

The THIN WALL DISEASE is a name given to a group of intestinal diseases for which we have found a sequential and causative relationship that has not been found by science. All the diseases are based on the gradual deterioration and thinning of the intestinal wall. 99.99% of the population have it. It is so common that medicine simply writes it off as aging. We think not.

**REPORTED SUCCESS RATE**  
**THIN WALL DISEASE**  
**MONTHS OF EXPERIENCE - 151**  
**APRX # PEOPLE - 7,000**  
 We have not documented the successes in writing and are now advised estimates are not permitted.

The known, diseases covered in this one disease are (IBS) **Irritable Bowel Syndrome** (sometimes called colitis), **Ulcers, Leaky Gut Syndrome, Diverticulitis** and **Crohn's Disease**. Current literature in science and medicine sees a relationship among these, but so far has not identified the common thread. The common thread is a miasm group.

The body is always breaking down and rebuilding from what we eat. The liver is responsible for breaking down protein into the amino acids (building blocks) needed to rebuild the intestines. The miasms of Syphilis and Chlamydia are the lead miasms that weaken the liver's ability to produce the needed amino acids. These two are usually a part of a trio that includes one more miasm which varies by individual. (We find which of the trio listed to the right is applicable by energy testing).

It is easy to understand that when the essential building blocks are missing, then the intestinal walls cannot be rebuilt correctly. They begin to thin and become slightly raw to the point of **Irritable Bowel Syndrome**. The body process of repair makes the raw part swell and that is sometimes called **colitis** (itis in Latin means swollen)

The slightly raw, swollen wall of the intestines invites a bacteria called Helicobacter Pylori which science recognized in the 1990s as the cause of **ulcers**. We initially named the remedy by the same name. It turned out to be a tongue twister for many, so we renamed the remedy Helicopter Atrophy. The name is obviously not so accurate, but it is easier to remember and pronounce. Along with it comes the parent bacteria, Campylobacter which increases the irritation throughout the intestines.

Now we have a very raw, swollen area (not all ulcers are bleeding ulcers) that people in the alternative health field successfully used aloe vera to patch it. (Two tablespoons of aloe in water 3x/day usually patches it quite nicely and will stop a bleeding ulcer in 3 days). It is a patch because the underlying cause of the irritation and the bacteria have not been healed. This raw material that is decaying is a perfect invitation to a parasite (nature's recyclers). The most common parasite by far that comes to this dinner is the Cryptosporidium. Unfortunately the parasites drill holes in the intestines, creating **leaky gut syndrome**. A candida of the Small Intestines (Sporotrichosis) also set in.

**SUMMARY OF REMEDIES\*\***  
 (with range of mega bottles needed)

<b>CRYPTOSPORIDIUM***</b>	<b>1</b>
<b>HELICOPTER ATROPHY</b>	<b>1</b>
<b>CAN SI</b>	<b>1</b>
<b>CAMPYLOBACTER</b>	<b>1</b>
<b>ADENO VIRUS GROUP</b>	<b>1-2</b>
<b>(Groups A, B,C, D, E, F, G, H are possible)</b>	
<b>CROHN'S (take with Smallpox)</b>	<b>3-5</b>
<b>SMALLPOX</b>	<b>3-5</b>
<b>SYPHILINUM/CHLAMYDINUM *</b>	<b>4-6</b>
<b>*(or a combination including SF/CL as shown below)</b>	

**\*\* Often used with the remedies Sprue, Strep and Carbohydrates Block. See CELIAC SPRUE.**  
**\*\*\* Critter Be Gone can be used**

**SYPHILINUM/ CHLAMYDINUM TRIOS**

- (1) Syphilinum/ Chlamydinum/Alcoholinum (SFCLAL)
- (2) Syphilinum/ Chlamydinum/Cholerinum (SFCLCO)
- (3) Syphilinum/ Chlamydinum/Distemperinum (SFCLDI)
- (4) Syphilinum/ Chlamydinum/Ergotulinum (SFCLER)
- (5) Syphilinum/ Chlamydinum/Escherichinum (SFCLEC)
- (6) Syphilinum/ Chlamydinum/Leprosinum (SFCLLP)
- (7) Syphilinum/ Chlamydinum/Medorrhinum (SFCLMD)
- (8) Syphilinum/ Chlamydinum/Myxinum (SFCLMX)
- (9) Syphilinum/ Chlamydinum/Penicillinum (SFCLPN)
- (10) Syphilinum/ Chlamydinum/Tuberculinum (SFCLTB)
- (11) Syphilinum/ Chlamydinum/Typhoidinum (SFCLTY)

The body is amazing in its ability to find adaptive ways to heal itself. With this **IBS, ULCERS AND LEAKY GUT SYNDROME** the body attracts one of the most common viruses in the world to make little patches or pockets on the outside of the intestines to stop the leak. The virus is the Adeno virus and is grouped into similar kinds i.e. group b or group c. If you have not taken anything for this condition by now you dread to eat anything that has little seeds in it because those little seeds stick in the raw pockets and feel like cinder balls. It is amazing how sesame seeds or any seeds can feel like spiked basketballs! We hope you are getting the picture of how necessary it is to heal this group.

During this progression the walls of the intestines are getting more and more thin as each of the stages of the disease set in. Autopsies on people 80 years old show that the walls of the intestines are commonly paper thin. That leaves no ability to take in nutrients so this disease can kill by malnutrition alone.

What frequently happens is the onset of a lump that becomes a tumor which sends a person into **Crohn's Disease**. (We were very surprised to find that a residue of **Smallpox** always accompanies this condition.) When this sets in, the walls of the intestines simply disintegrate which dumps the contents into your abdomen. There are infamous stories of people being rushed to the hospital with horrible abdominal pains that stem from this. There is an emergency operation where they cut out part of the large intestine and do their best to clean out the septic condition of feces in the gut. The subject is pumped full of antibiotics in a desperate attempt to save their life from septic overload. This is a gruesome picture and current reality. It is described to emphasize the importance of healing the condition before it gets that far.

In summary, these conditions do have a sequential relationship based on an insufficiency of the liver. Because medicine does not recognize miasms they do not appear this way in medical literature. With thousands of people using these remedies we find that the condition not only stops deteriorating, but the intestines start to rebuild with age. The basic choice for all of us is simple. Do we want to have continuing decline in our ability to digest and assimilate? Or, do we want our intestines to get stronger and have our digestion improve for the rest of our lives?

### **CELIAC SPRUE**

Usually running concurrently with the Thin Wall Disease is another disease stemming from the same miasms in the liver. It is also described elsewhere under Malabsorption Diseases. The disease is called **Celiac Sprue** and is the cause of fibromyalgia if there was not an accident that started the muscle soreness. A fuller, separate description of the disease is written elsewhere. Essentially, the little vilae (finger-like projections that grow on the inside of the intestines) simply flatten out and can no longer assimilate. The condition gives you an intolerance to gluten, most commonly found in wheat. To finish off the intolerance to wheat, take the remedy, **Carbohydrate Block**.

**Tropical Sprue** was previously thought to be rare and limited to tropical exposure. It is now clear that it is far more wide-spread than reported. Its symptoms are very similar to Celiac Sprue.

### **A NOTE OF WARNING AND FULLER EDUCATION**

Experience has shown us that people get very excited when they learn there is a way to reverse what they have been told is inevitable. Experience also tells us there is usually more to the picture than just the base method.

It is logical to imagine that if the intestines have been going downhill for a number of years, other infections can easily set in. Indeed even parasites can easily come to the scene. We have written a number of the most common complications in a description of digestive difficulties. It is required reading and action if you want to be successful.

As a prelude, we have found that tuberculosis of the mucous lining and tuberculosis of the stomach have been the two most common infections that have thwarted results. Tuberculosis is a bacteria that gets into tissue of different organs and becomes part of the organ. It took us a long time to learn that a separate remedy is needed for each location it settles in. (The lungs are usually the last location). The remedies have been quite successful in weeding out this pesky bacteria so that the organs are no longer muffled by it.

A typical schedule for the Thin Wall Disease is:

<u>REMEDY NAME</u>	<u>Standard/Mega Bottles</u>	<u>Condition Covered</u>
<b>Critter Be Gone</b>	0/2	Leaky Gut
<b>Helicopter Atrophy</b>	0/1	Ulcers, Irritable bowel
<b>Campylobacter</b>	0/1	Ulcers, irritable Bowel
<b>Candida Small Intestines</b>	0/1	Irritable Bowel
<b>Adeno Group C</b>	0/2	Diverticulitis
<b>Crohn's</b>	0/4	Crohn's, Thin Wall
<b>Small Pox</b>	0/4	Crohn's, Thin Wall
<b>Syphilinum/Chlamydidinum/ Cholerinum</b>	0/5	Irritable Bowel, Thin Wall

Common additions to a typical Thin Wall Protocol could be:

<b>Salmonella</b>	0/1	Bacterial Infection
<b>Typhoid</b>	0/1	Bacterial Infection
<b>Rota</b>	0/2	Viral Infection
<b>TB Enzymes</b>	0/4	Bacterial Infection

More possibilities of other infections are shown later in **Digestion Extensions**