

Why Are There So Many SARS-CoV-2 Infections With Asymptomatic Cases?

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First, before getting into this email, I have included a link to show how medical doctors are trained to remove contaminated safety gloves. I don't think we have to take it to that degree but the data is there for your information. Maybe someone needs to refresh it so there it is.

<https://OptimalHealthSecrets.com/Library/Miscellaneous%20Articles/why-so-many-sars-cov-2-un-symptomatic-infections.pdf>

Some Deeper Points to Keep in Mind

Some deeper understandings with regard to immunity may be helpful. We know that different germs have different virulence scores. This is a measure of how infective a germ might be. When a germ enters the body a battle ensues between the germs and the immune system. As explained in the MedCram YouTube videos I included in previous updates, the Macrophages (one form of White Blood Cell) swallow the viruses and then rip apart its RNA. (With regard to SARS-CoV-2 it is an RNA virus.) The Macrophages then present snippets of that RNA on the surface of the Macrophage. The T Cells then sense those bits and process them getting them ready for the B Cells. B Cells then make the antibodies against that original virus.

That biological process, Macrophages > T Cells > B Cells > Antibodies, takes some time. If the virus can replicate FASTER than the body can make antibodies and kill them then the virus wins. Blood clots form, lungs plug up and the whole body crashes. The virus relies on spreading outside that body before it dies. Once the human body dies then the virus in it dies too. Unless, of course, some other animal eats the body. Luckily, we as humans don't eat other human bodies. So, those viruses inside die when the body dies.

One sees then that if a person gets exposed to only a small number of the SARS-CoV-2 viruses that cause COVID-19 disease then that person's innate immune system will take care of killing the virus with maybe no symptoms at all occur. This is called a low viral load. No COVID-19 disease occurs, or just very mild symptoms. If, on the other hand, a person gets exposed to very high numbers of the viruses (high viral load) then the body cannot cope quickly enough. It all becomes a race between the virus' replication against the immune system clearing it out.

Now this process has been going on for millions and millions of years before humans ever walked the earth. Viruses attach each other and any and all life forms. When they get a foothold then they proliferate. Getting sick is a combination of catching a very virulent germ (one that grows fast or that can overcome various immun system defences), and on how many of the germs enter the body.

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Given all that, one might see that getting infected with small amounts of SARS-CoV-2 at some future point, will be inevitable and may not be able to be avoided in our type of close community behaviours. But, by then science will have built immunizations, the same types of antibodies that our body makes, or the scientists will learn how to chop up the RNA or the Virus' cell wall, and then present those snippets to the Macrophages (by injecting them), then our bodies go through the same thing to produce these antibodies naturally from the immunization products enclosed in the immunization shot.

But, that immunization was given to a healthy body before any live virus infection. The antibodies are built by the body naturally then are then all ready there and ready to start killing those infective viruses immediately should a future infection occur. The virus cannot overcome the body and dies. This is how so many older diseases have been eradicated (mostly) around the world.

We see that getting small dose infections may not be all that bad and may be inevitable. The cough and the sneeze seem to produce the Mega loads the the body cannot cope with. Regular talking may produce tinier loads that the body can cope with. We leave it to our science wizards to work out. A few viruses that survive on surfaces of things and end up being consumed may be handled well by the body and one would then never know that one produced natural immunity to them. Getting paranoid over infections needs to be balanced against the body's need for exposure. After all the human body incorporates several viral genetic components into human genes.

So, why then do some people get more sick than others?

If the virus gets all the way down into the lungs into Type 2 alveolar cells then the potential is high to develop ARDS. (Acute Respiratory Disease Syndrome). If it stays up in the nose or throat then only symptoms of a cold occur. If it goes into the stomach then nausea, vomiting, diarrhea may occurs. Thus, the viral load on initial infection has a lot to do with how far into your body the virus gets. Thus, the N95 masks do have some help to offer.

Next, genetics plays a role as some people have genetics making them more susceptible than others, or more protected than others. And then there is sex. Not the having of sex but, the actual sex you are. Estrogen has the effect of inhibiting IL 6 (Interleukin 6) which plays a large role in the cytokine storm. The cytokine storm leads to the production of AT1 R (Angiotensin II type 1 Receptor). AT1 R causes Vasoconstriction (BAD), It is Pro-Inflammatory, (BAD), it is Pro Fibrotic (BAD).

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Cytokine Storm

Explaining the COVID-19 Cytokine Storm

<https://www.youtube.com/watch?v=LV8wWhjTKRU>

The SARS-CoV-2 virus gains entry into the body by attaching to cells that have the ACE2 receptors on them. That means, mouth, nose, lung, stomach, intestines, colon, skin, lymph nodes, thymus, bone marrow, spleen, liver, kidneys, brain. These can all be affected by this new virus.

The Cascade

Lets look at that term cascade a bit. The liver produces Angiotensinogen. The kidney produces Renin and Renin converts Angiotensinogen into Angiotensin 1. That is then converted in two pathways. One by the Angiotensin Converting Enzyme 2 (ACE2) to Angiotensin 1-9 (GOOD). And two, it can go to Angiotensin II. Angiotensin II can go three ways, into Angiotensin (1-7) (GOOD), or to AT2 R (GOOD), or to AT1 R (BAD). Various drugs block the pathways to Angiotensin II and some others block from Angiotensin II to AT1 R. The drugs save lives. See the video link above for a more complete discussion and a diagram.

Finally, some patients are on medications that reduce (or plug up) ACE II receptors making them less available to the virus so, these people are less susceptible to a bad disease outcomes.

Asymptomatic Cases

So then, why are there so many SARS-CoV-2 infections with asymptomatic cases? Well, to make the complex answer become more simple, it's a combination of genetics and LOW VIRAL LOAD among other things.

An issue we would like to know about is "Does the armed forces have a lower ratio of serious disease to total infections than the general population, and how does that compare to our senior residences? We would expect the armed forces to have more fit people involved and thus, fewer serious cases giving a lower ratio.

Science is still learning all the factors so we will hear more on all that as time goes on. Just how important is physical fitness to immunity? At Wellness Risk Management we think it is quite important.