

The Not So Dark Truth About “Dark” DNA

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ABSTRACT

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Opinion

How the scientific community continues to stumble in the dark only because they refuse to acknowledge the existence of the microzymas/cellular dust!! One example is “dark DNA” which I propose is nothing other than the microzymas either alone, in pairs, agglutinated or in pleomorphic states [1,2]. For the umpteenth time I want to appeal to scientists worldwide to stop burying their heads in the sand and start studying the microzymas [3-4]. Other phenomenon that the microzymas-denying germ theory [5] cannot explain but for which answers have been proffered by the germ terrain duality theory [6] and cellular dust hypothesis [7-9] include the following. The explanations proposed for stated phenomena are in the references and parenthesis.

People having unprotected sex with HIV positive AIDS patients and yet not catching the disease [10].

1. HIV positive mothers giving birth to HIV negative babies [11].
2. HIV negative mothers giving birth to HIV positive babies [11].
3. People exposed to COVID yet not becoming sick [12].
4. The millions that survived The Black Death [13].
5. Inability of mosquitoes to infect human beings with AIDS [14].
6. Lone vaccination victory-smallpox, expiry dates on canned food (pleomorphism denialism) [2].

7. Cancer aetiology [2].
8. Spontaneous human combustion [15].
9. Phantom pain [16].
10. Phantom pregnancy, alleged psychic phenomenon, ball lightning (rogue microzymas).
11. Battlefield malaria [17].
12. Diseases preventing other diseases [18].
13. Diseases exacerbated by other diseases [19-21].
14. Sickle cell, other thalassemia protecting from malaria [22-25].
15. Camel milk therapy.
16. Drugless remissions from malaria.
17. The 21 grams controversy.
18. Acupuncture (Bongham corpuscles).
19. Convalescent plasma therapy, clotting factors in relation to diseases, Bloom’s syndrome.
20. Time travel.
21. Teleportation (Citoportation).
22. Dark Energy and Dark Matter.
23. Alleged reincarnation.

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- Terrain parameters.
- Delta 32 mutation of C-C chemokine receptor type 5.
- CCR5-delta 32 mutation.
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