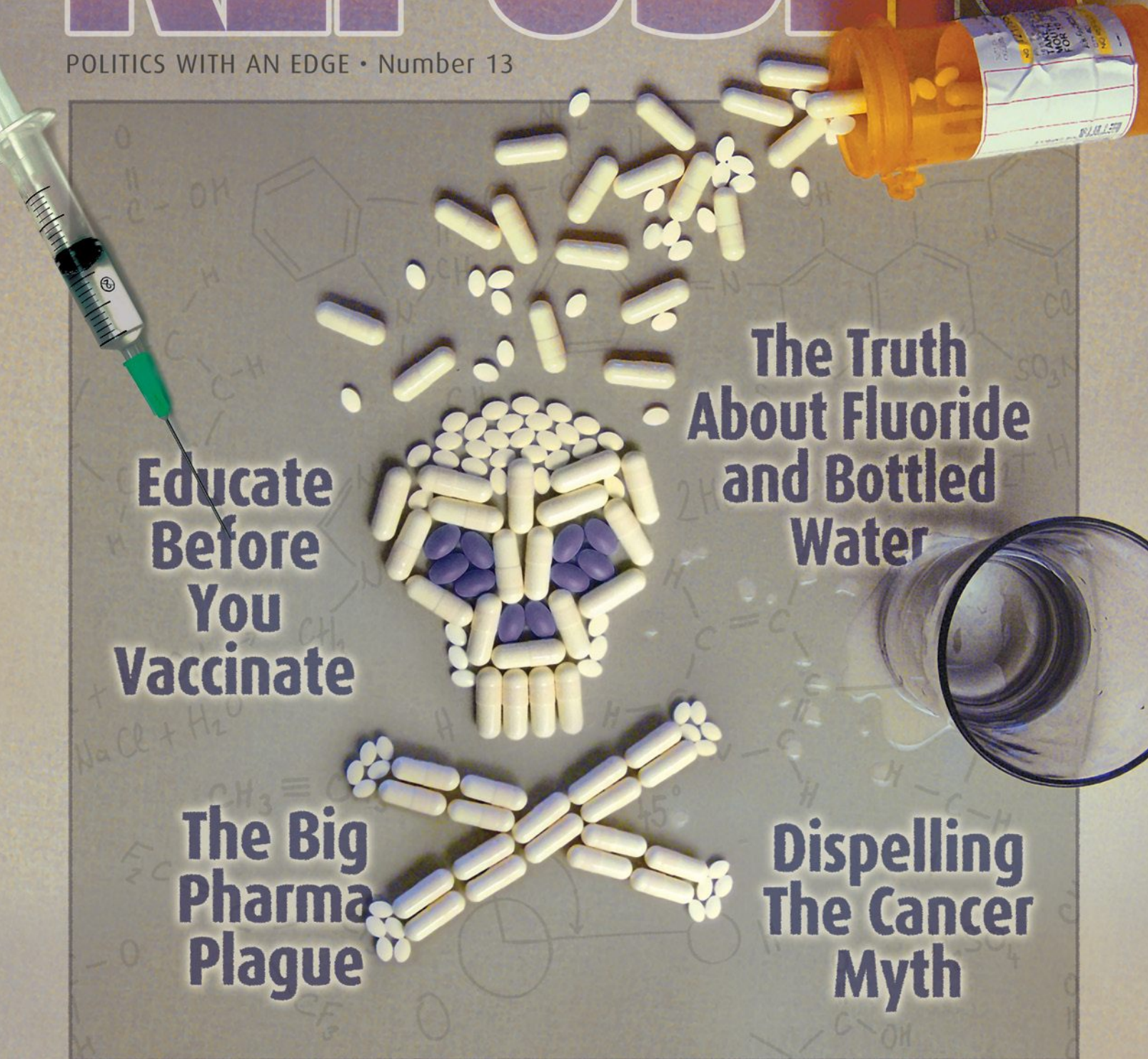


REPUBLIC

MAGAZINE

POLITICS WITH AN EDGE • Number 13



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Pharma
Plague**

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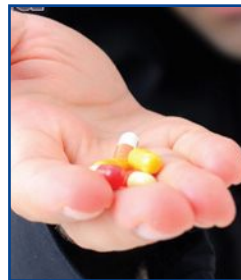
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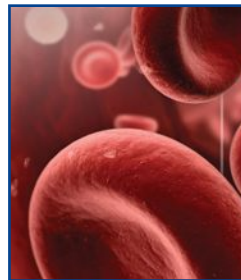
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From the Editor

A republic is only as healthy as its people. When the people are weak, they become susceptible to foreign attack or domestic subversion. Over the past 100 years, methods to increase the shelf life of the American food supply to feed a massively growing population, while beefing up the profits of giant food corporations have caused the introduction of preservatives, pesticides, pharmaceuticals, hormones and even genetic engineering to alter and infect our diet. When these tainted foods become the staple of our everyday diet, side effects of exposure cause us to turn to pharmaceutical companies and modern medicine. In the past few years, a growing trend has raised the awareness for the dangerous practices of the last 100 years and the American people are firmly deciding that they want no part of this corrupt diet and medical cycle. In the battle for The Republic, we must remain sharp and our senses acute to quickly react to the daily assaults from corporate propaganda, media manipulation and our legislator's unconstitutional bills. We must take back our minds, our bodies, and our souls from those who would lead us into the pen at the sound of the slaughterhouse bell. In this issue, we examine the core concerns that affect each of us physically and mentally. Healing The Republic begins with healing the people. And it starts right here in our 13th issue of *Republic Magazine*.



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Learn what causes heart attacks, how to prevent heart attacks, and strengthen your heart. FourFoldHealing.com



DR. KAAyla T. DANIEL

Soy is present in many modern foods. Find out the dangers of soy and how to avoid it. TheWholeSoyStory.com



DR. GALEN KNIGHT

Find out why proper nutrition for a healthy thyroid gland function is important in preventing cancer, optimal weight and health. Learn how to do it. VitalTherapeutics.com



MARK MCAFEE

Why raw milk is far better than pasteurized or homogenized milk and why more Americans are rediscovering raw dairy products for optimum health. OrganicPastures.com



CHRIS MASTERJOHN

We have been told foods that are high in animal fats and cholesterol are bad for us. Learn why the opposite is true. Cholesterol-And-Health.com



JEFFREY SMITH

Genetically modified foods have been linked to thousands of toxic and allergic reactions and damage to virtually every organ and system studied in lab animals. Learn the problem and how to protect yourself. SeedsOfDeception.com



TOM CRYER

Hear the strategy used in his victory over the IRS as well as the IRS's dirty tricks. Learn the new plan to get rid of IRS corruption we can all participate in. TruthAttack.org



JOE BANISTER

Ex-IRS Gun Carrying Special Agent will share how he quit the IRS after the IRS failed to show him a law that requires Americans to file and pay Income Tax. IRS failed to criminally prosecuting him. FreedomAboveFortune.com



PETER THOTTAM

Former Goldman Sachs banker will reveal the planned rollout of a police state New World Order of the international banking cartels and other interest groups. PeterThottam.com



PEYMON MOTTAHEDEH

President of Freedom Law School will share how you can live FREE of IRS' harassment with knowledge, preparation and support NOW! LiveFreeNow.org



VICKIE KARP

Find how electronic voting machines are so susceptible to fraud that they threaten to make your vote at the elections irrelevant. HackedElections.com



DAVE VONKLEIST

Co-sponsor of this Conference and Co-host of The Power Hour Radio program will share the latest information on what really happened on that unforgettable day, September 11, 2001. ThePowerHour.com



STEVE HEMPFLING

Director of Free Enterprise Society tells why the IRS says: Income Tax is based on "Voluntary Compliance" and has never produced a law, requiring Americans to file & pay Income Tax. FreeEnterpriseSociety.com



ELLEN BROWN

Attorney and author of the book "The Web of Debt" will share the root cause and the solution to the current financial crisis that threatens the security, prosperity and freedoms for all of us. WebOfDebt.com

DAILY SCHEDULE

FRIDAY, March 13

9:00 am - 5:00 pm

Constitution Class

Lead by Tom Cryer

9:00 am - 5:00 pm

Proper Nutrition for Optimal Health

Lead by David Getoff

Friday Night

Banquet Speaker:

Ellen Brown

SATURDAY, March 14

9:00 - 9:10	Intro/peymon
9:10 - 10:05	Chris Masterjohn
10:20 - 11:15	Vickie Karp
11:30 - 12:25	Mark McAfee
1:25 - 2:20	Joe Banister
2:35 - 3:30	Tom Cowan
3:45 - 4:35	Peymon
4:50 - 5:45	Ramiel Nagel

Saturday Night

Banquet Speaker:

Jeffrey Smith

SUNDAY, March 15

9:00 - 9:10	Intro/Peymon
9:10 - 10:05	Peter Thottam
10:20 - 11:15	Kaayla Daniel
11:30 - 12:25	Peymon
1:25 - 2:20	Galen Knight
2:35 - 3:30	Steve Hempfling
3:45 - 4:35	Richard Gage
4:50 - 5:45	Panel Discussion

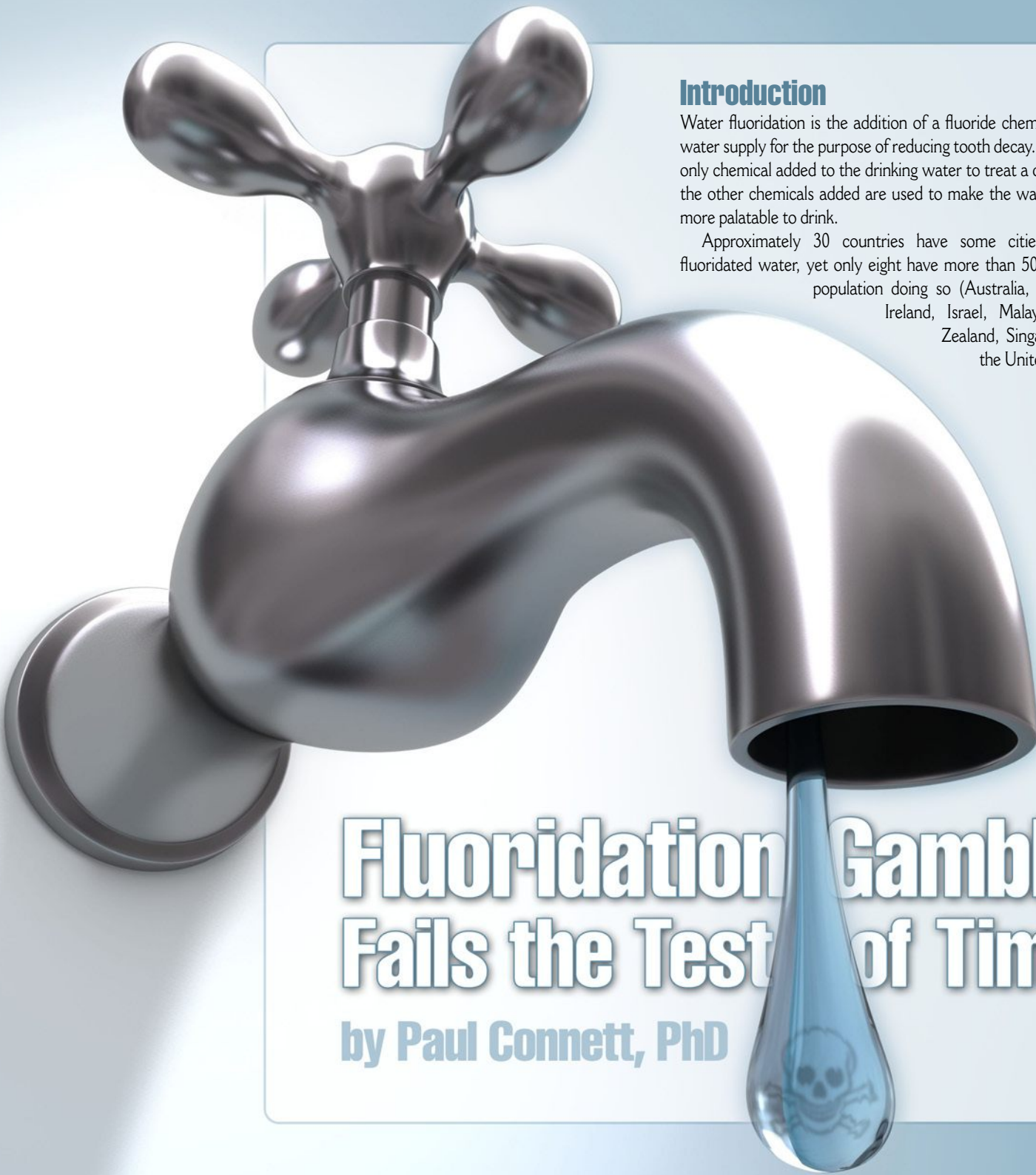
MONDAY, March 16

9:00 am - 5:00 pm

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Introduction

Water fluoridation is the addition of a fluoride chemical to the water supply for the purpose of reducing tooth decay. This is the only chemical added to the drinking water to treat a disease. All the other chemicals added are used to make the water safe or more palatable to drink.

Approximately 30 countries have some cities drinking fluoridated water, yet only eight have more than 50% of their population doing so (Australia, Columbia, Ireland, Israel, Malaysia, New Zealand, Singapore, and the United States).

Fluoridation Gamble Fails the Test of Time

by Paul Connett, PhD

“(Fluoridation) is against all principles of modern pharmacology. It’s really obsolete. No doubt about that. I mean, I think those nations that are using it should feel ashamed of themselves. It’s against science.”

—Arvid Carlsson, PhD, Nobel Prize winner for Medicine, 2000

A little history

Water fluoridation began in the United States where today approximately 184 million people are currently served by fluoridated water supplies.

The practice had its origins in observations made by researchers who were investigating the cause of a strange mottling and discoloration of the teeth in children living in parts of Colorado, Texas, and some other areas in the US.

In 1931, fluoride was found to be the cause of this condition and it was renamed “dental fluorosis.”

McKay, a dentist, and other researchers, noted that while the teeth looked horrible, these children had less tooth decay. These early researchers assumed that because fluoride mottled teeth it must also be the reason these teeth didn't decay. However, they overlooked high amounts of calcium and other tooth-building nutrients in the water. They didn't know what we know now - fluoride is neither a nutrient nor required for healthy teeth.

H. Trendley Dean of the US Public Health Service (PHS) pursued the matter. He characterized dental fluorosis into 4 levels of severity – very mild, mild, moderate and severe. Then in 1942 he produced his famous 21-City study that purported to show, that as the fluoride in the water increased, tooth decay went down. The decay decreased sharply from 0 to 1 ppm (1 ppm = 1 milligram of fluoride per liter) and then flattened off (see Figure 1). He also noted that at 1 ppm only about 10% of children were impacted with dental fluorosis. Thus was born the notion of the “optimal” level of fluoride being 1 ppm.

Trials of artificial fluoridation began in 1945 in Grand Rapids, Michigan, Newburgh, NY, and Brantford, Ontario, using water-soluble sodium fluoride (not the naturally occurring calcium fluoride).

The Great Fluoridation Gamble

In 1950, before any of these trials had been completed, the PHS endorsed fluoridation. By so doing, they were taking a huge gamble on four fronts, 1) that swallowing fluoride actually reduced tooth decay, 2) that it would only lead to about 10% of children developing dental fluorosis in its mildest form, 3) that when a child developed dental fluorosis, no damage was being done to any other growing tissue in its body and 4) that fluoride would have no ill effect on adults.

This clearly was not a scientific decision, because the science wasn't in, since neither the trials nor any health studies had been completed.

What the PHS did know was that dental fluorosis was a systemic effect, meaning that fluoride had to enter the body to cause the

damage to the growing tooth cells. Thus the key gamble made by the PHS in 1950 was that fluoride could damage the child's growing tooth cells, by some undetermined biochemical mechanism, without damaging any other growing tissues or organs in the child's body.

The great fluoridation gamble has failed

Over the 60 years since fluoridation began, dental fluorosis rates in the US have skyrocketed. A recent report shows that 32% of children in the US now have dental fluorosis, and not all restricted to the very mild level category. 3-4% have dental fluorosis in its moderate and severe levels. (CDC, 2005). This is due to more sources of fluoride available today (toothpaste and other dental products; pesticide residues and processed food and beverages made produced in fluoridated areas).

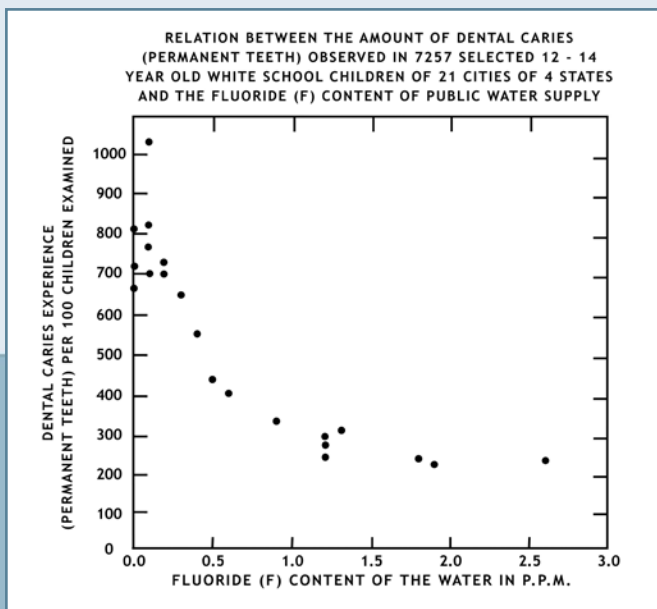
Starting in the 1980's, studies have shown little, if any, difference in tooth decay between fluoridated and non-fluoridated communities, states or countries. According to a review by Dr. David Locker of the University of Toronto, conducted for the Ontario Government:

“The magnitude of [fluoridation's] effect is not large in absolute terms, is often not statistically significant, and may not be of clinical significance.”

A recent article in the British Medical Journal shows that, according to World Health Organization (WHO) data, tooth decay in 12-year olds has been coming down as fast in non-fluoridated countries as fluoridated ones (Cheng et al., 2007). A similar plot is shown in Figure 2. Furthermore, the early trials have been shown to be riddled with methodological weaknesses (Sutton, 1996), and the findings of Dean's 21-city study have been seriously questioned (Ziegelbecker, 1981).

Most serious is the growing body of evidence that fluoridation is harmful to health. Fluoride accumulates in the bones and the first symptoms of damage are identical to the symptoms of arthritis: aching joints and bones. Further accumulation makes the bones more brittle and may lead to a possible increase in hip fractures in the elderly. The

FIGURE 1. The graph printed in Dean's 1942 21-City study showing tooth decay coming down as the fluoride concentration in 21 cities is going up.



Fluoridation Gamble

evidence for this is mixed.

Fluoride was once used by European doctors to lower the thyroid function of patients suffering from hyperthyroidism and the doses used are reached by some individuals in fluoridated communities. In the US, millions of people suffer from hypothyroidism, and even more with sub-clinical hypothyroidism, for which the symptoms are tiredness not relieved with sleep, lethargy, obesity, and depression.

There are over 50 animal studies that show that fluoride damages the brain and changes behavior. Studies from China indicate that fluoride damages the fetal brain and there are now a total of 23 studies (from China, India, Iran and Mexico) indicating that high fluoride exposure is associated with a lowering of IQ in children.

If you don't look, you don't find

For over 60 years, those who have jealously guarded the practice of fluoridation in the PHS have failed to fund serious health studies. The vast majority of research money goes into endless studies on teeth (see CARTOON), as if it was the only organ in the body. No studies have investigated a possible relationship between fluoridation and the numerous illnesses and impacts discussed above, which affect millions of Americans and at increasing rates, even though fluoride exposure may be one contributory cause.

Even the most basic studies have not been done. For example, no comprehensive survey of fluoride bone levels has been undertaken to see if some people are reaching damaging levels. Nor has there been a monitoring program of fluoride levels in people's blood and urine. More seriously, studies have not been done on a number of childhood conditions using the severity of dental fluorosis as a biomarker of exposure.

All of these failures to do the obvious allow fluoridation promoters to say, "We have been fluoridating the water for over 60 years and we don't see any health problems", yet if you don't look, you don't find.

Where studies have been done, they have been done largely in countries that do not have a fluoridation program to protect, especially India and China, where there are large areas that have high natural levels of fluoride in the water and are endemic for both dental and skeletal fluorosis. For many years, the US has ignored these studies, claiming that they are not relevant here, because people in these countries drink excessive amounts of water because of the hot climates and have a poor diet, which exacerbates fluoride's toxicity.

A reason why many Western academics have remained oblivious of these health effects is because *Fluoride*, the journal of the International Society for Fluoride Research, which has published many important studies, has been excluded from PubMed (the primary medical literature search engine) since the journal began publishing in 1968. Why such a journal, which has peer review, carries no advertising and publishes articles both for and against fluoridation, should be excluded from this important search engine is both puzzling and

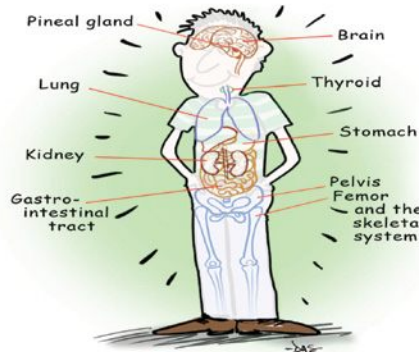
How we see ourselves



How fluoridation promoters see us



How fluoridation opponents see us



disturbing. Especially so, when PubMed includes dental trade journals and popular magazines of no academic standing.

Instead of conducting health studies in fluoridated countries, the health issue is usually resolved with review panels made up of government employees and supporters of the fluoridation program. Their conclusions about the safety and effectiveness of fluoridation are predictable. The Irish Fluoridation Forum Report of 2002 is a classic example.

The scientific breakthrough

The scientific breakthrough came in 2003, when at the request of the US EPA, the National Research Council (of the National Academies) reviewed the toxicology of fluoride in water. For the first time in reviews of this kind, the 12-membered panel was truly balanced. Their brief was not to look at the safety of fluoridation per se, but rather to examine the safety of the drinking water standard for fluoride, currently set at 4 ppm. It took the panel three and half years to complete their report and when it was published on March 22, 2006, it was 507 pages long and had over 1000 references.

The panel concluded that the safe drinking water standard for fluoride (4 ppm) was not protective of health and recommended that the US EPA perform a health risk assessment to determine a new MCLG (maximum contaminant level goal). The MCLG is a goal based on the lowest adverse effect level, with safety factors applied to protect the most vulnerable individuals in society from known and reasonably anticipated health effects. The MCL is a legally enforceable standard and takes into account the economic costs of removing a pollutant.

Re-enter the politics

Risk assessment specialist Dr. Robert Carton, a former employee of the EPA, has examined the findings of the review panel and argues that the MCLG should be set at zero (Carton, 2006). However, were the EPA to set the MCLG at zero, it would scuttle the fluoridation program overnight. This may explain why after 33 months the EPA has published nothing. This delay appears to be one of many examples of where politics trumps science on this issue.

More politics were revealed by the manner in which the leading proponents of fluoridation treated the NRC report. On the day it was released, the American Dental Association (ADA) declared that the report was irrelevant to fluoridation and six days later, the Centers for Disease Control and Prevention (CDC) declared that it "was consistent" with its promotion of fluoridation at 1 ppm!

In those six days, the CDC did not have time to digest this report, let alone the 1000 references it contained. Nor could it have done the risk assessment recommended by the NRC – a task that has already taken the EPA nearly three years.

All of this may seem very puzzling to someone new to this issue, until they find out just which people at the CDC reached such a rapid conclusion.

The CDC's Oral Health Division

The CDC has only one division that deals with fluoridation. This is the Oral Health Division (OHD), which is largely staffed by people with dental credentials. They have few staff with expertise in medicine and no toxicologists and risk assessment specialists. In short, they have no one qualified to make the judgment they made. Moreover, there is no one at the CDC – independent of the OHD – overseeing the safety of the fluoridation program.

The OHD has a huge conflict of interest in this matter. They avidly promote fluoridation. They give awards to communities and states based upon their adoption of the practice. They even send out their top personnel to state legislatures to support mandatory statewide fluoridation bills. To all intents and purposes the OHD is an adjunct of the ADA.

Most members of the public and the media know little of this background, so when the CDC makes pronouncements about the “safety and effectiveness” of fluoridation, journalists and officials take it at face value. Not a day goes by without someone in the world citing the CDC’s statement that fluoridation is “One of the top ten public health achievements of the 20th Century” (CDC, 1999). Those that cite this probably have no idea how incredibly poor the analysis was that supported this statement. The report was not externally peer reviewed, was six years out of date on health studies and the graphical evidence it offered to support the effectiveness of fluoridation was laughable and easily refuted by examining the WHO data base, compare FIGURES 2 and 3.

The publication of the NRC (2006) report should have ended fluoridation overnight. Among other things, the review showed how little serious research had been carried out in fluoridated countries. This is what the chairman of the panel, Dr. John Doull, had to say:

“What the committee found is that we’ve gone with the status quo regarding fluoride for many years—for too long, and now we need to take a fresh look...In the scientific community, people tend to think this is settled. I mean, when the U.S. surgeon general comes out and says this is one of the 10 greatest achievements of the 20th century, that’s a hard hurdle to get over. But when we looked at the studies that have been done, we found that many of these questions are unsettled and we have much less information than we should, considering how long this [fluoridation] has been going on.” (Scientific American, Jan. 2008)

Based upon the levels at which health effects occur, there is simply not an adequate margin to protect every individual in society drinking uncontrolled amounts of fluoridated water, especially vulnerable subsets of the population. The ADA has virtually admitted as much by advising parents not to use fluoridated tap water to make up baby formula (ADA, 2006).

Other reasons for ending fluoridation

There have been other moments that should have ended fluoridation. One of these was the concession by the CDC in 1999, that the promoters had got the mechanism of fluoride’s beneficial action wrong for over 50 years. They now admit that fluoride works topically, not systemically. In other words, it works on the outside of the tooth, not from inside the body. It simply does not make sense to swallow fluoride. In a videotaped interview in 2005, Dr. Arvid Carlsson, who

led the successful fight against fluoridation in Sweden in the 1970s and was awarded the Nobel Prize for Medicine in 2000, stated that:

“In pharmacology, if the effect is local (topical), it’s awkward to use it in any other way than as a local treatment. I mean this is obvious. You have the teeth there, they’re available for you, why drink the stuff?”

There are three other important reasons why fluoridation should be ended.

1 • Fluoridation is bad medical practice.

While it is possible to control the *concentration* (mg per liter) of the fluoride added at the water works, it is impossible to control the *dose* (mg per day) individuals get, because it is impossible to control how much people drink and how much fluoride they get from other sources.

Fluoridation defies many aspects of medical practice. As Dr. Peter Mansfield, a physician and advisory board member for the important York Review (McDonagh et al., 2000), stated:

“No physician in his right senses would prescribe for a person he has never met, whose medical history he does not know, a substance which

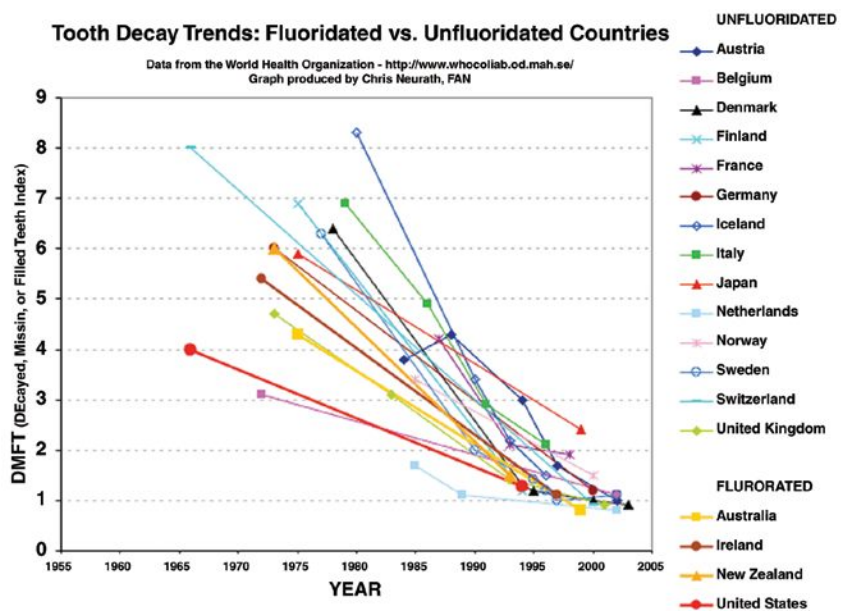


FIGURE 2. Tooth decay coming down in various countries over the period 1960 to 2000.

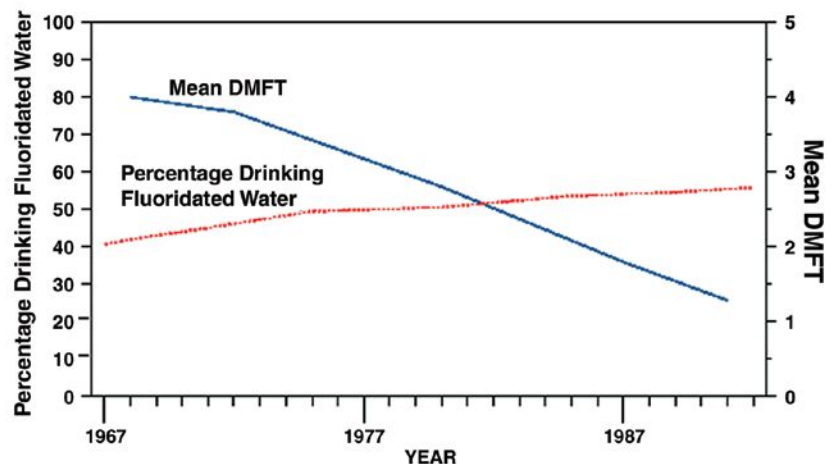


FIGURE 3. This figure appears in the CDC (1999) report. It implies that tooth decay in 12-year olds is coming down in the US over the period 1960 – 1990s because the percentage of the population drinking fluoridated water went up over the same period. But compare with Figure 2, which shows tooth decay coming down over the same period in both fluoridated and non-fluoridated countries.

Fluoridation Gamble

is intended to create bodily change, with the advice: 'Take as much as you like, and you will take it for the rest of your life, because some children suffer from tooth decay.' It is a preposterous notion."

2 • Fluoridation is unethical.

Fluoridation is unethical because it violates the individual's right to informed consent to medication, one of the key ethical planks of modern medicine. Fluoridation allows decision makers, without medical qualifications, to do to the whole community what an individual doctor cannot do to an individual patient.

3 • Fluoridation disregards an important message from nature.

The average level in mothers' milk is extremely low (0.004 ppm). This means that a bottle fed baby for which the formula has been made up with fluoridated

water is going to get 250 times more fluoride than nature intended. Nature is clearly telling us that the baby does not need fluoride for healthy teeth or any other organ in the body. It might also be telling us that there are strong reasons to keep fluoride away from the baby's developing tissues, especially the brain. The fact that there are now 23 studies indicating that fluoride may lower IQ, may be a sad confirmation of that possibility.

Summary

Fluoridation is a bad medical practice. It is unethical, ineffective, and poses serious health dangers, especially for vulnerable subsets of the population. Instead of science, in fluoridated countries we get promotion via a long list of dated endorsements, from associations and agencies, most of which are not on top of the current primary literature and who take the word of the ADA and CDC on this issue, at face value.

Unfortunately, because government officials have put so much of their credibility on the line promoting and defending fluoridation, it is difficult for them now to admit that this practice was a huge mistake.

However, we need to restore the public's trust in the agencies that are supposed to protect our health. Ending fluoridation is a great place to start this restoration.

For those who fear a dental crisis if fluoridation is stopped, it should be noted that at least 5 modern studies have shown that when fluoridation is stopped, tooth decay has not gone up.

In the past, 14 Nobel Prize winners have either opposed fluoridation or have expressed serious reservations about the practice. They have now been joined by over 2000 professionals, who have signed a statement calling for the end of fluoridation worldwide. See: http://www.Fluoridealert.org/professionals_statement.html

President Obama says that he wants sound science underpinning governmental policies. Hopefully, he will encourage Congress to hold hearings in which CDC officials are required to provide the scientific basis for their continued promotion of this outdated practice.

For more information and the full citations go to the Health Data base of the Fluoride Action Network: <http://www.fluoridealert.org/health/>. For further information on the fluoridation issue go to: www.FluorideAlert.org

Dr. Paul Connett is a graduate of Cambridge University and holds a Ph.D. in chemistry from Dartmouth College. In May 2006, he retired from his full professorship in chemistry at St. Lawrence University, Canton, NY, where he taught for 23 years. His specialty was environmental chemistry and toxicology. Over the past 24 years, his research on waste management has taken him to 49 US states and 50 other countries, where he has given approximately 2000 pro bono public presentations. Ralph Nader said of Paul Connett, "He is the only person I know who can make waste interesting." He has co-authored 6 peer reviewed articles on dioxin and numerous other articles on waste management. Dr. Connett edits the bulletins for the Fluoride Action Network. To date over 1000 of these bulletins have been distributed.

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Bottled water has become one of the most popular drinks in America today, coming in second only to soda. Some have the impression that bottled water is safer than tap water due to the further filtration done before bottling

Healthy or Convenient? The Truth About Bottled Water

BY JOSEPH HALLIDAY

or the relative purity of the source. Others prefer the taste over the chlorine-filled tap water from their homes. Some just like the convenience of bottled water for storage. Whatever the reasons are for its popularity, not all bottled water is the same.

Consumer awareness when choosing types of bottled water is very important, as their choice can drastically effect their daily diet and possibly have long term effects on their health. The labeling process is the best indicator of purity in different types of bottled water.

Some city water plants are bottling and selling tap water that has been put through the reverse osmosis filtration method and labeled as drinking water or filtered water. The filtration is intended to remove the bad taste of the disinfectants in the water by removing the chlorine or other chemicals used to preserve it.

Upon reviewing the Annual Drinking Water Quality Report for my local filtration plant, I found that particles from the corrosion of water mains were at the maximum allowed levels. Some of the samples used for testing for chemicals were over five years old. The recorded levels for barium, a chemical released from mining that can increase blood pressure, and also for nitrate from fertilizer, which at higher levels could make infants become seriously ill and even die, were taken from the out-of-date samples used in the testing. Three samples tested were above the allowed amount for lead and the only action required was a note in the report about its effect on children.

Recently, in a survey done by the Associated Press, pharmaceuticals were found to be in tap water all over the country. Some of the drugs people take every day are expelled as waste and are injected into the water supply through our plumbing. There is currently no testing being done by local facilities for these drugs.

The skepticism over tap water is well warranted and people look to bottled water as a safe and healthy alternative.

Spring water is the most recognized and referenced type of bottled water, but contrary to popular belief, it is not the purest. The contents can differ greatly depending upon geographical location and environmental effects. Though the source is always an underground spring, the natural filtration process is often hindered by acid rain and pollution. The artificial filtration used is considerably less intense because of the supposed purity of the source, which makes the regulations on purity of spring water lower than with purified water.

Purified water is required to be 99.9% pure. Through a system of oxygenation or ozone filtration, most impurities are removed. It is recommended for short-term usage, as it can absorb toxic substances from the body.

However, because of its rapid use of electrolytes and trace minerals in the body, like magnesium, it can be harmful if consumed for longer periods. PH levels can also change from filtration, and if too low, can force the body to use minerals from our bones to balance it. Pediatricians claim that filtered water also lacks the fluoride children need for teeth and bones. Too much fluoride can also be dangerous, as it can build up on your bones over time, so it is important to control the amount added by local filtration plants.

There are several government agencies in charge of ensuring the safety of our water in all of its different forms. Tap water is regulated by the Environmental Protection Agency, while bottled water falls under the jurisdiction of the Food and Drug Administration. Some of the larger producers of bottled water also belong to a group called the International Bottled Water Association, which further regulates its members.

In a telephone interview with Republic Magazine, a representative of the FDA stated, "Bottled and tap water are considered to be two separate products and are not compared on their contents. The FDA monitors the contents of the products as they will be at the time of purchase and does not require businesses to instruct the consumer on proper storage or use of any given product." They do not inform the public on the possible health concerns or benefits for either and they are not responsible for actions taken by the consumer after purchase. The representative compared it to "...leaving school at the end of the day and getting hit by a bus. We have no control over the products once they leave the shelf." It is our duty, as the consumer, to be informed. Unfortunately, after the point of purchase is when bottled water can start to have the most problems. Once opened, bottled water begins to produce bacteria, because the disinfectants used to preserve it, such as chlorine, have been removed.

Using plastic to bottle water is great for keeping out harmful impurities, but only 20% of the bottles made are ever recycled. With a 700-year decomposition, its environmental effects are obvious.

The best method is to filter your own water. Any home can be set up with a filtration system that can remove impurities and balance PH levels to produce healthy water without the need for foul tasting chemical disinfectants.

Drinking bottled water may not kill you, but with the variety of filtration methods and sources, its image as the healthiest source of clean water is misleading. Stay informed, stay healthy, and stay safe.



The BIG Pharma Plague: Malicious Acts and Prop

BY JOSEPH MAEL

When the FDA's Modernization Act of 1997 loosened restrictions for how drugs could be marketed, it changed the landscape for how the pharmaceutical companies could push their drugs. Direct to Consumer (DTC) resulted in soaring profits that blossomed in the next 10 years, like no other period in history. This is an industry constantly evolving and promoting itself to higher plateaus, through various dubious actions, including: influencing political legislation through lobbying, exorbitant advertising campaigns, and their relentless methods to create new demand for high-profit drugs, even in a world with limited diseased people and limited profit.

Big media has also grown dependent on these advertising dollars (over \$10 billion annually), so the recent slump (DTC advertising was slowed in 2008 for the 2nd consecutive year) is a concern as marketing companies work desperately to maintain profits unparalleled by any other industry. By setting criteria for fast-track drug development, allowing some drug approvals based on one pivotal trial, providing easier patient access to experimental drugs and devices, and renewing the Prescription Drug User Fee program, the FDA's new law opened the floodgates for a gigantic leap for drug industry profits.

In the 1980s, television and film-making was dominated by blockbuster hits about the glorious drug trade. Miami Vice (1984-89), Beverly Hills Cop (1984), Lethal Weapon (1987), and Licensed to Kill (1989), were highly visible and exciting depictions of the drug trade as it existed in the 80s and were viewed by millions of people. For the most part, these were good defeating evil characterizations that ran concurrent with the most widespread, costly anti-drug campaigns in history, led by the first lady, Nancy Reagan. The intentions were to create a lull in the demand of drugs popular in that decade simply by putting a stern authority figure at the helm and offering up simplistic catchphrases through the various media outlets (This is your brain. This is your brain on drugs.), yet there was little in the way of substantive programs offering proper backup to the ballyhooed political propaganda. Now, nearly 3 decades passed and the pharmaceutical industry has grown exponentially into a giant entity and in many ways has revealed itself as a powerful force providing upwards of 40% of the American population, drugs of various types.

The history of the war on drugs in America has a lot to do with the National Security Strategy dating back to the 1940s. Somewhere between the beginning of time and the development of big Pharma, it became clear to the government that street drugs would impose a damaging snag in the basic element of the social fabric and needed more intense regulations. Since then, there have been numerous twists in the saga of drugs in America which has led to the pharmaceutical industry and the War on Drugs becoming a massive contradiction in terms, yet both have unique ties to how the government operates, and by what standards these operations are carried out. (1)

Harry Anslinger, America's drug czar from 1930-1962, used to tell some pretty fantastic stories while he traveled on the lecture circuit, talking to church groups, citizens, and schools, about the dangers of drugs. He was responsible, in many ways, for the criminalization of marijuana, and was part of a notorious trend that has, over time, shifted massive power to the pharmaceutical companies who have synthesized well-being, and addicted millions,



aganda

while killing millions of others by their cost, availability (or lack thereof) and safety. In the 1950s, Anslinger declared "We intend to get the killer-pushers and their willing customers out of selling and buying dangerous drugs." Some of those drugs he was referring to are even marketed on a mass scale by our own government to the general population who believes in what they are prescribed by doctors as being safe. In 2008, according to the DEA, there has been an 80 percent jump in prescription drug abuse in the U.S. The 7 million abusers tops the abusers of cocaine, Ecstasy, heroin, and hallucinogens combined. The Justice Department National Intelligence Drug Center also found a stunning 400% increase (786 to 3,849) in deaths related to opioid methadone use in a five year stretch from 1999 to 2004. Many professionals will argue that long-term use of prescription opiates is the only way to function without suffering from chronic pain, and there is a good chance most of these listed deaths were not used per doctor's instruction, alas. (2)

The way prescription drugs gain notoriety throughout society is controlled, and the pharmaceutical industry's influence rewards doctors who prescribe drugs based on the flawed info given them by the drug companies. Perhaps the greatest scandal is how the drug companies exert control over medical industry

by direct-to-consumer ad campaigns and their influence on scientific studies. Richard Smith, the ex-editor of the British Medical Journal (BMJ), publicly estimates that between two-thirds to three-quarters of the trials published in major journals such as Annals of Internal Medicine, Journal of the American Medical Association, Lancet, and New England Journal of Medicine, are funded by drug companies. And the way the pharmaceutical industry has become what it is, may very well be from a high tech, systematic form of propaganda, done with a smoke and mirror bravado, backed by billions of dollars, close ties to political agendas, and high-tech, modern marketing tactics. (3)

SMOKE AND MIRRORS

Since the earliest known drugstore appeared in the Middle Ages (754 in Baghdad), there were many that appeared throughout the medieval Islamic world, and eventually medieval Europe. The trend continued until reaching North America and by the 19th century many drugs stores developed into pharmaceutical companies. The strongest drug makers were in Switzerland, Germany and Italy, followed by the UK, US, Belgium, and the Netherlands, respectively. As their spots in society continued to strengthen, what

The Big Pharma Plague

developed was a realization of a profit motive that has, in modern times, taken over the incentive to cure disease. The “Just Say No” slogan and signs that read “DRUG-FREE ZONE”, have become inconsequential to the growth and power of the pharmaceutical industry that spends billions on media advertising annually to get new customers to use their doctor prescribed drugs. The FDA even allowed Eli Lilly to be able to re-name and market Prozac (Sarafem) for two separate sets of disorders, a landmark decision that allowed the company to capitalize big time despite a lack of real evidence the drug was making a positive psychological impact on users.

In the pharmaceutical sector, DTC advertising has been increasing since the late 1990s at a rate of around 30 percent compounded annually. Once prevented by regulation from advertising aggressively, pharmaceutical companies now see DTC advertising as a major source of stimulating demand for their product. “This has had two key effects: (1) it has built brand awareness and product awareness in the minds of end users (consumers), who are increasingly taking medications for chronic conditions in increasingly crowded and competitive therapeutic categories—cholesterol management, cardiovascular diseases, asthma, allergy, and other forms of respiratory ailments; and (2) more directly, it has encouraged users to visit their doctors and ask for the product by name”, says Ian Morrison, author of *Health Care in the New Millennium*.

The changing landscape of pharmaceutical marketing is evident for the industry that uses its vast resources to stay in touch with political and social trends that might have impacts on their sales and their ability to reach the maximum of potential customers. Questions the big Pharma industry intends to answer include the following:

1. Will DTC spending increase or decrease in 2009 compared to 2008? By how much?
2. Should all or some forms of DTC advertising be banned in the US?
3. Should there be a moratorium on DTC advertising? Should it be mandatory or voluntary?
4. Should the business-tax deduction for DTC spending be taken away by legislation?

5. Is there adequate risk information presented in DTC ads? Is it effectively communicated and does it balance benefit information?

“I believe that there will be pressure on pharmaceutical companies to be more aggressive or proactive about the discovery of adverse events,” said Senak. “However, whether monitoring blogs or comments to the editor of newspapers, the same adverse event reporting rules apply. By not monitoring the media, where consumers are migrating is simply pennywise and pound foolish,” said Senak. (4)

Big Pharma industry giants scramble to answer these questions and implement new methods of controlling how people choose to keep healthy by supporting government control of the dietary-supplement industry. The impact would be having full control over any high-potency, beneficial supplements that are currently available over the counter, raising the prices and restricting their availability. The Codex Alimentarius is hidden by the health industry as a means to consumer protection, while in reality it is a real threat to health freedom and is fully supportive of dangerous genetically altered foods. \$758 million being spent on Congressional lobbying by Big Pharma in 2007 makes it difficult to have it any other way. The plan is to eradicate organic standards by implementing bills that will ultimately lead to full control over food growers and eventually medicine if more awareness and non-compliance to Codex is not achieved. (5)

Currently, there are now more than 200 major pharmaceutical companies, jointly said to be more profitable than almost any other industry on the planet and employing more political lobbyists than any other industry. Pfizer alone, has 5,000 people in its sales force. Pharmaceutical companies dramatically overprice life-saving drugs and justify doing so by citing research and development costs. (6)

Remember in late 2007, when Robert Jarvik was featured in endlessly re-run ads for Pfizer’s blockbuster cholesterol drug Lipitor? Known as the inventor of the Jarvik artificial heart, he is not a cardiologist, not a licensed medical doctor, and not authorized to prescribe pharmaceuticals. He’s shown in the ads engaged in vigorous rowing

activity, when in fact he doesn’t row. Pfizer pulled the ads in February of 2008 after controversy started brewing. (7)

For the first time ever, in 2006, global spending on prescription drugs topped \$600 billion, even as growth in sales slowed somewhat in Europe and North America. The United States accounts for almost half of the global pharmaceutical market, with \$289 billion in annual sales followed by the EU and Japan. Emerging markets such as China, Russia, South Korea, and Mexico outpaced that market, growing a huge 81 percent margin. (8)

Military and Prescription Drugs by Force
Amphetamines found their way into the mainstream of the armed forces during WWII. The uses varied from “go” pills to keeping pilots alert and steady at the controls, to the “no-go” pills from fighters unable to sleep. And it didn’t matter what side of the firing lines you were on, as world governments caught wind of this trend and used it effectively to their advantage. Psychosis, paranoia, addiction, and insomnia were the side-effects traded in for the use of this drug in wartime.

In the US, where nearly 40% of the troops that return from war show signs of post-traumatic stress syndrome, the Psychological Kevlar Act was passed, allowing the government to distribute yet another drug designed to pre-empt those nasty ailments acting as a psychological heat-shield against PTSD. Various drugs have since been administered, and with the help of a well-funded defense-research fund, each passing war carries with it new treatments supported by the pharmaceutical companies lucky enough to be awarded top dollar to develop top drugs. The US Army’s Future Combat Systems is in charge of military modernization, and with budget in excess of \$160 billion, of which a good chunk goes toward the development of new drugs for future battles, the types of drugs administered to the armed forces have little to do with helping veterans be productive, healthy citizens, when they return from the trenches. (9)

MORE STATISTICS AND POLITICAL IMPLICATIONS

In 2007, the Center for Public Integrity released a new report finding the pharmaceutical lobby flooded Washington with \$155 million from January 2005 to June 2006, employing 1,100 lobbyists. Much of this fund was spent lobbying on a variety of issues ranging from protecting lucrative drug patents to keeping lower-priced Canadian drugs from being imported to the United States. In all, PhRMA has spent \$140 million on pharmaceutical lobbying since 1998. PhRMA members include 16 of the industry’s 20 largest companies and use

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their resources as a tool to control acts of congress. (10)

RxHub, an electronic medical prescription company, paid \$1.3 million for the services of Schmitz and three associates. During a two-year period, they lobbied for RxHub on only one listed bill: the recently passed Medicare Prescription Drug bill, which got help from Bush in 2003 when he announced support of a proposal to make records and prescription available electronically. This is yet another blatant example of drug company influence in congress that also sent a strong message to the informed consumer. (11)

The healthcare industry has spent 2.4 billion dollars (from 1998 to 2006) in lobbying reform, 2nd only to the real estate sector in total spending. More specifically, pharmaceutical expenditures during this period have spent in excess of \$140 million to congress, \$20 million of which was filtered to the 2008 elections (51% went to Democrats), tops in the healthcare industry. (12)

FDA bureaucrats, top Big Pharma CEOs, certain physicians and their teams of lawyers, have focused their attention on lobbying for the implementation of statin drugs. Statin drugs are "preventative" medicines that have proven unsuccessful in 80% of the people that would take them, but unchecked, could one day be imposed, even by law, on people who would rather choose alternative medical choices.

THE PHARMACEUTICAL INDUSTRY'S CONSPICUOUS DECEIT

The next time you watch television or read a magazine, pay special attention to pharmaceutical advertisements. Notice their promotional hooks and be grateful that you, unlike most consumers, are no longer susceptible to their influence. That's what knowledge, unlike naiveté, brings you. While the drug industry does tend to care for major problems in their policy, they leave a slew of minute details to go unchecked. When these details add up, as they have over the past 20 years, it becomes a major struggle to overcome.

While the FDA encourages DTC advertisements that contain accurate information, the agency also has the job of making sure that consumers are not misled or deceived by advertisements that violate the law. \$146.5 billion had been expended on drug control from 1995-2005 (46% of which went toward managing the consequences of drug abuse rather than for trying to control the phenomenon). Though a big portion went toward therapy for drug users, there is a fundamental problem when big pharma money is not being spent on the root of the problems they create. There is so much information, perhaps the best thing that money could buy, would be for honest summaries of available drugs and education for the public purchasing them for their ailments. The prices in America for prescription drugs are the highest in the world, so make sure you can afford them, and let's hope you didn't take Tamiflu if you developed a cold this year.

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PEOs, Oxygenation, and Cancer Prevention: A New Solution You Need to Know...

By Brian Scott Peskin, BSc.

Based on the book
The Hidden Story of Cancer

Tragically, even with enormous budgets, brilliant minds, and an earnest desire to end the cancer plague, little of significance has been accomplished in the last 30 years to reduce cancer's spread. Today, 53% of women and 70% of men in America will contract cancer in his or her lifetime, despite the plethora of lifestyle and nutritional changes that have been advocated by cancer specialists and diligently followed by the public. Could the cancer research community be looking in the wrong place?

New Hope, It's Not Genetic

Most people believe cancers are caused by the activation of oncogenes—genes that predispose the individual toward cancer. Wrong! MIT just reported in 2009, the former head of the Human Genome Project, Dr. Francis Collins, MD, PhD, stating, “[T]he **easier it gets to sequence a genome, the harder it becomes to make sense of the complexity the sequences reveal.** The Human Genome Project was perhaps a **simple undertaking compared to what we face next.**”¹ Translation: The researchers have no idea whatsoever about how to use the gene sequencing to prevent cancer. In 2008, *Scientific American* published how cancer researchers were all led astray by renowned geneticist Lawrence A. Loeb's *claims of cancer's 10,000 – 100,000 mutations per cell.* The TRUTH was that there were *only 65 – 475 mutations* — next to nothing — not enough to cause cancer!² Cancer has no genetic basis and that is why “more research” leads nowhere except to raise more money to continually finance the wrong path.

Dr. Robert A. Weinberg of Massachusetts Institute of Technology (MIT), the discoverer of the so-called oncogene (cancer-causing gene), reversed himself almost ten years ago. “Something was very wrong. The notion that a cancer developed through the successive activation of a series of **oncogenes had lost its link to reality.**”³ Dr. Weinberg has changed his focus from genetics to inflammation and published this in 2007, yet few of us saw it.⁴

We should have known better, because over 35 years ago, Professor Henry Harris and co-workers took normal tissue cells and fused three types of cancer cells to them. It was thought that the cancer cells would take over the normal cells and “convert” them into cancer. Surprisingly, they grew normally, **showing cancer is genetically recessive, not dominant.**⁵

In 2005, the heads of the world's largest cancer research center in Houston, Texas, announced cancer's prime cause isn't genetic, yet few of us heard this. Dr. John Mendelsohn, president of the M.D. Anderson Cancer Center, stated: “Any claims that this [genetic research] is going to be the key to curing cancer are not appropriate.”⁶ The great news we can take from this incredible announcement is that even if cancer apparently “runs in your family,” there is real hope, since it has nothing to do with genes.

Popular Fish Oil or Omega-3 and All Other Anti-Cancer Recommendations “Called into Question”

Many people diligently follow the experts' recommendations, hoping to beat cancer. The inability of the medical and dietary professions to curb the rising level of cancer over the last sixty years bears exploring. It is wrong that fish oil is an anti-cancer answer, and was called into question in 2000.⁷ It is also wrong that omega-3, alone, prevents cancer, and was called into question in 2006.^{8,9} Forget fruits and vegetables,¹⁰ soy,^{11,12} or fiber.^{13,14} Forget low-fat, too.¹⁵ None of these work or are the “anti-cancer answer” everyone has been looking for.

Are there recommendations that have withstood the test of time? The answer is an emphatic: YES.

Dr. Otto Warburg's Amazing Anti-Cancer Discovery

Otto Warburg, MD, PhD, has been referred to as the greatest biochemist of the 20th century; the sheer number and magnitude of his discoveries qualify him as the most accomplished biochemist of all time. Despite this, much of his seminal work on cancer has been overlooked, although no scientist or researcher has *ever disproved the validity, correctness, or applicability* of Warburg's important discoveries as they relate to the prevention and cure of cancer. In other words, his scientific findings have never been challenged.

The Prime Cause of Cancer

Otto Warburg, MD, PhD discovered, then clearly and simply stated, that the *prime* cause of cancer is *oxygen deprivation at the cellular level*, which he stated at a 1966 conference of Nobel laureates in Lindau, Germany, and that once a cell turns cancerous, it can't ever become normal again.¹⁶ The fact that this transformation is *irreversible* was recently proven in 2008 in brilliant work supported by The National Cancer Institute.¹⁷

It is that simple. Just one-third less cellular oxygen than normal and you contract cancer. Based on meticulous experiments verified numerous times, the *prime* cause of cancer is sustaining a 35% inhibition of cellular respiration.¹⁶

You won't feel the decreased cellular oxygenation, and you won't know it is happening. If cellular oxygen can be kept above this deprivation threshold, cancer cells will not be able to form.

WARNING:

Exercising won't solve the problem. More exercise doesn't increase transfer of oxygen through the cell membrane. That's why elite athletes still develop cancer.

Dr. Warburg's discovery has been verified over and over again, regarding how normal cells turn cancerous and in showing that *cancer doesn't develop in highly oxygenated areas.* Two American physicians conclusively proved this in 1953¹⁸ and two more investigators confirmed this incredible finding in 1955.¹⁹ Prevention is the ultimate solution to conquering cancer.

Why The Oxygen Deficiency? — Food Processors Ruin PEOs

How can we become oxygen deficient at the cellular level? Simple: adulterated fats and oils from the food processing industry, in your supermarket's cooking oil section, get incorporated into your cells and don't work. These adulterated oils have very long shelf-life and have lost their oxygenation ability. They started out containing the functional, oxygen-transferring PEOs (**P**arent **E**ssential **O**ils), and they were ruined in the processing, and don't work. We are giving ourselves cancer by eating common, everyday, processed foods. Transfats are only the “tip of the iceberg” used by food processors to obtain long shelf-life.

PEOs = Fully Functional EFAs

The body *requires* special fats, which, among other important functions,

PEOs, Oxygenation, and Cancer Prevention

make it possible for sufficient oxygen to reach the cells via the 100 trillion cell membranes each of us are made up of. These special fats are highly oxygen-absorbing entities called *essential fatty acids*, or EFAs, and must be consumed from food every day, because your body can't manufacture them on its own. There are two "parent" forms of PEOs (functional EFAs) that allow your body to make whatever it needs from them, i.e., EFA "derivatives." Supplemental EFA-derivatives like EPA and DHA, commonly found in fish oil, are *not required*, because the body makes them *as needed*. Parent omega-6 is termed *linoleic acid* (LA), and parent omega-3 is termed *alpha-linolenic acid* (ALA).

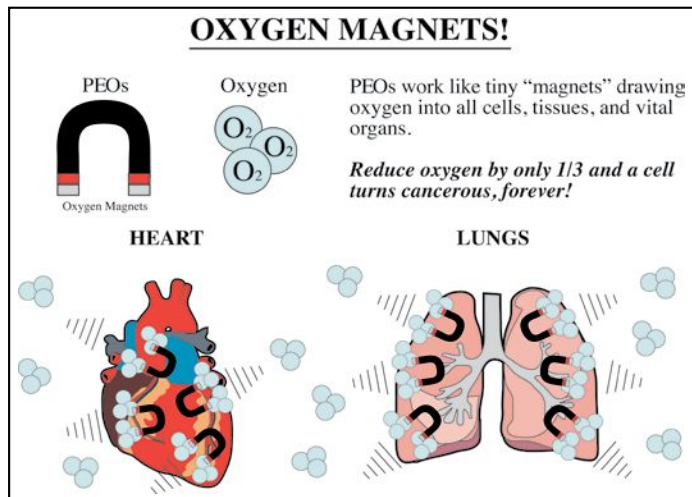
Natural oils in prepared foods turn rancid over time. Likewise, so do oils used in both restaurant and commercial deep fryers. Food processors, for economic reasons, must stop the oxidation of unsaturated fats that result in spoiled food. They use only two methods: remove the oil or convert the unsaturated fats into entities such as *trans* fats and interesterified fats.

WARNING:
Food processors requirement for a longer shelf life is the prime cause of the unstoppable cancer epidemic.

As long as food processors continue to find creative, yet dangerous ways to reduce oxidation of PEOs, consumers should be terrified. Sadly, widespread commercial use of preservatives and other de-oxygenating additives have become the norm. The solution to avoiding cancer is to incorporate lots of *unadulterated* oils in our diets by way of a dietary supplement to help compensate for these ruined oils.

Parent Omega-6 Increases Oxygen Transfer Like "Oxygen Magnets"

In 1976, Dr. Campbell and his research team found that the unadulterated, fully-functional PEO, *parent omega-6*, the oil the nutritional "experts" and many physicians incorrectly tell us to stay away from, affect the permeability of cell



Ratio of Tissue Composition			
Tissue	Percentage of Total Body Weight	Parent Omega 6	Parent Omega 3
Brain/Nervous System	3	1	1
Skin	4	1000	1
Organs and Other Tissues	9	4	1
Adipose Tissue (bodyfat)	15-35	22	1
Muscles	50	6.5	1

* Spector AA. Plasma free fatty acid and lipoproteins as sources of polyunsaturated fatty acid for the brain. *J Mol Neurosci* 2001;16:159-65; discussion 215-221. Chapkin RS, Ziboh VA, Marcelo CL, Voorhees JJ. Metabolism of essential fatty acids by human epidermal enzyme preparations: evidence of chain elongation. *J Lipid Res* 1986;27:945-954; Agneta Anderson, et. al., *American Journal of Endocrinological Metabolism*, 279: E744-E751.

membranes to molecular oxygen by **increasing cellular oxygenation by up to 50%; helping you remain cancer-free.**²⁰ They concluded that interference with the movement of oxygen can occur, at any cell membrane, in any tissue.

WARNING:
Regardless of where the specific cancer occurs, the cause is the same.

Is there more confirmation of PEO's oxygenating ability? Yes. For example, *Harper's Illustrated Biochemistry*, pp. 93, 191, 418;²¹ *Principles of Biomedical Chemistry*, 1998, p. 226;²² and Sinclair,^{23,24} to name a few—all confirm PEO's huge oxygenating ability.

What are the Tissue Parent Omega-6/-3 Ratios?

The chart below presents parent omega-6/-3 ratios of major organs along with their respective weights:

You can see how much more, unadulterated, fully functional, parent omega-6 is needed by the tissues than parent omega-3. Tragically, most nutritionists and physicians around the world are giving their patients wrong, harmful advice about EFA supplementation; overdosing you with far too much omega-3. We are told that we require lots of omega-3 derivatives, such as EPA and DHA. This, too, is wrong; **less than 5% of the PEOs are converted into derivatives**²⁵ and the truth was published in 2005,²⁶ and confirmed in 2008, if anyone would care to look.²⁷ Your body makes all the derivatives it requires from the parent PEOs.

WARNING:
Fish oils give you harmful OVERDOSES of DERIVATIVES, and flax oil ALONE overdoses you with parent omega-3.

Rethinking EFA Supplementation Ratios and Amounts

The current message to "eat more omega-3 or lots of fish" is overly simplistic. **My research strongly supports the use of an unprocessed, organic PEO supplement with a ratio of greater than 1:1, up to 2.5:1, with more parent omega-6 than parent omega-3.** With this ratio, suggested use is 725 mg per 40 lb. of body weight. For example, a 160-lb. person requires 3 grams on a daily basis. For complete details of how this specific ratio is calculated, please see the special medical report, "The Scientific Calculation of the Optimum Omega-6/3 Ratio," available at: www.BrianPeskin.com (click on "EFA Report").

How Well Does This Omega-6:3 Ratio Work?

For my original work on this subject, I encourage you to visit my web site and review the Peskin Protocol as implemented in both an animal experiment, and a dramatic case study with a 62-year-old-patient. You will find them at: <http://www.brianpeskin.com/studies-experiments.html>.

Brian Scott Peskin earned his Bachelor of Science degree in Electrical Engineering from Massachusetts Institute of Technology (MIT) in 1979. He founded the field of Life-Systems Engineering Science in 1995. Brian was appointed an adjunct professor at Texas Southern University in the Department of Pharmacy and Health Sciences for 1998-1999. He eventually started his own company, Maximum Efficiency Products, so he could publish his scientific findings and promote his unique nutritional supplements. Today he is an independent researcher, devoting the last five years to the cause and solution of cancer. This article is based on information in The Hidden Story of Cancer, written by Brian Peskin with clinical researcher Amid Habib, MD, FAAP, FACE. Physicians around the world utilize these discoveries. The book is available from Pinnacle Press, PO Box 56507, Houston, TX 77256, USA, or by phoning 1-800-456-9941 (toll-free in North America) or +1 (713) 979-0065 internationally. For more information, visit: www.BrianPeskin.com. Due to space limitations all references are available at <http://www.brianpeskin.com/published-papers.html>.

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Compiled by:
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The Right of Universal Healthcare

By Michael LeMieux

One of the primary distinctions between America and most every other country in the world is our belief in human rights. We hold a distinct position in our belief that all men are created equal with certain unalienable rights that were endowed to all men upon their birth.

So what is the meaning of “unalienable rights” as used in the Declaration of Independence? Unalienable means something that cannot be transferred or assigned (given to another). In this case, we are considered “endowed” as being part of us that cannot be separated. These rights are also known as natural rights. Rights derived from nature and not granted by any government.

It is also understood that rights come with responsibilities. We know that the right of freedom of speech comes with the responsibility to use that right without infringing upon others. We have all heard the saying that freedom of speech does not give you the right to yell fire in a crowded theater. Although this saying is partly correct, the truth is you absolutely DO have the right to say it, yet you also bear the responsibility for HOW you use it.

An expansion of the rights and responsibility position is that the responsibility is placed upon the person enjoying the right. In the above scenario, Jack could not be held accountable for Tom yelling fire in the theater. Every right is predicated upon the duty of the individual to use that right, unless and until it infringes on the right of another.

Each and every right has a direct bearing upon the operator of that right. The person bears the cost of enjoying that right as well as the benefit that it entails. For instance, we have the right to freedom of press. We can write and/or read anything we may wish to, yet we must purchase, borrow, or otherwise legally obtain that item. We have the right to freely move about the country any time we want and we do so by our own means.

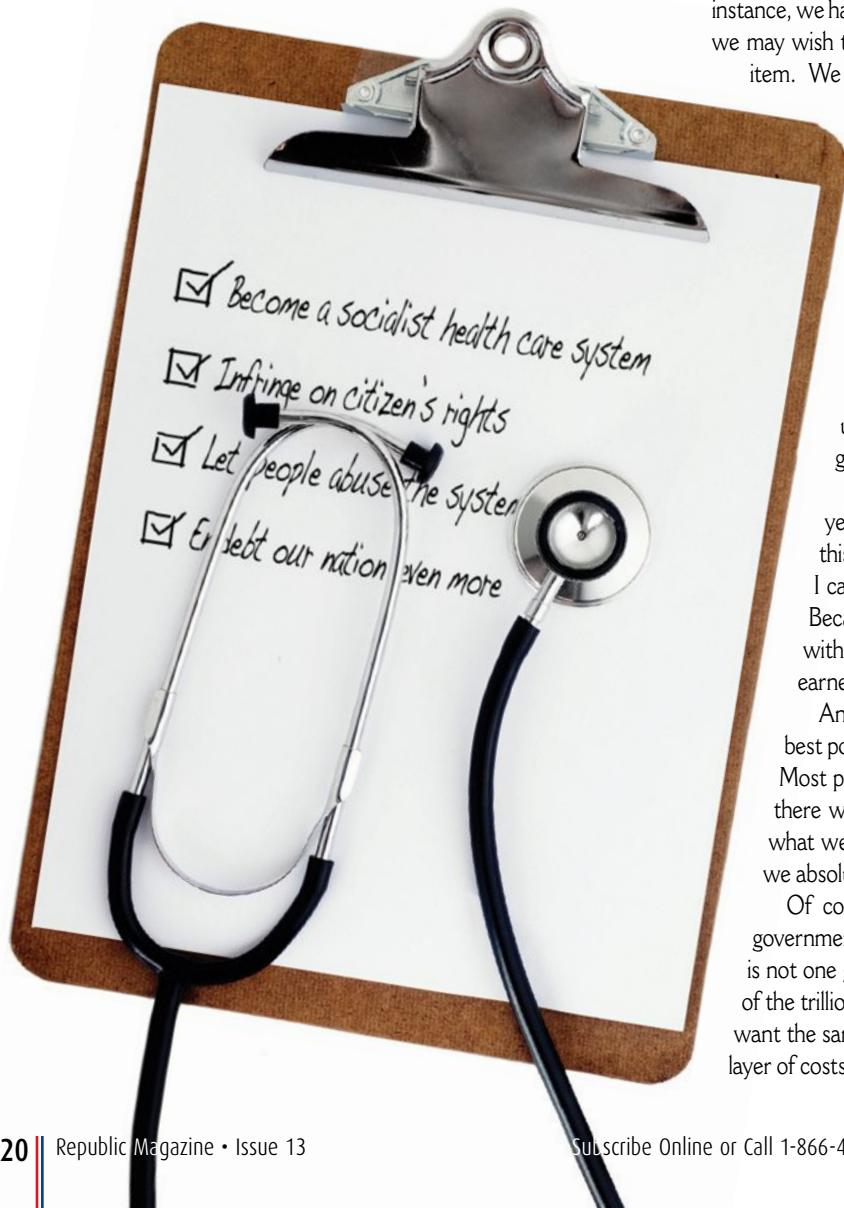
Should we as a citizenry, because we have the right to freedom of the press, demand that the government purchase our books for us? We have the right to keep and bear arms; should the government provide them to us? We have the right to travel freely about the country. Should the government also provide us a “free” means of transportation?

The answer in each and every one of these is a resounding NO. First of all, our rights do not come from the government, the government is only supposed to protect our rights from being unjustly taken from us. Anything the government provides, the government can take away and therefore it is not a right.

There are those who say that “universal health care” is a right, yet how can that be? I would agree that each and every person in this nation should have equal access to health services. And, just as I cannot afford a million dollar mansion, I purchase what I can afford. Because I cannot afford to eat steak and lobster every day, I make due with hamburger and lunch meat. I do not begrudge the person who has earned a living and can afford more, good for them.

And, because I cannot afford to fly to the Mayo clinic to receive the best possible health care, I go to my local doctor and get what I can afford. Most people forget that a mere fifty years ago, (less time in many places), there was no health insurance. We bought and paid for health care from what we earned and we paid as best we could. And, we went only when we absolutely had to.

Of course health care costs were much lower back then before the government got involved with regulating every aspect of our “care.” There is not one government agency in existence today that runs efficiently, in spite of the trillions of dollars the government takes from us each year. Do we really want the same government that has bankrupted the nation to also add another layer of costs to an already out of control industry?





I have heard from many liberal organizations, that they want the government out of the bedroom and their laws off their bodies. They state that people should be free to do with their bodies what they will and they do not want to have government interfere in what they see as their “right.”

I would have to say for the most part I agree with that logic. And using that logic, I can also say that even though I do not agree with a person’s lifestyle or choices, I believe they have the right to do as they will as long as it does not infringe upon the rights of another. That being said, a right also has its responsibilities. If a person wishes to engage in behavior that puts them at risk for contracting a deadly virus, dealing with pregnancy, overdosing, or any of the myriad of dangers that await us in life, they also must bear the cost. As Andrew Wilkow, Sirius Radio talk show host says quite often, “Your freedom to be you includes my freedom to be free from you.” It is the individual who is responsible for the decisions they make and the rest of society is not and should not be responsible for their care.

Remember, health care is not “free”, someone has to pay for it. That someone is me, my neighbor, Joe the plumber, and every other hard working American. The money we earn is our property and property ownership **is** a right. Why should I, and the rest of us, have to pay for others reckless behavior? This is an infringement on **OUR** rights.

The question then arises, if a person has a right to universal health care, then whose responsibility is it to pay for it? Remember, rights and responsibilities go hand in hand. And by establishing those that have a responsibility to pay for another’s right you establish a class system, which further divides our country.

We actually have a version of universal health care in existence today; it’s called the Veteran’s Association (VA) Medical System. This system takes care of the medical needs of the military veterans of our nation. I have used this system personally and have found that, for the most part, a person can get adequate medical care. Of course, you have long lead times, sometimes a month out, before you can get in to see someone, and most often, it will not be a doctor but a physician’s assistant. They are always crowded with waiting times to pick up prescriptions, of sometimes more than hour, and some visits as long as four hours total.

The VA, as with every other government agency today, is mired in red tape. Each and every action of the staff has a specified procedure that must be followed to ensure everything is done a certain way. There is no deviation from the prescribed list. When I was first seen at a VA hospital for injuries to my back I received in Afghanistan, the “list” required that I be seen by the Physical Therapy unit. I was given pain drugs and muscle relaxers. Next on the list was spinal injections and then the referral to the neurologists.

Then in the middle of my treatment, my job required that I move. I checked in to my new VA medical center to continue my care. The new doctor saw my chart, yet could not send me directly to the neurologist, oh no, I had to first be seen by the physical therapists, more pain pills, spinal injections, etc. This is what the list says must be done, even though I had already gone through the list at the last hospital; it had to be done by “their” staff.

A year later, I moved again to another VA hospital thousands of miles away. I checked in and through the modern miracle of computers my file was transferred and all was wonderful. Well, after another round of physical therapy, more drugs, spinals, etc. I was then able to see the neurologist who looked at my cat scans and pronounced that I had indeed ruptured two discs in my back and one in my neck. However, because the inter-spatial distance between the discs had not reduced to a specified dimension, they were not allowed to operate to fix the problem. He could tell I was in pain and asked if I wanted more drugs? I asked if the operation would make it so I was no longer

in pain and he assured me that in the majority of cases the procedure would remove or greatly diminish the pain I was feeling yet he was not allowed to operate because of the procedures the government places on them. It is their position that pain can be mitigated by the use of drugs until such time as the patient’s condition meets the requirements and that pain was not a factor, since that could be controlled by drugs.

This same mentality will be entrenched with any universal healthcare system our government would create. It is the nature of governments to document every minutia of what transpires and the cost to implement and maintain such a system will be astronomical.

Currently in our society, many people do not go to their doctor for common colds and sniffles. We go to the pharmacy and get our cold medicines, get plenty of rest, chicken soup, etc. However, if health care is “free”, then why would you spend your own money on cold drugs? Just go to the universal health care clinic and get it for free. Heck, every time someone stubs their toe, they will be at the clinic for their free health care, just get in line. But we won’t mind waiting, because it’s free and the staff won’t care how they treat you, after all, you’re not paying for it.

And those who do the right things, exercise, eat healthy, and take care of themselves, will have to pay for the burden of those who abuse themselves and the system. Where is the right of these people to not be unjustly burdened with paying for someone else’s abuse? Will the government then have to limit caloric intake of obese people? Will they have the police monitoring people to ensure they are not engaging in unsafe sexual acts or sharing needles that spread HIV? What rights do those paying for the “free” healthcare have to ensure their money is not being wasted?

If government takes over the health care industry, what recourse do the citizen’s have if something goes wrong? The government cannot be sued if it does not give its consent to be sued. Either we will end up with no recourse, if they block law suits, or the flood gates will open if lawsuits are allowed, because the government would have nearly unlimited funds for the ambulance chasers to go after.

As far as rights go, remember one thing, the government does not grant rights, it can only grant privileges and immunities. Universal Healthcare is a privilege, and as with Social Security, in time the public will accept it as a “right”. Once Universal Healthcare has begun, any politician would be committing political suicide to try and remove it, once it has been instituted. This would result in a permanent entitlement, like Social Security, that will increase the national debt to record levels, that will place future generations into debt servitude. As in the immortal words of President Ronald Reagan: “*a government bureau is the nearest thing to eternal life we’ll ever see on this earth.*”

Not only is Universal Healthcare not a right, it is also something we cannot afford as a nation. Every nation where Universal Healthcare has been implemented, it has been deemed a failure. Those that can afford to pay for private health care do so, or stream out of those nations to come to America, to receive the healthcare they desperately need. The long waiting lists for certain life saving procedures literally has people dying while waiting for their turn. So they come to the only vestige of real health care left in the civilized world, America. Let’s not screw it up.

Michael LeMieux is a retired U.S. Army intelligence and imagery analyst, and has served combat tours in Kuwait and Afghanistan with the 19th Special Forces. He is a Purple Heart recipient for injuries received in Afghanistan. Mr. LeMieux is the author of Unalienable Rights and the denial of the U.S. Constitution, published by Publish America and a regular writer for Republic Magazine. You can contact Mr. LeMieux via his website at: www.constitutiondenied.com.

Educate BEFORE YOU Vaccinate

My first child, Casi, was a victim of the vaccination program.

I thought I was being a good parent when I held her down while she was being vaccinated. I have learned that we are just as much a victim as our children. Today, one child in 67 is “labeled” autistic and there is a great deal of evidence showing that vaccines are the cause. I say labeled, because we believe this is what mainstream professionals want us to call these “vaccine injured” children. It implies that their condition is a **causeless, cureless, random** happening. Casi passed away on June 13, 1999 and I have dedicated the rest of my life to doing whatever is necessary to help these innocent victims from the autism epidemic! Everything we’ve been told about them is simply not true.

We are not searching for answers and we support the independent research that proves what we already know! No one knows our children better than we do and it’s time to be the voice for the voiceless angels! We do not have 40 or 50 years to find answers, because our children are in a race against time. This epidemic is due to an immune insult and it’s impossible to have a genetic epidemic!!

There is not any other procedure in medicine that is so boldly defended by parents, health departments, medical doctors and government. Credit has been given to vaccines for eradicating infectious diseases around the world. They are considered “**Our right of passage**” into adulthood. Vaccines are politically correct and parents who do not vaccinate have been labeled as irresponsible by society and are said to put others at risk.

If you are a parent and have chosen to vaccinate, we are not here to judge you. Perhaps this is your first exposure to the hidden truths about vaccines. We are not telling you what to do. You must make your own decision; you have the right as a citizen to decide what goes into your children’s bodies, as with your own.

We started using vaccines in the 40’s, but most people didn’t receive their first vaccines until the 50’s. At that time, we received the tetanus, small pox and polio vaccines. Congress passed the Immunizations Act in 1965, assisting the drug companies in mass vaccine programs. At that time, they recommended that all **5 to 6 year olds** be vaccinated

before going into school.

The amount of vaccines has increased from 3 vaccines in the 1950’s to 25 vaccines by 6 months, 36 vaccines by 18 months, and 43 vaccines by 4-6 years of age. The diseases injected include measles, mumps, rubella, hepatitis B, chicken pox, polio, H. influenza, hepatitis A, pneumococcal, diphtheria, pertussis, tetanus, rotavirus and the flu vaccine is being recommended beginning at 6 months old.

We are told that our children are not able to attend school without all the mandatory vaccines. There are exemptions for vaccines in almost every state, which allows our children to get into school. When exemptions **are** acknowledged by school or health personnel, they are often misrepresented. For example, when it’s said that religious objections must be associated only with certain specified religious groups. This is not only incorrect, but also unconstitutional. **God** created us with a perfect immune system! He gave us fever to burn a virus, vomiting and diarrhea to eliminate a virus, and we’ve allowed **man** to teach us to suppress the fever, suppress the vomiting and suppress the diarrhea. We then allow **man** to convince us to bypass God’s defense mechanisms and directly into the bloodstream, inject biological toxins to create immunity. We’re literally allowing man to play the role of God!

There are medical exemptions, which must be authorized by an MD, which is next to impossible to obtain. If you believe we are made perfect and vaccines tamper with that perfection, then you may obtain a religious exemption. There’s also a philosophical exemption, which is the easiest way to avoid vaccines, and it has passed in many states.

As the Federal Government makes vaccine mandates, each state has the option to except those recommendations. If your children have asthma, diabetes, seizure disorders, or any other chronic immune disease, all the literature from the pharmaceutical companies states that vaccines are contraindicated. Most doctors pay this little attention and continue to vaccinate. Under the Constitution, parents still have the final say as to what we put into our bodies and our children’s bodies. Every state, except Mississippi and West Virginia, has these exemptions

By April Renée

to vaccines, yet not many parents are aware of this.

Autism is an increasingly common developmental disability that typically appears in childhood, usually during the first three years of life. Frequently, a developmental pattern is described, depicting a period of normal development followed by either a sudden, or slow-but-steady, regression or loss of skills. Many practitioners diagnose autism from a neurological basis, based on a list of outward symptoms and characteristics. They admit that the cause or causes of autism are unknown. Tragically, the research and funding has been limited to the area of genetics, since the 1940's when the condition was described by Kanner.

Congressman Dan Burton was the Chairman of the Government Reform Committee and has been leading the fight, because two of his grandchildren were injured by vaccines. His grandson is "labeled" autistic and his granddaughter stopped breathing after the hepatitis B vaccine. He held hearings investigating the licensing, regulation and safety of childhood vaccines, the anthrax vaccine given to our servicemen and Gulf War Syndrome. He then went on to hold hearings on the autism epidemic, looking for the cause. What he discovered was not only shocking to him, but also criminal. He not only found that thimerosal (mercury) was removed from dog vaccines back in the 80's, but the pharmaceutical companies knew it was causing neurological problems and continued using it in our children's vaccines. He discovered that there **are 50 vaccines** being used with thimerosal levels that exceed the safety levels set by the EPA (Environmental Protection Agency).

We have learned that these multi-component vaccines, as well as the single vaccines that are often given together at one time and are injected into our baby's blood stream, contain many toxins. Vaccines contain ingredients such as antifreeze, phenol, formaldehyde, aluminum, glycerin, lead, cadmium, sulfates, yeast proteins, antibiotics, acetone (used in nail polish remover), neomycin and streptomycin. And the ingredient making the press is thimerosal (more toxic than mercury, a preservative still used in many vaccines, not easily eliminated, can cause severe neurological damage as well as other life threatening autoimmune diseases). These vaccines are grown and strained through animal or human tissue, like monkey and dog kidney tissue, chick embryo, calf serum, human diploid cells (the dissected

organs of aborted fetuses), pig blood, horse blood and rabbit brain.

The problem with animal cells is that during serial passage of the virus, the contaminating animal RNA and DNA can be transferred from one host to another. Undetected animal viruses and genetic material may slip past quality control testing procedures, as in 1955 through 1961 with SV40. This stands for simian virus #40, meaning the 40th monkey virus found. Congressional hearings were held in Washington DC on September 9, 2003 by the Subcommittee on Human Health and Wellness, U.S. Government Reform Committee, Chaired by Congressman Burton (R-IN). SV40 is associated with brain, bone and lung **tumors** found in children and adults today from vaccinations. New information released during testimony suggests live oral polio vaccine used until the late 90's may have been contaminated.

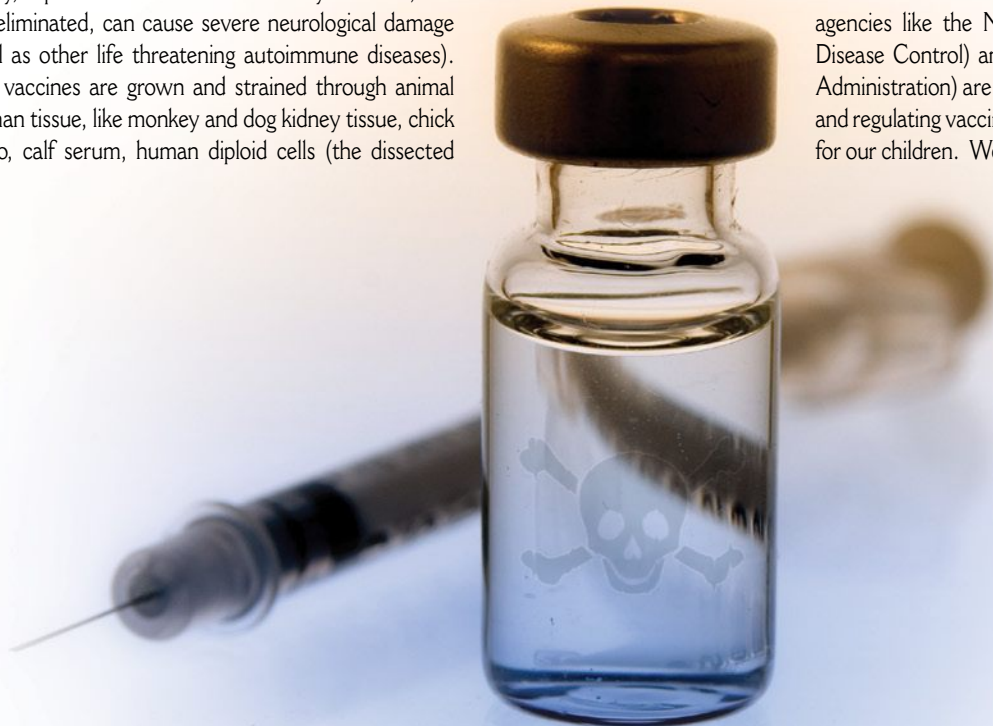
Hannah Polling, a vaccine damaged girl in Georgia, recently won a vaccine court case in which it was determined her mitochondrial disease was exacerbated by vaccination, resulting in autism like symptoms. You would think this would be enough proof for all vaccines to be halted, until further research.

These vaccines are still out there in the doctors offices today? Do you think that the FDA, the licensing board for vaccines, should have stock in and patients on vaccines being developed? Do you think having financial ties to the drug companies could possibly influence the decision making process?

Congressman Burton has uncovered **many** instances of federal government health agency officials taking money from or owning stock in pharmaceutical companies. Some even worked to develop the vaccines themselves, thus having a financial and an emotional investment in their adoption. These same people were sitting on government health agency review boards, making decisions concerning vaccines.

Why is the NIH (National Institutes of Health) concentrating all their autism funding on genetics and nothing on immunology research?

Part of the answer is that the Federal health agencies like the NIH; the CDC (Centers for Disease Control) and the FDA (Food and Drug Administration) are more interested in promoting and regulating vaccines, than to finding an answer for our children. We are wiping out a generation,



because the welfare of our children comes last and profits for a product like vaccines come first.

Parents are clueless about the Congressional Hearings, which are uncovering this information. The pharmaceutical companies are the biggest sponsors of our media and every other commercial is promoting a drug, so they control what we see on TV. The only information we hear is that vaccines are safe and effective, meanwhile there is no science proving this!

There are currently 200 new vaccines in the pipeline and many will be mandated. No long-term studies have been, or will be, performed on these vaccines, yet we are required to inject, sometimes **nine** diseases at a time, into our babies' underdeveloped immune systems. Parents know their children better than anyone, and we, along with independent researchers are producing the science while they are producing smoke-screens of opinions rather than solid science. **One thing we have realized is that this is a serious conflict of interest!!!**

Evidence that autism is an autoimmune disease is extremely strong. Autoimmunity is when the body is not able to distinguish self from non-self and attacks. I stopped vaccinating my daughter when she was 2 years old and she passed away 10 days after her 4th birthday. These animal viruses and toxins can lay dormant in the body. Casi had mononucleosis the last month of her life, which weakened her immune system to allow the toxic overload. In her case it happened 2 years after I stopped her vaccines, and this can happen 10, 20, 30 or 50 years later.

We all know someone with an autoimmune "label" the pharmaceutical companies keep coming up with such as: cancer, chronic fatigue syndrome, fibromyalgia, depression, schizophrenia, anxiety disorder, seizures, developmental delays, autism, ADD/ADHD, lupus, multiple sclerosis, alzheimer's, parkinson's, crohn's disease, OCD, arthritis, diabetes, ALS, IBS, Bi-Polar, lyme's disease, thyroiditis and many, many more! We are led to believe that all these vaccine contaminants can be injected into immature immune systems, with no negative effects.

The pharmaceutical companies have drugs and treatments for all these "labels" and sickness makes a lot of money. They fund the medical schools that teach the medical students, so most of the doctors are just misinformed. I did my own clinical study, because my son was 2 years old when Casi passed

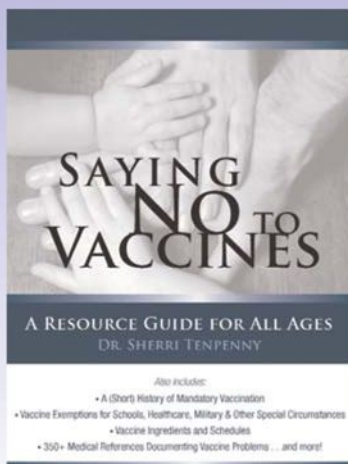
away. I saw a fully vaccinated, man-made immune system compared to a fully unvaccinated God-made immune system. There was no comparison, because they both would get sick and he would run a 10-minute fever to kill the same virus that she would take 3 days to a week to kill!

This biggest question is: "Did vaccines eradicate diseases?" Diseases were on their way out and epidemics have their own lifespan. According to the World Health Statistics Annual 1973 - 1976, Volume 2, there has been a steady decline of infectious diseases in most developing countries regardless of the percentage of vaccines administered. Researchers pointed out that infectious diseases disappeared as the result of sanitation, improved public water supplies and personal hygiene, and better distribution and increased consumption of fresh fruits and vegetables. From 1850 to 1940, diseases had declined 90% and were at an all-time low, just when vaccines started to be introduced. In addition, diseases for which there was never a vaccine also declined dramatically. In countries without widespread use of vaccines and in diseases for which there is no vaccine, there was also a general decline. Imagine living in early America on farms, growing your own crops, no refrigeration, no toilets, no clean water to drink or wash with, living with animals and their waste, and improper food storage with problems with rats and other rodents.

We want parents to realize you DO have options and you DO have the right to make an informed choice. The solution to this problem is addressing the cause and not the symptom. There is no money in a cure for autism, yet lots of money in treatment. We do not want to create a new industry; we want to address the cause and stop the insanity! I wish someone would have shared this information with me before I chose to blindly hold my daughter down and allow her to be injected. Since Casi's passing, life has not been nor ever will be the same. I thank GOD for giving me the strength to survive and speak the truth. Please do not become a victim and please learn from our mistake, "Educate **BEFORE** you Vaccinate"!!!

April Renée is the keynote speaker for VIC (Vaccine Injury Coalition) and former president of TAAP (The Autism Autoimmunity Project). Please contact her if you are interested in scheduling a FREE presentation in your area, which includes over 20 years of research. For more information visit: www.vacinfo.org or call: 800-939-8227.

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“Never does nature
say one thing and
wisdom another.”

—Decimus Juniaus Juvenal, Satires

The safety of home birth, which is something I have always believed on an intuitive level, is explainable through statistical data. I have been looking for years for some way to explain that special edge, which home birth mothers have over their hospital birth counterparts.

The answer came one Sunday afternoon, while I was watching a football game on television. The commentator said that the home team will win because they have the “Home Court Advantage”.

I had heard this expression many times and all of a sudden I said, “that’s right! **Home birth has the home court advantage!**”

The expression “home birth advantage” puts into words something I have struggled for years to explain about my home birth practice. Through 35 years and 15,000 home deliveries, one of the most recurring questions asked of me continues to be, “What makes home birth safe?”

I don’t think the poor hospital statistics mean that we have incompetent doctors and nurses in our hospitals. In fact, we have some of the finest doctors in the world. However, our doctors and nurses working in the hospitals lose one very strong advantage — the home court advantage.

Can Hospitals be Made Safe for Birth?

Could the hospital be changed and somehow become as safe as home for laboring women? The answer is “No.” There is something about just walking into a hospital that changes the dynamics of labor. The length of labor is significantly increased in the hospital. If you put any woman in the hospital, her labor will slow down or stop because her hormonal balance changes. Her energies have to go into dealing with her strange surroundings, not into the birth itself.

When the mother has been in labor for a “reasonable” amount of time at the hospital without delivering, the doctors believe they must now “actively manage” the labor. They do not realize that the hospital setting is the cause of this problem. They will not believe that this wouldn’t have happened at home.

Many “routine interventions” such as drugs, intravenous fluids, electronic monitoring and forceps occur during the hours of labor that wouldn’t have existed at home. Hospitals that allow you to labor naturally for the first ten hours, won’t allow you to labor naturally for the next ten hours. At home, these next ten are spent getting to know the already delivered baby, not trying to push the baby out. In other words, the hospital environment creates many of the problems of labor and then obstetricians have to try to solve them.

Home births occur before the miserable second half of hospital labor has a chance to start. Home births occur before problems happen. If women knew that most of them could have half as much labor and no complications, they would all be choosing home birth!

Prior to this century, birth always took place in the comfort of home with close friends and family surrounding the mother. Giving birth requires privacy and intimacy. Birth is a very sexual and personal experience. A warm, intimate, and supportive environment allows us to function as we were intended.

Home Birth - VS - Hospital

By Dr. Mayer Eisenstein

Is Home Birth Scientifically Sound?

Modern technology is being applied inappropriately during most hospital births, producing disastrously long labors, birth accidents and poor bonding opportunities for mothers and babies. This is unacceptable.

Another frequently asked question regarding the safety of home birth is: "What does the medical establishment think of having babies at home?"

I can only answer that question by citing the scientific literature of the medical establishment. Traditional establishment medical journals reinforce, over and over again, the safety of physician attended home birth. It is the obstetricians who are not following the recommendations of their own professional journals.

In the scientific literature, one learns that for the low-risk pregnant woman, there is no need for electronic fetal monitors, IV fluids, ultrasound, episiotomies or the traditional position for hospital labor and delivery, namely, the woman flat on her back in bed. Over 90% of all pregnant women are low risk and they are all being treated as high-risk by modern obstetricians.

The most important point I can make is that consumers can verify my findings for themselves in medical literature. I would like to let couples know that they can and should research the safety of various tests and explore birthing options for themselves in current obstetrical literature.

Home Birth & Emergency Situations

This brings me back to the **Home Court Advantage**. I recently heard an interview with an obstetrician on staff at a teaching hospital who stated that almost every day, at the hospital, there is a birth that starts out absolutely normal, then something goes awry. This was his reason why birth has to be in the hospital. Home birth physicians believe just the opposite. Virtually every birth starts out normal and we do everything we can to keep it that way. The over 100 pieces of emergency medical equipment (i.e. I.V. fluids, resuscitation equipment, plasma expanders, drugs and medication, etc.), which are brought to the home, by the home birth physician, enable the home birth physician to respond to medical needs of labor. Should an emergency arise with the laboring woman, i.e. the need for blood replacement (in 35 years and over 15,000 births, we have administered blood approximately four times), or emergency cesarean section (less than 10 emergency cesareans in 35 years. The sophisticated transport and communication systems available today virtually equal the speed with which the same arrangements could be made in a hospital. Remember, the hospital cannot perform surgery in the labor room. The American College of Obstetrics and Gynecology finds it within the accepted standard of medical care to perform the cesarean section within one hour after the decision is made. Also, blood is not available in the labor and/or delivery room, and the woman must be typed and cross matched again - which virtually equals the time required to transfer the laboring woman and receive the blood replacement.

Women Can Enjoy Giving Birth

Women laboring at home actually enjoy giving birth. The mothers are surrounded by familiar sights, smells, foods, and most importantly by people who care about them. No one has to worry about which unfamiliar people will be walking in or what they will be doing which might alter the progress of labor. Often, after the baby is born, the parents are already talking about having another baby. How often is this heard after a hospital birth?

Modern childbirth classes teach the husband to fight for his wife and baby's best interests during delivery. The husband is always placed in a dilemma at hospital birth. How can he possibly know how to fight against an entire medical staff making recommendations for fetal monitors, drugs, or even cesarean sections? One of the nicest things about home as a birth setting is that husbands don't have to take a defensive position. They don't have to

fight to have basic sound scientific technique applied to their wife's labor and delivery. At home, everyone's energy can go into the birth, not into a fight about the principles of safe birth.

A grandfather, who was attending one of my Sunday night home birth seminars, expressed it better than I ever could. He was there with his two daughters, both of them pregnant. One of his daughters had had a child at home previously and now both daughters were scheduled for home births.

Their father got up and said, "I love what Homefirst® Health Services is doing. I believe that the emotional wellness of home birth that you talk about is the same as love. It is the outpouring of the love your doctors and nurses have for their patients that makes a difference. That love causes the "release of medicines" in the laboring women, that science hasn't even found yet — medicines that make things go well at home. We have to look to "new," yet really ancient, birthing techniques in our country to return America to being a safe birthing place. It is time to take a look at doctors like myself, and those in my practice — home birth physicians — and our implementation of scientific techniques. It is time to reexamine our own culture's birthing history.

Chicago is rich in physician home birth history. The physicians from The Chicago Maternity Center served the city from 1895 through 1972, delivering over 100,000 babies at home, with a safety record unsurpassed in America. It's time to examine the techniques of countries which have excellent safety records for delivery of infants and the health of mothers and babies. Interestingly enough, countries at the top of the list are those with a large home birth component.

Who Has Home Births These Days

In the 21st century, an interesting aspect of the home birth trend is that middle and upper class families are opting for home birth. Well-read and well-educated families are looking into our "new" idea of home birth, because they are discovering that it is safer. They are disturbed by what modern obstetrics has been doing to women and babies and are learning about alternatives for themselves. Anyone who does some investigating of his/her own does not want to be a part of the alarming statistics related to hospital birth.

Most home birth parents are college graduates. Many of the mothers are nurses and many of the fathers are employed in high tech positions. They are people who understand the importance and safety of the natural birth process. They realize that giving birth is hard work, best performed in accordance with the laws of nature. They believe that for this reason alone, birth must happen at home. If it was simply a mechanical process, then the hospital would be a good enough alternative location.

Homebirth Safety References

- Kenneth C. Johnson, senior epidemiologist, Betty-Anne Davis, project manager *BMJ* 2005;330:1416 (18 June), doi:10.1136/bmj.330.7505.1416. Outcomes of planned home births with certified professional midwives: large prospective study in North America.

Planned home birth for low risk women in North America, using certified professional midwives, was associated with lower rates of medical intervention, yet similar intra-partum and neonatal mortality to that of low risk hospital births in the United States.

- Beverley Lawrence Beech, *AIMS Journal*, Autumn 2003, Volume 15, Number 3, "Choice in Maternity Services, the Ninth Report of Session 2002-03, Volume 1, House of Commons Health Committee".

Having quoted the research showing that home birth is as safe as hospital birth, and results in less intervention and less morbidity for mothers and babies, the Committee went on to say: "We support the Secretary of

State's policy goal of making home birth more widely available, but are disappointed that nothing has been done directly by the Department to achieve this over the two years since this statement." The report quotes AIMS' evidence of the tactics used towards the end of pregnancy to 'persuade' women to go into the hospital and commented that: "We regard this treatment of women, particularly at such an important stage of their pregnancy, as wholly unacceptable." The Committee then recommended: "If trusts have staff shortages, they should call on the services of agency staff and independent midwives, so that women in the hospital and at home do not have to face the prospect of not being properly supported in labor." And further stated: "Rather than perceiving home births as a potential drain on scarce resources, we see them as a gateway to promoting normal birth and a spur towards midwife recruitment and retention. We endorse AIMS' recommendation that all trainee midwives should be obliged to attend a minimum of three home births as an essential part of their training."

• Howe, Dr. KA. **Med J Aust** 1988;149(6):296-302, "Home Births in South-West Australia"

Howe's study confirms the established concept that obstetrical intervention takes place far less in the home than in the hospital. As far back as 1933, in a major study entitled "Maternal Mortality in New York City, the New York Academy of Medicine Committee of Public Health under the direction of Ransom S. Hooker, M.D., came to the following conclusion: "There can be little doubt that the ready facilities of a hospital tend to casual operative interference, while conditions at home preclude operation unless there are urgent indications... The great increase in hospitalization of the normal parturient has failed to bring the hoped for reduction in puerperal morbidity and mortality... It would seem that the present attitude toward home confinement requires reexamination, and a program looking toward an increase in the practice of domiciliary [home] obstetrics deserves careful investigation." Almost 70 years later, the same conclusions seem to be true.

• Tew, Marjorie, "Do Obstetrical Intra-natal Interventions Make Birth Safe?," British Journal of Obstetrics and Gynecology, July, 1986.

Tew's study shows that the PMR for high risk at home (15.5) was slightly lower than the PMR for low risk in the hospital (17.9), which means it was safer to deliver a high risk baby at home, than a low risk baby in the hospital. When you look at the overall PMR, it is 500% more dangerous to deliver in the hospital. Why would anyone have their baby in the hospital after reading this study?

In 1992, the British House of Commons Select Committee on Maternity Services (Winterton Report) concluded: "**There is no convincing or compelling evidence, that hospitals give a better guarantee of the safety of the majority of mother and babies.** It is possible that the contrary may be the case." A British Medical Journal, editorial, which reviewed four scientific papers (listed below) reporting on the safety, professional support and the patient satisfaction with home birth, came to the same conclusion regarding the safety of home birth.

Davies J, Hey E, Reid W, Young G. "Prospective regional study of planned home birth." British Medical Journal, 1996;313: 1302-5.

"Education and debate. Should there be a trial of home versus hospital delivery in the United Kingdom." British Medical Journal, 1996;312:753-7.

Wieggers T A, Keirse M J N C, van der Zee J, Berghs G A H. "Outcome of planned home and planned hospital births in low risk pregnancies in the Netherlands." British Medical Journal, 1996;313:1309-13.

"The Northern Region's Perinatal Mortality Survey Coordinating Group. Perinatal loss in planned and unplanned home birth." British Medical Journal, 1996;313: 1306-9.

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You're going to be shocked at what the "silenced side" of scientific research reveals about aspartame. Or, maybe you'll just be shocked that there IS a silenced side exposing the truth about aspartame dangers.

The harmful effects of aspartame are now more widely known than ever before, and you can be certain that the risks of using aspartame are very well documented. Aspartame penetrates the blood-brain barrier, hence entering the brain and creating neurotoxic havoc at the brain center. And don't forget that aspartame IS a "drug" and is not a food, nor is it natural in any way.

All consumers should be aware that aspartame is currently being studied by reputable research scientists from around the world, and that this research shows aspartame is responsible for multiple forms of cancer, including lymphoma and leukemia, memory loss and confusion, nerve disorders, and biological effects on gene expressions.

The corporations who stand to profit the most have exercised their power over the truth and information about aspartame dangers for over three decades. Their claims of product safety and non-culpable research have been used over the past twenty-five years to market NutraSweet®/Equal®/Canderel® as perfectly safe products. Yet, this portrayal of aspartame safety is not accurate, and for more than 30 years, the corporations have known that aspartame is harmful to human health, and the FDA knew this as early as 1971.

The Silenced Side

Currently, these corporate claims of safety *are* being publicly challenged through new research, yet their research results are nothing new. Once steered away from the public eye, laboratory studies performed as early as the 1970s¹ had proven that aspartame was a serious health threat - studies performed long before aspartame was placed into the public food supply in 1982.

Neuroscientist and researcher, Dr. John Olney, discovered in his 1970s research studies, that oral intake of the aspartic acid in aspartame caused holes in the brains of his laboratory mice. He informed G.D. Searle, the creators of aspartame, and the FDA about his concerns; yet, aspartame made it to the market, and *it is still on the market today*.

Maybe now, aspartame's status of safety will "expire", and consumers can prevent further harm to their health and to the health of their children because the truth, after all these years, is finally coming out.

So, put on your lab coats, and let's look at the most recent studies proving aspartame is a hazard to *your* health....

The Soffritti Aspartame Studies.

European researchers have the United States' scientists beat hands-down when it comes to respectable research on the dangers of chemical sweeteners. Today, we must look across the pond for the most progressive and highly respected academic research on aspartame's dangers to human health. Dr. Morando Soffritti of the Cesare Maltoni Cancer Research Center, European Ramazzini Foundation of Oncology and Environmental Sciences, has performed such esteemed work. The Soffritti Studies demonstrate the most recent reputable research of the multi-potential carcinogenic effects of aspartame administered in feed to Sprague-Dawley rats. Dr. Soffritti has proven aspartame is a carcinogen in two separate studies.

The results of the mega-experiments indicate aspartame is a multi-potential carcinogenic agent, even at a daily dose of 20 mg/kg b.w. (milligrams per kilograms per body weight), much less than the current ADI (Average Daily Intake) for humans of 40 mg/kg b.w. (Europe) or 50 mg/kg b.w. (United States). On the basis of these research results, the Italian research team has recommended a re-evaluation of the present guidelines on the use and consumption of aspartame as "urgent and cannot be delayed."²

According to Dr. Soffritti, in both of the aspartame studies conducted by the European Ramazzini Foundation, carcinogenic effects were observed.

The bioassay on aspartame "Lifespan Exposure to Low Doses of Aspartame Beginning During Prenatal



Life Increases Cancer Effects in Rats” was published in the September 2007 issue of Environmental Health Perspectives [EHP 115:1293-1297; Soffritti et al]. The issue also includes a Science Selections feature story on the Ramazzini project [EHP 115:A460].

Recognizing that the public may have difficulty interpreting the scientific literature, the authors of the study invite the public to ask questions about the study via blog at: <http://www.ramazzini.it/fondazione/blogDetail.asp?id=22>. They do their best to respond to all inquiries. To get the original report and to read more about the study, visit: Bella Italia: The Soffritti Aspartame Study: http://www.janethull.com/newsletter/0206/bella_italia_the_soffritti_aspartame_study.php.

The Tsakiris Aspartame Study

On July 19, 2005, Dr. Stylianos Tsakiris, Department of Experimental Physiology, Medical School, University of Athens and his research team at the Institute of Child Health, Research Center, Aghia Sophia Children’s Hospital, Athens, Greece; published a study that showed high levels and cumulative toxic concentrations of aspartame decreased the membrane AChE activity, resulting in memory loss. Additionally, neurological symptoms, including learning and memory processes, appeared in the study to be related to the high

or toxic concentrations of the sweetener metabolites.

To get the original report and to read more about the study, visit The Tsakiris Aspartame Study: http://www.janethull.com/newsletter/0206/the_tsakiris_aspartame_study.php

Trocho Aspartame Study From Spain

The Trocho study from Spain is a general study on artificial sweeteners’ toxicity supported through the Bosch & Gimpera Foundation, Barcelona, Spain. Simply stated, the researchers studied the conversion of aspartame methanol to formaldehyde and its eventual effect on overall physiologic function. The study concluded that aspartame consumption may constitute a hazard, because of its contribution to the formation of formaldehyde adducts (when a chemical binds to a biological molecule, such as DNA or a protein). The binding of methanol-derived carbon to tissue proteins was widespread in the study, affecting all body systems, fully reaching even sensitive targets such as the brain and retina.

This particular study confirms the need to avoid aspartame during pregnancy and to avoid giving aspartame to children and the elderly.

For more about the study or to view the complete research text on this study, visit Trocho Aspartame Study From Spain: http://www.janethull.com/newsletter/0206/aspartame_study_from_spain.php.

The Pecs, Hungary Study

The Faculty of Medicine, Institute of Public Health University of Pecs, Pecs, Hungary, published an aspartame study, January 2007, showing that aspartame ingested, even at maximum daily doses, changed the genes in various organs in animals. Information on this important study can be found at: http://www.janethull.com/newsletter/0507/the_silent_side_of_research.php with a link to the original study.

The purpose of this particular study was to investigate the biological effects of aspartame consumption on key oncogenes and on the tumor suppressor gene. After just one week of aspartame administered at various doses to CBA/CA female mice, the results showed that among the rats receiving aspartame, a significant increase of lymphoreticular neoplasms, brain tumors, and transitional cell tumors occurred. The research team concluded that aspartame has a biological effect in the body, even at the recommended daily maximum dose.

Knowledge is power. As an educated consumer, you now have the information available to choose what you and your family should consume for long-term health and safety. Unnatural artificial sweeteners do affect your health - adversely. Why take the chance? Now that you know the truth, that is!

Does Aspartame Really Cause Cancer?

According to the research, yes, aspartame really does cause cancer!

A common question: “if aspartame, indeed, has been proven to cause cancer, then why isn’t this information splashed all over the front pages of every newspaper and magazine worldwide, and why hasn’t it been taken off the market?”

Good question. Most people assume the answers are because aspartame has NOT really been proven to cause cancer, or any other serious health

issues. After all, if the FDA approved aspartame, it must be safe, right?

Wrong! The research DOES show otherwise, so the answer to this question must have something to do with the politics of greed and corporate mega-billions in profits from aspartame and the other diet sweeteners. Time will tell.

Aspartame and Weight Gain

Becoming overweight doesn’t happen overnight. Day by day and week by week, we eat or drink a little more than our bodies use for daily energy, growth, or physical activity. No matter what the sugar-free product or beverage is, diet sweeteners keep you hungry for carbs, and the unnecessary calories get stored as fat. Over time, the stored fat accumulates and your weight increases.

So, before you tear open that little colored packet of diet sweetener and stir it into your coffee or tea, ask yourself this question: *Do diet sweeteners really help you lose weight, or do you eat more and gain weight in the long run?*

According to the research, there is no clear-cut evidence that sugar substitutes help people lose weight. These days, more research data suggests that these chemical sweeteners actually stimulate appetite.

Scientists from Purdue University showed in laboratory studies that a sweet taste satisfied with no-calorie diet products make the b

ody crave more food. Their research, published in the journal Behavioral Neuroscience³, found that rats fed sugar, subsequently had lower appetites. Professor Susan Swithers, Purdue University, states, “It’s tempting to think that by simply consuming a food that has fewer calories, that body weight gain and food intake are automatically going to go down. Our data suggests that, in fact, the opposite might happen.”

Under normal eating conditions, the arrival of a sweet taste in the mouth, primes your body’s metabolism for the arrival of a higher-calorie meal. The study showed that when the meal does not arrive, the body gets confused and has issues regulating appetite; hence, you remain hungry for real food.

of Aspartame

Aspartame

The Purdue University study was done on two groups of rats. One group was given artificially sweetened yogurt and the other group was given yogurt with glucose, a natural sweetener high in calories. The rats given the artificial sweetener gained 20 percent more weight.

The researchers observed that the artificial sweetener somehow interrupted the body's ability to regulate or register the amount of calories it had consumed. As a result, metabolism slowed down and the rats did not burn as many calories.

Swithers explains: "When they got a sweet-tasting food that didn't deliver those calories, they went and then overindulged in their regular food as a consequence."

A human survey conducted in 2005, had results similar to the Purdue study on rats. It showed a 41 percent weight gain among people who drank diet soft drinks⁴.

How Much Aspartame Is Too Much

In the USA, the acceptable daily intake for aspartame is 50 mg/kg of body weight. In the EU, it is 40 mg/kg of body weight. So, what does all this ppm and mg/kg stuff really mean for humans - and that means *you*?

Well, typically people try to estimate aspartame consumption in terms of cans of diet soda, but aspartame is found in over 6,000 other products, including 500 pharmaceuticals. Considering the average modern diet, it is easy for a person to exceed the ADI, especially children who have a lower body weight. And during pregnancy, the ADI has no value to a developing fetus.

Consider the following average daily consumption of diet products containing aspartame: 2 cans of diet soda (and that's a very low estimate), 1 light yogurt, 1 diet dessert, 4 packets of Equal® in coffee or tea throughout the day, 10 candies or 4 pieces of chewing gum. The aspartame content in the above totals 910 mg, and this exceeds the ADI for an adult.

Despite strong concerns raised over aspartame, both the European Food Safety Authority (EFSA) and the US Food and Drug Administration (FDA) have not changed their guidelines regarding the safety of the ingredient or its safe intake advice. It is time for this to change.

Aspartame is made of phenylalanine (50%), aspartic acid (40%), and methanol (10%). It is commonly used in soft drinks and chewing gums, and was first approved for use in foods in the USA in the early 1970s. Due to the research showing severe health dangers, its first approval was quickly rescinded. After 10 years of corporate research and very potent lobbying, aspartame was re-approved by the FDA a second time in the early 1980s. This second approval began a sweetener war of contradiction concerning its true safety and political background.

The Future of Artificial Sweeteners - It's Up to You

I am often asked, "What is the future of the chemical sweeteners? Will aspartame and chlorine-containing sucralose ever be taken off the market?"

My answer? "This will end one day - it has to end." Human beings can't keep going like this - we are killing ourselves. We are destroying the mental and physical health of the next generation with toxic chemicals and polluted foods. Let's hope the truth about the dangers of chemical sweeteners comes forth, very soon.

For most people, just being aware that there are other safer sweetener choices can help them stay healthy. Don't forget that advertisers steer consumers toward the chemical products that bring in the most profit, yet the choice to buy and consume these toxic chemical foods versus healthier foods is *yours*. The corporations will keep making and selling nasty, toxic foods as

long as you, the consumer, buys them.

Bottom-line, diet sweeteners are bad for your health - just admit it and move on to something healthier. Give up that diet cola! Focus on your health more than what you see in the mirror. Plus, when you eat and drink real, whole foods, weight gain is always less of an issue.

Make the effort to learn more about the dangers of these sweetener products, and teach your children what you discover. Transform your fears of getting fat into self-confidence, don't fear aging, and turn a lower self-image into something positive. We all are just folks on a journey through life, so why do you feel the need to have a diet cola or any diet sweetener as part of that journey?

We trust the marketers to sell us products of high quality that will not harm us in any way. In the case of diet sweeteners, we are not being sold healthy products, and we are not being "marketed" the whole truth. It is hard to make the right choices when the "silenced side" of the sweetener issue isn't visibly expressed. It's up to you to seek the truth, especially if you are getting ill from sugar-free foods.

"Life is the Coffee" (author unknown)

A group of alumni, highly established in their careers, got together to visit their old university professor. The conversation soon turned into complaints about stress in work and life.

Offering his guests coffee, the professor went to the kitchen and returned with a large pot of coffee and an assortment of cups - porcelain, plastic, glass, crystal, some plain-looking, some expensive, and some exquisite - telling them to help themselves to the coffee.

After all the students had a cup of coffee in hand, the professor said: "If you noticed, all the nice looking expensive cups were taken first, leaving behind the plain and cheap ones. While it is normal for you to want only the best for yourselves, that is the source of your problems and stress.


"Be assured that the cup itself adds no quality to the coffee. In most cases, it's just more expensive and in some cases even hides what we drink. What all of you really wanted was coffee, not the cup, but you consciously went for the best cups, and then began eyeing each other's cups."

"Now consider this," he continued, "Life is the coffee, and the jobs, houses, cars, things, money, and position in society, are the cups. They are just tools to hold and contain life, and the type of cup we have does not define nor change the quality of life we live. Sometimes, by concentrating only on the cup, we fail to enjoy the coffee provided us."

Enjoy your coffee. Be confident in yourself, and stand up to the marketing deception that artificial sweeteners are safe and healthy!

Dr. Hull is an artificial sweetener expert, having researched and written numerous books on the dangers of chemical sweeteners. She is the author of *Sweet Poison: How The World's Most Popular Sweetener Is Killing Us, and Splenda: Is It Safe Or Not?*. For more information from Dr. Hull, please visit her: <http://www.janethull.com/>, <http://www.sweetpoison.com/> <http://www.splendaexposed.com/>

- 1 - Increasing brain tumor rates: is there a link to aspartame? Olney JW, Farber NB, Spitznagel E, Robins LN. Department of Psychiatry, Washington University Medical School, St. Louis, MO 63110, USA. *J Neuropathol Exp Neurol*. 1996 Nov;55(11):1115-23. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8939194&itool=iconabstr&query_hl=2&itool=pubmed_docsum
- 2 - The original research study and the full text of the research article is available online at: <http://www.ehponline.org/docs/2007/10271/abstract.html>.
- 3 - A Pavlovian Approach to the Problem of Obesity. Terry L. Davidson & Susan E. Swithers. June 29, 2004. <http://www.purdue.edu/UNS/html4ever/2004/040629.Swithers.research.html>.
- 4 - Purdue University Rat Study Links Weight Gain to Artificial Sweeteners. By Melinda Smith. February 15, 2008.

A photograph of a hydroponic grow-room. The room has wood-paneled walls and a ceiling with a large, white, rectangular light fixture. A digital display on the left shows '20.0°C'. In the foreground, there are several green trays containing various plants, including leafy greens and a tomato. In the background, there are more plants, including a large one with pink and white flowers. A desk with a chair is visible on the right side of the room.

A tropical indoor paradise, complete with banana plants, palms and beautiful blooms, can be achieved even in the depths of winter with a hydroponic grow-room. Such a calming and relaxing space can be created without need for an entire room. Hydroponic displays under artificial lighting are used for a wide range of applications.

Kitchens with a corner dedicated to fresh salad greens and herbs, living rooms with ornamental and flowering plants, basements with fresh tomatoes and strawberries, and even entire garages dedicated to hydroponic gardening, are just some of the examples of grow-room spaces. Along with these home-based hydro units, indoor soil-less gardens are increasing in popularity in offices and reception areas, hotel lobbies and restaurants, are all places where the lush green display and the sound of trickling water add to the ambience of an otherwise sterile indoor environment.

Nature can be outwitted in the hydroponic grow-room. Indoor gardeners are free from fickle weather, lack of good sunlight, wind, rain, snow, hungry animals and destructive forces that all seem to create problems, when no one is looking. Light, temperature, humidity, air-flow and even carbon- dioxide can be controlled precisely in a grow-room and give keen hobby gardeners the same degree of control scientists have enjoyed for decades using growth cabinets.

With this sort of technology, there is no reason why a tasty tomato or fresh herbs can't be grown easily and quickly indoors, even when it might be snowing outside and prices have shot sky high for supermarket produce that fails to tempt the palate.

However, as with any hydroponic system, deciding on just the right spot for an indoor growing area relying on artificial light is an important decision. Many factors are involved. We have the technology to provide light, warmth and everything a plant needs, but grow-rooms can still run into problems if the basics are not considered.

Power and Water

Grow rooms require quite a lot of electricity, which needs to be safely supplied. Hydroponics does involve water and at times, a fair bit of humidity, and water and electricity are not such a good combination, so this should be the first thing to take into consideration. Electrical outlets are required, not just for the hydroponic pump, but also for heaters, or possibly air-conditioners, dehumidifiers (if required), circulation fans, and forced ventilation systems, and also for lights, of which there may be more than one. Ideally, this sort of equipment needs to be on an isolating transformer to prevent the possibility of getting a shock should there be a nutrient leak. Really keen indoor growers may prefer to have a dedicated room or area specifically wired up to run this sort of equipment in a safe and effective way.

Building Your Indoor Oasis

by Dr. Lynette Morgan

Building Your Indoor Oasis

Additionally, because sooner or later most hydroponic systems will spring a leak or at least have some unexpected run off or condensation, consideration should be given to the floor and positioning of the grow-room. Concrete floors in garages are perfect for this reason, since excess nutrients or water can be easily mopped up or swept out the door if necessary with no resulting damage. Basements may have similar hard floors or even drains, if they also double as the laundry area. However, spare bedrooms, living rooms and other spaces, which might be carpeted, need this to be either removed or at least well covered in layers of plastic to prevent damage from nutrient and water spills. Extra care needs to be taken with grow-rooms in attics or on upper stories of houses, as a major leak or spill could cause serious damage from moisture dripping down into rooms below. Spare or old bathrooms make surprisingly good grow-rooms, as they tend to be already lined in moisture-proof material, have a water supply readily on hand, usually have a floor which can handle wetness, and often have preinstalled ventilation systems to remove damp air.

Hydroponic systems, which are being designed for offices, restaurants or similar environments, need to take the "leak factor" into account, as these are often sited indoors where soft furnishings and carpets abound. Ideally, these sorts of systems would get their own specially designed area with a suitable flooring material that can be easily cleaned and mopped up. Excess humidity from indoor growing systems, particularly those which are not well vented, can also promote the growth of mold on curtains, furniture, carpets, wallpaper and other materials, so this is another factor that

should be taken into consideration when siting the grow-room system.

Ventilation

Ventilation is essential in grow-rooms. Many basic grow-room setups, simply use the door and window(s) as a natural form of ventilation and allow air to come in and out in this way. A ventilation fan can be mounted in an open window in a simple grow-room set up and fresh air can be pushed out or dragged into the growing area in this way.

However, many hydroponic retailers have an excellent range of ventilation systems specifically designed for indoor gardeners, making this a much simpler and more efficient process. This sort of equipment requires a ventilation duct and in-line exhaust fan leading from the growing area to the outside. The proximity of the grow-room to an outside wall will determine how easy and cost effective this sort of installation might be.

For those who have an unused clothes dryer, which is vented to the outside (common in most homes), this ventilation duct could be adapted for use in a grow room without much additional expense. Ideally, the ventilation duct should be positioned up above crop height (since warm air rises), as air is sucked outside, fresh, cooler and hopefully dryer air will be pulled into the growing area and across the plant, which is vital for good plant growth and development.

Inadequate ventilation is about the biggest mistake many new hydroponic growers make when positioning their indoor garden or grow-room – many don't give this much thought at all, and the resulting unventilated room can be disastrous.

As well as good light, warmth, nutrients and water, plants need a certain degree of humidity control and also fresh supplies of carbon dioxide to power photosynthesis during daylight hours. It is surprising how much moisture even a small system of mature plants can release into the air (many kilograms of water vapor in fact,) increasing humidity levels to near saturation. Oversaturation, in turn, slows growth and nutrient uptake, promoting the development of fungal and bacterial pathogens and creating havoc with electrical equipment. In addition, a relatively enclosed grow-room, with rapidly growing plants, can deplete ambient levels of CO₂ down to just about nil within a few hours, at which point photosynthesis stops until fresh supplies of CO₂ are provided.

Grow lights also put out a lot of heat that needs to be removed from the growing area to keep temperatures within an optimal range. Ventilation is the most efficient way of doing this in most climates. Having a growing space that allows

for a good ventilation system is thus extremely important, for a number of reasons and one that should not be overlooked when designing the grow-room space.

Space

Finally, the dimensions of the space itself need some consideration, based on what is to be grown, the number and type of lights, the size of the hydroponic system, plus some allowance for accessing the plants and maybe a bit of space for a deck chair or some other way of enjoying the garden.

This is less of a problem for those who want to grow short plants, such as lettuce, strawberries, salad greens and herbs. For tall tomatoes and a number of ornamentals, such as bananas, palms, and similar hydroponic plants, the height of the growing space should be checked. HID grow lamps, which are typically suspended from the ceiling, can't be positioned very close to the tops of mature plants or they will burn the foliage. That means that the final height of the mature crop, plus an allowance for size of the lighting equipment (reflectors, light rails, etc.), plus a good gap between the bulb and the top of the foliage, needs to be accounted for. Thus growing areas with a decent ceiling height are required for many plants. Even for short crops and bench top systems, a taller room allows for better air flow and slower build up of heat and humidity and generally gives a healthy growing environment for an indoor system.

Provide your indoor growing area with the basics—air flow, heat and humidity removal, good supplies of CO₂ and overall good planning—and your plants should thrive in their protected environment and provide years of pleasure and relaxation.

Resources

Most hydroponic retailers supply a range of grow-room equipment including ventilation systems, lights, fans and controllers. Check out the advertisements in this issue for the latest in grow-room equipment.

For the complete version of this article, see *The Growing Edge*, Volume 19, Number 5, May/June 2008, page 37. *The Growing Edge*, P.O. Box 1027, Corvallis, OR USA 97339-1027 or call tollfree: (800) 888-6785, or: (541) 757-8477, Fax: (541) 757-0028, E-mail: suntec@suntec.co.nz Website: <http://suntec.co.nz>.

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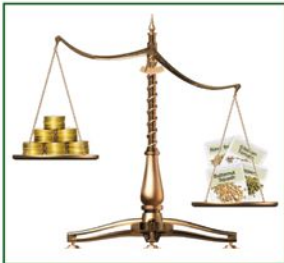
What would you do if all the grocery store shelves in your neighborhood were laid bare due to a major crisis?
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Dangers of GMOs

A genetically modified organism (GMO) is an organism whose genetic material has been altered using genetic engineering techniques. With this technology, DNA molecules from different sources are combined into one molecule to create a new set of genes.

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POPULATION CONTROL UNDER THE GUISE OF CONSUMER PROTECTION

CODEX ALIMENTARIUS



BY G R E G O R Y D A M A T O , P H D

The Codex Alimentarius Commission is a very misunderstood organization. Most people have never heard of it, and those who have heard of it may not understand the true reality of this extremely powerful trade organization. According to the official Codex website (<http://www.codexalimentarius.net>), the altruistic purpose of this commission is in “protecting health of the consumers and ensuring fair trade practices in the food trade, and promoting coordination of all food standards work undertaken by international governmental and non-governmental organizations”. The Codex Alimentarius (Latin for “Food Code”) is regulated under a joint venture between the Food and Agriculture Organization (FAO) and the World Health Organization (WHO).

Brief History of Codex

The history of Codex began in 1893 when the Austro-Hungarian Empire decided it needed a specific set of guidelines by which the courts could rule on cases dealing with food [1]. This set of regulatory mandates became known as Codex Alimentarius. It was effectively implemented until the fall of the empire in 1918.

At a meeting in 1962, the United Nations (UN) decided that Codex should be re-implemented worldwide in order to “protect” the health of consumers. Two-thirds of funding for Codex emanates from the FAO, and the other third comes from the WHO.

In 2002, FAO and WHO had serious concerns about the direction of Codex and hired an external consultant to determine its performance since 1962 and to designate which direction to take the trade organization [2]. The consultant concluded that Codex should be scrapped immediately. It was at this time that big industry stepped in and exerted its powerful influence. The updated outcome was a toned-down report, asking Codex to address 20 concerns within the organization.

Since 2002, the Codex Alimentarius Commission has covertly surrendered its role as an international public health and consumer protection organization. Under the helm of big industry, the surreptitious purpose of the new Codex is to increase profits for the global corporate juggernauts, while controlling the world through food.

Codex Inequalities

The most dominant country behind the agenda of Codex is the United States, whose primary purpose is to benefit the large multinational interests of Big Pharma, Big Agribusiness, Big Chema and the like. At the latest meeting in Geneva, Switzerland (30 June to 4 July 2008), the US became the chair of Codex [3], which will now exacerbate the distortion of health freedom and continue to promulgate misinformation and lies about nutrients and genetically modified organisms (GMOs), while fulfilling its tacit population-control agenda. One reason why the US continues to dominate Codex is because other countries falsely believe that it possesses the latest and greatest food safety technology; hence, whatever the US asks for, its allies (Australia, Argentina, Brazil, Canada, Indonesia, Japan, Malaysia, Mexico, Singapore and the European Union) follow suit nearly every time. The fact that Codex meetings are held all over the world is also no accident and allows the US to maintain its tight grip on the Codex agenda, because the less economically viable countries are not able to attend. The governments of many of these countries (such as Cameroon, Egypt, Ghana, Kenya, Nigeria, South Africa, Sudan and Swaziland) realize that Codex has been altered from a benevolent food organization to one that is fraudulent, lethal and illegitimate.

Health Freedom Threats

While the mainstream media are busy with their esoteric agenda of driving fear into the hearts of the world's populace by focusing on terrorism, global warming, salmonella outbreaks and food shortages, the real threats are surreptitiously becoming a reality. Soon, every single thing you put into your mouth, including water (with the exception of pharmaceuticals, of course), will be highly regulated by the Codex Alimentarius Commission.

The Codex standards are a complete affront to people's freedom to access clean, healthy food and beneficial nutrients, yet these regulations have no legal international standing. Why should we be worried? These soon-to-be mandatory standards will apply to every country that's a member of the World Trade Organization (WTO) (presently there are 153 members). If countries do not follow these standards, then crippling economic and trade sanctions may be imposed on them, although countries may be able to avoid the standards of Codex through the implementation of their own international standards.

Some government-run agencies, like the Therapeutic Goods Administration (TGA) in Australia, are informing the public that the vitamin and mineral guideline of Codex will not affect their country. For example, the TGA had this to say: "The proposed Codex Guidelines for Vitamin and Mineral Food Supplements will not apply in Australia and will have no impact on the way these types of products are regulated in Australia" [4].

The bottom line is that no one knows what types of laws will be passed before Codex harmonization occurs, and no country is safe from these international guidelines, regardless of what government agencies are saying in order to quell, pre-emptively, any potential public uprising. Many alternative health activists believe this may be a method to confuse and obfuscate the Codex issue until it is too late.

Some Codex standards which may take effect in the near future (although in the US no date has yet been set), and which will be completely irrevocable once initiated, include [5]:

- All nutrients (e.g., vitamins and minerals) are to be considered toxins/poisons and are to be removed from all food because Codex prohibits the use of nutrients to "prevent, treat or cure any condition or disease" [2].
- All food (including organic) is to be irradiated, thus removing all "toxic" nutrients from food (unless consumers can source their food locally). The precursor to Codex harmonization in this area began in the USA in August 2008 with the clandestine decision to mandate the mass irradiation of all lettuce and spinach in the name of public health and safety. If the safety of

the public was the main concern of the US Food and Drug Administration (FDA), then why were people not alerted to this new practice?

- Nutrients allowed will be limited to a Positive List developed by Codex; it will include such "beneficial" nutrients as fluoride (3.8 mg daily), sourced from industrial waste.
- All nutrients (e.g., vitamins A, B, C, D, zinc and magnesium) that have any positive health impact on the body will be deemed illegal in therapeutic doses under Codex and are to be reduced to amounts negligible to health, with maximum limits set based on the science of risk assessment. Risk assessment procedures are used to determine upper limits of poisons by scientists and have little relevance for nutritional supplements normally found in food. Potentially permissible and safe levels of nutrients under Codex are not yet set in stone and may be determined by June of 2009 via risk assessment on animals. Some probable examples of supplement restrictions based on the European Union (EU) Supplement Directive, which takes effect on December 31, 2009 may include:
 - Niacin: upper limit of 34 µg (micrograms) daily (effective daily doses range from 2,000 to 3,000 µg).
 - Vitamin C: upper limits of 65 to 225 µg daily (effective daily doses range from 6,000 to 10,000 µg).
 - Vitamin D: upper limit of 5 µg daily (effective daily doses range from 6,000 to 10,000 µg).
 - Vitamin E: upper limit of 15 IU (international units) of alpha tocopherol per day, even though alpha tocopherol by itself has been implicated in cell damage and is toxic to the body (effective daily doses of mixed tocopherols range from 10,000 to 12,000 IU).
- It will most likely be illegal to give any advice on nutrition (including in written articles posted online and in journals, as well as oral advice to a friend, a family member or anyone). This directive applies to any and all reports on vitamins and minerals and all nutritionists' consultations. This type of information may be considered a hidden barrier to trade and may result in economic trade sanctions for the involved country.
- All dairy cows on the planet are to be treated with Monsanto's genetically engineered recombinant bovine growth hormone (rBGH).
- All animals used for food are to be treated with potent antibiotics and exogenous growth hormones.
- Deadly and carcinogenic organic pesticides, including seven of the 12 worst (e.g., hexachlorobenzene, toxaphene and aldrin), which were banned by 176 countries (including the US) in 1991 at the Stockholm Convention on Persistent Organic Pollutants [7], will be allowed back into food at elevated levels.
- The Codex will allow dangerous and toxic levels of aflatoxin (0.5 ppb) in milk. Aflatoxin, produced in animal feed that's gone moldy in storage, is the second-most potent (non-radiation-related) carcinogenic compound known.
- Use of growth hormones and antibiotics will be mandatory on all livestock, birds and aqua-cultured species meant for human consumption.
- The worldwide introduction of unlabelled and deadly GMOs into crops, animals, fish and plants will be mandated.
- Elevated levels of residue from pesticides and insecticides that are toxic to humans and animals will be allowed.

The Population Control Agenda

In 1995, the FDA adopted an illegal policy, which stated that international standards (i.e., Codex) would supersede US laws governing all food, even if these standards were incomplete [7]. Furthermore, in 2004, the US passed the Central America Free Trade Agreement (illegal under US law, yet legal under international law) that requires the US to conform to Codex [9].

Once these standards are adopted, there is no way to return to the standards of old, yet countries can adopt ones that are considered stricter

CODEX ALIMENTARIUS

than those of Codex. An example of this would be the European Supplement Directive. Once Codex compliance begins in any area, as long as any country remains a member of the WTO, it is totally irrevocable: the standards cannot be repealed, changed or altered in any way, shape or form [10, 11, 12].

Population control for money is the easiest way to describe the new Codex Alimentarius, which in effect is being run by the US and primarily controlled by Big Pharma, with the aim of reducing the world's population from its current estimate of 6.692 billion to a sustainable 500 million—an approximate 93 per cent reduction. Interestingly enough, before the arrival of Europeans in America, the Native American population in the US was around 60 million; [13] today, it hovers around 500,000, or an approximate 92 per cent reduction as a result of government policies of genocide, starvation and poisoning.

Codex is similar to other population control measures undertaken clandestinely by governments of the western world; for example, the introduction of DNA-damaging and latent immunosuppressive agents in vaccines (e.g., weaponized avian flu and AIDS), chemtrails and RU486 (the abortion pill funded by the Rockefeller dynasty). FAO and WHO have estimated that by the introduction of just the vitamin and mineral guideline alone, within 10 years, a minimum of three billion deaths will result [4]. One billion of these deaths will be due to starvation, and two billion as a result of preventable and degenerative diseases of under nutrition, e.g., cancer, cardiovascular disease and diabetes [15, 16].

The foisting of degraded, de-mineralized, pesticide-filled and irradiated foods on consumers is the fastest and most efficient way to cause a profitable surge in malnutrition and preventable and degenerative diseases, for which the most appropriate course of action is toxic pharmaceutical treatment. Death for profit is the new name of the game.

Big Pharma has been waiting for Codex harmonization for years. An incognizant world population physically degenerating at an accelerated pace, providing a spike in revenue, is the ultimate goal for the furtive and egregious controllers of this corrupt trade organization, purportedly looking out for the health of consumers.

Take Action against Codex

The only way to avoid the death-for-profit agenda is to fight back by disseminating knowledge to everyone you know. It does not matter whether they are still asleep or hypnotized by the enslavement of daily life or too busy to pay attention: the time to wake up is now. The US government and the collaborating media have been trying to distract the world while all these egregious and mandatory standards are covertly passed.

It is time to take action, and you can do so by going to the website of the Natural Solutions Foundation, which can be found at: www.healthfreedomusa.org, and following the latest updates on Codex. You can also sign a legal citizen's petition at the web page: http://www.healthfreedomusa.org/index.php?page_id=184.

It is very important that swift and vociferous action be taken now. Times are changing very rapidly, and unless we all come together on this issue, we may have to start thinking about growing our own food in the near future to avoid calculated extermination.

Here are more contacts for action against the Codex:

• **AUSTRALIA:** You can send an email to the Department of Agriculture and Food in Western Australia or the Minister for Agriculture in your respective state. For example, in WA the email address is: enquiries@agric.wa.gov.au. The Therapeutic Goods Administration can also be contacted online via its website: <http://www.tga.gov.au/contact.htm>.

• **NEW ZEALAND:** You can use the NZ Health Trust's website to send your comments to your Member of Parliament: http://www.nzhealthtrust.co.nz/email_mp.html.

• **UK:** Emails can be sent to the Food Standards Agency, which represents the UK at Codex sessions. Contact Michelle McQuillan by email at: michelle.mcquillan@foodstandards.gsi.gov.uk.

• **USA:** You can sign a petition asking for congressional oversight into the FDA's trilateral cooperation charter and the forcing of the USA, Mexico and Canada into the North American Union, which ostensibly opens the door for Codex harmonization in North America: <http://www.thepetitionsite.com/5/congressional-oversight-needed-to-stop-fdas-trilateral-cooperation-charter>. You can get your voice heard by sending emails or writing to your congressperson (go to: <https://forms.house.gov/wyr/welcome.shtml>). If you send one email to Congress, it will ostensibly count as 13,000 emails. (US Congress suggests that for each person who takes the time to write or email a congressperson, there are another 13,000 others who share similar views, yet do not take the time to promulgate them.) You can also contact the US Congress via: <http://www.visi.com/juan/congress/>.

• **OTHER COUNTRIES:** The best way to have your voice heard is to determine who your local representatives are and contact them with a unified and vociferous stand. This can be done easily through various online search engines.

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Gregory Damato, PhD, enjoys a vegan lifestyle and runs a Quantum Biofeedback clinic managing various clients with conditions ranging from depression to cancer. He is a natural health freedom writer, authoring articles on the truth behind vaccines, GMOs and Codex Alimentarius. His goal is to increase global awareness of the myriad health issues facing us today, and the fact that 100 per cent of them are preventable and completely reversible. His website is: www.wellnessuncovered.com.

MONTHLY PAUL

Dedicated to restoring Constitutional government to the United States of America

~ Protecting Health Freedom ~

BY MICHAEL NYSTROM

Every medical doctor in America has seen first hand how bureaucratic red tape interferes with the doctor-patient relationship and drives costs higher. As Ron Paul stated in 2006:

"The problems with our health care system are not the result of too little government intervention, but rather too much. Contrary to the claims of many advocates of increased government regulation of health care, rising costs and red tape do not represent market failure. Rather, they represent the failure of government policies that have destroyed the health care market."

The US Food and Drug Administration makes for a particularly egregious example of big government "protection" gone awry. While an overwhelming amount of published scientific data supports the benefits of eating healthier diets and taking nutritional supplements, the FDA actively censors what Americans are allowed to read about such studies. FDA bureaucrats routinely disregard Federal law by restricting public access to scientific data on the role of nutrients that protect against disease. For example, in 2005 the FDA warned companies marketing cherries that they would have to remove scientific information from their websites that described certain health benefits of cherries. It seems that the sellers made mention of anthocyanins, which have been found to reduce inflammation for arthritis sufferers. This information was censored by the FDA since, according to the FDA, making such a claim transformed cherries into drugs, and if cherries

are drugs, they must first be approved by the FDA before making such claims!

As Mike Adams, editor of NaturalNews.com points out, it is not just cherries that contain powerful medicine. "It is blueberries, garlic, cabbage, onions, ginger, turmeric, cinnamon, aloe vera, almonds and a thousand other natural foods and medicinal herbs."² Ron Paul notes that "the FDA also prohibits consumers from reading the scientific evidence that glucosamine and chondroitin-sulfate are effective in the treatment of osteoarthritis; that omega-3 fatty acids may reduce the risk of sudden-death heart attack; and that calcium may reduce the risk of bone fractures." One can speculate on the reasons behind the FDA's actions. If the public truly understood the medicinal value and healing powers of natural foods, they might offer serious competition to conventional prescription medicines, which might dent the profits of corporate pharmaceutical giants.

Like much of the rest of the government, the FDA no longer works in the interests of citizens, but instead has become a tool and protectorate of the corporations it was created to regulate. Dr. David Graham, the Senior Drug Safety Researcher at the FDA has stated as much:³ "As currently configured, the FDA is not able to adequately protect the American public. It's more interested in protecting the interests of industry. It views industry as its client, and the client is someone whose interest you represent." A recent example is Merck's FDA-approved drug Vioxx, which led

to the deaths of tens of thousands of patients. So FDA approved drugs kill, while the same agency blocks truthful research on such natural foods as blueberries and almonds. Adams calls the FDA "the single greatest threat to the health and safety of the American people."

The American people have made it clear that they do not want the federal government to interfere with their access to dietary supplements. Ron Paul, ever the champion of freedom, aims to put a stop to FDA meddling. In May 2007, he re-introduced the Health Freedom Protection Act (H.B. 2117). In Dr. Paul's words, H.B. 2117 would "restore the First Amendment rights of consumers to receive truthful information regarding the benefits of foods and dietary supplements ...[and] strike down FDA efforts to censor truthful health claims."⁴

For Dr. Paul, this is not a battle over whether supplements work or whether FDA approved drugs are safe or not. "The real issue is: Who decides, the individual or the state? This is the central question in almost every political issue. In free societies, individuals decide what medical treatments or health supplements are appropriate for them."⁵

Michael Nystrom is Editor of the DailyPaul.com

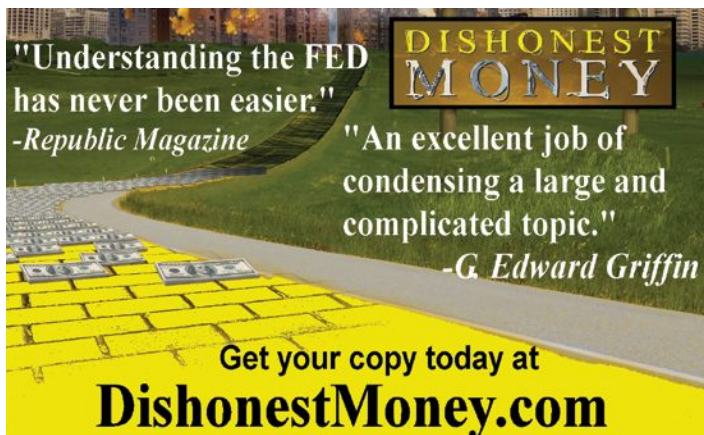
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Common Sense on Hemp

BY ADAM EIDINGER

Cannabis has a long history of domestication in service of people.

For over 12,000 years different varieties of this plant have been bred and cultivated for their fiber, seed and flowering tops. While this article isn't about legalizing marijuana, it is about one of the victims of marijuana prohibition in America. You could say common sense has been the victim and without common sense there has been damage to the U.S. economy and our environment. The story begins a lifetime ago.

In 1937, the year that the Marihuana Tax Act was passed in the U.S., lawmakers in Washington, DC had a very limited understanding of the different varieties of *Cannabis*. Even without the knowledge of what actually got people high, they knew that industrial hemp wasn't a drug because they left the useful parts of the plant — the mature stalks, fiber, oil or cake made from the seeds, and the seeds which are incapable of germination — out of the definition of "marihuana."

The psychoactive drug ingredient, Δ^9 -tetrahydrocannabinol (THC) would not be isolated until 1964. The most common test for the presence of *Cannabis* resin was the Beam Test, which accurately detected the presence of cannabidiol (CBD), first isolated in the 1930s. Unfortunately we now know that fiber and oilseed *Cannabis* are higher in CBD than THC, so the test more readily detected these varieties than drug varieties.

It's a fact that even though marijuana was essentially banned through taxation, commercial hemp farming continued in the U.S. for another 20 years.

This surely is because the banning of hemp farming would have seemed outrageous in 1937. People knew that there was no danger of getting high from smoking ropes, sails, clothing, paint, wood stain, food, furniture and even early fiber-reinforced plastics developed by Henry Ford.

Farmers were well aware of the fact that there were different varieties — oilseed, fiber, and drug — and the USDA published information about the farming of all these varieties up until the mid-1930s and printed a special bulletin to encourage farmers to grow hemp for the war effort in World War II. The USDA even reprinted it during the Korean War.

However, shortly after World War II, when hemp had been grown on over 400,000 acres to support the war effort without any changes in the law, farmers suddenly stopped growing the versatile crop. Why? There was no ban on hemp *per se*, just prohibition of what *The New York Times* recently called, "hemp's evil twin: marijuana."

So what happened? Congress had passed the Miller's Exemptions, "to exempt from tax the transfer of the plant when it is transferred

from the farmer to the miller, who produces fiber from the stalk. That exemption will be applicable whether or not any leaves are still left on the stalk.” The amendments also required that the millers register and pay a \$1 per year tax, as farmers already did. Even so, farmers began to be fearful that they would be prosecuted by the federal government if they grew the plant, as the Federal Bureau of Narcotics had stepped up its diversion control efforts and agents were harassing legal growers. In 1957, hemp fiber/cordage mills in the Midwest were shuttered because of lack of demand. Imported natural fibers like sisal, abaca and jute took their toll, as did recently developed petroleum-based, man-made fibers and adhesive tape to seal packages for mailing, eliminating parcel market. With no hemp to process, there was no need for hemp mills.

Thus began an era of no common sense on hemp, which continues to this day. A crop which had been a fixture of American agricultural landscape since the earliest colonial times was bullied off the farm because of a non-factual belief by law enforcement organizations that hemp farming is akin to marijuana farming. One cannot blame the farmers for being unwilling to literally bet the farm on growing hemp. As a result, in the subsequent years, growing hemp in America became impractical with no infrastructure to process it.

The Marihuana Tax Act of 1937 is no longer in force, as the Act was ruled to be unconstitutional by the U.S. Supreme Court in 1969 in the case *Leary v. United States*. The Controlled Substances Act of 1970 (CSA) came into being in part because of this decision. With the rewrite of the drug laws some common sense on hemp managed to survive. Although the number of hemp products in the U.S. had dwindled to just what was imported, there were no more hemp farms or mills left, Congress saw fit to continue to exempt the useful parts of the hemp plant, but because of a lack of a hemp industry to protest the process to register farmers and processors was deleted. This hemp exemption continues today, making it possible to buy hemp waffles in the freezer section at Whole Foods or have hemp clothing shipped from China to your front door.

Eric Streenstra, the executive director of the Hemp Industries Association (HIA), comprehensively explains why: “The difference between hemp and marijuana is simple, there are many different varieties of the same plant: the ones that contain a high amount of THC and are low in CBD are used for drugs and the other varieties, which are grown for fiber and seed and contain an extremely low amount of THC and are high in CBD, are made into extremely healthy foods and long-wearing textiles. The latter varieties have no potential to be used as recreational drugs.”

It's a fact, despite the millions spent on drug war propaganda by the White House Office of National Drug Control Policy (ONDCP), Drug Enforcement Administration (DEA), and other federal agencies, hemp is not a drug and there are no laws that say that farmers in the U.S. may not grow hemp. Still, if you grow hemp expect an unfriendly visit from the DEA and in most states, the local police.

Just ask the Lakota Sioux, who had small plots of hemp ripped out of the ground on their reservation by federal agents in 2000 and in subsequent years. Threatened with marijuana prosecution, the tribe hasn't planted hemp for 6

years, but each year harvest a small symbolic amount of hemp that grows wild on their land.

After 50 years with no commercial hemp farming and processing industry in the U.S., we are non-competitive in the global hemp economy. As a direct result our nation, which is blessed with vast amounts of agricultural lands, is importing more hemp than any other country.

In contrast, China, which never outlawed hemp farming, is a world leader in hemp textiles. While countries like Canada, which only resumed hemp farming twelve years ago, have a big edge on U.S. farmers in pioneering modern harvesting and processing techniques.

Simply put, American farmers are missing out on this lucrative crop, which fits well into the rotation of other crops. For example, to the wheat farmer, hemp can break the cycle of disease making the field ready for wheat once again. To the soy or canola farmer it can help smother out weeds, cleaning the field of unwanted plants following the planting season. Hemp's deep roots prevent erosion better than other crops and can be grown organically more easily than traditional crops. Ask any farmer in the Midwest if they would grow hemp and you'll likely hear about how their grandfathers grew hemp and that they wish to grow it again.

The bark of the hemp stalk contains bast fibers, which are among earth's longest natural soft fibers and are rich in cellulose. The cellulose and hemi-cellulose contained in the inner woody core are called hurds. Hemp fiber is longer, stronger, more absorbent and more insulative than cotton fiber.

Increasingly, hemp is becoming a central ingredient in the greening of the economy. As a building material, Hempcrete, a kind of insulating cement made from hemp hurds and lime, can help reduce energy costs and lock away carbon to offset carbon emissions from the construction of a building.

A growing consensus says we need to get off fossil fuels to save humanity from the global warming of the planet. Hemp plastics and fiber board can reduce use of fossil fuels and forest timber can be used as part of carbon offset strategies.

Some food experts have called hemp the “New Soy,” for the excellent protein content. Americans who already enjoy hemp foods are not some passing fad. According to the HIA, healthy hemp seed is being transformed into \$100 million a year in sales in North America. Non-dairy hemp milk and other hemp products

Common Sense on Hemp

abound in natural health food stores. People have begun to replace fish oil supplements with hemp to get heart healthy omega 3 essential fatty acids that we all need in our diet.

So with all of the great news about hemp, should we think that hemp farming is coming back? Yes. Thanks to a dedicated group of hemp businesses and supporters working with Vote Hemp (www.votehemp.com), a federal court

battle over allowing hemp farming under state regulation is being waged between farmers and the DEA. Most recently the farmers' lawyers made oral arguments in Minnesota in November of 2008. The case builds off of the HIA's victorious court battle in 2004 against the DEA, which permanently protects the legal sale of hemp products including food and cosmetics, clothing and building materials.

If the legal battle fails, it's going to require Congress to act. It is going to take grassroots pressure to get them to act. While we have dedicated allies in Congress, such as Texas Representative Dr. Ron Paul (R) who has introduced legislation that would require the federal government to respect state regulatory guidelines on hemp farming, the legislation that would remedy the situation has never even had a hearing.

Is there something you can do to fight the federal government's scam? Make conscious decisions about how and where you spend your money. Besides being great products, when you buy hemp you are building up the companies invested in hemp. Nothing changes the world quite like money and the more business that the hemp businesses get, the more likely that common sense on hemp will return.

With more hemp products in the marketplace than ever before, it is possible to be a consumer who isn't contributing to ground water pollution from pesticides or discarded formaldehyde treated plywood. A discarded hemp fiber board is 100% compostable and renewable every year.

Recently, a hemp-clothing store in Washington, DC built its entire store out hemp fiber board (see pictures at www.capitolhemp.com). Paper, auto parts, and building materials are just a few of the innovative uses of hemp stalks that now must be imported from other countries such as Canada, China, England and Germany.

Please Join Us in Fighting America's Outrageous Hemp Policy. Vote Hemp, the nation's leading industrial hemp farming advocacy group, has been fighting the Drug Enforcement Administration's stranglehold on hemp farming since 2000. Based in Washington, DC, our network of 20,000 supporters can be found in all 50 states. We have been the backbone of legislative efforts in numerous states and also in Congress this year.

In the courts, Vote Hemp is backing a federal lawsuit on behalf of licensed hemp farmers from North Dakota against the DEA. The landmark case, *Monson v. DEA*, was filed in June of 2007. While the lower court rejected the farmers' claims, the case is now under consideration by the 8th Circuit Court of Appeals and has the strong possibility of being the first industrial hemp case to go to the Supreme Court. If successful, it would result in commercial hemp farming. With your support, Vote Hemp is financing the lawsuit against DEA. You can find us online at: www.VoteHemp.com.



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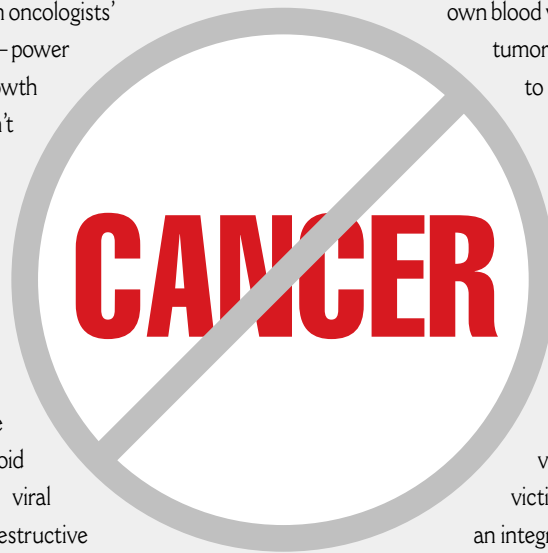
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10 Pillars of Alternative Cancer Treatments

GARY L TUNSKY

- 1. Detoxification** – a 21 day whole body cellular detoxification is necessary for cancer reversal. The main filtration organs are the liver, gallbladder, kidneys, colon, and lymphatics, which require flushing along with blood cleansing and heavy metal chelating (oral zeolite) to bond to mercury, aluminum, cadmium and lead. Please visit: www.drCelltox.com for full article.
- 2. Nutritional Assimilation** – for optimum health human, cells need water, amino acids, glucose, essential fatty acids, vitamins, minerals, phytonutrients, enzymes, photon light, and electromagnetic energy flow. Raw vegetable juice coupled with Intramax liquid multi from Drucker Labs, covers the nutritional material needed for peak cell performance.
- 3. Oxygenation** – cellular respiration disorder due to lack of oxygen (hypoxia) is the main cause of healthy cells turning cancerous. Because most people are sedentary, shallow breathers, and live in concrete jungles, we are a breeding ground for cancer. Liquid oxygenation or ozone therapy, delivered by rectal insufflations, auto-hemotherapy (blood) or medical ozone bubbled through water are the most effective tools to suffocate an aerobic tumor.
- 4. pH Alkalization** – Because of mainstream oncologists' lack of knowledge in acid base balance (pH – power of hydrogen) correlating with cancer growth through metabolic acidosis, they won't address treatment options to alkalinize cells, tissues and tumor sites. An 80% alkaline – 20% acid raw organic diet, cesium chloride/DMSO protocol and coral calcium are the fastest ways to neutralize acid waste.
- 5. Immune System Modulation**
– Immunosuppression of thymus, bone marrow, spleen, lymph nodes, and gut lymphoid tissue, leads to opportunistic infections, viral infiltration and tumor growth. All non-destructive immune modulating treatments protocols such as transfer factors, carnivora, mushroom extracts, Natcell, thymus glandular, and Beta 1,3 glucan are found outside of mainstream medicine.
- 6. Vibration Therapy** – the pioneering research of Dr. Royal Raymond Rife, matching the energy vibrations through electromagnetic pulse waves to the tumor resonance, proved to shatter the tumor with no destruction of healthy tissue.
- 7. Cell Apoptosis** – programmed cell death to the cancer cells without death to healthy cells can be achieved by driving cancer cells' energy into a low-voltage state. Because healthy cells have higher vibratory rates than cancer cells, they survive. All non-toxic cell apoptosis supplements like cesium chloride, DMSO, Cantrel, Protocol, and Poly MVA are outside of mainstream medicine knowledge.
- 8. Dendritic Culturing** – Substances called cytokines are drawn from the patient's blood, which are messengers regulating the immune system. These protein fractions are concentrated, activated, and transformed into a natural vaccine preparation and cultured in Petri dishes, along with the patient's cancer cells, and incubated for 21 days. The different cellular and fluid fractions are recombined, creating memory recognition of the patient's cancer cells in the dish and administered as injections, inhalation, or sublingual drops, back into the patient as dendritic antibodies. Because they are trained in the dish, they migrate in the blood to your tumor site as a packman effect.
- 9. Anti-Angiogenesis** – Oncologists know that tumors grow their own blood vessels, called angiogenesis, to siphon in sugar and tumor feeding microbes. Proven non-toxic compounds to choke the blood supply to tumors include shark cartilage, bindweed and hydrazine sulfate.
- 10. Meditation & Prayer** – Because physicians are taught in medical school that if you can't see it, hear it or feel it, it's not an integral part of the disease process. Because of the atheistic mind-set drummed into them from university indoctrination, emotions are totally neglected as an intricate part of cancer treatment, and yet, toxic emotions and spiritual void to their creator is a main culprit in cancer victims. Consulting for emotional issues and stress is an integral part of healing cancer.



Gary L. Tunsky is a keynote speaker for PHT (Precision Healing Technologies) and currently practicing as a traditional naturopathic practitioner in southern Florida. Gary is available for private phone consultations worldwide and is a formulator for the DrCelltox 21 day full body cellular cleanse. For more information please visit: www.DrCelltox.com or call: 1-888-863-1733.



The Truth About Air Purifiers

Air purifiers are designed to provide relief for people like you - people who have allergies, asthma, or other respiratory conditions, or just want to breathe fresh air. Maybe you already have an air purifier yet aren't satisfied with its performance. You're trying to find one that lives up to its promises. Or maybe you have decided to buy an air purifier for the first time. With so many kinds on the market, you want to be sure you're buying the right one.

American consumers spend approximately \$250 million a year on home air purifiers.

This article will give you an insight of the most important factors that are to be taken into consideration, when choosing a right air purifier.

We'll review the various types of air purifiers, a handy "quick comparison chart" of different purifier technologies, the nasty pollutants living inside your home, a 10-point purchasing checklist so you can buy with confidence, and a new purifier with exciting new technology that removes every category of pollutant from your household air without using filters.

Let's talk about home *air purifiers*, but first your house. Dust mites with tiny claws, that hold onto your carpeting (vacuum resistant); windows closed for the winter and stagnant air; windows open during pollen season; chemicals like formaldehyde and benzene from new carpets, furniture, and cleaning products; and have you looked on top of the refrigerator? Uuuugh!

Face it, the air inside your house is downright dirty; up to 100 times more dirty than outside air! What happens when you take this polluted air into your lungs? Allergies, asthma, dizziness, sinus issues, ear infections, headaches, nausea, and respiratory infections result. Indeed, about 50 million Americans

suffer from allergies and asthma, and this equates to nine million doctor visits per year!

Why do we need air purifiers?

Dr. Laura Schlessinger once said, "If you do not have an **air purifier**, you ARE the air purifier." How unfortunately true that is! Have you ever considered that your lungs could be your only air filter at home? Well it's true for many families and households. The airborne contaminants and allergens that circulate throughout your home, eventually settle on floors, furniture, table surfaces...and your lungs! That is, unless you are using a good air purifier.

So what exactly are the dangerous substances floating around your home? Take a look:

- **Microbes:** germs, viruses, bacteria, and mold spores.
- **Odors:** cigarette smoke, litter boxes, cooking, body, and pets.
- **Gases and Chemical Fumes** (volatile organic compounds - VOC's): benzene, cigarette smoke, formaldehyde, nail treatment products, etc.
- **Particulates:** allergens, dust, dust mites, pollen, pet dander, particles in smoke.

How do air purifiers eliminate these pollutants from the air? It depends on whether you are using a mechanical air purifier like a HEPA system, or electrostatic filtration, such as an ionic purifier (or some combination of both). Let's review several kinds of air purifier systems: mechanical devices with hepa filters, electronic devices such as ionizers, ozone air purifiers, carbon devices, and ultra violet light devices. Afterwards, a convenient chart we've created will help you to easily distinguish the differences of each type.

Types of air purifiers

HEPA FILTER AIR PURIFIERS

HEPA filters employ a cloth type filter that can trap 99.9% of particles 0.3 microns or larger in size, and a fan to move air through the machine. HEPA filters can be very effective in clearing out almost any harmful particles from the air in a room. These devices usually have a replaceable filter that can last several years, depending on how filthy the air is in your home. Although some don't like the noise level of a HEPA machine, it can usually remove more pollutants than an ionic machine.

-Advantages: Allergens are captured; not being released into the air once trapped.

-Disadvantages: Does not eliminate chemical fumes, gases, cigarette smoke, or odors.

OZONE AIR PURIFIERS

Ozone is a highly reactive oxidant that destroys certain bacteria and chemicals. Although ozone is very effective against strong odors, there is a caution you should consider.

When ozone reacts with substances in the air, the substances are broken down into other materials that are also pollutants. This is where the controversy lies with ozone machines. You can run ozone machines on low (if they are adjustable), which manufacturers often advise. However, if you are clearing a room from smoke or odors, you can run it on high while keeping people out of the environment altogether. Later, turn the machine off and open windows to clear out the ozone.

-Advantages: Extremely effective against odors.

-Disadvantages: Not effective on allergens and most chemicals.



CARBON AIR PURIFIERS

Activated carbon air filters consist of a system of pores that are tiny in size. These pores are highly adsorbent, chemically reacting to particles that pass through them, and the particles and odors actually bond with the carbon.

This is the most absorbent filter on the market today, so it is extremely effective in capturing certain types of particles (see the chart below for more information). Note that most carbon activated devices also incorporate HEPA technology, thereby combining the advantages of both types of technology.

-Advantages: Highly effective with chemicals, gases, smoke, and odors.

-Disadvantages: Not effective with allergens and micro-organisms.

IONIC AIR PURIFIERS

Ionic air purifiers do not have a cloth filter like the HEPA machines. They work by "ionizing" the air, causing particulates to gain a positive or negative charge. Why charge the particles?

The charge is necessary for two reasons. The air ionizer contains collection plates that have an opposite charge from the particles in the air, so the particles are drawn to the collection plates (these are referred to as "capture" ionic purifiers). Also, the particulates can be attracted to other particles that have an opposite charge. When this happens, the two particles with opposite charges wind up sticking together and falling out of the air (these machines simply release ions into the air without capturing them on plates). By the way, many people like ionizers because they are very quiet compared to most HEPA machines.

-Advantages: Can remove extremely fine particles anywhere in a room; even several feet away from the machine.

-Disadvantages: Not effective on odors; doesn't kill germs but removes them from household air.



ULTRAVIOLET LIGHT AIR PURIFIERS

Ultraviolet (UV) lamps are known to sterilize micro-organisms that pass through it, including germs, viruses, bacteria, and mold; so microorganisms, after treated with this light, can no longer reproduce and grow. At least we know this to be true when UV light is used in sufficient dosage and a sufficiently long period of time to do its job.

When used in an air purifier, does the UV light have enough time to perform and sterilize correctly while air is moving through it, possibly at a brisk rate of speed? There is an innovative approach that uses UV lamp combined with a HEPA filter, so particles trapped in the filter can be treated with UV light for an effective amount of time.

-Advantages: Helps destroy microorganisms that cause disease.

-Disadvantages: Not effective on allergens, smoke, odors, or chemicals.



PURIFYING HYDROXYL RADICALS

Hydroxyl radicals are powerful cleansing agents that occur naturally in the Earth's atmosphere. They are created when oxygen atoms pull a hydrogen atom from water vapor, which then form the radical. Hydroxyl radicals are 1,000,000 times faster at destroying pollutants in the air than ozone. They are the most powerful method of neutralizing mold, bacteria, and viruses.

New proprietary technology has combined hydroxyl radical technology with ultra violet light and negative ions, resulting in an air purifying system that neutralizes every category of pollutant in your home, including odors, without the need for filters!

-Advantages: Removes every category of pollutants when combined with

QUICK COMPARISON OF AIR PURIFIER TECHNOLOGY

Type of Purifier	Size of Particles Removed	Removes Allergens (dust, pollen, mold spores)	Removes Bacteria	Removes Odors	Removes Viruses & Germs	Removes Cigarette Smoke	Removes Chemical Fumes
HEPA	down to 0.3 microns	Yes	some bacteria	no	no	no	no
Ionizer	down to 0.1 microns	Yes	Yes	no	viruses	Yes	some
Ultra Violet Lamp	N/A	Some	Yes	no	Yes	no	no
Carbon Filter	N/A	some	some	Yes	no	Yes	Yes
Ozone Generator	N/A	no	some	Yes	some	Yes	some
purifying hydroxyl radicals	0.1 microns	mold	Yes	no	Yes	no	some

negative ions and UV light technologies; no filters needed; inexpensive.

-Disadvantages: Only available from one manufacturer.

What is the best air purifier for you?

There are some very good air cleaners by Oreck, Honeywell, Austin, Friedrich, Hunter, Kenmore, IQAir, Blueair, Electrolux, Panasonic, Airfree, and Surround Air, yet you must understand the technical differences among these purifiers before you can find one that's right for you.

Use the "Quick Comparison" chart above to easily distinguish the differences between purifiers and identify the features that are best for you.

10 point purchasing checklist

- It is desirable to find a unit with a high percentage of particulates removed from the air, together with the capability of capturing a small particle size.
- Air volume capacity. Look at the recommended room size of the unit, usually expressed in square feet.
- Specific health concerns. When you look at our quick comparison chart above, what substance do you most want to remove: cigarette smoke, bacteria, germs?
- Reputable manufacturer. The Association of Home Appliance Manufacturers: (www.aham.org) is a reliable source of information for air purifiers.
- Indoor factors. Is there a particular pollutant (cigarette smoke, mold spores, dust, etc.) that is affecting your health? Look for a unit that can best eliminate that substance.
- Operating cost. Replacement filters can be a significant cost. Check the manufacturer's replacement interval and filter cost.

- Construction quality. Does the warranty cover internal components? Is the machine listed with an organization that requires standards for quality and safety?

- Ease of use. Make sure that filter changing, operating, and cleaning are not too much of a challenge.

- Warranty. Look for a comprehensive, long-term warranty. Usually the best you can find is a limited warranty.

- Operating noise. Does the manufacturer claim their unit is "whisper quiet?" Confirm exaggerated claims by requesting operating noise values (expressed in decibels). Quieter units are about 35 decibels.

Tips for keeping your inside air clean

- Don't use aerosol sprays.
- Remove glues, adhesives, lighter fluids, shoe polish, and mothballs.
- Don't use glues, adhesives, or paints indoors.
- Don't use tobacco products inside your home.
- Don't use a fireplace.
- Do not use candles or incense.

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HOW TO AVOID BRANDS MADE WITH GENETICALLY MODIFIED ORGANISMS (GMO)

Genetic Engineering (GE) or Genetic Modification (GM) of food involves the laboratory process of artificially inserting genes into the DNA of food crops or animals. The result is called a genetically modified organism or GMO. GMOs can be engineered with genes from bacteria, viruses, insects, animals, or even humans. Most Americans say they would not eat GMOs if labeled, but unlike most other industrialized countries, the U.S. does not require labeling.

This Non-GMO Shopping Guide is designed to help reclaim your right to know about the foods you are buying, and help you find and avoid GMO foods and ingredients.

TIPS FOR AVOIDING GM CROPS:

• TIP #1: BUY ORGANIC

Certified organic products are not allowed to contain any GMOs. Therefore, when you purchase products labeled “100% organic,” “organic,” or “made with organic ingredients,” all ingredients in these products are not allowed to be produced from GMOs. For example, products labeled as “made with organic ingredients” only require 70% of the ingredients to be organic, but 100% must be non-GMO.

• TIP #2: LOOK FOR “NON-GMO” LABELS

Companies may voluntarily label products as “non-GMO.” Some labels state “non-GMO” while others spell out “Made Without Genetically Modified Ingredients.” Some products limit their claim to only one particular “At-Risk” ingredient such as soy lecithin, listing it as “non-GMO.”

• TIP #3: AVOID AT-RISK INGREDIENTS

Avoid products made with any of the crops that are GM. Most GM ingredients are products made from the “Big Four:” corn, soybeans, canola, and cottonseed, used in processed foods. Some of the most common genetically engineered Big Four ingredients in processed foods are:

- **Corn:** Corn flour, meal, oil, starch, gluten, and syrup. Sweeteners such as fructose, dextrose, and glucose. Modified food starch*

- **Soy:** Soy flour, lecithin, protein, isolate, and isoflavone. Vegetable oil* and vegetable protein* Canola, Canola oil (also called rapeseed oil). Cotton, Cottonseed oil *May be derived from other sources.

In addition, GM sugar beets may soon enter the food supply. Look for organic and non-GMO sweeteners, candy and chocolate products made with 100% cane sugar, evaporated cane juice or organic sugar, to avoid GM beet sugar.

• TIP #4: BUY PRODUCTS LISTED IN THIS SHOPPING GUIDE

Download the complete list (www.republicmagazine.com/gmo) and keep it with you whenever you shop. Store it inside your reusable shopping bag, put into your coupon-holder or checkbook, or leave it in your car.

- **FRUITS & VEGETABLES:** Very few fresh fruits and vegetables for sale in the U.S. are genetically modified. Novel products such as seedless watermelons are NOT genetically modified. Small amounts of zucchini, yellow crookneck squash, and sweet corn may be GM. The only commercialized GM fruit is papaya from Hawaii—about half of Hawaii’s papayas are GM.

- **MEAT, FISH & EGGS:** No genetically modified fish, fowl, or livestock is yet approved for human consumption. However, plenty of non-organic foods are produced from animals raised on GM feed such as grains. Look for wild rather than farmed fish to avoid fish raised on genetically modified feed, and 100% grass-fed animals.

- **ALTERNATIVE MEAT PRODUCTS:** Many alternative meat products are processed and include ingredients that can be genetically engineered, so

give the ingredient lists close attention to avoid the Big Four at-risk ingredients, especially soy.

- **DAIRY PRODUCTS & ALTERNATIVE DAIRY PRODUCTS:** Some U.S. dairy farms inject the genetically engineered hormone rbGH, also called rbST, into their cows to boost milk production—so be sure to purchase products with a label that indicates cows free of rbGH or rbST. Many alternative dairy products are made from soybeans and may contain GM materials.

- **BABY FOODS & INFANT FORMULA:** Milk or soy protein is the basis of most infant formulas. The secret ingredients in these products are often soy or milk from cows injected with rbGH. Many brands also add GMO-derived corn syrup, corn syrup solids, or soy lecithin.

- **GRAINS, BEANS & PASTA:** Other than corn, no GM grains are sold on the market. Look for 100-percent wheat pasta, couscous, rice, quinoa, oats, barley, sorghum, and dried beans (except soybeans).

- **BREAKFAST BARS:** Cereals and breakfast bars are very likely to include GMO ingredients, because they are often made with corn and soy products.

- **BAKED GOODS:** While baking ingredients such as wheat flour, rice, kamut, and oats are not genetically modified, many packaged breads and bakery items contain other GMO ingredients such as corn syrup.

- **FROZEN FOODS:** Many frozen foods are highly processed. Keep an eye out for the Big Four at-risk ingredients and stay away from frozen foods that contain them, unless they are marked organic or non-GM.

- **SOUPS, SAUCES & CANNED FOODS:** Many soups and sauces are highly processed, so give the ingredient lists close attention to avoid the Big Four at-risk ingredients.

- **CONDIMENTS, OILS, DRESSINGS & SPREADS:** Unless labeled explicitly, corn, soybean, cottonseed, and canola oils probably contain genetically modified products. Choose pure olive, coconut, sesame, sunflower, safflower, almond, grapeseed, and peanut oils. Also choose preserves, jams, and jellies with cane sugar, not corn syrup.

- **SNACK FOODS:** Look for snacks made from wheat, rice, or oats, and ones that use sunflower or safflower oils. There is no GM popcorn on the market, nor is there blue or white GM corn.

- **CANDY, CHOCOLATE PRODUCTS & SWEETENERS:** Many sweeteners, and products like candy and chocolate that contain them, can come from GMO sources. Look for organic and non-GMO sweeteners, candy and chocolate products made with 100% cane sugar, evaporated cane juice or organic sugar to avoid GM beet sugar, and watch out for soy lecithin in chocolates and corn syrup in candies. The sweetener aspartame is derived from GM microorganisms. It is also referred to as NutraSweet® and Equal® and is found in over 6,000 products, including soft drinks, gum, candy, desserts, yogurt, tabletop sweeteners, and some pharmaceuticals such as vitamins and sugar-free cough drops.

- **SODAS, JUICES & OTHER BEVERAGES:** Most juices are made from GMO-free fruit (avoid papaya though, as it could be GMO), but the prevalence of corn-based sweeteners—e.g. high-fructose corn syrup—in fruit juices is cause for concern. Many sodas are primarily comprised of water and corn syrup. Look for 100-percent juice blends.

- **INVISIBLE GM INGREDIENTS:** Processed foods often have hidden GM sources (unless they are organic or declared non-GMO).

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For more information on GMO foods please visit: www.ResponsibleTechnology.org

Go to www.republicmagazine.com/gmo for a comprehensive list of hundreds of brand-name products that contain GMO and Non-GMO ingredients.

There are more ways to be healthy than we are normally taught. Sometimes we need to explore alternatives to achieve a healthy balance for our bodies, often rediscovering the "lost" wisdom of our grandparents.

In the history of humanity, it is interesting to observe how we now refer to herbal medicine, massage, yoga, meditation, reflexology, acupuncture, colon cleansing, and a host of other therapies as "alternative". In reality, these therapies were around and in daily use in different parts of the world, a long time before allopathic medicine was even thought of. The mainstream media paints the picture of all these "new" therapies as alternatives to traditional medicine, when traditional in its true sense is everything that came before allopathic medicine. We could better describe this movement towards alternative therapies, as a rediscovery of age-old wisdom, some of which has been around for several thousand years. When we seek to become aware of alternative therapies, it is important to have a basic understanding of what they are and how they work. In this article, that is precisely what we are going to explore.

Achieving optimal health comes as a result of addressing your health from multiple points of view and targeting the cause, rather than the symptoms, of varying health concerns. For example, if you are stressed out, you may need to examine how well you communicate at work and at home, how you resolve conflicts in a healthy manner, how you channel your emotions, your levels of B complex vitamins, your overall nutrition, whether you have pain in your body, or negative thoughts in your mind. Basically, this means that there is rarely one cause of poor health and in order to move towards optimal health, it is important to evaluate our overall lifestyle, being honest enough with ourselves to start changing what needs changing.

Practices and approaches that enhance our health:

Yoga: As a long time practitioner, teacher and teacher trainer of yoga, I have seen yoga powerfully enhance my health, as well as that of my students and their students. Yoga uses time-tested technologies to bring you stress relief, stamina, relaxation, flexibility, rejuvenation, and a clearer connection to your self. Classes use specific postures with alignment guidance, designed to bring strength and flexibility to your physical body. Another aspect of yoga is the learning of breathing patterns or Pranayama, which enhance lung function and contribute to a general sense of well-being. A good Yoga class will also focus on meditation as a way to calm the mind and relieve stress.

Meditation: Generally speaking, meditation can be described as a mental practice in which you focus your attention on a particular subject or object. It does not have to be associated with religion. It can easily be secular, and your object of attention is entirely your choice. It could

be a word or phrase you repeat, breathing patterns, or simply focused awareness. A simple way to start is by focusing your attention on your breath and following its rhythm. Whenever your mind wanders, simply return your attention to your breath. It takes practice and yields great results. Regular meditation can increase immunity, improve asthma, and generally speaking improve your overall outlook on life.

Massage: Massage induces a deep state of relaxation, stimulates the immune system, provides relief from pain syndromes, and improves the circulation of blood and lymph. There are many styles of massage, with Swedish being one of the most well known in the US. Swedish massage focuses on relaxing the body by relaxing tension in the muscles. Deep tissue, myofascial, and Rolwing seek to unwind deep tension patterns in the body, that contribute to poor posture and eventually pain. Some massage therapists study further in the use of therapeutic oils, which when absorbed through the skin offer beneficial properties, from reducing blood pressure to soothing skin disorders. In addition to the benefits of the accompanying massage, aromatherapy induces deep states of relaxation by stimulating the limbic system of the brain. Another form is Thai massage. This 3000 year old South East Asian therapeutic art form, synthesizes rhythmic compression with exquisite stretching. With elegantly sequenced movement and breath, it brings increased vitality, and profound rest and relaxation. The practitioner uses the hands, forearms, knees, elbows, feet, and fingers in compression strokes, blended with delightful stretches and breathing. Thai bodywork helps recipients achieve or regain balance in their energy flow. It works on the muscles, ligaments, joints, and connective tissue, and improves the function of all body systems.

Herbal Medicine: It is often known as Herbology and uses different herbs in their various parts for their therapeutic or medicinal properties. Herbs contain a variety of chemical constituents that have differing effects on the body. Herbalists use the leaves, flowers, stems, berries, and roots of plants, to prevent, relieve, and treat illness. Though modern medicine often considers herb usage one of folklore, the reality is that many allopathic medicines are actually directly derived from botanicals. Despite many allopathic beliefs, herbal medicine has a long and respected history. Modern science, in its apparent wisdom, has isolated the medicinal properties of a large number of herbs, often isolating one component out of many and developing a drug by synthetically replicating that one component. Nature in its true wisdom, however, puts all components together to work gently without provoking side effects. There are many different herbs for the same condition, so working with a trained herbalist is advisable in order to achieve good results. This being said, it is also good to educate yourself enough to have a list of what common herbs to use for certain common conditions. For example, one of my favorites to knock out a cold or flu, is the use of fresh raw garlic. Mash 3-5 cloves

by Darren Craddock



with an avocado and spread on whole wheat or spelt bread. Eat this a couple of times a day until you kick the cold or flu. It has never failed me.

Nutrition: Good nutrition helps with the prevention and treatment of illnesses, because a well-nourished body works optimally and rarely gets sick. Optimal nutrition focuses strongly on balance and we all know, the older we get, the more we understand the importance of balance in our lives, and our diet is no exception. Most modern ailments such as Hypertension, diabetes, and obesity are dramatically improved, when one adopts a healthy diet. I recommend seeking out a holistic nutritionist, if you need help with this area of your health, although there are certain basics that can greatly improve your overall health with regards to diet. Some simple tips are the following: eat greens and some salad every day, using fresh, raw and colorful vegetables. Eliminate processed foods from your diet, consuming only whole grains. Try to get more of your protein from vegetable sources such as lentils, beans, nuts etc. Avoid “low fat” foods, which customarily use chemical additives to replace the fat. Instead, focus on good fats, such as extra virgin coconut oil to cook with, organically raised butter or ghee, and extra virgin olive oil for dressings. Consider adding oil after you cook. It keeps its beneficial properties in this way. Reduce or eliminate soy from your diet. It’s not the health food that it’s touted to be. Grow your own organically or bio-dynamically or try to eat more organic foods.

Acupuncture: This ancient health-enhancing practice, involves the stimulation of anatomical points on the body using a variety of techniques. The acupuncture technique that has been most often studied, scientifically involves penetrating the skin with very thin, solid, metallic needles, that are normally manipulated by the hands. These needles are sterilized and used only once.

Acupuncture has been practiced in China for thousands of years. Acupuncture is one of the key techniques used in traditional Chinese medicine. In TCM, the body is seen as a delicate balance of two opposing and inseparable forces: yin and yang. Yin represents the cold, slow, or passive principle, while yang represents the hot, excited, or active principle. According to TCM, health is achieved by maintaining the body in a “balanced state”; with disease being due to an internal imbalance of yin and yang. This imbalance leads to blockage in the flow of qi (vital energy) along pathways known as meridians. Qi can be unblocked, according to TCM, by using acupuncture at certain points on the body that connect with these meridians. These meridians are in 14 main channels and connect the body in an interconnecting matrix of some 2,000 acupuncture points. Needles can even be used to ease pain after surgery.

Chiropractic: is a branch of healthcare that focuses on the evaluation, treatment and prevention of mechanical disorders of the musculoskeletal system, especially the spine. The philosophy is that these disorders affect general health via the nervous system. This is because each nerve feeds a part or parts of the body. When vertebrae are misaligned, pressure exerted upon that nerve can dramatically affect the health of that corresponding part

of the body. Chiropractic is generally considered to be a branch of alternative medicine, probably due to its more holistic approach. Chiropractic treatment focuses on manual therapy including spinal manipulation and other joint and soft tissue manipulation, and includes exercises and health and lifestyle counseling. While chiropractic medicine is relatively new, being founded in the late 1800’s, the manipulation of joints can be traced back thousands of years in Thai massage and other traditional healthcare practices.

Reflexology: Reflexology is also known sometimes as zone therapy. It is based on the theory that each body part is represented on the hands and feet and that pressing on specific areas on the hands or feet can have therapeutic effects in other parts of the body. The practitioner can help by feeling the hands or feet and choose to work on certain areas of the feet or hands to improve circulation, not only to those same hands and feet, but also to the corresponding parts of the body. Most often, points are held for 10 or more seconds, with pressure varying according to patient tolerance.

Reflexologists believe that wherever tension is found on a foot, it is a sign that stress and its effect have begun to accumulate in the corresponding parts of the body. My personal experience of reflexology is that it needs to be practiced regularly to have the long-term desired effect, and it is a very valuable therapy on the road to optimal health. Just beware of ticklish feet!!!

Colon and other cleansing: That colon cleansing is necessary is beyond refute. Over years of poor dietary habits, toxins and undigested waste become stuck to the walls of the intestines, eventually slowing the ability of the colon to contract, muscularly, thus resulting in a range of potentially serious health concerns such as constipation, diverticulitis, diverticulosis, spastic colon, etc. In order to counteract this, good effective colon cleansing is a sure way of improving colon health. According to many naturopathic experts, health begins in the colon. It is important to note that any cleansing must begin with colon cleansing and the colon must be functioning well, before attempting any other cleanse such as liver cleansing, kidney cleansing, etc. A well functioning colon will yield one bowel movement for every meal eaten, daily. In order to achieve a healthy colon, one must adhere to a diet rich in vegetables and some raw fruit. Refined foods tend to constipate. A good cleansing protocol involves using two formulas, one to absorb toxins and provide bulk, and another to gently stimulate the contraction of the haustra, the muscles of the colon wall. A good cleanse will take 4 or more days, during which a strict vegetable based diet must be followed. Google colon cleansing for more information or go to: <http://www.enerhealthbotanicals.com/Cleanses-s/77.htm>

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