83 per cent. Patients with respiratory/breathing problems felt physically stronger and some individuals were able to jog up to 600 feet (183 metres).

# • Protects against free radical damage

Several studies have shown that Cordyceps sinensis gave protection against the damage caused by free radicals and had powerful anti-oxidant properties.

# • Helps discomfort from tired legs

Various studies have shown that Cordyceps sinensis improved the flow of blood in the body by relaxing the smooth muscles of the blood vessels and allowing them to expand, and also enhanced the functioning of the heart and lungs.

Cordyceps therefore prevents or reduces the contraction of blood vessels which interferes with blood flow in the legs-the main cause of tired legs.

# • Improves sexual function

Three separate Chinese double-blind, placebocontrolled studies with over 200 men with "reduced libido and other sexual problems" showed remarkably similar results. On average, 64 per cent of the Cordyceps-users reported significant improvement at the conclusion of the experimental period compared with 24 per cent of the placebo group.

In another double-blind, placebo-controlled study conducted with 21 elderly women with similar complaints, 90 per cent reported improvements of their condition following the use of Cordyceps, compared with none in the control group.

Cordyceps has been shown to improve libido and quality of life in men and women, fight infertility and increase sperm count and survival. Clinical studies involving 189 male and female patients with decreased libido and desire showed improvement of symptoms in 66 per cent of cases. A double-blind study conducted by the Institute of Materia Medica in Beijing showed an 86 per cent improvement in female libido and desire. The most dramatic physical proof came from a fertility study involving 22 males which showed that, after eight weeks of taking a Cordyceps supplement, their sperm count increased by 33 per cent, their incidence of sperm malformations decreased by 29 per cent and their sperm survival rate increased by 79 per cent.

#### • Reverses HIV

In a study in 2004 in Ghana, 3,000 early-stage HIV patients were given a formula with Cordyceps sinensis as a primary ingredient. Beyond anyone's wildest dreams, at the end of six months all 3,000 patients showed "no presence in their blood of HIV". When an HIV-AIDS patient took the Immune-Assist drug for cancer, their clinical picture improved dramatically in regard to the HIV infection.

Immune Function, Anti-cancer Response and DNA Repair It has long been understood that the beta-glucan compounds found in many species of mushroom significantly enhance immune function. This class of compounds is the most widely prescribed class of anticancer medications in the world. The pharmaceutical drugs lentinan, PSK and grifolan are examples of these compounds.

There is evidence of another mechanism at play in the Cordyceps anti-tumour response besides the wellknown immune modulation triggered by the polysaccharide compounds. It is related to the structure of at least some of the altered nucleosides found in Cordyceps, exemplified by the cordycepin compound (3'-deoxyadenosine).

This is a molecule almost identical to normal adenosine, with the exception that it is lacking an oxygen atom on the ribose portion of the molecule at the 3' position.

The same lack of this 3' oxygen can be seen in other Cordyceps compounds such as dideoxyadenosine. The lack of oxygen at this particular position is thought to be important in a very specific way. The structure of DNA depends on this oxygen to create the bond between adjacent nucleosides. This bond is between the 3' and the 5' positions on the ribose portions of the nucleosides, effectively forming the "ladder structure" that holds the DNA together.

In the replication of any cell, the first step is the separation of the DNA molecule down the middle, like unzipping, between the pairs of complementary nucleosides.

The next step is the insertion, one at a time, of newcomplement nucleosides. These form hydrogen bonds between the complement pairs and phosphate—sugar bonds between the 3' and 5' positions at the outside edge of the molecule, which is the ribose portion.

The synthesis of the new DNA molecules proceeds with the sequential insertion of newcomplement nucleosides one at a time into the newly forming DNA molecule until the original strand of DNA is replicated twice, each of these strands being an exact copy of the original and forming the genetic code for a new generation of cells. This synthesis continues to proceed with the insertion of each new nucleoside, unless a 3'-deoxyadenosine (cordycepin) molecule is pulled in.

When this happens, there is no oxygen present at that vital position to form the 3'-5' bond, and the replication of the new DNA molecule stops. Once the DNA synthesis stops, the cell

cannot continue to divide and no new cell is formed. (In normal mammalian cells, this insertion of the de-oxygenated adenosine is of little importance, as healthy cells have an inherent DNA repair mechanism.)

When this sort of error occurs, the altered nucleoside (the cordycepin) is removed from the string of nucleosides and a new segment of adenosine is inserted. However, by their very nature, cancer cells have lost this DNA repair mechanism. (If they could correct their DNA errors, they would not be cancer cells.)

Most bacteria and all viruses (including the human immunodeficiency virus, HIV) lack this DNA repair mechanism.

When we look at the rate at which cancer cells replicate, it is clear how this mechanism could exert a significant antitumour response. For example, a normal healthy breast tissue cell has an average life span of about 10 days, after which it reproduces and a new cell is formed. But breast cancer cells multiply much more quickly than healthy cells, reproducing on average every 20 minutes. This means that breast cancer cells replicate about 750 times more quickly than the surrounding healthy tissue. If the cordycepin were equally toxic to both types of cells, it would be killing off the cancer cells 750 times faster than the healthy cells. But because of that DNA repair mechanism in the healthy cells, cordycepin appears not to interfere with the healthy cell replication, and the tumour-cell kill rate is actually much higher than the 750:1 ratio.

The same sort of DNA interruption mechanism is also responsible for the anti-tumour effects of some other chemotherapy agents. This same mechanism of DNA synthesis inhibition is probably the mechanism responsible for the antiviral effects seen with cordycepin.

# Conclusion

The best-known medicinal action of Cordyceps sinensis is the increase of physical stamina. Cordycepin is very effective against all sorts of bacteria that have developed resistance to other antibiotics. Cordyceps has been shown to improve the internal balance mechanism, thus making the utilisation of oxygen more efficient.

Numerous studies have demonstrated the benefits of Cordyceps sinensis on heart rhythm disturbances such as cardiac arrhythmias and chronic heart failure.

Four excellent studies have demonstrated the benefits of Cordyceps sinensis in helping to lower total cholesterol and triglycerides and to increase HDL ("good") cholesterol.

Clinical studies involving male and female patients with decreased libido have shown significant improvements in symptoms. The most dramatic physical proof has come from a male fertility study that showed that a Cordyceps supplement greatly increased sperm count, decreased sperm malformations and improved sperm survival rate after eight weeks of use. These properties and others may account for the overall physical enhancement, the added endurance, the libidoenhancing attributes and the anti-fatigue effects seen in humans using Cordyceps sinensis. Worldwide studies have shown that this unassuming fungus delivers even more potentially life-enhancing benefits than claimed. This is a superfood which is just beginning to make itself known in the western medical literature.

The reduction of this active fungal material to nanoparticle size also has great promise, and further research work is being conducted which may lead to additional patented medicines.

More importantly, the full-spectrum of compounds present in the fruit body, mycelium and broth of the natural substance continues to prove once again that ancient knowledge meets the modern test of science.

### © 2008–2009 Dr. Richard Alan Miller

This article is an extract from the first chapter of Dr. Miller's book **Power Tools for the 21st Century**, published with permission from Dr. Richard Alan Miller.

### Power Tools for the 21st Century

is available for purchase at <u>Dr. Richard Alan Miller's</u> website.

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### Now also available for download:

<u>Healing Yourself</u> is a book from the archives of Dr. Miller, preserved in eBook form, in its original 1974 presentation, complete with endearing illustrations and margin notes. This "Manual of Herban Guerrilla Warfare", was originally created for the 'country doctor community clinic' and is full of helpful tips and remedies for a range of common ailments and conditions. The original information for this compilation was provided by Dr. Miller and is still useful and applicable these days. You'll find suggestions for all sorts of issues, including ones for the stomach, teeth, skin, women's health, hair, bowels, colds, babies' complaints, aches and pains and more – with a comprehensive index at the back.

image credit realmushrooms.com

# **Orthomolecular Oral Medicine**

by <u>Gilbert H. Crussol, D.M.D., F.I.C.D.</u> October 9, 2019 <u>Source</u>

(OMNS October 9, 2019) In my medical training, I had been taught to use antibiotics, anti-inflammatory and pain killing drugs, and started to use these drugs in all my cases. However, after only a year or two, I realized how wrong I was, and stopped relying on prescribing these drugs. Most patients didn't like my prescriptions and as I later found out, didn't need them. When I started recommending excellent nutrition to patients, virtually all of them quickly got much better. Attending a mid-winter nutrition conference, I listened to talks by Dr. Emanuel Cheraskin and others on how excellent nutrition can improve overall health and prevent many progressive diseases. I then realized then that there is a much better way to treat patients than to blindly use antibiotics, pain killers, and anti-inflammatories.

Learning that most animals (except primates and guinea pigs) under stress make three or four times the normal amount of vitamin C in their liver, I started to give my patients vitamin C before the physiologic and psychic stress of dentistry. Antibiotics, anti-inflammatories, antiseptics, were then banished of my practice and the use of pain killers became very rare. Thanks to the teaching of Drs Cheraskin, Pauling, Pfeiffer, Riordan, Passwater, Hoffer, and many others I learned to use orthomolecular medicine effectively in my dental practice.

# The patient's mental status

Dental procedures are often psychically stressful. I eventually made a policy of starting every patient on an excellent diet, including high-dose vitamin and mineral supplements where appropriate, before they were given any intensive oral treatment. That included even those with issues of mental health or those in need of urgent care. I found that excellent nutrition can allow the mouth, body, and mind to heal faster.

I found that the stress induced by the oral treatment will often aggravate the psychic state or create psychic problems in previously apparently normal patients. But when treated with vitamin C (for example, 3000 – 10,000 mg/day for several days before, or 3000 mg given IV before the appointment) before an intensive dental treatment, I found that the patient's psychic status was often greatly improved.

### Prevention of pain by vitamin C infusion

Years ago, I started giving my surgery patients a 30 g (30,000 mg) infusion of vitamin C infusion (IV sodium ascorbate) one day before or immediately prior to the appointment. The result was that no matter the extent or duration of the surgery, the "normal" pain was greatly attenuated so that the patients didn't complain about discomfort. However, without the presurgical IV dose, if the infusion was given afterward to control the pain, as much as 120 g was sometimes necessary.

My standard protocol is to surgically remove all contaminated or infected gingival, bony, and dental tissues. The surgical sites are never in contact with antiseptics such as Betadine or similar products (which are designed to be used externally, but are often liberally poured in the abdominal cavity by general surgeons with serious consequences). We exclusively use an injectable solution of vitamin C to wash bony, conjunctival tissues sites and sinuses. This solution is isotonic, pH 7.4, antiseptic, antioxidant, and accelerates healing of wounds and regeneration of bone.

### Postoperative status

We found that with pre- and post-operative infusion of vitamin C, when an oral infection site was surgically removed and washed with isotonic vitamin C solution, the inflammation, and postoperatory pain soon disappeared. In addition, this orthomolecular treatment evidently helped to or solved long lasting diseases. For example, it is well-known that poor dental health can cause inflammation throughout the body, contributing to heart disease, rheumatism, leukemia, allergies, and other infections. We found that our dental patients often improved their health in several other areas – just from the vitamin C treatments.

#### Burned face and hands

A woman, 35 years old, atrociously burned in a car accident, received 40 graft surgeries over five years. She could not write or draw anymore. Her mouth opening was only as big as a finger, her liver could hardly tolerate certain foods, and she had agoraphobia. When she took 10 g/d of oral vitamin C, the agoraphobia and liver problems vanished in a month, and her mouth opening and the elasticity of her grafted face impressively improved. She could write and draw beautifully within three months. Her last graft surgery on the nose did not need any antibiotics, and the surgeons were very surprised of the speed of recovery and result of grafting. She was revived.

### Acute prodontosis caused by scurvy

A thin 35 years woman was breathing her upper front teeth in

and out of the mouth. They were so mobile that it seemed evident that no periodontal treatment could save them. Lingual gingival probing was down to the apex. Her nutrition was terrible. She was instructed to eat selected food three times a day and to take 10 g of vitamin C. She was asked to call the office upon any improvement of her health condition. She called two months later and said she now could read without spectacles. She called again six months later and exclaimed that she had stopped taking hormones (did not need them anymore!). She called a year later, reluctantly agreed to come for examination of the periodontal problem. Probing was no longer possible because of strong and complete reattachment. There was no need for any periodontal treatment. Now she is a woman of strong personality, no longer skinny.

# Lead poisoning

A despairing man, 40 years old and a director of a major oil company, complained for months of ageusia and anosmia (loss of taste and smell sensation). Upon examination and interrogatory, it was found that in a locker of his office were all the lead batteries of the company's phone equipment. Moving out of his directorial office, 10 g/d of vitamin C, and a week later, his taste and smell was restored to normal.

# Burning tongue

A women suffering of glossodynia (burning tongue) found her symptoms vanished after complete avoidance of refined sugar and adequate doses of vitamin C.

# Mental health, sensitivity to hexachlorophene

A 40 year old female physician was hospitalized for mental exhaustion and stress 15 days every month. Interrogation revealed the use of a hexachlorophene soap 20 times or more a day. Avoidance of this soap removed the psychiatric burden.

### Rheumatism

A woman 35 years old with 5 children, married to a schizophrenic husband (frequently threatening her or her children). She was constantly on cortisone for acute rheumatism, and suffered continually in spite of that treatment. She could not feed her family or take care of the children. Removal of all toxic dental material and an excellent diet along with high-dose vitamin C treatment has allowed her to play tennis, go skiing, support her five children, and to take excellent care of them over the last 17 years.

# Facial paralysis

A lip paresthesia from a car accident lasting 20 years disappeared after six vitamin C infusions. A lawyer, 55 years old, started to have a facial paralysis. He could not talk, close his eyes, or hold in his saliva. He was advised to take 500 mg vitamin C every hour, and got rid of this paralysis in 10 days.

### Conclusion

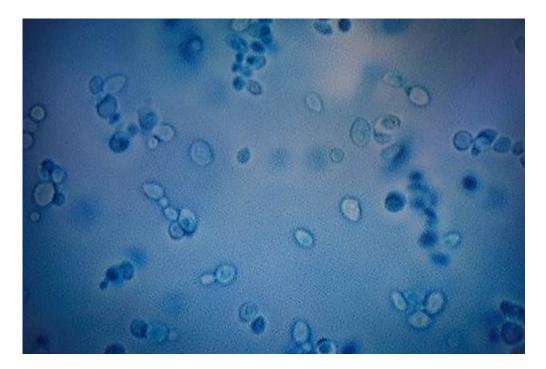
Excellent nutrition can prevent many of the hazards traditionally associated with or caused by dental medicine. Scurvy, poisoning, and intoxication by drugs can be caused by an incorrect diagnosis and the wrong treatments, and can cause lasting pain, progressive diseases, despair, and even death. When patients are given excellent nutrition, and provided adequate doses of all the essential nutrients, the body's natural healing and immune defenses are empowered to prevent and reverse progressive disease. This is especially true of common dental diseases, where traditional practice often does not completely remove infections. In many cases the infections are caused by poor nutrition, and they can be cured by surgical removal of the infection along with vitamin C infusions and washes.

(Dr. Gilbert H. Crussol is Professeur au Forum de Sevelin Lausanne Suisse, a Member American Academy of Oral Medicine and Toxicology, and has a Diplomé en Criminalistique de la Faculté de Medecine Légale de Paris. He lives in Navarre, Spain.)

# Why Use Baking Soda for Fungus Infections

Source: Dr. Sircus

by <u>Dr. Mark Sircus, Ac., OMD</u> April 15, 2019



A projection of the C. auris fungus on a microscope slide. CreditMelissa Golden for The New York Times

A hushed panic is playing out in hospitals around the world as a deadly fungus is spreading killing a lot of people. Individual institutions, national, state and local governments have been reluctant to publicize outbreaks of this drug resistant infection, arguing there is no point in scaring patients – or prospective ones, meaning they do not want to scare patients away from going to hospitals. Officials are still scrambling to keep a lid on it as the infection is spreading around the globe, yet with the Measles, a dramatically less dangerous disease, they are getting hysterical.

Dr. Johanna Rhodes, an infectious disease expert at Imperial College London said "We are driving this with the use of antifungicides on crops and we have no idea where it's coming from. We've never heard of it. It's just spread like wildfire."

Thanks to the over-prescription of antimicrobial drugs had also laid the groundwork for this relatively new germ that preys on people with weakened immune systems according to the <u>New York Times</u>. The infection – a fungus known as Candida Auris, **kills almost half of all patients who contract it within 90 days**, according to the CDC – as it's impervious to most major anti-fungal medications. First described in 2009 after a 70-year-old Japanese woman showed up at a Tokyo hospital with *C. Auris* in her ear canal, the aggressive yeast infection has spread across Asia and Europe – arriving in the US by 2016

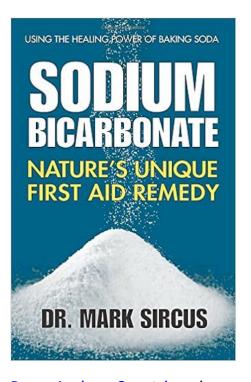
Many of these patients do not need to die but it seems like doctors, hospitals and medical institutions would rather them perish than admit that sodium bicarbonate is the best antifungal for this and other fungal infections. Baking soda, also known as sodium bicarbonate, <u>has significant anti-fungal</u> <u>effects</u>. Laboratory studies show that baking soda is effective against most fungal species. Bicarbonate inhibited the growth of 80 percent of fungal isolates tested in one study. Many studies have shown that sodium bicarbonate at high concentrations has an antimicrobial effect over several microorganisms isolated from the oral cavity, <u>including</u> <u>Candida albicans</u>.

Some think that baking soda is the most potent anti-fungal substance there is because of its ability to rapidly change the Candida colonies' pH from acid to alkaline, which effectively kills off the yeast before it has time to adapt to new environments. The problem with anti-fungal drugs, is that fungi are extremely adaptive, and can accommodate themselves to a new environment in three to four days. This renders antifungal drugs largely ineffective. The fungi do not adapt to the baking soda.

"It is a creature from the black lagoon," said the CDC's Dr. Tom Chiller, who heads the fungal branch. "It bubbled up and now it is everywhere." In the last five years alone, it it has swept through a hospital in Spain, hit a neonatal unit in Venezuela, spread throughout India, Pakistan and South Africa, and forced a prestigious British medical center to close its ICU for nearly two weeks.

Simply put, fungi are evolving defenses to resist and survive modern medications. "It's an enormous problem," said Imperial College of London fungal epidemiology professor Matthew Fisher, who co-authored a recent scientific review on the rise of resistant fungi. "We depend on being able to treat those patients with anti-fungal medications," that are no longer working for this infection.

Science Daily said, "Infectious diseases are the world's number-one cause of death, with pathogenic fungi being responsible for extremely dangerous infections. Worldwide, more than €6 billion are spent each year on anti-fungal medications, and the total costs of the medical treatment of infectious diseases caused by pathogenic fungi are estimated in the order of hundreds of billions of Euros."



Fungus, Tuberculosis and Cancer

Dr. Luke Curtis is reporting on research that deals with 27 lung "cancer" patients who were later diagnosed with lung "fungus" instead of lung cancer. "Fungal infection can present with clinical and radiological features that are indistinguishable from thoracic malignancy, such as lung nodules or masses." Doctors who diagnose lung cancer are unaware of the fact that cancer mimics fungal infections.\_Over one million people worldwide are <u>misdiagnosed with</u> <u>tuberculosis</u> when in reality they have an incurable disease with a similar outlook to many cancers, says a <u>recent report</u> <u>published in 2011</u> in the *Bulletin of the WHO*.

The disease called "chronic pulmonary aspergillosis" (CPA) is a fungal infection not a bacterial infection. It looks very much like, or identical to TB when doctors look at it on a chest X-ray. Fungal infections kill at least 1,350,000 patients with, cancer, TB, asthma, or following AIDS; as well as causing untold misery and blindness to tens of millions more worldwide. Yet, like a Trojan horse its symptoms are mostly hidden, and occur as a consequence of other health problems.

Fungal disease is like the Trojan horse that threatens the world as deaths reach approximately 150 people per hour. Doctors need to wake up to the plight of millions people worldwide who suffer and die every year from fungal disease. Fungal disease is worldwide catastrophe that is growing year on year and now with this new anti-fungal resistant strain more deaths can be anticipated.

# Conclusion

There is no hiding the fact that baking soda, the same stuff that can save a person's life in the emergency room in a heartbeat, is a primary safe and effective fungal treatment. In 2014 <u>GAFFI</u>— 'The global action fund for fungal infections' called on all policy makers and health agencies to wake up to the plight of more than <u>300 million people worldwide who</u> <u>suffer and die every year from fungal disease</u>. So why do doctors not prescribe sodium or <u>potassium bicarbonate</u>?

Though it kills yeast and other infections quite quickly, its main function is to increase CO2 and oxygen levels, which are not conducive to cancer, tumor growth or fungus infections.

# **Fungus & Cancer**

Source: Know the Cause

by <u>Doug Kaufmann</u> October 11, 2013

Every year, October is reserved for Breast Cancer Awareness month in America and each year in October, I dedicate my article to breast cancer and fungus. This year, I'm going to maintain my educational approach, but in lieu of addressing breast cancer alone, I'm going to beg the question that all men and women with breast, or any other type of cancer, have asked.

As some of you must know, I spoke at the Cancer Control Society (CCS) meeting in Hollywood, California, in late August. This lecture was special to me for so many reasons. First, after decades of traveling and speaking, I've decided to wind it down a bit and spend more time studying, and making the TV show better. Second, I saw so many old friends in Hollywood that I hadn't seen in some time and it was such a joy. Last, but not least, both of my sons and their wives showed up to support me at the lecture. As life progresses, simply being in a room with my wife and all four of them present, excites me and defines the word "love" for me.

What a lucky man I am. The lecture went well and afterwards many attendees surrounded me for more information. I believe I've spoken at this event for some 14 years off and on and always on "the fungus link to cancer." There is a special place in heaven for Lorraine Rosenthal, who has spearheaded CCS for 41 years. She is an amazing friend to many, including me.

The 2013 version of "the fungus link to cancer," is noteworthy because I continue to put the pieces of this complex cancer puzzle together. In this newsletter, I will update you on the question mentioned above that every person diagnosed with cancer has asked their doctor. The question carefully deals with the words, "why me?" In proper context, they are seeking to find out what happened to their immune defenses when they needed them the most! And what about this "superman" gene, the p53, that supposedly protected them against cancer. Did both of these safeguard systems fail them? WHY?

We will address those concerns, but let me start by giving you a "hot off the press" headline that my friend, Luke Curtis, MD, just sent me. It deals with 27 lung "cancer" patients who were later diagnosed with lung "fungus" instead of lung cancer. Mind you, this paper was just published. But the confusion that it confirms has been going on in medicine for as long as disease has been in existence. **Doctors do not know** what causes the majority of human diseases.

# **Fungal Infections Mimicking Pulmonary Malignancy** Relevant Sentence:

"Fungal infection can present with clinical and radiological features that are indistinguishable from thoracic malignancy, such as lung nodules or masses."

### To You and Me

It is impossible to tell lung fungus from lung cancer.

#### My Take

Unfortunately, the doctors who diagnose lung cancer are

unaware of the fact that cancer mimics fungal infections. Unless one of the researchers who wrote the above paper are present during your lung cancer diagnosis, 100% of "lung nodules or masses" are diagnosed as "cancer" and 100% of you will begin invasive cancer treatment. I would certainly recommend that you tell your doctors to "fully rule-out fungus" as a causative factor before cancer therapies are initiated.

According to Milton White, MD, cancer is "neither the result of a virus nor the consequence of an inherited gene defect. Cancer is a hybrid. It is due to a plant bacterium (conidia) derived from an Ascomycete strain of fungus…"

With the exception of the word "bacterium" I'd agree 100%. Dr. White felt that bacteria and human cells somehow merged and a new hybrid formed. I had the pleasure of meeting Dr. White in his Michigan hospital laboratory in 2001, while working on my book, The Germ That Causes Cancer. Prior to his wife succumbing to breast cancer, he told me that she grabbed his arm and said, "you're a smart man, Milton, so please figure out what causes cancer." In her honor, I believe, he came within inches of a major discovery-but no one was listening to him. He ended up publishing his extraordinary cancer findings in medical journals that dealt with theoretical, rather than factual data, but such is the plight of a brilliant cancer pioneer. Few physicians regard theoretical data as medically relevant. Dr. White passed shortly after our meeting, but I've long felt like he and his wife are cheering me on from above! He deserves much credit in helping me fit the pieces of the cancer puzzle together.

*If cancer is due to a disease-causing fungus*, why don't our two strongest defenses (germ gobbling white blood cells-a process called phagocytosis-and our p53 gene) prevent the fungus from overtaking our tissues? I'm glad you asked. I recall a physician in Florida questioning my fungus/cancer lecture many years ago. She said, if bacteria or fungus caused cancer, it would be phagocytized (by our white blood cells) long before it could enable a disease like cancer. Mind you, some pieces of the cancer puzzle were very difficult to find and this one took almost 15 years to piece together. After all, her question was extremely relevant!

In 2007, I was standing in a bookstore here in Texas called Half-Price Books. I love these stores because they all have a science section where I can pull up a chair and study. I pulled a dusty old 1989 medical book off the shelf called Mechanisms of Microbial Disease, and began reading. Would you know it, Someone had the page coincidentally fall open to this exact sentence;

Cryptococcus neoformans is a fungus that "escapes phagocytosis because the spores are surrounded by a thick viscous capsule."

WOW! Keep in mind that this same fungus is in the family of "ascomycete," or sac fungi. The fungal spores reproduce and grow, making the sac larger and larger, without oxygen (as do cancer tumors). The fungal sacs are thick viscous capsules, so what prevented the fungus from being gobbled up? Although this probably wasn't known in 1989, most likely the ascomycete sac that these fungi thrive in enabled the fungus to thrive!

I sat down immediately and kept reading.

"In tissue, yeast cells of histoplasma capsulatum, are found within macrophages only. However, phagocytosis does not always lead to killing and the intracellular habitat paradoxically results in protection of the fungus form other defenses of the host." WOW-SQUARED! Let me put this in layman's terms, because this is relevant if fungi contribute to or cause cancer;

Histoplasma capsulatum, a fungus that causes a serious and sometimes life threatening human disease called "histoplasmosis" is sometimes (cancer patients?) found in a type of human white blood cell called a "macrophage." These are also called "macrophagocytes" because they slowly gobble up and digest foreign (non-self) debris that enters our blood stream. Fungus would be foreign debris. But in the case of histoplasma capsulatum, itself a sac fungus, when confronted by the macrophages, they ingest the fungus, but instead of killing it and digesting it, something very unusual takes place. The enemy now protects the fungus as "friend" and begins assisting it in hiding from our other immune defenses. Why does this occur? As you may recall, in a human cell/fungal cell relationship, fungal cells always become the dominant cells, even to the detriment of human cells! Shall we take one giant hypothetical step forward?

### Doug's Cancer Hypothesis

I believe that Dr. White was so close! According to my hypothesis, cancer begins when the DNA from Fungus and the DNA from our white blood cells merge to form a new hybrid "tumor, or sac." This hybrid attains a life of it's own now, bypassing our immune defenses because it is 50% human, and therefore just enough to be recognized as "self."

Critics argue that simply because our white blood cells fail to gobble up fungus, this would be almost insignificant compared to what would occur if our cancer tumor suppressor gene (p53) became inactive during cancer cell invasion. The critics are correct!

Along with phagocytosis, our p53 gene plays one of the most important roles in protecting us against cancer.

It not only stops cancer invasion, but it also kills tumor cells, thereby preventing cancer from even starting.

But in over 50% of all cancers, scientists have discovered that the patient's p53 gene was mutated and unable to stop cancer from initiating. According to the American Cancer Society, the p53 gene is the most studied of all genes because damage to this gene allows cells with damaged DNA, like cancer cells, to proliferate.

You know me. After hearing those dreaded 3 words, "you have cancer," my first question would be, "doctor, what caused my p53 gene to mutate? Why didn't it protect me?"

Of course, most doctors would respond by saying, "we don't know what causes the p53 gene to mutate." He may not, but now you will.

According to the medical journal, Liver, International (April 2011),

"aflatoxin genotoxicity is associated with a defective DNA damage response bypassing p53 activation."

This means that the mycotoxin, aflatoxin, sometimes found in our food supply, is capable of inactivating the p53 gene at a time when we need it the most. The Proceedings of the National Academy of Science stated in 1993, that the mycotoxin, aflatoxin b1, made by Aspergillus fungus, is known to cause p53 mutations. It is all published.

Mycotoxins are made by fungus, yet few of our healthcare providers acknowledge that fungus contributes to cancer. I've said it thousands of times, but let me repeat it again. When if comes to medical treatment, to err is human. Let them be wrong, but don't let them be dead wrong. You must be in control and ask the right questions in a doctor's office. If that offends him, find one it won't — it's THAT important.

# Switches Off Chronic Pain Without Opioids, 3-Step Surprise

by <u>Dr. Joseph Mercola</u> April 7, 2019 <u>Source</u>

Three Alternative Strategies That Can Address Severe Chronic Pain

https://youtu.be/gw2jS0reGvo?list=PL7YKya\_R1R0uUrNMcz0GSieM4qj
s0L10j

# Story at-a-glance

- Dr. Mark DeBrincat, a chiropractor also known as the "Good News Doctor," recovered from severe injuries that kept him in severe chronic pain for 15 years using neurofeedback, essential oils and pulsed electromagnetic field (PEMF) treatments
- With the use of eight essential oils, DeBrincat was able

to remodel the tissue in his spine, reducing his pain from a 10 to a 5, and then to zero

- The neurofeedback device consists of a cap with 19 leads hooked to a computer that register neural activity, giving you a three-dimensional map of your neurology
- Once dysregulated areas of your brain have been identified, they can be targeted to increase neuroplasticity. Once neuroplasticity kicks in, you start growing new tissue
- Essential oils are volatile compounds found in grasses, trees, roots, bark, leaves and flowers. Essential oils in general are about 50 to 70 times more powerful than herbs, and should be used sparingly

Dr. Mark DeBrincat, a chiropractor and natural health physician also known as "The Good News Doctor," has a most amazing story of recovery from one of the worst chronic debilitating pain syndromes that I've ever heard of, so I asked him to share his journey with you, in the hopes it may motivate you to seek natural approaches to pain.Many see opiates as the only option for severe pain, which can have severe health consequences. Opioids are extremely addictive and 130 Americans die from opioid overdoses each and every day.<sup>1</sup> The death toll from opioids is so great it has actually contributed to <u>lowered life expectancy in the U.S.</u>

# A Terrible Accident

Twenty-one years ago, traveling from Georgia to Florida to attend a chiropractic conference, DeBrincat and his wife were in a terrible car accident. That they both survived was a miracle in itself. His wife ended up with whiplash and

### fractured C3 through 5.

"I remember laying in the hospital and threatening her doctor that if he didn't put a perfect curve into her neck or if he fused all her bones together, he'd never hear the end of my name," DeBrincat says.

"He literally took the titanium plate home and pounded in a nice curve for me. Here, 21 years later, she's got a beautiful cervical lateral curve and she still has her joint below a fusion, which is just amazing.

She healed in just a few months and then took care of me for years. I was a hot mess. Bracing my legs on the dashboard on impact saved my life, but also literally split my pelvis in half. The pubic bone snapped in the front, and my sacrum cracked top to bottom in the back.

I ripped the muscles off most of my legs [on] both sides ... Then I lost my sigmoid and descending colon in all of that, amongst many other injuries. I spent months confined to a hospital bed. It took me several years to be able to go back to work again as a chiropractor. I had to become my own patient ...

By 2010, I was permanently disabled and confined to a wheelchair. I had stabbing pain from my neck, all the way to my tailbone. I had no feeling in my arms or legs, but my hands and feet felt like burning broken glass all the time. I was trying everything."

# Remembering the Body's Self-Healing Capacity

Raised by holistic parents, DeBrincat was determined to heal

from his injuries without drugs, but after seven back surgeries and years of pain, he succumbed to Oxy, Soma and Xanax.

"I let them just throw any medication at me that would take my pain level from a 10 down," he says. "We found the combination of narcotics, muscle relaxers and anti-anxiety pills that would take me from a 10 to an 8. That was survivable; 10 was just – you cannot live in that environment for the rest of your life."

Eventually, he also had a computer implanted in his spinal cord at T10, which when turned on would numb his entire spine. "It was basically radar-jamming the pain so that I could move my limbs and actually start to be a little bit independent. That was a big breakthrough," he says. Still, even this device was not enough to get him off the narcotics. It signified a turning point though. Fifteen years after the accident, he had an epiphany.

"I remembered back in school we talked about healing, getting better and overcoming anything. It's always innate. We heal from the inside out. We get harmed from the outside in. I really started studying more epigenetics.

In studying the health of our cells, something clicked one day and I thought to myself, 'You know, every cell has a turnover rate. If I can just simply make the next version of my cells be better than this one, I think I might actually be able to overcome this problem ...

Our eyes only take two days. Our gums take two weeks. All the cells are replaced. Our throat takes two months. The lining in our lungs takes eight days. I started having hope, [thinking] 'I can start doing more things now to impact the health of the cell. The new versions of these cells are going to be better than the last.""

### Step 1: Aggressive Neurofeedback Training

One of the strategies he used was neurofeedback, which is also recommended for people <u>recovering from traumatic brain</u> <u>injuries</u>. For years, he'd been doing quantitative electroencephalography (qEEGs) and neurofeedback training, but only for 30 minutes, two to three times a week. "We were told that you could never do more than that because your brain can't handle it. You'll fatigue and it'll cause more problems," he says.During the time he was wheelchair bound, his brain map indicated neural overactivity, and the neurofeedback training wasn't correcting that. He then heard a lecture in which it was stated that patients addicted to narcotics for pain need very aggressive neurofeedback training. DeBrincat immediately began doing hours of neurofeedback each day.

"In a few short months, my ability to feel more in my legs, to do more for myself and get myself dressed, was amazing. It was like I'd had the answer all along. I didn't know I could be tapping into that. With my newfound freedom of, 'I'm growing new cells, now I can grow new cells in my brain and spine where I have all this damage,' that was super exciting."

### **Discovering Essential Oils**

Shortly after that, he met a woman who gave him a bottle of an <u>essential oil</u>. "She says, 'Honey, just put this wherever it hurts and all your pain is going to go away' ... I remember putting it in my bag and rolling away thinking, 'Come on. I've got the best doctors in the world who get me the best,

strongest medications. And your little oil, it's kind of a joke to me,'" DeBrincat says.He admits he knew nothing about essential oils, and the oil sat in his bag, untouched, for five weeks. During a vacation, his wife ended up using it while giving him a massage one day. Remarkably, it eased his pain. That was five years ago, and for the first time, he felt no pain anywhere."I just sat bawling and crying," he says. He'd been in pain for so long, he'd forgotten what it felt like to be pain free. With the computer in his spine, he could normally walk 20 to 30 steps max at a time. If he pushed further, he'd be bedridden for days.That day, he set the pedometer on his watch and started walking. "I walked 5,700 steps," he says. "I could not believe it." The next morning, he was still pain free. From there, he went on to study essential oils.

"I found eight different oils that remodeled all the tissue in my spine. I put them on and it would bring me to a pain level 5 from a 10," he says. "Then somebody who knew a whole lot more about oils looked at my list and goes, 'You know what? Just turn your list upside down and do it in the other order. When you do it that way, it's going to have a much greater effect on you.'

I did that and, oh my goodness, it went to pain level zero. Now, I could be pain-free completely for literally 12 hours before any pain came back. I would do it twice a day ...

The body is remodeling itself. The oils that are helping remodel tissue are literally getting in there with the DNA when it makes 3 billion copies of itself before it finds the cleanest one to go into the new cell. It helps take out debris, damage, toxins, scars ... so that you can give back to your root cell, which is the purest form before you had all your problems ... I did this back protocol for 90 days, then stopped. Within 24 hours, I was right back in this horrible pain again … I went another 90 days and then stopped, and made it four days before any pain came back. Now, this was a second epiphany, because now I really, honest to God, believed I was getting better … [I did] another 90 days and then stopped. That was August 2014. I've never had to do that protocol for my back since."

He used peppermint, Siberian fir, cypress for his essential oils. Remarkably, the stenosis in his neck and low back is now gone, herniations throughout his spine are gone, as is his <u>arthritis</u>. Even the scars on his back have radically improved.

"I got my life back. I was so passionate. I could teach again. Anybody who saw me walking was like, 'This is an absolute true miracle. I can't believe what I'm seeing. Are you a twin brother?' I taught continuing education in a wheelchair for a lot of years. For them to see me walking was astonishing."

### **PEMF** – Another Breakthrough

He still had limitations though. He couldn't exercise, lift weights or stretch, for example, and his feet would go numb when walking. His next breakthrough came when he discovered pulsed electromagnetic field (PEMF) therapy. After five weeks of PEMF treatments, his blood circulation dramatically improved, resolving the remaining limitations.

"My kids grew up with me in a wheelchair most of the years, especially during all their middle school years, and that was so crucial. To be able to have this amazing abundant life with them now and to be able to mountain bike, snow ski, dirt bike, snowmobile, hike and all the wonderful fun things we love doing, it's just a dream come true.

We're always looking for products and things that impact us, that give us hope again. That's why I've been known as the 'Good News Doctor.' People say, 'You know what? I always get bad news from my doctor. You're the first one who's given me hope again.'

When you've been through any major health crisis and you come out the other end, your purpose kind of changes. It evolves into, I guess, how God wants to use you to help people. From being in a wheelchair for so many years and coming out, our main passion is helping people with neurofeedback.

We do the brain mapping ... in the privacy of their own home ... We can literally give [patients] two years of care in one month, aggressively, and then make those breakthroughs happen over and over again. That's so exciting."

While DeBrincat's story may sound too good to be true, it's important to realize he did a lot of work on himself throughout. He juiced every day, ate whole food, avoided toxins, and would do his own physical therapy for three to four hours a day for all those years. Still, his recovery is astounding, considering the extent of his injuries and the in disability.Neurofeedback ExplainedThe time spent neurofeedback device basically consists of a cap with 19 leads that hook to a computer. The leads can be likened to very sensitive microphones that register neural activity. Placed around the head, you end up with a three-dimensional image or map of your neurology. Once the dysregulated areas of your brain have been identified, those areas can be targeted to increase <u>neuroplasticity</u> in that region. Once neuroplasticity kicks in, you start growing new tissue.

"This is inspiring for those who are stuck in pain, because

you have what's called a pain network. When that network is not functioning right, you are experiencing pain through your nervous system and you can't just turn it off ...

Knowing there's technology that can pinpoint a specific network and grow tissue to help that network, this has given us so much hope to help people who are needlessly suffering in pain, because honestly, there's no drug that's going to heal them ...

I think doctors who don't either refer out to this or don't have [neurofeedback] in their practice have a big black hole in trying to help people, because there's so much information that we're getting from the brain ...

It really should be the foundation, and part of the initial examination ... We need to see how well your brain's functioning, because that's controlling everything ... A great starting point is to get everything back online, then everything else you're doing after that will work better."

### **Essential Oil Benefits**

Essential oils are volatile compounds found in grasses, trees, roots, bark, leaves and flowers. Essential oils in general are about 50 to 70 times more powerful than herbs, so must be used sparingly. Quality and purity are of the utmost importance when seeking medicinal benefits, so it's important to do your homework.

"Some of them help wake you up, like peppermint oil. One drop of peppermint on your hand, rub your hands together, hold it in front of your nose; in 15 seconds, you're going to have about 20 percent more oxygen in your brain. Some of these oils are so small they can go right through your blood-brain barrier and actually enhance your mood and change the way you're feeling. That's phenomenal as far as people who are depressed and have anxiety and so forth."

DeBrincat found there's a definite synergy between the brain mapping and the oils. Using qEEG, he could see the effect of an essential oil on the brain, often in as little as 30 seconds, either calming down an overexcited area or waking up a low-functioning region.Essential oils also work as adaptogens. For example, the same oil that works to calm anxiety will work to ease depression, which are two poles on the spectrum. Helichrysum is a blood adaptogen. "I put that over my heart every day," DeBrincat says.

"If my blood's too thick, it's going to thin it. If my blood's too thin, it's going to help thicken it. Oils are very intuitive in nature to know what properties you need. The way it does that is by using different vibrations on both sides of the active ingredient to be able to illicit different responses with the same oil."

### More Information

You can get more information about DeBrincat and his practice on <u>TheGoodNewsDr.com</u>. He takes care of patients all across the U.S. In closing, he stresses the importance of neurofeedback for getting more rapid results when you're trying to address severe pain. You have a number of options for that. You can try doing an online search for local doctors that provide the service. Some will offer home units for rent, which is the most ideal option if you're going to use it daily.