

## **TRANSCRIPT OF VITAL FORCE CONFERENCE CALL**

### **Doctor's Call #4**

### **Depression, ADD**

We're going to talk about Depression and how the Vital Force products are used for that. Dr. Steven Davis will lead off and then Dr. Gary Tran will come in with his experience not only with people, but also with animals. And then, Dr. Marrongelle will wrap it up.

We have a lot of new people on the call today, so I wanted to outline the protocol which is to talk about the subject. You may ask questions, but stay on target for the subject. As we wrap it up, we'll open it up for anyone to talk about anything regarding the products that they may have from any of the doctors--any problems they see, any successes they have seen--and then wrap it up. We do tape the call, so anyone who is interested in the tape, we're happy to send it out free of charge.

The purpose of getting together is to educate on energy medicine, and how to use the Vital Force products. You're free to talk about other protocols in terms of using other products that work synergistically with the Vital Force products.

DR TRAN: I would like to relate an experience I had with one of my ex-employees. Even though I am a veterinarian, every so often I advise people to take bio-energy medicine. One case I had which is very striking is one of my employees here at the clinic some 10 years ago. After she left here about 10 years ago, she went to work in a human dialysis outfit downtown. When I saw her she was laid off by that organization because she could not get along with the co-workers down there. She told me that she had been suffering from manic-depressive for 10 years, and she's on about half a dozen different kinds of medicine, one of which is valium--some valium product [unintelligible]. When I met her she was a mess. She wasn't the person I used to know. She'd cry every 15 minutes, and she said she was very aggressive--very hostile to people, fighting with people all the time for little things. After talking to her I said, "Anna, why don't you switch off your drugs and nutritional supplements." Then I suggested to her to take these five things: Harmony, Clear Mind, Foundation, Stress Relief, and Excel--because she doesn't have anymore energy--always pooped out. You can see in her face that she's very depressed. She also was advised by us to take some Tahitian Noni Juice along with these things. Ten days later she came back for more medicine, and I asked, "How did it help you?" She said, "I went back to work, and the people down there were very happy to have me back, because I'm a totally different person." I could tell that, because she was very well dressed, well groomed--not like the one I saw 10 days earlier. It was one of the most striking recoveries.

UNNAMED PARTICIPANT: How did you have her triturate off the other...

DR. TRAN: ...I just had her gradually space out everything, because the doctors down there wouldn't want her to do that.

UNNAMED PARTICIPANT: Dr. Tran, could you mention the five things that you gave her again?

DR. TRAN: Excel, Stress Relief--particularly because she was very stressed out all the time, she said; Foundation--because I was told that you can use Foundation to detox other drugs, chemicals; Clear Mind, and Harmony, that's what I suggested to her.

CONSTANCE KRONN: And how much of each was she taking?

DR. TRAN: I told her she could take five drops, and she could move up to 10 or 15 drops.

UNNAMED PARTICIPANT: And did she move up?

DR. TRAN: She did move up to DIV(sic)--she said she had moved up to 15 drops, but mostly she said she stayed at five drops.

UNNAMED PARTICIPANT: Now is that 15 drops per day, or per...

DR. TRAN: Each time a day.

UNNAMED PARTICIPANT: Each time, OK.

UNNAMED PARTICIPANT: I am interested in how much dosage. Was it 10 drops a day, or a few times a day?

DR. TRAN: Two times a day--with the Noni juice.

UNNAMED PARTICIPANT: You mentioned all five things [unintelligible], but in what combination?

DR. TRAN: Depending on her symptoms, choose any three products to take. And she used it in 10 days, that's why she came back for a refill from me--that's how I know this.

UNNAMED PARTICIPANT: How long was she on this?

DR. TRAN: She came back for a refill twice. And I didn't have to give her any more medicine. She then moved to New Mexico. I called her in preparation for this call, and she said she's still fine--no problem at all.

UNNAMED PARTICIPANT: Is she still taking it?

DR. TRAN: No more.

UNNAMED PARTICIPANT: How long before she quit taking it?

DR. TRAN: She came in for three refills--three bottles of this medicine. Three bottles of each of these medicines, so there were five formulas, so it was 15 bottles--you know, the half-ounce

bottles.

UNNAMED PARTICIPANT: OK, and when did she stop taking it?

DR. TRAN: She moved to New Mexico with relatives who lived out there. I called her a few days ago, and she said she hadn't been taking anything, so she still felt fine. She said if she relapsed, she'd do it again.

CONSTANCE KRONN: How long as it been since she's been off the medication, Dr. Tran?

DR. TRAN: Several months ago.

UNNAMED PARTICIPANT: So she took about 30 days of the product, and it's lasted for four months.

DR. TRAN: Yeah, at least. She didn't come by, she disappeared, and I found out from her son that she'd moved to New Mexico, so I didn't see her stop by here and get anymore medicine. So I know she's gone, and probably didn't need anymore.

CONSTANCE KRONN: Okay, thank you so much for sharing that with us, Dr. Tran. Dr. Davis, do you want to pick it up?

DR. DAVIS: (Laughs) OK, it'll be kind of hard to follow up on that one, but sure. My name is Dr. Davis with a practice up in the North part of California. I've been at this for almost 30 years, as far as alternative medicine. I am, for those who do not know me, or are new to us, that I was introduced to subtle energy approximately a year ago. And in their work, and in my work, I deal primarily in alternative medicine. I'm a physician assistant, I'm a licensed chiropractor, and a naturopath. In the process of what I do on a regular basis, about 40-50 percent of my patients are in that terminal/severe disease state, trying to hang on. And most of them have been given a life sentence by conventional medicine. I have a paradigm that I kind of work from, and just to kind of put everybody at ease a little bit, is that we have a paradigm of optimal health, which are those individuals that are in that world class phenomena, who with all the variety of testing tend to outdo those which we declare as Normal. Normal health individuals, are individuals that are in reasonably good health, who through conventional medicine, most come back as Normal, but if we look close enough, we could probably find something wrong with them. Dysfunctional health are the individuals that run from doctor to doctor, clinic to facility, looking for something wrong with them, in conventional medicine there's not--help them in the fashion of actually labeling them. They get all the variety of garbage terminology, from chronic fatigue to fibromyalgia, to anxiety stress overload, or a whole bunch of other variety of diagnoses that are placed upon them. And of course, diseased individuals who actually do have significant diseases, whether it be hormonal failure, or organ failure, or just system failure or immune failure. And so what I find in this work, is that folks in Optimum Health, generally do not struggle with the anxiety and depression phenomena. Folks in the Normal Health orientation, it's either organic or circumstantial. The circumstantial tend to go away fairly quickly. Dysfunction Disease individuals are those who have had chronic fatigue with a label placed upon them, or

fibromyalgia--they've got the aches and pains and they can't work because they're too fatigued. For those individuals their depression will either go from the organic to the circumstantial, back and forth. I use terms that everybody may be familiar with. And then the Disease folks, they're just worn out, tired, and they're struggling and they have no hope, and they're very stressed.

What we tend to find is that in our daytime energy phenomena, which is 14-16 hours, is that in the daytime energy, is that all these individuals are lacking energy that they want to perform. And then their nighttime recovery system--the system that allows them to sleep and rest and get well--is impaired and cannot function. All diseases from my perspective, as I become aware of the subtle energy phenomena--and I've used very good high-grade nutraceuticals, I've used very high-grade supplements for nutrition and very high-grade herbals in my practice--I've also used an awful lot of homeopathics both European as well as here in the United States; and then I've also used a number of things in other camps such as regurks (sic) and those things that are called interline remedies, etc., for the purpose of trying to re-regulate biological terrain in individuals to bring them back up. What I've found with subtle energy is that it creates for those individuals that are struggling with their energy patterns, the "energetics"--as Dr. Jeff likes to call it, and I appreciate that new lingo--and those with no energy at all, these particular remedies create powerful movement in a direction that's relatively predictable. And in doing so, by using a companion of the different remedies, you can actually orchestrate or fine-tune them back into a level of reasonable well-being. So, all disease, that I'm aware of, is dealing with a parasympathetic system that's failed, and an overdrive of the sympathetic system. So virtually everybody that comes to me that is in this Dysfunctional or Disease state we will immediately start using on a regular basis the Stress Relief. Generally, start them at night, along with--depending on testing and different things we do, because with the Dysfunction and Disease individuals is that we know we have a toxic environment, we know that their detox portals are impaired, we know that the immune system is struggling, and we also know brain function is not optimum--So in the process of this, is that they have not only emotional instability, they also have failed hormonal systems and failed immune systems. So what I do is that I try to sort out which is the weakest link in their failure, and we try to energize them using subtle energy in those areas where they're weakest, and then move forward and constantly monitor them.

UNNAMED PARTICIPANT: What testing do you use?

DR. DAVIS: I use biological train, I use computer-aided diagnostic acupuncture, conventional applied kinesiology, and a handful of other things inside that, conventional lab-testing that's available, and some of the lab-testing that's not, saliva, hormonal assays and blood assays.

So what we find with these individuals is that in trying to diffuse the in-depth stress, the fear factors, is that Stress Relief is a very powerful, wonderful thing to do that. If we start them at night, and start getting their circadian rhythms back on track through nighttime behavior--also we use a remedy that is referred to as Balance. Those two at night, we start with this, and then for the daytime behaviors, what we will use is Clear Mind and Tranquility. Tranquility has a very powerful effect of clearing the depressed cycle, the hopelessness, the doom-and-gloom gray cloud. Clear Mind takes that fog thinking, and the confusion and inability to process right and do the cognitive reasoning stuff. So what you have is that three wonderful remedies of Clear Mind

and Tranquility and Stress Relief that have profound function on different aspects of brain activity, but allows the energetics of the brain to almost reset themselves. Then what we'll use as well is that Balance has Indium as a primary metal, I guess. But the energetic to that is different. But what you also have in these hormonal-failed individuals that are fatigued, tired and worn out, is that they have either blood sugar regulation problems, thyroid metabolism failures, or in my case as I see it, that adrenal failed thing--the third or fourth stage of adrenal failure. So we'll use this other subtle energy. So again, it's trying to find what is the primary, trying to energize those areas properly, and then using biochemical and adaptogen herbs to support that. For those that are struggling significantly with depression as being the overlaying phenomena--and all of them that come to me are failed in their conventional approach, and they're just looking for something because they're desperate--and what'll happen is that they're already on meds, and what we do is we continue to keep them there, and we try to work with their physician in backing off the doses as they start to improve.

UNNAMED PARTICIPANT: And what do the physicians say when you tell them your strategy?

DR. DAVIS: Well, most of the time the physicians are handcuffed and they're frustrated, and they're playing the roulette game with the meds, getting to lethal doses of amounts--so they're somewhat relieved that somebody else is willing to participate. Basically what I tell them is that the number one problem with these patients is that their energies are failed and the medications are not providing them those things that will bring their energy up. If we can get their energy systems back up, what will happen is that we can reduce dose. And they say, Well, we'll wait and see. So it's very interesting co-oping, if you will, and in doing so what's happened is that we play ping pong--we do what we feel is necessary, and we send them back to the other physician, so they're happy they're backed off on the dose, so we have a number of patients that were heavily medicated back to a reasonably normal life without medications that are only being supplemented with nutritional support and subtle energies, and being monitored monthly by their clinician.

UNNAMED PARTICIPANT: Just generally, how many people would you say there is--10, 15.

DR. DAVIS: In my camp, over a hundred.

UNNAMED PARTICIPANT: A hundred people you've done this with?

DR. DAVIS: Yes.

UNNAMED PARTICIPANT: Wow.

DR. DAVIS: It is unbelievable, really is. To get a little technical, some of the things that...the Stress Relief is one of the first remedies I began with when I started with Subtle Energy, and was introduced to Yury and Constance, and then also Dr. Jeff on more than a couple of occasions--what happened is that I was using single remedies in the beginning. I then started tampering with--can I add this, and can we move them, and can I add this and can we move them, and what I found was--just like Dr. Tran stated earlier--is that he was able to put somebody on five

remedies right away, and within a short period of time, almost normalize them. Now, I'm finding a similar thing. When we say 'normalize' that's just bringing them back into functional behavior. I have been at this year, and with the system and watching patients we've been able to reduce down the dose on a number of different--we've triturated them up--bring their energies up, and we try to triturate them down. But most everybody is still on Stress Relief, and for those who do have--because of temperament and because of personality wiring, there's a sense, a framework, there's foundations--if we use animals--some patients are golden retriever types and some are Chihuahua types. The Chihuahua types have more anxiety, riddled with depression up and down; and the other like the golden retriever type, who is caught in a very desperate health thing, his depression becomes circumstantial because of his illness. We bring his illness up, his energies up, his depressions go away. A phenomena that we're working with is that a lot of patients we were dealing with in his chronic fatigue/fibromyalgia, most of them have this real problem of fog mind. They can't think, they just have this fog in their head, they can't clear. What we're finding is that the Stress Relief, Tranquility and the Clear Mind, quells that very quickly, and allows them to function. It isn't a hundred percent normal, but it's a whole lot better than where they've been.

UNNAMED PARTICIPANT: Dr. Davis, are you usually starting out on a protocol of about five drops each, or are you just EAVing that out depending on how much they need?

DR. DAVIS: Well, it depends on how trapped the patient is. I liked Dr. Marrongelle's last conference that we had where he used an illustration of slow charging or trickle charge, and then another concept as far as jump-starting or short charge. Trickle charge I use for those very desperate and in very, very difficult trouble. So we'll do two to three drops every hour. And for those who are a little more robust, I'll start with them with five drops three times a day. And then always start that evening one--I used to use more drops, but I've just gotten more comfortable using 10 drops of Balance and 10 drops of Stress Relief before they go to bed. That seems to get them into that nighttime cycle a little better, quicker, faster, deeper, so that the daytime goes a little better. Same drill, is that if we can get a patient through the evening where they're actually where their healing/recovery system--their parasympathetic system--up-regulates, and actually goes through the cycles of the biological clock that it should, when they get up the next day and they feel rested and energized, it tells us that we're heading in the right direction of getting that momentum going of daytime energy and then nighttime recovery. Then, get that hump that's been broken back on track, we start to see very fast movement towards a wellness model.

CONSTANCE: Great. Does anybody have any questions?

DR. MESSICK (sic): Yes, I do. Do you have any placebo control study of this kind of stuff?

DR. DAVIS: No, because I'm in a clinician mode.

DR. MESSICK: How can we be sure it's not a placebo effect?

DR. DAVIS: Well, because patients don't know what I'm giving them.

DR. MESSICK: I know, but you do.

UNNAMED PARTICIPANT: Doesn't this work with animals, though?

DR. TRAN: With animals there is no placebo effect.

DR. MESSICK: Well, it sounds wonderful, so I'd just like to see what a placebo control would look like.

DR. DAVIS: Well, I'd, you know, I'd love to do that, and like anything else, if we had time, energy and resources that would be a nice thing to blend up. It's just that in the world that I'm in, it doesn't afford itself.

UNNAMED PARTICIPANT: Even without a placebo, if you're washing out the patient, and they're not taking the drug after a couple of months and they're still better, that's a good sign.

DR. DAVIS: And what do we really care?

CONSTANCE: Dr. Tran, just to kind of focus on animals here for a moment for the benefit of some of the new people on the call, can you just kind of highlight some of the things that you have seen--dramatic results that you've seen using Stress Relief and Clear Mind with animals.

DR. TRAN: I use the Stress Relief a lot to sedate and tranquilize intractable animals so that we can work with them. It's especially with cats. Cats are very difficult to work with, especially to medicate them. I use Stress Relief, I give them about five drops, and the nasty ones I give 10 drops and they pretty much calm down and are easy to work with. Most of the time they are in sleeping mode and restful in their cage. And when you take them out to medicate them, they don't bite or they don't struggle, or scratch or hurt you. I also like to use Stress Relief in animals that come in with crisis, especially cardiac crisis. They have heart attack or they have congestive heart failure--they go through all these hypercardia, arrhythmia, and they are about to die, and I use Stress Relief and I found in a few minutes they've calmed down to the point where it gives us time to intervene. I works very well for cases like that. I also use Stress Relief for separation anxiety in animals, when they are hospitalized, in boarding environment, or their owners have left the house on a trip, or they take the animal with them on trips. I use that to bring organization to these pets. A lot of people like that, because it's natural and they don't have all the side effects. Apremyzine (sic) for example, usually is used for this kind of condition.

UNNAMED PARTICIPANT: How long do you administer? And how long does it usually last?

DR. TRAN: I use as needed. I usually do it three times a day, every eight hours. Keep them pretty much calmed down during the whole day.

UNNAMED PARTICIPANT: And how do you administrate it, through injection, or is it oral?

DR. TRAN: It's oral. You can give them...I usually use with a juice. I put five drops or ten drops

of the Stress Relief in 20cc or 30cc of Tahitian Noni Juice, which is also very healing. So that's how I use it. It's easiest to do it that way.

CONSTANCE: Okay, thank you very much. Does anyone else have any questions for either Dr. Tran or Dr. Davis?

DR. TRAN: I found out also that that stuff is also very good for seizuring. It's one of my ingredients for seizuring.

UNNAMED PARTICIPANT: Does anyone have any experience with that stuff with humans and seizuring?

DR. DAVIS: Yes, I have.

UNNAMED PARTICIPANT: Yeah, me too.

DR. DAVIS: I have a 21-year old that when he was 14 went into a hospital up in Oregon where he had an acute appendicitis attack, and when he came out of the anesthesia, he had grand mal seizures and went through a variety of medication protocols in an attempt to normalize him. When he was about 16 years of age, one of the seizures got him so bad that he had a stroke and was partially paralyzed on the left side of his body. He actually would go into seizures about every four to six hours having mild ones, and this was even on medication. Starting about nine months ago, on Stress Relief and Clear Mind, his seizures have dropped to virtually non-existent. He had been involved with his mom as far as being home and completely at home school, that kind of thing, and he's now living on his own and can take care of himself. His mom checks in on him daily by phone, cell phone, those kinds of things, and he's normalized very well. His neurologist up in Medford, Oregon, is quite pleased with the outcome.

UNNAMED PARTICIPANT: What about the paralysis?

DR. DAVIS: Slowly...the impairment is fairly well fixed, but he has had some relaxation of toneness that he had experienced and his mom said that he's actually improving. I saw him about three months ago. He was able to ambulate across the room, where before he actually had to use a crutch to make sure he could control himself. So, slowly an improvement, but the impairment is there. But the nice thing is that he's functional, he's on his own, and he's moved into society, where his mom was quite fearful that he wouldn't. So that's a pretty impressive case for me.

CONSTANCE: Dr. Marrongelle, do you want to share yours?

DR. MARRONGELLE: Yeah. You know, if you read the invitation to the call, it says that I've been using the Stress Relief and so forth for anxiety and depression for over two years. That was in my patients, not in me. I just wanted to make that clear. (laughter). I'm kind of an East Coast version of Dr. Davis. I'm a chiropractor and a hemo-toxicologist, and a Verified Clinical Nutritionist. I do EAV, and I use Heart Rate Variability as a primary assessment tool for objectifying sympathetic and parasympathetic response to any type of intervention modality,



whether homeopathy, herb, drug, nutrition. When I was introduced to the Vital Force products years ago, I was impressed at how strong they reacted on ElectroAccupuncture testing. They gave a very positive 'yes' or 'no' response. They weren't very equivocal. I saw them as a missing link in energetic medicine. When I got home and started to utilize them clinically, I was able to measure pre- and post-treatments with the Vital Force products and see changes in heart rate variability, and autonomic response.

To answer an earlier question...Constance, I believe you remember early on I wanted to rule out a placebo effect, or the carrier effect--that the carrier solution was as valuable or more valuable than the energetic influence. So I did some blinded studies with myself or with my one colleague in the office where I would take two baseline heart rate variabilities, then give the patient the placebo or the carrier solution alone in a measured amount of distilled water, examine the heart rate. And usually the scatter diagram on those three were very similar. There were non-clinical changes, nothing significant. And I utilized the energized product, and we'd see significant changes in heart rate variability and autonomic nervous system control. We did that with about 50 patients. It was a basic clinical trial, but it satisfied my need to know whether the saline solution that is the carrier was having a physiological influence on the autonomic nervous system by itself, or whether it was actually the energy influence. The differentiation was pretty plain to see.

UNNAMED PARTICIPANT: So on the 50 patients, what numbers showed the effect, all of them?

DR. MARRONGELLE: About 80-85% had measurable changes, but only in the positive direction, though. And this is one of the things we talked about in earlier taped conversations and classes that we've had--that the downside potential with the Vital Force products is minimal or almost non-existent. And we've never really measured people having an adverse physiological response to it detrimental to them. If you could all just close your eyes for a minute and imagine yourself or your patient as this entire matrix of moving energies, almost like watching a rapid sequence movie of traffic flowing around L.A. or something, on the beltways and the freeways--see the energies just moving all different ways. Well, what the Vital Force does is organize that and orchestrate it, and stabilize it. Some of us know about fractal physics where everything is inter-related to everything else in a tangential way in a matrix. And I think this is where the Vital Force products really influence our physiology. They organize the energy. They coordinate it. Some of you utilize kinesiology, some of you use electro-acupuncture devices, measuring devices, DC current meters--for lack of a better word. What Dr. Davis said about the Stress Relief and the Indium being useful at night. This coincides with...the Indium cascades from normal response from the pituitary gland, and basically has an influence on all the hormonal levels of the body in a modulating way. When it's given in the P.M., as most of us know, during the time that melatonin and HGH is released the most in the first stages of sleep, the Stress Relief gets you to that state of sleep. And the sleep time is so important to people. Those of us who have been doing clinical work for years--all of you out there--know that one of the hallmarks of the ill is poor sleep. How many patients come into you and say, 'Doc, I sleep great every night'? Think about it. If you can solve that for most of your patients, and get them a good, restful night's sleep, the vast majority of them will be grateful to you. By utilizing the AM formulas to clarify and

organize the mind--if you measure the left side and right side of the hypothalamus, you'll find that the Clear Mind product is going to balance that point significantly. And most people who have any type of illness are going to have hypothalamic-pituitary dis-regulation. That is the seat of control for the entire endocrine system. Weight, food cycle, thirst, hunger--everything runs through the hypothalamus. The Clear Mind is incredible for helping to provide energy to that HPA (sic) axis. If you can measure the limbic response, the limbic system, you'll find that Tranquility or the Harmony, especially in children--I heard one doctor/pediatrician--these things worked in autistic kids, unbelievable. I just picked up two patients--two brothers--one with Tourette's and the other one with OCD, which is Tourette's times two. OCD is just another thing on the continuum with Tourette's. For the autistic kids definitely Clear Mind is a big hitter. The Stress Relief is huge for them. In talking about it right now, the GI Aid is of paramount importance, especially the one with...Constance, do you still have the one out with Vanadium?

CONSTANCE: Yes.

DR. MARRONGELLE: Okay. The one with the Vanadium energy--almost all the autistic kids and the ADD kids have tremendous sugar-handling problems. And, of course, diet and lifestyle is of paramount importance to them. Fatty acid metabolism is important. You know all these things from studies that are out there. But they need organizing energy. In some cases, these kids' brains have never been energetically organized. And when you measure them with heart-rate variability, they are in the extreme adrenal fight-flight response. Large doses of Stress Relief, like 20-30 drops, will pull a Tourette's Syndrome toward parasympathetic up-regulation, which they haven't had for a long time. And these people tell you, 'I feel better.' Or, 'I feel calm.' I love getting these children when they're seven years up to their teenage years.

UNNAMED PARTICIPANT: You are having positive effects on older children? Wow.

DR. MARRONGELLE: Oh, yeah. And they're cognitive enough to tell you how they really feel.

DR. DAVIS: Let me just interject here...Similar findings is what I'm having out here as well. And what's interesting is that some of the work that's been done with MRI scanning and PET (sic) scanning is some of the new work that's out. These children that have these dysfunctional systems, when they go into a stress mode... Most children who are put in the pressure of academics, of being able to think and prepare and things, and they get into a testing mode, what will happen is the frontal lobe will dilate, and you'll get a warming trend and blood pool. In these children it's just inverted. So one of the interesting phenomena is that we have work with Stress Relief is that for those same children, whether they're labeled ADD, ADHD, autistic, or all the variety of labels that go in between that, is that what I have observed with these children is that bringing in the GI Aid, and bringing in the Clear Mind, and bringing in the Stress Relief and increasing the dose of Stress Relief, is that they perform extremely well. And everybody, not on the teacher, but the school nurse and the parents that are associated with or are mentoring the child, all notice significant and profound difference in them.

UNNAMED PARTICIPANT: Now, are you using high doses of everything else? Or just Stress Relief?

DR. DAVIS: Just Stress Relief. We start with the small dose--we always start small--and I just have the mom give me feedback every day, What do we do it? Because some of them come a great distance to see me. I'm up in Redding, California, which is about three hours from the Oregon border, I'm four hours from San Francisco, and it's not uncommon that I have patients whose moms and dads come from the Sacramento/San Francisco...even the San Jose Area come up. So an awful lot of this is done via phone and then just mentoring them over the phone based upon behavior.

Don't let me interrupt you, Jeff, you're doing a great job. I'm just saying I'm seeing the same thing.

DR. MARRONGELLE: You know, Dr. Davis, you know the Hundredth Monkey Theory? You know, where the monkey on one island is washing his food, and another monkey is washing it and they never met with each other? You and I are like the Hundredth Monkeys on either side. Because the only time we talk, almost exclusively, is when we are online with you guys. That's absolutely the truth.

DR. TRAN: Jeff? Are you of the opinion that autism is caused by the mercury poisoning from vaccination--vaccine?

DR. MARRONGELLE: I actually have a little more complex theory than that. That we could get into during a pediatric hour or sometime, but we're nearing the end of the hour. But I would like our pediatrician friend to comment on this one. We're seeing the first generation of children born to adults who were vaccinated. And I sometimes think that vaccination today is a double whammy to certain kids' systems--that their mothers have transferred immunity to them from their vaccination, and they actually have too intense of an immune response to the multi-vacs that are being put in along with the other things. It's a complex issue that we can't cut to in the last few minutes here. Gary, I do want to tell you, I know you're a small animal vet, but I have 14 horses up here. And what's kind of amazing is that 20 or 30 drops of stress relief can go as far in a 1200-pound Morgan horse as it does in a four or five-pound city cat.

DR. TRAN: Wow.

DR. DAVIS: I mean, it does! We use it for the same thing--separation anxiety to the foals and mares during weaning. And the other day...I have a 30-year old Morgan mare--she's my first Morgan horse--and it's been cold here, man, for weeks on end. You put a blanket in, and the Morgans like the cold, but she's just hanging her head. And she's just, 'Man, I'm so sick and tired of this being cold. When's spring coming?' So I took a bottle of Clear Mind and Stress Relief down to the barn with me one morning, and I gave her 25 drops of each of them. And man, for a whole week, it perked her up. You have to understand horses. Once they get into something, once they're into an emotion, they pretty much run it--they keep running it out. They keep expiring, kind of. So, if you know they're stressing out, you give them a 40 or 50-drop dosage. Some of them don't like to go in the trailer, and they're fight you and it just gets worse and worse, and the more it goes the more stubborn they get about it, and then it's hurtful to everybody. So if I have

one that doesn't go, I'll give them 50 drops of it. All of a sudden they'll walk out, 'Oh, we're going for a ride? Okay, whatever.' Clump-a-da-clump, they get on the trailer, and it's just unbelievable.

UNNAMED PARTICIPANT: How do you know it's not a placebo?

DR. DAVIS: Well, I have no idea, but it works. Yeah, it works for me. Maybe the riders are taking it before they get on their horses, but I'm talking about ground training and about horses that stress out sometimes. I don't think so.

UNNAMED PARTICIPANT: Well, doctors, you've all been well-spoken. I just want to thank you for all the information tonight. One question I would ask--I don't care which one of you, excellent. What do you say to your patients when they come to you and they say, 'What is this stuff?'

DR. DAVIS: Well, I'll jump in first because that's what everybody... I live in a very conservative neighborhood up here, and anything that has a pendulum, or crystal or anything, then obviously we've got a witch hunt going and we've gotta hang Dr. Davis up by his toenails. And I'm a conservative. So I'm into this alternative stuff because conservative medicine did not solve the riddles that I had, and as I asked my peers why are we doing what we're doing, I wasn't satisfied. So when a patient comes, I try to find a ground that they're somewhat familiar with. If they ask me that question: What is this stuff, I say, Are you familiar with homeopathic medicine at all--energy medicine? And they say, Yeah, sorta. And I say, Is that a good thing or a bad thing to you? And they go, I don't care, as long as it works. And then I take them...I say, This is the new way, the new movement in this energy medicine, and just leave it at that. For those who want more, which is about one percent, then we sit down and have a conversation. But as far as for ninety-percent of the practice with individuals, they are somewhat familiar with homeopathics--they're somewhat familiar with the term and somewhat comfortable with it. But I ask if it's a problem for them. I've had a couple of real conservative Christians that anything that has energy tied to it has got to bad, so when I ask them, Do you have trouble with homeopathics, and they say, Yes, then I say, Well, you'll have trouble with this. So we won't even go there. I don't even go there with them. But as far as for what I do to help them come into this and use it, it's just the new vanguard, the new and improved homeopathic.

DR. MARRONGELLE: I go at them with the question, Have you ever seen electricity? You know, we all use electricity, and nobody's ever seen it. We know how to harness it, we know how to move it, it's energy. We know how to increase it, step it up, step it down. I use electricity, because it's pure energy--it's an energy form--it's a harnessed energy that Yury has put together in a carrier solution. It's elemental energy, actually, in many, many cases, it straight off the elemental charts. That's what everything on the planet is made out of--what we see on the periodic table. I just explain to people that it's just harnessed energy of the various elements amplified and contained in a solution in a way that can be delivered to the body. I think that's the simplest and most accurate way to tell people that.

UNNAMED PARTICIPANT: Do you see a synergistic effect when you combine a small amount of an herbal with some of the energies?

DR. MARRONGELLE: Yes, especially when you're targeting an organ, the brain, or whatever. We just did someone today who had actually a sugar-handling problem in the whole family. I predicted and knew without asking her, I said, Your mother or grandmother was diabetic, right? She goes, Yeah. Did you know your dad, grandpa? Um-um. Did they have trouble drinking alcohol? Oh, yeah. Her depression was due to blood sugar dis-regulation and fundamental metabolite toxicity to the brain, but she couldn't get her right and left brain balanced without Clear Mind and Stress Relief. She just didn't have the energy for her brain physiology to work right. And did it state (sic)? Oh yeah, and I got a huge change in the heart rate variability. Because she had a depressed central nervous system because fetal aldehyde (sic), high teric acid (sic), all the byproducts of fungal metabolism act on her brain as a central nervous system depressant, just like alcohol, because they're all precursors to alcohol. Fungal metabolites are alcohol. This is a big issue and is something we could talk about for a whole hour in the future. The neurotoxicity pattern cannot be broken without energy--even the right homeopathy. I've done everything Dr. Davis talked about, and used every one of those materials, used trans-cranial electrical stimulation, all this kind of stuff. But it needs the energy pattern to be organized and broken from the pathological pattern. We adapt to our pathologies in order to live. And to come back to normal physiology, we have to change our energy patterns and the ruts our body gets into, or an accommodation to the abnormal has to be broken.

DR. TRAN: I always use a nutraceuticals with a bio-energy medicine. And a great majority of my animal cases resolved in a week or 10 days.

DR. MARRONGELLE: If you get a biochemist in front of you, he's explaining a catalyst to a reaction. You can have all the materials for a reaction right there, but if it's not catalyzed it doesn't go. And there are a lot of nice analogies that we try to give to you to use this tool to explain this phenomenon to people. And it is a phenomenon.

DR. DAVIS: It is a phenomenon that I've observed, Jeff. That's why I got so excited and used this, is that in the process of using conventional nutraceuticals and conventional herbs--keep looking for a better one because it's not working anymore, or you don't have the same effect that you used to have years ago--and you keep going through this process, there's got to be a better way. And it's just like in conventional medicine, they continue to look for a new and improved SSRI for the purpose of keeping people happy, and unfortunately they just keep increasing the dose, or they change and put them on the merry-go-round variety of drugs hoping that just a change in the shock pattern with a different med with a little different delivery system is going to give them a little different bump in their symptom. What's missing is energy. When we put the energy in, we can back off of all the supplements, even the meds, because the body now has the ability to make the move.

DR. MARRONGELLE: And my protocol has gotten smaller and smaller. I mean, my inventory goes down, and my patients appreciate that they don't have to be taking so much stuff. It is truly a catalyst. And it is a catalyst for change, as everyone who is on this call tonight is a catalyst for change.

UNNAMED PARTICIPANT: Dr. Jeff and Dr. Davis, are you putting every one of your patients on these products, then?

DR. MARRONGELLE: Yes, actually every single patient that walks in is somehow, some way, is probably going to be use this as first line. As an example, let's just say you've got a small laceration. I've got a wonderful cream that's Aloe-based, called AloeAid cream, and if you burned yourself or scalded yourself with hot water, and you applied this directly on the skin, within minutes, within 90 seconds, the pain is gone, and within 10 minutes, once you wipe it off, there's no redness. The burn has been completely absorbed out. When we add the subtle energy to it, it makes it quicker, faster. So we actually did a demonstration with a patient just for fun because they were willing to do it. What happened was that they did burn the hand with scalding water between the first finger and the thumb on both hands in the web. We did the experiment, and what we found was that the redness and the pain went out quicker/faster in time with the subtle energy enhanced AloeAid, over the Aloe. So when we're looking at does the subtle energy work, yeah, it does. But it does it in a faster/quicker fashion, which is what every American wants, it's what every patient wants. They want to get out of misery now, and they want to get back in the function. So what we see and what I'm seeing here is that as we expand the product line of subtle energy, we're able to do more faster/quicker, and get the patients back into their lifestyle without a whole lot of down time.

DR. TRAN: I also use it on every single patient that I treat.

DR. MARRONGELLE: Myself, too. A lot of you guys have ways of testing people that work for you. Whether it's kinesiology, or EAV, or however you determine this. And my first question now is, Where is there energy dis-regulated and shut? Where are they energy deficient? And which one of our Energy Tools is going to put that energy into that area? So that whatever else I use, it's going to work in that predictable way. It's the first thing that goes in my test tray anymore. And then everything else comes after. Because you can get them to respond in a predictable, normal way to any of the other substances we've used.

UNNAMED PARTICIPANT: Are you taking this yourself, Jeff?

DR. MARRONGELLE: Well, I'm not as depressed as I used to be, but, yeah. I mean just for general well-being. Yeah, I take the stress relief at night, the Indium, and every other day I do about 600 nanograms of HGH. So that's my night protocol. The Indium is the Balance. Yeah, the Balance formula. So I take that and that's keeping me young, and anabolic. The first thing in the morning I hit the Clear Mind, and I use Foundation a lot for myself. For me it grounds me out and keeps me going all day.

One other thing I want to talk about dosing: you can only space by decade of life. What we see is if you measure total body electro conductivity with an electro dermal device, hand-to-hand flooding, in very, very sick people, or in older people--as we get older our bodies conduct electricity less and less and less efficiently. This is a factor of hydration, this is a factor of extra- and intra-cellular mineral exchange, etcetera. But the older the person by decade of life after 20 and 30, the more dosage you can give, because they're going to need it. These are the ones that if

they're debilitated, you're going to want to triple-charge them--two, three drops every hour, every couple of hours in four ounces of water. You get to hydrate them and energize them at the same time. Think of it as an electrolyte solution that's a battery charge. Think of them drinking a battery when you give it to them. The older they are the more debilitated they are, the higher the dosage you can give them, the more they're going to need to feel that energy come up. And there's a lot of different ways to measure it. You can measure muscle strength, measure it with EAV, you can measure it with heart rate variability, by looking at total power and the high-frequency, low-frequency wave form from the brain to the body. These are all observations we've made and are continuing to make. And we're getting into next generation heart rate variability shortly, within the week, that will be able to see even more subtle changes in people. But that's a good rule of thumb, that is to look at the decade of life that the person is in plus their level of debility.

DR. DAVIS: I'm confused, Jeff. Are you saying that if a person is 60 they're going to take 60 drops?

DR. MARRONGELLE: Well, not necessarily, but they're either going to be taking more formulas, like three or four different formulas rather than one or two. I'm finding kids or people up to the mid-20's or 30's, one formula or two formulas is going to give them all the energy they need, the push that they need. You're getting more, broader, system failure, total body energy depletion in your 50's and 60's and 70's and 80's. Eighty-year olds can be on four or five formulas taking three or four drops, three or four times a day. And man, it'll perk them up. It'll rock their world. Dr. Davis, have you seen this?

DR. DAVIS: I have a wonderful little geriatric case, a little gal who is 93 years old, and she's been trying to die naturally for the last year and half. And just about the time she pooped out, we just increased her dose a little bit. That's why it's interesting you said this. And she perks up, and is really kind of cute to listen to all this, and have her come in. I have one of those odd things-- I'm upstairs. People have to walk 14 stairs to come and see me. We call that physical therapy... But, anyway, in the process of doing that, this little gal, she gets to a point she can't walk up stairs, and her daughter will say she wants to come see me, but can't walk up stairs. So I add a couple of drops of each of the different remedies, about four, that she's taking, and give her the next day and see where we're at. The next day, she walked up stairs, we had a nice little conversation, we talk about what's going on, and it's just been one of those cute little things. We have a gal that has a son who is a gerontologist, who's just been waiting for mom to die, can't believe that mom's still alive given all the physical parameters that continues to show up in lab work and blood pressures and those kinds of things. It's just that everybody in the family's been waiting for grandma to die and she won't, because we keep energizing her. It's like that pink rabbit that just keeps on going.

UNNAMED PARTICIPANT: I'm a little confused. If there's no downside for taking too much, why the trickle charge? Why not make it simple and just say these six drops, but take it more times per day? Is there any downside to that?

DR. MARRONGELLE: As far as there being a downside, the downside is giving a big shot of

energy, the person will feel good for a while, and when they go back to what they used to feel like in a couple of hours, they forget. You know your patients have a lot of symptoms, and they come in a month, and they have half as many symptoms. You go, 'How are you doing, 'Oh, not so good. I still feel bad.' How's your headaches? Oh, I don't get them anymore. Well, how's your stomach ache? Well that only comes once or twice a week. How's your backache? Oh, that's a lot better, but I still feel... You read off all the things that got better, but they forget very rapidly how bad they felt. So by giving them a big shot of energy, then none for a while, then another big shot, it's too much of an ebb and flow in the energetic system for that particular kind of case. So you're building, building, building the energy up steadily, almost 24-7. While they're awake and really using energy to ambulate, digest and do this and that, you want to keep energy literally going into them all day long, until they can build up to a point where they can just go to once or twice a day.

DR. DAVIS: The illustration Jeff used last time in our conference, it's similar to charging a battery. You have a quick charge and then you have a slow charge. In the aged patient, what I have found in this last year, is that if we give them 10 drops three times a day, they'll perk up for a couple of hours, but then for about three or four hours they'll drop off, and they get frustrated with the energy coming and going. What I've actually done, Jeff, I know maybe you've done this too, I just have them put it in a bottle and they just sip it all day, is what I've done--rather than having them on two or three drops and then they've got to remember it in a hour. I say, No, no, no, just put everything in a pure water sports drink, then put in all the drops that you're going to consume all day--do a little mix-y shaky thing--I don't know if that makes any sense, but gives them something to do--and then what they do is just sip it all day long, rather than gulp it down.

UNNAMED PARTICIPANT: What about topical application? Do you see a topical application enhancing the effects in some way while you're also giving it orally?

DR. DAVIS: I'll answer that real quick. What I do, is I have some patients, they come in the middle of an anxiety or panic attack. So sometimes doing it orally is not fast enough, so you can go straight--if you're familiar with acupuncture points--you can go straight to a point, put a drop straight on, and it will immediately deal with it. Then go orally later. And as far as actual lacerations, cuts, bruises and those kinds of things, because I do have a mild orthopedic approach to what I do with pains and sprained ankles and shoulders and that kind of stuff, is that we'll actually put...I think Dr. Tran helped create this--is this MSM rub and spray. We spray that on directly and soak it in, and let it sit there, and then within a half hour, hour or so, we'll add the...forget it, we'll just call it Doc's Cream (sic), I think we're just calling it Stress Relief Pain Cream, or something.

CONSTANCE: New and improved!

DR. DAVIS: New and improved... (laughter)

DR. TRAN: I sprained my ankle and that fixed it in two days.

DR. DAVIS: That's right. We'll smear that on right afterwards, and then we pat them on the head



and say, See ya later. And those are for new injuries, sprains and strains, and jammed fingers and toes, and things where they think they're broken, that we can fix. And they're happy because the pain when they leave the office is reduced about 50 percent, on most of them the throbbing and the swelling is pretty well subsided, and within a day or two they're back to normal. Very, very exciting--very fun stuff.

DR. TRAN: Constance, may I make a comment on something that Jeff mentioned a while ago. I use the saline that Constance and Yury made for my IV--to add to my IV, because a lot of the patients that I've treated we use IV's. So the answer for energizing for me with different formulas is the saline. It doesn't have any trace minerals or anything like that, except for the salt. And they work just fine.

DR. MARRONGELLE: That's a great idea.

CONSTANCE: Thanks for bringing that up, Dr. Tran.

DR. TRAN: I don't see much difference, and it acts very fast. I have it in the blood stream in no time at all.

DR. CARPENTER: I just wanted to add a note of thanks to you guys. Linda had a gal come in in November who is 22 years old, and for 12 years has never been sober or off drugs--cocaine, heroin, crank--for more than five days in her life. She's been through drug rehab three times. Linda put her on a protocol of these drops along with some other amino acids and the fatty acids. She's now stabilized and has been drug-free for six and a half months. So we were very appreciative of having this tool when this girl came in.

CONSTANCE: Wonderful! Well, it's about time to wrap up. Does anybody have any questions or anything before we end this?

UNNAMED PARTICIPANT: Well, I need to talk to Dr. Tran after this call. Call you at your regular number?

DR. TRAN: Yeah. Yeah.

CONSTANCE: Anybody else have any questions? All right. Dr. Marrongelle had suggested that on the next call we would cover infectious diseases. Do you have anything you wanted to add to that, Jeff?

DR. MARRONGELLE: No, I just thought it was a decent subject because before the winter's over, looking at acute and chronic infection and inflammation, and fungal-viral and biological terrain issues relative to susceptibility to infection seems to be on everybody's mind.

DR. TRAN: Yeah, if President Bush hits Saddam Hussein, we may have anthrax, and smallpox, and everything else over here, you know.

DR. DAVIS: Maybe we could have this next week! (Laughter) Go into extra production of Stress Relief.

CONSTANCE: Yeah, really! Okay, the call next month is going to be on March the 12th, same time, same number, same everything. I'll update all of you on it. I want to thank everyone for calling, for participation, and special thanks to Dr. Marrongelle, Dr. Tran, Dr. Davis, and wonderful questions that were asked. I hope that you found it informative. We are taping this, so if you would like a copy of the tape, we will be happy to send it out to you. We do have three other tapes that we have available now. One of them is "Introduction to the Vital Force Formulas," the other is "Dosage by Age Group, Chronic Fatigue Part One and Topical Applications," and the third tape is "Chronic Fatigue Part Two, New Products, Clinical Experience with Wild Jujube, Sweet Bay and Magnolia Stress, and the Wonderful MSM Spray."

Again, thank you so much for everybody's participation, and just as an added bonus, any orders that are placed during the next five days will have a 20% discount. It's our way of saying thank you for participation.