

A Syncrometer Demonstration:

(Dr. Clark is joined on the stage by Carmen Myers.)

This is Carmen, who has been teaching people how to use the Syncrometer for a number of years. It's quite easy to learn and the reason for it being fairly easy to learn is that you can organize your training sessions so that you always know what the results should be.

What we're going to do today is find out whether Carmen has copper on her. Maybe she ate it or stuck it on herself. A copper penny is what we're going to search for. Maybe she's hiding it under her foot. Of course, she'd never put it in her mouth. But it might be hiding on her somewhere. So, we're going to see if she has a copper penny, like this copper penny, on her. (Dr. Clark holds up a penny.)

(Dr. Clark places the penny in a plastic cup and puts the cup on one of the plates of the Syncrometer.) I put a little water with it for a little better contact. And now the penny is on one of these plates. Incidentally, this device, made from scratch, costs around \$50.00 in the US. I like to work with a bare-bones system like this so that I always know if there's a problem, that I can trouble shoot it right there. And it's much better for creativity not to have something inside of a black box. It's better to be able to see inside. Okay, we're first going to see what this current sounds like. Remember this is an amplifier, a one-transistor amplifier. (Dr. Clark tests the Syncrometer on her own finger and the Syncrometer makes a high-pitched noise.) And it is a bit squeaky - a bit hard to hear. (After an adjustment a Syncrometer sound of "ta-da-di-da" is heard.) That's the control tone. Now, I'm going to throw a switch, which puts this copper penny in the circuit and we'll see if Carmen has copper on her. (While holding Carmen's hand in her hand, Dr. Clark presses the Syncrometer probe onto Carmen's finger and the "ta-da-di-da" sound is heard again.) It sounds the same as before, as the control, so I would say she does not have copper on her.

Here is another copper penny that I am now going to put on her. I just taped it to her inner arm. Now we'll see again if she has copper on her somewhere. (Again, while holding Carmen's hand in her hand, Dr. Clark presses the Syncrometer probe onto Carmen's finger and the Syncrometer makes a "ta-da-di-da" sound - the control sound - and immediately afterward it makes a definite high C sound.) That was quite a bit higher pitch. Now, if you're doing this experiment and you've put a copper penny on you and you can't find it (can't get the high C sound), you know you're doing something wrong. So, you have to train yourself until you get it right. It's quite easy to do.

Now I'd like to know where she has this copper. I'd like to know if it's in her liver or bones. We have some slides of different organs. Maybe it's in her brain. We have a slide here of brain tissue. We'll see where she has the copper. Wouldn't this be a great trick at the circus? You could find out exactly what change a person was carrying in their pockets, provided you wet the pockets so that the coins could touch the skin somehow. But, you could tell them exactly what change they had in their pockets. I'm searching again. (After placing the "brain slide" on the plate and while holding Carmen's hand in her hand, Dr. Clark presses the Syncrometer probe onto Carmen's finger and the "ta-da-di-da" sound is heard.) No, it's not at the brain. Next we're going to look at the liver. (After placing the "liver slide" on the plate and while holding Carmen's hand in her hand, Dr. Clark presses the Syncrometer probe onto Carmen's finger and the "ta-da-di-da" sound is heard again.) No, it's not at the liver.

I'm about to show you the breakthrough experiment that excited me ten years ago. And on this I've built the entire science of finding the underlying causes of tumor formation and cancer and what to use to undo it. Because before, you could not track what is going on in yourself. With the Syncrometer you can find not just toxic things like this, but all the normal metabolites - the chemicals that you normally use in your body's functions.

(While Dr. Clark is talking she places a "skin slide" on the plate and, while holding Carmen's hand in her hand, Dr. Clark presses the Syncrometer probe onto Carmen's finger and the "ta-da-di-da" sound is again heard and then a definite high C sound is heard.) Skin! (The frequency of the copper penny taped to Carmen's arm plus the frequency of the skin of her arm "matched" the frequency of the copper penny on one plate plus the skin slide on the other plate of the Syncrometer.)

We can get quite a bit more sophisticated than this, but this is essentially the discovery. It may seem "far out" to be able to find Staphylococcus bacteria (or Helicobacter) in the stomach or some virus in your bones or joints, quite precisely, and then have you try taking different things to try to get it out, but this is how we do it.

I have a sample of clostridium bacteria here, which are the bacteria that cause tumors to grow. And a sample of staph, which is a common bacterium that we have on our skin on the outside, not that it is particularly harmful there, but if it gets into your bones, especially into the jaw bone, then you have quite a problem and it probably is the bacterium that sets off an osteomyelitis or infection of the bone.

I'm going to choose the sample of bacteria, the staph slide, and tape it to Carmen's arm. It's a very, very small sample. And now I'll see if she has this bacterium in her or on her somewhere. A good way for you to start (learning how to use the Syncrometer) is just to look for things in yourself without worrying too much about where they are. After you get good at identifying things that are so numerous that they stand out even without putting a tissue slide on, then you can start searching for them (on the inside of the body) and finding out where they are coming from (such as a food or body-product). (While Dr. Clark is talking, she places a second staph slide on one of the plates and, while holding Carmen's hand in her hand, Dr. Clark presses the Syncrometer probe onto Carmen's finger and the "ta-da-di-da" sound is heard and then a definite high C sound is heard.) Yes, we can spot that easily.

"I brought the file of a little five-year-old girl that we saw last weekend."

Now, from this I'm going to go to - I had planned another talk for this afternoon, about our clinic's routine procedure - but something happened that stole my heart away last weekend and I thought that would be more interesting.

I brought the file of a little five-year-old girl that we saw last weekend with me so I could read her story right out of her file. We were expecting a new patient at 12 o'clock last Saturday. We waited until 4 o'clock and when they didn't arrive we got all our things together and were walking out the door when the family arrived, so we backed up and got ready.

A mother was holding a five-year-old little girl with long curly locks. She was not alert and her body was quite limp, the head hanging down and her eyes closed. The mother said she had not eaten or drunk anything for two days and the week before she had thrown up everything she had eaten and she had not had a bowel movement for a long time, possibly a week.

I thought to myself that we should immediately send her to the emergency room because it didn't look as though she had a few days left. But one MD was still present - had not left - and we quickly agreed that if we sent her to the emergency room she would never come out. There is no way we could apply our methods in the emergency room, either in the US or in Mexico. And the first 24 hours would be critical and we would lose that to whatever procedure they would be doing, which would indeed save her life that way, but it would be totally useless (for a full recovery).

She had a bone cancer, they said, of the knee and lower leg bone that had metastasized to the body and gone into the other leg. It was not possible to do chemotherapy. It would not be possible to do radiation. And surgery would require amputations up into the mid-upper leg bones and that wouldn't help either. Because of the metastasis she had no chance. So, we thought we should use our own methods by preference.

We seated a family member and the mother, who was crying continuously. She held her child horizontally across her lap. There was no way of testing the child's hand. We use a saliva sample in those cases and got a tiny bit of saliva, maybe half the size of a dime or less, which we put into a zippered baggie. We used that as a tissue sample. We saw that the child was full of Salmonella bacteria and full of the flu - ordinary flu. And the mother said that she had a temperature pretty bad for the last few weeks, higher and lower and getting worse. We searched immediately for clostridium bacteria so that we would have an idea whether she had a chance at all. And indeed, the clostridium bacteria were not all over the body, they were just in her bone. They weren't even in the bone marrow. And she had never had any dental work done, so it didn't stem from some bad dental work. So that was some good news.

We immediately gave her 3 drops of Lugol's. Now, I am telling you how we treat cancer in Tijuana and it's a little different than I have in the book because this is our emergency program. And it is for somebody who can hardly swallow. She was lying in her mother's arms and could not do much. So, I'm going to look in the file and read along. These are her saliva samples stapled into the file. Child, female, age 5, Ewing's sarcoma metastasized into the bone marrow, she has an 8½ centimeter tumor and other tumors in the joints of her right leg and also in the left leg. In her state of distress there was no need to look at any tumors, there was no need to do any scans, but we did get a blood test on her. The nurse did get that, but there was no need to hassle with anything further because these might be the

last few precious hours mother and child had together. And it would not change anything that we did anyway. If she got any better there would be time to do it then.

We gave her three drops of Lugol's Iodine in an eighth of a cup of water. And the mother pulled the child's lips down and was told to pour it down. Working on the saliva sample we saw that she was full of yeast, ordinary baker's yeast that you could bake bread with, and a fungus that grows on sorghum, a kind of corn. We very commonly see this because it's an aftermath of killing large flukes. We have many more flukes than I ever let on to you in the books. I've been finding them using a slightly different approach with the same technology. So the first thing I wanted to do was to see how many she had. (To find out) whether it was a totally impossible situation for us or not. She had a large fluke or two on two out of three bones in the skull and in a few other places, so we knew that she was very high in it. That's why she was full of this fungus - these two fungus varieties - but no other fungus had yet taken over. When you kill these large flukes in a place where they cannot exit - normally they exit through the intestinal tract, but if they're in the brain or the bone or in a muscle they won't exit - they start to decay immediately. What does decay mean? Well, think of the dead fish that you've seen at the bottom of the fish tank when you've gone to an aquarium store. You see a large halo around that dead fish and it's all fungus. As soon as something dies, bacteria and fungus take over. That's what happens in us when we kill those large flukes. So, the highest priority would be to digest those.

So, we got some digestive enzymes brought right there to our clinic - the family arrived at 4 - it's now 4:15 and time was trickling away on us - stirred it up and gave her one dose through the teeth. We tested her some more and found that her knee bone and her stomach were totally full of Staph bacteria. We ran next door, got some penicillin, made it up for her and gave her a teaspoonful. Meanwhile, we put the mother in our zapping chair and gave her some insulation to hold the child's hands onto the electrodes. And we gave her everything else while she was zapping. We told the mother if she couldn't get the child to eat by 7 o'clock she would have to take her to the emergency room. We didn't tell her the implication. But we couldn't lose her to other reasons either, so we thought that would be the best compromise, and we told her if she could get the child to eat or drink a little something she could call a staff person and let them know. And the staff person would be riding herd over her throughout the weekend to see if the child really was eating. If not, they had to hurry to the emergency room.

I didn't hear from them until Monday morning. Meanwhile they were also supposed to take a homeopathic item, Oscilloccinum, for the flu that we had found in her. Monday morning the mother could hold the child vertically because the child could hold her head up and the child had her eyes open. They sat down. She was way too scared for me to touch her hand, so we continued using saliva samples. We saw that the digestive enzymes that she had gotten had indeed digested the fungus, that the antibiotic had worked, and that the zapping had done a lot. In fact, the mother said that she had opened her eyes right after that first hour (we zapped her for an hour) of zapping. We couldn't give her oregano oil, which is way too powerful for a child that isn't alert and willing to take it, but the antibiotic that we used, plus the zapping, got rid of the fungus at the bone and the bone tumor.

On Monday, then, I looked at her bone cancer. The little right knee and leg were about double normal size, as hot as a stove to touch, and she winced when you touched her. The other knee was affected too, but not so much. She watched me all the time that I did all that - she was alert. When we tested her for flu it was gone. She had taken the Oscilloccinum for two days, so we said to go off it. Her right leg was swollen to five inches below the knee. They couldn't give me any history of trauma.

And now that the yeast and sorghum molds were negative - it had been killed in many, many places in the body - wherever we looked it was now negative - in other words, she had destroyed it - but now, there was a vast amount of cobalt, elemental cobalt, the toxic variety of cobalt, which had been released into the tissues (the cobalt had been inside the yeast and sorghum molds). This is something I had not yet discovered at the time that I completed the last book. This cobalt competes with vitamin B12 I suppose and it shuts down metabolism. It is toxic to an item that I talk about in the last book, acetyl coenzyme A.

Acetyl coenzyme A is the hub where all the food items that you eat have to go through. After going through this hub the food goes into the Krebs cycle or off to making fat or it goes to produce many different compounds. But, it always has to go through this hub called acetyl CoA first - and cobalt poisons that. And she was full of it now, so we had made matters worse in that sense. So, if we couldn't pick that cobalt up immediately she would become unconscious from not having any metabolism going. Normally we get a head start on that by giving IP6 (that is

already in the book). IP6 is inositol hexaphosphate (inositol phosphate with 6 phosphates around it). And each one of those phosphates can react with something positive like calcium or cobalt, and it does. It's very effective. It goes in there and picks out the cobalt. That's also what she had in her stomach, which was making her vomit constantly. The Staph was already gone, but the cobalt prevented her from holding anything in her stomach. Now you know IP6 is pretty sour, like straight lemon juice, but we gave her, right there in the clinic, 10 drops in a glass of water and one teaspoonful of inositol added to make it more effective. This comes from a book written by the inositol phosphate researcher, the IP6 researcher, Dr. AbulKalam M. Shamsuddin, MD, Ph.D., who, again, found that after devoting his life - possibly 20 years - to this finding, could not get it applied in anyway. So he wrote a book about it, *IP6 - Nature's Revolutionary Cancer-Fighter*, and it's out on the stands, it's very erudite. It is a pity that marvelously intelligent and research oriented people do their research in vain. I hope that you will make a difference in the future because I see a lot of good energy here today and I'm hopeful that you will bring change.

So, unless we could get that cobalt out she was still doomed. We gave her a B12 - "S-H-O-T" - (spelled out) to make sure she didn't know what we were talking about. We turned her to her mother's side and we argued between ourselves - our German doctor thought the child should be told - I thought the child should not be told because once she's screaming and trying to get away we'd never get the needle in her. And I won the battle. The doctor got a dose of 5,000 micrograms out - that's five times an adult dose - so that it could out-compete the cobalt that was everywhere in her body.

We also got her blood test back that Monday and we saw the usual things, none of them terribly severe. There was no reason that she should die. She had lead in the liver. Because one of her transaminases was quite elevated, we checked the saliva for lead in the liver. Now, you can see how that can be done - the same way I demonstrated to you. And it was very high. We are trying to track down where that lead came from. Her LDH was 275 - it should have been 160 - and if you read the last book you have a bit of an idea of what that was due to, probably food color (legally allowed food color). At the bone tumor (we're still in Monday, here) we found large amounts of asbestos. Asbestos causes the immune system in that tissue (the white blood cells in her bones, in other words) to become coated with a gummy, gluey material called ferritin. When they become coated with ferritin they can't sense the bacteria, they can't sense their enemies, they can't stick out pseudopods, which they are supposed to do. And they can't get oriented to the enemy, which is bacteria and virus and toxins. So, in other words, her immunity, her detoxifying system through white blood cells, the immunity, had stopped in the bone. That's why everything was accumulating so much. So, we got our full spectrum light out because we have seen through Syncrometer testing that it takes the ferritin off of white blood cells - a very, very significant finding. Here we are (under regular room lights) with only two thirds of a spectrum, when we should be under sunlight. Not that something that far away is going to give you clinical health like we needed for this child. We got out our 24 inch full spectrum florescent tube, and as we sat the mother down to do her next zapping session a family member held that tube over her bones - ten minutes everywhere. We also sent out for a substance called levamisole, which takes the ferritin off white blood cells too.

Now it's Tuesday - I'm reading my notes: She took everything I had given them. Powders; powdered echinacea, a quarter rounded teaspoonful, powdered pau D'Arco, a quarter rounded teaspoonful - those are the things that kill fungus - yeast and fungus, and powdered hydrangea, which gives you germanium. These were things to help her white blood cells, if they should ever get the ferritin off, so they would be able to go to work. She was taking some sodium selenite, and she was continuing to take the iodine. She was also adding HCL to all her food to sterilize it.

The next day I saw her walking when they arrived. The mother was holding her hand as they walked toward the office door. I could hardly believe it, but she was walking. I looked at her right leg and the swelling was decreasing. This is Wednesday, the last day that I saw her. She is running up and down the hall. They brought in a bowel movement sample, the first one she had been able to produce, and it was easy to see about 20 flukes in it - if you recognize them. She had both *Fasciola* and *Fasciolopsis*. She had smaller varieties too, but we didn't search for that. I taught the mother how to recognize them and I pickled the whole bunch of them - and here they are (Dr. Clark places a Mason jar on the podium that is filled with brownish liquid and little pink objects). If you've never seen them before, you can come tomorrow afternoon or anytime you catch me, and see close-up what they look like. Once a cancer patient comes in and sees these they say, "Oh, is that what they look like? Well, I've had these pretty often." And we are, of course, getting more and more parasitized so it's a good idea for you to recognize these.

Finishing my notes from Wednesday; She is eating a lot. Right leg is very much smaller, but still very hot. Searching

in the saliva for evidence of large flukes - still positive. We're now looking in a bone in the skull where the immunity was gone. We are looking at the basal bone in the skull at the rear - the ferritin is still positive. And at the parietal bone it is still positive. But at the leg bone it is negative and at the tumor it is negative - as if the body knew where to go first. So, the feritin had come off the tumor site and now the white blood cells would be able to go to work and remove the calcium deposits and everything that was there. Looking at the tumor - the yeast and sorghum fungus were negative, the cobalt was negative, the food dyes, asbestos, copper, and vanadium were negative. Malonic acid series, which we also see there, all five of them were negative. Aflatoxin was negative. Looking at the white blood cells for the tumor site, they were full of asbestos - they were doing their job. They were full of calcium deposits also, so they were working on removing that tumor. So, in less than a week we could turn that baby around. And that's the promise - that's the capability of this device. I came here to show it to you and I do have a workshop scheduled tomorrow afternoon for those who want to begin to learn to use it too.

I have five minutes more, so I would like to go back to what I started out to say at the beginning. If you had only ten cancer treatments and they each give you a ten- percent remission rate you would have a wonderful result. And this is what should be made available to cancer patients and their families when somebody comes down with it. From this experience that society has had - 100 years of a terrible scourge - where different things should have been done, I believe we are under-using the talents we have in our two countries. We are under-using our Ph.D.'s, massage therapists, dentists, chiropractors, and all those folks that really would be interested in this, because they are really "a scientist at heart." You don't have to be called "a scientist" to be "a scientist at heart." If you believe in cause and effect, and if you would keep notes, stay orientated to a problem and keep going after it and have tremendous perseverance - that's what science is you're a scientist! This country and the US are full of Ph.D.'s who are broadly trained and would love to do something about the medical debacle that we are in. Ph.D.'s have a better training than MD's in the biological sciences and look, the answer did not come from medicine - it came from an understanding of biology together with some electronics, in this case.

PS from Dr. Clark: This child had total bone cancer from head to toe, plus brain cancer, which I learned from her scan when I got home. So she needed much more treatment, but her parents felt it was enough, since she could play and enjoy life. We'll see.

[End].

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El único Sincrómetro testado y utilizado por la Dra. Clark
se encuentra disponible en la tienda online.