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Bulletin

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The Motors of Innovation

Dear Reader



Studies in Economics show that only small companies create jobs. Large companies destroy jobs. The reason is that small companies are innovative, while large companies specialize on

delivering their products more efficiently, thereby eliminating jobs.

When you look at the field of medicine, there seems to be a lot of innovation. But when you look closer, not much progress is made. We still have the same diseases we had decades ago, only more people are affected.

Medicine is a field dominated by the large companies. They leave nothing untried to crush small companies before they ever become competition. The same holds true for other fields, but the Government protects the freedom of small companies so they can't easily be eliminated. In medicine, the opposite is true. The Government is the marionette of the interests of the multinationals, and is mostly engaged in destroying small innovative companies.

Small companies are the motors of innovation. Without them, there will be no innovation in medicine. We must get the Government to keep their hands off the future of medicine.

Sincerely Yours,

David P. Amrein

Contents

Editorial/Contents/Imprint	1
Dr. Hulda Clark's Christmas Message	2
Researchers Confirm Effectiveness of Wormwood Against Cancer	4
Homeography Q&A	5
What Happened to the Vitamins in Our Food?	7
The Dental Amalgam Issue	10
The Diabetes Recovery Program	15
Understanding the F-Scan	16
Success Stories Using the Dr. Clark Method	19
Return Form	21

Imprint

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Dr. Hulda Clark's Christmas Message

From Dr. Hulda Clark's Lab, 2001

23 December 2001

The best jobs in the world are those that reward you with more than money, it's the feeling that you gave something from the heart. Parents get that reward from raising children. Teachers get it. Growing organic food brings it. Doing something about September 11 brings it. Making Christmas for others brings it.

This year something totally inanimate deserves the prize for giving. Something made of plastic, wires, a common transistor and 2 plates, can you guess?

The Syncrometer™ GAVE away one of its secrets this year, one it had held on to for years. Maybe September 11 softened its heart, too. This is what it said:

"My qualitative principle is: to make me resonate you must place things that have something in common on 2 of my plates".

"But you only have 2 plates", I said.

"And TESTER makes 3", the Syncrometer replied. "Any odd numbers, like 3, 5, 7 and so on are reversed due to a phase shift of 180°, and do not resonate even when they hold identical things. That is why **you** must be free of benzene to test for benzene."

"Oh, I already knew that", I said politely.

"Now then", it went on, "my quantitative principle is: things that resonate must have the identical frequency, or a divisor of it, or frequencies that add up to it precisely."

"Oh, you mean a frequency of 434 kHz will not resonate with 435 kHz, even though it's so close?"

"Correct", it said.

I ran to my desk to test it out. It was true.

"And you could put 2 kHz and 3 kHz on the same plate and it would resonate with 6 kHz", I asked.

"Yes", it said, "but it would also resonate with 5 kHz".

"Astounding", I exclaimed, "what kind of phenomenon does arithmetic like that? Do you know what this means?"

"Not really", the machine said.

"I think a whole new world is in front of us, right before our very eyes."

"Ears", corrected the Syncrometer.

"It's a world of frequencies, with organized structure and reality, maybe even unreality can make sense."

But there was not time for speculation. I ran for the lungs. They were kept handy in a box of slides. And the herb collection. I pulled mullein, comfrey and garlic. These 3 are especially good for lungs, known for 1000 years by herbalists.

Sure enough, each one resonated with lungs. But I knew the principle. When other herbs did not, I knew why. Some day I'll make the actual measurements.

"Now we can search for herbs, or anything that will be good for lungs. There is now an attraction, a tropism based on scientific facts."

“Yes”, the Syncrometer replied.

“And when the lungs have a parasite...” I started to ask.

“Then the parasite has a frequency that divides evenly into the lungs frequency or adds up with something else in the lung to equal that frequency”, it answered.

“Wow! I’ve got to try that”, I said.

I found a saliva sample I kept handy (not the real, yucky things, just its frequencies). It showed Ascaris in the kidneys. It was from a woman with a cyst in the kidneys. She was scheduled for surgery.

I placed the Ascaris slide on the plate. The other plate had the saliva copy and the kidney slide. They resonated, I already knew. Then I added an herb to the Ascaris plate with the Ascaris slide. Nothing changed in 19 tests; it always resonated. But when I added pomegranate juice in the 20th test, the resonance was gone! I found 2 more herbs this way, chlorophyll and juniper.

Could these 3 work a special magic with their special frequencies? This means, would they destroy the Ascaris in real time and real space? Not just eliminate a derived frequency from a derived location. It seemed to work. Soon a scan showed the cyst shrinking and less dense. The new science of finding ANTIDOTES was born.

“Well then, let’s search for Anthrax antidotes”, I said.

“Timely”, the Syncrometer answered.

“But the powers-that-be don’t want such discoveries”, I argued. “They want the darkness of medieval days. They’ll have me in a dun-

geon”, I said, quite aware that I was just griping and whining.

“Let the people find it themselves”, the Syncrometer said. “Just tell them how!”

“Oh”, I said, and got to work. The antidotes at the lungs are vinegar, citric acid, mullein, plantain, chlorophyll, pomegranate, and peppermint. Seeing chlorophyll and pomegranate again, I suspect they have some very unique and powerful ingredients.

Any one or two or three of these antidotes would already be quite helpful. We added pomegranate (2 tbs.), chlorophyll (2 tbs.), peppermint (1 tsp.), and citric acid (¼ tsp.) to ¼ cup honey. Then we added 1 tbs. aloe vera (REAL brand) to help it mix. After shaking hard we gave it to a man with lung disease that also tested positive for Anthrax in the lungs. It is quite common, in fact, he had 3 varieties of Anthrax. He took ¼ tsp. three times a day. In 3 days they were all gone. The recipe works for all varieties, even a genetically engineered variety. A maintenance dose could be once a day (and 1/8 tsp. for children).

“And that is my gift to you this year”, the Syncrometer said, its voice fading into technical language.

“I’ll pass it on to the testers”, I quickly yelled.

“No, no, to the non-testers”, it screamed back.

“OK, to one and to all”, I screamed back. “Thank you, thank you, Santa Claus.” And that was it for 2001.

Merry Christmas and a Happy New Year.

Hulda R. Clark

Researchers Confirm Effectiveness of Wormwood Against Cancer

Ancient Chinese folk remedy may hold key to non-toxic cancer treatment

Two bioengineering researchers at the University of Washington have discovered a promising potential treatment for cancer among the ancient arts of Chinese folk medicine.

Research Professor Henry Lai and assistant research Professor Narendra Singh have exploited the chemical properties of a wormwood derivative to target breast cancer cells, with surprisingly effective results. A study in the latest issue of the journal *Life Sciences* describes how the derivative killed virtually all human breast cancer cells exposed to it within 16 hours.

“Not only does it appear to be effective, but it’s very selective,” Lai said. “It’s highly toxic to the cancer cells, but has a marginal impact on normal breast cells.”

The compound, artemisinin, isn’t new. It apparently was extracted from the plant *Artemisia annua* L., commonly known as wormwood, thousands of years ago by the Chinese, who used it to combat malaria. However, the treatment was lost over time. Artemisinin was rediscovered during an archaeological dig in the 1970s that unearthed recipes for ancient medical remedies, and has become widely used in modern Asia and Africa to fight the mosquito-borne disease.

The compound helps control malaria because it reacts with the high iron concentrations found in the malaria parasite. When artemisinin comes into contact with iron, a chemical reaction ensues, spawning charged atoms that chemists call “free radicals.” The free radicals

attack cell membranes, breaking them apart and killing the single-cell parasite.

About seven years ago, Lai began to hypothesize that the process might work with cancer, too.

“Cancer cells need a lot of iron to replicate DNA when they divide,” Lai explained. “As a result, cancer cells have much higher iron concentrations than normal cells. When we began to understand how artemisinin worked, I started wondering if we could use that knowledge to target cancer cells.”

Lai devised a potential method and began to look for funding, obtaining a grant from the Breast Cancer Fund in San Francisco. Meanwhile, the UW patented his idea.

The thrust of the idea, according to Lai and Singh, was to pump up the cancer cells with maximum iron concentrations, then introduce artemisinin to selectively kill the cancer. To accommodate a rate of iron intake greater than normal cells, cancer cell surfaces feature greater concentrations of transferrin receptors – cellular pathways that allow iron into a cell. Breast cancer cells are no exception. They have five to 15 times more transferrin receptors on their surface than normal breast cells.

In the current study, the researchers subjected sets of breast cancer cells and normal breast cells to doses of holotransferrin (which binds with transferrin receptors to transport iron into cells), dihydroartemisinin (a more water-soluble form of artemisinin) and a combination of both compounds. Cells exposed to just one of the compounds showed no appreciable effect. Normal breast cells, exposed to both compounds, exhibited a minimal effect. But the response by cancer cells when hit with first holotransferrin, then dihydroartemisinin, was dramatic.

After eight hours, just 25 percent of the cancer cells remained. By the time 16 hours had passed, nearly all the cells were dead.

An earlier study involving leukemia cells yielded even more impressive results. Those cells were eliminated within eight hours. A possible explanation might be the level of iron in the leukemia cells.

“They have one of the highest iron concentrations among cancer cells,” Lai explained. “Leukemia cells can have more than 1,000 times the concentration of iron that normal cells have.”

The next step, according to Lai, is animal testing. Limited tests have been done in that area. In an earlier study, a dog with bone cancer so severe it couldn’t walk made a complete recovery in five days after receiving the treatment. But more rigorous testing is needed.

If the process lives up to its early promise, it could revolutionize the way some cancers are approached, Lai said. The goal would be a treatment that could be taken orally, on an outpatient basis.

“That would be very easy, and this could make that possible,” Lai said. “The cost is another plus – at \$2 a dose, it’s very cheap. And, with the millions of people who have already taken artemisinin for malaria, we have a track record showing that it’s safe.”

Whatever happens, Lai said, a portion of the credit will have to go to unknown medical practitioners, long gone now.

“The fascinating thing is that this was something the Chinese used thousands of years ago,” he said. “We simply found a different application.”

Homeography Q&A

1. Since flu, itself, can't legally be sent through the mail, can you send bottle copies? Can the Association make them available?

We now have a set available with 17 bottles for plate zapping. It includes flu. They are all homeographic copies so are no problem for shipping or traveling.

1. Sorghum mold
2. 3 Yeasts & RAS
3. Flu & 3 Salmonella at Left Hypothalamus
4. Flu & 3 Salmonella at Right Hypothalamus
5. Prion at Right Hypothalamus
6. Prion at Left Hypothalamus
7. Clostridium botulinum at Left Hypothalamus
8. Clostridium botulinum at Right Hypothalamus
9. Arterial Group “A”
10. Lymphatic Group
11. White Blood Cells (WBC)
12. Whole blood (Human)
13. Simple Squamous (Epithelium)
14. Fibrous Connective Tissue
15. Mucous Tissue
16. Mesothelium
17. Tri-Calcium-Phosphate

2. Since it is hard to acquire items, such as amalgam, to make bottle copies, can the Association make these bottle copies available? If not, can they possibly be CUSTOM-ORDERED?

Not at this time. We can’t handle the administration of hundreds of bottles at this time. Maybe in the future.

3. Help! I took a cord, cut off the end, attached an alligator clip (improperly?), then inserted it into the red (hot) side of my Dr. Zap, then attached it to the little metal plate, and turned it on in an attempt to make bottle copies. It BEEPED! What is wrong?

You will get a beep because the circuit is not closed. This is unavoidable when making homeographic copies because the circuit is open. But it is only 20 seconds so it does not become too obnoxious.

4. Which "lymph" for zapping lymph is to be used to zap the Basic Set?

The basic set is blood, lymph, white blood cells, Cluster A, Cluster L. The lymph refers to the lymphatic fluid.

5. For the liver, you need 4 capacitors and 4 inductors – maybe even 5. How do you zap it? First, one capacitor? Then 2 capacitors? Then 3? Then 4? ... Or just 4 capacitors at a time?

You need to zap the different parts individually, i.e. first one capacitor, then two, three, four, five.

6. When copying bottles, the bottles should touch. Can we put a string around them, or a rubber band to aid conductivity?

You could do that. However, the bottles are not really conductive, they just have to be together as close as possible. I assume that putting a rubber band around them would not really make a difference. Just make sure they touch when you make the copies.

7. For making drops, it is suggested that the metal plate be placed on Tupperware. Will a heavy plastic object do? Anything else?

Yes, you can use any plastic object for it. But making yourself the equipment with a Tupperware plastic container like you see it in the picture in the last Bulletin is very simple.

8. For an aluminum sample, is aluminum foil okay? Can it be wrapped around the bottle for better conductivity?

Yes, aluminum foil is good as an aluminum sample. You just put it in a glass bottle with water which makes your aluminum sample. You can make copies from that also.

9. How precisely does one make rhodizonic acid from lymph and saliva? How do you take it?

Dr. Clark did not elaborate on this. In the meantime, refer to the Advanced Cancer book and the Syncrometer Science Lab Manual for more information.

10. It was a surprise to discover that not just double organs require a Right and Left side, but tissues like the A Group do. Can you give us a list of what else requires an R and L?

Take the clues from anatomy. The A group is made up of arteries, amongst others. You have left arteries and right arteries. So you need right and left (R and L). Also, you have left and right kidneys – therefore you need R and L here too. You only have one liver but need R and L because it is a large organ and this will segment the organ. For small organs, like the pituitary gland, you do not need R and L.

11. Can metals be removed from the brain for Alzheimer's patients using homeographic drops?

a. Has it been attempted?

Yes, it has. Dr. Clark says you can remove anything from any organ with homeographic drops. For that purpose you copy the organ and the toxin into the same bottle. If you want to remove aluminum from the brain of Alzheimer's patients, you would copy aluminum and cerebrum or cerebellum into the same bottle.

b. Which materials specifically (amalgam? aluminum?) have been employed?

For Alzheimer's, aluminum is one of the common denominators. But you may find other metals also, mercury is often present. You can also use amalgam, which is a mixture of a number of heavy metals.

c. Which parts of the brain (hypothalamus?) should be used?

Cerebrum and cerebellum and other parts that are affected. You can see that your treatment will be much more effective if you can test what toxins are where.

d. Is there any DANGER in taking the drops? ADDING to the metals' burden?

None observed so far. The drops are a message for the immune system to eat up a specific toxin. You can't really have side effects from that.

e. Is anybody doing it with Alzheimer's patients? Is such a study planned?

No study is planned with Alzheimer's patients. Our first priorities are to study diabetes, cancer and HIV/AIDS.

What Happened to the Vitamins in Our Food?

Imagine the surprise of going online and discovering that the vitamin and mineral content of vegetables has drastically dropped.

That's what happened to nutritionist, Alex Jack, when he went to check out the latest US Department of Agriculture food tables. The stunning revelation came after Jack compared recently published nutrient values with an old USDA handbook he had lying around. Some of the differences in vitamin and mineral content were enormous – a 50% drop in the amount of calcium in broccoli, for example. Watercress down 88% in iron content; cauliflower down 40% in vitamin C content – all since 1975.

Jack took his findings to the USDA, hoping for a reasonable explanation. That was two years ago. He's still waiting. So is Organic Gardening magazine, which published an open letter, seeking an explanation from Dan Glickman, Secretary of Agriculture. Glickman didn't respond, but USDA employee, Phyllis E. Johnson did. Johnson (who is head of the Beltsville area office), suggested to Organic Gardening that the nutrient drain should be put in context. According to her, the 78% decrease in calcium content of corn is not significant because no one eats corn for calcium. She further explains that the problem may not even exist at all; that the apparent nutrient dips could be due to the testing procedures. For example, changes in the public's perception of what the edible portion is may determine what parts have been analyzed over time. In other words, back when the old food tables were made up, people may have been eating the cob too, so they got more nutrients.

THE VITAMIN DRAIN

We decided to look into this further. Jack had used a 1975 version of the food tables for his research. We dredged up a 1963 version. After comparing the nutrient values for over a dozen fruits and vegetables, it was clear that the nutrient value of many foods has dropped, in some

cases drastically. For example, the amount of vitamin C in sweet peppers has plummeted from 128 mg to 89 mg. The vitamin A in apples has dropped from 90 mg to 53 mg. The fall-offs seem to be limited mostly to vegetables, and some fruits.

Some vegetables appear to be gaining vitamins – at least vitamin A. Carrots, for example, have more of the vitamin now than they did in 1963. Why is a mystery. But the phenomenon has apparently occurred just in the nick of time. The National Academy of Sciences has issued an alert that it takes twice as many vegetables to get the daily requirement of vitamin A as previously thought. Carrots and pumpkin are exempt from the caveat.

Despite the apparent increase of vitamin A in carrots, most vegetables are losing their vitamins and minerals. Nearly half the calcium and vitamin A in broccoli, for example, have disappeared. Collards are not the greens they used to be. If you're eating them for minerals and vitamin A, be aware that the vitamin A content has fallen from 6500 IU to 3800 IU. Their potassium has dropped from 400 mg to 170 mg. Magnesium has fallen sharply – 57 mg to 9. Cauliflower has lost almost half its vitamin C, along with its thiamin and riboflavin. Most of the calcium in pineapple is gone – from 17 mg (per 100 grams raw) to 7. And the list goes on and on.

THE USDA REFUSES TO ACT

What's the deal on this nutrient drain? We decided to ask USDA ourselves, so we contacted the head of the USDA Agricultural Research Service, whose job it is to track the vitamins in food, among other things. Mr. Edward B. Knippling responded to our inquiry with a restatement of Ms. Johnson's letter to Organic Gardening magazine. So we pressed for a better answer. Isn't the agency concerned that Americans may not be getting the vitamins they think they are? What about the food pyramid? Won't a nutrient drain upset the pyramid? Already the National Academy of Sciences is telling us our vegetables don't have as many vitamins as they're supposed to. Will the USDA double the required servings

of vegetables to make up for the vitamin loss? So far, no answer from the agency.

The question is, what is the nature and extent of the problem? Vegetables are a major source of nutrition. Without them, humans miss out on important vitamins, minerals and phytonutrients. Many nutrients (such as folate) weren't measured in the past. If they are also disappearing, the extent is unknown. What about more exotic nutrients such as flavonoids, or compounds like I3C? These aren't tracked by the USDA. Are they disappearing also?

WHAT'S FOR DINNER

The USDA advises that we should be eating 3 to 5 servings of vegetables plus 2 to 4 servings of fruit a day to maintain health. (A serving is one cup of something raw and leafy or one-half a cup of something either not leafy or cooked – or 3/4 cup of vegetable juice). That is potentially 9 cups of vegetables and fruit a day. That's a lot of lettuce. Are people doing this?

Harry Balzer is vice president of NPD Group, a firm that gathers information on the eating habits of Americans. His data says "no way". According to him, the preferred American meal is one-dish, already prepared. Unless a vegetable can be squirted out of a bottle, it's a nonentity. Why? We're in a hurry. Vegetables are considered side dishes, and Americans don't have time for such frivolity. The decline is relentless. Within the last 15 years, the percentage of all dinners including a vegetable (other than salad or potatoes) dropped 10%. It's now 41%.

This raises a big question. If people are not eating their vegetables, how are they getting their vitamins? The answer is they're not.

Study-after-study show that Americans don't meet the RDAs for many nutrients. That's not good considering that RDAs are probably too low to keep most people in optimal health to begin with.

Americans know what they should be eating. They're just not doing it. And they're not likely to. According to Balzer, for example, pizza is

one of America's favorite meals. It fulfills, he says, the American ideal of being easy and fast, liked by old and young, and easy to clean up. If you blot it with a paper towel, throw on some pineapple, and use your imagination, it even seems to fit with the food pyramid. What else are people eating? Bread, doughnuts, pasta, cheese, beef and milk. Without fortified cereal, Americans would not come close to meeting RDAs.

Yes, but what about the produce section? Isn't it filled with resealable bags full of wholesome, scrubbed little carrots, pre-washed salad greens and spinach? Somebody must be buying them, or they wouldn't be there, right? According to Balzer, those puppies are highly successful, raking in a billion dollars in sales (\$100M is considered successful for a new food product). But the fact that people are buying them doesn't mean they're eating them. The reality is that onions are most-often served vegetable in America. Tomatoes (including ketchup) are second.

According to one study, less than one-third of Americans get the minimum five servings of fruits and vegetables a day, let alone the recommended nine. According to Balzer's data, the percentage of Americans who buy healthy groceries is about 10%. The other 90% relies on ketchup, onions, fat-free snacks, ice cream, cheese and Sweet Tarts™ as their source of nutrition. Now we find out that even if a person accidentally eats a vegetable, it may not contain the nutrients it's supposed to. What can a person do?

VITAMIN SUPPLEMENTS WORK

Supplements have proven their worth in scientific studies. Cancer, heart attacks, bone loss, stroke and macular degeneration – most any degenerative disease you can think of can either be prevented by, or ameliorated by, the right nutrients given in supplement form. Over the long term, the benefits can really add up. For example, nurses who took multi-vitamins containing folic acid for fifteen years slashed their risk of colon cancer by 75%.

Folate from food didn't work as well. No one knows why, although bioavailability problems may be to blame. It's estimated that about 90% of the population gets less folate per day than necessary for health (400 micrograms).

In the same study, nurses who took multi-vitamins containing vitamin B6 reduced their risk of heart disease by 30%. The more B6 they took, the lower the risk. Could a high potency, high quality supplement reduce risk even more? We don't know, but a study from Norway shows that a combination of vitamin B6 and folate reduces homocysteine 32% within five weeks in healthy individuals. This has the potential to significantly lower the risk of heart attack and stroke. Other studies show that for every decade of life, plasma concentrations of B6 decrease, and that people who take supplements have a much greater chance of meeting RDAs than those who don't.

There are good reasons to take supplements. The bioavailability of the nutrients in supplements (assuming you buy high-quality) is 100% compared to food which is very unpredictable when it comes to bioavailability. Nutrient content also appears unpredictable. If the vitamin drain is confirmed, it will mean that people cannot count on vegetables and fruit to be the packages of concentrated nutrients they're supposed to be. In a time when most people aren't coming close to getting five, let alone nine, servings of fruits and vegetables, it seems pointless to ask them to eat more to get the same nutrients.

The USDA is apparently unconcerned and not interested in the vitamin drain, despite its mandate to ensure high quality safe foods. In her letter to Organic Gardening, Ms. Johnson said that the nutritional content of produce is not as important as things like appearance and big yield. In other words, Ms. Johnson espouses the view of commercial growers that food is a product in the same way that running shoes are a product. Looks are more important than substance. That view of vegetables and fruits reduces your spinach salad to pretty roughage, and your chances of meeting RDAs to slim.

The USDA can be accessed at <http://www.usda.gov>. The food tables are available online. The folks who do the food testing are in the Agricultural Research Service which can be accessed at <http://www.ars.usda.gov>.

*1963 values have been set at 100%

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NPD Group, Inc. has a website at <http://www.npd.com>. Highlights from the 15th Annual Report on Eating Patterns in America are available online.

Organic Gardening's letter to Dan Glickman, and the response of Phyllis E. Johnson of the USDA - see <http://www.organicgardening.com>.

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The Dental Amalgam Issue

The following text is an excerpt from the writings of DAMS (Dental Amalgam Mercury Syndrome). It is a 501(c)(3) grassroots organization dedicated to educating the public about the health hazards associated with dental mercury. A basic information packet is available from DAMS for a 7\$ donation. Visit their website. It is worth it.

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I) INTRODUCTION

Ever since dentists first started installing amalgams in patients' teeth there has been an issue as to whether mercury is released and causes health problems. Then in 1984 a group of conscientious dentists formed the International Academy of Oral Medicine and Toxicology (IAOMT). One of their objectives was to scientifically explore the safety of amalgam restorations. Since 1984, members of the IAOMT have inspired many renowned medical scientists at universities around the world to research possible health effects associated with mercury leaking from amalgam restorations. Consequently, there are a growing number of scientific studies that document such effects.

Ia) Fundamental Health Flaws

A "silver filling" is a euphemism for an amalgam restoration, which a dentist places in a patient's tooth after a cavity is created by drilling out decay. Amalgam restorations consist of mercury, silver, tin, copper, and a trace amount of zinc. The dental amalgam has two fundamental flaws that adversely effect a patient's health. The first fundamental flaw is that all amalgam metals are positively charged, which results in repulsion between the atoms of the alloy. So there is a sustained release of mercury and other metals from the amalgam into the body. Researchers have measured a daily release of mercury on the order of 10 micrograms per filling from the amalgam into the body. Mercury is a toxic metal; the most minute amount damages cells.

The second fundamental flaw is that there are five dissimilar metals in the amalgam. Galvanic action between these metals is inevitable: the dissimilar

metals form a battery. Galvanism produces electricity that flows through the body. The electric currents produced by the amalgam typically are between 0.1 and 10 microamps, compared to the body's natural electric current of 3 microamps.

For each amalgam these fundamental health flaws are consistent; however, the affects on each person are random.

The mercury challenges systemic functions of every individual and of developing fetuses, so it can lead to health problems and fetal malformations. Mercury leakage and its subsequent effects are most often slow, insidious processes. So health problems caused by dental mercury poisoning are perceived many years after the amalgams are placed.

Ib) The Hippocratic Oath

"...I will prescribe regimen for the good of my patients according to my ability and my judgment and never do harm to anyone. To please no one, will I prescribe a deadly drug nor give advice which may cause his death. If I keep this oath faithfully, may I enjoy my life and practice my art, respected by all men and in all times; but if I swerve from it or violate it, may the reverse be my lot."

Ic) Historical Overview of Mercury Use in Dentistry

Source: Lorscheider, F.L., Vimy, M.J., and Summers, A.O. "Mercury Exposure from Silver Tooth Fillings: Emerging Evidence Questions a Traditional Dental Paradigm." FASEB Journal (April 1995).

As early as the 7th century, the Chinese used a "silver paste" containing mercury (Hg) to fill decayed teeth. Throughout the Middle Ages, alchemists in China and Europe observed that this mysterious silvery liquid, extracted from cinnabar ore, was volatile and would quickly disappear as vapor when mildly heated. Alchemists were fascinated that at room temperature Hg appeared to "dissolve" powders of other metals such as silver, tin, and copper. By the early 1800's, the use of a Hg/silver paste as a tooth filling material was being popularized in England and France and it was eventually introduced into North America in the 1830s. Some early dental practitioners expressed concerns that the Hg/silver mixture (amalgam) expanded after setting, frequently fracturing the

tooth or protruding above the cavity preparation, and thereby prevented proper jaw closure. Other dentists were concerned about mercurial poisoning, because it was already widely recognized that Hg exposure resulted in many overt side effects, including dementia and loss of motor coordination. By 1845, as a reflection of these concerns, the American Society of Dental Surgeons and several affiliated regional dental societies adopted a resolution that its members sign a pledge not to use amalgam. Consequently, during the next decade some members of the society were suspended for the malpractice of using amalgam. But the advocates of amalgam eventually prevailed and membership in the American Society of Dental Surgeons declined, forcing it to disband in 1856. In its place arose the American Dental Association, founded in 1859, based on the advocacy of amalgam as a safe and desirable tooth filling material. Shortly thereafter, tin was added to the Hg/silver paste to counteract the expansion properties of the previous amalgam formula.

There were compelling economic reasons for promoting dental amalgam as a replacement for the other common filling materials of the day such as cement, lead, gold, and tinfoil. Amalgam's introduction meant that dental care would now be within the financial means of a much wider sector of the population, and because amalgam was simple and easy to use, dentists could readily be trained to treat the anticipated large number of new patients. By 1895, the dental amalgam mixture of metals had been modified further to control for expansion and contraction, and the basic formula has remained essentially unchanged since then. Scientific concerns about amalgam safety initially surfaced in Germany during the 1920's, but eventually subsided without a clear resolution. At the present time, based on 1992 dental manufacturer specifications, amalgam (at mixing) typically contains approximately 50% metallic Hg, 35% silver, 9% tin, 6% copper, and a trace of zinc. Estimates of annual Hg usage by U.S. dentists range from approximately 100,000 kg in the 1970's to 70,000 kg today [this figure has now dropped to less than 40,000 kg due to public awareness]. Hg fillings continue to remain the material preferred by 92% of U.S. dentists for restoring posterior teeth. More than 100 million Hg fillings are placed each year in the U.S. Presently, organized dentistry has countered the controversy surrounding the use of Hg fillings by claiming that Hg reacts with the other amalgam metals to form a "biologically inactive substance" and by observing

that dentists have not reported any adverse side effects in patients. Long-term use and popularity also continue to be offered as evidence of amalgam safety.

Id) Has the US Food and Drug Administration Approved the Mixed Dental Amalgam?

The simple answer is NO! What the FDA has done is to approve the two components that make up amalgam, i.e. mercury and dental alloy, but have not seen fit to approve "mixed amalgam," which is what is actually used as the filling material placed in your teeth. Yes, that is correct. Although charged by law to evaluate and classify every medical or dental device to be used on or in humans, the FDA has not evaluated or classified "mixed amalgam" the material used in 75-80% of all tooth restorations. To avoid classifying mixed amalgam, the FDA simply took the position that mixed amalgam was a "reaction" product manufactured by the dentist when he or she mixed the mercury with the alloy before placing it in your tooth.

II) SCIENTIFIC DOCUMENTS: THE CASE AGAINST DENTAL AMALGAMS

The best web source for clinical documents on dental amalgams is

<http://www.home.earthlink.net/~berniew1/>

The URL is awkward and there are no graphics and no sales talk, but you will find 1500 published peer reviewed or Government funded studies that link mercury amalgams to 40 different chronic diseases. Below, find just a few examples.

The question of whether amalgams are harmful can be broken down into the following questions:

- Is mercury toxic? This has been known for centuries and there is plenty of scientific evidence about it. No scientist today contests this.
- Is amalgam released from the amalgam fillings? A large number of studies has been done to confirm this. It is also rather simple to confirm since you can just measure the loss of mercury in an old filling.
- Is the mercury absorbed by the human body? Many studies clearly confirm this. There is no doubt that the body absorbs some of the mercury that is released from the mercury fillings.
- Is the mercury absorbed in quantities that are causing the toxic effects of mercury? This is the most important question and one that has not

been studied as early as the other issues. But now, many published studies clearly link the many chronic diseases to exposure to dental mercury.

Amongst others, studies show that:

- Dental Mercury Impairs Kidney Function
- Dental Mercury Provokes an Increase in Oral and Intestinal Floras
- Dental Mercury is the Source of Two-Thirds of Mercury in Population
- Exposure to Dental Amalgam Mercury has Neurological Behavioral Effects.
- Babies are Exposed to Dental Mercury Through Breast Milk
- Infertility Linked to Amalgam
- Mercury Associated with Cardiac Dysfunction
- Fetal Malformations Linked to Amalgam
- Alzheimer's Disease Linked to Amalgam
- Dental Mercury A Source of Air and Water Pollution

III) AMERICAN DENTAL ASSOCIATION'S (ADA) POSITION

The ADA's position on this issue is in a strange way contradictory.

In the Superior Court of the State of California Case No. 718228, the following demurrer was filed on October 22, 1992: "The American Dental Association (ADA) owes no legal duty of care to protect the public from allegedly dangerous products used by dentists. The ADA did not manufacture, design, supply or install the mercury-containing amalgams. The ADA does not control those who do. The ADA's only alleged involvement in the product was to provide information regarding its use. Dissemination of information relating to the practice of dentistry does not create a duty of care to protect the public from potential injury."

OK, that would mean that the dental amalgam issue is not the ADA's business. However, the Journal of the American Dental Association (April, 1990) writes: "The strongest and most convincing support we have for the safety of dental amalgam is the fact that each year more than 100 million amalgam fillings are placed in the United States. And since amalgam has been used for more than 150 years, literally billions of amalgam fillings have been successfully used to restore decayed teeth."

So, even though it is not the ADA's job to protect the public from harm from dental materials, the ADA has a clear opinion on the subject, which happens to coincide with the view of the companies that fund the ADA with large donations.

However, the picture changes when we look at the ADA's Code of Ethics, which makes the removal of serviceable mercury amalgam restorations an issue of ethical conduct. In the ADA's point of view, it is ethical for a dentist to place mercury amalgam restorations in a patient and claim their safety. However, according to the ADA's code of ethics a dentist who acknowledges that mercury amalgam restorations are toxic and recommends their removal has acted unethically: "...the removal of amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body when such treatment is performed solely at the recommendation of the dentist is improper and unethical" (ADA Resolution 42H-1986. Transaction 1986:536). On the basis of the ADA's code of ethics, state dental boards have taken disciplinary action against mercury-free dentists who have practiced their profession in accordance with current scientific knowledge and their conscience. The disciplinary action has ranged from restrictions placed on their practice to the loss of license.

Additional information about the ADA's position on the dental amalgam issue can be found on their website: <http://www.ada.org/topics/amalgam.html>.

IV) WHAT TO USE INSTEAD OF AMALGAM/DENTAL RESTORATION

According to Dr. Hulda Clark, mercury is by far not the only problem in dental restoration, although it may be the worst – in her speech in Milan in October she said that amalgam seemed to be something like a "master toxin", and she has now found specific ways in which it promotes tumor formation also.

Many of the other materials available for dental restoration are not perfectly safe, either. In fact, it is questionable if there is anything at this time that is perfectly safe. Dr. Clark is no longer recommending composites she used to recommend in the old version of her books. The safest materials available at this time, according to her, are the materials **Targis/Vectris, Sculpture or Empress**, or other materials that are similarly hardened to prevent leak-

age of toxins. These fillings have to be administered as inlays rather than “fillings”, because they have to be shaped at higher temperatures and therefore produced in a dental lab and glued into the tooth. The glues are toxic, also.

Most dentists could provide you with these fillings, however we have found that it is not wise to see a conventional dentist for such procedures. Because they do not believe that mercury is toxic and think you are over reacting to the dental amalgam issue, they will tend to bungle the job or leave “a dab” of something in because, as they think, it does not matter.

It is possible to make crowns and bridges from the above mentioned materials also. Note, however, that Dr. Hulda Clark does not recommend crowns and bridges at all because they will lead to infection.

Since even these fillings are not 100% safe, and since no matter which materials are used, infections under fillings remain a possibility, Dr. Hulda Clark does not recommend any restorations for severely ill patients at all. She prefers extraction of teeth and the use of dentures made of methyl methacrylate.

If you are not severely ill and decide to have your amalgams removed, make sure your dentist takes protective measures to protect you from mercury vapor and particles falling into your throat. The minimum is a coffer dam, but there are better ways of protection. Discuss the possibilities with your holistic dentist.

V) SOCIAL, POLITICAL AND LEGAL DEVELOPMENTS

Social developments

While the “experts” are arguing about whether dental amalgams kill the public, the people have already drawn their conclusions and are demanding less and less mercury. While in 1995 80 tons of mercury were processed as amalgams, the figure dropped to 40 tons in 2000. This goes to show once again that the people are smarter than politics.

Legal Implications

The law offices of Reeves & Associates of Lexington, Kentucky sent a letter on behalf of the IAOMT (see under “organizations”) to amalgam manufactures

in May and September of 1992, making it clear that it was scientifically proven that amalgams caused disease and that if they continued to distribute the toxic products without a proper warning to the public, they would make themselves susceptible to punitive damages in a later lawsuit.

After considering evidence and extensive arguments from attorneys for the plaintiff and defendants, the judge in the California case of Tolhurst vs. Johnson & Johnson Consumer Products, Inc. ruled that it is not generally accepted in the scientific community that mercury from amalgam dental fillings is capable of causing Guillain Barre' Syndrome, the affliction allegedly suffered by plaintiff Tolhurst. The judge therefore suppressed any evidence at the trial demonstrating that mercury was the cause of the plaintiff's illness. The evidentiary hearing was held in response to a defense motion based on the Frye rule. This rule requires a plaintiff to demonstrate that the scientific tests, techniques, and methods on which he/she intends to rely at trial are "sufficiently established to have gained general acceptance in the particular field in which it belongs." The test emphasizes a comparison of the members of the relevant scientific community who do or do not consider the proposed scientific test, method, or technique as valid and reliable.

So this lawsuit was lost but there are certainly more coming and a lot more scientific work has been done in the past few years proving beyond the slightest doubt that dental mercury causes all kinds of diseases.

Politics

In the interest of protecting their citizens' health, Sweden, Norway, Germany, Denmark, Austria, Finland and Canada have recently taken steps to limit and phase out the use of amalgam restorations.

The United States of America Food and Drug Administration has not recently reviewed the safety of amalgam restorations.

However, on November 5, 2001, Congresswoman Diane Watson (D – California) introduced a bill to ban dental amalgams. The full text can be found here: <http://www.fluoridealert.org/news/calif/mercury-bill.htm>

Diane Watson suggests to make amalgams illegal for children and pregnant women, and to phase out the use of amalgams over the period of five years. She says that it is not a question of whether amalgams will be illegal – the only question, really, is when.

VI) REFERENCES

VIa) Websites

Detailed amalgam descriptions can be found at:

<http://vest.gu.se/~bosse/Mercury/Ulf/Instab>

<http://www.algonet.se/~leif/FUSCIFCT.html>

Scientific information can be found at:

<http://www.altcorp.com>

<http://www.iaomt.org>

<http://www.home.earthlink.net/~berniew1/>

VIb) Books

Bio-Probe Inc. has several books pertaining to dental amalgam mercury. They advertise these books on the world wide web at <http://www.bioprobe.com>.

VIc) Newsletters

A quarterly International DAMS Newsletter is published quarterly. The subscription price is \$25.00 per year. Contact DAMS, Inc.

The Bio-Probe Newsletter is published bi-monthly. Editorial office is at 5508 Edgewater Dr., Orlando, FL 32810. The subscription price is \$65.00 per year for USA and Canadian subscribers, and \$85.00 per year for other countries.

VIId) Organizations

IAOMT

P.O. Box 608531

Orlando, FL 32860-8531

<http://www.iaomt.org>

An association for mercury free dentists.

Holistic Dental Association (HDA)

Box 5007

Durango, Colorado 81301

(970) 259-1091

Dedicated to expanding the clinical skills of consci-

entious dentists for the year 2000 and beyond. They have a dentist referral service.

American College of Advancement in Medicine (ACAM)

P.O. Box 3427

Laguna Hills, CA 92654

An association of doctors who practice alternative or complementary medicine. Most of them also practice chelation therapy.

American Academy of Environmental Medicine (AAEM)

P.O. Box CN1001-8001

New Hope, PA 18938

Dedicated to the purpose of recognition, treatment and prevention of illness induced by exposures to biological and chemical agents encountered in air, food, and water.

American Academy of Neurotherapy

410 East Denny Way #18

Seattle, WA 98122

(206) 749-9967

<http://www.neuraltherapy.com>

An educational organization that sponsors seminars, some of which focus on toxicity. They have a doctor referral service.

Consumers for Dental Choice (CDC)

1424 16th Street, NW Suite 105

Washington, D.C. 20036

A project of the National Institute for Science, Law, and Public Policy created to "level the playing field" between the powerful state Dental Boards and all licensed dentists, whether or not mercury-free.

VIe) Conventions

The next IAOMT and DAMS meeting is scheduled for April 5 and 6, 2002 at the Sheraton World resort at Orlando FL, 32821, Telephone (800) 327-0363. Please make reservations at:

DAMS, Inc.

P.O. Box 7249

Minneapolis, MN 55407-0249

1-800-311-6265

Nancy Callahan's Diabetes Recovery Program According to Dr. Hulda Clark

Good news for all the Diabetics. Nutritionist Nancy Callahan has put together and refined a program for Diabetics, based on Dr. Hulda Clark's work!

Nancy Callahan is a nutritionist who has been putting Dr. Hulda Clark's knowledge to good use. She has published articles in alternative health magazines and is the author of the **Diabetes Recovery Program**. A number of people have finished the program and have reported great success. **Some were able to reduce or go off insulin, or reduce or completely go off oral Diabetes medication.** Nancy believes that between 50 and 100% of all Diabetics can achieve a substantial improvement on this program!

Finally, there is a protocol that anyone can follow that will handle this widespread problem. Dr. Clark in her book "The Cure for All Diseases" outlines the cause of Diabetes, but not an exact nutritional protocol to follow.

Rather than taking a "quick fix" approach, the program is aimed at reversing diabetes over a period of 6-8 months, starting out slow, then going at a faster pace and finally back to a maintenance program. The program includes consultation and explanation of the program.

Download detailed information about the Diabetes Recover Program here: http://www.drclark.net/disease/diab_info.pdf (Acrobat Reader file), or have us mail you a copy (call 800 220 3741).

The program includes a booklet with the program and instructions, an initial consultation to review the program, and weekly monitoring, plus products you need for the first three months of the program, and costs \$800.00.



Nancy Callahan, licensed Nutritionist

One word of warning, although I find it very exciting that we now have a nutritional protocol, that does not mean it is as easy as taking a pill. It is a program that can be done next to a full time job, but it does require some time, effort and perseverance.

Disclaimer: The Diabetes program is a nutritional, not a medical program. Nancy Callahan is a nutritionist, not an MD. For medical advice, see your doctor. Nancy Callahan's claims about the program are based on the people who have finished the program, of which you will find case stories in the above provided link. We are making no claims about the statistical relevance of these cases, nor do we make any promises what the program will do for your specific case.

Understanding the F-Scan

An Interview with Jeff Sutherland, Ph.D.
by Jean E. Kreiling and Sally Gould

Jeff Sutherland, PhD, regularly enchants members of the Hulda Clark Enthusiasts' and Rifers' Groups on the Internet with reports about the F-Scan. A scientist of exquisite breadth, Dr. Sutherland is conversant on such subjects as medical errors, cancer, and a variety of bioelectronic devices, including the F-Scan. His F-Scan triumphs include tracking a mystery organism to coffee house mocha, a two day battle with skin cancer, and the dramatic banishment of the redness of acne rosacea.

Dr. Sutherland, can you please tell us something about your background?

I have had three very interesting careers: (1) 11 years as a fighter pilot in the U.S. Air Force, (2) 11 years on the faculty of the University of Colorado School of Medicine, and (3) 17 years as VP of Engineering or Chief Technology Officer of nine software technology companies. The new most recent companies are working in healthcare to reduce medical error, a passion of mine.

For eight years, I was principal investigator of a National Cancer Institute research grant for data analysis of all clinical research in the multi-institution Colorado Regional Cancer Center. During that time I co-founded the Center for Vitamins and Cancer Research under the sponsorship of Nobel Laureate Linus Pauling. So in 1980, I began an intense investigation of alternative approaches to medicine.

Some years ago I read one of Hulda Clark's books, built my own Syncrometer™ and zapper and reproduced her results. My current work is investigating how to completely eliminate parasites and enhance the immune system, so that maintenance doses of herbs are not necessary to stay parasite free.

I can personally testify that this is a challenging task, since all individuals I have tested, healthy

or not, have multiple parasite infections. And many of the foods we eat, and pets we have, contribute to repeated exposure and infection.

Would you please explain the F-Scan and how it differs from the Zapper and the Syncrometer?

First, the F-Scan is a frequency generator that can be set to transmit any frequency from 1-2,000,000 Hertz. Most micro-organisms can be killed in about 2 minutes if you have exactly the right frequency, particularly if you use plate zapping. Some will never be killed without getting within 10 Hertz of the exact frequency. The zapper transmits a single frequency which can be effective over longer periods of time at killing most micro-organisms.

Second, the F-Scan can send a frequency to your body and listen for resonance feedback from an organism with that resonant frequency. You can then zap that organism at the frequency indicated and kill it directly. It requires some experience to work with this feature, as there are many harmonics or octaves for a given frequency that will show up on the F-Scan. Also, even water or ions in the body have characteristic resonance frequencies and these must be distinguished from organism frequencies. Scientists at MIT who have reviewed some of my results have noted that analysis of an F-Scan resonance spectrum is a sophisticated task, akin to spectral analysis in physics. Nevertheless, this feature of the F-Scan is extremely powerful and immediately useful. This capability is a technical breakthrough that makes the F-Scan such an interesting device.

The Syncrometer detects whether a substance or organism is in your body by setting up a resonance circuit. In general, the F-Scan is not useful for detection of environmental contaminants, so the Syncrometer has an advantage here. However, the F-Scan is much easier to use for detecting micro-organisms and can be completely automated by computer, so I prefer this device for checking for specific organisms.

Can you give us some examples of how you use the F-Scan?

My standard procedure is somewhat unorthodox. I find I can detect a frequency of an organism very effectively with a Cameron Aurometer, a dowsing device developed by an engineer. I then use the F-Scan to scan the region around that frequency and find the resonant peaks for the organism in question. I use the Cameron Aurometer to tell me whether zapping at those frequencies is having an effect and zap until no whole body effect is detectable.

You could use the Syncrometer in a similar fashion to the Aurometer. In either case, you can use the F-Scan to crosscheck the results you get with either device.

For many infections, zapping in this fashion will eliminate all clinical symptoms. However, some organisms are more difficult to eradicate, particularly parasites, and plate zapping is called for.

Can you plate-zap with the F-Scan?

Yes, plate zapping with the F-Scan is extremely effective. I put a slide of a body part or an organism on top of the imprinter which you can order with the F-Scan.

I will zap with a whole blood slide on the imprinter first and detect whether there is an effect with the Aurometer. If this is positive, I know the organism has gone into the blood and can move to an organ in the body. I then do the same thing for every organ in the body until I know exactly which organs contain the organism. I then plate zap all appropriate organs until there is no detectable resonance remaining.

A good example of this is an allergic response to pollens or molds. I have found that as soon as you kill pollens or molds (typically with a frequency around 497 kHz) allergic symptoms disappear. So if you only have a sinus infection, allergic symptoms can be eliminated within two minutes with the right frequency. Many times,

however, a strongly allergic person will have a whole body infection which can make them sick for a week. In this case, I have found that the allergens have gone systemic so the pollens or molds are affecting many organ systems in the body. I then plate zap all affected organs and within 2-3 hours the individual feels fine.

The F-Scan can be ordered with a small device called an imprinter. Would you please explain the function of the imprinter?

The imprinter is a cylinder that can be used to imprint water or homeopathic pellets with desired frequencies. I use the imprinter primarily for plate zapping because it sets up a nice standing wave in the cylinder which seems to interact well with a slide placed on top of the cylinder. I have other means for imprinting water and use homeopathy extensively as an adjunct to treatment with the F-Scan so I rarely use the imprinter for these tasks.

One of the important issues in eliminating noxious organisms from the body is to truly heal the body through appropriate nutrition, exercise, and other means. Otherwise, even more noxious organisms may quickly replace the ones you have eliminated.

How can the F-Scan be used to treat cancer?

Hulda Clark has done extensive work in this area and her Laboratory Manual is probably the best reference for this. My focus has been using the approach of Rife, and Rife plasma devices in conjunction with the F-Scan, to target specific frequencies that have been shown to be associated with most cancers. In my view, the organisms associated with these Rife frequencies should be the first ones eliminated in a cancer patient, along with Dr. Clark's approach to eliminating parasites and other pathogens.

Do you believe that the F-Scan can be used to fight bio-terrorism such as the recent cases of Anthrax in the U.S. which came from contaminated mail?

This interesting thing about Anthrax and other potential biowarfare agents is that they overwhelm the body more quickly than the body's immune system can respond. For a known Anthrax infection, you should immediately start on the standard antibiotic treatment.

That said, I believe I could detect the presence of Anthrax in less than 30 seconds with my approach and with a very light infection knock it out in a few minutes with the F-Scan. I would still take the antibiotics because any mistake could be fatal.

Can you explain "sticky blood" and how it can be treated with the F-Scan?

There have been repeated postings on the web showing before and after photos of treating "sticky" blood with the F-Scan. An electrode system can be created to test a sample in a test tube with the F-Scan. You can test a blood sample for resonant frequencies and then zap the blood or the person with those frequencies and see the blood return to normal in a few minutes. This is one of the more dramatic ways to document the effect of an F-Scan treatment. One of the characteristics of certain chronic diseases is that the blood cells tend to clump together. The F-Scan shows that this is probably due to microorganisms affecting the capability of the blood to perform its function. The chronic energy loss in certain diseases may be directly related to this phenomenon.

The RAC model of the F-Scan contains a library of the Clark and Rife frequencies. Can you explain how the Rife frequencies differ from Dr. Clark's frequencies.

The Rife frequencies were actually developed by Chrane, one of Rife's leading proponents. They are frequencies below the 10 kHz range where most plasma tubes on Rife devices will light up. I use an EM6+ Rife device extensively along with the F-Scan for difficult problems. This device is more powerful than the F-Scan and must be used with care. The quartz tubes that come with the device light up with a bright

purple color at lower than 10 kHz frequencies. Organisms resonate in octaves. For example, one of the most effective ways to eliminate Candida is to zap octaves with the F-Scan or a Rife device. First you identify the exact frequency of the Candida.

This is usually in the 386 kHz range but I have seen it as low as 383 kHz. If you have the exact frequency, say 386.425 kHz, then you can repeatedly divide by two to get frequencies all the way down into the Rife/Chrane range, and the organism will resonate at all these frequencies. If you zap at all the octave frequencies, the Candida will be gone by the time you get to the lowest frequency in most cases.

The Rife frequencies that are preset in the F-Scan are ones that researchers have found generally useful for certain conditions. I always identify my own frequencies using the procedures described above.

As a former NCI cancer investigator, can you tell us your ideas on the future of cancer treatment?

As a former professor of radiology, I was extensively involved in treating cancer patients with radiation. The problem with radiation, as with chemotherapy, is that you always damage healthy cells, no matter how low the dose. Furthermore, these treatments always reduce and sometimes destroy immune function which is essential to health. Future cancer therapy will involve treating the cancer with approaches that have no such toxic side effects.

My Ph.D. thesis was on the origins of cancer and tumor growth so I have done extensive research on the cause of cancer, how it evolves in the body, and how treatment affects it. One of the most enlightening experiences I have had on this subject was at an annual summer cancer seminar in Aspen, Colorado, which typically includes leading cancer researchers from all over the world. One investigator showed that skin tumors originate in mice when a single cell grows into a small red spot. Then within that red spot a single

cell mutates again into another clone of cells. This occurs again two more times until the cell population in the fourth clone has mutated enough to become malignant, i.e. growth becomes uncontrollable. At any time before the fourth mutation, the tumor can be returned to normal by altering the environment around the tumor (i.e. eliminate the parasites that are producing tumor promoting agents in many cases). Even when the tumor has become malignant, altering the environment around the tumor can slow or stop growth. If the immune system is enhanced the tumor can be eliminated.

The major point of the investigator at the Aspen seminar was that cancer is not a disease. It is a normal evolution of a cellular population subjected to environmental attack. It allows the cells to survive, typically beyond the reproductive lifespan of the host. So future, safe, and effective treatment of cancer will come from treating cancer cells as our own cells which are trying to stay alive in a toxic environment. We need to cooperate with these cells and remove toxins from the environment so that most of the altered cells can revert to normal. We need to enhance the immune system so that the cells that are incapable of reverting to normal function can be identified by the immune system and eliminated as a normal process of cell death in the body. This could be a beautiful example of cooperation winning over confrontation in a life enhancing way and should be a good lesson for all of us on the wonders of the human body.

Thank you for introducing us to the F-Scan, and for answering our questions. Continue the enchantment, Dr. Sutherland!

Jean E. Kreiling and Sally Gould are avid members of the Dr. Clark Research Association. Jean is a community activist in Brooklyn, New York and Sally is a writer/lawyer in St. Louis, Missouri.

Success Stories Using the Dr. Clark Method

I own a "Zapper" and have for over a year. I do feel energy changes in my body and not because her book said that I should.

For myself and the "on going – off going trips" to the hospital and numerous tests, numerous medications (many side effects, warnings and precautions), misdiagnosis of everything – seizures to blood cancer. Finally after this getting no where, I started reading for myself and actually one of the books was Hulda's, used the "Zapper" and took many of the parasites cleanse herbs and all the symptoms that I was experiencing diminished. Nobody in the medical field ever asked me, if I had traveled abroad, they were to busy trying to diagnose me as they figured for many, many months. I have been in very poor countries such as Ukraine, Hungary and later Cuba. After that I was at a retreat where the water was certainly questionable. I drank purified water the time that I spent there, but that did not cover me for how the veggies, fruit, etc. were washed and cared for. I really feel the doctors and alternate therapies can walk hand in hand. The bottom line is I finally got well with no side effects of those mean nasty drugs.

Back three and a half years ago, I was very sick, I was then misdiagnosed with a tumor on my spine, then it was a tumor in my brain and then the ultimate MS. I refused to take the ABC drugs and sought alternate health avenues and have been well ever since, excepting this last bout which I have already stated.

Sincerely, AC

I intend on buying a 2nd unit right away. I'm zapping all the time and find that I have a lot more energy. Totally to my surprise after about

the second time I used it I unexpectedly discovered that my lifelong TMJ just plain disappeared!!

Most Sincerely, DB

I just read a testimonial on how the zapper cured a woman's son of warts. I have used the herbal remedy for about 5 years now with great results. I am diabetic and It is somewhat better. I have done 60 liver cleanses with great results and have much more energy. I hardly even get a cold anymore let alone the chronic bronchitis that took me to the doctor 3 time a year for antibiotics.

ALB

I contacted you by email about 2 and a half months ago. I told you that my dad had hemorrhoids real bad, and the Doctor had made an appointment for surgery. Well I gave my dad wormwood, cloves, and extra strength black walnut caps. Plus Lugol's iodine, 6 drops once a day. After 3 days my dad lost his craving for alcohol. He had been an alcoholic. He felt a little better everywhere else but his hemorrhoids. He was also zapping everyday. Stopped drinking coffee, and started drinking fresh carrot juice. Was more aware of his dogs outside, and started reading the cure for all diseases. He ran out of parasite herbs before the 18 days, and started on the kidney cleanse. After a total of about 29 days, since he started, his hemorrhoids went almost back to normal. He was greatly relieved. The Doctor canceled the surgery, and said "what are you taking". Besides that my dad has a lot more patience now. He's like a totally different person. Before he had a temper, and no one liked to be around him. Now everyone in the family is amazed at the change. I also met a woman who had breast cancer, and she went through all of Dr. Clark's cleanses and had the dental work done. She

had level 4 breast cancer. So I am a firm believer, and follower.

Sincerely, JP

Hi,

I'm going back on the parasite cleanse. I felt so wonderful after and doing it.

Then I guess I'll have to do the kidney and liver cleanse. I've been feeling crappy, and sick, with fibromyalgia and fatigue, and have been searching for a cure. Well I remembered how happy I was with Hulda Clark's program, and in fact she is the one that recommends ornithine and arginine, which I have since found out help fibromyalgia because they help to promote the human growth hormone. I was able to give up my melatonin at bedtime when I used the ornithine, I never slept sounder. I have been on a quest for years, I have more vitamins than a health food store, and herbs too.

SG

In the May issue (subject to change):

- News from Dr. Clark
- The Mini Frequency Generator: Its use according to Dr. Hulda Clark
- An Interview with Dr. Hulda Clark – 3rd part
- What the various vitamins will do for your health
- 21 Day Program Review: A look back after two years.

and more new information about Dr. Hulda Clark.