Nanobacteria Explained

1. The microbe in question must be detectable in the infected host at every stage of the disease.
2. The microbe must be isolated from the diseased host and grown in pure culture.
3. When susceptible healthy animals are infected with pathogens from the pure culture, the specific symptoms of the disease must occur.
4. The microbe must be re-isolated from the diseased animal and correspond to the original microbe in pure culture.

Despite passing the Koch's postulates test, many conventional physicians still argue that there is not enough evidence to warrant treatment to eradicate nanobacteria.

Do I Have Nanobacteria?

A study published in the *Journal of Clinical Microbiology* (March 2001) shows the presence of nanobacteria in beef cattle. Human infection with nanobacteria may be the result of consuming meat from infected cows and getting contaminated bovine serum vaccines. If you have ever had a vaccine, you may harbour nanobacteria in your blood, tissues, and organs.

There are basically two ways to determine if nanobacteria are present in your body. The most accurate test is a blood test that measures both antigens and antibodies linked to nanobacteria. Another method is a special type of cardiac CT scan that calculates something called a calcium score. The higher the calcium score, the more likely the individual suffers from a nanobacterial infection.

Getting Rid of Nanobacteria

A recent variation of standard intravenous chelation therapy currently works best to reverse diseases caused by nanobacteria. EDTA

(ethylene-diamine tetra-acetic acid) chelation therapy uses an amino acid solution to dissolve calcium deposits in the body. The major accepted medical use for chelation therapy is to rid the body of toxic heavy metals like lead, cadmium, aluminum, copper, arsenic, mercury, and other toxins. Some doctors, however, have utilized chelation therapy for treating coronary artery disease, atherosclerosis, angina, high blood pressure, diabetes, intermittent claudication (cramping pain and weakness in the legs), Alzheimer's disease, macular degeneration, and other circulation problems. Many diseases involving calcification may benefit from oral or rectal chelation.

The way to kill nanobacteria and reverse the diseases they cause is to strip away their calcium shell with EDTA and then attack the suddenly exposed nanobacteria with tetracycline. To date, this is the only antibiotic proven to be effective. Those allergic to tetracycline can use sulfa drugs and perhaps some others. It is conceivable that natural alternatives to prescription antibiotics could be used (e.g., oil of oregano, berberine, colloidal silver, etc.) but, no one has yet studied these alternatives till date.

Dr. James Roberts is a cardiologist who has had the most experience in treating coronary artery disease using the recommended protocol; he is considered an authority on the subject. Dr. Roberts suggests that a combination of oral EDTA with supportive antioxidants plus an EDTA rectal suppository and 500 mg of tetracycline all given once daily before bedtime is the most effective way of ridding the body of both the pathological calcium deposits and the nanobacteria.

Studies indicate that EDTA blood levels, when using this protocol, remain high 24 hours a day. Intravenous EDTA levels, on the other hand, return to zero shortly after the IV drip is removed. Higher, more stable EDTA levels ensure a quicker, more effective chelation process.

Dr. Roberts's work further suggests that treating nanobacteria will lower calcium scores substantially within as early as four months after

treatments have started. For patients who have had heart attacks or bypass surgery, the treatments may take one year or longer before calcium scores change for the better.

While this approach to calcification diseases is not yet widely accepted by either mainstream medicine or intravenous chelation doctors, I expect this to change dramatically in the coming years.

Nanobacteria implicated in most all degenerative diseases

Most cardiologist think oxidized LDL cholesterol created the plaque that caused atherosclerosis (hardening of the arteries). Trouble was there were many cases of cardiovascular disease that this theory could not account for. Oxidized LDL may be part of the story, but it's not the full explanation. The news is that nanobacteria may well be.

Nanobacteria, formally known as Nanobacterium sanguineum, are so minute that they eluded researchers for decades. They're 1/1,000 the size of normal bacteria, and until recently, nobody believed that something so small could even be alive. It turns out that nanobacteria are not only very much alive but thriving, and they are damaging our health in more ways than we could have ever dreamed.

How and why heart disease occurs in people who do not exhibit the traditional risk factors has been an enigma. Finding the cause can help prevent thousands of unexplained deaths each year. There have been numerous hypotheses, but so many never pan out. Take Chlamydia pneumoniae, the pathogen that causes acute respiratory disease, for example. Remember the news reports from just a few years ago that proclaimed infection with this bacterium probably accounted for much of the unexplained plaque in people? The idea was that we could treat the C. pneumoniae and thereby eradicate the plaque. Well, further research uncovered C. pneumoniae in only a small percentage of all plaque—certainly not enough to be a pervasive cause.

In 1988 Olavi Kajander, M.D., Ph.D., and Neva Ciftcioglu, Ph.D., were conducting research on mammalian cells at the University of Kuopio in Finland, work that is ongoing today. As so often happens in basic medical research, the cells in their cell cultures kept dying. But, instead of just throwing them out, as researchers usually do, the two scientists forgot about the dead cell cultures in the incubator. Months later, they retrieved these cultures and started to investigate an unusual, hardened film that had formed on the culture surfaces. What they discovered were tiny bacteria—20–200 nanometers in size—in calcified shells.

The discovery of nanobacteria should have been a major moment in bacterial research history, yet no journal would publish their findings! The bacteria were so small that no one could believe they were alive. It was not until 1997 that their findings were finally published in a medical journal. (This is a good example of how slowly the medical establishment moves.)

In their research, Kajander and Ciftcioglu—who have been nominated for a Nobel prize—found that nanobacteria were social little creatures, banding together to secrete an irritating toxic film that causes swelling and inflammation. The film provides them with protection so they can connect and colonize like slime molds, expanding, contracting, and moving. Eventually, this film hardens into a shell, protecting the nanobacteria colony from our body's attempts to clear it out.

Even in this calcified state, nanobacteria are not necessarily dormant; they can continue to aggregate and reproduce. Our body does not recognize them as a foreign pathogen at this stage. They are just seen as calcium, so the nanobacteria are free to expand unchecked.

Nanobacteria are a bit sluggish at the multiplication game. Unlike most bacteria, which replicate in minutes or hours, nanobacteria take about three days to reproduce, which helps explain why their significance may have been underestimated for so long. This slow

replication means that nanobacteria may be in the body as long as 40 years before symptoms like inflammation and noticeable plaque develop.

The biofilm phase of nanobacterial life is one of the most damaging to human bodies, because the biofilm is a potent toxin that causes the body to react powerfully with irritation and swelling. Though the "bugs" themselves cause damage, even more damage is caused by the body's reaction to them. In other words, the body, in trying to react to the damage, hurts itself. The body's defenses in turn trigger several medical markers of inflammation, including the well-known C-reactive protein (CRP), which helps explain why elevated CRP levels are a major harbinger of coronary artery disease.

To help illuminate what the discovery of nanobacteria could ultimately mean for our health, let's take a look at H. pylori and ulcers. It was only after years of having patients undergo gastric surgery that doctors learned a bacterium known as Helicobacter pylori was the culprit in many ulcers. Surgeons were putting patients with ulcers through major surgery, cutting their vagus nerve (the extensive cranial nerve that extends to the abdomen) and revamping part of their small intestine, when treatment turned out to be easily achieved with antibiotics in most cases.

In the same way, interventional cardiologists are going in and cutting the blood vessels around patients' hearts to bypass plaque-filled arteries in what has become an alarmingly common procedure. We may learn that all that is needed for severely calcified arteries is a course of the right antibiotic.

Scientists from the Hungarian Academy of Sciences have reported finding nanobacteria in more than 60 percent of human artery-clogging plaques studied. The Hungarians also confirmed and validated previous research reports of how truly miniscule these bacteria are and therefore how easily they can enter the body via blood exchange and blood products. With their protective apatite

coat, nanobacteria are highly resistant to heat, radiation, and all antibiotics—except tetracycline.

Tetracycline Alone cannot do anything against nanobacteria. Perhaps a combination of the antibiotic with either gallium Trinitrate or EDTA or both will have a better effect.

The bottom line is that coronary artery disease (as well as many other diseases) is a process of inflammation. This inflammation can be caused by nanobacteria and then compounded by traditional risk factors, or it may be the result of any combination of excess oxidized LDL, lipid peroxides from saturated fats, cigarette smoking, heavy metal toxicities, a sedentary lifestyle, and so on. It is still difficult to say in individual cases what the root cause might be.

Nanobacteria have been implicated in:

Atherosclerotic Plaque
Bladder stones
Blood Disorders
Breast Calcification
Cancers [certain]
Cataracts
Coronary Artery Plaque
Dental Plague
Eczema
Fibromyalgia
Heart Disease
Kidney Stones
Lichen Planus
Liver Cysts
Myelodegenerative disorders such as Multiple Sclerosis, Lou Gehrig's Disease and Alzheimer's Disease
Osteoarthritis
Polycystic Kidney Disease
Psoriasis

Periodontal Disease
Prostate Calcification
Rheumatoid Arthritis
Scleroderma
Vascular diseases

Nanobacteria and its pathological calcification are implicated to be either the cause or instrumental in most *ALL* degenerative disease processes.

Therapy for cardiovascular induced calcification and kidney stone formation will forever be changed by the premier work done by Olavi Kajander, M.D., Ph.D., and Neva Ciftcioglu, PhD of Finland. Simply stated MANY of our chronic diseases are due to 'nanobacteria' that wall themselves off inside of calcium deposits, becoming resistant to antibiotics.

What is unsettling is that nanobacteria may be coming directly from our vaccines. It takes nanobacteria 30 - 40 years to develop, so the rise in Cardiovascular Disease we are seeing today may be due to our immunization programs! It has been documented that the IPV Polio Vaccines and Human Immune Gamma Globulin were contaminated. In fact, any vaccine made with fetal bovine serum is contaminated.

NANOBACTERIA [Nanobacterium sanguineum]