

URINE THERAPY e-BOOK

by

John Bettens

CONTENTS

<i>Dedication</i>	iv
<i>Acknowledgements</i>	v
<i>Warning</i>	vi
<i>Introduction</i>	vii-ix
DEFINITION:	
A definition of urine therapy	1
HISTORY:	
A short history of urine therapy	2-4
A DESCRIPTION OF URINE:	
What is urine made up of?	5
AFFECTS OF FOOD ON URINE:	
(i) What happens to the food we eat	6-7
(ii) Food does matter	7-8
URINE AS A THERAPY:	
(i) Uniqueness of urine therapy	9
(ii) Is urine therapy a 'medicine' of last resort?	9-10
(iii) Are there harmful substances in urine?	10
(iv) Possible reactions to urine therapy	10-11
STARTING OUT:	
(i) How to get used to drinking urine	12-13
(ii) Producing 'quality' urine	13-14
HOW DOES URINE THERAPY WORK:	
(i) Ten possible explanations for how urine therapy works	15-19
(ii) Further explanations for how urine therapy works	19-20

METHODS:

Urine therapy methods 21

FASTING:

- (i) Things to consider when drinking urine 22
- (ii) Fasting on urine and water 22-23
- (iii) Preparation for a fast 23
- (iv) The fast 23-24
- (v) Length of fast 24

COMPLEMENTARY USES OF URINE:

- (i) Urine massage 25
- (ii) Urine compresses 25
- (iii) Scalp massage and hair care 25-26

OTHER CONSIDERATIONS:

- (i) Having a urine therapist or support person 27
- (ii) Urine storage 27
- (iii) What if urine therapy doesn't work? 27-28

RESEARCH:

- (i) Research results 29-30
- (ii) Skin products and urea 30

CONCLUSION 31

ENDNOTES 32-33

BIBLIOGRAPHY 34

Dedication

To all those people who were courageous enough to be unconstrained by orthodox medical treatments and were brave enough to believe in and take on something different.

Acknowledgements

My thanks to Dr. Megan Mathews who introduced me to urine therapy as an effective treatment for follicular lymphoma. My thanks also to Diala Barsoum and Lorraine Maloney who ran their critical eyes over the first and second drafts, respectively, of this e-book.

Warning

The information contained in this book is not intended to be used as a substitute for any other form of therapy or treatment that an individual may have had recommended by a medical professional, or decide from their own research or knowledge to use in the treatment of a known condition, be it life threatening or otherwise. We must all take responsibility for how we deal with any illness, condition, or ailment from which we suffer or by which we are affected, and we should consider all the advice that is given about how to treat it.

Advice from a medical professional is vital if you have any known medical condition and are considering treating that condition with urine therapy. Because urine does not appear to be dose-sensitive it is difficult to see how we could overdose on it. It follows that ingesting of urine alone is unlikely to be problematic, however, its use in combination with either prescribed or non-prescribed allopathic drugs, or in combination with 'recreational' drugs may have unintended consequences.¹ There could also be unintended consequences by ceasing to take prescribed or non-prescribed allopathic drugs in favour of urine therapy and we should also be mindful of this.²

Introduction

This e-book has been written by John Bettens because of his successful use of urine therapy in the treatment of follicular lymphoma (a cancer of the lymphatic system).³ Urine therapy also has its uses for a vast range of other conditions. This book is intended as a guide to those who are interested in furthering their knowledge about the possibilities of this fascinating therapy. Another of the book's intentions is to urge everyone to take some personal responsibility for their own health. After all, our health is the most valuable gift we have. Who are we without it? If we are capable of acknowledging the importance of our health we might begin to challenge ourselves as to why we put it so quickly, and often without questioning, solely into the hands of others.

Lest anyone think that urine therapy is something that is attractive to a few 'fringe dwellers' who would try anything once, it is worth noting that there have been a number of world conferences on urine therapy. The first was held in India in 1996, followed by Germany (1999), Brasil, (2003), Korea (2006), and Mexico (2009). As an example of the interest in this therapy the conference in Brasil was reported to have been attended by approximately 740 delegates from 40 countries. At this conference there were over 50 papers delivered by scientists from institutes and universities, by practitioners, and by people cured of 'incurable' diseases, including cancer.

John's personal experiences made him aware that in conventional medical circles, even if specialists and GPs became aware of the possibilities of urine therapy, they were usually non-accepting, dismissive, or critical of it, and would certainly not recommend it to any of their patients. In his own case John believes his treating doctors, except the one who actually recommended urine therapy, found its use in the treatment of follicular lymphoma quite challenging. It was so far outside the medical paradigm in which they were educated and practice, it was difficult for them to accept that it played any part in the healing process even though it provided the only possible explanation as to why this serious illness became undetectable over time. His outcome challenged orthodox medical thinking.

If you think about how long it took the medical profession to embrace exercise and nutrition as important factors in the fight against heart disease and Type II diabetes, you'll be unsurprised to hear of its reluctance to embrace urine therapy. Some doctors are still not convinced of the important role exercise and nutrition can play in helping to prevent cancer or slowing its progress.

It's likely to be a very long time, if ever, before urine therapy becomes a mainstream form of treatment as it was less than a century ago. After all, most doctors are guided in their use of a particular therapy by its 'scientific' validation after being researched, studied, appraised, tested, trialed, and approved. Today, a considerable amount of the money that supports drug research, or research into the efficacy of medical procedures, is provided by

pharmaceutical companies. It is therefore not surprising that none of that money goes towards research into the possible benefits to be derived from urine. Why would it? What would be the benefit to a pharmaceutical company paying for a study into why urine taken over a period of years could assist in eliminating follicular lymphoma. There is nothing here to be patented. There is no intellectual property in urine. It is free and readily available which make it quite distinct from most other remedies. For those who choose to use urine therapy, it, like many complimentary or alternative remedies, can help to make us less dependent of the current medical model.

This medical model leads to a great deal of dependence of the individual upon it. We are brought up to believe and accept that it is this model that will help us heal any illness. If there is a remedy it is likely to have been patented and it is the patented remedy that will be the one that is likely to be prescribed. The process that got us to this point is quite simple to describe: there is a perceived need (e.g. a treatment for a particular type of cancer); a response to this need is researched; a likely remedy is found; the likely remedy is subjected to animal and human trials; success of the remedy is proven; the remedy is patented; the remedy is approved for use by a regulatory authority; the remedy goes onto the market; people affected by the illness are assessed by their medical advisers to be suitable for the remedy; the remedy is prescribed; and the patient takes the remedy.

There is a vast difference in the way a drug (say chemotherapy) operates on the body in the case, for example, of follicular lymphoma, compared with how urine acts. Allopathic drugs are designed to act in an opposite way to the symptoms. So if the symptoms are enlarged lymph nodes (lymphadenopathy) chemotherapy will operate to reduce the size of those nodes by going directly to and killing the cancer cells within the nodes. However, in achieving this result there is collateral damage, in particular, to the body's immune function. Chemotherapy does not rely upon the body's defence mechanism, the immune system, to assist. In fact, it does quite the opposite. It temporarily overrides the immune system as a first line of defence. This line of defence is temporarily replaced by the chemotherapy. The morbidity characteristics of this type of treatment which can include severe nausea, vomiting, hair loss, tiredness and loss of weight, is in stark contrast to the absence of morbidity by the use of urine therapy.

One view as to how urine therapy works is that the re-ingested urine doesn't specifically target the enlarged lymph nodes, but causes an activation of the body's immune system. It gets it to function in a way it was intended whereby an attack is mounted against the cancer cells that caused the lymph nodes to become enlarged, resulting in the destruction of the cancer cells. This process involves the use of the body's natural defensive mechanism, the immune system, its first line of defence against this illness.

John did not experience any morbidity from his use of urine therapy in the treatment of his follicular lymphoma, a claim he makes in the telling of his story which is available on this website.

John encourages anyone affected by follicular lymphoma to consider urine therapy as a legitimate treatment of that disease provided consideration has been given beforehand to other available therapies. If you decide to treat yourself with urine therapy be prepared for the criticism that will follow your decision. Most people just don't think it's odd, they think it crazy, irresponsible, careless and foolish to treat such a serious illness as cancer this way.

There is one other aspect of John's successful treatment of his cancer which, in his view, cannot be underestimated, and that is the use of imagery in conjunction with urine therapy. Prior to ingesting his daily intake of urine John visualised it as a form of healing energy traveling from and down through his neck, chest, stomach and pelvic areas (the four main lymph node sites) healing his lymphatic system of cancer as it did so. It is John's view that the imagery and the urine acted synergistically. Of course, using both imagery and urine in the treatment of a serious illness like cancer requires a belief that they will achieve what is intended to be achieved. But belief and its relationship with achieving an altered physical state is another topic that will not be dealt with here. It is sufficient for present purposes to bring to the reader's attention that having a belief in both the imagery and the healing benefits of urine were regarded by John as integral parts of the one therapy.

DEFINITION

A definition of urine therapy,

Urine therapy is the application of urine, either internally or topically (i.e. applied to the surface of the skin), in the treatment of a physical condition.⁴ The first method involves simply drinking it. Topically, it can be massaged into the skin, or used to treat a specific condition like psoriasis, or applied to an abrasion or sore. Topically also includes it being used as a compress. A third method is by way of injection, usually intra-muscularly. When injected it is delivered in small quantities. This method of delivery has commonly been performed by an experienced urine therapist, or doctor. It is not a method widely used and is not recommended for home use.

HISTORY

A short history of urine therapy

In India's Tantric Yoga tradition the word '*Amaroli*' is used to describe urine therapy. In ancient yogic texts it is principally advised as a spiritual practice rather than a therapy to treat an ailment. However, in the 5,000 thousand year old Sanskrit text *Shivambu Kalpa Vidhi*, containing some 107 verses,⁵ the God Shiva, speaking to his wife Parvati, gives to her details about a number of considerations to be taken into account when using this therapy, including the most suitable type of container in which to store urine (earthen pots); what foods to avoid when using urine (meals with pungent, salty ingredients); the type of diet to follow (balanced and light); the best part of the urine flow to use (the morning mid flow, avoiding the beginning and concluding flows); the use of one's own urine (not someone else's); the attitude to adopt when using this therapy (willing and cheerful); and the many ailments that could be treated with urine and the amount of time needed to treat a particular ailment (e.g., tuberculosis-9 months of continuous use). Shiva also discusses the method and benefits of using urine for massage.⁶

The Ebers Papyrus, an Egyptian medical 'text' dating from 1536 B.C. (9th year of the reign of Amenophis I) has some 700 formulas and remedies, more than fifty of which are said to include the use of urine. There is some evidence to suggest that this particular papyrus was copied from a series of books many centuries older, with one passage that can be dated back to the First Dynasty, *circa* 3400 B.C.

In ancient Rome urine was collected from public toilets by urine traders for sale to textile manufacturers who used it for washing and dyeing textiles. It was a commodity that had a value. If it was traded today we might see it on the commodities market or perhaps there might be trade in urine futures. According to the Roman author Suetonius, Emperor Vespasian levied a tax on urine collected at public toilets, much to the objection of the urine traders. Today, a public urinal in Paris is known as a *Vespasienne*. In book 28 of his *Naturalis Historia* ('Natural History') the Roman author C. Plinius Secundus discusses the medicinal use of urine in the treatment of wounds, dog and snake bites, skin disease, eye infections, burns and scars.

The Aztecs, a militarily powerful city state which saw it grow rapidly in the early part of the 1400's, was a sophisticated civilisation demonstrated by it having running water, indoor toilets and bathing facilities. It used urine to heal wounds.

In the 1695 *Salmon's English Physician* reference is made to its uses when applied externally (cleansing, healing and drying up wounds) and when taken internally, for example, in the treatment of a range of conditions including opening obstructions of the veins. Today, urokinase, a component of urine, is used by pharmaceutical companies to manufacture a drug used to

dissolve blood clots.

The late eighteenth century book, *One Thousand Notable Things* described urine as a 'universal and excellent remedy' for a range of conditions, including its use as an anti-itch remedy.

In the 1930's the French experimental biologist, science writer and philosopher Professor Jean Rostand wrote about the presence of adrenal and sexual gland hormones in the urine after being filtered through the kidneys. He speculated:

'From the therapeutic point of view it is possible to envisage the use of these human hormones as apparently capable of exercising great power over the human organism...'

In 1944 *The Water of Life* by John W Armstrong was published.⁷ This book is described as a treatise on urine therapy and has become an important text on the subject. Armstrong used urine therapy to help cure himself of tuberculosis. Although he was not a medical practitioner, he went on to successfully treat many thousands of people with this therapy between about 1918 and the mid 1940's.

In his Bolivian Diary for August 28, 1967, Ernesto "Che" Guevara, who had studied medicine at the University of Buenos Aires, wrote about using urine therapy in the treatment of his injuries.

In 1970's Polish born biochemist-researcher Dr Stanislav Burzynski identified in urine a naturally occurring peptide he called *anti-neoplaston* which he observed to inhibit the growth of cancer cells while not affecting the growth of normal cells. Burzynski, who was working in the USA went through a 14 year battle with the Federal Drug Administration to obtain FDA approval for clinical trials of anti-neoplastons. There has been considerable controversy around the effectiveness of the work of the Burzynski clinic in Huston, Texas.

In the 1980's an American company Enzymes of America through a related company, Porta-John, which was responsible for 10,000 portable toilets, decided to install filters in the men's toilets. Urine was allowed to pass through the filters. The medically important protein *urokinase* was extracted from the filters. The extracted urokinase was sold to pharmaceutical companies involved in making a drug that was used for dissolving blood clots associated with heart attacks. It has been estimated that from the 60 million litres of urine deposited in the 10,000 toilets annually, about 2kg of urokinase can be extracted, enough to unclog about 260,000 coronary arteries.

There are two commonly used biblical 'references' to urine therapy. But they are, in fact, non-references. They have been included here to demonstrate that a worthwhile therapy like urine therapy which attracts more than its share of critics, can be even more susceptible to criticism when writers on the

subject use these references to support the use of urine therapy without checking the primary source to see if it actually say what is claimed it says.

New Testament: John 7:38 *“He that believeth in me, as the scripture hath said, out of his belly shall flow rivers of living water.”*

This chapter is about Jesus being exhorted by his unbelieving kinsmen to show himself; about him going secretly to the feast; and teaching in the temple. The question being asked of him was ‘*Are you the prophet or aren’t you?*’ The period prior to Christ’s arrest, trial and crucifixion was the context in which this question was asked. A reading of the previous verse, verse 37 might have given a clue: *“If any man thirst, let him come unto me, and drink.”* One could say Christ was here talking about spiritual nourishment, instruction and guidance, not literally water, and not water from his own body.

Old Testament: Proverbs 5:15 *“Drink waters out of thine own cistern, and running waters out of thine own well.”*

Those who quote this in support of urine therapy should have taken the time to look at what was said in the preamble in Ch. 5 Verse 1. There it begins, ‘Solomon exhorts to study wisdom; mischief of whoredom and riot; he exhorts to contentedness, liberality and chastity.’ This chapter speaks of a strange woman having lips as sweet as honeycomb and as smooth as oil (Verse 3). In Verse 20 Solomon asks, ‘*And why wilt thou, my son, be ravished with a strange woman, and embrace the bosom of a stranger?*’ It is likely that Verse 15 is nothing more than a caution to be faithful to one’s partner, to use the current vernacular.

A DESCRIPTION OF URINE

What is urine made up of?

Most people think of urine as a body waste product so it is quite understandable that they express reactions like disbelief, disgust or dismay when hearing that someone actually drinks it, massages themselves with it, or applies it to cuts, sores or other skin conditions. People are even more bewildered to hear that it is used as a treatment for cancer.

If we stop for a moment to consider the circumstances in which we lived prior to birth we realise that the unborn child floats in a sac of amniotic fluid which urine from the foetus. The unborn child drinks this fluid, urinates, and then drinks some more. While 'breathing' this liquid, the child's lungs develop.⁸

About 95% of urine is sterile water, about 2% urea, and the rest made up of hundreds and hundreds of compounds, enzymes such as urokinase and protease; hormones such as prolactin, oxytocin, adrenaline, dopamine, testosterone and oestrogen; vitamins such as B1, B2, B6, B12, and ascorbic acid; carbohydrates such as glucose, fructose and lactose; proteins such as albumin; minerals such as copper, zinc and selenium; amino acids such as alanine, lysine, tyrosine and valine; other substances containing nitrogen such as creatine, choline and carnitine; anti-bodies, and antigens.

A 1975 study by Free and Free⁹ listed approximately 200 elements of urine. Many of these elements you would see on a vitamin supplement label, and are regarded as being of some nutritional value. These include ascorbic acid, calcium, glucose, iodine, iron, magnesium, potassium, riboflavin vitamins B6 and B12, and zinc. Urine can be regarded as an incredibly complex mix of pre-synthesised nutrients.

AFFECTS OF FOOD ON URINE

(i) What happens to the food we eat?

Let's look at what happens to the solids and liquids we consume to sustain life. These solids and liquids enter the stomach via the mouth and the esophagus. Liquids pass on relatively quickly while solids will take varying periods of time to be broken down by the hydrochloric acid and pepsin. The amount of time for breakdown depends upon the type of food. For example, a piece of tofu will be broken down more quickly than a piece of steak. In the stomach this food becomes an acidic, liquefied mash that is released in portions into the duodenum located in the upper part of the small intestine. At this point, bile from the gall-bladder is released into the liquefied food, and chyme, itself containing a number of enzymes, is also released into the liquefied food, by the pancreas. Fats become emulsified and carbohydrates, fats, and proteins are broken down into simple sugars, glycerin, amino acids and fatty acids during the passage of the food through the small intestine. Nutrients are absorbed through the walls of the small intestine. They work their way into the bloodstream and find their way to the liver, while others are released into the interstitial fluid and are transported via the lymphatic system into the venous blood of the circulatory system from where they can either go to the liver or to fat tissue deposit sites. This nutrient-depleted food is pushed into the large intestine where billions of bacteria break it down further. It eventually becomes a solid waste that we excrete.

The liver is a vital organ. It's a processing plant. It acts in four key areas of metabolism: fuel management, nitrogen excretion, regulation of water distribution between blood and tissue, and detoxification of foreign substances. Blood leaving the liver is considered 'cleaned'. From the liver this cleaned blood eventually passes through the kidneys that are responsible for processing about 1700 litres of blood each day in an adult person. The body's total blood supply travels through the kidneys about twelve times per hour. In the kidneys the blood passes through an intricate system of tiny tubules called nephrons where it is squeezed at high pressure. There are over one million nephrons in each kidney. As a result of this filtering process excess amounts of water, salts and other elements that are not needed by the body at that precise point in time are removed and pass into the bladder to be later voided from the body as urine. The bulk of these elements that pass through the kidneys is also known as 'pre-urine'. These elements are what are determined by the kidneys to be required by the body at that precise point in time for the body's wellbeing and so they are released back into the bloodstream for use by the body.

The kidneys produce the enzyme *renin* that helps control blood pressure. They produce the hormone *erythropoietin* to help make red blood cells. They activate *Vitamin D* to maintain healthy bones. They filter the blood and balance fluid in the body.

The kidneys are literally regulators of all the elements that are required by the body at any given point in time to help sustain life. They keep these elements in balance. The kidneys, for example, know just how much of any vitamin, mineral, enzyme, salt, water, and hormone will be required by it at a specific point in time. This process is occurring every second of every minute of every hour of every day throughout the human life cycle.¹⁰

We can say that elements that were present in the blood one second will be present in the urine the next second. We donate our blood, and use products that are derived from it, but we don't think of it as a waste product or harmful to our health. In fact, the opposite is true. We think of blood as life saving. Urine is a bi-product of blood filtration, not waste filtration.¹¹ Medically, it is referred to as *plasma ultra-filtrate*. Kidneys are not designed to remove toxic substances from the body. The liver, intestines, skin and exhalation do that.

Urine is made up of elements that are specific to the individual from which they've come. It is constantly changing its composition. It has been found to have qualities that include being antibacterial, antifungal, antiviral, and antineoplastic (anti cancer). It is non-toxic. It is in abundant supply, it's free to everyone, and it cannot be patented. It can be regarded as a living food, a living medicine, or a broad-spectrum healing agent not matched by any other medicine. Looked at energetically, urine could be considered a hologram of everything, both good and bad, that is happening in the body at a given point in time. It is a source of information and it is the urine in which this information is stored.

(ii) Food does matter

It is stating the obvious to say that what we put into our body will influence how it performs for us. It is now well established, for example, that eating a diet consisting of high fat, high sugar, and high salt will make you more susceptible to coronary heart disease, Type II diabetes, and stroke. What we eat and drink impacts not only our health, but on our quality of life and the length of life we could otherwise expect to live. A healthy diet consists of fresh fruit and vegetables, whole grains, seeds and nuts and legumes.¹² Urine therapy is not of itself miraculous. It is no panacea. However, if you want your urine to work optimally for you then what you eat and drink will impact on its ability to do that. If you provide your body with all the essential ingredients this will, in turn, impact upon the quality of your urine.

If you are intensively using urine therapy it is advisable to follow a vegetarian diet. Using urine therapy intensively includes using it more than once daily, using it daily combined with urine massage, using it during a fast, or using it during a fast while combined with urine massage. As well as eliminating, or at least significantly reducing your intake of all meat, it is advisable to do the same for dairy products, alcohol and coffee. Meat, alcohol and coffee are high acid producing foods. High acid producing foods eaten in large quantities will result of high concentrations of nitrogen wastes and uric acid in

the urine which aren't helpful if re-ingested. They will cause the urine to have an unpleasant taste. If you choose to eat meat or other acid producing foods, try organic products. Dairy products like milk and cheese are in the slightly acid producing range of foods, they are mucus producing and this can't be a good thing for anyone trying to heal, especially from a serious illness.

Foods containing refined flour, white sugar, and white rice also act to acidify the blood and as a consequence the urine. Filtered water is preferable. It enables you to avoid the contaminants like fluoride, chlorine and aluminium that may be contained in unfiltered water. Exercise is essential. It stimulates blood circulation. Clean air is helpful. So choosing exercise in a wooded area or by the sea is ideal because of the likelihood of these locations being cleaner and much better oxygenated. So what we eat finds its way into the blood and after this same blood passes through the kidneys various elements from that food will end up in the urine. The important message here is to take care in what you eat and drink if you intend to use urine as a therapy.

URINE AS A THERAPY

(i) Uniqueness of urine therapy

Allopathic medicine has named every known illness. In respect of each there are defined symptoms. Part of the diagnostic process is to understand which symptoms are associated with which illness. If an illness is to be treated with a medicine, the medicine that is prescribed is matched with the illness. This is where urine therapy fundamentally differs from the allopathic approach to diagnosis and treatment.

Before using urine therapy it is not necessary to know what it is that is to be treated, although for most of us it would not make sense to embark upon a course of treatment with urine without having a particular objective, or illness, or condition in mind. We have become so used to labeling illnesses it would seem silly for us to go ahead without knowing what we are seeking to treat. However, a diagnosis is strictly not necessary prior to commencing urine therapy. The aim of urine therapy is to bring the body back into balance. Every physical illness, no matter how minor, is an imbalance within the body, and in some cases the mind will play a part in either the onset of the illness or its continuation, or both. An imbalance in the body can occur in a myriad of ways and on different levels. Unlike the allopathic way of illness treatment, urine therapy does not seek to match a particular medicine with a particular illness.

Each person's urine is unique to them. Your urine will know what it has to target. The difference in approaches can be explained this way: if you wanted to treat an inflamed throat you would gargle with your own urine, not your neighbours or anyone else's. But if you wanted to treat the same inflamed throat allopathically you could borrow a bottle of gargle purchased by your neighbour off the shelf at a pharmacy and use it. Also, you wouldn't use the same off the shelf gargle to treat a foot blister, whereas you could use the same urine you used to treat the inflamed throat on a foot blister. As has already been said and as will be seen below in more detail, urine can be looked at as a source of information of what is happening in the body at any given time. When that information is fed back into the body, the body is able to react precisely and appropriately to correct any imbalance.

(ii) Is urine therapy a 'medicine' of last resort?

Many people will turn to urine therapy as a last resort. Prior to trying it they may have accessed a range of other therapies, the main one is likely to have been an allopathic therapy. The suggestion is sometimes made that the success of urine therapy is all to do with the 'placebo' effect. It has been noted that the maximum placebo effect, that is, a positive result from treatment that the patient believes they have had is around 30%. Allowing for this it follows that if a figure greater than 30% can be achieved in the treatment of a particular illness with urine therapy, credit should go to the urine therapy

as facilitating this result. It is helpful to point out that urine therapy has been used successfully in the treatment of animals and with animals we can presumably rule out any placebo effect.

As with any therapy that is undertaken it is important to form a belief that that therapy is capable of producing the results we want it to produce before embarking upon it. Urine therapy is no different. What part our beliefs play in the success or otherwise of any treatment is difficult to measure. Setting up a randomised, or randomised blind or double blind trial would be difficult in the case of urine, but perhaps not impossible. The main problem seems to be the lack of will. After all, who wants to be known for their research into the efficacy of urine as a therapy. It doesn't sound as glamorous as a lot of other research topics. So we might never know from a 'scientific', evidentiary point of view if urine therapy is as efficacious as some claim it to be. We may still have to rely upon observations and anecdotal accounts as 'proof' of its success.

(iii) Are there harmful substances in urine?

Urea is one substance that is commonly regarded as harmful. This might be so in large quantities, but the amount contained in one's own urine will not take that quantity to a dangerous level. In fact, when ingested orally the urine ends up in the intestines where it can have a cleansing or purifying effect. Bacteria in the intestines are able to convert the urea into glutamine. Glutamine is an amino acid found in meat, poultry, and vegetables like cabbage and spinach. It supports the immune, digestive and nervous systems, assists in removing excess ammonia from the body, helps regulate blood glucose levels, and helps balance pH (acid/alkaline) levels.

In some people's urine micro-organisms can be found. These can be the result of illness or infection. It is not considered harmful to re-ingest these organisms in the minute quantities found in urine. However, if there is a known infection of the kidneys, bladder or urinary tracts, organisms can be found in high quantities and so caution should be exercised before re-ingesting urine while these conditions persist.

(iv) Possible reactions to urine therapy

Detoxification

The ingestion of urine may cause a reaction which could alarm some people. However, what may be happening is that the body is simply beginning to detoxify. During detoxification the body releases toxic or poisonous substances, some of which may have been stored in it for many, many years. Releasing these substances is a good thing, but the process, which might be an unpleasant one, needs to be monitored either by yourself, or by a health care professional.

The body has a number of ways to release toxins. Alcohol, which is a toxin, is a good example of how the body works to relieve itself of it. An over consumption of alcohol may see it vomited from the stomach. The breath plays a part in releasing the alcohol, as does the skin, and the liver will process the toxins within the alcohol and those toxins will be released via the bowels.

Fever

Urine ingestion may lead to a fever like situation. A fever is an abnormal increase in body temperature. It is a way the body uses to fight a virus (influenza) or bacteria (food poisoning), for example. This is normal. It's part of a healing process. Fever is a way for toxins to be released from the body. A fever is a very efficient way for the body to do this although it may be quite unpleasant at the time for the person affected.

If a fever develops as a result of using urine as a therapy, cut down on the amount being ingested and monitor the fever. If it persists it would be prudent to cut out the urine intake altogether until the fever has cleared. Urine ingestion could then be resumed. Don't try to suppress the symptoms of the fever because what you will be doing is interfering with the body's way of burning off toxins. As with any fever it is advisable to keep hydrated, particularly with water, and get plenty of rest. Monitor your temperature and get professional advice and help if your temperature becomes dangerously high.

Healing crisis

A healing 'crisis' can be understood as the turning point in the healing of a condition that is adversely affecting the body. At that point we may experience a variety of symptoms including an increase in body temperature, rash, swelling, diarrhoea, vomiting, headache or coughing. All of these symptoms are normal ways the body has available to it to deal with a situation that is foreign to it. They can be seen as signs that the body is clearing itself of a greater volume of toxins than it is ordinarily used to eliminating.

Treatment of symptoms of a crisis should be no different from the treatments you have used in the past. If, for example, diarrhoea occurs just do what you would ordinarily do. That is, fast from solids and keep up the fluids (filtered water, not coffee, tea, carbonated drinks or alcohol) to avoid dehydration. Taking rest is also important. Adding a small amount of lemon juice to the water is beneficial. It will help with alkalinity when it is metabolised.

If you experience an overall feeling of weakness this may be nothing more than the body signaling to you that it has used an excessive amount of energy in the detoxification process. Rest is called for. Once the crisis has passed and provided you are not on a fast, this is the time to commence eating nourishing whole foods again.

STARTING OUT

(i) How to get used to drinking urine

Drinking urine is probably one of the most challenging undertakings we could choose. Firstly, we have to get used to the idea, and secondly, we have to get used to its taste. Our aversion to urine is mostly a result of our conditioning which begins at a very early age. We are told that urine is a waste product and it's dirty. We associate it with washing our hands, although this practice can be explained not by reason of the fact that we have urinated, but because of the contact our hands make with our genitalia. We think urine as having an unpleasant smell. In trying to get used to the idea of drinking urine it is important to accept that urine is not a waste product but something that can provide us with healing. If we can master this change of belief we can usually approach drinking urine without an overwhelming adverse reaction. So, firstly we have to redefine in our own minds what urine actually is. This will help us decondition, and then recondition our attitude towards it. The earlier discussion (pp. 6-7) about how solid and liquid foods are converted into urine, and the function of our kidneys in this process, should help you to change your view of it, but ultimately as a first step you have to taste it.

On average an adult voids about 1500 mls of urine each day, but this will depend upon how much fluid is taken into the body and how active you are. Obviously, the more fluid taken in the more urine that is voided. Subject to the type of food and drinks we intake, the more water we have each day the lighter in colour and taste our urine becomes.

Only three of our five senses are engaged when we use this therapy: sight, smell and taste. We watch it, at least as men, flow away in urinals. There's nothing adverse or challenging about how it looks. We are all familiar with its varying shades of yellow. Generally, we would not find the look of urine unpleasant. It's just another yellow liquid. As we have grown up we've become familiar with its smell. We associate that smell only with urine and that smell becomes an unpleasant one because of its association with urine as a body waste product. We are all familiar with the quite unpleasant smell that is often found in irregularly cleaned public toilets, but this smell is caused by ammonia that is released as the urine decomposes. Your own fresh urine does not smell that way.

Most of us have never had the experience of tasting urine, the third sense that is engaged. Taste will depend in part on what you have eaten and drunk. Urine will have a much stronger taste if you have eaten a lot of animal protein, used spices in your food, or drunk strongly flavoured liquids. It makes common sense to reduce or eliminate your intake of these types of food if embarking on a course of urine therapy.

It may also be helpful to recall your first taste of beer or wine. To many

people, if not most, at the beginning these were not pleasant tastes, but with perseverance we got used to them and actually got to like them. The same experience may have been had when trying blue cheese for the very first time, or durian, the exotic Asian fruit that smells far worse than it tastes.

It could be too overwhelming for most to start urine therapy by attempting a 250 ml mug of fresh, warm urine first up. Allowing it to cool is an advantage. It is also an advantage, whatever volume you choose to drink, to do it in one go. That is to say, take a deep breath and drink it all at once. It is far more challenging to drink it a mouthful at a time because of the repeated engagement of the senses of taste and smell.

Getting used to the taste may require trying a few drops at a time, briefly dwell on the taste, and rinse the mouth. Repeat the process until mouth rinsing becomes unnecessary. You may want to do this over a number of days. Initially, it may also be helpful after tasting urine to breathe through the mouth, not the nose. By doing so the sense of smell is lessened. Gradually you will be able to breathe normally through the nose immediately after drinking it. Be assured that the taste in the mouth will only stay for a very short time, a couple of minutes at most, after which you will be unaware of its presence. Also be assured that after drinking a glass full of urine it will only take a short time before you can go back to breathing normally through the nose, and after drinking urine for years it will become unnecessary to take any of these precautions. It will become no more challenging than drinking a glass of water.

(ii) Producing 'quality' urine

Alkaline/acid (base/acid) balance

While using urine as a therapy it is advisable to follow a low acid forming diet. This means avoiding salt, sugar, processed foods, white flour, white rice, alcohol, coffee, and red meat. Obtaining a food chart which gives the alkaline/acid levels of foods is essential. Such charts are readily available on the internet. You will be able to refer to the chart to check the pH level of the foods you are proposing to eat or already eat.

Examples of foods that are extremely alkaline forming are lemons (when metabolised), watermelon, mango, parsley, seedless grapes and seaweed, while those foods which are extremely acid forming include beef, carbonated soft drinks, white flour, lamb, pork, white sugar and artificial sweeteners. Cigarettes fall into the high acid-forming category along with beer and coffee. Wine is moderately acid forming. The general rule is to consume 80% alkaline forming foods and drinks and 20% acid forming foods and drinks daily for good health.

Also remember that emotions carry with them high or low alkaline/acid levels. For example, kindness and love help produce an alkaline environment in the

body, while anger, jealousy and fear produce an acid environment. Meditation helps the body become alkaline while overwork and stress produce an acid environment. These considerations are very important for people affected by cancer because cancer functions more readily in an acid environment than it does in an alkaline environment.

A good practice is to drink enough water each day to make your urine a pale yellow colour. This will help to keep the taste of urine as 'neutral' as possible, provided the 80/20 rule is observed. As a general rule urine that is of a pale yellow/straw colour will be much less pungent than that which is a deep gold/orange/brown colour.

Some writers on the subject of urine therapy advise regularly monitoring the pH level. This can be done with measuring strips purchased at a pharmacy. Ask your pharmacist for a product appropriate for the task and then follow the instructions, which are quite simple. However, the danger in becoming a regular tester of urine pH level is that if it is tested as high in acid it may discourage, or provide an excuse for the user from drinking it. You will soon learn from the taste of urine if you have been overindulging in high acid foods or drinks. An appropriately balanced (80/20 - 80% alkaline/20% acid) diet should keep you in a range which is more alkaline than acid. As well as diet other factors that can influence the pH level are rest and relaxation, fresh air, exercise (e.g. yoga and walking), sunlight and meditation.

In summary, the production of quality urine will vary from person to person. Factors that may affect the process are age, physical condition, emotional and mental states, dietary habits, and the presence, or otherwise of an illness.

HOW DOES URINE THERAPY WORK

(i) Ten possible explanations for how urine therapy works

In the book *The Golden Fountain* its author describes ten hypotheses as to how urine therapy is thought to work.¹³ They are:

1. Re-absorption and re-use of nutrients;
2. Re-absorption of hormones;
3. Re-absorption of enzymes;
4. Re-absorption of urea;
5. Bactericidal and virucidal effect;
6. Diuretic effect;
7. Immunological effect;
8. Salt therapy;
9. Transmutation theory; and
10. Psychological effect.

Hypotheses 1-8 are mechanistic in their operation. That is, they stimulate a particular mechanism within the body. Hypothesis 9 offers an entirely different paradigm: it suggests that the body is capable, through an exchange of energy within it, to transmute, that is, change a substances from one thing into another. Hypothesis 10 refers to the important connection between the mind and the body in the healing process. The following is a summary of these hypotheses.

1. *Re-absorption and re-use of nutrients*

If we follow a healthy well balanced diet we can obtain minerals, vitamins, and other nutrients from the food we eat in order to remain healthy. Some of these nutrients will find their way into the urine. By drinking or massaging with urine we can re-use and re-absorb these nutrients and assist the body to remain healthy.

2. *Re-absorption of hormones*

It is not true to say that all hormones released into the urine and then re-ingested orally will be re-absorbed into the body. Many will be destroyed as they enter the digestive tract, but some, mainly sex, adrenal gland and thyroid hormones, will survive to be re-absorbed. External application of urine by massage allows the full range of hormones to be re-absorbed without being destroyed. Massaging with urine can therefore be seen as an important complementary component of urine therapy. A urine enema is an additional way of preventing the destruction of hormones after they enter the body. This result is achieved because the digestive tract is avoided with the enema method.

Re-absorbed urine can be of value in its effect during a healing process. Corticosteroids are hormones that are secreted by the adrenal cortex. They have been observed to have a positive effect in the treatment of skin disorders like eczema and psoriasis, and allergies such as asthma and hay fever.

It is worth mentioning the drug *Premarin*. This is a drug to replace oestrogen, a female hormone, in post-menopausal women. The word itself is a composite of three words which refer to the origins of this oestrogen replacement, '*pregnant*', '*mare*', and '*urine*'. Yes, it is derived from pregnant mares.

3. *Re-absorption of enzymes*

The one enzyme that has got widespread attention is urokinase which has demonstrated effectiveness against arteriosclerosis. Urokinase causes dilation of the blood vessels and has been observed to strengthen coronary arteries. Urokinase has been extracted from urine and brought onto the market as a treatment for blood clots.

4. *Re-absorption of urea*

Apart from water, urea is the next main component of urine. It has been estimated that on average an individual excretes between 25-30 grams of urea per day. As mentioned earlier, we come into contact with it at a very early stage of our lives as a foetus when we drink it as part of the amniotic fluid. This is the foetus' own urine that is being re-ingested.

Before being born intestinal flora becomes active. It has been estimated that about a quarter of the urea in the bloodstream of an adult finds its way into the intestines where it is decomposed into ammonia by intestinal bacteria. Some of this ammonia is directed to the liver where part of it is converted into glutamine. Glutamine has been demonstrated to be of importance in the development of special tissue needed by the brain, small intestine and intestinal canal. It can have a healing effect on ulcers in the intestinal tract. Importantly, it can strengthen the immune system. So by applying urine therapy we can increase the supply of glutamine in the body and thereby increase its impact in these particular ways. Urea also has a capacity to moisten the skin. It is commonly found in many hand and foot lotions, some of which have product names which use part of the word urine.¹⁴

5. *Bactericidal and virucidal effect*

It is not clear why urine, but specifically the urea component of urine, has a germicidal and antiseptic effect. Urine has the ability to kill bacteria and destroy viruses and fungi. It can be applied to a fresh cut or skin abrasion to prevent infection. It also has the ability to keep away flies, which could be

very useful in a country like Australia. To achieve this result it would need to be applied externally on the areas to be protected such as the face, neck and hands.

6. *Diuretic effect*

The theory here is that with the ingestion of extra fluid in the form of urine, the kidneys have to work more and as a consequence produce more urine which helps to excrete a greater amount of metabolised substances like urea, nitrogen and ammonia. It also has a more positive effect like providing more urea, part of which is converted into glutamine. During a urine and water fast the effects of flowing and cleansing are particularly noticeable.¹⁵

7. *Immunological effect*

Urine can contain toxic substances in small quantities, especially if one is sick. However, because they appear in such small quantities their toxicity level is low. The exception might relate to actual kidney or urinary tract infections, although these conditions can still be treated with urine therapy. The presence in urine of an antigen, that is, a substance that the body recognises to be alien to it, may stimulate the immune system to manufacture an anti-body to that antigen. It has been suggested that the re-introduction of small amounts of a toxin resulting from an infection may stimulate the production of inhibiting substances. In general terms small amounts of toxic substances probably contribute to the success of urine therapy. In ordinary circumstances if a toxic substance enters the body, the body's defence mechanism, the immune system, is called into action. A similar process takes place when someone is vaccinated against a virus, such as a known strain of influenza. The vaccinated substance that is toxic to the body stimulates the immune system to manufacture an anti-body to counteract or neutralise the effect of the vaccinated toxin. Also, the reintroduction of anti-bodies that are present in urine may have the effect of strengthening the immune system.

8. *Salt therapy*

Drinking salt water has been used as a means of removing mucous embedded in the mucous membranes. It has been found that drinking warm salty water is particularly useful during illnesses where the body does not generate enough heat to keep normal secretions thin and watery. Drinking urine, which also has a salt content, has a similar effect. Like salt water, urine has been found to accelerate the metabolism. It has been found to remove excess sugar from the blood and draw out toxic substances from the cells. Accordingly, urine therapy is useful as an internal body cleanser. Because urine contains urea and ammonia, both organic solvents, it can dissolve fats. Urine, like salt water, has a laxative effect. As it moves through the intestines it helps to detach waste and draw water into the intestines resulting in bowel movements becoming easier.

9. *Transmutation theory*

Urine can be considered to be an exact liquid hologram (three dimensional image) of all that is happening within the body. By re-ingesting urine, which is a form of bio-feedback of this information, it has been argued that this feedback information informs the body's energy system in such a way that the body takes action to restore itself to balance. This process involves the body as a whole, evaluating this information and using it to update its regulating mechanisms. What may in fact be happening is that the body is being challenged to transmute one substance into another which in turn can be used by the body in the lifecycle process. A similar process occurs when we eat food. The various mechanisms within the body are able to convert this food into usable substances. It would seem this transmutation process particularly applies during a urine/water fast when no other food is consumed.

An important aspect of transmutation theory is the theory of structured water. The body is mainly comprised of water. Urine is largely water. The more organised that water is the more it is said to be structured. Water becomes more organised by exposure to sunlight and from contact with crystals. The body has both solid crystals (found in the bones) and liquid crystals (found in tissue and fluids). Urine is a liquid crystalline substance, in the main because of its salt content. As such it contains a high amount of structured water. This implies that urine contains crystalline vibrations that are in tune with the vibrational condition of the body. The more organised or structured water is, the better enzymatic processes can do their job. Enzymatic processes are responsible and necessary for the digestion, absorption and transmutation of all nutrients. When this structured water is re-ingested in the form of urine it can promote these better enzymatic processes.

10. *Psychological effect*

It could be expected that anyone who commences drinking their own urine for healing purposes does so in the belief that it will cause healing. As discussed earlier we have to change our thinking so that we think of urine as an instrument of healing instead of thinking of it as a body waste. The physiological experience of actually drinking it for the first time is made more challenging by our pre-existing beliefs. However, once overcome we make an important connection between the mind and body. Apart from urine's physiological ability to heal, as discussed above, we add to that a driving force which is us telling our body that what we are doing is going to cause healing.

How often do we hear of someone who receives a cancer diagnosis and is told by their doctor they have a short time to live, say six months? They usually die close to the end of the nominated period. This is not because their doctor is particularly skilled at nominating the time of death, although the doctor's experience will play a part in the estimate. What is of significance is that the person has actually come to believe and accept what they have been

told. They die at the predicted time. Contrast this situation with that of a person who receives the same prognosis for the same condition but doesn't die 'on time'. Death may be many months after its predicted occurrence. In between the nominated time for death and when the person actually dies some important event is to occur, like a child getting married or graduating from university. What this person has done is to tell themselves that they are not going to die until they have experienced that event. In other words they don't accept the time suggested within the prognosis even though they may accept that they will die. These people often die very quickly after they've achieved their goal.¹⁶

(ii) Further observations about how urine therapy works

Urine therapy is not a panacea for every condition. It may be right for some conditions and not right for others. The physical body is not the only factor to be considered in the healing process. The success of this therapy will depend, in part, upon how much our body, our mind, our emotions and our spirit are in harmony. But this is true for any medicine we take if we seek to maximise its benefit.

Allopathic drugs such as chemotherapy are designed to specifically target the physical body at a cellular level, whereas urine therapy, a natural therapy, focuses on the whole person. It stimulates the self-regulating power of the body encouraging a state of personal responsibility for our healing. Many illnesses are related to a failure of the immune system, our front line defence against illness.

The body is a very sophisticated, intelligent system with an extraordinary capacity to self-heal. This self-healing process is happening all the time. Sometimes self-healing does not operate as efficiently or as appropriately as it might otherwise do such as when our immune system appears to permit something foreign like a virus (e.g., HIV), or cancer cells to remain unchecked within it.

Re-ingesting urine can send a signal that something within the body is out of balance. The body can then do something about re-balancing itself. Urine therapy can help in this process by returning to the body valuable nutrients and other elements that have already been processed by it and are immediately ready for re-use. If applied topically, these nutrients and other elements can pass directly through the skin into the blood stream instead of passing through the intestine as is the case if ingested orally. Put simply, urine therapy can be seen as a form of self-vaccination. It could possibly work this way: the body releases an antigen associated with a particular illness; that antigen is re-introduced back into the body by ingesting urine (orally or by massage) containing the antigen; the antigen is re-absorbed into the blood stream through either the intestines or the skin allowing the immune system a chance to react appropriately by producing an anti-body to counteract the antigen.

One of van der Kroon's hypotheses argues that urine can be seen as containing a vast amount of information about the state of health of the body at a precise point in time. Re-ingesting urine is a way of re-presenting this information, or giving feedback to the body's self-healing mechanism. This feedback can result in these mechanisms being activated in an appropriate way to achieve balance.

A different approach to the re-introduction of information is one described by the late Dr. Ryoichi Nakao of Japan. His theory¹⁷ is that urine is not a medicine, but an information source (the hologram idea) about the state of health of the body at any given point in time. The theory suggests that when urine passes through the throat it comes into contact with sensor cells located in the oral cavity. These sensor cells can recognise extremely minute changes in the body, so if stimulated by information located in the urine, the body has the ability to effect change. These sensors, which only have to come in contact with a minute quantity of urine containing this information, analyse it, and send messages to the brain. In turn the brain, by the use of particular enzymes, causes the cytokine production gland to produce cytokines which provide regulation for the immune system. When activated, the immune system can cause healing to take place. It is the activation of the immune system that is called into play to effect a change in the body. The end result of this change is to bring the body back into balance.

METHODS

(i) Urine therapy methods

There are three methods commonly used in the application of urine as a therapy. The first is taking it internally by drinking it; the second is taking it topically by, for example, massaging the body with it, using it in a compress, or using it on skin surface conditions such as rashes, fungi, and bites; and the third is by way of injection, either by muscular or sub-cutaneous injection. Nothing will be said here about the third of these methods. Injection is a method used by some practitioners. It is not one recommended for 'home use'. It is mentioned in the literature. Anyone wishing to know more about it can do their own research, but, if attracted to this method, should consult with an experienced practitioner and have them do it for you.

Every person's urine is unique to that person. The composition of one person's urine will vary from hour to hour in microscopic ways. No two individuals urine will be the same. Remember, it is not possible to overdose on your own urine, or on anyone else's for that matter, although it is inadvisable to take another person's urine, especially someone of the opposite sex because a male's hormonal make up differs from that of a female. Urine is not dose-sensitive.

The amount of time needed to treat a condition will vary. Sometimes a result might be obtained in days, or it could take weeks, months or even years. For example, it would be unrealistic to expect a chronic condition to be healed overnight. Whereas, with a condition like an abrasion to the skin a result can be expected within days or maybe just hours. What is important is to trust in the process. But this is also true for allopathic medicines. For example, when we take a headache tablet we do so with the trust or belief that it will do what it is claimed it can do. That is, relieve the headache. If we didn't have this trust or belief we probably wouldn't take the medication in the first place. Also, a medicine like a headache tablet comes with a pre-conceived, established belief as to its efficacy. The fact that it is on the pharmacist's shelf carries with it an implied expectation that it is capable of producing a particular result.

Urine does not come with an implied expectation, but it is still important, perhaps vital, that we commence its use with a similarly positive state of mind. By commencing urine therapy with a positive expectation that it will heal, we are establishing at the outset that powerful connection between mind and body. We are positively messaging the body through the mind that this is a therapy we expect to work for us. If a positive result is achieved with its use, belief will strengthen. Its use then becomes a self-reinforcing process.

FASTING

(i) Things to consider when drinking urine

One view is that drinking urine just once per day is sufficient for minor diseases, conditions or ailments.¹⁸ Whereas, for more serious conditions it should be used multiple times each day. When drinking urine once per day the following matters should be considered:

1. Capture the first urination of the day because at night while the body is at rest and restoring itself there is a higher level of hormonal discharge. Also, it is this urine that is the most rich in vital substances.
2. Capture only the midstream. The first part of the urine flow should be allowed to clear the urinary tract and the final part of the flow is not recommended because it may contain sedimentary particles.
3. After drinking the morning urine avoid eating for about an hour.
4. Don't rinse your mouth after drinking. (As mentioned above, according to the Nakao theory there is a possibility that the sensors in the throat are unable to detect vital information contained in the urine if it is diluted by mouth rinsing.) By not rinsing you allow for this possibility.
5. Maintain a diet low in salt, sugar and animal protein because these substances will affect its taste and smell as well as the quality of the urine.

When drinking urine more than once per day the following matters should be considered:

1. Follow 1-5 above.
2. Wait at least an hour after eating before collecting second and subsequent amounts.
3. After drinking the second and subsequent amounts, again avoid eating for an hour.

(ii) Fasting on urine and water

Most people who choose to use urine therapy will do so in conjunction with a normal intake of food. Observations indicate that where urine therapy is being undertaken to treat a serious or chronic condition there is greater healing potential if food is eliminated altogether for the time that urine therapy is being undertaken. To maximise the potential of urine therapy in such a circumstance, it is recommended that it be done on urine and water alone. However, doing so in the care of an experienced urine therapist is highly recommended.

It is preferable to not commence a urine fast unless you are completely comfortable with drinking urine. It is going to take a powerful mindset to do this type of fast. The preparation for it is very important. Additionally, for a serious or chronic condition a fast could be used in conjunction with urine massage and urine enemas for maximum impact to be realised. In John W. Armstrong's *The Water of Life* ¹⁹ the author makes a very clear argument for the use of massage and fasting in combination.

(iii) Preparation for a fast

1. Two to three days before a fast commences, increase the amount of urine being drunk over that which the body has been used to.
2. Decrease the amount of salt, sugar and animal protein, if it is still part of your diet.
3. Increase the amount of water over that being previously drunk.
4. Eat meals of fruit, steamed or raw vegetables which are more easily digested and which will help the intestines to purge themselves in preparation for the fast.

The above considerations will help you transition more easily into the fast.

(iv) The fast

1. Drink only urine and water during the fast.
2. Take more rest and relaxation than normal. Some proponents advocate not working or physically exerting oneself during the fast so that the purifying process can take place undisturbed. ²⁰
3. Commence in the morning after waking using the midstream of the first urination of the day.
4. Wait at least 15 minutes after drinking the first lot of urine before taking in any water. Then drink water throughout the day. It is better to take the water a mouthful at a time, have a short break and then take another mouthful. Keep water nearby so that you get into the habit of drinking it.
5. Take midstream from the second urination, but from then on it will not be necessary to observe this precaution.
6. Drink all the urine that is captured during the day. Because of the constant ingestion of urine and water the supply of urine will become more frequent.

7. During the sleep time period the body will need all the rest it can get. If you continue to drink urine into the evening up to bedtime you may be constantly waking because of a need to go to the toilet. It is therefore prudent to stop drinking urine a couple of hours before bed. Any urine voided during night time can be put aside in a glass container and for used for massage.

(v) Length of fast

The length of the fast will be determined by the reason for the fast being undertaken. If it is being undertaken as a detoxifier of the body, a fast of around three to five days should be sufficient. Also, for someone who is intending a much longer fast, an introductory fast of around three days may be required to give you an idea of how you and your body are going to respond.

If the fast brings on nausea it is advisable to stop it immediately and go back to it when this feeling has left you. This may only be a matter of hours, or it could go on for longer. Remember, always listen to what your body is telling you and respond accordingly.

If you are intending to fast for a much longer period, for example, more than two weeks, it is advisable to undertake one, perhaps two to three short fasts as preliminary to the longer one. By doing this you will gain a good idea of how your body is going to respond and an idea of what it is going to mean to you to organise your life around the fast. You could sequence this by doing the first short fast, wait a week, commence the second short fast, wait a week and if all is well, commence the longer fast.

It would be very unusual if a person was unaware they were suffering from a chronic condition. However, this could be so in the case of some cancers where the warning signs were not picked up, or ignored. If a person chose to go down the path of a urine fast for such a condition it would be advisable to move immediately into a long fast.

In the '*The Water of Life*'²¹ you will find plenty of examples of people who went to Armstrong and were treated for chronic, life threatening conditions. He advocated a forty-five day fast accompanied by daily urine massages as the first response to such conditions.

COMPLEMENTARY USES OF URINE

(i) Urine massage

Urine massage is seen as complementary to fasting. This is where three to seven day old urine, is warmed and massaged into the skin. The entire body should be massaged. This will take at least an hour. Movement of the hands during the massage, whether on the bottom or top halves of the body, should be directed towards the heart. Particular attention should be paid to the soles of the feet, head and face, and the neck, chest, stomach and pelvic region where the lymph glands are located. Provided the urine is rubbed into the skin until it completely evaporates there will be little to no remaining smell, however, some people will want to rinse their body afterwards. Wait at least an hour before taking a shower or rinsing off. This will allow sufficient time for the nutrients contained within the urine to be absorbed into the skin. When rinsing off do not use soap and only use lukewarm water. Urine is a natural soap. If you are still concerned about any possible remaining smell, a natural oil could be used on the body.

Massage promotes blood circulation. It's good for skin care. It can revitalise the skin. Massage with urine is not limited to being complementary to fasting. It can be used for a variety of conditions such as a simple rash, eczema, psoriasis or as an insect repellent, particularly flies.

(ii) Urine compresses

A compress can be used on skin disorders such as boils, bites, swellings and wounds. The compress should be made from a natural fibre like cotton. The urine used need not be aged. Fresh urine can be used. Make a compress sufficient in size to cover the area to be treated. Soak the compress in urine and place it over the treated area. If the urine begins to evaporate it should be re-wet with more urine. Don't place the compress into the container of urine. This will unnecessarily contaminate the urine. Pour or ladle the urine onto the compress. Check to ensure there is no adverse reaction between the skin and the urine. If this occurs, stop the process. Otherwise leave the compress on the treated area for as long as necessary to produce a change in the condition being treated.

(iii) Scalp massage and hair care

Urine can be used to control dandruff and to 'shampoo' hair. Either fresh or old urine is suitable, although better results have been reported with older urine. It has proved itself in the elimination of dandruff. It is preferable to rub the urine into the scalp and leave it for thirty minutes to an hour. However, this is strictly not necessary. Excellent results can be achieved by giving the scalp a good massage with urine while in the shower, leave the urine in the hair for as long as it takes to shower the rest of the body, and then rinse it out.

As a hair-cleaning agent it leaves hair feeling a little 'heavier', (a TV advertisement for a shampoo might refer to this characteristic as 'full bodied') but not the kind of heaviness associated with hair that has not been washed for several days or weeks. The initial difficulty in using urine for hair cleaning is a psychological one. In the beginning it takes a little time to accept that the hair is actually clean. This is so because after using conventional shampoos and conditioners all our lives we have come to believe that these two products in combination are necessary. Firstly, we use shampoo to strip away dirt and grease, and natural oils, and then we replace those oils we have stripped out of the hair by using a conditioner. We have also gotten used to the feel of our hair after going through this process. Once you have come to accept that your hair is actually clean you know that this barrier has been overcome. Some advocates claim that not rinsing out the urine has an even more powerful result. This might just be too much for a lot of people. A midway point could be to leave it in overnight and rinse it out the following morning when taking a shower.

It has also been claimed that those who use urine as a hair treatment will retain their natural hair colour much longer than would otherwise have been the case. Testing this claim might be difficult. We only get one chance at going grey. However, it may be able to be checked against a family history by looking at what occurred to a parent or sibling.

OTHER CONSIDERATIONS

(i) Having a urine therapist or support person

It's preferable for someone who is being treated, or is treating themselves for a serious or chronic condition to do so with the help of a urine therapist or support person. There will need to be someone who can regularly do the whole body massage. Ideally, it will be beneficial to have the services of a urine therapist who could not only perform the massage, but also provide valuable advice and other assistance along the way.

(ii) Urine storage

A glass container is best for storage. Some people suggest storing urine in a dark brown glass container. A beer bottle would be suitable. However, it could be kept in a clear glass container in a darkened cupboard. It should only be kept for a period of about seven days maximum after which it should be discarded. You may wish to keep several small containers marked with the date the urine in each was collected. This is ideal where daily massages are to be given. A single bottle can be used on each day, refilled, and used up to seven days after being collected. This process can go on for as long as the urine is needed. It is best that the lid to the container not be airtight as this will allow in some oxygen to assist the fermentation process.

Urine used for massage is best if it is at least four days old. The more urine ages the more alkaline it becomes as urea decomposes into ammonia. It is usual for older urine to look cloudy because as the urine ages, calcium precipitates. It is also usual for old urine to contain sediment. Many people will associate the ammonia smell with infrequently cleaned public toilets. If the urine being used for massage smells a little this way don't be alarmed or put off by the smell. It is still perfectly okay to use. The smell is just part of the bacterial fermentation process.

Aged urine has increased cleansing and purifying properties. During the fermentation process, urea changes into allantoin, a substance with very strong skin healing capacities. Also, urine has a stronger effect if it has been warmed. The ideal way to warm urine is to place the amount to be used in a glass container and immerse that container in hot water until the urine is sufficiently warm for use. Warm urine will help to open up the pores of the skin allowing the properties found within urine to pass more easily through the skin into the bloodstream.

(iii) What if urine therapy doesn't work

Belief in the process is extremely important. If you take it on, value it, trust it, and if you can, try to get to the point of accepting that if it doesn't work for you all this means is that it hasn't worked for you. It means nothing more. If it works for you all that means is that it worked for you. Herein lies a very

important consideration. Too often we become attached to a therapy and the outcome we expect it to produce. If the therapy doesn't deliver our expectations we can be left feeling devastated.

There is a distinction to be made here between being attached to a therapy and an expected outcome and simply being committed to trying the therapy and being accepting of whatever outcome it produces. This distinction applies not only to urine therapy, but to any other therapy, drug, or course of treatment we ever undertake, allopathic or otherwise. For many people, particularly those affected by a life threatening illness like cancer, even if this distinction is recognised, it may be both difficult to accept and difficult to put into practice. We may become attached to a therapy by reason of:

- emotions we infect it with;
- what others might think of us if it doesn't work;
- advice we have been given about it by a health professional;
- what we have heard about it from others;
- our own belief system;
- expectations that others place on us;
- expectations we place upon ourselves;
- comparisons we make with others who have used the same therapy;
- our ego.

We all want a particular therapy to work, otherwise we probably wouldn't be trying it. But if we can get to a point where we can say to ourselves, '*If it works, it works, if it doesn't work, it just doesn't work*', we will find ourselves in a much healthier place. An outcome is just that, an outcome. It's the story we attach to the outcome that can make it mean something that it doesn't mean. It's the story that can hold us back from trying again, or trying something different. It is possible to see an outcome that we might have previously categorised as a 'failure', as an opportunity to try again, or an opportunity to try something different.²²

RESEARCH

(i) Research results

It is not intended here to provide anything but a very broad overview of some of the work that has been done into urine therapy over about the past 100 years. Anyone wanting to look further could use as starting points books by Christy (1994), Van der Kroon (1996,) and Armstrong (2005) to which reference has already been made.

Martha M. Christy in her 1994 book '*Your Own Perfect Medicine*'²³ outlines what she describes as 'research evidence' that supports the efficacy of urine therapy. She provides some very valuable references to a vast number of studies. She notes that throughout the twentieth century the medical applications of urine were tested so extensively that it is surprising that the majority of our medical administrators and doctors have never heard anything about it. She maintains that public use of urine therapy largely disappeared at the turn of the century. It moved out of the home and doctor's offices and into oblivion. Christy highlights, sometimes in quite a bit of detail, research studies and clinical studies from about 1900 to the early 1990's.

The studies reviewed by Christy, none of which could be described as being randomised blind or double blind studies, deal with urine's antibacterial properties for treating wounds; its use in the treatment of skin ulcers and burns; its use in treating cystitis (infection of the bladder), and urinary tract infections; inflammation of the prostate; bacterial infections such as dysentery, typhoid, staph and strep; cancerous lesions using urea crystals; kidney infections; viruses that cause rabies and poliomyelitis; stomach ulcers; gout; dysfunction of the adrenal and thyroid glands; jaundice; asthma and hay fever; whooping cough, and tuberculosis. A number of the reports were by doctors who commonly used the therapy by injecting small quantities of urine intramuscularly.

In the 1930's and 1940's medical researchers were experimenting with a urine extract referred to as H-11. In an article published in 1943 in the *British Medical Journal* (7/31/43), J.H. Thompson, one such researcher, made reference to the use of H-11 by some 300 doctors to effectively inhibit the growth of malignant cells in humans. Another extract from urine, a substance called 'retine' was used as an anti-cancer agent for the treatment of different types of cancerous tumours. In one study involving retine the researchers concluded, "*Smaller doses of retine inhibit growth of tumours, while bigger ones actually make the tumours regress.*" A third extract from urine, a derivative called Human Urine Derivative (HUD), was shown to have anti-cancer properties. HUD was found in the urine of cancer patients. A particular Japanese case referred to was of a woman with metastatic ovarian cancer. She was treated in June 1965 with HUD and within three months of treatment almost all metastases had disappeared. A 30-month follow-up found the woman still well.

In 1912 a work by Dr Charles Duncan was published. It demonstrated the effectiveness of what he called 'auto-therapy' in the treatment of gonorrhoeic urethritis, an infection of the urinary tract caused by the venereal disease gonorrhoea. What Duncan did was to place a drop of the patient's discharge directly onto their tongue. He believed that the ingestion of the discharge would result in a stimulation of the body's ability to heal itself. It did this he claimed, by the body recognising the self-produced and diseased tissue contained within the discharge that had been placed on the tongue, and from which the organisms that caused the illness originated.

There is the work of Dr. Stanislav Burzynski, who identified a substance derived from urine which he called 'antineoplaston'. Burzynski still practices in the USA, although his work and methods have come under considerable scrutiny by the medical establishment. He treated neoplastic (cancer) tumours with antineoplastons (a form of peptide protein that is one of the best biological information carriers) resulting in a significant inhibition of the tumour cells without showing significant inhibition in normal cells. The results were achieved by the antineoplastons supplying the cancer cells with information needed by them to reprogram themselves into normal growth.

Dr. William D Linscott's research (1982) found increased T cell populations in several patients increased after treatment with urine therapy. T cells contribute to immune defences in two major ways: some (helper T cells) direct and regulate immune responses, whereas others (cytotoxic T lymphocytes or killer T cells) directly attack cells carrying certain foreign or abnormal molecules on their surface, such as cancer cells or cells containing a virus. People suffering from HIV/AIDS are often found to have low T cell counts.

(ii) Skin products and urea

The use of urea in the treatment of dry skin is not controversial. Many skin products on the market today have urea as part of their composition and may have a reference to urea or urine in the name of the product. Many of the more expensive skin lotions are composed of lipids, or oily substances which the user believes will moisten the skin. The reality is that urea does a better job than oil based moisturisers because it helps keep water within the skin thereby making it subtle and soft. It does this by binding water in the skin's epidermis, the outer, protective non-vascular layer of the skin. Any stinging sensation caused by the application of urea to the skin is not because it is irritating or damaging the skin but because it is absorbed deeply into the skin layers. Urea can be synthetically manufactured. Its synthetic name is *carbamide*.

In a 1992 study the effectiveness of five different types of urea creams were compared with two non-urea creams, one of which was the well-known skin moisturiser, Nivea. The study concluded that lotions containing even 3% urea ranked higher than Nivea. It concluded oil-based creams showed a tendency to be much less efficient.

CONCLUSION

Urine has been shown to be non-toxic, even in large quantities. It has the benefits of being cost free, readily available, easily transportable, nutritious, easily digested, simple and safe to use, having little to no morbidity, and having anti-bacterial and anti-viral properties. It can be effective in preventing disease, and has been found to be curative of many conditions. It is supportive of the immune system.

Urine therapy was well received and in relatively common use up to the 1940's. Most research and observational studies were done between the turn of the twentieth century and WW II. It declined around this time to be either forgotten or disregarded, as 'modern' forms of drugs came onto the market in the post WW II period.

This form of therapy is unlikely to be subject to any serious research in the present day because of the inability of those who fund most of the research, the pharmaceutical companies, to make money from it. The ability to make a synthetic form of urea, carbamide, and the development of urokinase into a blood clot treatment, are exceptions. Urea, a component of urine, has found its way into many body creams produced today.

At some point in our future, thinking may reflect upon remedies such as urine therapy when, for example, modern drugs fail to do the job they were designed to do. One example could be anti-biotic drugs to which resistance has been building up in the human population. If anti-biotic drugs eventually fail, and an 'alternative' to them is not developed, we may see simple and effective therapy like urine therapy being popularly used for its antibiotic properties.

The late Dr Ainsley Meares, who pioneered the therapeutic benefits of meditation, once said that something only had to be done once to show that it can be done. The writer accepts that urine therapy was an effective cause of his follicular lymphoma becoming undetectable over time. He was not the first to use this therapy for this condition. Its successful use for this form of cancer is not well known.

ENDNOTES

¹ A difficulty in using the two forms in combination is the re-ingestion of traces, or elements or bi-products from the metabolism of these substances. In some cultures the ingestion of urine after using hallucinogenic substances was practised because it was thought to provide a continuation of the state obtained by the original substance.

² Because of the current state of ignorance in the medical profession about urine therapy it is difficult to see what, if any, appropriate advice would be available. This assumes, of course, that a person had the courage to confide in their doctor that they were considering taking on urine therapy, and this is not a given. Should a person be brave enough to advise a doctor of their intention in all probability it would be dismissed as having no therapeutic value but this advice would likely be coming from a place of ignorance. Be prepared for criticism of your decision to embrace urine therapy.

³ John's detailed account of his use of urine therapy in the treatment of follicular lymphoma is available on this website at the 'John's Story' page.

⁴ Typically, urine is drunk. The volume being consumed will depend upon what condition is being treated, the seriousness of that condition, and the impact that the condition is having upon the person's life at the time the therapy is commenced.

⁵ In '*The Golden Fountain, The Complete Guide to Urine Therapy*', van der Kroon, C, Wishland Publishing, 1996 (English version), pp.103-112, all 107 verses are reproduced.

⁶ Drinking cow's urine is still an accepted practice in some parts of India, both as a preventive measure and as a treatment of malaria. Apparently, cows urine contains a large number of enzymes which can be beneficial in supporting and stimulating liver function. The former Indian Prime Minister Morarji Desai, who died at age 100, was a practitioner and firm advocate of urine therapy until his death.

⁷ Armstrong, John W., '*The Water of Life. A Treatise on Urine Therapy*', Vermillion, 2005.

⁸ It has been found that surgery carried out on the unborn child in the womb does not leave a scar. It is believed that the urea within the urine is responsible for this quite astonishing outcome.

⁹ Free, A.H. & Free, H.M., '*Nature and Composition of Urine from Healthy Subjects*', Urinalysis in Clinical Laboratory Practice, Miles Laboratories, 1975, cited in Christy, Martha M., '*Your Own Perfect Medicine*', Wishland Publishing, 1994, at p.116.

¹⁰ *Salmon's English Physician*, published in 1695, described this very process: "Urine is taken from human kind.....It is the serum or watery part of the blood, which being diverted by..... arteries to the reins [kidneys] is there separated, and by the ferment of the parts, converted into urine....."

¹¹ Interestingly, if blood is allowed to settle the serum component will rise to the top while a reddish liquid will settle to the bottom. Serum is said to have a not dissimilar taste to urine.

¹² If sweetener is required, use a natural one like Yellow Box honey which is preferable because of its low GI level compared with other honeys. Low GI foods are particularly

important for people affected by cancer. The essential ingredients obtained from a healthy, balanced diet are not only important for general health, but for anyone affected by a serious illness like cancer, they are even more important.

¹³ *Ibid.*, pp. 64-72

¹⁴ More information about urea will be provided further on in this book.

¹⁵ **PERSONAL NOTE:** During a 5 day urine and water fast undertaken by John Bettens in October 2012 it was not difficult for him to generate about 300 mls of urine about every forty minutes. It is argued that a result like this which is created during a fast, stimulates and cleanses the kidneys and purifies the bloodstream. Also, a fast is able to produce movement in the bowels two to three times per day. This would make this type of therapy ideal for anyone suffering from constipation.

¹⁶ **PERSONAL NOTE:** John Bettens used the mind/body connection when treating himself with urine therapy for follicular lymphoma. Each time he drank urine he visualised it as a healing force traveling through his neck, chest, stomach and pelvic regions healing him of the follicular lymphoma. The first three of these regions were the locations of his diseased lymph nodes.

¹⁷ An account of Dr Nakao's theory is published in *Urine The Holy Water*, Tieze, Harald W., 3rd. ed., Harald W. Tieze Publishing Pty Ltd., pp.37-38. This book is available on the internet free of charge.

¹⁸ **PERSONAL NOTE:** This was not the experience of John Bettens who drank about 250mls of his urine per day over a four-year period and was able to bring a follicular lymphoma diagnosis to a point where the lymphoma could no longer be detected by CT scan. It should be noted that the most dramatic reductions in size of the diseased lymph nodes took place within the first 9 months of this four-year period.

¹⁹ *Ibid.*

²⁰ **PERSONAL NOTE:** In a recent five day fast on urine and water, referred to above, John Bettens carried on with his usual daily activities without any difficulties. Obviously, the longer the fast the greater will be the need to constantly reassess the state of the body and the mind.

²¹ *Ibid.*

²² **PERSONAL NOTE:** John Bettens has told a number of people affected by follicular lymphoma about the success he had with urine therapy in treating this condition. None of these people has said they were prepared to try it choosing instead to follow a conventional medical path. John says he is not attached to this therapy for the treatment of follicular lymphoma. He'll bring it to the attention of others, but if they for whatever reason choose not to use it, that's ok. All those people have done is chosen not to use it.

²³ Martha M. Christy, *Your Own Perfect Medicine*, 1994, Wishland Publishing, pp. 67-160.

Bibliography

1. Armstrong, John W., *The Water of Life A Treatise on Urine Therapy*, 2005 ed., Vermillion.
2. Christy, Martha M., *Your Own Perfect Medicine*, 1994, Wishland Publishing.
3. Peschek-Bohmer, F. & Schreiber, G., *Urine Therapy Nature's Elixir for Good Health*, 1999, Healing Arts Press.
4. Sharma, S.K., *Miracles of Urine Therapy*, 2005, Diamond Books.
5. The Holy Bible, 1875, William Collins, Sons, & Company, Glasgow.
6. Tieze, Harald W., *Urine The Holy Water*, 3rd. ed., Harald W. Tieze Publishing Pty Ltd.
7. Van der Kroon, C., *The Golden Fountain, The Complete Guide to Urine Therapy*, 1996 (English version) Wishland Publishing.
8. Free, A.H. & Free, H.M., 'Nature and Composition of Urine from Healthy Subjects', 1975, Urinalysis in Clinical Laboratory Practice, Miles Laboratories, cited in *Your Own Perfect Medicine*, Christy, Martha M., 1994, Wishland Publishing, at p.116.