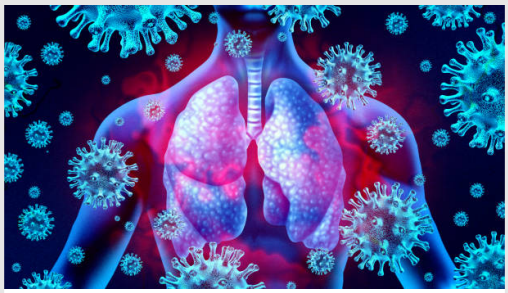
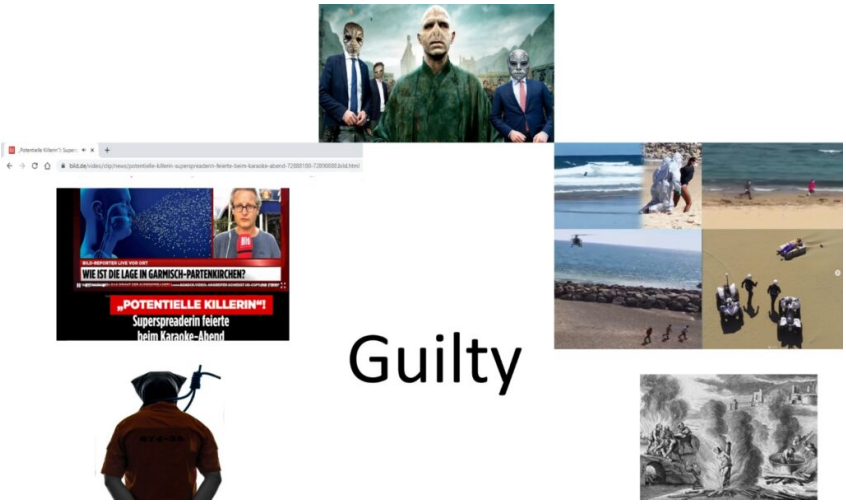
The four elimination pathways and Coronavirus or:



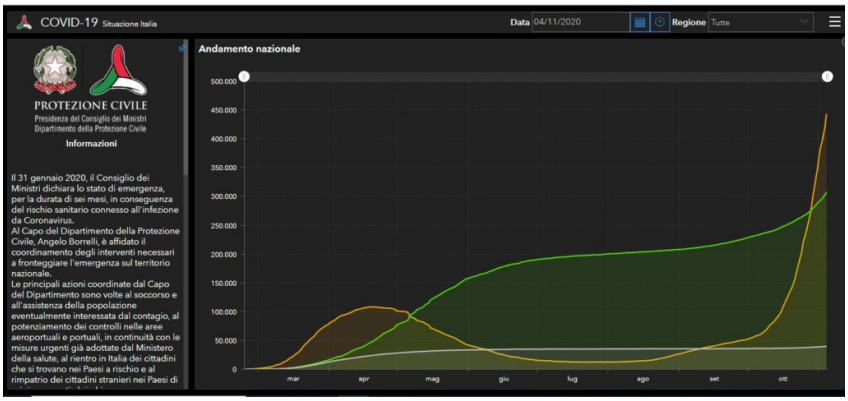
Medicine is not a science but an opinion.

The obligation for masks is considered one of the most effective measures to combat the coronavirus pandemic. This measure is imposed, like many others, only for populist political reasons and is not only completely ineffective with regard to a reduction in the transmission of the virus, **but also constitutes a serious danger to the health of anyone wearing the mask (1)** (European Centre for Disease Prevention and Control 2020). This problem is sidetracked, deliberately creating great confusion among the sick, the dead, the HIV-positive, the healthy carriers, the asymptomatic, the positive etc.

In the end the contagiousness index was introduced (Robert Koch Institute) as the supreme judge of good and evil, which arbitrarily divides countries into zones of good and bad citizens, the latter to be ruthlessly punished. All this happens with no scientific basis and is statistically unacceptable, but the hunt for positives with all available means (immune App etc.) has become one of the “main weapons in the fight against the Coronavirus”. Those discovered positive and their families are put under house arrest and pilloried, as if they were criminals.



But this hunt makes no sense, as the contagiousness index is completely unrelated to mortality, as shown by the statistics issued by the Italian Ministry of Health/ Ministero della Salute Italiano on 4/11/20 (2).



Curve – yellow: currently positive, green: recovered, grey: deaths

BUT WHAT IS WRONG WITH MASKS?

I'll explain it in a nutshell.

Our body has four elimination pathways for noxious substances: urinary tract (urine), digestive tract (feces), skin (perspiration) and the lungs (respiration). This last pathway, important with regard to coronavirus transmission, must guarantee both the oxygen/carbon dioxide exchange and the ventilation of the respiratory tracts, the nasal and paranasal sinuses and the middle ear.

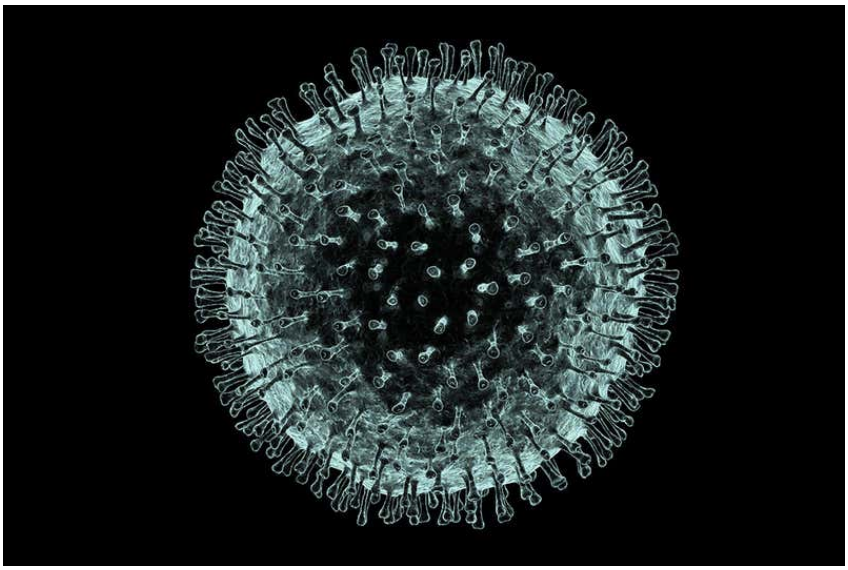
If this or any other pathway is interrupted or reduced, the body gets progressively intoxicated and damaged even irreversibly.

And now we come to masks:

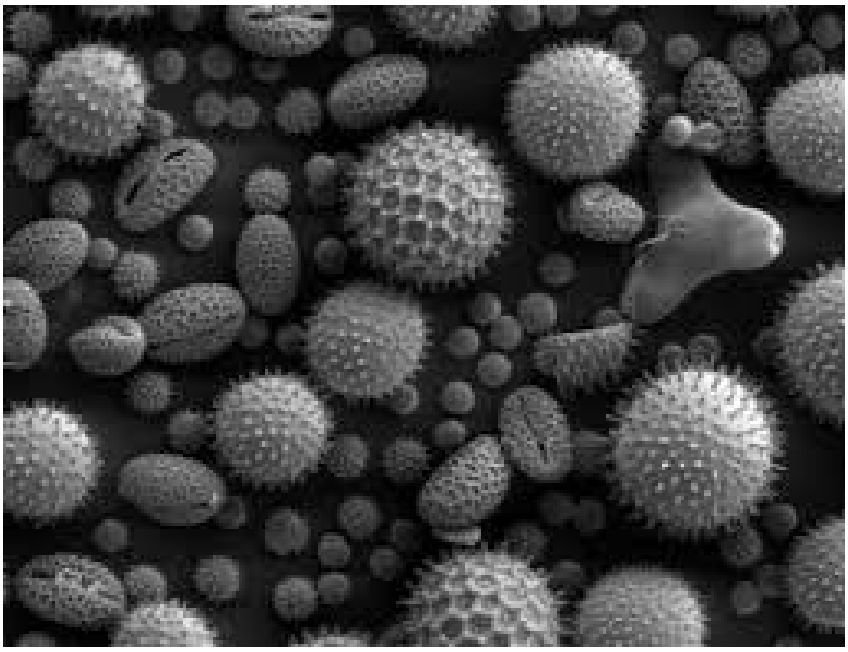
1. **Masks in no way protect against coronavirus infection** as the means of transmission is exclusively aerial by aerosols (3) and not through droplets or contact.

The Coronaviruses have a **superimposable shape to that of various pollens** (one of nature's wonders) but they are much smaller and are transmitted in the same way, suspended and

transported by air. If they land on fertile ground (for the coronavirus the peripheral airways, i.e. the bronchioles) they take root and then multiply.

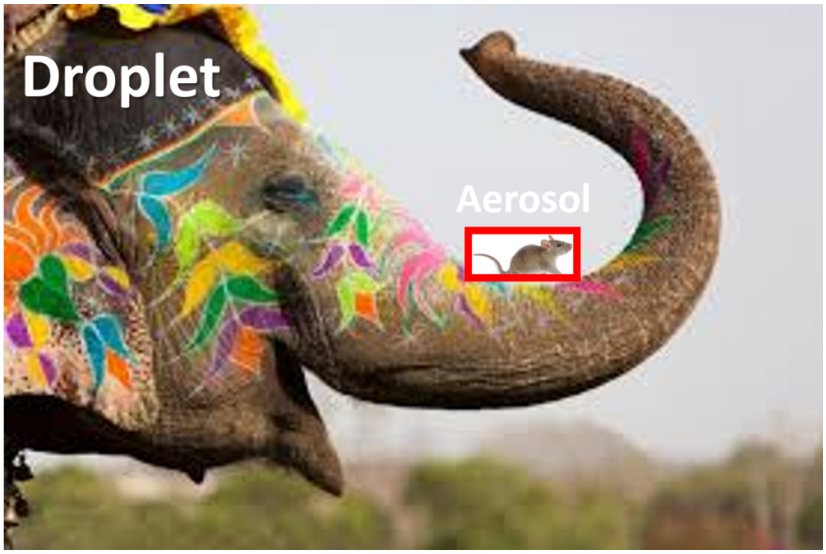


Coronavirus



Pollen from a peanut bush

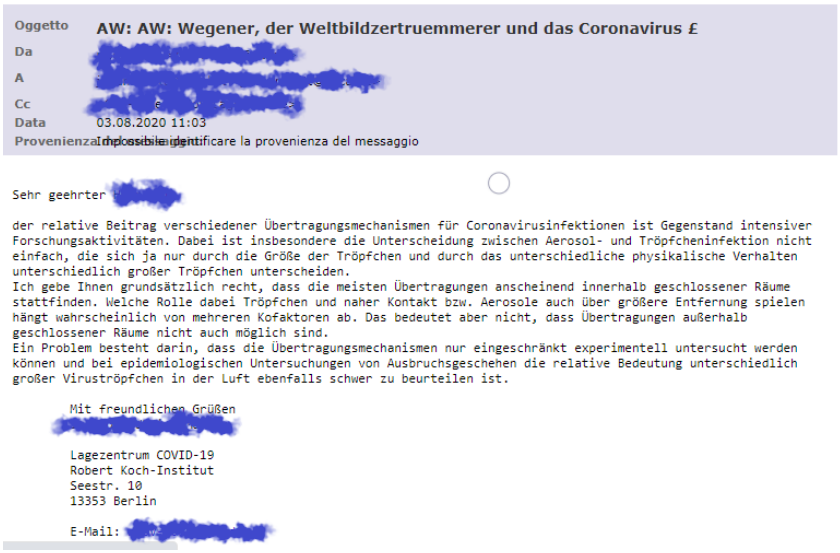
Their **dimensions are also comparable to those of smoke particles**, they get to the alveoli and are then inhaled and exhaled. This is the difference to droplet particles, which having a diameter about 60 times higher, are picked up by the upper respiratory tracts.



The Coronavirus' gateway to the body and its replication finally take place at the level of the peripheral airways (bronchioles), where they induce an inflammatory response mediated by antibodies similar to allergic asthma. This is why the severity of the disease does not primarily depend on the damage caused to the organism by the virus, but on the damage caused by the immune system to the organism (4), *which is why cortisone was the first choice drug in aggravated cases at the beginning of the pandemic.*

The modes of falling ill with coronavirus are comparable to those of falling ill from passive smoking. Coming into contact with people who transmit coronavirus is the same as coming into contact with smokers. The harmful agent is inhaled in the same way and the dangerous load for the organism only takes place in closed, badly ventilated environments.

In this respect the **Robert Koch Institute has confirmed that transmission of the virus in the open is highly improbable (RKI).**



Oggetto AW: AW: Wegener, der Weltbildzertruemmerer und das Coronavirus £
Da [redacted]
A [redacted]
Cc [redacted]
Data 03.08.2020 11:03
Provenienza Impossibile identificare la provenienza del messaggio

Sehr geehrter [redacted]

der relative Beitrag verschiedener Übertragungsmechanismen für Coronavirusinfektionen ist Gegenstand intensiver Forschungsaktivitäten. Dabei ist insbesondere die Unterscheidung zwischen Aerosol- und Tröpfcheninfektion nicht einfach, die sich ja nur durch die Größe der Tröpfchen und durch das unterschiedliche physikalische Verhalten unterschiedlich großer Tröpfchen unterscheiden.
Ich gebe Ihnen grundsätzlich recht, dass die meisten Übertragungen anscheinend innerhalb geschlossener Räume stattfinden. Welche Rolle dabei Tröpfchen und naher Kontakt bzw. Aerosole auch über größere Entfernung spielen hängt wahrscheinlich von mehreren Kofaktoren ab. Das bedeutet aber nicht, dass Übertragungen außerhalb geschlossener Räume nicht auch möglich sind.
Ein Problem besteht darin, dass die Übertragungsmechanismen nur eingeschränkt experimentell untersucht werden können und bei epidemiologischen Untersuchungen von Ausbruchsgeschehen die relative Bedeutung unterschiedlich großer Viruströpfchen in der Luft ebenfalls schwer zu beurteilen ist.

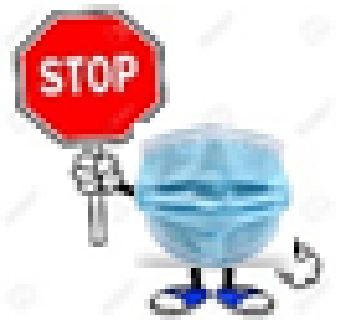
Mit freundlichen Grüßen
[redacted]

Lagezentrum COVID-19
Robert Koch-Institut
Seestr. 10
13353 Berlin

E-Mail: [redacted]

2. **Masks are very dangerous because they greatly reduce the aeration of the lungs.**

Once respiratory system patients were sent to the mountains or the sea to exhale the unhealthy air and inhale clean air, whereas now they are provided with masks and the exhaled air (which contains a high number of viruses during the infectious phase) cannot disperse in the open air but is retained by the mask and subsequently inhaled.



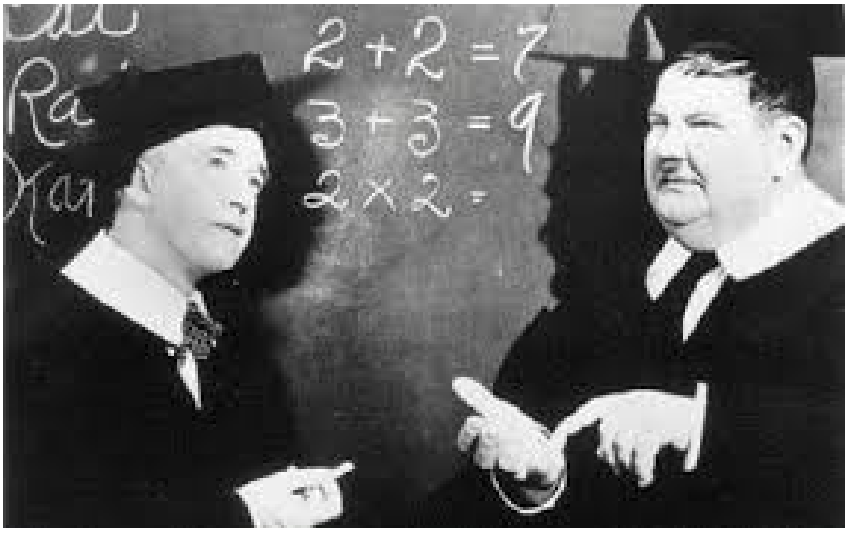
“Vesti la Giubba”

“Put on your costume”

In this respect masks oblige people to infect themselves more and more (as if one smoked under the mask), condemning them to an increasingly serious risk to their health and producing severely ill patients.

And so, breath by breath, people reduce their chances of survival. HOORAY FOR MEDICINE!

Unfortunately *medicine is not a science, but an opinion*. Day by day many opinions (political, economic, populist etc.) interfere on the orientation of medicine, also with compliant experts in the medical sphere. In arithmetic, (which is a science) one and one makes two (1+1=2), in medicine (which is an opinion) 1+1 does not always make 2, it eventually makes 3, 4 or 18, 24, maybe better 42-2, according to the current opinion.



With the current government measures we are actually forced to take refuge in closed places, right where we get infected and then we are forced to endure serious or very serious harm caused by the obligation for masks. We are taken right there, young and old, where we don't want to end up, in the arms of the angel of death.

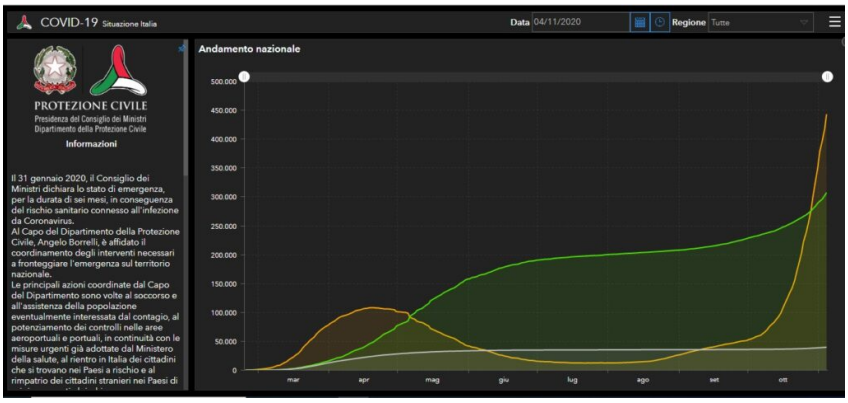
APPENDIX:

Ceterum censeo, Cartaginem esse delendam, thus Cato, the Censor finished each of his speeches at the Senate.

In this sense this contribution ends with: *Ceterum Censeo, that the situation is not of a medical but a political/economic nature*, public good and health have nothing to do with it, common people are nothing but cannon fodder:

1. Because there is a daily organized disinformation of the

population regarding mortality, lethality, contagiousness index, deceased, newly infected, re-infection, asymptomatic, healthy carriers, positives. The latter are pursued with all the means at the disposal of the state, as if they were criminals. But this hunt makes no sense, as the contagiousness index is completely unrelated to mortality, as shown by the statistics issued by the Italian government on 4/11/20 (A).



2. Because disastrous news is broadcast every day regarding the pandemic, even though this year (e.g. in Italy, in Germany the relevant data is not available) there has not been a statistically significant rise in mortality compared to the period 2015-2019. From May-August there was even a reduction in mortality compared to the five previous years by 1.6% (ISTAT Report, National Institute of Statistics 22/10/2020 (**Table 1**)(B).
3. Because the statistics released by the media predict a significant increase in deaths from coronavirus with distressing forecasts for the future, ("soon over 1,000 deaths a day"), even though the lethality of Coronavirus is estimated at 0.14% against the 0.10 of common 'flu (WHO 14/10/20)(C). Possibly because even patients without laboratory confirmation are included in the deaths with only a suspected diagnosis (as a result of medical or epidemiological evaluation) (Report of the National Health Insitute (ISS), n.49/2020,8/6/20, **note 1**)(D), or because the statistical elaboration was carried out on limited groups of patients (4942 of 31.573 deaths

from Coronavirus to 25/05/2020), or because inappropriate terms of definition were used. The term **“directly responsible for death”**, means that the death would not have beenverified if the SARS-CoV-2 infection had not intervened, although often overlapping other pre-existing conditions, and their complications. (Report from the “National Institute of Statistics on16/7/2020: Impact of the Covid-19 epidemic on mortality: Causes of death of SARS-CoV-2 positives, **note 2**)(E).

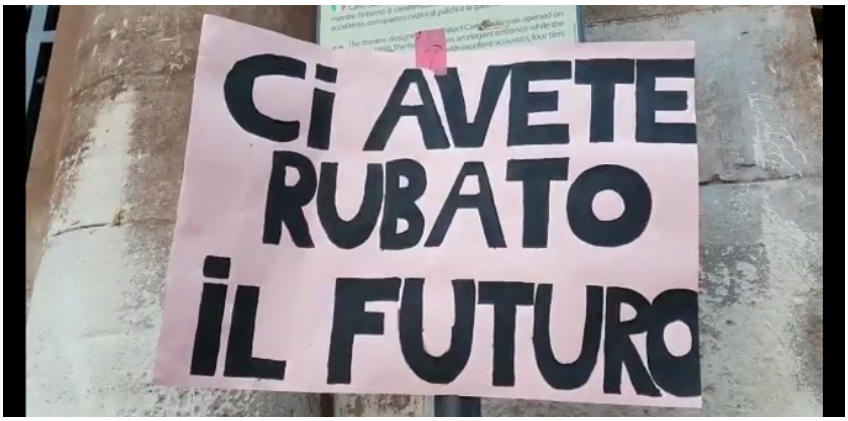
4. At the moment almost all the hospitals in almost all Europe are nearly full of Coronavirus patients, even though current mortality is much lower than in the spring. Also the capacity of hospital beds for coronavirus patients has increased since then. This could serve to recover the deficit of hospitals caused by the dramatic reduction in hospital admissions due to the pandemic (the deficit in the first 4 months in Italy is 3.5 bilions of Euro: Report ALTEMS) (F). In this way the Budget can be met, so as not to remain insolvent. (“Coronavirus rettet die Kliniken, aber die Pleitegefahr bleibt hoch” = the coronavirus crisis saves the hospitals, but the risk of bankruptcy remains high. Das Handelsblatt) (G). In Germany the state pays the hospitals about 700 euro for every unoccupied bed, to keep it free for the eventual second wave of the pandemic. All this because direct subsidies at EU level are no longer permitted. If someone cannot uphold their financial obligations, they have to declare insolvency, a disaster for public healthcare.
5. Because in March wide-spectrum trials of antiviral drugs like Remdesivir (Solodarity etc.) were authorized globally, where the control group did not receive any specific pharmacological drug, which actually should have been **cortisone**. In their wake the same useless medicines have been tested almost everywhere.
6. Because they insisted on testing for **many months** to ascertain whether the therapy was beneficial, which was

already evident **after a month** (statistical elaboration through the Kaplan Meier 28 Day Mortality method, **Table 2**) (H). In fact mortality was superior to the control group. In these trials mortality for ventilated patients was 41% (Solidarity study), while with the cortisone therapy it was 29% (Recovery Study**) (I). All these useless pharmaceutical trials have caused the death of thousands of people under the pretext of scientific research.** And all this in general without having requested and obtained the informed consent from the patients/relatives, because a European legal provision exonerated the experimenter from this obligation for the Covid emergency (European Medicines Agency etc.) (J), seriously infringing the fundamental constitutional rights of every citizen. No patient or relative would have signed an informed consent stating that half the patients were left with no treatment but only the placebo.

7. Because the European governments were advised to authorize the use of Remdesivir on **3 July**, (knowing that it was useless) and because they were advised to get huge supplies of this drug (**Table 3)**, which promptly took place (European Commission) (K).
8. Because a worldwide race for vaccines began, unsafe both for the abbreviated test procedure due to the Covid emergency, but also for the strong economic interests (the over 160 centers in the world have been sponsored on average with 200 Million Euro). There is also hardly any state control of the trials. The sponsor (i.e. who pays for the trials with a high compensation to the hospitals) and the ethical commission are responsible for controlling the correct conduct of the trial itself (the dream of every student: I write the assignment, I mark it and give it a grade). Vaccination during an ongoing epidemic can also trigger serious side effects like the narcolepsy during the vaccination against swine ‘flu in 2009.

9. In this epidemic too the political reaction proved completely exaggerated. The EU (to name some countries) spent about 1.3 billion in England and over 700 million in France for a vaccine for a ‘flu which had caused only 2,900 deaths in Europe compared to the European average of 40,000 to 220,000 a year from common ‘flu (EC debate 7/3/2011) (L). In 2009 Transparency International (The Global Coalition against Corruption) had already criticized the financing of the European Medicines Agency (EMA) for two thirds of the Pharmaceutical Industry (M). The European Court of Auditors later confirmed this conflict of interest (Press release ECA/12/39 on 11/10/2012) (N).**Whoever performs vaccination during an ongoing epidemic commits a grave error**
10. Because the “VirologicalScience” does not admit to having wrongly assessed the means of transmission of the Coronavirus (O). It is in the same situation as Gottlob Frege (1902), who in the end discovered important errors in his research defining the bases of mathematics (**note 3**).
11. Because there is a relentlessness towards children, our future, considering them global super-spreaders.

TRAUMATIZING CHILDREN CONSTITUTES A CRIME AGAINST “HUMANITY”



The answer my friends, is blowing in the wind, the answer is blowing in the wind.

Appendix

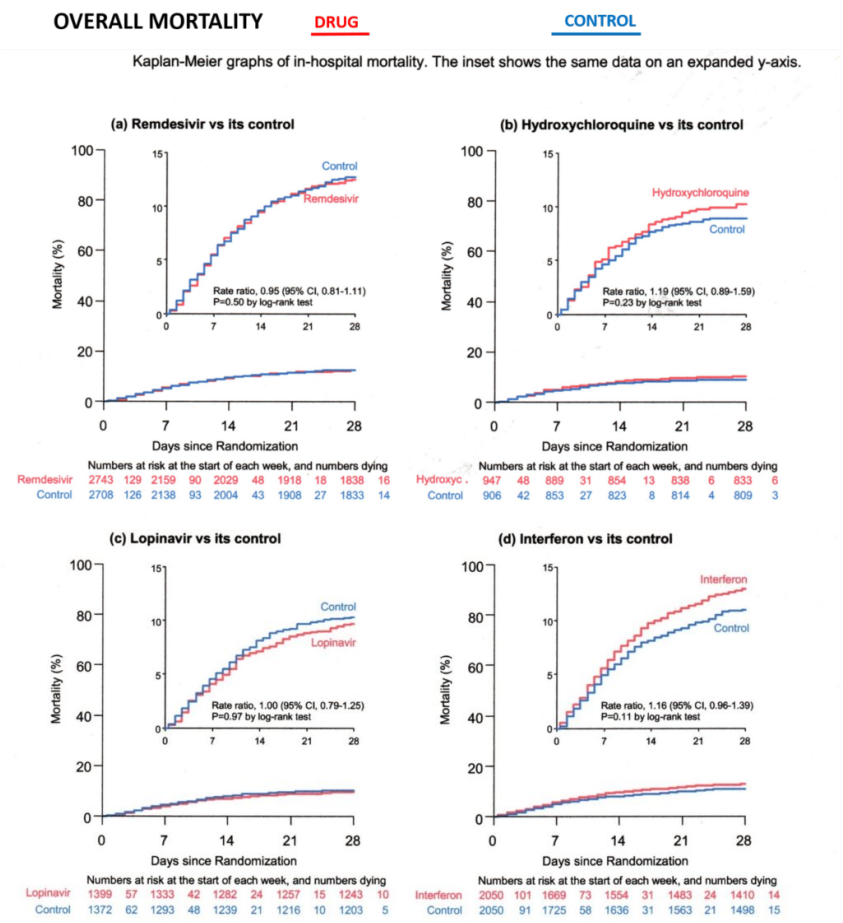
Table 1) – Percentage variation in deaths in 2020 compared to the 2015-2019 average, by region, distribution and month.

Tabella 3 – Variazione percentuale dei decessi del 2020 rispetto alla media 2015-2019, per regione, ripartizione e mese

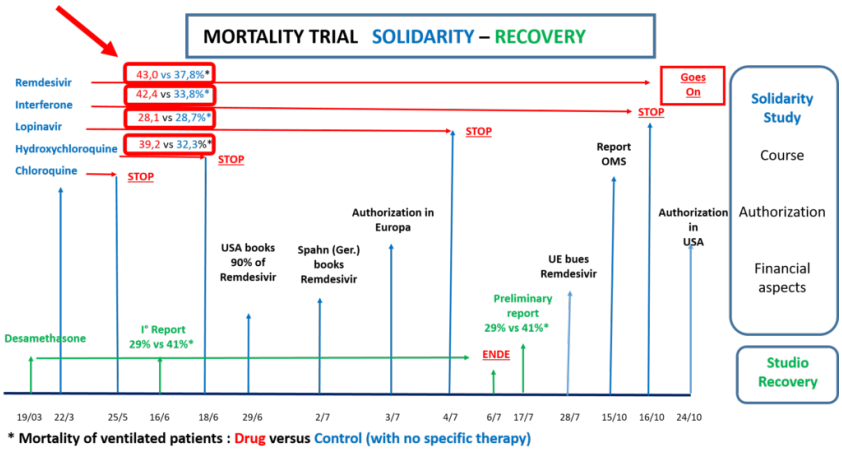
Regione\Ripartizione	gennaio e febbraio	marzo	aprile	maggio	giugno	luglio	agosto	gennaio-agosto
Piemonte	-11,2	52,8	76,6	9,6	-3,6	-8,3	-5,8	11,5
Valle d'Aosta	-10,8	52,8	70,3	-1,8	-1,1	-16,1	19,6	11,9
Lombardia	-5,8	191,2	117,1	12,2	0,6	-4,9	0,0	38,0
Trentino-Alto Adige	-3,5	62,2	72,6	9,0	1,1	1,4	6,2	18,2
Veneto	-4,8	21,4	30,4	4,1	1,8	1,7	3,6	6,4
Friuli-Venezia Giulia	-4,7	12,3	20,3	-9,4	-6,4	-4,2	0,4	0,4
Liguria	-14,0	53,5	62,0	5,6	-3,7	-6,1	-2,8	9,5
Emilia-Romagna	-6,5	69,1	52,9	3,4	3,2	0,7	1,7	14,6
Toscana	-8,4	12,8	18,4	-5,8	-2,4	-1,6	6,2	1,1
Umbria	-8,8	8,4	1,4	-6,2	-1,1	-8,7	6,0	-2,4
Marche	-6,9	43,7	35,1	-0,7	3,8	-0,5	5,4	8,9
Lazio	-8,6	2,6	3,6	-3,7	-5,4	-1,8	-4,9	-3,5
Abruzzo	-6,7	13,5	15,4	0,1	-5,0	-10,5	-5,9	-0,8
Molise	-15,6	2,8	1,5	3,5	4,4	-5,0	-3,7	-4,1
Campania	-6,0	1,1	1,3	-5,9	-4,7	-3,6	-4,2	-3,5
Puglia	-4,2	11,5	15,7	1,7	5,3	0,3	5,6	3,7
Basilicata	-6,7	-4,6	9,8	3,9	-6,0	-8,0	-2,2	-2,7
Calabria	-9,0	3,4	6,9	2,4	0,8	-2,1	4,9	-0,7
Sicilia	-9,4	-0,6	2,4	-1,1	-6,1	-4,0	5,5	-3,1
Sardegna	-3,3	11,2	10,8	-2,2	-4,8	3,9	5,4	2,1
Nord	***-7,2***	***93,9***	***74,3***	***7,2***	***-0,2***	***-3,4***	***-0,1***	***19,5***
Centro	***-8,3***	***12,2***	***12,6***	***-4,2***	***-2,8***	***-2,1***	***1,1***	***-0,2***
Mezzogiorno	***-6,9***	***4,3***	***6,8***	***-1,3***	***-2,5***	***-2,9***	***1,7***	***-1,1***

Report ISTAT, National Institute of Statistics, 22/10/2020

Table 2)



Statistical elaboration: Kaplan Meier 28 day risks (mortality), available monthly from April on the WHO site. The monthly results have clearly shown the inefficacy of the antiviral drugs involved, hence the study should have been interrupted much sooner. Each month of delay causes unnecessary deaths.



Timeline of the experiments (Mortality PV* = Ventilated Patients, control** = with no specific therapy)

19/03 Recovery trial begins

22/3 Solidarity (S) trial begins
monthly report of results

25/5 Chloroquine leaves Solidarity

16/6 1st Recovery Report Mortality PV* Cortisone: 29%, control** 41%

18/6 Hydroxychloroquine leaves Solidarity: Mortality PV* H.chloroquine 39.2%, control** 32.3%

29/6 USA books 90% of the Remdesivir resources

2/7 Germany (Spahn) books large reserves of Remdesivir

3/7 UE authorizes the use of Remdesivir

4/7 Lopinavir leaves Solidarity Mortality PV* Lopinavir 28.1%, control** 28.7%

6/7 Recovery trial ends

17/7 Recovery trial Report Mortality PV* Cortisone 29%, control** 41%

28/7 UE buys Remdesivir

15/10 WHO Report Mortality PV* Remdesivir 43.0%, control** 37.8%

24/10 USA authorizes the use of Remdesivir

Note 1) "National Health Institute, Report n.49/2020, 8/6/2020: "COVID-19: Interim Report on the definition, certification and classification of the causes of death"

According to this report the **patients included** in the 33.000 until 7/6/20 are composed as follows:

1. Suspected case (**without laboratory investigation**: Author's note)
2. Someone with acute respiratory infection and with no other etiology, which completely explains the clinical

presentation and with a travel or residence history with transmission of the virus.

3. Someone with any acute respiratory Infection who has been in contact with a probable or confirmed case of Covid.
4. Probable case: suspected case **whose SARS-CoV-2 test result is doubtful or inconclusive** (i.e. despite negative test the diagnosis is confirmed: Author's note)
5. Confirmed case. Case **with laboratory confirmation** independently of signs and clinical symptoms.

Note 2) "National Institute of Statistics" ISTAT Report from 16/7/20: "Impact of the Covid-19 epidemic on Mortality: Causes of death of positive deceased from SARS-CoV-2"

The report includes 4,942 statements of death submitted to the National Institute of Health with confirmed SARS-CoV infection. *This constitutes **only** 15.6% of the reported cases until 25/5/20 out of a total of 31.573 deaths. Therefore the remaining cases are suspected or probable cases (i.e.with no laboratory diagnosis).*

The statistical elaboration of this small group of patients has emphasised that: "Covid-19 is the directly responsibile cause of death in 89% of deaths of people positive to SARS-CoV-2", a statement which is repeated daily like a prayer wheel.

Definition of directly responsibile for death: *death is caused directly by Covid-19, when death would not have been verified, if the SARS-Cov-2 infection had not intervened (although often overlapping other pre-existing illnesses and their complications).*

Note 3) The virological community should publicly release the same declaration as Frege on 16/6/1902 (*modified by vaso di pandora*): "Hardly anything more unwelcome can befall a scientific writer (*virological community*) than that one of the foundations of his edifice be shaken after the work (*program for the "fight" against the pandemic*) is finished. This is the

position into which I was put (still Frege) by a letter from Mr Betrand Russell (*Wegener der Weltbildzertruemmerer*), as the printing of this volume (*Public Measures against the Pandemic*) was nearing completion.

Bibliography

1. European Centre for Disease Prevention and Control: Using the masks in the Community. https://www.ecdc.europa.eu/en/publications-data/using-face-masks-community-reducing-covid-19-transmission
2. Ministero della Salute Italiano: Covid-19: Situazione in Italia al 4/11/2020. http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?area=nuovoCoronavirus&id
3. Vaso di Pandora: Aerosol als der einzig relevanter Uebertragungsweg des Coronavirus: epidemiologische Analyse, 29/05/2020. https://www.vasodipandora.net/2020/05/29/aerosol-als-der-einzig-relevanter-uebertragungsweg-des-coronavirus-epidemiologische-analyse/

Vaso di Pandora: L'aerosol quale unica via rilevante di trasmissione del coronavirus: evidenze epidemiologiche, 24/05/2020. https://www.vasodipandora.net/2020/05/24/laerosol-quale-unica-via-rilevante-di-trasmissione-del-coronavirus-evidenze-epidemiologiche/

- Vaso di Pandora: Wegener, der Weltbildzertruemmerer, 29/05/2020 https://www.vasodipandora.net/2020/05/29/der-weltbildzertruemmerer-wegener-und-das-coronavirus/

Vaso di Pandora: Considerazioni generali sul coronavirus, 25/05/2020- https://www.vasodipandora.net/2020/05/25/considerazioni-generali-sul-coronavirus/

A) Ministero della Salute Italiano: Covid-19: Situazione in Italia al 4/11/2020.
http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?area=nuovoCoronavirus&id

B) Istituto Nazionale di Statistica; decessi e cause di morte. 4/11/2020
https://www.istat.it/it/archivio/240401#:~:text=Decessi%20e%20cause%20di%20morte%3A%20cosa%20produce%20l%E2%80%99Istat,da%20fonte%20anagrafica%2C%20con%20cadenza%20mensile%20ed%20annuale.

C) John P. A. Ioannidis, Bulletin of the WHO: Infection fatality rate of COVID-19 inferred from seroprevalence data, 14/10/2020.
https://www.who.int/bulletin/online_first/BLT.20.265892.pdf

D) Istituto Superiore della Sanità (ISS): COVID-19: rapporto ad interim su definizione, certificazione e classificazione delle cause di morte, n.49/2020. 8/6/20

E) Istituto di Statistica Italiana: Impatto dell'epidemia COVID-19 sulla mortalità: cause di morte nei deceduti positivi a SARS-COV-2, https://www.istat.it/it/archivio/245573

F) Alta Scuola di Economia e Management dei Sistemi Sanitari (ALTEMS): Interim analysis sull'impatto economico per l'Ssn del Covid-19, 28/05/2020,
https://altems.unicatt.it/altems-flash%20report%20altems.pdf

G) Das Handelsblatt: Coronakrise rettet die Kliniken – aber die Pleitegefahr bleibt hoch, 18/06/2020,
https://www.handelsblatt.com/technik/medizin/krankenhausmarkt-coronakrise-rettet-die-kliniken-aber-die-pleitegefahr-bleibt-hoch/25928050.html?ticket=ST-8782875-ukG7jD77bEeYcW6Kezpt-ap2

H) WHO Solidarity trial consortium: Repurposed antiviral drugs foe COVID-19 – interim WHO SOLIDARITY trial results, 15/10/2020,

https://www.medrxiv.org/content/10.1101/2020.10.15.20209817v1.full.pdf

I) The Recovery Collaborative Group: Dexamethasone in hospitalized Patients with Covid-19 – Preliminary Report, 17/07/2020, https://www.nejm.org/doi/full/10.1056/NEJMoa2021436

J) European Medicines Agency: Guidance on the Management of Clinical Trials during the COVID-19 (Coronavirus) pandemic, 28/4/20, https://ec.europa.eu/health/sites/health/files/files/eudralex/vol-10/guidanceclinicaltrials_covid19_en.pdf

K) European Commission: European Commission secures EU access to Remdesivir for treatment of COVID-19, 29/07/2020, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1416

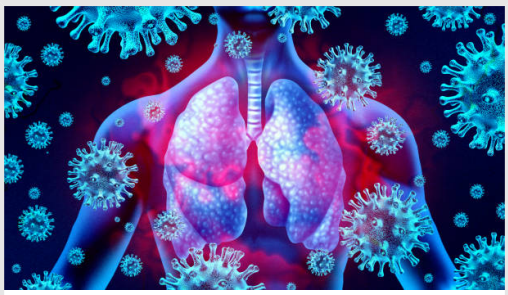
L) Plenardebatte 07/03/2011 – Umgang mit der H1N1 – Grippe (Europaeische Union), https://europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+CRE+20110307+ITEM-023+DOC+XML+V0//DE

M) Transparency Intenational: Transparency Deutschland fordert Aufarbeitung des Schweinegrippen-Fehlalarms, 07/10/2011, https://www.transparency.org/en/press/20111007-schweinegrippe

N) Europaeischer Rechungshof: Interessenkonflikte wurden von den ausgewaehlten Agenturen nicht angmessen gehamdhabt, 11/10/2020. https://ec.europa.eu/commission/presscorner/detail/de/ECA_12_39

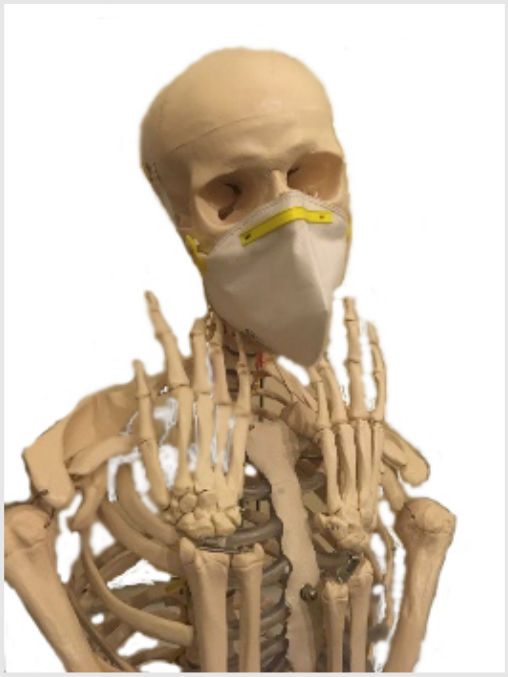
O) Gottlob Frege: Eine Einfuehrung in sein Werk, Walter de Gruyter – Berlin – New York 1989, https://books.google.it/books?id=du2_q1PRTRAC&pg=PP5&source=kp_read_button&redir_esc=y#v=onepage&q&f=false

Le quattro vie di eliminazione ed il coronavirus



L’obbligo delle mascherine viene considerata una delle misure più efficaci per contrastare la pandemia da coronavirus. Tale misura viene imposta, come tante altre, solo per motivi politici populistici e risulta non solo completamente inefficace per quanto riguarda una riduzione della trasmissione del virus

„UND ICH HABE AUF SOZIALE DISTANZIERUNG UND MASKENTRAGEN VERTRAUT“



Es wird immer deutlicher, dass die Aerosoluebertragung den Hauptweg fuer das Coronavirus darstellt. Massnahmen, die die Uebertragung ueber Aerosol verringern koennten, wurden bisher nicht ergriffen, sondern es wurden **verschiedene Fehler begangen, die die Lage taeglich weltweit weiter verschlechtern:**

Fehler 1: **Gesichtsmaskenempfehlung fuer Coronakranke**:

Sie verschlechtert durch die erhoehte endogene Viruslast aufgrund der reduzierten Lungenclearance und der erhoehte Lungenaktivitaet (um das circa 30 fache) die Krankheit mit haeufig letalem Ausgang.

Fehler 2: Gesichtsmaskenpflicht fuer noch nicht Infizierte (es sei denn, sie kommen mit Kranken in Kontakt wie Aerzte, Pflegepersonal).

Sollte eine gesunde Person, Maskentraeger, mit dem Coronavirus in Kontakt kommen (vor dem nur die Masken FFP2, FFP3 schuetzen), wird er wahrscheinlich einen schweren Krankheitsverlauf aufweisen. Dies aufgrund der erhoehten endogenen Viruslast infolge der verringerten Lungenclearance. Unser Organismus verfuegt prinzipiell ueber vier Ausscheidungswege: Niere, Darm, Haut und Lunge. Wird einer dieser Wege eingeschraenkt, fuehrt dies zu zum Teil toedlichen Krankheitsverlaeufen.

Fehler 3: **Anordnung sozialer Distanzierung ohne jeglichem Unterschied zwischen jung und alt**.

Gerade die jungen Menschen, die den Virus unter sich verbreiten ohne zu erkranken, bilden somit ein immunologisches Schutzschild um die Schwaecheren. Sie werden allerdings von offiziellen Stellen durch soziale Distanzierung von dem Aufbau der natuerlichen Herdenimmunitaet abgehalten. Diese soll dann sobald als moeglich mit einer gefaehrlichen Impfung erzeugt werden.

Fehler 4: Zurueckstellung aller notwendigen Korrekturen mit Hinweis auf die Impfung.

Die Impfung ist aus zweierlei Gruenden sehr gefaehrlich:

a. die Forschung nach dem Impfstoff ist mittlerweile zu einem kommerziellen Wettlauf in Billionenhoehe auf verschiedenster Ebene geworden. Notwendige Entwicklungszeiten, neutrale Ethikkommissionen, objektive Berichterstattung der Medien, unabhaengige Expertenmeinungen und eine dem Gemeinwohl verpflichtete Politik sind diesem Wettlauf zum Opfer gefallen, und schlimmer noch: die Sicherheit des Impfstoffes.
b. Zum ersten Mal in der Geschichte wird eine Massenimpfung **waehrend einer Epidemie** (und hier sogar waehrend einer Pandemie) durchgefuehrt werden.

> Dies trotz den allgemein bekannten schweren Komplikationen einer Impfung bei Personen, die sich eventuell in der Inkubationszeit befinden. Besonders besorgniserregend ist, dass all dies grossteils an Personen durchgefuehrt wird, fuer die das Coronavirus keine bedeutende Gefahr darstellt.

Eine Impfung von Kindern ist ein Verbrechen an die Menscheit.

Fehler 5: Fehldeutung des Uebertragungweges des Virus.

Dieser erfolgt (ueber Aerosol) fast ausschliesslich in geschlossenen, schlecht geluefteten Raeumen. Es wurden gegen bessern Wissens in keinster Weise wirksame Massnahmen ergriffen, die hauptsaechlich in der Verbesserung des Raumklimas in allen Bereichen haetten bestehen muessen.

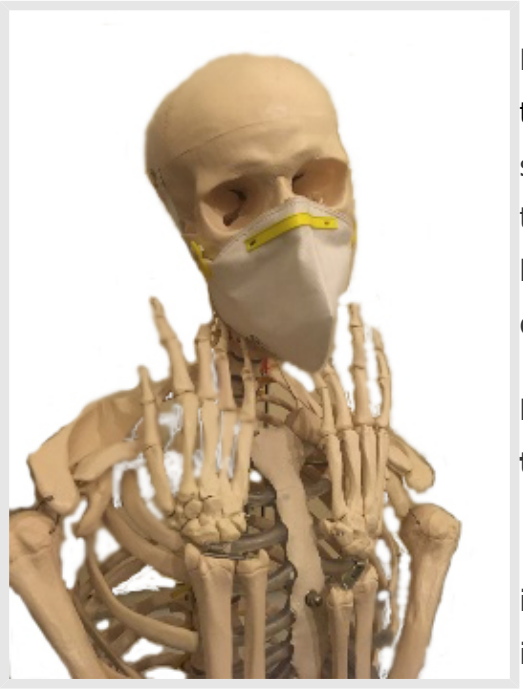
Dies ist die Aufgabe, die sich jetzt stellt.

ERRARE HUMANUM EST, PERSEVEREARE AUTEM DIABOLICUM

Weiterhin ist es unabdingbar, keine weiteren Nebenschauplaetze als Ablenkmanoever zu eroeffnen wie: woechentliche Reihenuntersuchungen an Schulen, Coronatagebuch, geziehlte Eindaemmung von SARS-CoV-Clustern oder duestere Vorhersagen einer zweiten, gefaehrlichen Welle.**Die Wahrheit ist wie ein Loewe. Man muss sie nicht verteidigen. Lass sie einfach los. Sie wird sich selbst verteidigen.**

“AND I TRUSTED DISTANCING AND

MASKS”



It is becoming increasingly evident that the main means of transmission of the Coronavirus is by aerosols. Measures that should have reduced this transmission have not yet been taken, whereas several serious errors have been made, which have led to a progressive deterioration of the situation day for day worldwide.

Error 1: Advice/obligation for people with Coronavirus to wear masks:

Due to reduced pulmonary clearance, masks increase the endogenous viral load. This, combined with the increased pulmonary activity induced by the masks (about 30 times higher), causes an aggravation of the disease with frequent fatal outcome.

Error 2: Obligation to wear masks for people not yet infected (except people in contact with the sick like doctors, nurses etc., where the only protective mask against the virus, the FFP2,3, is necessary)

A healthy person, wearing a mask (except FFP2,3 worn in an absolutely airtight manner, which is extremely rare) who comes into contact with an infectious person, catches the virus anyway- But their situation will get worse because of the increased endogenous viral load as a result of the reduced pulmonary clearance (caused by the mask). Another reason why there is a high mortality in the countries currently affected, where nearly everyone wears masks. N.B. our organism has four main pathways for the elimination of toxins: kidneys, intestine, skin and lungs. The reduction of one of these pathways results in a serious impairment of health, which can be fatal.

Error 3: Obligatory social distancing regardless of age.

Young people especially spread the virus

among themselves without getting ill and create a protective immunological shield around the weaker: the elderly and the sick. Government rules prevent them from forming a natural herd immunity, which will then be created as soon as possible by a vaccination dangerous for everyone.

Error 4: Postponing all the necessary measures to be taken in the "hope" for a vaccine:

Vaccination is dangerous for two reasons:

a. The search for a vaccine has now degenerated into a commercial/political race in the order of billions of euro at very different levels. That is why the necessary time to develop a safe vaccine, neutral ethical committees, objective information from the media, opinions of independent experts, responsible public health policies, and worse still: the safety of the vaccine have all been sacrificed.
b. For the first time in the history of medicine mass vaccination is being programmed during an epidemic (and specifically during a pandemic). This despite the well known, even extremely serious complications of vaccinating people in the incubation period. Even more alarming is the fact that the vaccination will mainly be carried out on people for whom the coronavirus is not significantly clinically dangerous. To perform it even on children is a crime against humanity.

Error 5: Mistaken identification of the means of transmission of the virus:

The virus is almost exclusively transmitted by aerosols in closed, badly ventilated environments. In this respect, in no way have efficient measures been taken to deal with the emergency. These should have led mainly to an improvement of the microclimate in indoor environments.

ERRARE HUMANUM EST, PERSEVERARE AUTEM

DIABOLICUM

Furthermore it is imperative to avoid opening additional secondary fronts, intended solely as diversion tactics (broad spectrum swabs, travel limitations, alarmism for schools, Sars CoV-Clusters and distressing forecasts of a second wave.

The truth is like a lion: you don’t have to defend it. Let it loose, it will defend itself.

DER WELTBILDZERTRUEMMERER WEGENER UND DAS CORONAVIRUS

Als erstes eine Zusammenfassung der meistbekannten Epidemien/Pandemien der letzten Jahren ausgeloest durch Viren: Zeitraumraum/Todesfaelle/Literaturnachweis:

1. SARS: 2002/2003/**813**/World Health Organisation=WHO,
2. Schweinegrippe: 2009-2010/ **18.000**/WHO,
3. Influenzagrippe weltweit: **290.000-650.000 Todesfaelle jaehrlich**/Istituto Superiore della Sanita 2019,
4. Ebola: 2014-2016/ **3461** /WHO)

- – Wenn es wahr waere, dass das Coronavirus ueber Schmutz-Schmier und Troepfcheninfetion uebertragen wird, und wenn es wahr waere,dass
- – somit Massnahmen, die diese unterbinden, wirksam sein sollten,

wie ist es zu erklaeren, dass am 26/04/2020 die Zahl der offiziell registrierten Todesfaelle in der Lombardei 13.325, in Emilia Romagna 3.386 und auf Sizilien 228 betrug?

Dieser Unterschied kann nicht mit einer erhoehten

Expositionrisikos Norditaliens erklaert werden, da unter anderem ein sehr intensiver Flugverkehr etc. zwischen Norditalien und Sueditalien stattfindet. Weiterhin fand gerade in Catania, einer Metropole mit mehr als einer Million Eiwohnern auf Sizilien (in dessen historische Stadtkern ich die Ehre haben, zu leben) vom 3-5 Februar eines der groessten religioesen Feste der Welt (Festa di Sant'Agata) mit mehr als einer Million von Besuchern statt, natuerlich ohne jeglichem Sicherheitsabstand, im Gegenteil.

Wenn man diese und andere epidemiologischen Daten bezueglich der Coronaepidemie in Ruhe betrachtet , so gibt es hierfuer nur zwei moegliche Deutungen

a. Die Sizilianer sind die Weltmeister in Hyghiene?
b. **DAS CORONAVIRUS WIRD AUSSCHLIESSLICH UEBER DEN LUFTWEG UEBERTRAGEN (AEROSO)**

Achtung:

I. **Die Uebertragung findet fast ausschliesslich nur in nicht regelrecht geluefteten Raeumlichkeiten statt, im Freien nur in Extremfaellen**
II. **Der Schweregrad der Infektion (vom asymptomatischen Virustraeger bis hin zum letalen Verlauf) haengt von der Viruslast, d.h von der Menge des Virus in der Einatemluft, und von der individuellen Vorbelastung, wie zum Beispiel Vorerkrankungen, ab.**

(N.B. Der Schweregrad der Krankheit aufgrund des Virus haengt nicht primaer von den Schaeden ab, die das Virus erzeugt, sonder von denen, die das Immunsystem bei der Elimination des Virus erzeugt.)

Diese einfache Theorie der ausschliesslichen Uebertragung ueber den Luftweg wuerde alles erklaeren, und wir koennten somit wirksam vorgehen und eine Unzahl von weiteren Menschenleben retten. (N.B. Jede Theorie ist solange gueltig, bis sich eine einzige ihrer Behauptungen als

falsch erweist und eine Berichtigung nicht moeglich ist.)

Es war immer eine der Grundfeste der Virologie, dass sich die Influenzaviren mittels Troepfchenuebertragung verbreiten. Eine Auffassung aus Zeiten des Anfangs der Infektionslehre. Diese Auffassung wurde nie in Frage gestellt, sondern als unerschuetterliches Grundgesetz uebernommen (Doktrin).

So wie als Doktrin der Geologie die Landbrueckentheorie galt. Als der Wissenschaftler Wegener, der Weltbildzertruemmerer, aufgrund einfacher Beobachtung am 6 Januar 1912 in Frankfurt seine Kontinentalverschiebungstheorie in Frankfurt aufstellte, wurde er von den anwesenden Wissenschaftlern verlacht. Erst nach mehr als 50 Jahren, in den Jahren 1967/1968, hatte die Wissenschaft ihre Fehler berichtigt und seine Theorie anerkannt: Humanum errare est, perseverare……

Diese neue Betrachtungsweise des Uebertragungsweges wuerde Folgendes ergeben:

1. die Uebertagung erfolgt fast ausschliesslich in geschlossenen Raeumen, in denen die vom Virus noetige Konzentration zur Infektion in der Atemluft erreicht wird.
2. als grundlegende Ursache der Infektion hierzu ist die schlechte Luftqualitaet durch unzureichende Lueftung (Zug, Bus, U- Bahn, offentliche Gebaeude, Altersheime etc.) anzusehen. Die Qualitaet der Rauminnenluft (mit ansteigendem CO2 Gehalt nimmt das Ansteckungsrisiko zu) verschlechtert sich fortlaufen auch aufgrund der Suche nach energetischer Effizienz der Gebaeude (Deutschland, das Land der Dichter und Denker, dichtet und daemmt sich zu Tode).
3. Mundschutz und Gummihandschuhe sind, ausgenommen Kranke und diejenigen, die mit ihnen in Kontakt kommen, nutzlos und somit im weiteren Sinne schaedlich. Der Mundschutz reduziert die Ventilation der Lungen, die Einatemluft ist unrein, da ausgeatmete Luft wieder eingeatmet wird. Intensive Handhygiene und

Gummihandschuhe schaffen ein ideales Klima fuer resistente Keime, da durch erstere die Schutzschicht der Haut entfernt und durch letztere ein Treibhausklima geschaffen wird.

4. der natuerliche zwischenmenschliche Kontakt (Kuessen, Umarmen, Haendegeben, die Eskimos reiben sich zur Begruessung ihre Nasen) bleibt wie je unabdingbar, um eine immunologische Abwehr in der Gruppe zu schaffen (**wenn die Menschheit in ihrer Evolution die zur Zeit von den Regierungen angeordneten Massnahmen angewendet haette, wuerde sie bereits seit Langen zu den ausgestorbenen Arten zaehlen**).

Um der Coronaepidemie und weiteren kuenftigen Epidemien entgegenzutreten, muss man den Lebensraum des Menschen, der zur Zeit mit einem Tier in Kaefighaltung zu vergleichen ist, von Grund auf sanieren.

Dieser Beitrag basiert absichtlich nicht auf den neuesten medizinischen Erkenntnissen, sondern auf dem Ein mal Eins der Medizin. Diese muss ihre Vergangenheit annehmen, hat jedoch die Verpflichtung, dieselbe staendig zu hinterfragen und eventuell zu berichtigen.