INTERROGATIVE IMPERATIVE INSTITUTE

The Phage-Altered Bacterial Theory of Disease

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2026

The following material was intended for someone with whom I have corresponded a few times and who has a medical background. So, I thought the individual might be interested in the ideas contained herein.

When the document was finished, I felt that it also might provide some constructive 'food for thought' which people, in general, might use as subject matter for critical reflection. Since the only identity that is disclosed in that which follows has to to do with me, it seemed like a wider release might be in order.

The first several pages are intended to provide a bit of context for what is subsequently written. It is largely biographical.

One doesn't have to agree with any aspect of the perspective to which this document gives expression. However, if it assists – or helps to induce – individuals to critically reflect on such matters, then, it will have served its purpose.

People should feel free to post this document or to forward it to whomever they like. However, please don't alter it in any way or charge a fee for it.

While the url for my website is given in the document, there is nothing for sale on the website. Everything that can be downloaded from that site can be accessed for free.

Furthermore, if one should visit the website, there is nothing to join, nor will your e-mail be requested, nor will donations be sought. In addition, the contact page doesn't work.

Notwithstanding the foregoing considerations, please take what you like – if anything – from this document or the downloadable material from my website and, then, steal away into the unknown. Limited though this offer might be, it is all that I have to give.

The ensuing comments are not presented in a formal manner. They are like some notes on a back-of-the-envelope kind of exercise which are intended to stimulate critical reflection.

More rigorous treatments of some (not all) aspects of the themes that are touched on here can be found in books such as: *Follow the What - An Introduction*; *Toxic Knowledge*, and *Something More Deeply Hidden, Volumes 1 and 2* (all available for free on my website).

I have tried – though with what success is uncertain – to present some of the more fundamental ideas in a format that might be easier for members of the lay public to understand. These are issues which we all should be engaging and reflecting upon in a critical manner because our lives depend on finding the truth somewhere in the maze of data.

I have read your books (this alludes to the individual for whom this material was originally intended). I also have watched quite a few of your videos.

There even have been some very brief exchanges between us quite some time ago via e-mail. I have profited from all of the foregoing efforts on your part.

I am not a medical doctor, but I did work for a time as an intern at the Massachusetts Eye and Ear Infirmary which, at the time of my employment, was attached to Mass General, but this might not be the case anymore. Subsequently, I managed to work (as in earning a living to be a able to) work my way through undergraduate and graduate studies, and my undergraduate degree was in Social Relations at Harvard and the doctorate was in education and earned at the University of Toronto.

The foregoing use of the term "earned" is quite appropriate because the graduate degree was acquired only after navigating my way through a process which wound its way through a lot of twists and turns over a period of seventeen years. My orals committee consisted of a quantum physicist, a biophysicist, two philosophers of science, a linguist, and an individual from adult education who voted in my favor but did make the observation during the oral dynamics that he had never read a dissertation like mine before, and he hoped to never do so again.

During the set of events which come under the rubric of "COVID-19" I nearly died. I don't believe in viruses, so-called PCR tests, or vaccines.

In addition, I knew enough to stay away from hospitals during COVID which involved their gold-standard of – along with a few other things – remdesivir (Which did for COVID-19 what AZT did for HIV and AIDS) and ventilator protocols. That understanding, plus a wonderful care-giver in the form of my wife who looked after my needs for the 2 ½ months while I lived in a living room recliner when I was quite ill, as well as a little bit of long-distance help from a medical doctor that I knew who lived in New York, and, naturally, an abundance of blessings from God saw me through.

I am nearly 82. I can't explain how I have lived this long or why, for the most part, I have had a largely illness-free life – don't even get colds (detoxification dynamics) very frequently. I say the foregoing because I eat all wrong (but what I mean by this idea of doing things dietarily "all wrong" has little, or nothing, to do with consuming junk food and more to do with a variety of other issues) … my apologies to Weston Price.

Yes, when I was 72 I nearly died – and, probably, should have – from a heart attack. However, against a gaggle of odds which ran in the opposite direction of survival (another story, but I had to be revived two or three times and kept comatose on life-support for three days), I have managed to stay around for a further ten years, and, in the process, I weaned myself off the statins and beta-blockers which health workers had put me on, and no-longer go to the community health center or see doctors (scary, yes, but less scary than the current health system).

During COVID, I did nearly die from something – not a "virus", nor invasive graphene-laden, blood-brain barrier crossing PCR tests, nor a jab, nor hospital treatment, nor the wearing of graphene-laden masks) but from 'something' … . The circumstances surrounding my descent into illness are quite strange, but I will forgo a narrative concerning those events except to say that as I slipped into illness, I felt like my brain was under attack, but the nature of the attack is very difficult to describe or explain … you kind of had to be there – it was

very phenomenological but in a very subtle manner.

I had zero energy – could hardly make it to a commode my wife had bought and set up just a few feet from me. Moreover, I lost considerable mental facility – I could speak but I couldn't read or make sense of written words (such as in a book or newspaper); colors on the television were overwhelmingly offensive to me (I survived on black-and-white Perry Mason reruns); and, while watching some of the World series, I couldn't understand the nature of a game that I had played and watched for much of my life.

My oximeter readings (when I could finally make sense of them) were in the high 50's, low 60's. Yet, I had no signs of cyanosis, such as difficulty in breathing or purple/blue lips.

My doctor friend from New York said that most people in America – as well as other parts of the world – have been suffering from adrenal insufficiency due to the electronic smog in which we all spend much of our lives, and as a result, he wrote a prescription for hydrocortisone – not the synthetic kind but the natural stuff – in the hope that it could help kick start my adrenals. I went through a couple of protocol cycles involving this drug but, finally, the course of treatment seemed to help me out a little (at least sufficiently to lend support to my battle with some of the other things that were going on but my aforementioned symptoms persisted for several months).

I wrote a book about the foregoing issues that gave expression to a variety of observations concerning the situation with the COVID scam. It – *Observations Concerning my Encounter with COVID-19 (?)* – is available for free from my website: https://www.billwhitehouse.com/Observations.pdf .

The foregoing considerations notwithstanding, this e-mail is not about COVID-19 per se . Rather, the introductory material is intended to provide a bit of context to help account for the beginning of my interest in pursuing issues concerning biology and medicine – which have led to the writing of a number of other books (which also are available for free through:

https://www.billwhitehouse.com/press.htm .

Moreover, in what is becoming a bit of a pattern by now, those books on medicine, biology, and technology are not the reason for this e-mail. Nonetheless, once again, they provide a bit of a context for what follows.

When I wrote to you previously (quite some time ago), I had a few questions about people's theories concerning viruses because the logistics made no biological sense to me. In your return e-mail (and thank you for even taking the time to respond), you agreed with my perspective but went on to express your own perplexity concerning the matter and how nothing that the virologists were saying made much sense.

When I discussed the virus issue with the aforementioned medical doctor, he was kind of caught between two worlds. On the one hand, he knew that when one runs control studies (as John Enders and Stefan Lanka have done), samples from healthy individuals end up with dead Vero monkey cells just as samples from allegedly ill people do (and my doctor friend was aware of other objections to the virus-scenario as well), but, on the other hand, when he was in high school, he had spent summers at Cold Harbor in New York and had worked with phages – which are said to be viral-like in nature -- and, therefore, because he had worked with them and studied them quite extensively, he had lived-experience concerning some sort

of entity which seemed to suggest that the idea of viruses might not be completely out of the question.

I have thought about a sort of tertium quid-like possibility, and wanted to run it by you in the hopes that if you made it this far in the e-mail, then, you might be willing to spend a few more moments of possibly wasted time to find out what your uninvited interloper might have to say. The following is just intended to provide an outline of things.

Some time ago, I read a couple of articles about how tetanus and diphtheria bacteria are not necessarily inherently problematic because before they are able to release toxins that are problematic, they must undergo a transitional stage in which a phage introduces some changes to the bacterium which enable the bacterium to produce a toxin. What causes the phage to enter the picture is unknown, but this appearance could be due to some ecological dynamic that either enables the bacteria to produce toxins through which it protects itself or, alternatively, could merely change the metabolism of the bacteria and within these changes is a pathway that releases the toxin as a metabolite.

There is a long-standing tradition – especially in the country of Georgia – involving the use of phages to deal with bacterial related diseases – especially cases in which antibiotics don't seem to work or for which no antibiotic has been developed. Recently, this use of phages has experienced a sort of rally in the United States, but the journey runs through difficult terrain because only specific phages seem to do the trick, and, therefore, different phages are needed for different bacteria, and these phages are not easy to find.

In any event, I began to wonder about the possibility that phages might not be viral in nature (at least not in the sense that standard virological theory believes is the case), but like plasmids are part of a complex system of molecular communication and like endosomes can be released from bacterial cells to become exosomes that could have various kinds of transactional capabilities within one, or more, bacterial communities. Most phages have no impact on many species of bacteria, but when the compatibility or interoperability is there, then, either – as in the case of tetanus and diphtheria – the bacteria suddenly becomes able to generate a toxin that it couldn't produce previously, or bacteria die as a result of being lethally susceptible to the presence of a certain kind of phage.

Phages might be ways in which bacterial colonies regulate themselves or regulate their interaction with other bacterial colonies. This led me to thinking about a few more possibilities.

If certain phage complexes are necessary to induce metabolic changes in a bacterium or bacterial colony, and if these transactional possibilities are brought about by ecological changes, then, if one considers the terrain of an organism – say, a human being – to be an ecological template, then, changes in that terrain (due to some sort of de-stabilizing, inflammatory event … such as exposure to a toxic pollutant of some kind), could induce the phages present in the biome associated with that organism to become active and induce the bacteria to undergo a metabolic change that leads to the release of a toxin or toxic metabolite of some kind that is injurious to human beings.

In a sort of jocular sense, one might refer to the foregoing notion as: "The Karma Theory of Disease" in which if our terrain induces the bacteria to become ill (via the changes which are brought about by the molecular communication activity of various phages which could be activated as a result of ecological dynamics), then, the bacteria could make us sick. This might be the case with respect to the use of antibiotics which often affect facets of he biome

which are not problematic, and, consequently, when antibiotics destroy more than the intended target – which is often the case -- the biome has its own form of revenge as different bacterial colonies in the rest of the body which are functioning in a perfectly healthy manner become destabilized, as a form of collateral damage, which can help to bring about different sorts of dysfunctional dynamics in a person's body – a variation on the phenomenon which is, sometimes, referred to as: "Montezuma's revenge."

Jocularity aside, the foregoing dynamic might explain why the question often asked about problematic bacteria is not why we get sick, but how we stay healthy. After all, allegedly dangerous bacteria are found on, and within us, on a regular basis and, yet, there is no disease process … but, if phages are pushed into action due to problems in an organism's terrain, then, disease could ensue – a sort of tit for tat scenario.

A more appropriate title for the theory being proposed here is: "The Phage-Altered Bacterial Theory of Disease." Obviously, not all diseases are intended to be housed beneath this terminological umbrella, but while the main thrust of that idea is directed toward alleged viral and bacterial diseases, nonetheless, as soon will be evident, there might be room for extending the theory in, yet, another, direction.

On the other hand, as long as the terrain stays healthy, then, potentially injurious toxic metabolites will never be released, and no disease will ensue despite the presence of such bacteria. In other words, bacteria are not the problem, but, rather, the problem is the toxins which are induced via changes in certain ecological conditions … one could even say that we become ill under certain circumstances because changes in the ecology of our terrain have made bacteria sick in a phage-altering manner.

I'm familiar with the idea that bacteria are present during many biologically inflammatory events because, like fireman at a fire, they have a job to do – namely, fighting the inflammation and cleaning up the ensuing mess. However, just as one would not blame a first responder for the fire such an individual is fighting or blame a first responder for the person that the first responder is trying to help, then, similarly, one cannot blame a bacteria for cleaning up the mess on aisle 5 to which it has been called – unless, of course, the first responder has been corrupted in some sense (for example, through the impact of pollutants and environmental poisons of one kind or another) and, as as a result, begins to release toxins that are injurious to the people who are supposed to be being helped or further aggravates the situation which needs countering of some kind.

I've always wondered – because I've never seen a clear explanation – about how bacteria harm people – make them sick. The term which is used is "infection," but that just raises the question of how do bacteria infect people, and quite frankly, many of the same questions which arise in conjunction with the alleged manner in which viruses supposedly "infect" people tend to arise in conjunction with the idea that bacteria are said to infect people.

There are billions of bacteria, consisting of many species, which inhabit the outer and inner surfaces of the body. For every ecological niche within, and without, an organism, there are bacterial species to inhabit them.

Yet, one is led to believe that bacteria which are associated with various kinds of diseases are somehow responsible for being able to take over the ecology of a given area despite the heavy competition and despite the fact that prior to the time of "infection" the biome had been in stable harmony, and despite the fact that there are some mysteries surrounding just how an "infectious" bacterium begins to gain access to the interior of cells in order to bring

about ‘infection’, and despite some unanswered questions about what the precise nature of that ‘infection’ supposedly is.

I have often wondered why the alleged immune system should have developed such supposedly elaborate countermeasures against ghost-like, if not medical, fictions such as “viruses” and, yet, the alleged immune system appeared, for the most part, to by-pass developing any elaborate system for bacteria, parasites, or fungi. After all, antibiotics were supposedly developed to provide a way of countering bacteria because, apparently, complex, multicellular biological systems were not able to accomplish this over millions of years of evolution presumably because it just wasn’t in the set of molecular cards that had been randomly dealt to them.

However, as indicated earlier, perhaps bacteria, per se, are not the culprits in this drama. Rather, what is responsible is an organism’s sensitivity to the metabolic consequence of that which has been induced to be released in bacteria by the molecular communication which is being mediated through phages.

In conjunction with the foregoing considerations, one might ask how do bacteria cause symptoms to emerge? Differential diagnosis suggests that various kinds of bacteria apparently are responsible for different kinds of damage to the cells of particular organs that lead to an array of symptoms which are characteristic of the sort of diseases that are allegedly caused by various species of bacteria and, therefore, can be identified as one kind of disease or another which is caused by one kind of bacteria or another.

But what, specifically, causes the symptoms? Or, asked in another way: How do the bacteria cause the symptoms?

Do those symptoms arise like symptoms that supposedly are associated with alleged “viruses” do? We’ll, let’s consider that.

People claim that: Viruses gain access to cells; take over the machinery of the cells, and, then, generate untold copies of themselves which, eventually, accumulate to such an extent that they bring about the lysing or rupture of the cell. If the mechanism of cell destruction is the same for every kind of virus, then, why are different symptoms associated with different forms of (alleged) viral infection?

For instance, measles displays one set of symptoms, and small pox manifests another set of symptoms, and mumps gives rise to another set of symptoms, and chicken pox is associated with another set of symptoms. For example, among other things, measles often has a certain kind of rash associated with it, while chicken pox and small pox tend to have different kinds of pustules associated with them, and mumps often involves swelling of various parts of the face.

Apparently, all of the foregoing differences are caused by the same kind of mechanism – namely, the lysing or rupturing of cells. Of course, maybe, the foregoing perspective is the case, and, perhaps, what matters is the kind of cell that is being lysed, yet, no matter what kind of cell one might consider, one still has the problem of showing how the destruction of those particular cells leads to the foregoing sorts of symptoms.

In addition, as people like the biologist Dennis Noble have pointed out, DNA -- in and of itself – is not enough to account for the complexities of life. One also needs to consider the intricacies of epigenetics to learn: How, why, when, where, and to what degree certain genetic pathways will be set in motion because the DNA by itself does not account for any of those details.

All DNA will tell one is what might occur if such a sequence is activated. But, DNA doesn't activate itself but, instead, is activated by an epigenetic system which is, itself, caught up in considerable mystery.

How do glycoprotein-coated viruses actually get into cells? The notion of 'receptors' don't really explain this.

Receptors – assuming they are not artifacts of the imaging process – account (possibly) for a certain amount of affinity or resonance between alleged viruses and cell exteriors. Nonetheless, receptors don't explain any of the dynamics that supposedly occur within the interior of the cell once a virus allegedly makes contact with a cell receptor.

How does the alleged virus find its way through the series of endoplasmic reticula which surround the nucleus in the eukaryotic cells of a human being and, then, proceed to the right section of the genome (this sounds somewhat like how the kids were directed in Peter Pan when they were told to look for the second star to the right and, then, travel straight on 'till morning) – especially given that such a genomic complex tends to be tightly wound and has to be unraveled in just the right way to be able to gain access to different aspects of the genome? Furthermore, how does the alleged virus epigenetically activate itself and the rest of the cell mechanisms so that all of the materials needed to make copies of itself will become available at the right time, and in the right sequence, and in the right amounts – and what is commandeering and supplying all the energy which is necessary for this set of dynamics?

How does a bacterium or colony of bacteria gain access to the interior of cells given that the exterior cells of organs are surrounded by the quite complex system of interstitial fluids that fill the interstitium or set of spaces that exist between organs? Even supposing that a way of navigating the interstitial fluids occurs, what are the dynamics once a given bacterium makes contact with some cell – that is, how does a given bacterium "infect" such a cell?

How do bacteria gain access to the interior of the cell? Once inside the cell, what are the ensuing dynamics that lead to 'infection' of the cell? What is the nature of that 'infection'? How do symptoms arise out of that alleged 'infection'?

What happens anywhere in the terrain of a human being can affect the biome. The metabolites which are generated due to the influence of various processes of destabilization of that terrain have ramifications for the biome and will shape which: Bacterial colonies will prosper; which bacterial colonies will suffer, and how the ratio of those different colonies will be altered as a result of those kinds of destabilization or inflammation dynamics and how such a changing ratio will affect what foods will, and will not, be eaten or digested and what metabolites will, and will not be, generated.

What if the "infective agent" is not a bacterium but a metabolite or toxin (or set of them) that is produced by one, or more, bacteria when they are induced to change certain aspects of their metabolic pathways due to the presence of certain kinds of phages which constitute complex forms of molecular communication? What if certain kinds of phages are activated by various kinds of destabilization or inflammation which occur somewhere in a given human terrain so that the bacterial colony will be able to counter the sorts of impact which such destabilizations are causing a given kind of bacterium or colony of bacteria?

Scientists have discovered the toxins which are generated by tetanus and diphtheria bacteria and, as a result, have helped people understand that the culprit in such cases is not actually the bacterium but, instead, is a metabolite that the organism is induced to produce under certain ecological circumstances. Scientists also have discovered the agents – namely

phages – that cause the relevant bacteria to alter their metabolism in certain ways.

Why not suppose – and to do so seems like a heuristically constructive generalized assumption to pursue – that all bacteria operate in the same way? In other words, on the one hand, when not acted upon through the molecular communication provided by phages, they go about their business and provide an array of services for the organisms in which, and on which, they reside – ranging from the production of vitamins, to the protection and buffering of various kinds of surfaces, to the cleaning up of regions in which inflammation of some kind has become established. However, on the other hand, when phages engage bacteria in some form of molecular communication and, as a result, the metabolism of affected bacteria are induced to become altered, and, then, as a result of such alterations, toxins or toxic metabolites are released, and if the organism in which they are released is sensitive to, or vulnerable to, such metabolites, then, symptoms of one kind or another will begin to emerge – either through a process of metabolic poisoning or through a process of an allergic reaction (which seems like another form of poisoning).

In other words, symptoms constitute different ways in which the toxins or toxic metabolites which have been released by bacteria due to the impact on them from phage-altering dynamics will affect the sensitivities and susceptibilities which might be present in the biological terrain of, say, human beings. As such, symptoms in such diseases are an indication of the kind of poisoning or toxicity which is present, and the process of differential diagnosis is a system for matching up signs of such toxicity or poisoning with a given kind of disease.

Since no one has ever properly isolated what are referred to as "viruses," (and this evidence actually goes back to the work of the Nobel laureate John Enders in the 1950s and has been updated in the past few years by the work of individuals such as Stefan Lanka), and since the algorithmically-based computer models of alleged viruses are fraught with all manner of methodological problems, and since no one has ever shown that the existential interior of alleged viruses (not the computer-modeled interior) is capable of causing disease, disability, or death (and, it is very instructive – with many implications for claims made concerning other alleged viruses -- that as a result of more than two hundred and thirty freedom of information inquiries involving hospitals, universities, government agencies, research institutions, and so on which are located at many places in the world, that Canadian, Christine Massey, has demonstrated how not one of those medical, scientific, or government centers has been willing to go on the record and claim or provide empirical or scientific evidence which supposedly proves that SARS-CoV-2 exists), one might wish to consider the possibility that the symptoms associated with such diseases as measles, small pox, chicken pox, mumps and so on are not due to the presence of a virus but are due to toxins or toxic metabolites that are generated by those bacteria which have been induced by the molecular communication capabilities of phages to alter the metabolism of the bacterium in ways that release toxins or toxic metabolites to which people are sensitive or vulnerable in some fashion.

People whose terrains are not vulnerable to, or allergically sensitive to, the presence of such toxins or toxic metabolites will not be affected. That is, there is no contagion associated with such processes (Daniel Roytas has written a very good book on this issue – namely, *Can You Catch A Cold*), but, instead, there are ecological conditions which are present which are capable of destabilizing the terrain of an individual that could lead to the activation of phages which, in turn, could induce certain bacteria to alter their metabolism in some way that

results in the release of toxins or toxic metabolites within an organism that might give rise to symptoms of a pathological condition of some kind -- including allergies (a chronic susceptibility to the presence of toxicity).

The foregoing dynamic involving ecological conditions which activate phages which alter the metabolic pathways in bacteria which, in turn, lead to the emergence of disease, could give rise to a cluster of cases. However, that cluster is not caused by contagion but emerges as a result of contact with ecological conditions (e.g., various kinds of frequencies, including 5 and 6-G or other sources of environmental toxicity) which, like dominoes, lead to the release, eventually, of toxic substances by phage-altered bacteria which, in turn, adversely affect the cellular metabolism of human beings.

A colony of bacteria doesn't have to be very big if the toxins it releases are sufficiently effective or the organism exposed to them is sufficiently sensitive or vulnerable to those forms of toxins or toxicity. Furthermore, and as indicated previously, one could begin considering the possibility that a bevy of symptoms (including those that are attributed to alleged viruses) might be explained by the kinds of toxins and toxic metabolites which are released by a phage-affected bacteria, and, if so, then, one no longer has to explain how bacteria 'infect' an organism because the nature of the "infection" is a form of toxicity or poisoning and such toxicity is capable of being transported via interstitial fluids as well as the blood stream … indeed, what is sepsis but the process of toxic agents having entered the blood stream, adversely affecting elements within the blood as well as being distributed throughout the body to create problems elsewhere.

There is a well-known principle associated with the administering of Tox-Screens. If you don't have a way of identifying or detecting what might be present, then whatever cannot be identified will be invisible to you even if it is present.

Scientists are aware of some of the toxins which are associated with bacteria because they have ways to detect the presence of those toxic substances. Tetanus-related and diphtheria-related toxins are examples of this finding.

However, there are millions of different bacterial species present in, and on, the human body. For many, if not most of those bacteria, we do not have a complete (and, often, not even a partial) understanding of their epigenetic activity when the ecology in which they reside undergoes destabilization, let alone possess any understanding of how phages might induce some of those bacteria to produce toxins or toxic metabolites under different conditions of ecological destabilization.

Perhaps we don't know what causes the surface symptoms of diseases like measles, mumps, chicken pox and small pox because we don't understand how phage-altered bacteria might be generating those sorts of surface symptoms (e.g., rashes, pustules, swelling). Instead, for many people, apparently, it seems easier (and group think is often like this) to attribute those kinds of symptoms to the activities of entities – namely, viruses – which we cannot detect in actual diseased tissue, and we have not been able to properly isolate, and which we have not been able to properly sequenced (except in the form of arbitrary computer models from which whole – alleged -- viral libraries have been constructed), and that cannot be shown to be infectious (even though we can compute infection rates – in other words, R-naught -- based on questionable assumptions and methods).

Similarly, we come up with all manner of theories about how bacteria infect organisms. Yet, observed pathology might be a function of phage-altered bacteria that produce

problematic toxins or toxic metabolites which human beings cannot tolerate (i.e., they are poisonous) or to which we are allergic in some fashion (a form of chronic susceptibility to the presence of toxic materials).

Is the relationship of phages to bacteria like that of endosomes to human beings? Are phages, like endosomes, a complex form of molecular communication and a biological system for regulating bacterial or colony functioning in a complex ecological context?

One might also ask: How many so-called autoimmune diseases might be the result not of an immune system gone rogue that attacks the body but, instead, are the result of a polluted environment bringing about the activation of phage-altered bacteria that are, then, induced to release toxins and toxic metabolites to which human beings are vulnerable or sensitive and which interfere with various facets of our epigenetic systems. There are tens of thousands of chemicals which are being (and, for quite some time have been) released into the environment that have never been subjected to proper safety tests (either individually or interactively), and there are all manner of endocrine-disrupting substances which are being regularly released into the environment as a result of various explorations into synthetic biology (e.g., many pharmaceuticals fall into this category), and we are constantly being irradiated by all manner of non-ionizing frequencies from cell phones, thousands of satellites, smart electronics, surveillance dynamics, directed energy systems, medical imaging equipment (x-rays, CAT scans, PET scans, MRI scans and so on) as well data centers, and many of us have been forced to take an numerous vaccines which are based on bad science and for which there have been few studies concerning the negative synergistic effects as those synthetic concoctions interact with one another within human bodies over time, and, yet, no one has the slightest idea how – or if – such a tsunami-like onslaught upon the human body could bring about the activation of phages which induce various bacteria to alter their metabolism in ways that result in the release of toxins or toxic metabolites that individually or collectively could lead to different kinds of so-called auto-immune diseases – which might be more constructively thought of as giving expression to different forms of toxicity leading to the undermining of various facets of epigenetics which results in the form of one kind of pathology or another rather than some unknown – at least currently – dynamic which, supposedly, involves an alleged immune system somehow turning against itself.

If we cannot detect the presence of toxins or toxic metabolites from phage-altered bacteria – alterations which might have been a function of the many pollutants that are flooding our environment and the ecology within which millions of different species of bacteria reside – this might point more to the current limits of our understanding of how things work than anything else. The absence of evidence in this regard does not demonstrate an evidence of absence – just the presence of ignorance.

By mentioning tetanus-related toxins and diphtheria-related toxins which are generated through the presence of certain kinds of phages which have been activated by various ecological conditions, a proof of concept has been introduced concerning, potentially, a much more heuristically valuable way of: Approaching, reflecting on, and dealing with a variety of health issues. As a result, then, perhaps the "ball" of focal concern has been pickled squarely back to the court of medical doctors and biological scientists who need to demonstrate to me – and to everyone else – that the "Karma Theory of Disease" does not have considerable plausibility associated with it.

One problem with the foregoing moniker is not everyone treats their body in a manner which could bring about a phage-induced illness to bacteria that could lead to a pathological

condition in their bodies as karmic response to their own behavior and life-style. There are many people who – as indicated several paragraphs ago – are innocent bystanders as their ecologies are polluted chemically, pharmaceutically, electronically, and medically in ways that might induce all manner of phage-altered bacterial changes that produce toxins or toxic metabolites which are capable of leading to an array of pathologies and problematic health conditions.

In such cases, we should try to remember that the foregoing sorts of people are not, for the most part, intentionally engaging in self-harming behavior, but, rather, pathology and conditions of illness are being imposed on them by individuals who either have become intoxicated with their delusional sense of understanding concerning the nature of illness and life or such pathologies are being imposed on innocents by individuals who have decided, in a sociopathic or psychopathic manner, that they have the right to expose human beings, without informed consent, to whatever toxic conditions the powers that be consider to be appropriate to serve their arbitrary, artificial, and destructively inhumane ends. This might be referred to as: "The Biodigital Convergence Theory of Disease" which has been constructed and implemented by a group of technocratically-oriented individuals who are quite ruthless, careless, and insensitive when it comes to observing the inherent duties of care that are owed to the sovereignty rights which are the inherent right of other human beings.

The foregoing possible, theoretical name has considerable relevance. Whatever the extent of the truth -- if any -- might (or might not) be that is entailed by: "The Phage-Altered Bacterial Theory of Disease," I believe that many of today's so-called "infectious/contagious" diseases as well as various alleged autoimmune diseases might be a function of the many toxins and toxic frequencies that are being introduced into the lives of people through the problematic ways in which biology (synthetic and natural), exploitational data, as well as digital, automated systems are being brought together in convergent ways which reduce humanity to being nothing more than nodes in a oppressively regulated network that is being operated in a manner that can – with the press of a button -- induce a person's health (via their digital twin which is set of data bases whose categorical features can be exploited) to move in whatever way the overlords of the system desire, and, unfortunately, the direction of those manipulations and interventions seem to be toward states of disease and pathology for the vast majority of humanity,

One might even hypothesize that the biological terrain of organisms (human and otherwise) can be destabilized through the techniques of biodigital convergence that can either simulate the symptom profile of an allegedly bacterial or 'viral' disease or which can destabilize biological terrains in ways that activate phages to induce alterations in the epigenetic programming of various bacteria and bring about the release of toxins or toxic metabolites into the ecological landscape in which the bacterium or bacterial colony resides. The terminology: 'The Biodigital Convergence Theory of Disease' would apply equally to either of the foregoing possibilities.

Irrespective of whether, or not, there is a reality to which the term: "The Karma Theory of Disease" applies, I do believe there is an aspect of Karma that is present in this universe. More specifically, sooner, or later, I believe that anyone who violates the sovereignty of another human being will experience a like violation in their own existence.

This is not about human beings needing to seek to do violence or achieve some sort of vengeance concerning the aforementioned violators of sovereignty. Instead, this is about the way in which the cosmic millstones of justice, equanimity, and truth that I believe are part of

the way in which the universe is governed may grind very slowly and at their own pace and according to their own logic, but they do grind exceedingly fine.

I might not be around to see any of this happen. But, like Sam Cooke, I do believe that 'a change is going to come,' and, therefore, in the meantime I will aspire – and I might not have any effective or constructive capacity in this respect – to do whatever I can to contribute to such a change because, among other things, I believe that justice, truth, equanimity, and sovereignty are among the qualities that are essential to being human.