

Garry Gordon is the Genius of Complementary Medicine— *Listen Closely*

Garry Gordon, M.D., D.O., M.D.(H.) is a genius. Everyone who knows him or has heard about him—and who has a shred of honesty—agrees on this. Some of his fiercest critics might not like doing so. But if they're being honest, they will.

Garry is smarter than your doctor and, even if your doctor is brilliant, he or she could learn a thing or two from Dr. Gordon.

If you're a health-conscious consumer, you've probably never heard much talk about Gordon—although within the field of complementary medicine, practitioners are always talking about Dr. Gordon and where his research is heading.

Like a river, Dr. Gordon is always flowing. And, as the ancient Greek philosopher Heraclitus observed, you cannot step into the same river twice. Most reporters and writers—even some famous ones—have tossed down their notebooks, switched off their recorders and thrown up their hands in frustration, begging Dr. Gordon to just slow down. To explain things. To start with basics. But he doesn't have time for lightweights. He can't or won't slow down; we're not sure which. Because, of course, Dr. Gordon is a man on a mission, which is to educate his fellow doctors on the true cause of heart disease; and the true cause of cancer; the true cause of many other conditions; the safest, most effective treatments for these and many other conditions; the list could go on and on. So, you see, he can't simply slow down. He doesn't have time.

We could tell you that he began his medical career as a radiologist. That was a long time ago now at a very mainstream hospital in San Francisco. We could tell you he literally wrote the book on intravenous

chelation therapy. But that was another lifetime ago, too. He partnered with Procter & Gamble on a now legendary chelation project that produced amazing anti-aging results but which the behemoth corporation simply didn't get or didn't want to follow through with.

When he ran his medical clinic in northern California, he pioneered measuring bodily accumulation of toxic heavy metals and linked such bio-burdens to various environmental illnesses. This was before mainstream medicine had even begun to appreciate the threat that environmental contaminants pose to human health.

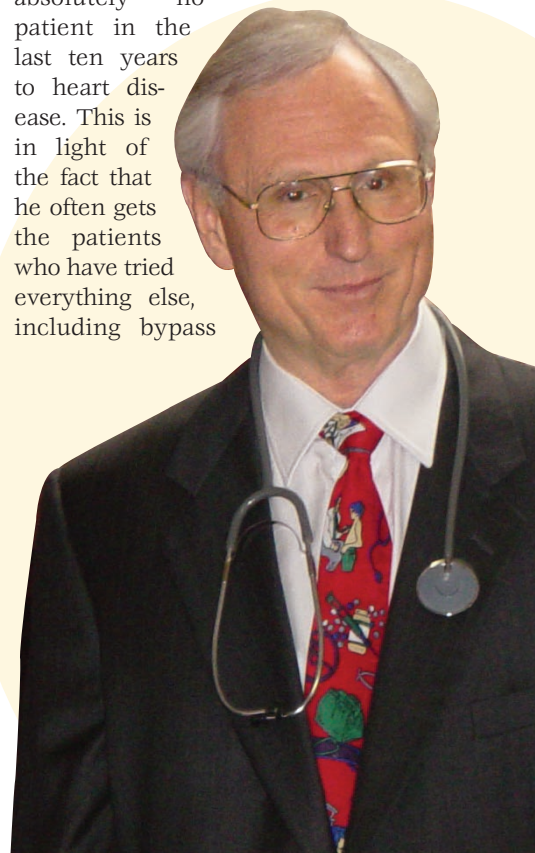
He has been an advocate of medical freedom and has defended complementary medicine and helped legitimized this approach, perhaps more than any other doctor today. We cannot easily count the number of doctors throughout the country who've been in trouble with medical boards and whom Gordon has helped. To them, he has been a true friend in times of need.

Today, Gordon is a member of the Board of Medical Examiners for Alternative and Homeopathic Medicine in the State of Arizona, Director of Peer Review for chelation therapy for the State of Arizona, and a member of the Board of Directors for the National Foundation for Alternative Medicine, which was founded by former six-time Iowa Congressman Berkley Biddell to investigate and validate the many promising alternative therapies that are being developed now in the United States and abroad. Oh, and somewhere along the way, he found the time to found the International College for the Advancement of Longevity Medicine (ICALM) and, most recently, partnered with the International Oxidative Medicine

Association to host this April in Phoenix, an important conference, "New Oxidative/Chelation & Cancer Therapies that Work," which brings together the world's many leading experts to discuss medicinal mushrooms, heparin, Redox, blood viscosity, transforming growth factor-beta, Wobenzym N, nattokinase, stem cells, artemisia, carnivora, oral chelation therapy, and a whole lot more.

To say that Gordon has but one passion is simply not true, but, lately, one of his most passionate quests has been to validate nontoxic methods of helping heart disease patients. It isn't that he is against medical drugs. But in the course of thirty years of treating heart disease patients, he realizes now that natural medicine has so much to offer, and that, for many people, it might well be the preferable course to follow.

In his own practice, the testament to his acumen is that he has lost absolutely no patient in the last ten years to heart disease. This is in light of the fact that he often gets the patients who have tried everything else, including bypass



surgery, and who come to him as a last-ditch effort to get well, to stay alive.

The Gordon Protocols

There are many aspects to the Gordon protocols for heart disease and circulatory disorders. These are tailored to individual patients.

But there are some commonalities that most anyone can profitably adopt for their own health regimen. For example, oral chelation is critical to his program, and almost all patients today can utilize oral chelators.

Also critical to his program are two enzyme preparations, **Wobenzym® N** and **Rutozym®**, from Naturally Vitamins and Mucos Pharma GmbH, and numerous other herbs and nutrients.

We met with Dr. Gordon in January in Phoenix to record this first of our several interviews. Hold tight.

HL *Would you say that surgery for the treatment of heart disease is coming to an end? In other words, are we ready for a new approach?*

GG Relying on extremely simplistic risk factors to handle cardiovascular problems which lead to heart attacks (America's number one killer) is long overdue for a kinder, safer, non-invasive approach. Cholesterol lowering (the key risk factor for those not having time to

sold and encourage them to question their excessive reliance on surgical intervention for the treatment of heart disease.

HL *You often talk about vulnerable plaque. What is vulnerable plaque and why is it so significant?*

GG The science behind these new parameters is an astonishing breakthrough, which can be summed up in two words: **vulnerable plaque**. Research has now shown that this unstable plaque is not seen on the arteriogram! Therefore, what the doctor does NOT see is the dangerous plaque that leads to the massive blood clot that kills almost 50 percent of Americans today. We have long known that **all obstructing plaque that can be seen can be reversed** with diet, exercise, and meditation programs such as those Dr. Dean Ornish has developed. Now we learn that these VISIBLE lesions that have caused doctors to recommend so many needless bypass and other invasive surgical procedures for heart disease are not the ones that are involved in 85 percent of all heart attacks! That explains why we have not found a really significant reduction in heart attacks or deaths in surgically operated patients. It appears that we have been operating needlessly on the wrong plaque!

gests that all current surgically based approaches to heart disease are as misguided as removing your lung if you have pneumonia! We need to focus on the blood and NOT the blood vessel! We need to treat the blood, not cut out the artery. Even your doctor may not be informed regarding some of the recent important developments that have surfaced so rapidly in the past several months. These provide the ability to see the dangerous VULNERABLE plaque NONINVASIVELY with a high speed MRI and other special devices that are now being developed. These are state of the art, highly specialized instruments which are not yet found in local hospitals, but which will be invaluable in cardiovascular clinics in the future.

Although the popular high speed CAT scan provides useful information regarding the calcium content, this is not measuring the really dangerous vulnerable plaque; therefore, I recommend that you, nevertheless, use a bad score on this test to motivate you to carefully follow the advice and recommendations contained in this interview, and then do a retest in a future time because it is important to make that calcium content lower, but, I must stress, the test does not identify the vulnerable plaque.

HL *Heart disease appears to be closely linked to inflammation. Tell us about this exciting new discovery and why it is so important to the average person.*

GG The inflammation/infection aspect of heart disease was given added validation by: (1) the recognition of a new measurement of interleukin-1, an inflammatory marker, a report on which was published in 1999 in the American Heart Association journal *Circulation* and (2) in a review article published in 1999 in *The New England Journal of Medicine*.

Further validation was added by the recent report published in *JAMA* showing that up to 55 percent of

But we have to face facts: our new understanding about the role of infection and inflammation in SUDDEN DEATH from heart attacks suggests that all current surgically based approaches to heart disease are as misguided as removing your lung if you have pneumonia! We need to focus on the blood and NOT the blood vessel! We need to treat the blood, not cut out the artery.

research) is finally being replaced by far more meaningful parameters.

These new parameters should empower more and more patients to give up many of the dangerous, expensive cholesterol-lowering drugs on which they've been

HL *This is truly revolutionary but also quite disturbing that our medical establishment might be using surgical and drug interventions when other safer, more effective approaches are at hand.*

GG I couldn't agree more. But we have to face facts: our new understanding about the role of infection and inflammation in SUDDEN DEATH from heart attacks sug-

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heart attacks appear to be preventable by treatment with proper antibiotics. In addition, evidence published in *Science* in February 1999, implicates an infectious bacteria known as chlamydia, while cytomegalovirus (CMV) and herpes (common retroviruses) have also been shown to be closely connected with heart attacks. Chlamydia is a disease to which up to 95 percent of us are exposed during our lives.

HL *I guess what you're leading up to is that inflammation might be the prime cause of heart disease; yet, it is extremely difficult to stop inflammation with a knife! Also, you're probably saying that the bug we caught a year or two ago might never really have gone away.*

GG Yes, absolutely. It's been there, dormant, in the attic, so to speak, and it never went away. And it can re-emerge and probably has been transported throughout the body hidden away in your own white blood cells, attacking your most vulnerable tissues, like your arteries. The pathogenic infections are part of the inflammation, and experts studying vulnerable plaque agree that there's an inflammatory component to this extremely dangerous vulnerable plaque, which confirms that surgery would not be the correct approach. This means that both patients and doctors alike should look past the quick surgical remedies toward new discoveries. And while these new parameters become more refined and irrefutable, we must improve our diet and life style, exercise, and maintain a healthy immune system by taking long-term oral chelating and other detoxifying supplements, and SAFE anti-inflammatory, antioxidant, antithrombotic, lipid-lowering, natural supplement therapies.

HL *You maintain that a safe anti-inflammatory and comprehensive cardiovascular supplement exists—and that it isn't aspirin.*

GG At this time, I am happy to report that those of my patients utilizing oral chelation combined with three to five **Wobenzym N** tablets, twice daily, and a new enzyme preparation, nattokinase (**Rutozym**®), are conveniently addressing all of the newly recognized molecular mechanisms of heart disease—from controlling homocysteine, and elevated cholesterol or triglycerides, to lowering C-reactive protein, which is rapidly becoming the MOST important test in cardiology! Of course, there are other aspects to our program that are also critical. But oral chelation, **Wobenzym N** and **Rutozym** are acutely critical for literally all patients.

HL *What about aspirin? So many doctors today are telling their heart disease patients to take an aspirin a day. Are you saying not to?*

GG Aspirin is okay in an emergency, but we need safe long-term help. Again, it is time to stop focusing on the artery wall and the visible plaque seen on angiograms and time to look at the far more important inflammatory and clotting components in the blood-

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stream. We have heard that taking an aspirin when one is having a heart attack can increase survival, which should be a temporary emergency measure only. But we know from statistics that the great majority of us seem to need some long-term anti-clotting protection against the massive blood clots that we now believe are involved in lethal heart attacks.

Researchers are finding that long term use of anti-inflammatory drugs is a MAJOR factor in helping to prevent not just Alzheimer's disease, but heart attacks and strokes as well! The problem is that although there are now proven benefits from taking a daily dose of aspirin and/or other NSAIDs (non-steroidal anti-inflammatory drugs), we pay dearly for these benefits with over 20,000 deaths, and over 125,000 hospitalizations annually, generally related to internal bleeding although liver and kidney damage are also far too common.

Of course, before anyone substitutes natural remedies for their doctor's prescribed or recommended medications, including over-the-counter preparations like aspirin or prescription drugs, they must seek qualified professional help. I do, however, recommend that they bring this article—as well as many others on the same topic from this magazine—to their doctor.

What their doctor needs to know is that today we can offer our patients a major new nutritionally based therapy that acts like an oral vaccination against heart disease. This exciting development assists us

in dealing with the infection aspect of vascular disease and will help control serious chronic viral and other infections now being implicated in heart attack and stroke. It is advisable for all of us to take a daily, safe affordable anti-inflammatory treatment that has been documented to have



no side effects and which has been shown to offer us many far reaching benefits that we all need as we age. These include effectively treating most forms of arthritis better than standard medicine today, increasing the life span of all cancer patients a minimum of 30 percent and thus helping to control this disease, protecting against injuries, and fortifying our immune systems everyday of our lives.

Fortunately, Germany has developed an all-natural combination enzyme-bioflavonoid product that is widely available in most countries and known as **Wobenzym N**. With this product, we get all the benefits of anti-inflammatory medication without the high incidence of gastrointestinal bleeding associated with the use of aspirin and the many other documented side effects known to develop after the long-term use of NSAIDS and other standard anti-inflammatory medications.

HL *How is its safety profile?*

GG Well, because this is one of the leading 'drugs' throughout Europe and it and its closely related cousins are available both

by prescription and over-the-counter and regulations are much more demanding, numerous clinical and laboratory studies have been conducted. In fact, **Wobenzym N** has substantially more overall documentation than most of the heart medications now being commonly prescribed or doctor recommended. More than 100 million people have used **Wobenzym N** in a thirty-year period. During that time no detrimental side effects have been reported from its use. Manufactured by the Mucos Company in Germany since the 1960s, **Wobenzym N** is now widely available in the United States, thanks to Naturally Vitamins, at a time when there is a greater need than ever before to include it in our nutritional defense program. Unlike most enzymes on the market, this enzyme is specially designed so that it is *not* used to digest food but is used internally, inside the bloodstream, beneficially affecting many of the factors that are now known to lead to the development of serious diseases. These factors range from: (1) circulating immune complexes to *those have been shown to shorten our lifespan such as* (2) lowering the elevated levels of fibrinogen that tend to make our blood thicker as we get older; (3) treating herpes and other viral and bacterial infections—either alone or as part of a total anti-infection program; and (4) lowering elevated C-reactive proteins to the lowest 50 percentile or the lower portion of the so-called normal range.

HL *Explain to our readers the importance of C-reactive protein.*

GG This is a protein the body manufactures and releases in response to inflammation and infection. It is now thought to be a far more reliable indicator of whether someone is going to have a heart attack or stroke than cholesterol and virtually all other markers doctors now are using. The test can be performed at your

doctor's office and should be priced at around fifty dollars. It's relatively inexpensive and *critical*. Unfortunately, the so-called "normal" range at the current time is much too wide. For optimum health, we should place our limit on figures set far lower than they are at present.

HL *What should doctors tell their patients in terms of testing?*

GG There are many other aspects to this revolution in heart disease. As we mentioned earlier, the literature being published is escalating; so too is the information regarding these tests that are now recognized as significant in determining risk factors.

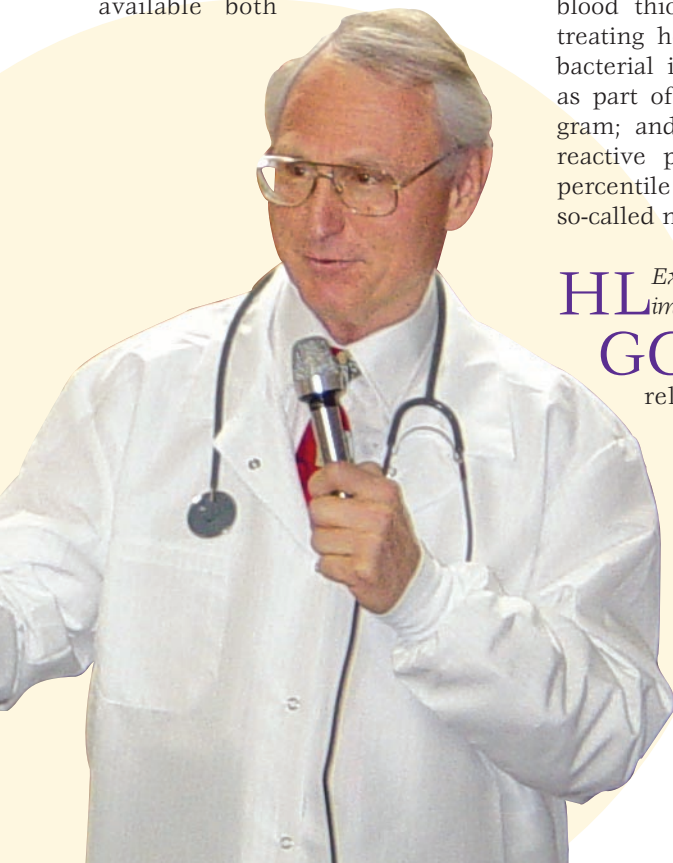
If your doctor could keep up with current published literature, some of the tests he would prescribe for you would not be just cholesterol even with its subsets of HDLs and LDLs, but also the newer lipoprotein-a and latest *oxidized* cholesterol antibody test.

Furthermore, adhesion molecules such as VCAM and ICAM that measure how sticky your blood has become in your blood can now be measured at the molecular level. VCAM and ICAM are vascular and intercellular adhesion molecules that have been implicated in the impaired circulation of the tiny vessels (capillaries) that eventually lead to loss of vision with such common conditions as macular degeneration and glaucoma.

Platelet aggregation tests show how sticky platelets become when challenged. Note: This leads to the blood clots that we now recognize as the immediate cause of death in MANY heart attacks and strokes!

Homocysteine should be tested. But, please note, this test cannot be accurately done in a serum separator tube. It needs 1.5 gm of methionine taken orally four hours before in order to help identify the approximately thirty percent of us who are found to have this DANGEROUS and now COMMON but generally unrecognized amino acid metabolism problem.

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Serum ferritin levels are done because most of us have dangerously elevated levels of iron, this because so many of us have mistakenly been taking vitamin and mineral supplements containing IRON. Having elevated iron levels is as dangerous as having elevated lead. This iron overload is contributing to our already heavy metal-poisoned bodies.

Fasting insulin levels, triglycerides/HDL ratio, Redox, pH, blood flow resistance, APO E-2, 3, 4 blood type testing, food allergy tests—these are also all useful in helping optimize our lifestyle and dietary program.

Fatty acid analysis (on red blood cell membranes) and amino acid testing on urine or blood are all part of the extremely useful tests, which allow me to individualize the optimal nutritional support program for my patients.

Of course, don't forget C-reactive protein testing.

These tests are available through specially licensed laboratories in the United States such as Immunosciences, Beverly Hills, California at (800) 950-4686 and Great Smokies Diagnostic Laboratory, Asheville, North Carolina at (800) 522-4762.

HL *You've also added nattokinase to your patients' regimens. We've noticed that this enzyme is now becoming quite readily available to consumers in a health food store product called **Wobenzym**, which is from *Naturally Vitamins* (the same company that produces and distributes **Wobenzym N**).*

GG How are you going to thin your blood and take a preventive approach to vulnerable plaque that can cause the deadly clots about which we are so concerned? And that's where nattokinase and the experience of **Wobenzym N** and these kinds of things can change your ability to treat these diseases. I'm telling you these things are complicated and you don't want to jump to conclusions, but you need to realize these are important tools. I mean, I'd rather see patients taking nattokinase

and literally chewing away presumptive blood clots than meeting them later inside the confines of a hospital ICU after a heart attack or stroke—and that's what nattokinase excels at, keeping my patients out of hospital ICUs. In fact, it is more potent than the clot-busting intravenous drugs we use there; yet, paradoxically, it is completely safe.

Thrombosis is a disease caused by thrombi formation within blood vessels. It leads to complications like heart disease, infarction, stroke, and senile dementia. You can't believe how many people are getting clots and nobody puts them on any kind of protection after surgery.

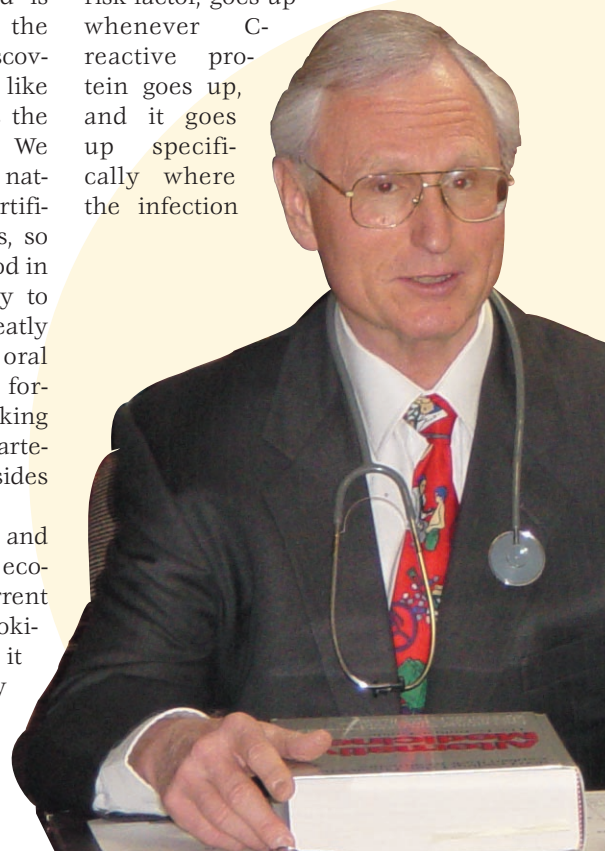
Natto, the source of nattokinase, is a food. If you can eat this you're made out of better stuff than I am. This is fermented tofu, and it has been eaten as a Japanese staple for more than one thousand years. In Japan where I live and teach three weeks out of the year, I won't walk down the street where I can smell the stuff because I won't be able to eat for the next five hours. It makes my appetite go away. So you think sweaty socks are bad! But what nattokinase can do for your blood is something else! Nattokinase, the active principle in natto, was discovered 18 years ago. It acts much like plasmin and gently up-regulates the body's anti-clotting pathways. We have high-resolution images of nattokinase literally eating away artificially induced canine blood clots, so when our patients have thick blood in the morning, their body's ability to dissolve incipient clotting is greatly increased. Whereas with the oral EDTA/sulfated polysaccharide formulas I recommend we are working on removal of calcium and other arterial deposits, so I'm getting both sides of a complicated issue.

Nattokinase is more important and more potent and much more economically feasible than any current thrombolytic agent including urokinase. It's a two-pronged attack, as it dissolves fibrin and also gently

yet effectively upregulates the body's own anti-clotting mechanisms. Nattokinase can be used intravenously but is also highly effective when taken orally. So, again, this is perfect for my preventive health patients.

By the way, nattokinase is very much like the plasmin we also sometimes use. But it takes a ton of earthworm to get a kilogram of plasmin. We use plasmin, however, because it's been used for a thousand years in China. And guess what the indication was in Traditional Chinese Medicine for using plasmin? It was for blood stagnation. Isn't that amazing! Eastern and Western medicine coming full circle.

But the fibrin thing...when I did take a bunch of plasmin, I suddenly could do almost 20 percent more exercise the next day, suggesting that these infections that we all carry are impairing our oxygen delivery to the capillaries and wherever that fibrin coat is going. So, there's a lot to learn here, folks. I don't want to put you to sleep with big things like this, but I want to make it very clear that the fibrinogen, which we all know is a risk factor, goes up whenever C-reactive protein goes up, and it goes up specifically where the infection



is most active. Fibrinogen is the late phase marker of inflammation. And then it goes in the direction of a thrombus or blood clot, so we need that **Wobenzym N** to provably get our C-reactive protein levels down to a healthy range.

But here with nattokinase, you have this other pathway that we can use to break up that thrombus, if it does get that far, and help break it into fibrin-degradation products. So this new metabolic biological enzyme with potent fibrinolytic activity rivals the pharmaceutical agents. It's been around for more than one thousand years now, too, and we know it is so very safe, thanks to the great clinical work that Ralph Holsworth, D.O, is doing now in New Mexico. We've already done about one million dollars worth of studies on it. So here you have something that's backed by research that shows that it would work in stroke, angina, venous stasis, thrombosis emboli, atherosclerosis, fibromyalgia, fatigue, claudication, retinal pathology, hypertension, diabetes, deep vein thrombosis, and arterial embolism.

I am very much excited about the iron chelation potential of the rutin component of Wobenzym N because I am convinced from my research if we get iron levels down that all inflammations are easier to treat; infections are also easier to treat because we know that bacteria thrive with iron. Thirty percent of diabetics would not remain diabetic if you merely lower iron levels. And all of us seem to live longer in general if we don't have high levels of iron in our tissue as manifested by ferritin levels

HL *We want to again emphasize that a lot of nutritional supplements are on the market and there are a thousand claims for them but, often, these products lack the studies we need to truly validate their efficacy. In this case, with Wobenzym N and Rutozym, what you are talking about, you're not making a thousand claims, you're not making any claims for which there isn't clinical evidence or experimental studies that have been done. And the implications are enormous, not only for heart disease, but for many other conditions that we now see as being inflammation-related. For example, another manifestation of inflammation is Alzheimer's. Tell us a little bit about the experimental research on Wobenzym N and Alzheimer's disease.*

GG It is very exciting because as we said when we first started talking about this stuff if we can turn off inflammation alone we are preventing half of the Alzheimer's and half of the Parkinson's disease cases in this country, and we know that we are doing that with **Wobenzym N**. If we look at the broader implications, of course, of Alzheimer's and Parkinson's, we do know that there will be a metal

toxicity aspect, a free radical aspect, and we know that we can add other things. But the nice thing about **Wobenzym N** is it is getting at the underlying inflammation that is the common pathway in all of these conditions, but I as a chelating doctor, will also take out the lead and the mercury, and I am very much excited about the iron chelation potential of the **rutin** component of **Wobenzym**

N because I am convinced from my research if we get iron levels down that all inflammations are easier to treat; infections are also easier to treat because we know that bacteria thrive with iron. Thirty percent of diabetics would not remain diabetic if you merely lower iron levels. And all of us seem to live longer in general if we don't have high levels of iron in our tissue as manifested by ferritin levels, which turned out to be so predictive in our 18-year study on 15,000 patients in Japan, where we have been able to keep them entirely cancer-free by looking at simple markers of early problems like elevated ferritin.

HL *So again, with Wobenzym N, are we talking then about a substance that you can use basically as an anti-aging medicine?*

GG Absolutely. That continues to be so even when we look at the new world that I am now in. I have been involved in anti-aging medicine for well over thirty years. I was one of the first doctors to get involved in it, go to the meetings of the American Aging Association, and there has only been one thing missing in the whole field of anti-aging research, and that was to get consensus of top scientists as to what the tests will be that we are going to use to prove that it is worthwhile to take your **Wobenzym N** everyday of your life. How are we going to prove that it is giving you something useful?

Well now, we have finally put this all together, and it is called inner-age.com, and now we have consensus on the tests that are going to tell us how old you are now, not chronologically, but biologically.

Wobenzym N is going to be one of the key factors in hitting every one of those tests we are now agreeing on that are major biomarkers of aging—from the flexibility of our tissues to our stimulus-response rate, and our memory rate, across the board. It is very exciting because now the field of aging is moving finally into scientifically corroborated biomarkers of aging, and if we look at what all those

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areas, elevated ferritin levels, C-reactive protein—everything we have been talking about here is going to fit the model perfectly, so, yes, **Wobenzym N** will have a huge market as the baby boomers begin to say to themselves that they can afford to swallow some tablets that cannot harm them and have all this potential for good, and they don't have to wait until they are crippled by arthritis, or experience cancer or heart disease firsthand. I myself am interested in staying young as long as possible and with the studies that I did with Procter & Gamble, we found a tremendous increase in average lifespan in animals when we prevented free radical damage from excess iron. We had an iron chelator then called EDTA that

was extremely effective in average life span and the skin didn't age and you didn't get skin cancer and you didn't burn when you were out in the sun. So, I am really very much an advocate of the iron chelation potential and clearly, quite apart from the **pancreatic enzymes, bromelain** and **papain** in the **Wobenzym N** formula, the ability of its rutin component is also critical and is clearly a major contributor to the effectiveness of **Wobenzym N**.

HL Shall we discuss rutin and its iron chelation potential as a topic for our next interview because we're just about out of time.

GG That's a deal.

*Editor's note: **Wobenzym N** is available from natural health centers and health professionals nationwide.*

*Nattokinase is available to consumers for practical prophylactic use in **Rutozym**, also from Naturally Vitamins. To find a store or health professional in your area carrying **Wobenzym N** or **Rutozym**, call Naturally Vitamins toll-free (800) 899-4499 or visit www.naturallyvitamins.com and use their store locator service.*



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