

Sandra Petry's Story of Dental Osteomyelitis (Osteomyelitis of the Jawbone)

The Probable Causes of Sandy's Chronic Osteomyelitis of the Jawbone:

- 1964: Tetracycline, which should not be prescribed for children less than eight years of age, was prescribed for her when she was three years of age. It damaged her teeth (her permanent teeth came in discolored at the gum line and, unknown to anyone at the time, her teeth were brittle and her four upper front teeth had extremely long, thin roots).
- 1969: An accident at age 8 when she hit her face, under her nose, on the back of a chair that caused a cyst to form in her nasopalatine duct (between the roots of her upper left front tooth and upper left incisor), which went undetected until November 21, 2002.
- 1970: A swimming pool accident at age 9 that damaged her back teeth (caused hairline fractures in her molars, which led to having large amalgam fillings placed in them).
- July 1983: Removal of 4 wisdom teeth (three developed dry sockets and the pain did not go away for over three months). (Surgery in Redwood City, California.)
- March 23, 1997: Removal of lower left 1st molar (after this dental surgery Sandy's endometriosis (for which she had two previous laparoscopies including removal of endometrial tissue and cysts) became so severe she was told the only way she could stop the pain was to have a hysterectomy). (Surgery in Marysville, Washington.)
- November 3, 1997: Hysterectomy (after this surgery Sandy's health declined and she could no longer work). (Surgery in Marysville, Washington.)
- February 22, 1998: Removal of upper right 1st molar. (Surgery in Marysville, Washington.)
- February 22, 1998: Removal of lower right 1st molar. (Surgery in Marysville, Washington.)
- June 2, 1999: Root canal on lower right 2nd molar. (Procedure in Marysville, Washington.)
- August 16, 1999: Root canal on lower left 2nd molar. (Procedure in Marysville, Washington.)
- May 2, 2000: Removal of upper right 2nd molar. (Surgery in Marysville, Washington.)
- January 13, 2001: Removal of lower right root canalled 2nd molar that turned black and insertion of a freeze-dried, crushed bovine bone implant. (Surgery in Marysville, Washington.).

What Sandy Has Done to Get Rid of Chronic Osteomyelitis of the Jawbone:

- June 30, 2001: Diagnosis of cavitations and a serious systemic infection by a holistic dentist (a Dr. Hulda Clark admirer). [Symptoms: a deep, dry cough, headaches, pain in lower right jaw, pain and swelling in breasts, along the sides of body, in abdomen, upper arms and on the inside of thighs — wherever there are lymph glands. Depressed and low energy — everything accomplished was forced. Weight gain of 100 pounds in less than four years and temperature always low (97°F)]. The dentist sent her for a panoramic x-ray of her mouth and, when he saw the x-ray a few hours later, recognized cavitations in her lower right jawbone (not easily seen on x-rays, panoramic or not) and tested her body with a German device (similar to Dr. Clark's Syncrometer) for infection. He told her that the medicine he prefers is homeopathic and using it for her condition would take years to help her and she did not have years. He referred her to a doctor in Oakland, CA who specializes in osteomyelitis of the jawbone. (Diagnosis made in Sebastopol, CA.)
- July 10, 2001: Removal of lower left root canalled 2nd molar and removal of cavitations on lower left 1st molar site and wisdom tooth site. Removal of cavitations at lower right wisdom tooth and 1st and 2nd molar sites including the removal of pieces of a freeze dried, crushed bovine bone implant at lower right 2nd molar site that had been placed there in January by a Washington dentist who thought it would aid in the healing of the bone after he extracted the 2nd molar, but which had deteriorated and interfered with healing. (Surgery by dentist in Columbus, IN who contributed to Dr. Clark's books.)
- August 15, 2001: I wrote to Dr. Clark after Sandy's symptoms did not improve. Dr. Clark answered, "Dear Bonnie, Thank you for writing and trying so hard for your daughter, but it would do no good to find the problems. That is why I don't do consultations or testing. She needs to commit 2 weeks to her learning program here. I hope it is nothing serious, but regardless, she will be quite challenged by our new techniques. We teach them in a 2-week program and review her dental work. I expect the problem to be adrenal, and stemming from the hypothalamus. But if it still involves dental work that we can't clear up, it might require extraction. If she doesn't want to do that, I would not detain her further. She might be able to find some other solution. Please call Maria (at clinic). It'll be a pleasure working with you. Best Wishes, Hulda R. Clark"
- September 20, 2001: Removal of right upper front tooth. (Surgery in Santa Rosa, CA.)
- September 30, 2001: Removal of three more teeth. (Surgery in Santa Rosa,

CA.)

- October 3, 2001: Removal of 2 more teeth plus removal of 2 cavitations at the sites of 2 wisdom teeth extracted 18 years earlier. (Surgery in Santa Rosa, CA.)
- October 7, 2001: Removal of 2 more teeth plus removal of 2 cavitations at the sites of 2 wisdom teeth extracted 18 years earlier. (Surgery in Santa Rosa, CA.)
- October 14, 2001: Removal of 2 more teeth. (Surgery in Santa Rosa, CA.)
- October 16, 2001: Removal of cavitation at upper right wisdom tooth site. (Surgery in Santa Rosa, CA.)
- October 25, 2001: Appointment with M.D. in Oakland, CA (osteomyelitis specialist) (he was not taking new patients when we called in June). He ordered a CT scan of Sandy's sinuses, a bone biopsy and a blood test to screen for coagulation risk factors. Result of blood test: Elevated Lipoprotein(a).
- October 28, 2001: CT scan of Sandy's sinuses. Result: "developmentally hypoplastic frontal sinuses." (Hypoplastic: "incomplete or defective development of the enamel of the teeth; it may be hereditary or acquired.") (Note: Sandy's permanent teeth came in visibly damaged by tetracycline.) (CT Scan taken in Walnut Creek, CA.)
- October 31, 2001: Removal of cavitation and bone fragments from lower right jawbone where freeze dried crushed bovine bone was placed in January 2001. The bone fragments were sent to Head and Neck Diagnostics of America, Morgantown, WV. (Surgery in Santa Rosa, CA.)
- November 7, 2001: Head and Neck Diagnostics of America, Morgantown, WV, Diagnosis: Partially nonviable bone with marrow fibrosis and lymphocytic infiltration, consistent with chronic nonsuppurative osteomyelitis, alveolar bone. There is no evidence of malignancy. (Osteomyelitis is infection of bone marrow. Nonsuppurative means nonformation of pus. The alveolar bone forms the sockets for the teeth).
- November 19, 2001: Removal of two more teeth. (Surgery in Santa Rosa, CA.)
- December 1, 2001: Began 20 Hyperbaric Oxygen Therapy Treatments (Sunnyvale, CA), 30 days of antibiotics and daily injections of a blood thinner [prescribed by M.D., Oakland, CA (osteomyelitis specialist)].
- December 24, 2001: Removal of 5 of her last 10 teeth, all 5 were front upper left teeth (when the teeth were pulled they were found to be fused to the jawbone and the root of the front left tooth broke off and could not be extracted at that time). (Surgery in Santa Rosa, CA.)
- December 31, 2001: Removal of her last 5 teeth (front lower left teeth, all

- fused to the jawbone. (Surgery in Santa Rosa, CA.)
- December 2001: Referred to an Oral and Maxillofacial Surgeon in Milpitas, CA by M.D. in Oakland, CA (osteomyelitis specialist). Appointment was made for March 7, 2002.
 - January 7, 2002: Removal of root fragment that was fused to the bone plus blood clots and unhealed tissue from front upper left jawbone (behind left nostril) (tooth was extracted Dec. 24, 2001). Dentist called M.D. in Oakland. (Surgery in Santa Rosa, CA.)
 - January 7, 2002: IV's containing two antibiotics on two consecutive days and then three different antibiotics by mouth, each at different times of the day, for the following 30 days [prescribed by M.D. in Oakland, CA (osteomyelitis specialist) after talking with dental surgeon in Santa Rosa, CA].
 - January 15, 2002: Removal of dead tissue and bone from lower right jawbone where freeze dried crushed bovine bone was placed in January 2001 (bone and tissue specimens sent for testing to The Washington Hospital Laboratory in Fremont, CA. The Lab cultured the bone and tissue and reported that they tested positive for Streptococcus and Staphylococcus. This showed that the IV and heavy dose of antibiotics had not reached the infection. (Surgery in Santa Rosa, CA.)
 - February 1, 2002: Hydrocolon Therapy treatments twice daily for 2 weeks along with a juice fast and large amounts of powdered psyllium husks, bentonite powder, herbs for elimination and herbs for building the body. Also one L. Salivarius capsule each time the herbs were taken, and, for the first five days, Dr. Clark's parasite program — two Black Walnut Freeze Dried capsules four times a day and seven each of the clove capsules and Super Wormwood capsules once a day — plus, for good measure, on the fifth day, ten 400 mg. CoQ10 capsules opened and mixed with honey and swallowed as a tapeworm cure. At the end of every colonic, an implant (through the colonic tube) of ozonated water, electrolytes, acidophilus, chlorophyll, Aloe Vera and enzymes. This treatment helped eliminate the pain and swelling on the right side of Sandy's abdomen. (Hydrocolon Therapy treatments in El Cajon, CA.)
 - March 7, 2002: Appointment with the Oral and Maxillofacial Surgeon in Milpitas, CA [over two months after being referred to him by the Oakland, CA M.D. (osteomyelitis specialist)]. The surgeon sent her for a SPECT Bone Scan of her whole body, as he feared the osteomyelitis might have spread to her ribs. Result: "No evidence for active skeletal pathology."
 - April 10, 2002: Removal of non-healing tissue and bone fragments from front upper left tooth site. This area was extremely painful, not healing, and pus wept out of holes made by the anesthetic shot. (Surgery in Santa

Rosa, CA.)

- April 13, 2002: Referral to an Oral and Maxillofacial Surgeon in Santa Rosa, CA. by her dental surgeon in Santa Rosa, CA. (When the dental surgeon tried to give her a shot in her upper front jawbone the pain was so excruciating that he stopped the procedure.)
- April 15, 2002: Removal of dead bone in lower right jaw and front upper left tooth site (behind left nostril). The abnormal intrabony tissues were surgically removed via decortication and curettage, i.e. he removed the outer hard layer of bone and scraped out fragments of diseased bone marrow inside. Performed by the Oral and Maxillofacial Surgeon (who is also an anesthesiologist) in Santa Rosa, CA under general anesthesia. During the surgery Sandy's pain was so intense that when he began working on her front upper left tooth site, she kept taking his hands out of her mouth. I had to tell her to stop doing it or the procedure would be aborted. She wanted the surgery to be successful so badly that drugged to the max, she bore the pain without touching his hands again. However, the pain continued for days and, when contacted for a follow-up appointment, the surgeon said he was booked solid for the next month and could not fit her in for 30 days. (Surgery in Santa Rosa, CA.)
- April 30, 2002: Removal of large abscess on Sandy's front upper left jawbone that extended up behind her left nostril. A Mexican dentist performed this surgery. He is a dentist that Dr. Clark praises in her books. (Surgery in Tijuana, Mexico.)
- May 9, 2002: Took a homeopathic remedy for staph infection. A Biological Medicine Practitioner instructed her to put five drops of the remedy on a piece of gauze and place the gauze on her gums twice daily. (Biological Medicine Practitioner in Concord, CA.)
- May 10, 2002: Vomiting several times a day, increased to every 45 minutes by next morning and throughout the day. This kept up for several days (with nose bleeds from her left nostril) and her Biological Medicine Practitioner recommended she go to the Paracelsus Clinic in Kentucky. Sandy decided to go to the clinic.
- May 16, 2002: Threw up and had nosebleeds from her left nostril every 45 minutes while I drove her in my 1988 Honda to Kentucky.
- May 19, 2002: Arrived at Paracelsus Foxhollow Clinic in Crestwood, Kentucky. The staff and resident doctor greeted Sandy with total confidence that she would soon be back to normal. One of the nurses gave Sandy several physical tests and drew her blood. Two hours later we met with the doctor privately. He asked Sandy several questions and then gave her 20 minutes to tell him everything that was happening to her and how she thought it began. Then, from what she told him and from her test

results, he prepared an IV for her and wrote up a treatment plan that was started immediately. His diagnosis was severe neurasthenic pain and chronic inflammation — caused by the staph infection in her bone marrow, which was causing pain and swelling of the blood vessels throughout her body. He also said Sandy's nerves were raw and her adrenal glands were exhausted from the excessive oral surgery she had undergone throughout the previous eight months. He said that her body was too acid from the infection and her diet. He put her on an alkalizing diet that contained two glasses of fresh, organic, green vegetable juice daily (with an alkalizing green powder added to it) and gave her several supplements containing herbs, mushroom extracts, enzymes, amino acids, as well as vitamins and minerals to take daily. He asked her to avoid dairy products, sugar, starchy food and nightshade vegetables. For 3 weeks she had a different treatment every hour of the day (IV's, homeopathic shots prepared especially for her and given directly into her gums, far infrared sauna baths, compresses, laser treatments, acupressure and cranial sacral treatments, lymphatic drainage massages, colonics, art therapy sessions, and she swam in the heated, outdoor pool and sunbathed). (Three weeks of treatments in Crestwood, KY.)

- June 12, 2002: Arrived home feeling much better. After leaving the clinic Sandy made her own fresh, organic juice (even in motel rooms, just like the Juiceman does in his infomercials), gave herself homeopathic shots and kept taking the supplements that the doctor sent home with her. He asked her to continue for three to six months with a home version of the ingredients contained in the IV's she received at the clinic.
- July 12, 2002: Sandy's body went through a remarkable transformation. She was much less swollen and dropped a considerable amount of weight (80 lbs.). She often felt itchy all over and noticed yellow shadows on her skin — like you see when a bruise is healing — that came and went, on her arms, legs, stomach and breasts.
- July 14, 2002: Began wearing upper denture. (Made by dentist in Santa Rosa, CA.)
- July 16 through August 1, 2002: Four bone scraping surgeries. (In Tijuana, Mexico.)
- August 2, 2002: IV of antibiotics for two days while in Stanford, CA Hospital as an emergency patient due to vomiting (caused by the four recent surgeries and an IV of 60 Grams of vitamin C taken the day after fourth surgery). (Stanford Hosp., Palo Alto, CA.)
- August 28, 2002: Began wearing lower denture. (Made by dentist in Santa Rosa, CA.)
- September 9, 2002: Bone scraping surgery (sixth this year). (In Tijuana,

Mexico.)

- September 16, 2002: MRI taken of Sandy's head. MRI was ordered by Oakland, CA M.D. (osteomyelitis specialist), because he was concerned about the lumps Sandy had in the lymph glands in her breasts. The M.D. saw on the MRI what he thought was an abscess in her left sinus cavity (in the MRI it looks like it is in the roof of her mouth). The M.D. advised her to make an appointment with the Oral and Maxillofacial Surgeon in Milpitas, CA. to have the abscess removed. The appointment was made for November 21, 2002. (MRI taken at John Muir Hospital, Walnut Creek, CA.)
- September 30, 2002: Bone scraping surgery (seventh this year) (In Tijuana, Mexico.)
- October 14, 2002: First NCR treatment by Chiropractor in Morgan Hill, CA. NCR improves the flow of cerebrospinal fluid (CSF) by changing the shape of the skull. As the cranium optimizes, the flow of CSF becomes more and more uniform, removing the problem of poor distribution of the fluids (cerebrospinal fluid and blood) in the brain. This ensures normal levels of neurotransmitters throughout the brain. This gives you more energy and ability to focus on whatever interests you for longer lengths of time. The treatments consist of an examination of the patient's head, feeling with the hands where the bones of the head are stuck (some people have only a few bones that do not move) and where the body is tight and sore and how the patient's balance responds to pressure at various spots on the head. Then, a balloon is inserted into one nostril and pumped up for three to four seconds with a hand pump and released. This is where the pain comes in. It is like a punch from inside the head. Sandy's head was so stuck she felt tremendous pain for the two or three seconds that the balloon was being pumped up. The doctor pumps up the balloon up to four times at each session. (Sandy had it done twice at each session.) The treatments freed the bones in Sandy's head that were locked in place from past trauma and there was a chain reaction down her left side. It was obvious to Sandy that the lymph glands on the left side of her body had been blocked, which caused the lymph glands on her right side to be over worked and painful.
- October 22, 2002: Fifth NCR treatment. Pain of four year's duration on the right side of back disappeared. The doctor said Sandy's head bones were completely stuck together. He told us out of the hundreds of patients he has treated with NCR he has treated only one other person whose head bones were completely stuck and they had suffered with cavitations, too. The bones in your head are supposed to subtly move when you breathe and, from trauma to your head, the bones stop moving. (NCR Treatments in Morgan Hill, CA.)

- November 21, 2002: Removal of a nasopalatine duct cyst the size of a grape above the roof of her mouth and behind her left nostril that was reached by making an hole through the bone in the roof of her mouth (the abscess the M.D. thought he saw turned out to be a nasopalatine duct cyst). After the surgery the surgeon said the cyst was the reason the bone around Sandy's teeth had died, which led to the loss of all of her teeth. We knew there was something evil in that area because whenever she had an anesthetic shot in the roof of her mouth behind her upper front teeth (and, after her teeth were extracted, in the same area for curettage surgery), pus would seep out of the hole the needle made. We thought the pus would go away when the dead bone was removed. Little did we know the source was a cyst. The Dictionary of Medical Terms by Mikel A. Rothenberg, M.D., and Charles F. Chapman states, "the Palatine bone is either of a pair of roughly L-shaped bones of the skull that form the posterior part of the hard palate, part of the floor of the orbit, and part of the nasal cavity," and "a duct is a tube-like channel for carrying fluids or other materials from one organ or part to another (e.g. the bile duct, which carries bile to the duodenum)." (Surgery by Oral and Maxillofacial Surgeon in Milpitas, CA.)
- November 27, 2002: Head & Neck Diagnostics of America, Morgantown, WV, results of Microscopic Examination of Sandy's Cyst: "Nasopalatine duct cyst, with partially nonviable surrounding bone, and with chronic fibrosing osteomyelitis of surrounding bone, maxillary anterior midline. Note: This cyst has such a small lumen that it might actually be a nasopalatine duct with considerable fibrous stroma surrounding it."
- January 12, 2003: Sandy began having applications into her ear canals of a mixture of ozone and 100% pure oxygen 3 X per week (and enemas with ozone water). These sessions greatly increased her optimism and enthusiasm for life. Her ear treatments help her to temporarily overcome her headaches. Over a 2-week period it also convinced her that the pain in her upper front jawbone area needed more bone scraping surgery.
- February 3, 2003: Surgery to remove dead bone from upper front jawbone area. (In Tijuana, Mexico).
- February 10, 2003: CT scan taken, ordered by Oakland, CA M.D. (osteomyelitis specialist).
- February 12, 2003: Surgery to reestablish bone marrow in lower right jawbone (where she had the freeze dried crushed bovine bone placed in January 2001). When Sandy gave the Oral and Maxillofacial Surgeon in Milpitas, CA her CT scan and told him she was having pain in her lower right jawbone area, he studied the scan and said, "I'm not surprised you're having pain there; you have no bone marrow there." He showed us the

pictures on a light box (the CT scan looked like a lot of x-ray pictures all on one huge sheet). The other jawbone areas showed dark spots that he identified as bone marrow, but on the lower right there were no dark spots. He explained that with no bone marrow there is no blood circulation and with no blood circulation there is pain (such as the pain caused if you put a tourniquet on your arm). He said you might think the bone is good, as it is well defined and looks solid in the pictures, but a bone with no bone marrow becomes thicker and causes serious trouble. He said Sandy has diffuse chronic sclerosing osteomyelitis. (Surgery performed by Oral and Maxillofacial Surgeon in Milpitas, CA.)

- March 26, 2003: PICC Line inserted and start of 52 days of antibiotics given in an intravenous drip through the PICC Line (PICC Line placed at Summit Hospital, Oakland, CA, self-maintained at home with visiting nurse visits for dressing changes).
- April 14, 2003: Removal of a separated alveolar bone ridge (the alveolar bone forms the sockets for the teeth) and dead bone marrow found between the separated ridges. (Surgery performed by Oral and Maxillofacial Surgeon in Milpitas, CA.)
- May 18, 2003: IV's stopped and PICC Line removed (at home by visiting nurse).
- July 10, 2003: Removal of anterior nasal spine (anterior or "frontal" nasal spine is a small protrusion at the base of the nasal cavity, just above the teeth). This spine juts out slightly beyond the plane of the maxilla and serves to anchor the nasal cartilage (not needed after birth). The surgery was performed through an incision in her mouth above and in front of her upper jawbone. This was the most painful surgery Sandy has experienced. The area was so sensitive the surgeon couldn't fully numb it and she said the pain when the surgeon clipped off her anterior nasal spine (it took 3 clips) was worse than having a baby. Three weeks after the surgery she said she still felt like she had been hit under the nose with a two by four. After the surgery the surgeon explained that Sandy's M.D. believes people with osteomyelitis of the jawbone often have a damaged anterior nasal spine, which harbors bacteria much like a damaged tooth or jawbone and it should be removed. The surgeon stated he has removed the anterior nasal spine from six of his osteomyelitis of the jawbone patients with a 50 percent success rate. (Surgery performed by Oral and Maxillofacial Surgeon in Milpitas, CA.)
- July 23, 2003: Head and Neck Diagnostics of America, Morgantown, WV, Microscopic Diagnosis of Sandy's anterior nasal spine: Viable bone with subcortical focus of chronic fibrosing osteomyelitis (chronic nonsuppurative osteomyelitis), left central incisor area.

- July 25, 2003: Head and Neck Diagnostics of America, Morgantown, WV, Addendum Biopsy Report: Luxol Fast Blue staining shows myelin covering of less than 20% of available nerve fibers within two of the nerves, with two additional nerves showing more than 90% sheathing, and with another nerve showing approximately 50% myelin sheathing. Reticulin stains show the nerve fibers to be intact. Control stains are acceptable. Conclusion: Nerve fibers are intact but two nerves show a considerable loss (degeneration?) of myelin sheathing. Such a loss is consistent with demyelinating diseases or local ischemia (ischemia is a condition where the oxygen-rich blood flow to a part of the body is restricted).
- August 8, 2003: PICC Line inserted and start of 65 days of antibiotics given in an intravenous drip through the PICC Line (PICC Line inserted at John Muir Hospital, Walnut Creek, CA and self-maintained at home with help from a nurse-friend)
- August 13, 2003: Removal of palatal bone lingual (tongue side of the jawbone) to #6 backwards to forward midline. The surgeon did this by grinding up a layer of bone on the right side of the roof of her mouth and having his assistant suck it away with the suction device while keeping the area flooded with multiple syringes of sterile salt water. (Surgery performed by Oral and Maxillofacial Surgeon in Milpitas, CA.)
- August 13, 2003: Oral and Maxillofacial Surgeon recommends new dentures and cranial therapy: Due to her numerous oral surgeries Sandy's dentures no longer fit properly and her bite is "off." After every surgery her mouth has a new shape. Having a new liner put in has helped but her bite is still off (at the moment her teeth only meet on the back left side). The oral surgeon suggested she invest in new dentures and also have cranial adjustments to correct the position of the bones in her head disturbed by oral surgery and her bite being off. Sandy found an excellent cranial therapist who helped her and she arranged to have new dentures made.
- September 10, 2003: Removal of a large piece of dead bone from lower right jawbone (where she had the freeze dried crushed bovine bone placed in January 2001), during an IV dose of ceftriaxone. This is the same area where she had dead bone marrow removed and a piece of collagen placed on February 12, 2003. She thought the pain she feels there might be due to her body rejecting the collagen. (Surgery performed by Oral and Maxillofacial Surgeon in Milpitas, CA.)
- October 13, 2003: IV PICC Line removed and culture taken of fluid weeping from right ear. Culture showed Coagulase-negative Staphylococcus species. As soon as her IV antibiotics were stopped

Sandy's headaches returned and the pain in her mouth and body became worse and her depression deepened. (PICC Line removed at John Muir Hospital, Walnut Creek, CA.)

- October 13, 2003 to Present: Taking oral antibiotics (600 mg. of Rifampin and 500 mg. of Levaquin once a day).
- October 30, 2003 to Present: PAP-IMI treatments twice a week.
- November 7, 2003: New dentures completed. Fit is beautiful, teeth are beautiful and she is chewing without pain. (Dentures made by a family dentist in Walnut Creek, CA.)
- November 12, 2003: Removal of torus palatinus — a non-cancerous bony growth located in the midline of the hard palate (roof of the mouth). The surgeon did this by grinding up a layer of bone in the middle of the roof of Sandy's mouth and having his assistant suck it away with the suction device while keeping the area flooded with multiple syringes of sterile salt water. (Surgery performed by Oral and Maxillofacial Surgeon in Milpitas, CA.)
- January 7, 2004: Removal (clipped off with clippers) of several shelves of jagged bone protruding from the alveolar bone (bone that forms the sockets for the teeth) and trapped dead tissue between the layers of bone on the upper left inside jawbone. (Surgery performed by Oral and Maxillofacial Surgeon in Milpitas, CA.)
- February 11, 2004: Bone scraping surgery on lower right jawbone. (Surgery performed by Oral and Maxillofacial Surgeon in Milpitas, CA.) She was referred to an Oral and Maxillofacial Surgeon at the University of California in San Francisco.
- March 15, 2004 Sandy saw an Oral and Maxillofacial Surgeon at the University of California in San Francisco who specializes in reconstructive facial surgery.
- March 25, 2004 Sandy is scheduled for a CT scan of her sinuses. She will see the UCSF surgeon again when he receives her scan. He recommended a change in her antibiotics: increase Clindamycin from 150 mg once a day to 300 mg 3 times a day and stop Rifampin.
- Thursday, March 18, 2004 Sandy began a course of 40 consecutive days of hyperbaric treatments at John Muir Hospital in Walnut Creek.
- Sandy has continued to have PAP-IMI treatments. We are praying the combination of antibiotics and Serrapeptase with hyperbaric and PAP-IMI treatments will kill off the bacteria in Sandy's jawbone and throughout her body.
- March 6, 2004: Sandy began taking Serrapeptase tablets and she noticed a reduction in her whole-body-pain soon after taking her first tablet! By the next day (after only 3 tablets) Sandy's deep chest cough was much better

and her whole outlook on life had improved. (Serrapeptase tablets have noticeably reduced Sandy's whole-body inflammation and swelling. See issue #55 for more Serrapeptase info.)

- March 17, 2004: Sandy began a course of Clindamycin, 300 mg, 3 times per day.
- March 18, 2004: Sandy began 40 consecutive days of hyperbaric treatments at John Muir Hospital in Walnut Creek, CA. At her initial hyperbaric appointment, when the doctor examined her, he saw cysts on her eardrums that were weeping pus. While she was in the hyperbaric chamber she developed blisters on her arms and fingers — while she watched — that burned and itched and in the center of the blister was a hard piece of something that she squeezed out and then pus weeped out. She has had these blisters come and go before, but since beginning the hyperbaric treatments they are much more numerous and are surrounded by bruises. To control the weeping, she uses bentonite powder made into a paste to keep her skin dry for an hour or so. She has missed several hyperbaric treatments due to this reaction and an obviously developing Clostridium Difficile infection (a side effect of Clindamycin). [Clostridium Difficile causes burning indigestion, vomiting, diarrhea, no appetite, exhaustion and extreme irritability (due to the other symptoms).]
- March 25, 2004: Sandy stopped taking antibiotics (Clindamycin). She knew she had Clostridium Difficile as her intestinal upset became progressively worse over the past three days. (She also had to cancel the CT scan of her sinuses that was scheduled for today.)
- March 26, 2004: AW sent Sheila's testimonial by email and as soon as I read it I bought Oregamax capsules and 140 mg Oregacyn gel caps and Sandy began taking 2 of each 3 times a day. Her digestion problems stopped after she took her first dose, which helped her to feel better both physically and emotionally. Oregamax capsules and Oregcyn 149 mg gel caps immediately cleared up Sandy's Clostridium Difficile infection. However, after a week of taking them faithfully they were not slowing down the pus weeping from her ears or keeping the pus from burning her skin (Coagulase-negative Staphylococcus was cultured from the pus from her ears in October 2003).
- April 2, 2004: An hour after her sixth hyperbaric treatment (this was the 2nd hyperbaric treatment after recovering from her Clostridium Difficile infection) Sandy had a horrendous nose bleed from her left nostril that lasted 30 minutes — at first she had 15 minutes of ropey mucus mixed with blood pour out, then 15 minutes of watery blood gush out, then it all stopped completely with no evidence of a nosebleed.

- April 3, 2004: Sandy felt a sharp piece of loose bone under the surface of her upper left front gum (since March 26th she has been brushing her gums with Dr. Clark's oil of oregano).
- April 4, 2004: Sandy saw the tip of the piece of bone, used sterile tweezers and pulled it out.
- April 6, 2004: Sandy switched from taking two Oregamax capsules 3 times per day to taking two 450 mg Oregacyn capsules 3 times per day (and is still taking two 140 mg Oregacyn gel caps 3 times per day). After one day on the 450 mg Oregacyn capsules the weeping blisters on her arms and hands began to heal and her ears wept less profusely. Her energy is excellent now and she is creating beautiful homemade items with her sewing machine. Also, she is planning a trip to Washington to attend her son, Benjamin's, wedding on August 14, 2004. Until she began taking the 450 mg Oregacyn capsules she thought she might not make the wedding. With this evidence right before my eyes it's easy to believe her Staph infection will soon be completely gone. Another reason I can believe it is that she loves the taste of the 450 mg Oregacyn capsules and says she is looking forward to taking them for the rest of her life.
- April 12, 2004: Sandy (who is being treated for osteomyelitis of the jawbone) had a CT scan taken of her sinuses, upper jaw and lower jaw at John Muir Hospital, Walnut Creek, CA.
- April 16, 2004: At her doctor's office Sandy's doctor examined the CT scan and became highly upset as he exclaimed in horror that there was a piece of a tooth root retained in her upper jawbone (her teeth were removed between September and December 2001). He stated that the tooth root was the focal point of her whole-body pain and inflammation and he wanted it removed immediately.
- Note: Sandy has been taking the Oregacyn gel capsules (of oil of oregano) and Oregacyn capsules (of oregacyn powder), which reduced her whole body pain, but did not stop it. She still had yellow pus draining from her ears and from blisters on her arms and legs, which became worse if she took more than two gel caps and two capsules of Oregacyn or more than one Serrapeptase tablet daily. We believe this is a Herxheimer reaction. [Herxheimer reactions are a phenomenon known as the Jarisch-Herxheimer Reaction (JHR) and are often referred to informally as Herx. JHR is believed to be caused when injured or dead bacteria release their endotoxins into blood and tissues faster than the body can comfortably handle it. This provokes a sudden and exaggerated inflammatory response and is associated with the systemic appearance of cytokines. Cytokines are

small, secreted proteins which mediate and regulate immunity, inflammation, and hematopoiesis (the making of blood cells).]

- April 21, 2004: Sandy was told by the secretary of her Oral and Maxillofacial Surgeon in Milpitas, CA, who has performed numerous surgical curettage (bone scraping) procedures on her jawbone and the roof of her mouth throughout 2002, 2003 and 2004, that he did not see a piece of a tooth root in her April CT Scan and she needed no more surgery. After two more attempts to reach him with the same response, Sandy realized she would have to go to another dentist to have the piece of tooth root removed.
- April 26, 2004: Sandy decided to visit the dentist who had ordered the CT scan. This is the Oral and Maxillofacial Surgeon at the University of California in San Francisco (UCSF) who specializes in reconstructive facial surgery. (The Oral and Maxillofacial Surgeon in Milpitas, CA referred her to him after a bone scraping surgery on her lower right jawbone on February 11, 2004.) At this meeting, which was to view the CT scan and make an appointment for the removal of the piece of tooth root, the dentist said, "Yes, there is a piece of tooth root retained in the jawbone, but the bone looks good and there is no need to extract it." He stated that many people go around for a lifetime with broken-off pieces of tooth roots in their jawbones with no ill effects. He listened to Sandy as she explained what the doctor said about the retained piece of tooth root being the focal point of her whole body inflammation and the weeping yellow pus from her ears and skin, and that she had had her teeth removed due to chronic osteomyelitis of the jawbone, which led to osteonecrosis (dead bone) of the jawbone that the referring dentist (her Oral and Maxillofacial Surgeon in Milpitas, CA) has been scraping from her jawbone for two and a half years. He said he understood about her osteomyelitis, but he disagreed that the piece of tooth root was the cause of the pain in her body and the pus oozing out of her ears and skin. He said those symptoms must be caused by something else. The bottom line was that he refused to remove the piece of tooth root. Sandy was extremely disappointed and asked if I would call our family dentist and ask him to remove the piece of tooth root. I called him and he recommended another Oral and Maxillofacial Surgeon.
- April 29, 2004: At Sandy's third visit with a US Oral and Maxillofacial Surgeon asking for the retained piece of tooth root to be removed from her jawbone a panoramic x-ray was taken. When the dentist came into the examining room he looked at both the CT scan and the panoramic x-ray. The panoramic did not show the piece of tooth-root. This dentist listened to Sandy's story and also declined to remove the piece of tooth root. He agreed that it was clearly visible in the CT scan, but he stated he believed it was doing no harm where it was. After this letdown Sandy decided to make

an appointment with the dentist that Dr. Clark recommends in her books, Dr. Benjamin Arechiga. Dr. Arechiga performed bone-scraping surgery on Sandy's jawbone several times in 2002, but his office is a 9-hour drive away. She has complete confidence in Dr. Archiga and after making the surgical appointment over the phone with no question as to the necessity of the surgery (we asked!) we drove to Mexico.

- May 10, 2004: In Tijuana, Mexico Dr. Benjamin Arechiga removed a piece of tooth root from Sandy's left upper front jawbone that measured $\frac{1}{2}$ by $\frac{1}{4}$ inches. The area was so sensitive that Sandy had asked at the time she made the appointment to be put to sleep for the procedure. Dr. Arechiga used his famous 'Flap Method' and removed the piece of root quickly with no complications (he said as soon as he exposed the bone he could tell where the piece of root was located). Since the piece of tooth root was removed from Sandy's jawbone the weeping yellow pus from her ears and from blisters on her arms and legs has diminished, but has not completely gone away.
- May 11, 2004: Sandy developed a hard lump behind her right ear that was tender and caused her to have severe headaches.
- May 14, 2004: Sandy visited her doctor and, after examining the swelling behind her ear, he referred her to an Ear, Nose and Throat Specialist. When we called to make the appointment we learned the specialist had retired and the secretary said the doctor who took over his practice did not take Medicare and could not treat Medicare patients.
- May 16, 2004: Sandy's doctor referred her to another Ear, Nose and Throat Specialist and, after she explained her situation to his secretary, was given an appointment for June 27 (a six-week wait).
- June 5, 2004: Sandy visited John Muir Hospital's emergency room with pain, swelling and inflammation behind her right ear and an extremely severe headache. The doctor took several blood tests and a urine test. The tests came back in the normal range for infection. The doctor said he was not comfortable draining what may or may not be a cyst. He said he thought it might be a lymph node that was swollen and inflamed. He told her to visit her doctor as soon as possible. He gave her a shot for the pain and sent her home.
- June 11, 2004: After several days of communicating by phone, during which Sandy's doctor instructed her to continue taking antibiotics (clindamycin and Rifampin) and to use warm compresses behind her ear, he said if she didn't feel relief by Monday to come into his office.
- June 14, 2004: On Monday, with no change in the pain, inflammation, or size of the swelling in the area behind her right ear or her headache, Sandy's doctor decided to operate. In his office, under local anesthesia, he

made a 1 cm incision behind her right ear with the surgical finding of a cystic type mass somewhat lobulated (irregularly shaped). He removed the cyst (it was solid and shaped like a barbell, measuring 1 cm by .30 cm with a narrow section between the two bulbous ends). A Mastoid cyst versus infected lymph node was the initial tentative diagnosis pending pathology. Before closure a culture was taken of the field as it appeared infected and the specimen was sent for pathology. The results on the pathology of the specimen stated it was a lymph node with reactive changes and 'hematolymphoid neoplasia (lymphoid tumor) is not noted.' The culture report stated: 'No Growth.'

- Sandy's face became covered by a lumpy, red, itchy rash (looked like hundreds of small un-erupted pustules) a half hour after removal of lymph node that remained until June 23, 2004 when she began taking TOA-free Cat's Claw. Sandy washed the areas with Phisohex and put the prescription cream (Bactroban ointment 22 Grams, mupirocin ointment 2%) on the sores but nothing helped until she began taking TOA-free Cat's Claw (one three times a day).
- June 19, 2004: Wound healed well, but never lost its red color or puffiness. On June 19th a blister or pustule was seen near the top of the incision (but did not erupt) and the whole area was painful (throbbing), itchy, and swollen. All symptoms remained until June 23, 2004.
- June 20, 2004: Sandy's doctor was notified of her condition and he prescribed the antibiotic Levaquin, 250 mg. for 14 days. (He had taken her off Levaquin, 500 mg. daily a few months ago because it caused her elbows and knees to swell and be tender to the touch.) At the time he said his job was to kill the bacteria in Sandy's body without killing her. He also prescribed another MRI. Sandy was scheduled for the MRI on June 30, 2004.
- June 23, 2004: Sandy began taking TOA-free Cat's Claw capsules three times a day. Her symptoms all quieted down and she had a good nights sleep for the first time in weeks. She still has a puffy face, but the pustules have gone down. Her wound is less red and swollen.
- June 30, 2004: MRI Taken. Over the last 7 days Sandy had to reduce the TOA-free Cat's Claw to one capsule per day as her symptoms began to worsen, which we believe is due to a Herxheimer reaction. However, it helped her wound to heal. (Sandy's sauna arrived today!)
- July 1, 2004: Sandy's doctor looked at her MRI pictures. He saw a circle of necrotic bone on her palate 4 inches back from the front of her mouth in the center of the roof of her mouth. He saw a line of infection from the area of where the infected piece of tooth root used to be back to the circle. He took digital pictures of the MRI and stated he will write a letter and send it and

the digital pictures to Sandy's dentist in Milpitas, CA and request that he remove the necrotic bone. He also wrote a prescription for tests for Lyme Elisa and Western Blot and for BABESIA and Ehrlichia antibodies (Lyme's co-infections), but not for Dr. Whitaker's Visual Contrast Test (Q-RIBb) as he stated he does not know how to interpret the results.

- July 4, 2004: Sandy is taking daily far infrared saunas. Her first sauna began to dry up the blisters on her skin and the areas stopped itching and began to heal. We believe this is due to the sauna allowing her skin to more evenly expel the toxins from her body. She feels more energetic and positive. She is sleeping more soundly and without hot flashes.
- July 5, 2004: After her sixth sauna Sandy took a mile-long walk and did not feel the usual pain throughout her body, especially in her breasts, when exercising. Note: Sandy experienced far infrared saunas daily on weekdays for 3 weeks in 2002 at the Foxhollow clinic in Kentucky. She believes that saunas are the only detoxifying therapy that does not give her a Herxheimer reaction. In Kentucky she was having many other treatments (colonics, alkalizing IVs and drinking alkalizing fresh green juice daily, etc.). At the time, she did not realize how singly helpful the saunas were to her.
- July 12, 2004: Since using the sauna Sandy has had flare-ups of past physical and emotional traumas, but they only last one or two days and then they are gone. When they are over she feels better than before. At first she got discouraged and after two weeks of ups and downs she had decided to stop her daily saunas to slow down the bouts of healing. Then she noticed how much weight I was losing and decided even if it didn't do anything else if it helped her to lose weight it was worth going through the ups and downs.
- July 19, 2004: Sandy's bouts of healing have been very interesting. For two weeks she could smell antibiotics while she was in the sauna. She believes the releasing of the antibiotics by the sauna caused a yeast infection, just as the antibiotics did when she was on the antibiotic IVs last year. She also felt a "high" while in the sauna from the release of pain medication she has taken since she was 13. The sauna is helping her to gradually stop taking the medication. Before she would feel overwhelmingly sick as she cut down, but now it's easier.
- July 26, 2004: While in the sauna Sandy listens to The Abundance Course CDs about releasing unwanted emotional feelings and this has helped her tremendously.
- August 4, 2004: After 34 days of daily saunas she was amazed at how much better she felt pain-wise. When waking in the morning her body actually felt good and her first thought wasn't, "How much longer do I

have to endure this pain?" but, "Oh, my God, I feel good and my wonderful sauna is right in the other room."

- August 14, 2004: Sandy and I attended her son, Ben's wedding in Washington. It was a beautiful wedding and we were so happy we could be there for Ben and his wife, Tracy.
- August 29, 2004: Since before the wedding Sandy has been experiencing flare-ups of the blisters on her face, arms and torso. She is hoping the far infrared sauna will heal the round area of dead bone on her palate, and it may be healing, but the blisters and the yellow pus that comes out of the blisters burns her skin causing unbearable pain and unsightly burn marks with bruises surrounding them. She is also experiencing headaches, backaches, a sore elbow, and numb hands again.
- September 15, 2004: At her consultation appointment Sandy's Maxillofacial Surgeon studied her MRI and agreed that it shows a questionable area. However, when he physically examined that area in her mouth he stated he suspects it has healed. He stated the rear edge of her palate bone feels firm and normal and has no soft tissue swelling around it. He wrote a Repeat MRI prescription to compare it with her 6/30/04 MRI to confirm his physical examination. He explained that this is very good news as surgery in the area at the back of the palate is very difficult and, when performed, requires a long time to heal with the possibility of scar tissue making dentures difficult to wear for the rest of the patient's life.
- September 29, 2004: Sandy (who is being treated for osteomyelitis of the jawbone) had her second MRI (with dye injected into her veins) within three months.
- October 6, 2004: Sandy's Oral and Maxillofacial Surgeon looked at the MRI and stated that the round black area, circled in white, which indicates necrotic (dead) bone on her palate four inches back from the front of her mouth, was still visible, but he declined to perform surgery.
- October 18, 2004: Sandy visited her doctor to show him her latest MRI. He was disappointed that her Oral and Maxillofacial Surgeon (to whom he had sent a letter requesting the necrotic bone on her palate be removed) said she did not need surgery. He recommended 30 hyperbaric treatments and another PICC Line with antibiotics 24/7. On the way home from this appointment Sandy said she would rather wait until after she had surgery on her palate before having any more hyperbaric treatments or another PICC Line inserted and, until we found a dentist who could operate on her palate, she thought her best treatment was the continued use of the Acuscope and Myopulse devices. (Using the Acuscope and Myopulse devices takes her headache away immediately but just as quickly the

blisters on her face and arms multiply. In a day or two her headache returns and she repeats the cycle.)

- October 20, 2004: Sandy made an appointment with a dentist in Mexico who specializes in cavitation surgery after being assured by his English-speaking receptionist that in rare circumstances he has performed surgery on the palate. (We received the name and phone number of this dentist from a reader of the newsletter who called me on October 19, 2004.)
- October 25, 2004: On Sandy's first visit to the dentist in Mexico, he talked with her for over an hour in private. He worked on her dentures and corrected her bite, which has improved her ability to chew without pain. He then invited me to join them and asked for all of her medical and dental records for as far back as possible. I gave him the phone number of Dr. Aréchiga in Mexico as Sandy has had several bone scrapping surgeries (also called caviation surgery) by him. I also told him I could have her record as far back as her childhood faxed to him the following day as I have been publishing her story in my newsletter. He said that would be excellent and asked Sandy to return to his office the next day. Sandy gave him her June and September MRIs and he stated he would study them that evening. He then took a panoramic X-ray and several digital X-rays of her mouth, which were developed and put on his computer screen while we were talking. He stated that as well as the necrotic (dead) bone on her palate she had 5 cavitations (4 on the upper right and one on the lower right in the far back). This was a revelation! The cavitations are easily seen on the panoramic taken at this dentist's office, so why were they not seen on the panoramic taken at the US dentist's office on April 29, 2004? (The panoramic taken on April 29th was supposed to confirm the April 12, 2004 CT scan that showed a retained piece of tooth root — but it didn't show the tooth root or the cavitations.)
- October 26, 2004: At Sandy's second appointment in Mexico with her new dentist he asked her if she had ever been told she had a "partial" cleft palate as he woke up at 3 am with the thought that a cleft palate would explain why her MRI looked the way it did. He said the only other time he had seen an MRI that looked like hers was one taken of a person with a cleft palate. She stated that she had never been told she had a partial cleft palate. He said he received the fax (Dale had compiled and faxed it) of her medical and dental history and it was so extensive that he needed more time to study it. He said he had read it over once and thought that her blisters might be caused by an allergic reaction to the bovine bone material that was put into her jawbone several years before. He also mentioned that he spoke with Dr. Aréchiga about the removal of Sandy's retained piece of tooth root in May 2004 and her previous cavitation surgeries performed by Dr.

Aréchiga. He then asked if we could return the next day. (Now we began to understand why his receptionist had given us several days' worth of appointments when we first called on October 20th.)

- October 27, 2004: We waited for two hours at the dentist's office. While waiting we spoke with the receptionist and she mentioned that she had read Sandy's history the previous afternoon and wondered about a missing page. I was not aware that page 9 was missing until she mentioned it. That evening I told Dale that page 9 was missing from his fax to the dentist and he agreed to re-fax it the next morning. The dentist called us at the office and we did not get to see him that day. He had gone to San Diego with Sandy's MRIs and medical/dental history to confer with an Oral and Maxillofacial Surgeon about her case. He again asked if we could return the following day.
- October 28, 2004: When we arrived for our appointment the dentist was waiting anxiously for us. He had received the missing page and was very excited. There was a description on page 9 of Sandy's medical and dental history of a surgery that Sandy's Oral and Maxillofacial Surgeon had performed that explained why the MRI indicated necrotic (dead) bone on her palate four inches back from the front of her mouth! This is what was done:
- November 12, 2003: Removal of torus palatinus — a non-cancerous bony growth located in the midline of the hard palate (roof of the mouth). The surgeon did this by grinding up a layer of bone in the middle of Sandy's mouth and having his assistant suck it away with the suction device while keeping the area flooded with multiple syringes of sterile salt water. (Surgery performed by Oral and Maxillofacial Surgeon in Milpitas, CA.)
- The dentist stated the MRI should look exactly as it does because of that surgery (he explained that necrotic bone looks the same on an MRI as missing bone).
- This information was a shock to Sandy. It caused her to cry as she could not comprehend why the dentist in Milpitas did not explain this to her. Did he forget that he had performed this surgery on the roof of her mouth in November of last year? We will never know. (Also, why didn't her doctor ask to see a list of her previous surgeries to rule out the possibility of the MRI reflecting the removal of bone in that area?) No doctor or dentist, until this precious Mexican dentist, has taken the time to look at the details of what Sandy is experiencing.
- Sandy asked if she could have her cavitations removed instead of having surgery on the roof of her mouth. The answer was, "no." The dentist explained that he wanted her to go home and take vitamins and minerals and meditate. He asked her to stop taking any supplements that were

designed to kill bacteria or viruses, reduce taking saunas and using the Acuscope and Myopulse to once per week and stop taking anything that caused her skin to break out in blisters. He stated he wanted her body to do some healing before he performed surgery to remove her cavitations. He gave her an appointment for surgery on November 29, 2004.

- November 14, 2004: Since returning from Mexico Sandy has followed the dentist's directions but her face, neck and arms have continued to break out in blisters, which have gotten much worse. For instance, a mole she has had for years on her right cheek turned into a blister and began weeping yellow pus profusely. A week later the area began bleeding and bled for four hours until she decided to go to the emergency room where the doctor cauterized it with a special band-aid. This stopped the bleeding but burned her face. The area is still weeping the yellow pus and the area around it (the right side of her face) is swollen. We believe her body is trying to heal the cavitations on its own, which is causing a severe Herxheimer reaction. The only things that help her discomfort are taking daily coffee enemas and eating regularly, but eating regularly is a challenge, as she has no appetite.
- [Herxheimer reactions are a phenomenon known as the Jarisch-Herxheimer Reaction (JHR). JHR is believed to be caused when injured or dead bacteria release their endotoxins into blood and tissues faster than the body can comfortably handle it. This provokes a sudden and exaggerated inflammatory response and is associated with the systemic appearance of cytokines. Cytokines are small, secreted proteins which mediate and regulate immunity, inflammation, and hematopoiesis (the making of blood cells)].
- November 29, 2004: Sandy Tijuana, Mexico. The dentist removed a collagen graft from her lower right jaw that had only partially integrated with her tissue. The part that had not integrated had become infected. He removed the infected portion of the graft as thoroughly as possible and also removed two cavitations in that area. The dentist said that her jawbone looks healthy and she has tremendous healing ability. He said her jawbone could now create healthy new bone where the cavitations had been. Sandy said his method of removing cavitations is different than she has experienced with other dentists. She said he tapped along her jawbone and when he came to the area of the cavitations he drilled them out with a dental instrument she had never felt before. The burr he used created a deep-vibration that startled her with its intensity.
- November 30, 2004: Sandy had a second oral surgery in Tijuana, Mexico. The dentist removed another infected collagen graft from her upper front jaw. However, this partially integrated graft had mistakenly integrated a nerve along with the graft, which explains why she had been experiencing

excruciating headaches that went up the middle of her forehead, over her head and down the back of her neck. In a two hour, extremely painful procedure — due to the area being resistant to becoming numb — he painstakingly separated the nerve from the tissue, removed the infected graft and removed four cavitations in that area. He is truly skilled, as every other dentist had feared going anywhere near a nerve. After the surgery the dentist explained that he understood why Sandy's dentist in the San Francisco Bay Area had placed the collagen grafts over her jawbone — there is very little tissue there to cover the jawbone. He said, without the grafts, chewing with dentures would be very painful. He offered to make Sandy new dentures that will not only fit better than the ones she has now, but will also make chewing more comfortable as he will put softer material in the areas where she has lost so much tissue.

- December 6, 2004: Sandy returned to Mexico for the removal of the stitches. The dentist was very happy with how rapidly Sandy's gums had healed and he gave her an appointment to begin having her new dentures made in January 2005.
- December 30, 2004: Sandy is not able to chew food (due to her gums at the recent surgery sites being extremely sensitive to pressure), so she is eating soft food, drinking lots of protein shakes and taking the arthritis/osteoporosis protocol of Water Oz minerals to regenerate bone. She has been very careful to keep her gums clean (she uses oreganol oil and Water Oz colloidal silver). Her headaches are gone. Her skin began clearing up after the first surgery. The dentist said Sandy's body was trying to get rid of the infected collagen grafts and that was what was weeping out of the blisters on her skin. He said it would probably take weeks before all the blisters stopped weeping completely. One month after the surgery, she still has several weeping blisters on the right side of her face and on her right arm. The left side of her face and her left arm have completely healed. To help to heal the scars left by the blisters Sandy is taking Serrapeptase and using the Myopulse device and the Far Infrared Sauna, as well as using Rosa Mosqueta oil (Rosehip oil) topically. The dentist asked her to go slow using the Far Infrared Sauna and the Acuscope and Myopulse devices as they increase the body's ability to heal and her body is doing fine on its own. He suggested using those only once per week for the time being. She especially likes using the Myopulse device as it stops the pain in her mouth after she has eaten (she has pain even when eating soft food), but it causes the blisters to weep profusely. Sandy now wakes up in the morning feeling happy and glad to be alive. It's truly a pleasure to be with her. Having my daughter back to normal is the best Christmas present I have ever received.

- A Note to Everyone from Sandy: Mom's helpers that read the newsletter found an angel to replace the one who moved on . . . my dentist in Milpitas, Calif. He wrote that he could no longer help me. And my doctor said I needed more antibiotics through a PICC line to my heart. But two hours after I finished answering the Dear Jane letter from my California dentist, forgiving him for dropping me as his patient, another angel called giving us a dentist's name and number in Tijuana, Mexico. During the surgery, my new dentist-angel found that a collagen graft was fused to a nerve and boy, did it hurt! My upper front jaw area couldn't get numb because of the involvement of the nerve. I did not move, but the dentist knew that I wasn't numb and that what he was doing was hurting me. So he paused and looked me in my eyes and asked if I wanted him to stop. I said, "No, I won't move a muscle, ignore my moans, just please get it out." And he did. He is the greatest dentist in the world. Thank you, everyone, you never gave up on me and neither did my mom.
- Motels with Free Shuttle Service to and from Cancer Clinics and Dentists in Tijuana, Mexico: Hotel International (619) 428-4486 — San Ysidro, CA (2nd to last exit off I-5 before Mexico); Hotel Americana (619) 428-5521 or Best Western (800) 553-3933 or (619) 428-5521. We stayed at the Hotel International. Our room was \$59 plus tax. It included free shuttle service to and from Tijuana, two queen size beds, refrigerator, microwave, dishes, etc. and twice weekly shuttle service to a natural food and vitamin store. It is within walking distance to Coco's Restaurant. The motel is quiet and clean. The shuttle service was crowded but worth the inconvenience of the crowd as the US guards at the border did not search our bags and usually did not ask us to walk through customs; they just waved us through after looking at our driver's licenses. Going into Mexico was always problem-free, as the Mexican guards did not stop the shuttle. We tipped the driver \$5 per day, but this is not required. Visiting with our shuttle companions was very interesting. There were people from all over the US and Canada and several Amish groups dressed in traditional clothing. The conversation was all positive about how inexpensive the dentistry is in Mexico and how effective the treatment is at the Cancer Clinics. Visiting with the folks at the dentist's office was also fascinating as we learned that our dentist is world famous and in the top one percent of dentists who are trained in removing cavitations, root canals and amalgam restorations. We met an airline pilot who had traveled from France to be treated by our dentist. We also met a lady and her 80-year-old father who are making a documentary of the father's treatment by the dentist. (We plan to keep in touch with them and help distribute their video when it is completed.) Staying at the Hotel International was much more convenient and inexpensive for us than

where we stayed before and went by Taxi into Mexico. Veronica, the dentist's English speaking receptionist, gave us the name and number of the Hotel International and others.

- January 24, 2005: Sandy had impressions made for her new dentures in Tijuana, Mexico. The impression session was extremely painful, especially on the lower right side of her jaw.
- February 7, 2005: Sandy arrived in Tijuana, Mexico for the scheduled try-in of the wax models of her new dentures. However, at the appointment she explained to the dentist that she did not feel it was wise to continue with the dentures because she had extreme pain and swelling on her lower right jawbone. She was also experiencing continued weeping of a white substance from her gums in that area and from the pores on the right side of her face. She also still had blisters that were weeping yellow pus on the right side of her face and on her right arm. Every morning she woke with her lower arms and both of her hands numb and difficult to move. The dentist took X-rays of her lower right jawbone and agreed to perform surgery in that area. This area was further back toward the wisdom tooth area than he had gone on November 29, 2004. He found two more cavitations and more unabsorbed collagen and/or bovine implants (some on top of the cavitations and some inside the cavitations). He cleaned out the cavitations and was amazed at the amount of dead tissue and hard, fibrous pieces of the implants that he removed. He told Sandy that her bone looked healthy and bled profusely, which is a good sign.
- February 14, 2005: Sandy faxed this letter to Dr. Villafana:
- Thank you again for the surgery you did on my lower right jaw. I am healing very well. I removed the stitches myself with the help of my mom and step dad (mom held my cheek away from my gum and dad held a flashlight while I looked in the wall mirror and cut the stitches with sterilized scissors and pulled the stitches out with sterilized tweezers). It only took a few minutes and my gum looks beautiful.
- My weeping blisters have begun to improve. However, a few new places have begun weeping pus on the lower part of my right leg.
- Since the surgery I have been drinking all my food blended into soup, as my dentures do not fit well enough for me to chew food. I am anxious to have my new dentures made, but I think I have yet another area that has a cavitation (upper right wisdom tooth area). So, before we go any further on the dentures I would like for you to take an X-ray of that area and, if I am right, ask you remove that cavitation, too.

- The reason I think I have a cavitation in that area is that I feel pain there and I am still having numbness in my arms and hands, especially the tips of my fingers, when I wake up in the morning and I have the weeping pus spots on my lower right leg. I also have white stuff coming out of the pores on the right side of my face and around my mouth.
- February 21, 2005: Sandy had dental surgery in Tijuana, Mexico on the upper right wisdom tooth area of her jawbone. The dentist found a cavitation with a cyst inside of it located between the upper right wisdom tooth site and where the molar next to it used to be. He said he opened up the gum and tapped along the bone until an area just collapsed exposing the hole in her jawbone. When he began cleaning out the cavitation he found chunks of the wall of a cyst and large globules of an oily substance, which was the bacteria that was living in the cyst. He sent his assistant to the waiting room to ask me to come into the surgery room and look at the hole in Sandy jawbone and the stuff he was removing from it. To me, it looked like the white stuff that has been coming out of the pores on her face and neck. The bacteria looked like oily balls floating in her blood, which he showed me in a spoon-like instrument.
- February 28, 2005: Sandy had a PICC Line inserted into her arm, which goes up into her chest near her heart. Her doctor believes that now that the infection has been removed from her jawbone the best way to keep it from returning is to have antibiotics by IV daily and, at the same time, have Hyperbaric Oxygen treatments daily for 30 days or more.
- March 1, 2005: Sandy began having the antibiotic Ancef ($1\frac{1}{2}$ grams) dripped through her PICC Line three times a day and will do this herself at home for 30 days.
- March 7, 2005: Sandy visited her dentist in Tijuana, Mexico and had digital X-rays of two areas of her jawbone that were bothering her (upper and lower on the left side). The X-rays were taken with the Schick Digital Dental X-ray Technology, where you immediately see the X-rays on a computer located in front of the dental chair. This is the only type of X-ray that has ever shown cavitations or dead collagen or bovine grafts in Sandy's jawbone. This time the X-rays did not detect anything out of the ordinary. As a matter of fact, they showed that Sandy's bone is in the process of healing very nicely in those areas from past surgeries.
- Sandy tried in the wax models of her new dentures and adjustments were made. She has several try-ins scheduled in March and April.
- March 9, 2005: Sandy began 30 days of Hyperbaric Oxygen treatments. In 2003 Sandy had nine Hyperbaric Oxygen treatments. At the time they

caused blisters to form on her arms while she was in the chamber and once she had a tremendous nosebleed after a session (it was the ninth session and the last one of that 30 day series that she completed).

- March 24, 2005: Sandy's 44th Birthday. Sandy completed four Hyperbaric Oxygen treatments and decided to wait to begin again next week when she can use a larger chamber. She was having her treatments in a small chamber and she felt more and more claustrophobic each day. Everyone wants the larger chamber and the waiting list is longer for that one (John Muir Hospital in Walnut Creek has two small chambers and only one large chamber).
- Sandy is on a two-week rest from the antibiotic IVs. She still has the pick line in her arm and chest. Her doctor will re-evaluate her physical condition and blood test in two weeks to determine if he will recommend further antibiotics by IV.
- March 27, 2005: Easter Sunday. Today we are driving to Mexico again. Tomorrow Sandy will have the final try-in of her dentures in the wax form and, if she likes them, they will be ready in two weeks.
- April 4, 2005: Sandy has been having IVs of a very successful anti-inflammatory from an MD in Tijuana, Mexico for the past week. She was referred to this MD by her dentist for the management of her pain due to being without dentures that fit properly.
- Sandy's physical condition is much better in the jawbone area, except that she cannot chew due to her dentures not fitting. She will be so happy to be able to chew again and is looking forward to finally having dentures that fit and do not cause pain after she chews. Her skin is healing. Her blisters, while on the antibiotics, remained stable. During the next two weeks, if they begin to heal instead of weep, maybe she can have the PICC Line removed and let her body recover from the antibiotics. She is taking lots of Geneflora, as implants and orally, to reestablish her good intestinal bacteria.
- September 19, 2005: We went to Mexico, where Sandy is having a set of dentures made, and she had a try-in. She liked the way they look, but she needs another try-in before they make the permanent dentures. So, we need to go to Mexico two more times, at least, before she will have her new set of dentures.
- The dentist in Mexico took digital X-rays of her whole mouth and showed us on a computer screen how well her jawbone is healing. He showed us the X-rays he took in September 2004 and the ones he took in March 2005

and compared them to each other and the ones he took in while we were there. The bone is filling in beautifully and there is no area where it has gotten worse, which is a blessing.

- Sandy's doctor keeps telling us people never get over a bone marrow infection in the jawbone and it will keep coming back over and over.
- The dentist believes Sandy will completely recover. He says the pain she is having is due to the nerve in her lower right jawbone being irritated every time she eats. He said her present dentures are so ill fitting that the nerve from which he removed the dead collagen in March is being irritated every time she chews and therefore, it has not had an opportunity to heal completely. He believes that when she has dentures that fit properly, which will distribute the pressure when she chews evenly throughout her jawbone, the nerve will be able to heal completely and she will no longer have headaches.
- Besides the denture problem, what is troubling Sandy the most right now is her lymph system being congested, which makes her skin break out in blisters and causes her body to be swollen and painful. The blisters had yellow pus in them that burned her skin and white bits and slivers that popped out of the middle of them. Her doctor said "yellow" means infection and prescribed a heavy dose of the strongest antibiotic available, Zithromax, for three months. It seemed to stop the blisters she had all over her breasts, arms, hands and face from forming, but it caused other problems, like diarrhea and joint aches and pains.
- She stopped taking the antibiotic a few days ago and feels a lot better. Her skin looks much better now, too, but she still has new little blisters that form on her fingers and hands every day. However, now the pus is clear and there are no white bits popping out of them.
- For over two months (July and August) she treated herself at home with a PAPIMI machine that we rented. This was during the same time her doctor had her on Zithromax, 250 mg. (and then, 500 mg.) once a day along with 30 Hyperbaric Oxygen treatments at a hospital in Walnut Creek. She has had 20 HBO treatments so far and has 10 to go. They don't seem to do anything at all and that makes it difficult for her to get there every day at 1:30 PM and have the 90 minute treatments, which causes her to feel she is interrupting my day twice unnecessarily as I take her and pick her up.
- A little over two weeks ago Sandy began having treatments with special Light Beam Generators (with a total of 24 heads that are placed all over the body). This treatment is for overcoming pain, inflammation, and skin conditions caused by lymph congestion. The treatments liquefy the lymph

fluid (lymph fluid is made of water and protein that can get clumped together and we think that is what the white bits were that were coming out of her blisters), which helps the body to remove it through the kidneys and bowels, instead of it coming out of the skin. After the first treatment Sandy felt so much better she was eager to have a series of treatments. They are one and a half hours each, once a week in San Francisco. So far, I've taken her twice to San Francisco for the treatments.


- Now, we have rented a Light Beam Generator that has two heads. She is using it longer, which is what the owner of the clinic, Marc, at The Core Care Center of San Francisco, told us would be even better than using his Light Beam Generators once a week.
- Another thing that could be causing Sandy's body to be swollen and painful (her doctor calls it inflamed) is that her diet and all the antibiotics she has taken have caused her blood (and lymph fluid) to be too acid. She is taking a new product, "FrequenSea" (formally "Ocean FarmaSea") that is helping to get her blood back to normal, which is slightly alkaline. This will help her lymph to get back to normal, too. It will just take time and remembering to take it, which she has done for a couple of weeks. So far, the only side effect has been that she needs to pee and go to the bathroom (#2) a lot and Marc, at the Core Care Center, says that means she is getting rid of the congestion in her lymph.
- Sandy has also been referred to a dermatologist who took a culture of her blisters three weeks ago, which came back negative. She sees him again on November 1st.
- Sandy is also using her colon hydrotherapy machine that Gary, her significant other, bought her a couple of years ago and plumbed into her apartment. While he is here on visits they help each other use it.
- Sandy believes that if she keeps taking FrequenSea, using the Light Beam Generator and has a colonic every week (and puts probiotics back into her colon by way of an implant each time she has a colonic or a coffee enema) her lymph system will get decongested, the blisters will stop forming and her body will get back to normal.
- October 23, 2005: Sandy is ready to go back to Mexico again tomorrow. Her dentures are waiting there for her to give the final okay to have them made.
- After that it'll be one more week before her dentures are complete and ready for her to wear.

- November 1, 2005: Sandy picked up her new dentures. Now she will have to get used to the dentures and have them adjusted a time or two. We are very optimistic that her new dentures will stop her headaches and allow her to have more and more good days.
- On November 15th Sandy decided (and made her reservations) that she was feeling well enough that she could fly to Wichita, Kansas to spend a week visiting her grandson!
- Thanksgiving 2005: Sandy, has felt such an improvement in her health that she traveled alone (by air) from California to Kansas yesterday, November 22, to celebrate Thanksgiving with her son, Ben, and his wife, Tracy, and to meet, for the first time, her first grandson, Caiden, who is five months old.
- December 25, 2005: This Christmas there was a lot of laughter and joy in our family. This was the first time in over four years that we had such a good time together. We knew that our love for Sandy and for each other was paying off and that our faith that Sandy would overcome her jawbone infection was coming true. All that was left was to get her dentures to fit properly and stop making sore spots on her gums.
- January 2, 2006: Sandy's jawbone has been pushing out pieces of old, unwanted bone (sharp, long pieces of bone that look like needles are working their way out of her gums and I have seen the white points sticking out of her gums. They eventually break off and some pieces have been very hard and others so soft they immediately dissolve). The new bone causes her dentures to "pinch" and make sore spots on her gums.
- January 5, 2006: At first we didn't understand what was happening and neither did Sandy's local dentist (not the dentist who made her dentures — his office is in Mexico and we couldn't afford to go to him for adjustments) who was adjusting her new dentures that she began wearing on November 1, 2005. So, our local dentist kept working on her dentures to fix the sore spots but new sore spots kept appearing immediately after his adjustments.
- January 9, 2006: Sandy decided to go to another dentist (a denture specialist) and he told her that her whole jawbone is changing due to new bone filling in where the infected bone was removed and whatever she is doing to make this happen so rapidly (FrequenSea by Forevergreen) she should keep doing and he will reline her dentures (grind them out and replace the denture material according to the new impressions he would take of her gums) as often as necessary.
- January 15, 2006: Sandy had new impressions taken of her dentures and they have been completely redone. She is now eating without pain for the

*no one
believed
me*

first time in over a year. She can now stop eating mostly soft food and eat more variety.

- **March 2006:** It has taken over a year for one of the nerves to heal to the point where Sandy does not have pain 24/7. Wearing her third set of dentures, she finally feels like she is going to live.
- **May 1, 2006:** Sandy, is in love with a new product, Denali Tox, because it immediately reversed the swelling and pain in her breasts that she was experiencing since being successfully treated (for removal of dead bone and infected bone marrow) with multiple surgeries and massive amounts of antibiotics for osteomyelitis of the jawbone. Also, Sandy's depression due to still having swelling and pain in her breasts has diminished.
- **June 2006:** After only one week of beginning to take Denali Green, Sandy was feeling less swelling and pain in her breasts, stopped taking prescription pain pills — and has not taken another one since — and began saying positive things (instead of the opposite). Because of taking Denali Green, Sandy is certain she will never take another pain pill and is not feeling depressed or suicidal.
- **June 19, 2006:** Since the swelling and pain in Sandy's body did not completely go away (this condition is wherever there are lymph glands throughout her body), she made an appointment to see her doctor on June 19th to ask him if he had any idea what she could do about it. Her doctor stated he suspects the problem is an indication that there is still infection and dead bone in her jawbone. He asked Sandy if she felt pain anywhere in her jawbone and she said, "Yes, it comes and goes, mostly on the left side of my face. I thought it was due to the bone healing because the pain isn't the sharp stabbing pain I used to have before I had the last two oral surgeries to remove dead bone over a year ago." In response, the doctor suggested she have a whole body Thermogram. His belief caused Sandy to feel two things at once. One feeling was discouragement because in September 2005 her dentist showed us X-rays of her jawbone that clearly showed that her jawbone is healing (so how could there be more infection and dead bone?) and the other feeling was of hope because the doctor said he believes the removal of all the infection and dead bone in her jawbone will cause the swelling and pain in her body to completely go away.
- **June 22, 2006:** Sandy's doctor gave her a prescription for a whole body Thermogram and she had one taken of her face and breasts on June 22, 2006 (the clinic where she had it done does not do whole body Thermograms). Then we had to wait two weeks for the results. The Thermogram picked up a "hot spot" in her left cheek, which usually means there is infection at that site.

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- July 6, 2006: At Sandy's Thermogram Consultation appointment on July 6th she asked the clinic doctor if he had ever heard of someone having swelling and pain in their body, especially in their breasts, when all of their blood and urine tests and chest X-rays and breast ultrasounds came back perfectly normal? To her surprise he said he had. He said he believed it is due to toxicity in the body. He explained that when the body has a toxic overload in the liver the toxins next fill up the lymph glands and since there are so many lymph glands in the breasts they often become the collection sites of the toxins. He went on to explain that the body dilutes the acidic toxins with fluid so the acid doesn't harm the liver, kidneys, other organs, and lymph glands. He said the waste from a bacterial infection is very toxic and acidic. (This explains why Denali Green reduces Sandy's pain and swelling — it helps to alkalize the acid in the body.) When the clinic doctor went on to explain the results of Sandy's Thermogram he pointed out that Sandy's toxicity may be coming from an infection, shown as a "hot" spot on her Thermogram, in the area of her upper left jawbone. The Thermogram of her breasts showed she has extra (more than normal) blood vessels in her breasts. However, neither breast has more blood vessels than the other. The clinic doctor offered to test Sandy for toxicity with his Dermatron machine (the Dermatron is a German device that was developed by Dr. Voll in the 1950s and contains the same technology as Dr. Clark's Syncrometer). On a scale of one to 10, 10 being the highest toxicity level, Sandy's toxicity level measured 10.
 - July 7, 2006: We emailed the Thermogram Report to Sandy's Mexican dentist in Tijuana, Mexico and asked for an appointment. He gave her an appointment but asked her to have a Cavitat examination first and to bring the results with her when she came to see him. He recommended she have the Cavitat exam done at a clinic in Rosarita Beach, Mexico, website: <http://www.sanoviv.com> (which meant a trip down the coast of Mexico — Rosarita Beach is an hour south of Tijuana). The clinic is called Sanoviv and is very impressive. It is private, with a guard at the gate. It looks new and looks like the most modern building on the beach.
 - July 14, 2006: The Cavitat report shows that Sandy has a huge area of infected and dead bone on the lower left side of her jawbone back where her wisdom tooth used to be and more dead and infected bone to a lesser degree at the sites of the two teeth next to it. The good news is that most of the rest of her jawbone (top and bottom) is healthy, which is due completely to the oral surgical skill of the Mexican dentist. The bad news is that Sandy must wait two weeks before he can operate. Because the area where the wisdom teeth used to be have bundles of nerves right next to them, he wants three hours to devote completely to Sandy and it has to be

between 9 am and noon. So, when we looked at his schedule, his next opening with those conditions wasn't until the 31st of July. Another problem is that there is another smaller area (in the wisdom tooth area) on her upper right jawbone that will have to be operated on too.

Update on Bonnie's Daughter, Sandra Petry:

July 31, 2006: Sandy, who has had 25 oral surgeries during the last five years due to Dental Osteomyelitis (infected and dead bone marrow in the jawbone), had oral surgery in two areas of her mouth in Tijuana, Mexico (according to Sandy's July 14, 2006 Cavitat Examination, which is an ultrasound examination of the jawbone, these two oral surgeries should be the last oral surgeries she will need). When Dr. Villafana cleaned the dead and infected bone from the cavitation at her upper right wisdom tooth site he became very upset and exclaimed several times, "We've lost the floor of the sinus." He asked me to take pictures of the surgical site, which I did (posted on www.sandrastory.com). When the doctor completed the surgery I asked what losing the floor of the sinus meant. He said Sandy must be very careful not to get a sinus infection, as her jawbone is now exposed to the sinus. He said she must be careful that more dead bone isn't created in her jawbone by an infection in her sinuses. I asked what he recommended to prevent a sinus infection and he recommended using salt water as a nose spray. When we mentioned using colloidal silver as a nose spray he said that was okay, too. I asked if the floor of the sinus will grow back and he said, "No."

August 1, 2006: Overnight Sandy's face became swollen like a squirrel with nuts in both cheeks. This was because she had two extensive oral surgeries: the first was on her left lower jawbone where Dr. Villafana removed three cavitations beginning at the wisdom tooth site, and the second was on her upper right jawbone where Dr. Villafana removed a cavitation at the wisdom tooth site and had to remove the floor (bone) of the sinus as well, as it too had become infected and died. Sandy used Lugol's Iodine (six drops in ¼ ounce of distilled water) as a rinse immediately after the surgery and every few hours afterward, which she has done after every oral surgery she has had since 2001 (Dr. Clark recommends to use this solution of Lugol's Iodine as a rinse after oral surgery in her book, *The Cure For All Cancers*). Sandy also sprayed salt water up her nose as spraying colloidal silver up her nose caused her to feel nauseous. Sandy is taking Denali Green drops daily to assist her body in healing her jawbone and gums. She also takes enzymes, vitamins, Water Oz minerals, fish oil capsules, Flora-G Plus capsules and, as of August 14th, when Sandy was introduced to them, Candida-G capsules.

August 4, 2006: Sandy had her stitches removed by our family dentist in Walnut Creek and he remarked that her body was doing a great job of healing as her mouth looked like her surgery had been eight days ago, not just four days ago.

August 7, 2006: Sandy had her dentures adjusted by Dr. Villafana in Tijuana, Mexico, as her mouth was sore from her dentures not fitting properly due the surgery. The adjustment was made and Sandy was very happy that she could again eat without pain.

August 14, 2006: Sandy felt she was developing a sinus infection. We were introduced to a new product, Candida-G, a probiotic that identifies bad bacteria for the immune system, which immediately destroys it. Candida-G capsules can be made into a solution to spray up the nose. As soon as Sandy tried it she knew it was working. She also sprayed it in her mouth, where new sore spots had developed due to her jawbone changing shape as it healed, which

made her dentures not fit as well as they should. The new spray immediately stopped the pain in her mouth.

September 11, 2006: Sandy's mouth is healing, which is evident from the way her dentures fit (or, in her case, do not fit). She has had her dentures adjusted three times since her surgery on July 31st and plans to have a liner put in her dentures in a few months.

September 18, 2006: Although Sandy takes a coffee enema followed by an implant of Candida-G and Flora-G Plus everyday, she began having daily colonics at home, too.

September 21, 2006: Sandy found a place called New Leaf in Lafayette, Calif. (the town just west of Walnut Creek) where she is getting help to stay off prescription pain pills and anti-anxiety pills. Since her oral surgery on July 31st she has been caught between wanting to go back on pain pills and anti-anxiety pills (because her breasts have been painful and swollen) and wanting to never take them again.

I don't understand exactly how everything works with drugs, but the doctor at New Leaf is the first one who has helped us understand why, when Sandy stops taking pain and anti-anxiety pills, the swelling and pain in her breasts becomes so excruciatingly painful.

It turns out that the drug she had been taking for anxiety, the opiate clonazepam, and had stopped taking on her own (with the help of Denali Green), is/was the problem.

The doctor, Dr. Eisenburg (we call her "Dr. E"), is an internal medicine physician who uses a new pharmacological innovation called Suboxone (Buprenorphine), which allows patients to detox on an outpatient basis. Suboxone, which is also an opiate, but one that is easier to taper off of, is prescribed to reduce the symptoms of opiate dependence.

Approved by the FDA in 2000, Suboxone is one of the first addiction-fighting drugs that can be prescribed and administered from a doctor's office.

Dr. E says it will take over six months to get rid of the effect clonazepam has on the body (it will take that long for the condition of Sandy's pain receptor sites — she now has thousands more than normal — to return to normal). Dr. E explained that the extra pain receptor sites Sandy developed while taking clonazepam will gradually go away and she will soon have a normal amount of pain receptor sites and won't feel pain so acutely.

Dr. E gave Sandy a prescription for the Suboxone tablets, which dissolve under the tongue, and she began taking them.

Sandy will be monitored regularly, and she will need to take Suboxone for several months. The drug cleanses the blood of the painkillers, and helps the patient through withdrawal without much discomfort. Suboxone will not cause Sandy's pain receptor sites to multiply.

As part of the Suboxone program, Sandy is required to undergo weekly psychological counseling and group therapy, which she is looking forward to doing.

September 28, 2006: At her second appointment at New Leaf, Dr. E asked if she could take my blood pressure. I was surprised and asked her why. She explained that she could tell how the patient is doing by how the "caretaker" is doing. Sandy was only on the program one

week, but I felt confident that I would have good blood pressure because I was feeling good that Sandy had found New Leaf and Dr. E. So, I wasn't surprised that my blood pressure was 130/70 and the doctor said I was doing fine. (At home my blood pressure is 120/70.)

October 20, 2006: Sandy's breasts are so much less swollen and painful that she is working around the house and getting all kinds of things done.

October 25, 2006: Sandy had a culture done of the mucus in her nose and it came back negative to bacteria of any kind (no sinus infection!). She believes the Candida-G is saving her life. She sprays the Candida-G solution up her nose twice a day and is gargling with it twice a day as well. (Note: Sandy noticed right away that the spray doesn't work nearly as well the third day. This is because as soon as the water mixes with the L. sporogenes it is activated and it dies in a couple of days.) Sandy is swallowing both Flora-G Plus (8 a day) and Candida-G (3 a day). She also puts the contents of the Candida-G capsules in an implant that she takes after her coffee enemas and/or colonics.

Professional Resources for Healthy Teeth and Bones

Cavitat Medical Technologies, Inc.: (903) 473-1710

If you need dental work I recommend you have a Cavitat examination first because it may save you thousands of dollars, as it will show you the condition of your jawbone. If your jawbone is unhealthy your teeth should not be fixed first. I also recommend a Cavitat examination for guiding you about what to do if you have any mental or physical problems that cannot be attributed to heredity, amalgam fillings, metal screws, rods, plates, implants or caps that have been placed in your body, an accident that did not directly involve your jawbone, a bone infection that you had in the past that may be still there without your being aware of it, or toxins (due to exposure on your job or in your environment or from smoking, drinking alcohol and/or taking drugs). (Note: many times a hidden infection in the jawbone or elsewhere in the body will cause a person to smoke or drink alcohol or take drugs and vice versa.) By "guiding you on what to do," I mean guiding you as to whether to have the infected and/or dead bone in your jawbone surgically removed or to take prescription drugs for the rest of your life.

Once you know the status of your jawbone (even in those who have no teeth) you will be in a position to better judge whether or not to have your teeth fixed. If your Cavitat examination results show no signs of infected or dead bone in your jawbone you can have your teeth fixed knowing they have a good foundation and you won't be wasting your money. If your Cavitat examination does show signs of infected or dead bone you can begin planning how and when you are going to get rid of the infected and dead bone.

Dentists Skilled in Alternative Dentistry

- **Roberto Villafana, D.D.S.,** 9150 Paseo de Los Heroes, Suite 703, Tijuana, Mexico, U.S. Phone: (619) 819-9217 or, to call his Mexico number from the U.S.: 01-152-664-6840. Expertise: Skilled in removing infected tissue, dead bone and old, unabsorbed bovine and/or collagen implants that have become entangled with the nerves in the jawbone. He

makes dentures with a perfect “bite” and that perfect a less than perfect facial appearance due to bone loss.

- **Timothy M. Gallagher, D.D.S.**, 990 W. Fremont Ave., Suite L, Sunnyvale, CA 94087, Phone: (408) 739-9050. Skilled in the use of Biocalex for Root Canals. He removes and replaces amalgams with Diamond brand onlays.
- **Kirk Youngman, D.D.S.**, 520 La Gonda Way, Suite 103, Danville, CA, Phone: (925) 837-3101: Skilled in making Targis and Diamond brand onlays. He removes amalgams and changes old root canal material with Biocalex material.

Candida-G, 30 capsules:

- **One Candida-G Bottle: \$28.90 (Plus \$7.50 shipping)**
- **Six Candida-G bottles: \$156.06 (Free shipping) (Save \$17.34 over single bottle price)**

Flora-G Plus, 120 capsules:

- **One Flora-G Plus bottle: \$44.77 (Plus \$7.50 shipping)**
- **Six Flora-G Plus bottles: \$241.38 (Free shipping) (Save \$27.24 over one bottle price)**

Super Savings

- **Starter Pack: Four Flora-G Plus and two Candida-G bottles: \$213.19 (Free shipping) (save \$23.69 over single bottle price)**
- **Maintenance Pack: Four Flora-G Plus and six Candida-G bottles: \$300.00 (Free shipping) (save \$52.48 over single bottle price)**
- **Four Flora-G Plus bottles give you 480 capsules or 60 days of 8 capsules a day.**
- **Six Candida-G bottles give you 180 capsules or 60 days of 3 capsules a day.**

Health Teeth and Bones — Healthy You, 49 pages, by Bonnie O’Sullivan and Dale Maxwell, 2007, E-Book, \$7.00, at [_____](#)

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