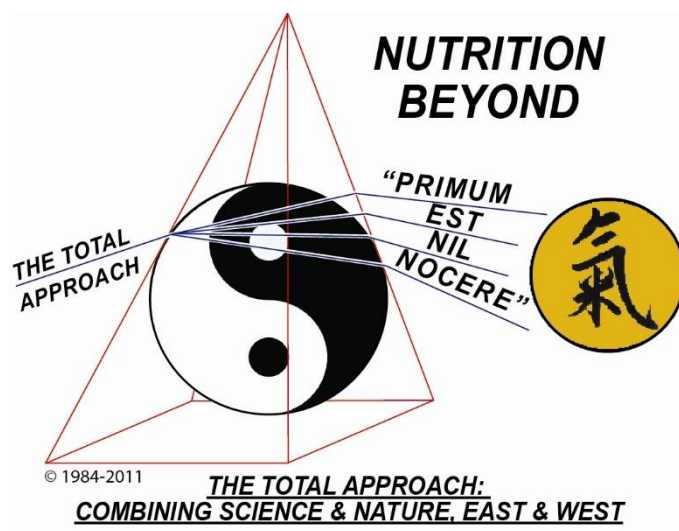


Mar.22, 2020

**COVID-19: CONTAGION to**  
**Pathological/Lethal MORBIDITY to**  
**MORTALITY**

***THE Road to Perdition...and HOW to Avoid It:***  
**The LAST WORD**



**Preliminary**

**Dear Patients & Friends,**

After a long hiatus, I'm glad to be finally back online, responding to your urgent calls & pleas to address this COVID-19 situation. Indeed with the ever-worsening situation worldwide, more & more people are desperate for help and good, reliable & accurate info on what they NEED do to protect themselves.

The world contagion gets worse & worse by the day, with new infection figures & death nos. ever more exponentially, creating a “fever” (**no** pun intended) in many parts of the world and many parts of society here.....

In light of the massive devastation (at last count, 607 deaths in a single day – yesterday, Fri. 20/03 in Italy. Total fatalities: 4,032 **and** rising exponentially, eclipsing, in absolute figures, China's.....), it's time for me to “step up to the plate” AND show some leadership and guidance you've all been waiting for.

Very soon, over the next several days, I WILL give you THE world's **most** authoritative guide to ALL you need to understand enough about the Virus, its aggressive, virulent, highly contagious nature, and, most importantly, HOW to beat it (if you got it) or HOW to prevent it from infecting you (IF you haven't got it). As to why it has shown to be SO

terribly virulent & lethal, having spread so fast & killed so many in a much shorter time than ALL past viral outbreaks, I will explain a little of the morphology of this viral structure, even though it has been touted to be a “cousin” of previous Corona viruses [eg. SARS COVID2, MERS COVID, COVID H1N1, etc.] which have killed a lot less in a far longer time (the inherent gene-sequence of COVID-19 is more complex than any of these previous corona viruses).



I'm NOT going to replicate, in **any** form, the tons of literature & advice ALREADY out there on the Web (from America's CDC, NIH, the U.S universities most active in the research, like John Hopkins, Harvard, MIT, etc.) on hygiene & prevention measures, OR even suggested non-drug treatments (traditional or otherwise). By all means, DO follow ALL the suggested hygiene rules.

At this juncture, I DO have something to say about face masks in particular, and preventional hygiene in general. IF you don't have the infection, & IF you're not using the medical standard N95 masks, your mask is NOT going to protect you from getting infected. Your mask is not going to have a tight enough seam with your face. Besides, it makes breathing rather difficult & somewhat unhealthy because you would be breathing in your own exhaled CO<sub>2</sub> (carbon dioxide). For the infected, it IS useful to catch their droplets (where their viral particles are) as they sneeze or cough; of-course, general rule for the one standing away from the one coughing/sneezing: keep more than a body-length away from the latter. For ALL (especially the un-infected): wear rubber latex gloves (used by medical staff) – get a box from the chemist. Before you head home in your car, discard the gloves. Of-course, while wearing the gloves, try not to touch your face near your mouth & eyes.

We are going to zero in on the mechanics & dynamics of the Infection, its resulting Symptomatology and Morbidity, and HOW to take control of the resulting Inflammation and your own Immunology..... IF you can take control of these two, you CAN be totally “in the driver's seat” and be in “Total Control” of your own Fate....



For those who pray for THE vaccine to come along tomorrow, **don't** waste your time because it's NOT going to happen..... I say this here & now so that you DON'T gravely disappoint yourself in the process....Even though President Trump mentioned, yesterday, that a commercial entity is going to start trials soon, it would be a long, long way **before** ANYTHING workable is going to happen....HOW long is it going to take a **workable** vaccine to be developed? Remember: I used the qualifying word: **workable**. Let me quote one reliable medical source in the current efforts to find a cure and vaccine for COVID-19: **It's a marathon, not a sprint...** Before I explain to you WHY, it helps to realize that it usually takes at least 2 years to develop a workable vaccine.

### **Understand what a Vaccine is.**

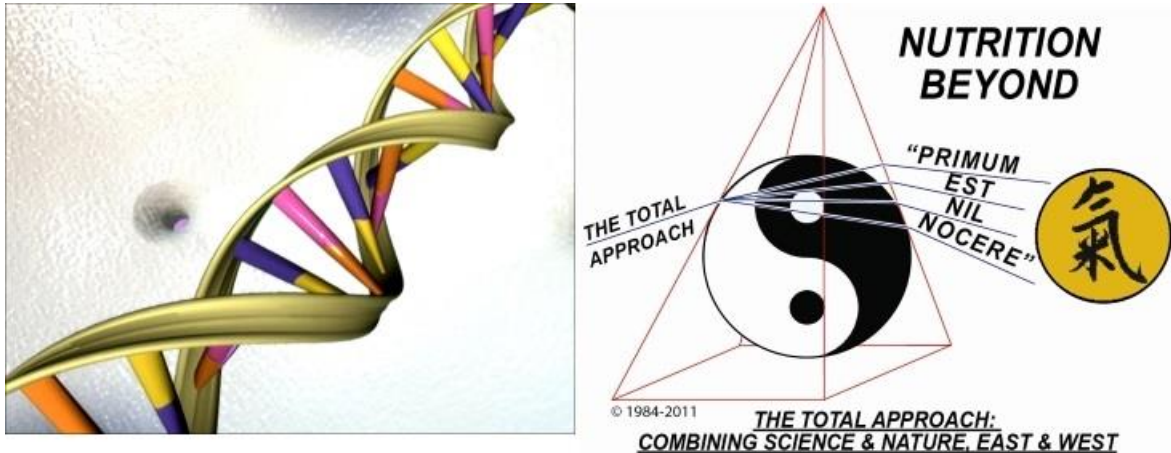
It is made in 1 of 2 ways: it is either:

- (1) a strain of the virus (or bacteria) that has been **completely** “de-activated” (ie. “killed”), then “attenuated” (or “diluted” in strength) many times before it is injected into a human, OR
- (2) a strain that is **partially** “de-activated” (ie. **still alive!**), then also “attenuated” several times [more times than (1) above] before being injected into the human.

### ***Which one is more effective & which one is safer??***

Well, **you can't have BOTH...** (1) is obviously safer **but** (2) is more effective....You know, it's the “**Risk vs Reward**” ratio, right? Get this right: NO Vaccine is completely safe. Hell, people HAVE died from vaccine injections....THAT is why vaccine-development takes SO long. The bio-genetics scientists have to “tweak” the viral samples they have to get what they reckon is the “acceptable” ratio of the “**Risk vs Reward**” aspect so that they can even start testing it on animals, beginning with the smallest “traditional” test animals, starting with rats & mice, then graduating to bigger animals like monkeys, then humans. And DON'T forget: monkey/chimpanzee physiology is NOT quite the same as that of humans – it IS a **huge, massive** jump....By

the time it gets to the “human” stage, I can tell you everyone involved in the testing process, especially the trialling scientists, would be having their “feet in their mouths” because .... someone could die.... IF you were someone with a confirmed case of the infection, **WOULD you subject yourself to being tested with this new vaccine that had NEVER, EVER been tested on humans??**



There's yet another problem that impacts on the potential efficacy of the newly-developed vaccine. **Mutation** (of the virus). **THIS is rapid**. Hell, COVID-19 has already mutated more than 20 times. Look at the genetic sequence primers of the first 11 mutations from the very first version detected:

[COVID-19-1](#) CCCTGTGGGTTTTACTTAA

[COVID-19-2](#) ACGATTGTGCATCAGCTGA

[COVID-19-3](#) GGGGAAGTCTCCTGCTAGAAT

[COVID-19-4](#) CAGACATTTTGCTCTCAAGCTG

[COVID-19-5](#) GGTGGTCTCCTCTGACTTCA

[COVID-19-6](#) CTTGACAAAGTGGTCGTTGAG

[COVID-19-7](#) TTCTTGCTTTTCGTGGTATTC

[COVID-19-8](#) CACGTTAACAATATTGCAGC

[COVID-19-9](#) GTGARATGGTCATGTGTGGCGG

[COVID-19-10](#) CARATGTTAAASACTATTAGCATA

[COVID-19-11](#) ACAGGTACGTTAATAGTTAATAGCGT

[COVID-19-12](#) ATATTGCAGCAGTACGCACACA

**Question:** By the time a vaccine is developed, HOW many times will the virus have mutated?? HOW effective will it (based on the 1<sup>st</sup> gene-sequence) be against the new, highly-mutated version of the virus??

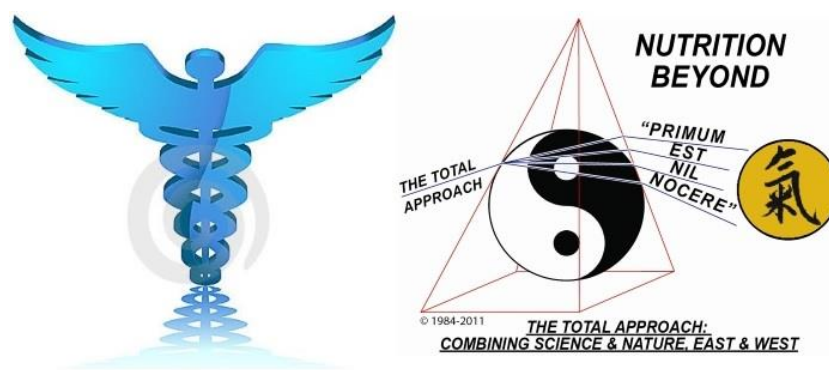
To answer this, let's look at **Ebola**. This first version surfaced in W. Africa (Guinea, Liberia, Sierra Leone) in 2013. The vaccine, Remdesivir, was used, with meagre results. Then another vaccine, ZMaff, came along & achieved only 49% success. Today, Ebola is STILL rife in the region... And people are now even talking about trying Remdesivir on COVID-19 (??)....

The 1<sup>st</sup> SARS virus surfaced in 2002 Despite what scientists describe COVID-19 as a distant “cousin” of this 2002 SARS & MERS-COVID (MERS: Middle Eastern Respiratory Syndrome), none of the vaccines developed for these 2 others can work on the new menace, COVID-19....

SO, HOW long do I think before they come out with a workable vaccine that **may** work on COVID-19? **14 – 18 MONTHS**. In that time, hundreds of thousands, possibly millions, could be dead. Australia's own Federal Govt. Chief Medical Officer, Prof. Brendan Murphy, said a few days ago, that Australia could end up with 200,000 dead, conservatively (**his** words, not mine).... **Spine-chilling**.

**SO, THIS is where we come in....**

We ARE going to show you HOW to “amp” & boost your body into a veritable “FORTRESS”....AND “**arm you to the teeth**”.... Indeed, here at **Nutrition Beyond**, we ARE the MOST “**heavily armed**” small group on the planet....



In the days ahead, we ARE going to show you HOW you can develop your **OWN** vaccine....The greatest vaccine-developing machine in the Universe is right here....in **your** own body! ALL the efforts they're now putting in to developing a workable vaccine can be well superseded by your body's own far superior “vaccine-making machinery”....

But wait! There's something even more superior to that in the body. Let's call the 1<sup>st</sup> one “A” & the 2<sup>nd</sup> one “B” (of-course, we'll tell you what they are when this Series starts off properly – we're still in “Preliminary” mode, remember?). OK, “A” is your own natural vaccine that marshals (“samples”, recognises & then accurately makes) the correct antibodies to deal with the “invader” (the virus). But what IF this invader also then starts mutating within your body to **elude detection** by your white-cell surveilling subsets (eg. dendritic, lymphocytic B cells)? Then, you could have an ongoing “battle” for months (or



a relatively long time) before the invader, intelligently mutating, as it goes along, WINS the battle...

**Digression:** everyone, especially the doctors & immunologists, should “fess up” on the age-old fundamental problem with anti-biotics & vaccines: as the invading “bugs” mutate, the antibiotics **and** vaccines become less & less effective...and more and more useless! Indeed, THIS has been widely-known for the last 50 years, at least.... WHO has not ever heard of more & more ineffective anti-biotics for common infections. Sure, IF you’re “lucky” to land with an “old-strain” bacterium, the out-dated anti-biotic they give you will most likely work.

How about the antibodies made by “A” above (in your own body)? Yes, them too – they, too, can lag behind a fast-mutating viral line. In any case, the white-cell humoral defence (there, I AM already giving you a certain clue as to what “A” is!) machinery IS still able to make new antibodies “on the go” as necessary.... Still, it sounds like NOT the most efficient system there is, is it? [It **does** have a “use-by” date, too, by the way!]

**Enter “B” .....**

THIS is about as close to the proverbial “razor gang” as it gets. Let me use a more appropriate metaphor: it’s your “SWAT Team”, your front-line “shock-troops”, armed with “sledge-hammers” designed to kill flies...., with this metaphor equating the “flies” to the viral particles and the “shock troops” as members of “B” (of which there are several different members....). The surveillance white-cells don’t need to be able to differentiate 1 type of virus from any other, or even a virus from a bacteria or a cancer cell or anything else that shouldn’t be there. They merely recognise the antigens (cellular markers) as being “foreign” & send in (via the T-Helper cells) the “shock-troops”....

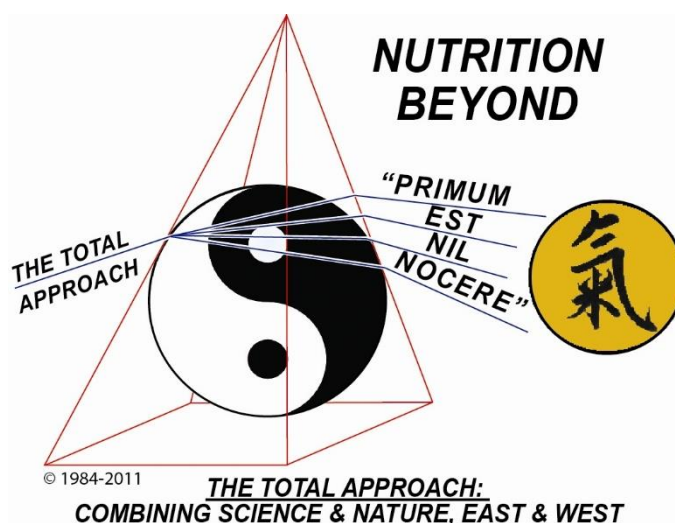
The above explanation is way over-simplified (to help you understand). **Caveat:** cancer (CA) cells are NOT technically “foreign” as they were your very own cells, originally, that had become “rogue” (very “rogue”) & changed fundamentally in their DNA-structure in their nuclei (the control “software”). Their antigens identify them as being NOT part of your “normal” healthy cells....

Another ultimate truth about Immunology & Virology people should understand is this: viral particles share somethings in common with a more formidable adversary: CA cells: they ARE able to “hide” their antigens with their outer capsid layers. IF you think these formidable adversaries have a certain **innate Intelligence** to evade the complex surveillance & detection systems of the human white-cell subset systems, you ARE right! When their antigens are “hidden” by these capsid layers (ALL made of proteins), they CAN be in the midst of your “shock-troops” (I WILL reveal to you WHO all these members are when the Series-proper begins) and WILL/CAN be “invisible” to your “shock-troops”...

SO, the “Fight” gets complicated, but there is NO other way....IF you want to win. SO, what do you do? We employ the very **same** technique we use in destroying CA (cancer) cells: destroying their “cover”...basically, dismantling their very 1<sup>st</sup> line of Defence: destroying their Capsid layers, no matter how many there are (CA cells have up to 17!) to expose their...antigens. When that happens, the REAL “fight” by your body begins...(let the “show” begin!).

SO, HOW do we dismantle the 1<sup>st</sup> line of viral defence? No different from the Technique we employ in methodically dismantling the several lines of defence “camouflaging” the CA cells’ antigens, with overwhelming force....: a full-on Enzyme therapy (on an empty stomach). Later in the Series, we **will** show you HOW we employ these awesome arsenals (in powdered & pill forms) to expose ALL viral (and cancerous) particles to their fundamental vulnerabilities **and** prime them for easy destruction by your “Shock-troops”...

SO, if you want to “wage battle” successfully against ANY threatening invaders, you DO whatever it takes to WIN, **and** win decisively. DO it the right way, DO it the ONLY way: the TOTAL Approach. See our Logo:



THIS will be the ‘Total Approach’, showing you many different facets to **Protection** there are, and also **how** to master the Inflammation “Cascades” (the fancy term they coined as “**Cytokine Storm**” but never bothered to explain **what** the hell it is!) that cause all the terrible symptoms. We show you what EXACTLY goes on (the intricate chemical pathways) in the airways of the lungs & HOW to prevent the damage inflicted by the Virus, via the destructive Inflammation they cause to the cells of the Alveolar-Capillary interface in the lungs,,,, I **am** the grand-master of Inflammation....At Cambridge Univ., I had done my doctoral & post-doctoral research in Inflammation: from the very source at the top (*Nuclear Factor Kappa-beta*, genetically-encoded in the nucleus) right down the Eicosaenoid Cascades down to the COX-1 (anti-Inflammatory), COX-2 (most-Inflammatory mediator) to the Cascades adversely, inflammatorily affecting airways functions, LTs (Leuko-trienes).... I have mapped out the **entire** Inflammatory landscape of the human body....And now, it’s time for me to “step up to the plate”, like many of you have been eagerly awaiting....

I will show you not only HOW to totally protect your lungs, but how, in the process, you WILL gain very significant anti-ageing & anti-Oxidant protection for the entire body.

Stay tuned, stay in touch - I'll be back.

*Dr.L.S. Macloud, Ph.D. (Cambridge Univ.)*

[Chief Scientific Officer, Nutriution Beyond]