

Salivary pH Test

Carl J. Reich, M.D.
Calgary, Alberta, Canada

Dear Dr. Reich:

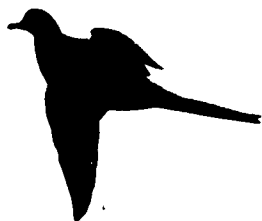
In the *Townsend Letter for Doctors & Patients*, January 1995 issue, you had an article on Salivary pH Test. I too have one I use that Carey Reams formulated many years ago. He gave ill people different calciums along with lemon/water fasts, and cured many different ailments, including cancer and insulin dependent diabetes. I am a 24-year insulin dependent woman of 54 years. I am looking for a way to get off insulin. Have you formulated any treatment for diabetes yet? Yes, my saliva is mostly acid and my urine is alkaline. Except when I get an infection, be it flu or tooth, then urine goes acid same as my saliva. I am having a terrible time with flu turning into pneumonia this last year.

Are there any doctors here in the U.S. that treat on the pH balances that I may contact? Thank you for your most interesting article. Most doctors these days don't look for anything other than antibiotics. I am using them at present but looking for a better solution.

Yes, I believe the solar skin-generated D vitamins have a direct bearing on my ability to absorb and utilize calciums. In the summer here in Arizona we get a good deal of sunshine, I do fine. But about December every year, I start catching the flu. We are considering going to Hawaii or some sunny exotic place with loads of sunshine. It is getting so serious that the flu episodes are tipping over my diabetic control, rushing me to hospital emergency to stop the acidosis. It is very frightening to have to endure this every winter.

I would greatly appreciate any information to alleviate my problems with pH balance.

Mrs. Jacqueline Querns
Phoenix, Arizona USA



Dr. Reich Replies

In 1954 I began therapy of asthma, ileitis-colitis, and arthritis with calcium and phosphorus or magnesium in bone meal or dolomite, but immediately adding the vitamins A, D-3, and D-2 and a diet of the alkaline-producing foods. I added the D vitamins because I knew they were essential for the cellular use of calcium. On that basis in the 1970s I began testing the pH of saliva and searched for the best litmus paper.

I heard of the Carey Reams formula that included salivary pH and corresponded with him and one of his early proteges, Nord Davis. In the 1960s both were accused of practicing medicine without a license and I wrote the California State Prosecutor on their behalf. But they were jailed for six months with the added sentence that they not be so engaged again!

I gave the D-3 vitamin in halibut liver oil capsules along with calcium in bone meal to the second asthmatic I treated in 1954 but I forget if Reams ever used that vitamin.

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Chemically Bound and Ionized Calcium

All ingested calcium, solid or dissolved, is chemically bound such as in calcium carbonate, chalk, which is Ca X CO_3 with the "X" representing that bond. Unless that bond is zapped by the ultraviolet energy stored in vitamin D to free that calcium atom as double positively charged ion, $=\text{Ca}^{++}$, by stripping two negative electrons from its outer ring of electrons, it cannot act in the living cell. Molecular bonded calcium may serve as a store of atomic calcium, or be used in strengthening bones but it is not biologically active.

Consequently, I base all my success on adding the D vitamins to provide ionic calcium. To make such addition to a supply of calcium source will vastly increase its effectiveness. Until then the only ionic calcium the patient will get is that which is freed by the small amount of vitamin D they get in their diet, from a minute amount in multivitamin supplements, or from sunshine. ▶



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Dosage of the A and D Vitamins

American Products:

You must take between 6,000 to 8,000 International Units vitamin D with part being D-3 in cod or tuna fish liver oil and part being D-2 in a water soluble liquid, such as Drisdol. The problem with Drisdol, if you can find it, is that it only contains 250 mg of D-2 per drop and no vitamin A. Taking 18 drops of our Aquasol A and D to get the required 4,800 IU of D-2 also gives 24,000 IU of natural A.

Possibly your pharmacist can find a preparation resembling ours and, if not, you will have to order some of ours by phoning 403-289-2724.

You can calculate the required dosages of those American products from their D concentrations.

Canadian Products:

If you want to use the halibut liver oil capsules and Aquasol A and D that I prescribe, you can get them from the pharmacy in Calgary by phoning 403-289-2724 and giving your Visa number or by sending a money order for the amount the pharmacist will require prior to shipment.

The full dosage that you may take in the winter time are:

1. Halibut liver oil caps (each 400 IU D and 5,000 IU D-3, two with each meal. Will provide 2,400 IU of D-3.
2. Aquasol A and D (each 3 drops of 800 D-2 and 4,000 A) six drops with each meal on food or in water or juice will provide 4,800 IU of D-2.

Minimum Toxic Dose

The report on recommendations of the US Research Council indicates that the a/m total dose of 7,200 IU of D 2 plus D-3 is about 1/6th of the 50,000 IU

starting toxic dose, but still 18 times the RDA!

Over more than 30 years no medical licensing authority received a complaint from a patient or other physician that I had harmed a patient with such dosages. Rarely, some developed reactions like headaches, leg cramps, gas and burping that were relieved once the dosage was lessened.

Regulating Your Dosage

During the summertime when you feel so well you may take only 2/3 of that, i.e. twice daily. But after I read the answers you give in the Health Questionnaire I may recommend that you take the full dosage even during the summertime.

Since, in my estimation, you experienced the deficiencies for years even before your diabetes developed, your body may have developed marked changes in cellular biochemical

mechanisms that may react in unpredictable fashion to the vitamins. Consequently, an initial full dosage of vitamins may induce disturbing reactions that may be interpreted as allergy. On that basis, start the capsules at 1/2 dosage for a week, then 4 a day for several days, then 5 and 6 daily. Add several drops once daily during the second week, then twice daily, then increase gradually over two weeks until you are getting the full summer or winter time dosage.

I have no idea how your insulin requirement may vary, if any, in the first months. Just keep monitoring it carefully.

In time you may need more vitamins. Some patients discover they need a 4th dose of the vitamins at bedtime. For example I now have a 90 year-old woman who needs 20 drops of the A and D and uses one bottle a month!

The Minerals and Diet

Take a Calcium-Magnesium-Zinc preparation in 3 divided doses that will provide a daily total of 1,500 mg calcium, 750 mg magnesium and around 50 mg of zinc

Your diet will already avoid the acid-producing foods



This is Normal?

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Deficiency, Adaption, and "Mal-Adaption"

I believe that diabetes represents the breakdown of an autonomically or automatically stimulated defense mechanism that has attempted to provide biochemical compensation for the ionic $=Ca^{++}$ deficiency through creating organic acids by altering the metabolism of glucose. As your $=Ca^{++}$ deficiency worsens in the wintertime so the demand on that function is heightened to make your diabetes worse.

I have little doubt that your attacks of flu represent a degree of asthma that you do not recognize. So, when your deficiency is worsened your body will also make additional call for adaption to the deficiency on a second organ, the lungs, and that function also begins to break down.

Likewise, most serious diseases of other organs represent the breakdown of their ancillary adaptive function against that very prevalent deficiency state.

If the $=Ca^{++}$ deficiency is relieved then the body will no longer have to make that call on the pancreas and other areas of carbohydrate metabolism, so your insulin requirement will lessen.

Others Applying My Practice

I know of no doctor in the US or Canada who is "doing my thing!" Some have contacted me but I don't know what they did about it. I think my assessment and proposals of therapy are "so far out" that they think better than apply them.

But I hope that my letters in *TLfDP* has moved some to purchase litmus paper and begin testing the pH of their saliva, the saliva of their family members, and that of their patients, and to estimate their deficiency state. It would be so easy for receptionists to do that test on each patient who visits a physician. If they did so, within a month the physician would begin to appreciate that acidity was related to complaints, disease, and deficiency and that alkalinity was related to the absence of such ills and to non-deficiency.

Other Therapy of the Acidity-Disease Relationship

An American company, Sang Whang Enterprises at 8445 S.W. 148 Drive, Miami Florida 33158, 305-235-5120 and a German company, Enderlein Enterprises, P.O. Box 704, Mount Vernon, Washington 98273 believe in the association of acidity and disease and are marketing products which are designed to assist in the alkalization of the body. Sang Whang has not yet responded to my enquiry and Enderlein is only now getting established in the States.

I may begin recommending those products while monitoring their effect by observing increased beneficial pH changes.

On the D-3 and D-2 Vitamins

Sun on a person's skin generates "person specific vitamin D-3," which may be the very best. I have little doubt that, in due time, vitamin D will be extracted from blood donations and marketed as "human species vitamin D-3" to be used in emergency situations such as in the therapy of acute asthma. It may be better than the D vitamins in fish oil and milk that are specific for fish and cows.

I suspect that daylight on skin may generate 1/4 the D that direct sunshine generates. In the lack of exposure of skin to such light and sunshine, the best one can do is take the other Ds by mouth in food or supplements.

The vitamin used to fortify milk and food is what is defined as "natural D-3" produced by irradiating a seven-dehydro-cholesterol provitamin with ultraviolet radiation from UV lamps. It may have the same molecular weight as the D-3 produced in nature but rather than referring to it as "natural" I am moved to call it "semi-synthetic vitamin D-3."

Vitamin D-2 is naturally synthesized by sunlight in grains but only to a very minute amount. The D-2 of Aquasol A and D is produced by irradiating yeast which is obtained from the brewing industry, with UV from lamps. It is very effective and some patients are wholly dependent on it.

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