



**COVID-19:
DOES THE
SCIENCE ADD UP?**

KOCH'S POSTULATE AND RIVER'S CRITERIA

About 150 years ago, scientists painstakingly constructed a set of principles that can prove whether a particular microbe is the cause of a specific disease or is just a bystander. Those four principles are known as the Koch postulates.

From all the available information, the novel coronavirus doesn't appear to meet any of these tenets, never mind all four.

Like most human endeavours, the Koch postulates were the product of collaboration. First, Jakob Henle developed the underlying concepts, and then Robert Koch and Friedrich Loeffler spent decades refining them until they were published in 1890. The resulting four postulates are:

1. The microorganism must be found in abundance in all organisms suffering from the disease, but should not be found in healthy organisms
2. The microbe must be isolated from a disease organism and grown in a culture
3. The cultured microbe should cause disease when introduced into a healthy organism
4. The microbe must be re-isolated from the inoculated disease host and identified

as being identical to the original specific causative agent

By the 1930s the electron microscope had been invented and some scientists claimed to have discovered viruses. But there was controversy because a lot of scientists didn't believe in viruses. Viruses have never really been proven to exist and many scientists suggest that what we call viruses, have the same structure as Exosomes.

Nevertheless in 1937 the notable scientist Thomas River proposed an improved version of KOCH'S POSTULATE. In his criteria, Thomas Rivers considered the existence of viruses.

THOMAS RIVER'S CRITERIA

1. Isolation of virus from diseased host
2. Cultivation of virus in host cells
3. Proof of filterability
4. Produce same disease in a host
5. Re-isolation of virus
6. detection of a specific immune response to virus

All the published studies that supported the decision by WHO to declare a pandemic did not filter samples used for laboratory studies and therefore it is doubtful that a novel microbe was detected.



HOW TO FILTER A VIRUS

1. Take Sample either from lung fluid or blood
2. Run through a filter
3. Pass filtrate through a density gradient solution and spin in a centrifuge. It forms a band of particles. Collect particles and perform genomic sequencing

PUBLISHED STUDIES THAT LED TO WHO DECLARING A PANDEMIC

All the published studies that WHO relied on to declare a worldwide pandemic did not establish KOCH'S POSTULATE. Furthermore, from the methodology of the published studies, the samples used in the studies were not purified, and therefore would have contained a mixture of microbes and human tissue.

When the scientists were asked if the samples used in their studies were purified, this is how they responded to renowned journalists;

Torsten Engelbrecht and
Konstantin Demeter

Study 1: Leo L. M. Poon; Malik Peiris. "Emergence of a novel human coronavirus threatening human health" Nature Medicine, March 2020

Replying Author: Malik Peiris

Date: May 12, 2020

Answer: "The image is the virus budding from an infected cell. It is not purified virus."

Study 2: Myung-Guk Han et al. "Identification of Coronavirus Isolated from a Patient in Korea with COVID-19", Osong Public Health and Research Perspectives, February 2020

Replying Author: Myung-Guk Han

Date: May 6, 2020

Answer: "We could not estimate the degree of purification because we do not purify and concentrate the virus cultured in cells."

Study 3: Wan Beom Park et al. "Virus Isolation from the First

Patient with SARS-CoV-2 in Korea”, Journal of Korean Medical Science, February 24, 2020

Replying Author: Wan Beom Park

Date: March 19, 2020

Answer: “We did not obtain an electron micrograph showing the degree of purification.”

Study 4: Na Zhu et al., “A Novel Coronavirus from Patients with Pneumonia in China”, 2019, New England Journal of Medicine, February 20, 2020

Replying Author: Wenjie Tan

Date: March 18, 2020

Answer: “[We show] an image of sedimented virus particles, not purified ones.”

On reading the other 4 published studies, it is clear that neither KOCH’S POSTULATE nor the modified RIVER’S POSTULATE were followed.

STUDY 5: Peng Zhou et al. Discovery of a novel coronavirus associated with the recent pneumonia outbreak in 2 humans and its potential bat origin. <https://doi.org/10.1101/2020.01.22.914952>
doi:bioRxivpreprint

STUDY 6: Na Zhu et al. A novel Coronavirus from patients with Pneumonia in china, 2019.
N Engl. J Med 382;8

STUDY 7: Jeong-Min Kim et al. Identification of Coronavirus isolated from a Patient in Korea with COVID-19.
Osong Public Health Res Perspect 2020;11 (1):3-7

STUDY 8: McMaster University Canada:
<https://brighterworld.mcmaster.ca/articles/i-study-viruses-how-our-team-isolated-the-new-cornonavirus-to-fight-the-global-pandemic>



COVID DISEASE

THERE ARE NO DISTINCT SYMPTOMS EVEN THOUGH IT IS A NEW DISEASE

Among the earliest cases, the only symptoms found were fever 98% and cough 76% and 98% had a shadow on CT scan. This is a CT diagnosis of pneumonia.

The new disease has none of its own symptoms – fever and cough are blamed on uncountable viruses and bacteria.

In a survey of RNA-positive people in Guangdong, China, scientists examined the 'viral load' (quantity of RNA) and concluded that, "The viral load that was detected in the asymptomatic patient was similar to that in the symptomatic patients".

You would expect those with symptoms to have more viruses than those not suffering from the disease.

Zou L et al SARS-CoV-2 Viral load in Upper Respiratory Specimens of infected patients. N. engl. J Med. 2020 Mar-19;382(12):1177-1179. <https://www.nejm.org/doi/full/10.1056/NEJMc2001737>



THE PCR TEST

THE PCR TEST HAS BEEN CORRUPTED

For us to have a good understanding of the PCR test, it is helpful to understand DNA.

DNA stands for Deoxyribonucleic Acid. DNA is regarded as the building block of life because it contains all the information needed to create and maintain the human body and indeed, all life forms. Every living thing contains DNA, the blueprint of life. Humans, dogs, flies even bacteria and viruses contain DNA.

DNA has a unique structure, a double helix shape, like a twisted ladder. Imagine the ladder legs as 2 strands of DNA and the strands are held together by rungs of base (protein) pairs - Adenine-A, Thymine-T, Cytosine-C and Guanine-G. A always pairs with T and C pairs with G.

The strands of DNA are always complementary. So, if one strand is made from the proteins A, A, T, G, on the opposite side you will have T, T, A, C.

The 'twisted' strands of DNA can be untwisted into 2 single strands of DNA.

If you untwist DNA and you add the 4 proteins - Adenine, Thymine, Guanine and Cytosine), the single strands will regrow the missing complementary strands. So, from 1 DNA, you can make 2 DNAs. And from 2 you can make 4 and 8 and 16 and so on.

THE PCR (Polymerase Chain Reaction) TECHNOLOGY

The PCR is a DNA manufacturing technology. It was invented by Kary Mullis, a brilliant biochemist who won the 1993 Nobel prize for chemistry for his invention.

The PCR is a cutting-edge technology for replicating DNA.

It does not test for viruses.

This fact was reiterated many times by the inventor the Late Dr Kary Mullis.



How the PCR works

The PCR aims to produce a lot of DNA from a negligible amount. And it does this by continually doubling the DNA in a sample.

Remember that DNA is made up of 2 twisted strands, the PCR heats DNA to untwist it. So instead of one twisted DNA, you have 2 single strands of DNA.

Remember the 4 base proteins - Adenine, Thymine, Cytosine and Guanine. A primer containing these proteins is added to the PCR so that the single-strand DNA can regrow the missing strand. So, from 1 DNA, you make 2 DNA. And from 2 you create 4 and 8, 16, 32 and so on. After doing these 10 times, you have 1000, and after 20 times you have a million. If you do it 30 times, you get a billion and 40 times you get a trillion. The PCR denotes each doubling as a cycle, and so you have 20, 30 or 40 cycles.

The PCR starts with a sample barely containing DNA, and by the time the process has completed 40 cycles, you have a trillion times the DNA you began with, enough to run some tests.

Usually, the PCR produces enough DNA from 20 cycles, and at 40 cycles, if no DNA is detected, the process is terminated.

HOW THE PCR WORKS IN A REAL-LIFE SCENARIO

Let's say a detective walks into an apartment where he believes a crime had occurred. He's looking for evidence, like a bloodstain to prove that the victim was in the house. But the apartment has been scrubbed squeaky clean, and there's no chance he will find anything. Now his instincts take him to a spot where he suspects foul play. He scrapes the floor and sends the sample to the Lab.

In the Lab, the technicians prepare the sample and then load it inside a PCR machine. The PCR

machine starts the cycling process. What the PCR is doing is doubling the amount of DNA that may be present in the sample. After 20 cycles, the technicians would expect about a million times more DNA. The system uses 'fluorescent lighting' to check if enough DNA has been produced. After 30 cycles, about a billion times more DNA is present. Perhaps, after 37 cycles, the PCR will detect a sizable amount of DNA.

And the DNA produced will be compared to the DNA from the victim for a match.

That's how the PCR machine works. It is used to produce a sufficient amount of DNA for further testing.

The PCR machine on its own is not a testing machine.

HOW THE PCR WAS USED BEFORE DEC 2019

Let's say a patient is not feeling well, and doctors are suspecting a blood infection, perhaps a viral infection. So, a sample of blood is taken for PCR analysis. There are other ways to analyse the blood, such as by cell culture or electron microscopy, but these are not very reliable, so the more reliable PCR, is preferred.

The technicians will purify the blood sample before introducing it into the PCR machine. Firstly, they'll filter out every particle larger than a virus from the sample, including blood cells, bacteria and parasites. The reason for filtering out these particles is because they contain DNA and may contaminate and compromise the PCR test.

The PCR test produces significant false-positive results because samples are easily contaminated by anything containing DNA.

And so technicians working with the PCR machine must filter impurities from samples before starting the cycling process.

If DNA is detected, perhaps after 35 cycles, then the detected DNA is compared to a database of known viral DNAs to see if there's a match. If there is a match, the doctors will know the virus responsible for the patient's problems.

Notice that the PCR machine does not know the virus in the sample. It can only produce a sufficient amount of DNA for further analyses.

You will need to decode the DNA produced by the PCR test to determine what it is, whether it is DNA from a human, bacteria or virus. Or perhaps a mixture of all 3.

In a review of 33 tests approved by the FDA under emergency conditions, where a PCR cycle number cut-off was recommended, it varied widely. One manufacturer each recommended 30 cycles, 31, 35, 36, 37, 38 and 39. 40 cycles was most popular, chosen by 12 manufacturers, and two recommended 43 and 45.

HOW RELIABLE IS THE PCR TEST?

A paper published in the journal of Medical Virology showed that 29 out of 610 patients at a hospital in Wuhan had 3 to 6 test results that flipped between 'negative, 'positive' and 'dubious'
<https://onlinelibrary.wiley.com/doi/full/10.1002/jmv.25786>

Another study from Singapore in which tests were carried out almost daily on 18 patients and the majority went from "positive" to "negative" back to "positive" at least once, and up to five times in one patient.
<https://jamanetwork.com/journals/jama/fullarticle/2762688>

Even Wang Chen, president of the Chinese Academy of Medical Sciences, conceded in February that the PCR tests are 'only 30 to 50 percent accurate'
<https://www.scmp.com/tech/science-research/article/3049858/race-diagnose-treat-coronavirus-patients-constrained-shortage>

Hang Lee from the Milford Molecular Diagnostics Laboratory sent a letter to the WHO's coronavirus response team and Dr Anthony Fauci on March 22, 2020 saying that:

It has been widely reported in the social media that the RT-qPCR [Reverse Transcriptase quantitative PCR] test kits used to detect SARSCoV-2 RNA in human specimens are generating many false positive results and are not sensitive enough to detect some real positive cases."

<https://childrenshealthdefense.org/wp-content/uploads/04-30-20-Letter-to-WHO-and-Dr.-Fauci.pdf>

Another study found the PCR test to have a false positive rate of 80%
<https://www.scmp.com/tech/science-research/article/3049858/race-diagnose-treat-coronavirus-patients-constrained-shortage>

HUGE ERRORS FROM THE PCR TEST

Errors occur in the PCR test because of 2 main reasons

1. The PCR machine amplifies or manufacturers the DNA found in a sample millions of times. Without adequate filtration and purification of the sample. It will amplify all DNA found in the sample which leads to a lot of errors
2. Viruses do not have DNA, rather they contain RNA. However, the PCR machine can only amplify DNA. To use the PCR to investigate viruses, the RNA from the virus must be converted to DNA, and this is done with the help of enzymes called Reverse Transcriptase. This process leads to a lot of errors.



IS THERE ANY PROOF OF TRANSMISSION?



The first case and his family

The first patient in Wuhan was identified with symptoms on the 1st of December 2019. None of his family members developed fever or any respiratory symptoms. No epidemiological link was found between the first patient and later cases.

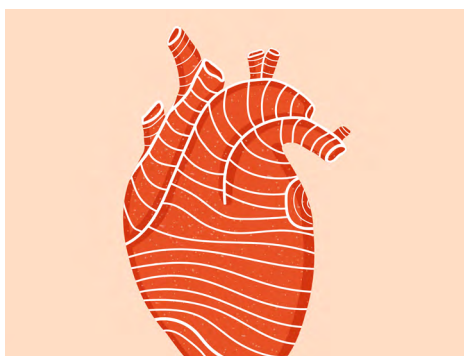
Huang C et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*. 2020 Jan 24. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30183-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30183-5/fulltext)



80% of Infected people in Japan have not passed on the infection

Nearly 80% of patients with the new coronavirus in Japan have not passed on the infection to others regardless of the degree of their symptoms, a government panel of experts announced on March 2.

<https://mainichi.jp/english/articles/20200303/p2a/00m/0na/012000c>



Chinese Heart Patient

A young woman in Guangzhou China with congenital heart disease was hospitalized for a long time without suspicion that she was COVID-19 RNA-positive. By the time she tested positive, 455 people had had contact with her, including hospital staff, other patients, and family members. All contacts were traced, and despite 8 having respiratory symptoms, all 455 tested RNA-negative.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7219423/>



Diamond Princess

The Diamond Princess cruise ship was a perfect laboratory for watching a highly infectious pathogen in action. The first person who tested positive had symptoms before boarding the ship on January 20th. It was not until February 1st that they tested positive, and February 3rd when passengers were confined to their quarters, in some cases with someone who tested positive. Passengers had interactions with the crew, e.g. to obtain meals. Despite this, the rate of transmission was only 16.7%, meaning that 83.3% remained negative. Since almost half those who tested positive had no symptoms it was not possible to avoid contact with positive persons based on observing symptoms, and it meant that 92% emerged from quarantine without having experienced symptoms due to COVID-19 <https://www.medrxiv.org/content/10.1101/2020.03.05.20031773v2.full.pdf>



THE TREATMENT FOR COVID-19

THE WHO RECOMMENDS THE FOLLOWING FOR TREATING COVID-19

- **Invasive Oxygenation**
- **High dose corticosteroids (Methylprednisolone)**
- **Antiviral Drugs (Ribavirin)**
- **Sedatives**

A report, commissioned by a WHO expert panel after SARS was over made the following observation:

“Despite an extensive literature reporting on SARS treatments, it was not possible to determine whether treatments benefited patients during the SARS outbreak. Some may have been harmful...

Of patients treated with ribavirin, (36%–61%) developed haemolytic anaemia [breakdown of red blood cells], a recognised complication with this drug, Another study noted that over 29% of SARS patients had some degree of liver

dysfunction indicated by ALT levels higher than normal, and the number of patients with this complication increased to over 75% after ribavirin treatment...

One study reported diabetes onset associated with methylprednisolone treatment.

Another study (an uncontrolled, retrospective study of 40 SARS patients) reported avascular necrosis and osteoporosis among corticosteroid-treated SARS patients [which resulted in many joint replacements, particularly in Hong Kong]

<http://davidcrowe.ca/SciHealthEnv/papers/5253-SARS-Treatment-Effects.pdf>



PROBLEMS OF INTUBATION

It is difficult to differentiate the damage done by invasive intubation and those caused by respiratory diseases, and so the deterioration may be ascribed to the wrong cause.

Ventilator-associated pneumonia (VAP). Studies show between 8 and 28% of all ventilated patients will be affected by it, and for up to 55% it proves fatal.

One study found that, even after recovering, 58% of ventilated patients died within the next year

One patient survey from China reported that 31 out of 32 (97%) intubated patients died.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext)

A New York patient survey reported that 320 out of 5700 COVID-19 patients were intubated. Even among the younger group, 18-65, the death rate was 76%, and among those over 65, the same shocking 97% as in China [70].

<https://jamanetwork.com/journals/jama/fullarticle/2765184>



BRIEF DESCRIPTION OF SEROLOGY

What is referred to as serological testing or serology is simply the reaction of Antigen and antibody in body secretions, especially blood.

Antigens and antibodies are produced in the body. They are both proteins.

An antigen is a protein, and it can be found inside the body or outside the body. Any living thing that contains protein will contain antigens.

The body contains thousands of compounds made from proteins; therefore, the human body contains thousands of different antigens.

The human body also comes in contact with foreign compounds not occurring naturally in the body. These compounds could be from the food we eat, the air we breathe, the substances we put on our skin or microbes that invade the body.

When these proteins or antigens are found naturally in the body, the body accepts them and does not produce antibodies against them. But if they are

foreign antigens from outside the body, the body puts up a fight by producing antibodies.

Antibodies attach to and attack antigens in a lock and key fashion. And specific antibodies will attack particular antigens.

In the human body, antibodies are produced by specialised cells called the B Lymphocytes, and these cells reside in the thymus gland, blood tissue, bone marrow and spleen.

Antibodies are usually produced when foreign compounds enter the body. They can also be produced when an organ becomes damaged or diseased and unrecognisable to the immune cells.

There are 5 main types of antibodies in the human body, and they are IgG, IgM, IgA, IgE and IgD.

However, the antibodies typically used for serology are

IgM is the first set of antibodies produced when pathogens enter the body. Sometimes it is detected when there is reinfection.

IgG is the most prevalent type of antibody and is the antibody that provides the body with long-term immunity. Unlike IgM, it is produced a few weeks after the onset of a disease.

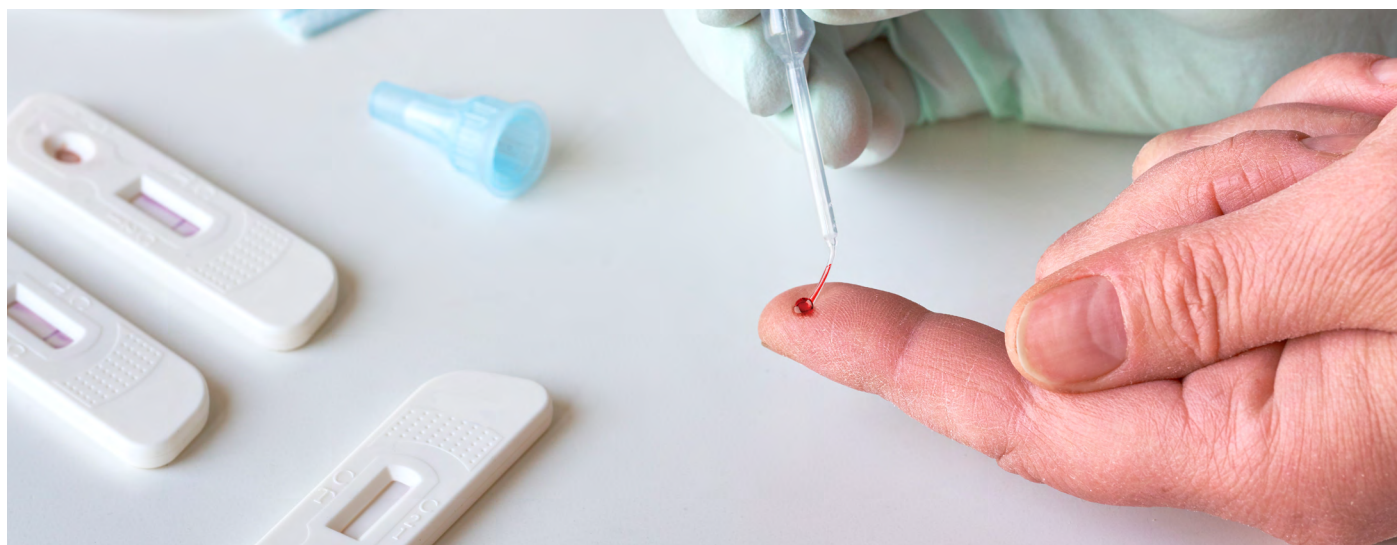
THE FLAWS

While the Antigen and antibody test is beautiful in theory, there is absolutely nothing definite about it.

For example, IgG, which is the antibody

that protects us from further infection and hence used to confirm immunity, has a very irregular and unreliable cycle.

In some people, it may be produced three weeks after the start of an infection and disappear after two months, and in others, it may be produced after a month and stay as long as four months. And in others, it may not be produced, although they eventually recover from an infection.



SEROLOGY TESTING

There is no established scientific principle or even published studies to support using serology testing for determining acquired immunity.

Antibodies are believed to be generated by the immune system in response to a foreign protein, known as an antigen. In the case of COVID-19, an antigen would be a protein probably found on the outer shell of the virus

When an antibody binds to an antigen, it is a signal to the body to destroy the foreign object, such as a virus particle. Antibody tests contain one of more of these antigens, that are bound to chemicals that produce some kind of color

change or fluorescence when an antibody binds to them. The result of the antibody test is read as the intensity of this color change or fluorescence. This makes reading tests results easier to automate.

Since antigens are viral proteins the obvious place to obtain them would be from purified virus. However, since COVID-19 virus has never been purified, this is currently impossible.

The major antibody types that are looked for are IgM, believed to be a generic infection

fighting antibody that arises about a week or so after infection, and IgG, believed to be more specific, and believed by some to take longer for the body to create.

After the infection is resolved, IgM antibodies are believed to gradually disappear, while IgG remain, providing ongoing immunity. The IgG is what is checked for to determine pre-existing immunity

Unfortunately, this idealized picture is not supported by the available evidence, either because the evidence does not exist, is insufficient, or because it directly contradicts the model.

Positive antibody tests should be impossible before the person is first infected (RNA positive). Yet, old blood samples (2019 or before) have tested positive in significant numbers. Almost 14% of saved blood from old donations tested positive in a Dutch study.

Simple models that illustrate the timing of antibodies show the quantity (titer) rising smoothly and, for IgM, eventually peaking and declining smoothly. Yet many studies have found negative tests throughout the symptomatic period. A test developed by the Wadsworth Centre in New York found 40% of samples negative for antibodies 11-15 days after symptoms started, and even more between 16-20 days.

This indicates that antibodies may come and go randomly and not behave in a smooth and predictable fashion.

(www.davidcrowe.com)

WHO WARNS AGAINST SEROLOGICAL TESTING FOR IMMUNITY

<https://www.cnn.com/2020/04/17/who-issues-warning-on-coronavirus-testing-theres-no-evidence-antibody-tests-show-immunity.html>

STOP AND DESIST ORDER FOR SEROLOGICAL TESTING

<https://www.coloradoan.com/story/news/2020/05/05/coronavirus-covid-19-antibody-tests-colorado-businesses-made-false-claims-ag-says/3085520001/>

CORONAVIRUS ANTIBODIES DON'T LAST MORE THAN 3 MONTHS

<https://www.naplesnews.com/story/news/health/2020/07/02/covid-19-antibody-testing-may-give-false-sense-security/3281615001/>

THE CDC SAYS SEROLOGY TESTS ARE OFTEN

<https://www.businessinsider.com.au/cdc-says-antibody-test-results-wrong-half-the-time-2020-5?r=US&IR=T>



DISTRACTIONS:

Chloroquine treatment for COVID:

Chloroquine is a powerful antibiotic and antiinflammatory. It is well known as a powerful antiviral drug. Since it is doubtful that COVID exists, then we can assume that the doctors using chloroquine for treating 'COVID' were most likely treating other viral respiratory infections. The symptoms of COVID are exactly the same as many respiratory diseases. As a powerful antiinflammatory, chloroquine will also treat many other diseases, hence it's success rate for treating a range of diseases for which what we call COVID will fall into the range.

Chloroquine has very serious side effects including kidney, liver and nerve damage.

COVID-19 created in a bio lab:

There is absolutely no evidence that COVID-19 was manufactured in the lab. It is even doubtful that pure microbes can cause disease. In contrast to Germ theory, which is the theory that germs cause disease, there is the TERRAIN theory which ascertains that microbes are a by-product of diseases and therefore do not cause diseases. There is ample evidence in support of this theory. However, the discussion is beyond the scope of this presentation.

The theory that germs or microbes are the cause of diseases is still debatable. And if so, it is doubtful that microbes can be weaponised.

There is no evidence that biological weapons have been used in warfare. If they worked, they would have been used.



CONCLUSION:

The World Health Organisation has not demonstrated the scientific sequence for establishing a novel virus and declaring a pandemic.

There is no documented sequence of events on their website, or scientific publications to prove the existence of a novel virus nor reasons for declaring a pandemic.

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