

DIABETES MELLITUS is currently described as disorder of carbohydrate metabolism, most commonly associated with the pancreas. It is characterized by hyperglycemia from absolute or relative impairment in insulin secretion and/or insulin action.

MEDICINE further divides the disease into types. TYPE I DM includes subjects who are dependent on insulin shots including "juvenile-onset diabetes" for children who become dependent on insulin shots.

TYPE II DM subjects are not dependent on insulin shots and the language can include a wide variety of carbohydrate conditions not always involving the pancreas. Both are often called adult-onset diabetes.

An early sign of pancreatic-based diabetes is increasing thirst and increasing desire for sugar (or fruit). A more advanced stage is associated with diabetic ketoacidosis (DKA), a medical term finding an accumulation of ketones (carbonyl) from faulty carbohydrate metabolism. The symptoms of this stage include a fruity odor of acetone on the breath, difficulty breathing, confusion, dehydration, weight loss, vomiting and comas in extreme cases. Prolonged, poorly compensated for diabetes constricts arteries so that subjects develop heart conditions, retinal problems from constricted blood flow to the retina of the eyes and decreased circulation to the extremities, resulting in gangrene and often necessitating amputation by today's standard of medicine.

HEALERS WHO SHARE sees Type I (including juvenile diabetes) and II (pancreatic-based) as evolving from the same basic inherited condition. The primary element is the presence of a residue of Yellow Fever. (When people are required to have a yellow fever shot before entering some country, it is well known that some will immediately go into diabetes after the shot.) A protocol has been developed which plans variations at most stages to accommodate for the variety of ways people hold this condition in their bodies.

The protocol has been very successful for those who continue the entire protocol, especially with juvenile diabetes. The biggest problem is with adults who don't believe it is possible to completely eradicate the cause of the issue and go off of insulin. They don't complete the protocol.

We need to be very clear with people who are insulin-dependent that insulin is a medicine and under the jurisdiction of medical doctors. Therefore we should not advise what to do with insulin and even more clearly state that we are not advising them to go off of insulin. The point is we are not licensed to say what to do with insulin, one way or the other. Thankfully, insulin-dependent subjects are required to take their own blood test daily to determine how much insulin to take. As most have learned, the insulin is determined by those tests. The results will be self-educating. As the remedies begin to work, it is understandable that the blood test will show the need for less help. Exercise and diet play into the need for insulin, so it will be wise for the subject to keep his/her own annotated log to see if there is a trend. Some found the need completely go away and others found their needs very reduced, but not eliminated. For the latter subjects we found different forms of diabetes insipidus that had never been diagnosed and for others we found other pancreatic conditions that needed help.

People are less interested in eradicating a certain disease and more interested in their quality of life, even if that means eradicating several pancreas conditions. Be willing to find the entire pancreas condition. In 2002 we added more material under "Blood Sugar" for conditions more than Diabetes Mellitus.

SUMMARY OF REMEDIES
(with range of standard bottles needed)

TOXOPLASMOSIS	4-8
PANCREAS FLUKES	4-8
CANDIDA PANCREAS	3-5
GLUCOMYCOSIS	9-17
C&CP or CPCSP or C&D	3-5
SWEETNESS VIRUS	4-6
TB ENZYMES	8-16
DRAGON VIRUS	4-6
YELLOW FEVER	8-9
(and animal yellow fevers when needed)	8-9
DIABETIC BONE	16-18

REPORTED SUCCESS RATE

DIABETES MELLITIS I & II
MONTHS OF EXPERIENCE - 72
APRX # PEOPLE - 1,850
SUCCESS RATIO - 90%+ of those who finish the protocol

JUVENILE DIABETES
MONTHS OF EXPERIENCE - 74
APRX # CHILDREN - 145
SUCCESS RATIO - 98%

We started this program by dividing it into stages so that people could slowly rid themselves of the disease. We later found that people cared not one whit about slow and graceful, so they often combined all stages at one time. That works. For others there was a budget issue and this staging still helps.

STAGE I Often this is felt with the greatest impact. When a weakness is inherited in the pancreas, it slowly gives way to other issues piling on top of the weakened organs. Parasites and fungi are drawn to a weak and decaying organ and this stage is both.

TOXOPLASMOSIS GONDII is a parasite most known to invade this condition. When in the pancreas it usually creates a condition called hypoglycemia, where people get cranky, shaky and lightheaded if they do not have food to boost their blood sugar level. The same parasite can enter the adrenals and liver causing anxiety and sleep problems. It is carried mostly by cats and is the parasite feared for expectant mothers because it can pierce the placenta and cause blindness or chorio retinitis in children.

PANCREAS FLUKES One of the most common parasites found with diabetes. Its presence is usually the second most reliable indicator that the person is heading into actual diabetes.

CANDIDA PANCREAS Geotrichosis is the actual name of this one of 8 known candidas in the body. Its presence is the most reliable sign that a person is heading into real diabetes. With this candida the person gains weight.

GLUCOMUCOSIS— Long-term diabetics may need this special fungus created around carbohydrates.

SWEETNESS VIRUS, DRAGON VIRUS Two forms of herpes viruses that sometimes complicate diabetes.

TUBERCULOSIS PANCREAS OR TB ENZYMES This bacteria is known to muffle the function of whatever organ it invades. Often this is found in long-term diabetes or in the presence of other infections.

STAGE II This stage is more subtle because it contains the residue of chicken pox and/or smallpox that is one of the triggers into diabetes. Consistently these residues combine with the virus family Coxsackie B, which explains why the remedies are made in combinations with coxsackie (the “C” part of the remedy).

C & CP Coxsackie and Chicken Pox – Remember how children go into juvenile diabetes with the advent of chicken pox. The only reason they enter at an early age and others enter at a later stage seems to be the degree of infection in mother’s teeth at the time of birth.

CP C SP Chicken Pox/Coxsackie/Smallpox – The residue of smallpox is still in many even though science believes it is wiped out. People with this combination seem to put on weight more easily.

MONKEY POX AND COXSACKIE, VACCINIA & COXSACKIE are rare possible additions.

CHOCOLATE MODERATION (formerly called Chocolate Craving) is a mixture with Monkey Pox. We found that many who needed the remedy would not take this remedy because they loved their chocolate. Chocolate is a fungus that is a nerve irritant. Only for that reason did we make the remedy.

The real key to diabetes mellitus turned out to be the disease called Yellow Fever, one of the most common tropical diseases in the world. Scientists believe that the disease is carried by a mosquito which dies when the temperature goes below 60 degrees Fahrenheit. We do not agree because we have seen active cases of Yellow Fever in Denver in December when the temperature never rose to 60 degrees. Even if the temperature issue is incorrect, the mosquito does seem to be the main vector. When a mosquito bites anything, it plunges its needle into the host, repeatedly sucks in blood and then spits it back in, thus infecting the animal and simultaneously becoming a carrier of that animal form of Yellow Fever. Hence, in addition to finding human yellow fever, we often find additional yellow fever of animals that the mosquito has bitten before it got to our ancestors. Varieties of remedies include:

YELLOW FEVER (human) – Always present

URBAN YELLOW FEVER (a variant of mosquitoes in urban areas)

YELLOW FEVER OF bear, beaver, boar, buffalo, camel, cat, chicken, cow, deer, dog, elephant, elk, ferret, fox, goose, hawk, horse, llama, mink, mongoose, monkey, moose, muskrat, ox, pheasant, possum, rabbit, raccoon, rat, reptile, sheep, skunk, squirrel, swine, tick, wolverine – so far. They are referred to as Bear Yellow Fever, etc.

STAGE III From our work with infections in bones we found that the calcium distributor, the pancreas is often blocked by stones resulting from infected calcium. The weakened condition made people ripe for diabetes when the pancreas was already weakened. In the same path of thinking, it follows that a mother who has strong dental infection when giving birth could have enough pancreas blockage to throw the child into a state of juvenile diabetes readiness. (It is important to console mothers that a juvenile diabetic is not because of their negligence, but more because of the lack of knowledge in science and lack of equipment in dentistry).

DIABETIC BONE – This is the final step that will help a person to become “bullet proof” to diabetes mellitus. For those not yet manifesting the symptoms of diabetes it can be postponed while you finish other bone remedies.

COMPLICATIONS

Any disease so widespread as diabetes will develop complications. After 2 years of testing we can report on a complication of insulin pills or shots. By definition this would apply to Type I Diabetics.

An ingesting of insulin from an external source creates small shock waves through the pancreas. Its counter balance for too much insulin is glucagon. Diabetics usually worry about too little insulin, but have to keep a glucagon safety shot available in case they take too much insulin and cause a blood sugar low. The natural mechanism for creating a balance to insulin is designed to work much slower. So when there is a shot or pill of insulin, this slow working mechanism is overwhelmed and creates a **Glucagonoma** or **Calcium Glucagonoma**. These lumps naturally attract a retrovirus, which makes a tumor to insure the overworked mechanism pumps out glucagon to balance the shots. The trouble is that the overproduction of glucagon now creates a disease that insures the body needs insulin.

Artificial insulin creates a dependency mechanism as clearly as street drugs create a dependency and addiction. We have long said that hormone replacement treatments are dangerous in the long run. Insulin is a hormone and now proves the principle again. Once you get on insulin, this mechanism insures you can not get off insulin even when you have cured diabetes mellitus. Since nobody felt diabetes was curable, this drug-induced disease was never discovered. When we showed people how to get rid of diabetes, we were surprised that long-term insulin takers still showed a need for insulin. When the cause of diabetes is gone, experience shows that insulin needs drop steadily and many people showed no more need for insulin. The people who were the "exception" proved to have this separate disease from the artificial insulin.

It is also true that a person could have another form of diabetes that would maintain a need for insulin (until that disease is also quelled). We have learned to check for several forms of diabetes for people who have the most standard form of diabetes mellitus. See the paper entitled BLOOD SUGAR.

PANCREAS DIVISUM is a condition at birth where the head and the tail of the pancreas do not fully join. More technically speaking, the ducts of the embryonic dorsal and ventral pancreatic anlage fail to fuse. As a consequence the majority of the pancreas is drained by the accessory duct. This has been found to be the most common congenital anomaly of the pancreas and usually results in chronic pancreatitis. We see this in all Juvenile Diabetes cases.

SUMMARY OF REMEDIES

(with range of mega bottles needed)

CORN SYRUP	2-5
GLUCAGONOMA	2-3
CALCIUM GLUCAGONOMA	2-3
GLUCOGENESIS	3-4
PANCREAS DIVISUM	3-5

COST PROJECTIONS
DIABETES MELLITUS

There is a difficulty in predicting cost of individually-tailored programs because we are all so individual in our needs. So we will first present the cost of a core program, followed by some common variations on the theme. We suggest that an individual analysis will be the best way to confirm how close you are to these figures.

AVERAGE MONTHLY COST – Based on the typical protocol shown on page 2

	\$90 x 4 months = \$360
	\$70 x 2 months = \$140
	\$30 x 5 months = \$150
	\$10 x 2 months = \$ 20
Postage (assuming 1 month's worth is ordered each month)	= \$ 90
TOTAL	11 months = \$760

WHAT MIGHT ADD TO THE COST:

Diabetes is part of a larger picture about blood sugar. If there are other blood sugar diseases that are simply being lumped into the description "diabetes mellitus" (all too common) then the subsequent blood tests will not show the proper values for completing diabetes mellitus. Below are examples of other diseases involving blood sugar that we have worked with. (Fuller descriptions of the remedies are in the User Guide).

Nephrogenic Diabetes Mellitus	\$50/bottle	4 mega bottles
Diabetes Insipidus	\$50/bottle	3 mega bottles
Pooed-Out Pancreas	\$50/bottle	3 mega bottles
Acanthocytosis (Blood Sugar Bobbles)	\$50/bottle	4 mega bottles
Hypoglycemia (Adrenal-based)	\$50/bottle	2 mega bottles
Growths in pancreas (multiple choices)	\$50/bottle	3 mega bottles (per growth)
Calcification of pancreas	\$50/bottle	3 mega bottles
Glucagon Storage Diseases (2 choices)	\$50/bottle	3 mega bottles
Glucose Genesis	\$50/bottle	4 mega bottles
Pancreas Divisum	\$50/bottle	4 mega bottles

Rules of thumb:

- (1) The longer the existence of diabetes, the more likely there are complications.
- (2) It is common to see 2 additional blood sugar issues, especially after age 45.

BENEFITS OF THIS APPROACH: The history of this approach shows that:

- (1) The actual cause of diabetes will be eliminated
- (2) The program will be finished in approximately one year or less
- (3) No subsequent support will be needed

It allows your pancreas to reconstitute itself, provided there are no other diseases or infections