

The Spear of Aajonus

The Germ Theory of Disease Debunked and the Domestic Terrorists That Run the Modern Medical Industry Exposed

by Drake Shelton

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Sonora, Ca

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23 Reasons to Reject The Germ Theory of Disease

*An Open Appeal to the Peoples of the World to Awake from
the Grave Deception of the Coronavirus Hoax*

1. Back in 2009 I had recently graduated from college with a degree in Culinary Arts. I was doing well, and gaining the favor of *The Greenville News* "Taste" Section in Greenville, Sc as a stand out chef in the local area. Soon afterwards I would injure my back, lose everything I worked for my whole life, all of my friends and business acquaintances and was relegated to moving back in with my parents. I was constantly in supine position to take pressure off of my lower back. Within a few months I noticed that when I would sleep on my right side I would get shortness of breath. Then, a few months later when I would try to exercise in the swimming pool at the gym I noticed that my heart rate would fail and I would have to stop exercising due to sudden fatigue and slight pain in my chest. As time went on I noticed that I would easily get shortness of breath and high blood pressure on a regular basis. But the problems were not life threatening so I tried to eat more lean and take magnesium and celery juice for the blood pressure. These supplements suppressed the symptoms. These symptoms would come and go but skip forward to 2015 they became more pronounced. I was laying down in supine position as normal, taking an online computer programming course when an extreme bout of shortness of breath suddenly struck. I stood up in shock at not being able to comfortably breathe. I

walked around the house to try and convince myself that I was just imagining it and maybe my dad was right, I must be a hypochondriac. Not even close. The symptoms increased and I went to the emergency room where the doctor seemed befuddled but prescribed me an inhaler. The inhaler worked....for a short time. And he didn't tell me why it worked. After graduating from the computer programming cohort I was soon after excommunicated from the job placement program for refusing to bow my neck to anti-white, left wing liberal Political Propaganda during a discussion of Thanksgiving in 2015. I had already lost my first career. I lost my second attempt at a career as a Presbyterian Minister after failing to be convinced of the Trinity Doctrine while studying in seminary. And now my third attempt had ended in persecution and ostracization from what I concluded correctly to be from society in general. 20 years of high school, college and job training and all I had to show for it was a broken back, a useless degree, a whole lot of debt and absolutely no chance of any kind of future seeing I no longer believed in the Neoplatonic ideologies that are necessary to be integrated into modern American society. So.....I began to drink. I worked a hotel job at night so I could spend all my working hours studying and trying to figure out how the world was ever deluded into going along with these dark age metaphysical belief systems and how this Neoplatonic Ideology had come to complete power in a supposed modern progressive secular democracy. And how did I stay awake to read all of these books? Coffee. Coffee at night studying and as soon as I got home it was whiskey and vodka. I got a

part-time job delivering pizzas just to not drink too much and keep my mind off the dread of going home and facing the emptiness of my life and the bottles I knew I would run to. Needless to say my previous mild symptoms began to get worse. It all came together in one point in early 2017 when I was at my hotel job in Johnson City, Tn. I was doing my taxes and had recently finished a cup of coffee and a bottle of ginger ale. All of a sudden I could not breathe, my heart began to race, and I had no power to even sit up straight in my chair. I collapsed on the floor of the hotel dining room. I reached in my pocket to grab my cell phone. I dialed 911. The paramedics found me paralyzed on the dining room floor and they told me I was having a panic attack and the best way to recover was to practice breathing exercises. The exercises worked...for about an hour. I tried to make it home but the anxiety and trouble breathing were too extreme. I turned around and headed for the emergency room. The ER doctor gave me Benadryl to stop the panic attack. He examined my pulmonary artery but found no problems. He chalked it up to stress and gave me a sedative and sent me on my way. I began seeing a local state health doctor but he didn't know what was wrong with me. He gave me blood pressure medication which only worsened my condition. Things only got worse. I lost my part-time delivery job due to my weakness and my ability to perform my Night clerk job, easy as it was, began to dissipate. I had to take some time off of work. Being completely robbed of my faith in the medical industry, I looked into more ancient forms of healing and I fasted for 22 days at the end of which my doctor told me to go to the ER because

I was about to die of malnutrition. The next few months I was in the ER every few weeks. The fast did nothing for me. I read *Heal Your Heart: How You Can Prevent or Reverse Heart Disease* by K. Lance Gould M.D. I put all his advice to practice religiously. For ten months I did not drink alcohol, smoke tobacco, drink coffee or eat any kind of fast food. I researched everything I could on heart health and energy production in the body. I had a huge bag full of supplements everywhere I went: Hawthorne berry, B-Vitamin complex, l-arginine, d-ribose, magnesium, beet root, cod liver oil, Vitamin e, Coq10, and of course Dr. Linus Pauling's prescription of vitamin c and lysine. Niacin actually put me in the ER one time. I spent hundreds of hours studying, desperate for some answer to my problem. My health did not improve. I was so weak I had trouble vacuuming my floor. I wanted to die. This lasted until July of 2018. My problem got so bad I started getting extreme pains in my chest. I went to the emergency room again and the doctor prescribed me steroids for inflammation: Prednisone. It worked! (The same reason the inhaler worked years before) The very next day I went to the pool and acted like a 15 year old kid. It was like I was reborn. I could go out again and enjoy life! I began to use Pregnenolone instead of Prednisone and it worked great!.....for a while. About 6 months later I was at work after a long night of drinking, and I suddenly felt like I was having a Brain aneurysm. About ten minutes later the pain went to my chest and I could barely breathe the rest of the shift. Again, I found myself at the emergency room. The doctor did not know what was wrong with me. All of my x-rays came out fine. I

stopped drinking alcohol and coffee again. But the shortness of breath and the pain in my chest and brain did not go away. I kept studying until I found the real problem all these years, acid reflux! Acid reflux explained all the symptoms, all the clean heart and lung-x-rays and when I took baking soda during a spout of shortness of breath it gave me immediate relief. I had finally found the problem. The steroids were merely masking the inflammation. They were not curing the cause of it. All the years of processed, cooked and pasteurized industrial food, drinking coffee, laying in supine position to ease my back-pain and the recent alcohol cope had blown out my gut. My problem wasn't my heart, my lungs or my arteries, it was an inflamed esophagus. But why is it that all these doctors I had seen over the past 4 years never spotted it themselves? I went to the local Immediate Care Center and talked with the doctor about acid reflux and my symptoms. She diagnosed me with Acid Reflux, confirming my study and prescribed me a PPI. My study on PPIs resulted in nothing but warnings of heart attack and stroke. I thought I was out of the weeds with my new discovery but danger lurked in my presumption. I started drinking and smoking again, thinking the baking soda would protect me. Not so much! I ended up in the ER two more times over the next few weeks in October of 2019 with tonsillitis and bronchitis! I was discussing this with friends on my discord when my friend Chris introduced me to Aajonus Vonderplanitz and the problems he and others had pointed out with the foundation of the modern medical and Food industries: the Germ Theory of Disease. I began Aajonus' regime of eating

raw. The first two weeks were hard; not only because the taste of raw meat and eggs took getting used to but the detox was intense. I had fasted for 22 days back in 2017 so I knew what detoxing felt and smelled like. But the issue was I did not replace my toxic past with a raw nutrient replacement. After my long fast I kept eating cooked, pasteurized and processed foods. That is why my fast failed. Now with Aajonus's regime of raw eggs, milk, honey and meat I started seeing real results. After a month I no longer needed to take Coffee or Pregnanolone to enjoy free breathing and energy production. All I needed was raw food. It has been 6 months now and I have seen nothing but improvement. The only time I have a problem with breathing now is after a night of drinking or cheating with some coffee in an emergency when I have to stay awake for long periods of time. I try to keep my drinking to once a week but I cheat. I have only had coffee 4 times in 6 months. The only other mistake I made was back in late February I was feeling so good that I started working out again full strength at the gym. After 3 straight days of intense weight lifting I felt I injured myself. 11 years of inflammation in my esophagus still has some long-term consequences. Aajonus says full healing takes 2 years so I am obviously not strong enough to go back to a full scale regime at the gym yet. Hopefully I will be in the future. What I do know for sure is that Aajonus's diet is curing me and improving my life dramatically. I no longer need Pregnanolone or desire to drink coffee regularly. I have abundant energy and can work all day long with no problems. I no longer simply *believe* the Germ Theory has *problems*. I know, absolutely, 100% that the

Germ Theory isn't true. I have eaten raw eggs, raw milk, raw kefir, raw butter, and raw meat every day for 6 months. Not only have I not been sick one day, my health has only improved. That is impossible given The Germ Theory of Disease. A theory that stole some of the best years of my life and is now attempting to utterly destroy the world with this recent Coronavirus hoax!

The fundamental postulates of The Germ Theory are the following:

1. Atomism
2. The human body is not designed by God to heal itself but is a product of Darwinian Evolution, arbitrarily throwing its proverbial solution to its problems against the wall to see what will stick. It doesn't know what to do because there was no God that designed it to deal with the problems of the world. Often it finds itself warring against itself, and others it is being conquered by microscopic demons!
3. The cause of the disease is not important. The main point is to make money off of human suffering by managing the symptoms. Since the body is not designed by God but is full of vestigial organs then, when you have appendicitis there is no need to repent of your sinful NEET eating and living habits and detox through a change of lifestyle. On the contrary, let's just remove your appendix.

4. Millions of years of evolution favored the survival of bacteria that destroyed other bacteria by producing weaponized substances. (Prof. Barry Fox, *An Introduction to Infectious Diseases*, Lecture 6: 25m rem.)
5. Thus, primitive organisms are simpler. Later more complex organisms are a product of evolution.
6. Viruses, bacteria and parasites cause disease.
7. Bacteria cause toxins.

The catalyst events that promoted Louis Pasteur's theory to prominence was his observation that bacteria are responsible for fermentation and "spoilage" and he demonstrated that injecting a sheep with anthrax bacillus resulted in the anthrax disease in the injected sheep.

2. The first observation was obviously chosen to promote the rising Capitalist food industry, now equipped with Pasteur's theory, could keep their now nutritionally ravaged products on grocery shelves much longer, increasing their revenue exponentially. Anyone who cannot see the profit motive in "accepting" Pasteur's theory is dense beyond repair. The establishment was not convinced his theory was true. They were convinced his theory was profitable. Moreover, his understanding of bacteria and spoilage is baseless.

3. Food poisoning deaths are often correlated with Anaphylaxis, allergic reactions, which are not explainable on the Germ Theory model and Aajonus maintained is caused by injected antibiotics and vaccines that are given as treatments to alleged victims of food poisoning. As will be demonstrated food poisoning is caused, not by bacteria, but by processes of cooking and chemical induced destruction of natural bacteria in food.

4. Bacteria cannot be controlled for in a demonstration of the cause of food poisoning seeing they are ubiquitous and a normal part of digestive flora within the human body.



The Great Egg Panic

By EMILY GREEN
JAN. 5, 2000 | 12 AM
TIMES STAFF WRITER

<https://www.latimes.com/archives/la-xpm-2000-jan-05-fo-50795-story.html>

Los Angeles Times

John R. Roth, a professor of biology at the University of Utah, has been studying salmonella for 40 years. "It is mostly reported as a pathogen," he says, "but probably it exists in very many organisms at a low level where it's not a pathogen but living as part of the gut flora." - special pleading

To his mind, the idea of banishing it is faintly absurd. "Salmonella is distributed pretty widely, and if you're willing to look closely enough, you'd probably find it almost everywhere," he says.

"Sometimes it makes a mistake and gets across the gut wall and into an organism. . . . Then it has all these mechanisms for surviving known as virulence."

This happens in two ways. In the vast majority of cases, salmonella poisoning causes gastroenteritis. This is an irritation at the gut wall where one's immune system is fighting off the bacteria. Symptoms can range from a loose stool to more flu-like symptoms.

In a tiny minority of cases, the most serious ones, the infection is absorbed but not destroyed by white blood cells and is carried deep inside the body. These cases can be lethal.

not to be confused with salmonella in esse and simpliciter

Aajonus states in *A New Theory of Disease?*,

"The University of Arkansas for Medical Sciences and the Arkansas Children's Hospital did a recent study of 50 Arkansas homes where infected children lived. They found salmonella-

concentrations in 38% of the homes; on doorsteps, vacuum cleaners, the refrigerator, and a pet lizard. (*Richmond Times Dispatch*, July 19, 1999; "Salmonella Bacteria Often Lurks Close By".)

5. We saw above that the authentic cases of food poisoning from bacteria are, even in the minds of professional germ theorists, extremely rare. (Aajonus suggests simply letting the detox of vomiting and diarrhea run its course naturally and the patient will be better off for it.)

6. Moreover, the alleged cases of food poisoning are wild guesses and most likely Government propaganda:

Los Angeles Times

There are simply no hard figures about how many cases of *S. enteritidis* poisoning occur each year. Among 270 million Americans, confirmed cases of *S. enteritidis* in humans run at about 40,000 a year. Yet the media regularly carry estimates of total cases ranging from 800,000 to 4 million.

Recently these were revised downward to more like 300,000, prompting farmers to joke that two more reports might eradicate it completely.

Peter Barton Hutt, formerly with the FDA and now a lecturer on food safety at Harvard University, is a long-standing critic of the numbers. "The statistics are all over the place," he says, "because none of them are any good. They are all wild guesses. What people do is gather statistics of reported cases and extrapolate from there. It then all depends on what multiple you choose."

The Centers for Disease Control and Prevention in Atlanta insists, however, that it has gone to a lot of effort refining the multiplier that it uses in extrapolating its estimates. "We think the number is somewhere around 38 times," says Dr. David Swerdlow, a medical epidemiologist in the CDC's Foodborne Disease Branch.

British food safety advisor Richard North wrote his doctoral thesis on the British *S. enteritidis* crisis and now works as a safety advisor for English egg producers. He dwells less on the numbers of cases than on their severity. "If cases are unreported, then the people who suffered cannot have been that terribly bothered, can they?" he asks.

But the CDC and others note that *S. enteritidis* can be deadly, even if with what they admit is extreme rarity. In the 14 years of the *S. enteritidis* "epidemic," from 1985 to 1998, there were 79 verified deaths. At a rate of about five deaths a year, this is one-tenth the number of people killed in the U.S. each year by lightning.

7. Not only are bacteria not the cause of disease, they are actually the cure for disease!

Dr. K. Brooks Low at Yale University and Dr. Sara Arab of the University of Toronto have successfully utilized bacteria, Salmonella and Ecoli respectively, in the treatment of cancerous tumors.



News

• Yale Medicine Magazine

Print Magazine PDFs

Salmonella vector overcomes an obstacle

Yale Medicine, 1999 - Spring

A year ago, scientists at Yale and Vion Pharmaceuticals reported success in experiments that used a modified salmonella bacterium as a vector to attack tumors in mice. Now the researchers have found a way to reduce the risk of potentially fatal septic shock in humans, making the mutated salmonella a candidate for cancer therapy. "You can eliminate the main culprit that induces septic shock from bacteria," said **David Bermudes**, Ph.D., assistant professor (adjunct) of medicine and associate director of biology at Vion, which is funding the research. Bermudes, **K. Brooks Low**, Ph.D., and **John M. Pawelek**, Ph.D., who have collaborated on the salmonella experiments, removed from the bacterium a gene essential to the biosynthesis of lipid A, or endotoxin, which induces septic shock. Their findings were published in the January issue of *Nature Biotechnology*.

The mutated salmonella, tested in mice and pigs for safety, has been shown to reduce tumor growth in mice by more than 90 percent. Injected directly into the blood stream, the bacterium suppresses, but does not completely eliminate, tumors through a process the scientists have yet to decipher. Phase I clinical trials are expected to begin this year.



Health ▾

Tech ▾

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Science News

from research organizations

Scientists Use Bacterial Toxin To Kill Brain Tumors

Date: July 1, 1999

Source: The Hospital For Sick Children

Summary: Researchers at The Hospital for Sick Children (HSC) and the University of Toronto (U of T) have used a toxin produced by the same bacteria that cause hamburger disease to completely eliminate malignant human brain tumors grown in mice. The research is published in the June issue of the scientific journal *Oncology Research*.

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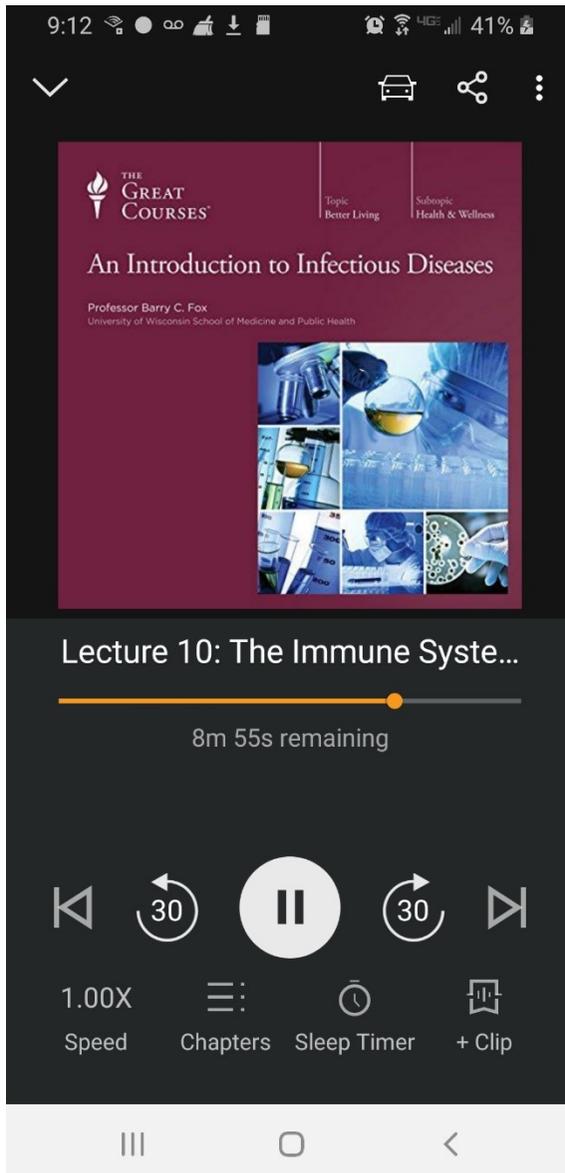
FULL STORY

Toronto -- Researchers at The Hospital for Sick Children (HSC) and the University of Toronto (U of T) have used a toxin produced by the same bacteria that cause hamburger disease to completely eliminate malignant human brain tumors

This last document utterly annihilates Dr. Barry Fox's assertion that the brain should remain sterile.

8. The overwhelming evidence of not only the ubiquity but the essential nature of bacteria to normal organism function has forced modern Germ Theorists into a never ending spiral of Special Pleading and moving the Goal Posts into Unfalsifiability fallacies as we see

in Professor Barry Fox's *Introduction to Infectious Diseases*:



“Now paradoxically, there are concerns known as the hygiene hypothesis that we are doing a potential disservice to the developing immune system by creating too clean of an environment. The developing immune system may need to be properly exposed to germs to function optimally. If the baby’s environment is too clean for example the production to T helper cells may not be adequately stimulated.”

Paradoxically Dr. Fox? Dr. Fox is using the word *paradoxically*, to avoid having to face the financial and social consequences of admitting contradictions in his theory. After going through this course it is really quite astounding how obtuse Professor Fox is to the number of concessions he gives us. In Lecture 2 Fox repeats that bacteria are good in small amounts but when too populous or find themselves where they do not belong like the blood stream they are pathogens. What exactly is too populous? He doesn’t say and that is because this germ theory is baseless and in desperation he is attempting to make it unfalsifiable.

9. Moreover, Fox contradicts himself again when he asserts that white blood cells fight infection. Pus is supposed to contain bacteria. So it is fighting itself? Moreover, if that is the case why do we need to use disinfectants on wounds? Aajonus states in,

Primal Diet Workshop + Q&A of June 22, 2013 in Chicago,

“Whenever you have puss - that is not a bad thing - that is why your animals want to eat it all the time - lick it off - because it is 98 to 99 % white blood cells, which are healthy cells going in there to eat the damaged tissue. So, when you have puss - that is a good thing! That is not a bad thing...White blood cells are there to eat up dead red blood cells. The only place in their body where you have a large body that is as big as the body around you as phagocytes. Phago in Greek means to eat. So, phagocytes are white blood cells meaning to eat red blood cells.”

A TEXT-BOOK
OF
BACTERIOLOGY

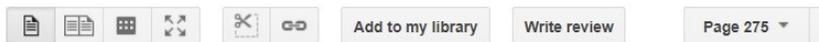
BY
GEORGE M. STERNBERG, M.D., LL.D.

SURGEON-GENERAL U. S. ARMY

EX-PRESIDENT AMERICAN PUBLIC HEALTH ASSOCIATION; HONORARY MEMBER OF THE EPIDEMIOLOGICAL
SOCIETY OF LONDON, OF THE ROYAL ACADEMY OF MEDICINE OF BOME, OF THE ACADEMY
OF MEDICINE OF RIO DE JANEIRO, OF THE SOCIÉTÉ FRANÇAISE D'HYGIÈNE,
ETC., ETC.

ILLUSTRATED BY HELIOTYPE AND CHROMO-LITHOGRAPHIC PLATES
AND TWO HUNDRED ENGRAVINGS.

NEW YORK
WILLIAM WOOD AND COMPANY
1896



IV.

PYOGENIC BACTERIA.

THE demonstration made by Ogston, Rosenbach, Passet, and others that micrococci are constantly present in the pus of acute abscesses, led to the inference that there can be no pus formation in the absence of microorganisms of this class. But it is now well established, by the experiments of Grawitz, De Bary, Steinhaus, Scheurlen, Kaufmann, and others, that this inference was a mistaken one, and that certain chemical substances introduced beneath the skin give rise to pus formation quite independently of bacteria.

10. Aajonus states in *How To Remove Fear Of Microbes And Embrace Them For Improved Digestion And Health*,

“Probably the most blatant proof that microbes are not any animal’s enemy is that all animals frequently, daily, lick each other’s feces from rectums.”

Dr. Patrick Tate, chief of the veterinary staff and a general practitioner at Webster Groves Animal Hospital & Urgent Care Center states,

“Coprophagia is usually harmless, but can sometimes spread an infectious disease or parasite to your dog. It can also cause gastroenteritis that results in vomiting and diarrhea.”

<https://patch.com/missouri/kirkwood/why-do-some-dogs-eat-feces-and-is-it-harmful-4c585f14>

Dr. Tate provides no citations for his claims whatsoever. How does he explain why Coprophagia is usually harmless seeing bacteria is the source of disease on his model? It is blatant Special Pleading and another desperate attempt to sell this delusion to the general public by bare appeals to authority and intimidation. The guy with the doctorate degree says so, therefore you have to pay him money.

11. Moreover, Dr. Fox tells us that bacteria create toxins. This theory has been refuted many times over

the past century or more. Bacteria are not invaders. Bacteria are a product of the body's *prima materia* and are the primary agents the body uses to break down a toxin that has either been ingested, breathed in or injected into the body. Even under the most sterile of conditions bacteria abounds which proves bacteria does not invade the human body. Thus, not a result of invasion:

Thus we see, staphylococcus epidermidis, a gram positive bacteria, is ubiquitous in the human body. Not a result of invasion.

ASEPTIC SURGICAL TECHNIQUE

*With Especial Reference to Gynæcological Operations,
together with Notes on the Technique Employed
in Certain Supplementary Procedures*

BY
HUNTER ROBB, M.D.

PROFESSOR OF GYNÆCOLOGY, WESTERN RESERVE UNIVERSITY; GYNÆCOLOGIST-IN-CHIEF TO THE LAKESIDE HOSPITAL, CLEVELAND, OHIO; FELLOW OF THE AMERICAN GYNÆCOLOGICAL SOCIETY, ETC.

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Experiments have shown that no method has yet been discovered by which the skin can be rendered absolutely sterile, and that the cutaneous glands contain, even after the most careful disinfection of the surface, micro-organisms which in a proper "soil" are capable of giving rise to inflammation and suppuration. Though it may be true, as has been contended by good men, that every wound made by the surgeon contains micro-organisms, we may assume that under ordinary circumstances the resisting powers of the patient will be sufficient to prevent their growth and development. Experience, however, has taught us that there are several kinds of bacteria which under certain conditions possess such virulence, that when introduced into the tissues even of a perfectly healthy

individual they are capable of setting up violent local or general infections. And it is only right that every surgeon shall do everything in his power to prevent the ingress of such bacteria. While admitting that an infection following an operation must,

present in acute abscesses, but, as a rule, it is associated with other pyogenic cocci, most frequently with the *staphylococcus pyogenes aureus*.

The *staphylococcus epidermidis albus* is so called because it is almost always present, even under normal conditions, in the human skin. According to Welch, it is often found in parts of the epidermis deeper than can be reached by any known method of cutaneous disinfection without injuring the patient, and he therefore regards it as a nearly constant inhabitant of the epidermis. This coccus resembles very closely the *staphylococcus pyogenes albus*, and is distinguished from it only by minor cultural differences and by its lower virulence. It has frequently been found in wounds, the healing of which did not appear to be at all delayed; but experiments have proved that it sometimes causes suppuration along the line of the stitches and in the track of a drainage-tube. In a series of forty-five laparotomy wounds examined by Dr. Ghiskey and myself, where every aseptic precaution had been observed, bacteria were found in thirty-one, or sixty-nine per cent. of the whole; in only fourteen were the results of the cultures negative. In nineteen cases we found the *staphylococcus epidermidis albus*, in five the *staphylococcus pyogenes aureus*, in six the *bacterium coli commune*, and in three only the *streptococcus pyogenes*.

Cultures made also in a large number of cases from the hands and from the surface of the abdomen showed

Bechamp or Pasteur? Hume, Ethel D., p. 171,

"Surely that could be said for the whole of Bechamp's microzymian teaching, which we can, from his writings, sum up as follows: -The mycrozyma is that which is primarily endowed with life in the organised being, and that in which life persists after the death of the whole or in any excised part. **-The microzyma being thus the fundamental element of corporate life**, it may become morbid through a change of function and thus be the starting point of disease. -Only that which is organised and endowed with life can be susceptible to disease."

Bechamp or Pasteur? Hume, Ethel D., p. 171,

"Disease is born of us and in us. -The microzymas may undergo bacterial evolution in the body without necessarily becoming diseased. In a diseased body, a change of function in the microzymas may lead to a morbid bacterial evolution. Microzymas morphologically identical with and functionally different from diseased microzymas may appear without a microscopic distinction being possible. -Diseased microzymas may be found in the air, earth, or waters and in the dejecta

or remains of beings in which they were once inherent. -Germs of disease cannot exist primarily in the air we breathe, in the food we eat, or in the water we drink, for the diseased micro-organisms, unscientifically described as 'germs', since they are neither spores nor eggs, proceed necessarily from a sick body. Every diseased microzoma has originally belonged to an organism, that is, a body of some sort, whose state of health was reduced to a state of disease under the influence of various causes which determined a functional change in the microzymas of some particular centre of activity."

BÉCHAMP OR PASTEUR ?

A Lost Chapter in the
History of Biology
By
E. DOUGLAS HUME

Founded upon MS.

by

MONTAGUE R. LEVERSON, M.D. (Baltimore), M.A., Ph.D.

With a Foreword by

S. JUDD LEWIS, D.Sc., F.I.C.

Professor Bastian based this belief upon such observations as his experiment with the "*cyclops quadricornis*, one of the *Entomostraca* so commonly to be found in ponds."²

"If we take one of these little creatures," he writes, "put it in a drop of distilled water, on a glass slip with a fragment of a No. 2 cover-glass on each side of it, and place over all a cover-glass, it will be found that the animal is soon killed by the weight of the latter, though the fragments of glass prevent rupture of the body. We may then

¹ *The Evolution of Life*, by H. Charlton Bastian, M.A., M.D., F.R.S., F.L.S. p. 31.

² *The Nature and Origin of Living Matter*, by H. Charlton Bastian, M.A., M.D., F.R.S., F.L.S., R.P.A. ed. p. 110. (Watts and Co.).

place the microscope slip in a Petri dish containing a thin stratum of water (so as to prevent evaporation from beneath the cover-glass) and fixing upon one of the tail *setae* (these being larger than those of the abdominal feet), we may examine it from time to time. What may be observed is this. After an interval of two or three days (the duration depending upon the temperature of the air at the time) we may see, under a high power of our microscope, scarcely visible motionless specks gradually appear in increasing numbers in the midst of the structureless protoplasm, and, still later, we may see some of these specks growing into bacteria. . . . At last the whole interior of the spine becomes filled with distinct bacteria. . . . Later still, all the bacteria, previously motionless, begin to show active swarming movement. In such a case it is clear we have to do with no process of infection from without, but with a *de novo* origin of bacteria from the protoplasmic contents of the spines or *setae*. The fact that they appear in these situations as mere separate motionless specks, and gradually take on the forms of bacteria (also motionless at first) is, as I have previously indicated, just what we might expect if they had actually taken origin in the places where they appear. On the other hand, such a mode of appearance is totally opposed to what might be expected if the micro-organisms had obtained an entry from without, through the tough chitinous envelope of the spines."

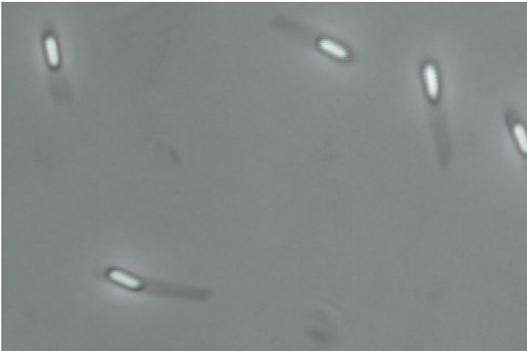
DISMANTLING THE VIRUS THEORY

The “measles virus” as an example

Why should we doubt the existence of viruses? What are viruses and what are they not?
How are viruses being scientifically demonstrated to exist?

Author: Dr. Stefan Lanka

Thus, toxins are not something created by bacteria. They are brought into the body through ingestion, inhalation, or injection. The reason why the germ theorists believe that Bacteria create toxins is because they assume spores are toxic and there is a substantial identification between bacteria and spores. According to German Biologist Dr. Stefan Lanka,



when bacteria begin to die they create forms of survival: spores. When they begin to restore their vital resources

they form back into bacteria. The alleged Virus/Bacteriophage/Spores are actually helping bacteria to live. Germ theory assumes spores are toxic. On that assumption they believe that the devolution of the bacteria to their survival spore form was actually the spores destroying the bacteria. Thus, they were given the title phages, Bacteriophage, or bacteria eaters, "a virus parasitic on bacteria" - Félix d'Herelle. In reality only weak and depleted bacteria are destroyed. These Bacteriophages kill cells and are therefore considered a virus/pathogen. Yet the pathogenic virus has never been isolated outside of a bacteria cell.

12. Not only so, no one has ever observed a virus penetrating a cell. As a matter of fact the description of a virus inherently precludes the idea that a virus could ever exist outside of a host cell. Fox admitted in Lecture 3 that Viruses have no nucleus, no independent protein synthesis or generation of its own energy supplies, no cell wall, and no growth or cell division. Thus, when they refer to isolation of a bacteria it does not mean what you think it means. If a virus is totally dependent on the host cell for survival, as Fox admits, then how

did it ever exist to invade in the first place? Fredric S. Cohen, Department of Molecular Biophysics and Physiology, Rush University Medical Center, Chicago, Illinois, in *How Viruses Invade Cells*, desperately attempts to move the goal posts from the critical reader and dives head first into fetal position inducing sophistry stating,

“An individual viral particle, called a virion, is a far simpler structure than a bacterium. It has often been questioned whether a virus is alive. It is certainly not living in the everyday sense of the word.”¹

Moreover, Jun Liu, pathologist at the University of Texas Medical School, explains that though it is impossible to observe a virus infecting a cell with its DNA, he has somehow used his electron microscope that everyone else has had for decades and observed this happening and his proof is to show us not an actual image or real time video of this happening but like most other pieces of metaphysical delusion the US Department of Education sells, he gives us a cartoon:

High-Tech Images Show How Viruses Infect Cells by [VOA News](#).²

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4788752/>

² <https://www.youtube.com/watch?v=Weqb9KrQ-TU>

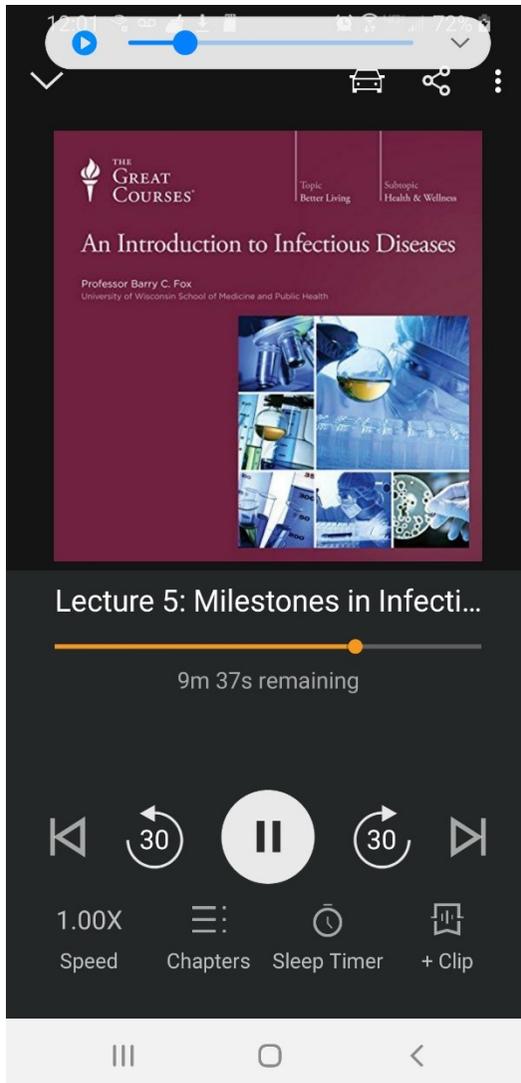
13. Aajonus states in *The Primal Diet Newsletter 28th Edition*; December 28, 2011, "Is The Science of Viruses Real?",

"science observes that the **accumulation of cellular waste increases as time passes during detoxifications** such as flu. Most doctors and researche[r]s are instructed to not see them as detoxifications. **They surmise that a viral microbe is responsible for the dissolution of cells instead of realizing it is cells themselves that produce the solvent that causes their own dissolution of particular cells within themselves.** It is a matter of cellular self-cleansing. It is a frequent occurrence because cells lack bacteria to do the process more easily, naturally. Researchers vary in th[eir] assessments of how many cells are in the human body but they all agree that it is around 60 trillion, depending on our sizes. According to my laboratory calculations with healthy animals who were not subjected to industrial chemicals, there is supposed to be about 300 times more bacteria than animal cells in our bodies. **I[n] the last two years, science has only found 150 times more bacteria than human cells in the human body.** I surmise that low bacterial level is because of our constant poisonous exposure to industrial toxins that destroy

bacteria. Each cell type, such as liver, heart, pancreas, spleen, nerve, neuron, lymph, artery, muscle, etc. has a specific DNA pattern. For instance, if I were to find cellular waste that contained heart-cell DNA and RNA, that would be a specific category. We could subdivide those into more categories because there are muscle, nerve, lymph, connective, reproductive, blood and other cells within heart cells that are heartspecific and have particular DNA and RNA. **Naming and categorizing them as viruses that attack us creates the monster that pharma/medicine needs for us to be in fear, seeking their weapons of mass destruction so we create war within our bodies so they can profit. The bodily war waged by medical practices only makes us sicker so they can profit more."**

14. The modern germ Theory also has no theory of identification and individuation.

Fox says Koch's postulates are the standard for identifying viruses. (Lecture 5: 9m 31 s rem.)



“Koch also revolutionized medical epidemiology by his four postulates which have set the standard for the

proof of infectivity up until the present day.”

Yet we are told that Koch himself abandoned these postulates after finding many viruses to be asymptomatic.

“However, Koch later abandoned the universalist requirement of the first postulate altogether when he discovered asymptomatic carriers of cholera[4] and, later, of typhoid fever.”³

We are now told that they use the Bradford Hill criteria, so which is it? The reason our opponents find themselves in this predicament is that The Germ Theory of Disease is not true. Mr. Koch was being a bit too honest and falsifiable in his approach with his postulates. The Capitalist overlords were not going to let intellectual honesty get in the way of their endless profits!

They even lie about what Koch’s postulates are so they can move the goal posts into an unfalsifiable position of profit!

³ https://en.wikipedia.org/wiki/Koch%27s_postulates



Koch's Postulates to Identify the Causative Agent of an Infectious Disease

Koch's Postulates

Four criteria that were established by Robert Koch to identify the causative agent of a particular disease, these include:

1. the microorganism or other pathogen must be **present in all cases of the disease**
2. the pathogen can be isolated from the diseased host and **grown in pure culture**
3. the pathogen from the pure culture must **cause the disease when inoculated into a healthy, susceptible laboratory animal**
4. the pathogen must be **reisolated** from the new host and **shown to be the same** as the originally inoculated pathogen

[4 See also](#)

[5 References](#)

[6 Further reading](#)

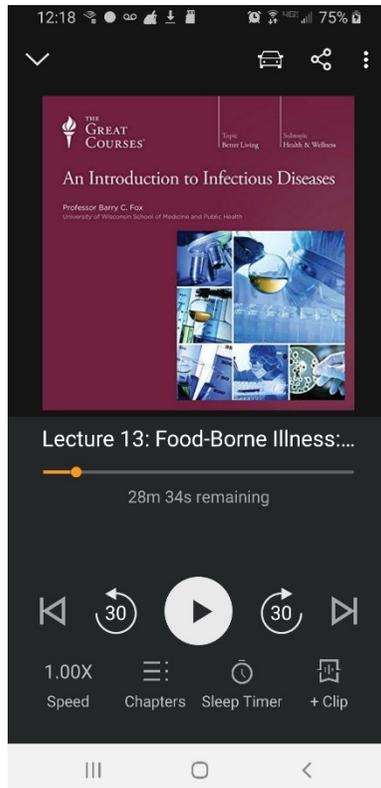
The postulates [\[edit \]](#)

Koch's postulates are the following:

1. The microorganism must be found in abundance in all organisms suffering from the disease, but should not be found in healthy organisms.
2. The microorganism must be isolated from a diseased organism and grown in pure culture.
3. The cultured microorganism should cause disease when introduced into a healthy organism.
4. The microorganism must be reisolated from the inoculated, diseased experimental host and identified as being identical to the original specific causative agent.

As we see the first and third postulate has been amended to move the goal posts on the number of microorganisms necessary to cause disease and the organisms necessary to control which is why animal was changed into healthy organism.

15. Our opponents also have no theory of foodborne illness. Professor Barry Fox admits that 80% of the time they have no way of determining the cause of foodborne illness. (Lecture 13 28m 5s rem., 26m 15s rem.)



“Now foodborne illness has three major causes: bacteria, preformed toxins and viruses. But in 80% of the cases of foodborne illness we don’t know which of the three is the cause. Simply because illness is so common we can’t investigate all the possibilities. People often ask me, ‘how do you know if you are sick from something that you ate?’ The general timeline of illness ranges from a few hours to a few days so there is no definitive answer.”

16. The idea of an isolated organism called a virus has never been observed as Dr. Stefan Lanka demonstrated and who was recently vindicated by the Higher Regional Court (Oberlandesgericht) Stuttgart in 2016 in his dispute with David Bardens.

Dr. Stefan Lanka Exposes The "Viral Fraud"

Pictures of "Isolated Viruses" Debunked

E-mail me!



Dr. Stefan Lanka, virologist and molecular biologist, is internationally mostly known as an "AIDS dissident" (and maybe "geneticology dissident") who has been questioning the very existence of "HIV" since 1994. In the past years, however, he stumbled over a breathtaking fact: Not even ONE of the (medically relevant) viruses has ever been isolated; there is no proof of their existence. Actually, Dr. Lanka has already stated three years ago, in the almost "legendary" *Zenger & Interaktion*: "So far, for a long time I studied virology, from the end to the beginning, from the beginning to the end, to be absolutely sure that there was no such thing as HIV. And it was easy for me to be sure about this because I realized that the whole group of viruses to which HIV is said to belong, that retroviruses, as well as other viruses which are claimed to be very dangerous, in fact do not exist at all! So I was right from the beginning. And I still had not read any paper concerning people who do BELIEVE in the existence of HIV. I found out that the first article about this was published in the journal *Journal of Virology* in September 2001, the German book "Das Volkermord im dritten Jahrtausend" (Vaccination - Genocide in the third millennium?) by Stefan Lanka and Karl Krufeld was published in which they state that there is still no proof of any (medically relevant) virus.

This movement (klein-klein-aktion) has a German website: www.klein-klein-aktion.de which I have taken (and translated) all the following texts from.

For almost one year we have been asking authorities, politicians and medical institutes after the scientific evidence for the existence of such viruses that are said to cause disease and therefore require "immunization". After almost one year we have not received even one concrete answer. Evidence of the virus in order to prove infection, at Koch's time this evidence couldn't be achieved directly by visualization and characterization of the viruses, because adequate technology wasn't available at that time. (Methods of modern medicine have profoundly changed over the past 80 years, in particular by the invention of the electron microscope. And still all these viruses we get immunized against have never been re-examined using this technology?) Several images and explanations that we were pointed to and that were said to show resp. describe (characterize) viruses, we showed to **Dr. Lanka who gives his summarizing comments:**

[The German original of the following text by Stefan Lanka you can find **lets** (temporarily not available for technical reasons, Jan 11, 2003)]
All these photos have in common that they, resp. the authors, can't claim that they present a virus, as long as they do not also provide the original publications which describe how and what from the virus has been isolated. Such original publications are cited nowhere.

Indeed, in the entire scientific literature there's not even one publication, where for "viruses in the medicine" the fulfillment of Koch's first postulate is even claimed. That means, that there is no proof that from humans with certain diseases the viruses - which are held responsible for these diseases - have been isolated. Nevertheless, this is precisely what they publicly claim. Now, regarding the photos submitted:

1. Many of the photos are colored. This is proof enough, that they are the (net)work of designers, because electron microscopic photos always appear in black and white.



2. The images of the so called HIV, measles (Masern)- and smallpox (Pocken) viruses clearly show, as the image descriptions partly already indicate, that these are cells, wherein the viruses can allegedly multiply. This means they are not typical endogenous particles in themselves, but are cells, which are all the more suspicious, since the cells are not the same and intercellular transport. Unlike viruses of the same kind - that are always the same size and same shape (consistency) -, they differ in size and shape (consistency) and therefore can't be isolated.

17. The experiments of Antoine Bechamp showed the presence of bacteria in all healthy tissue; not the result of an external invasion.

Béchamp or Pasteur?

A Lost Chapter in the History of Biology

ETHEL DOUGLAS HUME

prefaced by

Pasteur: Plagiarist, Impostor

The Germ Theory Exploded

R.B. PEARSON

A cyst which had to be removed from a liver provided a wonderful demonstration of the doctrine of bacterial evolution, for in it were found microzymas in all stages of development; isolated, associated, elongated – in short, true bacteria. Dr. Lionville, one of Béchamp's medical pupils, had his interest greatly aroused, and demonstrated that the contents of a blister include microzymas and that these evolve into bacteria.

With extraordinary patience and industry, Professor Béchamp and his colleagues continued their medical researches, finding the microzymas in all healthy tissues, and microzymas and many forms of bacteria in various phases of development in diseased tissues. Punctuating his clinical study with laboratory tests, the Professor instituted many experiments – too many to include here – to prove that the appearance of bacteria was not due to external invasions.

One day an accident provided an interesting contribution to the observations.¹ A patient was brought to the hospital of the Medical University of Montpellier suffering from the effects of an excessively violent blow upon the elbow. There was a compound comminuted fracture of the articular joints of the forepart of the arm; the elbow was largely open. Amputation was imperative and was performed between seven and eight hours after the accident. Immediately the amputated arm was carried to Dr. Estor's laboratory, where he and Professor Béchamp examined it.

The forearm presented a dry black surface. Complete insensibility had set in before the operation. All the symptoms of gangrene were

1. *Les Microzymas*, A. Béchamp, p.181.

18. In Lecture 7 Barry Fox states that most germs are harmless and even admits that the 5 second rule is ok.

19. Microscope observations are not absolute proof.

- See my [Flat Earth Encyclopedia](#) for problems with Optical Imagery.

- Lecture 5 (3m 45s rem.) Fox admits that the electron microscope cannot show organism's dynamic life process due to vacuum pressure and electron bombardment.

20. Royal Raymond Rife invented his own microscope with which he saw bacteria, fungi and viruses transmute from preceding primordial organisms just like Bechamp stated. His invention was suppressed.

<https://www.rife.de/what-has-become-of-the-rife-microscope.html>

21. Viruses were allegedly first seen in 1931. They were said to be particles, rather than a fluid, by [Wendell Meredith Stanley](#).⁴ All that happened is that they saw a microbe, conceptually isolated it in their minds, interpreted it as a virus and then sold the world their protection from it.

22. Fox admits viruses are never eliminated but remain in body in a dormant state. This is again Special pleading.

23. Fox admits most patients with herpes are asymptomatic. This is also special pleading and moves the goal posts. This is why Koch's postulates had to be eliminated. There are large amounts of cases that are Asymptomatic. One of the most famous cases is that of Typhoid Mary, or Mary Mallon. She was asymptomatic but supposedly gave scores of people

⁴ <https://science.sciencemag.org/content/83/2143/85.1>

typhus. This is impossible on any FALSIFIABLE Germ Theory, but there isn't one!

The 17 Fundamental Doctrines of Biblical Pleomorphism

1. Continuum Mechanics - Transmutation - Pleomorphism

Continuum mechanics is the idea that reality contains no spatial breaks or vacuums; that the *prima materia* of our world is a vast plenum or soup bearing different degrees of concentration per volume. Basic units of life such as cells are not a product of atoms moving from one place to another but are literally produced by microzymas granules, the base element of biological life, transmuting themselves into cells, genes and germs etc. This is the theory of Pleomorphism which contradicts the Monomorphic theory which states that microbes do not change shape or function.

2. Microzymas are *prima materia*.⁵ Microzymas produce cells, genes, bacteria etc. Bacteria is created by the body from its *prima materia*, the microzymas granules. Bacteria is found in all

⁵ *Bechamp or Pasteur?* Hume, Ethel D., p. 171, "Surely that could be said for the whole of Bechamp's microzymian teaching, which we can, from his writings, sum up as follows: -The mycrozyma is that which is primarily endowed with life in the organised being, and that in which life persists after the death of the whole or in any excised part. **-The microzyma being thus the fundamental element of corporate life**, it may become morbid through a change of function and thus be the starting point of disease. -Only that which is organised and endowed with life can be susceptible to disease."

healthy tissue and is a necessary and normal flora of the human body.

3. Microzymas are immortal. ⁶ They are no doubt the element in man that man cannot destroy which God will use to resurrect us on the last day. (Matt. 10:28, Luke 12:4-5)

4. Microzymas transmit heredity and identity.⁷

⁶ *Bechamp or Pasteur*, p. 181

⁷ *Bechamp or Pasteur?* Hume, Ethel D., p. 250, "This was exactly Bechamp's teaching, and, moreover, he showed that the microzymas are the transmitters of heredity. According to him, a plant or an animal is what it is by virtue of its microzymas. These are the link between the animal and vegetable kingdoms. Though appearing intrinsically the same, it is they that differentiate the essence of one living being from that of another. It is by reason of its microzymas that an acorn develops into an oak, or a hen's egg into a chicken; microzymian influence decides the child's likeness either to father or mother. And here again we find the supporting modern view that in the chromatin lies the secret of heredity. Professor MacBride (Section D. Reports of British Association. 1915. Discussion on the Relation of Chromosomes to Heredity, by Professor E. W. MacBride.) thus supports Bechamp's hypothesis: "There seems to be no escape from the position that the chromatin, viewed as a whole, is the bearer of hereditary tendencies, for the influence of the father in determining the character of the offspring is as potent as that of the mother. Now, the head of the spermatozoon is the only part of the father that enters into the constitution of the progeny, and this appears to consist practically exclusively of chromatin. May not the chromosomes be simply groups of these determiners (of characteristics, qualities, etc.) adhering by mutual chemical affinity under the peculiar chemical conditions

5. There are not different species of bacteria but different stages of microzymian evolution into their bacterial forms

6. The original man, red and ruddy,(Adam) was created by God perfect but fell into sin and plunged the human race into a biological struggle with devolution not evolution. The correct mechanism of heredity is Biblical Lamarckian Epigenetics(Reactivation and Deactivation of primordial structure through use and disuse.) What others call Evolution is actually reactivation of primordial genetic structures established by Elohim through behavior congruent with Natural and Revealed Law. The loss is that the primordial genetic characteristic becomes dormant or junk DNA that can be activated later on due to reformation. The traits of a species are not all the products of genetics or heredity. Some are but of course many of them are acquired intellectually through study, experience and a willingness to be honest about the failure of certain ideas. Heredity is mostly improved by better breeding in selection of primordial characteristics, environment and diet.

prevailing in the cell in the period preceding karyokinesis? If this be the case, the apparent total disappearance of chromosomes during the resting period could be accounted for."

7. The cause of disease is ingestion(through mouth or skin), inhalation or injection of toxin. Generally, disease is a result of sinful eating(salt, white processed sugar and caffeine), and alcohol or drug habits. When sodium is in a bioactive form such as in a plant or animal tissue it is fine but the industrialized rock salt form of sodium is toxic.⁸ The cure to disease is then repentance and spiritual reformation, detoxification through abstinence from previous toxic habits, eating raw primal, and a restoration of bacteria and enzymes. This also includes absorption of radiation poisoning from modern cell phone towers, modems, computers, routers and cell phones.

8. The human body is designed by God to heal itself and so all natural biological processes the body utilizes to heal itself should not be resisted with antibiotics and sterilizers but facilitated with raw nutrients and a pure breathing environment. The body knows what it is doing because God designed it, and is never attacking itself, so the Biblical doctor should never be attempting to attack the body's reaction to toxin. **Thus, we do not have an immune system. We have a lymphatic system.**

9. Devolution has increased dramatically since the Industrial Revolution with its toxins and then our current vaccine obsession. I suggest we adopt a Neo-Luddite Economic approach to mitigate the effects of the Industrial Revolution. See *Nutrition and Physical Degeneration* by Weston Price. I would also suggest

⁸ Aajonus, *We Want to Live*, pg. 199, Q&A of May 29th, 2011 - *Aajonus Gives Vital Info*

dietary correction from the Torah concerning the unclean foods American people eat. See Leviticus 11.

10. Bacteria are pleomorphic. They reflect the condition of the environment they find themselves. They do not create the environment. Bacteria respond to the media they are in. Thus, diseased microzymas should be characterized by the tissue or cell environment you find them in and not the disease conditions they are associated with.⁹

⁹ *Bechamp or Pasteur?* Hume, Ethel D., pgs. 242-244, "The micro-organisms known as 'disease germs' are thus either microzymas or their evolutionary bacterial forms that are in (or have proceeded from) sick bodies. -The microzymas exist primarily in the cells of the diseased body and become diseased in the cell itself. **-Diseased microzymas should be differentiated by the particular group of cells and tissues to which they belong, rather than the particular disease conditions with which they are associated.** -The microzymas inherent in two different species of animals more or less allied are neither necessarily nor generally similar. -The microzymas of a given morbidity belong to one certain group of cells rather than to another, and the microzymas of two given species of animals are not susceptible to an identical affection. Such, in summary, are the propositions that form Bechamp's basis of pathology. Needless to say, he put none forward as an untried theory; each was founded upon precise experimentation."

11. The disease is the cure created by the body, not a product of invasion.¹⁰ Bacteria remain dormant in the body until they are needed for cleansing.

¹⁰ *Bechamp or Pasteur?* Hume, Ethel D., p. 171 "Disease is born of us and in us. -The microzymas may undergo bacterial evolution in the body without necessarily becoming diseased. In a diseased body, a change of function in the microzymas may lead to a morbid bacterial evolution. Microzymas morphologically identical with and functionally different from diseased microzymas may appear without a microscopic distinction being possible. -Diseased microzymas may be found in the air, earth, or waters and in the dejecta or remains of beings in which they were once inherent. -Germs of disease cannot exist primarily in the air we breathe, in the food we eat, or in the water we drink, for the diseased micro-organisms, unscientifically described as 'germs', since they are neither spores nor eggs, proceed necessarily from a sick body. Every diseased microzoma has originally belonged to an organism, that is, a body of some sort, whose state of health was reduced to a state of disease under the influence of various causes which determined a functional change in the microzymas of some particular centre of activity."

BÉCHAMP OR PASTEUR?

A Lost Chapter in the
History of Biology

By

E. DOUGLAS HUME

Founded upon MS.

by

MONTAGUE R. LEVERSON, M.D. (Baltimore), M.A., Ph.D.

With a Foreword by

S. JUDD LEWIS, D.Sc., F.I.C.

Professor Bastian based this belief upon such observations as his experiment with the "*cyclops quadricornis*, one of the *Entomostraca* so commonly to be found in ponds."¹

"If we take one of these little creatures," he writes, "put it in a drop of distilled water, on a glass slip with a fragment of a No. 2 cover-glass on each side of it, and place over all a cover-glass, it will be found that the animal is soon killed by the weight of the latter, though the fragments of glass prevent rupture of the body. We may then

¹ *The Evolution of Life*, by H. Charlton Bastian, M.A., M.D., F.R.S., F.L.S. P. 31.

² *The Nature and Origin of Living Matter*, by H. Charlton Bastian, M.A., M.D., F.R.S., F.L.S., R.P.A. ed. p. 110. (Watts and Co.).

place the microscope slip in a Petri dish containing a thin stratum of water (so as to prevent evaporation from beneath the cover-glass) and fixing upon one of the tail *setae* (these being larger than those of the abdominal feet), we may examine it from time to time. What may be observed is this. After an interval of two or three days (the duration depending upon the temperature of the air at the time) we may see, under a high power of our microscope, scarcely visible motionless specks gradually appear in increasing numbers in the midst of the structureless protoplasm, and, still later, we may see some of these specks growing into bacteria. . . . At last the whole interior of the spine becomes filled with distinct bacteria. . . . Later

still, all the bacteria, previously motionless, begin to show active swarming movement. In such a case it is clear we have to do with no process of infection from without, but with a *de novo* origin of bacteria from the protoplasmic contents of the spines or *setae*. The fact that they appear in these situations as mere separate motionless specks, and gradually take on the forms of bacteria (also motionless at first) is, as I have previously indicated, just what we might expect if they had actually taken origin in the places where they appear. On the other hand, such a mode of appearance is totally opposed to what might be expected if the micro-organisms had obtained an entry from without, through the tough chitinous envelope of the spines."

12. A cold is a bacterial detox. A flu is a solvent detox. In a solvent detox the microzymas granules transmute into inorganic mutated proteins to function as a solvent to cleanse the cells of toxin. What moderns call

a virus are only typical components and characteristics of cells.

13. Contagiousness can be explained through off-gassing. When one is sick, the body triggers a fever to sweat out the toxins (A mentally debilitating problem for Germ Theorists who will back-pedal on their theory that all disease is caused by viruses, bacteria or parasites, while they try and fit toxins in their somewhere because they know they are lying if they deny that a fever is designed to sweat out toxins and not to kill bacteria). This off-gassing of toxin can be ingested or inhaled by a loved one who will subsequently pick up the “toxin” and thus the sickness/cold or flu detox. The best way to avoid this is to isolate the sick person and make sure their room is properly ventilated. They should also take hot baths which aids the detoxing process at no risk to others as the water washes the perspired toxins away.¹¹

¹¹ Aajonus, *We Want to Live*, pgs. 326-327



14. Bacteria are garbage men. Decomposition is achieved by your inherent bacteria and not by foreign invaders.

“the two Bechamps maintained that the inherent microzymas, apart from the assistance of foreign 'germs', bring about decomposition. They taught that when the corporate life of a being is at an end, the infinitesimal organisms that originally built up its cells continue to flourish, and by their life processes destroy the habitat of which they were the creators.” -*Bechamp or Pasteur?* Hume, Ethel D., p. 240

15. The best product for energy production is raw animal fat. Coke, sugary drinks, coffee and vitamin supplements are a scam to get your money. You should know the cooked diet is not real food when you have to reach for that sugary caffeine beverage every day.

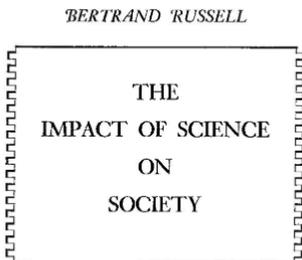
16. The other red flag indicator that your diet is toxic is the bloated belly. If you are an even moderately active man you should not have a belly. I am 40 years

old, I spend most of my time sitting and reading or writing and I have worked out maybe 5 or 6 times in 6 months and this is what my belly looks like. (See the image to the side) The reason why your belly is fat is because your body cannot properly digest the toxic “food” you are eating and the processed sugar, salt and caffeine is creating bloating in your gut. That is why you have the hideous belly! I am 40 years old but have the body of a 19 year old because I eat raw primal. You should too. Now of course, since most modern people are petulant children with no discipline they will begin whining about all the dietary restrictions I am suggesting. You know what I’m not restricted with? Sex! I have a sleek, attractive body and women love having sex with me! And I know most American people are sexually starved, some because they are addicted to their virtual fantasy world of pornography and video games but also because many of them are just fat and unattractive. You petulant NEETs can keep your porn, your video games, your beer and your poisoned food and I’ll be feasting on raw primal food and the flesh of young beautiful women!

17. When diagnosing for the cause of an illness we control for pesticides, chemicals(usually beverages but not always), lime, weed killers, fertilizers, bug killers, weather changes, water quality, food additives and contaminants, cooking process, air quality, medications, devolved genetics, drugs, alcohol and tobacco.

The Germ Theory's Explanations of Popular Diseases Refuted and Replaced

The insidious reasons why Louis Pasteur's ridiculous theories were selected by the Atheist Globo-Capitalist elite are so easy to understand and obviously true only the pathologically dishonest and those invested in lies to the point of no return deny. Almost immediately upon Pasteur and Koch articulating the



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basic tenants of the Germ Theory, Sir Arthur Conan Doyle, in his fiction writing, engineered the theory into a potent psyop for a criminal madman to use a biological weapon to gain power and terrorize his enemies in *The Adventure of the Dying Detective*. Sadly, this technique would be more

perfectly wielded by Governments over their own populations. Pasteur's theory fit mechanistic theories popular at the time among Atheists in developing technocracies, put responsibility for bad health on outside influences further feeding the insolence of the modern Atheist hubris, put mega corporations and Big-Pharma into perpetual business as the great protectors of the human race from those microbial

demons. The insidiousness though has grown quite brazen of late where it appears our globalist masters are ready for total war with their Coronavirus hoax! This plot is a part of the depopulation program of the globalists. This genocidal plot of worldwide depopulation was suggested by the most influential Atheist Philosopher of the 20th century, Bertrand Russell:

alive, and that only if very many food-producers are left to die. If bad times become common, it must be inferred that industry will dwindle and that the industrialization characteristic of the last 150 years will be rudely checked.

But bad times, you may say, are exceptional, and can be dealt with by exceptional methods. This has been more or less true during the honeymoon period of industrialism, but it will not remain true unless the increase of population can be enormously diminished. At present the population of the world is increasing at about 58,000 *per diem*. War, so far, has had no very great effect on this increase, which continued throughout each of the world wars. Until the last quarter of the nineteenth century this increase was more rapid in advance countries than in backward ones, but now it is almost wholly confined to very poor countries. Of these, China and India are numerically the most important, while Russia is the most important in world politics. But I want, for the present, to confine myself, so far as I can, to biological considerations, leaving world politics on one side.

What is the inevitable result if the increase of population is not checked? There must be a very general lowering of the standard of life in what are now prosperous countries. With that lowering there must go a great diminution in the demand for industrial products. Detroit will have to give up making private cars, and confine itself to lorries. Such things as books, pianos, watches will become the rare luxuries of a few exceptionally powerful men—notably those who control the army and the police. In the end there will be a uniformity of misery, and the Malthusian law will reign unchecked. The world having been technically unified, population will increase when world harvests are good, and diminish by starvation whenever they are bad. Most of the present urban and industrial

centers will have become derelict, and their inhabitants, if still alive, will have reverted to the peasant hardships of their medieval ancestors. The world will have achieved a new stability, but at the cost of everything that gives value to human life.

Are mere numbers so important that, for their sake, we should patiently permit such a state of affairs to come about? Surely not. What, then, can we do? Apart from certain deep-seated prejudices, the answer would be obvious. The nations which at present increase rapidly should be encouraged to adopt the methods by which, in the West, the increase of population has been checked. Educational propaganda, with government help, could achieve this result in a generation. There are, however, two powerful forces opposed to such a policy: one is religion, the other is nationalism. I think it is the duty of all who are capable of facing facts to realize, and to proclaim, that opposition to the spread of birth control, if successful, must inflict upon mankind the most appalling depth of misery and degradation, and that within another fifty years or so.

I do not pretend that birth control is the only way in which population can be kept from increasing. There are others, which, one must suppose, opponents of birth control would prefer. War, as I remarked a moment ago, has hitherto been disappointing in this respect, but perhaps bacteriological war may prove more effective. If a Black Death could be spread throughout the world once in every generation survivors could procreate freely without making the world too full. There would be nothing in this to offend the consciences of the devout or to restrain the ambitions of nationalists. The state of affairs might be somewhat unpleasant, but what of that? Really high-minded people are indifferent to

Black Death or at least the idea of Black Death has been the winning play of our overlords for quite some time. Their strength lies in the fact that the masses of American people are so addicted to childish entertainment, they will never be able to figure out the biological maze they must make it through to unmask their oppressors. Yet we happy few of the British and Northern European Protestant tradition have some Champions who have kept the fire of knowledge burning brightly through the last 140 years or so since the acceptance of this unnatural and failed ideology called the Germ Theory. My last two essays *23 Reasons to Reject The Germ Theory of Disease* and *The 17 Fundamental Doctrines of Biblical Pleomorphism* utterly destroy the Germ Theory of Disease. Yet, my work is not yet done because the brainwashed masses will demand in a rage that we explain all the illnesses that the Germ theory claimed to be able to explain! "How do you explain Ebola, AIDS, and Herpes?", they will ask! We will get right on that. But first, let us consider that Dr. Barry Fox admitted in Lecture 3 of his *An Introduction to Infectious Diseases* that Viruses have no nucleus, no independent protein synthesis or generation of its own energy supplies, no cell wall, and no growth or cell division. That creates a very serious problem when explaining contagion: Aajonus retorts, "Without life, they cannot reproduce. If they cannot reproduce, they cannot be contagious." To remind the reader, we of the school of Bechamp and Aajonus, the Pleomorphites, maintain that disease is a detox and it is normally done through phagocytes, parasites, bacteria and fungus. But in extreme cases the body will produce a virus or even a tumor to deal with chronic

problems in the body. Can this model explain the diseases we struggle with in 2020? Let's find out!

Common cold

Ans. The common cold is a Bacterial detox.

Black Plague or the Black Death

THE BLACK DEATH

translated and edited by Rosemary Horrox

**Manchester University Press
Manchester and New York**

"It is said that the plague takes three forms. In the first people suffer an infection of the lungs, which leads to breathing difficulties." (pg. 42)

Ans. Aajonus, *Q&A of June 16, 2013 – A Q&A Revealing Much,*

"Coal! What is one of the main vapors that comes off of it? Mercury! That's where 90% of the mercury poisoning in the air comes from is burning coal to

make fuel... to make energy... to make electricity. And most of our energy is produced by burning coal. All that mercury vapor! So these people had no chimneys in their house; they were cooking with coal. They're heating their homes with coal. The black plague of course they were breathing it. Nobody in the farms did it, nobody in the farms, nobody in the outskirts had any of the black plague or the black plague lung, because they were still using wood. They would only burn wood and bring rocks in the house. They put rocks on the stove to cook with them, to boil whatever they were going to boil, and not have any fumes in the house at all. We had sickness from people cooking in their house with wood yes, but it was nothing like what caused the black plague. Mercury. Thick mercury plaque, on the lungs, black lungs, from coal. So then what happen[ed] in....was it 1420? When they realized there was coal causing the problem. Then they decreed that you had to have chimneys or vents in your home, off of your stove and your fireplace. And look at all the kids who were chimney sweeps because they could get down in the chimney. How many of them got black lung even after all that was over and they had chimneys and a lot of people went back to using wood instead

of coal? Almost every chimney sweep didn't live beyond 23 years old. Pretty nasty, so the governments [are] always going to blame something in nature."

Cholera

Ans. The Germ Theory explanation for cholera is refuted in my *23 Reasons to Reject The Germ Theory of Disease* by Drake Shelton #10 on Coprophagia. It is also refuted in my *The 17 Fundamental Doctrines of Biblical Pleomorphism* where we also read that Dr. Arab cured tumors with Ecoli bacteria. We read in:

A History of Epidemiologic Methods and Concepts

Edited by Alfredo Morabia

Birkhäuser Verlag
Basel · Boston · Berlin

“There seemed at once an a priori argument adverse to this view, as, at that time, all evidence was against the idea of cholera evacuations being capable of causing the disease. They had been tasted and drunk (in 1832) by men, and been given to animals, without effect. Persons inoculated themselves in dissections constantly, and bathed their hands in the fluids of the intestines; in India, the pariahs who removed excreta, and everywhere the washerwomen who washed the clothes of the sick, did not especially suffer. And to these arguments must be added the undoubted fact, that there were serious deficiencies of evidence in Dr. Snow’s early cases. Add to this the unfortunate circumstance, that Dr. Snow, with all the enthusiasm of a discoverer, adopted the view that cholera entered only by means of water, and not at all by air, an hypothesis which is quite irreconcilable with the history of cholera...” (Parkes, 1864; Brown, 1961, p. 527).

[pg. 133]

Moreover, Dr. Barry Fox in his course *An Introduction to Infectious Diseases* maintained that the objection to John Snow's diagnosis of Cholera at Soho in 1854, that the monks drank from the Thames River yet did not come down with cholera, is refuted by his assertion that they only drank beer which is just contradictory. How then could it be maintained as a contradiction if the monks only drank beer? No one would have mentioned the objection! Secondly, the monks were living a typical middle aged lifestyle and there had been a myth surrounding their way of life that they only drank beer instead of water. In *Misconceptions about the Middle Ages*, Harris and Grigsby (Routledge: London, New York 2008) we read,

“The myth of constant beer drinking is also false; water was available to drink in many forms (rivers, rain water, melted snow) and was often used to dilute wine.”

Cholera must have been a product of industrialization. Aajonus says to generally not drink water. To get hydrated with raw milk, raw vegetable juices and tomatoes.¹²

Ebola

Ans. Ebola was created in a laboratory.

¹² *The Recipe for Living Without Disease*, pg. 34-35

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[J Mol Biochem](#). 2014; 3(3): 72–76.

Author Manuscript

Ebola virus epidemic: a deliberate accident?

[Styliani Loukatou](#),¹ [Paraskevas Fakourelis](#),¹ [Louis Papageorgiou](#),^{1,2}
[Vasileios Megalookonomou](#),³ [Sophia Kossida](#),¹ and [Dimitrios Vlachakis](#)^{1,3}

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The origin of Ebola

Go to: 

Another subject that may cause a plethora of arguments is that this virus may be a laboratory generated virus. It may be assumed that all these could be a conspiracy or scaremongering theory. Nevertheless, scientists do not know much about this virus except a few basic characteristics. The virus depletes the body's immune cells and its organs ([Sullivan et al. 2011](#)).

Notwithstanding the high fatality rates, there are some people who survive and recover completely from EVD's infections. Furthermore, several research projects have led to the conclusion that some people may be explicitly resistant to Ebola infections due to a mutation in the NPC1 gene ([Cote et al. 2011](#)). Yet, we barely know anything about this virus.

For example, it is not completely clear how Ebola is transmitted. There is a conjecture that the virus is transmitted to people from wild animals. However, by reason of the high mortality among them, it is impossible that these animals are the reservoir host of EVD. The conviction is that fruit bats of the pteropodidae family are natural Ebola virus hosts even though the reservoir of EVD has not yet been identified ([Groseth et al. 2007](#)). It is also believed that, among humans, EVD can be disseminated through direct contact with blood or body fluids such as sweat, urine, breast milk, saliva and vomit of an infected person ([Francesconi et al. 2003](#)).

The reason there is no transmission is because it is being injected.

Spanish Flu 1918 (H1N1 virus) the original Swine Flu Hoax and Typhoid Vaccine

Ans. Aajonus,

“There is ample evidence that the Spanish flu of 1918 was caused by vaccines, especially typhoid vaccines that were distributed throughout much of the “civilized” world. After the war, typhoid was one of the vaccines used to protect a panic-stricken world from the soldiers returning from WWI battlefronts infected with “dangerous” diseases.(1) However, incontrovertible evidence shows that those soldiers developed their diseases from multiple vaccines. Instead of pharma/medical calling their vaccine created disease “iatrogenic” disease, they named it “Spanish” flu as a cover-up.”

https://www.wewant2live.com/h1n1-swine-flu-epidemic-fact-or-hoax/?fbclid=IwAR1t_Yev63-N9Qp7TqdEAiXKU9cxAzElsRy8qb-TtJ2nY7rbn8z-2hN8ww

You are viewing the content for **Thursday 8 May 2003**

FRONT IRELAND SPORT WORLD BUSINESS OPINION FEATURES

Vaccine not virus responsible for Spanish flu

Thursday, May 08, 2003

RYLE DWYER writes on the horror of the 1918-20 pandemic which the propaganda says was caused by Spanish flu (Irish Examiner, May 1).

How did they know it was the virus of Spanish flu that killed millions of civilians and soldiers?

This disaster occurred when viruses were unknown to medical science.

It took a British science team to identify the first virus in man in 1933.

As regards the origin of the outbreak, he relates that a senior US army officer suggested that the Germans might have been responsible for the bug as part of their war effort, by spreading it in theatres or where large numbers of people assembled.



Hundreds set to lose home help supports from Wednesday



'Cop on', councillor says after gardai turn people away from Wicklow beach



An Post launches check-in facility for vulnerable people and newspaper delivery service



Volkswagen installed 'defeat devices' in thousands of diesel cars, UK High Court rules



Covid-19 testing to ramp up to 4,500 per day in 'really crucial week'



Fianna Fáil TD was shocked when private comments

<https://www.irishexaminer.com/archives/2003/0508/opinion/vaccine-not-virus-responsible-for-spanish-flu-265526733.html>

← → 🔍 Not secure | whale.to/spanish_flu.html

The Spanish Flu massacre (1918)

[back](#) [Disasters](#) [Yaml fear.rss](#)

"Funny how, in the discussion of the 1918 epidemic, no mention of a vaccine is ever made. Today, historians say that the epidemic happened because there was no vaccine."—[Hillary Butler](#)

[The great Epidemic: Examining the flag of the virus hunting industry. This made sure everyone was terrified of viruses (and viruses), which could have been the main purpose of this raid. See: [The Secret History Of The Atomic Bomb](#) by [Estace C. Mullins](#). Have a look at the deaths caused by just **one** vaccine, smallpox, in the [Philippines, 1905-1920](#), around the same time. Also think of (mostly) vaccine induced [Gulf War Syndrome](#), where (2003) about 209,000 Gulf War [One] veterans have filed claims with the Veterans Administration, and 161,000 of them are receiving disability payments. Death estimates vary. see [Spanish Influenza deaths](#).]

The Allopathic medicines of the day (eg [Aspirin](#), [8.40 exams a day](#)), methyl chloride cough syrup, CALOMEL, used to treat "sepsis", later used in reething powder causing [Park disease](#), and chloroform methyl trichloride) played a part as the Homeopaths had a death rate of 1.05%, compared to the Allopaths' 30%.¹ (the same death rate they both had against cholera¹) See: [Early allopathic therapies](#). Some symptoms suggest Typhoid, Plague and Cholera¹,³ vaccines in use at the time.]

See: [Infectious sears](#)
See: [Gulf War Syndrome](#), [The Virus hunters](#), [Poisoning your own troops](#)
See vaccines: [Cholera](#), [Diphtheria](#), [Smallpox](#), [Tetanus](#), [Typhoid](#), [Tuberculin](#), [vaccines](#)

Notes
[Bayer and Death, 1918 and Aspirin](#)

Here are the [lists of vaccines in 1911](#), and from the [Appendices to Parliamentary Journals in 1919](#) (source: [\[2011 June\] Influenza vaccines, KOPES, and the truth by Hillary Butler](#)).

[Early allopathic therapies](#)
[1918 Flu Prevention: Baking Soda](#)
[Was The Spanish Flu Epidemic Man-Made? Says Million Dead In 1918](#), 19 By: [Henry M. Cohen PhD](#)
[The Spanish Influenza Epidemic of 1918 was caused by vaccinations...](#) E. McBean (Swine Flu Exposure)
[\[Letter\] Spanish Flu](#)
[Flu pandemic of 1918](#) by: [Tom Keake](#)



"DO NOT TAKE ANY VACCINATIONS. This is the standard deceptive way you are given the Establishment's Biological Warfare Infections."
 Dr. William Donald Kealey, D.D.S., J.M.S.



http://www.whale.to/v/spanish_flu.html

Spanish flu

[[The CODEX conspiracy](#)] [[CODEX by Eve Hillary](#)] [[Suppression](#)] [[Pan Debacle](#)] [[Pharmaceutical profits](#)] [[Vaccinations](#)] [[Rockefeller drug empire](#)] [[Harmful drugs](#)] [[Spanish flu](#)] [[Bird flu hoax](#)] [[AIDS/Graves](#)] [[Heart surgeon speaks](#)] [[Pharm co "hit-list"](#)]

THE 1918 INFLUENZA EPIDEMIC WAS A VACCINE-CAUSED DISEASE

<http://www.heartey.com/>
E. McBean (Vaccination The Silent Killer p28)

Very few people realize that the worst epidemic ever to hit America, the Spanish Influenza of 1918 was the after effect of the massive nation-wide vaccine campaign. The doctors told the people that the disease was caused by germs. Viruses were not known at that time or they would have been blamed. Germs, bacteria and viruses, along with bacilli and a few other invisible organisms are the scapegoats which the doctors like to blame for the things they do not understand. If the doctor makes a wrong diagnosis and treatment, and kills the patient, he can always blame it on the germs, and say the patient didn't get an early diagnosis and come to him in time.

If we check back in history to that 1918 flu period, we will see that it suddenly struck just after the end of World War I when our soldiers were returning home from overseas. That was the first war in which all the known vaccines were forced on all the servicemen. This mish-mash of poison drugs and putrid protein of which the vaccines were composed, caused such widespread disease and death among the soldiers that it was the common talk of the day, that more of our men were being killed by medical shots than by enemy shots from guns. Thousands were invalidated home or to military hospitals, as hopeless wrecks, before they ever saw a day of battle. The death and disease rate among the vaccinated soldiers was four times higher than among the unvaccinated civilians. But this did not stop the vaccine promoters. Vaccine has always been big business, and so it was continued doggedly.

http://members.iimetro.com.au/~hubbca/spanish_flu.htm

Another possible factor for this iteration of the swine flu is aspirin overdoses:

“One hypothesis suggests that many flu deaths could actually be attributed to [aspirin poisoning](#). Medical authorities at the time recommended large doses of aspirin of up to 30 grams per day. Today, about four grams would be considered the maximum safe daily dose. Large doses of aspirin can lead to many of the pandemic’s symptoms, including bleeding.”

<https://www.smithsonianmag.com/history/ten-myths-about-1918-flu-pandemic-180967810/>

Modern Swine flu

Ans. Just like the 1918 breakout was begun by soldiers, Government *guinea pigs*, the exact same situation prevailed in 1976 with soldiers at Fort Dix. When we view the timeline the Government needed a justification to give immunity to vaccine producers. The following events, all produced from government sources without providing any proof of their claims, handed itself the justification on a silver platter:

The Swine Flu Affair: Decision-Making on a Slippery Disease.

[Show details](#)

[Contents](#)

[Hardcopy Version at National Academies Press](#)

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We need an excuse to give immunity to all vaccine producers!

C Swine Flu Chronology January 1976—March 1977

January 1976

5 – Dr. Bruce Dull, Assistant Director for Programs of the Center for Disease Control (CDC), submits a memo to HEW Secretary David Mathews, sent via CDC director Dr. David Sencer and Assistant HEW Secretary for Health, Dr. Theodore Cooper; Dull states that liability problems may drive vaccine manufacturers out of business, and recommends that the Secretary support legislation to indemnify the manufacturers or to compensate all victims of vaccine

mid-January – large number of cases of respiratory disease are reported among Army recruits at Fort Dix, New Jersey; Walter Reed Army Laboratory identifies adenovirus as cause of earlier outbreak of respiratory disease at Fort Meade, Md.

22 – Donald Carnody, a staff officer for Cooper in the Public Health Service, writes memo to his superior in the Office of Policy Development and Planning, emphasizing the problems in the Dull proposal and suggesting that it be sent up to Cooper without recommendation

27 – Colonel Joseph Bartley, chief of preventive medicine at Fort Dix, reports outbreak of illness, presumed due to adenovirus, to local health department

28 – Dr. Martin Goldfield, director of the New Jersey Public Health labs, contacts Bartley, gets briefing on the outbreak of respiratory disease, suspects influenza, and requests that throat washings be sent to the New Jersey state labs

29 – eight throat washings from Fort Dix delivered to virus lab at N.J. Health Department

30 – 11 additional specimens from Fort Dix delivered to N.J. lab

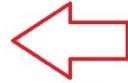
February 1976

3 – at the N.J. lab, 11 isolates are made from the 19 throat washings sent by Bartley from Fort Dix; most of these are identifiable as A Victoria or A Port Chalmers virus, but scientists are unable to identify two of the isolates and unsure about five others, so Goldfield sends these seven on to CDC and calls CDC's Dr. Gary Noble to report his findings

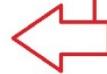
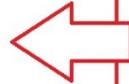
4 – after leaving his sick bed and making a forced, five-mile, night march, Private David Lewis, Fort Dix recruit, collapses and dies

March 1976

1-9 – Army conducts serosurveys at Fort Dix while CDC does the same in surrounding civilian populations; Army estimates as many as 500 recruits at Fort Dix may have been exposed to swine virus



Got it!



All government sources!

Gerald Ford would pursue vaccinations and be advised by a genocidal maniac named Jonas Salk who wrote a book entitled *Survival of the Wisest* in which he advocated for massive depopulation of the earth and the inheritors of it being everyone who agreed with Mr. Salk's theories. He would also be advised by

Albert Sabin, a Russian born immigrant who admitted his work involved coadjutation with Soviet agents:



The screenshot shows a web browser interface with a navigation bar at the top containing back, forward, and refresh icons, a search bar with the URL ncbi.nlm.nih.gov/pubmed/3696960, and a star icon for bookmarks. Below the navigation bar is a 'Format: Abstract' dropdown menu and a 'Send to' button. The main content area displays the article title 'Role of my cooperation with Soviet scientists in the elimination of polio: possible lessons for relations between the U.S.A. and the USSR.' in large, bold, black text. Below the title is the author name 'Sabin, AB¹' and a section header '+ Author information'. At the bottom, the article's PMID (3696960) and DOI (10.1353/pbm.1987.0023) are listed, along with a note that the article is indexed for MEDLINE.

Format: Abstract ▾ Send to

[Perspect Biol Med.](#) 1987 Autumn;31(1):57-64.

Role of my cooperation with Soviet scientists in the elimination of polio: possible lessons for relations between the U.S.A. and the USSR.

[Sabin, AB¹](#).

+ Author information

PMID: 3696960 DOI: [10.1353/pbm.1987.0023](#)
[Indexed for MEDLINE]

Moreover, the Rockefeller family played a leading role in the development of the Swine flu vaccine. The Rockefeller family is well known for playing a leading role in depopulation measures:



<https://www.c-span.org/video/?c4619672/user-clip-rockefeller-depopulation>

And here we see Nelson Rockefeller playing the leading role in passing immunization legislation for vaccine producing companies pursuant to the development of the Swine flu vaccine!



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

JUN 16 1976

The Honorable Nelson A. Rockefeller
 President of the Senate
 Washington, D. C. 20510

Dear Mr. President:

Enclosed for the consideration of the Congress is a draft bill "To permit the United States to provide indemnification against claims for injury related to inoculation with vaccine under a comprehensive nationwide influenza immunization program."

The draft bill would enable the Secretary of Health, Education, and Welfare to agree, in contracts for the purchase of vaccine in connection with the National Influenza Immunization Program, to indemnify the vaccine manufacturers against claims attributable to inoculation with the vaccine, except claims arising out of the negligence of the manufacturers.

Of course then it is no surprise that the Swine flu vaccine was designed to harm the reproductive capabilities and the genetic integrity of the American population.

The Swine flu vaccine resulted in the Guillain-Barré Syndrome. Over 4000 lawsuits were filed against the U.S. Government where private Americans were brutalized by the new immunization:

HE1.2:SW 6



The Swine Flu Affair

Decision-Making on a
Slippery Disease

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Richard E. Neustadt and
Harvey V. Fineberg, M.D.

With an introduction by
Joseph A. Califano, Jr.,
Secretary of Health, Education, and Welfare

Second, they expanded and computerized the CDC's surveillance system. Dr. Michael Hattwick, who had urged this course for years, was put in charge with funds for staff and the computer of his dreams. He recruited a young statistician right out of graduate school and enticed young epidemiologists from other duties. Together they developed disease indicators matched imaginatively with reporting sources. The upshot was a center, manned around the clock, with all the verve and the devotion of a war room on alert. The public health community had never had anything like it, and the men who manned it trained hard for the task of tracking (beating) swine flu if (when) it should come. They wanted

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to be first to spot new outbreaks and they wanted to be sure about the timing, scale and consequences of mass immunization.

Hattwick himself was eager to track neurological complications. He recalls that he expected side effects upon the nervous system of some vaccinees—Guillain-Barré syndrome was one of three likely prospects—but he had no notion on what scale. As he put it to us: “We knew there would be some neurological complications. What we didn’t know was just how frequently they would occur.” No one then expected a high frequency and no one then explored the policy implications of low frequency, although each case could matter in the absence of pandemic. Policy was not Hattwick’s concern. He was a technician’s technician—knowledge for its own sake—and his success, in his eyes, was independent of the program’s. Quoting our interview again: “What mattered to us was knowing exactly what was going on. That’s how *we* measured success.”

pg. 35

Aajonus, states in *H1N1 (Swine) Flu Epidemic, Fact or Hoax?*,

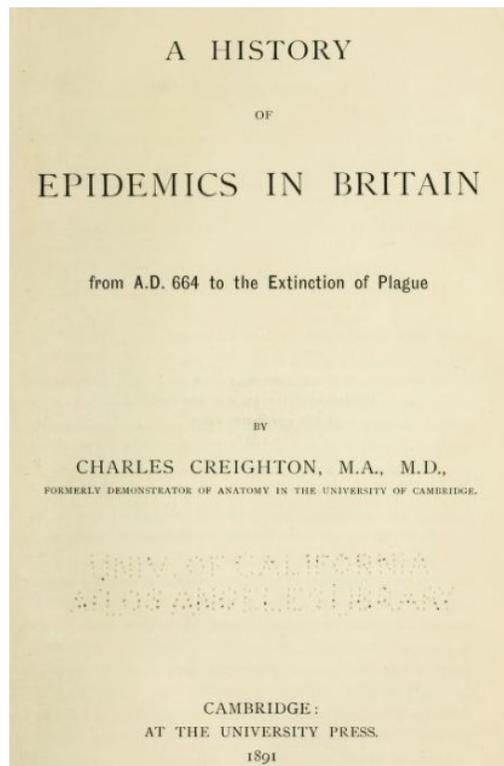
“I will state the facts again in another way. When flu occurs, cellular tissues are so toxic that normal forms of bio-detoxification (phagocytes, parasites, bacteria and fungus) cannot cleanse the cells. So, cells make virus (enzyme-fractionators) to disassemble the toxic tissue with the intent to isolate, neutralize or ameliorate the toxins and dispel them from the cells and body. Since we do not reproduce pork or bird cells within our bodies, it is impossible for us to develop swine or avian flu, or any other species' flu.

The only way humans could contain other species' flu serums outside of the digestive tract is if they were regularly exposed to chemically toxic and sick farm animals from industrial farms. That occurs when people inhale skin cells from animals sloughing-off industrially toxic skin cells. If enough of that industrially toxic dander becomes airborne and is inhaled by a human, a human may develop enzyme-fractionators (viruses/flu) to neutralize or mollify and discharge the toxic dander. That is something like mollifying a bomb so its explosiveness is

reduced to 1/10th of its original power. When analyzed, a variety of flu would be found, including animal tissue with its RNA and DNA. However, it is not another species' flu. It is human flu to decompose another species' toxic cells. The only way humans can get another species' flu is if it is injected into humans, period."

Smallpox

Ans.



Smallpox in Continental Writings of the 16th century.

It would be beside the purpose of this work to follow the history of smallpox and measles on the continent of Europe. But it will be necessary to say a few words on the contemporary foreign writings upon these diseases, as it is chiefly teaching from a foreign source that we detect in the English authors of the 16th century.

It might be inferred from the classical work of Fracastori², published in 1546, that smallpox and measles were frequent and familiar diseases in the author's experience at Verona. At the same time it is clear that even he, original observer as he was, is in places merely repeating the old statements of the Arabian writers. Thus his statement that everyone has smallpox or measles sooner or later, is the old Arabian tradition or experience, usually joined to the explanation that the cause of that universality was the nourishment of the foetus by the retained and impure menstrual blood, so that all children had to free their constitutions of a congenital impurity sooner or later. So far as Fracastori's originality comes in, it is clear that he does not regard smallpox and measles as serious troubles. In his second chapter he says :

"First we must treat of those contagious maladies which, although contagious, are not called pestilential, because, for the most part, they are

¹ *Natural History of Oxfordshire*. Oxford, 1677, p. 23.

² *De contagione et contagiosis morbis*, etc. Venet. 1546.

salubrious. Of such are variolae and morbilli. By variolae are understood those which are called also varollae by the common people, from their likeness, I suppose, to the pustules called vari. By morbilli are understood those which the common people style fersac, so-called perhaps from *ferior*. But of these the Greeks do not appear to have treated under any other name than exanthemata. They happen principally in children, rarely in men, most rarely in old people. But they seem to befall all men once in life, or to be apt to befall them unless a premature death removes the individual. In boys the malady is more benign than in adults. For the more part, as already said, they are salubrious, since this ebullition of the blood is something of a purification of the same. It afflicts more or less according to the density of the blood and as the vice is apt or not to be separated from it. If the blood be more pituitous, the pustules are variform, white, round and full of a kind of mucus; but if it be more bilious the pustules break forth more of a dry sort. Where the disease has happened once it is not apt to recur; but there are cases where it has happened more than once.⁹

ENCYCLOPÆDIA BRITANNICA.

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VOLUME XXIV.

PHILADELPHIA:

J. M. STODDART CO., Limited.

1889.

The next question is the death-rate among the vaccinated and unvaccinated respectively. The total death-rate from smallpox in modern times is almost the same as it was in the 18th century; large aggregates collected by Jurin and others in pre-vaccination times show a mortality of 18.8 per cent., and corresponding aggregates in English and American hospitals, mostly since 1870, show a mortality of 18.5 per cent. It has, however, to be borne in mind that the division into discrete, confluent, and malignant smallpox is an old one; that a mild type was quite common in the 17th and 18th centuries, and was now and then characteristic of whole epidemics, just as in the case of scarlatina; and that the vaccinated are at present liable to be attacked by the confluent and malignant disease as well as by the discrete. But are the vaccinated liable to the fatal forms of smallpox in the same proportion as the unvaccinated? It is only since 1879 that the registrar-general's tables for England and Wales have attempted to supply data bearing on this; and it will be seen from the following abstracts (Tables IV.-VII.) that the data are still far from being sufficient:

pg. 34

Dr. Creighton wrote both of those citations and he was keen to point out how jaundice was what he called a "post-vaccinal effect" of the 19th century smallpox vaccine. (*Encyclopædia Britannica* 9th ed. Volume 24, pg. 31) The Globalists have been utilizing these stealthy post-vaccinal effects in a most lethal fashion through the decades:

In the 1970s the Congo was being vaccinated for smallpox. Guess where the African AIDS epidemic

came from in the same decade? You guessed it, the Congo.¹³

LOWDA
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Smallpox vaccine 'triggered Aids virus'

By Pearce Wright
Science Editor

The Aids epidemic may have been triggered by the mass vaccination campaign which eradicated smallpox.

The World Health Organization, which masterminded the 13-year campaign, is studying new scientific evidence suggesting that immunization with the smallpox vaccine Vaccinia awakened the unsuspected, dormant human immune defence virus infection (HIV).

Some experts fear that in eliminating one disease, another disease was transformed from a minor endemic illness of the Third World into the current pandemic.

While doctors now accept that Vaccinia can activate other viruses, they are divided about whether it was the main catalyst to the Aids epidemic.

But an advisor to WHO who disclosed the problem, told *The Times*: "I thought it was just a coincidence until we studied the latest findings about the reactions which can be caused by Vaccinia. Now I believe the smallpox vaccine theory is the explanation to the explosion of Aids."

Further evidence comes from the Walter Reed Army Medical Centre in Washington.

While smallpox vaccine is no longer kept for public health purposes, new recruits to the American Armed Services are immunized as a precaution against possible biological warfare. Routine vaccination of a 19-year-old recruit was the trigger for stimulation of dormant HIV virus into Aids.

This discovery of how people with sub-clinical HIV infection are at risk of rapid development of Aids as a vaccine-induced disease was made by a medical team working with Dr Robert Redfield at Walter Reed.

The recruit who developed Aids after vaccination had been healthy throughout high school. He was given multiple immunizations, followed by his first smallpox vaccination.

Two and a half weeks later he developed fever, headaches, neck stiffness and night sweats. Three weeks later he was admitted to Walter Reed suffering from meningitis and rapidly developed further symptoms of Aids and died after responding for a short time to treatment.

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Aids epidemic 'triggered by smallpox vaccine'

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modified versions of the smallpox vaccine to combat other diseases in developing countries.

Other doctors who accept the connection between the anti-smallpox campaign and the Aids epidemic now see answers to questions which had baffled them. How, for instance, the Aids organism, previously regarded by scientists as "weak, slow and vulnerable", began to behave like a type capable of creating a plague.

Many experts are reluctant to support the theory publicly because they believe it would be interpreted unfairly as criticism of WHO.

In addition, they are concerned about the impact on other public health campaigns with vaccines, such as against diphtheria and the continued use of Vaccinia in potential Aids research.

The coincidence between the anti-smallpox campaign and the rise of Aids was discussed privately last year by experts at WHO. The possibility was dismissed on grounds of unsatisfactory evidence.

Advisors to the organization believed then that too much attention was being focused on Aids by the media. It is now felt that doubts would have risen sooner if public health authorities in Africa had more willingly reported infection statistics to WHO.

Instead, some African countries continued to ignore the existence of Aids even after US doctors alerted the world when the infection spread to the United States.

However, as epidemiologists gleaned more information about Aids from reluctant Central African countries, clues began to emerge from the new findings when examined against the wealth of detail known about smallpox as recorded in the *Final Report of the Commission for the Certification of Smallpox Eradication*.

The smallpox vaccine theory would account for the position of each of the seven Central African states which top the league table of most-afflicted countries: Why Brazil became the most afflicted Latin American country, and how Haiti became the route for the spread of Aids to the US.

spread more easily by young males and females in Africa than in the West and why there is less sign of infection among five to 11-year-olds in Central Africa.

Needles were reused 40 to 60 times in the vaccination campaign. Waving the needle across a flame was the main, but perhaps not totally satisfactory, method of sterilisation.

Although no detailed figures are available, WHO information indicated that the Aids league table of Central Africa matches the concentration of vaccinations.

[*London Times*, May 11th, 1987]

¹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6438175/>
<https://www.ncbi.nlm.nih.gov/pubmed/9546402>

Aajonus, states in *H1N1 (Swine) Flu Epidemic, Fact or Hoax?*,

“Others have argued that viruses are contagious by citing the mass illness and death of Hawaiian and Continental American Natives who reportedly died of viruses from Caucasians, namely smallpox. **There are many poisons that were used to wipe out American natives that have the same symptoms as viruses, including smallpox.** Since our bodies discard most poisons through skin, usually skin eruptions of all sorts will be experienced after poisoning. Clandestine military mercenaries were paid by our government and industries to poison native waters and food in Hawaii and continental USA. Medical and religious missionaries gave them smallpox vaccines.”

Polio

Ans. Aajonus states,

“POLIO is a viral detoxification of the spinal cord. Polio occurs in an individual who has an allergy to eating cooked green foods and cooked red fruits and vegetables. His or her digestion has not mutated to fractionate, assimilate or

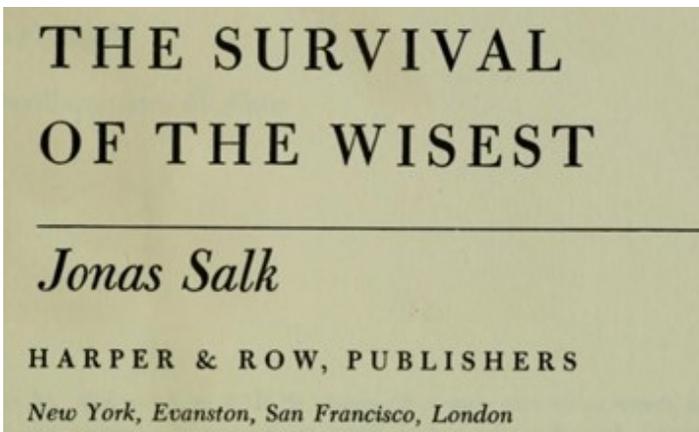
utilize those foods properly. Consequently, resins and residues collect in the spinal cord. However, most often polio has been caused by metal toxicity, especially from vaccines and household and agricultural pesticides that embed, contaminate and degenerate spinal tissue. In all cases of spinal cord contamination in which the body utilizes the poliomyelitis virus for detoxification, poor nutrition during that detoxification often results in massive nerve-cell destruction, resulting in partial paralysis. See *If I Lack Enzyme-Mutations, What Foods Should I Avoid?*, page 174.

Symptoms at the viral stage: nausea, fever, diarrhea, irritability and headache.

Eating raw greens, raw red fruits and vegetables, plenty of smoothies, unheated honey, raw fat and raw unpasteurized apple cider vinegar has helped remove the resins that have collected in the spine and nervous system (that the poliomyelitis detoxifies) without causing permanent paralysis. Eating raw meat often, including raw fish and/or raw fowl, restored nerve health. When a person already had paralysis from polio, eating those foods that were suggested above and avoiding

those that should be avoided, gradually reversed some paralysis in every case.”

The Germ Theorists explain this as yet again contact with fecal matter. As before this explanation is refuted in my *23 Reasons to Reject The Germ Theory of Disease* by Drake Shelton #10 on Coprophagia. It is also refuted in my *The 17 Fundamental Doctrines of Biblical Pleomorphism* where we also read that Dr. Arab cured tumors with Ecoli bacteria. Dr. Lanka, in *Dismantling the Virus Theory*, maintains that John Franklin Enders’ polio vaccine conflated a sterilization effect with the antibiotic effect. The mainstream father of Modern Vaccines and the creator of the modern Polio vaccine is Jonas Salk. Salk wrote a book entitled *The Survival of the Wisest* which promotes genocidal approaches to vaccination in a very subtle manner. Consider, Jonas Salk, the father of modern vaccines says we must help Nature further natural selection by the medical use of infectious disease at the cellular level.



In the course of evolution many more species have become extinct than have survived, each perhaps for particular causes very different from those which might cause the extinction of Man. For in Man's case, at this point in his evolution, his extinction might well arise for internal reasons. The way he deals with unresolved conflicts within himself individually and collectively might lead to his own destruction. The process of natural selection has developed survivors resistant to various infectious diseases and to some of the vicissitudes of the environment. It has also led to the selection for survival of those successful in escaping the ravages of war and those ingenious enough to escape human tyranny. Thus until now the qualities that have been selected for survival reflect the conditions and circumstances that have prevailed as much as the potentialities that exist in Man. As Nature continues its game of biological mutation and selection, and as Man plays his own games of selection of ideas and of cultural innovations, Nature will have the last word. Therefore it is up to Man to look closely and deeply into Nature's workings, not only at the molecular and cellular levels but also at the consequences of advancing knowledge and cultural practices as these bear on the question of survival and the quality of life. It is in this respect that wisdom will be required for which a balanced creative center for judgment is needed.

We must look to those among us who are in closest touch with the unfathomable source of creativity in the human species for an understanding of the workings of Nature and for insight into Nature's "game," as we enter upon an epoch in which new values are required for choices of immediate need as well as for those with longer-range implications. This is especially important when, as now, the number born in each new generation exceeds the number born in each of the earlier generations. For this reason, the character and quality of the individual which will survive and predominate in our period will have a very profound effect upon the character and quality of human life for a long time to come.

To what extent will we be able to affect the course of Nature, in the short or in the long run? That remains to be seen. Nevertheless, we are fully conscious of this problem. How will we deal with this opportunity and this responsibility knowing as much as we do? What more do we need to know, being as aware as we are now of our limitations and our capabilities?

Jonas Salk, the father of modern vaccines suggests to his reader that a way to genetically debilitate a group of people over long term instead of getting caught directly killing people immediately is to inject them with an RNA virus. Gee, why is it there are so many 5 foot 8, bald, raging Incels being weeded out of the gene pool again?

THE SURVIVAL OF THE WISEST

Jonas Salk

HARPER & ROW, PUBLISHERS

New York, Evanston, San Francisco, London

A parallel to this is seen in the malfunctioning of the somatic constituents of a cell acting upon the expression of its genetic potentiality, under the influence, for example, of an RNA virus. This leads to failure of development, and therefore functional failure, not only of the cell but of the organism of which it is a part. These manifestations are seen in cancerous transformation as well as in "abnormal" cell metabolism and in dying cells. There are other examples, such as the "nonstimulation" or "nonchallenge" of cells or of systems which leads to failure in developing somatic possibilities, expressing the genetic potential, the organism thereby failing to reveal its genetically latent possibilities. The result is an excessively restricted behavior, eventually without usefulness; many different factors produce such effects in cellular and organ systems.

pg. 37

Jonas Salk, the father of modern vaccines suggests to his reader that those who are in closest touch with "Nature's game" at the cellular level, that their ego can impose themselves on undesirable egos, in order to

alter their genetic program with "cell-destroying or cancer-inducing viruses."

Just as the somatic system, if malformed or malfunctioning for any reason whatever, can constitute a limiting or inhibiting influence upon the genetic system, so the EGO can be in conflict with the BEING or, if developmentally impaired by external or internal factors, can adversely affect its expression. If the somatic system serves some "program" other than its own proper genetic system, as, for example, in the presence of a virus capable either of cell destruction or of cancerous transformation, then the "integrity" of the whole unit composed of genetic and somatic elements, in a complemen-

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tary relationship, is affected. Similarly, and ideally, the EGO should serve the BEING as the somatic system should, ideally, serve its genetic system, which protects, expresses, and perpetuates both the genetic and somatic systems of the individual and the species. If, however, the EGO comes under the influence of other EGOS, so as to alter the "program" in a way that would not serve its OWN BEING, but rather some "other" EGO, a potentially destructive effect is possible, as in the case of the cell-destroying or cancer-inducing viruses referred to above; however, the possibility also exists for a potentially "advantageous effect" which could be measured in terms of survival advantages, as in the instance of the viruses responsible for the variety of colors in tulips or the bacterial virus responsible for toxin production in the diphtheria bacillus. The relationship we imagine between the BEING and the EGO bears a great number of resemblances to that existing between the genetic and somatic systems.

Influenza -Flu

Ans. The Flu is a solvent detox. Aajonus states,

“There is the climate-factor that is constantly written off as contagion. Flu is ~~the~~ the most widely believed to be contagious because people in the same family get it one after another or all at once.

Here is the best analogy I know. Bears rise from hibernation earlier in USA than they do in Canada and then Alaska. Are bears contagious because they appear first in USA then Canada and then Alaska? All intense cleansing cycles of our bodies are periodic, sometimes seasonal.”¹⁴

Chris McCombs states,

“As Aajonus stated here and has also elsewhere (see his interview here-<https://www.youtube.com/watch?v=D aFX18SGg18&t=1408s>), just because we have collective agencies in the animal kingdom does not mean such collective agencies are “contagious”. Bacteria just like bears arise out of hibernation seasonally often at the same time in the same location collectively thus giving the impression that they are “contagious”.

¹⁴ https://www.wewant2live.com/h1n1-swine-flu-epidemic-fact-or-hoax/?fbclid=IwAR1t_Yev63-N9Qp7TqdEAiIxKU9cxAzElsRy8qb-Ttj2nY7rbn8z-2hN8ww

This is why we have a flu season typically at the latter end or immediately following Winter at the commencement of Spring because that is when most people were locked inside for a long period of time in their hermetically sealed homes eating terrible quality food and breathing in the same recirculated toxic air, thus upon entering the outside with fresh air and Sunshine for the first time in months their dormant bacteria are triggered and stirred out of hibernation into a powerful detox, ie. flu.”

And the vaccinations for the flu do not work:

Flu Shots for Tots Ineffective

Shots do not reduce doctor visits or hospitalizations in recent flu seasons.

By LARA SALAHI - ABC News Medical Unit

October 6, 2008, 1:36 PM • 6 min read

Oct. 7, 2008— -- Two reports this week showed the flu vaccine may not always be effective in preventing the virus and resulting health problems in children, but medical experts said nothing in the new data should discourage people from getting immunized.

One study revealed that flu shots in the past two seasons did not reduce doctor visits or the risk of hospitalization for flu in children age 5 and younger. Another showed that MRSA, or methicillin-resistant *Staphylococcus aureus*, a sometimes fatal drug-resistant bacteria that can accompany the flu, is contributing to the growing number of child deaths from the influenza.

The first study, published in *Archives of Pediatrics and Adolescent Medicine*, suggested that a reason the vaccine did not prevent children from getting the flu was that the strains in the flu vaccines have mismatched the circulating flu strain in past years .



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Coronavirus (COVID-19) resou

Vaccines to prevent influenza in healthy adults

Published:

1 February 2018

Review aim

Main results

We found 52 clinical trials of over 80,000 adults. We were unable to determine the impact of bias on about 70% of the included studies due to insufficient reporting of details. Around 15% of the included studies were well designed and conducted. We focused on reporting of results from 25 studies that looked at inactivated vaccines. **Injected influenza vaccines probably have a small protective effect against influenza and ILI (moderate-certainty evidence), as 71 people would need to be vaccinated to avoid one influenza case, and 29 would need to be vaccinated to avoid one case of ILI. Vaccination may have little or no appreciable effect on hospitalisations (low-certainty evidence) or number of working days lost.**

Cancer

Ans. Cancer does not exist among primitive tribes but is a result of the toxic environment created by the Industrial Revolution:

Their study of remains and literature from ancient Egypt and Greece and earlier periods – carried out at Manchester's [KNH Centre for Biomedical Egyptology](#), and published in [Nature Reviews Cancer](#) – includes the first histological diagnosis of cancer in an Egyptian mummy.

Finding only one case of the disease in the investigation of hundreds of Egyptian mummies, with few references to cancer in literary evidence, proves that cancer was extremely rare in antiquity. The disease rate has risen massively since the Industrial Revolution, in particular childhood cancer – proving that the rise is not simply due to people living longer.

[Professor Rosalie David](#), at the Faculty of Life Sciences, said: “In industrialised societies, cancer is second only to cardiovascular disease as a cause of death. But in ancient times, it was extremely rare. There is nothing in the natural environment that can cause cancer. So it has to be a man-made disease, down to pollution and changes to our diet and lifestyle.”

She added: “The important thing about our study is that it gives a historical perspective to this disease. We can make very clear statements on the cancer rates in societies because we have a full overview. We have looked at millennia, not one hundred years, and have masses of data.”

Cancer has risen exponentially through the century:

ewg.org/research/industry-myths/myth-3-cancer-rates-are-decreasing#note2

Table 1: Cancer incidence in the American population has increased by 48 percent since 1950 (excluding cancers of the lung and stomach and adjusted for an aging population).

Cancer	Estimated Annual Cancer Incidence	% Increase, 1950-1990
Multiple Myelomas	11,800	183
Non-Hodgkin's Lymphomas	35,600	172
Prostate	106,000	134
Testis	5,900	125
Kidney	24,000	116
Thyroid	12,100	102
Liver	11,600	96
Bladder and other nervous system	11,600	94
Leukemia	12,300	59
Urinary Bladder	45,000	54
Breast (Female)	150,000	52
Hodgkin's Disease	7,400	27
Colon	110,000	25
Pancreas	26,100	17
Ovary	20,500	11
Leukemias	27,800	6
All sites, excluding lung, bronchus, and stomach	859,800	48

Source: National Cancer Institute. SEER Cancer Statistics Review (Miller, et al. 1994).

Table 28.2
Age-Adjusted SEER Cancer Incidence Rates*, 1975-2016

Age/Site	Year of Diagnosis																						
	1975	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
per, 100,000																							
30% increase																							
Ages 0-14																							
All Sites	11.6	12.9	14.6	14.3	14.1	15.4	15.8	15.6	13.3	15.3	16.7	14.5	14.8	15.9	16.2	16.7	16.1	15.8	15.8	16.2	17.0	16.7	
Whites	12.1	13.2	15.7	14.4	14.9	16.7	17.0	17.0	14.1	16.2	17.7	15.3	15.7	16.3	16.9	17.6	17.2	16.1	16.4	17.0	18.1	16.5	
Blacks	8.6	11.1	9.9	12.3	11.8	12.2	11.1	11.6	10.3	13.4	13.0	11.7	12.0	15.5	13.2	13.2	13.2	15.7	12.3	12.2	11.7	13.9	
Bone & Joint	0.5	0.7	0.8	0.7	0.8	0.6	0.6	0.7	0.5	0.6	0.6	0.6	0.6	0.7	0.9	0.7	0.7	0.8	0.7	0.8	0.8	0.8	
Brain & Other nervous	2.3	2.8	3.0	3.5	3.4	3.5	4.0	3.8	3.1	3.3	3.4	3.1	3.4	3.6	3.8	4.2	3.5	3.1	3.6	3.3	3.8	2.9	
Hodgkin lymphoma	0.7	0.5	0.7	0.7	-	0.6	0.5	0.5	0.4	0.5	0.5	0.6	0.6	0.7	0.6	0.5	0.6	0.5	0.6	0.5	0.6	0.4	
Kidney & Renal pelvis	0.7	0.8	0.9	0.8	0.6	1.0	0.9	0.9	0.7	0.7	0.9	0.6	0.7	1.1	0.9	0.9	0.9	0.6	0.9	1.1	0.9	0.9	
Leukemia	3.3	4.0	4.6	4.5	4.5	4.6	4.4	4.8	4.1	5.0	5.3	4.6	4.2	4.8	4.8	5.0	5.2	4.8	4.9	4.8	4.7	5.3	
Acute lymphocytic	2.2	3.1	3.5	3.5	3.7	3.5	3.5	4.0	3.2	3.8	4.1	3.5	3.6	3.7	3.9	3.9	4.3	3.7	4.0	3.7	3.6	4.2	
Non-Hodgkin lymphoma	1.0	0.7	0.7	0.8	0.9	1.0	1.0	1.0	0.9	0.8	1.1	0.9	1.0	1.1	1.1	1.3	0.9	1.4	1.1	1.3	1.1	1.3	
Soft tissue	0.9	0.9	0.9	0.7	1.0	1.0	1.2	1.0	0.8	1.0	1.5	0.9	1.1	0.9	1.0	1.0	1.2	1.3	1.0	1.1	1.1	1.2	
Ages 15+																							
All Sites	13.0	14.4	16.0	15.7	15.8	16.9	17.1	17.6	15.8	16.5	17.9	15.7	17.0	17.7	17.9	17.7	18.4	17.8	17.6	18.6	19.3	18.5	
Whites	13.4	14.9	17.2	16.0	16.7	18.3	18.5	19.5	16.8	17.8	19.2	16.7	18.4	18.5	19.2	18.6	20.1	18.6	18.3	19.7	20.8	19.0	
Blacks	10.8	10.9	10.4	13.3	12.4	13.0	11.8	11.4	11.8	13.2	13.3	12.4	13.1	15.3	13.1	14.2	13.4	15.8	13.7	13.3	12.9	14.0	

“CANCER is basically the body’s inability to discard dead cells. The body gathers those cells in a particular area, called a tumor, until it can later dissolve those cells.

When our bodies are overly contaminated with pollution and too deficient in vital nutrients, bacteria, parasites, fungi, nor viruses can dissolve all the dead and degenerated cells. So our bodies must embalm those cells and contain them. First, the embalmed cells are dispersed throughout our bodies, intermixed with live cells, sometimes creating thick fibroids. When our bodies reach the limit of their ability to tolerate so much dispersed dead cell structure, our bodies must construct tumors to contain the embalmed (dead) cells. Building tumors is a means of isolating dead cells into a localized area so that the dead cells will have less impact on the functions of living tissue and bodily functions...

According to the conclusions of Dr. Har[d]in B. Jones, emeritus professor from University of California, Berkeley, cancer is like the flu: Let it run its course,

and 76% of the time it will reverse itself, even if you do not improve your diet or lifestyle... Tumors are built as benign or malignant. In the case of malignant tumors, our bodies sparsely intermix live young mutated cells with many times more of the embalmed cells. The young mutated cells are phenomenally designed to produce and contain potent solvents within themselves. Those young mutated cells have been termed by medicine as cancer cells. In the case of benign tumors, our bodies do not incorporate those young mutated cells that produce and contain solvents.

The difference between benign and malignant tumors is dramatic. Our bodies, with the help of those young mutated (cancer) cells, can dissolve tumors rapidly, in 2 days to 5 years, depending on the size and number of tumors. Without the help of cancer cells in benign tumors, most often our bodies must manufacture extra-cellular solvents to dissolve those benign tumors, from the outer edges inward, slowly.

Often, that can take from 5-40 years or never, if our bodies do not receive proper nutrients. Therefore, idealistically, malignant tumors are preferable to

benign tumors, as long as our bodies receive enough nutrients to neutralize and eliminate the tremendous amount of acrid waste that results from the quick dissolution of malignant tumors. If our bodies cannot neutralize that acrid waste, the waste will injure, damage and dissolve adjacent living cells, such as in the case of an open cancerous lesion that grows and stinks. Read Appendix O now, pages 145-150, and return here.”

<https://www.wewant2live.com/cancer/>

Chris McCombs states,

“Aajonus maintained that he did not observe Cancer among primitive tribes he studied. They did not have cavities either. His observation was corroborated by many others. The burden is on our opponents to explain how all these degenerative diseases emerged post the Industrial Revolution concomitant with the adoption and application of Germ Theory. How is it that everyone is sicker now than ever before when we live in a more sanitized environment than ever before? Aajonus states,

“In the 1860’s, dental decay first appeared among the Eskimo people,

occurring only in Eskimos who lived in white man's colonies, eating breads and sugar. The first case of cancer among Eskimos occurred in 1934. Like dental decay, cancer appeared only among second- and later generations of Eskimos who ate breads, sugar and cooked food for nearly a century.

In his book *Cancer: Disease of Civilization?*, Chapter 14, "The Longevity of 'Primitive' Eskimos," Vilhjalmur Stefansson stated that there was only one community of Eskimos reported to have had a short life span. That report has been used to propagandize that Eskimos lived short lives because of their predominantly raw animal-food diet. In all other reports, "primitive" Eskimos lived as long as we do, with the same percentage of people exceeding the age of 100 years. Eskimos who ate their normal raw diet enjoyed teeth so strong that they chewed on bones during evening congregations. Osteoporosis only occurred in Eskimos who ate cooked, refined foods. If you placed average civilized humans of the 21st Century in the Alaskan environment, equipped with the same skills and required to live as the primitive Eskimos

did, most would die within one winter's climatic exposure."¹⁵

Nina Teicholz, *The Big Fat Surprise*, pgs. 9-15,

"In 1906, Vilhjalmur Stefansson, the son of Icelandic immigrants to America and a Harvard-trained anthropologist, chose to live with the Inuit in the Canadian Arctic. He was the first white man these Mackenzie River Inuit had ever seen, and they taught him how to hunt and fish. Stefansson made a point of living exactly like his hosts, which included eating almost exclusively meat and fish for an entire year. For six to nine months, they ate nothing but caribou, followed by months of exclusively salmon, and a month of eggs in the spring. Observers estimated that some 70 to 80 percent of the calories in their diet came from fat.

It was clear to Stefansson that fat was the most favored and precious food to all the Inuit whom he observed. The fat deposits behind the caribou eye and along the jaw were most prized, followed by the rest of the head, the heart, the kidney, and the shoulder. The leaner

¹⁵ *The Recipe for Living Without Disease*, Vondeprlanitz, p. 166

parts, including the tenderloin, were fed to the dogs.

“The chief occasion for vegetables...with most Eskimos, was famine,” wrote Stefansson in his controversial 1946 book, *Not by Bread Alone*. Recognizing how shocking a statement this would be, Stefansson added, “If meat needs carbohydrate and other vegetable additives to make it wholesome, then the poor Eskimos were not eating healthfully.” Worse, they spent months in the near complete darkness of winter idly, unable to hunt, with “no real work” to do, he observed. “They should have been in a wretched state...But, to the contrary, they seemed to me the healthiest people I had ever lived with.” He witnessed neither obesity nor disease.”

...

“Across the globe half a century later, George V. Mann, a doctor and professor of biochemistry who had traveled to Africa, had a similarly counterintuitive experience. Although his colleagues in the United States were lining up in support of an increasingly popular hypothesis that animal fats cause heart disease, in Africa Mann was seeing a

totally different reality. He and his team from Vanderbilt University took a mobile laboratory to Kenya in the early 1960s in order to study the Masai people. Mann had heard that the Masai men ate nothing but meat, blood, and milk—a diet, like the Inuits', comprised of almost entirely animal fat—and that they considered fruits and vegetables fit to be eaten only by cows.

Mann was building upon the work of A. Gerald Shaper, a South African doctor working at a university in Uganda, who had traveled farther north to study a similar tribe—the Samburus. A young Samburu man would drink from 2 to 7 liters of milk each day, depending on the season, which worked out on average to well over a pound of butterfat. His cholesterol intake was sky-high, especially during periods when he would add 2 to 4 pounds of meat to his daily diet of milk. Mann found the same with the Masai: the warriors drank 3 to 5 liters of milk daily, usually in two meals. When milk ran low in the dry season, they would mix it with cow blood. Not shirking the meat, they ate lamb, goat, and beef regularly, and on special occasions or on market days, when cattle were killed, they would eat 4 to 10 pounds of fatty beef per person. For both

tribes, fat was the source of more than 60 percent of their calories, and all of it came from animal sources, which meant that it was largely saturated. For the young men of the warrior (“murrān”) class, Mann reported that “no vegetable products are taken.”

Despite all of this, the blood pressure and weight of both these Masai and the Samburu peoples were about 50 percent lower than their American counterparts—and, most significantly, these numbers did not rise with age. “These findings hit me very hard,” said Shaper, because they forced him to realize that it was not biologically normal for cholesterol, blood pressure, and other indicators of good health automatically to worsen with aging, as everyone in the United States assumed. In fact, a review of some twenty-six papers on various ethnic and social groups concluded that in relatively small homogenous populations living under primitive conditions, “more or less undisturbed by their contacts with civilization,” an increase in blood pressure was not part of the normal aging process. Was it possible that we in the Western world were the anomaly, driving up our blood pressure and generally ruining our health by some aspect of our diet or modern way of life?

True, the Masai were free from the kind of emotional and competitive stresses that gnaw away at the citizens of more “civilized” countries and which some people believe contribute to heart disease. The Masai also got more exercise than desk-bound Westerners: these tall, slender shepherds would walk for many miles each day with their cattle, searching for food and water. Mann thought that perhaps all this exercise might be protecting the Masai from heart disease. But he also acknowledged that subsistence was “easy” and “labor light”, and that the elders, who “seem sedentary,” were not dying from heart attacks either.”

“Indeed, Steffanson and Mann represent but two of the many “paradoxical” stories that we could tell. As it turns out, many healthy human populations have survived mainly on animal foods historically and into the present day. It’s easy to find examples. In the early 1900s, for instance, Sir Robert McCarrison, the British government’s director of nutrition research in the Indian Medical Service and perhaps the most influential nutritionist of the first half of the twentieth century, wrote that he was “deeply impressed by the health and

vigour of certain races there. The Sikhs and the Hunzas," notably, suffered from "none of the major diseases of Western nations such as cancer, peptic ulcer, appendicitis, and dental decay." ...Meanwhile, the Native Americans of the Southwest were observed between 1898 and 1905 by the physician-turned-anthropologist Aleš Hrdlička, who wrote up his observations in a 460-page report for the Smithsonian Institute. The elders among the Native Americans he visited would likely have been raised on a diet of predominantly meat, mainly from buffalo until losing their traditional way of life, yet, as Hrdlička observed, they seemed to be spectacularly healthy and lived to a ripe old age. The incidence of centenarians among these Native Americans was, according to the 1900 US Census, 224 per million men and 254 per million women, compared to only 3 and 6 per million among men and women in the white population. Although Hrdlička noted that these numbers were probably not wholly accurate, he wrote that "no error could account for the extreme disproportion of centenarians observed." Among the elderly he met of age ninety and up, "not one of these was either much demented or helpless."

Hrdlička was further struck by the complete absence of chronic disease among the entire Indian population he saw. "Malignant diseases," he wrote, "if they exist at all-that they do would be difficult to doubt-must be extremely rare." He was told of "tumors" and saw several cases of the fibroid variety, but never came across a clear case of any other kind of tumor, nor any cancer. Hrdlička wrote that he saw only three cases of heart disease among more than two thousand Native Americans examined, and "not one pronounced instance" of atherosclerosis (buildup of plaque in the arteries). Varicose veins were rare. Nor did he observe cases of appendicitis, peritonitis, ulcer of the stomach, nor any "grave disease" of the liver.

...In Africa and Asia, explorers, colonialists, and missionaries in the early twentieth century were repeatedly struck by the absence of degenerative disease among isolated populations they encountered. The *British Medical Journal* routinely carried reports from colonial physicians who, though experienced in diagnosing cancer at home, could find very little of it in the African colonies overseas. So few cases could be identified that "some seem to assume that it does

not exist," wrote George Prentice, a physician who worked in Southern Central Africa, in 1923." [pgs. 14-15]

The Raw Truth, Strauds, Rob, as featured in *We Want to Live* by Aajonus Vonderplanitz, pgs. 168-169,

"Weston Price, D.D.S, was a contemporary of Pottenger who, during his years in practice, began noticing in the children of his patients problems which their parents had not experienced. Besides having more decay, in many children the teeth did not fit properly into the dental arch, causing them to be crowded and crooked. He noticed also that the condition of deformed teeth reflected the overall state of compromised health. Considering possible reasons, the idea occurred to him that perhaps there was some deficiency in modern diets. While others in his profession looked for causative factors in dental decay, Price searched among primitive people for one or more nutritional factors protecting them. His travels took him to the corners of the earth. He and his wife lived with and studied Swiss people in high Alpine valleys; Gaels on islands of the Outer Hebrides; Eskimos in Alaska; Indians in the far northern, western and

central parts of Canada and western United States and Florida; Melanesians and Ploynesians in the South Pacific; Africans in eastern and central Africa; Aborigines in Australia; Malay tribes on islands north of Australia; Maori in New Zealand; and descendants of ancient civilizations in Peru.

Fortunately, Price traveled and conducted his research during the 1930's when the cultures he observed were still primarily indigenous, and groups of people still lived entirely on local foods that they mostly ate raw. He found cultures without tooth decay and children without misshapen dental arches or crowded teeth. He interviewed an American medical doctor living among Eskimos and northern Native-Americans who reported that in thirty-five years of observation, he had never seen a single case of cancer among natives subsisting on their traditional foods. When natives eating "civilized" man's processed foods developed tuberculosis and other diseases, this doctor sent them back to their native villages and foods. They usually recovered.

In the course of his travels, Price specifically searched for groups that

maintained immunity to dental and chronic disease on diets consisting entirely of vegetable matter. He did not find any. Every healthy native culture he studied ate many animal foods raw; tradition often dictated which foods. The milk, cheese and butter of Swiss villagers and African herdsmen were seldom heated. Animal glands and organs, in every traditional culture, were often eaten raw. Eskimos of Arctic regions, where no plants were available much of the year, ate a lot of raw meat and fish. This tradition prevented scurvy; the vitamin C in meat and fish is destroyed by cooking. Islanders in the South Pacific and coastal Australian Aborigines ate most food raw, including shellfish. As Price's studies progressed, it emerged ever more clearly that healthy, free-ranging animal life of the land and sea provided humans everywhere with essential nutrients apparently unobtainable in adequate quantities from plants alone."

[Heart Disease]

The work of Nina Teicholz (*The Big Fat Surprise* which has a bibliography of over fifty pages of citations) and the historical

precedents she pointed out also demolish the Lipid Hypothesis, popularized by Ancel Keys, which asserts that saturated fat and cholesterol cause coronary heart disease and atherosclerosis, as does the work Uffe Ravnskov, MD, PhD, *The Cholesterol Myths*. As Strands pointed out in Vonderplanitz's *We Want to Live*,

“It is useful and inspiring to study the diets of these indigenous people in order to break through the conditioning and fixed ideas that dictate what we should and shouldn't eat. An obvious example is the objection to eggs as a food that contains cholesterol that is dangerous to the heart and arteries, particularly in individuals who already have high cholesterol levels. **The fact is, however, that harmful cholesterol accumulations result from cooked fats; accumulations decrease when raw fats, including raw whole eggs, are eaten.** To quote Edward Howell in his classic work, *Enzyme Nutrition*:

...when fats, either animal or vegetable, are eaten along with their associated enzymes, no harmful effect on the arteries or heart results. All fatty foods

contain lipase in their natural state.
Cooking or processing destroys it.¹⁶

As you can see it is actually cooked fat, and particularly rancid oxidized hydrogenated vegetable oils (polyunsaturated fats) and trans fats as demonstrated by Teicholz, Ravnskov and Aajonus in their respective works that crystallize or harden in the arteries and cause heart disease. These were adopted in the 50's after the abandonment of animal fats (such as lard and butter) in all industrial cooked foods with the Lipid Hypothesis to which heart disease skyrocketed thereafter and hasn't deterred from that course.

Back to Cancer, Andreas Moritz corroborated Aajonus in his work *Cancer is NOT a Disease It's a Survival Mechanism*. Moritz, like Aajonus, was a nutritionist and health practitioner who had thousands of clients, many of which he healed of terminal diseases. He was a vegetarian but the most honest one I have read; being forced to admit that raw butter was healthy (honest) and the studies he documented showing meat

¹⁶ *The Raw Truth*, Strands, Rob, as featured in WW2L, Vonderplanitz, p. 169

was unhealthy were all of COOKED meat, which are true. No controlled studies have been done showing the healthfulness or lack thereof of raw meat because academia already assumes *a priori* that it is unhealthy...thanks to Germ Theory.

Cancer is Not a Disease It's a Survival Mechanism, Moritz, Andreas, pgs. 31-43,

“According to our current medical model, cancer is a general term that describes a group of 100 unique diseases that share one common factor: **uncontrolled growth and spread of abnormal cells**. Our body naturally produces more cells when it needs them. For example, every person who has done muscle training or exercised regularly knows that his muscles have become larger. However, we would not call the extra cell tissues that the body forms in response to an increased need for muscle power to be an abnormal growth or tumor. However, if cells begin to divide without an apparent need for more cells, they will form an excess mass of tissue which is considered a tumor. If the tumor is “malignant,” doctors refer to it as cancerous.

For as long as the basic underlying mechanisms leading up to cancer are not known and dealt with properly, cancer will remain a mystery disease. Cancer is a puzzling phenomenon that has (falsely) been labeled an “autoimmune disease,” a disease that allegedly turns the body against itself. The truth is far from that. The body has been designed to sustain its life for as long as possible. Even the so-called “death gene” has only one purpose, that is, to keep the body from self-destructing. Death genes are there to make sure cells die at the end of their normal lifespan and are replaced with new ones.

If the body is designed to live and not to destroy itself, why then would it suddenly allow the growth of extra cell tissue and kill itself? This does not make any sense at all. The main obstacle to finding real cures for cancer is that modern cancer treatment is rooted in the false assumption that the body sometimes tries to destroy itself. Medical students are trained to understand the mechanism of disease development, but they are left in the dark concerning the origins of disease. Viewed superficially, to the students, an illness appears to be something destructive and harmful to the body. Seen from a deeper

perspective, however, the same illness is an attempt by the body to cleanse and heal itself, or at least, to prolong its life. Since the medical textbooks offer few insights into the true causes of illness, it is understandable that the majority of doctors today believe that the body has self-destructive, and even suicidal abilities or tendencies. Claiming to be non-superstitious and objective, they inadvertently admit that certain cells suddenly decide to malfunction, become malicious, and randomly attack other cells and organs in the body. Based on this purely subjective and unsubstantiated belief, the doctor and his patient alike become almost obsessed with trying to protect the body from itself. Yet despite such undisputed notions of "truth", none of this means that the body does, in fact, attempt or cause its own destruction. Would it actually astound you if I told you that cancer has never killed a person?

Cancer cells are not part of a malicious disease process. When cancer cells "spread" (metastasize)* (*It has never been proven that cancer cells move around the body and indiscriminately form new colonies of cancer cells. Rather, new colonies may grow for the same reasons the previous ones did.)

throughout the body, it is not their purpose or goal to disrupt the body's vital functions, infect healthy cells, and obliterate their host (the body). Self-destruction is not the theme of any cell unless, of course, it is old, worn-out, and ready to be turned-over. Cancer cells, like all other cells, know that if the body dies, they will die as well. Just because most doctors and patients assume that cancer cells are out to destroy the body does not mean that cancer cells actually have such a purpose or ability. A cancerous tumor is neither the cause of progressive destruction nor does it actually lead to the death of the body. There is nothing in a cancer cell that even remotely has the ability to kill anything. If you asked people walking in the street if they knew how cancer kills people, you would probably not get one definite, correct answer. Ask the same question of doctors and you may not get a much better result. You will unlikely hear that cancer doesn't kill anyone.

Contrary to hearsay, what eventually leads to the demise of an organ or the entire body is the wasting away of healthy cell tissue, which results from a continued deprivation of nutrients and life force. **The drastic reduction or shutdown of vital nutrient supplies to**

the cells of an organ is not primarily a consequence of a cancerous tumor, but actually its biggest cause.

By definition, a cancer cell is a normal, healthy cell that has undergone genetic mutation to the point that it can live in anaerobic surroundings (an environment where oxygen is not available). In other words, if you deprive a group of cells of vital oxygen (their primary source of energy), some of them will die, but others will manage to alter their genetic software program and mutate in a most ingenious way: the cells will become able to live without oxygen and will adapt to derive some of their energy needs from such things as cellular metabolic waste products (more about this in Chapter 2).

It may be easier to understand the cancer cells' phenomenon when comparing it with the behavior of common microorganisms. Bacteria, for example, are divided into two main groups, aerobic and anaerobic,* (*There are some specialized bacteria that are both aerobic and anaerobic.) meaning, those that need to use oxygen and those that can live without it. This is important to understand, since we have more bacteria in our body than we have cells. Aerobic bacteria thrive in an oxygenated

environment. They are responsible for helping us with the digestion of food and with the manufacturing of important nutrients, such as B-vitamins. Anaerobic bacteria, on the other hand, can appear and thrive only in an environment where oxygen does not reach. They break down waste materials, toxic deposits, and dead, worn-out cells.

...

As you might know, cancer cells are filled with all sorts of microorganisms. Allopathic medicine does not really explain how they get into the cells, unless they are viral. Most doctors assume that the germs come from the outside, but this assumption is unproved (and was even disputed by Louis Pasteur himself, who invented germ theory). [See my essays *23 Reasons to Reject The Germ Theory of Disease* and *The 17 Fundamental Doctrines of Biblical Pleomorphism*]

As the brilliant scientists Bechamp and Enderlein demonstrated, these germs are created inside the cells in response to the presence of toxic waste material that the body is unable to remove. They may also attach themselves to other weak, undernourished cell tissue (particularly cells that suffer from poor oxygenation).

Their purpose is to decompose these damaged, weak cells. This microbial activity is commonly known as “infection”. Like cancer, however, an infection is not a disease. Rather, it is a sophisticated, combined attempt by the body and microbes to avert the suffocation and poisoning caused by accumulated toxic waste material in its tissues, the lymphatic system, or the blood.

If you piled up kitchen garbage in one area of your house, it would attract a lot of flies and bacteria, and this would generate a foul-smelling odor. You would certainly not blame the flies and bacteria for the stench. They are just trying to digest some of the garbage. Likewise, those microbes that are attracted to or produced inside unhealthy cells are not part of the problem; they are part of the solution to the problem.

An infection, if properly supported by natural approaches of cleansing and nourishment, can practically prevent the genetic mutation of aerobic cells into cancer cells. Cancer and infection share some of the same original causes. For this reason, a significant number of cancer patients who suffer a major infection

such as the *chickenpox* go into total remission and are subsequently found cancer-free once the infection has passed. According to over 150 studies conducted in the past 100 or more years, spontaneous tumor regression has followed bacterial, fungal, viral, and protozoal infections.* (*Research paper by S. A. Hopton Cann, J. P. van Netten, and C. van Netten (July 2003)-Department of Healthcare and Epidemiology, University of British Columbia; Special Development Laboratory, Royal Jubilee Hospital and Department of Biology, University of Victoria, British Columbia, Canada.) During episodes of fever, tumors literally break up, and the cancer cells are promptly removed via the lymphatic system and other organs of elimination. During such a major infection- which is nothing but an appropriate healing response initiated by bacteria and the immune system- a considerable amount of toxic waste is broken down and removed from the body. This, once again, permits oxygen to reach the oxygen-deprived cells. Upon contact with the oxygen, the cancer cells die or otherwise mutate back into normal cells. The tumors have no more reason to be there, hence, the occurrence of spontaneous remission of cancer in these

patients. In some cases, brain tumors as large as the size of an egg have literally disappeared in this way within 24 hours. **The standard approach of suppressing infection and its resultant fever among hospital patients is medical malpractice and stands responsible for the loss of millions of lives that could easily have been saved by letting nature do its job.**

The germs involved in an infection become active and infectious only when physical impurities and waste matter have gathered or tissue damage has already occurred. This is true whether they are of a bacterial or viral origin and whether they are generated within the body or introduced from the external environment.

Destructive microorganisms (those involved in an infection) simply have no business in a clean, well-circulated, and oxygen-rich environment. There is nothing to be disposed of, and no immune response is necessary (fever, swelling of the lymph nodes, an increase of immune cells, or other such self-defensive measures) to protect the body.

...It is important to recall at this point that cancer is not a disease but a survival mechanism that occurs only when all other protective measures have failed.

There is profound purpose and intelligence at every level of physical creation...Just because many scientists and doctors prefer to see nature as behaving in a random, incoherent fashion does not mean it actually is chaotic and unpredictable. Cancer is not as chaotic as the "experts" would have us believe. It has as much purpose and meaning as does a virus or bacterium. A virus only infects the nucleus of a cell that is on the verge of becoming anaerobic. To find virus material in cancer cells is, therefore, not proof that viruses cause cancer. In fact, viruses try to prevent the demise of the body. They are created for the body and by the body. It is completely normal for weak, deteriorating cells to transform their protits colloids into bacteria, viruses, and fungi to help prevent more damage to the body than has already occurred due to the accumulation of toxic waste matter.

Suppressing an infection, such as chickenpox, with germ-killing medication destroys much of the germ population. However, it is the germ population that helps to stimulate a much-needed immune response to rid the body of cancer-causing toxins.

Modern vaccination programs are largely responsible for the significant deterioration of natural immunity among the vaccinated populations around the world today. The body does not acquire real immunity to infectious diseases by exposing it to vaccines (antibody production alone does not create immunity); in fact, with each vaccine the immune system becomes more depleted.

New vaccines that, for example, are said to prevent cervical cancer (connected with the human papillomavirus or HPV) merely force the body to move toxins into other areas. This may give rise to the appearance that the “enemy” is dead and the body is now cured and safe. Not by a long shot! The short-term gain of becoming symptom-free through the use of such magic bullet approaches can have serious repercussions in the long-term. These treatments aimed at producing a quick symptomatic relief actually prevent the body from employing the assistance of destructive microbes to help break down and remove deposits in the body that resemble nuclear waste.

...That is how 95 percent of all cancers come and go without any medical intervention.

Based on current statistical information, we can estimate that treating cancer with suppressive methods, e.g. radiation, chemotherapy, and surgery, reduces the chance of complete remission from 28% to 7% or less. **In other words, medical treatment is responsible for the deaths of at least 21,000 people in every 100,000 cancer patients!** These 21,000 people would recover if they did not receive any treatment at all. According to the American Cancer Society's estimated 2008 cancer mortality rates, 565,650 men and women will die from cancer this year (2008). That's 6,000 deaths more than in 2007. In a country that supposedly has the most advanced and successful medical system in the world, this trend clearly shows that the currently applied symptom-oriented approaches to cancer are heavily flawed and in fact, have failed...

You may wonder about those bad *oxygen free radicals* that everyone talks about? Is it not true that they are behind most cancers and other diseases? If it is true, how can we defend ourselves against them, other than by removing them with such antioxidants as vitamin C?

Oxygen free radicals are highly reactive oxygen molecules. They are involved in causing rust in iron and in turning fats rancid. They are also found in arteries that have become occluded with plaque. Many researchers believe that free radicals are involved in the formation of cancer cells. However, like bacteria, free radicals have been given an unjustifiably bad reputation. Free radicals have existed since the beginning of life on Earth. Why would they now lead to cancer in one out of every two people when just 100 years ago only 1 in 8,000 people suffered the same fate? Did free radicals just become a lot more “vicious” in the past 100 years, ever so eager to oxidize us to death? The answer is a resounding “no.”

Free radicals only oxidize and destroy what is already weak and potentially damaging to the body. They never attack healthy, vital cell tissue, but they naturally turn up where there is something to be destroyed that has become useless and is an impending threat to the body’s physiological balance. Weak or worn out cells and accumulated metabolic waste material, which the body’s lymphatic system normally removes without a problem, become a hazard when they are trapped

in the tissues and the free radicals are not doing their job. Increasing free radical activity and spreading infectious germs are therefore the next best alternatives to the body's own cleansing and eliminative efforts, especially when the body's immune system is already compromised. Thus, neither free radicals nor germs can rightfully be considered a **cause** of illness and aging. Since illness is actually a healing mechanism and aging is a form of advanced congestion in the body, free radicals must, in fact, be considered the beneficial **effects** of illness and aging.

The more often infections are "prevented" or suppressed through medical interventions, the less efficient the liver and kidneys, as well as the immune, lymphatic, and digestive systems become in keeping the body's cell tissues free of harmful, noxious deposits.

Yet, not only infections and free radicals act as cleansers or scavengers of obstructive waste and damaged, weak cells. Pain also serves as a healing aid. Pain is merely a signal that the body is actively involved in a healing response that includes repairing damaged tissues and cleansing itself. By suppressing pain with medication, you short-circuit the

body's internal communication and healing mechanisms and practically force it to hold on to, and eventually suffocate in, its own waste. Cancer is a natural consequence of dealing with such a distressing, unnatural situation.

Cancer cells are normal, oxygen-dependent cells that have been genetically reprogrammed to survive in an oxygen-deprived environment. Why would a healthy cell nucleus, which contains the genetic makeup (DNA) of the cell, suddenly decide to give up its need for oxygen and turn itself into a cancer cell? This is a simple question that lies at the very core of the complex mystery surrounding cancer. To resolve this mystery you have to change your idea about what cancer is. You are unlikely to find a satisfactory answer if you believe that cancer is an aggressive, life-threatening disease that spreads indiscriminately throughout the body, unless it is stopped or slowed by means of deadly drugs, radiation, or surgery. Those who know in their gut that the law of cause and effect applies to every natural phenomenon must wonder whether cancer is, after all, only the natural effect of an underlying, unnatural cause. To treat cancer as if it were an illness without removing its

underlying cause is nothing but malpractice, that is, “bad or wrong practice.” It is now clear that such an approach has potentially fatal consequences for most cancer patients. Instead of reducing cancer occurrence and cancer mortality, the current medical approaches used to treat cancer actually contribute to increasing both. Blaming the genes doesn't help.

The genetic blueprint in a cancerous cell is no longer aligned with the original genetic blueprint (DNA) found in other normal cells of the body. However, its genes didn't suddenly decide or volunteer to be “mal-aligned” or malignant, as they call it. Genetic blueprints do not act on anything, but when the cell environment changes, they become altered or mal-aligned with the original blueprints.

According to American research* (*Cancer Research* 61, 8723-8729, December 15, 2001) the genes DNA-PK and p53 are essential components of the body's repair system. When they are intact, the cell is safe, but when either goes wrong, the cell divides and multiplies uncontrollably. DNA-PK normally repairs damaged genes. However, cancerous cells can also

harness DNA-PK's power to repair themselves from damage caused by anti-cancer treatments. This makes these cells more resistant to the therapy, which may also explain why the orthodox cancer treatments, chemotherapy and radiotherapy, are such a failure. The more radical or intense the anti-cancer treatment is, the more "vicious" and powerful the cancer becomes; this, of course, dramatically reduces the chances for survival. It is similar to attacking a lion or water buffalo; the more aggressively you attack it, the more vicious the beast becomes. Likewise, repeatedly attacking bacteria with antibiotics makes them resistant to medical treatment. This results in the breeding of antibiotic-resistant organisms that are deadly and are acquired most often in places where antibiotics are administered frequently, and people's immune systems are the weakest, that is, in hospitals. This makes hospitals among the most dangerous places on earth.

Now, p53 acts as a signaling system, sending out messages that stop damaged cells from dividing and forming tumors. This powerful gene is altered in about 80 percent of cancers. However, the focus of cancer research should not be on figuring out what kind of genetic mutation occurs

(genes showing up as faulty), but on the changes in the body that lead up to it. To repeat, genes do not just change without a reason. They only do so if they are forced to mutate in response to adverse changes in the cell environment.

So what kind of extreme situation could possibly coerce a healthy cell to abandon its original genetic design and stop using oxygen? The answer is strikingly simple: a lack of oxygen. Normal cells meet their energy needs by combining oxygen with glucose. "Cell mutation" occurs only in surroundings where little or no oxygen is available. Without oxygen, the cells have to find other ways to meet their energy requirements.

The second most efficient option to obtain energy is through fermentation. **Anaerobic cells (cancer cells) thrive in areas where plenty of metabolic waste products are trapped.** These cells are capable of deriving energy from fermenting, for example, the metabolic waste product, lactic acid. This is similar to a starving animal eating its own excrement. By reusing lactic acid, the cancer cells accomplish two things. First, they derive energy for their sustenance and, second, they take this potentially dangerous waste product away from the

immediate environment (the intercellular fluid or connective tissue) of the healthy cells. If cancer cells did not remove lactic acid from the cell environment, this extremely strong acid would accumulate and lead to fatal *acidosis*- a condition that involves the destruction of healthy cells due to high levels of acidity. Without the presence of a lactic acid-metabolizing tumor, the lactic acid could perforate the blood vessel walls and, along with other waste material and contaminants, enter the bloodstream. The result would be blood poisoning (septic shock) and subsequent death.

The body sees the cancer as such an important defense mechanism that it even causes the growth of new blood vessels to guarantee that the cancer cells receive a much-needed supply of glucose and, therefore, are able to survive and spread. It knows that the cancer cells do not cause, but prevent death, at least for a while, until the wasting away of an organ leads to the demise of the entire organism. If the trigger mechanisms for cancer (causal factors) are properly taken care of, such an outcome can be avoided.

Cancer is not a disease; it is the final and most desperate survival mechanism the

body has at its disposal. It only takes control of the body when all other measures of self-preservation have failed. To truly heal cancer and what it represents in a person's life, we must come to the understanding that what the body does when allowing some of its cells to grow in abnormal ways is in its best interest. Cancer is not an indication that the body is about to destroy itself."

As we see Moritz is a Pleomorphist so when he uses the term "immune system" it is a corollary of the lymphatic system. Our position is the only one that can explain cancer, as opposed to the Western allopathic Germ Theory approach which sees it as the body malfunctioning and fighting/attacking itself and thus one must attack/fight back against the cancer and tumors which results in the disastrous success of the medical system in its treatment of it. To see the abysmal failure that is chemotherapy and related treatments refer to pgs. 25-31 in Moritz' work. The Industrial Capitalists and Gnostic Satanists have made nature the enemy in order to avoid having to take responsibility for their own actions and failures at any cost. Instead, in our holistic pleomorphic view, the body is miraculously and wonderfully designed

by God and cancer is what happens when all other methods of detoxification fail; i.e., bacterial, viral, parasitic and fungal. When the body cannot efficiently break down and excrete degenerated tissue, cells and waste products and their accumulation outweighs its detoxification countermeasures it will then develop tumors in order to try and isolate the toxins away from your vital soft organs and bloodstream to prevent you from killing yourself. The last thing you want to do when you have cancer is to try and attack the tumors or cancer. What you want to do instead is supply the body with the massive amount of nutrients and raw fat it needs in order to effectively break down and excrete said waste matter and replace degenerated tissue and cells with healthy ones. As we can see from the success rate of Aajonus' diet with cancer patients, it having the highest reputed remission rate of any dietary approach, our view is confirmed with practical experiment,

“I began to hear about the work of Aajonus Vonderplanitz, a practitioner who had apparently facilitated **232 cancer remissions (of 240 cases) as well as many recoveries from heart disease, chronic fatigue and other serious illnesses**. Even more remarkable was the

fact that these healings were effected almost exclusively through diet.”

- *The Raw Truth*, Strauds, Rob, as featured in WW2L, Vonderplanitz, p. 166.”

STDs

Our opponents will maintain as Dr. Barry Fox does in his course that STDs arose because of The Sexual Revolution. (Lecture 8) But wait, I thought Kinsey said that sexual promiscuity was always the way humanity was living but only behind closed doors?! (See my book *The Myth of Gender Equality*)

AIDS/HIV

Ans. According to Aajonus and Dr. Robert B. Strecker AIDS was created at UCLA between 1961-1962 by combining the lymphonomic virus of a sheep with the Leukemic virus of a bovine.¹⁷

Alex Loglia maintained that AIDS has the same symptoms as Paralytic polio and Aseptic meningitis. The establishment pursues their course of renaming the same illnesses in order to freshly whip up hysteria in the population so they can effectively engineer things more towards their technocracy.

¹⁷ *The Strecker Memorandum* - AIDS is a man-made disease
<https://www.youtube.com/watch?v=5BSZ1vSf1co>

In the 1970s the Congo was being vaccinated for smallpox. Guess where the AIDS epidemic came from in the same decade? You guessed it, the Congo.¹⁸

LONDON
TIMES
5-11-87

Smallpox vaccine 'triggered Aids virus'

By Peter Wright
Science Editor

The Aids epidemic may have been triggered by the mass vaccination campaign which eradicated smallpox.

The World Health Organization, which masterminded the 13-year campaign, is studying new scientific evidence suggesting that immunization with the smallpox vaccine *Vaccinia* awakened the unsuspected, dormant human immunodeficiency virus infection (HIV).

Some experts fear that in obligating one disease, another disease was transferred from a minor endemic illness of the Third World into the current pandemic.

While doctors now accept that *Vaccinia* can activate other viruses, they are divided about whether it was the main catalyst to the Aids epidemic.

But an advisor to WHO who disclosed the problem, told *The Times*: "I thought it was just a coincidence until we studied the latest findings about the reactions which can be caused by *Vaccinia*. Now I believe the smallpox vaccine theory is the explanation to the explosion of Aids."

Further evidence comes from the Walter Reed Army Medical Centre in Washington.

While smallpox vaccine is no longer kept for public health purposes, new recruits to the American Armed services are immunized as a precaution against possible biological warfare. Routine vaccination of a 19-year-old recruit was the trigger for stimulation of dormant HIV virus into Aids.

This discovery of how people with sub-clinical HIV infection are at risk of rapid development of Aids as a vaccine-induced disease was made by a medical team working with Dr Robert Redfield at Walter Reed.

The recruit who developed Aids after vaccination had been healthy throughout high school. He was given multiple immunizations, followed by his first smallpox vaccination.

Two and a half weeks later he developed fever, headaches, neck stiffness and night sweats. Three weeks later he was admitted to Walter Reed suffering from meningitis and rapidly developed further symptoms of Aids and died after responding for a short time in treatment.

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Aids epidemic 'triggered by smallpox vaccine'

Continued from page 1

modified versions of the smallpox vaccine to combat other diseases in developing countries.

Other doctors who accept the connection between the anti-smallpox campaign and the Aids epidemic now see answers to questions which had baffled them. How, for instance, the Aids organism, previously regarded by scientists as "weak, slow and vulnerable", began to behave like a type capable of creating a plague.

Many experts are reluctant to support the theory publicly because they believe it would be interpreted unfairly as criticism of WHO.

In addition, they are concerned about the impact on other public health campaigns with vaccines, such as against diphtheria and the continued use of *Vaccinia* in postnatal Aids research.

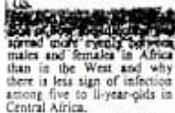
The coincidence between the anti-smallpox campaign and the rise of Aids was discussed privately last year by experts at WHO. The possibility was dismissed on grounds of unsatisfactory evidence.

Advisors to the organization believed then that too much attention was being focused on Aids by the media. It is now felt that doubts would have risen sooner if public health authorities in Africa had more willingly reported infection rates to WHO.

Instead, some African countries continued to ignore the existence of Aids even after US doctors alerted the world when the infection spread to the United States.

However, as epidemiologists gleaned more information about Aids from reluctant Central African countries, clues began to emerge from the new findings when examined against the wealth of detail known about smallpox as recorded in the *Final Report of the Global Commission for the Certification of Smallpox Eradication*.

The smallpox vaccine theory would account for the position of each of the seven Central African states which top the league table of most-affected countries. Why Brazil became the most afflicted Latin American country, and how Haiti became the route for the spread of Aids to the US.



spread more readily between males and females in Africa than in the West and why there is less sign of infection among five to 11-year-olds in Central Africa.

Needles were reused 40 to 60 times in the vaccination campaign. Waving the needle across a flame was the main, but perhaps not totally satisfactory method, of sterilisation.

Although no detailed figures are available, WHO information indicated that the Aids league table of Central Africa matches the concentration of vaccinations.

[London Times, May 11th, 1987]

¹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6438175/>
<https://www.ncbi.nlm.nih.gov/pubmed/9546402>

This was put in the Hepatitis B vaccine which gave rise to the AIDS epidemic of the late 70s and 80s. Remember Creighton's 19th century warning of "post-vaccinal effects"!?

Herpes

Ans. All "viruses" are simply bacteria reacting to the environment that either you have created in your body or someone has injected into your body. Malnourishment wakes up Herpes germs already present in your body. Aajonus states, that Herpes is a detox of heavy metals or other vaccines such as smallpox or chickenpox vaccines:

"Human Herpes is a human virus that most civilized humans have. It does not exist amongst any tribe I studied or met who do not participate in chemical farming. According to Dr. Robert Shaw, MD, of Beverly Hills who is a specialist in venereal diseases, 85% of the civilized world has Herpes even though large portions do not engage in sex or kissing...I repeat, Herpes results from toxic chemicals, especially consisting of toxic metals stored or lodged in nerve-endings from medications, canned foods, pesticides, herbicides, food additives, lotions, deodorants, perfumes, colognes,

makeup and industrial environmental pollution."

https://www.wewant2live.com/h1n1-swine-flu-epidemic-fact-or-hoax/?fbclid=IwAR1t_Yev63-N9Qp7TqdEAiXKU9cxAzElsRy8qb-TtJ2nY7rbn8z-2hN8ww

Dr. Shaw is a real doctor. I verified that but I could not get any documentation for this specific claim, other than Aajonus who I completely trust, as Dr. Shaw is 83 and most likely long since retired.

Aajonus goes on to say,

"Why, then, do some people develop Herpes after being in contact with someone who has Herpes? Is it the person whose body has already begun to detoxify metals from his or her nerve-endings and has Herpes sores? That is who the medical and industrial community want you to blame. However, the only contagion that is possible is educational, not microbial. Your body may learn how to detoxify nerve endings by observing another body in the process."

McCombs adds,

"This explains instances where people have sex with people with an active

Herpes virus and yet don't catch it themselves, of which I personally have an anecdote of. A girl I met who had Herpes told me her *ex* had sex with her unprotected for three years and yet never caught it himself. Our position explains such cases where we have people that are asymptomatic as opposed to germ theorists who will move the goalposts by appealing to said person's "immune system" when such simply begs the question and assumes the point to be proved. The fact is that viruses are not opportunistic contagions that are communicable simply based on contact as we are told.

So if your body is heavily toxic and has need of a metallic detoxification, you may have an "outbreak" or active viral detoxification of said metals after having sex with someone in the same condition themselves."

*Parasites Cure Disease! – Joel V. Weinstock, MD
Laboratory – University of Iowa*

Aajonus,

“People who have problems with parasites are people who do not eat meats or proteins that will rebuild and regenerate their cells. Otherwise they’ll ulcerate and have problems. So you probably had ulcerations all throughout your system, where the parasites were eating. And whatever you were eating was not regenerating the tissue well enough to keep up with the rapidity at which the parasites work, eat away at that tissue.”

<https://www.wewant2live.com/aajonus-delivering-a-primal-diet-workshop-with-mini-consults-and-qa-may-6th-2000/>

“the pharmaceutical house and the medical industry will take human cells or animal cells and put them in a petrie dish and then introduce salmonella, certain kinds of E. Coli, trichinosis, campylobacter, strep – any of those bacteria or parasites into a petrie dish and they’ll see those animal cells being consumed by those bacteria and parasites. Why? Because those cells are

not in an animal. They are in a petrie dish in a solution that is not body chemistry. So, what is the natural process of the cell when it is not living in the whole organism: death. So you've got cells that are intending to die because of the serum that they are in but because of what they've done - they have shocked that solution with formaldehyde or hydrogen peroxide and it makes them forget what they're supposed to do and what they're roll is so they don't die but the bacteria knows what they are intended to do. They are supposed to eat dead and dying tissue that has been separated from its natural host. So, of course it is going to eat those animal cells. It doesn't do it if you put those same cells into fresh raw milk; it won't happen - even in old raw milk and it won't happen. You put it into pasteurized milk, fresh, and it will go to work immediately... old (pasteurized milk) and it will multiply exponentially. Put those into dead cooked food of any kind. They will exponentially increase in population because that is what they are supposed to do; they are supposed to eat dead tissue."

<https://www.wewant2live.com/prima-1-diet-workshop-qa-june-22-2013-in-chicago/>

The worm returns

Joel V. Weinstock explains why several clinical trials are deliberately infecting people with helminths to treat autoimmune diseases

[Joel V. Weinstock](#)

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See other articles in PMC that [cite](#) the published article.

For as long as modern humans have existed, they have carried parasitic worms. That is around 200,000 years. Like many bacteria, some roundworms and flatworms (helminths) reside harmlessly in the gut. Others can cause problems.

Before antibiotics and improvements in sanitation, gastrointestinal infections — mostly with bacteria — killed perhaps one in five children and many adults. Now, thanks to clean food and water and hygienic sanitation, it is rare for a child in the Western world to die from such infections. These advances in hygiene have also 'dewormed' much of the developed world.

Meanwhile, the twentieth century has seen a rapid increase in an entirely new set of diseases, such as inflammatory bowel disease (the focus of my research). These once-rare diseases, caused by autoimmunity, have become relatively common in less than a century. Why?

This question was plaguing me as I sat in a plane on the runway of Chicago's O'Hare airport for five hours one day during the mid-1990s. I was on my way to a grant-review session for the Crohn's and Colitis Foundation of America when lightning struck the control tower, forcing us to wait until the airport could get up and running again.

I was writing a review article at the time, on inflammatory bowel disease, and editing a book about parasites. That day, I was focusing on a chapter about how the 'evil' properties of intestinal parasites are often overblown. Considering the vast number of people who have carried them throughout history, the occurrence of associated disease is surprisingly infrequent. I was reminded of a classic teaching in parasitology, that a 'good' parasite imparts some advantage to its host — because if the host dies, so does the worm. Clearly, after thousands of years of co-evolution, the human immune system has evolved to

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3744107/>

New York Times, *The Worm Turns* by Moises Velasquez-Manoff, June 29, 2008,

“Weinstock spotted a prime candidate on pig farms. Pig farmers are

chronically exposed to *Trichuris suis*, the pig whipworm, and tolerate it with no apparent side effects. (This is not the potentially dangerous worm found in undercooked pork.)

In 2005, he published results from two human studies. After ingesting 2,500 microscopic *T. suis* eggs at 3-week intervals for 24 weeks, 23 of 29 Crohn's patients responded positively. (Crohn's disease belongs to the I.B.D. family, which also includes ulcerative colitis.) Twenty-one went into complete remission. In the second study, 13 of 30 ulcerative colitis patients improved compared with 4 in the 24-person placebo group."

<https://www.nytimes.com/2008/06/29/magazine/29wwln-essay-t.html>

See also, *Trichuris suis therapy in Crohn's disease* by R W Summers, D E Elliott, J F Urban, Jr, R Thompson, and J V Weinstock.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1774382/>

Maggots Cure Gangrene!

"Maggot debridement. This is a nonsurgical alternative to traditional

debridement. During this procedure, clean fly larvae are placed on the affected area to eat away dead tissue and remove bacteria. This is a painless procedure.”

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/gangrene>

Rabies

Another machination of the present terrorist organization known as the modern medical industry is that Louis Pasteur saved humanity from rabies, the mad dog disease! (Cringe sales pitch) Yet the entire claim was based on nothing but sophistry and deception:

Pasteurism by Vincent Richards, *The Indian Medical Gazette*, April 1889,

these two cases. I have asked a similar question before in reference to several other remarkably unsuccessful cases (recorded in *The Lancet* of September 15th, 1888), and I find a true and significant answer, in a most extraordinary statement reported to have been made by M. Graucher at the inauguration of the Pasteur Institute at Paris. While dealing with the Pasteurian statistics, he said:— “But, of course, in order to arrive at a fair estimate of the Pasteur’s method, it is necessary to deduct all the deaths of patients who succumbed while under treatment or within a fortnight of being inoculated, *because they must already have had the poison in their system before they came under M. Pasteur’s treatment*, and then he proceeds to eliminate such cases from the statistics, and to exult, amidst the “*applaudissements prolongés*” of his audience, at the marvellous statistical results. This sort of argument is well enough for an unreasoning audience brought together by a sentimental worship of M. Pasteur, but to those whose mental faculties are unimpaired by Pasteur worship, it will undoubtedly appear very like a confession of impotence. It is not easy to forget M. Pasteur’s boast before

conveniently shelved this claim of infallibility for his method, as he has done some others, until it was contracted to the narrow limit of sixteen days; but it is somewhat startling to be told now that the method can be successfully adopted *only if infection has not already taken place*, without a word of explanation, as if that had been his contention from the commencement. Surely, this confession is virtually a complete capitulation to his adversaries who have all along held that whatever claims to success his methods might have been as a prophylactic, there was absolutely no proof existing of their efficacy after infection had taken place, the very basis upon which his success has hitherto been statistically founded. This remarkable shift of position must be somewhat embarrassing for the English Commission who like Pasteur, founded the favorable terms of their report upon this very basis, unless indeed it can be

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5141805/pdf/indmedgaz71086-0029b.pdf>

BÉCHAMP OR PASTEUR ?

A Lost Chapter in the
History of Biology

By

E. DOUGLAS HUME

Founded upon MS.

by

MONTAGUE R. LEVERSON, M.D. (Baltimore), M.A., Ph.D.

With a Foreword by

S. JUDD LEWIS, D.Sc., F.I.C.

The claim for Pasteur's success is based upon the assertion that he reduced the death-rate for hydrophobia from 16 per cent to 1 per cent. But the late Colonel Tillard has shown in a pamphlet¹ called *Pasteur and Rabies*, that the 16 per cent theory of death-rate before Pasteur brought in his supposed preventive must be ridiculously wrong. As the yearly average number of deaths for France up to then had not been more than 30, the number of the bitten, according to the 16 per cent estimate, says Colonel Tillard, should have been less than 200; but Pasteur, on the contrary, had 1,778² patients during the year 1887, which meant, according to this calculation, that over 250 would have died had they not gone to him.

¹ Published by the British Union for the Abolition of Vivisection, 47, Whitehall, London, S.W.1.

² This is the number given in the article on Hydrophobia in Allbutt's *System of Medicine* by Prof. G. Sims Woodhead, M.D.

This is nothing short of an absurdity in view of the facts, the highest total of deaths ever recorded for any year having been 66!

Basically, rabies is a Paroxysmal attack. This is why it can be treated with drugs that ease throat spasms, utterly refuting Pasteur's germ theory.

AN
INDEX OF TREATMENT
BY
VARIOUS WRITERS

Edited by

ROBERT HUTCHISON, M.D., F.R.C.P.

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QUINCY.—(See ABSCESS.)

RABIES.—A curative treatment for rabies when the disease has become developed in man or animals has yet to be discovered, and as far as we know no recoveries have been known ; for these reasons the treatment of a person suffering from rabies can only (for the present) be of a palliative nature, such as may be obtained by the use of sedative drugs and other remedies for the relief of painful symptoms. In this connection I may mention that atropine has been used in India at the suggestion of Major F. Norman White, I.M.S., and with very beneficial effects in relieving throat spasm ; when given at suitable intervals this distressing symptom can be entirely obliterated ; $\frac{1}{100}$ gr. of the sulphate injected subcutaneously every four hours is usually sufficient to obliterate spasm, and in addition there is always in the background the hope that in certain cases throat spasm (which is the proximate cause of death) may be held in check until a phase of recovery has set in. The attention of medical practitioners is drawn to atropine in cases which have developed symptoms of rabies.

Moreover, Pasteur's theory is further refuted seeing that Rabies can be spread without a bite! *Rabies in a nine-year-old child: The myth of the bite* by Olivier Despond, MD, Marisa Tucci, MD FRCPC, H  l  ne Decaluwe, MD, Marie-Claude Gr  goire, MD, Jeanne S Teitelbaum, MD FRCPC, and Nathalie Turgeon, MD FRCPC,

“A nine-year-old boy died from rabies encephalitis caused by a rabies virus variant associated with insectivorous bats. The patient was most likely infected in the Laurentian Mountains of western Quebec, but neither the patient nor his parents remembered any direct contact with an animal. The diagnosis was made seven days after the start of symptoms. After examining the most recent cases of rabies in North America, it is obvious that rabies following bat exposure can occur without history of a documented bite. The present case report emphasizes that the general public and medical care providers need better information about the risks associated with exposure to bats.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2094861/>

Like every other alleged virus, our opponents cannot show the isolated organism with a nucleus, a reproductive system, a Respiratory system a digestive system and an ability to produce its own energy. The entire suggestion is an appeal to ignorance.

Aajonus mentioned that tetanus is known to cause hydrophobia as well yet tetanus is also never been proved to be a virus:

“Because the tetanus bacteria cause lockjaw. ‘Well, show me this tetanus’. Nobody has a picture of tetanus because there is not an organism. It is just a dissolution. If you have metal rusting in your skin, you are going to have a breakdown; you’ve got a fungus there. The algae is rust; algae eat metal. You get algae eating this metal that is rust. And that causes a massive amount of contamination to cause blood contamination, whatever. But if you know how to handle it and you are eating properly, that doesn’t happen, especially if you are using my lime juice formula. That is what we are going to get into now. I am going to give you some formulas.”

<https://www.wewant2live.com/primal-diet-workshop-qa-june-22-2013-in-chicago/>

The cause of hydrophobia in animals and the foaming at the mouth is extreme malnourishment,

21-5
1912

1912
21-5

Journal of Zoöphily

"He who is not actively kind is cruel."

Vol. XXI.

PHILADELPHIA, PA., JANUARY, 1912.

No. 1.

"No civilization is complete which does not include the dumb and defenceless of God's creatures within the sphere of charity and mercy."—QUEEN VICTORIA.

Mad Dogs and Worms

By Arnold F. George

Some eight years ago the Klondike was the scene of the greatest mad-dog scare I ever read of or heard. Not a dog, but six to a dozen or more dogs, ran amuck. It reached a point where women and children were ordered by the police to stay indoors, while at every fork of the trail all over that country was stationed a constable with a gun, shooting every stray dog which appeared.

Dead dogs lay on every hand. Raving dogs everywhere tugged at chains, awaiting the arrival of constables to shoot them. Numerous men and women were badly bitten; at least one man died, "raving and frothing, and refusing water."

When the panic had reached its highest I was approached by—yes, in justice let me give his true name—Mark Brady. Mark is a man who was living with the Indians in the interior of Alaska long before there was a Klondike. He provoked my contempt by the flat assertion that there never had been a single case of rabies in Alaska. This when our Dawson panic was, as I have said, at its highest.

This when dead dogs lay at every hand, too numerous to be buried at once. To cut a long story short, he insisted that all that was the matter with dogs was worms. He declared, it being winter, the dogs could not get grass to eat and, being owned by greenhorns—"Chee Chahkas" he called them—the dogs were not being fed a substitute for the grass—moose-hide or caribou with the hair on. And the dogs, being strange to the country, had not learned to hunt and thus get fresh hides for themselves.

Moreover, another substitute, bones, were impossible for them to get, the dogs being too numerous for the little meat eaten in the camp. All this, he said, resulted in the worms with which all dogs are infested getting the upper hand, forming great clots, stopping the bowels, perforating the intestine, and so driving the dogs mad.

He challenged me as an editor to come with him and investigate the next dog killed. Hardly were we outside my office when a pistol shot announced another dog killed. We found the dog still warm and easily opened, and a knob of maggots close to the rectum in the intestine was big as my two fists.

The bowel was perforated in fifteen places, with worms in the peritoneal cavity. I thought perhaps this was a mere coincidence. Plenty of dead dogs lay all around, but they were frozen as hard as steel and were therefore not suitable for investigation.

However, by following the shots, in two days I had, myself, or through Mark Brady, opened fifteen newly killed rabid dogs, all with the typical symptoms—biting at everything blindly, foaming at the mouth, refusing water, biting their masters, running amuck,

seeking solitude, etc.; and in every case investigated I found worms or maggots in great clots near the vent stopping the bowel; in half the cases I found perforations—I might have found them in all the other cases had I searched, but I was becoming convinced.

In a very few days I had allayed the scare. Hay, hide and bones fed to the dogs caused the madness to disappear as rapidly as it had arisen. Bitten men were let from "under observation." And that was the last of rabies in the Klondike.

I believe as firmly as I believe anything that the one man who died with alleged rabies, after being bitten, was frightened to death. I believe, with Mark Brady, that there never was a case of rabies in the North.

Conclusion

In conclusion, University professors pushing this modern Atheist capitalist society should be considered domestic terrorists, military enemies of the American people and the human race as a whole. Anyone you know, including family members attending medical school are not people you should respect, excepting some surgeons, those that provide stitches and repair broken bones. You can view them exactly like the U.S. government tells us to view young men signing up to join ISIS. They are domestic terrorists and coadjutors with the Technocracy currently attempting a Planar genocide! Their ability to manage symptoms their own failed ideology created is nothing to be proud of or to respect. Don't make friends with people training to kill you!