

COVID-19 test: An opinion

**Søren Ventegodt*, MD, MMedSci,
EU-MSc-CAM**

Quality-of-Life Research Center, Copenhagen
and Research Clinic for Holistic Medicine,
Psychology, and Sexology, Copenhagen, Denmark

Introduction

There are two lines of immunological defense in the vertebrate immune system: The innate and adaptive immune system. These two are related, the innate being the evolutionary oldest, and the functional basis of the adaptive immune system. The innate immune system is able to handle small and local infections. A small bolus of Corona COVID-19 virus, say about 20 viral units, in small, airborne drops from the breath of a healthy infected person, is normally handled without any symptoms. Still this gives immunological learning and immunity. If the innate immune system is handling the small boluses of virus, there is no antibodies to detect. This means that only the people who have a weak innate immune system will have a symptomatic infection which calls for the second line of the immune defense, the adaptive immune system response with antibodies. It is therefore very likely that every single person living in a city is being infected with COVID-19. Therefore, the number of infected people are likely to be 100 times larger than estimated from random population tests testing for Corona (inclusive COVID-19) using antibody tests. Therefore, all the numbers of infection fatality rates (IFR) we are collecting these days from all countries must be set 100 times lower than estimated by World Health Organization and other authorities using the present Corona test to estimate the mortality of COVID-19. Furthermore, if we include the recent findings from large autopsy studies of people who died with COVID-19 showing that there are no people dying from COVID-19, we are forced to set IFR=0.

It is well known to all immunologists that there are two lines of immunological defense in the vertebrate immune system: The innate and adaptive immune system (1-4). It is also well known how these two are related, the innate being the evolutionary oldest, and the functional basis of the adaptive immune system.

* *Correspondence:* Søren Ventegodt, MD, MMedSci, EU-MSc-CAM, Quality-of-Life Research Center, Schlegels Allé 4, 5tv, 1807 Frb C, Copenhagen, Denmark.
Email: ventegodt@livskvalitet.org

The innate immune system in COVID-19

The innate immune system is able to handle small and local infections, so if you have a small bolus of virus, say about 20 viral units in small, airborne drops from the breath of a healthy infected person, this is normally handled without any symptoms (1-5). Still it seems to give immunological learning as the about 100 different viruses, that constantly attacks the human airways in new forms because of mutations are easily handled.

In COVID-19 this understanding is essential, as it explains how a population of mammals can become immune to the hundreds of viruses they co-evolve with (5). While this seems to be basic textbook knowledge for immunologists it seems to be unknown to the health authorities that these days want to base the number of infected people on antibody tests. If the innate immune system is handling the small boluses of virus, there is no antibodies to find (1-5). This means that only the people who have a weak innate immune system will have a symptomatic infection which calls for the second line of immune defense, the adaptive immune system response with antibodies (1-5).

It means that what you find with the test for COVID-19 with antibodies is the number of people in the population that either have a weak innate immune system, or who got a massive amount of virus so that the innate immune system could not handle it.

The IFRs are calculated to orders (100 times) too large everywhere because of this error

The consequence of this is that the number of COVID-19 infected is counted 100 times too small and the infection mortality rate (IFR) is calculated 100 times too large.

The IFR is the ratio: people dead by COVID-19/people infected by COVID-19. In estimating this number it is worth remembering that the people who have specialized in autopsies of people dying with COVID-19, like Professor Klaus Püschel, have

concluded that nobody is actually dying from COVID-19 (6).

Combining the likelihood that every single person living in a city together with other people is getting infected with COVID-19 as healthy infected people are spreading the small drops with small amounts of viruses effectively, and the fact that the experts doing autopsies of the dead people testing positive for COVID-19 are not finding anybody dying from COVID-19, we are forced to set the IMF=0.

Conclusion

Translated to our understanding, COVID-19 is not deadly at all. Nobody dies from an infection with COVID-19, because everybody is already immune, due to countless exposures to Corona virus in the past. Because the infection was symptomless (subclinical) and handled without problems by our innate immune system, we did not notice, and thus we do not realize that we are immune. Thus the fear of COVID-19, and all the measures to prevent the infection, are totally and absolutely without any scientific foundation and justification.

Acknowledgments

The Danish Quality of Life Survey, Quality of Life Research Center and the Research Clinic for Holistic Medicine, Copenhagen, was from 1987 till today, supported by grants from the 1991 Pharmacy Foundation, the Goodwill-fonden, the JL-Foundation, E. Danielsen and Wife's Foundation, Emmerick Meyer's Trust, the Frimodt-Heineken Foundation, the Hede Nielsen Family Foundation, Petrus Andersens Fond, Wholesaler CP Frederiksens Study Trust, Else and Mogens Wedell-Wedellsborg's Foundation, and IMK Almene Fond. The research in quality of life and scientific complementary and holistic medicine was approved by the Copenhagen Scientific Ethical Committee under the numbers (KF)V. 100.1762-90, (KF)V. 100.2123/91, (KF)V. 01-502/93, (KF)V. 01-026/97, (KF)V. 01-162/97, (KF)V. 01-198/97, and further correspondence.