

IMMUNE™:

How I Beat AIDS
in My Kitchen

Paul Yeager

Certified Healing Foods Specialist

At last, the profound words “All diseases begin in the gut,” of Hippocrates (460-370 BC) and “All disease is caused from malnourishment,” of Dr. Weston A. Price have magnificently been applied to AIDS. Paul Yeager has not only brilliantly defined the true root cause of acquired immune deficiency—poor digestion and malnourishment—but has shown how effective traditional, nutrient-dense foods can be in overcoming this chronic state of illness. Through their own nutritional healing, a growing movement of people who have been diagnosed HIV+ are revealing the insidious deception that has promoted a multi-billion-dollar drug industry and are forging the way for others to forgo the drugs that in themselves can indeed cause death.

Kathryne Pirtle

Author, *Performance without Pain*

Clarinetist and Executive Director, Orion Ensemble

This book is the inspiring story of a young man who refused to accept a devastating diagnosis of HIV positive, questioned medical orthodoxy and restored his physical and mental health with body/mind/spirit medicine. Its great strength though is the surprisingly clear, practical advice on how to support and nourish the immune system with an omnivorous diet based on whole foods, real foods, and slow foods. In an age of pharmaceuticals and nutraceuticals, Yeager shows us once again that food is truly our best medicine.

Kaayla T. Daniel, PhD, CCN

Author, *The Whole Soy Story: The Dark Side of America's Favorite Health Food.*

I've lived in health with a positive diagnosis since 1992 following a diet that includes many of the elements described in this book. Although my challenges have been more social than medical, from what I've seen in these many years, I believe the most effective way to restore or maintain good health is to support life rather than attack the purported viral enemy. I admire and appreciate Paul's efforts to create his own healing, and to lay a well researched and meticulously detailed path for others who may wish to follow. This book is an important contribution to the ongoing debate about what really causes AIDS and a poignant reminder that it is truly possible to find our own solutions.

Christine Maggiore

Author, *What If Everything You Thought You Knew About AIDS Was Wrong?*

IMMUNE the Book challenges everything you **thought** you knew about HIV, AIDS, and other immune conditions! Paul Yeager's groundbreaking research provides powerful evidence that abundant health and robust immunity can be NATURALLY obtained--and maintained--by consuming a nutrient-dense diet of traditionally prepared, immune-boosting, restorative foods; a long-awaited, highly effective alternative therapy to controversial drug cocktails prescribed by the current medical establishment. Packed with a comprehensive product source list, delicious recipes, and a multi-phase dietary healing plan, IMMUNE the Book represents the next wave of health and healing, not only for the immune compromised, but for ALL those seeking vibrant health!

Caroline Barringer, NTP, CHFS, FES,
Instructor/Board member, Nutritional Therapy Association, Inc.
Co-author of *101 Great Ways to Improve Your Health: Probiotic Power*
Founder of Immunitrition.com

Dedication:

I dedicate this work to all those who have died of immune-compromising diseases, and to all those who are living in an immune-compromised state. I dedicate this work to all the dreamers and architects of a better tomorrow--to all the visionaries who will not rest in the constant day-and-night struggle for the pursuit of truth and justice in matters of human health and ecology. I dedicate this work to all sentient beings!

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Some Quotes to Ponder:

"When you are sitting in the midst of your problem, what is more real to you -your problem, or the fact of being here. Your presence in the here and now is the ultimate fact." -Shunryu Suzuki Roshi, original founder of San Francisco Zen Center and author of *Zen Mind, Beginner's Mind*

From Galway Kinnell's *St. Francis and the Sow*:

"The bud
stands for all things,
even those things that don't flower,
for everything flowers, from within, of self-blessing;
though sometimes it is necessary
to reteach a thing its loveliness,
to put a hand on its brow
of the flower
and retell it in words and in touch
it is lovely
until it flowers again from within, of self-blessing;"

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Chapter 1

My Immunity Story

On June 27, 2004, shortly before my 23rd birthday, I walked into an HIV testing center in Las Vegas, Nevada, and was told I was HIV+. I knew it was likely that I was HIV+ because of my highly promiscuous lifestyle, but it was absolutely awful news to receive regardless.

Just prior to receiving my HIV+ diagnosis in 2004 I had completed a seven-month education in massage therapy, which had included training in Western medical anatomy, physiology, pathology, and also even several weeks spent in human cadaver lab becoming thoroughly acquainted with the workings of the human body. It was this training that would later serve me well as an intellectual foundation for the deeper inquiries I would soon have into how to stay alive with my HIV+ diagnosis. However, none of my training was enough to free me from the dark, stormy cloud of desperation, fear, and then regret, which would hang over me after having been told I was HIV+.

I had walked into the testing center room that day and closed the door behind me, then sitting down in front of the desk where the test counsellor sat. She found my test result and immediately stated (in a tone of deep condolence and regret, as if I had already died): “Paul, you’re HIV+”.

I told her there must be some mistake, and demanded she double check that this was indeed my test result.

She said that it certainly was. Then she asked “Do you know who you may have gotten it from?”

I told her perhaps it was one of the three men with whom I had had unprotected sex. She asked me for their names and numbers, so as to be able to track them down and further quarantine the spread of HIV. I didn’t have their phone numbers on hand so I told her I’d have to get back to her.

Then she demanded that I sign some papers that she was shoving in front of me, explaining that these were federal government documents. By signing the documents, I would be held forever legally responsible for telling any potential lover that I was HIV+ before engaging in sexual intercourse. The government would be able to bring charges of felony attempted murder against me if I were ever to have sex with someone without first telling them my HIV status. I agreed to sign the documents.

Then, the test counsellor asked me “So will you be telling your family about your HIV status?” and I told her “Yes, of course.” She then explained that many people don’t tell their families.

I told her that I had a lot to live for, especially the fact that I was a very talented classically-trained violinist who used to be a child prodigy. She said she hoped that she would see me in the newspapers one day.

Then she said something without any logical basis. She said, “you never know, you may even have 10 years left.”

It was as though I had had an evil spell cast on me. This person sitting before me was genuinely convinced that because of the information she had obtained via my HIV Test, that it was absolutely guaranteed that I would sooner or later (and probably in less than 10 years) be a dead man.

Many of us reading this book probably already know that what we are led to believe can quite easily become our reality. Spiritual people and secular humanists both understand this though they have different language for it; that having faith a.k.a. positive thinking tends to heal a person, whereas losing faith a.k.a. negative thinking can be a person’s Achilles’ Heel. If we firmly **believe** we’re going to die in a few months or a few years, and we’re given such a fateful prognosis in a situation where we feel dominated by fear and anxiety, then the tendency to wholeheartedly believe what we’re told is indeed present.

Even with my scientific background, I heard what the testing counsellor had told me and I must have somewhat internalized it. I knew that lots of people live with an HIV diagnosis for much longer than ten years, but the words the counsellor had spoken echoed through my skull quite loudly. For two weeks I was in a state of manic psychological terror. I oscillated between moments of nostalgic elation and profuse fear. I remembered all the wonderful people and places in my life, only to then sink suddenly into an abyss of severe grief and agony produced by the newly forming belief that my own death was so near as a then-23 year old.

Within a few weeks of my test result, I had found a book titled *What if Everything You Thought You Knew About AIDS was Wrong?* by Christine Maggiore. As I read the first few pages, I began to mildly question the cocoon of terror and mania in which I was then isolating myself. The book asserted the idea that HIV was not the cause of AIDS, and that there were other more provable causes of a severely weakened immune system.

Of course, when I searched for the words “Christine Maggiore” on the Internet, I found many declamatory remarks stating that because Christine Maggiore was an HIV dissident that she was guilty of what is referred to as HIV denialism, and that her claims have been thoroughly medically disproven. The websites and blogs I found also seemed to indicate that Maggiore’s HIV-denialist point of view had caused people to die of AIDS, due to their refusing medical treatment when they sorely needed it.

Furthermore, my own HIV-specialist MD at the time was appalled at the fact that I had found Maggiore’s book and cautioned me greatly against reading it. In fact, I offered to let my HIV-specialist MD read it as I was interested in what she might have to say about it, but she told me she would have to take a valium before cracking the cover, and returned the book to me at my next appointment saying she couldn’t bring herself to reading more than a page. For the above reasons, I was made curious about what the

book might contain but also very cautious about coming to new conclusions based on Maggiore's material.

Maggiore's book asserted the notion that the HIV test is not a test for the presence of HIV, but rather what the international medical community has agreed are antibodies to HIV. Antibodies are biochemical structures in the body that get produced in response to the presence of infection.

The book also stated that these antibodies exist in **every human body**. In fact, the book was stating that these antibodies begin to exist in higher concentrations in response to nearly every illness a person can manifest, even including flus, common colds, bronchitis, ancient diseases such as malaria, leprosy, and tuberculosis, malnutrition, and even pregnancy.¹

Furthermore, it seemed as though what Maggiore's book was stating was that there has been no proof whatsoever that scientists have even isolated the microbe called HIV in the blood of a person with HIV+ status. In fact, the organization established by Christine Maggiore, Alive and Well in Los Angeles, is currently providing a \$50,000 fact-finder award to the first scientist who can present solid evidence of HIV particles existing in the blood of a person who tests HIV+. According to their website, no one has been able to claim the \$50,000 award to date.²

It also seemed, from Maggiore's material, that the [perhaps so-called] discoverer of HIV, Robert Gallo, had in 1984 taken his findings to the news media before he had had it published to be reviewed and validated by his scientific peers. Maggiore's writing detailed a typical process by which scientific fact is born, which seemed rather sensical to me. The way that process goes, according to Maggiore, is like this: when a discovery is made which can prove or disprove a proposed theory, that proof or disproof must first be adequately reviewed by the entire academic and scientific community before it is recognized as valid. For instance, ways this would commonly happen include researchers placing

their findings in medical journals such as JAMA (the “Journal of the American Medical Association”) or PubMed, where other researchers who read these publications can form their own conclusions.

The idea then is that that way, academic peers who read such publications review the findings, test the findings themselves, and either confirm or deny that they are true. This did not seem to be the process that Robert Gallo conformed to according to Maggiore’s work, but I figured maybe this was an exception. Maybe he needed to tell the whole world first, to save countless lives before it was too late?

As I continued to read on in Christine Maggiore’s curious but perhaps groundbreaking book about HIV/AIDS, I was forced to ask other questions. For instance, I began to ask myself: could T cells and Viral Load tests really be used to measure disease progression or the health of one’s immune system? Maggiore’s material showed that Kary Mullis, PhD (the inventor of the algorithm on which the Viral Load test runs) refuted the claim that HIV is the cause of AIDS in an interview with Penthouse Magazine.³ Furthermore, at that time, I discovered via several immunology and human biochemistry textbooks that T-cells exist not only in the blood, but also in the bone marrow, which has a large reservoir of reserve T-cells. I had to then wonder: how much can a blood test for T-cells really tell us about the whole state of affairs in the immune system?

I needed answers to my questions. I needed something truly real upon which to base a sense of hope for my own survival. It was out of this need for real answers that I began to befriend many HIV-diagnosed gay men in the San Francisco Bay Area who showed me their T-cell and Viral Load measurements that they had had taken over the years. Seeing these test results actually cast even more doubt on whether there was really a link between their states of health and these measurements.

Oftentimes, someone would have three or four CD4 cells in their blood (a.k.a. T-cells), along with so-called Viral Load counts in the millions, and yet they would be in a marvelous state of health. Other times, a person would have hundreds of T-cells with a low Viral Load and be struggling to survive with a case of pneumonia. So, not only did Maggiore's book cause me to question things, but so did my own anecdotal observations within my new circle of friends.

By talking more to these new friends in San Francisco I also began to formulate my own private theory of the political and economic forces which I guessed may have made it possible for Gallo to bypass his scientific and academic peers by first taking his [perhaps so-called] discovery of HIV to the global news media. I gained a sense of three basic stimuli which may have been behind this: 1) the political needs of the gay men's community to provide an answer to the public in response to the increasingly-held public notion that AIDS was a gay disease (which HIV satisfied perfectly since it was a bug that the public was told heterosexuals were just as likely to contract), 2) the need of the gay men's community for treatment (which ironically seemed to result in even more deaths in the first major attempts to treat the disease, which I'll get to in the next paragraph) and 3) the profit-driven motives of the pharmaceutical interests at that time.

I also began to raise serious questions about the HIV pharmaceutical drugs. My friends who had been living in San Francisco for a few decades unanimously voiced that indeed when the first wave of the drug AZT hit San Francisco, that most of the people who took it died very soon after beginning treatment. Some people were actually saying that this was proof that AIDS was an **iatrogenic** condition. The word iatrogenic simply means that the medicine being prescribed for the disease is what actually creates the disease.

But then the story of HIV drugs that I was hearing from my friends got a little more complex. In the early to mid-1990s a new group of drugs called protease inhibitors were developed. Protease inhibitors did seem to save lives, and people everywhere in San Francisco were very happy about this--at first. However, the protease inhibitors were combined with other drugs in what is still known as a cocktail. In that cocktail, there would often still be **just a little AZT**. Therefore, the droves of mostly gay men being given these new cocktails still often died, just not nearly as soon since the amount of AZT was so severely reduced.

I realized that all kinds of AIDS drug cocktails, even those still being prescribed today, contain a little bit of AZT (under alternate names), while it does appear to have been proven that AZT can cause **death**.⁴ However, I still knew that the drugs weren't the only thing causing AIDS. My friends had told me of other droves of gay men who had died who hadn't taken the drugs, and I began to look into exactly why they might have died, especially since Christine Maggiore's book had so steadfastly taken the stance that the reason couldn't possibly be HIV, a stance which seemed to be more thoroughly confirmed by another scientific source I had found on the Internet.⁵

I actually found very many probable explanations other than HIV. This first wave of people that died of AIDS in the 80s who hadn't taken any of the HIV drugs, did have a lot of things in common. The first most obvious thing that stood out was that they were often heavy recreational drug users. These drugs often included narcotic drugs like crystal methamphetamine, cocaine, and amyl nitrate, also known in the gay community as poppers. I found out that current studies had been done on poppers which showed that poppers could cause KS lesions and other cancers all by themselves. In fact, one study I remember finding showed me that over 90% of a group of gay men with KS lesions (some of them HIV+ and some HIV-) had all used poppers.

My friends continued to explain other aspects of this group of gay men who had died early-on from AIDS in the 80s, without taking the AIDS drugs. They would party intensely on the weekends, having lots of unprotected anal sex with many partners. There are plenty of STD's other than HIV, such as syphilis and hepatitis, so it was likely these diseases were being passed around via what's known as barebacking (a.k.a. unprotected anal sex) at an unprecedented rate of infection in this party milieu of the 80's.

Furthermore, this lifestyle of sleeplessness, speedy recreational drugs, and lots of unprotected sex produced infection, plain and simple. When infection came, these men would go and get antibiotics. Infection came often in this lifestyle, so antibiotics were prescribed at an unprecedented rate as well, completely decimating the delicate balance of intestinal bacterial microorganisms a person needs to maintain a healthy immune system. What I was hearing about this drove of men who had died of AIDS prior to the introduction of the AIDS drugs seemed common also to many of the "HIV Denialists" who had died of AIDS more recently.

All of this ignited a need in me to ultimately begin to develop my own working theory of what was really causing deaths from AIDS. Firstly, it seemed rather apparent to me that the AIDS drugs were very capable of causing death from AIDS all by themselves, even though some people had managed to thrive on these drugs for years. But secondly, it began to seem obvious to me that almost any kind of chronic recreational drug use (including chronic pot and alcohol use in more recent cases of AIDS death that I've witnessed), chronic antibiotic use to fight infections, completely foregoing the body's need for sleep, and passing around STD's like syphilis and hepatitis, could all together cause AIDS. This was the beginning of the theory of AIDS (and indeed any other diseases involving weakened immunity) that I am proposing in Chapter 2: a multi-factorial theory that has nothing to do with HIVirus.

I even came up with my own probable theory of why people test HIV+ after having unprotected sex (especially unprotected anal sex) and after sharing needles. Anal sex creates more exposure of the blood of the anal-receptive partner than does vaginal sex for a vaginal-receptive partner. As I understand it, blood and semen are both composed mostly of human RNA proteins, RNA (or ribonucleic acid) being the molecular substance in our bodies that informs the DNA on how to reprogram our genes. So it seems likely to me that it may be inherently dangerous to mix one person's RNA with another, which is what is happening in unprotected sex (anal sex especially) and in needle sharing. This could explain why the so-called HIV-antibodies increase monumentally (enough to produce an HIV+ test result) directly following unprotected sex and needle sharing, since mixing fluids in this way is a sort of straw to break the camel's back atop the **mountain of other scientifically known causes** of any breakdown of the immune system (and therefore a rise in antibodies) mentioned above. Furthermore, Christine's book caused me to very seriously question just how well-proven it is that heterosexuals are just as likely to test HIV+ as a result of engaging in unprotected, vaginal heterosexual sex.¹ Could it be possible that the public had simply been mass-disinformed in this way especially, to protect a theory that is ultimately false? There was one thing I was sure of: I knew I wanted to try to avoid taking drugs that could kill me for as long as I could.

In 2004, I befriended an MIT engineering graduate student. He had recently tested HIV+ and had discovered a book, published only in German and Italian, called *A Quiet Revolution in AIDS and Cancer Medicine* by Dr. Heinrich Kremer. Slowly, this friend of mine got chapters one, two, three, and eleven translated into English and very tentatively published over the Internet.⁶

Since I am not a scientist, this was very difficult reading material for me, as it is filled with complex human biochemistry. However, in my quest to understand what AIDS was really all about, I pressed on reading it over and over again for the whole next year to try to translate what it was saying into the workings of my own life, and eventually into what I am now attempting to relay to the reader.

Dr. Kremer's book seemed to contain a complete alternate scientific explanation of what caused AIDS and how to cure it using nutritional biological compensation therapy and lifestyle modifications. As I began to understand more of what Dr. Kremer had written (especially about "Chapter 11: The Lifesaving Knowledge on Healing"), everything that I had already privately theorized seemed here to be theorized in solid science. Dr. Kremer seemed to be proposing a theory of AIDS which was based on multiple factors, which I'll elaborate on in the following chapter.

More importantly, a practitioner in Germany named Dr. Oliver Langkopf (who can be contacted at turio@gmx.de and consulted with via email) who has a working knowledge of Kremer's work, showed me how to use nutritional supplements to ensure with relatively high reliability that I would not die of AIDS. His work also proved to me that it was an absolute necessity to my not dying of AIDS to stop my lifestyle of partying and chronic use of marijuana and alcohol. At that time, I was battling with some noticeable degree of muscle wasting. I had shrunk from my usual weight of 160 pounds to 135 pounds. I also had begun battling fairly constant bouts of diarrhea. All of these things began to heal themselves as a result of my coming to understand Kremer's work.

However, I didn't remain healed. I would still have bouts of ravaging diarrhea from time to time and I hadn't fully regained nearly all of my weight. I had profoundly awful mood swings to accompany all of this. I also realized that at the age of 24 I was developing constant GERD, or Gastro-Esophageal-Reflux-Disease

(commonly known as heartburn), which I suspected was somehow connected to the large quantity of large supplement pills I was swallowing in handfuls throughout the day as a result of Kremer's recommendations. This heartburn was getting worse and worse on a daily basis, to the extent that one night I actually took myself to the emergency room with a bad case of GERD and was discharged with a diagnosis of too much stress. The very critical lack of understanding I was faced with at this time, which was no doubt factoring into that stress was: "**but what am I supposed to eat?**"

I figured there had to be a way to eat that could bring me back into relatively more permanent balance, without all this GERD-creating supplementation. I knew Kremer's material was correct, based on my improvements that I'd observed while consulting with Dr. Langkopf, but it didn't ever translate into where to find these nutrients in common-everyday **real food**. I had experimented with raw veganism and various forms of vegetarianism, macrobiotics, eliminating wheat, eliminating refined grains and sugars, but none of these approaches (alone or in collaboration with one another) produced the observable survival-benefits that my body continued to demand from high-dosage supplementation. I needed **an approach to food** which was just as scientifically complete, verifiable, and exacting as Dr. Kremer's work.

Then, I met someone in San Francisco who seemed to have found it. This someone was in his mid-50's and in extraordinary health. He had been HIV+ for more than 20 years and he had always been an HIV dissident/denialist (in other words he had never taken the AIDS drugs, but had survived using entirely holistic approaches as I was attempting to). However, in December of 2003 he had been holistically battling a now-grapefruit sized Burkitt's lymphoma tumor on his neck for many months, which the doctors labelled an AIDS opportunistic infection. He finally went to the hospital, and reluctantly took the doctors' advice by going through chemotherapy treatments for the lymphoma.

The cancer went into remission, and sometime afterwards he was introduced to the work of Sally Fallon and the Weston A. Price Foundation, which resulted in new dietary and lifestyle transformations. Sally Fallon founded the Weston A. Price Foundation, named after Dr. Weston A. Price, who wrote the classic book on nutrition: *Nutrition and Physical Degeneration*. After seeing how well he appeared to be doing (for instance, by going out dancing regularly as an HIV+ 50-some-year-old cancer survivor), I became very interested in the Weston A. Price Foundation and its work.^{7,8}

What I found was precisely what I had been seeking. Essentially, I had found what seemed to be a **platinum scientific standard** regarding the food we eat and what it needed to contain and not contain in order to meet the most optimal nutritional requirements of the human body. As I began to understand more and more about the work of Dr. Weston A. Price I realized it was very likely that what Dr. Heinrich Kremer was describing about nutrients was exactly the same thing Dr. Price was describing about the nutrients in food. Both yielded survival ultimately, only Dr. Price's work showed me **where to get the nutrients in real food**, which seemed more logical and natural in every possible way than continuing to swallow handfuls of pills everyday. I found the work of Weston Price to be critical to not having to resort to emergency measures ever again.

Dr. Price, rather than studying the microbiology of the human organism and applying his total understanding to complex conditions of imbalance (as did Dr. Kremer), decided to study the human organism in an observable state of magnificent, radiant health to find out how such individuals might be achieving such harmony.

In the 1930s, Dr. Price achieved this by traveling around the world to study fourteen different indigenous cultures with remarkable health and longevity.⁹ He found a few easily identifiable

characteristics which were common to these cultures. They were not exposed to facets of diet which can be accredited to modern industrialization, especially refined flours and sugars. They were getting extraordinarily larger amounts of vitamins A and D from foods high in fat-soluble vitamin and mineral activators. They were making broths from bones and they were eating large quantities of naturally fermented foods, like sauerkraut, kimchi, and aged cheeses. They were also soaking and sprouting what few grains they actually consumed, if they consumed grains at all, since they often did not. Finally, they were consuming fruits and vegetables from within a limited radius of no more than 50 miles, meaning their bodies were in harmony with the local climatic ecosystem and its seasonal changes.

Within a few months of integrating the ways of eating and living provided me by the Weston A. Price Foundation (and especially by Sally Fallon's WAPF-based cookbook *Nourishing Traditions*), my health was vastly restored. I can't remember the last time I had diarrhea. I weigh 155 pounds as a six foot tall man, and most of my weight is visible muscle mass. I have none of what the modern medical establishment would label "AIDS opportunistic infections" or symptoms of autoimmune disease. Nor do I have to deal with the side effects of HIV/AIDS pharmaceutical drugs, since I simply don't need them. Like most very healthy people, I've contracted one typical garden-variety cold virus per year for the last few years. As far as I can tell, getting a cold once in a rare while is part of being human.

For the past several years, I've been a 4.0 GPA and HIV-diagnosed student with a consistently near-maximum credit load at a prestigious American music conservatory, where I've been completing my undergraduate studies as a classical violinist. Never previous to my living and eating in this way did I ever receive straight A's in anything. My brain chemistry has no doubt received

the benefits of resiliency that Dr. Price observed in isolated, indigenous folk.

Another thing highly worth mentioning in regards to these remarkable changes, is that I also ascribe to practices which further studies of Dr. Price's may have revealed amongst his indigenous subjects. These practices are: mindfulness meditation and spiritual exercise--in my case yoga and chi-gong. By meditating and doing yoga and chi-gong I am able to keep the levels of potentially harmful stress hormones in my body exceptionally low, and I am able to integrate everything I learn into manifested form with relative clarity and ease. I will be expounding on this later as well.

It is ultimately my hope that my story brings an end to all the death and suffering caused by HIV/AIDS and other diseases stemming from immune-compromise, and that by doing so, all the beautiful brilliance and creativity stored within the people afflicted by these diseases will be radiantly unleashed upon the world.

¹ Maggiore, Christine. "What if Everything you thought you Knew About AIDS was Wrong?" The American Foundation for AIDS Alternatives: Studio City, CA 1996

² <http://www.aliveandwell.org>

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⁷ <http://www.westonaprice.org>

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