

\$5.00

HEALTH FREEDOM NEWS®

WINTER 2019 / VOLUME 37 / NO. 4
TRUE INFORMATION FOR TRUE HEALTH

Reboot Your Gut PAGE 10

No Deaths from Vitamins. None. PAGE 19

GcMAF—The Cancer Cure That Will Not Die PAGE 20

Cargill's GMO Stevia Hoodwinks Consumers PAGE 22

Modern Medicine Neglects the Basics PAGE 28

The Only Thing You Have to Fear is Fear Itself

Your Chance Of
Developing Symptoms
Or Dying From The
Menacing Coronavirus
That Now Threatens
Global Human Populations
Is 0.0000017482%
Symptoms/ 0.0000001137%
Death

BY BILL SARDI

PAGE 14



www.thenhf.com

Think your modest gift to the Foundation for Health Research won't make a big difference?

Think again.

The numbers tell a different story.

Donations are the lifeblood of our support. When multiplied by gifts from thousands of your fellow FHR supporters, your donation meaningfully supports our work to educate others about the benefits of natural health alternatives to the mainstream medical madness and about the benefits of health freedom.

Contributing to the Foundation for Health Research, NHF's sister organization, is easy and tax-deductible. Go online to our donation page, choose the "recurring" option, and set a monthly or annual gift amount. We'll take care of the rest. And don't think it needs to be a lot. A monthly gift of \$25 or \$50 will go to good use.



**Not just
a drop
in the
bucket.**



FOUNDATION
FOR HEALTH
RESEARCH

THE 501(C)(3) ARM OF THE
NATIONAL HEALTH FEDERATION

Also, do your shopping on <https://smile.amazon.com> and they will give to the Foundation for Health Research.

Amazon donates 0.5% of the price of your eligible AmazonSmile purchases to FHR. AmazonSmile is the same Amazon you know. Same products, same prices, same service. Support FHR today by starting your shopping at smile.amazon.com. Install the Amazon Assistant as an extension on your browser to make sure you end up at the giving website AmazonSmile!

Make a difference in the World today, and scratch one more thing off your "bucket list."



www.foundationforhealthresearch.org

Foundation for Health Research
P.O. Box 688
Monrovia
California 91017 USA



HEALTH FREEDOM NEWS®

National Health Federation Publisher

Scott Tips Editor-in-Chief

Katherine A. Carroll Executive Director
and Managing Editor

Ben Lizardi Art Director

Daniella Ivanova Assistant Editor

Monique Davalos Office Manager

Valeria Vasquez Assistant Office Manager

Anne Mortensen Webmaster

Jonathan Middleton Researcher

Peter M. Bisno, Esq. NHF Attorney

Greg Glaser, Esq. NHF Attorney

Advertising Information: 1.626.357.2181

Literature & Circulation: 1.626.357.2181

National Health Federation

Fred Hart (1888-1975) Founder

2019 Board of Governors & Officers

Scott Tips, J.D., President

Gregory Kunin, Vice President

David Noakes, Chairman

Dr. Brad Weeks, M.D., Vice Chairman
and Treasurer

Carla Sánchez-Anderson, Secretary

Dr. Murray Susser, M.D., DIPL

Dan Kenner, Ph.D., LAc

Corinne Buckley

John Bergman, D.C.

Sara Boo

Advisory Board

Paul Harvey

Ilse Van De Wiele (Belgium)

Lisa and Per Hellman (Sweden)

Jay Newman

Marchia Carnicelli Minor

Petra Weiss (Germany)

Morten Krabbe (Denmark)

Dean Radetsky

Dr. Richard Kunin, M.D.

Peet Louw (South Africa)

Dr. Thomas E. Levy, M.D., J.D.

Sayer Ji

NHF Financial Consultant

Harry D. Schultz

Printed on Recycled Paper.

Responsible, Well-Managed Forests.

Soy-Based Inks. Non-toxic and Acid-Free.

Copyright © 2019 by National Health Federation. The National Health Federation, a nonprofit corporation, at Monrovia, California (P.O. Box 688, Monrovia, California 91017 USA), publishes 4 issues of Health Freedom News yearly. Telephone 1.626.357.2181, fax 1.626.303.0642. The NHF is a 501(c)(4) non-profit, health-advocacy organization and, as such, any contributions to it are not considered deductible by the Internal Revenue Service. Memberships are \$45 per year in the United States and \$81 international. Additional copies of any issues are available for \$5.00 each, 25 copies for \$75.00, 50 copies for \$150.00, plus postage and handling. All rights reserved. The opinions of the authors of articles contained herein are not necessarily those of the National Health Federation, but are offered to stimulate inquiry into alternative methodologies. Products advertised are not to be considered endorsed or approved by the NHF. Submissions of previously unpublished manuscripts to be considered for publication are welcomed. Those submitting such manuscripts are advised that budget constraints do not permit *Health Freedom News* to offer monetary compensation for articles that are published and all manuscripts submitted become the property of National Health Federation and cannot be returned unless specifically requested and self addressed stamped envelopes are provided for that purpose. Disclaimer: The National Health Federation does not necessarily agree or disagree with the views expressed by authors of articles appearing in this magazine. Their right to express these views, however, is consistent with our belief in freedom of speech (1st Amendment), freedom of practice for the physician, and freedom of choice for the layman. (ISSN 0749-4742)

CONTENTS

WINTER 2019 / VOLUME 37, NO. 4

DEPARTMENTS



Letters to the Editor In this column, our readers comment on Google, the cancer industry, Linus Pauling, Lyn Thyer, as well as extend holiday greetings. **Page 4**



President's Note – Traveling Light and Quickly Scott C. Tips reports on the 2019 Codex Nutrition Committee meeting in Germany where NHF spoke out against the Biofortification definition and for raising the magnesium levels in meals for starving children. **Page 5**



In Memoriam – Tim Morrow Long-time NHF member and Master Herbalist Tim Morrow passed recently but he left a massive legacy of healing and goodwill that will long be remembered. **Page 18**



Health Bits & Pieces In this issue, Dan Kenner reveals the latest news and research on the connection between gut bacteria and depression, saffron, bright-light therapy, “vibrant” capsules, and a new urine test for earlier detection of prostate cancer. **Page 24**



NHF World Report NHF Executive Director Kat Carroll decries the establishment's assault on free speech, which includes having suppressed NHF's Instagram account. But is that just the beginning? **Page 26**



NHF Health Freedom Hero Award Bill Sardi presents the 2019 NHF Health Freedom Hero Award to very deserving vaccine-safety advocate Robert F. Kennedy, Jr. **Page 29**



Book Review Dr. Donald Carroll reviews *The Miraculous Cure for and Prevention of All Diseases – What Doctors Never Learned* by Jeff T. Bowles, which meticulously shows how every possible health condition is helped by Vitamin-D3 supplementation. **Page 30**

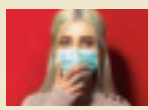
FEATURES



Neem The Healer Klaus Ferlow reminds us that the Neem tree has many, magnificent healing powers. **Page 8**



Reboot Your Gut Dr. Thomas Levy shows how you can easily optimize your health and prevent infectious disease through simple health methods that any of us can employ. **Page 10**



The Only Thing You Have to Fear is Fear Itself Bill Sardi challenges the current fearmongering over the Coronavirus where he shows that your chance of dying from the menacing virus is about 0.0000001137%. **Page 14**



No Deaths from Vitamins. None. Dr. Andrew Saul absolutely demolishes the myth that vitamin, mineral, and other supplements pose a danger to consumers, as confirmed by America's largest database. **Page 19**



GcMAF – The Cancer Cure That Will Not Die NHF President Scott Tips reports on the most recent news concerning the illegal imprisonment of GcMAF scientist Lynda Thyer as she sits in a French prison. **Page 20**



Cargill's GMO Stevia Hoodwinks Consumers Stacy Malkan blows the whistle on Cargill's genetically engineered sweetener EverSweet, which the company amusingly claims is “non-artificial.” **Page 22**



Modern Medicine Neglects the Basics Dr. Alan R. Gaby explains the importance of identifying and treating iron deficiency in people with heart failure. **Page 28**

"A Radical, Safe, Proven and
Inexpensive Approach to Health
Using Microcurrents of Electricity"

THE BECK PROTOCOL

A FIRST AID KIT OF THE FUTURE



Dr. Robert "Bob" C. Beck, D.Sc.

Truly a man ahead of his time, Bob Beck recognized that the health challenges many people face can be addressed effortlessly and painlessly through some very basic technology.

The Beck Protocol consists of four parts which work together, helping the body to heal itself:

- Micropulsing, also known as blood electrification or blood cleansing—using microcurrents
- Pulsed Electro-magnetic Fields (PEMF)
- Ionic Colloidal Silver
- Ozonated Water


— bobbeck.com

LETTERS TO THE EDITOR



Dear Editor,

I love your publication! I read your article "Google Is Now A Drug Company." What do I use as an honest source of information now that I know that Google is not to be trusted? Thank you.

Sincerely,
Ethel Powell

Dear Ms. Powell,

You ask an excellent question. My suggestion is that you continue to get your information instead from *Health Freedom News* and the NHF website (www.thenhf.com) as well as other trusted sources of information such as **Green-MedInfo.com** and **doctoryourself.com**.

Best wishes,
Scott Tips

Dear Editor,

Thank you Scott for all that you and the NHF have done and are doing!

May 2020 be your year for major Advancement of Health Freedom!

Sincerely,
JC Spencer

Dear Editor,

My wife sadly passed away from cancer 3 years ago. Four months before her death, the National Health Service in England put her on a course of dual immunotherapy (chemotherapy). One of the ingredients was an extract from the adrenal glands of Chinese hamsters. Yes, you read that correctly! This was a Big Pharma product that cost the taxpayer £10,000 per session. After the third time this was pumped into her body she almost died and needed an emergency blood transfusion to save her. The NHS oncologists unwittingly gave me the impression that Big Pharma was running the cancer treatment service. The consultants are just as much to blame in a system where common sense is over-ruled by shareholder value. Cancer is not a disease, it's an industry.

Sincerely,
C. Young

Dear Editor,

It is very important for any reader to understand that this highest-level criminality against "alternative" cancer modalities has been going on for a very long time. As an example, take the case of Nobel laureate Linus Pauling's solid research on the effective treatment of cancer with high-dose Vitamin C back in the 1970s – genuine research data that the entire medical establish-

ment, from the medical journals, to top medical institutions, to the U.S. government, has been distorting and suppressing, just as with the value of dietary supplements in general; instead, the establishment has been conveniently painting the very credible and ethical Noble laureate as some sort of idiot. (See <https://www.supplements-and-health.com/vitamin-benefits.html>)

As depicted in that piece, it is good to become aware of the various tricks and deceptions this degraded cartel uses routinely to bamboozle the general public. But the screws of criminal authoritarianism are tightening. Times are not better. Times have become much worse because of broader top-down control with censorship being one of its weapons of information control. The downside of this is that most people continue to be kept in the dark about cheap, effective cancer remedies and that the worst criminals operate the official medical establishments and governments.

Sincerely,
Linda
KamsWkine@dispostable.com
Comment on Website

Dear Editor,

I personally want to thank you for all of the services that you and your staff have provided for the majority of truth-seeking people.

I wish you the best of the holiday season.... Merry Christmas! Keep up the good work! You are an asset to many.

Sincerely,
Keith Plese

Dear Editor,

Today it felt good to read your e-Newsletter No. 25 with the good news of Lyn Thyer's release from the French prison thanks to the NHF's legal team! Thank you for being there for us all protecting our freedoms to choose the therapies we want. I know from experience that one can get well with natural treatments like The Truth About Cancer TTAC shows us today – see my story – <https://beatcancer.org/blog-posts/45-years-ago-i-had-colon-liver-and-pancreas-cancer-cisela-wildes-story/>.

Thank you also for your very excellent (but sometimes a bit time-demanding) articles. Short summaries on the web would be great to share.

May your holiday season be filled with love and light and relaxation!

Sincerely,
Cisela Wildes

We welcome your Letters to the Editor. Please include your name, address, phone number, and email address.

We reserve the right to shorten and/or edit any submitted letters.

Mail: **Attention: Editor**
P.O. Box 688
Monrovia, California 91017 USA
Email: **contact-us@thenhf.com**

Traveling Light and Quickly

BY SCOTT C. TIPS, NHF PRESIDENT

Once in a while the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) has a rather sedate meeting. Its most recent meeting – held in Düsseldorf, Germany from November 24-29, 2019 – was one of those rarities. Chaired and co-chaired by Dr. Anja Brönstrup and Ms. Hilke Thordsen-Böhm (both from the Federal Ministry of Food and Agriculture of Germany), the meeting was run efficiently if not always wisely.

There is an old African proverb that says, “If you want to go fast, go alone. If you want to go far, go together.” Our meeting that November week went quickly, but it did not take everyone along with it.

The Importance of Codex

Established in 1963 by the Food and Agriculture Organization (FAO) and the World Health Organization (WHO), the Codex Alimentarius Commission and its various committees establish food standards and guidelines after an eight-step process of consideration and debate. These standards are then usually adopted by the Codex member states. Some even adopt the standards and guidelines *before* Codex itself adopts them.

Unfortunately, in the more than 20 years that the National Health Federation (NHF) has been attending Codex meetings, it has seen ridiculously low upper limits set on dietary supplements, GMO food labeling shot down in defeat, the toxic steroid-like animal drug Ractopamine approved for use, a melamine exemption for infant formula



Düsseldorf, Germany in November 2019

barely defeated at the ultimate last minute and some recommended daily intakes for vitamins and minerals set at laughable levels. On the other hand, thanks to the NHF and others, certain nutrient reference values for vitamins and minerals have been set at higher levels, the dangerous vet drug Zilpaterol defeated, the melamine exemption thwarted, and aluminum removed from

most food additives. As a Codex-accredited INGO, NHF has participated actively, even aggressively, in all of those battles because it knows that the food standards and guidelines adopted by the Codex Alimentarius Commission are then used domestically by numerous countries worldwide and by virtually all countries in international food trade. That's how important they are.



The Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) held its most recent meeting in Düsseldorf, Germany, from November 24th to 29th, 2019.

The Biofortification Definition, R.I.P.

Biofortification is a technique used for increasing the vitamin-and-mineral content of basic food crops. Typically employing conventional cross-breeding, biofortification had unfortunately devolved into a term also covering genetic engineering. Although conventionally cross-bred biofortified foods are an admirable outcome, I have long argued at these meetings that it is an unnecessary one if farmers would simply employ the proper farming techniques to prevent soil depletion and along with it the vitamin-and-mineral content of the foods grown in that soil.

For the last several years, the CCNFSDU had been crafting a definition for Biofortification. That definition would then be used uniformly around the World to apply to those foods conventionally fortified with higher levels of nutrients and everyone would be on the same page whenever the term “biofortified” was used. Indeed, the NHF was an early supporter at Codex of *this* definition.

However, the pro-GMO forces hijacked the draft definition so they could then hide their genetically engineered foods within this definition and use its appealing, natural-sounding name to sell their GMO foods to unsuspecting consumers *on a worldwide scale*. If Codex were

to allow “any method of production” and “any source” to be part of the Biofortification definition, as had been proposed, then that definition would promote *marketing deception* of the worst sort.

Fortunately, the Codex Committee on Food Labelling (CCFL), at its last meeting held in Ottawa, Ontario, six months earlier, had declared that the Biofortification definition was unnecessary as “existing Codex guidelines provided adequate guidance for claims for products with higher micronutrient content.” So, with the bounce back from CCFL to this Committee for final review, the definition was pretty much DOA (Dead On Arrival).

Still, the sponsors of the work had to get in their parting shots and the Zimbabwe delegate and Dr. Anne Mackenzie of the International Food Policy Research Institute (IFPRI) both took the floor at the CCNFSDU meeting to defend the definition. Dr. Mackenzie was particularly eloquent and diplomatic in her presentation, making a good case for the definition’s need. But the decision had already been made and the rest of the room remained silent. Except for me. I could not resist reminding the other delegates that it would be a deceptive definition and that the “need” for biofortified foods has been artificially created by the poor farming practices employed by almost all countries, which in turn leads to the depletion

of nutrients in our soils and hence in our foods.

With those last words, the Committee agreed to discontinue the work and to inform Codex Executive Committee and the Codex Commission. However, as in one of those Saturday matinee serial cliffhangers from the 1930s, where the villain is seemingly vanquished only for the audience to see a sinister hand moving in the shadows in the very last moments of the movie which tells us that the villain has actually escaped, the sponsors of this definition have announced their intention to bring this definition up before yet another, third committee for consideration.

Malnourished Third-World Children

One of Codex’s noble goals is to establish guidelines for healthy Ready-to-Use Therapeutic Foods (RUTFs), which are used to feed severely malnourished children (usually under the age of five). RUTFs are energy-dense, micronutrient-enriched pastes (similar in consistency to peanut butter) that are nutritionally similar to the traditional milk-based diet used in inpatient therapeutic feeding programs. Often, RUTFs consist of peanuts, oil, sugar, and milk powder. Some of the ingredients are not what we would consider healthy (certain oils and sugar) but the RUTFs do give

an immediate sustenance to children who would otherwise die.

Codex observer-delegate UNICEF, a keen proponent of RUTFs, states that, “[p]roperly used, RUTF is safe, cost effective, and has saved hundreds of thousands of children’s lives in recent years. Severe acute malnutrition is a major killer of children under five, accounting for approximately 1 million deaths annually. Around 20 million children worldwide are estimated to be suffering from this condition, of which only approximately 10-15 per cent currently receive treatment using RUTF.” Codex wants to expand the availability of RUTFs by creating an internationally accepted guideline; and that is what is also being discussed at CCNFSDU meetings, including this one.

Of course, Codex being Codex, the nutrient profile in RUTFs is much lower than what would provide children with optimal nutrition. Instead, it’s just basic survival nutrition. Perhaps that is why Vitamin Angels was created, so as to make up for the deficiencies in RUTFs.

These low nutrient levels were generally being approved by the Committee one right after the other. Fortunately, though, when it came to RUTF magnesium levels, NHF’s comments were heeded. I expressed NHF’s concern to the Committee over the high ratio of calcium to magnesium (55 mg to 15 mg) as well as over the generally low minimum and maximum levels being set for magnesium, reminding everyone that extensive science supporting higher levels exists and had been previously submitted to the Committee. I then proposed that the levels for magnesium be doubled to be closer to the proposed values for calcium.

Fortunately, the Chairwoman wisely asked the opinion of the International Ready to Use Foods Association, and its spokesman, Dr. Mark J. Manary, M.D., supported NHF’s views. More importantly, Dr. Douglas Balentine spoke up for the United States and said that the United States would not be opposed to the doubling of the magnesium level. Dr. Balentine is widely re-

spected at Codex meetings for his calm and persuasive interventions, so this was important and timely support. With that, the Chairwoman agreed to place the proposed values for magnesium in square brackets for further consideration at the next session.

The Infant Formula Designed By Marketers

Another long and sometimes contentious issue discussed at this CCNFSDU meeting was the Committee’s review of the standard for Follow-Up Formula (FUF). FUF is a somewhat new market segment created to sell formula to those infants and young children ages six to 36 months.

Several baby-formula consumer groups – such as the International Baby Food Action Network (IBFAN), the International Lactation Consultant Association (ILCA), and the European Network of Childbirth Associations (ENCA) and supported strongly by Nepal – focused on this agenda item with laser-like intensity, while Nestle and other business-interest groups continued to defend a follow-up formula that many others claim is nothing more than a marketing ploy to sell more formula to a largely untapped, older-infant market segment. After literally years of hot debate and arguments over FUF, though, the discussion among the delegates has primarily boiled down to debating key words and images.

Consumer groups argue, and correctly so in NHF’s view, that the placement of “Follow-Up Formula” on store shelves near infant formula, using similar packaging, images and colors, which would imply that FUF is next in line to be used, is very deceptive. Sadly, the formula industry wants FUF to be used in place of breast-feeding.

And demonstrating for the umpteenth time that they are nothing more than a regional branch office of Big Formula, both Australia and New Zealand objected to the inclusion into the standard of the statement that, “*Breast milk is the best food for your young child.*” Yes, I bet Australians and New Zealanders would love to know what insane views their tax dollars are being


spent to support. Amazingly enough, the European Union delegate agreed with Australia and New Zealand! So, this important sentence was stricken from the draft standard.

The formula manufacturers are happy because the FUF standard is still progressing through its eight-step process. The consumer groups are unhappy because nothing is being done to stop cross-promotion of infant-formula products or to end the disguise of FUF through packaging as simply a natural step-up from baby formula – all to the detriment of healthy breastfeeding.

Travel Alone or Together?

All too often, the main goal of many Codex meetings is to churn out standards and guidelines. While some attention is paid, of course, to the *quality* of those standards and guidelines, the major thrust of the chairmen and -women is to advance the standards to completion, whether they are good ones or not.

In that respect, Codex is a lot like attending an Ivy-League university. It’s tough to get in, but once admitted, it’s just as tough to flunk out. You have to be a real fool to flunk out of those universities. Rather, there is a strong drive to push every student upwards and out of the Ivy-League school, with each of them holding a diploma. So too with Codex. The inexorable drive to advance a standard – no matter how good or bad – is there, and it shows in the unrelenting push of the chair critics to speed their way through the agenda items and dump the standard on the Commission’s lap for final adoption. And once in that lap, the Commission invariably draws the wrong conclusion in thinking that the standard (or guideline) has been thoroughly considered and agreed upon by everyone.

No, the speed with which these standards and guidelines are all too often adopted leaves a lot of people behind in the dust. It might take a little longer but in our view it’s better to travel far and together. 



NEEM THE HEALER

BY KLAUS FERLOW, HMH, HA

What makes this tree worthy to be named “Tree of the 21st Century?”

Human ingenuity has led to wondrous feats, from fire to complex social structure. Man has taken apart and put together everything he could lay his hands on – splitting atoms, reaching to the Moon, mapping the human genome, connecting the World. We are living in an age of unprecedented technological strides.

The challenge before us now is to link the wisdom of our past with current knowl-

edge and technology to find ecological and sound solutions to emerging global issues such as climate change and pollution.

For thousands of years, humans have sought to fortify their health and cure various ills with herbal remedies and even today the WHO (World Health Organization) lists on its website that 80% of the World’s population are using herbal remedies and homeopathy for healing! The search for the true panacea, or cure-all, has been undertaken by virtually every civilization. While hundreds of substances have been tried

and tested, only one has truly withstood modern science scrutiny. Perhaps no other botanical better meets the true definition of a panacea than the miraculous versatile medicinal neem tree, a tropical evergreen belonging to the mahogany family and native to India and Myanmar (formerly Burma).

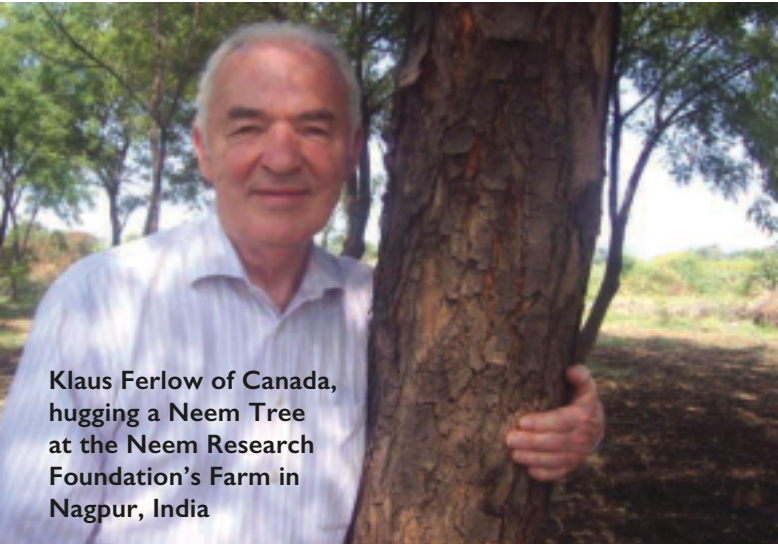
While other herbs

such as ginseng are better known, comprehensive research has proven that neem has a wider array of uses than any other plant. Even though it has always been revered in India, recent research has dramatically increased worldwide interest in neem, leading the new herbal products being manufactured and distributed around the Globe.

The first recorded use of neem was several thousand years ago, as ancient Indian cultures used it as an integral part of dozens of health and beauty aids. The over 5,000-year-old Ayurveda botanical healing system from India is the oldest, most successful medical system in the World and has utilized neem formulations.

Medical attributes of neem were extolled in the oldest Sanskrit writings. No wonder the United Nations declared the neem tree to be **“the Tree of the 21st Century!”**

It is only in recent years that the rest of the World has shown interest in neem’s versatility and potential benefits and healing. International scientific research has explored neem’s ability to prevent and treat an astonishing number of health disorders, including those not successfully addressed by conventional pharmaceuticals!



Klaus Ferlow of Canada, hugging a Neem Tree at the Neem Research Foundation’s Farm in Nagpur, India

Every part of the neem tree is used – bark, cake, fruit, flower, gum, honey, leaves, seed oil from the kernels, pulp, resin, root, timber, and twigs to treat hundreds of maladies; and in India, it is called “**The Village Pharmacy!**” The trees help prevent environmental pollution and soil erosion, and they rehabilitate degraded ecosystems and wasteland. Neem trees are recommended for reforestation, are useful for wind breaks in areas of low rainfall and high-speed wind, protect crops, and can be made into non-toxic pesticides, veterinarian medicine, cosmetics, and personal care products. The tree grows not only in tropical and sub-tropical countries but even in the desert!

My own personal experience with neem has been nothing short of a miracle. I suffered for over forty years with severe psoriasis on my scalp and elbows. However, when I started using neem cream, shampoo, conditioner, oil blend,

soap, and tincture, I found myself free of psoriasis but needed to use it continuously. If you want to learn more about neem, please check the link: www.neem-research.ca/shop about my book *Neem: Nature's Healing Gift to Humanity*, published in 2015.

Of all the plants proven useful throughout the ages, few have offered as much versatility as the neem tree. With growing research supporting its healing properties, neem is finally getting the attention it deserves.

More information about the neem tree can be obtained from checking the following links:

www.neemresearch.ca, www.world-neemorganisation.org, www.neemfoundation.org, <https://neem.world>, <https://www.ferlowbotanicals.com>

Words of Wisdom: “It is health that is real wealth and not pieces of gold and silver.”
– MAHATMA GANDHI 🇮🇳

Klaus Ferlow, Honorary Master Herbalist (HMH), Dominion Herbal College, Herbal Advocate (HA), Canadian Herbalist's Association of B.C., innovator, lecturer, researcher, writer, founder of Ferlow Botanicals and NEEM RESEARCH, Vancouver, B.C., Canada, member of Health Action Network Society, Ayurveda Association of Canada, Natural Health Federation, International Herb Association, United Plant Savers, core-founding member of the World Neem Organization based in Mumbai, India, and co-author of the book *7 Steps to Dental Health* as well as the author of the book *Neem: Nature's Healing Gift to Humanity*.

The information in the article is summarized for its educational value and should not be used for the diagnoses, cure, treatment, or prevention of any disease. Please contact your health care provider. Note by Editor: Pregnant women should avoid consuming neem until the end of the fifth month of pregnancy.

AIM Garden Trio® for Wholefood Nutrition

- Juiced barley grass, beet and carrot powder concentrates
- Health benefits for the entire body from this extraordinary combination






AIM products are not intended to diagnose, treat, cure or prevent any disease.

For free information, go to:
<http://myaimstore.com/enjoyinglife>

Reboot Your Gut

Optimizing Health and Preventing Infectious Disease

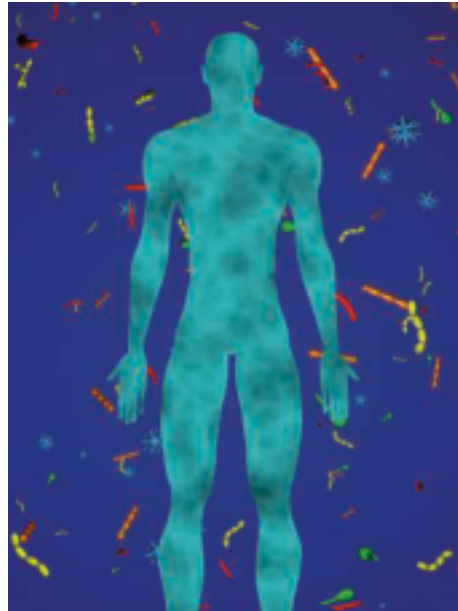
BY THOMAS E. LEVY, M.D., J.D.

While it is widely realized that the gastrointestinal tract has a very large presence of microorganisms, how large this presence is and how significant it is in supporting and modulating normal metabolic functions throughout the body are not as widely appreciated. In the scientific literature, this microbial ecosystem, referred to as the microbiome, colonizes the entire alimentary tract, extending from the mouth to the anus. While it is estimated that every human has roughly 37 trillion cells, it is also estimated that everyone has about 100 trillion microbes.¹

The Gut Microbiome

This enormous microbiome is typically a diverse array of bacteria, fungi, protozoa, and viruses, and it is found in all mammals. Many physiological processes are positively impacted and even greatly dependent upon a normal microbiome, including energy homeostasis, metabolism in general, the health of the gut lining, immune functions, and even neurobehavioral development.²

The gut microbiome is viewed by some as a “microbial organ” because of these physiological and pathophysiological interactions with the rest of the body.³ Less diverse microbiomes, with greater amounts of pathogens rather than friendly microbes, have been associated with, and are likely causative for, nearly 40 diverse medical conditions. These include allergies, mood disorders, autism, digestive diseases, cardiovascular ailments, and several types of cancer. (A complete list of these conditions is at the end of this article.)



Clinical Pathogen Presentations

Pathogen presences and aggregations in the body generally come in three basic forms:

- Body-wide, as exemplified when one is sick with the flu;
- Focal and concentrated, best exemplified by infected teeth, gums, or tonsils, generally associated with, or capable of readily generating, identifiable accumulations (abscesses); and
- Chronic pathogen colonization (CPC). This pathogen presence is less focal, with a chronic area of overgrowth but with overall lesser concentrations (compared to focal infections). These pathogen accumulations are capable of ongoing but limited growth and the regular generation of exudates, but not generally frank abscesses. The chronicity of the colonization is largely assured by the formation and persistence of “protective” biofilms,

largely composed of an organized matrix of extracellular polysaccharides.⁴ Such a biofilm permits the pathogens to have a sustained presence. Furthermore, a biofilm can increase the resistance to various antibiotics by up to 1,000-fold.⁵ Not surprisingly, no antibiotic can kill pathogens that it cannot physically access.

The presence of focal infections and abscesses throughout the body is a well-known pathology, as is the ability of the body to be systemically infected, as with the flu or sepsis. However, CPC, commonly found on the mucosal linings in the oral cavity, the lungs, and throughout the alimentary tract, has not yet been recognized as a condition of great clinical importance, even though it is very common. To the contrary, however, CPC, with its intimate relationship to general gut health, is of enormous clinical consequence in many different medical conditions.

Treating the Abnormal Microbiome

Probiotics

When CPC is present throughout all or most of the gastrointestinal tract, antibiotics are almost never the definitive cure. In fact, for many individuals, their first significantly abnormal microbiomes were precipitated by courses of various antibiotics. Probiotics are very popular supplements these days, and many of them can very positively help certain individuals. However, many different probiotic formulations are available, and some of them may have no positive impact but rather even have some negative impact on certain individuals. Generally, establishing an effective probiotic therapy depends upon a

largely trial-and-error approach, depending on whether a clearly positive clinical impact occurs. No two GI tracts affected by CPC are identical in the diversity and amounts of the various pathogens. As a very general consideration, a probiotic that has high concentrations of various strains of Lactobacilli and Bifidobacteria is usually a good one to try, and it is probably best if it also includes a prebiotic blend that helps the new microbes “feed” and take hold in recolonizing the gut.⁶

Tongue Hygiene

Probably the most important factor to address in normalizing a gut with established CPC is to eliminate as much as possible the “seeding” of new pathogens into the gut on a daily, “24/7” basis. This seeding occurs because of the chronic swallowing of pathogens and their associated toxins from areas of CPC in the mucosa of the sinuses, oro- and nasopharynx, oral cavity, and both upper and lower respiratory tracts. An especially important and very commonly neglected reservoir of such pathogens resides on chronically colonized and overgrown tongues.⁷ Most individuals with CPC anywhere else in their alimentary tract have an abnormal tongue flora.

The tongue typically has a very heavy biofilm covering an array of anaerobic bacteria, viruses, fungi, and even protozoa. Furthermore, chronically impacted and rotting food particles are often found in the many fissures and microscopic papillae (tiny finger-like projections on the surface of the tongue) trapped under this biofilm. Your tongue has *no* way of naturally ridding itself of this noxious overgrowth. Just as your hands or any other part of your body cannot spontaneously clean themselves, neither can your tongue.

Patients with thicker tongue coatings have been shown to have significantly higher serum CRP (C-reactive protein) levels than patients with thinner tongue coatings. This suggests that the presence of CPC on a chronically-coated tongue is capable of causing body-wide increased oxidative stress, as reflected in the increased CRP levels.⁸ The mechanical removal of the tongue biofilm, especially when tongue scraping is part of the

removal protocol, is often an effective way to treat refractory halitosis.⁹ Pathogen metabolism produces bad smells, while the metabolism of normal flora does not.¹⁰ It has also been shown that the pathogens commonly seen with periodontal disease are closely related to the foul-smelling tongue coatings.¹¹

Because of this, the overgrown tongue biofilm plays the leading role in the sequence of pathogen sources that must be addressed in order to achieve an optimally healthy gut. Each source must be individually addressed. The protocol for restoring and maintaining a healthy tongue should include the following:

- Use any commercially available tongue scraper to mechanically remove as much biofilm, pathogen, and pathogen-related debris as possible. This really only takes seconds. Many YouTube videos demonstrate this simple technique. This should be performed at a minimum of twice daily (first thing in the morning, last thing at night). Optimally, it should be done after every meal to avoid the reseeded of new food particles into the microscopic tongue crevices. The rate of reformation of tongue coatings indicates that daily cleaning is indicated.¹²
- Whenever you brush your teeth, it is always best to do it after you scrape your tongue. Routinely brush your tongue as well with your toothbrush and toothpaste.
- Swish and gargle with an antiseptic mouthwash after every scraping.
- Consider oral irrigation on a regular basis, and always at least daily before retiring at night to minimize the rotting of retained food particulates.

Nebulization

Nebulization is a process that converts the liquid form of a medication into a fine mist that can be readily inhaled, facilitating direct contact of the nebulized agent with the mucosal linings of the sinuses, oral cavity, throat and respiratory tract.¹³ The multiple benefits of nebulization include the following:

- Provides a direct route of drug administration, such as for asthma and bronchoconstriction;
- Moistens inhaled air and promotes the

mobilization and expulsion of tenacious mucus or other secretions;

- Allows a direct contact of anti-pathogenic agents with areas of CPC;
- Allows the use of anti-pathogenic agents in lower doses than what are needed for systemic administration, with lessened risk of medication toxicity or other side effects; and
- Offers a means to directly attack and break up tenacious biofilms.

To date, there is still no consistently effective way to completely destroy/disrupt a persistent biofilm and kill the protected pathogens through the use of prescribed medicines. This is a primary reason why so many individuals have largely treatment-resistant chronic sinusitis, chronic cough, and chronic mucus production with various degrees of impaired ability to freely breathe, especially when trying to get a good night's sleep.

Two substances that are especially effective in stripping away biofilms to permit the effective application of anti-pathogen measures are hydrogen peroxide and dimethyl sulfoxide (DMSO).¹⁴ When dealing with chronic conditions in the sinuses and pharynx, it is probably best to first nebulize with hydrogen peroxide (1 to 5 cc of 3% peroxide with volume brought up to 10 to 12 cc with filtered water) for about 15 minutes or so, and then follow with nebulization of any of a number of other agents.

Alternatively, DMSO can be readily combined with other anti-pathogen agents, such as sodium ascorbate (Vitamin C) and magnesium chloride. Anecdotally, this DMSO-Vitamin C-magnesium-chloride combination has proven to be very effective in clearing biofilms and their underlying pathogen colonies. This can be done with 1 to 5 cc of 99.9% DMSO brought up to 10 to 12 cc with a combination solution of Vitamin C and magnesium chloride. Precise concentrations are not critical, and the combination solution can be quickly and easily made by adding about 2 teaspoons of sodium ascorbate powder and 2 teaspoons of magnesium chloride powder to about a half cup of water. Since the sodium ascorbate will oxidize over several hours as it

turns yellow, it can be made separately from the magnesium chloride solution, which remains very stable and does not significantly deteriorate over time.

Remember that probiotics, nebulization, and regular tongue- and oral-hygiene measures all separately impact the gut microbiome in a positive manner. Nevertheless, the combination of any two or all three of these interventions can be expected to have a synergistic impact rather than just an additive impact in establishing and maintaining a normal or near-normal gut microbiome. And a normal gut microbiome should also prove to be very synergistic in optimizing the beneficial effects of any clinical treatment protocol.

Recommended Protocol

I am offering my opinions based on clinical experience and the medical literature. You should consult and work with your own personal physician.

1. For restoration/maintenance of normal gut microbial flora and normal gut function, take a probiotic supplement daily, follow the tongue-hygiene protocol as described above, and nebulize the DMSO-Vitamin C-magnesium combination as described above at least once daily.
2. For an acute cold or early onset of influenza or other suspected viral syndrome, nebulize the DMSO/VC/magnesium combination for 15 to 30 minutes several times the first day. Anecdotal evidence suggests that almost complete resolution can often be seen by the next day. Continue daily as frequently as desired until there are no longer any symptoms.
3. For an established cold or other infection where there is likely a significant biofilm present, the same protocol as above can be followed, or an initial nebulization with hydrogen peroxide can be done to help assure a more complete access to the pathogens with subsequent nebulizations.
4. Nebulization can be done with babies as well. Just be sure to have the ability to suction out secretions promptly as the treatment will result in a temporary increased flow of mucus and mobilization of infected secretions.

5. As long as a nebulization is well-tolerated a wide variety of non-prescription agents can be nebulized, alone or in various combinations. You can determine over time if something works better for you than the recommended DMSO/Vitamin C/magnesium combination. A partial list of such agents includes: N-acetyl cysteine, sodium bicarbonate, nascent iodine, colloidal silver, zinc, and glutathione. However, in general, avoid nebulizing and inhaling any agent that is fat-soluble or oil-based.


Personal Experience

To my knowledge, there is no direct research available on the protocol I am recommending, since I assembled it to deal with my own problems. I can only say that I have seen the protocol promptly eradicate acute viral infections. It also promptly relieved non-specific dry coughing spells. Most significantly for me, it has largely resolved (gradually over a four- to six-week treatment period) a chronic sinusitis and nagging cough of roughly 60-years' duration. For me, it has been nothing short of a minor miracle.

Since it is highly doubtful that I will ever be able to document the effects of this protocol with a prospective, randomized, double-blinded, and placebo-controlled clinical trial, I decided to share it with all who might be interested. It is the focus of my next new book since the magnesium book has now been completed. I would strongly recommend adding this Gut Reboot Protocol to any treatment protocol for any condition. Also, I would welcome feedback from anyone who uses this protocol. Email me at: televymd@yahoo.com.

Diseases Associated with Unhealthy Gastrointestinal Microbiomes:

- Leaky gut (basic foundation for everything else listed below)¹⁵
- General impairment/negative modulation of immune function¹⁶
- Breast cancer¹⁷
- Pancreatic cancer¹⁸
- Colorectal cancer¹⁹
- Metabolic syndrome²⁰
- Heart disease and heart failure²¹

- High blood pressure²²
- Gestational diabetes²³
- Multiple complications of pregnancy²⁴
- Allergic diseases and food allergies²⁵
- Autoimmune thyroid disease²⁶
- Polycystic ovary syndrome²⁷
- Migraine²⁸
- Depression²⁹
- Autism and autism spectrum disorders³⁰
- Abnormal mental health in adolescents³¹
- Decreased cognitive function and memory³²
- Parkinson's disease and neurodegenerative diseases in general³³
- Stroke and other central nervous system diseases³⁴
- Irritable bowel syndrome³⁵
- Inflammatory bowel disease and intestinal fibrosis³⁶
- Abnormal bile acid profiles³⁷
- Liver disease³⁸
- Bacterial vaginosis³⁹
- Mucositis from chemotherapy and/or radiotherapy⁴⁰
- Diabetes mellitus and abnormal lipid profiles [41]
- Juvenile idiopathic arthritis⁴²
- General arthritic conditions⁴³
- Rheumatic diseases⁴⁴
- Gastrointestinal conditions in general⁴⁵
- Idiopathic pulmonary fibrosis and other interstitial lung diseases⁴⁶
- Chronic obstructive pulmonary disease (COPD)⁴⁷
- Asthma and cystic fibrosis⁴⁸
- Eye diseases⁴⁹
- Ongoing support of periodontitis and gingivitis⁵⁰
- Gastrointestinal chronic pathogen colonization (CPC) in asymptomatic kidney transplant patients⁵¹
- Abnormal gut microbiome secondary to antibiotic exposure⁵²
- Obesity and weight gain⁵³ 

Endnotes

(To access abstracts and some full-length articles, type in PMID number on the PubMed website in the Search box: <https://www.ncbi.nlm.nih.gov/pubmed>)

1. Schooley R, "The human microbiome: implications for health and disease, including HIV infection," *Topics in Antiviral*

ral Medicine, 26:75-78 (2018), PMID: 30384329.

2. Barko P, McMichael M, Swanson K, Williams D, "The gastro-intestinal microbiome: a review," *Journal of Veterinary Internal Medicine*, 32:9-25 (2018), PMID: 29171095.

3. Maruvada P, Leone V, Kaplan L, Chang E, "The human microbiome and obesity: moving beyond associations," *Cell Host & Microbe*, 22:589-599 (2017), PMID: 29120742.

4. Del Pozo J, "Biofilm-related disease," Expert Review of Anti-Infective Therapy, 16:51-65 (2018), PMID: 29235402; Kuang X, Chen V, Xu X, "Novel approaches to the control of oral microbial biofilms," *BioMed Research International*, 2018:6498932 (2018), PMID: 30687755.

5. Roy R, Tiwari M, Donelli G, Tiwari V, "Strategies for combating bacterial biofilms: a focus on anti-biofilm agents and their mechanisms of action," *Virulence*, 9:522-554 (2018), PMID: 28362216.

6. Seminario-Amez M, Lopez-Lopez J, Estrugo-Devesa A, et al., "Probiotics and oral health: a systematic review," *Medicina Oral, Patologia Oral y Cirugia Bucal*, 22:e282-e288 (2017), PMID: 28390121.

7. Richenbacher O, Filippi C, Zurcher A, Filippi A, "Acceptance of a tongue vacuum cleaner among children and evaluation of tongue cleaning at home," *Swiss Dental Journal*, 129:102-107 (2019), PMID: 30647023.

8. Gao L, Liu P, Song J, "Relationship between tongue presentations and serum level of C-reactive protein in patients with acute cerebral infarction" [article in Chinese], *Chinese Journal of Integrated Traditional and Western Medicine*, 30:1146-1148 (2010), PMID: 21275163.

9. Pedrazzi V, Sato S, de Mattos Mda G, et al., "Tongue-cleaning methods: a comparative clinical trial employing a toothbrush and a tongue scraper," *Journal of Periodontology*, 75:1009-1012 (2004), PMID: 15341360; Outhouse T, Fedorowicz Z, Keenan J, Al-Alawi R, "A Cochrane systematic review finds tongue scrapers have short-term efficacy in controlling halitosis," *General Dentistry*, 54:352-360, 367-368 (2006), PMID: 17004573.

10. Goncalves A, Martins M, Paula B, et al., "A new technique for tongue brushing and halitosis reduction: the X technique," *Journal of Applied Oral Science*, 27:e20180331 (2019), PMID: 30970113.

11. Amou T, Hinode D, Yoshioka M, Grenier D, "Relationship between halitosis and periodontal disease-associated oral bacteria in tongue coatings," *International Journal of Dental Hygiene*, 12:145-151 (2014), PMID: 23890391.

12. Cherel F, Mobilia A, Lundgren T, et al., "Rate of reformation of tongue coatings in young adults," *International Journal of Dental Hygiene*, 6:371-375 (2008), PMID: 19138189.

13. Martin A, Finlay W, "Nebulizers for drug delivery to the lungs," *Expert Opinion on Drug Delivery*, 12:889-900 (2015), PMID: 25534396.

14. Olmedo G, Grillo-Puertas M, Cerioni L, et al., "Removal of pathogenic bacterial biofilms by combinations of oxidizing compounds," *Canadian Journal of Microbiology*, 61:351-356 (2015), PMID: 25864510; Guo Q, Wu Q, Bai D et al. (2016) Potential use of dimethyl sulfoxide in treatment of infections caused by *Pseudomonas aeruginosa*. *Antimicrobial Agents and Chemotherapy* 60:7159-7169. PMID: 27645245; Yahya M, Alias Z, Karsani S, "Subtractive protein profiling of *Salmonella typhimurium* biofilm treated with DMSO," *The Protein Journal*, 36:286-298 (2017), PMID: 28470375; Yahya M, Alias Z, Karsani S, "Anti-biofilm activity and mode of action of DMSO alone and its combination with afatinib against Gram-negative pathogens," *Folia Microbiologica*, 63:23-30 (2018), PMID: 28540585.

15. Lezutekong J, Nikhanj A, Oudit G, "Imbalance of gut microbiome and intestinal epithelial barrier dysfunction in cardiovascular disease," *Clinical Science*, 132:901-904 (2018), PMID: 29712884; Obrenovich MEM, "Leaky gut, leaky brain?" *Microorganisms*, 6 (2018), PMID: 30340384.

16. Belkaid Y, Harrison O, "Homeostatic immunity and the microbiota," *Immunity*, 46:562-576 (2017), PMID: 28423337.

17. Mendoza L, "Potential effect of probiotics in the treatment of breast cancer," *Oncology Reviews*, 13:422 (2019), PMID: 31583054.

18. Pushalkar S, Hundeyin M, Daley D, et al., "The pancreatic cancer microbiome promotes oncogenesis by induction of innate and adaptive immune suppression," *Cancer Discovery*,

8:403-416 (2018), PMID: 29567829; Aykut B, Pushalkar S, Chen R, et al., "The fungal microbiome promotes pancreatic oncogenesis via activation of MBL," *Nature*, Oct 2 (2019) [Epub ahead of print], PMID: 31578522.

19. Song M, Chan A, Sun J, "Influence of the gut microbiome, diet, and environment on risk of colorectal cancer," *Gastroenterology*, Oct 3 (2019) [Epub ahead of print], PMID: 31586566.

20. Fandriks L, "Roles of the gut in the metabolic syndrome: an overview," *Journal of Internal Medicine*, 281:319-336 (2017), PMID: 27991713.

21. Kitai T, Kirsop J, Tang W, "Exploring the microbiome in heart failure," *Current Heart Failure Reports*, 13:103-109 (2016), PMID: 26886380.

22. Barna I, Nyul D, Szentes T, Schwab R, "Review of the relation between gut microbiome, metabolic disease and hypertension" [article in Hungarian], *Orvosi Hetilap*, 159:346-351 (2018), PMID: 29480046.

23. Zhang J, Ma S, Wu S, et al., "Effects of probiotic supplement in pregnant women with gestational diabetes mellitus: a systematic review and meta-analysis of randomized controlled trials," *Journal of Diabetes Research*, 2019:5364730 (2019), PMID: 31583250.

24. Neuman H, Koren O, "The pregnancy microbiome," *Nestle Nutrition Institute Workshop Series*, 88:1-9 (2017), PMID: 28346919.

25. Ipci K, Altintoprak N, Muluk N, et al., "The possible mechanisms of the human microbiome in allergic diseases," *European Archives of Oto-Rhino-Laryngology*, 274:617-626 (2017), PMID: 27115907; Santos S, Konstantyner T, Cocco R, "Effects of probiotics in the treatment of food hypersensitivity in children: a systematic review," *Allergologia et Immunopathologia*, Aug 30 (2019) [Epub ahead of print], PMID: 31477401.

26. Kohling H, Plummer S, Marchesi J, et al., "The microbiota and autoimmunity: their role in thyroid autoimmune diseases," *Clinical Immunology*, 183:63-74 (2017), PMID: 28689782.

27. Yurtdas G, Akdevelioglu Y, "A new approach to polycystic ovary syndrome: the gut microbiota," *Journal of the American College of Nutrition*, 12:1-12 (2019), PMID: 31513473.

28. Naghibi M, Day R, Stone S, Harper A, "Probiotics for the prophylaxis of migraine: a systematic review of randomized placebo controlled trials," *Journal of Clinical Medicine*, 8 (2019), PMID: 31514352.

29. Zheng P, Zeng B, Zhou C, et al., "Gut microbiome remodeling induces depressive-like behaviors through a pathway mediated by the host's metabolism," *Molecular Psychiatry*, 21:786-796 (2016), PMID: 27067014.

30. Srikantha P, Mohajeri M, "The possible role of the microbiota-gut-brain-axis in autism spectrum disorder," *International Journal of Molecular Sciences*, 20 (2019), PMID: 31035684.

31. Simkin D "Microbiome and mental health, specifically as it relates to adolescents," *Current Psychiatry Reports*, 21:93 (2019), PMID: 31478105.

32. Gareau M, "Cognitive function and the microbiome," *International Review of Neurobiology*, 131:227-246 (2016), PMID: 27793221.

33. Quigley E, "Microbiota-brain-gut axis and neurodegenerative diseases," *Current Neurology and Neuroscience Reports*, 17:94 (2017), PMID: 29039142.

34. Winek K, Dirnagl U, Meisel A, "The gut microbiome as therapeutic target in central nervous system diseases: implications for stroke," *Neurotherapeutics*, 13:762-774 (2016), PMID: 27714645.

35. Ding F, Karkhanavaz M, Zorzela L, et al., "Probiotics for paediatric functional abdominal pain disorders: a rapid review," *Paediatrics & Child Health*, 24:383-394 (2019), PMID: 31528110.

36. Lo B, Shin S, Messing M, McNagny K, "Chronic *Salmonella* infection induced intestinal fibrosis," *Journal of Visualized Experiments*, Sep 22 (2019), PMID: 31589208.

37. Joyce S, Gahan C, "Disease-associated changes in bile acid profiles and links to altered gut microbiota," *Digestive Diseases*, 35:169-177 (2017), PMID: 28249284.

38. Victor D 3rd, Quigley E, "The microbiome and the liver: the basics," *Seminars in Liver Disease*, 36:299-305 (2016), PMID: 27997968; Adolph T, Grandt C, Moschen A, Tilg H (2018) Liver-microbiome axis in health and disease. *Trends in Immunology* 39:712-723. PMID: 29843959.

39. Li C, Wang T, Li Y, et al. (2019) Probiotics for the treatment of women with bacterial vaginosis: a systematic review and meta-analysis of randomized clinical trials. *European Journal of Pharmacology* Sep 25 [Epub ahead of print]. PMID: 31562865.

40. Pico-Monllor J, Mingot-Ascencio J, "Search and selection of probiotics that improve mucositis symptoms in oncologic patients: a systematic review," *Nutrients*, 11 (2019), PMID: 31581434.

41. Gadelha C, Bezerra A, "Effects of probiotics on the lipid profile: systematic review," *Jornal Vascular Brasileiro*, 18:e20180124 (2019); Tiderencel K, Hutcheon D, Ziegler J, "Probiotics for the treatment of type 2 diabetes: a review of randomized controlled trials," *Diabetes/Metabolism Research and Reviews*, Aug 29 (2019) [Epub ahead of print], PMID: 31465625.

42. Verwoerd A, Haar N, de Roock S, et al., "The human microbiome and juvenile idiopathic arthritis," *Pediatric Rheumatology Online Journal*, 14:55 (2016), PMID: 27650128.

43. Costello M, Robinson P, Benham H, Brown M, "The intestinal microbiome in human disease and how it relates to arthritis and spondyloarthritis," *Best Practice & Research. Clinical Rheumatology*, 29:202-212 (2015), PMID: 26362739.

44. Rosenbaum J, Asquith M, "The microbiome: a revolution in treatment for rheumatic disease?" *Current Rheumatology Reports*, 18:62 (2016), PMID: 27641915.

45. Wilkins T, Sequoia J, "Probiotics for gastrointestinal conditions: a summary of the evidence," *American Family Physician*, 96:170-178 (2017), PMID: 28762696.

46. Salisbury M, Han M, Dickson R, Molyneux P, "The microbiome in interstitial lung disease: from pathogenesis to treatment target," *Current Opinion in Pulmonary Medicine*, 23:404-410 (2017), PMID: 28650861.

47. Wang L, Hao K, Yang T, Wang C, "Role of the lung microbiome in the pathogenesis of chronic obstructive pulmonary disease," *Chinese Medical Journal*, 130:2107-2111 (2017), PMID: 28741603.

48. Chotirmall S, Gellatly S, Budden K, et al., "Microbiomes in respiratory health and disease: an Asia-Pacific perspective," *Respirology*, 22:240-250 (2017), PMID: 28102970.

49. Lu L, Liu J, "Human microbiota and ophthalmic disease," *Yale Journal of Biology and Medicine*, 89:325-330 (2016), PMID: 27698616; Rowan S, Taylor A, "The role of microbiota in retinal disease," *Advances in Experimental Medicine and Biology*, 1074:429-435 (2018), PMID: 29721973.

50. Cantore S, Ballini A, De Vito D, et al., "Clinical results of improvement in periodontal condition by administration of oral probiotics," *Journal of Biological Regulators and Homeostatic Agents*, 32:1329-1334 (2018), PMID: 30334434; Inchingolo F, Dipalma G, Cirulli N, et al., "Microbiological results of improvement in periodontal condition by administration of oral probiotics," *Journal of Biological Regulators and Homeostatic Agents*, 32:1323-1328 (2018), PMID: 30334433; Soares L, Carvalho E, Tinoco E, "Clinical effect of *Lactobacillus* on the treatment of severe periodontitis and halitosis: a double-blind, placebo-controlled, randomized clinical trial," *American Journal of Dentistry*, 32:9-13 (2019), PMID: 30834725.

51. Westblade L, Satlin M, Albakry S, et al., "Gastrointestinal pathogen colonization and the microbiome in asymptomatic kidney transplant recipients," *Transplant Infectious Disease*, Sep 10 (2019) [Epub ahead of print], PMID: 31502737.

52. Yallapragada S, Nash C, Robinson D, "Early-life exposure to antibiotics, alterations in the intestinal microbiome, and risk of metabolic disease in children and adults," *Pediatric Annals*, 44:e265-e269 (2015), PMID: 26587819.

53. John G, Mullin G, "The gut microbiome and obesity," *Current Oncology Reports*, 18:45 (2016), PMID: 27255389; Crovesy L, Ostrowski M, Ferreira DMTP, et al., "Effect of *Lactobacillus* on body weight and body fat in overweight subjects: a systematic review of randomized controlled clinical trials," *International Journal of Obesity*, 41:1607-1614 (2017), PMID: 28792488; Menni C, Jackson M, Pallister T, et al., "Gut microbiome diversity and high-fibre intake are related to lower long-term weight gain," *International Journal of Obesity*, 41:1099-1105 (2017), PMID: 28286339; Segnfredo F, Blume C, Moehlecke M, et al., "Weight-loss interventions and gut microbiota changes in overweight and obese patients: a systematic review," *Obesity Reviews*, 18:832-851 (2017), PMID: 28524627.

**The Only Thing
You Have to Fear
is Fear Itself**



Your Chance Of Developing Symptoms or Dying From The Menacing Coronavirus That Now Threatens Global Human Populations is 0.0000017482% Symptoms/ 0.0000001137% Death

BY BILL SARDI

My email inbox fills with questions: what about the coronavirus epidemic?

Is death on its way from Asia to the West? There is no vaccine for this viral scourge. Will our infants who have no antibodies against this virus die? Will vulnerable and frail senior adults be whisked off in ambulances to hospital intensive-care units, never to return home as they drown in their own fluids in their lungs (pneumonia)?

Yet, the coronavirus is just a common cold virus.

Yep, the coronavirus is just a common virus that infects your nose, sinuses, and upper throat and produces the same symptoms as a cold. But the fear that is being spread by public-health authorities and the news media would make one think the Earth is in the middle of a historic human pandemic.

The coronavirus that is menacing human populations around the Globe right now is an RNA virus that is “enveloped” so it resists eradication by one’s own immune system. In a very few subjects who are immune compromised, such as patients taking drugs for autoimmune disorders (Cyclosporine, Prednisone, Methotrexate, Imuran), or youngsters who have undeveloped immunity, or others who are old and have weak immune systems due to malnutrition, they may develop pneumonia (drown in their own pus and fluid in their lungs) and be hospitalized, placed on a respirator, or die.

Just in case you are worried, out of a population of 7.8 billion people on Earth,

your chance of developing symptoms from this corona-shaped cold virus is about 1 in millions and for death about 1 in hundreds of millions. However, risk dramatically increases with advancing age and among malnourished populations such as in Asia where deficiencies of essential nutrients – namely zinc and Vitamins C, and D – are often prevalent. Modern medicine casts a blind eye on nutrition.

But, regardless of what you have just read here that minimalizes the risk, health officials are beating the “Coronavirus drum,” with mass contagion predicted and an expert predicting this outbreak could be ten times worse than the 2003 SARS epidemic that left 813 dead. That may only be true in a country with a large portion of malnourished people such as China. The estimate that the Coronavirus will grow to 10,000 cases in the Chinese city of Wuhan (11 million population) is still a very low risk — 1/100th of one percent.

Public-health officials are pulling off another one of their ruses, wearing hazmat suits, quarantining whole cities, and swabbing the throats of airplane passengers who land in foreign countries after visiting the Coronavirus epicenter, Wuhan, China. Public fear is created. At this point, no one knows whether the death rate is higher than past cold and flu seasons.

Treatment But not a Cure

And just so you know, there is no proven treatment or vaccine to prevent or abolish coronavirus infections. Standard treatment to allay symptoms is comprised of steroids to reduce inflammation, judicious use of

antibiotics and (largely ineffective) antiviral drugs like interferon or ribavirin. Steroids reduce inflammation but deplete Vitamin C. This makes it difficult to wean off cortisone.

Self-treated patients may opt for over-the-counter medicines that contain Vitamin C-depleting medications such as aspirin and acetaminophen/Tylenol (a prominent ingredient in Nyquil) that depletes glutathione, a major internal antioxidant produced by Vitamin C. Smoking further depletes Vitamin C. Individuals on diuretics (water pills) for high blood pressure wash out their Vitamin C even faster. Unwittingly, under these circumstances, a viral infection could get worse, not better.

Based upon symptoms, public health authorities tend to overestimate the percentage of ill patients that actually have laboratory-confirmed coronavirus. In one study, among 1460 cases of unexplained respiratory illnesses reported to the Centers For Disease Control, only 2% were laboratory confirmed coronavirus.

In the oft-cited 2003 SARS coronavirus epidemic, most cases in the U.S. were attributed to air travel to the U.S. from Asia and “there was no evidence of community transmission.” Even in Hong Kong, in the 2003-2004 SARS coronavirus outbreak, only 3.4% of patients died and all were over age of 65. So, age is the mortal factor, not infection itself.

The Biotech industry prays for these infectious disease outbreaks to free-up public funds to develop drugs and vaccines. Otherwise the drug/vaccine makers have to bear the research and development burden on their own.

Useless Health Advice

All of the advice to stay away from crowds, wear a mask, and wash your hands is inadequate. That is because the lack of hygiene is not why cold and flu viruses plague the Planet in Winter months. It is just that Winter months are when the human immune system is prone to crash. The disease is a lack of internal defense, not external exposure and transmission. The primary reason for this is plunging Vitamin D levels from lack of sunlight as the Earth tilts away from the Sun in the Winter solstice.

Sunshine Vitamin D activates a rapidly responding class of white blood cells called neutrophils that literally blow up viral-infected cells. This is the key.



Pray to God the Virus Doesn't Mutate?

Fearmongers warn that the coronavirus may mutate and spread faster, and news agencies lament the stock market is crashing while spreading fear to attract readers and viewers. The 2019 coronavirus IS a new mutation. But some mutations actually reduce its virulence. The irresponsibility of news reports is in their not informing the public that any fast-mutating coronavirus would be self-limiting and rapidly "peter out" into a less virulent form.

Inflammation and Coronavirus Control

During a coronavirus infection, inflammation, particularly in the lungs, is activated by a protein complex called

Nuclear Factor kappaB.

Coronaviruses activate NF kappaB which is the key signaling molecule that provokes the inflammation that ends up filling the lungs with fluid. Any agent that targets and inhibits NF kappaB is a candidate for quelling coronaviruses.

While it is said there are no proven cures to battle coronavirus, and pharmaceutical companies attempt to develop patentable NF kappaB inhibitors, there are 785 natural NF kappaB inhibitors that have already been identified that include Vitamins D, C, and E, alpha lipoic acid, NAC (sulfur), resveratrol, quercetin, zinc, and garlic (allicin), among many others, all commercially available online or at health shops.

Innate Immunity: Vitamin D

There are two immune responses in humans: the rapid innate immunity and latent adaptive immunity. The innate immune response is considered the "key regulator in the virulence of coronavirus infections."

The earliest arriving white blood cells at the site of infection are neutrophils and are part of the innate immune system. Neutrophils comprise approximately 60% of the white blood cells in circulation.

Vitamin D is the governor of innate immunity. The protective benefits of Vitamin D are said to "lie in its ability to stimulate innate immunity and reduce inflammation."

Vitamin D suppresses NF-kappa B signaling and dampens excessive inflammation while enhancing the killing of viruses by neutrophils.

Senior adults have been found to have

2.6 times greater risk for pneumonia between the highest and lowest blood levels of Vitamin D.

How Much Vitamin D?

Particularly in Winter months, or among people who don't get much sunshine that produces natural Vitamin D, children, adults, and dark skinned people, need far more Vitamin D than is recommended. Due to a miscalculation, the need for supplemental Vitamin D is underestimated; adults need about 8000 units/day; infants 1000 units; children over age one year, 3000 units/day.

The Daily Value published on the back of bottles of Vitamin D is 400-800 units, which doesn't even raise blood levels. This locks in a certain amount of otherwise preventable disease in the population at large. This is akin to allowing some pyromaniac to start fires just to show off how fast fire departments respond.

In sunshine equivalents, 400-800 units of Vitamin D equal about five minutes of midday sun/skin exposure in Summer; while 8000 units equal about one hour of midday sun/skin exposure. If you are not getting 30-60 minutes of midday Summer sunshine, you do not have optimal blood levels of Vitamin D.

Around 42% of the adult U.S. population has low blood levels of Vitamin D. That figure rises in northern latitudes to almost everybody in Winter months. And at higher latitudes, dark-skinned populations are much more apt to be Vitamin D-compromised.

The liver stores about a three-month supply of this fat-soluble vitamin, so doctors inject up to 300,000 units of vitamin D2 for wintertime protection in vulnerable D-deficient subjects. Most people can forget blood tests and presume that they are D-deficient in Winter. Don't wait for cold and flu symptoms. Others need to check their levels.

Take 50,000 units of Vitamin D at the first hint of cold or flu symptoms for a day or two. Otherwise, you will endure some 7-8 days of misery until your adaptive immune

system kicks in and produces B cells in bone marrow and T cells in the thymus gland to produce tailor-made antibodies against the particular strain of coronavirus in circulation.

Some experts have cautioned that high-dose Vitamin D3 calls for increased intake of Vitamin K2 (not K1) and magnesium to properly activate the Vitamin D3. So, take note of these other nutrient needs.

How to Handle an Over-Responsive Immune System

One of the problems with the human immune system is that at times it over-responds. Over-aggressive arrival of neutrophils can induce deadly inflammation in the lungs.

To balance the immune response so that the neutrophils don't over-respond to produce inflammation themselves that then results in your lungs filling up with fluid, Vitamin D and the red-wine molecule resveratrol normalize the immune response. Resveratrol by itself is a potent anti-viral agent against coronavirus. In a lab dish, resveratrol "completely blocked viral replication even at a low concentration."

Zinc to the Rescue

With advancing age humans are increasingly susceptible to viral infection. A Harvard Medical School Health Bulletin says, "No one knows for sure why this happens, but some scientists observe that this increased risk (with advancing age) correlates with a decrease in T cells, possibly from the thymus atrophying (shrinking) with age and producing fewer T cells to fight off infection." Don't believe this.

T cells are produced in the thymus gland, located under your breastplate bone. Freshly made T cells in the thymus will generate tailor-made antibodies against the particular strain of virus you are exposed to.

This age-related susceptibility to infection is associated with a significant reduction in the magnitude of the viral T-cell response. T cells generate a memory antibody response and are able to clear viruses and protect against lethal infection. T-cells pro-

duce life-long immunity. The thymus gland shrinks from the size of a walnut in youth to the size of a pea in old age. This is largely due to lack of intake or poor absorption of the trace mineral zinc.

Zinc inhibits growth and replication of RNA viruses such as coronaviruses. One of the best foods containing an abundant amount of zinc is oysters. Sufficient zinc intake is only achievable from consumption of a variety of foods. Very young children are often picky eaters. Zinc deficiency is rampant among young children throughout the World. For example, studies showed 70% of children under age 5 in Vietnam were zinc deficient and 49% in Colombia.

Zinc lozenges that provide 18 milligrams or more of zinc gluconate or acetate (zinc acetate is the best, and don't swallow them) can rapidly quell a common-cold virus like the coronavirus. Orally-ingested tablets, liquid, and syrups are less effective. Be watchful, many brands of zinc lozenges do not provide enough zinc. Zinc lozenges can shorten common colds by 6-7 days.

Coronavirus Propaganda

Don't be duped by all the fear-evoking news reports. Turn off the television.

You would never imagine public-health authorities plan these epidemics, but they do. In a classic example of "predictive programming," the current planned epidemic eerily follows the script of the 2011 movie CONTAGION, which shows the virus originating with a bat in China. Just like the human immune system can over-respond to infection, the World Health Organization and the Centers for Disease Control over-react to the imagined pandemic. In either case, Vitamin D is the antidote. Be wary of what you read in news reports. An uninformed populace is blind. Remember, in the land of the blind, the one-eyed man is king. 🇺🇸

© 2020 Bill Sardi

Endnotes To access all the Endnotes, go to: <https://thenhf.com/2020/02/04/the-only-thing-you-have-to-fear-is-fear-itself/>



In Memory Of...

Michael Scott Paul

Tim Morrow

Franklin R. Samuels

Butler Shaffer

Christopher Tolkien

A Caring Memorial

Remember your loved ones by serving the living. Your loving memorial will preserve the freedom to choose for your children and grandchildren.

The NHF is an organization devoted to truth. Thank you for caring!

THIS GIFT IS IN MEMORY OF

YOUR NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

Would you like us to send you an acknowledgement card? ☐ Yes ☐ No

Make payment through PayPal, call in with your credit card, or mail check to:
NATIONAL HEALTH FEDERATION
P.O. Box 688
Monrovia, CA 91017 USA
Phone: 1-626-357-2181

IN MEMORIAM

Tim Morrow

March 9, 1934 – December 20, 2019

"Growing Old Does Not Make Us Sick, It's Growing Sick that Makes Us Old."

– TIM MORROW

Our late NHF member Tim Morrow was an Herbalist and Iridologist, who in 1985 established a health company in Southern California called Common Sense™ Products (www.commonsenseherbs.com). As its president and founder, and almost until the very day he passed away, he traveled extensively throughout the United States teaching the principles of how to develop and maintain good health through the use of herbs and iridology.

Born on March 9, 1934, in Kansas City, Kansas, Tim always talked about how he remembered growing up on a farm where he and his three brothers would help his Mother plant and grow their own fruits and vegetables. He recalled never having to visit a clinic when they were feeling ill. Tim shared with his family and friends that instead, "My Mother would go out in the field and grab some herbs and make teas, poultices, and make us all better!" He carried those memories, which laid a foundation for his life's purpose, throughout his entire life.

At the age of 43, however, Tim suddenly started passing bloody urine. He didn't feel any pain or discomfort but alarm bells went off nonetheless. Upon the advice of his family and friends, Tim went to see a doctor to have it checked out. In fact, he went to see several doctors, all of whom ran various tests, including those covering his prostate. The diagnosis was not good: prostate cancer. What followed was Tim's five-year nightmare of failed medical treatments. Once he realized that he was not getting any better, he understandably began to look for answers elsewhere.

A voice inside him told him that it was time for him to take care of his own health. He began doing his own research in those pre-internet days at the Inglewood Library in Southern California and eventually came across some books that spoke about natu-



ral healing using herbs for cleansing and changing one's diet. Tim started taking herbal supplements and changing his diet. After a few short months of making these lifestyle changes, Tim went back to the doctor to get his prostate checked. The doctor was amazed and confused! Tim's prostate cancer was nowhere to be found!

As family, friends, and acquaintances began noticing the great improvements in Tim's health, they would ask him what he was doing to make himself look and feel so healthy. Tim began sharing the information that he had learned from his research and began receiving unsolicited payments from the people who wanted his guidance for herbal healing. That was the year, 1985, when Tim merged his love for helping others get well with the health business he created called Common Sense™ Products.

But that wasn't the only thing he created. Tim's health had so improved that at the age of 60 he fathered another healthy daughter.

For over 35 years, Tim traveled all over the World giving herbal lectures at a variety of venues: homes, churches, schools, businesses, and many more! Tim loved

spreading the ancient and sure knowledge; and he found comfort in knowing that if he taught others how to heal themselves with the herbs God provided, he had fulfilled his purpose.

Tim always encouraged us to think for ourselves, to use our common sense. As he would often say, we cause our own sickness through bad eating, lack of exercise, and depending on medication for things that could be rectified by life-style changes. We can still hear him admonish us, "Don't Blame! Listen to Yourself! You know your body better than anyone. Don't give your decision-making power to another, Use Your Common Sense."

"Your health is your responsibility," he believed and taught. But as with many of us who have fought and are still fighting for optimal health and health freedom, Tim was not immune to attacks from the conventional medical community. Falsely accused by medical authorities of having caused the death of a young boy with juvenile diabetes, Tim and his herbs were the scapegoat for people who refused to see the obvious: that the diabetic boy had accidentally overdosed himself through unsupervised insulin use. Still, Tim's reputation had been unjustly stained.

This unnecessary legal battle diverted Tim from his positive healing work and contributed to the stress that undoubtedly accelerated his untimely death. Regardless, up to the very end, he kept his bright smile for others as well as his unwavering commitment to giving the gift of true health, which superseded any earthly trials.

Tim had faith and belief, as did the many thousands of people whom he helped over the decades. He has left a true Legacy there as well as with his wife, Evitta, and daughter, Danielle, as well as his extended family and the Common Sense Product Family. Rest in Peace, Dearest Friend and Holistic Master of Herbal Remedies!

NO DEATHS FROM VITAMINS. None.

Supplement Safety Confirmed by America's Largest Database

BY ANDREW W. SAUL, M.D.

The 36th annual report from the American Association of Poison Control Centers shows **zero deaths from any vitamin**. Supporting data is in Table 22B, pages 1412-1413, at the very end of the report published in *Clinical Toxicology*.¹ It is interesting that it is so quietly placed way back there where nary a news reporter is likely to see it.

But wait, there's more:

- The AAPCC report shows **no deaths from any dietary mineral** supplement.
- There were **no fatalities from amino acids, creatine**, blue-green algae, glucosamine, or chondroitin.
- There were **no deaths from herbs**. *This means no deaths at all* from blue cohosh, Echinacea, ginkgo biloba, ginseng, kava kava, St. John's wort, valerian, yohimbe, ma huang/ephedra, guarana, kola nut, or yerba mate. And, there were no deaths from energy drinks. While the *Orthomolecular Medicine News Service* considers a number of these items to be improperly classified as dietary supplements, they are nonetheless specified by AAPCC as causing zero fatalities.
- There were **no deaths from any homeopathic remedy**, Asian medicine, Hispanic medicine, or Ayurvedic medicine. None.

On page 1407, a single death is attributed to an "Unknown Cultural Medicine" and five fatalities are alleged to have been caused by some "Unknown Dietary Supplements or Homeopathic Agents." The obvious uncertainty of such listings diminishes any claim of validity. Something caused those six deaths, but investigators



simply have no idea what it was. So, they blame a supplement or natural remedy. It is a bit like a homicide detective telling a judge that murders were committed by either a man, or a woman, or an animal, using perhaps a knife, gun, or claws. Few magistrates would issue warrants accordingly.

Throughout the entire year, coast to coast across the entire USA, there was not one single death from a vitamin, mineral, or any other nutritional supplement. If supplements are allegedly so "dangerous," as the FDA, the news media, and even some physicians still claim, then *where are the bodies?* 🗿

Endnote

1. Gummin DD, Mowry JB, Spyker DA, et al., "2018 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 36th

Annual Report," *Clinical Toxicology*, 57:12, 1220-1413 (2019), PMID: 31752545, DOI: 10.1080/15563650.2019.1677022, at <https://www.tandfonline.com/doi/abs/10.1080/15563650.2019.1677022> or <https://www.tandfonline.com/toc/ictx20/57/12?nav=tocList>.

Andrew W. Saul is Editor-in-Chief of the *Orthomolecular Medicine News Service*, now in its 15th year of free publication. He is also a member of the Japanese College of Intravenous Therapy, the *Orthomolecular Medicine Hall of Fame*, and is author or coauthor of twelve books. He has no financial connection whatsoever to the supplement or health-products industry.

Originally published at *Orthomolecular Medicine News Service*: <http://orthomolecular.org/resources/omns/v15n20.shtml>; <http://orthomolecular.org/subscribe.html>; OMNS archive link <http://orthomolecular.org/resources/omns/index.shtml>

GcMAF – The Cancer Cure That Will Not Die

The Lyn Thyer & David Noakes Case

BY SCOTT C. TIPS, PRESIDENT, NATIONAL HEALTH FEDERATION

December 26, 2019



For those of you new to this nightmare story, David Noakes and Lynda (Lyn) Thyer were investigated – and David was prosecuted – in Great Britain for having cured people of cancer with GcMAF, a glyco-protein macrophage activating factor that is naturally produced in every healthy human. See www.GcMAF.se. Unhealthy people, particularly those with cancer or viral diseases, can be helped greatly with injections of very minute amounts of GcMAF. Lives can be saved and were saved – and without side effects. But the Medical Mafia wasn't going to take that lying down.

Despite the fact that cancer patients were only helped and not hurt, the offices of David's company were raided, vials of GcMAF seized, treatments of patients terminated leading to their deaths soon thereafter, and innocent persons sentenced to prison. For having saved thousands of people's lives, David himself served five months out of a 15-month sentence in Wandsworth Prison in London. Lyn Thyer,

in turn, was never charged in England but was ratted out by the British to the French with a made-up story of evil health "swindles" in northern France. In July-August 2019, Lyn was kidnapped by the authorities and sent off to France in handcuffs.

Who's the Real Swindler Here?

Notwithstanding robust scientific evidence backing the efficacy of the product (including hundreds of GcMAF research papers on Google Scholar alone), the French and British governments, through their respective agencies, have asserted that GcMAF is a fraud and a swindle. Of course they would say that, controlled as they are by the \$200-billion-a-year pharmaceutical industry. Ignoring the 350 scientific papers and numerous PubMed references and scientists solidly supporting the legitimacy of GcMAF, not even to mention the hugely successful track record of clinical treatments of thousands of patients, these governmental branches of the

pharmaceutical industry myopically focus on the tired, old, and discredited money-makers that they themselves fraudulently peddle: chemotherapy, radiation, and surgical procedures that do more to kill the patients than cure them.

Unlike chemotherapy's miserable "cure" rates in the single digits, GcMAF injections are racking up success rates of 75-100%, and at only 1% of the cost of conventional treatments. GcMAF is a real threat to the disease-care industry with which government has saddled us. And one that the pharmaceutical industry is desperately trying to eradicate before it catches on with the general public.

The industry and its regulatory lapdogs conveniently hide behind laws enacted to prevent competition, such as the Cancer Act of 1939 in the UK, which outlaws advertising any treatments other than chemotherapy, surgery, and, later, radiation. Just imagine if the pharmaceutical industry had had this kind of legislative clout centuries ago in 1215 and had enacted the "Leeches Act

of 1215," outlawing any medical treatments other than leeches. And imagine further if that ill-begotten law had endured until today. What kind of medical advance would have been throttled and killed during all of those many centuries? How many innocent people would have needlessly died just to protect the leech industry?

Well, that is exactly the circumstance that we all face today with the 1939 Cancer Act. Our lives and those of our loved ones are being held hostage by the cancer industry simply so that it can continue to stuff its pockets with money gained through fraud and swindle. They are the real frauds and swindlers here, and the government agents who enable them to defraud people are just as guilty of suppressing GcMAF's valid, peer-reviewed science and clinical success.

Lyn Thyer's Current Status

The NHF legal team in Paris had sprung Lyn Thyer from prison on Sunday, December 8, 2019. I was there, waiting for 3-1/2 hours in the miserable cold and rain at the Fleury-Mérogis Prison in the southern suburbs of Paris, to take her away from there. She came out weakened but in high spirits. Even though Lyn stayed in France and dutifully showed up for all three of her court appearances in the week that she was out, such compliance seemed to count for nothing.

In a stunning and shocking reversal on Monday, December 16th, the French Court of Appeals ruled that rather than do justice they would rather hold GcMAF scientist Lyn Thyer hostage in prison in an effort to entice David Noakes to surrender himself to French "justice." The Justices listened sympathetically to NHF attorney Chloé Arnoux's arguments, even apparently agreeing with some of them, but then perversely ruled against her and ordered the gendarmes to arrest and handcuff Lyn Thyer and escort her back to prison.

Given Lyn's rapidly deteriorating physical condition since her prison ordeal began many months ago, this made absolutely no sense to imprison her and indeed has set off protests against the French government for having done this injustice

to her. The French Court of Appeals evidently found the December 12th decision of the EU Court of Justice in another case persuasive, when the latter decided that European arrest warrants issued by prosecutors were valid despite the EU Court of Human Rights' clear-cut decision that they were invalid.

Sadly, then, while others were celebrating Christmas, Lyn had to spend hers in a miserable, overcrowded prison. Food and

Unlike chemotherapy's miserable "cure" rates in the single digits, GcMAF injections are racking up success rates of 75-100%, and at only 1% of the cost of conventional treatments.

nutrition there are minimal and the cells are cold, especially at this time of year, as you can easily imagine. Escaping even through sleep is impossible as lights are turned on every hour all night long in the guise of "bed checks." Sleep deprivation is a form of torture! Lyn's health, both mentally and physically, is not good. Please write her your words of support at: **Lynda Banks Thyer #454951, MAF de Fleury-Mérogis Prison, 9 Avenue des Peupliers, 91705 Sainte-Geneviève-des-Bois, France. (Please include your return address in the letter, and note her new prisoner number.)**

"Justice" Now Means "Just Us"

There is no justice in France, England, Canada, the United States, or really anywhere these days. The practice of Rule of Law slips away from us at an accelerating speed. The Elite get away with murder and are never punished while the rest of us must contend with shrinking boundaries of freedom and stiff penalties and imprisonment should we transgress them even in the smallest way. As the trend forecaster and author Gerald Celente said, "Justice now means 'Just Us.'" It's all about what is

good for the Elite, not for you or me.

Just look at Lyn and David's cases. Jean-Luc Gadaud is the so-called investigative judge in their cases and has dealt with them harshly and with indignation, even self-righteous, anger. However, within the same time frame, "Judge" Gadaud was also named in October 2018 as the investigative judge on a case in which a giant French dairy company called Lactalis was accused of poisoning *thousands* of people with Salmonella contamination *in 83 countries*. Strangely enough, after 14 months of investigation, and despite Lactalis' belated admission of wrong-doing including a nine-month delay in informing the French authorities and a subsequent massive recall of 12 million boxes of powdered baby milk from the marketplace, Gadaud did not imprison a single wrongdoer! Yet, in the GcMAF cases, where Lyn and David are innocent of any wrongdoing in France (or anywhere else for that matter) and even saved thousands of lives, this Judge wants to throw both of these heroes into prison (as if this would eliminate the hard science in support of GcMAF), and for a very long time. Yes, justice in France is really nothing more than something just for the Elite.

Please Help Lyn & David

The NHF legal team in France is acting as quickly as possible to obtain Lyn's final release from prison, and we want it to happen as soon as possible. I spent the entire day meeting with Lyn before the December 16th hearing and then again meeting with her and David's attorneys after the hearing in a meeting that lasted long into the night. Lyn has not been forgotten and our legal strategies to obtain her freedom are progressing.

NHF thanks *all of you* who donated and wrote for your financial and moral support! But, please believe me when I say that we still need your support. Please help Lyn and David, who themselves helped so many others. Donate for their legal defense at <https://thenhf.com/join-us/make-a-donation/>. Let's make it "Justice for All" and not simply "Just Us." 🙏

Cargill's GMO Stevia Hoodwinks Consumers

BY STACY MALKAN



The international food conglomerate Cargill is ramping up commercial-scale production of its genetically engineered sweetener, EverSweet, in a new \$50 million production facility that began operating in late November 2019 in Blair, Nebraska. The plant will “be producing enough EverSweet to sweeten many millions of bottles/cans of soft drinks or servings of yogurt each month,” according to a Cargill spokesman.

Cargill is marketing its new stevia substitute as “non-artificial.” What does that mean? Consumers who click on the link provided in the press release will not get a straight answer. The web page twists itself into knots trying to describe the new process, which involves genetically engineering yeast to convert sugar molecules into a substance that mimics the taste of stevia, as a “centuries old technique” – without even once mentioning genetic engineering or the genetically modified organisms

(GMOs) used to make the product.

Cargill told the Star Tribune it does not market EverSweet as “natural” – so “non-artificial” it is. The subterfuge doesn’t end there.

Cargill, which former Congressman Henry Waxman’s environmental group named the “worst company in the World” in 2019 for, among other things, its “repeated insistence on standing in the way of global progress on sustainability,” markets EverSweet as “sustainably” produced. That claim, as we reported in a 2017 Huffington Post article, was cooked up by PR strategists tasked with figuring out how to make vat-produced ingredients sound palatable to consumers who are demanding fresh, natural foods with clear, simple labels.

Corporations and investors with their sights set on moving stevia, and other high-value plant-based flavors and fragrances, off the farms and into the labs met in a 2014 strategy session to discuss

how to sell this concept to consumers. PR strategists at the meeting recommended avoiding terms like “synthetic biology” and “genetic engineering” (too scary, too much backlash), and suggested going with more vague descriptions such as “fermentation derived” and “nature identical.” They recommended focusing reporters on stories of hope and promise, and making food activists “feel like we are all marching under the same banner” for food sustainability, transparency, and food sovereignty.

Companies and consumers who truly do care about those concepts would do well to look behind the hype. In Cargill’s frame, EverSweet is “sustainable” because it moves production off the land. But it really doesn’t; the company’s new \$50 million “fermentation facility,” situated in the heart of GMO Roundup Ready corn country, will depend on those pesticide-sprayed crops – or some other sugar source grown on the land – to feed the yeast in its vats

to make EverSweet. Its press release uses the buzzwords of sustainability but provides no details to back up the claims. We reached out to the company to ask for more details – no response yet, but we will add any comments we receive.

Meanwhile, farmers in countries like Paraguay have been sustainably farming stevia for generations, and they make a good living cultivating the crop, reports the ETC Group. The World Economic Forum noted in a survey of leading global risks that “the invention of cheap, synthetic alternatives to high-value agricultural exports ... could suddenly destabilize vulnerable economies by removing a source of income on which farmers rely.” Moreover, poor farmers have been actively encouraged to invest in stevia, because its cultivation can help preserve fragile and unique ecosystems.

For consumers in the U.S., it is getting harder to avoid the new genetically engineered foods that are quietly making their way to grocery stores without clear labeling. Certified organic or non-GMO verified remain two standards committed to avoiding synthetic biology and genetically engineered ingredients.

As for Cargill, it is the largest privately held company in the U.S. – bigger even than the notorious Koch Industries – and its footprint extends around the World, notes former congressman Waxman, chairman of the Mighty Earth campaign in their July 2019 report naming Cargill the Worst Company in the World. The Report goes on to state, “We recognize this is an audacious claim. There are, alas, many companies that could vie for this dubious honor. But this report provides extensive and compelling evidence to back it up ... In my 40-year-long career in Congress, I took on a range of companies that engaged in abusive practices. I have seen firsthand the harmful impact of businesses that do not bring their ethics with them to work. But Cargill stands out.” 🗳️

First Posted on November 20, 2019, on www.usrtk.org.

Endnotes

1. Kristen Painter, “Cargill, DSM ramp up production of new sugar substitute,” *Star Tribune*, Nov. 15, 2019, at <http://www.startribune.com/cargill-dsm-ramp-up-production-of-new-sugar-substitute/564988732/>.
2. Cargill News Release, “Cargill-DSM joint venture Avansya starts commercial-scale production of EverSweet™ stevia sweetener, as consumers increasingly demand reduced-calorie food and beverages,” Cargill, Nov 14, 2019, at <https://www.cargill.com/2019/cargill-dsm-joint-venture-avansya-starts-commercial-scale-prod>.
3. Kristen Painter, “For Cargill, a breakthrough ingredient presents a marketing challenge,” *Star Tribune*, July 31, 2016, at <http://www.startribune.com/for-cargill-a-breakthrough-ingredient-presents-a-marketing-challenge/388792101/?refresh=true>.
4. Mighty Earth News Release, “Cargill Named ‘Worst Company in the World,’” *Mighty Earth*, July 11, 2019, at <https://www.mightyearth.org/cargillreport>.
5. Stacy Malkan, “Meet the New Stevia! GMOs 2.0 Get Dressed for Success,” *Huffington Post*, June 14, 2016, at https://www.huffpost.com/entry/meet-the-new-stevia-synth_b_10442102.
6. Author unidentified, “Biotech industry cooks up PR plans to get us to swallow synthetic biology food,” *Friends of the Earth*, May 22, 2014, at <https://foe.org/2014-05-the-synthetic-biology-industrys-pr-scheme/>. See also “SynBio Case Studies,” Etc Group, 2012-2014, at <http://www.etcgroup.org/tags/syn-bio-case-studies>.
7. Stacy Malkan, “Glyphosate: Cancer and Other Health Concerns,” *U.S. Right to Know*, Jan 15, 2019, at <https://usrtk.org/pesticides/glyphosate-health-concerns/>.
8. Staff writer, “2.4 Engineering the Future: How Can the Risks and Rewards of Emerging Technologies Be Balanced?” *World Economic Forum*, 2020, at http://reports.weforum.org/global-risks-2015/part-2-risks-in-focus/2-4-engineering-the-future-how-can-the-risks-and-rewards-of-emerging-technologies-be-balanced/?doing_wp_cron=1580074715.9800369739532470703125.
9. Stacy Malkan, “Are You Ready for the New Wave of Genetically Engineered Foods?” *U.S. Right to Know*, March 16, 2018, at <https://usrtk.org/gmo/newgm0s/>.



Give The Greatest Health Freedom Gift of All.

Help Preserve and Protect a Health Freedom Heritage for The Next Generation.

One of the most powerful ways to preserve and protect a Health Freedom Heritage for the next generation is by remembering the NHF in your will.

For more than six decades, periodic bequests from our dedicated members have served as a valuable financial boost to enable us to better fight for your health freedom. Many of the major victories we have achieved through the decades would not have been possible without someone caring enough to remember the NHF in their will.

Please, act today to preserve and protect a HEALTH FREEDOM HERITAGE for the next generation by taking the time to remember the NHF in your will.

Your passionate advocate for Health Freedom,

Scott C. Tipton





Bright Light Therapy for Bipolar Disorder

Light-box therapy has been used for decades for the treatment of the Winter depression syndrome known as seasonal-affective disorder (SAD). The use of bright lights may also benefit other types of depression, even bipolar depression and treatment-resistant depression. Researchers at Northwestern University conducted a 6-week randomized double-blind placebo-controlled trial to investigate the efficacy of adjunctive bright-light therapy at mid-day for bipolar depression. The purpose of the study was to determine changes in symptom level, rate of mood polarity, sleep quality, and remission rate in depressed adults with bipolar I or II disorder who were receiving anti-manic medication. Patients were randomly assigned treatment with either 7,000-lux bright white light or 50-lux dim red placebo light. Compared with the placebo light group, the group treated with bright white light experienced a significantly higher remission rate (68.2% compared with 22.2% at weeks 4-6) and significantly lower depression scores (9.2 [SD=6.6] compared with 14.9 [SD=9.2]). No mood polarity switches were observed.

Another study showed that light exposure worked faster than taking antidepressants; in seasonal affective disorder it took 4-6 weeks or longer for an antidepressant to have an effect but light could reduce symptoms of depression within two weeks. Patients located in rooms facing southeast, which received the most light, were discharged an average of 30 days earlier than in rooms facing northwest.

Sit D, McGowan J, Wiltrout C, et al., "Adjunctive bright light therapy for bipolar depression: a randomized double-blind placebo-controlled trial," *American Journal of Psychiatry*, 2018;175(2): 131-139; Park M, Chai C-G, Lee H-K, Moon H, Noh J, "The Effects of Natural Daylight on Length of Hospital Stay," *Environmental Health Insights*, 2018; 12.117863021881281, 10.1177/1178630218812817.



Gut Bacteria and Depression

The link between gut bacteria and mental health has been validated, offering support to the notion that intestinal microbes can affect mood. Researchers in Belgium have developed the first catalog of human gut bacteria that have "neuroactive" potential. Data analyzed from 1054 individuals enrolled in the Flemish Gut Flora Project (FGFP) revealed that two groups of bacteria, *Coprococcus* and *Dialister*, were consistently depleted in people diagnosed with depression, regardless of any type of antidepressant treatment. The results were validated in a cohort of 1063 individuals from the Dutch LifeLines DEEP cohort and in another group of patients with treatment-resistant major depressive disorder.

Some bacteria were found to have a wide range of activity. *Coprococcus* bacteria, as well as *Faecalibacterium*, were also associated with higher quality of life indicators. Both of these bacteria produce butyrate, a short-chain fatty acid that reinforces the mucous membranes and reduces inflammation. Both bacteria have been reported to be depleted in depression and inflammatory bowel disease. Some of these types of bacteria have also been found to influence brain neurotransmitters, such as dopamine and GABA.

Valles-Colomer M, Falony G, Darzi Y, et al., "The neuroactive potential of the human gut microbiota in quality of life and depression," *Nature Microbiology*, 4, 623-632 (2019), doi:10.1038/s41564-018-0337-x.

Vibrant Bowel Movements

Satish Rao, M.D., Ph.D., a gastroenterologist at Augusta University Medical Center, and his colleagues studied a vibrating capsule, called “Vibrant Capsule” (VC), to determine its effect on bowel movements. The vibration is thought to stimulate movement of the smooth muscle of the bowel to activate peristalsis, the natural undulatory motion of the gastrointestinal tract. The research team enrolled patients



with chronic idiopathic constipation into one of two double-blind, sham-controlled trials that used two different models of VC activation. In the first trial, patients underwent a single vibration session; in the second, the patients underwent multiple vibration sessions. Both groups recorded bowel symptoms over the course of eight weeks. Rao and colleagues found that the number of complete spontaneous bowel movements was higher in the active group compared with the sham group in both arms of the study. Patients in the single-vibration study experienced a peak of complete spontaneous bowel movements approximately 8 to 12 hours after taking the VC. Patients in the multiple vibration group experienced an additional peak of bowel activity at 17 to 21 hours after intake.

Rao S, et al., “Abstract 73. Presented at: American College of Gastroenterology Annual Scientific Meeting; Oct. 5-10, 2018,” Philadelphia

Prostate Prognosis

A new urine test has the potential to identify potentially aggressive prostate cancer years earlier than traditional assessments in patients with low-risk disease. The prognosis for prostate cancer depends on multiple factors. Survival rates and likelihood of recurrence are based on averages, which do not reflect individual patient outcomes. Prostate cancer is usually very slow to progress, but some cases are significantly more aggressive. Researcher Shea Connell of the University of East Anglia’s Norwich Medical School in the United Kingdom, and colleagues have developed a urine test that can possibly predict the aggressiveness of a prostate cancer much earlier than other methods. They call the new test the Prostate Urine Risk test, or PUR. The researchers claim that it identifies men who are up to eight times less likely to need radical treatment within five years of diagnosis. The test offers further indications about who might need treatment five years sooner than present testing methods.

The researchers looked at the expression of 167 genes in the samples and found 35 genes that can help predict how dangerous a prostate cancer might

be. The investigators followed up tracking the men’s health for an average of six years. They observed that the profiles of 23 men whose cancer had progressed were significantly different from those whose cancer had not progressed. A commercially available test will probably not be available for several years, but the genetic analysis of urine samples from cancer patients opens up a potentially valuable new approach to cancer diagnosis and evaluation.

Connell S, Yazbek-Hanna M, McCarthy F, et al., “A four-group urine risk classifier for predicting outcomes in patients with prostate cancer,” BJU International, Volume 124, Issue 4, pp. 609-620, first published: 20 May 2019: <https://doi.org/10.1111/bju.14811>.



Saffron for ADHD

The culinary and medicinal herb saffron (*Crocus sativus* L.) has been found to have therapeutic properties in cases of depression and Alzheimer’s disease. A recent randomized, double-blind trial at Tehran University of Medical Sciences in Iran, compared the efficacy and safety of saffron capsules with Methylphenidate (Ritalin) for attention deficit hyperactivity disorder (ADHD) in a group of outpatient children, ages 6-17 years. The research suggested that saffron was as effective as Ritalin in treating symptoms of ADHD in the children. Ritalin, a prescription drug used for the treatment of ADHD in children, has numerous undesirable secondary effects such as anxiety, nervousness, agitation, insomnia, and various symptoms of digestive discomfort. The investigators found there were no significant differences in efficacy or adverse events in the saffron versus the Ritalin group in a randomized 6-week trial. Shahin Akhondzadeh, Ph.D., FBPh.S, D.Sc., professor of clinical Psychopharmacology at the Roozbeh Psychiatric Hospital, Tehran University of Medical Sciences, explained, “The main point is that we can consider saffron as an alternative [to stimulants] in patients with ADHD.”

Wang Y, Han T, Zhu Y, Zheng C, Ming Q, Rahman K & Qin L, “Antidepressant properties of bioactive fractions from the extract of Crocus sativus L.,” Journal of Natural Medicine, 2010;64(1):24-30; Akhondzadeh S, Sabet M, Harirchian M, et al., “A 22-week, multicenter, randomized, double-blind controlled trial of Crocus sativus in the treatment of mild-to-moderate Alzheimer’s disease,” Psychopharmacology, 2010;207:637-43; Baziari S, Aqamolaei A, Khadem E, et al., “Crocus sativus L. Versus Methylphenidate in Treatment of Children with Attention-Deficit/Hyperactivity Disorder: A Randomized, Double-Blind Pilot Study,” Journal of Child and Adolescent Psychopharmacology, 2019 Apr;29(3):205-212, doi: 10.1089/cap.2018.0146, Epub 2019 Feb 11.



NHF WORLD REPORT

BY KATHERINE A. CARROLL, NTP
NHF Executive Director and Managing
Editor of *Health Freedom News*

Techno-Fascism Shuts Down the NHF Social Media Site



**When we are under attack, we need
“all hands on deck.” Protect what
NHF has created and support print
media by gifting friends and fami-
ly with membership in NHF, join-**

**ing NHF if you are not already a member, and do-
nating to support continually rising costs to bring
you the Real News, right to your mailbox, free of
censorship just as we have been doing since 1955.**

Without contacting the National Health Federation, the Instagram corporate “authorities” shut down the NHF Instagram account, presumably over our vaccine stance. That stance? Reporting simple, unbiased facts. NHF members are aware that we uphold the individual’s right to informed consent. NHF additionally believes in and supports the right to choose what we put or don’t put into our body. Our mission statement (<https://thenhf.com/about-nhf/>

<https://thenhf.com/about-nhf/>) reflects NHF’s commitment to education so that informed choices can be made.

In this day of techno-fascism, NHF is committed to our mission standing by print media and incurring continually rising costs in a day when many have gone to electronic PDF versions alone of their magazine. Our talented graphic artist, Ben Lizardi, said last year that he was collecting the last issues of printed magazines as one by one, they went over to internet-only publications to save money.

NHF houses the *only* historical collection of health and health-freedom news in the World in the NHF Memorial Library. The best way to understand our history is to go back to the very beginning and NHF has preserved that recorded history, thanks to committed staff who have spent hours and months scanning (and we are not done yet!). **No one can censor, delete, or rewrite NHF’s health and health-freedom history.**

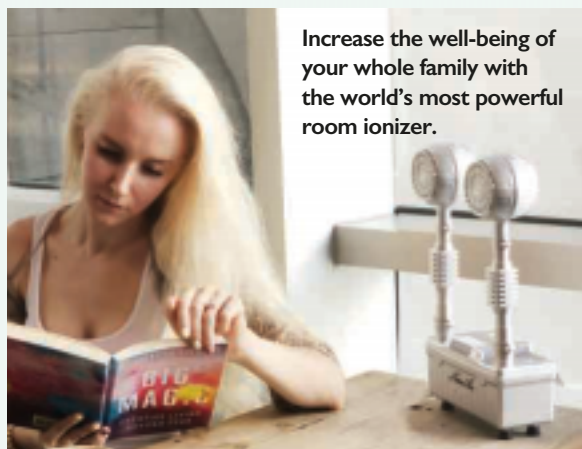
NHF’s flagship magazine, *Health Freedom News*, has changed much over the years since our first communications appeared as monthly bulletins in 1955. But one thing never changed and never will: NHF is Your Voice for Health Freedom® and we speak the truth. We publish information you can trust in this day of censorship, fake news, and the techno-fascism that chooses for you what you will read. What audacity!

Health Freedom News is a benefit of membership in NHF. Please consider supporting your right to know, to receive Real News vs. fake news, and to continue your commitment to health, health freedom, and self-education by doing these two things today:

1. Give a gift membership (<https://thenhf.com/membership-gift/>) in the National Health Federation to friends and family so they can have **unfettered access to Real News delivered directly to their mailbox and bypass online censorship.**
2. Donate to offset magazine production costs (<https://thenhf.com/join-us/make-a-donation/>). *Health Freedom News* is printed on recycled paper with soy-based ink from responsible, well-managed forests. It is non-toxic and acid-free. When many are cutting costs and ditching print magazines, **NHF is proud to hold out against censorship by continuing our commitment to your education and right to know.** 🌿

Improve your health and well-being in 2020

A NaturAir Negative Ion Generator / Ionizer can improve indoor air quality, improve energy levels and aid health in a very real way.



Increase the well-being of your whole family with the world's most powerful room ionizer.

- Improve indoor air quality
- Better quality sleep
- Reduced instance of headache
- Relieve symptoms of hay-fever and asthma
- Decrease blood pressure
- Elevated mental concentration
- Decrease airborne viruses

NaturAir

Bringing nature's air into your home

support@naturairline.com

www.naturaironline.com

(847) 902-0882

For shipments to Europe, proper plug is already in place.



Your favourite tech without the headache.

What if we charged ourselves as often as our devices? Ease the symptoms of electro-stress with energydots.

Take 10% off using code 'NHF' at www.energydots.com

"I have found that this simple device significantly reduces the electromagnetic effect of the phone on the body."

Dr Nyjon Eccles, Harley Street, London



energydots
A world of good energy

Modern Medicine Neglects the Basics

BY ALAN R. GABY, M.D.



A couple of years ago, an elderly family member was hospitalized because of heart failure. After he was discharged, I saw a printout of the lab tests that had been done during his hospital stay. Although he was not anemic, his serum-iron concentration was below normal. The cardiologist apparently did not consider the low iron level to be important since no further tests of iron status were ordered and the possibility of iron deficiency was not mentioned in the discharge summary.

While a low serum-iron level by itself is not diagnostic of iron deficiency, I was concerned that a potentially significant factor was being overlooked. As with many other patients with heart failure, my family member had several risk factors for iron deficiency. First, he avoided red meat because of its potential adverse effects on the cardiovascular system. Second, his diet was high in fiber, and fiber is known to inhibit iron absorption. Third, patients with heart failure often have bowel-wall edema (secondary to the backup of fluid from the heart), which can impair nutrient absorption. Fourth, gastric acid plays a key role in iron absorption, and

he was on long-term acid-suppressive medication (a proton pump inhibitor).

Research conducted over the past decade has shown that the prevalence of iron deficiency in heart-failure patients is as high as 50%. Moreover, iron deficiency, even in the absence of anemia, is a strong and independent predictor of mortality in these patients. In randomized controlled trials, correction of iron deficiency significantly improved functional capacity, symptoms, and quality of life; significantly decreased the number of hospitalizations for worsening heart failure; and non-significantly reduced mortality.

A meta-analysis of four randomized controlled trials found that in heart failure patients with iron deficiency, compared with placebo, intravenous administration of iron resulted in a 47% reduction in the composite endpoint of heart failure hospitalizations and cardiovascular mortality ($p = 0.01$). These benefits are apparently related to the fact that iron is a component of cytochromes in the electron-transport chain, and therefore plays a key role in mitochondrial energy production.

I asked the cardiologist if he would order more definitive tests for iron deficiency

when my family member came to the office for his follow-up visit. Surprisingly, the cardiologist stated that he did not know which lab tests to order, and that testing for iron deficiency is the job of the patient's internist. I contacted the internist, who agreed to measure serum iron, total iron-binding capacity, and ferritin. These tests demonstrated severe iron deficiency, and iron supplementation resulted in clinical improvement.

I was rather surprised that a heart specialist did not feel well versed in an area so fundamental to the practice of medicine – assessing iron status. Particularly since it had been seven years since a landmark study in the *New England Journal of Medicine* demonstrated the importance of identifying and treating iron deficiency in patients with heart failure.¹ Recently, I learned that this “non-well-versedness” regarding iron deficiency was not unique to this particular doctor, but is endemic among doctors that treat heart failure. A retrospective study was conducted on 10,631 patients in a large urban healthcare system in Philadelphia who had been hospitalized for heart failure between April 1, 2016 and April 1, 2017. Adequate tests of iron status were conducted during hospitalization in only 158 patients (1.5%, or 1 of every 67 patients). Of those 158 patients, 109 (69%) had iron deficiency as defined by the American Heart Association/American College of Cardiology guidelines.³ Of the 109 patients diagnosed with iron deficiency, only 23 (21.1%) received intravenous iron, which is considered the standard of care for the treatment of iron deficiency in heart failure patients. Of the iron-deficient patients who did not receive intravenous iron, only 19.8% were prescribed oral iron upon hospital discharge. The authors of this study concluded that iron deficiency, despite having major implications in heart failure, is not be-

ing adequately evaluated or treated during hospitalization for heart failure.

As noted previously, identifying and treating iron deficiency resulted in a 47% reduction in the composite endpoint of heart failure hospitalizations and cardiovascular mortality. It is uncommon for a single intervention to have such a large effect. The fact that this relatively simple, safe, and inexpensive treatment is largely being overlooked represents a system failure in modern medicine. As medical care continues to become more complicated and more specialized, we must remember not to forget the basics. 🏠

1. Anker SD, *et al.*, "Ferric carboxymaltose in patients with heart failure and iron deficiency," *N Engl J Med*, 2009;361, pp. 2436-2448; Filippatos G, *et al.*, "Intravenous ferric carboxymaltose in iron-deficient chronic heart failure patients with and without anaemia: a subanalysis of the FAIR-HF trial," *Eur J Heart Fail*, 2013;15, pp.1267-1276; Ponikowski P, *et al.*, "Beneficial effects of long-term intravenous iron therapy with ferric carboxymaltose in patients with symptomatic heart failure and iron deficiency," *Eur Heart J*, 2015;36, pp. 657-668.

2. Anker SD, *et al.*, "Effects of ferric carboxymaltose on hospitalisations and mortality rates in iron-deficient heart failure patients: an individual patient data meta-analysis," *Eur J Heart Fail*, 2018;20, pp. 125-133.

3. The American Heart Association/American College of Cardiology guidelines define iron deficiency as a serum ferritin level below 100 ng/ml or a ferritin level of 100-300 ng/ml in combination with a transferrin saturation of less than 20%. These cutoff levels for ferritin are well above those used to diagnose iron deficiency in healthy individuals. The higher values take into account the fact that heart failure is associated with chronic inflammation, and that serum ferritin levels rise in response to inflammation.

4. Mistry R, *et al.*, "Iron deficiency in heart failure, an underdiagnosed and undertreated condition during hospitalization," *Ann Hematol*, 2019;98, pp. 2293-2297.

Reprinted with kind permission from the *Townsend Letter for Doctors and Patients*.

Dr. Alan R. Gaby is a former member of the NHF Board of Governors and an internationally recognized authority on nutritional therapies. He is the author of the textbook, *Nutritional Medicine*. Learn more by visiting <http://doctorgaby.com/>.



NHF Policy Advisor Bill Sardi presenting the 2019 NHF Health Freedom Hero Award to Robert F. Kennedy, Jr.

The National Health Federation Board of Governors unanimously voted Robert F. Kennedy, Jr. as the 2019 recipient of its prestigious "National Health Federation Health Freedom Hero Award." For Kennedy's continuing and tireless work in health and health freedom, it is well-deserved. Recently, at a private ceremony, NHF Policy Advisor Bill Sardi presented the award to Kennedy, who joins other notables listed on the NHF website (<https://thenhf.com/join-us/health-freedom-heroes/>) who are also dedicated to preserving and protecting health and the right to choose.

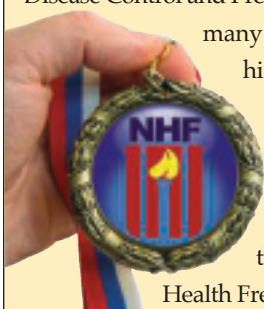
For over three decades, Robert F. Kennedy, Jr. has been one of the World's leading environmental advocates. He is the founder and president of Waterkeeper Alliance, the umbrella group for 300 local waterkeeper organizations, in 34 countries, that track down and sue water polluters. Under his leadership, Waterkeeper has grown to become the World's largest clean-water advocacy organization.

In 2005, parents of vaccine-injured children began encountering Kennedy's speeches and writings about the toxic mercury-based preservative thimerosal. Because Kennedy is known for his fierce and relentless brand of environmental activism and his advocacy for transparent government and rigorous science, they embraced new hope that this environmental champion would take up a new focus, expose the truth about vaccine injury, and win justice for injured children. And did he ever!

For the last several years, Mr. Kennedy has been applying his tenacious energies and sophisticated strategies to exposing the fraud and corruption within the Centers for Disease Control and Prevention as well as the pharmaceutical industry. In connection with

many other organizations including the National Health Federation, his new non-profit, the Children's Health Defense, is actively fighting vaccine mandates and defending medical, religious, and philosophical exemptions.

For this, the National Health Federation is honored to include this indefatigable fighter, Robert F. Kennedy Jr., among the ranks of our highly esteemed National Health Federation Health Freedom Heroes and to present him with a much-deserved award.



BY DR. DONALD A. CARROLL, OPTOMETRIC PHYSICIAN, NTP

The Miraculous Cure for and Prevention of All Diseases – What Doctors Never Learned

By Jeff T. Bowles (ISBN 13: 978-1701336506; University Science Press; 2019, paperback, 287 pages; \$10.68)

Jeff Bowles has now established himself as the authority on Vitamin D3. This seminal update to his previous work now includes thousands of hours of research on so many aspects that can affect D3. Like many other studies on diseases, the further you get from the equator the more deficiency manifests itself. In this book, the author includes examples from people who have written to him after



they read his first book and were helped by trying high-dose D3 – even with diseases such as Multiple Sclerosis. He shows how every possible health condition is helped by Vitamin-D3 supplementation.

He also includes an historical example from the 1920s when large numbers of people first started taking D3. The hospitals were virtually empty; it seemed as though nobody was getting sick anymore! The hospitals were literally about to go bankrupt along with the doctors and drug companies. So, how did that scenario change?

First, the scientists and drug companies were telling us in the 1930s that any amount of Vitamin D over 400 IUs may be toxic! Then, the drug industry created brand names for certain drugs that actually had 50,000 IUs of D3 in them. Then, bill after bill and law after law have been proposed over the years to prevent the sale of higher-dose Vitamin-D3 pills and to reclassify vitamins as drugs. The author gives examples clear up to the present time of all of the regulations and laws. He even mentions Codex

Alimentarius but fails to mention NHF's battle at the Codex Committee on Nutrition meetings they attend each year, fighting to increase the strength of D3.

He also tells the story of how in the 1960s, he and his sister sunbathed with a mercury-vapor lamp to give them good health; but by the 1980s UV lamps were given the reputation of "quack" medical devices. I had the same experience when young and using a UV lamp. Now, since the 1980s, there has been an explosion of every disease known to man and we have also had a huge toxic load added into the mix with all of the toxins in our food.

Vitamin D3 is actually a **steroid hormone** that controls or affects at least 2,700 **genes**. These genes are involved in **immune-system** regulation and **tissue remodeling**. I can attest to the bone remodeling. Since I have used high-dose D3 with Vitamin K2, my old bone injuries from the past have started to hurt again (evidence of bone remodeling) until I reduced the D3 dose and slowly moved it up again. My hip pointer from a skiing accident 30 years ago healed; my toes, which were crushed by a huge rock that I had dropped on them 40 years ago healed; my knees healed from a torn cartilage basketball injury that occurred over 50 years ago. You have to be aware what is happening with high-dose D3 supplementation because when it starts to hurt you may think you have a new injury when

in fact the D3 is remodeling injured areas. Instead of continually getting worse, the Dupuytren's contracture in my left hand from playing hand ball 50 years ago is almost gone and it does not bother me anymore. All of this from simple Vitamin D3 (combined with Vitamin K2), which tells the bone where to load.

Jeff's summary of what doctors and most mainstream Vitamin-D researchers do not know about Vitamin D3 is priceless and sums up what we need to know:

- They all believe low doses of Vitamin D3 are high, "dangerous" doses. For example, many doctors believe that 2,000-10,000 IUs of D3 are high doses bordering on dangerous, yet the average adult sunbathing in the Summer in Finland, a very northerly location with weak Sun, for one half hour can make 20,000 IUs of D3 in their skin.
- They do not know that higher doses of Vitamin D3 will rapidly exhaust a person's magnesium stores and that magnesium supplementation with high-dose D3 is a must.
- They do not know that we need extra Vitamin K2 to move calcium into the bones that is released with the higher dose of Vitamin D3.
- According to the author, we should take at least **10,000 IUs of Vitamin D3 per day**, which is the same amount one would get by Summer sunbathing for 15 minutes.

Another key point is brought out by an observation of Dr. Harald Schelle of Germany in his book on how to cure **glaucoma** with high-dose D3. He observed that the current reference range in the U.S. for "normal" levels of blood-Vitamin D3 is 30-100 ng/ml. But, where does this range

come from? It is just the results of sampling blood from a population of, for the most part, Vitamin-D3 deficient people who live in the North far away from the equator. The current range reflects the range of D3 levels of a Vitamin-D3 deficient population. Doctors assume that the average person in this group has plenty of Vitamin D3, but this is incorrect. For example, a Summer lifeguard in Florida often has blood levels of 125 ng/ml. But, he or she achieves these blood levels by sitting in relatively weak Sun (compared to the equatorial Sun) usually under an umbrella wearing a hat and sporting zinc

oxide on their nose. If you went to the doctor and he or she saw your blood level of D3 was 125 ng/ml, the doctor might have a fit and tell you to stop all D3 intake and look for signs of toxicity! This is ridiculous.

I had this exact thing happen to me when I first started taking high-dose D3. When my blood tests came back, the doctor was emphatic that I cut back since my levels "were way too high." The other new thing that Jeff Bowles updates us on is the use of the mineral Boron. He found that at least 6 mg of Boron a day was also very helpful for bone issues. He himself

takes 60 mg twice a day. He has also found that additional zinc and Vitamin A are also useful.

This book is well worth reading if you value optimal health and especially if you spend little-to-no time outdoors during the day or your food is grown in depleted soils. As always, the correct nutrient supplementation, including vitamins and minerals, is of paramount importance.

Time and again, we are shown that correcting the deficiency of a single vitamin (hormone) can be nothing short of "miraculous," and literally cure and prevent a multitude of diseases. 🇺🇸

Molecular Multi™

MOST ADVANCED MULTIPLE SUPPLEMENT
45 GENE-ACTIVATING NUTRIENTS*
INCLUDING PREBIOTICS & PROBIOTICS

DIETARY SUPPLEMENT
120 VEGGIE CAPSULES

ORDER AT
www.LifeSpanNutrition.com



Formulated by Bill Sardi
formulas
© 2017 LifeSpan Nutrition



*This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.



NATIONAL HEALTH FEDERATION

P.O. Box 688 • Monrovia, California 91017 USA

E-mail address: contact-us@thenhf.com

1-626-357-2181 Fax 1-626-303-0642

www.thenhf.com

<https://www.facebook.com/nationalhealthfederation>

<https://twitter.com/thenhf>

<http://www.pinterest.com/nationalhea1065/>



NON-PROFIT ORG

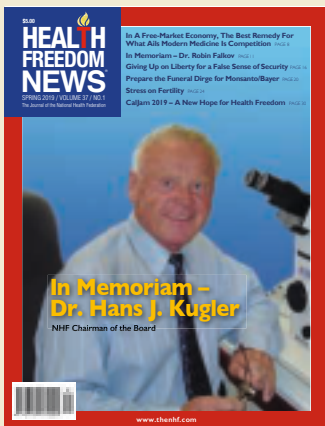
U.S. POSTAGE

PAID

PASADENA, CA

PERMIT NO. 740

Year In Review 2019



SPRING 2019

President's Note – Codex Label Deception Impacting Organic Foods by Scott C. Tips **Pg. 5**

In A Free-Market Economy, the Best Medicine for What Ails Modern Medicine is Competition by Bill Sardi **Pg. 8**

In Memoriam – Dr. Robin Falkov **Pg. 11**

In Memoriam – Dr. Hans J. Kugler by Scott C. Tips **Pg. 12**

Giving Up on Liberty for a False Sense of Security by Laira De La Vega **Pg. 16**

Prepare the Funeral Dirge for Monsanto/Bayer by Stephen Fox **Pg. 20**

Health Bits & Pieces by Dan Kenner **Pg. 22**

The impact of Stress on Fertility by Dr. April Graham **Pg. 24**

NHF World Report – Breathe Easier with Raspberry and N-Acetylcysteine by Katherine A. Carroll **Pg. 26**

Fresh Content & Real Time News You Can Trust. We're Back! by Katherine A. Carroll **Pg. 27**

Book Review *Death by Regulation* by Jefferey Lupo **Pg. 28**

Book Review *A Mind of Your Own* by Tracy Kolenchuk **Pg. 29**

CalJam 2019 – A New Hope for Health Freedom by Jennifer Wolff-Gillispie **Pg. 30**



SUMMER 2019

President's Note – NHF Shoots Down "Scientific Consensus" Scheme in Flames by Scott C. Tips **Pg. 6**

Eat the Seed by Dr. Bradford Weeks, M.D. **Pg. 10**

A Cancer Cure Has Gotten Out of Control by Bill Sardi **Pg. 12**

We Need Your Help More Than Ever So That We Can Continue to Protect You! **Pg. 16**

Is Roundup Killing for Greed? by Walter Graham **Pg. 18**

The Famine of Omega-6 by Dr. Donald Carroll **Pg. 22**

Health Bits & Pieces by Dan Kenner **Pg. 24**

NHF World Report – Japan Breaks Ethically from the World to Bring Human-Animals to Term by Katherine A. Carroll **Pg. 26**

CalJam 2019: A New Hope for Health Freedom by Jennifer Wolff-Gillispie **Pg. 28**

Book Review *PEO Solution – Conquering Cancer, Diabetes, and Heart Disease with Parent Essential Oils* by Dr. Donald Carroll **Pg. 30**



FALL 2019

President's Note – The Glyphosate Cases Grind Forward as Health and Fertility Rates Plunge by Scott C. Tips **Pg. 5**

Uranium: Are They Poisoning Us? by Johnny Delirious **Pg. 10**

Google is Now a Drug Company by Maryam Henein **Pg. 14**

NHF Campaigns; Get Big Pharma out of the FDA; Repeal the 1986 National Vaccine Injury Compensation Act **Pg. 18**

Wikipedia: The Internet's Devil's Island by Richard Gale & Gary Null **Pg. 19**

Complete Press Censorship in Health by David Noakes **Pg. 22**

Health Bits & Pieces by Dan Kenner **Pg. 24**

NHF World Report Bamboozled by Bamboo? by Katherine A. Carroll **Pg. 26**

NHF – Sweden Report; The Swedish State's Attack Against Complementary and Alternative Medicine by Sara Boo & Michael Zazzio **Pg. 28**

Book Review *Own Yourself* by Lea Aella **Pg. 30**



WINTER 2019

President's Note – Traveling Light and Quickly by Scott C. Tips **Pg. 5**

Neem – The Healer by Dr. Klaus Ferlow **Pg. 8**

Reboot Your Gut by Dr. Thomas Levy **Pg. 10**

The Only Thing You Have to Fear is Fear Itself by Bill Sardi **Pg. 14**

In Memoriam – Tim Morrow, Master Herbalist by Scott C. Tips **Pg. 18**

No Deaths from Vitamins. None. by Dr. Andrew Saul **Pg. 19**

GcMAF – The Cancer Cure That Will Not Die by Scott C. Tips **Pg. 20**

Cargill's GMO Stevia Hoodwinks Consumers by Stacy Malkan **Pg. 22**

Health Bits & Pieces by Dan Kenner **Pg. 24**

NHF World Report – Techno-Fascism Shuts Down NHF Social Media by Katherine A. Carroll **Pg. 26**

Modern Medicine Neglects the Basics by Dr. Alan R. Gaby **Pg. 28**

NHF Health Freedom Hero Award – Robert F. Kennedy, Jr. **Pg. 29**

Book Review *The Miraculous Cure for and Prevention of All Diseases – What Doctors Never Learned* by Dr. Donald Carroll **Pg. 30**