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This is an update and reprisal of the early 1990's England research on energetic medicine and presented in the London Royal Society of Medicine. And also a comparison to later comparative Hungarian research on toxicity.

Brad Victor Johnson
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The Butterfly Device- December 1991

This article is an edited reprisal of the original article from 1991 in a British Medical journal.

British Journal of Alternative and Complementary Medicine

The butterfly effect refers to a concept that small causes can have large effects. Initially, it was used with weather prediction but later the term became a metaphor used in and out of science.[1]

In chaos theory, the butterfly effect is the sensitive dependence on initial conditions in which a small change in one state of a deterministic nonlinear system can result in large differences in a later state. The name, coined by Edward Lorenz for the effect which had been known long before, is derived from the metaphorical example of the details of a hurricane (exact time of formation, exact path taken) being influenced by minor perturbations such as the flapping of the wings of a distant butterfly several weeks earlier. Lorenz discovered the effect when he observed that runs of his weather model with initial condition data that was rounded in a
seemingly inconsequential manner would fail to reproduce the results of runs with the unrounded initial condition data. A very small change in initial conditions had created a significantly different outcome.

The idea, that small causes may have large effects in general and in weather specifically, was used from Henri Poincaré to Norbert Wiener. Edward Lorenz’s work developed the concept of instability of the atmosphere to a quantitative foundation and linked the concept to the properties of large classes of systems undergoing non-linear-dynamics and deterministic chaos theory. [1]

The Electro-Physiological-Feedback-Xrroid is a biofeedback system. The definition of biofeedback is measuring a physiological response and feeding it back to the patient. Most of the devices feedback the information primarily to the conscious and thus then to the unconscious of the patient. The EPFX-SCIO system differs in that it feeds back the information or signal to the unconscious primarily and conscious secondarily. The unconscious can then direct these autonomic processes. So our device focuses on repairing the unconscious link of mind body directly.

Feedback of electro physiological processes are given as relaxation signals to the patient. The EPFX system measures a combination of the following physiological functions, voltage potential, current potential, skin resistance, Electro Physiological Reactance, Electro Physiological Susceptance, skin temperature and Frequency. These are the raw readings made at the extremities and the head harness. (see Diagram). The EPFX system applies a variant set of signals and then measures changes in the readings. The changes determine resonance, reactivity and coherency.

The QQC is a proprietary process that does an analysis of the Polographic or voltammetry three dimensional electrical pattern of a substance. This produces a substance electronic signature field. The Fields of these substances are sent into the patient via the harness. These variant patterns are of 0 Hz to 25,000 Hz and of variant wave forms. The total current is never over 5 milliamps. The patient is evaluated before and after stimulation to measure any EPR changes that show patient reactivity. The type intensity and style of reactivity EPR offers insight into the patient health. Types of item reacting can be a link to therapy or deeper diagnosis.

The EPFX measures the Electro-Physiologic Reactivity intensity of the patient to many QQC trivector voltammetry patterns. These are patterns of reactions to Sarcoodes, Nosodes, Allersodes, Isodes, Nutritional, Herbals, Imponderable and Classic Homeopathics. The reaction patterns or profiles can relate disturbances of the patient. Therapies can then be arranged to develop harmonic reactions, desensitizations, biological resonance or rectification processes. All of these are applied and managed through biofeedback application. Biofeedback is the operation that allows for the cybernetic loop of systemic feedback. The only indicated use of this device and all claims related to this device are under biofeedback. The loop of measured reaction and bio-varied resonance response allow for a true feedback for self-corrective Electro-Physiological therapy. Hence it is called the Electro Physiological Feedback Xrroid.
The work of Dr. Nelson in his landmark treatise 'The PROMORPHEUS', has broken down the science to its basic form, consciousness. The extra-Dimensional theories were tested and proven by Nelson to develop a living system model. The trivector voltammetry system measures the voltage, amperage, resistance, frequencies, etc to calculate the inductance, capacitance, resonance and conductance of the reactive system of the body over time. All done in the strict confines of biofeedback. Thus we can calculate and model the mind body connection from these multi dimensional factors. The quantic nature of the biological system allows for the interface of the digital computer.

The scientific theories behind this device are contained in the multi pages of the PROMORPHEUS\(^3\), written in 1982. FDA registered from 1989.\(^4\)

The word doctor comes from the Latin word "EDUCTOR" or teacher. A doctor should be a teacher, thus education is a must for medicine.

True medicine should be holistic medicine. Medicine is based in responsibility. Separation from a cause of disease is the responsibility of the diseased patient. If there is a cause of disease in your environment you can choose to change or reduce the cause, move to a new environment, or accept the conditions. Responsibility for healing is with the patient.

Many of the causes of disease that approach us are beneath our conscious awareness. Our unconscious is much more aware of the disease causing factors that come at us. Our unconscious reacts with subtle energetic changes in electrical bodies. The EPFX device is the first energetic medicine device to test reactions where the patient and doctor both do not know what is being tested. Thus the unconscious of the patient causes the reactions. The reactions are not picked by the computer, not picked by the unconscious of the doctor as with point probes or kinesiology, but the results are picked by the unconscious of the patient.

2. Some Historical Notes: History of Chaos Theory
3. PROMORPHEUS
Dr William Nelson
Inventor of the Electro-Physiological Feedback Xrroid Interface EPFX

Born and raised in Ohio, Bill Nelson was identified as a genius from an early age. As a young man, his interest in quantum physics and electronic engineering led to his work on the navigation system for the Apollo space project. He turned his genius to the field of medicine and health after the birth of his first-born, a son. His son retreated into the world of autism as result of an anti-nausea drug his wife took while pregnant. After devouring the information offered by the medical world, he turned to the world of alternative health. With natural remedies, he was successful in reversing many of the symptoms of his son’s autism.

During his research, he was intrigued by a number of bio-electric devices being used in Germany—the Vega machine, the Voll, and the Mora unit—as well as biofeedback and cranial electrical stimulation (CES) units in the US. These units either measure the body’s electrical response to help diagnose problems in the body or they emit frequencies to treat problems. He also studied the body’s subtle energy systems—acupuncture meridians, chakra energy, applied kinesiology or muscle testing, etc. The body’s subtle energy system is an early warning system. Imbalances in the body’s subtle energies show up much earlier than disease symptoms. Bill Nelson decided to apply his genius to design an all-inclusive system—a computerized system that would both test and balance the body at the subtle energy level. The EPFX was born.

To develop this system, Bill Nelson has integrated the sciences of mathematics, quantum physics, electronics, naturopathy, homeopathy, chiropractic, energetic medicine and computer programming. He has also incorporated his knowledge of metaphysical subjects to bring a unique synergistic perspective to natural healing. He has studied homeopathy, naturopathy, science, business, computer science and international law. He has also mastered the difficulties of creating the software to integrate the many healing modalities he has programmed into the EPFX system. His unique knowledge of esoteric subjects such as fractal dynamics, subspace theory, a tri-vector system and more has made this energetic feedback system possible.

The EPFX gathers bio-energetic data from the body via twenty channels simultaneously. The information is prioritized to help the natural health practitioner zero in on the body’s current specific needs. The program offers information specific to your subtle energies—emotional and mental stresses, nutritional needs, food sensitivities, digestive and cleansing needs, etc. In the hands of a trained health practitioner, the imbalances in the subtle energy field are tracked to determine the most probable sources of ill health. In addition the EPFX has the capability to apply approximately 50 different corrective energies to help the body establish energetic balance for health and well-being. The health practitioner is also able to determine the lifestyle changes and remedies that will best help you as a next step in your plan for better health.
“All truth passes through three stages. First, it is ridiculed, second it is violently opposed, and third, it is accepted as self-evident.”

- Arthur Schopenhauer, German philosopher, 1788-1860.

Many years ago a scientific investigator was looking into a treatment protocol for cancer. He surmised that the problem with cancer was an inability of the white blood cells to properly attack the cancer cells of the body. From this, he generated an experiment in which he withdrew blood cells from a patient, separated the white blood cells, and made them into an ointment which he then applied to cancerous tissue. He did this in a scientific study and found it to be successful. Other researchers tried to duplicate his work, but found that it did not work to their satisfaction.

He struggled with the scientific community about their refusal to publish his data, and he struggled to advance his ideas into medicine. Eventually he found that there was a problem with proving a medical hypothesis. So he put together a seminar and invited outstanding scientists from all over the world to attend and offer their opinions on what would constitute scientific proof of a medical hypothesis.

One initial response to his invitation came from a scientist who, in his response, said, "I'm afraid that the idea of scientific proof is one of astounding complexity, and one that I would not be able to personally offer any advice towards." That letter was signed by Albert Einstein.
Dr. Wilf Corell is a cum laude graduate of Yale College, 1970 and Stanford University School of Medicine, 1974. He completed five years of postgraduate training including Internal Medicine, Ear, Nose and Throat, General Surgery, and Family Medicine.

He was board certified by the American Academy of Family Practice in 1979 with recertification in 1986, 1993, 2000 and 2007. He has been in practice in the Spokane area since 1979, where he blends aspects of traditional medicine with his primarily holistic-oriented medical practice.

Thank you, Dr Nelson for inviting me here. Thank you all for having me here. It’s a great honor to be talking in the Royal Society of Medicine here in London.

I’d like to address my talk today on some of the more practical applications of some of the bio-medicine techniques we’ve been talking about today. For the purpose of the talk, I’d like to address a syndrome we call CHRONIC FATIGUE SYNDROME in America. I understand that here it’s called myalgic encephalomyelitis. If you don’t mind, for my untrained American tongue, I prefer to call it chronic fatigue syndrome, or CFS, or more appropriately, chronic fatigue immune deficiency syndrome.

First off, the criteria. A patient must have both major criteria to be identified as having chronic fatigue syndrome; again, for purposes of research. The primary onset of fatigue, persistent or relapsing, or easy fatiguability with the conditions you will see described.

The second factor under major criteria—and here is where we may have some disagreement—there is an exclusion of other conditions that produce similar symptoms. I would look specifically at letters C or D, especially chronic or sub-acute bacterial, fungal or parasitic disease. As Dr. Nelson mentioned, the degree of vigor with which we look for parasitic disease will often determine our success at finding it. So when my colleagues typically say they’ve done a routine investigation for parasitic disease and found the workup negative, I think we need to take that with a small to moderate-sized grain of salt. As we’ve all discussed, I think parasitic disease is much more common than traditionally reported.

I’ve been measuring patients for ten years now with my mercury vapor detector, and very rarely do I find a filling that doesn’t have mercury vaporizing from the filling, no matter how old it is. That’s why it’s called chronic micro-mercurialism, low-dose mercury exposure over a long period of time. This is why it may take years before the chronic exposure to mercury is noticed. When you’re eighteen or twenty-five, the adaptive capacity of your immune system to deal with these mercury fillings is much greater. But maybe you’re forty now, and with the pesticides, pollutants, preservatives, stress, plus the mercury vapor leakage affecting your teeth, then it does begin to catch up with you.
Dr. Bill Wolfe graduated from Baylor University College of Dentistry in Texas in 1972. He practiced dentistry in Austin, Texas from 1972 until 1978; and in Albuquerque, New Mexico from 1978 to the present day. Dr. Wolfe also has a doctorate degree in naturopathic medicine. He is a member of several organizations including the American Dental Association, the Holistic Dental Association, the American Association of Biological Dentists, the American Association of Health Practitioners, and the Environmental Dental Association, of which he is a director.

This is important in the United States right now: informed consent. In many areas of medicine, it is quite usual that the patient must be informed of what the procedure they are going to be receiving involves. Yet, we have a material that has been used, in the United States at least, since the 1820s. We've been fighting about it for that long. We've called it silver fillings. Now, by the FDA labeling laws, you are supposed to put the ingredient with the highest content first. So if you had a mixture of mercury which is fifty percent, silver which is thirty percent, and then zinc, tin and copper, what would you call it? A mercury filing. This demonstrates the level of denial of the American Dental Association to call it a silver filling instead of a mercury filling, with fifty percent mercury.

Now, what happens is that once the mercury is mixed into the sludge of metals, the mercury does vaporize. I was the first dentist in the United States to purchase a mercury vapor detector, which is like a Geiger counter. It was originally developed for mining geological surveys, because whenever they find mercury vapor in a cave or mine, there is usually gold associated with it. That's why I don't feel that a dentist should put gold and mercury in the same mouth; they're very attractive to each other, and create a battery effect.

The US Navy found out about this machine, that it can detect mercury vapor, and purchased two hundred of them for their submarines, because in electrical switches, gauges, etcetera there's a lot of mercury used, and they didn't want vapor leaks in a closed, pressurized container under the ocean. So they purchased the vapor detectors, and started using them in their industry. OSHA in the United States, which controls work environment, has testing methods where if they come into your industry with a mercury vapor detector, and find more than .05 milligrams of mercury per cubic meter of air, they can fine you ten thousand dollars, and close your plant down. Yet, there are many of you in this room who have that much mercury vapor coming out of one tooth.
Dr. LaValley is a member of the American Medical Association (AMA), the Texas Medical Association (TMA), the Travis County Medical Society (TCMS) in Austin Texas, the Canadian Medical Association (CMA) and Doctors Nova Scotia. He has also served as the Chair person of the Complementary Medicine Section of the Nova Scotia division of the CMA since 1994.

Thank you. I feel that it's a great honor to be here; it's a very exciting moment. I think, in the history of this field, because we're here at the Royal Society of Medicine, I want to thank Dr. Nelson and the Royal Society of Medicine for having me here to speak on what I feel is an important and long-controversial subject. In order for clarity, I'm going to read what I have written rather than speak extemporaneously, because there are so many specific points I want to make, and tie together at the end.

My intention is to discuss a scientifically accountable framework, model or paradigm that can begin to give us as scientists and medical practitioners reasonable and logical access to the underlying mechanism of action of homeopathy and homeopathic effect. I must acknowledge the vast number of scientists and practitioners who before me have generated research, knowledge and effort that have made available all the facts and observations drawn upon for this discussion. This discussion will bring into consideration many general facets of science: chemistry, physics, mathematics and homeopathy, in order to build a consistent, coherent model of scientific accountability in this vast area. Concepts will be brought forth in succession, and then tied together in a testable hypothetical picture or model that acts to include these various schools of thought in a synergistic understanding for all of us to consider, to critique, to investigate, and to explore.
Richard Gerber, MD. Is the author of the 1988 book, Vibrational Medicine: New Choices for Healing Ourselves, a publication that has been reviewed as ‘landmark’ and ‘encyclopedic’, and in many ways bridges the gap between science and esoteric healing. Vibrational Medicine cites hundreds of scientific studies that support the energy model of health and healing and presents the theoretical foundation for such therapies as homeopathy and acupuncture.

Is there any type of research that substantiates the existence of this organizing energy field? We need to look no further than the work of Dr. Harold Saxton Burr, who in the early 1940s was a neuro-anatomist at Yale University. He was very much interested in the electrical field characteristics of living objects, plants and animals. He found some rather unusual things about animals and plants. He decided to study salamanders, because their electrical field characteristics were fairly easy to map. You could actually trace the outline of the field around the salamander. It seemed to have an electrical orientation along a central axis, which mapped along the nervous system and spinal cord. And he wondered when this electrical axis in the organism first formed, so he started looking at earlier and earlier stages of embryological development of salamanders trying to draw the electrical field around this earlier and earlier living form. What he found was actually an electrical axis at the level of the unfertilized egg. He wondered if this was the same electrical axis as the one in the adult organism.

It is the necessity of developing this type of sensitive technology to measure things happening at the subtle energy level that will really be important in finding out not only how subtle energy medicine therapies work, but some of the unseen side effects of accepted medical therapy; surgical therapies we are really not aware of. We take for granted that the body heals up just fine, and it doesn’t matter that there’s some scar tissue over here.

It turns out that it is very important. You do develop energy blockages in the body with surgery, and there are unseen side effects with drugs that happen at the subtle energetic level.

I want to move on from this into this phenomenon of acupuncture. Acupuncture is also an energy system that is very ancient. It is a model that describes energy circuitry throughout the body; yet it is thousands of years old, or older. This particular statue [visual reference] is a teaching statue that is several hundred years old. It shows these different acupuncture points on the body. It’s a more contemporary model, used for teaching acupuncture students.
Froehlich basically said is that inside the body there is communication that would make an enzyme come to a substrate. This would, in the first instance, be a coherent electromagnetic oscillation. The reason for that is that within the body there’s so much going on all the time. There is such a range of biological processes that you’ve got a signal-to-noise ratio problem.

We have achieved a viable hypothesis after six or seven years of hard work. In two of those years we were able to employ two physicists and electronic engineers, and a biologist and immunologist full time. We researched the EPFX and found it to be the best energetic medicine device. And the EPFX has a scalar component.

Now, scalar fields are actually quantum fields. They are basically quantum interference patterns between electrons. Electromagnetic fields are derived from quantum fields. Maxwell’s equations for the derivation of electromagnetic fields actually do contain a scalar expression. So they are derived from that. They are, therefore, more fundamental than electromagnetic fields.

Electromagnetic fields act as carriers for scalar information. That’s very important, because you can piggyback one on top of the other. When I use the Eclosion EPFX system, I’m basically piggybacking the scalar information on top of electromagnetic information. That’s why it’s easier to do. That’s why, for example, if I have to douse out all these patients (I’m not ashamed of saying I do dowsing, I’m a fairly average dowsen), I could probably douse out about four patients a day. By that time I’m absolutely tired. With any equipment where I use an electromagnetic field as a carrier, I can cope with probably thirty or forty patients a day without any problem at all. I’m making use of what seems to be a fact; that the scalar information is piggy-backed on the electromagnetic information.

For example, in electro-acupuncture, if you want to use an electro-acupuncture stimulation device, the waveforms that work best are square waves, in which the rise time is very high, and the fall time is very, very steep. Biological systems respond best to that. Bill Nelson will tell you that the information carriers are the photons, and I’m sure he’s right, because that’s what makes the interference pattern.
Scientific support for electrodiagnosis

English Publication 1991

Relationship to homœopathy and acupuncture

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DO, HMD Daniel F. Royal

*Medical Director, The Nevada Clinic. Past Member, Nevada Homeopathic Medical Board.


Abstract

The use of acupuncture, homœopathy and electrodermal instruments is increasing among physicians. Federal and state regulatory agencies have recently stepped up their investigations into the use of electrodiagnostic devices. A review of the history of medicine, the advent of electrodiagnosis and how it relates to acupuncture and homœopathy, past and present research, scientific support and future possibilities is presented. Scientific concepts of holism and nonlinear physics provide a new medical paradigm, quantum morphodynamics.

Electroacupuncture: Mechanisms and Clinical Application

George A. Ulett, Songping Han, and Ji-sheng Han

Acupuncture is an ancient Chinese method to treat diseases and relieve pain. We have conducted a series of studies to examine the mechanisms of this ancient method for pain relief. This article reviews some of our major findings. Our studies showed that acupuncture produces analgesic effect and that electroacupuncture (EA) is more effective than manual acupuncture. Furthermore, electrical stimulation via skin patch electrodes is as effective as

EA. The induction and recovering profiles of acupuncture analgesia suggest the involvement of humoral factors. This notion was supported by cross-perfusion experiments in which acupuncture-induced analgesic effect was transferred from the donor rabbit to the recipient rabbit when the cerebrospinal fluid (CSF) was transferred. The prevention of EA-induced analgesia by naloxone and by antiserum against endorphins suggests that endorphins are involved. More recent work demonstrated the release of endorphins into CSF following EA. In addition, low frequency (2 Hz) and high frequency (100 Hz) of EA selectively induces the release of enkephalins and dynorphins in both experimental animals and humans. Clinical studies suggesting its effectiveness for the treatment of various types of pain, depression, anxiety, spina induced muscle spasm, stroke, gastrointestinal disorders, and drug addiction were also discussed. Biol Psychiatry 1998;44:129–138 © 1998 Society of Biological Psychiatry

Key Words: Acupuncture analgesia, drug addiction, endorphins, nociception, opioids, pain, neuroelectric stimulation
Introduction—Historical

Traditional Chinese Acupuncture is a 3000-year-old folk therapy. It is based upon metaphysical concepts of “ch’i” (Qi), a supposed body energy that runs through hypothesized channels called “meridians.” On these “meridians” are 365 designated acupuncture points that can be used for stimulation via needles or “moxibustion” (lighted punks of artemis vulgaris) to balance “yin and yang” by relieving blockages in the flow of “ch’i.” Diagnosis is made by feeling for 12 organ-specific pulses located on the wrists and with cosmological interpretations including a representation of five elements: wood, water, metal, earth, and fire.

One of us (GAU) learned traditional Chinese acupuncture 30 years ago. It was found useful in treating patients with chronic pain, but the metaphysical explanations and the necessity for mystical rituals were troublesome. A few years later, in 1971, President Nixon visited China, and acupuncture became a household word in the United States. The American Medical Association was also troubled by metaphysical explanations and declared (St. Louis Post Dispatch, August 4, 1974) that acupuncture was “quackery.” This discouraged U.S. medical schools from interest in this type of therapy. Some even called it “Oriental hypnosis.”

Our laboratory in St. Louis, Missouri was then studying neurophysiological concomitants of hypnosis and received a grant from NIH to compare these two treatments (Parwatikar et al 1979; Ulett et al 1979). We were able to report that acupuncture was not hypnosis (Ulett 1983). We studied the physiological properties of acupuncture points (Brown et al 1974), and concluded with Liu (Liu et al 1975) and Gunn (1978) that useful acupuncture points were mostly motor points or areas near major nerve pathways. We published our Atlas supporting the clinical use of not 365 but rather 80 points (Ulett 1982). Studying experimental pain in human volunteers we found that although needles alone gave some pain relief, when electricity was added the modulation was 100% more effective (Saletu et al 1975). This was in keeping with our observation that Chinese surgeons added electricity to their needles when they wanted strong analgesia for surgical procedures.

Increasingly research publications (Pomeranz and Stux 1979) gave strong evidence that acupuncture could be explained on a physiological rather than metaphysical basis. In 1987 Professor Ji-sheng Han published a collection of research studies on acupuncture from his laboratory in Beijing Medical University covering a 25-year period.

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In 1990 Han demonstrated the differential release of brain neuropeptides by different frequencies of stimulation (Han and Sun 1990). He also showed that conducting polymer pads were equally as effective as needles (Wang et al 1992). Thus it was finally possible to propose a simple clinical method of acupuncture treatment, the principle of which could be taught in a single afternoon (Ulett 1992), without the requirement for hundreds of hours of lectures on Chinese metaphysics as currently mandated in 33 states. This article reviews some of Dr. Ji-sheng Han’s work on the physiological mechanism of electroacupuncture-induced analgesia in the past 25 years.

Summary of Research from the Laboratory of Professor Ji-sheng Han, Beijing Medical University, Beijing, China, Establishing the Neurochemical Basis of Acupuncture Analgesia

Acupuncture Increased Pain Threshold in Human Volunteers with a Long Latency and Half-Life

The first paper demonstrating the analgesic effect of acupuncture using experimentally induced pain and quantitative methods to determine acupuncture-induced changes in pain threshold in medical student volunteers at Beijing Medical University article was published in 1973

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Camelford Water Pollution
Britain's Worst Mass poisoning event

Trivector Measures Prove the Aluminum Toxicity from the Drinking Water

Hungarian Aluminum Lake Disaster

Xrroid Trivector testing shows Similar Results to Camelford Proves TVEP testing
Hungarian XRROID analysis of the people exposed to the Aluminum Toxicity showed extremely sensitive to the same compounds as the Camelford England Aluminum accident 15 years earlier Proving the Meta-Analysis of the Xrroid technology.
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* = > 2 Standard Deviations  
SS = Statistically significant
Title
The Long-term Pathological Finding of the CAMELTOX Toxicity group, 1990

Subtitle
The Premature Ageing Effects of a Toxic Water Syndrome Case.

By
Dr. William Nelson LPCC, Peter Smith LCH

ABSTRACT:
In July 1988, a toxic water spill in the Cameltox water district by South West Water, the public water utility, in Cornwall England resulted in some 20,000 people being exposed to a toxic cocktail of chemicals in their drinking water. This produced a host of different physiological diseases. It also resulted in a homoeopathic practitioner, together with other colleagues, launching into a long-term 7 year study of the effects of this toxicity on the population.

Besides extensive case notes on 200 people, hair and nail samples, several different electrical measures, chemical measures, and psychological interventions have yielded a understanding of these patients disease profile. Various lengthy papers have been prepared by the North Cornwall Homoeopathic Project and the Low Moor Support Group. A book is in preparation.

One of the key factors that have been observed in this population is that of premature aging. This is discussed within this article.

http://www.scienceofdetox.com
Dr Desi’s Mercury Detox CORIANDER (Cilantro) Delicious Pesto Recipe Get the Mercury + Lead Out

The Cilantro must be fresh and preferably organic if you can get it. (It is very easy to grow at home in a sunny position) - dried coriander does NOT work well. Fresh is better.

Research published late in 1996 has shown that Coriander has a wonderful capacity to remove heavy metals and especially mercury from the body. This is a revolutionary discovery makes Cilantro the first known herbal substance that mobilizes mercury from the CNS. The active principle is unknown. But the speculative idea contains the high organically-bound selenium and the quantum quadrupole found in the remedy.

Buy fresh organic Cilantro. Age equal parts Black olives. Wash both.
Put in blender with small amount of water, dash of sea salt or Desi salt substitute also Blend & Brazil nuts and Wheat Germ
Add Sunflower Oil and Fatty Acid 1/2 tsp HP drops.
Blend until creamy. Take 1 tablespoon 5 times a day with meals. Do not heat, spread on bread or crackers, use on salad.

Alternate Zesty Pesto Recipe
Coriander - 1 bunch
Black Olives 10. Crushed onions + tomatoes,
Garlic, Bunchilia, Sage, Olesander, Lobelia - to taste
Extra Black pepper to taste
Coconut Desiccated 1/4 tsp add & Brazil nuts + Wheat Germ
Touch of Lime Juice
Cover with Sunflower, Safflower Oil - cold pressed.
Call for Papers

for the International Journal of the Medical Science of Homeopathy, Naturopathy + Energetic Medicine

The International Medical University of Natural Education IMUNE who sponsors the International Journal of the Medical Science of Homeopathy and Natural Medicine wishes to announce a call for pacers. Please send us studies, letters, comments, articles, photos, testimonials, or stories for us to consider for publication.

Please send us in acceptable form to:

dean@imune.net
Title:

SCIO-Bio-Electronic Supported Elimination of
Toxic Substances from the Human Body
(SCIO Detox)

Developed By:

Authors: Dr. Annamaria Cakó M.D. Budapest, Hungary

Abstract:
We are living now in the age of big contradictions. Development of science makes medicine be able to carry out great achievements but in the meantime, lifestyle-depending diseases outbreak in epidemic growth. There is an ever increasing toxic burden implied on all of our patients. We must detox to survive. Detox is becoming more difficult in an ever increasingly toxic world.

Methods of detoxication have been known for a long time and they revive today. The SCIO has the electronic signatures of thousands of toxins in it’s repertory. Also the trivector signatures of the detox organs and their hormones. The SCIO can put electronic signals of these signatures into the body for the body electric to guide for increasing the detox abilities of the body. This article reviews the safety of the SCIO and it’s tremendous assistance to detox in over four hundred patient records. 425 patients are assayed for toxins and retested after the SCIO treatments. The results were astounding.
**Key Words:** Biofeedback, stress, stress reduction, Detox, Auto-Toxins, Sue-Toxins

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**Introduction:**

This article reviews the clinical results and experiences of users of the SCIO/EPFX biofeedback device after almost six years of medical use in my medical practice in Budapest, Hungary. The practice of biofeedback dates back to the fifties. The technique of using biofeedback devices to diagnose stress and treat stress is receiving more attention in our ever increasingly stressful world. In this article we review the positive results achieved from clinical experience treating patients on a day to day basis. In over two hundred million patient visits the SCIO/EPFX over the last two decades, the SCIO was is an estimated 80% success rate in reducing stress and assisting many medical procedures. There were no reported significant risks reported during this two decade twenty years of use. The SCIO is proven safe and effective.

Although SCIO biofeedback is an effective clinical procedure, it is not used in isolation from other therapeutic techniques. Since many of its clinical applications focus on the reduction of anxiety or physiological arousal, relaxation procedures have been used with biofeedback to maximize this effect. The patient undergoing biofeedback treatment is often introduced to a relaxation technique prior to receiving biofeedback.

In this article we will concentrate on the results of using the SCIO/EPFX device in a medical clinical setting.
Why is it more important for the man of today to support the elimination of toxic substances from the human body?

We are living now in the age of big contradictions. Development of science makes medicine be able to carry out great achievements but in the meantime, lifestyle-depending diseases outbreak in epidemic growth. The synthetic chemical industry has produced over 30,000 chemicals that are toxic to the human body at some level. Only three of these have been fully researched to understand their complete environmental picture. We live in an ever increasing toxic sewer. We must detox to live. Everybody makes their own auto-toxins, as excretion is a part of biology and life. Our bodies are ever more toxic and desperately need detoxification. There are two important questions coming up here:
- Is there a perspective in the direction of treating chronic toxic diseases allopathically?
- Do we in every way know the reactions of the human body to clinically apply SCIO methods?

What are toxins and what is detoxication?

An intense Reactive Toxin is a substance that provokes an adverse reaction in the organism immediately or within hours. This can be an inner or an outer response. Detoxication is a natural method supporting increased excretion or elimination of...
substances of inner or outer source being present in the organism. Thus, we support the excretion of the organism in order to remove accrued excretas, intermediate- and end products of metabolism, needless micro- and macro-elements as well as toxic substances of the outside world. The human body has a very effective ability to detoxicate that is performed by the great detoxicating organs (liver, kidneys, skin) continuously. A common way of detoxication ability of the human body is the transformation of the foreign, exogenous substances (this is the so called bio-transformation). On the one hand, the regulation method/therapy applied by me supports the effectiveness and harmony of this life-function and on the other hand, the relief of either functions becomes possible. The human body needs continuos detoxication that a healthy man can carry out without any further help since his metabolism works optimally. In the course of a healing process the deceased organism often wins over the disease by its inner detoxication mechanisms. Unfortunately, we cannot avoid meeting toxic substances in our environment of today that’s why it is important to support their elimination.

**Let us give names of some of these items mentioned.**

First of all

- toxic heavy metal salts that infiltrate the body
- cadmium in the inner of pork and beef
- lead in the air, fruits, greens, liver and kidney
- mercury in amalgam fillings, in ocean fish
nickel in bridges made of metal
- nitrate, nitrite and nitrozamines in conserving and coloring substances
- radioisotopes
- polycyclic aromatic hydrocarbons at barbecuing and grilling
- volatile hydrocarbons
- washing and cleaning supplies, fabric softeners
- allopathic remedies and their remains
- nutrition additives
- air fresheners, insecticides

- Dr. Reckeweg made a point against eating any pig product. The pig does not sweat and thus can not properly detox. These pig toxins are called Suine toxins (Sue toxins). The sue-toxins are responsible for many toxic burden diseases such as arthritis, carbuncles, cancer, boils, skin disease, liver burden.

What symptoms does someone have if his detoxication is insufficient?

Characteristic symptoms, especially when an internal medical check-up's results are negative:
- constipation
- changeable stooling
- urine and sweat of heavy Odor
- bad breath
What does the status of toxic balance mean?

A patient at this stage is not sick yet but he has many returning symptoms. His laboratory findings are normal or just minimally differing. To uncover this, regulation therapies, like SCIO, are very effective and they are able to avoid the manifestation of the disease. The patient is still healthy, not classically sick, so prevention still works here.

There is the so called unstable toxic balance when the patient is already sick there are symptoms of disease, there is degeneration in internal medical and laboratory findings (hypertension, blood lipid and sugar at top limit, articular complaints, headache, dermatological symptoms and those of allergy and respiratory system, hormone problems, overweight). The patient regularly takes medication, he does not feel sick yet but there is a feeling of discomfort. Awareness of illness is rising.
Here we have to mention the Metabolic X Syndrome:
- overweight
- hypertension
- diabetes of II. type
- arteriosclerosis
- gout
- lipidosis

Another factor to mention is the regulation rigidness that we can observe in the case of the chronically ill with degenerative or tumor disease. The regulation process here is complicated and slow. In the case of these patients detoxication would be of high importance but this could reduce the effectiveness of certain treatments like cytostatic remedies and radiation therapy.

Methods and Materials:

How does the SCIO Detox regulation therapy proceed?
The first time, the status of the patient is being tested and recorded with laboratory, inner medical, gynecological, etc. findings. The test includes the level of acidosis, the status of metabolism, inflammation processes in the body, charting allergies as well as the measurement of the energetic reactivity of the organism. Here be decided, what diet the patient should follow, what remedies he is getting (vitamins, osteomolecular remedies,
homeopathy, herbal therapy) and how frequently he should get regulation therapy with
the SCIO-device.

In the first 3 weeks the patient gets a treatment once a week due to the close control. This is necessary because acidosis at the beginning of the detoxication may temporarily increase; complaints and symptoms may become more intensive. Therefore excretion as well as the immune system need stronger support in this phase and psychic help is also of a high importance.

By the end of the 3. month, 70-80 % of toxic substances can be eliminated with SCIO. This isn also visible in the laboratory and ultra sound findings. In the 2. phase of the treatment the bowl flora is supported and the immune system is strengthened. By the end of the 6. month the patients feel themselves more energetic, chronic diseases stop or reduce to a minor level. Liver regeneration is about to start.

The complex therapy applied by me have been used with 350-400 patients with very good results. The average age of the patients makes 45 years; breakdown by sex makes 2/3 of female and 1/3 of male patients.

By the end of the 6. months I can say that the complaints having returned for years ceased, the allergies were gone, 70 % of the patients stopped taking any medication.
Process of the treatment:

1.-3. week: once a week
4.-12. week: every fortnight
last 3 month: once a month

As of the 3. week
fatigability decreases by 80-90 %;
stool is normalized in 90 %;
somnia is gone in 100 %;
emotional pattern gets better in 90 %;
laboratory findings get better in 50 %, by the end of the 6. month they normalize in 90 %;
medication intake decreases by degrees, by the end of the 6. month most medication can be omitted in 90 %.

It is important to remark that I do no detoxication under the age of 18 due to the unpredictable reaction since children’s organism is very unstable.

Results: How does the regulation therapy proceed?

The first time, the status of the patient is being tested and recorded with laboratory, inner medical, gynecological, etc. findings. The test includes the level of acidosis, the status of metabolism, inflammation processes in the body, charting allergies as well as the
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The complex therapy applied by me have been used with 425 patients to date with very good results. The average age of the patients makes 45 years; breakdown by sex makes 2/3 of female and 1/3 of male patients.
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It is important to remark that I do no detoxication under the age of 18 due to the unpredictable reaction since children’s organism is very unstable.

Discussion:
Stress is a part of all disease pictures and stress reduction should be a part of all medicine. The detox capacities of the human are in operant control of the
Parasympathetic nervous system. Thus stress reduction is a factor in detox as well. But the SCIO EMR pulse has profound effects on detox by moving free radicals which have magnetic properties. The cybernetic loop also stimulates the detox system. The SCIO/EPFX or in fact any biofeedback can be helpful for stimulating awareness, control, responsibility, detox and return of health. The techniques tested in this paper were shown extremely helpful in reducing stress and detox.

In conclusion, the authors views the SCIO/EPFX as an important biofeedback tool useful for detox in many stages of stress reduction-oriented therapy and would encourage allied professionals and regulatory bodies to recognize its value.

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APPENDIX 1
HOMOTOXICOLOGY

The body must deal with detox. We must exhale to inhale. We must urinate and deficate. Our skin must sweat and our mucous membranes detox as well. We must cleanse before we nourish. Their is a simple fact of biology that no organism can survive in his own waste. Because of this we have been given an instinct to dislike our waste products. These have become some of our swear or taboo words, such as shit, pis, or snot. We scold our children when they discuss these.

As we are exposed to more and more toxins our detox mechanisms of the body over load. This can often produce an excess toxic release. Such as diarrhea, excess sweat, smelly urine, skin conditions, etc. Since we have an instinct to dislike these auto toxins we often see them as symptoms. If we are so unlucky or unwise to then see an allopath, then the allopath will most often fight the symptom, by prescribing a drug that blocks the detox response. Antihistamines block the detox of our sinus, Antipyretics stop the detox of our fevers, Antispasmodics stop the intestinal cleanse, and on and on. The worst drugs are the steroids such as the cortisone creams that stop the skin detox and drive the toxins in deeper. Steroids are the best compounds for fighting detox symptoms.

The german field of homotoxicology shows us how these toxins can build up and start to be deposited into other tissues and eventually cause cancer. The chart on Homotoxicology outlines the process. At the top there is the stages of detox, and down the side we have the tissue types where the toxins can have effects. A field of detoxifying homeopathy has arisen from this observation. By using certain toxins homeopathically we can stimulate detox and correct the allopathic damage. This allows
for us to deal with the underlying disease and then clear up the symptoms naturally. The symptoms are just sign posts of deeper pathology.

If we use organic toxins we call them nosodes. Nosodes are diseased or disease causing tissue. If we use synthetic man made compounds we call the isode detoxasodes. Often times a synthetic compound entered into the body is dealt with inappropriately by the liver. The liver makes protiens to bind to the toxins and disable them. If the liver makes an inappropriate protien a new toxin can result. this is called a prion. Prion homeopathics can also help us in treating exposed patients. This allows us to develop a refined arsenal of homeopathic medications for the illnesses of the world.

The use of nosodes, isodes, allersodes, and sarcodes is an ever increasingly popular form of homeopathy around the world. It is gaining in medical popularity daily. This art needs to be responsive to an ever changing world. As new viruses are developing and genetic variance is continuously changing the entire microorganism field, only a flexible model for development of homeopathics can allow us to respond to new health crises. There are new synthetic compounds developed daily around the world as well.

APPENDIX 2

GENERAL DETOXIFICATION AND PREVENTION

1. **Procure a good source of water.** Ordinary tap water must be double-filtered to remove most chlorine and fluorine. Activated charcoal filters are inexpensive and good (change filters once every 4 months to forestall bacteria buildup). Water processed by reverse osmosis is best, but daily output (on most available units) is limited. Distilled water is not recommended for long-term use because it is "dead" and may chelate and hasten excretion of essential metals. The addition of wetting agents to water makes a
water that is helpful for cleansing and healing. Spring water is good, but be sure to have questionable sources checked for pollutants.

2. **Avoid air pollutants.** Make every effort to live and work away from the denser urban areas. If this is not possible, try to get away for several weeks a year (preferably to the mountains or to a clean ocean) to rebuild lung tissue. Use air filters or air ionizers in the home and office. If you exercise outdoors, do it during relatively low-pollution times such as very early in the morning or well after rush hour at night.

3. **Avoid commercialized foods.** Buy produce, grains and other staples from health food stores and co-ops at which the likelihood of obtaining foods grown in good soil is greater; or grow your own in healthy soil. Carefully wash produce from supermarkets: use soapy water or 0.2 ounces hydrochloric acid to 3 quarts of water. Place produce in the water for 5 minutes. Grains, beans, vegetables, fruits, nuts, sprouts and other simple foods are the best dietary staples. They are inexpensive, healthful, tasty, easy to prepare and ecologically sound. Seed products are best when sprouted. Cover with damp cloth for 24 hours, then dry. This washes away enzyme inhibitors.

4. **Curtail the use of chemical sundries in the home.** This includes cleaning fluids, insect repellents, garden sprays, air fresheners, detergents, dry cleaning fluids, etc. Try to obtain natural cleaners and solvents.

5. **Improve your eating style.** This means, in addition to eating the right foods, to avoid overeating (under-eating is best) and eat at the right times. The bulk of the day's food should be eaten before the early afternoon. Avoid big dinners after 6:00 p.m., they do not digest properly. Also, relax before and after meals. If you are upset or very tired, it is best to skip the next meal. Never eat or drink foods or beverages that are very hot or
cold. If your hand cannot tolerate the temperature, neither can your stomach. Fluids alone, fruits alone, melons alone. Fresh and raw should be your guideline.

6. **Exercise!** Everyone needs vigorous exercise - at least 15-20 minutes three times per week, every day is better. Start with an easy program and build up. Jogging and swimming are good, and mini-trampolines are excellent if you are very much out of shape, or need something for indoors during the bad weather.

7. **Embark on a basic supplementation program.** Consult with your doctor and use basic protective food supplements daily. We highly recommend the following products.

"**A-Z Formula**": 2 tablets per day. Provides many trace elements and protective factors not found in ordinary foods. If there is iodine sensitivity, use "A-Z Formula minus Iodine". "A-Z Mega" may be used for the severely deficient person.

"**Amino Acid Mineral Liquescence**": 2 teaspoons per day. Provides all amino acids and minerals needed for life and detoxification.

"**Fatty Acid Liquescence**": 2 teaspoons per day. This contains all fatty acid components needed for life. Compensates for loss of nutrients from hybridization and cooking.

"**Phosphatyd Choline**": 1-2 tablets per day. Provides essential fatty acids and helps keep cholesterol under control, while stimulating brain performance.

**Yogurt**: 1-2 cups per day (or use buttermilk, kefir, etc.). These fermented dairy products provide beneficial bacteria for colon health.
"B-Complex" and "Brain Liquescence": 1-2 teaspoons per day (use a natural RDA potency). Amounts above what can be obtained from food have preventive and protective value. Also "A-Z Formula", "A-Z Formula minus Iodine", or "A-Z Mega" in severe nutritional deficiencies.

"Vitamin C Liquescence": 2 teaspoons per day. A basic protective water-soluble vitamin.

"Vitamin A" and "Vitamin E": 5,000 IU and 100 IU respectively per day. These are two basic protective fat-soluble vitamins.

"Immune Stim" and/or "Oriental Cold and Flu": 1 bottle in the flu season as a preventative measure.

"Beautex": 10 drops 3 times a day. Exposure to beauty shop toxins.
"Algin": 10 drops once each day. For radiation exposure.

APPENDIX 3
DETOXIFICATION

Ease of flow is wellness. Ease of flow involves the physical, the spiritual and the emotional. When disease starts, we get "Dis-Ease" of flow or blockage of flow. This usually starts with the inability to detox. If you do not detoxify, you cannot nourish. Work on detox first, then absorption, nutrients, mental attitudes, spiritual, social and finally education.

\[
\text{hepatic clearance + renal clearance}
\]

\[
\text{Clearance (elimination)} = \frac{\text{volume of water specific to the toxin}}{}
\]

Kidney and liver function, and the amount of good water consumed, determine the clearance. The volume of water needed to facilitate removal of toxins varies with the toxin: monosodium glutamate, for example, requires much less water for its elimination than a lipid-soluble toxin such as, say, DDT.

We do know the clearance factor of a toxin is a mathematic relationship of hepatic clearances (liver added to the kidney clearance). This equation is over the water coefficient for each toxin. Each toxin has an amount of water that it takes to get rid of that particular toxin. For example: Valium is a pharmaceutical which has an H₂O coefficient of two gallons. With approximately two gallons of water, you can rid your body of the normal dose of valium, provided your liver and your kidneys are working properly. The more water, the better your clearance. For some strange reason, we find that the liver has to have a better capacity to detox then the kidney, or detoxification does not work properly. The liver should be worked on before the kidney.
The clearance factor for DDT is only 50,000 gallons of water for what you have in your body right now. The big problem is you cannot stop your exposure to DDT. Everyone has five to seven percent of DDT in their bodies now, and that amount can only increase if we do not stop the use of insecticides and pesticides. DDT is only one of the many insecticides to enter our bodies. There is no way we can detoxify fast enough, to overcome the exposure. To detoxify you need good water, a good liver and good kidneys. These are the major keys to detoxification. The better the water, the better the detox. The better the liver, the better the detox. The better the kidneys, the better the detox.

It is our opinion that we can decrease the clearance factor of water needed to detoxify by using homeopathy.

APPENDIX 4
XENOBIOTICS

"Xenobiotic" is a word used in classic biology and the World Health Organization to indicate toxic compounds. Not all toxic compounds come from the environment such as air and water pollution. Toxic compounds can be manufactured within the body. It is wrong to think that all toxins are derived from synthetic substances and external impacts. In fact, any nutrient can become a toxic problem if ingested in large amounts. Even water can be toxic, if we drink too much at one time.

Within the last hundred years, man, through synthetic development, has drastically increased our toxic exposure, which now jeopardizes life itself. These toxins that have been generated from insecticides, herbicides, petroleum, etc. have had profound impact on biology. With this in mind, a new system of medicine for detoxification must be addressed.
This new system is also an old system, for it is homeopathy. Through ingestion of very, very small trace amounts of poisons, the body can have a paradoxical rebound effect. Present-day scientists have found in a new study of hormesis that tickle doses, small trace doses of a toxin, such as radiation, petroleum, synthetics and chemicals can have stimulatory effects on the human body.

At the University of Wyoming cell biologist, Joan Smith-Sonneborn, has found that tickle dosages of radiation have extended the life spans of flies, rabbits and other organisms, and Health Physics devoted its entire issue to the study of hormesis. As we can see, this allows for the understanding of what homeopaths have known for years; that a small amount of a toxic agent can have a beneficial result on the human organism.

Xenobiotics allow for the understanding of hormesis that modern science is starting to understand, opening the door for a new biology and a new modality of medicine, so that we don't try to demand action with large-dose pharmaceuticals, but tickle the life-force of the patient to respond and to normalize itself for health.

Detoxification of Xenobiotics

The detoxification of xenobiotics is important and should be a central issue in health care. Even slight toxemia can block the electron transport chain, upsetting enzyme function, disturb mitogenic radiation and overtax the eliminative functions. Meanwhile, the earth is being overrun with toxins i.e., air and water pollutants, insecticides and defoliants, radioactive wastes, etc., which threaten not only the individual's powers of detoxification but life itself. Health professionals are behooved to deal with this plague of xenobiotics on both the clinical level and the community or social levels.
Exposure to toxins starts at conception. Subtle toxins can penetrate the amniotic barriers and interfere with development. The figure at the bottom of the next page illustrates the prenatal periods during which organs are susceptible to serious damage from exposure to toxins. The ear is most sensitive, which probably accounts for the otitis and hearing disorders prevalent in our society.
Everyone has a toxic burden, consisting of their total accumulation of xenobiotics. When the toxic burden reaches a level that exceeds the power of the detoxicative mechanisms’ ability to cope, a breakdown occurs. The breakdown usually occurs as a "last-straw" sort of situation: the toxic burden built up over decades is suddenly manifest by a superficially trivial exposure or event.

Dr. Reckeweg's Homotoxicology describes five levels of defense against toxins:

1. The reticuloendothelial system. This consists of the lymph system, white blood cells, macrophages and the humoral wing of the immunity (antibody development).

2. The pituitary/adrenal axis. This system is activated when the other systems are overloaded.

3. The neural reflex system. This includes the entire nervous system.

4. The liver. The liver performs an array of detoxicative functions with its oxidases and via the bile.

5. The mesenchymal system (connective tissue).

We might broaden Dr. Reckeweg's system #1 to include the skin and lungs, making system one representative of the instantaneous defense system. Kidney and other endocrine functions can be added to system 2. A new category, system 6, can be added to complete the list: the bowel, especially the bowel's flora. The bowel's flora shifts in response to the toxins it encounters. So-called "unfriendly" flora such as candida may
actually be friends in disguise, since they help deal with toxins that might otherwise overwhelm the system. Yeasts, for example, are better equipped than bacteria to deal with heavy metals.

Identification and treatment of allergies or hypersensitivities, stress reduction, awareness training, physical culture such as exercise, yoga, etc., proper food and water, nutritional supplementation and others can reduce the toxic burden and avert health catastrophes.

Also, cleaning the environment is helpful and, in some cases, mandatory. Toxins obey the second law of thermodynamics and tend to diffuse from areas of high concentration to areas of low concentration. Thus, if an individual can be removed from a toxin-laden environment, the toxins will eventually pass out of the system. This is always for complete healing and sometimes for noticeable results: if the individual has a severe hypersensitivity to a particular environmental contaminant, he must be removed from contact with it.

Detoxification can be speeded by good homeopathic prescribing and by nutritional supplementation. The latter are limited in their usefulness, but are good for fortifying the system and can act as chelating agents.

Detoxification programs should last from three days to a month, depending on the individual case. After that you will need to rebuild tissues through improved diet, exercise, stress reduction and mental treatments. These phases of detoxification and rebuilding should be cycled for complete healing.
We detox through the urine, the kidneys, the blood, the bowel, the liver, the small and large intestine, the breath, the lungs, the sweat glands and the skin. Mucous and sinuses are internal. They are meant as an internal drainage that should help tip us off if something is wrong. We must not forget the need to detox our mind, our spirit, our social and our environment.

There are five principal avenues of elimination. The function of each of them should be encouraged, along with the use of homeopathics.

1. **Lungs.** Naturally, most gaseous toxins exit the body via the lungs. Deep-breathing exercises and ion generators are valuable for disfunction.

2. **Bowels.** Most solid wastes exit the body via the bowels. Bowel function can be promoted with bulk laxatives (Mucovata, bran, etc.), peristaltic stimulants (herbal laxatives such as senna, cascara, etc., and the acetylcholine precursors choline and pantothenic acid), stool softeners, acidophilus, and enemas or colonics when necessary. Long-term use promotes dependency, robs potassium and depletes muscle tension.

3. **Skin.** While the skin is one of the most neglected avenues, encouragement of elimination by this route can be very advantageous. Exercise, saunas, sweat baths, swimming or any activity that breaks a sweat and opens the pores is beneficial.

4. **Kidneys.** The filtering of waste through the kidneys is vital. The primary requisite here is plenty of good water - energetically active, pure and well-oxygenated.
5. **Mucous membranes.** These dump toxins into the intestines for elimination and control parenchymal endothelial balancing of minerals.

**Urine**

**Bowel**

In stool analysis there are many different types of stools, and the quality of the stool can tell us much about the health of a person. Steatorrhea can be found in a person by looking at the person’s stool. In steatorrhea there is an inability to absorb fats, and an inability of the small intestine to make the proper enzymes to break down the fats, proteins, and carbohydrates. This will result in a stool which has some of the following characteristics:

1. The stool will be light in color.
2. It will float because of the high fat content.
3. It will be oily.
4. It will have a fowl smell because of the foods not able to be broken down, sometimes even containing undigested particles of food.

This might trigger us to use small intestine digestive aids to help in the digestion of the fats.

A silver or aluminum-colored feces, especially accompanied by jaundice, could come from a growth blocking the pancreas gland duct and warrants medical attention. This is an extreme case of steatorrhea.

An internal ulcer, which bleeds into the intestinal tract, will cause a black, crusty type of stool. This is due the heavy dose of hemoglobin that has formed in the stool. These individuals should take an ulcer formula such as "Ulcer" and be on a cabbage juice diets to help increase the vitamin K factor in the blood and heal the ulceration.
Black or tarry-colored stools, not related to large doses of iron, are suspicious evidence of bleeding in the gastro-intestinal tract. Sometimes taking large amounts of aspirin can cause gastrointestinal upset, and possibly even breaks or bleeding in the gastrointestinal tract.

Pencil-thin stools can sometimes be indicative of an allergic substance that has been eaten by the person, which causes a histamine-type release swelling of the tissues in the large intestine, and this swelling results in very thin stools. These thin stools, thus, can be indicative of an allergic reactivity to a substance that the person might have consumed.

To test for lactose intolerance, we should look for gastrointestinal symptoms that will disappear if the person avoids all milk products for four days. Then if the person drinks milk, and the symptoms recur, it will tell us that there is a possibility of lactose intolerance. Then by taking commercial lactate, or any other commercial products that are preparations of lactase with milk, we can see if that will help the situation so that we can further diagnose the lactose intolerance.

Greenish-type stools may be indicative of a problem with the bowel in the liver release.

An extremely fowl odor might be an indication of a parasitic infection, such as giardia, or possibly amoebae.

If the feces size seems to change, and has different consistencies, this could be a sign of an obstructed bowel.

Stool analysis can also reveal intestinal parasites, as we can look for worm eggs with a microscope using sugar solutions. (Occult) blood analysis can tell us about the possibility of colon-rectal cancer, red color in the feces can reveal visible blood, not just occult blood.

Tapeworms can come from eating raw, or inadequately-cooked meat, such as steak tartare, raw fish, and other sushi reparations. Most worm infestation comes from being barefoot on the ground or pavement where dogs have deposited excrement containing worms. Even where there are no breaks in the skin, these worms can get into the feet. Hookworms can complicate intestinal function and also cause anemia.

One test for tapeworms in a child can be accomplished by the "scotch tape" test on a glass slide. Every night for a week, take a piece of scotch tape, wait for about one and a half to two hours after the child has been under the warm blankets. Often times the
worms will come out to lay their eggs at the anal area of the child. Wind the piece of scotch tape around the eraser end of a pencil, sticky-side out. Touch the sticky surface to the anal area of the child. Peel the scotch tape and put it onto a glass slide; look through a pocket microscope. You will see the pinworm eggs if they are there. A 30-power pocket microscope bought from Radio Shack can help to tell us about these different worm intruders. Pinworms are the number-one cause of appendicitis. Most of these eggs can be seen with the naked eye, but the microscope definitely helps. This child will also have itchy buttocks, and often times his nose will be itchy as well. Giardia is so small that it cannot be seen with the naked eye, but it can sometimes be seen with the help of a 30-power pocket microscope.
The amount of the stool should be related to the amount of the diet. It is normal to have at least one bowel movement a day, sometimes two or three. To have one per meal is not irregular. If one has eaten large quantities of food and not had enough bowel movements, this might indicate a problem. Large quantities of grains, fruits, vegetables and other fibrous foods can often increase the amount of feces, while large amounts of proteins and liquids tend to decrease it. The color of the stool should be medium brown, and should be uniform in color throughout. Eating large amounts of green vegetables sometimes makes the stool green. Certain anti-biotics can cause a yellowish tinge. Food colorings, dyes, and drugs can also alter stool color. The consistency should be firm, not hard, or watery. Each segment should be from one half inch to one inch in diameter.

A diet high in fiber or not enough digestion will cause the feces to float. The normal pH of the stool should be close to 7, neutral. Large amounts of meat in the diet can make it more alkaline; large amounts of carbohydrates will make it more acid. There should be little evidence of glucose, no evidence of blood, white blood cells or parasites. Eating rare meat, certain vegetables and fruits, and vigorous brushing of the teeth are things that could cause a false, positive blood test of the stool.

Breath

Breath as a system of detoxification is the number-one system of fat removal in the body. We must depend on the pulmonary expertise of the heart and lung system for it to be able to detox.

There are several different ways in which we can measure the pulmonary ability of the system. An easy test to use for measuring the pulmonary function is that of walking one-half mile in six minutes. If, for example, a person finds himself out of breath after walking a few minutes, or after walking the one-half mile, it is reasonable to assume that there is a pulmonary function problem that needs medical attention. A person should also be able to hold his breath a minimum of 40 seconds to be healthy; anything under 30 seconds indicates the need for medical attention. A good set of lungs should be able to blow out a candle at two and one-half feet. Anything less than two feet shows a problem with the pulmonary system.

Accompanying the breath is sputum, which can be analyzed as well. It can be analyzed for several different factors very easily. If there is a pink-tinged sputum, there might be some blood from the lung, possibly from an asthmatic who has a little bleeding in the lung. A rusty-colored sputum is sometimes an indication of pneumonia. Yellow sputum is a sign of bacterial infection, whereas green sputum might indicate sinus involvement, as well.
We can perform the match test by holding the mouth open as much as possible without puckering the lips, taking as deep a breath as possible and exhaling the air. A match held six inches from the open mouth should be easily blown out. Inability to successfully perform this test means that there is the possibility of a lung problem.

Another test is that of the forced expiration time test. With the mouth open as wide as possible, breathe in as deeply as you can and as forcibly and as fast as you can, exhale. You should be able to exhale out all the air within two to six seconds. If you take more than six seconds to push all the air from your lungs, it is a warning signal that there might be an obstructive or restrictive problem within the lung.

Another factor that can be brought into analysis is that of breath odor. Halitosis, or bad breath can be significant of certain medical problems. Often times the valve at the top of the stomach, the cardia valve, is rotted away or has an inability to close. This will produce a putrid odor. Infections of the sinuses and teeth will produce halitosis without the complication of the hydrochloric acid smell. Sweet odors can tell us about improper spleen function. An acetone type smell can be a warning sign for diabetes. It might also appear, if someone is on a reducing diet or has too few carbohydrates. This can produce ketosis. If combined with yawning, this means that the person has slipped into a ketonic acidosis, which could be risky. Advise this person to eat some carbohydrates, such as fresh fruit. See if it brings energy to the system.

An ammonia breath odor can be the first sign of a kidney or possible liver disease.

A frothy type sputum can be a clue that there is heart failure or possibly lung edema, showing that the heart is performing inadequately.

If there are little pieces of chalk-like substance in the sputum that are actually calcium, this could be an indication of a fungus infection of the lung, or the consequence of exposure to certain minerals or silicosis.

Carbon monoxide can accumulate in the system and block oxygenation. It will drastically limit estrogen production and also limit testosterone production in males. Many forms of impotence are complicated by a decrease in oxygenation by a carbon monoxide blocking. This happens particularly in smokers. Decrease in sexual drive in either men or women can be a sign that there is carboxyhemoglobin, which means that carbon monoxide has taken the place of oxygen in the blood.

Carbon monoxide testers can be bought from the American Gas and Chemical
Company, North Vale, New Jersey, 07647. For $35 a package of twelve tests can be ordered, which will change color in the presence of carbon monoxide. Thus, smokers and other people who might be at risk of carbon monoxide poisoning might want to buy this valuable kit.

Sweat

A lot of people do not sweat enough and some people sweat too much. For the most part, women do not naturally sweat as much as men. But women should sweat. Everyone should sweat. If a person is doing strenuous exercise and not sweating, it is probably the lungs that need to detoxify. Often times excess saltiness in the sweat, especially in children, can be indicative of cystic vibriosis, which is a disturbance of the pancreas and its ability to generate different types of enzymes. Thus, a person cannot properly digest different compounds and this results in excess saltiness in the skin. We can taste the skin of our children, and if we can detect cystic vibriosis early enough, we can sometimes save these children, through different types of dietary procedures.

Sticky sweat can show a problem in the utilization of water, which might be significant at early-stage kidney or bladder dysfunctions.

Excess odor of the sweat, as in underarm odor, can also be a dysfunction of dietary involvement, showing that there is too much red meat or too many toxins in the diet. Also this odor can be complicated by different bodily infections. Some of these are stubborn and resist the soap of the washer and dryer. Sometimes these clothes need to be even microwaved at high temperatures in order to kill the different fungi and bacteria that the washer and dryer might miss.

Use of anti-perspirants which involve aluminum can contribute to Alzheimer’s and other systemic problems. Use of other deodorants which block the release of sweat can sometimes cause problems with blood pressure and other detoxifying systems. To fight excess body odor we should clean up our diet, reduce our stress, and lead more natural lives.

**Detoxification through the Endocrine System**

<table>
<thead>
<tr>
<th>Toxic Endocrine</th>
<th>Endocrine Gland</th>
<th>If Toxic, System Used to Detox</th>
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<tbody>
<tr>
<td>Adrenal</td>
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<thead>
<tr>
<th>Thyroid</th>
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<td>Gonads</td>
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<td>Stool</td>
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<tr>
<td>Thymus</td>
<td>Sweat</td>
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Sweat glands are the back up of the thyroid. A sweat problem usually involves the thymus and the thyroid. If there a sinus problem, the pituitary is usually involved. A problem in the lung is an indication that there is a problem in the adrenal gland. A bowel problem indicates a problem in the large and small intestine or a weak liver. If there is a urine problem, the kidneys may be weak. Drainage of the eyes indicates the pineal gland is weak.

Homeopathic glandulars of the endocrine system are recommended to help in the detoxification of the glands.

General and ancillary support during a detoxification program includes balancing of the autonomic nervous system, provision of ergodizing agents, treatment of allergy/hypersensitivity and mental treatment (stress reduction, etc.). Keep in mind that the body's effort to detoxify itself can by stymied by inappropriate mental or emotion habits: repressed feelings will express eventually as an increased toxic burden.

Following are outlines of suggested detoxification programs. As always, such programs must be modified or combined to suit an individual case.

**Detox Program - Number 1**

Detox program #1 is for toxicity in the reticuloendothelial system or combinations of them.

Vitamins and Minerals: Ascorbic acid, one gram (or more); Vitamin A 25,000; RNA/B-12/Folic Acid, 2 tablets/capsules; Chelated Cell Salts; Garlic; per day.

Glandulars: Homeopathic Lymph; Immune Stim; Spleen (6x, 12x, 30x, 60x, 100x combination) as directed.
Botanicals: Red clover; plantain; nettles; prickly pear; lobelia; marigold; Garlic extract. Others: If infection is present, "Blood Liquescence", "Lymph Liquescence" is recommended.

NOTE: Cleansing the lymph and blood may temporarily stimulate candida growth. If this problem already exists, warn the patient of possible flare-up.

**Detox Program - Number 2**

Detox program #2 is for toxicity of degree and duration that has called into action the endocrine system.

Vitamins and Minerals: Vitamins A; C and E daily (roughly 25,000 IU, 2-3 grams and 100-200 IU, respectively). Chelated Cell Salts. Others: iodine; chromium; selenium; manganese and molybdenum.

Glandulars: Homeopathic Lymph; Spleen; Mammary; Parathyroid; Pancreas; Adrenal Prostate; Pituitary; Thymus; Thyroid (at 6x, 12x, 30x, 60x, 100x combination) as directed.

Botanicals: Scullcap; echinacea; mullein; kelp; black radish; alfalfa.

Others: "Phosphatidyl Choline" and "Essential Lipoids Garlic Oil " if infection is present.

NOTE: Always treat the digestive system. Support with HCl, enzymes, etc. to reduce the workload of the pancreas. Encourage consumption of legumes. Balance the pH, autonomic nervous system and hormones.

**Detox Program - Number 3**

Detox program #3 is for toxicity of degree and duration that has called into action the nervous system.

Vitamins and Minerals: B or G complex. Chelated Cell Salts.

Glandulars: Homeopathic Major Nerves; Pituitary; Metab; Brain (at 6x, 12x, 30x, 60x, 100x) as directed.

Botanicals: Scullcap, plantain, lily of the valley, black radish, alfalfa.
Others: "Phosphatyd Choline, Lecithin ", "Vitamin C Liquescence", "Fatty Acid Liquescence".

NOTE: Chiropractic care and TMJ management are vital here. Balance the autonomic nervous system and reduce stress as much as possible. Encourage 24 hour fasts, one day per week.

**Detox Program Number - 4**

Detox program #4 may be the most important. In extreme toxicities, it is the starting point. It deals with the liver, whose detoxicative abilities are vast. The liver conjugates xenobiotics with various organic compounds to facilitate elimination.

Vitamins and Minerals: Ascorbic Acid, one gram 3-8 times per day; Vitamins A and E, daily (roughly 25,000 IU and 100-200 IU, respectively). Choline and Inositol as a lipotrope. Selenium; Manganese; Zinc; Copper; Molybdenum; Iron; Chelated Cell Salts.

Glandulars: Homeopathic Liver/Gallbladder; Stomach/Pancreas (at 6x, 12x, 30x, 60x, 100x combination) as directed.

Botanicals: Walnut; Blue Vervain; Scullcap; Wild Yam.

Other: "Fatty Acid Liquescence"; Intestinal Cleanse; "Phosphatidyl Choline"; "Liver Liquescence"; "H.E.P.A."; "Vermex".

NOTE: A liver flush is always indicated. As always, homeopathics of toxic agents should be identified and prescribed.

**Detox Program Number - 5**

Detox program #5 is for detoxification of the connective tissue. There are circadian shifts from acid to alkaline that occur in humans, one purpose of which is to contract and expand the connective tissue to expel toxins. Subtle inflammation of these tissues is thus natural and normal. Dilution is one of the first stages of resistance to toxins. Inflammation should be viewed as a process of dilution, local tissue edema. If the toxins are not adequately disposed of the inflammation becomes less subtle, eventually becoming perceivable.

Vitamins and Minerals: Vitamins A; C and E, daily (roughly 25,000 IU, 2-3 grams and 100-200 IU respectively). Chelated Cell Salts; Manganese.
Glandulars: Homeopathic Muscle/Ligament/Cartilage; Adrenal; Bone (at 6x, 12x, 30x, 60x, 100x combination) as directed.

Other: Essential Fatty Acids, Pantothenic Acid; Lymph Liquesescense; Anti-Inflammation.

NOTE: Large doses of antioxidants are helpful for achieving rapid control of inflammation; antioxidants are also needed for long-term connective tissue healing. Avoid most polyunsaturates, since most of these fatty acids are precursors of the pro-inflammatory prostaglandins. Aspirin and other non-steroidal anti-inflammatory drugs act by blocking prostaglandin production. It is important also to curtail animal protein intake, treat allergies and reduce stress.

Detox Program - Number 6

Detox program #6 is for detoxification of the bowel and, following that, reinoculation of the bowel with beneficial bacteria.

Vitamins and Minerals: B-12; Pantothenic Acid. Pantothenic acid and choline precurse acetylcholine, a helpful neurotransmitter if the bowel is atonic.

Glandulars: Homeopathic Small and Large Intestine; Thymus (6x, 12x, 30x, 60x, 100x combination) as directed.

Botanicals: Marshmellow root

Other: Intestinal Cleanse; "Disodium Phosphate"; Chlorophyll; "H.E.P.A."; "Liver Liquescence"; "Immune Stim"; "Digestive Liquescence".

NOTE: Always check first for worms, fungi (candida especially) or other intruders. If candida is present, treat with FNG and support with Vitamin A, and iron.

Detoxification is very important. In order to detox properly, the liver, kidneys and small and large intestine must be in good condition. The liver should be the first concern, then the kidneys, then the small intestine.

Liver Detoxification

Liver and Gallbladder Flush: Drink two or three glasses of apple juice or apple cider a day, for two or three weeks before the liver flush. If allergic or intolerant to apple juice, switch to a lime or grapefruit juice. Drink one glass of grapefruit juice in the morning for
the same three weeks. Grapefruit juice detoxes the gall bladder and lowers cholesterol. Patients often mistake the detox reaction of grapefruit juice for some acid intolerance, while actually it is removing toxins. To remove a splinter there is some pain. The same with some systemic toxins, so patients must be encouraged to tolerate some detox reaction. Stones only form in the body when magnesium is in excess or deficiency. If the patient has not been consuming large quantities of magnesium then suspect magnesium deficiency syndrome, it is quite common. Supplement 25 to 100 mg per day. To much more magnesium can cause hypoadrenia over a long time.

A. Eat a meal early enough in the evening to allow time for following the steps.
B. Three (3) hours later take one (1) teaspoon of Disodium Phos. in 2 oz. of water.
C. One (1) hour later, repeat B.
D. One (1) hour later, take 1/2 cup of lemon juice with 4 tablespoons of olive oil.
E. Go to bed. Lay on your right side for 1/2 hour.
F. Next morning on an empty stomach repeat B.
G. If the next morning, there is no bowel movement, do an enema.

Liver Program: "Liver Liquescent" - 3 teaspoons per day; "H.E.P.A." - 3 pills at bed time. Do this for 3 weeks. "Digestive Glandular General" - 1 with meals for one week. "Liver/Gallbladder" - 10 drops, 3 times a day, 1 bottle. "Oriental Herb (Liver)" - 5 drops for 3 days.

Gallbladder Detoxification

"Liver/Gallbladder" and "Bear Gallbladder" homeopathics are recommended for gallbladder conditions along with magnesium and cholesterol management. Take - 10 drops, 3 times a day.

Kidney Detoxification

The "Kidney Liquescent" is recommended to clean up the kidney. Take 2 teaspoons per day.

Kidney Stone Flush: Do this until the stones are dissolved, but not for more than 6 weeks.

"Kidney, Adrenal, Ovarian or Prostate" - 10 drops, 3 times a day.
"Oriental Herb (Kidney)" - 10 drops, 3 times a day, for 1 week.
"Kidney Stone" homeopathic - 10 drops, 3 times a day.
100 milligrams of B6
100 milligrams of Magnesium
into 10 oz. glass of
1/3 apple juice
1/3 lemon juice
1/3 juniper tea - 2 glasses a day.

**Lymph Detoxification**

Lymph should be worked on next. When there is build up in the lymph, this can be a sign of bad quality protein. When lymph starts to build up bad protein, it goes into the blood. Everyone should have some neurolymphatic work done on them. This will help to help stimulate the cleaning of the lymph. "Lymph Liquescence" is recommended for clogged lymphs. "Blood Liquescense" not only satisfies the anemia person, but helps with bad skin due to bad lymph and blood. It also contains lymphatic cleansers.

Lymph Program: "Lymph Liquescense" - 8 teaspoons (day 1); 7 teaspoons (day 2); 6 teaspoons (day 3); 5 teaspoons (day 4); 4 teaspoons (day 5); 3 teaspoons (day 6); Level off with 2 teaspoons per day. "Digestive Enzyme Liquescense" with meals. "Digestive Glandular (Fat, Protein, Carbohydrates)" - 2 each before bed on an empty stomach. "Lymph, Spleen, Mammary" - 10 drops, 3 times a day. "Oriental Herb (Lymph)" - 10 drops, 2 times a day, for 2 weeks.

**Intestinal Cleanse Program**

For 10 days to 2 weeks: "Small and Large Intestine" - 10 drops, 3 times a day. "Health and Beauty Poultice" - 1 tablespoon in 6 ounces of water or juice, in the morning and at night. Seventy percent of diet should consist of raw fruits and vegetables (avoid iceberg lettuce and popcorn). "Herbal Laxative" - 1 with meals. Thirty ounces of filtered water (with the "Homeopathic Catalyst Water" added) should be drunk each day. "Essential Lipoid Factor" - 3 capsules with evening meal. "Fiber Capsule" - 2 capsules, 30 minutes before meals.

Activated charcoal and the intestinal cleanse program are very good for a person with a problem in the large intestine. Activated charcoal is not only used in therapy, but in diagnostic testing. It informs us of transit time. Calculate when your normal bowel movement takes place. Say you normally have a bowel movement around 9:00 a.m. Figure back 14 hours because normal transit time should be around 14 to 16 hours in
the body. Counting back 14 hours, calculates to 7:00 p.m. the day before. Take the activated charcoal with a little bit of food at 7:00 p.m. and wait to see, if the next morning, the charcoal appears in the stool. If the charcoal is in the stool, it is a good indication that transit time is 14 hours away or less. Now, if the next morning the charcoal is not in the stool, then you know that the transit time is over 14 hours. The next time instead of taking the activated charcoal at 7:00 p.m., take it at 3:00 p.m. and wait to see when the charcoal appears. Do this one time during a week. If the activated charcoal does not appear in 24 hours, when does it? You will find certain people think their transit time is normal. Truth of the matter is, their transit time is 24 hours or 36 hours. They are just passing today what they ate a couple of days ago. Canned corn may be substituted for the activated charcoal to check transit time. If your transit time is too fast, your minerals will not be absorbed.

This program should not be performed for more than one week every three months.

Not only does activated charcoal help to eliminate toxicity in the body, but it also measures transit time.

APPENDIX 5

GENERAL DENTAL MERCURY REMOVAL CONSIDERATION

1) The quadrant containing the highest single reading should be removed first, and further quadrants in descending order, as indicated on the chart. This sequential removal may be crucial in mercury toxic patients.

2) Where possible a rubber dam should be used, in conjunction with an efficient high volume evacuation, and high speed cutting tool with water coolant spray, to protect the patient from the aerosol.

3) When the patient is extremely hypersensitive to mercury, they may react during treatment. If there are signs of an adverse reaction, give six grams of sodium absorbate, (Vit.C) in a glass of water. Charcoal, Bentonite, Adrenal + Liver treatment can also assist.

4) Negative current excites nerves. When fillings are removed from teeth with high negatives, the tooth may become hypersensitive, which may be avoided by inserting a temporary dressing for about two months.
5) If any other metal is used as a restorative material, all amalgams should be removed first.

WHEN DRILLING OUT AMALGAM:-
6) Cover the patient’s eyes with a damp cotton wool, or use wrap around goggles.
7) Use R.A. nosepiece with tubing attached, to extend out of operating area, or work using oxygen flow or charcoal filter.
8) Confirm that the patient has been advised on pre-treatment detoxification procedures.
9) use comfortable music The QX VRI or other comforting distraction. The QXCI can relieve pain and other tension as well.

DENTAL PRE and POST-TREATMENT PLAN

HOMEOPATHIC DENTAL AMALGAM (NV)
Six drops twice a day, either under the tongue, or in a little water. Separate from food by one hour either side. Start seven days before treatment and include day of treatment. Continue same dose for three weeks, if dental treatment scheduled, take it on that day.

HOMEOPATHIC DENTAL INJURY (NV)
Six drops twice a day, either under the tongue, or in a little water. For stimulation of healing. Separate from food by one hour either side. Start seven days before treatment and include day of treatment. Continue same dose for three weeks, if dental treatment scheduled, take it on that day.
CHARCOAL  
Take three charcoal tablets half an hour before any dental treatment involving amalgam removal and three in morning and three at bed for two weeks after.

BENTONITE CLAY  
Take three bentonite tablets half an hour before any dental treatment involving amalgam removal and one in the morning and three at bed for two weeks after.

GLUTATHIONE PEROXIDASE  
Dose: one with water half an hour before breakfast. Start two days before treatment involving amalgam removal. Continue for two days after treatment, that is five days in all.

ORGANIC CHELATED SELENIUM ZINC and VITAMIN E  
No more than 50 mcg of organically bound selenium, 25 mg of zinc, and 400 iu of Vitamin E, a day at bed with 10 oz. of water. Use for five days after. This will prevent kidney toxicity of the selenium.

FATTY ACID LIQUESCENCE  
30 drops a day for on week before and for one month after.

VITAMIN C POWDER  
Start right away, Dosage: 1/4 teaspoon (=1 gram.) Once a day. Or use 1000mg chewable.  
On treatment days: 1/4 teaspoon before and 1/4 teaspoon after treatment.

Magnesium Succinate:  
Start: - on each day of treatment  
Dose: - 2 capsules 2 hours before treatment  
- 2 capsules within 2 hours after treatment, then drink one pint of water over the following two hours
Support adrenal, liver, kidney and lymph when needed.

Good Natural multivitamin & mineral:
Start : - 8 days before treatment  
Dose: - 1 per day in the morning(with food)  
Continue : - for 6 weeks after treatment

CORIANDER (Cilantro)

-this must be fresh and preferably organic if you can get it. (It is very easy to grow at home in a sunny position) - dried coriander does NOT work well Fresh is better.  
Research published late in 1996 has shown that Coriander has a wonderful capacity to remove heavy metals and especially mercury from the body. This is a revolutionary discovery and makes Cilantro the first known substance that mobilizes mercury from the CNS. The active principle is unknown. But the speculative idea contains the high organically bound selenium and the quantum quadrapole found in the remedy.

RECIPE For Cilantro-Pesto:

Buy fresh organic Cilantro. Use equal parts black olives.  
Wash.  
Put in blender with small amount of water, dash of sea salt (Celtic salt is good) and olive oil and Fatty Acid Liq NV 20 drops, Blend until creamy.Take 1 tablespoon 3 times a day with meals.  
Do not heat, spread on bread or crackers, use on salad.  
More often, if brain severely compromised; depression, Alzheimer’s disease, “fogginess”, etc.)
Alternate Pesto Recipe

Coriander - 1 bunch
Black Olives 10.
Garlic - to taste
Black pepper to taste
Coconut desiccated ½ cup
Lime ½ juiced
Olive Oil - cold pressed
Fatty Acid Liq, 20 drops

(Any black vegetable such as black pepper and black olives are black from excess selenium and chromium, the organic bounding will not stress the kidney but assist detox of heavy metals, Guiness beer also will help no more than two pints a day)

Blend all together and keep refrigerated for one week

PLEASE NOTE: It is important to continue with detoxification after removal of fillings in order to remove mercury which has built up over the years.

References
Title
The Long-term Pathological Findings of the Camelford Toxicity group.

Subtitle
The Premature Ageing Effects of a Toxic Water Syndrome Case.

By
Dr. William Nelson LPCC, Peter Smith LCH

ABSTRACT:
In July 1988, a toxic water spill in the Camelford water district by South West Water, the public water utility, in Cornwall England resulted in some 20,000 people being exposed to a toxic cocktail of chemicals in their drinking water. This produced a host of different physiological diseases. It also resulted in a homoeopathic practitioner, together with other colleagues, launching into long-term 7 year study of the effects of this toxicity on the population.

Besides extensive case notes on 200 people, hair and nail samples, several different electrical measures, chemical measures, and psychological interventions have yielded a understanding of these patients' disease profile. Various lengthy papers have been prepared by the North Cornwall Homoeopathic Project and the Lowermoor Support Group. A book is in preparation.

One of the key factors that have been observed in this population is that of premature aging. This is discussed within this article.

INTRODUCTION:

As we age many factors happen to us. In the Merke manual ageing is found to basically have an effect on the:

1. thermal energy of the body,
2. the cerebral spinal fluid,
3. memory,
4. flexibility,
5. loss of lean body mass,
6. fall in basal metabolic rate,
7. a fall in hormonal production,
8. a fall in sexual function
Besides a detrimental effect on memory, flexibility and balance aging also affects nutritional intake. Many different types of diseases are outlined in the field of gerontology. In our test population, in Cornwall, England exposed to the toxic water, we have seen that there is indeed a possibility that premature aging is occurring. Whilst attempting to develop our scientific criteria it became apparent that there is very little literature in the scientific field regarding premature aging, and certainly very little that actually allows us to measure aging with direct means.

In other words aging is a phenomena that is normally observed and measured over decades as opposed to a single-figure timespan and is largely a matter of recording the slowly developing aging factors in a patient. There seems to be very little criteria to measure whether a person is aging at a excessive rate.

Yet this seems to partially explain the phenomena observed in the Camelford project.

METHOD:

In developing our electrical measures we have used the Quantum Med 4000 to measure oxygenation, thermal capacities of the body, thermal reactivity, hydration, electrical reactivity of brain wave, galvanic skin resistance, Capacitance and Inductance changes.

The Quantum med 4000 allows for the overall measurement of electrophysiological reactivity. This then is used to chart the reaction to thousands of chemicals, hormones, nutrients, allersodes, sarcodes, and nosodes. This article does not discuss the reactivity measures in specifics. To learn more about this we point the reader to the references on Reactivity.

In developing our analysis we have been able to come up with some propositions concerning the phenomenon of aging, which have to do with the patients' thermal reactivity, oxygenation, hydration, capacitance and inductance. A phenomenon of aging is that there is a lowering of the production of hormones and an effect on nutrition.

With regard to hormonal production, we observe patients who demonstrate an enhanced reactivity when exposed electrically to pituitary, hypothalamus, adrenal and pancreas samples. Nutritonally, we observe increased reactions to iron, protein, calcium, and the absorption of other types of nutrients. (Reactivity normally points to either a shortage of or an overabundance of the substance(s) and points the practitioner to further examine the staus of the patient.)

There is no doubt that memory, flexibility and balance are associated with aging. Many of our patients demonstrated these symptoms to a degree that was clearly statistically significant.

Generally, the patients presenting in this concern demonstrated a loss of lean body mass, a fall in their basal metabolic rate, a loss of general memory, and ability to focus their mental energy, a general and progressive loss in flexibility, loss in balance, visual acuity, hormonal function, and a marked loss of sexual appetite.

This symptom picture was charted by the project in a raw epidemiological study incorporating data from 40 females and 30 males across the age range. The patients reported not only an almost
instant, overnight 'aging' but also a steady, progressive decline in their wellbeing. This decline is accelerative compared to the 'normal' population observed in homoeopathic practice in nearby towns.

These reports and observations of relatively rapidly-progressive aging, when coupled with our electrical reactivity scores, point strongly to the hypothesis that there is indeed a premature aging phenomenon occurring with the Camelford project population.

Our original homoeopathic and nutritional intervention included homoeopathic hormetic formulas for the removal of heavy metals, bad water, and aluminium - the pollutant substance was 20 liquid tonnes of highly acidic aluminium sulphate, a flocculant used purely cosmetically by the water company to settle harmless detritus. Also, nutritional factors of choline, calcium, iron, and other supplements were used with the patients to boost intestinal absorption of these substances. Clinical observations of the small initial group of patients tested showed clearly that those that complied with the prescribed routine seemed to experience a temporary reversal in the premature aging process. However, in the early days many of the patients did not receive any type of homoeopathic or nutritional therapy whatsoever, and with them the acceleration of aging continued.

Clinical and electrical analysis showed an acceleration of the aging process in these patients at a rate of about 4 to 5 years for every 1. From the perspective of a licensed Clinical Counsellor it was possible to observe hormonal, memory, mood and cognition disturbances that contributed to the hypothesis that there is indeed an acceleration in the rate of aging. The efficacy of - and, in these circumstances, the urgent need for - early homoeopathic intervention was clearly demonstrated.

Besides the ongoing homoeopathic treatment that was carried out from late 1988, it was decided to organise a small Pilot Study of 14 patients in October 1993. Following the successful intervention of the hormetic and nutritional remedies administered to these patients - and importantly the establishment of clear sensitisation to tapwater, the major maintaining cause of disease in the population - it was decided to follow up with an expanded study involving 56 people in March 1994.

Many of those patients taking part reported an amelioration of symptoms and a slowing or reversal in their decline. Some benefits remain to this day, others have once more resumed their decline. Considering that the intervention was a relatively short one it is fair to assume that major benefits could be extrapolated from a longer programme of treatment.

Having said that, it is only realistic to assume that after 6 to 7 years some of the patients would be incapable of correcting or reversing the slide into premature aging, or that, having aged 20 years over the last 4 to 5 years, these patients would experience extreme difficulty recovering normal lives. After a certain amount of time (different for each) it is probably impossible to reverse the aging effects of the body, as too much damage has already been done.

To reiterate, this points us to the conclusion that early intervention in these chemical catastrophes
is imperative. Failure to carry out early assessment and treatments will result in long-term accelerated aging as demonstrated by the Camelford population.

**RESULTS**

As we can see from the next index of our studies. That the Camelford patients have reactivity and electrical scores that are very much similar to the elderly control patients. So as we understand more of the electrical nutritional factors associated with ageing we can see that the Camelford patients display some premature ageing disturbances. Our statistical analysis shows a significant difference in the normal vs. Camelford Group and a similarity between the Camelford group and the elderly normal group.

In our next figure. We can see the comparative ageing factors of the populations taken from the Quantum Med Readings.

<table>
<thead>
<tr>
<th>Normal patients age 20-45</th>
<th>Camelford Patients age 20-45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxidation Index 1-1.5</td>
<td>Oxidation Index 0.2-.5</td>
</tr>
<tr>
<td>Hydration Index 4-5</td>
<td>Hydration Index 0.75-1</td>
</tr>
<tr>
<td>Hypothermia 92-93</td>
<td>Hypothermia 89-90</td>
</tr>
<tr>
<td>Thermal Reactivity 1-2 degr</td>
<td>Thermal Reactivity 0.2-.3 degr</td>
</tr>
<tr>
<td>Electrical Reactivity 100-150e.v.</td>
<td>Electrical Reactivity 50-60e.v.</td>
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</table>

<table>
<thead>
<tr>
<th>Normal patients age 20-45</th>
<th>Camelford Patients age 20-45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxidation Index 0.75-1.25</td>
<td>Oxidation Index 0.02-.5</td>
</tr>
<tr>
<td>Hydration Index 2-3</td>
<td>Hydration Index 0.75-1</td>
</tr>
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<td>Electrical Reactivity 50-60e.v.</td>
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<tr>
<th>Normal elderly patients age 85-95</th>
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</thead>
<tbody>
<tr>
<td>Oxidation Index 0.2-.5</td>
</tr>
<tr>
<td>Hydration Index 0.75-1</td>
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<tr>
<td>Hypothermia 89-90</td>
</tr>
<tr>
<td>Thermal Reactivity 2-.3 degr</td>
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<tr>
<td>Electrical Reactivity 50-60e.v.</td>
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</table>
Our Camelford Population then when reviewed for aging shows:

<table>
<thead>
<tr>
<th>AGEING SYMPTOM</th>
<th>MEASUREMENT</th>
<th>OBSERVATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. thermal energy of the body,</td>
<td>QUANTUM MED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>2. the cerebral spinal fluid,</td>
<td>UNMEASURED</td>
<td></td>
</tr>
<tr>
<td>3. memory,</td>
<td>PSYCH EXAM</td>
<td>Accelerated</td>
</tr>
<tr>
<td>4. flexibility,</td>
<td>REPORTED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>5. loss of lean body mass,</td>
<td>REPORTED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>6. fall in basal metabolic rate,</td>
<td>QUANTUM MED</td>
<td>Accelerated</td>
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<tr>
<td>7. a fall in hormonal production,</td>
<td>QUANTUM MED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>8. a fall in sexual function</td>
<td>REPORTED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>9. Oxidation</td>
<td>QUANTUM MED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>10. Hydration</td>
<td>QUANTUM MED</td>
<td>Accelerated</td>
</tr>
<tr>
<td>11. Electrical Reactivity</td>
<td>QUANTUM MED</td>
<td>Accelerated</td>
</tr>
</tbody>
</table>

**DISCUSSION:**

Our analysis of electrical, chemical and observational qualities in the Camelford patients, leads us to conclude that there is indeed the possibility of a premature ageing syndrome. An Acceleration that is individual to each person exposed.

This could be the effect of the toxic exposure of the aluminum and the other chemicals freed by the aluminum sulphate in the water lines. The patients then could be at an accelerated component of ageing 5 years for every 1. From our studies with the homeopathic intervention, we can conclude that there is a possibility that the homeopathic intervention of the horismic factors of the aluminum and heavy metal disturbances can have a reversing effect on the ageing complex. And thus, in the early intervention states have the effect of reversing the accelerated ageing and thereby stopping the long-term damage. The patients who receive the early intervention seem to have the best resistance to the accelerated ageing complex. The longer patients waited for the homeopathic intervention the less the horismic effect of the homeopathics was achieved. Thus, we can see that we need to set up some more early interventions systems for this type of ecological disaster in the future so it might be reversible in its early state.

It is surmised that after 4 to 5 years some of the patients would be unable to correct the premature ageing complex. Or that having aged 20 years over the last 4 to 5 years, these patients would have extreme difficulty recovering normal lives. After a certain amount of time (different for each) we would not be able to reverse the ageing effects of the body. The damage was already done. Thus, this keys us to see that early intervention into these areas is highly wise. Early measurement and treatments much needed to stop the effects of a long-term accelerated ageing profile.