Professor Dalgleish

Dr. John Campbell

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Transcript

0:00

I one welcome to this talk and it's really quite an important one and I'm so pleased to welcome Professor Angus DL

0:07

Professor welcome and thank you for coming thank you now uh Professor D gich

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is a professor at St George's University uh London he's uh I'm not going to go

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through all of his qualifications but he's a fellow of the Royal College of physicians in the UK and Australia he's

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a fellow of the Royal College of Pathologists is a fellow of the uh medic fellow of medical Sciences as well as

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having an MD medical research degree um really quite impressive and uh he's had

0:38

563 Publications I don't know how you fit that in one lifetime but that's that's what he's had with over 25,000

0:45

citations and uh I believe Professor you're still working as as a as a cancer

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doctor you're a consultant oncologist I am indeed yes yeah now um what's

0:57

concerning you at the moment there's some observations that you been making that are concerning um Ju Just if you

1:03

don't mind tell us about your observations and what your concerns are well I began to notice I've been

1:09

doing melanoma patients for I mean well over two decades and probably three

1:16

longer than I can think and I started working with these patients because nobody else wanted to work with them

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because they were very difficult they didn't respond to chemotherapy and uh so I I was very

1:29

interested in the history of um immunotherapies working so I basically

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immersed myself in this and started doing the first cancer vaccines first of all collaboration with Donald Morton of

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cancer VA and the John Wayne Institute in in California and I was the only

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collaborator outside the US for many years and then I started working with uh

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a whole range of cancer vaccines and the ones that I most interested in the ones

2:00

that stood the test the time are actually the simplest they're the the heat killed microbacteria ones Etc well

2:07

so while while doing this work I I began to notice uh things that we why do some

2:13

people respond very well and others not I won't go into the details but it was

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the first thing was clearly it was vitamin D we suddenly realized we were dealing with endemic vitamin D

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deficiency and if you corrected it they started to respond better to him in the Etc so I've had some patients uh on

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immunotherapy for several years long before the new immunotherapies were approved the epilim and the noos and

2:41

pemos Etc and I started to notice that some of these patients who were coming

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up to you know they over 10 years 15 years 20 years they were suddenly

2:53

relapsing and they were presenting with relapse disease after years years of not

3:00

having any disease now this was not unusual to me because I've seen it

3:06

before but I just like I always want to know why of course these are patients

3:12

with malignant melanoma malignant skin cancers I notice that the patients who had relapsed before they got a they all

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had a history or Reason of something which caused a significant period of

3:24

immune suppression uh such as significant upset bement divorce

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bankruptcy Etc and I saw it but there was an explanation for it now more

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recently I saw I started to see it in more patients than I was used to in a

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short period of time first of all it was six patients I counted who all came and

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they had to have another lump out we had to investigate and found they got relapse Etc

4:00

and I started to ask the question you know have you had bement divorce this

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that and the other and then it it twied they'd all told me that they' they' I've

4:12

had my booster yes i' I've kept up to date with my boosters and it suddenly began to Twig because I was very against

4:19

the booster program I put it quite quite basically I've done over 30 years

4:24

Research into optimizing vaccines and immune response and and I I came to the

4:31

conclusion uh that the vaccines that they use are obsessed with antibodies

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and I'm not actually I'm not not interested in antibodies because it's

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the te- cell response that you want it is the innate te- cell response and as a

4:49

cancer doctor I noticed that the innate te- cell response starts to decline at

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55 and by 70 it's fairly much in your boots it's has gone down a big ski slope

5:02

but if you superimpose the rise of uh a Cancer Treatments it it rises at the

5:10

opposite rate forming like a butterfly wing so started to ask was it cause an

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effect then we found that we had agents such as this the new one we worked with

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for a long time IM amm11 heat killed it really boosts the inate immune response

5:28

this is just a simple bacter that's been killed and injected yeah I mean it's uh it's the it's the other end of BCG and

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it came out of BCG work and it's very interesting is that

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BCG uh it was found to boost the anate immune response and here's the clue if

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you give it more than twice it basically starts to ruin the

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response and just boost STI so this BCG was used to prevent tubercul

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is vaccine for tuberculosis now the heat kill microbacteria they don't do this if

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you keep giving them they keep boosting the te- cell response they don't induce

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an antibody response so as such I thought this is a very useful agent I've

6:17

been doing clinical trials on it and one of the things I did notice right at the

6:22

beginning of the co was they the patients already telling me that well

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they often their wife wife or husband would say I don't know what it does for the cancer but I've never seen them go

6:36

through Winters and not have Cals or flu all the time they seem absolutely thit

6:42

and then I I realized this is the inate immune response you they flu or C so I

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predicted this would be a very good front line for coid and sure enough it was at the height of the first wave when

6:53

there's no vaccines mentioned none of these patients called coid and yet they

6:59

a average age was all over 65 was the average and they all were at risk

7:04

because they had stage four melanoma they had a full thing none of them got ill they might have had a very mild Co

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where other people all around were going down very badly with Co mainly the staff

7:18

so these are people in your trial Professor that were simply giving this this microbacterial very simple killed

7:24

bacteria vaccine yeah and even though it's a specific form of bacteria you were giving

7:29

that was stimulating an innate immune response that was working against a wide variety of different viruses so you got

7:35

it in one so that was that was the environment I was in and then we come up

7:41

with the the vaccine comes in as I said I had a lot of experience in this and I

7:46

came to the conclusion if you need to give more than two shots of a vaccine it doesn't work that would be one of my

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general rules of vaccine and I think that's been proven to be absolutely right the mean the the Boost is worse

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than useless and uh they shouldn't they should never have been given uh if they

8:05

were going to be considered they should only been given to people who you knew their immune status you should have

8:10

measured it I went on to a TV live debate with other doctors and I said why the hell would you give a booster to a

8:17

vaccine that people have already had without measuring if the if the response was satisfactory because they might not

8:24

need it because if they do not need it you'll make things worse and that was from the BC CG example you know to name

8:32

but one so uh people just dismissed me

8:37

um they wouldn't enter into proper debate about this said this is an emergency we got no it wasn't an

8:43

emergency because the next thing I realized especially when the people who had the boosters were actually often

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saying well I never had the co till I had the last booster were all sorts of Clues like this but it was in this group

8:58

who were getting the relapses they all mentioned they having the boosters as if they' done the right thing and I

9:04

suddenly Tweed I thought it's the booster that's leading to the relapse and as a scientist I wanted to know what

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the reason for that is well I know that you've only got a limited capacity in your immune system if you boost uh with

9:19

a uh another vaccine to harness half the immune system to make antibodies to a

9:27

virus that no longer exists on the planet probably for one or even two years you are going to weaken it uh

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you're going to reduce the front line and then we got the papers coming out that beautifully confirmed it they

9:41

showed that the booster um you no longer make igg1 and three uh neutralizing

9:48

antibodies you get a subti switch to igg4 there's a very detailed the

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excellent paper showing this well an igg4 subtype is the last you want because it's it's more it's a

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tolerogenic it basically said I'm have enough of this abuse we're switching off off this assault on on us with these AG

10:07

but it gets worse because it also suppresses the te- cell response and

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there were some people did a really nice study um I can't remember it off hand

10:19

but I actually presented it in the presentation and I did yesterday the first group who showed that the te- cell

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response crashes after the booster in cancer patient whereas it's it's not perturbed in the

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first two but the the booster leads to a massive reduction in the te- response

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not in all of them but in many of them well to me this was enough because we

10:45

know for immunotherapy I knew from my work of over 20 years before we even

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started using these checkpoint Inhibitors ippi and nibo Etc that the

10:56

te- cell control this disease because I only saw Rel lapses when there was reason for perturbation now we had a

11:03

booster that was clearly causing perturbation which if it was transient I

11:08

wouldn't mind but it was a lot more than transient especially when the patient

11:14

said well I've had five vaccines I mean I was beginning to you know to to scream

11:20

what are they doing what are they doing and I was um I reported all this to

11:27

various mediums I reported to I wrote a uh paper to the bmj I thought the bmj

11:32

was had actually started to publicize things which were a little bit you know

11:37

concerning to doctors rather than censor it and basically I found you know I I

11:43

was the uh the first in the UK to point out that the virus escaped from the lab

11:49

and to me it was completely obvious because it had inserts in it that one of them could occur naturally not six or

11:56

around the receptor binding site no that was and for my pains pointing this out I

12:01

thought this is you know this is brilliant we can challenge the nature

12:07

science so every single Journal turned down papers pointing all this out saying

12:12

it's not in the public interest I mean basically this was an orwellian Ministry of Truth had taken over you not this

12:19

this is after you've had 563 previous papers published over a distinguished

12:25

career I can't think of a doctor who's more qualified than you offhand actually so after a distinguished career and and all

12:31

this work 163 papers you you couldn't get published anymore well it it it's not so much the uh the Quant the

12:39

quantity that there's a quality issue too I I would say and uh I've I've never

12:46

really wanted to publish things that were a waste of time or irrelevant or but to add to stories but I've had a lot

12:52

of stories you know I was I had a big presence in HIV and I discovered the receptor that

13:01

was the first author of colleagues doing it and that led to me being very recognized as a serious biologists and

13:08

scientists which um to me was very surprising I was at all the early HIV

13:14

meetings and I bumped into people I mean like often I was a guest of Bob Gallow

13:19

and then I bumped into fouy what have you and all the others and I thought these guys really at the field was talk

13:27

about publications they were publish of Nature and Science every two or three weeks it appeared to be and I you know I

13:33

was just lucky to get one or two in and it just seemed to me that they were kind of gods in this and it took me quite a

13:40

while before I realized actually no that they they not they and I came to the

13:47

conclusion and I I'll say this because this is my personal opinion that f is not very bright he thinks he is he's a

13:54

very good Diplomat he's actually not very bright because I pointed out in sessions when he shared that is you

14:01

never get an HIV vaccine if you use the entire envelope there's 3,000 antigens

14:08

on it you throw that as an antigen at a naive immune response it's going to pick

14:14

out the dominant uh responses and the viruses evolved that

14:20

the dominant responses will be against bits of it it doesn't give a damn about

14:26

and I also predicted that it's a decoy that the Kelly's heel lies at the heart

14:32

of this and by giving the whole envelope you'll never allow the body to see the

14:37

aill he we worked it out I won't go into that but that's a big chunk of papers that I did which I felt never got the

14:44

recognition that they they deserved I thought they were far more important as CD4 receptor but the the bottom line of

14:51

this this led to me collaborating my group with several people we had a

14:57

European uh collaborative Group which where um we used lots of papers and

15:02

showed that the virus never causes AIDS unless it activates the immune system first and whether it activates is

15:09

determined entirely by your HL time and that those people who never that's the

15:15

sort of tissue genetics you're born with isn't it absolutely and those people who

15:20

uh had long-term infection and didn't seem to get ill we predicted they must

15:26

have a certain H type one of the guys that worked with me he was very hot on this actually predicted the HLA type

15:34

early on from his uh uh computations and modeling and the modeling that my

15:40

colleagues and I did in those days unlike the people Imperial College you don't seem to model anything remotely

15:46

correctly this turned out to be very true because he predicted that H people

15:52

would get AIDS quickly and those with hl27 would get it very slowly if if this

15:59

Achilles heel was the bit driving the disease and it was proven in a big MRC

16:05

survey that those were the only two significant things B8 fast B27 uh they hardly get it and based on

16:13

the back of that I predicted well there's one group of chaps who never get

16:18

AIDS however much virus you give them and that's the chimpanzee I reckon they must all be hb27 or similar it took 5

16:26

years to persuade one of the people had a large chimpanzee colony to do the HLA

16:33

the genetic uh immune codes and they were all HLA b57 which is the uh sort of

16:41

a brother of B27 so absolutely right and the only conclusion from that was they'd

16:47

all been um eliminated in the past in the Wild by HIV so you're dealing with a

16:54

Survivor population absolutely selection we had a big understanding of this so uh

17:00

and working with my Norwegian colleague who came up with the same idea do not

17:05

use the envelope too much information decoy Achilles heel Etc he identified

17:11

four Achilles heels made them in peptides asked me to join him because the eological expertise and the HIV

17:19

being in the HIV field um he did that very successful HIV

17:26

uh vaccine never achieved its uh primary goal in Trials because the primary goal

17:32

have been set wrong had it not been set wrong it probably would have been much more successful we haven't given up we

17:38

have not given up I think this is the best HIV vaccine but what really got me

17:43

about The Establishment is that we they the gates ask you the MRC asks you they

17:49

all ask you and we put this proposal and said that the the envelope vaccines will

17:55

never ever work because this that the other this already Works we've had it in humans and it reduces the virus load

18:02

very well we want to just modify optimize it and we reckon that you'd be

18:08

able to give this and take people off out the HIV drugs for for months and

18:13

months at a time which should be tremendous for Africa and we were always

18:18

rejected it's a very clever idea etc etc but we don't need a plan B at the moment

18:23

because we've got a a great big worldwide clinical trial and this looks like like it will be

18:29

positive that 1 2 3 the third time they still said it be positive I mean was it

18:37

Einstein who said the definition of an idiot is somebody who keeps doing the same thing expecting a different answer

18:43

sounds like the sort of thing he would say yeah so your hi you have HIV vaccine what does this actually Target well it

18:49

was targeting the the the new this is very relevant to co by the way it targeted the nucleus not the envelope

18:57

right so the proteins in the in the nucleus of of the hi it it ignored the on WE subsequently

19:04

optimized it by adding in the one bit that drives the immune activation which I had spent years identifying we added

19:10

it in it makes it even better so it really works well now now the thing that really annoys me was the all we're

19:18

talking people spending billions I mean gen in Tech was involved in IH The Gates Foundation Garvey Ivey this we

19:26

approached them all and they all brushed us off we know what we're doing and each of those big worldwide vaccine trials it

19:33

was the same thing being presented just different technology so it made me realize do not fall for technology now

19:42

listen to that because this is what we hear all the time and you know 10 years

19:48

ago it was DNA vaccines are they going to save the world this that and the other they work brilliantly in

19:56

mice and uh guinea pigs and things and dogs but as

20:01

soon as you get bigger than dogs they do not work these are the adino virus Vector DNA and and so it uh then

20:10

everybody said oh the RNA is the thing now I don't think RNA is recent I mean

20:16

this is the other thing and when I was giving a thing saying that I actually U

20:21

blame the RNA technology for making the boosters even worse I had people who

20:27

involv in them say attitude was well what do you you know you don't know what you're talking about

20:32

you're just a clinical uh you know oncologist no I mean I sat on the

20:38

scientific Board of a company uh that called itself the messenger RNA cancer

20:46

vaccine company for five years I left six or seven years ago and they had

20:52

everything in place I mean they weren't able to take it forward so the the

20:58

messenger RNA industry has been there waiting for an excuse for a long time

21:04

and I think that's why it's you know it was the pandemic was the excuse to use

21:11

something to save the world Etc this was the the kind of thing but when I go back

21:17

again to the the patients who've uh relapsed the melanoma yeah going back to

21:23

that I put it all down to the immune suppression caused by the booster

21:29

but I've seen some later relapses which you say well perhaps the immune suppression would have recovered by now

21:37

and then you become aware of that this is where the iron comes in is that the

21:44

to me I was always suspicious I saw all these reports they were always pushed aside and many Publications were pulled

21:51

I mean the Sens or welli in censorship uh by by whatever it is I don't know

21:58

but what whatever it is the censorship's been awful but now there is enough data

22:04

out there there's enough people cried F that the quality control of messenger

22:10

RNA viruses which I believe was always the big issue I mean it was a big big

22:16

issue that's not been solved and you've seen all the quality of the vaccines yeah the um there was a for the first

22:23

time mainstream media an article in spectator Australia actually went

22:29

through that not only is the quality control awful but it's contaminated the DNA plasmids uh one report up to 350

22:38

yard times with sequences from the sv40 promoter well the sv40 is oncogenic

22:45

promoter used in uh in um cancer development in mice and you know first

22:52

so what I say what the hell is that doing in an RNA vaccine you have to ask

22:58

because the presence of that and the presence of DNA means it can integrate surely that's not possible

23:06

well you don't have to go very far into the literature to find people reporting that the spike protein is integrated

23:13

into all sorts of different tissue and for um you know for rentry they they

23:19

said that it stays at the point of the injection site and there's no way it spreads oh that's all right then it's

23:26

safe this turns out to be a complete lie it's been identified at autopsy it's

23:31

been identified everywhere and this is the other thing with patients I can't

23:37

get autopsies on these patients to prove this it's quite incredible but a

23:44

colleague who had an an explosive cancer a colar rectal basically at surgery sent

23:52

the places away uh the Pieces away the metastas away yeah and messenger R

23:59

from the vaccine insertion was confirmed so it is this is this to me is quite

24:04

frightening that this is occurring and also that there's been this we don't need to do post-mortems on patients

24:12

dying from this it is it's like it's from on high and they just won't do it I

24:17

pleaded for one on the patient who died from explosive melanoma who said I never

24:23

felt well after the booster I just felt chronically well and then the melanoma

24:29

came exploding back they would had had the patient relatives consented to a

24:35

postmortem oh yes oh yes so so just a minute you're one of the most senior doctors in the country you wanted a

24:41

postmortem the relatives had consented to a postm but that that was refused this this is just unbelievable

24:47

it's overruled yeah unbelievable It Is overruled by whom well perhaps it had

24:52

something to do with there there was a a report which got into the laet uh of

24:58

people who died after vaccines to see whether it could I don't if you saw that

25:04

it appeared in the lanet but then it was pulled it was pulled very quickly uh the

25:10

explanation given it wasn't properly peer reviewed which tells you there's not

25:16

peer review is over and dead I mean basically it's not politically within the political

25:21

Mantra and this is what really this is what really frightens me I went to do uh

25:27

an interview along these things you know into a mainstream media channel and the

25:32

guy warned me at the beginning he says I have to be very careful the way I ask you questions and please don't be put

25:38

off that I would probably sound fairly hostile and I said I'm very happy to discuss facts this that the other but he

25:44

said the government am made it a crime to criticize the vaccine program on the

25:50

media and I said I'm astonished but actually

25:55

thinking about it I'm not surprised because it explains why nothing nothing is being discussed but that someone in

26:01

the mainstream media told me that that they're actually told they can't do it and as you know the ofcom uh basically

26:09

wed into Mark Stein on GB news basically

26:14

uh quering just that I mean it's the job of the press to raise questions and that

26:20

actually is my job I mean I was carpeted for for saying this without proof and I

26:27

have to present proof well they won't let you get the proof for the start but Bas based on this one of the things that

26:35

I uh did do because I have been with many others particularly uh Ross Jones

26:42

and CLA Grant we have written many many letters to the the people who need to

26:49

know about all these issues that was particular Ross about children which I joined 100% I said there's absolutely no

26:56

need for a vac Vine This vaccine actually I said for you know at the beginning they said only for people over

27:02

70 and who got are ill and when it came down to 4050 I said you know there was

27:08

no need for that because we were getting this my Cardis carditis signal why did

27:14

they carry on resisting going down any rate that's another another story but we

27:20

reported all this to people like Chris witty um and uh the department of Health

27:28

NHS the MH we basically got no engagement which

27:34

I think is an absolute disgrace given the seriousness of it and so I was told

27:40

to say have you been reported to the the counter disinformation unit which is set

27:46

up by by the government the government yeah and uh it said you can do if you go

27:52

through this particular process they've got to let you know and I was told by some somebody who had done all this and

27:59

found that they had been reported for it so I decided and went through this

28:06

process I mean I suspect I have been reported more times than anybody else because I started with the

28:13

virus appear it bang bang bang criticizing the virus the origin of the virus lockdown bang bang so I said

28:21

lockdown was more ironic and I said you should never lock down when you haven't bothered to quarantine and if quarantine

28:28

doesn't work there's no point lockdown and it never works for Airborne diseases in all this other and the just as a

28:35

cancer doctor I said you lock down the cancer death rate in 6 to 12 months to

28:43

two years will go through the roof because they won't be get screened in early treatment and I pride ourselves we

28:50

were bloody good at that then but this lockdown the collapse of the NHS has destroyed that I mean it's it's really

28:56

really TR so then I found actually one of the things that I was uh that one of our

29:03

letters handed into uh um including Chris witty and everybody else this that

29:09

and the other that uh this resulted in another complaint to the CDU about me

29:16

the next day counter disinformation unit yeah so how what the hell are they doing as you

29:24

say I'm in a far far better position than any of these people I can't believe

29:30

that the complete unbelievable um I got to choose my words

29:36

very carefully but to rely on Sage you you better you get better information

29:43

from the people running B's dog home uh infection control in my view I mean I

29:49

just couldn't believe that and Chris witty I mean I cannot believe the stupidity of the statements that he has

29:56

made right from the beginning we told him about vitamin D you know this that the other and he came back he had the

30:02

contact and he said there's not enough evidence to do anything about it I mean not enough evidence it is beyond belief

30:10

and then you know when we challenge him on doing children he says oh you've got

30:15

to vaccinate the children in order to protect the parents and grandparents well that one sentence he revealed Acres

30:23

of stupidity first of all you don't vaccinate people to prot protect other people that the first thing you got

30:29

wrong then by saying to protect the parents and the grandparents who' already been subject to this vaccine

30:37

battering you've admited it doesn't work it's

30:43

unbelievable and so I mean I've got I think Chris witty said one or two things

30:48

that made a reasonable sense earlier on he said well you can't really introduce

30:54

vaccines unless that nothing works and uh um the virus is really lethal

31:01

that kills young people a third of them which is absolutely true so why did he

31:07

allow a vaccine program to be rolled out for a disease that only killed old people in my view just bought forward

31:14

death by about three months and didn't actually kill any anybody else any more

31:20

than the random viruses the flu Etc uh do it I think and I call them this I

31:27

think there has to be accountability there has to be this um Hallet inquiry

31:34

it actually should be feet to the line this this was you were on it was in your

31:41

watch your charge all this stuff now is because you didn't do things and I think

31:46

why didn't witty resign why didn't Valance resign they're all they they are

31:52

like a load of usess footballers passing the ball around the back uh because they

31:57

can't be bothered to sort the team out properly just pass past they're blaming everybody else I mean I I think Link's

32:04

inquiry is is just a f and a whitewash and by the time they come to any uh

32:10

conclusions the people will all I mean it go on for so long they'll have forgotten what it was all about and the

32:16

people will be uh completely retired or dead or God knows you know it's all and

32:23

I think they should be the people who should have intervened because they they were there they knew about things and if

32:30

they didn't they each should have got the right people in and resigned going back to your patients

32:37

Professor with with the uh the melanoma uh there's this perturbation in the immune system now have you seen

32:43

aggressive is is the melanoma become more aggressive more a sort of more virulent melanom as

32:51

a result of the uh the pertubations which may well include the vaccine

32:56

completely in fact it's my colleagues who came up with saying we're seen this too is absolutely explosive they call

33:04

this were explosive and my colorl colleagues are seeing this now they're talking about explosive presentations of

33:11

coloral cancer in young people particularly like they've never seen before and it was in one of those that

33:18

the the um integration of the spike protein in their it's almost like a a

33:24

new disease explosive Colo rectal cancer of the yeah I mean Expos it so they are

33:31

presenting and it's already in the liver and the lymph nose of the lungs whereas

33:36

normally it's already metastasized yeah this is a process that when you put them

33:42

under pressure it gradually escapes this a slow process in most people explosive

33:48

is extremely unusual and the Cal surgeons are all reporting

33:55

this now is have you seen any cases that you probably wouldn't expect of uh

34:02

lymphoma cancer of the lymphatic system oh absolutely not I mean I don't

34:08

do lymphomas as in the clinic so that's the first thing but I'm hearing people

34:15

who've after their their booster vaccines have gone down with lumps in

34:21

the neck and things like that and I I found colleag Works somewhere else completely bumped into them and I said

34:28

you know how are you and I said oh I'm okay but I've developed some lumps in my

34:33

neck and they've been diagnosed as lymphoma and I just trying to be

34:39

sympathetic said God what Earth calls that and the patient said oh apparently

34:45

it's due to the vaccine my that's what my oncologist said and I said but this is the reaction

34:51

I'm getting everywhere and yet when we report it higher up the chain we told

34:57

its anecdote to shut up and not cause Panic amongst the patient any rate that

35:04

person told me that three of her friends out out of a couple of dozen had all had

35:12

the same thing it was quite amazing then I found somebody else locally had had a

35:18

lymphoma diagnosed then I found uh my um

35:24

a close member of the family A develop a leukemia and that was after the booster

35:31

vaccine now here I want to point out that quite a few people especially my

35:38

age and ET around probably have low grade B cell uh

35:45

disease lymphomas leukemias Etc myomas yeah and yes and it's m

35:52

maintained under control because of the good healthy te cell surveillance it

35:57

keeps it under control so when you give a booster and you start to find these B

36:03

cell leukemias and things coming more common you don't have to look hard to work out what the pathogenesis is I why

36:11

they suddenly appear but um my other colleagues are pointing out that they're

36:17

seeing more renal cancer too uh a lot more renal cancer now renal cancer and

36:22

Myoma were always lumped together as being tumors that seem to respond to

36:28

immune uh therapy you know they were both the ones that responded to

36:34

interfere on and into L 2 before we had specific therapy so that again would fit

36:41

the t- cell perturbation control theory MH and um are we talking about what

36:48

sorts of leukemias potentially are we talking about here um well B cell ones

36:53

so I mean one of the ones spe specifically had a sort of rare subtype it's called mantle cell but that all

37:00

that all fits into the the more chronic remind me please is that the myoid type

37:07

yes yeah right thank you yeah now you mentioned before about the um the the S

37:16

S40 now this is the Simian virus I think isn't it Sim virus 40 now am I right in

37:23

thinking that that coincidentally in infects uh monkey kidney cells which are

37:29

cultured absolutely right yeah to to and then then those cell cultures are used

37:34

to make the DNA which is then used to make the RNA which is in the vaccines is that the way it works I I'm not in

37:42

theory yes yeah um I I'm not completely o with how they are doing it I mean it's

37:50

it's a commercial secret true now you find these sequences in both fiser and M

37:57

you can start to put it together yeah I mean if it was just in one

38:03

batch you there I mean somebody here very early on various sh pointed out

38:08

that there were terrible side effects in some people even in the first a second yes and then they found that there was a

38:16

massive difference in the batches so like if there was three big batches one

38:21

batch would be responsible for 90% of the side effects yeah so we know then

38:27

this is a a big quality control issue going on and so if as they say they find

38:33

these sequences in lots of different batches it does does suggest and I think one of the bacteria

38:40

used is is Eola which of course is what we call a gram negative and if there's any contamination from the gram negative

38:45

cell walls that would make people that would make people pretty ill as well if

38:51

if that was the case um I'm concerned dramatic particularly concerned about

38:57

what you've seen already um what possible implications could this

39:05

have for cancers emerging over the next few years well obviously I'm the the I'm

39:14

aware of quite a few patients who being bullied into having booster and then another booster just to be safe because

39:20

you're at risk I think this is highly unethical because and I have seen it uh

39:26

a communication you are required to contact your GP immediately and arrange

39:31

for another booster and things like that that is totally utterly unethical it's

39:37

non GMC compliant in fact it's nearly nurenberg triet territory because

39:43

there's no informed consent there's not even any justification that the booster

39:48

is going to do these patients any good in fact completely to the contrary and

39:54

the big thing is that they they wanted you to have the vaccine remember to protect everybody else it doesn't

40:01

protect infection at all from the Cleveland study I know the big Cleveland study was updated it first came out

40:09

early this year was updated in September and they've confirmed if you have the

40:14

booster you're three and a half times more lik to get Co than if you don't so

40:20

I would put that into Grievous bodily armm territory not necessary medical Prof

40:26

itic uh treatment territory I mean why on Earth would you want to do that and

40:31

the only way that that is causing them to be three and a half times more likely

40:37

is that it has perturbated the immune system along the lines I've said it used its resources to fight viruses that

40:43

don't exist it's making lots of useless antibodies which are actually

40:48

contributing to a phenomenon called antibody dependent enhancement and the same Cleveland thing

40:56

report reported that the they the uh vaccine companies say oh but this is a

41:01

great technology because all the new variance we can make a new vaccine for I

41:07

give you the new variants and we can give you two variants at once there is

41:12

no evidence that that protects you whatsoever in fact in all the mice work

41:19

there's evidence it will actually do more H by doing it and so first of all

41:25

this type of virus we have antibody dependent enhancement which I think is clearly going on yeah but secondly to

41:32

explain why they're so useless is that I published with some other colleagues

41:38

which is a completely different group from the origin of the virus going over the sequence and finding out the these

41:44

have all been genetically put in I published with another set of colleagues is what the history of Corona virus

41:51

vaccine is and what lessons can be learned from it the lessons that can be learned from from it is no Corona virus

41:58

vaccine has ever been shown to be of any use at all and that's why we don't have one for the cold and more importantly

42:05

they would love one the Vets would love them but they just don't they just don't

42:11

and the main reason they don't they don't work is the Corona viruses have

42:16

this phenomenon once the immune system seen it it locks in it's called

42:21

eological imprinting or antigenic sin so when you do any variation all you do is

42:28

boost the response to the first one and that would explain why they're so useless and why they're letting all

42:36

other other variants in through the back door and other people have said that we

42:41

probably wouldn't have had the problem with the variance if it hadn't been for the vaccine program in the first place

42:48

which in retrospect everybody said well at least it protected loads of people uh

42:54

unless your Neil fogus when it's something becomes 20 million or something like that but I don't even buy

43:00

that anymore because it came in when everything was dying out and new variants were being induced probably by

43:08

the vaccine thing and you know one of the one of the big important chapters uh

43:15

was in the the places that got the new variance quickest are those the most intensified vaccine programs and one of

43:22

the ones the first ones to come out that was completely different was only which came out of South Africa and the

43:30

South Africans beautifully described that this was a much more infectious agent but it wasn't serious don't worry

43:38

about it don't do this that it is not just don't worry about it and by the way

43:43

we've done our work it makes no difference whether you're vaccinated or unvaccinated whether you get infected

43:50

whether you get ill whether you go to hospital whether you die they had all that data on the plate again they

43:55

communic unated with uh the government witty and all these people who decided

44:02

that they probably not that clever and got it wrong and they persisted with lockdown and every other lunatic uh

44:09

thing so all South African science got it wrong yeah and of course in retrospect they got it 100% right yeah

44:16

yeah and I I must say after hearing them being interviewed I knew they were

44:21

completely right because they're absolutely absolutely switched on and who work in that environment tend to be

44:27

a lot brighter than those who end up in way Hall indeed so um giving repeated

44:34

booster doses of vaccine produces more antibodies have you have you got time to tell us what our antibody dependent

44:40

enhancement is what is being enhanced by these antibodies well as I mentioned the

44:46

antibodies are they're no longer neutralizing because they they were developed in order to attack a virus and

44:53

said that's got long gone so you've got all these antibodies and they attach to

45:00

the the other viruses because they're some bits the same but they don't neutralize it so by attaching to it they

45:07

they they have their antibodies sticking out so they're more likely to be gobbled

45:13

up by the macras things and brought into the system into so it it makes them more

45:18

likely to go into cells it makes the more likely to go in SS it's very it's

45:23

very well described and it's the B of trying to produce vaccines against

45:29

things like Deni fever along since moment and the the several others uh of

45:36

that HK MH and of course one once the antibod has helped the virus into the

45:41

cell the virus can then reproduce within the cell yes yeah yeah so um the

45:48

government building a new plant in Harwell Science Park just near Oxford to produce 250 million doses of mRNA

45:56

vaccine per year as far as we know there's another plant near Melbourne we believe in Australia to produce a couple

46:02

hundred million doses per year there's another one in Canada is this a good

46:09

idea have to think very carefully I read today that Germany has ordered the

46:15

destruction of millions and millions of doses of vaccines having come to the

46:20

right conclusion uh Switzerland is the same Switzerland bind all their vaccine

46:26

I think they've been hwi hoodwinked uh about this I mean we do

46:32

did need a good facility but now I don't the last mass production we needs

46:38

messenger RNA yeah I think it should be put in totally into the bin a lot of people hate me for this because they've

46:45

put so much intellectual everything in it but I mean if I if I was 10 years ago

46:52

involved with scientific things uh committees who uh had everything sorted

46:57

out to go in and they're talking about cancer vaccines you know so the safety issues aren't the same as giving it to

47:04

every man and his dog yeah it's just chalk and cheese isn't it if you got someone with someone with a who's perfectly healthy and you give them an

47:11

intervention you've got one set of risk benefit analysis if you got one of your patients for example who's Gravely ill W

47:17

with some form of cancer then clearly you're going to be prepared to take a bigger potential risk because the risk

47:24

from the cancer is so much big it just seems a completely different equation it's proportionality yeah C no

47:31

proportionality with the messenger RNA risk and uh well

47:38

populations saying you preventing them getting a disease which if it is going

47:43

to kill them they're going to die any rate the V is going to make no difference I mean you know we've all all

47:51

liveed through I mean the coid thing has made us forget just how lethal some of

47:57

the flu epidemics have been I mean uh 30,000 a year was not unusual when I was

48:02

a junior doctor having to cope with things so we didn't close down the

48:08

country for that [Music] MH that's all I want to ask really

48:14

Professor just got one we do plan if if you would like to uh I'd like to do

48:19

another video at some stage on viral Origins I don't want to do that today

48:24

but that's an interesting one but do you have a particular blood level that you like to titrate your patients with

48:32

Cancers how you how high do you like their vitamin D levels to be oh yes I've done an awful lot of work on that and

48:39

then I came to the uh I came to the conclusion that the normal level which the NHS and the doctors like to bark at

48:46

you normally you don't need to do anything this that and the other is not normal at all because it's the normal

48:52

population which is endemically low vitamin D that is the problem it is

48:57

means you're you're like like normal for uh people with low vitamin D it's normal

49:04

for people that are low yeah see I mean so I did a lot of work and I like most

49:09

things I included my S on this and I I measured my own vitamin D and took

49:15

vitamin D Etc and I read wisely I mean and I must give full credit to David

49:21

Grimes and David Anderson who uh really I mean if anybody deserved the Nobel

49:27

Prize L should have had the Nobel Prize for for the coid pandemic because I

49:32

hadn't I had lobbied strongly independently and then I found out they

49:38

had too and so ignore us and the many others who probably did the same thing I

49:43

think was is medical negligence what the what the government total medical negligence any rate uh not forgetting

49:50

your actual question is I came to the conclusion I want all my PA patients to

49:56

have a vitamin D3 level over 100 nanom per liter not 50 as the NHS seems quite

50:04

happy with uh I managed to get my own hospital to accept up to 75 but for my

50:10

patients I want it to be over 100 it makes an unbelievable difference so

50:15

that' be about 40 American nanograms per mil uh I honestly you've got me there I

50:23

think you div I was trying to do it you div by 2.5 so I quite quite so it's round about that but over 100 nanomoles

50:31

per liter is will be your preference absolutely yes and it it really does make a big big difference and that might

50:37

mean giving like 10,000 units a day to Bunk it up over a few weeks I mean the the other thing there's 300 genes

50:44

involved in absorbing and producing the active component the vitamin D3 um most people are going to have a

50:52

smild deficiency in one of those Gene Productions some state so I've seen

50:57

people who have had very low vitamin D and I just I'm mistu that they have

51:04

outdoor lives they have great nutrition and everything like that and yet they've got very low vitamin

51:11

D's I again because I I have to know the explanations for all these things of course you're scientist scientist it's

51:19

accept it MH then I said I said to this guy but I said you're super low it's

51:25

like keep deliberately avoiding vitamin D tell me what you do cuz you're always out cycling in the Sun and you're so fit

51:32

next and he says well I get up in the morning I have my breakfast and then I

51:38

slap on my uh Sun cream and uh this that and I go for a bik right I said what

51:44

factor did he use he said 50

51:49

right well once I knew 50 I started asking other people 50 it 50 is is again

51:57

complete block where because I found that people using Factor 50 were having

52:02

super low vitamin D's even if they're out in the sun all the time so it's far too strong and that's another Global

52:09

thing that the uh the NHS and people should do they should remove Factor 50 it's it's actually dangerous uh because

52:15

it completely blocks out the vit to cope with vitamin D so anyway so that's how

52:21

going back I think that uh 100 nanal to aim at some people and let me put it

52:28

this way I seen nobody uh near 100 who hasn't been

52:34

taking supplements with one exception and I won't forget it I said this he was quite

52:41

a an elderly man he had melanoma we treated him quite well and I said you know we need to make

52:48

sure he has his vitamin D supplement things like that but I measure him first and when he came back he had a level

52:55

like 97 998 which is near enough 100 doctor and I said are you sure you don't

53:02

take any vitamin D and he said no no no he only takes he takes his aspirin and his heart tablets and of that and he

53:09

said um he walked out the door and his wife popped back in and says do you know what though ever since

53:17

I put him on COD L oil he's been lot better yeah so I got it I finally got it

53:24

yeah love it the only person now let's go back to the other scenario was the

53:31

the so-call Bame they don't like mentioning that now they don't like any but let us dark colored skin all the

53:37

early people who died in a dark colored skin and they did another report useless

53:43

report which found it was every form of discrimination poverty

53:48

deprivation they didn't mention vitamin D but I have never seen a dark colored skinn black and Asian person in the

53:57

hospital that I've done and I've never seen one of them with a vitamin D over 30 unless somebody's got to them first

54:04

and they're taking supplements not one that was the explanation for the horrendous death rate that we had and

54:11

now there of course it couldn't have been deprivation because it was quite I mean there was many doctors do the first

54:17

lot were Consultants yeah they went they might argue that they're

54:24

deprived but not everybody else they were so that that was the first and that was the

54:30

thing I tried to get through to witty and again I mean the guy is just I mean he really is totally unfit for purpose I

54:37

mean why he hasn't been sacked or why he hasn't resigned I have no idea it's absolutely Dreadful he kept saying again

54:44

and again there was no need for Vitamin D like he didn't uh need to know about it yeah I'm pretty sure I'm pretty sure

54:50

I got a message through to Chris wiy VI various political figures as well I'm pretty sure it got through I know Grimes

54:56

and Anderson did too but any rate there are four papers out there in retrospect

55:03

showing that the vitamin D had a better protection than any of the vaccine program and the one that I think is the

55:10

most important was a big Spanish study which revealed that there's a lot of vitamin D deficiency in Spain which I

55:16

would not have thought it is they avoid the Sun and then when they're young they

55:21

get leathery skins so they have significant thing and they did a retrospective study of everybody

55:27

admitted to hospitals who were ill of coid so they looked at everything and

55:32

the only the only conclusion a metaanalysis was it was really simple if

55:38

your uh vitamin D level was below 30 when you went into hospital with coid

55:44

you had a 77% chance of dying if it was over 75 you had a 2% chance time I don't

55:52

need to bother my sta statistical Department's heads in order to work out

55:57

what's how significant even I can cope with that one it was unbelievable yeah I

56:04

love this microbacterium that you give so it's a simple microbacterium that you you kill it and you inject it and that

56:11

produces a broad spectrum immunity against a variety of viruses potentially influenza potentially coid well it the

56:19

reason it does it is because it boosts the innate immune response that is

56:24

presumably the government are biting your hand off to get the recipe for they I told them all about it and uh um I

56:33

mean once again you couldn't make it up and I couldn't believe this Chris

56:39

witty said there wasn't enough animal work done on it it had been in hundreds of patients we have not had a single SAE

56:48

another example that is's not fit for what's sa sorry serious adverse event

56:53

yeah I mean there's many of those I mean it actually other words it's a very very safe vaccine it's a very very safe

57:00

unlike fiser where if you go back to the ve data that that was released uh

57:06

basically if you had a serious adverse event three or four which means serious

57:12

you have 3% chance of dying well nobody would give a vaccine with a 3% chance of

57:18

dying with an adverse of it but it was covered up it was only released as you know that a court uh demanded that on

57:27

freedom of expression that it be released otherwise we'd never known about it so you're just using this vaccine in your own clinical trials at

57:34

the moment are you yeah well there's other people using it in clinical trials now and uh I mean I published a a

57:41

definitive one I said I published I was the lead author because it was my idea to do it and we had lots of different

57:47

centers around Europe and we showed that if you give it with gemcitabin to people with pancreatic cancer metastatic pancre

57:54

a drug you give with it yeah that's the That Was Then in those days the standard drug and give it with uh I mean

58:03

randomize to just standard treatment alone then the Improvement in

58:08

progression free disease and survival was enormous holy progression in what

58:14

sorry uh progression free survival it means they in what condition a

58:19

pancreatic cancer pancreatic cancer Dreadful disease I mean it kills terrible it kills 80% people within the

58:25

year even with treat good treatment so this is highly important and this is game where I got furious with Regulators

58:33

because this was a trial that was 110 patients randomized produced a fantastic

58:39

result no side effects all they wanted to do was to do a much bigger more expensive trial that the small company

58:48

behind it couldn't afford to do yeah should have allowed that to go through

58:54

with with post um post registration monitoring well in England we have such stag such phrases as um Park an idea

59:02

kick it into the long grass um they come to mind so so this microbacterium you inject that with a

59:09

drug and that can be effective against some forms of pancreatic cancer is the contention well basically see what what

59:14

it does it boosts the declining innate immune response natural killer cells

59:19

Gamma Delta T cells all these things and once you've got those at the front line

59:24

then the uh the ancient specific tea cells resurface because they're we know

59:30

they're there why weren't they there doing their job because this is another stream of work I've done a lot of

59:36

publishing on Cancer's first job is to suppress the immune response otherwise

59:41

it couldn't get it head above the water it' be attacked and so it sends out all these suppressive factors and the older

59:49

you get the easier it is to do this which is why cancer Rises with age and

59:55

why I think boosting this anate immune response was such a simple thing it is to the point where I if because I know

1:00:02

it's so uh non the side effects are zero apart from the site where it is and

1:00:08

you'll get a reaction there but that's a good thing because it means it's doing its job I actually think you could make

1:00:13

a case to give everybody a Boost after the age of 55 I was just going to say I think I quite fancy this because I

1:00:19

suspect I've got several malignant processes I'm a 66 so I suspect I've got several malignant processes going on in

1:00:25

my body now that are just being suppressed by my immune system and I don't want a perturbation of the immune

1:00:30

system will bring those out am I right in thinking that yeah I think you're ABS absolutely right thinking that and the

1:00:37

body does keep all this under control very well uh until it runs out of

1:00:42

vitamin D and then the innate immune response just gives up and so boosting

1:00:48

give vitamin D and boosting this I think would keep everybody healthier that I mean it would cost peanuts compared to

1:00:56

Madness of this booster vacine for which there is no primary evidence whatsoever

1:01:03

I mean it got registered on 20 mice or something apparently the boosters yeah yeah and

1:01:09

the um the balent vaccines and they did the mouse experiments the the U mice who

1:01:15

were vaccinated when they were challenged died compared to the the mice

1:01:21

that didn't get vaccinated and this is something that's been seen time and time and again and we reviewed in Corona

1:01:27

viruses so the vaccines have been approved on the basis of dead mice well they've been ignored oh I see they're

1:01:34

well they're probably inconvenient Professor well this what this is what it's looking

1:01:39

like and you know when you look back at this it is all horrible I've tried to be

1:01:45

very you know my my first thing is most cock-ups occur because humans are

1:01:51

inherent inherently incompetent and useless at doing things what I'm horrified at is

1:01:59

this I don't believe is applied here I think this is far far worse this is this

1:02:04

is planned uh to me otherwise no normal person could continue with this I mean I

1:02:12

I I was on another thing pointing out to people who feel who've been brainwashed

1:02:17

you think you got to have the JB in order to stay safe stay safe and I said look the only big example that we have

1:02:25

that I believe is relevant was the 1976 Fort Deek uh in America flu

1:02:31

outbreak which was a very serious flu outbreak it was killing young soldiers

1:02:36

in their 20s and up to 30s they did a mass vaccine roll out they got every

1:02:43

company making vaccines and they rolled them all out it basically it was a flu

1:02:48

as opposed and they vaccinated over 42 million people uh in this program they

1:02:55

rolling it out rolling it out but certain doctors pointed out and said I'm

1:03:00

not sure but I think I'm seeing an increase in Gillian bar after vaccine

1:03:07

program they reported it and unlike our lot they said really uh you got all your

1:03:15

books in the hospital we all your books they sent people out to monitor it and they found it went from 1 and

1:03:22

100,000 to three and 100,000 to five and then they said it's

1:03:28

everywhere and when it hit N9 in 100,000 the FDA the CDC all did what

1:03:36

they should have done with coid they said is this virus still killing people

1:03:42

uh no not at all stop the virus withdraw it kill it stop the vaccine yeah yeah

1:03:49

that is what has not been done and I I believe that

1:03:55

that I believe that that it would be impossible if people were being

1:04:01

competent good doctors working along the thing as we've always been saying I mean

1:04:06

taught first do no har there and I can only come to the

1:04:11

conclusion that this is financially driven and I believe that all the

1:04:17

governments have being corrupted by the the fiser and MERS of the world who've

1:04:23

actually taken their um interference to new heights uh by uh

1:04:29

nobbling the Nobel Prize committee for two people with the messenger or vaccine when I I mean that

1:04:37

is absolutely ridiculous given what's going on at the moment and give Weissman is

1:04:43

due actually if you look at him he was always worried about side effects risks that's one of the Nobel Prize winners

1:04:50

one of Nobel Prize winners and the people that we do know being involved in no in RNA vaccines there there's plenty

1:04:58

of them deserve the the discovery better than that they're the two that were

1:05:04

involved with well I I think you deserve one for this microbacterium because you've got got a single vaccine that's

1:05:11

working against many things Professor clany has developed a very similar one in Australia it's it's an oral I can't

1:05:18

remember the bacteria now but it's a non-typable hemophilus I think yes and you just you just K kill drink it goes

1:05:26

to the pear patches PE patches send the the immunological inflammation to the

1:05:31

lymphoid tissue in the lung and it generates mucosal level immunity in the lung so simple works against a dozen

1:05:38

hundreds of different viruses potentially it's exactly the same principle yeah exactly the same principle and the um the precursor of

1:05:46

the IMM 101 which is what it's called that we give people was called

1:05:52

microbacteria vaki and that was used for TB it was developed to try and improve

1:05:57

on BCG and that actually also works orally through the same mechanism MH and

1:06:05

the beauty of these things is that the the bacteria walls are so complex you can't really synthesize

1:06:13

those properly they got everything glycolipids all proteins there in just the right

1:06:21

measure to stimulate the immune system cuz remember the immune system seen all these guys before as it were oh yeah so

1:06:29

it's it's repering them it says yeah these are the guys you're forgetting about remember and in order to do that

1:06:36

it's a broad response not a highly specific response I spent 10 years doing

1:06:43

cancer vaccine trials which I was always suspicious about because I was working

1:06:48

with these things and realizing I was getting much better respons to these but the industry all the experts went for

1:06:55

tumor Associated antigens then tumor specific antigens and we vaccinated

1:07:00

against these and you got good shortterm benefit but there was nothing longterm

1:07:07

because why bother when why bother when you can bunk up the efficiency of the immune system with your microbacteria

1:07:12

injection that's essentially a cancer vaccine isn't it it is the best of the lot I about it makes far far better but

1:07:19

the big companies like Ro spent a fortune on Nyo that said this is is the cancer vaccine well if you've got Nyo on

1:07:27

your tumor after you've had two vaccines against it that's a particular epitope is it particular antigen the tumor goes

1:07:35

I'm coming under attack I better wind this down and then it starts growing again

1:07:42

it's resistant to this attack and it has other tumor Types on it it's down regulated the core one so there is no

1:07:49

one core in tumors so actually boosting the the Army broadly uh is far better

1:07:58

than trying to take long shots at just one antigens a waste of time yeah and

1:08:04

even younger people who get repeated viral infections you know some people will come to me and say I seem to get a

1:08:10

cold every two or three months John what do I do about it you know it sounds like the this General um vaccine that works

1:08:18

against multiple different pathogens would would be a good idea for them and as you say you haven't demonstr ated any

1:08:24

serious Adverse Events from it in in hundreds and hundreds of patients I mean

1:08:30

with the V mvi and the IMM in the patients I've treated I have not seen

1:08:37

any side effect of any worth a note oh yes these are two variations of the

1:08:43

microbacteria vaccine are they the the IMM uh we selected for trying to get it

1:08:50

approve for cancer IMM um and it's called microbacteria obn

1:08:56

is the strain but we wanted to make sure there were no hiccups and the obn did

1:09:03

the same thing because I I was absolutely sure it had to be as good as but it's easier to manufacture and

1:09:09

quality control and you think you could make this for less than $120 a shot I

1:09:14

think you could yes which is the current price I believe of the uh the MRNA

1:09:19

vaccines um really yeah I believe so the states is $120 I think the fires I think

1:09:26

doing slightly more once you get to that level I mean if you're doing it for cancer um I I've worked out that in

1:09:34

cancer I mean we tend to Prime with it in a and a boost because it's not an antibody so you can be and then if the

1:09:41

cancer is very immune supressive you have to give it so but I worked out that the the maximum most of the patients get

1:09:49

a year is about six and then they can get to do thre monthly then six month monthly and by the time they're 3 four

1:09:56

years they can just have it uh annually and they get they maintain the benefit

1:10:01

if you were to give it as a I mean it would be a far more sensible thing to give than the totally useless flu

1:10:08

vaccine program that endured for over a decade I mean it's I don't believe there's any evidence of any use at all

1:10:15

but everybody I put on this they say they never get flu again so what does that tell you yeah yeah it means we need

1:10:22

to boost the immune system exactly and why the NHS and the people advising it I

1:10:29

mean I just couldn't believe how stupid the people advising the government were over coid but then when I finally got a

1:10:36

list of people on Sage I mean I just despaired there was nobody of any sense

1:10:41

on that Sage whatsoever yeah Listen People optimize your innate immune

1:10:48

system this is not brain surgery it's not rocket science optimize your inate

1:10:53

immune system system exactly so simple I've got that I understand that completely thank you well over the

1:11:00

counter the best way you can do that is vitamin d y and the next the next way

1:11:07

you can do it is with some form of anti-inflammatory because we do know that chronic background inflammation

1:11:14

drives cancer it drives um most diseases

1:11:19

of the Western World from arthritis cardiac disease brain disease they're

1:11:26

all chronic inflammatory processes would statins be anti-inflammatory they are and that's about their own use yeah yeah

1:11:34

um uh I don't think they do on the tin and I must say that uh um David Grimes

1:11:42

and Anderson basically uh part of their

1:11:47

uh basic research they did to the cover vitamin D and was the story of satins is

1:11:54

that's probably the first pharmaceutical con that uh well one of the really big

1:12:00

ones that they got the government to treat everybody for for which there's not much evidence that it works and

1:12:05

whatever they say uh I still see people who been put on statins have terrible

1:12:12

side effects of muscles and things like that even the ones they say don't anyway I think the best anti-inflammatories are

1:12:18

the natural ones and you can do it with the with the foods you know is a um uh

1:12:24

nonprocessed food diet get rid of all the processed foods there's lots of

1:12:29

really good anti-inflammatory things out there turmeric humorin um yeah and I I'm amazed that

1:12:37

they uh just say those those two again please the the well turmeric yeah yeah

1:12:43

so the yellow stuff and kiriman yes I mean they and Kirkman comes from turmeric doesn't it that's right

1:12:49

absolutely right and uh I mean they're said to be very good well for for the

1:12:54

gut they don't get absorbed that well but they said they're important if you got arthritis and all these things and I

1:12:59

buy that I mean I I think this sort of lifestyle change is probably far more

1:13:04

important than trying to identify one particular drug I really do and you can have a

1:13:11

non-inflammatory diet by avoiding the processed foods and having good healthy

1:13:18

uh vegetable foods and things like cumin and termeric cumin

1:13:23

which you know are widely out there I mean sometimes in the Sunday supplements I find a whole page advertising turmeric

1:13:30

of can't say no one's ever said told people but I think that an

1:13:36

anti-inflammatory um diet and perhaps some pills if you're quite bad damps

1:13:43

down inflammation and inflammation adds to suppression of the inate immune response in fact with in my work on uh

1:13:52

in how chronic inflammation drives cancer I mean I've edited books on it and written lots of reviews on it and it

1:14:00

is really quite incredible how how it if there is a cause of cancer it would be

1:14:07

chronic inflammation because it covers everything it covers the chronic inflammation of smoking chronic

1:14:13

inflammation guns it cover it covers all those tumors caused by chronic viral

1:14:19

infection so well we've known this for ages haven't we so survival cancer with human papala virus for years and years

1:14:25

and years and that you get the same process going on in those chronic

1:14:31

inflammatory process that don't have a virus and so actually like like the regurgitation and the Barat esophagus

1:14:38

yeah everything you can do that that is that is the next most important thing you can do and the irony is that in our DET very

1:14:46

detailed work on uh the the micob bacteria the heat killed and I think it

1:14:52

is the fact that heat killed is is a very important component is not only do

1:14:57

they boost the inate immune response but it like a seesaw it damps down the uh the over

1:15:08

enthusiastic uh response associated with um hyperinfection skin

1:15:15

disease asthma all those things are reduced and I've been studed uh with my

1:15:20

patients how they they report benefits that we weren't even thinking of and

1:15:26

giving it to them for their melanoma or next time I'm down if you've got some spare I'll certainly roll my sleeve up

1:15:31

for some of that Professor that sounds sounds like a really good idea but but as you say why should be trials on this

1:15:39

I estimate you could probably produce this in in in mass mass amounts for a pound or two or

1:15:44

short I I think that the you probably could actually it's the violing that it

1:15:51

cost money yeah yeah and and and paying someone to inject it but I I could train

1:15:57

people up to do the injections that wouldn't be a problem yeah Professor D thank you so much um if if you've got

1:16:04

time next week I'd be fascinated to get some of your views on viral Origins as well if that's sure a possibility but

1:16:10

but for now your time is precious we've been sitting at the feet of one of the

1:16:17

most qualified doctors in the country and uh that that's uh that's pretty important to me so thank you very much

1:16:22

thank you very much for for listening thank you bye bye bye thank you

English (auto-generated)

AllFrom Dr. John CampbellWatched