

The Corona Syndrome – Why Fear is more Dangerous than the Virus

Dr. Thomas Hardtmuth

There is a wave of anxiety going round the world. It is destructive and has a sickening effect on the one hand but it also provides a great learning opportunity and offers a chance for civilization to take a new step in its development. A systems-based scientific approach indicates that although pandemics require an understanding of viruses, even more important is a deeper understanding of the immune system. The one-dimensional focus on viruses, infection mechanisms and worst case scenarios, deflects attention away from the critical effects that psychological and social influences have on the human immune system.

From the anthroposophical perspective we are living in the age of the consciousness soul. It is also the age of science. It began back in the 16th century and will continue on far into the future. At the end of this epoch the human being will have gained a far broader horizon than anything we can imagine today. Preceding this epoch was the age of the intellectual soul. Logical thinking as developed in Greek philosophy was a significant achievement of that period.

The corona crisis provides us with a ready example for studying the differences between the ‘old’ intellectual soul approach and that of the present day consciousness. In a simplified form we can say that the intellectual soul generalises and the consciousness soul integrates. The intellectual soul thinks in one direction, the consciousness soul takes in the whole breadth and periphery of a phenomenon. When five people quarrel and each person has a different opinion it is rarely because the arguments are irreconcilable. It is rather due to an inability to recognise how each opinion is justified from a certain perspective and that it is not a question of ‘either or’ but of ‘as well as’. The intellectual soul thinks in a linear way, in terms of one dimensional logic – A follows B and out of B comes C. The compulsion inherent in this logic determines the need to be right. This kind of thinking is not capable for instance of grasping the principle of life because it is only able to think in terms of mechanistic causal links and not integral relationships and complex mutual interactions. The science of integrated systems however is an expression of the consciousness soul approach.

In terms to the corona problem the intellectual soul analysis is: Viruses cause illness and spread through infection. Viruses can mutate and lead to an epidemic with many deaths. In order to avoid this and reduce infection we must minimise human contact by closing schools, shops, restaurants, hotels, theatres, concert halls and banning all forms of human gathering to solve the problem. This is a one-dimensional picture of what a virus is and it leads in one direction only. In doing so it departs ever further from reality and can result in even more harm being caused than that of the virus itself.

We will therefore try to take a systems-based approach to the problem of the viral pandemic and shed light on it from as many perspectives as possible.

During a television broadcast (23.3.20) the chairman of the association of German crime detectives Sebastian Fiedler, made a clever observation. He bemoaned the lack of systems-

based thinking about this subject. We need a round table discussion which includes not only politicians and virologists but ‘clever thinkers’ from several fields of life who can consider the phenomena from many different angles and develop an inter-disciplinary response.

The level of knowledge generally available, especially to politicians, is far too low to justify the actions being taken. There is a dangerous lack of understanding for the human immune system and the psychological and social factors with which it is closely connected.¹

Inter-disciplinary studies belong to the consciousness soul

The corona crisis is not only a viral problem but a problem for the whole of society and the harm being caused by the measures currently being taken is not yet being taken fully on board. It is likely that the long-term hardship that results will far outweigh the problem of the virus itself. According to economics professor Christian Kreiß, the corona crisis will lead to one of the worst economic recessions since the early 20th century with state bankruptcies, starvation, mass unemployment and escalating tensions and conflicts.²

In order to show how such a systems-based approach might look, we would now like to sketch out a few aspects.

Statistics, death rates, tests

Around ten million people are infected each year with tuberculosis and 1.5 million die from it. A large proportion of those who die could be saved if relatively simple measures were undertaken to improve living conditions (nutrition, hygiene, housing). 80,000 children in Africa die each year from the dreadful Noma disease which effectively devours their faces with infection and causes gross disfigurement. The disease is primarily the result of vitamin and protein deficiency which could be prevented relatively easily. What would the public response be if the media were to report this on a daily basis for weeks on end? Most people however are not even aware of this disease.

8 million people across the world die every year as a result of air pollution – around 80,000 in Germany – which is 220 each day. Nearly the same amount of deaths are caused by the side-effects of prescribed medicines. Although all these deaths are not self-inflicted and given political will could be significantly reduced, there is no public discussion of them as there is with the corona crisis.

Across the world around 650,000 people die of flu each year.³ In Germany during years when there have been major flu outbreaks, between 10,000 and 25,000 people died which corresponds to 60 deaths each day. Whether there will be more deaths due to flu and corona this year we don’t yet know but all indications suggest that the total figures will not end up vastly different from the annual flu statistics.⁴

1 See the very illuminating interview of with systemic biology researcher Dr. Shiva Ayyadurai, <https://www.youtube.com/watch?v=w0DMuH44h1Y>.

2 <https://www.youtube.com/watch?v=HpkbwQbkEWo&feature=youtu.be>

3 <https://www.aerzteblatt.de/nachrichten/87049/Influenza-Mortalitaet-weltweit-hoehere-als-bislang-angenommen>

4 The excess mortality rate for influenza in 1995/96 and 2011/12 in Germany was 29,000, in 2017/18 it was 25,000. In 2009/10 the year of the swine flu, it was zero – when there was also a wave of media panic. As of 31/3/20 with Covid 19 it was 4,615. <https://www.aerzteblatt.de/nachrichten/61516/Grippewelle-Starke-Schwankungen-der-Exzess-Mortalitaet>

In the winter of 2018 25,000 people died of flu in Germany in the space of 8 weeks according to data provided by the Robert Koch Institute⁵ and there was virtually no mention of it in the media. Indeed this death rate was accepted as being within the normal range of flu fatalities. With reference to the current situation Prof. Carsten Scheller virologist at the University of Würzburg, made the following observation⁶: In the first week 100 people died, in the second 1000, in the third week 5,000, then the mortality rate declined in the same way as it had arisen. We are far away from such figures with the corona virus but the measures implemented and the level of anxiety engendered are far higher. Why?

Prof. Scheller points out that from everything we know about the virus, about its virulence and morbidity, it is not very different from ordinary influenza. The overall unreliability of the data has led virologists to offer widely divergent prognoses ranging from catastrophic scenarios through to it being indistinguishable from an ordinary flu. The main problem at the moment is that the numbers published in the media suggest an increasing rate of infection, which may not be the case. If 1000 people are tested today of whom 30 are infected, on the following day 2000 are tested and 60 are found to be infected and on the 3rd day 5000 tests are made with 150 testing positive, it is not the infection rate which is increasing exponentially, but the tests.

What is missing is a random sample analysis in which a representative survey of say 1000 people are tested and then a week later the exercise is repeated with a similarly representative group. Only in this way is it possible to assess the spread of infection. It has only been carried like this in Iceland. Of 9,678 randomly tested people only 1% tested positive even though it was confirmed that the virus had been brought in by holiday makers and football fans. The even more interesting result according to Guðnason was however: *“that about half of those testing positive showed no symptoms. The other half displayed weak symptoms typical of colds”*.⁷ The numbers involved were no different from the seasonal colds and flu outbreaks. All the various aspects of the current global pandemic of corona panic could ultimately serve to show what chaos is caused when fear, ignorance, panic and unscrupulous business interests coalesce and run out of control.

A word about the testing procedure.

When testing for viruses we have to be aware that the tests can only confirm what we already know. And with viruses this is less than 1 percent.

The currently used method of PCR (Polymerase Chain Reaction), does not confirm the presence of a virus but of a nucleotide sequence, that is a section of DNA that we know to be present in the virus we are looking for. The tests are based on testing ill people and isolating a virus which is assumed to be the cause of the illness. This virus is then cultured and its DNA or RNA sequence determined. In the case of RNA viruses the genetic material must first be re-assigned as DNA. Next a particular strand is defined and then repeatedly reproduced using PCR until the DNA sequence being sought, is confirmed. Standard analyses have shown these sequences to have a length of around 3,000 base pairs. The

5 <https://influenza.rki.de/Saisonberichte/2018.pdf>, S. 47. This number is merely the 1674 cases confirmed by laboratory tests. Remembering however that only very few influenza patients will have virological tests carried out in a laboratory, the real figure is likely to be above the mortality figure given for coronavirus over a similar period.

6 <https://www.youtube.com/watch?v=w-uub0urNfw>

7 <https://www.businessinsider.de/wissenschaft/gesundheit/die-haelfte-aller-corona-infizierten-hat-ueber-haupt-keine-symptom/>

beginning and end of the section is delimited by so-called primers which are used to mark out the section to be reproduced.

We are therefore not directly proving the presence of a virus, instead the laboratory or a health department such as the CDC in the USA is defining a DNA sequence considered specific to the virus being sought. At least 99% of all viruses however are unknown to us which means we cannot exclude the possibility that the DNA sequence can occur in other viruses, bacteria and parasites – of which there are millions – but which are unconnected with the illness. Viruses mutate and disintegrate very quickly and can spontaneously form new viruses from the fragments (or ‘piece them together’ as the virologist Luis Villereal describes it) containing sequences of the disintegrated viruses. We would therefore need to know about all viruses in order to be sure that a particular sequence belongs to a single species. But this is not the case. The PCR analysis cannot distinguish between living and dead viruses.

The danger of relying on the PCR analysis is that it can only magnify a very small amount of genetic material and it is not possible to know whether it has any relevance for the disease. Many so-called pathogens are found in our organism but in such small numbers that they pose no threat. They are however recorded through the PCR test. That is why there are often such big discrepancies between those infected and those who actually get ill. The rapid increase in infection rates which is used to argue in favour of a dramatically advancing pandemic, says nothing in the end about the actual danger to health. The numbers of ‘new infections’ published daily in the media, are not infections under the normal definition of the term but the results of tests whose relevance to the illness remains unclear to say the least.⁸

Furthermore, due to the high mutability of viruses we cannot exclude the possibility of there being non-pathogenic mutations which though sharing the same DNA sequence, are not responsible for the illness symptoms. The DNA sequence cannot therefore be considered as being identical to the pathogen. This means that there is a possibility of receiving positive test results from healthy, non-infected people. The tests results can also be distorted through various contaminants.

Environment and nature conservation

The so-called hotspots for widespread disease infections (EID – Emerging Infectious Diseases) occur in places where the influences of human activity (population density, industry, agriculture, antibiotic use) are strongest (USA, western Europe, Japan, Australia). In a study that covered the 335 global epidemics / pandemics that have occurred between 1940 and 2004, 20% were caused by medicine-resistant microbes (multi-resistant tuberculosis, chloroquine resistant malaria, multi-resistant *Staphylococcus aureus*). 60% were caused by zoonoses which present the greatest threat of EIDs. The conclusion drawn by the authors is that a more ecological approach or a de-industrialising of agriculture and the keeping of livestock as well as the reduction of anthropogenic activities in regions with a highly diverse wild animal population, would be the most effective means to prevent epidemics.⁹

8 Kary Mullis, who won a Nobel prize for inventing PCR in 1993, specifically warned against using this test developed for genetic research, to diagnose infectious diseases.

9 Jones, K.E., Patel, N.G., Levy, M.A. et al.: Global trends in emerging infectious diseases. *Nature* 2008, 451. S. 990-993.

In an article entitled *“Deforestation encourages viruses. Illnesses spread because people destroy ancient forests, Nature conservation could reduce the risk of pandemics”* which was published in the *Süd-westpresse* on 3.4.2020, the renowned biologist Josef Settele from the Helmholtz-Zentrum for Environmental Research and chairman of the advisory board for world biodiversity warned back in 2011 that: *“If we don’t change course we can expect further such pandemics to occur”*. To summarise this succinctly we can say: The destruction of animal habitats will cause ever more viruses from the animal kingdom to come into the human realm and cause disease. Environment Minister Svenja Schulze said: *“That is the problem we must solve.”* And called for more nature protection as a preventative health policy. *“That the exploitation of nature will cause a huge health problem, is already well documented.”*

Most viral infections originate from animals and are transferred to humans. Why is that? We need to look at this question in more detail to find the reason.

The majority of pathogenic viruses affecting human beings come from animals which develop no pathogenic symptoms. Under certain conditions these viruses mutate while still with the animals and then transfer to humans and cause disease. What are these conditions? There is a basic principle in virology that – in every biological system that is under stress, viral activity increases. We can for instance measure a person’s level of stress by measuring the viral activity in their saliva. This phenomenon can be traced right back into the Neolithic age when human beings settled down and transformed wild landscapes into crop lands. Human beings then caused nature and the animal world to come under a certain amount of stress. Today we know that measles and tuberculosis came originally from cows, whooping cough came from pigs and the flu from ducks and then transferred to people.¹⁰

Wherever human beings have intervened destructively in natural habitats that have evolved over millions of years and formed highly complex balanced ecosystems, viruses have been released and become human pathogens. When the Belgian colonial government built railways and set up towns in the primeval rainforest of the Congo, the Lentivirus which existed harmlessly in the populations of the native apes (Macaques), gradually adapted itself to human beings. This led later to the appearance of HIV (virus) which causes AIDS. The largest mangrove forests of India and Bangladesh, the Sunderbans, are among the most diverse ecosystems on earth. During the colonial period and afterwards they were mercilessly destroyed and only in the last few decades have they been given protection. When the British East India company began to clear large areas in the 19th century for rice cultivation, more and more people came into direct contact with the brackish water and the micro-organisms that lived there – as a result a total of seven huge cholera pandemics occurred.

When the natural surroundings of animals are destroyed, they come into in the orbit of human beings and with them come viruses. Thus in the fruit plantations we find the saliva and urine of bats and fruit bats which host a whole reservoir of viruses. The Nipah virus which causes severe brain infections and has a 50% mortality rate, is transferred in this way to humans mostly via pigs as intermediary hosts.

10 <https://atlas-der-globalisierung.de/woher-kommt-das-coronavirus/>

Fruit bats also serve as the natural reservoir for the Ebola virus, which is a high fever, haemorrhaging infection from which most patients die (2014 there were 11,000 deaths in west Africa

0. The viruses are taken up by pigs and apes as intermediary hosts and then mutate further before transferring to humans.

In the American factory farms more than 50% of the animals being fattened are infected with EHEC10¹¹ bacteria, which are harmful to humans but not to animals. In these industrial-scale factory farms a huge amount of excrement accumulates which it is impossible to spread on the land. It is therefore stored in vast slurry pits – the ideal breeding ground for the EHEC germs. They enter the human food chain via drinking water and cause around 90,000 EHEC infections in the USA every year.¹²

In the so-called wet markets of Asia and especially in China, living animals are offered to customers and then slaughtered immediately before being sold. The animals are often piled up in narrow crates and suffer a huge amount of stress. This results in copious amounts of viruses being released or exchanged between animals and humans. The primary source of infection of the current coronavirus outbreak has meanwhile been identified as the *Wuhan Huanan Wholesale Market for Fish and Seafoods* in China. The pathogens causing SARS, bird flu and other new infections have also been found to originate from such shameful conditions and on factory farms.¹³

We need to ask ourselves whether the irresponsible way in which we exploit nature will not ultimately lead to our paying a deadly price – which on many levels seems increasingly likely. With a calamitous lack of understanding for the inter-relatedness of nature, the global food industry continues to operate according to the principle of “long term catastrophe in return for short term profit.” As a result of vast mono-cultures the populations of certain species are changing dramatically and causing all round ecological imbalances and a pre-disposition for illness on a scale that is hard to imagine.

It is always argued that the new epidemics originate from ‘Asiatic wild birds’ but this doesn’t correspond with the facts. The micro-biome i.e the indigenous bird viruses, belong as much to wild birds as do their feathers and beaks. When these viruses are taken in by related species in intensive poultry units however, they mutate into pathological variants and simultaneously become a threat to human beings. This is very significant. Why do bird viruses which are normally quite harmless to people suddenly mutate and become human pathogens in such factory farms? It is of course the human being who constructs such ‘sick’ facilities and thereby makes himself part of a whole pathological system which then rebounds on him.

The best protection against epidemics is to have respect for living creatures and to protect nature. The pathological activity of micro-organisms begins when we disregard the sphere of integrity in human beings and animals. Disease breaks out when humans and animals are

11 EHEC = Enterohämorrhagischer Escherichia coli: It is a mutant form of the common E. Coli bacteria, which causes bloodied diarrhoea and kidney collapse.

12 Cristina Venegas-Vargas u. a., “Factors associated with Shiga toxin-producing Escherichia coli shedding by dairy and beef cattle”. “Applied and Environmental Microbiology”, Bd. 82, Nr. 16, Washington, D. C., August 2016.

13 Wallace, R.: Big farms Make Big Flu: Dispatches on Influenza, Agribusiness, and the Nature of Science. Monthly Review Press New York 2016

under continuous stress, in crisis-hit regions where there is overcrowding, fear, poverty, alienation to nature, in factory farms and when huge numbers of people are held under inhumane conditions.

Observe carefully!

Widely varying predictions are made by virologists from the less dramatic through to comparisons made to the millions of deaths seen in the Spanish flu pandemic. The fact is however that virologists simply don't know enough yet and should not allow themselves to be drawn into the polarised debate between those who say it is harmless and those who panic. The renowned Stanford epidemiologist, J.P. Ioannidis, emphasised that the data currently available is insufficient to give a reliable assessment.

Why there are a lot of deaths in Italy and other regions, is a question that needs to be carefully examined before prematurely blaming them on the corona virus even though the lorries shown carrying corpses through Lombardy might suggest this to be the case. Unusual phenomena require a particularly careful assessment. This comes from years of medical experience. It is quite apparent that there are other factors which the virus alone cannot explain. After all why should a particular region cause the same virus to be so different in terms of its infectiousness, pathology and even morbidity? Such phenomena often have multiple causes and we should always be wary of over simplistic explanations.

A precise case history is needed for every medical diagnosis. So what is the situation in Italy?

The average age of those who died was around 81.¹⁴ If an old person suffering from various complaints, tests positive to corona virus and shortly afterwards dies, it does not mean that he has died from corona virus. It only means that the weakened immune system at the end of his life allows entry to numerous other parasites as well as the prevailing corona virus. While it may under certain circumstances, speed up the dying process it is not the cause of death. Most do not die because of but with the coronavirus. The high numbers recorded in Italy were generated by using this kind of inaccurate epidemiological data.

An investigation is then needed to discover whether in the affected regions other infectious diseases were circulating which could have made the problem more acute.¹⁵ Or perhaps in response to a fear of infection many people were vaccinated and also temporally increased their susceptibility to infection.¹⁶ The high level of air pollution in Lombardy is also a factor in driving up the number of acute cases of bronchial pneumonia.

Or again the use of antibiotics in the region. These are often over-prescribed during outbreaks of influenza. We know from today's research into the micro biome that even a single dose of antibiotics can significantly reduce an organism's immune resistance. It has

14 According to the Italian national health institute (<https://www.epicentro.iss.it/coronavirus/sars-cov-2-decessi-italia>)

15 Already in the winter months of 2017/2018 the hospitals in the respective regions had collapsed under a heavy flu outbreak (https://milano.corriere.it/notizie/cronaca/18_gennaio_10/milano-tera-pie-intensive-collasso-l-influenza-gia-48-malati-gravi-molte-operazioni-rinviate-c9dc43a6-f5d1-11e7-9b06-fe054c3be5b2.shtml)

16 In January 2020 a vaccination campaign was undertaken in the most affected region of Bergamo during which 34,000 people were vaccinated against Meningococcus C (see: <https://www.bsnews.it/2020/01/18/meningite-vaccinate-34mila-persone-tra-brescia-e-bergamo/>)

been known for a long time that to infect healthy rats with salmonella, 100,000 germs would be needed to infect 50% of the rats. If the rats had received a single antibiotic treatment however during the previous weeks (which causes lasting irritation to the intestinal microbiome) then only 3 germs are required to infect 50%.¹⁷

The population of Lombardy has the highest average age in Europe. Of the patients showing flu symptoms 80% are treated with antibiotics, 50% receive anti viral drugs and 30% are given steroids.¹⁸ Antibiotics are ineffective in the treatment of viral infections while steroids and many of the anti viral medicines are immune suppressants.

Then there is the fact that as part of the EU austerity measures the number of hospital beds in Italy was reduced from 10 per thousand inhabitants to 3 and the number of nursing staff reduced by 30%. This means that the availability and especially the quality of care provided to older people, has become significantly worse. The images of overflowing intensive care units in Bergamo are also connected with shortage of beds.

In such cases we have to look carefully at each patient, their life situation and their case history in order to gain a realistic understanding of their illness. The level of security felt in the social context declines as unemployment increases, and is a reliable indicator for determining how far the infection will spread.

A study of unemployed people was carried out at the University of San Francisco in 2007.¹⁹ From the beginning of the period of unemployment the natural ‘killer cells’ were used to regularly test the activity of the immune system over a period of 19 months. They showed a continual decline and a corresponding increase in disease susceptibility. The ‘killer cells’ eliminate viruses and cancer cells from the organism. It was found that for those people who found new work, the immune activity returned to its former level. Similar results were found in a study carried out in Osaka, Japan of taxi drivers who experienced a severe loss of income and work due to the economic recession and as a result suffered existential anxiety. It was shown using various immune parameters how resistance levels declined and that the greater the psycho-social burden, the greater the risk of infection.²⁰

Although it is understandable that an excessive level of anxiety and fear can cause grave errors to be made when assessing the reality of a situation and for misinterpreting it (in psychology we speak of ‘catastrophising’), it is not very helpful – particularly in precarious medical situations – for developing appropriate strategies. The passing on of emotionally loaded (scary) announcements of supposed medical origin by unprofessional reporting means that after two or three intermediaries there is often very little left of the original content. It is a psychological condition which many a journalist is clearly not free of. Politicians are also under enormous pressure to meet expectations and are driven by the fear of failure and the threat of electoral defeat. Under continuous media exposure and against

17 Bohnhoff, M., Drake, B.L., Miller, C.P.: Effect of streptomycin on susceptibility of intestinal tract to experimental Salmonella infection, *Proceedings of the society for experimental biology and Medicine* 1954; 86. S. 132-137.

18 Dr Claus Köhnlein im Interview: <https://www.youtube.com/watch?v=6syjMq4rXpk>

19 Cohen, F. et al.: Immune Function Declines With Unemployment and Recovers After Stressor Termination. *Psychosomatic Medicine* 69(3). S. 225-234

20 Schubert, Christian: Was uns krank macht, was uns heilt (What makes us ill, what heals us). Verlag Fischer & Gnann, Munderfing 2016; S. 111-113

the intense lobbying of pharmaceutical companies they have the tendency to react without much thought and consideration for what is actually happening.

The epidemic of fear is far more infectious than the virus and it is worth considering the cumulative socio-psychological effects. One country takes 'protective measures', the next country follows suit, those with political responsibility then become fearful of missing out and at some point, try to outbid one another in terms of the radical measures taken, which in the atmosphere of collective fear, has the support of voters keen to see them taking 'action' and 'saving' them. At the same time the media competes to make announcements suitably dramatic and report on issues that feed the expectations of a fearful public. That is how these self-amplifying echo chambers of the media arise. It is mainly professionals who are interviewed and they tend to confirm the fear generated in the media, The virological institutes which are more concerned than is generally assumed, in their reputation and the funds needed for their research, use this scenario also to pursue their own interests. Although they know virtually nothing about how this 'pandemic' will develop, they feel obliged to make a daring analysis which in turn leads to highly divergent forecasts being made.

It is important to be aware of the psychological and social dynamics of such epidemics. In such highly charged global situations the psychological pressure on those in charge to act, becomes irresistible!

Now an example of someone who showed real courage: During the AIDS epidemic of the 1980s and 1990s more than 50% of the population in some regions of South Africa tested positive to HIV and the WHO predicted that many millions would die during the next twenty years – it was even suggested that whole regions would be wiped out. The then president Thabo Mbeki did not observe such high mortality figures in his country and called together an international panel of scientists including some more critical ones, to advise him. As a result no further tests and also no antiviral treatments were carried out. The consequence was however that the mortality rate in South Africa remained unchanged and in many of the affected regions the population experienced the strongest growth rates of the entire continent.²¹

Viruses and the immune system

The corona virus is not new. It is one of a large group of pathogens which affect the upper air passages each year. Such highly mutable (capable of change) RNA viruses can of course vary in terms of their infectiousness and seriousness but it does not depend solely on the virus. It also depends to a considerable degree on the general level of immunity in the community. And this brings us to the essential point.

The risk of becoming seriously ill increases with age because then the forces of resistance are declining, other health issues may be present and the immune system is weaker. *We do not in essence die from the virus but from a very specific predisposition such as a weakened immune system without which a virus could never spread as a severe disease through the*

21 Sidley, P. Mbeki appoints team to look at cause of AIDS, British Medical Journal 2000; 320(7245): 1291. Siehe dazu auch Köhnlein/Engelbrecht S.153 f

organism. At the time of the Spanish Flu epidemic²² in 1918 which broke out after four years of world war stress, experiments were carried out on imprisoned soldiers in both Boston and San Francisco to test the risk of infection. The 62 healthy young men, 39 of whom had never had flu before, were offered the prospect of being pardoned if they agreed to have nose excretions from seriously ill patients sprayed in their mouths and throats. They also had to sit at the bedside of sick patients, be coughed at and breathe in their exhaled air – and not one of them became infected.²³

Another example can be given in order to emphasise this point.

It has long been known that the human being carries thousands of cancer cells which are kept in check by an active immune system. In 2004 a very insightful study appeared entitled “Cancer without disease”.²⁴ In autopsies carried out on 200 women aged between 40 and 50 who had died in an accident, it was found that 39% of them had cancer cells in the breast even though disease rates for this age group, is only around 1%. Similar results were found for prostate and thyroid cancers. It means in other words that we always have cancer in us but it only makes us ill if the immune system allows it. Modern cancer therapy therefore places ever less emphasis on the cancer cells themselves but instead on the activity of the immune system. The cancer cells themselves are no longer investigated but what is going on around them.²⁵

It is similar with viruses. With every salad leaf that we consume we take in a billion viruses. A millilitre of water from a healthy stream or from the sea can contain more than 10 million viruses. Even drinking water is bristling with viruses. With every breath, we take in thousands of viruses. In our intestines, lungs, on the skin and in our mucus membranes and even in the cells of our body there are countless viruses. We barely know 1% of all these viruses but one thing is sure – they do not cause illness! On the contrary, the latest understanding of genetics teaches us something that demands an entirely different approach, one which has nothing to do with the old idea of the virus being an enemy. Viruses are the determining factors of genetic evolution, they are the motors for renewing and evolving species diversity. And – probably the most important scientific discovery of the 21st century – our entire genetic make up is composed of viruses!

Flying genetic material

We need to understand that – the virus is the external, free floating genetic material out of which living organisms build their genes during the course of evolution. Just as plants and animals draw in nourishment, oxygen and carbon dioxide to build up their organisms, so have we taken in genetic raw materials from the virosphere over long periods of time to create our own genetic material. This modern understanding can only be explained in

22 Here too a more precise analysis shows that other serious factors were also behind the dying of millions of mainly young men. For example irresponsible mass vaccination with up to 24 vaccine applications per person containing heavy metals and inadequately tested medical preparations. See Köhnlein/Engelbrecht, pp. 245-252

23 Kolata, G *Influenza: Die Jagd nach dem Virus* (Hunt for the Virus), Fischer Sachbücher 2002. pp 73

24 Folkmann J., Kalluri R.: *Cancer without disease*. Nature 2004; 427, pp. 787.

25 If in a town mountains of rubbish accumulate in the street, it doesn't help to continue investigating the rubbish. We must consider the waste collection arrangements of the town in order to understand the cause of the problem. It is similar with cancer cells, they do not tell us why they multiply. I

relatively simple terms at this point but for those with a special interest in the subject can follow it up in the relevant literature.^{26 27}

Whenever we are confronted with something new – it can be a virus, a bacteria but also a new experience or life situation – there is an opportunity for further development but also the risk of the new situation taking control of us instead – and that is what happens when viral infections occur. However, they constitute the tiniest part of all viral incursions.

To understand this we must once again recall the basic principle that viral activity increases in every ecological system – whether it be a forest, wetland, herd of animals, community of people or a human organism – as soon as this system comes under stress. The reason is simply that when a living system is threatened it is forced to adapt itself. It has to change in order to deal with the new situation in an appropriate way. Changes are then also necessary on a microbiological and genetic level. Genetically speaking the ecosystem cannot wait until a chance mutation occurs. As active genetic agents, viruses are needed as it were, to enable such processes of innovation to occur. There are for example varieties of millet which have become more heat resistant through taking in a virus and can therefore be grown in hot, dry regions.²⁸

During the winter months both people and nature are quite naturally under a certain amount of stress – lack of food, depleted vitamin and fat reserves, lack of light and warmth, cold winds etc. The period of transition between winter and spring is the time for innovation and motivation, it is the time when human beings look confidently towards the future and make plans. They are then positively motivated by the approaching spring. The countless traditional festivities that take place between carnival and Easter are connected with this. It is an evolutionary principle that has been developed over thousands of years. The entire carnival tradition has its roots in the throwing off of the old, chasing away witches and preparing for the new life which had been longed for throughout the winter.

In the winter nature is asleep and the approaching spring is accompanied by a ‘breath of spring’, a new quality of soul (in anthroposophical terminology it is called ‘astrality’). This awakening quality of astrality expresses itself through the bird song of spring and the crowing of the cock in the morning. Within this ‘breath of spring’ which occurs in February and March, a large number of viruses are active. Viruses are the organs of astrality.¹⁵ They are the organic raw materials which the forces of renewal work with on a biological level. Only in the rarest of cases are these viruses pathogenic. They generally live a so-called ‘dormant life’. They can however enter our organism or the cells of our body and start to mutate there especially the RNA viruses (Hepatitis, Influenza, HIV, Corona etc). They often do this at amazing speed so that nothing remains of the original virus, the so-called master sequence. They go through a micro-evolutionary process which is focused in a highly individual way upon the particular person or host organism. It is assumed today that the mutating viruses and the immune system engage in a struggle that leads either to illness or

26 Mölling Karin: *Supermacht des Lebens, Reisen in die erstaunliche Welt der Viren* (Superpower of life, journeys through the remarkable world of viruses), C.H. Beck Verlag 2014

27 Th. Hardtmuth: *Die Rolle der Viren in Evolution und Medizin – Versuch einer systemischen Perspektive* (The role of viruses in evolution and in medicine – towards a systematic perspective) *Jahrbuch für Goetheanismus* 2019

28 Roossinck, M.J., Márquez, L.M., Redman R.S. et al.: *A virus in a fungus in a plant: Three-way symbiosis required for thermal tolerance.* *Science* 2007; 315. S. 513–515

immunity.²⁹ What is happening in reality is that this virus mutation which is sensitively accompanied and modulated by the immune system, expands genetic diversity and thereby *broadens the scope for genetic innovation. All species diversity has arisen by this or similar means in the course of evolution.*³⁰

With the help of viruses we create new possibilities for ourselves on a genetic level but also run the risk of an illness. When a small child learns to walk, it learns something new – a child learns a thousand new things each day. Learning to walk carries risk. The child has to fall over many times and hurt itself before it gains the new skill. This is also the case with children's illnesses. That is when the immunological capacities for life are developed. They are also accompanied by a lot of effort and a certain amount of pain. It is not possible to make gains free of costs. The dormant nature of a virus means that we take it up, process and integrate it in the same way as we take in many other things from the world and make them our own. If the organism becomes stressed however the dormant state can become lytic or (destructive) which means that the virus starts to multiply and destroy the cell (Lysis). We then have an infectious disease. Herpes viruses remain dormant in the nerve cells and become lytic when stress occurs and so causes an infection (lip rash or shingles).

Epidemics and social balance

What does immunity mean? This brings us to a key point in our presentation – the activity of our immune system is the direct expression of our ego activity. Whenever we learn something new and make a real effort, that is when our ego is present.

Our healthy immunity on a biological level equates on a soul level to awareness, motivation, self-consciousness, presence of mind, interest, engagement etc. If we really engage enthusiastically in something that is meaningful in terms of development and makes social sense to us, then we have a strong and robust immune system. Societies who work together for an ideal or share a common vision, societies in which ideas are living strongly and in which people are not anxious but courageous, creative, cooperative, fair and trusting of one another and pursue a common goal, do not provide a fertile soil for epidemics.

As the epidemiologists Wilkinson and Pickett have demonstrated, in countries which are more socially balanced, the level of health in the population is better.³¹ If more account had been taken of the modern understanding of socio-medical research and social psychology, a more sober minded approach to the current crisis might have been taken, particularly with regard the choice of legally imposed measures. The social lock down can also lead to an immunological lock down.³²

When does our immunity decline? It is not only in old age when the human being quite naturally is less strongly connected with the world. What has become clear over the last two

29 The idea of struggle in medicine is based largely on the military thinking of the 19th century, as promulgated by Charité, the Mecca of medicine at the time which was under military leadership. We 'fight' against viruses, bacteria,

30 Villarreal, L.P., Witzany, G.: Rethinking quasi-species theory: From fittest type to cooperative consortia. *World Journal of Biological Chemistry* 2013; 4(4): S. 79–90

31 Richard Wilkinson and Kate Pickett: *Gleichheit – warum gerechte Gesellschaften für alle besser sind (Equality, why just societies are best for all of us)*. Berlin 2010

32 Apart from this, remaining at home from a virological point of view makes no sense since viruses multiply particularly fast in the 'home brood chambers' while sunshine provides the best anti viral and anti bacterial protection as leading virologist Karin Mölling emphasises in an interview <https://www.rubikon.news/artikel/die-stimme-der-vernunft>

decades through psycho-neural immunology, is that the most significant cause of human illness is chronic, negative and fear-infused stress!

“Fear is by far the strongest feeling, which by stimulating the neural networks of the limbic system and specially the amygdala, interferes with regulatory system at the centre in the brain stem that integrates and guides bodily reactions and therefore the self-healing capacity of the organism.” G. Hüther³³

Today we can measure the way our immune system breaks down when we are chronically disempowered, exhausted, devalued and not accepted as human beings. Or when there is hunger, poverty, war, terror, cold or over crowding, illness and a disease outbreak. During the wars of the last centuries more people died of cholera, typhoid, spotted fever, malaria than in combat. This is not just due to the germs but to the loss in self confidence. When self confidence is lost through fear and shock and with it the motivation to live, we withdraw from life as human beings and our immune system collapses. If a group of 100 people is exposed to a virus and afterwards 20 of them fall ill, we cannot explain this by simply relying on the idea of exposure to infection. We must instead ask ourselves why 80 of them did not fall ill (disposition and constitution). This is modern thinking based on the principle of Salutogenesis, a far more sustainable concept for the future than all this fear-based propaganda.

The negative long-term immunological effects of the current measures, which have a massive impact on our freedom and human rights³⁴ not to mention the suffering and illness that accompanies them, are beyond the scope of statistical assessment.

The decline of epidemics and infectious diseases in the 19th and 20th centuries was due not to the medical success of vaccination and antibiotic use as is often stated, but almost exclusively to the improvement in living conditions – clean, dry dwellings, warm clothes, adequate healthy food, good hygiene, social security, clean drinking water etc.

“The cumulative figures for children under 15 who died from scarlet fever, diphtheria, whooping cough and measles show that between 1860 – 1965 the death rate declined by 90%, before antibiotics were introduced and vaccination became widespread”³⁵

In other words: In well functioning civilised societies infectious diseases play almost no role even though SARS, BSE, bird flu, swine flu and currently the corona virus result in repeated outbreaks of fear. We need to look at the social conditions where real epidemics are occurring. That is where the cause is to be found and not with the viruses and bacteria – for example Ebola in the Congo where a civil war has been raging for years with terror, hunger, murder and killings, along with drought and starvation. In the USA too, the gap between rich and poor grows ever wider and causes real impoverishment to wide sections of society bringing with it corresponding social tensions. Instead of really addressing the underlying

33 From: Badura, B., Schröder, H., Klose, J., Macco, K. (Hrsg.): Fehlzeitenreport 2009. Arbeit und Psyche, Belastungen reduzieren, Wohlbefinden fördern. Springer-Verlag Berlin 2009; S. 28

34 25 million people have lost their jobs in the USA and in the German restaurant trade alone thousands of bankruptcies are expected.

35 R.R. Porter, The Contribution of the Biological and Medical Sciences to Human Welfare, Presidential Address to the British Association for the Advancement of Science, Swansea Meeting, 1971, London: the Association, 1972, S. 95. Zit. aus I. Illich, Die Nemesis der Medizin, Hamburg 1981, S. 20 ff.

structural problems, this threatening scenario of a pandemic episode is welcomed as an opportunity to promote a global business that feeds on the idea of viruses and bacteria being enemies. Its current turnover is in the region of three trillion dollars. Just as the armament industry has no interest in promoting peace and by financing both ‘rebels’ and ‘contras’ succeeds in heating up many a military conflict, the global vaccine and anti viral medicine business must be continually stimulated by developing new strategies for generating fear.

In 2001 at the World Economic Forum in Davos, a so-called public-private health partnership agreement was legally established between the pharmaceutical industry and the World Health Organisation (WHO).³³³⁶ From that moment on the WHO (annual turnover of 4 billion dollars) received 75% of its funding from industrial sources, the Bill and Melinda Gates Foundation and also the pharmaceutical giant GlaxoSmithKline with the resulting consequences. In 2010 to the surprise of many experts, the WHO declared swine flu a ‘worldwide pandemic’. Because of this both the German Federal Government and the German Länder were obliged to purchase vaccines from GlaxoSmithKline under this agreement to the tune of more than 200 million Euros. The worldwide pandemic did not materialise however and the medicines from GlaxoSmithKline valued at millions of Euros ended up in the waste bin. The false alarm set in motion by the WHO provided the pharmaceutical industry with a windfall of 18 billion dollars. The most important decision making figure at the time and the one who was also responsible for the swine flu programme, cultivated close contacts with the pharmaceutical industry. Marie-Paule Kieny who until 2001 worked for the pharmaceutical companies Transgene and Roche, was the vaccination director of the WHO at that time along with Klaus Stöhr. He led the WHO influenza task force for many years before moving on to the pharmaceutical giant Novartis. In 2005 in the context of the bird flu, he warned that 7 million deaths could occur, in fact there were only 152 across the world.³⁷

In October last year a meeting took place at a hotel in New York with the name ‘Event 201’ during which a corona epidemic was simulated. It was carried out by the Center for Health Security of the Johns Hopkins University in cooperation with the World Economic Forum and the Bill and Melinda Gates Foundation – the leading agencies of the global vaccine business. The simulation came to the conclusion that worldwide 60 million deaths could be expected. One of the conclusions drawn was that more medical supplies would be needed throughout the world.³⁸

The corona virus data of the Johns-Hopkins-University (JHU) has for many weeks been the main source of information about the pandemic for the German media. The 8 o’clock edition of the main television news service, also uses this data. The source named as the ‘Johns Hopkins University’ is misleading however. The data which the university publishes as its own in real time on a so-called dashboard for 180 countries, is in fact drawn from hundreds of individual sources which are then pulled together by a private university in Baltimore. If this data is compared with that of the official German news agency, the Robert Koch Institute, it will be found that the figures for new infections from the US university are in some several thousand cases higher.³⁹

36 The cancellation of payments by Donald Trump to the WHO simply means that in future its entire financing and that of world health policy will be in corporate hands.

37 <https://de.wikipedia.org/wiki/Weltgesundheitsorganisation>

38 https://de.everybodywiki.com/Event_201

39 <https://www.tagesschau.de/inland/johns-hopkins-uni-corona-zahlen-101.html>

A key objective of these global health industry elites is to ensure, through the UN, that the global management of future pandemics is solely in their hands, i.e. carried out by private concerns.⁴⁰

An excellent, well researched and scientifically sound book about the global pandemic business has been put together by the Kiel Intern Claus Köhnlein and the journalist Thorsten Engelbrecht.⁴¹ It should be compulsory reading in the present situation!

That there is latent criminality in large parts of the pharmaceutical industry, has long been established and literature about it could fill a bookshelf. A public outcry about this scandalous situation is however virtually non-existent. There is a simple reason for this – the pharmaceutical companies run huge legal departments in the face of whose power and long reach many have had to draw back. The huge costs involved in this legal armoury are calculated into the price of their medicines and hence paid for through health insurance premiums. In 2011 alone GlaxoSmithKline paid out three billion dollars in fines because of illegal marketing practices.⁴²

The current crisis is an urgent appeal to humanity to develop its consciousness.

The joint responsibility and resulting action being more or less forced on us by the crisis, must be balanced by actively using our remaining freedom to develop a common vision for a more humane society and a renewed democracy which is worth living and working for. That is the healthy way of going forward from this epidemic.

Dr. Thomas Hardtmuth, Easter 2020

Dr. Thomas Hardtmuth is a doctor and writer, born 1956. He is a lecturer in health science and social medicine at the Dualen College Baden-Württemberg and has been active in medicine since 1985 later becoming lead surgeon for thorax surgery at the Heidenhem clinic.

Translated by Bernard Jarman

40 <https://www.rubikon.news/artikel/pest-und-coron>

41 Köhnlein, C., Engelbrecht, T.: Viruswahn. Wie die Medizin-Industrie ständig Seuchen erfindet und auf Kosten der Allgemeinheit Milliardenprofite macht (How the medicine industry continually invents epidemics and makes billions at the expense of the public) Emu-Verlag Lahnstein

42 Peter Göttsche: Deadly medicine and organised criminality. München 2014