

COVID-19: “Virus Isolation”. Does the Virus Exist?

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Theme: [Science and Medicine](#)

Editor's Note

This is a controversial issue which has been raised by several prominent scientists.

On January 7, 2020 the Chinese authorities “identify a new type of virus” which was “isolated”. The CDC also confirmed that the virus had been isolated. But no specific details were released.

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During a discussion on [LinkedIn](#) with a microbiologist, I came to know how they described virus isolation, which is as follows:

“A virus isolate is a virus isolated from an infected host. The process is called “isolation,” which separates viruses from the hosts.”

It means that for microbiologists and virologists, taking a swab sample, which separates virus from the host, is considered as “virus isolation.” This interpretation does not reflect the correct meaning and understanding of the subject of isolation.

But, they imply and promote the true meaning of the process of isolation, i.e., to obtain something by extraction, purification, and identification, reflected by well-known pretty pictures of the DNA/RNA, proteins, and viruses such as a spherical body with spikes (aka coronavirus).

The virologists’ version of the definition is incorrect and causing the problem. Wherever one looks for the virus, one always finds a suffix with it, e.g., “virus isolate,” “virus culture,” “virus lysate,” etc., (which are soups, mixtures or gunks), never “virus” alone; however, it is presented and promoted as pure “virus.”

The made-up definition of “virus-isolation” makes the story of the SARS-CoV-2 virus, its infection, and pandemic very clear, i.e., nothing is real about them, but all are fake. No one has seen the virus, found it, or isolated it as claimed. It is all bogus.

People might ask, then what about the PCR tests, DNA/RNA sequences, protein structures, etc.? They are all reflections of rituals, ignorantly using highly sophisticated and costly chemistry equipment, to make people believe science is being followed. However, nothing is

real or relates to the virus.

To conduct such experiments accurately, scientists/technicians must have reference samples or standards to calibrate the equipment and validate the tests. The reference standards can only come from independently isolated and thoroughly characterized pure virus. However, as the pure virus has never been isolated, one cannot have reference standards and calibrators; hence all the claimed experimentation becomes scientifically null and void, reflecting a fraud.

Such requirements are not unique to virus isolation or assessment. These are standard and must requirement, referred to as validation, for product assessment by the authorities, such as FDA and USP. It is impossible to get products approved for marketing without this validation step. However, validation of tests and testing for viruses and their components are slipping through the regulatory oversight.

Currently, for the SARS-CoV-2 assessment, the work starts with the assumption that it exists. Without validating the techniques, some experiments are being conducted following ritualistic steps (SOPs) to generate “data” and pretty pictures to show that it exists. It is hard to believe that such deceptive practices can occur in modern-day science and escape authorities’ scrutiny and audit.

Like the virus’s assumed existence, it is further assumed that the associated disease (COVID-19) exists, is contagious, spreading uncontrollably, and potentially people are dying or will die in large numbers. There is no available scientific evidence to support these claims except counting the false positive test results, obtained mostly from the non-validated and false PCR test.

It is important to note that there is no scientific evidence showing that SARS-CoV-2 is causing the illness. It cannot be shown because the virus (SARS-CoV-2) is neither available nor exists, as noted above. Hence, its link to the disease cannot be established. It would be safe to confirm now that the COVID-19 is a hoax.

Therefore, considering the current flawed science practices, it becomes a fact that anyone diagnosed with COVID-19 should be regarded as a misdiagnosed case, and accordingly, the incorrect corresponding follow-up treatments.

Physicians need to examine patients without considering the presence of COVID-19 in all cases. They should be challenging the current “scientific” rationale of the COVID-19 diagnosis rather than following the media’s narrative or provided SOPs.

Patients who take a longer time to recover or died with COVID-19 diagnosis could very well be because of misdiagnosis and, by extension, mistreatment or no treatment (e.g., extended quarantine or isolation without treatment).

Similarly, as the virus does not exist, vaccine administration and development become irrelevant; hence, they need to be discontinued.

Authorities should take prompt action adjusting the pandemic monitoring and treatment considering the above described recent information regarding the virus’s non-existence.

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