

Infected: Secrets from the Medical Underground will teach you how to prevent and treat any infection you may encounter. Learn how the different types of infections affect different parts of the body, and how to prevent and cure them.

Infected: Secrets from the Medical Underground - How You Can Prevent and Treat Any Infection

By Ralph La Guardia MD

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INFECTED

SECRETS FROM THE MEDICAL UNDERGROUND
How to Prevent and Treat Any Infection.

SECOND EDITION



RALPH LA GUARDIA M.D.

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CHAPTER ONE

WHERE DO COLDS, FLU, AND CORONAVIRUSES ORIGINATE?

The coronavirus is not new as a pathogen or disease-causing virus. In a typical cold and flu season, there are about two hundred different viruses that infect humans. Of this two hundred, approximately 15 percent, or thirty, are coronaviruses.

The vast majority of the viruses that cause our colds and flu are rhinoviruses. There are also influenza viruses and adenoviruses, followed by a smattering of lesser-known viruses.

The problem with these viruses, especially the flu virus, is that they constantly mutate. This constant mutation leads to changes in the protein antigens found on the surface of these viruses. This is known as antigenic drift.

When you are infected with a virus of any type, you develop antibodies that protect you from subsequent infections with the same virus. Once antigenic drift occurs and the surface proteins change, then the antibodies no longer recognize it; and hence, we have no immunity to the new virus.

That is the reason you never develop immunity to the flu and need a different vaccine every year.

Why does the flu and other viruses like coronavirus always seem to come out of China and other places in Asia?

The world reservoir for flu virus is in the wild bird population. For the coronavirus it is found in bats. People underestimate the number of

bats of different species there are worldwide. Bats comprise 25 percent of all mammals!

In Asia, farmers raise both ducks and pigs together. That is not the practice in other parts of the world. This is the reason that the flu always originates from Asia.

Humans usually cannot catch the flu from a bird, but a pig can. And you guessed it—the virus can be transmitted from a pig to a human. Thus the wild birds interact with the domestic ducks, infecting them, and they in turn pass it on to the pigs and from them to us.

Since these viruses, especially the flu, arise in Asia, the CDC sends teams to Asia months before our flu season begins and finds the three most common types and produces the annual flu vaccine.

By the way, it is insanity to think that calling a virus that originates in China Chinese is racist. That is typical political correctness gone wild. Viruses are frequently named for their geographic origins. For example: West Nile Virus, Zika virus (the Zika forest of Uganda), Middle East Respiratory Syndrome (MERS), etc.

The coronavirus that is presently causing unprecedented damage to the world economy originated in Wuhan, China. The party line that mainstream media is spewing so obediently is that its origin is currently thought to have been from a wild animal market.

These markets are common all over China, where they sell snakes, rodents, pandas, and many types of bats. Apparently, the Chinese like eating bats. They also have a festival celebrating the summer solstice in Yulin, Guangxi, China, where dogs are eaten! Personally, I think that dogs are the greatest animals on the planet, and I have three that I adore; so for me seeing Labradors, hounds, and boxers on meat hooks is absolutely disgusting. However, I digress.

It appears that someone got infected from these wild bats, which harbor coronaviruses of many types. That leap to human infection was the result of either a mutation of a known coronavirus or from a new or novel coronavirus, perhaps one man-made in a lab, which seems the most likely scenario.

There is also mounting evidence that this was a virus that was man-made in that lab and either escaped accidentally or intentionally. The

jury is still out on which one. The actual lab in Wuhan was doing “gain of function” research on coronaviruses.

What *gain of function* means is that scientists manipulate the virus to make it more infectious to humans. For example, they make it easier to attach to our lungs’ cells after we inhale it. This newfound affinity for lung cells will weaponize a respiratory virus, making it much more contagious to humans.

The theory is that the scientists can then learn ways to block these novel viruses with vaccines to protect us in the future. Weak theory at best, with the potential for absolute disaster if something goes wrong, like you might cause a pandemic that cripples the entire world! That is why this type of research was outlawed in the United States.

Apparently, recently released e-mails of Dr. Anthony Fauci showed that, incredibly, he was instrumental in continuing this research in China of, all places; and China is a country absolutely obsessed with our destruction. Hmmm, what genius thought that was a good idea?

From the beginning, one had to be willing to ignore the obvious mountain of evidence pointing to a lab origin—the evidence actually includes Chinese virologist defectors who told of it originating there—and accept the ridiculous theory that this came from a wet market across town.

Once President Trump correctly opined that he thought it was from the coronavirus virology lab in Wuhan, the mainstream media, in their anti-all-things-Trump hysteria went ballistic, mocking him as a “conspiracy theorist” and went all in on the wet-market-infected-bat nonsense. Anyone who dared think otherwise was openly ridiculed as antiscience as well as being racist against the Chinese.

Currently, there are three companies manufacturing COVID-19 vaccines, Moderna and Pfizer, both of which make an mRNA vaccine, and Johnson and Johnson, which makes a DNA vaccine. The mRNA vaccines require two injections approximately three weeks apart. The DNA vaccine is one injection and done. As of the time of this book’s writing, approximately 180 million Americans have been vaccinated at least once. There is a “delta variant” spreading throughout the world, after originating in India, there is an alpha variant from England, and the beta variant from South Africa. The most recent count on the number of variants of COVID-19 currently stands around four thousand

and is naturally on the rise. Despite what the Biden administration bloviates about, this is not a pandemic fueled by variants arising in the unvaccinated. On the contrary, the variants arise in the vaccinated. The reason is that in the unvaccinated, there is little to no selective pressure on the virus. In the vaccinated, the virus has to evade their immune system, which already has been primed by the vaccine. This creates great selective pressure on the virus and hence the profusion of variants.

Many of the patients getting infected with the delta variant have already been fully vaccinated. The actual percentages vary from country to country, but in some places, they are the majority of the new COVID-19 cases. It appears that this vaccine fails the two criteria of a vaccine: to prevent you from contracting the virus and to prevent its transmission. It does appear to decrease the severity of the disease and thus its mortality, but at what price? This naturally begs the question: if by definition this is not a vaccine, then what is it? It is gene therapy, where the vaccine permanently alters our DNA, and you are still transmitting the virus as well.

The United States government has a system for reporting adverse events from vaccines. It is known as VAERS: Vaccine Adverse Events Reporting System. Doctors report adverse events to VAERS, and it is compiled there. So far, the numbers are very disturbing, to say the least.

Number of adverse events reported: 675,591

Deaths: 14,506

Hospitalizations: 58,440

Urgent care visits: 77,519

Doctor's office visits: 106,184

Anaphylaxis: 5,783

Bell's palsy: 7,911

Miscarriages: 1,757

Heart attacks: 6,422

Myocarditis: 5,371

Permanently disabled: 18,439

Thrombocytopenia or low platelets: 2,910

Life-threatening reaction: 14,594

Severe allergic reaction: 27,336

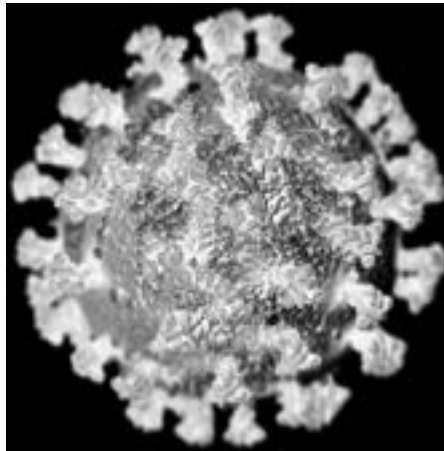
Shingles: 7,810

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Call me crazy, but this is one scary list of adverse reactions to the COVID-19 vaccines. Yes, you can make the argument that it is due to the massive numbers of vaccinated Americans. However, in 1976, when the swine flu broke out at Fort Dix, New Jersey, we began mass vaccinations, and over fifty patients developed Guillain-Barré syndrome and thirty or so died, and the vaccination program was deemed too dangerous and was halted. “Hmmm,” you say, scratching your chin, “why is it so different now?” Good question, grasshopper. I don’t know the answer. I do know that it should give any rational person pause.

The vaccine also does not prevent you from transmitting the virus. Those two reasons alone make me wonder about the usefulness of such a vaccine. That coupled with the novel mechanism of action, with its unknown long-term side effects, really should give one pause.

Now if you are in your eighties, the benefits probably outweigh the potential negatives, but that is a discussion that a doctor and a patient should have, without the intrusion of state or federal laws, in my humble opinion.



The coronavirus family is so named for its appearance under an electron microscope, where it has many surface proteins protruding out on spikes, giving it the appearance of a crown, which in Latin is called *corona*.

COVID-19 means coronavirus disease of 2019. Ironically, it was named on the very last day of 2019. Otherwise, it would have added

to the infamy of 2020, which for many was the absolute worst year of their lives, including myself with the death of my beloved son, Marcus.

To further complicate matters, COVID-19 is caused by a specific type of coronavirus called SARS-CoV-2 or severe acute respiratory syndrome coronavirus 2.

SARS-1, as you might recall, was a very dangerous outbreak during the 2002–2003 flu season. It had a fatality rate of 9.6 percent, much higher than the current death rate for COVID-19, which hovers around 0.028 percent. In actuality, it is probably even lower than that, since the thirty-eight million flu cases in 2019 essentially disappeared once COVID-19 reared its ugly head, in addition to which it is believed that a large number of people get sick with COVID-19 and are not seen by a health-care provider due to a paucity of symptoms. Both of those factors would drive down the current COVID-19 death rate.

As of the writing of this book, it was similar to the seasonal flu, and is very likely to drop even lower due to the massive number of undiagnosed people.

I have a large primary care practice here in the country in Connecticut. I see countless patients who have cold, flu, bronchitis, and pneumonia. I have no way currently to distinguish COVID-19 from the others, hence these patients are going undiagnosed. Only the most severe patients with fevers and respiratory failure are presenting to local hospitals all over the country and getting diagnosed.

This falsely skews the numbers in favor of a higher death rate. I do have testing available to me, and it is becoming increasingly easier to test patients.

Outbreaks of deadly epidemics of corona and flu viruses occur like clockwork every few years. We occasionally dodge the bullet of a very deadly outbreak as we did in 2012 with the MERS (Middle East Respiratory Syndrome).

MERS is a coronavirus that apparently had its reservoir in camels. Since camels come in close contact with humans in the Middle East (no snide comments), that was a natural place from which to jump to humans, as it did in 2012. MERS has an amazingly high fatality rate of 34.4 percent! That is incredibly fatal.

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To keep that in perspective, the Spanish flu of 1918 had a fatality rate of 2.5 percent and was estimated to kill over fifty million people worldwide. It was severe enough that it ended World War I. The reason was that unlike most influenza or flu outbreaks, this targeted young people in the prime of their lives, in their twenties and thirties.

The old and the young were spared. The presumption is that the old had to have been infected years before with a flu virus strain that was close enough to the Spanish flu that their immune system was still effective in protecting them. It had to be at least thirty-plus years ago since the majority of the victims of the Spanish flu were under thirty.

It is not clear why the very young were spared. One theory says the immune systems of both the young and the old were not as robust as adults between twenty and forty. Ironically, a robust immune system caused the release of large amounts of inflammatory cytokines, called a cytokine storm, which kills its victims.

There is also a theory that huge doses of aspirin were used, which led to hemorrhaging and pulmonary edema (fluid in the lungs), thus spiking the mortality rates of the Spanish flu. In other words, the cure in this case was worse than the disease!

Thus at the height of World War I, when millions of young men were being hoarded together in training camps and on crowded troop ships, it became the perfect environment for the spread of infection. It was so deadly that sometimes, nurses or doctors treating patients would start their shifts without symptoms and become ill and die within twelve hours!

It was the worst epidemic since the bubonic plague, or the Black Death, of the Middle Ages, which purportedly killed a third of Europe. The plague came in waves about a century apart. Consequently, no one had any immunity, and it repeatedly ripped thru these virgin populations.

The plague typically killed between 30 and 90 percent of those infected within about ten days. Unlike the flu and coronavirus, the plague was caused by a bacterium, *Yersinia pestis*. As you can see, it was much deadlier than any of the worst viruses we historically have experienced.

The Spanish flu did the same thing, coming in three successive waves. However, these were annual waves. Eventually, almost everyone alive had developed protective antibodies and thus were immune to a repeat infection, and hence the virus ran out of hosts and petered out.

As with other infections we have studied, the Spanish flu most likely came from an area in France, where large supplies of pigs and poultry were kept near each other to feed the millions of troops fighting World War I. The theory is that wild birds infected the poultry, they infected the pigs; and from the pigs, it crossed over to infect the human population.

Wartime conditions and poverty, with its malnutrition and overcrowded, unhygienic living conditions all contributed to both the rapid spread and the lethality of this flu.

Looking at the photo below, you will immediately notice that half of the soldiers are not wearing their cloth masks, and they are massed together in large, overcrowded wards. There is no social distancing, and primitive hygiene is being practiced. All these factors facilitated the rapid spread of the virus.

That being said, there is no credible scientific studies showing that social distancing does anything at all. The six-foot rule is absolutely arbitrary, but everyone ran with it. Without a doubt, people huddled together in very close proximity will facilitate viral transmission. I am simply disputing the six-foot nonsense that people freak about, thinking somehow that they are screwed if you are within five feet of them!

Masks are also almost completely ineffective at stopping viral transmission. Incredibly, nobody has asked Dr. Fauci the obvious question: if surgical masks and cloth masks work so well to prevent viral transmission, why are they wearing space suits with fully enclosed pressurized helmets, etc., instead of the face masks?

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American soldiers infected with the Spanish flu from Fort Riley, Kansas, at a hospital ward at Camp Funston during WWI.

Viruses are not very well understood by the general public. They are fascinating in their behavior. A virus that is extremely lethal like MERS has a difficult time becoming a pandemic. The reason is that the patient gets so sick that they are immediately bedridden and die shortly thereafter.

From the virus's viewpoint, this is an evolutionary dead end since the virus dies with the host. An ideal situation for the virus is to have a long incubation period, during which time the host (patient) is spewing millions of viral particles that are able to infect many other patients.

In short, the virus wants to acquire as much "market share" among the general population as possible, thus guaranteeing its survival. For that reason, it is very much in the virus's self-interest to evolve into a more contagious but less lethal variant of itself. And that is exactly what happens.

They are touting it as being more lethal and even spreads among children, which the current COVID-19 does not do (unlike the flu).

In 2020, nineteen¹⁹ children died of COVID-19 in the entire United States, none of whom were in good health.

Compare this to 2019, during which 180 children died of the flu, almost ten times the number of COVID-19. Why on earth are we closing the schools for COVID-19 when we didn't for the flu and nothing happened?

The current hysteria over COVID-19, in my opinion, is totally unwarranted. I believe there will be a serious pandemic that is real and very lethal, but it is not COVID-19.

I cannot imagine that the economic and political devastation unleashed by this relatively benign virus has not been lost on the leaders in China, Russia, Iran, and North Korea to name a few of the bad actors who would love to take down the United States and other Western democracies.

I believe that they will unleash a more serious biological warfare agent on us at some time in the near future. It costs next to nothing to produce and has so much potential for incredible harm, thus making it too irresistible for them. Do you think they are doing all this gain of function weaponization of viruses to develop vaccines for mankind?

You need to wake up and get your act together. This was not a onetime freak event. It was very likely planned, that is why I wrote this book. Pandemic 2.0 is just around the corner, and I want to help as many people as I can prepare themselves for the inevitable.

Hence the importance of a book like this for your very survival and the survival of your family and your community. No other book on the market will teach you how to not only boost your immune system to shield yourself from all types of diseases but also in the unlikely event that you contract an infection. This book will be your personal guide on how to annihilate it quickly and effectively.

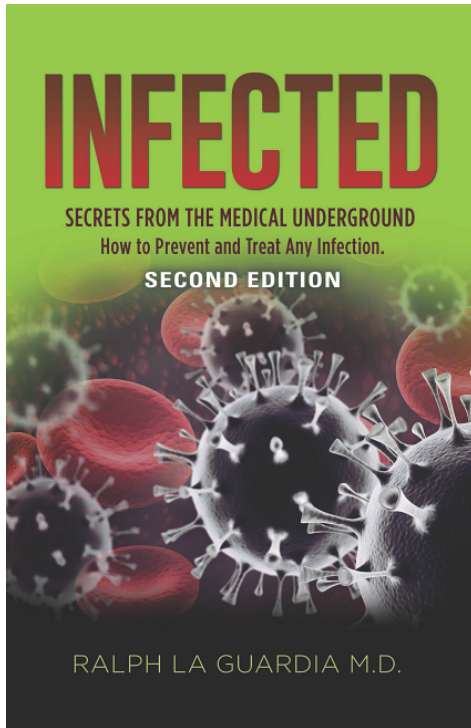
Many of the therapies you will learn to utilize in this book are not known by the vast majority of physicians. Doctors like myself, who practice integrative medicine—that is combining the best of traditional medicine along with alternative and complementary medical treatments—have been on the front lines of the medical underground developing novel ways of treating viral and bacterial infections of all kinds.

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This can all be accomplished without the use of prescription pharmaceuticals, which in the event of a new pandemic will likely either be unavailable or ineffective. Pandemic 2.0 will make this book worth its weight in gold.

ABOUT THE AUTHOR

Dr. Ralph La Guardia has spent over three decades researching alternative ways of treating and preventing diseases of all types. He has been in private practice in Connecticut for more than thirty years. During that time, he has learned what alternative and natural methods work and which ones are “snake oil.” He has read hundreds of books and research articles on alternative ways of treating different diseases and has a huge personal library of many of these out-of-print books. He is well known in the medical underground of pioneering integrative medical practitioners. Integrative medicine is the highly effective combination of traditional and alternative medicine. He has authored the *The Doomsday Book of Medicine*, considered by many to be the best book on medical prepping. He has also written *The Bible of Alternative Medicine*. He lives on an organic farm in Connecticut with his lovely wife Lynne, his feisty ninety-one-year-old mother Mary, and their three dogs and four horses. When not practicing medicine or writing, he spends most of his time in his orchards or his geodesic dome greenhouse, experimenting with growing and propagating edible fruits of all kinds.



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