

# The Wright Stuff

## A Word from Bob Wright

Boy, has the hornet's nest been stirred up now. This coronavirus, COVID-19, SAR's derivative – or whatever you want to call it, has literally shaken the very foundation of what we believe to be true. It has divided us yet again (on purpose??) as a country into the believers and non-believers of what is actually happening and what is not.

### *Also in this issue:*

What you need to know about COVID-19:

- [Is it really a virus? \(YouTube Video\)](#)
- [COVID-19 Documentary?! \(YouTube Video\)](#)
- [Dr. SHIVA Ayyadurai Crushes Dr. Fauci Exposes Birx, Clintons, Bill Gates, And The W.H.O? \(YouTube Video\)](#)
- [Was the COVID-19 Test Meant to Detect a virus?](#)

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- *X39 Strikes Again!*
- *Overall Well-being & ASEA*

I have to tell you that this really tests my patience. I want to know the truth – always. It seems that now-a-days everyone seems to have their own truth – and it does not have to be steeped in science or fact. It appears than many have accumulated their own facts (this is what I believe) and accept science that may or may not be really tested or proven – or may well be the result of dogma (well, this is the way things have always been and I believe it). Well, holy moly and jeepers creepers!

I remember an article in the newspaper about two years ago that stated that truth really doesn't matter anymore – since everyone seems to have their own. I was astonished. Truth doesn't matter? Actually, I believe that nothing but truth really does matter. Why? Because all reality is simply founded in truth. Anything that is good, righteous, wholesome, wise, beautiful, wonderful, efficacious, healing – and the list goes on – is based upon veritableness – or truth in its purest form. Of course, and some of you will remind me, evil truly does exist – and I would agree. However, evil, in all its forms, was originated by the father of liars – and we all know who that is. So, no real truth resides therein. Enough on that.

The real question is “what is this new sickness that appears to be sweeping around the world?” And many other questions follow; is it really a virus? Is it truly just another coronavirus (there are many)? Has it been weaponized? Did it really come from China or a lab near Baltimore? Is the test for it accurate? Another list that goes on and on.

These questions are important and you will find many answers in the attached articles in this newsletter. You get to form your own opinion – but I sincerely hope that you will seek the truth and not be swayed by public opinion.

We have a tendency to put faith in our medical organizations, doctors, and CDC scientists. After all, they would never tell us something that was not true or not researched to the nth degree. Or would they? I have told you (based upon my research and what I believe to be real science) over the last 12-13 years that most of what we see in conventional medicine, privately funded research, and drugs – is really about power and money. And I know that statement to be provable. So, would the powers-that-be that run these organizations ever go to extremes to keep that power and increase their income? I have my answer – but you have to find your own. Again, make sure your beliefs come from real science and facts. Sometimes it is hard (made hard on purpose) to separate fact from fiction. Even the biggest of lies has a tendency to have a little truth sharing space with it. That is what makes the deception so effective. And, remember what Travis Walton once said; “A billion falsehoods, told a billion times, by a billion people, are still false.”

As you search the pages of this missive, you will find facts that will make you question what you might currently believe. Keep an open mind. You might need it so truth can enter in.

You will find out that the test to detect this COVID-19 was never meant to be a binary test (positive or negative).

### ***DEATHS BY DISEASE – UNITED STATES\*\****

<b>COVID-19 As of April 22, 2020</b>	<b>48,900</b>
<b>SUICIDE</b>	<b>48,000</b>
<b>KIDNEY DISEASE</b>	<b>51,386</b>
<b>INFLUENZA &amp; PNEUMONIA</b>	<b>59,120</b>
<b>DIABETES</b>	<b>84,946</b>
<b>ALZHEIMER’S</b>	<b>122,019</b>
<b>STROKE</b>	<b>147,810</b>
<b>CHRONIC LOWER RESP. DISEASE</b>	<b>159,486</b>
<b>ACCIDENTS</b>	<b>167,127</b>
<b>IATRACIDE (Death by Doctor/Hospital)</b>	<b>200,000+</b>
<b>CANCER</b>	<b>609,640</b>
<b>HEART DISEASE</b>	<b>655,381</b>
<b>ABORTIONS</b>	<b>1 Million +</b>

**\*\*Approximate per 2018 statistics**

<b>INFLUENZA DEATHS ALONE 2017/2018</b>	<b>61,000</b>
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**Bob’s Note: Where are the quarantine’s for these others?**

**Why weren’t we all under house arrest in the winter and spring of 2017/2018 when 61,000 deaths by flu were recorded?**

Yeah, wondered why we have all those false positives. The RT-PCR (real time – polymerase chain reaction) test is more (or less) than you might really think it is. Virologists (real ones) will tell you that to identify a virus it must be purified (isolated). The PCR is actually a thermal cycling method to make up billions of copies of a specific DNA sample, making it large enough to study. Digging deeper, you just may see that the COVID-19 has never been purified – nor has the SAR virus or the Human Immuno Virus (HIV). Uh oh. What’s going on? Then what is causing this “pandemic.” More good questions.

I know that many have been discussing that there may be a link established between this coronavirus and 5G (Fifth Generation Networks). These produce millimeter radiation in the 24-90 gigahertz range – 10-40 times more powerful than your microwave at 2.45 gig. Of course, if one should Google “5G radiation”, one would immediately find article after article about conspiracy theory and the bogus claims that 5G harms anyone. Why the huge outcry against a suggestion that this very intense and pulsing radiation might be harmful? You can anticipate my answer. Go to this link instead:

<http://blogs.scientificamerican.com/observations/we-have-no-reason-to-believe-5g-is-safe>.

One very smart doctor I listened to stated that every “pandemic” in the past century has been preceded by a quantum leap in electromagnetic radiation. In 1918 it was radio (Spanish Flu), in the ‘40’s it was radar (flu epidemics/polio), 3G was launched in 2001 (SARS virus 2002 in China), 4G launched in India in 2012 (MERS virus 2012 in Middle East), and currently 5G launching in the U.S. and around the world (first in Wuhan, China) and we have now the COVID-19 coronavirus. Gee, what a coincidence. This doctor went on to say that these quantum leaps in radiation, accompanied by heavy metals and water in our bodies, make the cells “puke” or “poop” and – what do you know – viruses are expelled with pieces of RNA and other intracellular material. Gee, what happens if you have a titanium hip or knee? Note that cells are supposed to secrete debris. So, what happens to the human body when this occurs? Great question, isn’t it.

Folks, our bodies host 35-60 trillion bacteria and 350 + trillion viruses. Obviously, all viruses are not bad for us and the majority – as with the good bacteria in our bodies – are very beneficial and work within us to build our

immune systems and perform many other vital functions. But, when man, in all his wisdom, intervenes with chemicals, radiation, poisons, etc., all bets are off. The body will react to defend itself – and, ultimately, to try and save itself.

I will stop now. I will leave you to judge for yourself what you believe to be true and what is not. Please study, please think and process this information and what you will read and see later in this newsletter and from all other sources, and be open to other “versions” of the truth that might, in fact, be the real truth.

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



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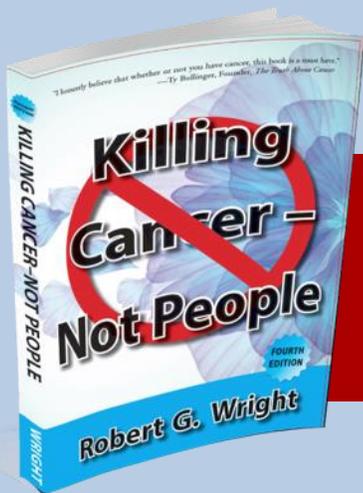
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### Bob's Toronto Seminar

Got a couple of hours? Hit the link below and watch Bob's recent seminar in Toronto. You'll like it!

<https://youtu.be/68OgruvEd74>



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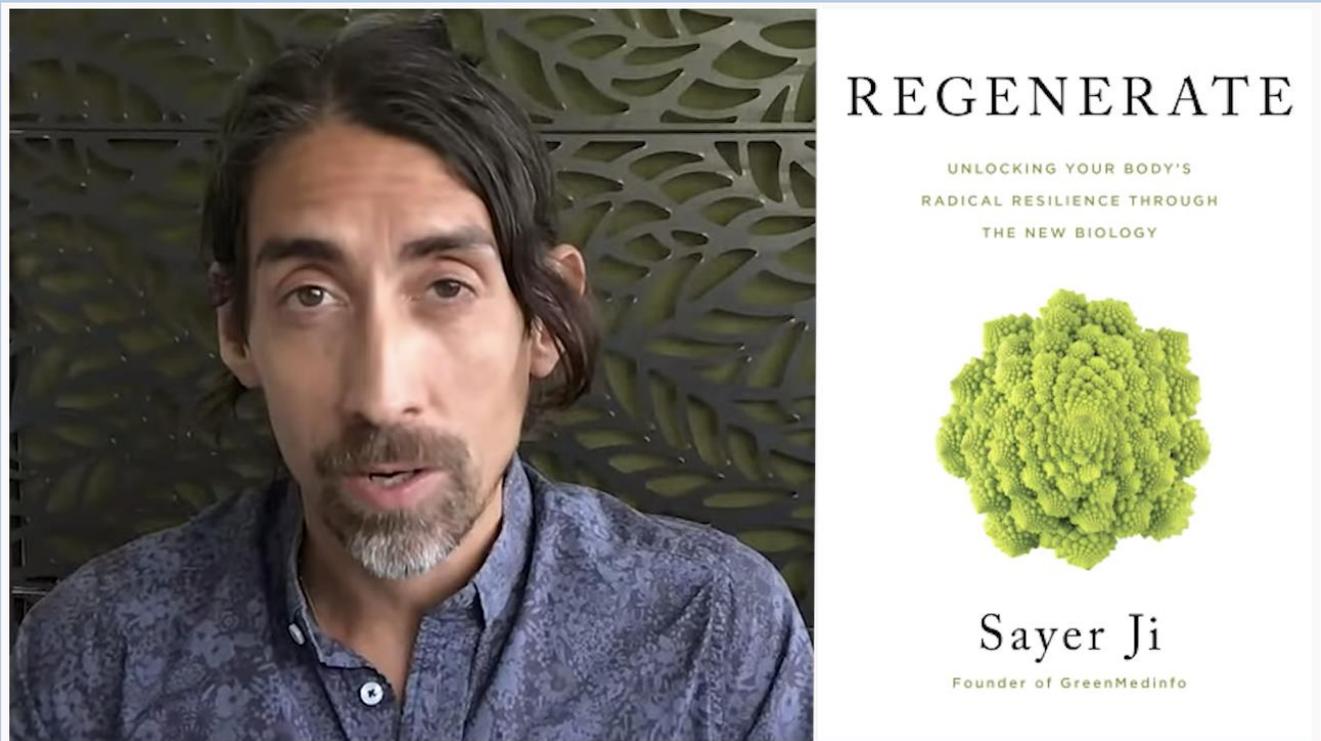
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# COVID 19 – is it really a virus?

Written by: Sayer Ji, Founder of GreenMedInfo, author of REGENERATE

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*Bob's Note: Sayer Ji asks a very interesting question which many of us may not have thought about previously regarding the coronavirus – that being, “COVID-19, is it really a virus.” Please see the video below for answers.*



**YouTube:** <https://www.youtube.com/watch?v=rp4wXSkU8Ik&feature=youtu.be>

Sayer Ji discusses the controversy around the similarity between viruses and extracellular vesicles called exosomes, as well as the possibility that what appears to be contagion-based viral infectivity may also be understood as a xenohormetic response to toxicant or EMF-associated cell damage

*Cited or relevant articles, videos, and research papers include:*

1. [Let's Get Real About This So-Called "Plan-Demic"](#)
2. [Why Everything You Learned About Viruses is WRONG](#)
3. [Plant-Derived Exosomes as Cross-Species Messengers and Beacons of Epigenetics](#)
4. VIDEO: [Coronavirus Fear, Germ Theory, Exosomes, and Resiliency](#)

5. [VIDEO: Andrew Kaufman on Exosomes, Coronavirus and Germ Theory](#)
6. [Amazing Food Science Discovery: Edible Plants 'Talk' To Animal Cells, Promote Healing](#)
7. [Exosome studies on Greenmedinfo \(110 abstracts\)](#)
8. [How the Microbiome Undermines the Ego, Vaccine Policy and Patriarchy](#)
9. [The GMO Agenda Takes a Menacing Leap Forward with RNAi Corn](#)
10. [No Sex Required: Body Cells Transfer Genetic Info Directly Into Sperm Cells, Amazing Study Finds](#)
11. [The Dark and Light Side of Food As Information Dietary RNAs](#)
12. [COVID-19 Related Articles](#)
13. [Exogenous exosomes from mice with acetaminophen-induced liver injury promote toxicity in the recipient hepatocytes and mice. \*Sci Rep.\* 2018 Oct 30;8\(1\):16070. doi: 10.1038/s41598-018-34309-7. \[Cho YE\]\(#\)](#)
14. [HIV As Trojan Exosome: Immunological Paradox Explained? \*Front Immunol.\* 2017; 8: 1715. Published online 2017 Dec 1. \[James E. K. Hildreth\]\(#\)](#)

## COVID-19 Documentary?!

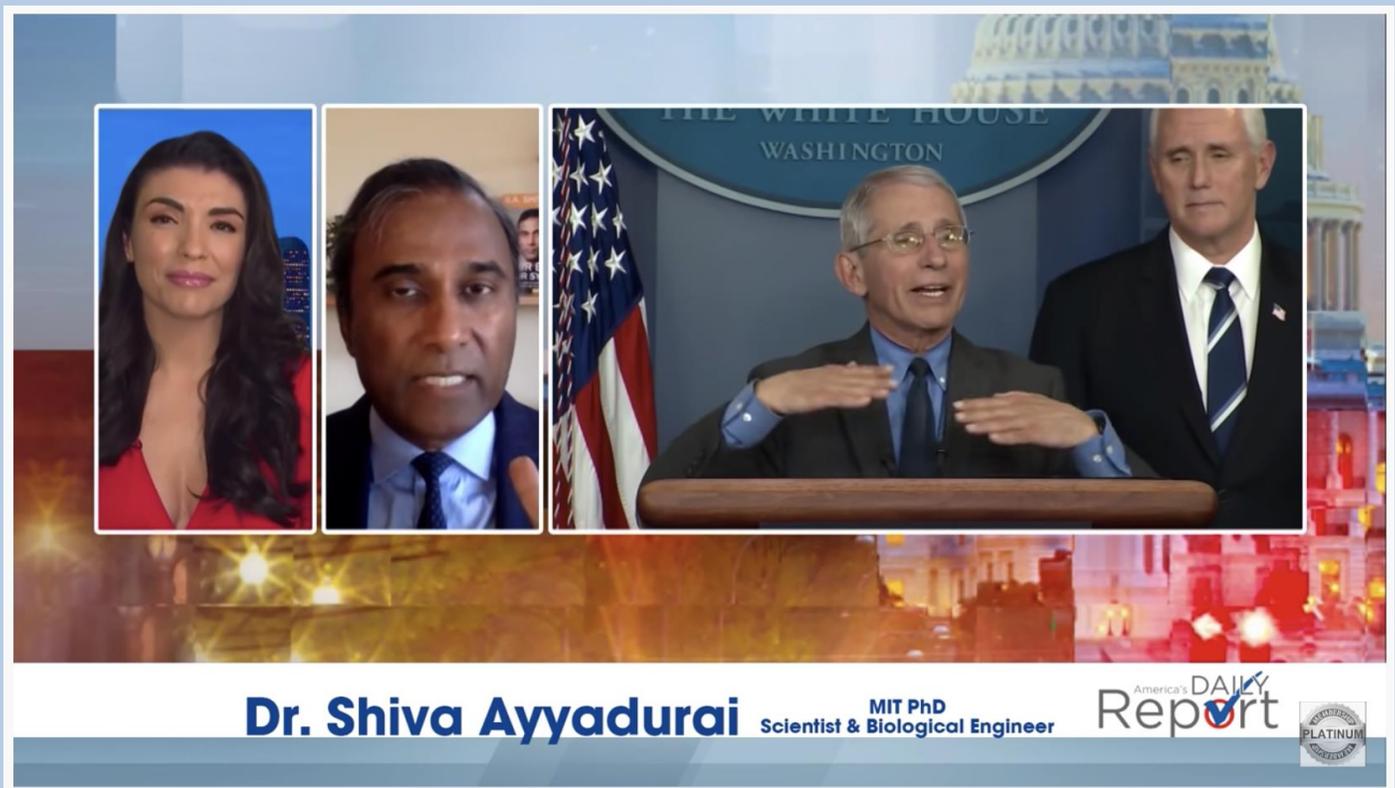
Bob's Note: Yet another COVID-19 video. Had enough yet? I don't think so!



**YouTube link: <https://youtu.be/F3Srj8VYB4U>**

## Dr. SHIVA Ayyadurai Crushes Dr. Fauci Exposes Birx, Clintons, Bill Gates, And The W.H.O?

*Bob's Note: View the short 16-minute video below to see what an MIT PhD, Scientist, and Biological Engineer, Dr. Shiva, has to say about who is involved and what is really going on with the coronavirus. You get to decide what you think of this information. We are delighted to know what you have to say about it.*



**YouTube link:** <https://youtu.be/NjybyJ59Lw>

# Was the COVID-19 Test Meant to Detect a virus?

Written by: *Celia Farber*

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*Bob's Note:* For those of you who are feeling uneasy about this COVID-19 event and are searching for answers and, as I put it, the “real truth,” the following article written by Celia Farber and printed in our friend Sayer Ji's “GreenMedInfo Newsletter,” is just what you are looking for. Yes, we are spending a lot of time on this coronavirus thing – and we think it is necessary so that everyone can have a better idea of just what is going on with this. The article is a little technical at times and somewhat long – but it is a real eye opener that will, indeed, generate many questions in your collective minds. Please, spend a few minutes reviewing it.



## ***The Corona Simulation Machine: Why the Inventor of The "Corona Test" Would Have Warned Us Not To Use It To Detect A Virus***

*"Scientists are doing an awful lot of damage to the world in the name of helping it. I don't mind attacking my own fraternity because I am ashamed of it." - Kary Mullis, Inventor of Polymerase Chain Reaction*

What do we mean when we say somebody has 'tested positive' for the [Corona Virus](#)? The answer would astound you. But getting this "answer" is like getting to a very rare mushroom that only grows above 200 feet on a Sequoia tree in the forbidden forest.

I say that for dramatic effect, but also because I wound up, against all odds, finding it.

Every day I wake up and work at shedding one more layer of ignorance -- by listening carefully. I got lucky with scientists many years ago; Epic, incredible scientists, happening to cross my path when nobody else wanted to talk to them. Now their names are emerging, their warnings and corrections crystallizing. True "science" (the nature of the natural world) is never bad news. Globalist science is nothing but bad news.

The reason Bill Gates wants you to believe a Corona Virus will exterminate over 450 million people is that he hates nature, God, and you. (A subjective interpretation.)

Why is that? You'd have to ask his psychiatrist.

But let's talk about the latest terror bomb detonated by Global Atheist PC Creeps upon your perfectly good, free life as a US citizen in 2020, governed by a President who does not think backwards.

How many of us are "infected" with this novel Corona virus, and how scared should we be?

First, a spiritual law: Anything that tries to frighten you comes from "opposition," in spiritual battle. It's not the Holy Spirit, period. Ignore its threats and keep your

wits about you. You don't have to shout, "Stay safe!" to your neighbors. We *are* safe. We have an immune system that is a miracle like The Sistine Chapel. It withstands toxic, microbial inundation on a grand scale at all times, while operating a super-highway of adaptive life-sustaining genetic information, on cellular bridges, emitting telegrams of vital evolutionary code, slandered as "viruses" or "retroviruses."

People die--yes. But people don't die the way Bill Gates would have you believe, at the mercy of malicious, predatory pathogens, "lurking" on every surface, and especially other humans. That's not "science." That's social engineering. Terrorism.

Let's proceed.

What do we mean when we say a person "tests positive" for Covid-19?

We don't actually mean they have been found to "have" it.

We've been hijacked by our technologies, but left illiterate about what they actually mean. In this case, I am in the rare position of having known, spent time with, and interviewed the inventor of the method used in the presently available Covid-19 tests, which is called PCR, (Polymerase Chain Reaction.)

His name was Kary B. Mullis, and he was one of the warmest, funniest, most eclectic-minded people I ever met, in addition to being a staunch critic of HIV "science," and an unlikely Nobel Laureate, i.e. a "genius."

One time, in 1994, when I called to talk to him about how PCR was being weaponized to "prove," almost a decade after it was asserted, that [HIV](#) caused [AIDS](#), he actually came to tears.

The people who have taken all your freedoms away in recent weeks, they're social engineers, politicians, globalist thought leaders, bankers, WHO fanatics, and the like. Their army is composed of "mainstream media," which is now literally a round-the-clock perfect propaganda machine for the Gates-led Pandemic Reich.

Kary Mullis was a *scientist*. He never spoke like a globalist, and said once, memorably, when accused of making statements about HIV that could endanger lives: "I'm a scientist. I'm not a lifeguard." That's a very important line in the sand. Somebody who goes around claiming they are "saving lives," is a very dangerous animal, and you should run in the opposite direction when you encounter them. Their weapon is fear, and their favorite word is "could." They entrap you with a form of bio-debt, creating simulations of every imaginable thing that "could" happen, yet hasn't. Bill Gates has been waiting a long time for a virus with this much, as he put it, "pandemic potential." But Gates has a problem, and it's called PCR.



Why I Began Questioning HIV (From the House of Numbers Deluxe Edition DVD)

54,142 views • Dec 30, 2011

👍 680    💬 36    ➦ SHARE    ≡+ SAVE    ...

Of Mullis' invention, Polymerase Chain Reaction, the *London Observer* wrote:

*"Not since James Watt walked across Glasgow Green in 1765 and realized that the secondary steam condenser would transform steam power, an inspiration that set loose the industrial revolution, has a single, momentous idea been so well recorded in time and place."*

What does HIV have to do with Covid-19?

PCR played a central role in the HIV war (a war you don't know about, that lasted 22 years, between Globalist post-modern HIV scientists and classical scientists.) The latter lost the war. Unless you count being correct as winning. The relentless violence finally silenced the opposition, and it seemed nobody would ever learn who these scientists were, or why they fought this thing so adamantly and passionately.

And PCR, though its inventor died last year, and isn't here to address it, plays a central role in Corona terrorism.

Here is an outtake from an article I published in SPIN, in 1994, about Kary Mullis, PCR, HIV and...Tony Fauci:

*"PCR has also had a great impact on the field of AIDS, or rather, HIV research. PCR can, among other things, detect HIV in people who test negative to the HIV antibody test.*

*The word "eccentric" seems to come up often in connection with Mullis' name: His first published scientific paper, in the premier scientific journal Nature in 1986, described how he viewed the universe while on LSD - pocked with black holes containing antimatter, for which time runs backward. He has been known to show photographs of nude girlfriends during his lectures, their bodies traced with Mandelbrot fractal patterns. And as a side project, he is developing a company which sells lockets containing the DNA of rock stars. But it is his views on AIDS that have really set the scientific establishment fuming.*

*Mullis, like his friend and colleague Dr. Peter Duesberg, does not believe that AIDS is caused by the retrovirus HIV. He is a long-standing member of the Group for the Reappraisal of the HIV-AIDS Hypothesis, the 500-member protest organization pushing for a re-examination of the cause of AIDS.*

*One of Duesberg's strongest arguments in the debate has been that the HIV virus is barely detectable in people who suffer from AIDS. Ironically, when PCR was applied to HIV research, around 1989, researchers claimed to have put this*

*complaint to rest. Using the new technology, they were suddenly able to see viral particles in the quantities they couldn't see before. Scientific articles poured forth stating that HIV was now 100 times more prevalent than was previously thought. But Mullis himself was unimpressed. "PCR made it easier to see that certain people are infected with HIV," he told Spin in 1992, "and some of those people came down with symptoms of AIDS. But that doesn't begin even to answer the question, 'Does HIV cause it?'"*

*Mullis then went on to echo one of Duesberg's most controversial claims. "Human beings are full of retroviruses," he said, "We don't know if it is hundreds or thousands or hundreds of thousands. We've only recently started to look for them. But they've never killed anybody before. People have always survived retroviruses."*

*Mullis challenged the popular wisdom that the disease-causing mechanisms of HIV are simply too "mysterious" to comprehend. "The mystery of that damn virus," he said at the time, "has been generated by the \$2 billion a year they spend on it. You take any other virus, and you spend \$2 billion, and you can make up some great mysteries about it too."*

*Like so many great scientific discoveries, the idea for PCR came suddenly, as if by direct transmission from another realm. It was during a late-night drive in 1984, the same year, ironically, that HIV was announced to be the "probable" cause of AIDS.*

*"I was just driving and thinking about ideas and suddenly I saw it," Mullis recalls. "I saw the polymerase chain reaction as clear as if it were up on a blackboard in my head, so I pulled over and started scribbling." A chemist friend of his was asleep in the car, and, as Mullis described in a recent special edition of Scientific American: "Jennifer objected groggily to the delay and the light, but I exclaimed I had discovered something fantastic. Unimpressed, she went back to sleep."*

*Mullis kept scribbling calculations, right there in the car, until the formula for DNA amplification was complete. The calculation was based on the concept of*

*"reiterative exponential growth processes," which Mullis had picked up from working with computer programs. After much table-pounding, he convinced the small California biotech company he was working for, Cetus, that he was on to something. Good thing they finally listened: They sold the patent for PCR to Hoffman-LaRoche for the staggering sum of \$300 million - the most money ever paid for a patent. Mullis meanwhile received a \$10,000 bonus.*

*Mullis's mother reports that as a child, her lively son got into all kinds of trouble - shutting down the house's electricity, building rockets, and blasting small frogs hundreds of feet into the air. These days, he likes to surf, rollerblade, take pictures, party with his friends - most of whom are not scientists - and above all, he loves to write.*

*Mullis is notoriously difficult to track down and interview. I had left several messages on his answering machine at home but had gotten no response. Finally, I called him in the late evening, and he picked up, in the middle of bidding farewell to some dinner guests. He insisted he would not give me an interview, but after a while, a conversation was underway, and I asked if I couldn't just please turn my tape recorder on. "Oh, what the hell," he gruffed. "Turn the fucker on."*

*Our talk focused on AIDS. Though Mullis has not been particularly vocal about his HIV skepticism, his convictions have not, to his credit, been muddled or softened by his recent success and mainstream acceptability. He seems to revel in his newly acquired power. "They can't pooh-pooh me now, because of who I am," he says with a chuckle - and by all accounts, he's using that power effectively.*

*When ABC's "Nightline" approached Mullis about participating in a documentary on himself, he instead urged them to focus their attention on the HIV debate. "That's a much more important story," he told the producers, who up to that point had never acknowledged the controversy. In the end, "Nightline" ran a two-part series, the first on Kary Mullis, the second on the HIV debate. Mullis was hired by ABC for a two-week period, to act as their scientific consultant and direct them to sources.*

*The show was superb, and represented a historic turning point, possibly even the end of the seven-year media blackout on the HIV debate. But it still didn't fulfill Mullis' ultimate fantasy. "What ABC needs to do," says Mullis, "is talk to [Chairman of the National Institutes of Allergy and Infectious Diseases (NIAID) Dr. Anthony] Fauci and [Dr. Robert] Gallo [one of the discoverers of HIV] and show that they're assholes, which I could do in ten minutes."*

*But I point out, Gallo will refuse to discuss the HIV debate, just as he's always done.*

*"I know he will," Mullis shoots back, anger rising in his voice. "But you know what? I would be willing to chase the little bastard from his car to his office and say, 'This is Kary Mullis trying to ask you a goddamn simple question,' and let the cameras follow. If people think I'm a crazy person, that's okay. But here's a Nobel Prize-winner trying to ask a simple question from those who spent \$22 billion and killed 100,000 people. It has to be on TV. It's a visual thing. I'm not unwilling to do something like that."*

*He pauses, then continues. "And I don't care about making an ass of myself because most people realize I am one."*

*While many people, even within the ranks of the HIV dissidents, have of late tried to distance themselves from the controversial Duesberg, Mullis defends him passionately and seems genuinely concerned about his fate. "I was trying to stress this point to the ABC people" he says, "that Peter has been abused seriously by the scientific establishment, to the point where he can't even do any research. Not only that, but his whole life is pretty much in disarray because of this, and it is only because he has refused to compromise his scientific moral standards. There ought to be some goddamn private foundation in the country, that would say, 'Well, we'll move in where the NIH [National Institutes of Health] dropped off. We'll take care of it. You just keep right on saying what you're saying, Peter. We think you're an asshole, and we think you are wrong, but you're the only dissenter, and we need one, because it's science, it's not religion.' And that was one of the reasons why I cooperated with ABC."*

*"I am waiting to be convinced that we're wrong," Mullis continues. "I know it ain't going to happen. But if it does, I will tell you this much - I will be the first person to admit it. A lot of people studying this disease are looking for the clever little pathways they can piece together, that will show how this works. Like, 'What if this molecule was produced by this one and then this one by this one, and then what if this one and that one induces this one' - that stuff becomes, after two molecules, conjecture of the rankest kind. People who sit there and talk about it don't realize that molecules themselves are somewhat hypothetical, and that their interactions are more so, and that the biological reactions are even more so. You don't need to look that far. You don't discover the cause of something like AIDS by dealing with incredibly obscure things. You just look at what the hell is going on. Well, here's a bunch of people that are practicing a new set of behavioral norms. Apparently, it didn't work because a lot of them got sick. That's the conclusion. You don't necessarily know why it happened. But you start there."*

[https://aidswiki.net/index.php?title=Document:Farber\\_interviews\\_Mullis](https://aidswiki.net/index.php?title=Document:Farber_interviews_Mullis)

That was a historical detour, shared in hopes of rooting this conversation historically.

When you see the word "cases" on your TV screen, in this world that has now been hijacked by one single event, one dread, one Idol, you will be forgiven for thinking those are *cases* of Covid-19.

The number of "cases" is often a very big number, back-lit in red. Today for example, the number of "total cases," in the US, according to Worldometer, is 309,728. The total death figure is 8,441. "Active cases," is 286,546, of which 8,206 are "Serious, Critical." The number of "new deaths" is 1,037, and the number of "total recovered" is 14,741.

I'm not clear what an "active" case is. Does that mean fully symptomatic? Partially symptomatic? If the latter, it surely encompasses [influenza/pneumonia](#), which has magically, as many have observed, dropped off a cliff for 2020.

In China, generally, they diagnose 'Corona' with CT scans and one or two positive PCR tests. In the US, it's difficult to find out what makes a "case," ie what the case definition is. Absent CT scans, we are in a bio-tech free-fall. One website offers this distressingly unclear definition: "The novel coronavirus, or COVID-19, has been spreading worldwide, resulting in growing numbers of infected individuals since late 2019 and increased mortality numbers since early 2020. So far, experts have seen that while there are severe cases, the infection is usually mild with non-specific symptoms. And there are no trademark clinical features of COVID-19 infection."

There are no trademark clinical features? What then, collapsed the world? I sure hope this isn't all riding on a "test," as bio-tech Oracle.

A few graphs down, my fears are confirmed: "Diagnosis of COVID-19 involves laboratory tests. Once someone has been diagnosed with the coronavirus, additional diagnostic tests may be done to determine the severity of the infection."

I accept that "something is going on" that overlaps with flu, but reportedly worse than a normal flu. That's what we're hearing. It involves an acute lack of oxygen, for reasons unclear. People can't breathe. Intubation is a serious, potentially dangerous procedure that begs many questions--but that's for a future article.

What is the relationship between the spread of testing and the "spread" of a new virus? How do we know what we are experiencing, in comparison to what we are assuming we are experiencing? One study in Austria found that increased testing correlated with, no surprise, increased "cases."

In an email discussion between a group of international scientists, academics and MD's, the question was posed whether the daily number of new cases would track with the daily number of tests.

"Yes, they do," wrote Austrian MD Christian Fiala. "Here are the data from Austria. In other words if they want to further increase the number of 'infected'

people, they have to also increase the number of tests. However, that is physically impossible.

Another aspect: during the first weeks most tests were done on sick people. Therefore, the percentage of positive tests was relatively high. But there are not so many sick people and with the general roll out of tests, the vast majority of those tested will be healthy. Consequently, the percentage of positive tests will be low, and most will be false positive.

In other words, it is impossible to continue the increase of positive test results."

In the US, we have all but abandoned classical diagnostic medicine in favor of biotech, or lab result medicine. This has been going on for a long time and is a dangerous turning. The "Corona test" is named with characteristic tech-tedium: "CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel." That means it is a needle in a DNA haystack test. A PCR test.

It finds fragments, nucleic acids. From an email from Kary Mullis, to the widow of boxer Tommy Morrison, whose career and life were destroyed by an "HIV test," and who litigated ferociously for years, against test manufacturers, Dr. Mullis wrote, on May 7, 2013:

"PCR detects a very small segment of the nucleic acid which is part of a virus itself. The specific fragment detected is determined by the somewhat arbitrary choice of DNA primers used which become the ends of the amplified fragment. "

If things were done right, "infection" would be a far cry from a positive PCR test.

"You have to have a whopping amount of any organism to cause symptoms. Huge amounts of it," Dr. David Rasnick, bio-chemist, protease developer, and former founder of an EM lab called Viral Forensics told me. "You don't start with testing; you start with listening to the lungs. I'm skeptical that a PRC test is ever true. It's a great scientific research tool. It's a horrible tool for clinical medicine. 30% of your infected cells have been killed before you show symptoms. By the time you show symptoms...the dead cells are *generating* the symptoms."

I asked Dr. Rasnick what advice he has for people who want to be tested for COVID-19. "Don't do it, I say, when people ask me," he replies. "No healthy person should be tested. It means nothing but it can destroy your life, make you absolutely miserable."

One of the countless head-spinning mysteries of this whole Corona Situation has been the advent of famous people, from Tom Hanks and his wife, to Sophie Trudeau, to Prince Charles announcing they had "tested positive" for COVID-19 and were self-quarantining. In all these famous-powerful people cases, the symptoms were either non-existent or mild. Why, one wondered, did they make such hay about it? The British Royals, especially, seemed to contradict their ethos of secrecy in this case. So what did it mean? It signaled, if anything, that COVID-19 is not all that deadly. That the virus can be present without causing the disease. That host factors matter. And that being "positive" for COVID-19 is neither a PR death sentence nor an actual death sentence. Maybe in their elite and esoteric language, it means some kind of prestige, or sacrament to a Pagan Virus Deity. Who knows? In the case of the Trudeau, Sophie tested positive, and had symptoms, while her husband Justin, the Prime Minister, never got sick, and was never tested. (He didn't want to appear privileged; Not everybody can get tested in Canada, you must have symptoms.)

We do live now in a world dominated by a Corona virus, as my friend Kevin Corbett, a retired nurse in the UK puts it, "with knobs on it." Shrek-Green is the color that was chosen. We're lost in a simulation, seeking to grab hold of "truth" and reality. One way that I do that is to grab hold of words, slow them down, and analyze them. Globalists love to weaponize words and make spells out of them. Hypnotics. To this end, they invent new words, and force you to use them and live them. Words like "Corona Virus," and "Social Distancing." "COVID-19." "Tested Positive."

Whether we realize it or not, this phrase is an echo of HIV-think, which I swam through for most of my so-called career in journalism, choking and spitting all the way out. The globalists write *code*. They encode "viruses" and give them a weaponized, video-game identity. In this video game, you lose all your freedoms,

and must display gratitude and servitude. Viral code trumps all other forms of politics. Nothing can counter it. Especially not "science." The virus is also a sweeping metaphor for the spread of "misinformation," which means anything outside their religious doctrines, not recognizable by classical virology.

The code, the potential scenarios, the mysticism and superstition about how the virus spreads, must not be questioned, If you wish to remain a person, as opposed to an un-person. It's a form of post-globalist environmental socialism gone malignant: Demand that all people submit to an equal chance to be killed by a virus. Act out the theatrics of worshiping the virus with fear as the measure of inverted faith. This is why celebrities love this kind of thing. It gives them a chance to debase themselves, to self-flagellate as fellow sufferers. As I write this, from my window in New York City, at 7 pm every evening, people are heard hollering, clapping, and blowing horns from their windows, to show solidarity to the health care workers on the front lines. Was any such thing ever devised for the mass deaths from opioids? No, they weren't significant deaths for the global elites. It's not "death," this play is about. It's socialist contagion theology. You can't go to the grocery store without encountering new displays of Corona Heroica. Only *viruses* interest these people, these haters of liberty. Yet they refuse to learn the first thing about the natural life of viruses and humans. If they did peer into this world, they would find beauty, truth, and wonder. They would find that viruses are rarely deadly, always misunderstood, and actually trying to protect us. The reason the globalists are obsessed with "spread" and "viruses" is because they want to shut down all forms of communication and information exchange that threatens their New World Order.

"Every time somebody takes a swab, a tissue sample of their DNA, it goes into a government database. It's to track us," says David Rasnick. "They're not just looking for the virus. Please put that in your article."

## **Technocracy**

In HIV, the death spell (code) came to people in the form of two antibody tests called ELISA and Western Blot, initially. Not PCR tests--they came later, to

measure "viral load," and were specifically *not* to be used for diagnosing HIV. Rather, to stress people out about their "surrogate markers," said to represent where they stood in their battle against HIV. (Did people really need to be in a "battle" against HIV? This was the trillion-dollar question.)

In any case, those tests were not built on a "gold standard" which means purification of an actual virus. Purification means the pathogen has been separated from all else. HIV co-discoverer and Nobel Laureate Luc Montagnier famously told journalist Djamel Tahiri in an interview: "[I repeat, we did not purify.](#)"

HIV was never "separated from everything else." It was and is a laboratory artifact, a set of lab-tortured antigens around which a "test" was built--a test which shattered countless millions of lives, because people watched TV and believed what they were told. They didn't get a chance to hear what Kary Mullis or dozens of other real scientists had to say about the supposedly deadly retrovirus, HIV.

Nothing was proven before it was asserted. This became the norm, paving the way for the situation we are in now. Global viral communism. We all dreaded this would happen, but we never dreamed they would choose a cold virus. A Corona virus.

In the early 1990's, PCR, (Polymerase Chain Reaction) came into popular use, and Kary Mullis was awarded the Nobel Prize for it in 1993. PCR, simply put, is a thermal cycling method used to make up to billions of copies of a specific DNA sample, making it large enough to study.

As it correctly says on PCR's [Wikipedia page](#), PCR is an "...indispensable technique" with a "broad variety" of applications, "...including biomedical *research* and criminal forensics." [Italics



mine.] The page goes on to say, to my dismay, that one of the applications of PCR is "...for the diagnosis of infectious diseases."

PCR is a needle in a haystack technology that can be extremely misleading in "the diagnosis of infectious diseases." The first conflict between this revolutionary technology and human life happened on the battlefield of AIDS, and Mullis himself came to the front line arguing *against* PCR as diagnostic tool. In 1987, esteemed Berkeley cancer virologist Peter Duesberg had doomed his funding and "career" by issuing a broadside in a paper published in *Cancer Research* to the growing and promiscuous assertions made for [cancer](#) viruses, including at least one he stood to gain a Nobel Prize for had he not diffused its [significance himself](#).

His main argument was that the Gallo/Montagnier fusion "virus" that came to be called 'HIV' was (like all viruses in its class) barely capable of infecting cells. It infected so few cells that Duesberg likened the pathogenic model to thinking you can conquer China by killing 3 soldiers a day. There was simply not enough "there-there" in the form of cell death. "It's a pussycat," he said. He even said he wouldn't mind being injected with it. (though not if it came from Gallo's lab.)

With PCR's rise, the HIV Industrial Complex weaponized it to assert that *now* they could see HIV more abundantly, hence their maligned foe Peter Duesberg was toast. And it was Kary Mullis, himself an HIV dissenter, who rose to Duesberg's defense and said, "No he isn't."

I conducted a two-hour interview with David Crowe- Canadian researcher, with a degree in biology and mathematics, host of *The Infectious Myth* podcast, and President of the think-tank *Rethinking AIDS*. He broke down the problems with the PCR based Corona test in great detail, revealing a world of unimaginable complexity, as well as trickery.

"The first thing to know is that the test is not binary," he said. "In fact, I don't think there are any tests for infectious disease that are positive or negative."

The next part of his explanation is lengthy and detailed, but let's push through:

"What they do is they take some kind of a continuum and they arbitrarily say this point is the difference between positive and negative."

"Wow," I said. "That's so important. I think people envision it as one of two things: Positive or negative, like a pregnancy test. You "have it" or you don't."

"PCR is really a manufacturing technique," Crowe explained. "You start with one molecule. You start with a small amount of DNA and on each cycle the amount doubles, which doesn't sound like that much, but if you, if you double 30 times, you get approximately a billion times more material than you started with. So as a manufacturing technique, it's great. What they do is they attach a fluorescent molecule to the RNA as they produce it. You shine a light at one wavelength, and you get a response, you get light sent back at a different wavelength. So, they measure the amount of light that comes back and that's their surrogate for how much DNA there is. I'm using the word DNA. There's a step in RT- PCR test which is where you convert the RNA to DNA. So, the PCR test is actually not using the viral RNA. It's using DNA, but it's like the complimentary RNA. So logically it's the same thing, but it can be confusing. Like why am I suddenly talking about DNA? Basically, there's a certain number of cycles."

This is where it gets wild.

"In one paper," Crowe says, "I found 37 cycles. If you didn't get enough fluorescence by 37 cycles, you are considered negative. In another, paper, the cutoff was 36. Thirty-seven to 40 were considered "indeterminate." And if you got in that range, then you did more testing. I've only seen two papers that described what the limit was. So, it's quite possible that different hospitals, different States, Canada versus the US, Italy versus France are all using different cutoff sensitivity standards of the Covid test. So, if you cut off at 20, everybody would be negative. If you cut off a 50, you might have everybody positive."

I asked him to pause so I could exclaim my astonishment. And yet, it was Déjà vu all over again. Just like in the HIV battle--people were never told that the "HIV test" had different standards in different countries, and within countries,

from lab to lab. The highest bar (the greatest number of HIV proteins) was in Australia: five. The Lowest was Africa: 2. In the US it is generally 3-4.

We used to joke that you could rid yourself of an "HIV diagnosis" by flying from either the US or Australia, to Africa. But for many years, "AIDS" in Africa was diagnosed without any tests whatsoever. Just a short list of symptoms that tracked precisely with symptoms of most tropical diseases, such as fever, cough, and shortness of breath.

David, in his quiet Canadian way, dropped a bombshell in his next statement:

"I think if a country said, "You know, we need to end this epidemic," They could quietly send around a memo saying: "We shouldn't be having the cutoff at 37. If we put it at 32, the number of positive tests drops dramatically. If it's still not enough, well, you know, 30 or 28 or something like that. So, you can control the sensitivity."

Yes, you read that right. Labs can manipulate how many "cases" of Covid-19 their country has. Is this how the Chinese made their case load vanish all of a sudden?

"Another reason we know this is bogus," Crowe continued, "is from a remarkable series of graphs published by some people from Singapore in JAMA. These graphs were published in the supplementary information, which is an indication that nobody's supposed to read them. And I think the authors probably just threw them in because they were interesting graphs, but they didn't realize what was in them. So, they were 18 graphs of 18 different people. And at this hospital in Singapore, they did daily coronavirus tests and they grasped the number of PCR cycles necessary to detect fluorescence. Or if they couldn't detect fluorescence by...37 cycles, they put a dot on the bottom of the graph, signifying a negative."

"So, in this group of 18 people, the majority of people went from positive, which is normally read as "infected," to negative, which is normally read as "uninfected" back to positive--infected again. So how do you interpret this? How do you have a test if a test act is actually, you know, 100% positive for detecting

infection, then the negative results must've been wrong? And so, one way to solve that is to move the point from 37 to say 36 or 38. You can move this, this cycle of numbers. It's an arbitrary division up or down. But there's no guarantee that if you did that, you wouldn't still have the same thing. It would just, instead of going from, from 36 to undetectable and back to 36 or back to 45, it might go from 33 to undetectable to 30 or something like that. Right? So, you can't solve the problem by changing this arbitrary binary division. And so basically this says that the test is not detecting infection. Because if it was, like if you're infected, and then you're uninfected, and you're in a hospital with the best anti-infective precautions in the world, how did you get re-infected? And if you cured the infection, why didn't you have antibodies to stop you getting re-infected? So, there's no explanation within the mainstream that can explain these results. That's why I think they're so important."

I couldn't believe my ears. And yet I could. Have you ever tried to read the package insert for a "Corona" PCR test? You begin to feel after a while that the technobabble is some kind of spell, or bad dream. An alien language from another dimension, that could not possibly--whatever else it may do--help a single human being have a better life. It's not "[English](#)." I don't know what it is.

"I've been quoting, Alice in Wonderland a lot recently," David says, "because it's the only way I can wrap my head around it. Alice said: "Sometimes I can believe six impossible things before breakfast!"

One of the ways to distinguish truth from deception in contemporary "science" is to track what gets removed. For example, David tells me, there was apparently an English abstract online at PubMed out of China that rendered the entire COVID testing industrial complex baseless and absurd.

"There was a famous Chinese paper that estimated that if you're testing asymptomatic people, up to 80% of positives could be false positive. That was kind of shocking, so shocking that PubMed had to withdraw the abstract even though the Chinese paper appears to still be published and available. I actually have a translation with a friend. I translated it into English and it's a really,

standard calculation of what they call positive predictive value. The abstract basically said that in asymptomatic populations, the chance of a positive coronavirus test being a true positive is only about 20%. 80% will be false positive."

"Doesn't that mean the test means nothing?" I asked.

"The Chinese analysis was a mathematical analysis, a standard, the standard analysis that's been done a million times before. There's no reason to withdraw the paper for any reason. There's nothing dramatic about the paper. It's a really boring analysis. It's just that they did the standard analysis and said, in some populations, like they estimated 1% of people are actually infected in the population. You could have 80% false positive. Uh, they couldn't do a real analysis of false positives in terms of determining whether a test is correct or not because that requires a gold standard and the only gold standard is purification of the virus. So, we get back to the fact that the virus is not being purified. If you could purify the virus, then you could take a hundred people who tested positive and you could search for the virus in them. And if you found the virus in 50 out of a hundred and not in the other 50, you could say that the test is only accurate 50% of the time. But we have no way to do that because we haven't yet purified the virus. And I don't think we ever will."

Dave Rasnick has had exchanges with David Crowe about this, and concurs, "To my knowledge, they have not yet purified this virus."

In a previous interview I did with him a few weeks ago, he said this, about PCR tests and the fallacies of thinking less is more, or smaller is better, or more "sensitive" means more accurate:

"It's like fingerprints. With PCR you're only looking at a small number of nucleotide. You're looking at a tiny segment of gene, like a fingerprint. When you have regular human fingerprints, they have to have points of confirmation. There are parts that are common to almost all fingerprints, and it's those generic parts in a Corona virus that the PCR test picks up. They can have partial loops but if you only took a few little samples of fingerprints you are going to come up

with a lot of segments of RNA that we are not sure have anything to do with corona virus. They will still show up in PCR. You can get down to the levels where its biologically irrelevant and then amplify it a trillion-fold."

"The primers are what you know. We already know the strings of RNA for the Corona family, the regions that are stable. That's at one end. Then you look at the other end of the region, for all Corona viruses. The Chinese decided that there was a region in those stable areas that was unique to their Corona virus. You do PCR to see if that is true. If it is truly unique it would work. But they're using the [SARS](#) test because they don't really have one for the new virus."

"SARS isn't the virus that stopped the world," I offer.

"That's right."

"PCR for diagnosis is a big problem," he continues. "When you have to amplify it these huge numbers of time, it's going to generate massive amounts of false positives. Again, I'm skeptical that a PCR test is ever true."

Crowe described a case in the literature of a woman who had been in contact with a suspect case of Corona (in Wuhan) they believed was the index case. "She was important to the supposed chain of infection because of this. They tested her 18 times, different parts of the body, like nose, throat--different PCR tests. 18 different tests. And she tested negative every time. And then they--because of her epidemiological connection with the other cases, they said: "We consider her infected. So, they had 18 negative tests and they said she was infected."

"Now why was she important? Well there was only one other person who could have theoretically transmitted the virus if the original patient, outside the family was who they thought it was. But secondly, she had the same exact symptoms as everybody else. Right? So, four people in his family came down with fever and cough and headaches, fatigue and all these kinds of big symptoms. So, if she could get those symptoms without the virus, then you, you've got to say, well, why couldn't everybody else's symptoms be explained by whatever she had? I mean, maybe they, they ate some bad seafood or something and so they all got

sick, but it had nothing to do with the coronavirus. But because three out of the four, tested positive, then they were, they were all considered infected and out of the same paper.

Another interesting thing is that they did a lot of tests. The first person in the list of people tested, he was positive on three out of 11 tests. So again, they took nose and throat samples and you know, different methods and all this kind of stuff. And they got 11 separate tests and only three were positive. And of course, all you need to be considered infected is one positive test. They could test you 20 times and if you test positive once, then you're infected. So, a positive test is meaningful. A negative test. It's like, eh. Not so much."

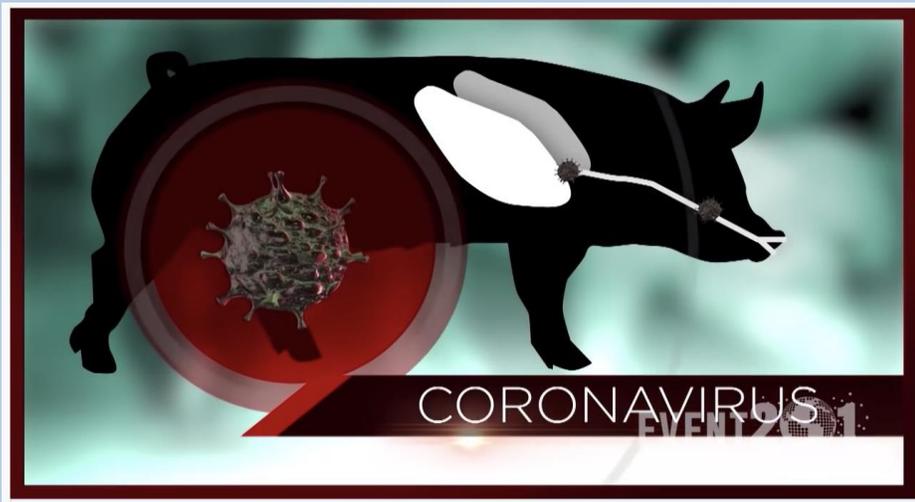
I asked Crowe what he thought Kary Mullis would say about this explosion of PCR insanity.

"I'm sad that he isn't here to defend his manufacturing technique," he said. "Kary did not invent a test. He invented a very powerful manufacturing technique that is being abused. What are the best applications for PCR? Not medical diagnostics. He knew that and he always said that."

Our conversation went in many different directions and I plan to publish the entire audio interview. I asked David what he thought was happening here, at the most core level.

"I don't think they understand what they're doing," he said. "I think it's out of control. They don't know how to end this. This is what I think what happened: They have built a pandemic machine over many years and, and as you know, there was a pandemic exercise not long before this whole thing started."

"I just want to identify who sponsored that simulation conference, 6 weeks before the first news broke out of Wuhan," I interjected. "It was the Bill and Melinda Gates foundation, Johns Hopkins Center For Health Security, and the World Economic Forum. Incidentally, all the stats, projections and modeling you see in the media are coming out of Johns Hopkins."



**YouTube Video:**

Did Bill Gates & World Economic Forum Predict Coronavirus Outbreak? An Inside Look May Shock You!

<https://youtu.be/mv8vKsQMTDc>



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The Bill and Melinda Gates Foundation co-hosted a pandemic exercise in late 2019 that simulated a global coronavirus outbreak.

They also just happen to fund the group who owns the patent to the deadly virus and are working on a vaccine to solve the crisis.

On June 19, 2015, the UK government-funded Pirbright Institute filed an application for a patent for the live coronavirus, which was approved on Nov 20, 2018.

"Right. So, this beautiful pandemic machine is a lot like...let's use an example of an aircraft simulator. Okay. So, so pilots are tested on an aircraft simulator. So if you're flying along in an airplane and there's a loud bang and you see smoke coming from an engine on the right hand side, this is probably the first time a pilot has ever been in an airplane that had an engine failure. But he's tested this scenario 25 times on an aircraft simulator. So, he knows exactly what to do without being told. He goes through the procedure. He doesn't have to think, he just does the steps that he's been taught through the, the aircraft simulator and he successfully lands the airplane with one engine. So, a pandemic simulator is just like that. You sit down at the computer, you see the virus going around the world, um, and you say, okay, so what we need to do is we need to dress everybody in protective clothing."

"We need to quarantine everybody who's positive. Next step. We need to do social isolation. It's a *mathematical* model. And at the end you always win, right?"

So, in the end, the good guys win, and the pandemic is defeated. But there's, there's never been like an actual real pandemic since they built this machine. So, there's this huge machine, it's got a red button on it and it's like if you ever detect a pandemic starting, you press the red button. We don't know exactly what happened, but I think the Chinese government was embarrassed cause they were being accused of covering up a pandemic. They said, okay, you know, we want Western approval for our medical system so we're going to press the goddamn red button. Or they did. And then everything followed from that. The problem is that the simulation was never based on reality."

In another part of our conversation, he said something unforgettable:

"So, we've essentially been taken over by the medical Taliban, if you like."

I pressed him one last time:

"David, in conclusion, finish this sentence: "The PCR test for Corona is as good as..."

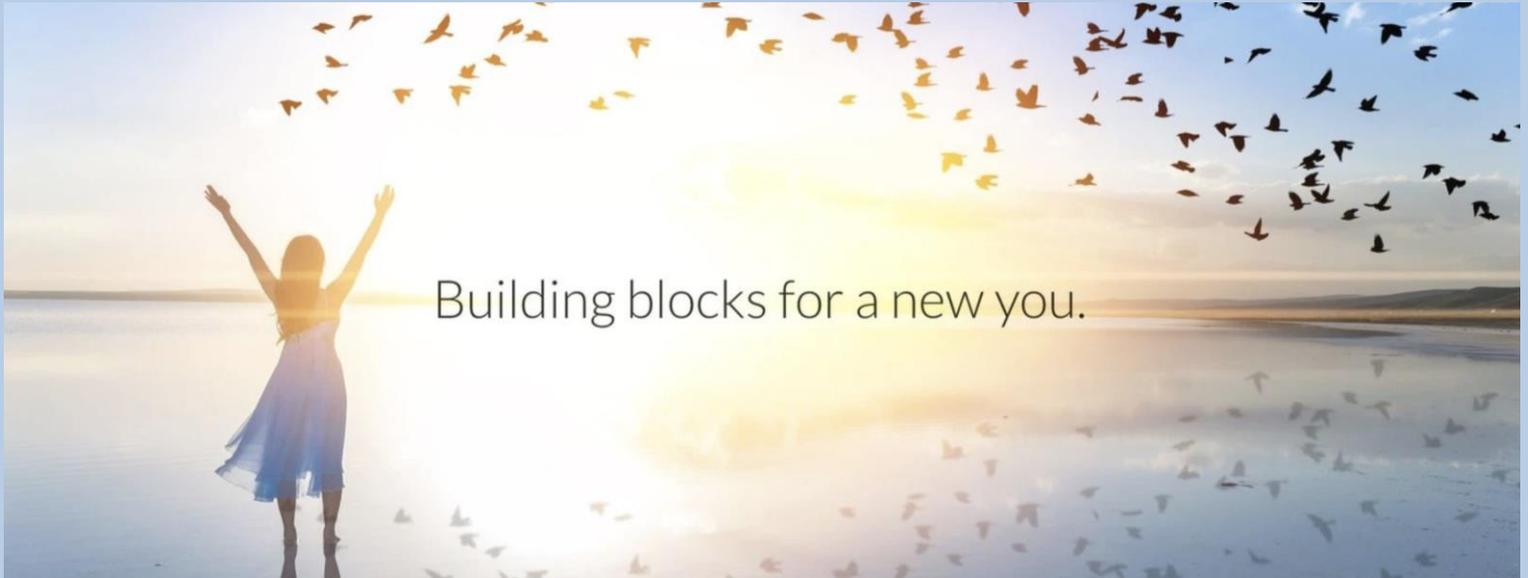
His reply made me laugh. I didn't know I still could laugh.

"It's as good as that Scientology test that detects your personality and then tells you need to give all your money to Scientology."

## ReMag and ReMyte

Written by Dr. Carolyn Dean

*Bob's Note: Dr. Carolyn Dean tells us what "pico-ionic" really means and how it relates to magnesium and minerals – plus a short testimonial. Find these products on her website at [www.rnareset.com](http://www.rnareset.com).*



Our customers are starting to realize something I've said for decades...

There are just not enough minerals in the food we eat for the body to absorb all that it requires.

So, they turn to supplements. And, after trying several forms of magnesium, they begin to experience what makes our pico-ionic formulas different from all of the rest – higher mineral absorption.

Higher absorption means your body will be able to utilize more mineral ions, so that it can function properly in the face of the many mineral-depleting factors it encounters, including junk food, stress, certain medications, caffeine and other diuretics, and more.

You're probably wondering what we mean by "pico-ionic", so here's a quick explanation.

ReMag starts out as magnesium chloride and goes through an 18-point process of transformation! During that time the formula is concentrated to an unheard of 60,000ppm AND reduced to a picometer size. This is like taking a bowling ball and concentrating it to the size of a gumball and then taking the gumball and making it picometer in size. It's hard to imagine this but a picometer is a unit of length equal to one trillionth of a meter.

No other formula has been through this process and this is the essence of what makes ReMag what it is – the concentration, the size, and the stability of magnesium ions.

Here's a positive story from a customer who figured out the importance of taking pico-sized, stabilized ionic minerals to give his body what it needs to keep the heart firing on all cylinders.



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*This magnesium solution has been a lifesaver. I got ReMag and the ReMyte after reading Dr. Dean's books. What she said, made sense.*

*I am very health conscious and not overweight. I eat lots of fruits and vegetables. I am not into sweets and eat pretty healthy. So, in theory I should be getting enough minerals, especially magnesium, from what I eat. But, based on a heart situation, it appears I am deficient in magnesium and I don't absorb enough minerals and magnesium from the food I eat.*

*Now, ionic minerals like ReMag or ReMyte get absorbed without going through the digestive system. So, that is the reason the ReMag effect is so fast for me.*

*I tried ionic magnesium from other vendors. They help, but it seems to me that the ReMag action is faster than other brands. Probably, the reason being that the ReMag is Pico-Ionic magnesium rather than being Nano-Ionic (1000 times larger than Pico), which causes the magnesium to go to the cells much easier due to its smaller size. (NOTE: The magnesium ions in ReMag are uniquely stabilized in its ionic form in a proprietary process that is exclusive to Dr. Dean's formula.)*

*Bottom line, I definitely recommend ReMag and ReMyte. The ionic minerals get absorbed without getting lost through the digestive process. So, they are very effective. You can download and read Dr. Dean's books for more info about why you need to take ionic minerals for your heart or other conditions. She is right on the money!*

*–Scott*

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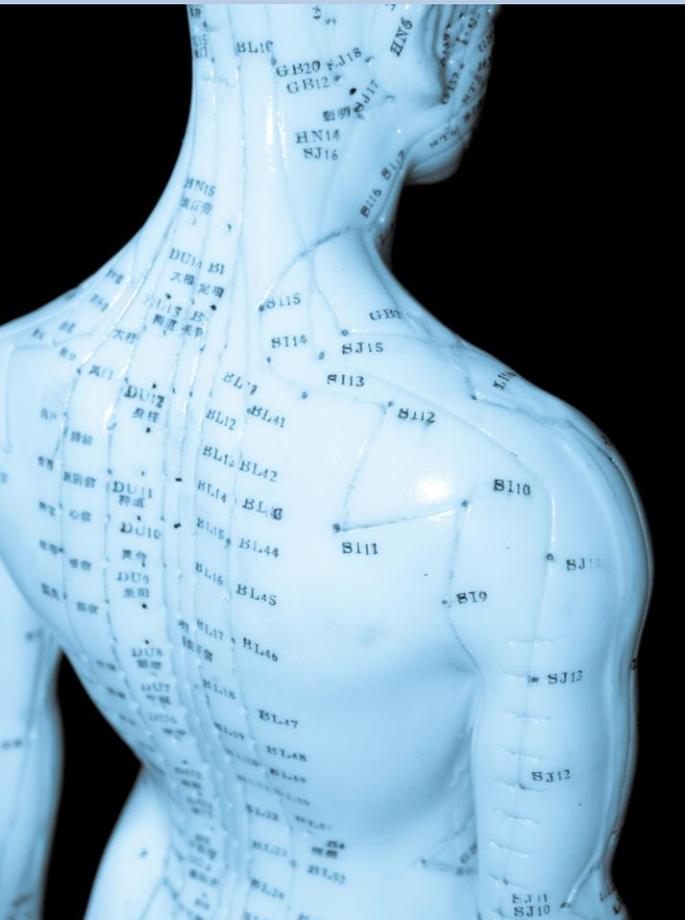
Notice that Scott went the extra mile and also added ReMyte to his remineralization regimen. The 12 essential minerals in ReMyte have undergone the same pico-ionic process as ReMag, making them highly absorbable as well.

There's no better way to get all the most essential minerals into your cells than to add this dynamic duo of ReMag and ReMyte to sea-salted water and sip it throughout the day.

# SMART Amalgam Removals : Galvanic Toxicity

Written by: Dr. Veronique Desaulniers

*Bob's Note: AACI/IWARC Advisory Board Member, Dr. Veronique Desaulniers (or Dr. V as we all know her) has put together a very interesting study regarding "galvanic toxicity" and amalgam removals. Most of you are aware that amalgams are those forever-torturing nickel-mercury fillings that poison us till we die. We get calls and emails all the time regarding the process of removal and biological dentistry. Read Dr. V below.*



In Part 1 of this two-part series on biological dentistry, I discussed how to be SMART when it comes to amalgam removal. If you haven't read that informative article yet, be sure to [check it out!](#) In Part II, I'll discuss how metal in your mouth can throw you off balance in another way that you may not be aware of. This is called *galvanic toxicity* and it has to do with how metal in your mouth can affect the electrical currents within your own body.

## The Body Electric

Did you know that you have electric currents pulsing through your body right now?

To paraphrase Italian particle physicist and inventor Dr. [Carlo Rubbia](#), we are really only 1 billionth physical matter. The rest is energy!

While that may be a little too abstract to really wrap our heads around, what we can conceptualize is the electrical components of our bodies. We know that the brain operates by way of "neuron firings" and that the whole [nervous system itself](#) functions through nerve, i.e. electric, impulses.

According to the research of visionary scientist [Royal Raymond Rife](#), “the body is comprised of electro-magnetic transmission and communication.” Rife also claimed that all functions at the biological level have corresponding electromagnetic activities that correspond with it.

Rife created a whole branch of natural medicine called *electromedicine*. He basically said that “when you target a living cell with the precise frequency it needs, it will respond favorably, and health can be restored in an amazingly short period of time.” Electromedicine is the foundational principle for popular energy medicine modalities such as frequency harmonics therapy, far infrared sauna, [light and sound therapy](#), [Bio mat](#) and PEMF therapy.

[Traditional Chinese medicine \(TCM\)](#) also relies on the presence of “energy flows” or “chi flows.” The objective of any TCM-based modality, whether it is acupuncture, qi gong or [EFT/tapping](#), is to open up areas in the body where energy may be blocked, stagnant or imbalanced and get the flow going again in a balanced way. This is when health can be restored.



## **Galvanic Toxicity: How Metal Can Affect Your Electric Currents**

There are many modalities that can help restore proper energy flow in the body (we just mentioned a bunch of them), but there are even more factors that can throw this flow off. This includes the presence of metals in the body, especially in your mouth!

Oral-originating electrical imbalance is called *galvanic toxicity* or [oral galvanism](#). This occurs when saliva comes in contact with the metal in the mouth and creates its own electric current.

This current can sometimes interfere with the subtle electrical currents that already exist in your body that we just talked about above. When the inherent currents and the imposed currents intersect, this can overstimulate the nervous

system, especially the brain. When this happens, a myriad of symptoms may ensue including insomnia, heart arrhythmias, headaches or a slightly metallic taste in the mouth. You may also experience a slight electrical charge when you use metal utensils for eating.

Oral galvanism can cause more serious side effects as well. According to a [2008 study](#) published in the *Journal of the American Dental Association*, individuals with autoimmune conditions may experience enhanced disease conditions as a result of titanium implants in the oral cavity. Others may experience neurological problems like brain fog or anxiety/depression, chronic fatigue or even seizures.

And then there is the possible connection to Breast Cancer. The Chinese Meridian System states that every tooth is connected to a corresponding organ in the body. When metal is inside or replacing a tooth, this can have an effect on energy (or “chi”) flow to the breasts as well. For example, the 4<sup>th</sup> and 5<sup>th</sup> teeth on either side of the center teeth (left and right, top and bottom) are directly connected to the mammary area in the Chinese meridian system. I can’t tell you how many women with Breast Cancer I have counseled who also have issues in these particular areas of the mouth.

### **What Can You Do About Oral Galvanism?**

Dr. Stuart Nunnally, featured in the [last article](#), has worked with patients in the removal of amalgam fillings for decades. He learned about the issues surrounding galvanic toxicity from his mentor and friend, [Dr. Hal Huggins](#).

*“If you have several metals together, they produce a current and they are known to be very disruptive to the other currents that we have in us,” [Dr. Nunnally explained](#) in a recent interview. “[T]hey interfere with acupuncture meridians. They interfere basically with the flow of energy.”*

According to [Dr. Nunnally](#), Dr. Huggins knew that the currents of introduced metals run in microamps (that is one millionth of an amp). The brain, on the other hand, runs on nanoamps (that is one billionth of an amp). Huggins hypothesized that the discrepancy may cause some “serious issues with the brain.” Nunnally

says that Huggins began to observe some of his patients who had mercury fillings, crowns and other metal in the mouth have some of the side effects mentioned above.

Over the years, Dr. Nunnally has also observed the same thing. But has also observed that the side effects of multiple metals in the mouth (most amalgam fillings have several different types of metals) will go away when they are removed.

One way that Nunnally determines which oral metals may be problematic is through the use of an *amalgameter*. This is a specially-designed ammeter tool created by Dr. Huggins in the 1980's. The amalgameter measures the flow of electrical current through an affected tooth. It can help a biological dentist determine which teeth may be problematic in terms of electrical cross currents.

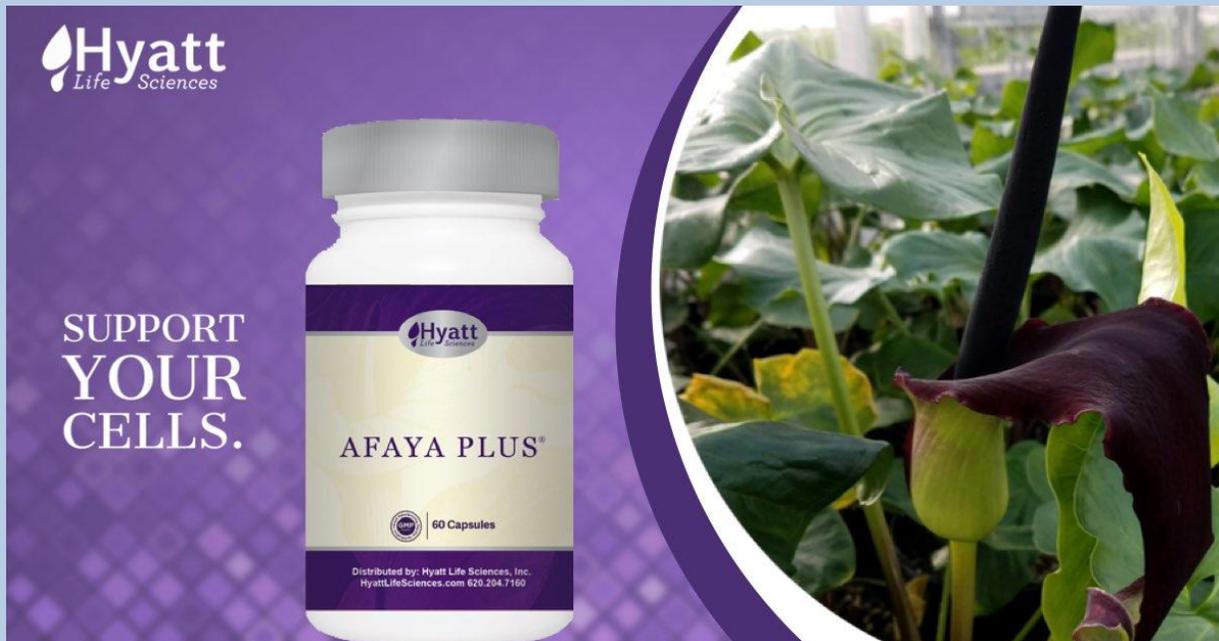
“There are some gold crowns that are safe, for example. Alloy with platinum seems to be very safe and [Huggins] was a big fan of those,” Nunnally recalls. “We like to use [the] meter and check every metallic crown or filling to see what the charge is on it. That is how we determine which ones we are going to remove and which ones we are going to let stay.”

### **Take Care of Your Oral and Energetic Health to Prevent Breast Cancer**

You absolutely MUST address the [health of your teeth](#) as well as the [health of your energetic system](#) (including your nervous system and brain) if you want to prevent Breast Cancer. Sometimes you are able to heal imbalances on both of these fronts. You can do this by addressing the metals that exist in your mouth. Whether you are concerned about mercury toxicity, galvanic toxicity or metal allergy, consider connecting with a legitimate [biological dentist in your area](#) in order to discovery your options.

Your whole body will thank you for it!

# AFAYA PLUS



Recently, I came across a new product from Hyatt Life Sciences that appears to be a real “game changer.” This new supplement is called “Afaya Plus® (Afaya meaning *health* or *life* in Arabic) and is a proprietary blend of six different natural ingredients combined in a synergistic and “radio-driven” formula that helps to support normal cellular function and processes (think epigenetics) that can become dysregulated from everyday life. Utilizing the plants *Arum Palaestinum* (from the Middle East) and *Peganum Harmala* (Asia), and combining them with turmeric and other botanicals, the company has created a truly epigenetic product that provides maximum nutritional balance.

While this product will work in the resurrection of epigenetic pathways, hence, becoming a valuable supplement to everyone, I would especially consider it if I was struggling (guys) with prostate problems (cancer, hyperplasia, high PSA). In other words, if this was me, I would definitely be using it.

Find this product at [www.hyattlifesciences.com](http://www.hyattlifesciences.com). They may be having a 20% off sale right now if you hurry. Mention the AACI/IWARC.

~ Bob

# Testimonials: Thank You Mr. Wright!

## X-39 Strikes Again

### | LifeWaveX39™ Stem Cell Patch

#### Benefits

The LifeWave X39™ patch is designed to elevate a copper peptide known to activate stem cells



RAPID PAIN RELIEF



REDUCED INFLAMMATION



SUPPORTS WOUND HEALING



ENERGY & VITALITY



MENTAL CLARITY



ENHANCES SPORTS PERFORMANCE



FASTER RECOVERY FROM EXERCISE



IMPROVED SKIN APPEARANCE

*“As you may know, I’m a Physicist, Homeopathist and well versed in supplements, herbs and nutrition. I’ve been using and teaching Natural Healing modalities, since the 1960’s. I’ll be 78 in August.*

*But I’ve never seen or experienced anything like X39... ever!*

*I’ve been using X39, stem cell activating patches, for a month now. For years, I’ve been awakening with intestinal pain. It’s gone. I’ve always had a belly. Even when I got sick in India and dropped from 180 lbs, down to 93 lbs, I still had a belly. It’s gone.*

*I always wake up cloudy minded, stuffed up, and tired. Not now. The itchy skin on my scalp is almost gone. A sinus infection of about 10 years is almost gone. And my brain is working much better. I have more focus and energy. Friends have noticed. Gayla notices!*

*Love & Best Wishes!”*

*~ Barry*

# Overall Wellbeing Testimonial

## / ASEA® REDOX Cell Signaling Supplement

*Bob's Note: We are hearing some incredible testimonials lately coming from those utilizing the redox molecule supplement called ASEA. See the one below. While we highly recommend this product to virtually everyone, neither the AACI/IWARC nor ASEA will tell you that it will heal anything nor treat any sickness nor disease. There – I punched in that Disclaimer so we can satisfy the Feds.*

ASEA Healthy Self

 **William B. Williams**  
Conversation starter · Wednesday at 6:13 AM · 📎

I've been waiting to get my lab report back before sharing my personal testimonial with ASEA. I hear periodically from some of my friends that taking the liquid Redox doesn't make them feel much different. When you understand the science and connect the dots, you realize that this is not a product or supplement that is "supposed" to make anyone "feel" better! (although it can). It's not a pharmaceutical or drug or herb. It does restore cell's ability to function by replenishing redox molecules which in turn signal and activate genes which regulate healthy metabolic and cell functioning pathways. If in restoring oxidative balance and cellular and DNA transcription pathways it causes one to "feel" better, so much the better. But remember these aren't drugs or herbs. Redox signaling molecules effect is to allow all cells including the immune systems, hormones, circulatory, digestive, and inflammation pathways to function more normally because they allow proper communication within and between cells.

Now, back to my personal testimonial. The first thing you need to know is that I felt pretty much like any 68 year-old guy before taking ASEA. Not perfect but okay. I was on no drugs, no medications. I had not been diagnosed with any serious disease.

We know ASEA helps every cell in your body even if you don't feel it (exactly like you can't "feel" vitamins C, D, or E working but you know they help). I'm taking Redox ASEA and ASEA Via daily while also using the topical, Renu 28, on my skin every day. Initially, I "only" had a feeling of better clarity (sight, sound, smell). Soon, I started sleeping better. longer each night. I had fewer body aches.

before I turn 70, my new blood results are in:

My testosterone, which had been low for 25 years, is now normal. My score went from 277 ng/dL to 441 ng/dL.

My CRP (C Reactive Protein), a measure of total body inflammation, dropped in half from 10mg/L to 4.9mg/L, Total cholesterol was 227mg/dL and now is 169 mg/dL

Triglycerides were 131 mg/dL and now are 97 mg/dL

HDL was 51 mg/dL and now is 46 mg/dL

LDL was 150 mg/dL and now is 104 mg/dL

A CIMT tests performed at AAOSH measuring carotid artery calcification and lumen size showed that I had gotten relatively younger in my arterial health compared to my age over a five-year period. These are real world measurements of improved health and anti-aging, which is our desired goal from taking ASEA.

All the medical tests went from being too excessive, dangerous, over the desired limit to just right, ideal, or close to perfect for my age. So, I wouldn't discount that you, too, couldn't benefit in a similar way. It's not just how you "feel" that counts.

Dr. Bill Williams  
April 7, 2020

Tue 14 Apr

ASEA Healthy Self

started sleeping better, longer each night. I had fewer body aches, less joint and muscle discomfort, less back ache. I was more alert. I certainly had more energy. Those were subjective feelings that I enjoyed but was not in any way amazed to experience.

Almost every day patients are telling me that I look younger, that I don't look nearly 70, and want to know what I'm doing. I've even had several people join my ASEA team just because they are amazed by the way I look. My dental colleagues marvel at my pace of running my dental practice, teaching my mastermind, writing books and articles, giving seminars, webinars, and also running my global ASEA business. I guess you can be your own best advertisement. I attribute my increased energy and capacity to keep going to ASEA mostly.

Being happier at work, less stressed, and more joyful each day seemed to be related to being able to work with my best team of dental assistants, business assistants, and hygienists in many years I thought, but, it could also have been the effect of the ASEA, too. I think both had a role in that!

What did give me reason to be joyful was my quantitative lab results a year after being on these products. I was 68 when I started taking ASEA and had just had a major medical evaluation with an exhaustive blood test of all my markers. Now, a few days before I turn 70, my new blood results are in:

My testosterone, which had been low for 25 years, is now normal. My score went from 277 ng/dL to 441 ng/dL.

My CRP (C Reactive Protein), a measure of total body

# Ready to learn more?

For questions about ANY of the products mentioned in this newsletter email us at [shelly@americanaci.org](mailto:shelly@americanaci.org)

Click [here](#) to order copies of Bob's book "Killing Cancer, Not People".

Click [here](#) to download the 6-hour 2017 Get MAD About Cancer Health Summit in Atlanta featuring Bob Wright and Tracee Randall, a great resource to complement Bob's book.



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# SPONSOR HIGHLIGHT

## A financial service for using life insurance today™

For millions of people who are living with a serious illness such as cancer, heart disease, Alzheimer's or AIDS, the high cost of medical care can quickly deplete essential resources. The same is true for many people over the age of 75 who have complicating health factors. Just putting money aside for basic expenses such as groceries and mortgage payments can be a challenge. LIBI gives people a place to turn for additional resources. Through a financial service called a viatical settlement, we enable people to sell their current life insurance policies for a percentage of the total face value. The money people receive may be used for any purpose and, in most cases, is free of federal income tax obligations.

*LIBI can help open the door to new possibilities—such as fewer financial worries, new options for medical care and additional resources to share with family and friends.*

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## What sets Life Insurance Buyers, Inc. apart

People place their trust and confidence in LIBI for many reasons—the financial strength and stability of our company, the experience and commitment of our people, the range and quality of our services, and the leadership and integrity of our organization. These are the qualities that set LIBI apart as the industry's top broker. LIBI has helped convert millions in policies into accessible funds for hundreds of individuals in need. In every relationship, we take the time to learn what's most important to our clients and to provide them with the resources they need, in a timely and confidential manner.



**LIBI**  
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their families for  
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## Leadership that makes a difference

At LIBI, we operate with the highest ethical standards, carefully protecting the interests of our clients. To us, that means maintaining strict client confidentiality, offering fair payment for policies and encouraging

*From the first call to LIBI, each client works with a single client service representative, who is there to help every step of the way.*



effective regulation of our industry. We work closely with the National Association of Insurance Commissioners as well as federal and state governments to promote meaningful regulation of viatical settlements. LIBI works with numerous not-for-profit organizations across the country to help educate and inform the community about this important financial resource.

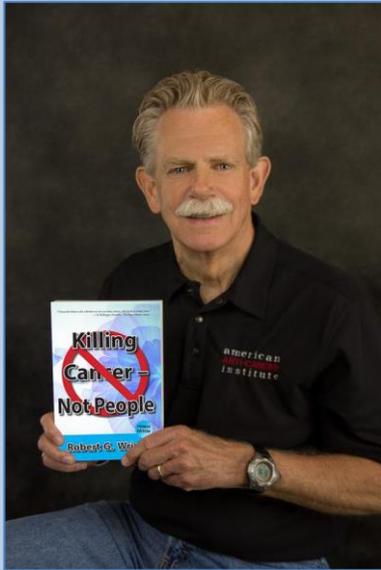
## What's important?

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### WHAT WOULD THE AUTHOR, BOB WRIGHT, DO IF *HE* HAD CANCER?

The "Wright Stuff", of course!

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