

Steps for Proving a New “Infectious” Disease

**BETWEEN INNOVATORS IN WHITE THOBES AND
PSEUDOSCIENTISTS IN WHITE ROBES**

**Important Principles from Shaykh al-Albānī (رحمته الله) Regarding
Justification of Precautionary Measures and Separating
Science from Pseudoscience, Whisperings and Superstition**

Abu ‘Iyaad

Dhū al-Qa‘dah 1441 / June 2020

Contents

Foreword.....	3
Introduction.....	9
1. A New Clinical Picture.....	13
2. Medical History Examination	16
3. Optical Identification of the Pathogen	18
4. Isolation and High Purification	19
5. Identification and Characterisation	24
6. Calibration of Laboratory Testing.....	28
7. Fulfilling Koch’s First Postulate.....	31
8. The Second Postulate.....	35
9. The Third Postulate	36
10. The Fourth Postulate	40
No Virus Has Ever Been Truly Isolated	42
The Elusive Measles Virus.....	43
Earn a €1.5 Million Prize!	47
The Error and Self-Deception of the Virologists.....	48
Pseudoscience Illustrated	50
Concluding Notes	54

Foreword

الحمد لله والصلاة والسلام على رسول الله وعلى آله وصحبه وبعد:

This is a brief work from June 2020 which I wrote at the time during the first few months of the **Covid-19 Pandemic Scam**, which was a much more sophisticated and carefully orchestrated rerun of the **2009 Swine Flu Pandemic Scam**¹.

The intention and objective was to combine between:

a) What Muslim scholars (in particular Shaykh al-Albānī) expressed regarding the importance of scientific verification in the matter of contagion (for those who affirm it) and,

b) The application of the scientific method of inquiry, so that genuine science can be separated from **the modern-day pseudoscience of Darwinian virology** and the **unwarranted fearmongering** and **exploitative profiteering** built on the back of it.

¹ Refer to <https://abuiyaad.com/w/swine-flu-scam> for numerous textual and video resources on this subject matter. Following the Swine Flu Scam, on 18 December 2009, a group of politicians from the EU submitted a motion in the Council of Europe Parliamentary Assembly titled: “**Faked Pandemics – a threat for health**”, the text of which was as follows:

In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments worldwide. They have made them squander tight health care resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines.

The “birds-flu”-campaign (2005/06) combined with the “swine-flu”-campaign seem to have caused a great deal of damage not only to some vaccinated patients and to public health budgets, but also to the credibility and accountability of important international health agencies. The definition of an alarming pandemic must not be under the influence of drug-sellers.

The member states of the Council of Europe should ask for immediate investigations on the consequences at national as well as European level.

Refer to: <http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=12720&lang=en> for the document and signatories.

The importance of this affair lies in the fact that it also has a connection to the subject matter of Tawḥīd, to creed and to the issue of superstition and harbouring of omens and doing baseless actions upon unwarranted fear, emanating from lies, exaggerations and pseudoscience.

On the back of Darwinian virology pseudoscience, destructive lockdowns, social distancing (between healthy) and universal masking policies as well as harsh vaccination mandates were imposed all across the world which benefited vaccine manufacturers and investors tremendously.

The harms of these policies and their lack of scientific evidence are now being admitted and openly discussed.

Yet all this happened on the basis of:

—Manufactured science similar to that manufactured by the IPCC to prove “global warming” which was exposed in 2009 and became known as “Climategate”,

—Doom and gloom fearmongering to enable sales of serums and injections.²

—Fraud committed by criminal enterprises such as Pfizer.

—Fraudulent misuse of RT-PCR “tests”

—And many other violations and excesses.

Only a week ago, the FDA admitted that they do not require any proof that a “vaccine” prevents infection or transmission for it to be authorised and licensed or given emergency use authorisation (EUA).³

² By soothsayers posing as scientists (funded by Bill Gates and his likes from the Malthusian Eugenicians who are heavily invested in big pharma) using their crystal balls of computer software programs to make wild predictions of disease and death to instill fear in the hearts and minds of people, to facilitate the sale of serums and injections.

³ The FDA admitted this in their response to a request from world-renowned scientists and professors of medicine. They stated on 18 April 2023: “It is important to note that FDA’s authorization and licensure standards for vaccines do not require demonstration of the prevention of infection or transmission... There is no requirement that the vaccine also prevents infection with the

This means that the harsh vaccination policies in most parts of the world implemented in order to prevent “contagion” were without basis and were based on spurious science and spurious deceptive marketing by the likes of Bill Gates, Anthony Fauci, Albert Bourla (CEO of Pfizer) and various institutions. This false claim (of prevention of “transmission”) was then conveyed, amplified and propagated by the media. Health agencies and governments across the world made their policy decisions on the basis of these claims.

However, the air has now cleared, the dust has settled and the realities have become evident. The fraud committed by vaccine manufacturers such as Pfizer is being exposed in great detail, day by day, week by week.

The FDA and Pfizer tried and failed—during court proceedings—to hide clinical trial data and documents from the public for 75 years, when most people alive today would be dead. They were forced to release over 450,000 pages of documents over an 8 month period starting March 2022 and upon analysis of these documents, fraud and criminality is all but plain and evident.

Refert to <https://news.bloomberglaw.com/health-law-and-business/why-a-judge-ordered-fda-to-release-covid-19-vaccine-data-pronto> and <https://dailyclout.io/category/pfizer-reports/> for ongoing reports on the medical fraud.

From the things that the FDA and Pfizer tried to hide which are highlighted in these reports:

1. That Pfizer knew their gene-based injections had negative efficacy as early as November 2020.

pathogen that can cause the disease or transmission of that pathogen to others. Similarly, a vaccine can meet the EUA standard without any evidence that the vaccine prevents infection or transmission. To that end, there is no requirement that the clinical trials supporting a vaccine’s licensure or authorization be designed to determine whether the vaccine prevents infection of a pathogen or transmission of that pathogen to others.” Refer to: <https://www.thepulse.one/p/renowned-scientists-ask-fda-to-change>

2. Shortly after the release of the COVID injections, Pfizer moved to hire 2,400 full-time employees to process the paperwork of the injured.

3. Pfizer and the FDA withheld information that the shots cause heart damage in youth for four months while an aggressive propaganda campaign drove many thousands to get injected.

4. Rather than staying in the injection site, Pfizer knew the shot’s dangerous lipid nanoparticles quickly distribute throughout the body to the brain, liver, and adrenals, and accumulate in the ovaries.

5. Pfizer documents acknowledge more than 42,000 adverse events, including 1,200 deaths, in just the first three months (late December 2020 to March 2021), including strokes, hemorrhages, blood clots, lung clots, leg clots, neurological disorders, dementia, guillain-barré, bell’s palsy, myalgia, and more.

6. Prior to it being legal, more than 1,000 children were injected, and Pfizer’s documents indicate a high rate of serious injury.

7. Available records of study participants who conceived children show 80% lost their babies.

8. Pfizer knew there was a danger to fertility. Lipid Nanoparticles damage the placenta during pregnancy, causing early deliveries.

9. Pfizer docs show that lipid nanoparticles also enter breast milk, stunting, injuring, and sometimes killing babies.

10. Pfizer docs show 3 to 1 ratio of AEs sustained by women, and in which 16% were ‘reproductive disorders.’ ‘What kind of monsters look at 16% reproductive disorders and keep going?’ Results: ‘13% to 20% drop in live births’.

11. Pfizer documents reveal that LNPs “degrade baby boys in utero” by traversing “the testes of fetal baby boys” and damaging “the Sertoli cells and the Leydig cells, which are basically the factories of masculinity”.

And much more.

Given such a “change in climate” from 2020, it is hoped that people are more open to accept truths and realities that may not have been clear to them during the height of the pandemic scam.

Note: This is a knowledge-based discussion about worldly sciences⁴ and the fraud and deception that takes place therein.

We have repeatedly stated since early 2020—[from the very beginning of Covid-19 pandemic scam orchestrated through the WHO and other captured institutions for the benefit of big pharma]—that when it comes to practicalities, where certain policies and mandates have been imposed in countries, that a person should comply with regulations from the angle of preventing harm to oneself (i.e. fines and penalties) and from the angle of not causing disturbance and commotion in the society. Rather, to maintain order in society, in accordance with principles of the Sunnah.

But also, that at the same time, one must not believe in the lies and superstitions of the Darwinian virologists, whose pseudoscience gives birth to imaginary viruses and endless Darwinian variants (scariants) for which we must henceforth forever keep injecting ourselves with the mRNA juice provided by the selfless, philanthropic Bill Gates.

The same one who thinks there are way too many people on earth emitting carbon dioxide, whose number must be reduced to save the planet, with vaccines, in which he is heavily invested, playing a major role in that.

Every nation is free to make and choose its policy decisions on the basis of its evaluation of the knowledge and science, and we have to respect that, but their choices and policies do not necessarily represent or embody truth. However, we make du‘ā to Allāh to grant success to the rulers of the Muslims in arriving what is correct and beneficial and to protect them and their populations from harm, and we aid them and support them with advice where that is appropriate and possible.

Nations of the world differed in their approaches, from them are
a) those that rejected the scam from the beginning—such as

⁴ As for the discussion of the issue of contagion itself, refer to:
<https://abuiyaad.com/a/four-affairs-of-jahiliyyah-contagion> and
<https://abuiyaad.com/search/contagion>

Tanzania—and who kicked out the WHO from their country after investigating the RT-PCR tests (upon which the pandemic scam is based) and verifying that their use is nothing but fraud and deception,

b) those who stuck to common sense policies based on the known and established science and did not implement harsh measures, such as Sweden and numerous America states and,

c) those who generally followed the WHO, Bill Gates and the Chinese, which was a large share of nations.

We have to respect every nation’s decisions and policies, however, no one can force anyone to believe in speculative medical theories and pseudoscience (Darwinian virology) or to accept lies and fraud when they are evident and plain.

Introduction

الحمد لله والصلاة والسلام على رسول الله وعلى آله وصحبه وبعد:

The great scholar of Prophetic traditions, Shaykh al-Albānī (رَحْمَةُ اللَّهِ) (d. 1999 CE) (d. held the view that contagion may sometimes occur through mixing. This is one of two views among Muslim scholars regarding belief in contagion.

The correct, superior view is the absolute negation of contagion based on clear, explicit textual evidences as well as the accumulation of empirical and scientific evidence especially during the 20th century and now in the 21st century with the complete falsification of the fraud and science of Darwinian virology.

However, within his view of contagion, Shaykh al-Albānī outlined a number of important conditions for taking precaution (against illness) that must be within limits and bounds.

These conditions in fact reflect a common sense and scientific approach to verification of claims and they approximate to what are known as “**Koch’s postulates**”⁵, a series of steps to prove that a proposed agent is the actual cause of disease.

⁵ Robert Koch (1843-1910) laid down these postulates to try and prove viral contagion and the germ theory of disease. However he and others were unable to do so. Experiments conducted from the early 20th century to “transmit” influenza and other illnesses consistently failed. In response, these postulates began to be revised in the 1930s by Rockefeller funded cronies such as Thomas Rivers, with a view to expanding markets for serums and injections on the back of virus fearmongering. Eventually, when viral contagion could not be proved through the scientific method, **sleight-of-hand trickery** in the form of the laboratory cell culture (using monkey kidney epithelial cells) was used in the 1950s, and this became the basis of modern virology. Also, at the same time, the definition of a “virus” changed from being a “noxious fluid substance,

The Shaykh said:

As for a person’s leftovers (su’r)⁶, then it is pure in a general sense, however it is not described that it is a cure of any sort and nor that it is ailment. O Allāh, except in one specific situation, **when it is established** that:

—**this person is actually ill⁷**
 —**that he is afflicted with a contagious disease**
 —**that this contagious disease is caused by a microbe**
 —**and that this microbe may be transmitted not only through drink, but also by way of physical contact, the [sick] person may touch him...**

So here, **there is no issue with taking precaution,⁸ but we do not make it a habit in daily life.⁹**

slime”, the word’s original meaning in Latin, into a Darwinian entity undergoing mutation and selection.

⁶ The food on a plate one has eaten from with hands or the drink in a vessel one has drunk from, and it refers to whatever separates from the body (from the skin, saliva) that another person may then come into contact with by eating from the same food or drinking the same drink.

⁷ From the fabrications of the germ theorists and virologists is the notion of an “asymptomatic carrier”. This was invented after it was empirically proven by their opponents in the late 19th and early 20th century that bacteria were not *primary* agents of disease (even if they are involved in disease processes) and when viral contagion experiments involving influenza had consistently failed. The notion was invented to maintain belief in viruses as agents of disease. This is similar to the Big Bang model where in order to maintain the model, ad hoc forces and particles are introduced in order to avoid the model being falsified and invalidated. Shaykh al-Albānī has made a good point in that we must not operate on suspicion but on verified realities, otherwise, this leads us to whispers, cutting off of ties and much harm to society. Similar statements have come from scholars in the past such as Ibn Rajab al-Ḥanbalī and others.

⁸ Meaning, when all of these conditions are established and proven.

⁹ Sadly, these principles were ignored during the alleged “Covid-19 pandemic”, the biggest medical and financial scam in world history. The fake science of the virologists, the Chinese Communists, the money power of philanthrocapitalists such as Bill Gates, captured institutions and agencies such as the WHO, FDA and CDC, coupled with the collusion of big media in spreading the propaganda of

So the meaning [here] is that this is a whispering (waswasah) which destroys personal ties and human relations which are established between people. The foundation is that every person’s leftovers and interaction with them is that he is upon fiṭrah (original disposition) and upon health and well-being.”¹⁰

The Shaykh returned the matter to scientific investigation and verification and his words encapsulate rational and common sense principles which have application in scientific study.

In each discipline there are core principles, foundations and rules which are returned to for the evaluation of claims.¹¹ Just as there are principles that relate to authentication of Prophetic traditions, there are also principles that relate to establishing a new disease claimed to be caused by a new “infectious pathogen”, within the germ theory model of disease.

fear, big tech in censorship and big pharma in providing the fake science allowed this scam to be pulled off in a scarily clinical fashion. The perpetrators had learned their mistakes from the failed Swine Flu Scam of 2009 which fell apart after only a year due to brave stand of certain medical professionals and politicians. See: <http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=12720&lang=en>

¹⁰ There is no title to this cassette, or series, and it is simply labelled as “Miscellaneous Issues”, no. 211. For the recording refer to: <https://www.al-albany.com/audios/content/3378>

¹¹ This is why no individual, institution or government has any ownership of science, nor do they have a private monopoly or any exclusivity in these affairs of knowledge which are universal, they transcend individuals and governments, and they return back to proof and evidence. Just as with religion, where no individual scholar or institute or government has any monopoly or exclusivity in authentication of ḥadīths or discussing issues of creed, or Islāmic rulings, then likewise in matters of science (and in this case, medicine). Had this not been the case, then error and misguidance would rapidly set in—due to absence of critical evaluation by others—and in the worldly affairs, much harm and corruption would become cemented through false claims in science. In fact, these affairs have occurred and have been experienced in history.

In this article we want to combine this insightful statement of Shaykh al-Albānī with a series of known steps that would prove claims of the existence of a novel “pathogen” for a novel disease within the germ theory model of disease.

In the early 20th century, there were scientific standards set up in microbiology for the detection of any alleged new “pathogen”, a microbe or a “virus” and the disease it is alleged to cause, and which is also said to be “infectious”.

These standards followed **pure common sense** and **basic laws of sound reasoning**. On the basis of these standards, a series of steps can be devised to validate any claims of a new virus causing a new disease.¹²

In what follows, we present these steps in an imaginary scenario of an outbreak of a novel disease which we can call **COBED-19** to show how these steps ought to be applied in real life. In this process, the reader should be able to see how real science can be distinguished from pseudoscience and fraud.

¹² Refer to Expresszeitung magazine, Issue 32, May 2020, pp. 22-74.

1. A New Clinical Picture

A new, widespread, dangerous clinical picture of a **previously unknown disease** has to be first established.

For example, the earlobes swell, then turn blue and eventually a person loses his hearing and his common sense. Within two to four weeks a percentage of patients die, and those that do not have permanent hearing loss. These are **completely new symptoms** which have not been observed before and hence may require a completely new form of treatment.

This clinical picture (observed symptoms) can be given a new name: **Chronic Obstructive Blue Ear Disease**, or **Chronic Obstructive Blue Ear Death**, with **COBED-19** as the acronym, with 19 representing the year 2019, in which it appeared.

If this disease had occurred regularly in the past and affected large numbers of people across large areas—such as whole counties, states or countries—then there would be no reason to look for a new disease. It is only when you are able to eliminate all known diseases from the list of possible diseases, that you consider this a new disease.

When a disease has symptoms that **cannot be clinically distinguished** from those of known diseases such as flu, pneumonia, then there is no justification for claiming a new, unknown disease.

Such symptoms include a cough, fever, runny nose, loss of taste and smell, shortness of breath and so on. There are no unique symptoms here, and all of these symptoms have known causes among known diseases.



Clinical Picture Fraud Alert

In the case of the alleged new disease “Covid-19” in which the first patients in Communist China were claimed to have shown “**atypical pneumonia**” of “unknown cause”, clinical picture fraud was committed by these lying Communists from the outset. This is because “atypical pneumonia” has a wide range of known causes.

“There are several and wide spectra of non-infectious causes of atypical pneumonia. These causes make atypical pneumonia more fatal than typical pneumonia for several reasons.

—Among the causes are the inhalation of **toxic fumes, solvents and substances**.

—Also the penetration of food, drinks or stomach contents, which enter the lungs in case of swallowing disorders or unconsciousness, can cause severe pneumonia (**aspiration pneumonia**). Water alone is sufficient if it enters the lungs of drowning persons to cause severe atypical pneumonia.

—A further cause is the recognized spectrum of **immunological malfunctions**, such as allergies and autoimmune reactions. It is also known that **radiation** triggers an inflammation of the lungs in cancer, which cannot be distinguished from typical pneumonia.

—**Congestive pneumonia** is particularly well known in older people. They develop it due to water retention (edema), prolonged bed rest, heart and/or kidney weakness, which can lead to inadequate ventilation and blood circulation in the lungs and, as a direct consequence, to inflammation of the lungs, i.e. atypical pneumonia.”¹³

To avoid investigation of all of these possible causes, with the knowledge that there is a high incidence rate of pneumonia in China due heavy industrial pollution, and to immediately suspect a “virus” is not sound science.

¹³ Stefan Lanka, “Misinterpretation Virus II –Beginning and end of the corona crisis”, June 2016. The original in German can be read here: <https://wissenschaftplus.de/uploads/article/wissenschaftplus-fehldeutung-virus-teil-2.pdf>

**Fashion Diagnosis Alert**

It is common within the modern paradigm of allopathic, **symptoms-management only** medicine to make a “**fashion diagnosis**” which means to diagnose an illness on the basis of the current diagnosis fashion trend. As a result, the true and real causes of the disease and its symptoms are overlooked. Such things as toxicity, malnutrition, stress, anxiety, medication, radiation and so on. The fashion diagnosis is usually desirable because of financial incentives at varying levels of the chain, from the powerful pharmaceuticals at the top, right down to the front-line dealers and dispensers at the bottom.

Once we have a clinical picture that is completely new, without precedent, then we can move to the next step of medical history examinations in the patients.

2. Medical History Examination

The second step is that in this previously unknown disease, **COBED-19**, we have to do a detailed medical history examination of the cases of this disease to see what factors may have caused the disease and whether we can see a pattern in all of the cases of the disease. Things to look for are:

- age group**
- drinking from the same **water supply**
- buying or consuming **food** from the same source(s)
- having been in the same **physical location**
- pollution, toxicity, radiation**
- ethnicity, obesity, existing illnesses** and so on
- prescribed medication**

Basically, one looks for **obvious causes** first.

Only when obvious causes are eliminated, then—within the germ theory model of disease—a “pathogen”, a disease causing microbe or virus, is suspected.

If we find that **COBED-19** is affecting a particular group and the vast majority of deaths lie within that group—such as the over 80s, or those with underlying conditions—then that indicates something about the severity and danger of the disease to the population in general. If it only seems to be affecting the weak, immunocompromised, chronically ill and those already in their final stages of life, then **it cannot be a serious or dangerous disease** as it relates to the population in general.



The Quick-Fix and Convenience Alert

To blame a disease on a “pathogen” that can then be fought against with a drug or vaccine in hundreds of millions of people, rather than looking at the multifactorial nature of disease and treating each person individually with unique requirements leads to the following:

1. From the patient’s point of view, one does not need to change his or her lifestyle and habits. Its convenient.
 2. The doctor can prescribe quickly by running through a checklist of symptoms, or offer a vaccine. There is no need to have any meaningful deep relationship and knowledge of the patient. This is **fast-food type medicine** with rapid turnover, similar to how burgers are sold at Macdonalds. The pharmaceuticals have created the system in this manner and physicians are dispensers. It has been made easy for physicians to be struck off if they hold opinions or administer treatments not approved by the medical authorities which in turn are pretty much owned and run by the pharmaceuticals.
 3. Virologists and microbiologists have the incentive of fame and making a name. Career prospects, reputation and money are the prizes for anyone who can identify an alleged new virus for an alleged new disease.
 4. In Western and other democracies where opposition parties are always critical of the ruling party and vie for their position, an epidemic is a great opportunity to stand out. Often, the ruling party or its politicians, are courted by pharmaceutical lobbyists.
- These are the dynamics that would help to explain why true, root causes of diseases are never investigated. It would lead to a decline in markets for drugs and injectables.

3. Optical Identification of the Pathogen

If nothing stands out from the medical history examination of all patients, then a pathogen, so far presumed to be the cause, **must be identified optically**, which means through an electron microscope from samples from the patients.¹⁴ Even this is like looking for a needle in a very large haystack because there are so many types, sizes and shapes of “pathogens”. But let us say, for arguments sake, that we do find something unique in the electron microscope samples from each **COBED-19** patient, and it has a peculiar shape, and we assume it to be a “virus”. This means that we have made an optical identification of the suspected “pathogen” and can proceed further into the investigation.



Zero Proof Alert

Zero proof has been provided and exists till this day from the Communists of China that the alleged novel coronavirus, later named SARS-Cov-2 is visually different to other corona viruses (accepting such things exist). The claim of novelty **has never been proven** and it is nothing more than an unsubstantiated rumour from the direction of the Chinese Communists.

¹⁴ Sadly, the electron microscope procedure has the effect of adulterating and changing the nature of the biological sample because of the many treatments and processes that are required prior to visualisation of the sample. This is one of the major problems with modern biology in that a lot of what has been constructed of knowledge about the cell and its components, has been based on artefacts created by the procedures used for preparing the samples. As such, one has to display some degree of reservation about the claims being made. This is also how virologists are deceived (or they deceive themselves) when they claim to identify a virus through an electron micrograph. The procedure they use in their cell culture experiments, as well as the electron microscopy procedure is what creates the artefacts they claim to be “pathogenic viruses”.

4. Isolation and High Purification

Once optical identification has been made, **a highly purified sample** must be obtained. This is known as “isolation”, however this word, when used in scientific literature and in virology studies does not mean what we are describing here.

We are speaking here in the context of scientifically sound procedures and principles, **not trashy pseudoscience conducted in corporate labs and published in journals today.**

In order to claim that a microbe or virus is the cause of a disease, **a highly-purified** sample of **the whole, intact “pathogen”** must be obtained so that it can be fully and accurately characterised. This would be achieved by filtration and ultracentrifugation so that the “virus” is **completely isolated** from all other particles and contaminants. Then, this sample must be viewed under the electron microscope **so that we have only this “virus”, tightly-packed, with nothing else present.**

This is never done with “viruses” because “isolation” means something completely different to what we have described above.

The word is being used **deceptively and fraudulently** which means that virology comprises pseudoscience.

In fact, in standard textbooks of virology, it is clearly stated that viruses cannot be detected directly. This means that viruses are never purified whole and intact, in complete isolation from everything else.

The laboratory procedures used to claim disease causation **are laughable** and are **an insult to a child’s intelligence**, let alone an adults. Media and science reporting continues the fraud by

presenting the idea to the lay public that a “virus” has been “isolated”, leaving them to assume that the apparent meaning of the word “isolation” is intended.



Pseudoscience Scam Alert

As is explicitly stated in textbooks of virology. “**Viruses occur universally, but they can only be detected indirectly.**”

Introduction to Modern Virology. Dimmock, Easton and Leppard, 6th edition (Blackwell Publishing, 2007), p. 3.

When samples are taken from the nose, throat or lungs of people, *it is never a whole virus which is being detected*, but very small fragments of genetic material and various proteins. The true origin of this material is never known, however it is ascribed to a “virus”. In reality, it is cellular debris being expunged from the body through its pre-programmed healing and repair mechanisms which give rise to symptoms to which we give a particular disease label.

No intact, whole virus is ever detected at any stage, let alone purified in the proper sense of the word. Only indirect methods are being used for detection.

To give an analogy, imagine there is a man in a stadium of thousands of people. This man has a wallet in his jacket. There is also a ten pound note in his wallet. So your “marker” for detecting the man is the ten pound note. If, after sweeping the stadium grounds, you find a ten pound note among many other things, that specific man has allegedly been “detected”. However, this is non-specific and you have not detected or isolated any man at all. You only found a piece of paper that could have come from so many people. This is how the “science” of working with viruses from samples is conducted.

If the alleged virus is not directly detected then the question arises as to how is it done. It is done with procedures that are more akin to **a magician’s sleight of hand**, than they are to real science. Indirect methods such as **RT-PCR** and **antibody tests** are used.

In the RT-PCR method, a sample from a throat or nose swab is taken. It contains many tiny genetic fragments whose origin is not known. These fragments are common between all people and can be found in mucosal linings during certain time-periods among a percentage of the population, similar to how bacteria such as streptococcus can be found in the throats of all people.

This **RT-PCR** method replicates and amplifies the RNA or DNA genetic materials found in the sample, doubling the number of strands in each cycle, until after around 30 or so cycles, billions of copies are produced, enough for optical detection.

However, in this technique, you have to already know what you are looking for. The technique requires two sequence specific primers for the specific genetic fragment of interest. These primers are the two end points between which the target sequence of genetic material can be found.



RT-PCR Diagnosis Fraud

The inventor of this technique and Nobel prize winner, **Kary Mullis** (d. 2019) stated that this technique cannot be used to identify viruses nor for diagnosis of disease. This means that its use in claiming a “novel” virus, and creating “cases” or “infected persons” or “asymptomatic carriers” to generate the illusion of epidemics is a fraudulent enterprise.

This is how the “Covid-19 Pandemic” was manufactured, through the fraudulent use of the RT-PCR procedure that was turned into a “test” to label healthy people as “infected carriers” and people who died from other causes as having died “with” Covid-19 so that this could be added to the death statistics to scare individuals, nations and governments.

In fact, they were very open and blatant about the fraud, as this method of counting the “Covid-19” figures was frequently stated by

officials on television and in official statements.

Coming back to the RT-PCR procedure, zero evidence is provided that the RNA sequence is actually part of a foreign “pathogenic” virus as opposed to being endogenously produced by the body. This is always assumed, but never proven through the scientific method. Virologists employ the “affirming the consequent” logical fallacy in making claims about viruses, we discuss this later.

The other method of detection is the **antibody test**. This is also highly dubious. It only tests for presence of antibodies, not the virus itself, and these antibodies are not unique for the specific virus in question. This test will show “**cross-reactivity**” for other viruses, meaning that it is non-specific and will tests positive due to the presence of other biological materials in samples.



Fake Epidemic Generation Alert

The astute reader will now be able to see clearly how these tests, and their dubious theoretical foundations can be used to create fake epidemics and pandemics. Manufacture these tests in the tens of millions, send them to nations, roll out large-scale testing of the population, and there will always be a large reservoir of positive tests. The manufacturers of the tests can use primers in the RT-PCR tests to ensure common genetic sequences are identified in order ensure a constant supply of “positive cases” or they can even target specific ethnicities, there is no reason to doubt that this is technically possible, in order to amplify the number of cases among those ethnicities. Then from the reservoir of positive cases, you will have the symptomatic and the asymptomatic. The symptomatic are those who happen to be ill due to seasonal or other known patterns of illness. Their symptoms can then be tied to the positive test without any evidence. Likewise, those who die, their deaths can be ascribed to the alleged “virus” detected by these dubious, fraudulent tests.

Yet, all along there has never been any scientifically valid proof for the existence of a pathogenic virus alleged to be the cause of disease.

New York Times: How the RT-PCR test generated a fake Pertussis (whooping cough) pandemic in 2007:

<https://cv2020.s3.amazonaws.com/no-epidemic-pcr-pertussis.pdf>

This is a worthwhile and important read which highlights how an illusory pandemic was created through general, non-specific symptoms and the use of the RT-PCR test.

5. Identification and Characterisation

Once a **pure culture**¹⁵ of the suspected “pathogen” has been acquired, then its properties can be determined:

- what the outer shell consists of
- what proteins are on the shell
- what genetic material is inside the shell

It is only **proper isolation and purification** that allows accurate characterisation of the “pathogen”, to ensure that everything has indeed come from this “pathogen” and from it alone. If there are any contaminants, any residual genetic material not from the “virus”, then this will mean that it has been characterised wrongly, with the wrong sequence and the wrong properties. Here, all subsequent claims about this alleged “virus” and disease causation collapse and are rendered invalid from a scientific point of view.

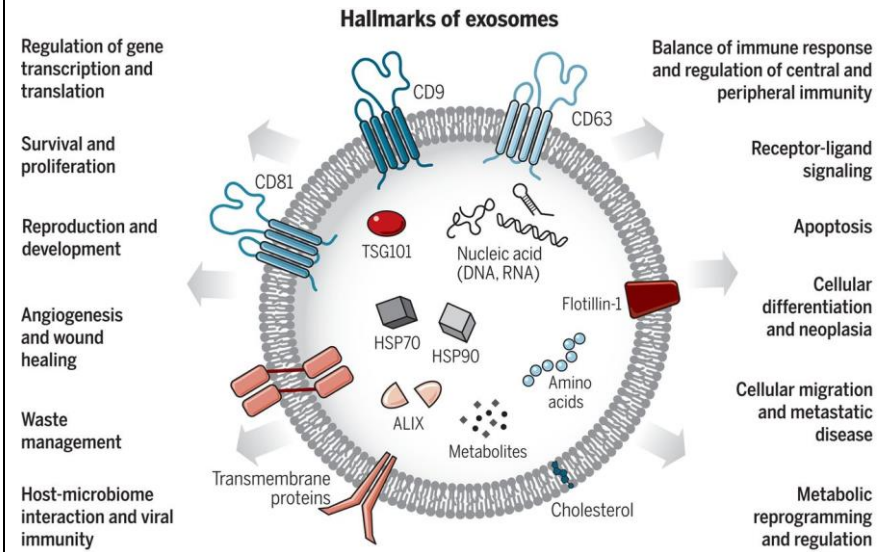


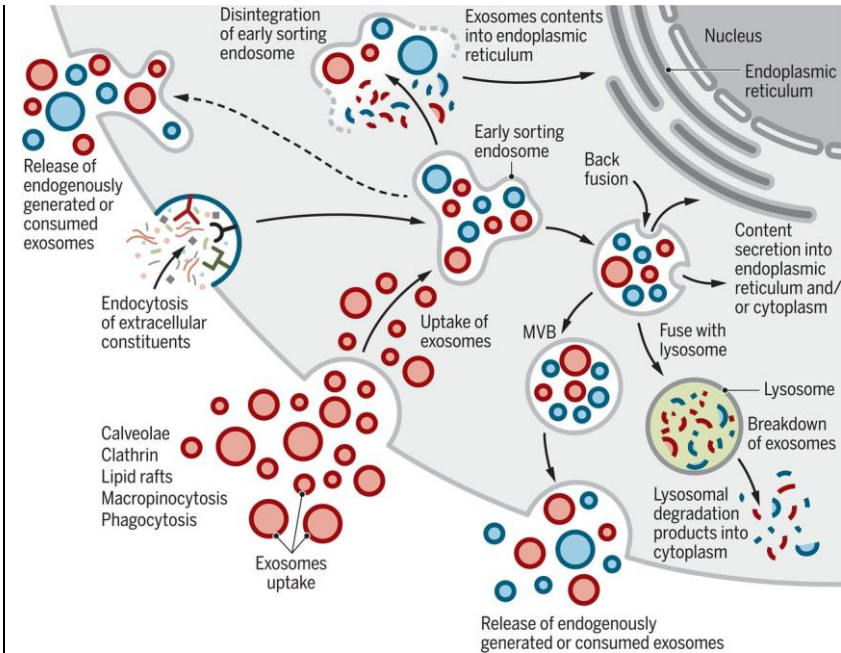
Between Viruses and Exosomes

“Viruses” may have been confused by germ theorists with microvesicles known as exosomes and mislabelled. These microvesicles have only been studied in the past couple of decades. These are membrane encased units produced by a cell that transport mRNA among other things as part of a communications system between the body’s cells. They are pretty much indistinguishable from what have been called “viruses” for over a century. It is possible that the RNA being detected from patient samples is either a previously known or unknown message in intercellular communication through the medium of these microvesicles, or waste genetic debris from dead cells being prepared for expulsion from the body. This means that such RNA genetic materials are actually endogenous and can be found in just about every person on the planet. In the “germ theory” model

¹⁵ Note that we say a pure culture (of purified virus), this is different to what virologists do of sleight of hand tricks using monkey kidney cell cultures which they deceptively call “isolation” when it is anything but isolation, rather it is adulteration.

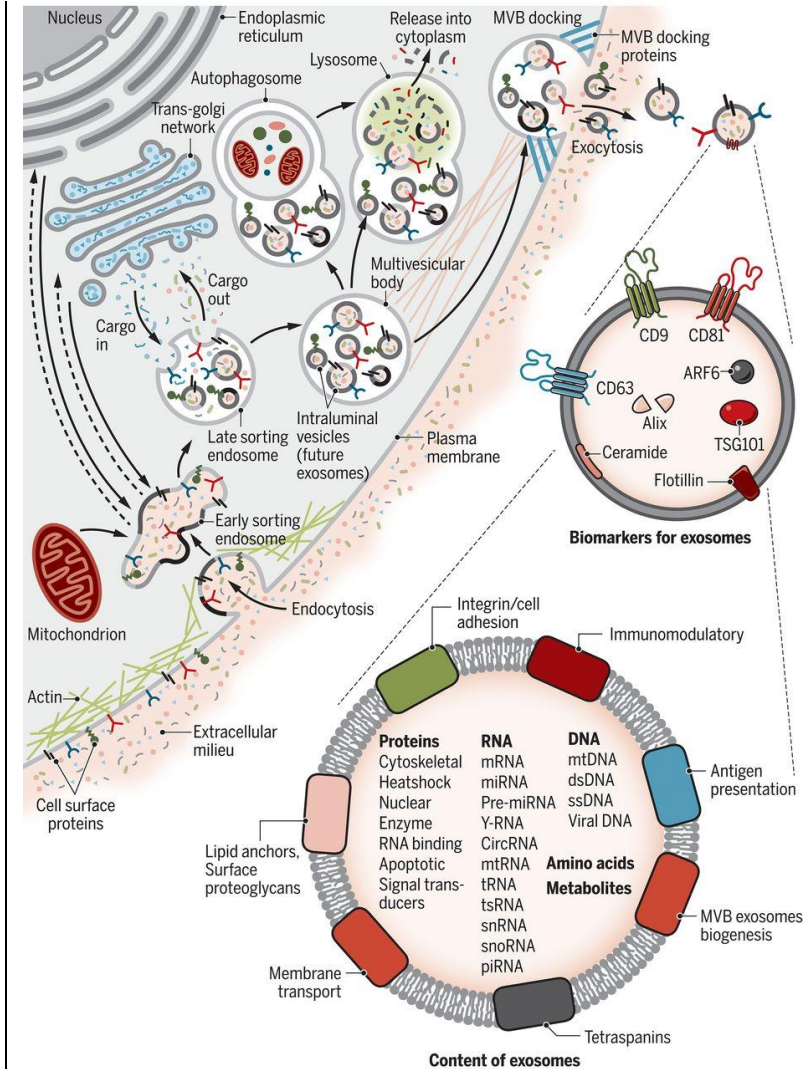
of disease, these variations in strands of RNA sequences have given rise to categories and classifications of “viruses” such as adenoviruses, rhinoviruses, coronaviruses and so on. It has then been wrongly assumed that these viruses come from outside as “pathogens” and are primary agents of disease. In one of the alternative views, they are actually produced by the body’s cells as part of a communications system during a disease state and are not themselves the direct cause of the disease but are involved in the body’s response, resolution or management of the disease state.





In the context of the study of exosomes, there is an ongoing attempt to treat “viruses” as being distinct from exosomes. However, since no virus has ever been isolated and purified and has only ever been detected indirectly through small genetic fragments of dubious origin, then such claims remain unsubstantiated.

Everything that a virus was alleged to be responsible for, it appears that exosomes are doing the same thing, through the same pathways. They are a cellular communication system as well, a waste management system among many other things or simply just vesicles contain genetic debris from dead cells. They are created by cells at a scene of disease and are not the actual cause of disease. In an era of ignorance back in the late 19th and early 20th century, the germ theory of disease led to the fabrication of a “virus” as the cause of disease. Fast forward one hundred years, and the error of such a fabrication is becoming apparent.



Refer to the section on the error of the Virologists further below to learn the nature of their mistakes and how they have set themselves up for self-deception through unscientific laboratory techniques and the use of logical fallacies in their reasoning.

6. Calibration of Laboratory Testing

If we assume that **steps 4 and 5** have been **successfully performed**, and we have a cleanly isolated and purified “virus” whose features have been determined, the next step is to **develop a test and calibrate** it so that the unique features of this “pathogenic virus” respond to it. This step ensures **a reliable measuring device** for the novel disease **COBED-19**.



Fraudulent Test Alert

The value of this step **critically depends on steps 4 and 5**. If these steps have not been performed, all subsequent tests such as the RT-PCR test and antibody tests are invalid and their use for the categorisation of people and placing restrictions upon them are scientifically unsound.

One should note that even if an RT-PCR test is developed on the basis of a particular sequence of genetic material in the isolated, purified, whole, intact, clean virus, **it still cannot be used for diagnostic purposes**, for the reason that it cannot be established that this virus is the definite cause of disease. Other bacterial or viral pathogens could also have been the cause within the germ theory model. This is acknowledged by the FDA and test manufacturers.



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

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

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

Hence, assuming we have a an accurate test, there is still the issue of whether this specific “pathogenic virus” is giving the clinical picture in our new disease, **COBED-19**, and this has to be verified in additional steps, through so many other tests.

So as you can see, this is no simple matter, and it becomes clear that when it comes to disease and its causes, we are in the realm of presumption and conjecture rather than scientific veracity and concrete knowledge.

It is this very complexity, ambiguity and dubiousness which provides ample room for deception and fraud to take place.

However, assuming the best-case scenario, at this stage, let us assume that we have calibrated a test so that future steps involving **Koch’s postulates** can be performed to verify that this isolated pathogen was indeed the cause of our disease with a new clinical presentation, **COBED-19**.



Generating a Fake Epidemic Through Testing

Given that the genetic material detected may not even be from an alleged virus and given that the test cannot prove whether the virus is the actual cause of disease, then this means that the test can be used to generate fake epidemics very easily. If testing is rolled out in a population, numbers of “cases” or “asymptomatic

carriers” or the “infected” can be generated and used to market an epidemic, or a pandemic.

A new label can be invented to create the illusion of a new disease and symptoms of known disease conditions can be brought under this label. Thus, those who test positive and also have these symptoms can be turned into “cases” and those who test positive without symptoms can be turned to “infected persons” or “asymptomatic carriers” and considered a health risk.

All of this can then be used to pursue agendas of a social, economic and political nature very easily. All on the basis of a dubious test built upon shaky theoretical foundations.

7. Fulfilling Koch’s First Postulate

Koch’s postulates describe a cause-effect relationship between the pathogen and the corresponding disease. To designate a microbe or virus as a pathogen, these are common sense postulates and must be fulfilled before any claim of causation and infectiousness can be made.¹⁶



Innovation Alert: Watering Down the Postulates

One should note that when these postulates could not be fulfilled by the “germ theorists” of the early 20th century and beyond, those who supported the idea that there is a germ for every disease, and who were backed by the oil giants who created the modern medical industry, they **expanded**, **loosened** and **relaxed** the postulates so that it would be easier to support their doctrine, despite it having been shown to be invalid by the early to mid 20th century.

The role of bacteria and what were wrongly called “viruses” were grossly misunderstood. Because the alleged “pathogenic” bacteria—such as those that cause leprosy, tuberculosis and “infections” such as streptococcus, staphylococcus, meningococcus and so on—were found in healthy people, the first postulate could not be fulfilled. So instead, it was claimed that something smaller than bacteria, “viruses”, must be the cause of certain illnesses.

However, the same is the case with what are called “viruses” and which are alleged to cause disease, they are found in perfectly healthy

¹⁶ They can be summarised as follows:

1. The microorganism must be found in abundance in all organisms suffering from the disease, but should not be found in healthy organisms.
2. The microorganism must be isolated from a diseased organism and grown in pure culture.
3. The cultured microorganism should cause disease when introduced into a healthy organism.
4. The microorganism must be re-isolated from the inoculated, diseased experimental host and identified as being identical to the original specific causative agent.

people. Because of this, Koch’s postulates have received numerous revisions from 1936 onwards because they failed to validate the germ theory of disease.

The first postulate demands that the supposed pathogen is found only in the sick and never—or if we want to be generous, rarely—in the healthy. If this postulate is fulfilled, then there is a clear connection between pathogen and disease, however at this stage it has not been proven to be a causal connection. This is because it could be the case that the alleged “pathogen” is the consequence of a disease state and not the cause of it. It’s presence can be confused with causation, similar to how an ambulance present at the scene of an accident is wrongly considered to have been the cause of the accident.

If the alleged pathogen is found in many healthy people who do not manifest the disease, then the connection becomes unclear and dubious. It becomes clear thereby that there are other factors at play and that the alleged pathogen cannot be the true, primary cause.

The germ theorists of the 19th century believed that blood and tissues are a sterile environment and that germs from the outside invade and cause disease. When they were able to see small living microorganisms (bacteria) through powerful enough optical telescopes in diseased or dead tissue, they made the error of attributing disease causation to these living organisms, being ignorant of the complexity of the biology of life and its processes.¹⁷

¹⁷ Bacteria are not primary agents of disease, but they come to the scene of disease and multiply in order to provide meaningful functions. They are part and parcel of the birth, death and regeneration lifecycle in biological life. They are janitorial in nature, meaning they are housekeepers. They breakdown morbid and dead organic matter, for recycling and reuse or for elimination. Depending on the nature of this material, they can produce toxic end-products

So they were convinced that there must be a specific germ for each and every disease. However, when they realised that these bacteria are equally abundant in healthy people without any disease, they claimed that there must be pathogenic agents even smaller than bacteria that are the cause of disease. Hence, they started looking for “viruses”. However, these “viruses” which are nothing but cellular breakdown products that they have mistaken for an external pathogen, and again, these could be detected and found in healthy people as well as sick people. So this violated Koch’s postulates and was a refutation of germ theory from its foundations.

This is why the germ theorists began to revise Koch’s postulates over time until they managed to replace them entirely with the wizardry of gene-sequencing through which their lies and deceptions are maintained.

From that time till this day, having been unable to validate their claims through the proper implementation of the scientific method, they have wandered further and further away from reality¹⁸ similar to their counterparts in cosmology, the Big Bangists.

that can bring on disease, but the cause of that was the nature of the ingested or inoculated material, not the bacteria itself. The germ theorists were ignorant of these realities in the late 19th and early 20th century, and sadly, much of modern medicine is built upon this narrow-minded vision of health and disease.

¹⁸ This is why the notion of the “asymptomatic carrier” was invented, it was to save the theory, and this ad hoc introduction of categories continued also with viruses, when they began to divide them into filtrable and unfiltrable after observations invalidated their claims, and likewise what happened after Mendelian genetics was infused with Darwinian evolution and viruses were redefined through genetics, they had to invent the notion of “retroviruses” and endogenous and exogenous viruses. Through this process of self-deception,



Moving further and further away from reality

Virologists have moved further and further away from reality since the 1950s, and today, having discarded the scientifically valid and correct procedures for proving contagion and “pathogenic agents” they have entered the realm of fantasy using genetic sequencing relying upon the RT-PCR procedure.

As no whole, intact “virus” has ever been isolated and purified in the proper sense of the word, then all knowledge about the genetics of “viruses” and their Darwinian variants are purely hypothetical.

The sequences are constructed using computer software using a process called “alignment” from millions of fragments whose origin has never been proven to be from “pathogenic virus” only assumed. In reality, the fragments are from a mixture of human, bovine, and monkey cell debris. The sequence is fabricated and imaginary, it does not exist in real life.¹⁹

This recent development allows the Virologists to constantly invent and fabricate a never-ending series of viruses and their Darwinian variants (scariants) which exist only on computer (in silico). This is how people and nations are being deceived, disease states are blamed on imaginary viruses enabling the sale of serums and injections and the true and real causes are ignored.

they have become far removed from reality, and the whole enterprise has become one of deception and fraud.

¹⁹ People hearing this for the first time and finding it hard to believe often retort, as to how you explain all this disease and death. No one is denying there is disease and death, the issue is the explanation for this disease and death. No scientific evidence following the scientific method has been demonstrated to prove the existence of “pathogenic viruses”. All we have is pseudoscience, fraud and deception.

8. The Second Postulate

In the second postulate, the isolated, purified pathogen must be able to multiply so it can be used in further studies. As this is difficult to do in the human body, it is grown in **cell culture**.

In this step it must also be proven that the end product from the culture is the very same as the starting product, a 100% match should be found.

This is determined by the testing procedure in **step 6** (calibration) which absolutely requires **step 4** (high purification) and **step 5** (characterisation) for it to be valid.

Remember, in the absence of these two steps, 4 and 5, everything collapses. To proceed without them is not real science, but pseudoscience.

The cell culture is where the sleight of hand trickery occurs in modern virology. This is discussed in more detail in another section further below.

It is claimed that a “virus” invades cells and replicates in a cell culture (monkey kidney tissue) when in reality, it is the harsh experimental procedure itself that causes the epithelial cells to die and disintegrate **through toxicity and starvation** into thousands of particles. The resultant particles are claimed to be the “virus” when they are nothing but the leftover fragments of the materials of dead cells.

9. The Third Postulate

In the third postulate, the pathogen is then administered to **healthy test subjects** through the **assumed natural transmission path**, which would be the mouth, nose and eyes. The same illness found in the patient from whom the sample was derived, with the same symptoms, must be triggered by the alleged pathogen. An essential part of this step is **the use of controls**. There must be other healthy test subjects who are administered a harmless placebo. The researchers must not know what is being administered to whom so that there can be no researcher influence on the outcome of the experiments. If no control group is used, then this would be evidence of manipulation by the researchers.

As for the claim that in such experiments there could be other factors which may lead to people becoming ill or not becoming ill—because of the time delay between being exposed to the alleged “pathogen” and the disease—and hence, it is difficult to ascertain these postulates because of the ambiguity, then the same can be said for real life. Hence, the notion of contagion is invalidated by the very argument used to undermine the use of Koch’s postulates.



Experiment Manipulation Alert

Note that since the disease is claimed to be infectious through normal routine contact, then the experiment must reproduce those same conditions. Hence, the whole, intact, clean pathogen must be delivered through the nose, mouth and eyes, as would typically happen in a real life scenario. However, even this mode of delivery is being **very generous** because in normal, routine human contact, it does not happen like this.

As for injection of the pathogen directly into the tissue, then this is not a truthful, nor accurate representation of what takes place in reality

within a germ theory model of disease. Trying to induce disease in this way is misleading and deceptive and is not reflective of the real life conditions through which the disease is claimed to spread in a population.

One should note that experiments to test if influenza is contagious have already been conducted by the US Navy in the early 20th century and the reality that influenza cannot be contagious because of the way it appears rapidly, over large geographical regions, on a seasonal basis, has already been known for around two centuries at least.



Genuine Experiments

Genuine experiments are those which reproduce real life conditions and circumstances as closely as possible, and in which surrogate markers, or indirect methods of detection are all eliminated. As you deviate from this in experiments, you allow greater levels of manipulation, error or even deception to be entered into the experiments and you are no longer dealing with actual reality. To appreciate this you should compare what you read below to what is covered in the “**Pseudoscience Illustrated**” section further below.

Here is some coverage of the 1918 influenza transmission experiments conducted in San Francisco in the US Navy.

The State of Science, Microbiology, and Vaccines Circa 1918²⁰ John M. Eyler, PhD. Program in the History of Medicine, University of Minnesota, Minneapolis, MN.
Public Health Reports, 2010 Supplement 3 / Volume 125

“Perhaps the most interesting epidemiological studies conducted during the 1918–1919 pandemic were the human experiments conducted by the Public Health Service and the U.S. Navy under the supervision of Milton Rosenau on Gallops Island, the quarantine station in Boston Harbor, and on Angel Island, its counterpart in San Francisco.

²⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862332/>

The experiment began with 100 volunteers from the Navy who had no history of influenza. Rosenau was the first to report on the experiments conducted at Gallops Island in November and December 1918. His first volunteers received first one strain and then several strains of Pfeiffer’s bacillus by spray and swab into their noses and throats and then into their eyes. When that procedure failed to produce disease, others were inoculated with mixtures of other organisms isolated from the throats and noses of influenza patients. Next, some volunteers received injections of blood from influenza patients.

Finally, 13 of the volunteers were taken into an influenza ward and exposed to 10 influenza patients each. Each volunteer was to shake hands with each patient, to talk with him at close range, and to permit him to cough directly into his face. None of the volunteers in these experiments developed influenza. Rosenau was clearly puzzled, and he cautioned against drawing conclusions from negative results.

He ended his article in JAMA with a telling acknowledgement: “We entered the outbreak with a notion that we knew the cause of the disease, and were quite sure we knew how it was transmitted from person to person. Perhaps, if we have learned anything, it is that we are not quite sure what we know about the disease.” The research conducted at Angel Island and that continued in early 1919 in Boston broadened this research by inoculating with the Mathers streptococcus and by including a search for filter-passing agents, but it produced similar negative results. It seemed that what was acknowledged to be one of the most contagious of communicable diseases could not be transferred under experimental conditions.”

References

- Rosenau MJ. Experiments to determine mode of spread of influenza. JAMA 1919;73:311-3.70.
- Rosenau MJ, Keegan WJ, Goldberger J. Experiments upon volunteers to determine the cause and mode of spread of influenza, Boston, November and December, 1918. USPHS Hygienic Lab Bull 1921;123:5-41.71.

- McCoy GW, Richey DW. Experiments upon volunteers to determine the cause and mode of spread of influenza, San Francisco, November and December, 1918. USPHS Hygienic Lab Bull 1921;123:42-53.72.
- Rosenau MJ, Keegan WJ, Richey DW, McCoy GW, Goldberger J, Leake JP, et al. Experiments upon volunteers to determine the cause and mode of spread of influenza, Boston, February and March, 1919. USPHS Hygienic Lab Bull 1921;123:54-99.

10. The Fourth Postulate

The microorganism or virus alleged to cause the disease must now be **re-isolated, in purified form**, from the diseased experimental host and identified as being identical to the original causative agent that was purified, cultured and characterised between **steps 4** and **5**.

This means that **steps 3 to 5** are repeated and the test from **step 6** is used to check if the isolated, purified virus is identical to the one that was administered.

The fulfilment of all of the above ten steps must be documented and made public for other researchers, so that they can understand the steps and experiments in a clear manner. If these researchers are able to reproduce these results, there is confirmation. The hypothesis, that the “virus” is the cause of disease and is “infectious” will then have been confirmed and we can now assert that **COBED-19** is caused by a specific pathogen, as per the germ theory model of disease.

So in summary:

- 1. If we have a new clinical picture of a disease and
- 2. Detailed medical history examinations do not reveal any obvious causes, then we can suspect a “pathogenic agent”.

In this case we must:

- 3. Make optical (visual) identification of the suspected pathogen,
- 4. Then isolate and purify this alleged pathogen with the true meanings of these words.
- 5. Only then can we identify and characterise the pathogen and,
- 6. Develop diagnostic tests.

—7-10. When we have all of this in place can we apply Koch’s postulates to test for the contagiousness or transmissibility of the pathogen within the germ theory model of disease.

However, these steps are not followed in virology, and the reason for that is because virologists were unable to prove their claims in the early and mid-20th century. Being funded by the big-oil money-power with the aim of creating and expanding markets for serums and injections, they employed sleight of hand tricks in both language and laboratory techniques to prop up the viral causation hypothesis. From the 1950s to this day, they have moved further and further away from reality, aided in that through the use (or misuse) of procedures such as RT-PCR and genetic sequencing.

No Virus Has Ever Been Truly Isolated

From the above, the reader will now have understood the true scientific procedure through which claims of a novel virus causing a novel disease can be evaluated.

This has never been done for any alleged virus, ever.²¹

This means that modern virology is pretty much a pseudoscience that operates on false theoretical foundations and very dubious testing procedures. This is why it has been so easy to deceive people, even intelligent people—because they have been trained in the system to accept the core assumptions without question²²—and so easy to engineer fake epidemics and pandemics for the expansion of markets for drugs and vaccines. This is achieved by taking pre-existing and known disease states and symptoms, creating a new disease label, blaming an alleged new virus, and then using media propaganda to push the urgency for a drug or vaccine.

Next, we present some reporting on a German court case that relates to this topic of viruses, isolation and purification and the implications this has on the understanding of disease, and therefore, the impact upon certain industries.

²¹ Note that there will be detractors who—having been trained within the system, and not really grasping all the realities—will quickly embark to find studies alleging to have fulfilled Koch’s postulates. However, they will be in for a surprise, a rude awakening, when the true realities are made clear to them from the very papers they bring.

²² Similar to how an Ash‘arī or Māturīdī is led to assume the core foundations of their kalām theology based on Greek philosophy and metaphysics are correct and valid, without knowing of their futility. Further, when the realities are pointed out to them, they enter into a state of denial.

The Elusive Measles Virus

A court case that was concluded in 2017 between a German biologist and the top virologists in the country.

View video coverage here:

Court case in Germany proves no scientific evidence for the existence of the Measles "virus", virologists themselves create the effects they claim are caused by the imagined virus.

<https://rumble.com/vsla5a-stefan-lanka-measles-trial.html>

What happened in this court case—the inability of virologists to prove existence of viruses through adherence to the scientific method and exposure of the virologists in that they create the very effect, through their procedures, which they claim is evidence for their imaginary virus—is the reality of all alleged “pathogenic viruses”.

This is a report²³ covering the court case that was concluded in 2017 between a German biologist and the top virologists in the country.

MEASLES VIRUS PUT TO THE TEST DR. STEFAN LANKA WINS IN COURT Dr. Lanka meets the press

Since the early 1990s, German biologist Dr. Stefan Lanka has been at the forefront of challenging the medical theory stating that viruses are the cause of infectious diseases such as hepatitis, AIDS, the flu, polio, herpes, or measles.

Caroline Markolin has presented Dr. Lanka’s activities in her lecture video “Virus Mania” in great details...

²³ View original report in PDF: <https://abuiyaad.com/d/peafie>

Based on his studies in virology, Dr. Lanka discovered that viruses are vital components of simple life-forms that do not exist in complex organisms such as humans, animals, or plants. His research shows that the viruses believed to cause “viral infections” are in reality ordinary cell particles that have been misinterpreted as constituents of the viruses in question. Dr. Lanka also determined that viruses don’t have a destructive effect on the host, as commonly believed.

These findings are in full accordance with the discoveries of Dr. Ryke Geerd Hamer who demonstrated already in the 1980s that contrary to the standard theory, microbes do not harm the organism but play instead a supportive role during the healing process of diseases (see Fourth Biological Law of the New Medicine).

The “measles virus trial” between Dr. Stefan Lanka and German medical doctor David Bardens has by now received international attention (see the 2015 reports in CTV News Canada and BBC News). The court case has not only heated up the ongoing “virus debate”. It also fuelled the discussion about the justification of childhood vaccination and of vaccination in general. Here is a brief overview of the court proceedings:

On November 24, 2011, Dr. Lanka announced on his website that he would offer a prize of € 100,000 to anyone who could prove the existence of the measles virus. The announcement read as follows: “The reward will be paid, if a scientific publication is presented, in which the existence of the measles virus is not only asserted, but also proven and in which, among other things, the diameter of the measles virus is determined.”

In January 2012, Dr. David Bardens took Dr. Lanka up on his pledge. He offered six papers on the subject and asked Dr. Lanka to transfer the € 100,000 to his bank account.

The six publications are:

1. Enders JF, Peebles TC. Propagation in tissue cultures of

- cytopathogenic agents from patients with measles. *Proc Soc Exp Biol Med.* 1954 Jun;86(2):277–286.
2. Bech V, Magnus Pv. Studies on measles virus in monkey kidney tissue cultures. *Acta Pathol Microbiol Scand.* 1959; 42(1): 75–85
 3. Horikami SM, Moyer SA. Structure, Transcription, and Replication of Measles Virus. *Curr Top Microbiol Immunol.* 1995; 191: 35–50.
 4. Nakai M, Imagawa DT. Electron microscopy of measles virus replication. *J Virol.* 1969 Feb; 3(2): 187–97.
 5. Lund GA, Tyrell, DL, Bradley RD, Scraba DG. The molecular length of measles virus RNA and the structural organization of measles nucleocapsids. *J Gen Virol.* 1984 Sep;65 (Pt 9):1535–42.
 6. Daikoku E, Morita C, Kohno T, Sano K. Analysis of Morphology and Infectivity of Measles Virus Particles. *Bulletin of the Osaka Medical College.* 2007; 53(2): 107–14.

Dr. Lanka refused to pay the money since in his opinion these publications did not provide adequate evidence. Subsequently, Dr. Bardens took Dr. Lanka to court.

On March 12, 2015, the District Court Ravensburg in southern Germany ruled that the criteria of the advertisement had been fulfilled ordering Dr. Lanka to pay up. Dr. Lanka appealed the ruling. **On February 16, 2016, the Higher Regional Court of Stuttgart (OLG) re-evaluated the first ruling, judging that Dr. Bardens did not meet the criteria since he failed to provide proof for the existence of the measles virus presented in one publication, as asked by Dr. Lanka in his announcement.** Therefore, Dr. Lanka does not have to pay the prize money.

On January 16, 2017, the First Civil Senate of the German Federal Court of Justice (BGH) confirmed the ruling of the OLG Stuttgart.

Critics of the judicial verdict argue that Dr. Lanka’s victory is solely based on how he had formulated the offer of reward, namely to pay the € 100,000 for the presentation of a single publication of evidence

(which Dr. Bardens was unable to provide). This argument, however, distracts the attention from the essential points.

According to the minutes of the court proceedings (page 7/ first paragraph), Andreas Podbielski, head of the Department of Medical Microbiology, Virology and Hygiene at the University Hospital in Rostock, who was one of the appointed experts at the trial, stated that even though the existence of the measles virus could be concluded from the summary of the six papers submitted by Dr. Bardens, **none of the authors had conducted any controlled experiments in accordance with internationally defined rules and principles of good scientific practice** (see also the method of “indirect evidence”). Professor Podbielski considers this lack of control experiments explicitly as a “methodological weakness” of these publications, which are after all the relevant studies on the subject (there are no other publications trying to attempt to prove the existence of the “measles virus”). **Thus, at this point, a publication about the existence of the measles virus that stands the test of good science has yet to be delivered.**

Furthermore, at the trial it was noted that contrary to its legal remit as per § 4 Infection Protection Act (IfSG) the Robert Koch Institute (RKI), the highest German authority in the field of infectious diseases, has failed to perform tests for the alleged measles virus and to publish these. The RKI claims that it made internal studies on the measles virus, however, refuses to hand over or publish the results.

Dr. Lanka: “With the Supreme Court judgment in the measles virus trial any national and international statements on the alleged measles virus, the infectivity of measles, and on the benefit and safety of vaccination against measles, **are since then of no scientific character and have thus been deprived of their legal basis.**”

Earn a €1.5 Million Prize!

A group is offering €1.5 million to any virologist who can provide scientific proof which follows the scientific method to demonstrate the existence of a “coronavirus”.

<https://samueleckert.net/isolate-truth-fund/>

WE NOTICED...

All virologists, not just those pictured, have deceived themselves and the public when they claim the existence of disease-causing viruses such as SARS-CoV-2.

Virologists inadvertently kill cells in test tubes, believing that this is proof of the presence and isolation of a virus. Only from fragments of dying cells do virologists mentally construct a gene sequence and pass it off as fact. Therefore, the test procedures do not offer any significance or meaning. Typical structures of dying cells in the electron microscope are passed off as viruses. Such structures could never be detected or recognized in a human being so far!

OUR GOAL

These misguided developments have distanced medicine far from the reality and understanding of true health. We would like to contribute to a comprehensive understanding of disease and health for all people.

WE GUARANTEE:

1,5 million € for a virologist who presents scientific proof of the existence of a corona virus, including documented control experiments of all steps taken in the proof.

You're on!

The Error and Self-Deception of the Virologists

What Virologists Do Simplified²⁴

The claims of virology and virologists—transmissible "pathogenic viruses" as causes of disease—are not scientific and are not demonstrated through the scientific method, they are wholly pseudoscientific in nature.

What virologists do:

Turning the effect into the cause: A good example to show the reality of the claim of the virologists is that of charcoal and ashes that remain after a fire. The virologists' claim in their own field is similar to the claim that the charcoal and ashes were the cause of the fire because they are always found at the scene of the fire. They start with the unproven assumption that the breakdown elimination products (which are a result or effect of the body's internal repair and healing mechanism caused by other factors) are the cause.

Making with your own hands the very thing you are looking for: Another good example that has been struck in that what virologists do is similar to the one who gets milk from a cow, makes strawberry yoghurt out of it, and then claims that this very yoghurt is in the cow. Or the one who takes eggs from a chicken, makes an omelette with peppers, mushrooms and onions, and then claims this omelette is inside the chicken. Or the one who takes fresh strawberries from the bush, adds milk and a banana to make a smoothie and then claims this smoothie exists in the strawberry bush. The yoghurt, omelette and smoothie are

²⁴ <http://abuiyaad.com/sn/virus-omelette>

products of human endeavour and do not exist in cows, chickens and strawberry bushes.

“**In vivo**” is what is in the body, “**in vitro**” is what happens in a test tube or petri dish in a laboratory, and “**in silico**” is what exists on computer. The alleged “pathogenic virus” is manufactured in vitro and in silico and does not exist in vivo.

An "In silico" existence: In the same way, what virologists are calling “viruses” are manufactured in the laboratory, they are cellular breakdown products of monkey kidney cells which, after being initially kept alive with bovine fetal serum, are poisoned and starved, leading to cell death. Irrespective of whether you add a patient sample containing the alleged virus or not, the same thing is going to happen, because it is the procedure itself that is causing the cells to die and break into thousands of particles and vesicles. Genomic sequences (from the hotchpotch of human, bovine, monkey, bacterial and archeal nucleic acids) are fabricated using computer software. There is no correlation between what they have made and physical reality. There is no omelette in a chicken, and there is no such thing as a “pathogenic virus” in biology, it is a manufactured construct and exists only "in silico", meaning on computer. The "variants" they are scaring us with, exist only on computer and are not real. The existence of a "pathogenic virus" is simply assumed all along and never proven at all through the correct application of the scientific method. It is raw pseudoscience, superstition and make-believe.

Pseudoscience Illustrated

There is no end to what can be cited in this regard, and we provide here a typical illustration of how deceptive language is used in “scientific” reporting of experiments whose scientific nature is non-existent.

Joeng Min-Kim et. al. **Identification of Coronavirus Isolated from a Patient in Korea with COVID-19.** *Osong Public Health Res Perspect* 2020;11(1):3-7.

3. Virus isolation

The virus was isolated from nasopharyngeal and oropharyngeal samples from putative COVID-19 patients. Oropharyngeal samples were diluted with viral transfer medium containing nasopharyngeal swabs and antibiotics (Nystadin, penicillin-streptomycin 1:1 dilution) at 1:4 ratio and incubated for 1 hour at 4°C, before being inoculated onto Vero cells. Inoculated Vero cells were cultured at 37°C, 5% CO₂ in 1×Dulbecco’s modified Eagle’s medium (DMEM) supplemented with 2% fetal bovine serum and penicillin-streptomycin. Virus replication and isolation were confirmed through cytopathic effects, gene detection, and electron microscopy. Viral culture of SARS-CoV-2 was conducted in a biosafety Level-3 facility according to laboratory biosafety guidelines of Korea Centers for Disease Control and Prevention.

To break the above down, we offer the following short summary:

1. First samples are taken from nose, mouth and throat from **putative** COVID-19 patients, meaning suspected, but not proven to be.

2. Next these samples are diluted with **a transfer medium** which is not explained and **antibiotics** are added, Nystadin and

penicillin-streptomycin. Keep in mind that antibiotics are toxic to cells as well as bacteria.

3. These samples are then placed into Vero cells, which are **African green monkey epithelial kidney cells**, meaning from the outer layer of the kidney.

4. Then this whole concoction is placed into what is known as **DMEM**, which is basically a soup, a culture medium which provides nutrients for mammalian cell growth.

5. To this, **bovine serum** and more **antibiotics** are added, penicillin-streptomycin.

6. Then this whole concoction is observed over some days to see if there are any “**cytopathic effects**”. Meaning damage to the kidney epithelial cells, and this done by visually observing under a microscope.

7. If there are cytopathic effects, this is then described by the researchers: “Virus replication and isolation **were confirmed** through cytopathic effects”, and then they go on to do some gene sequencing.

8. All of this is treated as having “isolated” the virus, having shown that it causes disease (cytopathic effect) and that it was identified under an electron microscope.

What has been described is the standard, typical procedure, and it has severe flaws. Let us make some points on this white-robed pseudoscience.

1. No true isolation or high-purification of the alleged virus is done at all. This would be **step 4** in what has preceded earlier. Further, since this has never been done in history, for any virus, then gene sequencing and using tests such as PCR are all useless because it is not clear at all what has actually been sequenced and patched together to give an alleged genomic sequence that is then said to be an “adenovirus”, or a “coronavirus” or a

“rhinovirus”. Since no purification has been made, then exactly what is producing the cytopathic effects remains unestablished.

2. We can see that antibiotics are added in numerous stages. Antibiotics put stress and toxicity upon cells, and the cells then in turn will release exosomes, those RNA containing microvesicles that have been confused with “viruses”. This means that what the researchers are looking for in the sample has actually been generated by the cells because of induced stress and toxicity through the addition of antibiotics by the researchers.

3. When the researchers look for “cytopathic effects”, this means they are looking for structural changes where the kidney epithelial cells look damaged. This observation acts as a surrogate marker, a replacement for the disease in a real, living human being. In other words, what is taking place in this experiment is somehow deemed to be reflective of an actual disease state in a person, assumed to be caused by the alleged virus from the sample. This is pure insanity. None treats these cytopathic effects on monkey kidney cells bathed with antibiotics in culture in a laboratory as being reflective of disease in a living person except a lunatic.

4. Keep in mind this is a completely artificial environment in the lab in which antibiotics have been added. Sometimes enzymes such as trypsin are also added, which break down proteins, and hence, you have many confounding factors. This means that the true cause of the cytopathic effect upon the cells is not known, it could be researcher induced, by the very procedure itself.

5. In the context of the previous point, there is no control being used whereby the experiment is duplicated at the same time with a placebo solution to see if the same cytopathic effects are observed without a nose, mouth and throat sample. This will reveal that the effect is being produced by the experimental procedure, not the the sample which is alleged to contain the disease causing virus.

This is sufficient to reveal the true nature of this **white-robed pseudoscience**, similar to the white-thobed ḥadīth pseudoscience used by innovators to justify innovated acts of worship.

What is happening here is similar to what happened in astronomy (relativity, big-bang) in the early 20th century through mathematisation.²⁵ Likewise, in evolutionary theory during the 1930s in which Mendelian genetics and probability statistics were combined with the concept of natural selection—or survival of the fittest—to produce what is known as neo-Darwinism or more accurately, the modern synthesis, which has always been a pseudoscience.

The germ theory of disease was already falsified by the 1930s and tricks similar to those used in astronomy and evolutionary theory were used to protect the theoretical foundations which served a purpose. In the case of astronomy and evolutionary theory, to reject Allāh’s rubūbiyyah and in the case of the germ theory, to create huge worldwide medical markets for either quack medicine²⁶ or medicine which never provides genuine cures, but generates a constant supply of diseased people to perpetuate and grow the market in numerous ways and directions. Vaccines were hugely profitable back then and they are envisaged as a trillion dollar market in **an envisaged 21st century contagion and climate change based global economy**. This serves the interests of Malthusian Eugenicists wishing to control population growth and govern their populations with techno-feudalism.

²⁵ This allows what is imaginary in the mind to appear to be real in external reality through maths equations on paper. Thus, inventive theories can be given credibility in this manner, despite the fact that there is no connection between them and physical reality in the real world.

²⁶ This is not to deny that modern medicine has given us lots of useful, proven and life-saving medications.

Concluding Notes

We have repeated this same point frequently in past articles. If a deviant from among the deviant sects was to come along and claim that he has a novel ḥadīth, a Prophetic tradition, that justifies a particular practice or act of worship, then we would naturally demand the sources (takhrij), the chains of narration (asānīd) and then validate the ḥadīth by checking that all conditions are met, which are:

- continuity of the chain (after its existence),
- integrity of the reporters,
- as well as the soundness of their memory,
- that the report is not obscure by opposing other well established reports and
- that there are no hidden defects.

The argument of a person that such and such Islāmic institution, or such and such scholar, or such and such Muslim nation do this act of worship would not avail this person, as this does not constitute proof in the matter. Rather, we demand to see the textual proof and its veracity. We would accept or reject the ḥadīth after rigorous application of these principles and we would not be deceived by the fact that this person is wearing a white thobe or appealing to authority. Thus, his innovated practice in religion would be rejected and considered spurious if it does not meet these criteria of proof validation.

It is dismaying therefore, that pseudoscientific claims of people dressed in the attire of white robes in laboratories, resting on Darwinian evolution, are accepted without scrutiny and without a truthful, genuine, rigorous application of the actual principles laid down for that discipline in accordance with the scientific method of inquiry.

Abu ‘Iyaad

3 Dhū al-Qa‘dah 1441 / 24 June 2020—v.1.12

Updated 6 Shawwāl 1444 / 26 April 2023.