

Cardio retinometry® reveals rarely absent, focal scurvy, pathognomonic of unrecognised ubiquitous fatal occult scurvy, unexpected heart attack, thrombosis, and stroke deaths

Abstract

Objective: This first of anticipated hundreds of papers exposes pharmaco-medicine initially opposing change from allopathy to prevention, slowly recognised as more profitable medicine. Proven here, 1958 anti-trust, anti-occult scurvy, medical journal editorial policy maintains life threatening ignorance. Unrecognised pandemic occult scurvy, initiates >50 preventable diseases. PubMed's atheroma regression research vacuums since 1999 confirms dispiriting medical education, blatantly missing studies, biased omission of vitamin C, ≥ 1,000,000,000, profitable premature fatal illnesses. Ophthalmic practitioners ignored Michelson et al., (1979) pressing easy surrogate coronary heart disease (CHD) diagnosis via retinal observation. Uncontroversially, atheroma reduction correlates life extension. Since 1920, thrombotic CHD kills >60% who "feel well!" Subjects benefit greatly for "Doc → rate CardioRetinometry" (DCardioRet) are CHD and disease curable via Vitamin C mechanisms; nutraceutical therapies; antioxidant biochemistry; retinal evaluation; cholesterol-lipid metabolisms, Life Extension, and Pauling-Rath theory, enabling the medical profession's CHD prevention embarrassingly injuring its doctors like their patients.

Method: In 1999, sequential, time-lapse, ultra-high magnification, flicker alternatable, precisely superimposable retinal arteriolar Reflex (RARP) photography, revealed previously unrecognised pandemic, incipient pathologies unique to Man, relating 100% to cerebral and CHD. RESULTS: Without known deaths, a cohort of ~400 compliant medical and other contact lens wearing patients, motivated to take ascorbate for comfortable, safer contact lens wear, enthused about their own demonstrated, life extending, continuing arteriolar plaque reduction. RAR was finally recognised by medical patients as intraluminal blockage suggesting sequential RARP ending universally life threatening diseases, fulfilling Genesis 6:3's promised 120yrs

Conclusion: Cardiologist Matthias Rath claims atheroma (atheroma reduction) ends coronary thrombosis risk. RAR reduction correlating coronary atheroma, may end strokes, allergies, infections, toxemia and much cancer. Ceaseless attacks on CardioRetinometry® since 2003 proved Kingston upon Hull NHS, deceitfully corrupt, maintaining CHD, advertising "help for groups and individuals" "to reduce heart disease" Hundreds of papers re 50% life extension from every age, will follow.

Keywords: cardioretinometry® a name coined and first published in "optician" journal by author bush in 1992 and protected to prevent abuse by opposing medical and pharmacy interests when after 3 years, attacks began. Orthoscorbia, optimal vitamin C status, maximal resistance to disease; inthoscorbia, sub-optimal health, vulnerability to disease. chd/cvd, coronary heart/vascular disease or vulnerability to atheroma, atherowaxia, replaces old term atherogenesis, atheroma reduction of arterial plaque, neurowaenia, atrophy of neural tissue and demyelinating disease, neurowaxia, neural regeneration and remyelination, arteriolar reflex, intraluminal plaque or atheroma

Introduction

Readers should know and understand that this paper is a peer reviewer's worst nightmare come true. It has more importance to the average reader than anything they have ever been allowed to read in a medical journal in their entire lives. It sets a new standard in honesty and the purpose of medical journalism, to educate doctors and public.

It is not easy to read. Most who read it will be shocked into disbelief. If no medical journal has the nerve to publish it, the Internet will - in many websites as it will be hosted to the disgrace of Western medicine globally for its rejection. Author Bush is a blunt speaking Optometrist charged with inside knowledge of medicine, hidden from the World outside the brethren, and his duty is to reveal the secrets.

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Publishing it can ruin a peer reviewer's medical career in research, ending funding for a "rebel" who insists on honesty. That is why Author Bush has rejected help in writing it for fear of political repercussions on supporters. Threats were received in the form of hospital computer data wiped, and a limitation of the amount of vitamin C that could be trialled. Together with the knowledge that two pharmacologists had been murdered for work that could damage pharmacy's \$billions of profits, it was considered too dangerous to try to repeat the work in America. It can bring fame and instant popular support from thousands of doctors and members of the public who value honesty above all, admiring the stand taken in true heroic style, by an unusually fearless, relatively small journal, intending to see the Hippocratic Oath upheld; a medical journal that becomes catapulted into world prominence. It can provoke anger, fear and retribution from powerful opposing forces.

1. This paper aims to describe some of the problems. The graph of suppression of Scurvy speaks a thousand words.
2. The experimental methods, are described in as much detail as space will allow in an already very long paper. It will be dealt with at greater length in very many future papers. such as the sequential capture in time lapse retinal photographs and flicker alternation of precisely, and microscopically superimposable ultra high magnification images of retinal arteries and intraluminal disease (plaque.)
3. Without further clinical evidence from other researchers it is best to limit conclusions. 100 patients totally convinced and insisting that reversals of their arterial disease could only be due to their vitamin C that in some case was stopped, only to be followed dramatically, by deterioration until they resumed supplementation doesn't "prove" the case any more than cyanide taken by 100 people consecutively caused their deaths. Official Western medicine has "proved" that Vitamin C proofs need to be more robust than that. Klenner's "Cure" of 59 consecutive cases of Polio also proved how right medicine is to be cautious and refuse to accept such ordinarily solid proof. A better example of the standard of proof required by medicine, is the 50years that has been spent trying to properly prove cholesterol causes heart disease and that statins extend life. Scottish physician, Dr. Malcolm Kendrick has proved mathematically that life extension by Statins is fact. He states that after perhaps a decade of statin supplementation, one can reasonably expect at a day, and in some cases as long as a week of life extension.
4. This sadly, conflicts with CardioRetinometry claims to extend life by 50% of the life expectancy given by the actuarial tables of life insurance Companies. This applies to all ages on entry to the protocol, supported by much but unfortunately *only* "anecdotal" evidence for "healthy" people but very well supported by the Vale of Leven study under Dr Euan Cameron, and Morishige and Murata's Japanese study at the Fukuoka Torikai hospital where people unoblingly refused to die as they were predicted to without vitamin C. Then Prof Rozalyn Anderson at University of Wisconsin, (2016) found that monkeys could gain almost 30% life extension simply through calorie restriction, confirming the work of Denham Harman about 50years ago and with some saving on statins.

Of course, physicians don't wish to profit from drugs, and it must be a pharmacy oversight that this is not taught in medical schools as also when forgetting that eyestrain, prevented by Optometrist accused of prescribing "too weak" lenses for very low hyperopia, and convergence insufficiency, with no power at all, only a prismatic

deflection, that make people see no better at all but prevent suicide when painkillers no longer work and doctors repeatedly insist after expensive MRI scans that there is no need to consult an Optometrist as there is nothing wrong.

This first paper presages a deluge of interest and papers especially by (DO) doctors of osteopathic medicine, more interested in the causes of disease and prevention than their allopathic (MD) colleagues content to treat symptoms.

It describes photographic evidence proving conclusively that arterial disease as evidenced by the white line along the centre of retinal arterioles, is not as currently taught a "healthy sign" but the exact opposite. It represents intraluminal plaque, identical to and connected with Hollenhorst Micro-Plaque, predictably present at arterial and venular bifurcations, and which also disappears. This photographic evidence in thousands of retinal photographs of hundreds of contact lens wearing patients, appears unassailable; sufficient to convince everyone (but not MD physicians) that arterial disease is reversible. Patients are confirmed in this belief by also noting the change to deeper red, of pale areas of the retina (corresponding with cerebral cortex) as retinal reperfusion and widening vessels are seen to occur simultaneously.

Unique database

200 patients confirmed their belief in writing. 100 patients could not be deterred from claiming that the only explanation for their good fortune was the extra vitamin C they had taken. The (small) cohort of noncompliant patients deteriorating supported it. The exceptions were those who refused to take extra vitamin C and whose retinal atheroma and pallor continued or deteriorated. Author Bush possesses the only database of such images anywhere in the world. No other researcher possesses such proofs. There is therefore no archive of papers on the subject. There is thus no other information to be found anywhere in the medical archive relating to vitamin C and retinal arterial changes. There is a black hole, that like all black holes, is difficult to see.

With no other evidence existing it is not possible to provide a single citation in support. Random images were examined by Canadian and American professors of medicine and preventive medicine who travelled at their own expense from Canada and the USA to validate the database. The subject is hosted by many authorities on the Internet. One claims repeatedly that the Historic Discovery is worthy of the Nobel Prize. Author Bush agrees.

The only supportive evidence comes from X-Ray evidence obtained in 1957 by Dr G.C. Willis (Montreal) who was compelled to devise contrast medium techniques in conjunction with cardiac catheterisation. This work was supported fifty years later by cardiologist Dr Matthias Rath who was also able to demonstrate reduction of calcified blockages in the coronary arteries by ultrafast coronary angiography. However, all such evidence is obtained with a 2% risk of provoking cancer from the large X-Ray dose. Retinal photography can be conducted every hour, every day, postprandially or to study medication or supplementation effects directly as retinal imaging improves. The fifty year gap is further proof of medical corruption, ignoring the subject which is effectively lying by omission. Dr Frederick R. Klenner MD FCCP, said many times "They Lie."

Proof that CardioRetinometry® will change "Old" Medicine. It is necessary to be very blunt and address the criminality in Western Medicine. Without actually indicting Medicine, the Hull University Thesis exposes circumstances in medicine that have created a medical environment - exactly as Klenner stated in 1950 of fraud and, *by*

omission of proper treatment and the withholding of vitamin C, actual murder. It is inconceivable that all this has only now been discovered. Author Bush believes it was all known and has been hidden from sight since Michelson, Morganroth, Nichols and MacVaugh (1979) as will be shown. So too have Klenner's 25 papers been hidden from sight, and newspapers obviously paid to keep quiet about the sensational 1949 cure of Polio without a vaccine. How was a global blackout of this news achieved?

CardioRetinometry used as a lever to extract money from pharmacy?

The pattern became even more clear when the promised newspaper publication of the commissioned article on Author Bush's research was suppressed, but instead, a full page advertisement by an Aspirin manufacture appeared. After the second failed promise of publication, the advertisement's inference that one had been used as a lever to extract the other was inescapable as, despite his promises, the editor of the London Daily Mail broke his promise whilst continuing for the next seven years to write about heart disease, exercise, statins, and aspirin, but not so far as author Bush could see, Vitamin C.

Looking at the history, it is clear from a study of the literature that vitally important

- a. Vitamin C research was banned after Klenner's 1949 successes.
- b. The "Tolerable Upper Limit" concept was introduced that effectively ended research into what are often called "Klenner sized Doses." He said (effectively "It is no use giving milligrams when grams are needed." 10 Gram doses were not allowed in trials and only the Kale Kenton trial is said to exist, that is known and that was suppressed, never to be published.
- c. Retinal/Coronary correlative research was banned after Michelson, Morganroth, Nichols and MacVaugh's 1979 research, in favour of complex and dangerous X-Ray procedures. One would have expected a flood of similar studies if an expensive patented drug had been found to improve vessels.
- d. The British Medical Journal confirmed that it would not publish a letter offering to evaluate statins against retinal vessels. The offer was made suggesting that this could prove the efficacy of statins in plaque removal but also prevent the unwanted side effects of overdosing when it was shown that dosage could be safely reduced.
- e. The Hull NHS refused an offer to evaluate the heart disease of all its doctors.
- f. Heart disease and Vitamin C connecting research was banned after Pauling Rath research in 1990.
- g. Illegal steps were taken in 2008 to stop all the foregoing plus the new CardioRetinometry® for which Hull NHS doctors might yet be found guilty and imprisoned for perverting the course of justice. Hickey and Roberts are unique in getting a paper published on the new liposomal vitamin C. If it had been an astronomically expensive drug, could we have expected more? Instead there was not a single further paper until 2016.
- h. The General Optical Council of the UK might be indicted for aiding and abetting the foregoing and falsely convicting author Bush for his claim to cure coronary heart disease which claim he was legally, perfectly entitled to make in reference to INCIPIENT coronary heart disease as defined by Michelson Morganroth,

Nichols and MacVaugh, namely, all those cases with less than 49% blockage of the arteries. Cardiology's GRADE ZERO. Before which doctors refuse to recognise the existence of coronary artery disease. The equivalent CardioRetinometry Grading Scale is 2.0 of four grades. It is the opinion of author Bush that Cardiology's Grade Zero is very dangerous. One can die at any moment from it. This was proved by the UK's TV East Enders, "Frank Butcher" actor, Mike Reid, who died within days of his "All Clear!

Sales pitches of scientific papers and principles

This paper will unavoidably give the impression that it is selling vitamins. It sells nothing but education. Doctors of CardioRetinometry (DCardioRet) are regulated by the Institute of CardioRetinometry as described in the Prospectus, and forbidden under their terms of fellowship, to be involved in dispensing vitamins or other nutrients. They are only allowed to suggest sources and not allowed to accept commissions, only to act as agents in collection of charitable donations. Registrants are trained in nutrient purchase to avoid being overcharged. It seeks to educate physicians. And to make good some of the deficiencies of the typical Western medical school's curriculum, obviously dictated by pharmaceutical patronage of universities. As experienced by author Bush himself as long ago as 1949. It seeks to promote, as powerfully as possible, the knowledge that the entire World has been led astray by corrupt leaders of medicine since the formation of the AMA, the theme being accelerated and advanced by pharmacy with its ever growing influence over medicine, to the point that it is now effectively in virtually full control of medical education and what physicians are allowed to read in their journals. An impassioned appeal for the rejection of medicine as we have come to know it is unavoidable if the paper is to be worth the space it occupies in any journal, the probity and dedication of which to the Hippocratic Oath it pungently portrays.

Medical corruption proved in court

A film has been made about the trials and tribulations of Dr Burzynski who was made during 20 years of persecution (and always found innocent) to defend his antineoplastron cancer cure seven times before Grand Juries in the USA. Another film might eventually be made about the great suppression of the reversal and actual, visible, cure of arterial disease. The word "Cure" has been banned, as described later, presumably by pharmacy, that prefers lifelong drug sales for "management." The medical profession has proved itself in agreement and is unwilling to accept a real cancer cure. The USA Congress opened up what has become a huge fraud on the public. The Prescription Drug User Fee Act (1992) This is so complex that readers must refer to other works. The corruption is partly summarised by Dr Thomas E. Levy in "Primal Panacea" pp 111 – 125. He concludes by saying "Unfortunately this Gestapo-like campaign cost the American taxpayer (at least what the FDA reported) \$60million and piled "2,2million in legal fees on Burzynski. Thankfully, an outraged public helped cover his legal fees. All this money would have been better spent in a grant to further Burzynski's research. Can we next expect a similar film to be made about the rejections of the many papers before this, the persecution and rejection of CardioRetinometry by journals, the medical profession and cardiologists wanting to preserve their \$200,000 bypass operations and refusing to attend Author Bush's lecture to the British Medical Association in December 2009? One sent his wife to assess the damage who denied the evidence. Angered by this, in his closing address, author bush stated, "from the evidence shown tonight it is clear that Optometry has bypassed the bypass, and made coronary Cardiology – Kiddology!" - repeated on the back cover of 700 vitamin C secrets, published the following year.

The real sales pitch of this first paper

This is to the family doctor who looks the suffering patient in the eye who is asking if there is any alternative to surgery and denying nutritional reversal of arterial disease. It is pitched publicly at doctors like Dr Sue Butler, who, when head of the Hull NHS, threatened author Bush saying “You cannot have a new NHS contract and continue to tell patients that arterial disease is reversible.” This quote has been on the back cover of author Bush’s 700Vitamin C Secrets book (presented to Dr Butler when first published in 2010) without any possibility of her being able to sue for defamation or slander or libel, unable to prove she didn’t say it. At Author Bush’s Fitness to Practise hearing, she “couldn’t remember” saying it. Little can match those statements promoting dishonest medicine and surgery as “Sales pitches for corrupt medicine!”

Previous papers have been rejected for “slant;” for “too much Vitamin C;” for “no authority existing who declares himself competent to peer review the paper;” for “citations being out of chronological order;” for “We would lose half our ophthalmologist readers if we published that;” Also a criticism has been that a paper was “hard to read,” and claims made that proof was lacking (because photographic evidence is not sufficiently robust?) Why is medicine never called upon to perform a study to DISPROVE the claims then? Why should author Bush’s claims be unacceptable and “difficult to prove.” Hickey and Roberts stated in 2004 that the work was easily repeatable.

Author Bush’s declares that his admittedly impassioned statement here is more than matched by cardiologist Dr. Levy’s introduction to his book “Primal Panacea” quoted heresaying “*I was awestruck as I witnessed an event that forever changed the direction of my life*” “*I was watching the relief given to a multiple sclerosis sufferer given an injection of vitamin C in a dental surgery.*” He would have been even more awestruck, watching 59 consecutive victims of Polio enter Dr Klenner’s hospital paralysed or with paralysis starting, and seeing them all walking out without paralysis after treatment with vitamin C injections when every one of the others admitted by other doctors, either died or was paralysed for life. This was kept out of the newspapers and kept out of all future research by doctors wanting to sell the Salk vaccine.

How does one find restrained language to describe doctors who inflict paralysis for profit on people? How does one find the hidden research? Dr Robert Woodward’s offices were repeatedly raided (by pharmacy? Who else was interested?) after the Dr Gwilym Roberts’ Darland School experiment which was the subject of a BBC TV programme about IQ increase of school children with vitamin C he provided. Do we have to raid the offices of the pharmaceutical companies to learn what they have been hiding – like the Cambridge University paper they refused to publish about Dr Kale Kenton’s alleged study of 10 gram doses of vitamin C?

Stronger language called for

The late Dr Russell Smith, in two large scientific reviews of the literature “Diet, blood cholesterol and coronary heart disease: A critical review of the literature” Vols 1 and 2 1989 and 1991 pub by Vector, described the (medical) fraud as being “so blatant.” And so pervasive that it was considered necessary to take some liberties with the usual staid rhetoric of a scientific review and inject stronger language to emphasise the problem” In writing this paper, author Bush concluded that anything less than impassioned, blunt criticism – not just allegations – but pointing to such sources e.g. \$1billion fines on drug companies by US courts against major pharmaceutical companies for cartel control of vitamin prices, presumably to hamstring the public

seeking nutritional correction, represented hardly a grain of rice in a sack, regarding the extra profit gained on the vitamins compared with the court’s failure to take into account the \$ hundreds of billions of profit derived from the drugs for the diseases they caused by unrecognised occult scurvy, the subject of this paper. How does one quantify the decades of disease and drug profits inflicted on and extracted from billions of people.? Does any language exist to describe the scale of gruesome in the context of ruined lives, loss of security, damaged families forced out of homes mortgaged to pay for surgery promoted as proper care for deliberately imposed nutritional pain and suffering of half a population made to suffer the pain of angina and heart attacks? Hickey and Roberts books on vitamin contain the word “Genocidal.” Is anything less than a Nuremberg style trial justified for war crimes by pharmaco-medicine against the public?

Professor George Mann describes “the greatest scientific deception of our times”. Professor Raymond Reiser at Texas A & M University describes acceptance of (the cholesterol hypothesis) as having been based on “nothing more than an assemblage of obsolete and misquoted references.” Dr Paul J. Rosch, editor of several medical journals actually insults his profession by describing “A massive crusade by aggressive drug treatment.” Using even stronger language accusing the medical profession of “brainwashing” the public.

This is plain corruption of medicine by promoting drug sales regardless of the consequences. So many “Scientific papers are really sales pitches – nothing more.” Prof Richard Smith, ex-editor of the British Medical Journal admitted it after leaving to join PloS saying the medical journals had become a marketing extension of the pharmaceutical industry. He knew “because it was he who published the papers.”

Seen in this light, the obvious allegation by peer reviewers of this paper must be that it resembles a “Sales Pitch.” Indeed it is. It is a pitch for honesty in Western medicine.

This paper must therefore be read like its own brand of “sales pitch.” Every paper seeking to prove or support its own work does exactly the same. This is the common denominator of papers universal hated by physicians who wish to hide the evidence. With this paper, the public however, might be expected to take a new and serious interest in medical journals.

The usual ploy of Official Medicine, as in author Bush’s case, is to try to discredit scientists whose refutations wreck beautiful but false hypotheses. Smear is the tool used. Linus Pauling was criticised for “not being a physician.” He taught physicians the cause of sickle cell disease. They denied the 16 peer reviewed studies supporting vitamin C as significantly shortening the common cold. After 17 years of study, this Optometrist teaches physicians what they were not allowed to learn in medical school.

This paper is – an honest exposure based on the limited evidence allowed, sometimes by accident, into the literature. The journal that publishes it is marked as an honest medical journal. 26,000,000 papers exist on PubMed. It appears, without counting them, that most on vitamin C have no abstract. What are they hiding?

When no substance on earth has been the subject of so much argument, subterfuge, outright lies, condemnation, and adverse criticism and “warnings” by the medical profession, and all ignoring at least 1,200 papers supportive of the multitudinous benefits of the least toxic most harmless substance known to Man, is it not time to finally realise that the cause of most of Man’s ills and most of the pharmaco-medical profits are implicated. “Look for the money” is what attorneys say when trying to understand a human problem. Look

for why laboratory primates are advised to have forty times more vitamin C than humans. Is it because they have no money to pay for treatment? (Pauling, 1985) Ask the average doctor to name a dozen benefits of vitamin C and he likely cannot. Yet very few have read *700 Vitamin C Secrets and 1,000 Not So Secret for Doctors*.⁷ Now numbering over 2,000 entries for the coming 3rd edition. Endorsed by Prof of Surgery's Dr Kenneth Walker MD as "Nobody who has read this book will trust any doctor or nurse who hasn't." It is essential reading for the doctorate which might be considered a "sales pitch" unless one is allowed and expected to promote education through papers of this kind.

Pharmacy and medicine control the funding of research. Author Bush proved this when his various applications to funding bodies explicitly charged with heart research were not even acknowledged. The NHS was the last to deny all help after mouthing its willingness. It is typical of medical obstruction that when the latest development in the "Vitamin C Saga," the introduction of encapsulated liposomal vitamin C burst on the scene, the only interest was shown by Hickey and Roberts in 2008. (J of Nutr. Med) and nothing else was published that we know of until 2016, when Janelle L. Davis and eight others published a comparison of the effective plasma concentrations achieved by oral, injected and liposomal ascorbate. Showing that nothing could match the immediate benefit to prevention of reperfusion injury, flash oxidation of carbon monoxide poison or infections of intravenous injection of sodium ascorbate in the first hour, but that higher levels could then be maintained by liposomal ascorbate. It is complicated by the fact that entry into all cells is governed and rate limited by sodium vitamin C transporters (SVCT) and competition exists against antagonistic effects of plasma glucose (Ely) but in liposomal form, vitamin C can penetrate cells directly from the blood stream, bypassing the need for SVCT portals.

Dr Thomas E Levy's 1,200 supportive papers in his book (Primal Panacea) are a mine of information. Author Bush exercised huge self control in selectively quoting a few citations. It reads in many ways like this paper, saying the same things. Frauds are described similar to examples like tobacco companies, hiding the evidence of the damage their cigarettes caused, including Monsanto hiding the dangers of glyphosate now at unacceptable levels in some foods. We hope vitamin C can offset much of this.

We see from the Vitamin C "black hole" of research papers into the least toxic, most powerful food component and medicine known to Man, and the graph below, that the medical and pharmaceutical industries have denied us the results of studies surely performed to evaluate the threat posed by Klenner's discovery to their profits from disease.

If that is not enough, this paper will not be published in this journal, and will join the evidence for future books and papers on the corruption of the journals underpinning the fraud being perpetrated against the public, for peer reviewers to note.

This first paper is necessarily thin on evidence. It is a fair warning to Western medicine that as doctors qualify in CardioRetinometry and do their own research, the mounting pressure of evidence behind the dam is going to flood and drown "Old Medicine". No other database of thousands of reversals of arterial disease exists anywhere else in the world dating back to 1998. Many backup copies are stored not only in the UK. Nothing can stop it. It will grow exponentially as more doctors practice CardioRetinometry.

50,000 papers in PubMed serve largely to obscure the most important Vitamin C findings. Murderers cover their tracks. Snow

will do that. Drug companies and corrupt medical professionals do the same. Coroners regularly expose hospital destruction of records. Vitamin C's cures of viral diseases are hidden in a blizzard of (relatively harmless to profits) research or simply never get published. The graph of suppression of an entire subject, mentioning "scurvy", proves that. The Late John Evans (Quattro, Abatron) described 2004 Internet attacks on CardioRetinometry as a blizzard to hide it from view. He was right. It was a virus bearing blizzard of infected Russian websites.

In 2006-7 the Department of Engineering adjunct of the Hull-York University Medical School¹ seconded a student, Paul Francis, to author Bush for the purpose of independently studying and evaluating his retinal arterial reflex photographic (RARP) evidence and profound claims for the prevention and cure of coronary heart disease first made public in 2003, after their discovery in 1999, confirming the hypothesis as first propounded by double Nobel Prize winner Dr Linus Pauling²⁻⁵ before his death in 1994. This fundamental discovery in medicine, leading to a new qualification in Life Extension as Doctor of CardioRetinometry® (DCardioRet) is thought to have the widest imaginable implications for the whole of family practice of medicine, the incidence of over fifty diseases, the end of most common causes of premature non-violent causes of mortality and even some genetically predisposed. Without swathes of ill health, the need for multiple vaccinations and immunisations (which already affect large communities of UK immigrants, never exposed to pharmaco-medical pressure and surviving naturally) Man will lose interest in health as a concern and health shops and websites fostering concerns regarding ill health, will suffer a decline, as for the first time in history, degrees of health and ill health become measurable and modifiable under the microscope. Under the guidance of senior lecturer Gavin Cutler and Dr J.M. Gilbert. its resulting thesis which gained a 1st Class Honours Bachelor Of Science engineering degree, proves conclusively, and for the first time in history, three simultaneous and most important discoveries in medicine to shock "Old" Medicine out of its stupor and into a 21st Century. They promise relief and the end of a vast multiplicity of diseases.

The power of vitamin C to heal, and the means to observe its action microscopically are independently demonstrated. Also shown is how damage is caused by inadequate Vitamin C and all this, not only by direct observation and photography within the arteries, but in as short a time as 39 days, serving as a non-invasive, infinitely repeatable, surrogate outcome indicator, simultaneously demonstrating parallel coronary heart disease. Thus revealed as shown by the thesis, is the arrest and reversal within the arteries, of the heart disease, and not only the arrest of ultimately fatal pathology within blood vessels, but its reversal so quickly as to give the appearance of a miracle actually happening in real time and with such microscopic precision never before imagined, before our eyes.⁶ Given the opportunity to seize and utilise the power of digital electronic image capture using the very first of the then, almost impossibly expensive Topcon NW5S Retinal Camera⁷ to come to the UK. It was author Bush's privilege, given him by the support of their time given by his much abused patients travelling all day from all along the South coast in 500 mile round trips to support his work, that the acquisition was made possible when it was the only instrument of its kind in existence in the UK. No other could properly reveal what was happening in the retina and hence in the brain and heart.⁸ Unable to see the future that would result from the discovery, author Bush might have balked at the immensity of the outlay enough for a nice suburban house, and instead failed to appreciate that it would, without grants, require several remortgages to a maximum, of his own home to maintain and operate the machine

long past his 1999 retirement age, until 2010 after entering practice at age 25 in 1954, Nor could he imagine the funds provided by the worthy donors of Kingston upon Hull for heart disease research, being denied by the local, medically controlled charity, set up for this exact purpose.

The medical opposition as met by Semmelweis,⁹ and others, was repeated and must be recorded in this first paper as important history for the benefit of future generations. The sacrifice was ultimately proved correct. In 2008, The NHS threatened to end the NHS contract unless reversibility of arterial disease was kept secret. In 2010 the NHS earlier opposed applications to research the discovery of reversed arterial disease.¹⁰ Not only did the early results of the research startle doctors, but the development brought their violent protest and opposition from the so called National Health Service. This proved by both its denial of interest, and written, criminally perjurious untruths sent to the statutory governing body, the General Optical Council of the UK (GOC) by the unhappy servant of the Primary Health Care trust, how far its doctors were prepared to go in risking possible imprisonment, to stop the research and protect old fashioned medicine all described in *700 Vitamin C Secrets*.¹¹

The actions of its doctors perjuring themselves with false evidence to the GOC,¹² the corrupt GOC failing to act on proof of the perjury; and the continuance of the medical war against CardioRetinometry® since that time by achieving the symbolic “striking off” of an unregistered, long retired Optometrist is significant in its determination to strike in the face of USA and UK authorities supporting author Bush’s correct actions and conduct.^{13,14} It was a warning to other Optometrists of the principle that no matter in what danger a person’s life might be, Optometry must not suggest that it does not have to be so. Optometrists were thus warned to ignore retinal and therefore heart pathology thereby threatening “Old Medicine,” and proved again that the “Establishment” and the UK’s National Health Service (NHS) not only have little to do with health but everything to do with maintaining heart and many other diseases. These are clearly to the rightful benefit of its employees and doubtless a government that felt it was shooting itself in the foot, keeping people alive to pay them pensions it could never hope to sustain in an ageing population. The government’s answer to the copies of “700 Vitamin C Secrets” was assumed to be ‘behind the scenes,’ efforts to stop CardioRetinometry succeeding, and ignoring the many copies of the book sent to ministers. Their answer it seemed was to continue changing the demography of the UK by allowing deliberate flooding with young immigrants, presumably to help pay future pensions.¹⁵

In the order of medical discoveries, CardioRetinometry® for its relevance to every human being on Earth, may now be allocated a place after disinfection, anaesthetics, microscopy, diuretics, X-Rays, the Human Genome, and vitamin C’s isolation. Antibiotics were of passing value, potentiated by vitamin C, but also responsible for many deaths. Medicine began the 21st Century acting exactly as it did in the time of Semmelweis.

Author Bush had written and published a rapid response to ophthalmologist Wong.¹⁶ It was completely ignored. Bush wrote again and added “*As I stated in July; Chronic Unbalanced Circadian Atheroma is advanced as the principal aetiological factor in coronary heart disease. It is diagnosable from the retinal atheroma and any subject in the Wong presentation to whom the fundii belong, would be very suitable for NPCRet (Nutritional Prophylactic CardioRetinometry) in its therapeutic form. Such cases (and I have many hundreds of such images) often belong to people with low to normal cholesterol levels for whom statins are irrelevant. Sadly, my invitations to their medical practitioners to cooperate in NPCRet are largely ignored*”¹⁷. The many

hundreds of reversing arterial disease I should be noted, were acquired before the publication date of the first response in June 23rd 2004. The first discovery confirmed by the thesis is, is

- i. The damage that stress can effect on the cardiovascular system, leading to its effective blockage and doubtless eventual hypertension and all its very many sequelae of consequent disease processes in every organ in the body and
- ii. The power of Vitamin C to not only arrest the damage process but effectively to reverse it and CURE coronary heart disease that had puzzled scientists since 1900.
- iii. Provide a means of measuring and quantifying both for the ultimate benefit of Mankind to live a life free of the worry of almost all cardiovascular diseases, degenerative neural and cerebral diseases caused by peripheral circulatory failure, and as the thesis author Paul Francis explained, offer a vast scope for an entirely new direction for future research.
- iv. Consign to the dustbin, a very high percentage of the peer reviewed research papers, now seen to be futile, and exemplified in the 25million listed by PubMed, More important papers, suppressed by the National Institutes of Health for obvious fear of the threat they might pose to Old Fashioned Medicine and its willing accomplice Pharmacy, In the public interest, it is pleasing to note how Google serves the world well in this as in many other respects, and is proving to be an extremely valuable resource and major benefactor of public health.

Untruths on the internet

This first paper cannot hope or aspire to do more than introduce CardioRetinometry®. Its scope is too vast, using the language of the Hull University thesis author Paul Francis. The biochemistry and future discoveries as he says, are indeed “vast.” They are probably too incomprehensible at this stage to begin to imagine. The world owes a debt to the careful work of researcher Paul Francis BSc (1st Class Honours) for his masterly work, and the actual disease of his arteries it caused, to the alarm of his mentor, author Bush, who was able with the help of God and the new science considered to have been revealed to him as a private, personal practical joke carried through to affecting and then effecting for his student, a cure using the very subject of his studies to complete his humour. Thereby was given, serendipitous confirming proof of the arrest and reversal of his resulting heart disease.

As a corollary, the message of this paper is that it reveals how, and a little of to what extent, the world has been taken in and held hostage by money making schemes of Old Fashioned “Disease equals dollars” medicine, with no interest in its cures, and even less in its prevention. Taxes and charitable donations have been used against their donors, the public, to exploit by research, much that does not benefit the public, and can even negatively impact on public health both directly and indirectly. Examples are unreliable and unfavourable studies with inadequate supervision and control regarding e.g., the type of vitamin E or the accurately known amounts, or the opposing effects of unlisted prescribed medications.^{17,18} Without declaring in the negative title or abstract, that these factors have been addressed, e.g. a natural or synthetic fraction of vitamin E was used. It is now known e.g., that the beta, gamma and delta forms of tocopherol have their own actions and that the accompanying tocotrienols in the natural form might in total far exceed the value of authentic alpha tocopherol. Without giving all the required information, these considerations bring the entire research into vitamin E into disrepute. Journals like JAMA are now well known for this type of negative vitamin publicity.

Long term dementia studies of Vitamin E dependent on patients' own food frequency questionnaires and remembered supplementation, are amusingly unreliable. A curtailed vitamin A study in Finland, implied that cancer was caused by alpha tocopherol and study of the vitamin was stopped¹⁹ with world-wide adverse publicity still accepted as valid today. No corresponding worldwide corrections were seen. "Martindale,"²⁰ quotes a case of death by injected vitamin C in New York. Nothing is said of the nearly 30,000 beneficial, and uneventful intravenous administrations given by Dr Robert Cathcart often for the cure of the continuing so called "incurable" diseases as continues to be taught in medical schools. Many of these studies and reports resulted from misuse of public funds. The negro who died in New York was probably injected with ascorbic acid instead of sodium ascorbate, a grave medical error. But it was covered up so that nobody could verify the facts. It is into this milieu of persistent anti-vitamin history and not so historic happenings, that the practitioner of "New Medicine" steps. Only the negative G6PD deficiency is taught.

Doctors deny the value of sixteen highly laudatory peer reviewed studies describing sixteen well designed Vitamin C trials. They all except one of the sixteen showed very significant benefits in the prevention and cure of colds. Yet it suits the medical profession to dismiss them as worthless. Pauling was quite bitter about it in his last book.²¹ Dental surgeons continue to extoll the value of brushing and flossing, which are quite useless practices, neither being able to reach down into the sulcus where tooth joins gum. If they are aware, then they are lying about the safety of dental chemical mouthwashes, and their alleged value to the public without advising that if used, four times a day, as is necessary to defeat reinfection, they will definitely kill the bacteria, but unfortunately - people too. Not only do dental mouthwashes have the potential to shorten life, but never mentioned is the sentence of early death brought by root canal fillings.²²

After gaining control of the media and the Food and Drugs Administration, (FDA) it was a short step to manipulating public opinion with televised and published spurious science. The public is exploited in very many ways that suits governments for politico-economic reasons. The Internet is a source of both truth and untruth which keeps the public confused. Pharmaco-Medical opposition to Vitamin C & Scurvy is seen only by its omission. Few realise that. The lay public cannot appreciate the clandestine information war being that is being fought for their continued and even increased illnesses. Acetaminophen does not come with advice to take vitamin C to protect the liver but Lagos researchers Adejuwon et al. proved the protection. The whole literature is confused by drug interactions with vitamin C, but the FDA. Takes no notice, preferring the unnatural to the natural as is clear from University of Maryland and the Penn state Hershey Medical centre's "warnings." Because some drugs are antagonistic to vitamin C, the drugs are too often prioritised over Nature's medicine.

A new trend has appeared with the extension of the suppression of CardioRetinometry®. It has become obvious that a great many presently respected people and publications that hold themselves out as guardians of public health, are now finding it expedient and highly profitable to play the pharmacy game and keep the public in ignorance. Requests for reasons why they have in some cases changed their minds and avoid mention of CardioRetinometry® now go unanswered and it is clear that whether supplying toximolecular drugs or orthomolecular therapies, vitamin C is feared by all whose business is threatened by people who are too healthy.²³⁻²⁵ So, unhappily, we see a new business with sickness developing as these sites seek to frighten people into buying their products *to stay healthy*. They are suppressing everything to do with CardioRetinometry® because it

can so badly affect their profits when people learn that over fifty of the most profitable and scary diseases are all caused by scurvy and its degrees of vitamin C deficiency now measurable individually by the new science. End of major diseases equals end of public interest in the "Natural Health" websites.

Soon people will have realised that they can judge the honesty and value of health websites by the priority they afford to CardioRetinometry®. It is an excellent proof. That is because the only people who can profit from it are the unrelated and independent suppliers of the nutrients prescribed. Its practitioners are barred from supplying them by the Institute of CardioRetinometry®, the governing body. Too many Internet purveyors of health advice are now seeking like pharmacy, to copy its example, and increase profits by being economical with the truth. They have seen pharmaceutically engineered ignorance which has cost a vast fortune to achieve reap massively greater fortunes, to justify its continuance to an incredible degree by pharmacy using its power and wealth to control medical schools curricula, the newspapers, television, and the medical profession. They profit by introducing people to a variety of conditions each benefitting from various naturally sourced and often true remedies. However, the conditions they espouse are often equally well addressed by basic nutritional supplements such as vitamin C, and one rarely sees them truthfully promoting other people's well established and better antioxidants such as the difficult to manufacture Resveratrol.²⁶ Instead, a wide range of nutrients such as cannot possibly be accommodated in any ordinary house, are constantly promoted with almost supernatural abilities.

Politics

To cure or not to cure

Since the dawn of history, Man has sought to cure his ills.. Whilst modern Man expects cures to be much quicker and more certain, he finds a strange anomaly. The next discovery after CardioRetinometry was revealed to author Bush, was finding that arterial disease regression, especially predictable and visible regression of disease in every sense of the word, was rejected by Official Medicine. What followed was the discovery that in the USA the word 'Cure' has been removed from some medical dictionaries. Very recently, Webster's New World Medical Dictionary rediscovered the word "Cure." It had vanished with the words "cure", "cured", "cures," and "incurable." A researcher²⁷ found the words "cure" and "incurable" do not appear in The Oxford Concise Medical Dictionary, Ninth Edition, 2015. Nor do they appear in The Bantam Medical Dictionary, Sixth Edition, 2009. "Cure" does not appear in Barron's Dictionary of Medical Terms, Sixth Edition, 2013, although "incurable" is defined as "*being such that a cure is impossible within the realm of known medical practice*".

Medical Terminology for Dummies (Second Edition) does not contain the word "cure". Further, "cure" is not defined and not in the index of most, if not all major medical references, including: Merck's Manual of Diagnosis and Therapy, Harrison's Guide to Internal Medicine, and Lange's Current Medical Diagnosis and Treatment. This brings a problem. If the thousands of RARPs showing disappearances of the reflex, which can only equate with the disappearance and cure of disease (since an "excess" is still taught to be disease, although we differ as to what disease) would it not be a lie not to describe it as a cure, or to condone and accept its not being called a "cure?"

Until a few years ago it seems, when there was no restriction on the word "cure." TV advertisements regularly promoted different types of "Cold Cure." It seems that the joke is no longer funny. That "*pharmacy really does not want cures because they are too expensive,*"

may well be true. A label can say “helps improve your mood” but can’t say “reduces depression”.²⁸ The money is in “treatment. Now with the swing of the pendulum, the new incomes of “New Doctors” money – will be in the maintenance of optimised health rather than the maintenance of a regulated degree of disease, that doesn’t kill, but keeps the patient alive to pay for ever more treatment, and - as Linus Pauling felt compelled to joke in 1985, to offer more opportunities to prescribe a second drug to counter the unwanted side effects of the first drug.

Medicine, the willing blameless servant of the many times convicted criminal pharmacy, is profiting from its criminal partner that schemes to confuse and deny the public cures. Examples of the criminalisation of ordinary claims are appended. But one claim to prevention is very difficult for Pharmacy to erase from the record. Whilst they have succeeded in making it illegal to claim to *prevent* – via pharmacy’s convoluted language, they cannot expunge the word *PREVENT* from the titles of the patents that Linus Pauling and cardiologist Matthias Rath obtained claiming to prevent arterial disease. Prevention and treatment of occlusive cardiovascular disease with ascorbate and substances that inhibit the binding of lipoprotein (A) US 5278189 A.²⁹ The Abstract reads: A method is provided for prevention and treatment of cardiovascular disease, such as atherosclerosis, by administering therapeutically effective dosages of a drug comprised of ascorbate, lipoprotein (a) binding inhibitors, and antioxidants. Are we not reminded of Burke saying “*For the triumph of evil, all that is necessary is that good men do nothing?*”

In 1999, at the time of making this discovery, the thought that it might be seriously unwelcome was far from the mind of contact lens specialising Optometrist author Bush. Western medicine would surely welcome the new relief from heart disease that this advance might augur. At that time author Bush was unaware that vitamin C was virtually banned from medical education. Then he learned that five text books on diabetes ignore it completely.³⁰

It was unknown to him that Western Medicine had never encouraged the belief that arterial disease can be improved and that the suggestion that it might be “cured” had become illegal in the USA! Later it was noted that the Internet and buses in Hull bore large NHS advertisements offering to cooperate “with individuals or groups to reduce Hull’s above national average heart disease.” So what can be expected if not a cure? A “remission” might be experienced. An interesting question is “Can one commit an offence by claiming to be cured?” And if one is not allowed to use the word “cure” how does one report the claim? Here the UK’s NHS is ‘caught in flagrante’ lying in advertisements.³¹ Now it seems, the FDA and other authorities in the USA can imprison people for offering many cures. “Cure “has become a dangerous word. So we have a situation where we are *seeing* cure but cannot legally call it cure. Yet not to do so is lying by omission. If so that defines modern medicine. Now supplement providers have to be extremely careful about the words they use.

Mass medical manipulation

The scale of growth of the engineered diseases in Man is horrifying in its dimensions. As mentioned early in this paper, governments of so called Welfare States appear to now collude to allow people to die (be killed) for pharmaco-medical profit. Is this in order to save a massive and growing pensions problem? It started as an evolutionary ‘blip’ with apparently multifactorial origins of pandemic coronary heart disease in the 1920s. Embarrassed and unable to explain it doctors were defensive, having no remedy. A number of factors, was seized on for money making ventures like low fat foods, new oils,³² Ginter’s and Harman’s^{33–35} work especially on the risks of polyunsaturated

oils and trans fats are remembered. e.g., allegedly “Heart Healthy Margarines,” “health shops,” and latterly, the relatively harmless but often unhealthy, “health clubs” that also deny their supporters access to CardioRetinometry®: Could this be because they are anxious that their members do not learn how often their exercise is doing their hearts more harm than good? It has been found in practice that the greatest threat to the arteries, revealed by CardioRetinometry, is amongst those who train too hard or who are demanding too much of their systems. Other stresses that may have caused the CHD are numerous but all share the same effect, that of ultimately depleting the vitamin C status of the individual. The new pandemic of coronary thrombosis probably started well before people started dropping dead. It is usually a slow process until some final spasm,³⁶ or haemorrhage within the atheroma, triggers a fatal thrombosis.^{37,38} Partially restricted blood supply leads to painful angina symptoms.³⁹ Chlorination of public water supplies, wars, synthetic butter claiming to be “Heart Healthy” margarine, new culinary oils claiming to be even more healthy by reducing “cholesterol” (but actually causing free radical damage to arteries and causing cancers) very slowly increasing wealth and larger families of the Victorians, increasing use of artificial fertilisers to feed the larger population against God’s command to let the land lie fallow every seventh year and to enjoy a second year of rest from cropping every fiftieth or jubilee year. Food quality declined and with it the still to be discovered vitamins. Eventually, refrigeration encouraged longer storage but at the expense of declining nutritional value. pollution due to coal fires increasing vehicle exhausts, artificial light affecting sleep patterns, cheaper newspapers often with disturbing news never before brought to the masses, stress first from new radio programmes, then TV less exercise as public transport improved, and perhaps the radio wave radiation itself, never before experienced by the human body. A proven cause of disease came with mobile phones, and there is now no escape for anybody on the planet, from ubiquitous radiation across a massive spread of frequencies.

But what was it a hundred years ago that triggered the explosion of CHD deaths? Based on CardioRetinometry® experience, and the evidence from G. Lyndsay Johnson’s pocket Atlas of magnificently painted fundus vessels in full colour of 1911, we can say with certainty that the arterial condition of people was the same or worse than now. Cheaper energy, the emergence of gas for heating, cooking and lighting then replaced partially by electricity made cooking easier and quicker, and delayed sleeping as cheaper newspapers and greater literacy entertained people. The cinema, played its part in reducing sleep and war reports stressed people. At age 5½ author Bush was worried reading about the Abyssinian conflict in newspapers in December 1934.

Vitamin C is easily damaged and author Bush himself had scurvy as his teeth were always causing problems throughout his teens in WW2. His gums bled when brushing teeth. He had nosebleeds and many dental amalgam fillings. Only when the rapid growth of an adolescent draining his vitamin C ceased, did his health start to improve. Cessation of growth counters vitamin C deficiency as children grown out of their childhood diseases, Whilst we know that semidehydroascorbate is a valuable (half oxidised) form of vitamin C, dehydroascorbate continues to puzzle before the ring structure breaks open, still possessing some anti-infective and perhaps residual antioxidant ability, although becoming pro-oxidant. Much of our vitamin C reaches us as dehydroascorbate simply because of the age of produce and cooking. Overcrowding and nutritional depletion because of overcrowding and pollution caused by the Victorian population explosion must all have played their part in creating the CHD pandemic.

We can guess at all these things but CardioRetinometry today, has the power to reveal in exclusion studies, what is really happening to our arteries. The days of guessing are over. With microscopic accuracy and the feasibility of harmless unlimited daily examinations, the health of the cardiovascular system and more importantly, its finest degrees of ill health, summated in the variations in distribution and amount of retinal arteriolar atheroma, can be used to quantify ill health as never before. It can be measured and tested against all the known environmental, ecological, psychological, religious and nutritional stresses imaginable, evaluating even the possible damage due to unseen electromagnetic, perhaps cosmic, and radio wave radiation within days by taking a subject into a comfortably equipped Faraday cell to live with a camera and daily examinations by CardioRetinometry®. The body can be tested barometrically in pressure chambers the same way, subject to increased or decreased atmospheric pressure. There seems no limit to the effects that we can now expect to be able to measure that react with our cardiovascular systems. We can simulate the high altitude life of the Hunza, the coal miner, or those required to work in the US armed forces at depths of two miles in atomic bomb proof deep installations. We can achieve the quantification of disease and damage in all manner of conditions from space exploration to the most mundane of office jobs and accomplish in days what \$500,000,000,000 worth of medical research in a variety of decades long studies have signally failed to prove in the last 30 years.

The tragedy of the politically corrupt fluoridation programme inspired by a "too expensive to make safe" industrial waste product from potash manufacture, is that everything fluoride sets out to achieve on oral health is better achieved with non-toxic vitamin C. Only damage results. Vitamin C disinfects the mouth, and even cures halitosis.³⁶ As one might expect, there is only a single PubMed paper mentioning a vitamin C cure for halitosis, an extremely widespread complaint. At last we can hope to prove the damage due to unwanted and illegal mass medication by fluoridation³⁷ and start to end the disaster of the USA government turning a blind eye to the absurdity over 100,000 deaths per annum in hospitals due to correctly prescribed and dispensed drugs³⁸ mirrored proportionately in all Western countries. These do not include an unknown number of fatal statin related deaths, a single tablet having been documented as being fatal.³⁹ Doctors have admitted to author Bush that no post-mortem examinations are conducted to establish whether or not the deaths were caused by inhibition of heartbeat essential Co-Enzyme Q10. Production of CoQ10 in the heart, has been known since marketing of the statin that kills it was begun by Merck, who were well aware that their drug inhibited CoEnzymeQ10. All this helps to play a part in helping to kill people before pensionable age. In the last case, a patent for a combined Co-Enzyme Q10 tablet with the statin was granted to Merck, but its protection we can now see, was never meant for the public, but to prevent competition from other companies, no matter that deaths would result. Profits were clearly put before people with their never marketed combined formulation stopping others from saving deaths sue to Co-Enzyme Q10 inhibition.⁴⁰ Even the so called impartial BBC and the World Health Organisation have been shown to be within reach of organised suppression of vitamin C and scurvy information. The Serious Fraud Office of the UK refuses to act, faced with the evidence of Co-Enzyme Q10 depletion, saying that the General Medical Council, effectively the guardian of prescribing in the UK,, must be consulted This denial by the SFO , was virtually the police referring the victim to the criminal.^{41,42}

This therefore, being the first formal scientific paper, describing a system of medicine having the new-found ability to lay bare and

successfully identify adverse dietary, nutritional, environmental, ecological, religio-psychological, physical and other stresses as risk factors and by relating to urinary, genetic, and haematological analyses, to identify known factors associated with the human phenotype, may be remarkable for the time it has taken for the matter to come to light. We can expect to advance with a giant stride, prevention and life extension as never previously possible with Dr W. Gifford Jones MD stating that the "Historic discovery will fundamentally change the practice of medicine".⁴³

Because those unwilling to learn from the mistakes of history are doomed to repeating them, the author makes no apology for presenting the minutiae of the case for CardioRetinometry®, discovered in 1999, presenting as it does, the opportunity to shatter the mould of "Old Medicine," free patients from the mythology of "dangerous vitamins," the "dangers of dietary cholesterol in red meat" the alleged dangers of eggs and saturated fats, and the "benefits" of flu vaccines as examples. In a world where only half the nutritional value of many vegetables remains, and e.g. little to no magnesium is now found in many carrots, we expect to identify and prescribe the missing vitamins and minerals using CardioRetinometry®. We can expect the 21st Century to end heart disease, thrombosis, strokes, peripheral circulatory failure, macular degeneration, glaucoma,⁴⁴ ischaemic renal disease, 'dry eye, upper respiratory infections, COPD, emphysema, cognitive degeneration, arthritis, and premature death. They will probably become memories of a rotten age of corrupt medicine, out of control having long ago lost its moral compass, and content to be ruled by criminally often convicted pharmacy that in one case, was fined \$1Billion for rigging the price of vitamin C.⁴⁵ Now the pharmaceutical industry, having continued the war against vitamins that can so damage its profits, and having achieved even greater success through the legal instrument of the Codex Alimentarius, may have run its course. The public will be alerted to how, in their efforts to compensate for nutritional depletion, they have been pre-empted by pharmacy's removal of the most potent vitamin formulations in the name of "harmonisation." Before they open the bottle?

Soon, hopefully, also to be consigned to the dustbin of history will be examples of deceitful pharmacy's assaults via the Codex Alimentarius, on a trusting public by marketing an over-priced, under achieving, vitamin C tablet committed to first detoxifying the poisons it contains. This is the shockingly sweetened vitamin C tablet containing the artificial sweetener that the state of New Mexico fought to have banned. It is poisonous aspartame that breaks down in the body to formic acid (ant sting poison) formaldehyde (toxic embalming chemical) and methyl alcohol (causing blindness and known as 'wood spirit') and to loading its tablets in some cases to such a degree with this most unhealthy sweetener on the market, that one cannot take a usefully protective two grams without feeling sick. The sweetener is accused of causing Grand Mal epileptic seizures. But the FDA guards and protects it. The war is not over. This graph exposes the conspiracy against knowledge of fatal scurvy, suppressing public knowledge and awareness of its great variety of dangerous manifestations (Figure 1).

Completely unexpected and even violent attempts to end the research and suppress knowledge of the new field of CardioRetinometry® science at birth need to be brought to public attention. Some may continue and face new practitioners in their early days of practice in the new medicine. It is taught in the new doctorate course. This follows the early aggressive, established history of Western medicine since Flexner A, and Fishbein M, established the American Medical Association, closed competing schools of medicine and homeopathy and the Journal of the American Medical Association (JAMA) adopted an offensive policy against everything that might reduce

allopathic medical incomes.⁴⁶ An important principle of Western medicine became the attitude to scurvy classed as not much different from pregnancy:- one either had scurvy or one didn't. The idea of degrees of scurvy drawing attention to the need for vitamin C was and is unwelcome. Today a search of PubMed for 'JAMA AND Scurvy' yields 14 results! Yet this is the most common and most dangerous of all the Diseases of Man. But JAMA is not interested in its readers knowing this.

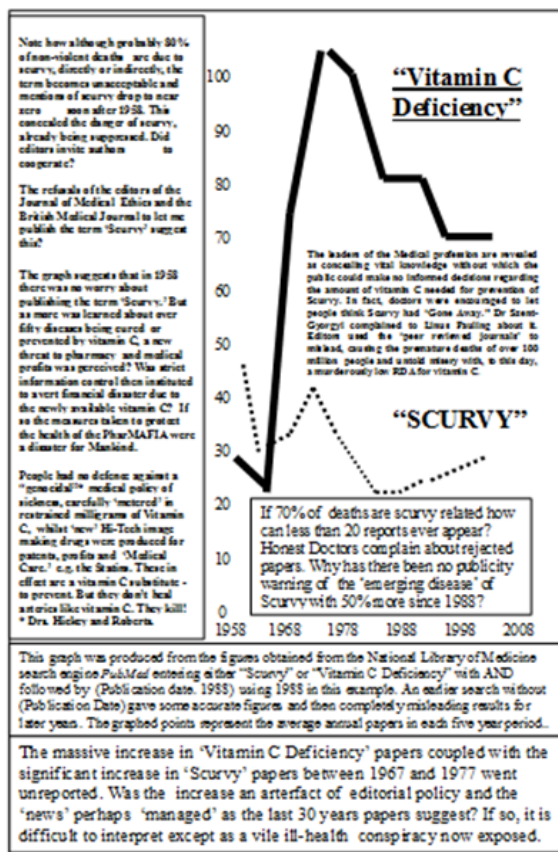


Figure 1

A search for - JAMA AND Vitamin C - yields only 103 papers at the first 1967. Does anyone remind you of the most common and most dangerous of all Diseases of Man? Look at the British Medical Journal. This search for JAMA AND Vitamin C yields only 103 papers at the first 1967. Does anyone remind you of the most common and most dangerous of all Diseases of Man? Look at the British Medical Journal. The search for BMJ AND Scurvy yields 54 results. Better? No. They are the total going back 140 years to 1876.

For BMJ AND Vitamin C the British Medical Journal lists 184 papers since 1936, slightly more than two papers per year. The New England Journal of Medicine lists 29 scurvy papers since 1946 and the American Journal of Clinical Nutrition a search for BMJ AND Vitamin C the British Medical Journal lists 184 papers since 1936, slightly more than two papers per year. The New England Journal of Medicine lists 29 scurvy papers since 1946 and the American Journal of Clinical Nutrition a search for Am J Clin Nutr yields ~12 papers per annum over 62 years. And less than one paper per annum on scurvy. Western medicine is thus proved to not want to know about vitamin C or scurvy when all the heart disease and much cancer with fifty other diseases can all be traced to scurvy and vitamin

C deficiency! Can vitamin C be regarded as unfair to doctors and pharmacy! The graph proves it! Clearly, all this supports the view that the old fashioned 'disease = dollars' doctors have had over 80 years since Albert Szent-Györgyi isolated vitamin C, and have firmly concluded that they are right regarding its threat to incomes geared to disease treatment. They believe that, Vitamin C should be greatly feared by Western Medicine that wants its doctors and their patients to remain in ignorance about scurvy. Albert Szent-Györgyi had to be right when he wrote to Linus Pauling and said, "I felt that right from the beginning the medical profession misled the public!"

Yet vitamin C has been shown to be the least toxic substance known. The veterinary profession prescribes forty times more for primates in captivity than the medical profession prescribes for humans. Is this because gorillas have no money for treatments? And whereas Western Medicine insists that 2,000mgs (2gms) is the "upper tolerable limit" nobody told the animals this because most make much more. In human equivalent terms, rodents make up to 20,000mgs hepatically and goats up to 100,000mgs/day when required. Compare with most humans making virtually none. It is now believed that those continuing to excrete ascorbate in the urine whilst surviving exclusion diets, are making a little in the microbiome from ascorbigenic bacteria. Since the gulonolactone gene can be deleted from "humanized" mice, one wonders if equally, gene therapy could restore to Man the ability to live like Methuselah. But there is no money in very long lived, active, healthy people.

Probably most doctors want to be honest. They don't want to kill their families. They want respect and love like others. The system in the UK's NHS is corrupt and defeats them. Author Bush was told by friendly NHS doctors, that if they prescribe more than 2grams of vitamin C per day, they will first be telephoned by the pharmacist dispensing the prescription, who will point out that it is against the guidelines. A friendly word of advice from a local medical association officer will quickly follow, reinforcing the message and if the doctor persists,, he can eventually find himself before the investigating committee of the UK General Medical Council and he is at risk of appearing before the disciplinary committee where his right to practice can be withdrawn for some months before hopefully, being restored to the register. Long before that he would have been told that his insurance does not cover the prescribing of large amounts of vitamin C, as if it were toxic. Indeed, the only warnings that doctors can give are that it might cause kidney stones (it prevents them) and that it can cause stomach upset and loose bowels. But it is never prescribed as a laxative!

Pharmaco-Medical profits v. Public You are going to hear a great deal about vitamin C. Thus the entire ethos of CardioRetinometry® is in total diametric opposition to the principles of conduct of the UK General Medical Council in its efforts to severely restrict the prescribing of the least toxic substance on Earth. Great changes must take place. Author Bush's training in medical school, as one who was exposed to it, was that it is unremarkable, it wasn't taught as curing anything at all except frank scurvy; and certainly not expected to kill bacterial infections; that was done by the white polymorphonuclear cells. We were taught that it doesn't cure viral infections, although Klenner had found that it did.

Although it stimulates the body's production of Interferon, that wasn't known in 1950. It is still not taught as preventive of CHD. It is said to produce expensive urine, is damaged by heat and food exposure to air, Not mentioned is that many oranges now contain far less than the tables show. It is emphasised untruthfully, that supplementing risks kidney stones and fifty milligrams per day is all that is needed with

no mention whatever of increased needs during fevers or any kind of illness, which is murder, exactly as Dr Frederick Klenner stated.⁴⁷ The collected papers are essential reading for everybody. When the Polio epidemic of 1948-49 hit N. Carolina, Dr Klenner was in charge of the Annie Penn Memorial Hospital in Reidsville. History was to be made there. One by one patients came with varying degrees of fever and paralysis. At the start of the epidemic he had consulted with Claus Jungenblutte of the Columbia University medical school and when he learned that polio virus was killed at plasma levels he went back home, tried injecting himself, and set to work saving everyone who fell ill.

Apart from supporting the immune system, collagen and avoiding old fashioned scurvy that killed the explorers, everything I was taught was untrue. This paper suggests that in another three years, before 2020, after two full decades of war against vitamin C, the battle to bring prevention to the public will have been finally won, though sporadic fighting will possibly last another decade as the prizes are too big for them to ignore. How big? Dr Marcia Angell former editor of the New England Journal of Medicine is on record in her book. Rather than use the words “bribe” or “threat” she diplomatically states “*The combined profits for the ten drug companies in the Fortune 500 (\$35.9billion) were more than the profits for all the other 490 businesses put together (\$33.7billion) in 2002. Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centers, and the medical profession itself.*” Has one ever seen the expression “co-opt” used in any other example, except as a euphemism for words like “bribe,” “threaten.” and “control,” for example in bloodless coups d’état in political takeovers of countries or institutions?

15 years of repeated testimonials to the power of “New Medicine” Rejections of articles and countless attacks of all kinds both quasi-legal, and illegal, by both Western Medicine and the pharmaceutical industry, have provided the most respected, convincing, authoritative medical testimonials possible from the ‘Old Guard,’ proving the credibility of author Bush’s claims and photographic evidence, even better than the support of his authoritative proponents in recognising the value of the new tool for the diagnosis and control of cardiovascular and many other diseases. Can one be surprised if on removal of a root canal filled tooth, the retinal arterial disease is better controlled?

Out with “Old Medicine” What is clearly feared, is the new ability to both, quickly and positively identify threats to health, stop adverse arterial changes, expose the cholesterol and saturated fat myths, and then with ease, to repair damage, and to do all this without surgery and damaging X-Rays. In uniquely, protesting and attacking CardioRetinometry® for over a decade, one is reminded of a comment in a similar context, that “by their decades long attempts to prove the cholesterol hypothesis (of CHD) and the value of statins, they have effectively disproved their own case.” By its decade long war against CardioRetinometry®, “Old Medicine.” is now convincing the public that its reign is over.

In this series of papers we shall be limited by the paucity of research that has been glaringly avoided. Only around 100 papers relating vitamin C deficiency to actual coronary heart disease, cellular scurvy of the arteries, high cholesterol levels, inflammatory disease, hypertension and diabetes will be referenced. In citing a mere ninety papers limited to these narrowly based subjects, on aspects of the cardiovascular system, we would like to contrast that number with

the total of 87 papers found in the NEJM or the 103 vitamin C papers found in JAMA, and ask readers if they really want to learn about health and prevention or as it appears JAMA prefers, disease and profit, compared with the more honest Am. J. Clin. Nutrition’s over 700 papers.

Frequently we find more papers on ingrowing toenails than the most fatal disease of Man with the potential to shorten the lives of probably every single person on Earth. The contrast could not be more blatant. It could not be more clear, without drawing the graph, how corrupted the journals became as more was learned about the few things that vitamin C could *not* improve! However, the author didn’t even consider submitting this paper to any of those journals. The record shows that JAMA and the BMJ promote surgery for simple vitamin C deficiency linked arterial and cardiovascular system diseases as dozens of papers now show. Unnecessary deaths from millions of simple infections that injected vitamin C would have cured (as first proved by Klenner with 60 polio cases cured without paralysis) and desolated human lives caused by false Medication, and its rigy imposed restriction on the prescription of the stance on Earth that will end when the public learns the facts. Doc has only been a bold untruth about vitamin C such as author Bush himself was taught at medical school before reverting to Opometry, but as many have learned, they are forced by threat of Medication, and its rigy imposed restriction on the prescription of the stance on Earth that will end when the public learns the facts. Doc has only been a bold untruth about vitamin C such as author Bush himself was taught at medical school before reverting to Opometry, but as many have learned, they are forced by threat of striking off, to obey General Medical Council (GMC) commands. Author Bush has himself at age nearing 88, consumed between fifteen and twenty grams per day of either sodium ascorbate or ascorbic acid, for the last forty years (200grams without bowel effect on two occasions) and between one and ten grams per day from approximately age 35 until 50. Old fashioned medicine will defer to New Medicine with no more waiting for disease to earn a living.

Medical incomes

Massive UK and US savings

Without the burden of so much unnecessary American medical defence insurance, and “Medicare” draining families, and the incomes of both doctors and their patients in that country, together with much of the massive cost of the UK’s so called “FREE!” NHS due to out of control drug prices, the subject of frequent UK newspapers headlines, we can expect a revolution. By eliminating altogether unnecessary drugs and their additional costs, inflated hospital managers’ incomes, and all the other out of control administrative NHS costs, with so much of this funding directed instead to prevention, and medical incomes, the governments and people will save massive amounts. The medical profession in both countries will become much more affluent. The savings in unnecessary drugs, and hospital costs would be so great with 50 diseases gone, that the UK Income tax could be significantly reduced.

Materials and methods

The very best and by far the safest, cheapest and easiest, technique for the evaluation of coronary heart disease (CHD) is shown in this first of many papers, to be made possible by the latest high definition retinal arterial photographs using 45 degree cameras (and even more narrow angle equipment) which provides ever more detailed analysis of what is happening at the endothelial interface with the blood flow.

In March 2008 Fonorow stated that (CardioRetinometry®) “*is the only viable method for determining the proper/optimum/accurate amount of vitamin C on an individual basis. Now people know that they need vitamin C but how much? Is bowel tolerance the right amount, or can I take less and keep my arteries clear? Only CardioRetinometry® can provide that analysis non-invasively, without radiation, etc.*”

There is now a massive literature on this subject that by its size is making research difficult. Biochemists are unravelling the intricacies of the universal non-specific mesenchymal reaction, an intravascular coagulation response to certain toxins or systemic stress that has been described as a generalized version of the Sanarelli-Shwartzman phenomenon. Since the invention of the ophthalmoscope by Helmholtz in 1851 the blood vessels of the retina have been seen to bear the appearance of a glistening white line mostly along the centre line of the vessels and universally seen in the vast majority of all eyes. However, this was never appreciated as being actual plaque, or more accurately, intraluminal arterial and venous atheroma attached to the endothelium. It was labelled as a “reflex” and stayed as such until the present day, still being taught to optometry and Ophthalmology students as and “ensheathment.” And a “Health Sign.” Now we know it portends CHD and possibly sudden death due to thrombosis. It is hard to accept how fatally, devastatingly and utterly wrong has been the teaching of Optometrists and Ophthalmologists for the last 100years.

Thoughtless copying of old thinking

This is not new. For over a century absurd statistics were repetitively published in Gray’s Anatomy of the length of the GI tract. Authors made no effort to verify their “facts.” The well known Modeno Atlas of the eye shows retinal arteriolar reflex and similarly, continues to fiction of its being a “Healthy Sign”. There are very many reasons for denying this which should be immediately obvious but, strangely, are ignored. Confusion over the “Reflex” When is a Reflex NOT a Reflex? Questions that have seemingly worried few, other than the noble Brinchmann- and Heyer have not bothered anybody. With nothing else to cite, perhaps this paper will set a new standard for ophthalmology in very many ways. It is not possible in this first paper to address every question. Future papers will. For the present we must leave it with the questions that will be answered in due course.

1. Why is the “reflex” consistently seen most strongly at the bifurcations of arterioles where it is correctly identified as what the authors prefer to describe it as Hollenhorst microplaque (HMP) and almost every bifurcation shows it.
2. What is the puzzling explanation for this being viewed as different from the source of the “reflex” elsewhere in any and all other retinal vessels, veins included?
3. If it were a simple “reflex” as claimed by O. Brinchmann-Hansen and Halvor Heyer, (1986) who sought by physics to convince that it follows the rules of reflection of light according to Snell’s law, would it not be uniform wherever the angles of incidence and reflection coincide? So why are there clearly many sections of the microvasculature which fail to follow the rule? Doesn’t Brinchmann’s hypothesis that the reflex arises from the blood column therefore fail completely?
4. If it were a simple reflex, what causes the profound difference in said “reflex” between HMP and the lack of consistent continuing “Reflex” from it along the vessel?
5. If it were a simple reflex would it not consistently occur whenever the vitreal surface of the vessel is at 90° to the line of sight of the observer? But it does not follow that rule.

6. If it were a simple reflex would it not appear wherever the vessel surface is at 90° to the observer?
7. How does one explain that straightening of the vessels always accompanies reduction of the “reflex” along the whole vessel? The Brinchmann idea fails again.
8. If it were a simple reflex would it not follow the rule that it is reduced proportionately to the diameters, wherever arterioles and venules increase in diameter?
9. Why, instead of (8) does the “reflex” follow the rule that it increases in width as vessels reduce in diameter?
10. If it were a simple reflex, how would one explain that it is inversely proportional to the supplementation of the diet with vitamin C?
11. If it were a simple reflex, how would that explain the increase in total length of reflex seen when vessels become more tortuous?
12. If it were a simple “reflex” why would the reflex disappear from disc vessels when pallor and ischaemia are replaced by improved optic nerve blood flow, the opposite to the hypothesis of Brinchmann Hayer et al?
13. Doesn’t the clear link between the appearance and disappearance of the reflex, attested to by 100 convinced consumers of vitamin C who insisted that nothing else could account for it, added to 100 consumers of vitamin C who were not allowed to make the specific vitamin C claim because they could not be 100% certain but were fairly certain that there was a link, support the hypothesis that it is not a reflex at all, but attached atheroma, strictly obeying the rules of the Pauling-Rath Unifying Theory for the cause of CHD and thus positively answer all the questions posed above?
14. Doesn’t Pauling-Rath theory of haemodynamics satisfactorily explain and answer all the above question.
15. Isn’t it scandalous that we have to wait for a provincial Optometrist to virtually sell his house to buy and exploit the potential of a fundus camera to reveal fundamentals in medicine, and that the government should by now have installed free of charge in every Optometrists’ practice, such amazing and valuable equipment.

Further support comes from Khiabani HZ et al. in 2000 now exemplifying the universal confused thinking surrounding veno-arteriolar reflex (VAR) at that time. They stated in the conclusion to their paper discussing the implications for critical limb ischaemia (CLI) that “the VAR is disturbed in limbs with CLI, both in those with and without oedema.” They noted regional differences in the orthostatic response (OR) in ischaemic feet “but there were no differences in OR between those with and without oedema.” Then they concluded “disturbances in VAR may play a role in the development of ischaemic oedema, but is probably not the only causative factor.” In saying that, they clearly failed to perceive that, with its intraluminal plaque and arterio venous blockages, the VAR as is seen in the retina is a surrogate outcome predictor of peripheral circulatory failure.

Similarly, in April 2016, a Medscape article by Editor Hampton Roy (Member of the American Academy of Ophthalmology); Kean Theng Oh (member of the American Academy of retinal Specialists); and Nadar Moinfar (member of the American Academy of Ophthalmology) together wrote: “Acute and chronic hypertensive changes may manifest in the eyes, respectively, from acute changes from malignant hypertension and chronic changes from long-term, systemic hypertension.” And continued “Ocular involvement in the setting of malignant hypertension was first described by Liebreich, in 1859”. But this ignores that high blood pressure has been shown

to be linked to chronically low vitamin C levels by Bates et al 18 yrs earlier in 1998; and again in 1999 using vitamin C by Duffy et al. (1999); Fotherby et al. (2000); and then May (2000). These statements all involve what seemed to these researchers to be the “chicken and egg question” and represent the false ideology that the intraocular changes result from systemic pathology. This is revealed by CardioRetinometry® to be untrue. It is the other way round. The “genetic countermeasure” of Pauling and Rath, responding to abuse of the endothelial waterproofing barrier that protects the arterial tunica intima and media from hydrolysis and ungelling of the ground substance collagen, consequent on diastasis due to low plasma ascorbate’s failure to maintain the integrity of the connective tissue and its collagen are identified by Pauling and Rath as the initial setting of the stage for Atherowaxia. That this may be a little more complicated, due to the release of histamine and the consequent monocyte adhesion that follows it In the absence of ascorbate to convert the histamine into Hydanoin-5-acetic acid, water and CO₂ results in hyperhistaminosis. We believe that this probably oversimplifies the initiating steps in CHD, namely, atherowaxia and definitely the converse in atherowaenia when, as Pauling and Rath predict, the addition of daily oral ascorbate and lysine achieves atherostasis before atherowaenia. This is then easily seen in sequential ultrahigh magnification of identical areas of micro plaque by flicker alternation of the precisely superimposable images. The particles of (cholesterol?) or its various plaque components are then seen to appear and disappear according to the supplementation.

It is not author Bush’s desire at this stage to oversimplify the aetiology of CHD. The same atherowaxia and atherowaenia can be achieved in a variety of ways. Almost any oral measures involving antioxidant nutrients, fruit, other antioxidants, and the cessation of smoking have been observed to result in atherowaenia even in a strict vegetarian. Stress reduction, also can help achieve atherowaenia. Divorce, changing to a nicer job, and better lifestyle have all been able to reverse CHD as seen in the retina. Neither can there be any doubt about the power of prayer. All have been linked to sequential changes in the retinal microvasculature.

In the next paper it is proposed to enlarge on the actual causes of coronary artery disease, as confirmed through the retinal photographs. Such questions as “why are these changes not seen in the anterior segment” will be addressed and many more such as “why does the appearance of the disc change so much?”.

Discussion

Prevention or prevention?

A discussion on this paper might extend to 5,000 words since interest in the discovery brought “Dr W. Gifford-Jones MD” (pen name required by the Canadian Medical Assn for Professor of Surgery, Dr Kenneth Walker MD) the first of N. American authorities from the USA and Canada to the UK to investigate the database. Dr Steve Hickey and Dr Hilary Roberts emphasised in “Ridiculous Dietary Allowance” in 2004, how easy it is for Optometrists to perform their own studies. But no physician or ophthalmologist has dared to follow suit with his own two or three year study. A thousand could have done so in the last ten years. But they have no interest. For them, medical prevention is prevention of the public learning the truth. The only other explanation is that no editor dared to publish a similar study.

Experience has shown however, that whilst some practitioners have a considerable aptitude for the evaluation, perceiving many changes in the images, others as in histology, have more or less aptitude. Many Optometrists have been derisory and unpleasant, or

are genuinely relatively blind to them. The course for the postgraduate doctorate in CardioRetinometry (DCardioRet) is two years but the gifted candidate may be able to qualify in one year.

Looking at the history of the emerging pandemic of CHD one is tempted to weigh in two factors. As Carolyn Dean says, Magnesium is vital for the heart and e.g. has almost disappeared from some carrots. The emergence of fats following Sabatier’s 1865 hydrogenation of oil taken up by Proctor & Gamble in oils with very high trans-fat content like Crisco, undoubtedly contributed to the epidemic. CardioRetinometry® and should have warned then. There is no doubt, that the arteries shown in Johnson’s atlas of the fundus in 1911, warned of the pandemic to come. The arteries were unsustainable and showed a malign influence on the European girl and “Native” boy, forced to consume the same food as others. CardioRetinometry® could have shown the benefit of citrus and e.g. peppers. But peppers were uncommon at that time in the UK. Few other vitamin C food sources were available cheaply that did not involve cooking for easy consumption. Thus a combination of many factors from new oils to new fertilisers and the ignoring of biblical injunctions re the essential “Lying Fallow” and resting of the land in every 7th year combined to give us the still present scourge of oil driven, trans fats causing cancers and CHD, exaggerated by modern stresses, pollution, and a medical profession that “warns” against “excess” vitamin C.

Conclusion

The serious nutritional mistakes of the late 19th and early 20th centuries that caused catastrophic havoc to our health will hopefully not be repeated. People only need to ask themselves why sunflower oil in capsules costs over a hundred times more than in supermarket bottles. Is it likely that the same high quality with all its vitamin E is what is listed in prepared food ingredients? If so why are manufacturers permitted to fraudulently describe a depleted, and consequently dangerous product as Sunflower Oil? There can only be one true Sunflower Oil, freshly cold pressed from seeds as any Google search will quickly confirm. This example is typical of the hand in glove relationship between food, pharmacy and medicine for profit.

We stand on the threshold of a momentous change, not only in the profession of Western Medicine, that will become more specialised to genetic and non-metabolic originating diseases, but also a dramatic reduction can be expected in the panoply of ancillary “Natural Health” businesses that have sought to exploit the lack of prevention so obviously ignored against the wish of the public, and the ready profits available by frightening people via the mass media into buying all manner of unusual nutrients.

Until now it has never been possible to measure health. Nobel Laureate Szent-Gyorgyi said so. Linus Pauling said so. A revolution is in prospect, bringing a transformation in the lives of people released from the worry of failing health in their best years, due to degeneration previously undiagnosable and impossible to either monitor or prevent. Now, with no practical limit to the extent to which close monitoring is possible, doctors can recover their self respect, their damaged public image, and by studying the cellular health of the arteries and veins, learn the secrets of life extension using CardioRetinometry.

In so doing they will live longer themselves, their patients will enjoy better, longer lives and all will be far more prosperous than was ever possible previously. Wealth sapping “health insurances,” medications and hospital care required by “Old Medicine,” will be a memory as the science develops during the next hundred years (Figure 2).



Figure 2 The below images below illustrate much of the evaluation, shown here as highly enlarged examples degraded for prevention of copying.

Conflicts of interest

There is presently no commercial interest on the part of Dr Bush except in providing post-graduate training and the new degree of Doctor of CardioRetinometry® (DCardioRet) to primary health care professionals e.g. Physicians and Optometrists, whose education in medical schools did not exhaustively include Life Extension, life shortening Scurvy in its many focal occult forms, nutrition, the vastly extensive subject of ascorbate biochemistry, ophthalmology, physiology, pathology and the Sanarelli-Schwartzman, generalised non-specific uniform mesenchymal reaction, all relative to cellular health and prevention.

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