Volume 9, Issue 1 **January 2021**

The Wright Stuff

A Word From Bob Wright

First of all, I want to wish all of you a truly joyous and Blessed New Year. After all, it has to be better than last year – doesn't it? Yeah.

In a year that boasted of so much promise, not much was found on any front – especially regarding health and healing. Conversely, we stayed the course and steadily dealt the truth about prevention and healing through our newsletters, zoom conferences, individual consultations, and our first-ever, nine-day health and healing summit. Many were helped.

So, what's next? Sometimes – like right now – that is a little hard to answer. One thing is for sure, however. We will stay the course as long as we can to

Also in this issue:

bring to the general public the real truth about cancer and chronic illness – and their healing modalities. Yes, we know what those are.

We must air out our dirty laundry at this point. We are somewhat disappointed in the lack of participation in our programs, newsletters, social media ventures, volunteerism and, yes, even funding. I set up this organization over 13 years ago as an IRS-designated, not-for-profit organization (essentially, a public charity) so that any and all who believed in our mission could contribute and have all donations be tax-deductible – a win-win situation. Sadly, it turned out, largely, to be a no-win situation. People seem to love what we do, they just don't want to – or simply cannot – contribute to the cause. I get it. Times are tough.

Becoming a 501(c)(3) non-profit was not an easy task. It took tons of paperwork, organization, and program development – but we eventually got it done. Looking back now, I wonder why we even did it. The rules and regulations are somewhat onerous and, quite simply, the dollars (donated) are not there to justify the expense of maintaining that public charity title.

So, it appears we might be changing things up a little as we head into this new year. While nothing has been decided for sure at this point, we probably will be dropping our 501 designation and just become a private company with an attached private charity that continues to help those in need (both entities). Having said that, all will understand that it continues to take money to stay in business and help more people. We are still ironing out what that will look like. Much of what we do will stay the same – as much as possible. But some things will change.

The Master Class that came out of the World-Wide Health and Healing Summit is still on for six weeks starting on Tuesday, February 16th, and every Tuesday after that through March 23rd. The Class will be very informative and instructive and participants will gain a lot of insight into health and healing during the 6 two hour sessions. The curriculum is still being established. If you have ideas on what you would like to see – please email us here at the IWARC. And there is still time to get your ticket for this educational experience. You don't want to miss this. Look for the sign-up link in this newsletter.

We will be doing some live Facebook events (as long as Facebook doesn't "fire" us) so look for those. We may well be changing our website, name, and emails in the next several months. Stay tuned for that. Also, we will be "cleaning" our email/newsletter list – so if you want to stay included, you must open up the newsletter at least once over the next two months. Those who receive it but do not open it will be deleted from the list. I guess if you are reading this – you are in!!

We are very blessed to do what we do. I would not exchange that part for anything. So, by the Grace of God, we will push on. We will continue to look for your support in those aforementioned areas.

Please feel free to contact us at info@americanaci.org with questions, concerns, consultation opportunities, or acquiring larger quantities of books ("Killing Cancer – Not People" 4th Edition).

Whether for profit or non-profit – we are here to serve you; whoever you are, wherever you live. And we will work out the details.

Blessings,
Bob Wright, Director and Founder
American Anti-Cancer Institute, International Wellness & Research Center

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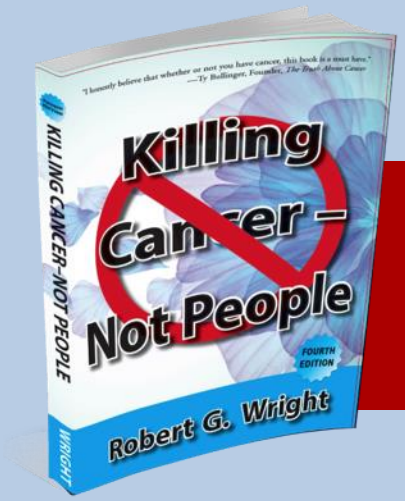

Order your copies of the 4th Edition of "Killing Cancer, Not People" now at:

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Shelly Oslie, at shelly@americanaci.org

P.S. YES!!! This is one of the few ways that you can support Bob/AACI/IWARC to continue providing free consultations to the needed ones!

Vaccines? Really? For What – Exactly?

Dr. Mercola's WARNING: Emergency COVID-19 Vaccines May Cause Massive Side Effects

Written by: Dr. Joseph Mercola

With COVID-19 **vaccines** on the precipice of mass distribution, news media are on fire as they talk about who will get the vaccine first and how it will be distributed. The one thing they aren't discussing, however, is the definition of "effective" when it comes to these vaccines.

Early November 2020, Pfizer sent the stock market soaring[1] when it announced its vaccine is more than 90% effective.[2] One week later, Moderna -- which designed its vaccine candidate in just two days[3] -- boasted a 94.5% effectiveness rating.[4]

However, if you read Pfizer's and Moderna's press releases and other clinical trial information, you'll see that they have left out some really crucial information. For example:[5]

- They don't say how many cycles they used for the PCR tests they gave to count **COVID-19** cases, which is crucial for determining the accuracy of those tests
- They don't say whether the "cases" had symptoms or not
- They don't mention anything about hospitalizations or deaths, meaning there is no indication it prevents either
- There is no indication about how long the vaccine lasts if it truly is effective and protective. Some indications suggest you might need to take this vaccine every three to six months in order for it to be effective

Odds Ratios Can Be Misleading

In an article published by the Mises Institute, Dr. Gilbert Berdine, associate professor of medicine at Texas Tech University Health Sciences Center, writes:[6]

"The Pfizer study had 43,538 participants and was analyzed after 164 cases. So, roughly 150 out 21,750 participants (less than 0.7%) became PCR positive in the control group and about one-tenth that number in the vaccine group became PCR positive.

The Moderna trial had 30,000 participants. There were 95 'cases' in the 15,000 control participants (about 0.6%) and five 'cases' in the 15,000 vaccine participants (about one-twentieth of 0.6%). The 'efficacy' figures quoted in these announcements are odds ratios …

When the risks of an event are small, odds ratios can be misleading about absolute risk. A more meaningful measure of efficacy would be the number [needed] to vaccinate to prevent one hospitalization or one death. Those numbers are not available.

An estimate of the number [needed] to treat from the Moderna trial to prevent a single 'case' would be 15,000 vaccinations to prevent 90 'cases' or 167 vaccinations per 'case' prevented, which does not sound nearly as good as 94.5% effective."

Pfizer's Number Needed to Vaccinate = 256

In a letter to the editor, Dr. Allan Cunningham, a retired pediatrician in New York, also points out that Pfizer's 90% effectiveness rating fails to tell the story in a way that people can understand, and goes on to estimate the number needed to vaccinate for Pfizer's vaccine. He writes:[7]

"Specific data are not given but it is easy enough to approximate the numbers involved, based on the 94 cases in a trial that has enrolled about 40,000 subjects: 8 cases in a vaccine group of 20,000 and 86 cases in a placebo group of 20,000.

This yields a COVID-19 attack rate of 0.0004 in the vaccine group and 0.0043 in the placebo group. Relative risk (RR) for vaccination = 0.093, which translates into a 'vaccine effectiveness' of 90.7% [100(1-0.093)]. This sounds impressive, but the absolute risk reduction for an individual is only about 0.4% (0.0043-0.0004=0.0039).

The Number Needed to Vaccinate (NNTV) = 256 (1/0.0039), which means that to prevent just one COVID-19 case 256 individuals must get the vaccine; the other 255 individuals derive no benefit, but are subject to vaccine adverse effects, whatever they may be and whenever we learn about them."

Major Safety Questions Still Remain

Indeed, when it comes to safety, it's important to realize that since only a few thousand verified healthy volunteers have been exposed to the actual vaccine, the real beta testers will be the masses of people who line up first to take the vaccines when they come to market.

In his article, Berdine stresses he has yet to find a medical colleague who is willing to be among the first to take the experimental vaccine. Most say they want to review the safety data after a year or so of use before they'll consider getting it.

"These colleagues are concerned about possible autoimmune side effects that may not appear for months after vaccination," Berdine writes. It's worth noting that none of the trials currently underway include immunocompromised volunteers, so the effects of these vaccines on people with suppressed immune function is wholly unknown.

This is a significant problem, seeing how an estimated 14.7 million to 23.5 million Americans suffer from some form of **autoimmune disease**,[8] and these people are also at increased risk for COVID-19 complications and death.

If the vaccine exacerbates autoimmune problems, the outcome could be devastating for an extraordinary number of people. The volunteers currently enrolled in trials are all healthier than the average American, yet side effects appear commonplace even among this "elite" group.

What You Can Expect From the COVID-19 Vaccine

An October 20, 2020, article[9] in the Observer lists the known side effects that have emerged in the various trials. Chills, fever, body aches and headache are the most commonplace, but at least two cases of transverse myelitis -
- **inflammation** of the spinal cord -- have also occurred.

Even the U.S. Centers for Disease Control and Prevention warns that the vaccine's side effects are "no walk in the park,"[10] and Saad Omer, director of the Yale Institute for Global Health, has stressed the need for a broad-based outreach campaign to discuss the reality of side effects, as patients might not come back for the required second dose if the side effects take them by surprise.[11]

Dr. Eli Perencevich, a professor of internal medicine and epidemiology at the University of Iowa Health Care, has suggested essential workers should be

granted three days of paid leave after they're vaccinated, as many will feel too sick to work.[12]

A December 1, 2020, CNBC article,[13] which looked at the frequency of adverse reactions, noted that 10% to 15% of participants in the Pfizer and Moderna trials reported "significantly noticeable" side effects.

Buried way down at the bottom of the article is a suggestion from a past advisory committee member, who proposes the nomenclature of "serious adverse reaction" be changed to "immune response," so they can reprogram how people think about these side effects, even if they end up having to stay home from work because of them.

The article also admits they have no idea what, if any, long-term reactions there might be, which means (as we already knew) that this is a great big public health experiment and, of course, anything that happens post-marketing will be labeled a "coincidence."

In related news, a participant in India's AstraZeneca trial is now suing the company claiming the vaccine caused "serious neurological damage,"[14] and a group of researchers warn the COVID-19 vaccines could potentially increase your risk of **HIV** infection.[15] Then there are the concerns about the COVID-19 vaccine permanently altering your DNA, effectively **turning you into a transhuman**.[16] As you can see, there's a lot to consider before taking this vaccine.

Do We Really Need a COVID-19 Vaccine?

Berdine also points out that most of his colleagues believe "the uncertainties about safety exceed what they perceive to be a small benefit."[17] Indeed, at this point, a range of data suggest the COVID-19 vaccine may be completely unnecessary. For example:

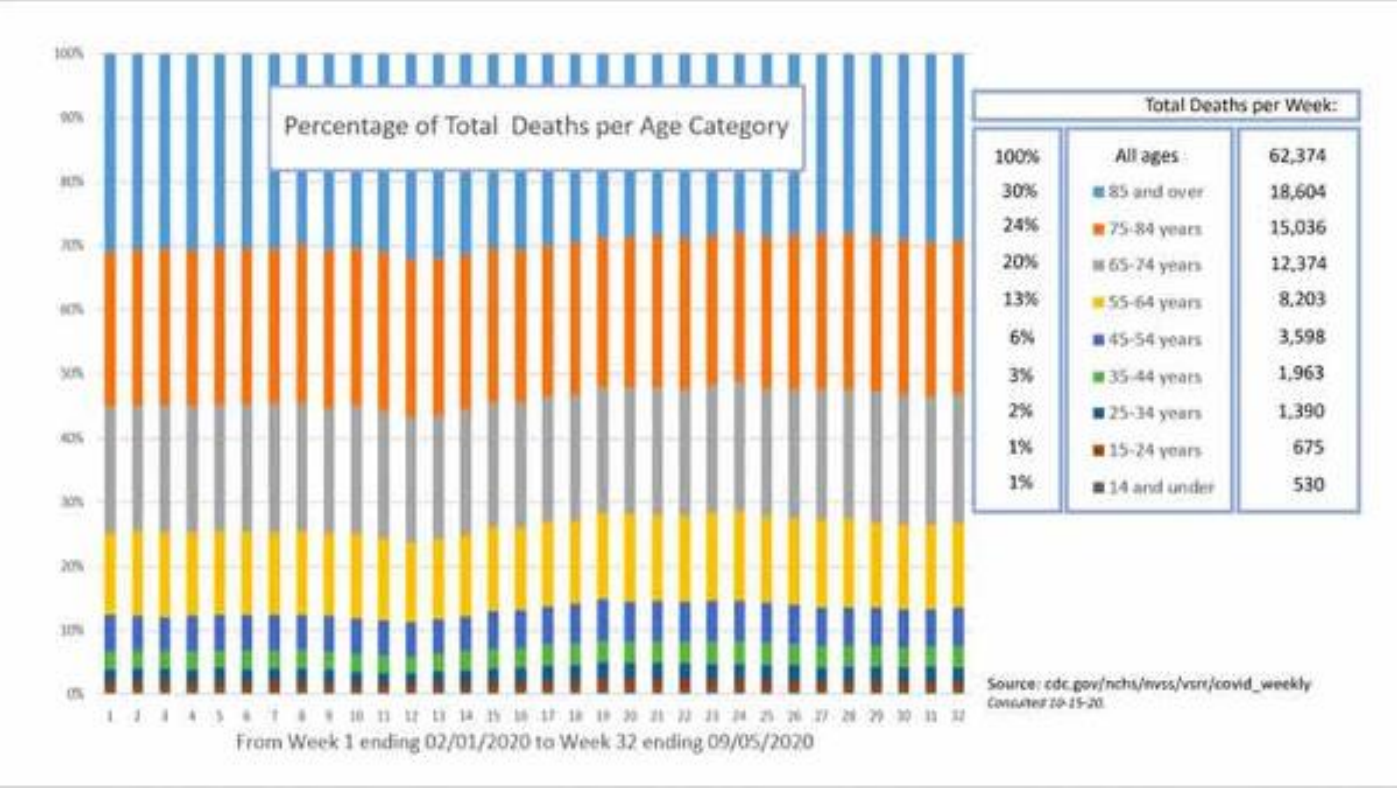
- COVID-19 mortality is extremely low outside of nursing homes -- 99.7% of people recover from COVID-19.[18] If you're under 60 years of age, your

chance of dying from seasonal influenza is greater than your chance of dying from COVID-19.[19]

- Data clearly show that **COVID-19 has not resulted in excess mortality**, meaning the same number of people who die in any given year, on average, have died in this year of the pandemic.[20,21] This is true even among the elderly, as evidenced in a Johns Hopkins University article published just before Thanksgiving. According to the article:[22]

"The deaths of older people stayed the same before and after COVID-19. Since COVID-19 mainly affects the elderly, experts expected an increase in the percentage of deaths in older age groups. However, this increase is not seen from the CDC data. In fact, the percentages of deaths among all age groups remain relatively the same."

As soon as the article started trending on Twitter, Johns Hopkins deleted it saying it "was being used to support false and dangerous inaccuracies about the impact of the pandemic."[23]



- Studies[24,25,26,27,28,29,30,31] suggest immunity against SARS-CoV-2 infection is more widespread than suspected, thanks to cross-reactivity with other coronaviruses that cause the common cold.
- Asymptomatic people are highly unlikely to spread SARS-CoV-2 -- A study[32] looking at PCR test data from nearly 10 million residents in Wuhan city found that not a single one of those who had been in close contact with an asymptomatic individual (someone who tested positive but had no symptoms) had been infected with the virus. In all instances, virus cultures from people who tested positive but had no symptoms also came up negative for live virus.

Will COVID-19 Vaccine Save Lives?

Peter Doshi, associate editor of The BMJ, also questions the effectiveness of the COVID-19 vaccines, pointing out that current trials are not designed to tell us whether the vaccines will actually save lives. And, if they don't, are they really worth the risks involved? Doshi writes:[33]

"What will it mean exactly when a vaccine is declared 'effective'? To the public this seems fairly obvious. 'The primary goal of a COVID-19 vaccine is to keep people from getting very sick and dying,' a National Public Radio broadcast said bluntly …

Yet the current phase III trials are not actually set up to prove either. None of the trials currently under way are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus."

Doshi points out that when Dr. Paul Offit was asked in an interview whether a recorded "event" in these trials meant moderate to severe illness, he replied yes, "that's right." But that's not, in fact, correct. All Phase 3 trials count mild symptoms, such as a cough, as a "COVID-19 event," and all will finalize their

analyses after a mere 150 or 160 of the volunteers develop symptomatic COVID-19 -- regardless of severity.

"Part of the reason may be numbers. Severe illness requiring hospital admission, which happens in only a small fraction of symptomatic COVID-19 cases, would be unlikely to occur in significant numbers in trials.

Data published by the U.S. Centers for Disease Control and Prevention in late April reported a symptomatic case hospitalization ratio of 3.4% overall, varying from 1.7% in 0-49 year olds and 4.5% in 50-64 year olds to 7.4% in those 65 and over.

***Because most people with symptomatic COVID-19 experience only mild symptoms even trials involving 30,000 or more patients would turn up relatively few cases of severe disease,"* Doshi writes.[34]**

"Hospital admissions and deaths from COVID-19 are simply too uncommon in the population being studied for an effective vaccine to demonstrate statistically significant differences in a trial of 30,000 people."

These trials also do not tell us anything about the vaccine's ability to prevent transmission, as this would require testing volunteers twice a week for long periods of time -- a strategy that is "operationally untenable," according to Tal Zaks, chief medical officer at Moderna.[35]

COVID-19 Vaccine Poses Rare Distribution Challenges

Questions have also been raised about the potential for the COVID-19 vaccines to "go bad" due to improper storage. Pfizer's COVID-19 vaccine has to be stored at an unheard of cold temperature even for Antarctica -- minus 70 degrees Celsius, or 94 degrees below zero, Fahrenheit. Moderna's can be kept a bit warmer, at "just" minus 20 degrees C, or 4 below zero F. Both pose a problem for providers who will be administering the shots.

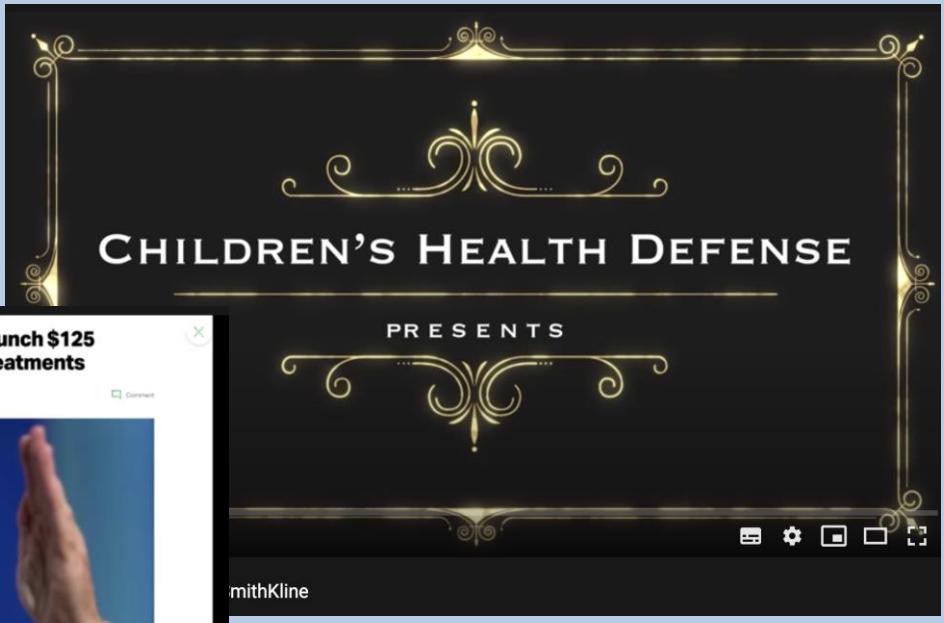
To get an idea of why the vaccines have to be frozen, NPR compares them to chocolates that melt easily.[36] The reason the vaccines are so fragile is because

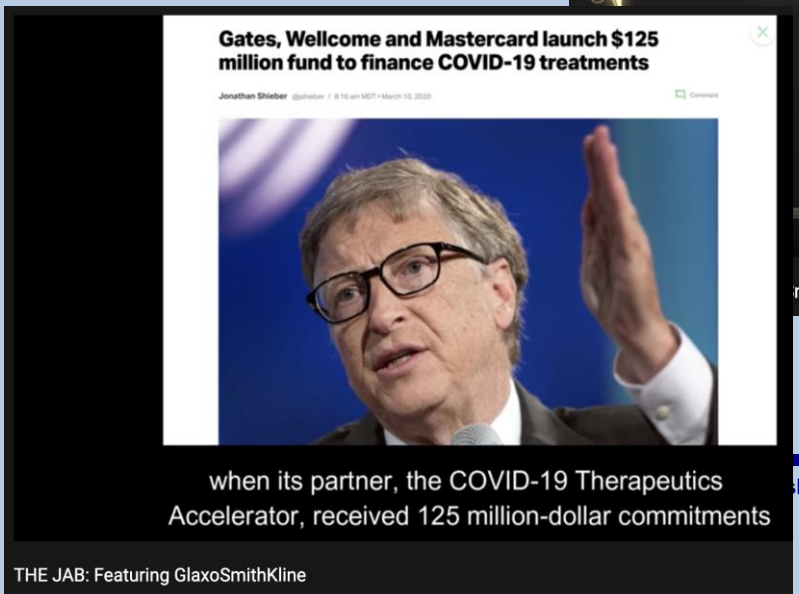
they're made with messenger RNA (mRNA), which turn your own cells into little factories that produce SARS-CoV-2 protein that in turn trigger antibody production.

The problem is that mRNA is easily broken down, so it needs the freezing temperatures to keep stable. Pfizer said its special packaging keeps the vaccines frozen with the help of dry ice. Even so, providers will still have to abide by strict guidelines, one of which says the freezer compartment storing the vaccines cannot be opened more than twice a day, and when opened, must be closed within one minute. Once thawed, the vaccine can be kept refrigerated for five days.

The whole situation makes distribution a challenge, too since the smallest amount you can order is 975 doses. That means the vaccines most likely will have to go to places capable of administering large numbers of vaccines in a short period of time to avoid spoilage. What happens if the vaccine is mishandled and spoils? No one knows. At best, it may be ineffective. At worst, it may cause completely unexpected side effects.

The Gold Rush of Vaccines and Indemnity





letter

YouTube: https://youtu.be/kB0MEjHgkfM

Side effects is particularly troubling in light of the fact that vaccine manufacturers are indemnified against any harm that occurs from the use of their vaccines. In the video above, Children's Health Defense (CHD), founded by Robert F. Kennedy Jr., highlights the gold rush that occurred for pharmaceutical companies when the World Health Organization declared swine flu a pandemic in 2009.

Several experimental vaccines were hastily rushed to market following the WHO's pandemic declaration, one of which resulted in thousands of European children and teens developing chronic narcolepsy and cataplexy (the sudden collapse due to loss of voluntary muscle control triggered by strong emotions or laughter).

In 2011, the ASO3-adjuvanted swine flu vaccine **Pandemrix** (used in Europe but not in the U.S. during 2009-2010) was causally linked[37] to childhood narcolepsy, which had abruptly skyrocketed in several countries.[38,39] Children and teens in Finland,[40] the U.K.[41] and Sweden[42] were among the hardest hit.

Further analyses also discerned a rise in narcolepsy among adults who received the vaccine, although the link wasn't as obvious as that in children and adolescents.[43]

A 2019 study[44] reported finding a "novel association between Pandemrix-associated narcolepsy and the non-coding RNA gene GDNF-AS1" -- a gene thought to regulate the production of glial cell line-derived neurotrophic factor or GDNF, a protein that plays an important role in neuronal survival.

They also confirmed a strong association between vaccine-induced narcolepsy and a certain haplotype, suggesting "variation in genes related to immunity and neuronal survival may interact to increase the susceptibility to Pandemrix-induced narcolepsy in certain individuals."

Now, in the midst of another controversial pandemic, we're facing an eerily similar playbook -- with pharmaceutical companies eager to cash in on the first COVID-19 vaccine, which begs the question, "Are we are being played -- again?"

Not the First Hoax -- Practice Makes Perfect

Pandemics have come and gone around the globe for centuries, but in recent history they've been used as points of manipulation that have profited corporations, particularly pharmaceutical companies.

The 2005 **bird flu epidemic**, for example, was predicted to kill from 2 million to 150 million people. It killed just 98 people, globally, in 2005, 115 in 2006 and 86 in 2007.[45] No one in the U.S. died from this infection. The brazenness of the hoax prompted me to write my New York Times best seller book "The Great Bird Flu Hoax."

In **2006**, 2007 and again in 2008, hyped warnings over the bird flu were repeatedly exposed as little more than a cruel hoax, designed to instill fear and line the pocketbooks of industry and various vested individuals. In 2009, there was the swine flu hoax, the vaccination campaign for which, as mentioned, turned into a disaster.

The summer of **2012** was again filled with dire predictions of bird flu sufficiently mutating to cause a human pandemic, immediately followed by urgent calls for fast-tracked vaccines. None of these pandemics ever turned into global killers, and COVID-19 is no different. As mentioned earlier, there's no evidence of excess deaths due to this novel virus.

The COVID-19 pandemic differs from previous ones, however, in that it's being used not just to enrich drug companies and justify the existence of gain-of-function research, but also to usher in a "reset" of the entire global economy by the technocrats. While failing economies around the world are blamed on the

pandemic, the central bank system has been faltering for some time and is now on its last leg.

The global debt load is now so high, countries cannot even pay off the interest, and thus the system no longer works. It needs to be "reset," but rather than ditching the central bank system and resetting it to something stable (such as returning to a gold-backed system), the technocrats in charge are ushering in an all-digital centralized currency that will give them total control over the finances of every human on earth.

What's more, the economic reset is only one part of this all-encompassing totalitarian takeover. The COVID-19 vaccine fits into the scheme by providing an excuse to track and trace everyone's whereabouts, and connect this medical surveillance together with the digital economy. You can learn more about this in "**What You Need to Know About the Great Reset**."

No Accountability for Vaccine Harms

As noted by Barbara Loe Fisher, co-founder of the National Vaccine Information Center (NVIC), based on the **historical failures of past coronavirus vaccines**, a fast-tracked COVID-19 vaccine could become one of the biggest public health disasters in history.

And, no one involved will be held accountable or face any repercussions, just as GlaxoSmithKline was not held accountable for the narcolepsy cases caused by Pandemrix. Instead, they will all continue to profit while an unsuspecting public will beta test yet another potentially dangerous vaccine.

Even if severe side effects are rare, when you're talking about vaccinating some 7 billion people, even a tiny percentage will translate into millions of people affected.

One of the Most Powerful Videos I've Ever Seen

The following video from Barbara Loe Fisher is one of the most powerful videos that I have ever seen. I am hopeful that watching this video will inspire you to take up the cause and join the fight for vaccine freedom and independence.

There is a cultural war and collusion between many industries and federal regulatory agencies that results in a suppression of the truth about vital important health issues. If this suppression continues we will gradually and progressively erode our private individual rights that our ancestors fought so hard to achieve. Please take a few minutes to watch this video.

YouTube: https://youtu.be/xEcYQydhY9E

Protect Your Right to Informed Consent and Defend Vaccine Exemptions

With all the uncertainty surrounding the safety and efficacy of vaccines, it's critical to protect your right to make independent health choices and exercise voluntary informed consent to vaccination. It is urgent that everyone in America

stand up and fight to protect and expand vaccine informed consent protections in state public health and employment laws. The best way to do this is to get personally involved with your state legislators and educate the leaders in your community.

Think Globally, Act Locally

National vaccine policy recommendations are made at the federal level but vaccine laws are made at the state level. It is at the state level where your action to protect your vaccine choice rights can have the greatest impact.

It is critical for EVERYONE to get involved now in standing up for the legal right to make voluntary vaccine choices in America because those choices are being threatened by lobbyists representing drug companies, medical trade associations and public health officials, who are trying to persuade legislators to strip all vaccine exemptions from public health laws.

Signing up for NVIC's free Advocacy Portal at **www.NVICAdvocacy.org** gives you immediate, easy access to your own state legislators on your smartphone or computer so you can make your voice heard. You will be kept up to date on the latest state bills threatening your vaccine choice rights and will get practical, useful information to help you become an effective vaccine choice advocate in your own community.

Also, when national vaccine issues come up, you will have the up-to-date information and call-to-action items you need at your fingertips. So, please, as your first step, sign up for the NVIC Advocacy Portal.

JOIN THE NVIC ADVOCACY PORTAL

Share Your Story With the Media and People You Know

If you or a family member has suffered a serious vaccine reaction, injury or death, please talk about it. If we don't share information and experiences with one another, everybody feels alone and afraid to speak up. Write a letter to the editor if you have a different perspective on a vaccine story that appears in your local

newspaper. Make a call in to a radio talk show that is presenting only one side of the vaccine story.

I must be frank with you: You have to be brave because you might be strongly criticized for daring to talk about the "other side" of the vaccine story. Be prepared for it and have the courage to not back down. Only by sharing our perspective and what we know to be true about vaccination will the public conversation about vaccination open up so people are not afraid to talk about it.

We cannot allow the drug companies and medical trade associations funded by drug companies or public health officials promoting forced use of a growing list of vaccines to dominate the conversation about vaccination.

The vaccine injured cannot be swept under the carpet and treated like nothing more than "statistically acceptable collateral damage" of national one-size-fits-all mandatory vaccination policies that put way too many people at risk for injury and death. We shouldn't be treating people like guinea pigs instead of human beings.

Internet Resources Where You Can Learn More

I encourage you to visit the website of the nonprofit charity, the National Vaccine Information Center (NVIC), at **www.NVIC.org**:

Vaccine Requirements and Exemptions by State -- Vaccine laws vary from one U.S. state to another. By knowing the specific policies where you live, you'll learn how you can get exemptions and better protect your right to make informed vaccine choices.

NVIC Memorial for Vaccine Victims -- View descriptions and photos of children and adults who have suffered vaccine reactions, injuries and deaths. If you or your child experiences an adverse vaccine event, please consider posting and sharing your story here.

If You Vaccinate, Ask 8 Questions -- Learn how to recognize vaccine reaction symptoms and prevent vaccine injuries.

Vaccine Freedom Wall -- View or post descriptions of harassment and sanctions by doctors, employers and school and health officials for making independent vaccine choices.

Vaccine Failure Wall -- View or post descriptions about vaccines that have failed to work and protect the vaccinated from disease.

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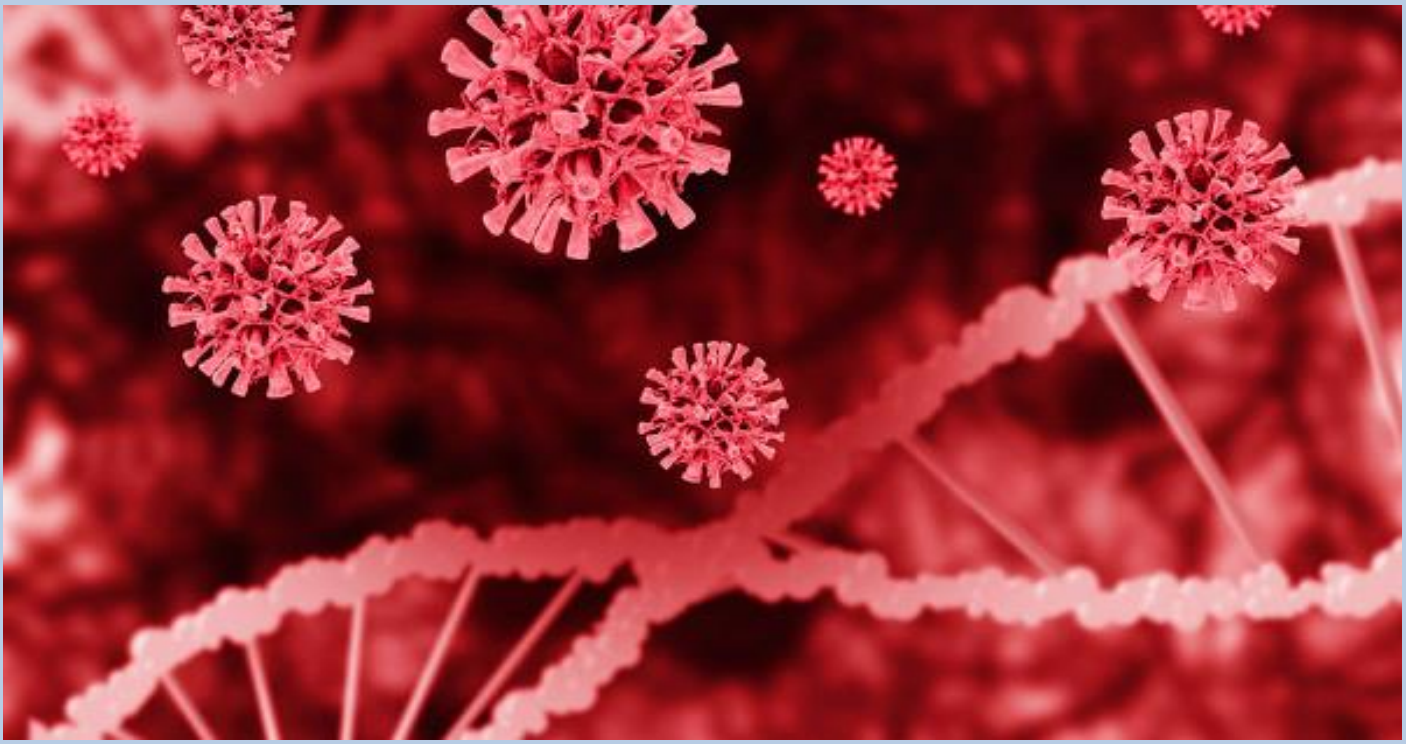
The Scam Has Been Confirmed: PCR Does Not Detect SARS-CoV-2

Written by: GreenMedInfo Reporters



The genetic sequences used in PCRs to detect suspected SARS-CoV-2 and to diagnose cases of illness and death attributed to Covid-19 are present in dozens of sequences of the human genome itself and in those of about a hundred microbes. And that includes the initiators or primers, the most extensive fragments taken at random from their supposed "genome" and even the so-called "target genes" allegedly specific to the "new coronavirus". The test is worthless and all "positive" results obtained so far should be scientifically invalidated and communicated to those affected; and if they are deceased, to their relatives. Stephen Bustin, one of the world's leading experts on PCR, in fact says that under certain conditions anyone can test positive!

We have been warning you since March: you cannot have specific tests for a virus without knowing the components of the virus you are trying to detect. And the components cannot be known without having previously isolated/purified that virus. Since then we continue to accumulate evidence that no one has isolated SARS-CoV-2 and, more importantly, that it can never be isolated for the reasons we explained last month (read the report "*Can you prove that there are pathogenic viruses?*" on our website -*www.dsalud.com*-). And in the present report we are going to offer new data that show that RT-PCR does not detect the so called SARS-CoV-2 as it is known, but fragments of human RNA and those of numerous microbes.

We have already explained the numerous problems that RT-PCR poses, recognised by organisations or governments such as the *WHO* or the *CDC* and by prestigious international experts such as **Dr. Stephen Bustin** who considers both the arbitrariness of establishing criteria for results and the choice of the number of cycles to be nonsense because they can lead to anyone testing positive.

In this report we are going to add the results of a particular research we have done from the data published on the alleged SARS-CoV-2 and on the protocols endorsed by the *WHO* for the use of RT-PCR as well as the data corresponding to the rest of the "human coronaviruses". And the conclusions are extremely serious: none of the seven "human coronaviruses" have actually been isolated and all the sequences of the primers of their respective PCRs as well as those of a large number of fragments of their supposed genomes are found in different areas of the human genome and in genomes of bacteria and archaea, such as these: *Shwanella marina JCM, Dialister succinatiphilus, Lactobacillus porcine, Lactobacillus manihotivorans, Leptospira sarikeiensis, Bizionia echini, Sanguibacteroides justesenil, Bacteroides massiliensis, Lacinutrix venerupis, Moraxella bovis, Leptospira saintgironsiae, Winogradskyella undariae, Acetobacterium puteale, Chryseobacterium hispanicum, Paenibacillius koleovorans, Tamiana fuccidanivorans, Fontibacillua panacisegetis, Ru bacter ruber , Skemania piniformis, Chryseobacterium shigense, Caloramator*

peoteoclasticus, Cellulosilyticum ruminicola, Nitrosopumilius evryensis and a long list of others.

We are going to explain step by step the research that has led us to such an unusual conclusion.

HAVE ANY HUMAN CORONAVIRUSES BEEN ISOLATED?

During the first half of April, when the first research we conducted indicated that SARS-CoV-2 had not been isolated and since those who claimed to have done so were relying on "isolates" of previous "human coronaviruses", we began to do a thorough review of those claimed isolates. Specifically, we reviewed the alleged isolation work of suspected human coronaviruses **229E** (said to have been isolated in 1965), **OC43** (in 1967), **SARS-CoV** (in 2003), **NL63** (in 2004), **HKU1** (in 2005) and **MERSCoV** (in 2012). And these have been the results:

Coronavirus 229E.

Reference article: **Dorothy Hamre and John Procknow**. *A new virus isolated from the human respiratory Tract*. Proceedings of the Society for Experimental Biology and Medicine, 121: 1:190-193. January 1, 1966.

Since the authors refer to other articles to explain the method of isolation - which they call *Complement Fixation* - we consulted a reference article for that method: that of **Janet W. Hartley et al.** *Complement Fixation and tissue culture assay for mouse leukaemia viruses* PNAS, 53(5):931-938, May 1965. This is a procedure already in disuse that uses the antigen-antibody reaction to detect either one or the other. In the case we are dealing with, the aim was to detect the antigens of the supposed new virus but, as we have already explained, specific antibodies are needed which cannot be obtained the first time a virus is detected.

Coronavirus OC43.

Reference article: **Paul Lee**. *Molecular epidemiology of human coronavirus OC43 in Hong Kong.* Thesis for the Department of Microbiology, University of Hong Kong, August 2007. The HKU Scholars Hub.

What was considered to be viral RNA **was extracted from cultures without any proof that the RNA belongs to a virus.** The tool used - a QIAamp kit - removes reagents, inhibitors and contaminants but what it cannot do is determine where the extracted RNA comes from. **And there are no controls.** It is then amplified by PCR and sequenced assuming (!) that it is genetic information of a virus. Finally, the author speculates about mutations, recombinations, genotypes, molecular evolution, strains and other jargon that conveys the idea -unproven- that a "virus" is being worked with.

SARS-CoV Coronavirus.

Reference article: **J. S. M. Peiris and others**. *Coronavirus as a possible cause of SARS*. Lancet 361: 1319-25, April 2003.

There is no mention of purification in the article. There is not even any mention of filtration or centrifugation. It is only stated that *"the viruses were isolated in fetal monkey liver cells from nasopharyngeal aspirates and lung biopsies of two patients"*. **There are no controls**. The only mention is of a "cytopathic effect" that is attributed to a virus and that PCR was done for known viruses and retroviruses without obtaining results. Finally, RT-PCR was done with "random initiators" and a sequence "of unknown origin" is detected to which *"a weak homology with the coronaviridiae family"* is found. Then they designed primers for that sequence and when testing 44 samples from **SARS** patients only 22 were positive.

Coronavirus NL63.

Reference article: **Lia van der Hock and others**. *Identification of a new human coronavirus.* Nature Medicine, 10, 4 April 2004.

The authors state that *"the identification of unknown pathogens using molecular biology tools is difficult because the target sequence is not known so that PCR-specific initiators cannot be designed".*

What they used is a tool they developed themselves called VIDISCA which, they claim, does not require prior knowledge of the sequence! Is that possible? Let's see how it works: first the culture is prepared and it is assumed that a virus is present due to the evidence of "cytopathic effect". The novelty introduced by this method is that "restriction enzymes" are added, enzymes that cut the nucleic acid molecules at certain locations and always by the same length. In this way, if after the action of these enzymes they observe many fragments of DNA or RNA that are the same or very similar, they deduce that it comes from a virus, since the host genome would present random cuts, while the virus genome presents a large number of copies that are the same due to the replication of the virus. And is such a deduction correct? Of course not! This assumption (which adds to the previous assumption that there is a virus) does not take into account that there are "virus-like particles", "retrovirus-like particles", "endogenous retroviruses", "exosomes", "extracellular" particles and even mitochondrial DNA. In denial, there are a multitude of particles that possess the same reproductive characteristics in large quantities as "viruses" and **therefore can falsify results** by producing large numbers of identical copies when cut by enzymes as recognised in an article on the VIDISCA technique entitled *Enhanced bioinformatic proSling of VIDISCA libraries for virus detection and Discovery. It was published in volume 263 of Virus Research on April 2, 2019,* and its authors- **Cormac M. Kinsella et al**.-recognise that *"no redundancy is expected in the VIDISCA insert from the host background nucleic acid* ***except in the case of 'virus-like' characteristics****, i.e., high copy numbers as in mitochondrial DNA.*

Coronavirus HKU1.

Reference article: **Patrick C. Y. Woo and others**. *Characterisation and Complete Genome Sequence of a Novel Coronavirus, Coronavirus HKU1, from Patients with Pneumonia.* Journal of Virology, 79, 2, January 2005.

The article, incredibly, begins with these words: *"Despite extensive research in patients with respiratory tract infections,* ***no microbiological cause has been identified in a significant proportion of patients****. RNA is extracted from non-purified cultures."* And a PCR with coronavirus genes is used. For the sequencing they use two protein databases organised in families, domains and functional sites -PFAM and INterProScan- combined with two computer programs that carry out "predictions" on how nucleotides should be combined. The text adds: "*The sequences were manually assembled and edited to produce a final sequence of the viral genome"*. **And once again there are no controls.**

MERS-CoV Coronavirus.

Reference article: **Ali Moh Zaki and others**. *Isolation of a Novel Coronavirus from a Man with Pneumonia in Saudi Arabia.* The New England Journal of Medicine, 367:19, November 2012.

The genetic material is extracted **directly from the culture supernatant** and sputum sample with a tool called *High Puré Viral Nucleic Acid Kit* and then tested with different PCRs for various known microorganisms. **There is no mention of purification and there are no controls.**

In short, **what had been done with the first coronaviruses -and with many other supposed viruses-** is **to cultivate supposedly infected tissues -** any "cytopathic effect" was attributed to the presence of a virus only - and then either **some proteins are obtained which without any test are considered "virus antigens" and when these "antigens" are detected in cultures it is interpreted as "isolation", or fragments of nucleic acids are extracted assuming that they belong to a virus.**

We already explained in the article published in the previous issue of the magazine that according to **Dr. Stefan Lanka** the so-called "cytopathic effect" is actually an effect caused by the conditions of the culture itself. This is recognised for example in the article *Antibiotic-induced release of small extracellular*

vesicles (exosomes) with surface-associated DNA published on August 15, 2017 on the website of *Nature* and signed by **Andrea Németh and others**

(**https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5557920/pdf/41598_2017_Article_8392.pdf** It explains that certain substances -such as antibiotics- added to in vitro experiments can stress the cell cultures so that they generate new sequences that had not been previously detected. This had already been noticed by none other than Dr. **Barbara McClintock** in 1983 during her Nobel Prize lecture, as can be seen at ***https://www.nobelprize.org/uploads/2018/06/mcclintock-lecture.pdf***

In essence, **NOT ONE OF THE SEVEN SUPPOSED HUMAN CORONAVIRUS HAS REALLY BEEN ISOLATED**. The only thing that has been different between them are the laboratory procedures and techniques that were becoming progressively more sophisticated which, in this case, has implied not a greater accuracy but a greater capacity for deception and self-deception that has culminated in the virtual manufacture of the SARS-CoV-2.

And the obvious consequence of the lack of evidence of its isolation is that such "coronaviruses" **cannot be held responsible for any disease.** Moreover, all tests - of whatever kind - based on the presumed components of these "viruses" (nucleic acids or proteins) are completely disqualified as "infection tests" and even more as "diagnostics" of diseases.

MORE UNANSWERED REQUESTS

In the previous issue we already collected the answers given by the authors of several articles that supposedly described the isolation of SARS-CoV-2 in which they acknowledged that they had not "purified" which implicitly means acknowledging that the virus was not isolated. And now we are going to add one more piece of evidence: the responses given by different authorities - political and health - from various countries about the purification and isolation of SARS-CoV-2.

James McCumiskey -author of the book *The Latest Conspiracy: The Biomedical Paradigm*- tells us that the *National Virus Reference Laboratory of Ireland* requested information about it from the *University of Dublin* and the latter responded that ***"it has no records that could provide an answer to their request"***. The director of legal services of the laboratory insisted on his request to the university and the university responded as follows: *"The position of the university is that material of academic debate cannot be subject to the Freedom of Information Act"*. It follows from the NVR's request that **they have not cultivated SARS-CoV-2 or purified it.** They only acknowledge having *"detected SARS-CoV-2 RNA in diagnostic samples*."

On June 22, a group of experts sent a consultation in similar terms to British Prime Minister **Boris Johnson**. The letter was signed by **Dr. Kevin Corbett, Piers Corbyn** - professor at *Imperial College* London -, the engineer and independent researcher - who we interviewed in the journal at the time - **David Crowe**, **Dr. Andrew Kaufman**, the Edinburgh professor of biology **Roger Watson** and the biologist and chemist **David Rasnick** - and to this day they still have not received a reply!

Another similar request - in this case to the *National Research Council of Canada* - received the following response: *"We have not been able to carry out a complete search of the NRC's records so we regret to inform you that **no records have been identified that respond to your request."***

We will add that two journalists have been sending similar requests - under the Freedom of Information Act - to various institutions in Canada, New Zealand, Australia, Germany, the United Kingdom and the United States, and as of September 5, twelve institutions have responded, all indicating the same thing: that they have ***no record of work describing the isolation of the virus that is supposed to cause Covid-19.*** The details and the answers can be seen at

https://www.fluoridefreepeel.ca/u-k-dept-of-health-and-social-care-has-no-record-of-covid-19-virus-isolation/

LOOKING FOR THE ORIGIN OF THE FALSE GENOME

The question we asked ourselves then was: if the sequences that have been published do not belong - as claimed- to new viruses, where do they come from? And to try to answer that question we decided to carry out a search with a computer program called *Basic Local Alignment Search Tool (BLAST)*, a sequence alignment search tool that allows us to compare a given sequence with all the sequences stored in the *National Institutes of Health of the United States* (it is public and can be consulted at ***https://blast.ncbi.nlm.nih.gov/Blast.cgi***. We explain step by step what we did so that our readers can repeat the search for themselves and check the results.

First we collected all the initiators of the PCRs described in the protocols hosted on the *WHO* website at the time which were these:

- China *CDC* protocol: uses ORF1ab and N genes as target.
- Protocol of the *Pasteur Institute* (France): uses two fragments of the RdRP (which is supposed to be SARS.CoV-2 specific).
- United States *CDC* protocol: uses three fragments of the N gene.
- Protocol of the *National Institute of Infectious Diseases* of Japan: it is the only one that has as target the S gene together with other genes supposedly shared with other coronaviruses.
- Charite Protocol (*Germany*): uses the E, N and RdRP genes.
- *Hong Kong University* Protocol: uses ORF1b-nsp14 and N gene.
- *National Institute of Health* Thailand protocol: uses the N gene.

We then introduced the sequence of the primers - the one that indicates the beginning of the sequence to be detected (forward) and the one that indicates the final (reverse) - into the *BLAST* so that it could search for them in two databases: a collection of microbe genomes and the one corresponding to the human genome.

THE SEQUENCES OF THE SO-CALLED SARS-COV-2 ARE FOUND BOTH IN HUMANS AND IN NUMEROUS MICROBES!

Let's see in detail the procedure taking as an example the initiators of the French protocol. Once on the *BLAST* website, we chose *Microbes* to search the microbial genome databases and moved to the next page. Then a form appeared in which we entered the sequence of the forward initiator of the French protocol -that is **ATGAGCTTAGTCCTGTG-**, we selected the option *Highly similar sequences* and pressed the *BLAST* key. Just a few seconds later the results appeared -we took a screenshot *(image 1)*- and we were shown **100 sequences of microbes** -particularly bacteria and archaea- with a coincidence of between 77% and 100% with an identity percentage of 100%.

We then returned to the home page and that second time we chose *Human* to search the human genome, we repeated the same operation and after a few seconds the result appeared which we screen captured again (image 2). And it turns out that the sequence entered coincides with **74 sequences of the human genome**, with a coincidence of between 66% and 100% and a percentage of identity of 100%.

And that indicates that **the sequence of that initial PCR primer that is supposed to be specific to SARS-CoV-2 actually corresponds to 74 fragments of the human genome and a hundred microbial fragments as well!**

We then decided to repeat the operation but with the final or reverse primer -which is **CTCCCTTTGTGTGTGT** - and the results were similar.

Since these were very short sequences -about twenty genetic letters or nucleotides- we decided to try again but with the target sequence defined by these two primers, i.e. the sequence of the supposed SARS-CoV-2 genome that is between the initial primer and the final primer. Obviously, for this we needed the sequence that is officially claimed to be the "SARS-CoV-2 genome" and although thousands of laboratories claim to have isolated and sequenced it -a false claim as we have explained in previous reports- we decided to go to

the *National Centre for Biotechnology Information* website: ***https://www.ncbi.nlm.nih.gov/nuccore/NC_045512.2?report=genbank&to=29903***. Once there, we located the "target sequence", a fragment of 108 nucleotides located between positions 12,690 and 12,797 of the "genome", which is this one:

ATGAGCTTAGTCCTGTTGCACTACGACAGATGTTGTGCCGGTACACAAACTGCTTGCACTGATGACAATGCGTTAGCTTACAACAACAAAGGGAG.

With this we repeated the steps previously described and the results were again surprising since there appeared again **a hundred microbe sequences with a percentage of a match of 100% and four sequences of the human genome with an identity percentage between 83% and 95%.** The matches were therefore lower but the important thing is that **we continue to find fragments of the supposed "target sequence" of SARS-CoV-2 both in microbes and in our own genome.**

Truly astonished we took a further step and tested with the gene considered at that time as the most specific of SARS-CoV-2, the E gene that is supposed to generate the envelope proteins and is located between positions 26,245 and 26,472:

ATGTACTCATTCGTTTCGGAAGAGACAGGTACTACGTTAATAGTTAATAGCGTACTTCTCTTGCTTTCGTGGTATTCTTGCTAGTTACACTAGCCATCCTGCTTCGATTGTGCGTACTGCTGCAATATTGTTAACGTGAGTCTTGTAAAACCTTTACGTTTACTCGTGTTAAAATCTGAATTCTTCTAGAGTTCGATTCTGGTCTAA.

We repeated with it the steps already described and the result was even more surprising because despite its length **another hundred microbe sequences appeared with a percentage of identity of 100% and 10 sequences of the human genome with a percentage of identity between 80% and 100%. And similar results were obtained with a fragment chosen at random and with**

the N gene which they say corresponds to the proteins of the SARS-CoV-2 nucleocapsid.

We finally decided to test with the S gene which is said to generate the structural "spike" proteins that are key to entry into the cell and was subsequently considered to be the most specific SARS-CoV-2 gene. Since it is a gene whose sequence is much longer - 3821 nucleotides between positions 21,563 and 25,384 - we tested with two fragments chosen at random within that gene and the first - **TTGGCAAAATTCAAGACTCACTTTC** - resulted in another hundred microbe sequences and 93 sequences of the human genome and the second - **CTTGCTGCTACTAAATGCAGAGTGT** - a hundred microbial sequences and 90 of the human genome.

Finally we decided to test with the initiators of the Japan Protocol, the only one that includes target sequences of the S gene and, the reader will have already guessed, the results were once

again similar: **a hundred microbe sequences and 93 sequences of the human genome with an identity percentage between 94.12% and 100%!**

CONCLUSIONS

The consequence of all that we have just explained is clear and immediate: **THERE IS NO VALID TEST TO DETECT SARS-COV-2**, neither antibody or antigen tests nor RT-PCR. And we included those based on the supposed gene that codes for the S1 or spike protein. And that means that

ALL THE NUMBERS OF "CASES", "INFECTED", “SICK", "Asymptomatic" OR "DEAD DUE TO *COVID-19*" LACK A SCIENTIFIC BASE AND ALL “POSITIVES" ARE FALSE POSITIVES, something that should be communicated immediately to those affected and those responsible should be held accountable.

We end by adding that even the *WHO* itself does not really believe in these tests. Just read the document published last September 11 as a laboratory guide for

SARS-CoV-2 entitled *Diagnostic tests for SARS-CoV-2* - it is available at ***https://apps.who.int/iris/rest/bitstreams/1302661/ retrieve*** - and it literally says on page 5: *"Whenever possible, suspected active infection should be tested with a nucleic acid amplification test (NAAT) such as RT-PCR. NAAT tests should target the SARS-CoV-2 genome but since there is no known global circulation of SARS-CoV-1 a Sarbecovirus sequence* (presumed to include at least five human and animal coronaviruses including SARS-CoV-1 and SARS-Cov-2) *is also a reasonable target"*. That is, ***WHO*** **agrees to use non-specific sequences to detect SARS-CoV-2.**

That is not all because the manual later states, *"An optimal diagnosis consists of a NAAT test with at least two genome-independent targets of the SARS-CoV-2; however, in areas where transmission is widespread,* ***a simple single-target algorithm can be used."***

The *WHO* manual states, ***"One or more negative results do not necessarily rule out SARS-CoV-2 infection.*** *There are a number of factors that can produce a negative result in an infected individual including poor quality of the sample, late collection of the sample, inadequate handling, or technical reasons inherent in the test, such as mutation of the virus or inhibition of PCR."*

What are the judges waiting for to act on their own initiative?

Jesus Garcia Blanca

Note: *the author publicly thanks* ***Juan Pedro Aparicio Alcaraz*** *for his patient and meticulous collaborative work in the search for scientific articles and for his tedious work with the BLAST.*

THIS REPORT APPEARS IN (https://www.dsalud.com/revistas/numero-242-noviembre-2020/)

We just want you to know the TRUTH.
NOTHING BUT THE TRUTH.

Here's the problem. --- We trust our doctors (and pharmaceuticals) to heal us when they really have no ability to do so. Contrary to popular belief (and hope), drugs don't heal people and neither do doctors. Your very own body, in fact, has been endowed by The Creator with an amazing weapon – the human immune system. If functioning properly and treated with adequate nutrition, it has the innate ability to heal virtually anything thrown at it, and that includes cancer. And, no, this is not an essay about nutrition – although it plays the most important role in whether or not you survive all chronic illness, including cancer.

The truth is – natural therapies and treatments work
– traditional measures usually do not.

Therefore, we want to provide you a guide to the solutions – the health and healing strategies that really work for yourself and your loved ones!

That was the birth of our very first virtual summit in November…you may wonder…

"What really works for Health & Healing Summit"?!...Does IT really work?

Here are just a few comments among many from our participants:

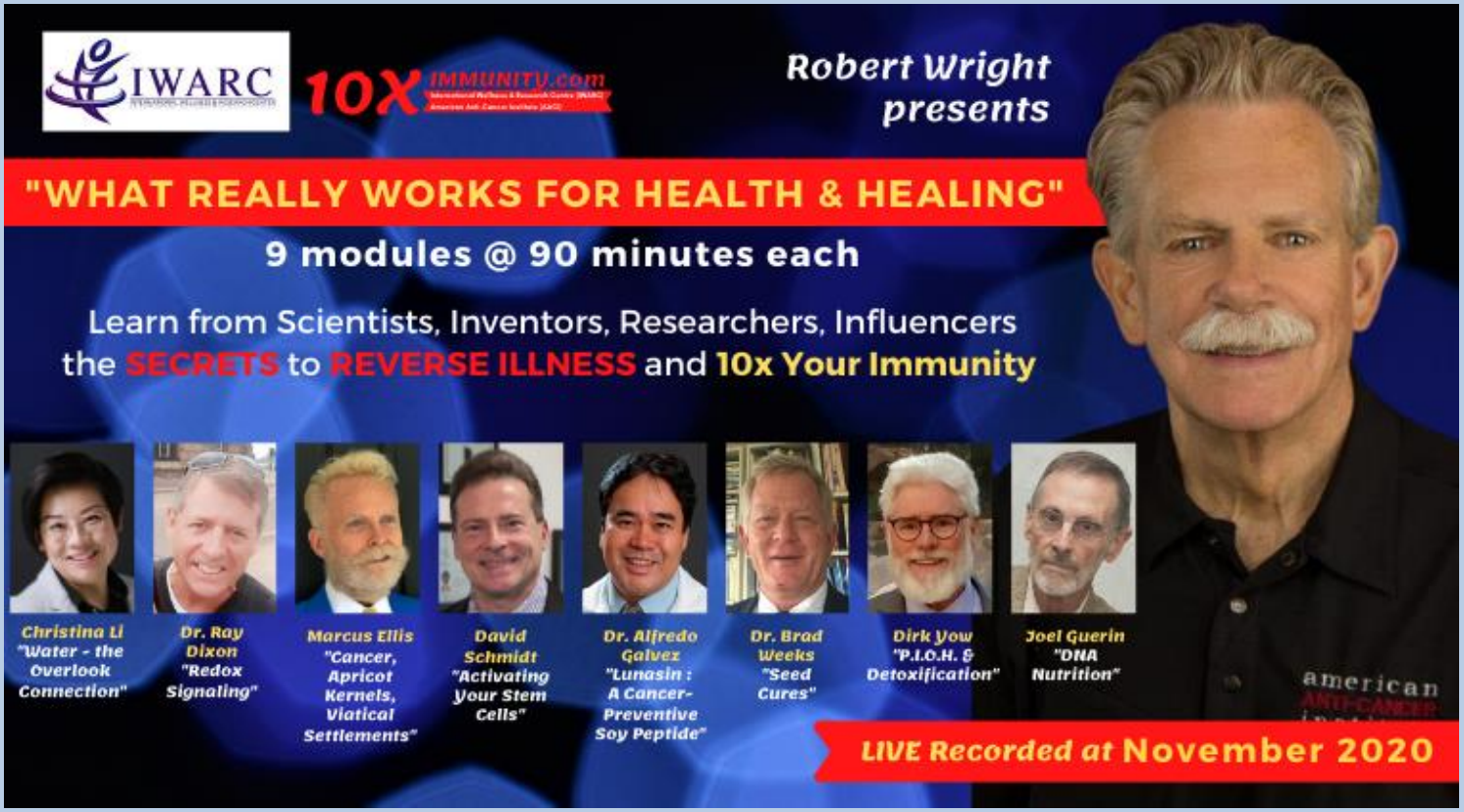
*"...**the best informative panel of speakers** including yourself that we have enjoyed on this topic of immunity and general health. We loved listening to*

you and we enjoyed your summarizations to make it more ***digestible for the listeners****. Your passion, love, and care definitely comes through." ~ Caterina*

"A huge thank-you to Bob and team for the richest content. Your guests ***proclaimed a truth everyone needs to hear****. You're #1!!!" ~ Jacquelyn*

"Thank you very much for this ***powerful infos*** *we learned during this Health and Healing Summit. I am a former ICU nurse and now works in theatre in Dublin Ireland. I commend all of you for your passion and desire to educate people especially those who need it. I have already registered myself for the Masterclass in Summer and so looking forward to that." ~ Lis*

It is never too late to participate! Recordings of the whole summit (10 modules, 15+ hours of content) is now available for purchase at **www.10xImmunity.com**! *All proceeds go to AACI and IWARC for its charity work ☺ This may be the best gift for the holiday season!*



SILVER ANGEL IS A KILLER

C.J. Coston is running her New Year's special to help you stay healthy and avoid those nasty colds, flu, pneumonia and, yes, even the elusive, unproven, non-purified, not isolated, coronavirus – or any viral or bacterial infection.

Keep in mind that her "Silver Angel" ionized silver kills hundreds of viruses and virtually all bacteria that it comes in contact with. Every household should have several bottles of "Silver Angel" in their medicine cabinets at all times. I know I do.

Call CJ at 719-243-4944 and mention you saw this special in our newsletter and she will cut you a great deal. You can also email her at eutropheanhealth@aol.com. Do it today.

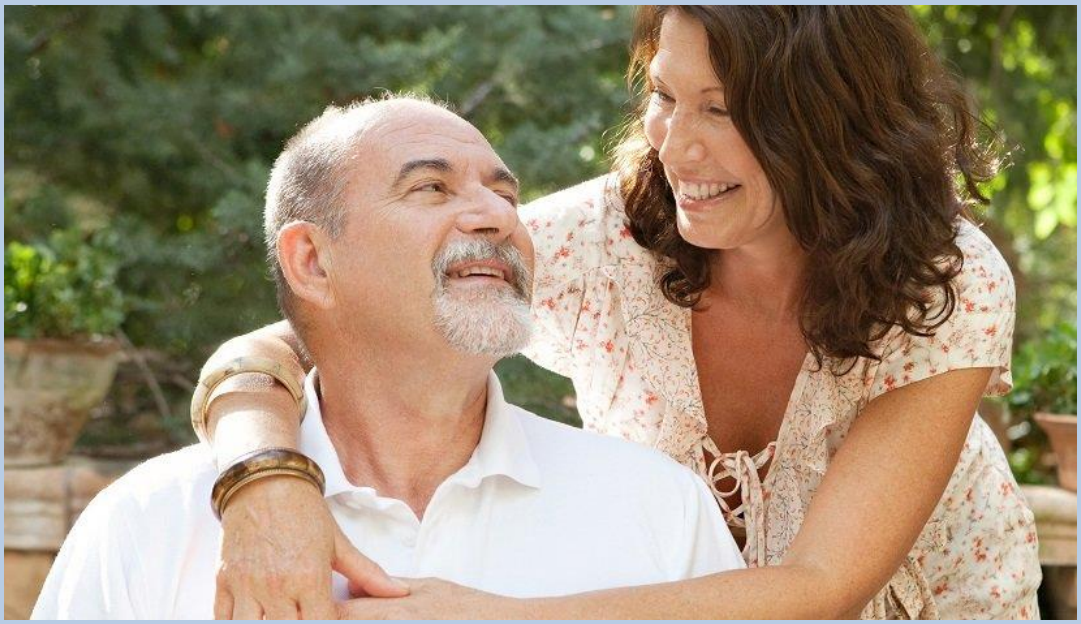
Grants For Cancer Patients?

Shared by: David Curiel, Life Credit Company

Bob's Note: Life Credit offers those with chronic illness or terminal disease funding against their life insurance policy. No, you don't have to pay it back and you still own the policy. Contact David Curiel at 888-274-1777 or support@lifecreditcompany.com for details. And, read "John's Story" and what he did in just such a situation.

Discover how Ellen received a $70,000 loan secured by her husband's $166,500 group life insurance policy. Making it possible for them to focus on his cancer treatment while worrying less about finances:

"I normally do not write testimonials, but when I find a company that does exactly what it says it will, I have to brag on them. Life Credit is one of those exceptionally wonderful companies. My husband was diagnosed with Stage IV Prostate cancer metastasized into his lymph nodes and pelvic bones. Money got tight real fast. Aggressive translates to "expensive", even with health insurance. We were praying for nothing short of a miracle. I knew in my heart that I'd have to let bills go if it came between paying them and helping my husband get the best treatment possible. Life Credit was there for us – they were OUR miracle. They loaned us $70,000 against his life



insurance policy. We'd actually talked to another company before finding Life Credit, but opted out of their "offer". Life Credit offered more than we'd hoped for and we are so thankful! I loved the connection with the people there. The communication was above and beyond what I imagined. They have made this journey my husband and I are on go a little smoother with less worry about finances so we can focus on him. Life Credit is a pleasure to work with and one day, I hope to meet these wonderful folks face to face. If you are facing a terminal illness, don't hesitate to call them up. One grateful wife.

~ Ellen M"

To learn more how this funding works, go to www.lifecreditcompany.com/how-it-works!

Testimonials: Thank You Mr. Wright!

Yes, we run a lot of testimonials in our newsletter. We love to hear them and we know that you do too. We try to put in a variety that will cover many different health conditions. Of course, neither we nor the companies that produce the products mentioned can claim that the individual supplements cures anything. And, while drug companies can say that their drugs cure people (they don't) we can't and won't say that about any therapy, protocol, treatment, or supplement. Of course, we know that these things play into the healing of the epigenetic systems of the body which, in turn, strengthens the human immune system - the only thing that heals us of anything.

Many suffer with eye problems - especially as they age. This is the case with the first testimonial below. You or your loved ones may be able to benefit from this.

~ Bob

Blindness Testimonial

| ASEA® REDOX Cell Signaling Supplement

ASEA Healthy Self

Group post by Wengyew Yong · 3 h ·

My mother In law now 77, has been fighting her high pressure in the eyes (both) that is leading to blindness (she is quite at the end stage). She had with multiple eye operations over a period of the last 10 years to correct her eye pressure. In combination, she has been using 3 types of eyedrops to control her eye pressure (maximum).

Even after multiple operations, her eye pressure has never been low and has been hovering around 30+. (a normal eye pressure is around 10-21). And this pressure has been a challenge for the specialist to reduce.

She is having tunnel vision, like looking through a hollow tube. Doctors are severely concern she will go blind very soon. Her vision while very sharp, has only 15-20% visual field test view

Another problem is that her eyelids grew very thick (very droopy eyelids), and she cannot open her eyes wide. Doctors have to taped her eyelids so that they can examine her!..

She start using ASEA exactly 1 year ago. After using ASEA Redox and sprayed into her eyes for merely 3 weeks (3 applications a day), and during the eye specialist regular check-ups, her specialist was surprise to find that her eye pressure has dropped to 18 and 22. She actually was measured 5 times, just to make sure that there was no instrument error!!

She maintain the lowered eye pressured even after 6 months (second visit), with continue using of spraying to her eyes. Just Redox water sprayed into her eye. She maintain using her eyedrops as prescribe by the doctor.

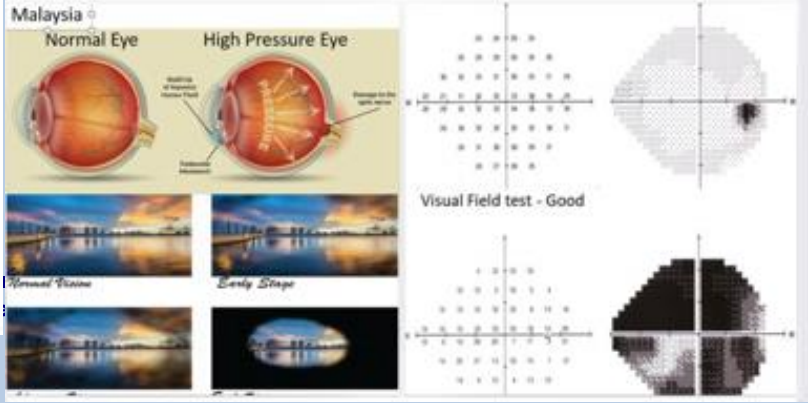
Her eyelids become soft again, and is able to wide open her eyes, NO MORE droopy eyelids

Now she has been using this for 12 months, happy to say that her eye (the ones that most severed, and operated 2 times), has dropped to a normal range, with eye pressure of 14!!, while her other eye maintain low 20s

We believe that ASEA has help with the reaction of the cells around the eyes to either have better absorption and letting the medication work with much better efficacy

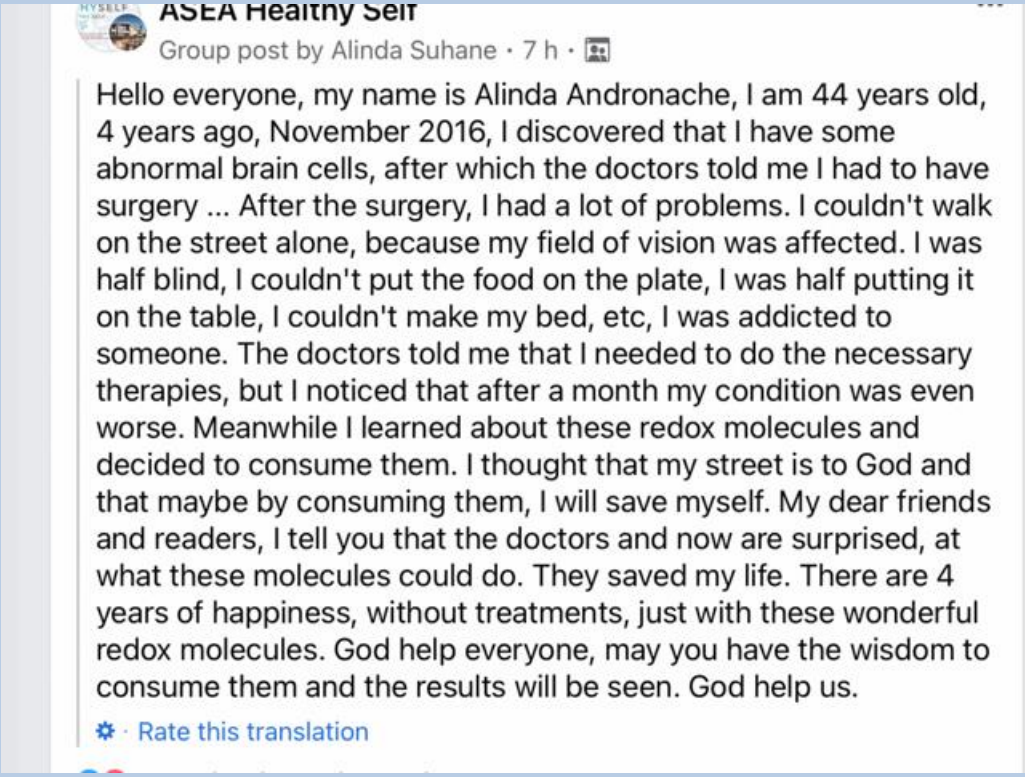
Her doctors (while remain independent of her views on the efficacy of ASEA), ask if we can recommend to another of her patient (the specialist actually hurried her nurse to locate us as she was leaving the hospital, went to talk to the person and introduce this miracle ASEA redox water to her patient..!)

As long as the eyes maintain low and normal, eye degradation is controlled. We certainly hope with this, (she a good vision her vision is sharp), she is able to leave a full and meaningful live and continue seeing the world with colors!!



Brain Surgery After Effects – Recovery Testimonial

| ASEA® REDOX Cell Signaling Supplement



ASEA Healthy Self

Group post by Alinda Suhane · 7 h ·

Hello everyone, my name is Alinda Andronache, I am 44 years old, 4 years ago, November 2016, I discovered that I have some abnormal brain cells, after which the doctors told me I had to have surgery ... After the surgery, I had a lot of problems. I couldn't walk on the street alone, because my field of vision was affected. I was half blind, I couldn't put the food on the plate, I was half putting it on the table, I couldn't make my bed, etc, I was addicted to someone. The doctors told me that I needed to do the necessary therapies, but I noticed that after a month my condition was even worse. Meanwhile I learned about these redox molecules and decided to consume them. I thought that my street is to God and that maybe by consuming them, I will save myself. My dear friends and readers, I tell you that the doctors and now are surprised, at what these molecules could do. They saved my life. There are 4 years of happiness, without treatments, just with these wonderful redox molecules. God help everyone, may you have the wisdom to consume them and the results will be seen. God help us.

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~ Brenda P.

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~ Margaret B.

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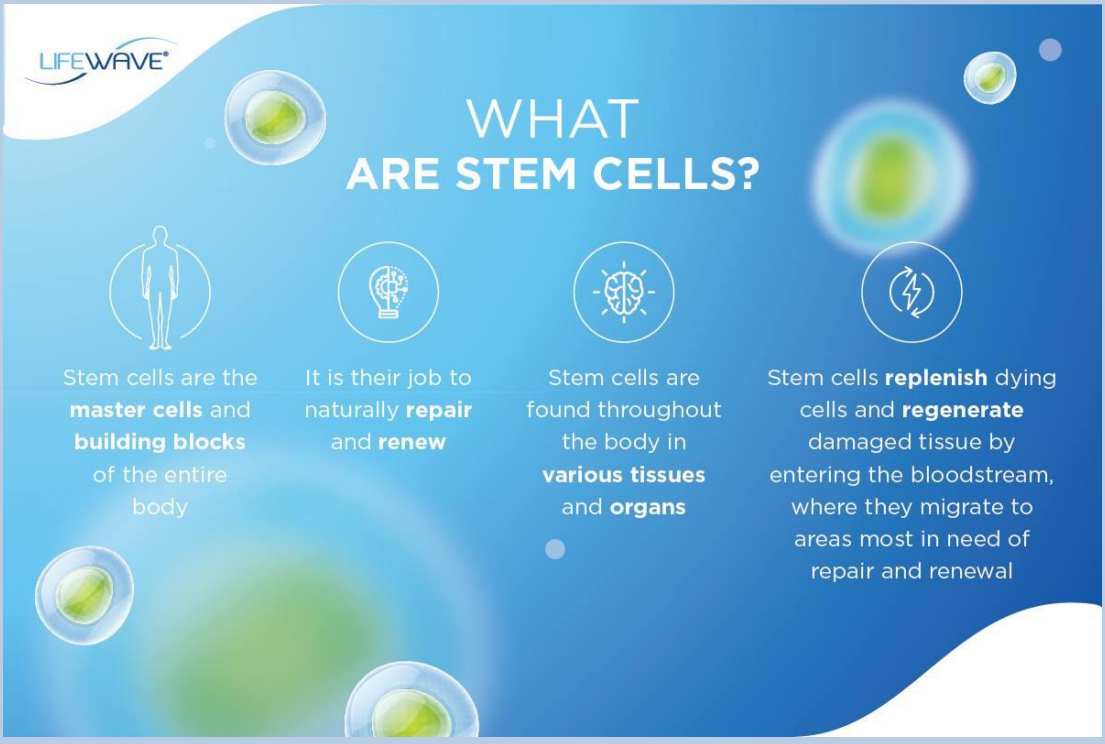
"4 days ago, I started the X39 patch. Within first 3 hours, the tremors of both hands - including whole body from the car accident ALL STOPPED...No, I still cannot believe it. Also, I find that my brain is clearing up. When I look at a group of numbers or letters, I can remember much better and can recall. WOW! What can I say...first of all, of course, I give praise and glory to our Lord Jesus Christ, then to you wonderful people. I first watched Bob on YouTube & I took the step to find out his contact and emailed him. The rest...as they say...is becoming very good history. So, thank you from the bottom of my heart...waiting for MANY MORE MIRACLES! God bless you."

~ Leina



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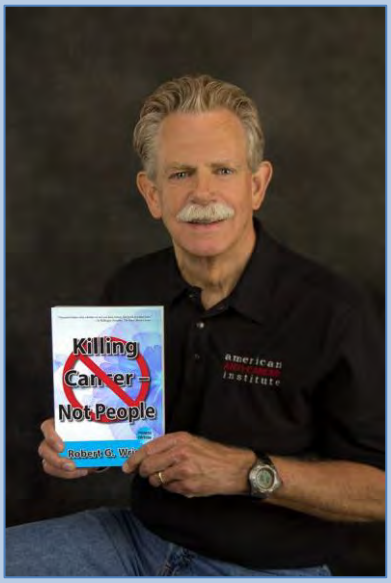

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