



HDCs QUESTIONS and ANSWERS - Sidney M. Baker, MD

Q. I know TSO has been around longer and HDC is newer. What is the benefit HDC has over TSO?

A. When I first met Dr. Parker I had as much experience with TSO as any practitioner. He was and is a top researcher – and visionary – in the potential of mutualistic organisms to reduce the burden of microbiome depletion. I naively suggested that roundworms would ultimately get the vote for being the most effective. “No,” said he, and explained that HDC type (tape) give us good reason to expect their superior benefits. That’s why I switched and with Dr. Parker’s help learned how to raise the HDC’s for my patients. I had seen dramatic – sometimes miraculous – responses to TSO since I first started using them in 2006. I have been giving HDCs to my patients for the past year and, as my experience grows, I have every reason to agree with Dr. Parker’s opinion. Either way the decision for any person with a chronic illness to give them a try is governed by the same considerations as every medical decision. Risk, Benefit, Odds, Cost and Stakes. The risk of harm from HDC’s is nil. The potential benefit is great. The odds of success run high for individuals with Alopecia and lower for those with Crohn’s Disease. But how low do the odds need to be in a situation with reasonable cost and high stakes along with essentially no risk? More information about, and access to HDC’s can be found at www.biomerestoration.com where they can be ordered without a prescription and delivered to your home address.

Q. How often we would need to give the HDC’s?

A. There are two answers. a) In order to support a conclusion that we have given them a good try and they simply have not worked it may be necessary: to give 3-6 months trial - with increases in frequency and dose. b) Benefits are often seen within days to weeks. Depending on the size of the benefit and the dose and frequency at the time the benefit is maximized, it may take a year during which lower doses and longer durations are tested before a trial of discontinuation is to be considered. We have not had enough experience to judge how many people need to take how many HDC’s for maintenance.

Q. What are the negative effects?

A. In children a couple of days of hyperactivity 2-3 days after the dose is common. In children and adults transient changes in bowel movements – consistency, odor, gas – is to be expected. In one extremely sick 20 month old child with constant severe abdominal pain, reflux, and intolerance to nearly all foods, and failure to gain weight for 6 months, his symptoms worsened for about 10 days after HDCs before he broke through. Then he went onto make a full recovery of his bowel and autism symptoms. So, a transient kind of ‘die-off’ reaction may be expected with symptoms typical of those for which improvement is expected.



Q. What foods, medicine, herb, or species would we need to stop?

A. These tiny organisms are very hardy. I think that no antibiotic, antifungal, other medicine, spice, herb or food would be a deal-breaker. I would simply withhold any such remedies at the time of administering the HDC's.

Q. Could you get a rat tapeworm?

A. Yes. It is, however, exceedingly unlikely except in a person who is extremely malnourished, which was the case in one of my patients. We had to abandon the use of HDCs as a failure in a desperate struggle with his Crohn's disease. As he headed for a ileostomy a slender little tapeworm was seen on his pre-op endoscopy. It would have died from the anesthesia for his operation. The deal among this kind of tapeworm is 'first come, first serve' meaning that the first to take hold keeps any others from attaching. This way you end up with your own tiny pet tapeworm to maintain your immune tolerance and you don't have to take any more HDCs. This tapeworm, unlike others describe in scary stories, is not only comfortably small but does not travel to create mischief in other parts of your body, such as your liver or your brain! If you happened not to like your new pet you may take an anti-parasitic medicine to get rid of it.

Q. Some people have told me that "parasites are what is causing my child's problems and that he should take MMS to get rid of them."

A. The worms displayed in the poopy photos from people of this persuasion are mucous threads. Many in course of my career have been brought such "worms" to me fresh or photographically and they do, indeed, look a lot like worms. But they are not. Mucous when excreted from a gland, like toothpaste from its tube, will change like egg white in the frying pan when exposed to a high acid or alkaline environment in the fecal stream. MMS (Miracle Mineral Solution) is a cousin of Clorox® and, as such, is poisonous. The stress of being poisoned may recruit a healing response from a sick child just as might starvation, desperate flight from danger, or other forms of abuse. Thus, children may 'improve' after being dosed with MMS, but the whole idea is a dangerous fraud.