Dear Christine,

thanks for your reply.

We accept the necessity to culture bacterial pathogens in vitro in order to separate them from each other, and to obtain them in quantities large enough to apply biochemical or other tests for their identification.

The growth of viruses in cell culture serves the same purpose.

Sure, it is trickier and more complex to isolate viruses than bacteria in culture, but nevertheless it is possible. We can run a parallel sample of the cell culture and verify that it is free of the cytopathic effects caused by virus propagation. This sample will also include all of the required additives, and thus confirm that these are not the source of the virus.

If cytopathic effects do turn up in the samples inoculated with patient materials, then the identity of the virus can be established using PCR and/or antibodies. There are multiple studies that have done this for SARS-CoV-2. There are also multiple studies that have grown the virus on a large scale in order to produce a chemically inactivated conventional vaccine.

To me, this is sufficient evidence of the existence of the virus - and I'm pretty sure most other MDs with the same background (10 years in diagnostic medical microbiology) would agree with me.

Virus isolation without culture is simply not done routinely, because it is difficult and not sensitive, and there really is no point. It would be far more useful to find out if any labs are actually carrying out virus isolation procedures in cell culture routinely, and if so, how their findings compare to the PCR. If they do this, they will likely find that only a small fraction of the PCR-positive patients are also culture-positive. Moreover, the discrepancy might conclusively show up the "second wave" as a fabrication.

Best wishes,

Michael

***** MY RESPONSE ******

Dear Michael,

You have not commented on the 2 early "SARS-COV-2" studies from China that I sent you. I realize you may have not even read them yet, but if/when you do read them, I would really love to know whether you consider those studies scientific.

Regarding the study that you say you "could" do, if cytopathic effects do turn up in the samples inoculated with patient materials (but not in the adequate controls), then you will have evidence that "something" (or some combination of things) in the soup of patient materials caused the effects. Assuming that the "something" is a virus, would be just that - an assumption.

And PCR applied to the soup of genetic material found in the patient sample cannot ever establish/prove the presence of an alleged "coronavirus", since PCR cannot tell you the origin of any detected sequences. You would simply be assuming that detected sequences are part of the genome of an unproven, never isolated/purified and never sequenced "SARS-COV-2".

And any discussion of "antibodies" for an assumed but unproven "virus" is rather absurd, don't you think?

If you can and are willing, please cite for me an actual (not imaginary) study where methodology that you consider scientific, complete with adequate controls, has been applied and proves that a specific new thing ("SARS-COV-2") is in diseased humans and causes that same disease (in animals), or even causes any harmful effects in human cells.

The study must of course rule out the possibility that the thing ("SARS-COV-2") originated from the FBS or the cell line, or somewhere other than the human patient.

The study must also rule out the possibility that any harmful effects observed were caused by something other than this specific thing ("SARS-COV-2").

Without an isolated/purified virus, good luck!

Cheers, and thanks for your time,
Christine