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1 March 1993.

Perry A. Chapedlaine
5106 old Hastings Road
Rt. 4 Box 137
Franklin TN 37064.

Dear Perry.

I had addressed the last envelope you received and stuffed it with that letter to Owen but hadn't intended to mail it until I had completed this. but I guess it got away on me!!

That letter was enclosed for reason of the dissertation on adaption and "mal-adaption" to ionic calcium deficiency and the reference to the "laws of chemistry" which dictate that if that deficiency threatens a cell then the acidity of the cytoplasm must be raised.

That chemical change doesn't occur "suis generis" but is the consequence of particular automatically excited organ functions. I first spoke on that in 1975 in a IAM meeting in Long Beach.

You may wish to refer to my proposal that the "undertow" common to the "dragging down" of most patients with major diseases is that which is due to adaptive functions of organs and tissue which have been autonomically excited to exert biochemical adaption to ionic calcium deficiency. The breakdown of this function which occurs because of the "pressure" of persisting lifestyle defects creating the deficiency, results in "mal-adaptive" disease. Secondary factors, such as the type of infection the patient contracts, other deficiencies, toxic excesses, genetic factors and others, dictate which organ or tissue will be "called upon" to perform this function. For reason which the demand that they make on the same adaptive mechanisms psychic or physical stress will hasten the onset of such disease and be mistakenly looked upon as the prime causative factor. The variety or combination of ionic calcium deficiency mal-adaptive disease which may afflict a person represents the variety of those secondary causes. Likewise the variety or combination of such diseases that may afflict the skeleton represents the variety of a "sub group" of those causes.

ON VARIOUS ORGANS
SUCH AS
LUNGS
INTESTINE
ARTERIAL
TREE
SKELETON
AND
CHU
METABOLIC
12ING
TISSUES

SUCH AS ASTHMA
LEFTH-CELLITIS
HYPERTENSION
ARTHRITIS
DIABETES

and adaptation to that
2- deficiency - starvation.

The basis of the importance of ionic =Ca++ in health is that we evolved under a blanket of solar radiation which simultaneously photosynthesized the following four compounds in vegetable and living cells, and no others. These were glucose, oxygen, vitamin D and melanin. Therefore calcium which that vitamin ionized was destined to be intimately related to the energizing of the cell, and its deficiency to give rise to "cell energy starvation"

I have read the chapter of a planned book which you sent and suggest that you have incorrectly referred to the contribution I made to the Foundation, to Gus Prosch. I refer to the reference to acidity, the signs and symptoms of deficiency of ionic calcium, the shortened recovery period and the delay in reinfection on an alkaline diet, signs 1 to 6 seen in RA patients, the cause of acidity in nutritional habits. You may refer to Gus as confirming these observations but I initially made them in the 1950's.

Contact Gus on that! I have tried to write him in the past but got mail returned.

(250 IU PER DRIP)

Synthetic D-2, as in Drisdol, and as was prescribed in doses up to 1.5 million units daily in the 1930's after D-2 was initially synthesized and marketed as ERTRON does work in arthritis. But it may be the toxic factor if given above the Minimum Toxic Dose of 50,000 IU.

Norwegian Cod Liver Oil contains 392 IU of D-3 and 3920 of A per teaspoonful or around 1,500 of D-3 per tablespoonful. I just took a tablespoonful! I recommend a person take an ounce, two table spoonfuls, twice daily to give 6,000 IU. The largest 20 minim capsule contains 200 IU.

We have small 3 mimim size halibut liver oil that have 400 IU. Nine of these gives 3,600 IU and when 6 drops of Aquasol A and D or or Drisdol are added twice daily the dose will get up to around 6,000 IU.

I think your TWIN LAB is now putting out a 1,000 IU D-3

Sincerely,

Carl J. Reich
Carl J. Reich.

B-3 FORTIFIED
UP TO STRENGTH
BY D-2