LESSON 66 – Contagion, Epidemics

1. The Germ Theory Of Disease

Acceptance of the concept of contagion is contingent on acceptance of the germ theory of disease. The germ theory of disease is the reigning premise upon which is superimposed a tremendous network of modern medical procedures.

Simply stated, this is the germ theory: Diseases are due solely to invasion by specific aggressive microscopic organisms; that is, *a specific germ is responsible for each disease;* and microorganisms are capable of reproduction and transportation outside of the body.

The germ theory was founded on the assumption that disease germs are specific and unchangeable in their biological structure and chemical characteristics.

Dr. Rene J. Dubos (eminent modern bacteriologist and 1968 Pulitzer Prize winner) contradicted this assumption by showing that the virulence of microbial species is variable.

Pasteur himself admitted his mistake (around 1880). Dr. Dudaux, a coworker of Pasteur, wrote that, when nearly sixty years of age, Pasteur discovered facts which were not in accord with his previous conception that disease germs were unchangeable. Pasteur found that microbial species can undergo many transformations, which discovery destroyed the basis for the germ theory.

1.1 Dramatic Proof That Germs Do Not Cause Disease

Reports in the *Journal of Infectious Diseases*, 1914. Vol. 14, pages 1 to 32, describe experiments by E. C. Rosenow, M.D., of the Mayo Biological Laboratories in Rochester, Minnesota. It was demonstrated that streptococci (pus germs) could be made to assume all the characteristics of pneumococci (pneumonia germs) simply by feeding them on pneumonia virus and making other minor alterations in their environment. When the procedure was reversed, they quickly reverted to pus germs. In all cases, regardless of the type of germs, they quickly mutated into other types when their environment and food were changed.

Two New York City bacteriologists, through similar experiments, converted cocci (round, berry-shaped) into bacilli (long, rod-shaped) and vice versa.

So it is obvious that specific bacteria do not produce specific disease symptoms—it is the environment and the type of soil which determines the type of bacteria that proliferate.

2. Pasteur Becomes Identified As Originator Of Germ Theory

The first "Germ Theory of Infectious Diseases" was published in 1762, by M. A. Plenciz, a Viennese physician. In 1860, Louis Pasteur took the credit for the experiments and ideas of others, "plagiarizing and distorting their discoveries," according to Dr. Leverson of England. Because of Pasteur's strength, zeal, enthusiasm, and convincing personality, and his passionate determination to overcome opposition to the germ theory, he became identified as its originator.

Claude Bernard (1813-1878) disputed the validity of the germ theory, and maintained that the general condition of the patient's body was the principal factor in disease, but this idea was largely ignored by the medical profession and the general public. Pasteur had done his work well as the suave promoter of a plausible "scientific" hypothesis that could bolster the prestige of the sagging medical profession. Bernard and Pasteur had many debates on the relative importance of the microbe and the internal environment.

Pasteur was a chemist and physicist, and knew very little about biology and life processes, but he was a respected and influential man. His phobic fear of infection, his belief in the "malignity" and "belligerence" of germs, and his powerful influence on his contemporaries, had far-reaching consequences, and men of science were convinced of the threat of the microbe to man. Thus was born the period of bacteriophobia (fear of germs) which still exists.

3. The Fear Of Infection

The fear of "infection" of a cut, a bruise, or other injury is widespread. Actually, there is more danger from the drugs and antibiotics administered to "prevent infection." When an injury occurs, the body quickly seals off the area, a scab forms, and repairs are instituted. Suppuration rarely occurs, except in toxic individuals. Devitalizing drugs serve to hinder the cleansing and reparative processes; antibiotics destroy friendly bacteria.

Patients do not have much (or any) choice in the use of antibiotics after surgery. The massive invasive process of surgery (often opening into the body cavity) is quite different from a cut or other wound near the surface of the body. In any event, there is no option. The antibiotics (after surgery) are mandatory (for the "protection" of the surgeon).

4. Bacteriophobia

The universal acceptance of the germ theory, and the consequently widespread bacteriophobia, resulted in a multiplicity of frenzied efforts to escape from the threat of the dreadful and malicious germs by waging a constant war against them in the belief that the alternative was certain death.

The populace was advised to cook all food and boil all water (with the inevitable deterioration in health accompanying raw food deprivation).

The present-day practice of killing germs (inside and outside the body) with poison drugs was initiated, resulting in more and more degeneration and iatrogenic (drug-induced) disease.

Various programs were initiated to confer "immunity" against specific germs by means of vaccines and serums, resulting in the monstrous inoculation system—with horrendous effects, detailed in my book, *Don't Get Stuck!*

Fortunately, the warning against, and horror of, all raw foods as dangerous and bacteria-ridden, has been largely overcome, through the persistent educational efforts of Hygienists and other knowledgeable people, though the ban on unpasteurized dairy products still exists in most areas in the
United States.

The acceptance of poison drugs, vaccines, and serums has not waned to any appreciable extent.

5. Pasteur Changes His Mind

As previously mentioned, around 1860. Pasteur discovered facts which were not in accord with his previous conception that disease germs were unchangeable. He found that microbial species can undergo many transformations; this discovery destroyed the basis for the germ theory. Since a coccus (pneumonia germ) could change to a bacillus (typhoid germ) and back again (and, indeed, since any germ could turn into another)—and since their virulence could be altered, often at the will of the experimenter, the whole theory exploded.

It is frequently overlooked that Pasteur by then had changed his direction, and his more mature conception of the cause of disease, as given by Dr. Duclaux, was that a germ was "ordinarily kept within bounds by natural laws, but, when conditions change, when its virulence is exalted, when its host is enfeebled, the germ was able

to "invade" the territory which was barred to it up to that time. This, of course, is the premise that a healthy body is resistant to disease or not susceptible to it.

After the change in his outlook, and numerous experiments along this line, Pasteur was at last convinced that controllable physiological factors were basic in the assessment of vulnerability to disease and concluded, "The presence in the body of a pathogenic agent is not necessarily synonymous with infectious disease." *(The presence of certain germs is not proof that they are the cause of a disease.)*

So Pasteur did finally reverse his position and acknowledge that germs are not the specific and primary cause of disease, and he abandoned the germ theory. He is reported to have said on his deathbed, "Bernard was right. The seed is nothing, the soil is everything."

Although Pasteur abandoned his early immature and erroneous theory in the 1880s, it was accepted, developed, fostered, and perpetuated by others, and the mischief, medical misunderstanding, and error continue to this day (the ultimate irony!).

6. A Plausible And Tangible Basis For "Medical Science"

Dr. Shelton says, "Medicine is now claimed to be a science. Before the discoveries and pseudo-discoveries of Pasteur it was a medley of diversified diseases and imaginary causes, treated symptomatically and empirically. Up to this time the evolution of medical thought was but a slow transition from superstition. The profession groped blindly about in search of a tangible basis upon which to base their theories and practices.

"Pasteur, while exploiting the work of Bechamp and other scientists of that period, gave the profession the germ. Here, at last, was a tangible and basic theory which could be developed without a limit. The microscope made it possible to visualize, differentiate, and classify the organisms. With a frenzied and hysterical outburst of enthusiasm, the medical profession seized upon this new theory, since which time practically all medical investigation has been carried on with the germ theory of disease as its basis."

7. The Unity Of Disease

The unity of disease is not understood by those who insist on relating a specific germ to each disease. As long ago as March 12, 1924, an editorial in the *Boston Medical and Surgical Journal* discussed the trend away from this concept: "The reason ... of an eclipse or partial eclipse of bacteriology may be found in the belief that this branch of medicine, if it has not come exactly to a blind alley, has at least come to a halt ... There are signs, more or less vague as yet, that new conceptions of disease are arising, although such views are themselves nebulous. It is thought by some that there is more or less a fundamental unity of disease, and that many of the nosological labels attached to them are superfluous and confusing."

8. Koch's Postulates

The German scientist, Robert Koch, maintained that for a specific bacteria to be the cause of a disease:

1. It must be found in every case of that disease.
2. It must not be found when the disease is not present.
3. It must be capable of living outside the tissues.
4. It must then be capable of reintroduction into the organism and producing that disease.

As has been repeatedly demonstrated, specific bacteria do not fulfill these prerequisites.

Robert Koch (1843-1910) was a bacteriologist, physiologist and one of Pasteur's contemporaries. The specific requirements of "Koch's Postulates" follow:

1. A culture of the bacteria must be taken from a diseased animal.
2. It must then be grown in pure culture in a laboratory.
3. After this, the culture has to be injected into a *susceptible* animal.
4. It must cause the same disease, and culture must be taken from this animal.

This is a modification of the germ theory, requiring a condition of *susceptibility* to establish a causal relationship between specific germs and specific diseases.

Scientists know that specific bacteria are not found in every case of a specific disease. The eminent Canadian physician, Sir William Osier (1849-1919) found that the diphtheria bacillus is absent in 28 to 40% of cases of diphtheria. Green's *Medical Diagnosis* says that tubercle bacilli may be present early, more often late, or in rare instances be absent throughout the disease condition. Koch's first postulate, "the specific bacteria must be found in every case of that disease" is not fulfilled in tuberculosis, diphtheria, typhoid fever, pneumonia, or any other disease. *Specific bacteria are not found in every case of a specific disease.*

Nor is the second postulate fulfilled, because it is a medically-known fact that bacteria are found in the bodies of humans and animals which exhibit no symptoms of any disease. *Specific bacteria are repeatedly found when the specific disease is absent.*

Further, bacteria are not capable of living outside the tissues; therefore, the third postulate is not fulfilled. Neither Pasteur nor any of his successors have ever induced a complaint by the inoculation of airborne bacteria, but only by injections from bodily sources. The reason is obvious: germs are dependent on human or animal organisms for their survival.

Quoting from "The Germ Theory Reexamined" by Bob Zuraw and Bob Lewanski (*Vegetarian World*, Volume 3, Number 11, September-November 1977): "Koch's Fourth Postulate: *Introducing germ cultures in a healthy body or organism does not produce signs and symptoms of the disease.* The Bio-Chemical Society of Toronto conducted a number of very interesting experiments in which pure cultures of typhoid, diphtheria, pneumonia, tuberculosis, and meningitis germs were consumed by the millions in food and drink by a group of volunteers. The results: no ill effects whatsoever."

But when the condition of *susceptibility* is introduced, this changes the whole concept. Thus we are back to the same point we have been emphasizing: the condition of the host is of primary importance in the production of disease.

9. Germs Are Powerless To Cause Disease

Dr. Shelton says (February 1972, *Dr. Shelton 's Hygienic Review*), "The germ alone could no more cause disease than a match alone can produce a fire. Just as the fire, so the microbe, if it is to have any part in causing disease, must find an organism that produces a suitable soil for its activities. We cannot avoid germs. We must be proof against them. We can avoid disease only by keeping ourselves in such a high state of health that they are powerless against us."

Dr. Shelton goes on to tell about numerous experiments in trying to produce various diseases by the feeding of germs, without any disease being produced. Dr. S. K. Claunch, in *Exploding the Germ Theory*, also cites such experiments by the U.S. Navy, again without results. Dr. Claunch says (page 25), "These experiments, conducted under test conditions and under government .supervision with such disappointing results should knock the last prop from under the germ theory, as they doubtless would have done if our government doctors had seen fit to make them public property ... would have been a signal government service to the people ... but not good business for the doctors and serum manufacturers."

10. Germs Are Not Enemies

Bacteria are ubiquitous—they are with us all the lime. Life on this planet would be impossible without them.

Specific "disease" bacteria are commonly assumed to be the primary cause of specific diseases. These much maligned microorganisms are, in truth, friends and scavengers that need nourishment to reproduce. They go into action immediately when there is a dangerous accumulation of toxic materials which is threatening body integrity. They perform the useful function of "cleaning up the mess" and then resume their more passive state, after their work is done.

There is no denying that bacteria are intimately associated with many serious diseases. They contribute secondary or tertiary complicating factors. They elaborate certain powerful toxins. They have factors which add to the primary causes.

There is no denying the importance of bacteria in the evolution of disease. But they are not the fundamental and primary causes, as so many people believe.

It is the disease condition that creates an environment favorable to the mutation of bacteria into those associated with that particular "disease," and favorable to their proliferation and increasing virulence. The disease condition springs from improper living that begets toxicosis.

There is no denying that in the disease process, the work performed by bacteria as scavengers is unpleasant and exhausting to the host, but it is necessary for the preservation of health and life. After the cleansing is complete, the organism again makes its energies available for normal activities.

10.1 Diseases Are Not Entities Traveling From One Person to Another

We hear about infectious diseases, contagious diseases, communicable diseases. But nobody has even seen a disease travel from one person to another. There is not an iota of evidence that this happens.

In 1860, the world-famous English nurse, Miss Florence Nightingale, published an attack on the germ theory of disease. She said:

"Diseases are not individuals arranged in classes, like cats and dogs, but conditions growing out of one another. Is it not living in a continual mistake to look upon diseases, as we do now, as separate entities, which must exist, like cats and dogs, instead of looking upon them as conditions, like a dirty and clean condition, and just as much under our control; or rather as the reactions of kindly Nature, against the condition in which we have placed ourselves? I have seen with my eyes and smelled with my nose smallpox growing up in first specimens, either in closed rooms, or in overcrowded wards, where it could not by any possibility have been 'caught' but must have begun. Nay, more, I have seen disease begin, grow up and pass into one another. Now, dogs do not pass into cats.
"True nursing ignores infection, except to prevent it. Cleanliness and fresh air from open windows, with unremitting attention to the patient, are the only defense a true nurse either asks or needs ... The specific disease doctrine is the grand refuge of weak, uncultured, unstable minds, such as now rule in the medical profession. There are no specific diseases; there are specific disease conditions."

11. The Cause, Nature, And Purpose Of Disease

Disease is a process of physiological and biochemical changes within the body, producing certain signs and symptoms which we label as specific diseases.

When diseases are categorized as communicable or infectious, it is not really meant that the disease, per se, is transmitted from one person to another. The concept actually is that an assumed cause of disease—virus, bacteria, etc.—is transmitted.

But disease is the result of many intoxicating causes. The actual process of disease (the fever, the inflammation, etc.) is the action initiated by the body to purge itself of toxic accumulations.

But the causes, the processes, and the effects have the appearance of being intermingled. Toxicity causes change in the processes of the body. These changes result in other changes as the body tries to cope. The situation becomes extremely complicated, with constant interaction between causes, processes, and effects.

But this should not discourage your attempt to discover and pinpoint the fundamental causes of disease. The Hygienic concept is that disease is the result of enervation—due to the bankruptcy of nerve energy, expending more than we are capable of regenerating. The general energy level diminishes and functional efficiency deteriorates. We evolve into a state which we call toxicosis—a condition of body saturation with toxic matters.

Toxicosis, in the Hygienic sense, implies a disturbance of the blood and tissue fluids, and the accumulation of toxic byproducts of metabolism. In recent years, studies of biochemical pathology have shown this disturbance within the homeostatic mechanism of the body, caused by the accumulation of toxic substances.

Dr. John H. Tilden, a Hygienic pioneer, in his book, *Toxemia Explained*, long ago (1926) presented "the true interpretation of disease." Habits of living that fail to supply our needs, that exceed our limitations—too much food, insufficent exercise, insufficient rest, and so on—produce inner stresses and a chemical burden the body cannot handle.

The causes of disease are multiple and relate to all the facets of our existence—nutrition, exercise, rest mental and emotional factors, relationships with other people—all of life. The most significant causes are those that are related to our fundamental biological needs. Those relating to our fundamental and emotional life complete the total picture. *Most of the causes of disease are within the control of the individual.*

12. Disease Is Body Action And Is Self-Limiting

When the toxic level rises above a toleration point, the body takes remedial steps, defensive, and reparative action. Disease is body action, and is limited to the time and effort necessary to rid the organism of injurious substances. Every cell in the body acts in unison with all the other cells for the preservation of the organism. When the work is done and order is restored, the disease symptoms dwindle and disappear, and the organism—although debilitated from the effort made necessary by its toxic condition—regains its powers.

This almost consistent denouement is eloquent evidence that disease is body action and not an attack by proliferating bacteria and viruses. All cases recover without any treatment If a healthy body is unable to resist an original attack by small numbers of microorganisms—if a healthy body can "catch" a cold, or influenza, due to exposure to cold germs or influenza germs—how then can the subsequently debilitated body ever recover? How can the weakened organism subsequently repel the onslaught by proliferating trillions of microorganisms? If such reasoning were carried forward to its logical conclusion, the inevitable result would be the death of the organism. How can it be denied?—when the healing crisis is completed, recovery begins. People do recover from colds, from influenza, and every acute disease that has not had deadly medical treatments.

Under Hygienic guidance (noninterference), disease symptoms disappear. Those who are "treated" with drugs and nostrums and recover, do so despite the treatment. Often the complication brought on by the treatment are much worse than the symptoms of the disease.

13. The Vaccination Network

"Immunization" is based on the idea that it is possible, by chemical or biological means, to make a person disease-proof. If this were indeed possible, it would represent a suspension of the law of cause and effect.

People have been educated to be terrified of bacteria, to believe implicitly in the idea of contagion—that specific malevolent aggressive disease germs pass from one host to another. Even bacteriologists overlook the fact that, instead of the germ population being divided into specific "good" germs and specific "bad" germs, "good" germs have the ability to mutate into "bad" (proliferating and virulent) germs, when the soil is suitable for this change. *Germs have the ability to modify their structure and function, according to the environment in which they find themselves.*

The idea of vaccination is that injection of a specific vaccine of lesser virulence is supposed to confer immunity against a specific disease of greater virulence. Originally, it was maintained that one injection would confer lifetime immunity. After that idea failed, the idea of periodic revaccination was adopted. Read my book, *Don't Get Stuck!*, for the history of the failure of vaccination and the trail of tragedy it has left in its wake.

Dr. Robert Simpson of Rutgers University said (March 1976): "Immunization programs against flu, measles, mumps, and polio may invade the genetic makeup, and may actually be seeding humans with RNA to form pro-viruses, which then become latent cells throughout the body. These could be molecules in search of diseases, which may become activated and cause a variety of diseases later, such as multiple sclerosis, arthritis, or even cancer." While this conjecture is in line with medical reasoning, it is blatant nonsense. Organisms do not work this way.

14. Immunity Vs. Toleration

Sometimes the injection of a poison into the bloodstream results in toleration of that poison, which is mistakenly labeled immunity. Toleration means the body hasn't sufficient vitality to resist.

The dictionary definition of tolerance is "the power or ability to endure, withstand, or resist the effects of a drug or food or other physiologic insults without showing unfavorable effects." Actually, this is contradictory. If the body endures the insult, it is because of lack of strength to resist. When it resists, it has the energy to institute defensive action: vomiting, sneezing, diarrhea, fever, or any crisis of cleansing and healing.

Dr. Shelton says that toleration is submission; it is broken-down resistance. "The warning voice of self-protection has gradually been put to sleep, while the organism is undermined and premature death comes as a surprise to everyone ... Toleration for poisoning is established by loss of the vitality necessary to resist it. The body pays for this toleration (miscalled immunity) by general enervation and lowered resistance to every other influence. ... It is a sad day for the body when it tolerates poisons. ... If tolerance for tobacco were never established, there would be no tobacco users. The same for alcohol, opium, arsenic, and other poisons. ... The repeated use of a poison gradually overcomes or decreases vital resistance."

15. Inoculation Is A Disease-Producing Process

No vaccine or other similar preparation can confer immunity against the effects of wrong living. On the contrary, more (not fewer) diseases are the inevitable result inoculation with serum and vaccines, which exhaust the vitality and resistance. Inoculation is a disease-producing process, which results in injury to organs, the nervous system and the blood.

Serum inoculations and blood transfusions can dissolve red blood cells in the recipient and damage the central nervous system, which helps to account for the enormous numbers of servicemen discharged as insane. (*Dr. Shelton's Hygienic Review*, May 1977, page 200).

In an article published in the *United States Naval Medical Bulletin*, May 1, 1943, three naval officers (physicians reported that inoculations against typhoid, tetanus, and yellow fever are "epidemiological factors" of greatest significance in the history of meningococcic meningitis. They expressed the belief that "immunizing inoculations" may lower body resistance. The occurrence of seventy eight cases of cerebrospinal fever was reported among troops in a camp in Natal after the injection of typhoic vaccine.

The purpose of such inoculations is to produce specific antibodies against specific diseases. Dr. Shelton says that if the body produces antibodies when vaccines and serum are administered, these are the ones required to protect against the injected substances, and not the specific antibodies that would be required to protect it against the contingency of exposure or susceptibility to a specific disease.

The following report appeared in Vol. 93, No. 6, page 482, of the *American Journal of Epidemiology* (observations made by workers conducting a trial of "flu" vaccine):

1. "The overall respiratory illness rates were unaffected by the vaccine.
2. Infections due to agents other than the influenza virus accounted for a larger proportion of illness in the protected (vaccinated) than in the unprotected groups."

16. Vaccinations And Failure Of Defensive Mechanisms

In their book, *Vaccinations and Immune Malfunction* (published October 1982), authors Harold E. Buttram M.D. and John Chriss Hoffman discuss the fundamental differences between the processes of "natural immunity" and so-called vaccine immunity. They suggest that those who are honestly trying to weigh the pros and cons of vaccines should become familiar with the existing evidence that vaccination does indeed cause lasting damage to the defensive systems of children; and they urgently propos an immediate change from compulsory vaccination programs to absolute freedom of choice.

They take the position that there is a fundamental difference between "natural immunity" (conferred by childhood diseases) and the attempts to confer immunity by introducing massive amounts of antigenic materials in the bloodstream, bypassing the primary defenses, and stressing the body in insidious ways which have previously been largely unrecognized. The body's resistance is lowered through a subtle defensive malfunction and a drastic reduction of the body's ability to defend.

On page 5 of their book, Buttram and Hoffman give an illustration of their concept. "According to the one cell one antibody rule, once an immune body (plasma cell or lymphocyte) becomes committed to a given antigen, it becomes incapable of responding to other antigens or challenges." A hypothetical child passes through "so-called usual childhood diseases with relatively minor and uncomplicated illnesses."

"Considering the extreme efficiency of 'natural immunity,' we may make an educated guess that permanent immunity was gained to these diseases by utilizing only 3 to 7 percent of the total immune capacity. In the case of the routine childhood vaccines, in contrast, it is likely that a higher percentage of the total immune capacity becomes committed, perhaps something on the order of 30 to 70 percent. It should be emphasized that, once an immune body becomes committed to a specific antigen, it becomes inert and incapable of responding to other challenges.
"If the reserve immune, capacity of children is being reduced by current vaccinations in this manner, what will be the consequences? No one knows for certain at this time, but it is possible that these consequences could be seen as an increased susceptibility to viruses, to other infections, and to various forms of allergies. A child could be reduced from an expectancy of exuberant, health to a middle state: never entirely healthy, never entirely well."

One of the most extensively documented studies of the indirect effects of vaccines is found in "The Hazards of Immunization" (Oxford University Press, Inc., New York, 1967) by Sir Graham Wilson, formerly of the Public

Health Laboratory Service, England and Wales. Dr. Wilson cites documented historical examples of vaccination against one disease seeming to provoke another; for example, fifteen cases of poliomyelitis following inoculation against diphtheria or pertussis.

Reports of twelve cases of multiple sclerosis following inoculations were reviewed in the article, "Multiple Sclerosis and Vaccinations," by Miller and others, *British Medical Journal*, April 22, 1967, pages 210-213. Numerous other reports of apparent immune system-mediated diseases (including Guillain-Barre syndrome) have implicated vaccines.

An overwhelming majority of American medical doctors approve vaccination, on the grounds that occasional direct toxicities are an acceptable risk in terms of assumed control gained over infectious diseases. Although direct toxicities are uncommon (as a result of vaccination), the real danger of vaccination appears to be the indirect effect of impairment of the immune system, first researched in the early 1970s by Dr. Arthic Kalorkerinos and Dr. Glenn Dittman (both of Australia) who uncovered the phenomenon of immune malfunction, lowering the body's resistance as a result of vaccination. The problem is that, because this effect is apt to be delayed and masked, its true nature usually escapes recognition.

Buttram and Hoffman maintain that, in view of the mounting evidence of immune malfunction following current vaccination programs, there must be a public demand for investigation of vaccination methods, and a discontinuation of compulsory vaccination.

These authors say that we are now seeing an increasing social disintegration, with increasing nervous and mental disorders, and that these trends are thought to be related to a subtle biological deterioration of the health of Americans brought about by denatured, devitalized, and adulterated foods; chemical pollution of air, water, and soil; a medical research system oriented toward the use of synthetic drugs and chemicals, and childhood vaccine programs.

"Nature ... created the human biological system, including the immune system, as extremely adaptable so that it could cope with an ever-changing environment. We are now seeing vast numbers of our children who are unable to cope with their environment demonstrating allergic and/or toxic reactions to their foods, to chemicals, to common inhalants such as dust, pollen, and mold, and to environmental pollutants. If this is combined with an immune system which is compromised from the very first by our present compulsory childhood vaccination programs, and in turn, compounded by devitalized and denatured foods upon which many of our children subsist, could we really expect to see anything other than the deteriorating health which is now taking place? "It is possible that many of the nervous, mental, behavioral, and sociological problems occurring today among the younger generation in America may represent a counterpart of the malnutrition-immunization interaction observed by Dettman and Kalokerinos among the Australian aborigines."

Barbara Ann Boruff, in an article, "Immunization: The Risk Factors," says, "The thymus, spleen, and lymph nodes are the main components of the body's immune system. Inadequate nutrition during the time in pregnancy when these organs are developing in the fetus can impair their growth and thereby affect a child's susceptibility to disease, not only in childhood, but throughout his or her lifetime. A pregnant woman must insure that her diet includes the variety of wholesome foods necessary to the development of her unborn child's immune system.

"Breast-feeding offers the newborn child protection against many diseases. The colostrum present in the first day or so of nursing contains disease-resistant factors.
"The long-term effects of breast-feeding are particularly rewarding. In one study at Northwestern University it was found that in comparing children breast-fed six months or longer to bottle-fed children, the bottle-fed children had four times as many ear infections, four times as many colds, eleven times as many tonsillectomies, twenty times as many diarrheal infections, and from eight to twenty-seven times more allergic conditions." (*Nursing Your Baby*, by Karen Pryor.)
"Another recognized guardian of health are the tonsils. A study by Rodrigo C. Hurtado of Georgetown

University School of Medicine indicated that the tonsils protect against many diseases, including the common cold, herpes, measles, influenza, and polio.
It was also discussed that following the removal of tonsils, there is an increased incidence of malignancy."

This paragraph from page 17 of the book, *Vaccinations and Immune Malfunction*, sounds as though it came straight out of the Hygienic body of literature. "The processes of Nature are always, or almost always characterized by two qualities: efficiency and economy. Attempts of modern science to reproduce or synthesize organic, biological substances and the life-processes of Nature are often grotesquely inefficient, wasteful, and frequently harmful. It is probably a truism that science succeeds only to the extent that it harmonizes with Nature's laws and processes; it fails to the extent that it conflicts with these laws."

17. The Body Cannot Be Protected From The Consequences Of Injurious Practices

The body *will not* conduct defensive crises when there is no need for them. Healthy bodies do not require detoxification. The body *cannot* conduct defensive crises if its vitality has been lowered to a point where it no longer has the energy and resources to initiate and conduct detoxification and healing processes.

The suppression of the body's ability to heal itself (by drugging or vaccinating) should not be mistaken for exemption from the consequences of wrong living. On the contrary, the drugs and vaccines constitute additional attacks on the integrity of the organism. They impair structure and function, and hasten degeneration and death.

18. Epidemics

Although epidemics diminished as man purified his exterior environment, "it is conceivable that the filth that once beset him in rags, has come forth in a needle to destroy him."
—Cash Asher, *Bacteria, Inc.*

Epidemics are mass sickness. In all "epidemics" there are more cases of various other diseases than of the one "epidemic disease."

Dr. Shelton says (*Dr. Shelton's Hygienic Review*, April, 1976, page 171):

"What the epidemic will be will be determined by the public health authorities. The tendency is to diagnose everything as the epidemic disease at the outset and class further developments as complications. A case in point was that of typhoid fever in the American army in France. The whole army was immunized against typhoid, therefore our soldiers could not develop typhoid. A large number of boys v/ho died while being treated for influenza as their cases were diagnosed, were found at autopsy to have died of typhoid fever. The incident was of sufficient importance for the surgeon general of the army to issue a special letter about it and point out to the medical heads of the American Expeditionary Forces in France that inoculation is no substitute for hygiene and sanitation. Physicians were so preoccupied with influenza that they saw a flu devil back of every symptom and could not distinguish between influenza and typhoid fever. Even tubercular flare-ups were diagnosed as influenza.
"The high death rate in pneumonia and influenza was not due to any unusual virulence of the two diseases, but to the unusual virulence of the treatment ...
... Where hysteria rules the mind, treatment is always heroic and the death rate is in keeping, with the treatment. The staff of the Macfadden Healthatorium in Chicago cared for over three hundred cases of pneumonia and influenza during the 1918-19 pandemic without a single death in either disease."

18.1 Environmental Improvements, Net Vaccines, Eliminate Epidemics

Concurrent with extensive environmental improvements (including better sanitation) some forms of disease seem to have disappeared. Vaccine promoters have taken the credit for the virtual disappearance of smallpox

and diphtheria, but nothing is said about the dwindling of cholera, plague, and leprosy, for which no vaccines exist.

The new rampant plagues of heart disease, cancer, arteriosclerosis and diabetes, are due at least in part to the radical changes in the nature and quality of our foods and living habits. These illnesses can also be diminished by environmental improvements, as well as by ceasing to pollute our bloodstreams with vaccines and drugs.

The relationship of population disposition to develop disease and environmental conditions to influenza epidemics is conceded in a 1976 report by the U.S. H.E.W. Center for Disease Control (page 2): "The occurrence of influenza epidemics depends upon a poorly understood interaction of virus, population susceptibility, and environmental conditions."

Dr. Shelton says (*Dr. Shelton's Hygienic Review*, May 1976, page 197), "If yellow fever disappeared from New Orleans after General Butler cleaned up the city and no vaccine was used, what has sanitation had to do with the disappearance of other epidemic diseases?"

From *Dr. Shelton's Hygienic Review*, April 1976, page 172: "Yellow fever vanished from New Orleans, Cuba, and Panama when these were cleaned up. The medical profession still refuses to admit that cleanliness did the work. They insist that it is all because they or the sanitary engineers did the St. Patrick act with the mosquitoes. There are still as many mosquitoes in these places as there are in Jersey. I have never been able to figure out how they succeeded in getting just the right mosquitoes to leave, and the harmless ones to remain."

How many people today know about the medical opposition to the early use of the bathtub? They denounced it as the "obnoxious toy from England," and said it would bring on a "whole category of zymotic diseases." In 1842 the Philadelphia physicians submitted a proposal to prohibit by law the use of bathtubs between November 1 and March 15; and in Boston, in 1845, the medical society secured the passage of an ordinance making bathing unlawful "except on medical prescription." The doctors of the time also violently opposed rapid travel on the railroad as being extremely dangerous to public health. Time marches on! The medical profession has adopted and claimed as their own these ideas which others have established as meritorious; but they are still fighting the battle of the poisoned needle; they are still upholding the myth of "contagion" and the role of virulent and aggressive microorganisms as the major cause of epidemics.

L. Tyagaraja Sarma, in an article in *Dr. Shelton's Hygienic Review*, January 1975, page 118, says, "England had repeated—and severe—epidemics of smallpox once every four or five years throughout the last century. The more the British government forced vaccination and revaccination on their people, the more regular were the epidemics. The County of Leicestershire refused to toe the official line; smallpox vaccinations were wholly stopped in this county and all the money that was originally allocated to mass vaccination was spent in improving sanitation. The protagonists of vaccination prophesied that by this step, all the people in the County of Leicestershire would become victims of this dread disease while the rest of England would be saved to a great extent.

"But ... what followed was just the contrary. While smallpox epidemics were raging in the rest of the country, every four or five years as before, Leicestershire was free from this disease."

After the British government introduced a law allowing people to refuse vaccination, the number of people vaccinated (and the incidence of smallpox) kept declining, and ultimately the vaccination law was repealed.

Dr. Shelton says (*Dr. Shelton's Hygienic Review*, October 1970, page 39), "England was the first country in the world to force vaccination on its people by law. After fifty years of rigid enforcement of its compulsory vaccination law, England suffered (1870-71) the largest smallpox epidemic in its history, with the highest death rate in its history. A well-vaccinated, revaccinated and rerevaccinated people suffered a worse epidemic than it

had ever suffered under the previously worst sanitary conditions. Vaccination failed and this failure resulted in the rise of an anti-vaccination movement. Today vaccination is no longer compulsory in Britain."

Epidemics of the more virulent types of disease (plagues, etc.) were caused by unsanitary living conditions. The habits of the civilized world have become cleaner, yet more debilitating.

18.2 Modern Mass Sickness

Modern mass sickness is basically the result of the debilitating lifestyle and eating habits of the majority of the populace. In 1948, a polio epidemic was proven to have been triggered by excess consumption of sugar, and dramatically stopped when decreased sugar consumption was encouraged by mass media campaigns. (*Don't Get Stuck!*). Of course, vested interests soon reversed the trend by convincing the public to go back to the old habits.

Epidemics are triggered by mass debilitating and prostrating influences, such as prolonged temperature or humidity extremes, great and general worry, fear, grief, and anxiety (war, panic). The most enervated and toxemic people are the first to get sick. Advocates of vaccination (have never attempted to explain why it is often those who have been vaccinated who are the first to get sick, or who often contract the most virulent forms of disease.

The first colds of early winter are not "caught" from someone else with a cold, but are developed by those who have been improperly living and eating. The added stress of cold temperature further checks elimination, adds to the general toxemia, and thus precipitates a crisis.

The more severe diseases develop in people who carry a greater amount of putrescent poisoning, and are more prevalent after holidays and feast days. The enervating excitement and indiscriminate overeating at these times produce the inevitable unwelcome results.

Why does toxemia cause typhoid in one person and pneumonia in another? Dr. Shelton (*Dr. Shelton's Hygienic Review*, March 1972, page 162) says that the answer will have to be found in the laws of heredity, nutrition, and environment. Those tissues offering least resistance to the toxins are the first affected.

The more virulent diseases result from the poisonous toxins in the host. Toxins resulting from protein putrefaction are more virulent than those from carbohydrate fermentation. Flesh foods produce more virulent toxins than plant proteins. There is also a difference in the virulence of poisons produced by different animal proteins, and in various vegetable proteins.

Dr. Shelton says (Dr. Shelton's Hygienic Review, March 1972) that he believes, for example, that tonsilitis is the result of the less virulent plant toxins, while diphtheria results from the more virulent animal toxins. In both these diseases, there is decomposition in the intestinal tract, which may also sometimes cause pneumonia or meningitis or typhoid or other symptoms of disease.

18.3 Epidemics Explained

Why is it that some people who are exposed to those in the throes of these crises subsequently are also "laid low" while others are not? People who have maintained an internal state of cleanliness through correct habits of eating and living do not need the disease process because it cannot develop unless the toxic conditions for disease exist.

As previously indicated, different diseases are different symptom complexes arising out of reduced nerve energy and increased toxicity. Habits of living that waste nerve energy result in inhibition of secretion and excretion—and the consequent self-poisoning. The part of the organism laden with toxins is the first to react, but the effect is general—all the organs and structures of the body suffer the impairing effects.

The body functions as a unit and depends on the continuous cooperation and coordination of all its parts—if one function is disturbed, the health and integrity of the organism and all its parts and functions are affected.

The body ejects its uneliminated waste products by means of a crisis or acute disease, so that the toxins are expelled vicariously, or through channels not normally utilized, e.g., mucous membranes, skin, etc. Thus the disease is a process of detoxification and recovery, and is remedial and beneficial. Although it does expend great reserves of energy, it is a process of self-preservation.

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19. Accommodation

There is a body limitation to the vital resistance it can muster against acute disease. When the organism is continually subjected to intoxicating substances (such as tobacco, coffee, drugs, etc.), the body accommodates, and the result is impaired function and chronic disease.

In general, accommodation is thought of as beneficial, but most physiological accommodations are just the opposite. The body accommodates to excessive exposure to sunlight by a deep tan, which cuts off the damaging influence of the sun. Vitamin D needed by the organisms is produced in a much reduced quantity. The skin will also become coarse and leathery because of the defensive accommodations. Normal secretions are reduced, and other departures from the ideal occur.

When calluses form on the hands as a result of manual work, this adaption is necessary—it is the body's defense against a mechanical irritant it can't escape or overcome. Such accommodations preserve life, but they are departures from the ideal.

Accommodation to smoking, drugs or other poisons imposes upon the body higher levels of toxins. The inevitable effect is the multiplication of the toxicity level, with the body actually accumulating additional toxins of its own which it cannot normally excrete. The result is disease. Epidemic diseases are the consequences of the existence of such conditions in the bodies of great numbers of people.

In today's world, it is probably not possible to achieve the degree of health that could be attained after several generations of healthful living Hygienists, we keep striving for improvement, though the true "ideal" may be unattainable.

We may have occasional crises of illness, but we must realize that sickness is not an enemy. Discomforts are our own body signals that we are doing something wrong. If we heed such signals in a timely manner, by fasting and resting, instead of waiting for a full-fledged healing crisis, we will need only a mild and brief cleansing period. If we live our lives in this manner, we do not fear so-called "contagion" and "epidemics."

Natural Hygiene begins in the mind—with understanding. The food regime is a critical factor—exercise is important—but all the other needs of life must be met. It is necessary to get in touch with yourself and be in harmony with your biological requirements.

19.1 "Allergic" Symptoms

When, the organism is confronted with toxins which it cannot eliminate and to which it cannot adapt, it may produce "allergic" or even "pan-allergic" symptoms—extreme reactions causing respiratory, neurological, and digestive symptoms, and symptoms involving the muscles, joints, skin, eyes, ears, throat, and elsewhere.

The Environmental Health Center (Dallas, Texas) is a clinic that specializes in treating people for chemical sensitivities, principally by first "fasting patients to cleanse their systems," then testing on various foods and chemicals to determine which cause "allergic" reactions, and then endeavoring to eliminate the offending substances. It is a slow, painstaking, and expensive process.

Dr. William J. Rea, who founded the Center, and Dr. Sprague, a colleague of Dr. Rea's, deal mostly with "ecology" patients—people who have become "pan-allergic" from exposure to insecticides, or from the use of drugs or chemicalized foods.

D.W. Nauss, *Dallas Times-Herald* (reprinted 11/3/82 *St. Petersburg Times*) says: "Dr. Rea said his interest in chemical sensitivities developed after he and his family were incapacitated following a pesticide spraying in their home. I realized then that there were many chemicals, not only pesticides, that were harming people, he said.

"Chemicals are not the root of all disease, Rea said. But he believes many ailments could be prevented if doctors better understood their role in impairing the body's defense systems. The medical community, however, is ill-informed about ecological illness and resistant to learning, he said.

"Clinical ecologists admit they have only scratched the surface in their effort to understand chemical allergies. Researchers say allergies can be inherited, can be caused by a physical or emotional trauma or can result from exposure to various toxins.

"An allergy is produced when the immune system breaks down. In simplified terms, the system is depleted of white blood cells which control the production of antibodies to fight antigens or foreign bodies. As a result the system is overrun by antibodies, creating the allergic reaction. In extreme cases, the body becomes so sensitized that it reacts to even small doses of substances that normally would present no problem.

"Because some chemicals often attack the nervous system, mood swings and personality disorders are not uncommon among ecology patients. Dr. Theron Randolph, a Chicago doctor and pioneer in the theory of clinical ecology, suggests some mental illnesses may be caused by chemical sensitivities, stemming from foods, beverages, dusts, and pollen."

NOTE FROM THE EDITOR: Don't take this medical rationale wholehog. There is no such thing as an immune system or antibodies. There are only regular defensive faculties. Allergies are due to body overreaction to certain substances it overdefends.

20. The True Explanation Of Contagion

M. O. Garten (*Tomorrow's Health*) says, "An average healthy person, with an uncontaminated bloodstream, need not be concerned or apprehensive about being subjected to a 'contagious' disease ... However, this is not true with a person of low vitality and high accumulation of metabolic waste productions ... Bacteria or germs of such a person stimulated into activity by the devitalized elements upon which they thrive, when transferred to the mucous membranes or tissues of another person equally toxemic may be assumed to begin work immediately and in the same manner as on the first-carrier.

"This is a true explanation of 'contagion' and one may say that the germ precipitates the disease or excites it in the person to whom the germs are transferred ... Germs ... could be recognized as contributing factors in all toxic crises in which the localized outside area is exposed to infection or contamination. Serums or drugs will help add to the general toxic load, and instability results in serious harm, even though they" (the serums or drugs) "may apparently modify or suppress a local or general pathological process."

The modification or suppression of normal body function by poisoning (with serums or drugs) is another factor in this picture. Sometimes, when people are too drugged and devitalized, they *cannot* have the healing crisis, even though elimination of a high accumulation of wastes is necessary. Because vaccinations may so reduce vitality as to make it impossible to conduct a simple eliminative crisis, vaccinated people are said to be "immune" against the particular disease they have lost the ability to conduct. In truth, the price of their inability to dispose of the toxins at an early stage, is their accumulation and the insidious development of worse, and more serious, degenerative diseases.

The contagion that actually is prevalent is the contagion of bad habits, producing the same vulnerable and susceptible condition in great numbers of people. Such people conceivably can, through intimate contact, trigger disease symptoms in each other.

But what about the thousands of people who develop colds who have not been in contact with someone with a cold? And what about the thousands who are in intimate contact with someone with a cold who do not develop a cold?

In 1967, after my 29-day fast, I worked in a small office with several other people. Every one of them had repeated colds, some developed flu; I was the only one in the office who never had any such symptoms and lost no time from work.

21. Physiological And Ecological Cleanliness Vs. Vaccination

21.1 Von Hoffman: "Do we really need vaccination?"

Physiological drainage is even more important than drainage of swamps, and infinitely more important than germicides and pesticides. The soil (in the body) is prepared for so-called epidemic disease by failure to keep the fluids and tissues of the body sweet and clean.

In the 1850s, when this country suffered with recurring epidemics of cholera, it developed among the residents of sweltering and crowded cities, and among (as Dr. Shelton puts it) the drunkards and the ill-nourished.

A Hygienist writing in 1851 about cholera (*Dr. Shelton's Hygienic Review*, May 1976, page 196) says, "In New York as in the Old World, the chief victims of the cholera came from the same classes; the destitute poor, the badly fed, the insufficiently clothed, the crowded, the dirty and the intemperate."

The better fed, better housed, clean, and temperate did not get cholera. The same is true today; the enervated and toxemic, the weak and dissipated are sick. Those who live according to the laws of nature are well.

Dr. Shelton says (*Dr. Shelton's Hygienic Review*, May 1976, page 197), "Before the Salk and Sabin vaccines there were great numbers of mild cases of polio and there were a few severe cases. This condition has not been changed, although many cases formerly diagnosed as polio are no longer so diagnosed. But I have yet to learn of a single child of Hygienic or vegetarian parents who has had polio. ... A healthful regime will not cause polio nor cholera, smallpox, and diphtheria."

Scarlet fever declined in incidence and virulence as rapidly as did diphtheria—without a vaccine. Cholera, bubonic plague, English sweat, and typhus fever declined and disappeared at the same time as smallpox—only smallpox had a vaccine! Some common factor must have been responsible for the total decline—not an "immunizing agent," used for diphtheria and smallpox and not for the' other diseases. Dr. Shelton asks, "Is vaccination merely a substitute for personal and community cleanliness?"

Van Hoffman: "Do We Really Need Vaccination?"

Nicholas Von Hoffman, syndicated columnist, after reading *L'Intoxication Vaccinate*, by Fernand Delarue, wrote and article, "Do we Really Need Vaccinations?" (*St. Petersburg Independent*, 9/18/78). He says that the French anti-vaccinationist has some compelling statistics supporting his position.

Von Hoffman continues:

"Swine flu experience or no, no practice of Western medicine is more globally accepted as safe and efficacious as inoculation. In a quiet way, some few doctors have grown so concerned about the known and unknown harmful effects of inoculation, they have wondered if the prevention of the disease may be more risky than going without protection. Prestigious medical figures have even gone so far as to venture that in recent years more polio may have been caused in the United States by the vaccine than by contracting the disease in the usual contagious manner.

"A long list of maladies ranging from blindness to convulsions to eczema to death has been imputed to vaccination, but for well over a hundred years informed opinion has held that the benefits of protection outweigh the risks. Now a small but growing number is wondering if inoculation docs confer the protection claimed for it. We know, for instance, that some of the worst epidemics to ravage our kind were not suppressed by vaccination but by achieving a higher level of public cleanliness. Thus it was sanitation, not inoculation, which ended the Black Death. Something of the same thing may have occurred with smallpox.

"In the middle of the '70s, the English launched a large public sanitation program and as it went forward the percentage of vaccinated people in the population and the incidence of smallpox both dropped. Moreover, medical records from the time indicate vaccinated people were more, not less, likely to get smallpox than the unvaccinated.

"Delarue centers his inquiries in France, where he says, for a long time there has been a number of practicing doctors as well as academicians who've had the gravest private doubts over inoculating people. *They've not wanted to take the catcalls and the damage to their careers which speaking out would bring down on them.*

"Somewhat the same situation probably obtains here. Yet old ideas have to be reexamined and retested from time to time. We have sunset laws for our public institutions so that every so often they must defend themselves and show that they are still necessary. The same should hold for old, long undiscussed scientific principles, especially when they concern the immediate health and well-being of millions."

21.2 Dr. Mendelsohn: Now I Am Against All Vaccines

Dr. Robert S. Mendelsohn's book, *Confessions of a Medical Heretic*, contains three pages (pages 143-145) about the dangers of immunizations, and the fact that "immunized" people may not only be in greater danger of contracting the specific disease against which they were vaccinated (than if unvaccinated), but are also subject to neurological and sometimes fatal conditions caused by the vaccination.

Dr. Mendelsohn says, "The entire flu shot effort resembles some massive roulette game, since from one year to the next it's anybody's guess whether the strains immunized against will be the strains that are epidemic. We were all afforded a peek at the real dangers of flu vaccines when, in 1976, the great swine flu fiasco revealed, under close government and media surveillance, 565 cases of Guillain-Barre paralysis resulting from the vaccine, and thirty "unexplained" deaths of older people within hours after receiving the shot."

Dr. Mendelsohn recently told American Natural Hygiene Society member Barry Mesh that "now he is against all vaccines."

21.3 "Mistakes" and "Bad Batches" (Contaminated Vaccine)

When an epidemic occurs on the heels of a mass immunization, the excuse is often given that "it was a bad batch." Sometimes "mistakes" occur. A recent (fall 1982) report from Sarasota, Florida, is a case in point.

"Health officials in Sarasota admitted Tuesday a miscalculation in determining the dosage of a vaccine resulted in 19 youngsters receiving 10 times the recommended amount of Rifampin, a vaccine for hemophilius

meningitis. Dr. Robert Laurie, head of the Sarasota County Health Department, said the overdose administered over the weekend resulted in adverse reactions in the 19 children, but none of them had to be hospitalized. The vaccine was given to the parents of 19 children at Grace United Methodist Church Day Care Center at Venice after a three-year-old girl at the center was stricken with the disease." (Craig Basse, Sunrise Digest, *St. Petersburg Times*.) Sometimes the "bad batches" or "mistakes" result in deaths.

In Barbara Ann Boruff's article (referred to previously), she also says:

"In addition to the likelihood of disease, complications, or death, is the possibility of receiving contaminated vaccine. Since 1954, several such incidents have occurred. One is the well-known Cutter scandal, which became the impetus for the establishment of a federal agency to monitor the effectiveness and safety of inoculations for mass immunization. This organization is the Division of Biologies Standards (DBS).
"In the early seventies, the DBS came under severe criticism with regard to its practices. In 1961, several million people received polio and adenovirus vaccines that had been contaminated with a monkey virus known as SV40, known to cause cancer in hamsters. Its effect on humans is not yet known. Instead of taking the remaining vaccine off the market, the DBS continued to allow their usage 'rather than risk eroding public confidence by a recall.' (*Science*, March 17, 1972)."

21.4 Let's Look At the Record

Excerpts from *Don't Get Stuck!*

William Howard Hay, M.D., Pocono, Pennsylvania June 25, 1937, Address before The Medical Freedom Society (published in the Congressional Record) on the Lemcke Bill to Abolish Compulsory Vaccination:

... "I know of one epidemic of smallpox comprising nine hundred and some cases, in which 95% of the infected had been vaccinated, and most of them recently ...

"A number of years ago, Cook County, Illinois Hospital decided to immunize (against diphtheria) one-half of the nursing staff, and not the other half. Diphtheria broke out soon afterward among the immunized cases, not the others ...

"Within six years of the U.S. takeover of the Phillipines and after 30,000,000 vaccinations, they suffered the worst onset of smallpox, the worst epidemic three times over, that had ever occurred ... and it was almost three times as fatal. The death rate ran as high as 60% in certain areas, where formerly it had been 10% and 15%."

Report of U.S. Secretary of War, Henry L. Stimson, July 24, 1942:

"Recent army experience with yellow fever vaccine resulted in 28,505 cases of hepatitis, with 62 deaths, as of July 24, 1942."

1957-1959

In 1957, nearly *half* the paralytic cases of polio in children between five and fourteen occurred in vaccinated children. It was admitted that the vaccine had been causing paralysis. There were more polio cases in 1958 than in 1957—6,029 cases, with 3,122 paralytic. In 1959 there were 8,577 cases of polio, with 5,694 paralytic. (The Salk vaccine had been introduced in 1955.) In 1959, the health director of the state of Idaho; Dr. Carl Eklund, one of America's vaccination authorities; and Dr. Florio, the medical officer of Denver, all spoke out against the epidemic and crippling effects of the Salk vaccine.

1961 (Chicago Daily News, 9/16/61):

In 1959, the Sabin Live Virus Vaccine for polio was introduced. "Eleven persons who received Sabin oral vaccine a mass immunizing program in the Syracuse, New York, area have developed paralytic polio, the U.S. Public Health Service reported yesterday."

1964 (Awake Magazine, 11/22/64):

"The U.S. Public Health Service recommended that the Sabin oral vaccine for polio be discontinued to adults ... A seventeen-man committee found that 57 cases of paralytic polio have been found that were compatible with the possibility of having been induced by the vaccine. The vast majority ... involved adults."

Read *Don't Get Stuck* or *The Poisoned Needle* for details about the trail of crippling and death left by vaccination. A large volume could be filled with the recorded cases.

21.5 The Swine Flu Hoax

Dr. Shelton said in 1976, "The pain proposed by the president" (Ford) "involves the absurdity of introducing the supposed cause of influenza into the bodies of the people to produce in them mild cases of influenza in the hope that this will cause them to produce protective antibodies and thus enable them to escape more serious disease by the accidental invasion of their bodies by the same supposed causes. Viruses are very accommodating little critters. They introduce mild disease when introduced into the body by physicians and serious disease when introduced accidentally. What an enormous debt the medical profession owes to viruses!"

A student of mine (in 1976) reported to me that her father had been caught up in the swine flu immunizing frenzy, and had died the day after receiving the vaccination.

It may seem incredible that the 1976 Swine Flu Epidemic hoax, with its terrible consequences, has not aroused the public to reject all so-called immunizations. But the government and the medical profession have glib and plausible explanations and continue to sell the idea that the risks involved in "immunization" are small, compared to the potential benefit. And the public still accepts the idea of "contagion" being the cause of "epidemics", and allow their children to stand in the "immunizing" lines.

21.6 Compulsory Vaccinations and Exemptions

Those who doubt the necessity or advisability of vaccination are browbeaten into submission by the "authorities" who insist "it is the law." Actually, the laws vary from state to state.

California allows exemption simply on a written statement that immunization is contrary to his or her belief. But even in Florida, where the media have been screaming, "No child will be allowed to enter school without proof of immunization," it is possible to escape.

Members of the American Natural Hygiene Society can apply to the Society for assistance. Sometimes a firm approach to the school authorities is all that is necessary.

At the October 1982, meeting of our Pasco Natural Hygiene Society, two happy parents (Clearwater, Florida) informed me that all it took was a statement to the school authorities that vaccination is against their religious beliefs. They were told that in case of any outbreak of one of the "vaccination diseases," their children would be required not to attend school until the outbreak was over.

Of course, they were delighted, and repeatedly thanked me for guiding them in the right direction—away from the fear of "contagion" and "epidemics."

22. Questions & Answers

What explanation does the medical profession offer as to the origin of a disease that appears without any possibility of having been caught from another person with that disease?

I have never heard any "explanation" of this anomaly, but medical people still insist that germs are the primary cause of disease.

If advocates of vaccination believe that it protects, why are they so insistent that everyone else also be vaccinated?

They claim that for vaccination to be truly effective, at least 90% of the population must be vaccinated. The rationale is, I believe, that a vaccinated person can infect an unvaccinated person, and the unvaccinated person, being "unprotected," may develop a more virulent form of the disease, and start an "epidemic." When epidemics start among the vaccinated people, the tendency is to blame the unvaccinated people for not participating, so that complete "protection" might be obtained. These specious arguments are the only ones I have ever heard as justification for compulsory vaccination. If there are other more logical reasons for compulsory vaccination, I would like to hear them.

What causes a germ inside the body to mutate into another type of germ?

The amount and type of toxins in the body. See (in the lesson) Dr. Shelton's explanation of why toxemia causes typhoid in one person and pneumonia in another, and the relationship to the types of food in the diet. Lack of inner cleanliness and the absence of a clean, Hygienic environment, influence the kind of eliminative crises the body will conduct. Bacteria are scavengers which feed on the materials (soil) available to it in the body of the host. The type (shape) of the bacteria is determined by the kind of soil involved.

Article #1: Toleration Means Loss of Vital Resistance by Dr. Herbert M. Shelton

Barring violence, perhaps the only cause of death is tolerated poisoning. The slow, gradual, insidious undermining of the organism—the wasting of its nervous energy and the impairing of its functional and structural integrity—by poisons that are harbored and "tolerated" kills sooner or later. Yet, toleration is one of the most misunderstood phenomena in all nature. Very few men and women grasp its true character.

Tolerance for poisoning is established by breaking down resistance to its influence. The body pays for this toleration (miscalled immunity) by general enervation and lowered resistance to every other influence.

It has been objected that the breaking down of resistance should not produce toleration, that it should weaken the organism and render it more susceptible to the influence of poison. This objection arises out of not understanding the phenomena of resistance.

We have seen tolerance defined as the "ability to endure the continued use of a drug." We have also seen it defined as the ability to resist a drug. There is something wrong somewhere. It is one thing to resist; it is another to endure.

That the vital system resists drug poisons is not doubted. The means of resistance is not well understood. When emesis (vomiting) follows a dose of ipecac and diarrhea follows a dose of calomel, these processes are recognized as evidences of intolerance; but they are not understood to be means of resistance. Resistance is supposed to be some occult power that comes into play after the physiological evidences of intolerance have ceased. This is the reason we are told that tolerance means being inured to poison by habit so that it may be taken without harm.

So long as the body actively resists and speedily expels the poison, it is supposed to produce harm, after active resistance has ceased and rapid expulsion no longer occur, it is supposed to be harmless.

It should be obvious to even a child that its speedy expulsion prevents harm while its toleration permits it to do much harm. If calomel is expelled by diarrhea, it does not get into the blood and cannot damage the blood, nerves, bones, teeth, etc. If it is not expelled by diarrhea, it does get into the blood and does damage all of these structures.

It is a sad day for the body when it learns to tolerate poisons. If intolerance persists, it will force cessation of the use of poison. If tolerance for tobacco were never established, there would be no tobacco users. The same for alcohol, opium, arsenic, and other poisons.

Note that the symptoms of poisoning—pain, nausea, vomiting, griping, diarrhea, vertigo, weakness, inflammation, etc.—are also the symptoms of disease. So-called disease is a process of resistance—resistance to poisons. It expels the cause of disease as surely as it expels calomel or ipecac. This fact is so very obvious we are unable to understand why it cannot be grasped by all.

Drugs are said to lose a degree of their potency by repetition. This does not express what actually takes place. It is not the drug that loses its potency. It is the body that loses power. The repeated use of a poison gradually overcomes or decreases vital resistance.

So long as it was believed that the symptoms following the taking of a poison represented drug action, it was legitimate to believe that when these symptoms, no longer followed a dose of the poison, the drug had lost some of its potency. But when we realize that these symptoms are signs of vital resistance, that they are actions of the living body, we understand that the failure of these symptoms to follow a dose of the poison is due to a loss by the body of power to act.

This weakening of the powers of life, this subduing of the power of resistance, results in establishing what is called toleration. When toleration is established, that is, when the power of resistance is worn out, to produce the same effect—the same degree of resistance—the size of the dose must be progressively increased.

When medical men tell us that drugs lose their "remedial" effects by long continuance, we are to understand that vital resistance has been subdued. For the phenomena of resistance are what medical men mistakenly call the "remedial" effects of their drugs. They have not yet learned that it is the living body, not the drug, that acts (acts to expel the poison).

Toleration and lost resistance are one and the same thing. It is a matter of every day experience that as the body's power of resistance to a particular poison is reduced, it is less able to "react" to that poison.

The first effect of a toxin is always stimulation, which is merely another name for excitement or irritation. This is always followed by actions of the body (the so-called "reaction") to expel the poison. These actions (or "reactions") represent the process of resistance. The body refuses to tolerate the poison.

When "stimulation" is frequently repeated, increasingly large doses of the same poison or toxin are required to arouse a degree of intolerance that equals the intensity of the original "reaction." This lowered "reactive" power, this lessening of the defensive actions of the body, is called toleration.

Diminished resisting power (toleration) is a state of enervation. General enervation, however produced—by drugs, excesses, by toxemia—diminishes resisting power to all poisons or excitants.

This does not, in and of itself, represent a diminished susceptibility to the baneful influence of poisonous drugs. It may, however, represent, in addition to the increased enervation, a change in the methods of self-protection, a shifting from one method of defense to another and let; expensive one—a passive resistance and a slow yielding to the influence of the poison.

This represents the cessation of active resistance, or partial submission to the poison. For submission, or lessened resistance, is what toleration really amounts to.

Passive resistance is doubtless accompanied with or accomplished by changes in the tissue, which, if not identical with those seen in the hands when these are subjected to repeated friction, are analogous to them. The hardening and thickening of the hands, that is the building up of callouses, is not the result of friction, but is a means of resisting friction. The tendency of friction is to wear away the skin, hence this must be continuously built up from beneath.

While the callous guards the underlying structures against the friction, it cripples all the powers of the skin. Such skin is not ideal—does not represent the physiological norm.

If you are not accustomed to using fiery condiments and you undertake to use red pepper, it causes the lips, mouth, tongue, and throat to burn intensely. When swallowed, it produces discomfort in the stomach. There is later a feeling of discomfort in the intestine as the irritating pepper passes along. When, finally, it is expelled in the stools, the anus and rectum burn as much as did the mouth when the pepper was swallowed.

Persist in the use of the pepper and its irritating effect grows less and less until, finally, it produces no burning of the mouth and throat, no distress in the stomach and intestine, no burning of the rectum and anus. The membranes of the entire digestive tract become thickened and hardened in defense against the repeated irritation. The protective thickening impairs their other functions. The sense of taste is dulled, digestion is impaired. Doubtless something similar to this takes place in all the tissues of the body that are subjected to chronic irritation by alcohol, tobacco, caffeine, arsenic, opium, salt, and other poisons and irritants in common use. They, too, must undergo changes to defend themselves.

Adaptation to poisons, that is, the establishment of toleration, is accomplished by changes in the tissues that are away from the idea! and that cripple all the powers of the tissues.

I do not think it can be too strongly emphasized that adaptation to the use of a poison, that is, the establishment of toleration, is accomplished by a depravity of the organism. This fact was, so far as I know, first explained by Sylvester Graham more than a hundred years ago.

The greater the physiological depravity, the more of the poison will be "demanded" by the user and the more his body will tolerate without signs of active resistance. In other words, in precisely the proportion to which one becomes accustomed to the use of any poison is his system depraved and his defensive powers reduced. The ability to use large quantities of tobacco, for instance, without being made sick, instead of being an evidence of strength and physiological fitness, is an evidence of weakness and physiological depravity.

When tobacco is taken into the undepraved organism, it is met with strong vital resistance. There follow in rapid succession distressing dizziness, muscular relaxation, tremor, weakness, perhaps fever, nausea, vomiting, diarrhea, and even convulsions. Such a "reaction" always follows the introduction of tobacco into the undepraved organism; and the more vigorous and undeprived the organism, the more prompt and powerful will be this "reaction."

It is only by commencing a career of depravity, with cautiously measured steps, that we may break down the body's resistance to the poison and, ultimately, bring about a condition in which the body seems actually to call for and embrace, as a friend, its arch foe.

The body may thus be so depraved that the deadliest poison may be habitually taken in considerable quantities and only result in an immediate feeling of apparent well-being. Indeed, there maybe, and usually is, much suffering if the depraved organism is denied the cause of its depravity.

The habitué may be able to take at one dose enough poison to kill six nonusers. Arsenic may be used as freely as table salt, with as little immediate evidence of its poisonous character, once the body has been beaten into submission. Prussic acid, which kills like lightning, when the body is not accustomed to its use, may, beginning with minute doses, and gradually using larger and larger doses, be used with considerable freedom as a means of "exhilaration" and intoxication.

The opium addict can take at one dose sufficient opium to kill several nonusers outright. Instead of producing any immediate symptoms of poisoning in him, the opium results in an immediate feeling of well-being. If he is denied his accustomed dose, he suffers intensely. Give him his accustomed poison and his sufferings vanish as if by magic. The cause of his suffering seems to cure his suffering, but only seems to, for the longer he uses the opium, the more he suffers and the larger dose and the more frequent doses will he require to silence the outcries of his outraged system. The real effect of the dose is to renarcotize his nerves, which can only cry out and reveal his true condition when they are no longer under the influence of the drug.

In the same way coffee will "cure" the headache it produces; tobacco will "steady" the nerves it has unsteadied; alcohol will "strengthen" the man it has weakened; sleeping potions "cure" the sleeplessness they have produced, only to make the sleeplessness worse and require a larger dose to "cure" next dine. Stimulants weaken us by overstimulation, mistaken for "energy."

The ability of the carefully depraved organism to tolerate large doses of poisons and the fact of every day experience that the use of poisons by the physiologically depraved instead of producing immediate symptoms of poisoning, results in the appearance and feeling of well-being, has led even intelligent people to stoutly deny the poisonous character of many poisons in habitual use. Because tobacco, opium, alcohol, arsenic or coffee and tea may be freely and habitually used without producing immediate death, or any of the distressing symptoms that indicate acute poisoning; but, on the contrary, so far as the feelings and actions of the users are concerned, they

act as grateful "cordials," men and women are deceived by them. "My experience has shown that tobacco is very kind to me," says the tobacco user, while the opium addict informs us that his "experience has shown that opium is very kind to me."

Such "experience" is based not only on the deceptive appearances of drug habituation, but is defective in that it forgets or ignores both the beginning and the end of the experience with the drug. If we accept the nonpoisonous character of tea, coffee, tocabbo, alcohol, opium etc., on the basis of such "experience," we are forced to the fallacious conclusion that there is no such thing as a poison in nature. The body can learn to tolerate most substances, however deadly, by a career of physiological depravity.

The true test of the poisonous or nonpoisonous character of any substance is its introduction into the undepraved —the intolerant—organism. By this test tobacco, alcohol, tea, coffee, opium, arsenic, and all other drugs that are used for "exhilaration" and intoxication are shown to be strongly anti-vital i.e., poisonous.

The beginning of a poison vice is marked by evidences of acute poisoning. Thereafter, there are evidences of acute poisoning. The end—no one disputes the end of opium addiction. Few today will deny the end of arsenic eating. Why close our eyes to the ends of alcoholism, nicotinism, caffeinism, etc.? Not until we include in our "experience" both the beginning and the end of a poison-vice are we justified in drawing conclusions from "our experience."

Article #2: Your Probing Mind By V. V. Vetrano, B.S., D.C.

What is the Hygienic viewpoint of viruses and their effects on living cells?

This question is a little difficult to answer because virology is still in its childhood. Their nature is still not known. Are they plants, chemicals, animals, or parasites? No one knows exactly what they are.

Boyd states that a virus "represents a most minute and primitive form of life. Even this statement may be questioned, for the virus seems to exist in the dim borderland between living things and chemical compounds. It is a submicroscopic unit containing nucleic acid and protein. Unlike bacteria, viruses are not capable of supporting life on their own, owing to a lack of enzymes. In order to exist and multiply, they must occupy living cells, which provide them with necessary material and energy. ... It is evident that a virus is a perfect example of a parasite."

Some viruses live and grow only in man. Others prefer other animals. Some of them like to live only in specific tissues such as nerve tissue (neurotropic), while others prefer the skin, and are called dermotropic. Still others are *viscerotropic*, meaning that they live in the viscera of animals.

The current knowledge of the virus seems to point clearly to its parasitic nature. Knowing the nature of viruses gives us a clue as to how to "defend" ourselves from them, if, indeed, we need defending. They, like bacteria, may end up being our benefactors instead of our enemies. Their outstanding characteristic is that they cannot multiply unless in a living cell. Since they live within the cell, dosing ourselves with antibiotics and other drugs such as the sulfonamides will not destroy them.

Viruses, being mainly proteinaceous in nature, occasion antibody formation when they are in the bloodstream. The body acts against them to destroy them, just as it destroys bacteria. A healthy body can destroy them as rapidly as they are formed. Even though they are somewhat protected within the cell from the antibodies, a healthy cell can keep them under control and prevent them from overwhelming the cell.

A medical differentiation is made between a viral infection and viral disease. A host may be infected with a virus but not manifest a disease. In the case of viral infection multiplication of the virus can proceed without damage to the cell. When there is a viral disease, the cell shows pathological changes, usually in the form of degeneration. Boyd thinks that viral infection is universal but that viral disease is relatively rare. He says, "viral infection is very much commoner than viral disease—indeed it may be universal. Thus polio virus infection is many hundred times commoner than the disease, and adenovirus infection of the tonsils is present in about 90 percent of normal persons, although disease caused by these viruses occurs in a very small percentage.

"In viral infection, a virus may sojourn indefinitely in the comfortable surroundings of the cell. It is more than a boarder, for it has become one of the family, and it can live with the family for generations without causing trouble. Various internal or external agents may upset the harmony and convert the latent virus into a virulent one, which usurps the cell's biosynthetic machinery for the production, almost exclusively, of viral progeny (Swartz and Littlefield). Such factors as age, genetic makeup, nutrition, or hormonal balance may be responsible. So may bacterial infection, one of the best examples being the well-known relation between the herpes simplex ("cold sore" on the lip) and pneumococcal pneumonia. Influenza is believed with reason to predispose the patient to respiratory tract bacterial infection, but it is also possible that such an infection may precipitate an attack of influenza through the conversion of a latent into an active virus.

"It is now known that a protein is produced by virus-treated cells in tissue culture which is capable of inhibiting or interfering with the growth of many other viruses. This material has been named interferon, and it seems to have many of the properties of a viral antibiotic, so that we may hear more of it in the future (Isaacs and Burke). Recovery, as opposed to immunity, does not depend on the production of antibodies. The factors responsible for recovery are at present unknown.

"The practical importance of the theoretical considerations which have just been outlined lies in the fact that as viral disease is dependent on viral reproduction, and as viral reproduction is dependent on biochemical processes, it may be possible to interfere with these processes and thus inhibit reproduction by chemical compounds. First steps in this direction have already been taken, but we have to face the unfortunate fact that by the time signs and symptoms of disease are apparent, reproduction for the virus is far advanced. It is evident that the control of viral diseases presents the same formidable obstacles as the control of cancer and for the same reason, namely that we are dealing with a disorder within the cell itself."

I quoted extensively from Boyd because I wanted you to read the medical man's words yourself. When analyzing his writing, we learn that a virus can be present without a disease being manifest and without the disease necessarily developing even in the future.

In fact, we learned that 90% of normal persons can harbor a virus and only a few of this percentage develop the disease the virus is supposed to cause. Viral disease, like bacterial diseases, require something else or some other enervating substance or influence to prostrate the body's protective functions permitting the virus to run away with the biological activities within the cell.

We also learned about interferon. This indicates that the body does have a means within the cell of protecting itself, thus preventing the virus from multiplying within the cell. It has always been totally unthinkable to me that a virus could enter a ceil, and take over without the least bit of biological protest. Now we have learned that the body protects itself from viruses just like it does from bacteria and their toxins. Our job is to supply our bodies with the necessary materials and influences which promote health and protection.

We learned also that there are "carriers" of viruses just as there are "carriers" of bacteria. A "carrier" is a person in a state of impaired health but not yet sick enough to go to bed. This state of lowered vitality is low enough to permit the virus to exist, but not low enough to permit it to multiply so much that it produces apparent degeneration of the cell. This takes years. Greater health will enable the host to destroy the viruses, and less health will cause the carrier to develop a so-called viral disease.

As Hygienists, we know that there is no such thing as a viral disease. There are simply stales of impaired health with cell degeneration. That the virus is an entity and that it occasions cellular degeneration is stilt a mute question. The so-called viruses may simply be the various toxic debris that Hygienists have been condemning and shouting about for many years. Not wanting to keep the toxin in the bloodstream, the body may find a means of encapsulating it in a protein membrane and injecting it into a cell to get it out of the bloodstream. Eventually these toxins pervert the metabolism of the cell and cause cellular degeneration. The virus may be only encapsulated protein, the body having surrounded it with a membrane to prevent an excess from upsetting the system. The modern high protein diet may be the reason for so-called viral infections.

Another thing we gleen from the foregoing quotation from Boyd is the manner in which the medical man thinks. Instead of thinking in terms of improving the person's health with the normal elements of physiology, he thinks in terms of a chemical which will destroy the virus although he previously pointed out the fact that the cell can protect itself with interferon, and although he mentioned the factors which may make a latent virus become active. Instead of telling us to avoid these factors, he searches for a chemical panacea. It has been proven with antibiotic therapy that you can't kill all bacteria with antibiotics and often instead of destroying the bacteria, the drug simply produces a mutant strain that is resistant to the chemical or antibiotic, and the bacteria thrive in the host despite the drug.

But the host's health is destroyed and his ability to destroy bacteria is at the same time depressed by the antibiotic. Instead of making the host immune to disease and bacteria, it makes him more susceptible. The same can be said of any drug, which may be produced, that will kill viruses. If it is destructive to the virus, it will also be destructive to those taking the drug.

Many important facts have been brought to the surface by modern research. What is so remarkable, is that every time something new is learned it only strengthens and confirms the Hygienic viewpoint of disease.

We have learned that viruses vary just as do bacteria. Something causes them to change from a virulent virus to a nonvirulent one or vice versa. What causes this? In bacteria, it is their environment. If the environment is toxic and the bacteria must live on filth, they become virulent. There is every reason to believe that viruses in a toxic environment filled with an excess of metabolic waste products and environmental poisons, will also become virulent because of their nourishment.

An article from the *Cyclopedia of Medicine* written by Edwin W. Schultz, M.D. clearly points out that viruses change. He states,

"Considerable experimental work has been done on variation in viruses. It is well established that viruses do undergo variations, including variation in virulence, in antigenic structure, and in the character of the lesions induced. Sometimes the variations are of a stable mutation type, at other times, not. While viruses have been compared with self-perpetuating genes, little is known regarding the genetics of viruses.
"The capacity of viruses to undergo variation has also been studied in the laboratory. Certain variations have been induced in vaccinia virus and other pock viruses. The conversion of 'street virus' to 'fixed' rabies virus it a classical example of laboratory adaptation. In its passage from brain to brain in rabbits, street virus loses its ability to progress along peripheral nerves; this is a variation relating to its tropism. It occurs without significant changes in antigenic properties. With some viruses, however, appreciable shifts may sometimes occur in the antigenic properties when these are passed long enough in a new type of host. Among the more important variations, which have been induced under artificial conditions, is the transformation of yellow fever virus under tissue culture conditions from a primarily viscerotropic virus to one which has not only lost its viscerotropism, but inherent neurotropism as well, arid this without significant alteration of its natural antigenic properties. Strain 17D, now employed in immunizing against yellow fever, has this history."

Again the physician is thinking in terms of using this newfound knowledge wrongly. Instead of learning that a healthy body will destroy the virus and that it can even turn a virulent virus into a nonvirulent one so that it will not cause any pathological degeneration, they are still thinking in terms of immunizing the body against the virus, which is impossible anyway because of the many different strains of the same virus.

That the immunizing process is fraught with great danger is brought out in the following quotation from the the same author. "A certain degree of pliability in a virus can prove a useful property. If a virus can be made to give up its natural virulence without significant change in its anti-genic properties, it may become useful as a vaccine. What will happen when it is placed in a new environment is, however, often unpredictable. Merely carrying it under such conditions for a time gives no assurance that a change in virulence or other properties has been induced. Proof that such a useful change has been effected may require lengthy experimental observations to determine not only the degree of the change, but the stability of the change."

In summary, all the newer knowledge about viruses only strengthens, corroborates, and substantiates the Hygienic viewpoint of all bacteria, parasites, and viruses. The healthy body has its means of destroying and eliminating them from the system. If you are in a state of impaired health, drugs and vaccines do no good whatsoever. They further weaken the organism and intoxicate the system, making it even more susceptible to parasitic and bacterial invasion.

Furthermore, we just learned of the hazards of injecting attenuated viruses. They can backfire and become virulent again. Many children became paralyzed after taking Sabin and Salk vaccines. The means of health and only the means of health are useful in states of disease. If a substance bears no normal relation to the body and if it is not generally used in any of its biochemical or physiological processes, then it does not belong in the body even if it does kill bacteria and viruses in the test tube. We are dealing with living organisms, not minced tissue

growing in a culture in the lab. Let us rely on the only reliable means left, and those are the primordial requisites of life.

(Editor's Note: While the above article gives credence to medical views, it is, nevertheless an excellent Hygienic presentation. Students should now know that so-called viruses are only cellular debris, being, particularly, the remnants of genetic material from cellular mitochondria. This debris, along with other uneliminaled wastes, constitutes the morbid material the body endeavors to expel when it institutes an eliminative crisis called sickness, disease, etc.)

Article #3: Must I Be Immunized? by Virginia Vetrano, B.S., D.C.

Worried people call the Health School asking if they should have themselves immunized before traveling abroad. They are going to the Far East or Mexico, and should they beware of fresh fruits and vegetables? Is it true that they must drink wine or beer, and shun pure water?

These and other questions come to their mind when preparing for a visit to other countries. They have heard so many scare stories written by the masters of the scare science that they take a trip with great fear and trepidation. Indeed, some remain home for, fear of "catching" some foreign "bug."

On January 4, 1971, the *Arkansas Gazette* carried an article by Dr. Van Dellen alarming the people that a cholera epidemic was spreading through the Middle and Far East, into Africa. "For the first time in 100 years the disease has bridged the Sahara and is in tropical Africa and as far west as Guinea. These areas are densely populated and have poor sanitation—ideal conditions for the spread of the infection. The mortality also has been high.

He goes on to say that the cholera poses "no immediate threat to the United States," but he says this "with his fingers crossed, because any person visiting afflicted countries could bring it back." Then those stow-away germs could pounce on us poor unsuspecting Americans who would then succumb to the disease.

Where was the cholera vibrio all these years? Did it disappear and suddenly return? Travelers are advised to consult the United States Public Health Service to determine which countries demand that they be *immunized* for cholera before entering, making it sound as if many countries demand immunization for this disease before crossing their frontiers. This is not so. Dr. Van Dellen states in the aforementioned article that, "Many countries in Europe, Asia, and Africa demand evidence of vaccination before a person crosses their frontiers. And this is true particularly after the person has been in a cholera-infected area."

I telephoned the United States Public Health Service and was told that it is not necessary to be immunized before going into an infected area; that the countries did not care if you were subjected to the disease when there. It is the other countries that worried when you re-entered them on your way home. I was advised that before making a world trip that one should be immunized for smallpox, cholera, yellow fever, tetanus, typhoid, polio, and hepatitis. Then one month before entering a malaria-infested area I was told to start taking medication and continue taking it as long as there was a chance of being bitten by the malaria-carrying mosquito.

The World Health Organization, Geneva, is the responsible body for the International Sanitary Regulations. It is clear in Article 83, for all those countries that accept the International Sanitary Regulations, that "objectors to vaccination can refuse the operations without being refused admission into those countries which have accepted the International Sanitary Regulations."

If you have traveled into Asia, Africa, America, other than from the United States and Canada, and wish to enter the United Kingdom, an official vaccination certificate is necessary. In almost all countries, however, you can get in without shots of any kind. It is when you re-enter other countries from an *infected* area that trouble may be given you. Paul-Emile Chevrefils, M.D., founder president of *La Ligue Pour Le Vaccine Libre* states that he travels without the yellow certificate, using only Article 83. He states that, "This international by-law gives anyone the right to go around the world by using the medical surveillance for 15 days, *not to be isolated but to go freely.*"

After informing his readers that "there is no good evidence that cholera immunizations are any good ..." Fredrick J. Stare, M.D. (*Arkansas Gazette*, November 16, 1970) urges us to be shot anyway, and then gives us a formula for eating that will supposedly prevent cholera. Do what he says and you probably will develop cholera. Do the exact opposite of his advice which follows and you will probably have more energy, enjoy yourself more and not be troubled whatsoever with "vacation diarrhea."

Stare, according to the dictates of the *infection* myth, gives us this advice: Stick to bottled mineral water, hot tea or coffee, or bottled beer, eat the meat, potatoes, rice, or other well-cooked foods, canned vegetables, bread, butter, and jam; and shun the fruits and vegetables unless you can readily peel them yourself. Wash your hands well before you eat."

This nonsensical plan of eating supposedly prevents the development of cholera by killing the vibrio with heat or chemical processes before introducing it into the body via food and water. Were the vibrio the cause of cholera his reasoning would still be specious. *Vibrio cholerae* are aerobic bacteria, meaning that air is necessary for their growth. There is not an excess of air in the gastrointestinal system. They are also killed by acidity. If food and water, contaminated by *vibrio cholera* are taken, the acid of any good stomach will soon destroy them. Kendall A. Elson, M.D. states in *Cyclopedia of Medicine*, that, "The *cholera vibrio* escapes from the body of the infected individual in stools and vomitus, although if the latter is strongly acid the organisms are immediately killed."

What people should be taught is cleanliness, and to eat moderately of properly-combined foods so that digestion is normal and they need not fear the *cholera vibrio*, if they still believe the concept of disease of the shaman. We must caution our readers against Stare's Middle Ages advice. The *cholera vibrio* does not cause cholera.

Even though he has twice made the statement that cholera *immunizations* do not protect one from cholera, Stare advises getting *immunized* anyway to avoid trouble at ports of entry to other countries which have strict public health regulations. He condemns his peers, who are M.D.s who give the shots when he says, "It is important to have this certificate in order to avoid inconveniences in travel or the threat of serum hepatitis from a dirty vaccinating needle."

To back up his statements about cholera vaccine, Stare quotes Dr. W. B. Greenough, III, whom he says "knows far more about cholera than I know or ever will know," as having written him the following: "Many commercial vaccines do not protect even in populations from endemic areas (where cholera is always present) ... as a measure for disease control immunization is ineffective since the carrier state is not interfered with by the vaccine."

What he is saying in plain English is that if the cholera vaccine protected, then cholera would not be endemic, and those who were protected would not develop the disease even if supposed "carriers" are present. However, we are taught that the "organisms usually disappear from the stools of the cholera patient within five to seven days of the onset of infection. ..." and the carrier state is not supposed to be a significant method of transmission of the disease. Cecil and Loeb's textbook of medicine states "there are no known instances of chronic carriers among human beings."

Many Hygienists have traveled to the Middle and Far East and into Africa, eating plenty of fresh fruits and vegetables, without developing any trouble, whereas often those who had all the shots and who drank wine instead of water and who didn't dare taste a fresh fruit or vegetable came down with various illnesses, including cholera. I might add, that for the sake of cleanliness, pure distilled water would be best to drink, here or overseas, and for absolute cleanliness of vegetables and fruits, rinse them well in distilled water. The *cholera vibrio* is easily killed by drying, and it dies rapidly in pure water. It is cleanliness that is necessary, not sterility.

Cholera, an acute inflammation of the intestinal canal, is supposedly spread by food and water contaminated with *vibrio cholerae*. It is usually a disease endemic and epidemic in Asia primarily along the Ganges River in India and Pakistan. The bacillus, which is shaped like a comma, and was called the comma bacillus by Koch, its discoverer, releases a powerful endotoxin after death, which contains a mucinase. Mucinase is thought to be responsible for the extreme cellular desquamation of the mucosal epithelium that is so characteristic a feature of cholera. The endotoxin supposedly causes such intense dilatation of all the capillaries along the whole intestinal tract that the fluid leaks out of these into the intestines, thus producing the rice-water stools so typical of Asiatic

cholera. Because of the loss of such huge quantities of electrolytes and water, extreme dehydration ensues, and Boyd states that 75% of the untreated patients die.

Since the *vibrio cholera* does such horrible things to a person, by all means, shouldn't we take steps to prevent *infection*? These threats could scare one into being *immunized* despite the poor reports of *immunization*, before going to the Middle and Far East. Who wants to dehydrate and die? So we become immunized and avoid all fresh foods, hoping that we won't develop the disease.

Germs by themselves do not cause disease. Dr. Pettenkofer, Professor of Bacteriology at the University of Vienna, astounded all his students one day by drinking a glass of water containing millions of living cholera bacilli. He had come to the conclusion that germs do not cause disease, and wanted to prove it. As he gulped down a glassful of living vibrio, the bearded Dr. Pettenkofer only growled, "Now let us see if I get cholera." De Kruif said that Dr. Pettenkofer drank enough of the "wiggling comma germs to infect a regiment." Nothing happened to the "mad" Pettenkofer. Many incidents could be cited showing that infecting the body with germs does not cause any specific disease to develop. Perhaps this is why the president was persuaded to dump stockpiles of germs for germ warfare. Perhaps experiments proved them useless and physicians didn't want the lucrative germ theory destroyed just yet. If germ warfare were effective, it is hardly likely that he would have disposed of the stockpile.

As far back 1928, Dr. M. Beddow Dayly, M.R.C.S., L.R.C.P., Medical World, said: "I am prepared to maintain, with scientifically established facts, that in no single instance has it been conclusively proved that any microorganism is the specific cause of a disease."

In Volume VI of the *Hygienic System*, Dr. Shelton says: "In more than sixty years of intensive farming the germ idea, there is not one 'disease' that has been proved to be of germ origin, and not one can be cured according to the germ theory. Unless a germ will cause a disease every time it infects the body, it is not a cause. A cause must be as constant and specific in its influence, or it is not a cause. Germs are omnipresent—this is one of the fundamental truths Pasteur or his contemporary, Bechamp, discovered; but he and his followers appear to have overlooked the fact that germs fail to have a specific influence all the time."

Dr. Shelton further says: "The view I would put before the reader is that 'disease' is not caused by the germ, but by the state of the body that allows the germ to flourish. And this condition of the organism or any part of it which renders possible the growth of the germ therein is the much sought for 'filterable virus.' It is the outgrowth of violations of the laws of life and is no chance or haphazard condition."

Dr. Tilden says that germs are merely adventitious—secondary. If the soil is proper for the growth of bacteria, they will flourish but if tissues and secretions are normal and healthy, pathological germs will not grow and multiply.

Those who travel and drink alcoholic beverages, smoke, keep late hours, overeat on spicy, cooked dishes, and sight-see until they are about to drop are enervating themselves. They are using up nerve energy in excess. Functions begin to lag. Metabolic waste products mount in the tissues and fluids of the body. Secretion and excretion are impaired. This is the ground work, or the foundation for the development of any disease. Even then, many times the specific bacteria fail to appear. And in numerous other cases the bacteria fail to appear until very late in the stage of the disease. If a cause is a cause, logically it should be present in sufficient numbers before symptoms appear. It cannot be demonstrated that bacteria invariably appear even after the development of a particular disease.

What is the real reason for Fredrick Stare's change in feeling about vaccinations for cholera? Probably, he was given a good lecture by the AMA. Thousands of dollars will be lost to the American medical profession if people do not get their *immunizations* before they leave home. So he castigated his brethren physicians in other countries by telling his public that it is important to avoid the dirty needles in other countries. It would have

been better to tell them the truth, that they could rely on Article 83 of the World Health Organization and go freely in other countries, as long as they let the health officials know of their whereabouts. This way a painful shot could be avoided as well as the occasional development of hepatitis from dirty needles in *this* country.

Why the recent outburst of cholera? An item under World Health News, in the September 1971, *Health For All* (England), has a very good answer to this question. It states: "Whenever there is a great social upheaval, with its tragic displacement of people and the consequent crowding of refugees, there is always a medical lesson to be learned. Disease often follows in the wake of such catastrophes, and, as with the most recent one, cholera becomes almost epidemic. According to medical opinion, the causative organism in this case is the *spirillum cholerae* which is found in the stools of patients. Entry into the body is through the alimentary tract, and the source of the infection is polluted water due to a lack of sanitation. To say that the organism is the cause of the disease is, however, to put the cart before the horse. The course of events runs in this order; First the breakdown of social order; then the panic of the population; and then the crowding of the people with the absence of sanitation, with the development of the organism as an associated factor. In this country, as history tells, cholera was widespread whenever people were crowded together and there was a lack of proper sanitation.

"It is interesting to notice that whenever there is a cholera outbreak, the headlines in the newspapers are given over the use of vaccines, to which, also, credit is generally afforded when the epidemic comes under control. The vaccines are rushed from the great pharmaceutical centres with the accompaniment of massive publicity with the result that probably 99 persons out of 100 would affirm the vaccines were effective in controlling the situation.

"It would therefore have come as a surprise to many people to have read on the front page of *Medical News Tribune*, June 11, 1971, the headline: 'Medical science helpless against cholera epidemic' and to have learned that 'medical science is virtually powerless in the face of the cholera epidemic on the India-Pakistan border. Tropical medicine experts can't even estimate how many could die. Better sanitation is the only answer, impossible in the present situation as millions of Pakistani refugees exist in terrible conditions, aggravated by the monsoon... .' "

Boyd's textbook of pathology states that, "The wise Chinese are the only Orientals who do not suffer from cholera; they use boiled water and cooked food, they drink tea and eat hot rice." We have had personal talks with Scott Nearing, who also said that cholera was virtually wiped out in China, but this is attributed to better sanitation and better diets for the Chinese and not due to the fact that everything they eat or drink is boiled or cooked. They have habits of moderation in all things and do not eat extensively of flesh foods.

It is a well-known fact that the Chinese have used human wastes for many centuries for fertilizer. They are still using this method of fertilization. It isn't the boiling or cooking of their foods that protects them; it is the fact that they have a better economy than many years ago, and their people are better fed than previously.

Recently, in *Organic Gardening and Farming*, an article entitled "Goodbye to the Flush Toilet" pictures the use of human wastes as very ecological and necessary. It demonstrates how unclean our system of purifying water is, and how "even the most modern of sewage plants don't do a perfect job of taking that one part of human excrement out of toilet water." This dirty water, even though sterile, is, sent back into the reservoirs for us to drink and wash vegetables in. It clearly shows that the disposal of body wastes is actually cleaner when done the old-fashioned way, by bacteria and filtration through soil. The article states that "clearly, the soil does a much better job of purification than any sewage plant."

The aforementioned article quotes from Dr. F. H. King's book, *Farmers of Forty Centuries*, and shows that all animal wastes are recycled by the Orientals. "Human wastes were almost the life-blood of Oriental agriculture, Dr. King found. Farmers made attractive screens near their fields so passersby would honor them by leaving behind some human fertilizer. All families saved their toilet wastes and sold them to farmers. Cities found their

human wastes to be a net profit instead of a liability, as in the U.S. In 1908 Shanghai sold one Chinese contractor 78,000 tons of human waste for $31,000 in gold."

It just goes to show you that it is not the method of fertilization that harms people. If one fears the vibrio, it may help to know that *cholera vibrio* can survive in sewage for only 24 hours and if the sewage is well composted before using it as fertilizer, there will be no live vibrios to fear.

Cholera is nothing more than a very severe diarrhea commencing high in the intestinal tract. The fluids that are lost during the diarrhea are secreted by the intestinal membranes to rid the food tube of very poisonous and irritating substances, which are *not* the vibrios. Overeating and drinking with the consequent putrefaction of proteins, producing virulent poisons high up in the small intestine are the causes of the diarrhea. It is a disease of poisoning, and because it develops high in the digestive tube, many electrolytes and fluids are lost. This is the danger. But if no food is taken when a malaise is first felt, and the body is permitted to wash the intestines free of the poison, and fear is kept from the patient, and he is freely supplied water when he is thirsty and can retain it, there will be a recovery rate much greater than now.

Graham states in his book on cholera "that the primary and paramount cause (of cholera) is always the peculiar condition of the human system resulting from the violation of the laws of organic life. Its more immediate exciting causes, however, are various; such as atmospheric changes and conditions—quality and quantity of food—excesses of every kind; but more than all, perhaps the use of artificial stimulants, and especially of the narcotic and alcoholic kinds;—in short, anything and everything that reduces the vital powers of the nerves of organic life; and brings the alimentary canal and with it the whole system into a state of extreme, morbid irritability, leaving little power in the system to sustain high irritation, and to resist and throw off things that are noxious or disturbing to it.

"It may, however, with confidence be asserted, that all the causes which obtain, beyond the control of man, would seldom or never develop this disease without the occurrence of those causes which operate through his *voluntary conduct.*"

Instead of indulging in beer and wine, and much coffee and cooked food while traveling, if you do the very opposite of this ancient and harmful advice you will be more likely to have a healthy vacation.