THE TRUTH AND SCIENTIFIC STUDIES ON THE ZIKA VIRUS PANIC

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What Is Zika?

Zika belongs to a family of flaviviruses that cause other illness such as dengue, West Nile virus, yellow fever, chikungunya, and Japanese encephalitis. The virus was first identified in 1947 in a caged research rhesus monkey in the Zika Forest in Uganda.

Since then, it has spread to the human population in a number of African countries, as well as Southeast Asia and the western Pacific – mainly the Yap Island in Micronesia in 2007 and French Polynesia in 2013-2014.

A genetically identical strain of the virus then made its way to Brazil and the rest of the Americas starting in 2014.

Unlike its cousin, the dengue virus which can cause serious disease, Zika infections are usually quite mild. In fact, up to 80 percent of cases occur without any symptoms.

This makes the spread of the virus much more difficult to stop because most people don't even know they are infected.

For the other 20 percent of people, the symptoms are usually mild, including:

Fever

Muscle pains

Aching joints

Conjunctivitis (red eyes)

Maculopapular rash (a red splotch with a small raised center)

Headache

Zika can affect all age groups, but the infection is most severe in the very young and the elderly.

Ten days before symptoms occur; the blood can be filled with viral particles, meaning the infection can be spread before a person is aware that he or she is infected.

The infection usually last 4 to 5 days and then subsides. A Zika infection early in life generally affords lifetime immunity.

Most often, the virus is spread by mosquitoes of the Aedes aegypti species, though it can occasionally be spread by Aedes albopictus. In a few cases, Zika has been discovered in the Culex species, a type of mosquito that lives in colder climates.

There is some evidence that the virus can be spread sexually. It has been isolated in saliva, breast milk, and the urine. But the highest concentration is found in semen.

The greatest concerns about Zika focus on pregnant women, because of the suspected high incidence of microcephaly in babies exposed to the virus during the first trimester (12 weeks) of pregnancy, when the baby's brain is undergoing its most important development.

The word microcephaly literally means "small brain". In true cases of microcephaly, the head is very small and brain development is severely impaired. Abnormalities of eye development can also occur with the condition.

There are a number of different viruses that can cause brain malformations, including microcephaly. Brain-altering organisms are referred to as TORCH PATHOGENS. They include:

Toxoplasmosis

Other viruses (including HIV, and varicella roster)

Syphilis

Rubella

Cytomegalovirus

Herpes simplex virus

There is no hard scientific proof that the Zika virus can cause microcephaly. Most of the evidence is circumstantial, though some laboratory findings are suggestive of a link.

Does Zika Cause Brain Malformations?

The scare over Zika infections during pregnancy began when there was a 20-fold increase in cases of microcephaly in the northeastern part of Brazil.

Yet even with that dramatic increase, it meant that only 1 percent of women in that area gave birth to babies with microcephaly.

While Zika was suspected in the vast majority of cases, the women were never confirmed to be infected. That's because they were not actually tested for the Zika virus.

Meanwhile, the CDC reported there were between 400,000 and 1.3 million cases of Zika in Africa and parts of Asia, yet the vast majority of these cases were never confirmed by lab tests either.

In North and South America, it was estimated that there were approximately 416,169 cases of Zika infection in 36 countries. But only 12.6 percent (52,825 cases) were confirmed by lab testing. Most cases were merely suspected.

The actually number of cases in which the Zika virus has been isolated from the brain of damaged babies and in the amniotic fluid of affected women are, in fact, quite few.

While the presence of the virus in the amniotic fluid (the fluid surrounding the baby) and in the brain of the microcephalic baby is strongly suggestive, it is still only suggestive.

Viruses can exist in the brain without causing any harm.

Pathological examination of the brains of these babies demonstrates severe malformation, scattered areas of calcification and evidence of widespread brain inflammation (caused by activated microglia).

In most cases, the virus was not found in the rest of the body, though in a few cases the livers of infected people also showed Zika.

In order for a virus to cause brain malformations in developing babies, it must be able to pass through the placenta, which is a powerful barrier to most infections.

While the Zika virus has been isolated in the placenta of some women with malformed babies, it is not present in the majority. In fact, most women who became infected after the first trimester had perfectly normal babies.

The reason they showed no signs of Zika could be that those babies' brains were already past the risk stage of development, or that their brains had well-developed blood brain barriers that blocked the virus.

It is also known that the production of certain antibodies following an infection with dengue can stimulate the Zika virus, making infection more likely.

This factor is important because it has been shown that infection with dengue at the same time as exposure to the Zika virus can worsen both infections.

The antibodies produced in reaction to the virus seem to increase the virus' ability to do damage.

This phenomenon has been reported with such things as vaccines. For example, the H1N1 vaccine will worsen the symptoms and damage if the person who takes it has been exposed to the flu virus at the same time.

Experimental studies using animal models and special brain-like "cerebral organoids" indicate that the virus can enter several types of cells in the brain, including stem-like cells — the cells most involved in brain development.

Babies of pregnant mice exposed to Zika virus developed brain malformations.

Considerable evidence indicates that brain injury from infections during pregnancy can cause brain malformations and damage without infecting the brain directly

That means the virus doesn't even have to get to the brain.

The reason for this is that inflammation of the placenta can generate high levels of inflammatory chemicals called cytokines, which can cause damage in a growing baby's brain (by a process called immunoexcitoxicity).).

This is why vaccinating pregnant women is so dangerous: Vaccines also increase inflammatory cytokines within a baby's brain. If a vaccine is administered during important phases of brain formation, it can lead to abnormal brain development – varying from subtle to severe.

The difference between a natural infection and vaccine-induced infection is that the vaccine elevates inflammatory cytokines for a much longer time period.

Vaccines also elevate immune globulins that have been shown to actually make the infection significantly worse and more prolonged.

Keep this in mind when the "authorities' begin promoting a Zika vaccine for pregnant women.

Evidence Against Zika and Microcephaly

Much of the so-called "evidence" of a link between Zika and microcephaly is based on epidemiological evidence – that is, the overlap of Zika virus spread in these regions in Brazil and the sudden appearance of abnormally rare brain disorder.

Thus far, approximately 1,700 cases of microcephaly have been confirmed in one area.

What has been overlooked is the fact that the virus spread throughout all of Brazil, yet only a tiny coastal area in northeast Brazil saw a dramatic increase in microcephaly. If Zika was the cause microcephaly should have been seen everywhere outbreaks of the virus were occurring.

Researchers noted that the more populous Marinho area – which lies adjacent to this coastal region – reported only three cases of microcephaly (the normal rate) despite widespread Zika infection there.

In addition, large outbreaks of Zika in Colombia (22,000 cases) were not associated with a significant increase in microcephaly.

Similarly, significant increases in microcephaly were not seen in the Micronesia and Polynesia outbreaks, despite the fact that 65 percent of those populations had been infected.

No increase in microcephaly has been reported in any of the Asian outbreaks, even though the virus was the same strain that occurred in northeast Brazil.

All of this contradicts the idea that Zika infections are causing microcephaly.

Some claim that the virus has undergone a mutation, making it much more harmful to the developing brain. That is certainly a possibility, but it's not yet proven, and evidence suggests that the viral strain in Brazil is the same as the Asian strain of Zika virus. In fact, the two strains showed 100 percent genetic matching.

Other claim that because most cases have occurred in the poorest neighborhoods of Brazil – especially small cities surrounding large cities – the combination of poor nutrition, poor public health, and stress combined with the viral infection is causing the problem only in these areas. That is a much more plausible explanation.

An article in the July 28th, 2016 issue of the journal "Nature" expressed second thoughts from physicians and researchers concerning the link between microcephaly and Zika. In fact, they expressed the same opinion. They wrote that a combination of poor nutrition, exposure to environmental chemicals, and absence of even basic public health measures -- maybe along with Zika infection – accounted for the dramatic occurrence of microcephaly in that region.

Suffice it to say, it is vital to prevent a similar problem in other parts of the world. Supplying the poor with basic nutrition (even multivitamin supplementation), removing neurotoxic chemicals from the environment, and following good public health practices would go a long way toward preventing the Zika virus from harming the babies in utero.

For example, infecting some types of mice with the Zika virus during pregnancy did not result in brain malformations. They delivered perfectly normal babies.

We have also seen a number of women who were infected while visiting countries with Zika virus outbreaks deliver normal babies. Because these women were healthy and well-nourished, the virus caused no harmful effects on brain development.

The 2013-2014 Zika outbreak in French Polynesia affected 65 percent of the population, with some 31,000 cases reported. During that epidemic, only seven cases of microcephaly were reported.

The risk to women during their first trimester was estimated to be 1 percent. This is far lower than other viruses associated with brain defects, including cytomegalovirus, which presents a 13 percent risk of causing brain malformation.

This means that most women (at least outside the northeast region of Brazil) have a 99 percent chance of delivering a normal baby – even if infected by the Zika virus during the first trimester.

After the first trimester, brain malformations associated with the Zika virus are extremely rare.

Mosquito Spray Source of Problems

Soon after the Brazilian microcephaly outbreak, a group of Brazilian and Argentine physicians (an organization called ABRASCO) independently concluded that the Zika virus was not the cause of the microcephaly.

Rather, the brain malformation was the result of the mosquito-control agent pyriproxyfen.

In 2014, the Brazilian Health Ministry had ordered a larvicide to be sprayed directly into the drinking water of people in the northeastern part of Brazil to control an outbreak of dengue. Then, in 2015, 1,700 cases of microcephaly occurred in the region.

The Brazilian Health Ministry immediately blamed the Zika virus, likely to call attention away from the use of the pesticides which they had ordered.

Pyriproxyfen is what is called a juvenile hormone agent. It blocks a specific receptor needed by insects to develop the insect embryo into an adult. That is, the chemical interferes with normal embryological development.

The big question is: Does it also interfere with the development of human brains? And if so, how?

Studies of pyriproxyfen found that it acts by preventing vitamin A (retinoid acid) from interacting with its receptor in the brain's stem cells, which are the cells that form the brain.

Vitamin A controls most of the genes needed for successful formation of the brain in early stages – even in humans.

Interfering with Vitamin A is a major cause of microcephaly.

Suffice it to say that Pyriproxyfen interferes with the Vitamin A receptors enough that a baby's brain could be severely malformed.

In a recently published paper, a friend of mine hypothesized that the Zika virus causes the liver to release massive doses of Vitamin A (where is it stored) and this leads to microcephaly. There is some evidence that Zika damages the liver, but elevated levels of Vitamin A (retinoic acid0 have not been tested, as far as I know.

Another researcher has shown that the specific strains of Zika associated with brain malformations can interact with retinoic acid response proteins (called RARE). These are the special proteins within developing brain cells that respond to Vitamin A.

Neither hypothesis explains why only women living in that one part of Brazil experiences a dramatic increase in microcephaly in their babies.

One of the strange paradoxes we see is that both deficiencies and massive excess of Vitamin A can cause identical appearances of microcephaly. Recent research

solved this odd phenomenon by showing that massive doses of Vitamin A actually lower the cell's level of retinoic acid, the form of Vitamin A that regulates brain formation.

Therefore, in both cases – deficiencies and excess of Vitamin A – the required level of Vitamin A (retinoic acid) in the brain stem cell is deficient.

It has also been shown that massive doses of Vitamin A dramatically lower thyroid hormone levels. This can also cause the brain to be abnormally developed. In fact, even mild thyroid hormone deficiency can cause abnormal brain development.

Vitamin A deficiency is endemic in Brazil; especially in it subclinical form (low but not severely low). In northeastern Brazil, where the microcephaly occurred, even severe Vitamin A deficiency is so extensive that cases of blindness and severe eye dryness are commonly reported.

Based on this evidence, the problem in northeastern Brazil appears to be Vitamin A deficiency that is made worse by the Zika virus and other instances of poor nutrition.

Poor nutrition would also be expected to lower the ability of the mother's uterus to block Zika virus access to the baby. Most likely, a combination of severe Vitamin A deficiency, exposure to toxic pesticides including Pyriproxyfen, and suppressed immunity (caused by these factors) along with extreme stress is what led to the dramatic increase in microcephaly.

That explains why such a dramatic number of cases appeared in only one small area of Brazil.

Pesticides Key To Brazil Outbreak

The placenta was designed by God to offer tremendous protection against infections in developing babies. Most of this protection comes from interferon, a special immune chemical manufactured by immune cells in the placenta. Poor nutrition can severely impair the ability to make interferon.

It is also important to note that the herbicide glyphosate (major ingredient in Roundup) has been shown to significantly suppress interferon in certain tissues. Roundup is used extensively in the agricultural region of northeastern Brazil, where the microcephaly outbreak occurred. It could be one of the environmental chemicals that greatly increase the risk, as recently addressed by scientists in the journal "Nature".

The drinking water of poor people in Brazil does not come from municipal water supplies, but rather from person water cisterns that are open and can be contaminated by such chemicals.

Other pesticides were regularly used in this region until the second half of 2014, including organ phosphorus pesticides (temephos), which have been shown to significantly lower interferon levels. This could explain the dramatic increase in microcephaly in this region. And because many of these pesticides are banned in other regions, is isolated to the northeast region of Brazil.

Many of these pesticides accumulate in the fatty tissues and organs of the body and this would persist for very long periods.

Vaccine Manufacturers Looking For Big Profits

Most vaccine programs are driven by fear – and under conditions of fear, people do not make good decisions. This is especially true when the media, government health agencies (CDC and WHO) and the medical establishment are screaming that something must be done to stop impending disaster. Once those forces drive people into a panic, they will come out with an anti-Zika vaccine.

Because the vaccine will be fast-tracked by the FDA, it will not undergo the usual testing for safety and efficacy.

The government has already proposed \$1.8 billion the "war on Zika" and Sanofi, a pharmaceutical company headquartered in France, has contracted with Walter Reed Army Institute of Research and the Department of Defense to manufacturer a vaccine to be ready for October.

Of course, the vaccine will be targeted at young women (as young as 11) and women who are pregnant. We know that vaccination during pregnancy is dangerous for both mother and baby, and that miscarriages have occurred as a result.

The vaccine's effects on fertility will not tested, and the fact that research indicates that vaccination during pregnancy could trigger brain malformations itself will be ignored.

Once again, the Zika virus has been shown to cause a very mild infection, with 80 percent of those infected showing no symptoms.

Yet soon everyone will be targeted for vaccination, they will tell us "to protect pregnant women" with herd immunity. I would not be surprised if the government introduced efforts to make the Zika vaccine mandatory for all people.

Natural infection with the Zika virus induces lifelong immunity, which means that once most people have been exposed, the infections will die out. This is a recognized principle of viral epidemiology.

On the other hand, the vaccine will offer at best only temporary immunity. Repeat booster shots will be required every 4 to 5 years. Of course, this will make the vaccine's manufacturers very happy, as their profits will soar.

Furthermore, protection from Zika by promoting healthy diets and supplementation with basic nutrients will be completely ignored and the government will crack down on anyone who offers such solutions.

All of this, they will assure us, will be for "the greater good".

Warning about the use of roundup and organophosphates will be ignored. Aerial spraying of pesticides will begin in earnest to control mosquito populations, with no considerations about effect on the developing babies or of increasing the risk of neurodegenerative disease in older adults, including Alzheimer's, Parkinson's, and ALS.

The little city of Summerville, S.C. was recently the victim of such aerial spraying, which killed 2 million bees, including all the bees at the Flowertown Bee Farm – putting the farm out of business.

Already, the government is calling for shutting down websites that offer ways people can protect themselves from the Zika virus. In today's world, the government owns the means of communication, despite their terrifying bad records.

Women will be encouraged to have abortions if they become infected with Zika during pregnancy, especially during the first trimester.

This will please Planned Parenthood, one of the wealthiest governmentsupported abortion purveyors in history. And religious resistance to abortions, common in Catholic northeastern Brazil, has fallen away.

While there is some evidence that Zika virus may cause brain malformation in humans, that evidence is mostly theoretical and based on sketchy science. It may turn out to be a contributor – only time and further research will tell.

What We Really Know

Thus far, the evidence we have about Zika points to several important observations.

The Zika virus alone does not appear to increase a woman's risk of having a woman's risk of having a baby with microcephaly, even if she is infected during the first trimester.

Chronic malnutrition plays a significant role in the risk of microcephaly in a child. In fact, it has been known for a long time that malnutrition alone—Especially low Vitamin A intake – increases the risk of microcephaly.

The reason that 99 percent of women have perfectly normal babies even When they are infected in the first trimester is because the placenta has high levels of interferon to protect the baby from viral exposure.

Certain chemicals – such as glyphosate and organophosphate pesticides – reduce immune resistance and lower levels of interferon, increasing the ability of the viruses like Zika to across the placenta barrier into the baby's bloodstream and brain.

The larvicide mosquito-control agent pyriproxyfen has been linked to brain development in experimental studies.

The greatest catalyst for the spread of Zika and other tropical diseases is Illegal immigration, because those people are not checked for communicable diseases the same way legal immigrants are. We are seeing more and more diseases appearing in our society because of it.

It is important to filter your water with a high-quality filter that removes pesticide/herbicide residues. This is especially critical if your area has aerial spraying for mosquito control.

TIP: Toxic Foods To Avoid

Sugar and omega-6 fats stimulate the inflammation pathways via the prostaglandin system and the immune system.

Artificial sweeteners are also harmful. The worst is aspartame, which contains excitotoxins that excessively stimulate, damage, and kill cells in the nervous system. Aspartame breaks down into toxic formaldehyde and methanol. Newer studies show this widely used sweetener is a brain toxin that promotes cancer.

It is also important to avoid fluoride in all forms, including toothpaste, mouthwash, and fluoride, especially combined with aluminum, results in very powerful brain inflammation.

Fluoridated drinking water contains both fluoride and aluminum, so you should drink only filtered water.

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