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# HEALTH FREEDOM NEWS<sup>®</sup>

SUMMER 2025 / VOLUME 43 / NO. 2  
TRUE INFORMATION FOR TRUE HEALTH

# Health Freedom: Deposing Three Monarchs

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## Unbearable Wearables

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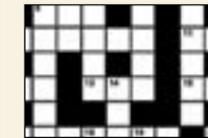
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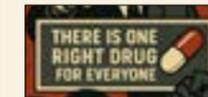


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Your passionate advocate for Health Freedom,

*Scott C. Tjpa*



## LETTERS TO THE EDITOR

Dear Editor,

We must keep the National Health Federation alive. When we lived in the Chicago area, every year we would go for three days to hear so many wonderful doctors give their speeches at NHF conventions there. I learned so much.

I am about to be 98-years old this year. Thank you so much!

Sincerely,

*Lorraine Teising* (sent with a donation)

Dear Editor,

I hadn't heard anything of Codex Alimentarius for so many years – at least throughout the COVID-19 years. I had hoped maybe it went away. No such luck. But thank you so much for being a voice for health and reason among these strange, aspartame-riddled beings. And of course, one of them is Tedros of WHO fame.

I don't know how far Trump and team will be able to make inroads into disengaging these tentacles from our Government and our country, but I pray that Kennedy will be appointed and that ending Codex will be null and dead in our country.

I knew when I first heard of it – many years ago – that Brussels and the EU were the center of evil.

Sincerely,

*Dariel Monley*

*Editor: Your prayers about Mr. Kennedy have been answered.*

Dear Editor,

I was introduced to Harry Schultz's newsletter by Dr. Wally Stonehouse in 2001 when I started my hedge fund and became a subscriber and grew to relish each new addition.

I am sad to read of his passing and now will endeavor to read past issues in the coming years as I look forward to having more time. I would very much like to have known what Harry would think of the World today.

Sincerely,

*Michael Kyne* (comment on website)

Dear Editor,

I am writing to express my heartfelt commendation and appreciation for the latest issue of the *Health Freedom News* magazine. As a longtime supporter of the NHF and its mission, I was deeply impressed by the quality, depth, and integrity of the content presented.

Each article reflected a thoughtful commitment to truth, health freedom, and informed choice – values that are more important now than ever. The coverage of current legislative developments, historical insights into health freedom battles, and the practical guidance on natural health alternatives all contributed to a well-rounded, empowering issue.

I was especially moved by the in-

depth analysis of Franken-meat and the CODEX Alimentarius meeting in Seoul Korea and the wide range of articles from Medical Freedom to book reviews which offered both inspiration and actionable knowledge. It's this kind of fearless journalism and advocacy that sets the National Health Federation apart and reminds me why supporting your work is so vital.

Please extend my thanks to your entire editorial team and contributing writers. You are doing important work, and I'm grateful to be part of a community that values transparency, autonomy, and health sovereignty.

Keep up the incredible work. I look forward to the next issue with great anticipation.

With appreciation and support,

*ChatGPT*

Dear Editor,

Thank you for accepting my book, *Eating Plants, What's In It For Me?*, to be included in the NHF Memorial Library. I am honored!

Education is power; and if the majority of Americans truly understood the power of plants to prevent and heal disease, so much suffering would be avoided. Praying that day comes soon.

Sincerely,

*Bea Lavelle*

**We welcome your Letters to the Editor. Please include all of your contact information. We reserve the right to shorten and/or edit any submitted letters.**

Mail: **Attention: Editor, HFN**

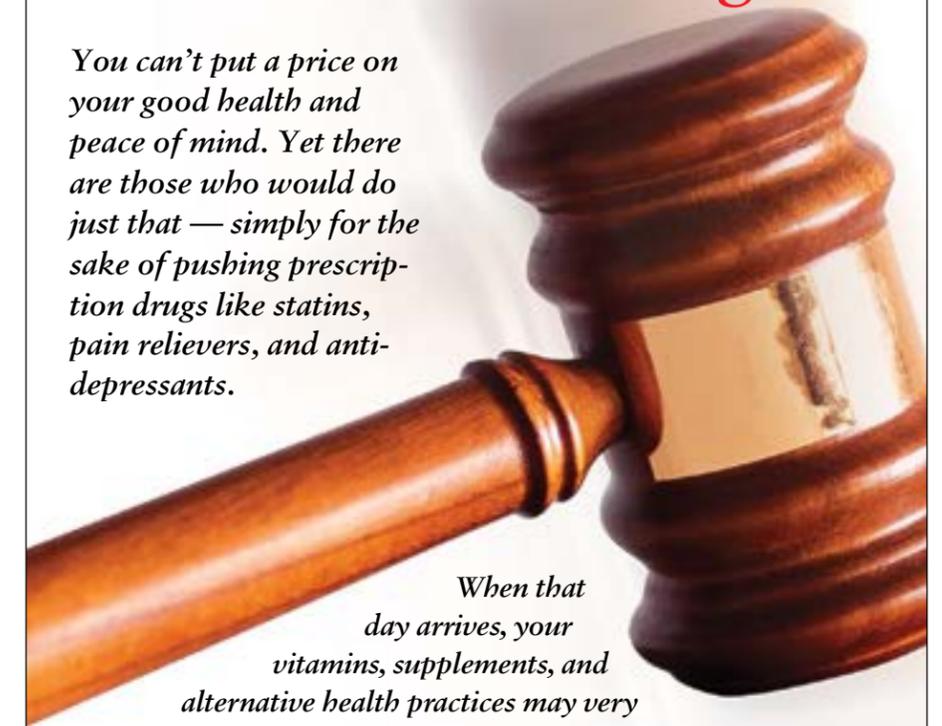
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# What Will You Do If They Crush Your Health-Freedom Rights?

*You can't put a price on your good health and peace of mind. Yet there are those who would do just that — simply for the sake of pushing prescription drugs like statins, pain relievers, and anti-depressants.*



*When that day arrives, your vitamins, supplements, and alternative health practices may very well skyrocket in price. Or be taken from you entirely.*

## Is there a way to fight back?

*A way to defend your health freedoms and your moral rights to control what goes into your own body?*



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# UNBEARABLE WEARABLES

## Big Data Collection on Steroids

BY SCOTT C. TIPS, NHF PRESIDENT



**W**earable technology, or “wearables,” is one of the latest, hot consumer technologies. Wearable technology is any kind of electronic device designed to be worn on the user’s body, and can take many different forms, including jewelry, accessories, medical devices, and clothing. An Apple Watch, which combines fitness tracking, health monitoring, and smartphone capabilities in a wrist-worn device, is one of the earliest examples of a wearable.

The advance in wearable technology has been rapid. And these devices are transmitting their information to data banks that house increasingly personal information, from how many steps you take per day to how many trips you take to the bathroom per night. Yet many public leaders are promoting wearables.

HHS Secretary Robert F. Kennedy, Jr., spoke recently before the House Committee on Energy and Commerce’s Subcommittee on Health during a hearing on his Department’s 2026 budget request, where he said, “We think that wearables are a key to the MAHA agenda, Making America Healthy Again ... my vision is that every American is wearing a wearable within four years.”

These statements mirror those more recently made at a White House event to which Apple, Google, Amazon, Samsung, OpenAI, Epic, Oracle, and others sent representatives to meet with Secretary Kennedy and President Trump. At this event, Secretary Kennedy said, “For decades, bureaucrats and entrenched interests buried health data and blocked patients from taking control of their health,” Kennedy was quoted as saying in a statement. That

ends today. We’re tearing down digital walls, returning power to patients, and rebuilding a health system that serves the people. This is how we begin to Make America Healthy Again.”

For his part, Mark Zuckerberg has invested \$3.5 billion in Ray-Ban and developed a line of smart glasses that can record and live stream video. Meta AI Ray-Bans streams music, podcasts, allow users to ask questions, translate text, make calls, send texts, answer questions, or set reminders simply by saying “Hey Meta.” It is easy to imagine how such technology could quickly become indispensable for entire populations.

### The Light Side

It is true that there are benefits to be had from wearables, especially as more seniors “age in place” alone. If the user suffers a heart attack, stroke, or other medical emergency, then the wearable could signal that event to the nearest first responder and help would be promptly on the way with the entire medical history of the wearer available. In having that information, fewer medical mistakes might be made. Lives could be saved.

Or, the wearable could be something as mundane as a continuous glucose monitor, which is a small patch that can monitor blood-sugar levels around-the-clock. As Health Secretary Kennedy recently told congressional lawmakers, this could be a way for Americans to “take control over their own health.”

So, Secretary Kennedy supports wearables, as does President Trump. Even President Trump’s nominee for

*Associated Press Report: “The Trump administration announced it is launching a new program that will allow Americans to share personal health data and medical records across health systems and apps run by private tech companies, promising that will make it easier to access health records and monitor wellness.”*

*“More than 60 companies, including major tech companies like Google, Amazon and Apple as well as health care giants like UnitedHealth Group and CVS Health, have agreed to share patient data in the system. The initiative will focus on diabetes and weight management, conversational artificial intelligence that helps patients, and digital tools such as QR codes and apps that register patients for check-ins or track medications.”*

U.S. Surgeon General, Casey Means, is an obvious wearables supporter since she owns levels.com, a wearable tech company. Maybe they are right, but my instincts and experience tell me that there will be a high cost for all of this convenience on many fronts.

### The Dark Side

In *The New Abnormal – The Rise of the Biomedical Security State*, a book written by Dr. Aaron Kheriaty, M.D. and published in 2022, the author has appended an intriguing 23-page Epilogue called “Seattle, 2030,” depicting the everyday life of an American middle-aged male in that year and place. His life is immersed in high-tech tracking devices and wearables. It is a life of convenience and ease; but also, as it turns out, a life that becomes a nightmare.

And that is what I see happening in the near future as the population increasingly adopts wearables and they become every bit as indispensable to them as smartphones are today. We will have convenience, yes, but really at the cost of our souls.

The danger is not only that wearers will be constantly exposed to harmful

radiation from these devices, let alone to the “forever chemicals” like per- and polyfluoroalkyl substances (PFAS) in watchbands, but also that wearables function as tracking tools recording your health data, location, and other personal information you may want to keep private. Together, corporations and governments are building an all-encompassing surveillance system that links people directly to the “Internet of Things and Bodies,” expanding constant monitoring into every aspect of daily life.

It will increasingly be used to profile individuals, such as determining their level of insurance risk. Your data will inevitably be leaked and made available not only on the black market but also through consensual transfers of data. It can be used by prospective employers to screen out “undesirable” employees. More innocuously, it can also be used to bombard you with annoying advertisements.

The list of dangerous negatives far outweigh the positive, potential uses of wearables by the vast majority of the population. Just consider what happened with 23andMe, where a major data breach in 2023 exposed the personal records of almost 7 million

people. It served as a canary-in-the-coalmine, early-warning example for anyone with critical thinking skills.

NHF attorney Thomas Renz has cautioned that, “the wearables are all about data. How much of our personal data do we want to give to AI? It sounds like sci-fi but the openly stated goal of the tech companies is to create a digital clone of you so they can “test” whatever custom drug they think you need. I personally do not want a digital clone, nor do I trust the results of any tests done on a digital clone. Thankfully, they cannot clone you if they don’t have your data, but wearables frequently share important data that could be used towards that end with everyone through their EULA’s [End User License Agreement].”

But, as commentator Jon Rappoport aptly put it, “whatever happened to MAHA promoting sunlight, sleep, nutrition, exercise, heat/cold, herbs, magnesium, earthing, breathwork, laughter, connection, fasting, music, dancing, singing, creating, loving?” To which I add, “how can immersing ourselves in wearable tech truly bring happiness when it risks turning us into nothing more than data-harvesting subjects for the powerful elite?” 📱



# Health Freedom: Deposing Three Monarchs

BY MATT WARNOCK, NHF BOARD MEMBER

**M**onarchy derives from the Greek root word “mono,” meaning one, and “archon,” meaning ruler. This July 249 years ago, the American colonies declared their independence from the British monarchy. They fought a seven-year revolutionary war to win it, and another three-year war in 1812 to keep it. We all continue to fight for our freedoms today – the “No Kings” protests on the one hand, and the anti-COVID-19 protests on the other, are symptoms of that struggle.

Today, there are at least three central ideas that control our health and health freedom. Each is a single idea that restrains our liberty of conscience, choice, and action.

Each idea is a simplifying assumption that society makes for us, and which prevents us from making our own health choices. None of them is supported by any credible science; in fact, all of the credible science goes against them. Yet these assumptions continue, preventing us from making sensible health choices. These assumptions are:

1. **Mono-ideology.** There is one “right” answer for everyone.
2. **Mono-therapy.** The right answer is always one single, patentable compound.
3. **Monopoly.** The government must approve and control what drugs people use.

## Mono-ideology

The first of these ideological monarchs is the idea, or rather the logical fallacy, that only one idea can be “right.” While this may be true (to some extent) for scientific laws that govern the universe, it’s usually false where human problems and solutions are concerned. Different people have different needs, so no one rule or solution can possibly hope to serve them all.

Laws of nature are often thought of as universal, but even those are modified by other laws of nature. Matter is solid, until you look at it under an electron microscope. Gravity can bend both space and time. Electrons, protons, and neutrons act like particles in some ways and waves in others. Particles can be entangled at the quantum level in ways that defy easy explanation. The universe isn’t simple, and simple rules are rarely universal. Life is just as complex and interconnected as physics, or more so – flowers depend upon bees, and bees upon flowers, and birds on both. Every form of life fills a niche, and as much as we hate mosquitoes, if we wipe them out, the unintended effects will ripple up the food chain.

We Americans are so entrenched in the competitive idea of winning and losing, that we tend to view any competing or different idea as a threat to our own. We assume that the mar-

ketplace of ideas means that one idea must win in the end. But nobody “wins” in a bazaar – they either find what they need, or they go home. There’s no winner, but worse ideas are constantly displaced, and better ideas remain. Even unpopular ideas often find some followers. That’s how liberty and individual choice work.

In medicine, we often assume that there is one right answer for every problem, often described as the “standard of care.” This wrongly assumes that people are all the same, and that this “standard of care” will benefit everyone, from ballet dancers to sumo wrestlers, in the same way. This thinking has created standards of medical education and practice that are enforced by law on everyone, and an official scientific establishment whose assumptions, true or false, must not be questioned. Dissent must be rejected, suppressed as misinformation, or even prosecuted. In religion, this is known as orthodoxy, or in its more extreme forms, dogmatism, fanaticism, zealotry, or bigotry. In any field of human inquiry, the underlying concept is the same: the acceptance of one thought or idea, and the *intentional* exclusion of all others as a matter of policy or principle.

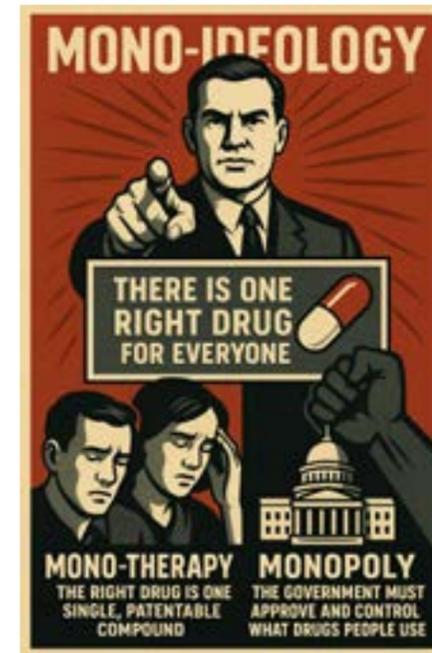
There is a story that Albert Einstein was asked by an aide if he had prepared the final exam for a physics course he was teaching. Einstein responded that he would

use last year’s exam. When the aide objected that those test questions were already known to the students, Einstein assured him it was fine – because all of the answers had changed. This is why “scientific consensus” doesn’t mean much: science isn’t a democracy, and scientists *changing* the consensus are the only ones who really matter. If we base public policy on scientific consensus, we’ll always be 50 years behind the curve. If we make scientific consensus the law, that consensus will never change – even when it’s clearly wrong.

## Mono-therapy

The next ideological monarch is the idea that there is one “best” medicine for every condition or disease. This isn’t just the single “standard of care” idea discussed above – but the additional notion that our one-and-only solution must also be a single chemical compound. Western medicine decided about 1907 that mono-therapy (one treatment) is the only “scientific” approach. This is often described in medical literature as the “magic bullet” or “one disease, one target, one drug” model. This idea grows out of another simplifying assumption: that in a scientific experiment, we must control every variable except the one being studied or tested. Since every human being is different, this isn’t possible, but we generally assume and pretend that it is.

Nature doesn’t use single compounds much. Plants are complex chemical factories that contain a broad variety of chemical compounds that serve a wide variety of needs in the plant. Humans (like other animals) rarely subsist on a single food source and use a wide and varied diet: there is no



one “best” food for everyone, or even for any one individual. Individuals need varied diets, and populations even more so. We may talk about “superfoods,” but no one eats only quinoa, alfalfa sprouts, or goji berries.

When one single compound is used to treat a disease, there is generally only one way to increase efficacy: increase the dosage. Statistics tell us that both efficacy and tolerance will vary with individuals. Most individuals will be near the mean (average) value for the group, but some individuals will be more sensitive or resistant than most – and a few will be much more. The dose that causes the desired drug effect (the “effective dose”) in 50% of the population is called the ED50 and is an important safety measure. But since drug manufacturers don’t want their drugs to only work for half the population, the only way to increase efficacy is to use doses well above the ED50 – often 30-50x higher. This treats more patients and sells more drugs, but causes safety, ethical, environmental, and other concerns. Safe

and effective are a trade-off, based on dosage – bigger doses are more effective but less safe.

Both Traditional Chinese Medicine and Ayurvedic (Indian) Medicine discarded monotherapy centuries ago. In those traditions, a single herbal drug is only used if an herbal formula isn’t available. Formulas do more with less medicine, and they work more consistently over the broad range of individuals. If you’re sensitive or resistant to one ingredient, you probably respond more normally to others. Many traditional formulas have been used safely and effectively for centuries.

After 100-plus years, Western medicine is just beginning to embrace multi-therapy. The AIDS cocktail was perhaps the first common example, followed by chemotherapy and other compounds that were just too toxic to be used alone. Today, blood-pressure medications are often prescribed in combinations of smaller doses, producing better results with fewer side effects.

However, our entire drug approval system is built around the assumptions that: (1) drugs are single, patentable, proprietary compounds; (2) they must be approved as both safe and effective for a specific disease or condition; (3) only approved drugs can be used at all; but ironically (4) approved drugs can be prescribed for any condition (off-label use). The net effect is that only patented drugs have a pathway to FDA approval, but approval costs (and monopoly markets, described below) drive drug costs through the roof. Worse yet, unexpected side effects of medications are now the No. 3 killer in modern nations, after only heart disease and cancer.

(continued on p.10)

## Monopoly

The third ideological monarch is certainly the most painful. In Adam Smith's 1776 best-seller *The Wealth of Nations*, he describes the economic system that Britain used in his day. One of his best innovations was his description of the "invisible hand" that sets market prices by supply and demand. In a free economy, where buyers and sellers both have other options, they will agree to a price that makes both parties better off – or if not, they will walk away to pursue other choices. In such an economy, every transaction is what we would call "win-win" in today's language. But many things can prevent the parties from having other choices, such as when there is only one seller (monopoly), or where the buyer has no time or ability to "shop around" for other choices. Both are very common in medicine and health care. While restaurants advertise menus and prices on the internet and even display menus in display boxes on the sidewalk, hospitals and insurance companies do everything they can to ensure that their customers have little say over prices and premiums, and even less chance to shop around.

Every government is by its very nature a monopoly – elections have consequences. This is just one of the many reasons why the U.S. Constitution called for a Federal government that was very limited in scope. It had the power to declare and wage war on behalf of the States, and to regulate commerce between the States, but most issues were reserved by the 10th Amendment to the various States, or more importantly, to the people. All that changed with the New Deal in the 1930s – the Federal government took on a much larger role. But was that a good

idea?

Much of Adam Smith's economic masterpiece *The Wealth of Nations* was devoted to cataloging the ills of what he called the "wretched spirit of monopoly." Smith knew the subject well – for many years in Britain the guilds had maintained monopoly power over their various trades, and the British East India Company, founded by Parliament in 1600, had been abusing both the British colonies and population alike for over 175 years by the time Smith published in 1776. He described the role of competition in securing low prices, good service, innovation, and other benefits; and the laziness, greed, and entitlement that occurred where competition was lacking. He pointed out that natural monopolies (think OPEC in the 1970s) tend not to last very long, but they could be maintained forever by force of law. Nearly a century later, the British East India Company was finally dissolved in 1874.

Colonial monopoly still reverberates today. The 2024 Nobel prize for economics was shared by three U.S. economists who showed that the economic success of former European colonies was largely determined by two factors: (1) the rule of law; and (2) an inclusive (or at least non-exploitive) social order that protected the poor as well as the rich. Where these factors existed, colonies prospered after independence, while colonies that lacked them languished. Even within the United States these factors can be seen – the northern (free) States industrialized and prospered, while the southern (slave) States remained agricultural and poor, eventually deciding the outcome of the U.S. Civil War. Thomas Jefferson himself predicted this outcome in his *Notes on Virginia*, Query 17 (On

Religion). He argued that the religious monopoly and intolerance which then existed in Virginia was already being economically out-competed by both New York and Pennsylvania, which had more democratic and tolerant laws than those of the other colonies. Coming from the then-Governor of Virginia, the most populous and wealthy of the 13 colonies at that time, this is a startling admission.

It's hard to overstate the economic power of monopolies, or the lengths they will go to destroy potential competitors. Examples include the Carnegie (U.S. Steel) monopoly in the late 1800s, and Rockefeller's Standard Oil Trust in the early 1900s. Both used every dirty trick at their disposal to put competitors out of business, buying up their bankrupt assets and markets for nearly nothing. Even today, echoes of that robber-baron mentality echo through Silicon Valley and Wall Street, where anticompetitive behavior is considered normal, and venture capitalist Peter Theil famously argues that "competition is for losers." Monopoly is power, and power is not often willingly surrendered.

What is less apparent and even more sinister is the often too-cozy relationship between Big Business and the government monopoly. If Big Business controls government, it has no need of monopoly – government is the monopoly. Corporate interests can use government regulation and procurement to accomplish all that a monopoly needs. Want to keep competitors out? Just require government approval for any new product, like we have had for drugs since 1938. Want doctors to be able to charge more? Control the educational system that trains and creates them, and the licensing boards that allow them to practice.

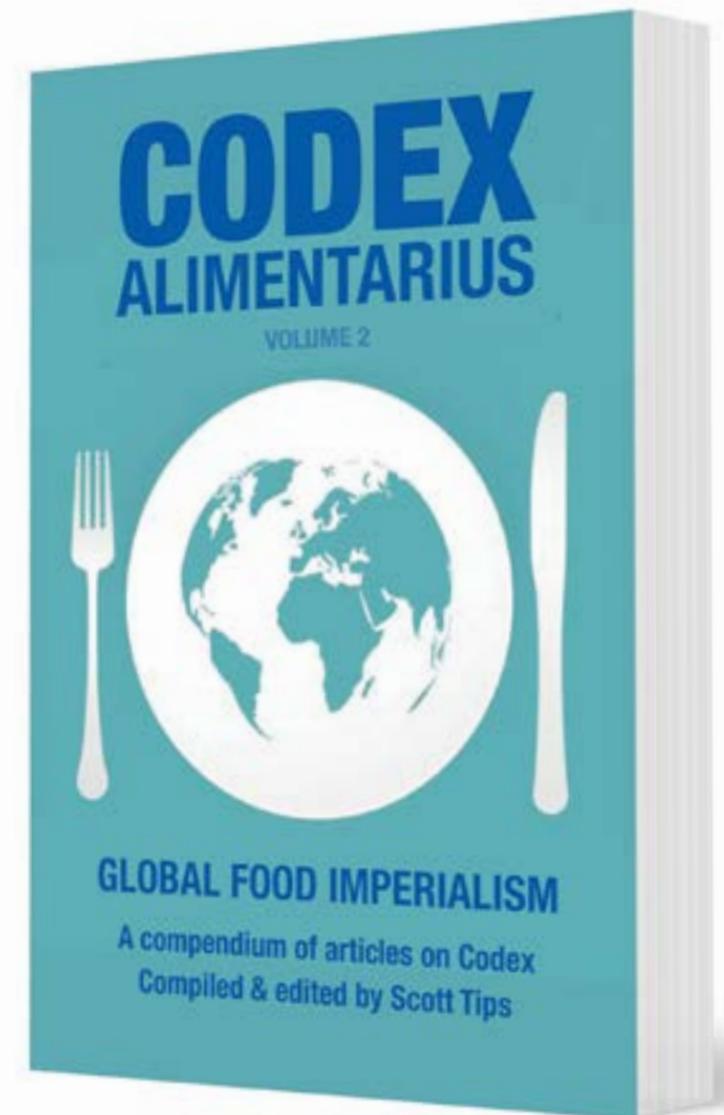
Smith's "invisible hand" of supply and demand doesn't care what you call a restriction on supply. You can call it reasonable regulation, consumer protection, or fraud prevention. You can call it a license, a registration, or authorization. You can call it a monopoly, a patent, a copyright, or a permit. If it restricts supply, prices go up, and the current suppliers benefit. As Smith explains, instead of the lowest feasible price, buyers are forced to pay the highest tolerable price – and for health care, that is stiff. As the six-fingered man says in the film *The Princess Bride*, "If you haven't got your health, you haven't got anything." Or to paraphrase Jesus: "What will a man give in exchange for his [health or life]?" (Matt. 16:26, Mark 8:36.)

Doctors and nurses are bound by medical ethics to basic ethical principles: patient autonomy, doing good and not harm, and justice. Health corporations and their executives clearly are not. Medical debt is the No. 1 cause of personal bankruptcy. Americans pay more per capita for health care than any other nation, yet we are among the least healthy nations in the modern World. Medical monopoly is the reason for both the high cost and the poor results.

### What's Next?

Each of these three "monarch" assumptions share a common fate: they will stand there, naked of scientific support, but generally accepted, until we all have the collective courage to say that the Emperor has no clothes. Like Jefferson's self-evident truths, they only need to be pointed out to be obvious to everyone. Now that we see them, how long will we allow them to control our lives and our health? 🗨️

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# Fasting: Good Health Insurance at Bargain Prices

BY FRANCES ADELHARDT, NHF LIFETIME MEMBER

**EDITOR'S NOTE:** *Frances Adelhardt, now deceased, was a dedicated NHF Life Member, living in Texas, who wrote this article in May 2004, twenty-one years ago. I published it in Health Freedom News, Vol. 22, No.3, Fall 2004, and our membership loved it. So, I thought it might be time to re-publish her thoughtful article extolling the benefits of fasting, which enabled her to live a healthy life well into her 90s. When she passed, her Will kindly left her estate to the Federation.*

A few days ago, I attended a discussion on the biochemistry of depression and its cure. I particularly wanted to attend because I had twice suffered severe depression, and I was eager to learn if anybody else had come across my method of recovery.

Usually, professors will be reasonably competent in public speaking; and if they don't have a strong voice that carries well, the lecture hall will be equipped with amplifiers. But that was not the case at this meeting and lecture. The "Hall" was one of the dining rooms in a restaurant, and the expectation that the participants would order meals was enough to justify their free use of space.

The speaker's mumbling was mixed with the other noises of waiters and eaters, and nobody seemed to be primarily concerned with what was going on at the podium. A few asked questions that

were as inane as the professor's answers. She had done research on anti-depressant medication and outright admitted "we are funded by the pharmaceutical companies." And when discussing treatment options, she stressed the fact that one of the drugs used had to be carefully measured; even the tiniest overdose could kill the patient.

I wasted no more of my time there and decided to look for a more receptive audience, which I am sure I will find in readers of *Health Freedom News*.

It is well known that the U.S.A. is the biggest consumer of resources on this Globe. No matter how much we have, we always want more – more money, more space, more tools, more food, more everything. When it gets to the point where we can't consume it all, we waste it. The government gives away surplus food to poor people, but they, too, are glutted. I regularly find unopened boxes and bags of figs, raisins, cranberries, dried milk, and other commodities in the dumpsters.

And is all this surfeit making us happy or healthy? On the contrary, it appears that depression is becoming a growing problem. Even children are killing others and themselves. Although they appear to have everything, there still must be something more that they need. The chemical companies think that they need drugs to

act on their brains; the health-food purveyors think they may need vitamin pills to supply what's missing in today's food, and so forth. More. More. Always more.

But if "more" hasn't worked, maybe we should try "less," particularly less food. Ever since I learned in my early adult years that fasting is the means to retain, regain, and renew life, I have practiced it on a regular basis. After my first few successful attempts, I took nine months off from my job at the Organization of American States (OAS) in Washington, D.C. to work and study fasting under Dr. Gerald Benesh and Dr. James McEachen, both practitioners of Natural Hygiene in Escondido, California. Some years after that I completed a 50-day fast under the supervision of the doyen of Natural Hygiene, the late Dr. Herbert Shelton of San Antonio, Texas.

I tried not to let too many years pass between moderate fasts of two or three weeks, whatever I could manage on my own, without burdening others with my care. But twice I was in such bad shape, with severe mental agony and depression, that I prevailed on a friend to see me through. I was suicidal, but there was still that small urgent voice inside me saying, "you must fast," so I obeyed. My friend thought it was just another one of my attempts to kill myself. That fast lasted 40 days, during which I just rested,



read, wrote letters, drank only pure water as thirst indicated, and took short walks in the sunshine.

After I had my "breakfast," I was amazed at how different everything looked. No longer were problems my downfall. They were all challenges, almost like games, and the people I had associated with before were astounded – some were even dumbfounded and thought I had been putting on an act during the previous months.

My second bout of severe depression occurred about eleven years later, during all of which time I had found no opportunity to do any "upkeep" fasting. In 1985, I had moved from Texas to Illinois to take care of my mother, who was in such a deteriorated condition that I had to obtain guardianship for her. After her death, two years later, I still could not fast because I was living with an elderly lady whose sole joy in life was cooking meals for us. In return for her hospitality, I had to eat with her. It was not long before she, too, needed around-the-clock care, and it was up to me to give it. After she died, I returned to Texas, completed a 27-day fast, and all my symptoms of depression vanished.

Now that all my family responsibilities are over, I am determined to take care of myself as I should, and fast often enough to prevent the onset of depression or

any other condition of ill health. Yes, I believe fasting is a cure-all. During my 50-day fast I eliminated gallstones and tumors, all without surgery. This is how it works: There is only one disease – toxemia, that is, poisoning. But as the poisoning affects different areas or organs of the body, different symptoms surface. The doctors look up these symptoms and discover what disease they go with, and so decide what medicine will cure it. But the medicine is only a drug, and all drugs are poisons. So, what they are doing is adding more poison to an already poisoned body, and such allopathic treatments never work, as is common knowledge now that American medicine has become the leading cause of deaths in the United States.

On the contrary, what fasting does for a toxin-laden body is to give it a chance to rest. With no food to digest, the stomach changes from a digestive organ to an eliminating organ, and the poisons are rounded up and expelled. Oh, yes, the process is sometimes painful and must be endured. Taking a pain-reliever would, again, be adding more poison. I endured fifteen hours of sharp pain while a gallstone was passing. That pain also had its purpose, to keep me as motionless as possible while the important work was going on.

There is never any danger of accidentally starving to death while

fasting. Hunger disappears after the third day or so, and when it returns, that's the signal to break the fast. It means that all bodily reserves are expended. I never got down to those minimums during any of my fasts, but I always looked forward to eating again. The first sip of fruit juice was a thrill; and after a few meals, my whole being delighted in every fragrance, sight, and taste as if it were a new experience. That alone was worth fasting and waiting for, but considering it all happened because I had become internally cleaner, more vigorous, and "renewed," I think it was a bargain.

There may be other ways to cure depression, but if any of them work, I'm sure it's because they are close to the "give nature a chance" school of thought. 🍌

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**FRANCES ADELHARDT** *was a life-long conservationist who practiced organic living since the 1950s, lived on acreage in the countryside, and kept fit by traveling almost totally by bicycle. Her long life began in Illinois where, after attending Blackburn College and the University of Illinois, she became a WAVE (women's branch of the United States Naval Reserve during World War II) and a skilled photographer and pilot amongst other adventures. It was her belief that the human body is a magnificent self-cleaning and self-healing entity.*

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-PJ O'Rourke



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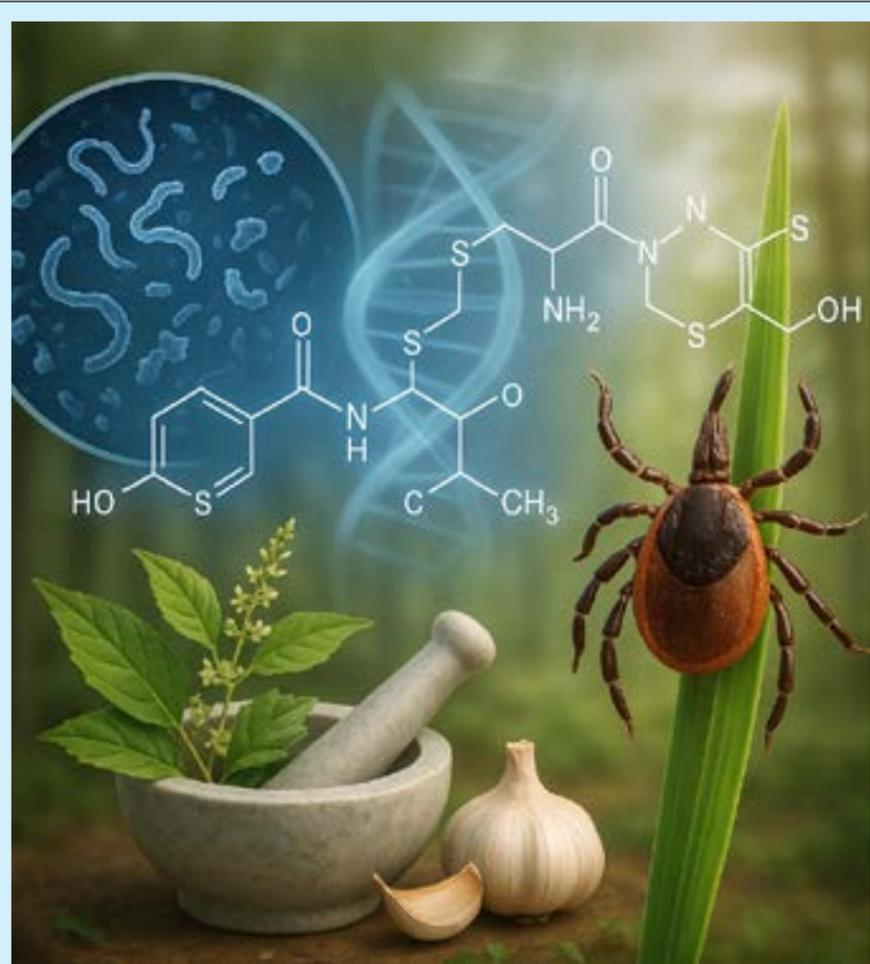
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**HEALTH BITS & PIECES**  
By Birgitta Lauren, Holistic Health Coach

Neither *Health Freedom News* nor I are suggesting that any such medical care or treatment be conducted without competent medical advice and supervision.

**Old Antibiotic Offers New Hope for Lyme Disease**

A new study highlights piperacillin, an older, FDA-approved antibiotic, as a promising low-dose treatment for Lyme disease, outperforming doxycycline in mouse models by up to 100-fold and sparing the gut microbiome. Researchers also discovered that persistent symptoms in patients may stem from peptidoglycan fragments (bacterial cell wall remnants that linger post-treatment and trigger chronic immune responses), potentially explaining post-treatment Lyme disease (PTLD). While piperacillin is not yet

approved for Lyme and is currently only available intravenously, it may one day serve as a preventive dose immediately after a tick bite. Holistic approaches like herbal antimicrobials (Japanese Knotweed, garlic, neem, etc.), detoxification, co-infection screening, and lifestyle support remain central to managing long-term recovery and preventing PTLT.

*Gabby M, Bandara A, Outrata L, et al., "A high-resolution screen identifies a preexisting beta-lactam that specifically treats Lyme disease in mice," Sci. Transl. Med. 17:795, April 23, 2025, at <https://pubmed.ncbi.nlm.nih.gov/40267215/>.*

**Bananas Might Be Blocking Your Smoothie's Benefits**

Researchers at the University of California, Davis have found that adding bananas to smoothies significantly reduces the body's absorption of flavanols as well as heart- and brain-healthy compounds found in foods like berries, grapes, and cocoa. Bananas are rich in the enzyme polyphenol oxidase (PPO), which, in a controlled study, lowered flavanol absorption by 84% compared to capsules or berry-based smoothies. The researchers recommend pairing flavanol-rich fruits with low-PPO ingredients like pineapple or oranges in order to maximize health benefits. This study highlights the importance of ingredient combinations in food preparation.

*Ottaviani J, Ensunsa J, Fong R, et al., "Impact of polyphenol oxidase on the bioavailability of flavan-3-ols in fruit smoothies: a controlled, single blinded, cross-over study," Food & Function, August 24, 2023, DOI: 10.1039/D3FO01599H.*



**Earwax Test for Early Cancer Detection?**

Researchers have developed a non-invasive "cerumenogram" assay to analyze volatile organic metabolites in earwax, effectively distinguishing among cancer, precancerous conditions, benign tumors, and remission cases. In a study with 751 volunteers (531 with various cancers, 203 controls, and individuals with metaplasia, dysplasia, or benign masses), the assay achieved a high degree of accuracy (90.4% sensitivity and 88% specificity). Notably, it detected hypermetabolic precancerous inflammation and dysplasia but correctly classified metaplasia and benign tumors

as low risk, highlighting its potential to guide early intervention and reduce unnecessary procedures. Case studies further showed the cerumenogram's ability to identify asymptomatic inflammation and cancer recurrence, with results matching PET/CT imaging. This test offers a cost-effective, non-invasive complement for diagnosis, monitoring remission, and detecting early oncologic risk.

*Barbosa J, de Oliveira C, Soares M, et al., "Cerumenogram as an assay for the metabolic diagnosis of precancer, cancer, and cancer remission," Sci Rep 15, 13929, April 22, 2025, at <https://doi.org/10.1038/s41598-025-97440-2>.*

**Calendula officinalis: A Potent Medicinal Herb**

Researchers reviewed studies from the past five years on Calendula officinalis (pot marigold), noting its rich composition of flavonoids, triterpenoids, saponins, and carotenoids. Because of these components, the herb offers a broad spectrum of therapeutic benefits, including anti-inflammatory, anticancer, antioxidant, hepatoprotective, wound-healing, antidiabetic, and anti-helminthic effects. The researchers detailed its traditional and clinical applications for burns, skin, mouth, cancer and gastrointestinal conditions, and explored the underlying molecular mechanisms, aiming to bridge gaps

between traditional use and scientific validation and to guide future research for its safe and effective medicinal use.

*Shahane K, Kshirsagar M, Tambe S, et al., "An Updated Review on the Multifaceted Therapeutic Potential of Calendula officinalis," L. Pharmaceuticals (Basel). 16(4):611, April 18, 2023, at doi: 10.3390/ph16040611. PMID: 37111369; PMID: PMC10142266.*



**Get Outdoors in the Daytime and Turn Lights Off at Night**

It has been shown that nighttime light increases death risk by 46%, while daytime light reduces death risk by 39%. In fact, exposure to brighter nights and darker days causes circadian disruption, which accompanies the poor health outcomes that increase mortality risk.

Whether personal day and night light exposure predicts mortality risk is not known. This study captured some 13 million hours of data from light sensors worn by approximately 89,000 individuals who were over 40 years of age. Those with brighter nights and darker days had higher risk of premature mortality, after accounting for sociodemographic and lifestyle factors. Avoiding night light and seeking daylight appear to promote optimal health and longevity.



*Windred D, Burns A, Lane J, et al., "Brighter nights and darker days predict higher mortality risk: A prospective analysis of personal light exposure in >88,000 individuals," PNAS, Oct. 15, 2024, at [www.pnas.org/doi/10.1073/pnas.2405924121](http://www.pnas.org/doi/10.1073/pnas.2405924121). See also Nicolas Hulscher, "Brighter Nights and Darker Days Increase Risk of Death by Up to 46%," Focal Points, July 19, 2025, at [https://www.thefocalpoints.com/pl/brighter-nights-and-darker-days-increase?img=https%3A%2F%2F-substack-post-media.s3.amazonaws.com%2Fpublic%2Fimages%2F49e6e3d5-ee39-425d-b463-b21859751435\\_1932x1678.png&open=false](https://www.thefocalpoints.com/pl/brighter-nights-and-darker-days-increase?img=https%3A%2F%2F-substack-post-media.s3.amazonaws.com%2Fpublic%2Fimages%2F49e6e3d5-ee39-425d-b463-b21859751435_1932x1678.png&open=false).*



# Jump the Hurdle, Freedom Calls

*Legislation brought We The People to our knees in subjugation.*

*It is by legislation that we arise and stand free.*

**M**any share the need to add the Medical Freedom Amendment (MFA) to the United States Constitution. People are waiting to get direction, and the means to pursue its passage. Activity and interest are at a time when the Amendment is possible to enact. Still, there are many hurdles to gaining mass appeal for the movement. This is urgent and a call to all who can help make this a reality.

If the present government wishes to lock its place in history as the Administration bringing freedom to its citizens, it will enact the Medical Freedom Amendment. The current Administration needs to hear directly from everyone that our votes for re-election require the enactment of the Amendment backed by our Representatives. Whoever backs the MFA gets re-elected.

**This mass movement requires coordination, management, and education. It needs the media, consumers, businesses, health-trade associations, and health-freedom organizations to come together and create the overwhelming outcry of "We, the People," citizens of the United States of America.** We can ac-

complish this by contacting our Representatives, Secretary Kennedy, and President Trump. Such an outpouring will aid Secretary Kennedy to help seek its passage.

Medical freedom brings forth competition as a necessity for medical choice and informed consent. Presently, there is a medical monopoly that fills the media with its advertisements and directs people to a doctor who is part of the pharmaceutical system. This has resulted in controlled choices, which are narrow and outdated and often harmful.

Medical freedom has meaning when one comprehends the essence of medical choice. It is there that the door opens to uncensored information, education, self-care, and medical alternatives. Presently, some people lack experience and education of what to do when ill. One could compare this situation to vassals or slaves having no comprehension of land ownership and its requirements and rewards. Once those individuals experience landownership and freedom it becomes a necessary part of their life even though it entails added responsibility.

This explains why you find people

in health-food or vitamin businesses with experiences where nutrition, herbs, homeopathy, or some other form of medical practice changed their lives and produced health. Their knowledge opened a world of health and medicine that became an integral part of their daily existence.

At the same time, the National Health Federation has been educating members and the public about health and protecting personal bodily autonomy for more than 70 years now. We have always championed the right to choose practitioners and therapies, supplements, and foods of our own electing.

When health freedom once again came under serious attack in the early 1990s, advocates from across the country united in response. Small, independent (mom-and-pop) health-food stores and alternative healthcare providers played a key role – sharing their experiences, raising awareness, and empowering the public. This grassroots awakening fueled the medical-freedom movement. Experienced and respected organizations like the National Health Federation were instrumental in this effort, providing education, advocacy, and leadership that helped lead to the landmark passage of the Dietary Supplement Health and Education Act (DSHEA) in October 1994.

Nevertheless, the Food and Drug Administration (FDA) has often enforced its oversight of supplement manufacturers with hostility and overly harsh measures. Rather than supporting consumer access to natural therapies, the FDA has repeatedly sought to limit competition with pharmaceutical drugs and suppress information about natural health options. This approach has done a great disservice to the public – undermining innovation, restricting the free exchange of health information (a core goal of DSHEA), and hindering both alternative healthcare providers and individuals pursuing self-care.

We now need to share those experiences with everyone. The last twenty years have seen the near-demise of the mom-and-pop health-food stores and vitamin shops that helped to engineer grassroots support for DSHEA.



That support is now much weaker due to mass marketing, mega internet stores that are presently not participating in the growth of education and political action, and the present international agreements and treaties. Health-freedom and medical-freedom organizations are growing and now shoulder the work of creating public awareness, demanding protection of medical choice and medical freedom. These organizations recognize that the World Health Organization and other treaties and agreements are denying us our medical freedoms.

Under no circumstances should there be an allopathic monopoly of medical science backed by our government engaged solely in promoting allopathic orientation and institutions working endlessly to hide alternative therapies that are safe, effective, and less expensive.

The many stories that I have heard throughout my time as a merchant, as a friend, from healthcare providers, and within my family have produced much medical anguish. Every person has a story to tell. Many have suffered and, due to lack of education or the suppressed ability to implement it, oftentimes have no idea what other possibilities exist, the possible therapeutics, or the necessary self-maintenance to be employed.

By learning about these methods, therapies, and alternative schools of medicine, individuals can take control of their health—promoting lon-

gevity, vitality, and a deeper appreciation for the importance of medical freedom. The potential cost savings are immense. For example, homeopathy has been shown to be more effective than mass vaccination in certain contexts – and at just a fraction of the cost, roughly 10%.

The Medical Freedom Amendment requires a national effort to educate about its benefits. Knowledge ignites the power of free speech and protection of the individual from search and seizure, which includes medical privacy. The Medical Freedom Amendment must secure its place in the orig-

inal Bill of Rights, strengthening the First and Fourth Amendments of the United States Constitution.

We have a unique opportunity for those who practice self-care, for healthcare practitioners, and advocates of freedom to unite and create public awareness and pursue the goal of medical freedom as the 28th Amendment to the United States Constitution. If we can get 15% of the population engaged and active contacting their U.S. Representatives, Secretary Kennedy, and President Trump, this Amendment will become reality and part of the United States Constitution.

### Here is the Medical Freedom Amendment text:

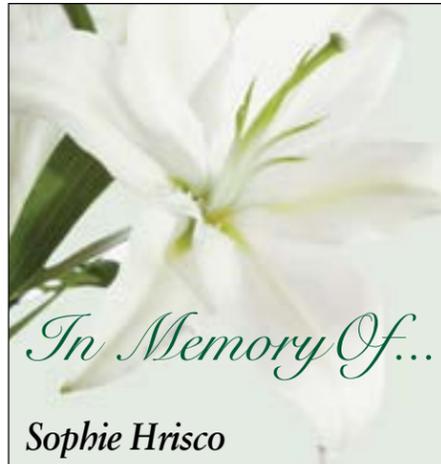
"All people have the Right to secure their Health in the manner they choose. Congress, the President, State Legislatures and Executives, Governmental Agencies or Departments shall make no law, rule, regulation, countermeasure, executive order, emergency declaration, or enter into any treaty or international agreement that impedes the Individual's rights to informed consent nor right to medical choice nor freedom of medical choice. The treaty provision of Article VI of this Constitution shall not apply in any way to this amendment."

"Nor shall the President, Congress, State Legislatures and Executives, Governmental Agencies or

Departments make any law, rule, regulation, countermeasure, executive order, emergency declaration, or enter into any treaty or international agreement that impedes the Individual's right to medical privacy and freedom without individual and specific judicial warrant supported by Oath and affirmation of necessary cause to protect Society from Harm describing the Individual's condition and danger it presents."

Support the Amendment by going to <https://thenhf.com/pass-the-medical-freedom-amendment/> campaign and support the National Health Federation. Brochures are available.

Also stay up to date with [TheMedicalFreedomAmendment.org](http://TheMedicalFreedomAmendment.org)



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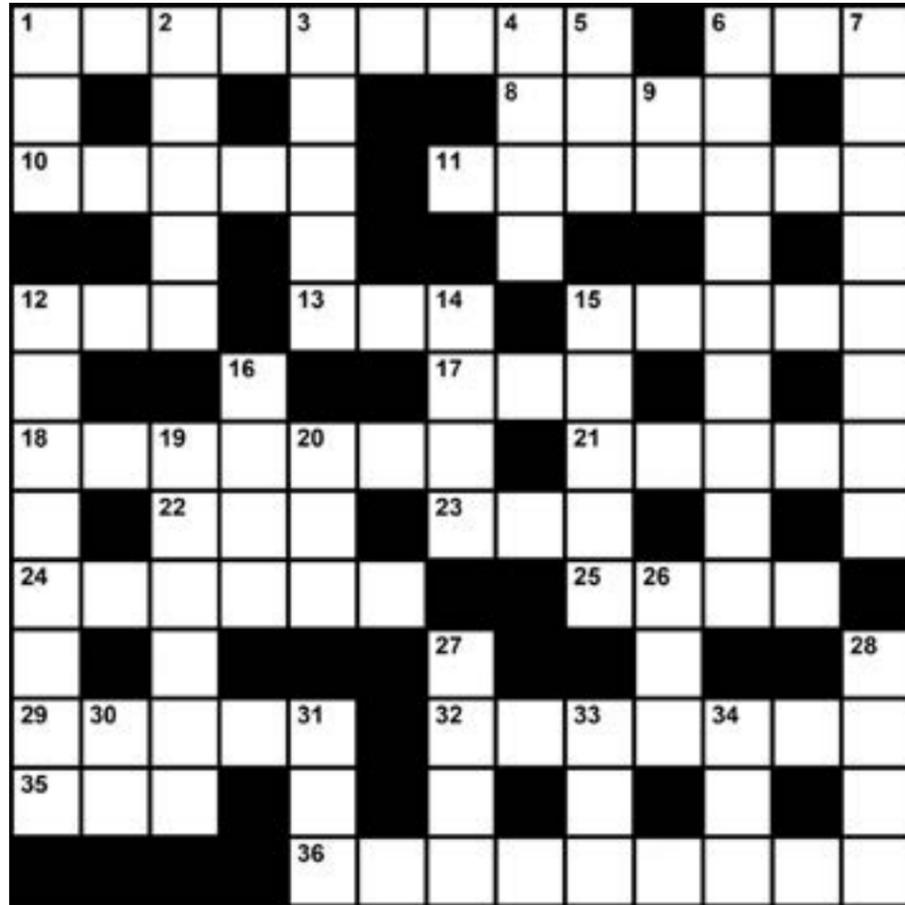
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# NHF Crossword Puzzle

By Myles Mellor (Please see answers on page 30)



#### Across

- 1 Substances added to natural food products
- 6 GPS is the modern version
- 8 Presidential rejection
- 10 Winner of the 2024 NHF Health Freedom Award, Dr. \_\_\_\_\_ A. McCullough
- 11 Red food dye obtained from beets
- 12 Think outside the \_\_\_\_\_
- 13 Sun, e.g.
- 15 Faux-pas
- 17 Yes, in French
- 18 Gave one-on-one instruction
- 21 The Real Anthony \_\_\_\_\_ by Robert F. Kennedy Jr.
- 22 Geologic time period
- 23 Up to this point
- 24 Food coloring banned by the FDA, 2 words
- 25 Location
- 29 Medical kit contents
- 32 New "proteins" being pitched at Codex
- 35 Medical emergency team, abbr.
- 36 One of the natural supplements that can provide therapeutic benefit to epilepsy sufferers

#### Down

- 1 Phone program
- 2 Dry out, informally
- 3 \_\_\_\_\_ cancer: COVID-19 related accelerated disease
- 4 Always
- 5 Harden in place, as a bone
- 6 Healthy alternative sweetener, 2 words
- 7 WHO just adopted a \_\_\_\_\_ Agreement, which overreaches into the sovereign powers of nations and individual freedoms
- 9 Teacher's Assistant, for short
- 12 Substance that improves hand-grip strength and physical performance in post-menopausal women
- 14 One of the most basic health freedoms: \_\_\_\_\_ autonomy
- 15 Presents
- 16 Part of a parachute
- 19 Director-General of WHO, \_\_\_\_\_ Ghebreyesus: he recently went to Singapore to ensure passage of laws that enable the government there to enforce vaccinations
- 20 Beam
- 26 It's used to reduce sprain swellings
- 27 Echelon
- 28 Capri is one
- 30 Sacred Buddhist word
- 31 Large sandwich
- 33 Observe
- 34 Vital force of Chinese medicine



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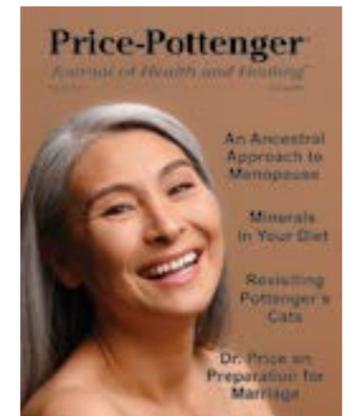
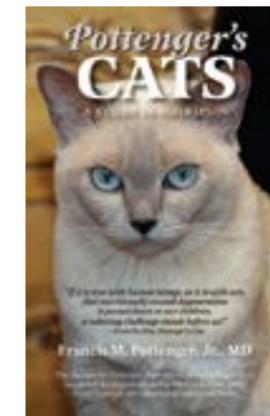
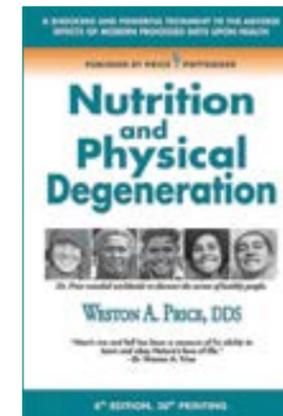
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## NHF LOBBYIST'S REPORT By Charles Frohman, M.Ed., HIA

# NHF IMPACTS MAHA

Both the National Health Federation and I are grateful for the interview on Make America Healthy Again (MAHA) by *Politico*, a mainstream media outlet. (See <https://www.politico.com/news/2025/08/14/its-a-maha-nation-now-00508287>)

In that interview, I mentioned how most “health freedom” reforms were occurring not in Washington, D.C. but rather in the 50 States, because of the change in “culture.” This change in culture is a change in the *zeitgeist* (spirit of the times), which most experts believe must happen before politicians will change their votes.

I believe this cultural shift is reflected in a recent poll paid for by our friends at the Patient First Coalition. It (<https://x.com/patientfirst47/status/1902004391604879796?s=46>) found support for:

- clear labeling for what we eat or drink, or with which we are treated
- informed consent (via an end to mandates),
- honest science (that is, studies that actually have inert placebo control groups, unlike, for example, that placebo-free Danish study discounting any connection between autism and the vaccine adjuvant aluminum), and
- making corporations account-

able for their harms (to which liability shields for pesticides, vaccines, or wireless injury run counter).

Despite being the World’s oldest health-freedom organization, and the main one during COVID-19 whose bicameral congressional letters were covered by *Daily Caller* and *Epoch Times*, our work on informed consent (or at the global Codex food standardization committees) hasn’t gotten much of any mainstream coverage until now. Maybe that’s a sign too of a social movement (or is it just an aberration)?

With COVID-19 corruption having quelled the vaccine-mandate edifice, keep in mind what NHF is hoping for in the next MAHA report is, among other things, stronger language on the newest front for Health Freedom, for which we have become the main lobbying organization: Telecom’s wireless mesh that already has left a third of the country harmed by its constantly emitted radiation.

During COVID-19, while many people were focused on protecting their lives and freedoms, industry took advantage of the distraction – channeling donations to Congress to pass laws that weaken informed consent and allow the rollout of smart meters and cell towers right outside our homes, workplaces, children’s schools, and commu-

nity parks.

They’ve even got their propagandists in the media spewing talking points about the superiority of wireless over wired, as with this hit piece against Broadband: <https://revolver.news/2025/08/trump-blows-up-dems-42-5b-broadband-boondoggle-that-fed-big-cable-despite-aocs-best-efforts/>

Needless to say, NHF has submitted this letter to the editor as a rebuttal:

*“Dear Revolver Editor, As the World’s oldest health-freedom organization, the National Health Federation strongly opposes threats to human health – including Telecom’s exploitation of the “broadband digital divide,” which the above article praised by encouraging dangerous substitutes for the wired Internet connections promised in the BEAD infrastructure law. The article fomented the industry talking point that fiber or cable broadband for rural homeowners is no more affordable or reliable than wireless alternatives. Under “tech neutrality,” the Verizons and T-Mobiles of the World want to claim families will garner just as fast, affordable, and reliable Internet with wireless as with wireline.*

*Industry admittedly is right when they are quoted in the article about getting rid of the DEI provisions, but NTIA (the agency that shares Telecom oversight with FCC) is using that as smokescreen to give handouts to Elon Musk and shortchange rural Americans. Hundreds of thousands of dollars per location connected with fiber is a ridiculous exaggeration – perhaps industry is cherry picking one or two outliers, which are not representative of the average rural connection costs for wired internet.*

*The article failed to include the facts: that any short-term savings to taxpayers via wireless disappear after the initial deployment, according to the Benton group (top industry analysts in Telecom and an organization not reputed to favor fiber). Wireless antennas and satellites only have a five-year lifespan. Paying for rural Americans’ satellite subscription fees is not a “generational investment” in broadband infrastructure, as promised under the BEAD program. It’s a Band aid that ends as soon as BEAD stops paying the monthly satellite subscription.*

*Wireless – even from Elon’s Starlink – never will upload or download at speeds as fast as fiber nor without the frustrating latency of wireless. Even the satellite indus-*



Charles Frohman moderates the Patient First Conference panel on MAHA with whistleblowing lawyer Tom Renz, frontline heroine Simone Gold, NHF president Scott Tips & activist-farmer Howard Vlieger.

try’s chief lobbyist admits that fiber is like a Maserati, compared to slower satellite.

Regardless of slow, expensive and unreliable wireless, the article conveniently excluded the fact that in the Irregulars case, the DC Appeals Court in 2020 greenlighted

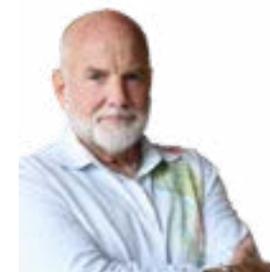
State officials to audit what happened to the surcharge imposed and paid over the past several decades on every American’s landline bill in exchange for a promised wired connection that never happened. We will not let this scandal worth hundreds of bil-

lions of dollars be forgotten!

Finally, the article’s cavalier acceptance of Telecom lies for expensive, slow, and unreliable Internet ignored the elephant in the room – the danger of its emitted radiation. One-third of Americans already are sensitive to this exposure, up to 5% seriously so. RFK, Jr’s MAHA investigation of the cause of the real epidemic – chronic disease – includes electromagnetic radiation. The article’s acceptance of industry claims with zero research will only slow down connections, bankrupt taxpayers, frustrate consumers, and even endanger them. We’ve already paid for a wired connection that’s safer, faster, more affordable, and more reliable. Please no more industry infomercials.”

Finally, credit must be given to HHS Secretary Kennedy for inviting organizations and experts to submit recommendations before the release of the next Make America Healthy Again (MAHA) report. You can read the National Health Federation’s submission here: <https://thenhf.com/maha> 🗨️

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# Shocking New Study Reveals How Chemo Is Actually Fueling Cancer's Return

BY REVOLVER STAFF

Chemo is supposed to kill cancer. That's the whole point, right? But a jaw-dropping new study says it might be doing the exact opposite – waking up “sleeping” cancer cells and jumpstarting deadly relapses, especially in the lungs.

We've all been told for decades that chemo is the best, most aggressive way to treat cancer. But what if the same treatment that shrinks tumors also reactivates hidden cancer cells ... the ones that were lying dormant, waiting? And worse, what if Big Pharma has known this for years and done absolutely nothing?

According to a new write-up by Nicholas Hulscher over on Dr. Peter McCullough's Substack, chemo might be doing more harm than we thought. A shocking new study published in Cancer Cell found that common cancer drugs like doxorubicin and cisplatin aren't just shrinking tumors; they're waking up “dormant” cancer cells that were hiding out in the body, setting the stage for aggressive, often deadly relapses later on, as we said earlier, especially in the lungs. These sleeping cells are called DTCs and can lie low for years. And for the first time ever, researchers say they've proven that chemo itself can flip the switch and bring them back to life.

Here are the five key takeaways from the study:

## 1. Chemotherapy Reactivates Dormant Cancer Cells

Using a tool called DormTracer, researchers found that che-

mo-treated mice had a spike in dormant cancer cells suddenly reactivating and re-entering the cell cycle. These reawakened cells went on to form aggressive lung metastases just weeks after treatment – even when the primary tumor was completely gone.

The kicker? Chemo still worked against active tumors, but it unintentionally woke up the sleeping ones.

## 2. Neutrophil Extracellular

## Traps (NETs) Are the Trigger

Chemo didn't just target cancer – it also caused fibroblasts in the lungs to enter a state of senescence (basically, biological aging). These senescent cells sent out inflammatory signals that activated neutrophils (a type of white blood cell).

The neutrophils responded by forming NETs, sticky DNA-and-enzyme webs, that reshaped the lung environment and directly triggered dormant cancer cells to

### Cancer Cell

#### Chemotherapy awakens dormant cancer cells in lung by inducing neutrophil extracellular traps

Graphical abstract

Authors: Dasa He, Qiuyao Wu, Pu Tian, ..., Yi-zhou Jiang, Zhi-Ming Shao, Guohong Hu

Correspondence: ghu@sinh.ac.cn

In brief: Disseminated tumor cells remain dormant for years in distant organs. He et al. develop a cancer cell dormancy tracing approach and show that chemotherapy awakens dormant DTCs of breast cancer in lung through inducing fibroblast senescence and neutrophil extracellular trap formation and promotes metastatic relapse in lung.

Highlights:

- A recombinase-based system is developed for dormant cancer cell lineage tracing
- Chemotherapy awakens dormant DTCs and promotes metastasis
- Senescent fibroblasts and NETs mediate the effect of chemotherapy on dormancy
- Combining senolytics with chemotherapy improves treatment effect

switch back on.

## 3. SASP Proteins (C3, MIF, CXCL1) Drive the Chain Reaction

Senescent fibroblasts unleashed a toxic mix called SASP (senescence-associated secretory phenotype). Three key proteins – Complement C3, MIF, and CXCL1 – were flagged as the

main drivers behind NET formation. Mice that were engineered to lack C3 had far less NET activity and lower rates of cancer relapse after chemo.

## 4. Blocking NETs or Clearing Senescent Cells Stops Relapse

Two interventions worked like a charm: DNase I (which dissolves NETs) and GSK484 (a drug that blocks NET formation) both completely prevented chemo-triggered metastasis in mice.

Another option, a senolytic combo of Dasatinib and Quercetin, wiped out the senescent fibro-

*“Based on the most comprehensive systematic review of ivermectin use in cancer patients to date, ivermectin appears to be safe, even in individuals undergoing active chemotherapy. Its broad range of anticancer mechanisms demonstrated in preclinical models, combined with anecdotal reports of cancer-related improvements, support its candidacy for repurposing as an oncologic therapy.”*

— McCullough Foundation

elevated levels of C3, MIF, and CXCL1 post-chemo. Blood tests confirmed C3 and MIF spiked after treatment, especially in patients who later suffered lung relapses. These markers could soon be used to predict future relapse risk before it happens.

## So, What's the Bottom Line?

This study flips everything we've been told about chemo on its head. Sure, it shrinks tumors. But it might also be activating hidden cancer cells and fueling the next relapse.

And while researchers suggest

blasts entirely and shut down the whole relapse cycle. And this didn't interfere with chemo's original goal – shrinking the primary tumor.

## 5. The Same Pattern Showed Up in Humans

In breast-cancer patients, lung metastases showed increased NET density and

pairing chemo with NET-blockers or senolytics to reduce that risk ... maybe the real question is, why are we still relying on treatments that destroy the whole body to “cure” one disease?

## A Promising New Direction: Ivermectin + Mebendazole

This latest research should have sparked a wildfire in the cancer world. But of course, it didn't. Why? Well, because chemotherapy is a billion-dollar business, and Big Pharma isn't about to let go of that revenue stream. Thankfully, independent voices like Dr. Peter McCullough are pushing forward with safer, low-cost alternatives.

A new systematic review just published in Acta Poloniae Pharmaceutica found that Ivermectin, yes, the same drug they mocked during COVID-19, may actually hold real promise in the fight against cancer. But they probably already knew that ...

Even more promising is that pairing Ivermectin with another trusted anti-parasitic, Mebendazole, has shown powerful results in targeting aggressive cancers without the toxic aftermath of traditional chemo. 🙌

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*“Twelve years ago, I was diagnosed with ovarian cancer — had a total hysterectomy and was told I needed four to six rounds of chemo. I told my shocked oncologist that I would not have chemo...that it would destroy my T-cells and immune system. He was constantly calling me to try to change my mind, telling me that I would die. Instead, I super-charged my immune system and went on a whole new, anti-inflammatory diet. I learned that organic cranberry juice helps destroy ovarian cancer cells and will help the immune systems of those who do choose chemo. The human body kills cancer cells constantly through its immune system. Within months, my CA-125 numbers started falling dramatically. When down from over 600 to 45, my oncologist said it “still isn't good enough” and he continued pushing chemo. However, I was determined to get healthy naturally and soon I was down to a CA-125 of 7, which is normal, no cancer detected in the test. I also took (still take) IP-6 with Inositol. The oncologist was angry with me, but younger doctors asked me to describe what I had done. Boosting the immune system is now becoming much more common for treating cancer. So, the outcome — knock on wood and say a prayer — has been 12 years living without cancer. Chemo seems to allow some cancer to survive, and each treatment weakens the immune system further — until you die. The use of Ivermectin + Mebendazole to treat cancer is amazing, and hopefully, will be a successful means for people becoming cancer-free.” — Annie G.*

BY DR. SANNA EHDIN, PH.D.

## Expecting Fitness & Nutrition – Quantum Pregnancy

*Where science meets the Soul: A Quantum journey through conscious movement, mindful nourishment, & motherhood, to unlock your baby's full potential*

By Birgitta Lauren

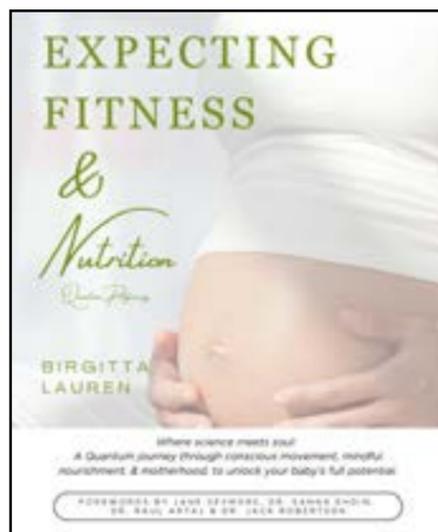
(ISBN 979-8284286074; Independently published; 2025, paperback, 361 pages; \$33.68)

We are at a loss. The present medical establishment has lost touch with its true purpose – as well as the inherited wisdom from millions of years of Evolution. This is a standstill – when pregnant women and young mothers have to make conscious decisions for themselves, and thus for their babies and grandchildren.

So, it is up to us now – and no worries as there is great help and awareness today! I highly recommend the *Expecting Fitness & Nutrition – Quantum Pregnancy* book from a mother with 40+ years of studies and experience. I have followed and known the skilled and well-educated Birgitta Lauren, holistic fertility and pregnancy expert, for 20 years. She has now poured her invaluable knowledge into this useful manual. I say, it is a must-read for everyone who wants healthy children and grandchildren!

I am so grateful that this book is here to help expectant mothers to navigate through the zillions of advice out there by social media regarding fitness, nutrition, and mental wellness. This book is a needed blessing.

*Expecting Fitness & Nutrition* emerges as a revolutionary, integrative masterpiece. Birgitta Lauren's work speaks not only to the physi-



cal dimension of pregnancy, but also to the deep, interconnected web of energetic, neurological, and immunological processes that shape life from conception. And it includes the magical and Spiritual dimension of conception. It is not only a cellular-genetic reaction. A lot of information is transferred via the amnion fluid, as water is a scientifically proven carrier of information.

I have almost 50 years of experience in health and research, as a Ph.D. in immunology who has specialized in self-healing for the last 35 years. For me, it is natural to include all levels in health and healing – both the biochemical, emotional, and the bioenergetic. Lauren does exactly that – and she does it elegantly, grounding ancient traditions with

cutting-edge science and emerging understandings of quantum biology. Her exploration of prenatal care as an entangled dance of body, mind, and vibrational consciousness will, I believe, shift paradigms.

### The Body as a Quantum Organism

This groundbreaking book lifts and enhances the quantum nature of the pregnant body. Lauren describes how the embryo, from its earliest stages, is embedded in a field of bio-electromagnetic resonance. Drawing upon research in biophoton communication, field theory, and mitochondrial signaling, she proposes a compelling theory. **That is, that maternal thoughts, breath rhythms, and nutritional choices are not only biochemical cues but quantum communicators.** This means that there are many subtle forms of information that influence fetal development at the level of energetic coherence. Time to integrate this thinking into the future of maternity.

There is solid reference for this to peer-reviewed data on microtubular conductivity, neuropeptide fields, and the resonance frequencies of micronutrients. As someone trained in neuroimmunomodulation at the Scripps Research Institute in La Jolla, California, I was particularly

*Continued on p. 29*

BY KATHERINE A. CARROLL, CFO, NTP

## Preventing & Reversing Osteoporosis

*What You Can Do About Bone Loss – A Leading Expert's Natural Approach to Increasing Bone Mass*

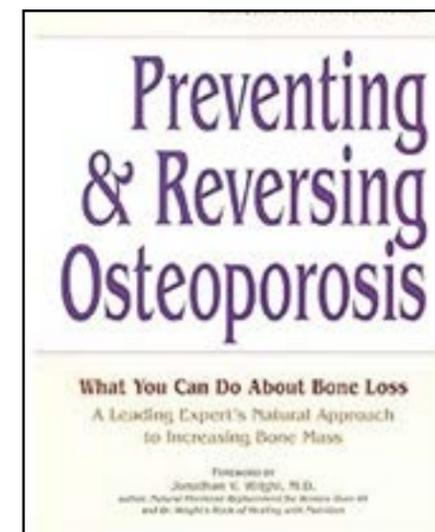
By Alan R. Gaby, M.D.

(ISBN-13: 978-0761500223; Harmony; 1995, paperback, 336 pages; \$15.34)

Seeing NTP in my signature block (Nutritional Therapy Practitioner) caused an upcoming guest to my retreat to ask me for a consultation and book recommendations on her osteoporosis. Immediately, I sought out the books written by Dr. Alan Gaby to share with her. *Preventing & Reversing Osteoporosis* had been in my library since attending Nutritional Therapy in Medical Practice (NTMP) seminar in 1995 where I met this brilliant doctor, researcher, author, and presenter. Dr. Gaby has a photographic memory and can cite studies on par with Grok and nearly just as fast.

Those were intoxicating years for the seminar-junkie that I was, and I left successive NTMP seminars with my head unable to hold one more clinical pearl from these two Harvard/Yale-trained giants. Deeply intellectually satisfying but practical above all, attending year after year, my respect only grew for Dr. Gaby and his co-presenter, Dr. Jonathan V. Wright, and their commitment to incorporating diet and nutrition into their medical practices. Their work benefited us as well as our patients and clients tremendously just as this now 31-year-old book will you.

One thing I loved about Dr. Gaby back then was the way he reached back into obscure and antiquated re-



search to discover valuable solutions for today's problems. For instance, in the Vitamin B6 chapter, Dr. Gaby mentions therapies that were lost in time or suppressed such as the 1912 use of selenium to treat cancer patients that reemerged decades later. Also, Vitamin C, popularized by Linus Pauling, Ph.D., in the 1970s, had already been published in *The Lancet* in 1944. Dr. Gaby is the epitome of out-of-the-box thinking and we are the beneficiaries.

In the book's Foreword, Dr. Gaby's mentor, Dr. Jonathan V. Wright (who became my doctor and mentored me during our visits), says, "Dr. Gaby is a talented researcher. His skill is in sifting through vast amounts of research to cull promising early research findings. He then

knits these findings into uncannily accurate and useful treatments for problems that still baffle much of medical science." Remember, this was before computers, when one had to invest massive time and energy into research.

In his treating the body as a whole as well as considering attacks from toxins, acid rain and pollution, food contamination, and the gender bias osteoporosis has in largely targeting women, Dr. Gaby surpassed the bounds of the calcium craze of the 1990s as a solution. He also included men in his studied examples too. One, a famous basketball player in particular kept getting fractures, and Dr. Gaby presents a remarkably thorough, multi-pronged approach for halting the progression and reversing his osteoporosis as well as that of others.

His many studies and patient-examples **validate the thesis of his book, that a comprehensive program of lifestyle modification, nutritional supplementation, and judicious hormone therapy holds the most promise in the battle against osteoporosis.** One example shows an unbelievable 11% gain in bone mass in 8-9 months by using just a few of the suggestions Dr. Gaby introduces. This is encouraging

*Continued on p. 30*



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(Book Review Continued from p. 26)

moved by her insights on how maternal inflammation – a product not just of diet but of emotional discord – can misalign fetal vibrational patterns. This may lead to issues later on in immune programming and neural myelination as the mother microbiome and the gut trains the baby's immune system. No baby has a mature immune system before the age of two, in case you did not know.

### Welcome to the Future of Medicine

*Expecting Fitness & Nutrition – Quantum Pregnancy* is not merely a guidebook, it is a manifesto for a new prenatal paradigm – one that respects the subtle as much as the structural, the energetic as much as the enzymatic. Lauren's voice is visionary, yet accessible. She writes for mothers, athletes, yes, but also

for practitioners, researchers, dou-las (pregnancy coaches), and quantum biologists seeking a roadmap to more coherent care.

This book dares us to see pregnancy not just as a physiological event, but as a cosmological portal. It's a brilliant invitation to rethink the womb as a field of entangled potential – a sacred space where neuroimmunological programming, somatic resonance, and quantum intelligence converge.

For those of us at the leading edge of neuroscience, immunology, and energetic medicine, *Expecting Fitness & Nutrition* is more than a book. It's an evolutionary blueprint. 🧠

*Dr. Sanna Ehdin has a Ph.D. in Immunology and is an expert on self-healing and "Youngevity." She has also authored 16 health books and is the CEO of Health Mentor.*



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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.

bobbeck.com

(Book Review Continued from p. 27)

ing news, and we would be wise to adopt his protocols now – before we need them – both for prevention and for the peace of mind that we won't become another statistic.

As our population shifts to a more elderly demographic, avoiding falls has been the focus of news headlines. One in four adults who fracture a hip die within a year and almost 20% of those sustaining a hip fracture will enter a nursing home or require home care. Currently, two million fractures occur annually from osteoporosis. Dr. Gaby reviews types of common fractures and explains the reason many lose height as they age. He shows that in antiquity, osteoporosis was not a common occurrence but a curiosity. Skeletons dating from 1729 to 1852 were recovered from a London church's restoration showing modern women have a significantly greater bone loss than in the past, both before and after menopause.

Dr. Gaby details how to prevent fractures by preventing loss of calcium and other minerals from the bone, maintaining soft tissue components from the bone, and making sure bones are capable of repairing damaged areas. One fascinating study proving his last point involved magnesium insufficiency, which creates abnormally large calcium crystals further creating abnormal calcification of bone. The quality of bone is as important as bone-mass quantity.

Further, Dr. Gaby proves the case for nutritional supplementation. A foreign concept to many, he proves that deficiency of a particular nutrient (magnesium and then folic acid in another example) can occur in specific tissues regardless of normal blood levels. He states, "If blood

tests are relied upon to diagnose tissue-specific deficiencies, then a lot of clinically important deficiencies will be missed." He cites several examples, but here is one: magnesium deficiency in the heart muscle is frequently present in heart disease, but at the same time there can be normal magnesium levels in the blood serum. These are important "clinical pearls" that can save your life, and the book is full of them!

Dr. Gaby's intellectual curiosity and free scientific inquiry create a supremely engaging and hope-filled book that provides us with greater control over our health on much deeper and more comprehensive levels. His critical thinking skills are outstanding and understanding his analytics is simply fascinating. Every chapter contains extremely valuable information, citations, patient examples, and thus gives us great confidence that a disease that the medical community largely agrees is irreversible can indeed be impacted for the better. *Preventing & Reversing Osteoporosis* challenges and changes the way we think about health, tests, and treatments.

It's such a fascinating and valuable read that I ordered a copy for each of the young women in my family, along with the nutritional supplement he developed with Dr. Wright, which he kindly shared with me when I asked about updates to his work. With bone loss starting to occur around age 40 in women and accelerating after menopause, the time to read this fine book and put it into practice is much earlier than we might think.

Once you understand Dr. Gaby's whole-body approach, then consider also adding his compilation book *Nutritional Medicine* to your library as the quick go-to for problem-solving and part of your true health

insurance plan. Far beyond osteoporosis, it is a comprehensive compilation of his years in clinical practice treating a wide range of conditions and diseases using an orthomolecular approach.

In 2011, when I had the chance to purchase Dr. Gaby's book *Nutritional Medicine*, now in its Third Edition (published in 2024) from doctorgaby.com, it was the one of the most expensive books I'd ever bought at \$215. With over 16,900 reference citations for diseases and conditions, it serves as the first book I retrieve whenever a health concern appears. It is not only a comprehensive textbook for healthcare professionals, but a valuable in-house consultant with one of the World's foremost authority's work of a clinical lifetime. One might think that AI is freely available to compile treatment protocols and suggestions with a simple command. But AI cannot replace the nuances a doctor absorbs to create his bio-individualized treatment plan nor the logic which encompasses the whole-body way of practicing. The *Nutritional Medicine* book will remain one of my most valued and I'm grateful Dr. Gaby didn't rest on his laurels but continues to update this massive volume. I recommend them both heartily. 🙌

### Crossword Puzzle Answers



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~ Joan D. Chittister



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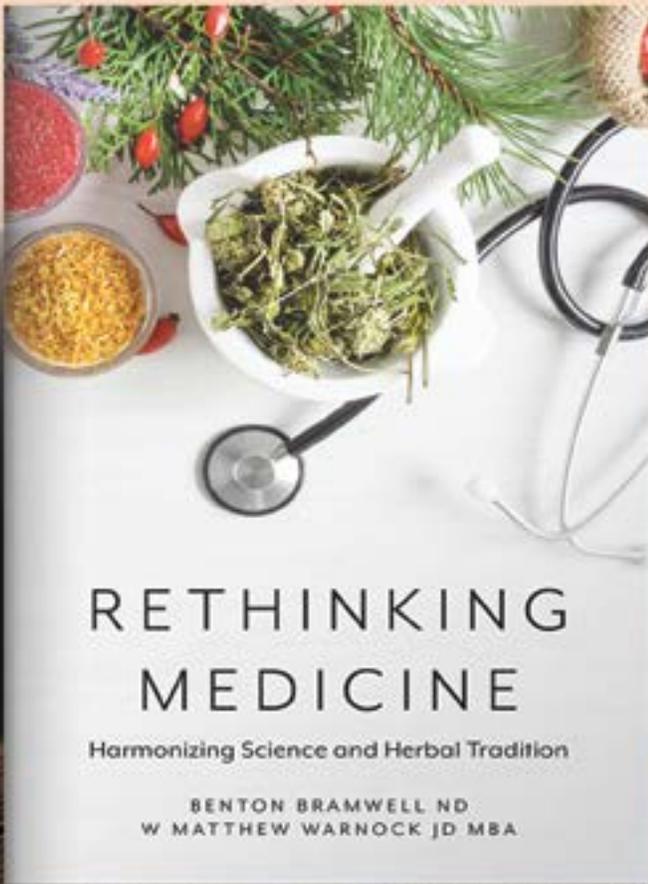
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 HOW THEY DIFFER, AND WHAT THEY CAN LEARN FROM EACH OTHER.

**BY BENTON BRAMWELL ND & MATTHEW WARNOCK JD MBA**



*"AMERICANS ARE OVERPRESCRIBED,  
 OVERDOSED, OVERCHARGED"*

