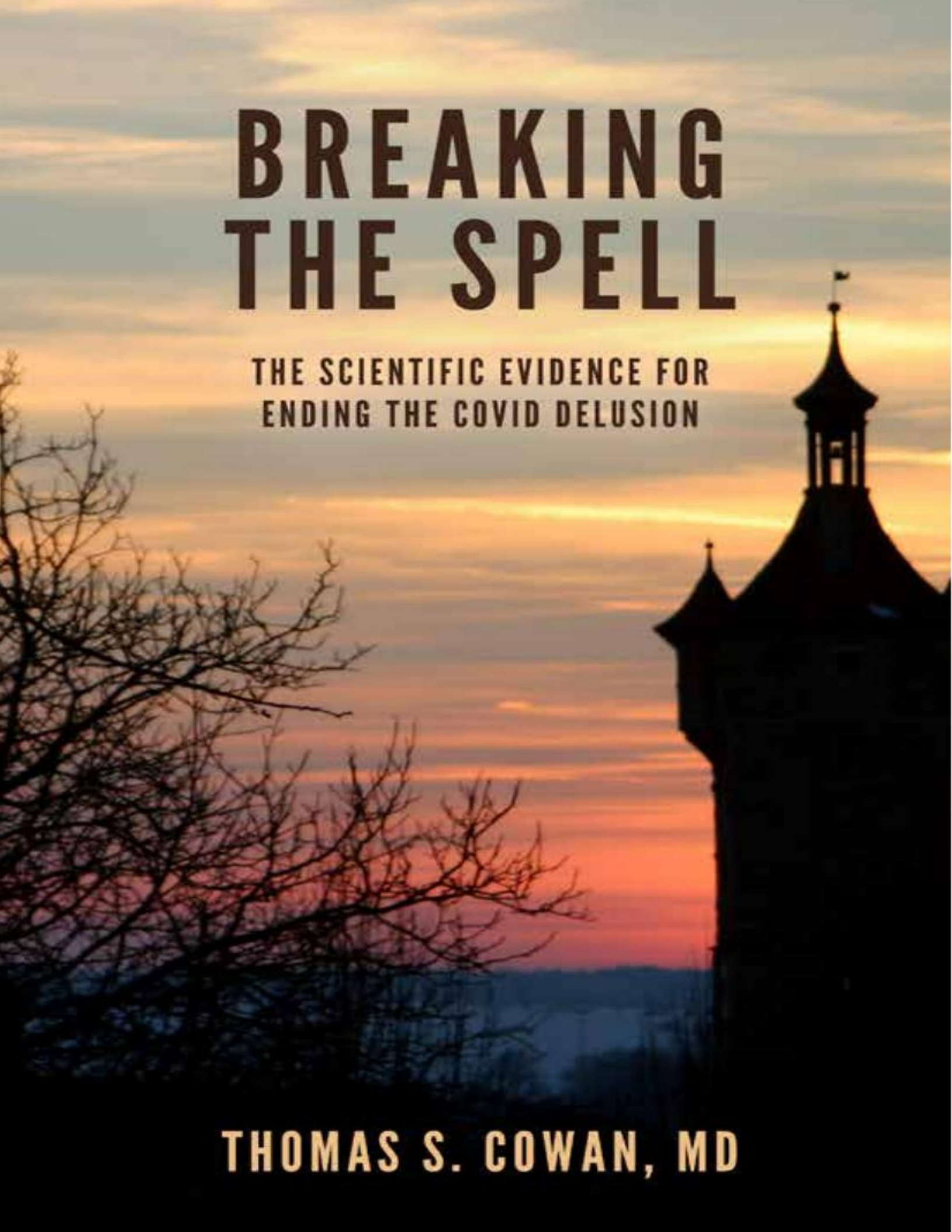
BREAKING
THE SPELL
THE SCIENTIFIC EVIDENCE FOR
ENDING THE COVID DELUSION
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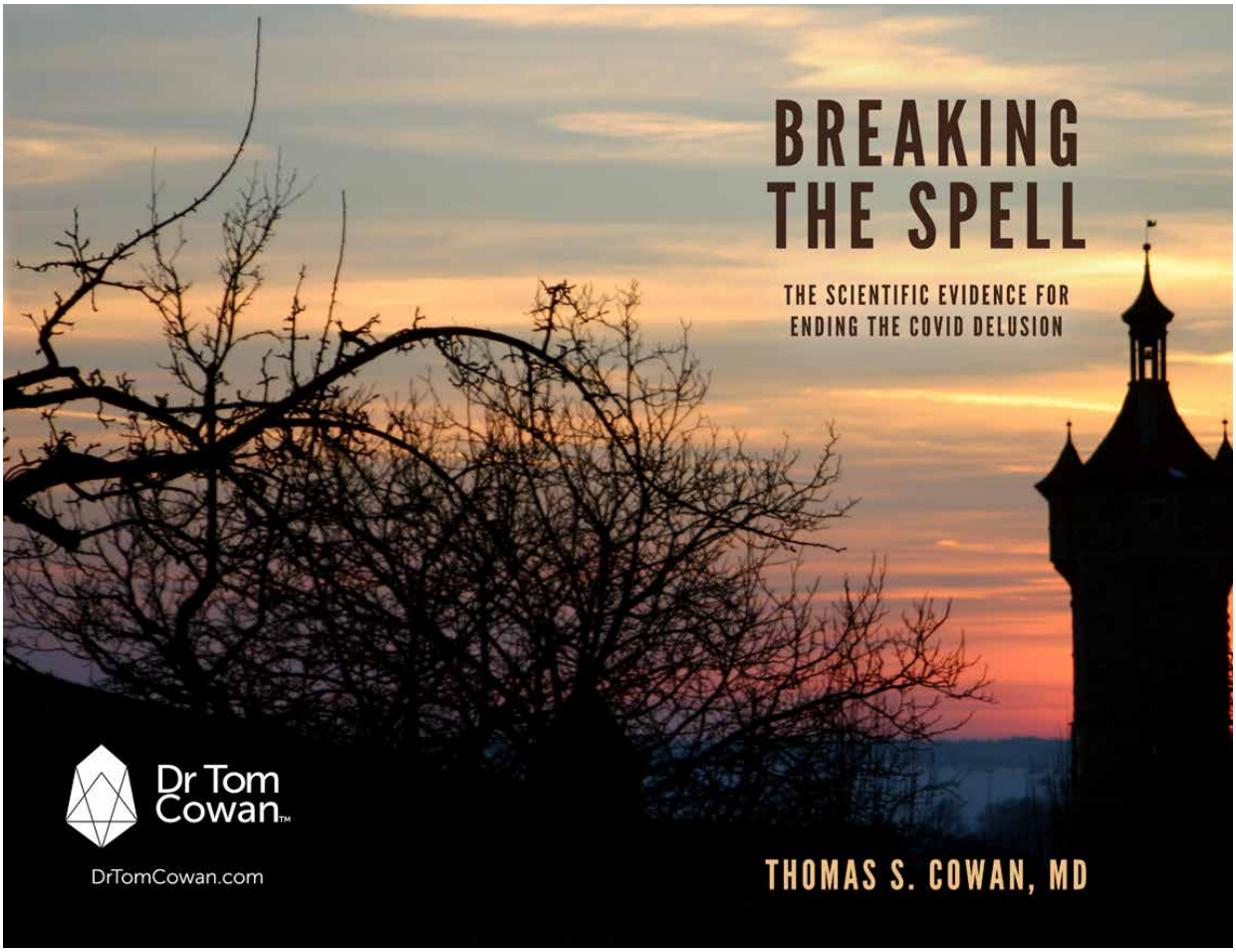

BREAKING

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INTRODUCTION

In our book *The Contagion Myth*, Sally Fallon Morell and I outlined the case that the existence of the new SARS-CoV-2 virus is unproven, and that no convincing evidence exists to prove that viruses, any viruses, are pathogens. We presented an entirely different way to conceptualize illness based on real-world observations and clear scientific evidence.

Perhaps naively, we hoped that once we presented the evidence for this view to the world, the world would wake up from the COVID delusion, and humanity would chart a different course.

Unfortunately, we can clearly see that this course correction has not happened. At the same time, this year has been without question the most fascinating year of my life. Our book was banned from Ama-zon, and my accounts were kicked off Instagram and YouTube. Predict-ably, I was criticized by such varied entities as the BBC, MSNBC and CBC, but also, more unexpectedly, by "anti-vax" doctors, scientists and journalists.

At the same time, my friends Andrew Kaufman, MD, and Stefan Lanka, PhD, and I, as well as others, persist in speaking about what we are seeing. We have no motivation to speak out except to explain the facts as best we understand them. We continue to explore ways of making the science as clear as possible, doing further studies to clear up any questions or doubts, and using whatever small influence we have to share our insights with as many people as possible.

Our reasons are simple and twofold. The first is to stand behind what we know to be correct: The SARS-CoV-2 virus has not been shown to exist, which, of course, means that "COVID-19" cannot possibly be caused by this imaginary virus.

The second, even more compelling reason is that humanity stands at a crossroads. As I will attempt to explain in this short booklet, we are faced with two divergent futures. The first is a future based on the biology of water, which is the evolutionary path intended for us by our creator. The

second future is based on the properties of quartz, an “in silico” future. This will be a future in which the very essence of what it means to be a human being, the very essence of life itself, will be computerized, controlled, manipulated and surveilled.

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This second path is not a future I wish for myself, my family, my friends or for the world. I will attempt to show that belief in this “in silico” path rests on a massive delusion, one that we must overcome. It is time for human beings to become mature, wise and humble guides for life on earth. Our existence and the existence of our animal and plant friends depend on this awakening.

Join me in this quest to ascertain and live in the truth.

—Tom Cowan

August, 2021

VI

Chapter One

HOW DOES A VIROLOGIST IDENTIFY THE EXISTENCE OF A NEW VIRUS AND PROVE THAT IT CAUSES DISEASE?

No one would hire a baker who couldn’t describe the exact steps he or she would use to bake a cake. Similarly, no one would hire a carpenter to build a wood shed who had never heard of a hammer. And any person who doesn’t know the exact steps a virologist takes to answer the question posed in the title of this chapter can’t possibly judge whether SARS-CoV-2, the virus that allegedly causes COVID-19, exists.

To be clear, I don’t mean an answer such as, “you do a test for the virus,” or, “all doctors believe there is such a virus.” I am specifically referring to the steps any virologist in the world should take to identify a new virus. I am convinced that once you understand *exactly* these steps, you will never again

believe that any virus has ever caused any disease. As hard as it might be to accept, the truth is that simple.

In a sane and rational world, medical authorities would have made the answer to this straightforward question the first and highest priority in their role as educators of the population. As you will see, the process is simple to understand. Thus, there is no reason every person in the world should not know how to answer this basic question.

As my experience during the past year of giving hundreds of talks, lectures and interviews has taught me, however, almost no lay person, journalist, lawyer, activist or health professional, including MDs, has any idea how to answer this question. For many, COVID has become their life's work, yet they still have no idea how to even *know* whether this virus exists. After you read the next 10 pages or so, I am hopeful that you, unlike these professionals, will never again be in this predica-ment.

First, let's start with how the overwhelming majority of lay people and health professionals alike believe that a virologist goes about proving the existence of a virus.

When I have asked people this question, the answer I most often hear is, "Millions of people all over the world are getting sick and dying; therefore, it must be a virus." Often, people claim that it has been **1**

shown that the disease has spread from place to place, or from person to person, which must "prove" that the cause is a virus. Sometimes, they point to stories they have read, such as, "San Quentin prison had no cases of COVID, and then someone with COVID was sent there, at which time many people got sick" (or at least tested "positive"), which again proves it must be a virus.

Sometimes, it is the story of Aunt Bessie, who went to church, only to fall ill a week later after having been exposed to someone at church who tested positive. I have heard scores of such stories. The important point to make is that no scientist, virologist or competent medical professional would claim

that these epidemiological observations prove the existence of any virus. In fact, the role of epidemiology in medicine and science is primarily to generate hypotheses, which then can be tested in the laboratory to prove causation. Epidemiology can never prove the existence of any virus, nor prove the cause of any disease.

That is simply not its role. On this, there is virtually no disagreement in the scientific world.

Furthermore, if the fact that a lot of people getting sick in the same place proves viral causation, then we could logically conclude that Hi-roshima must have been a virus. If we claim that a disease that spreads is also proof of viral causation, then the Chernobyl disaster could have been caused by a virus. For more than a hundred years, people observed that one sailor after another got sick on ships. Their teeth fell out, and many went into heart failure and died. For many, it was "obvious" that something was being passed—a contagion—from one sailor to the next. At some point, however, a sailor ate a lime; the whole thing went away because, in fact, the sick sailors were suffering from scurvy, a disease caused by vitamin C deficiency.

There are many other examples illustrating how epidemiological observations have misled a medical profession stubbornly wedded to the idea of contagion. Beriberi and pellagra, two well-known nutritional deficiencies, were considered for decades to be caused by a contagion.

It turns out the cause was B vitamin deficiency, which, as one would expect, would often show up in the same family members at the same time.

To reiterate the point, the role of epidemiology in science is—or should be—to suggest avenues to explore. And when scientists misuse epidemiology, they become, in the words of the former chair of Har-vard's epidemiology department, "a nuisance to society," doing "more harm than good" (1).

In the case of "COVID," I have no objection to exploring the hypothesis that some infectious agent is the cause of this potentially new

Chapter 1

illness, but I also contend that many other possible causes should be explored. To be even clearer, using epidemiology to prove this or any virus exists is a scientifically naive and irrational stance.

Let's take the next step. Here, we are describing what most people think has happened and what the vast majority of medical doctors believe has happened. Most people assume that the first thing researchers do when confronted with a new illness is carefully define the symptoms. Then, once they have found a significant number of similarly sick people, the assumption is that the researchers examine various bodily fluids from the sick people to find a common virus. The general expectation is that the virus will then prove to be abundant in these people, that it will demonstrate a uniform morphology (size, shape and other defining physical features) and that each virus (called a virion) will be shown to contain the identical genetic material. This is the clear, logical and rational approach to the discovery of a new virus.

The actual facts contradict this rational approach. Although some

"viral" diseases do share a common symptom picture, many, such as

"COVID-19," do not. This phenomenon obviously complicates matters, for without a clear definition of the illness as a starting point, identify-ing which sick people to examine immediately becomes a challenging hurdle. But even in the most clearly defined "viral" diseases, such as measles or chicken pox, the following shocking statement is still unde-niably true: In the history of medicine, not one published study shows the isolation of identical particles that would represent a disease-causing virus from any bodily fluid from any sick person.

Let me make this even more clear. If one takes any person with any "viral" illness—for example, chicken pox, rabies, measles, AIDS

or COVID-19—the published literature does not contain any evidence of any virus that was directly isolated from any bodily fluids from even one person suffering from these illnesses. The interesting thing about this statement is that no health institution from any government in the world disagrees. Similarly, there is no disagreement on this point from any virologist or

medical doctor who works in or publishes in the field of virology. And there is no disagreement about this statement from such institutions as the Centers for Disease Control and Prevention (CDC), the Pasteur Institute or the Robert Koch Institute.

To prove this point, we are in possession of nearly 60 written statements from governmental institutions from all over the world confirm-ing that they have no examples of SARS-CoV-2 being isolated directly from any human being (2). We also have written statements from some of the lead authors of the most important papers on the "isolation and purification" of SARS-CoV-2, who agree that they never attempted to **3**

obtain the virus directly from any fluid of any sick person (3). Finally, in-person communication with a number of virologists confirms that no pathogenic virus can be isolated from any bodily fluid of any sick person. They simply say that is not the way the science is done.

Let's be very clear, though, on the next point. It isn't that it is technically impossible, or even difficult, to isolate any particle the size and shape or characteristic of a virus from a fluid sample. For decades, for example, scientists have isolated identical particles (called bacte-riophages) from bacterial cultures and showed pure samples of these particles under the electron microscope. In this case, all particles from one culture are morphologically identical, all are made of exactly the same proteins, and all have identical genetic sequences.

The steps to isolate a particle the size and characteristic of a virus are also straightforward and not unlike how a chemist would isolate caffeine from a coffee bean. First, you take a sample of whatever fluid you wish to examine. Then, you macerate it (as in a blender) and filter the sample through a filter paper that allows anything soluble, including any particle the size of a virus, to pass through the paper. After discard-ing the cells, fungi and bacteria, you put the remaining fluid on something called a "sucrose density gradient," which separates it into bands by molecular weight. This process is called ultracentrifugation.

With ultracentrifugation, the virus in question spins out into a band. The band can then be extracted from the gradient with a micro-pipette and checked for purity. In this way, you can confirm that the only thing in the band is the virus. You can then study the virus, determine its exact morphology and sequence its entire genome. Most importantly, you can then expose test animals to this isolated, purified virus to see whether they get sick.

These steps are the way science is supposed to work. One isolates the variable—in this case, the virus—and then characterizes the make-up of the virus. Once one is certain of the existence of the pure virus, test animals can be exposed to it. Yet this simple, doable experiment has never been successfully done for even one so-called viral disease, and it has certainly never been attempted for COVID-19 and SARS-CoV-2. Not even once.

When I ask doctors or virologists why they don't carry out this simple, clear, logical, rational proof to demonstrate the existence of a new virus and show it causes disease, I hear one of two answers. The first is that not enough of the virus is present in any bodily fluid of any sick person to find it in this way. I have even asked scientists whether they would see the virus if the bronchial fluid from 10,000 people with

"COVID" were pooled, but the response is the same: "There is not **4**

Chapter 1

enough virus to find." This, of course, begs the question: On what theory are we then claiming the virus is making people sick? To this, there is no answer.

The second answer I have heard is that viruses are intracellular

"parasites"—so, of course, we can't find them outside the cells. When asked how the virus passes from one person to another, as we are told it does, virologists reply, "it buds out of the cell, goes into a droplet and travels to the next person." In other words, the virus is transmitted when it is outside of the cell. I can only wonder why virologists can't find it during this transmission step since they clearly think it is *outside* the cell.

We are faced here with a dilemma. It is clear that no virologist has ever isolated any pathogenic virus from any bodily fluid of any sick person. How, then, can virologists claim—in thousands of papers, including scores on SARS-CoV-2 alone—that a virus *was* "isolated,"

characterized and shown to cause illness in animals? There are hundreds of claims that the genome of SARS-CoV-2 has been sequenced, and that variants of this genome have been discovered. Understanding how virologists have felt justified in making this claim is the key to understanding how virology lost its scientific integrity.

If they are not following the straightforward steps I have described for isolating a virus, on what basis do virologists claim the existence of a new virus and the proof that this new virus is a pathogen? The answer is simple: Virologists claim that something called the "cytopathic effect" is *the* proof of the existence of a virus and its disease-causing potential. Again, about this statement there is no dispute.

To understand what cytopathic effect is, we must revisit some piv-otal events in the history of virology that occurred in the early 1950s.

Around that time, virologists realized that they had the tools to see particles the size and morphology of a virus using the electron microscope; however, they also realized that they never saw a uniform particle coming from any sick person. In essence, they disproved the foundation of virology!

Fortunately for the virology profession, a man named John Frank-lin Enders saved the day by "discovering" the process that became known as the viral "culture," a discovery for which he received a Nobel Prize in 1954. In 1954 (4) and 1957 (5), Enders wrote two papers describing how to create viral cultures (using a "minimal nutrient medium"), and this methodology became the standard for all viral proofs forevermore.

Remember, a virus is an extremely small particle, one that can be seen only with the magnification available through an electron micro-5

scope. Also remember that a virus is conceived to be a tiny particle with a protein coating encasing a small amount of genetic material, either DNA or RNA. The game is to find this unique particle and show that it causes destruction of the host on which it grows.

Bearing these aspects of the definition of a virus in mind, here are the steps Enders outlined in his 1954 paper (4). Enders started his experiment by taking a throat swab from seven children hospitalized with symptoms consistent with measles. He mixed the cotton swab with two milliliters of milk—interestingly, itself a source of genetic material.

Then he added the throat swab in milk to a solution containing:

"Penicillin, 100ug/ml and streptomycin, 50 mg/ml were added to all throat specimens which were then centrifuged at 5450 rpm for about one hour. Supernatant fluid and sediment resuspended in a small volume of milk were used as separate inocula in different experiments in amounts varying from 0.5 ml to 3.0 ml" (4).

"Inocula" is just the sample used in the next step, which was to inoculate this material onto a culture of "trypsinized human and rhesus monkey kidney" cells. To this culture medium, he added the following:

"The culture medium consisted of bovine amniotic fluid (90%), beef embryo extract (5%), horse serum (5%), antibiotics, and phenol red as an indicator of cell metabolism" (4).

In simple language, Enders mixed his sample with six other substances that are known to be sources of protein and genetic material.

We now know that these substances break down into particles with the size and morphology of what are called viruses. These six sources are milk, human kidney cells, rhesus monkey kidney cells, bovine amniotic fluid, beef embryo extract and horse serum.

To this culture, Enders' research group next added antibiotics that are known to be toxic to the kidney cells, especially streptomycin. (Nowadays, scientists tend to use the antibiotics gentamicin and amphotericin.) Enders and colleagues then observed this brew over a number of days. When they

saw a characteristic cytopathic effect (CPE) in the cells of the cultures—meaning the transition of healthy, normal-sized culture cells into giant, disorganized cells with internal holes or vacuoles—they concluded that these were proof that the virus from the throat swab was destroying the cells in the culture. To Enders, this cytopathic effect was the hallmark of dying cells, and he believed it could only have occurred because the virus in the measles sample infected and destroyed the cells in the culture.

To this day, with minor exceptions, every "viral isolation" starts with this flawed culturing process. Furthermore, every genetic analysis of any purported virus is done on the results of this cell culture, not on **6**

an isolated, purified virus. No exceptions. Thus, if virologists want to elucidate the genome of a new virus, they don't isolate the virus from a sick person and sequence that specific particle. Rather, they take an unpurified sample from a sick person, run it through a tissue culture (as described above) and do their analysis on the resulting mixture— *not on the virus itself*.

Once one understands how this process works, it gives rise to two central questions. First and foremost, how can we be sure—absolutely sure—that the CPE is a result of a virus from the sick person and not the result of a cell culture that is starved and poisoned? Second, how can we be certain—absolutely certain—that any resultant particles and genetic material in the final culture came only from the growth of the virus from the sick person and not from one of the six substances added to the culture that are also known to contain proteins, "viruses" and genetic material? These two questions are at the foundation of the entire edifice of virology, but astonishingly, the rigorous controls that might provide answers are never done.

Interestingly, Enders himself was aware of the potential pitfalls of his experimental method, for he pointed out the following:

"A second agent was obtained from an uninoculated culture of monkey kidney cells. The cytopathic changes it induced in the unstained preparations

could not be distinguished with confidence from the viruses obtained from measles." (4).

In other words, although Enders didn't describe his control experiment in detail, he did tell us that he repeated this entire cell-culture experiment, but this time he added nothing from any sick person.

The CPE and the resultant particles he obtained "could not be distinguished" from the results he obtained when he inoculated the culture with measles. This is strong evidence that any CPEs were caused by the culture conditions, not by any alleged virus coming from the measles patients.

In Enders' follow-up paper in 1957, he repeated his concerns about his experimental method. He started by stating:

"Ruckle has lately reported similar findings and in addition has isolated an agent from monkey kidney tissue that so far is indistinguishable from human measles virus." (5).

In other words, a second virologist, Ruckle, found particles coming from monkey kidney cells that, again, were "indistinguishable" from what Enders called the human measles virus.

An important-to-understand corollary of Enders' precedent-setting

"discoveries"—and something that almost no physician or lay person realizes—is that every "live-viral vaccine" basically is nothing more

than a partly purified (minimally filtered) cell culture mixture. Measles vaccination programs involve the injection of the results of this cell culture experiment on a large scale.

Later in the 1957 article, Enders reiterated the central dilemma: How can we know the origin of the particles that he chose to call the human measles virus? In this particular quote, he referred to the problem in the context of vaccines:

“There is a potential risk in employing cultures of primate cells for the production of vaccines composed of attenuated virus, since the presence of other agents possibly latent in primate tissues cannot be definitely excluded by any known method” (5).

What is clear from the work of Enders is that he had no idea whether the origin of the particles he claimed were the human measles virus actually came from the sick person or were the result of the breakdown of one of the sources of genetic material used in the cell culture.

In the 1950s, there was no way to distinguish an exogenous, pathogenic virus from the normal particles formed when dying cells break down. Surely, 67 years later, with our modern analytical tools, virologists must be able to distinguish between these two entities. However, here is what a May 2020 paper concerning exactly this issue had to say:

“The remarkable resemblance between EVs [extracellular vesicles]

and viruses has caused quite a few problems in the studies focused on the analysis of EVs released during viral infections…. However, to date, a reliable method that can actually guarantee a complete separation does not exist”

(6).

Today, virologists refer to the inevitable breakdown products of dead and dying tissues as extracellular vesicles or sometimes as

“exosomes.” These particles can be isolated and purified directly from bodily fluids of sick people. They are conceptually different from viruses in that viruses supposedly come from outside the person and, at least sometimes, are considered pathogens. EVs come from the breakdown of the person’s own tissues and are non-pathogenic. And, as of May 2020, virologists acknowledged that they can’t distinguish between the two (6).

There is only one realistic explanation for this. All particles with the size, composition and morphology of “viruses” are, in reality, the normal and inevitable results of the breakdown of our own tissues. And our tissues break down for the same reason as the cultures in Enders’

experiments broke down: They're either starved, poisoned or both.

Dying tissues produce a myriad of particles, and these particles have unfortunately been mistaken for pathogenic, exogenous viruses. It's time to clear up this misconception.

Chapter 1

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Chapter Two

MODERN "ISOLATION" OF SARS-COV-2

It is instructive to examine carefully one of the most influential papers written about the isolation and characterization of SARS-CoV-2 (1).

The importance of this paper is that it claims to document the isolation of SARS-CoV-2 from the first patient diagnosed with COVID-19 in Australia. Therefore, it takes its place as one of the most critical papers published regarding the emergence of SARS-CoV-2 outside of its supposed country of origin, China.

As you will see, the authors of this paper (Caly et al.) follow the same script as the one used by Enders more than six decades ago. In the first section, they describe the clinical situation of the affected patient.

Then comes the hunt for the virus. As always:

"Material from the initial nasopharyngeal swab was used to inoculate a Vero/hSLAM cell line" (1).

Translated, this means that an unpurified sample of the mucus from the patient's nose and throat was inoculated onto a culture of monkey kidney

cells. The researchers made no attempt to look for the actual virus or to test for the genome of the virus in the swab sample from the patient. Only a RT-PCR (reverse transcription polymerase chain reaction) analysis was done, which I will discuss in the next chapter.

In the body of the paper, there is no description of the actual culture methods, but in the supporting material, the authors describe the usual use of a minimal nutrient medium and the addition of two antibiotics (gentamicin and amphotericin) to the growth medium. Pre-dictably, this starvation and poisoning of the cells results in the cells'

breaking down (the CPE) and the production of "viral" particles liber-ated into the culture medium. This process also means that, along with extracellular vesicles/viruses, numerous sources of genetic material will be present in the final culture. These include any potential exogenous viruses that might have infected the patient (if such viruses even exist), genetic particles from the unpurified swab sample from the patient, fetal calf serum and the monkey kidney cells. Yet Caly and colleagues make no attempt to determine where the genetic material that was tested for originated.

11

BREAKING THE SPELL

The authors then describe the electron micrographs done on the resulting culture fluid:

"Electron micrographs of sectioned Vero/hSLAM cells showed cyto-plasmic membrane-bound vesicles containing coronavirus particles (Box 5, B). Following several failures to recover virions with the characteristic fringe of surface spike proteins, it was found that adding trypsin to the cell culture medium immediately improved virion morphology" (1).

In other words, the particles the Australian researchers call

"coronaviruses" included the characteristic halo of spike proteins only *after* the investigators added trypsin to the culture medium. Trypsin is a protein-digesting enzyme; viruses are alleged to have a protein

"coat." It would be reasonable to assume that if one adds protein-digesting enzymes to particles with a protein coating, some of the protein coating will be eaten away, leaving a final particle that might look in an electron micrograph as if it has spikes. This lab-induced result obviously would bear no relationship to what such a particle might look like inside a live person.

There is only one rational, logical and scientific conclusion that one can draw from this paper: These researchers had no idea what made the Vero/hSLAM cells break down. Moreover, they had no idea where any genetic material they subsequently tested for originated. Finally, they did *not* find any particle with the characteristic morphology of a coronavirus until they manufactured its appearance. In sum, there is no evidence in this paper that any particle known as SARS-CoV-2 was found, or that any virus had anything to do with this Australian person's illness.

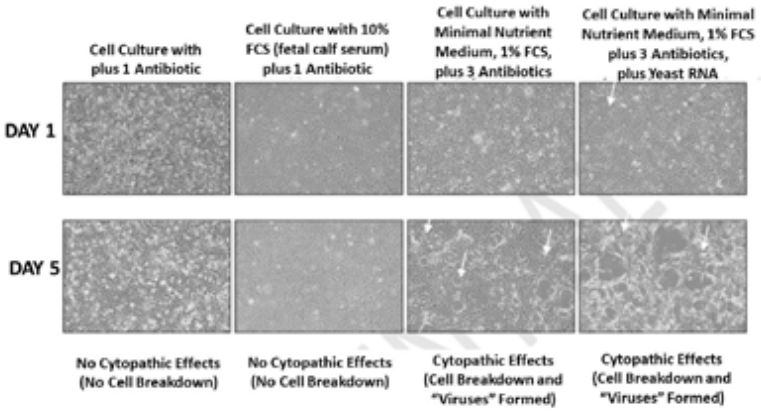
In every paper published on the "isolation" and characterization of SARS-CoV-2, the first step in the experiment is to do the viral culture.

Every analysis of the genome of the "virus" has been done on the results of these culture experiments, not on fluid taken directly from any sick person. Conventional virologists present the CPE (cytopathic effect) as THE proof that the virus exists AND causes disease.

Thus, our next step is to look at the recent experiments of Stefan Lanka as he attempted to do proper scientific studies to understand exactly how the CPEs that virologists are reporting come about (2).

Stefan Lanka, a virologist who is credited with discovering the first

"giant" virus living in an organism in the ocean, decided to put the cytopathic-effect phenomenon to a rigorous test. The question he tried to answer is a simple one: Is the CPE caused by the presence of a pathogenic virus, or is it the result of the culturing process?



The "viruses" are the result of cell breakdown, not the cause!

Chapter 2

Here is the essence of Lanka's experiment, done by an independent professional laboratory that specializes in cell culturing. As seen in this series of photographs, each of the four vertical columns is a separate experiment. The top photo in each column was taken on day one, and the bottom photo was taken on day five.

In vertical column one, normal cells were cultured with normal nutrient medium and only a small amount of antibiotics. As you can see, on neither day one nor day five was any CPE found; the cells continued their normal, healthy growth.

In vertical column two, normal cells were again grown on normal nutrient medium and a small amount of antibiotics, but this time, 10%

fetal calf serum was added to enrich the medium. Still, the cells in the culture grew normally, both on day one and day five.

The third vertical column shows what happened when Dr. Lanka's group used the same procedures that have been used in every modern isolation experiment of every pathogenic virus that I have seen. This included changing the nutrient medium to "minimal nutrient medium"—meaning lowering the percentage of fetal calf serum from the usual 10% to 1%, which lowers the nutrients available for the cells to grow, thereby stressing them—and tripling the antibiotic concentration.

As you can see, on day five of the experiment, the characteristic CPE

occurred, "proving" the existence and pathogenicity of the virus—except, *at no point was a pathogenic virus added to the culture*. This outcome can only mean that the CPE was a result of the way the culture experiment was done and not from any virus.

The fourth and final vertical column is the same as vertical column three, except that to this culture, a solution of pure RNA from yeast was added. This produced the same result as column three, again proving that it is the culture technique—and not a virus—that is causing the CPE.

The reason for adding the yeast RNA is because of the way that the genome of a "virus" is found, a computerized process called

"alignment." The alignment process starts with fragments of RNA and constructs a *theoretical* genome—one that never exists at any point in the actual sample. This genome never exists in any person, and it never exists intact even in the culture results; it exists only inside the computer, based on an alignment process that arranges these short pieces into an entire "genome." It is for this reason that every complete genome of SARS-CoV-2 is referred to as an "in silico" genome, meaning a genome that exists only in the computer. As long as you have enough of these RNA fragments and provide the template, the computer can recreate any genome.

Knowing how the alignment process works, we can now understand what Dr. Lanka's fourth experiment actually showed. He was able to show that *any RNA virus genome* can be found in the results of the cell culture from the fourth experiment. *Yet at no time were any of these viruses added or present in the experiment*.

At this point, it should be clear that the existence of SARS-CoV-2

has never been scientifically proven. And because the virus has never been shown to exist, there is no way we can conclude that this virus causes any disease, has any "variants," contains any particular protein—in particular, the now famous spike protein—or has any other characteristics.

In addition, we can now turn our attention to the COVID tests. If the virus hasn't been shown to exist, and if the main researchers who came up with the tests for the virus admit in writing that they never worked with or had possession of an actual virus (3), what, actually, is a COVID test looking for? This question also points to an important corollary, which is to

understand how COVID testing has been manipulated to implement governmental measures that have done great harm to the peoples of the world.

14

Chapter 2

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15

Chapter Three

THE PCR TEST

The following is a quote from a paper by German virologist Christian Drosten and his research group, who came up with the initial primer sequences to be used in the RT-PCR test for COVID-19. Soon the sequences became the standard for PCR (polymerase chain reaction) testing worldwide:

“Aim: We aimed to develop and deploy robust diagnostic methodology for use in public health laboratory settings without having virus material available” (1).

This sentence means that Drosten and his group set the global standard for SARS-CoV-2 testing, yet they admit they never had the virus itself to work with.

As incredible as this admission sounds, this is standard practice in modern virology. Here is how it works. The PCR process is the Nobel Prize-winning technology developed by Kary Mullis, PhD, in the 1980s. As Dr. Mullis (who died in August 2019) repeatedly pointed out, PCR was never meant to serve as a diagnostic test; rather, it was a manufacturing tool used to create an infinite number of copies of a segment of DNA (deoxyribonucleic acid).

Essentially, a short segment of DNA, called a "primer," is put into the PCR process. The process copies or "amplifies" the segment, making two copies of the segment from one copy, four from two, eight from four, and so on. Each round of copying (amplification) is called a

"cycle." If you start with three copies of the segment in question, after 10 cycles, you will have 59,049 copies. If you start with 10 copies, after 10 cycles, you will have ten billion copies. Clearly, the number of copies you start with and the number of cycles you run will determine the result.

In a variation of the process called RT-PCR, the segment in question is a sequence of RNA (ribonucleic acid) rather than DNA. This RNA sequence is converted by the enzyme reverse transcriptase (RT) into DNA so that it can then be put through the amplification cycles.

To use the PCR process as a diagnostic test (against Dr. Mullis's specifications), a number of things have to happen. First, and obviously,

if the goal of the test is to demonstrate that a particular virus is present in a given sample, one must first have proven that the primer sequence being used actually came from the virus in question. This means the virus had to have been isolated and purified first (see Chapter 1) and its entire genome sequenced. Only then would it be possible to show that the primer sequence used in the test came directly from that viral genome. In addition, to claim that the PCR test sequence is specific to a given virus, one must be able to

demonstrate that no other living entity (for example, microbial) in the sample to be tested could possibly contain that same sequence. If any of these criteria are not met, the PCR

test cannot be used in a clinical setting to find or diagnose the presence of a virus.

In the case of SARS-CoV-2, none of these criteria were ever ful-filled, beginning with the failure to isolate the virus. Without a properly isolated virus, one cannot know the genome of the virus. If one does not know the genome—the sequence of base pairs (or letters) that make up the genetic material of the virus—it is then impossible to know that a particular primer sequence came *only* from that virus. Because the Drosten group admitted it was working only from "in silico" (theoretical) models of the virus and its genome, there can be no proof that any of their primer sequences actually came from SARS-CoV-2. This admission invalidates the entire test.

Off-Guardian reporter Iain Davis investigated the Drosten group's failure to demonstrate that their primer sequence was unique to SARS-CoV-2 alone (2). To make that claim, Drosten would have had to establish that no other non-SARS-CoV-2 substance in the researchers'

clinical samples contained a copy of the primer sequence in its own genome. Using something called a BLAST search—an algorithm and program for comparing primary biological sequence information of all the known organisms on earth—Davis showed the opposite. Doing a BLAST search for the Drosten primer sequences, Davis came up with more than 90 matching sequences in the human genome and more than 90 matching sequences in the microbial world (2). This finding means that the primer sequences being used in RT-PCR testing to identify

"SARS-CoV-2" could be possibly of human or microbial (bacterial, fungal, etc.) origin. Any claims that these PCR primer sequences are unique to SARS-CoV-2 are, therefore, false.

For the PCR process to be used as a diagnostic test, one must also know the frequency of false positives and false negatives. As an example, if you want to validate (assess the accuracy of) a blood pregnancy test, you would start

by finding 100 women who you are sure are pregnant (for example, women who received an ultrasound with a **18**

Chapter 3

baby visible inside the uterus). Then, you do the blood test. If 99 of the 100 women show a positive result, you know the *false negative* rate is 1 percent. Next, you would do the same test on 100 postmenopausal women—in other words, women you know for sure aren't pregnant.

If two out of the 100 produce a positive test result, you know the *false positive* rate is 2 percent. These are the preliminaries that allow clini-cians to use tests in a reliable and effective way.

As no false-positive and false-negative "gold standard" test exists for the SARS-CoV-2 PCR test, it's impossible to assess the rate of false positives or negatives. The manufacturers get around this by comparing their results to other PCR "tests" in a bizarre kind of circular logic. But without knowing the false positive and negative rate, the process is not a test—it is a pointless procedure that gives no useful information about the possibility of any virus or any disease being present.

Some of the confusion surrounding the meaning of PCR testing concerns PCR's cousin, the "viral load," which medicine defines as the amount of virus measured in a standard volume of blood. This idea comes from the fact that any sick person will experience a certain breakdown of their tissues as a result of the sickness. This breakdown creates more genetic material, which, when amplified in the PCR

process, will most likely result in a "positive" result. The sicker an indi-vidual is, the fewer PCR cycles it will take to show a positive result.

One can tentatively conclude that people with a higher "viral load"

will tend to be sicker (that is, they are breaking down more), while people with lower viral loads and negative PCR tests will tend to have less breakdown and be less sick. But what is important to understand is that this has nothing to do with any virus. Furthermore, people who are sick from a similar cause (for example, EMF poisoning or cyanide poisoning) tend to

break down in similar ways, resulting in the production of similar genetic sequences. When these sequences are then amplified, scientists will claim the people are suffering from a "viral infection," but again, no virus is involved. Instead, it's simply that all illness creates genetic debris, and similar illnesses cause similar patterns of genetic breakdown. When these patterns are picked up by the PCR process and erroneously used as a diagnostic test, that is when we run into trouble.

The biggest danger of using the PCR process as a diagnostic test is that the number of cycles will determine the percentage of positives and negatives. Any PCR "test" done with 25 or fewer cycles is likely to be negative in almost every case. With that amount of amplification, one rarely is able to pick up the primer sequence in question. On the other hand, if the amplification cycles are above 40, almost everyone will **19**

test positive because those sequences are present in every human—and every human has a baseline of tissue breakdown happening all the time.

The implications of this feature of the PCR process are clear. If any tyrant wanted to show that there was a "viral pandemic," all they would have to do is increase the cycle numbers to more than 40. If they then wanted to show that whatever intervention they were using to combat this "pandemic" was helping, they could just lower the cycles to fewer than 25. Suddenly, all those "positive" cases would become "negative"

simply because the sensitivity of the test was altered.

The only way to combat this potential fraud is to eliminate the use of any PCR process as a diagnostic test.

20

Chapter 3

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Chapter Four

THE COMPOSITION OF THE HUMAN BEING

Over the past couple of years, I have asked numerous people the simple question, "What is the human being made of?" The answers I have received are sometimes interesting, sometimes a little strange and sometimes very informative. No one, however, has given the answer I was looking for—not that I claim to have the truth about such a complex and ultimately unfathomable question, but I do have an approach that I believe can help us immensely in our understanding of health, illness, why we get sick and what to do about our illnesses.

I believe that we must have a realistic, accurate, truly scientific picture of what a human being is made of to answer another pressing question—one that is likely on everyone's mind—which is, "If it's not a virus, then why do people get sick?"

Let's look at one approach to answering the question, "What is a human being made of?" One way to start is to understand that the human being is made of—or perhaps better said, consists of—a head, chest, arms, legs, eyes, ears and many other visible body parts. I base this conclusion on decades of observation of myself and other human beings and, most important, on the fact that every system of science and medicine that has ever existed has fundamentally agreed with this conclusion.

Next, I want to go deeper. Lying beneath these easily visible parts are structures that are generally referred to as organs. These include the heart, liver, intestines, nerves and so on. My evidence for the existence of these organs is that, in many cases, I can directly feel them in myself or in other people. One can also see them during surgery on living people, and one can easily see them with imaging techniques such as ultrasound and CT scans done on living people. Again, most important, all medical systems I know of not only agree that humans are made of organs but also sometimes view organs as central to their entire medical approach. For example, such is the case with Chinese medicine, an ancient discipline that bases its approach on energy flowing through these **23**

very organs. Again, I know of no system of medical thinking that does not believe in the existence of the various organs within the human being.

Let's now go one step deeper and ask, "What is an organ?" For example, what is the liver made of? Here, we are generally presented with the "obvious" answer that the liver is made of liver cells, called hepatocytes, that are grouped or organized somehow to form the structure we know as the liver. But now we find our first area of disagreement. First, as far as I know, no one has directly seen liver cells in an intact liver in a living person. Also, obviously, liver cells are too small to be visualized on any current imaging technique such as ultrasound, CT scanning or MRI testing.

The reason liver cells have never been seen directly in an intact organ in a living person could be purely technical, in that liver cells are too small to see without at least a light microscope, which can't be used in a living person. So, scientists and medical people find liver cells by extracting them from a liver in a living person. Then, they use stains or prepare the tissue in some way and see the characteristic morphology (form and structure) of the hepatocytes under a light microscope. This process seems clear, except that it is widely acknowledged that even the simple act of removing a piece of tissue from its living matrix inevitably has an effect on the morphology, chemistry and behavior of that tissue. To be as accurate as possible, therefore, we need to eliminate the possibility that our method of investigating living tissue in some way changes the characteristics of that

tissue. That step should be the highest priority for anyone claiming to draw scientific conclusions.

Interestingly, the scientific theory that human beings (and, in fact, all animals) are made of cells is not part of any traditional medical system. Whether we consider Chinese medicine, Ayurvedic medicine, homeopathy, or other traditional healing modalities, none—at least, none that I know of—has ever mentioned or spoken of the existence of cells. Although this fact certainly doesn't prove that cells are *not* present in living tissue, it is an intriguing historical footnote.

The theory that we are made of cells is actually an extremely new idea. It was essentially created by a German doctor named Rudolf Virchow in the 1850s and, at the time, was met with much criticism and even derision. Again, this response doesn't prove Virchow was wrong, only that the cellular theory was one of a long line of theories that has emanated from the overarching materialistic thinking characteristic of the past few centuries. In this case, the term "materialistic" refers to the school of thought that humans, like everything else in the universe, are simply different forms of material substance. For materialistic thinkers, **24**

concepts such as "energy" or "vital forces" or even the investigation of life itself are simply off the table.

A final comment on the cell theory (for now) is that biologists claim the human being consists of about 188 different tissue types.

These include the liver, heart, ovaries, lens of the eye and so forth. Of these 188, about 44 are widely considered to be "syncytium"; the rest are thought to consist of cells (1). A syncytium refers to an acellular organ—one homogenous structure with no internal divisions that we would call cells. A well-known example of an organ that is a syncytium is the lens of the eye. (Clearly, having a homogenous, uniform structure as the eye lens is a good idea if the purpose of the organ is to be trans-parent to light.)

In general, it is not clear to me why a cellular structure would benefit, for example, the liver. While we can see that the liver displays a cellular structure on a biopsy (a process that requires the living tissue to be killed and stained), this does not tell us how cells provide a function-al advantage in the activity of the liver. Wouldn't it be easier, simpler and provide better communication if the organ were made of a uniform, homogenous "matrix" instead of tiny cubicles? In any case, let's say that although the cell theory has some problematic aspects, enough evidence exists to conclude that at least some of our organs do seem to be composed of internal divisions, divisions we commonly call "cells."

If we go deeper still and ask what a cell consists of, we run into more problems. I would, at this point, urge anyone who is at all interested in the subject of cell biology to read the entire works of the two biologists who have most influenced my thinking: Harold Hillman (1) and Gilbert Ling (2). In my opinion, they are the two best biologists who have ever lived.

Both Ling (1919–2019) and Hillman (1930–2016) pointed out that the biology of the past 100 years is fraught with problems related to how data are obtained. Their work is invaluable in grounding us in the reality of what exists in living systems, and differentiating what exists from what is an artifact. The word "artifact" refers to the crucial-to-understand concept that what we see through the use of an imaging or interpretative technique might not reflect the morphology or activity of that structure when it is found in a living, intact organism. This is especially the case with the invention and use of the electron microscope.

Although an in-depth analysis of the components of a human cell is not the subject of this booklet, it is important to point out that scientists always take electron micrograph images *after* the tissue is extracted from its living system. The tissue is then either frozen at extremely low temperatures, or soaked in enzyme baths, stained with heavy metals and **25**

toxic dyes and bombarded with electron beams that immediately evaporate all water contained in the sample; only then is the tissue examined in a vacuum chamber on the slide. To claim that none of these highly aggressive

procedures alters the appearance and function of the tissue is beyond ridiculous. As Hillman often pointed out, while there is some information to be gained from studying electron micrograph images, *all* such images are artifacts in that none of them accurately depict the structure in real life.

Remember, the only way a virus has ever been visualized is through exactly these steps. In fact, it is accurate to say that no one has ever seen a virus; we have seen only heavy-metal stain deposits on some underlying tissue. Newer cryotechniques try to avoid this problem, but, again, all we are seeing is the frozen version of a particle with no reference to what it might have actually looked like in the intact organism.

Without going into great depth on this fascinating subject of what really exists inside a living tissue, we can equate this line of inquiry to the troublesome issues surrounding virology. Again, to do true science, we must be absolutely sure of our assumptions and, in particular, we must be absolutely sure that our method of investigation has not altered what we are examining. It should be obvious that careful controls must be done at each step to rule out that possibility. Yet, even though

"radical" scientists like Hillman have pointed out the necessity of these controls many times through the years, such steps are largely ignored in science today.

Even something as simple as anesthetizing an animal might change that animal's biochemistry and the composition of its tissues. Shouldn't we be asking, "What happens when we blend, freeze, dehydrate and stain with heavy metals the human tissues, cells and biochemical path-ways being examined in a laboratory?"

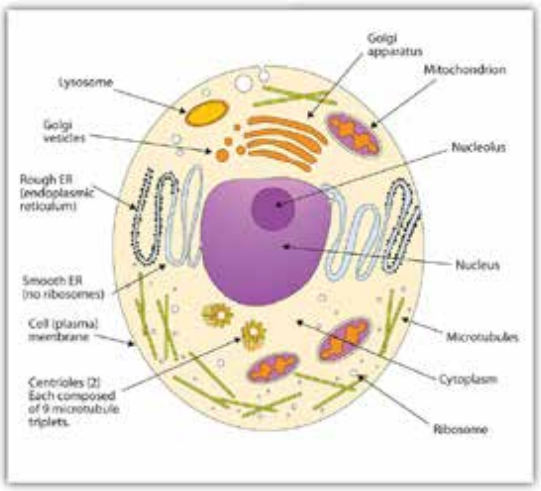
It turns out that this line of inquiry leads to a completely different view of biology, one that is not only more accurate, but also vastly more fruitful in preventing and treating sickness. Let us look at this issue in some detail.

The first image is the usual textbook drawing of the components of a cell. The little circular structure called the "ribosome" is crucial to modern genetic theory. It is considered the place inside the cell where messenger

RNA (mRNA) is translated into protein. If the ribosomes turn out to be an artifact, the entire theory of genetics begins to crum-ble.

26

THEORETICAL DIAGRAM OF A CELL



Chapter 4

Since the early discovery of ribosomes, they have been seen only using the high magnification of the electron microscope. They are always seen as perfect circles, either attached to the snake-like structure called the "endoplasmic reticulum" or floating free in the cytoplasm (the watery part of the cell outside the nucleus). However, we must realize that any structure that is always perfectly circular in a two-dimensional image must have been spherical in three-dimensional "life."

To find a ribosome, the homogenization of the cell is required, meaning that it's put into a kind of blender. When any structure that is perfectly spherical is put into a blender, it's impossible that it would be cut into perfect circles. This defies the basic laws of spherical geometry.

In other words, the perfect circles seen on electron micrograph images for decades—drawn in all modern images of the cell—must be artifacts. That ribosomes can't possibly exist inside an intact cell is the conclusion reached by Hillman, who discussed the history of ribosomes in many of his books and showed, step by step, that no one has ever proven that such a structure actually exists inside the cell. The circles are likely stained gas bubbles that are the inevitable result of how the tissue is prepared.

Let's look at another structure seen in all drawings of the components of a human cell. The endoplasmic reticulum is the long tube-like structure that, in these drawings, is attached to the lining of the nucleus and to the cell wall. Like ribosomes, the endoplasmic reticulum is seen only using an electron micrograph, and, again like ribosomes, it is a structure crucial to the modern understanding of how a cell functions.

It was "invented" to solve the problem biologists faced when they theorized that the DNA is contained in the nucleus, which is bound by a membrane.

pH is an indicator of hydrogen ion concentration. Direct measure-ment in intact cells has shown that the pH within the cytoplasm is different from the pH inside the nucleus. This phenomenon can only mean that hydrogen (H+) ions are not able to freely pass from the cytoplasm into the nucleus and that the membrane of the nucleus must be a barrier preventing the free diffusion of H+ and other small ions from nucleus to cytoplasm. This observation raises an obvious question: "How does the mRNA, which is thousands of times larger than an H+ ion, pass from the nucleus where it is made to the cytoplasm, where it can be translated into protein, without letting the much smaller H+ ion also pass from nucleus to cytoplasm, resulting in an equilibration of the pH

between nucleus and cytoplasm?"

When cell biologists saw snake-like lines seemingly attached to the nuclear membrane, they thought they had their answer. That answer goes something like this: The mRNA is transcribed from the DNA in the nucleus; it then goes out of the nucleus through the tube-like endoplasmic reticulum, where it meets the ribosomes attached to the endoplasmic reticulum, where it can be translated into protein. Never mind that at some point, there must be an exit, and that exit would have to be thousands of times larger than the H+ ion (which would allow the H+ ion to freely diffuse into and out of the hole or exit in the endoplasmic reticulum). The cell biologists got around this dilemma by postulat-ing that there must be some sort of one-way door (that would be found some day).

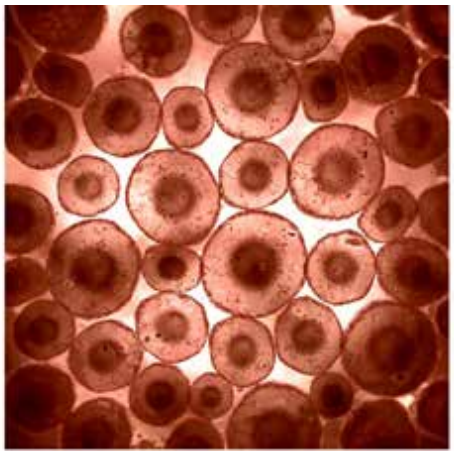
There is a second problem with this theory, besides the exit issue.

When one looks at live cells under a light microscope or under a dark-field microscope, it is easy to see that the nucleus is continually rotat-ing, even sometimes doing 360-degree rotations. If there were structures tethering the nucleus by a cord to the outer cell wall, such nuclear rotation would be impossible. Again, the laws of simple mechanics suggest that the endoplasmic reticulum, a structure never seen except through electron microscope images, is another artifact that simply doesn't exist in an intact, living cell. Instead, it is likely a precipitation created by the destructive techniques used to create electron micrograph images.

28

ALL WE CAN
REALLY SEE IN CELLS

Cell Membrane
Nucleus
Mitochondria
Cytoplasm (watery gel)



Chapter 4

When we compare our previous drawing—depicting what cell biologists theorize to be the components of the cell—with an actual photograph of a "live" cell (albeit still removed from its home organism), we see a much different picture. In fact, the only structures visible in the live cell photograph are a thin membrane around the cell, a watery cytoplasm, small dark lines (which are known to be mitochondria) and a nucleus. And that is it. Interestingly, after reading thousands of pages of Hillman and Ling, this observation fits exactly with the conclusions of both of these men.

As mentioned earlier, the cells of our bodies are organized either as homogenous tissues (syncytia) or as compartments called cells. Cells are bounded by a single-layer membrane that is likely fat-soluble and is the site where the water in the cell is the thickest or most organized.

The cytoplasm consists of organized, structured (or coherent) water.

The water becomes more coherent as it moves to the periphery, less coherent as it moves toward the nucleus in the center.

Finally, there is a nucleus, also bound by a thin, likely fat-soluble, single-layer membrane. As the second image shows, there are no other organelles (components) inside the cell; moreover, there are no pumps or receptors in the membranes and there are no cristae (sub-compartments) in the mitochondria. The basic structure of life—consistent with the teachings of all ancient wisdom streams, all traditional forms of science and medicine as well as careful modern scientific observation—

is coherent, organized water with stuff like amino acids, minerals, proteins and genetic material embedded in the cellular water.

What is the organizational principle creating this infinitely flex-ible coherent-water crystal? Mostly, it is the energy of the sun, light and all the

various frequencies, energy forms, wavelengths, sounds, colors, thoughts, emotions and other emanations that come to us from the universe. In other words, the organizational principle comes from *outside* the cell, even outside the organism. This simple, powerful picture is the key to understanding health and disease. It is also the key to reimagining a world that serves rather than destroys life. It is the key to reconnecting with our spiritual origins and disconnecting from the current push to embed the entire world in destructive energetic patterns and forms. In short, it is the way out of our current catastrophe.

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30

London Bridge

Chapter Five

WHY WE GET SICK AND WHAT TO DO ABOUT IT

Sometime after the COVID phenomenon began, I started my own pod-cast. Among other highlights, I have had the privilege of interviewing some of the world's leaders in what I call "the new biology of water"

(1). In reality, the new biology isn't actually new—many indigenous peoples were well aware of the biology of water—but now it is time for this way of thinking to be understood clearly, consciously and in full awareness. For me, "COVID" is many things, but, fundamentally, it is a crisis of how we see biology; that is, how we view life. We have two clear paths ahead of us. Which one humanity chooses will determine our future.

One of my favorite interviews has been with a woman named Veda Austin, who, following on the groundbreaking work of Masaru Emoto (2), learned how to "make" crystal images form in water. Austin's technique is very simple. She places pure water in a shallow petri dish, then exposes the water to various influences—either sounds, words, photos or her own thoughts. She then

puts the water in a freezer

at a specific temperature. A

short amount of time later, she

removes the petri dish with

the partly frozen water from

the freezer and examines and

photographs it, looking for

any image that formed in the

crystal lattice in the water.

What she finds is nothing short

of astonishing (3).

One of my favorite imag-

es emerged when she put the

petri dish of water on top of

an invitation she had received

for a friend's wedding. She

asked the water to show her an

image of the invitation. In the usual number of minutes, she removed the dish from the freezer, and there, unmistakably, was the clear image of a wedding ring. You can see photographs of this on her website or by watching our interview (3,4).

It seems that when the water

received a very sophisticated ab-

stract concept—that of marriage—it

immediately came up with an image

that in a clear, brilliant and innovative fashion conveys the essence of

this concept.

That simple and astonishing

capacity to create an image con-

veys exactly the role water plays

in biology and in the human being.

Water's role is to collect all the

influences from the world—some

chemical, some hormonal, some

wavelengths of light, some thoughts, some feelings, some resonance frequencies from other living beings—and organize them into a coherent whole. *We* are the coherent whole.

Proteins are the physical building blocks of any biological structure and are the medium that water uses to create this coherent whole.

Scientists have discovered that at least 250,000 separate proteins exist in the human being. The various proteins include enzymes, hormones,

"neurotransmitters," structural proteins like collagen, antibodies and on and on. These proteins carry out all of the activities that we associate with life. They provide structure, detoxify us, and make every reaction in our body work properly.

Without these myriad proteins, life cannot exist. But the questions arise, "Where do the proteins come from? What is the impulse for their formation?" In answering these questions, we come to the essence of the split between the old versus the new biology. We also come to the essence of the "COVID" plot.

The old-biology answer is that all proteins are coded for by a specific segment of our DNA, which is called a gene. This gene is transcribed in the nucleus into mRNA, after which it travels (somehow) from the nucleus to the ribosomes, where it is translated into a specific protein that was embedded in the DNA code.

For years, this process was thought to be a one-way street—always from DNA to RNA to protein—although we now know this idea, called the central dogma of genetics, is incorrect. Any change in the DNA code, called a mutation, will naturally create a variation of the protein, **32**

Chapter 5

and this mutation process is considered to be the raw material upon which natural selection works. That is, when an "adaptive" mutation arises in the DNA, this confers an advantage to the organism in that it ends up with a more "effective" protein, and this altered DNA provides an advantage to all its offspring. This is the core principle of the old biology: the controlling principle is the gene sequences found in our DNA.

Then came the Human Genome Project. Shockingly, the main finding of this project, whose aim was to map the entire human genome, was that the human genome consists of about 20,000 to 30,000 genes.

This finding clearly means that somewhere around 200,000-plus proteins are created that do not correlate with any known gene sequence.

In other words, although it appears that a core number of proteins are coded for by specific genes, the vast majority of our proteins are made de novo (anew) with no genetic blueprint.

This gives rise to an obvious question: "Where do *these* proteins come from?" In a desperate attempt to rescue the theory of genetics and natural

selection, scientists postulated that enzymes cut and splice the 20,000 genes, rearranging them according to some direction to make those proteins that are missing their codes. This theory could be correct; however, another simpler explanation exists that potentially changes everything.

The fact that the water created a wedding ring in Veda Austin's experiment gives us an idea of how the majority of proteins can be made without a genetic blueprint. The water is presented with an idea, a thought, an intention, or, in more scientific language, an aspect of consciousness. Through its living-crystal structure, the water senses this idea—this aspect of consciousness—and "collects" the free amino acids that are always dissolved in the cytoplasm of the cell or in the

"body" of the watery syncytium. Using no blueprint other than water's remarkable ability to translate energy into matter, it creates this new protein to carry out its life tasks.

We can define health, then, simply as being an ever-changing state in which one's water is able to freely translate the world into the physical body. This translation process must in some mysterious way align with the highest intention of the coherent whole that is you. If that is the case, the outcome is health in the largest and truest sense.

Disease, on the other hand, occurs as a result of any breakdown of this system. It could be that the signals from the outside are toxic, destructive or directly harmful to the coherence of your body's water. An example is constant exposure to abusive language, threats, demands, lies or fear-inducing messages. This energetic input will shape the body's water into an incoherent crystalline structure.

33

BREAKING THE SPELL

Another example is the switch wrought by modern lifestyles, replacing regular exposure to life-giving wavelengths from the sun—

and the rest of the natural cosmos—with exposure to the intense, pulsed, narrow band of wavelengths that carry our Wi-Fi signals or 5G.

This switch from a broad array of natural, non-pulsed wavelengths to simple, pulsed, high-intensity signals constitutes a toxic exposure (5).

Water has never before been exposed to such a thing, and the evidence for what happens is clear: Our cells and tissues become disorganized, chaotic and incoherent, and disease is the inevitable result.

A specific example of how the integrity of our crystalline water is the key to understanding health and disease comes from looking at acute illness. In the new biology of water, we understand that the coherence and structure of our internal water is the basis of life. This coherent water acts like a radio receiver, translating the broadcasted wavelengths of the world into proteins to structure our bodies and to create our life. Disease is an out-of-tune radio. If we dissolve toxins such as glyphosate, cyanide, arsenic and deuterium in our water, we distort it and make it hard for us to hear the music of the spheres, the sounds of the world. Our body, in its inherent wisdom, uses warmth to dissolve this distorted crystalline water and then uses mucus to flush out the toxins. Unfortunately, we call this "sickness." It is not. It is the road to the restoration of our health.

This simple model explains the entire philosophy underlying every natural healing method that has ever been used. It explains fever therapy, sweat lodges, homeopathy, herbal medicine, Chinese medicine and modern energy healing. These modalities are all fundamentally about restoring the coherence of our water using a combination of detoxifi-cation and the introduction of the energy of the natural world into the human organism. This is the blueprint for the medicine of the future.

In contrast, the practitioners of the old biology—culminating in the "COVID" injections—are fundamentally attempting to replace the wisdom of water with the misguided ideas of scientists. Every injection is based on the concept that scientists know better than your water which protein you need to make to be healthy. The big picture of the "COVID" story is that in various labs around the world, scientists came up with the blueprint for the synthesis of a toxin called a "spike protein." The current evidence is this protein has a specific toxic effect on blood vessels, nerves, lung tissues and possibly many other tissues.

Could the toxic wavelengths known as 5G play a role in creating more sickness? Electromagnetic frequencies have been shown to create sickness by interfering with the coherence of the water in your body (6). And could the virus narrative be a cover story to explain how **34**

Chapter 5

this spike protein enters your body? Once the virus and spike protein narrative became fixed in people's minds, the "COVID" injections were put in place, the goal of which is to use stabilized mRNA sequences to direct your body to synthesize the toxic spike protein. You become the vector of your own demise, with no possible recourse to undo this path-way. This is the path our scientists and world leaders have taken. It is a path that leads away from life. It is the path of synthetic biology—not the biology of water and life.

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35

Chapter Six

PRACTICAL STEPS TO ENSURE HEALTH

Now that we have formed a clear, rational and scientific conception of what we are "made of" and how living beings are organized, we can use these principles to both avoid sickness and heal in the event we do become ill. The core principle is that all living beings are made of organized, coherent, structured water that contains various components (minerals, amino acids, proteins). The water in us acts as a receiver of the impulses from the world. These impulses include everything from chemicals, hormones, electromagnetic frequencies and toxins to thoughts and feelings. Our water collects these impulses, much like a radio collects sound waves, and turns them into the coherent whole that is you.

As we go through life, health means that our water structure is continually evolving to become a more perfect crystal. When the coherence of the crystal breaks down, we become ill. Medicine should be concerned with only one thing: protecting and preserving this evolving crystalline water in us. That is the essence of every natural healing strategy and system that has ever existed. It is the key to the kingdom of health.

Here are some practical strategies to create health for you and your family.

1. **Connect with nature every chance you get.** This connection includes walking barefoot on the earth, basking in sunshine and spending time in wild places. Walk in the woods, plant a garden, spend time with your dog, sheep, cat, cows or chickens, or simply watch birds. Continually seek out ways to connect with beings and places that are not domesticated. As much as you can, eat wild foods, such as game, wild fish, wild mushrooms or foraged plants.

We are at risk of becoming *homo domesticus fragilis*, a weak and domesticated version of what a human being is meant to be. This is a path to be avoided if at all possible.

2. **Avoid virtual experiences as much as your life allows.** Connection with reality is the prime therapy I am suggesting—reality in **37**

your thinking and reality in your experiences. Sitting for an after-noon with your feet in a pristine forest stream bears no relationship at all with the experience of watching a video about the health of forests or streams. Health comes from the former.

3. **Eat real food and only real food.** The two simplest ways of knowing what food is real and what food is not is to ask the question, "Did this food exist 200 years ago?" If it didn't, you probably shouldn't eat it. The best information on a real-foods diet for modern people can be found in the book *Nourishing Traditions* by Sally Fallon Morell.

4. **Drink only pure water.** The best water is water that emerges from the earth of its own volition. Almost every community has local springs that have been carefully guarded as sacred places, often for centuries. Get glass bottles and make regular visits to one such spring and use its water for drinking and cooking. In addition, simple devices that use the resonance frequencies of water can make your water more coherent and life-giving. The best one I know of is called the Analemma water wand, which can be found on the drtomcowan.com website.

5. **Make sure you include all the minerals your body needs in your daily diet.** When you are deficient in minerals, your body will absorb heavy metals as a type of compensation for the missing minerals. Heavy-metal poisoning is, in large part, a result of a diet deficient in minerals rather than just exposure to these toxic metals.

The best way to ensure you have adequate minerals in your diet is to use Celtic Sea Salt liberally in your food. This is unrefined, natural salt from protected ocean reserves that are evaporated by the sun. Celtic Sea Salt is a rich source of all the minerals we need to help us structure our internal water. The other simple way to get all the minerals you need in a bioavailable form is to take 30 cc per day of plasma sea water. This is filtered, raw ocean water harvested in the few naturally occurring vortexes

found in the oceans. The natural vortex collects huge amounts of phytoplankton into the body of the spiraling water. The phytoplankton essentially eat the minerals in the ocean and excrete a mineral-, nutrient-, protein-rich discharge that sinks to the bottom of the vortex, where it is harvested. The nutrients in this water have been used in therapy for more than a hundred years to treat basically every malady known to man. It is the perfect vehicle for easily obtaining all the minerals we need. Plasma sea water can also be obtained directly through the drtomcowan.com website.

6. **Nourish your mitochondria.** The only organelle or structure that we can prove actually exists inside our cells and tissue are the mitochondria. Their role is to produce ATP. However, ATP has nothing to do with energy production, as is commonly assumed; rather, ATP binds to the tips of the proteins in our cells, unfolding them so they can be the nidus (focal point) upon which the crystalline structure of water is lain. Essentially, water plays the role that heat plays in the making of Jell-O. To make Jell-O, you add gelatin proteins and water. At first, nothing happens because the proteins are not able to interact with water, but when you heat the mixture, the proteins unfold, interact with water and, upon cooling, form a gel.

Similarly, when ATP attaches to intracellular proteins, they unfold and become the scaffolding upon which the water is laid. Without ATP, no life processes can occur because no crystalline water can be formed. The main nutrient for the mitochondria are the wavelengths of red light. These wavelengths can be easily obtained through spending time in direct sunlight or through the use of a red-light sauna (see saunaspace.com). Using this sauna has numerous advantages, including allowing you to spend 20-plus minutes a day completely shielded from any EMF exposure. A daily sauna is probably also the best way to cleanse toxins from your intracellular water. This should be part of every person's health regimen.

7. **Protect yourself from harmful EMFs.** A variety of shielding techniques exist that are effective and valuable, but a different approach is the one used by the system of healing called Biogeometry. Biogeometry is simply the

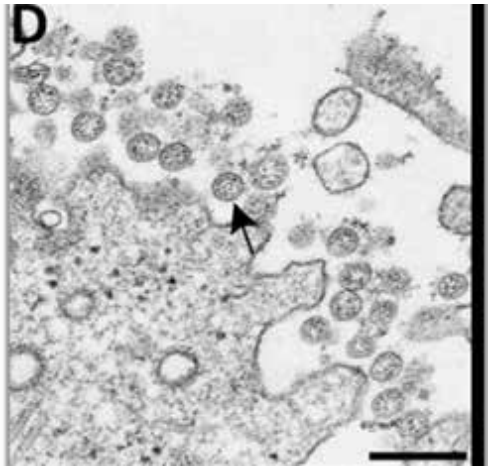
modern version of the ancient practice of using shapes, materials and patterns to direct and influence energy patterns. I urge everyone to study the work of Ibrahim Karim and consider getting and wearing the Biogeometry signature pendant and the L90 pendant at all times. These can be found at various websites, including vesica.org. Tika Vales Caldwell, who studied under Karim, creates complementary energy harmonizing (and 5G neutralizing) tools, called Living Design Technology, which can be found at the drtomcowan.com website.

8. Finally, I would encourage everyone to **find and pursue an active practice of somehow connecting with entities, energies, beings or a higher power that is bigger and wiser than yourself.**

Through the years, based solely on my personal experience, I have learned that the best guidance and wisdom I receive comes from my conversations with what I call my guardian angel. Each night before bed, I express gratitude to my internal water for keeping me **39**

healthy on this day. Then I have a conversation with my angel. I relate the highlights of the day we just finished, and I relate the important questions I am carrying into sleep. I ask for guidance or insight into dealing with these questions. I am continually surprised at the specificity of the “advice” or suggestions I receive when I wake up. The key is to act on these suggestions to the best of your ability. After all, if I were your angel, and you kept blowing off my suggestions, I might stop trying to help you. Invariably, I have found that listening to the advice and acting on the advice turns out to be the best thing I could have done. This is a simple yet powerful practice for aligning yourself with your destiny.

Help is available. You are not alone. Don’t be afraid—everything will be okay.



Appendix

"APPEARANCES CAN BE DECEIVING"

After writing this booklet, I received an August 2020 paper that puts another nail in the coffin of the existence of SARS-CoV-2. The paper, by Cassol and colleagues, is titled "Appearances Can Be Deceiving – Viral-like Inclusions in COVID-19 Negative Renal Biopsies by Electron Microscopy" (1). The article appeared in the peer-reviewed journal *Kidney360*, which is affiliated with the American Society of Ne-phrology; in other words, this paper comes squarely from what is called acceptable, mainstream science.

Many of you have probably seen the electron micrograph pictures of SARS-CoV-2, the ones in black and white showing black dots within the faint outline of the circle. I include here a sample image from one of many papers that claim that these photos provide direct evidence of the existence of the virus. These are the pictures that virologists show us, not the computer-generated, colorful images that you see in magazines and on the Internet. These are the "real" pictures of the virus, they say, and they are the "proof" that the virus exists. However, it turns out that these photos are actually NOT coronaviruses, and the CDC, among others, has known this fact since at least 2004.

The August 2020 kidney paper looks at the evidence that these images represent viruses rather than normal "structures" within cells, particularly sick cells.

Here is what the paper

very clearly says:

“[W]e have

observed morphologically

indistinguishable inclu-

sions within podocytes

[kidney cells] and tubular

epithelial cells both in

patients **negative** for

coronavirus disease 2019

(COVID-19) as well as

in renal biopsies **from**

the pre-COVID-19 era”

[emphasis added].

In other words, the researchers saw the same structures in people with no evidence of COVID and in samples they took before COVID

even happened—before the virus was said to even exist.

These authors then hypothesized the following:

“We postulated that endogenous mimickers could be present that are morphologically indistinguishable from SARS-CoV-2 virions ultrastructurally.”

What did they find?

“Viral-like inclusions, consisting both of single vesicles with diame-ters between 50 and 139 nm, as well as packed groups within larger vesicles, were found in all 15 cases, either in podocytes. tubular epithelium, or vascular endothelial cells (Figure 1).”

In all 15 cases that they examined, they found structures identical to what is being called SARS-CoV-2 (“viral-like inclusions”). They were scattered all over the kidneys and blood vessels. They are not viruses, but normal parts of the cells.

Then they described how these particles come about:

“A number of potential natural mimickers that can generate intracellular groups of round vesicles mimicking SARS-CoV-2 virions could be listed, the most likely being endocytic vesicles and endosomal compartment components such as microvesicular bodies containing exosomes, among others. Endocytosis leads to the formation of 60–120 nm vesicles, which is within the size range described for SARS-CoV-2 (60–140 nm). These endocytic vesicles may be coated by different proteins, one of the most common being clathrin. The presence of coating proteins may be responsible for the presence of an electron-dense area surrounding these vesicles, giving the appearance of a viral corona.”

Remember the famous “corona” on the coronavirus? It turns out it’s just a common protein that coats normal vesicles and picks up the dyes in the electron microscope preparation. In other words, the “corona” appearance is just another creative fiction dreamed up by virologists and their graphic design team.

The researchers went on to say that, naturally, you see more of these particles in sick people than in healthy people. This is exactly what I have

been suggesting this past year. Dead and dying cells make these particles simply in the dying process and partly to get rid of poisons.

But the final nail in the coffin comes in this quote, which cites a CDC study published in 2004 (2):

“The potential for confusion of coronavirus particles with normal cellular components was in fact highlighted in a detailed ultrastructural study by the Centers for Disease Control and Prevention (CDC) of SARS-CoV

responsible for the 2003 SARS outbreak.”

42

Appendix

In summary, the CDC—in 2004—understood that researchers couldn’t reliably know these particles were coronavirus particles. Yet not a word has been heard about this since, and virologists continue to use these pictures as proof of the existence of a new coronavirus. It is a fraud, based on junk science, like everything else connected with

“COVID-19.”

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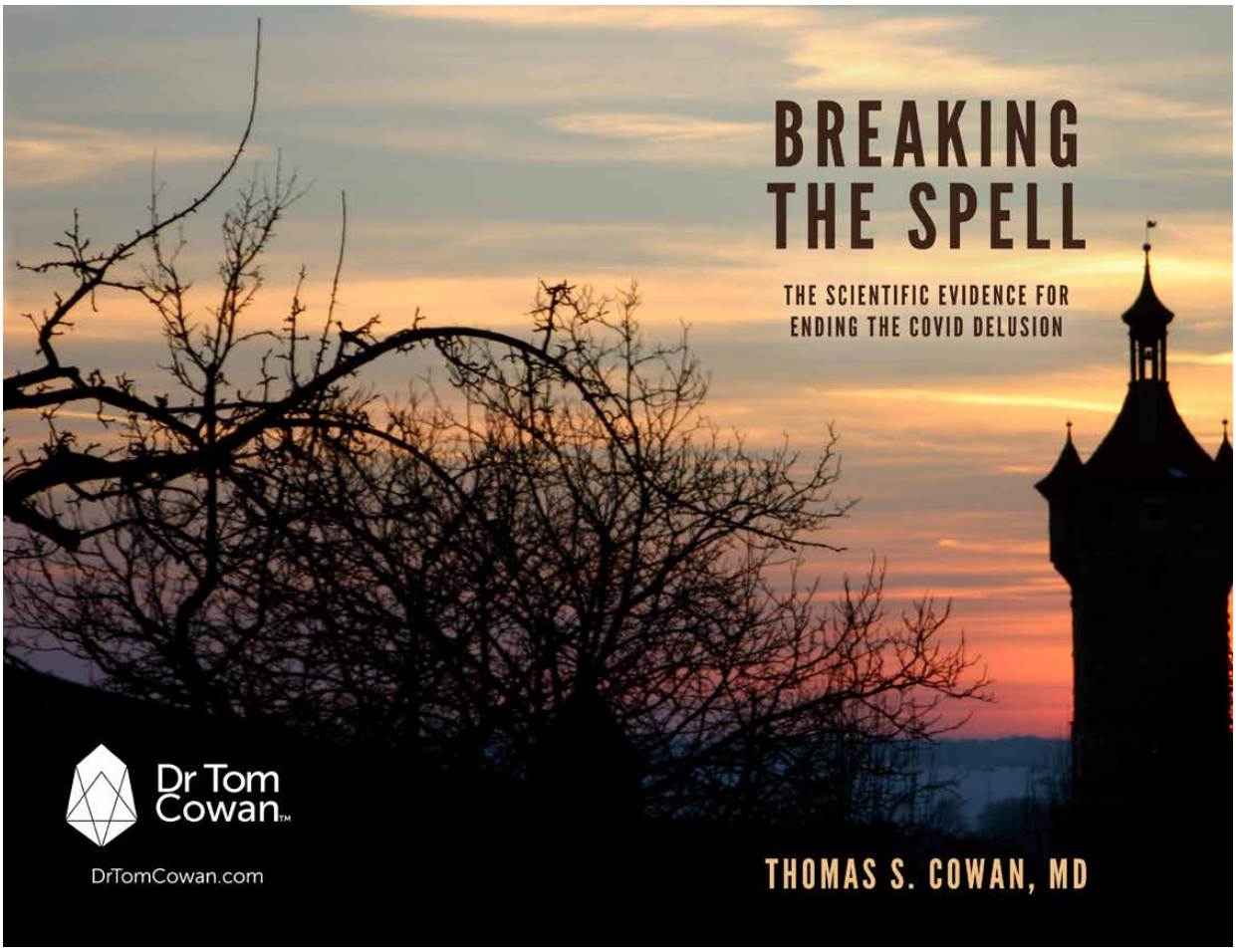
43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