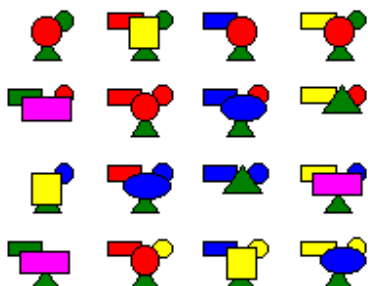


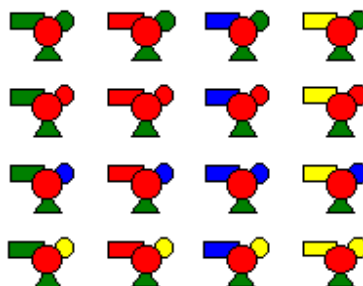
POLITICS of HEALTH CARE

By Dominique Richard © 2016.

(Mad As Hell and Not Going To Stand By and Be Quiet Anymore)



“random” library



“combinatorial” library

Chemical–chemical interactions can produce effects that are additive, synergistic, or antagonistic.

A call to ALL who are disillusioned by the current state of healthcare and lack of successful therapies on the market today. There are countless synthetic drugs and thousands of synthetic and semi-synthetic dietary supplements that have fallen well short of their manufacturers’ claims to reverse diseases. These drugs and supplements are at best merely suppressing symptoms, and even then, are simply fooling the brain of the nociception of pain, and in the long run never reverse any diseases. And don’t get me started on their many known side effects or lack of effectiveness in the singular target approach.

After all the money spent on expensive research, and considering the amount of data accumulated over half a century, are we any better off today than we were eons ago? Haven’t we learned anything? From “an aspirin a day” to coffee enemas, haven’t we learned that the approach of an isolated compound in high amounts focused on a single target is sad, lonely, and profoundly ineffective? These thousands of compounds are gravely lacking in scientifically-based medical evidence. Our only goal should be to reverse diseases altogether, an aspiration that has largely fallen to the sidelines of the health care system.

The dire need right now is to ***shift from the single to the multitarget paradigm*** in disease targets, as well as to focus much more on the discovery of individualized and novel custom-made combinatorial complexes. Increasing evidence that several compounds exert their effects through interactions with multiple targets is fueling the development of new research fields ***that challenge the data reductionism approach***. These new fields of research include the concepts of drug repurposing, ***polypharmacology, combinatorial chemistry***, chemogenomics, phenotypic screening and high-throughput ***in vivo*** testing only of mixture-based libraries in an integrated manner. These fields offer alternatives to the current paradigm in a synthetic or biological drug's discovery, from a one target–model to a multiple-target approach. Furthermore, the goals of combinatorial chemistry are to understand their interactions and to identify

'master key agents' from whole plants' complex chemical composition that favorably interact with multiple targets all at once to gain access to expected clinical results.

Time for a Paradigm Shift?



Stuck in outdated single target with isolated compound

Even more utterly erroneous is the belief that high-elevated expression of anything is what needs to be targeted by inhibitors or antagonists, and that when anything is found in low amounts, it needs to be supplemented, activated, stimulated or where receptors are concerned, targeted with agonists. This craziest of all hypotheses is the reductionism single approach, when, in fact, everything is interconnected and may never be the end results by which any value is reported as being high or low in numbers. Indeed, an intervention based on a direct single target could altogether miss the mark as to which mechanism(s) were the cause. The many things that have gone awry by the time diseases or any malignancies are diagnosed is never the result of just one matter; how can we ever consider one isolated compound to address all that needs support? This approach quite simply lacks common sense.

Unfortunately, the bulk of research is still stuck in this futile pursuit, and we cannot wait for drug manufacturers to come up with any pharmacological answers. We ALL need to get involved in the design of custom-made biological protocols the way physicians used to do years ago. We cannot depend on pharmacological special-interest groups focused on pure profit; they have no interest or incentive to cure anyone of anything, as they are completely invested in keeping people sick or, worse still, addicted to these drugs – either by fear-mongering of the dying or where a patient can no longer feel normal or well without these drugs. For example, these fears are fueled by cardiologists telling patients to take their statin drug or die of a heart attack, while the scientific evidence supporting such claims is gravely lacking. Another example is the chronic use of antidepressants, which has been shown to shrink the brain by as much as 15%, which is now causing addiction to these drugs. The fact that these poor victims will never again be able to regain feeling well or normal without these drugs is depressing in itself. If only they had taken these antidepressants for a limited amount of time, since depression is regarded as an episodic condition; now, however, it is viewed as a chronic condition because of the unscrupulous over-prescribing of these drugs. Furthermore, to never identify the root causes of depression is criminal to me, yet people are oblivious as to what is going on.

Unfortunately, the tragedy of modern medicine and the downfall of human civilization is well underway.

The problem is this: the idea that using but one, worthless, lonely compound at the top of its highest-allowable concentration with a single target in mind is, frankly, as looney as it gets in pharmacology. How many more years of this kind of approach must we endure? How much longer will it take for everyone to wake up? Reversing diseases can only be achieved by a natural means that the body can metabolize, not one in which the body recognizes it as a foreign xenobiotic substance, further driving the body's burden deeper than prior to initiating any such treatment.

Additionally, physicians are rarely, if ever, testing patients for environmental pollutants as one among many potential root causes of diseases. Thus, symptoms will mimic many diseases that are being severely misdiagnosed. This year alone I had 27 new cases on which I was consulting with their primary physician that were misdiagnosed as having chronic neurological degenerative diseases, such as multiple sclerosis (MS), Parkinson diseases (PD), ischemia (strokes) and, most commonly, dementia on the rise. Outside of Occupational Environmental medicine, no other medical specialties recognize the importance of environmental causes, leading directly to the initiation of horrible drug treatments. As if pollution is not on the increase! Until doctors start toxicology testing of all sorts on their patients, they must refrain from having an opinion on this subject. Let diagnoses be based on facts not fiction, on scientific evidence not beliefs developed without the aid of investigative research studies and experience.

Johns Hopkins has recently sent out the following information in its newsletters to doctors, and the same information is being circulated at Walter Reed Army Medical Center, as well: Dioxin chemicals cause cancer, especially breast cancer. Dioxins are highly poisonous to the cells of our bodies. Don't freeze plastic bottles with water in them as this releases dioxins from the plastic. Recently, Dr. Edward Fujimoto, Wellness Program Manager at Cast Hospital, was on a TV program to explain this environmentally-caused health hazard. He talked about dioxins and how bad they are for us. He said that we should not be heating our food in the microwave using plastic containers. This especially applies to foods that contain fat. He said that the combination of fat, high heat, and plastics releases dioxin into the food and ultimately into the cells of the body. Instead, he recommends using glass, such as Corning Ware, Pyrex or ceramic containers for heating food. Doing so provides the same results, only without the dioxin. So, such things as TV dinners, instant ramen and soups, etc., should be removed from the container and heated in something else. Paper isn't bad, though we don't always know what is in the paper. It's just safer to use tempered glass, Corning Ware, etc. He reminded us that a while ago, some fast-food restaurants replaced foam containers with paper. The dioxin problem is only one of the many environmental factors that can cause cancer. We cannot allow our physicians to deny the importance of periodic detoxification programs in our ongoing health. If they try, direct them to this website <http://csn.cancer.org/node/174315>.

Dr. Fujimoto also pointed out that plastic wraps, such as Saran, is just as dangerous when placed over foods to be cooked in the microwave. As the food is warmed, the high heat causes poisonous toxins to actually melt out of the plastic wrap into the food. Now we're eating food that is not only void of enzymes for its necessary digestion but are also ingesting phthalates into our blood; these phthalates are well known to disrupt the

endocrine system, mimicking estrogen, the number one cause of many breast cancers. Plastic wraps should never be used in the microwave, regardless of the container material. And this is only one example! There are countless synthetic compounds in our environment, and as stated many times before, the human body today contains an average of 700 chemical compounds that should never be found in human blood.

Medicinal embryonic phytotherapy (MEP™) is the long-awaited pharmacological answer that can potentially reverse diseases. I have researched hundreds of therapies and methodologies and now know that an embryonic biological approach is the only way we can potentially reverse diseases, whereas adult phytotherapy has fallen short of accomplishing such results – not only due to inconsistencies in phytochemicals concentration, but also because its total chemical composition is vastly different than what is found in embryonic plant extracts (EPEs). Indeed, EPEs are the only agents capable of selective detoxification and regeneration of tissue and dying cells. MEP™ is also capable of neuro and endocrine hormone's modulation like that of no other therapy; I have witnessed this with reliable and reproducible results across a wide range of dysendocrinia. Furthermore, MEP™ has unsurpassed ability to modulate the immune system and achieve immune homeostasis, including anti-immunosenescence by increasing the size and weight of an aging shrinking thymus, expanding T and B cell's life span that have a major impact on the capacity to respond to many immune challenges. It can restore to a normal size the shrinkage of the thymus and increase T cell repertoire and accumulation of oligoclonal expansions of memory/effector cells directed toward ubiquitous infectious agents, thus improving immune competence. It is responsible for reversal of involution of the thymus gland, extending its lifespan and reducing the exhaustion of naive T cells and chronic inflammation caused by proinflammatory cytokines modulation reactive autoimmune response. Moreover, the modulation of all major key players of the immune system, which I call "the big guys," includes the cluster of differentiation (CDs), especially the need to stimulate the cytotoxic activity of the natural killer cells (NK) so important in the chemoprevention of tumor formation and proliferation, the defensins, complement system, immunoglobulins and the various white blood cells, all can be selectively modulated or supported with MEP™. MEP™ is effective against the involution not only of the thymus gland but the pineal, as well, normalizing the enlargement of the amygdala and restore the shrinkage of the frontal cerebral cortex and hippocampus (the results of over-prescribing antidepressant drugs, leaving someone no longer able to reason). MEP™ can address all aging factors, and its many root causes. It is no less than amazing when a body is given the right agents to continue its quest in its only goals of self-repair and healing, rather than auto-self-destruct. The hypothesis of autoimmune diseases has long been refuted and attributed to immunodeficiency, a lack of immune competency in arresting an auto immune response, which is very real and occurs in many patients having inflammation.

The results of many toxic environmental insults and the over-prescribing of the five-day Zithromax Z-Pak like that of candy, causing immunodeficiency for up to 30 days following a course of it, in addition to stress and not sleeping eight hours of quality sleep every single night has been shown by my research and the research of others to all contribute to a lowered immune system. These studies demonstrate the many things that have become out of balance in the human body, and to keep targeting the singular model is

dumb. Worse still is that the opinions of so many physicians are fueled by beliefs rather than continued medical education.

As you can clearly see, MEP™ is an all-encompassing therapy. Embryonic plant extracts (EPEs) are the superior nutritional and pharmacological agents known to mankind. I challenge anyone to prove me wrong! I have thousands of documented cases in which patients have now achieved the reversal of many conditions and diseases, from infertility to neurodegenerative diseases, psychiatric neurobiological disorders (NBDs), drug addictions, endocrine disorders and oncological malignancies. And let me not forget to mention the added, most noticeable physiological antiaging effect in the reversal of skin aging. MEP™ health care practitioners are known as plastic surgeons without the knife. This is attributed to EPEs being an alternative to Botox, and this is achieved in a systemic way from the inside out, in addition to the modulation of collagen and elastin production, including reducing skin hyperpigmentation. In fact, with MEP™ I can manage almost anything that presents itself in the clinical setting, except for acute bacterial infections, or life-threatening events, which still require the intervention of an emergency room or intensive care unit. However, to attain the same results as I have, it will first require accurate evaluation of each case, as well as the comprehensive study of the entire chemical composition of each plant. This is the only possible way one can eventually, with experience, become proficient in the novel designing of a custom-made combinatorial biotherapeutic program that can potentially reverse disease altogether, or at the very least delay its progression, and most importantly improve quality of life and relieve suffering of humans.

The next step in MEP™ development will be to enter an eventual FDA human trial for its parenteral use in an injectable form. I have two patents pending for a biological drug delivery application, which yields very different results than what is observed by oral route delivery. The first patent is a biological endophytic antibiotic drug with far-reaching wide-broad spectrum antibacterial activities during the treatment of resistant bacterial infections that involves the activation - participation of the immune system in the defense and response in the eradication of pathogens. This is very different from the immuno suppressive effect that has been shown with various, but not all, antibiotics. The other application is a biological injectable drug for the regeneration of a nerve growth factor (NGF), and it can also serve as an alternative in the replacement of all existing opiate drugs currently used in the management of chronic pain.

It may seem to appear that I have veered off track here, but by now, after investigating and examining countless research studies and with my clinical experience, it is necessary for me to share with the reader that these studies cannot be viewed as having much credence or merit, and in fact, many must be taken with a grain of salt. As you probably already know, my conclusion on the isolated compound and solo target leaves me desolated and ultimately inconsolable about the lack of lucidity concerning any disease approach – modality or therapy. It is definitely the main reason behind the lack of success in the reversal of diseases by the single target model. The pursuit of one drug to cure cancer is as preposterous as the different types of cancers in existence today are voluminous. One single drug will NEVER result in a panacea across all cancers.

Warm regards to all,

Dominique Richard.