



... let us be the light at the beginning of your journey

The final frontier on the war on cancer

by Paul Davies

Reprinted from our January 2016 Newsletter updated with later developments.

Frustrated by glacial progress, the US has turned to physicists to fight the disease, reveals Paul Davies.

Paul Davies is a theoretical physicist, cosmologist, astrobiologist and best-selling author. He is Regents' Professor and Director of The Beyond Center for Fundamental Concepts in Science at Arizona State University.

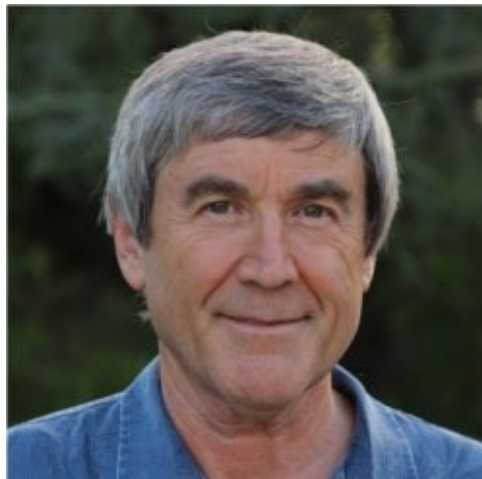
Daily Telegraph (UK) 07 Feb 2012

When President Nixon declared war on cancer 40 years ago he also sanctioned one of the biggest research programs in history. The budget of America's National Cancer Institute (NCI) is now \$5 billion a year, more than NASA spends on space exploration. Cancer accounts for a large slice of research funds in most other developed countries too: Cancer Research UK, for example, has a budget of £500 million a year.

But despite this vast investment, the long-awaited "breakthrough" remains elusive. Although certain drugs (often very expensive) can prolong life, the brutal truth is that most patients diagnosed with metastatic cancer today fare little better than their counterparts did decades ago. And as life expectancy rises, more people will die of cancer. Given the escalating costs of treatment, the economic impact is unsustainable.

I became embroiled in this depressing story four years ago when I was called out of the blue by the deputy director of the NCI, Anna Barker. Dr Barker talked about the glacial pace of clinical progress and her frustration that, even with some of the world's finest minds involved, no light could be discerned at the end of the tunnel. Her question to me was: "Can physicists help?"

I explained that my career was focused on quantum mechanics, cosmology, black holes. "I know nothing about can-



Paul Davies

cer," I said. "It doesn't matter!" was her response. Physicists, she pointed out, think about the world in a distinctive way. They have elucidated the secrets of the atom and probed the farthest reaches of the cosmos, and have a good track record at cracking tough, complex problems. It was not so much new technology that she was after, but insights from our problem-solving approach.

Two years later, in a bold attempt to exploit this untapped expertise, the NCI created 12 centres of physical science and oncology, and I found myself directing the one at Arizona State University. So, how are we getting on?

Well, one of the virtues of being unencumbered by much knowledge of a subject is the ability to come at it afresh, to see it through different eyes. The basic story of cancer is very simple. Somewhere in the body, cells start to proliferate uncontrollably. If unchecked they spread to other organs and colonise them. At that stage, the patient's prospects are grim. Yet nobody has a convincing explanation for why this happens. The individual steps can be partially explained in terms of changes in the cells. But precisely why

a cell from, say, a breast duct or the prostate gland starts roaming the body to make a home in the liver or the lung – a process called metastasis – remains a mystery.

Most research has focused on cancer as a human disease. But tumours are also widespread among animals and plants, suggesting that they have deep evolutionary roots. Cancer is such a formidable adversary because it is a fundamental part of the story of life itself, and I believe it can be properly understood only by seeing the grand evolutionary picture.

The earliest traces of life on Earth date back 3.5 billion years, but only about a billion years ago did complex, multi-celled organisms begin to evolve. This was a profound transition. Single cells have but one imperative – to replicate. They are, in effect, immortal. But when cells first formed co-operative assemblages, a new deal was struck. Most organisms outsourced their immortality to specialised germ cells (e.g. sperm and ova), and in return accepted death for themselves. Thus a typical tissue cell might reproduce a handful of times and then die.

Organisms police this contract with a variety of regulatory systems, including specialised genes that suppress runaway growth. I believe that cancer is a breakdown in this contract, initiated when a common-or-garden cell refuses to die on cue and embarks on its own agenda.

It would be a mistake, however, to suppose that cancer merely represents a cell that has "gone wrong", and started running amok in the body. In fact, cancers possess a surprising degree of organisation. As they become more malignant, they deploy sophisticated tricks designed to evade the body's defences and enhance

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organisms developed starting from the single-cell ones that probably came out of the sea 3.95 billion years ago. These later developed into multi-cellular organisms such as plants 2 billion years ago, fungi 1.32 billion years ago, reptiles 100 million years ago and humans about 2 million years ago.

From Don Benjamin:

This approach is similar to that of CISS except that CISS questions the evidence for *metastasis* and suggests that the main stressor that triggers the cancer process is either chronic stress (as suggested by Ronald Grossarth-Maticsek) or acute stress (as suggested by Ryke Geerd Hamer).

Treatment therefore involves counselling to remove these forms of stress so that the electrical interference caused by what Candace Pert referred to as "molecules of emotion" disappears and the damaged cells get the information they need to become differentiated again and the tumours gradually disappear as they are replaced by healthy ones.

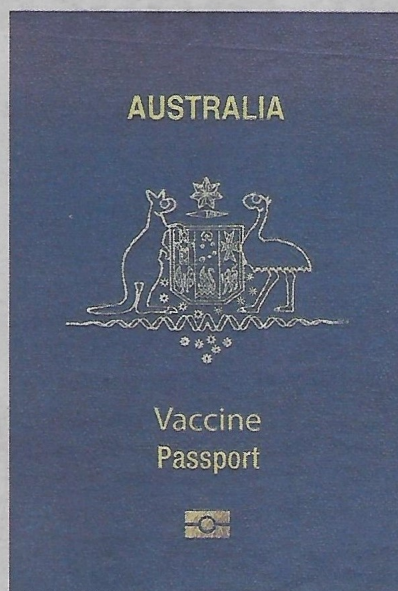
The chronic stress component is generally fairly easy to identify by a trained and experienced counsellor as there is claimed to be a cancer personality that involves not expressing emotions and wanting to put other peoples needs first.

However it is necessary to separate the chronic stress that contributed to the causation of the cancer from the acute stress that resulted from the cancer diagnosis.

Similarly with acute stress, there is a need to separate the unexpected emotional trauma (acute stress) that is believed to have been the main cause of the cancer, possibly in early childhood, from the acute stress that resulted from the cancer diagnosis.

This is again fairly easy because the location of the tumour identifies the likely type of emotional trauma experienced. Most people with cancer will immediately know if this applies to them.

To enquire about these forms of (free) counselling to help identify the possible cause(s) of your cancer and learn the options for dealing with it, contact the CISS Office.



THE HOLDER OF THIS PASSPORT IS ENTITLED TO:

- ① Join the tourist hordes swarming over the cities of Europe where the citizens will hate them for destroying local culture.
- ② Go to football stadiums and watch young athletes inflicting concussion injuries upon each other.
- ③ Go to art galleries and take selfies while jostling for position in front of Van Gogh and Monet paintings.
- ④ Go to night clubs, drink bad alcohol, suffer hearing damage and risk a coward punch while leaving the premises.
- ⑤ Go to the theatre and see Phantom of the Opera or Cats as often as you like.
- ⑥ Look down upon the unvaccinated and call them idiots, morons and nut-jobs.

Leung

Supplements for CISS Members

Low Dose Naltrexone all strengths 1.5mg to 4.5mg
 100 compounded capsules (Doctor's prescription needed)
 Look up "Low Dose Naltrexone" Homepage
 Stabilised electrolytes of oxygen 50ml—\$15 (Chlorine Dioxide)
 Visionary Health Compounding Chemist (02) 4969 5081

Free Psych-K for CISS members

CISS members can receive Psych-K to identify and change negative belief systems free of charge. Ring the Office if you want to try it.

DVDs for Sale from the CISS Office

CISS Seminar "Cancer & Hope - Survivors share their Lessons" are available for \$29.50 plus postage for members or \$39.50 + postage for non-members

OVERSEAS & LOCAL NEWS

OVERSEAS NEWS

Hazards of gene therapy injections

The most important overseas news is the growing doubt about the safety and efficacy of COVID-19 vaccines. In the last Newsletter the inventor of the mRNA vaccine technology Dr Robert Malone, spoke out about the potential dangers of COVID-19 gene therapy injections where he believes the risks outweigh the benefits in children, teens and young adults.

As mentioned on page 9, by the end of July 2021 more than 36,000 people whose hospitalisations following a dose of experimental Covid vaccine had been recorded by the US government's Vaccine Adverse Event Reporting System (VAERS). There were well over half a million (518,770) adverse events related to Covid shots recorded on VAERS by July 30, 2021, including more than 23,000 life-threatening or permanently disabling events and 11,940 deaths. These figures are greatly understated as reporting adverse events to VAERS is only voluntary.

These so-called vaccines were approved in the US despite being experimental because it was claimed there were "no other effective treatments available".

Many other less dangerous treatments were available that had been proven to be safe and effective, including Ivermectin, a protocol including Vitamin D3, Vitamin C and zinc, and others.

Unlike the "vaccines", Ivermectin, a repurposed anti-parasitic drug, has proven in a meta-analysis of 11 randomised trials to be beneficial in reducing hospitalisations and reducing deaths by 56%, although the paper has been withdrawn for amendment after one of the trials was found to have been fraudulent. See page 9.

So the vaccines, mainly Pfizer have now been shown to do more harm than good and the alternative treatments have produced significant benefits with minimal side effects. An ABC morning program on 2 September mentioned that a man had been hospi-



Don Benjamin, Editor

talised after overdosing on Ivermectin.

The report referred to the dangers of people using this and "other unproven treatments". When people over-dose on anything it is not a reflection on the efficacy of the drug used, but rather desperation.

LOCAL NEWS

ACNC revokes CISS charity status

Despite CISS responding to the ACNC, Australia's charity regulator, we have been notified that our charity status has been revoked and backdated to 30 June 2019. The main grounds for the revocation were that CISS is not entitled to do any cancer research because none of our researchers have medical qualifications (untrue); our website makes claims that are not approved by medical authorities, such as Cancer Australia; we promote unproven cancer treatments (untrue); and we give advice to vulnerable people with cancer (untrue).

The ACNC is clearly acting beyond its authority—and acting on behalf of outside medical interests. For example it puts Cancer Australia as the authority on what can be published—despite the fact that Cancer Australia is 25 years behind CISS in its research. Cancer Australia is still promoting mammography screening despite the

fact that CISS research in 1996 showed that such screening produced no benefits; the Cochrane library of randomised controlled trials has also stated since 2001 that mammograms provide no significant benefit and, since 2013, that they provide significant overdiagnosis and overtreatment—i.e. more harm than good.

Needless to say, CISS will appeal this absurd decision.

What is cancer

In this Newsletter we reprint an article by Paul Davies about what his team at Arizona University concluded cancer is, together with an update.

False claims of benefits from cancer treatments and screening

In a majority of scientific papers published the conclusions are not justified by the data presented. On page 8 is a recent example of this—*faulty science*.

On page 8 we also give a recipe from Prevention Magazine that not only tastes great but is also proven to boost gut health.

Ivermectin banned in Australia

The same people who have banned Hydrazine Sulphate in Australia—one of the few cheap, safe and effective treatments for cancer – have now also stopped doctors prescribing oral Ivermectin for the prevention and treatment of COVID-19. It is one of the few safe and effective drugs for this purpose (See page 10)

The reasons stated by the TGA for its ban include the likelihood that some people will prefer Ivermectin to receiving a vaccine, weakening the vaccine rollout; the potential shortage of Ivermectin for scabies and parasite infections resulting from people wrongly using it for COVID-19; and the potential for overdosing.

"A sad and shameful day" according to Emeritus Professor Robert Clancy, Foundation Professor of Pathology, Medical School University Newcastle, Clinical Immunologist and former Head of the Newcastle Mucosal Immunology Group, with special interest in airways infection and vaccine development. He says "There are genuine concerns about experimental genetic vaccines, yet discussion is suppressed, and these issues are

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DISCLAIMER

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The Cancer Information & Support Society is an educational, non-profit organisation. The information in this newsletter is made available as a community service. It is not meant to be construed as, or in place of, medical advice or treatment by your physician. CISS does not diagnose, treat or prescribe for any human disease or physical condition. It does not prescribe or dispense medicine of any kind. CISS is not commercially affiliated with any product, therapy, company, publication or person and it assumes no responsibility for the use of the information described herein.

(Continued from page 1)
their own prospects. This pre-programmed box of tricks is what makes combating them such a challenge.

Together with Charles Lineweaver at the Australian National University, I have been developing a theory of cancer based on the concept that it is an evolutionary throwback to our earliest ancestors. About 600 million years ago, there appeared a riot of modern-looking metazoa (the multi-celled creatures that make up the bulk of the animal kingdom), with many specialised cell types and organs. But this explosion didn't happen in a vacuum. Hundreds of millions of years before, they – we – had precursors: clumps of semi-organised cells forming robust, tumour-like forms.

Our bodies are replete with ancestral genes that evolution has built on. These genes are retained because they are active in the early stages of embryo development, when the basic body plan is being laid down. Curiously, human embryos temporarily develop gills and tails, representing long-lost features of our evolutionary history.

Normally these ancient genes are silenced thereafter. But Lineweaver and I have proposed that cancer results

from an accidental reawakening of the earliest metazoan genes, the ones programmed to build the sort of structures that inhabited Earth millions of years ago. Rather like a computer starting up in safe mode after an error of some sort, cancer may be a reversion to a tried-and-tested ancestral lifestyle in response to a physical stress such as a carcinogen.

By connecting the dots of evolutionary, developmental and cancer biology, we have come to view cancer not so much as a disease to be cured as a condition to be controlled. Like ageing, cancer must be accepted as part of life. But by careful management, its effects can be mitigated. For example, 90 per cent of cancer deaths result from metastasis. Slowing or arresting this spread would make a big difference.

Even when cancer cells make a home in a remote organ, the micro-tumours often fail to progress, or may lie dormant. Many people who appear to have survived unscathed eventually succumb when the cancer returns years or even decades later, with enhanced malignancy. If we can understand how these micro-tumours remain in equilibrium with their environment, we could work to extend that quiescent phase. After all, a cancer

that reappears after 50 years instead of five is not too serious a health risk.

The great advantage here is that such improvements could come without requiring us to unravel fully the stupendously complex innards of cancer cells, with their myriad genetic and chemical pathways and survival mechanisms. If Lineweaver and I are right, and a special cassette of ancient genes drives the basic behaviour of cancer, then we will have a well-defined target for therapy. The challenge is to find a way to seize control of the cassette's operating system and tweak it to do our bidding, by reducing the cancer cells' wanderlust or keeping the micro-tumours stable.

Cancer touches all of us. Public health programmes, such as the campaign against smoking, have had a big impact. And a handful of cancers are, in effect, curable. But headway against this scourge has stalled, and requires some radical new thinking, including concepts that cross subject boundaries and emphasise control over cure. The NCI's bold initiative of inviting perspectives from physical science needs to become an integral part of the next phase of cancer research.

For more details, see <http://cancer-insights.asu.edu/>

An update on the Charlie Lineweaver and Paul Davies Atavistic Hypothesis

It has long been recognized that cancer onset and progression represent a type of reversion to an ancestral quasi-unicellular phenotype. This general concept has been refined into the atavistic model of cancer that attempts to provide a quantitative analysis and testable predictions based on genomic data.

Over the past decade, support for the multicellular-to-unicellular reversion predicted by the atavism model has come from phylostratigraphy.

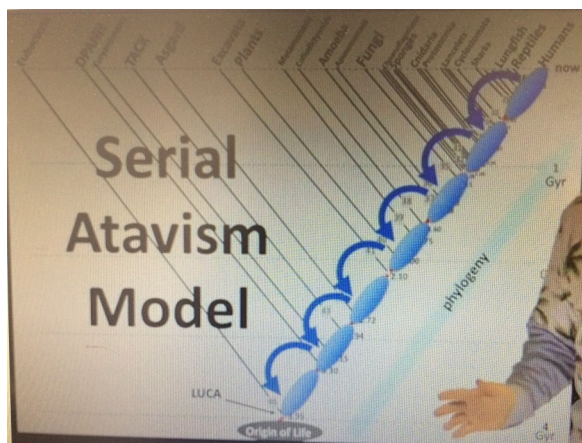
Here, we propose that cancer onset and progression involve more than a one-off multicellular-to-unicellular reversion, and are better described as a series of reversionary transitions. We make new predictions based on the chronology of the unicellular-eukaryote-to-multicellular-eukaryote transition.

We also make new predictions based on three other evolutionary transitions that occurred in our lineage: eukaryogenesis, oxidative phosphorylation and the transition to adaptive immunity. We propose several modifications to current phylostratigraphy to improve age

resolution to test these predictions. This model suggests that as humans evolved from reptiles and earlier multi-cellular organisms over the past 4 billion years, the genes that were no longer required, such as hind legs, extra nipples or three toes, were switched off rather than deleted.

This means that if a current gene becomes defective, that is, the switch-off mechanism becomes damaged as a result of a stressor, the cells revert to an earlier form by switching on the gene from earlier development from the gene store. In a sense the cells de-differentiate or go back to the embryonic state where the cells were not yet differentiated.

Differentiated cells have a finite life and continue to reproduce so that the organism (human) as a whole can survive. In the cells billions of years ago the cell were undifferentiated so were immortal. As organisms developed over 4 billion years and became multicellular, the individual cells gave up their immortality so that the new organism, made up of the many



individual differentiated cells could survive.

So in this sense cancer is a reversion to an earlier, more primitive stage, where the cell is again undifferentiated, so is immortal in the sense that it will continue to grow without becoming differentiated.

In this updated version the authors propose a "serial atavism" model involving a series of reversions rather than a single atavism that reverts in one step to the earlier primitive stage.

To watch a video about this go to <https://youtu.be/3unEu5JYJrQ>

On the above graph the line along the top shows the phases through which the various
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A successful Alternative Cancer Therapy

(From an article by Bryan Hubbard in What Doctors Don't Tell You – 12 September 2021)

...My own mother, Edie, (writes Bryan) was in denial for at least two years, nursing her cancer secretly until the breast had become an open wound.

When finally she went to see a doctor (and this happened only after my father accidentally brushed against her breast, causing her to double-up in pain), Edie was told that she had just three months to live (or, more exactly, the family was told this, with the doctor correctly sensing that such a prognosis given directly to the patient has a nasty habit of becoming self-fulfilling). He had never seen a cancer that advanced in his medical career, the doctor confessed to us.

By then, we had been producing WDDTY for around six years, and not only were we aware of alternative treatments that might offer a better outcome than the gloomy prognosis we'd just heard, but we had also got to know some pioneering doctors who had wandered far from the conventional path.

One of these was Dr Patrick Kingsley, who was quietly treating cases of end-stage cancers and 'incurable' Multiple Sclerosis (MS) from his village surgery in Leicestershire. After graduating, he started his medical career as a researcher at a pharmaceutical company before practising medicine in hospitals, and finally setting up in general practice.

But he started to develop an uneasy sense that medicine wasn't asking the right questions and, as a consequence, was treating symptoms and not the dis-

ease, and seemed not the least bit interested in an illness's origins.

He was an early adopter of Functional Medicine, pioneered by Dr Jeff Bland in the States, and later of Nutritional Medicine. He would eventually amalgamate them in his own take on the two modalities, which he called The New Medicine.

After convincing Edie's doctor to pass her care into our hands, we all went to see Patrick. Unfazed by the sight of her breast, Patrick shrugged and said: "Yes, I think we can treat this.

Patrick's therapy was far-reaching. Edie had to completely change her diet; out went all dairy (and as an avid tea drinker, this was quite a sacrifice for her), wheat and sugar. And she had to make the 100-mile journey three times a week to Patrick's surgery for high-dose, intravenous vitamin C infusions. The key word here, as we would discover years later, was 'intravenous'. Researchers had tested high-dose C on cancer patients with little success, but they had used supplements that were given orally. Intravenous injections bypass the gut and go straight into the blood stream, and this appears to make all the difference.

The family also rallied around Edie, and dad put his hand in his pocket to pay for her treatment, which, believe you me, was the ultimate expression of love imaginable from a man who thought Scrooge was the good guy in A Christmas Carol. I'm convinced that the family's coming-together had

as much to do with Edie's healing as anything Patrick was prescribing.

Within six months, Edie's breast had completely healed. Walking in her village one day, she bumped into the doctor who had expected her to be dead those past three months. First believing he had witnessed a ghost, he realised he was seeing Edie in the flesh, and whisked her off for an x-ray, which couldn't detect even a trace of a tumour....

It saddens us that there are effective alternative cancer treatments - no, not the ones peddling 'false hope' (should such a thing be possible)—that people are still unaware of.

In the UK, it's impossible to 'market' them without falling foul of the Cancer Act 1939, which can result in a prison sentence for repeat offenders, and so people believe their options are restricted to the conventional treatments. Yes, we are seeing the rise of immunotherapies, which essentially do what Patrick was attempting, which is the bolstering of the immune system to kill off the cancer, but these are still offered only by a minority of oncologists.

Even without the muscle of the Cancer Act, we've seen the strangling of alternative voices in these febrile times of Covid dread....

A free and open society is a privilege, but it's one we've enjoyed, and taken for granted, for many years in the West. We're losing this privilege right now, and all of us are the poorer for it.

Bryan Hubbard & Lynne McTaggart
What Doctors Don't Tell You (WDDTY)

(continued from page 7)

actions or dying from Covid. Nevertheless, Yale University research concludes that 65 percent of Covid cases would not have happened if obese individuals had lost weight.

We are not against the vaccine for certain people with health conditions who are at high risk of Covid. One young employee in our company born with a heart condition who has serious reactions to ordinary flu got the vaccine, and we feel she made the right decision.

But the truth about Covid, like decisions about vaccination, is messy, highly nuanced, and reliant on impartial data and a careful assessment of risk/benefits, not simply prejudice or governmental pronouncement.

At the moment, those daring to challenge these pronouncements, such as Robert F. Kennedy Jr, are being derided by such august publications as The New York Times as being part of the 'Disinformation Dozen' and de-platformed on social media.

The problem all comes down to journalism that automatically accepts as truth either assumptions or government PR

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THE NEW YORKER



"Now, when she gets home, just turn your nose up and walk away. Humans love that."

TUESDAY
SEPTEMBER 14
2021

Faulty Science—Part 1—correlation statistics

Boy A says to Boy B “My Dad says I can have a dog, and I think I’d like a Labrador”. “Sod that” says B. “Have you seen how many Labrador owners go blind?”

We all know this as a simple joke, but underneath there is an important message about the difference between a causal connection between two phenomena, and a statistical linkage

There is no more fertile ground for this type of mistake to be made than human health. Why? Because the body is the most complex system that we could ever imagine, and it seems we are still only scratching the surface to understand how it is affected by the way we treat it.

Dr T, Colin Campbell in The China Study expressed it most eloquently in relation to nutrition:

“In nutrition research, untangling the relationship between diet and health is not straightforward. Humans live all sorts of different ways, have different genetic backgrounds and eat all sorts of different foods. Food, lifestyle and health interact through such multifaceted systems that establishing proof for any one factor and any one disease is nearly impossible, even if you had the perfect set of subjects, unlimited time and unlimited financial resources.”

Cancer research seems to be a very fertile ground for drawing conclusions about the origin and treatment of cancer based on linkages instead of causal connection

For example, a recent reduction in the death rate of women due to breast cancer has been reported. Some immediately

claim that this reduction is due to the promotion of breast screening. There is a link, in that the two activities were happening at the same time. However I understand that when you dig a little deeper into the statistics, you find that the age group that was screened the least, had the greatest reduction in death rate. Obviously there are other factors involved in this reduction in death rate, and the claim that screening is the cause is simply unfounded.

The link between the mutated BRCA1 and BRCA2 genes and breast cancer has received maximum publicity. On the basis of this correlation, women with the gene mutation are being advised to have a double mastectomy, even if they have no sign of cancer. No direct causal link has been established between these phenomena, and who knows what other factors are involved. Further research may strengthen our understanding of this linkage. In the meantime, undertaking mastectomies on this basis is the equivalent of putting down the Labrador to prevent future blindness in its human owner.

My wife died from metastasised breast cancer in 1995. As one of her treatments, we traveled to the Livingstone Clinic in the USA, where it was claimed a virus played a part in the development of cancer. Such a view was considered by her local oncologist to be fanciful. Imagine my surprise when a link was recently found between a virus and cervical cancer. I keep waiting to hear about the causal connection between the virus and cancer without success. A causal connection between a virus and cancer would of course turn cancer research on its head and make Dr Livingstone the most famous medico ever.

Melanoma has been taken up by the Cancer

Council for a major public education TV campaign, based on a causal connection between sun exposure and the onset of melanoma, together with the graphic portrayal of the cancer spreading inside a tube which is apparently a blood vessel. Facts? No. The correlation between sun exposure and melanoma is not as strong as claimed. I understand about 50% of melanomas are linked to sun exposure, so it is totally misleading to have people believe that they won’t get melanoma if they Slip-Slap-Slop. Furthermore, the cause of melanoma metastasizing, to my knowledge, is not known, so why show it in this way?

There are of course other examples where linkages are well past the stage of being refutable. Smoking causes lung cancer, and asbestos causes mesothelioma. Most are happy to support this because of the strong evidence that has been built up through extensive research. I hope that through similar research, all the other examples discussed above will also move towards a stronger level of certainty.

In the meantime I despair at the prominence given by the media to health information based on a statistical linkage uncovered in a laboratory test, and the hype of a potential treatment breakthrough just around the corner that headlines the report. For those dealing first-hand with cancer, it’s not much better than a cruel hoax.

When next you hear of a medical report on a cancer breakthrough, just think of the poor Labradors.....

Ian Shepherd
CISS Member

Reprinted from CISS Newsletter July 2012

Faulty Science—Part 2—other causes

After the formation of the Cochrane Group in the UK in 1992 several researchers have tried to understand why most scientific research, including medical research, is invalid. The most likely explanations include:

- Most researchers misunderstand what constitutes scientific proof;
- In most research the conclusions presented are not consistent with or justified by the data presented; and
- Many researchers start out with an assumption of what the evidence will show and, often unconsciously, select evidence that supports this assumption and downplay contrary evidence.

A good recent example of all three of these factors at work is a paper published last year by a group of cancer researchers in an article entitled “Changes in cancer incidence and mortality in Australia over the period 1996-2015. This was summarised in

the Sydney Morning Herald in February 2021 as finding a 20% reduction in cancer deaths saving 107,000 lives over this 20-year period due to “cancer screening and improved cancer treatment” over this period.

The paper on which the article was based does not provide any examples to justify their conclusions about the reasons for the observed reduction in deaths over this period. In fact none of the references given provide evidence that would link the observed reduction of deaths to any cancer treatment or screening.

I believe that nearly half of the reduction in deaths (45,548) can be attributed directly to the observed falling incidence of cancer of the bladder (1,796), cervix (2,610), lung (males) (26,500), ovary (2,462), stomach (5,495), and unknown primary cancers (6,685) listed in the published paper.

Other areas of reduced deaths relate to breast (11,262), colorectal (20,713) and prostate (7,320) cancers where a falling incidence has been masked by an increase in screening that finds many harmless cancers. This gives a total of 84,843 or 79% of the reduced deaths.

Had the researchers been open-minded about the benefits of treatment and screening they would have looked for possible explanation for the observed decrease in deaths, such as the above, rather than assume something else that they already believed was the reason.

I need to point this out in a response to the actual paper published in BMC Research Notes last year.

Most cancer screening trials are run by researchers who “know” it saves lives. So they don’t look at deaths from other causes to find that many of the reduced deaths were from deaths from other causes—post-screening treatments.

THE MINISTRY OF TRUTH

by Lynne McTaggart and Bryan Hubbard

Several of you may be wondering why, with all the collective jubilation in the press about the swift rollout of the Covid vaccination program, WDDTY continues to focus so much on bad news.

We do so quite simply because you don't have access to the full story anywhere else.

Up until now, we haven't seen much from the major US or UK news media questioning the deeper issues behind either government's decisions about Covid-19, most especially the vaccine itself.

The only complaints about such things as mandatory vaccine passports in the US - mainly from Republicans such as New Hampshire governor Chris Sununu's passage of a bill protecting New Hampshire residents from state-wide Covid vaccine passports - have been met with hysteria by the liberal press.

And I want to remind you that this is coming from us - *two fully paid-up members of the liberal press*.

A column in the Washington Post, arguing in favour of vaccine passports, is typical: "We're a nation with vast piles of coronavirus vaccine doses that involve *negligible health risk to take*, and that go unused for *trivial, foolish reasons*. Those people who currently refuse the vaccine (without health reasons), and those who encourage others to refuse the vaccine, *are causing needless death* (whatever their intention)" (italics ours).

The problem is the automatic assumptions at the very heart of every-

one of those statements and the narrative that is being adopted, without question, by most of the press. They include:

- Covid vaccines are highly effective.
- Covid vaccines are very safe.
- Covid vaccines prevent spread of Covid.

Covid vaccines are highly effective

This brand-new, experimental gene-based technology (less a vaccine and more genetic manipulation) did not receive full regulatory approval before it was rolled out wholesale; we're all essentially part of phase 3 trials and one giant experiment. The safety data we have is limited to short-term effects.

After cases began rising despite extremely high coverage of the Pfizer vaccine among its population, Israel recently commissioned the Hebrew University of Jerusalem to start tracking cases of Covid.

"We looked at tens of thousands of people tested in June, alongside data on the time since their second shot, and found that those vaccinated early were more likely to test positive," noted Dr Yotam Shenhar, the lead researcher.

Theirs and other data show that protection falls precipitously to just 16 percent after six months. Hence why booster jabs are being readied right now.

Covid vaccines are very safe

The UK Medical and Healthcare Products Regulatory Agency has published reports showing that up to June 23, 2021, there were 1,007,353

adverse reactions to the Covid vaccine, including seizures, paralysis, blindness, strokes, blood clots and acute cardiac events. The report includes 1,403 fatalities.

There are only 66 million people in the UK, about 38 million of whom have been given both shots. This means that about one in every 38 people getting the jab are also getting some sort of side-effect.

Those figures don't come from some crazed conspiracy theorist. They come from the main government agency regulating medicines in Britain.

In the US, the government's Vaccine Adverse Events Reporting System reports similar side-effects and 11,405 deaths thus far-more side-effects from the Covid vaccine than those of all the other vaccines combined.

As far as young adults, now being targeted with both carrots (money and free food) and sticks (denied entry into nightclubs and even universities), there is increased evidence of dangerous, even life-threatening effects such as blood clots and myocarditis (carrying a life-long risk of heart failure), the latter at 30-200 times the normal risk. Israel reports an incidence of myocarditis of one in 3,000-6,000.

Covid vaccines prevent spread of the virus

There is NO evidence that the Covid-19 vaccines prevent infections with or transmission of the virus. That question was never even addressed in the clinical trials.

What the vaccines may do is lessen the chances of someone having serious re-
(continued on page 5)

Berejiklian's police state pivot is desperate, unjustified and scary

Excerpts from: EDITORIAL, Sydney Morning Herald, 15 August 2021

...Under questioning by The Sun-Herald's Tom Rabe, Ms Berejiklian conceded there was "no strong evidence about outdoor transmission" of COVID-19. Yet for weeks Sydneysiders in the worst-hit local government areas have had outdoor activity limited to a five-kilometre radius, and now people in areas with low or no cases are under the same restriction.

...Ms Berejiklian acknowledged these changes were requested by police to assist in their operations and reduce overall mobility. ...

That is a worrying declaration from the same Premier who until recently vowed

not to impose any restrictions on the people of NSW unless there was solid health advice behind them.

Forcing citizens to concede yet more freedoms in the name of an enforcement effort that has so far utterly failed may yet evaporate the last vestiges of goodwill the state has for Berejiklian.

...It is not easy to strike the right balance between imposing restrictions to reduce the spread of COVID-19 while keeping the economy running, saving jobs and protecting people's mental health. Nobody envies the government's task.

But rules must have a clear purpose. The people of NSW have been

pushed to their limits and are now being told to expect at least two months of extreme hardship to come.

The Premier enjoyed a lot of support for her handling of the pandemic before this outbreak. Even in recent weeks there has been some sympathy given the unique challenges of the Delta strain.

Forcing citizens to concede yet more freedoms in the name of an enforcement effort that has so far utterly failed may yet evaporate the last vestiges of goodwill the state has for Berejiklian.

From: Editorial, Sydney Morning Herald, 15 August 2021

<https://www.smh.com.au/national/nsw/berejiklian-s-police-state-pivot-is-desperate-unjustified-and-scary-20210813-p58iiv.html>

Play on! Slay your stress hormone by 66%

Poor cortisol. It means well, but just doesn't know when to quit. While a surge of the stress hormone may be a great survival tactic when you need to flee a predator (hello, Rottweiler from around the corner), it's less helpful when you're fretting over running late for a meeting, staring at the ceiling at 3am or worrying about your debts.

Studies show that one of the most effective ways of reducing cortisol and calming your brain is to play music - up to 66 per cent, in fact. It's even more effective than other calming techniques, such as meditation and massage, according to recent research. Japan's Osaka Medical

Center played tunes for a group of patients undergoing surgery and found the patients' cortisol levels rose much less than others who underwent the same procedure in a quiet room. In other findings, people prone to difficulty falling asleep enjoyed improved muscle relaxation and distraction from thoughts when they listened to relaxing tunes.

So, what type of music reduces stress the best? Experts recommend slower-tempo tracks with woodwind or stringed instruments, an easy listening radio station or even nature sounds, such as rain, flowing rivers or birds.

Create a personal playlist today that makes you feel calm and loosened up. Like the medicine label says: play as required. Think traffic, waiting on anxious news, or after a row with a loved one. (From *Prevention*)

(continued from page 5)

rather than starting with a clean slate and taking as read that every last fact spouted by those in charge has to be laboriously checked out.

Because as soon as journalists fail to examine the evidence behind political or medical decisions, that's when they become a mouthpiece of government, not unlike George Orwell's highly prescient Ministry of Truth in his brilliantly prophetic novel 1984. That's why it's our duty, as we see it, to pull back the veil. (Editorial)

Peace of mind

Next time you butt heads with your partner, colleague or friend, offer an olive branch as soon as possible. US researchers say that resolving a disagreement by day's end is a powerful way to combat chronic stress. The study found that people who resolve a row the same day experienced a much lower emotional response than those who didn't. The day after the event the peacekeepers' stress had vanished. Need some help negotiating a truce? Try these tips from Katie Burgess, psychologist and lecturer at the Australian College of Applied Psychology.

RELAX "Take deep breaths, keep a calm voice and maintain 'soft' eye contact and body language—avoid crossing your arms or waving them around"

LISTEN "Give them time to express their feelings without interruptions. When listening, reflect back the key points then other has shared to demonstrate that they've been heard."

ACCEPT "Effective resolution also requires courage—the ability to accept one's part in the conflict. Remember, being right has never resulted in a healthy, harmonious relationship."

(continued from page 11)

group.

- The Moderna immunized group suffered 3,042 more severe events than the control group.
- The Pfizer data was grossly incomplete but data provided showed the vaccination group suffered 90 more severe events than the control group, when only including 'unsolicited' adverse events.
- The Janssen immunized group suffered 264 more severe events than the control group.

These findings contrast the manufacturers' inappropriate surrogate endpoints:

Janssen claims that their vaccine prevents 6 cases of severe COVID-19 requiring medical attention out of 19,630 immunized; Pfizer claims their vaccine prevents 8 cases of severe COVID-19 out of 21,720 immunized;

Moderna claims its vaccine prevents 30 cases of severe COVID-19 out of 15,210 immunized.

Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe."

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From: Dr Mercola 30 August 2021

RECIPE From PREVENTION Magazine, October/November 2021

CURRIED CHICKEN WITH GOLDEN CRISPY RICE

SERVES 4 HANDS-ON TIME 20 MINUTES
COOK TIME 35 MINUTES

800g chicken thigh fillets, skin and fat removed
2 tablespoons curry powder
2 teaspoons ground cumin
1 tablespoon extra virgin olive oil
2 tablespoons raw almonds, roughly chopped
300g sugar snap peas, ends trimmed
2 bunches broccolini, halved lengthways
2 cups mint leaves
2 cups flat-leaf parsley leaves
2 cups coriander leaves
juice of 1/2 lime
2 Lebanese cucumbers, sliced into thin discs

Golden crispy rice

3/4 cup basmati rice
1/4 teaspoon ground turmeric
5 golden shallots, thinly sliced
2 tablespoons extra virgin olive oil

1. To make the golden crispy rice, place the rice and turmeric in a saucepan, add 1 1/2 cups water and bring to the boil. Reduce the heat and simmer, covered, for 10 minutes. Remove and set aside, leaving the lid on for the rice to steam.

2. Meanwhile, place the chicken, curry powder and cumin in a large bowl and toss to coat the chicken evenly. Heat the olive oil in a large frying pan over medium-high heat, add the chicken and cook for 4–5 minutes each side or until golden brown and cooked through. Transfer to a plate and cover with foil to rest and keep warm.
3. To finish the golden crispy rice, add shallot and oil to the same pan. Cook, stirring occasionally, for 5 minutes or until softened and golden. Add the cooked rice and stir to combine, and then press down on rice with a spatula to flatten it. Cook for 6–7 minutes, without stirring, or until a golden crust forms on the bottom. Using your spatula, flip big chunks of the rice over (it'll break apart, but try to keep some sections stuck together), and then push down into the pan for another 5 minutes until dark brown. Remove and set aside for serving.
4. Return the frying pan to medium-high heat. Add the almonds, sugar snap peas and broccolini and cook, tossing, for 3–5 minutes or until the vegies are tender.
5. Mix together the mint, parsley, coriander and lime juice in a bowl.
6. Divide the curried chicken, crispy rice and cucumber evenly among bowls, top with the vegies and dressed herbs and serve.

NUTRITION (per serve) 2377kJ/569cal.

Protein 49.2g. Carbs 22.6g. Sat fat 5.5g. Fibre 14.6g. Sugars 8.8g. Sodium 299mg ▶

The truth about the covid spike protein

from WDDTY

It was just around Madeline Johnson's twenty-first birthday in April that "all hell began breaking loose," according to her mother. An attractive California blonde studying pre-med at Chapman University, who had companies offering her clothes to model on her popular Instagram account, "Maddy" seemed to have everything going for her.

Excited about medical school, she had been working in a hospital in Orange, California, to get clinical experience. Getting the new Covid shots seemed to her an obvious thing to do to keep her and her family safe from the pandemic virus.

After her second dose of Pfizer's mRNA shot in late February, Maddy was ill for several days with a high fever. She had been told to expect that, but then unusual things started happening. At first they were minor—pain in her wrist and numbness in her hands. But a month later, the pain and weakness in her wrist was so bad she was crying herself to sleep at night.

By April, after the numbness in her hand and wrist had travelled to her shoulder, a neurologist noticed that the reflexes in her right leg were off, and she was referred for a brain scan. The next day, Maddy woke up with numbness in her right foot, and within hours she was unable to move her toes, ankle and knee.

By May, the "fun and bubbly" student was experiencing waves of frightening symptoms, from severe chest pain, loss of fine motor skills, fever, stabbing muscle and joint pains, full body tremors and uncontrollable shaking to "feeling slivers of glass" in her finger when she touched something. This progressed to difficulty swallowing, walking and breathing.

After two nerve studies, a CAT scan, eight MRIs, a spinal tap, 46 different blood tests and more, doctors ruled out a stroke, multiple sclerosis, a brain tumour and several autoimmune diseases. But they still had no answers, and Maddy is still suffering.

The mainstream media won't report stories like Maddy's, but she is not alone. By the end of July she was one of more than 36,000 people whose hospitalizations following a dose of experimental Covid vaccine had been recorded by the US government's Vaccine Adverse Event Reporting System (VAERS).¹ There were well over half a million (518,770) adverse events related to Covid shots recorded on VAERS by July 30, 2021, including more than

23,000 life-threatening or permanently disabling events and 11,940 deaths.

VAERS reports are not conclusive—they don't by themselves establish a causal relationship between bizarre symptoms following an experimental injection. However, the vast majority of adverse events go *unreported*. According to a 2009 Harvard Pilgrim study, VAERS captures just one percent of the symptoms reported to doctors and hospitals that might be vaccine-related. Health care providers should be reporting these symptoms to VAERS, but aren't, meaning that only a tiny fraction of actual connected events are ever documented.²

While the mainstream media echoes public health messaging that vaccines are "safe and effective" and refuses to report stories like Maddy's, in just months, government systems like VAERS have recorded more deaths linked to Covid shots than to all other vaccines combined (since it started counting more than 30 years ago) and almost as many disabling and life-threatening events.

Antibody-dependent enhancement

Millions of people have taken Covid shots and felt just fine; however, Dr Sucharit Bhakdi is one of many scientists who have been warning that Covid vaccination is not the end of the story. Paradoxically, when a new wave of coronavirus comes, it's the vaccinated people that they are worried about.

Scientists have warned about an immunological phenomenon called antibody-dependent enhancement (ADE) phenomenon, particularly with coronavirus and other respiratory virus vaccines, since talk of a coronavirus vaccine began. It's when the vaccine "trains" the immune system to "overreact" to the virus, and collateral damage to cells is deadly. This can occur whenever the vaccinated person encounters the virus—or a similar one—in the wild, whether the next day, next season or the following year, because the immune system has a long memory.

ADE blighted previous attempts at developing vaccines against respiratory syncytial virus in which two children died 10 months after vaccination when they encountered the real virus. It occurred with every coronavirus vaccine tested prior to SARS-CoV-2, resulting in "enhanced" lung disease among vaccinated lab animals that led researchers in 2012 to advise

scientists to "proceed with caution" for any human coronavirus vaccines.³ It was the reason that a new dengue vaccine, Dengvaxia, was pulled from the Philippines after at least dozens of vaccinated children died from the disease the shot was meant to prevent.⁴

ADE "causes the virus to become more infectious than would happen in the absence of vaccination," Dr Robert Malone, an expert in mRNA technology, said in an interview in late July after it was reported that titres of virus were higher in vaccinated people than in the unvaccinated.⁵ "This is precisely what one would see if antibody-dependent enhancement was happening," Malone said. "This is the vaccinologist's worst nightmare." And according to him, it appears to be already beginning.

314 in a million

Public agencies *have* conceded that several deadly conditions are linked to Covid vaccines, including blood clots, severe allergic reactions, myocarditis (heart inflammation that may precede heart failure), particularly in young men, and most recently, the paralysing neurological condition Guillain-Barré syndrome (GBS).

Vaccine experts like Paul Offit, who sits on the US Food and Drug Administration (FDA) vaccine advisory committee, told the public that serious adverse events would amount to "one or two in a million" in December, but these few supposedly rare side-effects are already exceeding his prediction by orders of magnitude.

For example, a study published in the *Journal of the American Medical Association* in March found that "severe reactions consistent with anaphylaxis occurred at a rate of 2.47 per 10,000 vaccinations," or 247 cases per every million Covid shots.⁶ On July 13, the FDA issued a notice stating that 100 cases (95 of them "serious") of GBS were recorded for "about 12.5 million" doses of the Johnson & Johnson Covid vaccine, which equates to about eight per million.

On July 29, the UK National Institute for Health and Care Excellence (Nice) issued guidelines for physicians to deal with vaccine-induced thrombocytopenia and thrombosis (VITT)—a deadly blood clotting disorder that requires swift diagnosis and urgent treatment—that they said was occurring at a rate of 14.2 per million doses of vaccine.⁷

In July, the World Health Organization

(WHO) reported a rate of “approximately 40.6 cases of myocarditis per million second doses among males and 4.2 cases per million among females,” just among young people between the ages of 12 and 29 who received mRNA Covid-19 vaccines as of June 11.⁸

There was no mention of the 2,689 VAERS records referring to inflammatory myocarditis and pericarditis heart conditions. The WHO argued that the benefits of vaccination still outweighed the risks.

Just these four “rare” potentially lethal conditions occur at a combined rate of 314 per million. Imagine if parents deciding whether or not to give their children shots for a disease that they have a 0.002 percent [20 in a million Ed.] chance of dying from, even if they were to become infected,⁹ were informed that the known rate of a disabling or potentially fatal condition from the vaccines in their first months of rollout was “just 314 in a million” rather than “just one or two in a million”? A risk 15 times higher than death from Covid? And the long-term risks are unknown. Would they see things differently?

No diagnosis

In reality, most people who experience lasting symptoms after Covid shots don't fall neatly into a disease diagnosis. Instead, there are thousands of reports of amorphous symptoms ranging from chronically swollen lymph nodes, anxiety, skin rashes, migraines, tingling and burning sensations, tics and seizures, and joint and muscle pain to irregular menstruation, brain fog, ringing in the ears, gut pain, diarrhea, loss of taste or smell, blurred vision and insomnia.

Many experience a wide-ranging cache of symptoms that are similar to common neurological or autoimmune diseases like multiple sclerosis, systemic lupus erythematosus, chronic fatigue syndrome (myalgic encephalomyelitis), or several of these at once. But the test results don't fit....

Adding up the risk

Although leaders in the FDA and other health agencies suggested that vaccine side-effects would be “one in a million” rarities, each of these life-threatening side-effects carries a higher risk than that. And with their incidences combined, the risk of developing any one of the four amounts to some 314 in a million....

Designer spike protein

Researchers thought the SARS-CoV-2 spike protein would be an excellent target for their brand new untested-in-humans vaccine technology. Whereas

old-fashioned vaccines inject a killed or weakened pathogen, the revolutionary Covid vaccines directly infiltrate human cells with mRNA (or another vector in the case of the Johnson & Johnson and AstraZeneca jabs) and temporarily hijack a portion of the cell's protein synthesis machinery to manufacture the spike protein.

The manufactured spike proteins migrate to the surface of the cell, eventually becoming visible to the ever-vigilant immune system players on patrol in the bloodstream.

Once spotted, this foreign spike protein activates a storm of defence activity, and the system, according to vaccine makers' plan, becomes “primed” to marshal a ruthless assault against any pathogen presenting this spike ever again....

Fighting parasites and spike proteins

Ivermectin is an old antiparasitic drug with immune-modulating and antiviral properties. It was repurposed to fight Covid early on, and a recent meta-analysis of 11 studies found it reduced hospitalizations and cut deaths by 56 percent.¹⁰

Oxford University is currently conducting a placebo-controlled trial of ivermectin in the treatment of Covid-19.¹¹

Public health's response has been to vilify the drug and make it difficult for doctors to prescribe, something many see as a ploy to allow vaccines to keep their Emergency Use Authorization status. Vaccine makers can only market their fast-tracked, experimental shots in the absence of any other effective treatment.

Some people are taking it anyway — in veterinary form. Farmers routinely treat horses with over-the-counter ivermectin, which is available (in the US) as a 1.87 percent horse deworming paste that usually also contains apple flavouring and corn oil. Critically, the dose must be adjusted from horse to human weight.

For anti-Covid early outpatient treatment, unidentified doctors are recommending a minimum of 0.2 mg/kg/day for five to seven days in addition to other treatments such as zinc. Some have said this is too low and it should be repeated two or three times per day.

Now, the drug is being repurposed again—as part of a long-hauler Covid and post-vaccine syndrome therapy...

What could go wrong?

One big problem is that no one

seemed to know where the mRNA was going. The CDC tells us that the mRNA is injected into muscle and that it triggers the muscle cells in the area of the injection to make the “harmless” spike protein.¹²

In May, Dr Byram Bridle, a Canadian viral immunologist and associate professor of veterinary medicine at the University of Guelph, gave a startling interview revealing a different picture altogether. He cited unpublished Pfizer preclinical data showing that the lipid encasing the mRNA in Covid-19 vaccinations unexpectedly enters the bloodstream and migrates to organs throughout the body, including the ovaries and uterus.¹³....

‘We made a big mistake’

“We made a big mistake. We didn't realize it until now,” said Bridle, who had received a government grant to research Covid-19 vaccines in 2020.¹⁶ Bridle also cited a recent Harvard study in which the S1 subunit of the spike protein—the one that can enter the brain—was found circulating in the plasma in 11 of 13 vaccinated individuals studied.¹⁴

German physician Christof Plothe has seen a rise in potentially blood clotting-related problems in his practice since the vaccine rollout. “We have had loss of eyesight, peripheral venous and arterial blood clots, heart attacks, right heart failures, respiratory problems, strokes, severe headaches, sudden-onset dementia and several other potentially vascular-related events in much higher incidences than before and in close proximity to the injection,” Plothe told *WDDTY*....

A homeopathic solution: the Indian red scorpion

Jeremy Sherr, a renowned homeopath based in Tanzania, where he and his wife Camilla founded Homeopathy for Health in Africa in 2008 (www.homeopathyforhealthin africa.org; www.dynamis.edu), says homeopathic remedies have a “somewhat different approach” from drug treatments and nutritional and lifestyle approaches. “Rather than strengthening the immune system, we are redirecting the immune system.”

Homeopaths like Sherr gather all the symptoms of a condition and see them together as a sort of “whole hive” before they choose a remedy. For Covid vaccine injury they have developed a unique homeopathic remedy based on the Indian red scorpion, the most lethal scorpion in the world, which also produces the broad array of symptoms experienced by people post-vaccine, and he's seen many

patients quickly recover. No one is the same, however, and Sherr recommends seeking professional homeopathic help for treatment.

Nature's anti-spiikers: Nattokinase

Nattokinase is a fermented soybean product that is eaten mostly in Japan. It's also been researched and found to be a "versatile and potent fibrinolytic enzyme that can be used to combat blood clots."

In one study, when dogs with chemically induced blood clots in a major leg vein were fed four nattokinase capsules (2,000 FU/capsule), the clots completely dissolved within five hours and normal blood flow was restored.¹⁵

In another study modelling thrombosis in the carotid artery, rats given nattokinase recovered 62 percent of arterial blood flow.¹⁶

Other studies have shown that nattokinase consumed as a food or a supplement can improve parameters linked to blood clots in humans.¹⁷

Dandelion and pomegranate

German researchers reported recently that an extract of the dried leaves of the common yellow dandelion was effective at blocking the spike protein from binding to ACE2 receptors—the main way the spike gains entry to cells.¹⁸

Another 2021 study by Italian researchers focused on extracts of pomegranate peel, which contains compounds that have antiviral and antioxidant properties and have been shown to protect against degenerative chronic diseases, type 2 diabetes, atherosclerosis and cardiovascular disease. The researchers found that

extract from pomegranate peel and its main constituents could prevent spike protein from binding to ACE2 receptors in vitro, suggesting it could also bar spike entry into host cells.¹⁹

Iodine

Topical iodine kills all microbes on contact. Dr Sarah Myhill recommends using a few drops of Lugol's iodine in a salt inhaler and sniffing just enough to get a whiff of iodine to keep the viral load down in the nasal tract and prevent it from entering further and triggering an immune reaction if you've been exposed.

For preventing infection (and ADE), as well as long Covid and post-vaccine symptoms, Dr Myhill recommends implementing these four tactics:

Vitamin D

"Those people with lowest levels of vitamin D are the ones dying of Covid," says Dr Myhill.²⁰ "This is why people with darker skin colour are dying of Covid more often, because they do not make vitamin D as efficiently." It's also a potent immune system modulator. At doses of up to 10,000 IU of vitamin D3 per day, it has never been shown to elicit side-effects and is the equivalent of about one hour of sunbathing. Some people advocate 20,000 IU. "If in doubt, get your blood levels checked," says Myhill.

Ketogenic/paleo diet

Susceptibility to Covid—and lasting Covid—increases with excess weight.²¹ The fastest and healthiest way to drop weight and blood sugar is with a fat-burning, low-carbohydrate ketogenic diet, says Myhill. The ketogenic diet has also been shown to fight a range of inflammation-driven

illnesses, from heart disease to Alzheimer's.²²

Vitamin C

Vitamin C, an antiviral superstar, was shown to protect the Covid-infected early on in the pandemic. Trials show that a dose as low as 10 grams delivered once a day to ICU patients was enough to prevent patients from dying and see them go home sooner,²³ says Myhill. She advises that "at least five grams a day of vitamin C" is needed to saturate the body.....

Celeste McGovern, WDDTY, Sept 2021

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(continued on page 12)

COVID Shots "Proven to Cause More Harm Than Good" by Dr Mercola

...While the official narrative is that the COVID shots may be "less than perfect" but are still better than the alternative (i.e., getting the infection when you're unvaccinated), Dr Bart Classen published a study¹ in the August 2021 issue of Trends in Internal Medicine, disputing this claim.

The study,² "U.S. COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, 'All Cause Severe Morbidity,'" details a core problem with Pfizer's, Moderna's and Janssen's (Johnson & Johnson) trials.

All three employ a surrogate primary endpoint for health, namely "severe infections with COVID-19." This, Clas-

sen says, "has been proven dangerously misleading," and many fields of medicine have stopped using disease-specific endpoints in clinical trials and have adopted "all-cause mortality and morbidity" instead.

The reason for this is because if a person dies from the treatment or is severely injured by it, even if the treatment helped block the progression of the disease they're being treated for, the end result is still a negative one.

To offer an extreme example of what you can do with a disease-specific endpoint, you could make the claim that shooting people in the head is a cure for cancer, because no one who got the treatment — who got shot in the head — died from cancer.

When re-analyzing the clinical trial data from these COVID shots using "all-cause severe morbidity" as the primary endpoint, the data reveal they actually cause far more harm than good. The proper endpoint was calculated by adding together all severe events reported in the trials, not just COVID-19 but also all other serious adverse events. By doing this, severe COVID-19 infection gets the same weight as other adverse events of equivalent severity. According to Classen³:

"Results prove that none of the vaccines provide a health benefit and all pivotal trials show a statistically significant increase in 'all cause severe morbidity' in the vaccinated group compared to the placebo

(Continued on page 8)

Branches of CISS

NSW

CISS CENTRAL COAST

The Central Coast Branch holds a meeting on the third Monday of the month at 7 pm, and on the third Saturday of the month from May to August at 2 pm. Meetings are held at Green Point Community Centre, 96 Koolang Road, Green Point. Informative speakers, extensive library, support and shared experiences. All are welcome. For further information contact Sue Johnston on 0410 696 458 or email cisscentralcoast@bigpond.com.

CANCER SUPPORT GROUPS

NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

Meets at Balgowlah RSL, Ethel St, Seaforth on 2nd Tuesday of the Month at 7pm. \$5 donation. Guest speakers. Contact Robin 9938 6128 or Kate 8902 0196

BLUE MOUNTAINS CANCER HELP INC, KATOOMBA

Support groups and complementary therapies. Groups include the Gawler "Living Well" 12 week program at Katoomba and Springwood, and a Breast Cancer group. Regular support groups held twice a month. A not-for-profit charity supported by our op shops. Phone 4782 4866, www.cancerhelp.net.au.

CANDLES CANCER SUPPORT GROUP

Meets Fortnightly [Thursdays] 10-noon Kanwal Community Hall, Pearce Rd Kanwal [Central Coast] Provides information, support, empathy and understanding. Phone/email contact available if unable to attend meetings. Open to all types of cancers patients, male and female. Survivors and carers all welcome. Contact: 4393-5017 for details.

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st & 3rd Tuesday each month from 6.00-8.00pm at Level 1, 280 Pitt St. Enjoy meditation, sharing and support. Ring Sue Saxelby 0408 442 030 or just turn up.

HILLVIEW COMMUNITY SUPPORT GROUP

Meets each Tuesday 1.30-3.30pm at 1334 Pacific Highway Turramurra. Includes a meditation. No charge. Phone 9449 9144 and ask for Patricia Krolik.

KEMPSEY CANCER SUPPORT GROUP

This group for cancer patients and their carers meets on the 1st and 3rd Wednesday

What's Available from the CISS Office?

DVD: CISS 2007 Seminar : Cancer & Hope \$29.50

Enema Kits: \$16.50

Prices are subject to change. Items can be posted to you. There is a \$8.50 postage/packing fee for standard articles, \$10-\$14 for country and interstate, \$15.00 Express Post.

of each month from 10 - noon at the Community Health Building. Contact Penny Snowden 6562-6066.

NAMBUCCA VALLEY SUPPORT GROUP
Meets every Wednesday, Agnes Grant Centre, Macksville & District Hospital, 11 am - 1 pm. Phone 6568 2677.

NEWCASTLE CANCER SUPPORT GROUP

For information contact Make Today Count, 44 Dudley Road, Charlestown, NSW 2290. Phone 4943 8462.

PARKES CANCER SUPPORT GROUP

Meets every 3rd Monday of the month at the Education Centre, Parkes District Hospital at 1.30pm. For further information contact Margaret Green, 6864-5123 or Mary McPhee, 6862-3814.

QUEST FOR LIFE FOUNDATION

Residential and day programs and webinars (on-line seminars) for people living with cancer, grief, loss or trauma. Contact (02) 4883 6599 or visit www.questforlife.com.au.

ST GEORGE CANCER SUPPORT GROUP

Meets every Monday morning at 10.30am at St George Community Hall, Premier St, Kogarah. For info contact Margaret on 9580 5061. See website <https://sites.google.com/site/stgcsq/>

SUTHERLAND SHIRE CANCER SUPPORT GROUP

Meets every Tuesday morning from 10.30-12.30 at the Parish Centre of the Catholic Church, 50 Kiara Road, Miranda. For further information contact Deborah Harrison, 9523 5200.

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Meets each Wednesday 10-12 noon at Jacaranda Lodge, 185 Fox Valley Rd, Wahroonga. A discussion group for patients and carers of any cancer type. Also special support groups for different cancer types and for carers. Contact Nerolie on 9487 9061.

VICTORIA

CANCER NATURAL THERAPY FOUNDAT'N

Support group meets on Tuesday nights at 7pm at 531 Elizabeth Dr, Sunbury, Victoria 3429. Meeting includes discussion, relaxation therapy and Reiki Healing. Certified organic produce available these nights. The Foundation operates a resource library, workshops and guest speaker program. Personal Counselling available. Contact Sandra Givca Maqueda (03) 9740 9921; mobile 0411 100 947.

GAWLER FOUNDATION

The Gawler Foundation has leased the property to the Brahma Kumaris group for two years. During this time the BKs will maintain the property and run their own meditation retreats there. The Gawler Foundation will still have access to the property to run some of their programs, and for 2021 intend to run 4 x 5 day Cancer Fundamental retreats over the next 12 months. But without any paid admin staff, this will depend on the initiative of the therapists. Anyone interested in these programs or in individual cancer coaching could contact Maia and Paul Bedson at paulandmaia1@gmail.com

QUEENSLAND

CANSURVIVE on the Sunshine Coast meets from 10am-12 noon, 2nd Tuesday of each month at Eve Wilkinson's home, 99 Maleny-Kenilworth Rd, Maleny. Ph (07) 5429 6598. Contact Cansurvive: PO Box 941 Maleny Qld 4552, Ph: 5499 9918. Books, tapes, counselling available.

Cairns **CANSURVIVE** support meetings offer support, information and self-help activities for people affected by cancer or any other debilitating illness. Emphasis on self-help & development to enable individuals to better cope with fears and uncertainties. Meets 1st Saturday of each month at Cominos House, Greenslopes Street, Cairns from 2 - 4 pm. Cost \$10 per year + a coin donation on the meeting day. Afternoon tea provided. Books/videos available for loan for members. Contact Beulah 4051 5544 or Helga 4047 4812 (bh).

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GRP

Meets on the North Side of Brisbane. For details phone Alan on 3263 8390 or Michelle on 3269 9687.

WESTERN AUSTRALIA

CANCER SUPPORT ASSOCIATION of WA

Cancer Wellness Centre, 80 Railway St Cottesloe WA 6011. Counselling hours: Tues-Thurs. Phone (08) 9384 3544. The CSAWA Inc was a non profit organisation with the primary objective to provide support services, information and self-help activities in a safe and caring environment for people affected by cancer, to enhance their emotional, physical, spiritual and mental well being. **This group was taken over by Solaris Cancer Care in 2017. We understand that the above services are no longer provided.**

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treated as "best kept secrets" by authorities...

<https://quadrant.org.au/opinion/public-health/2021/09/a-sad-and-shameful-day-for-australian-medicine/>

Members needed for the Committee

There are 5 vacancies on the Committee including Vice Convenor and Treasurer. Minimum requirements are ability to attend monthly meetings, usually at 7.00pm on Mondays (by phone if necessary) and prepared to suggest ways of improving how CISS operates. If you are interested in joining the Committee please contact me on 0416 121 140.

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