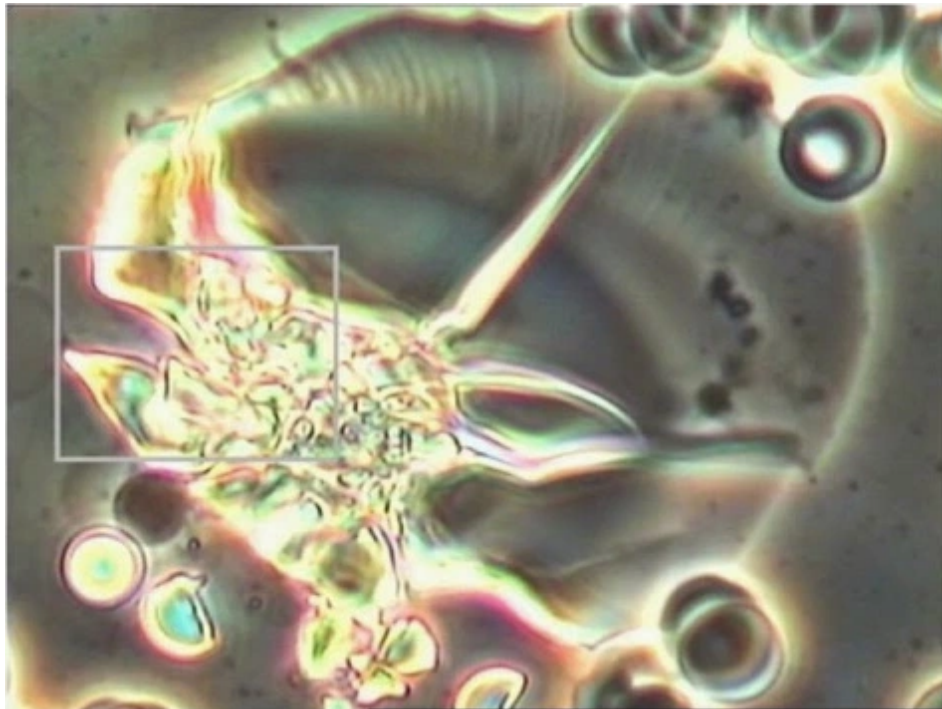


## phorever Young Blog

### VACCINATIONS, VIRUS

# A Second Thought About Viruses, Vaccines and the HIV, HPV, HEP C, Measles, Mumps, SARS, Hantavirus and Ebola Hypothesis

07/28/2015 | ROBERT O. YOUNG, CPT, MS, D.SC., PH.D. NATUROPATHIC PRACTITIONER | 1 COMMENT



(<https://phoreveryoung.files.wordpress.com/2014/08/359fd-acidcrystal.jpg>)

Micrograph of a solidification of metabolic acid



(<https://phoreveryoung.files.wordpress.com/2014/08/eca80-images-1.jpeg>)

Parasite or Virus?



(<https://phoreveryoung.files.wordpress.com/2014/08/d8aba-ebola-virus-image.jpg>)

#### So-called Ebola Virus or Parasite?

A Second Thought About Viruses, Vaccines and the HIV/AIDS, HEP C, HPV, Polio, Spanish Flu, Hantavirus, SARS, Measles, Mumps, and Ebola Hypothesis! – Part 1

“In the sciences, people quickly come to regard as their own personal property that which they have learned and had passed on to them at the Universities and Academies. If, however, someone else now comes along with new ideas to contradict the credo (that has been recited for years and passed on in turn to others) and in fact, even threaten to overturn it, and all passions are raised against this threat and no methods are left untried to suppress it. People resist it in every way possible: pretending not to have heard about it; speaking disparagingly of it, as if it were not even worth the effort of looking into the matter. And so a new truth can have a long wait before finally been excepted.” – Goethe

#### Viruses

##### Introduction

The first isolation of the virus was achieved in 1892 by Russian that bacteria hunter Dmitri Ivowski, who gathered fluid from disease , tobacco plants. He passed this liquid through field for fine enough to retain bacteria; yet to Ivowski’s surprise, the bacteria space free filtrate easily made healthy plants sick. In 1888, a Dutch botanist, Martinus Wilhelm Beijerinck, repeating the experiment, also recognized that there was an invisible cause and named the infectious agent, “Tobacco mosaic virus.”

In the same year as Beijerinck’s report, two German scientists, purified a liquid containing ‘filterable viruses’ that caused foot and mouth disease in cattle (viruses were at one time called ‘filterable bacteria’, but eventually the term ‘filterable bacteria’ came to apply only to viruses, and was the words ‘filterable bacteria’ were dropped). Walter Reed followed in 1901 with a filtrate responsible for yellow fever, and soon dozens of other disease causing viruses were found.

In 1935 , another American, Wendell M. Stanley, went back to the beginning and created pure crystals of tobacco mosaic virus from a filtered liquid solution. He affirmed that these crystals could easily infect plants, and concluded that a virus was not a living organism, since it could be crystallize like salt and yet still remain infectious. Subsequently, bacteriologists all over the world began filtering for viruses, and a new era of biology was born – Virology.

Historically, medical science has a baseline on the question of whether any virus is alive. Originally, it was described as non-living, but is currently said to be an extremely complex molecule or extremely simple microorganism, and is usually referred to as a parasite having a cycle of life. (The term “Killed” is applied to certain viral vaccines, thus implying an official conviction that viruses are alive.) Commonly composed of either DNA or RNA cores with protein coverings, and having no inherent reproductive ability, viruses depend upon the host for replication. They must utilize the nucleic acids of living cells. They infect to reproduce their proteins (i.e., trick the host into producing them), which are then assembled into new viruses like cars on assembly line. Theoretically, this is their only means of surviving, and infecting new cells or hosts.

### **Birth of Virology — a Miscarriage?**

Underlying the birth of virology was the doctrine of monomorphism — that all microorganisms (herein called microforms) are fixed species, unchangeable; that each pathological type produces (usually), only one specific disease; that microforms never arise endogenously, i.e., have absolute origin within the host; and that blood and tissues are sterile under healthy conditions. This last point warrants immediate comment. Theoretically, under ideal health conditions, the blood might be sterile, though it has the inherent potential to develop morbid microforms, as discussed in my book, *Sick and Tired*. Long and repeated observation of live blood in the phase contrast, darkfield microscope, however, shows that the blood can contain various microforms and otherwise asymptomatic host, or in a condition defined as normal or healthy in orthodox terms. The forms are easily visible before other physical symptoms arise. (Since long and repeated observation has correlated their presence with other disease symptoms and their disappearance with the return of health, they serve as indicators of impending outward signs of disease).

Monomorphism was the cornerstone of developments in 20th-century medical research and treatments. Refusal by the mainstream to examine fairly, much less except, the demonstrated fact of pleomorphism — that viruses and bacteria (and also yeast, fungi and mold) are evolutions from a small indestructible anatomical element, I referred to as the microzyma. That microforms can rapidly change their form (evolve and “devolve”) in vivo, one becoming another dependant upon conditions in the inner terrain (environment); that blood and tissues are not necessarily sterile; and that there are no specific diseases, but only specific disease conditions — was the foundation of a latter-day “Galileo debate.” It is so-called because those who wore the “robes” of scientific authority just like today, reprising the religious fanatics who punished the noted astronomer for his truth, would not be swayed from folly when presented with its contrary theory. These truths began in earnest with Antoine Bechamp in the 19th-century (who also endured the indignation of a fanatical clergy).

In the early third of the 20th-century, the heated debate took place over ‘filterable bacteria’ versus ‘non-filterable’ bacteria. This was a major battle concerning micromorphology (discussed briefly below). The orthodox view prevailed: bacterial forms were not small enough to pass, or did not have a smaller, earlier stage. What passed through ‘bacteria proof’ filters was something else, i.e., viruses.

Standard medical textbooks, long made this filtering distinction between bacteria and viruses.

Subsequently, however, the cellular nature of many filterable forms originally thought to be viruses, such as some mycoplasmas, rickettsias, and various other groups, has been established. In this writer’s opinion, with the victory of the monomorphic view, deeper understanding of infectious ‘disease’ was lost, setting the stage for cancer, degenerative symptoms, HIV. AIDS, Ebola, Hantavirus, Hep C, HPV, etc.

### **What You See?**

A typical bacteria is about 1 micron in size. Most filterable bacterial forms now called viruses range in size from .3 microns (300 millimicrons) to .01 microns (10 millimicrons) — particularly in the colloidal range (.1 to .001 micron). Most of the larger viruses are a third to a quarter the size of the average bacteria. And size is critical because .3 microns is the resolution limit of modern-day light microscopes. Thus, as viruses were discovered (except for the very large ones, such as mumps), they required an electron microscope to be seen, especially given the fact that Royal Rife’s microscope technology and career were destroyed by vested interests. Unfortunately, electron microscopes and the process of chemical staining disorganize or damage all specimens, whereas Rife’s technology

allowed life to proceed and thus evolve under its lens. As viruses became visible to advancing technology, the ratification was that the technology revealed, two minds infected with monomorphism, protein structures deemed foreign in the body.

### A New Theory

Formulated by Antoine BeChamp in the 19th-century, the microzymian principal is the basis of the new theory about 'viruses'. Recently, this principle holds that in all living organisms are biologically indestructible anatomical elements, which BeChamp called microzymas. They are independently living organized ferments, capable of producing enzymes and capable of evolving into more complex microforms such as bacteria, yeast or mold. Bechamp's thesis, is that disease is a condition of ones internal environment (terrain); that disease (and its symptoms) are "born of us and in us."; and that disease is not produced by an attack of micro entities, but calls forth their endogenous evolution. My studies and research suggests that the complexes, science calls viruses and retroviruses originate in the cell, as the microzymian as the principal suggests. However, they are created in response to an alarming acidic situation (condition of disease) for the purpose of genetic repair. They are repair proteins, evolved from anatomical elements (microzymas), not pathogenic microorganisms. It is known that normal cell activity includes genetic repair. Both enzymes and proteins must be involved. What is the mechanism? Viruses are organized around DNA or RNA, not both. Thus, they are quite probably intended to repair genetic molecules or other structures, and show up with disease symptoms, because the body needs them. Since viruses require a living cell/host for reproduction, how do we know that the scenario is not set in motion, for a purpose by the cell (i.e., it's microzymas), rather than being the result of invasion? Because disease (disturbance of balance in the organism) is so prevalent, especially that which is not yet becoming indicated by common symptoms, repair proteins may be frequently or constantly present. A toxified cell may easily suffer localized damage to the genome. Since most observers are not even aware of the microzymian principal, much less understand or even consider it, and since monomorphism stresses invasion, these proteins complexes are regarded as foreign and disease is attributed to them.

Another note of interest is the size of viruses compared to the microzyma. Viruses are considered to be some of the smallest biological particles and are frequently of colloidal size: e.g., hepatitis A, 27 nanometers (.027 microns); hepatitis B (.042 microns); polio virus (.03 microns); EBV (.042 microns); HIV (.080 to .12 microns); influenza (.08 to .12 microns); mumps (.15 to .30 microns); smallpox (.30 microns); and, according to BeChamp, the microzyma (.0005 microns).

In his book, 'The Blood and its Third Anatomical Element', Bechamp states: "the microzyma is at the beginning and at the end of all organization. It is the fundamental anatomical element whereby the cellules, the tissues, the organs, the whole of the organism are constituted living . . . . in a state of health, the microzymas act harmoniously and our life is, in every meaning of the word, a regular fermentation. In the condition of disease, the microzymas do not act harmoniously, the fermentation is disturbed, the microzymas have either change their function or are placed in an abnormal situation by some modification of the median. The virus is either a self-ordered microzymian polymerization, or (less likely), a structure made by microzymas. It is envelope in protein which is also composed of microzymas, and could well be thought of as an autonomous molecular tool box.

Along with doctors Glen Dettman and Archie Kalokerinos, I wonder, "whether Bechamp's writing anticipated, in some respects, the discovery of RNA and DNA?" Could the genetic structure be the construct, thus a tool, of the microzyma? They quote a personal communication [1974] from a professor Bayev of the former USSR Academy of Sciences, who discusses his work showing the molecular self- restoration from its parts of pure transfer RNA from brewers yeast is possible.

In my own research I have found molecular restoration similar to that described by Bayev. In my experiment , I used 10-year-old coagulated capillary blood from a woman with cancer. With one drop of .9% of sodium chloride, the blood was restored to an appearance and level of activity characteristic of freshly drawn sample of blood. In other words, the anatomical microzymas of the dry blood were restored to activity. Even the white blood cells became active again. One might eagerly asked for explanation of the reversal of polymers made during clotting. It is unclear at this point how this reversal takes place, except to say that what can evolve apparently has the potential to devolve. It is



observable, however. For example, I have seen, and recorded on video, rod microforms retro-grading without any visible decomposition from 10 microns in length to the vicinity of .1 micron.

This research supports the very important postulates that the cell is not the smallest living biological unit, as promulgated by conventional medical science. In fact, a smaller biological unit is the imperishable microsome, which is an organized, living being "of a special category without analog," said BeChamp, who found them ready to become active in chalk deposits at least 11 million years old.

### **The Pleomorphic Cycle**

I suggest a developmental cycle in vivo consisting of three macro stages: [1] a primitive stage comprising the repair proteins complexes; [2] an intermediate, or bacterial, stage including filterable forms such as the cell wall deficient forms described by Lida Mittman, PhD. [in Cell Wall Deficient Forms, Stealth pathogens]; and [3] a culmination stage consisting of yeast and fungal phases, and then mold, the end phase. The usual course of development would be from microzoma to repair proteins, and then to bacterium, etc. However, under certain conditions, such as, for example, it is highly likely that the microzomas can skip the primitive stage and become bacteria directly. Although these transformations are as astounding as that of a larva to a butterfly, what is equally impressive under observation is in the rapidity with which they can take place — in minutes, even seconds, sometimes.

By the same token, when provoked by acidic conditions and the cycle proceeds to yeast, fungus and then mold, it may occur so rapidly that the bacterial stage, if that happens, has no time to be of any significance.

Thus, symptomgenic microforms can originate within the higher organisms without invasion, via a permutation of the endogenous microzomas when the situation calls for such change. The situation is an imbalance referred to by Bechamp as a "modification of the median." Endogenous evolution is evident under the microscope when bacterial, yeast, and fungal forms are seen coming out of the red blood cells, which initially appear normal.

### **Biological Basis for the Pleomorphic Cycle**

There is a common biological basis for the pleomorphic cycle and its increasing complexity of organization: more complex forms evolve inherently upon the death of an organism for the purpose of recycling its anatomical and chemical structures in the carbon cycle. The process of rapid evolution [which is reversible] is an essential life process, which, beyond the repair stage, is necessary to return a dead organism to the earth. The second and third stage microforms degenerate the body's vital substances and tissues via putrefaction [bacteria] and fermentation [yeast and fungus]. Fermentation results in acidic waste products, which further breakdown tissue. Disease symptoms, then, especially the degenerative type, are NOT produced by viruses, but manifest as chemical decomposition, or attempted recycling via fermentation and acidic toxins, but with 'host' survival processes still, operable. Obviously, certain other factors may play important roles in producing symptoms, such as heavy-metal toxicity, or state of mind, for example. Some of the body survival methods also produce symptoms commonly called dis-eases. An example is eczema, and emergency expulsion of acidic toxins via the pores of the skin.

The aforementioned casual [alarming] situation, or modification of the median, is chronic tissue acidification [pH imbalance] and oxygen deprivation in the blood and tissues due to acidic forming foods, adverse lifestyle, emotional stress, and environmental stress. This is not an oversimplification! Acidification/hypoxia biochemically signals a dead host to the microzomas, while creating collapsed areas [dead zone's] of the colloidal system in the intercellular fluid, and it is the primary physiological disease condition at which the symptoms commonly called specific diseases arise.

Thus, we distinguish between this disease condition and its consequent symptoms, which include both the morbidly evolved microzomas and the physiological science commonly thought of as specific diseases. As they develop, microforms [bacteria, yeast, fungus and mold] are actually scavenging forms of the microzoma, developed when disease in the cell life requires tissue to be broken up.

These upper development forms are the ones easily visible in the blood before physical symptoms arise. They disappear, [devolve] when the recycling task is complete, once again becoming microzomas of the earth and/or air.

### **Virus or Toxin/Acid?**

Regarding the early period of virus isolation, a question is whether the unseen entities isolated in filtered fluids were accompanied by the waste products [mycotoxins] of fermentation by yeast and/or fungus of cellular elements, such as DNA. If virus infiltrates are injected into a host to prove virulence, it is almost certain that easily filterable molecular toxins will be introduced as well. Could Dr. Stanley's "pure crystals of tobacco mosaic virus" have been crystallized acidic toxins? If so, they would certainly be highly symptomgenic, as are exotoxins at the intermediate stage of the cycle, for example. However, it is not proof of anything that you can create illness by poison injection, except proof of that tautological fact.

In my research utilizing darkfield and phase contrast microscopy, it is common to see acid crystallization's in the blood. It is normal for the body to use calcium or other mineral salts, and fats as well, to chelate the acidic waste products from the morbid fermentation of body proteins, fats and sugars. Such crystal deposits are found in cancer tissue as well. A malignant tumor removed from the breasts of one of my research clients was found to have numerous calcium deposits attached to it.

It is an attempt to render inactive acidic substances that make our inner streams healthy, poison our cells, and coagulated colloidal systems in blood and intercellular fluid.

The term "virus" is the Latin word for poison, and gives us insight into the immediate cause of disease symptoms — poison is: exotoxins and mycotoxins, and a toxin, exotoxins, and toxins from environmental sources, [many of which are primary or secondary mycotoxins.]. Orthodox medicine is well aware that it is bacterial toxins more than the bacteria them self. [They feed in-house], that caused the symptoms referred to as infectious disease. Little if any emphasis is placed on this fine, but important distinction. Always, the germ is emphasized. There is little too, no awareness [or knowledge that], either, of the same role played by acidic toxins of the culminate microforms of the pleomorphic cycle. Their action and the body's response to them are frequently ascribe to viruses, which do not produce toxins because they are the toxin or acid, but are said to wreck havoc by a number of other means. However, if they participate in symptom at Genesis in a host it is because they are stimulated to evolve into more complex, toxic genetic forms. Somewhat less likely is the possibility that they cause damage as a result of erroneous construction or function, for one reason or another — missing mineral nutrients leading to alkaline mineral deficiencies, for example.

### **Misconception Breeds Contempt**

In addition to chemical toxicity, however, what is the impact of the fear [emotional toxicity] that the word "virus" brings to mind and heart? It has been said that fear it is the most deadly of disease conditions. If the "disease" kills one person, the fear of it may kill 20. General prejudice concerning the danger of viruses is fundamental biological error based on Louis Pasteur's germ theory, and is itself a perpetrator of auto-suggested illness. For example, in Africa doctors attribute some AIDS sickness to "voodoo death" syndrome, the term for illnesses induced psychologically. According to one nurse, "we had people who were symptomatically AIDS patients. They were dying of AIDS, but when they were tested and found out they were negative they suddenly rebounded and are now perfectly healthy." Ironically, if the germ theory were found on facts, it would be correct to fear viruses, except there would be few, if any, humans living to discuss the issues. These so-called pathogenic entities are to researchers, medical practitioners and the press what criminals are to detectives — the focus and justification of their existence.

### **The Encyclopedia Britannica has this to say about bacteria, which relates also to viruses:**

"The common idea of bacteria in the minds of most people is that of the hidden and sinister scourge lying in wait for mankind. This popular conception is born of the fact that attention was first focused upon bacteria through the discovery, some seven years ago, of the relationship of bacteria to disease in man, and that in its infancy, the study of bacteriology was a branch of medical science. Relatively few people assigned to bacteria, the important position in the world of living things that they rightly occupied, for it is only a few of the bacteria known today that have developed in such a way that they can live in the human body, and for everyone of this kind, there are scores of others which are perfectly harmless and far from being regarded as the enemies of mankind, must be numbered among his best friends.

It is in fact, no exaggeration to say that upon the activities of bacteria. The very existence of man depends; indeed, without bacteria there could be no other living thing in the world; for every animal and plant owes its existence to the fertility of the soil, and this in turn depends upon the activity of the microorganisms which inhabit the soil in almost inconceivable numbers. It Is one of the main objects of this article to show how true is this statement; there will be found in it only passing reference to the organisms which produce disease in man and animals — for information on these see Pathology and Immunity. [Encyclopedia Britannica, 14th ed., Volume 2, page 899].

The general message of the foregoing article applies even more aptly to viruses in the sense that much fear has been bred and cultivated around them, although they never produce disease symptoms, whereas the acid waste products of bacteria, yeast, fungus and mold do. The writer of the above understands bacteria, with the exceptions that symptomgenic bacteria found in man and animals do not produce disease. [Only secondary symptoms], that their precursors are endogenous to higher organisms, and they have not “developed in such a way that they can live in the human body.” If anything, the reverse is true. According to one theory of microbiology, microforms have colonized over eons to become higher organisms. In one sense, then, the human body has developed as a specialized environment for them.

An important dimension of the bacterial dependence of higher life forms is the floral population in the human digestive tract. Literally, these “foreign species” keep us alive. Most bacteria have the same underlying function, whether found in the soil, sewage, in the human digestive tract, or elsewhere in nature: they are an essential part of the life processes of hire organisms. They will not or cannot attack healthy cells or tissues, but certain ones will recycle sick or dead tissue in much the same way insect pests are drawn to weaker plants. As Bechamp said, “nothing is the prey of death; all things are the prey of life.”

Following in the wake of misconceptions arising from the fundamental biological error known as the germ theory of disease, defying infiltrates of disease tissue as a newly discovered infectious microforms was the birth of a major corollary error in bio science.

### **Viral Behavior Reconsidered**

Listed below are ways of viruses are said to disrupt or destroy host cells. According to orthodox medical science and the germ theory advocates. Following each in its italics is a different interpretation following from microzymian principle:

1. Viral proteins insert into the host cells , plasma membrane and directly damage its integrity , to promote cell fusion [HIV, measles, and herpes viruses].

Proteins are attempting to repair membrane damage, or enter cells to repair other proteins. There is the question as to whether viruses on cell walls are coming or going. In both cases, it would be a matter of whether or not a cell has been disturbed by excess fermentation and acidity. But in the former case, the cell would be dysfunctional before attachment occurs, thus requiring the repair complex. Another possibility, perhaps remote, is that dysfunctional receptors on cells are in need of repair, or they are covered by these complexes to inactivate malfunction of the cells. Positive electrical charges in a compromised acidic terrain, primarily on acidic molecules from fermentation's, discharge cell membranes and act as mortar to stick cells together causing rouleau and clotting.

2. Viruses inhibit a host cell DNA, RNA, or protein synthesis. For example, polio virus inactivates cap-binding protein, which is essential for protein synthesis, directed by capped host cell mRNA's, while allowing protein synthesis from uncapped polio virus in mRNA's.

Protein inactivation is probably being done by fermentation or by acidic toxins from fermentation, while “poliovirus” is produced in the cell to reverse the damage.

3. Viruses replicate efficiently and lyse host cells, e.g., liver cells by yellow fever, and neurons by poliovirus.

Highly unlikely. The lysing is more likely caused by acidic mycotoxicosis, or by free radicals released in response to mycotoxic stress, or from other sources [I lysine radiation, for example]. Repair particles are residual after cell wall disruption.

4. Slow-virus infections [e.g., sub acute sclerosing panencephalitis caused by the measles virus] culminate in severe progressive disease is after a long latency period.



How is this demonstrated? Perhaps “latency” is a period of unsuccessful or attempted repair that eventually falters. Symptomology naturally appears in the weakest parts of the body. Excess acidity is always a systemic problem that localizes, just as cancer is a systemic acidic condition that localizes, even though its symtogenic influence may later spread.

5. Viral antigen proteins on the surface of the host cells are recognized by the immune system, and the host lymphocytes attack, the virus infected cells [e.g., liver cells infected with hepatitis B]. Liver cells are damaged beyond repair by exotoxins and mycotoxicosis, and the immune system, our elaborate janitorial service, is cleaning out the garbage. Perhaps the repair protein antigen is expressed to signal any in response [because the cell is beyond repair], which is one explanation for why there are antibodies to these proteins.

6. Viruses damage cells involved in the host anti-microbial defense, leading to secondary infections. The function of immune cells are damaged by bacterial or fungal waste products/acidic and/or overworked by toxic acidic overload, preventing proper cleanup and elimination of disharmonious, symptomgenic elements.

7. Viral killing the one cell type causes the death of other cells that depend on them, e.g., degeneration of muscle cells enervated by the attack of poliovirus on motor neurons.

Once again, a misinterpretation and lack of understanding that is not viral microforms that damage neurons. Acidic toxins from bacteria, yeast, fungus and mold — as well as the ferments of glucose, uric acid from proteins, hormones and acetic acids from fats — produce, or influence the body to produce, dis-ease or inflammatory symptoms. Not recognizing “virus,” for what it is, observers attribute dis-ease or disease to it.

8. Host cell responses to viruses include metabolic derangement and transformations resulting in neoplastic changes.

Metabolic derangement has occurred prior to the appearance of repair proteins, due to toxic overload in the cell. It is more likely that the proteins attempt to prevent cell transformation, and that cancerous development is cell conversion from primarily oxidative to wholly fermentation of metabolism, mediated by yeast, fungus and mold.

9. According to orthodox theory, viruses enter a host cell and replicate at the host’s expense.

Replication is accomplished using enzymes, which are distinct for each virus family. For example, RNA polymerase is used by negative stranded RNA viruses degenerates positive stranded mRNA, or as reverse transcriptase is used by retroviruses to generate DNA from their RNA template and to integrate that DNA into the host genome.

It is normal for repair proteins to generate enzymes or acidic waste products as they do their work of repair.

10. one reason suggested for viral tropism [the tendency to infect some cells, but not others] is the presence or absence of host cell receptors that allow the virus to attach. It is said, for example, that HIV binds to the proteins [CD4] involved with antigen presentation on a helper. The lymphocytes, that Epstein-Barr virus binds to the complement receptor [CD2] on macrophages, that rabies virus binds to the acetylcholine receptor on neurons, and that rhino viruses bind to the adhesion proteins [ICAM-1] on mucosal cells.

See answer to number 1 above.

Theoretically, once attach, the entire virion, or a portion containing the genome and essential polymerases, penetrates into the cell saddle plasma in one of three ways: [one] translocation of the entire virus across the plasma membrane; [two] receptor mediated endocytosis of the virus and fusion with endosomal membranes; or , [three] fusion of the viral envelope with the cell membrane. Theory suggests that within the cell the virus uncoats, separating its genome from its structional components and losing its infectivity before replication. In either the nucleus or the cytoplasm, newly synthesize viral genomes and capsid proteins are assembled into progeny virions, which may then bud to the plasma membrane. Unencapsulated viruses may be released also, directly through the membrane. It is interesting, however, that viruses can somehow choose the “infection.” To be aborted, latent or persistent, meaning respectively: [one] viral infections with incomplete replication cycles; [two] persisting in the cryptic state, like herpes zoster within a dorsal root ganglion, which suddenly

becomes active to produce shingles; [three continuously synthesized virions, with or without altered cell function [e.g., hepatitis B]. These three ideas, especially latency, have arisen as feeble excuses for the untenable virus theory.

11. In order for viruses to reproduce, they must complete the following four steps:

a) Adsorption and penetration of the cell. The viral particle binds to the host cell membrane. This is unusually a specific interaction in which a viral encoded protein on the capsid or a glycoprotein embedded in the virion envelope binds to a host cell membrane receptor and is then internalized.

This internalization occurs by endocytosis or by fusion of the virion envelope with the host cell membrane.

This is the mechanism whereby the viral particle enters the cell for the purposes of carrying out repairs to the damaged DNA or RNA.

b) Uncoating of the virus, so that the nucleic acid can be released from the capsid into the nucleus or cytoplasm.

Repair work may require uncoating. An uncoated "virus" in the saddle plasma, may have, from the nucleus and not yet have a code, as in the case of hepatitis B, according to medical science. A coat is then created to protect the nucleic acid, to make a communicative or response to protein complex, or to allow exiting the cell for remote function or for neutralization and recycling by the immune system.

c) Synthesis and assembly of viral products, as well as in addition of the host cell's own DNA, RNA and protein synthesis.

Protein complex is produced in response to an alarming acidic situation — fermentation and mycotoxic stress — are capable of self-reported replication. As suggested by Bechamp, the microzyma is specific for each organ, therefore specific repair proteins will be needed for specific cells that make a specific organ that are being disturbed by dietary and/or metabolic acidic waste products.

There is the question of why the great numbers in some cases. One possibility is simply over reaction; for example, fever can be extreme. Why? To remove dietary, metabolic acids or acids from bacteria, yeast, fungus and/or mold.

d) And finally, release of virions from the host cell either by budding or lysis.

[1] Complexes leave the cell for remote function or to be neutralize; [2] repairs have failed, and complexes are released prior to or during the breakdown of the cell by acidic toxins or the immune system.

### Further Considerations

Virologists referred to certain microforms as passenger viruses, which are present in asymptomatic situations, riding on their host genetic molecule like a passenger. To the conventional mind searching for new diseases or for viral cause of unexplained ones, they are most interesting, because the status virologist in the scientific community depends upon the pathogenic potential of the viruses they study. Due to their location, passenger viruses are thought to have much disease potential, thus their true function goes unnoticed. These colloidal passengers are the silent majority of animal and human intranuclear proteins essential for genetic repair.

Kalokerinos and Dettman quote Dr. Fred Klenner regarding the changeability of viruses, "I am of the opinion that virus units have the potential of going from one type to another by altering their protein coat. We see chickenpox at Thanksgiving, mumps at Christmas, read measles in the spring, and polio and Cocksackie in the summer." Seasonal appearance of different forms may be mediated by variations of imbalance in the biological terrain or nutritive median due to the fermentation of dietary excesses such as sugar and animal proteins that accompany holidays and seasons, calling for different repair proteins. For example, outbreaks of polio have been associated with sugar consumption in summer. Various psychoemotional stresses correspond to the seasons as well."

Supporting the general idea of dietary culpability is a statement published by the great English physician, Sir Robert McCarrison in 1936: "obsessed with the invisible microbe, virus, protozoa as all-important excite tens of disease, subservient to lavatory methods of diagnosis, hidebound by our system of nomenclature, we have to forget the most fundamental of all rules for the physician, but the right kind of food [nutrition] is the most important single factor in the promotion of health and the rhonchi to food. The most important single factor in the promotion of disease."

Six years before BeChamp identified the microzyma as a ferment and, with his devoted associate, Professor Estor, began a 13 year odyssey of research into its nature. Florence Nightingale published a statement about the germ theory, In 'Notes on Nursing', first addition, 1860, she said of infection: "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 a clean condition, and just as much under our own control; or rather, as the reactions of kindly nature against the conditions in which we have placed ourselves?

I was brought out . . . distinctly to believe that smallpox, for instance, was a thing of which there was once a first specimen in the world, which went on propagating itself in a perpetual chain of dissent, just as much as that there was a first dog, [or a first pair of dogs], and that smallpox would not begin itself anymore than a new dog would begin without there having been a parent dog.

Since then, I have seen it with my eyes and smelt it with my nose smallpox growing up in the first specimens, ear in close rooms or in overcrowded wards, where it could not by any possibility have been 'caught', but must have begun. Nay, more, I have seen diseases begin, grow up, and pass into one another . . . I have seen, for instance, with a little overcrowding, continued fever grow up; and with a little more, typhoid fever; and when little more, typhus, and all in the same ward or hut.

Would it not be far better, truer, and more practical, if we looked upon disease in this light? For diseases, as all experience shows, are adjectives, not noun- substantives."

That is, symptoms [called diseases] are described first of the situation.

I find legitimate BeChamp's conclusion that what are called germs of the air are fundamentally microzyma's of beings, which are being consumed by the recycling process, i.e., some kind of vegetative digestion — putrefaction or fermentation. In short, there are no pre-existing disease germ species. The principals of microbial medicine constitute a fundamental biological ERROR!!!!!! As BeChamp said, "the microbial doctrine is the greatest scientific silliness of this age." This is not to say there is no transmission, only that invasion is not necessary for symptogenesis, nor is it the primary mechanism for illness. It is to say that for transmission to take place, susceptibility in the form of a compromised terrain must pre-exist in the receiver, who was then likely to be ill anyway. With the exception of the immune component in the mucosal barrier, primary host "resistance" is a function of terrain condition rather than immunity per se.

## Phantom Viruses

### Hepatitis

Hepatitis can be a painful symptom that has yielded profitable virus hunting opportunities in recent years. Although there are several categories of this disorder, three main varieties of what is called "acute viral hepatitis" exist: Type A [formally, 'Infectious hepatitis'], Type B [formally 'Serum hepatitis'], and hepatitis Type C (formally 'non A, non-B'). The corresponding viruses are HIV, HBV, and the non-A, non-B 'group', now called C. Type A is said to be caused by an RNA virus, spread primarily by fecal contamination of water and food, with blood and secretions also possibly being infectious [but it is due to the acidic toxins associated with unsanitary conditions]. Hepatitis B, discovered in the sixties, is said to be caused by a DNA virus, which replicates in the hepatocyte nucleus and receives its surface coat in the cytoplasm. It is said to be transmitted by transfused blood or blood products, or via common use of needles by intravenous drug users [but it is due primarily to over-acidification from the drugs, especially heroine. The exchange of body fluids into the blood, whether by sterilize needles, abusive sexual activity, eccentric sexual activity, etc. can also play a role overtime, because of repeated immune stress caused by foreign proteins]. Third World babies with poor nutrition and unsanitary conditions around the time of birth are also susceptible. The third type of hepatitis, discovered in the seventies, is found among drug users and alcoholics, and accounts for 80 to 90% of hepatitis caused by blood transfusion. It is thus akin to B type and was at first thought by scientists to be hepatitis B until thorough testing a subject revealed no virus B nor A,

for that matter. It was thus called “non-A, non-B” hepatitis and thought to be at least two viruses and perhaps more.

In 1987 scientists believed they found a single virus causing the third type, what is known today as the hepatitis C virus. However, what they identified was an antibody, they associated with a virus. Now, just as with HIV, they could test patients for antibodies against an elusive or invisible phantom virus. With this new observation, however, new paradoxes confronted the viral hypothesis. Huge numbers of people testing positive for the Phantom C virus never developed any symptoms.

Hepatitis C is truly the result of an over-acidification or toxification of the largest filter organ in the body by such substances as lactic acid, acetaldehyde and ethanol alcohol — not the disease of a pathological phantom virus. It is interesting to note also that all these hepatitis viruses have incubation periods of two to 25 weeks, violating Farr’s law, [see below], yet are not classified as slow viruses. Also, the point at which a “natural invasion” takes place, as opposed to a highly artificial in objective one, and thus, how true incubation periods are determined, is another interesting question. Bottom-line there is no Hepatitis C virus.

### **Hantavirus**

A recent example of unwarranted panic in American bio medicine was the eminent hantavirus of 1994. Presumably, it had jumped species, from mouse to man [the American Navajo Indians].

However, after supposedly killing a number of people, this phantom virus apparently made peace with the Indians and retired to its mouse reservoir. The virus failed to materialize. A front-page article in the San Francisco Chronicle reported that CDC “epidemiologist across the nation are carefully monitoring the deer mouse population and the level of virus within it.” But all that was left to discover of the former. “Navajo flu” by the CDC epidemiologist [shown in their space suits] were healthy mice in the mountains. The Navajo flu is nothing new to the Native Americans and is most likely tied to sanitation, nutrition and lifestyle.

### **Ebola**

In May 1995, the CDC announced the new, threatening Ebola virus. The deadly killer virus was expected to leave its hidden reservoir in the rain forest of Africa to claim Europe and the United States. An article in Time magazine was peppered with men in space suits and color electron micrographs of the virus [even though electron microscopes cannot take color pictures and the pictures were of parasites]. A CDC virologist suggested the virus could leave the rain forest if “we get a virus that is both deadly to man and transmitted in the air.” We are thus asked to fear the false image of virus somehow being launched into the air, perhaps by injection from a host, and then floating on a killer breeze to other lands. A more imaginable scenario was suggested by European epidemiologist who heads the United Nations AIDS program. Echoing the the CDC’s alarm, he stated, “it’s theoretically feasible. Then infected person from Kuwait could go to Tunisia, get on a plane to New York, fall ill, and present transmission risk there.” But within a month, the virus had disappeared in Africa, and not a single Ebola case was reported in the United States or Europe.

The World Health Organization announced on December 19, 1995 that the Ebola virus epidemic that killed 245 people in West Africa was over. All tests on any remaining suspected cases were negative.

A somewhat unsettling revelation was that every Ebola outbreak in Africa, “is associated to have spread to public hospitals.” As it turned out, it was associated with reused hypodermic needles in these hospitals. Just like hantavirus, Ebola vanished, never to be heard from again, until NOW! Most interesting is that this so-called epidemic, as epidemics will, stopped without vaccines or other drugs.

Consider the impact such stories have made upon our minds and on the way we view and understand germs. What’s next in the virodrama, the Andromeda strain? NO! Here we go again with the same old phantom viral story!

There is one insidious possibility that must be mentioned in passing. Some mysterious outbreaks of the past have shown years later to have been man-made. In some cases, government agency have used the public to test releases of organisms and weak biochemical acidic toxins in order to verify, through medical reports, expectations of bio-warfare activity. These incidents and the whole story of such behavior is well documented in the book, all higher forms of killing by Robert Harris and Jeremy

Paxman [Hill and Wang, 1982]. In this scenario, the cause of such an incident would be constructed officially, or left as a mystery, in order to draw attention away from the truth.

#### Resources:

1. To read Part 2 and Part 3 and for all references for this article read Sick and Tired by Dr. Robert O. Young – <http://www.phoreveryoung.com> (<http://www.phoreveryoung.com>), <http://www.phmiracle.com> (<http://www.phmiracle.com>) or <http://www.phmiraclebooks.com> (<http://www.phmiraclebooks.com>)

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## One thought on “A Second Thought About Viruses, Vaccines and the HIV, HPV, HEP C, Measles, Mumps, SARS, Hantavirus and Ebola Hypothesis”

#### 1. [Claire06](#) says:

[08/11/2014 AT 9:09 PM](#)

Young is intentionally ignoring the fact that scientists have known for quite some time now that bacterias and viruses each have their own DNA. Scientists around the world every day isolate these viruses, bacterias, fungi, parasites, etc. They take them apart and put them back together. They micrograph them and they map their individual genome.

BeChamp, Young's hero from the 19th century has long been proven to be incorrect in his theory that organisms can change into a completely different organism, Pleomorphisim. BeChamp's theories from hundreds of years ago, have been conclusively proven to be wrong. For todays scientists there is no debate whether BeChamp or Pasture was correct. That area of science was settled a long time ago.