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## ***THE ROAD TO HEALTH . . .***

### ***Using The Clark Method Newsletter***

*by Bonnie O'Sullivan*

January/February 2002

Numbers 43

Dear Friends,

### **Dr. Hulda Clark on Hiatus in Europe**

Dr. Hulda R. Clark has been enjoying an extended hiatus in Europe. While there, she updated her book *The Cure For HIV and AIDS*. It will be available in a few months.

Dr. Clark has also been conducting further experiments with Plate Zapping. In her experiments, Dr. Clark uses the electrical frequencies of various parts of the body (the frequencies are contained in small glass vials) and slides or vials of every kind of substance imaginable combined with the Zapper and the plate part of the Syncrometer. Plate Zapping increases the healing capacity of your body when you use the correct combination of frequencies for your particular health problem. (Please see Dr. Clark's Syncrometer Manual for basic information about this technique.)

Due to the success of Dr. Clark's seminar in Italy, in October 2001, she has agreed to conduct a set of seminars in Europe in June and September 2002. At each time, Dr. Clark is going to conduct two distinctly different seminars. One will contain her basic protocol and the other will contain her current research, which will be appropriate for practitioners who have been using her protocol successfully for years — as well as anyone who is interested in electrical frequencies and how they can be used to improve our health.

### **Thank You for Your Prayers**

It has been extremely comforting to hear of the prayers you are saying for my daughter, Sandy, and to receive the many supportive suggestions and ideas that you have sent to us. I am grateful to have been given the opportunity to help Sandy.

Twenty-one years ago we lost Sandy's sister, Cappie. On July 27, 1980 Cappie, who

was 21, died 3 hours after being in an automobile accident. The first thing I felt after being told that Cappie had died was overwhelming frustration that I wasn't given the chance to help her. I was at work 3,000 miles away from where Cappie was visiting my mother when I answered the phone and my uncle told me about the accident. He led up to Cappie's death gradually over several minutes, but after he said Cappie had died, I felt the disappearance of the opportunity to help her like a blow to my stomach and I crumbled to the floor and cried.

Sandy's brother, Bill, and Sandy and I miss Cappie very much.

## **Update on Sandy Petry, Bonnie's daughter:**

In the last few newsletters we have reported that Sandy came to live with us last May because she thought she was dying and her Washington State doctors had been unable to help her. For four years her symptoms were increasing fatigue, a cough, general pain throughout her body and swelling and pain in the lymph glands of her upper body (ironically, the tooth aches she experienced and visited the dentist for during these four years were not her top complaint). In late 2001, both a dentist and an M.D. in California diagnosed her condition as Osteomyelitis of the jawbone, which means infection of the bone marrow in her jawbones! Part of the treatment has been the removal of all of her teeth (which is what Dr. Clark recommended) and many curettage surgeries — the scraping of infected and dead bone from her jawbones (also called cavitation surgery, which is what I will call it here).

Sandy is a real trouper! All through December and January she hung in here and was pleasant to everyone around her (well, most of the time) while the state of her health seemed to go steadily down hill. Since February, however, her healing process has picked up positive momentum; i.e. some of her symptoms have disappeared and haven't returned and the pain in her mouth has narrowed down to two areas, each where two teeth used to be, that radiate pain up into her sinuses and down through her neck and into the lymph glands in her breasts.

If we had not read the book report by S.H. Shakman on *Death and Dentistry* by Martin Fischer, 1940, that we published in the last newsletter, Sandy would not have been able to keep the faith that she was doing the right thing by having all of her teeth pulled and so many cavitation surgeries. Fischer states, "A tooth extracted but its adjacent and similarly affected alveolar bone left standing, too frequently excites constitutional reactions compared with which the signs and symptoms that made the victim a patient were trifling."

What that statement means to Sandy is that when dead bone and infection remain in her jawbone after the extraction of a tooth or after cavitation surgery, her constitutional reactions (the pain in her jaw — sometimes at the surgery site and sometimes not there but right next to it — her cough, and the pain and swelling in her lymph glands, especially her breasts) get much worse. And, because of the horrendous swelling and pain in her breasts, and her strong belief that she will get well, she has spent everyday since being diagnosed anxiously anticipating her next surgery.

At first she thought when her dentist removed her damaged teeth and the adjacent and similarly affected alveolar bone, the pain and swelling in her breasts would instantly go away

(after all, she has a dentist who understands this disease, knows what to do to about it and is not afraid to do it, right?). But she soon realized it wasn't going to be that easy.

December was a nightmare. First, Sandy did not respond as expected to her M.D.'s Osteomyelitis protocol (20 Hyperbaric Oxygen treatments, 30 days of antibiotics and daily injections of blood thinners). It did not help the pain in her jawbones and the combination caused her breasts to become even more swollen and painful, so she quickly stopped all of it. Then, her faith in her dentist and his Computron (and her choice of treatment) was tested:

1. Her dentist said that her last 10 teeth were not dead and should not be pulled because his Computron device could find nothing wrong with them.
2. He post-poned her extraction appointments over and over because he became unable to work due to his own osteomyelitis of the jawbone, which re-occurred where he had lost his upper front teeth years ago (he had his own repeat cavital surgery in February).

Sandy was right to insist that he pull her teeth though as, on Christmas Eve, when he pulled the first five of her last 10 teeth (from the upper front of her mouth) he found they were fused to her jawbone and one root broke off and could not be extracted at that time because of the pain. (When the root of a tooth is fused to the jawbone, both the tooth and the bone are dead. Dead bone in the body is called Osteonecrosis.) He pulled Sandy's last five (lower front) teeth on New Year's Eve, and found that they were also fused to her jawbone.

Since New Year's Eve (almost three months ago) she has not been able to wear her dentures (making it impossible for her to chew and causing understandable embarrassment).

The good news is that the cavital surgeries (five, in some areas) she has had in the back four quadrants of her mouth have finally been successful. She can now put pressure there without feeling pain. (She desperately wants to be able to chew and look normal again.)

In December, when we became concerned that her dentist might be unable to complete her treatment, she asked her M.D. for a referral to another dentist who does oral and maxillofacial surgery. When she called to make an appointment with the referred dentist she was told that he had over a two-month waiting period for new patients — so she made an appointment and had her initial consultation with him on March 7<sup>th</sup> (more about that later).

## **There must be something more going on:**

Since November, Sandy's dentist has been saying, "there must be something more going on because her lymph glands are so badly swollen." While testing her with his Computron device, he checked for many different kinds of infection. Since September she has tested positive for Lyme disease, Hepatitis A, B and C, Streptococcus, Staphylococcus, Mumps, and the bacteria that causes Meningitis. For each bacterium she took a series of homeopathic injections. (These homeopathics also cause her lymph glands to swell.)

At one of her appointments in December the dentist suggested that Sandy visit an M.D. in Santa Rosa who does Neural Therapy. Neural Therapy is based on the theory that trauma can produce longstanding disturbances in the electrochemical function of tissues. Correctly applied Neural Therapy injections (which consist of an anesthetic) can often

instantly and lastingly resolve chronic long-standing illness and chronic pain. There are many areas that the injections can be placed: autonomic ganglia, peripheral nerves, scars, glands, acupuncture points, trigger points and other tissues.

For Sandy, Neural Therapy involved a series of local anesthetic injections into the throat area where her tonsils were removed and into the pelvic area where she has had surgeries (three laparoscopies for endometriosis and one hysterectomy). The treatment was supposed to help re-program her body to allow the lymph fluid to drain past these areas. Sandy had this treatment twice (December 14<sup>th</sup> and January 11<sup>th</sup>). Both caused swelling.

On January 7<sup>th</sup> Sandy's dentist reported to her M.D. that she was not healing properly where he had extracted 5 teeth on Christmas Eve. (When he went back into her upper front jawbone and extracted the broken-off piece of root that was fused there, he saw blood clots and unhealed tissue from the December 24<sup>th</sup> surgery.)

Based on the dentist's information, her M.D. decided that Sandy should have an IV containing two antibiotics on two-consecutive days and then take three different antibiotics by mouth, each at different times of the day, for the following 30 days. He also loaned her a Monochromatic Near Infrared Energy (MIRE) device to use to stimulate healing. The device has pads that touch the skin and deliver infrared energy to non-healing areas — stimulating blood flow and speeding healing. [For more information on MIRE, call: (800) 521-6664 or visit [www.medassistgp.com](http://www.medassistgp.com) and click on Anodyne.] This device helped Sandy to heal where the broken root was removed; but it has not been available for her use since the beginning of February. When we asked about purchasing the device we were told the cost is between \$2,500 (for a home unit) and \$5,000 (for a professional unit, which is what was loaned to us). So, instead of purchasing a MIRE device, Sandy has been using the infrared mineral lamp that I bought in 1997 that also promotes healing and it has been excellent in helping her heal. The doctor also asked the dentist to take bone and tissue specimens during Sandy's next cavitation surgery and have them tested at the Washington Hospital Laboratory in Fremont, California. This was done on January 15, 2002. The Lab cultured the bone and tissue for three weeks and reported that it tested positive for Streptococcus and Staphylococcus.

Before January 7<sup>th</sup> the dentist told us that it was remarkable how quickly Sandy healed. So his discovery that she was not healing was devastating. He kept telling us that her lymph was not draining, but everything that should have helped (Ayurvedic lymph draining herbs, Neural Therapy and Dr. Clark's bowel cleanse) made her lymph glands swell, so she stopped taking/doing everything. By January 28<sup>th</sup> she was having excruciating pain in her abdomen just above her waist, under her rib cage, especially on her right side where she was terribly swollen. (Hot baths, coffee enemas and castor oil packs placed over her abdomen helped, and she did each often, but they only gave temporary relief.)

We prayed and asked God to show us a way to stop Sandy's suffering — she was ready to die. Finally, we thought about colonics. Dale and I had bought a colonic device in 1995 from a friend who was making them. The colonics made us feel great! Sandy also had several colonics using the device and remembered how good they made her feel. (We gave

the device to someone we thought needed it more than we did!) After recalling her 1995 colonics, Sandy decided that colonics would be the best thing she could do to help herself.

## **Colonics Help Sandy Enormously:**

Dale magically found an Internet site that offered 7 daily colonics at a Residential Spa (with a stay of 7 days and 6 nights) at the home of Millan Chessman, Colon Hydrotherapist, in El Cajon, California. I decided to have 7 colonics too, and Sandy and I began our stay on the first of February. That week was so successful we stayed for a second week.

At Millan's, colonics are normally given once a day. However, Dale was voraciously reading volumes about colonics on the Internet and he called to recommend that we have two colonics a day (during our two week stay at Millan's Sandy had 28 colonics and I had 21).

Sandy eliminated volumes of debris and, eventually, neon green lymph fluid and many feet of strands of mucus all twisted together. During her colonics she felt pain in her abdomen (above her waist, under her rib cage, especially on the right side). Only one of the girls who worked with us (Millan had her two daughters and one granddaughter, who are all registered Colon Hydrotherapists, helping her give us the colonics) could say she had ever had a client experience pain during a colonic treatment. She explained that at the Spa where she had worked for several years, clients who had taken prescription drugs for years often felt pain during their colonics. She told us that at the Spa, where many celebrities go to rejuvenate, it is common knowledge among the colon hydrotherapists that prescription drugs form a kind of cement that sticks to the colon walls like Super Glue and hurts when it gets removed — like removing adhesive tape. Sandy agreed that the pain she felt was like that.

(Note: In newsletter #38, March/April 2001, Sandy told of her addition — since the age of 12 — to painkillers and anti-anxiety pills and how she stopped taking them in March 2001.)

During our colonics the therapist gently massaged acupuncture points on our feet and legs to stimulate our lymph glands and systematically massaged our abdomens and used two different vibrators on our abdomens to help loosen the debris that had been stored in our colon for years (this happens to everyone eating cooked, processed food). We were told that one of Millan's clients passed a Barbie Doll shoe that she had swallowed 40 years before!

I didn't experience pain, but I saw (through a glass window in the colonic machine) volumes of old waste being eliminated from my colon that looked like the pictures Millan had on the walls of other people's old waste! Once, during one of my colonics, I saw what looked like a loose ball of worms go by the window after leaving my colon!

During our stay at Millan's we were on a juice fast and took large amounts of powdered psyllium husks, bentonite powder, herbs for elimination and herbs for building the body. We also included one L. Salivarius capsule each time we took the herbs, and, for the first five days, we added Dr. Clark's parasite program — two Black Walnut Freeze Dried capsules four times a day and seven each of the clove capsules and Super Wormwood capsules once a day — plus, for good measure, on the fifth day we each opened ten 400 mg. CoQ10 capsules and mixed the power with honey and swallowed the mixture as a tapeworm

cure. Millan's program included, at the end of every colonic, an implant (through the tube that we had in our anus for the colonic) of ozonated water, electrolytes, acidophilus, chlorophyll, Aloe Vera and enzymes. We were encouraged to rest often and keep our activities to a minimum to help the body use its energy for cleansing and healing.

The colonics gave us the following benefits:

- The swelling and pain in Sandy's abdomen (above her waist, under her rib cage, especially on the right side) completely disappeared and has not returned
- Sandy's cholesterol level came down from 312 to 220 (her LDL was 192, and is now 148, her Triglycerides were 203, and are now 136), which is a major improvement (I haven't had mine checked, yet)
- Sandy's overall lymph glands are less swollen and painful, but her breasts remain as swollen as ever — although they are less painful
- We no longer get up to urinate during the night. The reason for this improvement is that our colons are not swollen with old fecal matter anymore and not pressing on our bladders (we were told that people with incontinence often find themselves cured after a series of colonics)
- Both of our tongues are smooth and pink without the groove down the middle (hers) and fissures (mine) that we had before
- We each lost 15 pounds
- Our stomachs are flatter
- We both have the smoothest skin we can ever remember having
- Several moles fell off of Sandy's face and neck

Note: For an excellent description of how a professional colonic is given please see page 18.

## **Candex Works as Well as Nystatin**

I must warn everyone that whenever you take antibiotics be sure to take Candex to control the fungus growth in your colon. Toward the end of our stay at Millan's, Sandy experienced a severe vomiting reaction. This necessitated a visit to a Medical Clinic in the area that features colonics as part of its recommended protocol [The Center for Advanced Medicine Medical Clinic, 4403 Manchester Ave., Suite 107, Encinitas, CA 92024, phone: (760) 632-9042]. After Sandy was interviewed, the doctor at the clinic said he believed that she had lost too much friendly bacteria from being on three kinds of antibiotics for 30 days just before having 28 colonics — and feeding the fungus by drinking fruit juice. (When the friendly bacteria that lives in our intestine is killed off by antibiotics the fungus — which also lives in our intestine and is killed off by antibiotics — grows back faster than the friendly bacteria — especially if we eat sugar or drink fruit juice.) The implants we received after each colonic worked in balancing my colon, but were not enough to balance Sandy's colon. To stop the vomiting, which the doctor said was a sign that fungus had taken over her digestive tract; he gave her a two-hour IV of electrolytes (minerals) and vitamins, an

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injection of Phenergan, and prescribed Nystatin, all of which immediately stopped the vomiting. However, she was supposed to take 2 tablets of Nystatin 3 times a day for 21 days, but after seven days she had to switch to 2 capsules of Candex 3 times a day because the Nystatin made her liver toxic.

When the Candex worked as well as the Nystatin — without the nasty side effects — we were impressed! Candex also reduced Sandy's appetite for sweets. When we realized that, I started to take one Candex capsule with meals and it works for me, too!

## **Energy Returns with Dr. Kelley's Ca+**

In order to digest her food more completely (a concern because she found an undigested Nystatin tablet in her stool one day) Dale suggested that Sandy take six of Dr. Kelley's Formula CA+ capsules (pancreatic enzymes for digestion) with each meal. This caused an amazing difference in her energy level. After we arrived home and she started to take the capsules, she began organizing things, vacuuming, scrubbing and dusting as well as doing the things she enjoys most — planning our meals, shopping for food and cooking. (It was probably the combination of getting her colon clean, taking Candex and taking the CA+ capsules, but we noticed it after she started taking the CA+ capsules.)

Before having the colonics Sandy was wary of taking two Formula CA+ capsules with meals and now she can take six on an empty stomach. According to Dr. Kelley, her ability to take six means that the colonics helped to get rid of the mercury that was stored in her colon.

Several months ago, if she took one enzyme capsule she felt pain in her abdomen. She told Dr. Kelley and he said mercury was imbedded in her intestinal wall. He explained that the enzymes will cause pain in the intestine if there is mercury imbedded there, as the mercury causes rips in the walls of the intestine and the enzymes will try to digest the torn tissue, which causes the pain. He recommended that she take Metal-Free to get rid of the mercury. Metal-Free helped Sandy to tolerate taking two of Dr. Kelley's enzyme capsules with food but it had to be a large meal or she still felt pain in her abdomen.

Since we had the colonics we are totally convinced of their health-giving and youth-giving benefits. Dale was so impressed with the great results he saw in us he invested in a V. E. Irons' Colema® Board and has been using it to give himself colonics at home. His belly has reduced in size by half and he looks 15 years younger! If you are interested in doing colonics at home, please see page 13, "Colema® Board Testimonial by DR." To order a Colema® Board and/or the intestinal cleansing products, please see page 32 and call (800) 651-7080.

## **SPECT Bone Scans Detect Osteonecrosis**

On March 7, 2002 Sandy had her consultation with the dental surgeon who had over a two-month waiting period for new patients. He spent an hour and a half with us explaining what we thought we already knew. However, one thing we had not been perfectly clear about finally hit home when we read a paper he gave us that he wrote for his new patients. The disease that Sandy has, Osteomyelitis (infection of the bone marrow), can result in bone

destruction, which is called Osteonecrosis (bone death), which is what Sandy has experienced in her jawbones, and this disease can occur anywhere in the bones of the body!!! It usually occurs in the weight bearing bones, but can occur wherever there has been an injury. Also, once you have it in one area it often shows up in another area of the body.

Sandy asked if he had ever seen anyone with Osteomyelitis or Osteonecrosis develop swollen breasts as she has. He said, “Yes, I’ve seen it many times, although the swelling can occur anywhere in the body.”

I asked where, other than in the jawbone, hips and knees, he most often finds this problem in the bones. He answered that it is often found in the sinuses, ribs, on the breastbone over the thymus gland and on the sternum.

We asked what he does when he finds dead bone in those places. He told us that he removes the bone and fills the defects with a man made alloplastic material.

When we asked how he knows where the dead bone is located he said he sends you to a hospital [Pacific Medical Center, 2333 Buchanan St., San Francisco, CA phone: (415) 923-3685] that is equipped with a Nuclear Imaging camera. The picture the camera takes is called a SPECT bone scan. The scan is actually a series of pictures taken as the camera moves around your head or body.

He explained that it will take 18 months from the time Sandy has the final cavital surgery on her jawbones before a SPECT Scan of her head will show if all the dead bone has been removed from her jawbones, but if she has dead bone elsewhere she can find out now.

He said the “something more going on with Sandy” might be Osteonecrosis not only in her jawbones, but also in some other area(s) of her body. After he examined her by pressing gently on the usual bony areas that develop Osteonecrosis — and she felt pain at every site — he wrote a prescription for her to have a Total Body SPECT Scan.

Note: She had the scan and the Pacific Medical Center doctor wrote this opinion: “A marked increase in tracer activity is present in the regions of the alveolar ridges of both the mandible and maxilla, consistent with remodeling/healing after multiple tooth extractions and recent repeat surgery. No other evidence for active skeletal pathology.” — We were so relieved!

While talking to the dentist we discussed the fact that three of Sandy’s medical professionals have had (or currently have) Osteomyelitis/Osteonecrosis of the jawbone. He told us that it takes someone who has the disease to recognize it, as it is not well known. He said his developed when he ran into the back of a truck while riding his bicycle and knocked his front teeth out. We each knew that Sandy’s M.D. lost his front teeth when he hit his mouth on the bar of the school bus seat in front of him when the bus was involved in an accident (he told us that he only has one area of Osteonecrosis right now — it’s in the area of one of his false upper front teeth, which are implanted in his jawbone with metal rods). (The third didn’t tell us how he lost his front teeth, but he has told us of his re-occurring Osteomyelitis/Osteonecrosis in his upper front jawbone. He is the only one of the three who has doubts that a clotting disorder of the blood is one of the causes of this disease.)

During our conversation we talked about the possibility that Sandy might have avoided a lot of past medical problems (endometriosis, pain pill addiction, and a hysterectomy) if *her* front teeth had been knocked out at the time that they were damaged. (Her front teeth were probably fused to the bone when she was nine and someone rammed the top of his head hard under her chin while she was swimming in a pool. The only damage we saw were hairline fractures in her back teeth, which her dentist at the time said would be okay.) Sandy said, if her front teeth were damaged in 1970, that explains why, for as long as she can remember; if a “glass” glass even lightly tapped against her front teeth the pain would last for hours (she always drinks out of plastic glasses). At first I couldn’t imagine how she could not have known that there was something seriously wrong with her front teeth. But, then I remembered how, as a child, I learned never to put a tin foil gum wrapper in my mouth and just assumed that it was no big deal and I never worried or talked about it.

At the end of Sandy’s consultation the dentist recommended that she take something to thin her blood. Since Sandy cannot tolerate prescription blood thinners he said she should take 12 Fish Oil capsules daily and several other supplements everyday for the rest of her life. He recommends these supplements for all Americans because if you eat the Standard American Diet (SAD) your blood gets gradually thicker than is healthy. The following list contains non-drug supplements that this dental professional recommends:

## Blood Thinning Items for Circulation

- Fish Oil capsules, 1 to 12 capsules daily (work up to 12 gradually as the oil itself will increase your ability to digest it) or Flax Oil liquid, 1-2 Tbs., or capsules, 1 to 12 daily
- Niacin, 250 mg., (do not substitute niacinamide for niacin) 1 capsule 3 times per day
- Cayenne pepper capsules, 1 to 3 capsules daily (potency to individual tolerance)

## Non-Blood Thinning Items for Circulation

- o Vitamin E capsules, 800 IU per day (work up to 800 IU gradually)
- o Vitamin C capsules (1000 mg. daily or to bowel tolerance)
- o Oat bran, 2 Tbs. 2 to 3 times per day (oat bran absorbs dietary cholesterol)
- o Calcium – 1 Tbs.
- o Chromium – 1 Tbs. **a.m. and p.m.**
- o Copper – 1 tsp.
- o EPN – 1 Tbs.
- o Germanium – 1-2 tsp
- o Magnesium – 2 Tbs.
- o Manganese – 2 Tbs.
- o Potassium – 1 Tbs.
- o Selenium – 1 tsp.
- o Silver – 2 Tbs. (take silver alone, if you mix it with the others it clings to them making molecules too large for the cells of the body to absorb)
- o Sulfur – 2 Tbs.
- o Zinc – 1/2 Tbs.
- o Note: All of the above minerals are Water Oz colloidal, liquid minerals.

Note: For my birthday I celebrated by having my bone density tested. The test showed that my bones are normal with no signs of developing osteoporosis — not bad for a small-boned, 65-year-old female! I believe my bones are healthy because I've taken Water Oz minerals everyday for two years. (I take 7 of them. The bottles are on my counter. Every day I open them and mix a Tbs. or tsp. of each into a ½ cup of water & drink the mixture immediately.)

To conclude Sandy's update I asked her how she feels now compared to how she felt last May. She said, "I don't have the sharp, stabbing, electrical pains in my breasts anymore. The pain I have is only in two areas in my mouth, it still 'pounds' with my heartbeat down the front of my neck and into my breasts, but it's not as severe. I think as soon as my mouth heals my breasts will return to normal, and I'll be able wear my dentures and chew again."

I asked her what helped her the most and she said, "Getting my damaged teeth and bone removed, getting rid of whatever was stuck in my intestine, and being able to take enough of Dr. Kelley's Ca+ enzymes to digest my food. Then she added, "Throughout my whole life everything looked dim and dark and now everything looks bright and sharp."

Love,



Bonnie

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# Shoot Your Dentist

By Dr. William Donald Kelley, D.D.S., December 19, 2001

As a licensed dentist, an orthodontist and senior authority in the proper treatment of CANCER, all types of cancer, I would like to bring to your attention the proper way to treat your CANCER.

To prove to the world that I was a quack, the medical establishment authorized the prestigious Memorial Sloan Kettering Cancer Center of New York City to “Get Kelley the Quack.” A journalist was sent to review my “CANCER RECORD” and put an end to this “Kelley Quackery” once and for all.

Having some 33,000 patients with biopsy records, it was a monumental task that took the journalist five years to review part of these records. The conclusions were, “Kelley has a 93% cure rate for all types of cancer (malignant tumors) of those patients whose physicians say to them, “Medicine has done all we can do for you. You should go home and get your affairs in order; you have X months to live.” Cure is a legal term that has been determined by the medical establishment as, “being free of cancer five years after original biopsy diagnosis.” Of course my cure rate is the highest in the entire world to date. For those cancer patients who were intelligent enough not to let the medical community “do all we could do for them,” and looked into other methods of cancer treatment, I had close to a 97% cure rate except in terminal pancreatic cancer patients, which was a 100% cure rate.

**I have a long-standing observation of my profession — Dentistry. After observing dentists for 50 years my conclusion is:**

**Since 1959 dentists have killed more people  
than all the wars of recorded history  
and they are never given proper credit for it.**

This week I have had calls from just two of these victims. One was a lady with breast cancer, with re-occurring tumors throughout the body. The second was a man with colon/rectal cancer.

The lady cured her breast cancer two years ago using my metabolic program. This week she calls me and states she has other tumors. She is able to financially and physically take my metabolic program but this is frustrating to me and frightening to her. After a two-hour telephone consultation of additional history, this is the reason for her dilemma:

1. In the last ten years or so, it has been a current, dental, plundering fad to remove all the metal fillings from the mouth.

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2. She had her metal fillings removed five years ago. They were not safely or correctly removed.
3. Mercury vapor and particles spread throughout her body. These vapors and particles lodged in various parts of her body and now serve as TRIGGER POINTS to start new malignant tumor masses.
4. Mercury and other heavy metals must come out of the body via the small intestine.
5. The mercury did not get as far as her small intestine to be removed from the body. These heavy metal triggers remained in various areas of her body to start new malignant tumors.
6. She will have malignant tumors forever if we do not move the mercury to the small intestine and out of the body.
7. She will have to follow my protocol below to resolve her problems.

The second patient, a male with rectal-colon cancer, started my metabolic cancer cure program a week ago. He ran into trouble immediately. His wife is his health care support giver and has been contacting me in a very frantic state of being . . .

1. This morning he started having severe abdominal pain when taking his metabolic protocol! Why?
2. I asked her if he had mercury fillings in his teeth. Very confidently she said, "Oh, no, he had all those removed four years ago. What can I do for his pain?" Just as confidently, I said, "Shoot your dentist!"
3. Since you live in Florida, throw your husband in the car. Drive to Clearwater and see Dr. David Minkoff. Then do everything he tells you to do — 100%, and your husband might have a chance of survival.
4. Darlin,' as we call all our cute little ol' heifers in Texas, this is what happens when you remove the mercury fillings from your teeth or otherwise get heavy metal poisoning:
  - a) The heavy metals must exit the body via the small intestine.
  - b) When the deadly, heavy metals reach the small intestine they poison it and start destroying it.
  - c) When the enzymes your body produces, as well as my enzymes you take by mouth, reach the small intestine, these enzymes recognize this dead, defective tissue as something like a steak to be used as food to nourish your body.
  - d) When the enzymes start digesting this junk, it leaves the good, normal, healthy, raw tissue without protection. It takes three to seven days to rebuild the removed dead, defective tissue from the area. About the time the body builds new, healthy intestinal tissue, the blood dumps another dose of mercury on this fresh, raw tissue.
  - e) If you can remove the heavy metals from your body in time and rebuild your normal healthy intestinal lining, you might then have a chance of recovery by taking the required metabolic supplements to destroy your malignant tumors and build a new

healthy body.

- f) But remember, it takes all of us and our combined know-how to accomplish the task of resolving the ignorance of your friendly, local, neighborhood dentist.

Yes, I know your dentist has been a family friend since you were in grade school. Yes, I know your dentist goes to your church, sings in the choir, teaches a Sunday school class and is a deacon. Yes, I know your dentist would not intentionally do anything to hurt you. Yet, I know you are the one diagnosed with cancer, the one who is quite ill, the one who wears a colostomy bag, the one who is in pain, and the one who has to sell your house to pay for your cancer therapy. You are the one who can no longer work and support your family. Yes, I know your dentist is a “good guy.” I also know your dentist is ignorant to a point of stupidity. He is a member of the team — killing more than all the wars of recorded history.

## **PROTOCOL FOR HEAVY METALS IN CANCER THERAPY — HEAL THE GUT FIRST**

1. Do not remove any amalgam fillings from your teeth.
2. If amalgam dental fillings have been removed and you are having intestinal pain when taking my metabolic protocol:
  - a) Reduce the number of Formula Ca+ capsules by half and call Dale: (800) 366-1460.
  - b) Immediately remove heavy metals from the small intestine using Metal-Free spray therapeutically. [Order from Road To Health: (800) 651-7080] If there are any metal crowns/fillings in the mouth, one must administer Metal-Free from an eyedropper to the back of the throat and swallow directly to the stomach (do not allow Metal-Free to contact the metal in your mouth).
  - c) Start our successful Metabolic Protocol. You must adjust dosages of pancreatic enzymes to the tolerance level of pain in the small intestine. There is no other solution to resolve any malignant condition (pancreatic failure). If the cancer patient cannot take the adequate pancreatic enzymes, they will die from cancer (pancreatic failure) and its malignant tumor masses (false placentas). Pancreatin is a specific for cancer cells, dead normal tissues and foods.
  - d) Resolve cancer triggers — the heavy metals and excess estrogens, etc., shoot your dentist, and dynamite the supermarket.

May Yahweh our Father God Almighty extend His loving kindness, protection and blessings to you in all ways — always!

Respectfully,

Dr. William D. Kelley, D.D.S., M.S.

Medical Missionary to the most pagan peoples on earth — Americans

# Colema® Board Testimonial by DR

Friday, February 15, 2002

## Dale:

Dear DR,

In all the years Bonnie and I have been working in the health area we had from time to time heard about colonics and of course enemas, but until now we have not been so graphically convinced of the power of healing involved.

Bonnie and Sandy (Bonnie's daughter) have been taking colonics twice a day for two weeks. Sandy has been toxic and expecting to die since she arrived here 10 months ago. She has gone through even more suffering than Bonnie has reported in the last few issues of the newsletter. At this residential spa she has eliminated tremendous volumes of old mucous, hard and soft, that has been in her for years. She has experienced a dramatic reduction in the swelling that has plagued her for so long. Bonnie's stomach is much reduced and she has released gobs of old stuff and even a parasite ball and more.

Since most people cannot go to a spa and spend the time or \$\$ required — nor perhaps are they at the critical stage — I have found an alternative method to dump the poisons and gain the benefits without breaking the bank. (I wish I had found this a lot earlier.) It is called a Colema® Board; this simple device allows you to achieve the same results as spending \$1000's at a spa while at home without the strange surroundings.

If you have an interest in reading about this amazing solution (the Colema® Board) please ask us to include in your next order two booklets as a gift; "Clean out your colon — and become 20 years younger" By Sam and Loren Biser (an interview with V.E. Irons, Sr.) and "The Destruction Of Your Own Natural Protective Mechanism" by V. Earl Irons, Sr.

If you are in the position to go to a spa in San Diego for a week (or not) ask us to also include with your order a free copy of the book *Stay Young & Healthy Through Internal Cleansing* by Milan Chessman the operator of the spa where Bonnie has been a patron.

Two catches:

- 1) You must call, write or email and ask for the material.
- 2) You must pledge that should you choose to purchase a Colema® Board you will allow us to be your choice in purchasing the board.

Thank You,

Dale Maxwell, Health Researcher and Coach

(800) 651-7080 Fax: (800) 868-7298

[colema@road-to-health](mailto:colema@road-to-health)

## DR:

Dear Dale,

I already have a Colema® Board. With all your material, and Bonnie's "Cleansing Reactions" booklet, I assumed you guys already knew this stuff. But just in case, here are some comments: In your e-mail, you say "this amazing solution" — a colema is a nice tool but only one piece. It doesn't reach the GREAT quantity of crud in the small intestine. Several authors outline a full regimen of psyllium-bentonite shakes and/or cascara sagrada

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*The Material in this letter is for educational purposes only and is not intended as a prescription for any illness.*

for a complete cleanse. Bernard Jensen has the classic book (*Better Bowel Care/tissue mgt*). Rich Anderson has great info in his *Cleanse & Purify Yourself* books.

A little psyllium-bentonite & cascara help, but the REAL ‘magic’ starts when you do the regimen 4-5x daily. It is truly amazing. Two weeks at the Spa — probably not nearly enough. Anderson suggests 4-5 cleanses the first year. I created my own hybrid program and got out 2-4 feet of crud \*daily\* for over a month. As late as day #28, I got over 4 feet out in a single day. And I’m a small guy! A few colemas alone just won’t do it. Also helpful is a digital kitchen thermometer to get the water temperature ‘just right.’

My order includes a request for another enema bucket. I bought one from you guys last year, but the hose included is a convenient attachment to my Colema® Board. (I need a replacement after 75 colemas!). I’d like for you to send me the booklets you mention. I have a collection of material but always look for more. Dr. Irons’ name keeps popping up but I’ve never read his stuff. So if you can throw those in my order — that would be great.

Hulda Clark is amazing, but bowel cleansing is a gaping hole in her program. What she calls a bowel program is a temporary quick fix. It seems odd when she talks about re-infecting yourself from your fingernails when many have 10-20 pounds of raw sewage sitting \*inside.\* Does she know about this stuff?

A final comment — I’d like to do more biz with you guys. You have a lot of great info and courageously fight the medical establishment. I’m trying to get my folks to cleanse and need to buy them a Colema® Board — when they agree; I’ll be contacting you.

Cheers, DR

**Dale:**

**Dear DR,**

A quick question about your hybrid program — did you maintain a strict fast?

**DR:**

Dear Dale,

No!!! I didn’t fast at all. I’ve studied nutrition, and concluded your body doesn’t “want” to fast. It doesn’t shut down because you’re cleansing. It needs nourishment, especially with the stress of cleansing. Even Hulda says cells “must” have amino acids to heal. (p165 CFAAC). I also wanted to maintain a fairly “normal” life.

Fasting isn’t for everyone. It’s a fast track. The Jensen/Anderson programs mentioned are not “true” fasts because they include many supplements. They are “cleanses.” Dr. Christopher’s program with the cascara-based formula doesn’t require fasting at all, though he had definite dietary preferences. Since most people don’t understand nutrition very well, they may need help on a “true” fast. My general routine was:

0600 am psyllium-bentonite shake #1, with apple cider vinegar (per Jensen)

0630 am colema (with liquid chlorophyll, per Jensen)

0730 am mini-meal with supplements, including L. Salivarius

0900 am psyllium-bentonite shake #2

1030 am mini-meal with supplements

1200 pm psyllium-bentonite shake #3

0130 pm mini-meal with supplements  
0300 pm psyllium-bentonite shake #4  
0430 pm mini-meal with supplements, including bifidus  
0600 pm psyllium-bentonite shake #5  
0730 pm “regular” meal — mostly liquefied in a blender  
1030 pm another bifidus or L. Salivarius

I used cascara sagrada on/off throughout because I read mixed views on it. It certainly works to speed things up. Some guys caution using cascara long-term, fearing you become dependent. Others like Anderson/Christopher say the opposite, suggesting cascara is very safe and helps restore normal peristalsis. They treated thousands with no problem. However, Jensen gets results without it. I never saw any hard evidence either way, and no one ever defines “long-term.” My take is, someone very ill has little to lose if they need to clean out ASAP. I used an on/off approach to assure there were still normal bowel movements and no “habit” was being formed. Besides cascara, the Christopher/Anderson Products include other herbs to help loosen the mucus. I also took one of Anderson’s products that had only those herbs (without the cascara), and then rotated back on it.

My liquid “mini-meals” supplied essential nutrients. I used foods that “absorb/digest” quick enough between the 5 daily psyllium-bentonite shakes to keep the GI-tract fairly clear. For example, I rotated small amounts of things like: For complete proteins/essential amino acids: the Dew’s Nutri-quick product you sell. There are many issues with soy products but I figured short-term is OK. (see note #1); spirulina (complete protein, lots of B12, weak cell walls); whey powder; goat’s milk or goatein (fairly easy to digest). For essential fatty acids: Flax oil for n3, balanced with tahini, ground almonds, etc. for the n6 fats. (n3 = omega-3) for calories, coconut oil and the anti-microbial activity of lauric acid (for cleansing toxins). Coconut is falsely maligned (also see note #1). It has medium chain fatty acids absorbed directly without bile emulsification. For minerals/electrolytes: juiced vegetables or products like ‘naked juice;’ fruit juices; some of the supplement powders available. So, I found it is possible to do “serious” cleansing without fasting. In spite of having a couple of (well-chewed) ‘solid’ items with the evening meal, I still got tons of stuff out. One person I consulted with (Sheila Shea, a Tucson colon hydrotherapist) told me she had also cleansed without fasting using raw foods and another diet.

‘Couple more notes . . .

All this is based on where I was personally. Before I started: fixed a nasty parasite problem with Hulda’s stuff; did 7 Hulda liver flushes; several weeks of her kidney tea; several weeks of the Standard Process okra-pepsin product you sell to clear out the crucial first part of small intestine (per Kelley). So I figured those channels were working OK. I modified Hulda’s regular “maintenance” parasite program and took black walnut caps twice a week. I figured there had to be more parasite stages hiding in all the layers of muck that came out. (I wonder if that’s why some people need to stay on her parasite program for several weeks?) I had the luxury of being at home for this.

If I started over today, I'd probably do the bowel cleanse first, to flush out as many parasites as possible without having to kill them and having the bacteria & other remains released into my body (had a big problem with that)! Sorry for the long-winded reply — but I spent a lot of time thinking about the whole fasting biz!

Cheers, DR

\*\* Note 1: Weston Price site has good info on this topic

**Dale:**

Dear DR,

Did you massage your colon every time you were on the Colema® Board or ever?

**DR:**

Dear Dale,

Always. I used the Colema® Board for most of my cleansing. However, it was also valuable to have several sessions with two different professional colon hydrotherapists. Each had a massage technique. One used hands-on and also a couple of special vibrators. Another massaged some lymphatic areas and feet. On my own, I was very tentative and fearful of damaging something. They showed me I could massage more vigorously.

Jensen describes a technique using a tennis ball in *Better Bowel Care* (p128, 1999 edition). He also suggests massaging tender/sore areas until soreness is relieved. To me, colon massage is one part of developing a colema technique. The first colemas I did weren't very thorough. I didn't get the water very deep. I learned to pace myself with how much water to take in and when to release. It took a few tries to get it right. Now, I get a good cleansing with only 3 gallons. I don't worry about getting too full at first. Usually there's some 'stuff' that wants to get out. Then I try for a certain full feeling later on. Again, the professional hydrotherapists helped greatly. I feared taking in too much water or holding it too long. But they coached me well. Plus, I got other useful tips like don't use powdered bentonite — it can form bricks. It is great having a resource to turn to.

**Dale:**

Dear DR,

Did you have any healing reactions during your process, such as fever, pain, rashes?

**DR:**

Dear Dale,

Not too much during the 'intense' cleansing phase I outlined. Just some fatigue, mild flu-like malaise, and various GI-tract aches (see later). However, that's only part of the story. I DID have lots of reactions prior to that. Some background: In brief, my health went steadily downhill for over 10 years. My symptoms included daily stomach pain for 3 years. I took over 800 tablespoons of Pepto-Bismol in 1998! For years I was very run-down with increasingly frequent flu-like feelings. I had sporadic heart palpitations. I ground my teeth so badly at night they were flat, then I got TMJ headaches during the day. Then I slowly turned things around. In 1999, I had about a dozen amalgams or metal crowns removed, and several cavitations cleaned. In 2000, I spent several weeks eliminating a parasite problem.

(Yet another story.) I had many of the healing reactions noted below. That stopped my stomach pain. Things stabilized some. I felt much better, yet still not great. Later in 2000 I started learning about bowel cleansing. I tried a few things: a little bentonite, some cascara, and the okra-pepsin product. When I did, a whole new set of cleansing reactions started again. It was a roller coaster, but I was onto something. My worst cleansing reactions were: — nasty flu-like malaise — fatigue — some days I didn't feel bad, just extremely tired. I had episodes I called fatigue bombs because they came on quickly. Sometimes by early afternoon I was so wiped out I just had to sleep. Then, I was groggy much of the day — being foggy-headed — numerous aches/sore spots in my GI-tract — occasional achy muscles all over. This went on for weeks. Then, last spring, I found Sheila Shea's web site on colon health. She recommended Hulda's book, so I felt in-tune. I booked several sessions with her in Tucson. While there, I read several books and she helped me understand the whole program. Returning home, I couldn't get past 2-3 psyllium-bentonite shakes a day — still too many cleansing reactions. The consensus seemed to be to pace yourself. Dr. Rich Anderson used to tough it out. Now he suggests a 3-week ramp-up phase to loosen up mucus and spread out the reactions. Dentist Hal Huggins devotes a chapter in his book *Uninformed Consent to Proper Detoxification after Total Dental Revision*. He cautions that detoxification involves re-toxification and says many need to have their reactions slowed down — else overtax the immune system. So, I didn't want to push any further just yet.

I tried a lot of methods to control the reactions and collected tips from everywhere. Bonnie's booklet is a good resource. Rich Anderson devotes an entire chapter in his 1st book. Some things finally got me over the hump: Daily colemas — several back-to-back sessions with Sheila showed me that "daily" works much better than "occasional" — Jensen's program suggests twice daily; I started taking L. Salivarius several days before my 'big flush;' The liquid chlorella as a colema additive (per Jensen). In general, I learned controlling reactions is individual and requires trial/error. So, while coffee enemas work for some people, they didn't for me. Sometimes zapping fixed the reactions right away, only to return later. I suspect this is because bowel toxicity continued seeping into my body after zapping. So I'd have to zap again. At first, I worried about the frequent sore spots in my abdomen. They didn't hurt much, but I knew an obstruction could lead to a serious infection. So — how to tell if it was a real problem? I didn't want to see my doctor. I'd been through the medical mill for years. I knew most docs had no experience with this and may even try to discourage me. (When I told my doctor about my successful parasite treatment, he looked at me like a space alien just landed in his office.) So I lived by Dr. Kelley's words: no vomiting, food still passing through, and temperature below 100° F. (Though I note Bonnie suggests up to 104° F. is OK).

As you can see, I didn't just dive into it. Before the 'intense' cleansing, I learned how to do a thorough colema and set it up quickly. I had tamed enough of the cleansing reactions and had ways to deal with them. And the rest is . . . down the toilet!

Cheers, DR

Note: If you have an interest in reading about this amazing solution (the Colema® Board) please ask us to include in your next order two booklets as a gift; “Clean out your colon — and become 20 years younger” By Sam and Loren Biser (an interview with V.E. Irons, Sr.) and “The Destruction Of Your Own Natural Protective Mechanism” by V. Earl Irons, Sr. If you are in the position to go to a spa in San Diego for a week (or not) ask us to also include with your order a free copy of the book *Stay Young & Healthy Through Internal Cleansing* by Milan Chessman the operator of the spa where Bonnie has been a patron.

Two catches:

- 1) You must call, write or email and ask for the material.
- 2) You must pledge that should you choose to purchase a Colema® Board you will allow us to be your choice in purchasing the board.

Note: If you are interested in how to use a coffee enema as a colonic, please see page 21.

# Millan Chessman's Colonic Procedure

By Millan Chessman: (800) 311-8222, (619) 562-5446, Website: [www.millanchessman.com](http://www.millanchessman.com)

## **Treat Yourself to Complete Internal Cleansing with Colon Hydrotherapy**

It is gentle, painless, and odorless. It is clean and dry. It is even relaxing, and, what is more, you learn nutritional information from your colon hydrotherapist during the procedure. It is comfortable — you lie down and take a break.

It is not humiliating — you will not fail.

It is not embarrassing: my clients are totally covered. It is not undignified.

There is no discomfort. It is not stressful. My clients even receive an abdominal massage!

Afterwards, my clients feel vibrant and are on their way to better health.

In contrast to the minimal standards required for enemas, colon hydrotherapy's standards are high. We use state-of-the-art, name-brand equipment mounted next to the table on which the client lies during the procedure. This internal cleansing equipment is capable of controlling water pressure, temperature, and flow.

The equipment features a clear glass, florescent-lighted view tube. Through this, any discharge is observed and examined. The tube is also a direct disposal line for toxins and stool.

## **Relaxing and Gentle**

There is no discomfort, no offensive odors, and no mess. The client does nothing; the equipment does all the work.

At my office, clients provide their health history and discuss with me their health needs, concerns, and the general state of their current health. I have treated children as young as eight years old, and those as old as ninety-four years.

The colon hydrotherapist puts the client at ease by attending to questions, explaining functions of the equipment, and, using the charts on the wall, describing how the procedure is done. I reassure my client of my gentleness.

## **The Actual Therapy**

When a client arrives at the colon hydrotherapists' office, he or she is escorted into the bathroom and given a hospital gown. The client removes all clothes from the waist down, except socks.

The client at this time empties the bladder completely. When the client emerges (modestly clutching the gaping gown closed in back!), client and therapist go into the internal cleansing room.

The client climbs up onto the comfortably padded table (which resembles a doctor's examining table), adjacent to the ultra-modern internal cleansing equipment.

It is imperative that the colon hydrotherapist is working with modern, name-brand equipment, outfitted with safety features, sanitation with ultraviolet light, and geared to use various implements and administer oxygen.

Many health practitioners believe that more oxygen can be absorbed through the colon than through the lungs. This oxygen gets absorbed into the bloodstream and bathes the cells in the body.

If there is no name brand on the equipment, the client should run, not walk, out of that office. And, of course, the colon hydrotherapist must be professional, certified, and knowledgeable.

She (most colon hydrotherapists are women) must monitor the progress of the internal cleansing, massage the client's colon through the abdomen, and satisfactorily explain the procedure of cleansing the colon. Lymphatic massage during the therapy can be administered as well, for excellent release of toxins and poisons. She should explain what she is doing and what is happening in the digestive tract.

Just before administering the colon hydrotherapy, the ileocecal valve must be correctly closed by the therapist. This is to prevent any fecal matter or toxins in the colon from "engrossing" or being back flushed (allowed back into the small intestine).

Once the ileocecal valve is securely closed, the client lies on the right side, drawing knees to chest in the fetal position. By this time, the client feels comfortable with the therapist.

It is very important that the colon hydrotherapist not only be knowledgeable but also be gentle and caring. The client can assist in inserting the speculum.

The insertion should be completely painless.

When the speculum is in place, the colon hydrotherapist helps the client roll over onto the back. Again, knees are bent, but feet are flat on the table.

The client's hospital gown ensures complete coverage.

When the client is comfortable and everything is in place, the process begins.

The disposable speculum is only one inch in diameter and rests comfortably in the rectal area. The speculum not only delivers water into the colon, it also removes it, as two separate hoses are attached to the other end of the speculum. One hose admits sanitized water and the other allows expulsion of feces.

The colon hydrotherapist turns on the water gradually. The water temperature is the same as the body temperature. Most people do not even notice the water because of this, and so agree that this is a smooth and comfortable procedure. The colon hydrotherapist will pulsate the output tube as she administers the internal cleansing. The client may not even feel this, since it is comfortable. The purpose of the pulsation is to loosen fecal matter in the lower end of the bowel by simulating peristaltic waves. Pulsating the output tube also helps by preventing too much water from getting behind and around the feces.

If the client has excess gas, it takes a little longer for the stool to eliminate. The water cannot get past the gas and travel further up the colon.

At each session, both client and colon hydrotherapist will observe dislodged feces floating through the view tube which is contained in the equipment.

Often during a session I cannot help exclaiming to clients, "Look at what you are eliminating!"

The two of us then closely examine the contents flowing through the well-lighted tube. We may notice blotchy brown clouds, flecks, and more solid matter of black, brown, or even yellow. Sometimes the discharge is ropy-looking or has ridges. I have even seen hair and vitamins tumbling down the view tube during a session.

We see old matter, new matter, and sometimes no matter at all.

Sometimes it is necessary for the client to sit on the toilet to expel (this is very rare, as the equipment is most often capable of doing the job).

Muscle tone of the colon is judged by the vigor of expulsion and the vibration of the observation tube as noted by the therapist. There could be slight cramping, similar to that of menstrual cramps (which can be helped through internal cleansing).

## **Gas Bubbles**

Sometimes little bubbles furiously race by through the viewing tube of the equipment. This is excess gas. Isn't it nice this is a closed system? During many sessions clients note these gas bubbles. While it is natural to have a certain amount of gas, excess gas is not normal and is an indication of a toxic, impacted colon. Most excess gas is caused by excess feces in the colon, decomposing just like a carcass out in a field.

This offensive gas is the byproduct of putrefied bacteria. These organisms break down and re-digest previously digested waste material that should have been excreted long ago. Stress, excitement and anxiety can also cause excess gas.

Excess gas is a common experience of clients, and is something to be expected while on a cleansing program.

Certain foods like broccoli, cauliflower, onions, garlic, cabbage, and cucumbers can also cause gas. Or, foods eaten in wrong combinations can produce flatulence. Another possible cause might be a lactobacillus and coliform bacteria imbalance.

For all these reasons, it is normal to have some gas while on a cleansing program. But a client should hang in there; it is only temporary. When this period is over, the stools will no longer have an offensive odor.

During a single colon cleansing session the client's colon hydrotherapist typically fills and evacuates the water four or more times. Many people benefit from at least ten treatments of about forty-five minutes each before achieving a state of health, vigor, youthfulness, and well-being.

After a session of forty-five minutes to an hour, the water passing through the view tube usually becomes bubble free and clear.

Newcomers to the procedure are often nervous and sometimes apprehensive, as we all are, of the unknown. But before long, they feel comfortable with the protocol and think nothing of it.

They are smiling and relaxed.

There is no pain, no personal anxiety, only soothing conversation and gentle massage, interesting viewing, and perceptible health benefits. Fear and tension vanish with the sewage down the drain.

When the procedure is finished, the client is again rolled into the fetal position on the left side, and the speculum is gently and slowly withdrawn.

Totally covered, the client is rolled again onto the back and helped to a sitting position. At this time, it is not uncommon to feel a little stiff from lying in the same position for an hour. Clients take this opportunity to limber up a little.

Next, the hydrotherapist helps the client down from the table to go into the bathroom, eliminate, and get back into street clothes. By this time, most people feel reinvigorated, light-footed, and full of bouncy energy.

# The Healthview Newsletter

The Newsletter on Health & Nutrition, which  
believes there are NO 'incurable' conditions

Number 10

1979

By Sam and Loren Biser

**“You can have large regular bowel movements twice a day, as soon as you cleanse your colon.” —V.E. Irons-Bowel Specialist**

To judge from the volume of our mail, constipation, diarrhea, diverticulitis, hemorrhoids, and other bowel problems are widespread among Healthview readers. Indeed, Healthview receives more inquiries about bowel problems than any other topic.

Bowel problems are far more than an embarrassing annoyance. They cause severe inconvenience; they force you to schedule your daily activities according to your bathroom habits. Bowel problems can cause pain — the sharp pangs of diarrhea, the aches of constipation, the embarrassing itchy soreness and intense pain of hemorrhoids.

Yet, according to Mr. V.E. Irons, no one has to suffer from bowel problems. Mr. Irons is well known in the health field as a leading specialist on bowel problems. For 42 years he has lectured throughout the United States and Canada on how to relieve and eradicate bowel problems. Mr. Irons is a graduate of Yale University. He heads the V.E. Irons Company of Natick, Mass., which produces a number of natural products, some of which are designed to improve bowel function.

We were pleasantly surprised when we met Mr. Irons. We knew he was 82 years old, so we were prepared to meet a frail elderly gentleman. Instead, in strode a robust and dynamic man, positively glowing with good health. Mr. Irons surprised us again when he revealed that he was the proud father of a 22-month-old boy.

Mr. Irons lives with his wife, their baby son, and their two other children, aged 6 and 9, in California. He also has four great-grandchildren (ages 5 to 7) from a previous marriage.

In this interview Mr. Irons discusses:

- Why many people have severe bowel problems and don't even know it
- What is the single main cause of poor bowel function?
- Why bowel problems can lead to nutritional deficiency no matter how many vitamins you take
- How to stop chronic diarrhea in a matter of hours
- How to relieve hemorrhoids merely by changing how you sit on the toilet seat
- An unorthodox cleansing program that can help end your bowel troubles once and for all

In closing our interview, we asked Mr. Irons where his unusual vitality comes from, and he answered, “from following the same health advice I just gave you.”

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*The Material in this letter is for educational purposes only and is not intended as a prescription for any illness.*

## **“People who aren’t even aware that they have a bowel problem are often in the worst condition of all.”**

**Healthview:** How many people suffer from bowel problems?

**Irons:** According to some estimates I have seen, about 70 million Americans suffer from bowel problems. These statistics cover only those people whose problems are severe enough to cause them to consult a medical doctor. In addition there’s probably millions of people with bowel problems who try to treat themselves with common laxatives. So I’d have to estimate that very few have normal bowel function.

Editor’s Note: That evaluation is certainly backed up by sales of laxatives and other bowel remedies. For example, our own sales of bowel cleansing products are increasing so rapidly that we can hardly keep up with the demand.

**Healthview:** Yet I know many people — indeed, most of my friends and associates — who don’t have bowel problems.

**Irons:** That could be, but many people who aren’t even aware they have a bowel problem are often in the worst condition of all.

Many times I hear someone say, “Oh, my bowels are all right. I have four or five movements a day.” But the reason they have so many movements is that their colon — that’s the end part of the digestive tract — has collapsed and broken down to where the opening is nothing more than a tiny hole. Such people must have many movements just to get the material through. So just because you have daily movements doesn’t necessarily mean your bowels are in good condition.

## **“If you have to strain or if you have to read a magazine while you wait for a movement, then you are constipated.”**

**Healthview:** Then how do you know if your colon is working properly?

**Irons:** When you colon is healthy, you will have two well-formed bowel movements a day. Every morning, you’ll have a huge movement that should altogether be from 2 to 4 feet long. Later on in the day, you’ll have another movement, which will be about half the size of the first. These stools should be expelled effortlessly — within seconds after you sit down.

**Healthview:** What is the color of a healthy stool?

**Irons:** The color of your stools will vary slightly, depending on what you eat. However, in general the stools should be brown. If your stools are yellow or light gray or look like chicken soup, something’s definitely wrong.

**Healthview:** What are other signs of bowel problems?

**Irons:** If you have to strain, or if you read a magazine while you wait, then you are constipated. Another indication of poor bowel function is if your stools are small and narrow, or if they are short or hard. You shouldn’t see any mucus, half-digested food, or signs of blood.

## **“Bowel problems can cause nutritional deficiency, regardless of how good your diet is or how many vitamins you take.”**

**Healthview:** Why are bowel problems so serious?

**Irons:** When you are not eliminating properly, deposits of fecal matter build up along the wall of your colon or in the pockets of the colon. That’s why even a mild case of constipation is a serious problem.

You see, normally, your body pushes wastes out of your colon in 18 to 24 hours. However, when you’re not eliminating properly, these wastes may not leave for days. And if some of the material deposits along your colon walls, it may not leave for days, months, or years. I know it sounds hard to believe, but these deposits of fecal matter in your colon can get to be 2 to 3 inches thick and as hard as a piece of black rubber that comes off a tire.

These deposits are harmful for several reasons. First, they interfere with absorption by making it difficult for a number of vitamins and minerals to penetrate the bowel and get into your body. Bowel problems can cause nutritional deficiency; regardless of how good your diet is or how many vitamins you take.

A second harmful effect of fecal deposits is that the nerve endings in your colon get irritated. This may lead to a spastic or inflamed colon, conditions that interfere even more with nutrient absorption and also with proper bowel function.

Third, the feces that remain in your system begin to decay, releasing toxins and poisonous gases that seep out into your blood and poison all your organs and tissues. Your bloodstream itself gets polluted, which prevents it from removing the cells’ wastes. So your whole system is being poisoned by wastes.

It’s no wonder that you begin to suffer from any number of ailments — fatigue, insomnia, nervous and mental ailments, menstrual problems, arthritis, and so on. In fact, bowel conditions may even lead to such serious diseases as heart disease and some types of cancer.

In my opinion, there is only one real disease, and that disease is autointoxication — the body poisoning itself. It’s the filth in our system that kills us.

So I’m convinced that unless you clean out your colon, you will never regain vibrant health.

## **“When your colon is in poor condition, bran may clog it up completely.”**

**Healthview:** What causes poor bowel function?

**Irons:** There are several causes. For example, if you don’t drink enough water, your stools will be too dry. The same thing happens if you ignore the urge to go. The longer the stools remain in your colon, the drier they get, because your body extracts moisture from them.

So in either case, your stools are difficult to expel and you become constipated.

Lack of physical exercise is another cause of poor bowel function. As with other muscles, the bowels benefit when you exercise regularly. If you're sedentary, your bowels become weak and can't do their job of propelling the wastes out of your body.

But these are all relatively minor causes of poor bowel function. The main cause — as your readers probably know — is simply malnutrition. Most people can't eat enough nourishing food to supply the muscles and tissues of the bowel with the nutrients they need. Consequently, the bowel begins to deteriorate and lose its muscle tone.

Besides weakening the bowel, poor diet also causes hard stools. For example, if you're eating a lot of refined sugars and flours; these will tend to dry up your feces. Moreover, if your diet lacks roughage, you won't have enough natural fiber to push wastes through your colon.

Incidentally, even though diet is a major cause of sluggish bowels, the answer is NOT simply to eat better food. I meet thousands of people at health conventions and lectures who have been eating good food for years, yet they are still constipated.

**Healthview:** Why is that?

**Irons:** There are two reasons. One is that a person who has eaten poorly over a period of time may have damaged the colon. If this is the case — and it usually is — then it's too late for diet alone to do the trick. The second reason is that fecal deposits may have become so hardened and thickened that diet alone won't get rid of them.

**Healthview:** Bran's becoming something of a fad these days for bowel problems. Is it as good as it's supposed to be? Will bran remove the fecal deposits?

**Irons:** No. You really have to be careful about bran, because at best all bran can do is propel the daily fecal matter through the opening in the center of a clogged colon. But it won't get rid of the deposits. Most colons are so twisted, clogged and hardened with old feces that neither bran nor any other ordinary food roughage will unplug them.

Besides, if your colon is pinched, warped, and over irritated, as it is in most people today, bran is often too harsh for it. When your colon is in such bad shape, bran may clog it up completely. I've seen it happen.

Forty years ago, when the colons in this country were in better condition, bran would have been immensely helpful. However, I believe that bran is now too dangerous for the vast majority of people.

**Healthview:** What is your opinion of laxatives?

**Irons:** Forget about laxatives. We've been using them for the past 40 years without realizing what we've been doing. All a laxative does, including the herbal ones — is chemically over stimulate the tissues of your bowel, whipping them into action, weakening your colon even further — and creating a dependence on laxatives. That doesn't sound like much of a solution does it?

And even if laxatives were safe, they still wouldn't remove those deposits that have been hardening in you for years. The same is true for ordinary enemas. They just wash out

the fresh wastes and leave your colon in as bad shape as when you began. However, enemas are much better than nothing, (or even laxatives).

## **“You should go on a 7-day cleansing program to get rid of the fecal matter.”**

**Healthview:** So what can you do to get rid of the encrusted deposits?

**Irons:** A simple, 7-day cleansing program gets rid of the fecal matter and brings quick long-lasting relief from bowel problems. It will also give you an excellent chance of regaining vibrant health.

This program helps stimulate, loosen and expel the hardened fecal matter. Until it's removed this fecal matter remains a veritable cesspool constantly pouring toxic materials into your bloodstream.

The program is not always easy. But you'll never get rid of any chronic ailment — regardless of what you do — until your colon is once again CLEAN.

The program works this way: For 7 days, you eat nothing at all, but you won't feel hungry because you take a product called Intestinal Cleanser. This is a powder that's ground from a special grade of psyllium seed (pronounced silium). It's the only variety of psyllium seed that we've found to work. The Cleanser clings to the colon walls, holds moisture there, and softens and loosens the fecal matter.

The Intestinal Cleanser should be taken 5 times a day, every 3 hours. You put a heaping teaspoon of Cleanser in a jar with a good tight cover. Add 10 ounces of water or your choice of fruit or vegetable juice. You also add a tablespoon or two of another of our products called Bentonite, which is made from a volcanic ash. Bentonite is like a magnetic sponge that removes toxins from your entire digestive tract. Shake the mixture well and drink it. Then follow it with a glass of water.

A 7-day juice fast sounds severe, but it's really not too bad, because the Intestinal Cleanser swells up in your system, so you feel full. Also, we give you tablets of a supplement called Greenlife, which is a concentrate of the juices of wheat, rye, oat and barley grasses, harvested at a time of peak nutritional value. Greenlife contains all the nutrients you need. So even though you're not eating, you're getting all necessary nourishment. If you're still hungry, just take more Greenlife, up to 50 tablets per day.

**Healthview:** It still seems that it would be hard to fast for 7 days and at the same time keep up with your normal activities. Are there any alternatives you can recommend?

**Irons:** If you're reluctant to plunge into a 7-day juice fast, you can take the Intestinal Cleanser and Bentonite twice a day, morning and evening, for a month, while continuing to eat other foods. This will begin to clean you out and therefore give good relief for constipation and hemorrhoids. By the way, a secondary benefit of this is that many people see so much improvement for this simple program; they become willing to go on the 7-day

juice fast.

Another possibility is to go on a 3-day juice fast each week for 3 or 4 weeks. That frequently produces good results, but it's not as reliable as the 7-day juice fast.

Remember though, that no chronic ailment will ever clear up until your colon is COMPLETELY cleaned.

**“As soon as you’ve finished, expel the coffee. In all probability, with it you’ll also expel large amounts of fecal matter that had been lining your bowels.”**

**Healthview:** What else do you recommend?

**Irons:** We recommend that each day you are on the cleansing program you take a special type of coffee enema to flush out all the loosened fecal matter. A few people take as many as 4 of these enemas per day.

Some people are familiar with coffee enemas, but to review for those who aren't, the coffee has two purposes. First, it acts as a solvent to help dissolve the fecal deposits. Second, it stimulates the muscles of your colon to shake off the fecal matter that coats them.

In addition, we recommend that you massage your colon as you take the enema.

**Healthview:** Please describe the procedure for the coffee enema and the colon massage for those of our reader who aren't familiar with them.

**Irons:** Certainly. To begin with, put about 12 to 15 tablespoons of coffee — the non-instant variety — into a gallon of water and boil well for about 10 minutes. I realize it's strong, but remember you're not drinking it. Also, if a gallon seems like a lot, remember you might have to start over again if you can't retain the enema.

Next, clean out the lower bowel with a quick warm water enema. This will make it easier for you to retain the coffee. Then put two quarts of coffee into an enema bag. You don't need a long enema tube or any special lubrication. Make sure the coffee is tepid, because if it's too hot or too cold, your colon muscles will act by reflex and throw it out.

Lie on your left side on the bathroom floor. Don't raise the enema bag more than 20 inches above the rectum. Let in from a half to a full cup of coffee — no more.

Next, remove the enema tube and kneel on all fours with your head and shoulders low and your buttocks up. Rest your body weight on your knees and on one hand. When you're in this position, your colon drops downward so it's easier for you to feel where to massage. (If you have no trouble locating your colon, then it's all right to lie on your side.)

With your free hand, start massaging a 2-inch area of colon on the lower left side of your abdomen. Use your fingers as if you were playing scales on the piano or kneading bread. Work especially hard on any lumps or rigid areas that you feel — these are deposits of fecal matter. Massage these areas until the lumps go away.

After 4 or 5 minutes of massaging you won't feel the urge to expel the coffee. That

means it's time to let in some more. Roll on your side again, let in another half-cup of coffee, get back in the knee-chest position, and for several minutes massage the 2 inches of bowel further up.

Continue in this manner — a half-cup of coffee, several minutes of massage, then another half-cup — until you reach the rib cage. Make sure you massage the section of bowel just underneath the ribs. Then start moving across your abdomen.

Be sure to take your time. If you try to rush, you will cause the bowel to expel what you have already put in. If this happens you will have to start all over again.

As you reach the middle of your abdomen, you may begin to hit areas where the deposits are densely impacted. You'll be able to tell because the bowel may be full and hard. Whenever this happens, massage the area until you feel it loosen up — it may take up to 10 minutes.

The section of bowel from the middle of the abdomen to your lower right-hand side usually contains the greatest amount of encrusted fecal matter. So be particularly thorough in massaging this area.

If you fail to soften all congested areas, try again the next day and the next. You simply *must* get the material out.

Be *gentle* as you massage the final section of bowel on your right side. Your appendix is located there, and you don't want to damage it.

When you have finished, retain the coffee as long as possible. When this is done properly, you will probably expel large amounts of fecal matter that has been lining your bowels.

**“At first you'll see brown or gray mucus coming out. The mucus may have the texture of a jellyfish or white of an egg.”**

**Healthview:** Such as what?

**Irons:** All sorts of things start coming out of your bowels.

At first you'll see brown or gray mucus coming out. The mucus may have the texture of a jellyfish or the white of an egg. It stretches like rubber and smells just awful.

One man passed a whole lot of material that looked like afterbirth. He was momentarily petrified — he thought it was his bowels falling out. Actually, it was just a heavy, tough film of mucus that had been lining his colon for years.

If you are observant, you may occasionally notice tiny worms and parasites coming out. Some people pass as much as half a pint of parasites. One woman even passed a full pint of liver flukes in the enema matter.

Finally, you begin to see the dried, rotted fecal matter that you have been carrying around for years. It's as black as your shoe. Sometimes it comes out in little pieces like chicken hearts. Other times it comes out in chunks up to several feet long. The longest I have known was 27 feet of fecal matter as black as charcoal but all in one piece. The man saved it

for my personal examination. It was hardened mucus but still flexible.

There are elderly people who pass quarts and quarts of this black stuff. One elderly man passed enough material to fill up 3 gallons of a 5 gallon bucket — a lifetime of unexcreted waste matter. People never cease to be amazed at what they have been carrying around inside of them.

For example, there was one young lady who had been a vegetarian and light eater for over three years. She went on the program and was shocked to see all the material coming out of her. After one particularly large evacuation, she was almost 5 pounds lighter.

After finishing their evacuations, many people take a quick enema with lemon and water or with Bentonite to wash out the remains of the coffee and the loosened fecal matter.

**Healthview:** What if you try the coffee enema and nothing comes out?

**Irons:** There are several things you can do.

First, you must do a better job of massaging and kneading your colon.

Second, you can continue the program for another day or two until the fecal residues shake loose. However, we don't advise doing this unless you have a lot of stamina.

Third, you can take an enema with olive oil instead of coffee. It's expensive, but it almost always works, because the olive oil softens encrusted fecal matter. Get yourself a gallon of the finest unrefined olive oil you can buy and do the enema with that full strength, using the same procedures as for the coffee enema. You'll need a gallon in case you accidentally expel the enema.

Fourth, if even this doesn't work, for 3 days you should eat all the roughage — salad, vegetables, etc. — that you can get down. During this time, don't eat any proteins or starches. Just pack yourself with roughage and blast out the material — it's already been loosened.

**Healthview:** What about people who can't tolerate coffee enemas?

**Irons:** If you can't tolerate coffee enemas, there are several alternatives. To a quart of water, you may add any one of the following: the juice of a couple of lemons; a couple of tablespoons of Bentonite; or a couple of tablespoons of Epsom Salts.

**Healthview:** How long does it take to do the enema?

**Irons:** About an hour. The idea is to retain the coffee as long as possible. If it just runs in and out, it won't loosen the fecal matter, and you won't have accomplished anything.

## **“It can take several years or more to repair the damage to your colon.”**

**Healthview:** What happens after the program is over?

**Irons:** We tell everyone to take the Intestinal Cleanser and Bentonite twice each day — morning and evening — until their stools are as healthy as the ones I described earlier. This will take quite some time. In fact, it can take several years or more to repair the damage to your colon. In my own case, it took a full 10 years before I felt my colon was functioning

perfectly.

Also, we recommend that everyone repeat the program at 7-week intervals for a total of 3 to 7 times. After all, you can't expect to undo years of damage in one week. It may take several 7-day programs to fully clean out the colon.

I'd also continue with those special coffee enemas, perhaps once a week for several months, then once every 2 weeks for several more months, and finally once a month on a regular basis.

And once your colon is fully cleaned out, it's a good idea to take the entire program 4 times a year as a preventative measure.

**Healthview:** What kind of diet do you recommend after the program is over?

**Irons:** As much as possible you should eat food that's been organically grown. But if you can't do that, eat at least 50% of your food raw, and gradually increase the amount of raw food in your diet to 60% or 70%. Also, it's a good idea to continue to take Greenlife tablets every day, since, as I mentioned, it's a complete food that is balanced by nature.

I think your readers know all about what foods to avoid: processed cereals, homogenized milk, hamburgers, sodas, and other junk foods.

Finally, you should find out for yourself — by trial and error — which particular foods keep your bowels moving regularly. Once you know, then eat those foods regularly. It's different for everyone, but there's always some food that does the job.

For many people it's fruit of some sort, so I'd recommend eating some fruit daily. Or it may be cabbage, onions or carrots. In my own case, it's apples of the Pippin variety, as well as grapes and steamed beets.

## **“My program can stop chronic diarrhea — and colitis too, for that matter.”**

**Healthview:** What about toilet habits?

**Irons:** When you go to the bathroom, you should squat or crouch over the toilet, with both feet on the rim of the porcelain bowl. You should be in a squatting position with your head forward, (assuming this causes you no difficulty). In this position, the colon straightens out, and the fecal matter is thoroughly expelled.

If you sit on a toilet seat, as most people do, your colon becomes curved at the end. This prevents some of the fecal matter from leaving, and your colon starts clogging up all over again.

Squatting on the toilet seat is something everyone should do. But it's particularly important if you suffer from hemorrhoids. Hemorrhoids are caused when the strain of trying to eliminate stretches the blood vessels in the colon. Your veins become enlarged and engorged with blood, making the tissues sore and itchy. When you squat, your feces fall out so easily that the pressure is relieved and your hemorrhoids begin to disappear.

**Healthview:** Does your program offer any help for diarrhea?

**Irons:** Of course it does. After all, the cause is the same: fecal encrustation and toxemia. Diarrhea is the body's defense against its own poisons. The body dehydrates itself, flushing water into the colon to wash out the wastes. If the colon is clean, there is no reason for the body to do this. So naturally my program stops chronic diarrhea — and colitis, too, for that matter.

If your diarrhea isn't chronic but is related to some irritating food you ate, then do this: Mix  $\frac{3}{4}$  of a cup of Bentonite in a half-cup of water. Drink this three times a day at intervals of 1  $\frac{1}{2}$  hours. Usually your diarrhea will soon stop. If it doesn't stop within 5 hours, drink 2 cups of Bentonite diluted with 1 cup of water and repeat this every 2 hours until it stops.

**“If you have both perfect nutrition and perfect elimination, then you have perfect health.”**

**Healthview:** Why don't you explain to our readers how cleaning out the colon will affect their overall health?

**Irons:** Oh, the improvement is remarkable. First of all they look better — they have more color in their faces. And they feel better. They have so much more energy — because they've gotten rid of all the poisons in their system and because they're absorbing nutrients better. They sleep better — since the body is more relaxed and is no longer irritated by toxins.

One 73-year-old woman with a long history of diverticulitis got an unexpected bonus from the cleansing. Not only did she have no more bowel pain, but she found that, as she put it, she could “walk like a girl again.”

Of course, these results don't happen overnight. In fact, some people feel weak while they are on the program or immediately after it. The feeling of weakness is caused by the toxins leaving the system.

Occasionally, people who've had severe cases of bowel problems may not notice any big improvement in the way they feel for up to 7 months after the cleansing. It takes that much time for the organs to rebuild themselves.

**Healthview:** Is your program any different from other natural treatments for bowel problems?

**Irons:** It definitely is. Other natural bowel programs concentrate on nutrition — what you put in your body. My program emphasizes elimination — what you take out your body. If you have both perfect nutrition and perfect elimination, then you have perfect health.

**Healthview:** Thank you, Mr. Irons.

### **Comments on V.E. Irons' program, received after the interview was published . . .**

“I praise the Lord for Healthview Newsletter. I used the cleansing program (colon) by Dr. V.E. Irons, got fabulous results. Seemed about a gallon of rubber like stuff was expelled.”

O.A., Greenville, South Carolina

“As it happened, volume #10 meant a lot to me. I had diarrhea for three months, and after x-rays and a painful examination my doctor could find nothing wrong with me. Then I received the newsletter with Mr. V.E. Iron’s interview and sent for the products he advised on his cleansing program. That surely did it, and it only cost me \$10 instead of the \$110 the doctor charged. So I can’t say enough good about the article.” J.S., Farnhamville, Iowa

“I’m renewing my subscription at this late date for one reason. I read and reread the article by Dr. V.E. Irons on cleansing the intestine and decided to try what he recommended. Unbelievable results. He’s right. You feel so good, you want to continue. I continued the program and found mucus ‘hard as plastic.’”

S.T., Frankfort, New York

“Dr. Irons’ report was worth many times the subscription.”

K.W., Estes, Florida

“Please send me 2 reprints of Vol. #10 (V.E. Irons’ report). Everyone needs this.”

P.M., Dallas, Texas

“I’m taking the cleansing treatment, and it’s like a dream come true. At last I will receive help.”

W.H., Zephyrhills, Florida

## Dependence on Enemas?

**Question:** I am reluctant to do a coffee enema because some authorities say enemas weaken the anus, preventing normal evacuations in the future without the aid of an enema. Would such dependence occur?

Drew Hurley, Scotch Plains, NJ

**Mr. Irons:** Enemas are not habit forming. Just the opposite is true. Enemas clean the colon, allowing it to rebuild, become stronger, and hence decrease the need for further enemas.

I should note, however, that you should NOT let in a large volume of water. It is possible, though unlikely, that this may stretch the colon tissues. Always put in a small amount of water, then massage thoroughly to move the water farther into the colon and to mix the water with the wastes. If you do this, you will be able to hold a quart or more of enema water without any strain.

### This is Bonnie again:

On page 22, the “Editor’s Note” was part of the original 1979 Healthview Newsletter. (I just wanted you to know that I didn’t insert an Editor’s Note into Sam and Loren’s NL!)

Four years after this Healthview Newsletter was published Sam and Loren published another Healthview Newsletter featuring V. Earl Irons, Sr. entitled “Clean out your colon — and become 20 years younger.” It’s a 32-page booklet — Issue #1, 1983 — and gives detailed instructions on how to use Mr. Irons’ Colema® Board with drawings of a Colema® Board set up in a bathroom and a picture of Mr. Irons demonstrating how he uses his Colema® Board. (It also contains many classic pictures, x-rays and drawings of people’s colons.)

Mr. Irons states that five-gallon colonics are vitally important to cleanse the colon properly. He recommends that you use his Colema® Board at least three times a week. (In the beginning a person should use it two times a day for an entire week. Then it may be used less frequently.)

If you are interested in the Colema® Board, when you place your next order with us please request that we include, free of charge, the Healthview Newsletter, #1, 1983 booklet “Clean out your colon — and become 20 years younger.” plus the booklet, “The Destruction Of Your Own Natural Protective Mechanism” by V. Earl Irons, Sr.

If you are in the position to go to a spa in San Diego for a week (or not) ask us to also include with your order a free copy of the book *Stay Young & Healthy Through Internal Cleansing* by Milan Chessman the operator of the spa where Sandy and I were patrons. This book looks at the history of colonics and contains many fascinating colonic testimonials.

Two catches:

- 1) You must call, write or email and ask for the material.
- 2) You must pledge that should you choose to purchase a Colema® Board you will allow us to be your choice in purchasing the board.

## V.E. Irons Products available from The Road To Health

1. Item #CBD, Colema® Board (price includes shipping), \$280.00
2. Item #16, Detoxificant (montmorillonite; bentonite) liquid 32 oz., \$19.80 + shipping
3. Item #19, Intestinal Cleanser (Psyllium Seed+Husks) powder, 10 oz., \$17.60 + shipping
4. Item #59, Cleansing Kit [Contains one bottle of each of Items: #16, #19, #22, #53S, #57 and sample size #19A (14 tablets)] — #97.90 + \$13 shipping (with board-no shipping)
  - Item #16, Detoxificant (montmorillonite; bentonite) liquid, 32 oz.
  - Item #19, Intestinal Cleanser (Psyllium Seed Plus Husks) powder, 10 oz.
  - Item #22, Greenlife® (450 mg.) 360 tablets
  - Item #53S, Wheat Germ /Flaxseed Oil (627 mg.) 120 capsules
  - Item #57, Natural Source Vitamin C 120 tablets (100 mg of Natural Source Vitamin C — not ascorbic acid)
  - Item #19A, Herb Tablets (Sample size, 14 tablets)
5. Booklet: Healthview Newsletter, Issue #1, July 1983, *Clean out your colon and become 20 years younger!* — \$8 + \$2 shipping (Free with an order, but you must request it.)
6. Booklet: Healthview Newsletter, Issue #10, 1979, *You can have large regular bowel movements — twice a day, as soon as you cleanse your colon* V.E. Irons — Bowel Specialist, \$5 + \$2 shipping (Free with an order, but you must request it.)
7. Booklet: *The Destruction of Your Own Natural Protective Mechanism* by V. Earl Irons, Sr., \$5 + \$2 shipping (Free with an order, but you must request it.)
8. *Stay Young & Healthy Through Internal Cleansing* by Millan Chessman, \$12.95 + \$3 shipping (Note: *Stay Young & Healthy* is not a V.E. Irons Product)

**Shipping Notice:** When you order more than one item the shipping will be lower than listed.

**Note to Retailers:** If you would like to participate in distributing V.E. Irons products, please call us at (800) 651-7080 and ask for Dale to call you with more information.

## V. Earl Irons, The Inventor of Colema® Boards

Mr. Irons was born on January 23, 1895 in West Virginia, USA. He graduated from Yale University in 1919.

At the age of 40 he was stricken with severe ankylosing spondylosis (an arthritic condition) and turned to natural approaches in desperation. He became a student of health, expended time, money and energy to develop something that was in total harmony with Natural Law. This search led him to believe that in order to regain vibrant health, detoxification was the first step.

V. Earl Irons traveled the country lecturing and teaching the basic principles of health. Many thousands have been helped tremendously by following his advice and principles.

V. Earl Irons began a second family at the age of 72 and fathered his last child at the

age of 80. Mr. Irons passed away in 1993 at the age of 98. His ideals and teachings are carried on by his family and the many devoted followers around the world who have experienced his cleansing and rejuvenation program.

Road to Health Training Guide. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2010. The Road to Health Training Guide. 1. Continuing Education Credit. The Road to Health Training Guide. Goal. 2 The Road to Health Training Guide. " Communicate the three key prevention messages to help prevent or delay the onset of type 2 diabetes" 5 percent to 7 percent weight loss, if overweight by: Making healthy food choices and following a low fat, low calorie meal plan. Increasing physical activity for a minimum of 30 minutes at least five days a week. The Road to Health. CHARACTERS: Mrs. Jackson (A widow) Mrs. King (A friend) Frances (Mrs. King's daughter) Frank (Mrs. Jackson's son) Mollie (Mrs. Jackson's daughter) Miss Brooks (Frank's teacher) Katie (Mrs. Jackson's daughter). ACT I SETTING: A room in Mrs. Jackson's house. TIME: Afternoon. (Mrs. Jackson is sewing, and Mollie is lying on sofa, ill.) MRS. JACKSON: (Going to sofa.) Are you feeling better, dear? MOLLIE: No, not much, Mother. Digital Road To Health Application This is the official South African National Department of Health's digital version of the road to health book given to pregnant moms to record the growth of their baby and immunizations. As a caregiver, monitoring the development of your child or children is a vital process during their early years in order to make sure they grow up to be a healthy individual. Digital Road To Health Application. This is the official South African National Department of Health's digital version of the road to health book given to pregnant moms to record the growth of their baby and immunizations. As a caregiver, monitoring the development of your child or children is a vital process during their early years in order to make sure they grow up to be a healthy individual.