The PAAM Medical Letter

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Dear Colleagues!

Welcome to another edition of the PAAM Medical Letter! Thank you to the members and subscribers who contribute in some way to the movement of AM in North America and beyond. You are truly valued!

Michaelmas is a time to collect our inner forces of thinking feeling and will for the coming winter.

Please note the following:

This Letter is for your thoughtful consideration and personal research and is not to be taken as something dogmatic to believe in, nor to promote as something official from PAAM or from the international anthroposophic medical movement. The content of the letter is the sole responsibility of the editor.

Announcement:

This is my last year as the editor and writer of the PAAM Medical Letter. **I will continue the Letter until December 2025**. Thank you for your support and encouragement over the years! Please let the PAAM Board know if any of you are interested in writing something informative for the members and subscribers on a regular basis. The format is open and certainly does not have to be something like the past PAAM Medical Letters. **Please seriously consider contributing something**. Thank you!

Meditations

The seed of Truth lives in Love;
Seek the root of Love in the Truth—
Thus speaks your higher Self.

Fire's glow transmutes
Wood into warming rays,
Wisdom's resolving will
Transforms work
Into abiding strength.

Let your work be the shadow
Cast by your 'I',
When it is lit by the flame,
The flame of your higher Self.

Rudolf Steiner. *Verses and Meditations*. Rudolf Steiner Press 2004.

The wishes of the soul are springing,
The deeds of the will are thriving,
The fruits of life are maturing.

I feel my destiny,
My destiny finds me.
I feel my star,
My star finds me.
I feel my goals
My goals find me.

My Soul and the World are one.

Life, it becomes brighter all around me,
Life, it becomes a heavier duty for me,
Life, it becomes richer in me.

Rudolf Steiner. *Verses and Meditations*. Rudolf Steiner Press 2004. [English translation modified by the editor to be more in line with the German original]

On the one hand, one may ask how life can become more arduous, harder, more difficult or a heavier duty on the spiritual path. This may be because the path opens up our awareness of all that is going around us and we also can take up more burden and responsibility as we gain more capacity and awareness of what needs to become manifest in the world. This is usually not easy.

On the other hand, the root of arduous is *ardor*, the flaming desire, joy and intense feeling of love for another being or spiritual cause that serves as an impulse, an orientation in life. This ardor can be joined to life that is more arduous.

A further excerpt from Steiner's works:

[Suppose] a meeting has been called, and we are summoned to attend the meeting, because it is important for just that to be said in it, which we alone can contribute. Suppose we take some action which has the result of preventing our being present. We are not there; we—who are expected, who are looked for—do not appear.

Whatever we do and accomplish under the impulse of spiritual knowledge serves, we shall find, to enrich our life; we begin indeed to recognize how our path in life leads always in a direction where we are needed and expected. In the world where spiritual beings are at work, creating and fashioning our individual existence, we begin to see that *we are counted upon to do our part,* and we understand that the only way we can fulfill what is expected of us and join with our companions in a higher spiritual world, is by following this personal path of life into the spiritual world, and finding within us, as we tread the path, the higher eternal man, the soul and spirit of our being.

Thus does this human knowledge of the spirit bring us face to face with the *challenge*: Are we going to arrive in that place where it is given to human beings to unite in a common experience of the spiritual—for we are expected there, we are awaited—or, having passed through many births and deaths, shall we come at length to a point where the word of reproach rings out: You were expected, and you did not come!

Citation: Rudolf Steiner – GA 231 – **Spiritual Knowledge: A Way of Life** – 16 November 1923, The Hague, The Netherlands.
https://rsarchive.org/Lectures/GA231/English/Singles/19231116p01.html. [italics added]

This excerpt gives a small example and yet important example of what people and the spiritual world—full of differentiated beings—expect of us. Hence, life becomes a heavier burden to take it up in the proper way. But with the ardor we develop the need and impulse to do the work comes to us. The spiritual path of an AM physician is to gain more capacity to take up more comprehensive and deeper tasks, for patients, the profession and society in general. In this willed activity the sense of self develops, expands.

The Calendar of the Soul

Verse # 26, Michaelmas

Nature! Your maternal being
I bear within the true nature of my will;
And my will's fiery might
Shall steel my spirit striving,
That sense of self spring forth
To bear myself in me.

Editor's further comment: Michael engenders selfless self-awareness. He is the solemn star in the soul. His luminosity spreads calmness throughout. Michael is a stern higher spiritual being and his gaze pours strength into the deepest core of our being.

Verse #27

To penetrate into my being's depths:
Stirs a longing that is promise-filled,
That I, in self-beholding, find myself
As sun-gift of summer, which as seed,
In warming autumn mood, lives
As my soul's strong, driving impulse.

Virtues of the Month

Virgo (8/21 to 10/1): Courtesy becomes heartfelt tactfulness
Libra (9/21 to 11/1): Contentment becomes composure, equanimity

Medical and Other Relevant Literature

Featured articles:

1. Rudolf Steiner's assessment of current medicine and natural science (A 1923 excerpt of a lecture (but still so relevant today).

The fact that there is also a medical current within the anthroposophical movement certainly does not stem from the fact that we as anthroposophists want to be everywhere and want to poke our noses into everything. That is certainly not the case. But as the Anthroposophical movement sought to make its way in the world, physicians also joined the movement, physicians who were seriously striving, and a large, relatively large number of such physicians had come to a more or less clear awareness of how shaky the views of today's officially accepted medicine actually are, and how the foundations for the actual understanding of disease processes and their healing are often lacking.

Official science lacks these foundations because what today claims validity, scientific validity, actually only wants to rely on the natural science that is generally used today. And this natural science, in turn, only believes it is walking securely with what it can determine in a mechanical, physical or chemical way in external nature. And it then applies what it finds through physics and chemistry about external natural processes to where it wants to come to an understanding of the human being. But even if a kind of concentration, microcosmic concentration of all world processes, is contained in the human being, the external physical and chemical processes in the human organism itself are never present in the form in which they take place outside in nature. Man takes up into himself the substances of the earth, which are not merely passive substances, but which are actually always imbued with natural processes and phenomena. A substance only appears on the surface to be something that is at rest. In reality, everything in the substance is alive and in motion. And so, man also takes up into his organism these processes, this weaving and living, as they take place chemically and physically in nature, but he transforms it immediately in his organism, he makes it into something else in his organism.

What becomes of the natural processes in the human organism can only be understood by truly observing nature and truly observing human beings. But today's natural science, by wanting to rely solely on the physical and chemical, actually excludes from its field of study what actually takes place in the human being as human, and also, for example, in the physical body of the human being as human. For nothing takes place in the physical body that is not at the same time influenced by etheric, astral or ego processes. But because natural science completely disregards these ego processes, these astral processes, this etheric life and weaving, it does not actually get anywhere near the human being. Therefore, this natural science cannot really look into the human interior in such a way that it can clearly see how the external chemical and physical processes in the human being then continue to work, how they continue to work in the healthy person, and how they continue to work in the sick person.

But how can one judge the effect of a remedy in the right way if one cannot understand how some natural thing that we introduce into the organism, or with which we treat the organism, continues to work in the human organism.
And so, we can say that the greatest conceivable progress in the medical field in modern times has actually only been made in the field of surgery, where it is a matter of external, one might say mechanical, handling.

On the other hand, in the field of actual therapy – not in my opinion, but precisely in the opinion of those doctors who have become aware of all this – there is great confusion because one cannot see the connection between any natural thing and its effect on the disease if one actually excludes the human being from scientific observation due to one's particular view of natural science.

Now, since anthroposophy is based precisely on getting to know the human being in his innermost being, both insofar as he is a supersensible being and insofar as he is a sensual being, knowledge can also be gained from anthroposophy about treating people with these or those natural remedies in the event of illness.

In fact, we are already faced with a certain limit to our knowledge in medicine if we only ask about the actual nature of the disease. What is the disease? Based on today's scientific knowledge, this question: What is the disease? — cannot be answered at all. Because, according to these scientific views, what is the sum of all the processes that take place in a healthy person? From the head, from the outermost end of the head to the last end of the toes on the foot, these are the natural processes. But what then are the processes that take place in the liver, kidneys, head, heart, wherever, during an illness? They are natural processes.

Everything that is a healthy process is a natural process; everything that is a disease process is also a natural process. Why is it that, under the one kind of process, the human being is healthy and under the other kind of process, he is sick?

The point is that one does not speak in generalities, speaking so nebulously: Well, the healthy natural processes are normal, the unhealthy natural processes are not normal. — There really comes “in due time”, when one knows nothing, “a word!”

The problem is that if you only apply general natural science, as is common today, you approach the human being in such a way that you prefer not to approach the living human being at all, but rather the corpse. You take some piece of the organism here or there and imagine what healthy or diseased natural processes are taking place within it. And so, you don't really care whether you take tissue from the head or the liver or the big toe or something like that.

Everything can be traced back to the cell. Histology, the study of tissue, has actually become the most highly developed of all human studies. Well, if you go into the smallest parts and omit all the interrelationships of forces, then, just as all cows are gray in the dark, all organs in the human being are the same. But then you get a nocturnal “gray cow science,” not a real science that deals with the specificity of the individual organs in the human being.

> What must serve as the basis for this, I only dared to express a few years ago, although it has occupied me for more than thirty to thirty-five years now. But one usually only imagines that spiritual science comes to its results so easily. One need only look into the spiritual world, and one would discover everything, whereas it is more difficult when one has to work in laboratories, in physics cabinets or in a clinic; there one must make an effort — at least that is what one thinks. In spiritual science, one only has to look into the world of the spirit and one can discover everything. But it is not like that. Especially conscientious spiritual research requires more effort and, above all, more responsibility than working in a laboratory or at a clinic or an observatory.

Here Steiner gives a brief historical overview of how the AM got started as a seed only and is now slowly growing and beginning to mature, to blossom. He shows that natural science and scientific medicine are really (unconsciously) in the dark and it is very limited in understanding actual, real disease processes. This produces a "gray cow science" because scientists are unconscious about the very real, higher suprasensory processes and forces that bring about health and disease. At a basic level, this includes the Threefold Human Organism with a Nerve-Sense System, a Rhythmic System and a Metabolic-Limb System as appropriately conceived and considered in AM. Rohen's *Functional Morphology* shows the dynamic wholeness of the human organism in its threefold structure and its workings, from the visible macroscopic view to the microscopic view (Rohen JW. *Functional Morphology: The Dynamic Wholeness of the Human Organism. 2007.* Adonis Press, Hillsdale, NY, USA).

Current medicine is dominated by the cell theory, making up tissues, and its nearly singular focus, now its extension to include molecular biology. All this can be helpful to know the biochemical and biophysical pathways of cellular and molecular biology, but this excludes the real additional forces of the 'I", the astral body and the etheric body. These real suprasensory members and forces of the human being bring both about and orchestrate what we can detect with physical methods and technology.

This excerpt gives a succinct view of the orientation of AM. In many lectures on medicine and science Steiner gives an array of differentiated comments, both positive and appreciative of the knowledge-gaining, objective method of natural science for primarily the physical world, and then many, objective and critical comments about the extreme one-sidedness, materialism, and dangerous tendency of natural science (and the social sciences influenced by it). He further elaborates that natural science and modern medicine will have the goal of controlling and manipulating nature and the human being, and will be the extreme proponents for the proclaimed, superior and only true worldview—the ideology—of scientific materialism. With this chauvinistic attitude, science and medicine will denigrate any other approach as an example of foolish nonsense, a pseudoscientic contamination, a stupid belief, or myth that should be completely eradicated, root and branch. Any open and sensitive modern person can see this is happening today.

As a positive counterpoint, AM acknowledges the powerful method of natural science, and seeks to extend its results by the objective, yet transformed scientific method that includes the results of anthroposophical spiritual science and includes a path, a method, to attain conscious knowledge of the suprasensible worlds; these worlds are operative, dynamically, differentially, and causally, in nature and the human being. They are, specifically, the human organism's forces of the etheric body, astral body and 'I' (via the human 'I'-organization). On a more world-cosmic level, cosmic etheric, astral, and spiritual 'I' (and beyond) forces are working everywhere through a host of differentiated suprasensible beings, both collectively and individually.

Citation: Rudolf Steiner. Anthroposophical Medical Theory and Human Knowledge. GA/CW 319. Excerpt, Lecture 1, 8/18/23, Penmaenmawr. https://rsarchive.org/Lectures/GA319/English/SOL2024/19230828m01.html. (open access)

2. A few further excerpts from Rudolf Stenier and anthroposophical truths.

It is a complete misunderstanding to say spiritual science must also be believed

Spiritual science can be understood by every person who wants to understand findings. It strives to give people what each individual soul can truly achieve on its own, not by following the religious founders, as in earlier times. And although it must be individual researchers who make the results of this science of the spirit available today, they do so in a form that can be understood by everyone who wants to.
I have often emphasized that it is a complete misunderstanding to say spiritual science must also be believed. When people say this, it is because they are so crammed full with materialistic prejudices that they do not look at what spiritual science really has to offer. As soon as it is examined, everything becomes understandable. One does not need clairvoyance for this; our ordinary understanding is enough to really grasp and comprehend all this gradually — of course, "gradually" will be inconvenient for some people.

Citation: Rudolf Steiner – GA 154 – The Presence of the Dead on the Spiritual Path: *Lecture I: Understanding the Spiritual World (Part 1)* – Berlin, April 18, 1914.
Translated by Christian von Arnim.
https://rsarchive.org/Lectures/GA154/English/AP1990/19140418p01.html. (open access)

Truths themselves contain life-force

Mankind is always in need of truths which cannot, in every age, be wholly understood. The assimilation of truths is not significant only for our knowledge; truths themselves contain life-force. By permeating ourselves with truth we permeate our soul-nature with an element drawn from the objective world, just as we must permeate our physical being with air taken from outside in order to live. Deep truths are indeed expressed in great religious revelations, but in such a form that their real inner meaning is often not understood until much, much later.

Citation: Rudolf Steiner – GA 155 – Christ and the Human Soul – Lecture IV Norrköping,6th July 1914. https://rsarchive.org/Lectures/GA155/English/RSP1972/19140716p01.html. (open access)

3. Rudolf Steiner on antimony. Steiner's comments on antimony are actually quite vast and it's important for physicians to understand, or at least have a sense of, antimony's role in therapeutics and in evolution. The AM physician, Christina van Heek van Tellingen has been, and still is, an important Dutch AM physician and teacher throughout the years. She is currently an editor of the *Bolk's Companions* series, which are a series of books on the study and practice of medicine from a largely goetheanistic and anthroposophic point of view. These are helpful study companions for scientists, medical students and physicians. In 2014, she published (English translation) *Rudolf Steiner and Antimony*, a summary of Steiner's statements about antimony in the German AM journal, *Der Merkustab*.

Reading Steiner's works, one can notice that he has a lot of varied and broad statements on antimony and its forces that van Telligen placed into three broad and helpful themes: 1. The evolution of the world and mankind, 2. Metamophosis or transformation. This includes alchemical experiments and discoveries, and 3. Human activity and world response, which discusses how our activities have consequences that come back to us (karma). *These 3 themes indicate and assume an advanced knowledge of AM and anthroposophy in order to follow and understand correctly.*

With respect to human and world evolution, antimonial *forces* are working in the formation of primal, amorphous protein-like substances that over large swaths of time become condensed into the material protein we recognize today in biochemistry, physiology and anatomy. The forces of antimony also provide a kind of "phantom" or spiritual-physical (but not necessarily material) structure and system of forces for the physical body. Only later on in earth evolution, does antimony condense into a sensory

metal ore, not usually as a pure metal but as the common antimony ore known as antimony trisulfide (Sb_2S_3). The antimonial (or "antimonizing") force is thus important for earth evolution, protein formation, with its shaping and forming forces, for therapy in coagulation, structuring the human body in general and for giving an image to the 'I'-organization for strengthening its will forces and for proper organizing and forming of them, both physically and spiritually.

With the theme of transformation and metamorphosis, we can see antimony's physical-chemical and alchemical processes in simple experiments done in intense observation with feeling and contemplation. Steiner briefly outlines these properties and processes in chapter 16 of *Fundamentals of Therapy*, GA/CW 27. These observations and experiments of the most common earthly ore of antimony, antimonite or stibnite, (Sb_2S_3), reveal its various properties and transformations as an earthy mineral that has an affinity to etheric forces, forming "crystals" or radiations that appear to radiate away from the earth into the cosmos.

Alchemically, antimony has a harmonious combination of the lower planetary forces of Moon, Mercury and Venus that radiate up to the higher planetary forces and beyond, showing how the 'I' via the 'I'-organization on earth should have its proper orientation and functioning. The paradoxical aspect of antimony is that it is a condensed alchemical Sal (or Salt) process into an earthy mineral substance (antimony ore) that still radiates outward away from the earth. The Rosicrucian alchemists experienced these forces as forces of resurrection, from death to higher life, forces of transformation and becoming, that are actively coming, they recognized, from the Christ Being. They also experienced seeing an inner image of the "phantom" of antimony, the *homunculus*.

Potentized, dilute, and processed forms of antimony in AM thus become important therapeutic forms of the metal in current earth-human evolution to point the way now and for the future for a truly healthy human functioning and experiencing. The consequence of this will be that we will gradually, more and more, in our life experience, either partially or more completely, have the objective experience or

intimation of the Reappearance of Christ in the etheric realm, as angelic-like being. This will be a spiritual experience regardless of religious orientation or belief. (Certainly, spiritual concepts and orientation would be necessary to *recognize* the full significance and importance of the experience or event. But it will come gradually and universally to many people of various religious, spiritual, agnostic and even atheistic orientations).

The theme of human activity and the world's response is really about the "elastic" law of karma working personally, intimately in our lives. All our thinking, thoughts, feelings and willing (inner impulses and actions) have consequences either in the immediate, short-term or long -term (next life or lives) that come back elastically in a transformed way to either instruct us or make us experience the consequences of our previous soul functioning. There is a spiritual, elastic resonance to everything we think, feel and do. We must learn to experience imaginatively and concretely the "antimonizing" forces and the opposing amorphosizing, dissolving ("albuminizing") forces. We do this watching, experiencing their processes working in the human organism and to then derive appropriate therapeutic ideas that should be tested and verified.

The therapeutic implications are too numerous to mention, only an indication of a therapy will be indicated here. Potentized antimony metal or its sulfide salt (antimonite) can be helpful in the ego's strengthening and forming functions for the soul and body. It helps the 'I'-organization, and thus the 'I,' not neglect its proper balancing and elastic activity for the earthly body, for the integrated personality and mental functioning, and for higher more spiritual capabilities. The route and method of application of antimony will differ for each condition and its three-fold system. It is differentiated and complex to therapeutically apply antimony in medicine, and this requires adequate background in AM.

Because of the properties, processes and functions of antimony, it is considered to be the "eighth" classical metal in alchemy, and this important "new" metal is associated with the earth and its processes. Fittingly, its alchemical symbol is usually the same as the earth's (♁, or a diamond shape).

Please read the full article, and other works of Steiner's, and also a remedy handbook for more and specific therapeutic information. Remember, this article assumes a lot of background knowledge in anthroposophy, and only with this background can one form an adequate judgement of its contents.

Citation: Christina van Heek-van Tellingen. *Rudolf Steiner und das Antimon*. 4/2014. *Der Merkustab.* Pp.265-269, https://www.anthromedics.org/DMS-20347-DE. Published with permission and appreciation in English translation in *Farther In (Devon, UK)*. September 2025. English translator: Neil Franklin.

van Heek van Tellingen, Christina. (2025). Rudolf Steiner and Antimony (Franklin, Niel, Trans.). *Farther In*, *12*(Michaelmas), 37–43. https://hdl.handle.net/20.500.14430/788

van Heek-van Tellingen, C. (2014). Rudolf Steiner und das Antimon. *Der Merkurstab. Zeitschrift Für Anthroposophische Medizin*, *67*(4), 265–269. https://doi.org/10.14271/DMS-20347-DE

1983 translation of *Fundamentals of Therapy*: https://rsarchive.org/Books/GA027/.

4. An anthroposophic perspective of the COVID pandemic and vaccination recommendations from the Medical Section 9/15/24. The COVID-19 pandemic and public health push for vaccination has been divisive in Western societies, and not surprisingly, in the anthroposophic community and its medical branch, anthroposophic medicine. Throughout the pandemic various members of the Medical Section wrote several articles and perspectives about the pandemic, possible COVID-19 vaccination and treatment, both conventional with vaccinations and AM treatment. See the Anthromedics site for these perspective articles. They have received both support for their balanced perspective and significant criticism for not being critical enough of the public health recommendations, nor critically evaluating the touted scientific evidence in support of strict coercive pandemic mandates, including vaccinations/inoculations. There

was specific and particular criticism of a statement made by the IVAA (International Federation of Anthroposophic Medical Associations) and the Medical Section of the Goetheanum, dated 1/12/2021:

> IVAA and the Medical Section at the Goetheanum welcome the development of safe and effective vaccines against SARS-CoV-2 in the hope that they will play an important role in overcoming the COVID-19 pandemic.

In September 15,2024, the new leadership of the Medical Section convened a select group of 15 AM physicians, representatives from around the world (none from the Americas, Africa and Oceana), for a seminar about the medical section's role, its potential reappraisal and the individual experiences of the participating physicians. A further reading of the Jan 2021 statement shows that the joint statement was careful to say that only short-term studies at that time showed that the COVID-19 gene-based vaccinations were safe and that long-term serious side effects couldn't be ruled out. Importantly, the statement called for "sufficiently large long-term studies and anonymized vaccination registers that allow a comparison between populations receiving the different vaccines and non-vaccinated populations." It also stated that vaccination should be voluntary and is a fundamental right in democratic societies as well as a prerequisite for a high level of a population's acceptance. Another point that was made was that a free vaccination decision requires detailed informed consent, without direct or indirect coercion, and "preferably" in a trusting physician-patient relationship, even during mass vaccination programs.

While this seems to be a good – and idealistic—start for a statement early on in the vaccination and pandemic response, unfortunately, later articles and statements did not provide a serious, deep re-evaluation of the public health's pandemic response and its consequences. Moreover, there has not been a specific critique of the "evidence" presented to the medical profession and the public about the "effectiveness" and "safety" of the gene-based vaccinations.

The PAAM Medical Letter has provided many articles critiquing the evidence and pointing out so many problems with the public health and governmental response around the world. In addition, despite the calls of many, including the Medical Section leaders, neither the governmental regulatory authorities, nor the research institutional authorities, nor the medical profession ever provided any large, well-designed large clinical trials or anonymized large, national registries to better evaluate the real benefits and risks of novel gene-based vaccinations. For many, this is a travesty of their respective scientific, medical and public health responsibilities.

To be sure, the written statements by the Medical Section, IVAA and its leaders had to walk a fine political line to help AM physicians in various countries to be able to continue to practice and avoid the further restriction of AM and the practice of it around the world. The Medical Section and most of its members want to it to remain balanced, neither pro-vaccine nor anti-vaccine, in its statements and want it to not make specific recommendations in this regard. Reactive and severe criticism towards the Medical Section for not staying true to AM principles and the spirit of anthroposophy seems unfair and unwarranted . A lively and critical discussion needs to be in a different forum. The Medical Section's approach is to strive to work in a Goetheanistic and comprehensive method of observation and judgment to these and future questions, leaving the individual members free to decide the best course in their specific context.

However, a more critical assessment of, for example, the "pivotal" and founding RCTs to receive emergency regulatory approval, as well as the evolving evidence about the pandemic, the gene-based therapies effectiveness and safety, and the public health drastic measures would have helped clinicians to properly assess the situation and how to perform their clinical practices to best serve the individual patient and their freedom. If the AM clinicians who wrote the articles and statements published in Anthromedics don't have the expertise to critically evaluate the medical literature, they could then have turned to research colleagues and others for help in analyzing the faulty and biased design of many studies. Perhaps, more critical articles that evaluate the evidence for any conventional intervention published in *Der Merkurstab* could also be translated

and disseminated to members in their various national societies. This would have been extremely helpful for clinicians around the world.

Another thing that is important to mention is that there was a varied response of the clinicians participating in the reflection group, many of whom were skeptical of the novel gene-based vaccines, the mandates, and honored the patients' individual freedom, free from coercion. Significantly, as of September 2024, not a single AM clinician of the 15-member international reflection group recommended routine gene-based vaccinations for most patients.

This is an important and helpful document to see how experienced AM physicians, however brief their comments, thought about, and practiced during the COVID-19 pandemic

Citation: From the Medical Section: Karin Michael, Marion Debus, Adam Blanning. Review of Covid-19 and vaccination recommendations from 15 September 2024. https://medicalsection.goetheanum.ch/news/rueckblick-auf-die-coronazeit-vom-15-9-2024. (open access)

5. A comprehensive article on the complicated adverse effects of COVID mRNA vaccines. Members of the McCullough Foundation and allied physicians and researchers have a preprint article on the compound effects of the COVID-19 mRNA vaccination and SARS-Co-V-2 infections. Their review and hypothesis is that there is a convergence of extensive (toxic) spike protein ("spikopathy") harms to human organisms. They call their hypothesis the Hybrid Harms Hypothesis. This 64-page article with 381 references argues that it *both* (and especially repeated) mRNA inoculations and COVID-19 infections that contribute to attributed COVID-19 morbidity and mortality. They state that the "The overlapping spike-related toxicities and immunological [and pathological] effects of mRNA vaccinations and coronavirus infections have resulted in pronounced immune dysregulation and inflammatory cascades that likely account for [the] near synchronous waves of COVID-19 and all-

cause mortality, [even during the less virulent omicron variants]." And they also state, "the morbidity and mortality events are plausibly attributed to a combination of mass vaccination and coronavirus infection." These are bold (and implied) complex statements to make (see Table 1 for corollaries to the hybrid harms hypothesis *and* its 5 elaborated features), and they represent a maturation of their thinking and publication history during and after the pandemic.

The authors present and review an overwhelming amount of clinical, ecological and epidemiological, as well as extensive basic science and mechanistic data of the immunopathobiology of the toxic spike protein, both in the gene transfer/ mRNA inoculations and in the infectious virus. They also criticize prominent medical research results as biased for a number of important and rational reasons.

The authors site many of the unexplained anomalies that don't fit with a "vaccines are safe and effective" belief/dogma, and unreflective, uninformed repeated rallying cry by public health and medical authorities. These referenced sources of evidence are too numerous to mention. A few of the sources they reference are unfortunately weak, such as clinical cases, educated opinions with an absence of evidence, or retrospective studies of potentially dubious quality. All the author's valid evidence-sources are consistent with their hybrid harms hypothesis (despite considerable medical journal censorship for publications). However, unbiased clinical trial data are not available to bolster their argument. They do note that a conceptual conundrum occurs if their hypothesis is true. It will be difficult to differentiate and separate out the virus-induced immunopathobiology, pathophysiology and clinical presentation from the mRNA gene transfer inoculation-induced ones.

This is a long preprint manuscript that requires further copyediting. There are some references missing where one would expect there to be to back up their statements. There are errors where the actual reference number is not provided or where, later in the test, there is miscounting and misplacement sequence in the references. This later problem requires the reader to search for likely sources of the citation numbers in the

reference section (which does seem to have all (?) the references listed). While this manuscript is about their hybrid harms hypothesis, it does provide and a helpful medical review of the pandemic literature, from their viewpoint, which critics may have difficulty accepting.

Nevertheless, any serious and objective reader must awaken to the gaps of knowledge and anomalies present today and to what the emerging and alarming immunopathobiology indicates.

Citation: Mead MN, Rose J, Seneff S, et al. Adverse effects of COVID-19 mRNA vaccination and coronavirus infection: a convergence of extensive spike protein harms to the human body. 8/14/25. preprints.org. https://www.preprints.org/manuscript/202508.1082/v1 (open access)

6. The current state of international (and national) public health. This is an opinion piece by an African, an Associate Professor of Philosophy at the University of Nairobi, Kenya. He provides a different perspective than what is usually written in Western medical and public health journals, and he makes some excellent points to consider. Despite some minor errors in English syntax and a few details that one can legitimately quibble about, the general thrust of the article is very important and necessary to read. His bold, central thesis is that international public health, heavily influenced by Western culture is *sick*, commercialized, centralized, medicalized with Western "scientific medicine," unfaithful to democratic and ethical principles, and authoritarian in its structure and effects.

He goes on to talk about the centralization of medical care and public health; the pharmaceutical commercialization and medicalization of medicine and society through the Rockefeller Foundation and the 1910 Flexner Report; the conflicts of interest in the funding of research and drug/devices regulatory approval; the enhanced surveillance through digitization; the "securitization" of public health (ie, the dangers in public

health are feared and posed a danger to the state's survival and security); and the authoritarian use of censorship and propaganda to further the state's supremacist views and coercive policies that trample on individuals' rights and freedom.

Importantly, he also discusses the unwarranted expansion of public health through the WHO's "One Health" approach and the WHO's recent unprocedural and undemocratic adoption of the amendments to the International Health Regulations, as well as its troubling negotiation tactics for the WHO's Pandemic Agreement, done without the due process written in the WHO's own constitution or procedure manuals.

All these developments over the years mean a loss of natural, homeopathic, traditional health practices, as well as the current restrictive efforts aimed at AM and these other health traditions at the national level with the eventual purpose of squelching them.

This opinion piece is not as rigorously argued with more references as one might hope, but it does help give a picture of the current state of public health and medicine that became glaringly obvious during the pandemic. Many anthroposophists and others have written about and criticized these alarming dangers. From the lens of public health--and medicine--this article can give you a sense of the authoritarian, materialistic, centralized, commercial, deceptive and ahrimanic spirit with which we are currently facing and living.

Citation: Oduor, Reginald MJ. International public health is sick; who will heal it? 8/21/25. https://www.theelephant.info/analysis/2025/08/21/international-public-health-is-sick-who-can-heal-it/. (open access)

Note: There is a massive amount of published and written literature in the last months about COVID-19 illness, gene-transfer inoculations and post-pandemic assessment. These last 3 articles only give you a sampling of what is out there.

7. The worsening prevalence and trends in chronic pediatric conditions in the US. Only in 2025 do we have reliable data acknowledged by mainstream academic medicine about the alarming trend in the increase in children chronic, non-communicable diseases, conditions and functional status. A recent *JAMA* article by respected researchers used a repeated cross-sectional analyses from the US and 18 comparator high-income countries (OECD18), 5 nationally representative surveys, and 10 electronic health records (EHR) from10 pediatric health systems capturing 10 different states. Their rigorous analyses were for the year-ranges of mainly 13-17 years, from 2007 to 2022 (with a dataset of EHRs including only the years 2011- 2023).

What the current USA's Health and Human Services Department (HHS) have cited and claimed about the increasing trend and prevalence of pediatric chronic conditions has been borne out by several studies, but this one is especially rigorous and comprehensive, despite being either national survey data or EHR data of health systems that don't capture ill-defined, diagnosable or undiagnosable conditions and functional status in- and outside the health systems. There is a lack of granularity in the data with inability to separate out the effects of race, poor sociodemographic elements, unhealthy lifestyle factors, exposure history or behavioral and other factors that surely will affect these data with increased rates and prevalence.

Nevertheless, the text and helpful graphs show: 1. Rate ratios (RR) in The US for infant deaths and childhood deaths from 2007-2022 were a significant ~1.8 compared to OECD countries. 2. The 2 causes of death in infants with the largest net difference between the US and OECD18 were prematurity (RR 2.22) and sudden unexpected infant deaths (SUID) (RR2.39). Both sets of 95% CIs were significant. 3. For children ages 1-19 significant risk ratios for firearm-related deaths (RR15.34) and motor vehicle crashes (RR 2.45) were found. 4. From 2011-2023 (13-year range only) the prevalence of a chronic conditions in 3-17-year-olds in the general population rose from ~26% to 31% (RR 1.20; 95% CIs 1.20-12.0). These included rates of obesity, early onset menstruation, insomnia, physical symptoms, limitations of physical activity, depressive symptoms (including anxiety) and loneliness.

Thee is more succinct information in the article. One glaring limitation in the data is the short time ranges of 13-17 years with missing f more recent data for the majority of the analyses and no data analysis of much earlier time periods.

The following *Academic Pediatrics* article from respected institutions provides some limited answers to the above limitation. The researchers used only one of the 5 national survey data used above from the National Health Interview Survey (NHIS) data. All survey data (here and above) will be subject to recall bias by the responders which makes the individual data unreliable, but in aggregate, it can be helpful for detecting trends. Their research expanded the time frame to include the years 1999 - 2019 (a 19-year range and starting earlier than above *JAMA* article). This dataset studied the ages 5 -17 and 18 – 25 with respect to chronic conditions and functional limitations.

The prevalence of children and youth with a chronic condition or functional limitation rose from ~23 to ~30% with an adjusted annual increase of 0.24% points per year, which means there is an estimated 1.2 M youth with a chronic condition or a moderate to severe functional limitation turning 18 each year up to 2018). While the dataset isn't as comprehensive as the *JAMA* article above, it does have complementarily more granular data on race, ethnicity, poor socioeconomic status, disadvantaged populations, unemployment status, and limited or absent health insurance security. As expected, these poor sociodemographic factors increase the rate and prevalence of these chronic conditions and functional limitations. There are helpful, detailed and comparative tables to peruse in the article.

While these two articles with their separate but overlapping datasets cannot reliably be combined to expand the time-range to 1999 – 2023, one can get a crude (and accurate) sense that chronic morbidity in children has been increasing for *at least* 23 years.

Citations:

1. Forrest CB, Koenigsberg LJ, Harvey FE, et al. Trends in US children's mortality, chronic conditions, obesity, functional status, and symptoms. *JAMA* 8/12/2025. https://doi.org/10.1001/jama.2025.9855 https://jamanetwork.com/journals/jama/fullarticle/2836060. (not open access)

2. Wisk LE, Sharma N. Prevalence and Trends in Pediatric-Onset Chronic Conditions in the United States, 1999-2018. *Academic Pediatrics*. 2025 May-Jun;25(4):102810. doi: 10.1016/j.acap.2025.102810. https://www.academicpedsjnl.net/article/S1876-2859(25)00035-X/fulltext.

Please consider contributing to this Letter and to its future form in 2026!

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

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