Tim Bolen: Dr. Clark will be here in a minute and I'm gong to introduce her. She is a personal friend of mine I have known her since she was arrested in 1999. I am not an attorney, I am a crisis management consultant. I arrange cases like this and I hire for my clients the very best attorney, and someone I am going to introduce to you here, one of the finest attorneys in the country and also my friend, is Carlos Negrete standing right over there. Now what we are going to talk about at 5 o'clock and we're going to take this opportunity, is important to all of us because what Dick Lloyd, Dr. Lloyd talked about here is exciting, you're right, it's an adventure, but it is also an adventure in danger. Dr. Clark is the most assaulted living health advocate on the planet earth. Why should someone be assaulted for finding the answers to humanity's problems? We need to talk about this. At 5 o'clock or shortly thereafter in this room, a group of people will be talking about this. Why should rife or electronic medicine, whatever the category, you want to call it, be under assault at any time? Why should it? What's wrong with our country, what's wrong with our Government, what's wrong with the situation. We'll be talking about that. Jim tuner will be here from Washington. Those of you who do not know Swankin and Turner, these are Washington attorneys for the Rife people who have been assaulted recently. As you are aware several people have been assaulted for doing the right thing. This is George Kabori who just walked up here from the Tesla society in San Francisco. George is one of our speakers.

I met Hulda Clark in 1999. I had seen her books. She was then and is now – her books are in the top 1/10 of 1% of sales at amazon.com. she is the biggest selling health author, I think, in all time. She has taken her books to the people. She has taken her ideas to the people. And she is fantastic. Her work isn't just about the details. It is about Self Health. About making yourself able to take care of your own problems. About understanding what's wrong with yourself and your body. And in that probably is the biggest threat to big pharma in the world. people knowing how to deal with their own issues. The other of course is she talks about detoxification. Detoxification. What she means here is her version of cure. Those of you who have seen her books – and if you don't have her books we have them back at the booth and she'll sign them for you if you like – she defines cure as removing the cause of the problem. I'm sure all of you know what's that 's about. Why doesn't the rest of the world? Cure or prevention of an issue means removing a cause. That's the second reason why she is a huge threat to big pharma. That's the reason why most everybody in this room is a big threat. I'm running out of things to say, Dr. Clark where are you (laughter) – hey!! (spots Dr. Clark). One other thing about this 76 year old little lady. She is a fine human being who I like. Most people who meet her can see right to the point. That she cares about you. She cares about what she is doing she cares has dedicated her life. 76 years old, 5 foot 4 inches tall, she's got way more energy than I've got (laughter).

(applause)

Dr. Hulda Clark: Not to waste a minute, Tim you were wrong by 2 years, only not 76, I am going to be 75 later this year (laughter). That gives me two years to catch up on him. So I just want to first of all let you know how happy I am to be here and to say thank you for coming. Without your interest there would be nothing. It takes people who are interested to make a discovery a real thing, a real discovery. So I just want to tell you how happy a day this is for me. No matter what is going on out there in the legal area and in the news and wherever, and you look at the TV you realize there are a lot of unhappy developments but I have got so much joy over the good fortunes I have had, the good fortune to make certain discoveries that would help my friends and family and everybody else out there. And that good fortune just keeps the joy pouring out just like out of joy pores – so – when I'm smiling it is because I am happy about things and I am especially happy now that I know there is an interest in this. I think that while Rife was working alone – I watched the video last night – while he was working alone for so many years he was pushed on by his determination to develop a microscope that would reveal the real causes. And he got it! He tried every possible way to make sure that he had gotten it right and he did that and then he was persuaded to go public in certain respects and he knew that that had to be the next step and in fact a crossroads was reached and I think that we are sort of at a crossroads now again. It has been

close to 100 years since there was great interest in developing electrical treatments or anything to improve health to remove illness and now almost about 100 years later – because that was going on in the 1910 to 20s time just before Rife – and now again we have had an enthusiasm – a resurgence of interest. At that time it happened because radio had just come into being. Radio had been invented and at a time just before Rife, a couple of decades, there had been ads in all the newspapers for building your own radio kits called … – I still belong to one society, Crystal Society it is called, Crystal Radio Society, where people would order a little package of things and then they would build their own and it was the magic of it all that touched these people who bought those and of course developed it to something more automatic and so on and so forth. But here we are – and all that got knocked out and destroyed because in those days a tremendous enthusiasm for using electri city in the field of health developed and nobody knows about it now. There were all manner of devices, not just plasma devices even. But there is a little museum in Southern California that used to be in Hemet, CA. A museum of these old devices. And when I saw that I called the manager. In fact I have kept in touch with him. He had a museum of these and he can't even make a living of that and I said, well I was afraid the thing could all disappear and now there was great interest in it again and he said, we ll yeah, he had sold it to somebody under the condition that he would not shut it down. I said, oh my, now it is in the hands of somebody who is not really an enthusiast and that is where it is. I have learned there is another museum of these old electrical health devices in the east somewhere. Chicago? Think it would be worthwhile for Rifers especially and for my kind of technology to find these museums and buy them quickly so that they do not get turned over to the local thrift store.

There are all kinds of devices. And now we are at a crossroads again approximately like it was at that time where you have a crossing between a development of ideas into technology and application and when that crossing starts to occur there is this big concentration and exp losion because of the status quo organizations who have a vested in interest in what they are already using. And I think that we should learn from the past when there was an explosion over that 100 years ago. We should learn from Rife's experience. We need legal expertise, we need all kinds of expertise in order to have that not happen again. I'm hopeful that this computer age which allows us to find each other through communication by computer is going to help us out. It is going to help but will it be suc cessful? So we need all the help we can get to try to avoid this big explosion that must come about if we do not prevent it.

And I want to call the subject of this talk the science of health. I do not think we have ever had a science of health. We had a science of disease. But finding out what the variables are that you can count on to decide whether you are healthy or not is a different thing. What makes this possible is the technology of the Syncrometer. I shouldn't really call it a Syncrometer. That is a brand. It is the technology of using a transistor amplifier instead of a simple volt meter that makes this technology possible and that's it in a nutshell. You can use a one transistor oscillator to pick up on your body. To pick up the radiation produced in your body and you attach yourself to a handhold – I mean it's going to – two connections to your body instead of the volt meter's probes and you put yourself in line with the plate of the transistor where ordinarily there would be a resistor and you fi nd this little circuit and a thousand different other circuits, it is a common place module of any other circuitry – and to think that this technology somehow allows you to tune into what is going on in your body's tissues is just phenomenal. I want to show you how easy, you know how simple the concept is. Here is a child's kit (opens 200 in 1 electronics project kit from Radio Shack). OK it's called 200 in 1 project kit, something like that. And they have one of these circuit designs you can put it togethe r by number, you do not have to do any soldering and this is what you get. One of them is called the supersonic human and it is just measuring your resistance, putting the human in line with that resistor that goes to the plate of the transistor. And I took out that resistor and put the body in its place, that is all.

Now you fine tune it, that is easy enough, and the trick is that you need to use it as a selecting device. You have to find something in your body that matches what you want to test. So you h ave

to make up first in your mind what it is that you want to test. And you attach a capacitor (shows plates). These two plates are just two plates, there is nothing inside this, a – that's mysterious – it's just two plates, and you could have three or for or five or any number of plates. If you are searching for mercury in your body let's say, you would put mercury – a sample of mercury on this plate (points out left plate). And if you want to know if it is in your body you attach your body by holding on to these handholds. If you do have it in your body you have put something on the plate that equals exactly what you have in your body and you will hear resonance, just like in any r adio circuit. In a radio circuit you turn a knob and tune the capacitor – usually the capacitor – until it is exactly equal to the frequency of something coming through the air at the antenna. This is the antenna (points to plate box) because it has no ground, you just attach it by one wire, just like the antenna is. And somehow that can find the exact location in your body where you have the identical item. Namely the identical frequency – I suppose it. But that is what the radio does, it can find the exac t frequency that you have dialed in, whether it is coming from Paris or London or wherever.

And this allows you to monitor what you are doing. I do not know any other monitoring system. I would like to persuade you to fall in love with this little device. It is cheap. You can take care of it yourself. But I can understand the hesitation of somebody who is already in love with their own system. I can't persuade computer operators to change their hobby or Rifers or anybody else to change theirs. But you could train a technician. It is quite easy to learn and any person, especially a younger person, has the dexterity and the acuity to learn it quite easily. And I think that – a teacher who has been doing this for years sitting right here is Carmen Myers and sh e knows that it is pretty easy to teach somebody in about two days of what? about four hours a day. It took me longer than that. But when she teaches, it does it. So in a snap you could have a technician who could do that for you and then you would be able to be very accurate in deciding whether a treatment was effective.

And I have developed a protocol of health indexes that would let you know where that individual's health is at. Not good English but I want to then tell you what the protocol is because t he shorter such a protocol the faster you know if the person is sick or well. But before I can do that I have to introduce the other technology that I want to talk about. That is why I have got two hours here. I said I would need one hour to talk about the Syncrometer technology and an hour to talk about homeography. Sounds a lot like homeopathy because I felt there were certain similarities. And I hope that no homeopaths are offended and if they are just tell me about it and I will think of something else because I do not think that it is edged in concrete yet. The name could be changed. But on the other hand it does have some features that make it very very useful. For instance, when you are testing somebody's health or state of illness you do not have to have them sitting there beside you holding the two handles of this Syncrometer. You can simply get a saliva sample from them make a homeopathic sample out of that or a homeographic sample and work with that and they can continue living in Timbuktu or wherever they are and avoid the whole legal and sanitary issue of sending saliva samples. So I want to introduce homeography and it has become so thoroughly incorporated in my work which is analyzing and detecting what is wrong or what is right with a person – and you can't keep testing a person, you know, what is wrong with them without finding out what is well with them and the other way around.

So they are so intertwined that I am going to talk to you about homeography next and after that they will be constantly mixed and I hope that I will be able to keep the two clearly distinguished for you. The first thing to know in the area of homeography is that you can put a frequency into water. Here is a little bottle, plastic or glass, with about 10cc, or approxima tely, of water. If you put that on top of a plate of metal – I am using the same plate as that (Syncrometer plate) – but the research has not been done to decide whether it is OK to be bigger or smaller. With a phenomenon this sensitive it is always a good idea to stick to the exact recommendation and things that have already been successful. All it is is that piece of metal, there is nothing fancy underneath. So you would put that bottle of water which I would call a blank on this plate and

then attach the any frequency that you want just to the plate with an alligator clip. Okay here is the alligator clip and you are connecting this to a frequency generator. It does not matter what kind of output the FG has. I tested from 30,000 to 1 or 2 million Hz and it all copies very nicely. Now how do I know that it is copying nicely. I use this Syncrometer. So I take the little bottle off of here and put it on my unit where I would be testing a frequency. The exact way I do it is written up in the lab manual which looks like this (shows lab manual) and in short I simply test through me for that substance using a frequency generator on the side. So suppose I think that I've input 1MHz into this little bottle I would start looking at say 900,000Hz to see if that is there , so I would be dialing up 900,000Hz from another or the same frequency generator and feeding that in to my handhold and see if the bottle will resonate at that frequency and it won't. So I go to 920, 950, 970, 990 and it still won't. 995, 998 still won't. It waits until the exact frequency I put in there and then at 1 MHz, bing! you hear the resonance and you go to the next higher number and it is gone. So you know that you somehow in that water have the frequency that you thought you were putting in. And you can do that repeatedly forever you and you will always get it. But it is shocking. You could also put in a spectrum of frequencies. In other words, an insect which has a spec trum. A slide of a liver which has its spectrum. And when you put in let's say a liver you would capture the liver in a bottle of water.

And now I am getting into the second part of homeography. The first part was simply learning that you can put a frequency into the water and it will stay there for years, I did the first one in 1994 and it will stay there and stay there and stay there. I did not have it exposed to bright light. I did not make it an amber colored glass. That might all be important. And I did not have it right on top of a magnetic field or anything, I just had it standing in boxes in a shelf. So if I want to copy a liver or something else into a bottle of water that would be step two. Imagine that I have a zapper or a frequency generator on the side here and you bring in the hot lead to this piece of metal – plate – a plate is an open capacitor. I would put a fresh liver if you do not have a slide of liver. It is more convenient with a slide because it does not decay but that is exactly why you are going to make a bottle of it. So you put the fresh liver in a plastic bag on top of this plate and a blank bottle of water right beside it touching it. And then you – touching the specimen (shows how she does it). And you give it about 20 seconds. The same thing goes for when you are putting a frequency into the water. It takes about 20 seconds. It will go in ten. And there is a little leeway there both at the bottom and the top but not much. So you don't have to be accurate. I always just count. But if I go too far over or not nearly that high I miss it. I do not know why. So now if I want to know whether I really did copy the liver into this bottle of water and I would be labeling this "liver, real" – I would see if the two resonate. I would take my bottle of water with the liver in it and put it on – so this is always the testing device. I would put the liver bottle on this plate and the actual liver over here and see if they are identical. If I wanted to actually measure what frequencies are in there then I would use the other technology where you simply look at your own body and bring in from another frequency generator the frequencies that you already know the liver has or think it has. So you keep racking the frequency up in the frequency generator and listening for resonance and then when you get to the lower border of it it resonates and it resonates all the way to the top border of it and that is your range of frequencies.

So now you have a little bottle with the tissue in it and that is how you could copy the saliva of somebody living in Timbuktu. You would make a saliva sample and these are all very easy things to learn. I am going to give hands on teaching at the end of all these talks today. I keep here to talks but I will be teaching the hands on way of doing this. I just want everybody to know how easy it is. You take a little piece of paper like this and chew it up until it is wet. So Now you have a saliva sample. Put that in a plastic baggie like this and now you can copy it. You are going to copy it on your copy device. You would put a blank bottle of water right close to it like this. Now I use an extra shielding device which makes it a lot stronger. Here is a shielding device, I put it right on top like this. So here is the way you would copy that saliva sample. If you do not do that (use the shielding device) then you have to keep everybody away from you about a yard because this bottle of water is going to be picking up on you and especially if you are working with

something and if you have got an apple right here, say, standing here or a bottle of something it would be included in that bottle as you are making the copy. So to prevent that you put a shield on it and then you can go about anything you need to do. And now you have a copy, a homeographic copy of this saliva sample.

But you could of course have made a homeopathic copy of it and you would have done that this way. Let's say that this saliva sample is in here (shows bag) and you add some water which changes it – homeopathically changes it. We call that a number two so here is the saliva sample and you put your blank bottle of water right down on top of that inside your hand like this so there is a lot of good skin contact and there it is on top of the water and the sample is between the bottle and your hand so that the frequencies from your body are going to replace the frequencies coming form the generator that we were using here. So now you shake this 130 times as hard as you can. I do not want to shake this bottle – but this is a bottle (takes different bottle for demonstration how she shakes it). You shake it real hard. You develop an arm for that. And I have never tested the frequencies of the those but they work very well.

So with those basics I think I can start talking about the signs of health. I can get a saliva sample from people who I'm interested in testing and especially children who are healthy and compare them with the sick people I deal with who mostly have cancer but I have some other very bad diseases. And if you can test this way you can find the difference between health and illness in a matter of minutes. 10 15 minutes you know pretty well if that person is healthy, how healthy they are and how sick they are.

You test for the magnetization of the saliva. The saliva should be north polarized by day. By day time. You test for those things that become systemic because the saliva is a systemic solution. It goes – it links to the lymph and it links to every other thing, it seems, in the body but there is not a very strong link to the cerebro spinal fluid. So it will not tell you very much about what is going on in the brain. And for the lower part of your body it would be a good idea to also have lymph. But here we have three body fluids that you can get a copy for – don't have to have that specimen from that person. What you get from that person is a saliva sample. And that brings us to the next part of homeography, the next step. Can you make the switches? I have to jump from one technology to the other because that is how it is actually used. It gives you the fastest way to assess a person's health or illness. One can have generic copies of tissues and lymph or cerebro spinal fluid is a tissue because it has a number of components and they all have certain resonances. So if I take a sample of lymph from anybody here even if they are not well it serves as a sample – it has pretty much the frequency of lymph in anybody. And if you put this person's saliva which is in this bottle. And this is testing now so I am picking up the Syncrometer. If I put the saliva sample of this person in this location and I put any other tissue, be it the lymph or cerebro spinal fluid or the liver or the toe nails; if I put that beside it they act in series so now I am testing this person's lymph or this person's toe nails. See? Or this person's cerebro spinal fluid. Whatever I want to search for in that person who gave me the saliva sample I can do that by putting a generic tissue in series with the saliva sample. If I put it way across here it does not act in series it acts in parallel. But we will discuss that in the class we do not have time to go into that here. So when you bring this generic tissue close to the saliva sample you are testing the tissue of that person. So now I can go searching for the health of an organ or the illness of an organ in the person who gave me the saliva sample. Because health is such a kind of a general thing in the person's mind – and it should not be – but it is because we do not know yet what health is and this is the way we will start to find out what it is. We know it is not just the absence of something. We know it is not just the absence of cancer or the absence of some other illness. We know that health is really the primary property of a living thing. That illness is a secondary, derived property. But we can't go about searching for it that way because we do not know what to test for and we do know a little bit what to test for in an illness. And in view of that difficulty I did not know where I should be studying health.

So I took the immune system. I decided to divide it up. To divide the body up as – I am a physiologist – so I would divide it up in physiologically important sections. And I took the immune system but one could take other systems. I think the nervous system would be fascinating and the muscular system, the reproductive system, just plain skin, everything would have its fascinating properties of health as opposed to illness. And when – I chose the immune system because I already knew some of the immune properties that you have, I know that the white cells should be able to make certain cytokines, interleukin 2, interleukin 12 and so on and so forth and I knew that other things should be produced but that turned into a pretty hairy complex kind of study. I knew there are different kinds of white cells. There are the bacteria eaters and there are the virus eaters and most of all they should be eating so I centered on that.

It is easy enough to find an ill person and to look at their ill organ. See here I am looking at an ill person's organ that is ill. Let's say the liver is ill. He's got liver cancer, something, cirrhosis or something like that. I have their saliva sample here and anybody's liver sample, a slide of liver would be just fine or a grocery store bit of liver would be just fine too. And then I would look at the white blood cells in that organ. To find out – well first I would have to find something bad in the liver, that would be very easy to do, just look for copper let's say or mercury, you could look for any number of test substances that you think of. And if you found let's say mercury in the liver you would have a sample of mercury here in another bottle or you could have a bottle with real mercury in it or you could have just a piece of amalgam that you know has mercury in it. And if you put that touching the liver it means "in series with", electrically. And you would be looking for the mercury in the liver of this person. Let's say you found it. Well then, the white blood cells in the neighborhood should be eating it. So you pick up a bottle with white blood cells in it. You made the sample of white blood cells first of all, it is a generic white blood cell sample. You can make it. It is described in the manual but it is easy enough for you to get some from any little irritated spot on your face where you can ooze a white blood cell sample. We have lots of that so in a few minutes you can have a sample of white blood cells which you put on an empty glass slide or a piece of plastic, plastic bag, and you would cover that with say a little piece of tape to protect it and then copy it on here. So you put your blank water bottle touching your white cell sample and copy it and then you take your Syncrometer and see if you really did copy it. Because it is very important that you really do have the white blood cells in here. You are going to base a lot of conclusions on it. So now you have the person's saliva, the person's liver and the person's white blood cells touching the liver so that you are testing those white blood cells that are in the liver. Because although white blood cells serve the entire body you still have a kind of a tissue relationship between white blood cells and the tissue. So that they do interchange and they do circulate but you still have a large number that are devoted to the liver and that are really the liver immune cells. And you see whether there is mercury in these white blood cells. So here you put your sample of mercury and you are testing these in series which means mercury in the white blood cells of the liver. If there is resonance it is there.

Now how did I prove that in the beginning. I think that I can tell you stepping back to validity of the Syncrometer as a testing device. If you put a piece of amalgam on your skin somewher e and you tape it over so that t it is contacting your skin – not that I would do that, I chose a copper penny as the experiment. If you have a device that can detect that copper penny on your skin I think you have a better technology than anything except an X-ray, right. The X-ray would only tell you that there was a round piece of metal there. It would not tell you it was a penny of a certain age period. If I used the Syncrometer to search for copper in my body it will give me the correct answer. If I then want to know where the penny is, I resonate it with the skin. Is there copper in my skin? I would put my saliva on there, a sample of my skin on there and then on the other side which I am comparing would get the copper penny and if it Is there then I know it is in the skin. Where could you get any technology even coming close to that? That is why I am touting this kind of investigating tool.

You know we had a volt meter around for about over 100 years and it did not come into use for measuring the body until around the 50s and 60s when the electrocardiogram got its development. I was in the biophysics department where it was done. And we thought that was fantastic. It was nothing but a volt meter., anybody can – could have used a volt meter and should have had the idea long ago, and I am sure they did in the first couple of decades of the last century. But it was thought to be taboo. If you can imagine, it was. It was thought to be taboo to make any such measurements on the human body because the body was kind of a sacrosanct thing and you shouldn't be doing that. Where did that notion come from? I do not know. And then electroencephalogram again, nothing but a volt meter. So we do not have any electrical devices making measurements of living things. We do have X-rays and derivatives like MRIs and PET Scans and so on and now they're getting around to measuring magnetic fields in a more careful way but it does not begin to compare with the power in this oscillator amplifier. Here you can look at an exact organ of your choice and break it up into which part of that organ. You can go right down to the cells of a liver, you can go to the lysosomes, the microsomes, the mitochondria, and the chromosome material, you can search for a gene in it with this technology and that is how I found prions. I'll talk about that later because I want to get on with showing you how powerful this technology is.

These two technologies used together, they shortcut through those kinds of studies that we always wanted to know – always would have liked to do but we couldn't because they involved immunology and chemistry and biophysics and all these different parts to biological science that were each in themselves a specialty and here now you can have it all together. And in the space of about to 25 to 30 minutes I can have analyzed a person's health in a lot of different respects and already know what their likely illnesses could be and what the solution is. So it's a very fast method.

So now going back to the study of health we need to know whether what the correct magnetic polarization is for a person. This was an accidental discovery of course and it goes back to another phenomenon. Which is that we all have a magnetic polarization. One of my sons once told me that when you land on a new planet or let's say the moon, no matter what you touch or hear or see or feel or happen to kick with your toes, it is going to be new. And that is why there are so many discoveries. A technology, a new technology makes it possible. And it is not a question of brilliance. Everything that we can discover using a new technology is likely to be new and consequently, there are more new discoveries in the past 10 years than I can begin to write down. I tried to write them into this manual but it represents less than 1/10 than what actually was discovered. So now to the magnetization aspect. If you put a little bottle of water like this onto the middle of a magnet which say is north side up and it should be big enough to where there is not any south pole force coming close to that bottle so it should have a pretty decent area and I have not calculated any minima or maxima. I used a 4 inch by 5 inch magnet but I have used others also. And I have even used simply the zapper, the zapper's current, which produces a north pole water. And that is why it (the zapper) is positive offset, so that it will produce a north pole water.

But in order to copy the north pole or the south pole into this water you simply place it on that permanent magnet for say 2-5 minutes. I have not been accurate with that. All that whole range works very well. And then I label it north pole or south pole and they can stand side to side without affecting each other. And it is not really north pole water or south pole water. I do not know what it is – I call it north polarized but that is not correct either. There is a water science group in Oxford England which at least appears to – at least 10 years ago when I was reading their materials – clearly stated that water had never been known, had never been found to have a magnetic property. Maybe that has changed I have not read them lately. Maybe it has changed. Because certainly the field of magnetism has made a lot of advances. But be it as it may, this little bottle of water, which I made on a north pole, will resonate only with another bottle made on a north pole. It will not resonance with a water made on a south pole. Moreover if I put the little bottle with north polarized water in it on this plate and a I hold a little magnet up here, a tiny little

ceramic round that has got north facing down here, when I get to within a certain distance it resonates with this north pole showing you there is a field above this plate that is magnetic in some way and can be influenced – that is my interpretation – right through this air, influenced by the field coming from that magnet. And it does not resonate wit the south side, it resonates only with the north side, being equal to this.

So I can rely on my little bottles as representing the influence of a particular pole and so I have north polarized water and south polarized water. When I take a person's saliva that is produced during the daytime and I am testing that for its polarization. This is a saliva sample, and this is the north pole water. They should resonate. If it is south pole, you have a very sick person. All sick people who are quite sick, I said very sick, all people who are quite sick have south pole saliva, south polarized. At night that switches and the time that it switches is around sunset and the time that it switches back is a very precise time. The evening time is not precise. I start switching at around 4 o'clock in the late after noon, 4:30, 5, there are still other variables coming in. Sunset is only say around 6:30 or so. And I am fluctuating between north south north south north south. Younger people, very healthy people do not turn and switch to the night time version which would be south, until quite a bit later. They have an ability, that is some ability to keep their polarization as if it were daytime. Now in the morning however there is precision about this. I did these experiments in Spain two years ago and I woke up just before the crack of dawn, not able to see a thing, and tested my south pole polarity and I was continuously south pole until the first beam of light from the sun came over and I could see it and I was instantly north. I did this a number of times and I noticed that it was at exactly the same time that the first birds were calling outside the window. That first "beep" was right then. And since then I have not done such precise experiments but those were quite interesting. I did a number of them. Now what is the significance of having north polarization of the saliva which is a systemic fluid for you? It is the time – and I have only studied the immune system with respect to this – it is the time that white blood cells will eat. They work. If you consider that work. They are eating when the y are north. And they are not eating when they are south. So if I have a well person's saliva and their liver and the white blood cells of their liver right here, and over here I have mercury sample, I am testing to see whether this person's immune system in the liver is healthy. It should have mercury in it and if it does it is healthy. I can test whether there – and if it does not I know it is not healthy and I have to figure out why that is the case and I can find out that their white blood cells are south pole by day time if the saliva was made by day time. And that leads to a very fundamental question. Why is it south when it should be north?

And I found the solution to that and I think that I came – I wanted to come to this conference to tell you this one thing. That your body fluids are in close equilibrium with the water you are drinking. I have already searched at least 1000 other variables, because in the course of 10 years that I have been studying this I have been looking at a lot of different variables that affect the immune system. And for the first time I found something that looked like it four years ago, and it was the water. Since then, for the last 4 years, I have asked every person who comes to my little clinic to bring a water sample. I had always done that for 10 years but now I have got – I could have missed it. Because a sample of water does not represent your water. So I thought I would take a much better sample. I had people bring in samples that were an average collection over 6 days. And there I found it. That water they are drinking is south pole. Now the most astounding result of the past 4 years in which I decided after 2 years without any fail of seeing consistent results that I can trace the south pole water to the kind of chlorination that is used.

There are a number of chlorinations used in the market place. If you get – if you download all the different chlorination – sodium hypochlorite type of manufacturers, there are about 3 dozen to 50 or so, maybe a little bit more or so listed on the websites. And some of them state they are NSF approved which is National Sanitation Foundation, and some are not. But the FDA and EPA regulations do require NSF stamped sodium hypochlorite as the additive to your drinking water for disinfection. As I was keeping track of every patient and their water and I tested the water for

about 6 different things, I found a very clear distinction between healthy and unhealthy peo ple. All the persons who came with tumors or cancers, all the person who came with some other very terminal illness had a south pole saliva and their water was south pole and was being treated with a sodium hypochlorite – chlorine compound that was not NSF stamped. It was clean laundry bleach out of the super market. There were no exceptions in a 4 year time period I might have seen, not as many as in the past, maybe 1000 persons. But I would have gotten several water samples from them to bring back each time I saw them and they were with intensive work input to get them. I also asked them to bring water samples from their friends and family members and especially from the person they were bringing along as caregiver. And from that I could conclude that ever y case of disease to the extent of diagnosed cancer had a chlorination variety that was off the shelf laundry variety, not the NSF variety. And that becomes a very strong statistic. When you look at about 1000 consecutive cases, it is pretty clear. I wish I had them all the way back 10 years but I don't.

I then – I also found that very often a friend or family member did not have this bad – this so called bad water. They had an NSF variety. And they did not have cancer, maybe they had some other disease. But I thought that if this is really the deciding factor between getting cancer and not getting cancer, then maybe it has a general effect and could be seen as being the one deciding factor between children who get autism and other children who under the sa me circumstances do not. And so on. So I requested samples of water form hundreds of faxes that I got asking if they could bring their child or some other family member who had some serious disease. I stuck to serious diseases and so called inherited diseases. Inherited diseases would be extra chromosome let's say or cystic fibrosis and maybe a couple more. More and more diseases are being classified as inherited now as you probably have noticed. The astounding, shocking fact was that every one of those – I did not ask for saliva samples because of legal implications and they did not know how to make these homeographic or, you know, homeopathic copies of them – I only had a 6 day water sample from them and they often would send me three samples, one pre filt er, one post filter one this treated and that treated, and in every case of serious disease, including inherited disease, they had south pole water and the type chlorination was off the shelf laundry bleach.

It is very easy to find out what kind of water it is. Here is a set of the different kinds of water a person could have. I collected them and I have made set out of them so that anybody who can use a Syncrometer can test their water of course within minutes and I was hoping that the people who do want to take the class later today or tomorrow, would bring their own water samples for testing. Or the bottled water they are drinking or whatever, so that you would get some tangible benefit from learning this technology. You can test for off the shelf bleach , you can test for two brands of NSF bleach, you can test for pure hypochlorite, which would just tell you that the water had been chlorinated. And some water isn't but I did not get any waters that weren't though for these sick people. And you can test for motor oil. There is motor oil in this bad bleach. All the laundry bleach on the market, and I tested about 14 varieties of different laundry bleaches on the shelves. I tested those bleaches for different things. There is motor oil in the bleach. And if i t is in your washing machine it does not matter that much but certainly when you are drinking it it does. It settles in you even more than azo dyes do and that brings me to an assessment of health again.

If you are looking at the saliva and the saliva sam ple that you get from a person whose health you are trying to assess you find that the saliva if it is north pole it does not have 5 things. If the water is south pole it does have 5 things, not 1 or 2 or 3 or 4 OR 5. Five! And these 5 are PCBs, benzene, a sbestos, a selection of azo dyes that I have together as a group of 18, and a selection of heavy metals including mercury. The heavy metals were a copy of a piece of amalgam, that is what my set is made of. Now why those should go together of course reflects on the water because that is what this off the shelf water has in it. I should repeat that. When you find in a saliva sample that the sample has PCBs benzene heavy metals azo dyes and asbestos, you can of course also test for hypochlorite, and you can test for off the shelf bleach. And you will find them always together. It is the stamp of the water in the saliva and it is in all the body fluids.

It (the saliva) should be DNA negative! If the DNA is positive, it means there is way too much replication going on in the body, so much that you can see it in a systemic fluid like saliva. Human growth hormone should be negative. Even though you are making it. You should not have so much that it is all over your body and in the saliva. Having it positive is a sure mark of a tumor growing somewhere. So you can use that as your flag for a tumor growth. Stem cell factor should be negative. SCF stem cell factor is positive when there is south polarization. Stem cell factor is normal for us, we use it for healing, the body sends it out of the hypothalamus to go to the place where you have an injury. And it – I do not know what it does but it probably turns on the stem cells of that organ so that they are supposed to divide until your body is satisfied that enough is enough growth and now it will stop. For instance if you had – if you burn your tongue which is an easy place – do you follow – I have done that a number of times, I see that stem cell factor rushes right out of the hypothalamus and along with the DNA production and then after a bout two days it is all gone. Before the tongue feels a whole lot better but the body knows to cut it off. If you just at random, at a random time, have a person's saliva sample collected, it should not have stem cell factor in it. Those two things, stem cell factor and HGH, human growth hormone, should be negative. If you have those positive, you have a person with cancer.

You can look for extreme cancer, a little bit more extreme, then you will also have ortho phospho tyrosine which I discussed in my first book. But because saliva does not really reach the brain too well nor the very bottom regions too well, you can get cancers on a small scale that do not show you ortho phospho tyrosine in the saliva. So, but if you have stem cell factor or HGH you know it for a certainty. All you have to do is go and search for it and it would be easy enough to search for it with the Syncrometer because you would say is it the liver is it this is it this is it this and find a yes or no answer for each one of those. You can see that it does not scan the body in the sense of giving you a picture but it does give you a chemical picture. I wish when I was watching the video last night I though if only we had microscopes like rife had, if only we could see what was going on. But we can't. We can't get it, we'd love to but we can't learn to use it, and I have to settle for something else. So the chemical way for searching for things and the magnetic way is a substitute. You can scan the body or any bio chemical or magnetic effect that you can make up a question for.

Now I want to go back to the bleach problem because I have another couple of statistics to add to that story. While we are treating that patient they are of course in a water district that is using NSF bleach, in the area where I live and we function. By the time they have been in our good water, the second day their saliva is almost turned – and they are healthy. A healthy person will switch their chlorination type in just under two days. So if they are not a cancer patient I can see that the chlorination in the water they came with – remember I am testing the friends of the cancer patient too – the water that they came with was in their saliva and by the second day the good water, NSF type water is already there. It takes only that long to change the whole equilibrium that he body has developed for the kind of water that you are drinking. After 2 to 3 weeks and we are done with the patients or ready to send them home we have found a water supply for them that is north pole and has NSF type water chlorination. That is their first task. They are supposed to bring their home waters and they immediately call out to their friends and family to get samples. They do not need to make a 6 day sample any more. I can just look for the type of water chlorination that hey have in one day – or a one sample sample. So it is very easy. Most people are extremely interested in helping them and I will get deluged with about a dozen water samples and they can choose where they will go when they are done with the treatment. They do not have to live with the person who has the good water, they need to live in the zone that has the good water. But they still need to verify that where they go does not have a water softener. Water softener has the same effect as laundry bleach, and I do not know why. I do not know which element it is. And it should not have motor oil and those are – that about summarizes the restrictions.

Now here is the statistic. If they go home and live – go back that is – and live in a zone that has good water, they recover, even if they make mistakes with the program or slow down with the program or do almost nothing. I mean it is not maybe a very nice expectation to see that the program I gave them might not be the most important (laughter). That is the truth of the matter! If they get tired of where they were and do not want to live with the son or a daughter or a friend or – so home sick for home, that they, feeling so well, you know use a kind of lack of judgment –if they go back to bad water, they do OK for the first month or so, and then they decline. And they get a recurrence and they become more and more ill and they will be a failure, meaning death. There is a clear cut difference between those patients who go home to good water and those who go home to bad water. all the people without exception who go to good water continue to recover or at least hold their own. And I have not done the other statistic very well so I do not know what percentage of those in bad water still make progress. But all the people who come back with a recurrence have gone back to the bad water. So that is still very powerful,. There are no exceptions. All the people who came back went back to their south pole bad bleach chlorinated water.

Now something needs to be done about that because this is what you would call an epidemiological result. And you know epidemiology was done in the 50s of the last century and the 40s, it was done intensively, especially in England, where there were cases of cancer coming up unexpectedly and the incidence was rising, especially in cities that were industrialized with a lot of coal burning and they were testing everything. Even they height of chimney, the height of chimney stacks. Because there was testicular cancer in the little kids that were running up and down the chimneys, well and there was tremendous amount of epidemiological work done and since then in the US too and we still have a strong epidemiology but they can never find anything. Of course there are a lot of variables. And it is worse than looking for a needle in a hay stack. But a technology that can test for things as quickly as the Syncrometer with almost no cost could do it. I think the science of epidemiology was too early. It takes much better technology than they had. And now we have it. It is the single epidemiological factor that decides whether a tumor will become malignant or not. We do make tumors that are not malignant. We start out making tumors. But even those I have not seen coming from a good water situation. But my statistics are not ready for that.

So going back to what constitutes health. You need to have north polarization of the saliva by day time. You should have no stem cell factor unless you are healing a burnt something or an injured something and then that should be over in a few days. You should not be able to detect human growth hormone even though we all produce it, it is not at a level where the Syncrometer should be able to detect it. The same goes for DNA and the enzyme ribo nuecleotide reductase. That is the enzyme that makes DNA out of RNA and it gets turned on at the same time as you see DNA turned on and the same time as stem cell factor comes along.

I have 25 more minutes and I want to get into the discussion of health and illness a little more in depth. If you notice that the person has – is full of heavy metals. Those heavy metals that came from water are easy to identify. There will be tungsten and platinum and palladium and the most absurd heavy metals that you would never get from any living things. But we also have natural metals that the body deposits in many different places because it can't excrete it or because of some other reason. The natural ones come from your own enzymes. Our enzymes have copper, cobalt, chromium, vanadium, germanium, selenium, those six; but we also house a lot of bacteria and fungus, at least in the intestine – when we are very well we haven them in the intestine – and all of those are going to deposit a little nickel. So our natural metals, our natural elements, our natural, which we really ought to call minerals because we incorporate them into our enzymes, are those six. There are more they are not detectable with the Syncrometer, they are – for some reason they are too low in an amount. And the healthy person can keep them in mineral from so that hey do not show up as a metal. This is a bottle of copper. The kind you would say use as an atomic absorption standard. So there is nothing organic about it. This saliva should not have this copper

in it. And if it does not have any of those six, that is a very good healthy sign. The sicker you get and the older you get the more of these minerals are sitting around as little deposits of metal. They are heavy metals. And cobalt or rather chromium and nickel have always been considered two of the most carcinogenic metals that we have. OK we do have them in the saliva when they get systemic in amount. So the saliva should be free of that evidence of over oxidation. When these minerals get oxidized by chlorine in the water, whether it is good water or bad water there is an oxidation effect and a healthy body can still overcome that and reduce them again back to the organic form that it can use, but it is a stress, it is at a cost, and eventually the body's health mechanism which turn these back gets overwhelmed.

The most important one of these metals or minerals are left out of those six because it has a life of its own, and that is iron. Iron is constantly being reduced and oxidized, then the body reduces it again and the function it does oxidizes it again. It goes back and forth and back and forth throughout the day. And your white blood cells will pick up the oxidized form when you are healthy and deliver it to a little ball of protein called ferritin and stick it inside. Something happens inside there to turn it back to where it is back to the mineral form, reduced and able to work for you again. So when you are healthy your iron is not in the oxidized form either, it is in the reduced form. So the healthy saliva should have a form of iron called Fe_3O_4, also known as magnetite. How interesting. The body is awash with magnetite when it is healthy and in its north polarized form. When the body is south it has a form of iron that is Fe_2O_3, ferrite, common rust. And in electronics, that is what you use as the core of an inductor. Common ferrite. But the body knows how to switch it back to Fe_3O_4, magnetite. And that might be the basis for our polarization effects. At least magnetite is always north and Fe_2O_3, ferrite is always south. And when your saliva changes, and when your white blood cells change you see that exact flip. That is what the white blood cell is doing. It is picking up a piece of ferrite Fe_2O_3. and it is changing it to magnetite, Fe_3O_4. And the blood and the urine reflects it as part of your body fluids. When you are full of chlorine, you do not do that. You stay stuck in the ferrite from. And once your iron is out of whack, your health is out of whack. Because iron is responsible for about one half of all our enzymes, is my guess, I think about one half, and when they are no longer working, because they are working on the principle of oxidation and reduction, and now they are stuck in one, in the oxidized state, you are not functioning with that enzyme any more.

So it is a basis for loss of health. And it would be as easy as not having chlorination in your water, whether good or bad. So we have something to strive for in public health. If you see the same things, then there is a little more strength to my argument, that we should not be using chlorinated water. I can't say what happens with ozonation, but I think it is a much weaker force on the minerals. And I can't speak for other kinds of disinfection either which I have not studied. But we see here an effect of chlorination which, good or bad, is not good for you, and once it is the wrong chlorination you are set up for disease and inherited disease and cancer. Inherited disease, shockingly enough, the cases that I had results for, that all came from laundry bleached water. And even now there is a little group that communicates with each other by internet where there are two children with autism or two siblings with a chromosome defect, extra chromosome. Now that would have been absolutely unthinkable a hundred years ago. Even having one was quite rare. And these children are so over oxidized that at a very young age of two and three all these essential minerals are in a metal form already.

15 more minutes and I am going to talk about an element that none of us ever guessed had anything to do with anything and it is iridium. Iridium. I-R-I-D-I-U-M. Now hold on to your chairs (laughter). This is enough to shock anybody screaming, leaving. The hypothalamus makes stem cell factor and sends it out to any south pole organ in the body. As soon as you have traumatized a little spot, the tongue or the skin or something, that spot turns south and the iron has changed in that spot. The iron has become oxidized. And that has changed that little location to a south pole region. And that is how it is supposed to operate. And immediately the hypothalamus sends out stem cell factor which seeks out a south pole location. But it does more than that. The

stem cell factor that is in your blood and lymph going to that location has some metals attached to it. Minerals or elements, attached to it. I only tested about 4 or 5 of them because these metals are very very weird. They are these same six metals connected to carbon monoxide. Twelve carbon monoxides. And the name for them therefore is dodeca. And carbon monoxide is carboxyl so what you find traveling with the stem cell factor that is going to give you growth and health in the area that is being healed – because we are talking about healing now – is called iridium dodeca carbonyl. That might be our healing factor. It is not something I have put down anywhere but I have been working with it about 4, 5 years already if not more. It is too shocking to write down anywhere. So (laughs) four iridium atoms and 12 carboxyles makes a tetra iridium dodeca carbonyl. And that is what is attached somehow to the stem cell factor. There is cobalt, tetra cobalt dodeca carbonyl, also and there is vanadium, and there is chromium, in other words there is a little welcome basket being attached – I call it a welcome basket – it is a little bunch of the very elements that that healing place is going to need. And it is shipped along with stem cell factor to the place where it is going to be used. In a form which I do not know is organic or not organic. But these metals, these dodeca carbonyls and other carbonyls were already studied in the 1800s and form the beginning of metal chemistry. And so going back to those old books is very revealing.

But iridium is the one that I have studied. It goes to the ferritin collection of oxidized iron and it goes to the white blood cells that have picked up the bad iron that has been oxidized and it switches it back. I think it is our switching mechanism that makes it possible to heal. It is an anti aging mechanism because in age you can't heal that property of being able to switch iron back from oxidized to reduce so that it can be used again in your enzymes. But you know there is this peculiarity of iridium, it does not belong to the earth. It does not belong to the earth. It only is in the earth as a layer about ¼ inch thick that came down back when the dinosaurs expired, 65 million years ago. We got iridium deposited all over the planet and compressed down to about ¼ inch of the iridium layer.

So I collected cosmic dust. All you have to do is go out with a big dinner plate and let it stand out there for about half an hour and you got dust on it. You take a piece of paper like this little piece of towel, you don't dampen it for fear of contaminating it and you wipe across that dinner plate and you quickly go and test to see what's on there and it's iridium. Tetra iridium dodeca carbonyl. And it is cobalt dodeca carbonyl. And it is try iron dodeca carbonyl. It is this exact set that gets sent along with stem cell factor to places that need healing. And in people who have cancer, they do not have this mechanism. Rain water has these things. And the various spas that have been used by people as healing waters where you go and nurse yourself, swim, drink or whatever, does have iridium dodeca carbonyl. And a lot of the water supply that is out there in our reservoirs does have it because it comes down all day long in the cosmic dust and wherever it is raining comes down faster so the water on this earth is full of it. But we do not drink it. We dig our water up from down below there. And then we add an oxidizer like chlorine which destroys it. So when our pets get cancer, it is also because they are not outside drinking water out of the ponds and ditches, and licking off their fur with that dust and so on on it, they have become house pets, like us (laughter).

And then we are in a cycle that prepares food with this bad water, cans food with this bad water, makes our supplements with this bad water and pets the same and so we cannot get out of this pervasive effect of laundry bleach being in everything, everything is oxidizing us and we can't get away from it so that is our dilemma and I think it explains why people get their cancers back after they once were cured with your Rife instrumentation or whatever instrumentation. And people are using tons of supplements which should have miraculous effects, and they don't. It is because they are also getting with every little capsule or tablet some PCBs, benzene, asbestos, at a measure where you can test it with this Syncrometer. And germanium and selenium in its oxidized form which is very toxic and heavy metals including mercury and the azo dyes. So there is our dilemma, what to do about it is our challenge. First thing to do about it, I think is to find out what

kind of water you are drinking. Fortunately I have a test set with me and if you bring a sample tomorrow and there is opportunity I will test it and then – on condition that you get interested in doing it yourself. But I think that is our biggest issue for health and health is what we are after and I appreciate that you were interested in this and if anybody has questions ask me the toughest one you can think of first.

Someone from the audience: Very high ferritin readings in your blood test. In the range from 500 800. is that an indication that your body's white blood cells are not converting the ferritin back into useable iron form?

Dr. Clark: Yes, it is more than that. It shows you that the body has been very busily making ferritin for the purpose of trying to capture all this oxidized iron., but in the case s where you have such high ferritin there is an extra source of this bad iron and that is asbestos. There are different kinds of asbestos out there and the kind that is so damaging has iron in its structure. It is not an element. Asbestos is not an element. It has iron on it and that iron is invariably ferrite, south pole. So you are getting an extra effect and the white blood cells eat that asbestos which is their gene trigger for making ferritin. So then they make so much ferritin that it just oozes out o ver it and you have white blood cell that is all coated with ferritin and that can't do any work can't see any bacteria etc. And that reminds me… I am going to take the last 2 minutes... wellness would be the absence of bacteria. Also I have a set of bowel bacteria, E. coli salmonellas and some streps. The reason that these have not been discovered before – in other words, all the sick people that are coming in have tremendous infections without showing it and without giving you the correct culture response s. The reason is that they are full of onco viruses which change their properties so they do not give the correct indications that they are present and the cancer patients' bodies are swarming with it and I brought a set of 10 onco viruses that we use and one of them I call the cancer virus which could very well be the BK virus that was being discussed. It is SV40. SV40 has a peculiar property of dragging other viruses in with it and that is why…

…OK I have 10 more minutes? OK that will allow me to do a bit of a better job because I came here with the intention of giving away some secrets if my attorney let me (laughter) and I think the best kept secret aside form that healing item – I have told you about iridium – meaning that maybe our healing factor is sifting down on us all the time and we never knew it and we hid ourselves away ion our cage called houses. Now the other best kept secret is that we are full of bacteria that are essentially killing us including Salmonellas, Salmonella typhimurium, Salmonel la paratyphi mostly, and E. coli most of all, and a couple of Streps, Strep G, Strep pneumoniae if you are in pain. When you are in pain there is always Strep pneumoniae. But why doesn't the immune system kill them? If a person has a disease, let's say you have got kidney disease. Children are very prone to kidney disease from this water so that is why there is a whole lot of kidney disease in children now. And their immune system, why doesn't the immune system catch these bacteria? It is because the bacter ia are disguised. That is my interpretation.

The observation by Syncrometer is simply that the white blood cells do not eat the bacteria that are full of onco viruses. Maybe they never saw them before. That is kind of hard to believe. Certainly evolution should have brought that along with it. But in cancer and in cancer only you have the SV40 virus. The SV40 virus goes straight to the nucleus and it has this peculiarity which might be what made it visible to Rife so long ago it hitches up the other viruses, the other onco viruses that would normally go to the nucleus. It is just as if they're holding hands. In other word they are in series by this device (Syncrometer). They're attached to each other, touching each other and either fused or hooked or somehow attached to each other, you know the way a skater can pull on a string of skaters and kind of flip them around. They have an organization they can only pick up certain ones in certain orders.

But in a cancer patient you see inside the tissue SV40 virus attached to E. coli. SV40 virus attached to these onco viruses that have three letter names, called RAS, call NEW, called SRC

and so on, there is a bunch of them. But there is not a very large number, there are maybe a half a dozen really common ones and some less common ones and I brought ten which is all I test. The amazing thing is that these onco viruses come from parasites. We do not take them in from the air. And these onco viruses infect the bacteria in us at the same time. So in a chronic disease like kidney diseases the bacteria that are found chronic in an illness have these onco viruses in them and that is why it is chronic. That is why no amount of antibiotics and no amo unt of immune booster ever has a permanent result, until you kill the parasite bringing the onco viruses it will always come back.

But we do have a new method of getting onco viruses out of the system and it is – what would you call – a nice name for enema (laughter) what would be a nice name for enema, what would you call it? It isn't really a [?], it does not have to go up high. A colonic? A version of colonic with certain herbs and they get the onco viruses out of the bacteria and out of the tumor cells and then the immune system can handle it. So that marks the turning point from sick to well in our patients now. In other words the patient has arrived looking very terminal as well as feeling that way. When the day comes maybe 5 - 10 days later when they come in and say I feel different, something happened, whatever you gave me last did something, it always turns out that the onco viruses are out of their tumor cells and bacteria. But what was making them feel so bad was the simple bacteria, not the tumor c ells. It is the fact that they are full of bacteria that is make them sick. Feel sick, lose their morale. So if we can get that level of illness gone you have a very big hurdle removed. Yes? (Person asking whether Dr. Clark can discuss the recipe) Yes, why not, (to Tim Bolen) is that OK?

You use, first of all the little Fleet bottles that you can get in a pharmacy. Two little Fleet bottles called F-L-E-E-T, dump out everything in there and wash it with hot water because you are not going to use that. It is not that you are emptying the tract, It is that you are medicating with it, that is the purpose of this. And first of all you need to empty the tract sufficiently to hold the medicating solution permanently and not lose it. So you do two pre enemas in ord er to give your intestinal tract the capability of holding the medicinal one. And it only takes about 2 or 3 of these medicinal ones with a lot of herbs in it to give you the result. It is very quick, the reason is that most of these viruses live in the intestinal tract. Something we always knew but always overlooked., even for HIV cases. If they simply empty the tract several times before they do their blood test they will get a much lower viral count because about 70%of the virus lives in the intestinal t ract. Just washing them out is not going to remove the source, it is going to come back, but washing them out is part of the way you kill them for cancer.

So you want to get the medicine into the body that is what is going to kill them in the rest of the body. Doing a plain enema is just going to empty the tract. So you do two pre enemas each with 6 drops of Lugol's iodine. You have to test the Lugol's iodine to make sure it does not have PCBs and the other four things that come with the wrong chlorination of bleach. Lugol's iodine solution, the old fashioned Lugol's iodine. It takes 6 drops or more but 6 drops does it. So you do one pre enema, hold that for 5 minutes and by then you can't hold it any more so out it goes. Immediately you give the second one because you are trying to clear a piece of your tract for absorption. And that takes another 5-10 minutes and now you are ready for the real enema. So now come the real herbs. The secret is not to mix these herbs and yet also mix them in order to have two medications going on. In other words if you have turmeric as one and fennel as one, then turmeric and fennel mixed is a third. And all this was done by using the modulation effects of the Syncrometer which is part of advanced use of the Syncrometer.

So the first enema, thing you put in this new enema, we have to think of a nicer term for that (laughter) – a wash, some kind of a wash, how about that? Intestinal wash, OK. Six capsules of turmeric. It is hard to believe that little bit would be so effective. You empty them into your empty Fleet bottle. Fill it up with water, shake, make sure you are using soap on the important end (laughter) – both important ends. Because soap is that natural pH for that end and it help prevent

hemorrhoids from troubling you or from developing. Make sure you use soap without the wrong chlorinated bleach in it. Everything is contaminated with wrong chlorinated bleach in our environment. You can't tell one from another. That is our dilemma.

I like to take the gasket out of the bottle so it goes a little faster but the whole idea now is not to give yourself so much water that you have to expel it so one little Fleet bottle is enough. Wait till you are comfortable with that. Sit down or lie down or read or whatever, so that you are going to retain this turmeric for good. And after a half an hour you use six fennel capsules. After a ha lf an hour you can give something else. You can give yourself 5 Co-Enzyme Q10 capsules (400mg each) – they do not dissolve very well so you put them in hot water first so that they'll dissolve a little better, not stick to the sides. That is already about the most powerful one. That will kill the E. coli that has the onco viruses in it and that is about the biggest turnaround effect that you get. These are about size 00 capsules. 00 or 000 capsules, not very big but the bigger the better. A little more is a lways a little better. (Question from public, probably how many milligrams per capsule; or milliliters for the enema.) Around 500 total, 400-500. But it will not be permanent unless you kill the parasite that brings that onco virus. And we have now about 4 or 5 extra parasites to consider.

Of course this parasitism is heightened now because of the lack , the loss of immunity from the chlorinated water . I mean the badly chlorinated water. That is why the parasitism is so high in patients and by this kind of new "colon lavage" (laughter) you might actually see a parasite or two, most patients get to see something while they are at the clinic because we are pretty intensive about taking stuff out and I have pictures drawn in the book how they look in the toil et bowl and how you can preserve it. And then you can test for it to see if it really is what you think it is by Syncrometer. Or just preserve it. It is quite easy to do. It is nice if you are talking about these parasite that you have actually seen one. It is nice to have seen what you are talking about or believe in.

Richard Loyd: I hate to do this folks. The people with the lunch tables have been ready for some time now. We are running late. Let's give Dr. Clark a standing ovation (applause).

Dr. Clark: Thank you.