

**BITTER-SWEET
PROFITS**

Bitter-Sweet Profits

Winners and losers inside the diabetic industry

© 2003, Michael Sichel

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As this book was about to be published, three Australians who had managed to obtain *Eleotin*, sent their reports to a friend of the author, who passed them on to him. They were the latest of a whole series of results described in this book.

Earlier, even more significant results had prompted the author to write this book. Those early results were reported from the original trials at the University of Calgary's Julian MacFarlane Diabetic Research Institute, more than five years ago. **The complete 100 person controlled trial is published in this book.**

Brian G. — 60+yrs (Type II diabetic for 19 years)

Brian had read about *Eleotin* in *The Medifile Report*. He obtained some *Eleotin* on 31/7/03. He is a competitive squash player. He also ordered some for his friend Bill. Here are the results.

18/8/03 No effect on sugar levels but noticed eating less.

8/9/03 Brian reported *Eleotin* is working for him and his friend Bill. **Bill had reduced his twice daily Insulin shots.** Bill drinks too many schooners and has a sedentary occupation fixing computers. Brian likes chocolate and lollies too much. Those are factors leading to diabetes in the first place! Despite these habits the *Eleotin* was still working.

24/9/03 Bill has further reduced his insulin intake while Brian has reported several positive changes as follows.

- 1 Previously, if 'naughty' with his diet, he would reach a maximum high sugar level of 15mmol/L (285mg/dL). That absolute high for him is now 10.2mmol/L (193mg/dL - a 92 point drop in American measure).
- 2 He has reduced his drug *Diamicron* from 2 to 1 daily and is ready to reduce the drug *Diamicron* from 2 to 1 daily.
- 3 He used to take 40 units of Insulin at 2pm every day to combat high sugar levels at night. He now takes 20 units.
- 4 His doctor has noticed the changes and is impressed and is now in possession of *The Medifile Report*, an Australian publication that examines therapies and products indepth.

WINNERS & LOSERS
INSIDE THE DIABETIC INDUSTRY

The information in this book is based on the training, personal experiences and research of the author. It is intended for educational purposes and is not meant to diagnose, prescribe or replace medical care. Mention of any research organisation or individual researcher should in no way be construed as an endorsement of this book or any of the techniques herein.

Because each person and situation is unique, the author and the publisher urge the reader to check with a qualified health professional before using any procedure for which there is any question of appropriateness. It is a sign of wisdom, not cowardice, to seek a second or third opinion.

The publisher does not advocate the use of any particular health treatment, but believes the information presented in this book should be available to the public.

BITTER-SWEET PROFITS

MICHAEL SICHEL
OSTEOPATH DO, NATUROPATH ND

Other books by Michael Sichel

Simple steps to better health (1962)

Relief from Candida, allergies and ill-health (1990)

How to beat hyperactivity without drugs (2000)

How to reverse Autism Spectrum Disorders without drugs (2003)

This book is dedicated to the Greatest Physician who ever lived. He visited our world once and walked among us, healing people and loving them. Some accepted Him others rejected Him. His life, death and resurrection (recorded by His friends) changed the world for the better – and brought us Hope.

It is written to bring presently available help and understanding to all with diabetes.

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'A new scientific truth does not triumph by convincing its opponents and making them see light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it.' (Max Planck, founder of the famous Institute)

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"Diabetes II does not appear until specific environmental factors begin . . .these are associated with diet and increased affluence. French physicians in 1870 found diabetes rare in the poor but increasingly common among the wealthy"

Dr Denis Burkitt MD FRCS "Don't Forget Fibre in Your Diet" (1979).

CHAPTER 5

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"Give me a thousand old fashioned Testimonials and I'll show you a remedy that actually works!"

When 40,000 users improve or get better, there is no - "need for further double-bind studies, and five years + \$5,000,000 before we can actually help you" (typical official statements)

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Glycating the truth (Glycate= harden with sugar)

"...the scientist makes use of a whole arsenal of concepts which he imbibed practically with his mother's milk; in the interests of science it is necessary over and over again to engage in the critique of these fundamental concepts, in order that we may not unconsciously be ruled by them." (Albert Einstein)

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Turning nutritional advice upside down – works!

"The whole imposing edifice of modern medicine is like the celebrated tower of Pisa - slightly off balance."

(HRH Prince Charles)

INTRODUCTION

The Galloping Pandemic

“If people are constantly falling off a cliff, you could place ambulances under the cliff or build a fence on top of the cliff. We are placing all too many ambulances under the cliff.”

Denis Burkitt MD FRCS FRS

More than 300 million people worldwide are at risk of developing diabetes, while 200 million are actually diagnosed with this complex and deadly illness.

If current predictions are correct, this number will rise to 333 million by 2025. Most of these will be in Asia.

In the USA diabetes is now the cause of one in five deaths (killing one American every three minutes), 60% of blindness (in the 20 to 74 age group) and 50% of kidney failure. Two thousand five hundred Americans are diagnosed daily, (including children, who now number some 350,000). It has risen 30% since 1980.

There are two kinds of Diabetes, Type I IDDM (Insulin Dependant Diabetes Mellitus) and Type II NIDDM (Non-IDDM). Ninety-five percent of the current pandemic is Type II. These types are described and dealt with in this book.

The book examines the causes of this scourge and also some new and effective natural approaches that can actually reverse diabetes Type II and ease Diabetes Type I. We will also look at the old-fashioned medical approach, the use of costly drugs and insulin.

According to the Diabetes Atlas report, total direct health care spending on the disease worldwide is currently over \$150 billion and will be between \$213 billion and \$396 billion by 2025.

The disease's economic impact in some hard-hit countries is a major component of their total national budget, sometimes rising to 6–7% of the GNB. Some Asian populations have a

particularly difficult problem. Over 50 million diabetics are found in south-east Asia, which has the highest prevalence world-wide. In Singapore, for example, 40% of the population is diabetic. To illustrate the reality of this with hard figures: in their population of some 4 million it means 1,600,000 are at this moment fighting the 'sweet' disease.

Worsening this economic disaster is the fact that diabetes often precedes a whole chain of other disease states. Chief among these are the cardio-vascular (blood circulation) problems. Heart disease more than triples among those with diabetes.

How to beat the pandemic and why drugs will never cure it!

Dismal science, witchcraft and a traffic accident

In medicine today Diabetes II is diagnosed, treated, monitored, followed up, discussed, projected and based on one factor – blood glucose. So, its drugs are researched, studied, re-studied, marketed, stock market listed (mustn't forget that, must we), prescribed, trialed and regulated on one factor - blood glucose. **But Diabetes II is the result of multiple events taking place in multiple body systems and functions.**

Out of the ordinary blood glucose (although a very useful tool) is only the (often wildly) fluctuating signal the body sends out to say: "Help! There's been a major traffic accident". It is like finding blood on the road at a traffic accident and analyzing this sign of injury instead of treating the patient.

Research – the Genetic Hoax

And then there is the high tech approach of "new breakthroughs" in genetic science. Always "five years away". Money is needed, and more money. "Just another five years". Gullible people dig deep. But diabetes is a major freeway traffic accident that just happened almost yesterday and millions now suffer. The disease has only sky-rocketed in the last two decades. Genes don't work like that - in millions of people at

the same point of time. To look for an answer for a multiple body function disease in some single gene is akin to witchcraft.

Identifying first signs of the galloping, silent killer

The frightening part of this disease is that, like cancer, half of the diabetic population live without knowing they have the disease. Not until persistent and unpleasant symptoms have hung around, and worsened for a good while – do most people take steps to find out just what is "really going on" in their body.

In this book you will find out about:

- How to know if you may have diabetes
- How your body functions to protect you and heal you
- Essential natural steps you can take to help your body
- Simple and natural treatments that reverse diabetes
- The Truth about the old- fashioned medical approach
- Pharmaceutical propaganda to keep you in the dark
- People who have recovered using simple natural ways!

Note on blood glucose readings

In this book blood glucose levels are primarily measured in the metric scale. If you wish to convert them to the American scale, just multiply by 19 (close approximation).

Author's foreword

"As long as men are free to ask what they must, free to say what they think and free to think what they will, freedom can never be lost and science can never regress."

J. Robert Oppenheimer American Physicist

Not all is as it may seem to be

A look into the medical politics of diabetes

Although the standard medical interventions for diabetes are failing, or – at best, merely keep the patients 'going' (never cure) it is not in the interests of the massive pharmaceutical diabetic industry (which includes around US\$12 billion annual sales of the daily test strips alone) to give you access to alternative and successful treatments, even though some can often (as you will see) actually cure Diabetes II. Despite the fact these (usually herbal) treatments have a long history of success, with no side effects, and are comparatively inexpensive, you will not hear about them unless you go looking. Moreover, having found them you will usually be told falsehoods or given ill-informed and derogatory information from many 'official' diabetic institutions and societies. As an example of this I quote from such a letter sent to a lady interested in using a thoroughly tested and well-proven herbal diabetic treatment with an impressive background that included published studies from the University of Calgary (for more on this treatment see Chapter 2). This is what the lady was told in the letter:

"There are many 'miracle' cures and treatments for diabetes. Unfortunately, I think this product, *Eleotin*, falls into this category.

I have not heard of the product and have done an extensive literature search to see if there has been any research or papers in the Medical/Scientific community

about the product. There has been no medical research [*Editor's Note: the next two sentences contradict this immediately.*] I see the information you sent me comes from the University of Calgary. This research has not been reported in any scientific or medical journals, so it makes me wonder about it." [*Ed. 'the information' was a controlled study of 80 patients.*]

It is true that, up to that time, no major English language medical journal had published an article on the use of *Eleotin*, but several Korean and Chinese Diabetic societies and their consulting doctors had published articles in their national medical journals. And the University of Calgary Julia MacFarlane Diabetic Institute had issued a press release of their long period of work on *Eleotin* and its final quite amazing results. Why it did not appear in the standard medical journals is the subject of a whole chapter in this book.

This lack of apparent interest in the English speaking medical journals should come as no surprise. In Chapter 7 you will read enlightening information on the now well documented pharmaceutical industry dishonesty and deceit – which by default, seems to virtually own most of the western world's medical press. This was recently highlighted by the combined Editors of all the leading medical journals, who finally rebelled and together demanded honesty and transparency from pharmaceutical companies submitting research articles. Dr Marcia Angell, former Editor of the famed *New England Medical Journal*, has also commented:

"When the boundaries between industry and academic medicine become as blurred as they are now, the business goals of industry influence the mission of medical schools in multiple ways."

She was sacked for revealing deceit in pharmaceutical representations to medical journals. The former editor, Dr Jerome Kassirer, who was editor for eight years, left the *New England Journal of Medicine* in 1999 when his contract was not renewed

by the journal's publisher, the Massachusetts Medical Society, after disputes by the society "over the use of the journal's name to promote products over which he and his staff had no responsibility".

Moreover, if the so-called diabetic educator, who wrote this letter and claimed "extensive medical literature research", had taken the time to search the Internet for the name *Eleotin*, they would have seen that Dr Giwon Yoon, chairman of the Judith McFarlane Diabetic Research Centre, Calgary University, and his team did the original laboratory work which found *Eleotin* (or P700 as it was then designated) so effective. Dr Yoon was quoted by the Canadian newsmagazine *Alberta Report* as saying, "This remedy will restore near normalcy for 70% of Type II diabetics." He was also reported to have said that, "most Type II diabetics who have suffered for three to five years will respond favourably." And by 'favourably' he meant a return to normal without drugs or insulin. Further studies were able to confirm and enhance the results (see Chapter 2).

The search would also have found that Dr Yoon was world famous in the field of diabetes as he had found the virus that is believed to be associated with Diabetes Type I.

So, how much faith can we have in institutions that excel in hiding, or suppressing good non-drug methods?

This book is one result of 40 years of such experiences in the health field, during which time I have personally witnessed or been caught up in, sometimes vicious attacks by both Governments and pharmaceutical companies on practitioners whose true motive has been to fulfill their Hippocratic Oath – 'first do no harm'. For that reason my habit is to write a book or article only when something really worthwhile is not getting out among the people who need it. This strong motivation has resulted in five books and many professional or popular writings that include two newspapers established for that purpose alone plus a professional newsletter to alert my peers.

This has been a thrilling book to write, because it is the result of seeing genuine reversals of diabetes using the combination of simple herbs that were first tested at the University of Calgary, in Canada – as described above. I saw

these results in people who had been able to obtain the *Eleotin* from overseas. Since then, it was pointed out to me that over 2,000 herbs have an effect on diabetes. These herbs are used in both Chinese, Indian (ayurvedic medicine) and Western herbal medicine. But the combination of Western and Chinese herbal 'secrets' worked out at the University were (1) which herbs were best in combination, for no single herb can do the job properly, (2) how they should be prepared, (3) when they should be ingested, as some herbs involved improve certain organs which peak at certain hours of the day, and (4) how much was needed and for how long.

My first book, *Simple Steps to Better Health* (written just after competing for Australia in the 1960 Olympic Games), was aimed at educating people about the connection between lifestyle, food and general health. There was a great ignorance about true health at that time and this largely remained until the 1980's, when people began to heed the warnings of many writers like myself.

Today, there is a serious ignorance about the real causes of the diabetic epidemic and a worse ignorance of the several wonderful natural therapies that can quite cheaply and quickly end the pandemic, as well as the root causes. There is also an ignorance among many people of how to identify if someone is at risk for this disease.

'Be Prepared' – the Boy Scout Motto

Despite the widespread publicity about diabetes it is still found that many people don't yet know the early and obvious symptoms. So, even though most readers of this book will already be diabetic, it makes sense to quickly outline the early warning signs as a reminder for the unwary 'hidden diabetics' who may glance through this Foreword.

Diabetes Type 1 signs include:

- frequent urination
- unusual thirst
- extreme hunger

- unusual weight loss
- irritability

Type II diabetes signs are more numerous, but include:

- any of the Type 1 diabetes signs
- frequent infections
- blurred vision
- cuts/bruises that are slow to heal
- tingling/numbness in hands or feet
- recurring skin, gum, or bladder infections.

Despite this list, people with Type II diabetes often have no apparent diabetic symptoms. Annual checks are a good idea.

Diabetes II risk factors may also help you to 'Be Prepared':

- over age 45
- family history of diabetes
- overweight
- male
- insufficient exercise
- particular racial or ethnic groups (African Americans, Latinos, Asians and Pacific Islanders, Native Americans)
- women who have had gestational diabetes.

This book is mostly about Diabetes Type II – because that is the most common form of diabetes (95%) and the one we can do most about without drugs.

So, let's learn more about this enemy and how to beat it!

CHAPTER 1

The curse does not come without a cause

"First, understand yourself. Then your enemy. Only then will you defeat him!"

Anonymous

This Chapter examines physiology (your body function) and Natural Law in relation to diabetes.

The human body is very complex. Because of the numerous activities going on simultaneously in multiple systems (the nervous, digestive, glandular, RNA/DNA/gene, cellular, circulatory, respiratory, and many others) it is what a mathematician would call 'infinitely complex' – so complex in fact, that even in this time of great knowledge, there is no end in sight to finding amazing new discoveries of how our bodies work! So, when looking at disease, that is to say the disruption of this complexity, it is not surprising to find endless consequences of such a disruption. Some have compared this phenomenon to opening a can of worms! Some diseases fit this picture more than others, and diabetes is a good example.

Diabetes affects many of our body systems, all at once. **Diabetes is MUCH MORE than our blood glucose (BG) level. Our BG level is only a symptom of a wriggling can of worms!**

Just controlling this level is therefore not the ultimate answer. It is only an aid – an important aid, but one which fails in the end because it does not address the CAUSES of diabetes.

Fortunately, proper treatment is in many respects simple. Proper treatment finds natural and gentle ways of influencing those malfunctioning complex body systems, so that they work in harmony once more.

The Laws that govern our body

There are many examples of 'infinitely complex' systems in our world. Think, for instance, of the traffic system in a large city. Traffic going everywhere, all shapes and sizes, with multiple destinations, personalities and purposes. If you were a country visitor looking down from a helicopter you could wonder why those drivers down there didn't all run into one another! What is it that stops chaos taking place? There is one simple answer – Law, the Rules of the Road.

All complex systems have Laws that govern them. And our bodies are no exception. These Laws are very simple, but the consequences of breaking them can become very complex.

So, it seems very wise to find out about those simple Laws that govern our bodies and come back into harmony with them. Just like in a traffic accident, there is a way back to normalcy. The first thing the police do to once more get the traffic flowing, is to clear the wreckage off the road and direct the traffic back to the Rules of the Road again. We must learn those Rules! But first, we look at the Traffic Accident.

It is very important to examine how our body is affected by the widespread problem that often precedes diabetes which is called *Syndrome X*. Syndrome X, which I call the 'traffic accident', is the rather mysterious name given to a group of medical signs and symptoms that includes insulin resistance, glucose elevation and pancreatic-cell damage, plus other contributing factors, like fat storage, urine problems and hormone imbalance.

Because insulin is a Master Hormone that can go astray, this problem is sometimes called 'Insulin Resistance Syndrome'. Insulin is the hormone that stores and takes blood glucose to your cells, much like the postman who brings letters to your letterbox. Insulin also stores many other nutrients, like magnesium and carbohydrates¹. Insulin Resistance means your body cells no longer recognize 'the postman'. Because diabetes also affects several areas of the metabolism (body function), it is also called the Metabolic Syndrome. The other problem issues usually include high blood fats (cholesterol and triglycerides),

hormonal changes, high blood pressure, a variety of blood glucose problems, kidney problems, fatty liver and nearly always excess fat in the abdominal area. We will learn more about these and how to handle them later. Some 20–25% of American adults suffer from Syndrome X. And this number is reflected in the wider world.

Insulin Resistance

Insulin, as we have said, is the postman that delivers glucose (energy-giving blood-sugar) to your cells' 'letterbox'. The easier the letterbox opens, the more efficient is your body's use of energy.

You will remember from what you have read elsewhere that the more sugars and refined carbohydrates (CHO) you ate the more insulin you need. Well, we take that lesson a little further. Eventually the letterbox into your cell no longer responds so easily to the postman (as you will learn more fully in Chapter 3). One of the reasons includes: the postman has brought too many large glucose parcels and the cell's receptors (the letterbox) refuse to answer his knock.²

Now this is called 'insulin resistance'. It means you may have too much insulin in your bloodstream. That is another serious matter to be considered in this traffic accident.

If you drip insulin into the artery of one leg of a dog for a few months, it will become almost totally blocked with plaque. The other leg artery will remain totally clear – just contact of insulin on the artery wall causes the blood vessel to fill up with plaque. This has been known since the 70's and has been repeated in chickens. Insulin floating around in the blood causes a plaque build-up. Insulin also causes the blood to clot too readily. Insulin causes the conversion of macrophages into foam cells, which are the cells that accumulate the fatty deposits. So you can see that too much insulin is a cause of the cardiovascular disease that haunts diabetics. It fills blood vessels with plaque, constricts the arteries and increases 'stickiness' of the blood.³ Fortunately, there are natural answers to insulin accumulation. One of the major answers is to lower all natural

sugars in the diet. Sugar attracts insulin, sugar makes you produce more insulin.

We must stop damaging our all-important body cells, but how do we do that?

Another, more down-to-earth factor, is that our diet since the early 20th century has progressively worsened. To understand this connection, you must realize that our cell walls – called cell-wall membranes – are lipid loving. **They love fats.** The delicate and essential fatty-acid molecules from which these fats should be made, lubricate the cell-wall membranes to be slippery or permeable – to open and shut easily for the postman. The fats they love most are the essential fatty acids (called cis-3 and cis-6), derived from the oxygen-sensitive oils found in wheatgerm, flaxseed, pumpkin, apricot and other fresh seed oils or fish oils. These were once plentiful in the diet, but they have become victims of the food industry, when it was found that they ‘spoiled’ too easily. This fact was opportunity for the alternative oil industry, the margarine and canola-type fat producers, to come up with the unhealthy (trans-fats) ‘plastic oils’ which do not spoil easily (they are already spoilt). That important story will be dealt with in Chapter 6.

Today, as more fully explained in Chapters 3 and 6, when we lack the good oils and ‘good’ Omega-6 fats in our modern diet (unless you take steps to avoid), most of the fatty acid intake is either trans-fats or saturated fats; these are then used to repair our cell membranes, in place of the healthy fats. It is the combined absence of the good oils and the presence of these saturated and trans-fats and other toxic isomers (‘plastic’ fats) that cause our cellular membranes to become stiff and sticky instead of fluid and slippery. Because of this hardening, they then become difficult to get through; the lids of the letterboxes to your cells are now stuck. The result is that you have lots of blood glucose floating around. Too much. In the modern world researchers say about half the population in the industrialized nations have the problem of poor CHO metabolism to some degree. The CHO’s they eat are also often filled with the bad

trans-fatty acids (to preserve them).

Not only are the cell membranes spoiled by the trans-fats but also their ability to ‘signal’ or send messages to other cells. And this happens in the cells in all tissues; all are highly dependent on the lipid constituents of cells. This has further serious implications. Cells must ‘speak’ to one another; this is one of the controlling mechanisms in cancer prevention. They speak through cell wall membrane signals.

Part of any good treatment for diabetes must help to restore the cell membranes, and get rid of the unhealthy fats that kill us (see Chapter 2).

The results of Insulin Resistance: ‘letterbox sticking’

One of the co-factors in this wide-spread problem is the lack of exercise in our modern world. ‘Wide-spread’ is a good term to use, as weight gain – especially wide-spread around the hips and abdomen, are the common result of insulin resistance and sedentary life-style. Early excess weight is itself one of the triggers for insulin resistance. Fat stored around the abdomen releases faster into the bloodstream than fat from other parts of the body.

Overloading the pancreas

Not only does the body suffer because **excess glucose is around and being turned into fat**, but also the glands in the pancreas that produce the insulin are forced to try and remove the excess blood glucose. To do this, the cell letterboxes must be coerced to open – and to do that more than normal insulin is required. More postmen are produced, to try and force open the ‘stuck’ letterboxes.

Over time, the glands (called the Islets of Langerhans or beta-cells), become ‘worn out’. They can no longer produce enough insulin and over time can become damaged and dormant. Part of the job of any successful treatment must, therefore, include the ability to restore the vital beta-cell function that produces insulin (see Chapter 2).

Overloading the liver

The liver is the largest organ in your body. It has more than 400 important functions. One of these is to take excess fats/lipids from the bloodstream. So, you can see that too many fats can also begin to overload the cells in the liver responsible for lipids reduction. The result of this is, of course, a 'fatty liver'. This means that your liver is literally 'choked' with (bad) fats and can no longer burn fats efficiently. The fats overflow back into the bloodstream and are laid down in tissue in all the places you don't want. Sign of this are the 'apple' (abdomen storing) and the 'pear-shaped'(thigh and hips) figures. Apple shaped is more at risk for diabetes.

But all fat-storing of this nature is a serious problem, as the fatty liver cannot perform as it should in its other duties.

The causes of excess fat storage include:

- Hereditary
- Lack of exercise
- Excess alcohol
- Smoking
- Stress
- Excess unhealthy fats
- Excess refined CHO and sugar
- Excess male hormones

Part of the job of any successful treatment must, therefore, include the ability to restore liver function and reduce fat storage (see Chapter 2).

Overloading the kidneys

Yet another dangerous complication of diabetes is what is named 'end-stage renal disease' (ESRD) or kidney disease. Up to 50% of people with diabetes are at risk. People with Diabetes II nearly always have the beginnings of kidney disease when first diagnosed, because their diabetic problem (which directly causes kidney problems) has been around for several years before their diabetic problem is found. Kidney disease

often ends with the sufferer on a kidney dialysis machine, with regular visits to the hospital. It can then end with the need for a kidney transplant.

ESRD also puts you at greater risk for heart disease. This is because damaged kidneys can lead to high blood pressure.

So you can see that Syndrome X leading to diabetes is indeed a multi-function metabolic problem. A regular 'can o' worms'. Also, part of the job of any successful treatment for diabetes must include the ability to repair the kidneys and their function (See Chapter 2).

Overloading the blood vessels

The portal vein is an important large blood vessel that carries nutrients, like glucose, from the intestines to the liver for processing. It is here that our Maker has 'plugged in' glucose sensors that measure the BG. If the BG is too high, for whatever reason, then this remarkable sensor system 'e-mails' the pancreas insulin depots and tells them to mix more insulin into the bloodstream to control the elevated BG. If the pancreas is already at full stretch producing insulin, the signal still has to be obeyed – even though the postman is not being recognized by the letterbox. Thus there is an intimate connection between our vascular system and Diabetes II.

'Sugar-candy proteins'

Unfortunately, the blood vessel walls are damaged by too much glucose, which candies or hardens on the inside (endothelial) walls of the blood vessels. This changes the nature of some of the cells (glycation = candying). Over time they begin to leak and/or bulge (aneurysm). As the blood begins to seep (haemorrhage) between the cell spaces the basement cells that underlie the veins become thickened. Parts of the body are more susceptible than others to this damage. Wherever there is a pooling of blood or low pressure or slow movement, damage is worst. This means the eyes, with their tiny blood vessels and comparatively slow blood flow, are affected early.

As the disease progresses, larger veins begin to die. This can lead to end stage problems like gangrene in distant parts of the body – like the feet. Part of the job of any successful treatment for diabetes must include the ability to repair the blood vessels and their function (see Chapter 2).

Overloading the eyes

Diabetic retinopathy (retina disease) is the most common form of blood vessel damage in the eye due to diabetes.

The retina is the light-wave receiving area of your eye, (like the antenna of your mobile phone, which receives sound-waves). It has many fine blood vessels, called capillaries, coming from a small artery, and it also has veins.

Early Diabetic retinopathy accounts for about 80% of all cases. Although diabetic retinopathy rarely leads to total blindness, 5–20% of patients still become legally blind within five years.

It is estimated that more than 2.5 million people worldwide experience vision loss due to diabetic retinopathy.

About 2% of all people who have had diabetes for 15 years become blind, while about 10% develop severe visual impairment.

Nearly one in five people with Type II diabetes already have a significant degree of eye disease (retinopathy) when they are diagnosed with diabetes.

Part of the job of any successful treatment for diabetes must include the ability to normalize the micro-circulation and vascular system (see Chapter 4).

Overloading all the cells in our body?

Finally, in this ‘stock-take’ of damage done by this metabolic and diabolic traffic accident we call Diabetes, we check on the 60 trillions of cells that compose our total body.

Just like us, all the cells that comprise ‘us’ need energy to function and even just to stay alive. All cells need glucose, which is the ‘petrol’ the cells burn to produce this energy, plus heat. This activity is made possible by a phosphate substance

called ATP.

When the ‘postman’ (insulin) ‘knocks on the door’ of any cell, announcing a ‘parcel’ of glucose, a messenger inside the cell called glucose transporter 4 (GLUT 4) travels to the outer membrane of the cell to collect the parcel.

GLUT 4 is only one of seven GLUT (glucose carrying) molecules found to date. It is by far the best carrier of glucose from our bloodstream to the cell interior, but needs the ‘postman’ insulin to activate it.

But another GLUT molecule (GLUT 2) is more important in terms of treating the cause of diabetes. GLUT 2 moves glucose from our liver and intestines into the bloodstream. This GLUT is also the Chief guy who regulates insulin and communicates directly with the cells of the pancreas, telling it to produce more or less insulin according to supplies of available glucose. Thus, if too much glucose is available in the bloodstream, but not in the cell (as when insulin is not being recognized as the ‘postman’ by the cells) then the GLUT 2 is ‘tricked’ into asking for even more insulin. Thus we get too much insulin in the bloodstream as well as too much glucose.

Here also, part of the job of any successful treatment for diabetes must include the ability to normalize the GLUT molecules in their functions (see Chapter 2).

Overfeeding the yeast/fungal population

Yeast infections (candida) are four times more prevalent in people with Diabetes I or II.

Our intestines, and all our membrane (‘wet’) surfaces, are home to billions of bacteria and yeast forms. Most of them are normally our friends, called probiotics (meaning ‘for life’ as versus antibiotics, ‘against life’). Without these probiotics we would die. But the bad guys, which often include anti-biotic resistant bacteria (like streptococcus), yeast forms and parasites, are also there in varying numbers. They are ‘anti-life’, producing toxins that can reach our bloodstream and cause problems.

Unfortunately, various factors can increase the population of

the 'bad guys'. These include stress, elevated blood sugar, elevated progesterone hormone, the Pill, and use of antibiotics which kill their controlling friendly bacteria. Many of these bad guys live on sugars. Typical of these are the yeast forms called candida. The walls of a typical yeast bud are made from eight layers of various glycoprotein's and sugars like mannan and glucan.

So, you can see that the diabetic bloodstream, with its overload of free glucose is a happy place for a little sugar-loving yeast bud to have fun and multiply. They are the organisms that cause 'thrush'.

Because the hormone progesterone raises blood sugars in pregnancy, pregnant women often find problems with thrush. The symptoms they, or anyone with a yeast problem, can experience are these (maybe you recognize some of them):

- Poor short-term memory
- Vague and spaced out feelings
- Mood swings
- Irritability
- Sugar cravings
- Itch, anywhere
- Skin problems, often with itch or 'lumps' or outbreaks
- Alternating soft to hard stool
- Bloating
- Flatulence
- Digestive problems
- Fatigue, 'all gone' feeling
- Dizziness
- Tinea
- Allergies

Yes, these yeast forms can cause a lot of symptoms, just on their own. They release toxins directly into your bloodstream. For more on this important factor please go to Chapter 5.

Any treatment must be able to reverse the candida problem, without causing further side-effects.

Because so many body functions and systems can be so

severely affected by diabetes it is necessary to step back and take a look at the initial prime cause or causes of this modern disaster. We will be doing this in Chapters 4 and 7, which deal with politics, Big Business, and medical management level policies which have all become the beneficiaries of this human misery.

But first, because it has been necessary to give all this bad news, we will now in the next two chapters give you some good news!

Summary

From reading in this chapter you have found that Diabetes II is a most complex disease, affecting and damaging many body systems and organs (the circulation; the nervous system; eyesight; heart; hormonal; fat deposition; kidneys; glucose mechanisms etc).

You will have seen that the fluctuating blood glucose (BG) appears to be the culprit that triggers the most damage. Although stabilizing the BG seems to be the way to go – there are questions to answer:

- Why has the BG system gone astray?
- Can that cause factor be reversed?
- Do we really have to rely on drugs all our life?
- The medical drugs have problems, too. What else is there?
- What can we do to repair the damaged systems?

Eleotin – the traffic flows again

The Canadian triumph in diabetic research

“A new scientific truth does not triumph by convincing its opponents and making them see light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it.”

Max Planck (founder of the Planck Institute)
Dear Reader, *Be that generation!*

In the previous chapter it is pointed out that “part of the job of any successful treatment for diabetes must include the ability to normalize” several body functions and events – not just the BG levels. This is the exciting story of a highly researched herbal combination that does just that! By improving and restoring multiple body functions, *Eleotin*⁴ can clear up the internal chaos and becomes “the policeman that gets the traffic flowing again”.

There are several thousand herbs that have an influence on blood sugar and diabetes. Among the best known are the Indian herbs gurmar (*Gymnema sylvestre*) and bitter melon (*Mormordica charantia*) as well as gotu kola, panax ginseng and the famous fenugreek.

But diabetes is a complex disease affecting many systems. The search for a *combination* of herbs, therefore, that could together gently repair and restore became a goal of herbalists. While one or two herbs could greatly help, they could not cure the causes.

During the last 19 years of the 20th century, a large group of well known and not-so-well known medicinal diabetic-friendly herbs were gathered by a determined ‘Academic Businessman with a Goal’ living in Canada. His name is Dr Young Soo Kim, a graduate in Economics from the Massachusetts Institute of Technology. To have them properly

researched, he paid the Julia MacFarlane Diabetic Research Institute in Calgary to help him test them. He was after the best combination for healing the various problems that beset the diabetic syndrome.

Many hundreds of herbs and multiple combinations were researched. As the project results poured in, a statistical picture began to form. Now it was possible to also perform fine-tuning tests on the most effective finalists in the project. These included animal studies that looked at histological (tissue) examination of cell insulin receptors (the cell ‘letterbox’) in muscles, measurements of production of insulin in pancreatic beta-cells and the lessening of alpha-glucosidase enzyme (the action that turns CHO into monosaccharides – simple sugars).

These experiments were the proving grounds for the human trials that followed the discoveries that a certain combination (named P-700) had the ultimate biological response effects for which they were searching.

The scientist who headed this project was Dr Ji Yoon MSc. Ph.D, Professor of the Departments of Microbiology & Infectious Diseases at the University of Calgary. Dr Yoon was also senior researcher and Chairman of the MacFarlane Diabetic Research Centre. He was also the discoverer of a virus that has a strong correlation with Diabetes Type I, a discovery that was hailed as a major breakthrough in the medical world. He helped conduct more than 20 high-tech investigations into the group of herbs from which *Eleotin* was developed.

Then in 1997, came the first large human trial on 80 patients with 20 ‘controls’ (who took a placebo, a neutral agent with no known health effects). The results of that trial were quite amazing. *Eleotin* caused an average 44.6% drop in the 80 subjects which meant a total average fall in BG among the 80, of 41 points. Among the controls the average fall was only 6.6 points. The P-700 was more than six times more effective than the placebo effect.

What made this almost across-the-board result so good was the fact that different individuals have a wide-range of responses to insulin. Some will over- and some under-respond

to the same drug. Obviously, the herbal combination had been responded to by nearly all in *the same beneficial way!* None had over-reacted or badly under-reacted. This was not a drug, this was a human-friendly response to a gentle herbal therapeutic!

But there was much more to this herbal combination than merely controlling blood glucose ...

Herbal complex: Near-normalcy restoration for 70% of Type II diabetics – so screamed the headline news in an Australian professional report (*The Medifile Report*, April 2000).

This followed a story in the Canadian weekly newsmagazine *Alberta Report*, Monday August 24, 1998.

“We did the original laboratory work,” says Giwon Yoon, who chairs the University of Calgary’s diabetes research centre. “This remedy will restore near normalcy for 70% of Type II diabetics⁵ ... *Eleotin* is manufactured by Eastwood Bio-Medical Research Inc. Youngsoo Kim, CEO of the Vancouver-based firm, was assistant finance professor at the University of Alberta between 1987 and 1991. He says *Eleotin* has been in development for 19 years.”

In April 2000 the Australian professional journal, *The Medifile Report* summed up the results that followed the 1998 announcement. This is what it said (in simplified language):

After 20 years of research and trials, the final herb combination (P-700) achieved:

- The unique ability to make the cells once again recognise the ‘postman’ (insulin)
- Beta-cells (that normally make insulin) began to work again, with a gentle enhancement of insulin secretion;
- Increased the GLUT 2 molecules concentration. (You remember from the previous chapter how these molecules regulate glucose release from the liver and ‘talk’ to the pancreas about insulin amounts.)

- Controlled release of carbohydrate
- No side effects; no secondary failure.

With medical drugs there is a certain period of success in managing BG, but in the end – often after several years – they fail. This is known as ‘secondary failure’. They have not treated the cause. Anarchy (lawlessness) still prevails in the body functions. Below is a further excerpt from *The Medifile Report*:

Once again Canada has hit world headlines with a pathfinding discovery in the reversal of diabetes.

The *Julia MacFarlane Diabetic Research Centre* (JMDRC) in Calgary has released the successful results of its twenty years of research and human trials in the development of a 15 multi-herb complex labelled P-700 that can restore diabetics suffering from NIDDM (non-insulin dependant diabetes mellitus). The Centre is an integral part of the University of Calgary faculty of Medicine and an international leader in the study of diabetes.

In 1921 Canada captured world headlines in diabetic research when Drs. Banting and McLeod of the University of Toronto received their Nobel Prize for the first isolation of insulin (which they later produced to control diabetes). This time the news is even better. According to the results of the latest trials 98% of patients taking the herbs (now named *Eleotin*) can expect major blood glucose drops (BGL’s) or a return to near normal or normal levels of blood glucose even after *Eleotin* is discontinued (true for 70% of participants). Significantly, 30–40% of those who returned to normal BGL’s have remained so for six years, another 30–40% became mildly diabetic again over 2–3 years while the balance relapsed mildly around six months.

However, re-commencing *Eleotin* at minimal use (one-quarter of previous) was found to once again bring BGL’s back to normal.

Even reversal of early blindness!

Moreover, researchers have observed several cases of the improvement and/or actual reversal of advanced retinopathy (blindness) some of which had culminated in recent blindness, plus significant repair of diabetic induced stroke.

Statistical analysis of the latest trial (involving 80 patients) shows an almost certain prediction (where $R^2 = 0.93$) for a person who takes *Eleotin* for more than 3 months. For example, a 55 year old patient whose initial BGL is 300mg/dL (15.7mmol/L) and diabetic for 10 years can expect the BGL to drop to 157mg/dL (8.2mmol/L), which – although still abnormal – is below the renal threshold (detection of sugar in urine). Moreover, the BGL drop will continue its descent over further time. (Study analysis by Dr Young Soo Kim, Statistician.)

Regeneration of beta-cells – unique to *Eleotin*⁶

Although P-700 was developed over 20 years to produce four distinct combination BG control paths (see box ‘Modes of action’) the major discovery, after trialing thousands of herbal combinations, was a 15-herb complex that actually **regenerated** pancreatic beta-cells!

Importantly, this improved production of insulin did not come with the side effects common to pharmaceutical drugs that stimulate such an effect (one such drug, *Rezulin* by the Japanese company Sangyo, triggered a spate of deaths in the UK through liver shut-off). Moreover, this new beta-cell activity was not a so-called ‘secondary effect’, that made it appear to happen through another body mechanism.⁷ The JMDRC scientists were immediately excited by the evidence of a primary upregulation of beta-cell activity—never seen before in the gentle realm of natural medicine.

Damaging BGL fluctuations controlled

The diabetic syndrome deteriorates during periods of poor BGL control because the resultant fluctuations cause damaging

events in macro and micro-circulation (such as atheroma, a thickening of the vascular walls, accompanied paradoxically by hyperpermeability) that lead to the familiar pattern of glomerulopathy (kidney disease), hardening of the arteries, circulatory problems and eye damage. The trials have found that *Eleotin* effectively controls these fluctuations by slowing the breakdown of carbohydrates.⁸ But even when good BG control is able to be maintained by standard insulin, drug and dietary methods diabetic patients still develop vascular changes 10 years earlier (av.) than the non-diabetic. So it will be interesting to see in ten years time if *Eleotin's* multiple action produces a lesser percentage difference – I expect that it will be so.

No side effects among first 7,000 patients⁹

Unlike pharmaceutical diabetic drugs *Eleotin* has no side effects and very few ‘primary failures’ (where first-time users entirely fail to respond) in fact less than 1%—and these were attributed by the team to non-compliance problems.

Furthermore, the gradual decrease in effectiveness over time or ‘secondary failure’ characteristics of diabetic drugs has not been experienced over the five years of human studies. The team also reported that the sometimes severe and unpredictable hypoglycaemic effects common to some of the drugs (e.g. the sulfonylureas) have not been seen with *Eleotin* use, although careful BGL monitoring is still necessary.

In toxicity testing rats were given 50% of *Eleotin* per body weight in their diet for 7 months with no damage or effects to organs detected. The Canadian ‘JR’ Lab, a well-known food and drug safety investigation company investigates every batch of herbs used. Several countries, including Korea and Japan, have now given the ‘seal of safety’ to the herbal complex.

BGL changes of user group

A typical user was a 53.6 years old patient who had been diabetic for 9.8 years and whose initial BGL was 297.3mg/dL (15.6mmol/L). He used *Eleotin* for 3.9 months and his BGL

dropped to 167.1mg/dL (8.79mmol/L). All users maintained their pre-*Eleotin* therapies and they added *Eleotin* to those therapies. In Table 2 we report the changes of the BGL in the control group during the same period.

mon = months of *Eleotin* usage; yd = years of Diabetes; age = age of users; BGLb = BGL before *Eleotin* inmg/dL; BGLa = BGL after *Eleotin* inmg/dL; Changeb = BGLa-BGLb: reduction of BGL inmg/dL.

Table 1

User ID	mon	yd	age	BGLb	BGLa	Change%	Changeb
1	7	1.0	63	214	141	34.1%	73
2	3	10.0	65	200	166	17.0%	34
3	3	26.0	60	290	110	62.1%	180
4	1	7.0	65	234	180	23.1%	54
5	2	4.0	53	230	149	35.2%	81
6	10	2.0	50	230	117	49.1%	113
7	8	10.0	45	320	178	44.4%	142
8	5	7.0	58	198	126	36.4%	72
9	12	10.0	50	250	280	- 12.0%	- 30
10	3	15.0	61	160	200	- 25.0%	- 40
11	1	7.0	47	198	171	13.6%	27
12	11	1.0	57	180	110	38.9%	70
13	1	7.0	55	260	220	15.4%	40
14	10	4.0	75	142	148	- 4.2%	- 6
15	3	1.0	60	163	158	3.1%	5
16	8	25.0	43	250	196	21.6%	54
17	1.5	8.0	40	270	148	45.2%	122
18	1.5	7.0	55	270	120	55.6%	150
19	1.5	7.0	55	330	270	18.2%	60
20	2	10.0	53	180	180	0.0%	0
21	0.5	7.0	55	300	255	15.0%	45
22	1	7.0	55	119	115	3.4%	4
23	1.5	7.0	70	300	105	65.0%	195
24	1.5	7.0	55	134	123	8.2%	11
25	12	17.0	50	306	172	43.8%	134
26	1	0.3	37	330	225	31.8%	105
27	3	12.0	60	200	135	32.5%	65
28	4	15.0	65	230	220	4.3%	10
29	2	5.0	48	400	380	5.0%	20
30	1	10.0	68	384	367	4.4%	17
31	4	25.0	63	380	175	53.9%	205
32	1	7.0	62	280	300	- 7.1%	- 20

33	5	7.0	55	152	130	14.6%	22
34	5	10.0	67	333	140	58.0%	193
35	3	7.0	60	342	161	52.9%	181
36	6	13.0	73	178	94	47.2%	84
37	3	10.0	55	429	173	59.7%	256
38	3	10.0	44	400	150	62.5%	250
39	3	5.0	55	320	128	60.0%	192
40	3	12.0	52	406	162	60.1%	244
41	3	11.0	55	380	132	65.3%	248
42	3	13.0	55	417	132	68.3%	285
43	3	14.0	55	425	187	56.0%	238
44	3	7.0	55	398	180	54.8%	218
45	3	9.0	55	425	168	60.5%	257
46	3	15.0	55	469	210	55.2%	259
47	3	12.0	55	396	178	55.1%	218
48	3	7.0	56	178	117	34.4%	61
49	3	13.0	60	222	148	33.3%	74
50	1.5	0.2	43	180	120	33.3%	60
51	1	6.0	45	300	150	50.0%	150
52	7	9.0	42	350	150	57.1%	200
53	3	20.0	42	100	80	20.0%	20
54	3	43.0	53	210	143	31.9%	67
55	2.5	33.0	43	287	161	43.9%	126
56	4	10.0	25	120	89	25.8%	31
57	4	29.0	51	120	110	8.3%	10
58	5	0.5	5	350	130	62.9%	220
59	4	0.5	5	220	100	54.5%	120
60	3	2.0	53	370	167	55.0%	204
61	2	11.0	68	259	116	55.4%	143
62	1	18.0	71	141	148	- 5.3%	- 7
63	2	18.0	71	139	148	- 6.7%	- 9
64	3	0.3	35	359	83	76.9%	276
65	3	0.3	50	250	248	0.8%	2
66	3	12.0	54	367	297	19.1%	70
67	6	0.3	21	610	145	76.2%	465
68	5	0.5	37	160	117	26.9%	43
69	3	0.3	58	328	323	1.5%	5
70	5	0.3	36	700	161	77.0%	539
71	4	5.0	78	320	128	60.0%	192
72	3	11.0	60	380	132	65.3%	248
73	6	7.0	60	398	180	54.8%	218
74	6	10.0	60	429	173	59.7%	256
75	6	15.0	60	469	210	55.2%	259

76	6	9.0	60	425	168	60.5%	257
77	7	12.0	60	406	162	60.1%	244
78	8	13.0	60	416	132	68.3%	284
79	4	14.0	60	425	187	56.0%	238
80	4	12.0	60	396	178	55.1%	218

BGL changes of control group during the same period

A typical person in the control group was a 53 year old who had been diabetic for 8 years and starting BGL was 218mg/dL (11.47mmol/L), while at the end of the period it was 211mg/dL (11.1mmol/L). They all maintained their current therapies.

Table 2

yd = years of Diabetes; age = age of users; BGLb = BGL before *Eleotin* inmg/dL; BGLa = BGL after *Eleotin* inmg/dL; Changeb = BGLa-BGLb: reduction of BGL inmg/dL.

User ID	yd	age	BGLb	BGLa	Changeb
1	2.0	66	214	236	- 22
2	9.0	56	200	201	- 1
3	20.0	65	290	244	46
4	8.0	66	234	190	44
5	5.0	55	230	220	10
6	3.0	51	230	210	20
7	9.0	45	320	333	- 13
8	8.0	58	198	224	- 26
9	11.0	51	250	221	29
10	14.0	60	160	180	- 20
11	8.0	48	198	213	- 15
12	1.0	58	180	256	- 76
13	8.0	56	260	280	- 20
14	5.0	72	142	150	- 8
15	2.0	61	163	180	- 17
16	18.0	43	250	220	30
17	9.0	52	270	240	30
18	8.0	58	270	150	120
19	6.0	55	330	280	50
20	9.0	57	180	209	- 29

To approximate European blood or plasma glucose readings (mmol/L), divide US report readings (mg/dL) by 19.

For practical purposes, one may build a quite reliable forecaster in such way that if a patient uses *Eleotin* more than three months, reduction in BGL is predicted quite reliably to be $-1.08(\text{mon}) + 0.05(\text{yd}) - 0.83(\text{age}) + 0.88(\text{BGLb}) - 72$.

For example, for a 55 year old patient whose initial BGL is 300mg/dL (15.7mmol/L) and who has been diabetic for 10 years, we can expect quite safely that if he uses *Eleotin* for 4 months, his BGL will drop by 142.5mg/dL (7.5mmol/L).

Genesis of discovery

The brave Asian lady who prompted the search for 'another way'

About 25 years ago a frail but determined diabetic with serious kidney and peripheral vascular complications faced two options given by her doctor's advice ... either live without one or maybe both legs, or die. She refused the operation and set out on an Asian holiday to enjoy her last days.

Once in Asia she discovered that many traditional remedies, herbal medicines and more modern alternative treatments had a long history of successful anecdotal evidence, much of it preserved in scholarly volumes and treatises. Having nothing to lose she ate and drank every possible food or herb that may help her. After six months she began to feel much stronger.

Her trip had given her a renewed peace of mind and a new appreciation of life. On returning to Canada she was requested to make an appointment for a set of tests. To her surprise the doctor informed the woman that both her diabetes and kidney disease had improved to the point where there was no longer any need for amputation.

The doctors themselves were astonished at this recovery and after questioning her extensively they became convinced that her story was worth substantiating scientifically. To this end Dr Yoon¹⁰ of the Calgary JMDRC directed a research team to trace her journey and her traditional medicine contacts. At first, Dr. Yoon's team randomly tested most of the various herbs the old lady had tried, on animals. Later some patients volunteered to try the most likely combinations. One of these was a retired

nurse from JMDRC who had seen the amazing change in the old lady. This nurse was a serious Type II. She became one of the first success stories of the trials and is now a cured diabetic for 12 years.

Four years to track down seven herbs

Because of locality dialect names and other language barriers and the sheer number of herbs (2,500) that have an effect on diabetes plus lengthy travel the team took four years to trace seven of the essential herbs used by the patient. Meanwhile, the 'pioneer' of this remarkable search—the patient herself, had continued to improve and was now free of all complications. Tests showed her return to normalcy. The next step was to trace good sources and quantities of the herbs for studies and trials. Surprisingly, the trail began in Vancouver where an old Vietnamese herbalist was asked if he knew of a particular ancient herb used for diabetes. He did.

Back at the Calgary Julia MacFarlane Diabetic Research Centre Dr Yoon and his colleagues began the long and arduous task of understanding the pharmacology and modes of action. **Their research showed historically that the herbs were regarded as restorative in function and had been in use for thousands of years. They promoted improvements in the form of diuresis (kidney function), blood purification, and organ function (liver, kidney, thyroid). Furthermore, they had no toxic side effects and did not produce resistance.**

The research team then looked closely at the world's herbal books for other diuretics and blood purifiers.

Cambridge and Harvard investigators

To further widen the reach of their work the University of Calgary JMDRC invited colleagues from international research centres to participate in the search—these later included established medical scientists from Cambridge and Harvard.

With international co-operation and over a period of some further seven years the team was able to research a staggering list of herbal combinations that were candidates for the criteria

established by the JMDRC scientists. By 1992 the final successful herbal complex was selected and named P-700. Further work found ways to grow without chemicals or heavy metals, to mill it into a tea and to develop a patented manufacturing technique that maximised the efficacy of the tea's benefits. Today, *Eleotin* comes in capsules.

Modes of action

Regeneration of pancreatic beta-cells¹¹

Results have shown beta-cell levels improved after only 3 months of *Eleotin* usage. This included cases where beta-cells had been almost decimated. Following this discovery of increased insulin production three Type I diabetic volunteers were included in the program and after 3–4 months showed less severe daily swings in BGL's. They also reported substantial general health improvements. A new trial of 50 Type I cases is now underway.

The resultant increased insulin secretion in the Type II trial was followed for six years to monitor for the stress effects on beta-cells that is common with normal pharmaceutical drugs that also stimulate (but often overstimulate) insulin production. No evidence of such side-effects was noted. Moreover, over the 15 years of the various trials no resistance (secondary failure) to the herbal-complex became apparent, meaning that beta-cell response continued unabated. It has been concluded that the 'gentle' action of the herbal-complex was responsible for a more natural synergetic biological response than is found with single-molecule 'kick-start' activity. This causes a 5–10% annual reduction in effectiveness, leading to serious end-time consequences.

Up-regulation of insulin receptors

As Diabetes II is mostly related to an acquired resistance (lack of response) to insulin by muscle and liver cells (glucose is denied cell-wall entry without an insulin 'password') *Eleotin's* ability to restore the binding for insulin reception greatly improves the ability of the body to utilise the increased insulin

production of the beta-cells induced by *Eleotin* and once again metabolise glucose. To date, no other health food or drug has demonstrated this attribute safely.

GLUT 2 concentration increase

Glucose Transporter 2 (GLUT 2) is an important facilitative glucose transporter found in the liver and pancreas. *Eleotin* has been found to increase low levels of GLUT 2, so making glucose more available.

Kidney and liver function

The synergistic herbal complex developed by JMDRC includes herbs with a proven record of body function benefits. Almost all patients in the various trials reported increased well-being, better sleep and toned skin. Loss of fat above the hips (the typical 'pear shape' of diabetes) occurred in unison with controlled BGL's. These factors are known by-products of liver and kidney malfunction.

Because *Eleotin* works so well to improve kidney function, at the same time as moderating BG, then the following study is very relevant and maybe good news to you if you are having early kidney problems.¹²

One in three people with diabetes type 1 develop end-stage kidney disease, which eventually requires either a kidney transplant or every-other-day hospital dialysis treatment for life. The earliest sign of kidney disease is the leakage of small amounts of proteins from the blood into the urine. When this happens it was thought that medicine can only postpone the inevitable, but not prevent kidney disease by controlling blood sugar, plus using selected high blood pressure drugs, and a low protein diet.

But in a 2003 study¹³ it was found that early signs of kidney disease can be reversed in Diabetes I with proper medical screening and diabetes control. They found that at an early stage, kidney injury is "still a dynamic process that can either get worse or get better — even revert back to normal," (Bruce Perkins, M.D., M.P.H., F.R.C.P.).

***Eleotin* v standard drugs**

New patients are advised to continue on their current medical therapy and inform their doctor while monitoring their BGL's closely. As time goes by, the BGL's will normally level out and reduce (see trial results). This means gradual supervised reduction in oral or injectable medication. Users report other beneficial effects of this improved herbally induced homeostasis that include:

- improvement in sleep quality
- less nerve pain
- less frequent urination + increased quantity
- greater energy levels
- skin quality and tone

These beneficial effects are inversely proportional in time to age/start-up condition. A *mild* diabetic (<3 yrs)—improves in 1–3 months, can hope for normalcy in 6 months. *Moderate*: 3–6 months—normalcy in 1–2 years. *Severe* (6>yrs): 6–12 months —normalcy 2 years or more?

In contrast, the usual long term outcome with standard therapies is gradual physical deterioration and resistance to therapy, leading to the typical terminal outcomes of diabetes.

Animal studies show preventive role

Using GK rats (that usually develop diabetes at 6–8 weeks) in *Eleotin*¹⁴ and PBS treated controls commencing at 3 weeks of age¹⁵, BGLs were monitored before onset. By 10 weeks 10% (2/20) *Eleotin* rats had developed diabetes (BGLs 168 ± 40) while 70% (14/20) controls had diabetes (BGLs 354 ± 39). Conclusion: *Eleotin* prevents onset of diabetes.

Other controlled experiments examined the mechanisms of action. These included histological examination of insulin receptors on cell sites (hepatocytes and skeletal muscles), measurements of secretion of insulin in pancreatic beta-cells

and the inhibition of alpha-glucohydrolase enzymatic reactions (CHO>monosaccharides).

These experiments were the proving grounds for the human trials that followed these discoveries that P-700 (as it was then known) had the definitive biological response modifying effects as outlined in this *MediFile Report*.

Some testimonies from trial results and ongoing use by some 40,000 people can be found in Chapter 6.

CHAPTER 3

Vital steps in restoration

"The less people know about what is really going on, the easier it is to wield power and authority."

H.R.H. Prince Charles
The Observer, UK, March 1975

First the children – a pandemic

Children, their immune system and Diabetes I

Diabetes I, or juvenile-onset diabetes, has been known largely as an auto-immune and/or genetic disease, a "body attacking itself" disease, which begins early in life and has been the least in numbers. In this disease the body attacks its own insulin (postman) producing cells in the pancreas.

In the last 10 years, more and more children have been found with Diabetes Type I. But a real bad preventable cause has recently been found – vaccination reaction. For instance, in an important land-mark study Dr Bart Classen, chief researcher of the American Autoimmunetherapies Centre found that children vaccinated with the influenza vaccine later than 2 months have a significantly great risk of Diabetes I than those who don't.¹⁶ The study was published in 2003 in the *Journal of Pediatric Endocrinology and Metabolism*. Dr. J. Bart Classen, an immunologist at Classen Immunotherapies, and David Carey Classen, an infectious disease specialist at the University of Utah, showed that several common pediatric vaccines could cause development of Diabetes I (insulin dependent diabetes). **Their previously published work proved the invasive flu vaccine (hemophilus) caused a 25% rise in insulin dependent diabetes in children under age 7.**

Classen's research showed most of the cases of diabetes caused by vaccines occur between 24 to 48 months after

immunization of young children. The time delay between vaccination and diabetes corresponds to work from several independent groups which showed a similar delay between the beginning of damage to the insulin beta-cells and the onset of diabetes.

Vaccines are designed to stimulate the immune system. Sometimes they over-stimulate, causing autoimmune disease, and Diabetes I in children has doubled several times since multi-vaccinations were first introduced. But there are many other environmental factors that can also lay heavy burdens on the immune system, making it more susceptible to immune system assaults like vaccination. These include heavy metals – like the mercury used in some vaccines and tooth fillings or the arsenic used in wood preservation; plus petro-chemical by-products; organo-phosphates, formaldehyde plus vinyls, styrene and other plastics.

Epidemic of children with Adult Diabetes

Type II diabetes, which was once called ‘adult-onset’ diabetes because it rarely occurred before middle age, is now also affecting more and more children, some as young as six years. At the pediatric unit in one American diabetes center, staff said they have seen a 10-fold rise in childhood Type 2 diabetes in the past decade. The desperate future for these children is highlighted by the fact that medical drugs (which most will have to use later) only work for a limited time. After that, maybe seven or eight years - while still only in their teens, the life-threatening and sight loss problems will then inevitably begin their early onset. It is unlikely they can survive without serious problems beyond 35–45 years.

A look at the diabetic ‘triggers’ we can stop!

Diabetes Type II has a variety of triggers that start and continue the journey towards chronic ill-health. As was described in Chapter One diabetes is a disease caused by whole body systems ‘going wrong’ or not functioning properly. Moreover, these triggers are mostly ‘life-style’ factors and therefore

preventable. They now include adverse reactions to several immunizations.¹⁷

To understand Diabetes II and the way it can be reversed by life-style we must first understand some of the friendly and reliable Natural Laws that govern our body systems. We will begin by looking at the single most important contributing factor to our well-being and its relation to the onset of diabetes Type II – our digestion and its reliance on what you feed it.

In particular, it is important and motivating for you to understand the interaction of your digestion in relation to not only sugars, but also vital minerals, essential fats, essential trace minerals, vitamins and **carbohydrates (bread, rice, potatoes, yam, etc, hereafter named CHO)**, and also how the body absorbs and utilizes the resultant mixture from which we gather fuel to burn.

Even mildly elevated blood sugar increases diabetes risk

Looking for a simple answer

This understanding of the digestion and of the glucose pathway is necessary because a breakdown of some part of this complex system is nearly always part of the cause of all the types or sub-type of diabetes. So, let’s begin to travel on this fascinating digestion and absorption road, and see if we can find some simple answers. Most medical puzzles actually have a simple answer (although complicated by dazzling science with long words and complex explanations that often leave us no wiser).

The start of the ‘Cascade of Juices’ that digests food

(The Notes A to F denote important triggers which you can do something about! The suggestions for adding additional nutrients like B6 etc. should be discussed with a practitioner who is experienced and sympathetic to significant amounts of these nutrients.)

The journey begins in the mouth, when you eat a CHO rich meal. Here your salivary glands secrete an important digestive enzyme¹⁸ called amylase.

Note A: Listen to Dr Chew

But amylase is only fully secreted when you take the nutritional advice of the famous family doctors Chew, Chew and Chew.

Once the CHO in your mouth is thoroughly mixed with amylase, it begins to break down – much like dirt is diluted and turned into a solution by using soap and water on your hands.

When you swallow this mouthful of partially digested food, the ‘lump’(or ‘bolus’, as it is called) enters the stomach where it is churned for an hour or so (depending on your other foods eaten – meat, digested by the enzyme pepsin, takes a lot longer to digest, at least 3 hours). Then it passes in spurts through a valve (the pylorus) and into the duodenum – the tube at the beginning of the small intestine that leaves the stomach. It is still acid from the stomach acid enzymes (pepsin). And that is very important. Because as the semi-liquid (now called chyme) spurts into the duodenum this acid sends a message to the organ German physicians call the “Stomach saliva gland” – the pancreas. Now, the pancreas spurts its own enzymes into the chyme and further reduce it to what is named ‘chyle’. This is absorbed by the lymphatic system and bloodstream to be further processed by the liver and utilized as food for the body.

The pancreatic enzymes are essential in further reducing the food you eat to a usable form. These enzymes include maltase, amylopsin (which all digest CHO), lipase and steapsin (digest fats), chymotripsin (digesting milk) etc.

These enzymes, plus the bile from your gall bladder, are alkaline and very important in maintaining the correct pH (acid/alkaline balance) in the duodenum (where ulcers are inclined to occur through too much acid).

Virtually all CHO’s are absorbed as simple sugars, mono-saccharides. Among these are glucose and galactose, and fructose (levulose, fruit sugar), mannan and maltose.

Normally, the hormone insulin is secreted after a meal to take these sugars from the blood to cells throughout the body. The insulin acts like a courier or postman, putting a sugar message into the letter-box of the cells which are your home. But patients with type 2 diabetes do not respond so well to insulin. The letterbox stays shut, and as a result blood sugar can rise dangerously high. This, over time, can increase a person’s risk of heart disease, kidney failure, limb amputations and blindness.

We have just examined how your body turns food into potential energy. A major organ to help this process is the pancreas, the key producer of not only the digestive enzymes but also of the hormone insulin, the ‘postman’ that prompts delivery of essential sugar into your cells.

But both hormones and enzymes require ‘food’ themselves. **And that is the first clue to what many believe is one part of the Simple Solution!**

Most enzymes and hormones require a ‘partner’ to do their work. In the case of enzymes these are called ‘co-enzymes’. Typical of these is the stomach enzyme, pepsinogen. You remember we mentioned pepsin as being the meat and protein reducer or digestant? Well, pepsin is made active and useful by pepsinogen . This is itself made useful by hydrochloric acid (stomach acid), which itself is made useful by the Master protein building vitamin, pyridoxine (B6).

Note B: Add B6 supplement to your diet

But the B6 cannot function without adequate magnesium – one of the most reactive and important minerals there is (vital to over 300 body processes). And **both B6 and magnesium have been found to be deficient in a large percentage of the populations in several western countries. And, because magnesium also plays a role in the hormone insulin, ‘the postman’ for blood sugars, it is now known to be a diabetic risk factor, if deficient.**

Note C: Add magnesium to your diet (400 mg or more

daily)

In fact, researchers at John Hopkins University in Baltimore USA measured magnesium levels in more than 12,000 people who did not have diabetes and tracked them for six years to see who would develop the disease state. Those with the lowest levels of magnesium had a greater chance of developing diabetes than those with the highest levels. (This earlier study seemed to indicate that African-Americans were not so affected by magnesium deficiency. But in 2003, the New York Association of Family Physicians recommended from other studies that African-Americans were also at risk with inadequate magnesium.¹⁹⁾

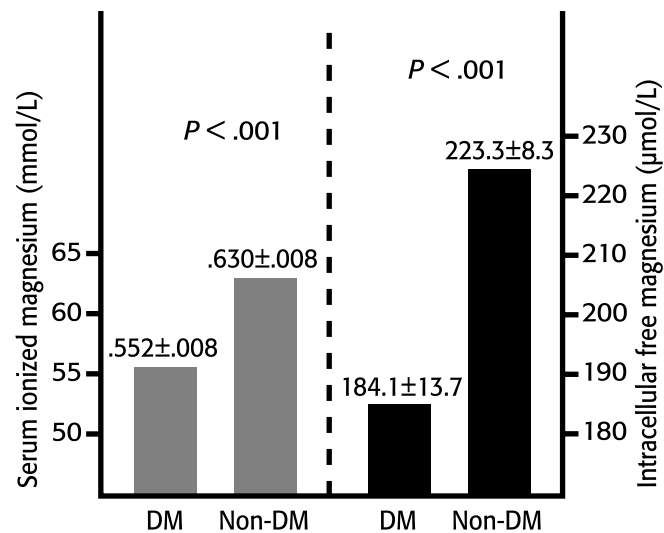


Figure 1

Serum ionized magnesium and erythrocyte intracellular free magnesium are lower in diabetic patients than in normal non-diabetic persons.

(Data from Resnick LM, Altura BT, Gupta RK, Laragh JH, Alderman MH, Altura BM. Intracellular and extracellular magnesium depletion in Type II (non-insulin dependent) diabetes mellitus. *Diabetologia*. 1993;36:767-770)

So, you see, there is indeed a “cascade” of events taking place in

your body – and none of them can take place without adequate nutrients – the active agents in these vital chemical processes.

But the above ‘cascade’ list of vital nutrients is only partial. Another important list that affects the ability of our body to utilize insulin includes the **trace elements**.

The important trace elements and other trace substances for insulin usage includes chromium, zinc and manganese.

Note D: add chromium & zinc & manganese & vanadium

An Egyptian desert rat, named the sand rat, was found to invariably develop diabetes when fed on normal laboratory food. Yet, when it got back to its desert home the diabetes cleared up (so, some diabetes can be cured after all!) What made the difference?

The sand rats were very fond of salt-bush. They hoarded it in their burrows as if it were their equivalent of gold bullion. The researchers found that salt-bush contains a significant amount of chromium, which is well-known to be essential in the activity of insulin. So well-known it is called the Glucose Tolerance Factor (GTF). The bush also contains several other lesser sugar controlling elements including manganese, zinc, potassium, calcium and sodium.

In reading the next section, it is important to remember that Chromium is an essential key trace element for energy production. In fact, chromium is necessary in the metabolism of both sugar and fats as well as protein. Its activity actually makes the insulin more potent as a ‘postman’ to your body cells. It does this by making your cells’ ‘postbox’ open more easily. This allows your body to use less insulin. And that means less accumulation of fat (a major precursor of diabetes) as well as giving greater ability to mobilize lipids like triglycerides for giving you energy.

Active chromium backed insulin and cell postboxes that recognize it quickly are the Best Friends to have to avoid diabetes – and recover from it (as our little friends the desert rats know very well).

That being the case, **what is the Worst Enemy? Of course, too much sugar.**

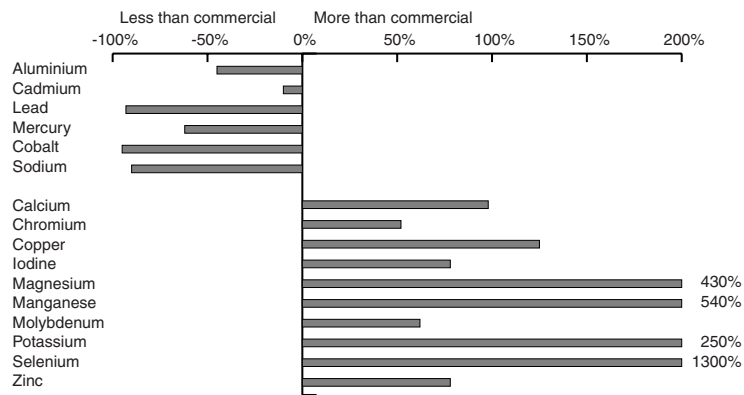
Note E: Use very very little sugar or none.

Try to find Stevia, the Ecuadorian ‘sugar-leaf’. Three hundred times sweeter than sugar, it has very few calories. As a bonus, it actually contains some chromium. It has no side-effects, as do aspartames and similar synthetic sugars.

Become a ‘label reader’ – you will be shocked at how much ‘hidden’ sugars you are consuming. For an average American = 170 pounds annually!

Organic farming vs. Chemical farming

Figure 2



Apparently, all food is not created equal. This study showed that organic wheat appears to have far more of the beneficial trace elements and less of the harmful trace metal contaminants. Adapted from *The Journal of Applied Nutrition*, 35;11993.

Vital mineral replacement

In our clinic, we use Australian ‘Fullhealth’ liquid colloidal minerals to supply multiple trace elements in a well assimilated form. These come from ancient plant life, are

negatively charged and taken up by the body like a sponge takes up water. They also contain significant amounts of what are called glyco-proteins, essential for healing and only found in plants.

Another key to nutrition in diabetes – essential fats

When we lack Cis type fats and oils in our diet, most of the fatty acid load are what are called either trans-fats or saturated fats; these are then, unfortunately, used to repair our cell membranes. It is the combined absence of the Cis fats and oils and the presence of these saturated and trans-fats and other toxic isomers (found in margarine and most supermarket oils) that cause these cellular membranes to become stiff and sticky instead of fluid and slippery.

Note F: Use essential fatty acids in your diet daily

Obtain them from cold pressed flaxseed or pumpkinseed (use one tablespoon daily of either or both) and also from cold pressed sunflower or olive oil. Note that all oils, to be of nutritional value, must be sold in dark glass bottles.

Sardines are an excellent source for obtaining the good oils. Sardines are small fish, low in the food chain hierarchy (big fish contain the highest mercury levels). They are smoked and tinned and their rich omega oils are usually in a reasonable condition. Have some tuna or salmon weekly (see Chapter 7 for recipes).

Eat only genuine wholegrain breads, rice and pastas. These still contain valuable some essential cis forms of fatty-acids, minerals and good fibre. There is a saying among naturopaths that “the whiter the bread, the sooner you’re dead!” (see Figure 2). And the same applies to rice, too.

Too much dietary sugar + refined carbohydrates + trans-fats = most radically important negative factors

In a famous series of studies over many years, Dr Walter Mertz

of the Human Nutrition Laboratories in Maryland USA, found that the GTF factor (chromium) rises at the same rate as the blood sugar – and is excreted, being now lost to the body. So, the more sugars . . . the less GTF. Unfortunately, in our modern world it is easier to replace sugars than chromium from the diet! In fact, our extracted sugar consumption has gone up from almost Nil in the 17th century to 170 pounds (77 kg) annually today, while our available nutritional chromium (GTF) has stayed the same or more probably, declined (mineral and trace element content of many foods have declined because of artificial fertilizer farming (see Fig. 2). The best natural sources are whole (unrefined) grains, sugar-beet molasses (which is not sugar-rich) brewers yeast and corn oil. Brewers yeast can be bought without the beer that usually goes with it! Beer is not good for the sugar levels, but the yeast is. Brewers yeast also contains magnesium, and both this and the chromium are absorbed well from the yeast.

A word on organic foods

There is no doubt that correctly grown organic foods contain more of most important trace elements and minerals, and also vitamin C (e.g. see studies on Vit C in capsicum, US Dept of Agriculture, Research Section). See also Fig. 2. You will see that the available ‘diabetic friendly’ chromium (the GTF factor) is much richer in organic foods from bio-farming compared to chemically fertilized farm foods.

But, also importantly, they do not contain any harmful chemicals and usually taste a whole lot better, too.

So, try to buy organic! In the 1960’s I had my own small organic farm. Some of my customers who didn’t like pumpkin normally, would not only eat my pumpkins but even the skin when baked!

Vitamins C & E should be added

People with diabetes tend to have lower levels of vitamin C in their bodies, which may be due to higher blood sugar levels hampering the uptake of Vitamin C by cells. A 1995 study that

gave 2,000 mg of vitamin C to people with type 2 diabetes showed an improvement in both blood sugar levels and lipid (cholesterol and triglyceride) levels.

Summary

We have looked at how very simple life-style factors can bring on deficiencies in the fundamental operation (metabolism) of our bodies. Also, how by adding some important natural nutrients we can (1) largely stop the damage and (2) maybe even reverse some of it (like the desert rats), if treated early enough.

Now we must look at the profound damage this altered metabolism can do to us if it is continued for too long. And, if you are now diagnosed as ‘diabetic’, this is the place where you have now arrived.

It takes more than dietary changes to reverse most diabetics; it takes the power of medicinal herb remedies like “*Eleotin*”, preferably backed by supplementation of vital nutrients to do that properly.

CHAPTER 4

Simple changes – astounding results!

In Africa, treating people who live largely off the land on vegetables they grow, I hardly ever saw cases of many of the most common diseases in the United States and England — including coronary heart disease, adult-onset diabetes, varicose veins, diverticulitis, obesity, appendicitis, gallstones, dental cavities, haemorrhoids, hiatus hernias and constipation.

Surgeon Dr Denis Burkitt MD FRCS
Missionary doctor to Africa

The first indispensable support therapy - good food

“Diabetes II does not appear until specific environmental factors have begun to operate ... these factors are associated with diet and changes accompanying increased affluence. French physicians as late as 1870 taught that diabetes was rarely seen in the poorer hospital patients but that it was becoming increasingly common among the wealthier ones.” So wrote Dr Denis Burkitt MD FRCS in his classic book *Don't Forget Fibre in Your Diet* (1979).

Dr Burkitt was the famous British doctor who popularised the importance of dietary fibre and identified its lack as a cause of several diseases. He also identified a certain cancer of the lymphatic system, later named after him (Burkitt's lymphoma).

He pointed out the convincing evidence that diet has been a dramatic factor in the rise of diabetes by producing a series of national graphs showing prevalence or mortality due to diabetes over significant time periods.

Going to war cures diabetes!

The most fascinating are UK mortality graphs prepared by the British Royal Society of Medicine after World War II. Their figures were born out by similar findings in Denmark.

One British graph begins in 1905 and terminates in 1950. At the left a bar Index measures 0-11, and commences with 8 in 1905. It rises quite fast to 10 during the prosperous years before 1914-1915 and then slumps to 7.5 by 1918. That was the time when severe rationing was in place in Britain because of German U-boats attacking the merchant marine carrying food to the nation. **~~Michael, graph to come~~**

Figure 3

This low figure continues, but rises steadily in the post-war Depression to a peak 10.75 during the more prosperous pre-war years.

History repeated itself – and diabetes declined again

From 1941 history repeated itself, and so did the diabetic graph. But this time the rationing became even more severe.

However, flour milling was restricted to conserve milling energy and also nutrients in the flour – which contained 86% of the whole wheat, including essential fatty acids and the fibre. But in 1946, just after the war, food was still scarce, (I was there and became very 'skinny') and the mortality Index fell to its lowest point, 5.5.

Also during those war years, insulin dependant diabetic people interned in concentration camps in Germany and elsewhere were faced with the probability of diabetic coma, as their insulin ran out. Many minimized their dose rates with great care to make them last as long as possible. They were expecting side-effects of sugar imbalance, but this did not happen. Their restricted diet controlled the problem, and by the time their insulin ran out, most were no longer displaying diabetic symptoms.

The rise of the Great Fat Empire

At the same time as the British graph events were occurring (1900–50) another significant and dramatic change was taking place. Food refining was developing fast. By the end of the 19th century the ratio of simple carbohydrates (CHO) – (refined breads and sugars), compared to complex CHO (unrefined) began a giant change. This reached an increase of 140% in refined foods, and a loss of unrefined foods of – 70%.

In nutritional terms, this equates to a dramatic loss in some vital nutrients (Vitamin E, B complex, fibre, minerals, trace minerals, complex sugars, and importantly – essential cis fatty acids.) As time went by, the percentage of ‘bad’ fats (trans isomers and other trans-fats) has continued to rise (in line with the rise in diabetes). Diabetes, which had a per capita incidence of 0.0028% at the turn of the century, had by 1933, zoomed 1000% to become a disease faced by all populations who ate the ‘fast fat foods’.

Many writers have commented on the subliminal advertising (subversive) campaigns continually carried out by the manufacturers of margarines, cooking fats and refined oils.

Figure 4

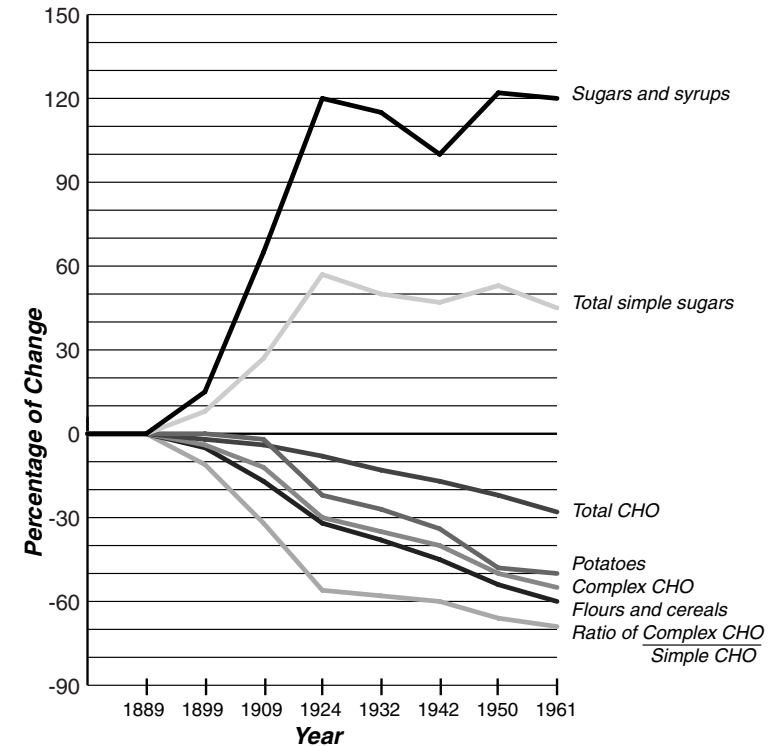


Figure based on Dr Burkitt, *The role of dietary fibre in health and disease*.

The Funafuti study

Funafuti is the main island among the Polynesian Tuvalu islands in the central Pacific. Until the Americans came in WWII the islander’s diet was fish, coconut, breadfruit, bananas and taro roots. In 1942, the US Navy established an air base there and relocated some of the population. To help them, the Navy supplied white flour, rice, sugar, and other ‘western’ foods and fats. The practice continued after the war.

In 1981, a diabetic study was conducted (*Diabetes Care*, 1981) that found both diabetes (very rare before the dietary changes) and hypertension (unheard of) were now in 11% of the population. Women having twice the prevalence of men.

These Polynesians had found the convenience of not having to work for their food, combined with the apparent tastiness – irresistible.

The imported refined food, margarines, cakes and soft drinks, beer and canned fruit drinks brought a comfortable, 'laid-back' sedentary life-style. It also brought disaster.

Obesity, hypertension, heart disease and many other diet related morbid diseases of the western-world.

The Funafuti experience is repeated in carefully controlled dietary studies of Japanese migrants to Hawaii, living on the American diet.

Here, the major nutrient differential was fat, the Hawaiian group intake being more than twice that of their Japanese matched counterparts (33.2 to 15.1 fats). Protein was only slightly elevated (16.7 to 14.3).

The remedy

The obvious helpful remedy is a return to natural nutrition. It is not the scope of this book to detail those steps. For those interested, the author's last three books have an excellent and fully explained nutrition section with over 100 recipes. See www.adhd-specialist.com.

Exercise – the second indispensable remedy

"Whenever I feel like exercising, I lie down until the feeling passes away ..." Is this what you say?

In a famous series of studies by Nathan Pritikin and Dr John Kern of the Longevity Research Institute, California it was found that exercising and age were not so incompatible as was thought.

In one study, 38 middle aged to elderly patients with advanced arteriosclerosis and intractable pain in their lower limbs on exercise (intermittent claudication) were divided into two equal and comparable groups.

Nineteen patients were advised simply to avoid tobacco and alcohol, to walk for at least 15 minutes two or three times each day and to follow a conventional diet for heart patients.

The other nineteen were placed on the same exercise and abstinence program but were also given a diet totally free of added salt and sugar. Their total fat was restricted to 10% of their daily calories. In six months the patients on the conventional diet had increased their exercise performance (measured on a treadmill) by 302%, but had noted no other changes.

The patients on the experimental diet had increased their performance by 5870%. In addition to their almost 60-fold increase in walking distance (at up to four times the speed) many co-existing diseases in this experimental group improved as the study progressed. A return to normal (without drugs) was affected in 100% of the subjects with:

- angina
- diabetes (already treated by oral hypoglycemics)
- gout
- arthritis
- elevated blood fats

Plus in 75% of those with:

- hypertension
- diet controlled diabetes

Plus in 50% or more with:

- insulin dependant diabetes
- congestive heart failure

That experience was presented in 1975 at the 52nd session of the American Congress of Rehabilitation.

Today, with 30 years (a generation) further on, of poor nutrition - it is questionable whether the same results would occur. Today's immune systems and adrenal function are deteriorated (Summary: US National Institutes of Health – 2002, after smallpox vaccination in 200 'fit' young adults reported significant adverse reactions compared to previous generations).

But, this diet and exercise program is an important basic help for those who wish to follow the proven *Eleotin* herbal

program.

Simple and safe – the diabetic exercise system

So, what is the best exercise, and how much should you do?

For many years I was involved in sports medicine and testing. The whole question of “how much”, in my experience – is simply decided by your own body being automatically measured under a self-regulated load control - your target heart rate. Your heart rate will go up when you are walking or exercising, and that is your very own personal natural monitor. Your upper limit depends on your age (and your ability in general to meet the easy target rate and duration necessary). This limit is calculated by this formula:

Subtract your age from 220. Multiply the result by 0.6.

Example: you are 55 ($220 - 55 = 165$) $\times 0.6 = 99$. So, ninety-nine is your Target Heart Rate (THR) or pulse.

To measure your pulse, first find it on the thumb-side of your wrist, just inside the prominent underside of your wrist bone. Then count the pulse over 10 seconds and multiply by six. For a THR of 99 the pulse should be about 17 over ten seconds. The beauty about this system of measurement is the fact it is self-regulating:

- the less fit you are the quicker your THR is reached;
- this way, you will never ‘over-do-it’;
- as you get fitter the harder you have to walk to get your heart rate high enough.

Duration is 15 minutes daily the first week, watching THR. Or, you can make up your own duration time .

For the first week you walk as fast as you need to get your pulse up to 99 or 100 or so beats a minute (if you are fifty-five). Even if you have been sedentary, this should not be a problem for you. It is a moderate and safe goal. But if you are concerned, see your doctor first.

Aim to eventually (after eight weeks or so) walk briskly for 20 minutes twice daily, or 30 minutes once daily.

Meal reversal- normalizing BG with your daily body clock

It has been explained that what you eat effects your diabetes. This is well-known. But of equal or even more importance for the diabetic, are the times when you eat.

Every organ of the body has what is called its Peak Function Time. For instance, the heart reaches its Peak Function time around midday. That makes sense. And the kidneys reach their Peak Function Time around 5 p.m. That also makes sense, as the day’s activities slowdown then and all the water you are supposed to have drunk has done its job (putting your body toxins into solution), and needs to be eliminated.

Now, as you will know, blood glucose needs to be elevated after the night’s fast. So we have breakfast (“break-the- fast”) at around 7 am – 9 am. What organ system should reach its peak at that time? Why, the stomach, of course!

And that is what it does. These times first began to be mapped in the Western world by Dr Kurt Richter, an American physiologist, in the 1920’s. In Asia, the Chinese knew of the daily rhythms he discovered some 3,000 years before!

The early Stomach peak-time is of great importance for BG control. That is when the stomach is prepared for its largest meal – the protein meal.

In a series of human experiments at both Harvard and Chicago Universities in the 1970’s it was found that BG fluctuated wildly when breakfast consisted of cereals, orange juice, bacon and eggs and butter on toast. But when some fish or a lean steak, or soy based food (all protein foods) and vegetables were eaten at breakfast, the BV gradually elevated, and stayed within the normal BG range for 5 to six hours or more.

Protein for breakfast, in fact the major meal of the day, has been a part of our home for forty years. We have prescribed this for over 10,000 patients and often their whole families over

that time. We call it Meal Reversal.

It has been one of the most successful single strategies we have for all chronic disease, especially those in which BG is a problem.

You will say, "But I don't feel hungry at breakfast?" No, you won't, because we have schooled ourselves that way. The night before, you ate a big meal. Of course you won't be so hungry in the morning!

But eat very little the night before, of well chosen foods (foods that digest easily, yet contain good nutrition) and you will then begin to look forward to a good protein breakfast. And then look forward to a day with smaller BG changes.

Another alternative, for an occasional change, is a bowl of 100% wholegrain cereal or porridge. A study, published in 2000, by researchers from Harvard looked at the diets of more than 75,000 women over 10 years. They discovered that women who consumed the highest amounts of whole grain in their diets had the lowest risk of type II diabetes. The study was published in *The American Journal of Public Health*. However, recent studies (the Food & Diabetes Trial) conducted in New Zealand, Canada and the UK found a cereal diet produced high diabetic results. That is why I stipulated an 'occasional' change from protein.

Remember, don't spoil this cereal breakfast with any kind of sugar. Use Stevia, or some other kind of natural sweetener with almost nil calories. (Stevia is made from the Ecuadorian herb sweet-leaf. It is 300 times sweeter than sugar, but has hardly any calories, and therefore will not add to the insulin load. It can be bought in either powder or liquid form. Use the liquid form; it is easier to control the sweetness that way.)

Milk & diabetes

Recent studies by the New Zealand Dairy Board have discovered a direct link between certain kinds of cows milk and diabetes, which seems to confirm earlier work. The milk from certain breeds of cows contains a high proportion of a milk protein type named beta-casein A1. The study of milk and possible

links to diabetes began more than a decade ago.

"Studies have suggested that bovine serum albumin is the milk protein responsible for the onset of diabetes... Patients with insulin-dependent diabetes mellitus produce antibodies to cow milk proteins that participate in the development of islet dysfunction... Taken as a whole, our findings suggest that an active response in patients with IDDM (to the bovine protein) is a feature of the autoimmune response." (*New England Journal of Medicine*, July 30, 1992)

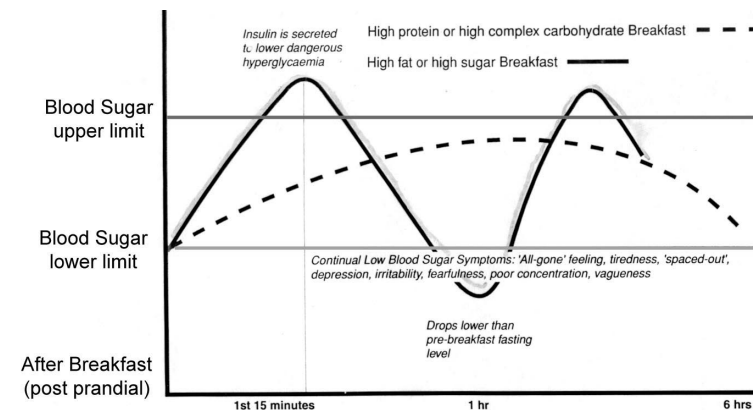
These new studies, and more than 20 well-documented previous ones, have prompted one researcher to say the link between milk and juvenile diabetes is 'very solid' (*Diabetes Care*, 1994; 17(12)).

The question to be asked is what prompted this immune response in recent years?

Therefore, it seems that a change to soy milk is a good idea for the diabetic person.

Importance of breakfast

Figure 5



This Meal Reversal strategy has further major advantages for the diabetic. The liver's Peak Function Time is between 2 am and 4 am (while you are hopefully asleep). At that time your

liver is doing a great deal of housework. It is shunting waste to the colon for removal, it is producing enzymes for repairing yesterday's damage to cells, it is shunting out glycogen to re-fuel the muscles for next day and several other jobs.

But then, with most of us in the western world, the owner of that liver sends down a large hard-to-digest meal (eaten a few hours before, at dinner), which arrives in the middle of this repair and cleaning 'housework'.

The fact that this does indeed interfere with our metabolism is shown by many thousands of families, over the years of our practice, who would never go back to their large evening meal. Some of the reasons reported frequently by these many families are these:

- they sleep much better and don't wake up in the night;
- awake refreshed and more alert;
- no 'bad taste' in the mouth;
- no bloating;
- no flatulence;
- no bad dreams/nightmares;
- weight loss;
- the children get to sleep and stay asleep;
- better blood sugar control.

Nothing sweetened with any kind of sugar should be eaten at breakfast if you have a BG problem. When we ran our naturopathic sanitarium-hospital in the 1970's, we saw this rule broken time-and-again and we saw the consequences.

We first noticed this seemingly minor transgression in a hypoglycemic individual, who would go into debilitating 'lows' most mid-mornings. We changed him to the high protein breakfast routine, and he improved immediately. But one morning we gave him a single piece of pineapple (a small cube only) in his salad and by mid-morning he had a 'low' again. From here on, the 'no sweet things for breakfast' became a natural law in our sanitarium-hospital. This taught him a lesson, too – and from then on he followed it rigorously.

Of course, the 'no sweet things for breakfast' rule does not

apply to everyone. But when treating illness, it is wise to follow every natural law that helps to maintain the homeostasis (the body's balance).

Water – the forgotten power

Water is powerful – it floats battleships! You've never seen a battleship floating on coffee, have you? Or even wine?

We are 75% water! And we lose several glasses daily (via kidneys, breathing, skin, bowels). Many of us fail to replace these losses, and sub-clinical dehydration is widespread. Replacing this loss means at least 6 glasses daily for most of us, and a lot more for others in hard physical activity. And it must be good, spring or rainwater or purified water.

Water is the best and simplest way to keep your blood thin and flowing (fluid instead of 'sticky'). That fact was told me by the head cardiologist of a major Australian hospital, whose job often saw the results of people whose blood was too 'sticky' for life.

For the diabetic, who struggles with blood overloaded with sugars and insulin, and also polyuria (to much urination) plenty of pure water is a must, on a daily basis.

Dental hygiene and diabetes

Another neglected but vital step for you to take (if you are not doing so already) is thorough gum and tooth hygiene. Unnoticed mouth infections that cause the destructive inflammatory processes involved with periodontal disease are closely related with diabetes. In fact, Diabetes II sufferers are three times more likely to develop gum disease than nondiabetic people. When you add smoking the chances of developing periodontitis with loss of tooth-supporting bone are 20 times higher. The same also holds for people with Diabetes I.

Much of what is known about the gum complications of diabetes has been learned from the Pima Indians of Arizona, who have the highest reported rates of Diabetes II in the world.

Research in the Pima community has shown that gum infection is more prevalent, more severe, and develops at an earlier age in this population than in nondiabetic persons. Pima Indians with Diabetes II are 15 times more likely to be toothless than those without diabetes.

Now there is evidence that a history of chronic gum disease can also cause blood sugar problems, so gum infections must be eliminated or controlled.

The best way to do this is by using the herbal antibiotic grapefruit seed extract (see next chapter) very diluted (only two or three drops are necessary), as a mouthwash. Plus brushing you teeth and gums with sea-salt.

Last but not least, the Vitamin C intake needs to be around 6–8 gm daily (6000 mgm to 8000 mgm) when gum infections are present. It is NOT true that vitamin C overuse will bring on 'kidney stones' – a totally unfounded furphy perpetuated by the enemies of natural medicine since the 1960s! (It is not possible to patent Vitamin C – anybody can make it and use it, but nobody can rake in excessive profits.) Dr Linus Pauling, the double Nobel Prize scientist who showed us the importance of vitamin C, used to take 20,000 mg daily! He lived to the ripe old age of 92 years. He had no kidney trouble.

CHAPTER 5

Relief from *candida* thrush infections

"My dear Kepler, what do you say of the leading philosophers here to whom I have offered a thousand times of my own accord to show my studies ... Verily, just as serpents close their ears, so do men close their eyes to the light of truth."

Galileo to Johannes Kepler, a fellow astronomer, 1714

Because yeasts live on sugars, and diabetics frequently have higher-than-normal blood sugar levels, thrush can be a damaging problem. Yeasts have the ability to produce enzymes that attack your blood vessel walls and enable them to enter your bloodstream. Here they can produce scores of different toxins that can damage your immune system, kill some your cells, alter your brain function (even producing autism-like symptoms) and more. It is a nasty side-effect for many diabetics, especially children and it needs to be addressed.

Diabetes rise in young children = yeast infection risk

For some 17 years I have been involved in treating the yeast problem in both adults, and more recently, children. It is often a factor in the onset of ADHD in children. Many times, by treating the candida we have seen ADHD symptoms modified. In fact, the hyperactivity component will often completely disappear in younger children within 48 hours!

But our treatments and results have often been disputed by doctors, who say "candida cannot cause ADHD". Well, I have news for them!

To help you understand how important it is to treat the candida component of diabetes, I will share with you the knowledge I obtained from a world famous mycology (yeast)

research unit in Germany. I did this to prove if what I was saying was true or not. Because I was convinced that it was true!

One exceptionally helpful contact has been Professor Bernhard Hube Ph.D., from Hamburg University Dept. of Microbiology and a mycologist at the famous Robert Koch Infectious Diseases Institute in Berlin (Koch was the world-renowned Nobel Laureate bacteriologist of the late 19th century).

Dr Hube is well-known for his molecular biology in the study of the virulence of candida. 'Virulence' in this case, means the ability of the organism to propagate, inhabit, invade tissue and migrate systemically (throughout the body). We established a correspondence. He showed some interest in my clinical findings and my requests for more precise information on what toxins were being released by the *Candida albicans* buds, especially as they became systemic.

However, his work has 'only' been unravelling the systemic way in which candida commonly invades the body (which event in the general population has been largely denied by orthodox medicine).

Other sources provided me with information on the mind/body toxins actually released once the invasion has taken place. These can be likened, in some cases, to the defecation (exotoxins) we normally do in the toilet taking place in our bloodstream by candida buds. Or, in other cases, on death (lysing) of the buds – of their corpses rotting and releasing (endo) toxins like the nasty 'gliotoxin'.

These toxins had been proved to cause extensive tissue damage by a study performed at Youngstown University in Ohio, 1994 (*Cytobios*, 1994;77 (310:147–158) followed by an Australian study at the Division of Cell Biology, John Curtin School, Canberra (Waring & Beaver, *Gen Pharmacology* 1996) which indicated gliotoxin to be 'a potent cause of cell death'.

Some of the known toxins associated with *C. albicans*

These *Candida albicans* (c.a.) toxins include:

Agent	Type	Activity
Candidotoxin	exotoxin Inflammatory	nerve-growth stimulator
Mannan	cell wall layer	Immunosuppressive Inhibits lymphocyte response to c.a.
Zymosan	cell wall layer	Inflammatory; associated with psoriasis
Ethanol	catabolic product	Alcoholic symptoms; produces acetaldehyde
Acetaldehyde*	catabolic product	Tissue damage; abnormal behaviour/emotions
Microbial Metabolites**	catabolic product	Found to affect autism and ADHD
Unidentified systemic toxins*		Wide range of symptoms linked to c.a.
Gliotoxin metabolite		Enzyme inhibitor immunosuppressive; anti-phagocytic
Anti-macrophagic		fragments DNA; many other toxic effects recorded ("potent inducer of cell death" – Division of Cell Biology, John Curtin School, Canberra, Australia)

* Acetaldehyde is formed by oxidation of ethanol, an alcohol produced by *C.albicans* when richly fed sugars (one American driver was arrested for being over-the-limit, despite being 'dry'. He was found to have heavy *candidiasis*

that 'brewed' a high alcohol level. This was proved to the satisfaction of the Court – and the case was dismissed). Acetaldehyde can cause the symptoms of most of the behavioural, emotional and learning difficulties found in children. The aldehyde group Arabinose can cross-link with the amino acid, arginine to alter the biological structure and function of many proteins (J.Biological Chemistry 264: 21597-21602. 1989). This means that biological changes can occur, affecting tissue functions.

- ** Microbial metabolites: in a 1100 patient retrospective analysis presented to the First International Conference on Chronic Fatigue Syndrome in 1989 (Jessup M.D.) it was shown that these patients had been treated for nine years for chronic fatigue, dizziness, depression, headache, night sweats, arthralgias, myalgias (muscle soreness after working) and stiffness in the morning.
- *** About 80% of these people had repeated antibiotic treatment for acne, respiratory or urinary tract infections; 60% had developed sensitivity to antibiotics. Alcohol intolerance, irritable bowel syndrome, recurrent vaginitis, migraine headaches, skin disease and PMT were frequent complaints. Almost all had to sugar or alcohol craving prior to the onset of chronic fatigue. Treatment had shown little improvement and 685 were unemployed due to candidiasis infection and receiving disability pensions. Dr Jessup began treating them with an anti-candida medicine combined with a regime free of alcohol, sugars, fruit or juice. Their improvements were remarkable. So much so, that many of them went back to their jobs.

How *C. albicans* invades our body and bloodstream

Until recently it was thought throughout the community studying and/or treating candida problems, that the yeast buds could not invade mucosal linings until they developed into the mycelial thread-like or hypha (web) form. This mycelial form

was thought to be the most virulent. But this understanding has been described as 'simplistic' by Frank Odds, the respected director of mycology (science of fungi) at the Janssen Research Foundation in Belgium. The 'common dogma', as he put it, is that the hyphae 'put out feelers' that burrowed into the tissue by "spewing out broad-spectrum hydrolytic (dissolving) enzymes along their track to overcome the hosts array of antimicrobial factors". ('Candida Species and Virulence', 1994).

In his paper published in the *Journal of Micology* (1998) Dr Bernhard Hube presents a more up-to-date understanding of the tricky ways in which candida albicans actually operates.

He points out that the last eight years of research around the world have located at least nine members of an enzyme-family called aspartyl proteinases. These are secreted by the yeast buds and are labelled 'secreted aspartyl proteinases' (produced by genes SAP 1 – 9). These are Smart Guys. The Top Gun is SAP 2 – which produces the family members that have the most ability to degrade proteins like collagen and mucin, thus making it possible to invade our gastro-intestinal tract. SAP 2's can also invade endothelial cell layers – cells that line the blood vessels, heart and other body cavities. A more recent study (Martin Schaller et al.1999) has found SAP1-3 causing tissue necrosis (destruction) in epithelial tissue. Epithelial tissue is the outer wall of our vascular system.

Even a simple yeast bud can penetrate our tissues

This means that the 'simple' yeast form buds can invade our bloodstream via the outer and inner vascular walls– without having to 'switch' into hyphae format, although hyphae/mycelial thread forms also produce SAP's. Once systemic they can produce the potent toxins described above and produce many of the symptoms so common in candidiasis. Among them – ADHD and ADD.

Not only can the SAP's invade certain places where their host-bud (or hyphae form) may land, but if the niche happens to be a comparatively high pH (a hostile environment for yeast

forms) they can produce members of their family called SAP's 4 –6 which are active at near neutral pH (like your mouth). The 'Smart Guys' from the SAP 2 side of the family can also degrade the immune system by destroying immunoglobulins like IgA and macroglobulins.

The research has confirmed that *C.albicans* can do all kinds of fancy footwork, side-stepping, accelerating, switching and changing direction like a highly paid football striker running in for a Grand Final winning score. Like the footballer, the best way to stop candida is to starve him of what keeps him moving! In this case – sugars and other simple carbohydrates (e.g. typically white bread).

All this work has been even more recently confirmed by a paper published in 'Molecular Microbiology' in August, 1999. This showed beyond doubt that *C.albicans* buds themselves invade human tissue by means of the Smart Guy SAP's without help from hyphae forms. Once there, they proceed to produce their SAP virulence for further damage, as shown by antigen-antibody studies in 1997 (B. Hube et al. Infect Immun, 65:3259-3538).

Any doctor who tells you that yeast buds cannot invade the blood-stream (become systemic) and cause multiple symptoms is not up-to-date.

Today, you can obtain laboratory tests for systemic (blood born) candida which are very accurate. Ask for the Elissa test, an antibody detector.

Treating the problem

In non-diabetic people, the first principle is to starve them of sugar. Now, because you are diabetic you will already be doing that (I hope)! Unfortunately, as you have already read, the average diabetic bloodstream is inclined to overload with sugar (which you measure daily) from all kinds of food. Your cells have trouble recognizing the insulin 'postman' and the blood sugars don't get to the cells.

You should try to at least control the candida population until your *Eleotin* treatment has hopefully brought you back

nearer to normal. There are several ways of doing this:

- Start taking probiotics – friendly intestinal bacteria
- Use grapefruit seed extract (GSE) drops

Only use probiotic bacteria that are sold in amber glass bottles and refrigerated. For children between 1–7 years, use *Bifidobacterium infantis*. For older children and adults use *Lactobacillus acidophilus*, *Lactobacillus delbreuckii* ssp *bulgaricus* and *Bifidobacterium bifidum*. Always find a reliable brand, with proven strains of the species you need. I try and use Natren probiotics, which are available world-wide. Their founder, Natasha Trenev is the recognised leader in the field (and, no, I have no financial ties!). Don't be afraid to use more than the bottle says, especially if the infection is heavy.

You can buy GSE most places. It is a powerful herbal antibiotic, effective against virtually all parasites, as well as bacteria, yeasts and even virus. Never take it undiluted. It is also awfully bitter! Ten years of research has shown GSE to be effective as a dietary supplement for a broad range of bacteria at about 1 part in 80,000, a broad range of yeasts and molds at about 1 part in 500,000, and against numerous viruses at about 1 part in 1,000. You can buy it as a liquid or powder. Read the label and use only as directed.

Try and switch to the above methods for control as soon as possible, rather than continue on powerful pharmaceutical antifungals which can damage the liver over time.

Both approaches can also be used very successfully and often with long term success for vaginal thrush.

For severer infections consult your health practitioner.

Testimonials

*"When 40,000 users improve or get better, there is **no** need for 'further studies, and five years on before we can actually help you' type studies!"*

Since *Eleotin* was developed over 40,000 diabetic sufferers have used its gentle approach to diabetes. Most of these, to date, have been in Asia. But for four years it has also been used in increasing amounts by clients in Canada, America, Australia and among a few other western nations. We list some of the happy results.

Names have been abbreviated to ensure confidentiality of users. Please contact Eastwood Bio-Medical Research if you would like to speak with any of these people.

Ms. L – Dawson Creek (45 year old Caucasian)

"All my family is diabetic. I have suffered from diabetes for a long time. About a month ago, a Korean friend living in my neighborhood suggested to me that I take *Eleotin*. At first, I was reluctant because I managed my diabetes only with exercise and diet, and I did not even follow my doctor's instructions.

"I have been taking *Eleotin* for about 20 days now. After ten days of taking *Eleotin*, there was no difference in my blood glucose levels. My expectations seem to be too high. However, to my surprise, after two weeks I began to feel its effects. My distributor tells me that I'm lucky to experience the positive effects so quickly, because it usually takes two months.

"My complexion was brighter and smoother than before. I felt as if I was walking on air. My entire family was so happy to see this. I went to my doctor immediately and had my blood glucose level monitored. It dropped down to 4.6 which used to be around 20mmol/L. I am quite excited now and I feel confident in *Eleotin*. I am willing to answer any questions on

my experience with *Eleotin*.

Mr. C – Maryland, US (65)

"I have been suffering from diabetes for the past ten years. I have tried red ginseng extract as it has been known to be effective for diabetes. My experience is that it was effective only for a very short period. Therefore, I reduced the volume from one cup per day to an occasional cup.

"A month ago, I came across an *Eleotin* advertisement and I decided to try it. I have been taking it ever since. I have tried my best to follow the method of use although I find the preparation somewhat inconvenient. Some of the positive results for me are: less frequent urination, less fatigue, and better sleep.

"I am impressed by the effects of *Eleotin* and have thus promoted it to close friends. I have also placed an order for one more unit."

Mr. P – Korean diabetic patient (35)

"I am quite obese and my height is 168.5 cm (5' 5") and weight being 80.5kgs (178 lb.). I was dumbfounded when I was diagnosed with diabetes. I tried to maintain the diet therapy and exercise that my doctor advised but it was not effective in stopping my high sugar levels. I needed insulin injections to keep my sugar levels down.

"I began to take *Eleotin* at the request of my doctor who works at a university hospital. I took it for three months. During this time, my doctor was impressed with the results of *Eleotin*. He said my blood glucose level dropped to 115mg/dL (6.4mmol/L) from 398mg/dL (22.1mmol/L) before. Also the number of beta cells that produce insulin increased by 20%. My doctor told me I had greatly benefited from *Eleotin*. I agree."

Mr. K— Company Chairman, Korea (52)

"My families are all diabetics. I had also been suffering from diabetes since I was young. I have had diabetes for over 15

years. I always managed my diabetes by taking my doctor prescribed drugs. I never tried anything else because I trusted my doctor's advice and the other products all seemed very unscientific. Recently a friend introduced me to *Eleotin*. It did not seem to help very much for one month and then I began to really notice it. After two months I did not need any drugs anymore and my blood glucose regained its normal level. I was very grateful to my friend and ordered more.

"Above all, I feel less tired, have better complexion and improved sex life. I recommended *Eleotin* to all my family because the benefits exceeded my expectations."

Mr. B – Company President, New York (44)

"I have been suffering from diabetes for 10 years. I did not have any treatment because I wanted to overcome the disease with my spiritual beliefs. However, I was so worried about the fluctuation of my blood glucose level. It would drop down to 150mg/dL and then rise up to 400mg/dL.

After I took *Eleotin*, I began to have a good nights sleep and decreased thirst. I think this may be an answer to my prayers. I recommended *Eleotin* to others and their responses were also good. I'm even thinking about doing business distributing this product."

Ms. D – Former nurse, Canada (70)

"I developed diabetes in my late sixties as many other diabetics. There was a time I could not sleep because of diabetes and had to take 30 tablets of painkillers a day. My limbs decayed even though I was taking insulin shots. The diabetes research institute where I worked recommended that I take *Eleotin*. I took it for 4 months. All my severe diabetic symptoms disappeared. I have not taken *Eleotin* since that time and I still feel better even after 2 years time. I never expected that this could happen to me."

K.J.F. – Australian boy, Diabetes I (IDDM)

Little six year old boy who had been in an auto accident two

years before.

His father had obtained *Eleotin* one year after diabetes began because the shock had brought on insulin dependant diabetes, diabetes type I. Little Ken was having five shots daily. Two of these were fast-acting insulin.

Within a week of using the herbs Ken's father found that he no longer had to use the fast acting shots.

After three weeks he was able to reduce the amount in the other shots. They were very grateful to *Eleotin* for this result, and not having to use so many needles .

Ms. K – Resident of Seoul (52)

"I just thought that *Eleotin* was one of many diabetic drugs that are overly publicized. I was disappointed at those drugs. However, I consulted my physician, Dr. H. He jumped up and kept telling me that there is no cure for diabetes. Upon my persistent request, he contacted Eastwood Bio-Medical Research Inc., the developer of *Eleotin*, to further investigate the product. He seems to feel comfortable about the fact that the world-renowned diabetes researcher, is very well known in the Korean medical circle. My doctor now accepts me taking *Eleotin* I hope other doctors will also recommend *Eleotin* to their patients."

Mr. C – Vancouver, Canada

"I have purchased *Eleotin* for my mother-in-law (74) who has been suffering from diabetes for a long time. She has been taking it for about 20 days and is experiencing quick result. She has expressed that her appetite has improved and is able to consume more vegetables. Her complexion and eye sight has improved and complains less about her fatigues.

"My wife is so pleased with the positive results of *Eleotin*. I am planning to send the products to some of the family members in Korea who are also diabetics."

Mr. L – Vancouver, Canada (56)

"I have been suffering from diabetes and started to take *Eleotin*

since April. I was not sure what to expect in the first stage. However, I was surprised by the reduction of the glucose level from 9.6 to 6.3 in 6 days and increase in the volume of the urine. I started to consume rice which I had to stay away from."

Mrs. C – Victoria, Canada (40)

"Due to diabetes, I have been suffering with arthritis and itch skin. I was so surprised how *Eleotin* took away the itchiness in two days. As I have experienced the effect of the product myself, I am planning to supply *Eleotin* in Victoria area."

Mr. K – ex-mayor of Seoul, Korea

"My diabetes was a severe case. Because my younger brother was a good friend with the developer of *Eleotin*, I started to consume the product and got cured in 3 month. I am confident in my health condition and would like to give another shot at politics."

Mr. B – diabetic patient in university hospital, Korea (36)

"I am on the skinny side at 55kg weight and 164 cm height. I was diagnosed as diabetic recently. The blood glucose level was rather high and therefore was required to inject insulin right away, starting from 25 to 49 units. Then, I started to take *Eleotin*. By the 20th day, I stopped taking insulin and only took the prescribed drug one per day. A month later, I stopped taking the drug as well.

"This was all instructed by the designated doctor at the university hospital where I was a patient. The total period which I took *Eleotin* was about 4 month with about 15 days of break in between.

"However, the effect of *Eleotin* has been great for me and my doctor agrees as well. Blood glucose level which was 700 at the time of GTT test has been lowered to 161 in 4 month and blood plasma has also decreased over 50 %."

B – director of newspaper C in Korea (46)

"My families are all diabetics. However, I have no symptoms

now. I took *Eleotin* for a month hearing that it would be good to prevent the disease. The benefits I had during the intake included that I could have a good night's sleep, became less prone to a cold and less tired. I plan to take *Eleotin* once a year."

Australian Church Minister avoids kidney dialysis

"I had been on "peritoneal" dialysis for sometime. This is when you wear a bag attached to your body by a tube acting like a kidney. It is better than hospital dialysis, which immobilizes you.

"My sister bought *Eleotin* for me. **Within one week** my kidneys began to function and glucose was controlled enough for me to continue with the peritoneal dialysis."

KT – NIDDM patients

"I have been suffering from diabetes for 10 years. I began taking *Eleotin* 6 months ago and my blood glucose level has dropped to 173mg/dL, which used to rise up to 429mg/dL. I do not have insulin injection any longer. I have a hope now."

A – former diabetic patient who participated in a test

"I had a severe case of diabetes. My blood glucose level used to rise up to 400mg/dL. They say the level between 70 and 120ml/dL is normal. In short, mine dropped to a half in 6 months."

KD – NIDDM patient

"I have been suffering from diabetes for 5 years. My blood glucose level used to rise up to 320mg/dL. I have been taking *Eleotin* for 4 months and the level has dropped down to 128mg/dL. I do not have insulin injections any longer. I live a healthy life because my health has been improved."

C – former diabetic patient who participated in a test

"I have had so many problems caused by diabetes. It is such a terrible disease. I happened to take *Eleotin*. I examined how well insulin receptors in liver and insulin would bind. The

binding rate increased to 12% (per 5mg protein) when the thickness of insulin was 10ng/ml. It was a 33% increase. If receptors are not sufficient or do not function well, blood glucose levels get higher because the glucose remains in blood. It is amazing that *Eleotin* rejuvenates receptors."

TY – NIDDM patient

"I have been suffering from diabetes for 12 years. I have been taking *Eleotin* for 7 months. My blood glucose level has dropped down to 162mg/dL, which used rise up to 406mg/dL. However, I still have insulin injections."

Kim – resident of Seoul (52)

"I have a severe case of diabetes. I managed to purchase two months' dose of *Eleotin* and took it. The benefits were amazing but disappeared after two months. I contacted Eastwood that has developed *Eleotin*.

"They were surprised at the news admitting that there had not been any case like this. They had my case investigated. According to their research, the problem was that I took alcohol every day. I think I enjoyed drinking alcohol more while taking *Eleotin*, because I felt much better and had no hangover. I suggest that those who take *Eleotin* should avoid alcohol.

"My wife asked me to abstain from alcohol until I would recover from diabetes. I decided to take *Eleotin* once again without drinking alcohol."

H – NIDDM patient

"I have had diabetes for 11 years and I am sick of it. The efficacy of drugs I took was only temporary. I took *Eleotin* hearing that it would normalise blood glucose levels. I have taking *Eleotin* for 3 months and the blood glucose level has dropped to 132mg/dL, which used to rise up to 380mg/dL. I do not have insulin injections. I feel that I am getting stronger."

A – Chinese-Malaysian (70)

"I was a patient suffering from a severe case of diabetes being in a situation that I had to have my legs amputated. I was counting my days until I would die. I went back to my hometown trying all folk remedies available in Indonesia and Vietnam. It was unbelievable that I recover from diabetes. Upon hearing my testimony, the research team at Eastwood began to conduct experiments focusing on folk remedies.

"It was more than a decade ago. I heard the news that Eastwood has discovered everything through scientific method and obtained raw materials that are quite scarce. I am relieved that the product is available now. I will be more than happy to see many people get benefits from it."

D – former diabetic patient who participated in a test

"I conducted a similar experiment as C did. I examined how well insulin receptors in muscle and insulin would bind. As it turned out, the binding rate increased to 10% (per 5mg protein) when the thickness of insulin was 10ng/ml. It was 7% (per 5mg protein) during other times. It was a 40% increase."

JS – NIDDM patient

"I have had diabetes for 13 years. It has been 8 months since I took *Eleotin*. My blood glucose level has dropped to 132mg/dL, which used to rise up to 417mg/dL. I do not have insulin injections."

L – pastor from H. city, US (50)

"All my families are diabetics. Even with insulin injections, I could not have my blood glucose level controlled because of the stress from my pastoral work. My vision deteriorated and my feet were affected by constant infection. It has been one month since I took *Eleotin*, which is supposed to be good for diabetes.

"My blood glucose level has not dropped yet. However, blood glucose that was not controlled by insulin injections is now under control by insulin. Symptoms such as tiredness and inflammation disappeared. According to Eastwood who has

developed *Eleotin*, a severe case of diabetes will be benefited by one-year intake. I plan to take it for a year."

B – former diabetic patient who participated in a test

"I took *Eleotin* to see how insulin secretion in pancreas would change. The secretion increased 0.5nmol/min, 10 minutes after intake and maximum 3.0nmol/min, after 55 minutes. Compared with the secretion prior to *Eleotin* intake, it was an increase of 1.5–2 times."

HG – NIDDM patient

"I have had diabetes for 14 years. It has been 4 months since I took *Eleotin*. My blood glucose level has dropped to 187mg/dL, which used to rise up to 425mg/dL. I have insulin injections though."

YS – NIDDM patient

"I have had diabetes for 7 years. It has been 6 months since I took *Eleotin*. My blood glucose level has dropped to 180mg/dL, which used to rise up to 398mg/dL. I do not have insulin injections."

K – President of Company H, Korea (45)

"I have no diabetes. Hearing that *Eleotin* was also good for general health, I took *Eleotin* to test its efficacy. I feel less tired and have a sound sleep. I recommended it to my brother-in-law. He is not a diabetic, either. He had the same benefits. I thought it would be good for the weak to take *Eleotin*."

OP – NIDDM patient

"I have had diabetes for 9 years. It has been 6 months since I took *Eleotin*. My blood glucose level has dropped to 168mg/dL, which used to rise up to 425mg/dL. I do not have insulin injections. I am confident that I can overcome diabetes."

K – chairman of company K in Pusan, Korea (44)

"I have had diabetes since I was 20 years old. It gets worse these days and I avoided blood glucose test session out of fear. It was impossible to have a sex life. I began taking *Eleotin* at my friend's request. I could not feel any difference for 6 months. I was thinking of quitting *Eleotin* but I continued to do so just to show appreciation for my friend who recommended it. I experienced its benefits from the 10th month.

"My doctor surprised me saying that beta cells that produce insulin were rejuvenated. The speed of recovery after that was amazing. I plan to take *Eleotin* with patience until I overcome the disease."

PT – NIDDM patient

"I have had diabetes for 15 years. It has been 6 months since I took *Eleotin*. My blood glucose level has dropped to 210mg/dL, which used to rise up to 469mg/dL. I have insulin injections though."

E – former diabetic patient who participated in a test

"I have nothing to do with diabetes. I am healthy. However, I took *Eleotin* wondering if I could enjoy benefits from it. My blood glucose level has dropped down to 95mg/dL, which used to rise up to 130mg/dL whenever I took carbohydrate. It was the moment that I confirmed the efficacy."

LH – NIDDM patient

"I have had diabetes for 12 years. It has been 4 months since I took *Eleotin*. My blood glucose level has dropped to 178mg/dL, which used to rise up to 396mg/dL. I do not have insulin injections."

Chapter 7

Glycating the truth*

"We are learning that the privatization of research affects both the way that studies are done, as well as the outcome, which appears to have a greater tendency than similar studies by nonprofit sponsors to favor the financial interests of their sponsors."

Dr. Sheldon Krimsky
Science in the Private Interest
(Rowman & Littlefield) 2003

We have arrived at a point in history where quotations, similar to the one above, are becoming commonplace. This new book, by Dr Krimsky, should – unfortunately, be a “must” read by anybody interested in the truth of the modern science behind the medical world.

While the struggle once was to honestly try and introduce new approaches, discoveries and advancements to a largely honest, although healthily skeptical, profession – today much of that profession is following another route.

Albert Einstein saw his contemporaries as ‘stick-in-the-muds’ rather than being inclined to corruption for gain:

“... the scientist makes use of a whole arsenal of concepts which he imbibed practically with his mother’s milk; and seldom if ever is he aware of the eternally problematic character of his concepts. He uses this conceptual material, or, speaking more exactly, these conceptual tools of thought, as something obviously, immutably given; something having an objective value of truth which is hardly even, and in any case not seriously, to be doubted ... in the interests of science it is necessary over and over again

* To glycate = to harden with sugar

to engage in the critique of these fundamental concepts, in order that we may not unconsciously be ruled by them.”

Albert Einstein saw the science of his day embedded in time by ‘glycated’ ideas. But he trusted it. Today, the glycation sugar is money.

In fact, his observation is very friendly to science and those who work therein. It assumes that some are indeed willing to “not be unconsciously ruled by” the so-called inalienable “arsenal of concepts” that encapsulate some science and medicine with rigid walls. However, to hundreds of thousands of people in our present world – damaged by those who hold those concepts, this assumption appears to be universally a somewhat empty one. Today, medical science (in the USA, and other western nations) is the third cause of death behind cardio-vascular disease and cancer.²⁰ Simple health measures and remedies (unpatentable) have totally given way to complex and often dangerous drugs. The duty of care has given way to the duty of profit.

Those prime purpose money-goals were virtually unheard of in the time of Albert Einstein. In the 1940’s and 50’s many scientists opposed patenting their medical discoveries. For instance, Jonas Salk, discoverer of the polio vaccine decided not to patent or receive royalties from the discovery. What has changed since then? When Jonas Salk was questioned about patenting the vaccine, he replied, “Could you patent the sun?”

For Salk, his work was his calling, not his enrichment; his vision of helping the people was unimpaired by golden dollars. But by 1980 attitudes had changed. The U.S. Supreme Court ruled that patents could be issued on living things, independent of a new product or process of development. That meant that you could get a patent for discovering a virus or by altering a plant or by finding a gene and isolating it. Then the modern gold rush began.

“Universities, seeking new sources of revenue, began turning themselves into engines for economic

development. They began establishing intellectual property offices and provided incentives and rewards for faculty who patented their discoveries. In 1965, universities were awarded 95 patents. In 2000, Universities were awarded 3,200.”²¹

Einstein would never have dreamed of the modern version of this arsenal of concepts including deceit and corruption in science and medicine. What would he have made of the sale of his reputation to promote a product, for instance – as is happening to day?

The editor of the *New England Journal of Medicine* recently accused medical professors of being open to the charge that their words are for sale – to the pharmaceutical industry.

This recent newspaper story went on to say:

“Dr. Angell thinks many of the speaking and writing arrangements between medical school faculty members and drug companies should be banned.”

In 2000, the U.S. Congress held hearings on the ties between medical researchers and drug companies. Senators in Congress were becoming increasingly concerned because of the mounting evidence that in medicine, corporate connections can translate into biased science.

The investigation found that some of the doctors making decisions for the U.S. government about whether to approve a certain drug or vaccine, have financial links to the makers of the same drug or vaccine.

That means that their decisions would be heavily influenced in favor of the manufacturers.

But even more questionable methods are employed to ‘fight’ natural and unpatentable treatments. Here is blatant and harmful ‘biased’ science.

Despite warnings from the World Health Organisation (WHO) of an ‘oncoming avalanche’ of diabetes world-wide, and despite the fact that medicine admits it does not have a cure for the problem, the controlling men of medicine it

seems, do everything they can to stop more natural and safer methods, hoping no doubt for ‘something to turn up’ from their own laboratories, to fatten their profits – yet neglecting current natural treatments and cures available, like *Eleotin*. Not only neglecting, but actively fighting against harmless treatments and using the diabetic associations (where people often go for information) to throw doubts and innuendo of ‘quackery’ on people who work hard and diligently to perfect better ways. Just see for yourself on the internet – the ignorant, unjust and falsely superior statements made. These things are done with one primary purpose in mind, to protect profits. A secondary genuine concern, that people will make dangerous mistakes, is certainly part of the push against alternatives. But this becomes questionable when well proven treatments are side-lined.

This primary concern with profits is well-known among many doctors themselves. For instance, Dr RP (name withheld to protect) at a Research Institute Seminar on insulin in 1999 said: “Insulin should be tested on everybody repeatedly, and why it is not is only strictly because there hasn’t been drugs till recently that could effect insulin, so there is no way (the pharma companies) can make money out of it”.

This doctor viewed too much insulin as the cause of many diseases, and proved it by lowering insulin to successfully treat patients with a variety of problems. This is the reason why *Eleotin* has such a good record in general health. It controls insulin and therefore fat levels.

While medicine can only offer a mostly temporary “hold and control” program that has a “use by date” for most sufferers, few doctors know about the sound results of these chapters. Why is this? It is because of the pressure the Pharmaceutical Cartel exerts on both research establishments, University chairs of medicine, general practitioners and even our Governments. This has been well documented in numerous books, articles and even movies. Medical researchers, for instance, are very aware that cheap and safe ‘non-drug’ methods are available to at least control diabetes equally as well as expensive and sometimes damaging drugs.

The much used medical drug metformin, for instance, is prepared by using a patented molecule originally found in the hypoglycemic herb Goats Rue (*Galega Officinalis*).

The discovery was made by a hard working and determined French physician and pharmacologist, Jean Sterne in the mid-1950s. Dr Sterne was able to isolate the best of the molecules that caused the well-known glucose controlling affect of goats rue.

This "altered herbal extract" has at least 50% of the global market. It also has far worse side effects (sometimes including death) than using whole Goat's Rue, which is even used by nursing mothers to increase milk supply.

Although metformin has successfully controlled the BG of millions, it has never cured anyone. It has also been the cause of side effects in tens of thousands.

Do not allow yourself to be deceived when a medical person tells you "herbs for diabetes is quackery" or similar. The Oxford Dictionary tells us a 'quack' is an "ignorant pretender of skill esp. in medicine, offering wonderful remedies". Which pretty well sums up the medical drug industry, in diabetes. Although maintaining BG levels for a few years (an essential factor IF NO CURE IS AVAILABLE), glucose-lowering drugs can have rare adverse effects like severe hypoglycemia, lactic acidosis, idiosyncratic hepatocellular (liver cell) injury, permanent neurologic deficit, digestive discomfort, headaches, dizziness, and death. Compared to a whole person and herbal combination approach, they are indeed, woefully un-wonderful remedies.

WARNING

Diabetic drugs may cause serious complications

One such famous drug warns "You should not take this drug if you have kidney problems, are 80 or older (unless your kidneys are tested), are taking medication for heart failure, are seriously dehydrated, have a severe infection, or if you have or have had liver disease. Lactic acidosis is a rare, but serious, metabolic complication that can occur due to metformin accumulation during treatment. When it occurs, it is fatal in approximately

50% of cases."

If a herbal therapy had such a history it would immediately be banned! Such is the hypocrisy of medicine.

Schizophrenia drugs increase diabetes risk

Until the introduction of the antipsychotic drugs, clozapine and olanzapine, diabetes was rare in schizophrenic children and adolescents. At the August 2001 meeting of American Psychiatric Association, Dr. Frank J. Ayd, a renowned psychopharmacology expert, and editor of the International Drug Therapy Newsletter, presented findings of his review of the literature for these drugs. He found a "startling" association between initiation of treatment with olanzapine and late-onset diabetes in adolescents.

One medical commentator asked:

"So why does the *New York Times* play down the significance of this serious health risk, falsely conveying the impression that the VA results are somehow tenuous rather than a call to action? What is the possible justification for using these drugs as first line treatments? Could it be that there is a profitable conspiracy between psychiatry, state mental health officials and these drugs' manufacturers? Psychiatrists who are recommending the so-called atypical antipsychotic drugs for adolescents and young people, may face lawsuits if they fail to disclose to patients and families the serious risks linked to these drugs, and high risk of developing drug-induced diabetes."

WARNING

Taking *Eleotin* may cause seriously better health

Fortunately, there are proven BG lowering and restoring medications whose only side-effect is better health. The discoverers of *Eleotin* worked equally as hard as the discoverers of

metformin and over an equally long period. They should also be given due recognition and greater praise, because their herbal formulation does such a lot more than metformin.

CHAPTER 8

Practical food guide plus some recipes

Fake food pyramid?

In 2003 a surprising interview took place on America's National Public Radio's *All Things Considered*. NPR's Jacki Lyden talked with a nutrition expert named Marion Nestle about the process of re-evaluating the federal dietary guidelines.

During the interview, Ms. Nestle made one very revealing statement. She was emphasizing just how important these guidelines are to the various food representatives with an example from the re-evaluation process that took place five years ago. The US Dept. of Agriculture and Health Services advisors included a statement recommending that people "limit intake of added sugars".

This advice didn't suit the sugar lobby. According to Ms. Nestle, sugar lobbyists "forced the agencies" to rephrase the sugar advice to read, "eat a diet that's moderate in added sugars."

Now, 'forced' is a strong word. Did corporate food representatives have the unlawful power to force government agencies to alter official health recommendations? Probably. (Adapted from the excellent Health Sciences Institute e-Alert, www.hsibaltimore.com)

For the diabetic, limiting the intake of added sugar is an absolute 'must'. To help you do this, switch from sugar to protein. Protein is the anchor for a stable blood sugar. And you start the day with this anchor.

Because a protein breakfast is the ONLY way a diabetic (or anybody with a sugar control problem) should start the day, I have included some unusual but tasty recipes for protein foods

that can be eaten for breakfast.

We have been prescribing protein breakfasts (major meal for the day) for 30 years with truly great results. You would be surprised how many will take this on when they are desperate for a result. It influences more than just blood sugar.

A protein breakfast is the anchor for the control of blood sugar (Studies at Harvard & Chicago Universities in 1970's). The stomach functions at its peak between 7am and 9am. What does that tell us?

When eating the major meal at night the liver is affected. The liver, peak time: 2–4am, does not like processing food in those early hours, either. It is v.busy in housework, repair, garbage removal, glucose release for muscle replenishment etc etc. — then the 'Idiot Upstairs' sends down this huge fatty/protein mass to be processed!

We built and ran a naturopathic hospital for seven years in the 1980's - we cared for many cancer clients, and the ones with liver cancer, and even other cancers, had their major pain episodes between 2–4am — but lessened greatly by no protein or heavy meal after 2pm. This was a standard practice among the several medical sanitarium institutions in Europe and America that we visited.

So, in practical terms a good protein based breakfast will help normalize your blood sugar. Nothing, repeat - nothing, sweet for breakfast is the Rule. I have seen a hypoglycemic person, cured of his problem by this method, regress into a low sugar episode just by one small square of pineapple in his morning salad/protein breakfast. (And he was not sensitive to pineapple).

So, here is a list of typical protein foods from which to pick, together with the recipes. The recipes come from our best selling book *Relief From Candida and Ill-Health*, and were designed and tested by Greta Sichel DO ND.

Some good protein breakfast foods

Eggs (free-range)

Fish such as:

- salmon
- sardines
- mackerel
- cod
- perch
- barramundi
- hoki
- herring
- bream
- tuna

Vegetarian Protein

- BBQ soy sausages (best in tins)
- Nutolene (peanut meat in tins)
- Nutal burgers (chick peas or falafel)
- To Fu (slice and marinate with soy sauce)
- Tempeh
- Soy beans
- Chick peas
- Lentils & all beans (need another protein to become complete as peanuts or peanut butter; tahini, sunflower, or add egg, or nuts – such as pecan, walnut, almonds, brazil)
- Soy yoghurt or sugar-free soy ice-cream

Spreads for your whole-grain bread or biscuits

- Hommos
- Avocado dip (without cottage cheese)
- Tahini
- Soy cheese
- Peanut butter (freshly roasted and ground from your health food shop – contains no chemicals)
- Nut spreads such as almond or cashew butter – DO NOT use 'Nuttela' chocolate spread!
- Butter Soft (Mainland brand) for the whole family – DO NOT use margarine

Fish

Spicy crumbed sea fish

2 teaspoons coriander
1/2 teaspoon ginger
1/2 cup wheat germ
4 fish fillets
soya flour
1 egg lightly beaten with 1 tablespoon cold pressed oil
cold pressed oil for shallow frying
shallots for garnishing
vegetable salt to taste

Combine spices and wheat germ. Flour fillets and dip in beaten egg. Coat in spicy crumb mixture and shallow fry till golden. Serve straight from pan. Garnish with shallots.



Fish rissoles

1 large tin salmon, drained and flaked
1 cup mashed potato
1 small onion, finely chopped
2 tablespoons finely chopped parsley
1/2 teaspoon basil
little salt
1 egg
1 teaspoon water
2 tablespoons soya or goat's milk
approximately 1/4 cup wheat germ

cold pressed oil, for frying

Mix fish with potato, onion, parsley, basil and a little salt. Beat egg with water. Add half to mixture; mix the other half with the milk. Shape rissoles. (A 1/4-cup flat measuring cup dipped in cold water, then filled with mixture makes nice shapes.) Dip rissoles in egg and milk mixture, then roll through wheat germ and fry both sides on hot oil showing slight vapour.

Marinated grilled fish

4 gem fish fillets
marinade
2 cloves garlic, crushed
2 cm piece green ginger, finely grated
2 tablespoons Massel seasoning to taste
1 tablespoon lemon juice

Combine all marinade ingredients and soak fillets in marinade for at least 1/2 hour. Place fillets on grill plate and baste with remainder of marinade while cooking.

Oven-baked fish cakes

1 egg
2 cups flaked tuna (could be leftovers)
1 cup cooked rice
1 onion, finely chopped
3 tablespoons cold pressed oil
squeeze of lemon juice
vegetable salt, if necessary
1 cup finely ground nuts or sunflower kernels

Beat egg and add all ingredients, except the nuts. Mix thoroughly. Shape into patties (best to use a 1/2-cup flat measuring cup rinsed in cold water). Roll through nuts and place on oiled baking sheet. Bake in 180°C oven until brown, about 20 minutes. Serve hot, garnished with sprigs of parsley.

Oven-baked bream

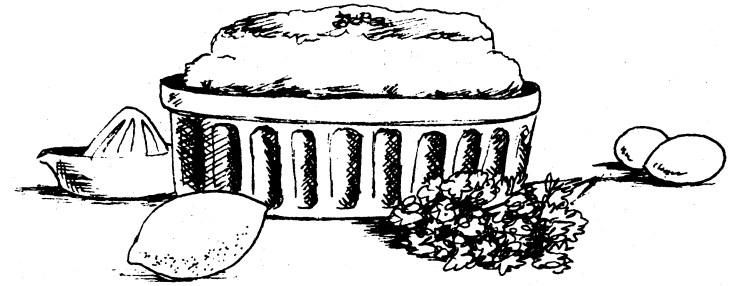
4 medium fillets of bream
generous pinch cayenne pepper
2 teaspoons basil
vegetable salt to taste
1 teaspoon thyme
lemon juice
¼ cup goat's milk
2 VitaBrits or approx. ¼ cup wheat germ or sesame seeds
1 tablespoon cold pressed oil

Grease small casserole dish; put in 2 fillets. Spread with half the cayenne pepper, then half the herbs. Repeat procedure with another layer of 2 fillets. Then sprinkle with lemon juice and milk. Put crushed VitaBrits, wheat germ or sesame seeds on top. Sprinkle the cold pressed oil over it and bake in 180°C oven for 30 minutes.

Salmon or tuna pie

1 large tin salmon or tuna, drained and flaked
1 cup cooked rice
1–2 tomatoes (unsprayed if possible), chopped
2 tablespoons finely chopped continental parsley
1 egg (optional)
1 teaspoon dried basil
pinch cayenne pepper
pinch vegetable salt, if necessary
approximately ¼ cup wheat germ or sesame seeds
1 tablespoon cold pressed oil

Mix all ingredients, except wheat germ and oil thoroughly. Put into greased casserole dish. Cover top with wheat germ or sesame seeds and sprinkle with cold pressed oil. Bake in 180°C oven for 30 minutes.



Salmon soufflé

2 tablespoons goat's or soya milk
2 tablespoons cold pressed oil
1 cup hot mashed potatoes
2 eggs
1 cup mashed salmon
1 tablespoon finely chopped parsley
vegetable salt, if necessary
1 teaspoon dried basil
pinch cayenne pepper
squeeze of lemon juice

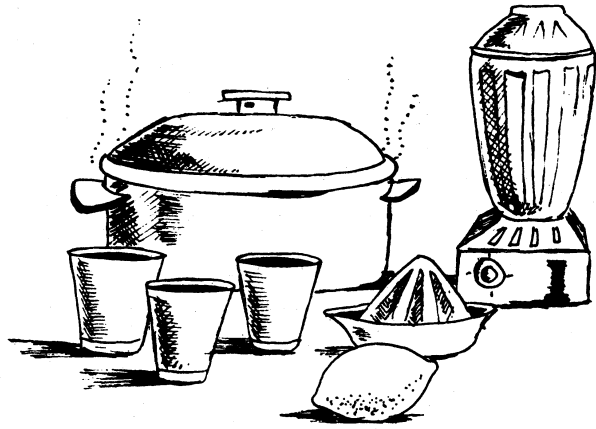
Warm milk and oil and thoroughly mix potatoes into liquids while heating. Separate eggs and beat yolks into potato mixture. Stir in fish, parsley, salt, basil, cayenne pepper and lemon juice. Beat egg whites stiffly and fold lightly into mixture. Pour into well greased casserole and bake in 200°C oven until risen and golden brown. Sprinkle parsley on top.

Protein dishes

How to make soya cream

Soak 1 cup of soya beans for 24 hours in cold water. Bring soya beans to the boil in saucepan while covered with water. Boil 30 minutes. Place boiling hot beans and about 2 cups of bean water or boiling water in electric blender. Add 3 tablespoons of vegetable oil and a little lemon juice. If necessary put cloth over

blender to prevent hot liquid from spurting out. Turn control off and on to take up the heat. Blend for a few minutes until mixture is very fine and thick. Pour into paper cups and freeze until needed.



Note on cooking beans

Beans should be soaked 24 hours prior to cooking them. Soya beans take 3–4 hours to cook, or can be cooked overnight in a crockpot on hot for 10 hours. Other beans take between 2–3 hours to cook, or about 4 hours in a crockpot.

Savoury roast

1 cup soya cream or mashed cooked soya beans
 ½ cup corn (optional)
 ½ cup chopped celery
 1 medium-sized onion, chopped
 1¼ cups cooked rice
 ½ cup chopped parsley
 Massel seasoning to taste
 ½ teaspoon salt (optional)
 1 egg
 ¼ teaspoon mixed herbs or bouquet garni
 approximately ¼ cup sesame seeds
 1 teaspoon paprika

Mix all ingredients, except last two, spoon into greased casserole dish and sprinkle with sesame seeds and paprika. Bake for 45 minutes until golden brown.

Soya cream rice loaf

2 eggs (1 hard boiled, 1 beaten)
 1 large onion
 ½ cup celery
 1 cup soya cream
 1 teaspoon cold pressed oil
 1 cup wheat germ
 1 small tomato (unsprayed if possible)
 1 cup rice
 Massel seasoning to taste
 vegetable salt to taste

Finely dice all ingredients and put into a greased casserole dish. Bake for 20–30 minutes in oven at 180°C.

Vegetable pie

2 cups cooked haricot beans
 1 onion, thinly sliced
 1 turnip, grated
 1 carrot, grated
 1 stick celery thinly sliced
 1 egg, beaten, or 1 rounded teaspoon Orgran egg replacer and 2 tablespoons water
 Massel seasoning to taste
 ¼ cup cubed savoury roast or beef-flavoured TVP (soak in hot water for 15 minutes)
 vegetable salt to taste
 1 teaspoon dried basil

Mix beans with TVP or Savoury Roast, onion, turnip, celery and carrot with a small amount of vegetable stock or water. Add egg or egg replacer and seasoning and put into a greased casserole

dish and cover with wheat germ or sesame seeds and dabs of butter. Bake at 180°C for 20–30 minutes.



Vegetarian loaf

2 cups cooked red beans
4 tablespoons cold pressed oil
1 green pepper, finely chopped
½ cup goat's or soya milk
1 cup finely chopped walnuts
½ teaspoon celery seeds
2 cups cooked rice
Massel seasoning to taste
2 eggs, lightly beaten or 2 rounded teaspoons Orgran egg replacer and 2 tablespoons water

Combine all ingredients and mix well. Turn onto a lightly oiled shallow baking pan and pat into a loaf. Bake in preheated 175°C oven for 30 minutes.

Saluggia bean stew

1 cup saluggia beans or brown beans
1 large onion
1 capsicum
1–2 eggs, beaten, or 1 rounded teaspoon Orgran egg replacer and 2 tablespoons water
pinch cayenne pepper

2 cloves
1 small bay leaf
vegetable salt to taste
cold pressed oil, for frying

Soak beans for 24 hours then cook until soft. Chop onion and capsicum, then sauté onion in oil until onion is transparent, about 5 minutes. Add bay leaf and cloves. Simmer for about 10 minutes, then add beans, egg, cayenne pepper and salt. Cook for another 5 minutes.

Kidney bean or brown bean croquettes

1 cup kidney beans or brown beans
3 medium-sized cooked potatoes, mashed
1 onion, chopped finely
pinch cayenne pepper
1 teaspoon Massel seasoning
1 egg
1–1½ cups wheat germ
cold pressed oil, for frying
parsley sprigs, for serving

Cook beans until soft and drain in colander. Vitamise or mash with a fork until fine. Mix beans with mashed potatoes. Sauté onion in oil until browned, then add to mixture together with cayenne pepper, Massel seasoning and salt. Mix thoroughly. Form either round or sausage-like rolls.

Beat egg with a little water. Roll croquettes first through wheat germ, then through beaten egg and through the wheat germ again. Fry in deep oil until brown and crisp. Drain on grease-proof paper. Serve with parsley.



Barlotti or kidney bean loaf

- 2 cups kidney or barlotti beans
- 1 bay leaf
- 3 cloves
- 1 tablespoon cold pressed oil
- 1 onion, finely chopped
- $\frac{3}{4}$ cup carrots, grated
- $\frac{3}{4}$ cup parsnips, grated
- 1 egg, beaten
- 1 level teaspoon Massel seasoning
- vegetable salt (optional)

Cook beans with bay leaf and cloves until soft. Drain, add oil and other ingredients, combine well and cook in casserole dish in oven at 180°C.

Chick pea casserole

- 1 cup chick peas
- 1 cup spinach, chopped
- 1 onion
- 1 tablespoon cold pressed oil

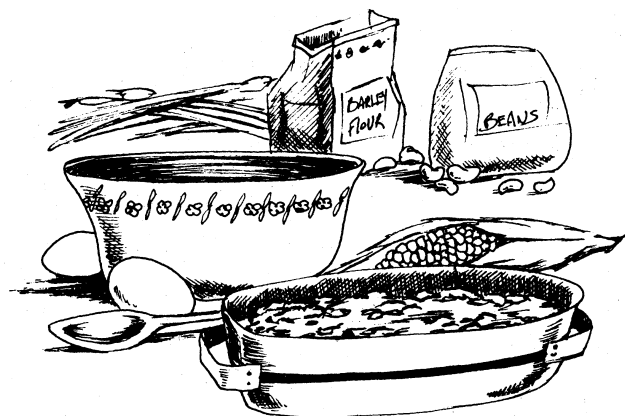
- 1 clove garlic, finely crushed
- $\frac{1}{4}$ cup chopped red capsicum
- 1 tomato (unsprayed if possible), chopped
- $\frac{1}{2}$ teaspoon ground ginger
- 2 cloves
- 1 egg, beaten
- 2 tablespoons barley flour
- Massel seasoning to taste

Soak chick peas in water for 24 hours, then cook until soft. Chop onion. Heat oil in frying pan. Sauté onion, garlic and capsicum for a few minutes. Then add spinach and tomato and simmer for a few minutes with ginger and cloves. Add all other ingredients and mix together. Put in oiled casserole dish. Bake in 180°C oven for 20–30 minutes.

Lima and green bean dish

- 2 eggs or 2 rounded teaspoons Orgran egg replacer and 4 tablespoons water
- $\frac{1}{2}$ cup chopped shallots
- 1 cup cooked lima beans
- $\frac{1}{4}$ cup beef-flavoured TVP (soak in hot water for 15 minutes)
- 2 tablespoons maize meal or barley flour
- vegetable salt to taste
- $\frac{1}{4}$ cup wheat germ
- little cold pressed oil

Beat eggs or prepare egg replacer, then add shallots. Add all other ingredients and put in oiled casserole dish. Top with wheat germ and sprinkle a little cold pressed oil on top. Cook in 175–200°C oven for 20 minutes.



Cannellini bean croquettes

- 1 cup cannellini beans
- 1–2 onions
- 3 medium-sized cooked potatoes
- ½ cup chopped parsley
- 1 teaspoon Massel seasoning
- ½ teaspoon turmeric
- ½ teaspoon paprika
- cayenne pepper, as required
- 1 egg
- 1 teaspoon goat's milk
- 1–1½ cups wheat germ
- cold pressed oil, for frying
- parsley sprigs, for serving

Cook the beans until soft. Chop onions and sauté until slightly browned. Mash beans and potatoes and mix with onions, parsley, Massel seasoning, turmeric, paprika, cayenne pepper and salt. Knead and make into balls. Slightly flatten balls. Beat egg together with the milk. Put the croquettes through this first and then through the wheat germ. Fry in hot oil until brown on each side. Serve with parsley.

Mung beans

- 1 cup mung beans
- ¾ litre (1¼ pints) water
- Massel seasoning to taste
- 3 teaspoons cold pressed oil
- 1 onion, finely sliced
- 1 cup cubed Savoury Roast or ¼ cup beef-flavoured TVP (soak in hot water for 15 minutes)
- 1 teaspoon turmeric
- 1 teaspoon ground coriander

Soak mung beans overnight. Add Massel seasoning to soaking water, then cook until beans are just tender. Do not over-cook. Heat oil and gently sauté onions and Savoury Roast, if using, until onions transparent. Add to mung beans, retaining cooking liquid. If using TVP, add to mixture along with turmeric and coriander. Simmer without over-cooking beans. Add vegetable salt if necessary. Serve with rice.

Nut galantine

- 1 carrot
- 1 medium-sized onion
- 1 cup chopped mixed nuts
- 1 cup brown rice
- 2 tablespoons chopped parsley
- 1 tablespoon cold pressed oil
- 1 large egg, beaten, or 1 rounded teaspoon Orgran egg replacer and 2 tablespoons water

Grate carrot and chop onion, then mix together with nuts, rice and parsley. Add oil and bind with beaten egg or egg replacer. Press mixture into a well greased savoury roll jar and steam for about 2½ hours.



Lentil roast

- 1 cup brown lentils
- 1 egg
- 1 onion, grated or finely chopped
- 2 tablespoons chopped parsley
- 1 medium-sized carrot, grated
- pinch thyme
- 1 cup goat's milk
- 1/4 cup tahini
- 1 teaspoon vegetable salt (optional)
- 1/2 cup rolled oats or rice
- approximately 1/4 cup sesame seeds

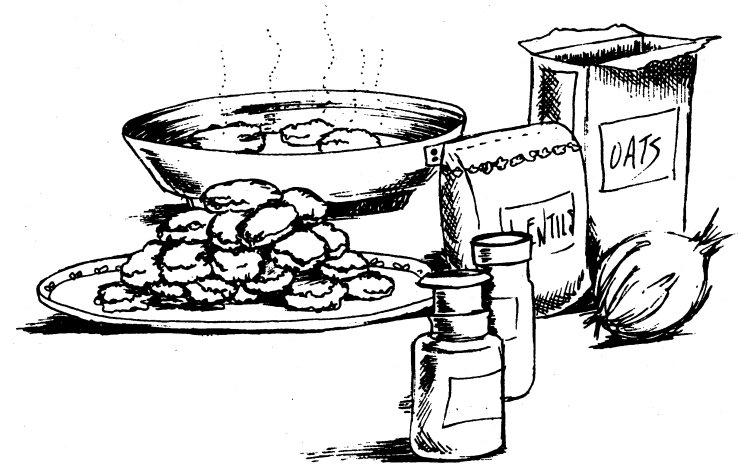
Cook lentils until soft, about 20 minutes. Break egg into bowl and mix with onion, parsley carrot, thyme, milk, tahini and salt. Mix well, then add lentils and rolled oats. Pour mixture into greased casserole dish, sprinkle whole sesame seeds on top and bake in 175°C oven for 30–45 minutes.

Lentil or split pea patties

- 1 cup lentils or split peas
- 1/2 cup TVP mince (optional)
- 1 egg
- 1/4 teaspoon thyme
- 1/2 teaspoon turmeric
- 1/2 teaspoon vegetable salt
- 1 small onion, very finely chopped

- rolled oats or rolled barley
- cold pressed oil, for frying

Just cover lentils with water and cook until soft, about 15 minutes. Just cover TVP in boiling water for 10 minutes. Beat egg in bowl and add thyme, turmeric and salt, then onion, lentils and TVP. Stir thoroughly and add sufficient rolled oats to make a fairly solid consistency. Heat oil in frying pan (just enough oil to cover frying pan bottom). Take a tablespoonful of mixture and form patties while putting them in the pan. Flatten them slightly with a fork when in the pan. Fry until golden brown on both sides.



Split pea roast

- 2 cups split peas
- 3 cups water
- 1/2 cup crumbled tofu
- 1/2 cup leftover vegetable loaf or other loaf
- 1 medium-sized carrot, grated
- 1 large onion, grated
- 1 cup chopped leeks

1 teaspoon dried basil
pinch cayenne
1 egg, beaten
1 teaspoon Massel seasoning

Soak split peas overnight in water, then cook until soft. Mix together thoroughly with other ingredients. Bake in 175°C oven until set. Serve hot with mint sauce and vegetables, cold on salad, or as a sandwich filling.

Sunflower seed loaf

1½ cups ground sunflower seeds
¾ cup finely ground sesame seed meal
½ cup chopped walnuts
1 cup cooked lentils
½ cup grated raw beetroot
3 tablespoons minced chives or shallots
2 eggs, beaten slightly or 2 rounded teaspoons Orgran egg replacer and 4 tablespoons water
2 tablespoons lemon juice
½ cup diced celery
½ cup cooked buckwheat or brown rice
Massel seasoning to taste
1 tablespoon cold pressed oil

Blend together all ingredients, and press into an oiled baking dish. Bake at 170°C until done—about 60 minutes. Serve hot from the oven with a raw salad.

Savoury nut casserole

3 small eggs beaten with
1 tablespoon goat's milk or soya milk
2 heaped tablespoons finely chopped walnuts
2 medium-sized onions, finely chopped
1 tablespoon finely chopped parsley or celery leaves
1 cup rolled oats
1 cup cubed marinated tofu

1–2 teaspoons dried sweet basil
pinch mixed herbs
vegetable salt to taste
approximately ¼ cup sesame seeds

Mix all ingredients except sesame seeds together and place in a greased casserole dish. Top with sesame seeds. Bake in moderate oven (180°C) for 30–45 minutes.

About the two good food oils

These two types of fat, omega-3 and omega-6, are both essential for human health. However, the typical Western diet contains far too many omega-6 fats with very low levels of omega-3. The ideal ratio of omega-6 to omega-3 fats is 1:1. Today our ratio of omega-6 to omega-3 averages from 20:1 to 50:1.

To off-set this, make sure you have daily, cold pressed flaxseed, or olive, or pumpkin seed oil, plus some fish oil supplement (you can buy them in capsules, and some do brands are available that do not repeat on you). Two or even three grams a day of omega-3.

Because there is no standard for 'first cold pressed oils' in most of the world, it is easy for some manufacturers to literally deceive you by blending or cutting good quality oils with inferior ones and claiming that the oil is 'cold pressed'. As always, buyer beware!

Guidelines for buying good healthy oils

- 1 Always 'first cold pressed' from a reliable producer, not a refinery.
- 2 Certified organic if possible.
- 3 Always in dark (green, brown or blue) glass bottles. Never in clear glass bottles.
- 4 Oils should taste delicious: fresh, clean, rich. Trust your taste.

First cold pressed oils

The pressing of nuts and seeds to extract their precious health sustaining oils, dates back thousands of years. The Egyptian, Greek and Roman civilizations used oils for eating and cooking purposes and also for body care. In Hunza, a remote little nation in the Himalayas, where people commonly used to live to 120 and more, the apricot oil is a national treasure.

Unrefined oils have always been the cornerstone of the Mediterranean people's diet. These oils were rich in nutrients and had particular individual taste, color, viscosity, and unique aromas.

All of this was carefully sabotaged by the industrial oil refineries who reduced all oils to the bland, colorless and flat-tasting, clear oils that flood the marketplace – inferior oils that are spoilt and detrimental to health.

However, in many places around the world, traditional methods are still maintained, producing high quality nutrient-rich unrefined oils that have incredibly delicious flavor.

Since 1978, in France, legislation demands that 'virgin oils' must be obtained uniquely by mechanical means and filtered naturally without any chemical treatment or operation of refining. Good unrefined oils play a fundamental and essential role in a healthy diet.

APPENDIX I

Meningitis vaccine proven to cause diabetes

The prestigious peer reviewed journal Autoimmunity published data this week by Dr. J. Bart Classen, an immunologist at Classen Immunotherapies, and David Carey Classen, an infectious disease specialist at the University of Utah, proving a causal relationship between the hemophilus vaccine and the development of insulin dependent diabetes. The data is particularly disturbing because it indicates the risks of the vaccine exceeds the benefit. The findings are expected to allow many diabetics to receive compensation for their injuries and lead to safer immunization.

The study followed over 100,000 children which had been randomized in a large clinical trial to receive 1 or 4 doses of the hemophilus vaccine and over 100,000 unvaccinated children. After 7 years the group receiving 4 doses of the vaccine had a statistically significant 26% elevated rate of diabetes, or an extra 54 cases/100,000 children, compared to children who did not receive the vaccine.

By contrast immunization against hemophilus is expected to prevent only 7 deaths and 7 to 26 cases of permanent disability per 100,000 children immunized. The study showed that almost all of the extra cases of diabetes caused by the vaccine occurred between 3-4 years after vaccination. Furthermore the paper provides new data proving the vaccine causes diabetes in mice and reviews data from three smaller human studies, which all had similar results to the current study, but were too small to reach statistical significance.

"Our results conclusively prove there is a causal relationship between immunization schedules and diabetes. We believe immunization schedules can be made safer," stated Dr. Bart Classen.

Classen's research is already becoming widely accepted. An independent group of researchers working at a prestigious Swedish medical center recently published a paper (Ann. N.Y. Acad Sci. 958: 293-296, 2002) supporting their findings. Last year doctors attending a conference of the American College for Advancement in Medicine overwhelmingly agreed that vaccines can cause chronic diseases such as diabetes. For the latest information on the effects of vaccines on insulin dependent diabetes and other autoimmune diseases visit the Vaccine Safety Web site.

Autoimmunity
August 2002 Vol. 35 (4), pp. 247-253

With thanks to www.mercola.com
the world's most referred to health website

APPENDIX II

Websites and books

Fats That Heal, Fats That Kill by Dr Udo Erasmus
~~**Michael, can we have publishing details please**~~

www.eastwoodcompanies.com – the makers of *Eleotin*

www.healingmatters.com – diabetes, true facts

www.adhd-specialist.com – the author's website

www.house.gov/reform – US Senator Dan Burton

www.mercola.com – world leader in medical sites

Margarine

Do not use margarine. In a long-term study by Harvard University in 1994, 85,000 women were questioned about their dietary fat ingestion. It was found that those who used margarine had twice the risk of heart disease as those who used butter. In a study of some 1,250 British women in 1999, researchers found a thirty percent greater risk of breast cancer amongst women who ate margarine regularly compared with those who did not eat margarine. Even eating margarine a few times a month increased the risk by ten percent.

In another study (Dr Patricia Holborow, University of Victoria, NZ), melanomas were found to be significantly linked to margarine consumption. Moreover, melanomas have increased more than fifty-fold since 1972, around the time that margarine began to be popularised. These facts have been known for many years. Why don't we hear about them? Because the media, food and pharmaceutical industries all make *big* money out of our buying habits.

So, why is margarine so bad? Have you ever stopped to think how fluid oils become semi-solid lumps? Have such a yellow color? Taste unlike oils? Don't go rancid? Spread like butter? Well, to make this metamorphosis, they are first heated to around 150°C in the presence of a metallic catalyst for some hours, which makes them go black. It also changes the 'good fats' (the cis fatty acids) into another chemical fat never before seen by man, which contains unhealthy trans-fatty acids. It becomes a kind of mono-unsaturated fat, which is normally a good fat; however, because of its chemical composition, it cannot legally be called such. In fact, it is now more a plastic (polymer) than a good nutritional substance. And it is still *black!* So, they bleach it! You would not wish to buy black or white margarine, would you? So, they colour it! It may not last

too long, because it has been cooked so hot that it will soon go rancid, so they preserve it. By this time it doesn't taste too good either, so they flavour it. Plus, they do a few other things!

End notes & references

- 1 Ron Rosedale, M.D. *Insulin and It's Metabolic Effects*. Presented at Crayhon Research Institute's BoulderFest, August 1999.
- 2 Accidental discovery (Dr Cruz, 1970) during a diabetic experiment on dogs. It was found, after three months, that dripping insulin into the femoral artery almost totally occluded it with plaque.
- 3 The original said that this would happen if the person had only been diagnosed with Diabetes II within six months of beginning the *Eleotin*. Subsequent experience has shown that this does not have to be so. Many with long-term history have responded totally. Dr Yoon probably added that short-term advice to appear more conservative, which is required in medicine.
- 4 Caused by the downregulation of BG through alpha-glucosidase, although this also occurred, it was factored out of the study on beta-cell regeneration.
- 5 By reduction of alpha-glucosidase, another of the four major biological response modifiers that combine to produce *Eleotin's* anti-diabetic effect.
- 6 Joslin Study shows that kidney disease in people with Type 1 Diabetes is frequently reversible in its earliest stage. *New England Journal of Medicine*, June 2003.
- 7 Andrzej Krolewski, M.D., Ph.D., head of the Section on Genetics and Epidemiology at Joslin Diabetic Research and Associate Professor of Medicine at Harvard Medical School.
- 8 See Appendix I.
- 9 *The Journal of the American Medical Association (JAMA)* Vol 284, No 4, July 26th, 2000 article written by Dr Barbara Starfield MD MPH, of the Johns Hopkins School of Hygiene and Public Health, shows that medical errors

may be the third leading cause of death in the United States.

To enter the cell insulin has to be 'recognized' by receptors on the outside of the cell membrane. A healthy cell has some 2300 receptors. A person with Diabetes II typically only has 1200 receptors. This too plays a part in poor insulin sensitivity (recognizing the postman).

- 1 *Eleotin* Greek word essentially meaning 'God's abundant Grace' (Romans 9:16). Chosen because of the often gentle healing from a dreadful situation.
- 2 80% of adult diabetics die from cardiovascular disease.
- 3 Eastwood Bio-Medical Research, Report 1999, p18.
- 4 In the first 5,000 uses of *Eleotin* (commenced March, 1998) only two users reported minor discomfort. One with constipation, the other with diarrhoea. Investigation showed the cause to be high fibre content of *Eleotin*. Reducing usage solved both problems.
- 5 Yoon, J.W. MSc, Ph.D. Professor, Departments of Microbiology & Infectious Diseases & Pediatrics Senior Researcher & Chairman, Calgary University; Julia MacFarlane, Diabetic Research Centre, formerly of the National Institutes of Health.

Enzymes are a large group of proteins produced by living cells that act as catalysts (enabling processes to happen), enabling thousands of rapid chemical reactions to take place. Typical of these, are the family of enzymes called digestive enzymes produced by the stomach and pancreas, without which we could not digest food.

Diabetes and Magnesium: The Emerging Role of Oral Magnesium Supplementation Jerry L. Nadler, MD The link between diabetes mellitus and magnesium deficiency is well known ... supplementation has been shown to improve insulin sensitivity. Based on current knowledge, clinicians have good reason to believe that magnesium repletion may play a role in delaying type 2 diabetes onset

and potentially in warding off its devastating complications ... an estimated 50% to 85% of the population of the United States is receiving an inadequate magnesium intake.

Kawate R. et al 'J.Diabetes Care' 1979

No animal protein in the evening.

Dr Derek Bok (past president of Harvard) "Universities in the Marketplace: The Commercialization of Higher Education" (Princeton University Press).

- 10 Dr Derek Bok (past president of Harvard) "Universities in the Marketplace: The Commercialization of Higher Education" (Princeton University Press).
- 12 Advice from Eastwood Bio-Medical Research Inc. Manual 1999
- 23 US Research Reports Inc. Metairie, Los Angeles, 1999:
Experiments on Eleotin's Effects on Diabetes, University of Calgary

