The Post-Antibiotic Age: Germ Theory

by Tim O'Shea

When once you interfere with the order of nature, there is no knowing where the results will end.
- Herbert Spencer

It was great while it lasted: the age of antibiotics. Sure came and went in a hurry, though, didn't it? Left me with a few questions:

How did antibiotics run their course already in just 50 years?
How did we get so sick?
Where does all the money go?
Why aren't we making any progress?
What's going to happen now?
These are the questions for which you can almost never get a straight answer. Unless you look beyond Newsweek, beyond the San Francisco Chronicle, beyond 20/20, or Ted Turner, beyond the media which year by year seem to cater to an ever-dwindling level of literacy and awareness...

Questions like these involve some famous people: Pasteur, Bechamp, Koch, Bernard, Carnegie, Rockefeller, Fleming, all of whom we'll mention. But before we launch off into all that, let's turn back the clock for a moment and go back to 1350 A.D. Place: the European continent.

In less than two years' time, the bubonic plague wiped out half the population of Europe. Fleas bit rats and then bit man, but no one knew it. An estimated 25 million people died. Some individual cities had a mortality as high as 90%. Bodies were piled into carts and dragged away to be burned in common graves. It was a most grotesque way to die: bleeding and screaming and having one's organs liquefy. From infection to death took perhaps one week. Prior to that outbreak, bubonic plague had been absent for nearly 1000 years. Scholars of the day attributed the cause of the plague to evil spirits, divine retribution, etc. All this time, even up to the present, other scientists have been asking the question: why did some die and some survive? What made the difference? Today we know the answer.

Go forward now a few centuries to France in the 1870s. Three scientists were conducting experiments in the area of chemistry, particularly having to do with fermentation, yeast, and the new discovery of little organisms called bacteria. All were involved in similar research but there was much competition and "borrowing" of discoveries, always with the undercurrent of politics and influence, as usual. The men were Louis Pasteur, Antoine Bechamp, and Robert Koch, a German. These individuals were not colleagues, but worked independently. Each one knew that he was onto a whole new area of human discovery, and the race was on to influence the medical world.

It was Pasteur who won the race of politics and influence. Today students memorize that Louis Pasteur "discovered" the Germ Theory. Not only is this not accurate, and not only is the Germ Theory itself unsubstantiated even today, but Pasteur himself in one of the most quoted deathbed statements perhaps of all time, recanted the Theory and admitted that his rivals had been right, and

that it was not the germ that caused the disease, but rather the environment in which the germ was found: "Bernard acail raison; le terrain c'est tout, le germe c'est rien."

The Germ Theory

What exactly was this Germ Theory? Very simply, the Germ Theory stated that there were separate diseases and that each disease was caused by a particular micro-organism. It was the job of science, then, to find the right drug or vaccine that would selectively kill off the offending bug without killing the patient.

That would be great, but nature rarely is so black and white about things, ever notice that? For one thing, bacteria and viruses tend to be "environment-specific." That's why some people get colds and others don't. That's why some survived the Bubonic Plague. That's also why some doctors and nurses seem to be immune to disease even though they're surrounded by it every day.

Deepak Chopra tells us of a study in which the influenza virus was isolated and implanted directly onto the mucous membranes of a group of subjects, with only 12% of them getting the flu. (Quantum Healing)

The Germ Theory has as many holes as a Swiss cheese, and it is likely that Pasteur knew it. But a little research shows us that Pasteur had a gift for PR. He rarely let his research keep him away from an opportunity to address royalty or medical society in the most prestigious university settings. He was quoted and published and offered practically every honorary title and chair in Europe. The records however not only cast suspicion, but seem to establish fairly clearly that Pasteur "borrowed" the research for some of his most famous discoveries, and then capitalized on the celebrity of being there first.

What's The Big Secret?

Before he died, Pasteur instructed his family not to release some 10,000 pages of lab notes after his death. Not until 1975, after the death of his grandson, were these "secret" notes finally made public. An historian from Princeton, Professor Geison made a thorough study of the lab notes. He presented his findings in an address to The American Association for the Advancement of Science in Boston in 1993. Dr. Geison's conclusions: Pasteur published much fraudulent data and was guilty of many counts of "scientific misconduct," violating rules of medicine, science, and ethics.

Like Koch, Pasteur was very motivated by money. In the race for a vaccine for anthrax, for example, not only did Pasteur not test it on animals before using humans; it was also established that Pasteur actually stole the formula from a colleague named Toussaint. Unable to prove his claim at the time, Toussaint died a few months later of a nervous breakdown. (Hume)

Hume

There was a book published in 1932 that is still in print today: Bechamp or Pasteur? This book was written by E. Douglas Hume, who it turns out was actually a woman who had to disguise her name as male to get the book published. Hume chronicles a contemporary of Pasteur, Antoine Bechamp, the most respected researcher and teacher in France at the time, department head at the University at Lille.

Bechamp was too busy to be bothered with conventions and awards and politics. He was a professor and a researcher, and that took every moment of his time until his death at 93. It was Bechamp's view that it was not the bug that caused disease, but rather the condition in which bugs lived.

Disease happens when an imbalance causes some of the more pathological that is, bad, bacteria to take over. What causes that? Low resistance, weak immune system. Seems like such a simple idea, but that is really the foundation of the whole controversy all along. In the end, everyone, even Pasteur, agreed that bugs - bacteria and viruses - do not alone cause disease.

A little research uncovers the following amazing possibilities about Pasteur, which the reader is encouraged to further investigate:

Pasteur had no training or credentials in either medicine or physiology; he was a chemist
Pasteur very likely created the disease known as "hydrophobia," rather than found a cure for it.
Pasteur initiated the practice of vivisection with horrific animal experiments. Hundreds of thousands of laboratory animals have been needlessly killed by atrocious experiments in the name of "science," not only at Pasteurian Institutes, but pervasively throughout the entire empire of medical research laboratories worldwide, even to the present time.
Rather than protect the human race from disease, Pasteur was directly responsible for the deaths of hundreds of people who were inoculated with unproven vaccines and injections, and indirectly for thousands more in whom disease was introduced by the administration of unproven Pasteurian procedures.
Pasteur may be seen more as a merchant than a scientist, with his frequent reporting of false test findings and data, which had two designs: self-promotion and profiteering from the sale of drugs and vaccines that were often made mandatory by legislators.
Pasteurian treatment for a disease he did not even have actually killed Alexander, the King of Greece.
Pasteur did not work on naturally diseased subjects, but instead introduced the idea of inducing sickness by giving morbid (diseased) injections into healthy subjects.
As far as his Germ Theory goes, there was much opposition to it among many researchers of his own time. In a lecture given in London on 25 May 1911, M.L. Leverson, MD stated:

"The entire fabric of the germ theory of disease rests upon assumptions which not only have not been proved, but which are incapable of proof, and many of them can be proved to be the reverse of truth. The basic one of these unproven assumptions, wholly due to Pasteur, is the hypothesis that all the so-called infectious and contagious disorders are caused by germs."

Also from the top medical journal Lancet, 29 Mar 1909, we find:

"Koch's Postulates are rarely, if ever, complied with."

The discoverer of the cell theory, Rudolf Virchow, with respect to the Germ Theory, commented simply:

"Germs seek their natural habitat - diseased tissue - rather than being the cause of diseased tissue." - Bieler, p 40

Virchow felt that the presence of germs identified the tissue as diseased, but was not the cause of disease. A weakened or diseased tissue may be a target area for micro-organisms, a hospitable environment in which they can set up shop. But that's quite different from germs having caused the weakened state.

The same idea was graphically shown to Bechamp one day when an amputated arm was brought into his laboratory. As a result of a violent blow to a patient's elbow, gangrene had set in within eight hours, and amputation was the only option. Bechamp immediately began to examine the severed limb using the microscope. To his amazement he found no bacteria in the gangrenous limb.

After a few hours bacteria began to appear, but initially there were none. Bechamp's associate, Professor Estor, thereupon remarked "Bacteria cannot be the cause of gangrene; they are the effects of it." (Hume p 134)

Postulate This

Robert Koch was racing Pasteur to find the cause of a disease called anthrax, from which great numbers of cattle in Europe were dying. Taking blood from the diseased cattle and isolating bacteria from it, Koch then injected mice with the bacteria. When the mice died, Koch then cultured blood from them and compared it to the original bacteria form the cattle. He developed procedures and his Postulates are still memorized by medical students the world over as the foundation of the Germ Theory:

1. the organism must be present in every case
2. must be isolated
3. must cause the disease in a healthy host
4. must be isolated again

Each postulate has been disproven, then and now, but that has not cheated them of their place as basic tenets in the Germ Theory religion. Both Koch's and Pasteur's vaccines for anthrax were colossal failures, with thousands of sheep killed all over Europe as part of the "experiment," especially in Italy and Germany. It is also interesting to note that both Koch and Pasteur did everything possible to alter and cover up the results of these failures. (Hume)

Oops!

Koch made the first vaccine for tuberculosis, employing these same Postulates. He called the vaccine tuberculin. In Berlin alone, 2000 patients were inoculated with tuberculin. Unfortunately they died at a higher rate than TB patients who hadn't been treated at all.

Tuberculin simply did not work. More distressing for Koch was the admission by the Prussian government that they'd made an exclusive agreement with Koch to sell the remedy and divide the profits. Not only was this a political disaster for the Prussian government and for Koch himself, but it was an embarrassment for the cause of scientific medicine when all the prestige of the scientific method suddenly suffered this blow. Koch never recovered his credibility and is remembered today only for his "Postulates." But Koch helped set the stage for the marriage of science and marketing, for which divorce does not appear likely any time soon, especially at present.

At the turn of the century, tuberculosis was the leading cause of death in America. (Garrett)

Another Theory

Antoine Bechamp, from whose research Pasteur plagiarized whatever he thought was useful, came up with an interesting point of view that has never been refuted. Bechamp discovered tiny organisms he called "microzymas" which are present in all things - animal, vegetable, and mineral, whether living or dead. Depending upon the condition of the host, these microzymas could assume various forms. Bad bacteria and viruses were simply the forms assumed by the microzymas when there was a condition of disease. In a diseased body, the microzymas became pathological bacteria and viruses. In a healthy body, microzymas formed healthy cells. When a plant or animal died, the microzymas lived on. To this day, the whole theory of microzymas has never been disproved.

Later researchers like Naessens and Enderlein followed the same line of reasoning and developed

their own systems of how these microzymas operate. Although their ideas were never proven false by opposing research, they were generally persecuted by mainstream medicine, which makes sense. Because without an enemy that can be identified and killed, what good is it to develop weapons? And developing weapons, that is, drugs, has been the agenda of the industry set up by Carnegie and Rockefeller even down to the present day, as we shall see. New drugs mean new research funding and government money and the need for prescriptions and for an entire profession to write those prescriptions.

Pasteur Won

How did Pasteur's ideas become the foundation of organized medicine? Politics. Pharmaceutical economics.

Early in his career, Pasteur was decorated by the Emperor Napoleon. His position as a scientist was thereby secured, even though he was only a chemist and had no credentials at all in medicine or physiology. Scientists in both France and Germany at that time were grappling with mankind's first look at fundamental questions about the nature of living matter itself:

what makes something alive or dead?
where does that force come from?
why do things rot, ferment, or decompose?
is there something in the air, or something inside the organism that has these effects?
what effects can manmade chemicals have?

For the first time in history, things were coming into focus. Discoveries were being made about fundamental issues, but in a piecemeal fashion. It was perfect timing for an opportunist to take advantage of the general uncertainty and lack of understanding and to claim that he understood all the issues involved, and furthermore had thought of them first. Pasteur was noted for his habit of playing both sides of the fence on issues he didn't understand, and then later, to quote the parts of his earlier writing that supported the later finding, always with the claim that he had been there first. Only the scientists understood the complexities of these emerging ideas. The royal court and the press just knew that something was going on, and though they didn't know what, were going to act as though they did. And for them, a chameleon like Pasteur was the perfect frontman.

Politics never changes. The same type of thinking that imprisoned Galileo long ago for discovering that the earth went around the sun, the rulers' eternal attempt to control the minds of their subjects, these are the forces that cast Pasteur, an ambitious opportunist, into a position he may not have deserved - the supposed Trailblazer in the science of modern biomedicine.

Funny how things often don't really get "discovered" until the commercial aspects of that discovery have been worked out.

Howard Hencke, in his 1995 book The Germ Theory: A Deliberate Aberration, notes that it was critical for the new medical industry.

"... to indoctrinate the public in the Western world with the belief that the salvation from all, especially physical ailments, lay outside the individual's system and responsibility, because it was caused by external factors...and that chemical remedies (drugs) will keep him free from disease, independent of his own vigilant responsibility."

We're talking about marketing here, yes?

The author of the long-suppressed work Pasteur or Bechamp? states:

"Had it not been for the mass selling of vaccines, Pasteur's germ theory of disease would have collapsed into obscurity."
- E. Douglas Hume

Some 17 years before Pasteur, the most famous nurse in history, Florence Nightengale, put it like this:

"Diseases are not individuals arranged in classes like cats and dogs, but conditions growing out of one another. The specific disease is the grand refuge of the weak, uncultured, unstable minds, such as now rule in the medical profession. There are no specific diseases; there are specific disease conditions."
F.N. 1860

Sound familiar?

A Few Snags

Actually it was more than a few, as even the most cursory investigation into vaccination demonstrates. From the beginning, the whole idea of piercing the skin with a needle for any reason was suspect, let alone introducing new proteins and agents into what was supposed to be an inviolable environment: the circulatory system. Injections are a total violation of nature.

Normally nothing is introduced into the bloodstream without going through the laboratory of the entire digestive system. That is how nature protects the blood from external intrusions. Here are just a few of the hundreds of researchers opposing inoculation:

"The most serious disorders may be provoked by the injection of living organisms into the blood...into a medium not intended for them may provoke redoubtable manifestations of the gravest morbid phenomena."
- Bechamp

A medical doctor reporting from the battlefields of South Africa during the Boer War in the early part of this century, Walter Hadwen, MD, in his book Microbes and War notes that the war itself killed 86,000 men. With a 100% inoculation rate, there were an additional 96,000 casualties from disease alone!

In 1915, another medical doctor wrote an article for the top British medical journal Lancet. Dr. Montais studied 21 cases of tetanus, each of whom had received Pasteurian inoculation. The conclusion of the article, which appeared in the 23 Oct 1915 issue, was that in every case, the tetanus had been caused by the inoculation. Dr. Montais said that "Pasteur had created a new form of disease."

We should understand that it was Pasteur who began the fashion of studying artificial disease conditions: "inducing sickness by morbid injections in human and animal subjects, instead of studying naturally diseased subjects."

Pasteur began the practice of vivisection and horrific animal experiments, which has never been proven to have any value. Why not? In the natural state, animals simply have different diseases from humans. This one error has led us down a costly and finally fruitless path. How can we hope to cure human disease by giving animals diseases they would never have gotten in nature, then

pretending that such diseases are the same ones we get, and then seeing which drugs cover up the animal's symptoms? The we illogically conclude that those same drugs will have the same effect in humans! Idiotic as that sounds, this may be a pretty fair description of how many prescription drugs have found their way to market during the past century.

Without going on for pages and pages with data that substantiate the above ideas, suffice it to say that Pasteurian methods may not have been quite the success we have always been taught that they were. The reader is referred to the chapter on Vaccinations, and to Hans Ruesch's Naked Empress.

So with most of the major researchers eventually coming around to the same conclusion, how is it that on the threshold of the 21st century, organized medicine in this country still acts as though the Germ Theory is carved in stone and all policy proceeds from this premise? And most people still believe it?

The answer to that is out there too, and can be gotten to with just a little more patience.

Roll forward now to the 1880s and 1890s. The Industrial Revolution, the age of coal, of oil, of electricity, of machines, of railroads and automobiles. Two figures towered over this era, wielding more power over science, industry, finance, and politics than possibly anyone else in history. Of course we're now speaking of Andrew Carnegie and J.D. Rockefeller.

The control of Carnegie and Rockefeller over most aspects of American life is something to marvel at and appreciate, even extending to the present day. Change was taking place faster than the politicians could control it, and for once in our history, control was in the private sector. Without going into a long political harangue, I just want to touch on one aspect of the way that power was expressed - the rise of organized medicine.

Before 1880, most medicine consisted of folk remedies, basic herbs, and crude surgery and dentistry. For centuries, there had not been much radical change in the area of medicine. Superstition was as much a part of medicine as the actual remedies themselves. The use of leeches and bleeding was still common, the reason being to "let out the bad blood,'" which was in the same category with getting rid of evil spirits. Even drilling holes in the skull - the art of trephination - which had been around since the time of the Pharaohs, was still done.

In Renaissance Europe, barbers and surgeons actually were the same profession, combining the services of shaving, pulling teeth and blood-letting. The origin of the red and white striped barber-pole is well-known: an enterprising barber/surgeon, having just bled a famous nobleman, proudly displayed a bloody white towel used in the procedure by wrapping it around a pole outside his establishment. In the 1700s, King Edward IV of England instituted a corporation of "barber-chirurgiens" who performed the above services. Not until 1800 did King George II separate barbers and surgeons into two separate professions.

Among many other things, Carnegie and Rockefeller controlled the oil and coal industries. By 1900, they became aware that these industries were producing mountains of waste year by year. An original idea was presented: what if these chemical waste materials could somehow be turned to profit? Capital idea, but how? Medicines, that's how. But medicines like the world has never seen. Medicines made from chemicals. Pharmaceuticals.

The Creation of Credibility

Brilliant idea. But how could the people be made to accept such a strange notion? That was the problem. They just took natural cures and occasionally consulted the country or local doctor for

something "serious." The way to gain general acceptance of the new medicines soon became obvious: standardize the education, training, and credentialing of medical doctors and raise their economic status to a level where they would follow policy. And the policy would come from above.

About 1904 Andrew Carnegie noticed that the workers in his factories actually made more money than most medical doctors. Consulting with the president of MIT, Henry Pritchett, they set up the Carnegie Foundation with $10 million. Its original purpose was to provide a pension fund for retiring professors. But soon a new application emerged: control of education. The name was changed to the Carnegie Foundation for the Advancement of Teaching, and Pritchett expanded its original purpose, now calling it

" a great agency devoted to strengthening American education through scientific inquiry and policy studies."

Any time billionaires tell you they're going to devote themselves to something for you, that's usually the time to check your wallet. Ever notice that?

The Foundation became immensely successful. Control of educational standards came about in this way: in order to qualify for the new pension system, a participating institution had to meet standards set by the Foundation. In the first year, only 52 of the 421 colleges who applied were accepted. The Foundation soon took on a life of its own.

Abraham Flexner

a nonphysician teacher, was hired by the Carnegie Foundation to travel throughout the country and "observe" medical education. His landmark study, known as the Flexner Report, was published in 1910. Upon his recommendations, the Foundation branched out from being merely a pension plan for professors to an entirely new area: research funding. Schools which met Flexner's, i.e., the Foundation's, standards were awarded research funds and endowments. Those who did not got nothing. In this way the giants of industry came to dictate the type of medical care that would flourish in America. Traditional, natural methods of healing were passed over, in favor of the more "scientific" approach, which coincidentally meant those schools with the likelihood of disseminating the products of the newborn pharmaceutical industry. The big universities in the medical hierarchy that rule today were aligned with the Carnegie Foundation at that time:

Case Western Reserve
Johns Hopkins
Carnegie Institute of Chicago
University of Chicago
Harvard School of Medicine
University of North Carolina

Not to be outdone by the Carnegie Foundation, The Rockefeller Foundation also came into ascendancy at this time. Again employing the direction of Abraham Flexner, the Rockefeller Foundation developed national standards for medical schools that were seeking "philanthropic" support. Good word. In 1904 there were 5747 medical doctors. Only 15 years later, after the Flexner Report, by 1919, there were only 2658. In that same 15 year period, the number of medical schools went from 162 to 81. (Lisa p 26) The cut had been made - Rockefeller was screening who was going to play ball from who wasn't.

Schools had to be connected to a large university. Universities had to be linked with clinical departments with laboratories and a university hospital. Using Rockefeller Funds, Flexner was able

to develop a small group of elite medical schools that were clinically oriented. They already had the raw materials for the new drugs. What was lacking was an academic power-base to legitimize their development and general use.

The infrastructure for education, funding, research and the organization of medicine that persists today was created in a few short years. Ever wonder how simple folk medicine which had been around for centuries was chucked out the window so fast? Set up under the guidance and specifications of two of the biggest economic forces in history, Carnegie and Rockefeller, organized medicine became an industry, with its focus on market growth. An industry concerned with disease is not about to abolish itself by curing the diseased, now is it? This is why all these years, effective inexpensive non-pharmaceutical remedies have been systematically suppressed. It's just good business.

Against this backdrop, the flailing Germ Theory was revived and trotted back out for a SECOND RUN

The fact that it had been repudiated by its founder and most of his contemporaries was no longer mentioned in circles who expected next year's funding. The Germ Theory fit well with the new market-oriented paradigm of medicine: if bad bugs are out there causing diseases, we better find drugs to kill them. It was a natural, a marriage of expediency, like Bill and Hillary.

Up into the 1920s, the burgeoning medical industry was gaining strength. It was aided by the declining incidence of infectious diseases due to improved sanitation, for which medicine took credit. That is an entire story in itself, and a good starting point would be The Sanctity of Human Blood.

The politics of medicine was becoming stronger year by year, as new institutions were built and funding was doled out for those research projects that had the best potential for future market value. The worldwide flu epidemic of 1918 that killed millions proved that the new "scientific" approach had a lot to learn about disease prevention. There was simply no cure, as the virus tore through the world's population.

The still-unproven Germ Theory came to be accepted as policy largely because any opposition to it had little chance of getting published. A small group of scientists, however, aware that the work of Bechamp was a much more reasonable view of physical reality, continued to develop research in a direction other than germs as the cause of disease. "Science" was off and running, the thoroughbred of the new drug market, but the scientific method had been left in the dust. The Germ Theory was enshrined as the underlying dogma of the new Religion. J.H. Tilden, MD, among others, was not going to church services, apparently:

"...doctors fight the imaginary foe without ceasing. The people are so saturated with the idea that disease must be fought to a finish that they are not satisfied with conservative treatment. Something must be done, even if they pay for it with their lives, as tens of thousands do every year. This willingness to die on the altar of medical superstition is one very great reason why no real improvement is made in fundamental medical science."
- Toxemia Explained 1926

1926? Sounds like 2001. More deja vu.

Penicillin

In 1928, however, the Germ Theory got a power boost that has lasted almost to the present day. Dr.

Alexander Fleming, a British scientist, accidentally discovered that his cultures were being destroyed by a certain mould. For the next 14 years, scientists in England and America were successful in isolating and testing penicillin, in secret. However, in 1942 a fire at The Cocoanut Grove, Boston's oldest nightclub, killed and injured hundreds of people. Penicillin was rushed to Boston in time to prevent infection from burns in hundreds of patients. The news exploded, and the race to mass-produce penicillin, the Wonder Drug, was on. By 1944, all American military requirements for penicillin could be met. Merck to the rescue.

This one event, the discovery of penicillin, did more to bring credibility to organized medicine than probably anything else in its history. To be able to prevent infection was certainly a miraculous and wonderful power. Thousands and thousands of people had died from infection down through the ages. Finally here was proof positive of the correctness of the Germ Theory: these patients had died from bad bacteria, and now if only the bacteria were killed with penicillin, the patients would live.

Once again, nature was to show that she does not deal in black and white. In fact,

Mother Nature Always Bats Last

In his early research to formulate penicillin, Sir Alexander Fleming knew very well about the way living things could change or adapt when stressful substances were added. He knew, perhaps better than anyone, the dangers of resistance from overuse of penicillin, and warned against that overuse from the very beginning, as expressed in an interview Fleming gave to the New York Times in 1945:

" The greatest possibility of evil in self-medication is the use of too-small doses, so that instead of clearing up infection the microbes are educated to resist penicillin..."

Think of it this way: the oldest living things on earth are bacteria and viruses. They have been around for billions of years. They have persisted through myriads of changeful environments - hot, cold, wet, dry, with oxygen, without oxygen, earthquakes, volcanoes, glaciers - you name it. They're still around. Thousands of species of plants and animals have come and gone because they couldn't adapt. So it's pretty safe to say that on this planet, the masters of adapting are bacteria and viruses.

Now suddenly in the 1940s, we introduce a new substance into the human population: penicillin, a substance which kills all bacteria. Do you think bacteria might have run into some other stresses in the past 10 billion years? Probably have. How did they survive? They changed - doctors say 'mutated.' The ones that mutated survived; the rest died.

Even from the very beginning of the Antibiotic Age in the 1940s, doctors noticed the signs of MUTATION

Exposed to antibiotics, if bacteria can change and survive, they are said to be drug-resistant. Superbugs.

Since the 1940s, many antibiotics have been developed until today there are about 160 types. The problem is that most are just slightly different versions of a few main types. And resistance to those main types has increased year by year.

Drug resistance is today one of the leading causes of deaths in the U.S.: More than 70 thousand patients die each year from it, according to the National Institutes of Health.(Garrett) These patients acquired the infection while they were in a hospital being treated for something else, according to the May 1997 documentary The Coming Plague. No known antibiotics can help these patients, and

they die.

Increased mortality from infectious disease is on everyone's mind. A 1992 study by the CDC's Institute of Medicine showed that mortality from infectious disease has risen 22% worldwide from 1980-1992. (Slavkin, p108)

Here's a good example of drug resistance:

in 1946, about 88% of Staphylococcus infections could be cured by penicillin.
By 1950, only 61% of staph infections could be killed by penicillin
In 1982, fewer than 10% of staph cases could be cured by penicillin.
Today it is less than 5%.
The Plague Makers

In the 1960s, doctors switched the resistant staph patients to another antibiotic called methecillin. That worked for awhile, but not for long. By 1992, at least 40% of these staphylococcus infections were resistant to methecillin, according to the New England Journal of Medicine, 28 Apr 94.

By 1993, only one sure fire Staphylococcus killer remained: Vancomycin was the big gun. However today that is no longer true. Today there are many strains of staphylococcus that are resistant to vancomycin. That means also resistant to penicillin and to methecillin. What's left? Nothing. Out of drugs.

Let's talk strep. Many of the resistant Streptococcus infections have made headlines in the past few years if the patients die a particularly gruesome death. Examples of this are stories of the "flesh-eating disease" which appear from time to time in the news. This is a strain of Group A streptococcus that is resistant to all antibiotics and can attack flesh, muscles, and organs. Now we all know that newspapers are generally not reliable sources of information because they tend to twist facts and over dramatize things and create crises in order to sell more papers. So things have not yet reached the state of affairs that we saw in the movie "Outbreak" with Dustin Hoffman. But many credible medical authorities have been quoted as saying that it's no longer a question of if a scenario like the Ebola epidemic portrayed in that movie could happen. Rather it's a question of when.

Today 30% of Strep pneumoniae are resistant to penicillin, once the drug of choice with almost 100% results.

Today 30% of gonorrhea cases are resistant to both penicillin and tetracycline, which ten years ago was almost 100% effective. The CDC no longer recommends these two drugs for gonorrhea.

Fred Tenover, PhD of the Centers for Disease Control in Atlanta has said:

"We even have some strains [of streptococcus] now, although not all, that are resistant essentially to all of our clinically useful antibiotics."

The Superbugs

How serious is this problem of resistant bacteria? I guess death is a fairly serious outcome: 70,000 Americans are dying annually from bacterial infections they caught in the hospital, which no antibiotics could cure. According to the New England Journal of Medicine, Apr 94, of the 40 million patients hospitalized every year,2 million acquire infections after they get to the hospital. That's a one in 20 chance. As many as 60% of those 2 million infections involve antibiotic-resistant

bacteria.

In some ICUs, there can be as high as a 70% chance of nosocomial infection! Nosocomial means acquired IN the hospital.

Tuberculosis

Let's look at TB for a moment. At the turn of the century, tuberculosis was the leading cause of death in the U.S. Then drugs were found that controlled TB for several decades. Recently however, there is no more control, because of the increase in the amount of what doctors call MDR TB. That stands for multiple drug-resistant TB. When the immune system becomes suppressed, by junk food, prescription drugs, bad lifestyle, etc., mutant strains of TB are encouraged. That means resistant to one or more of the 5 drugs used to treat TB. The two main TB drugs are isoniazid and rifampin. In New York City by 1991, 42% of new TB patients were resistant to one drug, and 60% of relapses were resistant to them both. (Garrett, p521)

Many strains of TB are resistant to all 5 drugs and that percentage is growing steadily. Such cases are generally fatal, according to the World Health Organization. The WHO is predicting that in the next decade, world deaths from TB will increase from 3 million to 30 million! (Slavkin, p 111)

Doctors have actually gone on record saying that they personally would not venture into certain inner city areas of New York City for any amount of money because of the danger of TB infection. (Lindsay Williams)

TB is a mycobacterium . Mycobacteria can survive in tissues for years, in a latent state, waiting for an opportunity such as a depressed immune system to become active and multiply.

So what are most doctors doing about this situation of antibiotic resistance? They are in a very tough position, that is certain. Because of the control of information, most of the population today is unaware of the extent of drug resistance in this country. Even if they encounter a doctor who is cautious enough to tell them that perhaps they or their child do not need an antibiotic at the first sniffle, patients will often go to another doctor to get the antibiotic. So usually the physician will just come across: some recent studies have shown 10 out of 10 doctors will simply prescribe an antibiotic for minor colds, with no culture. It is astounding to learn that the average child of nine in this country has already had 17 runs of antibiotics in his lifetime! Why is that a problem?

The word is attenuation. Attenuation means that the bacteria weren't killed; only half-killed. There are two reasons why this may have happened:

1. Most people stop taking the antibiotic as soon as they feel better. Isn't that true? They think they're fine, but what they just did was allow some bacteria to survive in a mutated form which is now resistant to the antibiotic they just took. Which means that next time the drug won't work

2. The bacteria mutated and survived the full course of antibiotics.

Just In Case

Here's another interesting word: prophylactic. We're not talking about birth control here. This is another sense of the word: if you have a cold, it's usually virus. So why do they give you antibiotics, which only kill bacteria? The word is "prophylactic"; we're gonna give you a prophylactic dose of antibiotics. That means just in case you develop a "secondary" bacterial infection as a "complication" of the viral infection. Is that likely? Not very. The problem is, antibiotics are not

M&Ms. They are powerful drugs which kill all your body's bacteria every time you take them. This is what is known as a Side Effect.

Leave Those Kids Alone

It starts almost at birth - you know, the ear infection thing. Otitis media, they call it. At the slightest redness around the ear, or the slightest little sniffle, any good mother will drag her baby into any good doctor for a checkup, right? Prescription? Antibiotics. Yes ma'am, we'll kill those bad bugs before they ever get a chance to get started.

Antibiotics are for what? That's right - bacteria. But according to the NEJM, 28 Jan 99, at least 41% of otitis media is caused by virus. But they get antibiotics anyway, as often as not because the parents insist on getting them. And that's for the cases which actually are otitis media, not even counting all the rashes, allergies, or little traumas which are misdiagnosed as otitis media. Drug of choice: amoxicillin, even though doctors have known since 1991 that kids who take amoxicillin for simple otitis media have a 2-6 times greater chance of recurring infection than kids who don't. (JAMA, 18 Dec 1991)

The whole scene is way out of control, and the real losers are the kids. Childhood is their one chance to prepare their own natural defenses for the environment they will live in their whole lives. Every time a child takes antibiotics unnecessarily, at least three things happen:

- he gets better
- his immune system gets weaker - recurrent infections likely
- those same antibiotics won't work next time, because only the bugs that survived will stick around

Almost 100% of the time, the child would have recovered anyway, without drugs, just like they did for all those centuries before 1940. Kids are supposed to be sick sometimes, just like trees are supposed to be in storms. That's how they build strength. The overdrugged, overprotected, artificially raised American kids are among the sickest, most allergic, most asthmatic, and most overweight children in the civilized world.

Healthy kids don't get sick. And it starts with the infant's immune system being unnecessarily weakened by inappropriate antibiotics from oversolicitous parents and from doctors rightfully fearful of litigation and from drug companies hungry for a profit. Yes, yes, we know all about the dangers of spinal meningitis. But let's look at the natural incidence of meningitis in the undrugged, unvaccinated population. Miniscule, compared with the prodigious amount of actual immune system detriment which continues to be wrought by the excessive and inappropriate use of antibiotics.

Leave those kids alone!

What's wrong with killing all my body's bacteria a few times a year when it's not particularly necessary?

Probiotics, that's what. Huh? Probiotics. Good bacteria. There are some 300 types of good bacteria at work in the colon which are necessary for many life functions, including complete digestion, absorption of vitamins and nutrients, and keeping the numbers of potentially pathological bacteria in check. Antibiotics kill all of them. It may take weeks or months for the body to rebuild its normal bacteria, which are called flora. This makes for incomplete digestion, also known as putrefaction, rancidity, or rotting of intestinal contents. Like John Wayne. Autopsy showed 44 pounds of undigested food in his intestines when he died! Think how heavy that would feel all those years.

Guess nobody ever told The Duke about probiotics, because he sure didn't have any.

Another problem with killing all the body's bacteria is that it is no longer possible. The pervasiveness of antibiotics through the human race by pills, food, and the animals we eat has promoted the survival of mutant (resistant) bacteria. Scientists have now made the amazing discovery of finding antibiotic-resistant bacteria in the bodies of African tribesmen who live in total isolation from 'civilization,' with no access to drugs whatsoever! (Garrett) The point is, in 50 years, virtually everyone has developed some degree of immunity to antibiotics, directly or indirectly. The mutant strains are now normal flora. So the more we now take "broad spectrum" antibiotics, the more we destroy the old non-resistant strains. What's left? The mutants.

Most medical authorities in the National Institutes of Health, the Centers for Disease Control, and the World Health Organization agree on one idea: antibiotic resistance will be the #1 health challenge of the 21st century. That will be the area in which we will see the greatest increase in the death rate: infections with no cure.

One hidden source of antibiotics is FOOD. Half the antibiotics produced in this country, which totals 50 million pounds per annum, according to federal statistics, are given to animals like poultry and cattle. 80% of animal antibiotics are given to promote growth, not health. (Levy, p140) Antibiotics are also used extensively on fruit trees and other plants, and even in fish hatcheries. Food processing does not destroy the antibiotics. When we take them in with the food, many of these animal antibiotics are still strong enough to have an effect on our body's bacteria. This further complicates the problem of resistance. Today people may be resistant to antibiotics they never even got from the doctor.

The animal antibiotics are getting stronger all the time. According to the Journal of the South American Veterinary Association, 1996, a recent antibiotic called salinomycin was given to a herd of cattle. The drug killed 10% of the cattle from heart failure!

Even the FDA has known about the spillover of antibiotics from animals to humans for a long time. As far back as 1976, FDA Commissioner Donald Kennedy was publicly campaigning to ban antibiotics from animal feed. (New Eng J Med, 9 Sep 1976) Lobbying from the drug companies won out, and high dosages in livestock continue to the present time.

The Big Boys

Antibiotics is a $23 billion/year industry in the U.S. Its overall purpose is not, nor ever was, health. Its purpose is market growth. As an industry, it is a victim of its own success. Stuart Levy, MD writes that having taken antibiotics as though they were M&Ms for so many years has "caused a destruction of the armor of antibiotic, what I call destroying the miracle."

Now maybe you're saying, oh don't worry about drug resistance - they'll come up with something new. Think again.

Nothing responds to change like a market growth industry. The drug companies know better than anyone about the advent of the Post-Antibiotic Era. An article in the journal Clinical Infectious Disease, 1997 Supplement, stated that :

"...few new antibiotics are in the development pipeline, and indeed no novel class of antibiotics has been introduced into medical practice in more than 20 years. All recently introduced antibiotic compounds are permutations (improved versions) of pre-existing compounds."

Two of the major limitations ... are the high cost - about $300 million per new chemical entity - and the observation that many of the larger multinational companies have actually decreased their activities or even ceased to invest in the discovery of new antibiotics."

What a surprise. So much for selfless dedication to humanity. Thanks a lot, guys.

Jackpot!

Want to talk about money? Here is a chart of U.S. hospital purchases of antibiotics, published in Jeffrey Fisher's book The Plague Maker.

1962 - $94,000,000
1971 - $218,000,000
1991 - $3,000,000,000
1997 - $8,000,000,000

Any questions?

Whose Fault Is It?

In 1981, when James Curran of the CDC was being ignored by his superiors about the coming AIDS epidemic, Mark Lappe wrote a book called Germs That Won't Die, in which he explained antibiotic resistance. A classic paragraph on antibiotics from Lappe's book, quoted by Laurie Garrett, is this one:

"Unfortunately, we played a trick on the natural world by seizing control of these chemicals, making them more perfect in a way that has changed the whole microbial constitution of the developing countries. We have organisms now proliferating that never existed before in nature. We have selected them. We have organisms that probably caused a tenth of a percent of human diseases in the past that now cause twenty, thirty percent of the disease that we're seeing. We have changed the whole face of the earth by the use of antibiotics."

A Great Gift: Misuse, Overuse, Abuse

You can make all sorts of excuses, but here's the way it looks to many researchers: Mankind took this incredibly fortuitous gift - antibiotics - and let it be egregiously overprescribed and misused, for profit. And now we're down this road we can't come back from. Antibiotics have always had, and still have, only one proper application: the life-threatening situation. Not colds, not sniffles, not just-in-case anything. A life-threatening situation. Period. We screwed up.

The Party's Almost Over

Antibiotics really were a miracle drug and they really did save thousands of lives. But that time is coming to an end. The 1990s have brought a resurgence of bacterial and viral diseases, after almost 50 years of complete control over infectious diseases, according to the Apr 94 New England Journal of Medicine. If dissemination of antibiotics had been controlled by scientists instead of by drug reps and doctors and HMO execs, perhaps the epidemic of resistance which has now befallen us would not exist. At least not so soon. I'm talking about the scientists who have known all along what Fleming knew, what Bechamp knew, and what Pasteur himself finally admitted: that bugs don't cause disease and that drugs don't cure them. Antibiotics were and are for one thing only: life-threatening infections. Not minor colds. Not minor ear infections. Children need to be sick sometimes. That's how they build their own immune defenses. It's OK to get a cold once in awhile;

it gives the body a chance to use its powers of defense, like fever, inflammation, coughing, and swelling. These symptoms are not the illness. They are just signs that the body is successfully attempting to restore its own balance. To attack the symptoms is to fight the body itself and make it that much more difficult to return to a state of normal health. A body allowed to heal itself will be far more resilient, more RESISTANT in the future. That's the kind of resistance we want.

What we call disease is very often simply Nature's method for ridding the body of poisons.

For example, take FEVER. Fevers are generally good. The brain raises the temperature of the body for a reason - something has triggered an inflammation and the body is trying to make an inhospitable environment for the irritant and throw it off. Basic detox. Tylenol, ice baths, and drugs may interfere with the body's most instinctive first line of defense. Think how arrogant that is. Who knows better than your body when to turn up the thermostat? Now in that rare one in 5 million event where there's a danger of meningitis or the patient is delirious and remains in a very high fever for days on end - that may be the time to consider drugs. Like I said, life-threatening situations. But how often does that happen? When do we take antibiotics? Usually the first sign of a cold or fever. When we're young, they work. But most people use up all their ammunition early. Remember - average is 17 runs of antibiotics by the age of nine. Then when something serious happens, drugs fail. Not only are the bacteria now resistant; the body has never been given the opportunity to develop its own defenses, its own immune system. The result is just what the market growth drug industry wanted: a nation of people who are always sick, get colds a few times a year, have frequent headaches and digestive disorders and every few years get a "major" illness. Oh yes, and two thirds of whom will die either of heart disease or cancer.

Or coughing. Why are we coughing in the first place? Coughing is a cleansing reflex of the respiratory system. It is good, not bad. An irritant such as dust or a chemical or an inflammation is disrupting the air passages. The body's natural response is to try and clear it by forcefully expelling air. Is this rocket science so far? The cough was not the problem. The irritant was the problem. OK, so what do we do? Go to the doctor or the drugstore for what? - a cough suppressant. Drug the body's ability to clear its own airways. But then we have two problems: first, the irritant is still in the airway and has now been protected by the cough suppressor and is allowed to become more entrenched. And second, these cough medicines have serious side effects on the digestive tract. They are not foods, but must be dealt with by the digestive system. And they destroy normal flora.

Yes I hear you saying, but what about deep chest colds with coughing that might turn into bronchitis or pneumonia? Exactly. What about them? What will cough suppressants do to help the body clear itself?

Same with infection. Infection follows inflammation. Some antigen has been identified and the body has mobilized its forces - the white cells - to wall off the area. The invader is attacked and many white cells are killed in the process. Pus is simply the accumulation of dead white cells that have done their job. Limited infection is not an emergency. It simply means that the body's defenses are working.

Again Dr. Tilden nails it:

"... every so-called disease is a crisis of Toxemia; which means that toxin has accumulated in the blood above the toleration point, and the crisis, the so-called disease - call it cold, flu, pneumonia, headache, or typhoid fever - is a vicarious elimination. Nature is endeavoring to rid the body of toxin. Any treatment that obstructs this effort at elimination baffles nature in her effort of self-curing."

Not your average medical doctor. Bet he didn't get invited to give many keynote speeches at Harvard.

The only way anyone gets better from most illness is the body figures out a way to restore balance. It's not showy, and it's not always immediate. But it lasts.

No one who studies what is going on today in the area of antibiotic resistance comes away with the idea that things are going to be fine just as soon as some new drugs are invented. You come away with the idea that the party's almost over. Just as it was before penicillin, the only factor in disease control will be preparing a strong defense: bolstering the immune system. Those who continue to weaken their immune system will no longer be able to look to antibiotics to save them. They will die early.

So, What Is The Immune System?

Lot of people talk about it, but just ask them what it is and see what they say. The immune system is complicated, so let's just do the short version for now.

In general the immune system consists of three things that continually circulate through the body and monitor every cell.. And the three are

1. Specialized blood cells, called lymphocytes or white cells
2. Specialized proteins called antibodies
3. Nerve communication

This constant monitoring of your cells is going on every second, 24 hours a day, all through the body. In the healthy immune system, the identification of something foreign triggers an attack. The attack usually takes the form of inflammation, swelling, or heat. If the attack turns into a battle, it may become an infection. These are normal physical responses and will be effective if left alone, in the vast majority of cases. They do not usually require drugs, surgery, or any freaking out. If the body's own defenses are allowed to do their job and to win, not only will the patient recover with no side effects, but more important, he will have built stronger resistance for the future.

What helps the immune system? Only two things: protecting it and building it.

Protecting and building. Not stimulating. Certain drugs may stimulate the immune system, but it's short-term and always involves side effects.

The first consideration in protecting the immune system is to stop destroying it with:

smoking
alcohol
prescription drugs
processed foods
dairy products
sugar
radiation
toxins
stress

For further explanation of these stressors, see the chapters on Enzymes and on Antioxidants, and also on Vaccinations.

To build the immune system is not easy, but it is simple. First, eliminate the above list of destroyers. Second, detox the colon and the blood. For information on how to do that, see the chapters on the Colon and on Enzymes. After that, keep further toxic intake to a minimum. Primarily, that means drugs and processed foods. Simple, huh?

The Cure For AIDS

is actually known: At the International AIDS Conference in Berlin in 1993, the minutes showed that

"A large number of women prostitutes have been discovered in Africa. Each prostitute has had numerous encounters with men who have AIDS. Not one has contracted AIDS. Studies show that the women have exceptionally strong immune systems. This is the only difference between these prostitutes and others who have contracted AIDS."

Drugs depress the immune system; not just antibiotics, but all pharmaceuticals. That's why no drug will ever be found that cures AIDS. That's why AZT has never been proven to extend anyone's life even one day. That's why the search for the ultimate AIDS drug is futile. The virus does not exist in isolation and cannot be selectively killed without affecting the entire system. The whole approach, the whole military philosophy of seek- and-destroy is fundamentally flawed. HIV is not the cause of AIDS; it's a sign of AIDS.

In an article in USA Today, 26 Nov 97 the WHO revised its earlier estimate. Last year they said there would be 22 million people in the world with AIDS by this time. Now they have revised that figure to 30 million.

Know what's going to happen with AIDS? Exactly what happened with every other disease ever encountered by the human race, except for the brief era of success with antibiotics: it will run its course through the species. It will kill those with the weakest immune systems, and then it will be gone. AIDS research? Politics.

As with Pasteur's anthrax vaccine and his rabies vaccine, drugs can actually bring new diseases into the human race. Like the unlucky French mailman, Pierre Rascol. He and his friend were attacked by a dog. The friend was severely bitten, but not Pierre. The dog's teeth did not puncture Pierre's skin. The friend did nothing and was fine. The dog was fine. The postal authorities found out about the incident however, and forced an unwilling Pierre to be treated by Pasteur. After one week, Pierre was dead, a victim of Pasteur's inoculations. Look it up. (Hume)

Which Is It?

So are germs the cause of disease or aren't they? Bechamp said that there was enough truth in that notion to make it seem reasonable at first glance. Sure we can sometimes identify certain types of bacteria in certain disease conditions. And it's undeniable that organisms can be found rampant within populations suffering from epidemics and outbreaks, as Laurie Garrett describes in The Coming Plague. But consider this: what if many more people than those who actually get a disease have the "bug"? Usually the only people we test are the ones who get sick. So it looks like they're the only ones who have the 'causative' organism in measurable amounts. From Pasteur to the present, there is an entire other point of view that has been supported: maybe the bad bugs are commonly present in many normal people, but only multiply out of control when allowed to because of a weak immune system. They're harmless until they proliferate. This is a fundamental notion.

"Bacteria and parasites cannot cause disease processes unless they find their own peculiar morbid soil in which to grow and multiply."
-Henry Lindlahr, MD - Founder of Lindlahr Sanitarium

In view of the overall failure of the one-drug-one-disease approach, it's obvious there must be a bigger picture. So here it is: the body is poisoned year by year, leading to general toxemia (blood-poisoning.) The reasons are noted above: chemicalization of commercially available food, chemicalization of all medical drugs, and stressful toxic lifestyle. The body tries to detoxify itself by its normal processes of digestion and immune response. But it's too big of a job; there are too many weird chemicals. Digestion is blocked. The blood stagnates. The white cells and antibodies can't circulate. The colon backs up. And things breed. Favorable environments are created for the proliferation of normally harmless organisms. Result: disease. Totally different paradigm.

In the early 1980s, before AIDS had been named and before HIV had been pronounced as the cause, the researchers like James Curran of the CDC were studying the new disease that was occurring among urban gays. There wasn't enough money or manpower to fully investigate the problem, but scientists realized that this was a unique disease and they knew it was going to be big. Collecting all the data they could, they studied the gay lifestyle in detail. One of the few things they could say for sure was that these people as a population had one of the most severely depressed immune systems ever studied. To find a group of people with worse immune defenses than theirs, you would have to look in a third world country. Curran found that urban gays didn't just get AIDS - they had astronomically higher than normal incidences of any immune-deficient condition you can name, including

Herpes Simplex I, Herpes Simplex II, Gonorrhea, Hepatitis A, Hepatitis B, Cytomegalovirus, Mononucleosis, Syphilis, Influenza, Candida albicans, Entamoeba histolytica, Cryptosporidium, Tuberculosis, E. coli, Staphylococcus aureus, Klebsiella, Pneumocystic pneumonia.
- Garrett

Why bother to list them? The patients got these diseases on their way to getting AIDS. They also had proliferation of many other bacteria that are normally harmless. The point is, when there's no immune system, anything can grow. Favorable environment. The terrain. Le terrain biologique. AIDS patients don't die of AIDS. They die of pneumonia or of flu. They die because they have no CD-4 cells, no immune system to fight off even the most harmless invader. And they die from drugs.

When you start to look at the epidemiology of AIDS in Africa and then in Asia, all the talk is about genes and microbe vectors and modes of transmission and villages and patterns of migration of the virus, and numbers of the population already infected, and virulence, etc. But you can take the whole picture, all this information, and pick it up and rotate it 5 degrees to one side, and look at it just a little differently and something else comes into focus. What if we're wasting our time looking for a cure for AIDS or trying to figure out why it appeared in this or that village in Africa or this brothel in Thailand or trying to unlock the elusive patterns of recombinant viral DNA with computer sequencing or encouraging a new group of "disease cowboys" to get out there, or identifying Patient Zero, or even educating people about protection...? What good is all this? Look at the numbers: by July of 1982 there were 177 known deaths from AIDS. By summer 1997, over 7 million have died. An estimated 30 million people worldwide are now infected. Are we getting better or worse at holding this disease in check? Is the talent and research money thrown into the fight becoming more available or less available? What if this disease is simply going to run its course throughout Homo sapiens no matter what we do, just like the plagues did, just like the majority of all other diseases have? May sound fatalistic, but it's precisely what's actually taking place. Ask yourself this: what did urban gays and junkies have in common with the Africans and

Asians who were being swept away by this deadly tidal wave? In a word, susceptibility. Why? Third world people are possessed of fragile, tenuous immune systems because of malnutrition, squalor, overcrowding, and appalling medical practices. They also have been targets for mass inoculations with unproven vaccines legislated upon them by government deals with drug giants. These people are physically stressed almost to the breaking point, normally. With overpopulation, all the adverse conditions are magnified. It's been proven that the AIDS virus has been around for decades both in monkeys and in humans. But not until 1982 did people start dying of it. And then who was it, and who is it that is dying? The ones with what? That's right - the ones with the worst immune systems on the planet. Then and now. Viruses don't care if you're gay or you're a monkey or you're living in squalor, or in a townhouse. They're just looking for a place to set up shop.

This point of view redefines the problem. Instead of worrying about what are we going to do about AIDS, tracking it, fighting it, and relating it to antibiotic resistance, let's consider focusing instead on the only thing that will ever overcome AIDS or any other disease: a strong immune system. Oversimplification? Looks like it may be time for one.

What Now?

What does the future hold? Let's stop listening to the media magpie/spin doctors for a second and follow the pertinent literature to its logical conclusion - is antibiotic resistance becoming greater or less each year? Greater. Let's give antibiotics a best case scenario guess: another 20 years. OK, do bacteria cause disease? Definitely not always. What is always present in diseases? Answer: depressed immune system. With a healthy resilient immune system, disease is rejected, no matter how serious. J.H. Tilden, MD put it this way:

"Normal persons are deadly to all germs and parasites peculiar to the human habitat."
- Toxemia Explained

So putting these ideas together, a notion comes into focus so clear that even a lawyer could see it: soon we will be living in the Post-Antibiotic Era. The paramount issue in health and survival will then be the immune system. Drugs, alcohol, smoking, air pollution, processed food, white sugar, white flour, radiation, stress, and bad living will still be doing their number on that immune system. But it will be performing without a net, this time. On its own. What will people turn to in order to strengthen their immune system? Answer: Alternative Medicine, just like before all of this went down. Actually, it's already started.

Ask your physician that one. Want to see a blank look? Ask your HMO doctor what he can give you to boost your immune system.

Out of the $1 trillion/year medical budget, about one point four per cent is today being spent for Alternative Medicine. That's not much, but it's growing. Alternative medicine's purpose is to use natural means to strengthen the immune system. Whole food enzymes, antioxidants, natural herbs, aloe, probiotics, pure water, clean diet, spinal adjustment, massage, martial arts, and exercise have all been proven to be helpful. One reason things won't be completely the same as they were in the pre-antibiotic age is that our knowledge of holistic therapeutics has deepened exponentially, sort of as a by-product of the advances in biomedical technology in the past 50 years. An increasing number of people are learning what it feels like to build up their immune system, their resistance to illness. Once you've done that, even one time, you know you can overcome practically any health challenge out there by cleaning up your blood, simple detox, and following the basics. Taken as a whole complete self-regulating being, the body is simple and just needs a few things to maintain itself without disease, premature aging, or chronic poisoning. Things get complicated when the body is approached with what I call the Kragen Method - as in auto parts - meaning pretending that

the body is simply a group of individual parts that can be treated in isolation from each other, one by one, like spark plugs and carburetors. Then we get into some heavy theorizing, dangerous chemical experimentation, and pathologically long words. Health then becomes a side issue, the focus is economic, and the patient becomes the mark. And this is the controlling philosophy in health care today.

You get a funny feeling, like an awakening, when it finally dawns on you that all this time scientific "research" has not really been progressing along with an intent to uncover deeper knowledge of nature or physical things, or to seek the truth, or to serve mankind, like they always say it is. Such altruism is carefully crafted and presented as the motivation for research, but the actual way it works may be quite different. It is not negativity or paranoia but rather the loss of naiveté that makes you realize that they don't really want a cure for cancer or AIDS or infectious disease or the common cold or obesity or depression or any other illness. No, for these drive the industry. The game is pharmaceutical economics.

A Normal Life

Here is what a normal life should be like:

You're born. You get no drugs and no vaccinations. During childhood you have the usual illnesses, but conservative treatment gets you through them without antibiotics or drugs, and you build your natural immune defenses. You don't eat white sugar, white flour, too much meat or cheese, or drink milk or soft drinks. You concentrate on whole grains, fruits, vegetables, and a clean, natural diet. You never learn to drink coffee or to smoke cigarettes. The only pills you take are powerful whole food vitamins and enzymes and minerals, which are part of your daily intake. You drink at least 1 liter of water every day. Into adulthood, you never get sick: no colds, no flu, no headaches, no diabetes, no ADD, no "thyroid problems," no panic attacks, growing pains, fatigue, or digestive disorders, no high blood pressure. The only pains you experience come from accidental injury. Perhaps you do moderate exercise or sports activity to maintain mobility and general fitness. You look to the care of your spine. Your entire adulthood is spent in this disease-free mode. As you age, your mind gets sharper. You experience no arthritis or osteoporosis, no Parkinson's or Alzheimer's. Finally one day after 90 or 100 years, you flicker like a candle and go out.

The above paragraph may be useful in choosing a doctor. Some will say all this is impossible; which for them is true. So don't choose them. All this is possible; moreover, thousands and thousands of people are living it. So listen only to those who can help you achieve such a condition of living health. Because now we've arrived at the threshold of a time when good health and a powerful immune system are not only advisable; they are the very determinants of survival. Coming soon to your town - the Post-Antibiotic Age.

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