

# ATTENTION ALL COLPORTEURS PAST, PRESENT, AND "WANNABES"

- You may have canvassed in the past.
- You may be canvassing now.
- Perhaps you have never canvassed before, but you have a burden to share the final messages with everyone.
- Perhaps you are out of work and would like to start making an income again,

and be glad to place the special messages for these last days in home after home.

Regardless of your situation,—**HERE ARE ELEVEN REASONS** why you should consider canvassing with our *Natural Remedies Encyclopedia*:

## THE FIRST REASON

We are now in the worst recession since the 1930s. The experts maintain that, at the very least, it is going to continue for several years. Many can no longer afford to pay medical bills, much less visit a doctor.

## THE SECOND REASON

People are living, eating, drinking, and smoking in such a way that physical degeneracy and sickness are rapidly overwhelming the nation.

## THE THIRD REASON

Medical costs of all kinds are skyrocketing. The drug industry is charging an excessive amount. The hospitals are charging increasingly high rates for stays and operations. Medical equipment costs have ballooned in recent years.

## THE FOURTH REASON

Many are becoming increasingly aware of the dangers in taking drug medications, and would like to get away from taking any of them. They want a way to solve their own problems and take care of their loved who are ill at home.

## THE FIFTH REASON

As soon as it is shown to them, people recognize that there is no book on the market like the *Natural Remedies Encyclopedia*. They want a copy for themselves! For the cost of a single visit to a doctor, they can have it!—And it will be in their home for years to come!

## THE SIXTH REASON

The *Natural Remedies Encyclopedia* provides simple, home remedies for over 700 diseases and disorders. Most books only provide a quick overview of about 75 to 150 diseases. It is the only book which also provides a complete guide to the use of healing herbs and water treatments. It even tells how to deliver babies, as well as a host of other practical information.

## THE SEVENTH REASON

The GOLD EDITION of the *Encyclopedia* has now arrived here from the printing house! With gold leaf on its 2-inch edges, the book looks like a \$200.00 jewel! There is nothing like it anywhere!

## THE EIGHTH REASON

The *Natural Remedies Encyclopedia* is available from us in boxful amounts at the lowest possible cost—but only to colporteurs. As a door-to-door canvasser, you will be the one making the profit, not us. And there are no middle men; you purchase the books directly from us.

## THE NINTH REASON

The *Natural Remedies Encyclopedia* can provide you with a remarkably large profit margin. In boxful amounts, *each book* costs a colporteur \$13.50; yet he can easily sell it for \$60.00 to \$100.00 per copy. (Cover price is \$135.00.)

## THE TENTH REASON

As of November 2009, we only sell *Encyclopedias* in boxful quantities to canvassers, and require that they not sell them for less than \$60.00 a copy. Store and online sales are forbidden.

## THE ELEVENTH REASON

Beginning next year (2010), we will conduct regular *Colporteur Training Seminars*. The head instructor is Ed Rockwell, a veteran canvasser of over 25 years experience. Ed sells every copy for \$100.00,—never less. Yesterday he told me that, in the preceding eight working days, he sold every home he canvassed, and made over \$10,000 in sales. *Do you want him to train you?* If so, phone him at 301-616-0216. He is in charge of arranging the seminars. Ed is dedicated to helping you succeed—for he knows that in the back of every *Encyclopedia* is a complete section explaining every crucial last-day doctrine which the world needs at this time! —vf

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## AMERICA'S MOST POPULAR ADDICTIVE DRUG —

# Caffeine's Hidden Dangers

Americans are hooked on caffeine. Ninety percent consume it in one form or another every single day. Over half consume more than 300 milligrams of caffeine every day. It is our nation's most popular drug. It is in coffee, tea, cola, chocolate, and a variety of other things.

Caffeine is an addictive drug. It operates on the brain, using the same mechanisms as amphetamines, cocaine, and heroin to stimulate the brain. Although it is milder than the others, it is manipulating the same channels. This is one of the reasons it is addictive.

If you think that you cannot function every day without it, and must consume it every day—you are addicted to caffeine.

Caffeine is trimethylxanthine. Its chemical formula is  $C_8H_{10}N_4O_2$ . When isolated in pure form, caffeine is a white crystalline powder that tastes very bitter.

Physicians use it as a cardiac stimulant and also as a mild diuretic (increases urine production). But regular folk take it for the apparent “boost of energy” or feeling of heightened alertness it gives. It is often used to help people stay awake longer.

Obviously, what is happening is that the body is tired and needs rest; but, instead, it is whipped into action. Beating a horse always hurts it. The body, repeatedly pushed into greater activity when it wants to stop for rest, is gradually damaged. Instead of recovering, organs gradually weaken. Eventually, the weakest ones become diseased, and the person wonders why it happened.

Caffeine occurs naturally in many plants, including coffee beans, tea leaves, and cocoa nuts. Because of this, it is found in a wide variety of food products. In addition, caffeine is added to many other foods, including beverages.

Here is a dangerous menu to think about:

- Coffee: Typical drip-brewed coffee contains 100 milligrams (mg.) per 6-ounce (oz.) cup.

Whether you are buying it at Starbucks or a store, drinking it at home or at the office, out of a mug or commuter's cup, you are consuming it in one of three sizes: 12 oz. (200 mg.), 14 oz. (234 mg.), or 20 oz. (334 mg.). That is a lot of caffeine!

- Tea: Typical brewed tea contains 70 mg. in each 6-oz. cup.

- Cola drinks: Coke, Pepsi, Mountain Dew, etc., contain 50 mg. per 12-oz. can. Jolt contains 70 mg. per 12-oz. can.

- Chocolate: Milk chocolate has 6 mg. per oz.

- Drugs: Anacin contains 32 mg. per tablet. No-doz contains 100 mg. per tablet. Vivarin and Dexatrim contain 200 mg. per tablet.

Sit down and calculate how much you are taking each day, and you might be surprised. Many people consume a gram (1000 mg.) or more every single day, without realizing it.

Just what does caffeine do when it gets into the body?

As your body becomes fatigued, adenosine is made in the brain, and binds to adenosine receptors. This causes drowsiness by slowing nerve cell activity. You want to stop and rest. You want to go to sleep. This is good; for you need the rest. In the brain, the adenosine also causes blood vessels to dilate (enlarge); so more oxygen can reach the brain during sleep.

But when caffeine is taken into the stomach, it travels quickly to the brain. Once there, it does what adenosine normally does; it binds to the adenosine nerve receptors. But, instead of slowing cellular activity, it speeds it up. The cell can no longer bind with adenosine because caffeine is linked up with all its available receptors.

The cell begins accelerating its activity. Because adenosine is shut out, the brain's blood vessels begin to constrict (narrow).

The increased neuron firing in the brain awakens the pituitary gland to action. Some kind of emergency must be taking place! So the pituitary signals the adrenal glands to produce adrenaline (epinephrine), the “fight or flight” hormone.

The longer-term effects of using caffeine tend to spiral down. Once the adrenaline wears off, you face even greater fatigue—and also depression. More caffeine is taken; and soon the body is jumping into emergency levels all day long. You become jumpy and irritable.

Because the half-life of caffeine is six hours, by the time you go to bed, you cannot get to sleep or you will not obtain the deep sleep you need. (If the last cup of coffee was taken at 3 p.m., by 9 p.m., you will still have 100 mg. in your body.) So the next morning you feel worse—and you need caffeine to get you out of bed.

You have started another day, beating the horse. This is why 90% of Americans consume caffeine every day. But if you try to stop, you will get terrible, splitting headaches as blood vessels in the brain dilate. So you go back to caffeine.

# THE KILLING POWER OF TOBACCO

According to the World Health Organization (WHO), there are 1.1 billion smokers around the world. That is about one third of the entire adult global population. Smoking causes more deaths and disabilities than any other single disease, accounting for 7% of all deaths, with about 13,700 people dying each day of tobacco-related illnesses.

The WHO's projection, that states that tobacco will result in more than 10 million deaths annually by the year 2020, would make it the leading cause of death and disability. Thus it becomes more lethal than HIV, tuberculosis, car accidents, maternal mortality, suicide, and homicide combined.

There is an estimated 42% of men and 24% of women that smoke in developed countries; in developing countries, 48% of men and 7% of women smoke. There are 800,000 smokers and an estimated one million people who die annually from tobacco in developing countries.

An estimated 80% of adult smokers began smoking before the age of 18. Each day, approximately 5,000 children and youth under the age of 18 smoke their first cigarette.

In the United States, smoking is the leading cause of preventable death leading to more than 440,000 deaths annually. The health-care costs associated with tobacco-related illnesses in the U.S. are more than \$75 billion.

In developing countries, cigarette sales have increased by 80% since 1990. In Africa, the annual rise in the rate of smoking is estimated to be 2.5% higher than in other developing countries. It is anticipated that, in the next 20 years, tobacco-related diseases will become the number one cause of deaths in Africa.

Not only does smoking affect the person who chooses to smoke, exposure to secondhand smoke can and does affect nonsmokers, espe-

cially children whose bodies are still developing. Parents who smoke around their children increase their risk of occurrence of sudden infant death syndrome (SIDS) and middle ear infections. This also causes an increased incidence of respiratory diseases: such as bronchitis, pneumonia, asthma, and lower respiratory tract infections.

In adults who are lifetime nonsmokers, secondhand smoke is also a cause of lung cancer and coronary heart disease. Environmental tobacco smoke (ETS) is listed by the National Institutes of Health as a human carcinogen. Therefore exposure to ETS is a causative factor of human cancer. Around 3,000 deaths caused by lung cancer occur each year among adult nonsmokers. Studies also show that ETS is the cause of 35,000 deaths from ischemic heart disease in the U.S. each year.

The global tobacco epidemic is predicted to prematurely claim the lives of some 250 million children and adolescents, a third of who are in developing countries. Over 6.4 million children living today will die prematurely due to smoking. Studies have shown that children can become addicted to tobacco after smoking only a few cigarettes.

According to a report in the journal, *Tobacco Control*, a study performed on nearly 700 schoolchildren in the U.S., with an average age of 12, showed that a quarter of the children who smoked had cravings within two weeks of beginning to smoke. Some even had symptoms of addiction within days of starting to smoke.

Women who smoke during pregnancy place their babies at an increased risk of miscarriage, low birth weight, and intrauterine growth retardation.

Smoking has become a worldwide epidemic, an unnecessary killer that everyone could avoid.

**MAKE COPIES OF THIS SHEET AND SHARE THEM WITH THOSE WHO NEED THEM,—ESPECIALLY YOUNG PEOPLE WHO HAVE NOT STARTED SMOKING YET.**

# 4 Mad Cow Disease in American Cattle

## **FEDS HIDING MAD COW CASES: American Records Not Credible, Former Packing Plant Vet Says.**

*The Edmonton [Canada] Journal, April 7, 2005—* EDMONTON - A former American government packing plant veterinarian says the United States government is hiding cases of mad cow disease.

Dr. Lester Friedlander said Wednesday that colleagues with the United States Department of Agriculture have told him of cases that the USDA has chosen not to announce. Friedlander, who has been invited to speak to Parliament's agriculture committee next week on proposed changes to Canadian inspection legislation, refused to give details. He said the USDA employees are close to retirement and risk losing their pensions.

He has previously spoken out, however, about a Texas cow that had mad cow symptoms and went untested to a rendering plant after a USDA veterinarian condemned it at a packing plant in San Angelo.

### **Mad cow cases in America**

There have been U.S. news reports that just three cows processed by the plant were tested for bovine spongiform encephalopathy over two years. The plant, Lone Star Beef, processes older dairy cows considered at higher risk of carrying BSE.

Friedlander said it's not credible that the USDA has found just one BSE case and only in a cow that entered the United States from Alberta rather than being raised in the U.S.

"You've found four cases (including a cow from Alberta discovered in Washington state with the disease) out of 12 million cattle and the United States has found none out of 120 million," Friedlander said in an interview during a speaking visit to Edmonton.

He said production practices in the two countries are similar enough that the USDA should be finding more BSE cases.

### **New Agency Needed**

Friedlander was in charge of meat inspectors at the largest U.S. culled-cow packing plant, in Pennsylvania, until 1995. He lost his job for, in his words, "doing too good a job."

He has since become a public speaker on food and animal safety issues. He was in Edmonton as a guest of the Edmonton North Environmental Society.

The USDA's record looks worse than the Canadian Food Inspection Agency's, but Canada needs a new "consumer" agency to oversee packing plant inspections, he added. He said the USDA and CFIA both suffer from having too much influence from politicians eager to please the food industry. His proposed consumer agency would be a government body but would have more safeguards against political influence.

Marc Richard, speaking from Ottawa for the CFIA, said the agency enforces rules set by Parliament and does its job well.

He said it reports to Agriculture Minister Andrew Mitchell and a replacement government agency would

have to do the same.

Friedlander also warned against intensive livestock operations, such as cattle feedlots and large hog operations. He said they are ideal breeding grounds for bacteria and disease; and authorities have tended to react slowly when there's an outbreak.

Delayed reaction to avian flu last year at a British Columbia poultry operation led to a large and costly outbreak, he said.

John Feddes, an agricultural engineer at the University of Alberta, said the province's confined feeding operations are generally run well, under stringent rules. Large hog operations, Feddes said, are clean.

"Just because they're large doesn't mean they're going to be out of control."

Dr. Gerald Ollis, Alberta Agriculture's chief veterinarian, said confined feeding ops tend to have well-educated people in charge and are big enough that they can have vets visit more often than at smaller farms.

Ollis added that his experience of CFIA inspections is that they are done well.

He was not aware of reports of limited BSE testing at the Texas packing plant, but said the USDA is concentrating its tests at high-production operations.

## **U.S. HIDING MAD COW CASES: Expert Says**

*Ottawa Citizen, March 7, 2005—* . . . Mr. Friedlander is a former veterinarian with the U.S. Department of Agriculture. And, since he left in 1995, he is now a well-known whistle-blower. He used to supervise meat inspection at a slaughterhouse in Pennsylvania that processed 1,800 cows a day, including many "downers," or suspect animals no longer able to walk.

In April, he intends to travel to Ottawa to speak to parliamentarians reviewing our rules for food inspection. They're in for an earful.

Mr. Friedlander says, flat out, that mad cow is probably prevalent in the U.S., but has so far been kept out of the public eye. "There's no doubt in my mind."

Mr. Friedlander said he was one of the first government vets to begin looking for mad cow in the late 1980s when he used to extract cattle brains and send them to labs for testing . . .

The problem, he explained, can be traced to the way cattle are fed. Until 1997, it was common to use rendered cattle remains as a component in cattle feed. Both countries stopped the practice at roughly the same time . . . "They're all eating from the same contaminated source."

In the early 1990s, he said he was speaking to the USDA's chief pathologist about mad cow when the following exchange took place:

"Lester, if you ever find mad cow disease, promise me one thing?" he was asked. "What's that?" he responded. "Don't tell anybody."

Mr. Friedlander says he would take a lie-detector test to back up his story. "Once I heard that, then I knew this whole thing was a joke."