

**The science of medicines is not science at all –  
virus monitoring and vaccine developments confirmed it**

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*Coronavirus pandemic has resulted in an intense debate about the legitimacy of the pandemic, the existence and isolation of the virus, and perhaps more importantly, the development and relevancy of vaccines. This article provides a critical view highlighting the potential cause of the debate. It is argued that the practice of medicines is mistakenly also considered the science of medicines. It is further argued that there is no such thing as the "science of medicines" but a twisted and falsified version of the actual science - chemistry. Considering the pandemic and related topics as noted above and applying principles of chemistry, it would immediately be apparent that pandemic and its associated issues have no logical and scientific basis.*

In some of my earlier articles, the focus has been on explaining terms commonly used such as RNA/DNA, PCR, and associated testing, test validation, vaccines in a simple and non-technical language. Unfortunately, such terminologies are described in scientific literature and public media as if understanding these mystical entities requires a high degree of academic qualification and hands-on experience only available within hospital environments.

Narratives are presented as if "experts" deal with very high levels of complex science or substances. In addition, the main message appears to be that only a tiny group of people is capable of understanding the concepts and details.

However, facts remain that publicly made claims are chemistry-based but described without

acknowledging and explaining it as chemistry or the actual science. They are described under many different confusing names or terminologies. For example: pharmacology, immunology, microbiology, virology, epidemiology, molecular biology, gene sequencing and therapy, proteins, enzymes, antibodies, pharmaceuticals, therapeutics, collectively under the umbrella of "science of medicines." However, they all fall under the chemistry science category representing well-known and well-established chemistry processes. There is no such thing as a science of medicines, but the subject (medicine) is a user of the science, mainly chemistry.

The intention here is not to downplay this noble and respectable profession of medicines. It is to clarify that the medical profession has diverged from its basis and has made mistakes after mistakes leading to putting people's lives in danger or death.

The focus of this article is to explain and differentiate the **practice** of medicines from the **science** of medicines. The two aspects are very different from each other but are described as the same. This mixup has caused the mistakes leading to the disastrous outcome of defining and handling the COVID pandemic and its treatment with so-called vaccines.

**The practice of medicines:**

A professional, commonly known as a doctor or physician, practices the medicines. This person is trained by studying mostly physiological



conditions of humans, including comparative healthy vs. ill persons. In addition, the physicians are trained to link abnormal physiological states with medicines to bring the body to a normal healthy state, if and when the need arises.

The physicians are expected to memorize three aspects, i.e., physiological conditions, medication characteristics, and their interactions. The efficiency of their profession requires and is judged by accurately and critically evaluating patients' physical symptoms and clinical laboratory reports. They then proceed with diagnosis and treatment, at least with medicine from the choice of options. At no time is it expected that physicians would be experimenting in any shape or form with human physiology and/or the treatment. The descriptions here are restricted to non-invasive pharmaceutical interventions but could be extended to invasive or surgical interventions as well.

It is just like any professional trade, operating and fixing large and complex machinery such as trains, planes, ships, manufacturing plants, oil rigs, nuclear reactors, etc. Someone has to know the operation of the machines and if a malfunction occurs to bring them into the normal operating state as per operating principles and instructions. A physicians' job is no different or should not be considered any different.

A physician is trained to work with a machine or physiological plant, known as a human being. The body follows the natural laws of science and mechanics. When it is referred to as science-based, people often do not realize that it is all based on the science of chemistry - pure and simple.

For example, starting with food, it's the input raw material – practically everything is based on chemicals and chemical reactions. There is a wide variety of food available for people to consume and enjoy. Still, all provide few essential chemical components, e.g., carbohydrate, fat, proteins, and some micronutrients such as vitamins and minerals along with water and oxygen. That is all. We all consume food for these components. Body breakdown these chemicals and then amazingly re-assembled them for required components to build its structure and provide energy for maintaining its structure and function, aka health.

What one sees as health and disease is the normal or not-normal, respectively, operation of the plant, i.e., the human body. Not-normal means some deviation is happening in operation. The underlying cause, i.e., science, of this abnormality is searched and established in the research laboratories, not in the hospitals or physicians' offices.

A simple example of abnormal functioning of the body process is observing acid reflexes. The cause of acid reflux is usually incomplete or inefficient digestion of food, which results in jumping of stomach content towards the mouth. The burning sensation often results from the caustic effect of the highly acidic content from the stomach. This burning sensation could be reduced or end by consuming an antidote such as milk, which provides buffering capacity by lowering the stomach acidity temporarily. Then body-process would take over the deviation and correct it.

This example is not to provide medical insight or advice but a simple analogy to describe what our elders used to do and told us to do. They used to call it something of meaning "sour heart" and suggested the remedy described here.

The principles of chemical science describe this process as acid reflux. It is not critical what you name the physiological deviation, the body is behaving normally, and some intervention would help smooth sailing through the unpleasant feeling or experience. Eventually, the body's natural processes will take over, and the body function returns to its normal state.

In modern times, physicians would diagnose the same thing. Still, instead of suggesting milk, they may suggest Tums tablets, which are calcium-based acidity reducers just like calcium in milk would. It is a simple example of a diagnosis but describes the fundamental principle of diagnosis and treatment or art or practice of medicine.

It is always possible that the body gets attacked by foreign or sometimes even endogenous microbes, such as bacteria, and gets overwhelmed and may require external help to get rid of the toxin. In those cases, the body would need or benefit from external intervention. A good example of such is infections and their treatments with antibiotics. This will fall under the domain of the practice of medicine, diagnosis/treatment pair.

The most important thing to note here is that the treatment must be temporary and for the shortest possible duration. Most, if not all, such external treatments usually have unnatural ingredients commonly referred to as medicines or pharmaceuticals. These are primarily chemical compounds (simple or complex) that are not part of the body's essential ingredients' needs and requirements. It is like the breakdown of any machinery with a temporary fix. A car might require tapping the cooling pipe leak or broken exhaust pipe. However, they would require fixing or replacement as per original specifications for its proper operation.

In its physical operation, the body functions as a pre-programmed self-growing and maintainable machine. As noted above, for all practical purposes body require the above-mentioned essential nutrients for its survival and function by performing exhaustive list chemical processes or reactions.

#### **Science of medicines:**

Considering the nature of the essential ingredients critically, their breakdowns and transferring into body skeleton and muscular structure and its maintenance and functioning, it should be evident that the human body is a marvelous chemical machine or plant.

Therefore, if one likes to establish the body's normal or healthy state, it must be monitored with its chemical balances. A battery of clinical tests serves this purpose – monitoring the body operating status. Most, if not all, these tests, commonly known as clinical tests, are straightforward and standard chemical tests. These clinical tests form the basis of a healthy body's outcome and reflect the baseline values.

Consider a urine test result, as an example, showing the presence of urea, among other components. Where did this urea come from? The body never consumes urea in its diet of required essential ingredients. It came, as waste, from chemical processes/reactions in the body for its function and maintenance. It is a straightforward example, showing that hundreds, if not thousands, of chemical reactions occur in the body. A disease state often reflects some deviation in the chemical-based outcome, increase or decrease such as blood cholesterol or sugar levels or physical characteristics such as body temperature and blood pressure.

The monitoring of chemical processes/reactions of healthy and sick people, followed by developing an appropriate intervention by adjusting essential ingredients supply or other chemical-based components, is called the science of medicines. This science activity is not conducted in hospital environments by medical-related subjects, but by definition, in laboratories with solid expertise in chemistry-based science.

However, in general, modern medical experts consider this part of the practice of medicines. In doing so, they make colossal mistakes in inventing and classifying diseases and their treatments by doing chemistry or science work without having the necessary underlying training and experience. Practically every aspect of disease invention and classification of the past at least five to six decades of "scientific" progress is arguably completely bogus, and now led to a disastrous episode of the current coronavirus pandemic.

#### **Coronavirus pandemic:**

This mistaken aspect of the science of medicine may very well be explained by describing the current coronavirus pandemic. Consider how the coronavirus illness or pandemic got started - simply by initiating a rumor. Someone in the field of medicines, in this case, virology, either created or believed in the rumor, i.e., a new disease has developed. It will spread, potentially killing millions of people.

As virologists started the rumor, hence the new disease has to be because of a virus. It was a pure and simple baseless rumor because no evidence of the virus's existence or its link to the disease was available or provided. The disease was classified as SARS (Severe Acute Respiratory Syndrome). In

addition, it was promoted that it is a contagious disease and spreading very fast.

The immediate protection suggested was locking everyone within their homes as if there was a flock of birds flying that would poke people outside their homes. It was declared that the poking occurs on the mouth and nose (respiratory), so they must be covered as well.

Further, it was advised that people should not come near one another (remain at least 6 feet apart) to avoid transferring the poked material. Countries-wide emergencies were declared to enforce these mandates. A test was developed to monitor the virus.

Perhaps the absurdity of the whole situation is that no one isolated and identified the virus (the poked-material), but a test was developed to measure the unknown virus. Only physicians or virologists can pull such a trick. In reality, developing tests fall under analytical chemistry science; however, the job was never assigned to it but kept within the medicine area.

If chemistry scientists and laboratories had assigned the task of isolating the virus and developing its test, the pandemic would never have existed from day one. Scientifically, it is impossible to develop and validate a test without having the reference material in hand - isolated virus, i.e., no virus specimen, no valid test, no pandemic. Therefore, the declaration of the virus and its disease certainly reflect ignorance about the science of medicines.

The point being this modern-day disease identification process and linking it to its cause is certainly not scientific. It is no different than disease identification practices of medieval times, i.e., not logical or scientific, except modern



"healers" and "scientists" are presented in airtight costumes surrounded by expensive instruments.

No outsider's opinion is considered or sought, such as chemistry-based science, because it is assumed that no one else would know or be considered capable of understanding the medicines. Everything remains within peers, i.e., authenticated by the same small group of people or experts with limited knowledge or experience of the chemistry aspect of disease manifestation.

It is believed that the current pandemic is causing deaths because of respiratory infection presumably caused by the virus. The logic would dictate that one should treat the visible or measurable illness – the infection. However, the public has been forced to accept protection from the invisible, non-isolated, and non-measurable virus, not the infection – pure and simple black magic approach.

Interestingly, no existing pharmaceutical or even viral treatment was considered or allowed but often prohibited. A brand new treatment/vaccine was sought, which had to be developed. In the meantime, patients must have to wait or may even die until a new treatment is developed—complete defiance of logic and lack of care of patients' health and prevention of potential deaths.

Claims of "scientific" authenticity of developing and approving a treatment are often based on clinical (human) trials. A "clinical trial" is promoted as the primary tool for such purposes. It is used primarily to convince the public and regulatory authorities that science is being followed in developing medicines.

Vaccine product development is described here to explain how even clinical trials do not follow logical reasoning and fundamental scientific principles and requirements.

#### **Clinical trials a non-scientific exercise:**

In general, a clinical trial may be described as a comparative evaluation of an entity against a blank or control (commonly known as placebo) for addressing an issue at hand, which falls under the category of the science of testing. A clinical trial is called clinical because instead of testing (trials) in animals or non-animal laboratory-based, they are conducted employing human subjects. The subjects (humans) are divided into two groups, one for the treatment and the other without, to see if the treatment provided the expected outcome without producing unacceptable adverse effects.

To understand the principle of clinical trials, one can do a simple clinical trial at home. For example, a study ("clinical trial") can easily be conducted at home to observe weight gain with fat and sugar consumption. To conduct such a clinical trial, one would need some healthy volunteers, a supply of fat (e.g., ice cream) and sugar (e.g., chocolate topping), and a weighing scale to monitor the weight. All one has to do is divide the volunteers into two groups and feed one of the groups a bowl of chocolate-loaded ice cream daily for a month and the other without. Monitor the weights at a predetermined schedule and establish the weight differences. Voila, one has done a clinical trial.

Similarly, if one likes to develop a vaccine for treating COVID, one needs to get the COVID patient volunteers to show that treatment works. However, the problem is that there are no COVID patients available. How should it be that there are

no COVID patients available while countries are in the grip of the COVID pandemic?

The second option would then be to create patients by inoculating with the virus to develop COVID. But the problem is that there is no virus available to inoculate to create COVID illness. Again, how is it that the virus is spreading, but the virus sample is not available?

So, a normal and standard clinical trial could not be done and has never been done. Does it not show that there is no pandemic?

Therefore, made-up "clinical trials" were conducted using healthy human volunteers, half inoculated with vaccines and the other half without vaccines

Volunteers in both groups were monitored with the PCR test to observe COVID in volunteers. It is important to note that this PCR test has never been validated to test the presence or absence of the COVID virus. However, a positive test is considered to show the presence of the virus. It is still to date a mystery as to how results from testing using a non-validated one become scientific and acceptable?

In Pfizer-BioNTech vaccine development, some 162 volunteers tested positive for placebo while only eight with the vaccine, out of about twenty thousand volunteers in each group. Therefore, it was considered that the efficacy of the vaccine is 95%.

The basis of this interpretation is as follows: If there had not been given the treatment, both (treated and placebo) groups would have an equal number of positive tests. However, as the treated group showed only eight positives, the vaccination protected the remaining from the virus. Make

sure it should be understood that the test does not test the virus at all. However, claims are being made about the protection from the virus. How could such an interpretation be considered something other than false and fraudulent?

On the other hand, unfortunately, the public generally assumes, which would be a scientifically correct interpretation as well, that out of twenty thousand plus volunteers in the treatment group, 95% (19, 900) must have been cured, which is not correct. It is a sad and disturbing story of false science and begs for answers, clarification, and audit of "science of medicines."

The development of vaccines provides the latest and extreme example of the non-scientific practice of the science of medicine. However, if critically evaluated, most clinical trials would fail the fundamental principle and requirement of science.

The vaccine's clinical trial example provides clear evidence that the medical profession cannot conduct a proper and valid scientific study. It should be expected because the profession has never been taught or trained to conduct scientific and experimental studies. The current practices of the science of medicines are seriously threatening the patients' well-being and safety and require urgent attention and audit.

#### **Conclusions:**

The practice of medicines and the science of medicines are separate subjects. The practice of medicine is a professional trade that physicians are trained for and to practice. On the other hand, the science of medicines is a laboratory-based experimental science that is supposed to be conducted in research laboratories at a distance from hospitals and medical facilities. Identification



and classification of diseases and corresponding treatments should be considered part of testing or analytical science mostly based on chemical science (chemistry) principles.

The coronavirus pandemic provides a clear example of confusion and mixup of the two trades, i.e., the practice of medicines and the science of medicines. The tragic experience of the pandemic offers an opportunity as well in separating the two professional trades to avoid creating future non-existing illnesses/pandemics and their treatments and to prevent future catastrophic human sufferings and economic losses.

**Suggested further readings:**

1. (Video) Virus, COVID, pandemic, vaccine, and testing: fiction, not reality or science! (<http://www.drug-dissolution-testing.com/?p=3650>)
2. COVID-19: The virus does not exist – it is confirmed! (<http://www.drug-dissolution-testing.com/?p=3613>)
3. The FDA Committee's Review of Pfizer-BioNTech COVID-19 Vaccine: Unscientific, False and Deceitful (<http://www.drug-dissolution-testing.com/?p=3591>)
4. CDC virus testing and isolation claims for SARS-CoV-2 and COVID-19: Non-scientific and pure illusion! (<http://www.drug-dissolution-testing.com/?p=3548>)
5. Understanding clinical trials and their outcomes – fake science at its best! (<http://www.drug-dissolution-testing.com/?p=3471>)
6. Will therapeutics/vaccines be developed for COVID-19? Of course – but only fake ones! (<http://www.drug-dissolution-testing.com/?p=3425>)