

11-9-2020 Not the first time a vitamin deficiency was confused for a viral epidemic, Bill Sardi

Not the First Time a Vitamin Deficiency Was Confused for a Viral Epidemic

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NOT COVID

Posted November 9, 2020: by Bill Sardi

The Anxiety/Isolation/Vitamin Deprivation Syndrome

If you believe people test COVID-19 positive and therefore are infected but have no symptoms, I have a bridge to sell you in New York very cheaply. Yes, I too fell for this modern fairy tale in the early days of the pandemic. After all, this "fact" was cited in the most prestigious medical journals. Modern medicine foists off this falsehood and we're supposed to believe it, cancel sports, church, and family events, all over one symptomless person who tested positive for COVID-19 coronavirus. In fact, if COVID-19 infected patients [aren't experiencing even a mild fever, they aren't developing antibodies against the disease](#).

And doctors say President Trump tested positive, was hospitalized for 3-days (it was a hotel room inside a hospital) and then showcased an antiviral drug ([Remdesivir](#)) for an American company (Trump should have been paid an endorsement fee); then Trump took off his mask and declared himself cured. But hey, Trump is no medicine man who knows science. He wouldn't know any better. And neither would any of his narrow-minded doctors. In modern medicine, everything is treated as if it is a drug deficiency. Doctors are never going to cure COVID-19 as long as they have their nutritional deficiency blinders on.

Testing is a "dead end"

But Mr. Trump did say: ["When you test, you create cases."](#) ["If we stop testing right now, we'd have very few cases, if any."](#)

The [disease mongers](#) and his [political opponents](#) jumped on the President for making that statement. But Mr. Trump was not ill advised to say that. It is true, because **COVID-19 coronavirus is not killing people**, the lockdown and news-media induced anxiety is. Here's how.

First scrutinize a flawed test, the **PCR (polymerase chain reaction test)** that is known to start [pseudo-epidemics](#), and realize:

- The PCR test can be 100% incorrect among the subjects that test positive ([14% of patients tested for whooping cough tested positive via PCR test but 100% were incorrect](#)).
- Some 12,000 people must be tested to find 1 positive PCR test for COVID-19; among the 12,000 there will be [15 who actually test positive, but 14 will be false positives](#).
- People who test positive for COVID-19 may have no symptoms and are likely to be PCR false positives. COVID-19 does not produce symptom-less disease.
- In one analysis, among [19 patients who tested positive for COVID-19, when immediately re-tested, all were negative for COVID-19](#).

A "mysterious, puzzling phenomenon"

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A "mysterious, puzzling phenomenon"

Now it is within this context of overreliance on PCR testing that [journalists at the Wall Street Journal began to investigate what they call "mysterious" long-term effects of COVID-19](#), "puzzling phenomenon" even among non-hospitalized young people, who are dealing with lingering symptoms, namely:

- Profound fatigue
- Memory lapses
- Digestive problems
- Erratic heart rate (tachycardia—fast heart rate)
- Hair loss
- Fluctuating blood pressure
- Poor appetite
- Persistent loss of smell
- Breathlessness
- Muscle weakness and pain

The WSJ reporters quoted a University of Oxford expert to say: initially "the disease itself is not that bad" but symptoms persist for months. The Oxford expert said: "[Monitoring post-acute COVID-19 patients is not yet an exact science](#)." Frankly, maybe not science at all.

Large percentages of [hospital discharged COVID-19 patients report](#) mental depression, obsessive-compulsive behavior, anxiety, insomnia, post-traumatic stress disorder.

WSJ reporters go on to say "anxiety caused by social isolation and uncertainty surround the pandemic may exacerbate symptoms, though that isn't likely the primary cause." They're wrong.

Here is what is really happening:

- Americans are being forced into isolation, which breeds fear and anxiety. One study shows for every day with COVID-19 symptoms (believed to be life-threatening by the infected subject) [there is an 11% increase in measurable mental distress](#). Many Americans believe the COVID-19 propaganda, that there is a mutated virus in circulation that no one in the world has immunity towards.
- Humans are social animals. But many Americans live alone and have no one to talk to. Then the lockdown came.
- Locked-down Americans aren't getting enough exercise or sunshine vitamin D.
- Alcohol consumption is at an all-time high; and some Americans were already over-imbibing, weakening their immune system, destroying their liver and brain, and depleting nutrients (zinc, vitamin A, magnesium and vitamin B1).
- Early on in the COVID-19 pandemic it appears the alcohol industry started [false rumor on social networking sites](#) that alcohol and tobacco consumption can protect against this coronavirus.
- Smokers are [puffing more cigarettes](#) which [increases the severity of COVID-19 disease](#). (watch rapper [Cardi-B](#), [in a state of anxiety, smoke three at one time](#))
- With time to kill, Americans are snacking more, eating carbohydrates and gaining weight. [Increasing intake of carbs \(bread, rice, pasta, cereal\) impairs vitamin B1](#) absorption. But some Americans have actually lost their appetite and are losing weight. This is also [explained by a B vitamin deficiency](#).
- Americans are losing sleep over the anxiety of dying of COVID-19, and that not only [weakens the immune system](#), it [affects memory](#), and consequently Americans are drinking more caffeinated coffee and tea to stay awake. And coffee and tea block absorption of vitamin B1.
- COVID-19 infection doesn't increase the risk for diabetes, but it does increase its severity. [Most diabetics take a drug \(metformin\) that depletes a key vitamin needed to survive all manner of biological stresses](#).

The medical director for Mt. Sinai Health System's Center for Post-COVID-10 Care says: "[I haven't really seen any other illness that affects so many different organ systems in as many different ways as COVID does.](#)" That's because modern medicine casts a blind eye at nutritional therapy.

Beri beri masquerading as COVID-19

What IS causing all the symptoms of COVID-19 is a shortage of a critical B vitamin. Basically, what we are seeing on a worldwide basis is beri beri – vitamin B1 deficiency. A disease historically caused by famine but now caused by [“high calorie malnutrition.”](#)

Modern-trained doctors wouldn't know a case of beri beri if they saw one because it is caused by a shortage of an essential vitamin that is known as a [great disease masquerader](#). Doctors aren't looking for vitamin deficiencies.

And yes, a deficiency of this vitamin may result in [shortness of breath](#) (dyspnea), the hallmark respiratory symptom for COVID-19. This shortness of breath is not caused by viral infection but a loss of automatic nerve control where the patient must begin to consciously work to breathe rather than automatically breathe.

[A vitamin B1 deficiency may be misdiagnosed as a viral infection or pneumonia.](#)

A B-vitamin shortage can induce a loss of appetite which circuitously reduces dietary intake of B vitamins, which can biochemically result in [loss of smell](#) (anosmia), another hallmark symptom of COVID-19. (It has previously been noted that a [shortage of the trace mineral zinc also induces anosmia](#) –loss of smell– which is often the first symptom of COVID-19 infection, and this lingers in the post-infection period.

All of the above practices deplete this essential B vitamin, needed for our bodies to function automatically (heartbeat, digestion, respirations). The Wall Street Journal journalists quoted doctors to say [“patients appear to be developing dysautonomia, dysregulation of the autonomic nervous system.”](#)

This reporter's investigation finds COVID-19 is not a viral infection but rather a B1-vitamin deficiency magnified by an anxiety-causing lockdown.

Vulnerable individuals

What a pandemic promoted societal lockdown does is similar to solitary confinement in its behavioral and mental aspects. Solitary confinement is “the worse kind of psychological torture,” that [can cause irreversible psychological effects in as little as 15 days](#). Many Americans were already living alone, living lonely. Pandemic quarantines and required lockdown [produce negative psychosocial outcomes, particularly among vulnerable individuals](#).

Fearful Americans may then overeat or have no appetite, drink too much alcohol, smoke more cigarettes, eat more sugary foods, lose more sleep and rely on stimulants like caffeine in coffee or tea, all which deplete vitamin B1.

11-9-2020 Not the first time a vitamin deficiency was confused for a viral epidemic, Bill Sardi

Out of fear, forced into self-care at home

One of the dilemmas facing physicians is that due to the lockdown, many people believed to be infected with COVID-19 coronavirus endured their symptoms at home and didn't go to the hospital, fearful of being infected by doctors who are cross-infected from patients and other staff, and wary of the ventilator treatments that may be more harmful to the lungs than the disease.

Some patients experienced very mild symptoms at home such as loss of smell and taste. Thereafter, finally attending medical clinics, there were found to experience a 2nd round of symptoms that included muscle pain (myalgia), intense fatigue, sensation of fever, shortness of breath, racing heart (tachycardia), headaches, and anxiety.

Admission it isn't caused by a virus

Doctors were perplexed to find only a **"small portion of these patients who sought aftercare had a proven history of COVID-19 as confirmed by PCR testing. Doctors concluded these symptoms were indicative of dysautonomia – loss of automatic control of the nervous system – – heartbeat, digestion and respirations.** This concession was documented in a report published in the journal [Clinical Microbiology & Infection](#), July 23, 2020. Dysautonomia is a vitamin B1 deficiency disease. Dare any doctor say this is a nutritional deficiency, not a viral epidemic?

11-9-2020 Not the first time a vitamin deficiency was confused for a viral epidemic, Bill Sardi

Unexplained digestive problems

Generally, COVID-19 coronavirus cases typically present as fever and respiratory illness, [but almost 50% of cases also involve unexplained digestive symptoms](#) that include nausea, vomiting, diarrhea and loss of appetite, all symptoms known to be caused by a vitamin B1 deficiency, not a stomach virus.

Sometimes digestive symptoms precede respiratory symptoms. There is general agreement among physicians that the virus infects the gastrointestinal tract. Laboratory reports claimed the virus was found to persist in stool samples. But the same flawed PCR test is used to make this mistaken claim.

ALCOHOL: The primary culprit

[Stress can lead to the onset and chronic overuse of alcohol.](#)

[Social distancing has induced feelings of stress and isolation that have resulted in an increase in alcohol intake.](#)

Many thousands of Americans are closet alcoholics. That is why liquor stores were considered essential during the pandemic. There would have been hundreds of thousands of Americans going through alcohol withdrawal symptoms had they not had access to alcohol. According to a study, [1 in 8 American adults \(12.7%\) now meet the criteria for alcohol-use disorder](#). Alcoholic beverages deplete zinc, magnesium and vitamin B1.

This is a likely reason why COVID-19 death rates were so high in Italy. There are more than [14 million daily consumers of alcohol in Italy](#), many of them older men. Winos by another name. [There is a dose-dependent correlation between viral infections and alcohol consumption](#). About 30-40% of alcoholics suffer from hepatitis C and HIV. The risk for pneumonia increases by 83% among heavy alcohol imbibers. But again, doctors mistakenly believe all these diseases are caused by microbial infection, not malnutrition.

Another continued claim is that [COVID-19 is more prevalent among males than females](#). However, men are more likely to smoke and drink alcohol excessively than females.

An anecdotal report is telling. At a party in Thailand [only those partygoers who drank a shared alcoholic beverage from the same glass were infected with COVID-19. Four partygoers who didn't imbibe did not develop illness.](#)

11-9-2020 Not the first time a vitamin deficiency was confused for a viral epidemic, Bill Sardi

Consumption of mentally-numbing [alcohol is a self-destructive way of coping with stress](#), damaging the brain and liver in particular. In the week ending 14th March 2020 the [sales in the U.S. of beer, wine and alcoholic spirits increased by 14%, 28% and 26% respectively](#) compared to the same period in the prior year. But numbers don't tell all. Essentially [alcohol disappeared from store shelves](#) during March 2020. It was being hoarded. Because store shelves were empty, no more could be purchased.

Isolation

The [lockdown resulted in more sedentary Americans](#) who spent more time in front of a TV set or computer screen, who either gained or lost weight, who smoked more and drank more alcohol. One survey reveals [sleep disturbances were prevalent among 60.8% of adults](#) during the COVID-19 lockdown. That results in more and more Americans drinking caffeinated beverages like coffee and tea. And here again, coffee and tea contain molecules that block the absorption of vitamin B1.

Nervous system affected

One study reveals that 36.4% of COVID-19 diagnosed patients have neurologic symptoms.

People who are vitamin B1-deficient (have beri beri) [exhibit nervous system irregularities](#): numbness or tingling of the legs, arms, neck, inability to speak, difficulty swallowing, headaches from brain involvement. [B1-deficients may](#) can act like they are drunk (ataxia), lose weight due to loss of appetite or report vomiting and diarrhea.

COVID-9 is associated with meningitis, paralyzing Guillain-Barre syndrome, encephalitis (brain swelling), and various myopathies (degenerative muscle diseases), believed to be caused by the spread of the virus from the respiratory system (lungs) to the central nervous system. Inexplicably, [not every COVID-19 patient with these nervous disorders tests positive for the virus in the cerebrospinal fluid](#). This is a tacit admission it isn't COVID-19 that is causing this pandemic.

How a vitamin B1-deprived heart leads to fluid-filled lungs

The time taken for the ventricles (pumping chambers of the heart) to contract and relax is called the [QT interval](#). A prolonged QT interval is associated with heart failure and mortality. Drugs like [hydroxychloroquine used to treat COVID-19 cases are reported to prolong the QT interval](#), though there is [mixed science on this topic](#) with such cases considered rare. [A shortage of B1 has been cited to prolong the QT interval](#).

Eventually a shortage of vitamin B1 can result in congestive heart failure, what is called "wet beri beri," where fluid fills around the heart.

[The first stage of wet beri beri](#) involves the dilation (widening) of peripheral blood vessels (arms, legs) which results in a decline in blood pressure, then the heart beats faster (tachycardia). The kidneys then detect a relative decline in fluid volume and respond by conserving salt which in turn results in fluid overload and swelling of extremities and eventually heart failure accompanied by restlessness, anxiety and visible bulging neck veins.

Then [fluid can back up into the lungs](#), which is how the lungs become involved in this potentially mortal disease. Viral infection is not causing the heart to fail. The so-called cytokine storm that is attributed to lung congestion in infectious lung disease is over-estimated.

A racing heart: infection or malnutrition?

It is reported that [infection may be a trigger of tachycardia \(racing heart\) with 28-41% of patients reporting onset](#) after the 2002 SARS (severe acute respiratory syndrome). Even months after a so-called COVID-19 infection, doctors mistakenly believe the occurrence of a variety of symptoms are related to this viral infection.

The [case of a patient who developed tachycardia \(racing heart\) of prolonged duration](#) (5.5 months following initial COVID-19 symptoms) is an example. Autonomic testing revealed an exaggerated case of tachycardia upon climbing stairs (110 heart beats/minute when resting, 190 beats/minute after walking up a flight of stairs). But the patient's doctors seem oblivious to the connection between dysautonomia and vitamin B1 deficiency.

Close to admitting it's not a virus but a vitamin deficiency

Few published studies address thiamin B1 as a remedy for COVID-19 symptoms, particularly nervous system involvement. A conciliatory study points in a direction away from a coronavirus. [It's reported mega-dose thiamin \(B1\) supplementation reduces overresponsive T-helper cells among heavy drinkers](#), thus reducing the risk for a cytokine storm that can fill the lungs with fluid during COVID-19 infections. A prior report indicates [a shortage of vitamin B1 may result in out-of-control T-cells](#). Researchers do concede it's possible that patients with viral infection could have an increased risk for thiamin deficiency. But their interpretation is that viral infection depletes thiamin rather than thiamin deficiency induces over-active T-cells and lung inflammation.

How do the lungs work without vitamin B1?

Using a stethoscope, doctors frequently hear crackle sounds in the lungs of COVID-19 patients. Crackle sounds in the lungs are not specific for any particular infectious disease but they are widely associated with vitamin B1 deficiency. Here is the evidence:

- Patients with [beriberi \(vitamin B1 -- thiamine\) deficiency are known to have crackle sounds in their lungs](#).
- The World Health Organization lists [lung crackles in the lower lungs as sign of thiamine deficiency](#). B1 deficiency is also known as beriberi.
- Many hospitalized patients are placed on water pills (diuretics) to control blood pressure with [no regard for the fact this class of drugs deplete vitamin B1](#).
- Infections were reported among 35 of 68 patients who had pneumonia. [Infection may be the presenting manifestation of vitamin B1 deficiency](#).
- Cases of pneumonia were frequently reported in [prisoner of war camps when beriberi developed](#).
- A 73-year old man with [beriberi breathing had crackles in both lungs](#) which resolved with vitamin B1 therapy.
- Vitamin B1 helps to [limit the growth of the bacterium that causes tuberculosis](#).
- Patients with [tuberculosis are more likely to have low vitamin B1 blood levels](#).
- One published scientific report refers to [thiamine \(B1\) as a "super antibiotic."](#)

Thiamin B1 deficiency can cause a fever

What may be missed by acute care physicians is that fever with pneumonia among some patients may not be induced by a germ but may be induced by a [vitamin B1 deficiency that results from loss of control of body temperature by the hypothalamus in the brain](#).

Few physicians recognize thiamine deficiency can result in high fever. Vitamin B1 injections may eradicate infections. A fever accompanied by vitamin B1 malnutrition [may emanate from dysfunction of the hypothalamus in the brain](#) with accompanying lack of nitric oxide, a [transient gas in the blood circulation needed to quell infections](#).

In many cases of pneumonia [no bacterial or viral infection is identified](#).

Vitamin B1 therapy should be a standard therapy for any patient with lung disease and a history of alcohol or tobacco consumption should call for vitamin B1 testing upon hospital admission.

Prevalence of B1 deficiency

At the start of the pandemic in January of 2020 many Americans were living on the edge of a beri beri epidemic regardless of COVID-19.

It [only takes 18 days to develop a vitamin B1 deficiency](#). A typical diet provides no more than 1-2 milligrams of this water-soluble vitamin that needs daily replacement.

[Nicotine and alcohol use deplete essential nutrients like vitamin B1 and vitamin C](#). In China, where the COVID-19 epidemic is said to have started, [68% of men are smokers](#) and [46% drink alcohol](#).

According to [Derrick Lonsdale MD and Chandler Marrs PhD](#), the following percentages of Americans are living on the edge of mortal consequences because of their shortage of thiamin (vitamin B1) that is being misdiagnosed as a viral infection:

- 76% of diabetics (adult and child onset)
- 29% of obese patients; 49% of bariatric patients
- 40% of community dwelling elderly; 48% in acute care
- 55% of cancer patients
- 20% of ER patients
- 33% of congestive heart failure patients
- 38% of pregnant women (more with nausea and vomiting)
- 30% of psychiatric patients

Inconceivable prevalence

Modern medicine is so compartmentalized that it is difficult to conceive a disease like beri beri is so anatomically and physiologically permeating. Beri beri is so pervasive it defies conventional diagnosis. This author must expand the broad signs and symptoms caused by vitamin B1 deficiency, as the [Mayo Clinic has done with its expanded list of symptoms](#) below.

11-9-2020 Not the first time a vitamin deficiency was confused for a viral epidemic, Bill Sardi

- **Dizziness and fainting** when standing, caused by a sudden drop in blood pressure.
- **Urinary problems**, such as difficulty starting urination, incontinence, difficulty sensing a full bladder and inability to completely empty the bladder, which can lead to urinary tract infections.
- **Sexual difficulties**, including problems achieving or maintaining an erection (erectile dysfunction) or ejaculation problems in men. In women, problems include vaginal dryness, low libido and difficulty reaching orgasm.
- **Difficulty digesting food**, such as feeling full after a few bites of food, loss of appetite, diarrhea, constipation, abdominal bloating, nausea, vomiting, difficulty swallowing and heartburn, all due to changes in digestive function.
- **Inability to recognize** low blood sugar (hypoglycemia), because the warning signals, such as getting shaky, aren't there.
- **Sweating abnormalities**, such as sweating too much or too little, which affect the ability to regulate body temperature.
- **Sluggish pupil reaction**, making it difficult to adjust from light to dark and seeing well when driving at night.
- **Exercise intolerance**, which can occur if your heart rate stays the same instead of adjusting to your activity level.

THIAMINE (thiamin) vitamin B1 Molecular formula: $C_{12}H_{17}N_4OS^+$ Molecular weight: 265.36 grams/mol

Thiamine (aka thiamin) is a colorless compound that is a water-soluble essential vitamin, belonging to the B-vitamin family, with mood modulating, sugar-regulating activities. Thiamine is necessary for metabolism of carbohydrate, protein and fats. Thiamine is required for the production of adeno-triphosphate (ATP), the cell's energy currency.

Thiamine was first discovered by Umetaro Suzuki in Japan when researching how rice bran cured patients of Beriberi.

Thiamine cannot be stored in the body; about 80% of thiamine is in red blood cells; however, once absorbed it is concentrated in muscle tissue.

In a state of true deficiency, it may induce its most visible symptom, horizontal eye movements (nystagmus), often mistaken for illicit drug use. In the elderly a B1 deficiency may result in premature senility and confabulations – making up stories to fill in gaps in memory.

11-9-2020 Not the first time a vitamin deficiency was confused for a viral epidemic, Bill Sardi

Dietary inadequacy

In a misdirection, one study shows 25% of British millennials mistakenly believe a [vegan diet is more appealing](#) since the worldwide outbreak of COVID-19. Yet a vegan diet may not resolve a B1 deficiency. Not unless coffee/tea, alcohol, tobacco, anti-diabetic medicines (metformin), diuretics and sugary foods are abandoned.

In a dietary survey conducted in a European country, [52% reported snacking more](#) during the lockdown.

Beef, liver, eggs, fish, pork are major dietary sources of B1 along with seeds (flaxseed), nuts and beans. But with so many B1 blockers in use (carbohydrates, sugar, alcohol, coffee/tea), even a B1 fortified diet may not be enough to quell a vitamin deficiency epidemic.

It is not a coincidence that a list of [anti-depressant foods supply vitamin B1](#) along with zinc, vitamin A, C, D.

Vitamin B1 supplements

In our modern world with a plethora of prepared and processed convenience foods, the best way to ensure adequate B1 nutrition is to supplement the diet with B1 pills. A [fat-soluble form of B1 benfotiamine](#) (ben-fo-tee-ah-meen) is recommended. [Allithiamine is another fat-soluble form of B1 that passes through the blood/brain barrier](#). There is no overdose for B1 supplementation.

In the face of so many factors that impair B1 absorption (alcohol, coffee, tea, sugar, carbohydrates, medicines), B1 supplementation would be required to quell a B1 pandemic. It's probably best to supplement with vitamin B1 at a different time than when coffee or tea is consumed.

Other B1 blockers

Don't trust your diet to prevent or cure. Thiamine is a water-soluble vitamin that is easily washed out of the body. Those [individuals who take water pills \(diuretics\) unwittingly develop shortage of B1](#) and suffer with symptoms that are not readily connected with B1 deficiency. Individuals who take [antacids and contraceptive pills are also at increased risk for B1 deficiency](#). Older adults [secrete less stomach acid and absorb less and less thiamin](#) from their diet as they age. An acid supplement (betaine) improves B1 absorption.

11-9-2020 Not the first time a vitamin deficiency was confused for a viral epidemic, Bill Sardi

Global government misdirects, fails to take action

The World Health Organization (WHO) should know better. It fails to heed its own body of knowledge, namely a report entitled: "[Thiamine Deficiency And Its Prevention And Control In Major Emergencies](#)." Historical epidemics of thiamin deficiency are well documented by the WHO. But the WHO generally presents beri beri as a consequence of food deprivation in third-world countries, not a rampant epidemic in advanced countries due to "high calorie malnutrition" as explained by Derrick Lonsdale MD.

The great masquerader, beri beri, has fooled the world once again. It is misdiagnosed as this disease or that disease. In modern medicine a B1-deficiency is seen by cardiologists, neurologists, pulmonologists, psychiatrists, virologists, bacteriologists, ophthalmologists, nephrologists, hepatologists, who are simply not trained that beri beri cannot be anatomically compartmentalized like other diseases.

Because modern medicine is looking in all the wrong places to cure and prevent COVID-19, there will never be a cure. The world will be held in perpetual lockdown. Vaccination will be an exercise in frustration. The cure will be more deadly than the disease.

It is worth mentioning that The World Economic Forum (WEF) out of Europe says it is time for global government to exert world leadership in a crisis such as the COVID-19 epidemic. The WEF is part of a global conspiracy to force vaccination, abandon paper money, and drastically reduce meat consumption to a point where it is only consumed as an occasional delicacy, a practice which would further exacerbate the ongoing vitamin B1 deficiency epidemic now in progress. Ironically, the worldwide lockdown is causing workers to not show up for work for fear of infection. This is beginning to cause food shortages that could lead to famines and the return of beri beri epidemics of the past.

