Believe in Better

HOW TO BALANCE YOUR BLOOD SUGAR NATURALLY

Mentors and Co-collaborators
Rev. William [Bill] Pulcher
Linda Pulcher, U.S.A.

Denise McGann Dip. Ed.
Phil Botten R.D. OEN. C.N.M.
Steph Botten BA. Dip Ed. N.F.M.
Australia

Author and Parent
Tommie Weber
U.S.A

Author and Trial Director
Dr. Marthin Botha Ph.D.
Australia
Editors: Phil Botten, Steph Botten, Marthin Botha - Australia

Front Cover Page Design: Chris Messer - USA

Back Cover Page Design: Marthin Botha – Wallace Dobson – Australia

Book Design: Patrick Bishop - USA
## Contents

PREFACE .......................................................................................................................... 5

Foreword to the Interactive Diabetic Trial ................................................................. 7

To Whom It May Concern .......................................................................................... 14

Voluntary Participants .............................................................................................. 16

The Results of the Trial .............................................................................................. 20

The Female Health Assessment Questionnaire Results ........................................... 23

The Male Health Assessment Questionnaire Results ............................................... 24

  Blood Test results ..................................................................................................... 25

  Typical values of Plasmatic Glucose Levels in a healthy person ............................... 26

  Cholesterol Levels of the Participants in the Interactive Type II Diabetes Trial ... 27

Prescription Medications Used .................................................................................. 28

Nutritional Supplements used in the Trial .............................................................. 34

About the Research Team .......................................................................................... 48

  Instigator and Senior Mentor of the trial Thomas (Tommie) Weber .................... 48

Author and Director of the Trial ................................................................................. 48

The Coaches and Mentors ......................................................................................... 49

  Denise McGann ........................................................................................................ 49

  Rev. William Pulscher ............................................................................................. 49

  Phil Botten  Steph Botten ......................................................................................... 50

Afterword from the Research Team .......................................................................... 51

  Tommie Weber says ................................................................................................. 51

  A word from Denise McGann ................................................................................ 52

  A Comment from the pen of Pastor Bill Pulscher ................................................ 53

  Observations from Phil & Steph Botten .................................................................. 54

Final comments and thanks from Dr Marthin Botha ............................................. 57

Acknowledgements .................................................................................................... 59
PREFACE

Looking at Type II Diabetes from a Natural Point of view

We are very fortunate to live in democratic countries where we have a free choice. This free choice, however, is always skewed in our day and age by media presentation, or more to the point, advertising overload. The question then becomes - is it really by free choice that many of the citizens of these countries, with encouragement from the Allopathic Medical Community, have relinquished their responsibility for their own Health and Wellbeing?

Unfortunately, Allopathic Medical practitioners tend to treat all ailments, including Type II Diabetes, with medication rather than looking at natural alternatives to help the body to repair itself, before resorting to unnatural drug intervention. It is, at the very least, interesting to note the quiet desperation of these most unfortunate human beings suffering from this disease. After neglecting themselves and abdicating responsibility for their own bad choices, they experience the frustration and failure of Allopathic medicine’s inability to “cure” them.

My belief- “No one in any arena can cure another human. The body, in all cases, is its own best doctor. The tools used to address a disease may differ enormously, but the end beneficial result must come from each individual.”

The body proves this daily by repeatedly repairing and re-birthing each of its trillions of cells on a micro second to micro second basis. The body is a true marvel of physics, Nano-technology and possibly Noetic Science. It remains the only true self-sustaining machine ever created. The body only fails when we marginalize its environment both macro and micro i.e. compartmentalize the body rather than see it as a whole entity. Once the reason for this trial on Type II Diabetes was explained, the participants were encouraged to believe in a different reality. This inspired them to promise 100% commitment and compliance. We knew we would fall short here but it was a wonderful way to begin.

Complementary Medicine is dedicated to finding the cause, or causes of a problem. Then, by removing the cause or adjusting the lifestyle of the individual, we allow the body to do its own necessary repairs. Changes, miraculous in nature were reported during this study. These changes were no less than what we expected, and hoped for, as the participants’ bodies began to return to balance.
It is well known by the Medical fraternity that Type II Diabetes (also known as non-insulin dependent diabetes or mature onset diabetes), is described by all the eminent Research Scientists as “A Lifestyle Disease.” Now there is an even more disturbing form of Diabetes that has appeared on the “battle field,” named “Mature Onset Diabetes of the Youth,” also known as “MODY.” It is from this perspective that the researchers in this trial approached this condition.

Although generally accepted (by the orthodox medical fraternity) that Type II Diabetes is “incurable” once it has been diagnosed, that does not mean it cannot, or must not be confronted from a nutritional aspect. Quite to the contrary, it was our hypothesis that simply taking a more sensible lifestyle approach may prevent some life threatening side effects, or at least delay some more serious consequences, such as:

- Cardiovascular disease
- Heart attack
- Angina
- Stroke,
- Narrowed or blocked blood vessels
- Nerve damage
- High blood pressure
- High blood cholesterol
- Eye disease - Blindness
- Limb amputations

The main objective of this trial was to assist Type II Diabetic sufferers to regain control of their lives and to take personal responsibility for their health, by improving their diet and exercise regime. There was a need to control blood sugars and supplement in an intelligent and balanced way for the best results.

We, the researchers were of the opinion that the body requires certain nutrients and food that work with it to resolve deficiencies, thus allowing the body to do what it is designed to do – regain, obtain, maintain and sustain vibrant health. We do not believe that synthetic substances which force an issue within the body are a long term solution for disease.

Dr Marthin Botha
Foreword to the Interactive Diabetic Trial
Written By: Tommie Weber

Nutritional Advisor, Holistic Researcher, Life Coach, Child Health Advocate.

As with all things in life we need a starting point. Ours began when I was twelve years old in 1963. Dr Marthin Botha was leaving his university studies behind and beginning the most important education process we all face; HIS LIFE JOURNEY, AS A HEALTH PRACTITIONER. This became Marthin’s “Earth Walk” as the Indians, wherever they might live, would call it.

Bill, and Linda Pulscher, Phil and Steph Botten, Denise McGann and I, are all at an age when we could have been some of his first students. As luck would have it, we are getting this education now when we can affect more good. The education for us and the benefit to others are priceless. Marthin’s journey has included the following disciplined studies;

He has a PhD. in Bio-Chemistry. He studied Pharmacology, Naturopathy, Osteopathy and is a practitioner of Oriental, and herbal medicine. Finally, using all the education and investigation, he decided on a course of medicine in keeping with his belief system. He chose to be a Naturopathic Doctor. Add to all the travel and study, fifty plus years of life wisdom garnered, and here we are, and it seems merely a blink of the eye looking back. Living those years for everyone seems a long and complex journey. It is to all the contributors benefit and my own that he also became our friend and mentor.

In short, he knows a lot of stuff. I would, however, be remiss in my role as instigator of this study, as Marthin introduces me, if I didn’t sound Marthin’s and the other mentors’ praises for their efforts in this monumental achievement. With little funding and even less support they, quite literally, brought this information together on both sides of the world, and made it easy for the participants to follow and understand. In this sense it becomes a tool that anyone faced with blood sugar issues can utilize, at the very least a tool to shed light on what is actually happening to them. At best they can take some measure of control back for themselves.

This forward is my humble attempt to convey an understanding of the ever present “WHY?” as it pertains to this Diabetic Trial.
Why would Marthin after five decades of achievement invest so much of his time into this effort? Why would Bill Pulscher a noted Pastor and his wife Linda give selflessly of their time? Why would Phil and Steph Botten, and Denise McGann, all educators and all respected in their communities, gather participants and spend enormous time and effort with these people for no money?

This becomes a significant driving WHY?

These people invested a huge portion of their lives into this work over six months with no funding and no pay. This investment of their lives into the lives of others is the most expensive investment anyone makes into humanity for the benefit of others.

They made it without complaint and without question. Quite simply the question begs; “If not them, then who?”

Not only who, but when will we all recognize our own culpability for the ever increasing health challenges individuals now face in the western world. No one forces us to put the poison into our bodies. It is suggested heavily in media presentation and advertising but in the end it is our choice to eat too many donuts and not enough vegetables, and to over medicate ourselves and our children.

The contributors’ investment certainly wasn’t just for twenty seven diabetics to change their lives - although that was an expected and wonderful by-product. Participant success was the result of these practitioners’/mentors’ talents and teaching, and each participant’s willingness to listen, change and work to get better. Change is hard. But twenty seven people weren’t the ultimate “WHY.”

Changing the perception of a disease, in this case Type II Diabetes, across a planet devastated by this disease, was the ultimate, united WHY. The contributors took on this work to show that Type II Diabetes is a product of bad life choices, not machine [our body] malfunction. The human machine is stretched to its limit with foreign substances being added superfluously to its unconscious activity schedule, or more appropriately, the Autonomic Nervous System.

**DIABETES CAN BE HANDLED MORE EFFECTIVELY WITHOUT THE INFLUX OF MORE AND MORE DAMAGING SYNTHETIC MEDICATION.**
Simply put, as this group was successful on both sides of the world, from all different backgrounds, it couldn’t be considered a cultural anomaly from an isolated section of the world. No one can refute the results here. No one can say the results aren’t pertinent in other areas and/or cultures.

The **WHY**, then becomes huge. We are better served by managing this problem without liver, kidney and pancreas damage from synthetic medicines whenever and wherever we can. It now becomes possible to offer at least a partial solution to a problem growing exponentially in many different countries.

Medication began as a short term stabilization tool, not a food group choice. The power of Insulin and the damage it can cause, simply as a function of what natural insulin does in the body, is well known to the medical community. It is a very powerful natural hormone. These problems are exacerbated by synthesizing insulin and the additional ingredients in the varied forms which are then introduced as drugs to the body. They have grown to take their place among the ever increasing dependency of our human population on all different drugs whether legal or not.

This team of investigative researchers were aware that the, so called, natural substances people ingest in the name of good health, can be just as damaging as drugs when they are abused.

The biggest difference, in most instances, is that the natural substances are, in most cases, not poison. They can be excreted without harm. In the case of medications, however, all of them have a toxicology report attached. When prescription drugs are abused they can move from toxic to lethal, which we see today more and more, even with properly prescribed medication. All medications are poison, and all are addictive, therefore all are dangerous.

This is a slippery slope which gets steeper daily. The study discussed in this book is intended to show there are other ways to approach this problem. The methods are blended. The practitioners never set out to be right. They placed their daily lives partially on hold to help present a different, less intrusive and invasive path for the participants to follow, to free themselves from Type II diabetes.

**This path is not a cure, nor was it intended to be. It is presented as an intellectual and intelligent option. It is, in our opinion, a better**
first response. The expectation here is to benefit the participants, and through them, humanity. This is no different from the expectation of most hard working doctors and nurses all across the globe who went to school expecting “TO MAKE A DIFFERENCE”. The goal of this study at its onset was, and is, to make a difference for those afflicted with diabetes, or its other related issues.

To those who might criticize the sample size, I would say again, the study was done on both sides of the globe, on two continents, across all racial and ethnic backgrounds. Women and men of all ages participated, and the results were no less than spectacular. This was especially true when we take into account that all participants were managing their lives with medication and none were getting better. In all cases they felt they were getting worse and were becoming desperate to find something else. All of them were sick of being sick!

We attempted to include India as one of the countries because Diabetes is its number one health concern and Canada as another. We were unable to get the proper compliance issues in place. These countries would have increased the sample size but not its relevance. After days of trying and untold hours of transoceanic internet meetings and phone calls, we settled into the work with the participants we had.

We settled on three different groups. These study groups were implemented one at a time. In the first sixty days we concentrated on a Type II Diabetic group in Australia. In the next sixty days we studied and worked with a group in the United States and then, to finish up, we returned to a different part of Australia for our final study group. It was now time to demonstrate what we all know to be true.

The fastest growing and most devastating disease the western world faces over the next few decades, Type II Diabetes, is a function of insulin resistance in the body rather than pancreatic dysfunction. It is better controlled and alleviated through a change in lifestyle. The use of more uncontrolled poisons in the form of pharmaceutical drugs in the internal organ systems is becoming problematic for the entire body and may cause more damage than good. And this is true of all drug intervention, not just Diabetes.

From this standpoint, the present standard of medical care for people facing this issue, is, at best, suspect. Medicine began as an art form, which, across all borders, has morphed into a business. The philosophical questions are too many and too varied to go into here.
THE DAMAGE BEING DONE BY THOUSANDS OF MEDICATIONS INTRODUCED INTO OUR INTERNAL MICRO ENVIRONMENTAL SYSTEMS ON AN ONGOING BASIS WILL BE ITS OWN UNDOING.

*We are not suggesting all medication should be banned. We are suggesting the use of drugs is out of control. They are tools to use as a last resort, not a first response to every problem. Causing side effects and internal damage in a chase for more profits is not where medicine began and is not where it will finish.*

Private trials for all different DIS-EASE issues, like this one we undertook, are sprouting up all over the landscape in response to this total disregard for common sense. Suffice it to say that most things considered new in medicine begin with an anecdotal story, which is then verified through clinical research. All this research must be validated by comparison to placebo response or in basic terms a sugar pill in water. This placebo must work at a high level to validate a drug. The drug intervention and introduction is always the implied purpose of the research. Another huge WHY?

But this is a subject to explore elsewhere. The question simply begs - when the placebo has no side effects and yet works even nominally well, then why aren’t some of the research and funding dollars being allotted to examine why the Placebo and belief worked in the first place, or at all? The answer is “profit” and control, which then begets a larger question,

“What is scientific research?”

Science, scientific exploration and research began as a search for truth. It now exists to verify the results necessary to continue funding research for the following year. Results are largely a function of what the research has to imply, based on the needs of those doing the funding. This is unacceptable.

Without Marthin as director, collator, scientist, medical interpreter and skilled life coach for mentors and participants alike, this study would not have succeeded. It has taken nearly a year and would have cost upwards of five hundred thousand dollars just to get started. Funds are rare for these types of projects and there were no funds for this trial.
Projects similar to this one, hopefully, will begin to alter this equation going forward. Money can be made using common sense and natural ingredients, without specific damage being done to the body. Information is flowing so much faster now due to internet technology that these little studies can no longer be buried or ignored. This Trial grew out of a growing concern that all the mentors involved share. Most of them have still not met each other, except through the virtual world of global communication.

This is in itself part of an expanding new miracle in shared wisdom and friendship. We humans are abdicating our responsibility and our freedom on many fronts. Our Medical freedom is no small abdication. **It is our right to choose for ourselves what we put into our bodies.** Ever more quickly we are giving over our rights to governments and large corporations who have little concern for our families or our health. The ever increasing supply of synthetic medication available to fix all our ills has morphed into something it was never intended to be. Synthetic Medication is not Food.

Many of us, who only ever wanted all the information that is available in medicine, to be used for the benefit of the afflicted, are accused of distortions or lack of research. This would be laughable if it were not so dangerous.

Media ads on television, radio and in print, presenting drugs, approved for use by the Governing bodies, list right in the text of the ads, actual side effects and damage to the point of death. **These drugs which state they may kill us are approved for use. The “WHY” here is deafening by its absence.**

Many legitimate researchers are maligned as searching for the “Silver Bullet” which cures everything. Distortions abound when we are reduced to dependence on the integrity of an industry doing the exact same thing for profit.

**In reality Western Medicine offers no more than poison pills masking symptom upon symptom, ultimately, curing nothing.**

There is a gentler, better way to practice the art of medicine. There are plenty of wonderful advances and new technologies in the medical world. There are also thousands of years of medical knowledge which is being ignored – another glaring, indefensible **WHY?**
This trial demonstrates what can and does happen when the body is given what it needs to function on its own.

In upwards of ninety nine percent of all that goes wrong with it, the human body repairs, replicates, and revitalizes itself on a Nano second to Nano second basis. Technologically, the body remains the most sophisticated machine on our planet with over one hundred trillion cells, or working parts, identified by medical research. Not one of us understands its self-healing, and self-sustaining applications. We are all learning.

Hippocrates, the Father of medicine, stated: “Food is medicine and the best food is the best medicine.” This quote very clearly emphasizes the point of this trial. Common sense sometimes dictates to leave WELL enough alone.
To Whom It May Concern

This is an unsolicited testimonial from one of the Participants in this Type II Diabetes Trial. I can't think of a more down to earth, revealing and/or encouraging writing to introduce you, the reader to this report. Please pay special attention to the timeline in this testimonial.- Dr Marthin Botha

February 2011
My name is Ray Mott, and I live in Houston, Texas, U.S.A

The following is my experience with Type II Diabetes and related complications.

In 2000, I was told I was a Type II Diabetic. For nine years, I did what my doctors told me to do. I did everything they asked. I even asked what else I could do to help fight the Diabetes. In 2000, I also began having bad feet problems. By 2009 I’d had my left foot operated on four times.

The condition finally broke down and I had to have major surgery in Dallas. There are twenty-nine bones in the human foot. I broke and messed up 25 to 26 bones by just walking every day and, being at work, on my feet. On December 17th, 2009 I had eleven two inch screws/plates put in my left foot to try to save it. It was six hours of surgery time for the Doctors to do it.

On May 10th 2010 the pins were taken out. Doctors seemed happy but I have a charo left foot. In that same year, my right foot was also in trouble. After my toenail was removed, an infection that would not heal caused my big toe to be taken off. At that time I thought my feet were doing ok.

However, my foot doctor sent me to a physical therapist to show me how to try and make my feet stronger, so that I might go back to work. The therapist broke a lot of cartilages on my left foot and everything got bad after that... nothing was healing.

The place where I had foot surgery became an open wound. The foot got swollen and cracking. About that time my kidneys started to be bad. My diabetes Dr. sent me to a kidney Doctor. He said that there are 4 levels before you go on Dialysis and I was on level 3. He said we would keep an
eye on them and to come back in two months. In July the Doctor said the kidneys were at level 41/2 and deteriorating.

It was about that same time I was introduced to Bill Pulscher and CMC Healthy Living Center. Pastor Bill said I was in real bad shape. He asked me if I would like to be in a Nutritional Supplement Trial to address my Diabetic situation. I did not realize, at that time, how bad that my eyes, color, energy and mind had become. I started the Trial with CMC Healthy Living Center on July 10, 2010.

I had gone to my primary doctor and he asked what I was doing differently. I told him about the supplements and the Trial and he said "well, keep up the good work". Two weeks later I went back to my Diabetes Dr... He was also happy on how much better I was doing. Then he asked me what I was doing differently. I told him about the Nutritional Supplements and the Trial. He got mad at me and said they were not good for me.

I told him that I wanted his help to have me get rid of the Cholesterol, Blood Pressure pills and all the other medication he had me on because I now understood that they were overworking my Kidneys and I did not want to go on dialysis. He said to come back in late August. On September 10, 2010 I went back to my diabetes Doctor and he took blood and urine samples. I asked to see the results. He said he would mail these to me. On September 16th, 2010 I received the results. He wrote across the report; "kidney function back to normal."

The Type II Diabetes Trial has changed my life. The surgery wound on my foot is now healed where before it was an open and oozing wound. I have lost 30 pounds and 3 belt holes. I have more energy and my eyes and mind are a lot better. My color is back and I feel great. Life is awesome again.

Ray Mott, Houston Texas
Voluntary Participants

The participants were randomly selected by the four volunteer coaches/mentors from within their own geographical area from a large group of applicants. Most of the applicants and/or participants did not know much about or had not taken any notice of Complimentary Medicine as an option in health care.

The participants

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna - age 23</td>
<td>Michael - age 23</td>
</tr>
<tr>
<td>Emma - age 29</td>
<td>Joe - age 48</td>
</tr>
<tr>
<td>Arumina - age 47</td>
<td>Graham - age 50</td>
</tr>
<tr>
<td>Maria - age 48</td>
<td>Geoff - age 53</td>
</tr>
<tr>
<td>Debra - age 52</td>
<td>Peter - age 57</td>
</tr>
<tr>
<td>June - age 57</td>
<td>Ray - age 60</td>
</tr>
<tr>
<td>Carolyn - age 60</td>
<td>Wallace - age 61</td>
</tr>
<tr>
<td>Nancy - age 67</td>
<td>Jerry - age 63</td>
</tr>
<tr>
<td>Jacomina - age 69</td>
<td>Kevin - age 64</td>
</tr>
<tr>
<td>Priscilla - age 69</td>
<td>Dick - age 65</td>
</tr>
<tr>
<td>Annie - age 71</td>
<td>Gordon - age 66</td>
</tr>
<tr>
<td>Louisa - age 74</td>
<td>Bob - age 68</td>
</tr>
<tr>
<td>Harvey - age 77</td>
<td>Nick - age 75</td>
</tr>
</tbody>
</table>

Once the selected volunteer participants accepted the terms of participating in the Trial, they were given a series of pre-trial tasks to complete.

These included:

Completing The Health Assessment Questionnaire designed and used by Dr Marthin Botha for many years in his practice. This Questionnaire provided insight into the general health of 28 systems of human physiology. This questionnaire alluded to solutions based on the symptoms experienced by the participants. After all, each person lives within him/herself 24 hours a day 7 days a week.
Each participant underwent a comprehensive blood test, conducted by independent laboratories, which included tests for cholesterol levels and fasting blood sugar levels.

### The Female Health Assessment Questionnaire
**Total 258 Questions**

<table>
<thead>
<tr>
<th>-health</th>
<th>sections</th>
<th>questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculo/skeletal</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Cardio-Vascular</td>
<td>3</td>
<td>29</td>
</tr>
<tr>
<td>Lungs</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Digestion</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Immune Function</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Endocrine system</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Urological</td>
<td>1</td>
<td>46</td>
</tr>
<tr>
<td>Reproductive</td>
<td>5</td>
<td>46</td>
</tr>
<tr>
<td>Neurological</td>
<td>5</td>
<td>45</td>
</tr>
</tbody>
</table>

### The Male Health Assessment Questionnaire
**Total 222 Questions**

<table>
<thead>
<tr>
<th>-health</th>
<th>sections</th>
<th>questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculo/skeletal</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Cardio-Vascular</td>
<td>3</td>
<td>29</td>
</tr>
<tr>
<td>Lungs</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Digestion</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Immune Function</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Endocrine system</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Urological</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Reproductive</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Neurological</td>
<td>5</td>
<td>45</td>
</tr>
</tbody>
</table>

**Optional**: Participants were encouraged to invest in a heart monitor as well as a pedometer (most complied).

Once this information was collected, and the devices obtained the trial commenced at different times, in the respective areas.

### Body Mass Index

The BMI, calculated for an individual, using height and weight, determines if a person is underweight (less than 18), normal weight for height (18 to 26), or overweight (26 to 29) or obese (29+). Most of the participants had a Body Mass Index (BMI) of over 26. Some were higher
than 32. An interesting aspect was that the higher the BMI the more diseases the individual participant seemed to be burdened with.

Apart from Type II Diabetes, other conditions, including High Blood Pressure, Osteoporosis, Osteoarthritis, Cardio Vascular Disease, Depression and impaired wound healing, just to mention a few, were common amongst participants.

**Instruction Manuals**

Once the above questionnaires were completed, the final selection for participants in the trial was made. Each participant was then issued a detailed instruction manual explaining the known factors of Type II Diabetes, as well as information on the purpose and objective of the trial. Included in these manuals were extensive descriptions of the individual nutritional supplements that had to be taken, as well as the possible actions and reactions which could be expected from taking them.

There was also an extensive list of foods, showing the Glycemic Index of each food. Also included was an extensive list of Acidic and Alkaline foods. There were simple instructions stating that the participants had to modify their diet by trying to use as many low glycemic indexed and alkaline foods as possible.

**Report Sheets**

The participants were also issued with very basic daily report sheets, where they recorded their blood sugar levels, their exercise results and how, and when, to take the nutritional supplements.

**Nutritional Supplements**

Lastly the participants were issued the nutritional supplements a month at a time. They were instructed not to stop their prescription medication. They were further instructed to monitor their symptoms and blood sugars closely, and consult regularly with their Allopathic Medical Practitioner, in order for him/her to adjust the dosage or to stop the prescription medication if necessary.
Exercise
Lastly, there was a simple exercise regime, which required a heart monitor and pedometer. The exercise routine was mainly walking, with the aim to work up to and eventually achieve ten thousand steps (measured by the pedometer) daily. For many of the more mature participants, the exercise seemed to be an obstacle in the beginning, however, once begun, they found it invigorating and stimulating. The success rate here was phenomenal, as many people had not done much walking, or any other form of physical activity before the trial.

Regular Contact
The Supervisors/Mentors were encouraged to regularly (sometimes daily or at least weekly) be in contact with the participants under their care. Every two weeks the researchers/organizers, along with the supervisors/mentors and the participants of the trial linked up in a live telephone conference call, where every participant could hear the comments and questions from the other participants. Every participant was also encouraged and sometimes prompted to give a report on his/her progress, and to ask questions. These calls were very popular and some lasted for more than two hours, giving everybody the opportunity to obtain the information they were seeking.
The Results of the Trial
Explanatory Notes for Interpreting the Tables.

When looking at the tables and results of the answers to the Health Assessment Questionnaire, the following must be kept in mind:

1. The Health Assessment Questionnaire was completed by the individuals, without any supervision, prompting or assistance. In other words it was their own interpretation of their symptoms. There was very little, if any, indication of what organ was involved in any of the sections of the questionnaire. They decided how mild or severe the symptom was according to the question asked.

2. All numbers indicated in the Health Questionnaire Tables (following) are shown as the degree of deviation from a healthy organ or system. Expressing it in another way; the numbers indicate the severity of the symptoms, indicating how badly the individual organs or systems are affected.

3. The numbers in the Pre and Post trial columns of the tables are the averages for that gender. There were 12 female participants and 15 male participants.

4. As the ages varied from early 20’s to late 70’s for both genders, it must be understood that for some participants, certain organs or systems were much more affected than for others. In some of the individual questionnaires, the numbers were as high as 90% of un-wellness in certain areas.

5. This trial was all about Type II Diabetes. However, the human body is a complex unit. If one organ or system is malfunctioning, then all the other organs and systems may also be affected and influenced by the malfunction. It is vitally important for me, as a Naturopath, to examine and assess the health and integrity of all the organs and systems of the body. I do this in order to establish an overall picture of the person’s health. I regard numbers higher than 45% as a very serious condition that can lead to total failure of that organ, as well as a serious catastrophic failure of other associated organs.
6. As a result of the trial, it is important to also take note of any overall improvement in all the other organs and systems, irrespective of age or gender.

Special Note: -
As the Pancreas is seen as the main organ involved in any form of Diabetes (Childhood Diabetes Mellitus, Type II Diabetes Mellitus, or Gestational Diabetes), it must also be kept in mind that the Pancreas as a gland, has a dual function.

a) As a ducted or “Exocrine” gland, the pancreas plays an important role in the digestive process in the body, by excreting (directly into the digestive system) Bicarbonate of Soda (to help neutralize the Digestive Acids).

b) The pancreas also adds Pancreatic or Systemic Enzymes to help with the digestion, metabolism and absorption of nutrients into the body.

c) The Pancreas as a ductless or “Endocrine” gland is vitally important for a normal healthy life, as it is excreting three different hormones, namely Insulin, Glucagon and Somatostatin.

**Insulin** is a hormone that stimulates the muscle cells in the body to absorb and utilize the free glucose that is produced by the liver, as energy. When there is too much blood glucose, it stimulates the liver to process the blood glucose into glycogen, which is then stored in the liver for later use. This way the blood sugars are controlled and regulated.

**Glucagon** comes into play when the levels of blood glucose start to drop. This could be because of exercise, or because of a delay in consuming the next meal. The glucagon then stimulates the liver, to convert the inert stored glycogen into active glucose, so that it can be used by the body as energy.

**Somatostatin** is classified as an inhibitory hormone. Its actions are spread to different parts of the body. Somatostatin is triggered when the body’s pH balance is disturbed. In other words, as your system becomes more dehydrated and acidic, Somatostatin is secreted and it inhibits or prevents several hormone and enzyme systems from working.

Some of the vital systems that are affected by the action of the hormone Somatostatin
The action of Insulin is inhibited, making the body insulin resistant. This is the stage known as Pre-Diabetes. The action of Glucagon is also hampered, stopping the liver from changing stored glycogen into Blood glucose. This is when most of our cravings will start, and the pounds/Kgs are piled on.

Somatostatin also inhibits the release of growth hormone from the pituitary gland, thus opposing the effects of Growth Hormone-Releasing Hormone (GHRH). Somatostatin also inhibits the release of thyroid-stimulating hormone (TSH). When looking at the variance percentage, please make sure that you also look at the Pre & Post Trial numbers, in order to get a better understanding of the massive changes that took place. Again it must be emphasized that the tables presented here are the averages. In the individual assessments, certain areas showed as much as 90% unwellness in the Pre-Trial Questionnaire. There are great variances (up to 78%), in certain areas in the individual Health Assessments, Pre & Post Trial.

The Health Assessment Questionnaire is subjective, as it is based on symptoms experienced by the individual at the time of completing the questionnaire. Therefore, as a free standing instrument the assessment questionnaire could be easily challenged by the Scientific Community. However, reading it in conjunction with the Pre & Post Trial Blood Analysis of each individual, gives it the credence it deserves as a comprehensive system analysis.

Without the results showing in the Health Assessment Questionnaire, the blood tests would not have much significance for the non-medically trained person. Historically it has been found that males, when completing the Health Assessment Questionnaire, in general, tend to ignore symptoms they regard as “negligible.” Thus the results seem to be always lower than that of the females who tend to be much more in tune with their bodies and more meticulous with detail. This does not mean, however, that men are healthier than women, and it does not detract from the end results of the assessment. *(I guess that is why women live longer than men).*

In health, like any other aspect of life, budgetary concerns are always a factor. So in general practice, the Health Assessment Questionnaire has been found to be a low cost, yet reliable diagnostic tool for the discerning citizen, looking for advice on personal health issues.
## The Female Health Assessment Questionnaire

### Results

<table>
<thead>
<tr>
<th>Sec</th>
<th>Pre-Trial</th>
<th>Post-Trial</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Musculoskeletal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>18</td>
<td>12</td>
<td>35.45%</td>
</tr>
<tr>
<td>2</td>
<td>13</td>
<td>12</td>
<td>10.58%</td>
</tr>
<tr>
<td><strong>Cardio-Vascular</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>17</td>
<td>15</td>
<td>15.98%</td>
</tr>
<tr>
<td>4</td>
<td>16</td>
<td>12</td>
<td>26.56%</td>
</tr>
<tr>
<td>5</td>
<td>12</td>
<td>8</td>
<td>32.38%</td>
</tr>
<tr>
<td><strong>Lungs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>5</td>
<td>8.45%</td>
</tr>
<tr>
<td><strong>Digestion/Metabolism</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>12</td>
<td>9</td>
<td>22.08%</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>6</td>
<td>24.73%</td>
</tr>
<tr>
<td>9</td>
<td>13</td>
<td>11</td>
<td>15.12%</td>
</tr>
<tr>
<td><strong>Immune Function</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>12</td>
<td>9</td>
<td>27.01%</td>
</tr>
<tr>
<td>11</td>
<td>15</td>
<td>10</td>
<td>31.55%</td>
</tr>
<tr>
<td><strong>Endocrine</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>7</td>
<td>4</td>
<td>38.83%</td>
</tr>
<tr>
<td>13</td>
<td>11</td>
<td>8</td>
<td>32.30%</td>
</tr>
<tr>
<td>14</td>
<td>15</td>
<td>9</td>
<td>40.14%</td>
</tr>
<tr>
<td>15</td>
<td>18</td>
<td>15</td>
<td>20.79%</td>
</tr>
<tr>
<td>16</td>
<td>31</td>
<td>11</td>
<td>63.47%</td>
</tr>
<tr>
<td><strong>Urological</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>10</td>
<td>6</td>
<td>35.28%</td>
</tr>
<tr>
<td><strong>Female Reproductive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>15</td>
<td>11</td>
<td>25.31%</td>
</tr>
<tr>
<td>19</td>
<td>7</td>
<td>5</td>
<td>34.04%</td>
</tr>
<tr>
<td>20</td>
<td>12</td>
<td>8</td>
<td>35.42%</td>
</tr>
<tr>
<td>21</td>
<td>11</td>
<td>8</td>
<td>28.35%</td>
</tr>
<tr>
<td>22</td>
<td>18</td>
<td>14</td>
<td>22.67%</td>
</tr>
<tr>
<td><strong>Neurological</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>14</td>
<td>9</td>
<td>38.71%</td>
</tr>
<tr>
<td>25</td>
<td>3</td>
<td>3</td>
<td>0.00%</td>
</tr>
<tr>
<td>26</td>
<td>19</td>
<td>10</td>
<td>48.44%</td>
</tr>
<tr>
<td>27</td>
<td>10</td>
<td>7</td>
<td>27.77%</td>
</tr>
<tr>
<td>28</td>
<td>18</td>
<td>11</td>
<td>38.08%</td>
</tr>
</tbody>
</table>
# The Male Health Assessment Questionnaire Results

<table>
<thead>
<tr>
<th>Sec</th>
<th>Pre-Trial</th>
<th>Post-Trial</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Musculoskeletal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Bones, Connective Tissue, Joints</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Muscles</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td><strong>Cardio-Vascular</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cardio</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>Circulation</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>5</td>
<td>Hypertension</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td><strong>Lungs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Lungs</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td><strong>Digestion/Metabolism</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Low Gastric Output (Enzyme/Acid Balance)</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Gastric Inflammation</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>Pancreas Digestion (Exocrine)</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Large Intestine</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>11</td>
<td>Liver/Gallbladder</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td><strong>Immune Function</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Hypo-Immune Function</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>13</td>
<td>Allergy/Hyper-Immune Function</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td><strong>Endocrine</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Adrenal Reserves</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>Thyroid</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>16</td>
<td>Pancreas - (Endocrine)Glucose Response</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td><strong>Urological</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Kidneys/Bladder</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td><strong>Male Reproductive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Prostate/Urinary Track</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td><strong>Neurological</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Neurological- General</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>25</td>
<td>Neurological - (Excitotoxicity &amp; Cerebra-vascular)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>26</td>
<td>Pain/Headaches/Addictions</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>27</td>
<td>Mood/Memory/Depression</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>28</td>
<td>Insomnia</td>
<td>9</td>
<td>6</td>
</tr>
</tbody>
</table>
Blood Test results

The rationale for having the comprehensive blood test, were to find out the condition of the blood in Type II Diabetic sufferers.

The researchers concentrated on two segments of the blood tests.

These were;
1) Blood glucose levels
2) Cholesterol levels
   • Total Cholesterol,
   • Triglycerides,
   • HDL Cholesterol (Good)
   • LDL Cholesterol (Bad)

During the Analysis of the Blood tests, many other aspects were also observed in the results, but will not be discussed in this report.

Measurement and interpretation of the results
In different countries different measurements are applied. However the end results are the same.

For instance;
In the USA the levels of plasmatic values in the blood is expressed as Milligrams per Decilitre (mg/dL), while in Australia (some countries in the British Commonwealth and in the European Countries), it is expressed in Millimoles per Litre (mmol/L).

World Standard Formula

There is a standard conversion formula for these values.

Formula for calculation of mg/dL from mmol/L:
\[ \text{mg/dL} = 18 \times \text{mmol/L} \]

Formula for calculation of mmol/l from mg/dl:
\[ \text{mmol/L} = \frac{\text{mg/dL}}{18} \]

For instance, if plasmatic level of glucose is 5 mmol/L, recalculation to mg/dl is done as follows:
\[ 18 \times 5 \text{ mmol/dL} = 90 \text{ mg/dL} \]
This is important, as more than half the participants are from Australia, where the levels are expressed in mmol/L. Normal plasmatic level of sugar (glucose) in a healthy person varies between 72 and 108 mg/dL (4 and 6 mmol/L).

The participants in the Trial were required to do a Plasmatic Glucose Level test before the start of the Trial as well as at the end of the Trial period. These tests were conducted by different testing laboratories and were usually tested after a 12 hour fasting period.

**Typical values of Plasmatic Glucose Levels in a healthy person**

<table>
<thead>
<tr>
<th>Time of day</th>
<th>Value in mmol/L</th>
<th>Value in mg/dL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
<td>Maximum</td>
</tr>
<tr>
<td>Before Breakfast</td>
<td>3.9</td>
<td>5.9</td>
</tr>
<tr>
<td>Before Lunch</td>
<td>3.9</td>
<td>6.1</td>
</tr>
<tr>
<td>One hour after a meal</td>
<td>Less than</td>
<td>8.9</td>
</tr>
<tr>
<td>Two hours after a meal</td>
<td>Less than</td>
<td>6.7</td>
</tr>
<tr>
<td>Between 2.00 and 4.00 am.</td>
<td>More than</td>
<td>3.9</td>
</tr>
</tbody>
</table>

This Table represents the results of two Participants who showed the highest and the lowest reading results from these tests.

**The highest and the lowest readings of the Plasmatic Glucose Levels test that was conducted by the Testing Laboratories**

<table>
<thead>
<tr>
<th></th>
<th>Test Prior to Trial</th>
<th>Test After Trial</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mmol/L</td>
<td>mg/dL</td>
<td>mmol/L</td>
</tr>
<tr>
<td>1 Person (Highest)</td>
<td>17.9</td>
<td>322.2</td>
<td>12.8</td>
</tr>
<tr>
<td>1 Person (Lowest)</td>
<td>4.8</td>
<td>86.9</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Group Average</strong></td>
<td><strong>7.3</strong></td>
<td><strong>131.6</strong></td>
<td><strong>4.4</strong></td>
</tr>
</tbody>
</table>
In the last row of the table above, all the results were then added together and divided by the number of participants in order to obtain an average reading. These results are all from the Laboratory analyses, showing the before and after results of the participants’ blood tests.

**Cholesterol Levels of the Participants in the Interactive Type II Diabetes Trial**

Although the monitoring of cholesterol was not in the brief of this Trial, it can’t be discounted as one of the major contributors to future complications associated with Type II Diabetes.

High cholesterol levels will eventually lead to the premature failure of a person’s health in areas that may seem to be totally unrelated to Type II Diabetes. Therefore, we are also including the following cholesterol measurements that were observed during the Trial.

<table>
<thead>
<tr>
<th>Cholesterol</th>
<th>Blood Test Prior to Trial;</th>
<th>Blood Test After the Trial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mmol/L</td>
<td>mg/dL</td>
</tr>
<tr>
<td>Total Cholesterol</td>
<td>7.5</td>
<td>134.5</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>5.7</td>
<td>103.2</td>
</tr>
<tr>
<td>HDL Cholesterol</td>
<td>2.2</td>
<td>40.4</td>
</tr>
<tr>
<td>LDL Cholesterol</td>
<td>3.3</td>
<td>59.5</td>
</tr>
</tbody>
</table>

Today’s testing methods determine LDL ("bad") and HDL ("good") cholesterol separately. This simplistic view has become somewhat outdated. The desirable LDL level is considered to be less than 100 mg/dL (2.6mmol/L), although a newer upper limit of 70 mg/dL (1.8mmol/L) can be considered in higher risk individuals. A ratio of total cholesterol to HDL—another useful measurement—of far less than 5:1 is thought to be healthier.
Prescription Medications Used

Although this was a Type II Diabetes Trial where we were only using nutritional supplements, we were aware that participants were already on medications prescribed by their respective doctors for additional health challenges. We asked them to list these prescription medications at the beginning of the trial. We also asked participants to consult regularly with their medical doctor during the trial so that the dosage of their prescription drugs could be adjusted, or, if necessary, stopped completely.

In some cases, we have reports that some participants were met with aggressive reprimands from their medical doctors, accusing the Trial as useless “Quackery.” This is startling in the sense that all the participants felt better than before and were actually showing signs of becoming better, if not entirely well.

We do not have accurate statistics of how many of the participants had to be taken off their prescription medication completely, but we do know that many participants had to have the dosage of their medication drastically reduced by their doctors.

Listed below are some of the drugs the participants told us they were taking already. This is an incomplete list of 44 prescription drugs that were taken by 11 of the participants who listed them at the beginning of the trial. Some participants did not list all their medications initially. During the conference calls, many of the people who did not list their medication prior to the Trial admitted that they were already taking several medical prescriptions for other conditions. As the Trial progressed they advised us that they had to reduce or be taken off some of these prescriptions by their doctor.

Several people were taking the same medication. On average, the participants were each taking 4 or more drugs for their other health conditions. We have listed these medications below. In so doing, we, the researchers, are not making any comments on the benefits or side effects of these drugs, rather listing them simply to inform the reader. Should you wish to check and compare the beneficial effects – and the deleterious side effects of these drugs, all the information is freely available on the Internet. By keying the name of the product into Google Search, all that information is displayed.
This will allow you (the reader) the opportunity to decide if you’d rather take responsibility for your own health, by improving hydration, nutrition and exercise, or hand your health over to the pharmaceutical drug manufacturers, who advertise that they “put more years in people’s lives.”

Fortunately we have not yet lost the freedom of choice. My choice is to have "MORE LIFE IN MY YEARS." (Marthin Botha)

**Drugs for the treatment of Diabetes Type II**

**Metformin** is used to treat people with Type II Diabetes. It is sometimes used in combination with insulin or other medications.

**Glucovance** - Chemically Identical to Metformin.

**Diabex** - Metformin hydrochloride - Metformin is a biguanide. It is used in the treatment of Type II Diabetes in adults and children.

**Novolin Insulin** is the brand name of a family of synthetic insulin products sold by the pharmaceutical company Novo Nordisk. As of January 1, 2010, the company has discontinued the line of products. Interestingly, the company provided no reason for the decision and made no other recommended replacements within its other insulin product offerings.

**NovoLog** is manmade (synthetic) quick acting insulin that is used to control high blood sugar in adults and children with diabetes mellitus.

**Levemir** is manmade (Synthetic) long-acting insulin that is used to control high blood sugar in adults and children with diabetes mellitus.

**LYRICA** is indicated to treat Diabetic Nerve Pain, Pain after Shingles, and Fibromyalgia.

**Glipizide** (Glucotrol) is used to treat Type II Diabetes. It is recommended to use this drug, along with diet and exercise.

**JANUMET** is a medicine that enhances the body's own ability to keep your blood sugar within a healthy range.
Blood Pressure, Heart and Circulation Conditions

Karvezide is used in the treatment of hypertension.

Lisinopril is a drug of the angiotensin-converting enzyme (ACE) inhibitor class that is primarily used in treatment of hypertension and congestive heart failure.

Atenolol (Tenormin) is a selective β1 receptor antagonist, a drug belonging to the group of beta blockers, a class of drugs used primarily in cardiovascular disease.

Losartan is an angiotensin II receptor antagonist drug used mainly to treat high blood pressure (hypertension).

Amlodipine (Norvasc) is used to treat high blood pressure (hypertension) and angina.

Chlorthalidone (USAN) is a diuretic drug used to treat hypertension, originally marketed as Hygroton in the USA. **Chlorthalidone can cause high blood sugars in diabetic patients.**

LIPITOR (atorvastatin calcium) is a prescription medicine that is used along with a low-fat diet. It lowers the LDL ("bad") cholesterol and triglycerides in your blood.

Zetia is used to treat high cholesterol, along with a low-fat, low cholesterol diet. It is sometimes given with other cholesterol lowering medications.

Zocor (simvastatin) is used to reduce low-density lipoprotein cholesterol and total cholesterol in the blood.

Metoprolol is used to treat angina (chest pain) and hypertension (high blood pressure).

CRESTOR (rosuvastatin calcium) is a prescription medicine used to treat high cholesterol and atherosclerosis.

Plavix (clopidogrel) is used to prevent blood clots after a recent heart attack or stroke. Plavix, is supposed to help protect against future heart attack or stroke.
**Gemfibrozil** is the generic name for an oral drug used to lower lipid levels. It belongs to a group of drugs known as fibrates.

**Benazepril**, brand name Lotensin, is a medication used to treat high blood pressure (hypertension), congestive heart failure, and chronic renal failure.

**Tritace** tablets contain the active ingredient ramipril, which is a type of medicine called an ACE inhibitor.

**Aspirin** is a drug which is now used to help fight heart disease and stroke, along with its long-known benefits of relieving pain and fever.

**Kidney Disease**

**Hydrochlorothiazide** treats fluid retention (edema) in people with congestive heart failure, cirrhosis of the liver, or kidney disorders. **AVAPRO** is also used in the treatment of kidney disease.

**Lung and Bronchial problems**

**Fexofenadine** (trade names Allegra, Telfast, Fastofen, Tilfur, Vifas, Telfexo, and Allerfexo) is an antihistamine drug used in the treatment of hay fever and...

**SINGULAIR** is a prescription medicine used to help relieve symptoms of indoor and outdoor allergies (outdoor allergies in adults and children as young as 2 years and indoor allergies in adults and children as young as 6 months).

**Levaquin** (levofloxacin) is used to treat bronchitis, pneumonia, and Chlamydia, gonorrhoea and skin infections. **SPIRIVA** is a once-daily inhaled maintenance prescription treatment for chronic obstructive pulmonary disease (COPD).

**Osteoporosis**

**Alendronate (Fosamax)**, a drug used to treat osteoporosis (thinning of bone) in men and postmenopausal women. Bone is in a constant state of remodelling. New bone is laid down by cells called osteoblasts while old
bone is removed by cells called osteoclasts. Bisphosphonates inhibits the old bone removal (resorption) by osteoclasts.

**Arthritic and General Pain conditions**

**Nabumetone** belongs to a class of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). Other members of this class include ibuprofen (Motrin), indomethacin (Indocin), naproxen (Aleve) and several others. These drugs are used for the management of mild to moderate pain, fever, and inflammation.

**Tramadol** (Ultram) is a narcotic-like pain reliever used to treat moderate to severe pain.

**Norphen** (paracetamol + orphenadrine): used for acute & chronic painful muscular conditions, tension headache, non-articular rheumatism, dysmenorrhoea.

**Other Prescription Medications Listed**

**Levothyroxine** treats hypothyroidism (low thyroid hormone). It is also used to treat or prevent goitre (enlarged thyroid gland), which can be caused by hormone imbalances, radiation treatment, surgery, or cancer. Levothyroxine should not be used to treat obesity or weight problems.

**Sertraline** hydrochloride (trade names Zoloft and Lustral) is an antidepressant of the selective serotonin reuptake inhibitor.

**Topiramate** is an anticonvulsant medication approved for use alone or with other medications to treat patients with epilepsy.

**Tyrosine** is an non-essential amino acid the body makes from another amino acid called phenylalanine. It is a building block for several important neurotransmitters, including epinephrine, norepinephrine, and dopamine.

**Losec** is used to treat the symptoms of reflux oesophagitis or reflux disease.

**Zanidip** tablets contain the active ingredient lercanidipine hydrochloride, which is a type of medicine called a calcium channel blocker.
**Zyloprim** is used in the treatment of many symptoms of gout, including acute attacks, tophi (collection of uric acid crystals in the tissues, especially around joints), joint destruction, and uric acid stones.

**Pro-Cid** (Probenecid) is used in the following situation - prophylaxis for gout - As an adjunct to treatment with beta-lactam antibiotics.
Nutritional Supplements used in the Trial

The nutritional supplements that were used in the Trial were carefully selected by the researchers, in order to obtain the optimal synergistic support for the participants. These products are described below in order of importance:

1. Water and Electrolytic Mineral Replacement Complex

*Electrolytic Mineral Replacement Complex sachets are a great way to begin to enhance your body’s alkalinity quickly and effectively which is of vital importance to the diabetic.*

A small tea-bag like sachet is dropped into a bottle of 700ml – (20oz) of water, shaken, and left for 5 minutes. It works by lowering the surface tension of the water molecules, increasing bio-availability to hydrate your body at the cellular level. This is a gentle jump start to naturally raising your pH level back up the scale for better health and fitness. It is based on the way our body buffers acids naturally using buffering minerals in the form derived from eating vegetables. In other words these minerals are ionized. They are the nano energy laden parts left after the body digests, metabolizes and turns the food into ions. Having these minerals ionized before they enter the body lessens the load on the system, while aiding in replenishing and revitalizing the body’s natural maintenance and defense systems.

Many problems begin with poor food choices and eating food deficient in many specific nutrients.

Hippocrates (The father of modern medicine) stated: *“Food is medicine.”*

We advised the participants to make sure they drank enough Electrolytic Mineral enriched water. We informed them that a dry mouth was a sign of thirst and was the body’s way of saying it is already dehydrated. Most diabetics experience a constant thirst sensation. We explained that everyone was different and gave them a formula to determine the very least amount of water that they needed to drink to rehydrate.
The Formula Used

Take the body weight in Kg and multiply that by 30.

\[ e.g. \ 70 \text{ Kg} \times 30 = 2100\text{ml or 2.1 Litres of water per day}. \]

Should you work in pounds, then it is the body weight in pounds, divided by 2 and that is the amount in ounces of water needed per day.

\[ e.g. \ \text{Weight 154 lb}/2 = 77 \text{ oz of water that you need per day}. \]

This formula excluded all other drinks such as coffee, tea and sodas. We advised the participants that should they do hard physical work, or were outdoors in the hot sun, they would need much more water.

We explained that a healthy human body consists of 70-72% water. The human body (regardless of age or gender) loses at least 3% of water every day just through normal bodily functions.

This can be anywhere from 2.5 litres (approx 85 ounces), to as much as 4 litres (136 ounces). The body loses water through urination, respiration, and perspiration. Participants were advised to drink the mineral rich water provided regularly throughout the day. We informed them that just a 1-2% drop in body water could impair their mental focus and physical performance, as well as slow down their metabolism.

**Physical activity and exercise also cause the loss of vital electrolytes and minerals that are critical for nerve impulses and muscle contractions.** Being able to quickly replenish minerals is essential for peak performance.

After a personal coaching session, the quantity of water and Electrolytic Mineral Replacement Complex for each individual participant was ascertained, taking into consideration what their health mentor had prescribed.

**Additional Information Given**

**Signs and Symptoms of dehydration**

Symptoms of mild-dehydration include chronic pains in joints and muscles, lower back pain, headaches, and constipation. A strong odor to your urine, along with a dark yellow color is a clear sign than you’re not getting enough water. The higher the pH of water, the greater ability you have of hydrating your body. Alkalized Electrolytic Mineral Replacement
Complex water contains higher levels of ionic minerals such as calcium, and magnesium, allowing these to be absorbed quickly and easily by your body.

**Electrolytic Mineral Replacement Complex sachets** are a quick and cost effective way of staying in an alkaline state, and have the added benefit of neutralizing the chlorine typically found in tap water, as well removing fatty plaques and acidic waste from the arterial walls.

**Carbonated Liquids** - To really put things into perspective when it comes to neutralizing acidic waste, it takes 32 x 300ml (10oz) glasses of alkaline, mineral enriched water to neutralize the acid from one 375ml (12oz) can of carbonated soft drink.

For each acid-forming beverage that you consume, your body uses its own buffers, stripping bones, tendons and muscles of calcium, to raise the body’s alkalinity to maintain a healthy blood pH level of 7.35 – 7.42.

**Purified/Enriched Water** - Public tap water, bottled waters and even drinking water in our homes, have been shown to still be contaminated with pharmaceutical drugs, hormones, and bacteria – all acidifying and toxic.

2. **Digestive Enzymes**

The next most important product that was used in this Trial was a digestive enzyme formula.

**Why the body needs enzymes:**

Enzymes are very much the currency that generates life. They are proteins that trigger activity in the cells of the body. They are present in all living cells and control the metabolic processes whereby nutrients are converted into energy and used to regenerate healthy cells. Enzymes also take part in the breakdown of the foods you eat into simpler compounds and are necessary for cell reproduction, breathing, digestion, nerve transmission, disease protection and thousands of other biochemical reactions that take place within the body.

Unfortunately, due to western industrialized diets (i.e. processed/junk food and sugary acidic beverages) and stress filled lives, people often finds themselves experiencing less than optimal digestion—often witnessed as heart burn, bloating, gas, belching and a general...
uncomfortable sensation after eating. This can be caused by a lack of necessary enzymatic activity.

Enzymes also help the body to lower **insulin resistance** helping the body to utilize Glucose for energy. Without enzymes and minerals acting as catalysts for each other, many of the nutrients in our food are locked away and cannot be released properly to support optimal health.

**Do You....**

- Use a microwave?
- Eat processed food with added preservatives?
- Drink beverages/eat foods that are pasteurized?
- Consume fast food or “junk food” more than once a week?
- Experience bloating, gas or belching on a regular basis?

If the answer is “YES” to any of these questions, you’re probably not getting all the important enzymes your body needs from the food you eat.

By adding digestive enzymes to your daily health regime, you can begin to replace some of the “missing ingredients” (enzymes) in your diet for optimal health and digestion. The synergistic combination of Electrolytic Mineral Replacement Complex, water and Digestive Enzymes and the other products described here, on a daily basis, provides a solid foundation for optimal health. Allowing the body to start using Insulin as it used to when it was younger is a huge component of restoring balance to our systems. When we begin to balance the systems simply by providing non-toxic food or nutrients, amazing benefits begin to manifest.

Therapeutic doses of the following eight enzymes groups were ingested:

- **Amyloglucosidase**
- **Amylase**
- **Protease**
- **Acid Protease**
- **Cellulase**
- **Lipase**
- **Invertase**
- **Lactase**

By improving the digestive process, as well as replenishing and supporting the systemic enzymes, [enzymes involved in processes other
than digestion] we can expect to have far reaching effects on the whole body.

3. Essential Fatty Acids

Essential Fatty Acids and especially Omega-3 fats are the next product that was considered necessary in this trial. Essential Fatty Acids are fats that are vital for health, yet cannot be made by the body. Therefore, essential fatty acids must be ingested. There are two primary groups of Essential Fatty Acids - the Omega-6 fatty acids series (including linoleic acid) which come from plants in our diet and the Omega-3 fatty acids series (including alpha-linolenic acid) which come from deep sea cold water fish. It is recommended that the ratio of omega-6 to omega-3 fatty acids in the diet should be at a ratio of 1:1, but the ratio in the typical Western diet is now anywhere between 10:1 and 25:1.

This disparity is due to increased use of highly processed Hydrogenated Vegetable Oils (So-called “Low Cholesterol”), rich in Linoleic Acid (LA). e.g. Margarine, which is Linolenic Acid. The disparity is further exacerbated by a marked reduction in fish consumption (alpha-linolenic acid).

The Omega-3 Essential Fatty Acid formulae used contained the highest possible ratio of EFA (Essential Fatty Acids) available, with Squalene and Alkoxyglycerol added to help maintain the body's defense system against cancer and tumor growth. These Omega-3 Essential Fatty Acids are produced using a low-heat molecular distillation process that guarantees all of the benefits associated with preformed fish oils, but without any of the harmful toxins like PCBs, dioxins, mercury, arsenic, cadmium, copper and lead.

The formula used was further enhanced with the addition of a proprietary fat-soluble antioxidant blend that ensures purity, safety and maximum performance. Scientific research has demonstrated that increasing the relative abundance of dietary omega-3 brings the body back closer to balance between omega 3 and 6 fatty acids. This increase has resulted in a number of great health benefits. It has been suggested that consuming 1-3 capsules of Omega-3 Essential Fatty Acids daily with meals will give the body the extra assistance it needs to help maintain a healthy central nervous system (heart and brain), optimal cellular communication (i.e. healthy hormone control) and a reduction in inflammatory disorders (e.g. osteoarthritis).
4. Blood Sugar Synergistic Supplement Blend
The Blood Sugar Synergistic Supplement Blend used combines 12 pure source nutrient-rich berry extracts with the patented ingredient complexes ActiVin®, L-Opti-Zinc®, Chromate® and a patented blend of probiotics.

In vivo and in vitro studies have shown that berries, rich in anthocyanin, possess many biological functions that confer potent health benefits, including antioxidant activity, cardiovascular protection, blood sugar support, enhanced brain function and mental clarity, anti-aging properties, urinary tract health, and healthy vision.

This wonderful machine, the human body, makes use of many different substances and subsets of those substances or nutrients to replicate and repair it. The body has its own ability to choose what it needs from what a person ingests. I believe the more good choices we give the body the better it will be.

The berry blend in The Blood Sugar Synergistic Supplement Blend is an excellent example of giving the body more good choices - containing grape seed extract, raspberry, cranberry, gogi-berry, bilberry, blueberry, elderberry, pomegranate fruit extract, cherry extract, blackberry extract. With all the information on the health benefits of the different berries across the board, it made sense to make use of this spectrum of berries.

The body has its own entrance and exit points to a closed system which digests, absorbs and eliminates. As the body selects what it needs it gets rid of the waste. It's almost like sorting packages at the postal service! The packages come into the body and then the body makes a decision as to where those packages go.

5. Brain Food
There is a global energy crisis and it's not the one that is seen in the media. This energy crisis is inside the human body especially with those suffering with Diabetes. All bodies crave physical energy and mental clarity without the negative side effects of today's popular energy drinks. A well-known researcher & chiropractic doctor, Dr. Kyl Smith created a brain formula (FocusUP) which has been coined “The World’s First Pure Energy Think Drink".
FocusUP was included in this trial because the nutrients in this unique brain/energy formula have been scientifically proven to protect the human brain and nervous system. The nervous system, and specifically individual nerves, are highly susceptible to damage and destruction from the high sugar levels associated with Type II Diabetes.

**The Ingredients in FocusUp**

**Acetyl-L-Carnitine (ALCAR)** is a form of L-Carnitine, a Bioenergetics Nutrient that is found in nearly all cells of the body.

ALCAR protects, maintains and energizes the neurons that are critical to concentration, memory, mental energy and overall health. This form of Carnitine is the most bioavailable and energetically useful form for your brain. It supports your brain's optimal synthesis of acetylcholine, the neurotransmitter that is critical for concentration and memory.

**DMAE**, also known as dimethylethanolamine is an Energetic Nutrient naturally found in fish like sardines and anchovies, and is believed to work primarily by supporting healthy neurotransmitter function, particularly the production and action of acetylcholine.

**HuperzineA**, is an alkaloid derived from *Huperzia serrata*. It's a Botanical Ingredient that promotes memory and cognitive function by supporting healthy acetylcholine levels in the brain, vascular function and neuronal health.

Several random, double-blind, placebo-controlled trials indicate that HuperzineA supports memory and cognitive function. Some of the researcher’s conclusions to those studies are as follows:

*In a placebo-controlled randomized clinical trial of 34 pairs of adolescents complaining of self-diagnosed "memory inadequacy," four weeks of supplemental HuperzineA resulted in significantly improved performance on tests of memory and learning ability.*

"HuperzineA, possesses the ability to protect cells against hydrogen peroxide, beta-amyloid protein (a toxic protein), glutamate (a neurotoxin), and ischemia (state of reduced oxygen)."
**Rhodiola Rosea** is another Botanical Ingredient that has been utilized medicinally for centuries. Since 1960, more than 180 modern pharmacological, phytochemical and clinical studies have been published. "Rhodiola Rosea has demonstrated a remarkable ability to enhance cellular energy metabolism.

The studies published thus far show the herb to be highly beneficial for both physical and mental performance under stress. It provides significant enhancement of mental energy. It stimulates norepinephrine, dopamine and serotonin and has cholinergic effects in the central nervous system.

A randomized, double-blind and placebo-controlled trial studied the effect of Rhodiola Rosea on young, healthy physicians on night duty. The researchers measured Rhodiola’s effect on five different measures of mental acuity: associative thinking, short-term memory, calculation, concentration and speed of audio-visual perception. It was concluded that statistically significant improvements in all five of those mental performance parameters in the physicians who took Rhodiola Rosea for two weeks.

**Green Tea** (providing polyphenols and caffeine)

Green tea has been utilized as a Botanical Ingredient in traditional medicine for centuries. The bulk of the science shows polyphenols give green tea its unique and special power. For years, scientists have recognized that polyphenols in green tea exhibit a powerful ability to protect brain cells from free radical activity.

**Independent Researchers have stated...**

"Green tea catechin polyphenols, formally thought to be a simple radical scavenger, are now considered to invoke a spectrum of cellular mechanisms of action related to their neuro-protective activity. These include pharmacological activities like iron chelation, scavenging of radicals, activation of survival genes and cell signalling pathways, and regulation of mitochondrial function and possibly of the ubiquitin-proteasome system. As a consequence these compounds are receiving significant attention as cyto-protective agents."

In addition, Green tea provides naturally occurring caffeine. In a definitive report (**Caffeine for the Sustainment of Mental Task Performance. Formulations for Military Operations**), the Institute of
Medicine Food and Nutrition Board Committee on Military Nutrition Research concluded that the consumption of caffeine enhances both cognitive functioning capabilities and neuromuscular coordination.

**Vitamin B12** is a water-soluble vitamin with a key role in the normal functioning of the brain and nervous system. B12 is normally involved in the metabolism of every cell of the body, especially affecting DNA synthesis and regulation, but also fatty acid synthesis and energy production. B12 assists in the manufacture of certain neurotransmitters and in the support of brain metabolism.

**6. Exercise - Get the body moving!**

The old saying, *“Use it or lose it,”* is very true in the case of all ailments such as Arthritis, Obesity and Overweight and specifically for Type II Diabetes.

All the participants were encouraged to establish an exercise regime at whatever level they could begin. All we insisted was that they move. It was explained in detail, that the trial was a “lifestyle” change and that the effectiveness of the supplementation would be drastically reduced unless there was a little physical effort on the part of the participants. In the case of Type II Diabetes exercise is of vital importance. Movement gets blood moving and oxygen flowing which is of great benefit to the body. It was explained that exercising too aggressively could be counterproductive - over exercising the body produces lactic acid. Lactic acid contributes to the soreness felt in muscles after exercising.

Gentle exercise on a regular basis, however, is the key to the wellbeing of every muscle, organ and sinew of the body. We did not prescribe any specific exercise program for the individual participants but we recommended that an exercise regime of at least 30 minutes per day should be followed. This could be broken up into 10 or 15 minute periods to start with.

**Pedometer**

Chinese Philosophy intimates,

*“Your feet can be regarded as your “Second Heart.””*

By walking, you help with blood circulation and better oxygen and nutrient distribution. It is generally accepted that in order to remain mobile and supple, a minimum of 2500 steps must be taken daily. No
matter the age of the person the ideal level to achieve suppleness of the limbs and a fair degree of fitness is ten thousand steps per day. Ten Thousand (10,000) steps would then be considered the norm and a goal to strive after. The steps could be monitored with a “pedometer” which could be purchased from any sports equipment store.

A pedometer is easily attached to the waistband of clothing and will register every step that is taken for the day. At the end of the day it can be reset ready for the next day. The steps measured are all the steps completed at home or at work during the day. When a person is walking there is no additional stress (G-Force) on the joints and they can remain supple.

**Heart Monitor**

Once over the age of forty, it is of utmost importance to make sure that the heart muscle is not over-stressed. Modern athletes today (no matter the age) are all using heart monitors, because of the damage they can do to their heart with serious consequences later in life.

In the case of our participant’s the heart monitor was recommended to ensure that while they were exercising, the heart rate remained in the safe zone. We explained that the heart rate needed to increase into what is termed the “aerobic range”.

At the time of acquiring the heart monitor, an assistant should be able to set it up for the individual and once set, it will stay in that range until the batteries need to be replaced (up to 5 years).

We explained to our participants that exercise was a part of The Trial for a number of reasons - we informed them that exercise was a great way to reduce stress, and that stress was one of the quickest ways to get the body acidic and sick. It was explained that emotional stress, for example, could initiate intestinal infections and inflammatory disorders due to the acidifying effects it exerted on the blood.

We also explained the benefit of kick starting the metabolism and moving the lymph fluid around the body through exercise. We recommended a range of activities from walking, dancing, yoga, swimming, aqua-aerobics, mini tramp to a nice bike ride.

We stressed that the big key to success was to have fun while moving. Where appropriate we encouraged the participants to exercise to their
favourite music. We also suggested that an exercise buddy could be a fantastic motivator and help. Joining a gymnasium where a person could have some very beneficial “strength” training exercises was also encouraged.

In the case of the mini trampoline we recommended gentle bouncing where your feet hardly left the trampoline. When movement is combined with deep breathing the lymph fluid is more readily moved throughout the body.

Our advice was that the participants could work out at whatever intensity felt good for them. In all these suggested exercise regimes, it was advised that both the pedometer and heart monitor should be used, except in swimming and aqua aerobics, as these devices are usually not waterproofed.

**Water and Exercise**

One of the most important aspects we stressed was that when exercising a person must keep hydrated. We explained that the easiest way to do that, as well as balancing the body’s pH, was to drink ample amounts of water steeped with Electrolytic Mineral Replacement Complex Sachets. One of the beneficial side effects of using these sachets was the enhanced ability of this water to very gently cleanse the colon and aid in the removal of toxins from the body.

Naturally, at the conclusion of the Trial period it was still “work in progress” for some participants, as they were still building their endurance towards 10,000 steps per day. All participants however, reported a marked increase in energy and vitality, as they progressed through the Trial and as their fitness increased.

**7. Silver**

I, Tommie Weber, am writing this portion as Marthin’s “instigator” of this Trial, hoping for commentary from both Marthin, and Bill with an invitation to any of the other mentors who participated in this trial. We value each other and I would like their final thoughts published here.

*There is one further item which was used exclusively in the USA part of this trial.*
It was used because of its specific form and function in enhancing wound healing and avoiding infections. This is especially important to diabetic sufferers because of their impaired ability to heal wounds, sores, and infections externally and internally. Open wounds and ulcerated sores can be systemically problematic and enormously painful, both physically and emotionally.

Silver is an anti-bacterial, anti-fungal, anti-viral agent which should be in every household and in common use. Yes, I said Silver, God’s anti-biotic. In the decade of the forties we changed from plain old silver to synthetic wonder drugs. In the decade of the sixties we changed from silverware in homes and restaurants to nickel, tin and aluminum alloys. We took silver change out of our pockets and dropped in those same metal alloys. I have to ask everyone, “How’s it working out so far? Do we have less disease or more? Are we healthier or do we just manage diseases better?”

*The silver I use is in a specific molecular structure, or form, which allows it to by-pass damaging the friendly flora in the intestinal tract.*

Everyday silver, like any drug, including antibiotics destroys this friendly flora, and, along with it goes a primary natural ability to balance our system and fight disease.

**Saying silver is just silver is like saying water is just water.** There are different molecular configurations for many things at the microscopic level. Here is the importance; Silver kills over six hundred pathogens while Penicillin, kills around five. **In 1945 it took ten units of Penicillin to kill Pneumonia. Today it takes millions of units.**

The bugs are getting stronger. We see it every day, with the increase in staph infections during hospital stays, MERSA, AIDS, Swine FLU, H1N1 and the list grows of items to make us fearful.

Silver is just silver and it still works. Silver Nitrate was put in most Baby Boomers eyes when they were born to protect the eyes from pathogens. It isn't a stretch of the imagination, to think it will help many diabetics with compromised systems heal their wounds, and fight infections.

As the old saying goes:

“Every little bit helps.”
No better time than the present to re-visit another old statement:

"An ounce of prevention is worth a pound of cure."

**Marthin’s Tuppence worth on Silver**

It is fascinating to see the hypocrisy in the Allopathic Medical Profession, when it comes to silver and its uses. There are several highly respected research papers which state that the Silver Ion is bioactive and it is known to destroy Bacteria as well as Fungi and Viruses.

The Silver Ion is used for wound dressings. It is also used extensively as a disinfectant in urinary catheters and endotracheal breathing tubes, where the silver content is effective in preventing the incidence of catheter-related urinary tract infections or ventilator-associated pneumonia.

The hypocrisy arises when it comes to Complementary Medicine (they call it alternative medicine). Then, the use of the Silver Ion is “controversial” and “unproven.”

Fortunately, great leaps of progress have been made with the refinement of this product. It is one of the all-time standards.

Over many decades, I have kept it in the dispensary of my practice in the clinic and in the medicine chest at home. I can say today, that I am glad it is now so well standardized and can be used with the utmost confidence.

**Comments on Silver from Denise McGann**

To have access to silver has had profound effects on our family. For me at 49 to be bitten by a white tail spider would have been devastating if I didn’t have access to silver. Applying it to the bite and taking it orally resulted in quick healing and no scaring at all. Very different for other people that I know, who have had similar bites.

Throat infections no longer develop in our family as silver is taken the minute a throat is dry or feeling swollen. One of our daughters serves in the army in Darwin where there are many people contracting a particular virus due to the lifestyle and constant wet tropical climate.
Our daughter takes silver regularly and is the only one out of all her workmates who has not contracted the virus.

At this writing our district has a major mouse plague. The mice are found to carry and excrete a potentially lethal bacterium (equivalent to Meningococcal disease), which gets into the system through broken skin. Several cases have been reported. All the nicks and cuts sustained in our family are treated instantly with silver. I have also introduced the silver to many of our farmer friends because everything they touch could have mouse excrement and/or urine on it. They are using silver on a daily basis orally and topical as a prophylactic and so far they are all successfully protecting themselves against this scourge.
About the Research Team
Instigator and Senior Mentor of the trial Thomas
(Tommie) Weber

Concerned parent, grandparent, and author N.C., tai chi practitioner, tri-athlete Thomas "Tommie" Weber has been a Nutritional Advisor, Holistic Researcher, Life Coach, Child Health Advocate and educator of natural health alternatives for more than 30 years. After college he directed his studies to natural remedies and eastern philosophies in the areas of exercise, physiology, and medicine based in prevention and wellness. He's the author of the popular novel, Chasing Miracles.

Tommie has also spent thirty years in practice as a Shiatsu Massage Therapist, Tai Chi educator and is a three-time participant in the National Triathlon Championships. He believes anyone in this world has the ability to create their own miracles and genius is lurking inside everyone we meet. His greatest accomplishment is in helping raise six daughters.

Author and Director of the Trial
Dr Marthin Botha
(PhD Biochemistry, B.A Psychology, NDDO)

Born in South Africa, Marthin studied and qualified as a pharmacist, then went on and obtained a PhD in Biochemistry in Switzerland. He lost interest in the drugs from the pharmaceutical industry and went to Germany where he studied Naturopathy, Homeopathy and Osteopathy.

He arrived in Australia in 1970, first setting up practice in Melbourne. In 1974, he then moved to Far North Queensland. He was able to study part time and obtained his B.A. in Psychology.
Shortly afterwards he went to China to study Traditional Chinese Medicine. He also spent a further 8 months in India studying Ayurvedic or Traditional Indian Herbal Medicine.

In 1992 he moved to his present location in a rural City in NSW, namely Griffith – also known as the Cancer Capital of Australia.

The saying: “Knowledge is Power” is true, and he is keen to share that knowledge with you and empower you and as many other people as possible.

The Coaches and Mentors

**Denise McGann**
(Dip. Ed.) (Griffith, Australia)
Denise holds a Diploma in Teaching. She is an Internationally Accredited Brain Gym Instructor and Consultant. Denise is also an Educational Kinesiologist and Educational Consultant, working with people with special needs.

Health and Fitness is very important for her, and she has also been a swimming instructor for many years. Denise is married to Graham and has 3 young adult children.

**Rev. William Pulscher**
(BA, M-Div, CNHP-Body Systems) (Houston, USA)

Bill is a husband of 40 years, father and grandfather of 6. Bill is a successful businessman, entrepreneur, and fearless trailblazer. Bill’s pastorate and counselling ministry has led him to focus on Natural Health and Wellness so that God’s people can better fulfil their call.

Bill is a Graduate of National College of Business, Wartburg Seminary and working on his N.D., Bill is passionate about “Changing the
Health of a Generation”.
In 1996 Bill and his wife Linda founded CMC, a non-profit organization, focused on finding solutions for a Healthy Mind, Body and Spirit.

Phil Botten                      Steph Botten
(B.A., Dip Ed., N.F.M.)         (R.D. OEN., C.N.M.)
(Adelaide and Melbourne Australia)

Phil has a background as a wine chemist and then jointly set up a substantial health food manufacturing company in Australia with markets throughout Australia & overseas. He and

Steph made a decision in 1993 to get involved in the health industry from the educating and marketing area.

Phil also studied in San Diego (USA) in the area of Live Blood Microscopy which allowed him to analyze live blood visually, detecting conditions and educating clients.

Steph graduated from tertiary studies and majored in arts and education. She also trained as a Natural Fertility counselor, iridologist and cosmetologist. She also trained and practiced as a Fitness Instructor with the South Australian Institute of Fitness.

They both have run courses & seminars throughout Australia and New Zealand in their chosen area of Nutritional Health and Toxic awareness. Being involved in the Diabetes trial has allowed them to continue their self-education and inspire many others to look at assisting the body to bring about balance.
Afterword from the Research Team

Tommie Weber says…

I said in my opening remarks about this trial, that Marthin Botha is a practitioner of Western and Oriental or Eastern Herbal Medicine. He is so much more. His education and leaning is the essence of the “ART OF MEDICINE”. It lends credence to using every bit of information available to help people change. We cannot force people to listen or change. We can teach, share and instill hope.

I think it is time we look at all the information available in medicine. Medicine isn’t western, oriental, ancient or modern. It is medicine. Like wisdom, the more knowledge we garner the better it gets.

It is important to note that a western doctor is paid when we are sick. An Oriental or eastern doctor is only paid if HE or SHE keeps us well. Which is the true art form? I will let you decide. I would also like you to note, that I take silver myself internally every day and have for over twenty-five years. I am not gray or blue and I do not get sick. Silver can be used for burns, cuts, bruises and infections in all of us, with no liver damage.

It is time, as Marthin says, to take back responsibility for our own health.

We do not have health care in the western world.
We have sick care.

Most of the Western World’s health care budget is spent on three diseases after they occur. Preventing them would go a long way to solving a whole host of problems, some financial, some physical, all are emotional.

Common sense dictates it is easier to prevent a forest fire by putting the match or cigarette out with a drop of water before tossing them away. Dis-ease is no different. The proposals made here are not new. They are steeped in “COMMON SENSE”.

The same can be said of our health. Common sense would dictate finding a cause for a physical problem and preventing it is better than fixing it after the fact. This is true of all the information given here. It all can be
used to prevent the seemingly overwhelming health issues a lot of us face.

Unfortunately this is not the way medicine is practiced today. Once the disease takes hold it is like a forest fire out of control. We all know the amount of water it takes to put out a raging forest fire. Smokey the bear has said for years, “Only you can prevent forest fires.”

The same is true in our health. Marthin states over and over, “We must take personal responsibility for our health.”

Another way of saying this is: “We must stop blaming everyone and anyone else for that which ails us.”

Common sense needs to be applied to our health. We really need to look at the folly of shoving a bunch of foreign and, in a lot of cases, misinterpreted or misrepresented drugs into our systems.

A word from Denise McGann
Griffith Australia

It has been an honor, to have been part of the Diabetes Trial with Marthin Botha. To have participants from different walks of life, all participating for the same reason - wanting to either reduce the effects of Type II Diabetes or remove it from their system. They were challenged with this Trial to do it naturally. The depth of the Health Assessment Questionnaire made them more aware of the effect Type II Diabetes was having on the overall health and vitality of their body and lifestyle. To have access to others with similar problems was liberating and they were looking forward to the support.

The trial was a huge shift for all participants, as it required lifestyle changes as well as natural supplements. To mentor the participants was challenging, but as more changes took place participants became more empowered and the lifestyle changes became easier.

Progress was varied, but all results were remarkable. To hear not only from participants, but also from family, friends and work colleagues about the changes, shows the difference good health can have on our lives. To see the participants change to take full responsibility for their health was inspiring not only for me but for their families and friends too.
The Regional Aquatic centre and Gym in Griffith has just finished running “Beat It” a twelve week program designed by the Diabetes Council of Australia for people with or at risk of diabetes. This is run in licensed gyms by accredited instructors who have trained in the “Beat It” program. The participants are introduced and guided through an exercise program to assist them with health, fitness and weight loss.

One of the fitness instructors/personal trainers working with a “Beat It” group has been using the Mineral Replacement Complex sachets (used in The Trial) in their water. She has experienced positive changes in her own health since she started using the sachets, as she has become more hydrated. She is very interested in our Diabetes trial results as the progress of participants in the Diabetes Council of Australia “Beat It” program has had varied results.

Because I have seen the remarkable changes in our participant's lives, in their general health, self-esteem, weight adjustment and confidence, I know the same level of change is possible for the 'Beat It' participants, and all other Type II Diabetes sufferers. All these people need, is to be exposed to the information and knowledge regarding exercise and supplements, contained in this report.

My message to everybody who wants to help their fellow man/woman, your slogan should be;

“If it is to be, it will be up to me”

…and to pass on these results to help to educate other people. Again, what an honor to have been a part of this trial and see the changes in people's lives, and to know the lives of so many more are going to change.

A Comment from the pen of Pastor Bill Pulscher
Houston, Texas, USA

It is true that you can see incredible results from the "Trial". Each participant was instructed to be compliant for the sake of the millions of others that may follow, and be encouraged to find health outside of prescription drugs.

All participants agreed to comply with the conditions of The Trial but life and ingrained beliefs often entered the equation. Even though each
participant had access to the Coach/Mentor at any time they chose, and were together as a group each week, each had to make daily decisions that would challenge their habits and living patterns as they interacted and conversed with family.

Life took place and compliance was at risk each moment of each day. It should be noted here that this Coach/Mentor observed and encouraged and challenged the participants collectively and individually, as a parent would have concern for their children, and yet allowed each to make their own decisions. This of course resulted in a varied spectrum of compliance to the program ranging from very good to moderate to very poor at times.

Resistance to change and the doubt in the back of many of their minds became their worst enemy. Consequently there were a variety of results, but all showed remarkable progress, in spite of their daily struggles to keep going not only for themselves, but for the benefit of others who would read their reports and testimonies.

Another observation that I made during the process, was the synergy that was built among the participants from the support and exchange of ideas and experiences. This will be, in my opinion, a great component of changing life patterns and habits so that health can be obtained. Continued encouragement, coaching and reinforcement from others, going through the same problems and experiences, will be a benefit for ongoing success of anyone seeking to keep the body functioning naturally and efficiently.

**Observations from Phil & Steph Botten**

Adelaide, Australia

We both willingly undertook to oversee this Diabetes Trial in Australia as we have seen first-hand the escalating incidence of this disease and have understood it is now an epidemic here and in other Western countries. Both of us have come to the realization that this disease, for the most part, is being treated one dimensionally by the medical community - with invasive pharmaceutical drugs, which for the users, is creating damaging long term side effects.

We wanted to be involved in this 3rd trial as we had heard about the success of previous trials in the USA and Australia. We knew that if we could contribute in a small way to reduce the incidence of diabetes & so
assist those with the condition, by offering alternative options to standard medical practices, this would be a major contribution to society as a whole.

We were very fortunate to have known Tommie Weber since 2006 & Dr Marthin Botha since 2009. We already knew, from studying their previous work, that both these men were very talented, committed & passionate and had extensive knowledge of how our body functions efficiently. Both men had already demonstrated convincingly to us their understanding of the long term implications of introducing invasive, synthetic ingredients into our body’s very delicate environment.

**The participants:**
The major psychological challenge that faced the participants we worked with was accepting that there may be a way to reduce or stop taking their drugs. Most were long term sufferers and in general believed that they must take their diabetic medication for life!

- One participant was told by their doctor that their disease would develop into Type 1 diabetes very soon.
- Several also commented that this was their “last chance” to turn their life around.
- They all seemed to be aware that there were impending serious problems as time went by even if they continued with their prescribed medication, but felt they had no other option!

**Drinking water with the Electrolytic Mineral Replacement Complex**
Initially it became very clear that none of the participants were educated in the positive impact of proper hydration and daily exercise on their symptoms! We noticed that most of them had never consumed enough properly constructed living water on a daily basis and therefore had trouble increasing their water consumption to the required amount for their body weight. Most participants, by the end of the trial, had increased their intake to at least the minimum required to affect a positive result.

**Exercise**
Exercise was also an issue and most participants had a pedometer or purchased one to track their exercise program. Marthin pointed out that the minimum physical activity required was 10,000 steps per day. Some
started in the 2,000 to 3,000 range so there were quite substantial increases needed in this area. Most participants by the end of the program were achieving this goal and so we observed a major change in their lifestyle – more exercise! One also took up water aerobics to increase his/her exercise regime.

**Eating habits**
Most of the participants were able to modify their eating habits but some found this a challenge as the trial we ran was over the Christmas/New Year holiday period. By the end of the trial we believe all participants were more acutely aware of what they were putting in their mouths, as there was ongoing guidance on the consumption of nutrient rich foods and the negative impact of nutrient deficient foods on their disease. All participants reduced their weight and some quite substantially with a visible change in their mental attitude and self-esteem.

**Conference calls**
The regular conference calls that were instigated every 2 weeks were a great asset as this allowed the mixing of the participants with each other and with Tommie & Marthin. The group we had were scattered all over Australia so this contact was, we believe, essential to the success of the program. The calls were a time when participants learned more about the supplements they were taking and this information certainly improved their compliance.

We were privileged to be involved and if we have played a role in giving people an alternative solution to tackling Diabetes Type II then we feel very honored and humble. We trust that this program will be available to as many people as possible throughout the world as we both believe we have at our disposal a viable alternative.

**The participants' Doctors:**
Some of the participant's doctors were not at all supportive of the trial, but all the participants involved were determined to undertake the trial as they wanted the possibility of more options to tackle their disease. One very supportive doctor commented that he knew of Dr Marthin Botha’s and was very interested in learning more about the regime that was involved with the Type II Diabetes Trial and the final results of the trial.
Final comments and thanks from Dr Marthin Botha

I am looking back on these last fourteen months and reflecting on this entire process of formulating, conducting, collating, auditing and now printing. (Yes, that is how long I worked virtually fulltime on this Trial).

It makes me wonder how long it will take for a lawsuit to be launched. Not against the pharmaceutical companies or the doctors who prescribe synthetic medications. Not by anybody from either inside or outside the Trial community, but from an adult child, suing his/her parents for not issuing them with a comprehensive “Operations Manual” at birth, to show them how to maintain a healthy body throughout their lives.

I also hope that once the results of this Trial have become widespread common knowledge, more people will seek at least some basic no nonsense advice, on how they can take personal responsibility for their health and wellbeing. Over the last almost 50 years in practice, I have noticed an accelerated move towards self-determination and taking personal responsibility towards health, sometimes from staunch allopathic medicine disciples.

When that happens, these people then become zealots. In the case of this Trial, despite the vast geographical distances between some of the participants and myself, in many ways we have formed very intimate and lasting relationships, where they discussed their status of health with me, not only as far as Type II Diabetes was concerned, but also their other sometimes “very intimate problems.”

However, I am sometimes amazed to see (and hear) the lack of people’s understanding of the workings of their bodies and their individual conditions. The most difficult task I have had during this Trial was to explain to the individuals that these (other) conditions were either the trigger for their Type II Diabetes, or as result of it. For some it made sense immediately, others took a little more convincing. Only when they saw their “before” and “after” Personal Health Assessment and Blood test results and experienced the physical improvements, were they convinced that Natural Health is the Modality of choice for primary Healthcare. Even for serious conditions such as Type II Diabetes.
Looking at the Audited graphs, you will notice the improvements that took place in the other areas of these people’s health, which leads me to another point.

By the time you are reading this sentence, you would have already read, or at least scanned through this report. I know for a fact that some people will do it with a yawn and promptly forget about it. But if you are serious about wanting to make changes in your health, even if you don’t suffer from Type II Diabetes, then you will find it very helpful to study it in depth. Once you do that, I can guarantee that it will create many questions.

Therefore, the team of workers mentioned in this report and I, are only as far as your telephone or internet connection, and we are all willing to help you. But unless you ask, we will never be able to help you to get answers.

For now, I would like to thank all the coaches/mentors, who assisted the participants and me during this Trial. I know that they gave it their best, and I am very grateful. Without them this Trial was not possible.

There are several people, who volunteered to help me with the collating and auditing of the data, who wished not to be named. I still would like to thank them. One such person said to me; “These results seem to be too good to be true.” My reply to that was: “Is that a good enough reason, to doubt it?” The only comment that was made afterwards was; “I think... you are onto something very big here.”

My reply to that was; “I know!”
Acknowledgements

1. The researchers and participants hereby thank Xooma World Wide, Hampton Virginia, USA for providing the Nutritional Supplement support products free of charge.

2. Dr. Kyl Smith-or, "Dr. Kyl," as his colleagues call him-is a pioneer in the world of natural medicine. He is a patented inventor, a noted researcher, lecturer, and scientist, and is well-known as the inventor of the number-one best-selling brain supporting nutritional supplement in North America for the last ten years. We thank him for allowing the researchers to use his Glycemic Index of food in the Participants Support Manual.

3. The research team wish to thank all the participants for trusting Dr Marthin Botha with their personal intimate health information. We also thank the participants for allowing him to share vital snippets of that information with us, so we could better understand and assist with the individual's circumstances and conditions. We would also like to thank them for their co-operation and dedication and commitment during the trial and we wish them Good Health on the new journey they have embarked on, by taking personal responsibility for their health.

4. Special thanks must go to Ms Alwynne Hicken who invested many hours free of charge, helping me (Dr Marthin Botha) checking, cross-referencing and preparing all the statistical data, gathered during this Trial, ready for audit by the two independent accountants who again refused remuneration for their time and expertise – while they wish to remain anonymous, they asked that we convey their best wishes to the participants, and they wish them full recovery and good health.

5. Finally we would like to acknowledge and extend our grateful thanks to Phil and Steph Botten from Adelaide – Australia, for taking time out from their busy schedule, to do the final edit on this report.
Interactive Diabetes
Type 2 Trial

using only
• Lifestyle Changes
• Nutritional Supplements
• Dietary choices
• and Moderate Exercise

Dr. Martin Botha et al
Conducted in 2010 and 2011
in Australia and the US