COVID-19 April 20, 2020

If there is variation for the COVID-19 Pandemic, perhaps we have misidentified the mode of transmission or the mitigating factors.

Likely Explanations:
-The COVIDs bind to ACE-2 Receptors (Angiotensin Converting Enzyme-2 Receptors). ACE(1&2) Receptor levels are normally low, but in vascular crisis the Renin-Angiotensin system kicks in to maintain salt balance and Cardiac Output to the cells so Receptors increase. They are present in high concentration only under stress in the deep lung, and apparently in the GI tract. ACE-2R tends to balance the ACE-1R effects.
-ACE-1 inhibitors lower the level of ACE-2 Receptors, raises Angiotensin and ACE-1 Receptors. We give it like candy here to pre-diabetics and diabetics.
-Polyunsaturate Lipids in cell membranes increases the absorption of the ACE--2R/Covid complex, increasing cellular infectivity. (COVID is an enveloped virus with a fatty lipoprotein coat).
-COVID-19 has a strong allergic component (binds to Eosinophil cell membranes, only part of the immune system involved in binding, IgE) separate from the IgG/IgA viral Immunity processes. This is associated with levels of possibly non-infective RNA fragments which trigger OCR-RT positivity or are not present when Ig immunity is established. The scary thing is if COVID can induce a chronic state, or has characteristics of a retro-virus like HIV.
-100% of patients who die have sepsis (also many coagulopathy), bacterial and viral co-infections.
-Vtamin D3 deficiency, Triiodothyronine deficiency is present in the severe cases.
-Steroids are anti-inflammatory but also immunosupressive. They are not advised in seriously ill.

Active Treatments:
-1-25OHVitamin D3 blocks binding of the virus to ACE-2R.
-Triiodothyronine blocks binding of the virus to ACE-2R.

Patients critically ill with Covid-19 have low Vitamin D (most die on the ventilators)
https://vitamindwiki.com/Critical+COVID-19+was+19X+more+likely+if+low+vitamin+D+%E2%80%93+April+15%2C+2020

Our response? Totally farcical and antagonistic. No justification for any of the measures instituted by the Federal Government, much less their responsibility for historically aggregating all the supply chain into vapor, just virtual products in computer files.

Social Distancing is the wrong approach according to those in Sweden:
https://unherd.com/thepost/coming-up-epidemiologist-prof-johan-giesecke-shares-lessons-from-sweden/

Here in the US we have no in-hospital physicians in number to deal with the high volume. Mid-levels who are less trained are normally the ones we have in the hospitals (PA, NP level of inadequate medical or nursing training). A different issue, but contributes. More advance countries are more likely to have resistant bacteria from antibiotic mis-use and to have patients on ACE inhibitors putting those patients at higher risk. Older more likely to have elevated Renin-Angiotensin levels, young not.

I have a videochat Tuesdays at 10am/5pm (www.drtimdelivers.com/zoomvideo.shtml)

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