Germ theory critical excess?

My present discomfort with absolute denial of "germ theory"

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I am sympathetic to the view that human-contagious-disease-causing viruses have not been demonstrated to exist. So far, these demonstrations have not convinced me, despite my earnest study.

I tend to agree with the Drs Bailey who have laid out their views on this and many aspects of the Corona declared pandemic in their brilliant new (and amply referenced) small book "The Final Pandemic". And I tend to agree with the most influential critical textbooks on the question, which I have listed here.

I am a career scientist with deep relevant expertise: CV and description of expertise. I ran a large university research group and had an electron microscope and many spectrometers and other instruments in my well-funded laboratory. I specialized, among many areas, in environmental nanoparticles, including their interactions with bacteria.

Anyway, after reading many state-of-the-art science articles about disease-causing virus "isolation" and characterization, I remain firmly unconvinced.

The main counter argument to my skepticism appears to be that PCR genome characterization is robust and specific. I plan to deep dive into PCR technology, eventually, but right now I am far from convinced of that counter argument also.

I remain highly suspicious of a wet chemical method (PCR) that relies on controlled thermal degradation to amplify a molecular fragment a kazillion times, which could not otherwise be detected. And I remain skeptical that thus obtained genome sequences are particularly relevant to biology. That's me.

I mean, I think the PCR jockeys and the molecular-theory immunologists take up way too much space. And of course they are rewarded for their brilliant efforts.

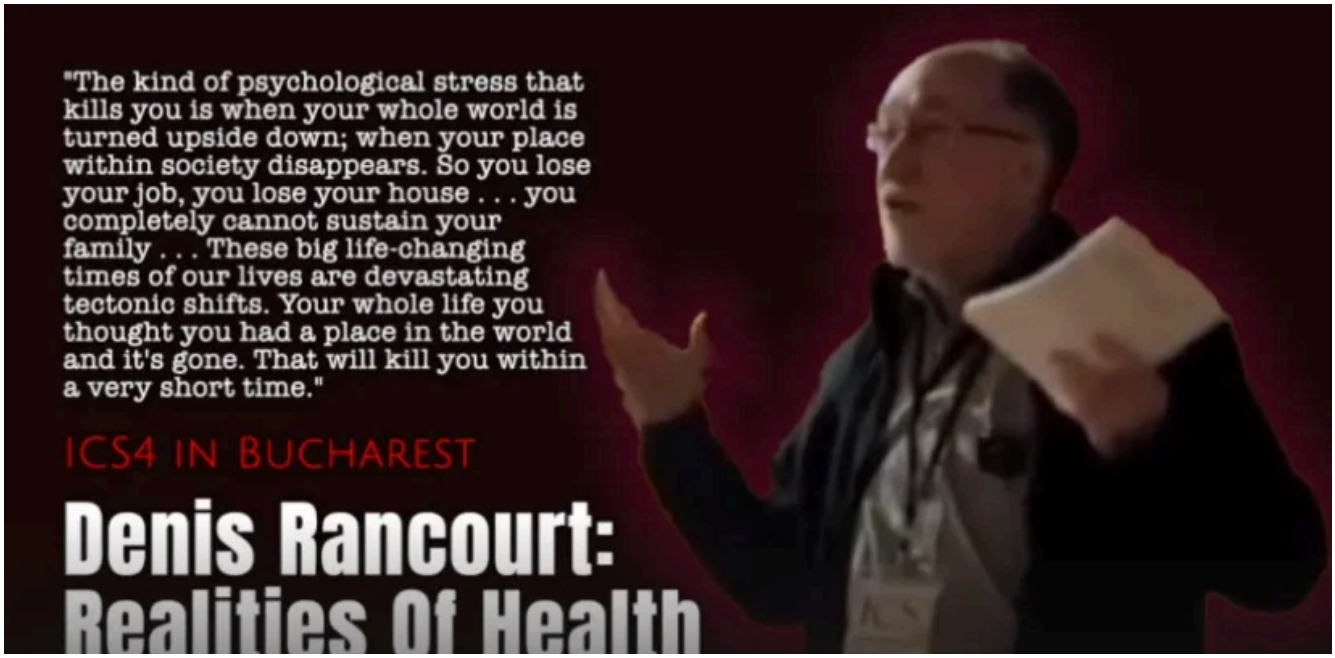
But these are not my main topic today. Today, I want to say that I think some of the criticism of "germ theory" goes too far.

I have heard Tom Cowan and Andy Kaufman in particular insist that bacteria cannot cause harm or disease but are only present as the body's helpers to breakdown and remove dead or defective tissue. In their view, as I understand it, the causes of ill-health are never germs and bacteria are only waiting to play a beneficial role.

Of course I agree that the primary cause of ill-health is not germs:

Fundamental nature of health

DENIS RANCOURT · NOVEMBER 28, 2023



A short presentation I gave to ICS4 delegates in Bucharest, Romania, on 17 November 2023... Video produced by Dr. Jeremie Mercier. We recorded this on the fly, in a closed door session, with permission from the organizers.

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However, I also believe that our bodies host complex gut and respiratory tract microbiomes, and that these microbiomes of bacteria and fungi can seriously depart from being healthy and working for the good of the host organism (you).

One can argue that any such imbalance is always caused by something other than the germs involved, and that the body has been put out of balance by external factors. I don't believe it can be that simple. I have studied too many examples of non-linear transitions to think that the body is robust in a friendly environment. Nobody, for example, has figured out how not to die.

I have little doubt that antibiotics (including ivermectin) can save the lives of many who would probably die otherwise. My collaborators and I studied this in the USA during the Covid period, when antibiotics were systemically denied: here.

This shows the potential for run-away germ attacks that can be interrupted or reset by chemical intervention.

Leading anthropologists tell us that the dominant cause of death throughout virtually all of human history has been infections, typically following injuries from fights, not to mention rather aggressive parasites that don't increase longevity. There may be an evolutionary reason that humans so dread invisible bodily threats.

There, I said it. I think some of our critical thinking friends maybe go too far?

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Dr Mike Yeadon Dr Mike Yeadon Oct 29 Liked by Denis Rancourt

Denis,

Excellent.

One point about antibiotics. I can't speak for all of the not very many structural types, but some of them are intrinsically anti-inflammatory, independent of their ability to prevent bacterial replication in Petri dishes. It occurred to me when I was in Pfizer that their leading antibiotic might work in its leading indication, acute exacerbations of chronic obstructive pulmonary disease, by being anti inflammatory.

In practise, more or less impossible for distinguish.

I mention it, because I detected that you were convinced that, because agents termed antibiotics were useful in lung disease, this was pretty much proof of a pathogenic role for

bacteria.

I'm only very slightly waggling that stake, because I pretty much agree with you (my remarks notwithstanding).

I think sequencing is going to turn out to be total fraud and nonsense. I already know enough to disregard the argument that "so many independent scientists found the same sequences, so there must be a contagious virus".

First, I challenge the diversity of the sources. If they use the same machine's & algorithms, that's not diversity. And I think they do, or at least the methods & results are not truly independent. They also draw upon common databases and assumptions.

Next, the method used to determine (or is it form?) the "full length sequence" is not scientific. There's extensive generation of short sequences, assumed to be contiguous, which are then assembled in the most plausible order using clever software. I understand the software makes no progress whatsoever until it's presented with a potential skeleton, whereupon it assembles the contigs in a way that mimics it, with small variations. I don't know enough to really understand the shell game that I suspect must be going on here. I have faith that you can get to the bottom of it, if you've time and inclination.

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Bernard Massie Bernard's Substack Oct 29 Liked by Denis Rancourt

I agree Denis, germ theory needs some serious reappraisal, but there are some foundations.

I'm a microbiologist by training and I have done research on antibiotic resistance for my PhD thesis. I have grown and studied the effect of bacteriophages and examined them using a number of methods, including electron microscopy. I then did a 3 years postdoc working on DNA tumor viruses, focusing on mouse polyomavirus. I have constructed the first adenoviral vector expressing polyoma tumor antigens to study their biology. I have subsequently generated dozens of adenoviral vectors expressing genes from various viruses mostly for vaccine application.

Bottom line, viruses do exist and can cause diseases. This depends on a number of factors, the most important being the terrain and the dose of exposure to the viruses. Now are all vaccines work, hell no. Can some work? It really depends on their composition and their route of administration.

My experience is that the majority of vaccines don't work as advertised and a lot of them do more harm than good. Why? Because of our ignorance of the host/pathogens relationship in

which the microbiome plays a crucial role. Also because of our ignorance of how the immune system works to protect us from disease-inducing infections, and cancers. Not to mention the delicate balance that prevent the triggering of auto-immune diseases. In brief, we are so ignorant of the proper functioning of the immune system that our vaccination protocols are, at best sub-optimal, when they are not blatantly deleterious. We are playing apprentice sorcerer and are pushing vaccination as a magic intervention.

The tragedy in all of that is that the regulatory agencies that are supposed to protect the public are not doing their work rigorously enough on solid scientific and technological basis.

Can vaccination be a viable option? In theory yes, but in practice most of the times we simply

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