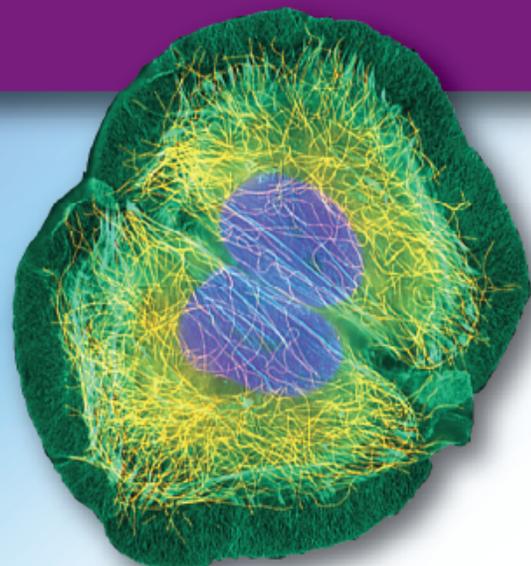
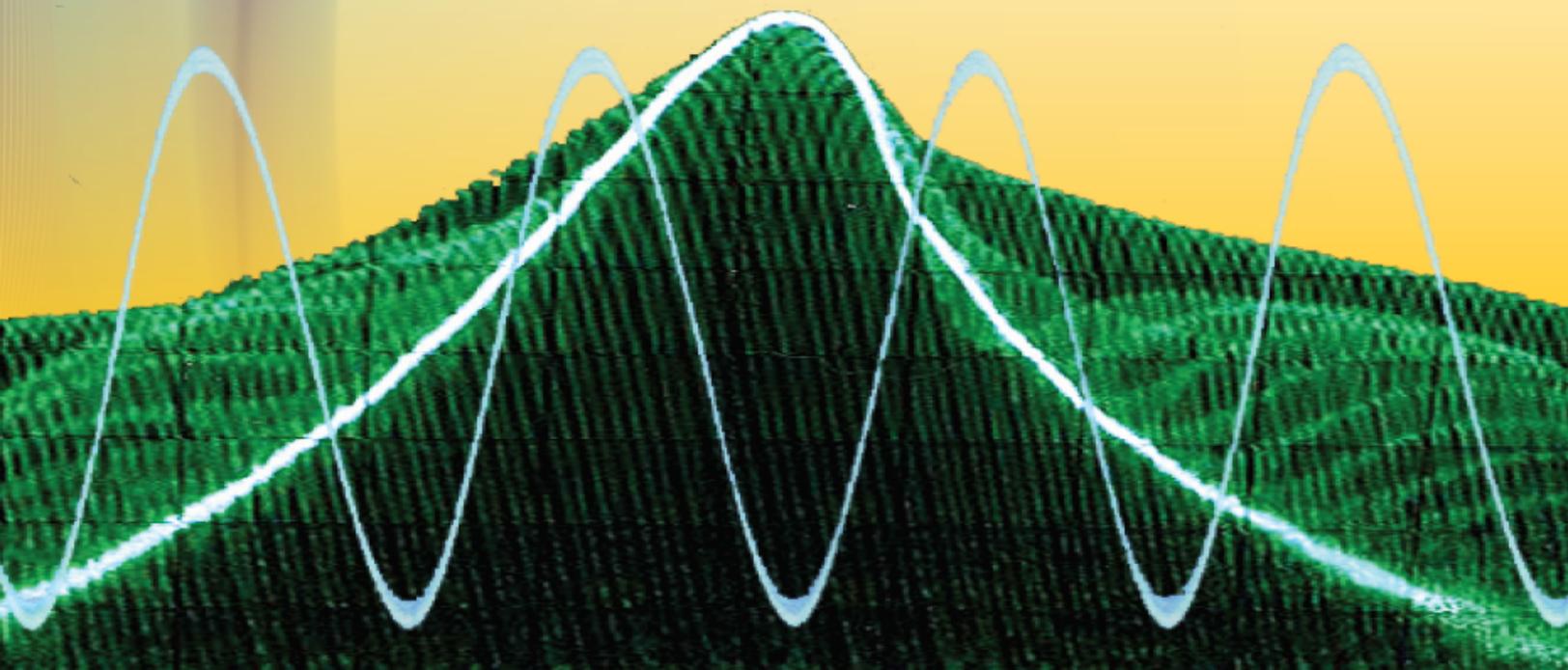


Nenah Sylver, PhD



The Rife Handbook

**of Frequency Therapy
with a Holistic Health Primer**



Holistic Health | Electromedicine

The first edition of this book sold in over 30 countries. Completely revised, updated and expanded, this version includes recent discoveries about how Royal Rife's original equipment worked, new disease and frequency listings, a detailed index, and additional easy-to-follow complementary healing protocols. This is the most comprehensive and versatile resource available anywhere on electromedicine and holistic health.

Dr. Nenah Sylver has brought together the sciences of bioelectronics and naturopathic health care in a truly integrated approach. *The Rife Handbook* is the bible of holistic medicine for the 21st century.

—Brian McInturff, creator of the Consolidated Annotated Frequency List (CAFL), www.electroherbalism.com



Royal Raymond Rife discovered one of the most groundbreaking medical tools of the last hundred years. Due to political and financial interests, his discoveries were driven underground. But today, people suffering from cancer and other diseases can base their treatment on authentic science instead of politics. A scientist in the true definition of the word, Dr. Sylver methodically guides readers through Royal Rife's life, work and achievements, with a history of the technology and the scientific foundation for its use. She also provides practical tips that can be easily integrated into a comprehensive holistic treatment program for a wide variety of health conditions. Nenah Sylver is the "researcher's researcher"—I habitually turn to her work as a trusted reference. I recommend *The Rife Handbook* without reservation to every health seeker, patient, physician, and scientist who values objectivity and innovation in medicine and wants guidance on complementary methods of healing.

—Bryan Rosner

author, *Lyme Disease and Rife Machines* and *The Top 10 Lyme Disease Treatments*

This meticulously researched book examining the discoveries and inventions of Royal Raymond Rife provides new and ample documentation to lend credence to his theories. Dr. Sylver also includes a fascinating compilation of cutting edge data on a variety of wellness issues, brilliantly interpreted. It is rewarding to see a new generation of health professionals postulating what I have been saying for 30 years. If you are interested in exploring Rife frequencies as an alternative source, or in acquiring new information to help with decisions about your health, this book will be a valuable addition to your library.



—Phyllis A. Balch, CNC

author, *Prescription for Herbal Healing*, *Prescription for Dietary Wellness*, and *Prescription for Nutritional Healing*



At a time when health conscious individuals are concerned about drug-resistant infectious diseases, the government's push for mass inoculations, the over-medication of children, bio-terrorism, and negative side effects of vaccines and drugs, along comes a well-researched, easy-to-read treatise that revives the natural therapy of frequency healing. But this book does more than discuss the genius of its primary proponent, Royal Raymond Rife. It includes a superb explanation of the differences between allopathic and holistic approaches to treating disease. *The Rife Handbook* is sophisticated enough for the seasoned health professional, yet thorough and comprehensible enough for the novice. Even if the reader does not (yet) own a frequency device, this *Handbook* is one of the best primers I have ever seen on holistic health. Anyone interested in alternative healing protocols must have this book.

—Rose Marie Williams, MA

Townsend Letter columnist, and natural health and environmental advocate

Dr. Nenah Sylver has provided humanity with a magnificent gift: a comprehensive, thoroughly researched guide to holistic health as well as the science and application of the work of a great (but largely unknown) health care pioneer, Royal Raymond Rife. *The Rife Handbook* can help physicians expand their base of both practical and theoretical knowledge. I highly recommend it for any clinical practice utilizing complementary and energy medicine therapies.

—Robert S. Ivker, DO

co-founder and past president, American Board of Integrative Holistic Medicine (ABIHM)
and author, *Sinus Survival*

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Praise for *The Rife Handbook*

Applying electricity to treat illness is an old science. The Egyptians utilized electric eels centuries ago. Acupuncture discussed in *The Yellow Emperor's Internal Medicine Classic* dates to 200 BCE. In modern times, Georges Lakhovsky used electricity for his Multi-Wave Oscillator (created with the assistance of Nikola Tesla and patented in 1934). The efforts of Royal Rife are much better known. However, the saga of Rife technology reads like a mystery novel with intrigue, misinformation and hiding of information, theft, lawsuits, character assassination, and governmental abuse. Now comes Dr. Sylver with a clear explanation of Rife technology in an easily readable and scholarly treatise. Finally the mystery is solved, and we can put Rife technology into a more usable context for the purpose it was intended—the healing of the sick.

—Jerald “Jerry” Tennant, MD, NMD, AAO, SOPS
*inventor of multiple surgical instruments, intraocular lenses and the Tennant Biomodulator®,
and author of A Lens for All Seasons, A Primer of Cataract Surgery, and Healing is Voltage*

The Rife Handbook is, without a doubt, the best written and most informative book I've ever seen on resonant frequency therapy. Dr. Sylver has compiled the best and most useful of all historical and technical knowledge involving Rife (and other) frequencies. Her clear, step-by-step explanations of both theory and practical applications address most every point, and more, that I as a device manufacturer have been asked about the technology. This book contains the most extensively annotated and cross-referenced frequency index to be found anywhere. Furthermore, the far-reaching education on the principles of holistic health and many important complementary modalities will help readers make informed choices about their care. This invaluable *Handbook* is a “must have” reference for laypeople, for the practitioners who treat them, and for seasoned researchers. If you have but one book on the subject in your library, this should be the one!

—Jimmie Holman
Rife researcher and designer, Pulsed Technologies

We work in the area of complementary and holistic cancer healing education and use Rife technology with all our clients. *The Rife Handbook* is a bible in our office, an invaluable tool toward the healing of dozens of cancer victors. Nenah Sylver's research is thorough and detailed. The book sits on a prominent place on my shelf next to every frequently used manual in my practice.

—Ellyn Hilliard, CNC, PhD
co-owner of Health Sanctuary Colorado in Boulder, a holistic healing retreat for people facing life-threatening illness

It doesn't happen very often, but occasionally I read a massive book on natural health and healing that just plain blows me away. Dr. Nenah Sylver's huge and impressive *Rife Handbook* is more than merely the best and most complete compendium on frequency healing that I've ever seen. In addition to a massive cross-referenced Frequency Directory for most human ailments, this wonderful book also features detailed, helpful, and ground-breaking information on complementary therapies—and much, much more.

—Chet Day
Health & Beyond Online, www.chetday.com

Well written material on Dr. Royal Rife is scarce, and resonant frequency therapies are essentially unknown to the populace as a whole. Yet hundreds of thousands of people, from the skilled professional to the layperson, are using such devices with phenomenal success in the treatment of disease. Dr. Rife's innovative technological discoveries involve many different scientific disciplines, as well as groundbreaking research in optical physics, electronics and the electronic treatment of disease. Rife's legacy upsets the present scientific paradigm, but will eventually reshape our world. Nenah Sylver's book will do much to dispel the clouds of ignorance of the genius of Dr. Rife, and help open the minds of people to what is now a worldwide technological shift. This *Rife Handbook* is long overdue.

—James E. Bare, DC
chiropractor and inventor of the patented Bare-Rife frequency therapy device

This is a well-written book, packed with practical information that even the neophyte user of Rife technology can apply easily. Dr. Sylver's book is a valuable contribution to the growing collection of Rife literature and will be a most beneficial addition to anyone's holistic health library.

—Jason Ringas
Rife Research Group of Canada

With Dr. Nenah Sylver's first edition, there was an impressive collection of long-suppressed information vital to anyone desiring to break away from the self-serving deceptions employed by conventional (allopathic) medical care and the pharmaceutical industry. With this new volume, Dr. Sylver demonstrates her mastery of this complicated field with massive amounts of hands-on information that you must learn if you are to finally be well. Dr. Sylver courageously demonstrates how each of us has the power to take charge of our own lives and create our own wellness protocols, without abdicating responsibility to anyone or anything else. *The Rife Handbook* is destined to become the definitive reference on attaining self-directed, holistic health.

—S. Nathan Berger, DDS, PC
Rife researcher and biological dentist

Dr. Sylver's direct style is a prophetic voice for the medicine of the future. Her timely book comes amidst the rise of consumer-driven health care in America: patients are demanding more than chemistry can offer. There is wide consensus that health is more than the absence of disease, and that illness is more than the miscarriage of biochemical processes. Nearly a half century after Nobel laureate Albert Saint-Gyorgyi first called our attention to its necessity, we may finally see a shift to incorporate the findings of quantum mechanics into biology and medicine. As Robert Becker discovered, these disciplines blend nicely together in the same laboratory, and hold great promise for the clinic. Nenah Sylver provides a well-organized history of Dr. Rife's work and a seminal guidebook for the modern application of his discoveries. This significant volume will encourage lively and informed discussion regarding the implications of bioelectromagnetic energies for human wellness.

—Joel P. Carmichael, DC, DACBSP
President, North American Academy of Energy Medicine

It is an honor to endorse *The Rife Handbook*. It is a book that is intelligent, well-researched, and politically courageous in a corrupt time. Tomorrow will bring sweeping changes and justice to those who committed some of the medical crimes described in these pages. Bravo for this work—another sign that a great cleansing of terrible abuses of power is underway. This is a very valuable resource book before the energy medicine hits its full, scientifically-validated stride in the years ahead.

—Barry Lynes
author, *The Cancer Cure That Worked* and *The Healing of Cancer*

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Nenah Sylver, PhD

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The Rife Handbook of Frequency Therapy, with a Holistic Health Primer

An earlier edition of this book was called *The Handbook of Rife Frequency Healing: Holistic Technology for Cancer and Other Diseases, Revised and Expanded*, © 2001 by Nina Silver, PhD, and was published by The Center for Frequency. This larger revised edition by the same author, with substantially new material, an index and a different title, is © 2009 by Nenah Sylver, PhD, and is published by Desert Gate Productions, LLC. All rights reserved. No part of this eBook shall be reproduced, stored in a retrieval system or transmitted by any means, electronic, mechanical, photocopying, recording, or otherwise, without written permission of the publisher or author, except for reviewers who wish to quote brief passages.

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Cover design by Doris Bruey (www.dbgraphicdesignservices.com) and Nenah Sylver.

Cover Images, Front.

Top: A human skin cell dividing in two. These particular skin cells (known as keratinocytes, or HaCaT) have been transformed to have unlimited growth potential without being tumor forming. The cells were stained with fluorescent dye. The nucleus is purple and the microtubule strands (involved in cell division) are yellow. The laboratory-grown cells, which retain all the structural and functional features of human skin, are used in wound healing and research. The photo was taken through a light microscope. Courtesy of Dr. Torsten Wittmann/Photo Researchers, Inc.

Bottom: Two superimposed wave forms from a Bare-Rife device, as viewed on an oscilloscope. Wave forms courtesy of James Bare; wave form graphic created by Nicholas Vittum.

Cover Images, Back.

Top: Bipolar nerve cell, as seen through the Ergonom microscope.

Middle: Cross section of a bone 3.5 mm thick, as seen through the Ergonom microscope.

Bottom: Cell division, as seen through the Ergonom microscope.

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Disclaimer

The information given in this *Handbook* is for educational, informational, and investigational purposes only and is not to be construed as diagnosis of disease, treatment of disease, prevention of disease, or as a replacement for consulting a qualified health care practitioner.

Be careful when investigating this technology! Protocols for this technology may need to be modified, or this technology may be contraindicated entirely, if you have a heart condition, are wearing a pacemaker, are pregnant, are nursing, have blood clots, are taking strong medications such as chemo, are wearing metal implants or stents, have breast implants, are especially sensitive to radio frequency (RF) or other electromagnetic radiation, have problems

with your immune response, or have especially sluggish eliminative functions (colon, kidneys, liver and lymph system). Before using any equipment, and to see if you should even be experimenting with this technology, please read about these circumstances, and the precautions to take, in Chapter 4. The author, publisher and distributor are not responsible or liable for the results of your experimenting with rife technology or using any of the other therapeutic modalities described in this book. The reader accepts full responsibility for any and all consequences of his or her experiments with rife technology or any other electromedicine modality. *If you have a medical condition, see a qualified health professional of your choice.*



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Nearly all people die of their medicines, and not of their illnesses.

—MOLIÈRE, FRENCH WRITER (1622–1673)



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underreports many serious side effects. It frequently omits information about proven-effective medication dosages that are lower and safer than the doses recommended by drug companies or usually prescribed by doctors. Many new, important uses of medications are not even mentioned in the *PDR*[®].

Nor does the *PDR*[®] provide any guidance whatsoever in selecting between the many drugs that might be used for medical conditions. And, although a new *PDR*[®] is published each year, many drug descriptions are not updated. Some of these descriptions contain information that is decades old.⁷

Even with the significant omissions, a glimpse into some *PDR*[®] entries is very revealing.

- ◆ Valium[®]. The “side” effects for the highly addictive drug (used to treat emotional problems) include fatigue, mental confusion, constipation, depression, headaches, incontinence, nausea, skin rashes, slurred speech,

muscle tremor, anxiety, hallucinations, insomnia, rage, sleep disturbances, and blurry vision.

- ◆ Eskalith[®], known generically as lithium carbonate or simply lithium, produces reactions nearly identical to the above. Additional possible effects are kidney atrophy, fever, ringing in the ears, gastrointestinal disorders, excessive thirst, drying and thinning of the hair, blackouts, seizures, irregular beating of the heart, sexual dysfunction, swelling of joints, dental cavities, thyroid dysfunction, diabetes, blindness and coma. The *PDR*[®] warns that symptoms of lithium toxicity “can occur at doses close to therapeutic levels” *as well as* “levels *within* the therapeutic range.” [emphasis added]⁸ But how “therapeutic” is it when the dose can poison someone? (See Sidebar, “Mental Illness or Lithium Deficiency?”)
- ◆ Prozac[®]. This highly-publicized drug, despite its reputation as a mood enhancer, produced no change in

Mental Illness or Lithium Deficiency?

The term “mental illness” is used freely—and, I believe, wrongly—by mental health professionals who use an allopathic medical model to label people’s mental, emotional and spiritual distress. History shows that the definition of “mental illness” usually depends on the prejudices and cultural conditioning of the person making the diagnosis.

Labels aside, emotional distress is very real. But the divergent ways in which this distress is treated have vastly different consequences. Mental hospitals commonly prescribe the pharmaceutical lithium carbonate (or sometimes lithium citrate) to treat bipolar disorder and manic depression. A typical dose of lithium carbonate provides over 1,500 mg. of elemental lithium, which accounts for its many serious “side” effects.

Compare the synthesized drugs lithium carbonate or citrate with the natural trace element lithium *orotate*. As discovered by the recently deceased German doctor Hans Nieper, when certain organic mineral salts (including orotic acid) are combined with other minerals, transport across the cell membrane is assured. This allows much lower doses of the mineral to be used with optimal effectiveness.

The natural mineral lithium orotate, when taken in the amounts recommended by some holistic practitioners—140 mg three times a day—provides a total of 15 mg of elemental lithium. Lithium the natural trace mineral helps the body utilize nutrients. Natural lithium helps restore the brain signaling pathways that have been damaged by monosodium glutamate and other chemicals. Natural lithium enhances nerve cell DNA replication. And this natural trace mineral binds to aluminum—a heavy metal that damages tissue—so the aluminum can more easily leave the system. Since the aging brain shrinks—as shown by autopsies, X-rays and brain scans—the ability of lithium to promote brain cell regeneration and increase brain cell mass, suggests its usefulness as an anti-aging nutrient as well as a viable treatment for people with Alzheimer’s, senile dementia and even Parkinson’s.

Some naturopaths successfully treat emotional distress with homeopathic lithium. Medical doctor Jonathan V. Wright advocates taking between 10 and 20 milligrams of lithium aspartate or orotate daily, to help protect the brain from shrinkage, from damage due to chemical pollutants (including drugs), and from cell death due to loss of blood flow (which can be caused by a stroke). Based on research from the Mayo Clinic and other respected institutions, Dr. Wright also suggests natural lithium (along with other nutrients) for treating alcoholism, cluster headaches, fibromyalgia, gout, and hyperthyroidism. Lithium may also prevent viruses from replicating, including the adenovirus, cytomegalovirus, Epstein-Barr, *Herpes simplex*, and measles virus.

Overwhelming the body is an invasive practice taught by allopaths. Giving the body what it needs is the standard of care for holistically-oriented professionals. From the available research, it seems clear that a major contributor to mental and emotional imbalances is a deficiency of an essential trace mineral. Healthy water contains between 3 ppb (parts per billion) and 5 ppb of lithium, and unprocessed sea salt crystals contain minute amounts.

41% of its users when taken at a low (20 mg) dosage. Seventy-one percent, or almost *three-quarters*, of the people who eventually took three times that amount, reported other symptoms besides the desired mood elevation: skin rashes, fever, water retention, carpal tunnel syndrome, fatigue, gastrointestinal disorders, dry mouth, abnormal vision, sexual dysfunction, respiratory ailments, interference with blood sugar levels, and impaired thinking. In some cases, people died from kidney and liver damage. Other patients experienced an increase in anxiety and insomnia, which are among the symptoms that Prozac® is supposed to alleviate. This will be discussed later in detail.

- ◆ Tetracycline. This widely used antibiotic causes lightheadedness, dizziness, headache, blurry vision, nausea, vomiting, diarrhea, inflammation of the colon, inflammation of the pancreas, rashes and lesions of the skin, abnormal sensitivity to light, muscle and joint pain, water retention, asthma, fever, violent cough, chest constriction, variations in pulse, anemia, abnormal decrease in the number of blood platelets, inflammation of the membrane surrounding the heart, and serious shock. Tooth discoloration and abnormal development of tooth enamel occur in children. Some people also experience lesions and itching in the anal and genital regions. Antibiotics do not distinguish between the harmful bacteria we want to eliminate and the beneficial intestinal bacteria that help us digest our food. When the intestinal tract is healthy, flora are plentiful and keep in check the fungal forms that normally live in the body. However, after the antibiotics destroy the beneficial bacteria, there is nothing to prevent *Candida*, *Monilia*, and other fungi from proliferating and causing many unpleasant symptoms, for which doctors often prescribe more drugs. The *PDR*® warns about the “side” effect of inflammatory lesions due to *Monilial* overgrowth, but doesn’t say why this occurs. It is no accident that the word “antibiotics” is from the Greek, meaning “against life.”
- ◆ Paclitaxel. This highly poisonous drug, marketed under the brand name Taxol®, is used for women with ovarian and breast cancer. Taxol® causes disorders of the nervous system, low blood pressure, high blood pressure, hives, suppression of bone marrow, chest pain, rapid irregular heartbeat, *grand mal* seizures, skin rash, muscular pain, diarrhea, intestinal obstruction and perforation, and hair loss (the latter in 87% of the patients). In one study, nausea and vomiting occurred in over half of the test subjects; in another, 78% experienced anemia, 37% required red blood

transfusions, and several required pacemaker surgery. The *PDR*® bluntly states: “There is no known antidote for Taxol® overdose.”⁹ Perhaps the manufacturer feels that the life-threatening nature of the drug is justifiable, since in allopathic circles cancer has such a low rate of cure. Ironically, drug-induced symptoms occur in those least able to deal with additional stress in their lives: the very ill.

Warnings about drugs are not confined to the *PDR*®. Consider the labels on medications. The label for Azidothymidine—otherwise known as AZT and popularly prescribed to people infected with the HIV virus—reads in part: “Toxic by inhalation, in contact with skin and if swallowed. Target organ(s): blood bone marrow. If you feel unwell, seek medical advice. Wear suitable protective clothing.” Elsewhere the label reads: “For laboratory use only. Not for drug, household or other uses.” A skull-and-crossbones, the legal symbol indicating that this substance is a poison, also appears on the label. Many people never see these warnings because the medications are removed from their original boxes and repackaged by the pharmacist before reaching the consumer. If people did see the warnings for AZT, I wonder how many would take it.

Now let’s look at a popular medical textbook, *Harrison’s Principles of Internal Medicine*, for explicit warnings about the effects of drugs. Gastrointestinal distress, particularly vomiting and diarrhea, accounts for about one-third of the “side” effects of drugs. Another analysis reveals adverse drug reactions in a full 20% of ambulatory patients.¹⁰ However, these statistics were obtained from *reported* cases only, so it is reasonable to assume that this figure is conservative. Also, the figures were released two decades ago. Today, we have even more noxious drugs, and sicker people, due to environmental and other factors. Levels and types of drug-related damage have accordingly increased. A more recent study from the *New England Journal of Medicine* shows that “an alarming one in four patients suffered observable side effects from the more than 3.34 billion prescription drugs filled in 2002.”¹¹

Jerry Phillips, associate director at one of the FDA offices, states bluntly: “The 250,000 reports [on adverse drug reactions] received annually probably represent only 5% of the actual reactions that occur.”¹² This means that there are nearly *five million* negative reactions each year to medicines.

Drug Effectiveness

All medications clearly have effects. The real question is: “Are drugs effective in treating the condition for which they were prescribed?” (Of course, “treating” is a

loaded term, because in the allopathic world “treatment” can mean eliminating or lessening symptoms without addressing the cause of the problem.) Colbin reports that in one study, “over 600 commonly prescribed drugs in use for more than 20 years have . . . never proven effective by properly controlled studies.”¹³

Perhaps the most telling indictment about the success rate of drugs is an admission from Allen Roses, senior executive at Europe’s largest drug manufacturer, GlaxoSmithKline. “The vast majority of drugs—more than 90%—only work in 30% or 50% of the people,” he was quoted as stating. The story, which first appeared in British newspapers, was rapidly picked up by the BBC—much to the delight of holistically-minded folks in the States, who generally do not have such information available to them in the mainstream press.

Allen Roses . . . has admitted that most prescription medicines do not work on most people. . . . [He] said fewer than half of the patients prescribed some of the most expensive drugs actually derived any benefit from them. . . .

It is an open secret within the drugs industry that most of its products are ineffective in most patients but this is the first time that such a senior drugs boss has gone public. Drugs for Alzheimer’s disease work in fewer than one in three patients, whereas those for cancer are only effective in a quarter of patients.¹⁴

Roses had an interesting agenda when citing the low success rates of drugs. As vice-president in genetics at Glaxo, he wanted to identify who would and would not respond to a given drug by administering a simple, inexpensive genetic test, thus eliminating the guesswork involved in prescribing pharmaceuticals. “His comments,” it was reported, “can be seen as an attempt to make the industry realize that its future rests on being able to target drugs to a smaller number of patients with specific genes.”¹⁵ Ironically, in his desire to promote yet one more medical procedure, Roses publicly and openly told the truth about drugs.

Drug Preparation

If an animal is providing the ingredients for a medication, I think it’s important to consider how it is being treated. Even though this discussion is about the effects of drugs and not about animal welfare *per se*, I believe that how the

animal is treated reflects on the intentions and ethics of the manufacturer.

Premarin® is a rather popular drug used to help alleviate hot flashes and other uncomfortable symptoms in women going through menopause. The major ingredient in Premarin® is estrogen, and the name of the drug is derived from the way the ingredients are harvested: from the urine of pregnant mares. The methods used to harvest the raw ingredients is one illustration of how the needs of animals are aggressively ignored during the creation of a drug. *Townsend Letter* reports:

To produce Premarin®, pregnant mares are hooked up to rubber urine-collection bags and tethered in stalls so small they cannot turn around or lay down comfortably. They are forced to stay in this position for six months, while their bodies are producing the most estrogen. They are also deprived of sufficient water, in order to maintain the concentrated estrogen in the urine. Within days of giving birth in the spring, the mares are re-impregnated. Fertile mares may go through this process many times, over years in their lifetime. . . . The mares . . . are slaughtered once they can no longer become pregnant, or if they become too lame to stand in the small stalls.¹⁶

People think the FDA is protecting them. It isn’t. What the FDA is doing and what the public thinks it is doing are as different as night and day.

—Dr. Herbert Ley, former commissioner of the FDA, in testimony before a US Senate Hearing in 1965

Animal cruelty is also intricately related to how vaccines are made. This will be discussed in more detail in the section, **The Folly of Vaccines**. Finally, I would think twice about using drugs from a company that

disregards animal rights. If the feelings of animals are disregarded, why is there reason to believe that the company will care about the feelings of its human customers?

HOSPITAL PROCEDURES AND THEIR EFFECTS

“Hospital procedures” includes all diagnostic tests and surgeries. According to a 1978 quote from the US Office of Technology Assessment (OTA), “Only 10% to 20% of all procedures currently used in medical practice have been shown to be efficacious by controlled trial.”¹⁷ This is a serious charge. In truth, many procedures are not tested at all. It is simply assumed that they will work.

The prevalence of surgery, especially in the US, may suggest that the procedure is less dangerous than it actually is. The authors of *Our Bodies, Ourselves* point out the need

to exercise “great caution” when deciding whether or not to have an operation.

Many public health researchers are convinced that excess surgery results from excess surgeons, since the US has both the most surgeons and the highest rates of surgery in the world. . . . Because virtually all surgical procedures are reimbursed by insurance and graded according to their complexity, surgeons have strong financial incentives to perform a lot of surgery, especially . . . difficult operations. Hospitals similarly benefit from concentrations of elective (non-emergency) complex surgeries. And, precisely because surgery has become so common, many people have internalized the surgical mentality (“When in doubt, cut it out”) and are easily convinced that an operation is necessary.¹⁸

Women not only take more medications than men, but they also undergo more surgeries. A recent groundbreaking report called “Death By Medicine,” based on a medical literature review by Gary Null and some colleagues (including physicians), reveals that an astonishing one-third of US women have had a hysterectomy (the removal of the uterus) before menopause!

The routine removal of the uterus began with 19th century French doctor, Martin Charcot, regarded for his “expert” diagnosis that an average of 10 women per day suffer from hysteria. His solution for the women’s suffering was to remove the offending organ that he believed caused their emotional imbalance. Forget that the source of their depression might have been the cultural belief that women were inferior and should be kept in the house all day! The word “hysteria” is derived from the Latin word *hystera*, which means “uterus.” Clearly, sexism still dominates the medical field in the 21st century.

Nonessential surgical procedures are called “elective surgery,” or sometimes “controversial surgery.” They are considered medically unwarranted because their perceived benefits are generally outweighed by the risks. Risks can include anesthesia, stress from the body’s being cut, and the body’s reduced ability to function (or function smoothly) once organs or other parts are removed.

According to the authors of “Death By Medicine,” 30% of these elective surgeries are unnecessary. For example, cesareans (C-sections) are routinely performed if it is merely *assumed* that the woman will have a hard time giving birth. Most people don’t know that if the baby is turned around in the uterus, skilled massage can bring it back into the correct position. Stapling the stomach is another extreme surgery. While obesity is a genuine

When Patients Get Well Without the Doctor’s Help

Many amazing reports have been recorded and continue to be recorded, in the lore of progressive cancer treatment. The medical establishment handles these in one of the following ways:

1. They are ignored;
2. They are explained as “anecdotal,” implying that they are lies [or they don’t count, since the doctor had no control over the outcome];
3. They are said to have undergone “spontaneous remission,” i.e., unexplained recovery (this means the doctor has no idea what happened);
4. They are said to have recovered from the delayed effects of conventional (allopathic) therapy, which was administered weeks or months before the progressive therapy.

—Ron Kennedy, MD
July 2000

problem, a proper diet with enough enzymes, minerals and especially good fats and amino acids can profoundly correct the brain signals and nutrient starvation that tell the person to overeat.

Tonsillectomies are so ubiquitous, we don’t normally think of them as medically unnecessary. But too many children routinely get their tonsils removed because the organs become swollen. Few people consider that tonsils are *designed* to get swollen! As part of the lymphatic network, tonsils swell with immune cells during infection to protect the body against microbes. Removing the tonsils is a little like ripping out the “check engine” light in the car when it goes on. You can rip out the light, but the problem with the engine has not magically disappeared. Yet another invasive procedure, which puts something into the body that was not originally there, presents its own type of dangers. Leaky silicon from breast implants can cause just about any symptom from extreme joint pain to chronic fatigue.

Many diagnostic routines are likewise highly invasive and painful. Moreover, they can have long-term health consequences—a high price to pay, considering their limited value. Although they are called “tests,” they are hardly innocuous. Consider a biopsy, in which living tissue is extracted from the human host, usually to detect cancer. This procedure can create a more serious problem than if the tumor had been left alone. Normally, the body encases cancerous cells with material that we

call a “tumor” to prevent the cancer from spreading. However, if the tumor is pricked, or removed by surgery, cancerous cells leak out into the bloodstream and migrate, free to proliferate elsewhere. If the immune system is not strong enough to neutralize these stray cells, *metastasis* occurs. Biochemist Vincent Gammill, research director of the non-profit Center for the Study of Natural Oncology in California and the inventor of many cancer vaccines and nutraceuticals, remarks: “I rarely see distant metastasis until after a biopsy—and then it rapidly goes everywhere, including the bones.”¹⁹ Note that it is illegal for a doctor to advise against a biopsy, under threat of losing his or her license.

Another test, the euphemistically-termed spinal “tap,” is done at considerable risk: fluid is extracted from the spine by means of a long needle. And today, X-rays are so prevalent in developed countries that most people don’t regard them as abnormal or requiring caution. An analysis by Null and colleagues of this very common test is revealing.

When X-rays were discovered, no one knew the long-term effects of ionizing radiation. In the 1950s monthly fluoroscopic exams at the doctor’s office were routine. You could even walk into most shoe stores and see your foot bones; looking at bones was an amusing novelty. . . . It was common practice to use X-rays in pregnant women to measure the size of the pelvis, and make a diagnosis of twins. Finally, a study of 700,000 children born between 1947 and 1964 was conducted in 37 major hospitals. The children of mothers who had received pelvic X-rays during pregnancy were compared with the children of mothers who had not been X-rayed. Cancer mortality was 40% higher among the children with X-rayed mothers.²⁰

“Even though by now it is popular knowledge that X-rays may cause cancer,” Colbin writes, “over 300 million of them are ordered yearly *without medical need*. Radiation from diagnostic X-rays is implicated in cancer, blood disorders, tumors of the central nervous system, diabetes, stroke, and cataracts.” Many of the lab tests, she adds, “are notoriously unreliable, perhaps because of the unreliability of human perceptions: Fifty percent of laboratories licensed to perform tests for Medicare work failed in a test of the accuracy of their analyses.”²¹

Regarding some other medical technologies, such as CT scans, mammography, and fluoroscopy, Null et al. cite a researcher’s figure on the effects of these together with X-rays: all the testing procedures “are a contributing factor to 75% of new cancers.”²²

One very common test, the Pap smear, consists of scraping cells from a woman’s cervix (the lower end of the uterus, closest to the vaginal opening) and checking those cells for abnormalities. These irregular cells are supposed to indicate cancer, either now or in the future. Although the procedure is not dangerous and doesn’t hurt too much, it can often lead to false negatives or false positives. Also, a journalist reports a study showing that:

As many as 10 million women who have had hysterectomies and who no longer have a cervix are still getting Pap tests. . . . When a woman does not have a cervix, a doctor scrapes cells from her vagina instead, sending them off to be examined. . . . “It’s a relatively cheap and easy procedure,” [one doctor] explained. “It’s sort of become a habit.” . . . [Another doctor] was taken aback by her study’s findings. “We were actually quite surprised,” she said. “These women are being screened for cancer in an organ that they don’t have.”²³

IATROGENIC (DOCTOR-CAUSED) DISEASE AND PREVENTABLE DEATHS

Deaths resulting from overmedication, errors in prescriptions, invasive testing procedures, surgeries, and hospitalizations (for instance, someone catches an infection while being hospitalized, and dies) are so commonplace that there is a name for this constellation of occurrences: *iatrogenic illness* or *iatrogenic disease*. These deaths are even more tragic when you consider that, according to statistics compiled by Null et al., 8.9 million people were hospitalized unnecessarily in the year 2001 alone.

Drug Iatrogenesis

Harrison’s Principles of Internal Medicine mentions that a more severe “side” effect from drug-induced diseases—death—“in hospitalized patients varies from 2% to 12%.”²⁴ Note that each hospitalized person is given an average of 10 different drugs.

A 1998 study published in *The Journal of the American Medical Association* indicates that over 100,000 Americans a year die from harmful reactions to medications. The deaths

are not due to mistakes by doctors in prescribing drugs or by patients in using them. Rather, drug reactions occur because virtually all medications can have bad side effects in some people, *even when taken in proper doses*. [emphasis added]

“We want to increase awareness that drugs have a toxic component,” said Dr. Bruce Pomeranz, an author of the study and a professor of neuroscience at the University of Toronto. “It’s not rare.”²⁵

Mistakes in dosage may also contribute to drug iatrogenesis. Null and colleagues cite a 2002 study showing that “20% of hospital medications for patients had dosage mistakes. Nearly 40% of these errors were considered potentially harmful to the patient. In a typical 300-patient hospital the number of errors per day were 40.”²⁶

Simply put, the fourth leading cause of death in America, after cancer, heart disease and stroke, is reactions to “safe” over-the-counter drugs and “properly” prescribed prescription medicine. Is the prescribing of most medicine, then, really proper?

Hospital Infections

In 1986, Colbin reported “the most rapidly spreading epidemic of the twentieth century,” citing “over 2 million infections a year” in American hospitals, that resulted in “60 to 80 thousand deaths.”²⁷ Data analyzed on July 23, 2002 by *The Chicago Tribune* from patient databases, court cases, 5810 hospitals, and 75 federal and state agencies, found “103,000 cases of death due to hospital infections, 75% of which were preventable. [original emphasis]²⁸

Deaths from Surgeries and Tests

Colbin writes that an “estimated 2.5 million operations a year are performed without real medical need, resulting in some 12 thousand needless deaths.”²⁹ Statistics compiled by Null and colleagues give comparative numbers 25 years apart for unnecessary surgeries.

- ◆ 1974: 2.4 million unnecessary surgeries performed annually resulting in 11,900 deaths.
- ◆ 2001: 7.5 million unnecessary surgical procedures resulting in 37,136 deaths.

Combined Statistics

Null et al. write: “The total number of [yearly] iatrogenic deaths . . . is 783,936.” The conditions involved, all occurring in hospitals, include adverse drug reactions, medical error (unspecified), bedsores, infection, malnutrition, useless procedures, and surgery-related. “We could have an *even higher death rate* by using [another statistician’s

differently calculated] 1997 medical and drug error rate of 3 million.” The authors conclude, “It is evident that *the American medical system is the leading cause of death and injury in the United States.*” [original emphasis]³⁰

THE FOLLY OF VACCINES

Normally, people assume that drugs are meant to be administered when one is ill. Vaccines, however, make up an entire class of drugs intended to be given only when people are well! At least until recently, the medical community’s official position was that vaccinations should be given only to people presumed healthy. This is because the sick are too immunologically weak to handle the effects that the vaccines are designed to produce. Nonetheless, most doctors ignore this wisdom and routinely vaccinate everyone, whether they are healthy or ill. During flu season, newspapers routinely urge people, *especially* the elderly and the ill, to make sure they receive their vaccinations.

With the possible exception of rabies shots, according to most holistic experts no one should be vaccinated. Although mainstream medicine claims that vaccinations are necessary to eradicate disease, there are several outstanding rebuttals to this argument that vaccination proponents never discuss.

Removal of Healthy Breasts Is Found to Cut Cancer Risk

—Front page headline
The New York Times
January 14, 1999

Improved Sanitation Fosters Health

History shows us that serious diseases decreased with the advent of indoor plumbing and improved sanitation, better protection from the elements (including more adequate clothing), and cleaner food handling and storage.

Unfortunately, developing countries do not have the luxury of the same sanitation infrastructure that high-tech countries enjoy. In many parts of the world, diseases such as trachoma and snail fever—which cause great suffering, and hundreds of thousands of deaths—could more easily be eradicated if people had proper sewage disposal and clean water for drinking and bathing. With improved sanitation conditions all over the world, and not just in the privileged countries, the “need” for vaccinations and toxic medications will undoubtedly decrease.

Changing the Name of the Disease Skews Statistics

Statistics are not the objective, static data we are led to believe. They can be used to substantiate lies. The

Center for Disease Control (formerly the US Public Health Service) has been shown to manipulate statistics by changing the name of a disease and thus disguising the number of inoculation-related outbreaks. Nutritional biochemist A. Van Beveren writes that because “in nearly every state where the Salk vaccine was administered the polio rate leaped by 400% to 600%,” what was then the Public Health Service responded by issuing “new guidelines for the diagnosis of the disease.”

From statistics we note that polio ceased to be a big problem almost immediately [after inoculation] but that suddenly aseptic or viral meningitis (sometimes spinal meningitis or Multiple Sclerosis) were seen in epidemic proportions in approximately the same number that polio was diagnosed in prior years. . . . In *Archives of Pediatrics* (1950), Dr. Ralph Scoby lists not less than 170 diseases with “polio-like symptoms and effects, but with different names. . . . Little mention is made of the fact that polio disappeared in Europe without mass immunization, and of the 25 or so cases of polio that have turned up in the past few years, virtually all were vaccine-induced.”³¹

Recipe Includes Dangerous Chemicals

Vaccination is more than merely ineffective. It actively reduces immune function because it introduces dangerous foreign material that we were never designed to ingest or metabolize into our systems. Some of these ingredients are used as preservatives. Others are meant to ensure that the accompanying viruses remain inactive, although this goal is not always accomplished. The chemicals include formaldehyde (an embalming fluid for corpses) and the toxic metals aluminum and mercury.

The form of mercury used in vaccines is called thimerosal (aka thiomersal), which the FDA explains is “49.6% mercury by weight and is metabolized or degraded into ethylmercury and thiosalicylate.” The FDA claims that “thimerosal has a long record of safe and effective use preventing bacterial and fungal contamination of vaccines, with no ill effects established other than minor local reactions at the site of injection.”

The agency does acknowledge that “some infants could have been exposed to cumulative levels of mercury

during the first six months of life that exceeded EPA recommended guidelines for safe intake of methylmercury.” However, it then states that this has nothing to do with vaccines, since the “existing guidelines [are] for exposure to *methylmercury*”—and the metabolite of thimerosal is *ethylmercury*, for which “there are no existing guidelines. . . . The maximum cumulative exposure to mercury from vaccines . . . was within acceptable limits for the methylmercury exposure guidelines.”³²

Due to recent public outcry, the FDA recommended that the amount of thimerosal be reduced, although it still claimed that “undetected” levels, or amounts existing as part of the manufacturing process, are safe. This is a blatant lie. *There are no safe levels of any type of mercury.* When pressure from the public, aware politicians, and some medical professionals increased, thimerosal was finally banned from some vaccines, only to have toxic aluminum hydroxide take its place.

Bodily Waste Touted as Beneficial

The next argument against vaccines concerns their “main” ingredients, which are foreign to the body: dried pus, scabs, blood and other decomposed proteins from animals. These ingredients, which people accept into their bodies every winter as they line up for flu shots, are obtained in a most cruel manner. Sentient, healthy dogs and monkeys are made sick, and then the products of their suffering and disease are collected. The animal suffering aside, it makes no sense to put what are obviously waste products into

the body. Modern hospitals try to reduce infection by sterilizing equipment and keeping operating rooms free of contaminants, such as blood and pus, the very substances that are injected into the body as vaccination material. If this material is harmful enough for us to avoid touching, why is it safe to inject?

Injections Disable the System

Vaccines also cause disease because of *how* these materials are introduced into the body: through injection. Normally, foreign material gets into the body through the mucous membranes, which act as a natural barrier to protect the body from foreign substances—everything that is not-body. The body responds to foreign irritants by expelling them in the same manner in which they

If you inject thimerosal into an animal, its brain will sicken. If you apply it to living tissue, the cells die. If you put it in a Petri dish, the culture dies. Knowing these things, it would be shocking if one could inject it into an infant without causing damage.

—Robert F. Kennedy Jr.
“Deadly Immunity:
Exposing the Vaccine-
Autism Link,” 2005

arrived—via vomiting, or coughing and sneezing through the mucous membranes. Although the body is designed to eliminate viruses and other microbes efficiently, vaccinations, as Van Beveren points out, bypass the body’s “carefully designed evolutionary system by introducing toxic matter directly into the bloodstream. This gives the body no warning, . . . no chance to recognize . . . or defend itself against future challenges from typical antigens [foreign irritants].”³³ The medical establishment, by classifying these items as medical ingredients under the term “immunization,” lends an air of integrity and validity to the practice of injecting poisons into the bloodstream.

Interestingly, there is one vaccine that might offer some protection: the rabies inoculation commonly given to dogs and cats. Could it be beneficial because rabies is transmitted by a bite from an infected mammal—which an injection imitates? If the body recognizes and interprets the stab of a needle as a puncture wound from a bite, it might respond appropriately. Nevertheless, some holistic medical authorities cite instances when this

presumably always fatal disease has not killed people who have been bitten by rabid animals, and who live quite normally despite having refused the vaccine afterwards. Among vaccine opponents, the rabies vaccination is the most controversial, with doctors on either side debating whether or not the vaccination is truly necessary.

If the rabies vaccine does in fact work, its safety is clearly lacking. Many dogs are vaccinated before eight weeks of age, when their immune response is weak and immature. They suffer greatly from the negative effects of vaccinations: joint pain, muscle aches, diarrhea, vomiting, skin eruptions, convulsions, and even death. The statistically significant appearance of encephalomyelitis, the eroding of myelin from the nerve sheaths, related autoimmune inflammatory diseases, and more, have been associated with the rabies vaccine, according to articles appearing over 20 years ago in respected periodicals such as the *Journal of the Neurological Sciences*.

Even more injury occurs to these animals because most pets are vaccinated many times during their lives. One widely-used veterinary textbook bluntly states that annual

Vaccine Facts

- ◆ Seven vaccines (polio, hepatitis A, varicella, pertussis, diphtheria, tetanus and haemophilus influenzae B) have not been “evaluated or tested for their carcinogenic potential, mutagenic potential or for impairment of fertility” or “reproductive capacity” according to the vaccine manufacturers’ own product inserts.
- ◆ Six vaccines (polio, hepatitis B, hepatitis A, pertussis, diphtheria and tetanus) contain formaldehyde, a highly noxious and carcinogenic preservative.
- ◆ Five vaccines (hepatitis B, pertussis, diphtheria, tetanus and hemophilus influenza B) contain thimerosal, a mercury derivative preservative.
- ◆ Five vaccines (hepatitis B, hepatitis A, pertussis, diphtheria, and tetanus) contain aluminum as an adjuvant. Aluminum accumulates in the brain, muscle and bone tissue and can be linked to causing fibrosarcomas (cancerous tumors) at the injection site.
- ◆ Five vaccines (measles, mumps, polio, varicella and diphtheria) are developed from animal ingredients including cell cultures of chick embryos, monkey kidney cells, fetal bovine serum and embryonic guinea pig cell cultures. There has been a moratorium in the United States on animal organ transplants in humans due to the history of humans becoming infected by unscreened animal viruses; yet vaccines may include the SV40 virus and “Mad Cow Disease” (bovine spongiform encephalopathy).
- ◆ Five vaccines (measles, mumps, rubella, polio and varicella) are live virus vaccines. Live viruses can infect the recipient and even those in close contact with the recipient. These vaccines are given to young children, though immunity sometimes fades in adults. A pregnant mother or adult with a compromised immune system can be at risk by being around a child recently injected with live virus vaccines.
- ◆ There have been no long-term studies on the cumulative effect on the child’s developing immune system of combining many vaccines together.
- ◆ It is not understood why some children negatively react to a vaccine. No genetic or lab screening tests are available to determine which children will react negatively to which vaccines.

—excerpted from PROVE (Parents Requesting Open Vaccine Education), www.vaccineinfo.net

Politics of Vaccines

A closed meeting transcript from June of 2000 recorded 53 scientists from the CDC [Center for Disease Control], FDA, and the vaccine industry at the Simpsonwood Retreat Center in Georgia to review the findings of a statistically significant correlation between mercury-containing vaccines and neurological conditions. The discovery was made by CDC employee Thomas Verstraeten, MD, using the CDC's own data. The meeting was not open to the public or announced in the Federal Register, and the CDC has still not made their findings public. Verstraeten has since left the CDC to work for a vaccine manufacturer in Belgium. He has also not responded to a US Congressional subpoena. . . .

The CDC specifically cited a 1998 *British Lancet* study recommending more research into a potential link between the measles, mumps, rubella (MMR) vaccine and autism. . . .

The CDC's inability to objectively and fairly evaluate vaccine risks was denounced by a three-year-long congressional investigation.

"To date, studies conducted or funded by the CDC that purportedly dispute any correlation between autism and vaccine injury have been of poor design, underpowered, and fatally flawed. The CDC's rush to support and promote such research is reflective of a philosophical conflict in looking fairly at emerging theories and clinical data related to adverse reactions from vaccinations. . . . The CDC in general and the National Immunization Program in particular are conflicted in their duties to monitor the safety of vaccines, while also charged with the responsibility of purchasing vaccines for resale as well as promoting increased immunization rates," states the congressional report *Mercury in Medicine*. . . .

On January 24, 2005—the same day the Global Alliance for Vaccines and Immunization announced the receipt of \$750 million for its historic world vaccination campaign—seven US Senators introduced Senate Bill 3. The bill is an unprecedented act giving comprehensive liability protections to vaccine manufacturers, restricting Freedom of Information Acts on drug/vaccine safety, and pre-empting states' rights to ban mercury from children's vaccines, all under the bill's official title: "Protecting America in the War on Terror Act of 2005."

—Lisa Reagan
"A Dragon by the Tail," 2005

revaccinations "lack scientific validity or verification. . . . There is no immunological requirement for annual vaccinations. Immunity to viruses persists for years or for the life of the animal."³⁴

It's easy to check the animal's blood for an active immune response since it received its last vaccination. There are many ethical veterinarians who oppose the need for repeated vaccinations. However, the widespread fear of rabies makes it against the law not to regularly vaccinate a dog over the course of many years. But there may be a strong financial incentive to uphold the myth of necessary yearly vaccinations. One vaccine dose costs a dollar or less and vets charge 15 to 50 times that amount to administer it. Evidently the practice of continually dosing animals is based more on financial greed than on sound science or concern about the animals' health.

Altered Viruses Cause Disease

Another compelling reason not to vaccinate is that whole viruses or parts of viruses, in different states of presumed activity, are chief ingredients of the formulas. In their unaltered state when infecting the body in a "normal" way, viruses can wreak havoc. They penetrate the cell membrane of the host, appropriating the host's own DNA and

RNA in order to thrive and reproduce. Viruses are known for their ability to remain dormant for long periods of time, often hiding in the tissues of the body, until stress, illness, or vaccinations re-activate them.

Now consider what might happen when *altered* viruses are administered in the form of vaccines. The two basic methods of preparing viruses for vaccine formulas are explained in an article by Dolores Sánchez-Peñalver.

"Modified live" [also called "weakened virus"] vaccines are made up of particles of live viruses that have been altered in a laboratory by passing the virus through animal tissue repeatedly to partially break it up and reduce its potency. . . . Though some vaccines are referred to as "killed" they are not truly killed. They are instead "inactivated" . . . generally with heat, radiation, or chemicals. . . . [This] simply means that in theory the virus cannot reproduce, multiply, and create pathology.³⁵

But the inability of the virus to reproduce in its customary manner doesn't mean that it's safe. When viruses are put into vaccination formulas, "it doesn't matter if they are called 'killed' or 'modified live'. . . . They're still

viruses.”³⁶ Viruses, whether “modified live” or “killed,” are still active. *The very presence of genetic material from pieces of even “killed” viruses have been shown to cause mutation in the recipient’s own DNA.* Another article states: “Chick embryo, monkey kidney cells, and calf serum,” all substances generally put into vaccines, “are foreign proteins, biological substances composed of animal cells, which, because they enter directly into the bloodstream, can become part of our [own] genetic material.”³⁷

The mechanism by which vaccine viruses damage our genetic code and deteriorate our immune response is multi-faceted. Unnaturally weakened or “killed” viruses are present at too low a level to stimulate the body’s defenses. However, this foreign microbial genetic material does not easily leave our tissues. The body does respond to this material—in an abnormal way. Van Beveren writes:

The body does not usually tolerate viruses unless they have been weakened (so as not to awaken a strong response) or tricked through a route (usually injection) that bypasses . . . organs and functions that would inevitably lead to normal, natural expulsion. But [by being] synthetically weakened and directly introduced into the bloodstream, these bits of aberrant nucleoproteins are capable of remaining latent toxicants for many years without continually provoking acute illness, yet keeping the defense system restless and “on guard” almost indefinitely.³⁸

Being continually “on guard” causes intense stress. The psychological signal is anxiety; the physical symptom is disease. Since, as mentioned earlier, “killed” viruses migrate directly into the DNA, the body—responding differently than it would to “normal” viruses—is not signaled properly to stop these “killed” viruses. But eventually, the weakened viruses become too plentiful for the body to ignore. As Van Beveren explains, at this point so many weakened viruses have been incorporated “into an appropriate chromosome [of the body’s cells] and start the production of non-self proteins, [that] the only proper response from the organism must be to make antibodies—against its own cells.”³⁹ This explains the recent astronomical increase of chronic and degenerative, so-called auto-immune diseases. The body attacks itself, no longer able to recognize its own cells due to the gradual, stealthy, unnatural introduction of foreign material.

In 1976 (over 30 years ago!), at a seminar sponsored by the American Cancer Society, Rutgers University professor Robert Simpson warned of a similar autoimmune reaction in response to vaccination. “Immunization programs against flu, measles, mumps, polio, and so forth,

may actually be seeding humans with RNA to form latent proviruses in cells throughout the body. . . . When activated under the proper conditions . . . [these proviruses] could cause a variety of disease.” Some of the conditions he specified are rheumatoid arthritis, Multiple Sclerosis, systemic lupus erythematosus, Parkinson’s, and “possibly cancer.”⁴⁰ Van Beveren names additional conditions that contain elements of autoimmune dysfunction: hemolytic anemia, granulocytopenias, thrombocytopenias, immune thyroiditis, sympathetic ophthalmopathy, chronic active hepatitis, polyarthritis, rheumatic fever, endomyocarditis, periarteritis nodosa, Addison’s disease, atrophic gastritis, pernicious anemia, immune pancreatitis, primary biliary cirrhosis and ulcerative colitis.

The documentation on conditions catalyzed, exacerbated or outright caused by vaccines is solid. In *Immunization: The Reality Behind the Myth*, Walene James shows a cause-and-effect relationship between the administration of vaccines and a subsequent rise in the vaccine-specific disease. James mentions that generalized glandular and organ damage, allergies, and developmental disorders as well as more specific diseases such as encephalitis, among other problems, cause erosion of the myelin sheath that covers the nerves.

Considering that vaccines are supposed to *prevent* disease, the number and scope of conditions is indefensible. However, the quantity of vaccine-related diseases is not surprising. As Sánchez-Peñalver points out:

The reason for using only parts of the viruses in these vaccines is so that the “attenuated” viruses will be “non-disease causing.” [However] . . . they are [merely] . . . incapable of producing the *same* disease as the original virus would have caused. . . . Viral agents are fully capable of reproduction within the cells of the animal into which they have been injected [and hence, are fully active and able to cause illness].⁴¹

Interestingly, Van Beveren writes, “The thymus gland in vaccinated children atrophies much more, much faster, than in countries whose children are allowed to initiate a generalized inflammatory response.” He also cites statistics showing that medical doctors “are the least inoculated group in the United States.”⁴² (See Insert, “Will Doctors Take Their Own Medicine?”)

As of this writing, the most recent illustration of the above principles in action occurred in Nigeria in 2007. A report in the *Canadian Press*, which was circulated by other news media around the world, stated in part:

Nigeria has found 69 cases of children paralyzed by polio not caused by wild polio viruses, but rather weakened [“modified live”] viruses from

Will Doctors Take Their Own Medicine?

Professor John Saunders, who chairs the ethical issues committee of the Royal College of Physicians, certainly believes that there are circumstances in which doctors should be volunteers in their own trials. Having been a subject in his own research in the past, he says: "I think it is perfectly legitimate for people to say: 'If you aren't prepared to undergo this experiment on yourself, how dare you expect others to do so.'"

—"Doctors Who Had a Taste of Their Own Medicine," June 10, 2006
www.timesonline.co.uk/article/0,,8123-2217159,00.html



On February 19, 1999, the Australian publication Medical Observer published an article by Simon Chapman who insisted that vaccines are safe and stated that anti-vaccination activists are making a big deal out of nothing. In response, Dr. Viera Scheibner issued a challenge.

If vaccines are such a blessing, I challenge Simon Chapman to appear on television and allow himself to be injected with all baby vaccines, adjusted to his body weight by a doctor of my choice and in my presence. The vaccines to be administered to Simon are as follows: DtaP, 3 doses within four months; Hib (any conjugates), 3 doses within four months; OPV or IPV, 3 doses within four months; and Hep B, 3 doses within one month of each other.

There isn't a better way to demonstrate to us that vaccines are safe and effective than by Simon taking his own medicine. After every lot of vaccines an independent medical doctor and myself would assess Simon's reactions and the general state of health. Long-term reactions will be followed up for three years. If you do not publish my letter and/or Simon does not agree to this easy and safe demonstration, then it will show us all that vaccinators are dishonest and are afraid of their own medicine.

—Viera Scheibner, PhD, "Simon Chapman to Take His Own Medicine," February 19, 1999
 Vaccine Information Service, www.vaccination.inoz.com/vaccchallenge.html



Jock Doubleday, director of the California 501(c)3 nonprofit corporation Natural Woman, Natural Man, Inc., offers \$75,000.00 to the first medical doctor or pharmaceutical company CEO who publicly drinks a mixture of standard vaccine additive ingredients in the same amount as a 6-year-old child is recommended to receive under the year-2005 guidelines of the US Centers for Disease Control and Prevention. . . .

The mixture will not contain viruses or bacteria dead or alive, but will contain standard vaccine additive ingredients in their usual forms and proportions. The mixture will include, but will not be limited to, the following ingredients: thimerosal (a mercury derivative), ethylene glycol (antifreeze), phenol (a disinfectant dye), benzethonium chloride (a disinfectant), formaldehyde (a preservative and disinfectant), and aluminum.

The mixture will be prepared by Jock Doubleday, three medical professionals that he names, and three medical professionals that the participant names. The mixture will be body weight calibrated.

Because the participant is either a professional caregiver who routinely administers childhood vaccinations, or a pharmaceutical company CEO whose business is, in part, the sale of childhood vaccines, it is understood by all parties that the participant considers all vaccine additive ingredients to be safe and that the participant considers any mixture containing these ingredients to be safe.

The participant agrees, and any and all agents and associates of the participant agree, to indemnify and hold harmless in perpetuity any and all persons, organizations, and/or entities associated with the event for any harm caused, or alleged to be caused, directly or indirectly, to the participant or indirectly to the participant's heirs, relations, employers, employees, colleagues, associates, or other persons, organizations, or entities claiming association with, or representation of, the participant, by the participant's participation in the event. . . .

Since January 29, 2001 . . . 14 doctors, or persons claiming to be doctors, have contacted me about publicly drinking the vaccine additives mixture. None have followed through.

—Jock Doubleday, Vaccine Liberation Press Release, August 1, 2006

polio vaccine that have circulated and regained their power to cause disease. . . . The vaccinated children shed viruses in their stools for weeks. Those viruses mutate. If they circulate long enough, the built-up mutations can restore the virulence stripped out in the vaccine production process, giving these viruses back the power to paralyze months and even years after their progenitors came out of a vaccine vial.⁴³

Remarkably, pro-vaccine officials insisted that the polio outbreak was due to an overall decrease in vaccinations, rather than the modified live viruses in the vaccines that had been given just before the outbreak.

Despite the fact that vaccinations are now routinely given to very young children, the weak, ill, and elderly, safety studies for vaccines are done on a small population of healthy volunteers. Ironically, even though a vaccine may evoke an antibody response, this does not guarantee its ability to prevent infection. It's sad that many people who understand that a viral infection (like the flu) indicates ill health willingly submit to—and even request—a vaccination that contains gene-altering viral material. Dr. Russell Blaylock, an expert on the effects of MSG, aspartame and other toxic chemicals on the brain, cites a recent study by world-renowned immunologist Dr. H. Hugh Fudenberg. Adults who receive the flu vaccine five years in a row are 1,000% more likely to develop Alzheimer's disease. (See Sidebar, "Association of American Physicians and Surgeons Resolution Concerning Mandatory Vaccines.")

Alternatives to Vaccines

Despite the many excellent reasons not to vaccinate, there is still the danger of possible exposure to more, and more virulent, microbes. Also, people are traveling to foreign countries in unprecedented numbers. They have many opportunities to be exposed to foreign microbes to which the body has not developed a natural immunity. It is time to administer safe, preventive treatments against microbes to which people are not normally exposed. These treatments already exist. Holistic veterinarians are already successfully giving animals immunity protection in the form of homeopathic remedies in liquid or pellet form. In creating homeopathic remedies, the substance is put in water. The vessel is rhythmically shaken, diluted, shaken again, diluted again, and so on, for a specific number of times depending on the dosage. The procedure is repeated so many times that in the final product, no physical remnant of the substance remains. Its vibrational signature only is imprinted in the carrier

Association of American Physicians and Surgeons

Resolution Concerning Mandatory Vaccines

There are increasing numbers of mandatory childhood vaccines, to which children are often subjected without meaningful informed consent, including information about potential adverse side effects. . . . The process of approving and "recommending" vaccines is tainted with conflicts of interest. . . . Safety testing of many vaccines is limited and the data are unavailable for independent scrutiny, so that mass vaccination is equivalent to human experimentation. . . . AAPS calls for a moratorium on vaccine mandates and for physicians to insist upon truly informed consent for the use of vaccines.

Patients have the freedom . . . to refuse medical treatment even if it is recommended by their physician and to be informed about their medical condition, the risks and benefits of treatment, and appropriate alternatives.

—Association of American Physicians and Surgeons
October 2000
www.aapsonline.org/testimony/vacresol.htm

substance, which is usually milk sugar pellets, water or alcohol. Considerable research shows not only the efficacy of homeopathy, but also the ability of water and other substances to hold the electromagnetic signature of whatever is imprinted into them. This method of boosting the immune function could apply as easily to people as it does to animals.

As we realize that in most cases, drugs are ineffective and even harmful, it is easy to feel overwhelmed. Why, if drugs are so obviously invasive and dangerous, isn't this on the front page of every newspaper in the country? Why aren't measures being taken to protect every man, woman and child?

More than a few isolated medical professionals are finally speaking out against vaccines. We still have a long way to go, however, before this brand of medicine is recognized for what it truly is: experimentation with dangerous ingredients, which can have devastating consequences.

FACTS AND FALLACIES ABOUT CLINICAL TRIALS

Standard scientific protocol for the early stages of drug testing involves inducing illness in two matched groups of animals and deliberately not intervening in the first



*Its name is Public Opinion. It is held in reverence.
It settles everything. Some think it is the voice of God. Loyalty to
petrified opinion never yet broke a chain or freed a human soul.*
—MARK TWAIN, AMERICAN WRITER, CRITIC AND HUMORIST (1835–1910)



Chapter 2 Outline

The History of Pleomorphism and the Inventions of Royal Raymond Rife

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Proliferating Pathogens

Pathogenic microorganisms are probably the most obvious component of illness. Since bacteria, viruses, parasites and fungi thrive in an unbalanced pH environment, the same factors that cause tissue deterioration also allow microorganisms to proliferate.

As you may recall, Béchamp pointed out that the function of pathogenic microbes is to break down bodily tissue that is already diseased. But the scavenger function of bacteria has complex ramifications. If these modified microzymas were only getting rid of debris, we humans could eat whatever we wanted and subject ourselves to all kinds of abuse without worrying about the consequences. We could binge on junk, see the body react by becoming toxified, and then blissfully sit back while the transmuted microzymas cleaned up the mess. The problem is, once the microzymas have transmuted into bacteria, viruses or fungi, feeding on unhealthy and fermented body tissue causes them to *excrete* unhealthy (mostly acidic) waste materials. *It is these microbial waste materials, or mycotoxins, that further contribute to a rising spiral of sickness.* Thus the phrase, “You are what you eat,” takes on new meaning.

The *myco* in the word *mycotoxin* is from the Greek “mykes,” which means “fungus.” As mentioned in Chapter 1, a toxin is a poison. One common mycotoxin is acetaldehyde, which in turn breaks down into the poisons oxalic acid, uric acid, and alcohol. The more noxious the waste that is discharged into the body, the sicker we feel.

The term “mycotoxins” also applies to the waste material of pathogenic corpses that shatter in the body, a waste commonly known as die-off. Ideally, a white blood immune cell will attack, immobilize and devour a pathogen whole—thereby transmuted it—before the microbe has a chance to shatter and spew its toxic waste into the bloodstream. However, this best-case scenario is not always possible. Many people who are ill (particularly with chronic conditions) do not have enough optimally functioning white blood cells to gulp down the invaders whole. Several factors can cause a pathogen to rupture rather than simply become immobilized: an assortment of drugs in the system, the natural dying process of some microorganisms (they leak out toxins from their walls to defend against counterattack by the host), and in some cases, rife technology. As sick people know, the resulting foul die-off feels terrible. However, it’s still preferable to shatter a microbe than have it live and repopulate the body with baby microbes. Chapters 3 and 4 address how to deal with microbial waste.

Most people have not heard of the mycotoxin called acetaldehyde. However, many of us are familiar with acetaldehyde’s breakdown products oxalic acid, uric acid and alcohol, since they are found in foods.

Oxalic acid is a common toxin in many foods, including tomatoes (which contain high amounts). If eaten continually by a susceptible person in large enough quantities (as in the concentrated form of tomato sauce), oxalic acid can produce inflammation in the joints.

Another toxin, uric acid, cannot be destroyed by the body. If it is not excreted by the kidneys, it crystallizes as kidney stones. A high-protein diet is said to help form uric acid. However, complementing the protein with plenty of vegetables and enzyme-rich foods will help the system dissolve the uric acid crystals.

As for alcohol, re-framing this legal drug as a toxin gives us a different perspective. Alcoholic beverages are produced when a fruit or grain is allowed to ferment. During the fermentation process, the yeast feeds on the food sugars and excretes alcohol, which is considered a desirable occurrence. However, on many levels alcohol is a waste product. It destroys brain cells, which people experience as intoxication. And its rapid metabolism by the body can cause liver damage.

Toxic Bodily Responses

Illness can also occur as a result of noxious biochemicals, non-beneficial hormones, or other *endogenous* substances—*produced by the body itself—in response to these mycotoxins.*

A cyst, for example, is a sac containing liquid that forms around foreign material in the body to contain it and prevent the rest of the system from being poisoned. Western doctors often perceive the cyst as the medical condition itself rather than an expression of a deeper disruption. Put another way, they call the cyst the cause of the problem rather than the effect. The body’s attempts to protect itself, while not always convenient or efficient, do demonstrate an attempt to achieve equilibrium. The holistic approach recognizes that the body’s tendency to form cysts is intricately related to an impaired waste removal function.

Emotional States and Belief Systems

The last, and very important, component to becoming ill is one’s emotional state and belief systems. I’ll discuss emotions first.

Emotional states consist of joy, anger, love, rage, sadness, excitement, etc. “E-motion” is really *energy in*

Edward Rosenow

Knowledge of the pleomorphic life cycle of microorganisms was not limited to Europeans. In 1914 in the US, Dr. Edward C. Rosenow—who among his other accomplishments was an associate at the Mayo Clinic for over 60 years and published over 450 medical papers—wrote an article in *The Journal of Infectious Diseases*. He described taking a variety of bacterial strains from different diseased tissues and placing them in separate Petri dishes that all contained the same nutrient medium. When after a short period of time he examined the different dishes, he found no difference between the microbes. They all had transmuted into the same form! (He and his colleagues were able to see this phenomenon almost 20 years later through Royal Rife's microscope. This will be discussed shortly.) When Rosenow later returned the altered microorganisms to their original diseased tissues, *their offspring assumed the original form and function of the parent microorganisms*. Rosenow's simple experiment has been successfully repeated by other scientists.

A. Van Beveren writes:

Thus there is no “*streptococcus*” for the throat and “*pneumococcus*” for the lungs. They are the very same bacteria feeding on—and being modified by—the substance they are breaking down. This is pleomorphism and, while once ridiculed, [it] is now being reconsidered in light of improved microscopic techniques.¹⁹

ROYAL RAYMOND RIFE

A Renaissance Man

As we explore the history of the discovery of pleomorphism, a major repeating theme is the quality of the microscopes used by the researchers. Although the microscopes of Béchamp's time limited his ability to report in minute detail the appearance of the microzymas, he could certainly identify them by function and location. The scientists who followed him achieved much more detailed descriptions due to improved microscope technology. This brings us to Royal Raymond Rife.

Royal Rife was born in Nebraska in 1888. He was raised by an aunt and uncle, as his mother died shortly after his birth and his father was apparently unable to take care of him. By 1912, Rife had moved to San Diego and married a Chinese-American woman named Mamie Ah Quin. Mamie, the third of twelve children, was born into a wealthy and highly respected family within the San Diego Chinese community—in fact, her father was regarded

as the unofficial mayor of Chinatown. Among his many accomplishments, the elder Ah Quin was a labor broker, recruiting newly arrived Chinese immigrants to build the railroad. He also had considerable bilingual talent and extensive legal knowledge, which made him a favorite translator in the courts. More is known about the Ah Quin men than the women. For instance, one of Mamie's brothers later became part owner of a tourmaline mine that supplied jewels to the Dowager Empress in China. But we do know that all of the Ah Quin children were reported to have received musical instruction. And, from what we know about the father's efforts to assimilate into American culture (he cut off his back braid, an offense punishable by death in China), and the entrepreneurship of the men in the family, it's reasonable to assume that Mamie's upbringing similarly focused on breeding, education and adaptation to a new culture. All this, and Mamie's striking physical beauty, evidently attracted Rife to her. Because it was illegal for Caucasians to marry non-Caucasians at that time, Rife and Mamie probably got married across the border in Tijuana. (The youngest daughter Mabel also married a Caucasian in Tijuana, in the 1920s.)

The newlywed Rifes moved onto the estate of San Diego millionaire industrialist H.H. Timken, who hired Rife as his chauffeur and car mechanic. Timken quickly recognized that Rife was not a typical employee. A gifted musician and artist, Rife had already educated himself in the fields of optics, electronics, biology and chemistry. Additional education for Rife included studies at Johns Hopkins University, two years of training to perform eye surgery, and six years of study with optical scientist Hans Luckel, who worked for German-based company Zeiss Optics and was in the New York plant when he taught Rife. (Rife is also said to have received an honorary Doctor of Parasitology degree from Heidelberg University, but this cannot be verified. One rifer who claims to have a copy of the degree has not allowed it to be publicly examined. Others who queried the University have been told that no such degree has been located.)

In his lifetime, Rife is known to have designed and built many medical research instruments including spectrometers, optical tools, micromanipulators, and stop-motion photomicrographs. With one of his own photomicrograph inventions, he made all of the pictures that appeared in the *Atlas of Parasites*, published by the University of Heidelberg in Germany. According to several reports, the governments of the United States and several foreign countries later awarded Rife over a dozen medals for scientific work involving variable pitch propellers, machine gun synchronization gears, inclinometers, and high altitude barometric pressure scales.

reported complete restoration of vision in 30 of 31 people he treated. The Pasadena clinic remained open until May 1937. Unfortunately for us, the frequencies used to eliminate the cataracts are not mentioned in Johnson's report.

The equipment used in the 1936 clinic was the Rife Ray #4, which engineer Philip Hoyland had built for Rife and Johnson in 1935. Rife, who freely acknowledged that he was not an electronics expert, had employed Hoyland to build most of the later Rife Ray instruments. The Rife Ray #4 used a ray tube. Since it used oscillators similar to the Kennedy oscillators, the only waveform it could transmit was a sine wave. Like its predecessor, the Rife Ray #4 contained two separate oscillators so it could emit two frequencies simultaneously. One oscillator could be set at a higher frequency with a more powerful output if the lower MOR frequency did not have sufficient power to light the ray tube.

Frequencies ranged from 87,000 Hz to 22.5 MHz. The machine drew from 450 to 600 watts of power from the electrical outlet, and output to the ray tube could vary from 50 to 100 watts.

Around this time, Rife also set up a new laboratory in Point Loma, with the help of Milbank Johnson. Some of the people who worked with Rife in the lab, administered therapy in clinical trials, or treated their own clientele using Rife's ray, were among the most respected professionals in the country. I mention the following people by name, along with some of their affiliations, to give a sense of the proficiency, talent, enthusiasm and interest that surrounded Rife and his work: Agnes Bering (who worked with Rife in his laboratory from 1915 to 1946); T.O. Burger, MD; E.F.F. Copp, MD; James B. Couche, MD (pharmacist, physician and surgeon); Ben Cullen; George Dock, MD (Professor of Medicine, Tulane University and later President of the Las Encinas Sanitarium of Pasadena, California); C. Fischer, MD (of the Children's Hospital in New York); Alvin G. Foord, MD (pathologist at Pasadena General Hospital and one-time president of the American Society of Pathologists); Oscar C. Gruner, MD (pathologist, Archibald Cancer Research Committee, McGill University in Canada); Richard T. Hamer, MD; Joseph Heitger, MD (an eye doctor and good friend of Johnson); Arthur I. Kendall, PhD (inventor of the K-medium and observer of pleomorphism in microbes); his daughter Alice Kendall (who assisted Rife in the lab); Royal Lee, PhD (an inventor of spectrographic and other equipment, and the developer of whole food supplements

that are still produced today by the company he founded); Ray Lounsberry, MD; Karl Meyer, MD (pathologist and Director of the Hooper Foundation for Medical Research of the University of California in San Francisco); Waylen Morrison, MD (Chief Surgeon for the Santa Fe Railway); Edward C. Rosenow, MD, ScD, and LLD (who had observed pleomorphism in microbes and was on the Mayo Clinic staff); Henry Seiner (trained in microscopy by Rife and sent to England to demonstrate a virus microscope); Verne Thompson, electronics expert; Ernest Lynwood Walker, BAS, ScD; and Arthur W. Yale, MD (Director of the Yale Foundation in San Diego). In addition, W.D. Coolidge from General Electric furnished Rife with hundreds of tubes, which were altered to Rife's specifications. (Rife's early ray units, before Philip Hoyland became his engineer, are speculated to have been built by Lee de Forest, a Yale University PhD known for having invented the first vacuum tube in 1906.)

Meanwhile, across America and in Europe, other doctors were administering Rife's therapy privately to their own patients. Numerous pathogenic microorganisms were being deactivated or killed: *Escherichia coli* (more commonly called *E. coli* today, and which was called *Bacillus coli* or *B. coli* in those days), *Streptothrix*, *Staphylococci*, *Streptococci*, and *Treponema pallidum*. People recovered from sarcoma, carcinoma, leprosy, tuberculosis, typhoid, tetanus, gonorrhoea, pneumonia, and other ailments. Rife wrote:

**Those who say it cannot
be done should not
get in the way of the
person doing it.**

—*Chinese proverb*

I saw cancer and tuberculosis cases that had completely recovered. I saw Dr. Couche's brother who had come over from England. He had a 30 year sinus condition with terrible drainage. Dr. Couche used the frequency instrument on him and he was well in three weeks. Dr. Couche had treated Dr. Hamer, MD for a sinus condition which cleared up. Dr. Couche had treated Dr. Butterfield, MD's brother-in-law who had a stiff wrist—a tuberculosis of the bone which cleared up. Also I saw a Mexican boy who had osteomyelitis of the bone which Dr. Couche cleared up with the frequency instrument. I saw George Lemm being treated by Dr. Couche for tuberculosis and he had come out from Chicago to die. He was sent from the Vulclain home. As soon as they found out that Couche was getting results, they tried to get all of their patients back but Lemm said no, that

he was going to finish up with Couche and he completely recovered.⁴⁴

Rife noted that two frequencies instead of one were needed to eliminate all the symptoms of tuberculosis because, he discovered, more than one pleomorphic form of the microbe was involved in the disease. For cancer, Rife and his associates learned that treatment should be given for three minutes once every three days to give the lymphatic system enough time to rid itself of the toxins. (When using modern-day frequency devices, treatment times are much longer, for reasons described later in this chapter. For cancer protocols using contemporary equipment, see Chapters 4 and 5.)

According to Gary Wade, it was possible for the Rife Ray to have destroyed an entire cancer tumor in a single treatment consisting of one to one-and-a-half hours; but the resulting amount of dead tissue would have become “a feast for a massive bacterial infection” that “could lead to liver and kidney damage and general toxemia.” In the three-minute treatments that were administered over a longer period of time, the Rife Ray killed “a thin outer layer of cancer tumor tissue at one time,” thus allowing “the body’s immune system to remove this layer before the next treatment.”⁴⁵ The administering doctors emphasized the need to drink two quarts or more of water a day—otherwise, the liver, kidneys and other organs would become overloaded from trying to eliminate, too fast, too many dead microbes and their waste products. But they were not concerned about the waste; they understood it to be a normal outcome of detoxification. Since the Rife Ray didn’t do anything except what it was designed for—the destruction of pathogens—it could not be said to cause “side” effects as the phrase is commonly meant. The cleansing reaction was a natural, reasonable, and in fact hoped-for process that occurs in a body that is trying to rid itself of microbial corpses and their waste products.

The years 1936 to 1939 were fruitful and exciting. The Beam Rays Corporation was formed to manufacture more units, with both Rife and engineer Philip Hoyland listed as co-owners. In autumn of 1936, Hoyland built what contemporary rifers agree was his most superb frequency device. This ray tube unit had two RF oscillators (with one variable frequency, and one fixed carrier frequency of 4.68 MHz), and a fixed audio frequency that gated the carrier frequency. Power usage ranged from 450 to 600 watts, and output to the ray tube was about 50 watts.

Another very special feature of this Beam Rays unit was its size. Hoyland had devised a way to make the instrument four times smaller than the Rife Ray #4. It was not

discovered until 2008 that the method he employed was *heterodyning*. Briefly, during heterodyning, two frequencies are combined, which produces a complex array of even more frequencies. See Insert, “Permutations of the Rife Ray,” for more details.

This new Hoyland device proved highly effective. (A slight instability in the unit, which caused the frequencies to drift too much, was easily corrected by the doctors operating the unit: they simply turned the dial across a wider range of frequencies to ensure that they accessed the correct MOR.) Dr. Hamer was the first doctor to use the Beam Rays device in his clinic in the spring of 1938, followed by Dr. Couche. Enthusiastic professionals sent the inventor letters (some of them notarized) praising the Rife Ray. And those lucky enough to have their health completely restored sent Rife sworn documents (some of which are posted at www.rife.org).

Only 14 units were made by Beam Rays. Unfortunately, the promising period that Rife and his colleagues were enjoying was about to end.

THE PERSECUTION OF RIFE

The year 1939 began a series of catastrophes for Rife (not to mention the many people who depended on his unit to heal them). In Chicago, Morris Fishbein was expanding his personal and professional power as head of the American Medical Association and its chief public relations officer—despite the fact that, according to biographer Morris A. Bealle, he had spent only five months as an intern at Durand Hospital. “Note,” Bealle advised, “that all other medical graduates *are required* to serve two-year internships in some ‘accredited’ hospital. . . . [But Fishbein’s] accession to editorship of the *AMA Journal* was a travesty on modern medicine, since he had never practiced medicine a day in his life.” [emphasis in the original]⁵⁴

Fishbein was notorious for writing unfavorable reviews of products whose manufacturers did not advertise in the *AMA Journal*. However, if advertisers paid his rates, even ineffective and unsafe products could appear in the journal and receive its bogus Seal of Approval. “Some of the products [that Fishbein slandered] are harmful,” Bealle acknowledged, “but the Fuhrer makes no distinction between worthy articles and [quack remedies].”⁵⁵ Among the items Fishbein condemned were ironized yeast (a nutrient, similar to brewer’s yeast), Alka-Seltzer (an innocuous and effective over-the-counter antacid containing mostly bicarbonate of soda), and Sal Hepatica (a safe and effective homeopathic remedy). The natural

one looked carefully. We ask how could they not see the ships, . . . they were so obvious, so *real*. . . . Yet others would ask how *we* cannot see things just as obvious.⁶⁷

Vassilatos's explanation is not psychological, but monetary. He points out the clear opposition from RCA, the manufacturer of the competing (electron) microscope. Regardless of why others failed to see what Royal Rife and his enlightened contemporaries saw, the outcome was the same. For Rife, to fall from a position of being respected and praised to being ridiculed and ignored—not to mention being betrayed by friends, and seeing decades of work pilfered and destroyed—was more than he could bear. By 1950, he was drinking daily. He still conducted some experiments, wrote, and was contacted by professionals and a few friends. But the vital foundation of his work was no longer there. Later, in October of 1957, his wife Mamie died, another very traumatic event.

JOHN CRANE, JOHN MARSH, AND THE NEXT GENERATION OF FREQUENCY DEVICES

Several years prior to Mamie's death, when Rife was selling, piece by piece, his remaining equipment to pay for food, he met John Crane. Crane did not compensate Rife nearly enough for the equipment that he bought, but he did take Rife and Mamie into his home.

Then, in 1953, another key player in the Rife saga appeared: John Marsh. Marsh had recently moved to San Diego to obtain treatments for his wife, who had cancer. However, her doctors said that there was nothing they could do for what they believed was a terminal condition. When Marsh was assigned as supervisor to John Crane at their workplace, Convair Aeronautics, Crane told Marsh about Rife. After considerable persuasion, Rife gave them an old Beam Rays instrument, which they repaired. Marsh's wife was cured after six treatments.

The Beam Rays unit, while it benefited the Marshes, could not be used for the general public because in 1953, it would not have passed FCC regulations. If Rife's technology was to survive, it had to be modified so that not only was it accessible to the average person—portable, affordable and easy to use—but also legal.

Thus, "a friendship [began] between these three men that would last for years," writes Garff. "Dr. Rife, John Crane and John Marsh worked together as a team in the 1950's and early 60s. They formed a company called Life Labs and started building Dr. Rife's frequency

Instruments."⁶⁸ Verne Thompson was hired by Life Labs to make their equipment. Thompson updated the audio frequency instrument he had built around 1942, and in 1953, the AZ-58 was launched.

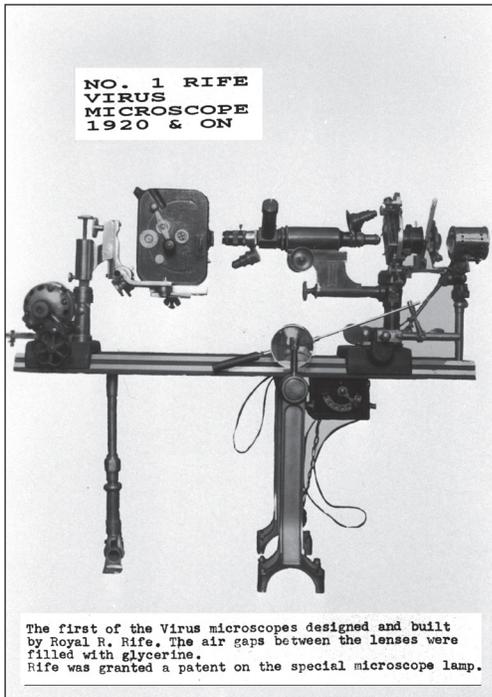
Some questions have been asked about Rife's alcoholism during this period. Did his drinking affect his involvement in the building of these Life Lab devices? Prior to the discovery of the Marsh documents, it was assumed that Rife was drinking so heavily, he was part of this project in name only. But, Jeff Garff points out, it's "clear from John Marsh's papers that Dr. Rife was not on the sidelines, but was a working partner in Life Labs. Dr. Rife by this time had become what some people call a working alcoholic. This type of drinker would have a little to drink during the day to take the edge off, but would not be a total drunk."⁶⁹

The AZ-58, also a ray tube instrument, had a power usage of about 460 watts. Output to the ray tube was about 15 watts. The unit's 4.68 MHz carrier frequency was in full compliance with the FCC license that they had for this instrument. Since there was no variable RF oscillator to heterodyne with the fixed RF oscillator, the instrument did not create higher-frequency harmonics that would interfere with radio broadcasts.

The AZ-58's audio oscillator produced *square wave* audio frequencies, which by definition are solely in the Hz range. These audio frequencies were modulated onto its sine wave carrier frequency. Square waves, which are literally squared-off and flat on top (as compared to rounded sine waves), inherently *do* contain (odd numbered) harmonics. *To some extent, these harmonics can produce effects similar to those of a higher-frequency sine wave.* "This is the first time [a] square wave was used," Garff writes. Life Labs

lowered the frequencies by a factor of 10 and changed them from sine wave to a square wave waveform. . . . John Crane said this is when the instruments started to work better. It is ironic that they had to use a square wave that produces harmonics in order to get the instrument to even begin to give them any results. . . . John Marsh and John Crane considered the [lower, audio range] frequencies to be Dr. Rife's, and the AZ-58 instrument to be Dr. Rife's instrument. . . . [Evidence for this is] a plaque on the front of the instrument with [Rife's] name on it.⁷⁰

We know that the AZ-58 device did no harm. But the all-important question is, did it heal? Physician Robert P. Stafford, who spent many hours with the AZ-58 from 1957 to 1962, faithfully recorded its performance. He was pleased that the AZ-58 worked very well for most health



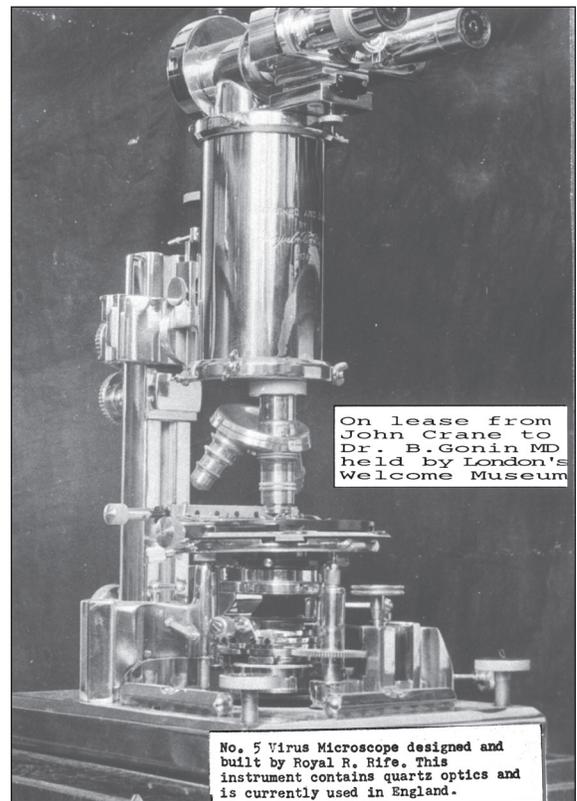
Rife's first high-powered microscope, built in 1920.

Courtesy of Rife Research Group of Canada

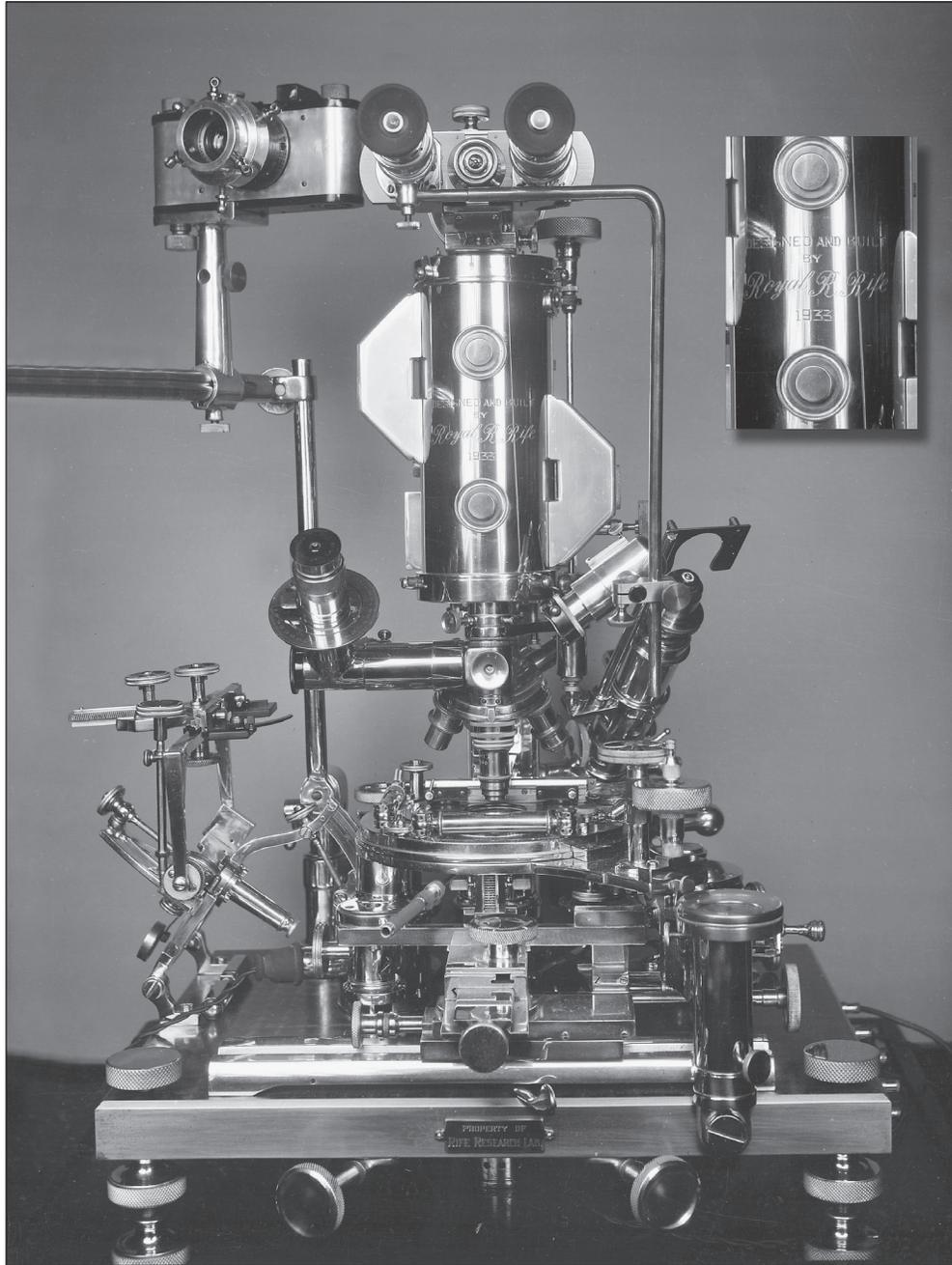


Rife's Microscope No. 4, intended for commercial production.

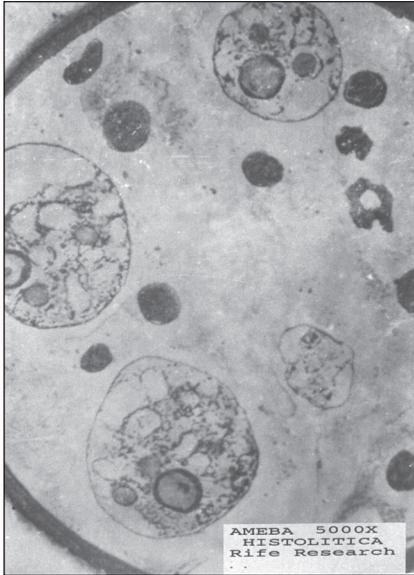
Courtesy of Rife Research Group of Canada



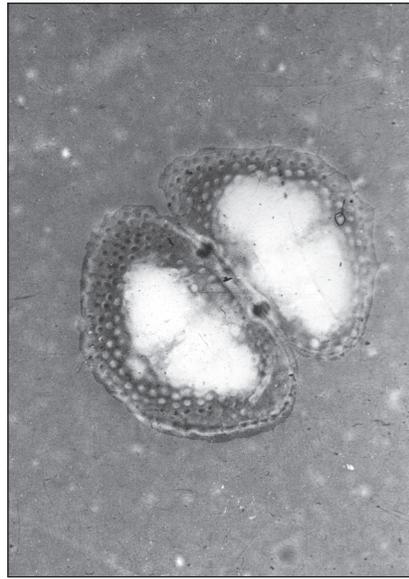
Rife's Microscope No. 5. This was his last model.



Rife Universal Microscope No. 3.
Inscription on top reads, "Designed and built by Royal R. Rife, 1933."
Plaque at base reads, "Property of Rife Research Lab."



Entamoeba histolytica (amoeba), as seen through Rife's microscope.



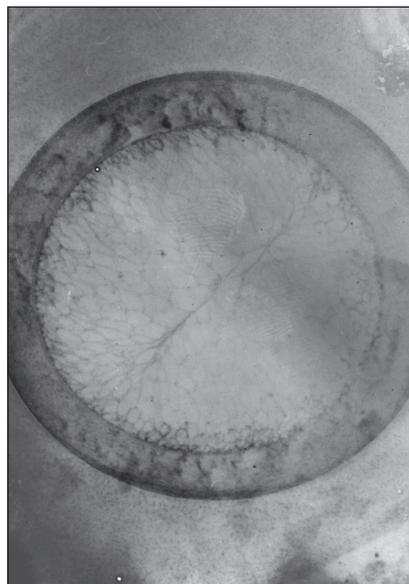
Algae cells, as seen through Rife's microscope.



Escherichia coli, as seen through Rife's microscope. This specimen is stained with a dye created by Rife, which did kill the microorganisms.



Salmonella typhimurium, in transition into the filterable state, showing three filterable granules instead of the usual one, as seen through Rife's microscope.

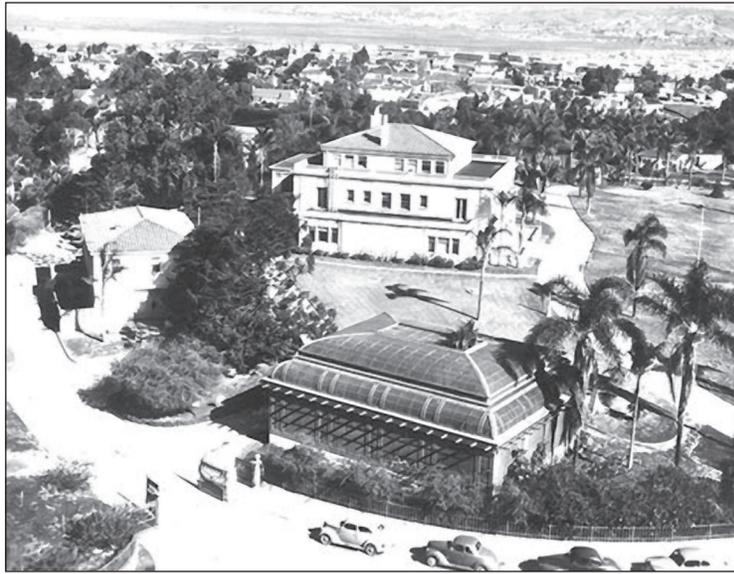


Clostridium tetani (tetanus) spore, as seen through Rife's microscope.



Mycobacterium tuberculosis (tuberculosis), rod form, as seen through Rife's microscope.

All photos courtesy of Rife Research Group of Canada



Amelia Bridges estate in San Diego, California.
Rife's first laboratory was on the top floor of the garage,
which is the small white building on the left.

JUNE, 1931 27

Movie New Eye of Microscope in War on Germs

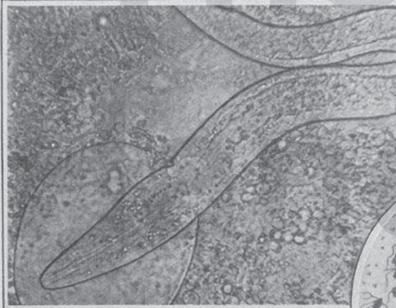
By H. H. DUNN



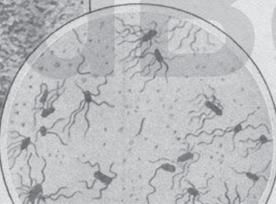
R. R. Rife, once a chauffeur, has devised a means of preserving with a movie camera the life history of man's most deadly microscopic enemies.

the time required to diagnose certain diseases may be cut from days to hours by the use of the films.

WHENCE come the actors in these strange movies? Rife propagates and rears all the microbes he studies, I learned, in an incubating plant of his own design. Deadly germs, housed in jars, are nursed as carefully as the frailest child. Delicate thermostats control the warmth of ovens in which the germs are

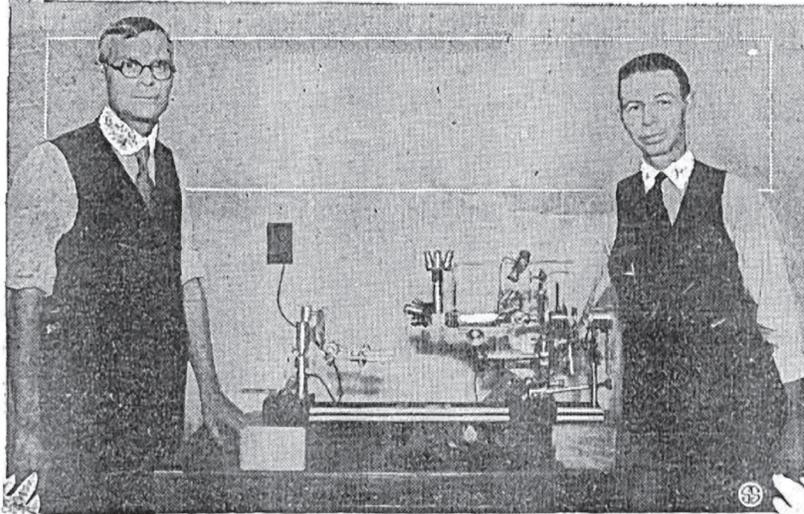


Larva of the hookworm, magnified 12,000 times, is seen just after it has emerged from the egg. At right, bacteria of typhus showing the filaments.



Both photos courtesy of Jeff Garff

World's Biggest Microscope In San Diego



The world's largest microscope, shown here, is in San Diego. It is the property of Dr. Royal R. Rife, 2500 Chatsworth Blvd. At the left is Dr. Arthur Isaac Kendall of Northwestern University who collaborates with Dr. Rife, right, in his microscopic studies of filter passing micro-organisms. The instrument was built by Dr. Rife.

EMBER 4, 1931 If you do favor by.

San Diego's Super-Microscope Gives First View Of Filtered Bacteria

Instrument Praised As New Aid To Science

PASADENA, Dec. 4. — Using the new "super-microscope" invented by Dr. Royal Raymond Rife of San Diego, Dr. Arthur Isaac Kendall of Northwestern University Medical School has seen for the first time the exceedingly minute moving bodies that apparently carry the life of bacteria when these are induced to "dissolve" into a form that will pass through the pores of the finest porcelain filter and still remain alive.

The work was done at the Pasadena hospital, and will be reported in the official publication of the California Medical Association, California and Western Medicine.

Bacillus Used

The material used by Dr. Kendall was a culture of the typhoid bacillus, ordinarily a fairly large germ, easily visible under the higher-powered lenses of a compound microscope. By feeding it on his recently-evolved "K medium," which apparently has the power of causing all visible bacteria to pass over into an invisible, filterable phase, Dr. Kendall induced the bacilli to go through this change. Under the highest power of the ordinary microscope, he could see nothing moving in the fluid, except a swarm of rather active little granules that could be seen only as tiny mottle points.

Examination with the Rife microscope, however, these points became plainly visible as small, oval, actively moving bodies, turquoise blue in color. These appeared in all the cultures, and could be transferred from one culture to another through the fine-

porated filters: so Dr. Kendall considers them to be the actual filterable forms of the typhoid bacillus.

Microscope Praised

This visual demonstration of the hitherto invisible, living and moving particles of the filterable phase of a bacillus, is hailed editorially by California and western medicine. Of Dr. Rife's microscope, the editorial says:

"Whereas, our present microscopes magnify from one to two thousand diameters, in this new microscope we have an instrument for which a magnification as high as 17,000 diameters is claimed. "This is certainly a long stride from the initial efforts of Van Leeuwenhoek, whose simple instrument may be said to have laid the foundation for the science of bacteriology which later came into being; and by means of which science much of the world's progress in man's conquest of the infectious and other diseases has been made possible."

(Copyright, 1931, by Science Service)

Articles on Rife and his microscope, unknown newspapers, 1931.



Until a man duplicates a blade of grass, nature can laugh at his so-called scientific knowledge. Remedies from chemicals will never stand in favorable comparison with the products of nature, the living cell of a plant, the final result of the rays of the sun, the mother of all life.

—THOMAS ALVA EDISON, AMERICAN INVENTOR (1847–1931)



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chamber and hydrogen gas is released from the alkaline water chamber. Both chambers remain electrically neutral.⁴

Simply put, a water electrolysis unit (ionizer) converts regular tap water into alkaline water and acid water by separating the acid-forming and alkaline-forming minerals via an electrical current. Negatively charged minerals are attracted to the positive electrode, and positively-charged minerals are attracted to the negative electrode. During this process, the acidic ions and alkaline ions are also separated and eventually neutralized. What remains is water called “acidic,” which contains acidic minerals, and water called “alkaline,” which contains alkaline minerals. The acidic and alkaline waters are collected in two separate chambers attached to separate output tubes.

Depending on the mineral content of the source water and the programming of the ionizer, the pH value of the alkaline water can range anywhere from the low 7s to 10.5 or even higher. Whang writes:

The main alkaline minerals of tap water are calcium and a small amount of magnesium. . . . In the pecking order of ion exchange of the four alkaline minerals in water, potassium is the strongest, next is sodium, then calcium, and the last is magnesium. Stronger minerals can replace weaker minerals, but not the other way around.⁵

This unique water technology also changes the molecular structure of the water, usually from a 12-molecule cluster to a hexagon, half as large as tap water molecule chains. Such water dissolves those minerals that are present more efficiently and completely. The smaller molecule is what makes water “wetter,” able to permeate cellular membranes more easily and rapidly. This superior hydration promotes more efficient nutrient transport across the cell membrane, and a more complete removal of wastes. Sometimes wetter water is called *micro-clustered* or *clustered* water.

Both acidic and alkaline waters have been successfully used in Japanese hospitals for many years. The naturally acidic skin—whose slightly acidic coating acts as a protective barrier against germs—is bathed in the acidic water for treatment of skin conditions such as eczema and boils. When the alkaline water is drunk by people whose systems are too acidic, the internal pH becomes more balanced, and the body’s terrain becomes less hospitable to microbes. Alkaline water has a higher concentration of oxygen in addition to assimilable organic minerals.

The degree of benefit from water electrolysis (ionization) depends on the source water feeding the unit. If your

goal is to obtain large quantities of alkaline water, your source water must be sufficiently alkaline. If the water is acidic—say, below 6.8 or 6.7 (7.0 is neutral)—you’ll have to pump quite a bit of water through the device to obtain enough alkaline fluid for drinking (although you’ll get lots of acid water for a refreshing bath). Also, even if the finished water product is purified and contains only ionic (assimilable) minerals, these minerals might not exist in the proportions that your body needs. An electrolysis device can only work with the minerals present in the source water. For this reason, some units are equipped with calcium and magnesium mineral packets that add alkalinity (and those particular minerals) to the water.

Do you need a water electrolysis unit if your source water is already substantially alkaline, and contains a nice variety of minerals in the amounts that you need? That depends. Even though water is an excellent solvent, not all of the minerals in it may be completely dissolved (ionic). Over time, mineral salts that cannot be dissolved, and which are therefore unassimilated, can cause damage similar to that of heavy metals. They can lodge in the joints and cause pain (which we call arthritis), or they can remain in the kidneys, causing urinary tract pain or stones that block the ducts if they can’t be excreted. This is the one way in which beneficial minerals can act like heavy metals, if they are not absorbed by the body. For this reason alone, a water electrolysis unit can be a wise investment.

Distillation

The distillation of water removes more from water than does filtration. Distillation removes all particulate matter, heavy metals, contaminants, and most microbes. Most important, distillation removes all minerals from water. The absence of minerals virtually eliminates the water’s ability to conduct an electrical charge. This non-conductivity makes distilled water an excellent foundation for cosmetics, cleaners, and hundreds of thousands of other chemical preparations. The uniform effects of distilled water also ensures that the properties of the substances will be consistent with every batch. Hence, distilled water is a standard item in industry. (Distilled water is also used to make colloidal silver, discussed later in this chapter.)

But industry needs are quite different from drinking needs. Of all the ways of treating water to make it drinkable, distillation is the most controversial.

Let’s consider what type of fluid distilled water really is. By definition, water without minerals does not exist. Water’s innate ability as a solvent means that it will always contain even small amounts of some minerals. But when water is distilled, it becomes an even more ferocious

solvent. Deprived of minerals, and therefore any serviceable conductivity, the now denatured (de-natured) distilled water seizes minerals from whatever it touches to restore its electrical charge and thereby replenish itself. It doesn't matter what it takes. It will seize minerals, chemicals, acids, anything that it can dissolve.

The thorough removal of its minerals through distillation gives water a totally neutral pH of 7.0—at least, in theory. But in reality, the actual pH measurement is different. Since distilled water is so reactive, the instant it's exposed to the air it reacts with carbon dioxide, a naturally acidic gas. This creates carbonic acid, which becomes part of the overall solution. The presence of carbonic acid instantly lowers the pH of the water, making it acidic. I have never seen even freshly made distilled water test above 6.8. All of my testing with various brands of distilled water has yielded a much more acidic pH, sometimes as low as 5.8. You can test the pH of your water with a colored fluid available at pet stores, which is used to check the pH of fish tanks. This works better for water than pH strips, which are more accurate for bodily fluids.

The pH of water directly affects our health. For those who have excess acidity in their system, the last thing they should do is drink acidic water.

In addition to the pH, there is one critical matter that actively concerns many health seekers. What are the effects of drinking water that does not contain minerals?

The allegations for and against distilled water are many and confusing. It's harmful; it's the best water to drink. It leaches minerals from the body; it doesn't leach minerals from the body. It leaches minerals from the body, but only the harmful heavy metals. Some people swear that distilled water helped heal them, and won't drink anything else. Others claim that distilled water causes severe mineral depletion—with several practitioners reporting that clients who drank distilled water exclusively upset their body's mineral balance in as little as three weeks. Counter arguments assert that although this depletion might occur, it can take years.

It took me three years of research on water to make me feel comfortable addressing these confusing differences of opinion. It cannot be denied that distillation increases water's power as a solvent. Even partially distilled, low-mineral water is corrosive. In "Water—The Choice for Long-Term Health," Michael Donaldson explains:

In the desalination industry it is an industry-wide rule that [partially or completely distilled] water must be partially remineralized before sent down the distribution pipeline because the purified water is too aggressive and will cause severe corrosion of the pipeline. This fact makes it very

clear that low mineral water is indeed aggressive in nature. This fact cannot be disputed. One report from a desalination plant in Cyprus producing over 10 million gallons of purified water per day found that iron was being leached into the water supply. By alkalizing the water . . . the iron corrosion was stabilized.⁶

Distilled water may eat through metal pipe; but how does it react in a living body? Does it draw toxic metals or beneficial minerals to it? One might initially be tempted to say "no," since once inside the body, the water becomes part of the systemic fluids. Nevertheless, thanks to the Internet, which has made recent studies available, we now have ample evidence that drinking low-mineral water—and, in at least one study, distilled water—can damage one's health in major ways. Some of this data has not been easy to find because many of the studies are published in languages other than English, and have not been translated. However, what I was able to unearth is compelling.

The first example is a comprehensive 939-page report called "Drinking Water and Health," published in 1977 by the Safe Drinking Water Committee of the National Research Council. The study showed that the absence of magnesium alone (and to a lesser extent calcium) contributes to heart disease, the formation of kidney stones, and the development of cancer. Warnings about the health dangers of few or no assimilable minerals in our drinking water were repeated in seven subsequent National Academy of Sciences printings, the last one in 1988. Here are some excerpts from the US government-sponsored report:

Several hypotheses are reported on how water factor(s) may affect health; these mostly involve either a protective action attributed to some elements found in hard [mineral-rich] water or harmful effects attributed to certain metals often found in soft [mineral-deficient] water . . . investigators have attributed the disease-protective effect of hard water to the presence of calcium and magnesium . . . [as well as] vanadium, lithium, chromium, and manganese. *The suspect harmful agents include the metals cadmium, lead, [inorganic] copper, and [inorganic] zinc, all of which tend to be found in higher concentrations in soft water as a result of the relative corrosiveness of soft water.* [emphasis added]

[Research indicates] that the amount of these elements provided through drinking water relative to other sources is less important than their

Alkaline Water in the Body

How does alkaline water behave once it's in the body? When the alkaline water reaches the very acidic stomach, wouldn't the stomach's hydrochloric acid neutralize it so that the water is no longer alkaline? If so, what's the advantage of drinking alkaline water?

The pH of alkaline water indeed becomes more acidic in the stomach—while at the same time the normal 4.0 (acidic) pH of the stomach fluid becomes more alkaline. Yet the alkaline water is not wasted. Its minerals are used by the body to maintain the correct pH of the tissues, which is a vital job.

When alkaline minerals reach the stomach, they react with the hydrochloric acid to form chlorides and carbonates, which are alkaline compounds. Alkaline bicarbonate compounds are also formed: sodium bicarbonate, magnesium bicarbonate, calcium bicarbonate, and potassium bicarbonate. These bicarbonates travel to the small intestine to neutralize the acidic chyme (food slurry) exiting the stomach. (The neutralization is necessary because the intestine does not possess a thick mucous layer to protect its walls from the corrosive food mixture. The pancreatic juice made by the pancreas, which mixes with chyme as well, also contains sodium bicarbonate, for the same reason.)

Some of the sodium bicarbonate made by the body also goes into the bloodstream. The blood's pH should be between 7.35 and 7.45 at all times. If too much acidity threatens the bloodstream, the sodium bicarbonate acts as a buffer to make the pH more alkaline. (Likewise, if the bloodstream is becoming too alkaline, acidic buffers appear to make the pH more acidic.) The bicarbonates neutralize excess bloodstream acids by dissolving solid acidic wastes into liquid. This releases carbon dioxide, which is expelled through the lungs.

Gauging by the pH value of the stomach alone, one might wonder if alkaline water ever reaches the body. But it does. All minerals are transported to the extracellular fluids, which surround each cell of the body. Chemist and naturopathy student Frank Cuns-Rial explains:

I regard the extracellular fluid as the largest and most disregarded organ of the body. The blood deposits the nutrients into this fluid and from there it is transferred into the cell. The health of this fluid is paramount since it interacts both with the blood and with the cell membranes. Here, it's crucial to have a wholesome concentration of alkaline minerals to feed the cells and to influence the blood pH.

Minerals are attached to different chemical combinations or compounds, resulting in chlorides, carbonates, etc. These combinations

perform different tasks as required by the body. For example, the same atom of magnesium might exist in the form of a chloride in the stomach, as aspartate [a compound of aspartic acid] in the gut, and as citrate once it reaches the cell membrane. When magnesium finally enters the cell, it's ionic, or unattached, with a minute electrical charge. Sometimes the mineral is strongly linked (as in the chloride form). Sometimes it's loosely linked (as in the aspartate form). And sometimes it's very loosely linked to enzymes, proteins, hormones, or other substances. But the atom itself does not undergo any chemical change when it's attached to different carriers. Ultimately, it's the ionic form of the mineral that confers alkalinity to the extracellular fluid.⁷

Thus, although minerals often change from one chemical form into another, their *intrinsic identities* remain intact. So, an inherently alkaline mineral will impart its alkalinity to the extracellular fluid. Therefore, alkaline water maintains its alkalinity at the cellular level.

It may be optimal to drink alkaline water on an empty stomach. The stomach is designed to produce more hydrochloric acid as soon as its pH rises to above 4.5. Therefore, when alkaline water with an 8.5 pH or higher is drunk, the stomach produces more hydrochloric acid, which in turn causes also means increased production of bicarbonates, which then causes more bicarbonates to enter the bloodstream.

Alkaline water proponents such as Sang Whang believe that one major cause of aging is due to insufficient levels of bicarbonates in the blood. Less bicarbonate means a reduced ability to neutralize and dump acidic wastes produced by the body. The phrase "alkalize the system," Whang points out, does not refer to raising the pH of the urine or saliva (the blood pH is regulated to remain constant), but to the act of increasing the amount of bicarbonates in the blood. Incidentally, when the pH in the entire body is balanced, the tissues are oxygenated at their saturation point, which reduces the possibility of cancer and other diseases.

Although many people benefit from drinking alkaline water, some people feel better drinking acidic water. People have different needs because metabolism can vary a lot. Also, some minerals are intrinsically acidic, and are vital for our health. If you have any concerns about drinking alkaline water on a regular basis, consult with an experienced metabolic specialist who understands body chemistry.

chemical form. It is theorized that trace elements often occur in a chelated form in foods and may be less available metabolically than the ionized form that generally occurs in water. . . .

Another possible variable is the different effect of hard and soft waters on the mineral composition of foods during cooking . . . soft water [such as distilled] may remove a significantly higher proportion of various “protective” nutrients and elements from foods during cooking than do hard waters.

More than 50 studies in nine countries have been carried out on possible relationship of water hardness and health . . . [revealing] a consistent trend of significant statistical associations between the hardness characteristics of drinking water and the incidence of cardiovascular problems (heart disease, hypertension, and stroke) and, to a lesser extent, other diseases. . . . A voluminous body of literature suggests that in the United States and other developed nations, the incidence of many chronic diseases . . . [reflects] an *inverse* correlation between the incidence of cardiovascular disease and the amount of hardness. A few reports also indicate a similar inverse correlation between the hardness of water and the causes of risk from several non-cardiovascular causes of death. . . . Studies in the United States and Canada have shown that age-adjusted cardiovascular mortality rates among populations using very soft water may be as much as 15% to 20% higher than among populations using hard water. The differential reported for the United Kingdom may be as high as 40%. . . .⁸

The results of yet more studies, conducted outside the United States, are summarized by Donaldson.

[A] study from Russia . . . compared the populations in two cities that were supplied with different water—one with low TDS [total dissolved solids], low calcium, and low magnesium, and the second one with higher TDS, calcium, and magnesium in the water. Other mineral levels in the water were also determined. The population in the area supplied with the lower mineral water showed higher incidence rates of goiter, hypertension, ischemic heart disease, gastric and duodenal ulcers, chronic gastritis, cholecystitis (inflammation of the gall bladder) and nephritis (inflammation of the kidneys). Children in this area with the low mineral water had slower

physical development and more growth abnormalities, newborn mortality rates were higher, and pregnant women had more edema and anemia. Clearly, the minerals in the water were benefiting this population.

In another Russian study women living in four Siberian cities, which had increasing amounts of calcium and magnesium in their water, were followed for health outcomes. In the two cities with the lowest levels of water minerals there were more cardiovascular problems, higher blood pressure, headaches, dizziness, and osteoporosis compared to the two cities with the highest levels of water minerals. . . .

A study with over 4,000 women in France found that consumption of calcium in their drinking water was associated with an increase in bone density.⁹

A more recent report, called “Nutrients in Drinking Water,” was published in 2005 by the World Health Organization (WHO). It was written by a panel of water specialists who had met in 2003 to examine the impact of making sea water drinkable through a process called desalination. In many parts of the world, water is not potable (drinkable), so using seawater seems to be a viable option. However, since the high salt content in seawater eventually causes dehydration and death, after being cleaned the water must be treated to remove the excess salts. What were the health hazards or benefits, the panel wondered, of purifying seawater through sand; through harmful chemicals (such as chlorine); through beneficial chemicals (such as chlorine dioxide); and with ozone? The panel also addressed correcting the water’s pH.

The panel remarked that historically, research has focused more on the toxic contaminants and total dissolved solids in drinking water than the beneficial or protective effects of its minerals. However, the benefits of minerals became highlighted due to the main concern, which was the effects of desalination. While desalination is a good method for removing large amounts of undesirable salt from seawater, it might also remove too many nutrient minerals. Therefore, among other questions the panel asked: should minerals be added after the desalination process? If so, which ones? What amounts were appropriate for infants, young children and adults? And did differences in diet impact differently on health?

The panel’s conclusions were virtually identical to those of their Safe Drinking Water Committee predecessors of 30 years ago. “Drinking water should contain minimum levels of certain essential minerals,” including calcium, copper, iron, magnesium, manganese, selenium and zinc.

“Demineralised water that has not been remineralized, or low-mineral content water . . . is not considered ideal drinking water.”¹⁰ The health effects were numerous, and quite similar to those found by the previous committee three decades previously.

Significantly, the panel was very careful to explore the possibility of bias. Since much of their data was based on older studies, the members considered the possibility that some of the studies “may not meet current methodological criteria.” However, they continued,

These findings and conclusions should not be dismissed. Some of these studies were unique, and the intervention studies, although undirected, would hardly be scientifically, financially, or ethically feasible to the same extent today. The methods, however, are not so questionable as to necessarily invalidate their results. *The older animal and clinical studies on health risks from drinking demineralised or low-mineral water yielded consistent results both with each other, and recent research has tended to be supportive.* [emphasis added]¹¹

Significantly, some of the research that formed the panel’s conclusion was *on distilled water*. I’ll get to that in a moment. First, the panel’s recommendations:

International and national authorities responsible for drinking water quality should consider guidelines for desalination water treatment, specifying the minimum content of the relevant elements such as calcium and magnesium. . . . Authorities should ensure that the guidelines also apply to uses of certain home treatment devices and bottled waters.¹²

Now here is the study specifically on distilled water and its effects on health, commissioned by the WHO in the late 1970s. A Professor Sidorenko and a Dr. Rakhmanin led a team of researchers from the A.N. Sysin Institute of General and Public Hygiene, and the USSR Academy of Medical Sciences. Their conclusion? “Not only does completely demineralised water (distillate) have unsatisfactory organoleptic properties [an unpleasant taste and smell], *but it also has a definite adverse influence on the animal and human organism.*” [emphasis added]¹³

Donaldson gives an excellent summary of the above study, which was written in Russian and has not yet been translated into English.

[Dr.] Rakhmanin carried out a one-year experiment with rats using low mineral water. Negative effects were found. These rats had an increase of

extracellular body water, increased sodium concentration in the blood, increased urine output, and increased losses of sodium and chloride ions in the urine. There were also hormonal changes including reduced secretions of tri-iodothyronine [a form of thyroid hormone used by the tissues] and aldosterone [secreted by the adrenal cortex, it regulates kidney function and balances the electrolytes in the body], and increased secretion of cortisol [a stress hormone secreted by the adrenals], and morphological [structure and function] changes in the kidneys. There was evidence of reduce[d] skeletal ossification of rat fetuses of the dams given *distilled water* during the one-year study as well. Many of these same findings were repeated in human volunteer studies—increased urine production (almost 20%), increased body water volume, increased sodium concentration in the blood, decreased potassium concentration in the blood, and increased elimination of sodium, potassium, chloride, magnesium, and calcium ions from the body. [emphasis added]¹⁴

In other words, an inadequate dietary intake of minerals caused a further imbalance of the minerals that were already in the body. Once the imbalance began, the body tended to retain more sodium than necessary, while excreting other vital minerals including potassium, magnesium and calcium. Loss of these vital minerals led to increased stress (due to augmented levels of stress hormones), to abnormally soft bones in developing rat fetuses, and to excessive bloating (due to the tendency of water to seep between the cells where it doesn’t belong, instead of inside the cells where it does belong).

Of course, in order to accurately evaluate scientific research, one must ask questions about the subjects whom one is studying. In the “Drinking Water and Health” report, the variable of diet was not included. Were the subjects receiving enough minerals from the foods they were eating? If their diets were adequate, would they have the same health problems from drinking low- or no-mineral water?

Some people in the health field believe that the majority of our minerals should come from food. The aforementioned Braggs, persuasive advocates of distillation, correctly pointed out that distillation produces the purest water in this polluted age. They wrote about enjoying glorious health due to drinking distilled water every day, along with quarts of fresh juice (abundant in minerals) and a vegan diet of mostly raw fruits and vegetables. In fact, Paul Bragg was in glorious health until the day he died, well into his 90s—not from illness, but from a surfing accident.

To ascribe the health of the Braggs to distilled water, however, is misleading. Their dietary regimen was rich in minerals. Fresh fruit and vegetable juices, taken each day, offset any disadvantages from drinking distilled water. Most people do not live in a sunny temperate climate like the California-dwelling Braggs, where fresh produce can be obtained regularly. If someone feels better drinking distilled water, could it be that the previous water source was heavily contaminated, and that distilled is better only by comparison?

Research shows that the comparatively smaller amounts of ionic minerals present in water may be more helpful than one might think. To repeat one significant concept from “Drinking Water and Health”: minute amounts of minerals from water are so much more bio-available than larger amounts of minerals from food, that the *quality* (source) of the minerals is more important than the *quantity*.

The WHO panel also factored in the effects of diet.

The choice of complementary food introduced after six months may vary widely and it influences the evaluation of the nutrient mineral content in drinking water considerably. . . . Use of foods that are naturally rich in trace elements like zinc and iron (e.g. meat) or minerals like calcium (e.g. dairy products) is recommended, but may not be practised because these foods are not available, affordable or acceptable for the family. This may lead to reliance on predominantly plant-based or vegetarian diets of poor nutritional quality. In these situations, and depending on its composition, drinking water may contribute a considerable part of the dietary mineral intake.¹⁵

Donaldson writes that animals who had zinc or magnesium added to their drinking water

had much higher levels of zinc and magnesium in their blood than a comparison group that was fed much higher levels of these minerals in their food but provided with low-mineral water to drink.¹⁶ . . . [Furthermore] the bioavailability of minerals from water has been studied in people as well [as animals]. . . . Water is a good carrier of minerals. . . . Minerals in water are as available to be utilized by the body as minerals in food, *sometimes even more available*. [emphasis added]¹⁷

In other words, many nutritional deficiencies can be addressed by drinking water containing dissolved minerals—electrolytes! Electrolytes, you will recall, carry vital electrical charge that allows cells to function. And these minerals are so potent, only small amounts are needed.

The WHO panel concurred. Moreover, its report stated that not only did low-mineral water produce “direct [undesirable] effects on the intestinal mucous membrane, metabolism and mineral homeostasis or other body functions,” but that it also caused “little or no intake of calcium and magnesium, . . . low intake of other essential elements and microelements, . . . [and] loss of calcium, magnesium *and other essential elements in prepared food*.” [emphasis added]¹⁸ In other words, the lack of minerals not only negatively impacts cellular function, but a diet already low in minerals makes it difficult for the person to absorb what minerals are already present!

Interestingly, the WHO report also affirmed the danger of “possible increased dietary intake of toxic metals.”¹⁹ The additional heavy metal intake has been definitively corroborated by many other sources. In the absence of beneficial minerals that it truly needs, the body will grab an element *relative* with chemical *similarities* that do not support the system—even if it’s a heavy metal, and even if it’s toxic.

The underlying theme of the WHO report is the understanding that minerals dissolved in water are highly available.

Even the relatively low intake of the element with drinking water may play a relevant protective role. This is because the elements are usually present in water as free ions and therefore, are more readily absorbed from water compared to food where they are mostly bound to other substances.²⁰

Even small amounts of ionic minerals allow the body to thoroughly absorb and utilize whatever else you are eating and drinking. People who are sick suffer from an electrolyte imbalance, which impairs digestion. Impaired digestion prevents the body from optimally extracting minerals from food—which in turn impairs the digestion even more. So the cycle continues. “Iodine, selenium and magnesium,” reports *Acres USA*, a holistic farming magazine, “are the three minerals most likely to be deficient.”²¹

Again, citing Donaldson:

Studies showed that low mineral water caused an extra loss of sodium, chloride, potassium, magnesium, and calcium ions from the body. *Low mineral water isn’t neutral, but it pulls out minerals from the body*. So, instead of adding an extra 40 mg of magnesium and an extra 100 mg of calcium from the water, *a person drinking distilled or RO [reverse-osmosis] water will have to make up that much and more, due to the extra loss of minerals. Over time this could have an impact. Not everyone*

will be affected, but people drinking larger amounts of water or getting fewer minerals from their foods will be impacted first.

My conclusion here is that distilled water can be used if you make up for it with a high mineral intake, but it is important to know that it is working against you, not for you. . . . Distilled water, and other low mineral water, is not a neutral water; it actually takes away from you, whereas water with optimal concentrations of minerals in it actually supply your body with good building material. [emphasis added]²²

The message could not be clearer. If you drink low-mineral water, or no-mineral distilled water—without

compensating for the loss of those minerals by drinking fresh vegetable juices or taking ionic mineral supplementation—you can damage your health! Clinicians commonly report severe mineral depletion in clients who drink distilled water on a regular basis. Sometimes, deficiencies start appearing in as little as three weeks.

There is one more aspect of distilled water to consider: the equipment used to make and store it. Virtually all distilled water sold in supermarkets is bottled in soft plastic. Distilled water is so volatile, that the resins of the plastic leach (outgas) right into the water. (See Sidebar, “When Water Comes in Bottles.”) You will ultimately save money, and your health will be better, if you buy your own distiller. Home distilling units come with containers

When Water Comes in Bottles

Most of the plastics that we use, which are so convenient for water storage, are dangerous. The bottles degrade over time, leaching estrogen-like substances into the water that can cause severe DNA damage and birth defects. Three types of plastic have a reputation (so far) of being safe, making them good for storage of foods and beverages: polypropylene (designated with the recycling code “#5 PP”), high-density polyethylene (designated “#1 or #2 HDPE”), and low-density polyethylene (designated “#4 LDPE”). Recycling code #7 may mean that the product contains BPA, which is toxic. The designations of all plastics are found inside triangular symbols on the bottom of the containers.

Bottled water presents other problems besides the issue of safety. Many environmental and health groups are quite vocal about the waste involved in producing bottled water. It takes precious resources, energy and (in the case with plastic bottles, petroleum) to manufacture the bottles that package the water. Even assuming that consumers faithfully recycle the bottles, it seems excessive to have yet more brands of water—some shipped from halfway across the world—taking up supermarket shelf space.

There is also the issue of marketing fraud. Large mega-corporations that are losing money from reduced sales in soda are trying to regain income through the sales of “designer” water. Some of the advertising hype claims that the water comes from “pristine springs,” “clear mountain streams,” “untouched melting glaciers,” or a similar lovely-sounding place. A few of the bottled waters on the market do taste wonderful and feel vibrant. This is corroborated by the (truthful) labeling that indicates a high mineral content, and sometimes an alkaline pH. But too often, the claims of water bottlers are bogus. Their designer water is simply tap water that’s been put through filters and/or ozonated.

Nevertheless, there are many worse things to spend your money on than ozonated water. In fact, ozone is one of the safest and most effective agents for water purification that you can use. The issue of unsafe plastics aside, it’s disturbing that some environmental groups call consumers’ desire for bottled water a “fad.” It’s true, from an environmental standpoint, that manufacturing plastic for bottled water is wasteful. But one important detail has been left out of this equation. If tap water tasted that great—or was as healthy and innocuous as some environmental groups claim—there would be less consumer demand for bottled water. While some people might buy bottled water simply because it’s “fashionable,” I think there is a more compelling reason that the majority of consumers purchase water: simply put, most drinking water tastes awful.

The tap water has been undrinkable in virtually every home I’ve ever lived in or visited. One rental house had sulfur in the water, which came directly from an underground well. In another dwelling, the water came from an underground spring, but it was heavily chlorinated by the time it reached the surface. In one large city, the municipal tap water was subjected to so many harmful chemicals, that the water literally foamed as it poured out of the kitchen faucet. And in one home in the country at the foot of a mountain, the water tasted pretty good—but the pH was much too acidic for me, about 5.5.

Tap water must be made drinkable again. Clean water isn’t a privilege, it’s a right. In the meantime, we can refuse to purchase bottled water, most of which is stored in unsafe plastic and fraudulently marketed by mega-corporations. You can buy your own wide-mouth, safe plastic reusable container, and fill it up each time with mineralized, filtered water before you leave your home.

naturally anti-inflammatory Omega 3 fats, which cannot be made by the body. However, the type of Omega 3s in flax must be converted by the body in order to be usable, and many people (and dogs) are unable to do this conversion. Therefore, Omega 3s are best obtained from animal sources. Omega 6 fats tend to be more common in the diet: most fresh, soaked seeds and nuts contain generous amounts. Omega 6s should be balanced with at least half that amount of Omega 3s.

The best fats to use are those with an extensive historical track record: fats from grass-fed animals; preferably raw or fermented butter (providing you can handle dairy); and olive and coconut oils. Fatty fish like salmon and tuna contain many beneficial oils. However, due to mercury contamination, it may be better to obtain your fish oil from capsule or liquid supplements that have been molecularly distilled to remove the heavy metals.

Grains

The most popular grains in North America are wheat, rice, rye, oats, barley, and corn (which some people mistakenly believe is a legume but is really a grain). Other, less-utilized grains are millet, quinoa, spelt, triticale, and kamut. Foods that are technically not grains but are used as such are amaranth (a fruit), and the confusingly named buckwheat (the seeds of an herb related to rhubarb). Soaking grains in warm water for even seven hours before cooking makes them more digestible. The enzyme inhibitors normally present in grain are neutralized—resulting in the production of many beneficial enzymes—and the phytic acid is deactivated. Phytic acid, the plant's naturally-occurring preservative normally present in the outer bran layer or hull, binds to minerals in the intestinal tract, hindering their absorption. Even partly deactivating the phytic acid makes the grain more digestible. However, some people find even soaked grains hard to digest, which is why for instance people often eat white rather than brown rice.

In some societal circles, refinement is considered a sign of superior breeding and manners. But when applied to grains, refinement is usually undesirable. *Refined* grains have been stripped of the outer germ and bran, leaving only the starchy white center or endosperm. Most of the grain's vitamins, minerals and perishable oils reside in the germ and bran that have been removed. When refined flour products are ingested, the absence of vitamins, minerals and fiber forces the body to draw on its own stores of nutrients in order to process the empty calorie starch.

The lack of perishable ingredients in refined flour products ensures a long (and sometimes indefinite) shelf life. But the very quality that makes nutrient-depleted grains desirable from a storage perspective means that they can no longer support life. Experiments show that rats and

other animals fed a steady diet of refined carbohydrates, die quickly. Supermarket and bakery breads, cakes, pies and pastas are typically made from refined and bleached wheat flour.

The ways in which flour is processed can compound its toxicity. The flour used in most commercial bread is bleached a dazzling, pretty white. Various bleaching agents—such as oxides of chlorine and nitrogen—combine with the few remaining proteins in the starchy endosperm to produce *alloxan*. Alloxan destroys the beta cells of the pancreas, making it impossible for the gland to produce sufficient insulin. Dani Veracity writes:

Scientists have known of the alloxan-diabetes connection for years; in fact, researchers who are studying diabetes commonly use the chemical to induce the disorder in lab animals. . . . Even though the toxic effect of alloxan is common scientific knowledge in the research community, the FDA still allows companies to use it when processing foods we ingest.”⁶⁴

Are organic whole grains more healthful than refined grains? Usually. One notable exception is fragrant Basmati rice. Widely grown in India and Pakistan, Basmati is known for healing the gut, and is therefore used in Ayurvedic medicine for digestive disorders. But some people shouldn't be eating grain at all, *especially* wheat. There is strong evidence that up to half of the world's population is intolerant of, allergic to, or has an outright autoimmune response to, wheat. (Most of the world's population eats tubers, rice and other grains, rather than wheat, as their main starch.) Reactions to wheat are many and complex—and usually, it's not apparent that there's a problem until the damage is severe. The most widely studied irritant in wheat is gluten (a protein), although other substances can also cause harm. Conditions that are exacerbated—if not outright caused—by wheat range from Crohn's disease and *Candida albicans* to osteoporosis, liver disease and Down's Syndrome. If you are ill, avoid wheat. For detailed information, see Insert, “Dangerous Grains.”

Be aware that spelt and emmerwheat are both varieties of wheat (they are part of the *Triticum* family). Triticale is a hybrid of wheat and rye. Semolina is the starchy inner kernel of durum wheat; and couscous, ozro and bulgur are processed wheat products. Kamut is probably the oldest form of wheat, but since it's not hybridized, it may not be as problematic as modern wheat. People who react negatively to wheat, rye and barley may find gluten-free amaranth, buckwheat, millet, quinoa, and rice easier to digest. Millet does contain some gluten, so it may or may not cause problems for some people. Buckwheat, which is a seed, rarely causes problems.

Dangerous Grains

Injurious, Not Essential

There's an old saying: "Bread is the staff of life." People invite each other to "break bread" when they want to share a meal. The word "bread" suggests something so basic, it has even become a slang term for "money." Is bread as important as popular culture claims?

Bread is indeed important, but for different reasons than one might think. In the Western world, bread is synonymous with wheat. Not only is bread made from wheat; so are cake, pie, pastry and pasta. But for at least 30% of the world's population—and, some evidence suggests, 50% or even higher—wheat is a poison.

The many varieties of wheat, as well as rye and barley, contain a family of very sticky proteins called *gluten*. Gluten's stickiness makes it ideal for bread and other baked products. But this particular adhesive quality directly causes, or contributes to, seemingly unlimited health problems ranging from gastrointestinal ailments to degenerative diseases and autoimmune disorders. To appreciate gluten's health hazards, we need to understand how gluten affects the gut and the brain, and how the body's response to gluten parallels its response to microbes. The following discussion focuses on *gliadin*, one type of gluten protein. Gliadin, present in all gluten cereals (and oats, if they are contaminated by glutenous grains), is the most studied of all the gluten components.

Damage from Wheat and Some Other Grains

Gut damage. The most widely known negative reaction to wheat is a condition called *celiac disease* (sometimes called *celiac sprue*), which affects the small intestine. Normally, the small intestine contains millions of *villi*, short projections that stick up everywhere like tiny slender poles. The villi increase the surface area of the intestine, thus improving the ability of nutrients from digested food to enter the bloodstream. But in gluten-sensitive people, exposure to gluten causes the villi to malfunction. First the villi become compressed, with somewhat less surface area available for nutrient absorption. As their deterioration continues, the villi become flat, completely destroyed by lesions. Usually, the intestinal damage occurs in the duodenum, the first third of the intestine located next to the stomach. In advanced cases, the jejunum (the next section) is also involved.

With damaged villi, the body cannot process food properly. Undigested food in the small intestine encourages an overgrowth of *Candida albicans*. Normally, *Candida* numbers are kept in check by beneficial bacteria in the intestine, which eats the *Candida*. But in a gut increasingly toxified by leaks—not to mention unhealthily fermenting food—the levels of beneficial bacteria dwindle and *Candida* proliferates. *Candida* infections cause almost unlimited problems, ranging from brain fog and depression to severe gastrointestinal disorders and weight gain. (Significantly, gliadin contains amino acid sequences that resemble those in *Candida*. And both gluten and *Candida* stick to the gut in a similar manner.)

Damage to the gut can still occur in the absence of outright villi damage (celiac disease). In everyone—regardless of whether they are gluten-sensitive or not—the body responds to the presence of gliadin by releasing a protein called *zonulin*. Newly published research shows that the "zonulin signaling" activated by gliadin intake leads "to increased intestinal permeability to macromolecules."⁶⁵ Zonulin not only opens the seams between cells, it *keeps* them open. This allows excessively large particles from grains and other foods to slip through the holes in the gut, circulate through the bloodstream, and enter tissue cells where they cause further damage. *Leaky gut syndrome* is the name commonly given to a punctured gut.

The digestive tract is designed to absorb nutrients *through the cells* in the intestinal wall, not *through gaps between* the cells. One might expect zonulin levels to increase during the acute phase of celiac disease. But people who don't have celiac disease also produce more zonulin; the cell junctures simply close more quickly. So, even if the villi don't flatten, gluten can damage the intestinal wall by creating holes. Irritation of the gut—which, again, can occur independently of villi destruction—typically causes bloating, gas, chronic diarrhea and constipation. Extremely high levels of irritation lead to inflammation and possibly infection, with diagnoses of Irritable Bowel Syndrome and full-blown Crohn's disease.

Immune response damage. In gluten-sensitive people, gliadin especially can stimulate an autoimmune response. Gliadin attaches to the villi in the gut, and is then attacked by the immune cells. In order to understand why this occurs, let's discuss for a moment how the body deals with microbes.

cramping, diarrhea or constipation, flatulence, stomach pain, and other gastrointestinal problems.

Fructose is a molecule that displays some unique qualities. Unlike glucose, which can be utilized by all of the body's cells, fructose can be metabolized *only* by the liver. But the liver is limited in how much fructose it can transmute and store. For many people, even a small amount of fructose is too much. With just one glass of fruit juice, write clinical nutritionist Ann Louise Gittleman and colleagues, "the conversion process of fruit into glucose and then into fat can be magnified."⁸⁶ Such "magnification" can eventually cause fatty deposits and cirrhosis of the liver—similar to problems developed by people who drink too much alcohol.

Fructose also seizes ATP energy stores from the liver. (ATP is an acronym for the energy molecule *adenosine triphosphate*.) When the liver is stressed and depleted of energy, one feels tired. In addition, Sanda writes, "hypertrophy of the heart and liver" develops in growing young male experimental animals. "Liver, heart and testes exhibit extreme swelling, while the pancreas atrophies, invariably leading to death of the rats before maturity. . . . The females did not develop these abnormalities, but they re[ab]sorbed their litters."⁸⁷ In other words, the embryos in pregnant females simply dissolved *in utero*.

Fructose is often marketed as a non-reactive sugar for people with diabetes, based on its reputation of slow release into the bloodstream. It's assumed that blood glucose levels will be steady when fructose is ingested. But in reality, declares Sanda, fructose "reduces the affinity of insulin for its receptor, which is the hallmark of [one type of] diabetes."⁸⁸ If glucose cannot enter a cell, it cannot be metabolized, and instead it remains in the blood. To drive the glucose out of the bloodstream and into the tissues, the pancreas secretes even more insulin—though at this point, the body can become insulin-resistant. This accounts for the significant elevation of triglyceride levels. Among all the sugars, fructose seems to most readily disable one's ability to feel full.

Apparently, consumers are not thoroughly informed about the effects of fructose. If you want fructose, it seems the most reasonable to get it by eating the whole fruit.

High Fructose Corn Syrup (HFCS). High fructose corn syrup is a relatively new invention. Until the 1970s, most of the sugar we ate was derived from cane or beets. But high fructose corn syrup became plentiful and cheap to produce, especially when commercial corn farming began being subsidized by the US government. The syrup mixes well, is easy to store, and extends the shelf life of whatever other processed food it's in. As a result, HFCS is in almost every packaged and prepared food imaginable:

bread, cereal, soda, condiments, baked goods, candy, dairy products, canned and bottled vegetables and fruits, ice cream, sauce, snacks, soup, jam, salad dressings, cough syrup, even meats.

Unlike regular corn syrup, which contains mostly glucose, HFCS contains about 45% glucose and 55% fructose. This makes it much sweeter than its counterpart. And, Sanda points out, HFCS "can be manipulated to contain . . . up to 80% fructose and 20% glucose. Thus, with almost twice the fructose, HFCS delivers a double danger compared to sugar [sucrose]."⁸⁹

HFCS is manufactured from corn starch. Three different enzymes are utilized in a complex fermentation process. The starch is first transformed into glucose. Then, after several steps, the glucose is processed to yield a high percentage of fructose.

Again, the corn used in any corn syrup is almost certain to be genetically engineered. Many people are allergic to corn as well. See Sidebar, "Foods Containing Corn Derivatives or Byproducts."

Agave Syrup. The agave species—large succulent (water-retaining) plants probably related to the lily—grow in Mexico, in the southern and western United States, and in central and tropical South America. The nectar-producing plants for the burgeoning North American agave syrup market are in Mexico. Their fleshy spiked leaves cover a pineapple-shaped core that contains a sweet sticky juice. Depending on the species, growing conditions and climate, an agave plant has a lifespan of 8 to 15 years. The leaves of a mature plant are 5 to 8 feet tall, and the plant itself ranges from 7 to 12 feet in diameter.

Agave nectar begins to ferment a few hours after it's taken from the plant. The ancient Mexicans developed a drink made from fermented agave juice, the predecessor of tequila. Modern tequila is made solely from the blue agave plant.

Most agave syrup consists of about 80% to 95% fructose, with the remainder glucose, depending on the plants providing the syrup and the particular manufacturing process that is used. Agave is also claimed to contain inulins, which are naturally occurring polysaccharides (several simple sugars linked together). Research indicating that inulin may increase calcium and magnesium absorption is inconclusive. However, we do know that inulin is a primary food for vital friendly intestinal bacteria. Agave contains a higher percentage of longer-chained inulin than Jerusalem artichoke or chicory. Some people are sensitive to inulin, however; as a soluble fiber, it may produce gas and bloating.

Agave dissolves readily in cold liquids and does not crystallize like honey. If agave syrup is substituted for

sugar in recipes, the ratio ranges from 3:1 to 4:3 of sugar to agave, depending on the brand. Since agave is watery, consumers are advised to use less liquid when baking, and reduce the oven temperature by 25°F (about 4°C).

Some brands of agave nectar come in light and dark varieties, like molasses and maple syrup. The darker agave is subjected to less filtering and processing; the lighter, more. The darker liquids, which have a taste reminiscent of molasses, are reported by the manufacturers to contain higher concentrations of iron, calcium, potassium and magnesium. The lighter liquids, which are bland and have practically no taste, are said to contain lower concentrations of minerals. However, I have not seen the percentages of minerals listed anywhere for any agave product.

Proponents of agave cite its lower glycemic score than any other natural sweetener on the market, claiming advantages for people with diabetes. However, agave nectar contains mostly fructose. Knowing what we do about high fructose levels, it's fair to state that continued

use of agave can ultimately raise insulin, blood sugar, and triglyceride levels.

What manufacturers state about how agave syrup is produced, and what the patents disclose about its processing, make this fluid seem like two different products. The consensus, according to manufacturers, is that agave is made by expressing the juice from the core of the plant, filtering the juice to remove the solids, and then breaking down the carbohydrates in the fluid into sugars through the use of either heat or enzymes. Finally, we are told, the filtered juice becomes concentrated into a syrup that's a little thinner than honey, but sweeter. I have not been able to find information on any agave website about how this final "concentration" takes place. However, the patents provide much more information.

In 1998, a patent was awarded by the United States Patent Office for a process that uses enzymes to transform the more complex agave polyfructose extract into pure fructose. Here is what the abstract says:

Foods Containing Corn Derivatives or Byproducts

People with corn allergies, or who want to avoid genetically engineered foods, will want to avoid the following. This is only a partial list.

- ◆ Ascorbic Acid: Vitamin C, but most often derived from corn.
- ◆ Inositol and Inosinate: found in Vitamin B supplements.
- ◆ Lactic Acid: from fermented corn and potato starch.
- ◆ Lecithin: from corn or soy, an emulsifier used in supplements and many other products.
- ◆ Linoleic Acid: from cottonseed, soybean and other vegetable oils, used in making soaps, emulsifiers and oils.
- ◆ Lysine: necessary amino acid, but often derived from corn.
- ◆ Oleic acid: from vegetable oils, often used in cosmetics.
- ◆ Pectin: could be derived from corn sugars, such as dextrose or fructose.
- ◆ Phospholipids: derived from lecithin (see above).
- ◆ Phytic Acid: indigestible anti-nutrient from the hulls of nuts, seeds and grains, used because it binds to heavy metals (as well as beneficial minerals such as calcium and magnesium).
- ◆ Stearic Acid: from corn oil (or cottonseed oil, which is heavily sprayed), and other vegetable oils, found in fake fats and baked goods.
- ◆ Sugars: Dextrose, fructose, maltose, dextri-maltose, maltodextrin, cyclodextrin, diacetyl, amylose, amylopectin, invert sugar, isomalt, levulose, monosaccharide, lactate condensation, polyamino sugar condensate, confectioner's sugar.
- ◆ Xanthan Gum: from corn sugar, used as a food thickener.
- ◆ Zein: from corn protein, used as a coating for vitamin supplements.
- ◆ Other substances: baking powder (some), white vinegar, methanol, citric acid, caramel, excipients (carriers for the actual ingredients you want to impart), pill binders, malt, monoglycerides and diglycerides (fats that emulsify, or blend ingredients), sorbitol, vanilla extract, milo starch.

—adapted from www.thebigcarrot.ca/corn.htm

A pulp of milled agave plant heads are liquified during centrifugation and a polyfructose solution is removed and then concentrated to produce a polyfructose concentrate. Small particulates are removed by centrifugation and/or filtration and colloids are removed using termic coagulation techniques to produce a partially purified polyfructose extract substantially free of suspended solids. The polyfructose extract is treated with activated charcoal and cationic and anionic resins to produce a demineralized, partially hydrolyzed polyfructose extract. This partially hydrolyzed polyfructose extract is then hydrolyzed with inulin enzymes to produce a hydrolyzed fructose extract. Concentration of the fructose extract yields a fructose syrup.⁹⁰

The numerous patents for producing agave syrup describe several other ways to obtain pure fructose: bathe the nectar in mineral acids; filter the nectar through membranes; soak minced plant parts in a solution of water and inulase (an enzyme) for a little over a day. (Inulase is an inulin enzyme. Could this be the source of the highly publicized inulin in agave?) Or, collect the minerals and other “impurities” with diatomaceous earth, and then eliminate all the debris by spinning the liquid. (Food grade diatomaceous earth is a safe powder of ground-up fossilized one-celled sea creatures called diatoms. It is commonly dusted on animals for insect control, and is even sometimes taken internally as a chelating and anti-parasite agent.)

Even if you’re not a trained chemist, when reading the patents several questions arise. What happens to the viability of the minerals and naturally-occurring enzymes when the nectar is heated—at 140°F to 160°F (60°C to 71.1°C)? More to the point, if agave nectar is so desirable, and since many cheap high fructose sweeteners are already on the market, why go to all the trouble to “purify” the colored, thin, strong-tasting nectar into a final product that’s basically nothing more than clear liquid fructose? Might the exotic origin of a tropical plant induce North Americans to pay high prices for what essentially appears to be glorified high fructose syrup?

Interestingly, all the patents I read rated the final liquid product according to how “pure” (processed) it is. One site states, “A poor quality fructose syrup has a yellow-brownish color and is tainted by the taste and smell of the agave plant.”⁹¹ So, even though some agave syrup has apparently still retained some of its color, as well as some of its distinct taste, it’s still high in fructose, and heavily processed. Incredibly, some companies call their agave syrup “agave *nectar*,” which is highly misleading.

Health writer John Kohler brings in yet another angle: there is no life in this sweetener.

Agave syrup was originally used to make tequila. When agave syrup ferments, it literally turns into tequila. The enzymatic activity therefore *must* be stopped so that the syrup will not turn into tequila in your cupboard. . . . If there is no enzymatic activity, it is certainly not a “live” food.⁹²

Of course, none of the other sweeteners (except raw honey) contain enzymes, either. Consumers who don’t require their food to be raw might simply settle for a sweetener that is not heavily processed. Unfortunately, it appears that agave syrup is not such a sweetener. In case you still have doubts, one patent site concisely states:

It is an object of the present invention to produce a high fructose content syrup through the processing of milled agave plant pulp. It is another object of the present invention to produce a high fructose content syrup [while] the aroma and flavor of the agave plant are removed without undue expense. It is another object of the present invention to produce a concentrated fructose syrup which is stable over time and suitable for human consumption in a wide variety of food and beverages. It is yet another object of the present invention to produce a high fructose content syrup in which the color and flavor may be varied by selection of the combination of processing steps and by variation in the length of individual processing steps.⁹³

Xylitol and Other Sugar Alcohols. Sugars ending in “tol” belong to the group of *sugar alcohols*—also known as *polyols*—that are actually carbohydrates, whose chemical structure partly resembles sugar and partly resembles alcohol. Some of the more well known “tol” sugars are xylitol, erythritol, sorbitol, maltitol and mannitol. These sugars are derived from different plants, and are refined into processed white powder.

Most polyols are less sweet than sucrose, but xylitol is almost as sweet. The most common source of xylitol is the sweet, soft center of a corn cob. Other sources include blueberries, plums, raspberries, rowanberries and strawberries. In Europe, birch bark is a popular source of xylitol. Erythritol is found in fruits, fungi and wine; although usually large quantities are manufactured by fermenting plant sugars. Sorbitol and mannitol are made from hydrogen and glucose extracted from corn sugar.

Sugar alcohols do have calories. However, the body’s inability to completely absorb and metabolize them

body—that is, a substance which offers resistance to the passage of the rays.”¹⁹⁸ The heat (thermic) rays from the sun are the visible red (luminous) and invisible infrared rays. The specifically chemical (actinic) wavelengths, which cause biochemical reactions in living tissue, are the visible blue, visible violet and ultraviolet rays. These different wavelengths affect virtually every cell of the human body, including the eyes, skin, and pineal gland.

Despite the sun’s benefits, in the US people are avoiding the sun more than ever, fearing skin cancer. Sunscreen lotions, creams and oils are selling in record amounts. It’s easy to be alarmed by the rapidly rising cancer toll—currently one in three, and projected to soon claim one in two. But is the fear of the sun realistic? How could the sustainer of all life really be that dangerous? What is the basis of the Natural Hygiene claims that being in the sun can cure heart disease, tuberculosis, eczema—in fact, almost anything that ails you? Moreover, if the sun is so healthful, how did we stray so far from the truth?

One major reason given for avoiding the sun is skin damage and worse, due to the burning caused by overexposure to the sun’s ultraviolet (UV) rays. But, as with so many other natural healing modalities, fears that might seem legitimate on the surface don’t tell the whole story.

Ultraviolet Wavelengths

For thousands of years, our ancestors successfully utilized the sun’s healing rays by sunbathing sensibly. Correct tanning technique involves gradually building up exposure to the sun so the skin has time to produce layers of melanin, a pigment that protects against sunburn. Light skin contains less melanin than dark skin, so fair complexioned people burn much more easily than darker people. Among light-skinned folk, redheads and blondes burn more easily than those with auburn, brown and black hair. Virtually all people living in tropical countries around the equator are black, brown or olive skinned, an evolutionary adaptation. (Nevertheless, the sun does seem harsher than it was 30 years ago, probably due to higher levels of pollution; so sunbathing seems less pleasurable than it used to be.)

Most of the fear surrounding the danger of ultraviolet (UV) rays originated from frankly idiotic laboratory tests, described by optometrist Jacob Liberman:

In 1981, . . . monkeys were tranquilized; then their eyelids were pried open with lid clamps. With the monkeys’ pupils fully dilated, researchers beamed light into their eyes from a 2,500-watt xenon lamp [that contained high levels of UV radiation] for 16 minutes. . . . Although the results of the study showed that there was some retinal

damage, it is hard for me to imagine that the researchers could have concluded anything else. They gave these monkeys a highly abnormal exposure to ultraviolet light *that would never happen in real life*. In real life, monkey’s pupils and eyelids *would naturally adjust* to protect their eyes, *just like the pupils and eyelids of humans do*.

Another argument science makes against ultraviolet light is that it causes cataracts. The same kinds of studies on laboratory animals concluding that UV light causes retinal damage are frequently used to conclude that UV light also causes cataracts. Of course the eyes in these studies were damaged. Did they expect vision to improve? Similar studies, in which the skin of animals is repeatedly burned with high levels of UV light, also have been done to “prove” that ultraviolet light causes skin cancer. . . . It is impossible to come to valid scientific conclusions based on these experiments, because they are performed under extremely unnatural conditions that do not and never will exist in reality and would be considered highly abusive if they were attempted on humans. . . . [This research] leads to but one conclusion: *the abuse of the animals in their studies causes cancer, blindness, and death!*¹⁹⁹

It is difficult to comprehend how any sane (or compassionate) scientist could conduct such atrocious experiments and believe that they have merit. But not all scientists are scientific. “When too much oxygen is given to premature babies in their incubators, it causes blindness, deafness, and brain tissue damage. Fortunately, this has not resulted in any recommendation that we should try to get along without oxygen,” wrote the late Dr. John Ott, widely respected as a pioneer on light and its effects on living organisms.

Yet that is exactly what is happening in prevalent views about ultraviolet. . . . Without doubt, too much ultraviolet is harmful—particularly the short-wavelength . . . ultraviolet that is mostly filtered out of sunlight [anyway] by the atmosphere, and especially the upper ozone layer. [However] fear of too much ultraviolet is causing many people to overprotect themselves from sunlight, to the point of creating a deficiency in a very essential environmental life-supporting energy.²⁰⁰

Ultraviolet wavelengths, discovered by the German physicist Johann Wilhelm Ritter in 1801, lie between visible light and X-rays. And the UV radiation band itself is

subdivided into three wavelength bands: near-UV (UV-A), Mid-UV (UV-B), and far-UV (UV-C). All of the rays within these ultraviolet bands can tan or burn the skin, but each bandwidth has its own unique properties. UV-A has the longest wavelengths, ranging from about 320 to 400 nanometers (nm). It's sometimes referred to as blacklight because of its ability to make colors glow in the dark. About 50% of these very long wavelengths penetrate to the blood vessels that feed the skin, while a tiny percentage penetrate considerably deeper. UV-B ranges from about 290 to 320 nm. These wavelengths activate, within the skin, the production of Vitamin D3, which among other functions helps the body absorb calcium, phosphorus, and Vitamin A. (See Sidebar, "Sunlight and Vitamin D.") UV-C, ranging from about 100 to 290 nanometers, is largely blocked by the Earth's ozone layer. However, it's still a highly effective germicidal agent; many microbes are

killed by 254 nm. About half of the 290-nm wavelengths penetrate to just under the surface of the skin, while a very small percentage penetrates slightly deeper.

Within the medical community, UV is well known for its powerful germicidal abilities. In *Sunlight Could Save Your Life*, medical doctor Zane Kime writes, "Not only does the sun have a direct bacteriocidal effect on the skin, but it also changes the oils in the skin into bacteriocidal agents themselves. Even the vapors rising from natural skin oils . . . are capable of killing bacteria."²⁰¹ Scientists researched UV's germicidal capacity as far back as 1886, beginning with experiments on *Bacillus anthracis* (anthrax), and followed by *Pasteurella pestis* and *Streptococcus* in 1887. The bacteria for tuberculosis, cholera and *Staph* infections were tested by 1892; *E. coli* was tested in 1894; and the *Shigella* bacterium that causes dysentery was tested in 1909. All of the researchers who

Sunlight and Vitamin D

When the sun's UV rays strike the skin, the cholesterol in the skin (which is more highly concentrated than in any other part of the body) changes into Previtamin D. In turn, continued exposure to the sun transforms this Previtamin D into several other substances needed by the body. Vitamin D3, however—one of the materials into which Previtamin D is transformed—is converted not from continued sun exposure but *from the warmth of the body itself*. It takes about twenty-four hours for half of the Previtamin D that has not converted into other products to be formed into Vitamin D3 by the body's heat. Vitamin D3 can be toxic in large amounts, but the body compensates for this in two ways: one, the vitamin is released very slowly, and two, excess Vitamin D3 always reverts back into Previtamin D.

This natural regulating process takes care of even high levels of Vitamin D3 produced by the body. However, various forms of *synthetic* Vitamin D (in both its D2 and D3 forms), which are added to commercially processed foods (called "fortifying" the food), do not produce the same benefits as the natural substance. In fact, they cause problems. Researchers have found that the body's absorption of calcium and phosphorous does not increase when the subject consumes synthetic Vitamin D—in fact, people suffer bone loss even when consuming large amounts. However, exposure to even minimal amounts of *sunlight* significantly increases the absorption of these minerals.

At high enough levels, Vitamin D2 is toxic, even deadly. It can cause hardening of the arteries and calcification of the soft tissues in the body. Rats and mice fed the synthetic vitamin as 0.1% of the diet died within 48 hours. Perhaps synthetic Vitamin D's toxicity relates to the new discovery that Vitamin D is not a true vitamin, but rather a hormone called *calciferol*. "It would seem that the public should at least be offered the choice of receiving their Vitamin D safely from the sun, as nature intended," reflects Zane Kime. "Supplementation of food with a hormone, the intake of which cannot be regulated, is in reality an example of a mass experiment. . . . This seems strikingly unnecessary when we can safely obtain all the Vitamin D that we need by just spending a few minutes in the sunshine. . . . One researcher mentioned that exposing the face of a baby to the sunlight for a few minutes during the middle of the day, even during the winter, would produce enough Vitamin D to protect the child from a Vitamin D deficiency."²⁰²

The disadvantages of synthetic Vitamin D cannot be denied. However, recent research suggests that at locations some distance away from the equator, the oblique angle of the sun does not generate sufficient Vitamin D-producing UV-B rays to help us produce the vitamin. "The current suggested exposure of hands, face and arms for ten to twenty minutes, three times a week, provides only 200 to 400 IU (International Units) of Vitamin D each time . . . during summer months," writes Krispin Sullivan. Although this amount will help prevent rickets in children, we require 4,000 IU every day to ensure the health of all vital functions. "What the research on Vitamin D tells us is that unless you are a farmer, lifeguard or a regular sunbather, you are highly unlikely to obtain adequate amounts of Vitamin D from the sun. The balance must be obtained from food."²⁰³ Vitamin D is abundant in animal fats, raw butter, fish and eggs—in naturally raised animals only, since factory farming deprives the animals of what they would eat in the wild and thus alters their nutrient composition.

exposed their germ colonies to UV light reported the same good news: UV light kills pathogenic microbes involved in infectious diseases—perhaps, at least in part, because it stimulates the production of ozone in the body. Based on this knowledge, natural sunlight and UV therapy using special lamps, were utilized for many different conditions.

In 1903, Swiss physician Auguste Rollier established the first European clinic in the Alps for the non-surgical treatment of tuberculosis using solar energy. This proved so successful that England, the US, France, Austria, Israel, Italy, and other countries established similar clinics. That same year, Niels Finsen from Denmark won the Nobel Prize for being the first person to successfully treat skin tuberculosis with UV therapy. All over the world, doctors were prescribing sunbathing (often nude) for people with erysipelas (an infection of the skin with a mortality rate of 10%), tuberculosis of the skin, bone tuberculosis, lupus, and other diseases.

Then in 1935, a researcher left Petri dishes of *Staph* in the open air of an operating room during the time that surgery was being performed. He collected the dishes after one hour, Kime reports.

Having suspended a bank of ultraviolet lights from the ceiling of the operating room, he found that all the bacteria within 8 feet of the lights could be killed in 10 minutes, even though the intensity of the lights was reduced to a point where blonde skin at a distance of 5 feet would not react with reddening until after 80 minutes of exposure.²⁰⁺

Knowledge that UV light remains beneficial for quite a while before its effects become destructive, and that the rays destroy germs in the air as well as on the skin, eventually led to widespread use of UV lamps to disinfect hospitals and clinics. In the former Soviet Union, factory

The Truth about Sunburn, Skin Cancer and Cataracts

In our so-called civilized world, we are taught that exposure to the sun will bring not only sunburn, but also cataracts and skin cancer. It's true that people have gotten sunburned and skin cancer from sun exposure, and that even low exposure to UV-B rays significantly increases the risk of cataracts. But, as researchers are discovering, these conditions occur much more frequently if one is eating fake food. The effects of the sun's rays can be either harmful or healing, *depending on the types of fats in one's diet*.

Royal Lee, the whole foods supplement manufacturer, discovered a substance mostly in oils that he called *Vitamin F*. People who did not consume enough Vitamin F, he said, were much more likely to develop thickening of the skin, sunstroke, canker sores (from the herpes virus), itchy skin and hives, and skin cancer. Since many people *did* get enough sun exposure to produce enough Vitamin D—and they still developed those conditions—there must be another factor involved. What is usually considered a Vitamin D deficiency, Lee surmised, is actually a deficiency of Vitamin F—otherwise known as *polyunsaturated fatty acids* in scientific textbooks.

Vitamin F has specific functions that complement those of Vitamin D. Each balances the effects of the other. Vitamin D pulls calcium from the gut and the tissues and deposits it into the blood. Vitamin F pulls calcium from the blood and deposits it into the tissues. If a person has plentiful Vitamin D but no F—which occurs more often than the other way around—there will be plenty of calcium in the blood but not enough in the bodily tissues. Since calcium helps the body's immune response (in addition to helping the formation of bone), insufficient Vitamin F in the tissues can not only augment health problems, but even *cause* them. Of course, there must be enough calcium in the body at all times for the bloodstream, the gut, *and* the tissues.

It's easy to become deficient in Vitamin F if one eats the Standard American Diet (SAD) of fake food (junk food). In the manufacture of synthetic fats (margarine, shortening, and liquid vegetable oil), Vitamin F is destroyed, and misshapen fats called *trans fats* appear in the final product. The body cells, which are forced to work with what they are fed, surround themselves with straight trans fat molecules instead of the horseshoe-shaped Vitamin F fat molecules. The malformed, straight trans fat molecules literally create gaps in the cell membranes through which carcinogenic materials can enter relatively easily, since the cells no longer have adequate protection.

Fake fat molecules also reflect the presence of highly unstable atoms at the quantum level: free radicals. This means that lone electrons are knocking other electrons out of place—so that before long, electrons are acting like billiard balls, destroying the integrity of cells and decreasing their ability to metabolize oxygen. When the body is low in oxygen, all kinds of disease conditions can develop, including cancer.

This is how the ingestion of the wrong kinds of fats—fake fats—can lead to cancer. Despite what the food industry would like consumers to believe, the sun is not the culprit. If anything, being in the sun “sheds light” on what we may need to correct in our lifestyle.

workers were exposed to special low intensity UV lights that weren't strong enough to cause reddening of the skin, but decreased bacterial contamination of the air by 40% to 70% and cut employee illness by half. Articles continue to report highly successful treatments for mumps, asthma, blood poisoning, viral pneumonia, childbirth infections, peritonitis, even cancer. One study of people with tuberculosis showed that among those receiving UV treatment, three-quarters lived compared to about one-quarter of those treated surgically or by other allopathic methods.

These favorable results inspired the practice of removing some blood from a subject, infusing it with UV light, and then injecting it back into the subject. Apparently a small amount of UV treated blood can impart germicidal properties to the entire bloodstream, even those portions that were not extracted and treated. This procedure is more popular in Europe than in the US; but all over the world, UV is used to purify water systems.

UV radiation does more than kill germs. It stimulates the skin to create beneficial Vitamin D. And, points out German medical doctor Alexander Wunsch, UV inactivates excessive amounts of steroids, some of which accelerate the growth of cancer.

In some ways, it's difficult to separate the different properties of the sun's individual electromagnetic wavelengths since many rays augment and complement each other. Consider one known relationship between UV and another group of wavelengths, far infrared (FIR). Macfadden wrote:

Sunburn is not, in reality, a burn at all, for it does not appear for several hours after the causative exposure; it is simply an . . . inflammation resulting from irritation by the peculiar [biochemical] action of the ultraviolet rays. . . . [The Swiss physician Rollier] asserts that, because his patients with deep-seated tuberculosis are cured when they become deeply pigmented and those who do not pigment respond far less favorably to the treatment, the pigmentation must render possible the deep penetration of the long [FIR] rays. This theory would suggest that the long, heat rays are the curative rays, while the short, actinic rays are merely servants preparing the way so that the heat rays may enter the body.²⁰⁵

Ultraviolet, then, has another important function: it sets up a biochemical reaction in the body that allows the FIR to penetrate more deeply. This makes sense when you consider that *melanin*, the pigment created by the skin in response to UV, contains copper. Copper

is a good conductor of electricity, which undoubtedly bolsters the penetrating power of the FIR. Let's take a look now at far infrared, and the larger spectrum of which it is a part, infrared.

Infrared Wavelengths

Like UV wavelengths, infrared (IR) wavelengths are also invisible. And they, too, exert incredibly powerful effects on living organisms.

As mentioned earlier, 80% of the sun's radiation is infrared, and IR is responsible for heat. Even though IR from the sun is filtered by atmospheric gases, wavelengths still reach the earth. Infrared radiation heats in a most unusual way. Rather than directly affecting the air itself, which is impervious to being heated, IR penetrates and warms matter. As with UV, infrared emanations are divided into several categories. Near infrared, the shortest wavelengths, range between about .72 and 1.5 microns. Middle infrared, medium length wavelengths, range between about 1.5 and 5.6 microns. And far infrared, the longest wavelengths, range between about 5.6 and 1000 microns. (One micron equals one-millionth of a meter.) All matter above the temperature of absolute zero (minus 459.67°F, or minus 237.6°C) emits some degree of IR.

The heating properties of *far* infrared (FIR) were discovered in 1800 by German astronomer Frederick William Herschel, when he tried to measure the temperature of color rays and put two thermometers outside the range of visible light. The FIR rays, which are next to the red color band, turned out to be the hottest of all the wavelengths he tested.

FIR accelerates many biological functions in the body. It increases the number of lymphocytes, a type of white blood cell in the front line of the body's immune response. It stimulates the lymphocytes to produce larger amounts of the biochemical interferon. (Interferon is so helpful in fighting infection that it has been synthesized by drug companies and given to people with various cancers.) FIR increases the levels of enzymes, which the immune cells use to help transform and remove toxic chemicals. FIR increases the amount of hemoglobin in the red blood cells, helps the hemoglobin release oxygen and carry away carbon dioxide more easily, and helps the cells of the body to better utilize the oxygen they do receive. The heat from FIR helps relieve pain by relaxing the tissues. And FIR elevates the production of hormones—including thyroxin from the thyroid, which means a faster metabolism.

For good reason, far infrared heaters are very popular in modern saunas. The next section, **Sauna Therapy**, discusses FIR heaters in more detail. But for now, let's examine the effects of light on the body.



Unless we put medical freedom in the Constitution, the time will come when medicine will organize itself into an undercover dictatorship to restrict the art of healing to one class of [people] and deny equal privileges to others.

—BENJAMIN RUSH, A SIGNER OF THE DECLARATION OF INDEPENDENCE



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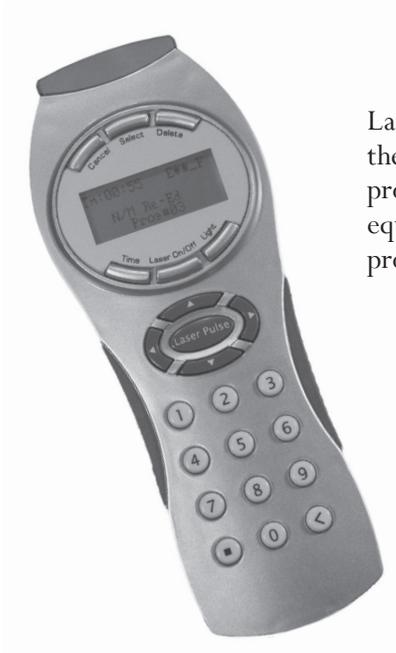
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Laser from LED Healing Light Inc.



LazrPulsr 4X LLLT (Low Level Laser Therapy) hand-held unit, the size of a large remote control. It contains hundreds of built-in programs, and can also be programmed by the user. The top is equipped with four diodes. The window to the left is set for the program “N/M Re-Ed,” or Neuromuscular Re-Education.

The LazrPulsr 4X, in combination stand and charger. The transformer can be plugged either directly into the laser, or into the stand, which in turn contacts the laser. The unit can be used either on its battery charge, or plugged in.



Courtesy of LazrPulsr System

LEDs from Light Energy Inc.



The battery-powered Light Shaker, which contains one LED. Unit can be applied to anywhere on the body, including a closed eyelid.

The battery-powered Tri-Light, with 3 LEDs. This functions in a similar way to the Light Shaker (above), except that it covers a wider area.



The Light Pad, with 23 LEDs. Pad can be fastened to the back, limbs, or other parts of the body with either string ties or Velcro®. This unit plugs into an electrical outlet.

Courtesy of Light Energy Inc.

LEDs from Good Energy Products



The simplest unit, the Chi Pen[®], is 5½ inches long and operates on two AAA batteries. Inside the casing is a vial of water that has been imprinted with the frequencies emitted by healthy organs, glands and bodily tissues. A 625-nm red light (at 900 milliwatts power) passes through the water to the tip of the penlight. Above, a subject is treating her teeth and gums with the light.

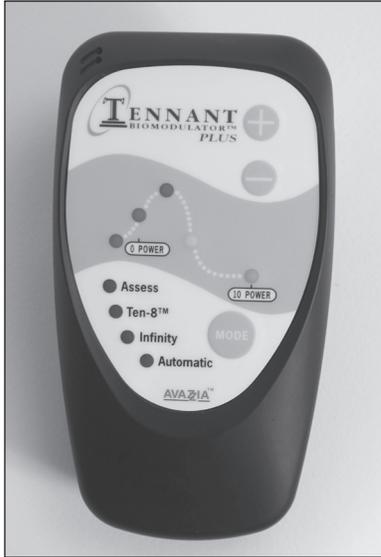


The 10½-inch-long Advanced Chi Stimulator[®] operates on two AA batteries and contains three light emitters in the infrared spectrum (950 nm at 450 mW power). Blue from one visible light diode allows the user to direct the wave to the targeted area. This instrument comes with eleven interchangeable, programmed, water-filled lenses that are screwed onto the tip of the device. The frequency formulas include: Chi Energy (the same formula used for the Chi Pen[®]), as well as Detox, Infection, Inflammation, Lymphatic, Root Canal, Sinus, Stimulation, Toothache, Trauma, and Relaxation.



Courtesy of Good Energy Products

Frequency Device from Senergy Medical Group



The Tennant Biomodulator® changes frequency according to how the body responds to the signal. This lightweight hand-held device, somewhat smaller than a remote control, is used for pain management and to help restore tissue function. When the device is not used with accessories, the head of the unit (not visible, on the opposite side of the faceplate) travels across the skin, transmitting minuscule amounts of current to the areas beneath. (See Appendix C for more information.)

Sometimes, accessories that connect to the main unit more easily reach the areas designated for treatment. This scalp electrode, which fits in the hand like a small brush, is used on areas of the body that would otherwise need to be shaved. It can be used for humans or animals.



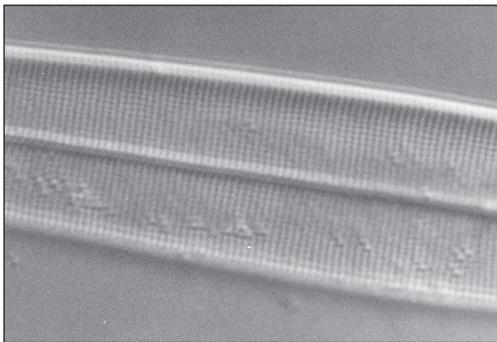
These single weave, seamless limb wraps and gloves are specially wired to transmit current to hands, arms or legs that are inside the wraps.

Courtesy of Senergy Medical Group

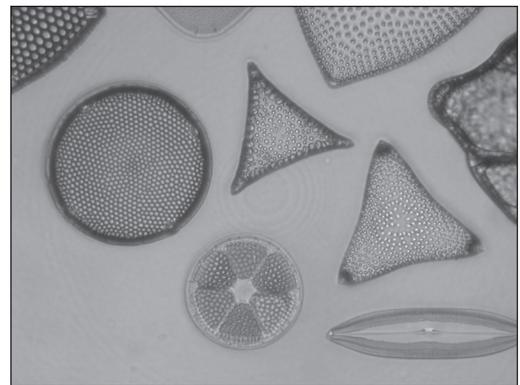
The Ergonom Microscope from Grayfield Optical Inc.



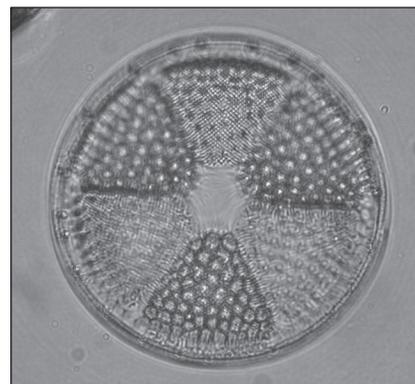
The Ergonom 500, one of several Ergonom models and among the company's most recent instruments. In the year 1976, Kurt Olbrich invented a microscope with slightly higher magnification levels and better depth of field and color contrast than Rife's instruments. Operating on different principles than did Rife's microscopes, the Ergonom is considerably easier to use as it requires no staining, oil immersion or complicated focusing.



Amphipleura pellucida, a type of microscopic algae, as seen through the Ergonom microscope. The finely detailed markings on this species are not as clearly visible under typical microscopes.



Various diatoms, as seen through the Ergonom. These microscopic algae come in different shapes.



Close-up of a diatom from the above group. Note its symmetrical design.

All photos courtesy of Kurt Olbrich and Peter Walker

homeopath, or osteopath. The right one can be a excellent guide. Due to his or her training, and access to equipment and tests, s/he can spot problem areas that a layperson may not recognize. The benefits are especially apparent for life-threatening conditions. One manufacturer tells me that without exception, all of the complete recoveries he has seen—some from people labeled “terminally ill”—have occurred with people who are being supervised by holistic practitioners. Legally, rife machine vendors are not allowed to provide such assistance, even if they are licensed health professionals.

The type of guidance that you require may run the gamut from nutritional and educational to psychological and spiritual. Your health care provider should be a facilitator and co-creator in your process, not an authority in whom you place blind trust. (See Sidebar, “When a Patient Becomes a Client.”)

As the one who is paying for medical services, you have a right to know the doctor’s training and philosophy of wellness before you give up your hard-earned money. Ask to speak to the doctor, or a staff member, to discuss your concerns before you step inside the office. Ask if the doctor will work with you while you use your frequency device. If the doctor doesn’t know about it and doesn’t want to know about it, you will not have help integrating your home care with the protocol you receive from the practitioner. At the very least, you need someone who can help you determine if your detoxification pathways are clear, and discover and help you eliminate problems that may occur from the die-off. You may need to keep looking until you find a good match.

If you select an allopathically-trained physician, make sure that s/he understands what this technology is about—and if s/he does not, that s/he is open to learning as much as possible. (Most health care providers have been taught to condemn rife technology without investigating or understanding it.) Sometimes, an allopathically-trained physician who also understands and embraces holistic approaches is just the guide you want, especially if you have a serious illness such as cancer. Other times, a fellow rifer with years of experience navigating the medical field will be able to provide the help you need.

Whatever assistance you choose, remember that even though others may have more knowledge, or experience with the technology, you are still the final expert on your own body. But in order to become the best expert you can be, you need to learn as much about health as possible. Don’t be afraid to “step on your doctor’s toes.” If your doctor acts threatened

or dismissive when you start asking questions, s/he is obviously more interested in defending his or her position than in helping you heal.

Frequency Selection and Microbe Response

Q. How do the frequencies work?

A. There are two ways in which the frequencies can be said to “work”: by negatively affecting the microbes, and by positively affecting the body. I’ll discuss the effects on microbes first.

One popular film sequence, which is often included in documentaries on Rife and shown on many Internet sites, depicts a protozoan “undergoing evisceration, membrane transport disruption, and disintegration”³⁰ as it’s being exposed to a plasma wave of 1150 Hz. However, the actual shattering of a microorganism, although visually dramatic and certainly compelling, is likely the exception, rather than the rule, of how frequencies disable microbes. If a microorganism is not shattered outright, the frequencies may:

- ◆ Disable specific enzymes or proteins in the microorganism.
- ◆ Disrupt the microbe’s ability to metabolize, replicate or reproduce.

Now I will discuss the positive effects of frequencies on the body, independent of killing or disabling microbes. The frequencies appear to do one or more of the following:

- ◆ Focus the attention of the body’s immune cells on an organism that was not previously recognized as a threat.
- ◆ Normalize or stimulate various organs, glands, tissues, or body functions by beneficially reorganizing the RNA/DNA, or making the flow of ions across cell membranes more efficient.

The recently deceased Dr. Robert P. Stafford, who had worked with Royal Rife, John Marsh and John Crane, believed that the frequencies stimulated the adrenal glands besides providing other immune-enhancing properties. Engineer and equipment builder Dave Felt likewise concentrates on the immune-building properties of the frequencies. Ordinarily, when cells start to die from old age, infection or disrepair, fluid leaks out of the cell membrane. Other cells in charge of immune protection recognize this leakage as a message to scavenge what is now waste. Felt believes that the frequencies may cause or speed up the leakage of unhealthy cells, thus encouraging

their removal. James Bare focuses on immune response as well, referring to studies showing that “pulsed EM fields activate heat shock proteins that act to stimulate the dendritic cells of our immune system.”³¹

Blast It! author Carol Nichols draws on her many years of experience working with pad devices. She writes that electrode units in particular “have a unique ability to stimulate atrophied muscle tissue, increase circulation of blood and lymph, stimulate regeneration of damaged nerve pathways, and rectify low tissue conductivity.”³² Peter Walker, who researches and reports on rife technology in Europe, also highlights pad devices, as they are extensively used by European doctors in their clinical practice. He writes, “Pad devices have a positive effect because they can tonify the body and help improve its energy levels. Plasma units are great for killing parasites.”³³ And UK engineer Aubrey Scoon believes that “magnetic and electric fields are inducing electrochemical changes in cell membranes which affect electrochemical pumping mechanisms.”³⁴

However one explains the benefits of rifting, it’s clear that since we are electromagnetic beings, an electromedical device that causes the electrical charge of a cell to improve will assist with healing. Cells and other structures that are too weak or diseased to contain the charge that a healthy cell can hold, will lose their structural integrity and become part of the body’s waste load (as they should). Similarly, microbes that absorb too much energy (more than they can hold) will undergo a similar fate. A healthy body whose cells have the proper resistance, capacitance, and inductance—simply put, are functioning correctly and have the proper electromagnetic signature—will be impervious to microbes, and will perform their jobs efficiently.

At some point, you may hear researchers talk about the *rife effect*. This effect can be any or all of the effects just described.

Q. How were the frequencies in this *Rife Handbook* calculated?

- A. The frequencies are from several sources. Among them are:
- ◆ *Royal Rife’s Original Lab Notes*. Sixteen frequencies listed in the Frequency Directory (Chapter 5) are taken directly from the laboratory notes of Royal Rife. These frequencies correspond to some common microorganisms such as *Bacillus anthracis*, *Clostridium tetani*, *E. coli*, *Salmonella typhi*, *Staphylococcus*, and *Streptococcus*.

A Massage Therapist Talks About Rifting

Pathogens are probably the cause of some responses people feel during rifting. When the right frequencies are used on people suffering from *Candida*, colds and flu, the “hit” is felt strongly at the pathogen location in the body, and the symptoms totally fade from a few minutes for colds and flu, to a few days for heavy *Candida* infections. Hits can also be experienced at the site of cancer tumors and cells; although I wouldn’t know if this response comes from the cancer cells themselves, or associated pathogens, mold and fungus present at the cancer site.

I have also observed fascial release in frequency sessions on friends. The fascia, a thin membrane encasing the muscles, can become traumatized, bound up and tight, restricting movement. During rife sessions, I have seen the fascia release trauma and thus function better—correctly hydrate again and instantly encourage a huge improvement of electrochemical and fluid movement within the body’s pathways. I believe that this is a major contributing factor when people experience an almost instant normalization of blood pressure and a very fast return to health during massage. I also believe that this is the mode at work when we hear of miracle healings attributed to frequency therapy sessions. When deep and complete levels of fascial release occur, miracle healings are to be expected, as the body has huge resources to quickly combat disease.

The fascia is a good tissue for resonance and response, from a frequency session standpoint. A trained massage therapist can easily check to see if a major fascia trauma release response has occurred. I have noted this on several occasions. From my observations, frequencies between 50 Hz and 1,000 Hz generate this release. As the bound fascia structures will always be different in the body (even different from day to day), the frequencies may differ as well.

—Ken Uzzell, massage therapist and rifer, 2006

- ◆ *In Vitro Studies*. Sometimes, researchers view pathogens on a slide to see how they respond to various frequencies. Other times, Petri dishes are used. In experiments in Romania supervised by Jimmie Holman and Paul Dorneanu, pathogens were cultured, exposed to different frequencies, allowed to incubate, and then counted so the rates of slowed or stopped growth could be determined. For these living microbe experiments, most researchers use a dark field microscope that shows

larger microorganisms such as bacteria. A few scientists use the more accurate, higher powered Ergonom that can show tiny viruses.

- ◆ *Live Blood Analysis.* Live blood analysis consists of examining, under a microscope, freshly drawn, living blood before and after a subject has been exposed to various frequencies, to see which ones were effective. The dark field microscope must be good quality, and generally requires immersing the glass slide in oil to better illuminate the features of the specimen. However, for viewing blood, it does not need to be as high-resolution as the Ergonom microscope.
- ◆ *Muscle Testing or Applied Kinesiology.* This method was developed in 1964 by Michigan chiropractor George Goodheart. The practitioner pushes or pulls on different muscles—most often the finger muscles or the deltoid muscle in the arm—and, based on the muscular weakness or strength, determines the client’s allergies and conditions. Later practitioners include John Thie (author of *Touch for Health*), and John Diamond (author of *Your Body Doesn’t Lie*).
Related modalities include Touch for Health and Contact Reflex Analysis (CRA). The tester can also exert pressure on reflex points in the body to obtain information. All these modalities have been used to determine which frequencies the subject needs. Sometimes, people can learn to do muscle testing on themselves, usually using their fingers.
- ◆ *Dowsing.* This method uses an object—a metal or wooden rod, a weighted ball, or other object swinging from a cord (pendulum). A pendulum amplifies the electrical signals in the nervous system and externalizes them into muscle movements, similar to the movements that are detectable through Applied Kinesiology or muscle testing. The advantage to dowsing is that it can be performed not only by the person who is the subject, but also by a tester without the presence of the subject. Dowsing is not regarded as “scientific” in most circles, but some people find it very effective in finding frequencies. Dowsing differs from Applied Kinesiology in that with dowsing, the subject uses an external object, rather than the body, to detect the responses to a frequency or substance.
- ◆ *Jeff Sutherland, PhD.* In addition to being a Rife researcher, Jeff Sutherland is famous for innovative software inventions and has received a grant from the National Institutes of Health. After many

years of experience using the F-Scan frequency device (discussed in more detail elsewhere in this chapter), Dr. Sutherland has developed a unique method to find frequencies with a sensitive dowsing instrument called the Cameron Aurameter. After being taught by a California dowser how to detect minute changes in the body’s energy system, Sutherland discovered that the Aurameter could be used to identify the exact digits for specific organism frequencies, chemical compounds, heavy metals, and various mutated cell types. The frequencies obtained through an Aurameter inspection are then cross-checked by scanning the subject with the more mechanically objective F-Scan. Dr. Sutherland has found that the combination of these two approaches has proven to be a fast and accurate diagnostic tool. He offers frequency finding services, described on his website www.frequencyfoundation.com.

- ◆ *John Garvey, LAc.* Some highly effective frequencies, which began appearing on the Internet in 1993, were calculated by acupuncturist and homeopath John Garvey. Dr. Garvey’s frequencies are included in this *Handbook*, and also appear on Brian McInturff’s online CAFL (Consolidated Annotated Frequency List). Brian’s list is free to anyone with Internet access.
- ◆ *Charlene Boehm.* A breakthrough by researcher Char Boehm is now allowing us to utilize frequencies that show great promise in destabilizing microbes. Ms. Boehm, a musician and self-taught mathematician with a scientific mind and talent for perceiving numerical patterns, made the groundbreaking discovery that the MOR of microbes can be calculated by applying a complex mathematical formula to the size of the pathogens’ DNA structures, either in whole or in part. In a paper entitled “A Look At the Frequencies of Rife-related Plasma Emission Devices,” Boehm describes her thought processes and what led to the discovery of the mathematical computation of which frequencies would debilitate microorganisms. “What exactly might be the destructive mechanism that is affecting each organism?” she initially asked herself.

Is it a resonance related to its full size, or perhaps that of the nucleus, mitochondria [tiny bodies inside a cell that provide it with energy], or capsid [the outer protein shell of a virus particle]? Is it a correlation with some type of biochemical resonance? Why

does each organism seem to need a specific frequency? Could the phenomenon be related to its DNA, and if so, what is the resonance relationship? These questions and more have kept folks that use or explore Rife-related technologies awake into the wee hours of the morning on many occasions, and have been the focus of endless animated discussions.³⁵

Boehm knew that the length of any object correlates to its *wavelength*: “For instance, a person’s height has its own resonant wavelength and resultant frequency.” Therefore, she wondered, “Is it possible that an organism’s entire DNA genome [genetic material] could also possess a resonant wavelength and frequency related to its total length?” After examining the published analyses of DNA structure from biologists, she devised a formula for calculating the wavelength of a microorganism. Then she utilized a commonplace physics equation to determine the frequency. “It is interesting to note,” she writes, “that this frequency falls at the high end of the infrared section of the electromagnetic spectrum (near visible light), and in the general area of the spectrum that Royal Rife had under consideration in his microscopic work.”³⁶

Boehm’s final step was to formulate a way of converting these very high figures to workable numbers that accommodated both the permeability of human and animal body tissue and were within the capacity of Rife instruments to transmit. Interestingly, Boehm found that a debilitating frequency could be found that corresponded to either the entire wavelength of a microbe, or one particular part within its complete structure.

The result? Boehm’s numbers very closely correlate with the frequencies in Rife’s original lab notes! Sometimes her frequencies exactly match those of Rife and modern researchers; sometimes they are within 1 to 5 Hz. But these differences are negligible, considering that Rife himself was not always able to pinpoint the exact frequencies.

Ms. Boehm was awarded a patent by the US Patent Office (# 7,280,874) for her DNA frequency method, formally titled “Methods for determining therapeutic resonant frequencies,” on October 9, 2007. Her work holds enormous promise for the successful use of rife technology as newer and more dangerous microbes continue to emerge and we need to find the debilitating frequencies quickly.

She provides customized frequency-finding services on her website, www.dnafrequencies.com.

Q. I have a diagnosis from my doctor. How do I know which frequencies to use?

A. See the beginning of Chapter 5, which explains how to use the Frequency Directory. Be aware that although many people are satisfied with the results they get from the frequencies listed, further experimentation may be needed.

Q. What if I don’t have a diagnosis, and don’t know which specific microbes are involved in my condition?

A. Here is a brief set of guidelines to help you decide which frequencies to use—whether those frequencies are from this *Rife Handbook* or from another source. During and after your session, don’t forget to monitor your responses so you can determine which frequencies offered the greatest relief.

- ◆ *Diagnosis that is microbe specific.* In many cases, it would be best to have the name of the particular microbe that’s infecting you. Simply look up the frequency for that microbe. For example, *Babesia* is a microbe.
- ◆ *Diagnosis of a disease.* Do you have the diagnosis of a disease? Often, the name of the disease is simply a slight variation of the name of the microbe. For example, Babesiosis is the name of the disease caused by the microbe *Babesia*.
- ◆ *Diagnosis of an illness, microbe unnamed.* Sometimes this is easy. For example, as stated in Chapter 5, dysentery is caused by the protozoa *Entamoeba histolytica*. You can either treat yourself for amoebic dysentery or the microbe *Entamoeba histolytica*. It makes no difference because the frequencies are the same.
- ◆ *General symptoms without a diagnosis.* Let’s say you have a cold. This can be caused by any number of microbes. If you don’t know which microbes are involved, use frequencies that have a track record of helping the most people. You can make an educated guess. For example, if you know that a particular strain of flu is being transmitted, assume that you have it and use those frequencies.

Be aware that most diagnoses do not indicate the *cause* of the ailment. For example, multiple sclerosis can be caused or exacerbated by mycotoxins, by a

It should be noted that the above program began being promoted by one device manufacturer after the staff noticed that customers did well on this program *with their machine*. If you have a different device, this protocol may or may not work as well for you. If you aren't moving quickly enough, use your machine every day or obtain custom frequencies. Everyone is different; pay attention to what works for you.

- ◆ *Second Alternate Protocol: Regular Sessions Every Day for 1 Week, with 1-Week Rest Intervals.* Occasionally people will gravitate toward a different rhythm of session time and rest time.

One session 2 to 3 hours a day for one week, every other week for several months.

Two 1½-hour sessions a day for one week, every other week for several months.

One man helped his partner overcome cancer in just 2 months with one 2- to 3-hour session once a day for one week, with one week off. (The doctor had given her just three months to live.) However, this scenario is not common. Most people require longer periods with the unit every day, and without such long intermissions. Keep in mind that long intermissions may allow the microbes to mutate.

	Holistic Medicine	Conventional Medicine
Philosophy	Based on the integration of allopathic (MD), osteopathic (DO), naturopathic (ND), energy, and ethno-medicine.	Based on allopathic medicine.
Primary Objective of Care	To promote optimal health and as a by-product, to prevent and treat disease.	To cure or mitigate disease.
Primary Method of Care	Empower patients to heal themselves by addressing the causes of their disease and facilitating lifestyle changes through health promotion.	Focus on the elimination of physical symptoms.
Diagnosis	Evaluate the whole person through holistic medical history, holistic health score sheet, physical exam, lab data.	Evaluate the body with history, physical exam, lab data.
Primary Care Treatment Options	Love applied to body, mind, and spirit with diet, exercise, environmental measures, attitudinal and behavioral modifications, relationship and spiritual counseling, bioenergy enhancement.	Drugs and surgery.
Secondary Care Treatment Options	Botanical (herbal) medicine, homeopathy, acupuncture, manual medicine, biomolecular therapies, physical therapy, drugs, and surgery.	Diet, exercise, physical therapy, and stress management.
Weaknesses	Shortage of holistic physicians and training programs; time-intensive, requiring a commitment to a healing process, not a quick fix.	Ineffective in preventing and curing chronic disease; expensive.
Strengths	Empowers patients to take responsibility for their own health, and in so doing is cost-effective in treating both acute and chronic illness; therapeutic in preventing and treating chronic disease; and essential in creating optimal health.	Highly therapeutic in treating both acute and life-threatening illness and injuries.

—Robert S. Ivker, DO, ABIHM, FAAFP

Co-founder and Past-President, American Board of Integrative Holistic Medicine
Past president, American Holistic Medical Association

Former Assistant Clinical Professor of Family Medicine, University of Colorado School of Medicine
Adapted from material originally appearing in the Winter 1999 issue of "Holistic Medicine: The Journal of The American Holistic Medical Association." Also at www.ahha.org/articles.asp?Id=38



Some patients, though conscious that their condition is perilous, recover their health simply through their contentment with the goodness of the physician.

— HIPPOCRATES, “FATHER OF MEDICINE” GREEK PHYSICIAN (460–400 BC)

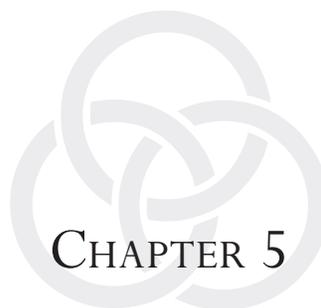


Chapter 5 Outline Frequency Directory

Note: This list does *not* include single, stand-alone entries, which are in alphabetical order.

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Frequency Directory

GETTING STARTED

Before you dive into the entries, please review these pages. They describe how the Frequency Directory is organized, and how you can best navigate through the many types of listings. At the end of these instructions is an outline of all categories contained in the Frequency Directory.

Alphabetical Order. Every single entry in this Frequency Directory is in alphabetical order. Most of the entries are also sub-divided into *categories*. Before you become familiar with the categories, you may find it easier to *first search alphabetically*. Begin by looking up either the *name of the microbe*, the *medical term for the disease*, or the *general symptom*. For example, in straight alphabetical order you will find:

1. The *microbe* involved in the symptom picture—*Entamoeba histolytica*, the parasite that causes amoebic dysentery, under **E**;
2. The *medical term for the disease*, **Amoebic Dysentery**, under **A**;
3. A *general symptom*, such as **Diarrhea**, under **D** (which might or might not be a symptom of amoebic dysentery caused by the *Entamoeba histolytica* parasite).

Exception: The *one exception* under which the medical term for a disease will *not* be listed separately is when the disease name derives from the microbe itself. For

example, the disease “Borreliosis” designates the condition caused by *Borrelia burgdorferi* or one of many other *Borrelia* strains. The alphabetical listing contains both terms: **Borrelia**, all types / **Borreliosis**.

THE CATEGORIES

An alphabetical listing will sometimes remain as a stand-alone entry if a condition cannot be easily classified. Usually, however, you will be directed to the appropriate category to obtain the full listing. A full listing consists of frequencies and (almost always) descriptive text. *Most* conditions will be found under categories.

There are *four categories* under which frequencies are listed: **1. Microbe**; **2. Affected Body Part or Body System**; **3. Common Name of Condition**; **4. Stand-Alone Entry**. Each is discussed below, in turn.

1. **Microbe**. Whenever possible, each disease is linked to a particular pathogen or pathogens. Pathogens are listed under either:
 - a. **Bacteria**
 - b. **Candida, Fungi, Molds and Yeasts**
 - c. **Parasites, Protozoa and Worms**
 - d. **Viruses**

In the microbe sections, entries are generally listed *first* with the name of the pathogen, *then* with the medical name for the disease, and *then* with the common name(s) of the disease (if there are any).

- ◆ **Example:** For *Lyme Disease*, go to **L**. You will see:

LYME DISEASE

See “*Borrelia*, all types / Borreliosis / Lyme Disease” under **Bacteria**.

If you are accustomed to calling Lyme by *either* the name of the microbe *Borrelia burgdorferi*, *Borrelia garinii*, etc., or the medical term “Borreliosis,” go to **B**. You will see:

BORRELIA, ALL TYPES / BORRELIOSIS

See “*Borrelia*, all types / Borreliosis / Lyme Disease” under **Bacteria**.

In these two examples above, there is the microbe (*Borrelia*), the name of the condition containing the name of the microbe (Borreliosis), and the common name (Lyme disease).

- ◆ **Example:** For *Shingles*, go to **S**. You will see:

SHINGLES

See “*Herpes Virus Type 3 / Herpes Zoster / Chicken Pox / Varicella / Shingles*” under **Viruses**; or “*Shingles*” under **Nervous System and Brain**; or **Skin**.

In this Shingles example, you are introduced to the category of *Affected Body Part* (addressed in greater detail below). The *Herpes* virus is under the large category, **Viruses**. However, *Herpes* can also be found under **Nervous System and Brain** and under **Skin**, because these are the body areas where the virus produces symptoms.

Now, if you are accustomed to calling Shingles by the name of its pathogen, *Herpes Zoster*, go to **H**. You will see:

HERPES, ALL TYPES

See under **Viruses**; **Men, Penis**; **Women, Uterus and Cervix, Ovaries, and Fallopian Tubes**; or **Skin, Shingles**.

2. *Affected Body Part or Body System*. This is the second category under which the frequencies are organized. The majority of all entries in the Frequency Directory are in categories according to *where the symptoms appear*, such as:

- ◆ **Bone and Skeleton**
- ◆ **Gastrointestinal Tract**
- ◆ **Glands**
- ◆ **Men (body parts specific to men)**
- ◆ **Muscles**
- ◆ **Respiratory Tract**

- ◆ **Urinary Tract**
- ◆ **Women (body parts specific to women) . . .**
and so on.

Some of the *Affected Body Part or Body System* categories are further divided into sub-categories. For instance:

- ◆ **Glands**

Adrenals

Pancreas

Parathyroid

Pineal

Pituitary

Thymus

Thyroid

- ◆ **Gastrointestinal Tract**

Colon / Large Intestine

Small Intestine

Stomach and Esophagus

It is very useful to look for frequencies according to the system that’s affected, because when browsing, you may find other conditions whose frequencies apply to your situation.

- ◆ **Example:** For *Duodenitis*, go to **D**. You will see:

DUODENITIS

See under **Gastrointestinal Tract**, *Small Intestine*.

- ◆ **Example:** For *Crohn’s Disease*, go to **C**. You will see:

CROHN’S DISEASE

See under **Gastrointestinal Tract**, *Colon / Large Intestine*.

Exception: *All cancers, no matter which part of the body they appear in*, are listed under **Cancer**, as cancer can migrate; and the protocol for all types is essentially the same.

Exception: Sub-categories are in alphabetical order at all times, except when *general* sets are listed.

- ◆ **Example:**

VIRUSES

General [this comes first, before all other alphabetical entries]

Adenoviruses

AIDS

Aphthovirus

etc.

3. **Common Name of Condition.** This is the third category under which the frequencies are organized. Occasionally, frequencies are found under the common name for a general symptom. For example:
 - ◆ **Injuries**
 - ◆ **Insect Bites**
 - ◆ **Tumors, Benign . . .** and so on.
4. **Stand-Alone Entry.** This is the fourth and last category under which the frequencies are organized. A very few entries that are not easily classified under other categories appear alphabetically, under their name, as stand-alone entries.
 - ◆ **Example:** For *Fibromyalgia*, go to **F**. You will see it listed in alphabetical order.

EXPLANATORY TEXT IN EACH ENTRY

Each entry (a complete entry, not a re-direct line) contains many possible names for a condition, a description of symptoms, and the frequencies that eliminate or manage the symptom picture. Many entries also summarize how the pathogen is transmitted, and suggest therapies that complement rife sessions.

DIFFERENT FREQUENCY POSSIBILITIES

Most of the frequencies are divided into several sets.

1. The first frequency set in an entry consists of the main numbers that experimenters find useful for that condition. In addition, frequencies associated with particular researchers are usually considered primary.
2. A second frequency set (if applicable) is for related frequencies, often related to co-infections.
3. A third frequency set (if applicable) is for frequencies that might or might not be related, depending on your particular condition.

Whereas frequencies attached to the name of a researcher should be considered primary, no one researcher's frequencies take precedence over any other researcher's frequencies in a given listing.

1. The following frequencies are from Dr. Hulda Clark.
2. The following frequencies are from Dr. Jeff Sutherland.

3. The following frequencies are from Michael Tigchelaar.

WHAT THE NUMBERS AND SYMBOLS MEAN

Hertz. If a frequency contains only numerals, without any periods or commas, it is in Hz (hertz).

465 is 465 Hz
 522 is 522 Hz
 2008 is 2008 Hz

Decimals. Some frequencies contain one, two, and sometimes even three decimal places. Decimals are very important; so if your unit can handle them, use them. If your unit cannot handle decimals, program a sweep to make sure that the number you need is included. For example, if your unit can do 9 or 10 but not 9.6, program a sweep from 9 to 10 so that 9.6 will be covered. Allow extra time for this sweep to ensure that you have received enough time on 9.6.

When a "K" is after a number. "K" stands for Kilohertz. *Kilohertz means "thousands of hertz."* So, a "K" after a number stands for three zeros, or 000. For example:

2K = 2,000 Hz
 5K = 5,000 Hz
 10K = 10,000 Hz
 20K = 20,000 Hz

When a comma (,) is present. Unless semicolons are present (see below), *commas after the numbers serve to separate the frequencies and make each number distinct.* The commas are not part of any number.

When a semicolon (;) is present. Occasionally, a semicolon appears after the numbers. *A semicolon serves to separate one frequency from the next.* Semicolons are used when the frequencies are in very high ranges and extend for seven digits or more, making it necessary to use commas *within one frequency* to make it easier to read.

When a plus sign (+) is present. Sometimes a plus sign connects several numbers. *Plus signs are used to designate frequencies that either represent microbes known to be in the same pleomorphic family, or body functions that work together.* In both cases, *all numbers connected by a plus sign need to be run in the same session.*

LENGTH OF TIME FOR EACH FREQUENCY

The default amount of time for each frequency is 3 minutes, unless otherwise specified. However, each user has different needs, and different units have varying degrees of power. Therefore, you may need more or less time. So you will need to experiment.

THINKING HOLISTICALLY

Approaching illness—and wellness—with a holistic mindset presented many challenges in the creation of this Frequency Directory. Since the body is a unified organism with interrelated systems and parts, and disease occurs when the terrain is favorable to microbes, a clear-cut relationship between a pathogen and a disease doesn't always appear. This is one reason *not* to say, “Such-and-such microbe causes such-and-such disease.” However, there is another side. So many aberrant pathogens have appeared since Rife's time—with new superbugs emerging regularly, and even healthy people becoming ill—that sometimes, a direct cause-and-effect relationship seems obvious. This is one reason to say, “Such-and-such microbe causes such-and-such disease.”

My ultimate decision was based on ease of reading. I thought it awkward to keep saying, “This microbe has been involved in the following symptom pictures.” Therefore, in many listings the text reads, “Such-and-such microbe causes such-and-such disease.” I made this concession even though there can be many “causes” of a condition.

The limitations of Western cataloguing also made it difficult to classify some body parts. For instance, the immune system was once considered to be comprised of the lymphatic vessels, the thymus, and the bone marrow. But hormones formerly classified as immune system hormones are now being found *everywhere in the body*. Where, then, should we stop in our attempts to locate the immune “system”? The entire body is an immune system! (This is why I usually call it the *immune response* or *immune function*.) And where should we draw the line in classifying other systems as well?

A similar situation presented itself to me with **Heart, Blood and Circulation**. It is well known that the heart is a muscle. It is also considered an organ. But recent data shows that the heart secretes a hormone, and thus shares characteristics with endocrine glands. How, then, should the heart and circulatory system be labeled?

My solution was to classify the body systems and parts according to conventional guidelines, since these are the ones with which most people are familiar. Below is a list of all the categories in the Frequency Directory, so you can organize your search accordingly.

OUTLINE OF ALL CATEGORIES IN FREQUENCY DIRECTORY

Note: This list does *not* include single, stand-alone entries, which are in alphabetical order.

Arthritis and Joints

Bacteria

Blood Sugar Levels

Bone and Skeleton

Cancer

Candida, Fungi, Molds and Yeasts

Chemical Poisoning / Detoxification

Dental

Mouth and Gums

Teeth

Ears

Eyes

Gastrointestinal Tract

Systemic Conditions

Colon / Large Intestine

Small Intestine

Stomach and Esophagus

Glands

Adrenals

Pancreas

Parathyroid

Pineal

Pituitary

Thymus

Thyroid

Headache

Heart, Blood and Circulation

Injuries

Insect Bites

Liver and Gall Bladder

Liver

Gall Bladder

Lymphatic System

Men

Penis

Prostate

Sexual Functioning

Testicles

Urinary

Mind and Emotions

Muscles

Nervous System and Brain

Parasites, Protozoa and Worms

Regeneration and Healing

Respiratory Tract

Lungs

Nose and Sinuses

Throat and Lymph Nodes

Vocal Chords

Skin

Tuberculosis

Tumors, Benign

Ulcers

Urinary Tract

Bladder and Urethra

Kidneys

Viruses

Women

Breasts

Menstruation and Menopause

Sexual Functioning

Uterus and Cervix, Ovaries, and Fallopian Tubes

Vagina and Labia

You now have the tools you need to use the Frequency Directory effectively.
If necessary, please review "A Short Course on How to Give Yourself a Rife Session" in Chapter 4.

and lungs, and the lungs themselves. Other symptoms may include disorientation and dementia; fatigue and malaise; and occasional fever. Rheumatoid arthritis can last a long time with active symptoms, or there may be few to no symptoms. Death can occur from this disease.

Although there is a genetic pre-disposition to this condition, there also must be a trigger. See the beginning of this section about arthritis in general. The microbial involvement must also be managed. The suddenness of this condition, along with the trigger, leads me to strongly suspect *Mycoplasma* infection. See “*Mycoplasma*, many types” under **Bacteria** since *Mycoplasma* infection is often the beginning of autoimmune conditions. Also see “*Chlamydia trachomatis*” under **Bacteria**; “Antiseptic Effect, to Produce” under **Chemical Poisoning / Detoxification**; and “General (unspecified)” under **Parasites, Protozoa and Worms**. Also see “*Helicobacter pylori* / Peptic (Stomach) Ulcer” under **Bacteria**, since new research from Finland shows the presence of this microbe (which also causes ulcers) in a high percentage of people suffering from rheumatoid arthritis.

First try: 15, 324, 528 (these three frequencies worked for one person on record), 1.2 + 250, 7.69, 7.7, 9.39, 9.4, 9.6, 660 + 690 + 727.5

Then try: 3 + 230, 20, 28, 262, 600 + 625 + 650, 776, 787, 802 + 1550, 880, 10K

End of Arthritis and Joints section.

ASCARIS, ALL TYPES

See under **Parasites, Protozoa and Worms**.

ASPERGILLUS, ALL TYPES

See under **Candida, Fungi, Molds and Yeasts**.

ASTHMA

See “Asthma / Bronchial Asthma” under **Respiratory Tract, Lungs**.

ASTROCYTOMA

See “Brain Tumor / Astrocytoma” under **Cancer**.

ATAXIA, ALL TYPES

See under **Muscles**; and **Nervous System and Brain**.

ATHLETE’S FOOT

See under **Skin**.

ATTENTION DEFICIT DISORDER (ADD) / ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

See under **Mind and Emotions**.

AUTISM

See under **Mind and Emotions**.

AUTOIMMUNE DISORDERS

Normally, in the early stages of infection when the body is attacked by (for example) a virus, it releases chemical messengers called *interferons* from healthy cells to help them resist infection. The offense entails specific lymphoid cells, known as Natural Killer T Cells or NK Cells, which attach to infected body tissue and expel lethal chemicals. This destroys both the virus and body cell. Destroying the body cell limits the reproduction of new viruses because they cannot reproduce without a host cell. The body increases its NK Cell production, and these cells completely destroy the infected body cells and foreign invaders. The NK Cells will also recognize foreign invaders during a future infection and react even more quickly. (Fortunately, microbes that have mutated still possess markers that the immune system can recognize. NK Cells can recognize and attack intracellular bacteria and *Mycoplasma*—bacteria without a cell wall—because they recognize “non-self” and then go inside the cell.)

Another type of normal immune response is the creation of antibodies, produced in response to an antigen—which can be a foreign protein, microbe, pollen or other substance as well as microorganism. Antibodies neutralize the infection by binding to the virus, thus reducing its ability to attach to a cell or penetrate it. These antibodies also help the body resist becoming reinfected.

There are many aspects of the body’s immune response that can malfunction. In people with chronic viral conditions such as Epstein-Barr, HIV and AIDS, the viruses attempt to slow the immune response by infecting the immune cells themselves. This is a clever survival tool for the virus, since malfunctioning immune cells are not able to respond. In many autoimmune disorders, the NK Cells turn against the body as though the person’s tissues were foreign invading pathogens. With all autoimmune disorders, the body’s immune cells attack the person’s own tissues. Autoimmune disorders are often due to the presence of tiny *Mycoplasma*—so-called “stealth pathogens”—whose lack of a cell wall allow them to invade our cells and assume some of the properties of our own tissue. Our immune cells sense something hiding in our cells, and attack them.

If the *Mycoplasma* invade the central nervous system, the disease is Multiple Sclerosis (although MS can also have a non-autoimmune origin). If the *Mycoplasma* invade our joints, the disease is rheumatoid arthritis. If the body attacks foreign proteins that it mistakes for its own tissues, resulting in a severe inflammatory response that could be anywhere, the disease is Lupus erythematosus. If the body exhibits severe, progressive muscular weakness (with deterioration of chewing and respiratory muscles that can lead to death), the condition is called Myasthenia gravis. If certain symptoms manifest in the thyroid, it’s called Graves’ Disease. Fibromyalgia, actually a syndrome of assorted symptoms rather than a disease condition per se, is also considered an immune disorder. These and similar illnesses are also caused by vaccines; see Chapter 1 for more information.

A body that cannot respond effectively to current or future pathogens needs a supportive foundation. Ozone therapy (see Chapter 3) not only destroys microbes, it helps restore damaged body cells to their original function. Building up the body through nutrition is key. Holistic clinics routinely give raw green vegetable juices to people with chronic and life-threatening conditions. A fast of lemon juice in distilled water is a potent liver detoxifier. Doctors are also finding that estrogen hormone supplementation may interfere with proper immune function and trigger autoimmune diseases.

Transfer factor supplementation is also highly recommended by some of my top colleagues in the Rife field. Transfer factors are tiny “immune messenger molecules” that pass information from immune cell to immune cell about what type of external or internal immune threat is present, and how the body should properly respond to this threat. These molecules are naturally found in colostrum, the fluid produced by a nursing mammal (including humans) for the first 72 hours before the actual milk starts to flow. Since the amino acid sequences are the same in the colostrum of all species, supplements made from colostrum extracts of, say, a cow will work for humans. Transfer factors mobilize and activate whatever healthy NK Cells are still in the body before an infection becomes entrenched. Transfer factors create, and educate, a large number of Helper T Cells involved in the manufacture of neutralizing antibodies. T Cells are specific for a given virus. They circulate throughout the bloodstream to seek and destroy those cells that have been virally infected. And transfer factors help restore body cells that are already damaged. This explains why, in clinical trials, people with chronic viral infections improve. (See the Resource Appendix for more information on transfer factor supplementation.)

Another component to autoimmune conditions is hypothyroidism, which is either underactivity of the thyroid gland or the inability of the cells to properly utilize thyroid hormone. Over half the hypothyroid population suffers from excess mucin, a sugar-protein compound normally present in connective tissue. The accumulation of high amounts of the hydrophilic (water-loving) mucin damages the connective tissue of skin, blood vessels, lymph channels, muscles, nerves and other parts of the body. Lupus, a disorder of the connective tissue, is one of many conditions that could be corrected with proper thyroid hormone supplementation. See “Thyroid, Underactive / Hypothyroidism” under **Glands, Thyroid**.

See “*Mycoplasma*, many types” under **Bacteria**, as well as your particular condition. Since a major weakener of the body’s immune function is toxins, see the many entries under **Chemical Poisoning / Detoxification**. Also see frequencies under **Lymphatic System**, including the entries for “Spleen” and “Thymus.”

1.2 + 250, 3, 7.69, 7.7, 9.39, 9.4, 9.6, 20, 28, 146, 465, 522, 600 + 625 + 650, 660 + 690 + 727.5, 776, 787, 800, 802 + 1550, 880, 1850, 10K

–B–

B. COLI OR BACILLUS COLI

See “*E. coli / Escherichia coli*” under **Bacteria**.

BABESIA / BABESIOSIS

See under **Parasites, Protozoa and Worms**.

BACILLUS COLI OR B. COLI

See “*E. coli / Escherichia coli*” under **Bacteria**.

BACKACHE, INCLUDING SPASMS

See under **Injuries**.

BACTERIA

According to conventional medicine, the three classes of pathogenic bacteria are 1) *Cocci*, which are round or spherical in shape and exist singly, in pairs, chain formation or clusters; 2) *Bacilli*, which are shaped like rods; and 3) *Spirilla*, which are formed like a spiral or corkscrew, singly or in segments. Most bacteria reproduce through cell division (dividing themselves in half), although very large bacteria create “babies” inside the parent cell, which are then released through a small slit in the parent’s cell wall. Some bacteria thrive in an aerobic or oxygen-rich environment, while others are anaerobic, living only in an absence of oxygen. Still others adapt to their environment, surviving both aerobically and anaerobically. Since bacteria are larger than viruses, most can be seen individually under a microscope.

Bacteria feed on diseased organisms—further fermenting tissues that still possess some vitality—and also on material that is already dead. What people experience as disease is either the result of microbial attack (for instance, when they destroy red blood cells), or the poisonous waste products (including pus and gas) that the microbes excrete into the bloodstream and surrounding cells.

Recently it has become apparent that the divisions between various microbes is less distinct than was previously thought. Nevertheless, the conventional labeling systems are still useful. If you do not know the classification of a particular microbe, look up its name in this Directory according to its first letter; all conditions are alphabetized.

If you are using the correct frequencies but feel no relief, see “General (unspecified)” under **Parasites, Protozoa and Worms**. Parasites in the system can slow or prevent the healing from any other condition. Also, if your illness stems from, or is related to, conditions in your gastrointestinal tract, consider ingesting beneficial flora in fermented food or in supplements. As more friendly flora reside in the gut, fewer pathogenic bacteria will be able to live there.

Try the following general frequencies: 20, 465, 660 + 690 + 727.5, 664, 784, 787, 800, 802 + 1550, 832, 866, 880

when cancer cells are present and dividing wildly, the cells are more prone to be infected by HPV. Nevertheless, the following viruses have been found in many cases of cervical cancer, so see “*Papilloma Virus / Human Papilloma Virus (HPV)*” under **Viruses**; and “*Herpes simplex 1*” and “*Herpes simplex 2*” under **Viruses, Herpes**. Also see “Carcinoma” and the general programs in this cancer section; as well as “Pelvic Inflammatory Disease (PID)” under **Women, Uterus and Cervix, Ovaries, and Fallopian Tubes**.

127, 443, 2288, 2944-2968 (sweep, for at least 20 minutes)

End of Cancer section.

CANCRUM ORIS

See under **Ulcer**.

CANDIDA CARCINOMAS

See under **Cancer**.

CANDIDA, FUNGI, MOLDS AND YEASTS

The word “fungus” is a broad classification that includes mildew, molds, rust, smut and yeasts, as well as mushrooms, morels, puffballs and truffles. Once classified as plants, fungi are now considered different enough from plants to be placed into a separate category or kingdom. Between 70,000 and 1.5 million species of fungi are estimated to exist.

Fungi feed in three ways. The first group, which grows on dead organic matter (leaves, trees, manure, insects, animals), contains enzymes that digest the cellulose and lignin in the organic matter. We call this process “rotting.” Usually, this group eventually eliminates what is being eaten. Members of the second group are parasitic: they live within or upon another organism without killing it, at the expense of that organism. Rather than obtaining their food from dead plants or animals, parasitic fungi attack and kill living hosts, which causes serious damage. The third (and relatively small) feeding group is beneficial. The members form a symbiotic partnership with plants (mainly trees), whereby the tree supplies them with moisture and carbohydrates, and the fungi release minerals and other nutrients into the surrounding soil. Fungi reproduce by releasing spores that are carried elsewhere—either via the wind if they are outdoors, or via the bloodstream if they are living in someone’s body.

Infections from fungi can be difficult to treat. According to research from Dr. A.V. Costantini, Mark Bielski, Italian oncologist Tullio Simoncini and others, fungi and their highly poisonous mycotoxins are implicated in an almost unlimited number of diseases, including adrenal disorders, AIDS, Alzheimer’s, atherosclerosis, brain inflammation, cancer, Chronic Fatigue Syndrome, cirrhosis of the liver, Crohn’s disease, Cushing’s disease (related to abnormally high levels of cortisol hormone), diabetes, gout, circulatory problems (including heart failure, inflammation of the heart muscle and blood vessels, and pulmonary hypertension [inflammation of

the arteries supplying the lungs]), hypoglycemia, infertility and other disorders of the reproductive organs, kidney stones, muscular dystrophy, osteoarthritis, osteoporosis, rheumatoid arthritis, and skin disorders (including psoriasis and scleroderma).

The majority of people with fungal/yeast issues have an overgrowth in the digestive tract. Not all fungal infections, however, are acquired through ingestion. Many people have violent reactions to mold and mildew in the air. Reactions include respiratory conditions, nausea, severe itching and rashes, eye irritation, acute headaches, even impaired mental function. Increasing numbers of lawsuits are being filed against landlords by people in sick buildings (including schools) that are contaminated with mold.

The presence of fungi indicates an advanced stage of fermentation within the body—the organism is literally molding—so you will need to pay careful attention to diet and acid/alkaline balance (pH). Eat mostly fresh vegetables, animal protein, and good fats (coconut and olive oils, and for those who can tolerate it, raw butter). All of the organisms in the fungus kingdom (as do viruses and bacteria) thrive on sugars, even those naturally occurring in fruits. Therefore, until you have sufficiently healed, avoid high-sugar fruits, as well as dense and high-starch carbohydrates such as grains, potatoes, carrots, peas and beans, and perhaps even nuts and seeds. Since many people with serious fungal infections develop a cross-sensitivity to yeasted and fermented foods, also avoid mushrooms, soy sauce, vinegar, alcohol, cheese, and other yeasted products such as bread. However, sauerkraut, even though it consists of fermented cabbage, could be helpful, as it helps to balance the intestinal flora.

Fungal infections can be difficult to treat, so I would not rely on frequencies alone. One powerful anti-fungal and anti-viral herb is chaparral (creosote bush), indigenous to the American Southwest and used for centuries by the Native Americans for numerous conditions. Another powerful natural remedy is the inner bark from the Brazilian pau d’arco or *Tabebuia avellaneda* tree. Impervious to rotting in a damp climate, it is rightly highly regarded as an anti-fungal agent.

If the digestive tract is unbalanced, take beneficial intestinal bacteria—especially *Lactobacillus acidophilus* and *Lactobacillus bifidus* (also known as *Bifidobacterium bifidus*), which feed on *Candida*. These lactobacilli also suppress *Candida* by excreting hydrogen peroxide. Friendly flora are also present in sauerkraut, kefir and yogurt (though some people become worse when they eat even raw fermented dairy). See *The Yeast Connection, Candida: A Twentieth Century Disease*, and *The Candida Albicans Yeast-Free Cookbook*.

There are hundreds of types of fungi, so I have listed only the most common ones below. Run each frequency for at least 5 minutes, longer (10 minutes) if possible. Whatever fungus you are treating, also use frequencies for *Candida albicans*, which is widespread and is implicated in countless disorders. Some rifiers benefit from a sweep between 420 and 482, for about 15 to 20 minutes.

Recently it has become apparent that the divisions between various microbes is less distinct than was previously thought. Nevertheless, the conventional labeling systems are still useful. If you do not know whether the microbe belongs in **Bacteria; Candida, Fungi, Molds and Yeasts; Parasites, Protozoa and Worms;** or **Viruses**, look up its name alphabetically and you will be guided to the appropriate section.

Fermentation in the system generally supports parasites of all kinds, so see **Parasites, Protozoa and Worms**. Since *Candida* and other fungi feed on heavy metals, see the heavy metal detoxification entries under **Chemical Poisoning / Detoxification**. Also see **Blood Sugar Levels and Cancer**, since fungi are often associated with these conditions.

General Fungus / Molds / Yeasts

20, 72, 132, 158, 222, 242, 254, 321, 331, 333 + 523 + 768 + 786, 344 + 510 + 943, 337, 374, 391, 414, 421, 422, 464, 465, 512, 524, 555, 565, 582, 592, 594, 623, 634, 660 + 690 + 727.5, 732, 766, 784, 787, 802 + 1550, 822, 923, 933, 982, 743, 744, 745, 774, 784, 823 to 829, 854, 866, 880, 886, 942, 943, 1016, 1130, 1134, 1153, 1155, 1233, 1333, 1351, 1463, 1627, 1711, 1823, 1833, 2222, 2411, 2644, 4442

Actinomyces bovis / Actinomycosis

A fungus that causes Actinomycosis, fungal infection of the brain, lungs, gastrointestinal tract or jaw. Also see "*Streptothrix*" under **Bacteria**.

1.1 + 73, 20, 160, 220, 465, 660 + 690 + 727.5, 787, 10K

Aflatoxin

A highly dangerous toxin produced by mold that is often found in improperly stored peanuts and peanut butter. The toxin can produce swelling, especially in the legs and abdomen, and damage the liver. Also see "*Aspergillus flavus*" in this section.

344 + 510 + 943, 474, 476, 568

From Hulda Clark. Use the hertz set for devices unable to accommodate frequencies in the kilohertz range. Since Dr. Clark notes such a wide range in her frequencies, you may want to do a sweep.

Kilohertz: 177K and 188K

Hertz: 438.74 and 466.01

Also from Dr. Clark: 9359.97, 8812.31

Alternaria tenuis

A fungus associated with lung ailments.

853, 304

Aspergillus flavus

Mold found on corn, peanuts and grain, which produces aflatoxin.

Also see "Aflatoxin" in this section.

1823, 247, 1972

Aspergillus glaucus

Blue mold occurring in some human infectious processes.
333 + 523 + 768 + 786, 524, 758

Aspergillus niger

Common mold that may produce severe and persistent infection.

374, 697 (10 minutes each)

Aspergillus rhizopus

Common mold that may produce severe and persistent infection.

2127.5

Aspergillus terreus

Mold occasionally associated with infection of bronchi and lungs.

743 to 745, 339

Barley Smut

See "*Ustilago nuda* / Barley Smut" in this section.

Botrytis cinereas

Fungus that attacks over 200 plants, including tomato, cucumber, lettuce, grape, strawberry and flax, sometimes appearing as a gray mold.

212, 1132, 1545

Candida albicans

People commonly call a systemic or digestive fungal infestation "Candida"—referring to the most well known strain, *Candida albicans*, although there are actually several different types of *Candida*. *Candida* overgrowth causes a vast array of conditions including but not limited to: poor digestion, mood swings, overweight, craving for carbohydrates (including sweets and alcohol), depression, blurry vision, slurred speech, poor motor coordination, and an inability to focus or remember.

Normally, when *Candida* yeast live in the digestive tract, the *acidophilus* and *bifidus* lactobacilli prevent the *Candida* from multiplying. But poor diet, stress, and antibiotics (which kill the friendly flora) alter the intestinal terrain. This not only encourages the *Candida* to proliferate, but it also allows the relatively benign, less sophisticated yeast form to bloom into a dangerous, full-blown fungus whose fruiting bodies produce long branches or stalks that puncture the lining of the gut. Such extensive damage causes leaky gut syndrome, during which partially digested food escapes the intestinal wall, where it then poisons the bloodstream and inflames the tissues. Moreover, a waste product of *Candida*—

acetaldehyde, which is chemically related to formaldehyde (a fluid used to embalm corpses)—interferes with the body's neurotransmitter pathways, metabolism, immune response, and nervous and endocrine systems. The tendency of acetaldehyde to accumulate in the brain, spinal cord, joints and muscles is what poisons the bodily tissues and creates such a wide variety of debilitating symptoms.

Certain nutritional supplements can help your body eliminate the debris with minimum discomfort. At least 450 mg of Pantothenic acid (B5) per day neutralizes the alcohol-rich *Candida* toxins. Considerable amounts (one gram daily for two weeks, then 500 mg daily until symptoms abate) of beneficial intestinal flora eat the *Candida* as well as produce biotin (B7). The biotin thwarts *Candida* from transforming into its more dangerous fungal form. In lieu of one gram of biotin three times daily, one to two tablespoons a day of virgin olive oil is sometimes used. Raw garlic is a helpful, all-around natural antibiotic. Magnesium assists in the intercellular transport of nutrients. And activated charcoal, taken away from food and supplements, mops up the mycotoxins.

Some very important research on *Candida albicans* was recently conducted in Romania under the auspices of Jimmie Holman and Paul Dorneanu. They found that 464, a number commonly found on frequency lists, is a sub-harmonic of *Candida's* Mortal Oscillatory Rate. Just a 3-minute exposure to 464, using their own equipment, retarded *Candida* growth by about 20%. However, other frequencies were more effective. The actual MORs (below), if your unit can transmit that high, are ideal. Holman and Dorneanu also identified another *Candida* strain, similar to *albicans*, that is discernable only with a complex, expensive test. Although the frequencies for this newer strain may be different from those of *Candida albicans*, treating for *albicans* might still be beneficial. As these lab-tested frequencies are very powerful, run half of them on days 1, 3, 5, 7, etc., and the other half on days 2, 4, 6, 8, etc.

Also try "General (unspecified)" and "*Ascaris lumbricoides* / Roundworm" under **Parasites, Protozoa and Worms**, as *Ascaris* and *Candida* often co-exist.

From Jimmie Holman and Paul Dorneanu.

Excellent to good results, in descending order: 23485, 51155, 51156, 53940, 58914, 58916, 88740, 23484, 31724, 31725, 33060, 46980, 50460, 54404, 54405, 55250, 57420, 99180, 22620, 29580, 55251, 60900, 64380, 67860, 78300

Also try (may work only on Pulsed Technologies equipment, due to the fast rise time of the equipment's wave): 23485 and 8146

For units unable to reach the higher ranges: 412, 464

Organ support, immediately before or after the above numbers: 23958, 24354, 28251, 29766, 32121, 32670, 36735,

38281, 44506, 44583, 45549, 45738, 54531, 56133, 56376, 57519, 58806, 63336, 67977, 71874, 84942, 86394, 87000, 89298

From Dr. Richard Loyd: first try 3088K, then try 386K

From Dr. Hulda Clark: 19217.81, 956.80

Sweep option: 12006.25 to 12137.5

Also try: 20, 254.2, 381, 386, 450, 465, 660 + 690 + 727.5, 661, 742, 762, 784, 787, 866, 877, 880, 886, 344 + 510 + 943, 1151, 1403, 2127.5, 2644

Then try: 72, 422, 543, 582, 802 + 1550, 1016, 1134, 1153, 2222

And then try: 60 + 100, 95, 125, 152, 225, 240, 427, 442, 600 + 625 + 650, 688, 751, 880, 1146, 8146

Candida carcinomas

A malignant tumor encased in connective tissue accompanied by *Candida*. In addition to the frequencies below, see "*Candida albicans*" in this section, and follow the protocol carefully to eliminate both the fungus and its mycotoxins.

465, 2167, 2182

Candida tropicalis

675, 709, 1403, 2182, 2184

Cladosporium fulvum

A fungus that causes raised, irregular nodules of soft tissue that can be slow to heal.

233, 344 + 510 + 943, 438, 776

***Claviceps purpurea* / Ergot**

Found in contaminated wheat, rye, triticale, barley, oat, and other grasses and grains, it causes ergot in humans and other animals, especially cattle. Symptoms include vomiting, diarrhea, abdominal and muscular pain, headache, muscle tremors, psychotic behavior, convulsions, and coma.

660 + 690 + 727.5

From Hulda Clark: 295K or 731.23 (for devices unable to accommodate frequencies in the kilohertz range), and 14687.19

***Coddidioides immitis* / Valley Fever / *Coccidioidomycosis* / Coccidiosis**

Coddidioides immitis is a fungus-like mildew living in soil in warm climates, including southwestern United States. Its seeds and spores are spread by the wind after the earth is dug up. (This is why Valley Fever primarily affects people living in the desert, because new homes are constantly being built that disrupt the sand.) The most common infection is in the lungs, with symptoms such as the flu and pneumonia. Occasionally the disease is fatal, when the spores spread through the bloodstream to the skin, bones,

HIVES

See "Hives / Urticaria" under **Skin**.

HOARSENESS

See "Laryngitis or Hoarseness" under **Respiratory Tract, Vocal Cords**.

HODGKIN'S DISEASE

See under **Cancer**.

HONG KONG FLU

See "Influenza" under **Viruses**.

HOOF AND MOUTH DISEASE

See "Aphthovirus / Foot and Mouth Disease / Hoof and Mouth Disease" under **Viruses**.

HOOKWORM

See "Hookworm, probably *Necator americanus*" under **Parasites, Protozoa and Worms**.

HORMODENDRUM

See under **Candida, Fungi, Molds and Yeasts**.

HORMONAL CONDITIONS

See entries specific to your problem under **Glands, Women, or Men**.

HOSPITAL-ACQUIRED INFECTIONS

See **Iatrogenic Infections** under **I**.

HOT FLASHES

See under **Women, Menstruation and Menopause**.

HUMAN PAPILLOMA VIRUS (HPV)

See "Papilloma Virus / Human Papilloma Virus (HPV)" under **Viruses**.

HYDROCELE

See under **Men, Testicles**.

HYPERACIDITY

See **Acidosis**.

HYPERACIDITY OF STOMACH

See **Gastrointestinal Tract, Stomach and Esophagus**.

HYPERADRENOCORTICISM / HYPERCORTISOLISM

See "Cushing's Syndrome / Cushing's Disease / Hyperadrenocorticism / Hypercortisolism" under **Glands, Adrenals**.

HYPERGLYCEMIA

See "Diabetes / High Blood Sugar / Hyperglycemia" under **Blood Sugar Levels**.

HYPERINSULINISM

See "Hypoglycemia / Low Blood Sugar / Hyperinsulinism" under **Blood Sugar Levels**.

HYPEROSMIA

See "Odor Sensitivity, Abnormal / Hyperosmia" under **Respiratory Tract, Nose and Sinuses**.

HYPERTENSION

See "Blood Pressure, High / Hypertension" under **Heart, Blood and Circulation**.

HYPERTHYROIDISM

See "Thyroid, Overactive / Hyperthyroidism" under **Glands, Thyroid**.

HYPOACIDITY OF STOMACH

See **Gastrointestinal Tract, Stomach and Esophagus**.

HYPOGLYCEMIA

See "Hypoglycemia / Low Blood Sugar / Hyperinsulinism" under **Blood Sugar Levels**.

HYPOTENSION

See "Blood Pressure, Low / Hypotension" under **Heart, Blood and Circulation**.

HYPOTHALAMUS, TO BALANCE AND NORMALIZE

See under **Nervous System and Brain**.

HYPOTHYROIDISM

See "Thyroid, Underactive / Hypothyroidism" under **Glands, Thyroid**.

HYPOXEMIA

Insufficient oxygenation of the blood. This condition can have many causes, from microbial and parasitic infections to poor nutrition. Also see various entries under **Heart, Blood and Circulation**; and **Chemical Poisoning / Detoxification**.

20, 660 + 690 + 727.5, 780, 787

—|—

IATROGENIC INFECTIONS

Acquired in hospitals. Symptoms are numerous and can affect any area of the body, including the urinary, respiratory and gastrointestinal tracts; ears; sinuses; and skin. It is difficult to present a comprehensive list, since so many infections can be caught in a hospital. See entries specific to your condition.

146, 333 + 523 + 768 + 786, 424, 428, 434, 444 + 1865, 465, 522, 590, 594, 660 + 690 + 727.5, 776, 787, 802 + 1550, 832, 834, 880, 1500, 1600, 1800, 2170

ICTERUS, HEMOLYTIC

See under **Liver and Gallbladder**, *Liver*.

ILEOCOLITIS

See “Colitis / Irritable Bowel Syndrome (IBS)” under **Gastrointestinal Tract**, *Colon / Large Intestine*.

IMMUNE SYSTEM DISORDERS

See **Autoimmune Disorders**.

IMMUNE SYSTEM FUNCTION, TO INCREASE AND STIMULATE

See “Immune System Function, to Stimulate” under **Regeneration and Healing**.

IMPOTENCE AND FRIGIDITY, MANY TYPES

See “Impotence, many types” under **Men**, *Sexual Functioning* or “Frigidity / Impotence, many types” under **Women**, *Sexual Functioning*.

INCLUSION BODY MYOSITIS (IBM)

Inflammatory muscle disease of progressive muscle weakness and wasting. Although similar to polymyositis, the muscle weakness in IBM occurs gradually (over months or years). Symptoms may begin with falling and tripping, or difficulty using the hands to grip and pinch, making tasks like buttoning clothing difficult. Eventually, the forearm muscles can shrink, though all muscles in the body are equally susceptible to wasting. Difficulty swallowing occurs in about half of those with IBM, which can culminate in choking.

IBM affects men more frequently than it does women, with symptoms usually beginning after age 50. At present, doctors have no treatment, only physical therapy to help maintain mobility.

It is not clear which comes first in this cascade of events: inflammation; the continual, stressful presence of antigens (molecules that stimulate an exaggerated immune response causing muscle fiber damage); or the accumulation of abnormally-folded proteins called ubiquitin. Ubiquitin (which might be unique to IBM, as it's not found in any other muscle illnesses) causes muscle fibers to degenerate. Many researchers theorize that the condition may be caused by a retrovirus.

This suggests approaching IBM as a retroviral infection. See the section on vaccines in Chapter 1. Sauna and ozone therapies could help. Also see **Autoimmune Disorders**; “Retrovirus, variants” under **Viruses**; applicable entries under **Muscles**; the many entries under **Chemical Poisoning / Detoxification**; and “*Mycoplasma*, many types” under **Bacteria**, since *Mycoplasma* infection is often the beginning of autoimmune conditions.

INCONTINENCE

See under **Urinary Tract**, *Bladder and Urethra*.

INDIGESTION / DYSPEPSIA

See under **Gastrointestinal Tract**, *Systemic Conditions*.

INFANTILE PARALYSIS

See “Polio / Poliomyelitis” under **Nervous System and Brain**.

INFECTIONS, NON-SPECIFIC

Look up precise symptom picture(s) and/or microorganisms. Microorganisms can be found under **Bacteria**; **Candida**; **Fungi**, **Molds and Yeasts**; **Parasites**, **Protozoa** and **Worms**; or **Viruses**. Meanwhile, if you don't know what kind of infection you have, you can try the frequencies below for commonly occurring microbes.

First try: 1.2 + 250, 20, 48, 72, 95, 125, 304, 422, 444 + 1865, 465, 660 + 690 + 727.5, 676, 766, 333 + 523 + 768 + 786, 802 + 1550, 880, 5500

Then try: 428, 440, 600 + 625 + 650, 700, 760, 776, 787, 832, 1500, 1600, 2112, 2170, 5K

And then try: 450, 500, 610 + 692 + 980, 732, 751, 1800, 1850, 2008, 2720, 2489, 3040, 4K

INFECTIOUS MONONUCLEOSIS

See “Epstein-Barr Virus / Infectious Mononucleosis / Chronic Fatigue Syndrome (CFS)” under **Viruses**.

INFECTIVE THROMBOSIS

See “Thrombophlebitis / Thrombosis, Infective” under **Heart, Blood and Circulation**.

INFERTILITY

See under **Men**, *Sexual Functioning* or **Women**, *Sexual Functioning*.

INFLAMMATION

This is a huge and somewhat amorphous category. Inflammation is the body's way of dealing with irritation, whether the irritation is caused by chemicals, friction, heat, microbes or toxins. The area becomes inflamed due to two factors: 1) the presence of various types of scavenger cells, which travel to the site to ingest dead and damaged tissue and act as a cushion or barrier between the injured tissue and surrounding areas; and 2) the increased presence of blood, to bring nutrients, oxygen and hormones to the repair site. Inflammation is different from infection, although one may arise from the other. Local microbial infection may cause the body to swell to contain the infection and protect the surrounding tissues from being invaded by an influx of microbes beyond the local infection. On the other hand, when non-microbial swelling occurs (as in an injury) and if the body scavenger cells cannot break down and digest the damaged tissue efficiently or quickly enough, then the cells in the area have time to putrefy, which results in an infection due to microbes, endogenous toxins, or both. Unfortunately, the body's inflammatory response usually remains past the point of usefulness, as the swelling causes the circulation in the area to slow down, which prevents healing. This is why usually ice packs, and sometimes heat, are used to eliminate the swelling. Ice causes the tissue to contract, which squeezes

waste out of the affected area. Heat causes the tissue to expand. Alternately using cold and heat causes a pumping motion, which gets the dense lymph tissue moving so it can escort the wastes elsewhere to be processed.

Some very effective anti-inflammatory agents are turmeric (which contains curcumin, a free radical scavenger and anti-oxidant), proteolytic (protein-digesting) enzymes such as protease and bromelain, ginger root, and the herb *Boswellia serrata*. The two inflammation frequencies for all types of inflammation are listed below. (Note that frequency numbers 6.3 and 3.6 are also used for irritability and whining.) For muscle- and tendon-related inflammation, see **Muscles**. For nerve-related inflammation, see **Nervous System and Brain**, and so on. Since white blood cells require enzymes to break down the waste products of inflammation (as well as infection), taking enzyme supplements can help.

1.3, 10.5, 3.6, 6.3 + 148, and 2720 for pain

INFLUENZA VIRUSES, MANY

See "Influenza" entries under **Viruses**.

INJECTIONS AND INOCULATIONS, TO DETOXYFIFY FROM

See "Vaccinations, Injections and Inoculations—Reactions to" under **Chemical Poisoning / Detoxification**.

INJURIES

For injuries of muscles and soft tissue, pad devices usually produce better results than plasma light units. If you are using a pad device, place electrodes on either side, or at the front and back, of the inflammation site. Various electromedicine devices also help reduce swelling and pain, including the Tri-Light® LED, The Lazr Pulsr® soft laser, the Chi Pen, and the Tennant BioModulator®. See Appendices A and C for more information.

Often, the best care for injuries such as sprains and ligament tears is the old-fashioned application of ice packs. Leave the cold pack on for 15 minutes, remove it for 15 minutes, re-apply it for 15 minutes, then remove it for 15 minutes, etc., until the swelling subsides. Or, alternate cold with heat. Sometimes, people feel better immediately with heat and not cold, so pay attention to what works for you. Homeopathic ointments such as Rescue Remedy® Cream or Traumeel® can also be quite affective; apply them externally to the inflamed area until the pain and swelling subside.

Effective homeopathic remedies such as Rescue Remedy®, *Arnica* and Traumeel® are available in both ointment and drop or pellet form. Preparations containing menthol, camphor, wintergreen, and other similar aromatics can help. However, many homeopaths say that strong aromatics should not be used at the same time as homeopathics as they will antidote (negate the effectiveness of) the homeopathic remedy. Enzymes, which have anti-inflammatory properties, are highly effective. Also see entries under **Muscles**; under **Bone and Skeleton**; under **Nervous System and Brain**, and any other categories that apply.

Always use 2720 and 10K, which are good overall frequencies for pain, along with the frequencies for your specific symptoms.

Backache, including Spasms

A spasm is a movement due to a sudden involuntary muscular contraction, and it can be quite painful. Many microbes can be involved, particularly *Staphylococcus*. Please note that these frequencies are not a substitute for a chiropractic adjustment if the skeletal alignment is off or the spinal cord is torqued or twisted. Also see entries under **Urinary Tract, Kidneys**, since a pain in the lower back is sometimes a sign of a kidney infection or inflammation.

2720, 10K, 26 (for 15 minutes), 33, 41.2, 120, 146, 160, 212, 240, 305 (for 6 minutes), 326, 333 + 523 + 768 + 786, 424, 464, 465, 466, 522, 528, 555, 660 + 690 + 727.5, 760, 784, 787, 789, 800, 802 + 1550, 880, 1552, 2112, 3K, 5K, 10K

Bruise / Contusion

Pain, swelling and discoloration of skin, without any cuts or breaks in the skin.

9.1, 110, 2720, 10K

Bursitis

Inflammation of connective tissue, mainly around joints. This condition may be caused by a great many organisms. Also experiment with the arthritis, tendomyopathy, and sprain frequencies. Because white blood cells require enzymes to break down the waste products of inflammation (as well as infection), taking enzyme supplements or eating sprouts might help.

660 + 690 + 727.5, 787, 880, 10K

Carpal Tunnel Syndrome / Repetitive Stress Injury (RSI)

Inflammation of the forearm, wrist and fingers, due to repetitive motion that places excessive stress on the tendons, ligaments and musculature. One researcher thinks that 15 Hz is used because it stimulates the cells to receive calcium more efficiently.

6.3 + 148, 15, 20.5, 146, 444 + 1865, 465, 522, 600 + 625 + 650, 660 + 690 + 727.5, 685, 700, 737, 760, 776, 787, 802 + 1550, 832, 880, 1K, 1500, 2008, 10K

Chilblains

Inflammation and swelling of the feet, toes, or fingers due to blood vessel injury during prolonged exposure to cold. Symptoms may also include skin lesions. Also see "Frostbite" in this section.

20, 232, 622, 822, 2112, 4211, 5K, 10K

Disc, Slipped / Spine, Misaligned

Misaligned vertebra of the spine that pinches a nerve, causing pain and interfering with the posture and function



Slowly an apprehension of the intimate, usable power of God is growing among us, and a growing recognition of the only worthwhile application of that power—in the improvement of the world.

—CHARLOTTE PERKINS GILMAN,

UNITED STATES WRITER, POET, LECTURER, SOCIAL CRITIC AND ACTIVIST (1860–1935)



Chapter 6 Outline

Creating a Better World, Inside and Out

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Acceptance

In preparation for death, one withdraws energy away from the environment into oneself. Physical symptoms include weakness and fatigue. The psychological counterpart is a lack of interest in one's surroundings or even one's pain. During this time the dying develop emotional detachment, which enables them to let go of the need or will to live. At this stage, the grieving who are left behind need even more help than the dying. The one advantage of this stage is the opportunity for the dying person to review his or her life.

The Need to Let Go

Despite the inevitability of death, one restorative emotion that all of these stages share is hope. Besides keeping us alive, hope brings out the best in us. Sometimes, miracles happen and a life is in fact prolonged. Other times, even though death occurs, it's a peaceful one. Parents who have lost children sometimes remark that the child's serenity about dying has helped them overcome their own fear, grief and pain.

Some of the most positive personality changes can be catalyzed by an impending death. Counselors for the dying often say that when someone who's dying realizes how little time is left, grudges are dissolved, friends are forgiven, and love is restored. Counselors also emphasize how the resolution of issues determines how one dies. Someone on her deathbed who yearns to express what to her are unmentionable thoughts and feelings—but who still withholds for fear of upsetting others or appearing bad and unlikable—dies lonely and restless. Someone else who has made peace with herself, her life and the people in it, passes smoothly, is more relaxed physically, and is observably serene—sometimes even ecstatic. Each person has his or her own way of responding to death. For some people, it's easier than for others.

Yet for both the dying and the still-living, the one theme that seems to remain constant is that of *letting go*. This means letting go of the need to know what will happen, of the need to control the outcome, even of ideas about how other people should feel and act. Giving up the need to control others is the key not only to dying, but also to living. It helps us focus on the present, and stay in tune with our passions. It also helps us remain accountable for our own actions and avoid the practice of finger-pointing and blaming others. I will say more about this later.

The health professionals whose daily work involves life and death face letting go in another way. While compassion for others is of course essential, they must remember not to be attached to a specific outcome. When I first became involved with rife technology, I often lamented

Obituary: Marty Geltman, 65, Who Held His Funeral in Time to Enjoy It

Marty Geltman, an ordinary man, . . . faced death in an extraordinary way . . . [by celebrating his life, two years before his actual death] with a living funeral in June. [It was] attended by 200 family members and friends after learning his cancer was terminal. . . . On June 23, Mr. Geltman, in a wheelchair, wearing a tuxedo and tennis shoes, and his wife staged what they called a celebration of life in the . . . meeting room [of the Morristown Unitarian Fellowship]. . . .

For two mostly boisterous hours, Mr. Geltman's life was celebrated in song, satire and clear and teary-eyed testimonial. . . . [He] explained in an interview how he confronted death so openly, and offered an assurance to others. "I wanted to teach people how to die," he said. "I think I can handle it because I'm committed. It's okay; it's really okay."

[Mr. Geltman] died at home. . . . A more conventional memorial service was held [at the time of his death] at the Menorah Chapels in Millburn, N.J.

—Steve Strunsky, *The New York Times*, August 18, 2001

to myself: "Why won't she listen? I could have given her worthwhile information, but she refused to listen to other possibilities and instead, insisted on seeing that narrow-minded, know-nothing doctor." There was an important lesson for me here. *People have the right to make their own choices, regardless of whether or not we agree with those choices.* It's not up to me to decide what another's path should be. I can only present options and give the person the freedom to choose. It's *her* life. This is one of the hardest lessons for caregivers in the healing arts, or for anyone who has ever watched a loved one deteriorate and die. Yet by not respecting another's freedom to choose—even if we believe that those choices are counterproductive and unwise—we erode the relationship. We are subtly (or not so subtly) telling the person: "I don't respect your choices. I don't trust that you know what's best for you. And I don't love you enough to allow you to make your own mistakes." Letting go isn't easy.

Several years ago, I was asked as an educator to share information about rifting. But what I was really needed for was my counseling ability, to help someone let go of her wish to postpone death. My mission of service began when I received a call from a woman in her late thirties I'll call Shelly. Shelly had heard me talk about rife frequency healing at a conference, and kept my phone number. Her father had cancer, and she was exploring holistic options for him other than the radiation and chemicals he was receiving. As I

- ◆ Similar to the situation with water, laws established by nations to protect the environment can be overturned by corporations, on the premise that these environmental laws are an impediment to free trade.
- ◆ Also similar to the situation with water, laws created by nations to protect the labor force (to ensure realistic wages and fair treatment of the workers) can also be challenged by corporations, on the premise that these laws are an impediment to free trade.
- ◆ Under these new international laws, any country's effort to protect its people, food and natural resources is an "impediment to free trade" and therefore considered a crime. "No one should be above the law," writes David Morris in the article, "Corporate Might vs. Citizens' Rights." "Yet one entity is granted a *de facto* exemption from [this principle] . . . the corporation. It is an odd exception. After all, corporations can wield power and wreak damage a million times greater than can an individual."⁷

The Prosecution of Percy Schmeiser

Veteran Canadian farmer Percy Schmeiser comes from three generations of organic farmers who save their own seeds and replant the following season. In 1998, detectives from the mega-corporation Monsanto trespassed onto Schmeiser's land, took some canola (rapeseed) plants without his permission, and reported that Monsanto's genetically engineered, herbicide-tolerant Roundup-Ready® canola had spread across almost 1,000 acres of Schmeiser's canola fields. After the 70-year-old farmer was informed by Monsanto that his crops contained their exclusive patented seed technology, he was sued for violating their patent—all for plants that the farmer did not want in the first place! It was first assumed that Mr. Schmeiser's crops had become contaminated when genetically engineered canola pollen from neighboring farms blew onto his land. It is now reported that a farmer who worked for Monsanto purposely grew Roundup-Ready® canola on one of Mr. Schmeiser's fields that later were found to contain the GE canola.

The wisdom of growing even non-GE canola aside (see Chapter 3 on the dangers of canola oil), Monsanto's tactics were deceitful and brazen. Fortunately, Percy Schmeiser's experience in local politics—plus his anger at being deceived—gave him the eloquence, experience and fortitude to fight. In a countersuit, he charged Monsanto with contaminating his non-GE canola seed that had taken him over 40 years to develop.

The first Canadian federal judge supported Monsanto's patent infringement case. The rationale was that it didn't matter *how* the seed had migrated onto Schmeiser's land, whether the farmer wanted the GE crops, or even whether he intended to benefit from them. Percy was ordered to pay Monsanto his 1998 profits and court costs. Then in 2003, the Canadian Supreme Court agreed to hear the case in Ottawa. Despite the fact that it could not be proven at the trial that Schmeiser had stolen the seed, and evidence was produced showing that Schmeiser had not taken advantage of the technology (as he did not even spray his fields with Round-up®), the farmer was found guilty of simply having the Monsanto plants on his land, and of not advising the corporation to come and take the plants. Percy Schmeiser was ordered by the Canadian court to pay Monsanto \$10,000 for the use of the patented seed, plus up to \$75,000 from the profits of his crop. At this point, Percy and his wife Louise had already spent \$200,000 fighting this case—so the economic hardship was great, even though they had received financial contributions from admiring fans all over the world. Also, years of trudging through the court system had caused high levels of worry and stress in both Percy and Louise.

Nevertheless, Schmeiser continued to appeal. Finally, on March 19, 2008, an out of court settlement concluded the lawsuit. Monsanto agreed to pay all the clean-up costs of the Roundup-Ready® canola that had contaminated the Schmeiser fields. As part of the agreement, Mr. Schmeiser was not prohibited from discussing the case, and could sue Monsanto again if further contamination occurred.

Since 2000, Mr. Schmeiser has been a featured speaker at conferences on seeds and genetic engineering in India, Pakistan, Bangladesh, New Zealand, the United States and other countries, in addition to meeting with various government representatives. In October 2000, he received the Mahatma Gandhi Award in India, in recognition of his non-violent work for the betterment of humankind. And in December 2007, Percy and Louise were the recipients of the Right Livelihood Award from a Swedish charitable foundation.

The Schmeisers' experience with Monsanto is not an isolated case. Monsanto has instituted similar lawsuits against farmers all over the world. Even though the Schmeiser victory may have provided a legal precedent to help other farmers, Monsanto subsidiaries are now the largest seed supply companies in the world. This would strongly suggest that a few mega-corporations are seeking to own, control and manipulate what is every person's birthright: our precious food supply. Farmers whose livelihood depends on saving seeds may no longer be allowed to do what humans have done for centuries: grow our own food. To contribute to the Schmeisers' legal expenses and their continuing efforts to educate the public, go to www.percyschmeiser.com.

Criminal Commerce

When the United States was born, the founding fathers were very careful to curb the powers of corporations. How, then, did all this change? Morris explains:

In the nineteenth century, the vehicle for curbing the amoral power of corporations was the state charter. In return for awarding the corporation the privilege of limited liability, states inserted in their corporate charters certain safeguards. These limited the number of business endeavors in which a given corporation could engage. Restrictions on size were common. As late as 1903, almost half of the states limited the duration of corporate charters to between 20 and 50 years. If corporations did not live up to their responsibilities, legislatures revoked their charters.

But . . . a combination of judicial and legislative mischief eliminated virtually any curbs on corporate power. . . . Without discussion or debate, the Supreme Court . . . [gave corporations] the same constitutional protections as natural persons. At the state level, charters were changed to allow corporations not only limited liability, but unlimited life and size and reach.

The Supreme Court decision gives corporations similar rights to natural persons, but *in practice this doesn't mean giving them similar responsibilities*. A natural person who breaks the law often goes to jail. . . . *But corporations cannot go to jail, and very, very rarely do those directing the corporation spend even a day in lockup*. And in the 20th century, no corporation was ever given capital punishment, no matter how many people died as a result of its actions. [emphasis added]⁸

Corporations are now the governing bodies worldwide. The policy of globalization, which was created by corporations, does not address the real needs of over 80% of the world's people.

Instead of globalization, we need its opposite, *global consciousness*. Global consciousness has inspired the phrase, "Think globally and act locally." This means that local self-governance is the right and duty of each community, which knows best what works for the people who live there. Even as people regulate their own lives, they are mindful that what they do locally can impact other locations around the globe.

The Politics of Food

Food becomes us. We are what we eat. . . . Eating is the ultimate ethical act. It is the ultimate political act. It is the act where we decide whether we're going to be part of raping the planet, killing the farmers, killing diverse species, and destroying our health in the process, too; or we will be part of the protection of species, the protection of the atmosphere, the protection of the . . . givers of food. . . . The idea that you have to introduce more chemicals and you have to introduce miracle seeds to increase productivity and to make rural incomes grow is not just not true, it is a blatant lie. . . . Our ignoring this lie is what is leading to the genocide of farmers.

Genetic engineering revolution is being driven by global corporations. . . . With changes in US law, there has been this assumption that you can now treat life as an invention. Seeds, therefore, can be treated as the patented property of corporations. And if they are the patented property of corporations, you basically treat the farmer as someone who has borrowed your technology and has to pay a license fee and royalty for it, when all that the farmer has done is continued to do what is their duty, which is to grow seed out from the last crop.

The farmers are getting squeezed. . . . One hundred forty thousand farmers have committed suicide. Ninety percent of them committed suicide by drinking the same poisons that had got them into debt—pesticides. . . . We are talking about a genocide that has no stoppage unless we change our food paradigm.

—Vandana Shiva, physicist, social change activist and director, The Research Foundation for Science, Technology, and Ecology in New Delhi, India.

Excerpted from "The Politics of Food: Protest the Anti-Green Revolution," speech given at Emory University in Atlanta, Georgia, US October 17, 2006

Waking Up

People have begun taking action against corporate takeovers. One heavily attended grassroots protest took place in 1999 in Seattle, Washington, when members of the world elite met in closed sessions to decide the fate of those who were not present. People who weren't part of this wealthy elite group objected to decisions being made about their lives without their input, as evidenced by signs that read, "Resist the WTO: Globalize Liberation, Not Corporate Power," "WTO: World Takeover Organization," and "This Planet is Not for Sale."

continuously motivated and guided by the need to view the whole without losing sight of the detail. Mechanical concepts of life must of necessity be methodologically defective.¹²

When using a mechanistic approach, the very data we work with is flawed because so much has been omitted. Thus, we miss a great deal and draw inaccurate conclusions. The inability to perceive holism in our universe reminds me of an analogy once related by quantum physicist Fritjof Capra. You're driving a car when suddenly the oil light indicator on the dashboard goes on. You stop the car. But rather than checking the oil, you rip out the oil light, get back into the car and resume driving. The point of this vignette is: if you don't like what you're being told, eliminate the messenger. The problem is, this won't fix the problem. In fact, failing to address the problem will create even more headaches later.

The tendency to filter out certain aspects of the truth is common. "We speak of becoming conscious," writes Walene James. "To become conscious we must become aware of our viewing lenses and the assumptions that have

shaped and colored them. We can't really become aware of our assumptions until we expose ourselves to realities based on different assumptions."¹³

If it were only a matter of "exposing" ourselves to different assumptions, we would have replaced the dominant paradigm long ago with a holistic one. But think of all the obstacles that we allow to hold us back: fear of the unknown, fear of not knowing what to do or whom to trust. Fear of being wrong, ridiculed, abandoned, alone, unloved. It's important to acknowledge our fears. But what do we do once they're acknowledged?

Fear can help or inhibit. If I consider walking across a crowded intersection against the traffic light, the justified fear of being hit by a car helps me reconsider my course. But if I'm afraid to leave my house because of the unlikely chance that a car might jump the curb and injure me, this fear is no longer helpful and becomes crippling. Who will I put in charge of guiding me? Irrational emotions? Or a lucid, reasoning mind?

So far, I have discussed ways in which people forget to use their mental faculties and are driven by their fears. Now I will address transmuting those fears. In order to do this,

Leaving the Hierarchy: When the "Patient" Becomes a "Client"

The word *patient* is commonly used to designate someone who consults a licensed health practitioner, whether it's a physician, psychiatrist, naturopath or chiropractor. "Patient" belongs to the allopathic medical model that denotes anyone seeking healing as secondary or subordinate to the know-it-all expert who is doing the "curing." When a "patient" calls the practitioner "Dr." and the "doctor" calls the client by the first name, this can be demeaning—especially if the practitioner is considerably younger than the person seeking help. Furthermore, this custom reinforces the mindset of the practitioner as more advanced, and the seeker of health as second-rate. The hierarchy usually also causes the seeker to so intimidated, s/he is discouraged from being active in her or his own healing process.

The word *client* simply indicates someone who is a customer. When a practitioner uses the word "client," it indicates respect as an equal towards those who are seeking help.

Unfortunately, many holistic practitioners have adopted the allopathic, hierarchical way of conducting business. Of course it's their prerogative to use that model, along with the accompanying hierarchical terms. (Might they be adopting this paradigm in their desire to be accepted and professionally validated by the dominant allopathic medical paradigm?) But by embracing this paradigm and using this divisive terminology, they incorporate some of the allopathic mindset. This conflicts with what holistic and natural healing are all about.

I believe that if we truly want to establish a genuine holistic model of healing, the use of non-hierarchical terms is an important step in that direction. I strongly recommend that all providers of the physical, mental, emotional and spiritual healing arts, regardless of their specialty, use the word "client" instead of "patient."

That said, there will also be times when only "patient" will work—not because of the practitioner, but because of the client. Sometimes, people really want to be "patients." Such people lack confidence in their own ability to learn and make intelligent choices, and in their power to heal themselves. They feel more secure with the hierarchical roles. They believe that if *they* cannot fix what's wrong, then as long as they call themselves patients, *the doctor* will be able to heal them—since these roles, by definition, make the practitioner more knowledgeable and powerful than they are. For such seekers, the wellness provider should try to present as "doctorly" a manner as possible, since this is exactly what the "patient" needs.

Of course, sometimes people simply need to be shown their potential and guided to actualize it. It's amazing what inner resources of self-healing can develop when the health care provider, in the role of authoritative "doctor," offers some encouragement and gentle prodding—and the "patient" becomes a "client."

We have the possibility, in our time of tragedy, to create a genuine global community which is different from a self-congratulatory globalism that masks economic inequality. This new way of being is sensitive to human suffering and oppression everywhere. It is committed to a politics of healing. We have the chance now to move toward an authentic common human identity that respects and protects cultural richness and diversity. In this transformation of consciousness we have a unique opportunity to find the peace for which . . . so many . . . have longed since the beginning of civilization.

—John E. Mack, MD
founder, Center for Psychology & Social Change
(in *Centerpiece*, Autumn 2001)

it really helps to be able to envision the world as different. Let's take a look at some truly remarkable discoveries.

Research Outside the Box

The last century has produced some extraordinary scientific research showing how intimately connected we are to each other. This understanding is not new. What is new is the use of sophisticated scientific experiments to confirm these relationships. The studies that follow can help us improve our ability to heal ourselves and others in some unique and very deep ways.

The Interconnection of Quantum Particles

The oneness of the universe—which is the central component of all mystical experiences—has been taught in many ancient cultures, from the Indians and the Chinese to the Native Americans. The interconnection of all life is also one of the most important revelations of modern physics.

This revelation, from a modern physics standpoint, was illustrated by an experiment conducted in 1935 by physicists Albert Einstein, Nathan Rosen and Boris Podolsky. They mathematically computed that if you examined two quantum particles, a change in the spin of the first particle would simultaneously affect the other, even if they were separated. It didn't matter where these particles were: they could be placed next to each other, or millions of miles apart. But there was one detail that the scientists could not resolve. If particle #2 could sense particle #1 and make an instantaneous change based on what the first one was doing, this meant that the signal between them would have to travel faster than the speed of light. But nothing in the universe travels faster than the speed of light! Or so they thought.

Einstein felt that he simply hadn't discovered the mysterious ingredient that allows this instantaneous communication to take place. Even if he had, in his view this experiment had

very little to do with the so-called real world. As it turns out, even the great Einstein could be wrong.

The energy instantaneously connecting two or more particles remained a mystery until the late John S. Bell devised a very complex mathematical proof in 1964 that became known as Bell's Theorem. In quantum physics, if a premise can be mathematically proven, it means that the answer is more than simply a hypothesis or speculation. It is the truth because the mathematics represent reality. Thus, scientists who understood the importance of the math were very excited about this new knowledge. Bell's theorem essentially proved that despite the inability of quantum theory to predict instant connections between particles, the connections are still there, and they are *non-local*.

"Nonlocality," explains Lynne McTaggart in her wonderful book *The Field*,

refers to the ability of a quantum entity such as an individual electron to influence another quantum particle instantaneously over any distance despite there being no exchange of force or energy. . . . Quantum particles once in contact retain a connection even when separated, so that the actions of one will always influence the other, no matter how far they get separated.¹⁴

Bell's Theorem was further confirmed in a 1972 experiment by Berkeley professor John Clauser and his associate Stuart Freedman (and in later experiments by other researchers), using an elaborate system involving photons, calcite crystals and photo multiplier tubes. Without a doubt, one particle "knew" what the other particle was doing. However, the medium of transmission was not light. The late David Bohm (who had been an associate of Einstein and was one of the most respected theoretical physicists at Birbeck College, University of London) stated that since it's impossible, according to the theory of special relativity, for anything to travel faster than the speed of light, what connected two particles could not be energy on the electromagnetic spectrum. Rather, the bond between the particles appeared to be some kind of *information* that transcended space and time as we know it. This information could also be transmitted via *thought*. Although Bohm hadn't yet been able to identify that energy, these experiments revealed a new way of viewing the universe. In her review of discoveries in the quantum field, McTaggart writes:

Matter could no longer be considered separate. Actions did not have to have an observable cause over an observable space. . . . Subatomic particles had no meaning in isolation but could only be understood in their relationships. The world, at

its most basic, existed as a complex web of interdependent relationships, forever indivisible.¹⁵

The Human as Hologram

Bohm gifted us with another important insight. All information in the entire universe, he said, is contained in each of its parts, like a hologram. A *hologram* is a three-dimensional photograph that's so complete, any piece we cut from it, and illuminate with coherent light, provides an image of the *entire* hologram. It might be a different view, but all the information is present. Thus, said Bohm, the entire universe had to be understood as a single, undivided, interconnected whole. Furthermore, human beings, as part of that hologram, innately possess the ability of holographic perception.

In the paragraphs below, McTaggart discusses how individuals actually *create* their hologram, or a holographic experience. Note her reference to scalar waves, and to the so-called Zero Point Field from which matter is seen to emerge. (As the ancient Greek Plato taught, energy precedes matter.)

“Scalar” waves . . . are not electromagnetic and . . . don't have direction or spin. These waves can travel far faster than the speed of light. . . . It is scalar waves that encode the information of space and time into a timeless, spaceless quantum shorthand of interference patterns. This bottom-rung level of the Zero Point Field—the mother of all fields—provides the ultimate holographic blueprint of the world for all time, past and future. It is this that we tap into when we see into the past or future. . . .¹⁶

Quantum physicists also point out that *space and time are constructs that can vary*, depending on who is doing the perceiving.

Pure energy as it exists at the quantum level does not have time or space, but exists as a vast continuum of fluctuating charge. *We, in a sense, are time and space.* When we bring energy to conscious awareness through the act of perception, we create separate objects that exist in space through a measured continuum. *By creating time and space, we create our own separateness.*

This suggests a model not unlike the implicate order of British physicist David Bohm. . . . [His] model viewed time as part of a larger reality, which could project many sequences or moments into consciousness, not necessarily in a linear order. He argued that as . . . space and time are

relative and in effect a single entity (space-time), and if quantum theory stipulates that elements that are separated in space are connected and projections of a higher-dimensional reality, it follows that moments separated in time are also projections of this larger reality. [emphasis added]¹⁷

The ramifications of tapping into this vast holographic sea—over which time and space have no dominion—with thoughts that are faster than the speed of light, are mind-boggling. The ramifications of actually *existing* in this holographic universe are equally astounding. Anything and everything that anyone has ever thought is transmitted, and may even potentially manifest as matter, “someplace.”

Furthermore, within this holographic model, what constitutes healing—and the potential to impart this healing—assume entirely new meanings. Here are some unorthodox ways to heal.

The Power of Prayer

One powerful way of transmitting healing beyond time and space is *prayer*. I regard prayer as heartfelt, focused intention of well-being, so this bypasses any specific religious beliefs. Medical doctor Larry Dossey has written extensively about scientific studies that show the curative power of prayer. I find these studies fascinating because they prove what can be achieved by intention—which, like everything else in the universe, is comprised of palpable energy.

Dossey cites studies in which groups of volunteers were given the names of people who were ill and lived long distances away. Then the volunteers were instructed to pray for their healing. A control group consisted of people who were ill, but were not sent any prayers. Those to whom prayers were sent, recovered much more rapidly than those to whom prayers were not sent.

This study, called the MANTRA study—short for “Monitor and Actualization of Noetic TRAINings”—was conducted at Duke University, headed by cardiologist Dr. Mitchell Krucoff and nurse practitioner Susan Craven. Heart condition clients who agreed to be part of the study did not know whether or not they received prayer. Their first names were divided randomly into two groups, and were then emailed to Buddhists in Nepal, Jews in Israel, Hindus in India, Catholic nuns, Protestants in North Carolina in the US, and to the spiritual organization Unity Village in Missouri, also in the US. At the end of the test, subjects receiving prayer had 50% to 100% fewer unwanted (“side”) effects from medications than subjects who did not receive prayer. Interestingly, Dossey discovered that when prayer groups are told what kind of illness the person has, the prayers are not as effective as those sent

by a prayer group that does not know the person's illness. Perhaps the human mind is currently so limited, that any outcome we try to predict or control is limited, too.

The Power of Long Distance Healing

According to the recently deceased psychiatrist Elizabeth Targ (who had directed the Complementary Medicine Research Institute, affiliated with the University of California School of Medicine), in the last 40 years over two-thirds of more than 150 formal, controlled studies showed statistically significant positive effects from distance healing. Along with three colleagues, Targ reported the results of two experiments in a 1998 article. Experienced healers from various traditions sent energy to 10 people diagnosed with AIDS (in the first experiment) and 20 people diagnosed with AIDS (in the second experiment) over a 10 week period for one hour a day, six days a week. The average age of the healers was 47. The religious backgrounds of the healers included Buddhism, Christianity and Judaism. Among the professionals were medical doctors, nurses, psychologists, a Baptist minister, a qigong master, and a Native American shaman. "A majority of healers," Targ wrote, "reported working with chakra imagery for healings; other frequently reported modalities included prayer, visualization, and work with crystals." For every person who was treated, there was an untreated control person diagnosed with AIDS in a similar physical condition as the treated person.

The healers worked on a rotating schedule so that each week, each patient was treated by a new healer. Thus, by the end of the study, each patient had received "healing effort" from a total of ten different healers. Each week, a head and shoulders photograph of one of the treatment patients was sent via overnight mail to a healer who was then instructed to "hold the intention for the health and well-being of the patient" for one hour a day during the time the patient was assigned to them. The healers were given the first name of the patient, the patient's [blood] CD4 count, and two or three sentences describing active elements of their illness. Healing techniques were quite varied.¹⁸

Targ also described the researchers' efforts to ensure that each subject's expectation, guess, or belief that s/he was among those being healed played no part in the out-

come. At the end of six months, the data collectors saw clearly that the participants who had received treatment

had acquired significantly fewer new AIDS-defining diseases than people in the control group, their overall illness severity scores were significantly lower, they had had significantly fewer hospitalizations, and those hospitalizations were significantly shorter. In addition, treatment patients showed significant improvement on psychological status, including decreased depression, decreased anxiety, decreased anger, and increased vigor, compared to controls.¹⁹

The Power of Group Intention

If just a few individuals can affect others over distances, imagine the power of a *group*. In Chapter 3, I cited experiments showing that when practiced regularly, the Transcendental Meditation® technique has pronounced positive effects on the body, such as decreased blood pressure, decreased lactase levels in the blood, and overall better health. I also mentioned increased coherence in brain waves. What I'll describe now are studies showing how other people's behavior changed when enough meditators were living in the specific area that was being examined. Although I'm focusing on one form of group intention (meditation), and on only one form of meditation, the power of focused group intention can manifest in many forms and arenas. The

Transcendental Meditation® technique is convenient and fun to cite because it has been so heavily investigated.

The researchers and professors who conducted the following studies have advanced degrees in biophysics, sociology, government administration, and physics. They published the results in respected scientific, legal, and medical journals. The following are summaries of only a handful of the many investigations:

- ◆ From a 1981 article in the *Journal of Crime and Justice*: One percent of the population of 24 United States cities had been instructed in the Transcendental Meditation® technique by 1972. From 1973 to 1977, crime rates significantly decreased, compared to the time period between 1967 and 1972. The decrease in the crime rate in these cities was also compared to control cities matched for population,

We must cure the current system, which is so seriously ill that a few dozen aggressive and competitive men have the power to destroy all life on earth.

—Tadatoshi Akiba, mayor of Hiroshima, Japan at a peace demonstration in New York City's Central Park May 1, 2005

What many people don't realize is how dynamic the structure of DNA is. The base pairs are always moving and vibrating, electrons are migrating, holes are opening up and closing through the center of the DNA. Nothing stays still for more than a femtosecond here or a millisecond there.

—Jacqueline K. Barton, professor of chemistry,
California Institute of Technology
quoted in *The New York Times*, March 2, 2004

cific feelings and thoughts toward living DNA samples taken from a human placenta. The DNA—whose two strands are normally interwoven—had been exposed to heat to make the strands unwind. “Individuals trained in generating focused feelings of deep love showed high coherence ratios in their ECG frequency spectra, and all were able to intentionally cause a change in the conformation of the DNA,” wrote Rein and McCraty in “Modulation of DNA by Coherent Heart Frequencies.” That “change” in the DNA’s form consisted of nothing less than *the DNA rewinding back into its intact helical structure!* (DNA emits photons, or light. The winding and unwinding of the DNA is measured by how much ultraviolet light, at the wavelength of exactly 260 nanometers, it absorbs.) As might be expected, the subjects with the most coherent emissions had the strongest effect on the DNA, while those individuals “who showed low coherence ratios, although in a calm state of mind, were unable to change the conformation of the DNA.”³⁰

In another paper, “Local and Non-Local Effects of Coherent Heart Frequencies on Conformational Changes of DNA,” Rein and McCraty wrote about subjects who were located as much as one-half mile from the DNA, but were still able to rewind the two strands.

The results of this study indicate that the heart’s energy field can directly modulate these basic cell functions [such as the creation of proteins and enzymes], via a direct action on DNA. . . . This energy transfer is distinctly different from the known electrical and chemical communication from the heart to the brain. . . . The unusual ability of heart energy to carry three different frequency patterns associated with different intentions suggest a non-electromagnetic information carrier [scalar waves]. . . . *Human intentionality produces effects which defy conventional laws of electromagnetism with respect to their independence of space and time. The long distance effects observed here support these observations and indicate that coherent heart energy may be a carrier for such non local effects.* The implications of this research suggest a novel mechanism for

interpersonal, heart-felt communication between individuals which involves coherent heart energy. [emphasis added]³¹

Here is scientific proof that positive emotions produce coherent heart energy; that coherent heart energy produces coherent brain waves and oscillations in the cells, which beneficially affect the entire system; and that individuals who emit coherent heart frequencies can literally heal on the cellular level.

In another paper, “Effect of Conscious Intention on Human DNA,” Rein explores in greater detail the effects of *specific* intentions. A healer named Leonard Laskow consecutively assumed five different states of consciousness, during which he focused on three Petri dishes containing DNA of tumor cells. “The growth of tumor cells in culture was chosen because it could be monitored quantitatively using state of the art biochemical techniques,” reports Rein, and because it was “highly relevant clinically.” Laskow described being in a state of “transpersonal unconditional love” in all five experiments, which “allowed him to be in resonance with the tumor cells.” The five different mental intentions that were “studied for their biological activity” are as follows:

- ◆ Returning to the natural order and harmony of the cell’s normal rate of growth, i.e. before they were transformed into tumor cells.
- ◆ Circulating the microcosmic orbit [presumably, this means that Laskow was merged with the cells at their atomic level].
- ◆ Letting God’s will flow through his hands, i.e. a transpersonal intention.
- ◆ Unconditional love, i.e. no specific direction to the energy was given.
- ◆ Dematerialization into the light and/or dematerialization into the void.³²

Together, Rein and Laskow discovered that *a combination of heart-centered energy (love) and mind-centered energy (focused mental attention) produced the greatest results.* For instance, allowing God’s will to flow through his hands had only half the effectiveness as intending the cells to return to their natural order, the normal rate of growth. Generalized, unconditional love did not stop the growth of the tumor cells. Interestingly, when Laskow was in the “microcosmic orbit” state of consciousness, he could will the cells to either decrease or increase their rate of cancerous growth, by about the same percentage. Even more instructive, Rein points out, intention “produced the same 20% inhibitory effect as did imagery alone.” However,



APPENDIX A

Resources

Most people live, whether physically, intellectually or morally, in a very restricted circle of their potential being. They make use of a very small portion of their possible consciousness, and of their soul's resources in general, much like a man who, out of his whole bodily organism, should get into a habit of using and moving only his little finger. Great emergencies and crises show us how much greater our vital resources are than we had supposed.

—WILLIAM JAMES, AMERICAN PHILOSOPHER,
PSYCHOLOGIST AND WRITER (1842–1910)

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The Aranizer™ high-energy, low heat plasma field generator produces super-oxygen without dangerous nitrogen compounds. It kills bacteria and fungi; removes dust, pollen and mold; produces beneficial negative ions without creating harmful electromagnetic radiation; and removes organic and some inorganic chemicals. Generators come in all sizes and powers for home and industrial needs. Home units cost about five cents to run for 24 continuous hours.

BODY-MIND THERAPIES

Emotional Freedom Techniques (EFT)

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Developed by Gary Craig from several other disciplines (Neuro-Linguistic Programming, acupressure and Roger Callahan's Thought Field Therapy), EFT restores integrity of meridians that were short-circuited from physical and emotional trauma. EFT works with children, adults and even animals without drugs or equipment. It's clinically effective over 80% of the time for abuse, addictive cravings, anxiety, depression, fears, grief and phobias, as well as physical pain, breathing difficulties, headaches and overweight. Relief is usually rapid, long lasting and gentle, though some issues



Legal Implications of Rife Sessions

*“It is no measure of health to be well adjusted
to a profoundly sick society.”*

—J. KRISHNAMURTI, PHILOSOPHER AND SCIENTIST, 1895–1986

Of all the questions that I have been asked about rife technology, one that involves the most explaining is why it is illegal, under many circumstances, for health care practitioners to provide rife sessions for their clients. Throughout this book, I have presented information that by now should have made the answer painfully clear. Unfortunately, what is legal isn't always honorable and fair, and vice-versa.

Nevertheless, we must operate within the law. This Appendix has been written for people who want to share rifeing with others. Understand, however, that I am not a lawyer and have no qualifications for giving legal advice! Before writing this portion, I consulted with an experienced attorney in order to provide you with some *general concepts*. Since legal matters can be very complex, and laws differ from place to place, I recommend that you do some research on your own and/or consult an attorney about the laws of the state in which you live. For those readers outside the United States, obviously this information may not apply to you; so please consult a legal expert in your own country or municipality.

For the past several years in the holistic health community, lots of information has circulated about how to conduct oneself doing business as an “alternative” healer. For instance, according to one source, if people who give rife sessions for a living make the disclaimer that they are not medical doctors and are not diagnosing, treating or prescribing for a disease, then it is legal to charge for these

services. It is also thought that if clients sign a disclaimer, this absolves the provider from liability.

Unfortunately, this information is just plain wrong. It's true that the language one uses is crucial to staying within the limits of the law. However, regardless of the language one uses, *it's against the law to provide rife sessions for other people for payment*. This is true whether you are a licensed physician, chiropractor or other health care provider, an unlicensed professional, or a layperson. Note that I'm referring to fee-based sessions.

If you are a layperson, you may offer sessions to other people for no charge. If you are a health practitioner, depending on the laws of your state, you might not even be allowed to offer sessions to other people *even if you don't charge a fee*.

A brief summary of America's legal system is pertinent here, so you can become more familiar with some very general concepts of how and why our legal system works the way it does.

America, which was colonized by the British, obtained its legal system from British law. British law sprang from what was called the “divine rights” of kings, who exercised absolute dominion over everyone else. Therefore, the legal system of the United States is derived from the decrees of royalty, and in some ways these principles have never really disappeared.

In Britain, there were two kinds of courts: the King's courts, which were referred to as courts of law, and the Church's courts, which were referred to as courts of



Healing with Electromedicine and Sound Therapies

This originally appeared as a two-part article in *Townsend Letter*,
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INTRODUCTION

In the 1960s, counterculture hippies were urging us to give peace a chance (great advice). To expedite that process, it was helpful to have “good vibrations”—considered so important, the Beach Boys wrote a catchy song with that title. It was easy to tell who had good vibes and who didn’t. An optimistic, considerate person was considered “high frequency,” while a pessimistic, disagreeable individual was “low frequency.” Not surprisingly, everyone wanted to be around the folks who had good vibes.

Colloquialism aside, saying that someone is “high frequency” is based on legitimate science. Every molecule, cell, living body, and object is comprised of energy that manifests as physical matter. Some of that energy is detectible as frequencies that belong to one or more radiation bands in the electromagnetic spectrum. And these frequencies correspond to biochemical and biological processes in the body.

In the healing arts, there are different ways to affect matter. With conventional medical care, the chemical, functional, and/or structural change in organs, glands, and other tissues are created either through biochemical manipulation (through drugs) or physical manipulation (such as surgery). With electromedicine therapies, healing is achieved by working with the electromagnetic radiation (emissions) and related energy fields that form, and are

emitted by, physical matter. Broadly speaking, electromedical devices produce and focus specific frequencies that can be in the form of electromagnetic fields, electrical current, magnetism, visible light, heat, or other energy.

Although electromedicine is widely used in Europe, it is less known in the United States. Few people in developed countries would question the use of the ubiquitous transcutaneous electrical nerve stimulation (TENS) unit, which emits small amounts of electrical current to manage pain. And magnets embedded in the insoles of shoes, also for pain management, are now a regular item in consumer catalogues. But electricity and magnetism are primarily used diagnostically in hospitals—such as with the standard electrocardiogram (EKG or ECG) to assess the health of the heart and with magnetic resonance imaging (MRI) to show the inside of the body. Most medical professionals (and the lay public) are not inclined to take advantage of less popular electromedical devices because they do not understand how they work. And those who do use the equipment might talk about “frequencies” or “energy” without a full grasp of what these actually are or the science behind the technology.

Fortunately, receptivity to electromedicine is increasing. Health professionals are expanding their practice (and their success rate) with safe, holistic technologies. The general public is beginning to recognize and request electromedicine as an effective and valid treatment modality. In this discourse, I will explain what

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A powerful agent is the right word. Whenever we come upon one of those intensely right words the resulting effect is physical as well as spiritual, and electrically prompt.

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Note: Not every microbe and disease in Chapter 5 (the Frequency Directory) is included here, as Chapter 5 is in itself an annotated index. However, this index does contain all of the primary (overview) categories in Chapter 5, as well as many health conditions listed in sub-headings. For a complete directory of diseases, along with their frequencies, see Chapter 5.

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About The Author



Photo courtesy of Paul Silverfox

Writer, educator, artist and musician, Nenah Sylver has devoted her life to the exploration of healing on mental, emotional, physical and spiritual levels. Her early training in music led to subsequent studies in spirituality and physics—all complementary paths to her lifelong passion, the science of frequency.

Starting as a young adult, Nenah worked for two decades as a singer-songwriter, playing piano and guitar. She performed in New York City clubs and coffeehouses, traveled for revues, wrote lyrics and music for two off-off-Broadway plays, and won five songwriting awards. During that time, Nenah also performed for Hospital Audiences, Inc., an organization that specializes in bringing music to adults and children in hospitals, residential treatment centers and nursing homes.

In addition to her musical career, for fifteen years Nenah had a private practice in body-mind psychotherapy based on the principles of physician and natural scientist Wilhelm Reich. In 1996, she received her PhD from the Union Institute & University in Transformational Psychology, a multi-disciplinary program of holistic health, psychology and gender studies. Then, in what began as a quest for help with her own health issues, Nenah started researching Royal Rife and his inventions along with other electromedicine therapies. Her extensive knowledge of effective and safe holistic protocols eventually coalesced into *The Rife Handbook*.

Among other publications, Nenah's writing on psychology, feminism and social change has appeared in *The New Internationalist*, *Off Our Backs*, *Beiträge zum Werk von Wilhelm Reich* (Contributions to the Work of Wilhelm Reich), and the anthologies *Journeys of the Heart: Perspectives on Intimacy in America* (Bruner-Mazel),

Glibquips: Funny Words by Funny Women (Crossing Press), *Closer To Home: Bisexuality and Feminism* (Seal Press), *An Introduction to Women's Studies* (Simon & Schuster), *Transforming a Rape Culture* (Milkweed Editions), and *Women, Culture, and Society: Readings in Women's Studies* (Simon & Schuster). Her volume of poetry, *Birthing*, was published in 1996 by Woman in the Moon Publications. She has been cited in *Utne Reader* and *The New Yorker*, and her artwork was used to illustrate an anthology of short stories, to which she also contributed narrative.

Perhaps Nenah is best known for her writing in the health field. In addition to articles in *Natural Living Today* and *Natural Food & Farming*, "Toxic Products, Deceptive Labels" appeared in *Nexus* in 2000. Dr. Sylver's comprehensive book, *The Holistic Handbook of Sauna Therapy*, was published in 2004. Excerpts from the first version of *The Rife Handbook* were published in the German edition of *Nexus* in 2006 and 2007. And in 2008, the two-part "Healing with Electromedicine and Sound Therapies" and "Hypothyroidism Type 2: a new way of looking at an old problem" appeared in *Townsend Letter*.

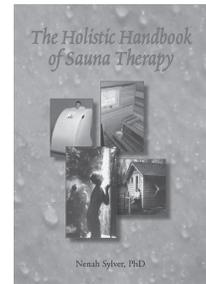
The author's varied media experience includes a brief stint as producer at the Pacifica radio station WBAI-FM, an appearance on NBC-TV to discuss lifestyle choices, and radio interviews about health, including alternatives to toxic chemicals in the home. She is also an interviewee in the upcoming feature-length documentary, "Back from the Edge," in which leading figures in the complementary health field discuss solutions to failed medical care in the US.

Nenah conducts educational seminars on holistic health and electromedicine, and is a featured speaker at Rife conferences. She resides in Phoenix, Arizona, with her lifetime companion and their dogs.

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May your journey toward wellness be a fulfilling one. It is an honor to be of service.

Warmest regards,
Nenah Sylver, PhD
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