Coronavirus: Run, Here Come the Experimental Drugs

by Jon Rappoport
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Source

As I've shown in recent articles (archive here), the virus hunters have fallen far short of proving a coronavirus is causing this "outbreak." But here come the antiviral drugs.

They're ordinarily used for other diseases (malaria, HIV) or, in one case, no disease yet (unapproved, unlicensed). But it's time for "heroic measures." A better term would be "reckless experimentation."

Public health officials are expressing a mixture of hope and…vampire-ish worry that the epidemic may not last long enough to properly test the efficacy of the drugs.

LA Times, 2/13/2020, *"Doctors fight coronavirus outbreak with drugs that target HIV, malaria and Ebola"*:

—Characterizing the remarks of a Harvard professor of medicine, the Times author writes: "The lack of certainty surrounding treatment for coronaviruses is partly due to the boom-and-bust nature of outbreaks — they can spread like wildfire and then disappear… Although that is good for the public's health, it also means scientists sometimes don't have the time or the means to thoroughly test a treatment in humans." Tsk, tsk, what a shame.

Here's another telling quote from the Times article: "The ramp-up in [drug] research and investments into outbreaks can wreak havoc on private drug companies, especially if the virus

disappears at some point, as SARS did, said Dr. Jesse Goodman, a professor of medicine at Georgetown University in Washington, D.C. The federal government helps offset these costs through initiatives…" What do you know about that? The SARS virus "disappeared." And pity the poor drug companies. Their research was interrupted.

Among the drugs suddenly being used on people diagnosed with the coronavirus: Kaletra (anti-HIV); chloroquine (anti-malaria); remdesivir (unapproved, anti-Ebola).

rxlist.com provides a list of **adverse effects of Kaletra**:

* diarrhea
* headache
* weakness
* nausea
* vomiting
* stomach upset
* drowsiness
* dizziness
* a bad taste in the mouth
* trouble sleeping
* skin rash
* changes in the shape or location of body fat (especially in your arms, legs, face, neck, breasts, and waist)

"Tell your doctor if you have serious side effects of Kaletra including":

* unexplained weight loss
* persistent muscle aches or weakness
* joint pain
* numbness or tingling of the hands/feet/arms/legs
* severe tiredness
* vision changes
* severe or persistent headaches
* signs of infection (such as fever, chills, trouble

breathing, cough, non-healing skin sores)
* signs of an overactive thyroid (such as irritability, nervousness, heat intolerance, fast/pounding/irregular heartbeat, bulging eyes, unusual growth in the neck/thyroid known as a goiter)
* signs of a nerve problem known as Guillain-Barre Syndrome (such as difficulty breathing/swallowing/moving your eyes, drooping face, paralysis, slurred speech)
* increased thirst
* increased urination
* confusion
* persistent nausea or vomiting
* stomach or abdominal pain
* yellowing eyes or skin
* dark urine

Chloroquine adverse effects (from Drugs.com)—"*Check with your doctor immediately* if any of the following side effects occur while taking chloroquine":

* anxiety
* attempts at killing oneself
* back, leg, or stomach pains
* black, tarry stools
* bleeding gums
* blistering, peeling, or loosening of the skin
* blood in the urine or stools
* blurred or decreased vision
* change in near or distance vision
* chest discomfort or pain
* chills
* cold sweats
* confusion
* continuing ringing or buzzing or other unexplained noise in the ears
* cough
* dark urine

* diarrhea
* difficulty in focusing the eyes
* difficulty with speaking
* difficulty with swallowing
* disturbed color perception
* dizziness
* dizziness, faintness, or lightheadedness when getting up suddenly from a lying or sitting position
* double vision
* drooling
* fast, slow, irregular, or pounding heartbeat
* feeling that others are watching you or controlling your behavior
* feeling that others can hear your thoughts
* feeling, seeing, or hearing things that are not there
* fever
* general tiredness and weakness
* halos around lights
* headache
* hearing loss
* inability to move the eyes
* increased blinking or spasms of the eyelid
* joint or muscle pain
* large, hive-like swelling on the face, eyelids, lips, tongue, throat, hands, legs, feet, or sex organs
* light-colored stools
* loss of balance control
* lower back or side pain
* muscle trembling, jerking, or stiffness
* muscular pain, tenderness, wasting, or weakness
* night blindness
* nausea
* overbright appearance of lights
* painful or difficult urination
* pale skin
* pinpoint red spots on the skin
* puffiness or swelling of the eyelids or around the eyes,

face, lips, or tongue
* red skin lesions, often with a purple center
* red, irritated eyes
* restlessness
* shuffling walk
* skin rash, hives, or itching
* sore throat
* sores, ulcers, or white spots on the lips or in the mouth
* sticking out of the tongue
* stiffness of the limbs
* sweating
* swollen or painful glands
* tightness in the chest
* trouble breathing
* tunnel vision
* twitching, twisting, or uncontrolled repetitive movements of the tongue, lips, face, arms, or legs
* uncontrolled movements, especially of the face, neck, and back
* unusual bleeding or bruising
* unusual tiredness or weakness
* upper right abdominal or stomach pain
* vomiting
* yellow eyes and skin

Adverse effects of remdesivir—the drug has not been approved for public use. I find at least one human clinical trial has been done on people "infected by the Ebola virus," and another clinical trial is underway now. So far, I see no published list of adverse effects—probably because the drug is still in the test phase. Using this drug on "coronavirus patients" would certainly be experimental.

This is what I'm sitting here picturing: A person in Wuhan, who is having respiratory problems, owing to the unprecedented mixture of toxic pollutants in the air of the city, enters a clinic. He is given a chest CT Scan. He's told he has a lung

infection—pneumonia. Because a CT Scan is now absurdly sufficient for a diagnosis of “epidemic coronavirus,” he is given that label. NO test for the purported coronavirus is done. The person is shunted into a treatment room, and a doctor tells him his condition is quite serious, and he will be treated with a drug: chloroquine.

Go back and read the list of adverse effects again.

Suppose this patient tells his doctor he has a relative who lives out in the country, where the air is much better, and he wants to stay with her.

The doctor will, of course, tell the patient this is not possible. The city is locked down. If the patient left Wuhan, he could “spread the virus to others.”

He will be given the drug. What about informed consent? Will the doctor read the patient the complete list of adverse effects? Are you kidding? Wouldn’t that be “counter-productive?”

Mustn’t interrupt the “research” of pharmaceutical companies.

We can only hope and pray the “epidemic” is SAID TO LAST long enough so these benevolent corporations can complete their testing. What else is a pool of human guinea pigs for?

And worry not, the pill kings have their bases covered. When “test subjects” become sicker or die, the kings can simply say, “The coronavirus was responsible.”

It all works out for the best, doesn’t it?

We haven’t even gotten to the coronavirus vaccine yet. The professionals are working hard on cooking one up. When they do, there will be no danger of an interruption in their work, if “the virus disappears.” The vaccine will be injected into healthy people. If and when some of these people keel over, all sorts of reasons can be trotted out: underlying genetic

condition; the coronavirus hidden in their cells suddenly activated; undisclosed immune-system deficiency; an unrelated disease; allergic cross-reaction; and, of course, “a rare and unavoidable adverse effect among all the life-saving injections given, at no charge, to the global population…”

I’m looking through mainstream articles. I’m trying to find one that publishes the complete lists of adverse effects of the experimental drugs now being deployed on “coronavirus” patients. Odd. I can’t find one. I wonder what that means. Maybe I should ask a doctor. He would possibly be able to set me straight. Perhaps I should query a public communications pro at a pharmaceutical company. Certainly, he could contact major press outlets and urge them to print the adverse-effect lists, in the interest of full disclosure.

Right?

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