

BLUNTCOACH HEALTHCARE PRESENTS



**CORONAVIRUS 2020:
HELL ON EARTH, TOTAL HYPE,
OR SOMETHING IN-BETWEEN?**

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Dedication
for Pia

Coronavirus: Hell On Earth, Total Hype, or Something In Between?

Introduction

Welcome to the April 2020 BluntCoach newsletter, dedicated to a topic that in our opinion, doesn't deserve the time of day, and yet, since it's on the minds of billions of people across the globe and causing them much unnecessary stress, we thought, out of courtesy to our loved ones, dear friends, clients and neighbours, we should address the issue.

But first, let me ask you this: How many people around the world were killed in road traffic accidents today?

How about deaths from heart disease, cancer, or perhaps the common cold or regular flu?

Don't you know?

But I bet you know how many have died from the Coronavirus in your country or town today, right?

How come?

Because the media think it's perfectly normal to ignore the fact that 34 people die worldwide, EACH MINUTE, from cardiovascular diseases, or that one child under 20 will receive a cancer diagnosis every 2 minutes!

They won't report road accidents which claim another 2.2 lives per minute, and, according to *Dr Anne Moen of The World Health Organization Preparedness and Response Team*, **1,780 people die from flu, Everyday** anyhow, regardless of Coronavirus.

Read that again, dear friend, because I need you to grasp that what we're talking about here, this whole and long drawn out drama, isn't about the total number of people dying of Covid-19, but the difference between the numbers of immune compromised people who normally die each year anyhow (of flu, 649,700), and the number who'll die during this specific influenza crisis.

We've effectively shut the entire world down, and in early April 2020, after a full 5 months of so called 'Geometric' aggressive spreading, still barely 10% of the above 649,700 normal flu deaths have been recorded.

While in Iceland, 50% of all people tested so far have had the disease and finished with it, without even knowing it.

In order for this fiasco to not become the biggest balls up in economic and medical history, expect your government to start massaging the data left and right.

Expect the diagnosis to go from an already not to clever swab test, to an online bullshit self-diagnosis, which will flag up on the official stats and in the press each day, as yet more **Confirmed Cases of Coronavirus**, even though these people will have nothing more than a common cold or regular flu.

And no one will tell you they've moved the goalposts as to the definition of 'Confirmed Cases'.

And let's not forget the millions of hypochondriacs in the world, who always need to sign up for something, nor should we forget the power of the placebo effect.

Or the nutters and corrupt politicians who'll be completing bogus online forms to further inflate the drama.

However, UK *Health Secretary Matt Hancock said last week, that 15 of the most promising antibody tests had been tested, but none were good enough.* Said the BBC.

Oh, right, so the tests that may prove 50, 60 or 70% of our population have already had it and finished with it, and so can get back to school or work, those tests don't work!

In other words, they can detect viral genetic material, but not antibodies to the same virus.

I can buy that, how about you?

Meanwhile, 17 poor souls lose their lives each minute from starvation (9.1 million).

National Geographic say's that 5 people will even die today from lightning strikes!

What should we really be scared of?

Most shocking for me are the number of ‘Iatrogenic Deaths’, which you would have heard of before if the literature on medical errors wasn’t so sparse.

Because ‘Iatrogenic’ means; *‘deaths induced inadvertently by a physician or surgeon or by medical treatment or diagnostic procedures’*

I only have figures for the US, which are a dreadful 783,936 per year, making medical negligence the leading cause of death over cancer or heart disease.

That’s two jumbo jets worth of people dying every day, just in the US, from medical negligence, so goodness knows what the worldwide figures are.

Table 2: Estimated Annual Mortality and Economic Cost of Medical Intervention

| Condition | Deaths | Cost | Author |
|------------------------|----------------|----------------------|---|
| ADR/med error | 420,000 | \$200 billion | Leape ⁽¹⁴⁾ |
| Bedsore | 115,000 | \$55 billion | Xakellis ⁽⁷⁾ , Barczak ⁽⁸⁾ |
| Infection | 88,000 | \$5 billion | Weinstein ⁽⁹⁾ , MMWR ⁽¹⁰⁾ |
| Malnutrition | 108,800 | ----- | Nurses Coalition ⁽¹¹⁾ |
| Outpatients | 199,000 | \$77 billion | Starfield ⁽¹²⁾ , Weingart ⁽¹¹²⁾ |
| Unnecessary Procedures | 37,136 | \$122 billion | HCUP ^(3,13) |
| Surgery-Related | 32,000 | \$9 billion | AHRQ ⁽⁸⁵⁾ |
| Total | 999,936 | \$468 billion | |

Read this excellent free PDF by best-selling author Gary Null PhD
<https://serenusai.com/wp-content/uploads/2019/01/deathbymedicine.pdf>

My point here is that the media in general have a lot to answer for, and perhaps real journalism is dead today, both from the neck up, and the waist down it seems.

This newsletter seeks to address much of the latest media hype and misinformation surrounding COVID-19, as well as to give you valuable information and practical tips you should be aware of, but aren’t being told.

Medical Disclaimer;

We are not doctors (thankfully), we are free thinking independent researchers with a passion for Life Coaching and all its associated branches, the foundation stone of which is obviously sound health.

This newsletter is purely for educational purposes, and is fully referenced.

The bulk of our education on this particular subject we received from over 100 hrs of virology, immunology and microbiology lectures, mostly from the Universities of California, Columbia, John Hopkins and the Stanford department of medicine, plus from our other research sources using numerous peer reviewed medical and scientific journals, accumulated over a combined 50 years of daily study.

BluntCoach tries to distil this knowledge from countless hours of research under Nobel prize winning and world leading scientists, researchers and physicians, into an understandable and practical guide for all citizens with a 12+ reading age.

Wherever we use scientific jargon, we will always explain in layperson's terms what we mean, unlike academia, where leaving the public confused and intellectually intimidated is a very deliberate act (so you'll need them more than they need you).

That said, this newsletter is not to be taken as medical advice, and we encourage you to do your own research by following the references, citations and links provided.

Or you can remain connected to the herd and follow the moronic mainstream media and social networks advice.

Who's vulnerable, dying, and why?



We're about to go on a fascinating deep dive into virology and immunology, touching on lifestyle, diet and nutritional principles along the way, but let's first jump to the most important pieces of take away information not currently being relayed to the public.

After that, for those of you who love to learn and stretch your mind, we'll take you into that amazing world of virology.

But first, for our friends who want it quick and in a couple of pages;

Who's vulnerable, dying, and why?

And the answer is; the same people who are always vulnerable and dying from flu each year, only this year, there's lots more of them!

How come?

In a nutshell, our immune systems have an excellent memory, and chances are good that you've already encountered dozens of various strains of cold and flu viruses over the past 6 months.

But they were 'old news' to your immune system, which recognised and dealt with the virus in a couple of days, if that, even without you noticing a thing.

But Covid-19's the new kid on the block, and your immune system doesn't recognise it, and therefore has to mount its response from scratch, which takes more like 14 days.

This means the 'symptomology' of this particular Coronavirus has a far better chance to spread and express itself if we haven't been exposed to it before.

Remember, this is just a flu virus, and flu has symptoms ranging from; *'You didn't even know you had it'*, all the way up to; *'Death'*, and anywhere in between, depending on your overall health condition.

That's what I meant when I said *"The same people who are always vulnerable and dying from flu each year, only this year, lot's more of them!"*

Sorry if that's too simple an explanation for some readers, but Coronavirus is just a flu virus we don't recognise that's taking longer to mount an immune response in the people who catch it, thus its spreading much faster and much more.

So, it's simply more aggressively spreading than previous strains.

Will more people die because of that fact?

Of course, but it'll just be the same group of people who are always affected by the flu.

For that specific group (possibly just 2% of the population), and because of the reasons cited, it's going to cause more suffering, and many more of them will die as a result.

Now, let's take a look at research that validates exactly who **'that specific group are'**, and, if you're not on the list, you can be assured that for you at least, this virus will, at worst, give you flu, and at best, zero symptoms, so you'll be referred to as being, 'Asymptomatic'.

Of the 2.3% of case fatality's (the 2 or so people who die from each 100 infected at the time of writing this), the clinical characteristics of people who have this increased disease severity is thus, and this is direct from the Wuhan, China study;

64% of everyone admitted to hospital had Co-Morbidity's.

A Co-Morbidity is a disease that's associated with another disease, like heart disease or diabetes for example, they would be co-morbidities, because, in the case of diabetes, we see diabetics being more prone to high blood pressure, obesity and increased inflammation.

That's co-morbidity. The diabetes makes them predisposed to the 3 other problems above.

According to the Chinese research papers, and now worldwide studies, the most common co-morbidities associated with Coronavirus severity are (in order of rank);

- 1. Hypertension (high blood pressure)**
- 2. Diabetes**
- 3. Fatty Liver and Abnormal Liver function**
- 4. Chronic Ulcers**
- 5. Coronary Heart Disease**
- 6. Hyperlipidemia (abnormally high concentration of fats or lipids in the blood)**
- 7. Cholelithiasis (Gallstones)**
- 8. Arrhythmia (irregular heartbeat)**
- 9. Thyroid Disease**
- 10. Electrolyte Imbalance.**

That's the top ten co-morbidities in order of rank from the Wuhan case studies.

Ref; <https://onlinelibrary.wiley.com/doi/full/10.1111/all.14238>

Furthermore, 80% (79.3) of the 'Severe' patients had co-morbidities off of that list, against just 53.7% of 'Non-Severe' patients, who also suffered and lived.

Ok, let's finish up this section with one last shocker from the published Wuhan report.

100% of the people who died, that's **100%, had Multiple Co-Morbidities** and the age distribution of the disease in general was far from just confined to the elderly, with;

87% of cases between 30-79 years of age

8% between 20-29

1% between 10-19

1% under 10

And only 3% being over 80.

So, where do we get the idea that this virus only targets/kills old people, when 97% of those infected are under 79.

Ok, I know some people think 79's old, fair enough, but don't you think it's strange that in the above age figures, where we have groups aged 10-19, 20-29 (two 9 year spreads), we then see a massive jump to 30-79 (a 49 year spread).

Why don't we get the figures for 30-49, then 50-70, or something like that?

Are they lumping people in their 30's, 40's, 50's and 60's in with people who definitely are a bit older, to give the impression that this is an old person's disease?

And if they are, what would be the benefit of that?

Well, it might be that someone doesn't want us to know that the real risk comes from having a host of **avoidable co-morbidities**, that we're all quite happy to accept an elderly person coming to the end of their life has.

But, perhaps we're less aware that due to our embarrassing health care systems, where preventative health is non-existent (not profitable), **that these co-morbidities are showing up across multiple age ranges.**

Look, we all love our elderly population, don't we?

Of course, we do.

Our citizens who fought in wars for our freedom, who rebuilt our cities from ashes, who educated, nurtured and raised us. I'd stay indoors for a month to save those grandparents, wouldn't you?

But what about an obese, alcoholic, chain smoking, 40 yr. old prick with a peptic ulcer, and who also has the added stress of two women on the go?

A man/woman who's too thick to do any research into what they shovel down their pie holes, drink, or smoke, and who's been in and out of a doctors surgery ten times in as many years, and now taking medication for diabetes, high blood pressure, cholesterol, COPD, depression, erectile dysfunction, ulcers, haemorrhoids, you name it.

Do we feel sorry for him or her?

How long should a healthy person and children have to stay indoors for those knob jockeys?

So, let's make believe this is a disease confined to the elderly, rather than ask awkward questions like;

'why do young people in their 30's, 40's, 50's and 60's die of something as basic as a flu virus, when 98-99% of people carrying the bug get over it?'

Anyhow, what would have been really interesting to know, is what about the close family members of those who died or survived the illness (who undoubtedly also had the bug), but were totally asymptomatic (showing no symptoms at all).

We'd put good money on those people having little or zero co-morbidities, and thus the lack of symptoms.

The big take home from just the above info should be, firstly, don't buy into the idea that this virus only kills the elderly, because it doesn't.

Exercising Yourself to Death!



We all know 40-year-old fitness nuts with at least 3 or 4 co-morbidities off that list, which will only be made worse by a depressed immune system from running around like a 20-yr. old.

Just in case you didn't know, the optimum age for 50k bike rides, running marathons and 10k mountain power walks, is between 15 and 30, and after 35 these activities cause way more damage than the body can possibly repair before the next idiotic training session.

This causes massive systemic inflammation, leading to a depressed immune system. Thus, there is a massive difference between 'Fitness' and 'Health' which must be understood, now more so than ever in the light of COVID-19.

Never confuse or correlate fitness with health, because even if you're in your 15-35 prime, it's still nonsense, and double nonsense to exercise when feeling unwell, whatever your age.

Secondly, if you do have any of those co-morbidities above, stay indoors for a good while, because you're the one this fiasco is all about looking after, while most of the other 6 billion humans will take Coronavirus in their stride!

And if you do usually exercise, quit for a while anyhow, sticking to moderate walks and stretching only.

CHART

Stretching Exercises

by DAREBEE © darebee.com



shoulders lower back hamstrings quads inner thighs hips

| | | | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|---|--|
| 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| 2 | | 2 | | 2 | | 2 | | 2 | | 2 | |
| 3 | | 3 | | 3 | | 3 | | 3 | | 3 | |
| 4 | | 4 | | 4 | | 4 | | 4 | | 4 | |
| 5 | | 5 | | 5 | | 5 | | 5 | | 5 | |
| 6 | | 6 | | 6 | | 6 | | 6 | | 6 | |

Conserve energy, and let that energy go to boosting your immune system.

An End to Co-Morbidities means an End to Covid-19 Risk!

Meanwhile, since you have all this time on your hands, why not make some lifestyle changes towards rectifying the above co-morbidities (if you have any), because you've got to come out of quarantine sooner or later, haven't you?

And, in spite of what they're telling you, this virus is here to stay.

I have seen zero evidence that this virulent monster will just fizzle out anytime soon, just because enough people have carried it and dealt with it.

It will still shed and spread for a good while yet, but even if I waved a magic wand and it vanished, it'll be back next flu season!

I'm truly not being glib about the simplicity of lifestyle changes, and, if you were in my business, you'd understand exactly why heart disease, cancer, diabetes and so on, are nothing more than **lifestyle Choices**.

That's not going to sit well with a lot of people, but if you can accept that 90% of all lung cancer shows up in smokers, and so lung cancer's therefore largely a lifestyle choice disease (90% of the time at least), then why can't any one of 10 other killer diseases also be brought about by poor choices, including everything off the above co-morbidity list.

That knowledge, until you finish reading this article and study more of our work, you'll have to take on trust for now.

However, we don't recommend you stop smoking as a lifestyle habit, not till you're sure you're in the clear from Coronavirus at least!

Sounds crazy doesn't it, a Life Coach recommending you **don't quit smoking**, in the midst of a pandemic, especially one where people are ultimately dying from a lung infection.

But some remarkable data not picked up on by the media, jumped out of the above Chinese study that truly shocked me, and that's that 27.3% of adults are current smokers in China, yet only 6.4% of patients treated for Coronavirus had any history of smoking!

But get this; even more shocking was that of those 6.4% with a **History of smoking**, 80% of them were ex-smokers!

So, placing them to one side for a moment, only 1.3% were actual current smokers, when you'd have expected a far higher representation, what with those 27.3% population 'current smoker' statistics.

Again, the percentage of COPD sufferers over 40yrs of age in China is 13.7%, yet the study only saw 1.4% with COPD with the disease.

That said, Smokers and COPD patients are more susceptible to the infection of Middle East Respiratory Syndrome (MERS), also a member of the coronavirus family.

So, back to other lifestyle changes that can make a dramatic difference to your general health outcomes, but specifically in the light of this drama.

Type 2 diabetes for example, can be reversed in a fortnight (proven with my own Mum and a dozen clients), lowering blood pressure is a piece of cake and can be achieved in days, and high blood triglycerides and an irregular heartbeat will also resolve themselves pretty quick with some simple dietary, nutritional, and other lifestyle changes/steps.

And while all that's being dealt with, cardiovascular/coronary heart disease basically gets thrown out with the bathwater so to speak.

In two or three weeks, all, and I do mean all, of the above can be understood in layman's terms, controlled, and or reversed, leaving you with a 'normal' functioning immune system, and you can get back to enjoying the freedom of the public domain.

The bonus will also be not having to worry when Covid-19 comes back to visit us next year.

And it won't be just because you've dropped your blood pressure, tidied up your heart rhythm, reduced your triglycerides, controlled your type 2 diabetes, given your liver a rest and got your insulin/glucose and thyroid under control either (7 of the top 10 Co-morbidities).

Oh no, just think about this for a moment.

What else is someone with hypertension, diabetes, arrhythmia, high triglycerides, and, god forbid, high cholesterol, doing, each and every day?

Answer; Taking a shed load of dangerous pharmaceutical drugs, right?

Drugs that each have a host of their own horrible side effects, and yet zero research into their combination safety.

Drugs specifically designed to **cure absolutely nothing**, because that would be quick and cheap, but rather these drugs **only ever mask or manage symptoms**, at great cost, **indefinitely!**

We'd also bet good money that the people dying from Coronavirus are not so much having a hard time because of their co-morbidities, but from the cocktail of drugs they take to manage those very problems.

I bet you never thought of it like that before, did you?

But now, as you stop to think about it, how can an unproven cocktail of blood pressure, anti-arrhythmia, diabetes, ulcer antacids and statin meds do anything other than reduce immune function, because it's surely not going to boost it, is it?

So, if the above is you, then what better time to get your arse into gear and make those simple lifestyle changes.



Should We Wait till it Fizzles Out When the Warmer Weather Comes!



What a joke.

The theory is that cold and flu viruses like temperatures below human body temperature to replicate, and because we're breathing in colder air in the winter, then the respiratory system becomes a good host for such viruses, since the temperature of the system has dropped (so they say), below a body temperature of 98.6 f.

But I'm not sold on that theory, and here's why;

Because it's 97.7 to 99.5 degrees F in your mouth, and inside our cells it's 101 degrees, while our mitochondria (the cells internal power plants) have been measured at up to 120F.

I'd like to see some evidence that the actual cells in a human respiratory system run at below 98.6, which I can't find.

And besides that, this virus enters our cells via the same receptors (ACE-2), found in fat and kidney cells to name but two, so are the experts suggesting that fat cells run at a cooler than body temperature also?

This virus will spread to any cell, anywhere in the body with an ACE-2 receptor, it's absolutely not restricted to lung cells.

So, Coronavirus doesn't like the summer, eh!

Bollocks, people are just far healthier in the summer.

They get their daily dose of Super Immune Boosting Vitamin D, more fresh air, more exercise, more fresh fruit, have more fun, suffer less depression, take their vacations, feel hornier, sleep better, and subsequently have way stronger immune function.

And so, viruses, bacteria, fungi and parasites are still present all year round, in fact, we're all swarming with them 24/7, but they can't become symptomatic because of our incredible immune systems, especially in the summer months.

Funny how they tell us a virus is, or may be 'seasonal', without telling us that it's actually our immune systems that are seasonal, and thus more prone to becoming a willing host to a virus when we're run down, or simply not taking good care of ourselves.

With that information we might be able to manipulate our environment, diet, nutrition and sleep habits to match that of summertime, even in the dead of winter or spring.

Thus, enjoying all the immune boosting benefits of summertime, 365 days of the year (oh yes you can).

For example, our research on Vitamin D and its effects on the immune system will stagger you, especially as there's supposedly 70% of people who are deficient in it worldwide.

That 70% number is even higher in the Med.

Guess why?

Because the hotter it gets nearer the equator, the more people listen to dickhead dermatologists and doctors suggesting they cover up, stay indoors, or slap on sunscreen, and when do these experts suggest this madness?

Only at the exact time of the day when the sun's closer to the earth, and exclusively when your body has any chance of making Vitamin D, that's when!

I wonder if this has anything to do with the worldwide D deficiency?

Plus of course, you won't make D without sufficient cholesterol!

I know, I couldn't make it up, could I? Stay out of the sun and lower cholesterol!

A free vitamin that super protects us, like only mother nature can, from **All-Cause Mortality and Coronavirus**, and by following outdated and unscientific medical dogmas we don't get any.

Actually, it's now classed as; Pro- Hormone Vitamin D, it's that important.

Read our research for free, by hitting this link, then selecting the download for *'Allergies, when nature bites back'*

<https://bluntcoach.com/e-book-index/>

While you're there (the above link), there's more on the subject of how to build a bulletproof immune system, in e-books on breast cancer specifically; *'Ignorance is Pink! The True Colour of Breast Cancer'* and cancer in general; *'More Cancer for Brits in TRNC, Truth or Fiction'*

Also download the; **'D Minder App'** for any device, so you can manage exactly how much sun exposure time you need for optimum Vitamin D levels, given your skin type, your global location, and the time of the year and day.

Now ask yourself this; if your **business** was entirely dependent on people being sick and diseased, how happy would you be to have this information out in the public domain, or taught in schools, which is our ultimate goal?



Beware the Zombies who Claim to Never get Sick!

As a side note, watch out for people who are cold all the time, yet claim to never catch a cold.

Usually they're as thin as a rake, with a skeletal, gaunt look about them, and are always complaining about feeling the cold.

Ask these people what they mean by 'catching a cold' (ask most people, or doctors in fact), and they'll reply; *'you know, a cough, runny nose, sneezing, high temperature, shivering etc'*.

Nope!

That's not a cold, that's simply the evidence of a proper functioning immune system dealing with a virus or bacteria.

All of the above symptoms aren't 'The Cold' (the bug), they're your body trying to eliminate it through mucus, snot, sweat, or cooking the bug.

In other words, that's what any healthy person should experience from time to time, to a lesser or greater degree of course, considering we are literally swimming in a sea of viruses, bacteria, parasites and fungi, 24/7.

A super healthy person isn't therefore someone who never catches anything, **that's an impossibility**, but rather they, perhaps once or twice a year, feel just a tiny bit under the weather for a day or two, or even sleep an infection off in one or two rather sweaty nights.

Has that ever happened to you?

Sure, and the rest of the year you catch thousands of bugs, but because your immune system recognises and deals with them so quickly, you never show any **noticeable** symptoms whatsoever. But you can't **not** catch them.

Meanwhile, these ghouls wandering around bragging about never getting sick are literally teaming with unchecked, spreadable diseases.

Having the symptoms of a proper functioning immune system once in a while, might not be such a bad thing, possibly even reassuring.

And remember, feeling cold all the time usually means a thyroid dysfunction, and the thyroid revs up all metabolic processes, including our immune systems.

Note; cold hands and feet can also be a circulatory issue brought on by bad breathing habits. More on that later.

So low thyroid, among other things, means low immunity.

I'm labouing thyroid here, because you'll notice **Low Thyroid** shows up in the top 10 list of co-morbidities, but at number 9, and because it's in ninth position please don't think it's not that important.

Not at all.

Doctors you see, are great at strapping on a blood pressure cuff and figuring out a patient has high BP (they can even entrust that simple job to their nurses), doctors can also hear a heart arrythmia through a stethoscope, see high triglycerides from bloodwork, and blocked arteries from an angiogram.

But they're absolutely crap at understanding the thyroid gland, perhaps conveniently so, since it's literally the master gland controlling all metabolic processes (note below), and so, get that one wrong and you open up all manner of illnesses, diseases and ailments, that'll all need drugging to the hilt, not to solve or cure, but simply to manage.

Note; The Pituitary is often considered the master gland. However, the thyroid controls all cellular energy, including the cells in the Pituitary!

Or am I being too cynical?

They still even test for something called TSH (thyroid stimulating hormone), and if the scores are good then they think the thyroid must be working fine, though we now know TSH doesn't mean shit, yet its treated as if it means something independently; however, it can be brought down into the normal range, or lower, by substances other than the thyroid hormones, so why measure it?

<https://link.springer.com/article/10.1007/s00508-005-0421-0>

Next, if TSH is low, they love to prescribe thyroxine, T4, when the only really useful form of thyroid, the actual active form in the human body, is T3 (the T stands for thyroid, and the 3 or 4 are for molecules of iodine).

But T4 is converted to T3 in the liver, which doctors suppose is a given, and always gets done, but it isn't, and it doesn't!

Our livers don't function as well as we age, or if we have an underlying liver complaint, and particularly in woman, hormonal fluctuations can make the conversion from T4 into T3 hard, or even impossible.

Hence, we have millions of fat (or thin), cold, dry skinned, brittle haired and unenergetic ladies walking the earth, all on copious amounts of T4 (thyroxine). And, as they did with my Mum, in spite of her not losing any weight or feeling any brighter or warmer, they measured her T4 levels and decided they were **too high**, so actually cut back on her T4 dosage.

F----- genius!

The reason my Mum's T4 was high in her blood, was because she wasn't converting any of it into the active T3, partly because she has an 85-yr. old liver! But T3's not available in the UK at the moment, which is suspiciously strange, so I bought her some over the counter, here (in Cyprus), as cheap as chips (£5 for 100 tabs).

And guess what happened?

1.5 tablets a day and the fat started dropping off her, she warmed up all over, became more alert, and according to my Dad, better co-ordinated and balanced.

Her blood pressure also came down, because when thyroid is low cortisol takes over the responsibility, but, cortisol's a stress hormone, and when we're stressed..... blood pressure goes up!

I want you to know all this because I believe, and more importantly can prove, that poor thyroid function is **massively underdiagnosed**, and although it only ranks no. 9 on the list of co-morbidities, I'd wager it should be right up there between numbers 1-3.

That's because the rubbish polyunsaturated oils and margarines we've been conned into using for decades, have two very interesting side effects.

Firstly, they Lower Thyroid Function, and secondly, they're Immunosuppressive!

Butter, lard, tallow, coconut, and palm oil however, are 100% safe in the above respect, which begs a question of its own, doesn't it?

Wouldn't you think a medical academic giant like a UK GP would know any of this?

What with his 30 years clinical experience and a wall full of certificates.

Dream on. He only knows what his pharmaceutical paymasters want him to know.

That, and whatever bullshit the drug sales reps spin him on their visits, in-between inviting him to drug company sponsored, all-inclusive family Caribbean cruises, where all he has to do is go to the conference room each morning, sign in, then f-- off back to his family state room for the rest of the free vacation.

A vacation which can thus be written off against tax by big pharma, and, on paper at least, looks like it wasn't a bribe or an inducement to use a particular drug or

drug company, but instead, merely a medical conference for his further education, and our great unwashed welfare.

Steve and I on the other hand (in case you're wondering), both left school at 16, and, unshackled by academia and minus a few useless degree certificates, have managed a combined 50 years of daily study into these matters, just for your edification and pleasure.

And for our loved ones of course.

My parents are now 86 and 85, which is, fair enough I suppose, considered as old, but am I worried for them?

Not really, though 70% of those infected were men, and those that died were older than those who survived, that's true, plus those with a history of cerebrovascular disease (lack of blood supply or bleeding to the brain), are also at greater risk.

But I'm betting the real risk to my parents would be those co-morbidities, and the drug cocktails that go with them, combined with poor lifestyle, dietary and nutritional choices.

Of which they have practically none!



What Else to do for those Pesky Co-Morbidities?

The quickest, proven way to lower your blood glucose, manage your insulin, drop your blood pressure, lower your inflammation, wipe out the excess triglycerides in your blood, and give your liver a chance to rest and repair, thus regaining thyroid function, is through;

Fasting!

If I had any, or multiple co-morbidities, I'd immediately start a 2 day fast (salt and potassium in water only).

After that, I'd restrict carbohydrates to 50 grams a day while intermittently fasting from say, 4pm through till 8am.

So, a big/low carb breakfast at 8am, a low carb snack at 12, and a big low carb lunch at 4, then nothing but water for 16 hours.

I'd maintain that regime until all underlying health conditions (co-morbidities) were a thing of the past.

After that, I'd practice intermittent fasting (as nature intended for us), perhaps going 16 hrs without eating once or twice a week, 12 hours twice a week, and maybe even a full 24-48 hr fast once every other week.

I'm aware some gurus are recommending a 3/4 day fast, which is great for wiping out cancer cells, for example (via apoptosis), but I recommend just 2 days, and here's why;

Because after 48 hrs Without Eating your Body starts to release Cortisol.

This is the same cortisol that would give a hungry hunter the energy necessary to chase something, even after three days without food, and that's all well and good, because it frankly doesn't matter if cortisol lowers your immune system as a starving hunter gatherer, does it?

Because if you don't find food your dead anyhow, but in the case of coronavirus, and with supermarkets still stocked with food, avoiding stress hormones does matter.

So, keep your initial fast to 48 hrs, then switch to any form of low carb intermittent fasting.

The intermittent fasting part gives your organs, particularly your liver, a chance to rest and repair, and the low carb angle will wipe out your blood triglycerides, using them for fuel (sorry, even though triglycerides are fat, eating fat doesn't put them in your bloodstream. Carbs do).

The idea of needing to eat breakfast, lunch and dinner (with snacks in-between of course), is pure 100% marketing bullshit, on behalf of the food, snack, and agricultural industry.

Humans are evolved to go through periods of famine and feast, which is why fasting is the only thing the Jews, Christians and Muslims all agree on, since it's mentioned in each of their delightful 'Story Books'.

I'm pretty sure even the Buddha was a fan of my approach.



A Vaccine for everything



Now, I know some lazy buggers with multiple co-morbidities are going to stay at home and do nothing till a vaccine is rushed to market, such is their faith in the medical monopoly.

That's their master plan.

So while all us healthy folks, whose immune systems could lick Coronavirus in a heartbeat, are kept on lockdown for their weak arsed protection, they plan to stick with their lifestyle choices till yet another medication can find its way inside them.

Trust me, because I've been saying this for 20 years;

“Modern Society isn't set up for the Strong to Thrive and Win Anymore, but set up to Stop the Weak from losing or Failing”

Or in this case, dying!

As to a vaccine;

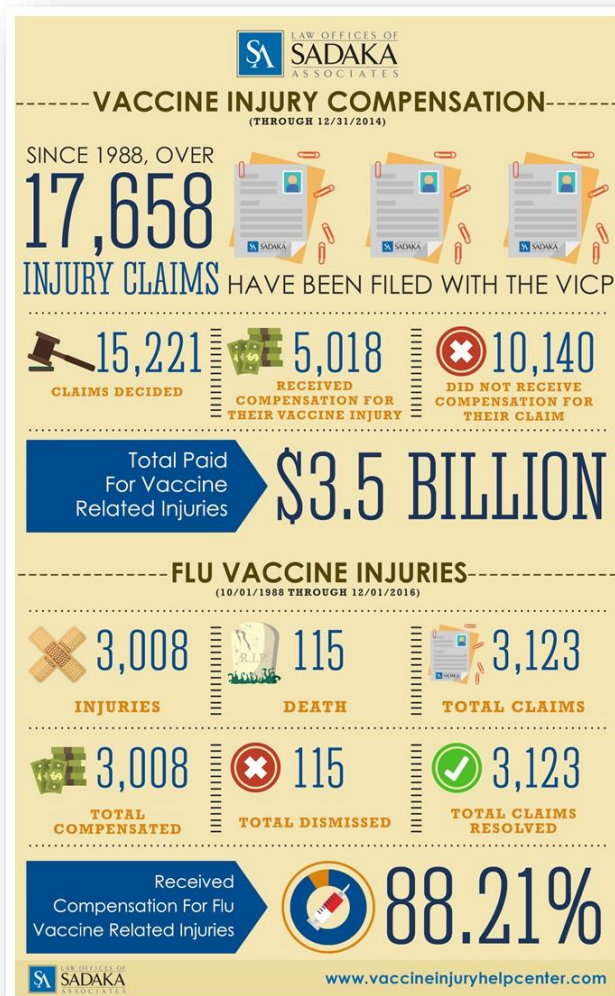
Trust me on this, safety trials should take six to twelve months, minimum! and still, more people will die of, or be injured by the vaccine, than would have died or been injured from the virus, except you'll never hear about those deaths.

The UK Government have already paid out over £60million in compensation to people damaged by the Swine Flu vaccine alone, and that's just the tip of the vaccine damage iceberg (the US are at \$3 + billion so far).

This is because most people never even discover their disability is vaccine related, and, perhaps like you, have ***no idea a compensation scheme even exists.***

So, when people do have an adverse reaction, they visit their doctors, who are notorious for convincing people, mothers of damaged children especially, that the vaccine the child had just days, or maybe a week ago, had nothing to do with the symptoms displayed.

That goes for sudden infant cot death, autism, brain damage, you name it, ***'it can't be the vaccine' doctors say.***



What also goes unpublicised, is that these pharmaceutical companies have been fined ‘billions’ for criminal conduct, multiple times over the years, for such things as; bribing doctors, manipulating data in safety studies, and flat out lying about anything that can be lied about to make a buck.

| Company* | Total Financial Penalties (\$ millions) | Percent of Total** | Number of Settlements*** |
|----------------------|---|--------------------|--------------------------|
| GlaxoSmithKline | \$7,881 | 22.0% | 31 |
| Pfizer | \$3,943 | 11.0% | 31 |
| Johnson & Johnson | \$2,824 | 7.9% | 19 |
| Merck | \$1,915 | 5.4% | 30 |
| Abbott | \$1,840 | 5.1% | 16 |
| Eli Lilly | \$1,742 | 4.9% | 15 |
| Teva | \$1,471 | 4.1% | 13 |
| Schering-Plough | \$1,339 | 3.7% | 6 |
| Novartis | \$1,250 | 3.5% | 20 |
| AstraZeneca | \$1,024 | 2.9% | 11 |
| Amgen | \$901 | 2.5% | 12 |
| TAP | \$875 | 2.4% | 1 |
| Bristol-Myers Squibb | \$795 | 2.2% | 13 |
| Mylan | \$715 | 2.0% | 21 |
| Serono | \$704 | 2.0% | 1 |
| Purdue | \$646 | 1.8% | 5 |
| Allergan | \$601 | 1.7% | 2 |
| Daiichi Sankyo | \$586 | 1.6% | 8 |
| Boehringer Ingelheim | \$427 | 1.2% | 15 |
| Cephalon | \$425 | 1.2% | 1 |
| Other**** | \$3,086 | 8.6% | 162 |
| Total | \$34,990 | 97.9% | 433 |

Let me add that the 7,881 at the top of this list for example, is seven thousand million dollars, so 7,881 is almost \$8 billion in fines, just to GSK, yet no one ever goes to prison!

So, if you think they’re all squeaky-clean pharmaceutical companies who operate purely for the good of mankind, then best you do some research before you join the queue for another job of poison.

Mercury is a poison, as is aluminium, formaldehyde, and polysorbate 80, all of which will be in the vaccine, along with some monstrosity of an attenuated or live virus, which, FYI, will have been grown/cultured in a medium of aborted human or animal fetal or kidney cells, and so thus containing some of that creatures DNA.

That shits in pretty much every vaccine you've ever had, especially if you've ever had a flu shot.

Newsflash

A long time ago (1986 in the US), the USA and the UK gave the drug companies a free pass to bring vaccines to market early (bizarrely just for situations like this!), but without fear of prosecution if those vaccines hurt anyone, or turned out to be absolutely disastrous, as for example, in the case of the swine flu vaccine.

Please, try to think of any company in the world that's 100% free from liability.

I can't think of one besides vaccine manufacturers, can you?

And if you remove liability from any business, do you think safety standards go up, or down in such a company?

So, let's say, hypothetically, you or your child got permanently damaged after a vaccine, here's what happens next:

Hopefully you'd discover there's a vaccine compensation scheme (*which should now make you question why there would even be a vaccine compensation scheme for a product that's supposedly safe!*), you'd then go to court against the pharmaceutical company who'll defend its product, and when you win the case the Judge awards you compensation.

The pharmaceutical company pay you a million dollars, or whatever amount you were awarded, which they immediately claim back off the Government, and the tax payers pay the bill without ever knowing it!

Isn't that scandalous?

You're a tax payer, aren't you, so tell me, when did you ever get the vote on that?



Soumya Swaminathan is an Indian paediatrician and clinical scientist. In March 2019, she was appointed as Chief Scientist at W.H.O.

At the ‘Global Vaccine Safety Summit’ in Switzerland (Dec 2019), she had, among other things, this to say; *“I think we cannot overemphasize the fact that we really don’t have very good safety monitoring systems in many countries”*

So, by all means wait for a vaccine. But seriously, why not just take some simple, tried and tested actions starting tomorrow, to destroy your co-morbidities anyhow?

Then, co-morbidity or not, dose up on wonderful Pro Hormone Vitamin D3 and vitamin C, strip off and get some sunlight on your skin every day, and make sure its during peak UV levels (and not when dickhead dermatologists tell you, because they're wrong, you only make D3 when the sun is overhead).

Next, exchange all blue/white light bulbs for red bulbs at night, and download the free software ‘Iris’ or ‘Flux’ for your computer, cell phone, TV etc.

Do not let your kids be glued to any electronic device after dark, unless it’s running this software.

This will ensure you don’t block the absolute **Number One Immune Boosting/Anti-Cancer/Anti-Ageing Super Hormone, Melatonin**, which is only secreted at night, but completely ruined when you see bright lights after dark.

That kind of light, say a bathroom or cell phone light at 10pm, sends an immediate message to your SCN (superchiasmatic nucleus), that it’s 12 noon, and this

message immediately stops the secretion of melatonin, and instead, if it's night time, promotes cortisol, a catabolic (it breaks down stuff), get up and go stress hormone, that disturbs sleep, and, as mentioned, lowers immunity drastically.

Many forward-thinking cancer specialists have gone on record stating;

“Cancer Lives by Day and Dies by Night” and now you have a good idea as to why it's supposed to, but doesn't!

That's why sleep is referred to as; Rest and Repair.

If you begin understanding the importance of your circadian biology and how light influences it, and if you're sleeping right, eating right, and exercising appropriately for your age, then after a month you'll be good to go anywhere.

You'll be able to leave your home and sit on an aeroplane with a passenger to your left with Ebola, and to your right Coronavirus, behind you a man with Chronic Dysentery, in front of you a Dead Person, and the Stewardess can spit in your food.

It won't do a god damned thing to you.

But seriously, if you're already immune compromised from underlying health conditions, then things are unlikely to get any better by themselves, are they?

And the world we live in today won't be any healthier tomorrow, will it?

Plus, we're told that Coronavirus came from bats.

We've had MERS (Middle East respiratory syndrome) from camels, swine and bird flu, and AIDS from monkeys.

What's next, a virus from a T Rex fossil?

Whatever it is, it won't be a walk in the park for people loaded with co-morbidities, that much is certain.

And since no vaccine is on the horizon, what are we left with?

Herd Immunity and Immunology 101

(This is how we'll finally defeat Coronavirus!)

A. W. Hedrich was the researcher credited for coining the term 'Herd Immunity', when, while studying measles from 1900 to 1930 in the U.S, he published research showing how he observed that once a certain percentage of children (68%) had caught the disease and dealt with it via their own 'Adaptive Immune System', not only did the rates of the illness go down in general, but those kids would be forever protected from a return visit from the virus.

Epidemics, said Hedrich, could only break out when herd levels of immunity fell below 68%.

So, 68% became the magic number.

This was 30+ years before any measles vaccine was ever on the market.

But since then, the pharmaceutical industry has not only 'Hijacked' the term (herd immunity), applying it to vaccines, but also jacked up the 68% figure to 95%, without any scientific justification.

So, according to them (*'them' being a group of businesses immune to liability, and already fined multiple times for criminal misconduct*), 95% of a population needs their shitty vaccines in order to offer herd immunity to the rest of the community (the 5%!).

Nope!

Because most of the time these vaccines don't even work, as has been proven multiple times where fully vaccinated populations suffer outbreaks (so the unvaccinated can't be blamed), such as on military ships, university campuses, and in nurseries.

Here are just three examples to get you started if you're interested;

This from, The Centers for Disease Control (CDC) "*Pertussis Infection in Fully Vaccinated Children in Day-Care Centers, Israel*", and the link; http://wwwnc.cdc.gov/eid/article/6/5/00-0512_article

This from the; Paediatric Infectious Disease Journal "*Investigation of a measles outbreak in a fully vaccinated school population*" and the link; <https://www.ncbi.nlm.nih.gov/pubmed/8483623>

And this one from the American Journal of Epidemiology "*Outbreaks in Highly Vaccinated Populations: Implications for Studies of Vaccine Performance*" and its link; <http://aje.oxfordjournals.org/content/139/1/77.short>

So, with the Coronavirus, if they did vaccinate us all, the chances are good that any results that might appear to have come from the vaccine, may well have been caused by the 60% plus with the true herd immunity, and not from any vaccine.

How come?

Because flu viruses are notorious for mutating, and since a virus has to join with your DNA to replicate, then the virus of patient 1,000 might look remarkably different to the virus of patient 1, which of course the vaccine would have been modelled on, or made for.

Even doctors will admit that getting a flu shot is like taking part in a medical lottery, since it's always targeting last year's flu strain.

In my book, unless you're a time traveller planning on going back to last year (where the exact strain of flu you've been vaccinated against will be in play), then that's as good as useless.

And what disease family of viruses are the Corona/Covids from?

Plus, I might add, they'd never test us all first to see if we already had the antibodies to Corona.

Oh no, because millions and millions of people (possibly billions) worldwide, would have already dealt with it in the first two to four months.

Remember, it's called Covid-19 because it was first discovered in 2019!

Since when, I've been out and about every single day.

How about you?

And I'm very close to someone who not only works in a supermarket, coming into contact with thousands of people, but who was also unwell for a time, so I'm guessing Covid-19 is old news for my immune system, and it may already be the same for billions of other people.

And how would I know that without a crystal ball?

Well, you may have heard the experts keep telling us that this virus has **'Exponential or Geometric Growth'**, that's how.

Exponential Growth is where I give you £1 today, then I give you £2 tomorrow, then the next day £4, next day £8, then £16, £32, £64, and so on.

Now I know what you're thinking; that lot above only adds up to £127! So what?

But keep doubling it each day for 30 days, and see how much you end up with.

You'll be staggered (and rich), because it's over £5 million pounds!

That's the power of exponential growth, and that's why, if this virus has been spreading exponentially for 4 or 5 months, or 150 days, then what we should be asking, and super happy about, is how many people has it already passed through?

That's people like me, and perhaps you, who are totally asymptomatic, and who are now offering true herd immunity to the less healthy citizens in our communities.

But you can bet your life, no test will be done to find out who's already beaten the virus, not before lining us all up under fear of prosecution and giving us a useless vaccine.

Why?

Because doing such a test would cost the vaccine manufactures a couple of billion lost vaccine shot sales, from the people who wouldn't need them, and thus, and for them most importantly, billions of dollars in lost profits.

It would also cost a bankrupt government too much money to arrange such a test, which is why I plan to pay for my own, thus proving I don't need a poison jab.

It's actually very dangerous to vaccinate someone against something they're already immune to, or are carrying, as in the case of the HPV given to young women, where giving them the vaccine when they already have antibodies to it **increases the risk of cancer by 44.6%**.

Anyway, true Herd Immunity only comes from the 'Wild' virus, and never a vaccine, so if we have anything to be thankful for with this crisis, it's that they don't have a jab full of peril lined up for us.

If they did, then you can bet your life they'd be saying something along the lines that 98% of us need injecting, right now, to protect the vulnerable, which begs this Blunt Coach question;

**“If the Vaccine is in any way Effective, then why not
Exclusively give it to the Vulnerable, save a ton of Tax
Payers Money and Time, and get this thing over and done
with Super-Fast”**

If the vaccine works, then after the vaccine those vulnerable people needn't worry about someone who's still contagious giving them the virus, need they?

For example, there are supposedly 1.5 million high risk people living in the UK.

And, thanks to their doctors, we know who they are, where they live, and their telephone numbers.

We can even grade them in order of co-morbidity priority for a job, and administer the vaccines on their doorsteps.

As stated, protecting the vulnerable is totally reasonable, even for those who've made poor lifestyle choices resulting in their host of co-morbidities.

I'm sorry to sound harsh again, but they are all self-inflicted, or at least avoidable co-morbidities, due to poor lifestyle habits, and, particularly with children who can't act for themselves yet, the purposeful ignorance of doctors.



Should we Damage the Strong to Protect the Weak?

Should we vaccinate 98% of the world to protect just 2%, what do you think?

Especially as 70% of that 98% would already be asymptomatic with the antibodies and lifetime immunity to Coronavirus, thus the vaccine would be, at best, useless for them, and at worst, harmful.

Meanwhile, the other 28% would deal with the illness, if they caught it at all, without too much fuss or bad symptoms.

That's my main problem with vaccines in general.

The strong don't need them, and the weak 2%, what with their tragically depressed immune systems, can't make use of the vaccines without dangerous adjuvants (chemicals added to vaccines to stimulate a strong enough immune response), because you need a reasonable immune response to make the vaccine even remotely effective.

That's the point of adding toxic aluminium and other 'adjuvants' to the vaccines.

The actual bug in the vaccine can't be strong enough, or else the vaccine itself would give the person the full-blown disease.

So, they figure that if they give a weaker version of the virus, or a stripped down version, but load the syringe up with other toxic shit, then, when the person's immune system responds to the toxic aluminium (not the virus), the immune system will also remember the virus that came with the foreign metal.

So, theoretically, the next time the body encounters the actual live virus it'll say, like some nightclub bouncer; *'oh, we remember you, you were with that aluminium causing trouble in here last year, get out'* and so it will have made antibodies to it, and deal with it.

Does that sound like any kind of hard science to you?

I mean the whole thing, like giving people a vaccine without first testing to see if they have the antibodies to the pathogen already, never mind giving it to people too weak to mount an antibody response to just about anything.

There's even good evidence that just because someone shows antibody activity after vaccination, it doesn't protect them against the actual disease!

And the need for boosters proves they don't last very long.

Because the disease, if it's a virus, is never the same twice.

Why?

Because it **mutates at every single reproductive cycle**, so if it's been through 100 people in your town already, then each time it sheds it'll have 100 differences from the original virus, and 101 mutations by the time it replicates in your cells.

The only people this madness makes sense to, seems to be the pharmaceutical companies investors, the healthcare system who only prosper when we're sick, health insurance companies who only prosper from our fears of being sick, the media, who prosper by dragging out a drama and turning it into a global catastrophe, and government officials who love the idea of forced vaccinations.

Government comes from the term govern. From Old French gouverner, derived from Latin gubernare "to direct, rule, guide, govern", which is derived from the Greek kybernan (to pilot a ship). ... There is precedent that the suffix -ment is derived from the latin mente meaning mind in some languages, particularly Old French. So could Govern-Ment mean to direct, rule, guide, govern and control over our minds?

Why would any government love to have forced vaccinations on its population?

Because if you can get away with a medical procedure against someone's will, then you can get away with just about anything, can't you?

I mean, what's left after you force a parent to watch their child scream in pain as they receive an unnecessary and dangerous vaccine? (That neither of my super healthy, super smart kids ever had).

"Ve ver only folowink ze orders of ze fuhrer!"

That's what the doctors and nurses following the dictators will say, so don't hold your breath for that lot to do any thinking.

If people don't start to think for themselves we'll soon see 'Forced Vaccinations', Nazi style, and riots in the streets from people like us who'd be seen kicking and screaming before letting them violate our human rights (it's written in the Geneva Convention about forced medical procedures, not that any government will honour it).

We (my family and I), have taken the time to do our lengthy bloody research, which has been freely available for more than 25 years now, but the drug companies and your elected officials are banking on the fact that you haven't done any, and won't, not as long as you have a hole in your arse (that's what they think about you, not me).

Read and study anything by Dr's Suzanne Humphries or Sherri Tenpenny, Paul Thomas MD or Del Bigtree, Andrew Wakefield, or perhaps study the CDC

A final Note on Vaccines.

Ok, I'm bashing on vaccines pretty bad, aren't I?

And you know that '*know it all nurse*' friend of yours, the one who told you how vaccines eradicated deadly diseases like polio for example?

Well, having jabbed a thousand babies with poison over her illustrious career, she needs a fictional story like that to cling onto, I don't, and nor do you.

Here are some surprising facts for her, direct from the CDC (Centers for Disease Control), about the terrible '**Killer Disease**'; Polio.

95% of everybody who caught polio had ZERO symptoms!

Between 4 and 8% of people got mild flu like symptoms with stiffness in the neck and back etc. These symptoms totally resolved completely!

Fewer than 1% of polio cases resulted in paralysis, usually of the legs!

And of that 1%, only 5 to 10% died when the paralysis reached the respiratory muscles!

That's 1/10th of 1% as a fatality rate.

And that's classed as a killer disease, is it?

In what world do we panic over a disease that more than 99.95% of people walk away from?

And it gets worse, because prior to the polio vaccine you needed 20 cases of polio per 100,000 people to be classed as an epidemic.

But as soon as the Salk polio vaccine was released, they changed this to 35/100k.

So, having almost doubled the number required to be classed as an epidemic, do you think the polio epidemics went up, or down when they introduced the vaccine?

To massage their vaccine even further, they redefined the length of time needed to be paralysed, from 24 hrs, to a massive 60 days.

This was because most paralysis resolved itself in around 24 hrs, so by extending it to 60 days, even fewer cases could then be described as paralytic polio.

Talk about moving the goalposts.

Even in 2020 the CDC's website still admits, though they've played with the numbers somewhat; <https://www.cdc.gov/polio/what-is-polio/> that; 77% with polio will have no symptoms whatsoever, 1 to 4% will have flu symptoms lasting just 2-5 days, 1 in 200 will suffer paralysis, and between 2 and 10 of those 1 in 200, will die.

And by the way, you have to be literally swimming in a river of shit to contract wild polio in the first place, or be sprayed in the face with a neurotoxin like DDT, which has paralysis as a side effect! (Another interesting story).

This is all freely available information which the powers that be are happy to publish, safe in the knowledge (they think), that only a handful of people like myself will ever find or study it.

Believe it or not, I'm neither pro or anti-vaccine, I'm pro-choice and pro informed consent.

If I'm anti-anything its anti-bullshit, and damaging our children to make a buck!

So be warned, because once you also adopt a stance of 'informed consent' on vaccines, prepare to engage all manner of 'experts', ranging from doctors and nurses to social workers and teachers, and of course, not forgetting the ultimate font of scientific wisdom, the doctors' receptionist, and similar such wise people.

None of whom, without exception, will have the faintest clue about anything you've been reading today, nor will any of them have spent a moment reading the medical history books.

Because if they did, they'd know there were similar shocking facts to be discovered relating to measles, mumps, whooping cough, HPV and you name it, the list goes on.

I'm telling you this because I smell bullshit of biblical proportions heading our way, and from the way people have been manipulated to be so fearful of this Covid-19 situation, then I can foresee queues of sheeple lining up round the block outside surgeries, hospitals, pharmacies and chemists, hell, they'll probably even let school nurses and priests give the jabs.

This newsletter may serve as the beginning of your due-diligence on vaccines in general, but in the case of what's coming down the pipe (literally dozens of new vaccines), then whether you end up pro or anti vaccine, at least it won't be out of ignorance, or worse still, panic, in the midst of the next big scare.

Check this out from the World Health Organization's plans for sustainable development goals for 2021-2030.



All very noble goals, yes?

Guess how many of those above 17 goals require vaccines, bearing in mind that 8 or so are economic issues?

Click this link, https://www.who.int/immunization/ia2030_Draft_Zero.pdf

scroll to the bottom of the pdf, find the photo above, and weep.

Because it's '7'

Basically, anything that can possibly warrant the use of a vaccine, does.

Good News

But they don't have a vaccine ready to SELL us, thankfully, so the 'Honest' figure of 60% has emerged.

If 60% of us catch this virus and deal with it via our adaptive immune systems, then some of the 2-3% (more like ½ % I bet) who might otherwise die will be spared, or until next winter at least.

One last noteworthy point, and one you won't see reported in the media, is that most doctors were trained in medical school that childhood vaccines last a lifetime!

But they don't, and neither do adult vaccines, or why else would people keep needing 'Boosters'?

The above dogma was believed and taught for 70 years, and only recently do we discover that, if they even work at all, they last 2 or so years.

This is because when we're vaccinated the virus was never dealt with by our adaptive immune system, which remembers bugs forever, but because it was an artificial virus (made in a lab), our immune response was much weaker.

For any geeks reading this, study the difference between a TH/2 and a TH1/17 immune response.

But, in a nutshell, a wild virus has to go through various steps before our adaptive immune system can make antibodies that are tailor made for it, which it then remembers, forever.

A lab created virus leapfrogs a few important stages and jumps in suddenly, and only localizes in the TH/2 humoral immunity path.

Fun Facts on Immunology that Everyone Should Know.

Garry Fathman, MD, a professor of immunology and rheumatology and associate director of the Institute for Immunology, Transplantation and Infection, said;

“If a patient were to ask me, ‘How’s my immune system doing today?’ I would have no idea how to answer that, and I’m an immunologist. None of us can answer that. Right now, we’re still doing the same tests I did when I was a medical student in the late 1960s,”

How inspiring!

And all that wisdom after \$3 million in recent funding!

Allow me;

Imagine Covid-19 is heading towards you, but you have five brick walls protecting you before the virus can cause you damage, or kill you.

Wall number 1 is the 60% of humans in your town or city who are already immune to it, and so can’t catch it again, or pass it onto you (herd immunity).

That’s a pretty thick wall, isn’t it?

Wall number 2 is called your anatomical, or chemical barrier.

Like your skin, mucus, tears and stomach acid, and this is working continuously, 24/7.

Next, wall 3, is called your ‘Intrinsic’ defence, which would start working the moment the bug enters your body.

There are proteins in this line of defence called interferons inside your cells, which actually signal the other cells about the invading virus, so they can heighten their own anti-viral defences.

There’s also processes called autophagy and apoptosis that can actually cause destruction of the cell, and so the virus along with it.

Wall 4, is called your ‘Innate Immunity’.

This kicks in within minutes to hours of the invasion, and you may have heard of things like NK (natural killer) cells, which should speak for themselves, or perhaps cytokines, which are a broad term for immunomodulating agents.

But wall 5 is the coolest by far, and called your '**Adaptive Immunity**'.

This is where T-cells and B-cells in the lymph nodes (jaw, neck, arms, elbow, groin and behind the knee), set about not only making antibodies to the specific pathogen/virus, but will remember it forever.

This adaptive, or sometimes called 'Acquired Immunity' (I taught my kids it's Mother Nature's Pharmacy), can take up to 14 days to kick in!

People showing symptoms of Coronavirus after 14 days therefore, are telling us that firstly, we don't yet have the herd immunity we require, and that the virus has breached their other walls or defences, causing their Adaptive Immune System to get to work.

The 14-day incubation period, where there are no obvious signs of illness (but it can still be contagious), could be looked at as the amount of time it's taken for the virus to get through those first four walls, and for our own 'internal pharmacy' to produce us a vaccine.

A vaccine I might add, that will not only be safe and effective, but also won't contain any dreadful toxic metals, like mercury or aluminium, or toxic chemicals like formaldehyde and PS80, nor anyone else's DNA, in a truly horrendous job with a limited lifetime.

But, in just 2 short weeks, **Mother Nature's Pharmacy** will make a safe and effective product, that'll last forever!

Compare that against a pharmaceutical company's abomination, that takes 6 to 18 months to rush to market, and they want to accept zero liability for it!

The symptoms of this bug remember, are not caused by the virus itself, because that's been there for 2 weeks already, but rather by our adaptive immune system going into battle to end the war against Covid-19, once and for all.

And as you now know, this can and will happen to billions of people without showing any symptoms whatsoever, or perhaps only those of a mild to moderate cold.

The Real Coronavirus Tragedy

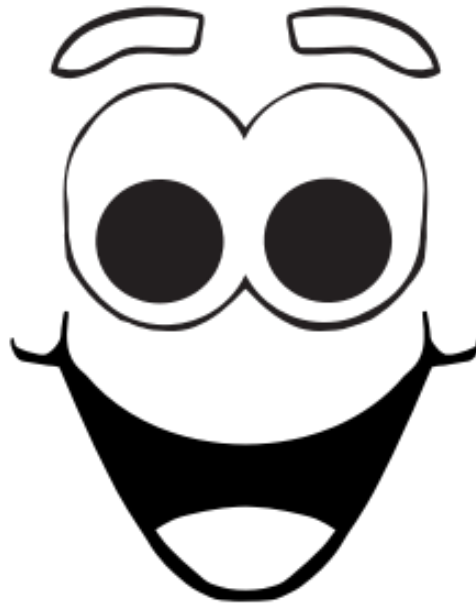
Is that everything in this newsletter, and much, much more at BluntCoach.com, which is always fully referenced (we have to do this to protect ourselves against ignorant and vengeful doctors), wasn't available to the public sooner, or for that matter the politicians who've got us all on lockdown and in a terrible spin.

Not because they don't know anything you've read here, but because they're simply scared shitless of the embarrassment they'll suffer when 200 people show up to a hospital at the same time, to fight to the death over 50 ventilators, and other limited ICU equipment.

Avoiding acute embarrassment, it seems, is a far greater threat than keeping us all at home while the economy takes a bashing, and thousands of business's go bankrupt.

But this way, at least those 200 people won't all show up at the same time, but ten here and 20 there, you get the picture, it's what the media are referring to as; 'flattening the curve'.

More Smiling, Less Worrying



My goal with this newsletter is to try and remove the stress caused by **‘Too Much Worrying’** over this fiasco.

Am I telling people not to care about the situation?

Certainly not, and if you are a puny human with multiple co-morbidities, and because of that perhaps on 3-5 different drugs, then go ahead, shit your pants for all I care, just remember to close the toilet lid before you flush, since the virus can be spread through aerosolised faecal material.

But do you want to know the one single thing that lowers your immune system quicker than a *‘rabbit gets fornicated’*?

Its...STRESS!

So, I figure if I can provide some sensible, factual information that lowers some vulnerable people's stress levels by just 10%, then that's been a good thing, and if you're not vulnerable, as healthy as a horse and with zero co-morbidities, then nothing I can possibly say will make any difference to your health outcomes either way.

Yet maybe it'll lesson some of the worry we healthy folk might have surrounding parents, grandparents or children, and if we are still worried, at least we'll have some practical solutions to follow.

Worry, and the stress it causes, is always made worse when we feel powerless to act.

In fact, in studies on rats where the rats are isolated, completely immobilized and can't move, they quickly get totally stressed out and die.

But remarkably, when rats experience the exact same conditions, but are given nothing more than a stick to chew on, they survive the same stress.

Isn't that interesting?

As Life Coaches, we often have to deal with clients in situations where they feel powerless to act on a problem, be it in the workplace or at home, and if we don't break that pattern quickly, chronic stress builds up, and cancer or a heart attack follows.

This phenomenon is called; 'Learned Helplessness'

Maybe this newsletter will serve as a stick to gnaw on for some people.

I hand on heart believe that the fear being generated by this situation is a greater threat than the virus itself, and here's why.

When we perceive danger, we become fearful, and it doesn't matter if it's real and rational, or imagined danger, the human biology dictates that **energy must be diverted** to escaping that fear or danger, simply for survival.

And there isn't anything you can do about that, since all this happens on a subconscious level, because if humans had to take time to decide if something is dangerous or not using only the conscious rational mind, then we'd have become extinct by now.

To this end, human biology only has two states, it's either in **Growth or Protection** (rest and repair or fight flight if you prefer), and it can't do both at the same time.

It can be a lion approaching, or fear of Coronavirus, but either way, your body must make the changes to support your protection mechanism.

If your environment is one of love, happiness, fun and growth, then your cells respond to take that stimulus in and behave accordingly.

“Biology moves towards good things”

But when the stimulus is danger, not only does your biology run away from it, but you do too, right?

This means your adrenal system kicking in, and sending huge energy resources to your limbs, for fight or flight.

And while it's doing that, and you're running from a lion or climbing a tree, do you think your biology should leave you plenty of energy for digesting your food, or fighting off a bacterial infection?

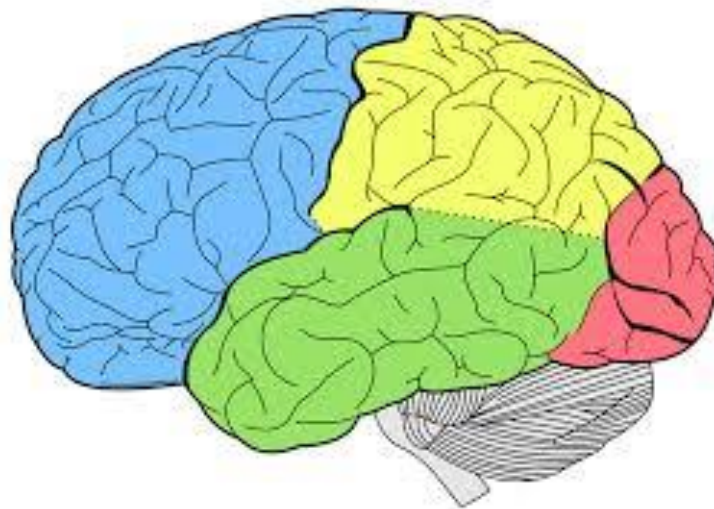
Obviously not, because if the lion catches you, then your brown trousers, stomach bug and undigested dinner can become his problem!

Only when the threat has passed can your biology revert to rest and repair/growth. The point here is we're well evolved to deal with situations like the lion/dog/Glaswegian, which we could term as; 'Acute Stress'.

It's not fun, but we get over it and return to normal within a few minutes or hours. However, we're not evolved to deal with 'Chronic Stress', and to have our adrenals switched on day and night, 24/7.

This kind of stress absolutely devastates the immune system, because the entire point of the adrenal system is to release the hormone cortisol, and to shut down anything in the body that isn't supporting your escape from the danger.

The feeling of butterfly's people experience in their stomachs when shitting bricks, is actually the blood supply to the gut and viscera being cut off, and shunted to the limbs.



Even the brain suffers, as blood leaves the higher functioning frontal lobes, and heads for the more primitive areas that don't need to build bridges and cathedrals, but do have enhanced vision, hearing, smell and strength.

This is why someone under intense stress can often be seen massaging their forehead, because they're literally trying to encourage blood flow back to that area, so they can think straight again (now you know why).



Next, please try to remember a time when you were really ill, and let me ask you; Did you have enough energy to run from a lion?

I'm guessing you never had the energy to get out of bed or off the couch, right?

And that's because your immune system is your internal defence system for things like viruses and bacteria, whereas your adrenals might be considered as used for external threats, like lions or violent people.

Stress is arguably the major cause of many diseases, since it effectively renders the immune system helpless.

Now, isn't it about time someone in the media learnt that?

Shouldn't these people report the news more responsibly, and with a more positive spin, and perhaps stop giving us headlines like "**Virus Set to Kill Millions**" on the front page, which any 10-year-old can read and get panicked by.

Perhaps that crap could go on page three, under a lovely big pair of tits!

I doubt journalism ever required its employees to be smart, I don't know any to comment on, but I do know they have every research tool at their fingertips, and that's the same tools necessary to provide balance and factual information to their readers, whilst always realising the responsibility they have for the public's stress levels.

Back in 1960's South London, we used to wipe our arses on used sheets of newspaper, and that memory sometimes leaves me wondering what my grandad would be making of all this hype.

As an old soldier who lost two brothers in World War 1 and another in WW2, then lived through the blitz while raising two kids (which he refused to have vaccinated with pox I might add), I'm pretty sure I know what he'd have to say about all this 'Palarver'.

And the media should bow their heads in shame for the part they've played in causing and continuing the perpetual stress, particularly among the elderly, but now, for the first time ever, we have schoolgirls crying about the worlds end, and pregnant mothers deeply distressed, over nothing more than the flu!

I advise to lower your stress by watching only one news programme per day, as I doubt it helps hearing the same shite, only 5 times repeated.

Repetition is the mother of all learning we trainers say, so if you want your kids learning to become fearful, let them observe you glued to a doom and gloom TV channel 5 times a day.

If any drastic changes happen in the world that can't wait till tomorrows news, then I'm sure Donald or Boris will call you directly.

Watching the news doesn't mean you have your finger on the pulse by the way, far from it in fact, but it does mean you've flipped your biological switch from growth to protection, and your kids, if present.

And if you're not scared, then why are you bolted in front of a TV or newspaper day and night? (I've watched only 3 news bulletins and read 2 newspapers on this nonsense in 4 months).

Sit down with your partner and list all the people you know full of doom and gloom, and limit contact with them as best as possible, meanwhile, increase exposure to those you know who; 🎵 *"Always look on the bright side of Life"* 🎵.

If the negative people ask why you're no longer texting them 6 times a day, or you keep changing the subject away from coronavirus when you talk, tell them!

Do some stretching, walking and playing with pets.

Sex is absolutely brilliant for stress management (unless your useless at it!), and if you're alone go for self-love each day (it doesn't lower immunity one bit).

Set some goals for the future, and start writing a wish list for what you want to do, be, have, and who you want to help in the next 3-5 years.

Download and watch every comedy film and sitcom you ever loved, especially ones from when you were younger, and if you have kids, then watch a family Disney movie each night, and play board games together.

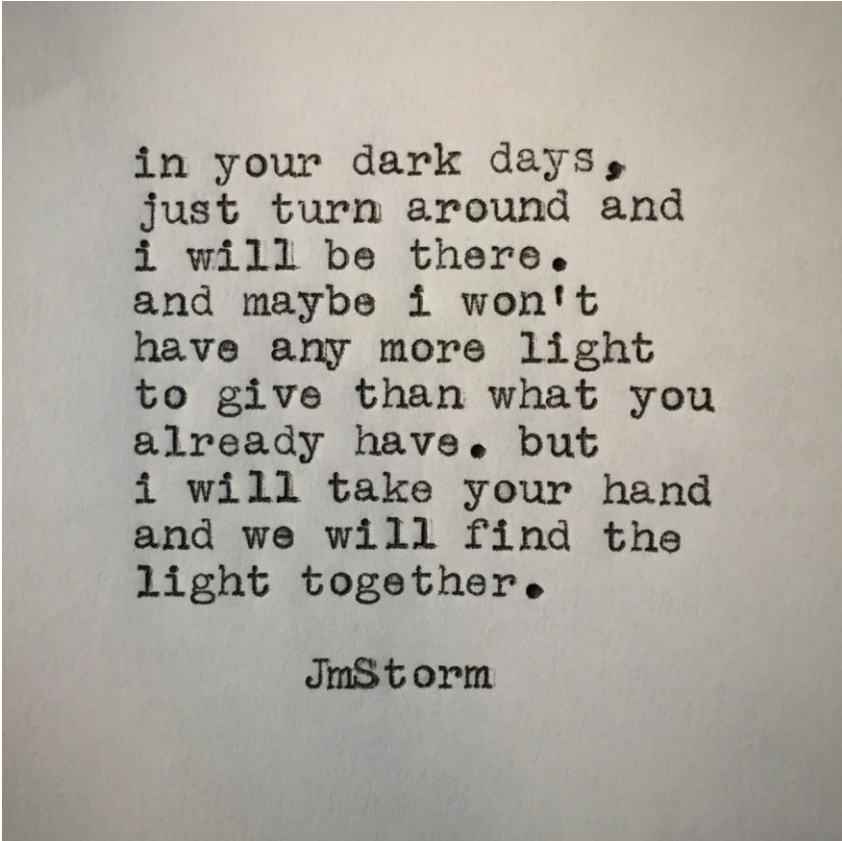
Laughter is a universal medicine, and another amazing stress reliever that actually vibrates your body at the exact frequency needed to boost immunity.

Try laughing and thinking negative thoughts at the same time, it's impossible.

Further boost your immune system and lower stress levels, by getting every minute of sunlight available.

If you're totally alone, contact me at; andy@bluntcoach.com, and even if I can only send you some quick thoughts, you can be 100% assured they will never be automated, but always personal and sincere, from either myself or Steve.

You are never alone my friend, even the process of reading this newsletter joins us in a way you perhaps don't yet understand.



in your dark days,
just turn around and
i will be there.
and maybe i won't
have any more light
to give than what you
already have. but
i will take your hand
and we will find the
light together.

JmStorm

Children. What To Do With Bored Kids?

Over many years of coaching I've been faced with parents explaining to me how their kids have ADD (attention deficit disorder), or some other bullshit psychobabble label, often designed to make bad parents, teachers, and psychologists feel, or appear, less responsible for dim kids.

In the case of ADD, especially with boys, I always ask the parent; *'does he like video games?'*

Can you guess what the answer is, 9 times out of 10?

'Yes, he loves them', they reply.

'How long would he play before he stopped for food, drink, or to take a break?', I ask.

You're getting ahead of me now dear reader, aren't you?

I rest my case.

Kids are never lacking in focus for things that interest them, and it's the parent's job to discover what those things are, or might be, mainly through caring enough and spending enough time with the children.

It's never an attention disorder of a child, but a disorder of a bad parent or an unenthusiastic, uninspired, monotone, doing it for the money, BO ridden teacher.

That's just me, speaking as someone who would have been diagnosed with every bullshit disorder in the book, had the child psychobabble diagnostic manuals contained the modern 'made up' disorders in the 60's and 70's (and they are 100% made up).

Children from rich families are often financially secure (lots of toys and stuff), but emotionally bankrupt, and families from the lower orders of society give priority to football, boozing and watching the TV, rather than spending quality time with their children.

Sorry, but I've never been bored for a single moment in my life, I truly don't know what it must feel like to take a selfie with a pizza, not in this magical world of discovery we live in.

Not in any country I've ever visited or lived in have I been bored, nor in any job I've had, with anyone I love, or even while locked up overnight in numerous local constabularies.

Kids who are bored have boring parents, and kids that can't pay attention have parents who've yet to stimulate them enough, mostly by having the attention span of a fruit fly themselves.

Now's a good time to discover who your kids actually are, and perhaps to discover a better lifepath for them, rather than just throwing them to the wolves on some bullshit university course with no job at the end of it, just because you yourself went to Uni, or, as in many cases, because you 'didn't get the chance', and maybe went on to foul your life up.

I assure you, that no one ever, not in my 40 years of practical coaching experience, ever screwed their life up by NOT attending university, but thousands I know have screwed up because of parental pressure, and the false hope the higher education sales industry sold them, which didn't even come close to meeting their expectations.

I know of no one who committed suicide because they didn't go to Uni, but the highest rate of suicide in the world right now is among under and postgraduates!

Getting to know our children is the best antidote to a square peg ending up in a round hole for the next 40 years, resulting in your son killing himself, or your daughter marrying someone simply because he has a degree and wealthy parents.

These are the most wicked things you can facilitate for a child, or, for a little more effort, the most liberating thing you can facilitate, if you help them discover their true calling.

If you and your kids don't have a master plan for the future, then rest assured that the mainstream education system, and social conformity pressure, will make a plan for them.

My career choices, according to my careers officer, were; Stay on at school, Army, Navy, learn a trade with Lambeth Council, or Sign On (live off unemployment benefit).

To which I said; 'Bollocks', walked out and became a Martial Arts Instructor, Doorman, Entrepreneur, Charity Fundraiser, Gym/Restaurant Owner, Business Consultant, Venture Capitalist, Elite Sales Trainer, Life Coach and Multi-Millionaire, all before I was 50.

And all with the full and unconditional love and support of both parents, and even with my dear Mum (a humble school dinner lady), fronting my first business venture with £1,000 in 1980 (it took her years to save up that dough).

So enough with the, *'my kids are bored shitless'* I keep hearing from fathers missing their bum chums and football.

The Breath of Life that May Kill Covid-19

Two of the symptoms of Covid-19 are Breathlessness, and Low Blood oxygen Saturation.

Don't buy into the idea that faster, deeper or bigger breathing is good for you.

The More Breaths you Take the Less Oxygen you Get to your Blood and Cells!

What!!

We've all been brainwashed, mainly by foolish yoga instructors teaching fire breathing rubbish, that the bigger, faster or more frequently we breath the better.



Think about this; when your panting, busting your guts running up a hill, or panting during your sippy (pro ageing) fire breathing, you often feel lightheaded,



don't you?

This is not because you're short on oxygen, but short of Co₂ (carbon dioxide).

The idea that carbon dioxide is only a waste gas we exhale, is as ridiculous as it is for the gas being blamed as the cause of global warming.

The light-headedness is caused by breathing too rapidly, and the loss of Co₂.

As you read this, then at the end of each normal breath out, you may notice you have a slight pause, before taking in the next breath, yes?

That pause is where you build up Co₂ in your system.

And if you didn't have that pause, as in when panting or gasping for breath, then you don't build up Co₂, leading to low blood oxygen levels, leading to you gulping even more air in to compensate, usually through the mouth (more on mouth breathing in a moment).

Because Co₂ is needed to drive oxygen out of the red blood cells, and into the very cells that keep us alive!

There's also a link between your diaphragm and your stress, emotions, thus, when you're panting, your body senses it's time for fight or flight, which is one of the reasons I'm warning people off of intense exercise during this crisis, because of that stress response, and the resulting loss of immune function that accompanies it.

There's a big difference between big deep frequent breaths and slow, deep breaths, yet they both contain the word deep, which is where the confusion is.

So, I'm being careful to try and show the distinction between taking maybe 6 full, slow and deep breaths per minute, which is the optimum, and taking what seem like 12 huge breaths in the same minute, as most people do, or 30 fast breaths per minute as someone with a lung disease might take.

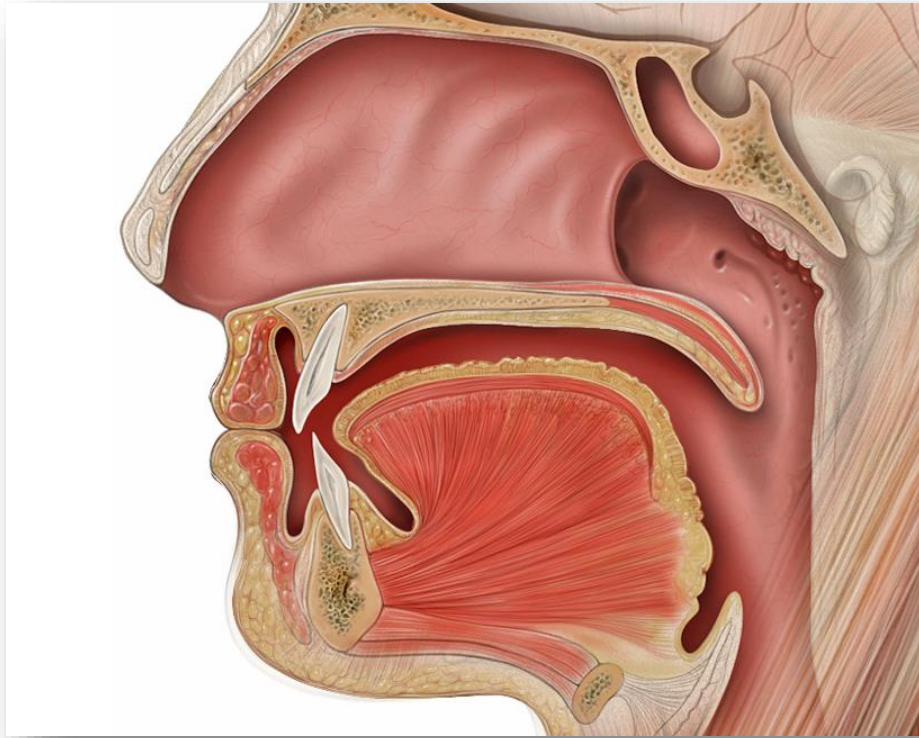
Nitric Oxide is another amazing gas currently being researched in China, not just as a treatment against Covid-19, but for healthcare workers as a preventative measure against the virus.

This is one impressive gas, because it's a proven anti-viral, anti-bacterial, and anti-microbial.

Here's how to make your own, at home, right now.

Breath Through Your Nose!

Anti-Viral Nitric oxide is made inside the nose and sinuses, way more than it is in the lungs, and it's not produced in the mouth at all.



When you breathe through your nose you can harness 50-200 parts per billion of Nitric Oxide, so make sure you breathe through your nose all day, while exercising, and definitely while sleeping.

But, and this is a big but, you can increase this to a staggering 3,000 parts per billion, by **Humming**.

This research; <https://www.atsjournals.org/doi/pdf/10.1164/rccm.200202-138BC> or; <https://www.ncbi.nlm.nih.gov/pubmed/12952268> from Professor Jon Lundberg from the Department of Anesthesiology and Intensive Care, Karolinska Hospital, Sweden, proves that the vibration of humming can achieve this amazing reaction of boosting this natural ant-viral gas;

15 fold!

That's right.

Nitric oxide, your body's first line of defence against viruses, can be boosted 15 times, simply by breathing in through your nose, then humming the national anthem for a prolonged exhalation, lasting 3 to 5 seconds, **but you must then breathe back in through your nose, and it mustn't feel strained, or you'll gulp air in through your mouth.**

If you do that, then you won't take that built up precious Nitric Oxide in your nasal cavity, down into your lungs, thus sterilizing the air on its way.

Nitric Oxide will also increase the oxygen in your blood by 10-15%

And it has to be **‘God Save The Queen’** you’re humming, because nothing else works!

‘Kidding’

The majority of air in the lungs is stored in the lower lobes, where the air gets to only when you do slow nose breathing, while mouth breathers only ventilate the upper lobes of the lungs.

Mouth Breathers therefore, have little or no viral defence, and a lower blood oxygen saturation.

Mouth breathing also blows off too much Carbon Dioxide, which you're totally depended on for the release of oxygen from the red blood cells into your actual bodily cells, that keep you in tip top health.

Blood is often referred to as ‘The River of Life’.

Well, even your circulation is dependent on the pressure of Co2 in your blood, so try the above exercise 3 times a day for cold hands as well.

You want more?

Ok, Nitric Oxide is a natural bronchodilator, and responsible for the production of surfactant, which maintains elasticity in the lungs.

Covid-19 negatively affects the production of surfactant, Nitric Oxide builds it.

Nose breathers even emit less moisture (vapour which the nose traps), into the surrounding atmosphere than mouth breathers, who therefore spread the disease more, what with their 42% increased oral water vapour levels!

Mouth breathing causes unrefreshed sleep, abnormal development of the jaw and, according to Neurosurgeon, Dr Stasha Gominak, neurodevelopmental problems in children.

That’s a polite word for Retards to you and me!

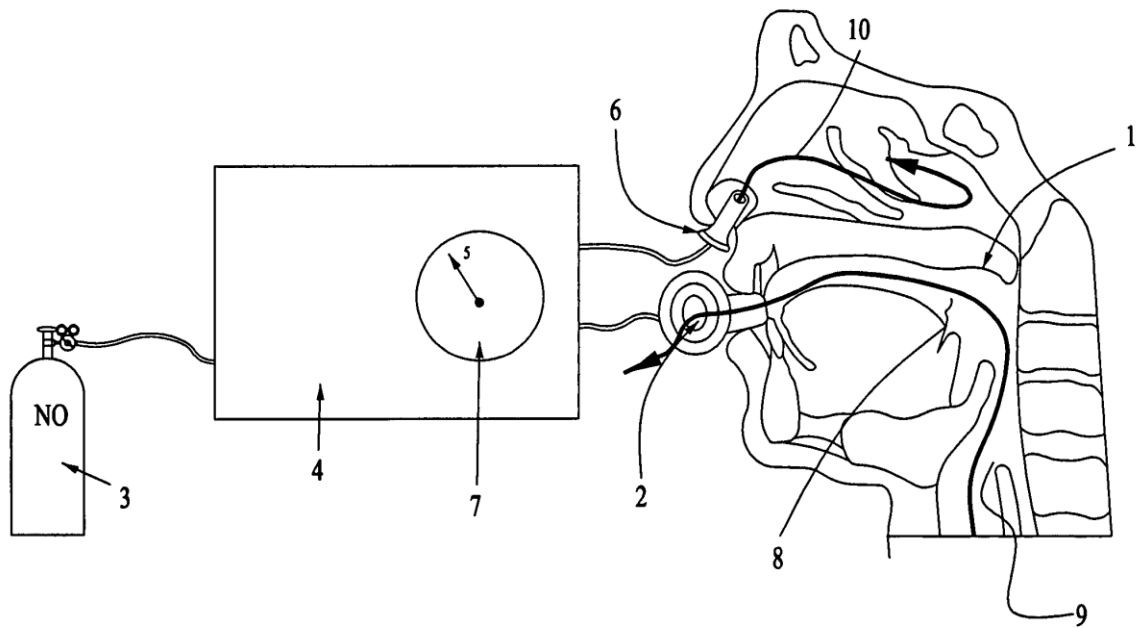
You can buy specific ‘lip-seal tape’ or ‘Myotape’ to ensure your child has nasal breathing during sleep, but 1-inch 3M tape from the pharmacy will do fine.

Also, you can use the ‘Breath Easy’ nose strips to ease nasal breathing at night, and a few drops of Olbas oil on the sheets will help.

None of this is rocket science, or brand new (in 1904 the Danish scientist and doctor, Christian Bohr, first described some of it), but if you had to hear it from

me first, a humble Life Coach, then maybe it's time to take a closer look at your kids doctor and developmental psychologist.

American patents and clinical trial are currently being issued for an inhaled Nitric Oxide gas, or you can use mother natures for free, as described.



Nitric oxide decontamination of the upper respiratory tract

United States of America Patent

PATENT NO 7335181

SERIAL NO

11107618

Covid-19 may not even be a Respiratory Illness, but a Blood Disease.

The first clue came from Italy with this paper;

<https://foro.coronavirismakers.org/uploads/editor/19/fj3ajdadsoq5.pdf>

The above report clearly states that Covid-19 patients were not presenting as suffering from a **‘Typical’** Acute Respiratory Distress Syndrome (ARDS)

Many doctors have described the symptoms as more like ‘Altitude Sickness’ or Hypoxia, where not enough oxygen is reaching the cells.

The next shocker was from China, with this study, still under review and unpublished at the time of writing;

COVID-19: Attacks the 1-Beta Chain of Hemoglobin and Captures the Porphyrin to Inhibit Human Heme Metabolism

preprint

revised on 22.03.2020, 03:56 and posted on 23.03.2020, 14:15 by [liu wenzhong](#) Li hualan

https://chemrxiv.org/articles/COVID-19_Disease_ORF8_and_Surface_Glycoprotein_Inhibit_Heme_Metabolism_by_Binding_to_Porphyrin/11938173/4?fbclid=IwAR0dK_hHZQ1utmhZcKAgOFwBgZ4s3x20oPbhdJoeY2E56aFTMJCSMiWEyU

The Covid-19 virus contains glycoproteins that displaces iron, and severely limits haemoglobin from carrying both oxygen and carbon dioxide, and ultimately from delivering that vital oxygen to the actual cells.

The above study went on to say; *“The lung cells have extremely intense poisoning and inflammation due to the inability to exchange carbon dioxide and oxygen frequently, which eventually results in ground-glass-like lung images.”*

Hence the lung images everyone who’s x-rayed now show.

Covid-19 patients also have very high **‘Ferritin levels’** which is what the body uses to keep stored iron in its place, as ‘free iron’ in the body causes all kinds of problems.

Increased ferritin should be a big enough clue to lead other researchers to agree with the Chinese team, and get off their arses to change the current treatment protocols.

As I often say with regards to cancer; ***“What Chance Do You Have of Defeating Any Disease, When Your Diagnosis is Wrong?”***

The anti-malaria drug; Chloroquine knocks the malaria bug off of haemoglobin, so it maintains its structure, so let’s hope this (or any drug that keeps haemoglobin intact), may help as we move forward, as the study also mentions; ***“chloroquine could prevent orf1ab, ORF3a, and ORF10 to attack the heme”***

(ORF1ab, ORF3a, and ORF10 are the virus glycoproteins attacking the heme.)

That’s not gonna please the vaccine manufacturers, because Chloroquine is as cheap as dirt, and already tested and available!



Be warned, if you read in the media how Chloroquine is untested, or somehow new, or people without symptoms shouldn’t take it, it’s all bullshit.

It’s been around forever (1940’s), extremely well safety tested, and it’s even given to people as a precaution **‘before’** they take vacations in countries with malaria.

It’s not even patented anymore (off patent), which means it can be made anywhere in the world, FOR PENNIES!

Also watch out for retard newsfeeds claiming that ‘Mr Orange’ (President Trump), has shares in the company that makes Chloroquine.

He does, but notice they don't say 'how much'.

Well, it's less than \$200 dollars to be precise!

He has money in an **investment mutual fund**, where 2% of that fund is in various drug companies, where his stake is worth less than \$200.

Someone it seems, doesn't want a cheap and inexpensive solution to this problem, so by suggesting that interest in the drug is unfounded, or motivated by one of the richest men on the planet having \$200 bucks tied up in it, is laughable.

“The Times reports the president’s family trusts all have investments in a mutual fund whose largest holding is Sanofi, the manufacturer of Plaquenil, the brand-name version of hydroxychloroquine. Associates of the president, including Commerce Secretary Wilbur Ross, have also run funds that hold investments in the pharmaceutical firm.”

So, unlike the sensationalist press, I checked President Trumps financial disclosures and found out exactly what's motivating him, and it aint money, it's feedback from various sources telling him there are good results to be had from this class of drug.

Are Ventilators Therefore the Wrong Approach?

First of all, what's the difference between Ventilating someone and using a respirator?

Imagine you're wide awake and a mask is placed over your face, or two tubes put up your nose with oxygen slowly coming out of a tank, but you're totally in control of your breathing muscles. That's a respirator situation.

In ventilation they drug the shit out of you, effectively paralyzing you into a coma, and, this time under pressure because your muscles are frozen, they pump oxygen down a tube in your throat to mechanically inflate/deflate your lungs.

I imagine doctors are rushing people onto ventilators instead of respirators, because the face masks would aerosolize the virus and spew the bug all over the room, and around the hospital.

Yet, if it turns out that delivering oxygen directly to the lungs is not the primary problem (but getting it to the cells via the red blood cells is), then we've been unnecessarily drugging the shit out of already weak people with multiple co-morbidities, then pounding their lungs under too much pressure.

And again, we should remember that those people ending up in Intensive Care in the first place are often already on a cocktail of drugs of their own, so I could argue that having to drug someone even further, for ventilation (which they have to do because a conscious patient will fight the ventilator machine), might not be helping their immune systems.

In the absences of any Anti-Viral Vaccine, that immune system still needs to mount an attack and defeat the virus, which would then die off, allowing the red blood cells to regain their function of optimally transporting oxygen to the cells.

Clot Buster Drugs (used in heart attacks) Should Also Be Considered with Chloroquine.

Because of something called a cytokine storm (inflammation), tiny blood clots in the blood vessels are also a side effect of Covid-19, which means those blood vessels can't carry blood to the cells (together with what little oxygen is available in them).

Systemic Enzyme Therapy would work just as well as the drugs, and without side effects, but again, most doctors don't have a clue.

Hyperbaric Oxygen Therapy is The Best Answer.

This is the same therapy deep sea divers get, which doesn't exclusively use the lungs, but can saturate every cell of the body with the oxygen they need, while simply sitting in a chamber for 90 minutes.

Most hospitals have just one chamber, but if it's big enough, then they could cram several people in at a time, then rotate them with other patients, 24/7, guaranteeing that each patient has full oxygen saturation at least once or twice a day, depending on demand for the chamber.

A breathing counsellor could then remain with patients outside the chamber, to practice simple breathing exercises, till their next visit inside it.

This is not rocket science, Russia have been researching advanced breathing techniques since the 1980's, and, being sufficiently impressed with the brilliant Professor Konstantin Buteyko's breathing method, the State Medical System even approved the method for widespread use.

Remember, you can pump oxygen into the lungs till your blue in the face (pardon the pun), but it's the haemoglobin that has to carry that oxygen from the lungs, via the bloodstream, to the tissues and cells for cellular respiration.

So, if that's the real problem (the blood), then ventilating the lungs is like pissing into the wind!

Breath Control Exercises, Hyperbaric Chambers, Chloroquine (for 5/7 days), perhaps combined with Erythromycin and zinc, and the many other Immune Boosting tips found in this book, may possibly be the answer to saving many lives.

But who's gonna listen to a Brixton boy, and his equally self-educated Spawn?

Also expect to see further inflation of Covid-19 deaths in the US, since their Congress just passed an act pledging \$100 billion in direct aid to hospitals treating Covid-19 patients who have no medical insurance.

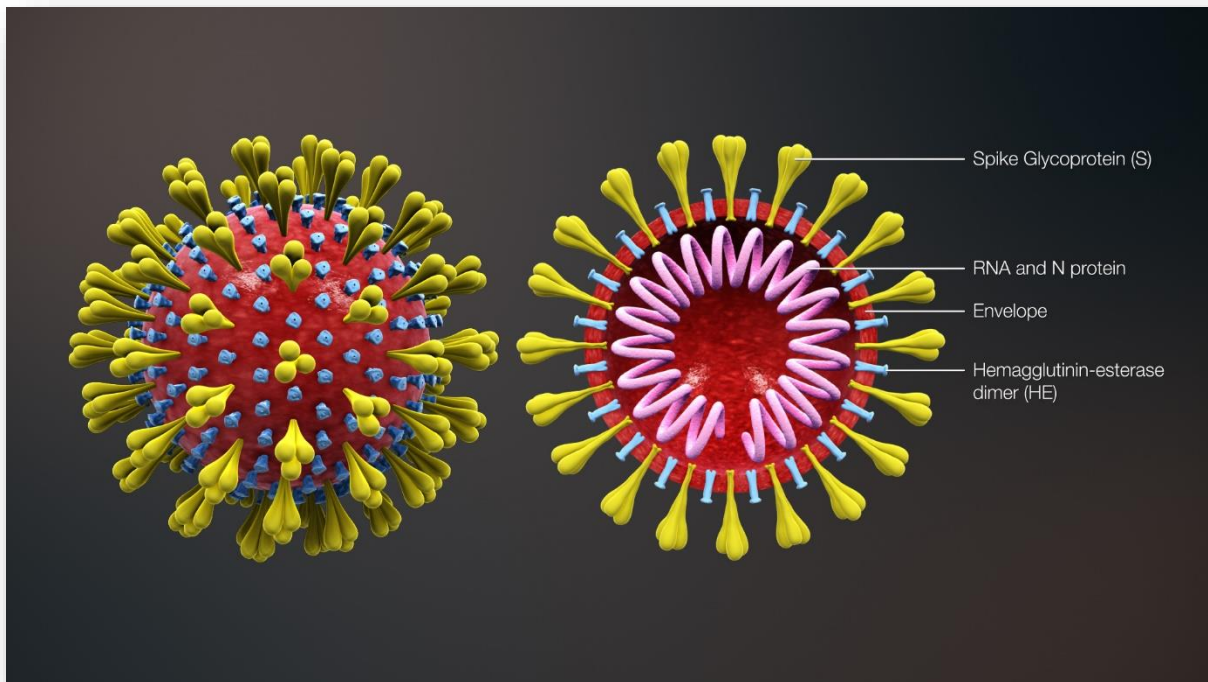
In other countries, someone being admitted to a hospital for a heart attack, but tested for Covid-19, then dying, will have 'Heart Attack' as the cause of death on the death certificate (Italy have already stated that's their, honest policy).

“More than 99% of Italy's coronavirus fatalities were people who suffered from previous medical conditions, according to a study by the country's national health authority”. Source; Bloomberg

Q+A's

'What is a virus?'

Short answer; A virus is a well organised molecular parasite that's neither dead nor alive, but rather; it's viable or non-viable, contains genetic material (DNA/RNA), and is surrounded by a protein coat or a membrane.



They are obligate cellular parasites, because if they don't get into cells then that's the end of them, as they need to join with your DNA in order to replicate.

While they're doing that, and since the cell is defiantly alive, it's a fair argument that the virus could also be described as living during this period.

Virology professors caution about giving viruses human centred mannerisms, such as the virus has a goal, or thinks etc, when viruses they say, are 100% passive agents.

We're warned against anthropomorphising Covid-19 (thinking it thinks like us), because this leads to us misunderstanding viruses entirely.

Apparently, anything with viruses happens randomly, so there's no malice involved, such as wanting to make us sick.

The smallest viruses are 20-30 nanometres in diameter, so imagine for a moment a china dinner plate, where even water molecules would sit on the surface, along with the food.

Tiny bacteria would also sit on the surface of the plate, but a virus is so unimaginably small it would pass through the pores in the ceramic, and come out the other side.

Not that this fact is of much use to man or beast, but I point it out because if you think a regular mask from the DIY store offers protection (designed to stop dust particles which are massive by comparison), then think again.



A pin head could hold maybe 100 dust particles, which is barely enough to make anyone sneeze, but the same pinhead can hold 500 million rhinoviruses, enough to infect thousands of humans with the common cold.

45% of your DNA is viral, and, according to the brilliant virologist, Professor Vincent Racaniello, *“we literally live and prosper in a cloud of viruses”*

Every living thing on earth is infected with viruses, and although people will have heard of the human ‘micro-biome’ (the bacteria that live all over and inside our bodies), few will know we also have a human virome.

We each breath in millions of virus particles, every single day.

In a teaspoon of sea water there are a couple of million virus particles, and when a child spits that water out, they aerosolize those viruses.

And in just one litre of coastal sea water there are more viruses than there are people on earth!

The same thing happens after every flush of a toilet, spewing virus particles onto every surface of a bathroom!

Mutation

If ever you hear something along the lines of; *‘this virus could spread or mutate’* then whoever wrote that needs some schooling.

A virus mutates on **every single reproduction cycle**, bar none, and unless that person lives in a remote cave in the middle of nowhere, then, when those baby viruses burst out from the cell, it’s always going to spread.

And in every person it infects, it mutates again, and again and again.

So, you tell me; if they develop an antiviral against the exact Covid 2019 strain, how much help do you think it’ll be against an April/May 2020 strain that’s already mutated a few billion times!

In usefulness terms, think of an ‘Ashtray on a Motorcycle’

And because they won’t first test to find the billions of people who already have Natural Immunity through the work of their own adaptive immune systems, the vaccine will be falsely credited for the eradication of the disease.

In actuality, as well as those billions who deal with the virus and stay indoors, thus not spreading it during the infectious 14-day incubation period, billions more people will spread it, but will have mutated the virus into something far less potent.

I hope that makes some sense as to how herd immunity really works.

‘Why do Men seem more Suseptable to COVID-19?’

It’s true, so far at least, that older men seem to be having a harder time with this virus, but as to why, all I see in the literature is total speculation.

For example, the idea that higher estrogen in women is somehow protective seems like total bunk, since most men have an abundance of phytoestrogens (from foods and drink) and xenoestrogens (from chemicals), in their bodies (beer and peanuts are estrogenic for example, as is any kind of endurance sport).

Couple that with their declining testosterone levels, and most men over 50 have more estrogen than their wives.

No one seems to be considering the simple fact that men are bigger than women, and bigger means they have more cells, and more cells means the potential for a **bigger viral load**, when the virus's burst out of those cells after they've replicated.

There are simply too many confounding variables (things that might be causing it), between men and women, and the researchers are probably too busy to look into them, thus, the leap towards estrogen being protective.

'What about overweight people?'

That's a good follow on from the male/female question above. We know this virus enters the cell via the ACE-2 receptor, and Fat cells have ACE-2 receptors.

Imagine a receptor as a lock, and Covid-19 has a specific key for that ACE-2 lock.

So, someone carrying an extra 30lbs of fat over their twin brother or sister, has billions more cells than their non-obese twin, and thus, with around one billion cells to one pound of fat, we see the opportunity for the larger twin to have a greater viral load.

'Is there a drug that blocks the ACE-2 receptor, so the virus can't find its way in?'

No need, and also a bad idea.

No need because that's exactly what your body does anyhow.

Mother nature's pretty smart, and she knows which door the virus is using, so she 'down regulates' those receptors (she sticks some gum in a few ACE-2 locks).

Trouble is, and why this isn't something we want to do too much of, is that those receptors aren't just doing one job in the kidneys, the gut, the lung and fat tissue, but are involved in various homeostatic processes (to regulate internal conditions), particularly in **LUNG TISSUE**.

So, the more the ACE-2 receptor isn't working to trigger downstream immunity and protective genes, then the more the lungs can accumulate fluid and oedema (swelling), and develop infectious pneumonia etc.

So, you see, mother nature's doing her job, but only by down regulating the receptors just enough to lower the viral load, yes, but shutting them all down

would kill you, so she lowers them enough, and for just long enough so your immune system can defeat the enemy.

When the threat has passed, she'll up regulate ACE-2 (take the gum out of the locks), and get things back to normal.

Clever girl, eh! (If she were a real woman, I'd marry her in a heartbeat)

Trouble is, that dear mother nature never accounted for the circadian rhythm destroying electric light bulb, or iPads, P.C's, smart phones (used by dumb people to photograph pizza), or LED TV's destroying our chances of a good night's sleep and repair.

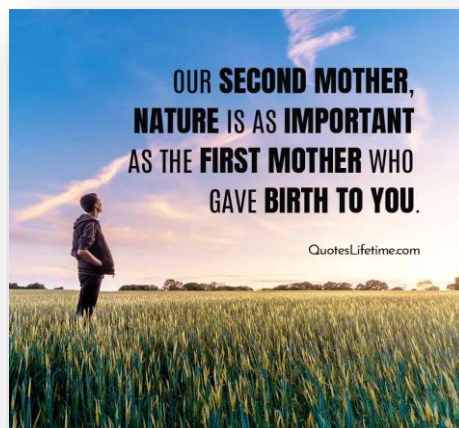
She never accounted for your immune system being busy dealing with undigested proteins entering the bloodstream via the gut, thanks to Gluten in all its disguises, such as wheat, rye, barley, oats, bread, biscuits, crackers, pasta, you name it.

And mother nature definitely didn't account for shitty polyunsaturated cooking oils from seeds, nuts and fruit floating around your body, causing all sorts of inflammation and suppressing your immune system (yes, immunosuppressive drugs are based on Omega 6 pro inflammatory oils).

Yet although she did account for you eating one or two pieces of seasonal fruit per day, fresh from the tree, she never intended for morons to drink 10 pieces of the same fruit, out of season and 4 day's old, and in one single drink, thanks to juicers and blenders.

After 4 days you can practically kiss the vitamins in fruit goodbye, and all your left with is massive amounts of fruit sugar that further burden the liver, where fructose is processed.

The list of abuse goes on and on, and the moral of the story is; don't cock-block mother nature while she's trying to heal you!



'Do the Face Masks Work?'



They **might** stop droplets of aerosolized virus, leaving the mask wearer's mouth and hitting you, if someone with the infection is wearing the mask, but otherwise, no, they're useless.

A virus is so unimaginably small, you'd need a full hazmat type or surgical ventilator mask to protect you, so save your money and stop looking like an idiot, or buy the proper mask and look cool like Darth Vader.

'Does Washing My Hands do any Good?'

Yep, but don't wipe out your good/protective skin bacteria by using stupid antibacterial soaps. This is an **'Enveloped Virus'** which means it has a fatty membrane that easily breaks down with good old regular soap and water.

'How Long Does the Virus Last on Various Surfaces?'

A new analysis found that the virus can remain **viable** in the air for up to 3 hours, on copper for up to 4 hours, on cardboard up to 24 hours and on plastic and stainless steel up to 72 hours.

This study was originally published in the preprint database medRxiv on March 11, and now a revised version was published March 17th in *The New England Journal of Medicine*.

The Journal of Hospital Infection then confused matters by saying the virus lasts up to 9 days on metal, glass or plastic, and I'm guessing that the discrepancy between the two studies has something to do with the air temperature around the surface being tested!

Bottom line is, you have to touch stuff, don't you, and it doesn't matter what you touch so long as you don't touch your face and wash your hands properly afterwards, isn't that so?

'What About the 2-Metre Rule?'

If you're talking to someone in a supermarket it might make sense to observe that distance, but if you're really concerned about not having the virus, what're you doing in a supermarket in the first place?

Get your groceries delivered.

And, 2 more points on that note; how does the 2-metre rule work with supermarket checkout cashiers, and when moving up and down busy shopping aisles?

And secondly, what if there's 'circulating air' in the environment where you're trying hard to keep 2-metres away from people?

Please remember that an entire cruise ship (the Diamond Princess) got infected, because circulating air gave the virus to everyone on board.

(It's worth pointing out here, that even in that closed environment, and on a ship full of old, medicated to the hilt crusties, still only 1% died)

So, if you visit an infected hotel, for example, then it doesn't matter if your 100-metres apart, if you're breathing circulating air, you're gonna catch it.

You should know that these various 'protective' rules and suggestions we've been fed, are often worked out using '**Laboratory Determined Parameters**', and are as much use in the real world as a chocolate teacup!

If you know what this is a photograph of, then you also know what I think about the 2-meter rule!



‘What About Wearing Latex Gloves?’

If you have cuts or deep scratches on your hands the virus can get in, but the outer layers of normal, uninjured skin are dead, so the moment the virus gets on your hands its game over for the virus, unless you then touch your mouth or nose.

I personally think wearing gloves might lead a person into a false sense of security, because you’re not going to wash your hands 20 times a day if you're wearing latex gloves, are you?

I point this out because it’s not just the virus that’s needed to infect you, but there has to be **‘Enough of It’**, on whatever you're touching, or it won’t do any harm!

This is where I think some media outlets need to tone down the alarmist hyperbole for a bit, because a lab technician might be able to find Coronavirus on the surface of a product in a store, yes, but was the virus he found infectious (**viable**)?

Because Coronavirus can be there, sure, but not all dogs bite, and how much of it was there?

Was there enough to infect a human?

This information is not being relayed to the public, and I think it's cruel to not give the public any context or sense of scale, and just continue to scare the shit out of them.

Look, for this problem to go away (viruses don't go away by the way), enough healthy people have to catch it, then become asymptomatic or have mild cold to flu like symptoms, which they'll 100% recover from.

Plus, as the virus mutates inside them, it eventually becomes something different altogether, and, since it's been recognised and defeated by so many people's immune systems, by the time a person with multiple co-morbidities catches it (and they still might), it may have lost its potency.

That's what the UK Prime Minister, Boris Johnson, knows, which perhaps some other world leaders could also do with learning.

Plus of course, the UK isn't a piss poor country that's short of something as basic as hospital beds, ventilators, or hyperbaric oxygen chambers!

In Cyprus we've had people standing on their balcony's at 8 pm on two occasions now, to have a moment of applause for all the brave healthcare workers out there helping us all out during this crisis.

What a load of old shit!

What about the people working in supermarkets, petrol stations, banks and pharmacy's?

They probably outnumber health workers 10 to 1, and come into contact with 10 times as many people per day.

They should also be applauded, because they'll be the ones (along with health workers, yes), who take this virus home, deal with it, and make the world a safer place for everyone else, via true herd immunity.

Did I just go off on one?

Back to latex gloves.

If you're going to change them 20 times a day, then maybe they're a good idea, and if you're planning on washing them 20 times then why are you even wearing them? (Unless your skin is cut or badly scratched)

So, let's say you've just pushed a shopping trolley for 10 minutes for example.

You're wearing your 'special needs' gloves and you pass the checkout and get to your car. You find your car keys and hit the button for open.

Oops!

No, obviously you stopped and changed your gloves before you contaminated your key fob, then you put the bags in the boot, didn't you?

But the bags were in the infected shopping trolley, which you now have to return to its rack, using your elbows presumably; Noooooooooo...



This is getting ridiculous, and I've actually seen people exiting a supermarket and driving off in the same gloves, and so, not that it'd bother me, I dread to think how much viral load they have on their steering wheel.

My neighbours had friends over the other day (zis in now verboten of course), but I noticed their guests on the balcony wearing gloves. Fair enough, but I thought to myself; *'I wonder how many surfaces those gloves, have touched without being washed?'*

2 minutes later they were shovelling crisps down their gobs wearing the same gloves! (Maybe they changed them just for the crisps, I really don't know, or care).

'What Dietary Steps can I take, Should I Eat a Healthy Low-Fat Diet for a While?'

There are too many dietary tips to list in this newsletter, and huge amounts of information can be found on our main website; bluntcoach.com, under diet and nutrition.

But no, definitely don't go low (Animal) fat.

Of all things you can do that's the worst thing, but the type of fats you do want to cut out will be explained in a moment.

First, why not go low fat?

Your question indicates that you may be one of the last people on planet earth to have not heard the news, that cholesterol has no bearing whatsoever on heart disease.

Obviously, the very last person to know will be your doctor, who is no doubt still happy to prescribe cholesterol lowering medication to anyone with a total cholesterol over 200, and using a class of drugs called Statins to do so, he clearly doesn't like you very much!

Here are some links (all fully referenced), to various BluntCoach articles on the stupidity of the best-selling drugs in history (Statins), that also carries with them the worst side effects in history.

1/<https://bluntcoach.com/2017/04/22/prescription-drugs-really-work-fk/>

2/<https://bluntcoach.com/2017/04/29/future-awesome-health-fat-loss-wealth-creation-already/>

3/<https://bluntcoach.com/2017/05/11/all-about-what-makes-us-fat-and-why-exercise-for-weight-loss-is-bllshit/>

Statins carry side effects such as, ‘Death’ (that should say it all).

Heart Attack (which is hilarious for a drug designed to stop them), Type 2 Diabetes (a new side effect recently added to the drug insert), Muscle Weakness, Erectile Dysfunction, Depression, Memory Loss, Liver Problems, Sleep Disorders, Hair Loss, Fetal Deformities, and the list goes on.

And why’s any of this important?

Well, the UK’s ‘Lancet’ could be argued as being the world’s premier medical journal, and last month it published this; *Low Serum Cholesterol Level Among Patients with COVID-19 Infection in Wenzhou, China. February 2020*

Here’s the link to the actual paper for all the naysayers; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3544826

In a nutshell, it reveals the mystery of people with Coronavirus having plummeting levels of cholesterol, particularly the ‘Bad’ LDL cholesterol.

First off, it’s no mystery, and LDL has never been ‘BAD’ since LDL just delivers lipids and nutrients to all cells in the body.

Fat doesn’t mix with water, which blood is 80% made from (plasma is 90% water), so the lipid (fat) molecules are carried around the bloodstream in tiny submarines, called LDL, which stands for **Low Density Lipoprotein**.

Now, even in the above name you don’t see any mention of the word cholesterol, do you?

That’s because LDL isn’t cholesterol, they named it wrong!

If terrorists used yellow taxis to deliver bombs to targets, would we ban yellow taxis, then try to drug the drivers to keep them off the streets, or call them ‘Bad Taxis’?

No, we’d sort out the terrorist problem, which in this case is a particularly bad fat molecule that oxidises and sticks to arterial walls, and it’s not from animal fats, it’s due to the consumption of oils that were never meant for human consumption.

The polyunsaturated oils from sunflower, sesame, flax, soy, peanut, rapeseed, corn, cotton and any other type of rubbish seed, fruit or bean oil we’ve used since the 1940’s.

But that’s also a story to be found elsewhere at BluntCoach.com.

The point here is that your liver makes 70-80% of your cholesterol regardless of your diet, and mother nature's not known for evolving systems that harm us, but rather ones that offer us an evolutionary advantage.

You're supposed to do your bit by consuming real food that humans were designed to eat, such as eggs, milk, dairy, and animal/fish, meat proteins, which contain fat, so as to top up the 70-80% of the cholesterol your liver makes to its full potential.

Why?

Because every cell in your body has a cholesterol membrane, your brains made from mostly cholesterol, as are all your sex hormones.

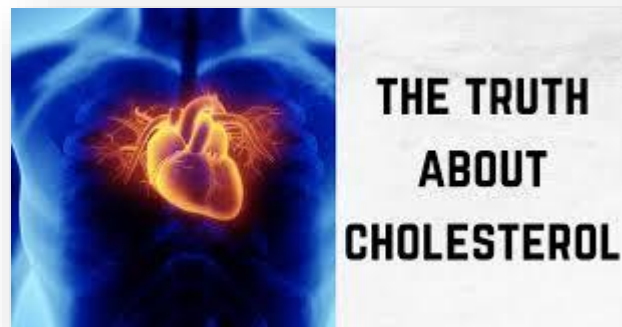
You won't make ultra-immune boosting Pro Hormone Vitamin D without cholesterol, and you'd literally be a puddle of water on the ground without it.

This is because plants use cellulose as the backbone of all plant cellular life, and we animals use cholesterol!

LDL particles are simply delivery vehicles, and HDL are return vehicles picking up particles and returning them to the liver to be re-cycled.

But along with this very vital job, you'll never guess what else LDL/HDL does while it's going about its business.

Drum Roll Please.....



It Protects Us From Infections!

LDL/HDL actually binds to the microbes and delivers them to the immune system macrophages, that then eat the pathogens, be they a **virus**, bacteria, parasite or fungus.

Microbiology and immunology; Plasma lipoproteins are important components of the immune system

<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1348-0421.2009.00203.x>

So why do you suppose LDL goes down when people have coronavirus?

And do you still think you should go easy on cholesterol, or eat as much as you like?

And do you think anyone looking to lower cholesterol with a drug is an idiot?

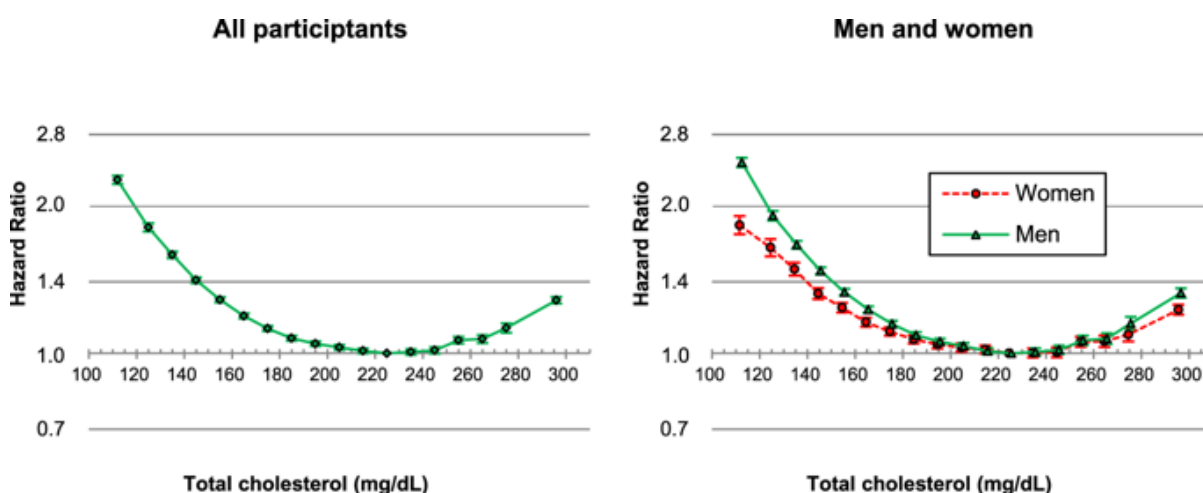
I agree with you, and you also perhaps think that anyone on a statin drug is a moron of the highest order, only surpassed by the physician who prescribed it to them.

You may be right, especially since every study of people over 50 indicates that the higher your cholesterol (220-250), the LOWER your mortality.

Check this one out below, which shows the ‘Hazard Ratio’ from ‘All-Cause Mortality’ (dying from everything).

Notice how your absolute lowest hazard ratio goes from about 215 to 250 Total Cholesterol, yet these mugs want us way below 200.

I wonder why?



This was a brilliantly conducted study on 12.8 million adults, and the above graph even includes all ages; 18-99 (so not even confined to over 50's).

And here's the link; <https://www.nature.com/articles/s41598-018-38461-y>

If you know anyone on statins, send them the links to everything above, including our work, then suggest they have words with their drug pusher (doctor).

‘Why does the percentage of deaths seem higher in Italy, Iran and the U.S compared with those for South Korea and China?’

In a word; 'Preparedness'

Fatality ratios in South Korea (where the above cholesterol study came from!), and where they take preparedness more seriously, are 0.5% compared to 0.9% for the rest of China, while countries that are overwhelmed, backwards and unprofessional, will see 3-5%, which is a huge difference.

Notwithstanding their retardation, if the fatality ratio climbs above 1% in America, it could overwhelm their healthcare system, given the size of their population.

1% of 331 million is as much as they can handle.

For example, the Americans only have 12 million N95 surgical masks in stock, which they estimate will last them 2 weeks (they have to be changed regularly).

If the disease hits the levels of Italy (which will turn out to be B.S), they'll supposedly need 3.5 billion masks!

But they have lots of nuclear weapons and submarines!

China make 600,000 of those N95 surgical masks **per day**.

Ordinary Surgical face masks are less effective and are generally not recommended by the US Centers for Disease Control and Prevention to protect people from airborne diseases.

According to the US Food and Drug Administration, neither ordinary N95 or N95 respirators should be used more than once!

Now is the time for preparedness, as this virus will still spread exponentially over the coming weeks.

It has to, it simply won't die off unless we close all supermarkets, petrol garages, banks, pharmacies **and hospitals**, because if anyone meets anyone else, anywhere, especially a healthcare worker known to have come into contact with an infected person, then it'll continue spreading.

100% population isolation (where we all starve for 2 weeks and no one looks after the sick in hospital) might see the end of the virus, and more people would die from the economic collapse, but otherwise no, it has to spread, and some people need to be out there for this to happen.

Understandably, if a country has poor preparedness and a lack of basic facilities, then they'd prefer the spread of the disease to be somewhat slower, whereas the South Koreans, with their typically professional preparedness, will get things over and done with quickly, so they can get back to business.

I would think this was the UK Prime Ministers original thinking, and while many countries were outraged that the UK was somehow being too relaxed during the crisis (while other nations were already on lockdown) Boris Johnson had my total agreement.

If since writing this he's done a U-turn on that, and is now banning public events, football matches etc, or closing businesses and keeping people at home, it's not because the information's changed or he's bowing to public pressure, but that he's smart enough to know that because he let it go on, **just long enough** to get the virus '**out there**', in the public domain where it needs to be, then maybe 60% of the UK population will catch it to provide herd immunity.

This will offer Britain true wild virus herd immunity, and in the meantime the British healthcare system will be able to cope with the influx of weak people needing treatment.

Of course, the UK tabloid shit rag press will no doubt blame Boris for the deaths of the odd John and Sally Homemaker here and there, who, burdened with multiple co-morbidities and on five medications each, will be rushed to a hospital without spare ventilators, where they'll die.

The media won't focus on the 65 million people and the UK economy that Boris did the right thing for, but then Mr Johnson knows that being the Prime Minister is never going to be a cheap date, so he'll take the criticism on the chin, I'm sure.

Will quarantine (hide and shelter), or the "Cure", be worse than the disease?

It could well be, and it'll be such a shame if it turns out that way for countries that needn't have done so.

It'll only depend on preparedness, and the number of Intensive Care Beds and ventilators etc, though if two patients have the same oxygen requirements, they can share a ventilator, and we've already discussed how ventilators might not be the big thing after all.

In Italy for example, we have to look at the country not as a whole, but by how terrible or good their regional healthcare facilities and preparedness are, or were.

For example; When you look at the death rates between Milan, Sicily and Rome, they might as well be different countries scattered across the globe.

In Milan there were 2,200 deaths out of 10 million people, which is a .02% mortality (not a case fatality, but out of the entire population), which is huge.

Meanwhile in Rome; 31 deaths out of 6 million, and in Sicily 3 deaths out of 5 million!

In other words; The mortality was 40 times higher in Milan than Rome, and 300 times higher in Milan than Sicily.

In healthcare terms think; Milan = Forrest Gump v Sicily = Stephen Hawkins

Where does the scale of political corruption, incompetence and medical unpreparedness fall in the place where you live?

That's the big question.

This is why it's ridiculous to expect all nations, or even cities/towns within those nations, to adopt the same measures. This is not a 'One Size Fits All' problem.

It just looks like it is.

Because, imagine you're high up in a helicopter looking down on a hundred cars (countries or cities), all speeding towards the same cliff's edge.

Even if they're all going at the same speed, started at the same time, and plan to slam their brakes on at the exact same time, there are still going to be cars that go over the cliff, some almost over, and some that stop well before the edge.

How come?

Better brakes, more expensive tyres, and fewer passengers putting weight into the individual car (or hospitals in this analogy).

Also, unbeknown to the person looking down from the helicopter, it may well be that the car painted with the stars and stripes has no brakes whatsoever, while the car with the Union Jack on the bonnet has both Brembo brakes, and a backup James Bond parachute in the boot!



Never judge a book by its cover, or a country by its limitless level of bravado and bullshit, which the U.S (and others I could mention), are full of.

Quality politicians, a great healthcare system, and no overcrowding will lead to your country or city getting back on its feet the fastest, unless your policymakers don't have the balls to break from the herd mentality.

But for bent, dickhead politicians sporting a rundown and backwards healthcare system, and not enough ICU's to go around; Different story!

Some of us may be in for a rough ride, but I suppose the sensible message might be that;



“A Delay is Better than a Disaster”.

For each person ‘known’ to be infected so far, the minimum figure I’ve seen for how many people they’ll be passing it onto is 5, and the most I’ve seen is 40.

So, wherever you live right now, your health officials are looking at the number of known infections x between 5-40.

Next, they’re trying to figure out how many of those infected will need a hospital bed, which isn’t the big problem, since temporary hospital beds are easy to knock up from normal store-bought beds, camp beds, massage tables and wallpapering tables.

The real problem is how many of those people are going to need an Intensive Care Unit, because those things you can’t just pluck out of thin air.

Going by Italy’s problem, it’ll be around 4.8%, and from New York 5% of those admitted to hospital with symptomatic Coronavirus, who will need intensive care.

But we must remember that people will still be needing those ICU’s for regular things like heart attacks, strokes, cancer and other medical emergencies.

That’s another good reason to keep people off the streets and at home for a while.

It'll reduce road traffic accidents, dickheads falling off their mountain bikes and giving themselves brain damage, hunters shooting their friends, and working men being crushed under machinery or falling off of ladders etc.

On that note, most accidents happen in the home, mostly to men doing DIY, so avoiding ladders, rooftops and electricity might be prudent for a while, along with splashing chemicals anywhere.

Just stop before you do absolutely anything at all for the next few weeks, and ask yourself a simple question, like,

'will touching this stray dog end up with me needing a hospital visit and an IV of antibiotics?'

'could changing this lightbulb result in a fall or electrocution?'

'could using this drill, saw, strimmer or sprayer, backfire on me?'

Because the last place you want to be right now is in a hospital, or taking up an Intensive Care Unit that someone dying of coronavirus needs.

People get so bored at home, it's a real shame more people don't read books these days, since it's such a safe pastime.

Children need to be watched like hawks during this period, and thank goodness for mindless video games and social media, because climbing trees, BMX, skateboards, Karate lessons, exploring the wilderness and playing football, all come with a host of risks.

So, possibly 4 to 5% of the people showing up (bad enough to need a hospital bed in the first place), will also need an ICU, and that's what's really on every healthcare professional and government statisticians' mind right now.

Whatever that number is, then that's the number that's been 'Back Engineered' leading to you having to be home by 9pm, unable to attend school, or to go buy a new pair of shoes etc.

It's simply an attempt to both slow those numbers down to a more manageable rate, spare the rush on ICU's, and to give herd immunity and viral mutations a chance to kick in and protect further spread.

Two qualities all expats need to cultivate to live abroad, especially living here, are patience and tolerance, and that's in the best of times, but now, and in the face of such adversity, more so than ever.

This FREE eBook is meant to be distributed as widely as possible, and as quickly as possible.

We've made it so easy to access this information, and that's also why we've made it free of charge.

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Those who have known we were working on this epic project, have told us to charge something for it, even £5 or £10, but, despite that encouragement, our hearts told us to allow everyone the opportunity to see this without any financial expenditure.

So please share it with everyone in your address book.

I would also strongly encourage you to share this with your doctors and elected officials, as most of them have no idea that this information exists. Doctors and Politicians, once educated, can be a driving force for reform and change.

There are several ways you can help us to spread this message.

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“POWER TO THE PEOPLE”!

Blunt Coaches Andrew and Steven Dunne.

Please email your questions to; andy@bluntcoach.com or request a free 15-minute Skype call consultation on any Life Coaching matter, but particularly in light of this crisis, our fees for longer consults have been greatly reduced.