

Question & Answer
Dr. Lee Cowden & Sarah Courchaine
2-7-2015

>> Sarah: Hey everybody, this is Sarah Courchaine from Bottoms Up! This is the question and answer that we have with **Dr. Lee Cowden**, for all of you who wrote in some amazing questions! Thank you for doing that!

Dr. Cowden is an integrative medical doctor and a U.S. board-certified cardiologist and internist. He is internationally renowned and recognized for his knowledge and skill in practicing and teaching integrative medicine. He has pioneered successful treatments for a myriad of diseases, including Autism Spectrum Disorder and Lyme disease. Many of us are familiar with the Cowden Support Protocol for Lyme, and a lot of you are on it! We will discuss that later on for specific questions you had about it. Lately, he has been very busy with an exciting educational organization called the Academy of Comprehensive Integrative Medicine, where he is a Chairman of the Scientific Advisory Board and a Professor.

The Academy's Mission is: *To be the leader in shifting the health care paradigm toward wellness by restoring hope, empowering people, training and supporting practitioners, conducting research, implementing therapeutic innovations, and including a new global wellness care community.*

I will provide a link to the website later on for those who would like to learn more about it and how to get involved.

Thank you so much for being here and taking your time to do this for us because I know you have been very busy. Welcome!

>> Dr. Cowden: Yeah, but I think it is going to be a very good thing. I very much want to do what we said in the introduction and that is to empower people to take charge of their own health. So often now people have relegated their health to the care of somebody else that cares less about their health than they do, and that is not good plan.

>> Sarah: That's right.

>> Dr. Cowden: I want to give the power back to the people.

>> Sarah: And I am all for that!

Alright. I would like to talk to you a little bit first about your new book with *Connie Strasheim* which is *Foods That Fit a Unique You*. A lot of people in the group have questions about diet; the "best" diet and if there is a best diet! Is there one diet that works for every body? Maybe you can share the important findings you found when creating this book.

>> Dr. Cowden: Yeah, this is a book, one of three that I wrote in the last year. Another one is called *Creating a Toxin-Free Body and Home* and the other one is called *BioEnergetic Tools for Wellness*. And this particular one on foods I wrote because I saw so many people that were saying well, I read about this diet on the internet or I heard about this diet from a practitioner or friend, and it worked for them and it then I tried it and it didn't work. That goes back to the concepts or principles of the work of *Dr. Roger Williams* from the University of Texas, Austin, who in the 1950's developed the concept of biochemical individuality. In that work, he found that if you put 20 people into a room and measured the amount of any one vitamin or mineral they needed in order to maintain health, that there would be about a seven-fold difference between the highest nutrient for any one and the lowest need for any one nutrient in that room. If you put a hundred people in a room it would be about a 12-fold difference. If you put a thousand people in the room it would be a 20-fold difference. We are all very unique biochemically, genetically and otherwise and thinking any one diet or any one anything is going to work for everybody is craziness.

>> Sarah: Right.

>> Dr. Cowden: In the book, I wanted to bring out some concepts that somebody could use to try to figure out what they should do at that time. Our dietary needs can change over time. It's different when we are young and when we are older, and when we are stressed than when we are not stressed and so on. That was the primary focus behind the book. And Connie did a great job in helping me make that user-friendly.

>> Sarah: Yeah, she is great. I love that you two paired up. You're a great team it seems like!

So, thanks for explaining that. And you mentioned how, our dietary changes can be different according to, for instance, stress, or a state of relaxation. Would they also be different depending on the different seasons that we are in or certainly climates? I am in New Hampshire, should I be eating the same way that somebody else is eating who is, you know, living the island life. Or do I have different needs?

>> Dr. Cowden: No, you will have different needs. The calorie density needs to be greater in people living in cold climates in the winter time. So, you know, a person living on the beach in the summertime doesn't need nearly as many calories and they could get by with just fruits probably. But somebody that is living in a northern climate in the winter-time probably needs nuts, and seeds, the starchy vegetables and lots of calories. One of the things I wrote in the book that I think is really an important take home for everybody is that you could use the pH of your saliva to figure out which direction you should go with diet usually.

>> Sarah: Right. And I know I have bought some of those diagnostic strips you can purchase online and those will do the trick, right? You can purchase them from Amazon.

>> Dr. Cowden: Yeah, you want to have a pH strip that measures from 5.5 to 8.0 so if you are acidic or alkaline you can measure it. Don't get narrow range pH strips. The correct way to measure the pH to find out what your tissue pH is to wait many hours after the last meal. For example, like after an overnight fast. Then you'll spit three times in the trash or toilet and the fourth spit goes on the paper, wait ten seconds after you spit on the paper, and compare the color of the paper to the color wheel in the paper packet. It will tell you what the pH is. Ideally you want 6.8-7.2. So, 7.0 is considered neutral pH. And you know, it is okay to be .2 above or below but you want to be as close to 7.0 as you can on the saliva.

>> Sarah: Okay. And if somebody does that test and they are really upset with their results -- like *oh, boy, I am really acidic*. What should they do immediately as far as their dietary habits go?

>> Dr. Cowden: There are a lot of things that will make a person more acidic. For example, excessive stress -- electromagnetic, emotional, biochemical stress, toxic stress or microbiological stress. If they are stressed out: Do things to reduce the stress. Use your right hand and hold your left index and thumb, and hold those, you know, loosely in your lap. Preferably with no metals on your body -- no bracelets or metal watchbands, or rings, or wire rim glasses or under wire bras or metal belt buckles, etc. Then you deep breathe in through the nose, hold for a second and breathe out through the mouth and you keep breathing like that as you close your eyes and visualize yourself in the most relaxing vacation place that you have been. And that particular stress reduction technique will get rid of the stress from all sources. It doesn't distinguish between emotional verses electromagnetic verses microbiological stress. And when you are visualizing you want to visualize yourself in that place using all of your senses -- sight, sound, touch, taste and smell.

>> Sarah: I recently mentioned this technique to the group members and people were wondering, what the significance is, if there is any, to pressing your fingers together with the left hand and holding with the right hand. Is that for a specific reason?

>> Dr. Cowden: Yeah, that is a *TKM technique*. The listeners can go to www.kinginstitute.org to learn more about TKM. In the principles of TKM you are using your hands like jumper cables to reroute the energy that is stagnated in one place into another place where the energy is needed. When you hold the ring finger side of your index finger there is two energy pathways that run there, according to Chinese acupuncture techniques, and that is the *nervous system* and the *neurotransmitter pathway*. And on the outer aspect of the thumb is the energy pathway for the lymphatic system. Most people who are chronically stressed have a clogged up lymphatic system. The toxins are sitting there in the tissue because the lymphatic system isn't carrying it away, so the toxicity building up makes it more toxic and more and more acidic.

>> Sarah: That is awesome. We were so curious about that. To go along with that, what if somebody does the spit test with the pH strip and they find themselves too alkaline? Most people are thinking, "*I am unwell and I'm really acidic.*" But what if they happen to be on the other end of the spectrum and come out alkaline? What would they do then?

>> Dr. Cowden: Alkalinity of the tissues is less common than acidity of the tissues but typically the tissues become excessively alkaline in people that are chronically constipated, that have pathological bacteria growing in their gut that are splitting amino acids into *ammonia*. So, they are basically an ammonia factory in their gut. The other situation where a person is too alkaline is when they are using ammonia cleaning products excessively and not getting sufficient ventilation, so they are breathing in a lot of ammonia and it is building up in their body. Or they are using ammonia as a fertilizer on the farm and breathing in a lot those fumes. It is a loss less common to be alkaline.

There is a variety of other causes of acidity. You can be acidic if you are eating the wrong foods for your metabolic type -- if you're eating too much meats and sugar and not enough dark green leafy vegetables with plenty of minerals and so on. And you can also be acidic if you are having a deficiency of minerals of any type. The more acidic we become the more minerals are needed by the body to bind the acid, that is in the tissues, and carry the acid out through the kidneys and your urinary bladder

and into the toilet. You become mineral depleted and the more mineral depleted you become the more acidic you become, because there is nothing there to clench the acids we all form everyday just as a part of normal metabolism.

If you are breathing shallowly and not getting enough oxygen to the tissues, you can develop *anaerobic metabolism* and *lactic acidosis* as a result of that. Or if you have lung disease, or heart disease, or anemia or any number of other things then you are also not getting enough oxygen delivered to the tissue.

One common cause of acidosis that most Doctors overlook or are not aware of is: When you have chronic infection in your body the white blood cells produce cytokines, as chemical messengers, which trigger the fibroblasts in the body to produce too much fibrin. And if the *fibrin*, a clotting protein, plasters itself up against the capillary wall, you'll end up having too little oxygen being moved from the red blood cells in the capillary into the tissues. You'll end up having low oxygen in the tissues and, by necessity, the tissues transform into anaerobic metabolism (metabolism without oxygen), which produces a lot of lactic acid. They will become more and more acidic.

>> Sarah: We touched upon a number of things there. A lot of people in the group know, for sure, that they are dealing with mineral deficiencies. What do you recommend we use to increase our trace minerals?

>> Dr. Cowden: The more vegetables you eat the more minerals you will get, especially if you do organic vegetables. The research shows that organic vegetables have a higher content of trace minerals than non-organic vegetables, which have been produced on a corporate farm somewhere, harvested green, shipped across the country, and ripened at the end of the transportation with some kind of non-natural gas. But if you grow your own fruits and vegetables in our own back yard, using volcanic crushed rock and natural, organic fertilizer from animals (manure) then you will end up extracting a lot of the minerals from the soil into the plants. If you harvest the fruits and vegetables fresh and raw and eat them that way, you will have a lot of vitamins and minerals, and you can help to neutralize the acidity of the tissues.

>> Sarah: Perfect. I am all for eating organic and growing your own. That is the best way to do so! And how would you recommend oxygenating the blood more? Do you ever use things like chlorophyll? I know there are [things like] liquid chlorophyll products out there. I have one and I make sure it is organic because a lot of the times it is made from alfalfa which is a highly genetically modified crop. So it is organic -- I'm getting a lot of static. (AUDIO CUTS OUT)

>> Dr. Cowden: Is that better?

>> Sarah: Yes, a lot better. Did you hear my last question?

>> Dr. Cowden: Yeah. So if your tissue oxygen is low the first step is to breathe deeper.

>> Sarah: Oh, yeah.

>> Dr. Cowden: That is a simple thing. You know, some people breathe extremely shallowly because they are chronically stressed, and stress tends to cause a person to tend to breathe shallowly. If you breathe deep you will get more oxygen uptake at the lungs, into the bloodstream, and more oxygen into the red cells to potentially deliver to the tissues.

But the second most important thing to do to get more oxygen to the tissues that anybody listening can do is: If they think they have any fiber build up in their blood vessels, or any fiber build up in their body, to take a *proteolytic, fibrin-analytic enzyme* 30 minutes before food, 2 to 3 times per day with water. When that fibrin-analytic enzyme gets absorbed out of the gut and into the blood stream, it will chew up the fibrin plastered against the capillary walls, allowing more oxygen from the red blood cells to move from the blood stream into the tissues.

When you get more oxygen into the tissues the tissues remain in *aerobic metabolism* and you get more efficient energy production. When you are in *anaerobic metabolism* you produce 5% as much energy as when you are in aerobic metabolism. So it's a very inefficient process, and people typically feel fatigued and have muscles aches, headaches, and all that stuff, when they are not getting enough oxygen into the tissues and staying in an aerobic metabolism.

>> Sarah: Okay. Thank you! While we are on the topic of diet and nutrition, can you explain the *Coca Pulse Test* and how we can use it to identify our food sensitivities? I know that is something you've mentioned before.

>> Dr. Cowden: A person's pulse rate will usually rise whenever they have a food allergy reaction. And you can use that fact to determine whether you do have allergic reactions to a food in your diet. If you do the stress-reduction technique that we described earlier -- holding your left index and thumb and deep breathing and visualizing, before every meal -- after four minutes of [doing that], check your pulse.

That is what we call your *stress-free resting pulse*. Then you eat the meal at a very leisurely fashion -- don't rush and eat fast -- chew thoroughly. Don't watch distressing news or read the distressing newspaper while you are eating, and don't have an argument with somebody at the table while you are eating. At the end of the meal don't jump up and run around and do things, but sit there another 15 minutes at the table. After 15 minutes of a very relaxed state, without arguments or bad news, then take your pulse again. If the pulse rate has risen fifteen beats or more (>15), compared to the pulse rate before the meal, then you know there was an allergic reaction to that meal, beyond the shadow of a doubt. If the pulse rate rises ten to fourteen (10-14) beats there is possibly an allergic reaction to that meal. If the pulse rate rises nine beats or less (<9) then there is probably not an allergic reaction in that meal.

If there is an allergic reaction to that meal, any of the foods eaten in that meal are potential suspects. What you do is you have the patient make an entire meal out of each one of those foods. If the patient had a meal where their pulse rate rose and they ate baked chicken, baked potato and steamed broccoli then they're going to have an entire meal sometime in the next couple days of: Nothing but steamed broccoli, another meal with nothing but baked potato, and another meal that is nothing but baked chicken. Then they figure out which one, or two, or three of those is an allergen or sensitizing agent. This is not a classical allergy test like a blood test for *immunoglobulin G* or *E*, but it is a test that shows the body's response to a food and a sensitizing agent.

>> Sarah: Right! The body tells us and sends out all of these signals to tell us when something is wrong and it's just about listening to them, and knowing how to listen to the body again. I love this test because it is something you can do at home; it's free, it's simple. That is what I am looking for.

>> Dr. Cowden: Yeah, it is more reliable than blood tests in my experience. What I have people do is I have them do a *4-day rotational diet*. So if they eat chicken today they don't eat it tomorrow or the day after, but then the day after that they can have chicken again. And if they have potato today they don't eat potato again for the next three days after that, but then they can eat potato again on the 4-day rotation. They come up with this diet that is fully rotated like that. Nothing is the same for the three days after ingestion of a food, and then after they are on that 4-day rotational diet, they start doing the Coca Pulse testing and can quickly tell what foods are allergens and what are not.

>> Sarah: Interesting. And if they do come up as having a sensitivity to that, do they just completely eliminate that food for a certain amount of time?

>> Dr. Cowden: It's usually a good idea to eliminate it for at least 6 or 8 weeks and then at the end of that period of time they can very cautiously try to add it back in, and see what happens. If it doesn't create a problem they can keep it on their 4-day rotation. If it does create a problem they can continue to leave it off. People develop allergies to foods usually because of *Leaky Gut*. There is a lot of different ways to create the microscopic holes in the gut wall that create the leaky gut but that can include: parasitic infestation, fungal overgrowth in the gut, or being around too much electromagnetic equipment. Electromagnetic equipment causes Leaky Gut, as well as what I call, *Leaky Brain*. Which means disruption of the *blood brain-barrier* (BBB) and intact proteins from foods that are in the blood stream, can go through that blood-brain barrier and into the brain, causing inflammatory responses inside the brain. It's what we call a '*brain on fire*.' We see that a lot in children with Autism and adults with Alzheimer's, Dementia, Multiple Sclerosis, ALS and so on.

>> Sarah: What would some symptoms be of *brain on fire*? Would it be memory loss? Would it be physically feeling like a burning sensation in the skull - heat? What kind of symptoms?

>> Dr. Cowden: If you put your hand on their head, the head is usually warmer than you would expect it to be compared to somebody else. They don't usually have a burning sensation but sometimes they will have a headache, because there is usually increased pressure inside the head. When there is an inflammatory response there is swelling of the tissues and the tissues can't all fit inside the skull bone. There is not enough room left, so then the pressure goes up inside their brain and then headache sets in. But they can have brain fog, they can have, you know, flighty ideas, they can have difficulty with focus and concentration. Children with ADD/ADHD often times have *brain on fire*.

>> Sarah: How do we correct that? What kind of solutions do we have for that? Besides protecting ourselves from this electromagnetic radiation -- I know that is big! But what other ways could we solve this problem?

>> Dr. Cowden: The *brain on fire* is not just from the EMF causing disruption of the blood-brain barrier but that is a big factor. It can be caused by a variety of chronic infections. Lyme disease is a classic example of something that can cause the brain to be on fire, because a variety of the Lyme-related microbes get into the brain and create inflammatory responses there. Especially in autistic kids, but also in adults as

well, there is a relationship between the amount of inflammation that is in the gut and the amount of inflammation in the brain. If you can settle the inflammation down in the gut you can oftentimes help the inflammation in the brain.

The other thing you can do to reduce inflammation in the brain is something that actually gets rid of inflammation elsewhere in the body, and that is *grounding* to the earth. If you ground to the earth you are bringing free electrons from the Earth up through, usually a wire, while you are sleeping. Or you can just take your shoes off and walk barefooted on the ground, grass, or sand for hours per day and get grounded to the earth. In ancient days people didn't have shoes so they walked barefooted on the ground all day long, and they slept on the ground bare-bodied all night long so they were grounded to the Earth 24 hours a day. Nowadays people get only about 5-minutes of grounding only, per day, when they are stripped naked in the shower, letting water run over their body. The rest of the time they are walking in synthetic shoes or sleeping on synthetic beds.

>> Sarah: Right. I have some grounding equipment and I know a lot of the other group members do as well. One thing that we started to discuss and become nervous about is that -- in North America, they started putting the wires underneath the ground rather than just above. We're getting a little bit nervous about that.

>> Dr. Cowden: Rightfully so. In a community where you have all underground buried wires, if the contractor hasn't properly grounded that system the way they should, the ground can be electrified. I had a patient many years ago, a female that had cancer, and she told me she had moved into a new subdivision and there was only seven other houses in the subdivision, but in five of those houses there were patients with new onset of cancer. And I thought, *whoa that is way above the expected*. So I asked her to contact a building biologist friend of mine, to get him to come out to her subdivision to take readings. When he measured anywhere in the neighborhood it was off the scale. It didn't matter whether it was inside the house or outside the house -- it was off the scale. The very highest readings were in the alley behind the houses, and that is where the underground electric cable was buried. Through his investigation they were able to figure out the electrical contractor had basically done a sloppy job, done it a cheaper way, and electrified the neighborhood and was causing cancer of the people in the neighborhood. So, they brought a class-action suit against the electrical contractor to come back out, dig all that up out and redo it the right way.

> Sarah: Good. As they should have! I mean that is insane. Alright. So --

>> Dr. Cowden: All the way down to drinking water. First page.

>> Sarah: I know! For everyone listening, we have multiple, multiple pages of questions and we are through maybe the first paragraph of questions. But, we are covering a lot of important information, so it's OK. We will keep going on.

People would like to know what kind of drinking water is best to be drinking regularly. There are a lot of people that subscribe to distilled water. Should we be drinking that regularly, or should we be using that at certain times to just promote healing and detoxification? Should we be drinking distilled? Which one should we absolutely be avoiding? For instance: Fluoride. [I would avoid] fluoridated water right off the bat. What do you have to say about it?

>> Dr. Cowden: If they live in the mountains of Colorado I would probably be drinking spring water straight out of the ground. But most people don't live in Colorado or some other Rocky Mountain state, and their water choices are more limited and less beneficial.

>> Sarah: Right.

>> Dr. Cowden: In a big city most big cities have chlorination as a way of reducing the bacterial count in the water. The chlorine is bad enough by itself, but there is now pathological microbes in the water that can take up the chlorine into their bodies and make *chloramines* and *trihalomethanes*, and so on, that are much more toxic than chlorine. So, now there are those additional products to deal with in the water. A person that drinks enough of that water, you know, will have illness of some type, so it is important to try to get as much of that out as you can if you live in a big city. Fluoride is also something that we really don't want in the water. There is no good study that shows that adding fluoride to the water does anything beneficial for health, but there are studies that show it increases the risk of bone cancers in boys, and probably other cancers in other individuals. So, you really want to get the fluoride out.

(AUDIO CUTS OUT)

There are streams, lakes and reservoirs where water is used as a water source and taken out for drinking, and in many big cities they are allowing recreational boats and waterskies on the water, so the water has in it also gasoline that we are taking in. In addition to that there is a study from the Environmental Protection Agency in -- I guess, the 2008 timeframe -- where they measured the water supply in, I think, 40 of the largest cities in the United States and found there was chemical levels of a variety

of different pharmaceutical drugs in the drinking water supply of all 40 cities. We are drinking basically female hormones and chemotherapeutic agents and statin drugs and all kinds of other stuff when we drink standard tap water from the city. That's not a good idea.

>> Sarah: That's when people say, *"I don't want any of that - give me some distilled water that doesn't have any of that."* Is that what we should be doing?

>> Dr. Cowden: The distilled water gets a lot of that out but it doesn't get all of that out. Some of the things that have a boiling point very similar to water will also end up in the distillate, so you will end up with some toxins. You usually need a multi-stage filter to get a lot of this stuff out. You know, like you might have one or two separate passes through a solid core carbon filter first to take out some of the solvents, pesticides, herbicides and some of the pharmaceuticals. Then you might run it past a KDF to try to get some of the chlorine out, and the trihalomethanes might be reduced by that, and then you run it through reverse osmosis or distillation as the last step. I think if you have enough water pressure to do so the reverse osmosis makes just as much sense as doing distillation, but saves a lot of money. The distillation process is a lot more energy intensive. Distillation is probably the purest water by far, but at a much greater cost per volume. And then you know you have the substances in the water that come from the water through your skin when you bathe and shower. If you take a long, hot shower or a long, hot bath you are probably getting as many toxins in that way as you would from drinking that dirty water all day. What I would urge people is to not do long showers and long baths if they live in a city where the water is that polluted. But to instead do a military shower: You adjust the temperature of the water so that it's just right before getting in the shower. You jump in, wet your body and washcloth, and wet your hair if you are going to wash your hair. Then you turn the water off, lather up the wash cloth, lather up the hair and the body and turn the water on for 30 seconds to rinse off the dirty soap. That way they minimize the amount of toxins from the water that gets in. If you live in the countryside with well water, and you tested the well water making sure there are no pesticides, herbicides, arsenic or other things found in the well water, then you can take a longer shower if you wish!

>> Sarah: Yeah. I know people are thinking, *"Well, I like to take a detox bath and now you're telling me when I take that detox bath I am absorbing all of these chemicals through my skin."*

>> Dr. Cowden: You are. But one of the things you can do in your detox bath is add in a cup or half a cup, of calcium bentonite clay or some other clay, that will bind up

those toxins the water. Make sure you add Epsom salts for uptake of the Magnesium in your body because most people are Magnesium deficient. So that is a way to do a periodic detox bath without making yourself a whole lot worse.

>> Sarah: Right. That is a great point. What about *ozonating* your bath or drinking water? I know people are doing that.

>> Dr. Cowden: Ozonating the bath water is doable as long as you do it the right way. You don't want to let too much ozone accumulate in the air above the water because otherwise the person in the tub is going to have a tracheal spasm or bronchial spasm, and possibly stop breathing, from the irritation of the ozone in the airway.

But years ago, I developed an *ozone bath bubbler* basically which is: A couple of Tupperware bowls, screwed together the right way, with some charcoal in between. The ozone that accumulates in the air surface right above the bath bubbler has to go through the charcoal to come back into the room, and when ozone goes through the charcoal filter it converts most of the ozone back into oxygen, so it is then not irritating to the lungs.

>> Sarah: Wow! That's brilliant. I hope everybody is listening up that is ozonating their bath water: Use Dr. Cowden's technique.

>> Dr. Cowden: Just remember some of the toxins in the water are fairly toxic but sometimes when you ozonate them they are even more toxic.

>> Sarah: Oh really?

>> Dr. Cowden: Yeah. If you are going to do that try to filter the water somehow, before you ozonate it.

>> Sarah: I do know some people were asking about drinking ozonated water. So if they are ozonating the water they should be filtering it before hand?

>> Dr. Cowden: Absolutely. That's unless it is spring water flowing out of a Rocky Mountain spring. When you ozonate water to drink, within fractions of a second, the ozone is converted into hydrogen peroxide in the water, for the most part. There is a little dissolved ozone but most of the free radical is then in the form of hydrogen peroxide. Hydrogen peroxide is a bit irritating to the stomach and to the upper gut, so you have to be a little cautious if you are going to do that. Do not build up the

concentration of that oxidized water too fast because otherwise you will get nausea and vomiting.

>> Sarah: If it turns into hydrogen peroxide -- for people that don't have an ozone machine -- could they just add hydrogen peroxide to the bath rather than ozonate it?

>> Dr. Cowden: If they have pure hydrogen peroxide. You have to really read the labels. If you use the 3% hydrogen peroxide that is available from most grocery store and pharmacies. If the label says: '*Active Ingredient: Hydrogen peroxide and Inactive Ingredient: Only Water,*' then you can probably use that. But if it is says '*stabilizers*' and other things then you don't want to use that on your skin or in your bath, because those stabilizers are toxic substances.

>> Sarah: Right. So, if you do that: Go with *food-grade* hydrogen peroxide.

>> Dr. Cowden: Right. Some people go with 35% food-grade hydrogen peroxide which has to be kept in the freezer otherwise it degrades fairly rapidly. But if you do that you have to put on goggles and you have to put on gloves to handle it, because it will eat through your skin in a couple of seconds.

>> Sarah: It always needs to be diluted down to that 3%, right?

>> Dr. Cowden: Even further than that for drinking.

>> Sarah: Okay.

>> Dr. Cowden: *Dr. David Williams* had -- he is a chiropractor in central Texas -- he had a pretty good recipe for consuming hydrogen peroxide orally several years ago on his website. You can still find that if you do an internet search.

>> Sarah: Perfect. Alright.

We've moved on to the next section, Dr. Cowden!

People would like to know about genetics and methylation. A lot of people in our group, and in the "health world" in general, use *23&Me*, which is genetic testing. Do you think tests like this are necessary? Does it make a significance difference in the way that we go forward with treatment? Or is it valuable but we shouldn't focus primarily on it? What are your thoughts on that?

>> Dr. Cowden: Well, I think sometimes that genetic testing is helpful. 23&ME is by far the least expensive genetic testing that is available, that I am aware of. The 23&Me is not universally reliable. So, you know, the result that you get might be different the second time you do it than the first time you do it.

>> Sarah: That is what we just had members in the group say. They sent in two and they got two totally different test. So people are a little bit concerned about the reliability.

>> Dr. Cowden: I don't think the reliability is that good. My other concern about 23&Me is that it is priced so low that there is probably no profit at all on each test that they run. My concern is that you are giving them your genetic information that they then own -- your genetic information -- not just you. So, what will they do with it over time? Will they sell it to a big corporation for a profit or sell it to the United States government for profit or whatever? So, my preference is to not use the genetic testing for that reason, if nothing else. My preference would be to use a qualified lab. The 23&Me is not a qualified lab. They acknowledge that they are doing this as a hobby, as a game, or as something fun for people to do. They never intended it to be an objective test.

>> Sarah: And I believe it is -- if I am correct -- I believe it is the founder or the CEO of Google -- I thought that it was his wife that created this.

>> Dr. Cowden: That is correct. The wife is one of the co-founders of 23&Me.

>> Sarah: That makes you a little bit....well, that's a little sketchy.

>> Dr. Cowden: We know that Google has made lots and lots of money off of selling the information from the Google searches to the government and to for-profit companies, so it would seem logical they would do something similar with the genetic information.

>> Sarah: Right.

>> Dr. Cowden: But anyway, I prefer more of what we call the *functional tests*, that give you an idea of how well your genetics are working. So, you are looking at more of a downstream approach. You are actually getting closer to, you know, where the action is, if you will. Like with *Genova Laboratory's* panels of different types, you can learn a lot about a person's genetic function indirectly. You are looking at the metabolic byproducts of different genetically controlled proteins and enzymes of the

body. I think that is a more logical way to do it. If a person has what is called a *homozygous genetic SNP (single nucleotide polymorphism)* that is abnormal from both Mom and Dad, then they don't have a healthy strand of DNA that can code for the protein that needs to be made in the body. But a lot of people that have genetic SNPs have a *heterozygous* SNP. They have one abnormal gene from Mom and a normal one from Dad, or vice versa. What I have observed is that patients that are really toxic, physically and emotionally, it is typically the defective gene that codes. But when they get detoxified from their emotions and physical toxins then it is usually the healthy gene from the other parent that codes.

>> Sarah: So it will switch?

>> Dr. Cowden: Yes. So basically that is what we call the *epigenetics*. One of the two strands has to code but which one is it going to be? Well, it turns out the more toxic that a person is, physically and emotionally, the more likely it is the abnormal gene will code, and the normal one won't code for the protein that is being made. And once they get detoxified the healthy strand is more likely to code, in my experience.

>> Sarah: A lot of people may feel like, "*Oh this is it. My defective strand is coded. And that's that.*" But you are saying: No, if you start working on your health and you detox, it can act like a switch and it can switch to the healthier version.

>> Dr. Cowden: Yeah. If you have the homozygous form then maybe you can't make much change just with detoxification, but if you have the heterozygous form of the genetic SNP then you probably can.

>> Sarah: That's great! So, is it necessary to have methylation fixed before addressing anything else?

>> Dr. Cowden: Depends on how broken the methylation is. Some people have a variety of genetic SNP's that cause them to have, you know, really severely imbalanced or abnormal methylation pathway. Those people probably do need to have quite a bit of work on the methylation pathway before they try to detoxify or kill bugs or anything else. The methylation process is important for neurotransmitter formation, for methylating viruses so they become inactive, and for methylating a lot of other genes and proteins in the body. If the methylation is messed up enough you cannot do a very good job with that. The primary methylator for the body is *S-Adenosyl methionine*, and that's sold as a supplement called SAM-e in health stores. The problem with SAM-e is that almost all of them on the market are in a tablet or capsule and they have been *enterically-coated* so they can make it through the

stomach acid, because the stomach acid breaks down the SAM-e into ineffective components. The problem with enteric coating is that they are man-made toxic chemicals, so they are *phthalates* and *methacrylates* primarily. So, if you are taking an enterically-coated product then you are getting some of those man-made toxic chemicals in you at the same time. The company that makes *Cell Food* is an exception. The Cell Food company makes a product that has got this SAM-e in a liquid form. I find that works better than the capsule or tabulated forms anyway, because you put that in the mouth and hold it in the mouth long enough to absorb quite a bit through the lining of the mouth, and through the blood stream. That is my preferred form if I am going to have a patient take SAM-E as part of the repair for their methylation pathways. The other thing that most practitioners overlook is that 70% of the SAM-e that is produced by the body each day is used up by the body in making *creatine*, and creatine is an important carrier molecule to get ammonia and other toxins out of the body. If you provide creatine (which is a dirt cheap nutrient from the health food stores and body building shops and so on) a good teaspoon of that costs you pennies compared to SAM-e which is dollars. You can spare your SAM-e because it is not being used up making creatine because you are providing it from the outside. And so you can sometimes get as much benefit from creatine as you can from doing SAM-e.

>> Sarah: Wow. That's very helpful!

>> Dr. Cowden: But when you are trying to fix the methylation pathway it is tricky business because it depends on what all is broken in the pathway, and what you can give to a patient without causing them to crash. Typically, if the methylation pathway is really badly broken, anything in large amounts is going to make them worse. So, you start with very tiny doses in somebody you suspect has a messed up methylation pathway, and build up very slowly. And then, you know, some people can only tolerate *Hydroxy B-12* which is more expensive. Some people can tolerate *5-methylfolate* and other people can't. So you just start, you know, very cautiously. If you don't know what the genetics are, build up slowly and you'll usually get to the same desired end point without doing all the expensive methylation testing.

>> Sarah: If you are doing things correctly should you be feeling better? I don't want to [necessarily] say '*Herx Reaction*' but if you are doing things correctly, are you going to be feeling better and more energized, or worse as things are correcting themselves?

>> Dr. Cowden: Well, if you don't give any support for the heavy metals that are released, in response to correcting the methylation pathway, then you can actually feel worse even though you did build up the methylation correctly. So, sometimes you

have to have *metal binders* being administered at the same time. Sometimes you have to give additional homeopathic or herbal support for the liver, gallbladder, the kidneys, and the lymphatic system. Usually when you methylate somebody that has got some severe methylation problems they will start spontaneously detoxifying different things out of their body and that can overload the detox pathways.

>> Sarah: All right! Thank you.

So, Dr. Cowden, what are the most reliable labs to go through for testing, that you like to use? I know you mentioned Genova. Are there specific ones for testing Lyme disease, mold, parasites, and heavy metals? What are the different labs you use?

>> Dr. Cowden: Yeah. I think one of the better labs for the Lyme disease testing is probably *IGeneX* in Northern California. They are always getting harassed by the FDA to change their criteria so sometimes you have to read between the lines. They'll say "positive" by *IGeneX* criteria, but not by CDC criteria. The CDC's criteria -- on the CDC's website -- says the test should not be used for treatment of patients but only used for guiding research projects. Despite that, a lot of Doctors and universities say, "*Oh, you cannot be treated for Lyme disease because you don't have it by CDC criteria.*" But if they look at the CDC website they will see they are wrong.

I am hopeful that the FDA will eventually give approval to a lab in Lubbock, Texas to test Lyme disease, because I think that will be the best test available when it finally is available. They have been working at it for many, many months and that is the KS3 Labs. That's www.KS3labs.com. They have an ultrasensitive test that is testing for hundreds of bacteria and fungi all at the same time, so it will be a much more comprehensive test. When you do *IGeneX*, you're looking at one species of *Borrelia*, for two species of *Bartonella*, and one species of *Babesia*. There are 24 species of *Borrelia* that may have some disease causing effect in humans – and four of them are clearly known to cause strong adverse effects in human health. There are 32 known species of *Bartonella* that cause disease in humans. The lab, as I said, only looks for two. And there are 14 species of *Babesia* that cause disease in humans, and the lab only looks for one species. We are missing a lot of the disease because we are not looking for it. And so, it is really disheartening to see patients told by their doctors, "*There is nothing wrong with you,*" because they did one *IGeneX* test and didn't find it, and told the patient it was "*all in their head*" and there was nothing wrong with them.

>> Sarah: Right. They are not looking at all of the different possibilities, like you said. Will that KS3 test be a blood test?

>> Dr. Cowden: It can be a blood test and also a saliva test, so you can measure different body fluids for that.

As far as the screening for mold, you know, a lot of people are exposed to mold toxins whenever they live in a water-damaged building. A lot of times the mold doesn't have a strong smell so they don't notice by odor in the building, so people are just getting sicker and sicker from breathing in the *mycotoxins*. Mycotoxins are chemicals produced by disease-causing fungi and they poison the immune system and cause autoimmune disease, cancer and immune disruption. There is a screening test I like to do on the website of Dr. Richie Shoemaker called www.survivingmold.com. If you go to the homepage, and the bottom left corner, you will see a test called the 'Vision Contrast Sensitivity Test' (VCS). If you click on that it takes you to a page where you pay \$15 with a credit card, and it takes you to the next page where you do the test. You have to make sure the monitor on the computer is turned on to optimum brightness so you can get a reliable test. But what I found is if a person flunks that test, that very likely they do have mycotoxins in the body. It doesn't tell where you the mycotoxins came from. They could have come from the home the person is living in, the workplace the person is working in, or they could have come from a building they have been in the past and are no longer in. It could come from fungus living in the person's body and the toxins are being produced every day in the sinuses or gut, for example.

So, it doesn't tell you when or where the exposure was, it just tells you there likely was one. There is a laboratory in Texas -- in the Dallas area -- that does Mycotoxin levels -- I am blanking on the name of it. But you can do an internet search and find "mycotoxin testing in the Dallas area" and find it that way. But that is another way to go about looking for mycotoxins.

If a person flunks the Visual Contrast Sensitivity test then I usually have them do what I call a "*poor man's culture test*." They go to the Home Depot plumbing department and find the little petri dishes on the shelf there in the plumbing department, and those are *fungus culture plates*. You buy enough plates so that you can put one in your bathroom, bedroom, laundry room, kitchen, living room and the major rooms of the house, and one on the ledge outside of your house in the shade. You open up all of those plates in sequence and leave the plates open for 1-hr, and then go back and close them up in the same order you opened them up. Label them on the bottom of the plate, where the culture media is, you know, '*bedroom, bathroom, kitchen, outside window sill*' etc. and then leave them inside the house in a place that is not too hot or too cold, where there is no sunshine/no sunlight for three days. Every day you look at the plates and count the number of colonies, and if you grow more colonies in a room

inside your house than on the window sill outside the house, then you know there is a source of mold or fungus in that room.

>> Sarah: Okay.

>> Dr. Cowden: And then that tells you where you need to look harder. Typically it grows around where there is moisture. You look for leaks under the sink, behind the toilet, behind the dish washer, behind the ice maker, behind the clothes washer, behind the bathtub, the shower, the *blah blah blah*, and if there has been a water leak in the roof then behind the wall where the water would have come down into the house. If you have a basement, that is a very common place for mold and fungus growing.

>> Sarah: You're saying that even when you place these outside that mold will naturally grow outside. Correct?

>> Dr. Cowden: Almost every place in the country you can grow mold outside.

>> Sarah: So, the key is comparing it to the one that you have inside to the one outside?

>> Dr. Cowden: That is correct. Yup. As far as parasite testing, most labs fail abysmally for parasite testing because the parasite testing usually gets delegated to the most recent inductee into the lab, the most recent hired person, because nobody likes to mess with the stool. The newest hire gets that job, and they have the least experience looking for parasites. It is my estimate that testing stool for parasites misses the diagnosis of parasites at least 80% of the time.

>> Sarah: I know *Dr. Klinghardt* has said that a parasite has the ability to kind of self-destruct when it is feeling threatened, or outside of its natural environment, and you have 15 minutes from releasing the parasite to bring it to a lab to get tested. Do you remember him saying that?

>> Dr. Cowden: Yeah. You need to get the specimen to the lab soon. What typically happens is the Doctor orders the stool for ovum and parasites, and the person makes the stool one morning and says, *"I don't have time to take that to the lab today and I will take it tomorrow."* They take it to the lab tomorrow, and then the day after that it is finally looked out. So three days later, they're looking at it. There is no chance they will see any live parasites in there. The stool needs to be looked at within a few

minutes after the stool is made. So really, the person needs to go to the lab and make the specimen there, hand it to them, and have them look at it immediately.

>> Sarah: Which is just not going to happen, unfortunately. We in Bottoms Up tell people parasite testing is really not reliable. Chances are most of us, if not all of us, have them. So, just spend the money toward treatment and the solution rather than trying to figure out which bug, exactly, that you have.

>> Dr. Cowden: Yeah. Probably one of the best parasite testing labs that I am aware of in this country is the lab of *Dr. Omar Amin* in Phoenix, Arizona. If you are going to bother to send stool to his lab: You need to make the stool, and immediately go down and take it to the Federal Express (FedEx) or UPS and try to get the shortest shipping time you can get, so it arrives in his lab no less than 24 hours later. And then have them look at it. But the very best would be to drive to Phoenix, produce a stool there, and hand it to him.

>> Sarah: Right. "*Here you go!*" Does the parasite have to be alive to test positive?

>> Dr. Cowden: No, I mean sometimes skilled examiners can look at specimens and see dead parasites and see that it was a live parasite yesterday.

>> Sarah: So, for heavy metals what do you suggest? I often look to *Dr. Christopher Shade* with *Quicksilver Scientific* for Mercury testing. What do you recommend?

>> Dr. Cowden: I think that is the best Mercury test in the country, for sure. But there are a variety of other labs that test for heavy metals. I like *Doctors Data* laboratory in West Chicago for measuring heavy metals of other types, as well as therapeutic minerals. One test that I find extremely valuable that is not known very well by the public, or the practitioners, is the MELISA test. That is MELISA.ORG, and it is a test developed by a friend of mine, *Dr. Stejskal* in Stockholm, Sweden and it measures the lymphocyte reactivity to the metals. A lot of people don't have toxic levels of a metal in the body, by these labs we just mentioned, but they have sensitivity to that metal that is causing a lot of immune reactions that keeps them from being able to tolerate that metal in their body.

>> Sarah: Wow. Interesting. So, www.MELISA.org. I'll provide all of these links to everybody later on so that they can click on them nice and easily.

One of our members in our group, Sunny, she provided a lot of these questions and she is wondering about *live blood analysis* and *dark field microscopy*. Is that something that you find useful and use in your practice?

>> Dr. Cowden: Extremely useful and I used it in my practice when I was in full-time practice back in the late '80s and early '90s. I can think of several -- many, many situations where I was keyed into looking for something that would later prove to be present from the dark film microscopic examination of their blood that I would not even think of looking for unless I did the dark field microscopic examination of the live blood.

Now, most states have passed laws that make it illegal for a practitioner to use dark film microscopy in their office unless they are a board-certified pathologist and there is a variety of reasons why that happened. Part of it was because people that didn't know what they were doing started telling their clients that they had cancer and other things just from the dark film microscopy, and they might have been right, but still you should not be telling them that. So, it created a reason for the powers to be to block dark field microscopy. Dark field microscopy usually shows that pharmaceuticals are not good for the body and that is probably the main reason why they were attacked the way they are.

>> Sarah: Right. We're threatening their pocketbooks and they don't like that.

I really, really want to talk to you about the *Zyto Scan* because I know that is something you definitely use. How does that work? Is that a reliable tool?

>> Dr. Cowden: It is a useful tool. Reliability depends on definition, I think. But I have used Zyto for probably six or seven years now, maybe longer, and I guess longer -- maybe eight years. Anyway, Zyto is an *electrodermal screening system*. It is built on the principles of *Galvanic Skin Response* testing. If you go to the police department and get a Galvanic skin response test, called a "lie detector test," the policemen are asking questions with their lips, and you are listening with your ears, and your autonomic nervous system is responding either with increased sweating and increased conductivity -- which means a stress reaction, which means you are lying or being stressed by whatever they are saying. Or, you have no change in your Galvanic Skin Response, or you have a reduction in your electrical conductance meaning whatever is being done or said is actually reducing the stress from your body. The Zyto doesn't ask questions with the lips or listen with the ears. It asks questions by broadcasting a frequency into the hand of the person that has their hand on the hand cradle, from the Zyto Corporation, and that frequency that is broadcasted

corresponds to a specific vitamin/mineral/herb/homeopathic/pharmaceutical/toxin etc. That item that is represented by that frequency will either stress the body or not. If it does stress the body it will increase the electrical conduction through the skin and show what we call a *negative deviation ratio*.

We know that is something that probably is stressing the body and should be avoided if possible. Sometimes the deviation ratio is *positive deviation ration* (DR) which means that is something that reduces the stress and probably would be a good therapy for the patient. In other cases the deviation ratio is zero, which means it doesn't shift it one way or the other, and it would be an acceptable therapy but may not cause a huge positive shift in the right direction for the patient.

>> Sarah: How would somebody find a practitioner who has a Zyto Scan? Or is this something that somebody could rent themselves or buy themselves?

>> Dr. Cowden: Right now the Zyto Corporation only sells their *Select*, *Elite* and *Balance* to health practitioners. They sell the *Compass* to the general public - mostly to individuals who are a participant in a multilevel marketing (MLM) company. The *Compass* is a very limited software and technology. They link in to the *Compass* software all of the products of one company. When you put the person's hand on the hand cradle and push the Start button, it measures the Galvanic Skin Response to each of the products in the memory of the computer, from that one company. That way you know which products from that company are beneficial, which ones are neutral, and which ones are harmful. You avoid the harmful ones and consider giving the others. You can actually put products from a few companies into the *Balance* and that is usually something that is out in a practitioner's waiting room. So, patients coming in who are bored and don't want to read the books, or the magazines, or watch the reoccurring video clip that is playing on the TV will instead get on the *Balance* Zyto test and find out what nutrients they might benefit from that the practitioner is selling in their office.

>> Dr. Cowden: Yeah, that is what I would be doing. It's some cool technology!

>> Dr. Cowden: But the *Select* and *Elite* are really practitioner's devices. I call them "guess improvers" because the Ayurvedic doctors have said for about 3000-4,000 years that if you want to get somebody well that you have to go to their house. For a lot of integrative practitioners the patients are coming from other states and other countries, so it is not terribly practical to go to their house. But with the Zyto you can go to their house, without actually going to the house, because it tests certain things that you would not have thought to test for. It finds certain things you would not have

expected, and it improves your guessing ability, which is what going to the house does. You are seeing things that you would not have thought to ask for.

I had a patient one time that was really allergic to chickens and I said, *"Do you have chicken-feathered pillows?"* and she said, *"No, I have foam-rubber pillows."* And I said, *"Well it shows you are allergic to chickens."* And she said *"Oh, my."* I said, *"What do you mean, oh my?"* She said, *"Well I have a chicken in my house!"*

>> Sarah: That'll do it!

>> Dr. Cowden: We had to do a laser detox to de-sensitive her to the chicken, so she should continue to have the chicken as a pet.

>> Sarah: Oh, my gosh! That is very cool. I hope people look out for that.

>> Dr. Cowden: I would not have thought to ask that, though.

>> Sarah: Exactly.

>> Dr. Cowden: If you run the Zyto and run it again five minutes later you're going to get a different answer. Most doctors can't wrap their head around that so they just reject it outright, because they cannot wrap their head around that. When you do a test with the Zyto you are actually passing the energies of all the things you are testing for through the body, at that fraction of a second when it is testing. The patient is getting some treatment, even though it's a tiny amount of treatment, and by the end of the test they have been treated by a variety of things and will not respond the same the next time you test for those same things. So, that drives a lot of practitioners crazy and they say, *"I don't want to use something if I can't get the same answer every time I do it."*

>> Sarah: The body is constantly changing though; its needs and the things it is sensitive to. That's the way it is.

>> Dr. Cowden: Anyway, the Zyto Corporation provided a device for *Dr. John Diamond* to take to a hospital in Beijing. That might have been his -- but I think the Zyto Corporation provided the instrument. Anyways, he went over there and he did Zyto testing on 200 patients at the beginning of the day, one patient right after another. The technician did not speak Chinese and the patients didn't speak English. So, every patient walked in with their Chinese name written in English, and their birth date. That's the only thing the technician knew about the patients, so he would put

that information in the computer, run their scan, and say, "*Go on and see your other doctors.*" He'd wave his hand and they would get the message that he was finished with them. The patients then went through a very comprehensive history taking, physical exams, blood testing, urine testing, X-rays, CT scans, MRI scans, ultrasounds etc. over the next two days. At the end of the two days, all of the information that was collected from all those other means, was compiled and analyzed and then compared to that 5-minute Zyto scan that was run on the first morning. There was an 87% correlation. If you draw a blood specimen from a person in the United States and you send it to two different, good quality laboratories, you will expect a correlation between the two specimens of 85%. In other words the correlation for the Zyto, in that test in Beijing, was comparable to a blood laboratory test in the United States. It is not considered a diagnostic instrument. It is considered a guess improver.

>> Sarah: That is a pretty good guess improver! 87%! Wow.

>> Dr. Cowden: 87% correlation in that particular study. Dr. Diamond actually died before he ever published that, unfortunately. It was an interesting study.

>> Sarah: Yeah, I would like to read that. Maybe I can find that somewhere.

Since you mentioned detoxing with a laser, I would like to just jump to that, because we did have a question about that. [This is from] Penelope, I believe. If there are no nearby practitioners that are offering the "laser detox," is there a way we can make our own? Or do you really need to go to somebody? And then what is that -- can you actually explain the laser detox for those of us who are not familiar?

>> Dr. Cowden: Yeah, *Laser Energetic Detox* is a technique that I co-developed with two Ph. D's in 2001, and I saw some really scary reactions to the laser detox in the first two or three years there. It wasn't uncommon with the laser detox to trigger an anaphylactic shock reaction or a seizure or a variety of other life-threatening conditions. In working with the laser detox, I learned the things that you had to do to minimize the chance of those reactions. But because it is still remotely possible to have such a reaction I think it is unwise for a person from the public to try to do that.

>> Sarah: Yeah, understandably.

>> Dr. Cowden: You know, like if you are a Mom or Dad and you are doing it on your kid and you trigger a reaction that causes their death, how is that going to make you feel?

>> Sarah: Right. That would be a really bad situation.

>> Dr. Cowden: It is just not good that way. But the chance of having such a reaction in my estimate is probably less than 1 in 10,000 now, but still if it happens it is a 100%, right?

>> Sarah: Right. So who does this laser detox? Is it you and a small amount of people?

>> Dr. Cowden: Yeah, it is just practitioners that have learned the technique. It isn't an easy technique to learn. There are a lot of steps. If you have a Zyto Elite or Zyto Select device you can do it much more easily than if you try to do it without such a device. If you try to do standard electrical point testing it can take you two hours to figure out what you should be doing. Muscle testing can take you two hours to figure out what items need to go into the vials, what drainage remedies needs to be uses, and what colors and flowers and so on. It is just something that I, you know, have taught. The teaching will be edited and put up on the website (ACIM), but I just caution people to not do that and not take it lightly. It can be a very potentially dangerous technique, but also very powerfully detoxing. In my estimate the toxins move out of the body at least 20 times faster than the next closest competitive technique when you do that. The concept is that you make up a *homeopathic homaccord* of a group of toxins, along with flowers and colors to help the body to release those toxins, and you put that into a vial. You shine a laser pointer through the vial onto the body, in a very specific way, and the body responds to the energies coming out of that vial, through the light, by starting to release those toxins from the cells.

One of the earliest laser detoxes that we did was a man that came with *peripheral neuropathy* and he had no sensation below his knees except for 'pins and needles.' When he gave his history he said he had washed carburetor parts in a barrel of gasoline with his bare hands for many months. I energetically tested him for gasoline and gasoline was the primary toxin for his nervous system. I made up the homeopathic homaccord of gasoline, and the flowers and colors that were needed to help his body release the gasoline, and put all that in one vial. I handed it to the technician and I said, "*Go in the dark room and shine the laser on the patient this way and come back out when you are finished.*" She was in there for only about a minute and came running out and said, "*I cannot stay in there any longer - the room smells like gasoline!*" Very shortly after that the patient came out and said, "*You really need to get an exhaust fan in there.*" I stuck my head in the room and sure enough the room was so strong with gasoline that we had to keep it closed off the rest of the day, because we didn't have an exhaust fan or window in there. But anyway, that same

experience has happened many times since then with gasoline and other toxins that can be smelled coming out of the patient. The light shining on the patient mobilized the gasoline out of the tissues, into the blood stream, into the lungs, out of the lungs and into the air, and out of the skin into the sweat glands and sebaceous glands and into the air. So, it was a very rapid release of toxins. Just for that one minute treatment that patient's neuropathy went away, or it almost totally went away. It's a very powerful tool; a very powerful technique.

>> Sarah: I'll say! How would we go about finding practitioners who offer this?

>> Dr. Cowden: Our goal with the new *Academy Fellowship* is to train a lot of practitioners across the country to do that, but right now there is only a handful. There's one in West Palm Beach, Florida. There is one in the San Francisco Bay area. There is one in Los Angeles. There is one in Irvine, California. There's a couple in Dallas. There's not very many in the Country.

>> Sarah: Is there some kind of list where people could see these people's actual names?

>> Dr. Cowden: Yeah, there will be a list as the practitioners go through the exams and prove they have knowledge in the proper way to do this. Then their names will be listed on the Academy's website. So at some point we will have a list on www.ACIMconnect.com.

>> Sarah: That's perfect! That's very exciting.

So, you mentioned how this gasoline smell protrudes from the body. If you are smelling things coming from your body, say ammonia for example, does that mean you are clearing it out and that is a good thing?

>> Dr. Cowden: Could be. Could mean you are clearing it out if it is ammonia. Could mean you are producing too much and not getting ahead and you're just breaking even. The body produces ammonia in the *salivation pathway* and also in the *nitric oxide synthase pathway*. Some people have genetic SNP's that involve those pathways and result in too much ammonia production.

>> Sarah: I quickly jumped to ammonia, but I was wondering what you would recommend to my mop up ammonia in the body?

>> Dr. Cowden: Yeah, one of the most effective things I found for that is *yucca powder*. Yucca is the root of a succulent plant and it has an affinity for ammonia if taken by mouth. A lot of the ammonia that is produced in the body is produced in the gut or is dumped into the gut from the gallbladder bile ducts.

>> Sarah: Alright. Thank you!

I will move along to this question from Joe. Why do you think we are seeing this rise of *tick-borne illnesses* more now than ever before? Have these pathogens grown stronger or have they mutated? Is it because as a society our health has declined so dramatically that our bodies can no longer resist this disease? Is it because our detox pathways have been compromised? How big of a role do genetics and epigenetics play? We have a lot of questions there. But we are asking about Lyme disease, or Bartonella or Babesiosis. Why have these become so much more prevalent now than ever before?

>> Dr. Cowden: I would probably say that the number one reason why they have increased so much since the '70s, when they were first described in Lyme, Connecticut is because of the rapid proliferation of cellphone towers and cellphone tower networks across the United States.

There is plenty of evidence that shows the human body, the human physiology, is stressed by exposure to *electromagnetic fields*. It's not just humans that get stressed by that - microbes get stressed by that, too. When microbes get stressed by an electromagnetic field they grow faster and try to replicate faster to try to survive. In addition, they produce *biotoxins* faster than they ever did before. There is one article, or one reference that [Dr.]Klinghardt was talking about, from Switzerland where the microbes were proven to be producing mycotoxins 600 times greater than they were than when they were not exposed to electromagnetic fields. So, that is pretty dramatic. We are not talking about doubling, but six hundred times greater. The mycotoxins and many of the Lyme related mycotoxins are immune suppressive. We know that Borrelia and Bartonella both produce immune suppressive substances - immune altering substances. Sometimes they create autoimmune disease, sometimes they create immune suppression and predisposition to other infectious diseases. But they also decrease the ability of the immune system to fight off the Borrelia, the Bartonella, and a lot of other bugs there at the same time.

There is another factor that is a fairly major factor I think, which is the amount of antibiotics in our environment. If you go to a restaurant it is almost impossible to order an animal-source protein that doesn't have antibiotics in it. They feed chickens

antibiotics, they feed beef cattle in feedlots antibiotics. If you eat the most common meats in restaurants, or dairy products, you are going to get a big load of antibiotics. The antibiotics kill off the friendly bacteria in the gut, and the friendly bacteria in the gut get replaced by pathological bacteria and fungus. The pathological bacteria and fungus cause: A disruption of the immune system, leaky gut (disrupted gut barrier), increased food allergy reactions, more suppression of the immune system because of the food allergy reactions and a big snow ball effect against the immune system. About 60% of the immune system was originally thought to reside in the gut, but my estimate is that nowadays probably only 20-30% of the immune system is still residing in the gut, because of the devastation of the gut flora by the indiscriminate use of antibiotics in the food chain.

>> Sarah: I had not heard of that before. So, where would the immune system have relocated? Well -- the majority of it.

>> Dr. Cowden: The immune system is throughout the body, but you know, your precursor cells for the immune system are in the bone marrow. Your bone marrow produces *lymphocytes* that either migrate through the thymus gland in your chest and become T-lymphocytes, or migrate through the gut and become *B-lymphocytes* which produce antibodies. Or the white blood cells from the bone marrow come out as *neutrophils* which attack bacteria and fungus, and to a lesser degree viruses and protozoal parasites. Or they become *eosinophils* and react to food allergy reactions and parasites, or *basophils* which produce histamine, or *monocytes* which when they get out of the tissue are called *macrophages* or "big eaters." They eat cancer cells or other large things in the body like microfilariae, microscopic worms, or big protozoa. Those are the key players in the immune system. They originate in the bone marrow -- but a lot go through the gut to get matured. But if the gut is not healthy, their maturation is not normal.

>> Sarah: How do we begin to heal the gut if we do have Leaky Gut and a bacterial imbalance?

>> Dr. Cowden: Well, if you have to go out to eat you never eat animal-sourced protein. No dairy products, no meat -- no chicken, no beef -- you eat vegetarian when you eat out. If you want to eat some meat make sure you eat that at home and make sure it is *free-range* chicken or beef or other animals. And make sure that you only use dairy that is not -- you know, from cattle that have been fed antibiotics nor cattle that have been fed GMO grains.

One of the antibiotics that is destroying the gut is an antibiotic that has been spliced

into the genes of plants by the Monsanto company, called *Bacillus thuringiensis* (Bt). It is as a segment of a bacteria that is spliced into the gene of a plant, and when that plant grows it produces a pesticide in the plant that kills off the insects that eat that plant. That's because the insects have in their guts friendly bacteria, and the *Bacillus thuringiensis* so destroys the flora of the gut of the insect that the insect dies. The same thing is happening in our guts when we eat cattle or chickens or other things that have been fed Bt corn, or Bt soy or Bt cotton seed or other Bt modified crops.

>> Sarah: We can also be eating those crops outside of eating meat because of the soy and corn. It is in all of our foods anyways!

>> Dr. Cowden: Yes. Never eat corn when you eat out. Never eat soy when you eat out. You're not going to get cottonseed except when you eat feed-lot fed beef cattle. Cotton seed is one of the most polluted of all plants. A lot of people seek out cotton clothing to wear but there is such massive amounts of pesticide and herbicide on the cotton that you really need to wash it five to ten times before it is even safe to wear.

>> Sarah: Right! That is something I think a lot of us overlook. We have grown up thinking that wearing cotton is very healthy for you. *"It's a natural fiber - wear it."* And now, exactly what you are saying! It is so heavily sprayed and it is genetically modified. It is like what are we left with? It's a mess.

>> Dr. Cowden: It is a mess for sure.

>> Sarah: It is a big mess. So, to start healing the gut you want to stop eating the things that kill the good gut bacteria, which is food that has been laden with antibiotics.

>> Dr. Cowden: And it is ludicrous to think you can fix the problem by eating out the regular foods and taking some probiotics. The healthy gut should have about a thousand different species of friendly bacteria and the standard probiotic has 6-12 friendly bacteria species. You would have to take hundreds of different types of probiotics to get anywhere close to having a decent spectrum of friendly bacteria back in the gut.

>> Sarah: Right, and they are very expensive. It is ludicrous. What I like to do and other members of the group is [drink] water kefir or milk kefir. Is that something you like to recommend to people? Because I know it has a lot more strains than you will find in a supplement, and it is very inexpensive to make.

>> Dr. Cowden: Are you talking about fermented foods?

>> Sarah: Yes.

>> Dr. Cowden: Yeah, I think that is the ideal way to go because of the cost of probiotics, and the relative in-expense of making your own fermented foods. You can buy from the farm co-op, from the farmer's market, a variety of different vegetables. You don't soak them in Clorox and you just wash them with reverse osmosis water or distilled water, and you shred them, put them into a quart jar and cover them with a salt brine (made with clean water) and let them sit on the countertop for two or three days. If you want to add a probiotic starter you can buy one of those off of *Mercola.com*. Or you can take one capsule of 3 or 4 different probiotics from your refrigerator and drop the powder from one capsule of each of those into your starter. Let it ferment there for 3 or 4 days, and taste test it at the end of that. If it tastes OK then put it in your refrigerator and eat it over the next few days. One four ounce serving of kimchi, for example, will have ten trillion friendly bacteria in it and a large variety of species, usually over 200-300 species of friendly bacteria in it. The healthy human gut only has one hundred trillion friendly bacteria in it. Basically, if you can do ten servings of kimchi you have put in an entire gut replacement. If you do that with capsules from a probiotic company, you're talking about several bottles of probiotics.

>> Sarah: Wow! So kimchi! And sauerkraut is another very good one.

>> Dr. Cowden: Sauerkraut is a good choice. It is just one vegetable. And remember, there are different species of bacteria in different species of plants. That is why kimchi is probably the best choice, because you have a larger number, a variety, of friendly bacteria.

>> Sarah: That is true.

>> Dr. Cowden: Some people don't like pepper like you get in large amounts in kimchi from the store, so you can make your own kimchi with a lot less pepper in it.

>> Sarah: It's great when you can be self-reliant. It's less expensive, you are not relying on "the system," and you can go and make your own -- with real food.

>> Dr. Cowden: Yup.

>> Sarah: Easy-peasy. Beautiful.

So, I would really like to talk to you about the study of *Pottenger's Cats* which you've mentioned before. You mentioned it when I first met you in California at the *THRiive Summit*. Do you want to discuss that with everyone? It explains a little bit about how dietary changes won't necessarily take care of things like they used to in past generations because of the role that epigenetics plays.

>> Dr. Cowden: Yeah. *Francis Pottenger* did his research in the 1920's and '30s and maybe '40s. It was fascinating research because he was breeding cats and he gave the first generation of cats a junk food diet basically and the cats became ill. And then when he gave them healthy food they became well again. But if the cats got pregnant and had offspring while they were ill, the offspring were also ill. But if he gave the offspring healthy food they became well. If the offspring of the original cats had kittens while they were still on the junk food diet and had offspring, that were then the grandchildren of the first cats, those cats were sick also from the junk food diet. But when you gave the healthy diet to those cats, the third generation, they didn't get well. So it showed that there was a progressive change in the epigenetics of the cats in just three generations that made them more susceptible to illness. And we are now in, at least, the third generation of 'junk food' diet eating in this country.

>> Sarah: Exactly.

>> Dr. Cowden: So, yeah, we are in a precarious moment in time because based on Pottenger's observations we would not expect to just be able to change our diet and get healthy now, because of the number of generations before us that have eaten a junk food diet. So, it is going to take more than that. It will take probably: A variety of supplemental nutrients, aggressive detoxification, emotional work to resolve the emotional conflicts that cause the body to hold on to physical toxins. It will take in some cases stimulating the stem cells to migrate out of the bone marrow to produce healthier cells under healthier circumstances when the diet is cleaned up. It will take eliminating the electromagnetic fields in the environment when we are sleeping so that we are not being pounded by the EMF during the night when our body is supposed to heal. So, it will take a lot of things to get us well that it would not have taken, you know, just 50 years ago.

Back into the 1940s and '50s there was a fellow in Dallas called *Harry Hoxey*. Harry was not a doctor, just a layperson, but his grandfather had discovered an herbal combination that was curing friends with cancer left and right. When Harry moved to Dallas he offered it to some of the people he encountered in Dallas that had cancer and people started getting over cancer fairly quickly. Harry treated one woman who came with her daughter who was a nurse and the daughter was extremely skeptical

and said, *"I'm going to protect my Mom from the charlatan."* The Mom took the Hoxey remedy and her cancer went away and the nurse/daughter, was flabbergasted and shocked. She didn't expect that and she became a convert to the Hoxey treatment of cancer. Around that time the Texas Medical Board in the State of Texas came against Harry Hoxey for practicing medicine without a license and put him through a lengthy, painful, expensive ordeal. After that ordeal Harry said, *"This is no fun, I am not going to do this anymore."* So Mildred Nelson, the nurse/daughter of that patient, came to him and said, *"You cannot just let this recipe die; this is too important. I want to take this treatment to Mexico and setup a clinic down there where it would still be legal,"* and he said, *"Sure, go ahead."* He gave her the formula and she went to Tijuana, Mexico to setup a clinic there.

I talked to Mildred in 1996 when I wrote the book called *Alternative Medicine: The Definitive Guide to Cancer*. She said when she first went down there in the 1950's the Hoxey Remedy, the herbal combination, by itself would cure most cancers. By the 1970's, there was a significant number of cases where it, by itself, was not enough and by the 1990's it was very rarely ever was enough to cure cancer. So, I think that is that epigenetic effect, as well. I think that there was so much more toxicity, so much more EMF, so much more everything by the early 1990's that what used to work was no longer working.

> > Sarah: That shows you right there. Because a lot of people have their questions about, you know, *"Why do I need to do coffee enemas? People didn't used to do coffee enemas. Why now?"* and *"Why do I need to detox now? Nobody used to do that. Why can't I just eat better?"* And that right there is what you've been talking about and what was found in Pottenger's study with the cats. It is coming down to that we need more than just changing the diet. The diet is very important but like you said there are so many new factors that have been presented along the way from these past three generations. We have just continued with more EMF/radiation and a need for much more than just the diet. So, that is very important that you discuss that. Thank you!

So, we are moving along here --

What role does attitude have on healing? Our perspective, and attitude, and the way that we view the world - does that have a big effect on healing?

> > Dr. Cowden: Oh, yeah, absolutely. The Chinese used to say that most disease starts in the colon, or in the bowel, and I have come to believe that most disease starts between the ears, and then the second most significant source of disease is from the bowel. But, you know, when a patient comes with a chronic illness and they have been

told by their health practitioner, *"There is no hope for your condition. Go home and die."* Well, that is a hard thing to overcome if they believe that that practitioner is knowledgeable and well-intentioned, and usually they believe both. The correct statement for that practitioner to have said to the patient is, *"I know of nothing that can help you. Go search for answers."* If the people that are listening to this right now or that will listen to it later, or reading, will know about the movie called *Lorenzo's Oil*, they will know that determined people oftentimes succeed and overcome what the allopathic community labels as a "hopeless situation." My belief is that the only time a person is ever hopeless is when they are already in the grave. Then there is no hope for life for them. There may be hope for life after this life, but not anymore life on this Earth.

>> Sarah: Right. Amen.

>> Dr. Cowden: What we want to do is to change the attitude of people and change the mindset and help people to understand that oftentimes doctors say stuff that just really just isn't so. And to come against those words that are spoken by doctors, just like a curse had been spoken over them by a Satanist or a witch. If they have had such negative stuff spoken over them to cast it off and cast it out and get set free from that verbal, emotional and spiritual oppression. You know, attitude is huge in getting well. It is the getting rid of old, incorrect beliefs, it is increasing the will to live, the will to fight, the will to do the things that are necessary to get well, to somehow reach deep inside and find the motivation to do each day what they've got to do for that day to get to the next day. And if they can do all of that, oftentimes they succeed when everybody in the allopathic medical community said there was no possibility of healing, no hope, and it is -- I call it the *"eye of the tiger."* If the patient can get the *eye of the tiger* in them then they can succeed when odds seem to be stacked against them. I have lots and lots of patients that are from 1987, '88, '89 that were sent home to die that are still alive now in 2015. That is lots of years! [These are] patients that have outlived their oncologist and outlived their other doctors, even though they had a condition that was supposed to make them terminal within two months.

>> Sarah: Right! They've got the 'eye of the tiger!' Like you said!

>> Dr. Cowden: That's right.

>> Sarah: Have you watched the TedTalk with *Lissa Rankin*, on the *"Nocebo Effect?"* Are you familiar with that?

>> Dr. Cowden: Oh, yeah.

>> Sarah: I just love that! It has been really inspiring to me on my healing journey. Like Lissa said, words have power and when a doctor says, "*You have a month to live*" that will have a physical, profound effect on that person if they believe that to be true. If they do think, "*I have a month to live,*" they start giving up mentally and physically! That is why it is so important what a doctor says, or your practitioner, or even what you tell yourself and your sick friends and family --

>> Dr. Cowden: Even if a medical doctor says something to a patient that is a bit less negative than average which is something like this, "*90% of patients that have this condition will be dead in the next so many months.*" If they come to me with that statement from another Doctor, I say, "OK, *98% are going to be dead, so 2% are going to be alive. Do you want to be in the 2% or do you want to be in the 98%? Somebody has to be in the 2%. It could be you if you choose!*"

>> Sarah: That's right. Don't automatically think you are in the losing group. You can be in the winning group! You can be in the 2%! You have to believe that and aspire for that.

>> Dr. Cowden: Yup.

>> Sarah: So, that is awesome. You are giving a lot of people hope, so thank you.

One of the other things that you have mentioned is -- what you mentioned to me when I met you in California, and that is the power of forgiveness. How so many of us are just walking around with heavy hearts, not forgiving people for the wrongs they have done against, us or not forgiving ourselves for some way that we thought we could have been better or done something differently. And that can be a detriment to our healing. Can you walk us through how we can forgive other people and forgive ourselves and get on with healing?

>> Dr. Cowden: That is a huge issue. And there are three emotions that I find, for example, in advance cancer patients that are uniform. Most of them have feelings of inadequacy, or worthlessness. Many of them have feelings of guilt. And almost all of them have feelings of anger, frustration, and sometimes inwardly directed anger and frustration, which then is also sometimes called guilt. If a person has anger and frustration sometimes it is justified, but if you hold on to justified anger the only thing that it does is makes you sick. It doesn't make the other person that you are angry at sick. What you have to do is get to the place where you say, "*I think I have punished myself long enough by holding on to anger toward them. I think it is time for me to let*

go of the anger toward them so I can stop punishing myself." And when you make that decision then it is easier to do what you have to do to let go of the anger and have forgiveness.

One of the simple techniques that I find works really well and costs nothing is: For the person that has unresolved anger to go by themselves, away from other people. Out to the countryside, out to a park, or to drive to a less trafficked street in their car and leave the windows rolled up. When they get to that place that they are going to do this, where they are not going to be disturbed and are not likely to disturb anyone else, they will close their eyes. They will see the face of a person in their past that really angered or frustrated them a lot, and when they see that face clearly they start shouting at that person as if they were there. But obviously that person isn't there. It's just the patient and the air, or the patient and God, however you look at it. They shout whatever comes to mind. They don't try to judge - they just shout. They know they are shouting for a specific purpose. The purpose of shouting is to get enough of the emotional charge off the body from the anger so they can get to the place where they can fully forgive that person, and move on with their life and not be adversely affected in their health by the anger they have not released previously. So they are shouting, and as they shout sometimes another emotion bubbles up. Maybe it is sadness because whatever that person did damaged the relationship, or it was never the same after that, and they are saddened about the loss of the relationship. Maybe they stop and cry because of that. Then they go back to shouting and then maybe after another bit of time they have to stop and tremble because whatever that person did made them feel fearful. The people that you spent the most time with you have to spend more time shouting at because there is more events in your interaction with them than somebody you just met once that caused you anger. You usually start with somebody that you are not related to. That can be the first school teacher that humiliated you in front of the class or the first boyfriend or girlfriend that stabbed you in the back or jilted you. You shout at them first because you are not going to be so judgmental about what you have to shout at them about. Then you move toward the non-relatives and toward the distant relatives. So, from non-relatives to distant relatives and finally to the closest relatives, so at some point you are going to be shouting at Mom and Dad: biological Mom, biological dad, step Mom, step Dad, foster Mom, foster Dad, adoptive Mom, adoptive Dad. All of the people that have been in your life. Grandparents, siblings, spouses, ex-spouses etc. When you cannot think of anybody else to shout out it is time to shout at yourself. When you shout at yourself you pick a time in your childhood when you were really angry at yourself because of what you said, or failed to say, or whatever you did or failed to do. Once you can see yourself in a mirror, at that age, you shout at yourself as if you were that age and back at that moment. When there is nothing else to shout at yourself at that

age, you picture yourself at the next age when you are angry at yourself, or done something or your family did something. Then the next age and next age and all the way up to the present age. Some people end up having to shout at God as well. If they need to do that they shout at God whatever they need to, and then they start the forgiveness process. They forgive God first, if they needed to forgive God, because of their anger they had toward God. Then they forgive themselves next, and then they forgive the closest relatives and then they forgive the distant relatives and then the non-relatives. They are forgiving in the reverse order that they shouted. I found if the person does shouting/forgiving, shouting/forgiving process it doesn't work because you need to stay in your left brain and be in the emoting mode during the entire shouting process. And then switch over into your logical brain -- sorry, you are in the right brain during the shouting mode, and left brain, the logical mode in the forgiving mode.

When you cannot think of anybody else to forgive then it's good to, if a person is a spiritual, praying person, to say a little prayer at the end. The prayer they do at the end sounds something like this: *God I am sorry for the anger and frustration I have had towards You, towards others and myself. Please forgive me for that anger. Please remove the roots of the anger and frustration from me, both consciously and subconsciously. Please replace those roots of anger and frustration with your love, joy and peace.*

It is amazing how much lighter people feel just in the time it takes to do that. The time is usually about two or three hours if that is the first time they have ever done it. Don't eat a big meal before you do that because you will get nauseated and throw up. Take water with you because you will get thirsty from shouting so much. It is okay to take a list of people you want to shout out, but it is not okay to take a look at the list before you finish shouting at yourself and God. Take a look at your list to see if you forgot anybody, then put your list down, and finish shouting at everybody. Then forgive.

>> Sarah: For people that are listening -- if you are feeling like your skin is getting clammy or your heart is beating extra or you have tears in your eyes, you know, we are talking to you here! You really need to address these emotional burdens that you have been carrying around for years -- for your life -- that you haven't addressed before. I just hope that everyone does do that. I always love when you explain this [Dr. Cowden] because it is something so simple and it is totally free. But people...well, we are not doing that. We are walking around every day and holding on to these emotional burdens that are weighing our hearts down, that we put this unnecessary

energy into it. The world would be a much healthier, happier place I believe if we all did this exercise.

>> Dr. Cowden: I think so. I find so many people feel the need to do a *liver-gallbladder flush* every two to four weeks because the liver and gallbladder continues to get piled up with toxins and sludge and stones and stuff. I say to those people, "*Have you thought about doing a visualization shouting about the unresolved anger, frustration and forgiveness,*" and they say, "*No, I never have thought about that.*" They do that and after that have never felt the need for another gallbladder flush.

>> Sarah: Right. And that is because in *Traditional Chinese Medicine* the liver is associated with those feelings, right?

>> Dr. Cowden: That is right.

>> Sarah: Would you say dealing with emotional burdens, if possible, should always come before these cleanses? Or before focusing on something like parasites, or heavy metals, or all of the things we have been focused on? You would say to focus on doing an exercise like this before all of that, right?

>> Dr. Cowden: I would. I would make sure that if you are going to do emotional cleansing through '*visualization shouting*' that you do a vegetable juice intake for 24 hours to help your body dump a little bit of toxicity that way. Drink lots of water before you do it. Drink a lot of water the day that you do it. And don't eat a heavy meal right after you do. But let the body continue to dump toxins for some hours after you finish the shouting and forgiving because, you know, a lot of people are very toxic and when you release emotional toxins you will release physical toxins. If you don't do some support of the organs to clear those physical toxins out they will hang up in the body and make you feel ill. The water helps to flush the toxins out of the tissues, out of the lymphatic, through the kidneys, and into the toilet. It helps to give better support even to your liver and gallbladder.

>> Sarah: One of my favorite quotes is by *David Wolfe* and he says that, "*Nature's solution to pollution is dilution.*" That is what is always running through my head when I am drinking water or when I know I should be drinking water! That is what the body needs to flush this stuff out!

>> Dr. Cowden: Yeah. Well it is not just what type of water you drink but also how you drink the water. It is clear that if you drink two ounces every 15 minutes, all day

long, it is much more effective than drinking eight ounces every hour, even though it is the same volume.

>> Sarah: Can you explain why that is?

>> Dr. Cowden: Yes, when you drink big gulps [of water] it absorbs rapidly, goes to the kidneys rapidly, and into the toilet rapidly, but very little of it goes into the cells and carries nutrients in and carries toxins out. If you drink small amounts frequently then a lot of the water that you drink goes into the cells, carries nutrients in, carries toxins out, and carries toxins away from the tissues through the lymphatic system through the venous system.

>> Sarah: That is perfect. So, it is a couple ounces every 15 minutes did you say?

>> Dr. Cowden: Uh-huh.

>> Sarah: Perfect. So, we have so many questions I think I am going to continue on here. Let's talk again about Lyme disease. You are one of the few voices that have spoken openly about Lyme disease being sexually transmitted. Why is that? Why is there so much resistance and denial about this compared to all of the other STD's, where everyone is very quick to say "*Protect yourself. This is an STD.*" But when it comes to Lyme disease they don't do that, and it kind of gets swept under the rug. And along with that, do most of your Lyme disease-literate colleagues agree Lyme disease is an STD or are you a lone wolf in that?

>> Dr. Cowden: No, most practitioners don't acknowledge that Lyme disease is sexually transmitted. *Borrelia* has been cultured on many cases from semen from men and from the vaginal secretions from women, so it is illogical to think that there would not be any transmission of the illness from one person to another through the sexual act. The first sexually transmitted disease that was ever described was syphilis. *Syphilis* is a *spirochete*, just like *Borrelia* is a *spirochete*; a spiral-shaped bacteria. They are very similar in structure and even somewhat similar in genetics. I think that the medical community doesn't want to -- or the government especially -- does not want to acknowledge it is sexually transmitted because they say, "*Oh, my, goodness, how will we handle the fallout from this?*" You can culture *Borrelia* from the blood in a lot of blood banks. Even though they don't screen for it, it is culturable in the blood, but they still say it is not transmitted by blood transfusions. How would you give a live bacteria in the blood to another person, and not have it infect another person? That is not even logical. So far, they are saying it is not transmitted by blood transfusions, or by sexual intercourse, or transmitted from the mother through the placenta into the

fetus, even though there is plenty of evidence presented for that also.

Borrelia has been around for a long time. They found Borrelia genes in the iceman that they found in the northern Italian Alps a few years ago. This guy is 5,000 years old, so Borrelia has been around for at least that long. There is a variety of Borrelia species in the Black Forest in Germany and southern Germany. There is an old doctor in Germany who could actually tell somebody what valley a person came from, in the Black Forest, just by talking with them for a few minutes. By doing a very cursory physical examination he could tell you which valley you came from because everybody had Borrelia in their body and different Borrelia species resulted in different physical signs and symptoms, and different mannerisms. The bugs control us, we don't control them.

During the second World War (WW2), the German scientists were taking the most virulent genes out of different Borrelia species and putting them together into a "*super bug*," they called it, to create a *biological warfare agent*. They didn't finish that project before the end of the war, but the German scientists after the war were split up between Russia and the U.S. The ones that were working on the Borrelia project ended up in the U.S, and there is pretty good evidence they continued to work on that project after they came to the United States. It may be why we have the breakout of Lyme disease in Lyme, Connecticut a few years later.

>> Sarah: Right, because of Plum Island, which is off the coast of Lyme. I'm not sure if that book is still available but *Lab 257*, I believe it's called, goes into more on that idea. It's on the top of my reading list.

>> Dr. Cowden: Yeah. But you know, if the United States government actually continued to dabble in genetic engineering of biological warfare agents from Borrelia, even though laws have been passed by the U.S. Congress to preclude that, basically the U.S. government would be culpable for the Lyme disease epidemic we now have in the United States. So, it is not good for them to acknowledge very much about Lyme disease because of that.

>> Sarah: Right. It's very political.

So, since we are talking about how it can be passed logically through sexual intercourse or through in-utero from the mother to the child, we have questions from people in the group that are dealing with those types of situations. This mom is in remission from Lyme disease and she is wondering how soon is too soon to plan for a baby? Is there always a risk of passing it in utero even if she is feeling better and feels

like she is in remission? If so, what can she do to decrease the chances of passing it to her baby?

>> Dr. Cowden: Well, there are a lot of people out there who are walking around with *Borrelia* in their body and they don't have symptoms and they don't know they have *Borrelia* in their body. They haven't had any tests to look for it, so some of those are passing *Borrelia* along to their offspring unknowingly. I think that if a woman has had *Borreliosis*, and has gone through a sufficient length of treatment of the right type for the *Borrelia*, has detoxified her body as much as she can so that the body is no longer a nice environment for the *Borrelia* to grow in, has made efforts to try to detoxify emotionally, get rid of the electromagnetic fields, get the amalgams out of her teeth (etc). Then I don't think her chance of passing *Borrelia* on to her child are any greater than the others, who never had the full-blown illness, but are walking around with live *Borrelia* in their blood.

>> Sarah: Should children be tested if Mom was infected with Lyme during pregnancy? So, that is when she came down with a lot of her symptoms and diagnosed with Lyme disease during her pregnancy. So, should they be tested if they are not symptomatic?

>> Dr. Cowden: Well, the chance of you finding a positive test in somebody that is not symptomatic is not very great. My usual suggestion would be to do a family wide cleanse. You make sure everybody is detoxified in the family, eliminate the electromagnetic fields as much as you can especially during the night, you make sure everybody is eating good, clean food, and drinking enough water, and all of that other stuff. I don't think that it is necessary to try to do a blood test on every child that is born to a Mom that has had Lyme disease at some time. It is unlikely to yield anything and if it does yield something what are you going to do about it?

>> Sarah: Right, and that goes along with my next question. If the child is Lyme positive but they're asymptomatic, not presenting with symptoms, would you treat anyway or leave them be?

>> Dr. Cowden: I would detoxify them and clean up their sleeping environment. I'd make sure there's no light coming into the bedroom when they are sleeping at night, no Wi-Fi turned on during the night, and the electrical circuit to the bedroom is turned off during the night etc. I probably wouldn't treat unless they had some symptoms. If they had some symptoms then I would not treat with pharmaceutical antibiotics, as I think that is overkill and probably creates more trouble than help. It kills off the friendly bacteria in the gut usually and causes a weakening of the immune

system, fungal overgrowth, leaky gut, food allergies and on and on. I would probably treat only with a natural herbal program that is of alcohol tinctures and rapidly absorbed into the stomach, which don't usually make it to the intestine, and therefore don't kill off the friendly bacteria in the intestine.

>> Sarah: So your protocol -- the Cowden protocol -- that is used for children as well as adults, right?

>> Dr. Cowden: It is.

>> Sarah: Parents don't need to be concerned about the alcohol content in these, right? Is that what you are saying?

>> Dr. Cowden: If they take the full Cowden program for an adult and measure the amount of alcohol that is there, in all of remedies, through the entire day, it is approximately equal to eating one ripe banana each day.

>> Sarah: Oh, wow! Okay. And does that go for other alcoholic tinctures in general? Are they safer to use rather than a *glycerine/glycerite*?

>> Dr. Cowden: Well, there are some alcohol tinctures on the market that are 80% alcohol. Nutramedix's are 22% alcohol, so you get four times as much alcohol from the others. Ripe fruits do have alcohol in them. The riper the fruit, the more the alcohol. I don't think there is any greater risk from a fruit alcohol than there is from a potato alcohol. That is potato alcohol in the Nutramedix products.

>> Sarah: All right. Well that is good to know. If somebody is taking either herbal or conventional antibiotics should they be "*pulsing*" them and what is the best way to do that?

>> Dr. Cowden: I missed your question. Say it again.

>> Sarah: If somebody is taking either herbal or conventional antibiotics should they be pulsing them, and what is the best way to do that?

>> Dr. Cowden: Yes. So many doctors -- Lyme literate physicians that treat Lyme disease -- start patients on antibiotics and give antibiotics continuously for months, if not years. When they finally stop, within a few days or weeks the patient has complete return of symptoms often times. The reason that happens is because the studies show that within 1-2 hours after you start an antibiotic the *Borrelia*, and some of the other

microbes, are able to *pleomorph* (change shapes) and become resistant to the antibiotics. They stay in those other resistant forms for as long as the antibiotic is given, whether that is one day, one week, one month or one year. When the antibiotics are stopped they pleomorph back into the original invasive form, so I think it is illogical not to pulse. The IDSA [Infectious Disease Society of America] says that you should not pulse and that there is no scientific basis for it, but there is good logical basis for it just based on the knowledge of the life cycles of the bugs. When we did the Lyme study with the herbals back in 2002 and 2003, I found that the patients that took the herbals continuously, and then stopped, had reoccurrence. Those that took the herbals on a 12-12.5 days ON, and 1.5-2 days OFF cycle did not have reoccurrence. I believe it is much better to do a pulsing schedule because of that. If you are going to take pharmaceutical antibiotics and herbals at the same time, I feel there is very little benefit from that. But if you chose to do that because of fear then you would stop the pharmaceutical antibiotics 12 hours before stopping the herbals, because the pharmaceutical antibiotics have a longer half-life than the herbals, and it takes longer for them to clear the system. Then you would start them both back up at the same time.

Dr. Horwitz did a second study with the modified Cowden Support Program and in that second study, according to his Physician assistants: He put some patients on the Cowden Support Program only, some patients on antibiotics only, and some patients on antibiotics plus the Cowden Support Program. The ones that got the Cowden Support Program only did just as well as the other two groups, and in some respects the ones that got the Cowden Support Program only did better. They didn't have as much fungal overgrowth and dysbiosis later.

>> Sarah: That is awesome! I know a lot of people had that question. People that are recently diagnosed with Lyme disease, or something along those lines, or are new to the 'alternative' health world, can become skeptical of herbals compared to a prescription or conventional pharmaceutical. They get concerned that it is not going to be as strong. But like you are saying they can be just as good, if not even better, because you don't have the adverse effects.

>> Dr. Cowden: Yeah. *Dr. Eva Sapi* did *in-vitro* studies (that means in a test tube) with *Borrelia*, in her lab at the University of New Haven Connecticut. She tested the *Borrelia* against Doxycycline, the most commonly prescribed pharmaceutical antibiotic for Lyme Disease, and she compared that to:

Samento alone
Banderol alone

Samento and Banderol together
Cumanda alone
Samento and Cumanda together
Stevia alone
Mora alone
Enula alone

And [tested it] to other different combinations of herbals.

>> Sarah: Which are a part of your product line at Nutramedix.

>> Dr. Cowden: Which are all part of the *Cowden Support Program*.

What she found is that Doxycycline was effective in killing off the *spirochetal* form of *Borrelia*, the spiral shaped invasive form of *Borrelia*. But it was ineffective at killing off the *round body* forms, which are the hiding forms, or the *biofilm* forms. But all of those herbs I just mentioned were effective against all forms. She concluded that it is a no-brainer. The antibiotic – the Doxycycline -- is inferior to the herbals from her perspective.

>> Sarah: Right! Is there a difference between Cats Claw versus Samento? They have different names, but can you explain what the difference is between the two?

>> Dr. Cowden: Yeah. The first difference can only be measured with an instrument that was produced by NASA which measures the *quantum physical imprints* that are placed in the Samento. The other Cat's Claw on the market does not have the quantum physical imprint to make the herbal work like a homeopathic, as well as an herbal. The other aspect of Samento that makes it different than Cat's Claw can be measured with chemical tests. Samento has essentially zero *tetracyclic oxindole alkaloids* (TOAs). There are some chemical compounds in Cat's Claw, in nature, and those are called the *pentacyclic* and *tetracyclic oxindole alkaloids*. The pentacyclic oxindole alkaloids (POAs) have a very good anti-microbial effect and the tetracyclic oxindole alkaloids reduce that anti-microbial effect of the pentacyclic oxindole alkaloids. So, the POA's are beneficial and the TOA's appear to impair the benefit of the POA's. The Cat's Claw has enough TOA's to make them ineffective, less effective, against microbes in an in-vitro culture.

>> Sarah: Alright! I realized I just jumped into that question not explaining that Samento is a part of the Nutramedix line for the Cowden Support Protocol. That is

why I was asking. And Cat's Claw - a lot of people will try to take that in place of the Samento.

>> Dr. Cowden: Yeah. You know, [Stephen] Buhner and others say there is no benefit of the Samento compared to other Cat's Claw, but I have not found that to be the case. I have had patients that were on the Samento that said, "*I cannot afford the Samento*" and switched over to the Cat's Claw and had a reoccurrence of symptoms. I haven't found what Buhner said to be the case with in-patient care. Now there is a company out of Europe that spent a couple million dollars trying to figure out how to get the TOA's out of standard Cat's Claw, and they were able to achieve that. That product is called Samentero. Samentero hasn't been quantum physically imprinted and it still has traces of TOA's in it because you cannot get 100% of the TOAs out with the chemical extraction process that they use.

Samento was actually found in the Peruvian rainforest one season in plentiful amounts without any TOA's in it. Apparently, that growing season there happened to be exactly the right sunlight, rainfall, humidity, and everything else, to cause the gene that produces the TOA's in that plant to turn off that season. God just did it that year.

>> Sarah: Wow. That's cool!

>> Dr. Cowden: So, the Nutramedix Company harvested 40 tons of the Samento that year, and they're continuing to use that same product since then.

>> Sarah: That is awesome. I definitely want to talk more about the Nutramedix line. People have a lot of questions. So, which of the Nutramedix tinctures can travel through the *blood-brain barrier* (BBB)? Can any of them do that?

>> Dr. Cowden: Well, all of the alcohol tinctures appear to do that to some degree because alcohol actually disrupts the blood brain barrier a bit. That is why people get tipsy when they drink, because alcohol is going into their brain. But anyway, the alcohol tinctures do cross the blood-brain barrier much better than an encapsulated form of the same herb. Nutramedix has made, and will soon discontinue, making the encapsulated form of Samento capsules. You know, powder in a capsule. In my experience it doesn't work nearly as well on the brain involvement of *Borrelia*.

>> Sarah: Interesting. So, would you say that, in general, a liquid is going to be superior to a capsule?

>> Dr. Cowden: Well, the alcohol tincture is superior because it has much more rapid absorption out of the gut, and very little of it probably ever makes it into the small intestine. Most of it gets absorbed in the esophagus, stomach and the very first part of the small intestine. The vast majority of the intestine never sees the herb - it gets absorbed in the blood stream before that. The capsules on the other hand do make it down in the distal, small, and large intestine probably. And, you know, Samento doesn't kill a lot of friendly bacteria but it kills a few, and it would be better in my opinion to use products that kill none.

>> Sarah: Right. I agree. This person is wondering: Can I make my own tincture at home using asparagus and parsley? Will that be comparable to the Nutramedix products, like Sparga -- which is made from asparagus? Can you make your own?

>> Dr. Cowden: The vast majority of the effect of Sparga is not from the chemical tincture. It is from the quantum physical imprints put into it by the *scalar generator*, by the Russian physicists. So, it is acting more like a homeopathic than it is an herbal, but the sulfur containing substances in the asparagus is a perfect carrier for that energy. So, the answer would be no - that would not work at all. Parsley is primarily a *quantum physical remedy*. Parsley as an herb, as a tincture, is a pretty decent detoxifier of the kidney, but a lousy detoxifier of the liver, the gallbladder, the lymphatics and the ground matrix. The quantum physical imprints help the parsley from Nutramedix detoxify very well the ground matrix (the space between the cells), the lymphatics, the liver, the gallbladder, the kidneys and the urinary bladder.

>> Sarah: I think that is the important part people are missing. We're considering them as herbals but we are not considering that they have been imprinted in that way. That is the big difference.

>> Dr. Cowden: Yeah, there was a company that was treating a lot of patients with chronic fatigue and fibromyalgia in the United States and they had a whole bunch of the patients on Cumanda from Nutramedix and the patients were getting better fairly consistently. And that company thought "We will not continue to buy this Cumanda stuff and we will just harvest our own *Campsiandra angustifolia* in the forest out in Peru and make our own extract, give that to our patients, and they will get the same effect." They did that and the patients that had been on the Cumanda that were switched over to the new product called and came back to the office saying, "I don't want that new junk, I want the old stuff because it worked better."

>> Sarah: Can you explain more about that imprinting process?

>> Dr. Cowden: Yeah, I can tell you a whole lot about it but I would have to kill you.

>> Sarah: Oh, gosh. No, never mind.

>> Dr. Cowden: No, the general concept is that a *scalar generator* is produced by putting noble gases inside of a glass tube and putting an electrical electrode on the end of each tube, on the inside, and passing an electrical current into the tube that arcs through the gases and excites the gases into a higher energy state. Something that everybody listening would be familiar with is a neon light bulb; a four-foot long tube of gas with electrodes on each end and noble gas in between getting excited about the electricity that arcs through the gas. The noble gases in the scalar generator used for the Nutramedix are not neon because that is the poorest choice of gases to use. There are much more expensive noble gases in a specific combination that are used. The magic is knowing what frequency to pulse the electricity at to get the vibrational frequency of the gas to transfer the energy into the liquids that are in that vicinity.

>> Sarah: It goes above and beyond my understanding but it kinds of sounds similar to the *Rife machine* that I have been using with the plasma tubes --

>> Dr. Cowden: Very similar to that actually, except it is more powerful because of the way it is designed.

>> Sarah: Interesting. That is very cool. Well another person had a question, which was how does Nutramedix compare to *Byron White Formulas*. I would say that is one of the big ways you are different from the Byron White Formulas, wouldn't you say?

>> Dr. Cowden: Yes, the Nutramedix products are imprinted for several purposes. One is to enhance the effectiveness and the other is to improve the tolerance so that the Nutramedix products are fairly well balanced and they are not very harsh on the system. The Byron White Formulas are effective but sometimes extremely harsh on the system because they don't appear to be as well balanced.

>> Sarah: Excellent. Your protocol, does it address other co-infections like Babesia, Bartonella and Mycoplasma?

>> Dr. Cowden: Yup, and a lot of others as well.

>> Sarah: Okay. That is what people were wondering - if it was just focused primarily on Lyme disease or if it was broader than that.

>> Dr. Cowden: I think there is evidence in the peer reviewed literature that *Uncaria tomentosa* (Samento) that there is at least five different antimicrobial agents in that plant. In one plant we have some which are anti-parasitic, some antifungal, some antibacterial and some of which are antiviral. In most of the other individual herbs, like Banderol and Cumanda and so on, there is also a variety of different antimicrobial agents. When you look at the combinations of those in a program then you are talking about a couple of dozen different antimicrobials agents all at one time, during a 12.5 day period. So, the chance of the bugs being able to develop a resistance is extremely remote and the chance that you are covering most of the bugs that are present is pretty high.

>> Sarah: All right. Perfect. Okay. You mentioned earlier that you wouldn't necessarily think it wise to combine herbals and conventional antibiotics because that is normally a fear-based decision that, you know, the herbals are not going to cut it so you do both. Well, what about -- we have some other combinations that people were interested about. People were wondering about combining your Cowden Protocol with ozone therapy. If that was an okay thing or a no-no --

>> Dr. Cowden: Yup. Just needs to be separated in time. The herbal antibiotics have an anti-inflammatory effect. For example, some of the herbs are comparable in anti-inflammatory affect to the most powerful non-steroidal drugs on the market, but without any of the adverse effects of those same drugs. There are also antioxidant substances in each of the herbal combinations. Ozone is an oxidizing treatment and a pro-oxidant, and you don't mix a *pro-oxidant* and an *antioxidant* at the same time. You usually do those staggered, not simultaneously. If you do the herbals in the morning before breakfast, you might do the ozone midmorning and more antioxidant herbals in the lunch timeframe, then some other oxidizing treatment in the mid-afternoon, and more antioxidants in the supper timeframe. You are doing what we call yo-yoing during the day between *oxidation reduction*.

>> Sarah: Perfect. Can we combine your protocol with *Dr. Amy Yasco's* supplements to open up *methylation pathways*?

>> Dr. Cowden: Amy does, I guess, over a hundred different products. Some of those are no problem to combine with the Cowden Support Program, and some of them are probably not as compatible. But usually if you separate them in time there is a greater degree of compatibility.

>> Sarah: Okay.

>> Dr. Cowden: If you are doing her program after breakfast, let's say, and then ozone shortly after that, then sometimes that makes it even more complicated. So the more things you add in the more potential interactions you get.

>> Sarah: Right, exactly. What about *essential oils* in combination with your protocol? Would you do them at a different time? Most people are applying the essential oils topically, rather than ingesting them. Could they apply them topically while they are also taking Nutramedix, or is that going to have an interference?

>> Dr. Cowden: No, no interference. My preferable way to give aromatic oils is in carrier oil rubbed on the back, from the nape of the neck to the tail bone. That is taken up by the nerves around the spine and the oils are taken into the spinal cord and they go from the spinal cord out other nerves into the abdominal organs, chest organs and into the neck organs. You get quite a good effect from that. If you knew a whole lot about oils you could get an affect similar to the Cowden Support Program possibly.

>> Sarah: Are there any particular oils that you recommend like Peppermint, Clove or Oregano oil? Is there something that you use frequently?

>> Dr. Cowden: I use Frankincense and Myrrh more than any because they were good enough for Jesus so they are good enough for me

>> Sarah: That is the truth!

>> Dr. Cowden: I think that there is a variety of herbs that can be used. You just have to know what the circumstances are. If you're trying to get rid of some parasites, Peppermint can be excellent for that. Other types of parasites and certain fungi, Oregano can be superb for that, but oregano is really irritating to the skin so you have to dilute it with enough [carrier] oil. Frankincense can be rubbed on full strength without trouble and so can Myrrh, but it is a little bit sticky.

>> Sarah: I love essential oils in my house – they've been great!

Joe brought up an interesting question which was about a study in Germany where 80% of the patients had success and improved using the Nutramedix products. Do you know how many of the 80% relapsed, if any at all?

>> Dr. Cowden: I don't know the answer to that. We would have to ask *Dr. Schwarzbach* to see if he knows. What we found in Texas in the follow-up study for that support program, which we developed in Texas in 2002, is that if the patient stopped therapy at four and a half months most of them got reoccurrence. If they stopped at six months then a fewer number got reoccurrence. If they stopped at nine months then even fewer got reoccurrence, and if they stopped at a year very few had reoccurrence. So, somewhere between 6-12 months is where patients should reevaluate if they still need treatment. Usually what I have people do is to take the program until they feel like their symptoms are as improved as they are going to get, then drop down to one dose per day of *Microbial Defense* products for one month. Then stop the Microbial Defense products for one month, but stay on the other things like the drainage remedies, Magnesium and so on. At the end of the second month if they are still symptom-free they probably don't need most of the program.

>> Sarah: All right. If somebody went through a whole program -- and it could be the Nutramedix protocol or a different one -- and they become symptom-free and feel like they are in remission, then after some amount of time they relapse -- would they go back to that same protocol they used before? Or does that mean it is time to try something new because that other protocol didn't stick?

>> Dr. Cowden: Too many variables to answer the question as you asked it. But if a person has taken the program, let's say the Cowden Support Program, for six months and they are completely symptom free at the end of six months, and they stop the program for a month, and they remain symptom free and therefore stop the whole program, but four months later they have reoccurrence of symptoms, they need to look at everything that happened. Did they have a major event? Did they have an auto wreck? Death of a loved one? A flu-like illness, or anything else that would have bottomed out their immune system that would bring the bugs back? The immune system is no longer strong enough to keep the bugs in check. Or did they just not do enough on the detox level on the first go around so that they were susceptible and slowly creeping back toward illness all of those four months? Often time it is the latter. It's not like they have had another trauma but they still have a mouth full of mercury amalgams, they still have mold and fungus growing in their house, they still have less than an ideal diet and are drinking too many sodas and not drinking enough water. Then after some period of time they have a reoccurrence of symptoms because they have not taken enough of a load off their body.

>> Sarah: Right. They have not addressed all of the underlying sources that are creating the problem.

>> Dr. Cowden: Yup.

>> Sarah: That makes sense. Alright. So, we would like to know - are you developing a *liposomal* product line with Christopher Shade from Quicksilver Scientific?

>> Dr. Cowden: We did have Chris make up a test batch of a liposomal for the purpose of trying to do a study with Alzheimer's/dementia and it looks promising but we don't have enough data back yet to see how well that is going to work. Liposomals hold a lot of promise for advanced neurological diseases because you can get so much higher levels of the active ingredients into the brain when you have a well-made liposomal.

>> Sarah: Perfect. We will be waiting with bated breath if you come out with more stuff like that.

I am going to move on to *cannabis oil* because a lot of members in the group are thinking about starting that. It is becoming legalized and available in many more states these days. So, if patients can obtain it legally, do you consider that something that they should go for? Do you support that decision? We are hearing a lot of success stories. What are your thoughts?

>> Dr. Cowden: Yeah. I think cannabis is an appropriate for select conditions. And I think the strongest indication is probably for recurrent seizures. It seems to work extremely well for recurrent seizures in children. Better than anything else I am aware of and far superior to any pharmaceutical drugs that are available for the treatment of seizures. I think that the practitioner should start using the pure CBD oil without the THC. The THC is the hallucinogenic part of cannabis and often times it is not necessary to get the desired effect. You can get the immune boosting effects and *transmembrane electrical potential stabilizing effects* from just the CBD without any THC. For pain syndromes sometimes you have to have a little bit of THC. I think a little bit of THC with CBD is probably a safer choice than a lot of the opiate drugs that are available by prescription in the United States. And so you know there is -- I think there is some very reasonable indications for CDB and a little bit less clear indications for THC products.

>> Sarah: Perfect. Alright. So I would like to ask next -- what can we do to purify our blood, oxygenate it, and prevent blood stasis/stagnation? What are some specific things we can do for that? I think you touched upon that a bit earlier.

>> Dr. Cowden: To purify the blood?

> > Sarah: Yeah.

> > Dr. Cowden: Yeah. Well, the most important is to drink enough water each day, get enough rest each night, to eat the clean foods, and to start with the basics. So often people are looking for a magic bullet and they don't even address water, food and sleep. So that is where you start. Once you address the basics -- clean water, clean food, good, quality sleep, sufficient rest, stretching, exercise -- then you look at some of the add-ins. That would include proteolytic enzymes 30 minutes before food, which helps to clean the fibrin and toxic sludge out of the blood so that the blood will flow more efficiently through the blood vessels and deliver oxygen into the tissues more efficiently. Then you look at some of the detox things that can be done to get toxins out of the body. If you have a mouthful of mercury amalgams it is a waste of time to detoxify from metals. Usually you have to get the mercury out of the mouth, because every time you chew with a mouth full of mercury amalgams you will mobilize mercury from the surface of the teeth to a level that will exceed Environmental Protection Agencies (EPA) standards for safe air inside of your mouth. How in the world can you expect to get metals out of your body if you have that much metal in the air you are breathing in every day? Then you do other things that can help to detoxify the body like far-infrared saunas, clay plasters, laser detox and on and on.

> > Sarah: Coffee enemas?

> > Dr. Cowden: Coffee enemas are a great choice, and even sometimes colonic therapy. If a person has a lot of dysbiosis and just needs to start over, and they have taken round after round of antibiotics, and maybe have silicone implant disease from having had silicone breast implants, then they can do the colonics to flush that stuff out. And they can take fermented foods and put friendly bacteria in that way, or do probiotic implants rectally, or even fecal implants rectally to put enough friendly bacteria in so the bowel flora can be reestablished. A lot of the dirty blood comes from dirty bowel. If you have a dirty bowel you will have dirty blood and if you have dirty blood you will have dirty organs.

> > Sarah: I have been reading a lot of *Dr. Bernard Jensen*, so I am very familiar with that idea! And I know that a lot of things that you mentioned will also help with the lymphatic system. Did you have anything to add for people that have a lot of lymph stasis/stagnation?

>> Dr. Cowden: Most people have lymph stagnation in the United States because they sit all of the time and are not moving. You need to get up and stand up and move around at least once an hour, and more often is better. The studies show the more you sit the greater your risk of dying from cardiovascular disease and cancer. Sitting is a bad thing!

But anyway, some simple things that everybody can do to help their lymphatic system is: Every night before you go to sleep you lay on your back on the bed and put your legs up in the air and you pretend you are pedaling an imaginary bicycle in the air, while laying on your back on the bed. Every time your knee extends your ankle extends, and every time your knee comes back your ankle comes back so you are pumping the calf and the thigh at the same time on both legs. If you are too weak to do both legs at the same time you can do one leg and then when it tires you lift up the other and do that leg. That is an excellent exercise for the lymphatics.

You can bounce on a rebounder or buy a *Chi-machine* or a *Healthy Swinger* lymph device to passively move your body while you are lying on the floor with your ankles up on the cradles of the Chi machine. If you have really thick, sticky lymph fluid in your vessels, even seek out a practitioner that has *Lymphstar Pro* or *Light Beam Generator*, or one of the other photo magnetic devices that helps to break up the thick, sticky material in the lymph vessels. Pretend jump-rope works really well. You don't have to have a jump-rope to pretend that you are jumping rope. Bounce up and down on the balls of your feet as you move your arms up and down.

>> Sarah: That is true. I always tell myself I need to go get a jump-rope and you're right. I don't actually need the rope I can do the motion without it just fine.

>> Dr. Cowden: Yup.

>> Sarah: We are getting closer to the end of our time together. So I just want --

>> Dr. Cowden: We are not nearly finished either.

>> Sarah: No, we are not! We are going to have to schedule something else sometime because we do have a lot more questions but you have already given so much of our time.

>> Dr. Cowden: I have a couple of closing comments.

>> Sarah: Yes, please.

>> Dr. Cowden: As I said at the beginning I really want to empower the people to be back in charge of their own health and I want to discourage them from delegating their health to some health practitioner that cares less about their health than they do. I think they need to find practitioners that are willing to be coaches and team members rather than dictators. And to that end, you know, our Academy is creating a new breed of practitioners, and we are going to call them the '*American barefoot doctors*.' About 50 years ago they had a healthcare crisis in China where they didn't have enough practitioners to deliver the care, and the cost of the care was too expensive to afford, so a lot of people were going without care. Chairman Mao came to power and fixed the problem and mandated that the universities had to teach anybody who came to the University, asking to be taught, how to deliver some basic care to other people. He put the word out to the public and said that anybody that wants to learn how to become a triage practitioner in the community can go to the University and learn. So, the universities taught the practitioners that came to them from the community, the *barefoot doctors*, how to not use 3,000 different herb combinations but two dozen herb combinations. And not how to use the needle in 300+ acupuncture points but two dozen acupuncture points; the most common ones. And not how to check the Chinese pulses for 120 different things about the body but to check the Chinese pulses for 12 different things about the body. Those practitioners went back out in the community and did the best they could do for the people that came to them, and they became the triage system for the healthcare delivery system of China. They were able to handle 80% of the people that came to them and only 20% were referred to the universities. So, it became a much more cost effective healthcare system.

We are headed for that same type of situation, I'm afraid, in this country because Obamacare will probably be fully implemented this year, and when it is fully implemented Obamacare gives the employers of the country three choices. It says either you pay for the insurance for your employees as you always have -- but that is going to be a problem because the insurance has gone up 50-100% since before Obamacare -- or you can also pay a \$2,000 penalty to the government and opt out of the insurance payment system. Or you can drop the number of hours that employees work from 40 hours a week to 30 hours a week, make them a part-time employee, and not be required to either pay the penalty or pay for their insurance. It is expected that most employers will do the last choice. We will have millions of people uninsured and not have enough income, because they have been dropped from 40 hours a week to 30 hours, to even pay for insurance. We know we are going to have to train up an army of *barefoot doctors* to be able to handle that. That is what the Academy is about the next two and a half years -- to try to teach people how to become *barefoot doctors*,

or wellness coaches, or practitioners that can help enough people to lighten the load, if you will.

>> Sarah: Right.

>> Dr. Cowden: So we have this ACIM Fellowship that we started last weekend, January 31st, and we had our first teaching and that will be edited and up on online. For people that want to learn they can go to the Academy website and learn.

>> Sarah: And that is *www.ACIMconnect.com*?

>> Dr. Cowden: That is right. ACIMconnect.com. We also made the mistake of starting the transition of our website from the previous format to what is called responsive skins. And in 'responsive skin' it was much more than met the eye because we had 950 pages already on the website and every page is tied to several other pages, so when you make a change on one page it changes several others and then you have to go find those pages and change them. It has been a major labor to try to get all 950 pages changed and it has been quite a process. But in the meantime people listening can go to contact **Lisa Wade** by phone and tell her that they are interested in trying to do work in the Academy's Fellowship program. Lisa's phone number is **469-235-5815**. So, you can see some information on the Academy website but, you know, sometimes people have challenges trying to sign up because changing one page to another page is screwing up some of our sign-in pages.

>> Sarah: Oh, no. And so I have been on there and I have signed up. And there are different levels that you can sign up for. Can you mention those?

>> Dr. Cowden: Yeah. So, the --

>> Sarah: Like there is one that is free of charge. And there is --

>> Dr. Cowden: Yeah, there are different membership levels. If a person just wants to take a course and they don't want any, necessarily, discount on the course or special treatment they can become a free member. And that is zero cost. On our Academy website we have quite a few previously recorded free webinars and things like that so they can get a lot of educational information without any money at all. But if they want to pursue the Fellowship then they really need to think about becoming a Premier Member in the Academy, because when you become a Premier Member you get a \$360 archived course, one of the nine courses that we have taught in the last three years; which is 12-14 hours' worth of really valuable and educational

information as part of the \$500 to sign up. They also get \$180 off of the first Fellowship module they participate in. So, basically the membership then becomes free! The modules are 30-hours each and you don't have to commit to the other modules until you finish the first. You can start out with just a module and see whether that is a worthwhile endeavor or not. If it is, then you say "I think I will do module two" and then you commit to that. They have a payout program that Lisa can explain if a person wants to do the modules.

>> Sarah: Is this something that you can do at your own pace?

>> Dr. Cowden: Yup, you can go as fast or slow as you want. Well, you cannot go any faster than we are. We will be recording these every 6-7 weeks for the next three years. So, you cannot go faster than we record it. You can go back and look at some of the older valuable information that we recorded but you cannot get the new Fellowship education except at the rate we are doing it or slower.

>> Sarah: You are hosting events in Texas, right? Over the next three years? And so people could go to that if they live in Texas? Or if they want to travel to Texas?

>> Dr. Cowden: Yup, most of our events will be in the Dallas Fort Worth area, and one in Orlando in October, but the rest of them will be in Texas for at least the next year. And then we will see after that where we will do the others. But you know, you can learn off the internet and then periodically go to a pre or post conference where you do the hands-on workshop and get a lot of education that way with less travel expense.

>> Sarah: Right. Perfect! Well, I will include all of the links to the ACIM website and some of the other things you have mentioned here tonight for everybody listening. We will have quick and easy access to that. I am so grateful for you taking this time to speak to us Dr. Cowden because I know you had a very busy, busy week. In general you lead a very busy lifestyle; you're very productive. I know that it is important to you to speak with us about this and to educate and you are very inspirational and this interview is going to help a lot of people, so thank you very much.

>> Dr. Cowden: Yeah, well you are very welcome. I was very impressed with your knowledge when we met out in California and saw that you were definitely not the average person out there in the health field, but actually really searching hard to find the right answers and trying to figure out what can help the most people, in the shortest period of time, for the least amount of money and that is also what I am interested in.

> > Sarah: Yeah, that is right. Thank you so much.