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**RBTI**

**THE REAMS BIOLOGICAL**  
**THEORY OF IONIZATION**



**FOR**

**HOMO SAPIENS**

THE LECTURES OF CAREY REAMS  
Classes 1-5 - 1976-77

Transcribed, Compiled and Assembled By

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# Disclaimer

What follows are my notes on the basics of the Reams' Biological Theory of Ionisation (RBTI) as presented in lectures during 1976-77 and other information inserted by me for my purposes.

The information contained in these notes is for educational purposes only. The author, distributor and provider provide no warranty about the content, the accuracy of the content, or the completeness of the content.

These notes were originally transcribed, assembled and compiled for me; my information, my education, my interest, my knowledge and to serve as a reminder to me of the information I listened to on tape; for when I review these notes I actually hear the voices speaking the words.

Any conclusions you draw from these notes are your conclusions based on your knowledge and your understanding. Any action you decide to take, you do so based on your own knowledge, your own understanding and your own judgement. Bear in mind that as with any limited education, "a little learning is a dangerous thing". This information forms part of a greater educational field and you are therefore encouraged to study as much as possible, enrol in further courses, and become familiar with the whole subject and all the rules, not just the ones presented here.

In providing an open release of these notes, all the material contained herein is presented as "incomplete educational information" only, and is not to be used to diagnose any physical malady or disease, nor is it meant to suggest a course of action on any disease or malady whatsoever and is not to be used as a reason for discontinuing any medically prescribed medications; the diagnosis, treatment and management of disease is the sole responsibility of licensed medical practitioners, and the management of your medical conditions is an arrangement between you and your physician.

The RBTI notes relate to programming a diet for one, single person based on one single test for one very short period of time. It is not one person, one test one diet for life. If you have any queries or questions on the content of these notes please direct them to your appropriate, qualified health care practitioner:

- a. If it relates to RBTI material, please contact and evaluate the RBTI Teachers, seek information and enroll in a Course suitable to you to further your knowledge and understanding, or
- b. If it relates to a medical issue please consult your family physician with whom you can openly discuss these things and whose opinion you value and trust.

Remember, whatever action you decide take, you do so based on your own reasoning, understanding and judgement. You are responsible for your actions.

These notes are dedicated to the courage, faith, memory and teachings of Carey A. Reams.

In putting these notes together, all parts of the Reams' Biological Theory of Ionization Course lectures have been used including:

- daily devotions,
- lecture material,
- questions and answers,
- stories, and
- jokes

because they all help to explain either the RBTI or the man, Carey "Doc" Reams. Also note that, in the main, Australian spelling conventions apply.

The sources for these notes are:

- Class 1 – Series 876D
- Class 2 – Series 877CA2
- Class 3 – Series 177-3
- Class 3-4 Series 677, and
- Class 5 – Series 877

In studying these notes, please note that "Doc" Reams expected his students to use their brains, and think, and he used the following methods to pass information:

- Lecture Style, i.e. he would tell the class the direct information.
- Story. He would tell a story to illustrate his point.
- Parable. He would tell a parable to illustrate his point.
- Hint. He would sometimes hint that there was more to follow.

In view of his use of all these methods all available information from the course has been presented here in summary and, as far as possible, the wording and explanations are his. In some cases small liberties have been taken to make the text more readable and more easily understood while at the same time retaining the meaning.

Throughout the book I have attempted at all times to maintain three things:

1. To keep it as accurate as possible to the lectures,
2. To make it readable, and
3. To facilitate finding information.

In respect of point 3 above, there has been a lot of duplication and repetition of material in order to present it in its topic categories and to make it easy to find specific information.

In regard to the practising of dietary planning and advice by RBTI, be aware that various legal things are mentioned as being allowed, or requiring special permits or some other such thing. Be aware that these notes were **ORIGINALLY** set down in the mid-70's, and in the United States of America. In the intervening period of time laws may have changed, so it is the responsibility of the individual, in whatever country, to become thoroughly familiar with all the relevant legal aspects that may affect a nutritional consultancy practice.

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I hope you enjoy studying these notes.

A word of caution to the wise. While I endeavored to make these notes as accurate as possible, they should be considered a BASIC, introductory text only. My interpretation, based on my understanding and knowledge, may be slightly off and therefore I'll continue to review and revise these notes. You are encouraged to do the same.

Carey Reams always planned to teach his Theory of Ionization in 9 Sessions, and I know there have been further developments, and more advanced classes are being taught. However, information from later than Session 5 will not be included here; that is the province of the current RBTI teachers.

The serious student is encouraged to enroll in those classes to further their own knowledge and understanding, clarify and correct misinformation, and pickup where these notes leave off.

### THE REAMS' BIOLOGICAL THEORY OF IONISATION

#### General Introduction

The Reams' Biological Theory of Ionization (RBTI) is about how the body is put together and how it is taken apart. The equation for perfect health is central to RBTI as it provides a simple method of analyzing one person's body chemistry; assessing the loss or gain of energy and most importantly of all, providing a signpost for diet and lifestyle changes to correct that loss of energy. If the body is gaining energy then it's getting well, whereas if it's losing energy it's in decline. Perfect health has 100% reserve energy and "0" reserve energy is death.

The equation was developed for the sole purpose of designing a diet to suit a single person's individual body chemistry, but as a spoon can be used for things other than eating, so the equation too can be used for other things, but dietary planning and guidance is its main purpose.

The equation and methods used in the RBTI were originally devised by Carey Reams in about 1931 from a number of different sources, including the sciences, mathematics and his own original research in the realms of physics, chemistry and biology, all tied together with calculus and relative math.

Carey Reams was born with an insatiable curiosity to know the "WHY" of everything. In his own words:

"When I was a small boy my nickname was 'Question Box', and the whole community knew me as 'Question Box', and it's still 'Question Box' today. I still want to know the answer.

I had questions for everybody all the time and the only strange thing about it is, I remembered the answers, and how wrong I found some of the answers in later life and many times I also found out those that were wise enough when I asked a question to say, "I don't know." I also found out others would say, "well that's the way my daddy did it, and that's the way my grand daddy did it, so that's the way I'm going to do it." In other words they were just living robots."

Although reluctant to discuss his educational past, my understanding is that Carey Reams studied Science at Oxford University, from which institution he obtained his Doctorate in Science. His Doctorate, his intimate knowledge of anatomy and physiology, are presumed to be the reasons his students affectionately referred to him as "Doc".

In his studies and research, as well as his seminars, while he communicated physically in English, he actually thought and reasoned in the language of mathematics. Paraphrasing his words, he put it this way, "in order to work out the perfect pattern according to the frequency you need to use advanced calculus and relative math, and it also depends on how far you go, for instance, if you go far enough in advanced calculus you've got Euclid and Enid:

- Euclid Math (from Euclidean Theory) is the picture (which goes back to the geometrical patterns that architects use to draw the blue print of the building, or the bridge, or the railroad, or the mechanical engineer draws to whatever he wants the shop to build), and
- Enid Math is what makes math become a language, in other words it's a language in which you can converse and convey ideas and thoughts

and then after you do that you're in relativity. The solid geometry is the door that opens the door to relativity. When you get to Enid in calculus you come to a place that there's nowhere else to go except to go in circles, and then you're in relative maths, and in relative math the rules are entirely different, for instance, in geometrical math parallel lines never meet, but in relative math they must cross at least twice, and may cross many more times than that. Now if that were not true there would be no such thing as matter or substance."

Of his students, to most questions he asked he required a mathematically provable answer. To "Doc", things had to make sense and be provable in math before he accepted an answer.

In his quest for knowledge he found many things that were taught in schools and colleges were not only scientifically inaccurate in detail, but that to most people the details did not matter. For instance, most people do not need to know the ionic composition, or even energy levels, in one atom, but Carey Reams did, and in order to overcome the problems and inadequacies he found in the text books, he:

- studied with private tutors,
- conducted his own, original research,
- researched and developed his own scientific theories, and
- modified his understanding of chemistry to better reflect both the known laws and his own experimental results.

His work ethic and principles were such that he constantly sought truth based strictly on mathematical principles, not on a perceived truth, not on a generally acceptable truth, not on a financially beneficial truth, and not on a convenient theory. Needless to say, his theories and teachings often went against the grain of current teaching but that does not make them incorrect, only exceedingly unpopular with those who teach the orthodox way for to accept his changes put them on the bottom of the ladder again..

In order to begin to get his message across to his students, many of them health professionals with medical and chiropractic degrees, they often had to "unlearn" what they had learnt at school, in college and in medical school for not only did he show them that chemistry and physics were being taught incorrectly; but that anatomy and physiology also were being taught incorrectly to Doctors in medical school as well. Carey Reams made himself exceedingly unpopular with many people in the orthodox establishment because he questioned their beliefs, principles and teachings AND FOUND THEM WANTING. However, instead of criticizing where he found error, he taught and explained to those who would listen and learn. He loved skeptics and was often heard to say to his students "the more skeptical you are during these Courses the more benefit you're going to get out of it because a person that comes ready to swallow this teaching hook, line and sinker misses about half of it, but the skeptic picks the bones and gets the meat. So I love skeptics, they're the ones that really go out and do something about it because they've found a new toy [that] they can use to help people."

One medical doctor from California said to him, "I came as a skeptic to these Courses, and I was going to prove you a charlatan and wrong, so I wrote down everything you said that was contrary to what I was taught and what I believe, and for a whole month I've been trying to prove you wrong and I found you right 100% of the time. I now come to you and want to ask you to forgive me for thinking that I was a doubting Thomas."

Carey Reams also used to say to his students, "I want you to check out everything I say. You don't have to take a thing in the world I say as hook, line and sinker, or swallow it at all. Take what I say, use it, prove it beyond a shadow of a doubt, and then it will become a part of you and you a part of it."

So what did Carey Reams do?

Carey Reams used his knowledge of physics, math, chemistry, anatomy, physiology and biophysics to develop an equation which was a signpost of health. The equation expresses every possible degree of human health within the range of "death through 'perfect health' to death". Remember this; the equation is just a signpost that shows:

- How far away from perfect health a person is.
- The direction that is needed for a person to gain perfect health.
- Whether the body is cooperating or not.
- Whether the body is getting well or not.

Not only did he develop the equation, but he also tested and researched foods and food chemistry to measure their effects on the body chemistry. He had to formulate and prove theories, research the foods, the sciences and make definitions in areas where there was either no information, or incorrect information.

His frequently stated maxim was that the equation was a way of formulating a better diet for ONE person.

While the equation itself is NOT one of the healing arts, it is the greatest tool the healing arts ever had for not only does it show what healing methods work, but perhaps more importantly, it shows what methods DON'T WORK.

Running through his entire work is his devotion to his religion and his love of God, and in all aspects he found that his scientific knowledge and mathematical work reinforced and strengthened his belief in God and explained many otherwise inexplicable parts of the Bible.

Early in his life's work he realized he was able to trace its beginnings to a specific incident that occurred while he was a child. In his own words he said,

"My work probably started when I was five years old. The first memory that I have of connecting any thoughts with this started when I was five years old and I didn't realize at that moment at all, by any means, that it would have any bearing upon my entire life, but I asked one question then that was a key, that gave an indication that my life had already been patterned, I was five years old. We belonged to a country church and we had a circuit riding minister that came around once a month and this particular Sunday was the first message that I ever remember hearing preached, I still remember the message to this day, and the message that he preached was on the resurrection of the dead. He went home with my parents that day and while we were having dinner I said to him, "Brother Smith, I don't believe what you said in your sermon today." I was only five years old. I saw my parents' faces cloud up, I still remember something was going on but I didn't know what it was, I was too young to know, but I knew when they frowned I did something that I shouldn't have done, and this man of God said, "Well son, what did I say that you didn't understand?"

I said, "You said in your sermon today that when Jesus comes the dead were going to get up and go to meet him in the air, and don't you know when something dies it goes back to dust again and you can't put it together again."

and he said, "Well son, who put you together to start with?"

I said, "Nobody, the doctor brought me." Just a child understanding in a childish way.

He said, "Well you're only a child now, but when you're a man you'll understand these things."

Well curious to say that when I became a man I became more confused about God putting things together again; the martyrs burned at the stake; the saints buried at sea; people that were torn asunder by explosions. Why, I only became more confused. The gases from the brain and body scattering out over the ocean, being brought down in the rain, falling down into the ocean, eaten by the plankton, and the bigger fish eating the plankton, and man catching the fish and scattering them over the earth. I really became confused. My problem was I was trying to bring God down to my size.

I'd been in practice a few years, 4 or 5 years, when two police officers brought some ashes into my laboratory and said, "Can you tell us whether or not these are animal or people that burned in this building?"

I said, "I don't know, but I'll try." Little did I dream then, practically 35 years later I guess, that the question that I asked at 5 years old would be answered.

Now the undertaker had been a good friend of ours since I was a child, he hunted and fished with my father. He was somewhat older than I was, his name was Carey Hand, and I went to him and I said to Mr Hand, "could I borrow some ashes of cremated people for some research work in my lab?" And I told him what my problem was with the police. I said, "I will not take any of it, use it or abuse it, I will return to you all the ashes, dehydrated in the same form that you give them to me. I do not need them, all I need to know is the ionization of them."

and he said, "certainly."

In two weeks I had gone through quite a group of ashes in which I had known the sex, age, height, weight, race, creed, color and so forth, and I was able to distinguish them and to come in on the frequency, and as far as I know this was the discovery of frequency for human beings. Now Doctor Northrup in Germany discovered the frequency of grapes, and he was the one who taught me what the frequency of grapes was, but I was the one who discovered the frequency of human beings.

Then I gave the report to the police. There was not one person there that burned, there was three. There were two females and one male; and this was done by the frequency of the ashes. I could not tell anything about their ages, but there was a mother and her two children, a boy and a girl, that had burned and had been missing since that day, and they evidently crowded into a closet when they couldn't get out and they burned together in that building. So I used that until I went to war, World War II, and at that time I gave it to the police department. It's still in use to this day as far as I know. By the ashes we can tell everything except the age, the age has to be measured in thousands and we cannot measure it delicately enough.

Then the question that I had asked at five years old became clear, because in the Book of Revelations it says this, "When the books are opened and your name is called you shall answer", but another translation says this, "When the books are opened and your number is called you will come as needles to the pole". When Jesus calls your number you will come. So you hear people say today, "I've got your number." We are numbers, and God knows our number, and we cannot hide from God, He knows where we are. Regardless of what happens to us this is the foundation in the Scriptures verifying the very thing that I'm going to teach you in this class. It's in the bible, and it's clear, and it will come out more and more all through this course. I believe that all of the healing arts are religions and no-one has a right to say the others cannot exist, and in the healing arts we have just like preachers, some good preachers, some poor, some good doctors, some poor doctors, just the way it is in life."

Through his research with the ashes Carey Reams was able to determine the specific identifiers of the human body:

- frequency,
- micronage,
- milli micronage, and
- milli milli micronage.

yet there still remained another trigger which was to cause him to actually develop his equation.

In his own words:

"I'll tell you how this equation came into existence. I was a young engineer and as far as I know, I had the first medical laboratory in the South Eastern part of the United States. Fifty years ago (about 1925) doctors did not know anything about blood chemistry or body chemistry or anything, and while I was still in college I opened a medical laboratory to begin to show doctors some of the things that were being taught the students in the pre-med courses. So the doctors didn't pay much attention to it but they liked that kid, they wanted to help him get through college so they sent people to him and this is what they said, "I want to help that kid get through college" and they sent people to me to be tested and I sent the doctors the report.

I started a rapport with the doctors that kept up until 1968, and I was doing work in the three largest hospitals in the Orlando area for 38 years when I was arrested for practicing medicine without a license, doing the work for doctors, at doctor's request and no-one elses. And in this 38 years they never found this system wrong once, not once. This system was discovered in 1931 and the way it was brought about was this. We had an engineering friend and helped him to learn something about an orange grove.

He'd married into a family and they didn't know what to do with him so they bought an orange grove down in Florida and put him at the head of it, even though he didn't know an orange tree from a grapefruit tree. He didn't know anything about it, but he was a smart fellow so he hired somebody who did know to teach him how to run an orange grove for a profit, so he hired our firm to do that.

Now this man lived the second or third door from my father and mother and he had a little boy, 2<sup>1</sup>/<sub>2</sub> years old, that had seizures. On this particular day he'd had his little boy to the doctor and this young fellow came down that afternoon after 5 o'clock and he said, "I just had our little boy to the doctor today and the doctor tells me that he's going to go into a seizure and just not come out, that it's impossible for him to live until he's 5 years old. Medicine has failed, you just got to help me." At this time the boy was having between 5 and 8 seizures every day.

So I went to the lab that night and I started working, or started thinking at least. I was just sitting in a chair thinking and I couldn't think of a place to start. Nowhere could I think of anything to do, or any way to start. If I could only think of a place to start or what to do, and for 3 days and nights I sat thinking, I mean I didn't sleep, I was frustrated, praying and fasting for something to know what to do. The thought came into my mind, that if you knew what "perfect" was then you could find out what this little boy's body chemistry was. If you knew what a "perfect" body chemistry was then you could test this little fellow and find out how far from perfect he is and then make a diet to bring his body chemistry back to perfect. I'm sure that the Lord himself put that message into my mind because I had my first clue then on what to do.

Then by strictly calculus and working it through this equation resulted in 4 more days, although the original equation was much longer than that. Then I brought the little boy in and we tested the stools, the urine, the saliva, the tears, the fingernails, the wax out of his ears, everything we could think of we tested, and then I made a diet for the little fellow and in just 90 days the seizures had practically stopped and after a few months they moved away to Texas to take over another project the family had bought on which they were losing money because he had made an excellent success of the grove in the year and a half he had been there.

So they sent him out there and I lost contact with the family for 35 years, or thereabouts, and I was walking in the street of Orlando one day and this young man came up to me and he said, "aren't you Doctor Reams?"

I said, "yes."

He said, "I know you but you couldn't know me",

I said, "no sir, I don't know you. If I've ever seen you I don't remember."

He said, "you haven't seen me since I was about three and a half or four years old." He said, "I was the little boy who had epilepsy, and you gave me a diet and I got over it. I didn't have any more seizures although at about 7 years old we were in a little fender-bending accident and I thought I might have had a light seizure then, but I haven't had one since. I'm now happily married, and I have a family of my own", and he also told me about his parents and things of that nature.

But his problem was not epilepsy, it was diabetic seizures that he was having instead of epileptic seizures, his blood sugar was too low. So this formula was born out of that, or came out of that coupling and I have dropped off everything that was in repetition and now have it down to the basic facts because in the original formula that I had there was a duplication and repetition that was just more expensive and not necessary.



So this is how the equation came into existence.

## PART 1

## THE EQUATION

The equation for "perfect" health was calculated mathematically and incorporates the elements of frequency, micronage, milli micronage and milli milli micronage of the human body. Since every living species or "kind" of organism has a different frequency the equation for perfect health for different species must be different, and it is. The equation that shows "perfect" health for human beings is:

$$1.5 \quad \frac{6.40}{6.40} \quad 6 \text{ to } 7C \quad .04M \quad \frac{3}{3}$$

where:

**1.5** Total Carbohydrates in the urine measured by a refractometer in Brix units.

**6.40** Upper reading is the pH of the urine.

**6.40** Lower reading is the pH of the saliva.

**6 to 7 C** The Conductivity reading of the urine measured in micromhos or microsiemens. The "C" is the Roman symbol for 100, (so 600 – 700 micromhos or microsiemens).

**.04M** The debris, cellular waste or albumin in the urine. The "M" means million.

**3** The upper 3 is the Nitrate Nitrogen.

**3** The lower 3 is the Ammonical Nitrogen reading.

"6.40 over 6.40" and "3 over 3" are not division problems, they are separate factors that are considered on both their own merits and in relation with the other numbers.

Also, a person's AGE, HEIGHT, WEIGHT, RACE, SEX and perhaps RELIGION may form part of the problem because all these things may have a bearing on what is going on in a specific person.

When the term "NUMBERS" is referred to it means all of the following:

- EQUATION,
- AGE,
- HEIGHT,
- WEIGHT,
- RACE,
- SEX, and
- RELIGION.

though not all of the above factors are of equal importance in all cases.

For instance, if you take the following equation:

$$4.9 \quad \frac{7.40}{6.80} \quad 18 \quad 4 \quad \frac{10}{8}$$

You don't know what's wrong with a person, or what to do, because you don't know the age, height and weight. You need these in order to solve your problem. For instance, there is a different problem in each of the three following examples:

**Problem 1.**

6 months, 28", 24 lb, male

$$4.9 \quad \frac{7.40}{6.80} \quad 18 \quad 4 \quad \frac{10}{8}$$

**Problem 2.**

10 years, 5' 4", 76 lb, male

$$4.9 \quad \frac{7.40}{6.80} \quad 18 \quad 4 \quad \frac{10}{8}$$

**Problem 3.**

42 years, 5' 11", 180 lb, male

$$4.9 \quad \frac{7.40}{6.80} \quad 18 \quad 4 \quad \frac{10}{8}$$

So as you can see, the age, height and weight makes a different problem. Everybody is an individual and they need to be considered and counselled as such. These three problems will be explained in detail later.

**PART 2****CARBOHYDRATES AND THE PANCREAS**

**Rule.** Unless all numbers are perfect no numbers are perfect. If one number is  $\frac{1}{10}$  out on a zone then the whole equation is out.

**Rule.** The average blood chemistry over any 24 hour period will equal the average urine readings over the same 24 hour period.

**Rule.** When conducting follow up tests on the same or subsequent days the test that's critical is the sugars. You don't want the sugars to drop too low because the lack of sugar in the urine means a lack of sugar in the blood which means a lack of oxygen to the brain.

**Rule.** Alcohol is the greatest enemy calcium ever had.

**Rule.** One NO-NO about green drink and low blood sugar, never give comfrey, or comfrey tea, to people with low blood sugar because it lowers the sugar faster than anything else, but on all high blood sugar cases use plenty of it.

**Brix.** Brix is a unit of measurement and is an exact percentage of sugar.

**Sugars - General.**

Carbohydrates are the sugars and the sugar level determines the amount and type of oxygen that the blood will carry. In general:

- the lower the urine carbohydrate reading the greater the oxygen in the blood, but the more the reading is below 1.5 brix towards 0.0 brix the more unusable the oxygen is to the brain, i.e., it will not release to the brain, and
- the higher the urine carbohydrate reading the lower the oxygen in the blood because there's not enough room in the blood for both the carbohydrate and the oxygen.

In summary, a sugar reading that is either too low or too high will result in lowered oxygen to the brain, and lowered oxygen to the brain can cause symptoms like irritability, fuzzy thinking, strange or unusual behaviour, and even blackouts.

Remember, the results for high and low blood sugar are exactly the same, "not enough oxygen to the brain" and it is also common for some symptoms to be present in both the high and low sugar range so unless you know what range the sugar reading is in you cannot confidently make a health assessment, or recommend the right course of action to correct the person's problem. Would you trust your health to someone who has to make a best guess on symptoms alone?

**Sugar Zones**

0	-	5.49	Low Blood Sugar (includes "perfect" 1.5 when all numbers are not perfect)
0	-	1.0	Hypoglycaemic Zone - Low Blood Sugar (Danger Zone)
1.0	-	2.0	Normal (Ideal)
2.0	-	5.49	Zone of Misery
5.50	-	8.50	Hyperglycaemic Zone - High Blood Sugar
8.51	-	11.0	Danger Zone
11.0	-	13.0	Fatal Zone

**Low Blood Sugar.** The Range 0 to 5.49 brix is classified as Low Blood Sugar and low blood sugar includes a reading of 1.5 brix when all numbers are not perfect.

Low blood sugar causes people to be irritable and cross, and you need to keep in mind that they're not fighting people, they're fighting for their life, and if you understand that it helps a lot. Now low calcium also causes people to be irritable, but when they have low calcium AND low sugar you've really got a wildcat on your hands, especially if it's your spouse because you have someone that has an exaggerated neurosis, an exaggerated tension, and those people are very hard to live with. Also their resistance is low and their energy rating is dropping at a rather rapid rate and actually they are really in pitiful shape.

One of the weaknesses of the sugar test that doctors use is that for maybe 23 hours and 55 minutes of the day your sugar may be running normal, but for that other 5 minutes you're either:

- in a coma, or
- you feel like you're going to die, or
- you have pins and needles, or
- you're sick at your stomach and nauseated.

you rush to the doctor, or the hospital, and by the time you get there the crisis has passed and they can't find a thing wrong with you and say, "it's all in your head." They're right, it was all in your head, but they couldn't find it. It was either:

- low blood sugar, or
- low potassium.

Either one could have caused those sensations, and then because the adrenaline glands started to work it probably turned some fats in the body to a sugar and built the level back up and so the crisis passed.

Now the doctors have no way of knowing what's wrong because they didn't find you with low blood sugar at that particular moment, so you keep doing this over and over and over for a few weeks to a month and then they say, "well I think we should do a sugar tolerance test".

They do a sugar tolerance test and it comes out normal and your problem has not been found and it goes right on and on and on. You're feeling fine, then suddenly you start to feel "funny" or "odd" or "like nothing you've ever felt before" and maybe you even get blackouts, but by the time you get to the doctor to get checked out your blood sugar's come back up and you don't have that feeling.

Now with blackouts there are two general types:

- Slow Blackout. This comes on slowly and you recognise the feeling and you know you've got to lay down and you don't care where it is, you've just got to lay down or you'll fall down because you're blacking out.
- Fast Blackout. You could be walking along and just like a snap of your fingers you fall, blacked out, and you don't remember falling or anything. One second you're standing and the next you're getting up off the ground.
- In Between Type. Is a combination between the two, you may or may not feel "odd" and you may or may not have time to lay down before you black out.

There's three causes of blackouts:

- Low Blood Sugar.
- Brain Tumour. There's a brain tumour right on the top of the head pressing upon the edges of the medulla oblongata and the other section of the brain, or
- Low Potassium.

The danger line in the low blood sugar realm is 1.0, and you've got to know the tolerance. It is more dangerous for an underweight to normal weight person to be under 1.0 than it is for someone who is overweight, because where there's a lot of fat the fat will release sugar for a number of days, but if they're anywhere near normal or below weight then they need something to eat right then. Now you need to know the tolerance regardless of their weight but the more fat they have the less the tolerance means.

Let's say you test a person and they have a reading of 6.0 so you send them home with a diet program and they come back in 3 days for a retest to see what effect you're having and the reading at 2.00 p.m. is 0.0. Now don't become

terribly excited if you see a 0.0, but don't let it stay that way very long because for a while nature can patch up and make up.

Now theoretically this person should be in a coma but there they are, they walked in for a test, looking good and healthy and the thing that you need to do as quickly as possible is to get the sugar reading above 1.0. If you have a reading like this then right then and there get them some prune juice to drink because they could pass out at any time unless they're extremely overweight with a lot of fat. It also means that they need not only a sweetener in their lemon water every day, but also a DIFFERENT sweetener every day.

Now if you have someone with a sugar reading of 1.0, and nothing handy except:

- Sprite, or
- the juice of some raisins that's soaked in water, or
- even if you've got nothing else but white sugar give them some of that because a little bit of that is not going to do any harm,

anything, it doesn't matter what it is, so long as it's sweet, because with a sugar reading under 1.0 you don't know how close to the danger zone you are, so just don't take a risk. Do it right then.

Now a half an hour after giving them something sweet do another test and see if you've got them up to somewhere near 1.0, and in all probability in that length of time the sugar may have risen to 4.0 or 5.0 or 6.0 or 7.0 because they've settled down, they're quiet, they're out of the cold, they're in a warm room. The sugar number could even rise up as high as 9.0.

If their sugar number is below 1.0 then do not let them drive because they could blackout at any moment and have a serious accident. Even if they have to call somebody to come and drive their car home for them, do not permit them to drive when their sugar is below 1.0. When the sugar comes up then it's safe for them to go home.

Now let's suppose that we have a sugar reading of 5.0. On the 1st day I would not put any sweetening in their lemon water but from the 2nd day I would. Also if they get light headed or dizzy then tell them to carry a few raisins with them so that they can chew them slowly and immediately the sugar will come back up (because unless you have learned to figure the energy you won't know whether it's going to act quickly or slowly). Now on the 2nd day the sugar will probably drop below 1.5 and before the day's over it could well be in the hypoglycaemic zone and you'll need to bring it up.

Always "Go By The Numbers".

At some point you may have 2 clients sitting in your office at the same time, one with a reading of 1.6 and the other with a reading of 5.0 and you tell each of them they have low blood sugar. They'll sit there and shake their heads, how can both have low blood sugar when their numbers are so different. So the people also need to be taught and educated. In talking with many clients one of the things that helps the most is to let them know that their body is akin to a car, and the blood to sugar ratio is much like oxygen and gasoline, the proper mixture gives you the most energy.

With low blood sugar they're starving the brain of oxygen, and they're probably:

- under a lot of stress,
- working very hard, or
- in need of more rest.

their blood carries too much oxygen and they run out of steam. By saying too much oxygen it's actually oxygen in a non usable form to the brain.

What Doc Reams means by low blood sugar is when you consume something you're not supposed to, or your body can't handle and the reading goes all over the place and when that happens you'll notice that they quickly run down.

The lower the energy the more the numbers will fluctuate. With low blood sugar, the sugar level's at one point and a later test on the same or next day will show a significant variation. For instance, a test may show a 5.2 and later that day or the next day they could be at 0.9, and that's the low blood sugar syndrome, they'll change even within ten minutes or less.

Low blood sugar causes a lack of oxygen to the brain and is the cause of:

- motion sickness,
- about 50% of the automobile accidents, and
- highway hypnosis is always low blood sugar, never high blood sugar.

**0 - 1.0 (Hypoglycaemic Zone).** This is also called "Dangerously Low Sugar", or "Severe Low Blood Sugar". Under ordinary circumstances with a zero reading and a total tolerance of 0.6 most people go into a comatose condition or spasms.

Very low blood sugar is one cause of children having convulsions or spasms or seizures, which are all the same thing. About 80% of all the medically diagnosed epileptics in the United States are not epileptics at all, they are having low sugar seizures, and most of the time the doctor gives them Dilantin which effects the adrenaline glands and increases the ionisation between the brain and the vital organs through the vagus nerve and helps to bring them out of a seizure, or even keeps them from going into one, but you have to know what the blood sugar is doing, whether it's a low blood sugar seizure or not.

In a severe low blood sugar zone the heart beat can do all sorts of things too, like palpitate irregularly, but it can do all kinds of different things with different people.

Sometimes when you have people on a diet at home the family will call you and say the person is:

- having a seizure,
- in a comatose condition,
- asleep, and they can't be woken up,
- stiffened up, they're just perfectly stiff and they've thrown their head back,
- thrashing around with their arms or kicking with their legs,
- their legs are twisted together or something, or
- they may be doing all kinds of things.

There's no two seizures alike. Just keep your cool and tell them to put a little honey on their tongue, and in one minute they'll be back. Now a hypoglycaemic may be able to take fructose or other sugars between meals to keep the blood sugar up but you'd have to try it, test it and see what happens, though raisins are generally a better way.

If their sugars remain too low, say below 1.0, then reduce their water intake and have them to eat just one fruit a day, or one food a day, and so forth in order to try and find out which:

- food,
- sweetener,
- starch, or
- oil

they're having that's causing the pancreas to flush, and then just discard that one. At this time do not eat food combinations, eat single items and you'll find out very quickly which it is, but this should be a retreat case.

A foetus uses 3 to 5 hundred per cent more oxygen than we do and it gets its oxygen only through the mother's blood stream. In places where there's a high smog content then the unwanted and undesirable natural abortion rate is greater than in areas where there is pure, clean air.

A sugar reading of 1.0 brix is the point at which the mother's urine sugar must not drop below or she will abort, and it is very important to know whether the mother has emphysema and whether she's getting enough oxygen or not and one of the sad things is that smoking mothers have a higher natural abort ratio than non-smoking mothers.

**1.5 - 2.0.** Basically this means that we're getting most of the energy that we need, their energy supply meets their demands. As we go above 1.5 the blood begins to carry a little more sugar and a little less oxygen, because it cannot carry sugar and oxygen at the same time in the ratio that you need at 1.5, therefore it gives up the oxygen.

If your sugar levels are normal or low then you can eat your sweets all through the day, but it's best to eat most of them in the morning part of the day because that's when you need the energy. When you have "low blood sugar" fruit can always be eaten but there's also a question of, "can they have enough to raise the sweetness level?" because they're going to be washing a lot out if they're going to be drinking the right amount of water.

Now the behaviour of the sugar number does all sorts of things:

- There are some people that will never come close to 1.5.
- There are some people who will hover around 1.5, 1.6, 1.7.
- There are some people who will come close to 1.5 but their body chemistry doesn't turn off soon enough and they slide right on by it and down below 1.5.

Now suppose that you have any sugar reading except 1.5 and then the next test shows 1.5. Understand that the sugar is not perfect, because all numbers are not perfect.

Try to keep the sugar reading between 1.0 and 2.0, and that's all that's required to keep your weight to where it is normal, and normal isn't what you want it to be. Normal is what your genetic structures says it should be. Your normal weight is related to the size of your head, feet, bones, joints, hereditary aspects, the condition of the thyroid, and size of the heart and many other things, and your genetic code doesn't have anything to do with the chart of a perfect figure or a figure that everybody adores.

If your pancreas is working correctly and your numbers are perfect you should be able to throw anything at it by way of a sweetness nature and the insulin sugar reaction should keep you at 1.5, 1.6 with a relatively minor variation.

The sugar reading anywhere between 1 and 2 on an average first test is very good, providing the other numbers are proportionally out. It is better to have a sugar number between 1 and 2 on a first test stay between 1 and 2 in the consecutive test than it is to have one at 3.0 or 4.5 or 5.2 come in at 1.5 on a second test because there's more fluctuation in the second case. In other words, the further out these numbers are the lower the reserve energy and the more dilute the gastric juices, period.

**2.0 to 5.49 (Zone of Misery).** In his classes "Doc" Reams compared the people in the Zone of Misery to being much like two cats having their tails tied together and then draped over a clothes line. Each cat thinks the other one is the cause of its problem, hence it will fight.

Whenever you have a person tests 7.0 or above on your sugar level and you lower it to just on the 5.50 mark they'll get along very fine at home, but from 5.49 down to 2.0 is called the Zone of Misery and one of the things that people often do is get their body chemistry into that Zone of Misery, they feel like something the cat's dragged in and couldn't eat and they're just simply miserable, and the first thing you know misery loves company and their favourite song becomes, "Nobody knows the trouble I've seen .." and they're simply miserable because their body chemistry is out.

When you lower the sugar level from the high sugar range to about 1.5 the person may very well get headaches or nausea and in this case the finest thing in the world is to let them suffer through it because if you add any sweets it'll only prolong their misery. Now their head hurts, and because their favourite headache remedy won't affect their chemistry, they can have it to help get them through, but having sugars and starches will affect their sugar level and will only prolong their misery.



By taking many married couples who were fighting and ready for the divorce courts to a retreat, and not even giving them marriage guidance counselling or anything else but simply reducing their sugar levels out of the Zone of Misery the couple settled down, talked and their problems tended to level out and shrink down. It's Doc's prayer that more ministers will be aware of this sugar relationship and they'll begin to look into how a person in the Zone of Misery can be helped out of that zone so that not only the victim but others around him or her will be more understanding and acceptable.

When the sugar reading is in the Zone of Misery (2.0 - 5.49):

- the person is tired,
- there's usually a tightness in the chest,
- tightness in the shoulder blades,
- the back is also tight,
- the whole person feels like they are being bound together, and
- quite often they are very irritable.

You could just walk up to them and say, "Good Morning", or anything, and you have a fight on your hands. Quite often husbands or wives will say something to the other and it's misunderstood and causes an argument.

**5.49.** Now let's take a sugar reading of 5.49, and we'll draw a line through it. 5.49 and below denotes a low blood sugar whereas 5.50 and above denotes a high blood sugar. In that one tenth there's not much difference but it is critical and the main thing that's very important about that number is it seems to be both stable and accurate for everybody. There is a distinct line at 5.49 in body chemistry that you can depend on.

5.49 is the mark that in about 99.98% of the people this will be the margin line that if the reading rises above it won't drop below without being directed. Under the numbers you'll find about .02% of people who will have both a low blood sugar and an extremely high blood sugar on the same day, and the suspicion for those people is either cancer of the liver or the pancreas.

At 5.49 and below is low blood sugar and there SHOULD be sweetener in their lemonade, and sweetener refers to natural sweeteners. Honey is not the only one, in fact there is also:

- white Karo syrup,
- red Karo syrup,
- rice syrup,
- treacle,
- golden syrup,
- sorghum syrup,
- cane syrup,
- dark brown sugar,
- maple syrup,
- blackstrap molasses,
- the different varieties of honey.

Never recommend one sweetener only. Remember, people are supposed to be on a sweetener rotation basis, that is approximately 1 sweetener a day for at least 3 days, preferably 5 days, then start over again, because you will find some people with an intolerance to honey, or to any number of other natural sweeteners.

Now if three subsequent sugar tests show readings of:

- 3.0
- 1.4, and
- 1.0

and you're sure the person was on sweetener then they would definitely be losing energy.

If you see this reduction, even from 3.0 to 1.4, and they're on sweetener, then it's the wrong kind of sweetener and the body is not responding, whereas if they were not on sweetener then it may be a normal decline especially with the amount of water they're drinking. In other words, going from 1.4 to 1.0 and the person was using sweetener and still the reading went down then it's a definite energy loss, if it's just water alone, without sweetener, then you may be washing it out and a natural dilution may be taking place. In this case the person was on sweetener so there's an energy loss.

Even though honey is quite often the universal sweetening agent there are some people for whom it reverses its effect. If the person is on sweetener and the readings keep going down or stay low you need to find out which sweetener is wrong and change it because when a person has a sugar intolerance the sugar reading stays low or actually drops. You think you're giving them sweetener and you should be lifting the reading but instead the body reacts to it and it drops, and this is Doc's reasoning for you having at least three sweeteners. The important thing is to rotate the sweeteners to reduce the chances of intolerance reactions.

Now if the person is using a sweetener and the sugars stay too low it could also mean that they're allergic to lemonade, but many times it may go back even further than that. For instance many times there's nothing wrong with the pancreas except that the liver is in such poor or bad shape until it has not had time to rebuild, to manufacture the correct amount of its enzymes in the pancreas to control your body problems. So the pancreas often gets blamed for something that it's not guilty of because it did not have the supply. The story on "Tobacco Road" illustrates this fact of cause and effect. The girl had no income and she had to feed her babies because she loved them and she had no way to do it except to break the law.

Now, your pancreas is something like that girl, it's willing to do anything in the world that's got anything to do with it, but the liver's not supplying, the liver's acting as the welfare board and just as the welfare board wasn't supplying the girl so your liver is not supplying the pancreas, and so your poor pancreas rebels and does the best it can and kicks these numbers all over creation and you lose energy.

If you have a client with low blood sugar that absolutely does not care for sweetener at all, you should still insist upon it because it is what their system needs. The depth of the need depends a lot on the other numbers but if their program calls for it you tell them to do it.

If the sweetener in water or lemon water makes them gag purely because of the sweetness then one solution may be to take the sweetener straight and then drink the water so that it is not actually sweet water that they're drinking and maybe these are some little games you've got to play to get your clients to take in the water, or the sweetener or the lemon juice at some point.

If your clients need sweetener have them add it as follows:

- Reading 5.4 to 4.5. Two Tablespoons of sweetener to every 1.2 litres (40 oz) of water they drink.
- Below 4.5. This is where it gets a little touchy. In Doc's words, "you have them add sweetener until it tastes sweet" and that's as subjective as you can get because what is sweet to you may not be sweet to me.

The point is, they've got to be taking some sweetness in and this is Doc's guidance, that if it's below 4.5 they add sweetener until it's sweet.

Now you'll find there are times when people drink water, and they drink sweet water, no lemon at all, because if they just drank straight water you'd flush them right off the floor, they'd have no sugar left in them. So some people have to do this. Remember, go by the numbers.

**Strange Effects of Low Blood Sugar.** One woman reported some problems that she's never had answered by the doctors. When she was young and feeling perfectly well she'd go out during summer and sometimes really low, dark clouds would come across and as soon as they approached she'd get a violent pain and feel like vomiting immediately, no warning whatsoever. Sometimes she'd also have motion sickness in boats and sometimes she'd feel nauseated when up on a high mountain. Those effects are all due to low blood sugar.

## High Blood Sugar

**5.50** is a tendency to high blood sugar. If you have a tendency towards high blood sugar on the first test then you do not eat fruits or sweets after 2.00 o'clock in the day, or white potatoes for about a year. You will find a lot of people that are completely allergic to Irish potato and it makes them very ill. Also, do NOT give carrot juice to anyone that is high blood sugar or on sugar controlling drugs like insulin, diabinese, orinate, diabinate.

Inside of the central core of the eye there is a lot of fluid and whenever the body chemistry begins to get too many carbohydrates then that fluid begins to increase and it's the first sign of a diabetic person. You've heard people say, "that child has the most beautiful big brown eyes", or "big blue eyes", or "big hazel eyes". All they're saying is that child has diabetes, or is a candidate for diabetes.

**6.00 and Above, General.** For 6.0 and above it's not so much a matter of which zone you're in, because when you start hitting 6.0 and go up from there you have problems no matter where you go, and you better not try and work with someone up in the higher ranges very long. So at 6.0 and above you should see a big red flag waving at you that this person needs immediate help, and you don't wait:

- You know that they're entering the diabetic range,
- There's fluid retention and puffiness, and
- Vision is affected.

The symptoms of high blood sugar are related to the level, age and duration and you need to check:

- Their eating patterns.
- The type of food they're eating.
- Their elimination habits, because when someone tends to become constipated it effects the elimination of fluids because they retain more fluids.
- Their work schedule or life habits, because depending on what they do, the high sugar could be highest and affect them most first thing in the morning, especially if they haven't been having any water. For others, their sugar level will rise through the day as they eat and it'll continue to go up and up and up, and by the end of the day they just have trouble focussing and seeing.
- Headaches are quite a common thing. When you start to deprive the brain of the oxygen it needs, and you've got all kinds of sugars when the reading is up but you don't have an awful lot of oxygen, then headaches will take place. People will complain about dull headaches for years, they'll come in and say, "I don't know why I have headaches, I feel pretty good except I have headaches all the time" and quite often when you test them you'll find their sugar level is extremely high. Get the sugar level down, and when their sugar level comes down you'll find the phone ringing within a short period of time, "my headache's gone", and then they call us back in a couple of weeks, "it's still gone, we've never had this happen before", and all we've done is a rather mechanical thing and that is lower the sugar level.
- Vitamin A is not being utilised when you have such a high sugar.
- Potassium will generally be absent from the system because you just cannot take it in, it's not available. Remember, the further out the numbers the lower the reserve energy and the more dilute the gastric juice.

**5.50 - 7.50.** The Fatigue Zone is from approximately 5.50 to 7.50. Many people will say if you had to have them describe themselves they would say, "I just don't feel good, I don't know what's wrong, I just feel punky, I just can't put my finger on it." The fatigue zone. In this zone a person can be:

- Frequent headaches,
- Still irritable, but it's a different type, it's not a perennial thing, they're not just always that way.
- Body, leg and foot sores. In general slow healing.
- Frequently Tired. The main characteristic is that anything you ask them to do is just too much trouble, too much effort, and if you push them you're liable to end up with somebody on your hands who's crying. Their emotions are right there at the surface. You may have quite a few young people, teens and preteens, who are this way, and when their sugars are running into the 6's and 7's they are just tired. Now if you think about most of the foods that people of that age are eating or drinking then you'll understand a great deal why. Many of them have an attitude of "put off 'til tomorrow what they should be doing today" and you think that they're trying to con you, but they're not, they really feel this way and it's because of the sugars.

At a sugar of 7.2 the body is functioning as a diabetic, even if the patient is one year old and the condition has existed only a short while, as far as the body is concerned at the time of the test it was diabetic and the pancreas was responding as if it was a diabetic. However, due to the age factor of a 1 year old though it may not stay that way too long.

## **Danger Zone 8.0 - 11.0**

### **Near 10**

- If you start getting up into the area of anywhere near 10 or above you could enter into a coma and many people who are diabetics are acquainted with that. What is happening is they have an imbalance of oxygen and sugar and the body responds the only way it can, it closes down.

### **Fatal Zone 11.0 - 13.0**

There was a call into the retreat in Roanoke where a child had a sugar reading of 11.0. The tester asked the parents, "is the child on insulin or sugar controlling drugs?"

The father said, "No."

"Has the child ever been?"

"No."

The tester told the parents to get the child into the retreat at the earliest moment possible.

The parents took the child to the doctor and the doctor said, "the child is not a diabetic". Three days later the parents called and made a reservation for the child, but the very next morning when they went to wake the child up it was dead in the bed, because at sugar 11 most people die, at 13 all die.

So they called in and cancelled the reservation because their child went to sleep and never awakened. What happened there? The child died in his sleep from a lack of oxygen to the brain. Now if the system is throwing off that much sugar it means there is a terrific deficiency of oxygen to the brain. Now if there is a potassium deficiency and an oxygen deficiency you die around 11, but if there is plenty of potassium and just the high sugar then it's about 13 in ratio. Those are your fatal marks and these are factors that you should remember.

## **Diabetes**

Doc Reams was firmly of the opinion that a diabetic was most often created by the food the person eats and doesn't eat, which then causes mineral deficiencies, which then effects them later in life. If a true diabetic is on insulin, orinase or debenese then their sugar level will go below 5.5.

**Allopathic Sugar Scale.** Here are some facts about blood sugar. The allopathic blood sugar is measured on only one kind of sugar and that's glucose, and the glucose tolerance test (GTT) is only about 50% accurate because certain people can digest certain kinds of sugars but can't digest other kinds of sugars and therefore it only works about 50% of the time.

The scale that doctors go by is:

- 70 - 90 mg of glucose / gram of blood is normal
- above 120 mg of glucose / gram of blood is diabetic.

There's a ratio that's very important on the allopathic diabetic scale in that you're considered to be a diabetic at 120 mg of glucose per gram of blood and anything above that would be a diabetic and anything below it wouldn't be. At 119.9 you're not a diabetic, but at 120 you are. Now some doctors use 130 mg, some 135 mg, some 140 mg, but when do you actually become a diabetic?

You actually become a diabetic anytime the GTT number moves above 40 mg, yet Mercks says you have diabetic tendencies at 80 mg. Some people become diabetics whenever their glucose is 80 yet others do not become diabetic until their numbers get to 140 or even 160. Now what they're not taking into consideration is the ratio between your total carbohydrates and your glucose.

Now these medical allopathic numbers are determined by taking a large number of people, say 1000 or 10, 000 people that looked healthy and this is what they found. Now these numbers were not based on a gain or loss of energy, they were based on appearance only, and they are inaccurate.

Now if you went to a doctor and you had 119.9 glucose you would not be diabetic, but if you had 120 you probably would be, however he probably wouldn't do anything about it if you had 120 until your sugar got to be about 130

and then he'd first put you on diabenese, or orinate or diabenate, but when it gets to 145 or 150 then he'd put you on insulin.

This is the method of treatment used by the medical profession, and although I'm not casting any reflection on the medical profession you who are doctors will agree with the overall picture of it, and there's a variable even among doctors.

All the way through the GTT the doctors use glucose readings, for instance you may have a man at 80 mg glucose, and a total carbohydrate reading in the urine of 5.4 brix and he would be a full-fledged diabetic and if it stays long enough he'd have every symptom of a diabetic, the eyeballs are carrying extra fluid and they become enlarged and the vision is also effected; sores that don't heal, scruffies that stay too long, body, leg or foot sores and things of that nature. Overall there'll be slow healing and so forth.

Now notice this, the blood glucose has been known to go as high as 500 mg of glucose, yet they had a 1.5 total carbohydrates in the urine and the glucose didn't affect them. Theoretically they'd be in serious trouble, say comatose, or you'd be able to tell that something terrible was happening to them, but there wasn't. There's been no correlation that I know of that's been made between the total carbohydrates in the urine and the glucose tolerance readings.

Here are some facts that you need to remember. You may have 1.5 brix refractometer test yet have a 300 mg, 400 mg or even 500 mg glucose test and be perfectly alright, no bad effects at all.

However the higher the sugar goes on your refractometer reading the more damage you'll get from the glucose reading, in other words, if you have 1.5 Brix and a glucose reading anywhere from 150 to 500 mg you're comparatively safe on glucose, but if the refractometer reading was 5.50 and you had 150 mg glucose you're in trouble, in other words, you are a full fledged diabetic according to the doctors numbers.

So this is the relationship or tolerance between glucose and your total carbohydrate. The refractometer number is a reading of your total carbohydrate whereas the doctor only measures the glucose.

Now you might say how do we know? Well if this is the only problem the people have, and is the only reason for them to begin to lose Reserve Energy, then that is the line that determines the accuracy of these equations.

**Sugar Controlling Drugs.** If people are on sugar controlling drugs like:

- insulin,
- orinate, "Orinase" (tolbutamide),
- debenate, "Diabinese" (chlorpropamide), and also includes the other members of the same family, like "Dymelor" (acetohexamide) and "Tolinase" (tolazamide).

then they are a candidate for the retreat, which is another way of saying you should not get involved with it as much as you want to, you should not get involved with it at home and under no circumstances do you ever:

- take a person off of insulin or their medication, or
- put them on a fast. If they are a diabetic or being controlled chemically you do NOT put them on a fast.

Glucose is one form of sugar and sugar is a rather tricky substance. For instance, some carbohydrates will cause the pancreas not to manufacture enough insulin and others will cause it to manufacture too much insulin, so the idea of the diabetic being taken off all sweets and put on all meats is only another way of saying, "I don't want you to die as a diabetic, I want you to die of a heart attack." He's just as dead one way or the other. Now a diabetic also drinks water like it's going out of style, if he didn't he'd be dead a long time before.

If people have sugar problems and want to use sugar substitutes it's perfectly alright and the chemicals in it won't affect you one way or the other because it relates back to the frequency of the body, and later you'll learn that if you take something into your body and it's not on the right frequency it'll pass right on through.

Now this holds true for diet colas and things of that type if somebody is more or less addicted to them but only as far as the sugar is concerned, but as far as the caffeine or coal tar substitutes it may not be and this is something you'll have to work out individually.

**Diabetic Child.** People with a sugar of 5.50 or above should NOT be put on lemon water and water fast because when their body chemistry starts to react it'll generally overreact, and when it overreacts that's what gets you into trouble, especially so in children because their bodies respond very quickly, the X factor, 1X, 2X and so forth and that goes even for children of maybe preschool age. They can have diabetes too and you'll work on those later, but you can tell very quickly with a child because they gain Reserve Energy much faster than an adult in recuperating, but they also lose it faster, so be careful in dealing with children. Don't ever attempt to try to handle a child with diabetes, send them to a retreat and I'll tell you why.

Suppose you came across a child who was not on insulin, or other sugar controlling drugs, but they had such a high sugar that sugar controlling drugs would be the doctor's next step, well that child has a terrific amount of pressure, hypertension, inside and if you put them on a lemon water and water fast or a program and their sugar drops then that child will go through a rather severe withdrawal, vomiting, sick stomach and so forth and the parents will be most deeply concerned about what is happening because after the child vomits two or three times it'll then go to sleep, and will sleep anywhere from 12 to 30 hours, and you'll find it difficult to wake at all, it's just like a dish rag, the eyes roll back in the head and it scares mommy and daddy to death almost.

The child won't be giving you much problem but the parents will, they're just sure you're killing the child and that the diet is impossible and they'll call you up at any hour of the day or night and I don't blame them, they're deeply concerned about their child.

Parents don't like to see their children vomit, but yet you know, and you've already told them what would happen but it didn't really strike home that it could happen. Please if you run a retreat tell the people what to expect before it happens. When the first upchuck comes:

- it's very green,
- then it turns brown, and
- then yellow

and it doesn't last very long. But immediately after the child upchucks, if it's through the day in about 5, 10 or 15 minutes they're feeling better than ever. This upchucking is not a lingering, hanging on type of illness.

After the vomit begins to turn yellow the child will go to sleep and it will sleep anywhere from 12 to 30 hours and it's very difficult to wake the child up at all, it's as limber as a dishrag. The child is in a very, very deep sleep because it's so relaxed because the tension from the high sugar has been released. Whenever this condition exists check the pulse and temperature and go by that because a child seldom has a temperature whenever they go through withdrawal, seldom ever, and you'll generally find both the pulse and temperature are normal and everything else, including the numbers, is doing just fine. They generally do wake up just long enough to barely get to the bathroom and so forth but it's difficult to keep them awake long enough to eat anything at all they're so relaxed.

When that happens to the child it scares mummy plumb to death even with advance warning, and I'm going to tell you if mommy's there you can kinda get along but if daddy's there mommy's going to excite daddy and he's ready to fight you. He is ready to fight you and you have to comfort them and guide them and this is no job for an average tester in the field.

Now I've had it to happen hundreds and hundreds and hundreds of times and I know what they'll do but then the child wakes up and he's rested, the hypertension is gone and you should see the energy that kid's got. He just bounces all over the place, he's absolutely obedient, where he had horns before the parents begin to look for wings because he's so obedient, so anxious to please and it's really remarkable what has happened, then the parents are very, very happy about it but, during this withdrawal on a child it's really something to take them through it and what I'm trying to say is the child won't give you much problem but the parents will.

Never, never, never touch a child that's on insulin, send them to a retreat and let the retreat take that responsibility because they have to be tested every hour of the day and through the night, also one of the things that you have to be very careful about with a child that has high blood sugar is that the sugar will drop too low and the child will go into convulsions and that, too, scares a mother and father plumb to death, and all they know to do is put them in warm water, that's what the doctor says do, but all you need to do is put a little honey on their tongue and then in one minute they're back to normal again. So what I'm trying to say is these are not cases for the average tester to try and handle, so don't attempt it.

I'm not trying to get people in a retreat. I'm trying to keep peace in your neighbourhood, and keep the police off your neck and keep that person out of the hospital because the first thing you know if they're trying to do this at home the kid's in a hospital and it was the diet that you gave him that almost killed him, and then you're under investigation and your troubles have really begun. So these are things that you need to memorise and if you think that you can get along without them you've got another thought coming.

## Pancreas

The pancreas manufactures three major things that are essential to life and health and if you can get your pancreas to function normally it will do great things for you. The things it manufactures are:

- **Alcohol.** Everyone's got a built-in whiskey still and it's the alcohol manufactured by the pancreas that controls our temperature. Alcohol in our system is not made by fermentation, it is manufactured. Some of the books claim it is and some of them claim it isn't, but the alcohol is manufactured. With people that are too cold all the time their pancreas does not manufacture enough alcohol and people that are too hot have too much alcohol.
- **Insulin.** Often the pancreas doesn't manufacture enough insulin because the liver doesn't furnish the pancreas enough glycogen, and while it's not the only needed substance, it's the main one the pancreas uses to manufacture insulin, and
- **Thyroxine.** This is a cationic substance made in the pancreas, sent to the thyroid where potassium is added and you get thyrotoxin, the worn out cell.

## Alcohol

The pancreas has special cells called the Islets of Langerhans which occur in clusters, or masses, or groups and when looked at under a powerful microscope they look like the skin of a porcupine with its quills.

Glycogen is a polysaccharide of linked glucose molecules which is formed in the liver. When glycogen comes into the pancreas it passes over the needlepoints of those pancreatic cells and the first thing formed is alcohol. Sugar is  $C_6H_{12}O_6$  or  $O_{12}$  and as the sugar passes over the points it is pulled apart by deionisation and alcohol,  $C_2H_5OH$ , is formed by ionisation along the line of least resistance. One interesting thing about alcohol is that you can take a bottle full of water, and it doesn't matter what size bottle, and then add 8% more in alcohol and still not run it over because there's plenty of room for the alcohol to get in between the atoms of water in there, there's that much space.

The alcohol that the pancreas manufactures is similar to 94 Proof Gin and the purpose of the alcohol is to:

- keep the body warm, and
- keep the digestion functioning properly.

It takes one drop of pancreatic alcohol per 100 pounds, or 45 kilograms, of body weight every 30 to 60 minutes throughout the day to maintain proper body temperature. If there is not enough alcohol produced by the pancreas the body temperature will be somewhat lower than it should be, and they'll complain of being too cold all the time. If they have cold hands and cold feet all the time it's NOT poor circulation, it's because the pancreas is not manufacturing sufficient alcohol to warm their whole body. You can usually tell if a person has cold hands by when you first meet them, if you shake their hand. Low alcohol may also cause acute indigestion, and you can tell the difference between whether the patient is having a heart attack or whether they are having acute indigestion because with acute indigestion you have cold hands and cold feet, i.e., low alcohol.

If people have spasmodic production of alcohol then they'll complain of hot flushes, especially in the earlier part of the day.

If people have too much alcohol in the system they'll complain that:

- they're too hot. They may have hot extremities, hot feet, hot hands, and so on.
- alcohol evaporates quicker than water, and it also has a heating effect on the inside of the body, and the heat inside of the body has an effect upon the alveoli in the lung. If you've got too much alcohol inside your system that little alveoli isn't going to open up, it's going to stay closed like a ball and moisture's going to form inside that cavity, and
- in the morning hours they may have a slight headache, which is a hangover, and that's even from eating white potatoes.

Now people who come in with this headache problem, which is their major problem, would be told "you're an alcoholic."

"But I've never touched a drop of alcohol or wine in my life".

"I didn't say you had, I just said you're an alcoholic, and it's your own pancreas that's manufacturing too much alcohol."

If they complain about getting up in the morning with a headache, the way to tell whether it's from too much alcohol or from something else is to ask them to drink a glass of water immediately when they get up. If the headache goes away it's because they've had too much alcohol in their system, and the headache's going to come back later on, plus they're going to have a little bit of dizziness. If it doesn't go away from drinking the water then the headache's from some other cause of which there's many. Maybe constipation, and so forth.

Now sometimes the headache will go away about 10.00 or 11.00 o'clock in the morning (or even at another time) if they do nothing, then if they drink a glass of water it'll come back. Now the water does that because it reactivates the alcohol because they haven't drunk enough water to wash it out of their system. Remember about the alcohol, if you take a glass of water and fill it to the top and then pour pure alcohol in it it's going to slide in among those water molecules.

Now the Florida hospital had over a thousand beds and Doc Reams was called there by a doctor (M.D.) that had a patient who was a deacon in the Presbyterian church. The deacon had come to the MD for a week, highly inebriated, and swore to the MD that he didn't drink a drop, never touched it. Of course a lot of the people that drink alcohol will say that, and so the MD didn't believe it, but he put the deacon in the hospital for two weeks solitary confinement.

After a week and a half the deacon was still as inebriated as the day he was when they put him in there, and that's when Doc Reams was called on the case. The first thing he asked the doctor when he got there was, "let me see the man's chart and his diet that he's been getting in that hospital" because in that hospital the patient orders the foods one day for the next, and the deacon was ordering sweets, starches, or breads and they were turning into alcohol. Before he ever saw the patient, even before a test was done on him Reams said, "take all the sweets away from this man and give him only vegetables," and in three days he was sober. His own pancreas manufactured enough alcohol to keep him inebriated.

The body burns fats by converting them to carbohydrate, that is fats to sugar, and the pancreas converts sugar to alcohol and the alcohol makes heat in the body by the action of the frequency of the particles rubbing together, creating anions of heat by friction. The temperature of collective anions [see ANION] is 980 deg Celsius and the thing that keeps the anions in your body from burning a hole in you is that there is enough space in the cationic [see CATION] matrix for them to get out without damage a hole, for instance, a man smoking a cigarette while walking through a double garage door does not burn a hole because he has plenty of room to get out. In other words, alcohol creates a high amount of friction and the friction kicks off the anions and they have plenty of room to pass out of the body.

The pancreas manufactures alcohol to keep the body warm and functioning at the right temperature and if it's making too much alcohol you are too hot all the time. To reduce the amount of alcohol in the body drink some Brazilian Tea made from coffee (weak black coffee where you can see the bottom of a teacup, and NOT one like molasses that's strong enough to stand up and dare you to attack it) and in those cases the coffee often makes them sick at their stomach, and that's exactly what you want to happen, and praise God it is because it's trying to change their body chemistry. If they won't drink coffee because they don't like the taste of it then shame on them. Suggest they make out their last will and testimony.

You know good health is not a lot of do-do's and no-no's, good health is doing or using the right thing at the right time. For instance, the caffeine in coffee is the greatest enemy that alcohol ever had and if your pancreas is manufacturing too much alcohol and you're hot all the time, or have hot flushes during menopause, a little bit of Brazilian Tea will help dilute that alcohol until you are more comfortable. I'm saying is that there is a time for coffee, but if you've got to have a cup of coffee every morning for a crutch then you need more mineral of some kind and you should find whatever it is that you need. Understand that people who drink wine and also coffee at the same meal are only throwing nature into confusion because those two act in opposition to each other.

People that drink a lot of alcohol get cirrhosis of the liver because it destroys the calcium in the liver. Remember, alcohol in excessive amounts is the greatest enemy calciums ever had, and alcohol dilutes or destroys the gastric



juice by the destruction of the calcium in the liver. In other words, the more calcium that's destroyed in the liver the more dilute the gastric juice becomes, and some people's own system will manufacture too much alcohol and this still causes their gastric juice to be too dilute. If you're healthy you don't need to drink alcohol at all and it will make you too hot if you do, and if your pancreas is manufacturing too much alcohol and you take in still more in any form, it'll make you too hot.

"Zest Tonic" was developed by Carey Reams and is the closest substance to the alcohol manufactured by the pancreas that's ever been formulated. It was made specifically to support and supplement the body's production of alcohol, but unfortunately it may no longer be available (See "Zest Tonic" in the "General Information" Section for a suggested recipe). In its place other forms of alcohol may prove useful, such as 94 proof gin, or even an alcohol based peppermint essence. Sometimes a medium-dry, naturally fermented wine can be used but that, too, is a lesser substitute. The percentage of alcohol in Zest Tonic was 42% and by comparison the percentage of alcohol in pure vanilla is 35%.

Since the body uses sugar to make alcohol it follows that if the sugar reading is too low, say less than 1.5, AND the body temperature is on the cool side then alcohol may need to be added to the diet. Alcohol is used for anyone having:

- indigestion,
- heartburn,
- gas,
- cold hands and cold feet.

Usually people that have a high pH will have gas, cramps, poor circulation, and if you are anaemic you'll have cold hands and feet. Tiny amounts of alcohol may have to be added to aid in the maintenance of body temperature and digestion, and in fact acute indigestion is related to the lack of pancreatic alcohol.

I'll just explain something to you here and that is in your urine pH when it's up around 7.10 or 7.15 (Zone B say) and you have a 5.40 saliva pH, or even lower pH, then you have an ideal setting for acute indigestion. Interestingly, people don't have acute indigestion anymore, but they have "heart attacks" because there's no money in acute indigestion. Acute indigestion can be dealt with in 30 minutes, but it takes 2 weeks for heart attack care in a hospital. You can tell the difference between whether the patient is having a heart attack or whether they are having acute indigestion simply because with acute indigestion they have cold hands and cold feet. Those are symptoms that let you know it's acute indigestion, cold hands and cold feet.

In the case of acute indigestion or gas the fastest way to get relief and the thing that you can do is:

- give them a teaspoon full of Zest Tonic, 94 proof gin, or half a teaspoon of pure peppermint essence, in 120 ml (4 oz) of ordinary water, skim milk, grape juice, 7 Up, Coke, Sprite, or something like that and have them sip it, sitting up, slowly for 30 minutes. Do not let the patient lay down, be sure they sit up and it's also a very good idea to pat them gently on the upper part of the back or use a vibrator on the back to help them burp, and when they start to burp they will get relief. Don't beat them too hard and don't beat them to death, just a gentle pat will do very well, like burping the baby. It's steady, like you're beating on a drum, but it has to shake the body and that'll cause the gas to be released.

The cause of indigestion is only the gastric juices being too dilute to digest your food for whatever age you may be and the major cause of indigestion is not the combination of wrong foods or drinking water with your meal. The major cause of food not digesting, or indigestion, is hate, lack of love, or emotional causes. Remember this too, you cannot hate anyone else without first hating yourself. Hate is the finest cancer seed on Earth. If you want cancer just hate people and you're on the right track.

Interference with the regular way the heart beats, i.e., heart skips, can be caused by many things, including:

- Your pancreas not manufacturing enough alcohol to control the body temperature,
- there may not be enough arsenic in your foods. Your heart has more arsenic in it than any other organ in the body and it can be a lack of arsenic,
- it could also be that your calciums are too low and there is nervous indigestion, or
- it could be that you have a brain tumour, a 220 case.

Also heart palpitations may come after you put someone on niacin, and if they start flushing immediately it means that they need it. Niacin does not lower the sugars but if a client gets a real bad flush with heart palpitations then the heart palpitation is caused by fear, not the nicotinic acid. When they're told what to expect and what to do they don't

get afraid and then they go through it nicely but if they are not told then they become afraid and it's the fear that causes heart palpitations.

Now many times patients have complained about heart palpitations when they were not having heart palpitations, and even at the very minute they said they were, they were not. What happened was that the pancreas had not manufactured enough alcohol and there was some gas in their stomach and as you pushed on one part of the stomach as the heart beat it buzzed another and then while the heart didn't beat then it moved back into the other place and made it feel like the heart was beating twice as fast as it was when it was really just a shift in the pressure in the stomach. It's a very annoying feeling but the heart is really beating an absolute perfect rhythm but it's like pushing in on a pouch and pulling your hand out then the part you pushed in comes back out. Now when you push in on the pouch in one place it pushes out in another, so actually you've got a sensation of a double beat there, a palpitation twice as hard when it isn't so at all, and anyone with a stethoscope and a good pulse count can tell you the difference. In these types of cases the alcohol can help.

For alcohol support, if the weight is 90 lb or over mix 1 teaspoon full of Zest Tonic, or 94 proof gin, in 4 oz of either skim milk, grape juice, or whatever you have because you want it diluted down. Have them sip it slowly for 30 minutes because if they drink it quickly they'll not have accomplished anything, they must drink it slowly and when I say 30 minutes I don't mean 29 minutes, I mean 30 minutes.

If someone has low blood sugar they can have fruit after 2.00 p.m. in the afternoon but in regard to alcohol, only about half the cases are cold and half are not. On the cold ones the alcohol will do a terrific job if given as directed, that is sip it slowly for 30 minutes according to the pH.

Something that you need to know if you're ever called to a person that's in a coma, or has every appearance of being comatose. The first thing you do is to push your finger in on the calf of their leg, or their arm muscle above their elbow. When you push your finger down into that muscle and lift it off and if the pressure print stays get them to a hospital quickly. Give them a teaspoon full of Zest Tonic directly, pour it into their mouth very slowly, and get them to a hospital quickly because they are in a serious, serious condition.

As to what happened, it could be a jillion things that happened, but one thing if you follow the rules of numbers it was nothing that you did in the numbers that really caused it, it was their body entered withdrawal, and it probably saved their life if they survive it but it probably would have happened anyway if you'd have done nothing about it.

In place of the Zest Tonic or gin, if you can't get it when you need it, you can use a naturally fermented medium dry wine although it is a poor substitute.

Now don't be down on that which you're not up on. One person came into Doc's office and said, "Doctor do you drink? There's a bottle of wine here in your office."

He said, "No, I don't drink, but I have patients sometimes with a bleeding nose. They can't get their nose to stop bleeding and I have to have the wine quickly. We get them to sip about 4 oz of ordinary medium-dry, naturally fermented grape wine and it stops the bleeding in a matter of fifteen minutes."

People with a dark skin absorb more Vitamin D energy from the sun than people with a lighter skin, and the more Vitamin D that you absorb the more alcohol your body is apt to make. One reason why the dark skinned man, the Negroid races, can be more relaxed than the white man, is because their systems manufacture more alcohol and they may be more sleepy all the time, so relaxed they become sleepy. It's been said the black races are afraid of work, in fact they're not afraid of work at all, they can lay down and go to sleep right by it and many times it is the manufacture of pancreatic alcohol that causes a lack of initiative, or laziness, so to speak.

While we're on the subject of alcohol we might as well discuss inebriation, being intoxicated. The alcoholic starts off to drink some alcohol, drink a little whiskey socially then it becomes more and more, more and more. The first thing that alcohol does is destroy too much of the calcium in the liver. That lack of calcium dilutes the gastric juice. One of the first major elements to be lost is manganese. That lack of manganese initially causes the production of the least bit too much testosterone or oestrogen. They then become addicted to something, because the least too much oestrogen or testosterone causes an addiction to something, and if it's alcohol it's alcohol, or pot, cigarettes, or anything, even white potatoes. "I just cannot let it alone", then what happens next is that the food that they put in their stomach is preserved in the alcohol, and it lays in the stomach, lays in the stomach, lays in the stomach and they burp and they burp and they burp and then some of them vomit it up and then they swear they'll never eat food again and they drink to get more energy, and around and around and around they go and they're very, very sick people.

You are apt to be faced with an alcoholic. The first step is to get him to want to be delivered, he needs a desire to co-operate. Once you have that then you start giving him calcium and it makes it much easier. The AA is doing a fabulous job except that AA is not coordinating diet with their program and when they do it's going to do a much greater job in putting a great more zing behind AA. Now the patient's got to want to do it and many times they're so nervous because of a lack of calcium available to their system that unless the first dose does it, it's no good. Consultants and alcoholics alike need patience and education about how this system works.

The Supreme Court of the United States ruled that alcohol was an illness and should be treated as an illness, and when the police pick up people that are inebriated they cannot put them in jail, they have to take them to a hospital and the hospitals don't want them.

### **Insulin**

Insulin is a small (51-Amino Acid) protein consisting of two amino acid chains linked by disulfide bonds and is the second thing produced in the pancreas, nature still following the line of least resistance. Insulin's most prominent effect is to regulate the blood sugar levels:

- Too much insulin means too little blood sugar, hypoglycaemia, and
- Too little insulin means high blood sugar, hyperglycaemia.

Where somebody has too much sugar in the blood stream you should take them off of carbohydrates and starches almost immediately, including things like:

- potatoes,
- bread,
- wheat products,
- pies and cakes, etc..

Not only do these things raise the blood sugar level but can also cause the pancreas to manufacture too much alcohol.

If the pancreas is not manufacturing enough insulin and the sugar reading is below 5.49, and all of a sudden it starts to flush up an oversupply of insulin the sugar level drops quickly causing headaches.

When a person's on insulin it also destroys the ability of the body to accept Vitamin C, but as you begin to correct the condition through diet and foods and dilute the insulin they use, you'll also need to supplement them with Vitamin C and it's the Vitamin C that's actually doing the rebuilding job and not other substances within the food itself. Foods rich in Vitamin C do a marvellous job in rebuilding the pancreas and body.

If you find someone with a high sugar level and give a diet to fix their body chemistry, and that chemistry responds, then they won't need to go on insulin. So far there have been 100's of people every year that were supposed to go on insulin but refused and we got them to the point that they don't need to go on it. Now it is a tailor-made diet for each individual and the only thing about it is it is not a cure-all, there isn't one thing that you do to everybody, it's all done according to the person's body chemistry. You simply tailor make a diet to fit an individual according to his needs. Go by the numbers.

The insulin you take is a drug that has never cured any disease, not even diabetes, and people should never be put on it to start with. The only reasons why it would ever do any good would be:

- cancer of the pancreas, or
- cancer of the liver.

And only then because the body couldn't supply the insulin, and even then the insulin would do very little good.

To get someone off insulin depends on:

- the effects they have, and
- how much they've been taking and for how long.

For instance, you need to know whether it's oxidized the blood vessels or not, and this would be a variable that would have to be determined for each individual, and also how much insulin they have been taking. For people who want to get off of insulin we give them a diet to cause the pancreas to behave and to manufacture the right amount of

insulin, but you have to be careful because over the years of taking insulin their systems have stored it up and their systems are like salted pork to the stage where it's hardened their arteries and veins and if they've been on it long enough to have crystallized the arteries and veins in their joints, in their kidneys and their brain then they're really in trouble.

Now if they've not been on insulin too long and they're lucky, when their body starts to release this stored insulin then many times they begin vomiting and start to dehydrate, and in the mean time the insulin is still pouring into their system, released from their body actions, and then their platelets begin to drop because the insulin salt is too high in their blood and then you've got to get them into a hospital where they can have IV solutions in order to cut it down so it can pass out through the kidneys.

If they're been on insulin for quite a while and the arteries and veins are crystallized to the point of breaking and they're NOT so lucky then:

- the arteries and veins may start breaking down in the joints causing excruciating pain in the joint, or
- if it's a little more advanced, the arteries and veins may break in the kidneys, causing the kidneys to break down and then they start passing blood, or
- if it's still more advanced, the arteries and veins may break in the brain, they'll go into a coma, and you've lost a patient.

So when you come to get a person off of insulin you've really got a problem on your hands.

People that have been on insulin less than 10 years, and are taking less than 40 units, and have a high energy rating can be gotten off insulin providing they have a diet that will cause the pancreas to function normally. Some of them go with no problem, and others you have to put them in the hospital as much as 3 times, but at no time do you ever take insulin away from anyone, and at no time do you recommend that they discontinue insulin. Only the patient themselves or the physician that put them on insulin can take them off.

The only ones we take on at the retreat to get their pancreas to function properly are those people that say they can tell when they have too much insulin, or not enough, and are able to regulate it themselves according to their tablets. We generally only work with those who use the short acting kind so that if they test through the day they can always add to it. The long lasting insulin is unpredictable on how fast it's going break and many times whenever this insulin turns loose in the muscle it does not turn loose at an even rate, for a while it'll turn loose with a very rapid rate and then it'll turn loose very slowly. Testing needs to be done every hour of the day and night in order to determine what their water intake and food intake should be, and there's been better than 80% success.

For people that have been on heavy amounts of insulin for a long time do not take them off of food, they must have their food, but start lowering it down, it's all you can do. I mean it's a touchy thing to do in the first place. I've never seen a person yet that's needed to go on insulin in the first place.

There was one person on 180 units a day and in three weeks he was off of it completely, but during that time he couldn't walk 60 feet because it was effecting his heart and effecting his mind, and he was a fellow that absolutely was an abomination of abominations to be around because he was actually so sick he didn't realise what he was doing, kid stuff, acting like a 2 or 3 year old and was unaware of it and the public didn't excuse it at all. But in the end you should have seen the complete change in personality, and he did it all by himself, he went off the insulin, took it off, and got off it no problem whatever and his heart improved and he could walk a mile in just three weeks with no problem, and he couldn't even walk a 100 feet when he came in without his heart trying to pound out or skipping, jumping and it was insulin that upset it.

The body will react the same way on the sugars, salts and ureas in that it will hang on and hang on then turn it loose and dump. It often does that because they get stored up, and so does insulin (which is a salt), and this is why it's so dangerous for you to try to work with anybody with insulin because whenever you put them on a diet:

- you don't take them off of insulin, and
- you don't put them on a fast.

During this time they have to regulate their insulin by the clinotest themselves, plus a suggestion or two, because there'll be times when the body will release more insulin that's stored in the flesh than it does other days and they've got to adjust the clinotest and the diet and the food intake and the insulin all according to the insulin supply.

Now there are tell tale marks that a trained person can tell whether a person has too much or not enough insulin, for instance:

- if their hands and arms are moist they don't have enough insulin, but
- if they're dry and parched they have too much insulin.

Now suppose you found that the left hand was moist and the right hand was dry or parched. This happens because the dry side, right, has released too much insulin and the left hand side hasn't. When that happens you do the best you can because in those cases you need all the care and wisdom and knowledge and experience of the years and that's what you have to send them to the retreat for.

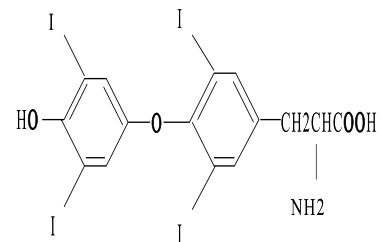
### Thyroxine

Thyroxine is the third substance made in the pancreas, in other words, it's what's left over. Now thyroxine goes into the blood stream and up to the thyroid organ (not gland, but organ) where the thyroid then adds potassium to it to form a substance like "old fashioned grandma's soap" that's there for the purpose of dissolving the excessive fats and oils in your system and keeps your weight to normal. If it manufactures too much "old fashioned grandma's soap" then that's one cause for underweight, but if it doesn't make enough of it then you're overweight. The thyroid organ also manufactures one of the potassiums needed for the brain.

When you're looking at a card with the numbers on it the part that tells you about the thyroxine is the person's weight. The "soap" takes the oil out of the system such that:

- too much thyroxine, you're going a mile a minute, and you're going to have a less proportion of muscle to fat, in other words, you're going to be more lean, skin and bones. In other words you end up being skin and bones because the ratio of muscle to fat has been thrown in the wrong direction and the oil that should be there is not there. Remember this, lean by any given volume is four hundred times heavier than the same amount of fat. Too much thyroxine means it's dissolved the body oils and fats and you've become thinner, more lean, but not necessarily dehydrated. The dissolved oils and fats are being kicked out of the body and this kind of a person is a sinker, in other words, if they go to a swimming pool and try to float they're on the bottom.
- too little thyroxine you start to become a little heavier, the fat starts to increase. If you've got too little thyroxine you're going to have more fat to muscle.

The T<sub>4</sub> thyroxine molecule looks like this:



THYROXINE

- The T<sub>4</sub> thyroxine molecule has two benzene rings and two atoms of iodine per ring.
- There is also a T<sub>3</sub> molecule that has three atoms of iodine, not four.

You recognise a thyroid problem by:

- overweight, or underweight,
- or by a malfunctioning liver, by pH (saliva) being too high,

that's some of the signs of it and the overall picture gives you an idea but there is no oversupply of such a thing as sugar or salt or whatnot and therefore to identify a thyroid problem you go by what we call deduction. You deduct from your problem the possibilities of things that could cause certain symptoms or certain mineral losses.

Not enough thyroxine AND also not enough insulin go hand in hand when there's an overweight problem. Now the body can have enough insulin or too much insulin giving a low blood sugar reading and have not quite enough thyroxine and that can cause them to be overweight. The reason that people don't lose weight is a malfunctioning pancreas. If they're hypoglycaemic they've got too much insulin.

All thyroid problems begin with a malfunctioning of the liver, and then the pancreas doesn't manufacture enough thyroxin and therefore the thyroid becomes irritated because it also supplies the material to rebuild itself and if it doesn't have that then you can have all kinds of problems. Hypothyroid or hyperthyroid just means a malfunctioning of the liver is the cause of the malfunctioning thyroid and it doesn't matter whether it's hyper, hypo or any other kind.

Remember, when people are too thin their body makes too much "old fashioned grandma's soap" but you really need to see all the numbers, but get the calciums right and get them to slow down and rest. Sometimes the cause of underweight may be a case of worms, but go by the numbers. Now the converse of that, too much weight, is covered elsewhere on the causes of overweight.

It's all a matter of bringing balance to the system, the whole pattern you want to achieve body balance.

Another thing that can happen with thyroxine is:

- it can either be thrown out through the kidneys, or
- it'll go into the blood stream and land in your stomach.

If it gets into your stomach it's going to cause a little bit of nausea, maybe a little bit of roly poly but as far as the body chemistry is concerned there will be a loss of energy and it'll show in the saliva pH, for instance:

#### pH Tests

First	Second	Third	Fourth
<u>5.30</u>	<u>6.40</u>	<u>6.30</u>	<u>6.50</u>
7.50	7.50	7.50	7.50

Over a 6 month period the range of the urine pH has improved, but the saliva pH didn't budge. To change the saliva pH the person needs to slow down and rest. As he said, "I haven't been able to bring my saliva pH down because I'm too active, I'm a goer, I'm a doer, I'm just going all the time, and the excess thyroxine lands in my stomach and it's effecting the digestive juices and I'm losing energy."

It's showing a loss of energy and remember that the saliva is directional proportional to the gastric juices to start the mixing of your food. So that's why when we're testing the saliva pH we're really testing the pH of the liver bile. To correct the situation with the thyroid so that it works right you've got to go back and work on strengthening the liver, providing oxygen, iron, iodine, water and so forth for the liver and bringing the whole body back into balance.

#### Other Sugar Factors

##### General

Remember, what is food for one is a poison for another and if you'll read enough health books and do everything that every one of them says, you'll starve to death, because everyone is up on something and down on something else. For instance, if you've read the health book on vinegar and honey you'd think that all in the world you need to be healthy, and live to be 150 years old, was to take vinegar and honey the way it's written. But suppose that you had a body that was extremely acid and you were also a diabetic with it, hyperglycaemia, so into this system you put more acid and more sugar, that's pure foolishness and a shortcut to the undertaker.

In reading those type of books every cure-all would have to be extreme in order for it to suit everybody, and it'd be just like cutting off your head to get rid of a headache. Do you understand?

What we're doing is taking the fads out of your diet and lifestyle and putting your health down in mathematical numbers, and we're going to go by the numbers.

**Abuse of Sugar.** It's the abuse of sugar that's wrong, not the use of sugar. "What's wrong with white sugar?" The abuse of it is wrong. Two pounds a year is not going to hurt anybody. It's the abuse of it. The average American uses over 150 lb of white sugar a year.

Hopefully, you have enjoyed the 30 page preview of Rob Owen's RBTI document.

The complete document---almost 900 pages is USD\$100---about eleven cents per page for a very comprehensive work.

If you are interested in purchasing a copy, please email [brixmanus@gmail.com](mailto:brixmanus@gmail.com) for download instructions.

Only the full RBTI community can decide whether this document is the best thing out there as far as RBTI information, but I predict there will be no doubt of its value. I think Reams would be proud.

I am proud to be handling the US distribution for Rob. His hard work and brilliant layout should be apparent to both beginner and pro. There are many raging arguments in the RBTI community that may quickly become moot as we read Reams' words in their entirety.

Respectfully,  
Rex Harrill