

Synthetic Vitamin D3 was registered as a Rodenticide (rat poison) in 1984

The comment in the Townsend Letter for Doctors (Issue 414) that vitamin D3 was registered as a rodenticide in 1984 did not state the source of this jolting piece of information. However a search on the Internet turned up **Terad3 Blox** made by **Bell Laboratories**.

At the belllabs.com website is this photo of the D3 rat poison. This is what the company says about their product:



TERAD3 BLOX

Premier formulation with Vitamin D3

“TERAD3 BLOX expertly combines the most recent advancements in bait formulation to yield a highly weatherable BLOX with the benefits of the active ingredient, Vitamin D3.

“After years of researching the most effective formulation for housing this unique active ingredient, Bell scientists have found the perfect match - a denser, tightly compacted 1-oz. extruded BLOX with outstanding durability, palatability and weatherability.

“TERAD3 BLOX with Vitamin D3 kills anticoagulant-resistant rats and mice. With BLOX, bait translocation is also reduced.”

If anyone thinks that it is safe to consume high doses of vitamin D3 indefinitely, this photo and what Bell labs says about their D3 rat poison (rodenticide) should give anyone pause, especially a doctor. Is swallowing rat poison really a good idea?

Death by Calcification Excerpts from Bell Labs literature

“What happens to the mouse after it eats Terad3?”

“Terad3 causes hypervitaminosis (vitamin poisoning) which in turn causes calcification of the rodents heart, lungs and other important organs which of course leads to death.”

Question: Since synthetic vitamin D3 used in rat and mouse poison kills rodents by calcifying their arteries and major organs, what proof exists that the same thing is not also happening to people who also ingest vitamin D3?

It is logical to assume that high doses of vitamin D3 sold OTC as a dietary supplement or drug would accelerate the calcification process leading to hardening of the arteries, high blood pressure, strokes, heart and kidney failure and death.

A Local Case Report Stroke follows 3 years of taking high doses of Cholecalciferol (Vitamin D3)

8/20/18

Conrad LeBeau

Waterford, WI. In July I met with Sandy and her husband whom I have known for several years. I was aware that Sandy had a stroke over one year ago in 2016. I was not aware that she had been taking high doses of vitamin D3 prior to the stroke. I shared with her the last issue of this newsletter on the dangers of taking synthetic Vitamin D3 (cholecalciferol) as reported by Dr. Stephanie Seneff.

Sandy told me that for 3 years before she had the stroke that has left her speech impaired, she had taken 5000 i.u daily of vitamin D3 on the advice of her cardiologist. Sandy, like many of us, will believe an expert like her personal doctor. Today, with over 63000 published studies on vitamin D, the medical profession is as divided as ever on this subject.

I asked Sandy if her doctor had also advised her to take vitamin K2 along with the vitamin D3

or to take **vitamin A** to prevent or minimize the adverse effects of high doses of synthetic D3. She said “No.” I explained that one of the adverse effects of D3 is calcification of the arteries. That side effect is not minor – calcification of the arteries can cause a stroke, kidney failure, a heart attack and death. Sandy asked: “**what is synthetic vitamin D?**”

I told her that multiple sources state that synthetic **vitamin D3 is made from lanolin** that is extracted from sheep’s wool. In January 2018, the **Townsend Letter for Doctors** referred to both Vitamin D2 and D3 as synthetic as they are not directly derived from natural sources such as the mother’s milk or traditional sources such as cod liver oil. Natural vitamin D contains a **sulfate molecule**.

For humans and other mammals on the earth, vitamin D has always been made by the ultraviolet B (UVB) rays of the sun interacting with cholesterol sulfate in the skin. It has been this way since the dawn of mankind. Study after scientific study has found that sunlight and also cod liver oil have protective effects against cardiovascular disease.

Synthetic vitamin D3 does not contain the sulfate molecule. Studies in animals have shown that synthetic D3 has causes damage to the arteries of test animals.

I also shared with her the discovery the molecular structure of natural vitamin D derived from sunlight interaction with cholesterol sulfate in the skin is different than the man-made versions of D2 and D3. The differences are significant and very important.

Why Synthetic (fake) Vitamin D is not equal to Natural (real) Vitamin D?

It is almost like comparing fake news to real news. The first problem with evaluating the scientific literature about vitamin D is making the classic mistake of comparing the synthetic to the natural forms as equals based on labels. Since the molecular structure of natural vitamin D has a sulfate molecule attached and the synthetic versions of vitamin D does not, they have different molecular structures. The synthetic forms need to be more critically evaluated.

The main natural source of vitamin D is sunlight. Sunlight has consistently been shown to

have cardio-protective effects - lower blood pressure, and significantly fewer heart attacks and strokes. Sunlight exposure has consistently been shown to protect against breast cancer and many other forms of cancer.

Adverse Effects of vitamin D3 include artery disease and weaker bones

Synthetic vitamin D given to swine in a controlled study has been shown to cause pathological damages to the thoracic aorta of the swine. The swine consumed a human equivalent of about 11000 i.u. of vitamin D3 each day. (1) However, even a lower dose of 2200 i.u per day, D3 worsened atherosclerosis in swine on a high fat diet.

Studies using vitamin D3 as a supplement found little difference in bone density between the treatment group and placebo. In one study, the group taking vitamin D3 had 6% fractures vs. 5% in the control group. (2) Although differences were slight, the results indicate that vitamin D3 may actually have caused a small loss in bone density.

Ref:

1. Takagi T et al. Coronary atherosclerosis in swine induced by a mild dietary excess of (synthetic) vitamin D. *Nutr. Rep Int.* 1983;28:1111-1118

2. Khaw KT et al. Effect of monthly high-dose (synthetic) vitamin D supplementation on falls and non-vertebral fractures... *Lancet Diabetes Endocrinol* 2017;5:438-447

Pet food recalled due to D3 overdoses

The Jan 2018 issue of the Townsend Letter No.414 also discussed several manufacturers of pet food that caused death to dogs; pet foods that were removed from the marketplace. More info can be found at the townsendletter.com website where back issues can be purchased.

My story- Why I believe high doses of synthetic vitamin D3 nearly killed me.

Conrad LeBeau

In 2015, Vol 13 No 3 of the *Journal of Immunity* I wrote:

My personal test results, after increasing my intake of Vitamin D3 to 10,000 i.u. .daily from 5000 i.u. for the past 6 weeks is that my blood serum level has increased from 31 to 47 ng/ml. I also tan indoors 20 minutes a day 3 times a

week. The florescent tubes in the sun bed I use emit both UVA and UVB rays that parallel the sun's radiation output. It is only the UVB rays that cause the production of vitamin D in the skin. It took six weeks (from around July 7th to August 20th) to accomplish this significant increase in serum levels of vitamin D.

I then listed a range of 6 personal benefits I observed from taking 10,000 i.u vitamin D3 along with tanning indoors for 20 minutes 3 times a week. Because I got natural vitamin D3 from the tanning bed 3 times a week and synthetic vitamin D3 from the pills, it is impossible to credit the benefits I received entirely to the D3 supplements.

At the time, I was not aware vitamin D3 that I was taking as a dietary supplement was synthetic nor was I aware of it's potential adverse effects that can be deadly. I also was not aware that the vitamin D produced by the sun or sun-tanning bed had a different molecular structure than the synthetic D3 pills I was ingesting.

My Trip to the Emergency Room

On the morning of Jan 12, 2018, about 3 years after increasing my daily intake of "synthetic D3" to 10,000 i.u.daily, I woke up and noticed that I was dizzy. Fearing that I might be having a stroke, I asked a friend to drive me to the local hospital Emergency Room. Not knowing but suspecting that I had elevated blood pressure I took the following supplements just before walking out the door. They were-

1. One small St Joseph Aspirin tablet
2. One cayenne powder capsule.
3. One tablespoon of blackstrap molasses
4. Two vegetarian digestive enzymes capsules.

By the time I walked into the Emergency Room, the dizziness had stopped. For the next 3 hours I was given one test after another (EKG, continuous monitoring of my blood pressure, tests to determine if I had a heart attack and complete CBC blood counts)

After several hours and a few glasses of apple juice, the HBP began to come down but still remained high. After several x-rays and blood tests, I was told by the Emergency Room doctor that I was in remarkably good health for someone 74 yrs. old. I was then advised to see

a primary doctor as soon as possible –like ASAP.

A few days later I found one and he prescribed a low dose ACE inhibitor. It helped, but I also had to go on a low sodium diet to reduce the BP levels. He also reviewed the X-rays of my sore knee and indicated that restrictions in blood flow might be the problem and suggested I might have atherosclerosis. At first I thought, with the 20 plus supplements I use each day, how could that be happening?

Also in January, the same month I ended up in the ER, I received the latest issue of the Townsend Letter for Doctors that had an article titled "**Vitamin D Supplementation Concerns.**"

After reading the article, I began to have doubts about the safety of taking vitamin D3 as a dietary supplement. As a precaution, I completely stopped using the D3. It was late January, 2018, and I resumed tanning indoors 2 or 3 times a week, a close to natural source of vitamin D.

Before the end of January, I also began the daily use of therapeutic baths with added apple cider vinegar and Epsom salts as I reported in the 2018 Journal Vol 16 No 1. My thinking was that since vinegar dissolves mineral deposits in a teapot, absorbing it through my skin might also dissolve calcium deposits in the blood vessels and capillaries of my knee. My knee and general health began to improve as I reported in the first issue of the KHA journal this year.

A few months later, I discovered the article on vitamin D3 sulfate on my own computer written by Dr. Stephanie Seneff in 2011. After reading her article, and realizing that I had not used vitamin K2 during the past 3 years while I was on high daily doses of D3, I may have unknowingly set my self up for calcification of my arteries, a condition that could have contributed to my hypertension, knee problems, or could have caused a stroke that could have killed me.

To be sure, this was a learning experience and one I do not wish to repeat. Today, I avoid taking any vitamin D2 or D3 supplements. I also avoid consuming foods with these synthetic forms of vitamin D added.

Now, you would think Cardiologists should know about the toxicity of synthetic vitamin D but apparently they do not as they continue to

prescribe dangerously high doses of this synthetic supplement, and without including Vitamin K2 that directs calcium to where it belongs and prevent calcification of the arteries.

The following study published in the BMC Journal of Nephrology on dialysis patients was that vitamin D3 supplements did not lower blood pressure or reverse atherosclerosis.

Cardiovascular effects of cholecalciferol (synthetic D3) treatment in dialysis patients – a randomized controlled trial

Authors - Frank H Mose et al. BMC Nephrol. 2014; 15: 50.

Sixty-four patients were enrolled in the six-month study including fifty dialysis patients having an average age of 68 years.

“The aim of this study was to test the hypothesis that cholecalciferol supplementation improves cardiac function and reduces blood pressure (BP) and pulse wave velocity (PWV) in patients on chronic dialysis.”

The patients in the study were given 3000 i.u. of cholecalciferol (vitamin D3) daily for 6 months.

The conclusion of the study found that “Six months of cholecalciferol treatment in patients on chronic dialysis did not improve 24-h BP, arterial stiffness or cardiac function.”

The following study was published in the Am J of Hypertension and its authors found that an active form of vitamin D (α-calcidol) promoted aortic stiffness.

Active vitamin D ... accelerated progression of aortic stiffness in hemodialysis patients

Fortier C1 et al. Am J Hypertens. 2014 Nov;27(11):1346-54

85 patients were enrolled in the 1.2 year study. The authors hypothesized that high-dose active vitamin D therapy in the form of alphacalcidol (α-calcidol), “could lead to vascular calcification and accelerated progression of aortic stiffness.”

The conclusion of the study confirmed the author’s suspicions - that high doses of this active (synthetic) vitamin D were “associated with progression of aortic stiffness”.

In other words – high doses of this form of vitamin D was promoting hardening of the arteries. This is a sure formula for hypertension and strokes.

The scientific community is badly divided on the subject of vitamin D. One side says to stay out of the sun or you will get skin cancer and other research says that if you use synthetic vitamin D2 or D3 in high doses, you may calcify your arteries and get a stroke. Strokes and heart attacks have about a 50% mortality rate. Skin cancer is slow to appear and is usually treatable. Your chances of living longer are, in my opinion, are at better odds with the sun than using sunscreen and synthetic vitamin D.

One of the best scientific articles I recently read evaluated the effects of vitamin A, B12, D, K, C and E status on arterial stiffness. The article is called Crosstalk -

The Crosstalk study finds that Vitamin K2 reverses calcification of the arteries

Crosstalk between Vitamins A, B12, D, K, C, and E... and Arterial Stiffness

by Ioana Mozos, Dana Stoian, et al; Department of Functional Sciences, “Victor Babes” University of Medicine and Pharmacy, Timisoara, Romania

Review Article: The purpose of this article was to evaluate the inter-relationships of several vitamins to cardiovascular health status in preventing and reversing hardening of the arteries (atherosclerosis). Of particular interest to us is the use of vitamin K2 in reversing calcification of the arteries; also vitamin B12 in lowering homocysteine levels.

Several studies on various doses of (synthetic) vitamin D3 result listed in this article report conflicting and opposite effects in arterial stiffness. The authors cited 5 studies that vitamin D3 supplements reduced arterial stiffness, and 7 studies that they did not or may have actually increased arterial stiffness.

It appears from these studies that only very low doses of synthetic D3 are safe to use on a continuous basis. (That would be 500 i.u or less). These low daily doses of D3 do not calcify the arteries in the studies cited, and do prevent rickets, a disease of bone malformation caused by vitamin D deficiency.

On vitamin K2, they report-

“Observational studies revealed a lower prevalence of arterial calcification and cardiovascular mortality in subjects with a high intake of menaquinones (vitamin K2)..... [35, 74, 75].”

What they state is that while vitamin K2 had protective effects against calcification of the arteries, vitamin K1 did not. K1 is present in dark green vegetables (parsley, kale, spinach etc.), and is important in supporting blood clotting factors. Without K1, and the clotting factors it supports, you could bleed to death. So don't think that the dark green vegetables can be dismissed as not important for cardiovascular health. There is some evidence that with the right friendly intestinal flora, some K1 can be converted into K2 in the stomach of humans.

K2 is also known as **menaquinone-7** and is formed by the bacteria **“Bacillus subtilis natto.”** This natural source of K2 is found in fermented cheese, eggs, beans, and meat.

K2 is made commercially by adding the Natto bacteria to soybeans where the fermentation process produces the world's richest source of vitamin K2. **Natto** as a food is sold in Asian markets, and you need to develop a particular taste for it to enjoy it. Fortunately, K2 made from Natto is sold as standardized dietary supplement.

The authors of the Crosstalk article also cited research that- “Increased vitamin K2 intake has been associated with decreased arterial calcium deposition and the ability to reverse vascular calcification in animal models.”

They also report that- “Vitamin K2 also has the ability to improve lipid profile by increasing HDL cholesterol and decreasing total cholesterol.”

The role of Vitamin K1

The Crosstalk authors cited research that suggests that K1 has a role in preventing cardiovascular disease. They state:

“Vaccaro and Huffman found an inadequate vitamin K1 intake in older adults, especially in Hispanic and Black Americans, and vitamin K1 was an independent predictor of high arterial pulse pressure [87].”

What is “Pulse Wave Velocity?”

Pulse Wave Velocity (PWV) is a test that measures how stiff your arteries are. I am not a medical doctor, but I know when I read the scientific literature when something is important. Apparently, this test is used by researchers but is not commonly used in doctor's offices and hospitals. The most common test is to take a patient's blood pressure. The higher the systolic pressure and the greater the difference between the diastolic and the systolic numbers would indicate greater stiffness in the arteries.

However, drugs that lower blood pressure treat the effects of arterial stiffness (HBP) but are not known to address the cause, which often is calcification of the arteries resulting in a narrowing of the blood vessels and resulting arterial stiffness.

There are numerous chelation products on the market that help to remove or reduce arterial plaque and these are (except for K2) beyond the scope of this article. Vitamin K2 is a chelator and helps reverse calcification of the arteries. There are other chelators and chelation methods (i.v. EDTA, pectin, lecithin, OC Max etc.), and these will be the subject of follow-up articles in the future.

Vitamin K2 and the Calcium Paradox by Kate Rheume-Bleue, B.Sc., N.D.

This book was first published in 2012 and is an authoritative source of well-researched information on the role of Vitamin K2 in cardiovascular health. It is sub-titled **“How a Little Known Vitamin Could Save Your Life.”**

I obtained my copy from amazon.com. Every one of the 8 chapters is well documented by scientific notations and citations. Research from the Weston A Price Fdn is cited extensively in this book.

Ms. Rheume-Blue, a French Canadian, writes that vitamin K2 in cattle depends on their consumption of grass. She cites the research of Dr. Weston A Price, a dentist who discovered vitamin K2 that he named “activator X.” Dr. Price found that activator X or (K2) was highest in cattle in the summer and lower in the winter. He found it nearly non-existent in grain fed cattle.

Rheume-Blue reports that vitamin K1 from grass is converted into K2 by bacteria in the stomach of cattle.

This raises another important observation. If bacteria in the stomach of cattle can convert K1 from grass, then would not the same or similar bacteria in the stomach of humans eating green vegetables do the same thing? Whether this conversion of K1 to K2 exclusively requires “Bacillus subtilis natto” remains to be determined by further research. With all the multiple benefits of dark green vegetables, I think it would not be prudent to substitute a K2 capsule for dark green veggies. It would be best to use both.

What about traditional Cod Liver Oil?

While Dr. Seneff stated that the only natural source of vitamin D3 sulfate she knew of was mother’s milk, I though there must be other natural sources as well, even if no one is looking for them.

Take Cod Liver Oil: A fish like a cow in the field gets its vitamin D from sunlight (UVB) rays interacting with cholesterol sulfate in the skin of the animal. Neither fish nor mammal goes into a drug store to buy synthetic D2 or D3. Natural Vitamin D3 sulfate is made the old fashioned way – by nature - the way God intended.

The second point is that if the vitamin D in cod liver oil or salmon oil was not sulfated, and was like the synthetic versions you get in a drug or health food store, then the scientific literature would also show an increase in cardiovascular disease - like it does for synthetic vitamin D2 or D3. The scientific literature has nothing but positive news for those who use cod liver oil.

What the Scientific Literature Says

My review of a small portion of the 63,000 scientific studies on vitamin D shows that Cod Liver Oil helps to prevent and lower the risk of cardiovascular disease. There are no studies that suggest Cod Liver Oil scars arteries as does synthetic D2 and D3. While taking vitamin K2 along with vitamin D2 or D3 will help prevent calcification of the arteries, the word “synthetic” has never been a strong selling point in my vocabulary. Unlike traditional cod liver oil, some cod liver oils brands made today are over

processed to improve flavor and may contain added synthetic vitamin D.

Here is an article I found on traditional Cod Liver Oil:

Mother Was Right About Cod Liver Oil

by George R Griffing MD, professor of Medicine
published in Medscape J.Med. 2008; 10(1):8

Dr. George Griffing is professor of Medicine at St. Louis University and Editor for Internal Medicine for emedicine. In a published abstract he stated:

“There are many stories of mothers forcing their children to take cod liver oil....Centuries ago, northern Europeans used cod liver oil to protect them from the cold. It was made from the livers of Gadus morhua and other species of cod. Cod liver oil was said to relieve such complaints as rheumatism, aching joints, and stiff muscles.”

“At the beginning of the 20th century, scientists established that cod liver oil was antirachitic (prevents rickets), and it became commonplace for mothers to give it to their children.[1,2]...It turns out cod liver oil contains large amounts of vitamins A, D, and omega-3 fatty acids, and the health benefits may go beyond rheumatism and rickets.[3]”

Vitamin A is essential for the immune system, bone growth, night vision, cellular growth, testicular and ovarian function. Pharmaceutical preparations are used to treat acne vulgaris and keratosis pilaris and to treat acute promyelocytic leukemia.[4]”

“Vitamin D not only prevents rickets but is also important for muscle function and may prevent type 1 diabetes, hypertension, and many common cancers.[5–8]”

“Fish oils include the omega-3 fatty acids (O3FA), eicosopentanoic acid, and docosahexaenoic acid (EPA and DHA). It is wise to remember to listen to your mother – at least about cod liver oil. That's my opinion.”

Traditional Cod Liver Oil

Garden of Life “Olde World Cod Liver Oil”. I called the manufacturer and they confirmed they do not add D2 or D3 (cholecalciferol) to their product and state that the A and D in their Cod Liver Oil is what is comes from the livers of the Cod fish.

Another all natural source of vitamins A and D is **Fermented Cod Liver Oil**. Both brands are available in many Health Food Stores.

The Townsend Letter article reported that there are 6 kinds of vitamin D in natural unprocessed Cod Liver Oil. On the other hand, some brands of “cod liver oil” are over processed to improve the flavor. The result also removes most of the natural A and D. Worse yet, some of these brands add synthetic Vitamin A and D to the Cod Liver Oil they sell.

Molecular Distillation

In the Townsend Letter, Puotinen also states: “fully cleaned and deodorized (i.e. molecularly distilled) cod liver oil to which nothing has been added contains very low levels of vitamin A and little or no vitamin D. Some manufacturers add synthetic or natural vitamin A and D to their cleaned and deodorized oil.”

Puotinen advises to “compare brands, read labels – especially their vitamin A and D content- and check product literature or websites for information about manufacturing methods and the source of any added vitamins A and D.”

They reported that the use of **molecular distillation** removes most of the naturally occurring vitamin A and D in the fish oil. Puotinen’s article provides some food sources (wild salmon oil, sardines, tuna etc.) of natural vitamin D and also discusses different brands of cod liver oil and their manufacturing processes.

Puotinen advises to ask questions and call the manufacturer. Ask them if they have added vitamin D3 (cholecalciferol) to their product to boost the vitamin D levels they list on the label.

One brand of Cod Liver Oil made by Carlson has some D3 added and it is listed as **cholecalciferol** on the product label. In my opinion, adding synthetic D3 (cholecalciferol) to Cod Liver Oil is a bad idea. I think they over processed the product to improve its flavor and have removed most of the natural vitamin D in the process. I would not buy this product nor would I buy Nordic Naturals Cod Liver Oil that is processed thru molecular distillation and has little or no vitamin A or D left in the product, although they don’t add any synthetic vitamin D

The Townsend Letter issue 414 from Jan 2018 also states the following:

“According to Christopher Masterjohn PhD assistant professor of Health and Nutrition sciences at Brooklyn College in New York,...

Research in the 1930’s suggested that there were at least four if not six forms of vitamin D in cod liver oil, and recent research has shown that fish metabolize vitamin D into at least three other compounds and probably more.... As Conventional tests measure only vitamins D2 and D3, unrefined cod liver oil may provide significant health benefits that are not reflected by its D2 and D3 content.”

Fermented Cod Liver Oil

The Townsend article on vitamin D was written by CJ Puotinen and first published in the Whole Dog Journal. It was reprinted in the Townsend Letter. CJ Puotinen writes:

“Cod Liver Oil is the traditional food source of vitamin D. A hundred years ago, fermented cod liver oil, which can have a powerfully fishy smell, was the world’s most widely prescribed nutritional supplement. Perhaps your grandparents remember having to swallow a spoonful at a time. Cod liver oil contains vitamins A and D, both of which are essential for human and canine health. But cod liver oil’s manufacturing methods have changed, and so has its vitamin content.”

Note; **Green Pastures** makes **Blue Ice Fermented Cod Liver Oil**. For many centuries ago, fermented cod liver was valued in Rome as a health tonic. Green Pastures makes its fermented cod liver oil based on traditional methods that have been in use for several centuries. This brand is sold as a food and the vitamin D content is not listed on its label.

However, the Townsend Letter obtained test data from the manufacturer and reported a high level of natural D in the fermented cod liver oil being 3400 i.u. in one teaspoon along with 8500 i.u of vitamin A. These figures are based on average test data over a 4-year period. I would say this is about as good as it gets as a source of natural vitamin A and D. As a food source, 1/2 teaspoon per day should be sufficient for the needs of the average healthy person.

For those with multiple health challenges, 1 to 2 teaspoons per day may be needed and should be monitored by a holistic doctor. Even though traditional or fermented cod liver oil has a near perfect record for improving immune and cardiovascular health, I would still take 100 to 200 mcg of vitamin K2 each day as a precaution

to prevent calcification of the arteries from vitamin D2 or D3 that is added to hundreds of food products (milk, ice cream, orange juice etc).

The Townsend Letter article also discusses a product called **Rosita Extra Virgin Cod Liver Oil** – short for **EVCLLO**. It is made in Norway using wild cod livers and an ancient extraction method. The vitamin D content ranges from 400 to 500 i.u per teaspoon along with 3000 to 5000 i.u of natural vitamin A.

Check with manufacturers and suppliers and ask questions about manufacturing methods and if any vitamin A or D has been added. Avoid any cod liver oil to which synthetic vitamin D3 has been added.

Synthetic D3 is made from irradiated lanolin and should be strictly avoided. Taking 100 to 200 mcg of natto based natural vitamin K2 to prevent calcification of the arteries and to build stronger bones would be a wise and prudent investment.

Nutra Pro Virgin Cod Liver Oil

Puotinen states that this brand is made in Norway from fresh cod livers using “cold-pressing and advanced purifying technologies without the use of chemicals. One teaspoon contains 5000 i.u of vitamin A and 500 i.u. vitamin D.”

You may need to call around or use the internet to find one of the better traditional or fermented cod liver oils that have not been fooled around with too much by manufacturers for taste or marketing purposes.

While I have been using the Garden of Life Old World Cod Liver Oil for some time, I plan on trying the traditional fermented cod liver oil with my next purchase. Recently, I was told by a friend in Denver that fermented cod liver oil is available in capsules. This would be easier for some people to swallow.

Solgar has cod liver oil in capsules but their website indicates they have added cholecalciferol (synthetic D3) and vitamin A to their product. I would avoid the Solgar capsules.

While a 100 years ago, you could go into a drug store and get real cod liver oil that was not overly processed, today marketing environment and competition makes it imperative that we not buy any product that has a pretty label on it but investigate what is behind the label and inside

the bottle. There is more than enough fake news these days; we don't need fake dietary supplements to add to the confusion.

Mary from Brooklyn Update This case may be a unique “cure”

July 27th 2018 - Mary called two days ago to share her latest lab results. All her blood work remains normal. To have active HIV virus in her body, her doctor told her she needed to test positive on the HIV Western Blot test. The Western Blot test has been replaced with a more sensitive test called the "Multispot Test" also called the "Confirmatory test." This test indicates the presence of active viral particles for HIV.

The results of the latest July test are: **HIV antibody (positive) and Multispot test (Western Blot) -(negative)**

Conclusion from her Doctor: She no longer has any active HIV virus in her. PCR remains non-detectable and all blood parameters are within normal reference ranges including the cd4/cd8 ratios. She also told her doctor that she has not taken any HIV drugs since last fall. This is the same doctor who said that she would have to take HIV meds for the rest of her life.

Finally, Mary has set up an email address at maryfrombrook@gmail.com so you can write her with your questions or comments. Her original protocol was summarized in 2017 in Vol 15, No 1 of this Journal of Immunity.

It is my opinion that without the raw garlic she consumed in 2015 along with everything else, "Mary" (a pen name) would not have this good news to share with us today. Possibly, one or more of the many sulfur compounds in garlic (DMSO?) may hold the key to her success. I will have more to say about this in a future article.

Mary's attitude, strong determination, and her faith in God empowers all of her treatment choices. We also recently learned of a similar case to this one from Kenya. Stay tuned. Conrad LeBeau

For more info go to keephopealive.org/dkhaads.html
Find a local doctor who practices integrative medicine (nutritional, bio-oxidative, herbal) at lebeaubooks.com

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