

# DEMOCRATIC PLATFORM FOR A STABLE CIVILIZATION

## A PARTY REFORM MOVEMENT

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Civilizations are brought to ruin when the collective wealth and management structure are diverted to service the greed and perversions of those who manage to take control. The collapse occurs when there are insufficient resources and managerial competence remaining to deal with natural disasters or attacks from other civilizations threatened by the consequences of uncontrolled greed and perversions.

The entire planet Earth is currently being ruled and ruined by organized evil. This organized evil is currently attempting to reduce the World population to 500 million people and kill off all other species with brain capacity that may evolve to challenge their control. This includes whales, dolphins, and octopuses.

If we do not gain control of and end this organized evil a solution none of us will enjoy will be imposed upon us from outside. We have come to the attention of several other civilizations who view our uncontrolled evil as a long term threat to them.

1. Climate change is the result of the unregulated use of patented weather modification technology. We must ban the unregulated use of weather modification technology, establish weather modification policy, and establish a regulatory agency which includes responsibility for compensating individuals harmed by weather modification technology, such as American Farmers.

2. Individuals are being harmed by the unregulated use of patented mind control and behavior modification technology. We must ban the unregulated use of mind control and behavior modification technology, establish mind control and behavior modification policy, and establish a regulatory agency which includes compensating individuals harmed by use of mind control and behavior modification technology.

3. Individuals and natural processes are being harmed by the unregulated use of Scalar technology. We must ban the unregulated use of Scalar technology, establish Scalar technology policy, and establish a regulatory agency which includes compensating individuals harmed by use of Scalar technology.

4. FULL ENFORCEMENT OF FEDERAL PUBLIC HEALTH LAW REGARDING IMMIGRATION

## Legal Authorities for Medical Examination of Aliens

The Department of Health and Human Services has regulatory authority to promulgate regulations that establish requirements for the medical examination of aliens (immigrants, refugees, asylees, and parolees) **before they may be admitted into the United States**. [emphasis added] Under this authority, the Division of Global Migration and Quarantine administers the regulations which include the health-related conditions that make aliens ineligible for entry into the United States.

The legal foundation for this authority is found in Title 8 and 42 of the U.S. Code and relevant supporting regulations.

### United States Federal Laws and Regulations for Medical Examination of Aliens United States Code

The United States Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. Section 252 of the following portion of the code applies: Title 42 - The Public Health and Welfare, Chapter 6A - Public Health Service, Subchapter II - General Powers and Duties, Part C – Hospitals, Medical Examination, and Medical Care. Also, Section 1182 and 1222 of the following portion of the code apply: Title 8- Aliens and Nationality, Chapter 12 – Immigration and Nationality, Subchapter II – Immigration, Part II – Admission Qualifications for Aliens; Travel Control of Citizens and Aliens and Part IV – Inspection, Apprehension, Examination, Exclusion, and Removal. Links are provided by the Government Printing Office External Web Site Icon.

42 USC 252. Medical Examination of Aliens

8 USC 1182. Aliens with Diseases of Public Health Significance

8 USC 1222. Detention of aliens for physical and mental examination

[NOTE: Go to the CDC Web page link <https://www.cdc.gov/phlp/index.html> to access public health law information.]

The Electronic Code of Federal Regulations (current as of July 10, 2014) <https://www.ecfr.gov/cgi-bin/ECFR?page=browse> states the following in Title 42 Public Health, Part 34 MEDICAL EXAMINATION OF ALIENS:

#### **§34.1 Applicability.**

The provisions of this part shall apply to the medical examination of:

- (a) Aliens applying for a visa at an embassy or consulate of the United States;
- (b) Aliens arriving in the United States;
- (c) Aliens required by the INS to have a medical examination in connection with determination of their admissibility into the United States; and
- (d) Aliens applying for adjustment status.

[56 FR 25001, May 31, 1991]

#### **§34.2 Definitions.**

As used in this part, terms shall have the following meanings:

- (a) CDC. Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services.
- (b) Communicable disease of public health significance. Any of the following diseases:
  - (1) Chancroid.
  - (2) Communicable diseases as listed in a Presidential Executive Order, as provided under Section 361(b) of the Public Health Service Act. The current revised list of quarantinable communicable diseases is available at <http://www.cdc.gov> and <http://www.archives.gov/federal-register>.
  - (3) Communicable diseases that may pose a public health emergency of international concern if it meets one or more of the factors listed in §34.3(d) and for which the CDC Director has determined (A) a threat exists for importation into the United States, and (B) such disease may potentially affect the health of the American public. The determination will be made consistent with criteria established in Annex 2 of the revised International Health Regulations (<http://www.who.int/csr/ihr/en/>), as adopted by the Fifty-Eighth World Health Assembly in 2005, and as entered into effect in the United States in July, 2007, subject to the U.S. Government's reservation and understandings:
    - (i) Any of the communicable diseases for which a single case requires notification to the World Health Organization (WHO) as an event that may constitute a public health



emergency of international concern, or

(ii) Any other communicable disease the occurrence of which requires notification to the WHO as an event that may constitute a public health emergency of international concern. HHS/CDC's determinations will be announced by notice in the Federal Register.

(4) Gonorrhea.

(5) Granuloma inguinale.

(6) Leprosy, infectious.

(7) Lymphogranuloma venereum.

(8) Syphilis, infectious stage.

(9) Tuberculosis, active.

**(c) Civil surgeon. A physician, with not less than 4 years' professional experience, selected by the District Director of INS to conduct medical examinations of aliens in the United States who are applying for adjustment of status to permanent residence or who are required by the INS to have a medical examination. [Emphasis added.]**

(d) Class A medical notification. Medical notification of:

(1) A communicable disease of public health significance;

(2)(i) A physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others;

(ii) A history of a physical or mental disorder and behavior associated with the disorder, which behavior has posed a threat to the property, safety, or welfare of the alien or others and which behavior is likely to recur or lead to other harmful behavior; or

(3) Drug abuse or addiction.

(e) Class B medical notification. Medical notification of a physical or mental abnormality, disease, or disability serious in degree or permanent

in nature amounting to a substantial departure from normal well-being.

(f) Director. The Director of the Centers for Disease Control.

(g) Drug abuse. The non-medical use of a substance listed in section 202 of the Controlled Substances Act, as amended (21 U.S.C. 802) which has not necessarily resulted in physical or psychological dependence.

(h) Drug addiction. The non-medical use of a substance listed in section 202 of the Controlled Substances Act, as amended (21 U.S.C. 802) which has resulted in physical or psychological dependence.

(i) INS. Immigration and Naturalization Service, U.S. Department of Justice.

(j) Medical examiner. A panel physician, civil surgeon, or other physician designated by the Director to perform medical examinations of aliens.

(k) Medical hold document. A document issued to the INS by a quarantine inspector of the Public Health Service at a port of entry which defers the inspection for admission until the cause of the medical hold is resolved.

(l) Medical notification. A document issued to a consular authority or the INS by a medical examiner, certifying the presence or absence of:

(1) A communicable disease of public health significance;

(2)(i) A physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others;

(ii) A history of a physical or mental disorder and behavior associated with the disorder, which behavior has posed a threat to the property, safety, or welfare of the alien or others and which behavior is likely to recur or lead to other harmful behavior;

(3) Drug abuse or addiction; or

(4) Any other physical abnormality, disease, or disability serious in degree or permanent in nature amounting to a substantial departure from normal well-being.

(m) Medical officer. A physician of the Public Health Service Commissioned Corps assigned by the Director to conduct physical and mental examinations of aliens.

(n) Mental disorder. A currently accepted psychiatric diagnosis, as defined by the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, or by other authoritative sources.

(o) Panel physician. A physician selected by a United States embassy or consulate to conduct medical examinations of aliens applying for visas.

(p) Physical disorder. A currently accepted medical diagnosis, as defined by the Manual of the International Classification of Diseases, Injuries, and Causes of Death published by the World Health Organization, or by other authoritative sources.

[21 FR 9829, Dec. 12, 1956, as amended at 52 FR 32543, Aug. 28, 1987; 56 FR 25001, May 31, 1991; 73 FR 58056, Oct. 6, 2008; 74 FR 56562, Nov. 2, 2009]

### **§3 Scope of examinations. 4.3**

(a) General. In performing examinations, medical examiners shall consider those matters that relate to the following:

(1) A communicable disease of public health significance;

(2)(i) A physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others;

(ii) A history of a physical or mental disorder and behavior associated with the disorder, which behavior has posed a threat to the property, safety, or welfare of the alien or others and which behavior is likely to recur or lead to other harmful behavior;

(3) Drug abuse or addiction; and

(4) Any other physical abnormality, disease, or disability serious in degree or permanent in nature amounting to a substantial departure from normal well-being.

(b) Scope of all medical examinations.

(1) All medical examinations will include the following:

(i) A general physical examination and medical history, evaluation for tuberculosis, and serologic testing for syphilis.

(ii) A physical examination and medical history for diseases

specified in §§34.2(b)(1), and 34.2(b)(4) through 34.2(b)(10).

(2) The scope of the examination shall include any laboratory or additional studies that are deemed necessary, either as a result of the physical examination or pertinent information elicited from the alien's medical history, for the examining physician to reach a conclusion about the presence or absence of a physical or mental abnormality, disease, or disability.

(c) Additional medical screening and testing for examinations performed outside the United States.

(1) HHS/CDC may require additional medical screening and testing for medical examinations performed outside the United States for diseases specified in §§34.2(b)(2) and 34.2(b)(3) by applying the risk-based medical and epidemiologic factors in paragraph (d)(2) of this section.

(2) Such examinations shall be conducted in a defined population in a geographic region or area outside the United States as determined by HHS/CDC.

(3) Additional medical screening and testing shall include a medical interview, physical examination, laboratory testing, radiologic exam, or other diagnostic procedure, as determined by HHS/CDC.

(4) Additional medical screening and testing will continue until HHS/CDC determines such screening and testing is no longer warranted based on factors such as the following: Results of disease outbreak investigations and response efforts; effectiveness of containment and control measures; and the status of an applicable determination of public health emergency of international concern declared by the Director General of the WHO.

(5) HHS/CDC will directly provide medical examiners information pertaining to all applicable additional requirements for medical screening and testing, and will post these at the following Internet addresses: <http://www.cdc.gov/ncidod/dq/technica.htm> and <http://www.globalhealth.gov>.

(d) Risk-based approach.

(1) HHS/CDC will use the medical and epidemiological factors listed in paragraph (d)(2) of this section to determine the following:



(i) Whether a disease as specified in §34.2(b)(3)(ii) is a communicable disease of public health significance.

(ii) Which diseases in §§34.2(b)(2) and (b)(3) merit additional screening and testing, and the geographic area in which HHS/CDC will require this screening.

(2) Medical and epidemiological factors include the following:

(i) The seriousness of the disease's public health impact;

(ii) Whether the emergence of the disease was unusual or unexpected;

(iii) The risk of the spread of the disease in the United States;

(vi) Other specific pathogenic factors that would bear on a disease's ability to threaten the health security of the United States.

(v) The impact of the disease at the geographic location of medical screening; and rologic testing.

(e) Persons subject to requirement for chest X-ray examination and se(iv)  
The transmissibility and virulence of the disease;

(1) As provided in paragraph (e)(2) of this section, a chest x-ray examination and serologic testing for syphilis shall be required as part of the examination of the following:

(i) Applicants for immigrant visas;

(ii) Students, exchange visitors, and other applicants for non-immigrant visas required by a U.S. consular authority to have a medical examination;

(iii) Applicants outside the United States who apply for refugee status;

(iv) Applicants in the United States who apply for adjustment of their status under the immigration statute and regulations.

(2) Chest X-ray examination and serologic testing. Except as provided in paragraph (e)(2)(iv) of this section, applicants described in paragraph (e)(1) of this section shall be required to have the



following:

(i) For applicants 15 years of age and older, a chest x-ray examination;

(ii) For applicants under 15 years of age, a chest x-ray examination if the applicant has symptoms of tuberculosis, a history of tuberculosis, or evidence of possible exposure to a transmissible tuberculosis case in a household or other enclosed environment for a prolonged period;

(iii) For applicants 15 years of age and older, serologic testing for syphilis and HIV.

(iv) Exceptions. Serologic testing for syphilis shall not be required if the alien is under the age of 15, unless there is reason to suspect infection with syphilis. An alien, regardless of age, in the United States, who applies for adjustment of status to lawful permanent resident shall not be required to have a chest x-ray examination unless their tuberculin skin test, or an equivalent test for showing an immune response to *Mycobacterium tuberculosis* antigens, is positive. HHS/CDC may authorize exceptions to the requirement for a tuberculin skin test, an equivalent test for showing an immune response to *M. tuberculosis* antigens, or chest x-ray examination for good cause, upon application approved by the Director.

(3) Immune response to *Mycobacterium tuberculosis* antigens.

(i) All aliens 2 years of age or older in the United States who apply for adjustment of status to permanent residents, under the immigration laws and regulations, or other aliens in the United States who are required by the U.S. Department of Homeland Security to have a medical examination in connection with a determination of their admissibility, shall be required to have a tuberculin skin test or an equivalent test for showing an immune response to *Mycobacterium tuberculosis* antigens. Exceptions to this requirement may be authorized for good cause upon application approved by the Director. In the event of a positive tuberculin reaction, a chest X-ray examination shall be required. If the chest radiograph is consistent with tuberculosis, the alien shall be referred to the local health authority for evaluation. Evidence of this evaluation shall be provided to the civil surgeon before a medical notification may be issued.

(ii) Aliens less than 2 years old shall be required to have a tuberculin skin test, or an equivalent, appropriate test to show an immune response to Mycobacterium tuberculosis antigens, if there is evidence of contact with a person known to have tuberculosis or other reason to suspect tuberculosis. In the event of a positive tuberculin reaction, a chest X-ray examination shall be required. If the chest radiograph is consistent with tuberculosis, the alien shall be referred to the local health authority for evaluation. Evidence of this evaluation shall be provided to the civil surgeon before a medical notification may be issued.

(iii) Aliens outside the United States required to have a medical examination shall be required to have a tuberculin skin test, or an equivalent, appropriate test to show an immune response to Mycobacterium tuberculosis antigens, and, if indicated, a chest radiograph.

(iv) Aliens outside the United States required to have a medical examination shall be required to have a tuberculin skin test, or an equivalent, appropriate test to show an immune response to Mycobacterium tuberculosis antigens, and a chest radiograph, regardless of age, if they have symptoms of tuberculosis, a history of tuberculosis, or evidence of possible exposure to a transmissible tuberculosis case in a household or other enclosed environment for a prolonged period.

(4) Additional testing requirements. All applicants subject to the chest radiograph requirement, and for whom the radiograph shows an abnormality suggestive of tuberculosis disease, shall be required to undergo additional testing for tuberculosis.

(5) How and where performed. All chest x-ray images used in medical examinations performed under the regulations to this part shall be large enough to encompass the entire chest (approximately 14×17 inches; 35.6×32.2 cm).

(6) Chest x-ray, laboratory, and treatment reports. The chest radiograph reading and serologic test results for syphilis shall be included in the medical notification. When the medical examiner's conclusions are based on a study of more than one chest x-ray image, the medical notification shall include at least a summary statement of findings of the earlier images, followed by a complete

reading of the last image, and dates and details of any laboratory tests and treatment for tuberculosis.

(f) Procedure for transmitting records. For aliens issued immigrant visas, the medical notification and chest X-ray images, if any, shall be placed in a separate envelope which shall be sealed. When more than one chest X-ray image is used as a basis for the examiner's conclusions, all images shall be included.

(g) Failure to present records. When a determination of admissibility is to be made at the U.S. port of entry, a medical hold document shall be issued pending completion of any necessary examination procedures. A medical hold document may be issued for aliens who:

- (1) Are not in possession of a valid medical notification, if required;
- (2) Have a medical notification which is incomplete;
- (3) Have a medical notification which is not written in English;
- (4) Are suspected to have an excludable medical condition.

(h) The Secretary of Homeland Security, after consultation with the Secretary of State and the Secretary of Health and Human Services, may in emergency circumstances permit the medical examination of refugees to be completed in the United States.

(i) All medical examinations shall be carried out in accordance with such technical instructions for physicians conducting the medical examination of aliens as may be issued by the Director. Copies of such technical instructions are available upon request to the Director, Division of Global Migration and Quarantine, Mailstop E03, HHS/CDC, Atlanta GA 30333.

[73 FR 58056, Oct. 6, 2008, as amended at 73 FR 62211, Oct. 20, 2008; 74 FR 56562, Nov. 2, 2009]

### **WHY CHANGING DEMOCRATIC PARTY PLATFORM IS NECESSARY**

If you go to a library and read the newspaper political campaign ads of the 1920s, you will make an amazing discovery. A sinister manipulation of the entire American political system was executed in a single decade. The Democratic and Republican Parties switched platforms. It was the beginning of the Communist campaign to work under color of the Democratic Party to destroy the Civilization developing in America. This involved an incremental plan to destroy all social institutions, the family, tribe, religion, gun ownership, parent-child relationships, and the



education system.

It is time to end and reverse this evil machination. The purpose of this Democratic Party Reform Movement is to identify and advocate policies and processes that will build a stable American civilization.

## 5. RIGHT OF TOTAL SELF-DEFENSE

We are simultaneous both physical and spiritual entities. As such we have a right to physical and spiritual self-defense and should be taught physical and spiritual self-defense skills as part of our family and formal education.

Some may argue this would violate the separation of Church and State, but that is not true. Spiritual existence is nondenominational. None of the various Denominations teach their members actual spiritual skills. To test this ask your local minister to teach you the spiritual skills Jesus imparted to his Disciples.

6. Develop priorities and procedures for establishing outcome goals with extraterrestrial civilization contact. Declassify all information and programs regarding contact with extraterrestrials. Move all economic exchanges with extraterrestrials into the public domain so businesses and individuals have opportunities to participate in economic exchanges.

All human beings individually and collectively have the right to explore membership and economic opportunities in the political structures of extraterrestrial civilizations.

7. Declassify all archaeology studies, reports, information and artifacts that have been classified.

8. Catalogue, audit and evaluate all black budget projects and programs. Regain control of all black budget projects and programs that have been hijacked or gone rogue.

Corruption and high error rates in the intelligence, law enforcement and judicial systems can largely be addressed by replacing the current contrary hypotheses testing methodology with contradictory hypotheses testing methodology. Contrary hypotheses have the logical properties all cannot be true, but all can be false, which is the source of the high error rates. Contradictory hypotheses have the logical properties both cannot be true and both cannot be false. If evidence is put forth for both contradictory hypotheses, you immediately know one set of information is false. Contradictory hypotheses testing renders malice, evidence falsification, corruption, and incompetence, among other things, transparent.

## Summary of Critical Solutions

All anti-civilization political agendas, economic agendas, and ideologies must be

stopped and replaced with processes that rebuild and sustain social processes necessary for a stable civilization. This includes ending the quota, commission, and other financial incentives for removing children from heterosexual families built into the child protection, mental health, and social work system. The family is the basic unit of civilization and sustains humanity when governments and civilizations collapse.

All diversion of wealth, resources and management skills to service the greed and perversions of the elite must end. All black budgets and black projects servicing the greed and perversions of the elite must be shut down and the wasted money and management skills redirected to serving the needs of a stable civilization. An essential step in this process must be ending the common high error rate flaw in our intelligence and justice systems by replacing current contrary hypotheses testing with low error rate contradictory hypotheses testing. The policy decision of all intelligence agencies to work closely with international corporations made in the 1960's must be reversed directing all intelligence agencies to strictly serve the national security interests.

All archaeological and extraterrestrial related classified information must be declassified so all human beings can know our true history and organize to identify meaningful opportunities to form positive relations with extraterrestrial species and civilizations. Exploration of economic and political opportunities with extraterrestrial species should be openly discussed and plans developed.

The individuals organizing and financing the recruitment and transportation of illegal immigrants into the United States in flagrant violation of our Federal Public Health laws must be identified and prosecuted to the full extent of the law. If this illegal activity results in the death of illegal immigrants or disease related death of American citizens every one involved should be prosecuted for murder.

Neither Capitalism nor Communism are adequate economic systems to create and sustain a stable civilization. We need to put our heads together and devise a viable economic system for exchanging goods and services that does not concentrate the power of wealth in a corrupt elite.

A stable civilization requires an effective medical system of disease prevention and cure. We must abandon the current physician, pharmaceutical, and investment banking philosophy that finding the cure for a disease is a bad long term financial investment strategy. Politicians are now openly talking about having to balance the number of Covid-19 deaths against restarting national economies. Supporting such conduct is a bad individual survival strategy. We must create a new field of biophysics that develops technologies for eliminating disease causing organism by effective technological methods, such as resonance frequencies (see 3 below).

#### YOU NEED TO KNOW:

1. Dr. Steven Greer Interviews William Pawelec (Raw Video 2:05:13)  
<https://www.youtube.com/watch?v=k-H9cDjdc5g>

2. 2004 Congressional Evidence Book:

COMPENDIUM OF DOCUMENTATION OF ORGANIZED CRIME METHODS AND PROCEDURES INTEGRATED INTO STATE AND FEDERAL AGENCIES FOR THE PURPOSE OF POLITICAL AND ECONOMIC EXPLOITATION OF CHILDREN AND FAMILIES THROUGH STATE AND FEDERAL CHILD PROTECTION, MENTAL HEALTH, AND SOCIAL WORK SYSTEMS

<http://thesociologycenter.com/EvidenceBooks/COMPENDIUM.pdf>

3. Resonance induced alterations of intracellular biophysical properties.

Gordon RT, Gordon D.

Med Hypotheses. 1979 Sep;5(9):1025-35.

Abstract

A treatment of cancer by the application of external electromagnetic energy at a resonant frequency capable of the generation of heat intracellularly to induce selective thermal death of cancer cells is described. This process also allows for the detection of cancer cells by the use of differential resonant frequencies including nuclear magnetic resonance and electron spin resonance techniques. This process permits the selective treatment of cancer cells by the compartmentalized alteration of biophysical properties in the cancer cells and the detection of cancer cells by determination of their biophysical properties. The process comprises an ability to determine the respective resonant frequencies of cancer cells and normal cells at a cellular level. An external alternating electromagnetic field is then applied at the resonant frequency of the cancer cells which differs from the resonant frequency of the normal cells. The cancer cells absorb significant energy at this resonant frequency whereas the normal cells absorb minimal energy at this frequency. Generating the heat intracellularly instead of extracellularly results in the cell's membrane, which is an effective thermal barrier, enhancing the process by keeping the heat within the cell instead of outside of the cell. This process is enhanced by the nuclear differences between cancer cells and normal cells and by the energy changes characteristic of structural and conformational changes in the deoxyribonucleic acid and the histones of the nucleus including their interrelationship. This process promises great efficacy in the diagnosis and the treatment of neoplastic and also perhaps of arteriosclerotic diseases.

**[It is possible to determine biological resonance frequencies. Why is it not being used to identify the resonance frequencies of disease causing viruses and bacteria?]**

Cosic, I., Cosic, D. & Lazar, K. Is it possible to predict electromagnetic resonances in proteins, DNA and RNA?. EPJ Nonlinear Biomed Phys 3, 5 (2015).

<https://doi.org/10.1140/epjnbp/s40366-015-0020-6>

Abstract

Background



It has been shown that there are electromagnetic resonances in biological molecules (proteins, DNA and RNA) in the wide range of frequencies including THz, GHz, MHz and KHz. These resonances could be important for biological function of macromolecules, as well as could be used in development of devices like molecular computers. As experimental measurements of macromolecular resonances are timely and costly there is a need for computational methods that can reliably predict these resonances.

We have previously used the Resonant Recognition Model (RRM) to predict electromagnetic resonances in tubulin and microtubules. Consequently, these predictions were confirmed experimentally.

Marvi, M., Ghadiri, M. A Mathematical Model for Vibration Behavior Analysis of DNA and Using a Resonant Frequency of DNA for Genome Engineering. Sci Rep 10, 3439 (2020). <https://doi.org/10.1038/s41598-020-60105-3>

#### Abstract

The DNA molecule is the most evolved and most complex molecule created by nature. The primary role of DNA in medicine is long-term storage of genetic information. Genetic modifying is one of the most critical challenges that scientists face. On the other hand, it is said that under the influence of acoustic, electromagnetic, and scalar waves, the genetic code of DNA can be read or rewritten. In this article, the most accurate and comprehensive dynamic model will be presented for DNA. Each of the two strands is modeled with an out of plane curved beam and then by doubling this two strands with springs, consider the hydrogen bond strength between this two strands. Beams are traditionally descriptions of mechanical engineering structural elements or building. However, any structure such as automotive automobile frames, aircraft components, machine frames, and other mechanical or structural systems contain beam structures that are designed to carry lateral loads are analyzed similarly. Also, in this model, the mass of the nucleobases in the DNA structure, the effects of the fluid surrounding the DNA (nucleoplasm) and the effects of temperature changes are also considered. Finally, by deriving governing equations from Hamilton's principle method and solving these equations with the generalized differential quadrature method (GDQM), the frequency and mode shape of the DNA is obtained for the first time. In the end, validation of the obtained results from solving the governing equations of mathematical model compared to the obtained results from the COMSOL software is confirmed. By the help of these results, a conceptual idea for controlling cancer with using the DNA resonance frequency is presented. This idea will be presented to stop the cancerous cell's protein synthesis and modifying DNA sequence and genetic manipulation of the cell. On the other hand, by the presented DNA model and by obtaining DNA frequency, experimental studies of the effects of waves on DNA such as phantom effect or DNA teleportation can also be studied scientifically and precisely.