Institute for Invisible Epidemics

e-Library Publication

Impact of Metal Toxicity on Immunity

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ISBN 978-1-882834-19-8

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Bioethika Press

Poulsbo, Washington

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Institute for Invisible Epidemics

Fulfilling a promise made quite some years ago, the explanation of how toxic metals in general and mercury in particular affect immunity is presented in the pages that follow.

For all intents and purposes, toxic metals limit the ability of white blood cells to provide immune protection. The list of toxic substances is by no means limited to mercury. Aluminum, lead, cadmium, uranium, as well as chemical toxins engage the white blood cells in a losing battle, leaving no reserves to address microorganisms.

Since this is worded a bit awkwardly, an explanation may be appropriate. What we see in darkfield microscopy is that the body is producing white blood cells but they are so busy fighting what appear to be inorganic toxins that they cannot handle the other health challenges. For the most part, white blood cells are cautious. If a parasite dies, the white blood cells "hang out" on the periphery of the slide for several days while bacteria eat the dead parasite. Only when the bacteria have chomped away as much as they can do the white blood cells approach the scene of death. Then, they pack up the bacteria. Many believe that they consume the bacteria, but this is not consistent with my observations.

Several others besides myself believe that textbooks are full of mistakes; but those who want to keep their jobs stick to the prescribed curriculum. Being self-employed, I can afford to take a few more risks, but it will take hundreds of hours of video footage to support my contentions.

Microscopy

If you read a conventional account of microscopic study of the blood, there are microscopes that are operated electronically and those that are operated by humans, often college students who are not even majoring in medicine. They can observe forty slides an hour. A live blood analyst will generally spend forty minutes with each slide, maybe less. In my case, it is usual to observe the same slide for four days and sometimes several weeks, depending

on the viability of the objects in the sample. There are reasons for this, but a small digression may provide a context for this procedure.

In college, I was torn between anthropology and philosophy. Truth be told, I absolutely loved anthropology but philosophy as taught in most universities at that time was dry and boring. Anthropologists are taught to observe but not influence. Most anthropologists do field research, but philosophers may or may not engage in meditation or contemplation. They may teach a course about which they have intellectual but no practical experience.

After a little detour, you can judge for yourself whether or not this is a valid approach.

Medical Anthropology

Let us assume someone is interested in jungle medicine. He or she goes to the jungle, learns a strange language, spends time with the shamans and tries to see and understand the world as perceived by those who live in the jungle. Likely as not, the traditional medicine man or woman has no idea what the botanical names of the plants are. Likewise, the "correct" medical terminology for diseases is unknown to them. However, they can talk to plants and the spirits around the plants, explain the complaints to the spirits and plants, and ask if the plant wishes to help the patient. The field anthropologist must not interfere in this process. Whether or not he or she can see the spirits or believe what the shamans say is moot. For the most part, even within our own cultural circles, we do not necessarily understand what another person sees and feels; but a good listener will eventually learn to see the world through the eyes of another. If those eyes are as mysterious as those of my kahuna mentor, the late Morrnah Simeona, or a shaman, it is doubtful that the observer will actually have the experiences related by the traditional healers. They can however report, and they must report in the most unbiased manner possible. In short, they provide an accurate account of what is told even if nothing can be corroborated. They can, of course, observe the outcome, but can they understand the principles behind what they have seen?

Blood Behaviorist

Taking my cue from the anthropologists, I have described myself as a blood behaviorist. The words were chosen carefully because there is no pretense to scientific training, just to careful observations. To the best of my knowledge, there is no medical specialty called "blood behaviorist" so I am not stepping on any toes.

However, one of the rules of science is that if the experiments can be repeated with the same results, they are relevant. Others have had no trouble at all replicating my experiments. In the best of circumstances, we are however warned that the observer can never be entirely separate from what is observed. Whether

this is a psychic phenomenon or mystery of quantum healing is for others to decide but recently I watched a quite erudite video online in which 80% of cures were attributed to a placebo effect.

Now, if we go back to the jungle and whatever superstitions are held by patients, we can imagine that — in the strictest sense of the word — some of what transpires in healing is not scientific. There are emotional as well as spiritual responses to thoughts, and these can be powerful, immensely powerful. Moreover, to the extent that these responses are catalytic, i.e., that they work on the endocrine glands and cause hormones to be released, the entire chemistry of the body can probably be altered by intangible psychospiritual "events" that do not lend themselves to scientific observation. However, some responses can sometimes be observed in live blood, but by a behaviorist!

Invisible Factors

For the record, Ecuador is a country in which traditional medicine is encouraged within certain hospitals because the patients benefit by the support of their community and few people are obsessing over variables. The point is that science likes to work with a single hypothesis that makes it possible to test one expectation without reference to other variables. In an ideal laboratory situation, all tests would be done on identical twins who ingest the same food and beverages, listen to the same music, and are married to the same person or to other identical twins. In theory, the hypothesis can then be tested in a controlled manner. If such trials could be conducted, there would be limited variables, but this kind of psychological and spiritual sterility probably exists only in the minds of certain scientists. The real world is full of variables. However, it is obvious that if we require needles to be sterile, we might also wish for neutral thoughtforms and outside influences. Realistically, this is, of course, impossible.

Influences

We are not machines so we are in fact influenced on both a conscious and an unconscious level. This said, the normal method for examining slides is to look for something in particular. Is it there? Yes or no? To make this very clear, the question is rarely "What do I see?" Rather, "Is it malignant?"

To make this come alive, I will relate an incident in Europe. The blood was moving very fast so I scrolled backwards to see why. Two doctors walked in just at that moment and saw the action on the monitor and asked what I was doing. I said, "Studying". They said my technique is wrong. I said, "I am curious so I want to know why the blood is moving." They said they were taught to ignore all blood that is moving. I asked why they were taught that and why they were not curious. I said, "The blood is frightened and I want to know why it is frightened." They were not humored at all. I got the impression that they were embarrassed by my ignorance.

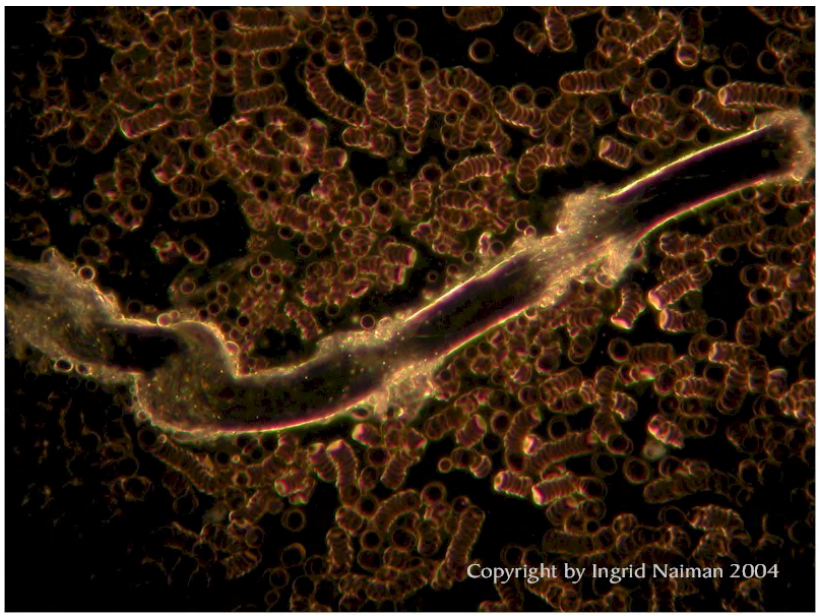
The day I left, the doctor asked me to accompany him to the lab to have a look. He had found an organism in the blood that is normally associated with uterine infections . . . using my technique. He was over the top pleased to have something this important to show me. This is "anthropology" and it is obviously relevant. Now, going the other way, Dr. Indunil Weerarathne sent me a video a couple of days ago with a quiz. "What do you see?" It obviously was not a blood sample so she was testing me. I said I had no idea what I was seeing but I could be sure there would be parasites hatching very soon. Five videos later, she showed me the parasites.

Immunity

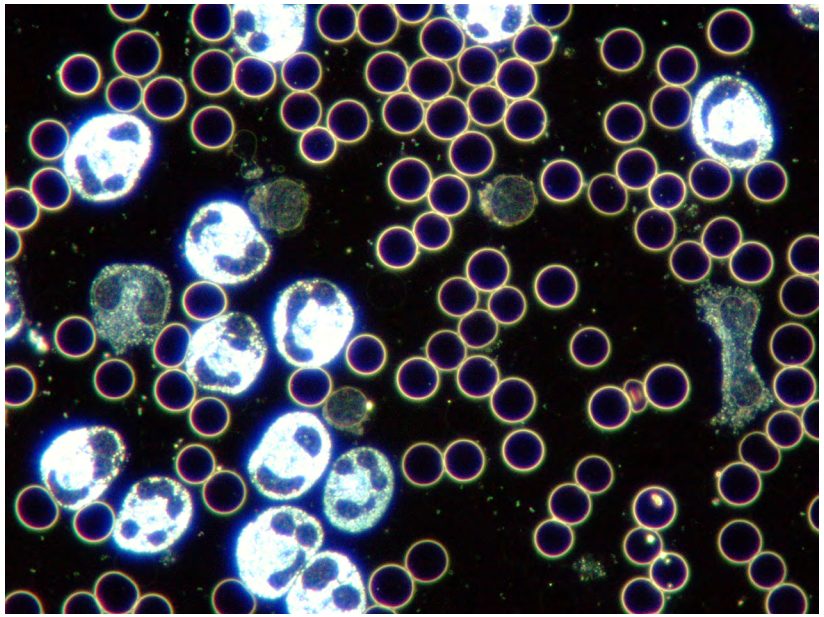
Well, these are the kinds of games people in my world find amusing, but we need to get back to immunity. The textbooks, those books that require a lot of rewriting, do not ascribe much longevity to white blood cells. Believing, as I do, in immortality, it seems we die because we are not in balance. If we could maintain homeostasis, there would be no wear and tear. My own white blood cells have remained alive for seven weeks without any sign of deterioration despite lack of nutrition, temperature changes, and the risk that the fluids on the slide would evaporate. I left for a trip and had no idea whether or not the cells could have lived even longer. We do not however achieve either homeostasis or immortality without making constant adjustments.

The Problem

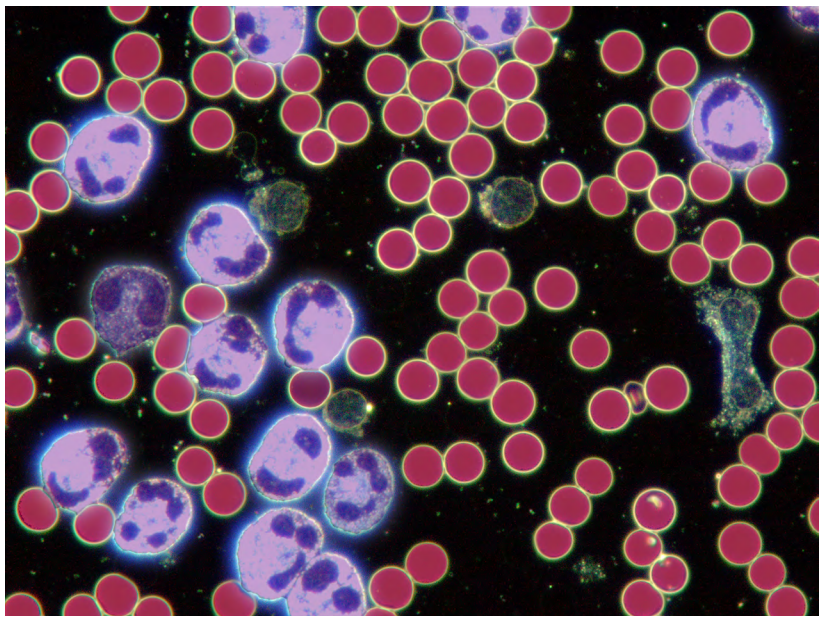
Unfortunately, we have to start with the negative. What is wrong and what do we need to fix? Returning now to the metal toxicity and white blood cells, we recall that white blood cells are cautious. They avoid dead parasites, flee from mold, but for some totally inexplicable reason, they attack what I have come to associate with metal toxicity.



In the above image, the parasite is dying. Note the absence of white blood cells. Because no bacteria are present, the parasite will break down through a process of fermentation. This is a less healthy process than is seen when bacteria consume the dead parasite.



Above: typical darkfield image. Below: same image colored so as to make the red blood cells appear more like red blood cells though they actually have more detail than is seen at this magnification.



Darkfield Microscopy

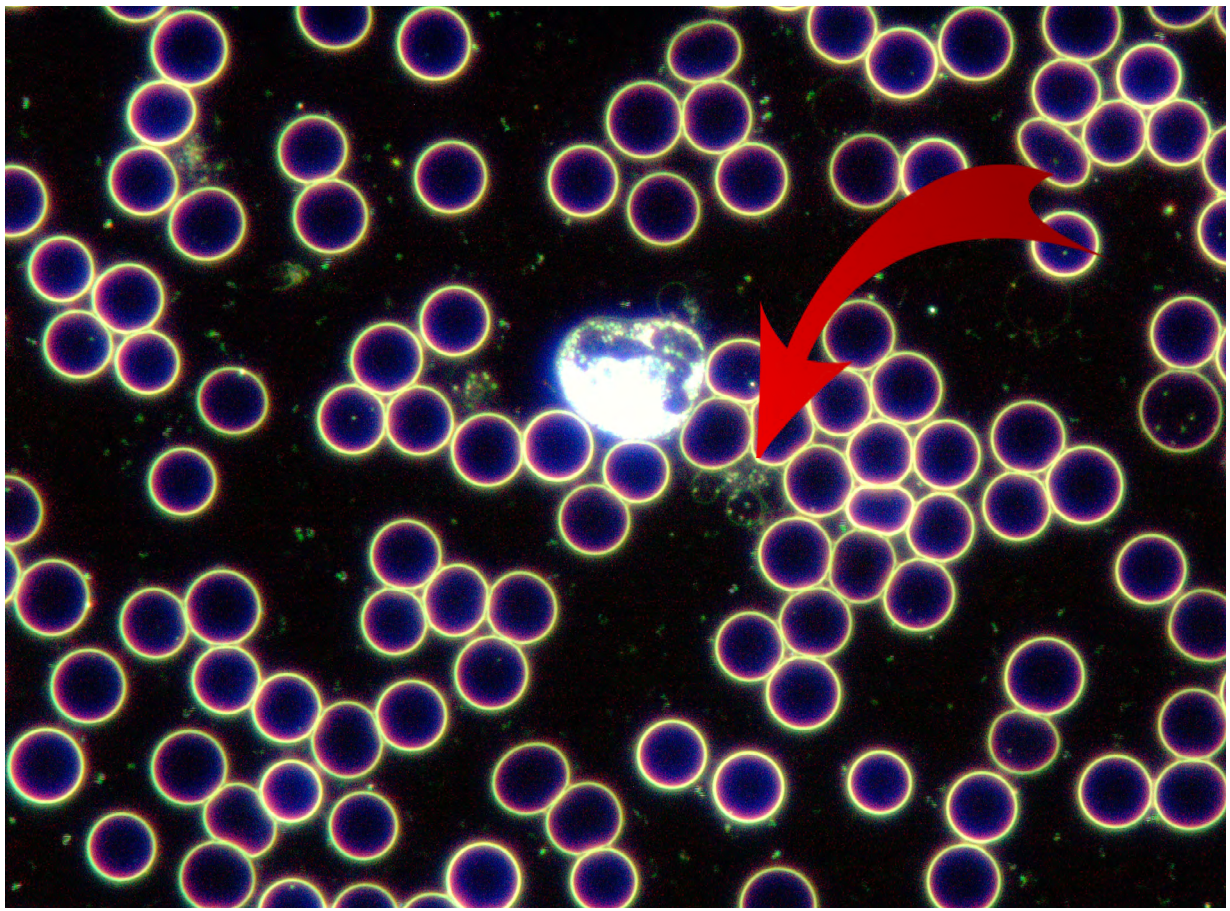
A very brief explanation of darkfield microscopy might be helpful to some readers. In a normal brightfield microscope, the light passes through the sample and washes out most tiny objects as well as some that are very thin.

With darkfield microscopy, the light beam is split so that it silhouettes the objects in the sample, giving rise, of course, to the understanding that blood is not even remotely sterile. Obviously, "we" know this because countless blood tests are done for everything from toxic metals to spirochetes; and, in darkfield, we can see many objects that are not seen in brightfield. The best analogy is to day and night. During the day, there are, in fact, planets and stars in the sky, but we do not see them when the sun is bright.

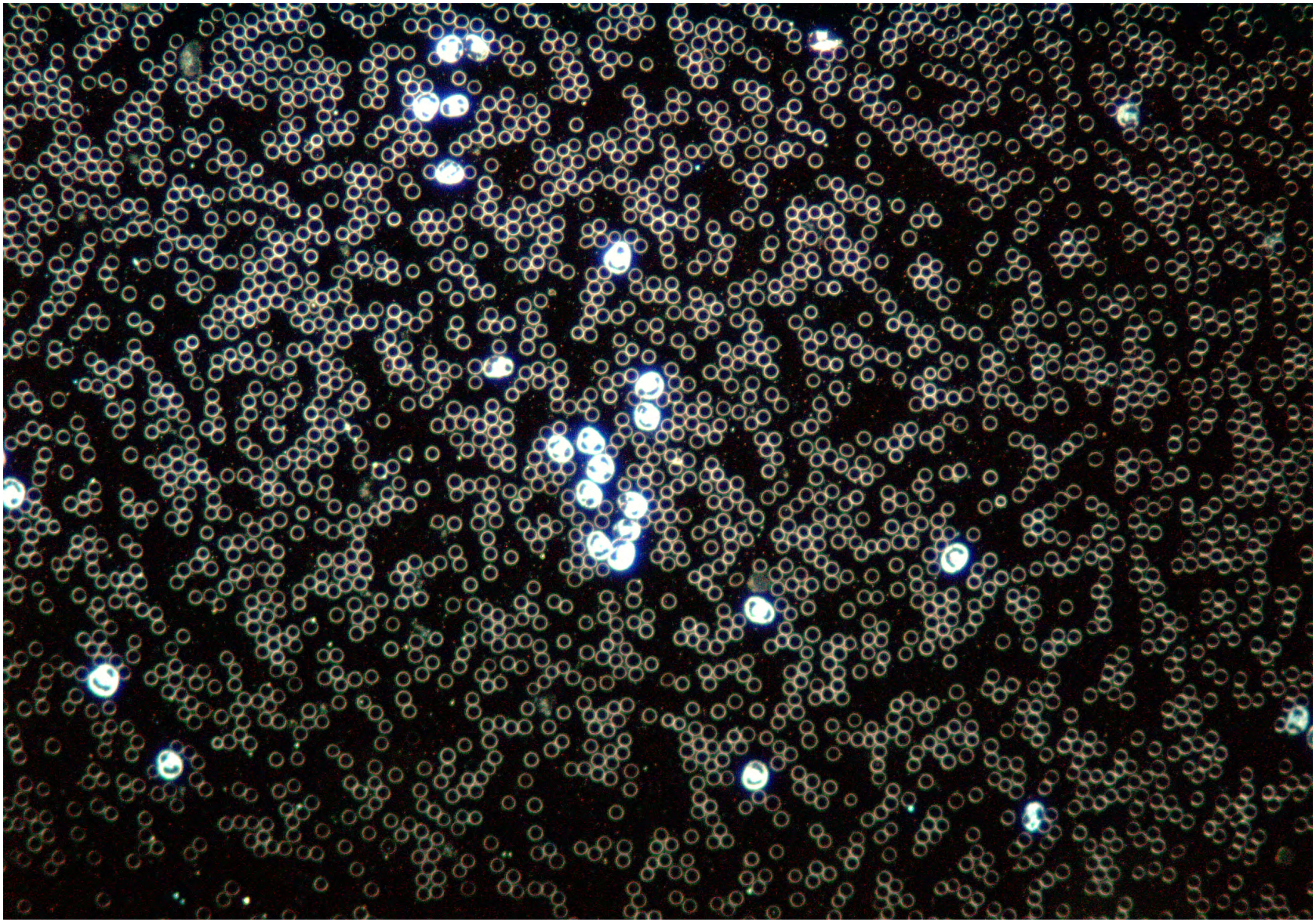
We know this because we look at Venus in the morning or evening and then cannot see Her once there is more daylight. So, darkfield microscopy is something like astronomy in that we are observing against a dark background rather than in bright light.

In hopes of finding the correct term for the lethal objects, I have read widely and queried numerous experts, but we don't actually know what to call the objects. They are however very dangerous and the white blood cells die when they engage the objects. Worse, after the first 25-30 cells die, reinforcements come and those cells suffer the same fate. This goes on and on until there are no more white blood cells on the slide. That is not however the end of the story. The plasma becomes strewn with disintegrated white blood cells, and this congesting.

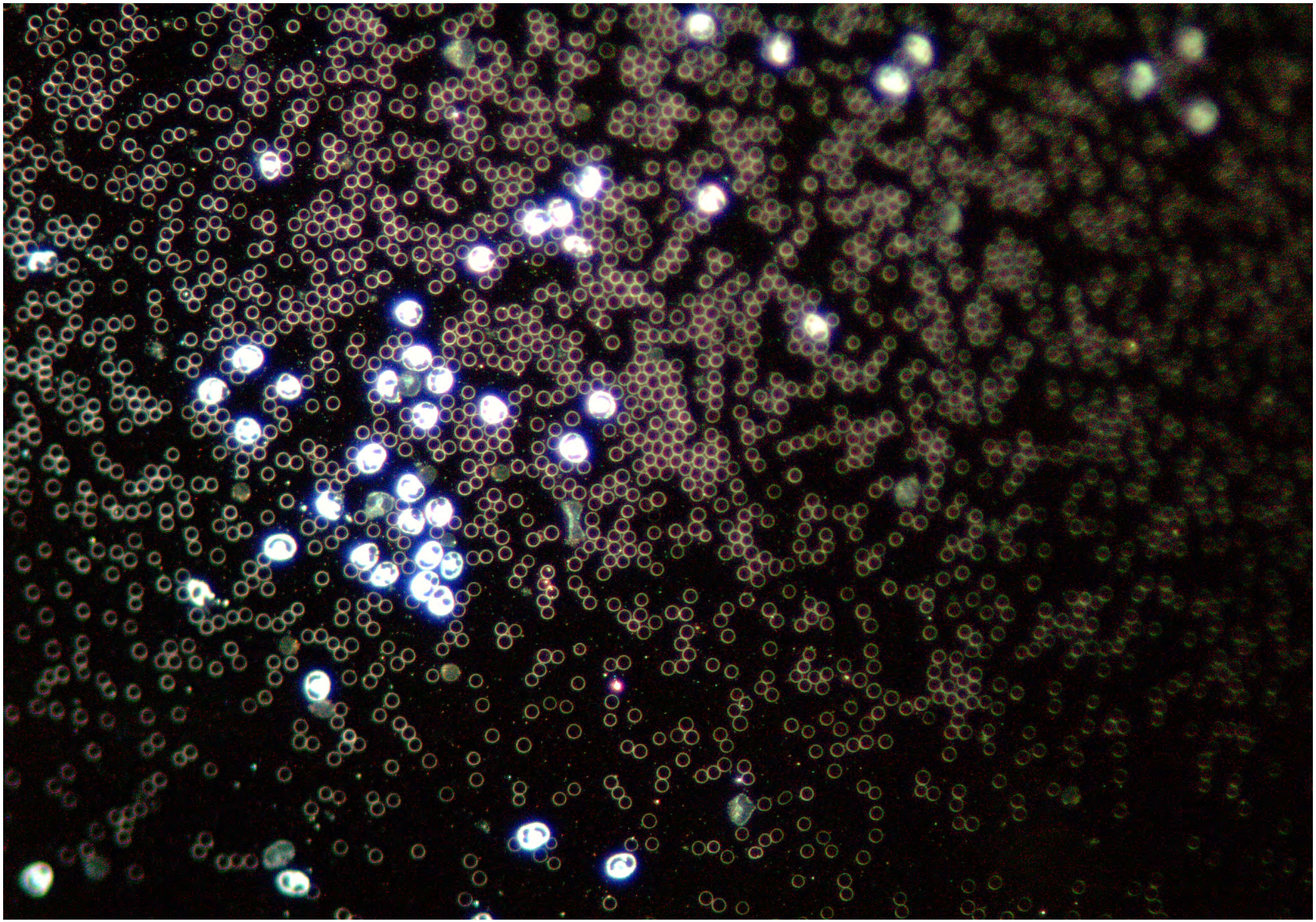
These images that follow were taken in Switzerland. The patient had many amalgams and was battling a life-threatening disease. Later, she had the amalgams removed and is fine now. The "issue" for the uninitiated is that the rate of deterioration of both red and white blood cells was extremely rapid, only minutes. In my experience, no regeneration is possible under these circumstances. Therefore degeneration occurs at the expense of health.



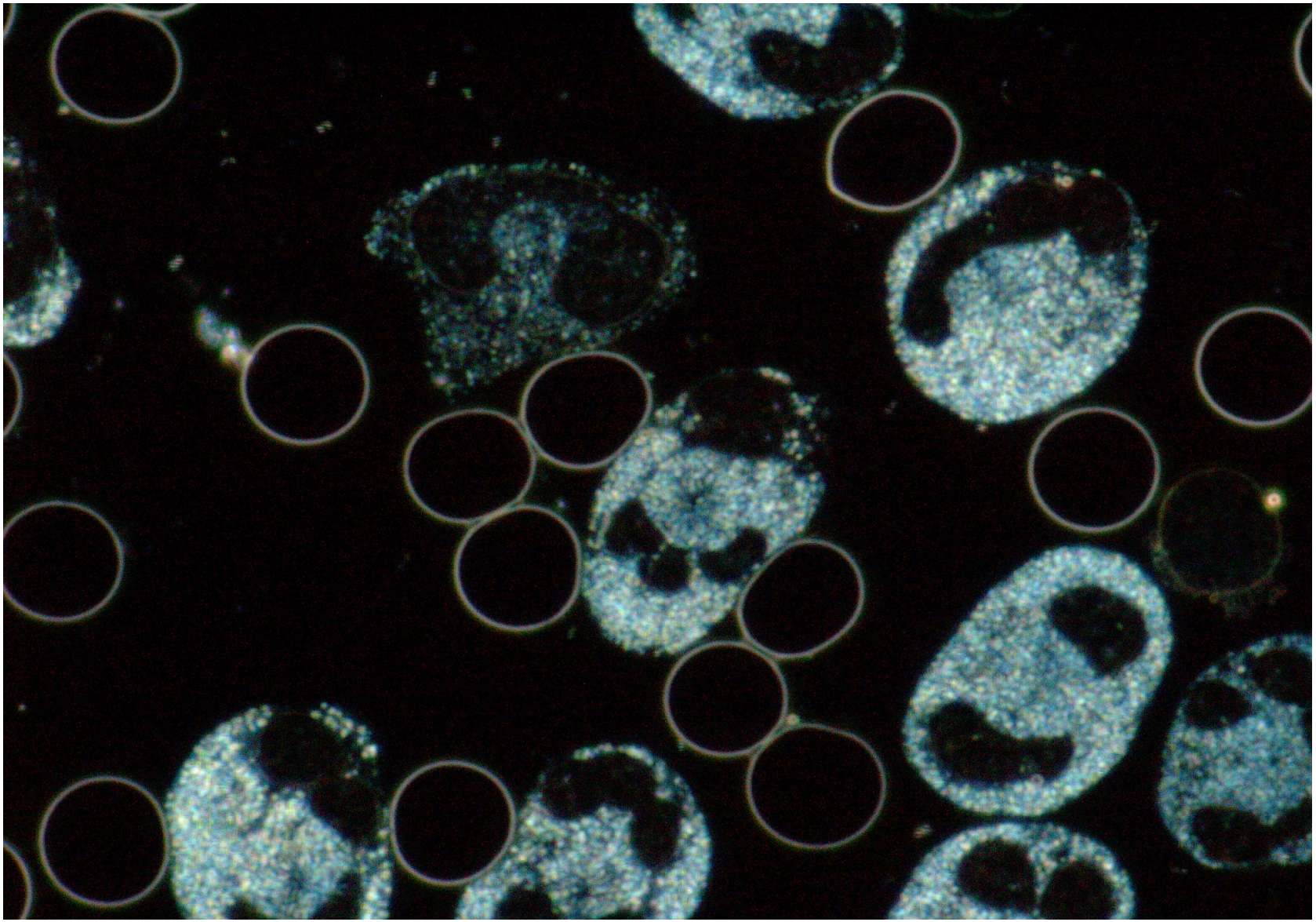
Though the blood cells in this image do not look abnormal, there is, in fact, a crisis.



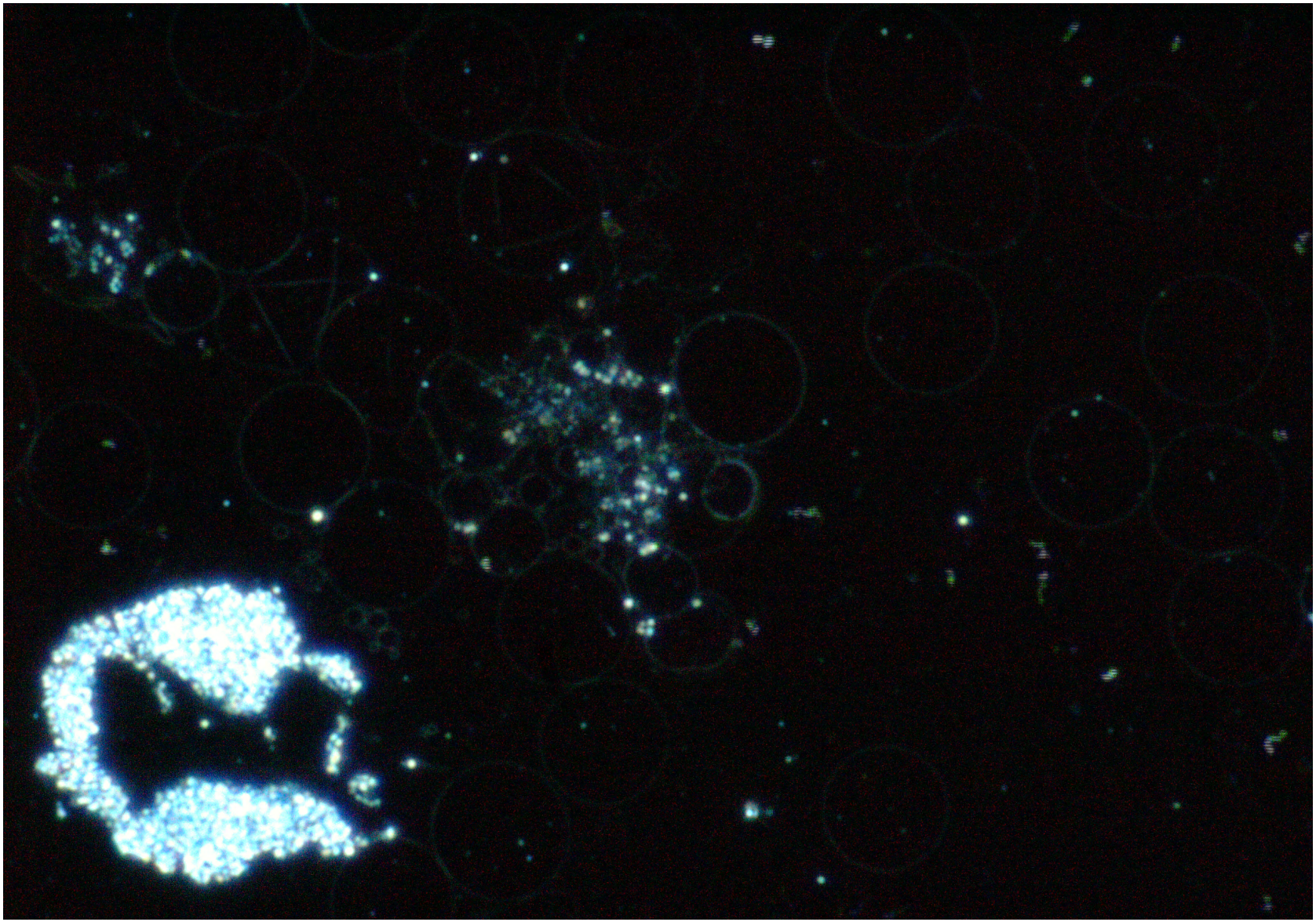
The first impression is not so bad, but there are too many white blood cells clustered together.



Remember this image? It includes the area seen on Page 9.



The quality of these cells is not "bad" but the white blood cells are disintegrating rapidly and the zeta potential of the red blood cells is a bit low. The erythrocytes have a charge and should repel each other, but these are not doing this perfectly, either due to mineral deficiencies or electrolyte imbalance caused by the mercury.



Only about 90 seconds elapsed between the relatively good image on the previous page and the ghosting one sees here. Both red and white blood cells were dying at a staggering rate.

This has been a very quick tour through the horrors of amalgams. Though the proper term for what can be easily seen in the blood is lacking, the damage is indisputable. A dentist referred to these objects as cations. Others have said this is impossible. The late Prof. Günther Enderlein associated the objects with a degenerative state that he believed was an advanced state in a pleomorphic cycle. Personally, I do not believe the objects are organic. Therefore, they cannot be pleomorphic. They are, however, clearly associated with mercury toxicity. There is no doubt about how dangerous these objects are nor that they can be excreted, often in less than a week.

The Solution

My clinical experience is that some patients can eliminate all trace of these objects within five days. Usually, the entire diet along with supplements need to be studied for possible conflicts, but the correct protocol then works remarkably quickly.

Here, the discussion is solely about what can be seen in the blood. Theoretically, there will also be deposits of mercury and other metals in other tissues, especially the brain since mercury is lipophilic. There will, however, also be mercury in the liver and lungs and kidneys. So, the next question is can we attract all the mercury and other metals that are stored in other tissues and flush them out of the body?

Patients with heavy burdens of metals are often hypersensitive. Some are so sensitive that if they touch something metallic, their skin turns black. Some get nauseous and dizzy with a single drop of cilantro once every five days. Others can handle significant quantities of cilantro. However, cilantro alone tends merely to mobilize certain metals — definitely mercury, aluminum, and lead — but the metals need to be excreted, not mobilized and reabsorbed. Hal Huggins, DDS, noted that there are good excreters and poor excreters. Fortunately, herbalists and Ayurvedic doctors have excellent protocols for promoting excretion and protecting the eliminatory organs from damage while moving the metals.

The Importance

As the pictures show, mercury can be a life threatening issue for some people. For others, it affects the quality of life. Estimates are that as many as half of all children born in the future will be autistic. How many people do you know with multiple chemical sensitivities or Alzheimer's disease? Add to this list a host of neurological problems, weakened immunity, multiple allergies, and developmental disorders, and we realize that mercury is not a small problem; it is a huge issue affecting other species as well as humans.

The Institute for Invisible Epidemics

Dr. Indunil and I are now organizing all the protocols for every kind of oral issue. There will be downloadable material and everyone who participates in the study will get a tiny amount of digital support. Obviously, those with very complex issues are welcome to visit Dr. Indunil in Ecuador.

Mercury is just the starting point. There are people who have had their amalgams removed but who still have symptoms of toxicity. Some did not have the amalgams removed using safe protocols; some did not go through a process of chelation after removing the amalgams.

Moreover, sad to say, composites are not benign either. They belong to category of biological hazards called xenoestrogens and these substances are pervasive in the environment. There is a tiny e-book on this subject also.

In addition to mercury and xenoestrogens, we are also addressing fluoride, another very toxic substance that is routinely used in dentistry as well as many municipal water systems. On top of this, there are oral infections involving the gums, tonsils, tongue, and these can travel to the heart, stomach, brain, and other organs of the body. We have started here because these oral health issues impact almost everyone on the Planet at this time.

About the e-Library Series

The material in this e-book was first published in a more abbreviated form on 9 July 2016 as an informal post to subscribers to BioethikaList. The purpose was to provide an example of the type of investigations we intend to pursue at the Institute for Invisible Epidemics in Baños de Agua Santa, Ecuador. Since space is less limited in this format, additional photomicrographs have been included in this publication. All the images were taken in Switzerland in 2005 by Dr. Ingrid Naiman using a Nikon Eclipse E600 microscope with a Sony DXC-S500 camera.

As the first in the e-Library series, it can be noted that the style used is intended to be friendly for the general public and no attempt has been made to imitate academic publications unless footnotes are required by copyright conventions, which is not the case in this particular e-book.