

## COVID-19: An "outsider" predicted everything accurately and scientifically. How and what is next?

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I studied science/chemistry from grade 9th to Ph.D. level, specializing in analytical-organic chemistry, which makes learning time almost 12 years. Then, I worked for 35 years in the field.

I worked for five years in the industry (food/agriculture), where I supported (analytical) testing and helped isolate a toxin (vomitoxin, a fungal plant pathogen) using industrial-scale culturing. Following that, I spent thirty years with Health Canada as a research scientist (analytical, organic chemistry), working with testing for pharmaceuticals, both in vitro and in vivo, including clinical trials. Details of expertise and work experience may be found [here](#), [here](#).

The short bio above shows that I have not studied or trained as a medical practitioner (physician) or biological subject expert in virology, immunology, microbiology, etc. However, I interacted extensively with biological and medical experts, where people of my expertise and experience are considered "outsiders," which is unfortunate and has resulted in medical issues, like the most recent one, COVID-19.

COVID-19, the virus, and vaccination are based on chemistry/science subjects, not studied or practiced by physicians. Hence, they have made colossal errors in describing them falsely, which has caused disastrous suffering to the public, including deaths.

My involvement with the above subjects started with critically evaluating the PCR test and the virus's isolation, which most definitely falls

under my training and expertise, as noted above. Considering the science of testing, I clearly described the non-existence of the virus, the fakeness of isolation of the virus, its RNA, and spike protein as the first one from a science perspective ([link](#), [link](#)).

Furthermore, I predicted, even before the vaccine's introduction, that there is no possibility a valid vaccine (basically a treatment) could be developed for SARS-VAR-2 (virus). However, if developed, it will be fake and useless, i.e., without any benefit but with potentially serious side effects ([link](#)).

All these predictions came out 100% accurate and against incorrect projections by medical and biological professionals/experts and respective medical authorities like the FDA and the CDC. My blog describes all the information and reasoning I provided from different aspects ([link](#))

Some of the claims/predictions I made are summarized as follows.

Starting with the PCR test, it became clear that the (PCR) test was fake and false. For a test to be valid, it has to be calibrated against a reference, in this case, the virus. However, I could not find calibration against the virus's reference standard. Hence, I asserted that the PCR is invalid to determine and/or establish the virus. Using and selling these tests in the scientific world is considered a crime. The FDA has examples of dealing with such a crime ([link](#), [link](#)). Therefore, if the test is false, the pandemic

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based on this testing becomes fake and fraudulent, so I wrote.

However, claims were often made that how PCR tests and pandemics would be false when people are dying of the disease. This is a different and irrelevant question or assertion. People may get sick or die, but it cannot be because of COVID-19, as there was no test to monitor COVID-19. Therefore, it should be considered a case of misdiagnosis, not a pandemic.

The next question from the science/chemistry side was, why is there, not a virus standard available when literature from the medical and biological sides clearly and repeatedly describes the isolation of the virus?

Studying the literature further on the topic of isolation of the viruses, it becomes apparent what the medical and biological experts describe as isolation is not isolation at all.

In simple terms, logically and scientifically, isolation means extracting the virus from the body fluid sample, and it should be available as a pure and fully characterized sample of virus particles (as defined and described). Nothing of this sort is available. The "experts" made false claims about the isolation/existence of the virus, understandably and revealing their incompetence and ignorance of the subject.

Furthermore, if the virus sample is not available, obtaining its components, as claimed, like RNA and spike protein, is impossible.

The next step in this regard was the development of vaccines. Again, based on science/chemistry understanding, it was clear that a vaccine (or any treatment) cannot be developed because it needs to be tested against

the virus (in patients or otherwise), and a test is required to monitor the presence, absence, or killing it. As stated above, neither the virus nor a valid test is available; how can a vaccine be developed? It cannot be. So, the developed vaccines are just fake and false ones.

All these determinations are based purely on science/chemistry learning and understanding – the fundamental, basic, and actual science – undisputable.

The story of the virus (SARS-COV-2), its isolation characterization, and associated RNA and spike-protein is a fallacy, predicted and now shown to be correct.

Now let us start questioning the opposite party, in particular, physician-scientists, by asking what science subjects they have studied and what their hands-on experience is. Avoid discussing the definition of science or research, but be specific about the subject.

Let me provide with my answer to the question. From my perspective, there is no medical science or medical/physician-scientists. Science means studying chemistry, physics, and/or mathematics with extensive learning, hands-on practice, and application. I have done that but cannot find it from them ([link](#)).

Listening to physicians and associated subject experts like virologists, immunologists, microbiologists, etc., I see them mainly working with organic molecules or compounds, describing their isolations, characterizations, and testing, and referring to themselves as scientists.

However, I do not see their learning, expertise, experience, or publications related to the science/chemistry aspects of the molecules.

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Moreover, what is written in medical and pharmaceutical literature does not make sense from a scientific/chemistry perspective. Practically, as described above, everything is false and fraudulent.

A simple conclusion is that their claim of working with science is incorrect and should be disqualified as scientists.

So, it has been established that no virus, RNA, or spike protein and the fake vaccine have been developed and injected. Now, there are so many reported adverse effects of the vaccine, including cancer, heart attacks, and deaths (mostly sudden). The situation, by any measure, is extremely problematic. People are desperate to seek treatment to get out of their tragic illnesses or mess.

Unfortunately, the system does not allow the exploration of a possible solution other than sending the public back to the physicians, who ignorantly created the problem with false virus claims and vaccination. As expected, the physicians are "ready to help" with "new treatments," which they may develop with their "science" knowledge and expertise.

The question is, are they capable of developing treatments? Considering their learning and expertise, where they are not taught or trained for medicine development, they are bound to make mistakes like they did when developing vaccines.

Although considered scientific, their treatment development is based on a trial and error approach and purely on wild and bizarre guesses.

For example, claims were made by some medical experts concerning effectively treating

COVID-19 with ivermectin or hydroxychloroquine. This is, interestingly, treating COVID-19, which, by any measure, does not exist.

Secondly, assuming that COVID-19 exists and considering it is viral, then by their own (physicians and virologists') understanding, it should only be treatable by vaccines, not by classic chemical-based medications. So, ivermectin and hydroxychloroquine should not work. This indicates a lack of appropriate treatment development and suggestions by medical and virology experts.

So, now let us go back to chemistry/science for some help exploring the possibility of suggesting treatment to address the adverse effects of vaccination, especially the mRNA one.

It is important to note that one needs information on the nature of the vaccine content to suggest and develop a treatment. The mRNA vaccine is not a single-component product but presumably a composite of multiple components, presumably mRNA as one component. Unfortunately, the vaccine information is not in the public domain, which I believe should be, keeping the public in suffering from its side effects.

Let us look at the vaccine itself from its manufacturing aspect. As described in the article, the mRNA vaccine may not even contain mRNA. As no validated test is available for mRNA, it is impossible to know if any mRNA exists. So, talk of gene therapy or DNA modification seems to be hocus-pocus, just like the existence and isolation of the virus.

Much "chemistry" and "science" are described, but none is logically and scientifically valid.

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On the other hand, if one evaluates the vaccine manufacturing, it seems it is based on bacterial culture and some filtration ([link](#)). A strong case can be made that the vaccine is somewhat a selectively concentrated culture sample contaminated with bacteria. So, in simple terms, most likely, bacteria are getting injected and causing the reported adverse effects from moderate to very high-risk illnesses, including deaths. Repeat–vaccine injections may have live bacteria culture and may be the culprit for its adverse effects. This is my guess, considering the limited purification and isolation of the so-called mRNA vaccine and the little information available.

So, if someone asks me how to deal with it, I would suggest treating it with broad-spectrum antibiotics (like amoxicillin) with a seven- to 14-day regimen for every vaccine recipient, per physicians' recommendation. Specifically, the industry should disclose the nature of bacteria used for culturing so that physicians can suggest a more appropriate antibiotic.

It would be a good start, and hopefully, it will resolve the issue of disastrous adverse effects.

In short, from the science/chemistry perspective, there is no virus, RNA, and or spike protein, and there cannot be COVID-19 or its pandemic. Unfortunately, this has all been falsely described by the indulgence of medical experts, particularly physicians, without having the necessary education and experience in relevant science and scientific research.

Vaccines are fake and useless, lacking any scientific merit. On the other hand, through its manufacturing, it is highly likely that some bacteria, through contamination, are injected by the jabs/vaccination, causing many observed

adverse effects, including deaths. It is suggested that this tragedy could be avoided by suggesting treatment with appropriate antibiotics to all vaccine recipients.

In the future, vaccine development, vaccination, and their research must be stopped. Physicians should be prohibited from conducting research in such areas (chemistry/science) for inventing new illnesses and new treatments and return to their learned expertise in prescribing medicines for treating illnesses, not science or its research.

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