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Catching a Break From the Fear

A fascinating look at the sacred cow of virology, which to question is an act of heresy.

The history is epic, from influeza 'isolations', common cold research, and the iconic Spanish Flu. In the latter, widespread WWI usage of battle gases like phosgene may have caused many cases, as most of the symptoms were identical.

The reader will discover: virology's postulates of Koch and Rivers are flawed and no virus has been truly isolated; that experiments claiming to transmit viruses don't work; and and sickness is much better explained by terrain theory or lack of homeostasis mainly from acute or prolonged toxic chemical exposures.

The real dividend is in freeing the mind from fear (the "nocebo" effect) of dangerous pathogens lurking in fomites, aerosols, and droplets everywhere and anywhere.

The author also points out the great societal benefits of abandoning the failed Germ Theory, the greatest neutralisation of public medical intervention mandates, and a switch to focus on removing environmental pollutants wherever they may be found.

Bottom line is you can't catch something which doesn't exist!

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Foreword (pp. 1-3)

The UK's Common Cold Research Unit (CCRU) is reported to have discovered over 100 common cold viruses.

Preface (pp. 4-5)

Terrain theory proposes germs are the consequence of disease, not its cause.

I) **Introduction** (pp. 6-21)

Kailiash Singh hasn't showered fifty years and at age 77 is in good health.

Dr John E. Walker, *Etiology of Colds*, 1932, filtered mucus into the nose, throat, eyes, and mouth of volunteers. When some developed flu-like symptoms, they claimed contagion.

Inoculating substances in the nose irritates the mucous membrane, also invoking allergic response. There is also the mental power of suggestion.

Viruses don't cause disease, aren't contagious, and may not even exist!

II) **Confusing Contagion** (pp. 22-32)

2M sailors died of scurvy from 1500-1800.

In 1747, Scottish surgeon James Lind gave two sailor groups a different diet; those given oranges and lemons recovered quickly from illness, while the others got worse. However, the attributed the first group's health to diet protection from *dampness*.

In 1928, Albret Szent-Gyorgi isolated C.

Pellagra (niacin deficiency) pathology is defined by dermatitis, diarrhoea, dementia, and lastly death. Pellagra-fear was rife in the 1900s, and doctors would prescribe As and Hg!

Robert Koch convinced the Japanese that beriberi (thiamine deficiency) was caused by some microorganism.

Hg mimics many infectious diseases.

Germ theorists mistakenly attribute effects to the wrong causes.

III) A Time Before Germs (pp. 33-46)

In 1794, Dr Erasmus Darwin held influenza was spread via the atmosphere.

Hippocrates proposed meteorological causation and taught "weather-doctors"; influenza was more of a weather phenomenon and not contagious. Easterly winds carried miasmas, which is why epidemics spread east-to-west.

The contagion model can't explain global populations simultaneously affected by a locally-occurring pathogen.

Dr Ashbel Smith worked with yellow fever in 1839; he immersed hands in black vomit and corpse fluid, also consumed it, yet never contracted the disease.

IV) Bechamp Versus Pasteur (pp. 47-56)

Germs could not survive in air since there wasn't enough N_2 to support them.

In 1546, Girolamo Fracastaro supposed contagious disease was caused by "minute bodies".

Leibniz held the universe was made of soul-like particles called "monads".

If bacteria were pleomorphic, only one base form would really exist.

V) Terrain Versus Germs (pp. 57-70)

At best, a germ-terrain duality may exist.

The Germ Theory (GT) dogma is: "one microorganism one disease", with IS and microbes in constant warfare.

The core premise of Terrain Theory (TT) is that homeostasis must be maintained for health.

In 1840s, Justus von Liebig created the chemical ("zymotic") theory (ZT) of disease, with diseases caused by *zyma* toxins or chemicals via tissue damage. Under this view, germs only multiply to clear away dead tissue.

Pro hoc propter hoc, GT was eventually confused with ZT, and anti-contagionists were labelled "sanitarian heretics".

Even if germs could cause disease, they would have no power against healthy terrain.

In 1901, Dr Rodermund smeared face and hands with smallpox fluid dozens of times yet never caught the illness.

Successful surgery resulted from removing germ food sources, not germs themselves (e.g., via the Listerian method of carbolic acid). Bacteria performing saprophytic activity release toxic waste products.

V) <u>Spontaneous Generation</u> (pp. 71-84)

SG would falsify GT.

In 1668, Francesco Redi proved maggots in meat were from fly eggs.

In 1860 Pasteur climbed the French Alps with boiled yeast water to show microorganisms grew only in one of them. After experimenting at lower mountains he found more flasks had growth, and concluded the atmosphere had different germ concentrations.

Pouchet invented the acroscope to trap air for examining microbes, yet couldn't find any bacteria.

In 1870, Henry Bastian sterilised solutions in hermetically sealed glass flasks at high temperature, yet found there were still organisms inside. John Tyndall also detected them inside using light.

In 1876, Bastian experimented again with a small flask of aqueous potassium salts inside a bigger one of urine, both hermetically sealed. The large was boiled at 100^{o}C for 15min. After 12 hours, the small flask was filled with bacteria. Pasteur criticised Bastian's methods.

Wilhelm Reich argued lifeless dust in flasks ("bions") gave rise to microorganisms.

VII) Botched Postulates (pp. 85-96)

M. tuberculosis from sick guineas injected into healthy ones do not cause disease transmission.

Koch's Postulates:

1. Microorganism must be found in the diseased person only.

2. Microorganism must be isolated from the host then grown in a pure culture.

3. Inoculating a healthy person with the cultured substance must cause the same disease.

4. Microorganism must be re-isolated from the newly-infected patient and matched with the original.

Koch admitted he couldn't fulfil hi own criteria; pathogenic bacteria are found in the healthy; pathogens can't be grown in culture; the same disease can't be replicated and re-isolated.

Corynebacterium diptheriae is said to cause diphtheria.

Max von Pettenkore was one of Koch's main critics; he drank *Vibrio cholerae* from Koch after taking bicarbonate to neutralise his stomach acid and remained well.

Koch also introduced the concept of "asymptomatic carrier", e.g., it is said 2B 'carry' TB.

Koch's second postulate is especially suspect since 'viruses' can't be culture without some medium.

Thomas Rivers created another set of postulates in 1937:

1. Isolate the suspected virus.

(Rivers found different viruses produce the same pathologies, and the same virus can produce different pathology.)

2. Cultivate the virus in host cells.

3. Provide proof of filterability.

4. Reproduce disease after inoculating the virus in a new host.

(Rivers found inoculation may activate a different 'latent' virus.)

5. Re-isolate the virus.

6. Detect an IS response (e.g., antibodies).

Virology relies on Koch and Rivers' postulates.

VIII) <u>Unscientific Methods</u> (pp. 97-107)

Science must be iterative, replicable, simple, and falsifiable. Experimentation must have an independent variable

IX) <u>Where Is the Virus?</u> (pp. 108-128)

Cl in salt is responsible for high BP, not Na.

Each virus is allegedly encapsulated in a tiny proteinous shell. from 20-500nm in diameter; hundreds of times smaller than the cells they 'infect'.

Viruses are claimed to spread by: droplets (5μm) from coughing and breathing; aerosols; and fomites (aerosols or droplets resting on surfaces).

Viruses case disease by: mechanical destruction via replicating and bursting host cells or causing cancer.

Filtered infected bodily fluids are mixed with an animal cell culture,w hose cells begin to break down which is taken as proof of virus (the "cytopathic effect"). This is virology's "gold standard".

Virus particle concentration is via plaque assays.

Virus-cytopathic causation can't be proven without true virus isolation.

The body supposedly has 380T virus particles.

Christopher Andrewes claimed to have isolated influenza A virus on the 1930s. In 1935, he inoculated two healthy people with 1mL of nasal washings from sick ferrets; both remained well.

In 1940, Thomas Francis and Magill isolated influenza B.

In the 1930s, Alphonse Dochez inoculated nine with virus filtrate; only four developed a cold, however, he had previously placed sterile broth in the noses which also induced cold-like symptoms. To propagate virus, he used chicken embryos injected with filtered mucus, then filtered out the supernatant. Doing this, he found the virus had changed form the original.

In 1953, Winston Price inoculated nurse nasal secretions onto monkey kidney cells, grown in a culture medium of horse serum, beef embryo extract, and antibiotics, and after observing cytopathy 'isolated' rhinovirus.

In 1965, David Tyrrell identified cold virus B814 via nasal epithelium and trachea tissue from human foetuses. he then used electron microscopy (EM) to image the virus, showing the 'crown' (coronavirus).

EM fails because it is done on material *after* faulty culture procedures.

Viruses can't be observed since the claim is they only multiply intracellulary, and EM can't see inside the cell.

Light microscopes can magnify 2000 X, but EM 1M X; heavy metal slats are added to the specimen, which is then dehydrated and epoxied into a hard block, subsequently sliced and then imaged by reflecting X-rays in a vacuum.

The minimum concentration for EM detection is 10^5-10^6 particles mL^{-1}, and since there are ~10^{11} virus particles in a mL of infected fluid, this should be easy with viruses.

Viruses *and* exosomes are produced simultaneously in cell culture, thus exosomes are often labelled 'non-infectious' viruses.

Genomic viral sequencing is circular since it compares detected sequences with other prior (unverifiable) virus sequences.

In 1954, Thomas Peebles and John Enders claimed to have isolated measles, but their uninoculated control broke down the cell culture medium sans virus in exactly the same way.

X) <u>The Russian Influenza Pandemic</u> (pp. 129-139)

The Russian Flu hit in 1889 and 1894, claiming over 1M lives, and was thought to have begun in Bukhara, Turkestan.

Virologists hold that people become susceptible to reinfection due to waning immunity and mutation of the original strain. This pandemic travelled at 650km per week.

It was characterised by over 40 diverse symptoms.

XI) <u>Contagion Trailblazers</u> (pp. 140-148)

Richard Pfeiffer discovered the bacterium *B. influenzae*.

A Berkefeld filter is a heat-treated diatomaceous earth cylinder, whose thousands of over-lapping micro-pores can adsorb 2-5µ particles. This is withing the bacteria threshold, but above the virus one.

During cold and flu, the body releases inflammatory histamine and bradykinin, both of which can pass through a Berkefeld and so mimic sickness in inoculated people.

XII) <u>The Spanish Influenza Pandemic</u> (pp. 149-161)

In 1918-19, 50-100M are claimed to have died from Spanish Flu. In extreme cases people bled from ears, eyes, mouth, and nose. Hair and teeth also fell out, and victims also showed signs of cyanosis. Average fatality time was ten days.

During the Great War, 150kT of chemical weapons were produced and 125kT deployed on battlefields. The most widely used was phosgene, colourless and odourless. 85% of gassing deaths were caused by this. It was a lacriminatory gas which could bypass filters and force mask removal.

Gas-afflicted soldiers who felt better after lying down a few hours would die within minutes of rising and walking.

In 1918, the U.S. prescribed aspirin as gas-victim pain relief, but at 8-15.6g p.d. , which itself was poisonous and caused oedema..

XIII) <u>Investigating Influenza</u> (pp. 162-178)

In 1918, the U.S. Navy experimented on Deer Island with 62 men aged 15-34. Over 8 experiments, none got the flu. In 8 experiments on Angel Island Quarantine Station in San Francisco, none of 50 volunteers got sick. In 1919, Gallups Island Quarantine Station in Boston, only 2 of 49 showed influenza signs, and one of influenza-like illness (ILI).

Thus, the navy experiments were a failure. One excuse was the stronger constitutions of military men, but this is much different than the Spanish Flu experience with a whopping 28% infection rate (many of whom were soldiers).

Weakened pathogenicity is the other excuse; the Spanish Flu had a 2.7-5.4% IFR.

In 1919, Prof. Yamanouchi look lung fluid from 44 flu patients, mixed it with Ringer solution before inoculating into 23 healthy people; 75% became ill.

Frederick Lister and Edward Taylor tried to infect 11 on a remote island with the Spanish Flu but failed. They also attempted infection with

Pfeiffer's bacillus, and one developed influenza (the wrong illness for this pathogen).

In 1920, Paul Schmidt collected mucus from 16 flu patients and inoculated 196 with eye drops: 21 developed colds and 3 influenza. Later, 84 were inoculated from 12 sick people: 5 got the flu and 4 colds. In a final experiment he only used saline on 43 and found 8 men got a cold!

XIV) <u>Chasing Colds</u> (pp. 179-191)

The CCRU made little progress after a decade of research. A 1950 critical review found: no clear definition of the common cold (CC) existed; the CC had no objective diagnosis; CC symptoms were broad; and many factors were causative.

XV) <u>Challenging Contagion</u> (pp. 192-204)

During CCRU sneeze parties, no one got sick!

The 'file-drawer' effect is analogous to selection bias.

Cold and flu outbreaks amongst Antarctic explorers in 1901 were highly puzzling, for men had been isolated for over two years. Influenza virus is said to have only a two-day survival time on hard surfaces.

XVI) <u>No Pathogen Required</u> (pp. 205-217)

In 1981, 34 students had electrodes connected to them, but experimenters didn't induce any current; 71% still experienced headaches.

People feel better being lied to that a helpful medical procedure has been done to them.

XVII) <u>Social Contagion</u> (pp. 218-233)

57% are more likely to be obese if their friends and family are.

The depressed who are in contact with non-depressed begin to transmit their depression.

Germ theory can't account for any positive 'transmissions', such as the placebo effect.

XVIII) Environmental Phenomena (pp. 234-247)

The education system has taught germ theory for over a century.

The airways is analogous to a logistics network.

Temperature and absolute humidity drops precede flu season; for every 0.5gm-3 humidity drop, influenza goes up by 58%.

Germ theory claim viruses can survive longer in lower humidity; droplets remain for longer and travel farther; and less moist air dries the mucus membranes.

XIX) A Toxic Tale (pp. 248-262)

Walking in a large city is equivalent to smoking six cigarettes per day.

Smaller particulates have greater negative health effects.

NH_4 or $CaCl_2$ can induce the flu.

Some have been able to reverse flu via bicarbonate.

XXI) Bringing it All Together (pp. 263-273)

Benefits of abandoning GT are great: more appreciation for the human body's systems; no fear of "catching" germs; disease causes are demystified and linked to tangible (e.g. chemical) or intangible (psychological) causes both of which can be studied; limited research funds are diverted to TT; vaccines, antivirals and antibiotics are no longer needed; erroneous public health mandates become obsolete; efforts are refocused to clean up the environment.

Appendix (pp. 274-385)