GTEST

Understanding the results.

The largest long-term study on glyphosate contamination

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Good day.

Thank you for participating in our project.

Like many before you, you may be wondering how to classify the figures you have now received back from the laboratory.
We would like to give you a little orientation with this document.

More than 6 years ago, we first became aware of a possible problem with the weed killer glyphosate after watching a TV documentary.

In this documentary by the German-French TV channel Arte, a professor named Prof. Monika Krüger from the University of Leipzig spoke of problems that had been shown mainly in animals in whose bodies residues of the weedkillers active ingredient glyphosate had been discovered.

As a then fast-growing online community concerned about good nutrition, we had noticed a few oddities in the use of food in the months before.
For example, 6 days a week we had left out certain foods that we had noticed had an impact on wellbeing and health, but especially on body weight and therefore probably on our metabolism. We noticed side effects on the seventh day, when we used all the foods for motivational reasons.

The statements of the university professor were now a possible answer to our questions. Therefore, we started to look a little closer and to do some research.

With about 200 volunteers at first, we tested whether it was as the professor said. Because she had found that even in people at her university, no samples could be found that did not already have the total herbicide in their bodies.

The result of our test run was shocking for many of us.

Although we were actually very careful about what food we used, 70% of the test persons were positive for a residue.

And we all asked ourselves the same 3 burning questions:

1) Where does it come from?
2) What does it mean for our health?
3) How can I get rid of it?

The first thing we did was to take a closer look at the specifications of the authorities. In doing so, we actually came up with more questions than answers.

Questions like:

Why is the same glyphosate in wheat, maize or soy supposedly less dangerous and a higher residue allowed according to EU directives than in other foods? And how do such enormous levels get into wild mushrooms that 50 times more residues are allowed because otherwise they are not allowed on the market at all?
Where do the limit values come from, who sets them and how are they determined?

And why are there no guideline values for glyphosate in our bodies, above which one clearly says: there is too much here?

We talked to international scientists working on this issue and read a lot of studies.

The result surprised us: no one could give more precise information, e.g. what the limit values in urine are or what it means in terms of health. Because it was never intended that these residues would reach the body in the first place.
And yet it happens. To so many people.
And unfortunately, it seems to happen constantly, chronically.

Glyphosate is now found in rain, in the air we breathe and a lot of it in food. Even in the food we give to our youngest children. And glyphosate also enters a foetus via the umbilical cord. With what consequences?!

In fact, there are very strong financial interests that exert their influence on glyphosate legislation, and unfortunately very successfully.
If a manufacturer needs an increase of a limit value due to constant exceedances of fixed limit values, this is applied for at the EU, which usually allows this without further meaningful scientific examination without any problems. Currently, for example, the limit values in honey are being raised after many beekeepers had to dispose of their honey as hazardous waste because too much glyphosate was found in it.

From various cancer lawsuits in the USA we further learn that these financial interests do not work with fair means and deal very cynically with people's health and lives. The so-called "Monsanto Papers" have provided an impressive insight into the reality here.

What are the limits and how reliable are they?

There are a few limits, such as the so-called Allowed Daily Intake (ADI).
However, this seems to be more of an invention to reassure the population, because it is neither compiled on the basis of serious health facts that are satisfactorily explained, nor does this value actually distinguish between important parameters, such as the fact that this substance already reaches foetuses via the umbilical cord, and their body weight is clearly different from the 60 kg that is virtually assumed in the ADI.

How did our research continue?

As we were looking for answers to our 3 questions, we started to expand the number of subjects and issued a questionnaire that had 2 main objectives:

1) We wanted to understand where these residues were coming from.
2) And we wanted to understand what possible health challenges were likely to be associated with which level.

And so in the meantime we have been able to collect a lot of data on contamination within the population.

Even though our study is not yet completed, we can already give first well-founded results based on the data material and the evaluation.

People who choose organic food are measurably less contaminated.

The data material clearly and regularly shows that people who often choose so-called organic products when buying food have significantly lower levels in their urine; here the value of 0.8 nanograms per milliliter has almost consistently been found.
These people report virtually no health problems from the list of possible diseases associated with chronic exposure to the herbicide. You find this list at the end of the document.

Although of course we cannot yet say definitively that there are no long-term problems with chronic exposure, we can already deduce 2 things from this:

1) Using organic food very significantly reduces the likelihood of exposure.

2) Those who have certain health challenges should test for themselves whether lowering the glyphosate load in the body may not bring significant improvements in health.

Thresholds

This is especially true at the following thresholds:

Anyone who got 1.5 ng/ml or more back as a result from the lab has a relatively high probability of gastrointestinal problems.
These apparently result from the fact that the antibiotic effect of glyphosate causes lasting damage to the intestinal flora and throws it out of balance.
There also seems to be a connection with allergic problems such as respiratory problems and asthma.

Above 2.0 ng/ml, autoimmune diseases are very common. The good news is that many of the associated symptoms improve once you lower the glyphosate load.

Above 4.0 ng/ml we get serious feedback on diseases like cancer.

Advice / Recommendations

DISCLAIMER:
These recommendations are neither a promise of a cure nor do they claim to be complete. They are the result of 6+ years of observation and the experience of our test persons. They are an attempt to take the problematic situation of those affected into one's own and personal hands.

The current advice from all this data could be:

Anyone with a reading higher than 1,5 ng/ml with health challenges from the list at the end of the document should try to find and learn to avoid the sources of their contamination.

Products made from raw materials produced via conventional agriculture are particularly suspect as possible contaminants.
This is especially true for grain, maize, soy, gelatine and milk.

Under certain conditions the contamination can be originated by cotton, especially in diapers. Glyphosate is water soluble so sweating or liquids can set residues free. The uptake over the skin is measurable and often results in inexplicable skin reactions".

The third question

As mentioned before, a recurring question is how to get rid of glyphosate in the body.

Our focus is also on this and we are in regular contact with several scientists, doctors and physicians on this.

The current status on this is:

1) A part of the ingested amount will undoubtedly be excreted after a while.

2) The beta half-life in the body is 7 - 14 days.

3) Part of the glyphosate is irreversibly incorporated in the body, among other things in the bones and in protein chains.

4) At present, we are not aware of a working way to effectively reduce glyphosate active in the body more quickly, nor to increase the rate of excretion.

5) The current approach must therefore be to neutralise the damaging effect in the body while it is present and to reduce the amount of glyphosate via food as soon as it is ingested, i.e. to avoid ingesting contaminated food as far as possible.

6) Furthermore, if the presence of glyphosate is proven according to the analysis results (at least at 1.5 ng/ml or above), it is of course advisable to alleviate any damage that is likely to result.

The currently best possible way to do this, apart from the general priority of reducing intake, is to neutralise the glyphosate already in the body.

One remedy that we have been able to identify as measurably effective is the ingestion of humic or fulvic acid. In order to keep our work here comparable, we have regularly recommended the same remedy in our affected groups. This is sold in Germany under the name "Activomin" and is available without a prescription.

PROTOCOL

With a load of 1.6 to 2.0 ng/ml and higher, the following protocol has proven successful.

10 days 2 capsules each shortly before the 3 typical meals

20 days 1 capsule each shortly before the 3 typical meals

This uses up the packaging size of 120 capsules.

Since it is not possible to 100% exclude the possibility of ingesting contaminated food in real life (e.g. eating with friends, in a restaurant or in a canteen), it is recommended that one or two capsules of Activomin be taken in advance of suspicious food (e.g. pasta, pizza), depending on the portion.

Harm reduction

1) Mineral deficiency

The blood values of stressed persons regularly show deficiencies of zinc, manganese, iron, selenium, copper, and the like, the first two of which play a very important role in the immune system. Therefore, taking these minerals at levels of 1.5 ng/ml and higher is a good idea. Taking blood levels beforehand is of course useful to make this more targeted.

2) Vitamin D3 deficiency

Glyphosate suppresses the formation of active vitamin D3. Here, too, we have been able to prove measurable deficiencies in various measurements of affected persons.

Here, substitution with appropriate preparations may be necessary. After lowering the glyphosate load, a temporary intake of vitamin D3 was no longer necessary.

3) Intestinal flora
From a value of 1.5 ng/ml, damage to the intestinal flora is regularly seen. These are probably caused by the antibiotic effect of glyphosate.

Here, essential, helpful bacterial strains, especially lacto- and bifido-bacteria, are attacked. The resulting space is taken over by less helpful to harmful strains. This imbalance causes discomfort and subsequent damage. A restoration of the balance can be initiated with natural means (bionatural yoghurt without added sugar, sauerkraut juice), but also with cooled medical preparations. A good result can be achieved in short periods of time (1-2 weeks), which can be controlled quite reliably even by laypersons, e.g. via firmer stools.

How can I get involved, how can I help?

For us, it is important to collect as many data as possible in order to be able to reliably identify patterns. And to back up our point that this contamination is an underestimated danger with hard facts. Although there are of course ways to donate to our work via the known email address, it is more valuable for us if our work is publicised in such a way that we can get more volunteers to participate in our project, enabling further scientific results. Both helps in its own way.

And especially people with the health challenges mentioned could possibly live a better life with far fewer unnecessary symptoms through your tip and the lowering of their glyphosate load.

Further info

What does "Nachweisgrenze" mean?
This is the German word for “limit of detection”, which is the lowest possible amount to produce a scientific valid reading with the method used. There can be lower residues even if the result is reported as “< 0,5ng/ml” but they cannot be determined precisely enough to be used for science.

ADDENDUM

List of suspected clinical conditions associated with chronic exposure to glyphosate in food (not complete, possibly subject to later extension)

ADS/ADHS
Alzheimers
Listlessness
Asthma
Autism (testing person/children)
Autoimmune diseases
Bipolar Disorders
Breast Cancer
Colitis Ulcers / Intestinal inflammation / Celiac disease
Dementia
Depression Depressive moods
Lymphoma
Diabetes Type 2
Hashimotos
Learning difficulties in children
Stomach ulcers
Gastritis
Migraine
Multiple Sclerosis (also suspected)
Hypothyroidism
Sleep disorders
Parkinsons
Prostate cancer
Reflux / heartburn
Growth disorders in children
Malformation in children

List of foods suspected of containing glyphosate residues

After evaluating many published food samples in test magazines, newspaper reports on contamination and limit values in the EU database for pesticide residues and feedback from our test persons, we were able to compile the following list.

This list relates almost exclusively to production in conventional agriculture. Therefore, the provisional solution may be to avoid these foods or to buy them in genuine organic quality.

Pregnant women and couples who wish to have children should take the recommendation to go organic particularly seriously.

The ranking is in order of likelihood of high contamination. At the top, the most likely, most highly contaminated.

- **Cereals - all varieties, especially wheat, but also barley, oats.**
- **Soy - all products and derivatives (e.g.: baby food, soy-based sports/protein drinks).**
- **Maize**
- **Sugar**
- **Potatoes / potato flour**
- **Milk**

- Wild mushrooms
- Lentils
- Millet
- Honey
- Beer
- Wine
- Tea
- Wild berries
- Linseed
- Lupine seeds
- Mustard
- Rapeseed
- Sunflower seeds
- Meat: offal of beef, pork (especially liver, kidneys).

Other possible sources:

Cotton products:
Clothing, feminine hygiene(tampons/pads), nappies, bandages.

Cosmetic products:
Regularly used creams and lotions, especially those based on gelatine.

This list is subject to constant addition and is not complete.