



Celia Warrick
Investigations Executive
Advertising Standards Authority
Mid City Place, 71 High Holborn
London WC1V 6QT

Sunday, 16 August 2015

RE: ASA Complaint Investigation - A15-291146

Dear Celia,

Please find our response to your draft proposal below:

There are four issues that need to be addressed:

1. Do people quit smoking in a day and is this backed by documentary evidence and scientific research? The conclusion of the draft document is that it does not and we would like to challenge that assumption.
2. That medical supervision is required for treating alcoholism, substance abuse, such as addiction to cocaine, crack cocaine, cannabis, recreational drugs or designer drugs, and gambling. The conclusion of the draft document suggests that you need to be medically trained to undertake treatment of the above conditions. We wish to challenge that, medical supervision is not a requirement for any of these conditions, apart from Chronic Alcohol addiction, and so neither a medical qualification nor supervision is necessary.
3. That you need formal qualifications to be an effective alternative health practitioner.
4. That you need to belong to a regulating body in order to help people.

We put our expertise together to tackle this in a very methodical and systematic way.

Firstly, we looked at the CAP guidelines on the question of medical supervision. The guidelines are very clear in that, if you can prove that medical supervision is not a requirement, then CAP will look at this evidence and consider revising these rules.

In order to satisfy this requirement we needed to find other methodologies that were scientifically proven and used effectively and safely to deal with all of these conditions. Once we presented the techniques used in these clinical trials all we had to do was to provide documentary evidence that we were suitably qualified in these techniques to be allowed to practice without the need for medical supervision. We undertook this task by:

1. Providing evidence of clinical trials that our techniques have scientific backing as they have been used to treat all of the conditions that the ASA state requires medical supervision using other methods.
2. Providing evidence of numerous therapists, all around the world, treating these conditions safely and effectively on their own with considerable success and which do not require medical supervision.

3. Our own well-documented results of over 5,000 people going back 12 years treating all of these conditions with incredible success. No one to date has suffered ill effect to merit medical supervision.
4. Detailed case studies for gambling addiction, cocaine addiction, addiction to anti-depressants and sleeping pills and addiction to heroin and methadone, thus demonstrating how the orthodox methods that require medical supervision have not only failed these people but also compounded their problems many times over. The only method they found to be successful, for them, so far was that offered by Life Principles that did not require medical supervision.

On the legal side, no one has the right to impose a requirement on anyone without justification, not the medical profession, not the governments, not the ASA or CAP because no one is above the law and this requirement could successfully be challenged in court. After providing clear evidence, throwing doubt upon the CAP requirement for medical supervision, it was the job of the ASA to pass this back to CAP for revision but instead they moved the goalposts at the last minute by including gambling addiction as part of the conditions that required medical supervision and ignoring all of our evidence. We feel that including gambling addiction as part of the CAP requirement that needed medical supervision demonstrates how completely out of touch with reality these rules are with the realities of the issues experienced by people suffering from addictions, insomnia and depression, and the treatments required to effectively assist them.

Below, we look at the results achieved by the orthodox methods and compare them with our own.

Is the evidence we have presented scientific?

The conclusion seems to imply that although it is scientific it is not scientific enough, and there are doubts that it can be scaled to a larger population.

The report suggests that the way laser therapy was tested was questionable because they eliminated certain groups of people and the sample was selected from TV advertising. I am not surprised that the clinical trials fall short of ideal but it's the best that hard pressed therapists can do because no one is interested in finding out the truth and be willing to fund well conducted and structured research programmes.

The scientific literature we provided on how hypnotherapy and bioresonance were being used to treat all of these conditions (requiring no medical supervision) was totally ignored. I will address this later.

However, how scientific are evidence-based methods?

I am going to look at each of the methods used by the NHS and demonstrate that the way they were conducted were anything but scientific and, when scaled to a larger population, the results are abysmal.

Nicotine Replacement Therapy

The approval of NRT was, in our eyes, questionable. Most of the people enrolled on this programme wanted free patches. Anyone who has used patches before can tell instantly when they have been given a placebo. So the first thing they do is light up and everyone jumps to the conclusion that patches work.

It is important to note that many of these trials were not double blind at all, and despite this, they were approved by the FDA and imposed on the unsuspecting public.

Study after study have shown patches to be totally ineffective:

"...93% of Nicotine patch users fail within a half year..." NRT Industry Consultants; March 2003
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"Quitting smoking for good is tough, even with the help of a nicotine patch. A new study by researcher Patricia Yudkin, of the University of Oxford, U.K., shows only 5% of people who participated in a study of a nicotine patch were still not smoking eight years after the study ended."
British Medical Journal; July 3, 2003.

"All Government Agencies and Charities advocating the use of NRT keep quiet about the only two nicotine patch studies that have ever examined success rates for second-time patch users. One study found a 100% six-month failure rate (Tonnesen P, Bispebjerg Hospital, Denmark, 1993) and in the other 98.4% relapsed (Steven G. Gourlay, National Health and Medical Research Council of Australia, 1995)."

So you can see that the NHS system is not very good for second time users, and even worse for third, fourth and fifth time users. We have also noticed a similar pattern with some bioresonance only clinics who seem to enjoy a good success rate on the first visit, but less successful after the second visit but after the third session you may as well bundle up your money and flush it down the toilet because you get no redeeming value from it. People who have used the NHS and some of these bioresonance only clinics tend to lose faith in these systems and continue to smoke forever. However, the difference with the NHS and the bioresonance only clinics is that with the NHS you have to take a poison for 12-weeks but with the bioresonance clinic you only need between one and two hour treatment. If the bioresonance does not help it will not harm either, unlike the NHS where you take your life in your hands. Very few are brave enough to come to people like us, after they have repeatedly failed with the NHS and these bioresonance only clinics but when they do they are pleasantly surprised.

The system we have developed works every single time, because it combines a low-level laser system with several information medicine systems costing over £100,000 including two bioresonance systems and very deep structured hypnosis. Our hypnosis system has evolved beyond the traditional clinical hypnosis and this is why we take 180 minutes per session instead of 30-60 minutes used in clinical hypnotherapy. In this time, using a special deepening system you can hypnotise and elephant let alone a human. It works for even the most extremely hardened users. There are some people who have quit and come back over 40 times after relapsing and have quit every single time. No NHS programme can handle that kind of effectiveness. We have totally re-written the rulebook on how to deal with every addiction under the sun and our insomnia and depression programmes have helped scores of people come off their anti-depressants or sleeping pills, not only enhancing the quality of their lives, but also adding another 40% to their longevity. We undo the damage the NHS does to people all the time and yet they are considered the experts and we are relegated to quacks.

About 90% of our clients have already tried patches. Some people have failed as many as six times with the NHS before they come to see us. Here is an Occupational Health Officer for the NHS describing the pathetic orthodox quit-smoking methodology results which neither helped her nor her clients to quit smoking. Then she came to see us and is singing our accolades after quitting so easily with our help, and all in the very first two-hour session:

<https://youtu.be/Xb6DpaKW0GE>

Here are just a few of our many clients who have been totally let down by the NHS but finally quit smoking with our help:

https://youtu.be/NmuSE_DjZGY

https://youtu.be/n2MU_S8j3C8

<https://youtu.be/ImDZAb1fmtc>

<https://youtu.be/tIaQkvZcz7g>

<https://youtu.be/K8CidaAWqpQ>

The NHS spends £500 for every person it sends to the NHS stop smoking clinics. According to the study at Oxford University only 5% of the people remain non-smokers after 8 years. However, 3% would have quit smoking on their own (natural stop smoking rate), so only 2% of the people actually quit smoking with the aid of patches. That means the NHS has spent $(£500 * 100) / 2 = £25,000$ for every person who has successfully quit smoking over the 8 year period for good, which represents a poor return on its investment.

Commonsense tells us that by dealing with just the physical part of the addiction is never going to be the complete answer to helping people quit smoking for good. But, this we feel still doesn't stop the Government and the NHS from endorsing these harmful* and ineffective products.

*Reported side effects of this product include: skin rash (patches), insomnia, nausea, mouth ulcers (gum) and indigestion (gum).

Zyban

Zyban (Bupropion Hydrochloride) is a dopamine uptake inhibitor (inhibits reward and drive), in pill form. It is an anti-depressant drug used to help smokers quit smoking. In all real-world user surveys to date, it has yet to perform better than those quitting smoking without it, at rates similar to NRT.

Let's kill them FOR THEIR OWN GOOD

From the moment Zyban, originally an anti-depressant medication, morphed into a more profitable smoking cessation treatment, allegations have swirled that taking this drug is dangerous, perhaps fatal, to your health. There are a multitude of news stories that attest to the risks of this drug. We are pleased to present the personal experience of a woman whose husband was prescribed Zyban to quit smoking. Alison Cintorrino's hair-raising account, amply footnoted, is a glimpse into the pharmaceutical corporate culture that doesn't appear in their self-laudatory press releases.

Zyban, a personal story; June 13, 2005; <http://www.forces.org/evidence/kill/kill.htm>

One of our clients, Paul said: "I am glad I managed to find you to help me quit smoking, because Zyban was doing my head-in." Another client, Sarah said: "I was put on Zyban after I failed to quit smoking with patches and it did absolutely nothing for me." Another client of ours, Deb said: "The prescription drug Zyban almost killed me." We have come across scores of people who have also failed to quit smoking with this expensive wonder drug – the only 'wonder' about it is the 'wondrous' £800 price tag.

"Patches failed, I was allergic to the patches (dreadful irritation of the skin which left marks for almost a month after); chewing gum tasted despicable – it made me feel sick, I did not get on with that at all. My doctor then prescribed a drug, Zyban, which was new at the time – I took it for a day – I was also unhappy with that: I did not feel very well, I felt nauseous and light-headed. When I checked for any side effects listed, I noticed that I had five of the six conditions considered contraindications to taking the drug (conditions that suggest the drug should not be taken). I called my doctor who said: "oh yes its fine just take it, you know, smoking is much worse than the side effects" – It wasn't. I stopped taking the drug, changed my doctor and turned for assistance outside of the NHS to help me quit smoking (Allan Carr). I have now been a non-smoker for over four years." Jan (our weight-loss client), Birmingham.

Towards the end of 2007, the NHS finally decided to discontinue prescribing this dangerous drug to people; the problem is - they replaced it with even a more dangerous drug called Champix.

Reported side effects of this product include: insomnia, headaches, seizures and even death.

Champix

Champix (Varenicline) is now considered the NHS flagship product. This is sold in the USA under the brand name of Chantix. Pfizer claimed a moderate 22% success rate in 2006 studies. These studies excluded 1,000 hardened smokers. The success rate was also inflated by 16 one-on-one counselling sessions and telephone support. Finally, all this was followed up with NRT. Real-world success rates are, from our point-of-view, truly awful.

It is truly astonishing that this drug should have been approved with such un-scientific clinical trials. Were the results good because they had eliminated 1,000 hardened smokers, or was it the counselling support provided, or was it the NRT used at the end? Even then this killer-drug was approved and imposed on the unsuspecting public, who trust the medical profession, only to end up dead or irreversibly traumatised.

One government has finally seen common sense and got rid of Champix off the approved list:

Champix off the approved list in France: risks outweigh benefits

The pill, called Champix in Europe and Chantix in the U.S. but known generically as Varenicline, has been tied to everything from violent rages to suicidal thoughts. Reported side effects of Chantix have led to hundreds of lawsuits nationwide, including one filed last month in Pennsylvania following a 2009 murder-suicide.

French health Minister Xavier Bertrand said on Tuesday that he had decided to remove the drug from a list of approved treatments available for reimbursement through his Country's social security funds because of questions about its safety.

This is an anti-psychotic drug, which blocks the receptors that give us the pleasure of smoking. The only problem is that these are the same receptors that also give us the pleasure of living. So, you lose your libido, food and drink tastes dreadful, and life - for want of a better word - sucks. It makes people miserable and produces suicidal thoughts:

"A widow has claimed that the anti-smoking drug Champix may have played a role in her husband's suicide. Father-of-two Wayne Marshall hanged himself shortly after finishing a 13-week course of the treatment, which it is feared may have depressive side effects. Mrs. Marshall said she believed the drug had played a part in his death. His death is the second in the UK to be linked to the newly licensed drug. A spokesman for the Medicines and Healthcare Products Regulatory Agency said Champix, which is made by Pfizer, was being closely monitored." Daily Mail; January 2008

Quit-smoking pill linked to suicidal thoughts: regulator. AUSTRALIA's drug regulator has issued a warning about the popular new quit-smoking pill Champix, which it linked to depression, aggression and suicidal thoughts and behaviour in some users. The Therapeutic Goods Administration did not ban the drug, but said there was an increasingly clear association between varenicline — the generic name for the drug — and mental problems. theage.co.au Dec 2 2008. <http://www.theage.com.au/national/quitsmoking-pill-linked-to-suicidal-thoughts-regulator-20081201-6ouf.html>

"A video editor with Sky Sports was prescribed the drug Champix to help him stop smoking. Two months later, he had taken a knife to his wrists and killed himself. Was the drug to blame?" Scotland-On-Sunday; 11 May 2008

"The Guardian reported that the FDA is "taking a closer look" at Chantix after hundreds of patients reported serious side effects. "We're looking at [the reports], but it takes a while."
Janet Woodcok, Director of the FDA's Center for Drug Evaluation and Research; 27 May 2008

Chantix Grounded by Federal Aviation Administration

Washington, D.C.: It still might be okay for YOU to use the anti-smoking drug Chantix in spite of all the warnings over suicidal thoughts and potential psychosis, but, as of Wednesday, pilots and air traffic controllers are no longer allowed to use the drug. The Federal Aviation Administration (FAA) has just banned the use of Chantix for pilots and air traffic controllers, fearing for the safety of passengers. Gordon Gibb - www.lawyersandsettlements.com; May 22, 2008

"It is going to take a while, even though, just one week ago, U.S. researchers at the non-profit Institute for Safe Medication Practices and Wake Forest University found that Chantix was linked to more than 3,000 cases in the US alone of suicide, loss of consciousness and other ailments, including heart problems and loss of vision. The conclusion was based on an analysis of data submitted to the FDA over a course of the past six months."

Jane Mundy - www.lawyersandsettlements.com; 29th May 2008

Ashes to Ashes BBC Scotland investigated Champix, the anti-smoking drug prescribed worldwide but dogged by controversy, and speaks to some of the people claiming that it can cause depression. Champix did absolutely nothing for Robert McGhee but his wife Karen quit smoking then proceeded to hang herself – she is lucky to be alive. 26th Nov 2008. <http://news.bbc.co.uk/1/hi/scotland/7748423.stm>

We are now seeing a constant stream of people who have failed with Champix. John and Janette failed with patches (over six times), Zyban (two-three times) and finally Champix (one-three months). Some of our clients are telling us that after the 12-week course the cravings for the cigarettes return and they go back to smoking. Both John and Janette quit smoking with us in the very first session and the interview was taken a year later after they had remained non-smokers for over 12 months.

<https://youtu.be/p8Ci9FLjZmw>

https://youtu.be/NmuSE_DJZGY

You can read all about the scandalous way the Government's stop-smoking programmes works by reading the section "The lies and deceit behind the 'drug' based stop-smoking methods in our book Addictions, The Addictive Truth"

<http://www.lifeprinciples.com/pdf/AddictionsDemystified.pdf>

Here is a video playlist of the orthodox stop smoking methods and their dangerous side effects:

<https://www.youtube.com/playlist?list=PL236D4BEFE440BB2F>

Compare the pathetic orthodox methods with that of Life Principles for Quitting Cigarettes and Cannabis, Crack Cocaine and Heroin. There are 76 videos in this playlist (and growing daily), including some from the NHS smoking cessation councillors talking about how pathetic the NHS smoking cessation methods are – if they were so good why did they need our help? There is one video where a person has literally tried every foolish method the NHS came up with and still continues to smoke – this has cost the taxpayer thousands of pounds but has not provided him with any redeeming value what-so-ever. By the way, every one of these people quit smoking EVERYTHING within two hours with our help. What would you rather do given the choice? Sit in a nice comfortable chair and, two hours later become free of your addiction, or take a poison over 12 weeks and start to smoke as soon as you stop taking your pills, if you live that long?

<https://www.youtube.com/playlist?list=PL3BS2vFepqXNI7Y8alhLXFthjt0OaQ7qJ>

Freedom-2-Choose (Scotland)

Blog describing the work of Freedom to Choose (Scotland). Educating the general public, and particularly the general public in Scotland, on matters where freedom of choice is under threat.... "When health is equated with freedom, liberty as a political concept vanishes." (Dr. Thomas Szasz, The Therapeutic State).... INTOLERANCE IS THE MOST PREVENTABLE CAUSE OF INEQUALITIES!

<http://f2cscotland.blogspot.co.uk/2011/06/champix-off-approved-list-in-france.html>

Here are a couple of extracts from the above website:

In another controversy surrounding the drug, the U.S. Food and Drug Administration announced late last week that Pfizer had been asked last year to resubmit thousands of reports on adverse events related to Chantix, a request that came after it was revealed the company had not sent the information through proper channels. The adverse-event information had been sent as a periodic safety summary rather than as a report required within 15 days for unexpected or fatal events, the FDA said.

Medical authorities the world over CLAIM to have the best interests of patients at heart. They CLAIM to be approaching these problems logically and scientifically.

Therefore it should be standard practice everywhere to try all safe methods FIRST, and only proceed to methods that involve any risk at all if none of the safe methods work. It is an absolute no-brainer. Hypnotherapy, acupuncture and the Allen Carr approach (which is a mild form of hypnotherapy anyway) have all proven themselves to be more effective in the long term than any of the meds, and they all involve NO RISK.

Why are they not being used as a priority to avoid damage to patients? Because of the massive lobbying power of global drug giants and their immoral influence over politicians and medical authorities. It is corruption, and it is killing people. Do you think I'm exaggerating, calling this sort of thing corruption? Check this out: GlaxoSmithKline have just revealed how much cash they lavished on Australian doctors and other medical personnel last year alone: over two million dollars, of which \$371,659 was just to go on merry junkets to conferences abroad. In the age of the Internet, none of this is necessary but it certainly makes people feel important, doesn't it? Would YOU like an all-expenses paid trip to Vienna? But that's nothing: in the same period GSK spent a staggering \$96,000,000 on doctors in the USA (link here). Why? Because money talks.

But so do smokers! Spread the word, don't risk the slimy meds. Even Pfizer can't force their drugs down your throat. Doctors, I keep telling you: you'll miss your credibility when it's finally gone forever. You are signing it away with your own prescriptions pads with dodgy drugs like Champix, every working day of your lives.

BUT HOORAY FOR THE FRENCH HEALTH MINISTER! Monsieur Xavier Bertrand, I salute you! Bravo!

Champix only deals with the physical part of the addiction. Allan Carr (God bless his soul) - in his book 'The Easy Way to Quit Smoking' - says: "The Psychological part counts for 99% of the addiction and the Physical part counts for just 1%." I think this is too simplistic, but it still proves a good point. Hence, Allan Carr Clinics only deal with the psychological part of the addiction but even then knock the spots of the orthodox drug based methods. This is why all Government-funded stop-smoking programmes have such abysmal success rates. Only deep hypnosis can deal with the 99% of the addiction but guess what, it can also deal the physical part as well because that is the awesome power of your mind (it can overcome physical symptoms).

Reported side effects of this product include: feeling depressed or suicidal.

Now lets move on to our own results:

Our method, which combines hypnotherapy with information medicine in the form of several electronic systems deals with the three aspects of an addiction:

1. The physical part;
2. The mental part;
3. The habit;

The other thing that the system does is to **boost your willpower** giving you the resolve not to smoke. So you go from having no willpower to having an enormous amount of willpower to quit and to stay quit.

One minute you are climbing the wall if you try and quit smoking by yourself and the next minute you have a total feeling of indifference towards smoking anything after a two-hour session – at this point you can take it or leave it and it becomes a personal choice. The therapy works with the client's commitment so, if the client has a burning desire to quit then, when you combine this with our unique therapy, the result can seem like magic. The therapy works for anything that is smoked including, heroin and crack cocaine as shown by our test results. The therapy also works for gambling, alcohol, cocaine, designer drugs, heroin and methadone. With methadone you go through five days of misery but emerge free and settle down within four weeks. With heroin you go through a mild tummy upset that lasts about three-five days. Out of all the addictions we deal with smoking is the most difficult but everyone settles down completely within three days because both the cravings are very manageable and the resolve to succeed is vastly boosted. Normally, quitting cold turkey the fourth day is usually the most difficult but after successful hypnotherapy you settle down completely on day four.

The one thing that no therapy can do is to take away your personal choice as no method can tie your hands behind your back. So you still have a choice. However, if you choose to have one cigarette after successful therapy then the cravings don't come back straight away, it takes effort and repetition to re-install the habit. As you can see from the results, when the therapy works the client quits easily and when it does not work as the client has not gone into a deep enough trance, then you get a dramatic failure and the client either demands their money back or re-books for a follow-up session.

For smoking cessation and every other addiction (apart from crack-cocaine and heroin/methadone addiction) a client enters into a legally binding agreement and has to come and see us for a minimum of three/four sessions throughout the year. If someone travels from a distance then we prefer them to stay overnight so we can measure the success the next day and also give them a free booster session or make them more emotionally resilient by dealing with the emotional part. If the client is still struggling after the first visit they are allowed free sessions until they settle down then one session any time between 3-6 months and the last session after 12-months allowing us to take a client carbon-monoxide readings together with a signed progress report.

For crack-cocaine, heroin/methadone addiction or depression the client enters into a binding ten-session programme scattered throughout the year. The first three sessions within two-three days then two sessions after 4 weeks then one session every three-months over a 12-month period. The progress is charted either with a carbon monoxide monitor, a breathalyser test (alcohol) or by client feedback. At the end of the 12-month programme we ask the client for a video testimonial.

Out of the 63 sessions we provided you, 57 quit smoking cigarettes, cannabis or crack-cocaine in just one two-hour session. Three people quit smoking in two sessions, and one client required five sessions. One person quit smoking cannabis after two sessions and one person quit smoking heroin in two, two-hour sessions. As each session is two-hours in duration even the person requiring five sessions equate to ten hours which means even that person quit smoking in a day as per our advertisement.

Some people only came here to quit drinking but we enabled them to quit smoking cigarettes at the same time without further charge. So, even though not their primary objective, most quit smoking easily.

The conclusion drawn from these results were, that because some people had to come back several times, the therapy does not work. This is a false assumption. No one said that the system could get anyone to quit smoking for life. After one two-hour session people lose all desire to smoke and their resolve is boosted but after several months they may start to smoke again for personal reasons. In one two-hour session you get more benefit than taking an unreliable medication over 12 weeks with the NHS.

One person, who smokes cannabis, has ongoing marital problems and the stress causes him to return to his emotional crutch. However when he does start to smoke he books another session, comes to see us and again and quits in one two-hour session. Another person has visited us about 40 times so far. Initially, he came to quit smoking cannabis and has never touched it again. Then he went to his stag do, got drunk and

started smoking cigarettes. He then went to Las Vegas for his honeymoon, got drunk and lit up. He fell into a ditch and lit up whilst waiting for his car to be retrieved by the AA started smoking. We eventually broke the link between drinking and smoking and he never smoked after getting drunk. Then his daughter was cheated out of a prize during a golf tournament and he got all worked up, bought a packet of cigarettes and lit up. Lately he has started suffering from Crohn's Disease and every time his abdominal pain wells up, he smokes and the pain subsides but now he has another problem, smoking cigarettes. So he books another session, travels all the way from Kettering and in one two hour session, quits smoking again.

If you think about it, why would someone pay me £200+VAT per session if it did not work? He keeps coming back precisely because it does work, otherwise he could take his business elsewhere or even go to have it free on the NHS. By the way, all of these people had previously failed miserably with the NHS so finally decided to go private. Even the people who have come multiple times have referred their spouses and other members of their family to us – why would they do that if the therapy did not work? The person who came 40 times referred his wife to us about 10 years ago and after the very first session she never touched a cigarette again.

Sometimes we bump into clients that we saw years ago and they are happy to report that they are still non-smokers, some going back to 2002. On the other hand, we had a couple who quit smoking for about five years, then they were burgled and the first thing they did was to go to a shop, buy a packet of cigarettes and light-up. Because they reverted to smoking because of personal circumstances, would you hold that against us and say the therapy does not work?

The interim report also says that people need willpower to stay quit. We never claimed it didn't, but they all seem to be able to quit for weeks, months or years after one two hour session so they don't need that much willpower do they? The difference between us and the NHS is that if they do revert back to smoking then they can come and see us at any time and we will put them back on track, with the NHS they have to wait for six-months before they can re-enter the programme. Then they have to take an unreliable drug for 12 weeks, which can have undesirable side effects.

Unfair Playing Field

I have written to everyone in Government to request that they treat the therapist in a fairer way as we end up clearing up all the mess the NHS creates but, we get no protection from the law, and our clients have to pay VAT for trying to help themselves. As a therapist we can't even get home insurance if we are seeing clients from our residence let alone get any recognition for our hard work. Every government has created an unfair playing field where we end up competing with the NHS who have bottomless pockets. If every doctor had to work on commercial terms like us then most would go bankrupt within a year. Maybe I should have added that we also get no protection from the ASA either. So I finally wrote to Her Majesty the Queen on the legalised corruption in the NHS.

Doctors can't see the good we are doing but they are also blind to the terrible harm they are doing to their clients with their worthless offerings. It seems that although we are trying to do the same thing, help people, we may as well be living on two different planets.

Finally, as no one wanted to help us with clinical trials I decided to do this myself. So I devised a system where people had to come and see us throughout the year so that we could measure their success. This quadrupled my workload but I thought it would be worth it in the end. I knew that one day we may be challenged in this way and I wanted to be prepared for it. My son, who has a PhD from Oxford, was so impressed that he said he will help me do a full follow-up test and call everyone and invite them for an interview and see how they are doing some 12 years later and then publish this for a peer review in a prestigious scientific journal. The question of whether hypnosis is an effective method for treating addictions needs to be addressed once and for all.

Conclusion – smoking cessation.

Our conclusion is that we deliver exactly what's written on the tin. We most definitely get the majority of people to quit smoking in a day if not in two-hours flat.

Is it scientifically proven? Well, according to the way the drug companies conduct their tests even the simple clinical trial on the use of laser, hypnotherapy and bioresonance suggests that yes, it is scientifically proven. The fact that the some Scottish NHS hospitals have adopted the use of laser treatment to help people quit smoking was totally ignored by this report together with the clinical trials from the hypnotherapy paper for all addictions up to heroin addiction.

Channel 5 news shows how low level laser therapy (LLLT) in Scottish hospitals is helping smokers kick their habit with relative ease. Over half the people shown on the programme quit smoking in this way.

<https://youtu.be/w71KBZiFdqA>

As you can see from this video the clinical trials were so successful that half the people quit smoking and this treatment is being offered to patients and staff at one of the leading Scottish hospitals. The FREEDOM clinics in the USA have been submitting data to the FDA over a number of years for approval of the laser therapy to help people quit smoking – just one problem, the FDA has no mandate on how to approve natural therapies.

<http://www.freedomlasertherapy.com/faq.htm>

So trying to get natural things approved is impossible but moreover if you are an individual and you come up with a life saving programme then it's the job of the FDA to try and bankrupt you. Here is a non-toxic cancer cure that the FDA has been trying to block for over 30 years:

Full BURZYNSKI Movie: Cancer Is Serious Business - Official (2011)

<https://youtu.be/rBUGVkmmwbk>

If you dare to watch this video then get ready to feel sick at the so-called evidence based treatment systems. Here is the 2015 update and as you can see nothing has changed, humans are still being unlawfully killed for their own good when incredible treatments are available outside the drug based methods.

Dr. Burzynski - Jan. 2015 Update

<https://youtu.be/q2gRCL0hVVY>

“Intensive Therapy: Utilizing Hypnosis in the Treatment of Substance Abuse Disorders”, G Potter, American Journal of Clinical Hypnosis, 2004, 47(1), pp21-28

http://bscw.rediris.es/pub/bscw.cgi/d4584094/Potter-Intensive_therapy_Utilizing_hypnosis_substance_abuse_disorders.pdf

The program has produced a 77 percent success rate, for at least a one-year follow-up.

The success rate seems to be very similar to our 12-month success rate.

‘Hypnosis is the most effective way of giving up smoking, according to the largest ever scientific comparison of ways of breaking the habit. Willpower, it turns out, counts for very little.’ – Robert Matthews, New Scientist.

To find the most effective way to give up smoking, Frank Schmidt and research student Chockalingam Viswesvaran of the University of Iowa carried out a meta--analysis, statistically combining the results of more than 600 studies covering almost 72 000 people from America, Scandinavia and elsewhere. A subscript of the full report can be accessed below:

<https://www.dropbox.com/s/cwvj5meng6x0c8z/Hypnosis-smoking.pdf?dl=0>

Numerous studies have shown that the success for stopping smoking using hypnotherapy is much higher than nicotine replacement products. In 1968 Von Dedenroth reported in the American Journal of Clinical Hypnosis a stop smoking success rate of 94% over an 18-month period.

“Twenty-six weeks after leaving the hospital, the results show that 50 percent of smokers who used hypnotherapy alone or in combination with nicotine replacement therapy, compared with 16 percent who used nicotine replacement therapy alone, became non-smokers.” WebMD; 23 Oct, 2007

Our results are well documented. We undertake a follow-up carbon monoxide test after two weeks, after three months, after 12 months, after 24 months and finally after five years. The NHS accepts that if you quit smoking for just four weeks out of 12 then you are counted as a resounding success – have you ever heard of anything more pathetic than that? This is the criterion by which they get paid. The smoking cessation councillor gets £100, your GP gets £100, the pharmacist gets £200 and the drug companies get millions. Even a child of five knows that by the very nature of this habit, this type of measurement is not going to give you any meaningful results. According to their own statistics, 50% of the people entering the NHS Stop Smoking programme can't even stop smoking for four weeks out of 12. The ones that do quit smoking, according to the government treasury report, over 90% of them revert back to smoking within a year. The long-term success rate is truly abysmal, at about 2%, as indicted by an eight-year study at Oxford University.

Stop Smoking Services

The NHS Stop Smoking Services in England and Wales were established in 2000. The number of people using them grew year on year, rising to over 800,000 in 2011-12.^{6,7} Since then attendance has fallen, although among those who have attended quit rates have remained at around 50%. An evaluation of the effectiveness of the services found four-week validated quit rates of 53% and 15% at one year. By comparison the 12-month quit rate among people who attempt to quit unaided is estimated to be about 4%. A review of the English stop smoking services found that over the first ten years of operation they helped an estimated 20,000 people to achieve long-term abstinence. The NHS website offers advice on quitting together with details of your local Stop Smoking Service.

http://ash.org.uk/files/documents/ASH_116.pdf

The above was taken from ASH, another charity in bed with the drug companies. It does not take an Oxford graduate to look at the above statement and throw it into the nearest gutter. NHS stop smoking bods, read that in front of a mirror and see how stupid you sound – and you call this science? Quitting smoking unaided has a far higher success rate than any twisted NHS or drug based method:

Cold turkey is the method that each year generates more long-term successful ex-users than all other quitting methods combined. Cold turkey has prevailed over government approved quitting products in nearly all real-world quitting method surveys conducted to date.

<http://whyquit.com/freedom/freedom-mission-statement.html>

If the criterion for handouts were a one-year carbon-monoxide test, with at least a 50% quit rate then not a single counsellor, doctor or pharmacist would get paid. Because independent clinics like ours can beat this figure with our hands tied behind our back, the reign of the drug based methods of quitting smoking would come to a grinding halt. If they ever created a fair playing field for all of us, then there would be queues a mile long outside the successful non-drug based clinics like ours and all NHS stop-smoking clinics would be out of business within a year. Can you now understand why the Government's stop-smoking system has become self-fulfilling, self-administered, self-perpetuating, totally useless, dishonest and corrupt?

Can it be scaled to a larger population?

Yes, much more so than the NHS which has a long-term success rate of just 2%. Hypnotherapists all around the world enjoy incredible success rates and continue to grow and thrive, even with an incredibly unfair playing field, because their methods are so safe that they do not need any medical supervision. Normally you only need 100 people to conduct a scientific study and scaling up is not a necessary prerequisite to its success.

The interim report suggests that we are not capable of dealing with psychological conditions when people quit smoking then go on to ignore our very detailed case studies of two people who were morbidly depressed on the NHS programme came off their anti-depressants and now enjoy a quality of life unimaginable by the so called orthodox methods. Here is a video playlist that compares the medical model of treating depression with our own:

<https://www.youtube.com/playlist?list=PLA35EADEF46863353>

One person out of 100 may have some psychological problems but when that happens we deal with it effectively. In fact the second two-hour session the next day deals with psychological conditions, the first session having dealt with the addiction.

Now moving onto the next part – do you need to be medically qualified to undertake certain treatments?

No you don't. This is what some of the people in the medical profession are saying:

"A leading British doctor and author of 'Doctors, Lies & Addiction Bureaucracy', Dr. Dalrymple argues that his profession has totally misunderstood addiction & continues to perpetuate the myth to protect its own existence. As a result, a self-serving, self-perpetuating and completely useless medical bureaucracy has built up to deal with the problem."
'Junk Medicine, Doctors, Lies & Addiction Bureaucracy' by Theodore Dalrymple; 27th August 2007

According to this book, written by a doctor in Birmingham, only coming off chronic alcohol addiction is dangerous. No one we have seen to date has ever suffered from dangerous side effects of quitting alcohol. If someone is drinking too much we get him or her to go for a Valium or Librium detox first before they come to see us or gradually cut down to a sensible level then quit instantly with our help. Even coming off 70mg of methadone is not dangerous, painful yes, but dangerous no. Here are a few people speaking out about their heroin addiction, the useless rehabs and pathetic NHS methods:

<https://youtu.be/HwqOKb6T1HQ>

<https://youtu.be/O7jZhbGfIyo>

<https://youtu.be/yBS3Qufk2uo>

In fact here is a full playlist of people who have come off class-A drugs.

<https://www.youtube.com/playlist?list=PLEFFD2AE1C483AC70>

This playlist covers everything including ketamine (injected), heroin (smoked), heroin (injected), methadone, crack cocaine, cocaine (snorted), cocaine (injected), cocaine (sprayed into the nose) and M-Cat.

Here is a playlist of people who have quit cannabis with our help:

<https://www.youtube.com/playlist?list=PL0A169E33C8055E92>

Here is a playlist of people who have quit gambling with our help:

<https://www.youtube.com/playlist?list=PLF6C46B0926DD05DF>

Here is a playlist of people who have quit drinking with our help:

<https://www.youtube.com/playlist?list=PLC8CD5BD49169F3F7>

Before I go onto how the NHS treats addictions lets first look at how they treat depression

The ASA's interim report suggested that because some people suffered emotional problems then we were incapable of treating smoking cessation and our claims that we can get people to quit smoking in a day were rejected. We would like to address this issue in this section.

A man came to see us who had been put on anti-psychotic drugs for over 40 years. He told us that when he was about 20 and looking forward to getting married and settling down with kids, his girlfriend suddenly dumped him for someone else. A few days later he suffered his first panic attack. He went to his GP who prescribed him some kind of anti-depressants and he settled down. Then about two weeks later he had another panic attack and so went back to his GP who referred him to a psychiatrist who put him on even stronger pills. A few months later he suffered another panic attack and was put on even stronger pills. This went on for years, when the strong pills stopped working he was put on a cocktail of pills and when they stopped working they mixed and matched them over many years. Eventually some 40 years later the penny dropped and he stopped taking all these useless poisons. When I saw him he was visibly shaking because his brain biochemistry had been severely messed up by this time (it can take up to 10 years for this to even out naturally). He had about five sessions of deep hypnotherapy and when he came back three months later my wife failed to recognise him, he just looked just so different. He told me that before he would go into a pub and shake but now he doesn't even think about it. What the so-called-experts in the NHS could not solve in 40 years of medication, spending over a million pounds of our money, we resolved in just five two-hour sessions naturally. Now who were you calling experts, the medical profession or us? So why do you impose the condition that these things require medical supervision? Are we living on the same planet or are you so out of touch with reality?

If the above case had been referred to us from his GP this is what we would have done. First of all we would have taken away all of the pain of his past (this cannot be undone). Then we would have undertaken bereavement therapy for heartbreak, which is the same feeling as if someone very close to had passed away. Finally we would have created an artificial distance of about 10 years and taken away the love. After this point the person would no longer be mourning the death of his relationship but opening up the possibility of a better and more fulfilling relationship in the future. The pain would have gone in 3-5 two-hour treatment sessions. The cost about £1,000+VAT for about 10 hours of our time instead of £1,000,000 spent on this person causing years of misery. These people who pretend to be experts should be sued for their criminal intent but they can get away with it because of a corrupt system which dresses rubbish as science (Evidence based system) and rejects self-evident truth because it does not fit into their corrupt medical module that destroys people's lives.

One psychiatrist came to see us for cannabis and alcohol addiction – he quit both in two hours. Then he came back so we could help him with some emotional issues. Now here is a so-called-expert who needed our help when he could just have taken his own medicine. Why did he not do that? That's because he knows that would be a futile exercise. He is so disgusted with his colleagues who seek to preserve their monopoly on health with ineffective and dangerous drugs. In his opinion, only 5% of the people currently on anti-depressants should be on them.

Anti-depressants are extremely toxic and take at least six weeks to kick-in and most people can't even take them for that long before they can derive any benefit from them. They stop the healing processes, a bit like parking your plane in the clouds and never completing your journey. They double the suicide rates according to the FDA and are a nightmare to come off. When you try and come off them you become even more depressed plus you have to put up with the physical symptoms such as headaches, nausea or mind zaps. The whole idea is to get you addicted to them so when you try and come off them you become even more depressed and also have to put up with the physical symptoms. Eventually you become institutionalized, going regularly to your mental health clinic, banging on the counter and demanding your pills – by this time they have brain washed you into thinking that there is some sort of chemical imbalance

in your brain that needs to be addressed - there is no scientific evidence that depression is caused by a chemical imbalance in your brain that needs to be corrected by drugs. The use of anti-depressants also cause problems with insomnia so most people who have been given powerful psychotropic drugs find themselves pottering around not being able to sleep. So by this time they have taken a simple emotional problem and turned it into a physical one. Now the police get involved like they had nothing better to do and make sure these people don't wander off too far from their mental health institutions, because they can't sleep their feet start to do the walking outside their restricted area. Of course when everything stops working then they use their favourite method, electric convulsive therapy. The whole idea is to get you to this stage in order to make lots of money for the Big Pharma and preserve doctor's jobs for life.

Dear Mr Ali, many thanks for replying to my enquiry so promptly.

I am a 60 year old man from Swansea, south Wales.

I have suffered from severe depression all my life, and have tried at least 25 to 30 different anti depressants over the past 40 or so years. None has ever touched my depression, it just gets worse day by day.

I would dearly love to receive your treatment but I have no money.

I hope that I can save enough money so that I can see you as soon as possible.

Many thanks.

Yours sincerely, Gareth Price.

These are the notes I took during the conversation: Age 15-16 felt worthless hated my life and myself, three older sisters, parents not supportive or loving, no attention nor care. 17-18 went to the doctor, liquid tonic (precursor to anti-depressants), told its part of growing up so get used to it, 8-10 years left to get on with life on my own, referred to a psychiatrist told to grow up and get on with it, no compassion, after 12 months put on Prozac, then stronger and stronger anti-depressants leading to a cocktail of drugs. I finally stopped taking everything 18-moths ago, Lithium was awful, had CBT which did not help, and finally I was given Electric Convulsive Therapy and I can't recall any of that but my wife says she saw a tiny little improvement over a few days.

All of the above are psychological problems that can be treated very effectively by deep hypnosis but they always insist on well-conducted clinical trials but then don't help you conduct them. Even if we could come up with two million dollars the FDA would throw it out, as they can't approve natural methods. They call this evidence-based system and it's killing people.

If you look at the history of psychiatry then you feel like throwing up. At one time they would drown you to an inch of your life if you were emotionally traumatised.

The next step for unruly people was to cut out part of their frontal brain called a lobotomy and turn them into mindless vegetables. When there was a public outcry they started to do this covertly using tiny pricks through a person's eye socket (orbital Lobotomy) to damage their brain. Another public outcry bought that practice to an abrupt end.

<https://youtu.be/0aNILW6ILk>

Then a German company came up with Thorazine. Since the introduction of Thorazine in 1954 psychiatry and drug companies have rolled out a never-ending stream of psychotropic drugs to replace the dramatic surgical procedures known as lobotomies. These so-called psychotropic medications have been called "chemical lobotomies" and proven to be just that.

<http://www.cchrflorida.org/blog/psychotropic-drugs-lobotomies-in-a-pill/>

The only problem with Thorazine was that it produced totally uncontrollable tremors.

So by the time they had finished with you, you were worse than a vegetable, a violently trembling vegetable.

During World War II, psychiatrists applauded Hitler for letting them perform experiments on people who did not fit into their warped idea of perfection. So the Jew's, the blacks, Asians and other races were experimented on in the name of science. These so called experts were extremely sick people who needed to be locked up for their own good.

Normal doctors would dismiss psychiatrists as a nuisance and treat them as stupid people they had to put up with. So psychiatrists came up with a solution, hold yearly conferences and come up with new labels like 'Manic Depression', 'Bi-polar' and 'Healthy Eating Disorder', which then went into the most dangerous book on the planet called the 'Diagnostics Statistics Manual'. Then the drug companies would be tripping over themselves trying to come up with an anti-depressant that would deal with that problem. Now how can you create a drug for a label that comes out of sick minds? That's not science, pretence science or pseudo-science, that's nonsense. Psychiatrists would like us all of to believe that we are depressed and need to be put on anti-depressants to help us through life. Look through this playlist then judge for yourself:

Here is a playlist of psychiatry – an industry of death:

<https://www.youtube.com/playlist?list=PLA35EADEF46863353>

Here is a playlist of the NHS stop smoking methods – another industry of death:

<https://www.youtube.com/playlist?list=PL236D4BEFE440BB2F>

In the USA when someone rings the helpline 911 (like our 999) and say they have murdered their partner or shot their children then the first thing they are asked is are you taking any anti-depressants. Every mass shooting in the USA without exception has been purported by people on anti-depressants. Fifty percent of people who have been involved in mass murder around the world have been on anti-depressants. That is pretty disgusting for a product that has not demonstrated one single cure!

Coming off anti-depressants can be hell or even fatal and some of them are more addictive than heroin. Traces of anti-depressant drugs found in people like Michael Jackson.

<https://youtu.be/hfQUTHrWnRk>

https://youtu.be/k6xq_wwHGfo

<https://youtu.be/LipD41mMG8o>

Making a Killing: The Untold Story of Psychotropic Drugging - Full Movie (Documentary)

<https://youtu.be/rk-ryvdWPgw>

One day when the world realises the sick world of psychiatry and their pathetic tools in the form of anti-depressants they will prefer to stay a million miles away from them. For now, even insurance companies will pay for this pathetic treatment but they will not pay for hypnotherapy which is far more effective and harm-free.

Here are just some of the people who were morbidly depressed and getting worse with the NHS finally coming to us to help them come off their anti-depressants and to remove the trauma that had got them into this mess in the first place.

Here is a playlist of easy solutions:

<https://www.youtube.com/playlist?list=PL3BS2vFepqXNM-Ruy0ZtwHb4XKzje0DAD>

The last one is a tragic case where this client was making so much progress with us until her husband forced her down the NHS route – now they have locked her up and she is forced to take nasty anti-psychotic drugs (chemical lobotomies) with no chance of getting better.

<https://youtu.be/GDDOmtWvcRs>

Every time her dad goes up to see her she begs him to take her out and take her to see Shokat. Her father's testimony is in our brochure shown below:

<http://www.lifeprinciples.com/pdf/LPBrochure.pdf>

A father's heartfelt thanks.

Dear Shokat,

I am Pamela Devereux's father. Six weeks ago I was in despair over my daughter's health. Despite seeking NHS help over the past ten or more years she had just six weeks ago been diagnosed with OCD, with her behaviour complicated because of intense dependence on alcohol - to block out her nightmare thoughts. Her physical health was at a critical stage – she could not eat, had stomach pains constantly and bouts of extreme anxiety and trembling.

What you have managed to do in a very remarkable space of time – three short weeks – is to take her back some twenty years to the sharp, lively, effervescent musician, performer, conductor, teacher she used to be. I am still trying to take in the fantastic change in her, and to stop asking myself if I am dreaming all this. I know you have not yet finished your work with her, but I felt that you are overdue, from all the family, our heartfelt gratitude and thanks for your work with Pam.

Our sincere thanks.

Jim Gill 17/08/09

As a postscript, and from my personal point of view:

I also feel my political hackles rise when I consider the NHS inability/unwillingness to provide support when expertise such as yours is available. I would like to provide you with a considered statement on this when I have had time to reflect fully on it.

Regards, Jim Gill

According to a report in the WDDTU 80% of the people on anti-depressants are not depressed at all and most of the mental health institutes in the UK are artificially created by putting people on anti-depressants for life. According to the medical professions own admission and independent research anti-depressants and sleeping pills can reduce your longevity by 40%. The world of psychiatry holds no bounds.

Our campaign for justice in the health industry

The corruption in the health industry was covered by our campaign in 2010 where we wrote to everyone in Government including The Prime Minister, David Cameron, people in The House of Lords and finally Her Majesty The Queen.

The first link is a letter about the legalised corruption in the medical profession and the NHS and why state funded monopolies are bad for all of us. The second link is a response from Buckingham Palace. The third link is the supporting evidence we sent to Her Majesty The Queen.

<http://www.lifeprinciples.com/pdf/Queen.pdf>

<http://www.lifeprinciples.com/pdf/Response.pdf>

<http://www.lifeprinciples.com/pdf/Attachment.pdf>

From this you will realise that the medical profession do not possess some innate divine knowledge that sets them apart from the rest of humanity. An average GP is perhaps insufficiently aware when it comes to addictions and depression and, hypnotherapists have been helping people with addiction and depression even before the words Medical Supervision were even invented.

Hypnotherapy can be traced back 2,000 years where people who were ill would spend a night in a sleep temple and, by the morning, they would be as right as rain. During the night people were going in and out of trance and the affirmations spoken by the monks would make changes at the unconscious level and a lot of issues would melt away of their own accord.

The solution nowadays is for the medical profession to put people on anti-depressants totally wrecking their lives or to give them mind altering drugs like Champix or Zyban to help them quit smoking with terrible side effects. Anti-depressants can be given to people for an indefinite time with no chance of them getting better and Champix has to be given to people for 12 weeks to get them to stop smoking. Most people start smoking as soon as they come off their tablets. However, Champix can cause suicidal tendencies and you could kill yourself, you could kill a member of your family or a member of the general public. This is why the CAA has banned pilots from taking this drug.

One client, John Karataz, was put on NRT numerous times, on Zyban three times then on Champix for three months and nothing worked. Then he developed metastatic cancer of the throat and even that did not stop him smoking. He also went to five different hypnotherapists over the past five years and failed then he came to see us and was amazed he quit smoking with us in the very first one two-hour treatment session. Below is his video testimonial:

<https://youtu.be/p8Ci9FLjZmw>

Just like the people in the medical profession being part of a regulatory body, such as the BMA, stops you from using techniques that work such as the use of IV Vitamin-C for cancer, hypnotherapists are stopped from using unorthodox techniques that work by their regulatory bodies. The five hypnotherapists who failed to help John are not stupid but caught in a rut because of their so-called regulatory bodies that prevents them being flexible in their approach. Hypnotherapists are in the same boat at the moment and if they deviate from what they feel is acceptable then they automatically reduce their success rate by 30% and cannot help people like John plus their regulatory body may reprimand them. We on the other hand achieve truly outstanding success rate almost 100% because we like to think on our feet and be flexible in our approach rather than be constrained by societies that exist to protect their own existence rather than give humanity what they need - true and outstanding results.

There is a word called Variance in psychology and it means flexibility in your approach. For an infinite number of problems there are an infinite number of solutions and if you are flexible in your approach than you can solve anything. The moment you belong to a society then you instantly lose that flexibility and your failure rate increases dramatically. Most societies or associations are one-man-bands existing for the benefit of its owner with wonderful sounding names like the General Hypnotherapy Register, which exists to provide a livelihood for William Broom and his Daughter. Their motto is to uphold standards and to serve the public but the only thing they seem to be serving is their own pocket and providing little value to the public.

Do you really need to join a society to protect the public?

No, this is a stupid idea because all the safeguards are already built into the statutory provisions. If someone feels unjustly treated then you can go to the Trading Standards, the Courts, the Police or the Advertising Standards Authority as in this case. We have full indemnity insurance on everything we use and are well trained in using them. We also have video surveillance to protect the client and the therapist, where everything is recorded. All these societies do is to add another level of bureaucracy, stop innovation and serve no one apart from themselves.

An article in the What Doctors Don't Tell You (WDDTU) stated that doctors are paid more than ever before for very little work. So let's hope and pray they get paid even more so they stop working altogether we can all enjoy a better way of life.

According to the CEO of a leading pharmaceutical company some of the most expensive drugs don't work on 50% of the people. The BNJ underwent a two year research programme and came to the conclusion that only 10% of pharmaceutical drugs are any good, 90% do more harm than good. Hull University looked at all anti-depressants and came to the conclusion that although anti-depressants elevate your mood and make you feel better, but no better than a sugar pill but with dire consequences. The Citizens Commission For Human Rights (CCHR.ORG) state that Anti-Depressants are a travesty on humanity and psychiatrists should be tried for genocide. The NHS flue jab by the government think tank only protects 2% of the

people. The success rate of treating cancer in the UK is 2% and 3% in the USA, that's not science in my book, but they get away with it because we have elevated them to the status of Gods.

According to research studies, sleeping pills and anti-depressants can reduce your life expectancy by 40%.

Powerful psychiatric drugs shorten lifespan by decades

<http://survivingantidepressants.org/index.php?/topic/1178-powerful-psychiatric-drugs-shorten-lifespan-by-decades/>

Antidepressants Facts, The Truth about Psychiatry Depression Drugs.

<https://youtu.be/XiVZGlsGG9A?list=PLA35EADEF46863353>

Every time a doctor gives you a dangerous medication without your informed consent is breaking the law.

Your informed consent requires the following:

1. What would happen if you take this drug;
2. What could happen if you didn't take this drug;
3. What are the alternative options you could consider?

In the future I can imagine massive class action lawsuits where these legalised criminals will be bought to justice for their wilful destruction of humanity and even health ministers and governments will not be spared. The writing is on the wall but you are just too blind to see it? How long will you get people like the ASA to protect your monopoly on health?

The average doctor in the UK is worth £1,700 per day but 90% of the time he/she is prescribing you worthless poisons. In Germany they have realised this fact and 70% of all pills prescribed are nothing more than placebos costing pennies but, because the patient trusts the doctor, they get well. We in the UK not only trust the medical profession but also don't realise that they have even hijacked the law to protect their monopoly on Health and have also influenced institutions like the ASA so they can continue to enjoy that monopoly.

Dealing With Doctors (Subtitled Version)

https://youtu.be/Ff_RaLh2OdA

No doctor will tell you not to treat prostate cancer or breast cancer because if left alone will go into spontaneous remission within five years.

The American Cancer Society Admitted That Untreated Cancers Often Go Away Naturally

<http://healthwyze.org/index.php/component/content/article/431-the-american-cancer-society-admitted-that-untreated-cancers-often-go-away-naturally.html>

You may not trust the therapist but surely you can trust the charities? You could not be more wrong.

Are the Cancer Charities trying to find a cure for cancer?

I used to give money to all the walks, runs, dance marathons, swimathons, bikeathons, etc. I used to believe that I was doing a good deed. I saw all those handicapped kids and women who were suffering from breast cancer and other life threatening diseases, and my heart strings would get twanged. With the sympathetic sounds of pleading children in my ears, I would open my wallet and support what I believed must be a good cause.

What I have learned over the years is that most of these types of activities and the national organizations that organize them have a strong interest in not curing the diseases that are listed in their names. In the case of cancer charities, they are among the most highly funded charities. Beyond the high percentage of the money they use for overhead operations, most of the money they raise goes to support research activities

that have been approved by the pharmaceutical cartel. In other words, when we give a dollar to a cancer charity, it will likely end up supporting research that was designed by the pharmaceutical industry. It will not be given to anyone who is doing alternative research on cancer treatments, which might be a financial competition to the drugs, radiation, and surgery that are provided by the cancer factory.

In short, a dollar given to these charities enables the drug cartel to continue with their existing research program on donated money. I may as well have just written a check to Pfizer, Bayer, or some other multi-national pharmaceutical corporation.

<http://healthimpactnews.com/2014/the-cancer-industry-is-too-prosperous-to-allow-a-cure/>

They will not tell you that high intensity ultrasonic waves have proven to be incredibly effective at curing prostate cancer. The procedure is non invasive, painless and all cancer cells die off within days and a week later all the pain is gone. They will not tell you that bicarbonate of soda has been used very successfully to treat breast cancer.

The Cancer Report

<https://youtu.be/WnaBG177VIw>

A client's father has been undergoing the so called approved treatment for prostate cancer, the hormone therapy has turned him into a woman, chemotherapy and radiotherapy have been incredibly painful and totally ineffective - he is now looking at a certain and painful death. The only people, who try to bring some kind of commonsense into the equations, are the alternative and complementary therapist like us, and then we have the likes of the ASA try and put us out of business. If we speak out the truth then we either go to jail or have the likes of ASA try and gag us with pathetic rules that cannot be justified or upheld in any court of law. But because therapists are relegated to second-class citizens with no means to fight back we always give in. Someone, somewhere has to take the first stand.

Cancer - The Forbidden Cures

<https://youtu.be/gWlrfNJICeM>

There was a case in Spain where an alternative therapist was taken to court for treating cancer. The judge threw the case out of court ruling 'who is to decide which is the correct protocol for cancer'. Thank goodness some people are beginning to see the health industry for what it really is, a curse on humanity.

Canada has modified its laws to go easy on therapist and in the USA a senator is trying to get a law passed to remove all legal restrictions from therapists.

In the UK lord Saatchi's wife got ill and he was so annoyed with the medical profession at not trying anything else when the orthodox methods had failed. Now, he is looking at changing the law in the UK so people can give you IV Vitamin-C or other non-approved treatments for cancer without landing in Jail. The sick monopoly of the medical profession has gone beyond a joke.

Lord Saatchi Bill: We must liberate doctors to innovate

<http://www.telegraph.co.uk/news/health/saatchi-bill/10598161/Lord-Saatchi-Bill-We-must-liberate-doctors-to-innovate.html>

The bill was blocked should come as no surprise to anyone.

I think another bill should be introduced to remove the shackles placed on the alternative and complementary health therapists like us who are picking up all the mess created by the medical profession, the Big Pharma and the NHS.

Now moving onto our case specifically:

The interim report suggests that we are not capable of dealing with psychological or physical conditions when dealing with drugs for which medical supervision is necessary. I would like to blow away that assumption which makes no sense at all to anyone who understands addictions and I will make the case that these rules must be revised by an independent authority who have no affiliations with the government, the ASA, the pharmaceutical industry or the medical profession. Otherwise we are being constrained by rules that only belong in prehistoric times.

Do we discourage essential treatment?

We couldn't do that even if we wanted to. That's because everyone trusts the mighty NHS with endless pockets putting complete faith in their methods that of course are free and everyone feels entitled to free handout from the statutory provisions provided by the government. People only go private and pay for the treatment after they have failed repeatedly on the NHS and with the methods used by the medical profession. No one enjoys paying £1,000+VAT on quitting drinking or £2,000+VAT to overcome their depression. These people only turn to alternative treatments when the orthodox treatments have failed them over and over again. About 0.1% of the people we see have not gone through the NHS before coming to see us. So from this you will understand that no one can discourage anyone from the statutory provisions, which is everyone's right in the UK. We reject the ASA's claim that we discourage essential or necessary medical treatment.

Now lets look at what is a process and what is a substance addiction and the way the medical profession deals with them.

Our brochure contains a table of processes and substance addictions

<http://www.lifeprinciples.com/pdf/LPBrochure.pdf>

We will refer to each addiction that is in dispute by referring back to this document.

Is the treatment provided by the medical profession essential or necessary?

Also who is to decide which treatment is essential or necessary? Putting your life in mortal danger is neither essential nor necessary for a system that really has no answers as far as addictions, insomnia or depression are concerned, from their own published literature and publications, from other sources and even their own colleagues.

"A leading British doctor and author of 'Doctors, Lies & Addiction Bureaucracy', Dr. Dalrymple argues that his profession has totally misunderstood addiction & continues to perpetuate the myth to protect its own existence. As a result, a self-serving, self-perpetuating and completely useless medical bureaucracy has built up to deal with the problem."

'Junk Medicine, Doctors, Lies & Addiction Bureaucracy' by Theodore Dalrymple; 27th August 2007

This is a doctor in Birmingham who has spent most of his life working with addictions, especially heroin and methadone addiction talking about how his colleagues have got it wrong and also points to the legalised corruption in the NHS, just like my letter to Her Majesty the Queen. The medical profession and the NHS are hiding behind a mountain of lies dressed up as science and they are cheating everyone in the UK with their worthless offerings and, moreover, putting peoples lives at risk in order to preserve their jobs.

Now lets look at the official government figures on the NHS spend on addictions:

£400m drug plan helps only 3.6%

A record 202,000 people were treated for drug abuse last year but just 7,300 – 3.6 per cent – were cured of their addiction. They were put through treatment programmes at a cost of £400million – meaning each

success story cost the taxpayer £55,000. And of the successes, the government has no idea how many relapsed into drug use, although the figure could be as high as 57 per cent.

Metro News Oct 2, 2008.

If you take into account the cost to the taxpayer could be as much as £100,000 per every successful person who quits for a few months. The real figure for long-term abstinence could be as high as £1,000,000. What a wonderful use of public funds.

Are the medical profession the only people capable of treating addictions, insomnia and depression?

Who is to say that the only people capable of treating addictions, insomnia and depression are the medical profession? To imply that would imply that the rest of humanity are foolish and need medical supervision for conditions that you can cure in your own home by listening to self-hypnosis CDs?

All addictions apart from heroin, methadone and cigarettes are purely psychological and can be cured with a good self-hypnosis CD. Lets see how the medical profession deal with each of these conditions:

Cannabis Addiction

Lets look at the NHS website and see what they have to say about cannabis addiction:

Cannabis is the most widely used illegal drug in the UK, although its use in recent years has fallen. The proportion of 11-15 year olds in England who had used cannabis in the last year fell from 13.3% in 2003 to 7% in 2013. The proportion of 16-59 year olds using cannabis in the last year has fallen from 10.6% in 2003-04 to 6.6% in 2013-14.

Can you get addicted to cannabis?

In the past cannabis wasn't thought to be addictive. However, research has shown that it can be addictive, particularly if you have been using it regularly for quite a while. About 10% of regular cannabis users are thought to become dependent.

Where can I get more information about cannabis?

You'll find more information about cannabis in the Frank website's A-Z of drugs.

If you need support with giving up cannabis, you'll find sources of help in Drugs: where to get help.

<http://www.nhs.uk/livewell/drugs/pages/cannabis-facts.aspx>

As you can see the NHS has no treatment protocol for cannabis addiction and asks you to look on Frank website's A-Z of drugs. It also talks about cannabis as becoming addictive with regular use but as you can see from our own table on addictions (<http://www.lifeprinciples.com/pdf/LPBrochure.pdf>) cannabis is not physically addictive no matter how much you smoke or how long you have been smoking it, however cannabis is highly addictive psychologically. This is why people just don't struggle in any way when coming off cannabis using hypnotherapy (and/or information medicine) whereas with cigarettes they tend to go through about three days of re-adjustment before they settle down completely on day four.

The NHS talk about CBT which is a talking therapy like counselling and we have already found out from many of our clients who have had six months of counselling that it does not work. Many of our own clients have been put through the standard method of quitting smoking using NRT, Zyban and Champix and have failed miserably – these methods just don't work for cannabis addiction because it's not a physical addiction but a psychological one. So as you can see the NHS has no protocol for cannabis addiction and the methods they use just don't work, plus medical supervision is not provided or thought necessary.

It's strange that the NHS has no answer for cannabis addiction and do not provide medical supervision yet the ASA feels it necessary to put that restriction on us. Is there one rule for us and another rule for the NHS and the medical profession? It is easier to quit smoking cannabis than cigarettes using a good self-hypnosis CD so where does medical supervision come into that? These are daft and unrealistic rules that are applied to the alternative and complimentary therapists for no good reason what so ever and need to be removed so we can get on helping people who need our help.

We Quit Smoking Cannabis Effortlessly In A Day

<https://www.youtube.com/playlist?list=PL0A169E33C8055E92>

Gambling Addiction

Lets look at the NHS website and see what they have to say about gambling addiction:

Gambling addiction

But there's evidence that gambling can be successfully treated in the same way as other addictions. Cognitive behavioural therapy usually has the best results.

Specialised addiction services that mainly focus on substance misuse often treat gambling problems, too. They use the same techniques to treat gambling addictions that they use to treat substance misuse.

<http://www.nhs.uk/Livewell/addiction/Pages/gamblingaddiction.aspx>

The NHS talk about CBT which is a talking therapy like counselling and we have already found out from many of our clients who have had six months of counselling that it does not work. Anyway, if you have a gambling problem the NHS will send you for CBT, which will probably cost you about £1,000 but will give you zero redeeming value. So when you go to a councillor who is not medically trained where does the medical supervision fit it? Is this a case of one rule for them and another rule for us?

If you go to your doctor and tell him or her that you have a gambling problem they will tell you that the NHS has no answers for this. They may ask you to go and see the Gamblers Anonymous (who by the way don't provide medical supervision) or exclude themselves from gambling sites or simply pull themselves together. Some doctors will proceed to put you on a course of anti-depressants or/and beta-blockers, which will make you feel much worse but will not stop you from gambling. Or they may ask you to go and see a counsellor for six months (will cost you about £1,000) – the taking therapy will help you understand your addiction but will not make it easy to quit gambling. Here are some of our clients taking about their experiences of trying to quit gambling with the help of the NHS then us (the difference is like night and day):

<https://www.youtube.com/playlist?list=PLF6C46B0926DD05DF>

Gambling is a processes addiction rather than a substance addiction and to say that this needs medical supervision is incredibly stupid. After successful hypnotherapy session which can takes about 30 minutes (the rest of the time is used to take a client into a trance and setup the machines) the client becomes totally indifferent to the condition and can take it or leave it after that. Nothing works as fast and as effectively as deep hypnosis for gambling addiction but you try telling your doctor that.

For Gambling addiction the NHS has absolutely no answers at all and yet the ASA think people who can't be helped by the medical profession need medical supervision in order to quit gambling, why, is the doctor going to give the patient a kiss of life if he/she stops gambling? I know stupidity should have its limits but this goes way beyond stupid.

All Class-A/B drugs (apart from heroin or methadone) and Alcohol (regular and binge)

Before we move on to our own methods let's look at how the NHS deals with these addictions:

How does the NHS treat cocaine and crack cocaine addiction?

Treatment for dependency on cocaine, either powder cocaine or crack cocaine, can take many different forms. There is no one-size-fits-all solution.

Some people choose to quit completely, while others find a more gradual approach works best for them. Unlike treatment for heroin, there are no medicines that can substitute for powder cocaine, crack cocaine and other stimulants.

However, you may be offered medication to help with related symptoms, such as sleep problems.

<http://www.nhs.uk/livewell/drugs/pages/drugs-recovery.aspx>

As you can see the NHS have no answers for these addictions, not even drugs. They can however help you with the symptoms and offer you sleeping pills. As there are no side effects after hypnotherapy even sleeping pills are not necessary plus we deal with insomnia as part of the treatment during the first session. Anyway, the NHS doesn't provide any medical supervision for cocaine or crack cocaine addiction yet the ASA insists that we need to provide medical supervision to help people like these? Am I missing some kind of convoluted logic here?

How are designer drugs such as ecstasy treated on the NHS?

The NHS has no treatment protocol for these drugs but shares a stor: Pearl Lowe: 'My drug addiction hell' who used NA to get clean.

Pearl Lowe has written a book about her battle with drugs. 'All That Glitters' is published by Hodder & Stoughton.

<http://www.nhs.uk/livewell/drugs/pages/pearllowe.aspx>

The NHS has no answer for designer drugs such as ecstasy. On their website they suggest you go to the Narcotics Anonymous were you listen to other peoples problems. However, there is no medical supervision provided by the NA so why do we need to provide medical supervision to treat the same conditions? I am really getting confused now.

How is heroin addiction and opiate addiction treated on the NHS?

Stabilising your heroin habit

If you're addicted to opiates and usually take them every day, and if you're prepared to change your drug-taking habits, you may be prescribed a heroin substitute, such as methadone or buprenorphine.

At first, a heroin substitute will be prescribed at a level that minimises your withdrawal from heroin. Methadone and buprenorphine help you to:

stabilise your drug use
stop using illegal drugs

change risky behaviour, such as injecting and sharing needles and equipment
stop the need to commit any crimes to fund your habit

Talking therapies for addiction

As well as prescribed medication, talking therapies, such as counselling, can help you to understand and overcome your addiction and plan for your future. You may also be offered couples therapy if you have a partner who wants to support you. Or you could be offered family therapy to help you and your family change your behaviour around drugs. A care plan will be developed to identify any other help you need, and your keyworker will make sure you receive this help.

Your keyworker may arrange help for you with issues such as housing, benefits, education and employment. You may be offered the opportunity to learn computer skills or try activities, such as sport and exercise.

<http://www.nhs.uk/Livewell/drugs/Pages/Herointreatment.aspx>

Okay, so the NHS has only one answer and that is to give you a heroin substitute and talking therapies, such as counselling. Strange we keep coming back to talking therapies over and over again where there is no medical supervision because the therapist is not medically trained. However, the ASA insists that although we are in the same boat as the therapist the NHS sends you to, we need to provide medical supervision. It seems that there is one rule for the NHS and another rule for the rest of us. Also, as you will see from our own experience putting someone on a heroin substitute is the worse thing you can do to them, it does not help but prolongs a person's agony. Anyway, coming off heroin is not life threatening so why do you need medical supervision for it? With our system people suffer very little physical or emotional discomfort and a week after starting the course are free of their addiction, with the NHS you have to take methadone forever and never be free of heroin.

How is alcohol addiction treated on the NHS?

Treating alcohol misuse

How alcohol misuse is treated depends on how much alcohol a person is drinking. Treatment options include:

detoxification - involves a nurse or doctor supporting you to safely stop drinking; this can be done by helping you slowly cut down over time or by giving you medicines to prevent you experiencing withdrawal

counselling - including self-help groups and talking therapies, such as cognitive behavioural therapy (CBT)

medication - there are two main types of medicines to help people stop drinking; the first is to help stop withdrawal symptoms and is given in reducing doses over a short period of time; the most common medicine that's used in this way is called chlordiazapoxide (Librium); the second is a medication to reduce any urge you may have to drink; the most common medications used for this are acamprosate and naltrexone; these medicines are given at a fixed dose and you'll usually be on them for 6-12 months.

<http://www.nhs.uk/conditions/Alcohol-misuse/Pages/Introduction.aspx>

The NHS answer to your drinking is to help you detoxify safely by getting you to slowly cut down to safe level then stop drinking. That is exactly what we do with clients who are chronic alcoholics.

They then suggest self-help groups and talking therapies such as CBT. Believe it or not, hypnotherapy is a talking therapy but is much faster and more profound. So instead of six months of CBT you can quit drinking in just two hours. Also, where does the medical supervision come into CBT? Medical supervision is not required in CBT therapy and should not be a requirement for us.

Finally, the NHS can provide you with medication such as Librium to stop sudden withdrawn symptoms, which could be fatal. We ask our clients in the same category to do the same, work with their doctors or get a home detox kit from the NHS then come to see us where they will lose the desire for alcohol in one two-hour session. The NHS can also provide you with other medications such as Naltrexone. For hardened drinkers we tell our clients about Naltrexone and the Sinclair method of pharmacological extinction. The Naltrexone route can take up to six months and out of the thousands of people we have helped to quit drinking only one had previously quit with Naltrexone but when she compared it to our method she says there was no comparison in the effectiveness of our method compared to the drug based methods. She lost all desire to drink alcohol with us in the first two-hour therapy session. One client took Naltrexone religiously for six months and derived no benefit what so ever. The NHS can take up to 12 months, we take one two-hour session and at the maximum, four two-hour sessions to get someone to quit drinking.

Our method is not only safe but compared to the NHS it can be done in two to eight hours compared to six to 12 months on the NHS. The NHS treats addictions in the same kind of pathetic way it deals with insomnia and depression. And the ASA thinks we need to be medically supervised; I think the medical profession needs to be medically supervised to protect the public from their worthless offerings.

Now, lets see how we deal with all of the things the NHS is so useless at:

Alcohol (not chronic), cocaine, designer drugs (like M-Cat, Legal-High etc.), ketamine, MDMA (Ecstasy), mephedrone, khat, quat, cannabis and other's in this league are purely psychological and so after successful hypnotherapy you lose the desire instantly unlike heroin, methadone or cigarettes. So one minute you are climbing the wall if you don't get your drug and the next moment you have a total indifference towards the drug. You can get self-hypnosis CD's for all of these and a lot of people are quitting using self-hypnosis CD's. So if you go out and purchase a self-hypnosis CD and quit on your own, can you tell me, what role does the medical profession play in all this?

So what does a doctor do for you if you go and see him with any of these addictions? They will tell you to pull yourself together, or prescribe you anti-depressants or/and beta-blockers. They may ask you to go to the drug or alcohol charity or suggest counselling. If you ask for the anti-abuse or the new NHS stop drinking pill they will tell you to go for six month of counselling before they will consider giving you the pill. Also, as a good measure they will write to the DVLA if you tell them you have just been to a rehab. So not only are you some £10,000 to £20,000 lighter but you will have just lost your driving licence.

Here is the full list of people who have quit drinking and overcome their cannabis and class-A drug addiction with our help:

We Quit Drinking Alcohol Effortlessly In A Day

<https://www.youtube.com/playlist?list=PLC8CD5BD49169F3F7>

We Quit Smoking Cannabis Effortlessly In A Day

<https://www.youtube.com/playlist?list=PL0A169E33C8055E92>

We Quit Cocaine, Crack Cocaine and Heroin Effortlessly in a Day

<https://www.youtube.com/playlist?list=PLEFFD2AE1C483AC70>

If you look at the fist interview on Alcohol Addiction you can see how pathetic the NHS service is for this condition. Anti-depressants for six months, beta-blockers, counselling (cost him £1,000). He then went for a four-week rehab and started drinking within a week of coming out. The rehab suggested he goes through it again at the cost of another £10,000 if he has relapsed (With us if you start drinking again after 12-months then you only need to pay for just one session to quit again). His doctor then reported him to the DVLA and he lost his licence.

Now look at the second interview on the second day and can you see the complete mindset change in his relationship to alcohol after just one two hour session? What this person could not achieve with the full might of the NHS he managed to achieve in just one two-hour session with us. Now whom were you

calling the experts, the NHS and the medical profession who have not got the expertise on how to deal with addictions or people who are actually achieving the results?

Can some sane person explain to me why people need medical supervision if they decide to quit on their own using self-hypnosis CD or with the help of structured hypnotherapy from a good hypnotherapist?

Heroin and Methadone Addiction

If you go to your doctor then he will send you to the NHS drug clinic that will put you on a script of methadone. You have to go every day and they will make sure you take it in front of them. If you miss two days then you have to wait for six months before you can re-enter the programme. Everyone keeps taking the heroin and the methadone so as time goes by, you need more or more to have the same effect and you need even more methadone to stop the withdrawal symptoms. Eventually as methadone is 10 times more addictive than heroin you become institutionalised and have to take methadone forever. Nice way to guarantee jobs for life for doctors but it provides no redeeming value for the patient. Here is a client who talks about how the NHS treat heroin addiction with methadone and how easy it was for her to quit with our help:

I quit smoking crack cocaine and overcame my heroin addiction with life principles

<https://youtu.be/HwqOKb6T1HQ?list=PLEFFD2AE1C483AC70>

<https://youtu.be/O7jZhbGfTyo?list=PLEFFD2AE1C483AC70>

Here is another client that has been smoking heroin for 20 years and for 15 years he has been put on 40mg of methadone by the NHS with no chance of getting better eventually coming to see us and quitting in the first two-hour session. He completely settled down after a few days and gradually weaned himself off methadone. What the full might of the NHS and the medical profession could not achieve in 15 years we manage to do in days:

I quit stopped using heroin and methadone easily with LifePrinciples

<https://youtu.be/yBS3Qufk2uo?list=PLEFFD2AE1C483AC70>

This person has also undertaken several rehabs with the NHS and this is what he had to say about them:

“With the NHS after a few days I was curled up ready to die. I also could not sleep for two weeks. With you I did not suffer the terrible withdrawal symptoms apart from a slight tummy upset that passed in days. With you I also had no problems sleeping.”

If you look at the English Dictionary you will find that a professional is someone who can do the job quickly, safely and effectively and is not based on your qualifications. So the medical profession has no mandate to treat addictions when they don't even understand them and have an abysmal track record, putting peoples lives in danger for personal gain. One day a law should be passed that it will be a criminal offence for the medical profession to deal with depression, insomnia and addictions. As for the ASA, stick to what you know and don't be guided by the BMA who are a trade association for doctors who have an abysmal track record when dealing with addictions, depression and insomnia.

For cigarettes people totally settle down after about 4 days then they start to experience freedom like never before. For heroin addiction people go through nothing more than a mild tummy upset. For methadone people go through nasty flu like symptoms that last about a week then gradually people get their strength back over a number of months. Apart from chronic alcohol addiction none of them are life threatening, so why do you need medical supervision for any of these conditions?

Chronic Alcohol Addiction

I have seen so many people go to rehab paying anything from £10,000 to £80,000 only to come out and start to drink within days or weeks of coming out. Some people go to hospital for a physical detox and are back on the booze within days of coming out. So the medical profession calls this a disease as they don't have an effective cure for it and the government guided by the BMA will give you an allowance so you can drown your sorrows with alcohol for the rest of your life at the public expense. We get so many doctors coming to see us to quit drinking alcohol, so if they were so good why do they need our help – and they never insist they need medical supervision to treat their condition.

Even chronic alcohol addiction can be dealt with safely by insisting the client enters into a home detox using Valium or Librium from his/her GP before coming to see us. This adds another week to the treatment protocol but is extremely safe. Or the client can agree to taper down alcohol consumption with the help of his/her family over two weeks then come and see us. By using these safeguards not a single person has ever suffered any ill effects. So as you can see, even chronic life threatening alcohol abuse can be treated successfully without the need for medical supervision. The only thing needed in all these cases is common sense and not medical supervision.

If client goes to his/her GP for any addiction they are either told to pull themselves together or go to one of the charities like the AA, NA, GA or one of the many government Quangos like Aquarius. Or if they are lucky they may be referred to counselling (which you have to pay for) or given some kind of ineffective prescription drug. If you are very lucky then you may be given a Valium or Librium home detox or sent to a hospital detox. Most people start drinking as soon as they have finished their chemical detox or come out of rehab. None of the charities are any good as indicated by all of our clients where you have to go to endless meeting listening to other people's problems.

Now have a look at the pathetic success rate achieved by the medical profession:

A story of the pathetic way the NHS and the medical profession deals with alcohol and cocaine and crack-cocaine addiction:

https://youtu.be/libW_OyBWK8

<https://youtu.be/bxTKm4veW0A>

<https://youtu.be/8PLaq3wEhV4>

Another story of the pathetic way the NHS and the medical profession deals with heroin and crack-cocaine addiction:

<https://youtu.be/HwqOKb6T1HQ>

<https://youtu.be/O7jZhbGfTyo>

<https://youtu.be/yBS3Qufk2uo>

Do you need to be formally qualified to treat people with addictions?

No, experience is more important than former qualifications. Bill Gates dropped out of University but did it stop him from inventing the operating system and go on to become a billionaire? There are a lot of accountants who are Qualified By Experience (QBE) earning £50/hour and making a good living. A lot of these accountants are highly sought after by industry. There is a UK University who awards you a PhD for writing up unique life experience like the work I do on addictions, insomnia and depression. So to assume that you need to be medically qualified to deal with issues like additions, insomnia and depression is extremely foolish when the medical profession have shown monumental ignorance in these areas by their pathetic track record.

If you go through the NHS and rehabs (which are medically supervised) and fail over and over again then you go to a good hypnotherapist only to be told by the ASA that you need to be medically supervised then you are being told that you can't have this treatment and you have to go back to the orthodox methods that have already failed you. The doctors can't treat you with hypnotherapy as a treatment because the BMA bans them from using unapproved protocols and, if they persisted in being foolish, they could be struck off.

So they are damned if they do and they are damned if they don't. And who loses out at the end – you. This seems a bit of a recursive argument if you think about it – you need to be medically qualified to help you quit gambling – but you are barred from using the only protocol that works, hypnotherapy? If you keep thinking about that kind of convoluted argument then very soon you will need to go on anti-depressants yourself and who best to treat your depression, the medical profession. Well you need to be medically supervised and you end up at the Priory where you do get medical supervision but nothing else. Here is one person who made the mistake of taking this route and wished he hadn't:

<https://youtu.be/3uFfd6s-QRY>

We reject the ASA's rule that you need to be medically qualified to undertake the sort of therapy we offer. There is no justification for insisting that you need medical supervision for addictions such as gambling. This cannot be upheld in the court of law and if required to fight this injustice we will get all of the therapists to help put together a class action lawsuit against the ASA and CAP for the commercial damage they have caused us all over the years. No one can impose an unjust blanket rule on others, not even the ASA and absolutely no one is above the law.

Now lets look at the issue the ASA has with our advertising:

Hypnotherapy Birmingham - A Known Fact:

Using a combination of Hypnotherapy, NLP, Timeline, Laser & Bioresonance, laser therapy in Birmingham it is entirely possible to overcome any substance or process addiction (apart from opiates, some pharmaceutical drugs or chronic alcohol addiction) in a single day. We have been enabling people to, quit cigarettes, quit cannabis, quit gambling, quit alcohol, quit cocaine and crack-cocaine, quit designer drugs, quit sleeping pills, quit anti depressants and quit heroin in one single day for over 10 years.

From our documented results, yes this statement is true even for Heroin Addiction. And out of the 5,000 people treated so far, for every condition under the sun, including heroin, sleeping pills and anti-depressants, no one has suffered adverse side effects so medical supervision is neither needed nor required. Does it matter what part of this combined treatment works? The fact of the matter from our documented results is that not only does it work, but also undoubtedly it works for the vast majority of our clients.

The orthodox method of treating addictions simply does not work for the vast majority of people. This is because the orthodox method involves a huge amount of misery, pain – and even desperation. Nobody needs to go through such pain and misery. You can overcome your addictions, quickly, easily and effortlessly without physical, emotional or financial pain. All you need is the desire to change your life by travelling to Birmingham and giving a leading-edge scientific method a try. We do the rest. Incredible as it sounds, people can overcome heroin addiction in just three days without much more than a tummy upset.

True, that is exactly the experience of our clients. The orthodox methods are not only ineffective (2% success rate) but also incredibly dangerous and incredibly cruel. Going into a rehab is an expensive business and as you can see from the video below is totally ineffective for a majority of people (financial pain):

<https://youtu.be/O7jZhbGfTyo>

<https://youtu.be/HwqOKb6T1HQ>

<https://youtu.be/bxTKm4veW0A>

<https://youtu.be/yBS3Qufk2uo>

Quitting anything on the NHS takes an enormous amount of physical and emotional pain. And who says this treatment is essential, God? No treatment that puts people in mortal danger is essential, necessary or safe. The NHS treatment for quitting smoking is immoral serving only the drug industry and the legalised drug pushers in the medical profession.

Also, the way you measure successes with the NHS is unscientific – you only need to quit for four weeks out of 12 to be counted a success. If you consider the habit of smoking then treating the problem physically

is nothing short of stupid. So why do they carry on with a system that is utterly useless? The story below may explain why:

Stop smoking adviser Harry Singer pocketed £90,000 with bogus quitters

Harry Singer had single-handedly helped 2,017 people to stop smoking in six months, receiving £45 from the health service for each successful case. His efforts with patches, gum and willpower allowed the NHS trust to shatter its local target and earned him a nomination for a national Stop Smoking Supporter award. There was only one problem: none of his success stories was genuine. The Times, August 21, 2008

Also, an evidence based system is open to fraud and there are a lot people getting caught with their hands in the till – you only need to stop smoking four weeks out of 12 to be counted as a resounding success. The only way to stop this kind of fraud is to get rid of the evidence-based system (designed for victory and not for truth) in favour of a success-based system (undeniable self-evident truth). We are more than willing to postpone our fees until the client has quit smoking for 12-months – the evidence will be 4-signed carbon monoxide results and a audio/video testimonial at the end of the 12-month period.

I remember one NHS smoking cessation counsellor - Susan - coming to see us to quit smoking and saying that it's very disheartening getting people to quit smoking with the NHS. She told us that out of a group of 20 people; only one was still a non-smoker three months down the line. She quit smoking instantly with our help. We also helped another NHS counsellor - Saab - who had stopped smoking with the patches, but couldn't overcome the psychological part of the problem. He told us that he has never stopped wanting a cigarette even though he no longer smoked. He completely settled down after the hypnotherapy and never thought of having a cigarette again. Saab was so impressed with the results that six weeks later he referred his friend Simon to us for weight-loss. Here is a case that typifies the pathetic success rate of the government stop-smoking programme:

Donald had exhausted every method of quitting smoking with the NHS including patches (numerous times), Zyban and finally the 'wonder drug' Champix. Absolutely nothing worked. He went to a hypnotherapist two years ago and quit smoking as easy-as-pie. Then he broke his leg and the trauma caused him to light up. This time he went back to the same hypnotherapist but failed to quit smoking (the hypnotherapist had changed his procedure - introduced headphones and music). Finally, Donald came to see us on Wed 14th Aug 2008 and quit smoking instantly with our help. He has come back for his second check-up 12-months later and he still had no desire to smoke.

His friend John had tried to quit smoking with patches (5-times), Zyban (3-times) and Champix (12-weeks) but failed miserably every single time; he quit smoking with our combined system in the very first session

With the NHS you can quit smoking and become fat as you can replace cigarettes with food, or become depressed, or both. Here are two people who quit with the NHS and put on loads of weight:

https://youtu.be/n2MU_S8j3C8?list=PL3BS2vFepqXNI7Y8alhLXFthjt0OaQ7qJ
<https://youtu.be/pmhTG3XtesE?list=PL3BS2vFepqXNI7Y8alhLXFthjt0OaQ7qJ>

Nisha came to see us back in Aug 2007. When she came in for her consultation, we discovered that she had a troubled past. It was quite clear that if we could not help her with her unresolved negative emotions then she would not be able to stay in remission for very long after quitting. During the first session, she just could not relax, so the hypnotherapy failed. The laser and the bioresonance helped her cut-down the number of cigarettes she was smoking. In the next session, we removed all the pain from her troubled past. In the third session, we repeated the session for smoking and she quit as 'easy-as-pie'. We can always turn things around - given half-a-chance - provided the client stays committed, even if things appear to be going badly wrong initially. If she had gone to the NHS she would have been put on anti-depressants but continued to smoke and you are telling me that the treatment the NHS provides is both essential and necessary?

We completely understand why people are going through years of misery trying to overcome their demons. After all, people used to die painfully from simple infections before antibiotics were invented. But how many others died unnecessarily before these 'wonder drugs' were widely known about – and demanded?

That is the experience not only of our clients but all third party research. The so-called-experts may pass themselves off as experts but most don't have a clue how to treat addictions or depression at all. They use broken tools (approved drug based methods) that are unsafe with a 2% success rate. These people don't actually serve the public but their own pockets by becoming a delivery system for and drugs companies pushing dangerous and useless products onto the unsuspecting public. They are abusing public trust and going against their Hippocratic oath – do least damage. So these are the experts, experts at what? We pick up all the damage they are doing to their patients.

The reason it can take so long for 'society' to catch on when there are better ways of doing things is our natural tendency to suspect the new and rely on the 'experts' in the 'establishment'. It takes pioneers both to invent and to try out new methods, and not many people have the courage to be pioneers. Now that we've done the hard work, do you have the courage to be one of those who will give it a try?

If the NHS offering were undertaken privately where people had to pay for their pathetic treatments then they would rightfully go bankrupt within a year. But because it's a state funded monopoly, it can get away with pathetic results and hide behind monolithic lies. Modern medicine is a deceit beyond comprehension. Many people trust the NHS completely and think that endless pockets come with some kind of divine knowledge and the medical profession are working for their benefit not realising they are working for a corrupt a system (evidence based) and have become in a way, modern day drug pushers for the Big Pharma. At least drug pushers give you some redeeming value but these legalised criminals give you none. To force you onto products that can be life threatening with a long-term success rate of just 2% is immoral beyond belief. Hiding effective methods such as hypnotherapy from people is criminal.

There is a saying that the reasonable man adapts to the present circumstances while the unreasonable man tries to get the circumstances to adapt to his wants and needs – and the punch line is 'All progress depends on the unreasonable man'. Be the 'unreasonable man' (or woman!) today by taking the first step to reclaim your life quickly and effortlessly.

If people were not left alone to innovate then you would still be lighting your way through life with kerosene lanterns and crossing the continents in wooden ships. You would be given mouse droppings or bled if you got ill by the butchers in the health industry passing themselves as doctors. When the NHS finally bankrupts this Nation with its pathetic offerings will they start to look at safe and effective alternative methods but for now the sick monopoly of the Big Pharma reigns supreme and the medical profession and the NHS have simply become a delivery system for their sick monopoly on health.

We reject ASA interim findings and we feel that justice will not be served unless an independent body looks at this evidence that have no affiliations with the government, the ASA, the pharmaceutical industry or the medical profession. We feel that our success rate on treating smoking cessation delivers exactly what is says on the tin, to quit smoking easily in a day. We also feel that treating all other conditions that we treat every day and have been treating since 2002 does not need nor warrant medical supervision. No one to date has become ill or had any undesirable effects from our safe methods where as drug based methods have killed and maimed millions of people.

We demand a judicial review of the ASA's insistence that medical supervision if a requirement for addictions. We also demand an independent review of our success rate with quit smoking. A 73% success rate for smoking cessation, compared to the pathetic NHS 2% success rate, is an asset to humanity and for the ASA to reject that shows a total lack of understanding.

Summary

Can we get people to quit smoking in a day?

Yes we can! We have provided a very detailed submission of our results where we have demonstrated a 77% success rate charted over 12 months. In the vast majority of cases people quit in just one two-hour session. Compare this to the NHS 15% successes rate over 12 months. We use a carbon monoxide monitor, the NHS can make up names or relay on telephone interviews where the patient can be embarrassed to speak the truth. We use scientific methods to measure progress; the NHS uses unscientific methods to measure their success rates. Even then, we knock the spots off the NHS' unsafe and life-threatening drug based methods. Our methods are harmless; the NHS' methods can be fatal.

Does the therapy require medical supervision?

We have demonstrated by overwhelming supporting evidence that even the NHS don't provide medical supervision for some of the things we treat. So medical supervision is not a necessary pre-requisite in dealing with addictions, insomnia or depression. The NHS does not provide any medical supervision for most drug addictions apart from heroin and chronic alcohol addiction. Apart from chronic alcohol addiction no other addiction is life threatening as per the NHS' own admission, so medical supervision is neither necessary nor essential. As we use the same safeguards as the NHS for chronic alcohol addiction there is no requirement for medical supervision even in this case.

Do we discourage essential or necessary medical treatment?

Not at all, no one can do that even if they wanted to and we have no intention of doing that. We offer an alternative treatment to the statutory provisions that are safer, more effective and much faster at a fraction of the cost. Also, treatment that puts people in mortal danger and has dubious success rates can neither be referred to as essential nor necessary.

So we reject the interim report that we discourage essential or necessary treatment.

Conclusion

We reject the ASA's interim report in its entirety and demand a judicial review of the CAP's guidelines on the areas we have had to deal with. We would like someone completely independent of CAP. ASA. Government, the NHS or the medical profession to look at these guidelines and bring them out of the stone age and into the 21st century or there will be no justice for the therapist but moreover there will be no justice or choice for the common man. The stranglehold that the corrupt Allopathic Medicine has over humanity has gone beyond a joke. It's about time someone started to look at the truth.

One final note, we are not a limited company but a husband and wife partnership.

Shokat Ali 20-05-2015