

On the interactions between COVID-19 and mobile phone technology

To introduce myself, I could say I am a self-taught scientist. In fact, I have left the university after several years because I felt, we were not actually learning anything substantial, and that the approach was critically wrong.

It would be another theme to speak of, because one would have to go through History and to develop a particular epistemologic point of view, in order to fully understand what I would intend to explain. In short: not for today!

Over the years, I have accumulated materials and devices, which compose my small home laboratory. If the reader wants an idea about my background, let us say I have been a very competitive mathematician, having performed astoundingly in Swiss and French mathematical contests. I taught myself programming at the age of 13. I then went on studying physics, chemistry and biology. However, I have developed a particular approach to dig efficiently to the bottom of things, eventually going around obstacles that would require years to study, and sometimes for absolutely no purpose. Thus, I am able to corner very specific competences rapidly, and I can be efficient both in teaching and in practicing. This allows me to be competent enough in many more domains than I could even have dreamed to study in my entire existence.

In the last nine years, I've worked on a 4-way approach to 'so-called' degenerative diseases, working with doctors and their patients. I've been funding every single piece of my research with my own money, which has sometimes been tough, because it may prove costly. I never charged anything to anyone in the medical field. But this did not prevent me to have an overwhelming success with everything I have done there. People actually got cured, if the disease had not already caused any potentially permanent damages. In these specific cases, we still managed to stop the progression of the illness and even to slightly reverse some of the symptoms. In the remaining cases, the patient withdrew from the cure (because our approach requires some will and determination). I am aware of the fact, that every professional has his very own dietary and medical theory. Unfortunately, medical doctors are often blatantly incompetent. They often lack logics and investigative qualities. You cannot train someone to be a doctor, if all he wants is prestige or money ; or even have someone who does not know what else he could do in life. It will never make a good doctor.

This is why results are important, when you are a doctor, or even just a scientist. If a doctor gets 80% success with his patients' problems for a specific illness, then he should try to sort out the 20% remaining and attempt to figure out why it did not work with them. You cannot simply apply over and over again the same method and be contempt with it (like most doctors do). The more you study these cases, the subtler it gets. Medical issues always have a cause, and this cause is not 'statistics'. If we do not

know the cause, we have to acknowledge it and try to act accordingly. And so it gets subtle, but even with that subtlety, the general pattern of health remains relatively simple. Some things are even obvious, some are more intuitive ; and to whom does investigate with the very artifice that should be required when living in a highly artificial environment, there are enough things that should often raise questions, they unfortunately are rarely asked nowadays. It is sad, because it is a part of what being human is about: one should not take what he cannot deal with, especially when he does not want to care and dig into it! Should it not be obvious? Think about it!

So, that being said, let us begin with COVID-19 and its potential interaction with cell phone technology. Bobby Piton asked that question, so here is the summary of my analytical work on the subject, which I did conduct last Spring.

To put it boldly and somehow provocatively: viruses don't kill. Although sometimes affecting different areas of the body, they all have the same effect, and it is directly linked to their sole reproductive purpose: lowered immunity, increased inflammatory status, and increased cell regeneration or slowed down metabolism (depending on the virus). They do not really have aggressive mechanisms like pathogenic bacterias may have. They infiltrate cells, because they need it to replicate themselves.

There, one could already figure out that the reported excessive immune load in reaction to the virus, potentially killing patients, is non-related to the virus' purpose. Would then the immune system be so badly designed that it would kill you by overreacting to the virus? I do not believe so. Not even for any natural or man-made virus. This is where one has to figure out that it can only be a multi-factorial sickness aggravation, not to say engineered by a man who specifically wanted to produce this effect.

In fact, if there is no co-factorial inflammation, if there is no bacterial threat thriving on lowered immunity, if there is no presence of toxins, viruses do not kill.

Coronaviruses have always been around. When you've flu, it is not always the influenza virus. Sometimes it is coronavirus, sometimes it is adenovirus, etc. but you never get tested when you have a flu, so you never really know what it was.

I have had access to what had been seen and done in the Swiss, Italian and French hospitals during the COVID-crisis: which analyses, which hygienic protocols, which treatments... I will not go in the treatment area here, because I think it is irrelevant. When you try to cure a patient with renal conditions, by solely giving him oxygen, it may fail. When you try to cure a patient with a Staph infection, acting like he has COVID-19, what can you say about the efficiency of the treatment?

What has been observed with COVID is a pneumonia similar to grippal pneumonias: starting in the kidneys, then creating general vessel inflammation, eventually septic shock, and then going up towards the lungs, obstructing lung veins. Once kidneys are affected this way, a bacterial infection is very likely. If there is not always one pathogenic bacteria at this stage, then you are very very lucky and you are likely to have a very happy outcome.

But let us talk a little of the weaponization of COVID: there are four things we could note:

1. A modified virus will return to a more natural form if it is not constantly under external constraints. In the case of a weaponized virus, this means a direct and intentional action right on the spot of the contaminated area.

2. If one digs, there are a few insightful studies about the effect of electromagnetic waves on the body. Here is what has been found in the past decades:

A. Electromagnetic fields in the frequency range of microwaves (GSM/3G/4G/Wifi/Bluetooth/5G) can substantially block glutathione, lowering or suppressing immunity

B. Lower frequencies, such as 50-60Hz (potentially even the higher ones), increase or produce kidney malfunctions, probably by rendering some important polarised biochemical reactions less probable or impossible (through induced molecular oscillation). This is certainly affecting the brain as well, and the rest of the body, of course, but organs such as the kidneys, the liver or the brain are obviously the ones that get affected most and first. It is probably not too much about the frequency, but about the intensity of the modulated EM-field (as long as there is wave-penetration).

C. Cancer-related. In my opinion, the reasons are the same ones as explained in B. adding up the fact that some frequencies can induce DNA damages through various mechanisms. The question about electromagnetism in general is mainly: how much can we bear, which intensity, which frequencies? If people get sick, they probably had too much. There is also an adaptation factor: our generations can probably bear more than the ones who experienced the first telegraphic waves in the early 1900s. However, we can also note that the intensities back then were not really taken into account: it was all about getting it done, and sometimes, the means were totally disproportionate ; and the methods, still experimental. To give you an idea, some devices used principles creating visible electric arcs in order to produce the wave.

3. The noted increased presence of bacterial pneumonia potentially falsely attributed to COVID. In Switzerland, where I live, I have tested the water (which is reputed as one of the cleanest in the world) in several homes during the Spring-COVID-crisis. And I found a persistent presence of *Streptococcus Pyogenes*. A Strep pneumonia precisely produces feelings such as very dolorous pressure on the breast. Strep is a common infection, so even if it is found, who would think of a bio-weapon? In warm water, I did sometimes find high quantities of Streptococcus. In old installations, where water isn't heated up to more than 60°C/140°F, this bacteria can multiply in the warm water boiler, before reaching problematic numbers. And guess what? the people who are more likely to get such installations, usually a little old, with lower water temperature are precisely the seniors.
4. The psychological and political warfare that is associated with COVID. No need to comment on this one.

At this point, the reader could easily take the different elements I exposed here and make his own conclusions by combining them.

Now, consider that in our worldwide renowned hospitals in Switzerland, they do not systematically test for bacterial or fungal infections, and it is the same in Italy or in France! It is very likely not to be any better anywhere ; so far confirmed by all the medical doctors I have talked to. If there had been a Streptococcus, they might have called for a COVID-diagnosis in form of a test (not even conducted by themselves). Who controls the tests, controls COVID stats ; but also the health of the patients who are affected by something else! So when the test returns with positive results, the doctors do not dare to further investigate!

In fact, it is important to realize that medical doctors are not trained to do pertinent diagnoses. Most of the times, their knowledge lies in mere symptomatic treatments of illnesses. It may prove to be useful in many cases, but it is not always sufficient, and more often than one may think, especially with chronic diseases. **This was precisely the key to allow the COVID-crisis to spread!** I will not talk here about the hypothesis of then hospital-manufactured conditions, relying on the same incompetence and on the action of a very little number of bad actors. **However, when you suddenly get hundreds of people on ventilator in some specific targeted hospitals, when this creates scare and deaths, it should be necessary to question it!**

Afterwards, they added up the mask-frenzy to the crisis. In my opinion, because they could not keep up with initial strategy, which would have been too costly and visible. So the plan was to add up the mask. We could as well ask ourselves: **are there not some masks, they are already stuffed with fungi, bacterias or even toxic elements?** They are all 'patented', so they don't have to say what's inside, which materials they used to manufacture them! I have analysed only one mask: it was a French

town-distributed mask, and what I found was concerning. **Moreover, the mask may favourise pathogenic bacterial infections:** by allowing an external incubation of all sorts of bacterias or fungi, leading to pneumonias, mainly ; but also to long-term affections, such as skin diseases or even brain infections, some of which may overtime lead to serious neural diseases

Of course, there also is the blood oxygenation problem: I tested several masks with an oximeter, and I can tell that after 45 minutes, one can easily get under 95% oxygen saturation (which is considered low oxygen). It takes about the same time for one to recover to his initial saturation level (usually 97.5%-100%). If the temperature is high and the environment is not well ventilated, it can be even more devastating. If the person accomplishes physical efforts it is even dangerous. I also wonder what would happen if people did undergo two equivalent IQ tests: one before and one after wearing the mask for some hours. To be fair, if the mask is worn in a slightly over-pressurised and climatized mall, one will tend to breath a lot better, and the mask may not affect him at all, even after 2 hours.

Now, my very own take on the virus' weaponization is that the electromagnetic factor can indeed be weaponized coincidentally with the virus, in order to favour kidney malfunction in covid or flu cases. It could especially be the case, if they had conducted their own studies, not on health purposes, but on the purpose of making you sick. For example, they could have found some very specific frequencies in that extent ; or they could have used some frequencies to maintain the altered virus for a longer time in its 'modified state'. It is not science I know, it is not things that officially exist, but it is absolutely not impossible. All it takes is experimentation.

The bacterias can easily be spread through water in key stations. If it's common pathogenic bacterias in a region, they will go unnoticed (and undiagnosed, in many cases, as I explained). They can also be spread through aeration conducts, although one is much more likely to get infected by touching people or things people have touched (than by breathing a bacteria). Water is still the most efficient way. And then, you add up the mask, the high-inflammatory food one may consume, potential diabetic inflammatory statuses, and on and on...

In fact, I expect to see devastating long-term effects, including triggering or accelerating degenerative sicknesses – for it is my research field – at a much younger age (maybe 10 years earlier). On the other hand, we may see people bearing recurrent infections, which they will never really get treated for. If the living conditions (food, air/water pollution, EMF exposure, physical activity, resting time, etc.) get to affect the immunity, we may only see recurrent mild inflammatory statuses in cases of infection. It may be sporadic and recurrent (and then the bacteria goes dormant again). So, they never feel really sick, they never see a doctor or they never get the right medication for their illness. However, they slowly get intoxicated from the inside, by pathogenic fungi and bacterias that

reached critical spots, thanks to the incubation in a warm and humid space, right between the skin and the mask. This could significantly lower their lifespan. Especially when for the sick eugenic elite, if one dies even only 4 years earlier, it is a great victory!

However, the proposed hypothesis of melting down the metals with internal or external heating factors, has to be put aside, with the actual knowledge we possess. Mostly, because it could only be lead or mercury (considering their vaporization points). They are sometimes used, but they are less likely to cause noticeable health damages with the involved quantities, in the event of a possible inhalation. The other factors are to cause a lot more of concerns long before.

Finally, I would like to add up a positive note: the body has been well designed by nature, and it has very potent capabilities of resisting to all sorts of natural and man-made threats, although someone can always be killed with viral, fungal or bacterial poisoning. In the end, however, it is not that easy to kill people with a bio-weapon, without it going heavily noticed as such ; and I think it is what the people behind the COVID-19 rapidly found out. On top of that, we even caught them!

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