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The Heart Disease Plaque Solution Calcium Magnesium Zinc

What are the best solutions that decades of research into heart disease have brought us? If bypass surgery is our best answer then I hope you are rich. Go to your Doctor with angina and he will cart you off for a \$10 thousand dollar angiogram and a **\$50 thousand dollar bypass**. Go to an alternative health physician, and he will fill a huge shopping bag with hawthorn tea, CoQ10, bromelain, magnesium, taurine, L-carnitine, garlic, omega-3 oils, and then he will tell you to remember your vegetables, and take up jogging. **Heart failure statistics are not to encouraging** about how many followed that advice, they eventually found themselves in a moment of desperation accepting that short insurance paid fog sleep trip to **operation bypass** **the only remaining option!** Is this your finest hour for intelligent solutions?

Please! Stop! Your life's journey has been qualified for an extension. A few new facts may alter your position and persuade you to bypass the bypass. Let's zero in on what Dr. Williams, Dr. Eby and others have been discovering about the **most amazing cure for angina** ever investigated by clinical trials. What is the mystery element? **ZINC!** Just sitting there patiently waiting for you to pay attention. Is that all? No, don't reach for the nearest cheap zinc tablets. **Use only** a highly bio-available form such

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as an **organic concentrate or a pure zinc colloid**. In less time than it takes to recover from bypass surgery you can totally clobber the clogged artery collapse. In just two or three weeks you can return to see that stuttering physician as he attempts to explain how that fancy diagnostic machine must have been previously mistaken. Are you gasping at such incredulous assertions? You demand I substantiate my claim? You are the one who's life hangs in the balance for lack of knowledge! Proof is what you need when someone demands you dish out ninety thousand dollars for bypass surgery! Just the same I wish you relief and I direct your investigation to the medical legend who enlightened my mind.

Dr. Eby originated his studies on zinc for colds and flu. And like many breakthrough discoveries after years of research a discovery occurred during one of Dr Eby's many clinical trials for the zinc lozenges for colds and flu. One of the patients demanded a lot more of what he had been taking. He didn't care if it was a placebo or zinc.....he wanted more. Turns out the man had, had angina for fifteen years, and yet after just five days of taking Dr Eby's zinc formula, the angina vanished. Prior to this the poor fellow hadn't even been helped by nitroglycerine. Now this man's angina was suddenly gone, his blood pressure was normal, his heart was in great shape.....Coincidence, right? Wrong.

Dr Eby launched a trial using this high zinc dosage for angina patients. In practically every case, it worked wonderfully. Dr Eby then dug up earlier research. He found studies as far back as 1968, showing dramatic results for angina patients. He even looked up statistics on Polish miners, only to find out that they had a huge reduction in their incidence of angina.

Why haven't you already hear about it? This simple solution is vanishing into obscurity because no one can figure out how to make a bunch of money promoting it. Below are the findings of another Dr Williams who did further studies, He also cross-examined patients who tried it. They swear by it. Remarkably, too, it doesn't just dilate the arteries, but actually seems to cleanse them.

Researchers at the University of Kentucky found that a **zinc deficiency can increase your risk of heart attack**. By triggering inflammation and lowering the body's level of cardio-protective compounds, it can lead to clogged arteries...or worse.

HIGH DOSE ZINC TO TERMINATE ANGINA PECTORIS: A REVIEW AND HYPOTHESIS FOR ACTION BY ICAM INHIBITION

By George A. Eby, M.S. and William W. Halcomb, D.O.
E-Mail: george.eby@george-eby-research.com
Web Site: <http://george-eby-research.com>

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Abstract

We reviewed the literature related to the effects of high dose zinc in arteriosclerosis-induced angina pectoris. Lipid peroxidation and LDL oxidation are believed to be critical for arteriosclerosis, and consequently angina pectoris. Administration of biologically available zinc was a beneficial treatment in a significant percentage of patients with severely symptomatic, inoperable atherosclerotic disease. In these patients, there

was no difference in zinc concentration between patients with and without atherosclerosis in whole blood, erythrocytes or hair, but there was a major difference between normal aorta and diseased aortas (40.6 ppm zinc in normal aorta vs. 23.2 ppm zinc in atherosclerotic aorta, 40.6 ppm zinc in normal aorta vs. 19.4 ppm zinc in atherosclerotic aneurysm aorta), and no difference between normal and aneurysm aorta, although copper was low in aneurysm aorta. Medication with high dose zinc sulfate to raise zinc serum concentrations from 95 micrograms per deciliter to 177 micrograms per deciliter resulted in objective improvement in 12 of 16 of these patients, including a patient that also had Raynaud's disease. Long term environmental exposure to zinc resulted in a 40% reduction in the incidence of angina of effort compared to people not exposed to environmental zinc ($P < 0.01$) and a 40% reduction in the incidence of probable ischemia in exercise ($P < 0.001$). Lead had no effect while cadmium exposure resulted in more than tripling the incidence of angina of effort ($P < 0.001$). The antioxidative action of zinc prevents oxidation of LDL cholesterol and consequently stops the main mechanism of atherogenesis. Zinc blocks calcium and its several actions on atherogenesis. Increased amounts of cytotoxic cytokines such as TNF- α , IL- β and IL-8, often produced in the elderly, are blocked by high dose zinc. We hypothesize that higher serum concentrations of LDL cholesterol resulting from administration of 300 mg of zinc per day is caused by a release of low density cholesterol from cardiovascular tissues, beneficially flushing it into the serum where it is readily observed, thus decreasing arteriosclerosis, increasing circulation, terminating angina pectoris and restoring more youthful cardiac function. Although prevention of cholesterol-induced arteriosclerosis by zinc is predicted from findings related to oxidative stress and lipid peroxidation, removal of LDL might be attributable to action of ionic zinc on ICAM inhibition. In stark contrast to current practice, high dose zinc should be considered as basic in the strategy of prophylaxis and therapy of the atherosclerosis process to terminate angina pectoris and restore youthful cardiac function.

Methods and Procedures

In 1981 while conducting a clinical trial using 23 mg of zinc from zinc gluconate each two hours to treat common colds,⁽¹⁰⁾ a 65 year old man with severe, disabling angina pectoris evaded our selection criteria and received zinc. His cold did not respond to zinc and he consumed 300 mg of zinc on the first day and 276 mg of zinc on the following days of the 7 day trial. No copper supplements were given to alter the effects of high dose zinc.

Results

The patient returned a few days after the trial was over and wanted to know whether he had received zinc or placebo. After 5 days on zinc, his angina pectoris pain, very poorly controlled with any medication including nitroglycerin, vanished for the first time in 15 years. Indeed, his blood pressure was normal and he showed no outward evidence of coronary damage. After his zinc therapy, he went snow skiing in the mountains of Colorado for the first time in over 15 years and had no cardiac discomfort. He obtained a new job and felt fine working hard all day.



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