

**SCHOOL OF NATUROPATHY -SYNERGIE – BISSONE –
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THESIS ON THE LIVER CLEANSE

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PREFACE

After long consideration I have decided to prepare my thesis on

“THE LIVER CLEANSE”

What is the reason for my choice? Not only is this cleanse:

- the shortest
- the most effective and
- the cheapest

but also the most controversial and negatively discussed in the allopathic world.

For example the link: (which has now been removed)

http://www.knowledgeofhealth.com/pdfs/alternative_health_myths.pdf

reported the text of a certain Bill Sardi, who sustained that expelled stones after a liver cleanse are only “*soap stones*” in comparison to cystic stones removed surgically. He suggests that these “*soap stones*” are the result of a mixture of oil and lemon combined with digestive enzymes and says they do not contain cholesterol nor calcium, which are the contents of the real cystic stones.

He referenced an April 16 report in the British Journal Lancet (Volume 365) which you find here:

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(05\)66373-8/fulltext?_eventId=login](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)66373-8/fulltext?_eventId=login)

We will answer Mr. Sardi with so-called “scientifically approved” evidence during the consideration of this thesis.

A friend of mine, whose experience I will consider during this work, has been discouraged by her medical doctor to continue with the “futile” liver cleanses and has instead been vividly encouraged to undertake the treatment of a cholecystectomy.

A gallbladder that does not work properly can definitely bring a person to the point of desperation and therefore the medical suggestion of a cholecystectomy (removal of the gallbladder) is usually widely accepted without discussion. Unfortunately this

solution is not always the best. The probable post-operative side-effects are rarely discussed with the patient before surgery, giving the false hope that the operation will adjust the patient's problem permanently.

But is this always the case?

Contrary to medical opinion, the gallbladder is a very useful organ to our body. It stores and secretes bile, a digestive fluid that breaks up especially fat into small digestive molecules according to need.

The bile stones form when the chemical compounds in the bile are not in perfect balance with each other – a diet with a lot of grease can worsen the situation.

And since bile is produced in the liver, one can also live without a gallbladder, but often not without unfavorable digestive complications. The gallbladder is like a pump. Without it, the liver cannot expel sufficient bile to digest an entire meal. And many must live with permanent symptoms such as diarrhea, abdominal pain, bloating, indigestion, constipation, an increase in allergies, hepatic congestion, skin itchiness and illnesses of the immune system. Some patients suffer from the “dump syndrome” where food passes too quickly from the stomach to the intestine.

The patient should be informed of the consequences before surgery and also taught how to live without a gallbladder after the operation. The patient should also be advised of the fact that, paradoxically, bile stones can form even without a gallbladder!

Most of the information cited above with regards to “living without a gallbladder” has been taken from this website:

http://www.shanti.com.au/body/no_gallbladder.htm#Hulda

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INTRODUCTION

Because this thesis required that I present an individual that I have assisted, gave me some problems since I am not yet a practitioner in a physical sense.

To honor the emphasis placed by our school on the importance of personal contact with the patient in order to establish a bond of trust, technology enables me to present one of the individuals I am in contact with from a distance.

My activity with the protocols of Dr. Clark allows me to assist others through the use of email in the application of her technologies and protocols on a personal level.

Based on trust through the mutual writings of patient and myself [to my opinion, often written thoughts reveal more than words that are soon forgotten...], I feel I am able to establish and maintain good relationships with the individuals who contact me.

Because the patient that contacts me will usually already have read and studied information contained in the books of Dr. Clark or read our informative website www.drclark.net, they will have a firm conviction about the route to be taken.

Dr. Clark promotes an innovative approach of “self-health” in her books (or maybe it is not so innovative since in the past great health personages already promoted this approach). Her “self-health” approach, especially applies to preventive measures and are within reasonable limits. Dr. Clark’s fans grasp this approach and accept it.

And this is how I was first contacted by and became acquainted with Sarah Ryan. who lives in Australia.

[All names mentioned in this paper are the real names of the people involved cited with their permission. Those whose permission has not been explicitly asked have been cited with their initials only.]

I have since had the pleasure to meet Sarah personally during my visit to Australia last February.

Sarah contacted me because she mainly wanted to apply the Clark protocol on herself being that she was suffering from several health conditions. When she contacted me she was suffering from Crohn's disease, but with even more urgency she had strong gallbladder colics. The medical analysis suggested a cholecystectomy.

But let's start from the beginning. Who is Sarah Ryan? We will let her answer personally under the next subheading "Sarah Ryan".

SARAH RYAN

Admission Form of the patient – 1 -

Generalities *(pls write in block capitals)*

Surname: RYAN _____

Name: SARAH JANE _____

Street: 17 DUNROBIN STREET _____

ZIP, Place: SHEPPARTON VICTORIA – 3630 _____

Country: AUSTRALIA _____

E-mail: gsrryan@iprimus.com.au

Fax: --- _____ phone: (03) 5821 8197 _____

☐ male ☒ female Date of birth: 26/01/1977 _____

Weight 62 kilos _____ Civil state: married _____

Profession: Administration officer – environmental health ----- _____

Symptoms *(Cross out what applies to you):*

☒ Constipation

☒ Chronic fatigue

☒ Diarrhea

☒ Irregular bowel movements

☒ Bloatiness

☐ Skin problems

☐ Headaches

☐ Migraines

☐ Allergies

☒ Food craving

☐ Asthma

☐ Backache

☐ Joint pains

☐ Muscular pains

☐ Pain in the whole body

☐ Acne

☐ Vaginal fungus

☒ Fungus (on skin etc) **tinea on toes**

Admission Form of the patient – 2 -

☒ Lack of motivation

☒ Painful menstruations

☒ Irritable bowel

☒ Loss of memory

☐ Fibromyalgia

☐ Difficulty with urination

☐ Catarrh

☐ Persistent cough

☐ Palpitations

☐ Chest pains

☐ Uterus or ovary disorders

☐ Urinary tract disorders

Other: **sore eyes anemia, ringing in ears, bite nails**

Operations:

☐ Appendectomy

☐ Ovariectomy

☐ Tonsillectomy

☐ Cholecystectomy

☐ Hysterectomy

☐ Thyroidectomy

☐ Prostatectomy

Other: none _____

Do you wear a pace-maker: **no** _ Are you pregnant: **no** _____

Blood pressure: **normal** _____

Do you have scars? If yes where? **One on left knee** _____

Have you had accidents or serious trauma in the past: **no** _____

Admission Form of the patient – 3 -

Summary of your health condition (please type or write in very clear and comprehensible handwriting):

I have Crohn's disease since Oct 1998. I have Gallstones since July 2003. I had Iritis in both eyes since March 1999. I had anemia in October 2006. I also suffered with nausea after having gallstone attacks in July 2003. I am also deaf in my left ear since birth and told I had Waardenburg Syndrome in July 2005. I've always suffered with hay fever since a child

Your teeth:

Are your teeth in good condition?

☒ Yes

☐ No

☐ I don't know

When was the last dental panoramic done?

Feb-Mar 2007 _____

☐ I don't know

My teeth have:

☒ Amalgam fillings

☐ Gold fillings

☐ Ceramic fillings

☒ Plastic fillings

☐ Partial

☒ Old fillings (since 1991)

☐ Root canals

☐ Teeth with big fillings

☐ Bridges

☐ Denture – bottom

☒ Infections

☒ Denture – top (plastic retainer)

☐ Denture (top and bottom)

Admission Form of the patient – 4 -

When were the amalgam/gold fillings removed? **Mar 2007** _____

Did you undergo a detox treatment at the same time? **No** _____

Other:

Do you have pets?

X Dog

☐ Cat

☐ Horse

Other: _____

Nutrition:

What do you eat for:

- Breakfast: **Weetabix or muesli with bananas**
- Lunch: **Tuna salad or vegetable focaccia or minestrone soup**
- Snack time: **10am + 3pm fruit, muesli bar and herbal tea**
- Supper: **Fish, rice and veggies or spaghetti bolognese or lasagne and veggies**
- Water: how much do you drink a day? **2 liters** _____

Do you drink coffee? If yes, how many cups a day? **1 a month** _____

Do you smoke? If yes, how many cigarettes a day: **no** _____

Do you practice sports? How many times a week? **no** _____

Your hobby: **Gym , running, cycling, walking**

Do you take medication on a regular basis? If yes, which and for what?

Not since 2004 Aug. used to take multi vitamins, calcium tablets and measesel for Crohn's disease.

Medications taken in the past: **as above plus hay fever tablets and panadol** _____

For cancer patients:

Did you undergo chemio or radiotherapy? If yes, when, where and why?

N/A _____

Admission Form of the patient – 5 -

Do you sleep well: **most of the time** _____

Type of heating in house: **ducted gas heating** _____

Do you cook with: ☐ gas ☒ electric

Type of house : **brick veneer** _____

Bedstead: ☐ metal ☒ wood

Type of mattress: **innerspring mattress** _____

Where are these in your house:

- Computer: **in the study room** _____
- Radio alarm: **in the bedroom** _____
- Cell phone: **in the kitchen** _____

Disclaimer and Notice : (in reference to indications of the Swiss Association for Natural Medicine)
In medicine 100% success does not exist. Also your medical doctor cannot guarantee success For medical advice, consult with your physician. The statements and/or comments made have not been evaluated by the *United States Food & Drug Administration* or the *Federal Trade Commission*. This information is not intended to diagnose or prescribe medical or psychological conditions, nor does it claim to prevent, treat, mitigate or cure such conditions by standard medical means. We do not provide diagnosis, care, treatment or rehabilitation of individuals, nor apply medical, mental health or human development principles.

I have read, understood and accepted the above

Date and Place: **28/5/2008 Sheparton Australia** **Signature:**

WHO IS SARAH RYAN?



I am a 31 year old working mum, married with two children. I have a boy Oscar who is 3 and a girl Ruby who is 5. I work fulltime in the Environmental Health Department as an Administration Officer. I work 7.6 hrs a day from 8:15 am to 5:00 pm. I take 1 hr 15 mins for lunch and go to the gym. I jog there and do a 30 minute gym workout then jog back. My two children go to childcare and kinder. I love my kids and take them swimming and to the movies. I take my daughter to ballet and we catch up with their little friends and the mum's get to have a coffee or herbal tea for me.

I do cooking with them and read to them every night before bed. Every morning me and Ruby have a fight over what she is going to wear for the day and how she is going to brush her teeth and do her hair. I'm not allowed in the bathroom when my 5yr old is in there!!! Oscar loves jigsaws and children's programs. He also loves annoying his sister. And then his sister annoys him back so I have to separate them and send one of them to their room!

My hobbies are improving my health, exercising and getting fit. I don't smoke (never have) or drink (only on special occasions). I go running 3 mornings a week and do Bootcamp every 2 months (I think I have sent you the website for Bootcamp). I also do RPM (cycling) classes, body pump (weight) classes, pilates, body balance, yoga and swimming. If I can find spare time I enjoy gardening and sorting photos, tried to attempt scrap booking but only got one page completed!

When I can fit it in I do the house work. My house has always been immaculate and I used to do my house work every week without fail and now I seem to do it every 3 months and this really gets me down.

I get extremely frustrated when I can't complete a job. I don't seem to have the energy any more to do house work. When I start I get very fatigued and eventually have to stop so my housework doesn't get finished and then I get depressed and feel sorry for myself. In the past I used to have coffee and chocolate when I felt sorry for myself, now I drink herbal tea and eat fruit or I go out and do something else. Sometimes I get quite irritable and nothing is right so I have to just bear it and wait till it's passed. I've notice that when I take Vitamin B6 my mood improves heaps and even my husband has noticed it. Some days I have lots of patience and others I have none and I end up shouting at everyone then cry about it afterwards!

I have been renovating my house since October 2001 so it's been a long time and I'm very anxious to get it finished.

When I complete my house work and everything is sparkling, I feel on top of the world and am very happy.

I have all the kids clothes that don't fit to sort through, years of photos to sort through, wedding photos to select, kids bedrooms to sort out and not forgetting the junk room which is now my study to sort out. I have a "things to do" list which has over 100 things on it. If I even think about any of these things it stresses me to death and then I can't do anything.

I enjoy going to work as I can complete a job and get lots of satisfaction out of it. I really enjoy the gym as I get all my frustration out and I'm losing weight that has been annoying me for years. I enjoy my spa bath, body balance class and gardening as that really relaxes me. I love catching up with friends at their house or mine as I get to talk about something else other than my troubles. I don't get on with my in-laws so this causes many dramas so I try to avoid it. I love to go out for tea and have a steak with veggies not forgetting some yummy dessert. I also enjoy going out dancing but not the hangover the next day!

I enjoy eating healthy vegetables, fruit, water, herbal teas, desserts, muesli and thai food. I don't like brussel sprouts, vegemite, seafood, fried food and Chinese. I get upset easily if something doesn't go right or go to plan or if I can't make a decision about something. I get upset and moody around my monthly cycle and feel like the whole world is against me. Chocolate or the gym seem to calm me down.

I always had hay-fever since I was little at primary school and still have it now but not as bad. I felt I didn't have much confidence when I was younger and couldn't do any public speaking at all. I was so nervous that I never asked questions. When I left school I got better as I had to find a job so this got my confidence up a little. I had metal fillings when I was around 14 or 15yrs old. I started to put on weight around this same time and became very conscious of myself. When I was around 15 I had 3 episodes of where I would stand up then faint. I had lots of tests but they never found anything and put it down to low blood pressure.

I immigrated to Australia on 30th April 1998 when I was 21 and developed symptoms of Crohn's Disease in October 1998. In March 1999 I got a bad case of Iritis in both eyes so I couldn't see properly for nearly 2 weeks while they worked out what I had. They all thought I had conjunctivitis and treated me for the wrong thing. I was diagnosed with Crohn's after having a colonoscopy and the Dr put me on Prednisolone which blew me up like a balloon. I put on nearly 20kilos. That didn't seem to be effective so the Dr wanted to put me on Immuran which would expose me to skin cancer so I bluntly refused and requested another Dr. He suggested I take a dose of fibergel (which is a fiber powder that dissolves in water) each day and reduced my Prednisolone dosage. He also put me on mesasal which seemed to agree with my body.

On the 30th April 1999 I got engaged and on the 1st September 2001 I got married. On the 24th May 2003 my first child Ruby was born and the Dr told me to continue taking my medication the whole way through my pregnancy. Ruby was born deaf in her right ear. I am deaf in my left ear. On the 15th May 2005 my second child Oscar was born but I didn't take my medication when I was pregnant with Oscar as I was so sick and kept vomiting them up. I had to go to hospital twice and go on a drip as I kept passing out as I couldn't eat anything or stand the smell of anything. I breast fed both and Oscar has eczema and several allergies (dogs, banana's, eggs, milk and black current jelly) but perfect hearing. I haven't taken any medication since. I breast fed both children until they were 17months old, at this point with Oscar I had to stop as I got anemia.

When Ruby was 2mths old I had my first gall bladder attack and went to hospital. The Dr's told me I had bad posture when breastfeeding and sent me home. The next night it happened again so I went back to hospital and again the Dr told me that I was having panic attacks

and to breath in a brown paper bag. The next day I visited my health nurse and she suspected gall stones and told me to go back for tests. That night I was back at the hospital with more attacks so this time they did blood tests and ultrasound which confirmed gall stones.

I went on a 60 day waiting list for surgery. In the mean time I searched the internet to find out what the gallbladder is and what it does and that's when I found the liver cleanse and the www.drclark.net so I gave it a go and was amazed at the hundreds of stones that came out. To date I have now done 20 liver cleanses and passed 2742 stones of all different sizes. I have read Dr Clark's book, "The Cure For All Disease" and have also done all 4 cleanses (herbal, kidney, liver & bowel) and am now doing it again for the second time.



When I first found the liver cleanse, I did lots and lots of reading and viewed all the photo's and also on different websites to confirm what I was reading was true. When I saw the ingredients I knew they were safe to take and thought I had nothing to loose but didn't want to experience another painful attack so I gave it my best shot and prayed for the best.

Since doing the cleanses I don't seem to have no where near the Crohn's symptoms that I used to have. My bloating has reduced, my nausea has gone and I'm not as constipated as I used to be. I no longer have diarrhea and my appetite has improved. The more

cleanses that I do the more I keep improving and I'm keeping the weight off.

I have recently started zapping, this is my 7th day. I am going to use the program drivers next and also the chelation to remove heavy metals.

When I became ill I disagreed with the Dr's as they weren't interested in alternative treatments only drugs and surgery and I thought my life was over so I became quite depressed for a couple of years until things started to pick up. The Dr's couldn't tell me why I had the disease or how to get rid of it so I wanted to know why it happened to me. I wanted to know why I was sick at the age of 22 so I went looking for answers and was determined to find answers. I was just amazed how much information I found and what I've learnt about myself and the Dr's don't even want to give me the time or day. I've told all my friends and family about what I've discovered, some are amazed and others are not that convinced. I also found the Dr Clark Information Centre and shop online and have been using these sites ever since and emailing Cristina on a regular basis for advice and assistance. Cristina has been a fantastic help to all my questions.

In May 2004 my dog became very sick and couldn't do anything for herself so I took her to the vet and the vet wanted to put her down. I couldn't go through with it and remembered reading about the pet cleanse in Dr Clark's book. So I put my dog on part of the cleanse, just the parsley water and it was a miracle. She made a miraculous recovery and is still alive now and is 18yrs old.

My nana-in-law became quite ill and had a lot of fluid and no energy. I suggested she take the parsley water and all her fluid disappeared and she gained her energy but the health nurse told her not to continue as her iron levels were too high.

This is a brief summary of my life, of me as a person and of my experiences in life.

SARAH RYAN

NATUROPATHIC CONSIDERATIONS

The summary of “Who am I?” from Sarah Ryan and her Admission Form help us to make a complete anamnesis.

Besides citing her past, present and future health conditions, Sarah gives us a clear idea of her personality, her worries, the things and people she loves, the things and people she doesn't like, the things that cause her stress and the things that relax her.

I think it is very important to take note the way Sarah, in these past years of being sick, has been able to analyse her personal situation in order to find a solution to her health problems.

Sarah fills up every second of her day while she is awake, which shows that Sarah wants to live to the full her life and wants to taste all her emotions, she doesn't want to miss out on anything. Therefore Sarah is a very active woman, physically and also mentally. A busy mind which never has time to rest causes not only a mental but also physical burden.

Sarah has a lot of unconditional love to give to all. She donates this love through wanting to be the perfect mother, the perfect housewife, the perfect companion, fulfilling her duties also at work and with her friends. To give of this love unconditionally, Sarah also needs time to recharge herself. And to do all this, takes time, a lot of time which Sarah does not have and this causes her frustration, moments of discouragement and anxiety.

This situation causes a lot of stress mentally and physically.

Consciously or unconsciously Sarah is helping herself to unload this enormous mental burden through her sports activities. She herself says that going to the gym is an anti-stress, which helps her unwind and removes her frustrations and frees her busy mind.

According to Chinese medicine, an overly active mind weakens the spleen. The spleen is the organ that distributes energy to all other organs and entrusts the kidneys to distribute liquids.

Therefore treating Sarah's spleen with chromo-puncture or with the plate-zapper could be a further help for her.

Sarah contacted me through e-mail for further information with regards to the cleanses but especially with regards to the liver cleanse.

Here is one of our first e-mail communications:

SARAH'S E-MAIL TO ME:

----- Original Message -----

From: Sarah Ryan

To: info@drclark.net

Sent: Wednesday, March 01, 2006 1:40 AM

Subject: PARASITE CLEANSE - RESPONSE REQUIRED URGENTLY

Dear Sir/Madam

I ordered 3 cleanses (parasite cleanse, kidney cleanse & bowel program). I am a breastfeeding mum with a 9mth old baby. I have Crohn's Disease, Gallstones and a few other problems. I want to start the parasite cleanse, then the kidney cleanse, then the liver cleanse, then the bowel cleanse as soon as possible but have a few worries....

Is this the order that I should do them in and when should I do the zapping? In the information that I have it states not to use wormwood if pregnant or breast feeding. Can I start the parasite program and take the wormwood at a later date? Why is it suggested not to take wormwood while breastfeeding?

I also have fillings which I am organising to have removed over the next few months. I have done 14 liver cleanse so far and removed 2314 stones. I had no choice to start the liver cleanse before the parasite cleanse due to severe gall stone attacks.

Your responses to my questions asap will be greatly appreciated. I want to use my cleanses before the expiry date comes around but am planning to breastfeed until my little boy is around 17mths.

My little boy also has severe eczema. I've tried all products and nothing works. I use olive oil and sorbolene cream which is keeping it under control. I am going to try him with the zapper but is it ok for a 9mth old? Is there anything else I can try?

Kind regards

Sarah Ryan

MY REPLY TO SARAH:

From: Dr. Clark Information Center [mailto:info@drhuldaclark.it]

Sent: Wednesday, 1 March 2006 7:53 PM

To: Sarah Ryan

Subject: Re: PARASITE CLEANSE - RESPONSE REQUIRED URGENTLY

Dear Sarah,

I thank you for your email.

Yes the order you mention is fine. You would start zapping together with the parasite cleanse, for three weeks daily then you can decrease according to your need. If you have a crisis of Crohn's you must watch out regarding the supplements. Start with low dosages and build up from there. There is also a program driver for Crohn's. Check it out here:

www.drclark.net/info/drivers.htm

Yes, you may take the parasite cleanse at a later date since you are breastfeeding. No wormwood while breastfeeding out of precautionary measures, since big quantities are known for its toxicity.

You have had good success eliminating already all those stones!... I can use your testimonial to to encourage others to do the liver cleanse.

Regarding your little boy, eczema can be caused by ascaris but for the moment I would only use the zapper on him. Standard program i.e. 7min zap / 20 min pause / 7 min zap / 20 min pause / 7 min zap.

Cordially

Dr. Clark Information Center

Cristina

Sarah has been helped in the application of the liver cleanse and other cleanses. The final result is the one described in her e-mail of October 2006. She wrote the following.

Subject: RE: [SPAM] RE: Liver Cleanse Question - Sarah Ryan

To: <cristina@drclark.net>

"Hi Cristina

Guess what, I've just had my ultrasound this morning and I've only got 1 possibly 2 stones left in my gall bladder. She also told me that my gallbladder looks really healthy and is in top working order. She was amazed by my liver cleanses with Epsom salts & olive oil.

Thanks again for your advice. I can imagine you receive hundreds of emails every day and do very well with your quick responses. Much appreciated.

Sarah"

Following you find a copy of:

- A medical report of Sarah Ryan with regards to the results of her colonoscopy and the medical diagnosis of the Crohn's disease
- No. 2 reports of ultrasound results with regards to her cholelithiasis. The report dated October 13th, 2006 indicates the presence of maybe only 2 or 3 remaining gallbladder stones.
- Personal liver cleanse diary of Sarah up to August 2007 with one photo. Sarah has continue to cleanse her liver.
- Lab report with regards to identification of bile stones.

Physically Sarah has worked a lot on herself in order to improve her health.

As explained in the chapter "Crohn's Disease", sufferers of Crohn's at the terminal ileum will be more prone to develop bile stones. Sarah has done 20 liver cleanses removing more than 2,700 stones. As she wrote she was on a waiting list for surgery. She was able to save her gallbladder thanks to the liver cleanses. The symptoms of her Crohn's Disease have nearly normalized. Her digestion is nearly normal.

Sarah has understood the importance of cleansing also other vital organs. In fact she has done the parasite cleanse, the kidney cleanse, the bowel program with use of the zapper *[Read the chapter "Other Cleanses" for further information on the ingredients, the active properties and the recipes of these cleanses]*.

Further holistic approaches that Sarah might want to try are:

BACH FLOWERS:

Sarah could use a variety of Bach Flower in order to help her be more at peace with herself so that she can carry out her work and the various activities she is involved in, without feeling a constant conflict.

Recommended flowers:

Gentian:

To attain a positive attitude for those who feel discouraged and dispirited in regards to a defined motive. Difficulties can be surpassed.

Hornbeam:

To gain an interior certainty of one's own capacity and strength in order to cope with the daily duties. Removing tiredness from a mental point of view.

Olive:

To restore strength and vitality from a physical and emotional point of view.

Willow:

To neutralize the feeling of a bad mood, resentment and self-pity and replace it with humor.

White chestnut:

To balance the interior uneasiness caused by conflicts and thoughts.

CHROMO-PUNCTURE THERAPY

For a deeper equilibrium of her vital organs as well as a fundamental balance between Mind - Body.

CONSTITUTION

Sarah is of plethoric-sanguine constitution. Therefore she will always need to cleanse. The fact that she is very active doing lots of sports helps her to do this as also the various organ cleanses. *[see attached summary sheet]*

DIATHESIS

Sarah is diathesis 1 – allergic hypersthenic. She is still young and has good energy globally-speaking. *[see attached summary sheet]*.

Therefore she could take a trace element manganese with phosphor and vitamin B1 in order to give support to her diathesis.

IRIDOLOGICAL CONSTITUTION

I think to recall that Sara has light blue eyes. This could be of the pure lymphatic type or of the neurogen lymphatic type. This would fit in once again with the fact that Sarah is the type that will always need to cleanse. Being that the neurogen lymphatic type has a predisposition towards illnesses of the nervous system, irritability and weakness of the central nervous system and vegetative system could be expected.

With regards to the rest, I would say that Sarah has taken full responsibility for her own health. She knows what it means to be sick, or to be depressed with no way out and therefore she is working as hard as she can to keep herself in good health.

She's conscientious with regards to her nourishment and she regularly cleanses her organs in order to keep them well-functioning. Furthermore sport helps her to reduce her stress level, to have a trained heart and a good blood exchange.

Sarah is a person that has understood the real sense of Dr. Clark's self-health approach.

St Vincent's Hospital

**Colonoscopy
Report**

ID Number 667283
Name Ryan, Sarah
Date of birth 26 Jan 1977 Sex Female
Address

Classification

Date of procedure
13 Mar 2002 (10:11)

Indications
Follow-up - Colitis assessment.

Endoscopist
Dr W Connell

Medications used
Anaesthetic 1 mg IV.

Report
The patient tolerated the procedure well.
The bowel preparation was good. The instrument was inserted to the terminal ileum.
In the caecum the mucosa was congested.

Diagnosis
Crohn's Disease (555.1): quiescent involving the segmental colitis.

Final Disposition
Return to referring doctor.

Comments
Instrument passed to ileum. No mucosal abnormality seen except for patchy areas congestion in caecum and transverse colon.



Procedures
Biopsy: Vial I from terminal ileum x 2, Biopsy: Vial II from right hemi-colon x 2, Biopsy: Vial III from left hemi-colon x 2.

Dr W Connell

Report- Abdominal Ultrasound 66499

(Imported from Plexus Y2003\M06\00002819.DOC)

24th June 2003

Dr Paul O'Dwyer
65 Nixon St
Shepparton Vic 3630

Cc: Dr Bill Connell
Suite 40/166 Gipps Street
East Melbourne

Regarding Sarah Ryan Folio: 39743
Address 17 Dunrobin Street
Shepparton Vic 3630
DOB 26/1/1977 Film No: 66499

UPPER ABDOMINAL ULTRASOUND:

Clinical Notes: ? Gallstones

Multiple small mobile echogenic foci that shadow posteriorly were demonstrated within the gallbladder lumen. There was no associated wall thickening, pericholecystic fluid, probe tenderness, duct dilatation or intraductal calculi.

The liver, pancreas, spleen, aorta and both kidneys were normal in appearance. There was no evidence of free fluid or lymphadenopathy.

Opinion: Uncomplicated cholelithiasis.

Thank you for referring this patient,

Dr Andrew McLaughlan FRANZCR
Phil McKenzie AMS
Sonographer
MZ

GOULBURN VALLEY IMAGING
104 NIXON STREET, SHEPPARTON, VIC. 3630. Telephone: (03) 5821 6566 Facsimile: (03) 5822 2625

Reports: Ryan, Sarah(239679, Female, 26/01/1977)

Report- 177551 Abdominal Ultrasound

(Imported from Plexus Y2006\M10\00167956.DOC)

13th October 2006

Dr Mazen Albatat
Lister House
65 Nixon Street
Shepparton Vic 3630

Regarding Sarah Ryan Folio: 39743
Address 17 Dunrobin Street
Shepparton Vic 3630
DOB 26/1/1977 Film No: 177551

GOULBURN VALLEY IMAGING - 104 NIXON ST SHEPPARTON 3630
PHONE NO: 1300 797 484 FAX NO: 58222 625

UPPER ABDOMEN ULTRASOUND 13.10.06

CLINICAL NOTES: To follow up gallstones.

The liver appears normal. No focal hepatic abnormality detected. At least two and possibly three small mobile echogenic foci contained within a fluid filled gallbladder are in keeping with small gallstones. The gallbladder wall is not focally tendon or thickened. The common bile duct of 5mm is normal. Normal spleen and kidneys.

CONCLUSION: Cholelithiasis.

Thank you for referring Mrs Ryan,

Dr Prudence Neerhut FRANZCR
A. Joyce - 2929
gm

GOULBURN VALLEY IMAGING GROUP

SARAH'S GALL STONE CLEANSE DIARY

YEAR 2003

Ruby born 24 May 2003.

First attack in June 2003, Ruby 1 mth old.

1) Sat, 19 July 2003

- 50 stones
- Pea size, hundreds sand grain size, green/brown
- 3 attacks the following week

2) Sat, 16 August 2003

- 7 stones
- Pea size & sand grain size
- Attacks began 4 mths later a wk before Christmas
- More attacks end of Dec till 17 Jan 04

YEAR 2004

3) Sat, 21 February 2004

- 621 stones
- 13 stones raspberry size, green
- Attacks every day from 26 – 29 Feb 04

4) Thur, 4 March 2004

- 214 stones
- Pea size & smaller, green & tan

5) Fri, 19 March 2004

- 152 stones
- Only 3 stones smaller than pea size, rest sand grain size
- Green-light tan

6) Fri, 2 April 2004

- 199 stones
- 1 stone smaller than pea size, rest sand grain size
- Slightly green, more tan, few tingle pains

7) Sat, 17 April 2004

- 45 stones
- Pea size & smaller, green, few tingle pains & nausea

8) Thur, 20 May 2004

- 3 stones
- Small pea size, green, lots of chaff & few tingle pains
- Attack 11 Jun 04 from 7.45-8.30pm, eat egg.

9) Sat, 12 June 2004

- 206 stones
- 10 stones size of grapes, green

10) Sat, 3 July 2004

- 449 stones
- Smaller than pea size, green

11) Sat, 17 July 2004

- 70 stones
- Smaller than pea size, green
- Attacks from 18 – 20 July 04

12) Sat, 31 July 2004

- 293 stones
- Smaller than pea size & sand grain size, green & chaff

13) Sat, 14 August 2004

- 39 stones
- Had 3 attacks, 4 months pregnant with Oscar (Nov)

Ultrasound – 3 stones

YEAR 2005

Oscar born 15 May 2005.

14) Sat, 6 August 2005

- 7 stones

15) Mon, 22 August 2005

- 17 stones

16) Wed, 7 September 2005

- 26 stones

YEAR 2006

17) Sat, 23 September 2006

- 0 stones
- Severe nausea

Friday 13/10/06 – Ultrasound 2-3 stones
Diagnosed with Anaemia

YEAR 2007

Completed Herbal Parasite Cleanse
Completed ½ Kidney Cleanse

18) Fri, 10 August 2007

- 75 stones
- Pea size & sand grain, tan & some chaff
- Took Walnut Hull

19) Fri, 25 August 2007

- 117 stones
- 1 grape size, rest pea & sand grain size, grn, chaff
- Took Walnut Hull
- Strange looking stones – parasites?? came out
- Bits of black grit/stones came out

TOTAL CLEANSES = 19

TOTAL STONES FLUSHED OUT = 2590



Name: RYAN, SARAH JANE
Address: 17 DUNROBIN STREET
SHEPPARTON. 3630
D.O.B.: 26/01/1977 Sex: F
Medicare No: 3242627517
Lab. Reference: 08097500
Date requested: 05/06/2008
Addressee: DR KRISTINA TAVCAR
Referred by: DR KRISTINA TAVCAR
Collected: 13/06/2008 17:16
Specimen:
Test name: CALCULUS

Requested: 05/06/2008
Performed: 13/06/2008
Test name: CALCULUS

SAMPLE 1

STONE ANALYSIS

ORIGIN	:	Biliary
NUMBER OF STONES	:	Numerous gallstones and fragments
STONE SHAPE	:	Irregularly Shaped
STONE COLOUR	:	Light Green
STONE TEXTURE	:	Rough
WEIGHT TOTAL	:	0.2 g
CRUSHED APPEARANCE	:	Green, Soft
COMPOSITION	:	Predominantly Cholesterol Not Detected Bilirubin

This specimen was collected on: 24/05/2008

SAMPLE 2

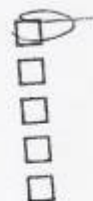
STONE ANALYSIS

ORIGIN	:	Biliary
NUMBER OF STONES	:	Numerous gallstones and fragments
STONE SHAPE	:	Irregularly Shaped
STONE COLOUR	:	Light Green
STONE TEXTURE	:	Rough
WEIGHT TOTAL	:	<0.1 g
CRUSHED APPEARANCE	:	Green, Soft
COMPOSITION	:	Predominantly Cholesterol Not Detected Bilirubin

This specimen was collected on: 13/06/2008

This test performed by Dorevitch Pathology

FILE
NORMAL
SPEAK TO PATIENT
SEE PATIENT
REQUIRE FILE



Constitution: inborn. Physical capital at birth
 Temperament: evolves in time, usually it worsens
 Diathesis: parameter present in the person. It can evolve rapidly. One can pass from one diathesis to another. Diathesis is intoxication. It is very rare to find constitution, temperament and diathesis pure. Muscular or sulfuric are nearly pure.

CONSTITUTIONS

NATUROPATHIC	SANGUINOUS- PLETHORIC (dilatation) Short-limbed Needs to cleanse Hot, congestion, cardiovascular problems Regular Square face and sturdy-built		NEURO-ARTHRITIC (retraction) Tall-limbed Needs to re-vitalize with minerals Pale, cold, problems with nervous system Irregular Long face and slim-built	
HOMEOPATHIC	CARBONIC	CARBONIC-SULFURIC	PHOSPHO-CARBONIC or PHOSPHORIC	FLUORIC
Aspect	Slow and fat	Well-balanced	Big and agitated	Dissimilar/ incoherent
Dominant organ	Abdomen		Chest	Long neck
Critical organ	Kidneys		Liver	Nerves
Standing	Rigid		Unstable	Unstable
Psychologically	Clear, precise, direct, courageous, solid, authoritative, reassuring		Hyper-sensible, delicate, idealist, poetic, passionate, charming, fascinating, imaginative, unstable in their social and relationship behaviour, disciplined if	Asocial, not adaptable, escapes in one's intellect, art or spirit. Messy, fanciful, does a bit of everything but doesn't specialize in anything

Pathologically	Weight increase, hypothyroidism, hypertension, hyper- cholesterol, cardiovascular problems, digestive system fatigued		motivated Respiratory problems, venous system fatigued, hepatic problems, digestive decalcifications, a beginning of depression	Traces of syphilis, always has some bowel problem, fibromas, polyps, inferior members, lack of silica.
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TEMPERAMENTS AND DIATHESIS

MUSCULAR

NATUROPATHIC	OBESE Overburdened Endocrine disorders (hypothyroidism)	DIGESTIVE	SANGUINOUS Cardiovascular	RESPIRATORY Catarrhal	CEREBRAL	NERVOUS
HIPPOCRATE	LYMPHATIC Dynamic, dilated, overweight, round face, sturdy-built, hand cold and humid	SANGUINOUS Short-limbed, red skin, square face, dynamic, good energy, hand warm and humid	BILIARY Tall-limbed, dynamic but retracted, hand ware and dry	NERVOUS Tall-limbed, retracted, triangular face, hand cold and dry		
HOMEO- DIATHESIS	SYCOTIC (hydrogenoid)	PSORIC	TUBERCULINISM	SYPHILITIC		
	DIATHESIS I DIATHESIS III			DIATHESIS II DIATHESIS III	DIATHESIS IV	
FUNCTIONAL	SUPER-ENERGETIC			NORMAL-ENERGETIC		UNDER-ENERGETIC

DIATHESIS	Never tired, never cold, good facial color, impermeable to stress	Not very cold, pink skin color, when tired recuperates quickly, tolerates stress well	Tired, recuperates very slowly, gets stressed out quickly, cold
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DIATHESIS

DIATHESIS 1	DIATHESIS 2	DIATHESIS 3	DIATHESIS 4	DIATHESIS 5
Allergic hyperstenic	Infective Hypostenic	Dystonia, spasmophilic	Anergic	Maladjustment syndrome
<p>Young subjects</p> <p>Fatigued at morning</p> <p>Awake at evening</p> <p>Hypercorticality</p> <p>Always in movement</p> <p>Short concentration abilities</p> <p>Has a hard time to finish projects</p> <p>Starts many things together</p> <p>Excellent energy</p> <p>Violent function</p> <p>sicknesses</p> <p>Aggressive</p> <p>Attracted to stimulants</p>	<p>Can slide easily from diathesis I to II.</p> <p>Awake at morning</p> <p>Fatigues at evening</p> <p>Preserves energy</p> <p>Day-dreamer, intellect, has respiratory disorders, UTI, degenerative inflammations, likes sugar. Important to re-establish the intestinal flora.</p> <p>Needs to sleep well.</p> <p>Do respiratory exercises</p> <p>Needs to take breaks</p>	<p>Often evolves from Diathesis I or II. Aging process - after 50 years of age.</p> <p>Tiredness especially inferior members</p> <p>Often tired after eating</p> <p>Anxiety, depressive, melanchonic, somatizes at colon, bladder or stomach.</p> <p>Hyperemotional, introvert, short memory</p> <p>Doesn't sleep well</p> <p>Intestinal, circulatory,</p>	<p>Evolves from I to 4</p> <p>Not able to protect himself from microbic stress, depression, diminished libido.</p> <p>Disgusted by one's existence, not able to recuperate strength through sleep, alternated aggressive phases, mental confusion, memory problems,</p> <p>Diathesis mainly of old people</p> <p>Mineral assimilation disorders especially</p>	<p>Hypo-Physio-pancreatic.</p> <p>Hypoglycemic</p>

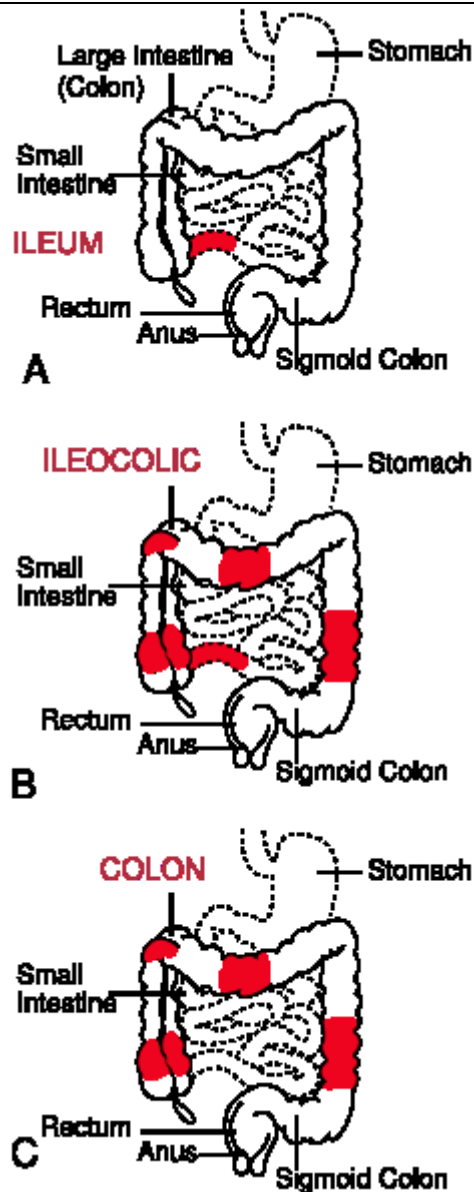
<p>Abuse of meat and sugar Hypertension, allergies, nervous irritability Accumulation of uric and pyruvic acids</p> <p>Therapy:(every 2nd day) Mn, Ph and Vit B1</p> <p>Regulate meals Lithium if hyper-agitated</p> <p>Chinese organ: liver-gallbladder</p>	<p>Hot hydrotherapy Raw legumes Unwind the busy mind</p> <p>Therapy (every 2nd day) Mn-Cu</p> <p>Eliminate sugar</p> <p>Chinese organ: lungs-colon</p>	<p>UTI, respiratory Spasms. Eyelids that vibrate Don't know how to cope with stress and can develop tumors</p> <p>Therapy (every 2nd day) Mn-Co even Lithium (every day)</p> <p>Reduce the saturated fats, eat whole grains Relaxation techniques</p> <p>Chinese organ: cardiovascular, triplex heater</p>	<p>Calcium.</p> <p>Therapy: (every 2nd day) Au-Ag-Cu</p> <p>Eat more healthy, reflexology, improve immune capacities</p> <p>Chinese organ: kidneys/bladder</p>	<p>Therapy:: Zn-Ni-Co to be taken every day.</p>
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PATHOLOGIES

CROHN'S DISEASE

The disease was independently described in 1904 by Polish surgeon Antoni Lesniowski and in 1932 by American gastroenterologist Burrill Bernard Crohn. It was considered a disease of the terminal ileum. Following extensive study, it became evident the area most commonly, though not exclusively, affected by this illness is the terminal ileum. Because this illness can affect any part of the gastrointestinal tract it was re-baptized with the name of one of its main discoverers.

Crohn's disease (also known as regional enteritis) is a chronic, episodic, inflammatory bowel disease (IBD) and is generally classified as an autoimmune disease. Crohn's disease can affect any part of the gastrointestinal tract from mouth to anus; as a result, the symptoms of Crohn's disease vary among afflicted individuals. The disease is characterized by areas of inflammation with areas of normal lining between in a symptom known as skip lesions. The main gastrointestinal symptoms are abdominal pain, diarrhea (which may be bloody, though this may not be visible to the naked eye), constipation, vomiting, weight loss or weight gain. Crohn's disease can also cause complications outside of the gastrointestinal tract such as skin rashes, arthritis, and inflammation of the eye



http://en.wikipedia.org/wiki/File:Patterns_of_CD.svg

EPIDEMIOLOGY

Crohn's disease is more common in northern countries, and shows a higher preponderance in northern areas of the same country. This same distribution of Crohn's disease is thought to be found throughout Europe. Crohn's is lower in Asia and Africa but there is a higher incidence among Ashkenazi Jews.

Crohn's disease has a bimodal distribution in incidence as a function of age: the disease tends to strike people in their teens and 20s, and people in their 50s through to their 70s. It is also found that people between the ages of 30 and 50 are often misdiagnosed with irritable bowel syndrome (IBS) instead of Crohn's. Crohn's is rarely diagnosed in early childhood. It usually strikes females more than males. Parents, siblings or children of people with Crohn's disease are 3 to 20 times more likely to develop the disease. Twin studies show a concordance of greater than 55% for Crohn's disease.

EZIOPATHOGENESIS

An exact eziological definition of the illness is still not possible. The role of genetic factors is suggested by a major frequency of the sickness in some populations and in individuals with a particular HLA haplotype.

Some research points to a defect in the reabsorbing of lipidic substances (fat) with a consequential reaction of the lymphatic structure of the intestinal lining.

PATHOLOGICAL ANATOMY

The intestinal lining loses its shininess, it gets inflamed and thickens. The sick intestine becomes rigid and the lumen narrows. There is a clear delimitation between the sick intestinal tract and the healthy part. At the beginning the sickness is focused principally on the intestinal mucosa, which undergoes a local necrosis. Ulcerations are formed which slowly deepen into the more profound layers of the intestine. This process produces adhesions between the intestinal loops. This creates entero-enteric [fistulas](#). The pathological process proceeds following the path of the lymphatic vessels reaching the lymph glands of the [mesentery](#).

SYMPTOMS

[Abdominal pain](#) may be the initial symptom of Crohn's disease. The pain is commonly [cramp-like](#) and may be relieved by [defecation](#). It is often accompanied by [diarrhea](#), which may or may not be bloody, though diarrhea is not uncommon especially in those who have had surgery. People who have had surgery or multiple surgeries often end up with [short bowel syndrome](#) of the gastrointestinal tract. The nature of the diarrhea in Crohn's disease depends on the part of the small intestine or colon that is involved. Ileitis typically results in large-volume watery feces. Colitis may result in a smaller volume of feces of higher frequency. Fecal consistency may range from solid to watery. In severe cases, an individual may have more than 20 [bowel movements](#) per day and may need to awaken at night to defecate. Visible bleeding in the feces is less common in Crohn's disease than in ulcerative colitis, but may be seen in the setting of Crohn's colitis. Bloody bowel movements are typically intermittent, and may be bright or dark red in colour. In the setting of severe Crohn's colitis, bleeding may be copious. [Flatulence](#) and bloating may also add to the intestinal discomfort.

Symptoms caused by intestinal [stenosis](#) are also common in Crohn's disease. Abdominal pain is often most severe in areas of the bowel with stenoses. In the setting of severe stenosis, [vomiting](#) and [nausea](#) may indicate the beginnings of small [bowel obstruction](#). Crohn's disease may also be associated with [primary sclerosing cholangitis](#), a type of inflammation of the bile ducts.

Perianal discomfort may also be prominent in Crohn's disease. Itchiness or pain around the [anus](#) may be suggestive of inflammation, [fistulization](#) or [abscess](#) around the anal area or [anal fissure](#). Perianal skin [tags](#) are also common in Crohn's disease. [Fecal incontinence](#) may accompany peri-anal Crohn's disease. At the opposite end of the gastrointestinal tract, the mouth may be affected by non-healing sores ([aphthous ulcers](#)). Rarely, the [esophagus](#), and [stomach](#) may be involved in Crohn's disease. These can cause symptoms including difficulty swallowing ([odynophagia](#)), upper abdominal pain, and vomiting

COMPLICATIONS

Crohn's disease can lead to several mechanical complications within the intestines, including [obstruction](#), [fistulae](#), and [abscesses](#). Obstruction typically occurs from [strictures](#) or [adhesions](#) which narrow the lumen, blocking the passage of the intestinal contents. Fistulae can develop between two loops of bowel, between the bowel and bladder, between the bowel and vagina, and between the bowel and skin. Abscesses are walled off collections of [infection](#), which can occur in the [abdomen](#) or in the [perianal](#) area in Crohn's disease sufferers.

Crohn's disease also increases the risk of cancer in the area of inflammation. For example, individuals with Crohn's disease involving the [small bowel](#) are at higher risk for [small intestinal cancer](#). Similarly, people with Crohn's colitis have a [relative risk](#) of 5.6 for developing [colon cancer](#).

Individuals with Crohn's disease are at risk of [malnutrition](#) for many reasons, including decreased food intake and [malabsorption](#). The risk increases following resection of the [small bowel](#). Such individuals may require oral supplements to increase their caloric intake, or in severe cases, [total parenteral nutrition](#) (TPN). Most people with moderate or severe Crohn's disease are referred to a [dietitian](#) for assistance in nutrition. Crohn's disease can cause significant complications including [bowel obstruction](#), abscesses, free [perforation](#) and [hemorrhage](#)..

TREATMENT

Currently there is no cure for Crohn's disease and [remission](#) may not be possible or prolonged if achieved; Acute treatment uses medications to treat any infection (normally [antibiotics](#)) and to reduce inflammation (normally [aminosalicylate](#) anti-inflammatory drugs and [corticosteroids](#)). When symptoms are in remission, treatment enters maintenance with a goal of avoiding the recurrence of symptoms. Prolonged use of corticosteroids has significant [side-effects](#); as a result they are generally not used for long-term treatment. Alternatives include aminosalicylates alone, though only a minority are able to maintain the treatment, and many require immunosuppressive drugs. Medications used to treat the symptoms of Crohn's disease include [5-](#)

[aminosalicylic acid](#) (5-ASA) formulations, [prednisone](#), immunomodulators such as [azathioprine](#), [mercaptopurine](#), [methotrexate](#), [infliximab](#), [adalimumab](#) and [natalizumab](#).

Certain lifestyle changes can reduce symptoms, including [dietary](#) adjustments, proper [hydration](#) and [smoking cessation](#).

Crohn's cannot be cured by [surgery](#), though it is used when partial or a full blockage of the intestine occurs. Surgery may also be required for complications such as obstructions, fistulas and/or abscesses, or if the disease does not respond to drugs within a reasonable time.

Researchers at [University College London](#) have questioned the wisdom of suppressing the immune system in Crohn's, as the problem may be an under-active rather than an over-active immune system: their study found that Crohn's patients showed an abnormally low response to an introduced infection, marked by a poor flow of blood to the wound, and the response improved when the patients were given [sildenafil](#).

http://en.wikipedia.org/wiki/Crohn's_disease

FURTHER SPECIFIC INFORMATION WITH REGARDS TO SARAH RYAN

Crohn's disease is associated with three principal eye conditions: uveitis, episcleritis, and keratoconjunctivitis.

Uveitis, or inflammation of all or part of the uvea (the iris, ciliar body, and choroids), can result in blurred vision, eye pain, and headaches.

Episcleritis, inflammation of the outermost layers of the eye, often presents as red, burning eyes.

Keratoconjunctivitis sicca is caused by a vitamin A deficiency and is characterized by dryness of the cornea due to lack of tears, resulting in burning and itchy eyes.

<http://health.usnews.com/usnews/health/digestive-diseases/crohns-disease/crohns.symptoms.outside.eye.htm>

Individuals with [Crohn's disease](#) of the terminal ileum are more likely to develop gallstones. Gallstones form because patients with Crohn's disease lack enough bile acids to solubilize the cholesterol in bile. Normally, bile acids that enter the small intestine from the liver and gallbladder are absorbed back into the body in the terminal ileum and are secreted again by the liver into bile. In other words, the bile acids recycle. In Crohn's disease, the terminal ileum is diseased. Bile acids are not absorbed normally, the body becomes depleted of bile acids, and less bile acids are secreted in bile. There are not enough bile acids to keep cholesterol dissolved in bile, and gallstones form.

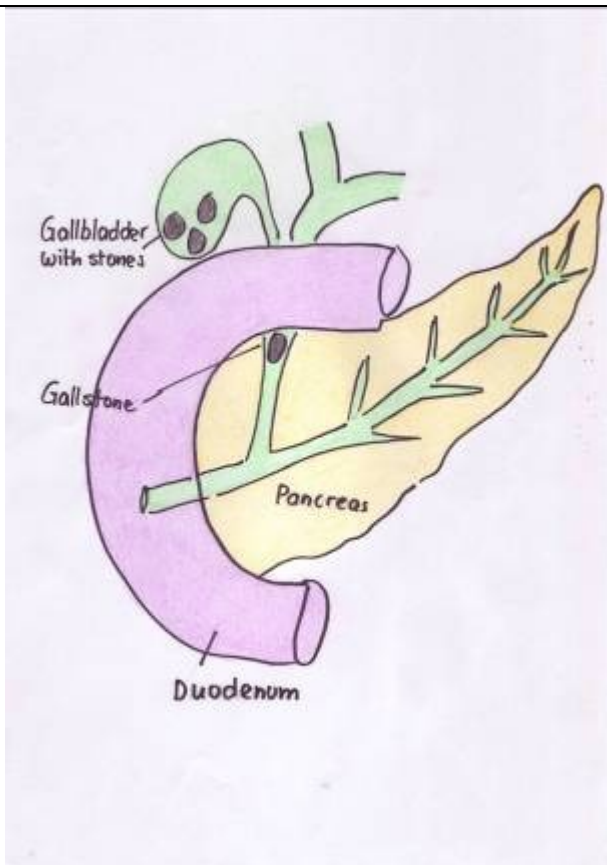
<http://www.medicinenet.com/gallstones/page3.htm>

BILE STONES

WHAT ARE BILE STONES?

Bile stones are small stones similar to lentils. They are formed in the liver and in the gallbladder. They are formed in the gallbladder when the deposited liquid hardens until it becomes a stone.

<http://upload.wikimedia.org/wikipedia/commons/e/e4/Gallstones.jpg>



WHAT ARE BILE STONES MADE OF?

There are yellow-greenish cholesterol stones (approx. 80%), There are stones made of calcium-phosphate, with the presence of magnesium and calcium carbonate and pigments. The latter are smaller and of darker color. They are made of bilirubin.

HOW BIG ARE BILE STONES?

They can be as small as a sand grain or as big as a golf ball. One big bile stone or many small ones or a combination of both big and small can form in the gallbladder.

Our liver – Dr. h.c. A. Vogel

In the book *"The Cure and Prevention of all Cancers"*, Dr. Clark explains that there are a half of dozen varieties of different bile stones, of which the majority contain cholesterol crystals. They can be black, red, white, green or brown.

The black ones contain wheel-bearing grease or motor oil. The green ones are covered with bile.

Some of our readers have sent us photos of some of their bile stones of different colors described by Dr. Clark. With their permission, I have posted them on our website www.drclark.net.



BLACK STONES



GREEN STONES



BROWNISH STONES



WHITE STONES



MULTI-COLORED STONES



MULTI-COLORED STONES

It is explained in the book: *“The Cure and Prevention of all Cancers”* that according to scientists, the core of each bile stone contains bacteria, suggesting that a piece of dead parasite could have been the cause of the formation of the stone.

The bile stones are sticky and attract in this way bacteria, viruses and parasite eggs that pass through the liver. In this way "nests" of infection are formed, forever supplying the body with fresh bacteria and parasite stages.

WHY DO BILE STONES FORM?

Dr. A. Vogel answers this question saying that their existence is caused by a disorder of mineral exchange.

Bile stones are formed due to a wrong diet together with a prolonged psychic balance disorder.

THE CHEMICAL COMPOSITION OF BILE STONES

A study on determining the chemical composition of bile stones has been done on a group study in Yaounde, Cameroon.

In the past biliary lithiasis did not exist in the sub-saharian zone of Africa. Today there is a radical increase.

Concerning the composition of stones, this study shows that there is a major difference between this population and the European or American population.

In Western populations, 80% of their bile stones contain mainly cholesterol. In the Cameroon study, cholesterol is present only in small quantities and in a minority of bile stones of this population. Their bile stones, in the Cameroon study, were composed mainly of amorphous material [see attachment]. What they had in common with the Western countries is that women suffer more from biliary lithiasis than men and that many have bile stones without realizing it.

• BRIEF REPORTS •

Determination of chemical composition of gall bladder stones: Basis for treatment strategies in patients from Yaounde, Cameroon

Fru F. Angwafo III, Samuel Takongmo, Donald Griffith

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Received: 2003-06-04 **Accepted:** 2003-09-13

Abstract

AIM: Gallstone disease is increasing in sub-saharan Africa (SSA). In the west, the majority of stones can be dissolved with bile salts, since the major component is cholesterol. This medical therapy is expensive and not readily accessible to poor populations of SSA. It was therefore necessary to analyze the chemical composition of biliary stones in a group of patients, so as to make the case for introducing bile salt therapy in SSA.

METHODS: All patients with symptomatic gallstones were recruited in the study. All stones removed during cholecystectomy were sent to Houston for x-ray diffraction analysis. Data on age, sex, serum cholesterol, and the percentage by weight of cholesterol, calcium carbonate, and amorphous material in each stone was entered into a pre-established proforma. Frequencies of the major components of the stones were determined.

RESULTS: Sixteen women and ten men aged between 27 and 73 (mean 44.9) years provided stones for the study. The majority of patients (65.38%) had stones with less than 25% of cholesterol. Amorphous material made up more than 50% and 100% of stones from 16 (61.53%) and 9 (34.61%) patients respectively.

CONCLUSION: Cholesterol is present in small amounts in a minority of gallstones in Yaounde. Dissolution of gallstones with bile salts is unlikely to be successful.

Angwafo III FF, Takongmo S, Griffith D. Determination of chemical composition of gall bladder stones: Basis for treatment strategies in patients from Yaounde, Cameroon. *World J Gastroenterol* 2004; 10(2): 303-305

<http://www.wjgnet.com/1007-9327/10/303.asp>

INTRODUCTION

Biliary lithiasis has been a common disease in Europe and the USA for decades. Over half of the cases are asymptomatic, usually detected by an abdominal ultrasound^[1]. For a very long time, biliary stone disease was said to be rare in Sub-Saharan Africa (SSA). Archampong reported a 0.4% prevalence of all admissions in the Korle Bu Teaching Hospital in 1969 in Ghana^[2]. Today the prevalence of gallstone disease has increased considerably with the widespread use of ultrasonography^[3].

This increase has also been observed in African populations of Jamaica^[4] and SSA^[2,5].

Many studies to identify risk factors for biliary lithiasis in the West have focused on supersaturation of cholesterol in bile in the nucleation process, a critical step in the genesis of bile stones^[1,6]. The high concentration of cholesterol in gallstones has been the basis for the widespread use of bile acids, a nonsurgical treatment for the dissolution of gall bladder stones. These stones account for as much as 80% of Western stones^[6]. Unfortunately, gall bladder stone composition is heterogeneous, and differs within and without populations around the world^[7-9].

The increasing frequency of biliary stones in SSA, with its different epidemiological factors and diseases, prompted us to carry out a chemical analysis of gallstones. This study would demonstrate the role of cholesterol in our stones and therefore the necessity of using bile salts for gall stone dissolution in SSA.

MATERIALS AND METHODS

This was a cross-sectional study of a series of stones removed from patients at the University Hospital Center (UHC) of the University of Yaounde I from January 1, 1989 to December 31, 1998. All stones removed during surgery were placed on sterile gauze to air dry, transferred into a paper envelope bearing the name, age, and sex of the patient as well as the date. The first batch of stones from 19 patients was sent to the Urolithiasis laboratory in Houston, Texas in January 1996. A second collection of stones from 7 patients was sent to the same laboratory in May 1999.

All stone specimens were first examined for shape, size, and color. They were classified as cholesterol, black or brown pigmented stones, examined under a polarized microscope. The composition of the nidus, the internal and external shells was determined by X-ray diffraction as described previously^[9]. The percentage of cholesterol, calcium carbonate, and amorphous material such as black bilirubinate, black phosphate, glycoproteins and salts was determined. A descriptive analysis was done for stones from each patient. Patients who were able to pay for a serum cholesterol assay did so. Hemoglobin electrophoresis was not asked in this mainly adult population who did not give histories of sickle cell disease or crisis.

RESULTS

Patient population

There were 26 Cameroonian patients, all black Africans, aged between 27 and 73 years (mean 44.9 years). There were 16 women and 10 men, a 1.6 female to male sex ratio. The men were aged between 36 and 62 years whereas 6 women were less than 35 years (23.07%). All our patients resided in the city. They consumed mainly an African traditional diet made of local vegetarian menus mixed with imported processed Western items such as rice and wheat. The serum cholesterol level was normal in all 10 patients who did it.

Stone analyses

The percentage of cholesterol in the stones by weight is

depicted in Table 1. Seventeen patients (65.38%) had stones with less than 25% cholesterol. Of these, 11 (42.30%) had cholesterol free stones. Seven patients (26.92%) and 9 others (34.61%) had stones with 50% and 80% cholesterol content, respectively.

Calcium carbonate was detected in stones from 4 (15.38%) patients, three of whom were female. Two of these females had mixed stones containing cholesterol, calcium carbonate and amorphous material.

Table 2 shows the distribution of amorphous material by weight in these stones. Stones from 16 (61.53%) patients contained more than 50% amorphous material. The entire stone was made of amorphous material in 9 (34.61%) cases.

Table 1 Percent by weight of cholesterol in the gallstones from 26 patients

% by weight	Males	Females	Patient (%)
0	6	5	11 (42.30)
<25	1	5	6 (23.07)
> or =25 and <50	0	0	0
> or = 50 and <80	1	1	2 (7.69)
> or = 80 <100	0	4	4 (15.38)
100	2	1	3 (11.53)
	10	16	26 (100)

Table 2 Percent by weight of amorphous material in the gallstones from 26 patients

% by weight	Males	Females	Patient (%)
0	2	1	3 (11.53)
<25	0	5	5 (19.23)
> or = 25 and <50	1	1	2 (7.69)
> or = 50 and <80	1	0	1 (3.84)
> or = 80 and <100	0	6	6 (23.07)
100	6	3	9 (34.61)
	10	16	26 (100)

DISCUSSION

The results from this hospital-based nonrandomized study cannot be extrapolated to the community due to several limitations. In this group there were no children. Yet, it is known that children with hemolytic diseases develop cholesterol-poor, bilirubin-rich gallstones^[2]. Even in children without hemolytic disease, the composition of gallstones was different from those of adults in Leeds, England^[7]. Limitations to recruiting a potentially representative population of patients include poverty, in the absence of a financial scheme for health care coverage, ignorance and cultural factors that dissuade people from attending hospital services. Nonetheless, this pilot study permits us to raise the hypothesis that dissolution of gall bladder stones with bile salts is not a cost-effective alternative to surgical treatment.

A recent series of biliary lithiasis revealed a 4-fold increase of symptomatic gall bladder stone disease in Ghana from 1966-1999. This series also reported that the majority of Ghanaian stones were not cholesterol rich. Furthermore, cholesterol stones were more common in females and only 34% of their stones contained 75% or more of cholesterol by weight. They also showed that the external appearance of the stone was a poor predictor of its composition^[2]. This means that even in the poorer regions of the world, such as Sub-Saharan Africa, all attempts should be made to chemically analyze stones.

The treatment of gallstone diseases runs the gamut from bile salts dissolution, to fragmentation with laser^[10], pulverization with extracorporeal shock wave lithotripsy^[11], endoscopic

extraction, and classical surgery, whereas noninvasive medical therapy is appealing, bile acid therapy is only effective in some cholesterol gallstones. Bile acids are not effective in treating calcium bilirubinate or calcium carbonate/phosphate stones. It is therefore imperative that the composition of the stone be determined to tailor treatment for the individual patient^[12].

To determine stone composition, there are many possibilities offered by different technologies. On simple X-ray, radiologically undetectable stone calcification reduces the probability of dissolution and calcified structures appearing in stones during treatment are composed of calcium carbonate. A radio-opaque stone would suggest that medical therapy is unlikely to succeed. Stone composition is also determined on computed tomography. Results from polarizing microscopy of gall bladder bile suggest that the presence of cholesterol crystals is a sensitive measure of cholesterol and vaterite microspherulites confirm presence of calcium carbonate in the gallstone^[13].

In the less technically developed areas the chemical composition of stones was determined from its external appearance. This has been shown to be inaccurate. Frequently the stones are homogenized and chemically analyzed. Our stones were analyzed with X-ray diffraction where cholesterol, calcium carbonate, and amorphous material were detected. The components of the amorphous material (bilirubine, glycerophosphates and bile salts) were not identifiable on X-ray diffraction. Infra-red spectroscopy and scanning electron microscopy were used to show that black and brown pigment gallstones differ in microstructure and micro-composition, suggesting that they form by different mechanisms. Black carbonate and brown stones layered structure suggests that stone growth is dependent on cyclical changes in biliary substances^[14]. This may explain the permissive or causal role endogenous hormones have in gallstone formation^[15]. Stone formation begins with nucleation where the interaction of pronucleators and antinucleators leads to formation of cholesterol crystals and these develop into gallstones^[6,16]. Hepatic cholesterol hypersecretion is associated with the increased unsaturated fatty acid proportion in biliary phospholipids and gallbladder mucin secretion, thereby causing rapid crystal nucleation^[17]. It is evident that gallstone disease has a multifactorial causation, including gall bladder infection,^[18] decreased gall bladder motility after surgery for obesity and/or weight loss^[19], ileal disease (Crohn's)^[20], hemolytic diseases^[2], familial hypercholesterolemia^[21], and metabolic defects in hepatic bilirubin glucuronidation^[22].

A shortcoming in our study is the absence of hemoglobin electrophoresis in a population where the prevalence of the sickle trait varies between 10% and 20 % and that of the disease is about 1%^[23]. We did not explore many of the risk factors mentioned above largely due to technical and financial limitations. The absence of calcium in the stones of 22 (84.61%) patients correlates with a small number of gallstones detected on plain X-ray of the abdomen in our region. The extremely infrequent occurrence of pure cholesterol gallstones is a strong argument against the introduction of oral dissolution agents in SSA.

CONCLUSION

There is a corresponding variation in prevalence of cholesterol rich stones as a variation in composition of gallstones. This variation seems to be related to genes and the environment. Stone composition determines the therapeutic approaches in each locality. This pilot study suggests that oral bile salt dissolution therapy would not be effective in 70% of our patients. As populations in SSA undergo epidemiologic transition from infectious diseases to noncommunicable diseases, there will be increasing prevalence of biliary lithiasis.

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ORGANS

ANATOMICALLY

INVOLVED

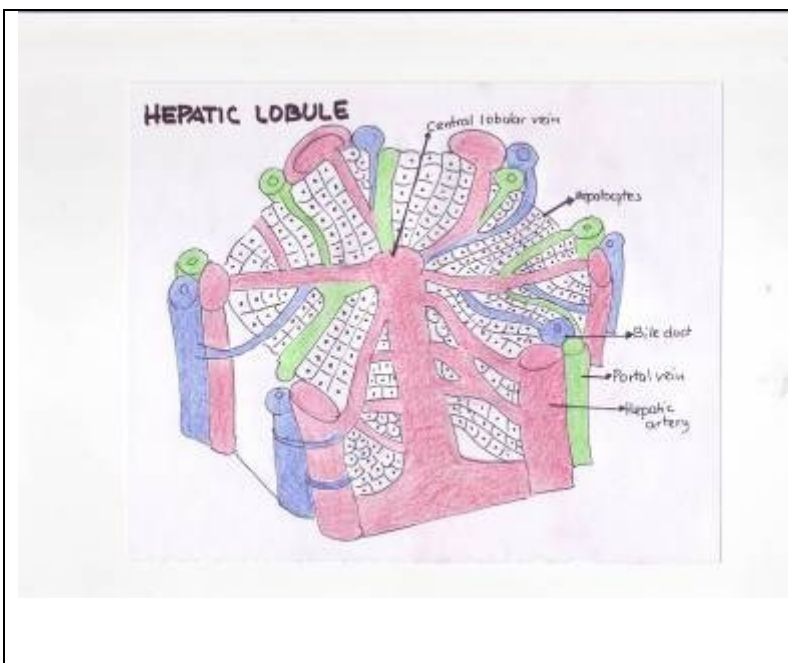
LIVER

The word “Liver” comes from the Hebrew word “kavedh” which means “to be heavy” or in other words “to be renowned”, “to be grand or powerful”. Without the knowledge of all anatomic hepatic features, the ancients of the past understood the great importance of this organ associating it to power and fame.

THE LIVER – ANATOMY



The liver is the biggest gland of our body: it weighs 1,5 kg (2.2 pounds). It is divided into two lobes and these are also divided into smaller lobules which are the functional unities of the liver.



The lobules are small exagonal or pentagonal cylinders. They are 2mm (0.009 in.) high and 1mm (0.004 in) in diameter. At the center of each lobule there is the hepatic vein. Around the central lobular vein are the hepatocytes (hepatic cells) At the angle of each lobule are the hepatic artery, the portal vein and the bile ducts.

Blood enters the lobules from the hepatic arteries the portal vein. The blood coming from the arteries brings oxygen to the hepatocytes. The hepatocytes remove bacteria, damaged red blood cells and other from the blood that comes from the portal vein and passes through the liver. Vitamins and nutrients are instead stored and metabolized.

Once the blood has been cleaned, it enters into the central lobular vein and from here passes into the circulatory system. The bile is produced by the hepatocytes and runs in the opposite direction compared to the other two arteries; it enters the bile duct and then reaches the common hepatic duct.

THE LIVER – PHYSIOLOGY

It is said the liver has over 500 functions. Even though it is the biggest organ in our body, these are many functions for one organ alone.

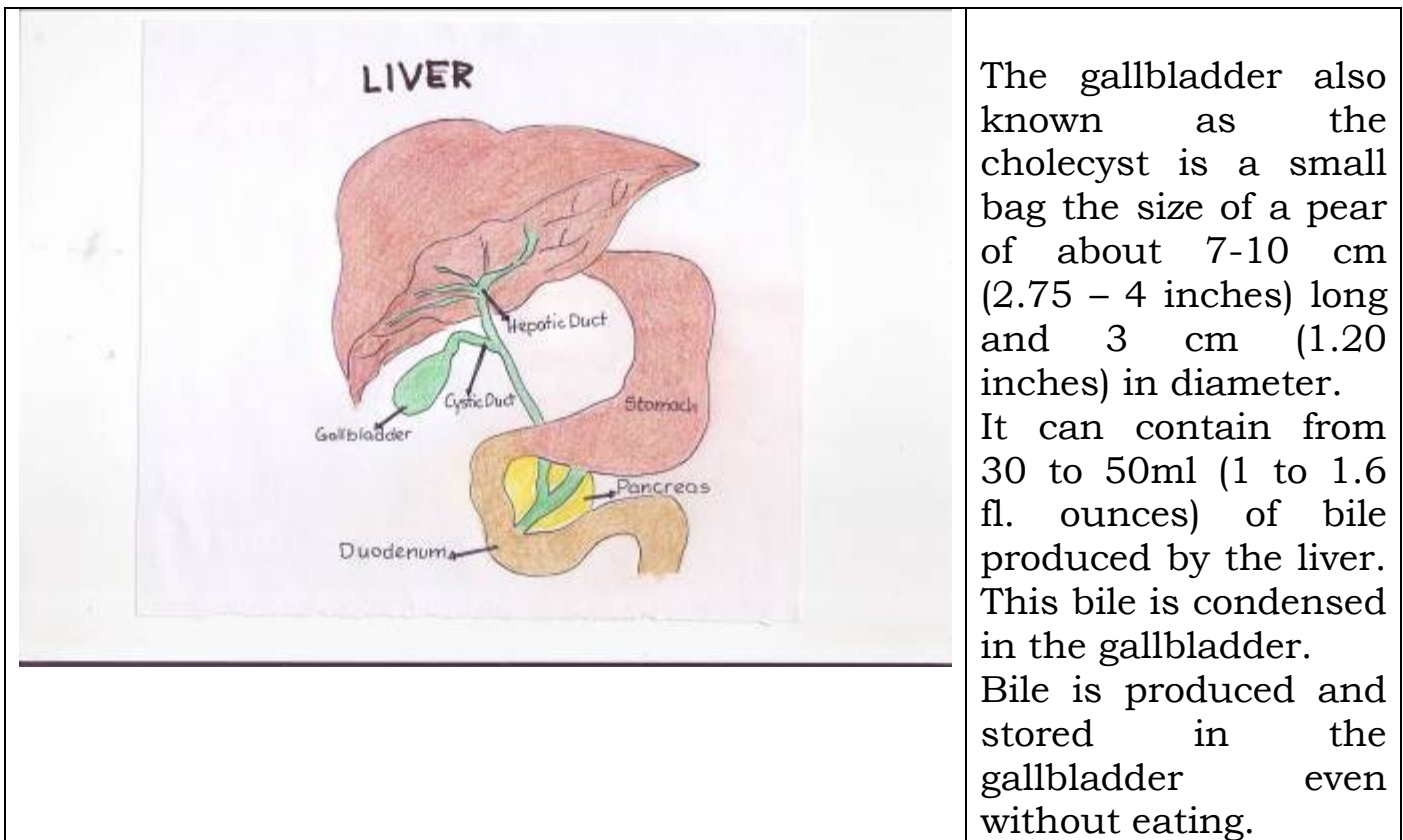
As Dr. Alfred Vogel explains in his book: “The liver”, that this organ is the most interesting laboratory in the world. It is always capable of making up for all errors that we could run into due to incompetence, indifference or most other mistakes. It can put right countless errors thanks to the million of lobules contained in the 350’000 hepatic cells and for the fact that it filters more than 600 liters (20,300 fl. ounces) of blood every 24 hours.

Other functions of the liver:

- The liver stores iron reserves, vitamins and minerals
- The liver produces bile and helps the digestion
- The liver detoxes poisonous chemical substances
- The liver stores fat, carbohydrates and glucose as reserves of energy
- The liver “fabricates” blood
- The liver produces new proteins
- The liver produces clotting factors

THE GALLBLADDER

GALLBLADDER – ANATOMY



GALLBLADDER – PHYSIOLOGY

Bile is stored in the gallbladder through the hepatic and cystic ducts. During its stay in the gallbladder, the bile is concentrated from 5 to 10 times more than when produced in the liver. When the food passes from stomach to duodenum, the Sphincter of Oddi opens, the gallbladder contracts itself and the concentrated bile is discharged into the duodenum.

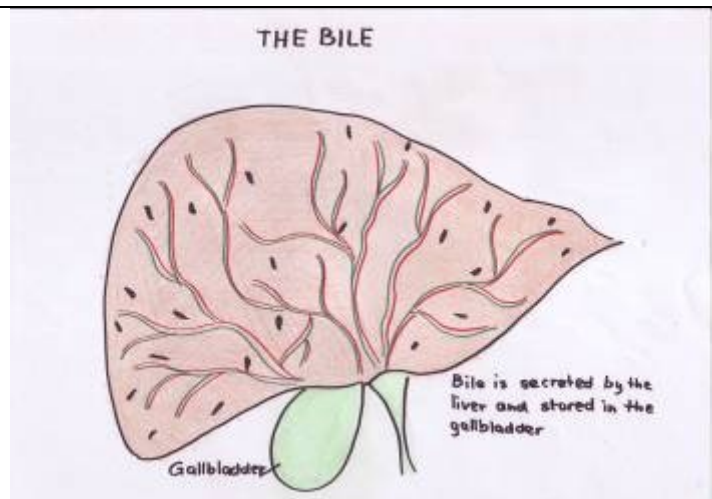
THE BILE

BILE - ANATOMY

Bile comes from the latin word “bilis” and the Greek word “cholé” which means choleric, short-tempered, angry. They would ascribe these conditions to someone with an excess of “yellow bile”. Its significance in Irish instead has been translated “sacred tree”.

The bile is a yellow-greenish liquid secreted by the liver. It is produced by the hepatocytes (liver cells) and is stored in the gallbladder. Bile contains water, cholesterol, fatty acids, bile acids and its salts, proteins and bilirubin.

If the bile contains too much cholesterol, bile salts or bilirubin, these can harden and form bile or gallbladder/liver stones.



BILE – PHYSIOLOGY

Bile is necessary for digestion. The absorption of fats, lipo-soluble vitamins, proteic nutrients and calcium is dependent on the mixing of the food with bile.

When fats are not absorbed, they remain in the intestine. In this case calcium will not be absorbed leaving the blood in deficit and withdrawing it from the bones.

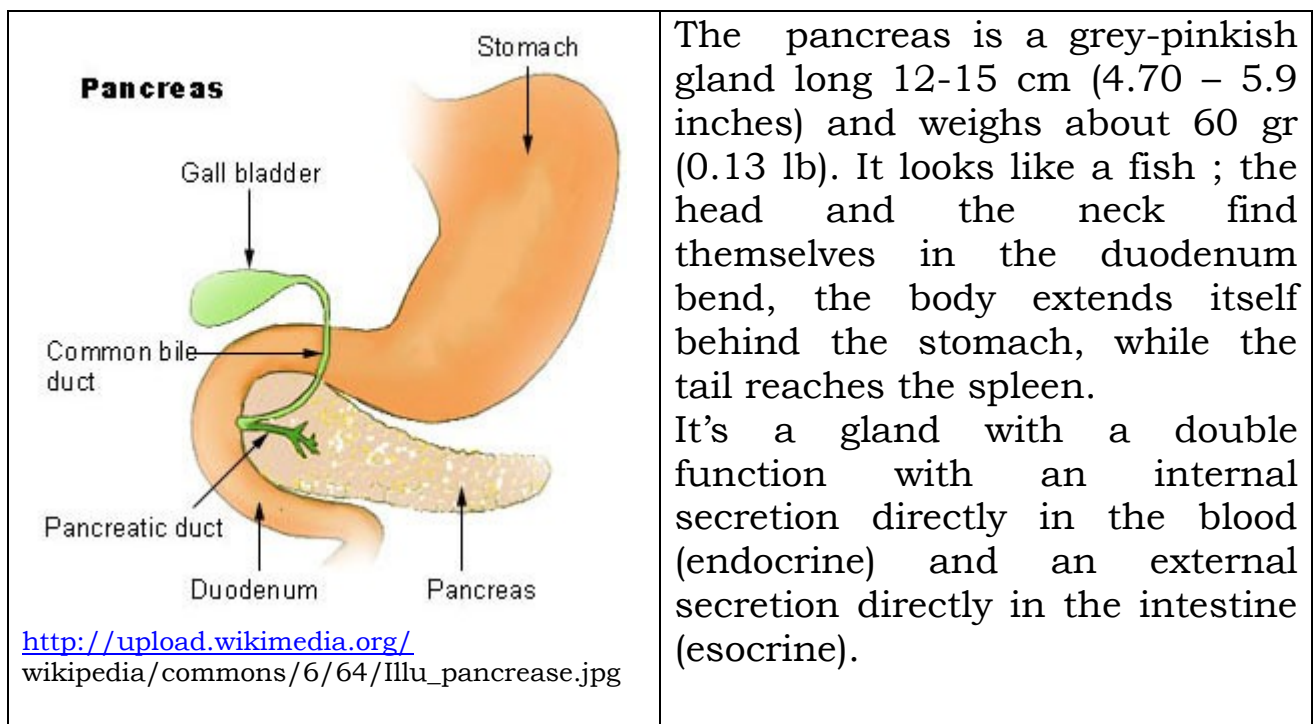
About 80% of bile is recycled and returns to the liver. The bile is also used to eliminate refuse deriving from the destruction of the red blood cells. It de-acidifies and cleans the intestine.

THE PANCREAS

PANCREAS – ANATOMY

In order to understand the importance of the bile function, it is important to also understand how the pancreas functions.

The word “pancreas” was used for the first time by Herophilus in 300 AC. Due to the fleshy consistence of this organ, the Greek prefix “*pan*” means “*all*” and the Greek root “*kreas*” means “*meat*”.



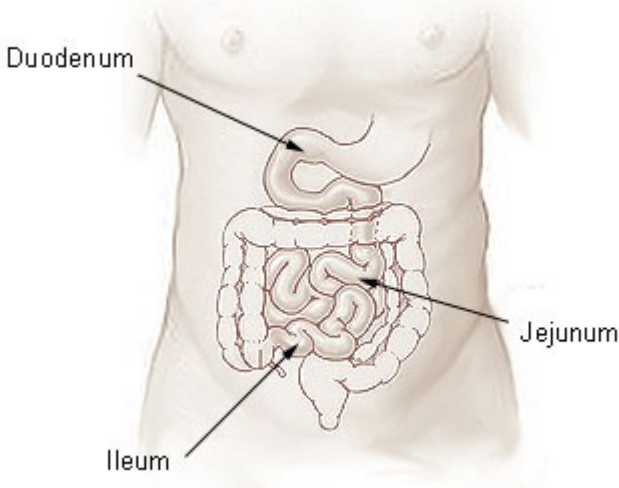
PANCREAS - PHYSIOLOGY

The esocrine part of the pancreas produces the pancreatic juices, which, together with the bile, helps digestion buffering the gastric acids. The pancreatic juice consists of enzymes such as the trypsin, the chymotrypsin, amylase and lipase.

The endocrine part produces insulin and glucagon which regulate the glucose in the blood.

THE SMALL INTESTINE

SMALL INTESTINE - ANATOMY

 <p>The diagram shows a human torso with the digestive system highlighted. The small intestine is divided into three parts: the Duodenum (the first part, C-shaped and coiled), the Jejunum (the middle part, long and coiled), and the Ileum (the last part, ending in the cecum). Labels with arrows point to each part: Duodenum, Jejunum, and Ileum.</p> <p>http://upload.wikimedia.org/wikipedia/commons/3/3d/Illu_small_intestine.jpg</p>	<p>The small intestine is divided into three parts: the duodenum, the jejunum and the ileum.</p> <p>The duodenum is 25 cm (9.85 inches) long.</p> <p>The jejunum is about 2.5 meters (8.2 feet) long</p> <p>The ileum is about 3.5 meters (11.5 feet) long.</p> <p>The inner wall is covered in folds, villi and microvilli. These amplify absorption.</p>
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SMALL INTESTINE – PHYSIOLOGY

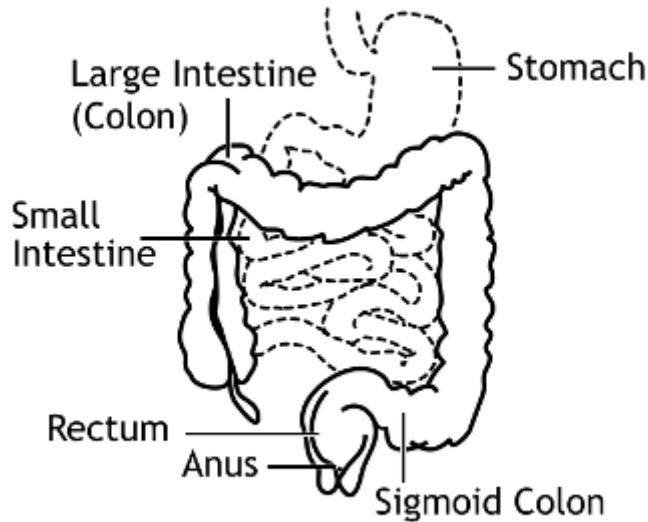
The pancreatic juices and the bile end up in the **duodenum**, which neutralize the acid of the gastric juices. Here the absorption of calcium and iron take place which is essential for our bones.

The secretion of the last digestive juices take place in the walls of the **jejunum**. It is also where the majority of nutrients are absorbed into the body, such as the carbohydrates, the fats, the proteins, the vitamins and part of the bile salts.

The remainder of the proteins and some hydro-soluble vitamins are absorbed in the **ileum**. Also the majority of bile salts are absorbed here. In the last part of the ileum, vitamin B12 is absorbed, this only in presence of the intrinsic factor in the gastric juices.

THE LARGE INTESTINE

LARGE INTESTINE - ANATOMY



The large intestine is 1.5 meters (4.92 feet) long and comprises the cecum, the colon and the rectum.

The particles of food that are not absorbed are pushed into the large intestine.

<http://upload.wikimedia.org/wikipedia/commons/d/d8/Intestine.png>

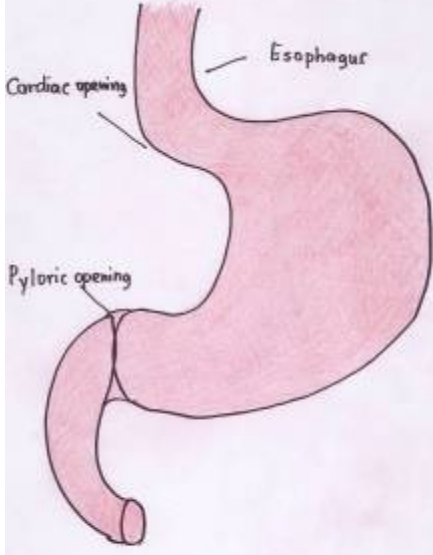
LARGE INTESTINE – PHYSIOLOGY

The majority of the nutrients are absorbed in the small intestine.

The large intestine absorbs water and compact feces, and stores fecal matter in the rectum until eliminated through the anus and thus is responsible for passing along solid waste.

THE STOMACH

STOMACH - ANATOMY

 <p>The diagram illustrates the anatomy of the stomach. It is a pink, J-shaped organ. The upper part is connected to the esophagus, with the junction labeled 'Cardiac opening'. The lower part is connected to the duodenum, with the junction labeled 'Pyloric opening'. The entire organ is labeled 'THE STOMACH' at the bottom.</p>	<p>The stomach is an organ formed as a pouch. The upper part is attached to the esophagus and the bottom part to the duodenum by means of two valves: the cardias and the pylorus.</p>
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STOMACH – PHYSIOLOGY

The enzymatic digestion starts in the stomach by means of the gastric juices. These are acids that dissolve the food into smaller particles so that they can be absorbed by the vascular flow.

The “intrinsic factor” is produced in the stomach so that vitamin B12 can be absorbed.

The stomach muscles squeeze the stomach so that the food contained in it together with the gastric juices are liquefied (chyme) and prepared for the small intestine.

WHAT IS THE LIVER CLEANSE

The liver cleanse is a non-invasive method to remove hepatic and cystic stones with the use of olive oil and epsom salts (magnesium sulphate)



THE GOALS OF THIS CLEANSE

This cleanse has various goals

- Remove stones from the hepatic and cystic bile ducts in order to improve bile flow and have a positive influence on digestion, especially what concerns fats and the absorption of various important substances such as calcium, iron and other.
- Improvement of digestion and absorption will help with various pathologies, for example allergies, etc.
- With the liver cleanse also parasites can be eliminated (this will be considered in the chapter “Benefits” of this thesis)

INGREDIENTS FOR THE LIVER CLEANSE

- *Epsom salts*: 4 tablespoons or 80 gr
- *Olive oil* : ½ cup (125 ml)
- *Pink grapefruit*: 1 big or 2 small (125 ml or more
(it can be replaced with a lemon and added water))
- *Ornithine*: 4 to 8 capsules, in order to sleep soundly

FUNCTIONS OF THE INGREDIENTS

The **Epsom salts** (bitter salts – magnesium sulphate):

- Laxative function - causing diarrhea – necessary condition in order to expel the bile stones
- Dilate the bile vessels

The olive oil with the added **pink grapefruit**:

- lubrication functions of vessels and of the gallbladder
- expulsion effect of the bile

Ornithine:

- natural sleeping pill
- it helps the body free itself of excess nitrogen
- protects the liver from damages caused by medicine or chemical substances and helps regenerate the liver

Burgersteins Handbuch Nährstoffe

In a nutshell....

- Avoiding to eat food containing fat for the whole day retains the bile reserves.
- In the meantime the taking-in of the Epsom salts allows the dilating of the bile vessels and the softening of the intestinal contents.
- In the evening the bile will receive an excess (125 ml – ½ cup) of olive oil in one shot, this will trigger a pumping mechanism that will allow the flowing of an enormous quantity of bile. This bile will bring stones with it that were blocked in the hepatic and cystic bile ducts
- If the olive oil is ozonated it will have an anti-bacterial, anti-viral and anti-parasitical effect. Ozonating the olive oil is very useful since bacteria, cysts, virus and parasites can stick to the bile stones, being porous, while passing through the liver. Ozone has the property to kill these intruders and therefore avoid nests of bacterial infections.

CHOLELITHIASIS TREATMENT IN ANCIENT DAYS

In ancient days the removal of the gallbladder was not very popular even though it was practiced in ancient Egypt.

In China, for example, cholelithiasis was not known in the past. Only recently it has taken on a significant meaning and a treatment for removing gallstones has been developed in the post-revolutionary period. (*Advances in the treatment of cholelithiasis by expulsion of the gallstones*).

Since the beginning of the '50s various decoctions, have been developed with the aim to expel gallstones. As these yield poor to an average success, new methods have been tested in the 1970s. The new methods consisted of a "general therapy attack" and were divided in three parts:

- The use of herbs to stimulate the hepatic production and excretion of bile to the gallbladder
- The use of herbs and drugs to induce contraction of the Oddi sphincter in order to obtain a temporary bile retention.
- The use of herbs and acu-puncture with the aim to relax the sphincter and drain bile.

This strong therapy used high dosages of mirabilitum (magnesium sulphate) and intra-muscular injections of herb extracts and drugs. A constant anaesthesia was necessary in some cases in order to tolerate the bile retention phase and the painful expulsion of bigger stones.

A detailed protocol of this method is explained in the book **Pharmacology and Applications of Chinese Materia Medica** as follows:

8:30 Lithagogue decoction, 200 ml taken orally to stimulate the bile secretion.

9:30 Morphine, 5 mg. Is injected. This restricts the Oddi's sphincter, builds up bile pressure and relieves pain.

10:10 Amyl nitrite, 1 ampoule is inhaled. This relaxes the Oddi's sphincter and allows bile flow.

10:15 33% magnesium sulphate, 40 ml is taken orally. This induces rapid bile flow and duodenal emptying.

10:20 0.5% diluted Hcl, 30 ml given orally. Stimulates further bile flow.

10:25 A rich meal (2 to 3 fried eggs). This further stimulates bile flow.

10:30 Electro acupuncture for 30 minutes to contract the gallbladder and alleviate symptoms of stone passage.

Other similar methods have been reported.

There are also methods to shrink the stones with Chinese herbs.

<http://www.itmonline.org/arts/gallstones.htm>

Also in the Western countries, methods to expel or shrink gallstones have been used in the past.

I have a German medical book from 1925 entitled "*Lehr und Pflegekurs – Heilverfahren*" by Dr. med. U. Wirz that gives allopathic and natural treatment methods for the various ailments.

On page 360 of this book, under the subtitle "Bile stones", it is explained that to stimulate the expulsion of stones, among other ingredients, glycerin or 80 gr (4 Tbsp) of olive oil are to be used.

A German vocabulary entitled "*Brockhaus*" that belonged to my grandfather from 1929 explained under the title: "Bile stones (hepatic stones)" that the following ingredients were necessary: olive oil, glycerine, opium to alleviate pain, hot baths and a correct diet.

It also describes that cholecystectomies had been carried out by Schilling (1904), Walzberg (1905), Usschoff & Backmeister (1909), Grube & Graff (1912), and Raunen (1924).

Dr. A. Vogel describes a similar treatment in his book "The liver" written in 1960. I cite part of his text:

"If one wants to heal oneself radically from cholelithiasis by removing the gallstones, the olive oil recipe has given excellent results. I recall an Italian patient who came to me, her doctor found gallstones and suggested surgery urgently. This lady was so in fear of the operation that she wanted to avoid it; she begged me for another treatment cure. The Italian do not have difficulty in swallowing olive oil; they are used to it; this is why I gave the following cure:

At first one frees the intestine with a mild laxative; one can use plums or figs softened in water, flaxseeds freshly grinded or the product Linosan. Should this not be sufficient one can do an enema. When the intestine is

free one takes the olive oil; from 100 to 400 cm³. After having swallowed it, one lies down on the right side for about 2 hours.

A couple of days after the oil treatment, the Italian patient came to visit me all happy. The morning after doing the liver cleanse with the olive oil she was able to expel many gallstones. She brought them to her doctor who was amazed and incredulous. An X-ray proved that the gallstones disappeared and surgery was superfluous."

Dr. Vogel also mentions herbs that help shrink gallstones such as the Common Madder roots (*Rubia Tinctorum*), Chicory (*Chicorium Intybus*) and Lady's bedstraw (*Galium verum*). These three medicinal herbs can be found together in a product called Polygorubia". Taken regularly it should help avoid the formation of gallstones.



COMMON MADDER



CHICORY



LADY'S
BEDSTRAW

(photos from Wikipedia)

DR. CLARK'S LIVER FLUSH

[As in "The Prevention of All Cancers", 2004 edition]

Emptying the liver bile ducts is the most powerful procedure that you can do to improve your body's health. But it should not be done before the parasite program, and for best results should follow the kidney cleanse.

For the liver flush you only need a bottle of ornithine and epsom salts.. However, Dr. Clark advises that it is necessary to accomplish the parasite cleanse BEFORE the liver flush, and if possible the kidney cleanse also for best detoxification.

NOTICE: Do not be disappointed if the stones you see are not as large and you get no parasites out. Even if you only get a couple of dozen small stones out of your liver, you have achieved a great deal for your liver and your overall health.

The liver cleanse is particularly important in any disease-prevention program. Cleansing the liver of gallstones dramatically improves digestion, which is the basis of your whole health. You can expect your allergies to disappear, too, more with each cleanse you do! Incredibly, it also eliminates shoulder, upper arm, and upper back pain. You have more energy and an increased sense of well being.

Cleaning the liver bile ducts is the most powerful procedure that you can do to improve your body's health. But it should not be done before the parasite program, and for best results should follow the kidney cleanse.

It is the job of the liver to make bile, 1 to 1½ quarts (1 to 1 ½ liters) in a day! The liver is full of tubes (biliary tubing) that deliver the bile to one large tube (the common bile duct). The gallbladder is attached to the common bile duct and acts as a storage reservoir. Eating fat or protein triggers the gallbladder to squeeze itself empty after about twenty minutes, and the stored bile finishes its trip down the common bile duct to the intestine.

For many persons, including children, the biliary tubing is choked with gallstones. Some develop allergies or hives but some have no symptoms. When the gallbladder is scanned or X-rayed nothing is seen. Typically, they are not in the gallbladder. Not only that, most are too small and not calcified, a prerequisite for visibility on X-ray.

There are over half a dozen varieties of gallstones, most of which have cholesterol crystals in them. They can be black, red, white, green or tan colored. The black ones are full of wheel bearing grease and motor oil, which turns in liquid in a warm place. The green ones get their color from being coated with bile. Notice in the picture how many have imbedded unidentified objects. Are they fluke remains? Notice how many are shaped like corks with longitudinal grooves below the tops. We can visualize the blocked bile ducts from such shapes. The ducts have been too weak to open for a long time. Weakness comes from interrupting the nerve impulses with the insulator-like automotive greases. Other stones are composites - made of many smaller ones - showing that they regrouped in the bile ducts some time after the last cleanse. At the very center of each stone is found a clump of bacteria, according to scientists, suggesting that a dead bit of parasite might have started the stone forming.

As the stones grow and become more numerous the back pressure on the liver causes it to make less bile. It is also thought to slow the flow of lymphatic fluid. Imagine the situation if your garden hose had marbles in it. Much less water would flow, which in turn would decrease the ability of the hose to squirt out the marbles. With gallstones, much less cholesterol leaves the body, and cholesterol levels may rise. Gallstones, being porous, can pick up all the bacteria, cysts viruses and parasites that are passing through the liver. In this way "nests" of infection are formed, forever supplying the body with fresh bacteria and parasite stages. No stomach infection such as ulcers or intestinal bloating can be cured permanently without removing these gallstones from the liver.

CLEANSE YOUR LIVER TWICE A YEAR

Preparation:

- You can't clean a liver with living parasites in it. You won't get many stones, and you will feel quite sick. Zap daily the week before and complete the parasite killing program before attempting a liver cleanse. If you are on the maintenance parasite program, you are always ready to do the cleanse.
- Completing the kidney cleanse before cleansing the liver is also highly recommended. You want your kidneys, bladder and urinary tract in top working condition so they can efficiently remove any undesirable substances incidentally absorbed from the intestine as the bile is being excreted.

Ingredients:

- Epsom salts: 4 tablespoons (80 gr)
- Olive oil: half cup (125 ml) (light olive oil is easier to get down)
- Fresh pink grapefruit (for brain and spinal cord cancer use apple juice, with citric acid): 1 large or 2 small, enough to squeeze 1/2 cup juice. (125 ml) (you may substitute a lemon, adding water or sweetener to make 1/2 cup liquid).
- Ornithine: 4 to 8 caps., to be sure you can sleep. Don't skip this or you may have the worst night of your life!
- Pint jar with lid
- Black Walnut Tincture, any strength or 2 freeze-dried capsules: 10 to 20 drops, to kill parasites coming from the liver.

Double hot wash the grapefruit. Zappicate the oil to destroy traces of benzene and PCBs or add a few drops of HCl to the bottle and shake. Eat a no-fat breakfast and lunch such as cooked cereal, fruit, fruit juice, bread and preserves or honey (no butter or milk). This allows the bile to build up and develop pressure in the liver. Higher pressure pushes out more stones. Limit the amount you eat to the minimum you can get by on. You will get more stones. The earlier you stop eating the better your results will be, too. In fact, stopping fat and protein the night before gets even better results.

2:00 PM. Do not eat or drink after 2 o'clock. If you break this rule you could feel quite ill later. Get your Epsom salts ready. Mix 4 tbs. (80 gr) in 3 cups water (800 ml) and pour this into a jar. This makes four servings, $\frac{3}{4}$ cup each. Set the jar in the refrigerator to get ice cold (this is for convenience and taste only).

6:00 PM. Drink one serving ($\frac{3}{4}$ cup) (200 ml) of the ice cold Epsom salts. If you did not prepare this ahead of time, mix 1 tbs. in $\frac{3}{4}$ cup (200 ml) water now. You may add 1/8 tsp. vitamin C powder to improve the taste. You may also drink a few mouthfuls of water afterwards or rinse your mouth. Get the olive oil and grapefruit out to warm up.

8:00 PM. Repeat by drinking another $\frac{3}{4}$ cup (200 ml) of Epsom salts. You haven't eaten since two o'clock, but you won't feel hungry. Get your bedtime chores done. The timing is critical for success.

9:45 PM. Pour $\frac{1}{2}$ cup (measured)(125 ml) olive oil into the pint jar. Squeeze the grapefruit by hand into the measuring cup. Remove pulp with fork. You should have at least $\frac{1}{2}$ cup. You may use lemonade. Add this to the olive oil. Also add Black Walnut Tincture or have freeze-dried capsules ready instead. Close the jar tightly with the lid and shake hard until watery (only fresh citrus juice does this).

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

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

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

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

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

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

Alternative Schedule 1: Omit the first Epsom salts dose at 6 p.m. Take only one dose, waiting till 8 p.m. Change nothing else. Many people still get stones with one less dose. If you do not, do the full course next time.

Alternative Schedule 2: After taking the first dose of Epsom salts in the morning, wait two hours and take a second dose of the oil mixture and go back to bed. After 4 more hours take another dose of Epsom salts. This schedule can increase the number of stones you remove.

How well did you do? Expect diarrhea in the morning. Use a flashlight to look for gallstones in the toilet with the bowel movement. Look for the green kind since this is proof that they are genuine gallstones, not food residue. Only bile from the liver is pea green. The bowel movement sinks but gallstones float because of the cholesterol inside. Count them all roughly, whether tan or green. You will need to total 2000 stones before the liver is clean enough to rid you of allergies or bursitis or upper back pains permanently. The first cleanse may rid you of them for a few days, but as the stones from the rear travel forward, they give you the same symptoms again. You may repeat cleanses at two week intervals. Never cleanse when you are [acutely] ill.

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

How safe is the liver cleanse? It is very safe. My opinion is based on over 500 cases, including many persons in their seventies and eighties. None went to the hospital; none even reported pain. However it can make you feel quite ill for one or two days afterwards, although in every one of these cases the maintenance parasite program had been neglected. This is why the instructions direct you to complete the parasite and kidney cleanse programs first.

WARNING:

If you do change these recipes you might expect problems. The liver is quite sensitive to details. If you plan to make changes, be sure to seek the help of a therapist.

This procedure contradicts many modern medical viewpoints. Gallstones are thought to be formed in the gallbladder, not the liver. They are thought to be few, not thousands. They are not linked to pains other than gallbladder attacks. It is easy to understand why this is thought: by the time you have acute pain attacks, some stones are in the gallbladder, are big enough and sufficiently calcified to see on X-ray, and have caused inflammation there. When the gallbladder is removed the acute attacks are gone, but the bursitis and other pains and digestive problems remain.

The truth is self-evident. People who have had their gallbladder surgically removed still get plenty of green, bile-coated stones, and

anyone who cares to dissect their stones can see that the concentric circles and crystals of cholesterol match textbook pictures of "gallstones" exactly.

(From "The Prevention of all Cancers", p. 563ff., copyright notice)

FURTHER BENEFITS OF THE LIVER CLEANSE

The liver cleanse attracts mainly those with some type of disturbance, be it gallbladder stones, or intestinal disorders, etc. However they are amazed to notice that also their pains and allergies disappear.

Dr. Clark states that one can expect their allergies to disappear always more by doing more liver cleanses.

Also shoulder, arm and pains in the upper part of the back disappear. One will have more energy and a sense of well-being; this because digestion improves enormously which is the basic of good health.

Imagine the situation if your garden hose had marbles in it. Much less water would flow, which in turn would decrease the ability of the hose to squirt out the marbles. We can compare this illustration that Dr. Clark mentions in her liver cleanse recipe, with the bile ducts of our liver. If they are clogged with liver/gallbladder stones, less bile will flow and this will cause bad digestion, malabsorption and less cholesterol will leave the body, all this resulting in many disorders.

Andreas Moritz in his book : “The amazing liver & gallbladder flush” and on his website: http://www.ener-chi.com/num_one.htm “Gallstones in the liver” lists these disturbances in great detail.

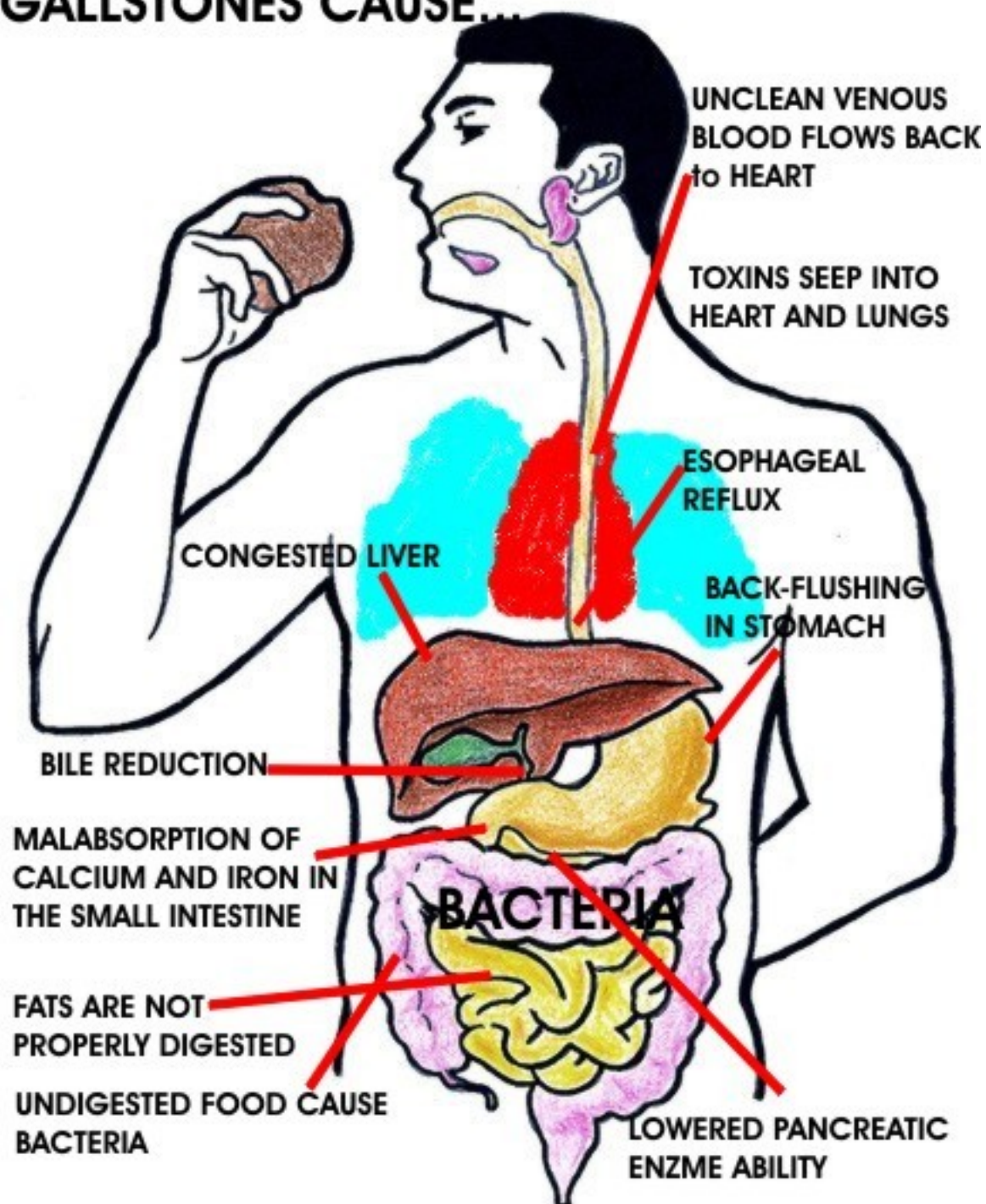
Some of these are:

- Reduction of bile secretion
- A diminished bile secretion reduces the ability of the pancreatic enzymes
- A diminished bile secretion and pancreatic enzymes cause malabsorption of the small intestine
- A malabsorption of the small intestine will lead to a lack in calcium that the body will take from the bones.
- A malabsorption will bring an excessive quantity of bad bacteria into the intestine
- The liver/gallbladder stones can cause toxins and bile to reflux into the stomach causing gastritis, ulcers and esophagus reflux.
- A liver, congested with stones, will obstruct the venous blood flow hindering the cleansing of the blood coming in from the portal vein with negative consequences on the circulatory system and therefore bring toxins to heart and lungs
- The stones in the liver weaken the lymphatic function

- The toxins can reach even the very beginning of the intestinal tract – the mouth – causing thrust, herpes and other disorders.
- A congested liver brings allergies, skin impurities such as acne, eye problems, etc.

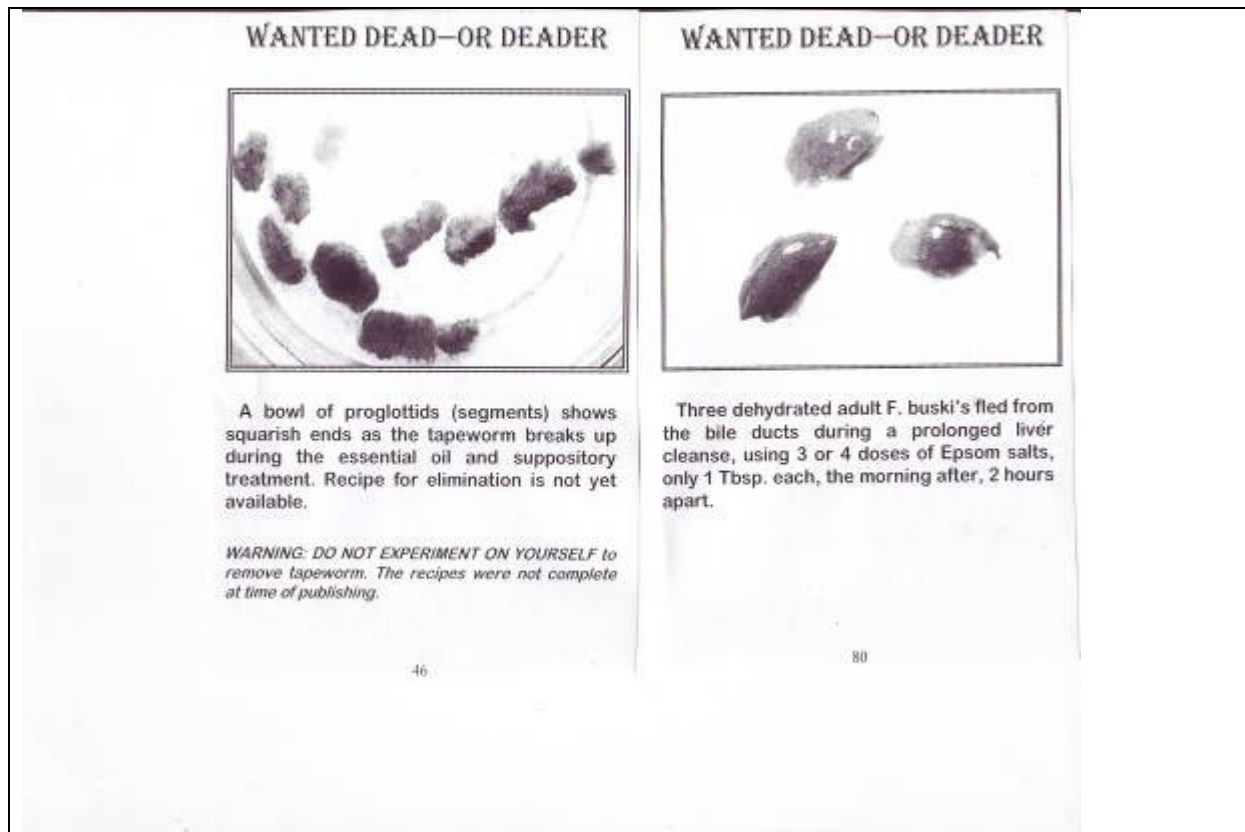
The drawing hereunder gives a global idea of the disorder that the bile stones can cause:

GALLSTONES CAUSE...



Another vital function of the liver cleanse is the removal of obstinate parasites that cause various health problems and a general weakening of the organs involved.

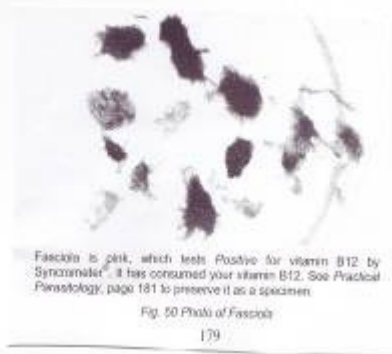
Dr. Clark's new book: "The Cure and Prevention of all Cancers" shows some incredible photos of parasite expulsions after a liver cleanse. I think it is important to share these photos with you:



These are photos of expulsions from her patients after a liver cleanse.

In the first photo you see the expulsion of tapeworm pieces. It is interesting to see that also the scolice (head) has been expelled. This thanks to the liver cleanse together with a special recipe based on essential oils not yet published.

In the second photo you can see the expulsion of three fasciolopsis buskis thanks to a prolonged and intensified liver cleanse.



In this photo you see the expulsion of fasciola epatica. They are pink and according to syncrometer testing, result positive to vitamin B12. They have used up the vitamin B12 of the patient.



Various macracanthorhynchus have been expelled.

Recently a reader contacted me via email with the following testimonial and a photo that I would like to include:

It reads:

“Dear Dr. Clark

I have completed your gallstone cleanse program a couple of days ago and I think successfully since I expelled a large amount of pebbles and stones. However this morning as I went to the toilet I saw the earthworm like (see attachments) in the water of the WC. Is this by chance a parasite? It shouldn't be an earthworm because as far as I know they do not survive underwater. If so what would you recommend?

Thank you for your help.

Kind regards

AC”



F A Qs

FREQUENTLY ASKED QUESTIONS IN REGARDS TO THE LIVER CLEANSE

Q: Can one do the liver cleanse even though the gallbladder has been removed?

A: Yes, liver stones are eliminated even without a gallbladder. This shows that liver stones are formed in the liver.

Q: I have expelled liver stones that were not seen on the X-ray. Is this possible?

A: Yes, the majority of liver stones are small and not calcified and for this reason it is difficult to see them on the X-ray

Q: Is it possible that a stone gets “stuck” in a bile duct during the liver cleanse

A: A small risk does exist but this happens rarely as the Epsom salts dilate the bile ducts and the olive oil lets the stones slide smoothly towards the exit. It is important to follow the instructions accurately.

Q: I'm not able to drink the Epsom salts. What can I do?

A: You can now find the Epsom salts in capsules in order to avoid the bitter taste.

Q: After the liver cleanse I have flatulences and intestinal bloating. Is this normal?

A: The bile and liver stones bring bacteria, viruses and parasites with them that pass through the liver. These can end up in the intestine if they are not expelled completely through the liver cleanse. It is important to ozonate the olive oil in order to have an anti-bacterial, antiviral and anti-parasitical effect.

TESTIMONIALS

In the preface of this thesis, I mentioned that the removal of bile stones with the liver cleanse is negatively discussed in the allopathic world. (see attachment of Dr. Bill Sardi).

Therefore further to the testimonial of my patient Sarah Ryan, that thanks to the liver cleanse was able to avoid a cholecystectomy, I would like to cite some experiences of others.

[All names mentioned in this paper are the real names of the people involved cited with their permission. Those whose permission has not been explicitly asked have been cited with their initials only.]

TESTIMONIAL NO. 1



PATRIZIA COSTANTINE

One night in October 2006 I woke up with terrible abdominal and back pains. I was bent in two and nothing I took was able to calm the pain. I went to the first aid of the hospital and after various analysis and an ultrasound scan, I was told that my gallbladder was full of small gallstones. They also told me that I had to be operated as soon as possible. I decided not to be operated since I had heard of the Dr. Clark liver cleanse and I called my friend Cristina.

I started treatment straight away and after 2 liver cleanses I brought some bile stones to my doctor. He laughed in my face telling me that I expelled some things that “looked” like stones but that they were not gallstones. I insisted to have them analysed he but kept them too long before having them analysed and the result did not prove plausible.

Not happy about this, I did another liver cleanse. This time I personally bring the bile stones directly to the “Bio-analytic Center”

of Porza to have them analysed. The result is that they are gallstones containing cholesterol and bile acids and salts. (See enclosure below) I have another ultrasound scan, and compare this scan to the former one. There is a decrease in bile stones.

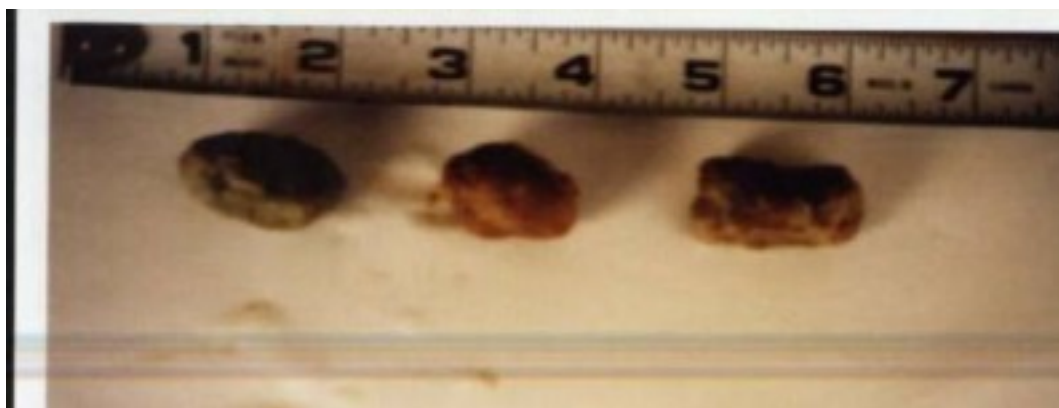
I did 2 more cleanses and with the second last cleanse I expelled bigger stones. I also brought these stones to have them analysed: the result confirmed once again that they are bile stones composed of cholesterol, bile acids and salts.

I re-did the ultrasound scan and there was a further decrease in stones, and since I expelled many small stones , now the bigger ones are visible.

It is my intention to do another liver cleanse as soon as possible and another ultrasound.

PATRIZIA COSTANTINE

PHOTO OF SOME OF HER STONES:



The description of the lab report states the following:

“STONES DERIVING FROM THE GALLBLADDER WITH PROBABLE COMPOSITION OF BILE SALTS AND ACIDS AND CHOLESTEROL”.

These are not “soap” stones, containing a mixture of olive oil and lemon combined with digestive enzymes, as reported by Dr. Bill Sardi.



Laboratori
Medici

Laboratoires
Médicaux

Medizinische
Laboratorien

Dr. med. H. Drescher

PD Dr. med. A. Burnens, direttore scientifico

Pagina

1/1

Paziente:

CONSTANTINE ALAIN

nato: 23.02.1952

CONSTANTINE ALAIN

VIA TESSERETE 42

6900 LUGANO

Prelievo: 31.03.07

Ricevuto: 02.04.07 ore 15:07

Risultati completi MA 0714 1766

del 18.04.07 ore 12:08

Analisi	Risultato Unità	Valori normali	Val. precedenti
Calcolo (diffrazione ai Rx)			
Origine del materiale	Cistifellea		
Forma*	Calcolo		
Composizione*	Nei campioni in esame è stata evidenziata la presenza di concrezioni costituite con alto grado di probabilità da derivati dei sali di acidi biliari e da colesterolo.		

Dr. sc. biol. G. Candiani, FAMS
Resp. chimica clinica Ticino

Copia di MCL Laboratorio Bioanalitico Ticino

* 24 h
Bioanalitico
Via Vira
CH-6900 Lugano

* 24 h
Clinica Santa Chiara
Via Francesco 4
CH-6900 Lugano



Laboratori
Medici

Laboratoires
Médicaux

Medizinische
Laboratorien

Dr. med. H. Drescher
PD Dr. med. A. Burnens, direttore scientifico

Pagina 1/1

Paziente:
CONSTANTINE PATRIZIA
nata: 27.09.1951

CONSTANTINE PATRIZIA
VIA TESSERETE 42
6900 LUGANO

Prelievo: 17.06.07
Ricevuto: 18.06.07 ore 14:19

Risultati completi MA 0725 1757
del 26.06.07 ore 07:55

Analisi	Risultato Unità	Valori normali	Val. precedenti
Calcolo (diffrazione ai Rx)			
Origine del materiale	Calcolo biliare		
Forma°	Calcolo		
Composizione°	Nei campioni in esame è stata evidenziata la presenza di concrezioni costituite con alto grado di probabilità da derivati dei sali di acidi biliari.		

Dr. sc. biol. G. Candiani, FAMH
Resp. chimica clinica Ticino

Copia di MCL Laboratorio Bioanalitico Ticino

• 24 h
Bioanalitico
Via Vira

• 24 h
Clinica Santa Chiara
Via Franscini 4

TESTIMONIAL NO. 2

One day I received a phone call from a therapist that had attended one of our Clark seminars and was now applying the Clark basic protocol. He told me that one of his patients, a medical doctor, comes to him regularly for massages. This therapist one day suggests that he does a liver cleanse. The doctor, very sceptical at last convinces himself and does the liver cleanse.

To his big surprise, not only was he able to expel a good number of stones (see photo below) but also his diabetes had improved enormously and he was able to lose 2 kg of weight.

Hereunder you find the original testimonial sent to me by email:

“Subject: CALCOLI

To: "DR CLARK KRISTINA" info@drclark.net

Buona giornata

Ciao Kristina ti mando allegato foto calcoli eliminati dal mio cliente con la cura pulizia fegato dott Klark.

Dopo la cura ha perso il giorno successivo due kg e il tasso di colesterolo é sceso sensibilmente come anche il livello di glicemia dato che soffre di diabete da diversi anni.

Ciao a presto - GF

BILE STONES EXPELLED DURING THE LIVER CLEANSE.



Notice the black color of these stones. Dr. Clark claims that the black stones contain wheel-bearing grease.

TESTIMONIAL NO. 3

Dear Cristina

I thank you for your quick and kind reply.

I gladly send you photos of the results of my and my husband's liver cleanses. You will notice that the expulsions of my husband have a completely different appearance. Probably for the fact that it is 30 years that he is a vegetarian and eats nearly exclusively crudities.

Instead I have been very sick due to a wrong nutrition, stress and a high intake of medicine including additive medicines. These toxins have been deposited in my body and need special treatments in order to expel them. Proper eating habits help enormously but not completely.

I have had a tonsillectomy at the age of 17. At the age of 25 I have had an appendectomy. And from 27 to 30 I have undergone 2 operations where they have removed my ovaries and then have undergone a complete hysterectomy.

In the following year I became a guinea pig for hormonal treatments!! At the age of 40 they removed my gallbladder and a very big gallstone. For 15 years I took beta blockers and other medicine.

For my rheumatism they gave me strong medication (Butazolidin), that has now been withdrawn from the market since it caused great damage to the liver!!

The doctors have diagnosed a hepatic steatosis with a beginning of cirrhosis, rheumatism, arthrosis, tinnitus, a beginning of diabetes and osteoporosis. I have had cardiac damage and suffered of hypertension.

After 3 years I have removed all medicines and since I have changed my diet, I don't have any more disorders.

It is now 5 years since I took my last medicine.

The diet change was vital but nonetheless I always had digestive disorders and continuous pain on the right side of my abdomen.

After 2 liver cleanses the pain almost disappeared and after the third cleanse the pain was gone.

We gladly give you permission to make our photos public.

More publicity should be done so that the fantastic possibility to contribute to one's own health is available to all!!!

We could have saved many worries if we would have known of the treatment methods of Dr Clark.

Greetings from the Canary Islands

GB& KP

Original text in German:

Liebe Cristina!

Für die prompte und freundliche Antwort vielen Dank.

Gerne sende ich Ihnen Fotos zu, auch die von meinem Mann, der die Reinigung auch schon einmal gemacht hat.

Seine Ausscheidungen sehen völlig anders aus.

Sicher deshalb, weil er sich bereits seit 30 Jahren vegetarisch und überwiegend rohköstlich ernährt.

Ich bin durch Fehlernährung, Stress und hohen Tablettenkonsum, bzw. Tablettenabhängigkeit schwerst krank gewesen. Diese Toxine haben sich in meinem Körper abgelagert, und benötigen jetzt spezielle Behandlungen, um aus dem Körper ausgeschleust zu werden.

Das geht teils über die Ernährung, aber eben leider nicht alles.

Als ich vor 8 Jahren meine Ernährung auf überwiegend Rohkost umgestellt habe, hatte ich vorher mehrere Phasen von Vegetarischer Ernährung gehabt, die aber alle sinnlos waren, da ich das höchste Gesetz außer Acht gelassen habe: So naturbelassen wie möglich, keine denaturierte Nahrung.

Meine Mandeln wurden mir im Alter von 17 Jahren entfernt.

Mit ca 25 Jahren wurde mir der Blinddarm herausgenommen.

Im Alter von 27-30 Jahren hatte ich 2 Operationen, bei denen mir nacheinander zuerst die Eierstöcke und dann der Uterus entfernt wurde.

In den darauffolgenden Jahren war ich ein Versuchskaninchen für Hormonbehandlungen!!!

Die Gallenblase und ein sehr großer Gallenstein wurden mir im Alter von ca. 40 Jahren entfernt.

Ich habe 15 Jahre Beta-Blocker und andere Medikamente genommen.

Wegen Rheuma hatte ich schwere Rheumamedikamente (Butazolidin) genommen, die inzwischen aus dem Handel genommen wurden, weil sie Leberschädigungen bewirkt haben!!

Die Ärzte hatten bei mir eine schwere Fettleber mit beginnender Leberzirrose, Tinnitus, Rheuma, Arthrose, beginnende Diabetis und Osteoporose festgestellt.

Ich hatte einen Herzschaden und zu hohen Blutdruck.

Alle Medikamente habe ich nach 3 Jahren der Ernährungsumstellung weggelassen, und habe so gut wie keine Beschwerden mehr.

Jetzt nehme ich seit 5 Jahren absolut keine Medikamente mehr.

Die Umstellung meiner Ernährung war lebensrettend, aber trotzdem hatte ich noch immer Probleme mit der Verdauung, sowie ständige Schmerzen im rechten Oberbauch.

Diese Schmerzen waren nach der 2. Leberreinigung kaum noch spürbar, und nach der 3. Reinigungen sind sie so gut wie verschwunden.

Die Genehmigung, diese Fotos zu veröffentlichen, geben wir gerne.

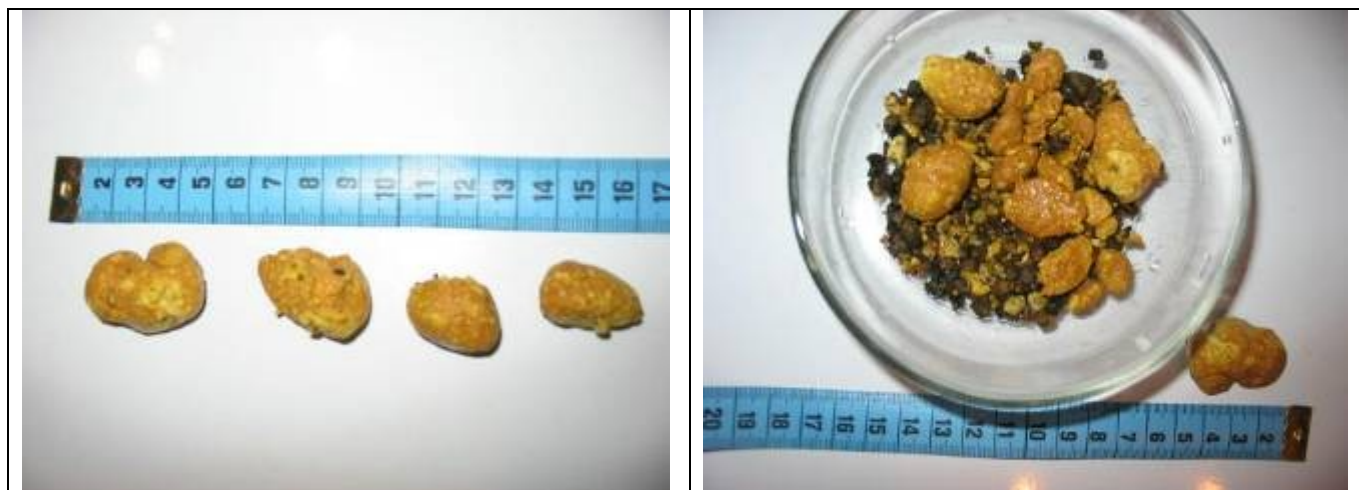
Man kann garnicht genug Öffentlichkeitsarbeit machen, damit diese wunderbare Möglichkeit, selber zu seiner Heilung beizutragen, bekannt wird!!!

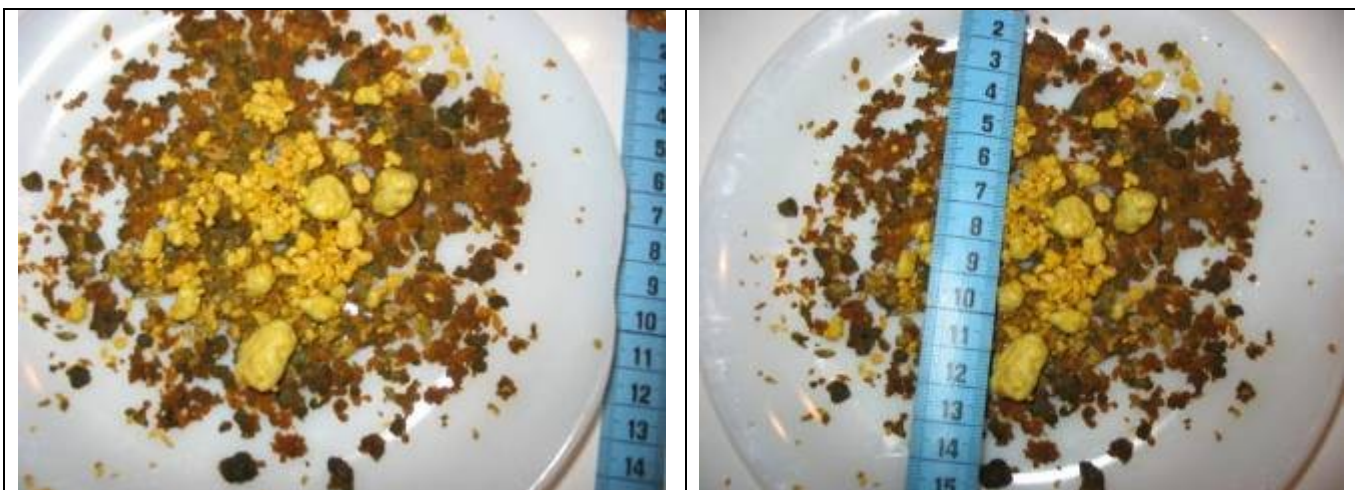
Wir hätten uns viel Kummer ersparen können, wenn wir schon früher auf die Heilungsmethoden der Frau Dr. Clark aufmerksam gemacht worden wären.

Leider bin ich nicht so sehr fit mit dem Computer, sodaß ich Sie bitte, die Fotos und meinen Bericht an die entsprechenden Stellen zu setzen, damit sie interessierten Menschen zugänglich gemacht werden.

Aus Gran Canaria grüßen

Gesine Bernotat & Kazimierz Pangalos





SOME PHOTOS OF STONE EXPULSIONS OF VARIOUS COLORS OF
TESTIMONIAL NO. 3 (MENTIONED ABOVE)
NOTICE THAT SHE HAD A CHOLECYSTECTOMY AT THE AGE OF 40.

TESTIMONIAL NO. 4

Here are some pics I promised. Good quality pics, too. Taken with a 12.0 mega pixel cam.

This was my third flush. I waited only a week in between. It was my most successful yet. Estimating conservatively (not including really small stones) I passed 226 stones!!! There are about one hundred on the paper plate in these pics.

Whew. Talk about reversing my age in less than twenty-four hours!

Fourth flush is scheduled for this Thursday.

sincerely,
NE



TESTIMONIAL NO. 5

This person wrote a long story about her health condition and how she was able, alone, to save her gallbladder and to take full possession of her health.

Even if this story is very long, I thought it important to post it so that others can benefit from this experience.

Beginning of citation:

The Courage to Heal Myself!

(A Journey Through Agonizing Pain and Distress)

by Teya Danel – March 4, 2008

I'm running around the house singing ALLELUIA! ALLELUIA! Today is a momentous occasion! I experience tremendous relief and excitement about what I've been able to accomplish. A huge weight has been lifted off body and I am finally free. I feel like I have been held prisoner in my own body for years, and now I have been liberated! I am overflowing gratitude and joy!

In the beginning

My story begins in the spring of 2003. I'm dating this lovely man who's recently bought a new house and needs to have it painted on the inside. Knowing that my funds are low, he offers me the job, which I gladly take on. I've just about painted the whole inside and am finishing up the garage floor, leaning over a long handled paintbrush, when suddenly there's a searing pain in my upper chest that does not abate. It gets so bad that I struggle to get into my car, parked a few feet away, and lay back on the seat trying to catch my breath and make sense of what is happening to me. The pain seems to be going right through my chest and out through my shoulder blades. I break out in sweat and wonder out loud "What is going on"? Am I having a heart attack?"

I've never felt such intense pain before and I'm totally confused and scared. My boyfriend arrives at that moment (thank God) and stands outside the car window rubbing my back and doing his best to support me through this distressing situation. After 15 minutes of excruciating pain, he offers to drive me to the walk-in-clinic down the road. At this point, I'll go anywhere to get relief. I manage to get into the car and we drive off. We are almost at the clinic when all of a sudden the pain completely stops. It leaves as quickly as it arrived – as if it was never there. By now I am totally puzzled – what is this? I decide to go into the clinic anyway to hopefully shed more light on this situation. After sharing my ordeal and informing them that I had open heart surgery when I was 12 years old, they immediately hook me up to the EEG monitor as they suspect something wrong with my heart. Thankfully, the test comes out okay and, still mystified by what has transpired, I am sent home.

The next episode

Flash forward - six months later, I'm sitting at home after a meal when all of a sudden that familiar pain comes back again full force. I lay on the couch in agonizing pain, working with it, but it only gets worse. My roommate takes me to the nearby clinic. Once again, they don't know what is wrong and send me to the pharmacy to pick up pain relieving drugs. As I get into the car bent over in distressing pain, just as before, the pain mysteriously and completely stops. The pain killers prescribed are not available at the pharmacy. I decide to go home and not bother with any pharmaceuticals for the time being.

An awful predicament

Flash forward again - one more year later. I've been over six weeks in hospital recovering from a near fatal car crash. After breakfast I wheel myself down the hall for my twice daily physiotherapy session. The session begins and all of a sudden, oh no, - there it is again - that frightening discomfort rears its ugly head. In a few moments, I'm again in the throes of intensely distressing pain. After all I've been going through, I tell myself, why is this happening to me. It's just not fair! My session comes to an abrupt end and I'm dreading the long trek back to my bed. I'm not sure I can make it back without being carried. But I'm determined. So inch by slow painful inch, I shuffle excruciatingly over onto the wheelchair and somehow manage to get in - the first step is accomplished. I somehow manage to get back to my room. Now, all I have to do is find the strength to physically get into my bed whilst in agonizing pain. Easier said than done. After what seems like an eternity, I'm finally back in my bed. The EEG technician has been called in to test me, as they want to rule out, once again, any problems with my heart. Just as the technician arrives with the machine, I manage to get my head over the side of my bed and throw up all over the floor. The throwing up does not provide any relief whatsoever, and there is unfortunately nothing they can offer me to relieve the pain.

Ultrasound test sheds light on situation

Well, my heart appears to be fine - that's a good thing. The question is, however, why do these painful attacks keep occurring? The physician in charge orders an ultrasound and the next morning an assistant comes in to draw some blood for tests. The results come in and the doctor visits my bedside. "My dear", he says to me, "we have confirmed ninety percent that you have gallstones and the only way to get rid of them, in my opinion, is to have your gallbladder removed. Nothing else will work".

Well, you can appreciate that, given the extent of my injuries and existing scars, another operation is the last thing in the world that I want.

A possible, non-surgical solution

Ted, my chiropractor comes into the hospital for a visit shortly after I've received my diagnosis and reassures me that there are indeed natural methods available to get rid of gallstones. He encourages me to keep hanging in there and gives me a copy of a cleansing procedure that will hopefully rectify this whole situation. I pray that he is right. However, I will have to wait till I'm out of the hospital to give it a try because I still need help getting to the bathroom and once you take this cleanse - you are running to the toilet. At this point, I still have another month and a half to go before I'm released from hospital care and, running is just not in the realm of possibilities.

A highly recommended surgical intervention

In the meantime, the attacks are happening with increasing regularity. They usually last for an hour or more, and the pain is so severe that I lie there totally zoned out, pressing my thumb into the middle of my chest between my rib cage, trying to obtain some kind of relief from my torment. As always, the pain disappears just as quickly as it comes.

On a Friday night, a few days after my gallstone diagnosis, a surgeon visits me and sits on the side of my bed. He starts asking me about the injuries to my body and, lo-and-behold, about the only area still untouched by scars is my abdomen. He calmly and methodically draws a diagram of the gallbladder, liver and surrounding area. He proceeds to carefully explain the two types of surgery available, the many risks involved, and is strongly encouraging me to have it done asap. To top it off, he then informs me that he is a very busy guy and it just so happens, lucky for me, that he is available this very weekend to operate on me and take my gallbladder out. I explain to him that all my siblings have had their gallbladders out and, quite frankly, they are no better off. In fact, they are still experiencing lots of discomfort and even occasional pain.

Not convinced

I'm definitely not convinced that this is the right step for me and inform him that I need to research this whole situation a lot more before making any decisions to go under the knife. I've been through way too much already to just simply follow his recommendation without question. I tell him that I'm not rushing into any more surgery right now as I'm maxed out from the ordeal I've already been through. He quietly leaves me holding the diagram he has drawn of the gallbladder removal procedure. My nurse comes in immediately after the doctor leaves with consent form in hand looking at me and expecting my signature authorizing the surgery. I guess they did not expect me to refuse their kind offer. I take a look at her and let her know, in no uncertain terms, that surgery will be my very last choice.

The cleansing sheet that my chiro gave me gives me some hope, at least, and I vow that when I am out of the hospital I will give it my best shot. I'm hoping I can live with this condition for a little while longer. In the meantime, I am having attacks at least once a week, and I'm starting to get desperate.

An unsuccessful attempt at expulsion

After three long months in hospital, I'm finally released and move into a rental suite. I am still in a wheelchair, however, I have the use of a walker and crutches to get around inside my home. I decide one day to try out the cleanse - with zero success. I realise I luckily escaped a rush to emergency, because if the stones get caught in the bile ducts there are no other options but to take out the gallbladder.

Discovering the main cause of the attacks

The attacks are getting stronger and more frequent. I have not yet come to understand fully that some foods I'm eating are, at the very least, contributing to my affliction. I am getting so desperate because the pain I'm experiencing is the

worst I've ever had – worse even than childbirth, or so it seems... The attacks are also lasting longer and longer. Once when visiting friends in Vancouver, and sharing a rich breakfast of buttered toast and eggs, I go into an attack that lasts for an unbelievable four hours – the longest time ever. It is unbearable. What to do, what to do?. Eventually, I become keenly aware that particular foods are totally responsible for the attacks. I learn that I can control these attacks by being extremely vigilant about what I put in my mouth.

Fats and oils are my biggest enemies, especially butter, which I willingly give up. I discover through trial and error that if I eat something that precipitates an attack, I can force myself to throw up, after which time the pain goes away within minutes. I've never been good at throwing up, in fact, I've always hated that. And here I am now, with no hesitation whatsoever at thrusting my fingers deep down my throat. At least it provides almost immediate relief. (Maybe I was bulimic in a past life – I certainly feel for what those people go through.) For the next year, I diligently test different homeopathic, natural herbal remedies and other approaches that I've researched on the Internet. Some items appear to alleviate my discomfort somewhat, although not consistently. I can't rely on any one thing to ease the pain I feel during an attack, and that is incredibly frustrating for me. I go in for an ultrasound and find out that two stones that show up on the scan measure, respectively, 2.0 and 2.2 cm. In my studies so far, I've learned that one can only, safely, expel stones up to 1.0 cm by doing a cleanse. The ones I have are just "huge" and according to most experts, beyond cleansing.

The attacks increase

About two years later, it's now spring of 2007 - the gallbladder attacks are still not abating; and by summertime they are reaching an all time high. I sometimes have three attacks in a week. I'm really watching what I'm eating, however that alone does not guarantee that I'll be free of attacks. One day, I can be eating a certain food and be okay, and the next day, the same food can trigger an attack. My body appears to be more sensitive and prone to attacks than ever before. Once, unbelievably, a single butter candy brought on an attack.

The only benefit so far is that because of my limited food intake, I'm actually dropping some extra weight I've been carrying. I find myself pushing through the pain and often start singing in the middle of attack mode "I still have my joy, after all I'm going through, I still have my joy." It doesn't help remove the pain, however it does help my spirit.

In search of alternative support

As I continue my research, I rediscover an author that I knew about over ten years ago. Her name is Hulda Clark and she wrote this awesome book called "A Cure for All Diseases." In her book, she has a detailed recipe for flushing out the liver and gallbladder. I would normally be quite excited and hopeful upon reading this information. However, after having had a number of ultrasounds by now, I find out that, the two initial stones that were recorded on ultrasound, now measure 2.2 cm to 2.6 cm in just over one year. Now that really unnerves me. Everything I've done on my own, has still not contributed to my goal of reducing the size and ultimately flushing the stones out. In spite of it all, however, I'm still committed to avoiding the knife and keep hanging in there, but just barely. I decide I simply cannot keep trying to do this on my own and seek counsel from a practitioner of traditional Chinese medicine. Since conventional/alternative

approaches that I've considered so far do not appear to be of much help, I figure I might as well try the oriental approach. This Chinese doctor confirms that only stones under 1 cm are safe to pass using cleanses, otherwise if they are big they can easily lodge in the bile ducts and surgery then becomes imminent. I am frightened, to say the least.

Against overwhelming odds

The pain however, intensifies to the point where I need to do something, anything! I can't keep living this way. It is too much, much too much. I keep praying to find a solution. There has got to be an answer, dear God, there has got to be. In the meantime, I go for one more ultrasound and the technician is very snotty with me. She infers that I'm wasting my time trying to get those stones out of my body naturally. She informs me that no one that she has worked on has ever done it. I'm now more intent than ever on proving her wrong. There is a strong sense inside of me telling me that there has got to be an answer to resolve this situation once and for all. I hold onto that thought and am still hopeful, although the odds do indeed appear against me.

The answer to my prayers

A close friend recommends a health practitioner who uses state-of-the-art technology and I make an appointment to see her. During my initial consultation, I share with her that my biggest concern at this time is gallstones. She advises that her daughter has done the Hulda Clark protocol and was very successful. She shows me a photo of the gallstones and I see that she has passed one close to the size that I have. Apparently, the key ingredient to her success is the epsom salts which dilate all the bile ducts and facilitate the passage of stones of any sizes. I am so impressed by what I see with my own eyes, that I start to gather up the courage to do the cleanse myself. I now have the proof that I need to move forward earnestly. I'm still very nervous, as there is lot of fear and scepticism still in my mind, about the outcome, but I'm going for it....

The beginning of the end

I set a date and begin by detoxifying my body with a parasite and kidney cleanse. This initial cleanse is recommended in Hulda Clark's protocol in order to experience optimal success. As one can well imagine, I am totally invested in optimum success and I follow the protocol to a T. I set the date for the liver cleanse, three week into the month long parasite cleanse, which will open the way for the expulsion of these stones. They are taking up way too much real estate in my body. It is time to evict those buggers once and for all.

I schedule the cleanse for Sunday, March 2, 2008. My partner, home for the next few days, is there to support me in case anything goes awry. The basic premise for the liver cleanse, is the use of food grade Epsom salts diluted in water that is ingested over a period of approx. 15 hours. I will also, in that period, be ingesting a cup of olive oil mixed in with ½ cup of fresh grapefruit juice. It's recommended that I use a straw which will help the "medicine" go down. I'm ready, so read for the next step! I take what is required during the next four hours, and then immediately lie down in my bed as per the specific instructions. I am to lie still for the next 20 minutes. Well, I end up lying still for one and a half hours and can feel movement, like a light rumbling in my tummy, like music to my ears. I'm also experiencing varying levels of stomach cramps. Nothing I can't handle however.

Expulsion of the gallstones

I manage to fall asleep and wake up in the morning very hopeful, but still slightly sceptical, given the size of my gallstones. At 6 a.m. I take more Epson salts, yummmms!! and lie back in bed. By eight in the morning I'm rushing to the bathroom and, to my amazement, there is a huge bunch of gallstones floating on top of the water. They are mostly made up of cholesterol and actually float, so you can't miss them. I proudly scoop them up onto a plate and bring in my measuring ruler. I still can't quite believe it, but I'm looking at the biggest one and when I measure it, it is very close the 2.6 cm size that was found on the ultrasound. Not only have I managed to get some gallstones out, I've actually managed to expel the "king pin". A huge sigh of relief flows through my body. In all, there are close to 40 really big stones. A number of months ago now I had dreamed of the stones being out of my body and here they are, out of my body. Alleluia! I am finally free!

Gallstones expulsion - take 2!!

On March 17th, 2008, I repeat the cleanse and unbelievably, I get out even more gallstones than the first time. I'm in absolute heaven.

According to Hulda Clark, I will need to repeat the cleanse quite a few times until I have counted roughly 2,000 stones – that's unbelievable! I learn that the liver actually produces and stores them, and even though I've managed to empty out my gallbladder, apparently there are lots more waiting patiently in the liver to be emptied out into the gallbladder and subsequently eliminated. Since I am genetically prone to gallstones, I will now have to implement this procedure at least once or twice a year. It's worth it!

I visit my physician

It just so happens that I have an appointment booked with my doctor on March 18 at 10 a.m. I go into her office for a pre-op as I am getting the last of the procedures done to fix me up from the car accident. It has now been three and a half years since the major motor vehicle accident. I decide to order another ultrasound. I make my request and since the last one was in February, she right away says "it would appear that what you have been doing orally to get rid of the stones is just not working". I hear the scepticism in her voice and know she is about to refuse my request. I look at her and, with a big smile on my face, I tell her that I've actually gotten the stones out of my body using a liver cleanse. I quickly pull out the pictures from my wallet and proudly display them. She initially has this rather puzzled look on her face, however, recovers her demeanor quickly. I share with her some of the details of the procedure and she comments on how simple it appears to follow and get such results. She makes no other comments and proceeds to write up the order for the ultrasound.

Sweet and yummy victory

It's my sweetheart's birthday and we get together with friends to celebrate at a local restaurant. For the first time in a very long time, I'm ordering creamy, curried chicken pasta and later in the evening, I even have a little piece of birthday cake. I tell you, that cake has never tasted so goooooooooood!

I am just so relieved and exhilarated by my success. I celebrate my courage to move through all my pain and fear and come out on the other side, totally

victorious. I've reclaimed the quality of my life and can look forward to sharing some ice cream with my kids this coming summer or, actually, any time I want now.

I vow to share my success with as many people as I can so that they do not have to go through the pain and agony I've had for so many years. And best of all, my gallbladder, which performs a very important function in my body, is intact. Thank you God in me, thank you with all my heart. – Teya Danel

End of citation

First cleanse done on March 2, 2008



FIRST CLEANSE DONE MARCH 2ND, 2008



SECOND CLEANSE DONE MARCH 17, 2008



CLEANSE DECEMBER 8TH, 2008



CLEANSE DONE MARCH 8TH, 2009

OTHER RECOMMENDED CLEANSSES

These additional Clark cleanses have been recommended to my patient:

- the parasite cleanse
- the kidney cleanse
- the bowel program

These complement the liver cleanse as well-working kidneys and intestines increase the success of the liver cleanse.

Dr Clark also recommends the parasite cleanse with zapping, as one could feel quite sick during the liver cleanse if parasites are present in the liver.

I would like to briefly mention the ingredients, active properties and the recipes of these cleanses starting with the parasite cleanse:

THE PARASITE CLEANSE

INGREDIENTS:

- ✓ Green hull black walnut tincture (4 oz – 100 ml)
- ✓ Wormwood (365 mg)
- ✓ Cloves (500 mg)
- ✓ Ornithine (500 mg)
- ✓ Arginine (500 mg)

PROPERTIES OF THE INGREDIENTS:

GREEN HULLS OF THE BLACK WALNUT (*Nux nigra*)

Some active ingredients are the juglone, the tannins and iodine. The juglone kills and keeps fungus, yeast and parasites away.

The tannins have anti-parasitical, anti-bacterial, anticancer, anti-diarrheic, anti-hepatotoxic, chelator, anti-hypertensive, anti-tumor, cancer preventive, anti-ulcer properties.





WORMWOOD

(*Artemisia absinthum*)

Wormwood is a very bitter plant. Tonic effect on the liver, gallbladder and digestive system, and for its vermifugal activity. It is an extremely useful medicine for those with weak and under-active digestion. It increases stomach acid and bile production, improving digestion and the absorption of nutrients. It also eases wind and bloating and, if taken regularly, helps the body return to full vitality after a prolonged illness. The leaves and flowering shoots are anti-helminthic, anti-inflammatory, antiseptic, anti-spasmodic, anti-tumor, carminative, cholagogue, emmenagogue, febrifuge, hypnotic, stimulant, stomachic, tonic and vermifuge

<http://www.pfaf.org/database>

CLOVES

(*Eugenia caryophyllata*)

As a topical application to relieve pain and to promote healing. The main constituents of the essential oil are phenylpropanoids such as carvacrol, thymol, eugenol and cinnamaldehyde. The biological activity of *Eugenia caryophyllata* has been investigated on several micro-organisms and parasites, including pathogenic bacteria, *Herpes simplex* and hepatitis C viruses. In addition to its anti-microbial, anti-oxidant, anti-fungal and anti-viral activity, clove essential oil possesses anti-inflammatory, cytotoxic, insect repellent and anaesthetic properties. Copyright © 2007 John Wiley & Sons, Ltd.

<http://www3.interscience.wiley.com/cgi-bin/abstract/114199338/ABSTRACT>



<http://upload.wikimedia.org/wikipedia/commons/4/4b/ClovesDried.jpg>

ARGININE AND ORNITHINE

Two natural aminoacids that detox ammonia. They help the body free itself from excessive nitrogen. If one eats a protein-rich food and supplies the body with more protein than necessary, the surplus amino acid is then changed into energy, and its nitrogen excreted. They protect the liver from damage caused by medications and chemicals and stimulate the regeneration of the liver.

They strengthen the immune defense by stimulating the production of more active and more effective WBCs.

Arginine is also involved with hormone secretion and reduces tumor growth.

Burgersteins Handbuch Nährstoffe

RECIPE:

Dr. Clark suggests that there are many herbs with parasitical properties but according to her research, the ingredients mentioned above: green hulls of black walnut (which kills the adult parasite), wormwood (which kills the larval stages) and cloves (which kill the eggs), together kill the most number of species of parasites. Ornithine and arginine are used in this cleanse to eliminate the toxins (ammonia) released by dying parasites.

.PARASITE CHART

	Green hull black walnut tincture Extra strength (4 oz. – 100 ml)	Wormwood capsules (200-300mg)	Capsules Cloves (500mg)
Day	Once a day before meals in ½ glass of water	Capsules once a day before meals	Capsules 3 times a day during meals
1	1 drop (or 1 capsule)	1	1,1,1
2	2 drops (or 1 capsule)	1	2,2,2
3	3 drops (or 1 capsule)	2	3,3,3
4	4 drops (or 1 capsule)	2	3,3,3
5	5 drops (or 1 capsule)	3	3,3,3
6	2 tsp (or 2 capsules)	3	3,3,3
7	Now take once a week	4	3,3,3
8		4	3,3,3
9		5	3,3,3
10		5	3,3,3

11		6	3
12		6	Now take once a week
13	2 tsp (or 2 capsules)	7	
14		7	
15		7	
16		7	
17		Now take once a week	
18			3

KIDNEY CLEANSE

INGREDIENTS:

- ✓ Hydrangea root/Gravel root/Marshmallow root (1/2 cup each - 120ml each)
- ✓ Goldenrod tincture
- ✓ Ginger root (500 mg)
- ✓ Magnesium oxide(300 mg)
- ✓ Bearberry capsules (500 mg)
- ✓ Vitamin B6 capsules (250 mg)
- ✓ Black Cherry concentrate (8 ounces - 240 ml)
- ✓ Parsley (4 bunches)

ACTIVE PROPERTY OF THE INGREDIENTS:



HYDRANGEA (*Hydrangea Arborescens*)

Also called seven barks. Was used by the North American Indians as a remedy for kidney and bladder stones and is still used for these purposes in modern herbalism.

It is considered to both encourage the expulsion of stones and to help dissolve those that remain.

The roots are anti-helminthic, cathartic, diaphoretic, diuretic, emetic and tonic, They are used in the treatment of kidney stones, mucous irritations of the bladder, cystitis, nephritis, enlarged prostate and bronchial afflictions.

<http://www.pfaf.org/database>

MARSHMALLOW ROOT (*Althaea Officinalis*)

Treats inflammations and irritations of the mucous membranes such as the alimentary canal, the urinary and the respiratory organs. The root counters excess stomach acid, peptic ulceration and gastritis. It is also applied externally to bruises, sprains, aching muscles, insect bites, skin inflammations, splinters etc. The whole plant, but especially the root, is anti-tussive, demulcent, diuretic, highly emollient, slightly laxative and odontalgic. An infusion of the leaves is used to treat cystitis and frequent urination.

<http://www.pfaf.org/database>





Joe-Pye Weed - *Eupatorium purpureum*

GRAVEL ROOT

(*Eupatorium purpureum*)

Gravel root was used by the native N. American Indians as a diaphoretic to induce perspiration and break a fever. The whole plant, but especially the root, is astringent, diuretic, nervine and it works particularly on the genito-urinary system and the uterus. Diuretic, stimulant and astringent, a tea made from the roots and leaves has been used to eliminate stones from the urinary tract, to treat urinary incontinence in children, cystitis, urethritis, impotence. It is also said to be helpful in treating rheumatism and gout by increasing the removal of waste from the kidneys.

<http://www.pfaf.org/database>

BLACK CHERRY CONCENTRATE (*Prunus cerasus*)

Helps the body eliminate uric acid, cleanse the kidneys and move blood stagnation. Cherries are circulatory stimulants, laxative, tonic for the stomach and spleen and stimulant. Cherries have been used throughout history in treating anemia, arthritis, asthma, catarrh, cavity prevention, constipation, cramps, fatigue, gall stones, gout, high blood pressure, hypochondria, kidney stones, lumbago, measles, numbness, obesity, rheumatism, stunted growth, paralysis and frequent urination.





It has also proved of value when used internally in the treatment of urinary infections, chronic catarrh, skin diseases, influenza, whooping cough, bladder and kidney stones

<http://www.pfaf.org/database>

GOLDENROD

(*Solidago virgaurea*)

Astringent remedy treating wounds and bleeding, whilst it is particularly useful in the treatment of urinary tract disorders, being used both for serious ailments such as nephritis and for more common problems such as cystitis. The plant contains saponins that are antifungal and act specifically against the *Candida* fungus which is the cause of vaginal and oral thrush.

It also contains rutin which is used to treat capillary fragility, and phenolic glycosides which are anti-inflammatory.

The leaves and flowering tops are anthelmintic, anti-inflammatory, antiseptic, aromatic, astringent, carminative, diaphoretic, mildly diuretic, febrifuge

GINGER

(*Zingiber officinale*)

Used to aid digestion and treat stomach upset, diarrhea, and nausea for more than 2,000 years. Since ancient times, ginger has also been used to help treat arthritis, colic, diarrhea, and heart conditions. It is also used to help prevent vomiting associated with motion sickness, pregnancy, and cancer chemotherapy. Ginger is used as support in inflammatory conditions such as arthritis, ulcerative colitis and may even be used in heart disease or cancer.



<http://www.umm.edu/altmed/articles/ginger-000246.htm>



BEARBERRY (*Uva ursi*)

Bearberry was commonly used by many native North American Indian tribes. One of the best natural urinary antiseptics. The leaves contain hydroquinones and are strongly antibacterial, especially against certain organisms associated with urinary infections.

<http://www.pfaf.org/database>

PARSLEY

The fresh leaves are highly nutritious and can be considered a natural vitamin and mineral supplement in their own right. The plants prime use is as a diuretic where it is effective in ridding the body of stones and in treating jaundice, dropsy, cystitis etc. It is also a good detoxifier, helping the body to get rid of toxins via the urine and therefore helping in the treatment of a wide range of diseases such as rheumatism. Not to be as an essential oil internally.



<http://www.pfaf.org/database>

VITAMIN B6

Vitamin B6 is needed to support the more than 100 enzymes involved in protein metabolism. It is also essential for red blood cell metabolism. The nervous and immune systems need vitamin B6 to function efficiently, and it is also needed for the conversion of tryptophan (an amino acid) to niacin (a vitamin).

Your body needs vitamin B6 to make hemoglobin. Vitamin B6 also helps increase the amount of oxygen carried by hemoglobin. It helps maintain the health of lymphoid organs (thymus, spleen, and lymph nodes) that make your white blood cells.

<http://ods.od.nih.gov/factsheets/vitaminb6.asp>

MAGNESIUM OXIDE

Magnesium plays important roles in the structure and the function of the human body.

Magnesium is involved in more than 300 essential metabolic reactions, such as
Energy production: Magnesium is required by the adenosine triphosphate (ATP)
Synthesis of essential molecules: Magnesium is required at a number of steps during the synthesis of nucleic acids (DNA and RNA) and proteins. A number of enzymes participating in the synthesis of carbohydrates and lipids require

magnesium for their activity. Glutathione, an important antioxidant, requires magnesium for its synthesis.

<http://www.pfaf.org/database>

DR. CLARK'S KIDNEY CLEANSE:

Dr. Clark carefully put these herbs, roots etc together as a kidney cleanse with the goal of dissolving kidney crystals and stones.

Vitamin B6 and magnesium taken daily, can prevent oxalate stones from forming. But only if you stop drinking tea, cocoa and phosphated beverages.

Ginger and Uva Ursi remove methyl malonate that clogs the kidneys. Methyl malonate is also the cause of kidney failure and cystic kidneys.

The boiled parsley water in the kidney cleanse recipe combines with each one of the 5 malonic acid members and removes them.

Described in “The Prevention of All Cancers” book, edition 2004

1ST PREPARATION – ROOT MIXTURE:

- ½ package (60 ml each) of:
 - ° dried Hydrangea root (*Hydrangea Arborescens*)
 - ° Gravel root (*Eupatorium Purpureum*)
 - ° Marshmallow root (*Althea Officinallis*)
- 10 cups (2 liters) of cold tap water
set the roots to soak for at least 4 hours or whole night

After which add:

- 8oz. (240ml) black cherry concentrate
heat to boiling and simmer for 20 minutes

Drink 1/4 cup (60 ml) as soon as it is cool enough. Pour the rest through a stainless steel strainer into a HDPE container. Refrigerate.

2ND PREPARATION - Parsley Water:

- 4 bunches of fresh parsley
 - 1 quart of water (1 liter)
- rinse with 2 very hot washes
boil for 5 minutes (rolling boil)

Drink 1/4 cup (60ml) as soon as it is cool enough. Refrigerate a pint and freeze 1 pint (1/2 liter)

Drink daily for three weeks:

- 3/4 cup (180 ml) Root Mixture
- 1/2 cup (120 ml) Parsley Water

Supplements to take before meals:

	Ginger (500 mg)	Uva Ursi (500 mg)	Vitamin B6 (250 mg)	Magnesium oxide (300 mg)
Breakfast	1	1	1	
Lunch	1			
Supper	1	2		1

Recommendations:

Heat the kidney teas to boiling every third day if it is being stored in the refrigerator; this re-sterilizes it. If you sterilize it in the morning you may take it to work without refrigerating it.

Drink this mixture in divided doses throughout the day. Keep cold. Do not drink it all at once or you will get a stomachache and feel pressure in your bladder. If your stomach is very sensitive, start on half this dose.

Save the roots after the first boiling, storing them in the freezer. After 13 days when your supply runs low, boil the same roots a second time, but add only 6 cups (1.5 liter) water and simmer only 10 minutes. This will last another 8 days, for a total of three weeks.




After three weeks, repeat with fresh herbs. You need to do the kidney cleanse for six weeks to get good results, longer for severe problems.

BOWEL PROGRAM

INGREDIENTS:

- ✓ Turmeric (500 mg)
- ✓ Fennel seeds (450 mg)
- ✓ Digestive enzymes (500 mg)
- ✓ Cascara Sagrada (425 mg)
- ✓ Green hulls of black walnut tincture
- ✓ Betaine hydrochlorid (350 mg)
- ✓ Magnesium oxide (300 mg)
- ✓ Lugol's iodine (30 ml)
- ✓ Black walnut tincture (4 oz. - 100 ml)

ACTIVE PROPERTY OF THE INGREDIENTS:

 <p>http://upload.wikimedia.org/wikipedia/commons/6/67/Turmericroot.jpg</p>	<p>TURMERIC (<i>Curcuma longa</i>)</p> <p>For digestive disorders such as flatulence, bloating, and appetite loss. also applied topically for ulcers, wounds, eczema, and inflammations. Turmeric, with its antibacterial action, prevents bacterial infections on wounds. Turmeric also has a long history of use for its anti-inflammatory and anti-arthritic effects. It is currently being evaluated for its anti-carcinogenic and anti-mutagenic properties.</p> <p>http://www.medindia.net/alternativemedicine/index.asp?Choice=Turmeric</p>
<p>FENNEL (<i>Foeniculum vulgare</i>)</p> <p>Useful in complaints, especially those of the digestive system. The seeds are most active medicinally. The plant is analgesic, anti-inflammatory, anti-spasmodic, aromatic, carminative, diuretic, emmenagogue, expectorant, galactagogue, hallucinogenic, laxative, stimulant and stomachic. An infusion is used in the treatment of indigestion, abdominal distension, stomach pains</p> <p>http://www.pfaf.org/database</p>	
	<p>CASCARA SAGRADA (<i>Rhamnus purshianus</i>)</p> <p>Cascara sagrada is widely used as a gentle laxative that restores tone to the bowel muscles and thus makes repeated doses unnecessary. It should be harvested in the autumn or spring at least 12 months before it is used medicinally, in order to allow the more violent purgative effect to be mollified with age. Three year old bark is considered to be the best age</p> <p>http://www.pfaf.org/database</p>

BETAINES HYDROCHLORID

Betaine hydrochlorid is not meant to be a source of hydrochloric acid. Its amazing ability to remove Clostridium from the intestinal tract removes the source of reinfection of tumors.

DIGESTIVE ENZYMES

Digestive enzymes are enzymes in the alimentary tract with a purpose of breaking down components of food so that they can be taken up by the organism. Our ordinary digestive enzymes are produced by the stomach and pancreas. Taking digestive enzymes helps remove undigested food, dead matter and toxins released by parasites and bacteria.

LUGOL'S IODINE

Iodine is known as an essential trace element for the formation of the hormones of the thyroid gland. The function of iodine as an anti-oxidant and eliminator of free radicals has been proven. It also has activating effects on certain immune functions. The lack of iodine can result in an enlargement of the thyroid gland

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RECIPE:

This cleanse has been prepared specifically to remove harmful intestinal bacteria.

The turmeric and fennel remove the shigellas, E. coli and other while Lugol's iodine removes the salmonellas. Betaine hydrochlorid removes the clostridia at the intestinal level.

BOWEL PROGRAM CHART:- For three weeks:

	Morning	Breakfast	Lunch	Supper
Turmeric *		2	2	2
Fennel *		1	1	1
Digestive enzymes +		1	1	1
Black walnut tincture *		1		
Betaine hydrochlorid *		2	2	2
Cascara Sagrada (in case of constipation)		1		
Glass of warm water	1			
Magnesium oxide +			1	1
Lugol's iodine (omit if allergic) +	6 drops	6 drops	6 drops	6 drops

* before meals

+ after meals

.Cascara sagrada and glass of warm water to be taken only in case of constipation

CONCLUSION

I can once again emphasize that the liver cleanse is available to all, not only in its application but also because of its low cost.

It is the shortest, the most inexpensive and, when done correctly, the most efficient of all internal cleanses. All adults should do a liver cleanse at least once a year as a preventive measure.

Individuals perform the liver cleanse for various reasons: some, such as my patient, due to serious cholelithiasis disorders (for this disorder 6 to 12 liver cleanses are recommended). Others, such as my patient with her Crohn's disease, use the cleanse to assist with digestive and absorption disorders, allergies, acne and intestinal problems. Some individuals are completely convinced of the liver cleanse's effectiveness and use it as a prevention. Others, who are more sceptical, do the cleanse to have their stones analysed to see if they are really liver stones. Some individuals do the cleanse just out of curiosity!

My hope for this thesis is to have given encouragement and useful information regarding this natural and nearly forgotten procedure. My goal is to have challenged each of you to try this liver cleanse.

For my part, preparing this thesis was fulfilling and satisfying. I learned a great deal from researching the liver cleanse, as well as from the individuals cited in this thesis. They have all been of great encouragement and a stimulus to not neglect this important part of cleansing.

I thank the Naturopathic school Eco-Synergie of Bissone Switzerland, the principal Mrs. Carla Comazzi and the scientific Director Dr. Claudio Viacava, for having given me the opportunity to present this important material.

I want to thank my patient and those who have supplied their experiences and testimonials for use in this thesis. Their help, their effort and their time is greatly appreciated.

And last but not least, I want to especially thank Dr. Hulda R. Clark, PhD, ND, who's tireless will for research, brought this wonderful cleanse to our awareness, and in this way has helped many individuals to avoid a cholecystectomy and its consequences.

STUDENT 4TH YEAR OF NATUROPATHY – JUNE 2008 - CARUGATI CRISTINA

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