

“Never-Before-Seen Strange COVID Symptoms”? Try Using Logic

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by [Jon Rappoport](#), [No More Fake News](#)

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UPDATE: one of the “strange and unique” COVID symptoms, cited to prove “the virus must be the cause,” is loss of the sense of smell. Try this. On a search engine, type in, “Mayo Clinic, loss of smell, causes.” You’ll find a long list of conventional explanations. [1] Nothing new or unique...

Recently, I published an article explaining why people are dying without the presence of a virus. It’s the great COVID re-labeling scam. [2]

All sorts of traditional lung problems are re-packaged as “COVID.”

Of course, I’ve also been writing many articles showing that SARS-CoV-2 has never been proven to exist. [3]

I’ve made it clear that in every so-called epidemic, there are “outlier cases.” People with unusual symptoms. Commenters pick up on these outliers and weave all sorts of stories around them.

COVID is no different in this respect. The stories begin with reports that “some patients” have extreme shortness of breath, or their chest X-rays reveal “ground glass” lung patterns.

Therefore, the stories go, SARS-CoV-2 must exist, or another massive and *singular cause* is creating these highly unusual symptoms.

First of all, in the reports, we don't know HOW MANY patients have the unusual symptoms. Is it 10? 50? 500? And are they all from the same city or town? We're fed a generality.

And second, no one bothers to look for prosaic causes of these "strange symptoms." Of course not. That would be too obvious. Too simple. Less interesting.

Let me give you an example. Extreme shortness of breath. Hypoxia. Low oxygen levels in the blood. That's one of the "strange symptoms."

Patients in New York have mystified ER doctors because they show up with this condition.

But WebMD lists a number of obvious causes for hypoxia: asthma attack; trauma (injury); COPD; emphysema; bronchitis; pain medicines, "and other drugs that hold back breathing"; heart problems; anemia, "a low number of red blood cells, which carry oxygen." [4]

Among the drugs that can cause the oxygen deprivation known as hypoxia? From drugabuse.com: "...opiate [opioid] drugs also slow your breathing...and in case of an overdose, your breathing is slowed to a virtually non-existent and lethal level." [5]

Is anyone looking into THAT, in New York?

More from drugabuse.com: "In the U.S., a whopping 44 people die each and every day as a result of respiratory arrest brought on by prescription opioid overdose. The opioids depress your breathing, bring on heavy sedation and make it impossible to wake up. What's more, the opioids found in painkillers are the same ones found in heroin, which caused over 8,000 overdose deaths in 2013."

2018 estimate of deaths from opioid overdoses in New York: 3000. Many more people in the New York area are addicted to these drugs. In New York State, in 2017, the number of people discharged from hospitals, after treatment for opioid overdose or dependency: 25,000. [6]

In 2020, people who have developed opioid hypoxia are misdiagnosed with “COVID-19 lung problems.” Some of these people would be sedated further, put on ventilators—ignoring the need to deal with their overdose, their addiction, their withdrawal—and they die. [7] [8]

New York City, opioids, heroin, severe breathing problems, hypoxia, ventilators with sedation, death.

None of this requires the existence or transmission of a purported coronavirus.

And hypoxia can be alleviated with oxygen delivered through means *other than* ventilators.

So...it turns out that extreme shortness of breath is not unusual. It has a number of causes. None of them requires the existence of a virus.

Now let's consider the so-called “ground glass” phenomenon. From MEDPAGE Today: “The term [ground glass] refers to the hazy, white-flecked pattern seen on lung CT scans, indicative of increased density.” [9]

“Chest radiologists adopted it [the term] in the 1980s, with a first appearance in the Fleischner Society Glossary of Terms for Thoracic Radiology in 1984.”

“‘We see [ground-glass opacities] so often in chest imaging,’ Guo [‘Henry Guo, MD, PhD, of Stanford University in Palo Alto, California’] told MedPage Today. “They come in different shapes, sizes, quantities, and locations, and they can indicate many different underlying pathologies – including

other viral infections, chronic lung disease, fibrosis, other inflammatory conditions, and cancers.”

So there’s nothing new or highly strange about the ground glass phenomenon.

But wait. There’s more. “Adam Bernheim, MD, of the Mount Sinai system in New York City, authored one of the early papers on chest CT findings in COVID-19. He and his colleagues studied images captured from 121 patients at four centers in China mostly in late January [2020].”

“‘There are a lot of diseases that can cause ground-glass opacities, but in COVID-19, there’s a distinct distribution, a preference for certain parts of the lung,’ chiefly in the lower lobes and periphery, and it appears multifocally and bilaterally, Bernheim said.”

“COVID-related ground-glass opacities also have a very round shape that’s ‘really unusual compared with other ground-glass opacities,’ he said.”

Aha. So maybe COVID patients ARE exhibiting an outlier pattern of ground glass.

Alas, there are several problems with that assertion:

First of all, how do we define a “COVID patient?” Through a PCR test for a virus that has never been proved to exist.

The second problem with the doctor’s statement in the MEDPAGE article? All the patients came from China, and they were diagnosed very early, at the beginning of the “outbreak.” How were they diagnosed?

“Guess what? We have 20 patients with unusual CT lung scans. We’re going to call them ‘pandemic victims of a new virus.’ Why? Because they have unusual CT lung scans.” This is called circular reasoning. It’s a chapter in a subject called logic, which used to be taught in schools, before “I’m triggered” and

“I want to cancel everything” became major courses on the way to a PhD in Grunge. [10]

The other problem has to do with deadly pollution, and what lung X-ray patterns it can cause. In China, for example, above large cities like Wuhan, there is a unique mixture of early industrial and modern industrial pollutants—never before seen in human history. [11]

The synergistic effects of these individually toxic compounds have never been studied. Therefore, it’s quite possible that the outlier ground glass patterns are the result of this new and different air pollution mixture.

What I’m reporting, in this article, needs to be understood, before making bald claims that a new virus, or some other esoteric cause, is responsible for “ground glass in COVID patients” or “low oxygen levels.”

Getting the picture?

Going off on tangents—claiming that “some COVID patients” are showing astounding symptoms—makes for shocking stories, but it doesn’t take into account far more likely explanations.

People with a propensity for launching shocking stories will never be satisfied with ordinary answers. They’ll keep driving their tales forward. They’ll keep claiming patients are showing symptoms that have never been seen before.

Some shocking stories are true. Some aren’t. I suggest using a degree of rationality and logic, to differentiate between what is merely bizarre for its own sake, and what is strange AND true.

SOURCES:

[1]

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