PAAM Medical Letter

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Dear Valued Colleagues!

Welcome to another edition of the PAAM Medical Letter. Thank you for being loyal supporters and members of PAAM! If you know a colleague that would appreciate the PAAM Medical Letter, please forward this issue on to them and encourage them to subscribe here by either joining PAAM (open to MDs, DOs, NPs, PAs, and medical students) or becoming a PAAM Supporter (open to everyone!). Thank you for your efforts and support.

Please note: This Letter is for your thoughtful consideration and personal research and is not to be taken as something dogmatic to believe in, nor promote as something official from PAAM or the international anthroposophic medical movement.

Meditation

Calendar of the Soul

Verse #7 (May 19-25, 1913) The Luciferic Temptation --

My self, it threatens to take flight

Lured powerfully by the world's cosmic light.

Now you, my dawning intuition,

Enter with strength into your rightful realm,

Restore for me thinking's power,

Which in the senses' shiny appearance

So wants to lose itself.

Verse # 46 (Feb 16-22, 1913) The Ahrimanic Deception --

The world, it threatens to benumb

The soul's inborn strength [her inborn forces];

Now you, memory, come forth

Out of spirit depths, shining outward

And strengthen my beholding [my spirit vision],

Which only through will-forces

Can sustain itself.

Virtues of the Month

Taurus- May (4/21-6/1): Equilibrium, inner balance becomes progress

Gemini- June (5/21-7/1): Perseverance becomes faithfulness

Meditative Verses

Below are a series of meditations by Rudolf Steiner that describe important aspects on the anthroposophical spiritual path, which is a modern Rosicrucian path of spiritual development.

Clarity in thinking

Inwardness in feeling

Deliberation in will:

If I strive for these

I can be hopeful

Of finding my way

On life's paths,

Before human hearts,

In the sphere of my duties.

For clarity

Arises from the soul's light,

And inwardness

Sustains the spirit's warmth.

Enhances living strength.

And all of this,

When sought with trust in God,

Leads me on human paths

To good and certain steps in life.

Rudolf Steiner, March, 1921

In the first Mystery Drama, The Portal of Initiation: A Rosicrucian Mystery through Rudolf Steiner (1910), Luna, a real spiritual being who connects an aspirants' spiritual soul to the greater spiritual world, vows to the beginner on the path, Johannes Thomasius, the following words:

I will from primal powers

beseech both strength and courage,

and will embed them deep

within the seeker's heart,

that confidence

in his own self

may be with him

throughout his life.

He shall then feel himself

secure within himself.

And he shall pluck

each moment's ripened fruit,

to draw from them their seeds

for all eternity.

We can imagine that an aspirant, a spirit-pupil, having diligently progressed on the spiritual path, can, at one point, inwardly declare and live:

Steadfast I stand in the world,

With certainty I tread the path of life,

Love I nourish in the core of my being,

Hope I bring to all my doing,

Confidence I'll impress into my thinking.

.

These five lead me to my goal,

These five give my life to me!

In the third Mystery Drama, The Guardian of the Threshold: soul events in dramatic scenes by Rudolf Steiner (1912), Johannes has had several spiritual experiences and accomplishments, but realizes that after committing many errors, feeling guilty about them, sensing with despair his failure and his still chaotic soul, his close friend, the more mature and experienced Maria, says the following significant and loving words:

My friend,…

It seems to you that now [your] work is lost.

Do not demand that this be otherwise

for such desire would rob you of all strength

to journey further into spirit realms.

Whether you walk this path in truth or error

you can keep ever clear the view ahead

so that your soul is able to pursue its way.

For this you must with courage bear necessities

stemming from the nature of the spirit realm.

This is the law of spirit discipleship.

As long as you still nurture the desire

that what has happened might be otherwise,

you'll lack the strength with which you must

sustain yourself in spirit-regions.

At the last scene of The Guardian of the Threshold, all the spirit-pupils of the teacher, Benedictus, are together with him and other members of the spiritual community in the lofty spiritual temple, each one having unlocked their souls to receive the spirit light according to their destiny, Luna declares, significantly, at the end of this last scene of the third drama:

I will implore from primal powers

courage and strength

and let them help

self-sacrifice to grow,

so that what is perceived

as temporal

can be transformed

to seeds of spirit

for all eternity.

We can sense that each spiritual student can now--in unison--declare these words with Luna, who is now recognized as the spiritual being within them. The external world is no longer seen as just Maya, as only transitory and perishable, but now, with our souls unlocked, we can draw out the seeds of imperishable spirit for the present and future. It is our current state of spiritual unconsciousness—darkness—that prevents us from seeing true reality in the created sense world.

Medical and Relevant Literature

Attachment 1: From the Nature Institute, Craig Holdrege, a biologist and anthroposophical researcher, has written an important 8-page perspective article, Viruses in the Dynamics of Life in 2020, at the time of the coronavirus pandemic. Without denying the presence of dangerous pathogenic viruses, Holdrege places them appropriately in their context and mutual relationship with the host organism. Only in a suitable host (and environment) does a virus reveals its activity and processes. Successful viral replication and spread in a host organism calls forth an immune response, but not necessarily an "infectious" illness. The host's internal environment (and likely external environmental effects on it) determines the ultimate response, from no symptoms, to mild symptoms, to severe illness and to even death. The current one-sided and materially-oriented biomedical science considers some viruses as causes of "infectious diseases". It would be better and more accurate to say viruses are necessary but insufficient causes of diseases. The host organism's predisposition or susceptibility to disease is another necessary condition. This predisposition to disease would be the result of many factors including biological, soul-spiritual, social, environmental and karmic aspects. Only in the interaction and the total context can the effect such as disease occur. We must always remember this and see the medical and scientific literature in this light. Through evolution humans have had important and beneficial interactions with viruses such that we have a now recognized human virome in us and ~8% of our DNA genome has a viral origin. Steiner has repeatedly emphasized, that under usual conditions, infectious agents (microbes, viruses, fungi, etc.) are the result—not the cause—of the biological and spiritual health, and the karma of the individual. To speak of infectious agents as the "cause" of an illness is misleading (or at least one-sided), despite the success of the germ theory of disease and modern medical treatment directed at offending infectious agents.

Attachment 2: Also from the Nature Institute, Craig Holdrege and Jon McAlice, have written a helpful 8-page critique of important aspects of Tom Cowan and Sally Fallon Morell's recent book, The Contagion Myth, published in 2020. While the thesis of the book has some superficial similarity with Steiner's views on infectious diseases, a closer look provided by Holdrege and McAlice makes clear that the thesis and argumentation found in the book is not consistent with Steiner's views nor in AM in general. Holdrege and McAlice point out three serious misrepresentations of research studies that are used by Cowan and Fallon Morell to bolster their case that Koch's postulates have actually never been fulfilled for most infectious agents. They derisively and arrogantly indict ~150 years of scientific research by stating in various places the wrong conclusions of so many scientists and researchers that have built up the current scientific view. The type of argumentation in the book is shaky, to say the least, given the carelessness of their presentation in many areas and their lack of being critical of their own thesis that electromagnetic radiation is the likely culprit in the cause of epidemics and pandemics. While many in AM would agree that to speak of infectious agents as the "cause" of disease is an oversimplification and one-sided in nature, it doesn't follow that the research is fraudulent and not important. Steiner repeatedly maintained that current natural scientific research is meticulous, sound and correct as far as it goes, and that science and medicine could benefit from what spiritual science can bring to broaden the perspective towards true reality in medicine and health. We should be grateful to the Nature Institute in taking the

time in investigating some of the central claims in the book and the way the authors craft their argument. Given the popularity of The Contagion Myth, it is important that we are more fully aware of aspects of this complex topic.

In the last PAAM Medical Letter (Vol 8, Issue 1, January 20, 2021), PAAM members, Ross Rentea, MD, and Branko Furst, MD, give more anthroposophical views on the role of contagion in infectious disease. For Steiner, contagion is more a result of the astral body's reaction (sense perception, mental representations, thoughts and feelings) to the perceived threat of illness. The virus is but a physical reflection of an unwanted spiritual Ahrimanic element; we need to have an "inner shield" brought by the "I" to repel the harmful spiritual element and have a healthy, strong and resilient internal environment. External protections maybe helpful, but they breed fear, the perceived need for specific types of protections (including vaccinations), but ultimately produces weakness and susceptibility to past and future pathogens.

Attachment 3: Our German friends, Georg Soldner, MD, and David Martin, MD, have published an important document on the Anthromedics website on 3.5.2021, reviewing the current status of COVID-19 vaccination, the still unanswered questions, the need for informed consent and voluntary vaccination, and the urgent need to have an independent, anonymous and centralized vaccination registry where the status of vaccinated and unvaccinated citizens can be followed. Without the three requirements of truly informed consent, non-coercive vaccinations and a central registry, there will likely be lack of social acceptance in a sizable minority of the population and vital questions of effectiveness and safety will not be able to be answered in a satisfactory, scientific way. They present the arguments for and against COVID-19 vaccinations as well as the state of the medical literature and the history of the beneficial effects of mass and voluntary poliomyelitis vaccination in developed countries. In doing so they try to maintain a middle ground about the pros and cons of vaccinations in general and in the COVID-19 vaccines in particular. Since its publication, the research on COVID disease and the vaccines available has continued, which may change their statements somewhat. For example, the Pfizer/BioNTech mRNA vaccine has some good, preliminary (~2-month) data showing that SARS-CoV-2 transmission is reduced by 85% seven days after the second dose and that it seems to protect against the B.1.1.7 variant (https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00790-X/fulltext). The durability of this protection is still not known. Also, the authors state that "it is unlikely that the [lipid nanoparticles] LNPs play a role" in "the acute side effects of mRNA vaccinations". However, basic science studies have shown that lipid-based adjuvants are known to induce the Th1 immune response by activating the intracellular inflammasomes and produce sterile inflammation in the absence of pathogens. LPNs may indeed be a factor in inducing the inflammatory side effects of the mRNA vaccines, apart from and in addition to the serious, non-IgE-mediated "pseudoallergy", mediated by complement activation known as CARPA (complement activation-related pseudoallergy).

Attachment 4 and Attachment 5: These two attachments are large, prospective studies, the first a Danish population study (with large age ranges) and the second an interim analysis of a large British study of health-care workers (median age 45.7 years) that try to answer the question of what the reinfection rate is for people who have had a previous COVID-19 infection. Each study brings certain strengths and important features. The Danish population study was huge with about 4 million PCR-tested individuals, but did not have detailed clinical parameters or the ability to correlate symptoms of illness with protection against reinfection. However, the British study was more rigorous and did do repeated testing, monitoring and questionnaire surveys of a relatively younger and more age-restricted population of health-care workers (most of them clinical, administrative, executive or specialist staff). The Danish population study estimated protective immunity to be 80-83% in people younger than 65 years, with no difference in immunity between 3 months and 7 months follow up. However, among those aged 65 years and older, protective immunity for reinfection was only 47.5%.

The more rigorous, but less representative British study of health-care workers estimated that a previous SARS-CoV-2 infection was associated with a minimum of 84% lower risk of reinfection with a median protective duration of 7 months (which was the follow-up period of this interim analysis; the study plan is to have 12 months of follow-up). A previous COVID illness history was associated with a 93% lower risk of symptomatic reinfection. Both of these studies show that natural infections provide protective immunity similar to the short-term (6 weeks) results from a large, observational, real-world study of the Israeli mRNA vaccination campaign with matched controls. That study used data from Israel's largest health care organization (not necessarily representative of the population at large, and excluding some high risk groups) and demonstrated that vaccination provides 90-95% protection from all types of SARs-CoV-2 reinfections (https://www.nejm.org/doi/full/10.1056/NEJMoa2101765). The length of the duration of protection from either a natural infection or from vaccination is still unknown, but the data so far shows at least 7 months duration in natural infections and, at this point, only 2-3 months documented protection with vaccination.

Attachment 6: This is a 5-page perspective article on the respective importance of neutralizing antibodies and durable, high quality T-cell response in providing protective immunity against SARS-CoV-2 infection. We hear the repeated emphasis of having neutralizing antibodies for immune protection, but that leaves out the very important role T-cells have in clearing viruses from the host (the cytotoxic CD8 T-cells), activating B cells to become antibody-producing plasma cells and memory B cells (by CD4 helper T-cells), as well as providing broad (polyclonal), cross-reactive and long-term protective immunity (both CD4 Th cells and CD8 killer/cytotoxic T-cells), even after IgG neutralizing antibodies have waned. Both CD4 T helper cells and CD8 cytotoxic T cells are important and can become long-term memory T-cells. The author provides a useful diagram in figure 2, summarizing the humoral and cellular roles in protective and pathologic immunity.

Attachment 7: This attachment is a short NEJM perspective article on the wonders and benefits of vaccination by two infectious disease experts and vaccinologists. They provide a very typical and one-sided view that conventional medicine has towards vaccines. While it is true that vaccines have been helpful in preventing several dangerous diseases, the authors only emphasize the positive, ignore the historic problems with many vaccines, and overstate the role vaccines have had in public health and the decline in mortality and incidence of many infectious diseases. For the vast majority of infectious diseases, their decline in mortality started way before the introduction of a vaccine. Improvements in sanitation, diet, living conditions and other nonpharmacologic interventions have played a huge role here. No mention is made of vaccine-induced injuries or adverse vaccine reactions; they don't seem to exist to them, or are probably dismissed as extremely rare, but without good scientific data to back up the assertion. The problems of older vaccines causing illness or death, and the subsequent need to be taken off the market, are expediently ignored. After all, this is an article praising the beneficial breakthroughs of vaccines. The "success" of influenza comes from biased and unreliable data that hasn't stood up to rigorous scrutiny, such as in Cochrane reviews. The authors are careful to state that wild-type polio virus has been largely eliminated, but fail to mention that in parts of Africa and India there has been an epidemic of polio vaccine-induced paralytic poliomyelitis. There has been a history of much hubris among vaccinologists and public health officials claiming that only one dose of measles, MMR, or varicella vaccines was ever needed, but then when atypical measles and varicella appeared, a second dose of the vaccines was later claimed to be needed for protection. Even still, there are primary and secondary failures with measles and mumps vaccines leading to outbreaks in fully vaccinated individuals. Lastly, the desperate need for adequate vaccine safety monitoring and better designed vaccine trials are never mentioned. If you believe what you are doing is right and think the "science" supports you, why would you question the dogma of vaccinology?

Attachment 8: Here is an opinion piece from Ocean Robbins on the foods and nutrients that can possibly help with COVID outcomes. There is no question that an optimal nutritional status and healthy lifestyle would be an important foundation for health in any illness, including COVID. His specific nutrients he mentions make sense and he tends to seek most nutrients from food. While he focuses on the biology of food, nutrients and lifestyle, he ignores the importance of spiritual factors for health emphasized in AM. Within AM, those factors include a strong, vibrant etheric body developed through rhythm, eurythmy, biodynamic foods (if possible), eliminating toxins from the external and internal environment, engaging in regular physical activity, and being outside. The astral body in us needs correction towards being less toxic and disorganized through exercises in character development, having healthy social relationships and engaging in artistic activities. We need to build ego strength through meditation, concentration and visualization exercises, exercising spiritual thinking, and building courage and trust for the supersensible world. Previous PAAM Medical Letters have touched on the indicated remedies to use in viral illnesses, including COVID.

Attachment 9: This last attachment is an email article sent to me from the National Association of

Environmental Medicine. They argue that 5G mm wave electromagnetic radiation (EMR) is not the cause of COVID, but is a factor in allowing for increased rates of infections from viruses and bacteria. They provide many associative studies, basic science and mechanistic studies with references, to show the biological harm of EMR. Unfortunately, they don't provide enough information on the types and quality of the studies they cite to get a sense of the clinical importance of the work. Nevertheless, it seems very plausible that EMR can be a biological stress and can be harmful under the right circumstances and in vulnerable or less resilient populations. It would be very hard to have a definitive study giving proof of a causal relationship between 5G EMR and poor health outcomes like increased severe COVID infections The associations found and the biological in vitro data presented certainly should give us pause, spur further research and engage in mitigation practices to limit EMR exposure. Unfortunately, for some of us who are more vulnerable or susceptible, this is unlikely to be enough.

Please send any comments, responses or suggestions to PAAM. Thank you.

On Behalf of the PAAM Board, and to You Our Valued Colleagues,

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