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Publication Change: Partial release of the missing sections: From a request from confidential PROTECTED status to public domain.

Recommending: Continuing power of State of Emergency: Governor General Administrative Arrangement Order for the abolishment and the restructuring of Department of Health and a compulsory education update and Merck manufacturing proposition.

**One Diagnosis, One Disease, One Treatment: the consequences of an inherited unintentional language error in the textbooks and curriculum of the western English medical system.**

### **Introduction:**

In 2018-2019, a historical inherited language misinterpretation and mistranslation error was identified from reading the ancient first edition medical textbooks stored in the ancient archive libraries. Up until the digitalisation of the ancient archives, it was impossible for anyone in medicine to have known where the language error stemmed from. The original medical textbooks were stored in monastery libraries, private collector libraries, private university libraries, private business corporation libraries. No one had access. Yet almost mockingly some of the ancient wisdom was stored in plain sight via inscriptions written on ancient temples, yet although in plain sight the ancient medical wisdom was symbolically buried in an inability to decipher the code and the languages.

The language translation error causes a very high risk of morbidity and fatality. It is a long history of translation errors but there was a major historical translation error that occurred in 1892<sup>i</sup> and 1901<sup>ii</sup> in the United States of America, and this Latin to English error was then transferred to the world. This major language error continues to this day in our current editions.

Australia was not yet a Federation when the initial errors occurred, thus Australia simply inherited an error that was taught and then enforced for over 100 years, in policy from Department of Health ratified by Ministers of Health. All countries find themselves in similar situations. I can find no motivation for the error out of America (*inherited from the United Kingdom, remembering USA was originally also a colony of UK*) other than our

ancestors had an attitude problem and a severe level of incompetency of the Latin language and an incompetency in the historically compulsory subject Materia Medica. A complete tragedy.

The translation error breaks our hearts for the realisation of the unnecessary suffering of our patients, and for the suffering of practitioners alike. Our patients were our families. As practitioners we are also patients. This is not a conspiracy or deliberate, merely a tragedy. There is no motive. It is a collective accident with a collective solution. With the rise of the British Empire, a large majority of the world followed the English based system of medicine and followed English textbooks. The WHO was established in 1948, thus WHO had the translation errors from the day they were inaugurated. The WHO factsheets were then translated to most languages. A global catastrophe.

Thus, as a world community we are united in grief and mourning. We have unintentionally poisoned ourselves via a translation error in medicine. We have also unintentionally bankrupted ourselves due to the same error in medicine.

The new Department of Health system should repay the coronavirus debt quickly.

There is no Bigpharma conspiracy for finances. Bigpharma lost a fortune. One cannot patent botanical drug medicine as the extraction process was declared in the Pharmacopoeias in accordance with Medical Act 1858 LIV. No one could patent, but everyone could profit. The laws of Medical Act 1858 imply Drs in Public Health must prescribe from the Pharmacopoeias. Private Health allowed experimental medicine. This clause allowed for new techniques to market, but it came with a risk of “user pay” both if there were negative side effect consequences of an experiment gone wrong and pay via financially funding the experiments. Some conditions were unable to be treated under the old system, thus this private system allowing new techniques to market was an essential risk<sup>iii</sup>. It has its purpose for allowing R & D, however medical experiments should never be mandated as “compulsory” as the experiments can go terribly wrong. Medical experimenting is user pay!

The Public Health Drs were supposed to prescribe from the “*safe and effective*” listings of Pharmacopoeias where the drugs had been manufactured on the same standard to allow consistency of dosing and consistency of outcomes if the manufacturing was on consistent standards. The Pharmacopoeias were mainly minerals and botanical drugs<sup>1</sup>. Some single isolates were already listed. It was a wise legislation. This legislation was breached from 1910 after the Corporate Funded Flexner Report was released in North America.

The end of the Pandemic will come with new textbooks that contain suitable treatment to hundreds of conditions in the previously accepted “Systemic Theory of Medicine”. There was an ancient keycode in the Systemic Theory pre-Hippocrates, Pre Galen, that had been lost in archives of the Ashurbanipal library and lost in translations of Greek writers. Merck almost completed the keycode in 1899<sup>iv</sup>.

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<sup>1</sup> The British Pharmacopeia was published in 1864. “Safe and effective” in 1864 is limited to the chemistry knowledge of 1864. Many drugs listed in 1864 are poisons. The framework for the beginning of the Periodic Table is not designed until 1869.

To fix the error we need practitioners to study two subjects. Materia Medica and Latin. By studying two subjects we will have suitable treatments ready for market for hundreds of conditions as soon as the manufacturing is complete, and as soon as the education update is complete. Thus within 6 months the transitioning should be operational with a fully operational system within two years. New graduates of medicine will be automatically taught on the two subjects that were compulsory subjects in all bylaws of all medical associations listed in the Medical Act of 1858 schedule A<sup>v</sup>.

The research of the error was advised to be placed in under a security clearance until the solution was ready.

A State of Emergency is to allow laws to be changed quickly. There is an absolute crisis.

The current editions of both major textbooks taught at medical schools of Principles and Practices of Medicine [REDACTED], Merck Manuals online and WHO factsheets online have language translation errors in over 800 sections. For each section caught up in the translation errors a patient had a risk of 100% morbidity and/or fatality via drug interactions and/or complications of surgical procedures if the patients were compliant and if the patients took the drugs for each “Latin/Greek” complaint. There are no laws patients must follow advice, except in the involuntary Mental Health Act. We are fortunate that patients selectively ignored advice and patients threw away medicines if they experienced negative side effects and negative reactions in combinations of drugs. If patients followed their prescriptions, it is possible their deaths were caused by drug interactions.

A global state of mourning is to be declared.

The State of Emergency needs to continue for legal and legislatively purposes. But the recommendations of lockdowns of other industries must end for seasonal Coronaviruses. Health must focus on health legislation and health policy. The western news outlets were instructed to shout a “99 year old has died” by the intelligence field. How did no one hear this? The vaccine to market and vaccine passport debate is nothing to do with the information under security clearance or the State of Emergency for One Diagnosis, One Disease, One Treatment. Adding to people’s confusion, two very different stories were overhyping the media at the same time. Our Australian Chief Health Officers and Ministers of Health Offices chose to focus on the lesser emergencies of the two State of Emergencies, a 100% risk is a catastrophe, a 0.01%<sup>vi</sup> chance of testing positive is manageable.

For 2 years, I kept the information under a security clearance granted with a foreign government, as I retranslated the textbooks as fast as possible and worked to create a suitable education training program to update medical education. The lonely responsibility came at a severe personal detriment. It was not an easy responsibility to burden. I asked for assistance in 2019. I was ignored in Australia. America offered quiet assistance.

I vomited and cried every day that I had the sole burden to type the translations and the education update. I had to read the first editions. I read translations of books as far back as 4000 years ago from Babylon. I read the first editions of Galen, Hippocrates, Dioscorides, Avicenna, Vesalii, Vicary, Gray, Paracelsus, Culpepper, Willis, Peyrilhe, Harvey, Jean Astruc, Guillotin, Semmelweis, Koch, Jenner, Pasteur, Loe, Simon Flexner, Sims, Halsted, Brown

Sequard, Willard, Ashhurst, Lister, Fisher, Simmons, Voronoff, Flemming, Morell, Wirth, Mengele, Cameron, Bleuler, Breuer, Freud, Osler, Merck etc. I read the 19<sup>th</sup>-20<sup>th</sup> experiments off military classifications. I verbally heard the stories of the “on DOD military classifications” on a past role with UNHCR. I traced the language translation errors through all the early textbooks and then I read the consequences of the translation language error in the medical experiments.

The raw, unglamorized, non-self-worshiped version of the history of western medicine that we are inheriting is appalling. The death toll is very high. The suffering inflicted to patients is very high. The continued instruction of over hyping of the media for issuing of a State of Emergency is 100% real. We have a crisis that needs to be fixed.

The first draft of the new textbooks was completed by Easter of 2020, thus part of predictions that by Easter it would “*magically disappear*” speech out of the USA was somewhat true for one of the two over hyped media stories. Coronavirus strains will most likely always remain, with or without a vaccine, they are zoonotic. We can’t quarantine and vaccinate birds and bats. The new textbook has suitable treatment recommendations for numerous zoonotic enveloped viruses, including Coronavirus, unless you are 99 years olds, or palliative care.

Build back better? It can’t get any worst then the errors we have inherited.

No more blame or revenge. We were all wrong. We merely need to work together to fix it.

### **The Solution: Merck Archives**

George Merck was close to solving a problem that plagued western medicine physicians since the Hippocratic Corpus. George Merck almost broke an ancient language keycode of Materia Medica for the treatment of the Systemic Theory of Diseases diagnostic differential classification separation of the two categories which were merely “acute disease *versus* chronic disease” and “physical health *versus* soul health” in his layout of Merck Manual of Diagnosis and Therapy first edition in 1899.

In 1899, George Merck in his introduction states:

*“Smaller type has been employed – in order to economise space - for botanical drugs, gums, and some of the older drugs and preparations that are so long and well known that little reference will be need made of them”<sup>vii</sup>.*

The statement of “*so long and well known that little reference will be need made of them*” then George Merck is stating botanical drugs are effective medicine. To the physicians arguing botanical drugs are quackery, the intellectual property of extraction process belonged to Merck. The extraction technique advancements were developed around the same time Merck worked out how to pull morphine from poppies, yet in full tinctures and fluid extracts there are fewer side effects. Combining a single isolate with a full tincture or fluid extract removes most side effects of the higher dosed active ingredient. To deny botanical drugs as medicine is to deny the entire history of medicine, the language of medicine and the fields of chemistry and pharmacology. Botanical drugs are medicine, but there was a language keycode needed to understand their clinical use in Therapeutic Applications.

The Merck Manual text in 1899 was not without fault. There were many horrendous fatal mistakes in the *Materia Medica*, that needed to be fixed, but the layout from George Merck was pure genius.

The language keycode in the Therapeutic Indication section of Merck Manual 1899 was almost complete. If it wasn't for Merck trying to save space with "smaller type" due to the expense of printing, then all George Merck needed in 1899 to make the "Systemic Theory Keycode of Treatment" complete was for the options of the Latin named botanical drug to be listed under the Latin title heading of symptom/disease, or the Greek common name of the botanical drug options to be listed under the Greek title if the symptom/disease was still being listed in Greek, or the English common name of the botanical drug options to be listed under the English title of symptom/disease. The Greek and Latin terms aetiology are derived from the language of Monographs of *Materia Medica*.

In Systemic Theory, a patient can be experiencing up to 20 or 30 Latin signs and symptoms and "*diagnosis*" all at once, as in history it was accepted as the Systemic Theory of Disease, and Systemic Theory of Treatment. It was not a Reductionist Theory. Merck wrote a code of "see also". A simple design of format, yet effective. The more signs and symptoms and "*diagnosis*" the patient had then the easier it is to find a suitable treatment and prescription Rx in the previously accepted Systemic Theory of Disease. Remember, the shorthand for prescription, Rx is from the old Latin word *recipere*, "to recipe".

The complete opposite situation exists in the Reductionist Model. The more "*conditions and diagnosis*" a patient has, the more risks of warnings of drug interactions and the more risks of co diagnosis complications exist. This situation occurs simply due to the language translation errors in 1901, and then the pharmaceutical industry post 1910 direction change of manufacturing from full extract to only single isolate.

- Full extract is "Systemic Theory".
- Single isolate is "Reductionist Theory".

There is little need to debate which is more correct as both are equally correct in the varying situations of varying diseases that affect individual patients. Patients need both options.

Merck pharmacists since their establishment in 1668, advanced the work of Dioscorides. As chemists they developed extraction techniques of tinctures and fluid extracts and expanded the library of botanical drug knowledge of identifying both new species of plants, active ingredients, and toxic ingredients in the plants. Merck also developed techniques to pull single isolated active chemicals from botanical sources to achieve a higher therapeutic dose. All advancements were welcome, as Western medicine in the 17<sup>th</sup> century to 19<sup>th</sup> century was not highly advanced. If you read the archives of the writers quoted above for yourselves, then it could be described as the "*dark era of medicine*" however, the simplicity of the past error is tinctures and fluid extractions simply needed to be continued to be manufactured by Bigpharma as well as the newer single isolates. They work better together. Thus to fix it, all that needs to happen is remanufacture on the past Intellectual Property.

In 1899, George Merck's layout of the *Materia Medica* and Therapeutic Indications needed to be combined with 'some' of the publications stored in the archives of Merck Group that were written by Emmanuel Merck, namely the "Merck Index 1889", and also the publication of "Extractions, Chemical Reaction and their Purenness, Mineral Extractions" 1905 (*publication is in German*). Between George and Emmanuel Merck, thus between Merck and Co USA, and Merck KGaA archive libraries, the Merck family had the information stored to assist to break a lost keycode of treatment from the Systemic Theory of Disease from the ancient Library of Athena. A pre-Christian library, from a pre-Hippocratic era, when the library was built to worship Athena the Goddess of Wisdom.

In history, the ancient Library of Athena was stolen and taken to Persia by King Xerxes I in 480BC. Hippocrates lived in 460 BC-370 BC. The ancient library was not returned to Greece until King Seleucus ordered the stolen books be returned during his region of 358 BC-281 BC<sup>viii</sup>. Thus, the Hippocratic Corpus, leading to the Galen Corpus, which formed the basis of the current western medical system was not compiled during ancient Greece's golden days, rather the Hippocratic Corpus was compiled when Greece was attempting to rebuild their lost ancient library. In the ancient Library of Ashurbanipal, a library that was written in a similar time frame era to the Library of Athena, but not excavated by archaeologists from the British Museum until 19<sup>th</sup> century, then there is a document that I found the missing section of that helped explain it was a keycode that was missing. The missing document from Ancient Babylon, is included in the training education update for medical practitioners.

A simple explanation for public domain is tribes and nomadic medicine people did not read or write, thus there was an oral keycode in botanical drugs. The cities empires in colony expansion, went into the lands of the savages (*silvaticus means people from the woods, the term savage was originally used as a distinction from country to city people*), thus of course it makes sense that the knowledge of plants came from the woods people, the farmers, as well as the hunter and gatherers nomadic tribes, thus many of the language terms we still use in clinic came from translations of interviewing tribes. Tribes did not speak Latin or Greek. The keycode was merely lost in translations.

Petra in Persia was built by nomadic tribes. Thus, nomadic tribe doesn't mean uneducated. They simply were not going to carry heavy books everywhere when migrating in seasons. Hunters and gatherers are not uneducated. They are wisely educated in laws of jungles and laws of nature. They have amazing knowledge. Thus, when *silvaticus* don't read or write, then educational teachings from the masters to apprentice medicine men and woman are verbal teachings. It makes perfect sense it was passed down in oral language keycodes of teachings. Medicine had memory games for learning and a language code for treatment that was lost in translations. We still use over 800 of these terms in our textbooks. These words are the words that 100 years later medical textbooks and medical journals still state "aetiology is unknown" underneath the titles of headings, and no suitable treatment without major side effects could be found in 100 years. No one can turn a circle theory into a straight line theory. No one can replace a Latin or Greek named plant drug and continue to use the same Latin or Greek title as a heading.

With the switch from Pagan beliefs to the Patriarchal Christian religious expansion in ancient Greece and Roman empires, then by the time of Hippocrates, woman (*represented symbolically by a circle*) were being banned from reading and studying. Woman as the plant gatherers, woman as scholars, and woman as the High Priestess and medical herbalists in the temples, then woman would have known the terms they were translating were from *Materia Medica* and were part of a language keycode. With the High Priestess of Delphi murdered and replaced by the High Priest in ancient Greece, then from this day in history, woman were banned from education and banned from Priestess titles in the early Christian movement. With the banning of woman then the ancient systemic language keycode was simply lost in translations, as woman were forced down a dark narrow path into 2000 years of forced submission and silence.

### **The problems we have inherited:**

#### **Problem 1:**

Merck were correct in format in the first edition. In the second edition of Merck Manual of Diagnosis and Therapy in 1901, the format is completely changed to be more like the format of Principles and Practices of Medicine 1892 by Dr William Osler. USA physicians attempt to translate the headings from Merck's first edition from Greek and Latin to English. The translations are often incorrect, and the limited knowledge of physicians understanding of *Materia Medica* is evident in their replacements of Latin named drugs with the newer experimental preformulated chemical options coming prematurely to market. The replacement of the Latin named drugs shows us in retrospect, that the physicians of America had little competency in the subject *Materia Medica*, Galen Preparations of dispensing, and Latin. In fairness to the physicians of America, they would have had few Latin textbooks or Latin teachers compared to Europe. They also would not have had any access to the original medical corpus from Europe that were stored in monasteries such as the Vatican library. They would have only had copies transcribed, and each of the individual transcribed copies could have individual translations errors. It is tragic but understandable.

The notes from the Code of Ethics of the American Medical Association also help us ascertain why the Latin named drugs were replaced. There was a significant attitude problem. A quote from 1854 states that "*the public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism*"<sup>ix</sup>. The American Physicians considered anatomy and dissections as true science. They considered botanical drugs and homeopathy as ignorance and empiricism. The AMA even quote "*Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale*".<sup>x</sup> Thus we can see why the physicians advised to change Merck's textbooks layout that was correct in pharmacy.

The attitude of physicians to drugs created by Mother Nature is not new. In two quotes from the preface of Dioscorides, (*from the 2000 English edition*), the attitude of physicians of the relevant historical time periods are noted as:

*“Dioscorides states that many physicians provided superficial accounts of the properties and diagnostic uses of drugs, often confusing one plant from the other. Pliny the Elder confirms that physicians of his day knew little about compounding medications, entrusting these matters to seplasiarii (manufacturer) who frequently provided adulterated drugs...We learn from Fuchs that even in the sixteenth century hardly any contemporary physicians in Germany valued accurate knowledge of medicinal plants. This information did not concern them and was beneath their dignity- they left the study of medicinal plants to the superstitious, the foolish and old peasant woman”<sup>xi</sup>.*

Ever since the Library of Athena, the Goddess of Wisdom, was replaced with the Father of Wisdom, the Father of Nature, the Father of Botany, and the Father of Medicine, the attitude of physicians to Mother Nature and botanical drugs has been completely bizarre. Science in the Enlightenment period was for the study to explain the Forces of Nature, not for humans to try and control it, or change it, merely to try and understand thus predict the incredible unexplained intelligent forces present in the natural world of Earth.

The “legal” control of physicians over pharmacists that Merck encountered in 1901 was a from a misinterpreted clause in the Royal Charter of King Henry VIII in 1518, with the establishment of the Royal College of Physicians of London. The charter gave physicians the power to “destroy a defective batch”. The power was never intended for a physician to control pharmacists, so much so that physicians change a pharmacist’s textbook that was correct in pharmacy. With hindsight we can simply shake our heads at the arrogance of our ancestors.

Since the world abandoned the past brilliance of Merck at the turn of the 20<sup>th</sup> century for the Reductionist Theory of ‘Evidence Based Medicine’ based on ‘coincidental random probabilities’ of P statistical results of clinical trials comparing outcomes of patients diagnosed with a single Latin or Greek based word with a new drug or new surgery technique against a placebo sugar pill, or else comparing mathematical statistic results from testing a substance on a rat, then in 2021 it seems appropriate to quote a new AMA Code of Ethics that in 2021 moving forward that *“the public ought likewise to entertain a just appreciation of Materia Medica and Latin qualifications; to make a proper discrimination between true biochemistry, ecological, botanical, physiological and pharmacological science and the assumptions of our own inherited medical ignorance and medical arrogance”.*

## **Problem 2: Nostrums and Quackery**

In 1911 the American Medical Association published a publication “Nostrums and Quackery”<sup>xii</sup>. They were half correct in the title. Quackery in 1911 meant “no advertising allowed”. Nostrums means poisons. Medicine and pharmacy inherited another disturbing tragedy. Our Materia Medica’s since Dioscorides de Materia Medica (40-90AD) were contaminated with some of the deadliest plant poisons known to man. The limited contacted current day indigenous tribes are aware that some of the plants listed as medicine are complete poisons. The current limited contacted tribes use the plants for hunting and war, they are adamant they are never to be taken



internally, yet they are listed in our *Materia Medica*. One plant listed as medicine is fatal with the ingestion of as little as one seed, then death is expected within 24 hours.

Dioscorides notes in his opening dedication to *Areius* that he has “*travelled far and wide as you know as a soldier*”<sup>xiii</sup>. The Roman soldiers were known for being brutal. Thus, it is of no surprise if the *silvaticus* communities not wanting Roman rule lied to Roman soldiers about plant fauna.

Dioscorides also quotes “*with careful investigation- since I know many plants personally, and others from previous writings that are generally approved of- and patiently inquiring (by questioning the local inhabitants) about each type of plant, I will attempt a different classification*”<sup>xiv</sup>. Dioscorides did not need to offer a different classification, if he had of written the text as a direct translation, the classification and code is simple.

The names of the plants are how to identify them in the wild, or the name of the plant is what it’s used for in medicine. Dioscorides, Pliny the Elder and many other explorers work on botany has saved a lot of the ancient knowledge from our indigenous tribes of 2000 years ago for future research, it just needs to be audited by chemists to determine if medicine or poison. There are thousands and thousands of plants recorded when indigenous still had their original non-western influenced knowledge. The uploading onto the archives of the original ancient publications creates a large new direction for research.

Although it’s frightening as to how many poisons are listed as medicines, then if our ancestor and current practitioners had the art of medicine (*artificus means skill*), and the science of medicine (*sci means knowledge, scio =I know*) then the inclusion of poisons in *Materia Medica* is only a theoretical concern. Skilled practitioners in clinics would have only experimented once or twice to know the difference between medicine or poison.

The more recent contaminations of recent *Materia Medica* can be explained by the British Medical Association 1832, and the American Medical Association 1847 founding documents clauses as follows:

BMA in 1832: “*increase of knowledge of the medical topography of England, through statistical, meteorological, geological, and botanical enquires*”<sup>xv</sup>.

AMA in 1847: “*investigate the Indigenous Medical Botany of our country; paying particular attention to such plants as are now, or may be here after during the term of their service, found to possess valuable medicinal properties, and are not already accurately described in the standard works of our country and report the same in writing, giving not only the Botanical and Medical description of each, but also the localities where they may be found, to the next annual meetings of the American Medical Association*”<sup>xvi</sup>.

The British and American Pharmacopeia’s are plagued with poisons. The history of the British Empire is not known for only bringing peace and rainbows. Merck and Co’s *Materia Medica* is contaminated with poisons from America from the Native American Indians. Britain’s Pharmacopeia’s are contaminated by Aborigines, Africans, Indians, Americans Indians, Islanders. It is a constant theme. Spanish, French, Portuguese, Dutch, all

contaminated. German Merck Index 1889 is contaminated due to the German occupation of Namibia in the Scramble for Africa.

It appears that the consequences of war and colonisation of past empires means the tribes in revenge told us poisons, thus we have been unintentionally poisoning ourselves for millenniums. These poisons are still listed in herbal medical fields in texts of Culpepper, and numerous current herbal writers. Again, a theoretical concern. A skilled practitioner would immediately recognise the textbook recommendations did not yield the clinical result. (*Practitioners graduating in Naturopathy and Western Herbal Medicine must complete an education upgrade too*).

It is not wise to poison our patients, our family members and ourselves, whilst also charging ourselves the bill of poisons in the cost of our own medical expenses. Health expense is the number one quoted cause of bankruptcy in America. The west managed to bankrupt ourselves via the costs of government funded taxpayers Department of Health expenses that spiralled out of control. More funding for Lupus (wolf). More funding for Cancer (crab). Merck's 1899 textbook states "Volatile Mustard of Oil"<sup>xvii</sup>. This is like saying "Cannabis Oil". The original first editions did not mention volatile mustard gas, the chemical weapon used in the gas chamber that smelt of mustard. This is only one example of a translation and misinterpretation error. A State of Emergency is absolute.

The west took out the natives, then the natives vengeance took out the west. Very few whom understand the reality of western history are surprised by the act of Karma, but it must END.

In 2021 as a world community, we must all agree our behaviour has been abhorrent and the consequences of war, blame and revenge must cease. We need peace to heal our bodies and our hearts and our Earth.

The auditing of the language translation errors and the auditing process of removing the botanical poisons and adding back the botanical medicines is complete for first edition. It is set up in a format that allows for future auditing. One cannot remove all the Latin named medicines that matched the Latin titles in the 20<sup>th</sup> century without consequences.

Botanical plant medicines have very few side effects. Botanical poisons will make you sick and kill you. Poisons are poisons. Botanical medicines will heal (*salve*). Medicines are medicines.

All fields of medicine all broke the bylaws of the Medical Act of 1858 that were set up to protect both practitioners and patients and Governments.

Recommending an urgent education update for all medical practitioners in English speaking countries for the completion of two subjects:

- Materia Medica Merck Manual 2020, compiled by Stacey Butterfield
- Latin/Greek Medical Etymology Language Course: Systemic Theory of Medicine and the 444 Botanical Systemic Keycode of Treatment, compiled by Stacey Butterfield

The education upgrade is in compliance with the bylaws of all medical associations registered in the Commonwealth Medical Act of 1858, that state that Drs in English speaking nations must be competent in Latin, and practitioners must study Materia Medica. The Medical Act of 1858 also established the Pharmacopeia. The law implies Drs in public system must prescribe from Pharmacopeia's. Private health could use experimental medicine if a patient fully consented and if the bills were fully funded by patient and private hospital. No tax payer funding. Your body, your choice, but experimental medicine had no guarantees. Medicine proven as safe and effective is public health. Experimental medicine is private health systems.

When practitioners complete the language training, then they will understand why there was a major reason that competency in language was listed higher than any science subject for the legal requirement to be registered as a practitioner in medicine. This information still needs to remain under a confidential and protected status until the training update of practitioners can be completed.

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<sup>i</sup> Osler, W. Principles and Practices of Medicine, Appleton and Company, New York, 1892. Online:

[https://archive.org/details/principlespracti00osle\\_3](https://archive.org/details/principlespracti00osle_3)

<sup>ii</sup> Merck, G. Merck Manual of the Materia Medica 1901, Merck and Co, New York, 1901, online:

<https://archive.org/details/mercks1901manual00merc/page/n3/mode/2up>

<sup>iii</sup> Glover, R. The New Medical Act, Henry Renshaw Publishers, London, 1858, online: <https://archive.org/details/b22319372>

<sup>iv</sup> Merck, G. Merck's Manual of the Materia Medica 1899, Merck and Co, New York, 1899, online:

<https://archive.org/details/mercksmanualofma00newy>

<sup>v</sup> Edmunds. Bye-Laws and Ordinances of the Royal College of Surgeons, R & J Taylor, London 1844, pages 2 & 3,

<https://archive.org/details/b30362647>

<sup>vi</sup> Australia Department of Health, 10 Aug 2021, online <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-case-numbers-and-statistics>

<sup>vii</sup> Merck, G. Merck's Manual of the Materia Medica 1899, Merck and Co, New York, 1899, page 7, online:

<https://archive.org/details/mercksmanualofma00newy>,

<sup>viii</sup> Christensen, J. Pistratus, the First Librarian: Gellius on Libraries Built, Pillaged and Burned. Brandeis University, 2016, online: <https://sententiaeantiquae.com/2016/02/01/pistratus-the-first-librarian-gellius-on-libraries-built-pillaged-and-burned/>

<sup>ix</sup> American Medical Association, Code of Ethics, Philadelphia, T.K and P.G Collins, 1854, page 24, online:

<https://archive.org/details/63310430R.nlm.nih.gov>

<sup>x</sup> American Medial Association, Code of Ethics, Philadelphia, T.K and P.G Collins, 1854, page 23, online:

<https://archive.org/details/63310430R.nlm.nih.gov>

<sup>xi</sup> Dioscorides, ed Osbaldeston, A. de Materia Medica, IBIDIS press, 2000, page xxxiii, online: <https://archive.org/details/de-materia-medica>

<sup>xii</sup> Cramp, A. Nostrums and Quackery, American Medical Association Press, Chicago, 1911, online:

<https://archive.org/details/nostrumsquackery00amerrich/page/n3/mode/2up>

<sup>xiii</sup> Dioscorides, ed Osbaldeston, A. de Materia Medica, IBIDIS press, 2000, page x, <https://archive.org/details/de-materia-medica>

<sup>xiv</sup> Dioscorides, ed Osbaldeston, A. de Materia Medica, IBIDIS press, 2000, page x, <https://archive.org/details/de-materia-medica>

<sup>xv</sup> Hastings, C. An account of the first meeting of the provincial surgical association, British Medical Association Founding Documents, Printed by H.B. Tymbbs and H. Deighton, Worcestershire, 1832, page 10, online:

<https://archive.org/details/b22435098>

<sup>xvi</sup> Proceedings of the National Medical Conventions, held in New York, May, 1846, and in Philadelphia, May, 1847, American Medical Association, Philadelphia, 1847, online: <https://archive.org/details/b22376446/page/n1/mode/2up>

<sup>xvii</sup> Merck, G. Merck's Manual of the Materia Medica 1899, Merck and Co, New York, 1899, page 53, online:

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