

PARASITES

Another in the Dr. Smith's Education Series

This pamphlet is complimentary to Dr. Smith's clients.

The Truth is in There



A glaring example of medical ignorance is the almost universal concept that views parasitology as a tropical disease. Somehow, when we accepted Pasteur's bacteria theories, we relegated the study of parasites to the study of "*tropical* disease" thus implying that human parasites do not exist in civilized countries like the U.S. In fact, those of us who see parasites in humans are often labeled as quacks.

What we don't understand, we often ignore. In 1959 the Harvard Medical School closed its parasitology department because they believed that "worldwide eradication of parasites was on the horizon." By 1963, the department was revived. Parasites are nothing if not versatile and adaptable.

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Apparently, parasites are only capable of living in humans who have traveled to Mexico, Brazil, Chile, Africa, etc. In fact, parasite infection among 5 pathogenic parasites in U.S. citizens is 500% higher than Mexico and 1000% higher than India. Malaria is still a disease in Louisiana, Alabama and New Jersey. Granted it is not as high as it once was, but still present.

In tests performed in clinics from New York to Arizona and by the Center for Disease Control, it is apparent that the U.S. has one of the highest rates of parasitic infestations in the world. In point of fact, we are 5 times higher than Mexico in 5 pathogenic parasites.¹ It is dangerous and foolish to think that parasites are a Third World problem!

It is true that many parasitic infections occur in developing countries, but the rate of parasitic-related disorders in North America is skyrocketing. An astounding number of people test positive for parasites. This is from the Parasitology Department of the University of Cambridge, England: "Pinworm. An extremely common nematode infection, particularly in temperate areas such as Western Europe and North America... It has been estimated that the annual incidence of infection is over 200 million, this probably being a conservative figure. Samples of Caucasian children in the USA and Canada have shown incidences of infection of 30% to 80%, with similar levels in Europe."

¹New York State Department of Health Communicable Disease Fact Sheet.

“Overall, about 1.5 billion people have roundworms, making it the third most common human infection in the world. Whipworm infects 1 billion people... More than 1.3 billion people carry hookworm in their gut, and 265 million people are infected with schistosomes.”²

Alex,³ a 72 year old male, came into our facility having recently been diagnosed with Tourette’s syndrome.⁴ He was on 5 anti-seizure medications with no reduction in symptoms.⁵ In fact, they were getting worse. When we looked at his blood, he had at the very least, some twenty species of parasites from giardia to trypanosomes and not a few. Every field under the microscope contained hundreds of parasites.

Alex admitted that, as a child, he often drank from the open drainage ditches in his native Los Angeles. Later in life, as he took up backpacking, he also drank from “pure mountain streams.” Both of these situations should have been alarm bells to any doctor, but they were ignored. In fact, the family was told by the neurologist, “Parasites can’t cause neurological disorders.”

Mary,⁶ a 23 year old female, visited our office complaining of schizophrenic episodes wherein she would step over “dead body parts.” Upon examination, we observed toxoplasma gondii,⁷ a specific parasite found most often in cats and some dogs. I asked her if she had a cat and she responded that she slept with two cats.

Toxoplasmosis is an infection caused by a single-celled parasite named *Toxoplasma gondii*. It is found throughout the world. More than 60 million people in the United States probably are infected with the *Toxoplasma* parasite, but very few have symptoms because the immune system usually keeps the parasite from causing illness.

Naturally, if you tell most people that schizophrenia can be caused by parasites, you would likely receive a skeptical look at the very least. But, read the following research excerpt from the Stanley Medical Research Institute.

“Recent epidemiologic studies indicate that infectious agents may contribute to some cases of schizophrenia. In animals, infection with *Toxoplasma gondii* can alter behavior and neurotransmitter function. In humans, acute infection with *T. gondii* can produce psychotic symptoms similar to those displayed by persons with schizophrenia. Since 1953, a total of 19 studies of *T. gondii* antibodies in persons with schizophrenia and other severe psychiatric disorders and in controls have been reported; 18 reported a higher percentage of antibodies in the affected persons; in 11 studies the difference was statistically significant.

² UNICEF: The State of the World’s Children 1998

³ Name has been changed to protect privacy.

⁴ Taber’s Medical dictionary defines Tourette’s Syndrome [first named after Georges Gille de la Tourette in the mid 1800’s] as “A rare condition of unknown etiology that begins in childhood and may continue throughout life. It is thought to be neurological rather than a psychiatric disease. Symptoms include lack of muscle co-ordination, involuntary purposeless movements, tics, and incoherent grunts and barks that may represent stifled obscenities.”

⁵ Clonidine and haloperidol are drugs commonly used for TS.

⁶ Name has been changed to protect privacy

⁷ Frenkel JK. Toxoplasmosis in human beings. JAVMA 1990;196:240-8. Frenkel JK, Dubey JP. Toxoplasmosis and its prevention in cats and man. J Infect Dis 1972;126:664-73. Richards FO, Jr., Kovacs JA, Luft BJ. Preventing toxoplasmic encephalitis in persons infected with human immunodeficiency virus. Clin Infect Dis 1995;21(Suppl1):S49-56.

Two other studies found that exposure to cats in childhood was a risk factor for the development of schizophrenia. Some medications used to treat schizophrenia inhibit the replication of *T. gondii* in cell culture. Establishing the role of *T. gondii* in the etiopathogenesis of schizophrenia might lead to new medications for its prevention and treatment.”⁸

We put Mary on a parasite cleanse⁹ and, within days, her symptoms almost totally subsided.¹⁰ Within 30 days, all of her symptoms were gone. She remains symptom free to this day.

Jan¹¹ is a 24 year old police officer in a local community in the Delta Region of Northern California. She had complained of occasional chills. Upon examination, we noted trypanosomes. I asked her if she frequented areas near the Delta Region. She answered that “Yes. It is not unusual for us to pick up bodies on the river. We are told to always wear gloves and use insect repellent.” While her symptoms were not typical of a major trypanosome infection, she was beginning to show signs of early stage infection. Protocols were recommended and she is in perfect health today.

Charles¹² was a 68 year old gentleman when he and his wife visited our facility. He was suffering from symptoms of muscle weakness and fatigue. Upon examination of the blood, we found trypanosomes.¹³ When I mentioned this to the couple, her eyes lit up. They were originally from Chile where trypanosomes were first discovered as the causative agent for Chagas disease.

This story is one without a happy ending. Rather than do as we recommended, the wife immediately flew her husband to Chile on the assumption that they would certainly treat Charles. The doctors in Chile also refused to treat for Chagas and by the time they returned to the U.S., Charles was bedridden and near death. We assume that Charles died as we did not subsequently hear from them.

Trypanosomes are unique in the parasite kingdom in that they have evolved in a much different way. Their metabolism is actually more like that of a plant rather than an animal.¹⁴ This genetic adaptation makes them very difficult for the human immune response to act upon these creatures.

⁸ Stanley Medical Research Institute, Bethesda, Maryland, USA; and †Johns Hopkins University Medical Center, Baltimore, Maryland, USA. Torrey EF, Yolken RH. *Toxoplasma gondii* and schizophrenia. Emerg Infect Dis [serial online] Nov 2003

⁹ Para-Clear is a parasite cleanse available from Biocytomics.com

¹⁰ It should be made very clear that during the detox period, we also supported her with supplements.

¹¹ Name has been changed to protect privacy

¹² Name has been changed to protect privacy

¹³ *T. cruzi* infects humans and a wide variety of domestic and wild species. It is a major human health problem in South America, especially Brazil, Venezuela, and Argentina. Transmission depends on the presence of the parasite, vectors, reservoirs, and the host being present in the same location. Vectors are kissing bugs of the genus *Triatoma* and *Rhodnius*. Important reservoir animals in the U.S. are raccoons, opossums, and armadillos.

¹⁴ Research Unit for Tropical Diseases and Laboratory of Biochemistry, Christian de Duve Institute of Cellular Pathology and Université Catholique de Louvain, B-1200 Brussels, Belgium; and [§] Embrapa Genetic Resources and Biotechnology, 70770-900 Brasilia-DF, Brazil. Edited by P. Borst, The Netherlands Cancer Institute, Amsterdam, The Netherlands, and approved December 6, 2002

Many parasitologists will inform a patient that this kind of infection is “always fatal.” We disagree if, as the above two examples illustrate, the parasite is identified early on and treated aggressively.

What all of these people have in common is a misdiagnosis by medical doctors not because they are stupid, but because they have been taught that parasites are not an issue in the U.S. They have never been taught that parasites can be an issue in disease. Even if they *were* taught *something* about parasites, they only examine stool samples which are notoriously inaccurate because most parasites, by nature, remain in the colon and organs never showing up in stool samples.

We have had similar positive results with diabetics, in some cases reversing the “illness” altogether by removing parasites from the body and detoxifying the system. (Liver cleanses are a must.)¹

All diabetics have a common fluke parasite, *Eurytrema pancreaticum*, the pancreatic fluke of cattle, in their own pancreas. It seems likely that we get it from cattle, repeatedly, by eating their meat or dairy products in a raw state.¹⁵ It is not hard to kill with a Frequency Generator¹⁶ but because of its infective stages in our food supply we can immediately be reinfected.

Eurytrema will not settle and multiply in our pancreas without the presence of wood alcohol (methanol). Methanol pollution pervades our food supply. It is found in processed food including bottled water, artificial sweetener¹⁷, soda pop, baby formula and powdered drinks of all kinds *including health food varieties*. Wood alcohol is used to wash equipment used in manufacturing. This is especially true of domestic beers. If anyone has diabetes, avoid *anything* out of a can, package or bottle and avoid milk products,¹⁸ and processed foods.

By killing this parasite and removing wood alcohol from the diet, the need for insulin can be cut in half in three weeks or less!

Be very careful with your blood sugar checks.

The pancreas with its tiny islets that produce insulin recovers very quickly. Even if 90% of them were destroyed, requiring daily insulin shots, half of them can recover or regenerate so insulin is no longer necessary. The insulin shot itself may be polluted with wood alcohol (this is an especially cruel irony. The treatment itself is worsening the condition). Test it yourself, using the wood alcohol in automotive fluids (windshield washer) or from a pint, as a test substance. Try different brands of insulin until you find one that is free of methanol.

Artificial sweeteners are polluted with wood alcohol. Instead of helping you cope with your diabetes, they are actually promoting it. Do not use them.

¹⁶ These are available through Biocytomics.com

¹⁷ Aspartame is a wood alcohol derivative and should be avoided like the plague.

¹⁸ We recommend avoiding all dairy products. 80% of the population is lactose intolerant not to mention the increased possibility of mad cow disease.

Drugs that stimulate the pancreas to make more insulin may also carry solvent pollution; have them tested for wood alcohol and switch brands and bottles until you find a pure one. You may not need them much longer, so the extra expense now may soon reward you.

Many persons can detoxify the amount of wood alcohol that pollutes our foods. They have an acid built up in their bodies as diabetics do; kojic acid. Kojic acid in coffee, and potatoes with gray areas inside are well documented. Do not eat discolored potatoes or peels, even if cooked or baked. These are poisons and *all* poisons are bad for us. Do not consume them.

AIDS

The Link to parasites

There is probably no other disease today that evokes more anxiety than the epidemic of AIDS. Yet emerging data and research shows that there may be a causative agent that we have ignored and, worse yet, may suggest an otherwise overlooked answer on the horizon...parasites.

According to a recent study published by the Center for Disease Control, "*Trichomonas vaginalis* may be emerging as one of the most important cofactors in amplifying HIV transmission, particularly in African-American communities of the United States. In a person co-infected with HIV, the pathology induced by *T. vaginalis* infection can increase HIV shedding. *Trichomonas* infection may also act to expand the portal of entry for HIV in an HIV-negative person. Studies from Africa have suggested that *T. vaginalis* infection may increase the rate of HIV transmission by approximately twofold. Available data indicate that *T. vaginalis* is highly prevalent among African-Americans in major urban centers of the United States and is often the most common sexually transmitted infection in black women. Even if *T. vaginalis* increases the risk of HIV transmission by a small amount, this could translate into an important amplifying effect since *Trichomonas* is so common. Substantial HIV transmission may be attributable to *T. vaginalis* in African-American communities of the United States."¹⁹

What this and my own research suggests, is that parasitic infection of *Trichomonas vaginalis* is not only a co-factor but suggests a cure and that is great news for the millions who suffer from AIDS and related diseases.

Infection

The protozoan parasite is transmitted through vaginal intercourse and, while it may be without symptoms, often causes vaginitis in women and urethritis in men. Treatment too often is with antibiotics which, of course, frequently do not address parasites. It is also infrequently diagnosed correctly since we have a mindset in the U.S. that parasites are tropical third world problems. Therefore, unless someone has traveled outside the U.S. there is no need to check for parasites. This is a serious sexually transmitted infection (STI).

¹⁹ Frank Sorvillo, Lisa Smith, Peter Kerndt, Lawrence Ash, University of California at Los Angeles, Los Angeles, California; and Department of Health Services, Los Angeles County, Los Angeles, California, Emerging Infectious Disease, Vol. 7, No. 6 Nov–Dec 2001

This is a dangerous paradigm since recent studies show that it is the most common parasitic infection in the U.S. infecting as many as 5 million annually in the U.S.²⁰

This is not only a perilous situation bordering on an epidemic, but a terrifying ignorance that could spell death for the many who needlessly suffer from what is often considered a “mystery” disease.

While we are seeking drugs and vaccines to reverse and prevent AIDS, simple solutions that have been around for many years may bring hope to the millions who needlessly suffer from the complications of this disease.

When infected with *T. Vaginalis*, there is a swelling of the vaginal membranes resulting in what most women commonly refer to as a “yeast infection” that, in reality may be the parasite. This infection evokes an immune response of high eosinophils. Eosinophils are white cells that appear in the body when parasites are present. When physicians see a high eosinophil occurrence in a CBC (Complete Blood Count), they too often ignore the implications, dismissing it as Eosinophilia and treat it with steroids. This, of course, addresses the immune *response* and *not* the underlying causative agent.

The listlessness and fatigue associated with AIDS and its complications are also easily explained. Parasites substantially decrease B₁₂ and folic acid from the body, without which the body begins to lose the ability to produce healthy red blood cells. This deficiency is a very common form of anemia called spherocytosis and, at this point, is only “annoying” fatigue. Allowed to go untreated, it can spiral to pernicious anemia, aplastic anemia, megaloblastic anemia and leukemia.

If the infection continues to go untreated, the individual then begins to suffer from huge weight loss, loss of appetite and the outward appearance of symptoms we have come to associate with AIDS.

Because parasites too often evade the immune system they run amok and continue to thrive in the host until the host succumbs to the infection.

Data is scarce simply because parasites are not considered a problem. Additionally, many of these studies have often used diagnostic techniques with relatively low sensitivity to parasites such as wet mount, stained preparations, or Papanicolaou (PAP) smear. Parasites will not usually show up in these tests and therefore go undetected. All too often, the experience (or inexperience) of the microscopist to isolate the parasite is commonplace and the observation of an “anomaly” is written off as an artifact. Microscopists, too suffer from narrow paradigms unless they have familiarity with parasitology.

²⁰ Cates W Jr. Estimates of the incidence and prevalence of sexually transmitted diseases in the United States. American Social Health Association Panel. Sex Transm Dis 1999;26(4 Suppl):S2-7.

Regrettably, even less has been done to study *T. vaginalis* in men, yet it is epidemic in the U.S. male population. Among men attending an STD clinic in Seattle/King County from 1987 to 1990, 6% of 300 randomly selected men were infected with *Trichomonas* by culture technique; 22% of 147 contacts to women with *T. vaginalis* were also positive. In a study published in 1995 conducted in Richmond, California, 12% of 204 male patients from an STD clinic were culture positive for *T. vaginalis*²¹. Among 454 consecutive men attending an STD clinic in Denver in 1998, 2.8% were found to be infected by a culture method.²²

To put this in perspective, if 3-12% of the U.S. population had, for example, Avian Bird Flu, that would translate to roughly 900,000 to over 3.5 million individuals. That is a staggering number and would qualify as an epidemic. Yet, it is largely ignored not through stupidity but by a narrow paradigm. Parasites are “tropical or third world” problems.

A Conundrum

Exacerbating the dilemma is the overuse of drugs, not only pharmaceuticals, but so called recreational drugs (Methamphetamines, cocaine, prednisone, opiate derivatives, etc.). The overuse of antibiotics, for example, reduces the ability of the body to mount its own immune response to infections, thus setting the stage for immune deficiency. The acronym itself, Acquired Immune Deficiency, holds the key to unlock the “secret. If the disease is “acquired” due to parasite infestation, it can be just as easily defeated by addressing the issue rather than the symptom.

The answer, in my opinion, is not by using more drugs that further reduce the body’s natural immunity, but by killing the causative agent.

There are natural methods used for centuries to kill parasites by indigenous people. Whether they realized it or not, they ingested substances that relieved the infection. For example, in Africa, natives use wormwood to relieve diarrhea. Wormwood is a known anti parasitic which, until recently, was banned from the U.S. Now, there are common tincture and capsule preparations that include black walnut hull, wormwood, clove, garlic, cinnamon, catechu and other known anti parasitic ingredients.

We strongly urge the medical community, activists and others concerned about this epidemic to consider the data available that AIDS may be curable and preventable. I am asking for the sake of us all to rethink our paradigm and save lives.

The point of this short paper is to direct and protect the consumer from an infectious epidemic in the U.S. that is preventable and reversible. For more information we suggest reading, seeing a competent blood specialist and being on guard with your food supply.

²¹ Borhardt KA, Al-Haraci S, Maida N. Prevalence of *Trichomonas vaginalis* in a male sexually transmitted disease clinic population by interview, wet mount microscopy, and the InPouch TV test. Genitourin Med 1995;71:405-6.

²² Joyner JL, Douglas JM Jr, Ragsdale S, Foster M, Judson FN. Comparative prevalence of infection with *Trichomonas vaginalis* among men attending a sexually transmitted disease clinic. Sex Transm Dis 2000;27:236-40.

Will you ever be completely rid of these little critters? Probably not. But, there are certainly things that you can do to help reduce the ingestion of parasites.

First, wash your hands thoroughly. Think of washing hands in the same way a surgeon scrubs before surgery. Not only rub your hands briskly, but use a brush under the fingernails. In public bathrooms avoid touching areas that are more subject to parasite exposure; door knobs, stall locks and handles, sink handles, etc. Use paper towels to avoid direct contact.

Another area many do not consider is foods; fruits and vegetables in particular. Cook meat completely and thoroughly. Avoid such foods as raw meats and fish. Yes, I mean sushi. Vegetables which come directly from the fields should be soaked in a solution of hydrogen peroxide (1/4 cup to 2 quarts water) for -30 minutes or steam completely.

Avoid direct contact with pets. I know the importance of pets to some families but they are a main vector for infection and that applies especially to cats and dogs.

We suggest semi-annual parasite cleanses due to the condition of our meat and food supplies in the U.S. and the possibility of constant re-infection due to contaminated meats where parasites go unnoticed by the USDA.

End Notes

ⁱ Liver and gallbladder cleanse without surgery

Ingredients:

1/2 Cup Olive Oil Extra Virgin

1 Big grapefruit (2 small) (Or 3 lemons)

4 tablespoon EPSOM salts = (MgSO₄ + 7H₂O)

(EPSOM salts = Magnesium Sulphate = EPSOMITE = Magnesium Sulfate Heptahydrate)

3 cups water

**You can substitute 3 cups water that is used in this recipe to dissolve Epsom salt) with 3 cups freshly pressed grapefruit juice, or freshly pressed apple juice . That way you will not feel the unpleasant taste of Magnesium Sulphate
(= Magnesium Sulfate = Epsom salt = MgSO₄ + 7H₂O)]**

If using lemon juice, do not blend juice with oil.

Drink a little oil, a little juice, from 2 different cups.

If you mix oil and juice, it may (it doesn't always happen) slightly congeal, and get a slimy consistency that is not easy to swallow.

This never happens with grapefruit juice!

Choose a day like Saturday for the cleanse since you will be able to rest the next day.

Take no medicines, vitamins or pills that you can do without; they could prevent success. Stop the parasite program and kidney herbs too, the day before.

Eat a no-fat breakfast and lunch such as cooked cereal with fruit, fruit juice, bread and preserves or honey (no butter or milk), baked potato or other vegetables with salt only. This allows the bile to build up and develop pressure in the liver. Higher pressure pushes out more stones.

2:00 PM. Do not eat or drink after 2 o'clock.(water is fine) If you break this rule you could feel quite ill later. Get your Epsom salts ready. Mix 4 tbs. in 3 cups water and pour this into a jar. This makes four servings, 3/4 (three fourths) cup each. Set the jar in the refrigerator to get ice cold (this is for convenience and taste only).

You can substitute 3 cups water with 3 cups freshly pressed grapefruit juice, or freshly pressed apple juice, it tastes better.

6:00 PM. Drink one serving 3/4 (three fourths cup) of the ice cold Epsom salts. If you did not prepare this ahead of time, mix 1 tbs. in 3/4 (three fourth) cup water now. You may add 1/8 (one eighth) tsp. vitamin C powder to improve the taste. You may also drink a few mouthfuls of water afterwards or rinse your mouth. Get the olive oil (ozonated, if possible) and grapefruit out to warm up.

Alternative Schedule 1: Omit the first Epsom Salts dose at 6 p.m. Take only one dose, waiting till 8 p.m. Change nothing else. Many people still get stones with one less dose. If you do not, do the full course next time. "The Cure For HIV and AIDS" By Hulda Clark pg.585

8:00 PM. Repeat by drinking another 3/4 (three fourths) cup of Epsom salts. You haven't eaten since two o'clock, but you won't feel hungry. Get your bedtime chores done. The timing is critical for success.

9:45 PM. Pour 1/2 (half) cup (measured) olive oil into the pint jar. Add 2 drops HCl to sterilize. Wash grapefruit twice in hot water and dry; squeeze by hand into the measuring cup. Remove pulp with fork. You should have at least 1/2 (half) cup, more (up to 3/4 (three fourths) cup) is best. You may use part lemonade. Add this to the olive oil. Also add Black Walnut Tincture. Close the jar tightly with the lid and shake hard until watery (only fresh grapefruit juice does this).

Now visit the bathroom one or more time, even if it makes you late for your ten o'clock drink. Don't be more than 15 minutes late. You will get fewer stones.

10:00 PM. Drink the potion you have mixed. Take 4 ornithine capsules with the first sips to make sure you will sleep through the night. Take 8 if you already suffer from insomnia. Drinking through a large plastic straw helps it go down easier. You may use oil and vinegar salad dressing, or straight honey to chase it down between sips. Have these ready in a tablespoon on the kitchen counter. Take it all to your bedside if you want, but drink it standing up. Get it down within 5 minutes (fifteen minutes for very elderly or weak persons).

Lie down immediately. You might fail to get stones out if you don't. The sooner you lie down the more stones you will get out. Be ready for bed ahead of time. Don't clean up the kitchen. As soon as the drink is down walk to your bed and lie down flat on your back with your head up high on the pillow. Try to think about what is happening in the liver. Try to keep perfectly still for at least 20 minutes. You may feel a train of stones traveling along the bile ducts like marbles. There is no pain because the bile duct valves are open (thank you Epsom salts!). Go to sleep, you may fail to get stones out if you don't.

Next morning. Upon awakening take your third dose of Epsom salts. If you have indigestion or nausea wait until it is gone before drinking the Epsom salts. You may go back to bed. Don't take this potion before 6:00 am.

2 Hours Later. Take your fourth (the last) dose of Epsom salts. You may go back to bed again.

"The Cure For HIV and AIDS" By Hulda Clark pg.585

Alternative Schedule 2:

After taking the first dose of Epsom salts in the morning, wait two hours and take a second dose of the oil mixture (but only 1/2 cup) and go back to bed. After two more hours take another dose of Epsom salts. This schedule can increase the number of stones you remove."

After 2 More Hours you may eat. Start with fruit juice. Half an hour later eat fruit. One hour later you may eat regular food but keep it light. By supper you should feel recovered.

How well did you do?

Expect diarrhea in the morning.

Use a flashlight to look for gallstones in the toilet with the bowel movement.

Use colander to make sure you collect all stones.

Look for the green kind since this is proof that they are genuine gallstones, not food residue. Only bile from the liver is pea green. The bowel movement sinks but gallstones float because of the cholesterol inside.

Calcified stones and stones containing protein may sink, but a colander will catch all stones.

Count them all roughly, whether tan or green. You will need to total 2,000 stones before the liver is clean enough to rid you of allergies or bursitis or upper back pains permanently. The first cleanse may rid you of them for a few days, but as the stones from the rear travel forward, they give you the same symptoms again. You may repeat cleanses at two week intervals. Never cleanse when you are ill.

Sometimes, the bile ducts are full of cholesterol crystals that did not form into round stones. They appear as "chaff" floating on top of the toilet bowl water. It may be tan colored, harboring millions of tiny white crystals. Cleansing this chaff is just as important as purging the stones.

How safe is the liver cleanse? It is very safe. My opinion is based on hundreds of cases, including many persons in their seventies and eighties. None went to the hospital; none even reported pain. However it can make you feel quite ill for one or two days afterwards, although in every one of these cases the maintenance parasite program had been neglected. This is why the instructions direct you to complete the parasite program first.

The truth is self-evident. People who have had their gallbladder removed surgically still get plenty of green, bile coated stones, and anyone who cares to dissect their stones can see that the concentric circles and crystals of cholesterol match textbook pictures of "gallstones" exactly.

Suggested Reading:

1. "Parasite Rex" Copyright 2004 by Carl Zimmer
2. "The Cure for all Diseases": Copyright 1995 by Hulda Regehr Clark, Ph.D., N.D. All rights reserved.

Company Profile

BioCytonics is a division of Old Loft Enterprises, LLC, a Nevada Limited Liability Corporation.

Hugh Smith, Ph.D. ,Founder Biocytionics is an internationally respected and well known researcher in chronic illnesses and mycoplasma infections. Many M.D.'s depend on Dr. Smith for consultation and often refer their "difficult" patients to him for help.

His background in microscopy represents over 25 years of research in nutrition, bio-psychology, bio-energetics and Targeted Nutritional Intervention-TNI. Dr. Smith writes for several magazines, researches for nutrition companies as well as the design of training programs for health care professionals interested in adding nutritional counseling to their practices. His expertise in nutrition is represented in nationwide seminars.

Based upon his clinical observations, Dr. Smith has developed several innovative products designed to slow the aging process and naturally combat chronic illnesses. Nutritional counseling is effective with ADD/ADHD, fibromyalgia, chronic fatigue syndrome, irritable bowel syndrome, weight loss, arthritis, candidiasis and more.

Dr. Smith specializes in Vital Hematology (or Real Time Microscopy) as a means of observing cell wall deficient forms and the living blood (BioCytonics) of clients to recommend nutritional interventions to reverse risk factors for chronic disease and nutritional deficiencies. If an individual is interested in scheduling a consultation, please e-mail for details and fee schedules to hugh@biocytionics.com or call the office at 760-613-8645.

Initial client visit includes the observation of living blood and nutritional counseling for chronic illness and potential risk factors.

Dr. Smith also trains healthcare practitioners in the study of living tissue. For details and information please e-mail hugh@bioCytonics.com or call 760-809-4498.

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