

Bladder Infections Extreme Dangers of Antibiotics Antibiotic Resistance Nonpharmaceutical Prevention Nonpharmaceutical Cures

NOTE: Those who need immediate relief may jump to Chapter 12: ACTION SUMMARY.

A note for the reader:

This was written as a quick (and incomplete) response to a friend who met someone that had 11 kidney infections in 3 years. I don't want any person to feel helpless at the hand of allopathic doctors (MDs), who have the wrong training.

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NOTE: Those who need immediate relief may jump to <u>Chapter 12: ACTION SUMMARY</u> (even without reading the book until later).

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INTRODUCTION

All readers of this document should be warned that it's not likely they will completely understand without having read my book, which is free in PDF format at my website (InsultingConsulting.net). That book is a prerequisite for anyone reading any of my other written work; it's not optional. I believe that with G-d's help, that book will begin to turn the world right-side-up.

This document should quickly show the reader that the natural treatments for UTI are very effective and they don't cause side effects. We can't honestly say the same thing about the pharmaceutical antibiotics which have been given out very liberally by MDs.

It's necessary for any person to follow a WAPF diet—how much more so is this true for a sick person. If this way of eating is adhered to early in life (preconception and forward) the person should be blessed with naturally-straight teeth and room for the wisdom teeth. I was blessed with reversal of many cavities (and halting of the rest) later in life by following these dietary principles. But the benefits aren't limited to dental health and robust skeletal structure. All areas of physical health should be improved greatly by eating this way, and it's a delicious way to eat. In addition to carefully following the ways of eating recommended by the Weston A. Price Foundation, I also very strongly recommend that the reader should be thoroughly familiar with the mineral research of Joel Wallach DVM ND of Dead Doctors Don't Lie (the book, the CD, and—for the last 20+ years—the radio show by that name). WAPF doesn't yet know about Dr. Wallach (and he also doesn't know about WAPF). Their nutritional schools of thought have to be merged by the reader. This is the basic foundation upon which the physical health of the reader will be built. It is the responsibility of the reader to know that none of it is optional, and to know that the impact of the more specific recommendations which follow would be greatly hindered by ignoring the basic dietary requirements. Herbal medicines are not essential nutrients. As effective and safe as herbal medicines generally are, they don't compare at all to real food.

High cholesterol is protective against infection. A 2003 study [1] by Uffe Ravnskov MD PhD, author of *The Cholesterol Myths*, offers:

However, the many observations that conflict with the LDL receptor hypothesis, may be explained by the idea that high serum cholesterol and/or high LDL is protective against infection and atherosclerosis.

According to a statement made by the author of that paper, "A shorter version of this paper was presented at the Weston A. Price Foundation 4th Annual Conference in Washington, DC, May 3, 2003."

Health is not like socialism; it's like capitalism. The hard work that the patient puts into his/her physical health is the determinant of the results. Asking an allopathic doctor (an MD) for a pill is like socialism. We can do so much better than that.

Chapter 1: DANGERS of PHARMACEUTICAL ANTIBIOTICS

Once the reader has been thoroughly familiarized with the Weston A. Prince Foundation and all of their great work (and the mineral research of Dr. Wallach) then it's time to show where the MDs are going wrong. Certainly, it's well known from Russian neurologist Natasha Campbell-McBride (inventor of the GAPS diet) that antibiotic use in a woman or girl is known to be a cause of learning disabilities in her children once she later gets pregnant and has children. But as much as this is a great danger, it's been assumed that *only* the destruction of the beneficial gut microbes is the reason for this. I say that's a mistake. Wayne Feister DO showed in *Wise Traditions* (the journal of the Weston A. Price Foundation) in Fall 2019 [2] that the mitochondrial DNA are very seriously damaged by antibiotics, owing to the fact that mitochondrial DNA (mtDNA) is similar to that of the microbes that are being targeted by those drugs. This is shocking, and it certainly flies in the face of the information that was given in every biology and biochemistry class for so many decades: that antibiotics kill bad microbes and nothing else.

If someone has been suffering from urinary tract infections of any kind, and they have come to read this report, then it's very, very likely they have had UTIs over and over again and not just once. If they have been following the advice of the allopathic doctors, the MDs, then they have been taking a round of antibiotics every time they ever got a UTI.

One of the worst antibiotics—one which is used <u>frequently</u> by MDs to "treat" urinary tract infections is called "Cipro"/"Ciprofloxacin"; it's a fluoroquinolone antibiotic. For years I assumed that the tendon ruptures frequently reported as as result of taking this horrible drug were only the result of the fluoride content, but now I wonder if it may also have something to do with the destruction of the mitochondrial DNA. Similarly, I wonder if the observation by Russian neurologist Natasha Campbell-McBride that learning disabilities can be caused in the children of mothers who have taken antibiotics at one time or another in their lives is partially the result of damage to the mitochondrial DNA rather than only a result of the destruction of beneficial gut microbes. Of course, the mitochondrial DNA is the only DNA for which the father makes no contribution—all of the mitochondrial DNA a child gets is its mother's.

As is explained very quickly in my book, I don't recommend pharmaceutical antibiotics—not under any circumstances. This is not only because of the great damage they cause but also because of the fact that there are better options, thankfully, to be found within nature. As shown in the book, forward-thinking MDs are using probiotics on wounds instead of antibiotics. Manuka honey is being used for its antimicrobial properties in surgical mesh (this ought to be *unheated* Manuka honey, rather than some heat-treated variety because the anti-microbial properties are stronger when the honey has never been heated). Many mothers are using raw milk as eye drops instead of antibiotic eye drops, because the results are fantastic (and I have first-hand experience with this). Raw milk is legal and available everywhere in America thanks to the efforts of the Weston A. Price Foundation, and is even available in some US states in the grocery stores, and throughout much of Europe in specialized vending machines.

It is required and not optional for the reader of this document to read "This Antibiotic Will Ruin You" [3].

Recurrent UTIs of any kind are almost invariably the result of courses of antibiotics used to "treat" the first one. Pharmaceutical antibiotics should have never been used in the first place; there were always better options available both in nutrition and in herbal medicine. Though antibiotics have, in fact, saved

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human lives, they have only done it in the context of causing extreme damage which, save for a miracle, is assumed to be irreparable for all future generations of people living on the earth. This is what happens when people turn away from the design principles which the Creator has implanted in nature; only harm can be done when a perfect design is altered (because it was perfect to begin with).

Chapter 2: RAW MILK for UTI

Raw milk is well-known (especially for those who are thoroughly familiar with the Weston A. Price Foundation) for its antimicrobial properties. I observe that when mothers don't know about the benefits of this extraordinary food, they turn to breastmilk eye drops for eye infections their children may contract instead of using the necessarily-damaging antibiotic eye drops—that works because breastmilk is raw milk. But is there any evidence at all that raw milk is good for urinary tract infections?

...We have often seen most satisfactory results in the treatment of anemia, including pernicious anemia, on a milk diet. I have repeatedly seen a marked reduction in the size of simple and toxic thyroid, with improvement in the symptoms of the toxic one. In prostatic diseases and associated conditions, this treatment will achieve rapid and marked improvement in the infection and in the reduction of the gland and lessening of obstruction. A professor of surgery in one of our state universities once said to me, "Since I have used your method in preparing prostate cases, I have had most excellent results and no mortality." I replied that if he had continued the treatment a little longer, he would not need to operate. All infections of the urinary tract are greatly improved by this treatment.

An old friend of mine, a woodworker, aged 74, had a marked heart lesion and complete prostatic obstruction, so that it was necessary to use a permanent catheter. He had been taking digitalis but this was discontinued, and he received no medication of any kind. The prostate was very large and the residual urine very foul. His recovery has been rapid, and he has been able to work since that time and is now in very good health at 77 years of age. Another local man was treated six years ago for a severe chronic winter cough and prostatic disease, which necessitated his getting up many times at night. He volunteered the information a few days ago that he had no more trouble with any illness since that time... [4]

And:

TESTIMONIAL 1

Raw milk heals!! I have been considered "lactose intolerant" for most of my childhood and adult life. Every time I drink pasteurized milk I have severe stomach pains and nausea. When my three daughters were weaned from breastfeeding and began to drink pasteurized milk they would have the same symptoms along with severe constipation that led to many urinary tract infections.

My youngest, now two years old, refused to drink pasteurized milk and would throw her sippy cup of milk across the room because it gave her so much discomfort. I tried all the baby formulas, rice milk etc. and they all made her symptoms worse.

A dear friend and Weston A. Price Chapter co-leader gave us a gallon of raw milk to try over a year ago. All I can say is WOW!!!!! What a difference from day one of drinking the raw milk. Instantly, upon the first sip, my daughters and I were hooked. It was delicious and soothing. None of the symptoms we had with pasteurized milk occurred with raw milk!

Today, our guts are healed! Our pediatrician noticed how well my children looked and that their symptoms and infections had stopped. She now informs her other patients of the benefits of raw

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milk.

My children beg for raw milk every day and love to go to the farm where we purchase it. My two year old runs to the farmer's refrigerator and happily squeals, "I wanta my milka now Mommy!" Thank you for protecting raw milk – milk the way it was meant to be!! (LW) [5]

I would think that fresh whole raw grass-fed milk would, in itself, make a very large positive difference immediately for anyone suffering from a UTI but it is very clear that lactofermented forms of whole, raw, grass-fed milk would be even more effective than in the fresh, non-fermented state. Almost certainly the best for this purpose would be kefir (which is similar to yogurt, but not at all the same). Dr. Deborah Gordon MD (correctly) recommends raw milk kefir for the UTI problem [6]. However, I urge the reader to learn how to make it so that it actually tastes good. The key is knowing that the naturally-occurring bacteria in raw milk (the ones that cause it to clabber/sour/curdle if left unrefrigerated at room temperature for a day or so—by the way, this is not spoilage) are very strong and they will outpace the kefir grains if those grains aren't first strengthened and acclimated to raw milk. Here's how to do it [7].

Chapter 3: COCONUT OIL for UTI

Provided that it is fresh and not rancid (I have occasionally seen coconut oil go rancid, but it takes a while), coconut oil is a healthy fat which is encouraged in the context of a WAPF diet. It has powerful antimicrobial properties. In fact, specific coconut oil (and/or coconut cream) doses are recommended for AIDS patients in Nourishing Traditions by Sally Fallon Morell (the WAPF President) and Mary Enig PhD, and that book was written about 20 years ago. Bruce Fife, ND is considered (to my knowledge) the leading expert on tropical oils in the world, and he is a strong proponent of coconut oil for its antimicrobial properties (and for other reasons). Coconut oil is the most saturated fat known on the planet (92% of the fatty acids in coconut are saturated), yet it is consistently recommended by [misguided] vegans who claim that animal fat is bad for human health but coconut is good. Here's the answer: saturated fat never was bad to begin with. Coconut is antibacterial (a nonpharmaceutical antibiotic), antiviral, antifungal and antiprotozoal. It can be used to treat giardia, a water-borne parasite that has invaded a lot of backcountry areas, making the water undrinkable without treatment and causing diarrhea if ingested. Bruce Fife has written a number of books about tropical oils. He recommends the use of coconut oil for a lot of different health problems and the use of red palm oil for some other health problems. Dr. Fife does, in fact, recommend the use of coconut oil for urinary tract infections [8]. Even very tenacious pathogens such as Lyme disease (borrelia) can be killed with coconut oil, writes Dr. Fife. It is assumed that monolaurin, the isolated form of one of the most potent antimicrobial fatty acids (lauric acid) in coconut oil, would be effective at treating urinary tract infections in smaller doses than would be required for someone using plain coconut oil. However, Chris Masterjohn PhD (a board member for the Weston A. Price Foundation) has cautioned that monolaurin can actually damage the immune system (though it will kill the pathogen, I assume). For this reason, I think it's likely better for the patient to go ahead and use plain, ordinary coconut oil rather than a monolaurin supplement. What experience I do have in the world of natural health also tells me that there may be another reason: nutrients don't function well when they're isolated; ascorbate, for instance, really is part of the vitamin C complex (along with other things that are needed to make it work properly).

I know someone who had chronic Lyme disease—one of the many, many people who was not cured by taking the antibiotics the doctors told him would cure the problem—and he controlled it for years with essential oil of oregano. However, he did say that he was having some trouble with his digestion from taking all of that oregano. Oregano is very harsh, and though it appears to kill everything I've listed above like coconut oil it appears to me that it may also reduce some of the populations of good microbes in the gut. Oregano is by no means like pharmaceutical antibiotics, and it will not damage the mitochondrial DNA like they will. But my opinion at this time is that it can be harsh enough to reduce some of the good microbes while it's killing off the bad ones. I suspect coconut oil does not have this side effect—maybe large doses of monolaurin, as Dr. Masterjohn has written—but not ordinary coconut oil.

Chapter 4: LACTOFERMENTED BEVERAGES and COMMERCIAL PROBIOTICS for UTI

One health writer says that cranberry water kefir is "SO good for the urinary tract" [9]. I believe this would be a great way of doing the cranberry juice that is so often recommended for urinary tract infections. Sugary drinks much be absolutely eliminated from the diet of anyone suffering from UTI or recurrent UTI; the patient does not want to generously feed the microbes that are causing pain and discomfort and very frequent urination. Beet kvass is one of the primary lactofermented foods/beverages recommended by the Weston A. Price Foundation; it supplies lots of good bacteria and enzymes along with the nutrients in raw beet, without the sugar. Real unpasteurized sauerkraut and kimchi are also some great foods that are found today in the refrigerated section (*not* the canned good section) of most grocery stores in the Western world. Those who make their own lactofermented vegetables may also greatly enjoy fermented carrots, which have a very mild flavor. Cranberry "juices" sold in bottles today usually have plenty of sugar added-perhaps in the form of high fructose corn syrup, which is made from the sterility- and tumor-promoting genetically-engineered corn-and certainly have methanol (wood alcohol) which can cause blindness, color blindness, multiple sclerosis, and other serious health problems when consumed regularly (please see the Monte Diet page created by emeritus professor of nutrition, Woodrow Monte PhD for introductory information about sources of methanol in the food supply, i.e. all canned plant matter).

For those who make their own, it is of great importance that they should not just search the internet and use whatever recipe they find first; there are many false recipes for sauerkraut, etc. which are very prominently featured on the internet. Many recipes claim that it is sufficient to put sat and cabbage in a jar, cover it with a leaf and leave it there for a few weeks, and then scrape off the mold that forms on the top before transferring to storage and eating (!). In truth, an airlock system of some kind is an absolute requirement for making lactofermented vegetable foods and beverages, and I believe the very best teaching service is the Foundation for Functional Fermented Food (www.FermentingSeminar.org). However, for those who aren't sure they want to buy the seminar I can say that it is clear they have some free information available at their product website, www.probioticjar.com. Go to the "HOW TO FERMENT" tab at the top of the homepage, click on "QUICK START GUIDE" or "EXPANDED GUIDE" and start reading! I am impressed with the work they did in order to make an airlock system that actually excludes all oxygen; they found that many of the airlock systems on the market were inadvertently using a type of plastic that is permeable to oxygen in making the seal, and they corrected this by specially drilling laboratory-grade glassware to solve the problem (and the result is their own product). In addition to teaching the stages that a batch of fermenting vegetables goes through and teaching the proper salt levels for optimal growth of lactobacillus, they teach everything else that is needed for a beginner to make therapeutic-grade lactofermented vegetables at home. As someone who knows when a fermented food or beverage is not top-quality, I'm very impressed with their work and recommend it over any of the other teaching services in this field. Further, I learned about www.FermentingSeminar.org from the Weston A. Price Foundation through an email update one day; if WAPF recommends it then it must be good for nutrition!

Proliferation (colonization) of the good microbes that are consumed in these powerful foods has to actually occur.

Here are some things that can help with that:

 \rightarrow Avoidance of EMR; Dr. Dietrich Klinghardt MD PhD of Klinghardt Academy has emphasized that exposure to electromagnetic radiation from cellular telephones, wireless internet, smart meters, and the dirty electricity (essentially electrical noise) resulting from other non-transmitting devices and the grid itself as it operates today actually cause very great disturbances in gut microbes. Taking a probiotic supplement isn't enough if someone has a cellular telephone or wireless internet or doesn't limit their exposure to other fields. (More importantly, as shown in my book, ~60% of women are expected to have birth defects in their children from exposure to wireless internet alone, within 3 generations. The amount of DNA damage from these technologies is astounding, and their use should be discontinued immediately, worldwide. Thankfully, I have been able to switch to corded—not cordless—landline and hardwired-only cable internet; these are good first steps.)

 \rightarrow Consumption of prebiotic fiber foods. If the gut microbes have nothing to eat, then how can they stay in the gut of the patient? I have developed a gluten-free loaf recipe which uses extremely green bananas, green banana flour, cassava flour and some other good ingredients to supply plenty of prebiotic fiber for the diabetic, the cancer patient...and yes, for the UTI patient as well. If the good microbes just pass through and don't take up residence in the gut and the rest of the body then they haven't fully accomplished their purpose at all. [also insert list of prebiotic-fiber-containing vegetables] There are supplements available for this, too, for those that would rather do it that way.

 \rightarrow Avoid unfiltered tap water; otherwise the chlorine could kill off a lot of what's living (or trying to live) in the gut.

<u>Bio-Kult Pro-Cyan probiotic for UTI</u>: I was able to find a testimonial, if I remember correctly, on the Radiant Life website [<u>10</u>] about the very successful use of this probiotic for UTI. Later I actually found a study of 81 women which found:

...BKPro-Cyan was safe and effective for preventing recurrent UTI in pre-menopausal adult women. These findings support the need for further well-designed trials to clarify the benefits that may be achieved... [11]

Spore probiotics reportedly survive digestion better than others, and help UTI: Dietrich Klinghardt MD PhD of Klinghardt Academy is one of many practitioners who have been very excited about *Bacillus subtilis* and related strains in recent years, and they've reported much better results than with other types of probiotics that apparently don't survive digestion (i.e. the highly acidic environment of the stomach) very well. MegaSporeBiotic [12] is a product he has been recommending. Without spending any significant time on it, I was able to find at least one Russian clinical trial specifically about urinary tract infections being prevented with a different *Bacillus subtilis* product.

Chapter 5: WHAT ABOUT D-MANNOSE?

Deborah Gordon MD of <u>www.DrDeborahMD.com</u> has a useful article [6] about UTIs.

About cranberry juice and D-mannose, she writes:

...You've likely heard that cranberry juice helps prevent and treat UTIs. Scientists have found cranberries contain a compound called D-Mannose, which helps prevent certain bacteria (E. coli) from adhering to the walls of the bladder. This means bacteria can be flushed out during urination before they multiply and cause an infection. But there's a problem with this simple remedy: To effectively prevent UTIs, you have to drink a glass of cranberry juice every day. Most cranberry juice is highly sweetened, and sugar wreaks havoc with blood sugar levels and impairs immune function. Unsweetened cranberry juice is an option, but many people dislike the intensely sour flavor.

A better alternative to cranberry juice is a concentrated extract of D-Mannose, which is 10-50 times more potent than cranberry juice. This safe, natural remedy effectively halts the vast majority of UTIs within a couple of days and can be used for prevention as well as treatment...

I recommend the reader of this document should go ahead and read the rest of the article $[\underline{6}]$ by Dr. Deborah, since it's useful.

Chapter 6: THE DIABETES REPORT

While it is true that the recommendations in this report will surely solve the problem, I would be negligent if I didn't mention that blood sugar ought to be stabilized in the patient (in addition to merely reducing the intake of sugar and starch). The truth is: diabetes, obesity and the metabolic syndrome are deficiency diseases, not diseases of excess (not diseases of eating too much and exercising too little). This is shown in my diabetes report in much greater detail. (Please be patient since there is a need for permission to use copyrighted materials from their original authors.) The patient should have and read and implement Hell's Kitchen: Cause, Prevention and Cure of Obesity, Diabetes and Metabolic Syndrome by Joel Wallach DVM ND of Dead Doctors Don't Lie (the book, the CD and now the radio show for more than 20 years). Realistically, it isn't enough for a patient to eat a WAPF diet, since even WAPF admits that absolutely critical essential minerals are lacking from the soils in much of the world but doesn't recommend any kind of supplementation to fix this (since they don't yet know about Dr. Wallach's work). Minerals are the main category of nutrients that are lacking in the diet of the Type II diabetic (or pre-diabetic); chromium and vanadium and the 23 cofactors needed to make them work are the main ones for controlling blood sugar. Along with a meticulous WAPF diet and methylB₁₂ supplementation, Plant-Derived Minerals, Ultimate Selenium and Sweet-Eze should round out the basics. Why would anyone expect Sweet-Eze to work on its own? Only if they haven't read Hell's Kitchen; it's very clear that there was a rush on the health food stores a few decades ago here in the USA when it was announced how important chromium and vanadium are for blood sugar control (just to buy only those two minerals alone) and that strategy was only about 10% effective, according to Dr. Wallach. Instead, the complete program is necessary or 100% efficacy will not be achieved. Further, the EMR from wireless devices is known to increase blood sugar problems-yet another reason to completely eliminate those from the house, the work environment, the stores, and the whole planet. Now it should be obvious to the reader why I'm making a point about blood sugar control here: the kidneys filter the blood. If the blood sugar is uncontrolled, the same will be true of the urine made from that blood. It's known that diabetics have increased risk of UTI and kidney infections.

I believe that the reader will get a much more extensive view of the diabetes problem by reading *Hell's Kitchen* and reading my diabetes report than by reading *Hell's Kitchen* alone; nevertheless, the basic <u>mineral</u> requirements (notwithstanding the other requirements) are explained there.

Chapter 7: A WARNING SIGN, NOT A CAUSE

There is a wonderful article [13] written by the homeopath Joette Calabrese (required reading) which incl-udes a story about a woman who realized after having many recurrent UTIs that the antibiotics she had taken years before (when she had a wisdom tooth extraction) were the beginning—and the cause— of her problem. As the article says, she learned (as have many others) that:

E. coli infections can actually be caused by the use of antibiotics.

The article explains with a terrific analogy that ants eating wood in a house are only a symptom of rotting wood (and UTIs are the same kind of symptom of an underlying problem). This article in itself is a good introduction to the concept of vitalism, which is a naturopathic concept maintaining that getting the entire human body in good health is a good way to treat disease (this is in stark contrast to the atomism of allopathic doctors, the MDs; atomism treats the human body like an assortment of car parts). The only issue I have with her article is this statement:

...When we tap into the clues that symptoms provide to find the correct remedy, we must bow to the body's wisdom...

I say: No, don't bow to the body! Instead, we must bow to the Creator who built the body with wisdom.

Chapter 8: HOMEOPATHY for UTI

Homeopath Joette Calabrese is an honorary board member of the Weston A. Price Foundation and a regular contributor to the Weston A. Price Foundation journal, *Wise Traditions* (her column/department in the journal is "Homeopathy Journal").

She writes [14] that Cantharis 30, Berberis 30, Sarsaparilla 30, Staphysagria 30, and Pulsatilla 30 are some places to start at home (there is more information in the article).

There is another very useful article [15] by Mrs. Calabrese about treating UTI with homeopathic medicines. One telling piece of that article is a quotation from the 2016 FDA warning about fluoroquinolone antibiotics:

...Serious side effects associated with fluoroquinolone antibacterial drugs generally outweigh the benefits for patients with acute sinusitis, acute bronchitis, and uncomplicated urinary tract infections who have other treatment options. For patients with these conditions, fluoroquinolones should be reserved for those who do not have alternative treatment options.

I think this piece of the warning by the FDA (and the entire original announcement from which it was extracted) should give pause to anyone who might have been inclined to believe the detractors who wrote that the article "This Antibiotic Will Ruin You" was exaggerated or not based on the available evidence!

Mrs. Calabrese also has a course [16] which covers the homeopathic treatment of UTI and many other conditions. The timestamp feature on that page shows an overview of the impressive array of material that is covered in 5 webinars. One reason that I was impressed with that page on her course is that there is a link right at the top to an article by the mainstream UK newspaper *The Guardian* called "The Guardian view on antibiotics: don't keep taking the tablets" [17]! That article only recommends taking the pills for a shorter length of time. The **Insulting Consulting**TM view on antibiotics: you shouldn't have taken them to begin with!

I'm not a homeopath and I don't know much about that field. I do know that the US government is trying very hard to ban homeopathy, despite the fact that homeopathic cold remedies, for instance, are available in just about every grocery store and despite the fact that homeopathic Arnica is another very popular remedy in this country for pain, bruises and injuries.

Seeing as the recommendations made in the first two articles by Joette Calabrese are slightly different, I'll say that I don't know which is more up-to-date and leave it to the reader to decide if they should hire Mrs. Calabrese or another competent homeopath if they might need that sort of help with a UTI problem.

Chapter 9: BIOFILMS and ENZYME SUPPLEMENTS

One extremely useful article [18] about this topic (UTI) is required reading for the patient or practitioner making use of this document. Mr. Kresser's strategy is somewhat unique here, because it makes use of enzymatic strategies including biofilm disruptors such as InterFase Plus, Biofilm Defense, nattokinase and apolactoferrin—the goal with these enzymes is to dissolve biofilms to keep the infection from coming back. I hadn't seen those three strategies used anywhere else until I found that article. This makes me wonder if proteolytic enzymes of the type found in tropical fruits and in animal pancreas could also be used for breaking up those same biofilms which reportedly play a role in recurrent UTIs. At least it is known that the Chris Kresser article does talk about fibrin as part of their structure (and fibrin is dissolved by those). Obviously, it is best for the tropical fruits to be lactofermented in the manner taught by FermentingSeminar.org—and this is the same thing I recommend cancer patients should use.

Readers should be advised that anyone with blood clotting disorders should consult with a practitioner about the use of these enzymes because they might make the blood too thin if there is already a clotting problem.

Chapter 10: HERBAL MEDICINES for UTI

World-renowned herbalist Stephen Buhner has written many useful books, but in this case the ones I'd be quick to recommend would be *Herbal Antibiotics* and *Herbal Antivirals*. If a culture is done on the infected urine, and the strain is identified (or general category of microbe is identified) that will inform the well-trained and experienced herbalist about which plant medicines should be used. Patients who are not themselves herbalists should seek the advice of a professional in this department; this is more important with the field of herbal medicine than with homeopathy. For the most part, herbal medicines have a wide range of possible safe doses (unlike pharmaceutical drugs), but there are some exceptions. An herbal medicine strategy for a bad UTI should be multifaceted; it should make use of more than one herbal medicine at a time. Treating a patient with a painful infection isn't the time to study herbs one at a time. There are about 25 pages listed in the index of *Herbal Antibiotics* that have same mention of urinary tract infections, and eight causative microbes are discussed in that book. Typically, Mr. Buhner's well-respected books have many, many hundreds of scientific references and this one is certainly no exception. I suspect the nutritional strategies in this report will make such extensive knowledge of herbal medicine unnecessary, but the information is there, at the fingertips of any practitioner, if needed.

Tom Cowan MD was using a blend of herbs called UriCo by Standard Process to treat bladder infections back in 2005. [19] I don't know if he still uses that today. Standard Process says this blend is only available through a practitioner. The contraindications are listed at the webpage, and the manufacturer says that UriCo isn't meant to be taken long-term. I do not know if this is only because licorice isn't meant to be taken long-term (as I learned from one of Stephen Buhner's books) or if the other herbs are part of that as well.

Some who aren't familiar with natural medicine might think it's ineffective or weak. Actually, there can be no doubt it is much stronger than pharmaceutical drugs. If a family member had a bladder infection -or even a kidney infection, which is more serious and can be (proximally) caused by a bladder infection—I wouldn't recommend antibiotics. The simple truth is that pharmaceutical antibiotics are the reason the so-called "superbugs" exist, and there are no superbugs in the world of natural medicine: that is, we can do away with the fear and recognize that natural medicines are so well designed (by G-d, Who is the Designer) that microbes don't become resistant to them. Once the professionally-trained herbalist has found out what is being tackled, then it's easier to proceed. The reader might think I'm exaggerating when I say that I wouldn't use antibiotics on a family member under any circumstances, but I'm not. Pneumonia, one of the most serious infections, is another example of an illness for which I would not use pharmaceutical drugs. I wouldn't use pharmaceuticals for pneumonia; I wouldn't use them for sepsis (blood infection); I wouldn't use them for any infection. I wouldn't use them for surgery to prevent infection. I wouldn't use them topically on a wound. As shown, with G-d's help, in my book: the forward-thinking MDs (those who have partially or fully defected from their standard training, as a product of their bravery and their competence) are using probiotics on wounds now instead of antibiotics. Here's another one: manuka honey is being used on surgical mesh for its antimicrobial properties, [20] in order to keep the patient safe (really it must be totally unheated honey for that purpose, since heat-treatment of any kind reduces the antimicrobial properties just as it destroys/mostly destroys them in raw milk—some honey is not labeled correctly because it might say "Raw" on the label but it's been heated to make extraction from the comb easier). I personally know of an herbalist that was able to use his existing training (along with information in those two key books I mentioned by Stephen Buhner) to develop a protocol for an elderly patient with a bad case of pneumonia of viral origin; the patient was treated very successfully.

Chapter 11: OTHER RESOURCES

This is especially for those who are already implementing the other recommendations and need immediate localized relief from a UTI problem. Realistically, coconut oil is probably the only thing needed locally for those who need quick relief, but that shouldn't take away from the fact there is useful information here that could be used in very severe cases (i.e. coconut oil could be used as a carrier oil for dilution of some essential oils that can be applied to that area-this approach, I assume, could provide even faster relief if the coconut oil did not appear to be working fast enough for whatever reason, however unlikely that may be). There is a free e-book available [21] from the Traditional Cooking School by GNOWFGLINS and I found much of the advice to be useful; that book is about urinary tract infections, bacterial vaginosis and yeast-which are all essentially the same problem/the same imbalance. It's clear that when people have a systemic yeast problem (throughout the whole body) from eating too much of the wrong things (lots of sugar and too much starch) and not enough of the right things then yeast problems can arise in most any given local area. For a lot of men, that could be athlete's foot or jock itch. It may be convenient to tell a man with either of those problems, "Just put coconut oil on it and you'll be fine." But that would be just putting a Band-Aid on the problem; why not just teach the person that it shouldn't be a systemic (whole-body) problem to begin with, and how to solve it throughout the whole body instead of just one local area at a time?

- 1. Eat a WAPF diet. The very most basic principles are here: <u>https://www.westonaprice.org/health-topics/abcs-of-nutrition/dietary-guidelines/</u> However, it's essential for the reader/patient to be very thoroughly familiar with WAPF. All of their journals are free in PDF format—that's an easy way to learn a lot of it! For cod liver oil brands I recommend Rosita or Dropi.
- Drink raw milk, and make it into kefir as explained here: <u>https://www.culturesforhealth.com/learn/milk-kefir/introducing-milk-kefir-grains-raw-milk/</u> Raw milk is easy to find in all 50 states through the Real Milk Finder online: <u>https://www.realmilk.com/real-milk-finder/</u> Raw milk is easy to find in Europe, where it is often sold in vending machines.
- 3. Eat plenty of coconut oil, and use it topically if needed. For those that are new to coconut oil, please be aware that it is such a powerful antimicrobial food as to be capable of producing the Jarisch-Herxheimer reaction in the patient (if there is an overgrowth of pathogenic microbes or parasites of one form or another). Those who haven't eaten coconut oil before should start a bit slowly and build up to higher doses gradually, rather than just swallowing gobs of it all at once on the first day. If no unpleasant reaction or temporary increase of symptoms is felt which the bad microbes are dying off in large numbers, the dose can be increased again.
- 4. Learn how to make lactofermented vegetables and fruit from the Foundation for Functional Fermented Food (<u>www.FermentingSeminar.org</u>). However, for those who aren't sure they want to buy the seminar I can say that it is clear they have some free information available at their product website, <u>www.probioticjar.com</u>. Go to the "HOW TO FERMENT" tab at the top of the homepage, click on "QUICK START GUIDE" or "EXPANDED GUIDE" and start reading! While this important skill is being learned, buy ready-made lactofermented vegetables in the refrigerated section of a grocery store or health food store in glass containers. Eat plenty of them. Beet kvass, kimchi, and sauerkraut are good places to start.
- 5. Get rid of the cellular telephone and wireless internet as first steps to avoiding DNA-damaging EMR that is also greatly imbalancing the microbes in the gut.
- 6. Eat my loaf recipe (<u>www.InsultingConsulting.net</u>) regularly or regularly eat foods that are rich in prebiotic fiber. It is also possible to take a prebiotic fiber supplement.
- 7. Take D-Mannose.
- 8. Take Plant-Derived Minerals, Ultimate Selenium, Sweet-Eze and Beyond Osteo FX (all made by Youngevity) as a baseline mineral supplement program to complement your diligent efforts at eating a WAPF diet (which is a delicious way to eat!). Take a MethylB₁₂ supplement and a whole-food-form vitamin C to round out the baseline nutrition—Jarrow B₁₂ is what I'm taking and Amla Plus or Acerola from Traditional Foods Market are good vitamin C sources.
- 9. Consider taking enzyme supplements for UTI, as recommended by Chris Kresser. It may also be useful to use the FermentingSeminar.org information for fermenting organic tropical fruits—this will eliminate the sugar component and preserve the proteolytic enzyme content.
- 10. Consider the homeopathic remedies for UTI, as recommended by Joette Calabrese.
- 11. Read *Hell's Kitchen* by Joel Wallach DVM ND so that you know about the extreme importance of trace mineral repletion for controlling blood sugar. Request that I hurry on cleaning up my diabetes report if you need it right away.
- 12. Consider working with a professionally-trained herbalist so that you can take herbal medicines for UTI. Many possible formulas could be used. There are about 25 pages listed in the index of *Herbal Antibiotics* by Stephen Buhner that have same mention of urinary tract infections, and eight causative microbes are discussed in that book.

UTI Report

- 13. Consider taking a probiotic supplement such as Bio-Kult Pro-Cyan or MegaSporeBiotic. Many others are very likely to help UTI since not just one strain or one category of beneficial microbes helps UTIs.
- 14. If all of this hasn't been enough, which seems impossible to me, then I'd recommend adding Walkabout Emu Oil for an extra dose of the Price Factor/Activator X. When you've ordered that, please contact me and ask for more information! I'll be very surprised!
- 15. A reminder: even those readers who don't feel slightly confused by this report must read my book (free at the website in PDF format—please go to <u>www.InsultingConsulting.net</u>). I believe that with G-d's help this book will begin to turn the world right-side-up. The book is the trunk of an argument but this UTI report is only a minor branchlet.

THIS REPORT IS INTENDED TO BE A REPLACEMENT for medical advice; allopathic medical dictatorship/legally-protected allopathic monopoly must be replaced.

The author is free to make such statements and free to use the words 'cure,' 'prevent,' 'treat,' 'mitigate,' and 'diagnose' in any capacity without fear of imprisonment because:

(1) He does not have a license (i.e. MD, ND, DO, etc.) in the health care profession;

(2) He does not sell dietary supplements;

(3) This report (and each future update thereof) is free in electronic format;

(4) Most importantly: the one true G-d must surely be protecting the author—otherwise he would have been destroyed a long time ago!

Therefore, no state medical board can strip the author of a medical license that he does not have and the FDA and FTC cannot launch lawsuits against the author to continue to protect that which has been a long-standing monopoly: allopathic 'medicine'. At this time it seems that any credentialed health care professional or salesman of supplements or books would—bravely—be risking imprisonment by using the "five forbidden words" to describe a non-drug; this should be concerning to anyone who thinks the First Amendment of the US Constitution is important.

Thank you for reading! Now take action!

—John

Appendix B: REFERENCES

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