



SOCIETY OF ST. JOHN THE EVANGELIST

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Following our telephone conversation, I am writing to give you a brief description of the treatment that I have been developing.

1) In late 1995, the President of one form of homeopathy in this country, with whom I was in contact, discovered that when tested at a deep enough level with electro-acupuncture (EAV) equipment, every patient showed imbalances that were only effectively corrected by the homeopathic remedies for tuberculosis, gonorrhoea and syphilis. In work I carried out separately, it became clear that at this depth of testing there are a total of fifteen genetic predispositions to serious illnesses from which humanity has suffered through history. These seem to be carried as genetic memories, and to cause root imbalances within the system, which, when treated give alleviation to illnesses which seem entirely unrelated. We are continuing to work together on the development of this treatment, and he is currently writing a paper on the subject. A list of the fifteen predispositions, with an historical estimation as to when the particular strain of this condition was prevalent, and in which society, is enclosed. The present predisposition for example seems to be ME, and about eighty percent of those I test are shown to be having some sort of problem with one of the three viruses associated with ME. I would make the supposition that if one were to go back about 150 years, and make similar tests, a large proportion of the society would show a similar sensitivity to the tuberculosis bacillus, an illness predominant in Europe at that time.

2) These genetic predispositions one assumes have been carried since the time of conception, and the whole physical system has developed around them. The body needs considerable support whilst they are removed in order to reorganise itself, and this cannot I believe be achieved through the oral intake of certain homeopathics. I have long believed that one of the major problems of homeopathy is that, whilst the homeopathic dose will often tell the body exactly what it needs to do, in the case of serious illness, the system does not have the surplus energy with which to respond. In treating these genetic predispositions it is necessary to support the homeopathic dose with Chinese and other herbs, enzymes, essential oils, nutritional supplements and other supportive remedies. Beyond this, it is necessary to deliver the treatment in a far higher energy form than can be attained through oral means.

3) Quite recently in Germany, Professor Popp discovered that the DNA within the cells is constantly winding itself up like a spring, and then releasing. Each time this takes place,

one photon of light is given off, and it is assumed that whilst within the body as a whole, the majority of information is transmitted through the nervous system, within the cells, this is achieved through light. In Germany recently, very low intensity lasers have been made to produce exactly this form of light, and to carry the electromagnetic frequencies of homeopathic and other remedies through this medium. I went to Germany last year to meet the owner of the company that specialises in these lasers, and to have this equipment made up for me at very specific wavelengths of light. In the process of this meeting I was offered the use of one of his laboratories in which to carry out research, but preferred to continue this and other work in England.

4) The treatment given, in its essence, is to discover in each patient which genetic predispositions are being carried, and to support the homeopathic treatment of these with Chinese, Ayurvedic and other herbs, as well as a selection from many, many other nutritive and supportive remedies. This combination is then delivered electromagnetically through laser, magnetic field, sound, and inert gas light systems. All the equipment produces very low power electromagnetic fields; the lasers for example generate no heat, and are of a lesser intensity than those used by physiotherapists, but the combination seems to produce enough energy to very strongly effect these root problems at the deepest levels.

5) The interest of this treatment is that, when given, many seemingly unrelated illnesses have been either dramatically improved, or completely cured. I have treated hepatitis C, a very advanced case of asthma, arthritis, abdominal, stomach, chest and spinal problems, and in each case have seen such dramatic results that it now seems right to try this treatment on one or two more serious and life threatening conditions. Three case histories among others, are interesting:

A 25 year old woman came to me with stomach problems from which she had suffered for many years, along with back pain, migraine headaches about twice per month, and a tendency to run out of energy. Along with this she complained of being constantly hungry, which made it difficult to keep her weight at a steady level. I treated her once, without addressing the genetic predispositions. She reported an alleviation of symptoms within a few days, and a month later reported that the stomach pains were completely gone, there had been no more back pain or migraine headaches, her energy had stabilised, and her appetite had returned to normal, so her weight was correcting itself.

A 19 year old woman came to see me with very serious lung and asthma problems which she had had since the age of four. She was undergoing regular hospital checkups to assess lung function and using steroid and non-steroid inhalers about twenty five times per day. She complained also of waking up every night with an asthma attack, and had a continuous cough. I treated her four times, without going to the level of the genetic predispositions. After the first treatment her use of inhalers was reduced by two thirds. After her third visit this had diminished to the occasional use once at night, and at the present stage of her treatment, she has not needed to use any inhalers for a number of days, and the most recent hospital tests show her lungs to be near normal.

A man in his mid 40's came to me, suffering from alcoholism and hepatitis C, for which he had refused interferon treatment in hospital. He was also considerably over-weight. I gave him three treatments, the third of which addressed the level of the genetic

predispositions. After the first treatment, a condition of colitis from which he had suffered for 18 years was corrected. Symptoms of gastritis were similarly alleviated, and depression from which he had been suffering was greatly improved. After the third treatment I went over his symptoms carefully with him and discovered that the colon and gastric systems were healed. His consumption of alcohol had gone down by over 50%, and although his intake of food had remained steady, he had lost approximately one and a half stone in weight. All other symptoms of hepatitis C were in complete remission.

I have been living for the last sixteen years in this monastery, of which I am now in charge, and am moving very slowly with this research, hoping not to present the community, or the monastic order as a whole with problems as a result, and certainly not to use any form of advertising. At this time however, I would very much like the opportunity to offer this treatment to one or two cancer sufferers, preferably in cases which are responding to no other treatment and are relatively advanced. Homeopathy over the years has been shown to give medical doses that are so minute as to have no adverse effect on any other forms of treatment, whether conventional or alternative, and I think that the possibility that this system may be helpful with cancer seems so real that little can be lost by beginning to make trials.

Do contact me on the above number if you have any further questions.

Genetic predispositions

This list gives in each case a homeopathic remedy, and the condition, indicated through electro-accupuncture (EAV) testing to which it relates; specifically that an imbalance found in testing will be corrected by both this remedy and the homeopathic nosode* for the disease specified. The dates given are approximations, and relate to the period in which the particular strain of each disease was prevalent in particular societies. The earliest documented incidence of tuberculosis I believe was exhibited in the skeletal structure of an ancient Egyptian mummy, but the genetic predisposition detailed in item 14 relates to a strain of the illness that was particularly prevalent at that historical time. Immunity as detailed in each case refers to the time at which elements of the population developed resistance to this strain. It is proposed for example, that the present genetic predisposition being laid down within the human population is that for AIDS, and it is documented that a measure of immunity to this virus is now being shown by a part of the population in Kenya. I believe that the cost of developing this measure of immunity to such major diseases is, in each case, a laying down within the human system of these listed genetic predispositions. These are then clearly shown through certain methods of EAV testing.

15) **Cytomegalovirus (ME)**: Spread via cotton trade from USA. Emergence in approximately 1900. Immunity acquired around 1990.

14) **Tuberculinum Kent.** (Tuberculosis): Spread through shipping routes in British Empire. Emergence in approximately 1650. Immunity acquired around 1800.

13) **Baryata Acet.** (Gonorrhoea): Spread through silk trade with Iranian civilisation (Arabia). Emergence in approximately 1600. Immunity acquired around 1750.

12) **Endorid** (Cholera): Spread through spice trade from Ceylon, the Ceylonese civilisation. Emergence in approximately 1550. Immunity acquired around 1700.

11) **Arsen. Sulph. Rub.** (Syphilis): Spread through the Jute trade with Bangladesh. The Mughal Empire. Emergence in approximately 1500. Immunity acquired around 1650.

10) **Lycopus Eur.** (The Black Death): Spread through the fur trade with Turkestan. The Ottoman Empire. Emergence in approximately 1400. Immunity acquired around 1600.

9) **Cobaltum Nit.** (The Plague): Spread through the porcelain trade with Ming China. Emergence in approximately 1200. Immunity acquired around 1400.

8) **Asclepias Inc.** (Pneumonia): Originated in Europe, and prevalent within the Franc Empire. Emergence in approximately 600. Immunity acquired around 750.

7) **Droleptan** (Typhoid): Originated in Babylonian Empire. Emergence in approximately 900 BC. Immunity acquired around 800 BC.

6) **Apium Grav.** (Fungal infections): Originated in Egyptian Empire. Emergence in approximately 1200 BC. Immunity acquired around 1100 BC.

- 5) **Urinum** (Leprosy): Originated in Hebrew society. Emergence in approximately 1400 BC. Immunity acquired around 1300 BC.
- 4) **Cornus Flor.** (Impetigo or scall): Originated in Canaanite society. Emergence in approximately 2200 BC. Immunity acquired around 2000 BC.
- 3) **Pectinum** (Uteritis, inflammation of the womb): Originated in Phoenician civilisation. Emergence in approximately 2600 BC. Immunity acquired around 2400 BC.
- 2) **Ornithogalum** (Meningitis, cerebral palsy): Originated in Sumerian civilisation. Emergence in approximately 3200 BC. Immunity acquired around 3000 BC.
- 1) **Cuprum Met.** (Genital herpes):

*A nosode, contrary to standard homeopathic remedies which are made largely from plant and inorganic material, is prepared by taking the sterilised bacteria or virus of a specific illness, and making potentised homeopathic dilutions from this. 'Cytomegalovirus' for example, in item 15 is the nosode made from this particular virus, whilst all other 14 remedies listed are standard homeopathics.

I LIVED IN THE MONASTERY DURING THE TIME THAT THIS INFORMATION WAS PRODUCED. BY FOLLOWING THE PRECEPT UNDER WHICH MONASTERIES ARE FORMED I.E. TO FIND THE TRUTH IN RELIGION, THIS PARTICULAR MONASTERY EASILY DISCOVERED THAT ALL RELIGIONS HAVE ONE BASIC TENET I.E. THAT WE ARE TO BE LIKE JESUS, BUDDHA, ZOROASTER, HERMES, SAI BABA, BABAJI AND THE NUMEROUS GOD-LIKE AVATARS THAT HAVE GRACED THIS PLANET WITH THEIR EXAMPLE AND THAT HAVE SUBSEQUENTLY BEEN RIDICULED. DITTO WITH THE ANCHORHOLD – THEY FIGURED OUT THAT THE MOST DIRECT METHOD OF GAINING ENLIGHTENMENT WAS PATINJALI'S YOGA SUTRAS AND THAT THE FIRST FORM OF GOD IS FEMALE. WELL THE CHURCH OF ENGLAND SUPPORTS THE SSJE AND THEY DID NOT TAKE KINDLY TO THE IMAGES OF JESUS BEING REPLACED WITH THE HINDU DIVINE FEMININE. THUS, THE ANCHORHOLD IS NO MORE. HOWEVER, THIS INFORMATION IS QUITE CORRECT AS SUPPORTED BY THE AMAZING HEALINGS THAT CAN BE GAINED BY TREATING THE GENETIC PREDISPOSITIONS VIA HOMEOPATHY. AT THE TIME I KNEW THAT PAST LIFE REGRESSION THERAPY WAS EVEN MORE EFFECTIVE, WHICH IS A CONCEPT THAT WORKED AGAINST THEIR NEW DOGMA I.E. THE USE OF THE VERY LONG PROCESS OF MEDITATION AND LIFETIMES OF DESIRE TO BE ONE WITH GOD? SUCH A DOGMA IS, OF COURSE, REFUTED BY THE SCRIPTURES THEMSELVES WHEREIN IT IS REPORTED THAT EACH RELIGION WAS FOUNDED BY A PROPHET WHO BECAME ENLIGHTENED DURING HIS LIFE TIME, GENERALLY BY USING THE WHITE POWDER OF GOLD aka THE WHAT IS IT? (EGYPTIAN), THE MANNA (THE OLD TESTAMENT – MANNA IS A QUESTION MEANING - WHAT IS IT?!), THE SHOW BREAD (THROUGHOUT THE BIBLE), THE SOMA GOLD (VEDIC SCRIPTURE) ETC.