Translated and edited by Northern Tracey and John Blaid

From German article https://telegra.ph/Die-Fehldeutung-der-Antikörper-07-12

A closer look at antibodies is more important today than ever. After showing in my other articles that there is no proof of the existence of a pathogenic virus, because none of the claimed pathogenic viruses have fulfilled Koch's postulates, the "antibody" card has now been played by the vaccination advocates. Their claim (which has been drilled into heads for decades) that they are the indirect proof of a pathogen, or offer protection against a pathogen X, is based on an error. This assertion has been repeatedly exposed as false. Since being asked again and again what these antibodies are, I would like to show in this article that antibodies are no proof of protection, nor that they work specifically as in the key/lock theory.

### *What is a titer increase?*

Quote: Dr. Stefan Lanka: (backup available)

*"The increase is nothing more than the body's reaction to poisoning [adjuvants], when the body is poisoned, holes are torn in the cells by these poisons and the cells are destroyed. The body's reaction when cells break down is to form sealing substances (globulins), small protein bodies that immediately expand in acidic environments, become flat and cross-link with their hydrogen sulphide groups (in which energy is stored) with other proteins and other things.*

*These cause blood to clot and wounds to heal and they seal our cells when toxins are injected into the body. Even if you get a blow on a muscle, (forming a bruise) or a blow on the kidney (especially sensitive), or the liver, there is an immediate increase in titer. The body reacts to this by sealing the damaged cells and sealing growing cells.*

*It's like a house that leaks until the windows are in and sealed. They called this an antibody and even a specific antibody, which is not true. The binding property of these hydrogen sulfidetype proteins is non specific, they bind to all sorts of things. You can manipulate this in the laboratory by changing the acid level, adding detergents that change the mineral concentration to achieve a binding or not.*

*The blood of a pregnant woman is full of globulins to seal the placenta, which is constantly growing, to accomodate the baby. The blood of a pregnant woman has to be diluted 40 times to avoid a massive positive result in tests, such as an HIV test."*

### *The approval of vaccines is limited to so-called seroconversion.*

All vaccines for Europe are approved by the EMA (European Medicines Agency) in London. Their demand for proof of efficacy is limited solely to so-called seroconversion. Seroconversion shows the formation of measurable antibodies in the blood of vaccinated persons, which are equated to a protective effect.

However, when assessing immunity or the effectiveness of vaccinations, this decisive limitation is again put into perspective by the fact that (almost) all current vaccinations are developed primarily to form antibodies: *"Although mucosal and cellular immune responses are clearly important to protection by some vaccines, most vaccines licensed today depend for their efficacy on serum antibodies."* (Plotkin 2010 [5] and 2001 [6]).This is not

least of all important for the development and approval of vaccines, as they have to prove their efficacy in this context - which is done without exception (and in many cases exclusively!) by determination of provoked antibodies.

**Even long-standing STIKO members do not always seem to be aware of this correlation** when they question the usefulness of titres after vaccinations - after all, the proof of efficacy of the respective vaccinations is based on the detection of precisely these antibodies.

According to **Prof. Heininger:**
*”For none of the generally recommended so-called basic vaccinations is a routine control of the vaccination success planned or even advisable"*. (Heininger 2017) [7] or the blanket statement regarding the measles vaccination, *"that a positive laboratory result does not certify protection"* (Heininger 2016) [8] - If the latter were the case, the vaccination could not have been certified as effective and therefore approved...

However, in medicine we have known for decades that circulating antibodies are not synonymous with protection against a disease, a fact that can be understood even by laypeople using short examples.

If antibodies do indicate protection, how do the following statements of the RKI, STIKO and Arzneitelegram fit in?

1. The April 2001 telegram of medicines states: **[1]**
*"Vaccine-induced titre increases are also unreliable substitutes for efficacy. What benefit or harm the vaccinated person can expect cannot be deduced from such findings."*

2. **The RKI (Robert Koch Institute) writes: [2]**
*"For some vaccine-preventable diseases (e.g. pertussis) there is no reliable serological correlate that could be used as a surrogate marker for existing immunity. Furthermore, the antibody concentration does not allow any conclusion to be drawn about a possible existing cellular immunity.”*

3. **Prof. Heininger, a long-standing member of the STIKO (permanent vaccination commission) writes: [3]**
*"It is neither necessary nor useful to determine efficacy by blood sampling and antibody determination after a vaccination has been carried out. On the one hand, even an antibody determination does not provide a reliable statement about the presence or absence of vaccination protection, and on the other hand, it is simply too expensive.”*

4. **Sick despite vaccination? [4]**
An example of this was a 14-year-old boy who had received sufficient basic immunisation in childhood and a booster against tetanus six months earlier when he developed tetanus. Laboratory tests revealed antibodies so high that, according to the definition of antibody titres, he should have been protected. But he was not! This example shows that the theory of antibodies as "protective magic bullets" is wrong. The RKI then coined the term "non-protective" antibodies.

5. Prof. Heininger - STIKO (2017) [7]
*"The most important thing right from the start: For none of the generally recommended so-called basic vaccinations is a routine control of the vaccination success planned or even advisable".*

6. Prof. Heininger - STIKO (2016) [8]
*"...there are not only false-negative IgG antibody results (which would not bother us if the child received an MMR vaccination as a consequence), but unfortunately also false-positive results. This must be put to parents so that they understand that a positive laboratory result does not certify protection and that they are much better advised to give their child a second dose of MMR".*

**Remark: So again confirmation that a positive laboratory result is insignificant. The question arises again and again as to how you know that antibodies offer circulating protection when the highest authorities themselves say that a titer increase cannot prove protection exists. When people have high antibody levels, do they still fall ill? If no one can say exactly at what titer level there is real protection, why is the approval of a vaccine based on that exact reading? Personally, this makes me more than a little suspicious.**

**The following points are of crucial importance in this discussion:**

- *Firstly, that we cannot always be sure that the question of immunity can be clarified by means of an antibody determination for each vaccine (see below)*

- *Secondly, the antibodies that show up in routine tests are not automatically those that provide protection (immunity), but sometimes only those that indicate that (apart from the measured protective antibodies that are not decisive for immunity, and which are certainly not measured) protective antibodies have been produced. The measured ones are then a so-called surrogate parameter of immunity. This complicated hypothesis is based, on one hand, on the fact that the immune response produces numerous different antibodies with different functions and, on the other hand, that the determination of the actually decisive antibodies in some vaccinations would be too time-consuming for routine diagnostics. (Or to put it simply, the connection between antibodies and immunity is a myth)*

- Thirdly, each 'immunity' is based on statistics and therefore relative whether it protects in the individual case or not. The true reasons for the state of the body being "symptom-free" lie buried in other justifications. *"Thus protection is a statistical concept. When we say that a particular titer of antibodies is protective, we mean under the usual circumstances of exposure, with an average challenge dose and in the absence of negative host factors."* [6

- Fourthly, the question of protection from what exactly is meant from the point of view of orthodox medicine is also crucial. For example, it is claimed that in the case of HiB and measles, much lower antibody levels protect against contracting the

disease oneself (protection from disease) than is necessary to prevent transmission to others (protection from infection).

**Note: As there is still no scientific proof of the measles virus, the question naturally arises as to how the claim of protection from measles by antibodies can be claimed when the pathogen has not yet been proven. A fallacy. So the horse is being put before the cart here. I'm measuring some "antibodies", so I'm indirectly claiming to have a pathogen.**

**The measurable antibody titers after vaccination only shows the conflict of the immune system with the antigens, which are mostly coupled to adjuvants. Without these adjuvants there would be no antibody formation. Here it becomes clear that the immune system is much more complex and does not function exclusively through antibody formation.**

**Herpes sufferers develop circulating antibodies against the herpes virus. Nevertheless, herpes can flare up again and again by weakening the immune system, for many people disgust is enough. And this occurs even when herpes antibodies are detectable. Someone who is HIV-positive is also not happy about having circulating antibodies against HIV.**

**The hypothesis of antibodies does not work from start to finish. If they can offer protection, how is it that people who have a sufficient titer still fall ill? How is it possible that the logic of antibodies in HIV was turned 180 degrees, where high antibodies are deemed counterproductive?**

No antibodies are required, protection by vaccination is always assumed without evidence. The phantom is always assumed, they don't even want to think in other directions! It's not science.
Source RKI
[1] Medication Telegram
[2] Epidemiological Bulletin (EpiBull) No. 30 / 2012 p.299
[3] U.Heininger "Handbuch Kinderimpfung Handbuch Kinderimpfung: Die kompetente Entscheidungshilfe für Eltern 2004
[4] Epidemiological Bulletin 2008; 24:193-195
[5] Plotkin SA. 2010. Clinical and Vaccine Immunology. July 2010, p. 1055-1065
[6] Plotkin SA. 2001. The Pediatric Infectious Disease Journal. 20(1):63-75
[7] Heininger U. 2017. Ars medici. 2017(4):172-75
[8] Heininger U. 2016. Pediatrician. 47(4):227

*To claim an "antibody" you need a "body"*

As I have already pointed out in my other articles, there is still no evidence of [measles virus] [SARS] alleged pathogenic viruses. So if I don't have any evidence for a body, how can I claim to have defined specific antibodies and above all, how in God's name can I test for them? You know the answer, it is simply not possible.

*What does all this mean for the vaccinated person?*

Since there is no scientific research on how often this phenomenon occurs where vaccinated individuals develop 'non protective antibodies', the possibility of disease still remains for each vaccinated individual. A complete vaccination record and also the detection of antibody titres, as is often done for example with rubella or hepatitis B, is no guarantee.

Could the **non-protective antibodies**, invented off the cuff, explain the situation where after vaccination (e.g. against measles, mumps, rubella or whooping cough etc.) the vaccinated individual may have antibodies, but still fall ill (with measles, mumps, rubella or whooping cough etc.)? Could they be the reason (apart from the alleged mutations that undermine vaccination protection) for the epidemics despite high vaccination rates, in which, more often than not, a large percent of the sick were sufficiently vaccinated?

**Circulating antibodies alone therefore do not provide reliable protection; this has been orthodox medical knowledge for many decades. On the other hand, the proof of efficacy in the approval of vaccines is based solely on the proof of the allegedly (sometimes?) protective antibody titres.**

***DIMDI, the German Institute for Medical Documentation and Information: Antibody titre is only a supplementary measurement.***

A half truth from orthodox medicine - but still! "Antibodies are surrogate endpoints, i.e. substitute measurement quantities invented on the basis of random correlations", says DIMDI, the German Institute for Medical Documentation and Information:
*"The use of surrogate endpoints is [...] not unproblematic. In the past, there have been many situations in which relying on surrogate endpoints was misleading or had fatal consequences*
*despite strong correlation with the clinical endpoint. This problem has been known for more than 30 years. [...] Some products that were approved on the basis of surrogate endpoints had to be withdrawn from the market at a later date because the benefit-risk balance was reversed in studies with mortality or morbidity endpoints."*
Source: DIMDI, Cologne 2009

**Remark: So we have been dealing with problematic "substitute markers" for decades, which have repeatedly led to completely wrong results and assumptions. Despite strong correlation (***correlation is no scientific proof, only an indication***) these were misleading and had fatal consequences! It is time to correct this false hypothesis about antibodies.**

***Working aid on the topic of antibodies: Stefan Lanka and Veronika Widmer from MACHT IMPFEN SINN?***

An excerpt from: "Does inoculating make sense? Disease-causing viruses? Isolated viruses? The Basic Law. How are new viruses identified? Commentary on viruses claimed to be isolated (German) Brochure - July 1, 2005":

**Comment on the (wrong) question:** *What are antibodies?*

**Correct question:** *What is measured when antibodies are claimed to be present?*

According to Pschyrembel, antibodies are "a possible reaction of the immune system. "Antibodies do not occur naturally." Was this formulation chosen because it is known that people with a high "antibody titre" can fall ill in the same way as people without "titre" remain healthy? Today's school of medicine distinguishes between the formation of foreign antibodies (pathogenic bacteria, toxins from viruses) and the body's own antibodies (tumour cells).

While we are told that after a vaccination the organism is protected by the formation of antibodies, conventional medicine also describes cases in which the presence of antibodies has adverse effects on the organism. For example, conventional medicine refers to allergies, AIDS, transplant rejection and autoimmune diseases. The Robert Koch Institute explains that: An increased total immunoglobulin concentration in the serum indicates in the majority of cases an allergic disease.

However, elevated levels can also occur in cases of parasite infestation or malignant tumours, for example. In the case of inhalation allergies, IgE levels are moderately to greatly increased, depending on the symptoms and the number of allergens causing the allergy. A normal IgE does not rule out an allergy.

If antibodies are diagnosed after a vaccination, conventional medicine tells us that the person concerned is now protected. However, it is concealed that people are ill despite the presence of antibodies and people without antibodies remain healthy. HIV-antibodies detected by a test produce a diagnosis of fatally ill - or at least - will become fatally ill. Rubella antibodies detected by a test provide a diagnosis of - protected - to the affected person. A contradiction in terms. "Anti" bodies have never been detected.

Bodies, the immunoglobulins, which among other things play a role in the coagulation and cross-linking of proteins, have, however, been proven. The word "anti" assumes that the immunoglobulins can only bind to certain proteins. All experiments ever performed, however, rule this out. Whether or not binding takes place depends on the environment and state of the proteins: Whether acidic or basic, i.e. oxidised or reduced. Every scientist who has carried out such experiments or studied them knows this.

## Antibody tests: The procedure in the laboratory

First, the blood is separated from its cells and the larger proteins. This is done, for example, by a centrifuge. 99% of all tests performed are carried out with the patient's serum, the remaining blood liquid. Now the laboratory technician is told what is to be detected by the antibody test. For this purpose, the so-called supernatant is then filled with corresponding, pharmaceutically produced, patented substances whose composition is kept secret (the government and the Paul-Ehrlich-Institute under its supervision keep strict secrecy). If there is a measurable reaction, the test is evaluated as "positive". Up to now, it has been claimed that if antibodies were detected, immune protection has been proven.

The indirectly and not quantitatively determined amount of "antibodies" is then called a titer. In the case of AIDS, however, a death sentence is pronounced, if necessary, because it was claimed that the antibodies are now indicative of the presence of the AIDS virus. So it is not surprising that there is no scientific standard for titres and that the measurements are never comparable.

It is even less surprising then that there are no scientific criteria whatsoever as to when a titer can, should, may etc. be called "immune protection". The laboratory technician is told that the test kit contains one or more proteins exactly corresponding to the shape of the microbe. If the laboratory technician would think about it, he would realise that under the appropriate conditions the form of the proteins could not correspond to that of the claimed microbe, because the proteins are no longer in their natural environment. This is called denaturation of the proteins.

According to the delusional logic of compulsion, these unknown proteins are then named "antigens" by which the antibodies can be detected. The test kit also contains: e.g. dyes and substances that serve to produce a "positive" signal for reproduction. The apparatus, into which the whole thing is then placed, is calibrated again with substances whose composition is kept secret and which are monitored by the aforementioned Paul Ehrlich Institute. The fact that there are about 5% people in the entire population in whose blood, under laboratory conditions, little or no immunoglobulins can be detected, is not discussed and not investigated.

These people are then called "non-responders" after vaccination and are poisoned with more and more vaccines according to delusional logical compulsion. Blood group AB was invented for these 5% and according to compulsive logic, blood groups A and B, in addition to blood group 0 (40% of the population), for which little or no proteins that could clump in the test tube are found under the appropriate laboratory conditions.

The contradictions that arose from the dogma of blood groups were first dismissed by the discovery of a rhesus factor and later by the continuous introduction of thousands of sub-blood groups.

**Stefan Lanka: Facts that refute the claims about "antibodies" and a specific immune system.**

- Because there are so-called autoimmune diseases and so-called allergies that occur at lightning speed. In psycho-neuro-immunology this is called a so-called "track". Comment: It cannot be that "specific" antibodies react against "foreign" and then suddenly against "own" proteins.

- Alternating "foreign" intestinal bacteria exist side by side with immune cells which are supposed to carry out a specific defence against them. Comment: If there were specific antibodies, the intestinal colonisation should not be able to change.

- Humans, mammals, bony fish and sharks exist. They produce immunoglobulins. Comment: If there were specific antibodies, the offspring would be destroyed and breast milk would be toxic.

- In the development of humans and animals, under shock and in old age new proteins appear. Comment: Since, according to the never verified but only falsified immune hypotheses, "foreign" and "own" proteins are recognized in the thymus in earliest childhood and "antibodies" or the immune cells forming them are sorted out against "own" proteins. Proteins occurring later, such as hormones in puberty etc., would automatically lead to allergy, autoimmune diseases, destruction and death. This is not the case.

"Anti" bodies against viruses which do not exist at all cannot exist in principle either. Here the claim of the existence of specific antibodies and specific tests clearly turns out to be a crime and consequently a genocide. Comment: But since immunoglobulins are detected that are capable of binding other proteins, there is "body but not "anti". But globulins that first complete themselves in an oxidized, i.e. acidic environment (via reduced S-H groups, which in the oxidized state combine to form disulfite groups (-S-S-) and thus bind the protein chains to each other, which first makes up the complete immunoglobulin) and are then able to bind proteins that are intended for transport, conversion or recycling.

Comment by Karl Krafeld: An antibody can only be claimed if the body has been detected. It is claimed that many viral antibodies can be detected (e.g. by tests) without the virus being able to be verified scientifically. Orthodox medicine knows its own nonsense which it habitually spreads: "Antibodies are formed in infectious diseases and the detection of antibodies is a proof of protection against the disease". According to orthodox medicine, HIV-positivity should be the best protection against AIDS. Every test measures what the test measures, only nobody knows exactly what the test measures. The tests react quite unspecifically to proteins, according to the coffee grounds reading principle: Is Eduscho or Tschibo better for reading coffee grounds? In any case, no test can detect antibodies if the underlying body has never been detected.

*Antibodies in reality/religion*

Antibody fraud of the vaccination religion: Vaccination = Antibody = Protection = Long life and health (*I have shown in detail that this assumption (belief) is not true and has been disproved by several studies.*

The reality:

Small proteins are called globulins. These globulins are always produced by the body when cells need to be multiplied, repaired or newly formed. From the vaccination religion, globulins are called antibodies against better judgement, because these proteins bind very easily with other proteins and molecules. The whole vaccination business is based on the globulins' ability to bind with other proteins and molecules.

The so-called "antibodies" today were "healing bodies" in Emil von Behring's case in 1892 and "magic spheres" in Paul Ehrlich's case. The globulins formed by vaccination poisoning are claimed to be a protection against freely invented pathogens and the combination of globulins with proteins from chicken embryos or artificial cells (laboratory artefacts), which are claimed to be components of viruses, is claimed to be vaccination protection against diseases (alleged "immunity"), which in turn are claimed to be against better judgement then caused by pathogens, but which in reality do not exist at all. Antibodies are the blood's response to infiltrated (inoculated) foreign proteins and foreign substances as in allergy.

The term "immunity" would have to be replaced by a term like "healing ability". Healing ability cannot be produced by any kind of vaccination, it is an ability of the whole being (body-mind-spirit-unity) and depends on many factors.

### *The "more toxic" the adjuvant, the stronger the "antibody reaction"*

The antibody titer measurement only indicates poisoning/damage to the body.

The powerful aluminium adjuvant from Gardasil- The three Merck lawyers who gave presentations were Dino Sangiamo, Sally Bryan and Christina Gaarder. Jo Lyn Valoff represented Kaiser.

*"Among vaccinologists, it's axiomatic that the duration of immunity correlates directly to the toxicity of the adjuvant; the more toxic the adjuvant, the longer the duration of immunity."*

That's perfectly put. The toxins are supposed to measurably boost the antibody blood levels so that something can be measured and "proved" and which a vaccine cannot produce without these adjuvants.

The deception starts where the measured value is pretended to be immunity, because in reality it only indicates the degree of poisoning, completely independent of the effectiveness of a vaccine according to the key-lock theory and the fairy tales of viral load, antigens etc.

### *The interesting finding with multiple personalities*

In the book The Vaccinated Nation by Andreas Moritz, a fact is described that also causes the belief in the antibody doctrine to collapse. Quote on the fraud of antibodies as proof for the alleged functioning of uselessly harmful vaccines:

*"Having produced antibodies against a certain substance, for example against a food or a vaccine, does not really determine whether a disease such as an infection or allergy will actually occur.*

*For example, people with a multiple personality disorder in the role of one personality can*

*be highly allergic to orange juice (allergen), while the same allergen, once they have switched to a different personality, suddenly no longer causes an allergic reaction*

*One may also show symptoms of diabetes in one personality and be free of diabetes a few minutes later. Women may even have completely different menstrual cycles.*

*Another example- In a normal person who is allergic to cat hair, when they come into contact with the proteins of cat hair, the formation of antibodies and inflammatory reactions are triggered. However, it is not uncommon for someone to be allergic only to white or red cats, but not to black cats (or vice versa). Usually there was a previous traumatic experience with a white cat - for example its death - which was related to the formation of antibodies.*

*As soon as the person touches a white cat, the body reproduces the reaction, based on the memory of the previous emotional trauma. Since black cats were not part of this experience, touching black cats does not cause allergic reactions.*

*Similarly, someone who is allergic to gluten may have a problem when eating bread, but not when eating pasta, even though it contains gluten."*

**In other words: one cannot know whether the mere presence of antibodies formed by vaccination actually protects against mumps or measles viruses. The entire vaccination theory is based on the idea that the presence of specific antibodies in the blood confers immunity to the disease in question.**

***Feli Popescu: Rhesus factor, blood groups, blood plasma, anti-D prophylaxis***

Feli Popescu has written an incredibly interesting article on the subject of rhesus factor, blood groups, blood plasma, anti-D prophylaxis. This article shows extreme inconsistencies and discrepancies in how science works. You can see in the article, how the antibody thesis is defeated in this respect as well. Very interesting.

***High vaccination rates cannot prevent measles outbreaks - antibodies failed***

We need *"information not fear"* and *"facts not expert opinions"*.

In the following link Libertas & Sanitas has compiled more than 50 well-known studies by the CDC, Oxford and others that clearly show that vaccination does not protect. The results of the first 10 studies have been summarised directly in the PDF. This is a practical example showing claimed antibodies do not reflect the protection attributed to them. Since this is not an article about vaccines, I will not mention all the other studies, they will become part of another article. Source: Libertas & Sanitas e.V. [PDF]

*Correspondence between Hans Tolzin and Robert Koch Institute (RKI) on the topic of antibodies*

This correspondence shows that the RKI does not consider the antibody level (titer) the sole criterion for protection.
Thus the RKI writes on 01.02.2005
*"Neither the RKI nor the STIKO consider the level of the AK concentration as the sole criterion for immunity and do not define it as such. Cellular immunity (immunological memory), which is particularly important for long-term immunity, is not dependent on the detectable AK titres and therefore AK titres often only serve as "surrogate markers" for immunity". .... "However, undetectable or low AK titers are no proof of non-existent immunity."*

So we see, no matter if antibodies are measured or not, according to the RKI there is a protection in case of non-existing as well as existing antibodies. Since we know that these "antibodies" are created when cells are poisoned/ destroyed, it cannot be claimed that a virus is the cause, but rather e.g. poisoning by a vaccination and your harmful adjuvants.

**To the question of Hans Tolzin:**
*"If, as you write, the level of the AK concentration does not allow a reliable statement about immunity, how can it be the sole criterion for the proof of benefit in the vaccine approval? I don't understand."*
**Answered by the RKI:**
*"Dear Mr. Tolzin, we have replied at length. For capacity reasons we cannot continue the discussion. Yours sincerely"*

**Note:** No further comment is required. In the construction of lies full of unscientific claims and consensus without scientific basis, even the best liar loses the plot when confronted with reality.

You can read further excuses of the RKI on the site.

*Correspondence between Hans Tolzin and Paul Ehrlich Institute (PEI) on the topic of antibodies.*

On 13 May 2006, [Hans Tolzin] also submitted a request to the Paul Ehrlich Institute (PEI), the German licensing authority for vaccines:
*"Please name the basic scientific studies or publications relevant to the PEI that prove the connection between AK levels and immunity (in the sense of actual non-disease over a longer period of time)".*

Answer of the PEI:
*""There is no general statement of the PEI that a sufficiently highly regarded specific antibody titer is a guarantee of non-disease. This statement is undifferentiated and does not correspond to scientific standards. The European Pharmacopoeia specifies exactly how efficacy is to be tested for the various vaccines."*

Thus, the PEI staff have no scientific documentation that a high titre means no disease.

Instead, the responsibility is shifted to the EU level. However, the regulations there contain both mandatory and optional provisions regarding proof of efficacy, so that the reference to them does not say anything about which criteria the PEI considers binding for itself. A corresponding question from me [Hans Tolzin] has not yet been answered. Every little piece of information has to be prized from authority's nose Source: Email

***Spiess, "Impfkompendium", 5th edition 1999, p. 180 (in the chapter on pertussis)***
*"A conclusion from the level of the measured titre on the immune status regarding protection against recurrence of the disease is currently not possible".*

***Another study published in the Journal Immunity (a scientific journal) shows that antibodies are not necessary to fight them.***
*"Our results contradict the current view that antibodies are absolutely necessary to survive infections with viruses such as VSV (vesicular stomatitis virus). They represent an unexpected function of B cells as guardians of macrophages for antiviral immunity," said Dr. H. Uldrich of Andrian of Harvard Medical School. "There is a need for further research into the role of antibodies and interferons in immune defence against similar viruses that attack the nervous system, such as rabies, West Nile virus and encephalitis."*

**Note: Even though it is already assumed by these researchers that there are viruses that cause illness, it shows once again that even among "believers" of the same faith, different results emerge and that antibodies are not at all synonymous with protection.**

***With HIV, the complete logic of antibodies was finally overturned***

Der Spiegel writes: *"In HIV-infected persons, on the other hand, the scientists were able to detect above-average numbers of antibodies against various viruses. This could be explained by the fact that the HI virus can weaken the immune system and make the affected persons more susceptible to further infections."*
In HIV, therefore, antibodies are more likely to indicate that the person is weakened, even though he or she has extremely high antibody levels. In principle, he should be the most protected person of all. But we see no difference from "pseudo" medicine. If something doesn't fit, the film is shot until it supposedly does. The basic thesis is not even questioned, although especially with HIV the dissenting voices were extremely strong. The topic HIV is one of its own and would go beyond the scope of this.

WHO: no evidence that SARS-CoV-2 antibodies mean immunity to COVID-19 - 04/18/2020

In the course of the study of COVID-19 patients, who again showed positive smear results after surviving the disease, the WHO reported on 17.04.that there is no evidence that the presence of antibodies against SARS-CoV-2. Antibodies in the serum means immunity to COVID-19 (CNN 18.04.2020) If this fear is confirmed, this calls into question a whole range of concepts that have been put forward as saviors - from herd immunity to messianically transfigured vaccine...

*The conclusion from the whole situation is frightening...*

Obviously, the responsible federal authorities are not aware of any scientific evidence of protection by antibodies. As a substitute, the "state of the art" and the "general acceptance" of such substitute measured variables ("surrogate parameters") are invoked without obligation. The employees of the authorities therefore assume a protective titer without ever having seen the proof! This is exactly the problem we see all the time. It is always assumed without question. We have the same problem with the claim of the pathogenic measles virus, which has never been proven. We also have the same problem with SARS-CoV-1 and SARS-CoV-2, again and again the proof is missing, each time it is assumed that it is so. We are at a point where we must finally uncover the misguided development in medicine and introduce a paradigm shift.

- We claim disease-causing viruses, without proof
- We use surrogates like antibodies for protection, which also have no scientific basis and the reality has not at any time confirmed this claim.
- We use a DNA test (PCR) which cannot produce proof of a virus but is a manipulation tool and has never been validated.
- We use leading consultants who have already been convicted of fraud

I could continue on, but you can already see the huge problems we have because we looked away too long, because we believed everything without question, because we just wanted to trust. Today reality is catching up with us and we must act now, not later, otherwise these false claims will become even worse and the situation will be irreparable.

My appeal to you: "Write to the politicians, write to the RKI and PEI, confront them with the facts. Do not allow any excuses. The authorities have known about this information for a long time, yet they have not bothered or dared to correct it. What did Horst Seehofer say to ZDF about the power of the pharmaceutical lobby? (Backup of the video available)
**Meaning:** *"The pharmaceutical lobby is too strong, this has been the case for 30 years, up to the hour it is not possible to introduce meaningful changes because these structures are so powerful that the politicians cannot influence them".*
**Seehofer says:** *"I can only tell you that this is the case and this is working very effectively"*
**In response to the reporter's question:** *"How is it possible that the pharmaceutical lobby is stronger than the politicians of a country?*
**Says Seehofer:** "*I can't disagree with you there..."*

So we see that we are dealing with very powerful commercial enterprises (lobby), where not even politicians can/may make their own decisions. Do we really want to continue to walk blindly into this world?

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