Fighting Infections and Inflammations: From the Greatest "Hoax" of Modern Medicine –Vaccines - to an 'Active Immune System'

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Abstract

The immune system is described by the medical literature as "the bodily system that protects the body from foreign substances, cells, and tissues by producing the immune response and that includes especially the thymus, spleen, lymph nodes, special deposits of lymphoid tissue (as in gastrointestinal tract and bone marrow), macrophages, lymphocytes including the bone marrow or B cells and thymus or T cells, and antibodies.[i] As a term, it has been used since 1919. But it has been established with the theory of the physician Macfarlane Burnet, for which he won a Nobel Price, "clonal selection", which states that "an antigen entering the body does not induce the formation of an antibody specific to itself—as some immunologists believed—but instead it binds to one unique antibody selected from a vast repertoire of antibodies produced early in the organism's life. As I will show hereafter, both these definitions are problematic. This is why they have led the medical community of our 20-21 century to use mainly vaccines and antiviral drugs against infections in order to slow or stop the virus from reproducing in the patient`s body, allowing the immune system to respond, shortening illness duration and halting progression to more severe forms of the disease. There is, in other words, one prevailing approach in the medical literature about the nature of the immune system which has gained insight from *what it is* while trying to show *why it is as it is.*

According to it, an immune system "is a highly connected web of many different types of response deployed to maintain the status quo of a pathogen-free internal environment", which is being determined by the state of cells (neutrophils, macrophages etc.).[ii] Another approach, which is being used mainly by nutritionists, argues that the gut produces and houses about 80% of the immune system cells. This approach implies that the gut is the driving force of the immune system. So in order to produce them, they try to 'balance' the digestive system. Although the gut as the central part of the immune system and cells is being generally adopted by physicians and nutritionists, the former approach use mainly vaccines to improve the immune system while the latter use mainly food. The role of the gut in our health, however, is being overestimated. A recent research, for example, following the belief of Hippocrates, considers the gut as the "birthplace" of "all diseases" although it specifies that it is talking about "chronic inflammatory diseases" not about "all diseases".[iii]

According to it, chronic inflammatory diseases are being caused by zunolin proteins in the gut which causes changes in the microbiome composition, which in turn, causes functional changes in gut permeability; the latter, in turn, causes "leaky gut" and this, finally, causes chronic diseases. This argument is being adopted by a lot of physicians and nutritionists. But it is not entirely correct as it does not question enough the nature zunolin proteins in particular and of proteins in general in relation not only to our body and to "gut permeability" but also to other substances like vitamins and minerals. In fact, the senescense of the cell —the loss of its power to be divided—shows us part of the truth: its dysbiosis or its imbalance, which is caused, as I will show hereafter, by an imbalanced food regime. This, in turn, causes dysbiosis in our microflora and the latter, dysbiosis in our cells. No wonder that in order to prevent those inflammatory diseases, researchers seek to develop vaccines which reduces the presence of bacteria that express flagellin (a subunit protein)[iv] in the gut microbiota. Medical researchers, in other words, want to use vaccines not only for infections but for non-communicable diseases such as autoimmunity, cancer[v] and against chronic inflammatory diseases[vi] - without understanding fully their causes and the nature of the immune system!

Thus, medical institutions, following World Health Organization (WHO), use seven main principles for vaccines against infections: (1) live attenuated (or weakened) vaccines, which are produced by modifying a disease-producing ("wild") virus or bacterium in laboratory, and which retains the ability to replicate (grow) and produce immunity but it causes adverse reactions in

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vaccines against tuberculosis, polio, measles, retrovirus and, yellow fever; (2) inactivated vaccines, which can be composed of either whole viruses or bacteria, or fraction of either, and which have been killed through physical or chemical processes and as such, they cannot cause disease but they may not always induce an immune response and the response may not be long lived; (3) subunit vaccines, like inactivated whole-cell vaccines do not contain live components of the pathogen but they differ from them because they contain only the antigen parts of the pathogen as they are necessary to elicit a protective immune response, which, again, do not guarantee that memory will form for future responses; (4) protein-based subunit vaccines present an antigen to the immune system without viral particles; (5) polysaccharide vaccines which create a response against the molecules in the pathogen`s capsule; (6) conjugate subunit vaccines which does the same as polysaccharide vaccines but they benefit from a technology that binds the polysaccharide to a carrier protein that can induce a long-term protective response even in infants; and (7) toxoid vaccines are based on the toxin produced by bacteria or virus, which are being used with aluminium or calcium salts, in order to increase the immune response. Preservatives like thiomersal, formaldehyde or phenol derivatives are being added in order to prevent bacterial and fungal growth.[vii]

Before examining those vaccines and others alike, it is useful to recall once again that modern medicine uses practices that are based on the phenomenon (or on the symptom) *as it is* and some time they try to show *why it is as it is* while they acknowledge that they don't understand fully the immune system. For example, during Covid-19 a team of researchers from Microsoft and Adaptive Biotechnologies were observing how T cells fight viruses. Their goal: to improve the way the virus is diagnosed and treated and to develop an effective vaccine against it. They see our cells, in other words, separated from the rest of the body.

This is the reason why they are being focused on practices such as vaccines and antivirals. Had they adopted a genealogical approach, they would have been focused on the latter: on why it is as it is — an approach which leads to the way the immune system is being empowered and activated. But even nutritionists, who focus on food, are problematic since 'immunity' implies the use of stem cells rather than just blood cells and since most of our stem cells are being produced in areas where they are needed, e.g., whenever we exercise, we send blood in places where we want to exercise. So when the blood arrives in the area we need it, one part of it is already there and the other part of it is being pumped into it by our heart: both parts of 'that' blood are not being composed by stem cells but by blood cells, which get divided at the time they`re needed to cover the needs of that area provided that they have the right nutrients (earthy and watery elements) in them.

References

[i] Definition of immune system, *Merriam Webster*.
[ii] See, e.g. The immune system, *NCBI*, 2016 Oct 26.
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[iv] See for more, Bacterial flagellin—a potent immunomodulatory agent, *Nature*, 01 September 2017.
[v] See, e.g., Vaccines of the Future: The role inflammation and adjuvanticity, *Hindawi,* 2015.
[vi] A vaccine against chronic inflammatory diseases, *Medicalxpress*, Dec 11, 2019.
[vii] Types of vaccine and adverse reactions, *WHO*, Module 2.

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