

PATHOGENIC MICROBES AND DISEASE:
CAUSATION OR CONSEQUENCES?

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***“When Health is Absent
Wisdom cannot reveal itself, Art cannot become manifest,
Strength cannot be exerted, Wealth is Useless, and Reason is powerless”***

HEROPHILIES - 300 B.C.

TAKING A PROPER PERSPECTIVE

To put human health and disease into a proper perspective, we need to first consider disease prevalence and longevity in the early times of earth's history. Based upon the best available evidence, when compared with today's population health standards, early humanity uniformly evidenced extraordinary physiological vital force, coupled with unbroken health, giant stature, and extreme longevity.

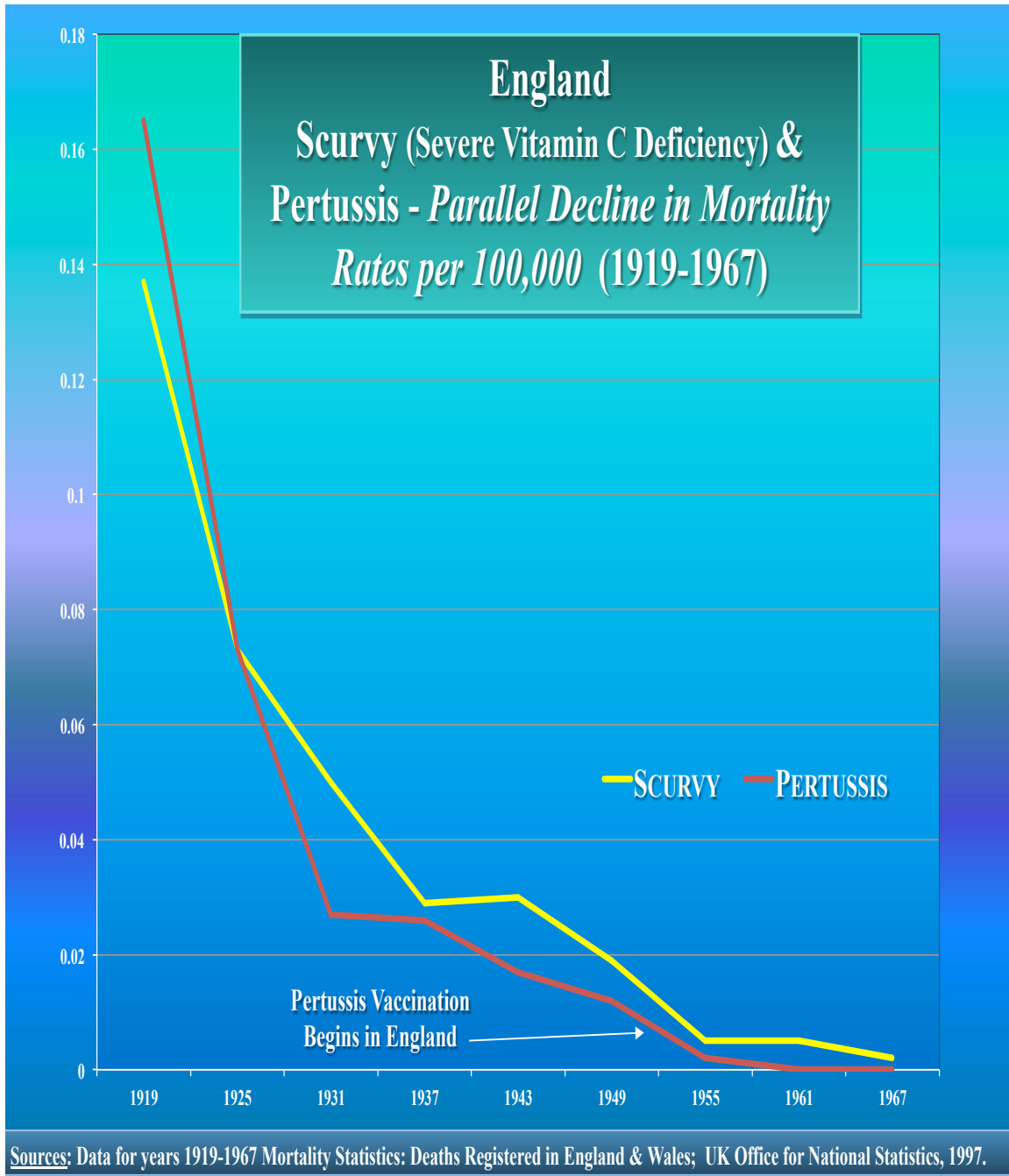
Increasingly reckless self-indulgences, guilt, fear and other negative emotions, soil-based mineral depletion, declension in atmospheric oxygen levels, and additional forms of adverse environmental degradation, together served to lessen vital force, and correspondingly erode human health and longevity. Consequently, over the millennia we see a general degenerative decline or devolution in human stature, health, and longevity.

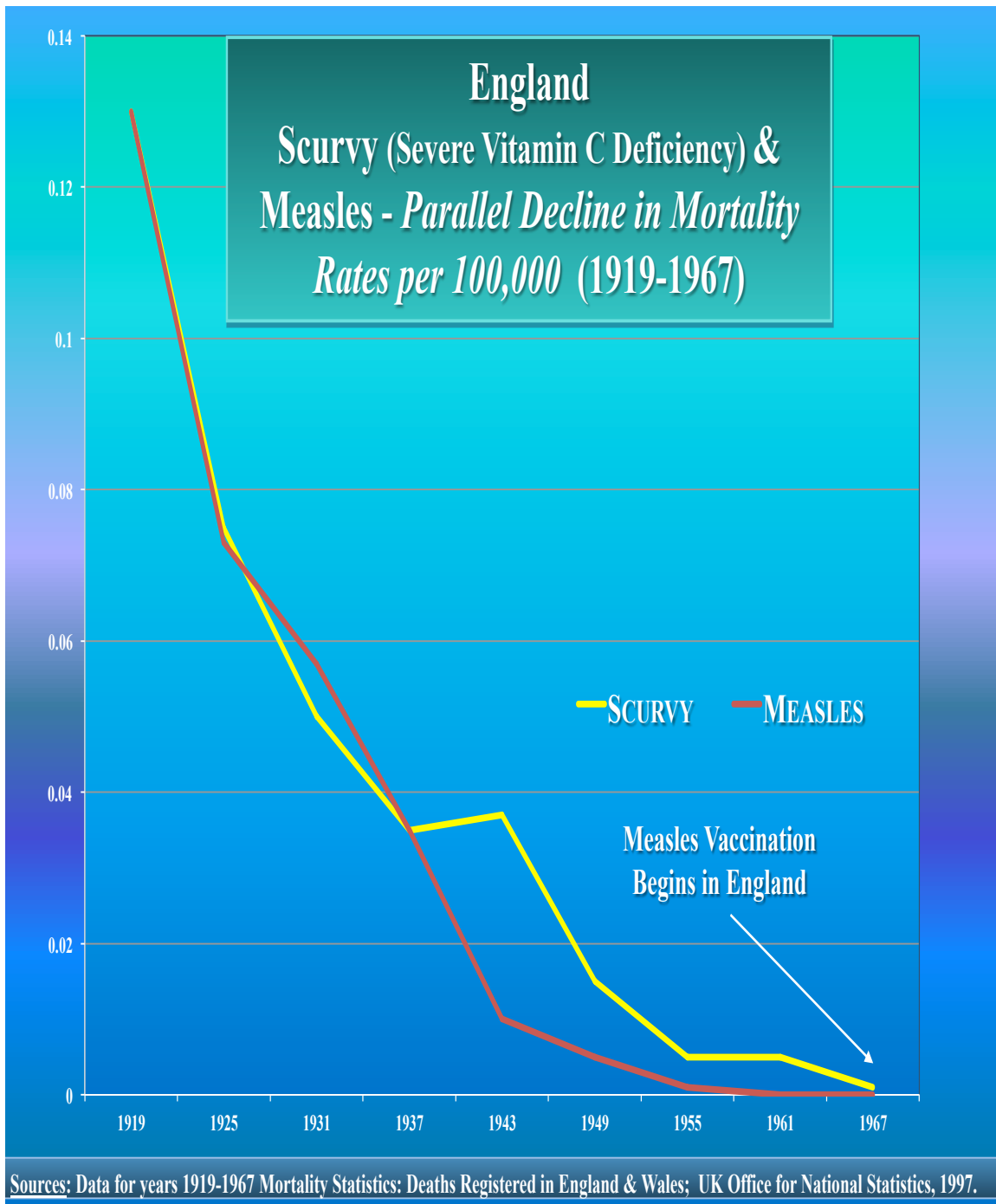
The only noteworthy historical exception to this degenerative pattern, was the wide-ranging eradication of many 19th century infectious diseases by the mid 20th century. This was due to socio-economic improvements and hygienic measures, transportation advances, and greenhouse technologies, which gave people in northern climates year-round access to fresh fruit and vegetables, which in turn – in most cases without benefit of medical prophylactic and treatment interventions - greatly ameliorated and in some cases totally eradicated the prevalence of multiple infectious diseases.

By midpoint in the 20th century, W.J. McCormick made the following key observation:

The usual explanation offered for this changed trend in infectious diseases has been the forward march of medicine in prophylaxis and therapy; but, from a study of the literature, it is evident that these changes in incidence and mortality have been neither synchronous with nor proportionate to such measures.... the decline in diphtheria, whooping cough and typhoid fever began fully fifty years prior to the inception of artificial immunization and followed an almost even grade before and after the adoption of these control measures. In the case of scarlet fever, mumps, measles and rheumatic fever there has been no specific [medical] innovation in control measures, yet these also have followed the same general pattern in incidence decline. ¹

I've prepared the two (2) tables below to graphically portray that the nutritional improvements which accompanied a massive reduction in Scurvy in England, occurred in parallel with a commensurate reduction in the two (2) once widespread infectious diseases of Pertussis (Whooping Cough) and Measles. Vaccination's very belated debut, made no visible impact on these two (2) diseases. (It is common knowledge that the potentially fatal deficiency disease Scurvy is both preventable and reversible with increased intake of Vitamin C, as abundantly found in fresh fruits and vegetables.)





Modern Medicine's Impact on Population Health

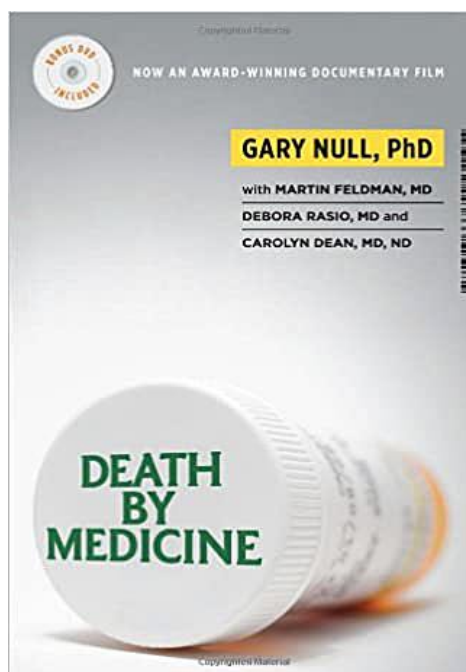
At an international health symposium, when referring to Thomas McKeown's seminal book **Role of Medicine**, J. Bunker incisively noted that:

“Based on cause-specific mortality reports for the century ending in 1971 ... life expectancy had increased by 23 years during the first half century, but McKeown was able to attribute no more than a year or two to advances in medical care. He presented no data on the harm that medical care might incur”

[McKeown's omission was despite the fact that] *“age-adjusted death rates were reported to be greater in countries with greater numbers of doctors, and presumably with more medical care. Equally difficult to explain, death rates for diseases amenable to treatment were reported to be greatest in areas with the most medical care resources.... Iatrogenic mortality may similarly help to explain... that greater numbers of doctors and medical resources, and presumably more discretionary medical and surgical care, are associated with higher death rates. Iatrogenic mortality is also reflected in the observation of brief but dramatic decreases in population death rate[s] when doctors strike and surgery for elective (but not emergency) operations are suspended.”*²

Before returning to the central theme of this paper, let's first consider a few more insights on the negative impacts of drug-oriented (allopathic) medicine on human population health. Thomas Moore, as *Senior Fellow in Health Policy* at **George Washington University Medical Center**, spent six (6) years researching and writing about safety issues surrounding prescription drugs. In his book **Prescription for Disaster**, published in the late 1990s, he warned that in the entire pharmacopeia of medical practice then existing, only four (4) drugs could be considered “safe”, and that *“adverse reactions to drugs rank as one of the greatest man-made dangers in modern society.”* with approximately *“...one million severely injured”* annually in the United States. Adverse effects of common prescriptions include: perforated ulcers, brain damage, addiction, cancer, cardiac arrest, and death.³

We are afforded with an even more grim warning in the book **Death by Medicine**, (revised edition published in the year 2011). The book's authors, have meticulously documented that annually in the United States there are an approximate: 2,200,000 adverse reactions to prescribed drugs, and 784,000 deaths related to medical prescriptions and administered treatments and interventions, which is a comparable loss of life to 1,568 jumbo jet total fatality crashes. Thus iatrogenesis, (from the Greek meaning *“brought forth by the healer”*) has in and of itself become the leading cause of death in the nation, actually exceeding the respective annual death rates for Cardiovascular Disease, as well as Cancer.⁴



UNBROKEN HEALTH, GIANT STATURE, & EXTREME LONGEVITY.

GIANT STATURE IN PLANTS, ANIMALS & HUMANS

In earliest times extremely long-life, and what is to our modern eyes gigantism, was normal in plants, animals, and humans. The early history of our planet afforded all forms of life with superior nutrition derived from extraordinarily rich soils, and maximally salubrious environmental conditions. Thus H. Morris observed that, “*Most modern creatures are represented in the fossil record by larger and more highly developed individuals than their modern counterparts.*”⁵ What follows is a brief examination of this fact relative to animals, and humans. (Although numerous examples of plant-life gigantism could be given, e.g. massive cattails growing to the height of 60 feet), for brevities’ sake, plants will not be addressed in our look at gigantism.

ANCIENT ANIMALS OF GIANT STATURE

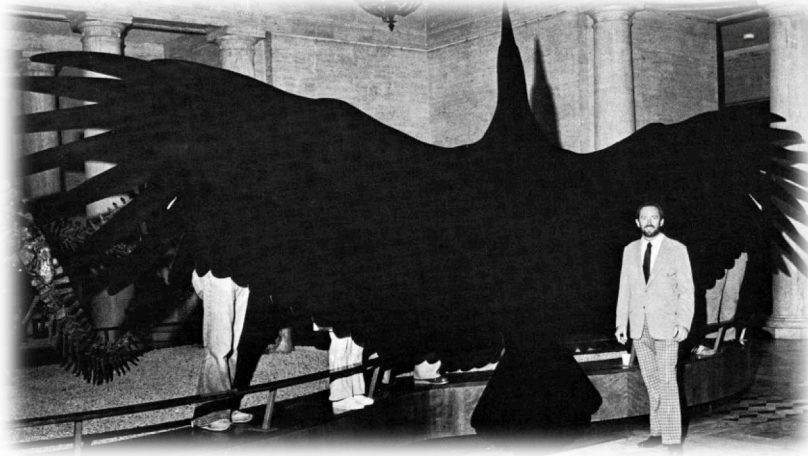
In 1954 a Bat skeleton found in a cave in the Sinaloa Mountains of Mexico is now housed in a Mexican museum. Its body is roughly equal in size with an adult human⁶



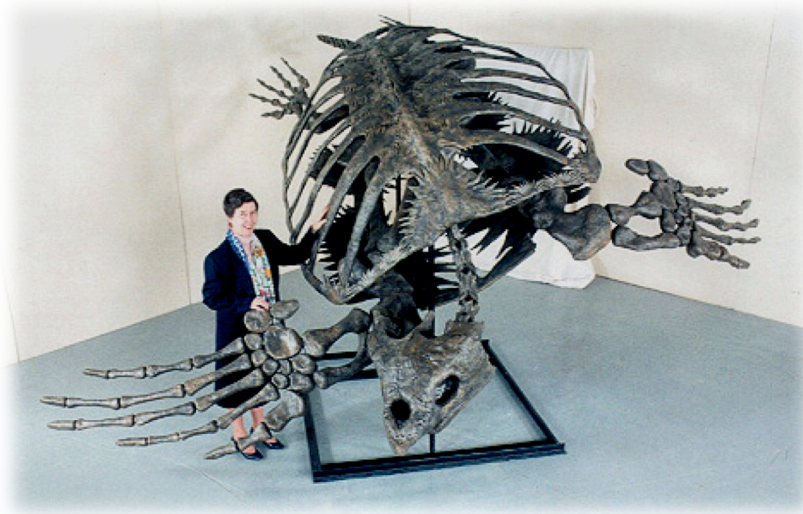
The fossilized remains of a super size Crocodile was found in Tunisia in the year 2001, 40 feet in length, weighing 10 Tons, and with a six (6) Foot Skull and Jaw.⁷



A feathered Bird, the Teratorn (*Argentavis magnificens*) replica housed in a museum in Argentina – with a 24 foot wingspan and weighing up to 172 lbs. ⁸



Forbes reports the skeletal remains of ancient Turtles found in South America in 1972 with shells up to 9 feet in length and weighing 2,500 lbs. ⁹



Beavers anciently grew to the size of a modern Black Bear ¹⁰



ANCIENT HUMANS OF GIANT STATURE

Giant human skeletons have been found in all regions of North America and, although not documented in this paper, this is in actuality a worldwide phenomena.

*“Within the ethnology reports of the museum, there are 17 cases of the Smithsonian uncovering giant skeletons.... Around the turn of the 19th century, there were hundreds of reports from reputable sources of giant skeletons unearthed... across America. Discoveries of the giant skeletons were found all over the northeast, from Martha’s Vineyard and Deerfield Valley Massachusetts, to Vermont and upstate New York. Other reports of the discovery of buried giants were also found in the South, Midwest and West Coast.”*¹¹

If we substantially scale down from the massive size of most of these past archeological discoveries of giant human skeletons to only seven (7) feet tall, in today’s world the probability of a human being growing to this height is only .000007 percent, meaning an excavation would need to uncover roughly 147,000 modern bodies to find just one (1) skeleton of this stature. The evidence that ancient gigantism in the human family wasn’t at all an oddity, but rather the norm, actually extends around the globe and is truly extensive and irrefutable.¹²



**Giant Skeleton Unearthed
Montana USA**

A few older reports from North America and England follow:

*“Giants Inhabited Florida... State Geologist Sellards and Professor May [of the Carnegie Institute] Concur in Opinion After Fossil Study at Vero – Say Men Grew 12 feet Tall.... That the human beings were of enormous size is evidenced by the bones... some [persons being] ten or twelve feet in height.”*¹³

*“Miners prospecting the Chihuahua Mountains of Mexico found, intact in a hidden cave, a group of skeletons... Measured from crown to heel they... would have stood ten to twelve feet. Anthropologists set off to examine these giants.”*¹⁴

In December 1601 in Cumberland & UK a human giant was found buried at a depth of 12 feet. *“The said gyant was 4 yards & a half long... his forehead was 2 spans and a half broad.”* In modern English - 13 foot 6 inches tall, with a forehead 22.5 inches across.¹⁵

HEALTH STATUS OF EARLY HUMANITY

HUMAN LONGEVITY

Aside from the oft-times dismissed genealogical life-span record as delineated in the first book of the Judeo-Christian scripture's, Genesis chapter 5, it should be noted that multiple recognized historians from virtually all earth's ancient major civilizations uniformly attested to the extraordinary longevity found in the earliest period of human history.

The highly reputed first century historian Flavius Josephus openly challenged those who ridiculed the view that the earliest generations of the human family had remarkable longevity. *"But let no one, upon comparing the lives of the ancients with our lives, and with the few years which we now live, think that what we have said of them is false."* He next refers to the *"written antiquities"* of historians and scholars of various early civilizations who, independently of each other, but with total accord affirmed that the life-span of early man actually extended into centuries, and not mere decades.

- ▶ Chaldean (Babylonian) – Berosus
- ▶ Egyptian – Manetho, and Hieronymus
- ▶ Phoenician - Mochus
- ▶ Syrian – Nicolaus
- ▶ Greek – Hestieus, Hecatseus, Hellanicus, and Ephorus etc. ¹⁶

EARLIEST HUMANS – NO EVIDENCE OF DISEASE OR INFECTIONS

Moody's research led him to the conclusion that *"Disease was not present in the earliest times of the earth's history, so far as animals and plants are concerned. Disease... did not exist with the most ancient bacteria. Present evidences [suggest] that a wide distribution of the bacterial types of disease and the resulting pathology is a relatively recent phenomenon."* Moreover in these early periods of human history, physical injuries, e.g. fractured bones, and wounds of all types were free from infections. ¹⁷

This observation is further corroborated by Hrdlicka who reported that research on the fossil remains of human life in the early periods of human history found that:

"There is no trace in the adults of any destructive constitutional disease.... It appears therefore, that on the whole, early man was remarkably free from disease that would leave any evidence on his bones or teeth." ¹⁸

It is consequently highly reasonable to conclude that the historical onset of *"pathogenic"* microbes in human history (today promulgated to be the primary or sole cause of

infections and infectious diseases) are in actuality late-comers brought about by disease processes in the human organism itself, and not the actual cause per se of infectious disease. Please afford careful consideration to the following landmark historical observations and discoveries, which corroborate the conclusion that I've just stated. Unfortunately, in the bio-medical field, these profoundly important historical insights have been essentially ignored and suppressed, obviously in the interest of financially benefiting major drug company interests seeking to profiteer on human disease and breakdown.

LOST CHAPTERS IN BIOLOGIC SCIENCE

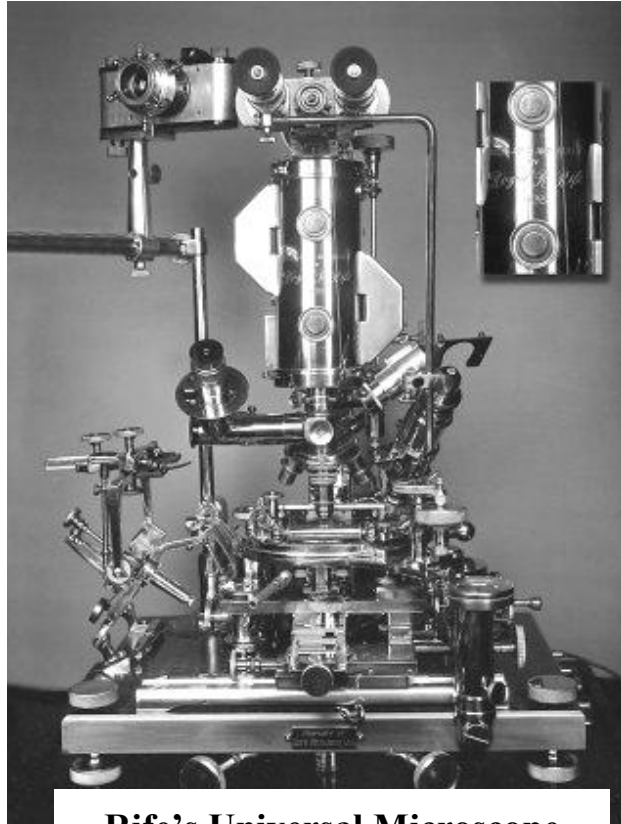
Early in the 20th century, C. E. Rosenow of the Mayo Biological Labs began a series of experiments over a number of years in which he took distinctive bacterial strains and placed them in one culture of uniform media. In time the distinctive strains all became one class of bacteria. By repeatedly changing cultures, he could individually modify bacterial strains of one class associated with e.g. erysipelas, scarlet fever, and tonsillitis and transmute it into another class altogether, and in turn reverse the process. He concluded that the critical factor demonstrating the polymorphic (or pleomorphic) nature of bacteria was their physical environment and the nutriments that they fed upon.¹⁹

Rosenow's work was corroborated and expanded upon a few decades later by R.R. Rife, developer of the Universal Microscope, developed competitively at the time of RCA's early marketing of the electron microscope. Rife's scope was a 5,682 component, 150,000 power (60,000 diameters of magnification) instrument which made live bacteria visibly "*clear as a cat on your lap*". (An alternative was required, as living matter when viewed under the electron scope, becomes altered and distorted due to bombardment by a virtual hailstorm of electrons, with such distortions increasing proportionally with the intensity of magnification. In fact, the extremely high magnification levels found in the today's 21st century electron microscopes, actually exacerbate this major design flaw.)

Alternatively, Rife's microscope was a light transmitting instrument, which overcame the chief weakness of the electron scope, being its inability to view living cells, structures, and microbes in their unaltered living state.²⁰

Modern microscopy texts suggest that with light microscopes it is impossible to obtain extremely high magnifications of objects and still retain visual clarity. For example Novikoff and Holtzman affirm that in such instruments a point is reached after which the image is "*increasingly blurred and nothing is gained by further magnification. Thus, light microscopes are rarely used at magnifications greater than... 1500 X.*"²¹

Nonetheless, Rife's invention with its 14 separate crystal quartz lenses and prisms, was able to bend and to polarize light in such a way that a specimen could be illuminated by extremely narrow portions of the spectra, and even by a single light frequency. This combined with the shortening of projection distance between prisms, and other innovative technical features permitted high resolutions without distortion at extremely high magnifications, never before or since attained in light microscopy.



Rife's Universal Microscope

Rife actually demonstrated that by altering the environment and food supply, beneficial bacteria such as colon bacillus could be converted into "pathogenic" bacteria. For example, he observed that in as brief a time span as 48 hours (by just altering the media - 4 parts per million per volume) harmless *Bacillus coli* became *Bacillus typhosus*. - a process somewhat analogous to the metamorphosis of caterpillar and butterfly - with the process being reversible. In Rife's words:

*"In reality, it is not the bacteria themselves that produce the disease, but we believe it is... the unbalanced cell metabolism of the human body that in actuality produces the disease. We also believe if the metabolism of the human body is perfectly balanced... it is susceptible to no disease."*²²

The practical and public health policy implications that these suppressed discoveries carry are of profound importance. The real danger isn't nefarious microorganisms or micro-pathogens, but rather one's human bio-chemistry status – determined for good or ill, by dietary patterns, environmental, psychological/emotional, and multiple life-style related factors. As humans, by our daily choices, we are daily determining whether we will experience health or create sickness within ourselves.

FREEDOM FROM DISEASE IN RECENT TIMES

PLANTS & ANIMALS

In reviewing a modern text-book of domesticated crop diseases, one is as appalled by their number and variety as one is by the list of human illnesses in a text-book of medicine. The correlation is remarkable. We find in both a number of deficiency diseases; excess diseases; parasitic diseases; infectious diseases; diseases due to insufficient or defective water, oxygen and sunlight; those associated with excessive heat or cold; chemical induced diseases (i.e. spraying/drugging); and last but not least multiple degenerative and deformity diseases. How did the major share of these diseases come into being? By cause, or mere chance? Wrench answers:

*I take it that what has happened to man has happened no less to his domesticated plants. Science has effected a marvelous progress in variety and fragmentation, but at the same time it has torn plants from their traditional conditions upon which their health depends...There is, no doubt, I think, that modern man has made plant life in his own image.*²³

It is estimated that today roughly 100 trace minerals and elements are deficient in human diets in most regions of the world.²⁴ The importance of various minerals to the maintenance and restoration of human health has been well established in the nutritional and bio-medical research literature. For example a deficiency of just one of the less abundant minerals, zinc is symptomized by the following serious health conditions:

Zinc Deficiency Symptoms

- | | |
|-----------------|---|
| ⇒ Acne | ⇒ Premenstrual Syndrome |
| ⇒ Infertility | ⇒ Mental & Emotional Problems |
| ⇒ Poor Vision | ⇒ Poor Memory |
| ⇒ Stretch Marks | ⇒ Poor Growth in Children ²⁵ |
| ⇒ Allergies | |

The facts that follow, make it not unreasonable to conclude that the revitalization of Earth's soils constitutes the very foundation for effecting the psycho-physiological regeneration of humankind, and could significantly transcend even the most highly extolled medical advances.

The necessity of soil re-mineralization is based on the premise that over the millennia the Earth's surface has undergone a progressive erosion and depletion of both its major and

minor trace minerals. Today the only place where the full range of minerals can be found is in the sea-beds where streams and rivers have carried them, or in the rocks on the earth's surface. Thus both sea plants and rock dust remain as key resources in strategic efforts to achieve soil regeneration through balanced and full-spectrum re-mineralization. The widespread and serious problem of soil erosion and de-mineralization has been vastly exacerbated in this century by governmental policies that support widespread deforestation, massive mono-culture cropping, and heavy agrochemical dependency.

Although there have been numerous experimenters in effecting genuine soil regeneration, to maintain the brevity of this paper we'll only consider a few.



The historically significant experiments of Sir Albert Howard, British Imperial Economic Botanist, and head of the **Agricultural Research Institute** (Pusa, State of Bengal) India in the first quarter of the 20th Century confirm how to attain freedom from disease in both plants and animals. Through natural soil feeding and regeneration methods, the plants and crops under his management demonstrated continuous improvements to the point of being impervious to all forms of disease, as well as insect pests. Speaking of his organic gardens and orchards at Indore, he stated that during seven years of observation “*I cannot recall a single case of insect or fungus attack.*” Indeed it was his studied opinion that plant diseases are found only when crops are improperly grown. Indeed the “*true role*” of disease:

*“...in agriculture is that of censors for pointing out the crops which are imperfectly nourished. Disease resistance seems to be the natural reward of healthy and well-nourished protoplasm. The policy of protecting crops from pests by means of [toxic chemical] sprays, powders and so forth is thoroughly unscientific and radically unsound; even when successful, this procedure merely preserves material hardly worth saving. The annihilation or avoidance of a pest...are mere evasions.”*²⁶

However, Sir Howard's most vital findings pertained to the animals feeding on his crops who in turn developed total freedom from disease and deformities.

“For twenty-one years I was able to study the reaction of the well-fed animals to epidemic diseases such as rinderpest, hoof-and-mouth disease, septicaemia, and

so forth, which frequently devastated the countryside. None of my animals were segregated, none were inoculated; they frequently came in contact with diseased stock [literally rubbing noses]. No case of infectious disease occurred.” ²⁷

As a summarization of his life work Sir Howard affirmed that “*The birthright of all living things is health*”, and that this law applies with equal force to:

“...soil, plants, animals and man [in which] the health of these four is one connected chain. Any weakness or defect in the health of any earlier link in the chain is carried on to the next and succeeding links... The failure to maintain a healthy agriculture has largely canceled out all the advantages we have gained in hygiene, housing, and our medical discoveries... If we are willing to conform...to natural law, we shall rapidly reap our reward not only in a flourishing agriculture, but in the immense asset of an abounding health in ourselves and in our children’s children.” ²⁸

This advanced system of agriculture and horticulture bears great promise not merely for preventing disease and degeneration in plants, animals and humans, but as well for alleviating the crippling effects of food shortages and starvation, particularly in the underdeveloped regions of Earth. On the early 20th century one of the earliest pioneers of this method was Sampson Morgan. The average potato yield for the world, stood at about 6 tons per acre, and that of wheat 15 bushels. In his own words he stated that “*I broke all records for potatoes...digging fine samples at the rate of 65 tons an acre, a success never achieved by any other experimenter.*” As for wheat, he was able to produce up to 100 bushels per acre. Morgan aptly concluded that “*The colossal loss of foodstuffs through the present system is criminal*”. ²⁹

Moreover, Morgan’s various food crops proved to be of amazing quality and giant size, e.g. he grew: pear specimens weighing in at two pounds; apples also weighing two pounds (including the largest apple that had ever been recorded, at 34-½ oz and exceeding a foot in circumference); onions averaging one pound; and celery up to 40 inches in length. In addition to attaining general immunity to disease, and freedom from pests the products of his gardens and orchards became far more impervious to adverse weather conditions, including frost. The shelf life of harvested produce was also greatly extended. ³⁰

In Morgan’s words: “*My long continued studies in the dust have convinced me that diseases in soils, plants and men arise from conditions, brought about by the introduction of poisons and by imperfect environment; and experiments have satisfied me beyond*

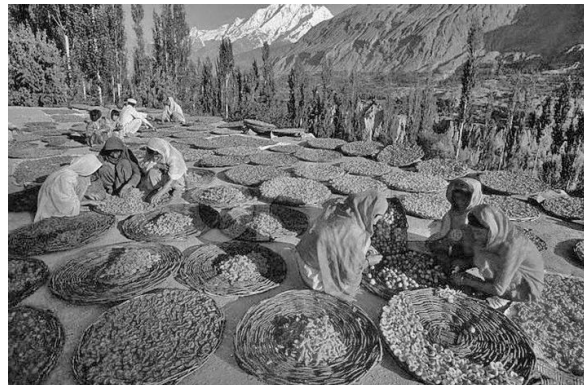
doubt that this is the natural and correct explanation...No one who has studied the transformation effected by food can deny the proposition that men are what their food makes them. Perfect food might even in time render the human race invulnerable to disease.” He correctly perceived that the bankruptcy of the soil means the sure and precipitous decline in health of the human family. Indeed, that the very integrity of human health, heredity and genetics is maintained precisely to the degree elemental deficiencies in the soil are prevented. ³¹

Tragically, humanity has entered an era where fruit and vegetable agriculture has become a massive blunder of crudely imposing upon nature the industrial mass production system model. The result is that around the earth - in both Developed and Developing World countries - we today have rapidly dying soils that have become little more than chemical blotters, while ever more deadly and costly toxins are increasingly sprayed on food crops in a futile effort to short-circuit nature's own attempts to safeguard us from ingesting the largely deficient and degenerated end-products.

Since I spoke with **Cornell University** Entomologist, David Pimentel in the year 1990, the only good news is that in recent decades, the massive increases in quantity of pesticides usage in the U.S. has more or less stabilized at current levels. According to his then reported research: *“The share of crop yields lost to insects has nearly doubled (7% to 13%) during the last 40 years, despite a more than 10 fold increase in the amount and toxicity of synthetic insecticide used.”* As if this wasn't damning enough, Pimental also reported that *“often less than 0.1%”* (tenth of a percent) of pesticide applications actually reach targeted pests. ³² Today in the United States approximately 900,000 farms employ annually over a billion pounds of pesticides on approximately 75% of all cropland, with 70% of all livestock being routinely sprayed with pesticides to deter and kill insect pests.

HUMANS

As if echoing the distant past, we turn to Hunza, a one-time kingdom and isolated society, North of Kashmir in the remote valleys of the Karakoram Mountains. Its people have been noted for their extreme longevity, and unparalleled freedom from all forms of chronic and infectious diseases. Minerals from the Ultor Glacier in the form of river-bed silt are routinely



applied to remineralize Hunza's fields replenishing a 2 foot layer of black topsoil. This silt is saturated with a full-spectrum of macro and micro minerals. Babies born in this land already have all of their teeth fully developed at time of birth.³³

Sir Robert McCarrison who served as a Major General in the British Medical Corps and as the Corp's Director of Nutrition Research, in the early years of the 20th century investigated the legendary and very isolated mountain people of Hunza. He was astounded at their extraordinary health and natural immunity. In his words *"These people are unsurpassed... in perfection of physique; they are long lived, vigorous in youth and age, capable of great endurance and enjoy a remarkable freedom from disease in general."* This rare opportunity to purposely study the pre-conditions for ensuring pristine health greatly contrasts with the excessive focus on pathology and pathogens that to this very day remains the norm in bio-medical research.³⁴



In G. T. Wrench's seminal research on the underlying causes of the outstanding health and longevity among the people of Hunza, he echoed McCarrison when concluding that: *"The importance of the method of culture of food is primary, radical, and fundamental in the matter of health. It exceeds all other aspects of nutrition... Nature endows life with a powerful, eternal capacity to renew itself healthfully, given the right conditions. The genes know nothing of diseases."*³⁵ In 1974 Hunza became a province of Pakistan, and by 1979 the Karakoram Highway brought the modern world into Hunza, and sadly a progressive decline in their overall health status began.

Such optimum health and freedom from disease is not reserved only for the far distant past, or found in exotic locations. For example, my three children (now adults) over a 13 year period never once experienced any sickness of any kind, not even a common cold. As a point of fact I do know that they were directly exposed at least to measles, and to infectious hepatitis. They were on a whole food plant-based diet, (no refined or processed foods) and we lived on a country property in eastern Canada, with our own garden and fruit trees. They also never once swallowed a drug, or received a vaccine.

IMMUNITY TO INFECTIOUS DISEASE & VACCINATION

It is popularly taught and believed that the only way we can become immune to an infectious disease is by first contracting it. This idea has been widely popularized by the

pharmaceutical industry, since it literally underpins their theory used to promote and indoctrinate the masses to seek artificially induced immunization. This theory essentially postulates that the way to obtain immunity to particular pathogenic microbes which ostensibly cause varied infectious diseases, is for the human body to be first exposed to such agents, in a precisely prescribed attenuated form. Moreover, instead of physicians advocating for and educating people in the principles of healthful living, that they might enjoy health and genuinely avoid disease, vaccination is routinely urged upon their patients. After all, can't the magic of vaccination annul the natural laws of cause and effect, freeing people to live pathologically, while enjoying security from disease?

By the 1980s the view was being articulated by some biomedical researchers that human disease and immunity to disease is a broad bio-ecological question, and thus goes well beyond whether one has been vaccinated, or whether one's body is producing desired antibodies. This heretical view was actually published in some medical journals. For example, a team of researchers concluded that: *"It is important to stress that immunity (or its absence) cannot be determined reliable on the basis of history of the disease, history of immunization, or even history of prior serologic determination."*³⁶

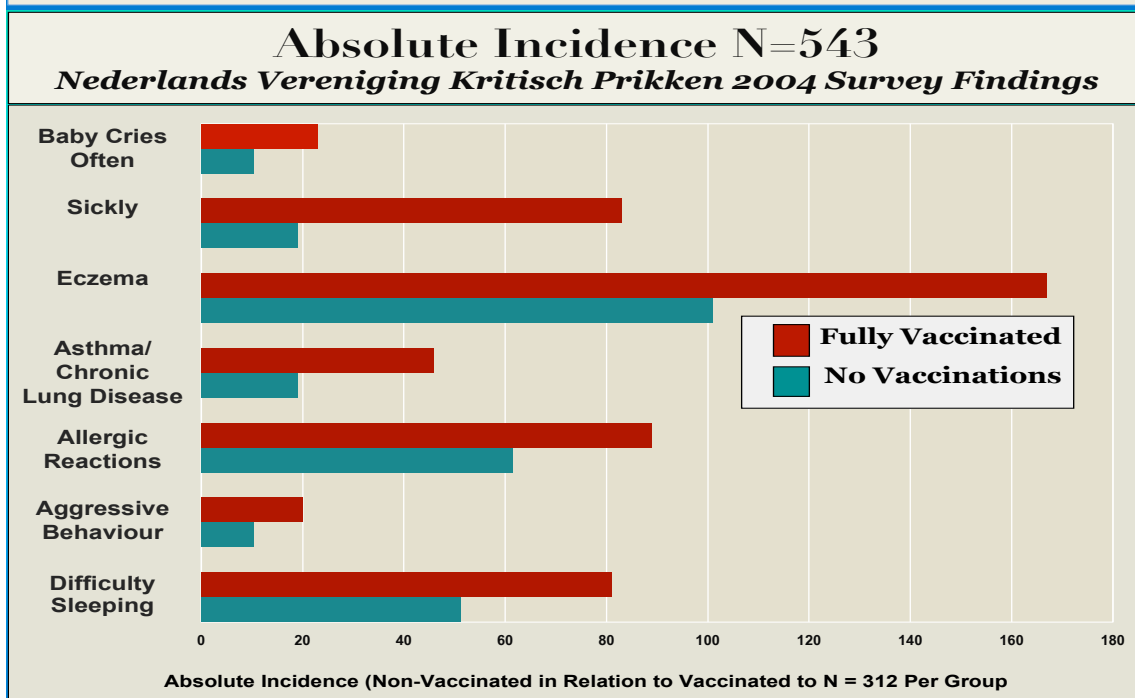
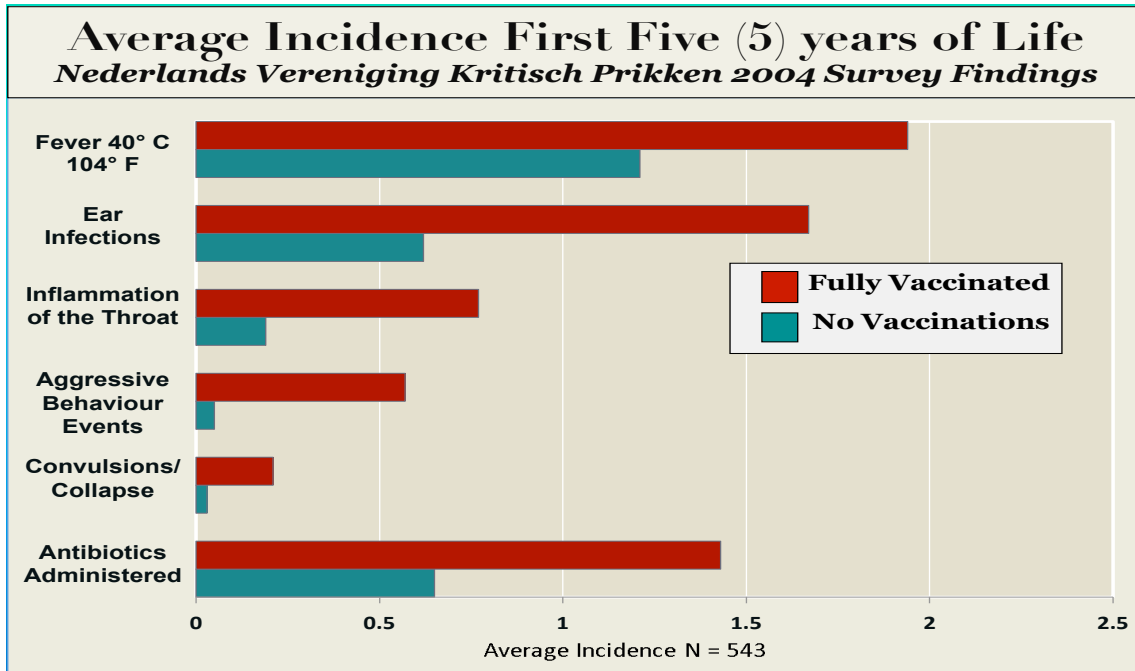
As the 20th century drew to its close, **University of Chicago** researchers found the not-so good-news that memory T cells (i.e. cell-mediated immunity) are *"distressingly slow learners"*, requiring *"several generations"* of intensive stimulation to make a lasting impression on T cells *"No vaccine trial to date has been able to produce significant numbers of memory T lymphocytes..."*³⁷

Worse yet, we turn to the early 21st century published findings of the **Center for Vaccine Research** in Pittsburgh, Pennsylvania. Center researchers affirmed that *"Vaccine induced enhancement of infection and disease has been reported for a number of viral pathogens."* The production of antiviral antibodies can fail to inactivate infectivity, and actually *"enhance"* the entry of certain viruses into target cells, and increase infectivity and worsen disease symptoms. These viruses include: Coxsackie virus; Respiratory Syncytial virus; Rabies virus; Influenza A virus; Epstein-Barr virus and Herpes Simplex virus.³⁸

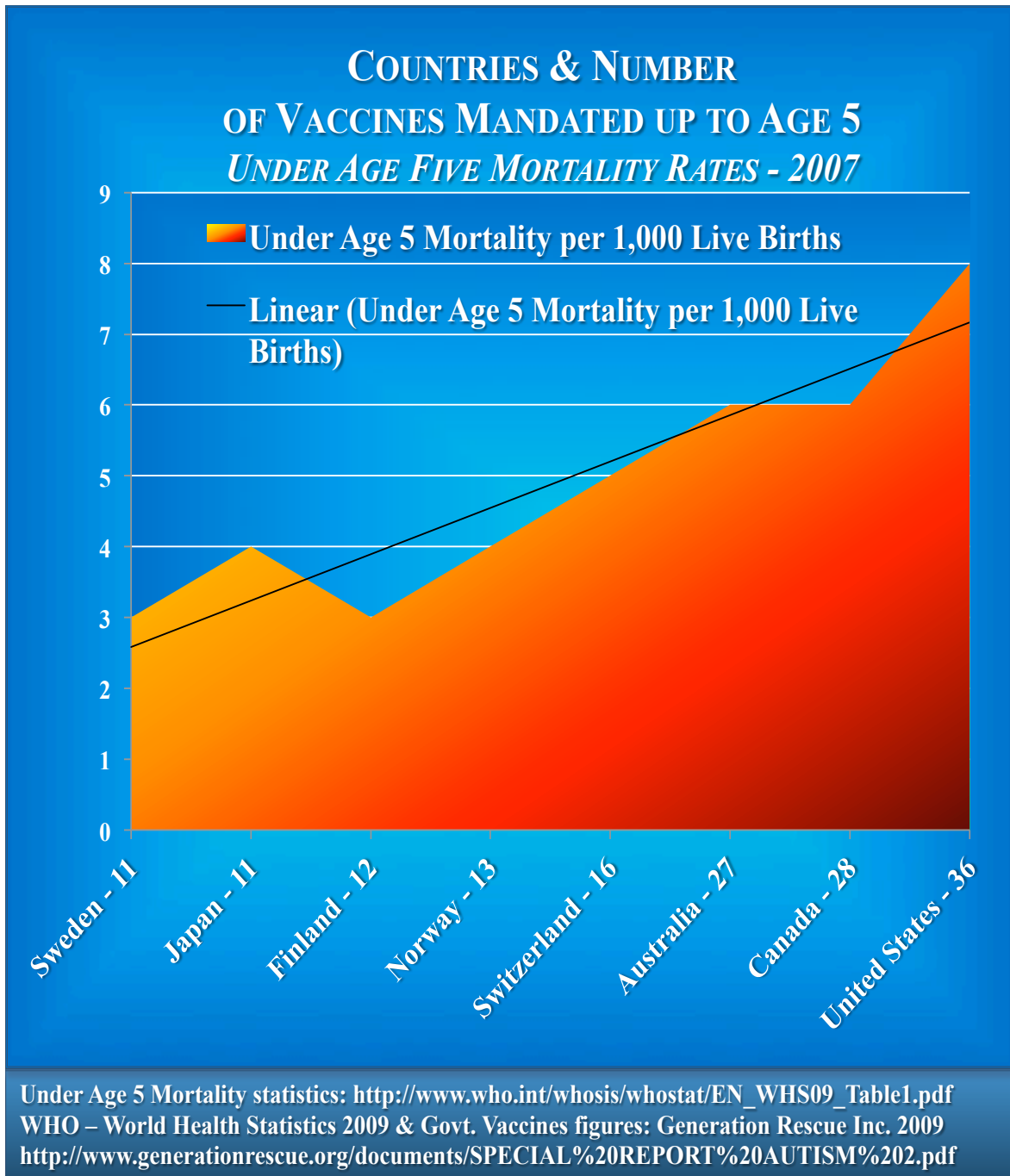
Lastly, we need to consider that the **Pasteur Institute** found that *"98% of the immune responses triggered at the early stages of infection are non specific. These non specific responses had been observed following different infections by viruses, bacteria, parasites and fungi."* This means that the human's innate or natural immune system affords 98% of the early response to a potentially infective agent, while the adaptive or *"memory-based"*

protective response to a specific type of pathogen (that vaccination attempts to stimulate), represents only 2% of early response.³⁹

The next two tables are based on research in the Netherlands examining the comparative health status of fully vaccinated, versus non-vaccinated children. It shatters the illusion that vaccines protect and enhance health, and contrariwise afford indisputable evidence that vaccination impairs the health of children, increasing their susceptibility to disease.



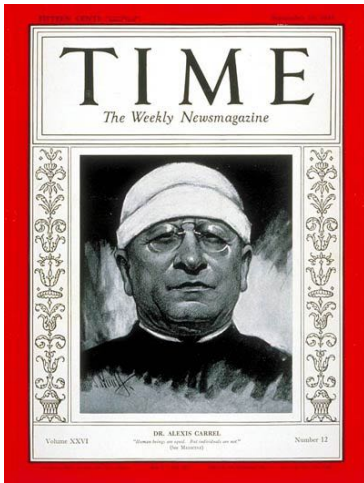
The next table that I prepared clearly illustrates that the greater the number of vaccines a country mandates in its childhood vaccination schedule, *Under Age 5 Child Mortality* rates will commensurately increase.



The attempt to create artificial immunity, is at best pseudoscience and at worse profiteering fraud, which is maintained by the power of mass indoctrination and delusion.

FORGOTTEN OBSERVATIONS OF HIGHLY PROMINENT SCIENTISTS

ALEXIS CARREL



Let us here turn to Noble Prize winner Alexis Carrel, a mid 20th century researcher at the **Rockefeller Institute**. He experimentally demonstrated that he was able to control the rates and levels of infectious disease mortality among mice (we have 97% genetic commonalities with mice), focusing on pneumonia (both bacteria, as well as viruses are said to cause pneumonia). Beginning with the nutrient deficient and defective “*standard American diet*” he observed a corresponding death rate from this disease of 52 percent. By making specific dietary improvements, he was able to reduce infectious disease mortality rates downward to 32 percent, then 14 percent, and finally to a rate of 0.⁴⁰

He went on to articulate a common-sense goal that has for decades been brazenly disregarded by the bio-medical community: “*We should ascertain whether natural resistance to infections could be conferred on man by definite conditions of life. Injections of specific vaccine[s] ... for each disease, repeated medical examinations of the whole population, construction of gigantic hospitals, are expensive and not very effective means of preventing diseases and of developing a nation’s health.*”⁴¹

RENE DUBOS



Another noted 20th Century scientist Rene Dubos (like Carrel, also at the **Rockefeller Institute**) reaffirmed a direct challenge to the conventional thinking and practice of the scientific community at large. This prominent scientist concluded that the presumed relationship between microbes and human diseases has been “*so oversimplified that it rarely fits the facts of disease. Indeed it corresponds almost to a cult... undisturbed by inconsistencies and not too exacting about evidence.*”

He expanded upon this view in suggesting that we need to objectively account for the fact that extremely virulent: *Pathogenic agents [bacterial and viral] sometimes can persist in the tissues without causing disease, and at other times can cause disease even in the presence of specific antibodies. We need also to explain why*

*microbes supposed to be non-pathogenic often start proliferating in an unrestrained manner if the body's normal physiology is upset... During the first phase of the germ theory the property was regarded as lying solely within the microbes themselves. Now virulence is coming to be thought of as ecological... This ecological concept is not merely an intellectual game; it is essential to a proper formulation of the problem of microbial diseases, and even to their control.*⁴²

Indeed, over time Dubos came to voice the radical conclusion that “*Viruses and bacteria are not the cause of disease, there is something else*”. His classic book **Mirage of Health**, expands upon his conclusions pertaining to health and disease causation.⁴³

RUDOLF VIRCHOW



The views of Dubos closely correspond with that of 19th century biomedical scientist Rudolf Virchow. In his career he published over 2,000 scientific papers, and to this day is widely regarded as “*the father of modern pathology*”. His research led him to progressively believe that human diseases arise from abnormalities within the cells, and not from outside pathogens. He actually regarded the pathological microbial theory of disease causation as a hindrance to creating genuinely effective prevention and cure. In his later years he went on to affirm: “*If I could live my life over again, I would devote it to proving that germs seek their natural habitat, diseased tissues, rather than being the cause of disease...*”⁴⁴

RESEARCH CONDUCTED BY UNITED STATES PUBLIC HEALTH SERVICE & UNITED STATES NAVY

A basic research issue addressed experimentally during the 1918 Flu Pandemic was whether it's possible to convey and induce an infectious disease (believed to be influenza) from infected to non-infected persons. To this day, this pandemic is considered by medical historians to be the most widespread and contagious disease pandemic in recorded human history. The experiments were conducted on a significant number of young U.S. Navy volunteers.

“Perhaps the most interesting epidemiological studies conducted during the 1918–1919 pandemic were the human experiments conducted by the Public Health Service and the U.S. Navy under the supervision of Milton Rosenau on

Gallops Island, the quarantine station in Boston Harbor, and on Angel Island, its counterpart in San Francisco. The experiment began with 100 volunteers from the Navy who had no history of influenza. Rosenau was the first to report on the experiments conducted at Gallops Island in November and December 1918.

*His first volunteers received first one strain and then several strains of Pfeiffer's bacillus [*Haemophilus influenzae*] by spray and swab into their noses and throats and then into their eyes. When that procedure failed to produce disease, others were inoculated with mixtures of other organisms isolated from the throats and noses of influenza patients. Next, some volunteers received injections of blood from influenza patients. Finally, 13 of the volunteers were taken into an influenza ward and exposed to 10 influenza patients each. Each volunteer was to shake hands with each patient, to talk with him at close range, and to permit him to cough directly into his face. None of the volunteers in these experiments developed influenza. Rosenau was clearly puzzled... He ended his article in JAMA with a telling*

*acknowledgement: 'We entered the outbreak with a notion that we knew the cause of the disease, and were quite sure we knew how it was transmitted from person to person.... if we have learned anything, it is that we are not quite sure what we know about the disease.' "*⁴⁵

Military Base Angel Island



*"The research conducted at Angel Island and [similar experiments]... continued in early 1919 in Boston broadened this research... including a search for filter-passing agents, but it produced similar negative results.... What was acknowledged to be one of the most contagious of communicable diseases, could not be transferred under experimental conditions."*⁴⁶

In more recent research findings it has been estimated that the number of symptom free human exposures to viruses out number clinical illnesses by at least one hundred-fold.⁴⁷

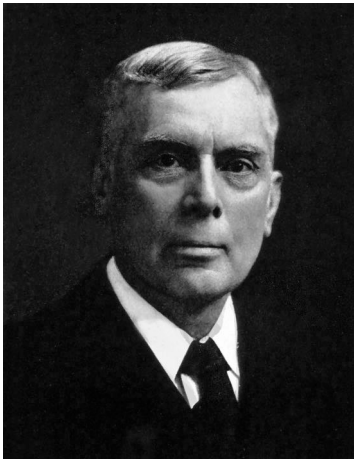
This conclusion is based on the "*high proportion of adults who have virus-neutralizing substances in their serum and the number who, during an epidemic, excrete virus without becoming ill.*"⁴⁸

So we can reasonably conclude that the conventional view that infectious disease is solely precipitated by pathogenic bacterial and viral invasion and communicable between people, is a theory that has laid the ground-work for the massive exploitation of peoples and governments. It has for many decades conveniently allowed politicians and physicians to side-step more practical, common-sense, and yes genuinely scientific issues in health and disease. Exploiting this theory has induced massive public fear (itself a proven killer, especially of the elderly who often have serious pre-existing disease conditions) and served to perpetuate the generation of massive profits for big pharma to the tune of many hundreds of billions of dollars annually as derived from its deadly arsenal of toxic vaccines and drug products.

HISTORIC VACCINE VICTORIES?

Likely the most poignant example of the fallacy of the microbial disease causation theory is the irrelevance and massive failure of its primary prophylactic measure that is squarely based upon the validity of this theory, i.e. vaccination. A top medical bureaucrat in the U.S., Dr. Anthony Fauci recently affirmed to the public in the midst of the “*COVID-19 pandemic*”, that this “*viral*” induced sickness could well become an annual phenomena, however we should have no fears as vaccines are under research and development, and it will safeguard us all. He then gave the oft-repeated assumption that after all vaccines did save our world from the scourges of both Smallpox and Polio. So what are the actual facts surrounding these terrible scourges of the past?

SMALLPOX



Physician, Charles Creighton, widely considered to be the Founder of Modern British Epidemiology, and the noted author of ***A History of Epidemics in Britain***, penned the article on Vaccination for the *9th Edition of the Encyclopedia Britannica*. He therein presented irrefutable evidence, derived from statistical reports submitted by multiple countries throughout Europe, which uniformly revealed that the public policy of smallpox vaccination and re-vaccination served not to lessen, but rather to greatly intensify mortality from the disease in these respective nations. ⁴⁹

Gloucester physician Walter Hadden, affirmed that after roughly 40 years of compulsory vaccination, England suffered the worst smallpox epidemic in its entire history,

experiencing the highest death-rate ever, with 44,800 deaths being recorded. By this point in time (1871) the nation had achieved a public vaccination rate of 97.5%.⁵⁰

Writing for the **British Medical Journal**, in the year 1928, Parry observed that:

- Smallpox is five times as likely to be fatal in the vaccinated as in the unvaccinated;
- In highly vaccinated areas e.g. Bombay & Calcutta - smallpox is rife, while in minimally vaccinated areas, such as Leicester, it is almost unknown;
- 80 percent of the smallpox cases admitted into the hospitals have been vaccinated, with 20 percent unvaccinated; and
- Germany - the best-vaccinated country in the world – has more smallpox deaths proportional to the population than England.⁵¹

Note: In the year 1907 the Vaccination Acts of England were repealed by **Parliament**. By the year 1919, England and Wales with 37.8 million people was one of the least vaccinated countries in Europe, and registered that year only 28 deaths from smallpox (compared with 707 smallpox deaths in then highly vaccinated Germany).

POLIO



Bernard Greenberg, past Dean, **School of Public Health, University of North Carolina**, during the polio epidemics of the 1950's chaired the *Committee on Evaluation and Standards* for the **American Public Health Association**. He submitted testimony to the *Congressional Hearings on Polio Vaccines HR 10541*, in the year 1962. His evidence respecting diagnostic modifications and statistical manipulation, demolished the popular view (which continues to this day) that the polio epidemics subsided as a result of vaccine intervention. In his words “*As a result of... changes in both diagnosis and diagnostic methods, the rates of paralytic poliomyelitis plummeted from the early 1950's to a low in 1957.*” This involved inter alia redefinition of what constitutes an epidemic; and redefinition of the disease, with all polio cases deemed non-paralytic, automatically becoming Coxsackie or Aseptic Meningitis.⁵²

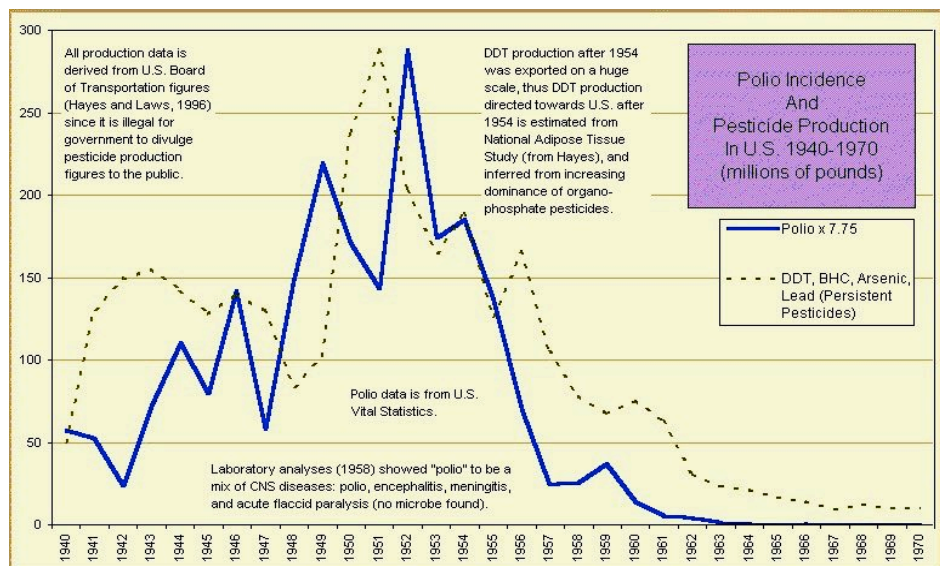
Greenberg also testified that beginning in 1957, i.e. after the introduction of much more intensive and often compulsory immunization programs using the Salk vaccine, that there was in fact a correspondingly substantial increase in polio cases, which due to the newly established reclassification process, were presumably paralytic. He also indicated that

throughout this time period statistics were manipulated and statements made by the U.S. Public Health Service, to give an opposite impression to the public.⁵³ In a panel discussion addressing the fact that in the year 1959, roughly 1,000 cases of paralytic polio occurred in persons who had previously received multiple doses of the Salk vaccine he affirmed that *“A scientific examination of the data and the manner in which the data were manipulated, will reveal that the true effectiveness of the present Salk vaccine is unknown and greatly overrated.”*⁵⁴

In recent years some compelling epidemiological evidence has been garnered which now links polio's emergence and its precipitous subsidence to what is a strongly correlated rise and decline in the widespread usage of certain industrial neurotoxins, such as DDT, BHC, arsenic, and lead based pesticides. Before the banning of DDT in the United States and Canada, some scientists came to recognize that the organochlorine pesticides such as DDT are associated with nerve damage, paralysis and death in animals and humans.⁵⁵

In spite of repeated vaccine-based “eradication” efforts, polio has continued to persist in certain Developing World countries e.g. in Tajikistan where DDT, as recently as the year 2010, was still being “commonly sold at market places ...by women and children” for farming purposes.⁵⁶ In the same year, Tajikistan suffered from 458 cases of paralytic polio; Kirgizstan 0 cases; and Kazakhstan 1 case.⁵⁷

The table to the right shows clearly the parallel pattern in the rise and fall of organophosphate pesticides, such as DDT, and the rise and decline of polio incidence in



the U.S. population.⁵⁸

WORLD'S MOST DEADLY "VIRAL" EPIDEMIC OF 1918 - UNDERLYING CAUSES OF MORTALITY RECONSIDERED

In what is deemed the greatest and most deadly viral pandemic in human history, mortality estimates in the year 1918 ranged widely from 20 to 50 million persons, with an estimated 550,000 deaths likely to have occurred in the United States.⁵⁹

From the year 1914 to 1918, more than 100 countries from Europe, the Americas, Australasia, Asia, and Africa were parties to "World War One". This war also called the "Great War" experienced as many as 22 million battle related deaths, with roughly the same number being wounded. Whole populations numbering in the hundreds of millions in numerous countries were by mid 1918 enervated (exhausted) by sparse rations, incredible stress, and the health destroying negative emotions of fear, grief, anxiety, anger, and panic. Moreover, in many major cities there still existed defective drainage and sewer systems, and over crowding.

To further confound the underlying causes and nature of the widespread illnesses occurring at the time of this pandemic, varied vaccines (live smallpox and whole cell typhoid, tetanus, and diphtheria antitoxins) were administered to nearly 70 million mobilized military personnel, and drugs had been employed in mass at that time containing heavy metals, arsenic, formaldehyde and chloroform, all of which could very likely trigger severe flu-like symptoms, as well as lead to disability and death. Numerous chemicals designed for military usage were by this time moving unregulated into the public sectors of agriculture, and medicine.⁶⁰ Moreover the horrors of the Great War led



to a pronounced rise in cigarette smoking, and not unlike today, preexisting disease conditions were widespread, especially among the elderly

Despite all of these underlying and precipitating factors, it was the Influenza

virus that was making the news headlines, and so it was that doctors and laymen became fixated with diagnosing and reporting not only influenza, but a wide range of other conditions as being the flu, including: Pleurisy, Colds, Bronchitis, Typhoid Fever, Appendicitis, Sleeping Sickness, Meningitis, Pneumonia, and even Tuberculosis,⁶¹ to say nothing of prostration and in some cases death from vaccine adverse reactions and ongoing medical drugging, and to a lesser extent, environmental chemical poisoning.

Indeed, millions of people were ripe for infection. So was it in fact the proliferation of a deadly and highly contagious flu virus that caused the death of these millions? (We need to keep in mind that several hundreds of millions of healthier people were survivors.) In a series of 68 high quality autopsy studies, representing 3,074 “Spanish flu” patients, 92.7% of the lung cultures were positive for at least one bacterial species of pneumopathogens. At the time of the pandemic, nearly all experts agreed that deaths were almost never caused by the then-unidentified “flu virus”, *“but resulted directly from severe... pneumonia caused by well-known bacterial 'pneumopathogens' that colonized the upper respiratory tract,”* The most common pathogens found were pneumococci, streptococci, and staphylococci.⁶²

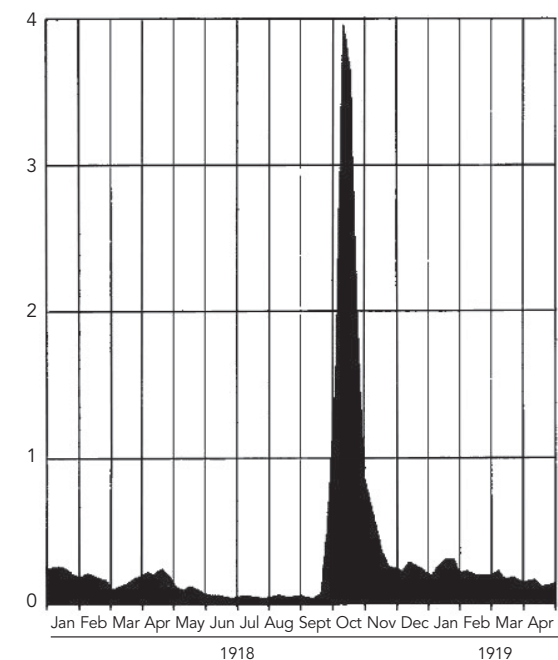
To make matters much more deadly for the unfortunate ill, Aspirin, being a new drug, was prescribed and administered by doctors in heroic quantity to vast numbers of the ill, resulting in unnumbered deaths by drowning from excess fluid forming in the lungs, as well as other adverse effects.

*“Significant mortality and morbidity may result from delayed diagnosis or misdiagnosis of SIPE [Salicylate-induced pulmonary edema]”*⁶³ The Aspirin dosage commonly being dispensed to the ill in

1918-1919 ranged from 8,000 mg. to 31,200 mg., (today the maximum dosage

deemed safe is 4,000 mg). *“Salicylates cause immediate lung toxicity and may predispose to bacterial infection by increasing lung fluid and protein levels and impairing mucociliary clearance... Aspirin advertisements in August 1918, and a series of official recommendations for Aspirin in September and early October, preceded the*

Figure 2. Deaths per 1,000 soldiers each week during 1918–1919 in the U.S. Army



Source: Ayres LP. The war with Germany: a statistical summary. Washington: Government Printing Office; 1919. p. 127.

*death spike of October 1918.”*⁶⁴

According to Byerly’s research, the American military experience during World War I and the pandemic were “*closely intertwined.*” During the period of September through November of 1918, 20% to 40% of all U.S. Army and Navy personnel had become ill. These very high morbidity rates “*...rendered hundreds of thousands of military personnel non-effective.* The pandemic “*killed more American soldiers and sailors during the war than did enemy weapons.*”⁶⁵

The commercial advertisements, and public sector advocacy of Aspirin therapy for the flu, obviously would have precipitated a much greater number of civilian deaths among the considerably larger civilian populations. Moreover, the massive spike as seen in the military mortality data, would have been sustained for a much longer time period, likely months, among the more decentralized and non-monitored civilian population thus causing an incalculable number of deaths from Aspirin induced pulmonary edema.

A gripping description of what most of the ill who died during this pandemic experienced, is found in the German publication Der Spiegel, which states: “*Infected patients suffered of high fever and their lungs became inflamed. Within a few days, victims drowned in their own fluids.*”⁶⁶ It is of further interest that:

*“From the 1950s to the 1980s, thousands of deaths among children following influenza and other infections... were unexplained until studies identified Aspirin as the major contributor, and Aspirin label warnings were followed by a disappearance of the condition. Reye syndrome toxicity (vomiting, hyperventilation, delirium, and coma, with brain swelling and fat in the liver and proximal renal tubules) develops after 4 days of salicylate therapy with reported mean daily doses of 25 mg/kg.”*⁶⁷

CONCLUSION

Western (allopathic) medicine, has historically played a relatively negligible role in improving the general health status, and lessening of mortality in society. This observation is well documented in both the historical and medical sociology literature. It’s nonetheless true that modern acute emergency medicine does represent a vital contribution to society, and has saved and will continue to save many lives. However, “*the saving of lives in acute life-threatening emergencies... represents a very small component of the total medical effort: while lives are saved, the sum of such saving is too small to have a measurable impact on the life expectancy of an entire population.*”⁶⁸

Compelling evidence suggests that Western medicine's narrow focus and singular obsession with pathology and microbial agents presumed to be hostile, has literally obfuscated its perception and undermined its faith in the proven preventive and restorative powers of nature, i.e. the normal determinants and requisites of human health. The distinction which so called "*experts*" make, theoretically and in practice, between preventing and reversing disease, is a totally fabricated concept, which must be discarded. The simple truth is that whatever measures can truly prevent a particular disease, are at the same time the most effective means for reversing that disease.

The most prolific American woman non-fiction writer credited with 5,000 articles and 40 books (exceeding 140 language translations) was Ellen White. She co-founded a church in the mid 19th century that went on to establish and operate what are today the largest Protestant educational and hospital systems in the world. It is historically documented that she was given over 2,000 visions which are believed - by over 20 million church adherents - to be of divine origin, inspiring her to address in her books many practical spiritual, educational, and health related issues germane to today's world.

In identifying the root cause of human disease, her writings consistently pointed to the violation of the divinely established and ordained laws of health. These prerequisite laws that prevent illness and restore health were: a whole (unprocessed) plant-based diet; adequate exercise, and rest, exposure to sunlight, coupled with a sufficient intake of pure water and air; temperance (abstinence from all that is harmful, and moderation in all that is healthful); and trust in the Creator. Her counsel also endorsed the usage of non-toxic botanical medicines as legitimate healing agents, while squarely condemning the short and long-term dangers of conventional allopathic drugging, viz. poisoning of the sick. She recommended that:

"...Physicians [should] teach the people that restorative power is not in drugs, but in nature. Disease is an effort of nature to free the system from conditions that result from a violation of the laws of health. In case of sickness, the cause should be ascertained. Unhealthful conditions should be changed, wrong habits corrected. Then nature is to be assisted in her effort to expel impurities and to re-establish right conditions in the system." ⁶⁹

There is a truly desperate need for public policies, at all levels, to be squarely aimed at ensuring that the basic requisite causes of health are nurtured and sustained within the

natural world, and in human societies. This could, of its own accord, potentially eradicate all forms of plant, animal and human disease, whether infectious or degenerative. Individuals and entire communities don't need to be psychologically terrorized into a "dark ages" type of mentality based on the fear of invisible malicious microbes, but rather encouraged and empowered to take concrete steps in improving and sustaining their own health and well being. Moreover, a positive restitution of sound health among all peoples and nations will not be attained by pouring virtually endless resources into the multiplication of medical schools, hospitals, clinics, and expanded government sponsorship of palliative disease care services. For families or communities to abrogate responsibility for the health of its members to external experts, who dispense the toxicological end-products of multi-billion dollar profiteering industries, is a violation of both common sense, and the fundamental principles whereby health and wellness can prevail in any society.

The solution will come rather in seeking out and actualizing the socio-economic, environmental, bio-physical, and spiritual causes of health, and in becoming directly involved in the support and actualization of these causes within our families and communities. This undertaking will need to focus on: soil regeneration; enhanced nutrition patterns; regular moderate outdoor exercise; the therapeutic usage of sunlight, water, rest, and non-toxic botanical medicines in healing; and the importance of positive mental-spiritual attitudes, balanced and purposeful living, and stress reduction. Indeed the greatest breakthrough in health and health-care can only be found in the certain knowledge that human beings can be healthy, and can be increasingly responsible for directing their own lives, and maintaining their own health.



Mahatma Gandhi was dismayed and alarmed when speaking of Western medicine's central focus on absolving human beings from giving due respect to safeguarding their personal health. He well understood that the preservation of our health requires that we should intelligently and diligently heed the natural laws as established in our being, and as embedded within the larger creation, upon which our daily lives depend. In his words:

"I was at one time a great lover of the medical profession... I no longer hold that opinion... Doctors have almost unhinged us.... Hospitals are institutions for propagating sin. Men take less care of their bodies and immorality increases... ignoring the soul, the profession puts men at

*its mercy and contributes to the diminution of human dignity and self control.... I have endeavored to show that there is no real service of humanity in the profession, and that it is injurious to mankind.... I believe that a multiplicity of hospitals is not test of civilization. It is rather a symptom of decay.”*⁷⁰

As long as we succumb to unwarranted fear mongering that the great enemy to human health and well-being are bacteria or viruses, we'll be seduced by the medical-drugging industry into placing our faith in their waging toxicological wars within our finely tuned, and multi-trillion cell bodies. The chosen armamentarium of the industry will ever continue to be toxic drugs and vaccines, which are extraordinarily profitable, but visit many adverse and oftentimes deadly effects on the hapless. The truth of the matter is that employing such aggressive, crude and invasive tactics is nothing short of fighting delusional causes, while making war upon the human constitution.

It is genuinely tragic that *iatrogenesis* has become the leading cause of death and impairment in human societies, yet we allow ourselves to be daily indoctrinated into believing that modern medicine with its plethora of magical drug and vaccine concoctions will somehow save us all. This brings us to ancient prophetic warning made to the human family that a time would come to our world, when “*all of the nations*” would be “*deceived by Pharmakeia*”.⁷¹ The good news is that none of us need to be deceived any longer.

INFECTIOUS DISEASE THEORIES CONTRASTED

Bacterial / Viral Theory of Infectious Disease

Disease arises from micro-pathogens originating outside the body.

As the primary "cause" of disease, micro-pathogens are generally to be considered as vicious, needing to be destroyed.

The appearance & function of specific micro-pathogens is constant.

Every disease is associated with a particular micro-pathogen.

Micro-pathogens are primary causal agents.

Disease is inevitable & can "strike" down anybody, anytime.

To prevent & cure disease, it is necessary to war upon imperceptible micro-pathogens, employing toxic weaponry that as well undermines the integrity & health of the body-mind complex.

Cellular / Ecological Theory of Infectious Disease

The evolution of & susceptibility to disease arises from conditions arising within the cells of the body.

These micro-organisms are primarily endogenous to more complex living organisms & normally function to assist the life sustaining & or metabolic processes of such bodies.

The appearance & function of these micro-organisms changes when the host organism is weakened or injured, which injury may be mechanically, bio-chemically, & or emotionally induced.

Every disease is associated with particular factors & conditions.

Micro-organisms become pathogenic, i.e. associated with disease, only when the integral health of the body deteriorates. Hence, psycho-physical integrity is of first importance, as it constitutes the key factor in the prevention, or the remediation of human disease in all its forms.

Disease arises from the persistent violation of natural laws, & correlated unhealthful conditions.

To prevent or to cure all forms of disease, one need only to ensure that the primal requisites of health are met, which includes systematic compliance with natural, physical, psychological, & spiritual law.

Note: This table was developed by Raymond Obomsawin, with appreciated input by Ottawa, Canada based health sociologist Lois Chatelet. (Final editing by R. Obomsawin April 2, 2020)

WAR ON DISEASE HEALTH-CARE APPROACH VERSUS THE HEALTH DETERMINANTS APPROACH

1. ORIENTATION & PHILOSOPHY

Disease is understood as an entity separate from the person it affects.

The body & mind are separated, with distinct diseases & organs treated singly.

The focus is on labeling, isolating, & destroying microbial disease entities & symptoms.

2. CAUSALITY

The focus of causality is external to the patient - viruses, bacteria, & stressors in the environment e.g. toxic waste & chemicals.

3. PREVENTION & CURE

Contrives to separate preventative & curative measures (vaccines & drugs).

The emphasis is on removing or palliating symptoms. It aims at achieving quick results.

Relies on costly & complex technological measures that are not amenable to self-based care, e.g. manufactured vaccines, organ transplants, drugs, etc. These measures are noted for bearing dangerous & deadly side effects (pandemic iatrogenesis).

ORIENTATION & PHILOSOPHY

Recognition of acute disease as a systemic reparative process inseparable from the person.

Recognizes that the body & mind are inseparably one, & must be treated holistically as a unity.

The focus is on strengthening the protective healing energies & resources of the person.

CAUSALITY

The focus of causality is both internal to the person as it relates to habitual lifestyle practices, nutrient deficiencies, negative emotions, etc.; & external as it relates to debilitating factors in the natural & social environments

PREVENTION & CURE

Recognizes that health sustenance & health restoration depend upon the very same measures.

The emphasis is on removing causes through enhanced lifestyle factors & by eliminating debilitating socio-economic & environmental conditions.

Relies on health building & restorative measures that are cost effective, safe, noninvasive, efficacious, & family friendly, including: adequate & quality nutrition; potable water; enhanced natural environments; complemented by non-toxic plant medicines & other accessible & low cost technologies

4. CARE PROVIDERS

The emphasis is on exclusive management & control of health & disease by medical professionals who know all, while compliant patients follow orders.

Relies solely on the expertise of highly trained medical professionals.

5. COST

Cost is escalating to the point of becoming an economically unsustainable burden.

6. RESEARCH

Research focuses on tracking, isolating & destroying disease associated microbial entities.

The absence of disease is considered the result of techno-medical interventions.

7. HEALTH CARE OUTCOMES

Produces a system of disease care & disease scare. People learn to fear, distrust & disrespect the natural world, & their own bodies

People become unduly dependent upon medical institutions & authorities, thus diminishing self-respect & evading responsibility for their own health status. Coping strategies are diminished, leading to resignation helplessness & hopelessness.

CARE PROVIDERS

Emphasis is placed on the informed & responsible involvement of people in understanding & managing their own health needs, both preventive & restorative

Builds upon the distinctive knowledge & inherent capacities of individuals, families, & communities. Family heads are equipped by training in wellness principles & provide basic health care within the family.

COST

Cost is de-escalating, to the point of being marginal.

RESEARCH

Research focuses on better understanding, adopting & safeguarding the fundamental determinants of life & health.

The absence of disease is recognized as the result of studied compliance with natural laws that govern life & health.

HEALTH CARE OUTCOMES

Produces a system of health care that ensures & sustains optimum health, as based upon people developing a knowledge of, trust in & respect for the natural world, & their own bodies.

People develop & carry out impartial knowledge-based health & healing strategies, thus enhancing their health & attaining a longer & fuller life.



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