

# ***Treating Patients Infected with Influenza Virus in the Urgent Care Setting***

by Samantha Arnold, D.O.  
Journal of Urgent Care Medicine  
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## **A Lengthy Critique of this Article**

by

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It is VERY GOOD that this article (perhaps in e-book format), could be called “outdated” Why? Because this was written one year before the Covid fiasco stormed into our lives, starting in 2020. After reading this material you will—at least it is hoped—be fully “grounded” in the nonsense that passes for science in the treatment of “the flu”, the common cold, or any infection, for that matter. If you disagree with this writer, no problem—post any mistakes to my e-mail below and I will respond to any serious inquiries! This can also serve as more solid ground, such that IF you should venture into studying the Covid Plandemic, (e.g., reading any of the 15+ books on the subject, reading Mr. Tom’s book, or watching countless videos), you’ll be adequately prepared. Truth be told, the Covid fiasco is 100 x worse than what’s occurring with “modern medicines’ treatment of the influenza virus”! It is the contrast that is absolutely shocking! But the ignorance persists!

Also, I do NOT mean to pick on Dr. Arnold! Many “conservative” writers—probably most that want to keep their jobs, will make what Mr. Tom calls errors on this topic—either of omission or commission, when writing on this subject. This point should be abundantly clear in just a little time!

## ***Treating Patients Infected with Influenza Virus in the Urgent Care Setting***

<https://www.jucm.com/treating-patients-infected-with-influenza-virus-in-the-urgent-care-setting/>

by Samantha Arnold, D.O., Journal of Urgent Care Medicine  
Dec. 2018

A 24,000-word critique of this article/now e-book.

by  
Thomas C. Petrie, B.S.

March 29, 2019

When I first read the article about taking care of the flu in “urgent care settings,” (*The Journal of Urgent Care Medicine*, Dec., 2018), I thought I had fallen into another dimension—sort of caught in the science of the 18<sup>th</sup> century, but then I realized, NO—this is well into the 21st century—year 2019! Dr. Samantha Arnold notes that “*Resting and drinking fluids remain the standard treatments.*” This may well be true, but by *standard*, does she mean “the best”? Of course, we should rest and be hydrated when we’re sick!<sup>1</sup> But as a nutritionist, I couldn’t help but notice a lot of “good things,” that went missing from this article!

This critical article will not discuss her *basic advice*, but will correct items that were incorrect or, when necessary, add pertinent facts or details that Dr. Arnold left out of her December, 2018 article.

To keep this article organized, it has been broken down into eleven sections. Due to the nature of this subject matter, there will be overlap in material and even some apparent contradictions! They’re not really contra-dictions, but confusion amongst both the general public and even medical professionals in differentiating between the common cold and the flu. To this writer, the nutritional approach works great regardless of the virus at hand, but Arnold’s article was specifically about “the influenza Virus,” (the flu). If necessary, terms will be clarified, when necessary.

### **A SUMMARY OF THE ISSUES TO BE ADDRESSED IN THIS ARTICLE:**

1. **The Flu Season:** Like Halloween costumes and Halloween, Christmas trees and Christmas or Easter Eggs and Easter, “*The Flu Season and the ubiquitous “flu-vaccine”*”, are an annual ritual all across America. However, it’s mostly nonsense and what we call a “flu-season” is somewhat as a misnomer as will be come clear as you read through this material.
2. **Tamiflu: A widely promoted drug with almost zero benefit:** It is shocking that so much attention is given to an almost worthless drug, while Dr. Arnold ignores the benefits of multiple nutritional interventions that are WAY MORE effective than this

scientific fraud. Fraud? Yes, and how it received F.D.A. approval is difficult to fathom based upon the so-called *research* behind this product!

3. **Why do healthy people die?** Dr. Arnold notes that *cytokine storms* are why healthy people die. This is mostly incorrect. She failed to note the real and largely preventable *causes* of these cytokine storms!
4. **Sugar consumption:** ANY sugar consumption decreases immune function but the word *sugar* was nowhere in Dr. Arnold's article.
5. **Fluoride and Immune System Dysfunction:** Fluoride consumption has many negative impacts on the human body, one of which is depressed immune function. Dr. Arnold didn't note this in her article.
6. **Exercise and Immune System Functioning:** It's well known that exercise enhances immune system functioning and helps to prevent the cold and the flu, yet, this was nowhere mentioned in her article.
7. **Xofluza:** Dr. Arnold notes that a new medication, Xofluza. (baloxavir marboxil), was approved for the treatment of the flu in Japan. Yet, there is NO need for anyone to spend \$150 for a dose of a somewhat effective drug when *way cheaper—and safer*, alternatives are available.
8. **The Centers for Disease Control and Prevention.** There are numerous reasons that the C.D.C. should NOT be the go-to organization for information on getting healthier from ANY ailment or disease and that would include the flu. The reasons for this viewpoint will be made abundantly clear...stay tuned!
9. **Flu Vaccines:** While Dr. Arnold's article did discuss the frequent failure of the flu vaccine, she leaves out much other pertinent information about both the safety and efficacy of these shots. And non-existing side effects of zinc mean we shouldn't take it, but the way more numerous side effects of vaccines—flu or any other—receives no mention? These errors of omission will be discussed in detail. A brief, but crucial discussion of negating negative vaccine reactions with nutritional support will also be discussed. This is mind-blowing and shocking information, so you won't want to miss it.
10. **Ibuprofin and Tylenol:** Surely, when a person has a cold or fever, we want one of these two "standbys" to the rescue to reduce that fever, right? But hold on! Doesn't that fever serve a purpose? Also, what about the toxic effects of these meds? Is it worth the toxic effects of these meds. to reduce a fever that—in itself, might have some positive purposes in someone's efforts to fight their infection?
11. **Healing quickly from “the Flu”** There are numerous tools one can use to assist in fighting the influenza virus—or any winter viral ailment, and quickly. This is where we both discuss what can be recommended, while also giving attention to the two things we were told to avoid by Dr. Arnold: Zinc and Echinacea. Still, the standby remedies of ibuprofin and Tylenol, of course they were fine to take. But what about Tylenol shortly after birth and...Autism? That would be a question worth looking into!

Also, while the original Dec. 2018 article was about handling the flu in “urgent care settings,” much of what is discussed here can also be applied to when *we’re not sick* and want to continue to *stay well*.

### **The “Flu Season”**

It’s well known that vitamin D levels fluctuate from winter to summer months, so there’s no need to rehash this basic fact about the “sunshine vitamin.” What needs to be addressed, however, is why there is all this hype about the “flu season”! The truth is that this is more of a marketing gimmick to sell flu vaccines, than to get folks healthier! Do we want folks to be healthier or to get vaccines? IF it were truly about getting folks healthier, all the “basic” tools of getting healthy would be addressed. This is NOT the case in any “flu season.” Anyone paying attention would notice that it’s ALL about the flu vaccine, isn’t it?

Does the CDC ever talk about the need to turn on your indoor vitamin D lamp, eat more green vegetables, eat less sugar and drink less soda, get in some regular exercise and keep up your vitamin A, C and D? NO! (You’ll learn why this is the case in a few moments.)

In short, there’s a low vitamin D time of year, *the winter months* and there’s a less bad time of year, (for vitamin D status), *the summer months*. We are also more likely to eat more than our usual pitiful consumption of fruits and vegetables during the summer months, and this would add to a healthier immune system since we’re getting more vitamin A, C and magnesium—all important to a healthy immune system.

Vitamin D levels in most Americans are ridiculously low, but worse in the winter, than in the spring or summer, when folks can catch a few rays of sunshine. Thus, our spring and summer vitamin D status figures are less bad than during the winter months, but still pitiful. Since there is so much anti-sunshine (anti-UV-B radiation) hysteria out there, millions of folks are avoiding sunshine at all costs. The result? Worse vitamin D status AND more colds and flu in the winter-time! (Ask yourself who helps to pay for the quarterly *Sun and Fun News* with the *American Dermatological Association* and you’ll understand, at least partly, why this is so.) The other outcome of this fact is a much greater mortality because folks believe the nonsense spread about the dangers of sunshine. This is not the article to address this issue, however, this subject IS addressed in many other locales, including my on-line article, *The Health Benefits of Natural Sunshine*.<sup>2</sup>

Dr. Arnold, did not discuss Vitamin D in her article, a huge error of omission! This, in fact, is particularly noteworthy since numerous studies are pouring in from around the world are indicating that vitamin D is way more important than just enhancing calcium absorption and improving bone health. It also relates to decreases in auto-immune disorders, multiple sclerosis, the most common cancers (breast, prostate, colon), osteoporosis, heart disease and, yes, *the influenza virus*.

One of the most recent studies on vitamin D shows it to be a remarkable tool for both preventing the flu and in treating it, once it’s diagnosed. This study was a careful meta-analysis of 25

different studies, and it found that low vitamin D status was significantly linked to a dramatic increase in upper respiratory tract infections.<sup>3</sup> What is disturbing about this study is that they considered “low vitamin D” to be below 10 mg/dl! Now this is obviously a typo, as vitamin D was measured in the original study as “25 nmol/liter” which translates to 1.0 mg/dl, NOT 10mg/dl. Thus, the news report discussing the original study was in error, as their figures are TEN TIMES the *actual* figure in the original study.<sup>4</sup>

[If you want to see the math, here it is: 25 nmol per liter translates into 10,000 µg (micrograms) per liter or 1,000 µg (1.0 milligram) per deciliter. (A dl is one tenth of a liter or 100 mls.)]

But typos aside, the viewpoint of this nutritionist is different. To be truly healthy is NOT to have a level barely above the level that would result in rickets, (10 µg /ml), but to be significantly *above* this level. Ideally, vitamin D status should be 75-100, not what is considered “normal” (20 – 80µg /ml)<sup>5</sup>. This range of 20 – 80 allows folks with “very low normal” levels to think they’re *ok* or *healthy*. Nothing could be further from the truth. (It would still be important to be below 100 µg/ml to avoid any toxicity symptoms as vitamin D, like vitamin A, can exhibit toxicity symptoms if you take more than the *optimal* amount. This writer has the highest vitamin D in his doctor’s office: 95µg/ml. THAT’s why he doesn’t worry about colon, prostate or pancreatic cancer! See references on this topic. Now this study quoted deficiencies to be BELOW 25 nanomoles per liter. (A nanomole is 40µg.) This is the equivalent of 10.02 µg per ml or about 1000 µg (1.0 mg) per dl.

A Dr. Monique Tello, contributing editor to the Harvard Health Blog reports 20 – 40 µg /ml to be an adequate vitamin D level. Who wants “adequate,” when optimal gives a much better outcome? As a nutritionist for eight years in a health clinic in New York, it is worth noting that most folks had vitamin D levels *below* 30 µg /ml. (Two-thirds of these patients had cancer, so a very low vitamin D level—even considered “normal” by regular doctors, was to be expected in this group of patients. Optimal levels of vitamin D—above 75 µg /ml —was *never* seen in any cancer patient!) It is beyond the scope of this article to address the numerous health benefits of having vitamin D at optimal levels, but the data is surely out there. Besides this writer’s online article on the topic, one could consult the excellent 2009 book, “The UV Advantage,” by Dr. Michael Collick.<sup>6</sup>

In short, *the mainstream media* seems to be paying a little more attention to this issue than the medical industry. In fact, even though we could save an easy 200,000 lives per year from more adequate vitamin D status (from less cancer, heart disease, MS, osteoporosis, auto-immune conditions and respiratory tract infections), and this is a conservative figure, the article we’re discussing here by Dr. Samantha Arnold didn’t mention vitamin D.

Now, granted, Dr. Arnold’s article was about treating the flu, (or flu symptoms), in an urgent care setting, so “prevention” would not, logically, be part of the discussion, at first glance. During the non-winter months when maybe folks might want to learn what they could do, proactively, to NOT get the flu when the “flu-season” rolls around, it would be a good idea to let them know about vitamin D. Like, “Folks, since the ‘flu-season’ is coming around, and you would be way less likely to get the flu IF your vitamin D status is better, why not go out and get

an hour of sunshine with maximum skin exposure, to make a quick 50,000 I.U. of vitamin D in your skin! And oh, by the way, to minimize the known negative effects of excessive UV-B and UV-C, be sure to also take a quick amount of vitamin A equal to your estimated vitamin D production, to minimize the negative effects of UV radiation. Of if you don't like taking vitamins, eat a large dark-green vegetable salad, instead of that big mac and fries, on your way home from the beach!

Yet, on the subject of a "clinical setting," high doses of vitamin D can be amazingly beneficial. Yet, even though vitamin D supplements can play a huge role in helping someone recover from any viral ailment, when used as part of an aggressive and complementary approach, this is rarely used in clinical practice. Therefore, using it as a *preventative tool*, may be more pragmatic! After all, when push comes to shove, when you're sick, you likely don't want to argue with your doctor as to why you can't have a few 50,000 I.U. vitamin D3 pills! But just in case, this is a good time to know your regular vitamin D status, since those who get the flu (or bad colds), frequently are likely to be low in both vitamin C and D and probably vitamin A too. (There will be more on this topic later in this article.)

### **Tamiflu: Drug for Fighting the Flu is...Itself a Worthless Hoax!**

As the readers probably know, the wire service known as *The Associated Press* is widely used by reporters around the country in need of stories to meet their deadlines. In an October 2009 article from AP, we were told to rely on officially proven remedies against the flu and to NOT rely on "fake" remedies or alternative medicine. (For the record, the AP has never been all that kind towards alternative medicine, as they've made a sort of cottage industry with bashing alternative medicine and have been doing this for years.) So Tamiflu® and various annual flu vaccines are the only *approved* therapies for the influenza virus! So what are we not being told about Tamiflu®?

It is a drug that, in fact, doesn't work. Not only does it not work. The studies purporting to show it works were faked by ghost writers! You've read that correctly—the studies never happened! In an Internet report by Mike Adams, popular Health Ranger, he reports how Tamiflu® is a hoax. For example, of ten beneficial studies claimed by Roche, data from most of these has been "lost" or if not lost, Roche refuses to release the data. The two that do exist, were ghost-written by professional writers hired by Roche laboratories® for \$60,000!

So it is somewhat unnerving that a respected group—the *Cochrane Collaboration*—did a study, a meta-analysis of 20 other studies, showing an average reduction of from 7 days to 6.3 days after the use of Tamiflu®. Certainly 17 percent is well within the so-called "placebo effect" that can easily surpass 30 percent!

And the recommendations by the *World Health Organization (WHO)* for Tamiflu® are based on absolutely nothing! Conflicts of interest within the World Health Organization (part of the "Development Group" of the United Nations), are nothing new and have existed since it was founded in 1948. In 2009, evidence was unearthed, showing links between Roche, the manufacturer of Tamiflu®, and those responsible for creating pandemic flu planning guidelines—

yes, that would be the WHO. Tamiflu® is currently on the organizations' list of "essential medicines." Meanwhile, The Cochrane Group could find "no evidence" to suggest that Tamiflu actually reduces complications in cases of influenza infection. In fact, if you read the Cochrane report on Tamiflu®, their conclusions were not very enthusiastic about this drug.<sup>7</sup>

Let's quote an amazing few words from the *British Medical Journal* (BMJ) editor, Dr. David Payne:

*"Influenza drug oseltamivir (Tamiflu), has made billions of pounds for Roche, but why won't the company give patients and doctors access to the full clinical data? ... [Cochrane researcher Tom] Jefferson told the BMJ... "the US Food and Drug Administration had described Tamiflu's effects as modest. 'Despite this, WHO and CDC have been extensively promoting the drug. WHO has made Tamiflu one of the essential drugs, so it sits next door to aspirin and penicillin, cortisone," he said.*

**"The CDC has extensively recommended the use of Tamiflu, and, as you know, governments worldwide have stockpiled it on the advice, essentially, of WHO. We were trying to find out exactly what evidence these decisions were made on. So we asked questions, and we also asked WHO and CDC whether they'd seen our review and what their thoughts were."**

*"Readers will see the kind of stonewalling that we got. Indeed, my correspondence with WHO shows that they didn't answer a single one of my questions. Politicians have ignored the problem and have not demanded accountability from their own decision makers, from regulators, and from industry."*

None of these issues has received any attention from the mainstream media and Dr. Arnold ignored them as well in her article. Meanwhile, the Associated Press has complained about worthless flu remedies and also that there was a "fake" Tamiflu® being sold from some Internet sites! This sounds like a script for a "B" movie, doesn't it? A fake replica of the "real" drug that is, in fact, itself, fake! I'm not making this stuff up! They went on to recommend that we use only *proven remedies* like Tamiflu® and, of course, annual flu vaccines, yet they said nothing about the evidence that Tamiflu® itself was a useless remedy and itself most probably a scientific fraud!

Many folks are aware of conflicts of interest in all sorts of industries, and this is certainly the case with the medical industry. For example, the U.S. government spent \$1.8 billion to stockpile antiviral drugs for the military in 2004. This decision was made during the time when Donald Rumsfeld was Defense Secretary. Some may know the first order of business for Ronald Reagan, when he took office in 1980, was to fast tract approval for Aspartame, a dangerous artificial sweetener, then marketed by a company called Searle, in which Donald Rumsfeld was the then CEO.<sup>8</sup> What a fiasco this has turned out to be!<sup>9</sup> What some may not know is that Rumsfeld, some 24 years later, held millions of dollars worth of stock in *Gilead Sciences*, the company that holds the patent on Tamiflu! That company saw its stock price rise 50 percent following the government's stockpiling purchase of Tamiflu!

To summarize our case against Tamiflu: Wouldn't you want to know that the only FDA "approved" treatment for the flu was itself... a fraud?! Now to see a popular magazine discuss Tamiflu as some great remedy might be considered acceptable, (even if it's the result of lazy journalism), but to see an "urgent care" journal discuss it as if some 17 percent reduction (from 7.0 days of illness to 6.3) as some sort of amazing benefit is more than a tad ridiculous. Perhaps JUCM could write to Roche labs and ask them for all the original data—from all "ten studies" claimed on Tamiflu and see how far they get!

## **Why do Healthy People Die?**

Dr. Arnold notes that sometimes, healthy people die and discusses how cytokine storms are one possible answer. Well, actually, this is only partially correct. Surely, there is often a cytokine storm in what *appears* to be a healthy person. But truly healthy people don't have cytokine storms! Why? This is an indication that something is wrong with their immune systems and likely something that has been going on for a long time!

### **Cytokine storms and Overreacting Immune Systems**

Truly healthy people get sick on occasion, mount *an appropriate* immune response and then, get better. If the immune system is properly tuned, it reacts appropriately, if it overreacts, or acts inappropriately, that is a problem. Dysfunctional immune systems are at the root of health troubles including allergies (1/9 children), auto-immune disorders (1/15 Americans), and Autism (1/38-50 children). All such disorders are at epidemic levels with the incidence in parenthesis, above.

Interestingly, retired neurosurgeon Russell Blaylock, MD, explains how most viruses do not actually cause harm directly but, instead, cause the body to *overreact* to the inflammatory response mounted to fight off the infection.<sup>10</sup> Dr. Blaylock notes that the virulence of a virus is based upon its ability to trigger an immune overreaction. In other words, it's your immune system that is making you sick, not a virus.

It is this *overreaction* that can lead to the cytokine storms that Dr. Arnold referenced. However, she left out this little detail: This *overreaction* is likely due to a dysfunctional immune system caused by the numerous vaccines the patient more often than not, *has been given previously*, to date. The most recent one given (perhaps a flu vaccine), was what possibly tripped off that proverbial *cytokine storm*, but the dysfunctional immune system was there beforehand, allowing for such an outcome to occur. And this storm was possibly found in conjunction with any or all of the following features: Low status of the following nutrients: Vitamins A, C and D along with gut dysbiosis (unhealthy gut microflora).

Nothing causes more *immune system dysfunction* than vaccines! In short, they cause the over-development of *humoral immunity* (meaning more allergies<sup>11</sup>), and the underdevelopment of *cellular immunity* (meaning a more generally out of whack immune system, more auto-immune disorders, and more cancer.)

It should be noted that countries and communities with zero to little vaccination rates rarely have children with asthma and allergies in general. This is not to say there are not other mitigating circumstances (bottle feeding v. breast feeding, exposure to glyphosate, gut dysbiosis instead of healthy gut microflora, excessive sugar consumption, antibiotic usage, but vaccines would appear to be *the most significant factor* in causing immune system dysregulation and dysfunction, by far and any doctor out there is challenged to name even one patient apparently dying from with “cytokine storm” present who was 100 percent vaccine-free from birth AND whose parents were ALSO vaccine free.

As Dr. Blaylock notes, it is the “intact parts of the immune system” that are overreacting to correct the defect! The dysfunctional immune system then starts secreting inflammatory chemicals such as cytokines, chemokines and others to go to the infection site. Such chemicals attract immune cells called microglia to the infection site while also secreting excitotoxins, with often disastrous results. Dr. Arnold refers to this symptom as a *cytokine storm*, but this is an abnormal reaction to an infection that is not likely to be found in “healthy folks.” In fact, it isn’t found in healthy folks, because healthy folks have *balanced* immune systems! Instead, such a reaction is found only in *unhealthy* individuals and most probably, such a reaction was caused by a lifetime of onslaughts to their immune system. A recent vaccine is possibly the proverbial straw leading to a negative outcome (including the cytokine storms referenced by Arnold).<sup>12</sup>

Let’s finish our discussion of cytokine storms by quoting Blaylock, once more:

***The problem with our present vaccine policy is that so many vaccines are being given so close together and over such a long period that the brain’s immune system is constantly activated. This has been shown experimentally in numerous studies. This means that the brain will be exposed to large amounts of the excitotoxins as well as the immune cytokines over the same period.<sup>11</sup>***

### **Sugar Consumption and Immunity**

Many folks, when confronted with a cold or the flu, resort to orange juice! (Gotta get that vitamin C!) Yet weeks after downing glass after glass, they’re still sick! Why? Because there’s a lot of sugar in orange juice and sugar depresses immune function, that’s why! When this writer tells folks this little fact, they have a *eureka* moment! “Wow, that’s why this damn cold won’t go away!”

While various authorities will quote different figures on the total annual per capita consumption of sugar, it does not vary significantly. The figure varies from 151 to 158 pounds!<sup>13</sup> That’s right—the average American is consuming over 150 pounds of sugar per year! And according to the United States Department of Agriculture

*“Per capita consumption of sweeteners increased by twenty-eight pounds or twenty-two percent between 1970 through 1995 and has continued to increase since 1995. In 1999, per capita sweetener consumption was estimated at 158 pounds per capita. Sugar and sweeteners have*

*maintained a 36-40 percent share of the steadily growing U.S. per capita consumption of carbohydrates.”*

Our huge consumption of sugar has been going on for five or six decades but has really gotten ‘out of hand’ over the past two or three. Surveys of sugar consumption taken in the mid 90’s by the USDA show increased consumption from 1970 to 1995 of from 55 kg (120 lbs) per person to 68 kg (150 lbs.) per person.

Before discussing sugar and immune function, let’s note a simple fact about sugar: It is one of the worse ‘foods’ you can consume! Let’s take a word from *Sugar Busters*, a popular health book from the 1980’s:

***“It is quite logical that we should have added refined sugar to the priority list of things that are, or may be, “Hazardous To Your Health” when you see the increase in disease caused by our huge consumption of refined sugar and certain other refined carbohydrates.” (By this, the authors are referring to cakes, cookies, pies, donuts, croissants, muffins, bagels, white bread, white rice, white pasta, white, de-germinated corn meal, etc.) “Sugar may just be the number one culprit in lowering the quality of life and in causing premature death. There is certainly enough evidence to bring us to that conclusion.”***<sup>14</sup>

There is a reason that over-consumption of orange juice (and any sugar for that matter), will make a cold last and last and last! Notwithstanding the 54 milligrams of vitamin C per glass of orange juice, the 22 grams of sugar represents 5.5 teaspoons of sugar or almost two tablespoons!

One of our infection-fighting white blood cells is called the neutrophils. Some sixty to seventy percent of the circulating white blood cells are called neutrophils. Neutrophils can effectively engulf and destroy foreign invaders such as viruses or cancer cells. Sugar causes the “phagocytotic index of neutrophils” or the “pac-man skills” of these WBC’s to suffer significantly!

A number of studies in the early 1970’s show that modest intakes of sugar can significantly and adversely affect the activity of some of the white blood cells. In one study of ten healthy subjects, one 100-gram dose of sugar (from glucose, sucrose, honey or orange juice) all significantly decreased the capacity of neutrophils to engulf bacteria! According to the authors of this study, the neutrophils became “paralyzed”!<sup>15</sup> The phagocytic index was still below the control values five hours after ingestion of the sugar! In another study, ingestion of just 75 grams of glucose was shown to suppress lymphocyte activity.<sup>16</sup>

This research illustrating how sugar depresses immune functioning was done over a quarter of a century ago and yet, little, if anything has been discussed in the mainstream American media to alert the average citizen that eating sugar simply weakens their immune systems.

Just two years ago, I went into a hospital in Putnam County, New York, to visit a very sick friend who was suffering from late stage pancreatic cancer. Guess what was on his table? Three cans of Pepsi! Thankfully my friend was in the restroom, so I had a chance to meet with the nurse and ask, “What the heck is this?” “Oh,” she said, “That’s approved by the Dietician!” I couldn’t believe my eyes! When Patrick came back from the restroom, he said to the nurse, “*Oh, that’s*

*Tom...he's my Nutritionist, isn't he great."* Good thing he didn't hear me in my discussions of how ridiculous it was that they were serving soda to a cancer patient! (He said he wasn't drinking it.)

Another study by *Yabunaka and co-workers* showed that sugar caused an increase in a protein that inhibited macrophage activity.<sup>17</sup> Macrophages are specialized white blood cells that reside in various parts of our immune system, (such as the lymph nodes or spleen), coming to our rescue, whenever necessary! So, IF a person has a cold or the flu, we certainly wouldn't want to inhibit or harm these immune fighting cells, would we?

One theory—to which this writer agrees—is that a high intake of sugar causes a competition between glucose and vitamin C for membrane transport sites into the white blood cells! The main reason for this theory is that the structure of vitamin C and glucose are amazingly similar.

All animals, with the exception of the fruit eating bat, the guinea pig and the chimpanzee, make vitamin C from glucose (with the help of the enzyme, L-galactone oxidase). Not having this enzyme in our bodies, humans cannot, therefore, synthesize vitamin C, as needed. In other words, they require the vitamin C from their diets. The requirement for vitamin C in the human body is probably on the order of from one to five grams per day. (The Recommended Daily Allowance is a pitiful 60 milligrams). When one contrasts an excessively high sugar intake with our average ridiculously low vitamin C intake, one can get a clearer understanding as to why our immune systems are suffering. It's a double whammy. In short, here are two pertinent facts about sugar and immune system functioning during a severe cold or the flu:

- (a) Our sugar intake is too high
- (b) Our vitamin C intake, a vitamin that enhances our immune systems, is significantly too low.

Unfortunately, some of those in the food industry—and this certainly includes the sugar manufacturers, will go to any length necessary to keep the myth that sugar is 'safe for all' highly prominent in the public eye. Consider just this one example from back in 1948 regarding the link between sugar consumption and polio. Polio certainly has much to do with a weak immune system and the rise and fall of polio in the early to mid 1900's had much to do with the actual use of DDT!<sup>18</sup> (A huge drop in polio in 1958, was when they renamed some forms of polio as the Coxsackie virus the year before; and maintained that any paralysis after 24 hours was not polio. This slight of hand, (and other changes), at the exact same time as the release of the first polio vaccine, is never acknowledged by the vaccine proponents.)<sup>19</sup>

When the use of certain products is shown to greatly increase a disease, those who stand to profit from these will discredit valid scientific research. An example of this is the case of a *Dr. Benjamin Sandler* who, in 1948, detailed a connection between polio and an excessive amount of sugars and starches, which leech calcium from the body. He found that a serious calcium deficiency preceded polio. Responding to the warnings through newspapers and radio, North Carolinians reduced their sugar intake by 90%, and the N.C. Health Department reported a decrease in polio by the same percentage during 1949. However, the Coca Cola and the

Rockefeller Milk Trust, whose sales were plummeting, combined forces and convinced the people that Sandler's findings were a myth and the polio figures a fluke. By the summer of 1950 sales were back to normal and the polio cases were back to normal!

So, IF you have a cold or the flu, limit your O.J. to just a few glasses per day, if consumed at all.<sup>20</sup> (Besides, as you'll learn in a moment, your vitamin C intake will much surpass that from a few glasses of orange juice anyway.) As for your total intake of natural sugars, if sick with a cold or the flu, be sure to limit fruit to just one or two pieces per day and avoid ALL other sources (cakes, cookies, pies, donuts, croissants, muffins, white rice or white bread, sodas, etc.), until you're better. Also, do not drink coffee, even decaf. (Most all commercial coffees are high in fluoride, a dangerous, immune-suppressing halogen, so if you must have your coffee, limit yourself to one cup of *organic* coffee. Besides, you're supposed to be resting, not getting wired!)

Did someone mention the word fluoride?

### **How Fluoride Significantly Depresses Immune Function**

Depressed Immune Function is one of the most pronounced effects of fluoride on the human body, yet, because 'everyone gets sick,' and so many people are 'used' to getting or being sick, no one will question fluoride as a partial or contributing factor. They should. Fluoride inhibits the immune system at levels found in fluoridated drinking water. For example, *Dr. Gibson* at the University of Glasgow found that fluoride at 0.5 ppm decreased the 'migration rate' of white blood cells by 74 percent! Other experimenters have confirmed her results.

Robert Clark from Boston University Medical Center showed that fluoride stimulated granule formation and increased oxygen consumption in white blood cells when they were NOT challenged by a foreign agent but inhibited these processes when the white blood cells needed them to fight off foreign agents! Granules are what are utilized within white blood cells to attack and neutralize foreign invaders like viruses and bacteria. Oxygen consumption inside the cells increases since this is necessary for the immune response. Fluoride can 'confuse' the process.<sup>21</sup> You'll recall our discussion about cytokine storms being due to a dysfunctional immune system. Now we can see how this starts at the microscopic level and even "lowly fluoride," has a role to play here, and it's not a positive one.

Gabler and co-workers at the *University of Oregon Health Sciences Center* found that while as little as 0.2 ppm fluoride stimulated superoxide production *in resting* white blood cells, this same fluoride concentration inhibited superoxide production when the WBC's were *challenged* by a foreign agent. Superoxide is an oxygen molecule with an extra electron. It is normally a dangerous free radical, however, it becomes useful within a cell when foreign invaders arrive! In a more recent study, Gabler and co-workers found that at low levels of fluoride, there was a delay in the capacity of WBC's to respond to challenges from foreign agents and that when a response occurred, it was less vigorous when fluoride was present. The authors of this latter report remarked as follows:

***“Since fluoride inhibits O<sub>2</sub> synthesis, the practice of introducing millimolar amounts of fluoride into areas harboring potential pathogens should be questioned.”***

As if this were not enough, at least twenty other investigators have written on how fluoride depresses the immune system. For example, *Dr. Gerald Weissman*, from the *New York University School of Medicine*, showed that the ability of WBC's to destroy enemy agents was significantly adversely affected by fluoride.<sup>22</sup>

In the body, fluoride increases the urinary output and the soft tissue levels of a chemical called cAMP. This is significant because this chemical decreases the migration rate of WBC's! Allman and his co-workers found that when they fed rats water containing 1 ppm fluoride, there was a corresponding increase in the urinary output and the soft tissue concentrations of cAMP. In a later study, they looked at fluoride in the water in the presence of aluminum. This time, the concentration of fluoride needed only to be 20 to 100 parts per *billion* in order for there to be a significant increase in urinary and soft tissue concentrations of cAMP~!<sup>23</sup> (Some doctors may recall that an imbalance in cAMP to cGMP is a feature in psoriasis, a probably auto-immune disorder.)

With the widespread use of artificially fluoridated water across America (and numerous other sources), is it any surprise that so many folks have such awful immune systems, especially in conjunction with so many other onslaughts?

*J. Gabrovsek*, a research dentist at *Case Western Reserve University School of Medicine*, recognized the significance of increased levels of cAMP and how it could adversely affect the immune system. He wrote:

***“Because of the inhibitory effects of NaF on phagocytosis and leukotaxis, which are basic defense mechanisms, I have doubts about the absolute safety of water fluoridation on a long-term basis.”<sup>24</sup>***

One final note on fluoride. Ask yourself just why Synthroid® (now mostly the levothyroxine generic), is the number two prescribed drug in the world? Answer? Widespread fluoride intoxication (in conjunction with frequent exposure to chlorinated water and a ridiculously low intakes of iodine), which, of course, suppresses thyroid function. For a greater overview on this topic, consult, “60 Reasons to be Opposed to Artificial Fluoridation of Your Drinking Water,” by the author, on his website: beyondOK.net/fluoride. Also, Dr. Paul Connett has written an excellent book on the health hazards of fluoride. If you've ever wondered why not one of the over 15 books detailing the health hazards of fluoride (mostly written in the 60's and thru 80's), can be found in your local library, there is a reason for this and the reader of this article is invited to delve into this field more carefully.

### **Exercise and Immune System Function**

It's rather obvious that when confronted with someone in an urgent care setting, exercising on a regular basis is not likely to be a topic of discussion *during* their time in your office. But the same argument can be made about the flu vaccine! Giving a flu vaccine while a person is in

your office will NOT in any way get them better! If the flu vaccine can be brought up during the topic of prevention, why not exercise?

Turns out that it is very important in the prevention of at least the cold! Since very rarely is someone assayed to see whether or not they really *do* have the flu (v. the common cold), it's fair to say that exercise generally enhances overall immune system functioning.

Several studies have shown increased immunity in those that engage in regular exercise. For example, in a 2011 study, published in the *British Journal of Sports Medicine*, they found that those engaging in regular exercise, one to two hours per day, missed half as many days of school or work than their sedentary counterparts!<sup>25</sup>

One reason this writer suspects the figure wasn't better is that most folks do not know that vigorous exercise creates enormous oxidative stress in the body. (Casually walking your dog will not do this.) The only way to reverse this damage to your body is to *replenish* those nutrients depleted by these processes and many fitness buffs fail to consume extra anti-oxidants after their exercise routines. While it is true that some "health conscious" folks who exercise likely eat more fruits and vegetables, many exercise buffs are not aware of how important extra anti-oxidant rich vegetables are after a tough workout. Also, it would be important, if one is to get the most out of their exercise plan to add the anti-oxidant nutrients, especially vitamins A, C and E.

### **Xofluza: Why not?**

At the TOP of Dr. Arnold's article was an "Urgent Message," which included invectives *to be prepared to identify and treat patients most at risk for complications and poor outcomes*. He also noted the need to be *armed with old standbys and a newly approved anti-viral agent.*"

Well, here we are with our new "anti-viral agent," the latest, greatest remedy! In this case, it comes out as *Xofluza*. Dr. Arnold notes that this new medication, (baloxavir marboxil), was approved for the treatment of the flu in Japan. This is a new drug whose action differs from that of oseltamivir, and it's a mere \$150 a dose! When one considers all the details that relate to nutrition support, mentioned in this "rebuttal article," such an expensive remedy, *even if it works*, will likely remain unnecessary.

### **The Centers for Disease Control and Prevention**

Dr. Arnold quotes the C.D.C. quite often. What is IGNORED is the primary purpose of the C.D.C. and why they should *not* be the "go-to" organization to help us adults (and children) become healthier. In fact, quite the opposite!

Let's first look at the deception in their name. Note that it includes the word *prevention*. Well, if this is true, why has their record of preventing so many diseases been so dismal? Under their watch, chronic illnesses are off the charts in both our kids and adults. Infant mortality is amongst the highest of any so-called developed countries and life expectancy is also near the bottom of this list. Also, if we're to think of *real prevention* of colds and flu (eating fruits and

vegetables, exercise, vitamins A,C, D, sunshine, probiotics, breast feeding, etc.), such concepts are nowhere to be found in ANY C.D.C. literature! To the C.D.C., prevention is really all about one thing, *vaccines* and there appears to be no brake at all from the CDC from introducing new ones whenever possible. Anyone who doesn't notice this simply isn't paying attention. As just noted, the C.D.C. is NOT a government agency, they just pretend to be. In fact, they're a private corporation, headquartered in Atlanta, GA, with one mission and one mission only: To sell vaccines. Not only do they hold over 50 patents on vaccines, they take in nearly five billion dollars in vaccine profits annually. Dr. Arnold failed to note this not-so-little detail. (But in fairness to Dr. Arnold, no one else discusses these facts, so why should she ruin the charade?) With this little background, it will likely be easier to grapple with what comes next. What's *really* happened to our children under the watchful eye of the Centers for Disease Control! It's not pretty.

Under their "watchful eye," 54.1 percent of our children now suffer from one or more chronic ailments,<sup>26</sup> Autism is now afflicting one in 38 of our children, and cognitive decline across the board has been documented in our children, some of which is due to widespread exposure to fluoride chemicals<sup>27</sup>, other contributors are the massive doses of toxic vaccines that children are forced to receive in order to go to school. So instead of helping make Americans *healthier*, the C.D.C. has had the opposite effect: *They're making us sicker and less well than ever!* With this being the case, why should they be quoted for anything?

It is important to note that the article referenced above, (*A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations*), was published in *Academic Pediatrics* in 2011. It was a lengthy article analyzing all sorts of statistics about the quality of health care for our children, access to special services and so forth. A word search of this article revealed the word *quality*, 68 times. A word search for the word *vaccines*, showed up NOTHING. The reader can come to their own conclusion as to what this fact means in our effort to help our children become healthier!

### **The C.D.C. and Flu Shots**

So, with these "basic" details in mind, let's look at the C.D.C. and flu shots. If their goal is to make as much money as possible, all the facts discussed throughout this article will make perfect sense. Otherwise, we would be forced to conclude that there is no one in the C.D.C. that graduated high school!

The CDC's claim that the flu shots are highly safe and effective is incorrect. They're neither safe, nor are they effective. This explains why they don't publicize reports about vaccine injuries or the percentage at risk from vaccines at any given age! This is why they repeatedly publicize the ridiculous claim that the "the flu claims 36,000 lives per year in America," when it's barely 1,000 *confirmed cases* of the flu each year. It's also why they never talk about over a dozen things one CAN do to enhance immunity such as eating lots of organically grown fruits and vegetables, avoiding toxic pesticides, minimizing (or avoiding) alcoholic beverages, avoiding fluoride compounds as much as possible, minimizing ones intake of refined carbohydrates (especially when sick or feeling ill), exercising regularly, (which dramatically

lessens the chances of getting sick in the first place), taking probiotics or taking adequate amounts of vitamin A, C and D. They couldn't care less about these things and that's why they never discuss them. After all, they only want to sell more vaccines! Anyone who doesn't see this is simply not paying attention! Meanwhile, nothing stops them from raking in their nearly \$5 billion per year in vaccine profits—after all, they're A VACCINE CORPORATION.

**Amish children are remarkably immune to allergies, says expert**

The Amish, it seems, place themselves at risk every day of their lives. They refuse to vaccinate their children, exposing themselves to disease. They drink raw cow's milk, exposing themselves to salmonella. They even - and this is really disturbing - favor natural food.. Yet they are far more healthy.



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So why did Dr. Arnold NOT see it fit to note any of these aforementioned facts about the C.D.C.? Of course, she brings up the absolutely boring advice to wash your hands! BUT is there any evidence that washing your hands decreases the risk of getting the flu? Actually, there is none. Meanwhile, we could ask ourselves, WHY the Amish of PA and of Western, NY who play with goats, horses, cows and pigs and are in dirt frequently yet, have way less allergies than average American children! The Amish, in fact, are the healthiest kids in America! (This writer has met many of them.) Ooops, turns out being exposed to raw milk, farm animals, much organically grown meats and produce, plus soil-based organisms makes them far healthier than the average American (fully vaxxed) kid!

Funny, we don't ever hear of the C.D.C. (or the mainstream media), asking WHY the Amish are so darn healthy or why there's virtually no autism there, do we? And yes, they don't vaccinate either.

Is there other evidence that the C.D.C. is corrupt? Yes there is, and it's not hard to find.

### **Corruption at the C.D.C.**

For example, in 2006, a *Dr. Brian Hooker* filed a "Freedom of Information Act" in the US seeking information on what the CDC knows about the dangers of vaccines. (By law, such requests were supposed to be responded to within three weeks). Yet, seven years later, the documents were yet to be released to Dr. Hooker, so he went to court. In court, the C.D.C. argued that they didn't have to turn over the documents. If vaccines are so safe and effective, why would the C.D.C. NOT want to turn over documents that would reveal vaccines to be so wonderful? So what happened? A judge ordered the CDC to turn over the documents! This was way back on Sept. 30, 2011! How many FOI requests did Dr. Hooker make? Over 100!

It turns out that the preservative Thimerisol—still used in Flu vaccines—and administered to folks of all ages, including pregnant women, can cause autism and other neurological problems. This is why it was reluctantly removed from many vaccines back in 2006. But that was NOT before vaccine manufacturers were allowed to sell their inventory so as not to lose any money!

The experience of Dr. Hooker is not unique. In many cases, researchers' requests for FOI documents (that might upset the conventional applecart), are ignored. For example, in early

1992, I was working with biochemist, *Dr. John Yiamouyiannis* in Delaware, Ohio. He had earlier published a very comprehensive study showing a statistically significant difference between the cancer rates in the fluoridated cities in America versus the unfluoridated cities. But to get the original data, he had to sue—under the Freedom of Information laws to get the gov’t to release the cancer figures! No wonder they didn’t want to have them released! There was a five percent increase in deaths from cancer in the fluoridated towns and cities versus the unfluoridated ones.<sup>28</sup> So if 525,000 Americans died from cancer in 2018 (an estimate), then the “excess cancers” just from the fluoridated water is huge! If 60 percent of US residents are drinking fluoridated water, once you factor in this extra 5%, this means an extra 15,261 U.S. residents died of cancer across America, simply because they drank fluoridated water!<sup>29</sup>

Kind of makes you wonder why the C.D.C. refuses to do a study comparing the health of the fully vaccinated children to the fully unvaccinated children!

There’s always a reason why so many “logical” studies are not done: Someone does not want you to know the answer!

Eventually the data was released to Hooker, and what it showed was shocking: The data on over 400,000 infants born between 1991 and 1997, (analyzed by CDC epidemiologist Thomas Verstraeten, MD), “proves without a doubt, that CDC officials were informed in 2000, that there was a very high risk of autism, non-organic sleep disorders and speech disorders associated with Thimerosal exposure.”

Now if the C.D.C. was to live up to its name “Centers for Disease Control and Prevention,” would they NOT want folks everywhere to know that to PREVENT neurological problems, one should AVOID any vaccine with mercury or aluminum in it? After all, they’re both proven neurotoxins with mountains of data to prove this fact. Would not the subject of neurological troubles like Autism and Alzheimer’s Disease fall under the category of.... PREVENTION? Yes, they should, but with Autism and Alzheimer’s Disease, currently “off the charts” and getting worse every year, any REAL investigation of causes simply doesn’t happen.<sup>30</sup>

Remember, IF you’re really a corporation, whose job is to profit from SELLING VACCINES—and selling as many as humanly possible—then such truths revealed in internal documents would have to be suppressed. Why else would Dr. Hooker have to wait over ten years to receive documents that (under F.O.I. laws), were to be delivered within... 20 days?

Question! If an organization can stonewall F.O.I. requests—obviously, because they don’t want disclosure of information that will hurt their profits--are they to be trusted or respected? Of course not!

Yet this is the character of the C.D.C.: They’re asked (via F.O.I. requests), to turn over documents and for years, they stone-wall releasing the documents to anyone. Why? Obviously, because they’re a vaccine company and do not want to upset their massive cash flow from vaccines!

### **Dr. Bob Thompson, Falsifies Autism Study**

In 2009, Dr. Bob Thompson, with the C.D.C., co-authored a study showing African American Children to be 3.6 times more likely to develop Autism, if vaccinated before three years of age, Thompson was asked to falsify the results to show NO difference in the Autism rate of African Americans vaccinated before the age of three. When his conscious bothered him enough, he came forward and told the truth. The fact that this episode received no mainstream media coverage just speaks to this fact: The mainstream media will not report ANY information that threatens the “vaccine industry” and ditto for the Centers for Disease Control: They won’t report ANY news that threatens their profits.<sup>31</sup>

Such background information can help us to understand this story of criminality and corruption: The crimes of Dr. Poul Thorsen, (author of a fraudulent 2004 Danish study on vaccines, that “allowed” for 5,000 vaccine injury cases to be thrown out of Federal Vaccine Court). Like the Thompson story, this story of criminality and corruption also has never received any major media attention.<sup>32</sup> Perhaps this can explain why Thorsen hasn’t been “found” in the past five years! I doubt the authorities are really looking for him!

To further understand the insane levels of corruption in this organization and untold suffering to millions of children and their parents, a good way to grasp this is to view the documentary film, VAXXED, from Chaos to Catastrophe.<sup>33</sup> It describes in detail the corruption in the CDC, which many people think is a government agency. As just noted, it only pretends to be!

### **The Flu and Flu Vaccine**

Any conventional article on the influenza virus is going to discuss the flu vaccine—that’s to be expected. Vaccines are part of the religion of modern medicine. Also, “the flu season,” is most about the (need for) “the flu vaccine,” and every corner drug store constantly reminds you of this fact. (And the following details will “remind you” that it’s got NOTHING to do with keeping us healthier, but much to do with increasing profits by selling you the flu vaccine!)

But while marketing hype might be somewhat “acceptable” in retail outlets (even if they’re talking about important medical interventions and treatments, even if they mistakenly tell you that “everyone” should get the flu shot,” even if they fail to screen against those who *should not* get the flu shot, even if they fail to read you a real informed consent decree and even if they fail to let you know that if you become injured or dead from the vaccine, you’ll have no recourse in regular courts), one would normally expect a higher level of discourse and intellectual acumen when a *medical journal* discusses this topic, right?

Re Dr. Arnold's article, there are several things NOT addressed in her discussions of the flu vaccine that will now be addressed in turn:

- (a) Effectiveness of the flu vaccine
- (b) The most common adverse reactions or side effects;
- (c) VAERS and what it says about the safety of this vaccine;
- (d) Overall risk of getting the flu with or without the flu vaccine;
- (e) Risk of death from the flu vaccine
- (f) Serious troubles with flu vaccine studies
- (g) Vaccine alternatives: Are they safer and more effective?

**(a) Effectiveness of the Flu Vaccine.** When looking at this issue, one topic that is rarely brought up is selection bias: Those seeking out the flu vaccine are more likely to be “prevention minded,” meaning they seek out healthy behaviors, or at the very least, behaviors they *think* will enhance their health. But what is really necessary are randomized, placebo-controlled studies of the flu vaccine and when these *are* done, the results are not impressive. So with this being said, let’s look at the observational studies that have been done, ever mindful of this fact: These studies are NOT “double-blind, placebo controlled” studies. Also note that vaccine proponents say it would be unethical to withhold the vaccine in “double blind trials,” because that would deprive some of the study participants in realizing the benefits of the vaccine! However, this position ASSUMES that the vaccine *works* before proof has been provided, an unscientific position at the very least.

In 2009, the Cochrane Collaboration published a study, which showed that elderly folks living in a group home exhibited little to no benefit from the flu vaccine.<sup>34</sup> They also noted that for children under two years of age, the flu vaccine was zero percent effective. Yet, Dr. Arnold specifically recommends on page 2 of her article, that children under two years of age *receive* the flu vaccine as being one of many “high risk” groups.

Let’s look at a randomized study conducted in 2011, involving 115 children, ages 6 – 15 years who received a vaccine or placebo. They received the vaccines in November and December and were followed for nine months. All were monitored for any illnesses and viral infections and laboratory tests were conducted in anyone taken ill, to determine the exact strain of virus present.

What was experienced in this study is not good publicity for flu vaccine pushers. In fact, the rate of flu infection for both groups was exactly three in each group! But what was significant was that the vaccinated group had a 440 % *higher risk* of experiencing a non-flu infection! The actual numbers were 20 (of 69) receiving the flu shot got a non-flu infection versus only 3 (of 46) that were unvaccinated or 29% v. 6.5%. These results were statistically significant, with P<0.01.<sup>35</sup> The authors stated:

*“We identified a statistically significant increased risk of noninfluenza respiratory virus infection among TIV recipients (Table 3), including significant increases in the risk of rhinovirus and coxsackie/echovirus infection....” AND “Vaccine recipients may lack*

*temporary non-specific immunity that protected against other respiratory viruses.”*

**TIV=trivalent influenza vaccine**

*Of course, this raises the concern that the vaccine may increase susceptibility to infections more dangerous than influenza, rhinovirus or coxsackie. This will be the case if the immune impairment is truly non-specific (as hypothesized by the researchers). It is not known how broad or long-lasting the immune impairment is.*

*The non-influenza infections occurred mostly in January and March, 1 and 3 months after vaccination. This of course implies that the immune suppression from the vaccine lasts for at least 3 months.*

As expected, this shocking study received no mainstream media attention.

When Australia is enjoying their winter months, we're in our summer months, so what happens there, is a reflection as to what is likely to happen in America, six months later. So why don't Americans hear whether or not their experience with the vaccine is a flop or not? Because folks, it's NOT about the vaccine, it's about the profits, that's why! So meanwhile, Public Health Officials can't stop talking about the vaccine, even if last year's version was only ten percent effective in preventing the flu!

In Australia, the predominant circulating flu viruses were influenza A (H3N2), against which the flu vaccine had a preliminary effectiveness of just ten percent for the 2017 “flu season.” This was according to the World Health Organization and the National Institute of Allergy and Infectious Diseases (NIAID), as reported in *the New England Journal of Medicine*. The effectiveness of the American version is likely to be identical, as Australia uses the same flu vaccines as used in America. Ten percent is NOT very good for something that is pushed on virtually every “street corner” in America! And when one remembers that less than seventeen percent of folks that think they have the flu, actually have it, understanding the statistics can be a daunting task. Suppose the flu shot IS fifty percent effective in preventing the flu. Does that mean there would NOT be 36,000 deaths from the flu (each year), IF everyone got the flu shot? It's silly to try to figure out the number of deaths that could be prevented from the flu shot when so many statistics are just pulled out of thin air.



If one looks at the flu vaccine as an annual marketing gimmick, then the following fact makes perfect sense: Flu vaccines are effective for *one flu season*, or around one year, taking the word *effective* very lightly! This is because antibodies against the seasonal inactivated flu vaccine may decrease after only a few weeks or months after the vaccine is given. Also, certain risk groups have lower responses such as immuno-compromised individuals, and folks over 65 will likely exhibit *less* effectiveness from the flu shot. This explains why the C.D.C. recommends the *high dose vaccine* with four times the antigen in an attempt to boost the body's response to the flu vaccine. That children aged six months to eight years of age require *two shots* speaks to the fact that the vaccine is not that effective in this age group. This is on top of the fact that the effectiveness overall is likely to be less than fifty percent for any given year for anyone.

Consider:

1. When the vaccine is not the right formulation or the right strain for a given year, there's no spike in death rates, indicating quite conclusively that these vaccines offer no reduction in mortality. But the C.D.C. has gotten themselves into a corner, as annual statistics for ACTUAL deaths from the flu show that barely 1,000 die each year from confirmed flu cases AND since the C.D.C. wants to sell us vaccines, you would think they'd be jumping at the chance to have "everyone with the flu tested to show how effective are their vaccines. Quite the contrary. There is no push to have proper serology tests done, since it's known that most folks who think they have the flu, do not have it.
2. No REAL placebo-controlled studies have ever been conducted on flu vaccines because the industry says they would be "unethical." But speaking of ethics, it's important to note that true placebos (e.g., saline solution), are NOT used in most vaccine studies, but what is used instead, is often another vaccine, or, in the case of the Gardasil studies, a solution of water and aluminum! How's THAT for ethics—a known neurotoxin is used as an inert placebo? And speaking more of ethics, flu vaccines (like the multi-dose flu shot), *still* contain a proven neurotoxin, mercury. And more on ethics, most vaccines contain adjuvants, like aluminum to enhance immune response and aluminum is a proven neurotoxin.
3. For every 100 folks who get the flu vaccine, ONE case of the flu might be prevented, while at the same time, 100 people will be exposed to the serious risks and health hazards from the vaccine! All suffer to varying degrees, while one or two is "protected." Again, all are harmed by one degree or another. (Sorry, but toxic compounds hurt everyone, whether or not the damage is noticed or not.)

It turns out the reason for low effectiveness in egg-grown flu vaccines is related to the greater likelihood of mutations from this media. Quoting from a NEJM report:

*“During the egg-based production process, the vaccine virus acquires amino acid changes that facilitate replication in eggs, notably changes in the hemagglutinin (HA) protein that mediates receptor binding. Since the influenza HA is the primary target of neutralizing antibodies, small modifications in this protein can cause antigenic changes in the virus and decrease vaccine effectiveness.”<sup>36</sup>*

In short, for the past 15 years, flu vaccines have varied in from 10 to 50 percent “effectiveness,” and yet, public health officials still continue to push these shots. And this writer would question the so-called 50 percent effectiveness as being spurious and not accurate. Unfortunately, in many States, flu vaccines are necessary for certain jobs, despite their dismal effectiveness. Meanwhile, there remains NOW, the availability of way more effective ways to prevent and treat, not only the influenza virus, but other viral ailments as well.

In addition, many people are becoming aware that not only might the flu vaccine *not* prevent the flu, it might cause a *worse* case of the flu if you do get it *and* it could cause other ailments or side effects.

*The National Institute of Allergy and Infectious Diseases*, predicts that less than ten percent of folks who think they have the flu actually have it. With this fact in mind, does it not occur disingenuous for the vaccine pushers to push their vaccines as if it is *the solution* to prevent the flu each year? After all, there is apparently no qualification to the claim at every drug store: “Get your flu shot today!” There are no conditions, no warnings, no relevant facts, just a push to get your shot. This is not science, but something else.

Consider what one researcher had to say about this dilemma:

Dr. Tom Jefferson, a physician based in Rome, NY and the head of the Vaccines Field at the *Cochrane Collaboration*, a highly respected international network of researchers who appraise medical evidence, says:

*“For a vaccine to reduce mortality by fifty percent and up to ninety percent in some studies, means it has to prevent deaths not just from influenza, but also from falls, fires, heart disease, strokes, and car accidents. That's not a vaccine, that's a miracle.”*

Well, of course, it's not a miracle, BUT it is the type of nonsense we have come to expect each year during the so-called “flu season.”

**(b) Side Effects** The most common adverse reactions to a flu shot begins within 12 hours and can last a few days. These include fever, joint pain, fatigue and headaches. Serious reported complications (according to vaccine package inserts), include limb paralysis, brain inflammation, convulsions, Bell's palsy, shock, neuropathy, asthma, wheezing and other breathing problems. Also possible are brain and nerve disorders including brain swelling, (encephalopathy), brachial plexus neuropathy, partial facial paralysis and optic neuritis.

Another very important side effect, never acknowledged by mainstream medicine is another illness. In fact, the whole foundation of our modern medicine system is vaccines, since it causes a whole downward stream of *other illnesses*, that are never attributed to the vaccines themselves.

One reason for side effects of the flu vaccine (and many others), is because of the content of aluminum, a proven neurotoxin. Since there are well over 1,000 articles on the neurotoxicity of aluminum, it is amazing that folks today question this fact!

Let's look at what one researcher had to say about the neurotoxicity of aluminum:

*Severe impairment of astrocyte function has been demonstrated*

One thing to keep in mind is that the hype over flu vaccines may provide a false sense of security and keep folks from doing *other things* that actually DO help prevent infection. And besides the oft-given advice to wash our hands, nothing is supported besides vaccines and anti-viral drugs as "standard medical care." It is not like "alternative medicine" is something new! It's been around since Weston Price wrote Nutrition and Physical Degeneration in the 1940's or when Adelle Davis wrote "Let's Eat Right to Keep Fit" the 1960's. With 100,000 studies on the health benefits of herbs, vitamins and other dietary interventions, it's not like there isn't plenty of data out there to support a more "holistic approach" to getting better from the flu or the common cold.

Childhood cancer is now the 2<sup>nd</sup> leading cause of death in children, and this should be a cause for concern to anyone with children. Thus, a side effect of flu shots not noted by Dr. Arnolds, must be troublesome: Most flu vaccines contain an additive that is linked to childhood cancer, namely, polysorbate 80.<sup>37</sup> That flu vaccines (containing this additive), are *still* recommended, even when they will increase the risk of any child receiving it to develop cancer but a few years later, is unconscionable.

Usually when eating some food, conscientious folks would read the ingredients *before* purchasing it. Yet, when it comes to stuff that's *injected* into our bodies, somehow reading ingredients (in *any* vaccine) is a no-no? Even asking for the ingredient label of any vaccine is considered now to be "anti-vaccine." This is absurd! Side effects are due to the *ingredients in the shot*—what could be more logical or simpler than that?

Occasionally, we'll see publicized a more serious side effect of the flu shot and that is Guillain-Barre Syndrome, which occurs two to four weeks following the shot. GBS is a nerve disorder and autoimmune disease characterized by muscle weakness, numbness, unsteady gait, persistent pain and paralysis of the face, and/or limbs. About five percent of GBS cases prove fatal. Full recovery or permanent disability can result. Dr. Arnold failed to note this possibility with the flu shot. Would not so-called "informed consent" require that IF I were to run to my drug store or doctor for a flu shot, that I be at least *informed* of these facts?

## **Miscarriages**

Miscarriages are a terrible thing and any woman trying to get pregnant obviously wants to avoid these. It turns out that women getting successive flu vaccines are twice as likely to suffer a

miscarriage within 28 days of getting the shot. This was according to a study conducted in British Columbia, Canada, and published in a 2017 issue of *Vaccine*.

In another study from 2012, researchers discovered that 1 in every 1,695 cases of women suffering from a “fetal loss,” were recently vaccinated for the flu.” They came to this conclusion after analyzing reports from the Vaccine Adverse Events Reporting System (VAERS) for three flu seasons.<sup>38</sup>

Dr. Arnold did make a point of side effects regarding zinc supplements, which as just mentioned, turned out to be in error, but she didn’t see it fit to make a point about side effects of the flu vaccine that are orders of magnitude greater than the alleged side effects from a zinc supplement, which were almost zero! So the side effects of zinc supplements deserves to be mentioned, but NOT the side effects of a vaccine that is responsible for sixty percent of the adverse effects reported to VAERS across America?! This is plain ridiculous. And remember, that the number of side effects from the flu vaccine is at least 980,000! From zinc supplements? The number of adverse effects reported to the F.D.A. regarding this dietary supplements, since 1980 is... ZERO! (More on this topic in a moment.)

Most people probably assume that when the flu (or any other) vaccine is tested before being marketed, anyone is included from the general population to ascertain the effectiveness of the vaccine before it is approved. After all, most everyone is told to “get their flu shot”—without exceptions. However, this is not how trials are conducted and two pertinent facts are necessary to understand how trials are conducted on vaccine safety:

Virtually all vaccine studies are done on *healthy people without* any chronic medical conditions! Yet, when the vaccine comes to market, they’re pushed on *virtually everyone!* What about the child with asthma, a weak immune system, an auto-immune condition or a child with diabetes? Doesn’t matter, they’re **STILL** likely to be given the flu shot if the circumstances allow it. Age also doesn’t make a difference as to whether or not a flu shot will be given. And even children with prior vaccine damage (or probably vaccine damage), are told they *must* get their vaccines. In other words, parental choice is being thrown out the window all across America!

Secondly, when vaccine trials ARE conducted, oftentimes those suffering from adverse events during the trials are dropped from the study and the final analysis and conclusions *excludes* these individuals!

With these two points in mind, now we have to consider how vaccines are used in the real world: Virtually everyone is given or recommended to receive the flu shot. In fact, Dr. Arnold recommends the flu shot for both the young and old alike, when they are most likely to exhibit adverse effects from the flu shot for various reasons.

Another point seldom discussed is a selection bias! Many folks who get the flu shot are more health conscious and prevention minded, so they get the flu shot thinking they’re helping to prevent future disease! So it’s a pre-selected group of more health conscious folks that are more likely to get the shot, (if not coerced into getting it by a family member or doctor or required to keep ones job!).

A study published in a 2005 issue of *the New England Journal of Medicine* concluded that vaccination against pneumonia does not reduce the risk of contracting the disease. Of course, pneumonia is not the flu, but it is often a complication of the flu in the elderly and is often given as a *reason* for the elderly to get the flu shot! What they're all likely suffering from is acute vitamin C deficiency and almost always subclinical vitamin D deficiency, but such issues are rarely addressed by regular doctors, in the clinical setting.

Influenza vaccinations apparently increases a child's risk for other illnesses! For example, a 2009 article published in *Science Daily*, detailed how children between 6 months and 18 years of age, who received annual flu shots, were more likely to be hospitalized because of flu-related illnesses, with this risk rising among children with asthma.

Another study showed that people who received the trivalent flu vaccine in the 2008-2009 flu season were more likely to be diagnosed with pandemic H1N1 "swine flu" the year after.<sup>39</sup>

In an article published in a 2012 Clinical Infectious Diseases Journal, the authors noted that children given the trivalent flu vaccine were four times more likely to be affected with an upper respiratory-tract infection!

I've worked with many patients in hospitals—including family members, and you have to really work hard not only to get these patients vitamin C or D, sometimes, they don't even have vitamin C in their pharmacies! What most sick patients need is a low sugar diet, rich in organic fruits and vegetables, vitamins A, C and D. What they're *given instead*, is a near useless flu shot! Seldom is there a word of advice on how to REALLY prevent the flu besides washing your hands, getting a shot and maybe taking some Rx drugs like Tamiflu or Tylenol.

Finally, one of the best mainstream articles on the dismal failure of the flu vaccines was published in the monthly magazine, *The Atlantic*, in November, 2009. Entitled *Does the Vaccine Matter?*, it shares some important points about the flu vaccine that many folks fail to consider when analyzing flu statistics.

For example, when looking at "all cause mortality," the authors Shannon Brownless and Jeanne Lenzer note that there is no difference in all cause mortality between those getting or not getting the flu vaccine.

**(c) Adverse Events:** The VAERS system stands for "Vaccine Adverse Events Reporting System" and it means just what it says: IF an adverse event occurs with a vaccine, a doctor is to report this to VAERS and it is cataloged. This is sort of the "fifth stage of drug testing" letting the public inform the authorities if there is anything bad that is occurring with their drug!

**Influenza vaccine injury claims from adults are the number one claim submitted to the federal Vaccine Injury Compensation Program or VICP!**

Some 40 percent of all vaccines are the flu vaccine and 60 percent of all injury claims are for a flu vaccine. As for injuries or death, it is estimated that only about one to ten percent of adverse events are actually reported. The VAERS system was created in the wake of a law passed in 1986 under then President Reagan that indemnified vaccine makers and doctors from being sued,

IF an adverse reaction—including death—occurred from the administration of any vaccine. Unfortunately, millions of parents of vaccine-injured children, have found mostly a silent media, uncooperative Pediatricians (or regular physicians), and the very difficult to navigate VAERS system after suffering from the experience of a vaccine-injured, (or killed) child. Since it's extremely difficult to get a fair hearing, it's no wonder that there are so many parents frustrated with the system. Only about 25 percent of the cases end up with a favorable verdict. Not only that, but just about ten years back, over 5,000 pending cases were tossed out on the basis of a fraudulent study done by Dr. Poul Thorsen, a convicted felon who absconded with over a million dollars of research money from the C.D.C. and Autism Speaks. Meanwhile, Dr. Thorsen is still on the run, and no one seems to know where he is! This would be great material for the mainstream media, if not for the fact that the subject at hand is the safety and efficacy of.... vaccines! So, instead of discussing these issues, it ignores them!

In exchange for indemnity against lawsuits from any source, *the Department of Health and Human Services* was to produce a comprehensive report on what was done to IMPROVE vaccine safety, once every two years. So, since 1986, 15 or 16 reports *should have been produced*. In fact, as Robert Kennedy, Jr. has discovered, upon the request of such reports, since 1986, not even ONE was produced! No wonder, the vaccine schedule gets busier—there's NO liability for any harm done on the part of the many vaccine makers! But as noted earlier, this enhanced push for more and more vaccines keeps the pipelines to other ailments and diseases, ever more full and busier. That may sound harsh, but massive evidence proves this to be a fact.

As of October 31, 2017, more than 148,088 flu shot-related reports were made to the federal Vaccine Adverse Events Reporting System (VAERS). Out of these reports, there were 1,399 related deaths, 11,008 hospitalizations and 2,802 related disabilities. There were also 1,750 cases of GBS. Would not these very important facts be important to share with the readers of the Urgent Care Journal, if not just to give them a proper balance of facts, so that they can make informed decisions regarding the flu vaccine AND...whether or not they should get it? Would it NOT be important to let them know that three out of five adverse events reported to VAERS were for...the highly taugheted flu vaccine!?

Now if only one to ten percent of adverse reports are *actually reported* to VAERS, this means that the *actual* number of cases of adverse events would be from 1.48 to 14.8 million!! These are very big numbers and Dr. Arnold was negligent by failing to note these not-so-minor details about the flu vaccine, marketed at every corner drug store, some supermarkets, in many popular magazines and even at bus stops.

It is disingenuous for the C.D.C. to claim ignorance about whether or not a person who contracts the flu was or was not vaccinated. This is because the C.D.C. tracks all sorts of statistics! They can break down virtually all other maladies to race, class, income, age, etc., but when it comes to whether a real flu death was in a flu-vaccinated person or not, they seem not to be able to come up with the figures. The public thinks that IF they get a flu shot, they'll be "protected" from.... the flu!: "Great, now I don't have to worry about the flu." And whether or not that year's shot is 14% or 50% effective is something that usually does NOT cross the mind of the general public.

Such “little details” are only found in the back pages of newspapers—if published at all. And even AFTER it’s noted that “this year’s flu shot is only 14 percent effective” (as was done in early December of 2014 for that end of year flu shot), the marketing efforts did NOT stop! This is both dishonest on the part of the flu vaccine pushers (like C.V.S.) and unethical. If something doesn’t work, why continue to sell it? Take it off the market!

(d) **Overall risks of getting the flu with or without the flu shot:** This is easy: It doesn’t matter! One study published in Lancet found that influenza vaccination was NOT associated with a reduced risk of pneumonia in older people. Vaccination coverage among the elderly increased from 15 percent in 1980 to 65 percent in 2008 and yet, there was no decrease in deaths from influenza or pneumonia.<sup>40</sup> Another study found that vaccinating young children against the flu had no impact on flu-related hospitalizations or doctor visits during two recent flu seasons. The researchers concluded that “significant influenza vaccine effectiveness could not be demonstrated for any season, age or setting examined.”<sup>41</sup> Ouch!

But what if you had over your house for dinner, a *Dr. J. Anthony Morris*, former *Chief Vaccine Control Officer and Research Virologist* with the U.S. F.D.A.? Would you *not* want to listen to what he had to say about vaccines? Let’s listen to him, in this less than perfect medium, the printed word:

*“There is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza. The producers of these vaccines know that they are worthless, but they go on selling them anyway.”*

So, if something doesn’t work, why keep promoting it? Because when it comes to vaccines, truth is as present as are dinosaurs walking down your street! The flu vaccine is a religion, and therefore, NOT based upon science! If fighting the flu was based upon science, everyone would be told to bolster their vitamins A, C and D status, avoid refined sugar, and eat lots of fruits and vegetables as this is science! But this is not done, obviously, since the CDC (and the Medical establishment), is ignoring the science!

(e) Risk of death from the vaccines, not just the flu vaccine: It would seem obvious that if you’re to get the flu shot, it would be useful to know if...it’s gonna kill you! However, the need to share such details with the general public seems lost on both the mainstream media and the medical industry. However, there is much data on deaths from the flu vaccine and unexpected death and it’s not pretty!

There were 1,399 flu-vaccine related deaths reported to the VAERS system as of October 17, 2017. Now if we go with the fact that an estimated one to ten percent of adverse reactions (including death) are actually reported to VAERS, this would mean the REAL deaths from the vaccine are between 13,990 and 139,900. This writer once met a young lady, who after losing their five-year-old child to a vaccine injury, subsequently called her doctor to ask what happened! The doctor’s reply? “Sorry about your loss, but the vaccine would have had nothing to do with your child’s death!” If the doctor does not believe the vaccine actually caused the death of a child, teenager or adult, why would they bother to report it to VAERS?

Another question is this: What good is a VAERS system if it does NOTHING to change vaccine policy or mandates? In fact, not one good thing has come of the VAERS system as only vaccine-safety advocates seem to know about it, and the mainstream media rarely, if ever, discusses it. As it turns out, Dr. Arnold also failed to mention this VAERS in her article, but she did mention the importance of avoiding zinc or Echinacea!

While reports of death after getting a flu shot do not normally make the mainstream media, if however, it's a politician or celebrity, it may get some public attention. For example, just recently *Jose Parelta*, a Dominican-born Congressman died shortly after receiving a flu shot. He was 47 years of age.

Other cases make the news of children dying just days after receiving a flu shot. For example, *Health Nut News* reported in January of 2018, on the death of two Michigan children who died shortly after getting the flu shot. Both deaths were reported on the evening news and when tested, neither child had the flu!

In another case, reported in a January, 2015 issue of *Natural News*, a 26 year old radiology technician from Kanosha, Wisconsin, a *Katie McQuestion*, died from sepsis, shortly after being coerced into getting a flu shot by her employer.<sup>42</sup> (I noted earlier, that in many States, a flu shot is mandatory if you work as a health professional.) Note that she was coerced into getting the shot as she did NOT want to get it! Her freedom of choice be damned: If you do NOT get the shot, you're out of a job. She kept her job, but lost her life in doing so.

### **The Power of Nutrition**

As a partial side comment, it's instructive to note that the damaging effects of vaccines can be largely prevented by the administration of vitamin C before giving the vaccine! Sepsis is unheard of in individuals given large doses of vitamin C, as it prevents it. Thus, the high incidence of sepsis in American hospitals should be an acute embarrassment: Vitamin C is super cheap and available everywhere, so there's really no logical excuse for any health practitioner not to use it if they really want the best results possible.

The great Australian doctor, *Dr. Archie Kalokeranis*, routinely used vitamin C in his practice. At the time he practiced medicine in the 1960's throughout the early 1980's, he had the sad duty to take care of children with the highest infant mortality in the world: An Aborigine population of Australia, with an infant mortality of 50 percent. That's right: Half of all these children failed to see their first birthday! After discovering that many deaths were apparently just after receiving vaccinations, he began to give vitamin C to his infant patients before giving them vaccines. (At the time, he was like most medical doctors: he had been schooled on the benefits of vaccines.) Amazingly, he discovered that IF he could give them vitamin C before giving them shots, they were way more likely to survive! In fact, just the use of vitamin C cut the infant mortality ninety percent the next year! Subsequently, other changes in his practice (towards a more "holistic practice"), allowed Dr. K to reduce the infant mortality rate to near zero! He catalogued his story in a book, *Every Second Child*, in 1980. The *Linus Pauling Institute of Science and Medicine* sent me a copy of this book in April of 1980, just a month before I became the first

person to run around Cayuga Lake (85 miles), in one day. I did the run to raise money for that organization, since our Federal Government /The National Cancer Institute repeatedly failed to give them any money to do the vital research they were attempting on the health benefits of various nutrients, and especially that of vitamin C and cancer.

In short, I knew without a doubt that SIDS is mostly due to infantile scurvy, most often precipitated by generally poor nutrition in addition to one or more vaccine onslaughts. (There are other contributing causes, and these are discussed in my online article on the topic.<sup>43</sup>)

This nutritionist had the interesting experience of meeting with a lady whose story made the cover of the NY Daily News back in 2004. Sadly, a woman almost lost her triplet daughters when they all stopped breathing while she was in the office of their Pediatrician (in Mt. Vernon, NY). They were only two months old and had just received their regular vaccinations. The doctors and staff were able to resuscitate the children and thankfully save their lives! (This would be called a “near-SIDS” experience.) I contacted the mother immediately and soon thereafter, I had the opportunity to sit with her. Obviously, I asked if the children were vaccinated at their doctor’s office, and she explained that they had just received their “regular” shots. Of course, I advised the mother to be careful and to ensure a more propitious outcome with future vaccines, to be sure to bolster the vitamin C status in her three precious children! The Daily News, of course, failed to mention that the children apparently suffered from an adverse vaccine reaction, but I certainly didn’t keep quiet on the topic! I had written a paper on this topic 23 years earlier, and I was a nutritionist as well. This young African American woman almost lost her triplets to SIDS!

Over twenty years earlier, Dr. Kalakeranis and a colleague three times came to the United States to show their data to officials at the Centers for Disease Control and all three times, their data was ignored. So, fast-forward twenty years later, and we have children almost dying of SIDS due to acute vitamin C deficiency in the early part of the 21st Century! And the money keeps rolling in to “figure out what’s causing SIDS!” Total nonsense!

I raise this story to point out the obvious; If healing a child—even preventing the DEATH of child is possible by a vitamin, the media will ignore it and doctors will even refuse to do an easy vitamin C/urine test to prove if or if not a child has a vitamin C status that is SAFE for a vaccine, e.g., optimal.

Why is this relevant to the flu shot? Well, with sixty percent of ALL adverse reports coming from an apparent flu shot, would not the health benefits of administering vitamin C before all shots, be something folks should know about?

To think that vaccines can induce such a toxic reaction in already near-scorbutic infants and cause tragic and preventable deaths is both unacceptable and absurd! I wrote on this topic even before graduating from Cornell University in April of 1980.<sup>44</sup>

It's amazing that knowing SIDS is mostly infantile scurvy that can be prevented by a few cents worth of vitamin C per week and the medical profession continues to ignore this fact. Maybe doctors just sometimes "forget" that the British sailors of over 250 years ago, who died from scurvy, just fell dead in their tracks. In other words, their deaths were sudden. It was navy leader, James Lind who first came up with the idea of preventing scurvy, in 1756, by administering lemons or limes, thus the nick-name given to his sailors of "limeys." But it wasn't until forty years *later*, that the British navy *listened* to him and implemented a lemon policy for all subsequent sailing voyages! Stubborn then....stubborn now!

## **The Natural Approach to Getting Better Quickly!**

We've already delved into some important tools for getting better from the flu or a cold: Eliminating refined sugars and other refined carbohydrates, checking vitamin D status (ideally BEFORE you end up in an urgent care center), eliminating fluoridated water and other obvious sources of fluoride chemicals and briefly the importance of eating fruits and vegetables was mentioned. However, when you're sick, really sick, you don't want lectures on eating right! You want to get better!

Arnold notes that certain individuals are prone to major complications such as acute respiratory distress syndrome.(ARDS). This is almost certainly a sign that the vitamin C status of the patient is near zero and intravenous vitamin C should be started immediately. Alternative physicians have been using this therapy for all sorts of ailments—including ARDS, but only in December of 2018 was there a proposed trial of vitamin C for use in treating ARDS!<sup>45</sup>

The site from which this proposed trial was taken is Clinical Trials.gov and they offered the following summary of the purpose of the study:

*Acute Respiratory distress syndrome (ARDS) is a form of severe hypoxic respiratory failure due to severe impairment of gas exchange and lung mechanics that is characterized by inflammatory injury to the alveolar capillary barrier, with extravasation of protein-rich edema fluid into the air space. Current ARDS antioxidant treatment strategy, is based upon supportive therapies including low tidal volume ventilation, fluid management, nutritional support and glucocorticoids.*

*Ascorbic acid or Vitamin C is an important dietary water-soluble antioxidant, it significantly decreases the adverse effects of ROS such as reactive oxygen and nitrogen species that can cause oxidative damage to macromolecules. Recent studies show that high dose of Vitamin C have protective effects against overwhelming oxidative stress due to critical illness. Vitamin C improves immune function and improves tissue perfusion and reduce tissue hypoxia and subsequent organ dysfunction. Also, Ascorbate, the redox form of vitamin C is physiological antioxidant and has bacteriostatic activity Hence the study aims to evaluate the impact of IV Vitamin C in ARDS, as a novel pharmaceutical approach in an attempt to improve the clinical outcome of ARDS patients, decrease other medications toxicities and improve patients' quality of life.*

It may be true that "recent studies" apparently have shown protective effects against "overwhelming oxidative stress due to critical illness" but pioneers in alternative medicine such as Frederick Klenner, Robert Cathcart and many others have been using vitamin C in high doses to fight oxidative stress for over half a century! They've just had a hard time getting their

research recognized or published. Indeed, this writer once worked for a holistic doctor who has been using IV vitamin C to fight "oxidative stress" and fight dangerous diseases since 1974—that's 45 years ago!

Arnold notes that some 50 percent of patients with ARDS die. This is not acceptable since nutritional interventions work so well. Increased vascular permeability is a hallmark of sub-clinical scurvy and almost certainly accounts for why fatalities are so high in America: The subject of vitamin C is rarely brought up and patients are dying by the thousands nationwide, for simply want of vitamin C! With the information in this article, there is little doubt that this number could be brought down to near zero immediately.

So here is another study to see if vitamin C can help a condition likely due to... an acute vitamin C deficiency! Bravo and...it's about time!

### **Natural Approaches to Fighting the Flu and the Common Cold**

There are basically six items that will be discussed in this final section: Vitamins A, C and D, probiotics, zinc and Echinacea. Many other herbs enhance immune function, such as boneset, licorice and European Mistletoe, but such topics will be left alone here. Let's continue with our discussion of ascorbic acid or vitamin C. The *best way* to continue this on this topic is to go way back, for a moment, to the basics!

#### **Ascorbic acid, or vitamin C**

If you are from an earlier generation and are in the health field, it's safe to say that if you may have read Dr. Linus Pauling's *Vitamin C and the Common Cold* (1970) or his later book, *Vitamin C, the Common Cold and the Flu* (1976). If you have NOT read either book, you've missed a great opportunity! Both make a very strong case for vitamin C, and the second one is when this writer began his studies at Cornell University and also when he began taking what some would call *high doses*, namely, two to three grams per day.

And with Pauling's first book on vitamin C having been published almost 50 years ago, here's a question: Why haven't YOU read it yet? If you do NOT have this "foundation of vitamin C knowledge" under your belt, much of what you're about to read may appear like Greek. "Oh, that's too much vitamin C" some may say. No, that's too little knowledge. Again, if you haven't read Vitamin C and the Common Cold YET, please do so.

Many folks have likely heard in the mainstream media repeated claims for the *ineffectiveness* of vitamin C for the common cold.

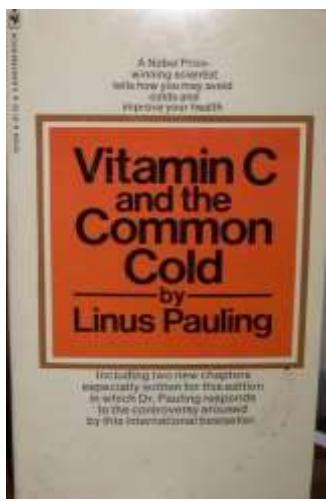
It's amazing that for about 50 years, since the publication of *Vitamin C and the Common Cold*, (1970), by double noble laureate, Dr. Linus Pauling, there has been a non-stop stream of anti-vitamin C articles in the mainstream media. Yet, instead of actually READING either of Dr. Pauling's books, folks instead, listen to the critics for their information or knowledge on the subject. Any student of the subject of learning will tell you that you can't learn facts on any topic if you only get your opinion from the side that *agrees* with yours!<sup>146</sup>

One of the safest and laziest forms of journalism is to repeat a “safe” story or a “safe” lie, something that has been repeated so often, for so long, that most readers will take the writer at their word and go, “yup, I knew that.” But in the case of the Urgent Care Journal article that is the subject of this critique, Dr. Arnold was smart: the word Vitamin C was nowhere to be found in her article! Yet, while this is “standard of care” as she noted at the beginning of her article, it does NOT represent in any way a method for folks to get better real fast. In short, her omission of ANY mention of the word vitamin C was a HUGE error and a likely disservice to her readers who—in their reading of her article—are attempting to earn some “continuing education credits.”

Remember, propaganda works in many ways, but the most pernicious and damaging is the kind that simply AVOIDS the topics with which you’re not “allowed” to become familiar.

Dr. Frederick Klenner from Reidsville, NC, proved vitamin C worked against polio in 100 percent of the cases in... 1049, but he was using it in the intravenous form, which is far more effective for serious ailments, than taking it orally. And for the next thirty years, he used it successfully in treating all viral ailments. He didn’t differentiate, and neither does this writer. Yet, like other vitamin C pioneers at the time, (Abram Hoffers, Robert Cathcart), he had difficulty getting his research published because... it worked too well? It’s hard to say, but 40-70 years *later*, the repression or ignorance of the importance of vitamin C in human nutrition is mostly ignored. (Did I mention earlier how one of the hospitals I visited didn’t even have vitamin C in their pharmacy for one of my clients that desperately needed it? Now that’s very sad!)

Does vitamin C cure the common cold? Can “high” doses be dangerous? Does one need more in their diet (whether from food, supplements or some combination of the two)? And how much is enough? Let’s explore these issues in light of the article by Dr. Arnold, for which reason, of course, this critique was written in the first place.



To understand the basics about vitamin C, it would be useful to read, *Vitamin C and the Common Cold* from 1970. In this book, Pauling discussed how humans, guinea pigs, chimpanzees and fruit-eating bats do not synthesize vitamin C endogenously. Thus, they must get it from their diets, or they will die from vitamin C deficiency (scurvy). It is a huge advantage that animals (but not humans), synthesize this vitamin in their liver. Since vitamin C is nature’s “stress” vitamin, when an animal is under stress of any kind, their body’s synthesis simply increases to whatever is needed. For a 120-pound goat, for example, stress could cause the liver’s production to go to over 10,000 milligrams (or ten grams) per day. I doubt such a goat is concerned about “mega dosing,” while they’re frolicking up the side of a mountain, so why should you be concerned?

Pauling's 1970 book...have you read it?

There is a great deal of evidence to support the role of higher levels of vitamin C being beneficial in fighting a cold.

The first carefully controlled study with a relatively large amount of vitamin C (1,000 milligrams per day), was performed by a *Dr. G. Ritzel*. Ritzel was a physician with the medical service of the School District of the city of Basel, Switzerland. On a ski resort with 279 boys which were divided into two groups, a double-blind study was performed. The results of this study are reproduced below.

As can be seen this table, the group receiving ascorbic acid (1,000 mg/day), showed only thirty-nine percent as many days of illness per person, as did the group receiving the placebo, that the number of individual symptoms per person was only thirty-six percent as great for the ascorbic acid group as for the placebo group, and that the statistical evaluation showed that these differences are statistically significant at better than the ninety percent level of confidence. Ritzel pointed out that the average number of days per cold for the ascorbic acid group was 1.82, twenty-nine percent less than the value for the placebo group, 2.58, and that this difference was statistically significant.

Results of the investigation by Ritzel, 1961			
	Placebo Group	Ascorbic-acid Group	Decrease
Number in group	140	139	
Number of colds	31	17	
Total days of illness	0.221	0.122	45 percent
Total individual symptoms*	119	42	
Severity of individual colds, from days of illness per cold	2.58	1.82	29 percent
Integrated morbidity from days of illness per person	0.571	0.223	61 percent
Integrated morbidity from individual symptoms per person	0.850	0.302	64 percent

\*Pharyngitis, laryngitis, tonsillitis, sore throat, bronchitis, coughing, fever, chills; otitis media (middle ear infections), rhinitis, herpes labialis, other symptoms (muscle ache, headache, abdominal pain, vomiting, diarrhea or general malaise)

Dr. E. Regnier found large doses of vitamin C to be effective in the treatment of ninety-five percent of the colds when given in the following manner: At the first sign of the cold, 600 milligrams of vitamin C would be administered followed by an additional 600 milligrams every three hours, or 200 milligrams of ascorbic acid, every hour. At bedtime, the amount ingested increased to 750 milligrams.

Dr. Regnier reported that of thirty-four colds treated with ascorbic acid plus bioflavonoids, thirty-one were averted and of fifty colds treated with ascorbic acid alone (as described above), forty-five were averted. No success occurred with either bioflavonoids or the placebo when given alone. (So much for the widely claimed “placebo effect”!) One important observation made by Dr. Regnier is that a cold that has been apparently aborted by the use of ascorbic acid in

modest doses, may return, even after a week or more, if intake of the vitamin C is suddenly discontinued. Thus, a widely quoted study by Walker, Bynoe and Tyrrell of the Common Cold Research Unit in Salisbury, England, in which vitamin C was reported to have no significant effect on the common cold takes on greater significance: The intake of the vitamin was stopped on the third day of the study! The researchers (inadvertently), admitted the “rebound” effect of a discontinuation of large doses and this, apparently, was likely a significant factor in the negative results seen. You don’t say!

When the ascorbic acid level of the blood drops greatly, the effectiveness of the mechanisms of protection also drops and, so too, does ones resistance. It is just plain stupid to start taking vitamin C by the correct protocol and then just stop it. This is why a little knowledge is a dangerous thing. After all, isn’t taking the *correct* doses of any drug very important?

### **The Case of the Guilty Pharmacist**

Back in 2002, Robert Courtney, a pharmacist from Kansas City, was sentenced to thirty years in prison for diluting two chemotherapy drugs over a period of about ten years. In other words, to “stretch” his profits, he was making the drugs less potent than their stated label. His actions affected about 4,200 cancer patients, about 98,000 prescriptions and 400 doctors.

Now, if the proper protocol for drugs must be followed or you go to jail, (in other words, dosages must be exact—no exceptions), why is it that so many recommendations for vitamin dosages (whether to citizens, patients or in various medical “studies”), are ridiculously insufficient? Why is it not ok to do this with prescription drugs but it is ok to do it with vitamins and other nutritional agents?

“Sorry you’re sick Frank....Have some chicken soup and take a little vitamin C.”

It is illegal for a pharmacist to “mess around with” a prescription because what’s prescribed is prescribed for a reason. Yet, when we discuss vitamins, it’s perfectly fine to give minuscule doses of vitamins in various tests or medical “studies” as if the public won’t know the difference. (And unfortunately, in most cases, they won’t.) Ever wonder why most of the vitamin E in pharmacies is the *synthetic* variety? Because it doesn’t work that well and being sick is more profitable. Once again, we don’t want vitamins to work *too well* and that’s the truth.

Remember, in animals that make vitamin C endogenously, they make it all the time and do not suddenly stop making it at any given moment. If we’re to replicate that which occurs in animals (that make vitamin C all the time), starting and stopping so-called large doses is not the way to do a scientific study. Also, for those that have experienced failure in their use of vitamin C against a cold, this is likely what is happening: They take it “when they think of it” and not religiously (i.e., regularly with no exceptions). This writer, who has been taking three or four grams of vitamin C per day for the previous forty years can attest to the importance of not stopping it suddenly for any period of time.

A study involving 112 soldiers undergoing operational training in northern Canada, published in 1974, should be noted: Half of the subjects received one gram of ascorbic acid per day during the four weeks of the study, and the other half received a placebo. The average number of days of illness was sixty-eight percent less for the ascorbic acid treated subjects than for the placebo group subjects.<sup>47</sup>

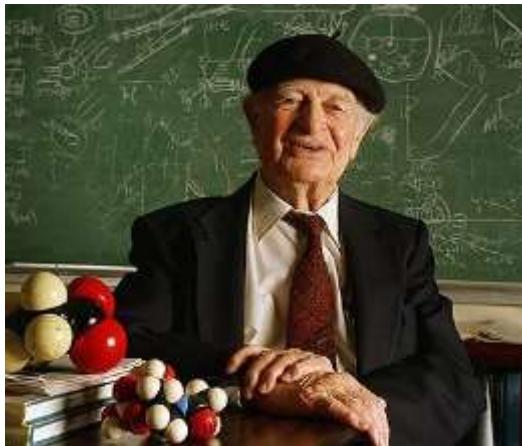
The physician Edme Egnier of Salem, Massachusetts, reported in 1968, that he had discovered the value of the administration of large doses of ascorbic acid in the prevention and treatment of the common cold. For many years, beginning at the age of seven, he had suffered repeated bouts of inflammation of the middle ear due to infection. He had tried a number of ways of controlling the infections, and after twenty years he made a trial of the bioflavonoids (beneficial plant substances found in citrus, peppers and other foods), and ascorbic acid. He felt that this treatment had been of some benefit, but not very great. So he decided to try increasing the amount. After several trials, he found that the serious and disagreeable manifestations of the common cold and the accompanying inflammation of the middle-ear, could be averted by the use of large amounts of ascorbic acid, and that ascorbic acid alone was just as effective as the same amount of ascorbic acid, plus bioflavonoids. He then decided to run his own study using twenty-two subjects over a period of five years. Even though this study was double-blind, it became impossible to continue it as planned, because those receiving the placebo recognized that, unlike the experimental group whose colds were often “nipped in the bud” by vitamin C, their colds were, apparently, unaffected by whatever they were being given.

Many people have been skeptical about the alleged benefits of vitamin C for the common cold. One such skeptic was the late Professor Sherry Lewin, head of the Department of Molecular Biology at London Polytechnic in the fall of 1970. Plagued by frequent and severe colds, the good doctor had taken to swallowing fifty milligrams of vitamin C each day. He did this mostly, as he put it, “to please my wife.” One day Mrs. Lewin returned home with the only dosage she’d been able to buy: A one-gram (1,000 milligram) dose, in effervescent tablets.

Not wishing to waste the tablets, Dr. Lewin began taking them and noted that the “incidence, severity and duration” of his bad colds were greatly reduced when he took two or three one gram doses each day.

Using his reputation as a distinguished researcher, Lewin got sixty-nine of his cold-plagued colleagues to test vitamin C. Significant relief came to sixty-four—more than 90 percent improvement.

Because of the very positive results Dr. Lewin received from his studies, he undertook a long and intensive search into the biologic reasons for the effects he had experienced himself. After tracing the functions of vitamin C in the body, in 1976 he published the excellent book, “Vitamin C: Its Molecular Biology and Medical Potential.”



Linus Pauling, Ph.D., Chemist, around 1975

The evidence on the effectiveness of vitamin C got additional support from a study conducted in Paris in 1982. This study found that vitamin C significantly reduced the severity and duration of the common cold. In his best-selling book, Vitamin C and the Common Cold, Dr. Linus Pauling had compiled a list of fourteen studies involving the use of vitamin C to prevent and/or treat the common cold. These studies show an average decrease in illness of thirty-five percent with the percentage of improvement increasing as the intake of the vitamin increased. (By improvement we're referring to incidence (you have a cold or don't), severity of symptoms or duration (how long were you sick)).

If she had said, "Take vitamin C to bowel tolerance, throughout the day until better," her article would have been very brief indeed! (And instead of those dismal 7.0 days of illness being reduced to 6.3 days ("from" Tamiflu), illness days would have been one or two!) Bowel tolerance is when you take vitamin C (every one to two hours, with food or water), take more than your body can absorb (too much), and develop loose stools/ diarrhea. It is at *this* intake that you need to cut back about 20 percent. That is your best intake until you're better—usually a day or two, IF doing everything else right. Of course, you would NEVER cut down to zero after this but stay on whatever works best for you. A recommended one to three grams is usually adequate for most folks. A competent health care practitioner can guide you as to the correct intake.

Now some good and bad news about taking vitamin C: The more you can take, *the sicker* you are! And the less you can take, *the better you are!* Thus, diarrhea with only five or ten grams per day is a good sign! That means you're likely to be better in just another day or so IF you're also doing **EVERYTHING** else right. If you can take one teaspoon (3 grams) every hour and *still* not get diarrhea, (e.g., 36- 48 grams per day), that means you're pretty sick, but it also gives you this insight: You're doing the right thing because your body *needs* this.

On the other hand, if you're not used to taking vitamin C, it is wise to learn what forms work best for you when you're NOT sick! You can choose from the cheap ascorbic acid, non-acidic vitamin C, Ester C, or those packages you can get anywhere called Emergen-C or some no-name brand. Once you know what works for you, you can have confidence in increasing your intake, when you *really* need to. When you're real sick, it's not the time to educate yourself on nutritional interventions, especially when all those "experts" around you are telling you vitamin C doesn't work, even though they have no idea what they're talking about and very likely haven't read any of Dr. Pauling's four or five books. (It's doubtful they would need to read his 1954 book on the Nature of the Chemical Bond!)

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**DON'T TAKE DRUGS WITH VITAMIN C:** Back in 1983, I needed some extra money, so I enrolled in a medical study on some beta-blocker, anti-hypertensive drug. A few months after the study was completed, they called and asked me “Why I failed to take any of the medications they gave me?” Truth be told, I didn’t cheat in any way! I was taking my three grams of vitamin C per day—as I had been doing since my senior year in high school, and this apparently was detoxing the drugs before they had a chance to do any “good” in my body, or to be detected in their regular, 0.5/1.0/2.0/4.0/8.0 hour checks/blood draws after the initial dose of drug was given! (Ooops, they never asked me if I were taking any vitamins.)

I apologized and perhaps, at least *one* researcher learned that vitamin C is an excellent general detoxifying agent, and that if one is taking any prescription drugs, perhaps vitamin C should be withheld until some later time.

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It’s better to have some experience using it *before* you get sick, so you have a foundation of both knowledge *and* belief. After all, if you’re ignorant on this subject and think, “oh, that’s too much, I’ll stick with what my doctor has recommended”—perhaps Tylenol or Tamiflu and rest, prepare to be sick for another week or two, NOT another day or two! It’s your choice: a day or two OR a week or two. Which do you prefer?

The evidence on whether or not vitamin C “works” may be *disputed*, but it has never been scientifically *refuted*. In fact, it is unlikely that anyone who claims that vitamin C *doesn’t work* has even read Dr. Pauling’s first or second book on the topic. For example, *Cortez F. Enloe, Jr., M.D.*, editor of *Nutrition Today*, mentioned that he had not found one physician among his friends or among those attending a meeting of a State medical society, who “would admit to having even read the book.” This writer would also surmise that most doctors have done little on their own to determine, first-hand, whether or not vitamin C “works” (when it is used properly). And given that studies show individuals will not change their opinions on a topic even when presented with facts that prove their opinions wrong, it is not surprising that so many folks—including many health practitioners—claim vitamin C to not work against colds or the flu and will stick to this belief whatever the evidence (pre-supposing that they’ll actually read such evidence, in the first place!).

Vitamin C works, provided that it is given properly, is given at the first sign of a cold or the flu, given for the entire duration of the cold/flu, and in high enough doses to have a significant effect. After having completed three controlled, vitamin C/cold studies, *Dr. Terence W. Anderson*, a conservative researcher of the *Faculty of Medicine at the University of Toronto*, made the following statement:

***“It is now reasonable to accept that the weight of the evidence is in favor of there being some effect (at least on severity and duration of colds), from supplemental vitamin C.”***

Ever aware that the most important factor in proper use of any vitamin is the dose, it should come as no surprise why studies on vitamin C (and other nutrients for that matter), often come up as failures. With vitamin C, here are the major reasons research trials have come up negative:

1. *Insignificant* doses are used.
2. It is not taken *throughout* the day.
3. Its use is stopped prematurely during the trial. (Blood levels of vitamin C drop after just one half-hour of stopping the vitamin.)
4. Diets are not modified. As noted earlier, sugars fuel infections and therefore, should be avoided when you're sick or coming down with something.

If a man can go to jail for diluting chemotherapeutic drugs (because the dose matters with drugs), why such a cavalier attitude towards the use of vitamin C in medical studies? There are a few reasons, and it might center on old-fashioned ignorance. In addition, there is no real incentive to find the truth about the effectiveness of vitamin C against anything. After all, who would profit from it since it is a non-patentable substance and therefore, no company would spend the money necessary to be able to market it and subsequently, make a lot of money from it.

When was the last time you heard anyone talk about *anything* one can do to recover from an illness or become healthier that didn't have some profit-motive behind it? Answer: Never! Now you know why medical journals, for the most part, never discuss vitamin C, except to bash it, of course.

The best dietary sources of vitamin C are green and red peppers, dark green leafy vegetables such as kale, collard greens, mustard, turnip and beet greens, Swiss chard, broccoli and tomatoes. Most vegetables contain at least some of this vitamin. The best fruit sources are, of course, citrus fruits. Apples, pears and other fruits also contain a fair amount of this vitamin. Potatoes that are very fresh are a good source, especially since they are consumed in fair quantities in this country. (Storing them for months as well as frying them, causes substantial losses, however.)



Unfortunately, recent studies indicate that fully half of our citizens rarely eat fruits or vegetables (save for those ubiquitous French-fried potatoes). A diet containing an abundance of the aforementioned foods would, even without supplemental vitamin C, provide substantial resistance to the common cold, and other ailments for that matter. It should then come to no one's surprise that many people who come down with frequent colds or the flu do NOT "eat their vegetables."

Dr. Arnold failed to mention the subject of vitamin C in her article in the *Journal of Urgent Care Medicine*. In addition, there was also no mention of the importance of eating a good diet or avoiding sugar to prevent the flu or the common cold. This subject was also not discussed as an aid to recovering more quickly when one does get ill!

Our next topic works hand in hand with vitamin C and that is, of course, vitamins A and D. You DO remember your mom forcing you to drink that awful cod liver oil (rich in vitamins A & D), when you were a kid, don't you?

### Vitamins A and D

A significant percentage of Americans are consuming less than ideal intakes of vitamin A and  $\beta$ -Carotene. One recent study done in Long Beach, California in children suffering from measles indicated that forty-nine percent were deficient in vitamin A!

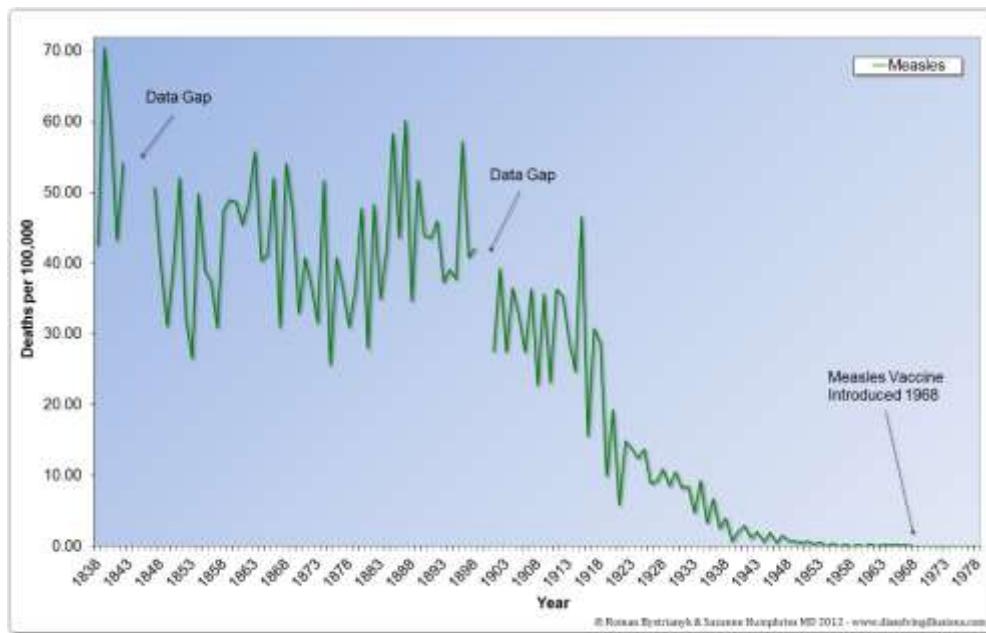
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**One study done in Long Beach, California in children (suffering from measles) indicated that 49 percent were deficient in vitamin A.**

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Apparently, vitamin A deficiency is not limited to third world countries. But 49 percent? That's just shy of half, isn't it? If your child shuns vegetables as so many do, would you want to deprive them of the benefits a modest intake of vitamin A could provide?

With this in mind, with all the hype over the mostly harmless measles (usually in a vaccinated population), is there ever any mention of HALFWING your risk of measles by eating more vitamin A-rich foods? But what DO we read about all the time? The dangers of a measles epidemic, used, of course, to encourage folks to get... the measles vaccine. But what was time trend for measles from 1838 to 1968, a span of 130 years, *before* the measles vaccine became available? The chart below tells the story.



The incidence of measles, nationwide from 1838 to 1978  
Note the introduction of the vaccine in 1968

As with most nutrients, there are two major factors that contribute to a deficiency: inadequate intake or some secondary factor that interferes with the absorption, storage or transportation of

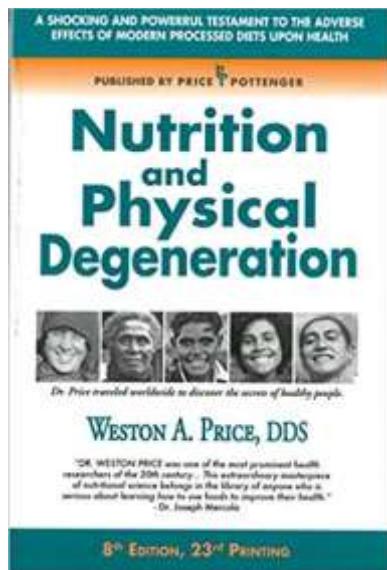
the vitamin. In the case of provitamin A (e.g.  $\beta$ -carotene or other carotenoids), the conversion to vitamin A is sometimes poor. This is because this conversion depends upon the following:

- (a) Adequate protein intake
- (b) The essential mineral zinc
- (c) Adequate thyroid function
- (d) Vitamin C
- (e) Adequate liver function

We learned in high school health science class that vitamin A is the skin and respiratory tract vitamin and is only found in animal products like fish, eggs, liver and butter. We also learn that it is not found in plant products but is found as various carotenoids, like beta carotene and these are converted to vitamin A in our bodies, if we're healthy. We also learn that vitamin D is essential to calcium metabolism and can be made in our skin when exposed to sunshine.

When it comes to vitamin A, however, many Americans do NOT get enough and are therefore, vitamin A deficient. Has anyone noticed how so often we receive recommendations to *avoid* so many vitamin A-rich foods like butter, fish, liver and eggs? While this is not the place to get into the differences that occur from *how* such things are raised (farm raised fish, v. naturally raised, commercially raised dairy v. organically raised dairy, commercially raised farm animals v. grass-fed varieties, commercially raised eggs v. organically raised), the truth is these four aforementioned foods are VERY nutritious and thus, should be consumed if you're not a vegetarian, of course. Over seventy years ago, Weston Price, a pioneering health researcher and nutritionist, wrote of the importance of consuming foods in their most natural state. Too bad so many people have forgotten about this pioneer, or sadly, never heard of him in the first place. Well, such foods were HIGH in vitamin A.

So while the media is constantly hyping measles outbreaks around the world, while there have been three deaths nationwide from the measles, all were in fully vaccinated individuals. Also, according the VAERS, there have been 765 deaths from the measles vaccine! So far more people are, therefore, dying from *the measles vaccine* than from *the measles*.



Meanwhile, nearly half of those with a measles infection in southern, California were diagnosed with a vitamin A deficiency. So apparently, vitamin A can cut your risk of contracting measles by about half! Obviously, the measles vaccine is NOT working, since every publicized measles outbreak in the United States is in a fully vaccinated population!

You get your vitamin A from eating dark green vegetables, butter, eggs, fatty fish and liver. In ALL cases, such foods should be organically raised.

Also, "primitive cultures" as pictured on the left, certainly were not avoiding meats, eggs and butter, quite the contrary!

Take a look at the graphic below where this point can't be refuted. Something caused measles to disappear and that was better hygiene and clean water, certainly not a vaccine that came in very late to the scene, in 1968!

The book cover shows, *Nutrition and Physical Degeneration* written by the famous dentist and health researcher, Weston A. Price, D.D.S. In this classic work of 1940, he illustrated the importance of whole, unprocessed foods in keeping folks in all walks of life and from cultures around the world, in peak physical condition! He documented how removing “real foods” from the diet and replacing them with highly processed foods of today (refined white bread, cakes, cookies, pies, donuts, coffee, junk food, soda, commercially raised animal products, etc.), that physical degeneration was the inevitable result. And the super-healthy people he studied didn’t take pills, vitamins, drugs or vaccines. They were just healthy...*naturally*.

Dr. Arnold failed to mention vitamin A in her article.

### **Probiotics**

Health nuts have been talking about healthy gut flora for over fifty years whether via fermented foods, yogurt, kefir or probiotic pills. In short, they’ve been discussing the importance of a healthy functioning intestinal tract for numerous health benefits. They might not have known *why* this is important, but they believed it. Now we know why: A healthy gut is at the center of a properly functioning immune system!

For example, a cover story in Scientific America, back in 2011, explained that we have about 10 times more microorganisms in our gut than we have cells in our bodies! Wow, all those critters in our gut? Yup! What they do is far more than make a little B-12 or vitamin K-2: They help the immune system function at its peak level! The attentive reader will recall in our discussion of “Cytokine storms” earlier, that only an *unhealthy* immune system has such things happening in their bodies! Keeping the gut microflora in the proper balance is crucial for the overall health of our immune systems. After all, it is estimated that 70 percent of our immune system is located in...our gut!<sup>48</sup>

If there is too much sugar in the diet, for example, the health of the gut flora will often suffer, and there could be an overgrowth of yeast. One only needs to look for an ugly, coated, white tongue (and the bad breath that comes with it), to say, “sorry, but you’re eating too much sugar”! This is a sure sign that such a person is either suffering from a weakened immune system or soon will be!

Since the gut is at the seat of our immune system, it is never a bad idea to make sure our diets are optimal in that we mostly avoid refined carbohydrates, consume foods that enhance our microflora like fermented foods, yogurt, kefir, green leafy vegetables, and, are careful to avoid excessive uses of antibiotics (and other sources of these), exercise to burn up excess carbs and eat an otherwise healthy diet so as to keep the gut functioning well and happy.

While it's obvious that in an urgent care situation, the doctor is not likely to start feeding his patient plain yogurt, *when they're better*, might be a good time to have them think about changing their diet so that they *do not* find themselves seriously ill again! After all, if 70 percent of our immune system resides in the gut, what could be less important than keeping it healthy?

### **Zinc**

Zinc is an essential mineral nutrient that has many essential functions in human nutrition. Its use against the common cold, (often in the form of zinc lozenges), has been popular for many years now.

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**George Eby** was the first to have an article published on the use of zinc lozenges against the common cold after his daughter accidentally used the zinc supplements he was giving her for her childhood leukemia in *the correct way!*

His three-year-old had been given zinc since it helps develop T-cell lymphocytes and she was zinc deficient. But one day, she couldn't swallow the zinc because of a bad cold and sore throat, so her dad said, "Why don't you just suck on it."

So there you have it! A three-year-old girl with a bad cold and leukemia discovered that zinc could cure a common cold. That evening, feeling better, she got out of bed and her dad said, "Go back to bed," "No, dad, she explained, that zinc cured my cold."

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Eby published a report of the use of zinc against the common cold in 1984, "Reduction in duration of common colds by zinc gluconate lozenges in a double-blind study."<sup>49</sup>

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Dr. Arnold did say quite clearly in her article (about treating "the influenza virus in urgent care settings"), that "zinc could not be recommended at this time." One of the studies she did quote, was "by Hemila" but the reference was missing. It is presumed that the study she was referencing was that which was published in JRSMopen in 2017, by Harri Hemila, and was entitled:

**"Zinc lozenges and the common cold: a meta-analysis comparing zinc acetate and zinc gluconate, and the role of zinc dosage."**<sup>50</sup>

This article was about treating *the common cold*. With this fact in mind, the conclusion of Dr. Arnold after reviewing some pertinent details of Hemila's research was this:

*"Even though this small study (199 participants) shows decrease in some symptoms, one must also consider the side effects of zinc, including indigestion, diarrhea, headache, nausea, and vomiting. Also, when used long-term, high doses of zinc can cause copper deficiency, leading to neurological issues. Considering there is no definitive proof of decrease in symptoms and that multiple adverse effects of over-the-counter zinc are known to occur, it should not be recommended at this time."*

Arnold noted the reduction of cold-like symptoms of 33 to 54 percent. That's a big number and far bigger than the 17 percent duration of symptoms brought to us by Tamiflu—one of the few drugs approved for use in treating the flu. But note, we're comparing apples and oranges, as the

zinc studies were against the cold and Tamiflu is for the flu! (It should be noted that the Hemila 2017 study was a meta-analysis with 575 patients, not 199.)

As for zinc depleting copper, this is well-known effect of zinc but is not noteworthy. Many nutritional supplements cause imbalances in other nutrients...even coffee cuts iron absorption fifty percent if taken with a meal that contains iron. But, when one is taking zinc lozenges for just a week or so, there would not be any negative consequence to copper status. Therefore, this notation is without any benefit or relevance to those with a cold or the flu.<sup>51</sup>

As just quoted above, Arnold noted adverse effects from the zinc lozenges, however, Hemila noted the following about adverse effects (p. 12):

***“...there was no substantial difference between the zinc and placebo groups in the recorded adverse effects...”***

Arnold recommended AGAINST taking zinc, yet, the FINAL two sentences in Hemila's article were as follows:

***“The optimal composition of zinc lozenges should be investigated in addition to the optimum frequency of their administration. Nevertheless, the current evidence of efficacy of zinc lozenges, in particular zinc acetate lozenges, is so strong that common cold patients may be encouraged to try them for treating their colds.”*** [Emphasis added]

It therefore, should be noted that this author does not understand why Arnold stated that “zinc cannot be recommended at this time.” The author of the study she quotes doesn't feel this way—quite the contrary!

It should be noted that the JRSM article by Harri Hemila (quoted by Dr. Arnold) was about comparing two different forms of zinc against the common cold and to determine the dose-dependency of the effect. Yet the article written by Dr. Arnold was about treating *the flu* in an urgent care setting! (*Treating Patients Infected with Influenza Virus in the Urgent Care Setting*.) This is an example of a “contradiction,” I brought up on the first page of this rebuttal article.

So why discuss a study that was addressing the common cold? This fact might seem a distraction, but when people often conflate a severe cold as “the flu,” a further analysis of this topic here is not, therefore, out of place. In addition, a more well-balanced approach to understanding zinc, (an essential mineral element), in relation to the common cold OR the flu is now necessary as a result of Dr. Arnold's comments.

Dr. Arnold stated in her article: “Supplemental zinc or Echinacea can not be recommended at this time.” Why *would* someone recommend zinc to treat the influenza virus when it's not intended for this? Why *WOULD* anyone recommend zinc for the treatment for influenza when *the discoverer* of the product (George Eby) says it doesn't kill the influenza virus?! Why would someone use a remedy *used against the common cold* for an unrelated ailment, *the influenza virus*? For general immune support, we all know zinc plays a role in enhanced immune function

and that IF our “zinc status” were better, (along with better status of many other nutrients), we would have been less likely to have gotten sick in the first place, but now we’re talking about *prevention!*

Knowing zinc is not specific to treating the influenza virus (e.g., it doesn’t kill the virus), is not a reason to reject it forthwith. In fact, George Eby notes numerous viruses against which it DOES have a benefit.<sup>52</sup> For general immune support, it’s very important, but if you’ve got the flu, and you want to get better quickly, you’re not going to run to C.V.S. to pick up some zinc lozenges! As discussed in this article, there are way more important things for you to do. (And no, it’s not Echinacea, although that’s our next topic.)

### **Echinacea**

Arnold quotes a 2011 a study by Bruce Barrett, M.D., Ph.D., et al, that showed Echinacea to not have a statistically significant effect on the common cold. This study, funded by *the National Institutes of Health and the National Center for Complementary and Alternative Medicine* was a well-designed study with 719 patients. Dr. Arnold aptly noted the poor results, and this writer is not surprised: Even when taken properly, *by itself*, Echinacea is of little, if any benefit in many studies.

Still, the Barrett report is in contrast with a 2015 meta-analysis of Echinacea studies that used 2,458 participants and found significant benefits of *Echinacea* over a placebo at supporting immune and respiratory health!<sup>53</sup>

Echinacea is a mild herb, and any herbalist or naturopath will tell you that herbs are best when taken together! While any holistic practitioner would want the general immune system of their patients to be enhanced by whatever means necessary, the authors of this study made this absolutely NOT possible by this statement, page 770 of their report:

***“Participants receiving antibiotics, antivirals, nasal steroids, decongestants, antihistamines, combination cold formulas, Echinacea, zinc or vitamin C were excluded...”***

Still, there appears to be no major flaws in this study, and since recommended doses for Echinacea vary tremendously, whether or not it is used alone or in combination with other herbs, it’s not hard to see why this study showed virtually no benefit to supplemental Echinacea, used alone. The only “problem” with this study is that no other beneficial interventions were allowed.

If they *had* allowed their study participants to take other vitamins, herbs or medications—their results would not have been consistent. But in holistic medical circles use of more than one supportive therapy at a time is considered normal and oftentimes, failure is a result of *missing* something important. After all, “the chain is only as strong as the weakest link,” as the saying goes. And didn’t Dr. Arnold lament that fact that giving zinc *alone* was not such a great idea, because it depleted copper? All Dr. Arnold had to do was to remind folks that IF they are taking zinc for more than and a few weeks, copper (at a 10:1 to a 7.5:1 ratio of zinc:copper would be appropriate.<sup>54</sup>

When Echinacea is used in combination with other ingredients, the results are more impressive.<sup>55</sup> For example, a combination of Echinacea, Thuja and Baptisia has shown efficacy for temporary immune support in many clinical trials and has been used as supportive care with conventional medical approaches.<sup>56</sup> Another popular combination is Echinacea and Goldenseal a combination that is way better than Echinacea alone, as any holistic practitioner will note.

In short, Echinacea, when used in conjunction with a total, supportive, holistic approach, can prove of benefit. But in an urgent care setting, it is right that Dr. Arnold dismissed it. A better context might have helped, but most urgent care centers do not employ herbalists who can inform you as to what *other* herbs to take with your Echinacea! In fact, when folks are sick, they need support that works and pronto!

Thus lies the trouble of using single herbs (or nutrients), in trying to treat a common ailment, whether it is the common cold or the flu. A multi-faceted approach is our best bet and Dr. Arnold was warranted in recommending *against* Echinacea. It's not the fault of Echinacea, but the fault of our medical system that is always looking at everything as a drug: One drug, maybe two per ailment. In natural healing circles, the whole immune system requires support and many nutrients, would be involved, obviously.

This nutritionist is biased and therefore, prefers *nutritional support*, and this would include such things as vitamins A, C, D, probiotics, and a super healthy, sugar-free diet. When such support is not used or provided, a simple herb, like Echinacea, *by itself*, is not likely to be of much benefit and Barrett and his team of *other* health professionals proved this to be the case.

### **Ibuprofin and Tylenol**

The writer of this article is a nutritionist and it's not his job to say take or don't take this or that medication—that's between the patient and his or her doctor! Just the same, when the fireman comes to rescue you from a fire, you don't ask if he passed his recent physical exam—you accept his (or her) help! And of course, the reader of this article is welcome to accept or not accept the information presented. Truth be told, if you've reached this far into this article, you're more open-minded than most folks!

On this topic of being "open-minded," I had a friend, Alice, who was very sick and I recommended she take one gram of vitamin C every hour until she was better, which would have meant no more than two days. Two weeks later she was *still* sick! I asked her, "Why didn't you take the vitamin C I recommended?" She replied, "I don't like taking pills." (This was before Emergen-C became a regular thing.)

In "After Hours Pediatrics, Urgent Care," comes this question: Which is best, ibuprofen or Tylenol (for reducing fever)? Does the reader not see how the question is framed? We are to *assume* that reducing that fever is something to be desired, so, "which drug is better?" becomes the question, rather than, do we *really* want to reduce that fever in the first place? Studies show that for every one degree Fahrenheit rise in body temperature, the activity of our immune system supportive white blood cells *doubles!* So unless the fever is life-threatening, (e.g., above 106 F), why mess with it?

The reader may recall the story of this author who 4.5 years back suffered a severe Lyme disease infestation and had a 105 to 105.8 fever for four days! And he did *not* take any Tylenol. Instead, he did 50K of vitamin A and 50K of vitamin D, 3x/week (w/food), and was given IV vitamin C at 75 grams, 3x/week. On non-IV days, he did as much oral vitamin C as possible, at least 15-20 grams per day. “Standard of care”, namely Doxycycline, was also given. Mr. Tom got better in one week and he was back to running in two weeks! B.T.W., this was the worst case of Lyme disease this medical center had ever seen! (They opened in 1974, this event occurred in Sept. of 2014.) Thankfully, Mr. Tom worked at this medical center, so his therapy was without charge!

Many readers may understand the concept that a fever is our body’s attempt to fight off an infection, and maybe, just maybe, we shouldn’t mess with it! What’s wrong with telling a mom of a sick child that the fever has a *benefit*, and it is best to leave well enough alone, unless the fever gets into dangerous territory. After all, is not the fever part and parcel of a *healthy* immune system? Yes, it is! But what about lizards? Why hasn’t anyone talked about lizards? Ok, I will, sorry they almost slipped my mind...

Sometimes, you just have to bring lizards into the picture, don’t you think? So when *Matthew Kluger*, a scientist in the *Department of Physiology at the University of Michigan* performed his original ground-breaking experiments with lizards, skeptics must have been perturbed! What are we to learn from lizards, those cold-blooded *Squamata*, the largest order of reptiles? Well, it turns out, quite a bit! For Kluger found that when he put the lizards in chambers at 100.4 F (normal lizard temperatures), 104.0 F (low fever), and 107.6 F (high fever), interesting results occurred! At normal temperature, 75% of the lizards died, at low fever, 33% died, and at high fever, zero percent died! Did you catch that? After being exposed to dangerous pathogens, IF they were allowed to keep their high fever, ALL survived!<sup>57</sup>



Kluger later extended his findings to goldfish infected with the same pathogen as well as mice infected with coxsackie B virus or Klebsiella, rabbits infected with Pasteurella, and dogs infected with herpes virus. **In every case, animals prohibited from having fever were more likely to suffer or to die.** Did you catch that? INHIBITING fever was associated with a higher mortality!?

*Von Jauregg* has shown that fever could be used to treat infections, begging the question of whether reducing fever worsens infections. Many studies have now been performed in children and adults to address this question, and the results have been consistent:

- Antipyretics prolonged the excretion of salmonella bacteria in people suffering from this intestinal infection.
- Children with bloodstream infections (sepsis) or pneumonia were more likely to die if their temperatures were lower.
- Antipyretics prolonged symptoms in patients infected with influenza.

- Antipyretics prolonged viral shedding and worsened symptoms in volunteers experimentally infected with a common cold virus called rhinovirus (PDF).
- Antipyretics delayed the resolution of symptoms in children with chickenpox.

This is not the place to review the massive literature on the subject of fever and why putting so much effort in reducing it at all costs is likely not a good thing.<sup>58</sup>

Consistent with these clinical observations, recent studies have shown why fever is so valuable. At higher temperatures, white blood cells (neutrophils), B cells, and T cells work better. Each of these components of the immune system is important in resolving infections. As noted earlier, Neutrophils kill bacteria. B cells make antibodies that neutralize viruses and bacteria. And T cells kill virus-infected cells.

As it turns out, antipyretics also don't prevent febrile seizures.

Meanwhile, the most common reason for treating fever is likely that we feel more comfortable when our temperatures are normal. Fever increases the basic metabolic rate, causing us to breathe faster and our hearts to beat faster. But when a person has a fever, do they not want to be left alone? Exactly! They need to be isolated so that they don't infect others! Talk of "the herd," is all over the Internet, so why not discuss it here? If a person has a fever, they need to be "isolated from the herd"!

The drug companies have not helped in making citizens more aware of this issue with ads like "*Let's get that temperature down!*" "*Just what the doctor ordered,*" and "*When fever and aches have little Rickie corralled—Tylenol,*" we are constantly bombarded with the notion that fever is bad and must be reduced or eliminated.

Of interest, Hippocrates, who lived around 400 B.C., had it right. He believed that disease was caused when one of the four humors (yellow bile, black bile, blood, and phlegm) was produced in excess. Fever, according to Hippocrates, cooked the raw humor, leading to healing. Then, in 1899, the German company Bayer invented aspirin. Now, suddenly, it became important to treat fever, popularized by the advice, "Take two aspirin and call me in the morning."

Many folks like to quote the Bible, from over 2,000 years ago, perhaps we should listen to what Hippocrates had to say, just a few centuries before!

In the early 1900s, before the discovery of antibiotics to treat bacterial infections, *Dr. Wagner von Jauregg* injected malaria parasites into the bloodstreams of people with syphilis! (That seems harsh, doesn't it?) The parasites caused high fevers and shaking chills for several days, after which he treated the patients with quinine: an anti-parasitic drug that had been available since the mid-1800s. He found that the high fevers caused by malaria, cured the syphilis! For this achievement, *Dr. Wagner von Jauregg* won the Nobel Prize in 1927, in medicine. He later used his observations to include using fever to treat gonorrhea.

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Kluger had postulated and other researchers have subsequently supported this fact: *a fever* is a very essential part of our adaptive immune response and therefore, should *not* be suppressed for any reason! In fact, one of those researchers supporting the work of Dr. Kluger, went on to win...the Nobel Prize in Medicine! Is that not enough reason to listen to what he might have had to say?

Think about this folks, a scientist, some ninety years ago, that used *fever* to treat syphilis and gonorrhea and we're worried about lowering a mild fever in our kids with a dangerous drug, Tylenol?

Wow, surely we do lack perspective, don't we, and this writer is a mere "nutritionist"!

It turns out that Tylenol exposure to infants is linked to Autism! For example, a recent study by *Stephenie Seneff and associates*, from the *Massachusetts Institute of Technology (MIT)*, showed that Tylenol consumption in early childhood, was linked to Autism.<sup>59</sup> The title of this report was: *Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposure*. Should we ignore this report because the mainstream media didn't cover it? The answer to this question should be a resounding "no." After all, with any negative report about vaccines, when *does* the mainstream media cover it, unless it's about a celebrity? Answer: Never! Well, it's being covered here, even if it's on page 38 of a report about the ridiculousness of current or "urgent" medical treatments for the flu!

Arnold didn't mince words. She recommended Tylenol in treating those with the flu. It's a "standard" recommendation. But it's wrong. The problem with Tylenol is that it's toxic to the liver and in young children and can cause Autism!

Why recommend something that will possibly make you sick *longer* and if you're a youngster, possibly cause autism? In other words, why recommend a dangerous drug when vitamins A, C and D work so much better *and* without side effects?

## **Summary**

The purpose of this article was to provide a critique to something published in a recent issue of the Journal of Urgent Care Medicine. It is hoped that my arguments made sense, and that you received some value from them. It was NOT my intention to get anyone to change their diets or dietary supplement habits. This is something you must figure out on your own and ideally *before* you come down with what many will just assume is "the flu."

When one is sick, is no time to experiment with vitamins and herbs or to attempt radical dietary changes! It is best to learn about such things *before* one gets sick! Besides, if someone does not "believe" in eating super-healthy, exercising regularly, checking their

vitamin D levels 2x/year and taking dietary supplements (if needed), and can't handle avoiding junk food, soda and sugar, they will not likely do such things when they're sick!

All this being said, it still would have been useful if Dr. Arnold HAD touched upon nutrients that enhance immune function. The literature is loaded with articles on this subject; I merely covered some of the literature in this presentation.

Thanks for reading this and...any reviews would be appreciated! Please send them to:  
[thomas@beyondok.net](mailto:thomas@beyondok.net).

Tom Petrie

<http://www.BeyondOK.net>

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fighting artificially fluoridated water since Baldwinsville, NY in 1979 and Croton, NY three years later. Now as this article./ e-book is almost seven years old, the cancer mortality figures are likely higher. The actual total cancer figures vary from year to year. The purpose of this exercise was just to illustrate how many lives are lost just to cancer, due to this outdated, idiotic and non-scientific policy. It's actually much more, if you read this brief e-book on the subject: 60 Reasons to be Opposed to Artificial Fluoridation of Your Drinking Water: Go to this website: <http://www.BeyondOK.net/fluoridation> This is because fluoride chemicals have many systemic effects including on the immune system, neurological system, cardiovascular system, etc. Read for yourself!

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