Respiratory Illness, Optimal Nutrition and Immunity: A Parable for Vitamin D and Cow-Poxing

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In this article we will: **a)** cite from a number of papers that discuss the role of **adequate serum Vitamin D levels** in aiding the body to resist lung infections and respiratory illnesses and **b)** provide a simple but useful similitude for comparing

—a **generalised, unified, terrain and vitality based approach** to health and immunity[1] with

—**a "germ theory" based approach** to immunity (cow-poxing).[2]

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[1] With the meaning that you focus on building peak health and vitality and then maintain that once it is achieved. At the same time, taking precautions against all things that cause you to lose such vitality and health. This allows the body to robustly deal with all challenges to health, whether through toxic elements, microbes, parasites, changes in seasons, climate and so on. Here, homeostasis, balance, equilibrium of all systems (iʿtidāl) is the overall arch concept in perception of health and disease. These are the Qurʾānic foundations of health and safety from disease as explained by Ibn al-Qayyim in Zād al-Maʿād.

[2] With the meaning that you focus on individual immunity from each and every "germ" threat—which can be never ending—and thus, it is not that

VITAMIN D, IMMUNOMODULATION AND PROTECTION FROM DISEASE

We can present a handful of papers, though there are very many indeed, as this is a well-researched topic.

First, from this paper:

Diane J. Berry, Kathryn Hesketh, Chris Power and Elina Hypponen. **Vitamin D status has a linear association with seasonal infections and lung function in British adults**. Centre for Paediatric Epidemiology and Biostatics and MRC Centre. *British Journal of Nutrition* (2011), 106, 1433–1440

> During the past decade, understanding of the actions of the hormonal vitamin D system has greatly improved, and there has been much interest in its potential role for respiratory health. Vitamin D is mostly obtained through UV-B sunlightinduced synthesis in the skin, and consequently, circulating serum concentrations of 25-

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the body can ever be inherently resistant to disease, but that it must be continuously trained to become resistant to disease and this is achieved by cow-poxing. This theory of disease is suited to the doctrine of evolution of the naturalists, materialists and atheists. They see the body as a flawed organism created through undirected evolutionary processes and which needs perfecting by man himself. They do not see it as a masterful creation of its Maker and Originator, who created it in the best of forms and statures and gave it its inherent healing powers which can be harnessed and perfected through healthy diets, lifestyles, habits and choices.

> hydroxyvitamin D (25(OH)D, a marker for nutritional vitamin D status) demonstrate strong seasonal patterns. As such, it has been suggested that vitamin D may be a 'seasonal stimulus' partly explaining wintertime peaks in the incidence of influenza. The lungs are the first line of defence for airborne infections, and there is evidence that the epithelial cells in the lung convert inactive vitamin D to its active form as part of the immune response. It is possible that the immune response to infections in the lung is dependent on adequate 25(OH)D concentrations.

Second, from this paper:

Adrian R Martineau et. al. **Vitamin D supplementation to prevent acute respiratory tract infections: systematic review and meta-analysis of individual participant data**.. *BMJ* 2017;356:i6583

> **Objectives**: To assess the overall effect of vitamin D supplementation on risk of acute respiratory tract infection, and to identify factors modifying this effect. **Design**: Systematic review and meta-analysis of individual participant data (IPD) from randomised controlled trials. **Data sources**: Medline, Embase, the Cochrane Central Register of Controlled Trials, Web of Science, ClinicalTrials.gov, and the International Standard Randomised Controlled Trials Number registry from inception to December 2015. **Conclusions**: Vitamin D supplementation was safe and it protected against acute respiratory tract infection overall. Patients who were very

> vitamin D deficient and those not receiving bolus doses experienced the most benefit...
> Among those receiving daily or weekly vitamin D, protective effects were strongest in those with profound vitamin D deficiency at baseline, although those with higher baseline 25-hydroxyvitamin D concentrations also experienced benefit. This evidence was assessed as being of high quality, using the GRADE criteria... Use of vitamin D was safe: potential adverse reactions were rare...

Third,from this paper:

Jared T. Hagaman et. al. **Vitamin D Deficiency and Reduced Lung Function in Connective Tissue-Associated Interstitial Lung Diseases**. *CHEST* 2011; 139(2):353–360

> **Background**: Vitamin D is a steroid hormone with pleiotropic effects including immune system modulation, lung tissue remodeling, and bone health. Vitamin D deficiency has been implicated in the development of autoimmune diseases. We sought to evaluate the prevalence of vitamin D deficiency in a cohort of patients with interstitial lung disease (ILD) and hypothesized that vitamin D deficiency would be associated with an underlying connective tissue disease (CTD) and reduced lung function. **Conclusions**: There is a high prevalence of vitamin D deficiency in patients with ILD, particularly those with CTD-ILD, and it is associated with reduced lung function. Vitamin D may have a role in the pathogenesis of CTD-ILD.

Fourth, from this paper:

Ginde, A.A., Mansbach, J.M. & Camargo, C.A. **Vitamin D, respiratory infections, and asthma**. Curr Allergy Asthma Rep 9, 81–87 (2009).

> Over the past decade, interest has grown in the role of vitamin D in many nonskeletal medical conditions, including respiratory infection. Emerging evidence indicates that vitamin D-mediated innate immunity, particularly through enhanced expression of the human cathelicidin antimicrobial peptide (hCAP-18), is important in host defenses against respiratory tract pathogens. Observational studies suggest that vitamin D deficiency increases risk of respiratory infections. This increased risk may contribute to incident wheezing illness in children and adults and cause asthma exacerbations. Although unproven, the increased risk of specific respiratory infections in susceptible hosts may contribute to some cases of incident asthma. Vitamin D also modulates regulatory T-cell function and interleukin-10 production, which may increase the therapeutic response to glucocorticoids in steroid-resistant asthma. Future laboratory, epidemiologic, and randomized interventional studies are needed to better understand vitamin D's effects on respiratory infection and asthma.

Fifth, from this paper:

William B. Grant et. al. **Vitamin D supplementation could prevent and treat influenza, coronavirus, and pneumonia infections**. *Nutrients* March, 2020 (preprint).

> Low vitamin D status in winter permits viral epidemics.[3] During winter, people who do not take vitamin D supplements are likely to have low serum 25-hydroxyvitamin D [25(OH)D] concentrations. Vitamin D can reduce the risk of viral epidemics and pandemics in several ways. First, higher 25(OH)D concentrations reduce the risk of many chronic diseases, including cancers, cardiovascular disease, chronic respiratory tract infections (RTIs), diabetes mellitus, and hypertension. Patients with chronic diseases have significantly higher risk of death from RTIs than otherwise healthy people. Second, vitamin D reduces risk of RTIs through three mechanisms: maintaining tight junctions, killing enveloped viruses through induction of cathelicidin and defensins, and reducing production of proinflammatory cytokines by the innate immune system, thereby reducing the risk of a cytokine storm leading to pneumonia. Observational and

[3] This is upon the germ theory model, where the assumption is that a virus is physically circulating. However, the seasonal nature of colds and flus and the way that they simultaneously appear in large geographical regions and in people having had no contact with any one else with a cold or flu, falsifies this assumption. There is no virus circulating in the environment, which is causing the cold or flu. Rather, what is referred to as the "virus" is released by the person's own cells in response to stress and toxicity and the build up of waste and morbid materials.

> supplementation trials have reported higher 25(OH)D concentrations associated with reduced risk of dengue, hepatitis, herpesvirus, hepatitis B and C viruses, human immunodeficiency virus, influenza, respiratory syncytial virus infections, and pneumonia. Results of a community field trial reported herein indicated that 25(OH)D concentrations above 50 ng/ml (125 nmol/l) vs. <20 ng/ml were associated with a 27% reduction in influenza-like illnesses. From the available evidence, we hypothesize that raising serum 25(OH)D concentrations through vitamin D supplementation could reduce the incidence, severity, and risk of death from influenza, pneumonia, and the current COVID-19 epidemic.

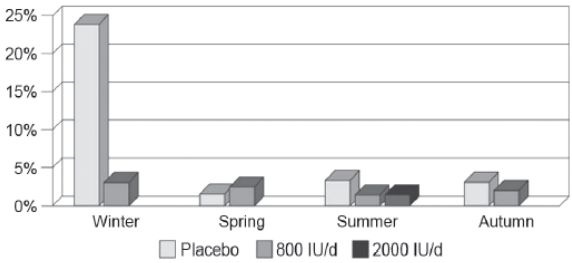
Sixth, this paper:

John J. Cannell, et. al. **Cod Liver Oil, Vitamin A Toxicity, Frequent Respiratory Infections, and the Vitamin D Deficiency Epidemic**. *Annals of Otology, Rhinology & Laryngology* 2008: 117(11):864-870

> Vitamin D alone, whether from ultraviolet lamps, the sun, or from supplements, reduces the incidence of respiratory infections. In 1926, Smiley, who first discovered the strong inverse association between sun ex-posure and upper respiratory tract infections, also first theorized that such seasonality was caused by “disordered vitamine metabolism in the human... directly due to a lack of solar radiation during the dark months of winter.” This explains why Dutch children with the least sun exposure were twice

as likely to develop a cough, and 3 times as likely to have a runny nose, as the children with the most sun exposure. Furthermore, sub-mythemal courses of vitamin D–producing ultraviolet radiation administered twice a week for 3 years to 410 teenage Russian athletes, compared to 446 non-irradiated athletes, resulted in 50% fewer respiratory viral infections and 300% fewer days of absences. Wayse et al compared 80 non-rachitic children with lower respiratory tract infections to healthy controls and found that the children with the lowest 25(OH)D levels were 11 times more likely to become infected. Sixty thousand international units (IU) of vitamin D per week administered for 6 weeks to 27 children with frequent respiratory infections resulted in a complete disappearance of such infections for the following 6 months. More recently, some of us presented extensive epidemiological evidence that the seasonality of vitamin D deficiency may explain the seasonality of influenza epidemics. We concluded that physiological doses of vitamin D would reduce the incidence of influenza but theorized as well — on the basis of vitamin D's mechanism of action — that pharmacologic doses might effectively treat cases of influenza.

Aloia and Ling then published the most rigorous evidence to date supporting the prevention theory. In a post hoc analysis of their original 3-year randomized controlled interventional trial, they discovered that 104 African American women given vitamin D were 3 times less likely to report cold and flu symptoms than were 104 placebo control subjects ($p < 0.002$). A low dose (800 IU/d) abolished the seasonality of reported colds and flu, and even a sub-physiological dose of 2,000 IU/d (40% of treated women still had serum 25(OH)D levels of less than 32 ng/mL after 1 year) virtually eradicated all reports of upper respiratory tract infections (see Figure).



Incidence of reported cold and influenza symptoms according to season. Subjects (n = 104) in placebo group (light shading) reported cold and flu symptoms year-round, with most symptoms in winter. While on 800 IU/d (intermediate shading), 104 test subjects were as likely to get sick in summer as in winter. Only 1 of 104 test subjects had cold and/or influenza symptoms during final year of trial, when they took 2,000 IU/d of vitamin D (dark shading). (Modified with permission.[16])

Finally, this paper:

Epidemic influenza and vitamin D. J. J. Cannell et. al. *Epidemiol. Infect*. (2006), 134, 1129–1140

In 1981, R. Edgar Hope-Simpson proposed that a 'seasonal stimulus ' intimately associated with solar radiation explained the remarkable seasonality of epidemic

> influenza. Solar radiation triggers robust seasonal vitamin D production in the skin; vitamin D deficiency is common in the winter, and activated vitamin D, 1,25(OH)2D, a steroid hormone, has profound effects on human immunity. 1,25(OH)2D acts as an immune system modulator, preventing excessive expression of inflammatory cytokines and increasing the 'oxidative burst' potential of macrophages. Perhaps most importantly, it dramatically stimulates the expression of potent anti-microbial peptides, which exist in neutrophils, monocytes, natural killer cells, and in epithelial cells lining the respiratory tract where they play a major role in protecting the lung from infection. Volunteers inoculated with live attenuated influenza virus are more likely to develop fever and serological evidence of an immune response in the winter. Vitamin D deficiency predisposes children to respiratory infections. Ultraviolet radiation (either from artificial sources or from sunlight) reduces the incidence of viral respiratory infections, as does cod liver oil (which contains vitamin D). An interventional study showed that vitamin D reduces the incidence of respiratory infections in children. We conclude that vitamin D, or lack of it, may be Hope-Simpson's 'seasonal stimulus '.

From the above papers—and there are thousands more—it is clear that Vitamin D is an important "immune system" modulator that enhances protection from a wide range of diseases including those of the lungs. Further, that a sub-optimal level of Vitamin D in winter is a high risk factor for colds, flus and respiratory complications, such as

pneumonia. Further, that Vitamin D is also a treatment — when administered in the right doses — for conditions such as influenza, and not just a preventative.

> **Note: Refer to the Appendix on Vitamin D deficiency in dark-skinned people.**

Next, in light of what has preceded, we discuss models of disease and medicine.

A SIMILITUDE: RATIONAL AND LUNATIC MODELS OF HEALTH AND DISEASE

To make the above research about Vitamin D and modulation of the network somewhat easier to understand, I offer the following similitude:

Imagine a city council that is **well funded** with lots of money and is able to purchase dustbin collection trucks and employ enough people to offer a weekly collection service to its inhabitants. As people, business owners and restaurants dispose of their rubbish, it is always collected on time, every week. The streets will be clean and there will not arise opportunity for pests and vermins (such as rats, cockroaches and flies) to appear.

However, if the money supply is reduced—due to squandering, mismanagement or lack of funds from central government—and the number of trucks and dustbin men are also reduced as a consequence, and collections are only made once a month, waste will gather outside homes, businesses and in backstreets. This will lead to increase in pests and vermin. As a result, people will have to take measures to deal with these pests and vermins, including the use of pesticides, traps and the likes. Life becomes a bit more difficult.

In the above similitude, the money supply is **Vitamin D**. And the pests and vermins are “viruses” or “microbes” that appear on the scene in order to process waste and morbid material from leftover food. If the waste and morbid material increases, the pests and vermin will increase, leading to difficulty for households. The household in our similitude is the cell in the body.

Now we can take one of two approaches:

The first approach: We can make sure the city council is well-funded so that there is an efficient implementation of the waste collection service, ensuring a clean environment. In other words, raise Vitamin D levels above the threshhold level needed to offer an efficient weekly collection service, with enough collection trucks, so that all waste, toxic and morbid elements are removed from homes and streets, or from both inside and outside the cells. As long as households maintain good habits, consume and operate in moderation, avoid what is toxic, and have good practices, they will produce less waste. So we have a combination of these two things—a well funded, efficient service and good habits. This approach ensures optimal efficiency of the network through an adequate supply of what allows it to function smoothly (money, Vitamin D). In this approach, the cells, which are the homes and their inhabitants, live in ease and harmony.

The second approach: We do not need to worry about the network, or the efficient service. Just drop pests and vermin from helicopters on top of the homes of the inhabitants in order to train them how to neutralise the pests and vermins (foreign bodies) through traps, pesticides and the likes. We can give “booster shots” of these pests and vermins every six to twelve months so that the inhabitants come out and do the job of neutralising the pests and vermin, playing an anti foreign body role. Thus, the response is skewed away from a whole system and network level, to a specific level.

However, this has to be done properly so that the inhabitants are properly trained. First, we drop a ton of rats, so that the inhabitants can learn how to kill them. Some months later, we drop a ton of flies. Some months later, we drop a ton of cockroaches. Each time, the inhabitants will find, learn and remember the best way to develop immunity to each type of pest by finding an efficient way of killing it, as soon as it appears on the scene. In this approach, the cells—homes and their inhabitants—live a somewhat difficult life, being regularly assaulted by pests and vermins which are thrown into their homes, so that they can learn how to prevent pests and vermin from entering their homes.

Sometimes, the inhabitants of a house might be shocked, overwhelmed, and fed up. So they enter into a frenzied attack by using machine guns to kill the rats. Eventually, they might start doing with this with every type of assault,

even if its just flies. During these frenzied attacks they end up damaging their own homes and even killing members of their family due to “friendly fire”, an autoimmune response.

From the above similitude, you should now have a better grasp of the two models. One that focuses on health, vitality, as a broad based, generic protection to all forms of disease, and this is the rational, common sense model. The other is the lunatic model.

The two models can also be illustrated visually as occurs in the picture:

In one model, you ensure a clean terrain by adequate nutrition (maintain optimal levels of vital nutrients), maintaining hygiene and avoidance of toxicity (which comes through air, water and food) and a lifestyle of good habits which are conducive to health. In the other model, you

ignore all these factors and focus only on one intervention: **cow-poxing the poor fish**. This is the difference between the Qurʾānic presentation of health and disease as explained by Ibn al-Qayyim and the lunatic but lucrative Rockerfeller and Carnegie[4] model of health and disease which the majority of the world is upon today. It relies on **the perpetuation of the causes and factors of ill-health and disease** for the expansion of profits through drugs and vaccines, which are never cures and never means that confer health and vitality. Rather they sap vitality from the body and lead to more disease.

It is important to note that often, an illness is wrongly considered to be caused by a microbe or virus and is claimed to be "infectious" or "contagious". However, the truth is that the true underlying cause is either a deficiency in one or more essential nutrients or toxicity,[5] or a combination of both, and any microbe or virus is consequential, not causal. An example is the disease of pellagra. Its symptoms are diarrhoea, dementia, dermatitis and it can also lead to death. The "germ hunters" tried to find a "germ" to blame this disease on, but it turned out that it is simply a Vitamin B3 (Niacin) deficiency. The same applies to many other illnesses.

[4] These two oil and money powers totally dominated the field of medicine during the 20th century, destroyed holistic and natural medicine, and developed a monopoly on medicine by creating or hijacking organisations and taking control of educational institutions.
[5] Toxicity includes that which is metallic, chemical, biological, electromagnetic and emotional.

"Viruses" are not the cause of disease, this is merely an assumption in the "germ theory" model of disease where each disease is traced to a microbe or virus as the root cause. There is much evidence to falsify such a simplistic, narrow-minded view. In fact, it was already falsified in the early 20th century. But just as bidʿah—in doctrine, methodology or worship—can overwhelm and dominate Sunnah for centuries on end, likewise, false theories in worldly sciences can be propped up and supported above and over sound theories for decades or even centuries, through the power of money and politics. This has been the case with the germ theory of disease during the 20th century.

Disease is multifactorial and multicausal and ultimately returns back to a few root causes:

a) **inadequate nutrition** which impairs cellular function and flow of biochemical pathways or cascades
b) **toxicity** from air, food and water, which poisons the cells and extracellular fluids and hinders cellular function and inteferes with biochemical pathways and cascades,
c) **build up of waste and morbid materials** in the body due to **violations** in diet, habit and lifestyle—the first two causes can also contribute to this effect.[6]

[6] The greater the build up of waste and morbid or toxic materials in the body, the more "infections" that will arise. However, these "infections" do not come from outside. They are simply bacteria and "viruses" which are produced by cells to either repair, break down, recycle and repurpose or eliminate such materials. They come on to the scene of disease and are not the cause of disease. In turn, when their job is done,

However, this particular model of disease in which the entire focus is on the "germ" has been very lucrative for the big oil players who sponsored and promoted this theory of disease in the early 20th century. It is being expanded even more in the 21st century where the "infectious disease" model is being made a central foundation for regulation of social and economic activity.

As for "viruses", they have been mislabelled, and are not the root cause of disease. Rather, they come on to the scene of stress and toxicity in order to play a role in the resolution of the crisis similar to how ambulances come to the scene of accidents. Their presence (association) has been confused with causation. Virology and study of "infectious" disease largely operate on this false notion. We have written about this in more detail in previous articles, so one can refer to them.

As for "CovID-19", then no new disease has appeared due to an alleged new virus that came from the lands of the Communists. Rather, this label has been invented as an umbrella term within which a wide range of **already existing disease conditions** have been placed—exactly the same that

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other aspects of the "immune system" (such as phagocytes) come along to mobilise the expulsion of all the processed, unwanted materials, which include "virus" particles and fragments, because they are no longer needed after having done their job. However, this is wrongly perceived as "viral" causation of disease in a germ theory model, when the realityis otherwise.

was done with AIDS in the 80s in order to create and grow a huge antiviral drug market across the world. While people are certainly dying—as they do every year due to respiratory illnesses caused by a combination of the effects of:

—pollution, toxicity,
—bad nutrition, bad lifestyles,
—obesity, violations in diet,
—blood and tissue poisoning through cow-poxing

they are not dying of "CovID-19" because there is no such disease. It is a construct in the mind only, a marketing label, allowing a wide range of already established illnesses and symptoms to be rebranded as "CovID-19" for whatever social, economic and political objectives are intended behind this scheme.

The medical fraud is very easy to see through. All one needs to do is look at the statements of the FDA on the tests that are being used to generate the illusion of an epidemic:

Refer to our paper: "**The Reliability And Diagnostic Value Of "Covid-19" RT-PCR Tests**" in which it is made clear from the explicit statements of the FDA, test manufacturers and University institutions, that this test is effectively useless for diagnosing infection or disease. To give some examples: The FDA states: "**Positive results are indicative of active infection with 2019-nCoV but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease**." And also: "**Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms**." And also: "**This test**

cannot rule out diseases caused by other bacterial or viral pathogens." Refer to the paper for many more statements of a similar nature. This shows that even the tests used in investigative procedures are not reliable and hence all claims made with respect to the virus, infection and disease amount to pure speculation.

Source: CDC 2019-Novel Coronavirus (2019-nCoV)
Real-Time RT-PCR Diagnostic Panel
https://www.fda.gov/media/134922/download

From the above, **positive tests**—[which are not proof that the virus in question has even been detected, nor proof that it is even the actual cause of disease]—can be used to create the illusion of an epidemic by labelling a limited number of tested people as "infected" and turning them into "cases", even though they are perfectly healthy. Then, you test a large number of **really sick people**, the elderly who are at the end stages of their lives, or those with ongoing serious health complications, and who routinely die from these conditions. Through this, you can engineer a very high **case fatality rate** to make it appear as if this new imaginary disease is very deadly. In other words, by limited testing and focusing only on the really sick.

Then, along with an expansion of testing in a population, you also expand the number of symptoms connected to this new imaginary disease so that you can claim more and more people are infected and build higher numbers of cases to prove that this disease is infectious and is spreading rapidly.

You can incorporate other disease conditions under this same label just because of a positive test. Eventually, you don't even need a test and only use clinical diagnosis, meaning, just by observing symptoms, without even using any test to check for an alleged virus.

Got a cough? You got Covid. Sneezed? That's Covid. Out of breath? That's Covid. Got pneumonia? That's Covid. Got a rash? That's Covid. Lost your taste and smell as happens to just about everybody with a flu? That's got to be Covid. Got a fever? That's definitely Covid. Got a history of respiratory illness? That's Covid too. Cancer patient? That's also Covid!

Then you alter the way deaths are recorded in that anyone who dies within 28 days of being tested positive is referred to as a "CovID-19" death. All of this is scientific and medical fraud. The fact that fraud is being committed is being openly admitted on the podiums of states and nations, such as what has taken place in the US, wherein they say openly: If a person died from other causes but showed positive in a test, we will record that as a CovID-19 death.

This same illusion can then be created in every country just by getting those countries to make use of tests. The flawed, dubious tests—coupled with a false germ theory of disease—can be used to create the illusion of an epidemic of an alleged new disease, when there is no such thing. Some

African countries have seen through this, and are removing the World Health Organisation (WHO) from their nations. The leader of Tanzania proved that the tests given to them by the WHO are flawed because goats, papayas and motor oil were testing positive.

As for what people are dying from:

It is severe complications from seasonal colds, flus in the very sick, the chronically ill, the weakened and debilitated elderly and immunocompromised people—something that happens every year. People routinely die “with” infections, but the true cause of death is an underlying condition or conditions, referred to as morbidities. As for specific symptoms such as starvation of oxygen, autoimmune responses and so on, these can be explained without having to invoke a new imaginary disease called “CovID-19” and an alleged new “virus”. There is no scientific proof for an alleged new virus which has been arrived at through proper implementation of the actual scientific method, rather than procedural misuse of dubious laboratory techniques that were never invented for diagnosis of disease or detection of viruses.

Any alleged “viruses” being invoked are simply “exosomes”—within an alternative and more credible model of disease—and they are produced by cells in response to stress and toxicity. They are part of a coordinated response by the body’s cells in an attempt to return back to normality. They

are associated with symptoms but are not the actual cause of illness itself. When the job has been done and other parts of the immune system are mobilised to expel all the unwanted material, including exosomes ("viruses") which have done their job, then in the sputum, or faeces, or urine there will be fragments and debris of all of that material. This will include genetic material such as RNA, DNA, as well as enzymes, proteins, cell membranes, cell debris and likewise bacteria or debris from dead bacteria.

The "germ hunters" take samples from sick people and use techniques to detect and amplify such genetic material. It is on the basis of the very tiny genetic fragments that they claim to have detected a virus, when all they have done is detected genetic material. **Its a bit like saying that if you find a £10 note in the street, you can claim that you have detected or isolated the actual man from whose pocket it fell out**. No one says this but an idiot. At no point do they ever purify an intact whole virus from a sample. This has never ever been done, which is why in virology there is a lot of pseudoscience. Then based on the variation in the genetic sequence fragments they detect each time, family names of "viruses" are devised: rhinovirus, respiratory syncitial virus, coronavirus, adenovirus and so on.

At no point is any whole, intact "virus" found in samples which has been purified in the proper sense of the word and put under an electron microscope. Likewise, at no point does

any whole, intact virus come out of a person in their sputum, their breath, air droplets and so on, because all methods of detection are indirect. They are not detecting a whole intact virus, but only a very small fragment of genetic material whose true source and origin is not known but is simply **assumed** to be from a "virus".

In short, no valid proof for an alleged new virus exists in which standards of scientific inquiry are met and in which the actual scientific method has been applied to validate the hypothesis of a new virus and of disease causation by this virus. No virus has ever been purified in the proper sense of the word and all detection is indirect, as is explained at the beginning of virology text books, and we have cited that in past articles.

The reason for such a mistake is because an incorrect, flawed "germ" theory of disease has been held on to for over a century. This is similar to how the false notion of "Junk DNA" in the human body was held on to for decades as proof of evolution. This was used by charlatans and clowns such as Richard Dawkins to write whole books to prove that evolution by mutation and natural selection is true. A lot of "scientific research" was done to provide lots and lots of evidence for the "Junk DNA" concept, and it may have been convincing for those decades. But, all of it was false and a mere illusion. "Junk DNA" was always false, but the issue was simply a matter of how long it was going to take for facts,

new discoveries and evidence to beat ignorance, arrogance and lunacy. The same applies to the germ theory of disease.

Abu ʿIyaaḍ
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APPENDIX: ON VITAMIN D DEFICIENCY, RESPIRATORY ILLNESS AND MORTALITY IN DARK SKINNED PEOPLE

John J. Cannell, et. al. **Cod Liver Oil, Vitamin A Toxicity, Frequent Respiratory Infections, and the Vitamin D Deficiency Epidemic**. *Annals of Otology, Rhinology & Laryngology* 2008: 117(11):864-870

In this paper, the authors make an important observation regarding dark-skinned people and respiratory illnesses.

> Vitamin D's pivotal role in innate immunity has become evident only recently. First White's group at McGill University, then 2 independent groups at the University of California–Los Angeles, showed that activated vitamin D [1,25(OH)2D] dramatically up-regulates genetic expression of AMPs in immune cells. (For details of the mechanism of action, see White's review.) Both epithelial cells and macrophages increase expression of the antimicrobial cathelicidin upon exposure to microbes — an expression that is dependent upon the presence of vitamin D. Pathogenic microbes, much like the commensals that inhabit the upper airway, stimulate the production of a hydroxylase that converts 25(OH)D to 1,25(OH)2D, a seco-steroid hormone. In turn, this activates a suite of genes involved in defense.
>
> In the macrophage, the presence of vitamin D also suppresses the pro-inflammatory cytokines interferon γ, tumor necrosis factor α, and interleukin-12 and down-

regulates the cellular expression of several pathogenassociated molecular pattern (PAMP) receptors. In the epidermis, vitamin D induces additional PAMP receptors,enabling keratinocytes to recognize and respond to microbes. Thus, vitamin D both enhances the local capacity of the epithelium to rapidly produce endogenous antibiotics and, at the same time, dampens certain arms of adaptive immunity, especially those responsible for the signs and symptoms of acute inflammation.

The work of Liu et al is of particular interest. Plasma levels of vitamin 25(OH)D in African Americans, known to be about one half those of light-skinned individuals, are inadequate to fully stimulate the vitamin D–dependent antimicrobial circuits that are operative within the innate immune system. However, the addition of 25(OH)D restores the dependent circuits and the expression of cathelicidin. High concentrations of melanin in dark-skinned individuals shield the keratinocytes from the ultraviolet radiation required to generate vitamin D in skin. Therefore, relative — but easily correctable — deficiencies in innate immunity probably exist in many children during the dark days of winter, with dark-skinned children at highest risk. Black children continue to have twice the rate of mortality from pneumonia of white children, despite modern antibiotics.

Furthermore, during any season, for any skin type, and at any latitude, a percentage of the population is vitamin D–deficient, although the percentage is highest in the winter and in dark-skinned individuals, and increases the further poleward the population. For example, seasonal variation

of vitamin D levels even occurs in equatorial Hong Kong, and widespread vitamin D deficiency occurs at such latitudes, probably because of sun avoidance, rainy seasons, and air pollution. A study of Hong Kong infants showed that about half had 25(OH)D levels of less than 20 ng/mL in the winter. None of the infants had levels higher than 40 ng/mL, even in the summer. Thus, a substantial percentage of all children will have impaired innate immunity at any given time, although the impairment is greatest during the dark days of the cold and flu season.