

It Is Not Only the COVID-19 Virus that Is Dangerous. It Is How Our Body Reacts to It. Belgian Family Physician

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Theme: [Science and Medicine](#)

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Children survive the Covid-19 virus well.

A doctor's urgent appeal to look at blocking excess PAF-aceter and strengthening the capillary bed in adults to diminish morbidity of the SARS-CoV-2.

Note to our readers. Do not take medicine without a formal prescription from your physician or family doctor

Many of my patients are anxious, and some of them have indeed caught the novel Coronavirus through casual mingling in social settings.

Our Prime Minister of Belgium **Sophie Wilmès** has taken strong measures to reduce the rate of spreading of the disease, but many are of course asking their General Practitioner what is best to do to not catch it, or to overcome it, if you have caught it.

Here is what I advise: optimise your immune system with supplements and hygienic measures, including getting good sleep. Eliminate all sources of unnecessary electromagnetic smog, especially during sleep.

I do not advise my patients to take paracetamol, or non-steroidal anti-inflammatory drugs, as these would potentially lower the body's healthy combative increase in body temperature: it is believed that bats survive the deadly viruses that they carry by attaining fever-like temperatures from the high metabolic activity of flying. One of my favourite ways to fight off a virus infection when it causes its initial myalgic symptoms, is to pour a quite hot bath, and relax one hour in it, adding hot water when needed.

Little is known about the true origin of the current SARS-CoV-2, but we do know that it is a highly contagious cause of a Severe Acute Respiratory Syndrome, and thus not at all a standard "flu" virus.

By becoming more hygienic in all our interactions, we will have very little spread of the "common flu" these days, and we will attenuate the rate of spreading of the Covid-19.

Last year, taking supplements to boost your immune system through the Winter was a good idea.

This year, those same supplements can actually save your life, and protect your fellow citizens around you.

Make sure then to optimize your levels of:

Vitamin D: here in Belgium, if patients have not been taking it, I give them an initial cure of 9000 IU D3 / day, with a fatty meal, before cruising down to 6000 IU/ day until Spring. I find that continuing 3000 IU all through the Belgian Summer is usually warranted for adults who spend a lot of time inside.

Zinc: It is essential to have healthy high levels, to be able to fight the viruses. I often give lozenges with a low dose (only 2.5 mg / tablet) that can be popped all through the day (up to 8 per day = 20 mg) The tablets I prescribe also contain Vit-C which needs to be given all through the day, for optimal effect.

Vitamine C: seems highly essential to me: In addition to the Vit C with Zinc lozenges, I also prescribe slow release vitamin C: 2 capsules of 500 mg both mornings and at midday. (2 x 1 gr)

Selenium: is an essential factor of our immune system, and older patients are often lacking it: I give my patients an organically bound Selenium derived from yeast (SelenoPrecise) 100 µg of Se, with 8 mg of Zinc + Vit E and A.

Antivirals: Producers of antivirals that are under Patent protection are queuing up with the WHO to be able to launch large scale human studies to identify the best anti-viral against the SARS-CoV-2. We will read about these studies in our mainstream newspapers, and, no-doubt, a magic experimental vaccine will soon be proposed. Any seasoned general practitioner will be careful not to be the first to advise experimental medicine, but we are very avid to find out, among ourselves, what actually works to stop the virus in its tracks, among the classic medicines we are accustomed to, and also within the very large range of safe natural remedies that have existed through the ages.

Today, in order to avoid that a Covid-19 patient would need a hospitalisation, a General Practitioner might prescribe after a preliminary ECG **hydroxychloroquine 200mg**, (first a loading dose of 2 x 2 tablets orally during meals, then 1 tablet 2 x / for 4 days). A morning dose of 200mg may keep another 4 - 5 days after that, but in principle, according to preliminary studies (1) this would already have a very significant antiviral effect. Most Hospitals are already short on hydroxychloroquine, although it costs only pennies. They will probably propose an anti-HIV-medicine, some of which seem effective on a preliminary basis, but are not devoid of side-effects, including to the pocket book.

In the hospital, you will be treated with what they have in the hospital's pharmacy. You can be sure not to receive anything that is akin to a natural herb, although these have been tested against Corona viruses with promising results after the 2003 SARS outbreak. (2) One candidate that is often used in Traditional Chinese Medicine is extracted from the root of a beautiful flower that Carl von Linnée gave the name *Scutellaria baicalensis* as its natural habitat is a large region around the Southern Siberian Lake Baikal. At the well tolerated high dosage, it is a wise alternative antiviral to avoid the hospital in case of a Covid-19 infection and, with-out even knowing it, you'd possibly be treating several other ailments at the same time.

There has been talk about the liquorice-root (3), as an antiviral in non-hypertensive patients. I think it has its place as a “feel better” herb, as it boosts the body’s cortisol, but although the nitrous oxide promoting properties can inhibit virus replication, it is important to not use vasodilators if the patient develops the “ground glass” extravasation of inflammatory oedema in the lungs that characterizes the seriously ill SARS patients. These patients should consider lowering their dependence on vasodilating drugs, and instead look for compounds that enable optimal function of their capillary glands, and that blocks an over-reaction of especially the highly potent phospholipid activator PAF-acether.

Helping the capillary bed: one of the natural remedies that often is mentioned as useful in the SARS cases is dihydroquercetine, which is extracted from close to the root of the characteristic larch (*Larix gmelinii*) that grows in Eastern Siberia, in the region of the Amur River (to the East of Lake Baikal). The reason that SARS-19 seems to spare young patients, under 19, is most likely due to the health of their capillary bed : the younger you are, the less likely that your capillaries will dysfunction from the viral attack; it will be less likely to allow a disequilibrium of cytokines and inflammatory phospholipid activation. Dihydroquercetine is known to strengthen our body’s 100.000 km capillary bed, including in our lungs. As we get older, why would we not take it ?

Blocking excessive PAF-acether release: The importance of PAF-aceter as a highly potent phospholipid activator was described already in the early 70ties by the French immunologist Dr. Jacques Benveniste. At a concentration of 10^{-12} mol/L *****, PAF causes life-threatening inflammation of the airways to induce asthma like symptoms. When PAF-acether gets out of hand in the body, it is like an avalanche, and sudden death ensues by multi-system failures (heart, lung, kidney, pancreas..etc). By the end of the 80ies, interest for developing specific antagonists against the release of PAF-aceter died out, as most molecules were expensive to manufacture, and did not match up to the PAF-aceter blocking capacity of the non-patentable ginkoside obtained from the naturally fallen yellow leaves of the Ginko-biloba tree. It seems to me that the characteristic “ground-glass” image on the lung CT scans could be a sign of dangerous PAF-acether activation, and the sudden fatal collapses that we have been catching on clips sent in from different parts of the world could well be due to this fatal avalanche of PAF-acether release. I may be wrong in this, but it seems to me strongly and urgently indicated to give the carefully selected gingsides (extracted from the naturally fallen yellow leaves) a fair try, to save unnecessary loss of life, and cut the rates of people needing to be put on artificial breathing pumps, due to a likely PAF-acether induced oedema during the otherwise perhaps more manageable viral attack on their lung tissue.

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Author’s note: The health recommendations I have given here are according to my current best knowledge as a routine general practitioner of more than 30 years of practice. I would be delighted to find a forum of doctors to discuss what treatments really work against this new virally induced disease, and that can be safely put into practice very fast. If you have a good forum, please reach out to me at eric.beeth@gmail.com

Notes

1. www.ncbi.nlm.nih.gov/pubmed/32150618 In Vitro Antiviral Activity and Projection of Optimized Dosing Design of Hydroxychloroquine for the Treatment of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Clin Infect Dis. 2020 Mar 9 (epub ahead of print)
2. www.ncbi.nlm.nih.gov/pubmed/15288617 In vitro susceptibility of 10 clinical isolates of SARS coronavirus to selected antiviral compounds. J Clin Virol. 2004 Sep, Chen F. et al.
3. www.researchgate.net/publication/6949500_Glycyrrhizin_an_active_component_of_liquorice_roots_and_replication_of_SARS-associated_coronavirus Glycyrrhizin, an active component of liquorice roots, and replication of SARS-associated coronavirus The Lancet 361 July 2003 J Cinatl et al.
4. https://link.springer.com/chapter/10.1007/978-4-431-68416-9_27 Platelet-Activating Factor and Its Antagonists: Scientific Background and Clinical Applications of Ginkgolides, Pierre G. Braquet from the book : "Ginkgo Biloba A Global Treasure" Springer-Verlag Tokyo 1997 T. Hori et al. (eds.)
5. https://en.wikipedia.org/wiki/Platelet-activating_factor Note : this is also a reason to avoid using NSAIDs in COVID-19 patients : in Asperine sensitive patients it has been shown that among the inflammatory leukotrienes, it is the PAF that over-reacts.

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