

Antibodies & Immunity: Dispelling Two More Myths



Dawn Lester

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The definition of an antibody on the MedlinePlus web page entitled *Antibody* states that,

“An antibody is a protein produced by the body’s immune system when it detects harmful substances, called antigens. Examples of antigens include microorganisms (bacteria, fungi, parasites, and viruses) and chemicals.”

The immune system is claimed to ‘remember’ each antigen so that it can protect itself through the production of the ‘right antibodies’ against a further attack by that antigen. This ‘protection’ is referred to as ‘immunity’, as explained on the CDC web page entitled *Immunity Types* that states,

“Immunity to a disease is achieved through the presence of antibodies to that disease in a person’s system. Antibodies are proteins produced by the body to neutralize or destroy toxins or disease-carrying organisms. Antibodies are disease-specific.”

It is clear that antibodies and immunity are inextricably interconnected and that both are entirely reliant upon the ‘germ theory’; but, as we discuss in detail in our book, *What Really Makes You Ill? Why Everything You Thought You Knew About Disease Is Wrong*, the ‘germ

theory has never been proven to be true.

The proteins referred to as ‘antibodies’ are not solely implicated in ‘infectious diseases’, they are also claimed to play a role in conditions referred to as ‘autoimmune diseases’, as the MedlinePlus *Antibody* web page also states,

“Antibodies may be produced when the immune system mistakenly considers healthy tissue a harmful substance. This is called an autoimmune disorder.”

Again, as we explain in detail in our book, the human body is far from stupid and it certainly does not attack itself ‘by mistake’; more specifically, it does not attack itself at all. Instead, the human body is an amazing self-regulating organism that constantly seeks to restore and maintain its natural state, which is that of health.

Not only is the ‘germ theory’ unproven, but it has been shown to be demonstrably false, which inevitably raises fundamental questions about antibodies and immunity. To answer these questions requires a more detailed discussion of how antibodies are claimed to function.

A particularly interesting statement on the MedlinePlus *Antibody* web page is that,

“Each type of antibody is unique and defends the body against one specific type of antigen.”

In addition, protection against each ‘antigen’ is claimed to be related to the presence and level of antibodies in the body, which are said to be measurable by an antibody titre test; as indicated by an article entitled *What is an Antibody Titer?*, that states,

“An antibody titer blood test is done to determine the presence (qualitative) and amount (quantitative) of antibodies in the blood.”

It may be assumed from this statement that a high level of a specific type of antibody would be indicative of a high level of protection against a specific disease-causing organism; but this is not the case. In fact, a high level of antibodies can sometimes be interpreted by the medical establishment to mean the presence of infection, as the article indicates,

“Certain things should be remembered while interpreting the test results. Having a high titer value does not always indicate an infection; similarly, having a low titer value is not

necessarily associated with a low-grade infection or no infection.”

Contradictions

It would seem therefore that there is no single, official interpretation of the presence of antibodies; but the situation is even more unsatisfactory because the medical establishment makes completely contradictory claims about them. This can be seen by a comparison between the explanations the medical establishment provides for the presence of antibodies with respect to vaccines and to HIV testing.

The CDC *Immunity Types* web page states that,

“Active immunity results when exposure to a disease organism triggers the immune system to produce antibodies to that disease.”

The intended purpose of a vaccine is claimed to be to confer this type of immunity by encouraging the body to produce antibodies, as indicated by the CDC web page entitled *Understanding How Vaccines Work* that states,

“Vaccines help develop immunity by imitating an infection.”

This clearly shows the medical establishment believes that antibodies are protective.

By comparison, however, according to the Avert web page entitled *How do HIV tests work and what's involved?*

“An HIV antibody test looks for these antibodies in your blood, oral fluid or urine. If these antibodies are found, it means that your body is reacting to an HIV infection and that you have HIV.”

This clearly shows the medical establishment believes that antibodies indicate infection.

These interpretations are mutually exclusive. But the problem is not to determine which of them is correct, because they are both incorrect; they are both dependent upon the unproven and fatally flawed ‘germ theory’.

It is absolutely clear from the above that the medical establishment has a very poor level of understanding about the proteins they refer to as antibodies, mainly because these proteins

are almost exclusively studied with respect to their alleged role in ‘infectious diseases’. But this does not mean that no-one understands these proteins or their true role within the body.

Globulins

The protein referred to as an ‘antibody’ is also known as an ‘immunoglobulin’ (Ig), which, according to Wikipedia,

“...is a large, Y-shaped protein produced mainly by plasma cells that is used by the immune system to neutralize pathogens such as pathogenic bacteria and viruses.”

It is, however, more correct to refer to these proteins simply as globulins rather than ‘immunoglobulins’, because the latter suggests they play a role in immunity but, as discussed above, this is not the case.

In an article entitled *Misinterpretation of antibodies*, originally published in German, Stefan Lanka PhD is quoted as stating that,

“The body’s reaction when cells break down is to form sealing substances (globulins), small protein bodies that immediately expand in the acid, become flat and cross-link with their hydrogen sulphide groups, in which energy is stored, with other proteins and other things.”

It must be noted that millions of cells die every day; cell death is therefore a normal part of human life. However, cells may also die through processes that are not normal and these are largely the result of exposures to a variety of toxic substances and influences. A higher than normal level of cell damage and death therefore provides a very clear explanation for the presence of a high level of ‘globulins’ that may be detected by an ‘antibody titre test’; as Stefan Lanka explains,

“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 fact that a high level of globulins results from an exposure to toxins also explains the presence of these proteins after the administration of a vaccine.

Blood Types

There is however, a further issue with respect to the detection of certain proteins and antigens in the blood that relates to the medical establishment idea that humans have different blood types. This ‘theory’ is explained by the Red Cross web page entitled *Facts About Blood and Blood Types* that states,

“Blood types are determined by the presence or absence of certain antigens – substances that can trigger an immune response if they are foreign to the body. Since some antigens can trigger a patient’s immune system to attack the transfused blood, safe blood transfusions depend on careful blood typing and cross-matching.”

The main reason to ascertain a person’s blood type is for blood transfusions. It is claimed to be vital to match a donor’s blood to the recipient’s in order to prevent severe and often fatal reactions to the donated blood; many such reactions are reported to have occurred before blood types had been discovered. The practice of matching blood types is claimed to have saved lives because there are no longer fatal adverse reactions to donated blood; but this is not the case.

Rhesus Factors

In her article entitled ‘*Rhesus Factor: Analysis of Rhesus Factor Claims*’, which was also originally published in German, Feli Popescu, states that,

“A blood transfusion, i.e. the introduction of foreign (dead) canned blood into a living organism, often leads not only to anaphylactic shock, but also to, among other things, bleeding and spleen necrosis. The resulting symptoms have nothing to do with ‘blood groups’.”

Another determination of a person’s blood type involves the rhesus factor, which can be either positive or negative depending on the presence, or absence of a certain protein on the surface of the blood cell.

A person’s blood group and rhesus factor are believed to be ‘fixed’ but, as Feli Popescu also reveals in her article, this is not the case. She refers to methods that have been developed that can change blood groups A, B and AB into blood group O. In addition, she states that,

“It is now known that after organ or blood stem cell transplants, both a ‘conversion’ from ‘rhesus-negative’ to ‘rhesus-positive’ as well as a blood group change with all associated characteristics can take place.”

The revelation that blood types and rhesus factors are not fixed is utterly astounding and totally contradictory to the view promulgated by the medical establishment; but that does not mean that it is untrue.

Serious Implications

One of the most important and serious implications of this revelation is for pregnant women if the rhesus factor of their baby’s blood is claimed to differ from theirs, because, as the Mayo Clinic web page entitled *Rh Factor blood test* states,

“Your pregnancy needs special care if you’re Rh negative and your baby is Rh positive (Rh incompatibility).”

But for some incomprehensible reason, this ‘incompatibility’ does not relate to the first baby, but only to subsequent babies.

This is yet another flawed idea. In her article, Feli Popescu states that the test results are ‘unreliable and scientifically unusable’. She also explains that many women have had completely different results when different tests were used, a situation that is corroborated by a 2012 article entitled *New laboratory procedures and Rh blood type changes in a pregnant woman*, the abstract of which states,

“A woman’s candidacy for Rh immune globulin depends on whether her blood type is Rh-positive (D antigen-positive) or Rh-negative (D antigen-negative). New molecular blood-typing methods have identified variant D antigens, which may be reported as Rh-positive or Rh-negative depending on the laboratory method.”

The solution to the incompatibility of the baby’s and mother’s blood types involves ‘rh immune globulin’, which, according to the NIH web page entitled *Rh Incompatibility*, states that,

“Rh immune globulin contains Rh antibodies that attach to the Rh-positive blood cells in your blood.”

This ‘solution’ involves the injection of foreign proteins into the mother’s blood to prevent ‘incompatibility’ with her baby. But this perceived ‘incompatibility’ is only determined as the result of arbitrary laboratory methods that produce highly variable results.

More importantly, however, the injection of any foreign protein into the body, and therefore into the bloodstream, does have the potential to cause serious and even fatal reactions. In his book entitled *Natural Hygiene: Man’s Pristine Way of Life*, Herbert Shelton explains that,

“Protein, as essential to life as it is, is a virulent poison if introduced directly into the blood without first undergoing digestion.”

A reaction to an injected protein may be viewed as an ‘autoimmune’ reaction, which will be claimed to indicate that the body has attacked itself, but, as discussed above, this is not the case.

Unfortunately, whilst the medical establishment maintains the belief in the ‘germ theory’ and the existence of ‘antibodies’ as part of the immune system’s defence processes, they will perpetuate their misunderstanding of these proteins. They will also continue to promote treatments for people who are perceived to be ‘infected’ due to the presence of antibodies and to promote vaccines to boost the production of antibodies to protect people against disease.

True Immunity

With respect to immunity, the words of Dr John Tilden MD would seem to provide the most appropriate description; in his book *Impaired Health: Its Cause and Cure*, he states that,

“Can one person become immune and another not? The dilemma appears to be fully settled when it is understood that health—full health—is the only reliable opposition to disease; that everything which improves health builds immunity to all disease-building influences...”

It should be clear that, far from being the body’s army of fighters, the proteins the medical establishment incorrectly calls ‘antibodies’ are an essential part of the body’s healing mechanisms. It is important to recognise that attaining health does not require efforts to ‘fight disease’. because, as we explain in detail in our book, there are no ‘diseases’. there are

only symptoms that represent the body's efforts to expel toxins and heal itself. The attainment of health therefore requires efforts to support the body's natural self-healing processes, which includes minimising or, where possible, avoiding exposures to toxic substances.

Dawn Lester

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Original article can be found [here](#)

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