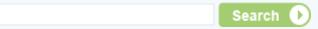






Bill Sardi the vitamin supplement answer man

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Consolidated COVID-19 Coronavirus Report From Investigative Health Journalist Bill Sardi

Posted May 13, 2020: by Bill Sardi

Compilation of prior reports with the latest updates (May 12, 2020)

This is a consolidation of my prior reports so interested parties can read a single report rather than many to acquire information about the COVID-19 coronavirus threat and how to avert infection and mortality.

Logic and reason have been cast to the wind

Somehow reason and logic have been lost in the arguments over vaccination (any vaccine).

It is what goes unsaid about vaccines that needs to be revealed. Most of the time, the wrong questions are being asked.

There are two ways to develop immunity from viruses and bacteria...

a. by injection of the "live" virus (no such thing as live virus as it is just a glob of genetic material that gets inside living cells and uses intracellular machinery to

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replicate); or b) injection of an attenuated (less virulent) virus; or c) injection of a viral particle (synthetic vaccine) that will provoke the same antibodies; or d) instillation of "live" viruses into the nasal passages, which gets into the lungs easier.

b. by infection in the community.

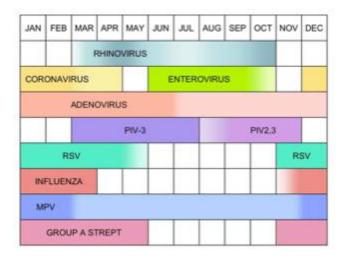
Why must we wait for a but not allow b?

Super-spreaders

There are known super spreaders who infect maybe 100 others. Do these spreaders do others a service by facilitating the transmission of the virus to others so they can develop natural immunity, or did this spreader end up killing people?

To answer this question we must ask ourselves where does the virus go in winter? Coronavirus and cold virus (rhinoviruses, adenoviruses) epidemics come in winter and largely vanish in summer.

Coronaviruses have a cycle of onset in late November and disappear in April. This cycle is governed by the tilting of the Earth away from the sun in northern climates in winter.

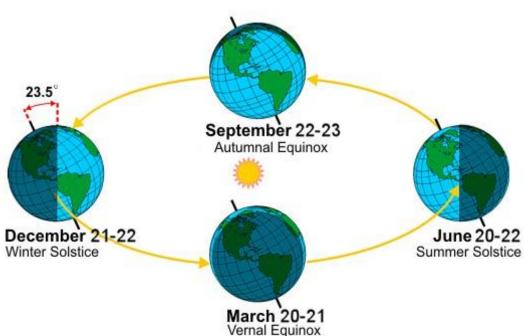


The coronavirus cycle

An Israeli mathematician calculated infection and death rates in 12 countries and determined no matter what measures were taken (lockdown and quarantine; masks; hand washing, etc.), the COVID-19 coronavirus infections and deaths began to subside naturally within 70 days of onset as if on a timetable. None of the preventive measures now being taken made any difference.



The summer/winter solstice



This is because of the summer-winter solstice, with in-between points called the equinox, a time point (March 21) that matches the peak infection and death rates. The epidemic will predictably vanish with the maximum solar radiation intensity on September 23 (summer solstice) as long as the population defies the lockdown and exposes their skin to midday (10 AM to 2 PM) sunshine.

The virus is still there in summer but the immune system is primed to deal with it in summer when sunshine vitamin D activates the immune system to produce white blood cells like neutrophils that literally blow up infected cells and macrophages that engulf them.

This seasonal vitamin D involvement in infectious epidemics is evidenced by the fact:

- a. equatorial countries where solar radiation is greater report very little if any coronavirus infections;
- b. blacks who need 6-10 times more sunshine to produce the same amount of vitamin D as Caucasians because of their melanin skin pigment are at greater mortal risk;
- c. nursing home patients and healthcare workers by virtue of their indoor existence have low vitamin D levels and higher death rates.

In summer humans are supposed to store vitamin D in their liver so they have about 3-month supply stored. But our indoor culture thwarts this and humans enter winter as sitting ducks for whatever pathogen is in circulation that the public has not already developed antibodies towards. So, a newly-mutated virus like COVID-19 left human populations totally vulnerable.

While it is said summer temperatures repel viruses, it is just that heat causes people to wear less clothing and cold winter temperatures cause people to cover their skin to maintain body temperature and there is no skin exposure to natural vitamin D solar UV radiation.

The virus spreads faster than humans can travel

As added evidence, long ago it was observed that cold and flu outbreaks simultaneously occurred in geographically different areas and in the horse-and-buggy era couldn't have been carried via humans in that short time period. The point is, the viruses were already there. It is just the fact that, in summer, the viruses induce symptomless infection or maybe mild overnight fever as antibodies are being made. Antibodies are made in the thymus gland and have memory, hopefully affording humans life-long immunity.

By the way, synthetic vaccines don't develop life-long antibodies, which results in re-eruptions of viral outbreaks which public health authorities incorrectly blame on the anti-vaccine movement.

Modern medicine knows this or should know this, which means public health authorities are intentionally setting up the masses for a prolonged slaughterous epidemic by lockdown and quarantine.

Unprecedented lockdown of healthy people

The lockdown and indoor quarantine of a healthy population is unprecedented and simulates winter (no sunshine). This practice would keep infections and deaths occurring until a vaccine arrives. Public health authorities appear to be doing this to induce the masses to beg for a vaccine. Then all rules of safety will be cast aside and a potentially toxic vaccine prematurely introduced.

Billionaire vaccine advocate Bill Gates doesn't want 3 million or more Americans to develop antibodies as that is a sufficient number to spread it widely and obviate the need for a vaccine. The objective of Mr. Gates is to test a vaccine, not cure people or practice preventive medicine.

It's kind of like being asked to stand there in front of the firing squad and not leave until the shooters are resupplied with bullets a few months later. The masses have no understanding what they are doing is making themselves pons for a giant experiment. Sun lamps or vitamin D pills would do.

COVID-19 coronavirus sickness defined by vitamin D

So, bottom line, onset of a symptomatic viral epidemic is defined by sufficiency or insufficiency of vitamin D, not by transmission or infection rates.

As a heinous experiment we could tell the masses to stay indoors in summer and count the number of flu or coronavirus symptom-inducing infections and deaths. That is what is in process. Public health authorities want the masses to believe they will be responsible for someone else's death if they don't remain in quarantine.

All this viral mayhem could be halted if just one hospital started to require vitamin D blood tests upon admission to serve as a public demonstration. Then corrective measures (vitamin D supplementation, sunlamps) could be implemented and any deficiencies corrected, and the infection control officer at each hospital could tabulate changes in infection rates. But so far, no such mandate has been issued. Modern medicine won't put vitamin D to the test.

The disease care industry

The current COVID-19 crisis exposes modern medicine's sinister game of ensuring there is sufficient disease to treat to yield profits. The Hospital Corp. of America considers prevented medicine a threat to their business model. So much for medical ethics. Fear of death is their game, not health. They actually have to produce some deaths, real or imagined, to instill fear in the population.

Why vaccines don't work

Vaccines of any kind, but particularly vaccines that carry viruses, tend to be far less effective among the very young and the very old. The flu vaccine is ~40-60% effective. The very young have not been exposed to the various viruses and bacteria in circulation yet. So, we make sure they are exposed by injecting them into their bodies, four or five at a time. The problem is the under- age-6 children don't efficiently develop antibodies.

This can be explained by the lack of zinc in children's diets, zinc being an essential mineral required for the thymus gland to produce T-cells and life-long antibodies.

Zinc is poorly absorbed and even less bioavailable (attached to a carrier protein), so zinc/blood tests are notoriously misleading. The provision of selenium + zinc releases more zinc.

The very old, largely due to a decline in stomach acid levels, don't absorb zinc very well and T-cells (thymus cells) are few. So, grandma and grandpa become very fragile, vulnerable to any pathogenic bacterium or virus. Nothing is done by modern medicine to correct this deficiency in old age. The lungs, being exposed to the environment, are the most vulnerable organ to be infected.

Regardless of the safety of a reported new vaccines against COVID-19 coronavirus, which are now undergoing animal and human studies, the very young, the very old, blacks, nursing home patients, and obese (who store vitamin D in their fat rather than their liver), and patients with overactive immune systems (autoimmunity) will be prone to side reactions emanating from vaccination.

A safe coronavirus vaccine that could still kill

So, the new COVID-19 coronavirus will be predictably proven to be relatively safe among healthy individuals. But it is these vitamin D/ zinc-deficient subjects that don't make sufficient antibodies who will experience infection instead of immunity.

Extrapolation from flu studies, about 1% (0.6/10ths to 1.3 percent) could be hospitalized due to post-vaccination side effects. A population-wide vaccine mandate would predictably hospitalize 3,280,000 Americans. Then about 1.4% of those admitted to the hospital would die, not necessarily due to the vaccine, but because of medication errors, drug incompatibility, antibiotic resistance, lung ventilator damage, etc.

That would amount to ~32,800 needless deaths, which would predictably be blamed on the virus in circulation, not the virus in the vaccine.

Again, these hospitalizations and deaths would not be due to the vaccine per se, but a weak immune system.

The vaccine makers add adjuvants to prime the immune system, like heavy metals (aluminum, thimerosal/mercury) that add to the toxicity. Instead of priming the immune system with nutrients, they choose to use toxins. That is because nutrients would obviate the need for the vaccines altogether.

Vaccination is an archaic technology

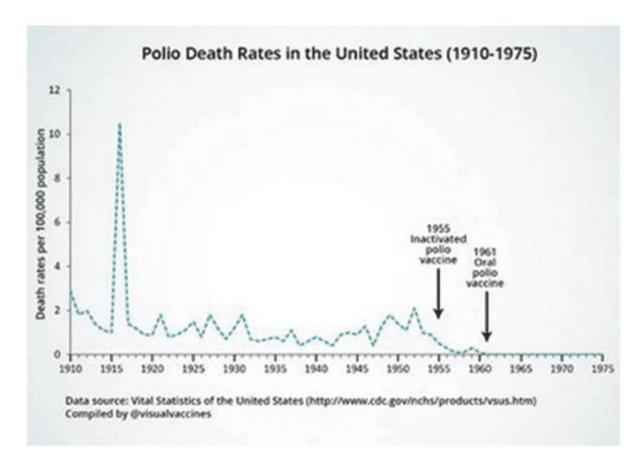
The vaccination paradigm to control infectious disease is literally approaching a dead end. There are 81 approved vaccines in the U.S. There are 240 more vaccines in development. It is unfathomable that modern medicine plans to vaccinate children with so many vaccines. Vaccination is an archaic cow-pox approach to infection control.

CURRENT VACCINES IN USE				DISEASES W/O VACCINES UNDER DEVELOPMENT			
Diphtheria	Haemophilus Influenza B	Polio	30	Tuberculosis	Campylobacter	Plague	Dengue fever
Нер А	Measles	Rabies	Zn 65.38	Malaria	Chikungunya	SARS coronavirus	Helminths
Нер В	Meningococcus	Rotavirus	ZINC	Norovirus	Ebola 24 VACC	Q _{OVID-19} coronavirus	West Nile Virus
Papillomavirus	Tickborn encephalitis	Rubella	DEVELOPS ANTIBODIES AGAINST ALL	Shigella	Enterovirus 71,6 UAN	Toxoplasmosis DER	Para- influenza
Influenza A&B	Pertussis (whooping cough)	Tetanus	THESE PATHOGENIC BACTERIA	Strep A&B	EVELO	PMENT	Crypto- sporidium
Japanese encephalitis	Pneumococcus	Mumps	& VIRUSES UPON EXPOSURE	HIV-AIDS	Hep C&E	Epstein-Barr	Rhinovirus
Yellow fever	Varicella (chicken pox)	Anthrax	Graphic: Knowledge of Health	H. pylori	Influenza universal	Salmonella	MERS

Level 1 infectious disease prevention: population measures

The first level of protection against infectious disease is public hygiene. When I visited India they still had mud floors in some homes. Human sewage comes inside the home. Enteroviruses like polio are transmitted by stool and will never be eradicated until there are no mud-floor houses and sewers for human waste are in place.

Anti-vaccination advocates do a good job of showing public hygiene (chlorinated water, clean food, use of sewers and toilets, home flooring rather than mud floors) has done more to reduce exposure to pathogens and reduce the incidence of disease than vaccination. These practices protect the masses.



Level 2 infectious disease prevention: build host immunity

The second level of protection against infectious disease is internal, largely T-cells that produce life-long immunity. This protection applies to individuals.

T-cells, in particular so-called naïve T-cells that have not produced antibodies yet, are at the ready to attach to incoming pathogens. These T-cells emanate from the thymus gland which shrinks in size when a shortage of zinc exists, which can be reversed with zinc supplementation.

Very young children tend to be picky eaters, prefer carbohydrates (macaroni and cheese) and often do not consume a sufficient amount of zinc. Very old people have difficulty absorbing zinc due to a decline in secretion of stomach acid.

There is no single food outside of oysters that can provide a sufficient amount of zinc. Maybe 20% of zinc is absorbed. Typical dietary consumption of zinc is ~10 milligrams.

Be aware when selecting zinc supplements: zinc oxide is poorly absorbed. Antacids reduce zinc absorption.

The thymus gland shrinks in size at the 6-month of life when body size exceeds the provision of zinc from mother's milk. This is precisely when childhood vaccination programs begin.

The thymus also shrinks (atrophies) to the size of a pea in the latter years of life. There is no corrective effort for this aging change by modern medicine, leaving older populations at increased risk for infectious disease.

The symptoms of COVID-19 coronavirus infection match symptoms zinc deficiency.

The widely touted hydroxychloroquine drug that is being used to successfully quell coronavirus infections is a zinc ionophore, that is it facilitates entry of zinc into virally-infected cells. The herbal extract quercetin, naturally found in onions and apple peel, mimics hydrochloroquine.

What sunlight and garlic are to Count Dracula is what vitamin D and zinc are to the COVID-19 coronavirus.

Coronavirus lung disease part of a major lifestyle vitamin deficiency

High carbohydrate foods (bread, rice, pasta, cereal) and refined sugars, as well as alcohol and polyphenols in tea and coffee, block absorption of vitamin B1 (thiamine), which acts as a super antibiotic, and a B1 deficiency can result in signs of lung disease seen in coronavirus infections. Vitamin B1 deficiency is called high-calorie malnutrition. The lack of B1 is associated with viral infections.

Disarming the lethality of coronaviruses

The COVID-19 coronavirus epidemic today is not the same epidemic as when it started. Then it was an infectious virus that did not spread beyond immediate families. Today it is described as a highly infectious but exceptionally deadly (actually rarely mortal) virus, except for the high-risk groups.

Now investigators find there are various mutated strains of COVID-19 coronavirus. A recent sheds light on the virulence of cold and flu viruses. The political explanation for the geographical origin of COVID-19 coronavirus, Wuhan China in Hubei Province, is where more than 90% of the infections and deaths in China emanate from. Comparably, surrounding provinces in China report few COVID-19-related deaths. Investigators link this to soil levels of selenium, a trace mineral, that is then in the food chain. Selenium halts viral mutations. It is

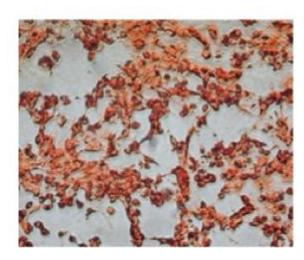
yet another natural life saver that public health agencies ignore. Selenium demonstrably reduces the lethality of COVID-19.

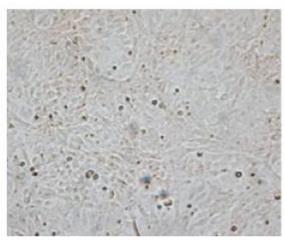
Drug/nutrient depletion

Some high-risk individuals take drugs that deplete the above-mentioned nutrients, such as ACE-inhibitors for blood pressure that deplete zinc, or aspirin and corticosteroids that deplete vitamin C. Vitamin C works like a fire extinguisher, pouring electrons on the flames of COVIC-19 induced inflammation.

Herbal remedies

There are other herbal remedies for coronavirus. Licorice root extract completely eradicated the virus in a lab dish.





CORONAVIRUS PRIOR TO TREATMENT

CORONAVIRUS AFTER TREATMENT

The dangers of the upcoming vaccine

In the animal lab, when animals were given an inactivated coronavirus vaccine, which effectively produced immunity against the MERS-coronavirus (Middle East Respiratory Syndrome), it also left the animals vulnerable to lung damage (eosinophil attack) when exposed to a live virus. Low levels of eosinophils have been found among patients battling COVID-19 coronavirus.

In another instance, an increase in "pathogenicity" of an otherwise low-pathogenic bird flu (H9N2) was observed following vaccination with a live attenuated vaccine for infectious bronchitis. This suggests a rushed-to-market vaccine that has not been fully vetted might not cause noticeable side effects until another vaccine is given.

Then we have a report in Volume 38 of the journal Vaccine that indicates the flu vaccine of 2017-18 produced a 1.36 increased relative risk for coronavirus among Department of Defense personnel. The mechanism for this is called viral interference.

The study involved a "hypothesis that vaccine-associated virus interference may lead to increased risk for other respiratory viruses in vaccinated individuals, because the flu vaccine prevents or minimizes temporary non-specific immunity conferred by natural infection."

Virus interference "occurs when a virus impacts the growth of other viruses," as explained at HealthFeedback.org. No, coronavirus hasn't been laced into flu vaccines. But via viral interference, coronaviruses infections may predominate once vaccinated. An indirect acting virus would certainly be an ideal stealth bio weapon.

This may be COVID-19s way to setting up infected individuals for a subsequent and more deadly viral infection. One wonders if the worst is yet to come for an unwary US population. Be wary of any vaccines.

If you begin to experience shortness of breath

If you begin to experience shortness of breath this means you must take immediate action. Call your doctor (do not run to the hospital as a third of the healthcare workers have active COVID-19 infection. Inositol is an available dietary supplement that acts as a surfactant in the lung and can be used when shortness of breath occurs.

What now?

While this is a health report, there are world financial factors that precipitated the quarantine and lockdown which you would be aware of. There is strong evidence that this epidemic was brought on due to the widespread collapse of financial systems.

An economist says the COVID-19 coronavirus arrived just in time to save the economy (meaning it was planted into the population). The discouraging part of all this is economist and gold bug **Jim Sinclair's** reasoning why the coronavirus plug was pulled to sweep many businesses down the drain. The lockdown and its destructive economic consequences were driven by prior economic factors, not initially by an eruption of a coronavirus.

According to Sinclair the Federal Reserve Bank had no other options. It was already offering zero interest on money borrowed by commercial and mortgage banks. It had to extinguish the

demand for loans or interest rates were about to go sky high, making auto and home purchases and business expansion beyond affordability. So, as Sinclair says, it was "convenient" that the virus drove everyone out of business temporarily. Sinclair won't come out and say the COVID-19 coronavirus was intentionally unleashed on the world.

Now another dilemma. Sinclair says, if these enterprises are allowed to go back in business, the demand for borrowed money will rise uncontrollably and the US would be right back where it started financially.

What Sinclair is saying is the banking and financial world is pulling the strings of the microbiologists as to when to allow people out of lockdown. God only knows when that might be. Sinclair says we won't recover financially till 2032.

Every man for himself

It is every man for himself in this toilet plunger economy. This is the most sinister kind of mass murder ever imagined. The masses are told to stay indoors, where they will only get sicker and sicker from the lack of sunlight, while they face having to break the law to do otherwise.

Americans are going to have to learn to survive and take care of their own health rather than rely on doctoring. Few of us are in control of our own fate now.

The elite oligarchs are buying yachts to stay offshore away from the maddening crowds so they don't have to suffer the consequences of their schemes. Mr. Gates is calling the COVID-19 vaccine "the final solution." Given Mr. Gates is on record to say he is an advocate of depopulation, one has to wonder what "final solution" means.

The controlled news media is expected to release reports of increased infections and deaths that will require more people defy lockdown restrictions, regardless of whether real infections and deaths increase or not. The public must learn to disregard news reports.

If you are fearful of defying the lockdown and going outside in the sunshine, you should know that 66% of new hospitalizations for this COVID-19 infection appear to have been among people "largely sheltering at home." The current lockdown is essentially a ban on sunshine. Ignore it.

Dietary Supplements To Fight Viral Infections (typical doses)

Vitamin A. 2500-5000 IU Vitamin D 8000 IU Vitamin C 500-1000 mg 3x/day; 1000 mg per hour if actively infected Zinc: 15-30 mg

Selenium: 100-200 mcg

Vitamin B1 as benfotiamine, take as directed

Licorice root extract Quercetin 250 mg Resveratrol 250 mg

Inositol: 2000 mg

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