



## The perfect alibi for therapy-related illnesses

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**“Long Covid” is not just a cover name for health damage caused by gene toxin injections.**

"Long Covid" was also a pilot project for covering up all pharmacological "side effects." If symptoms result from an illness—even long after its end—then all the medications used have a legally sound alibi. Crime writers have long known that presenting a supposed culprit is the best protection for a perpetrator.

### **Framing: "Side effect"**

Undesirable effects of treatments were downplayed early on as "side effects" by the medical-industrial complex, even though positive and negative effects are equally noticeable to patients. A hierarchy of effects exists only in the eyes of the practitioner and the medical industry. Efficacy and potential for harm are inextricably linked.

For the medical industry, "side effects" are not a problem because of the resulting personal harm, but because they jeopardize the acceptance of their products. Therefore, they have long been trying to eliminate these side effects in various ways:

- The complaints are denied.
- The complaints are not registered and are incorrectly documented (status "vaccinated" only after the second injection).
- The symptoms are attributed to an individually genetically determined reaction of individuals ("allergy", "overreaction of the immune system"),
- The symptoms are attributed to the underlying disease being treated, or
- explained as a consequence of the illness ("post-infectious diseases") after recovery from the underlying disease.

All these procedures have been practiced in medicine for centuries. "Covid-19" acted like a prism, attempting to make the damage caused by gene-based injections invisible to this day. With the invention of "Long Covid," adverse health effects resulting from medication were promoted as supposed consequences of illness. Every symptom can be explained as a consequence of a previous illness. A strenuous search for the causes of disease, or even the painful admission of treatment-related harm, can be avoided.

### **Diagnostic alchemy on commission**

Long before "Long Covid," this claim had already been made regarding a potentially fatal brain inflammation, attributed without scientific basis to a measles infection often many years in the past. This brain inflammation is even acknowledged by pharmaceutical companies as a "side effect" of certain medications also used to treat measles, as well as of vaccinations. To this day, a causal link between measles and measles is not only unproven but highly questionable, even though it is precisely this link that is used to justify mandatory measles vaccination.

The model for covering up treatment-related injuries has room for expansion. German Research Minister Dorothee Bär, apparently at the behest of industry, has launched a "Research Decade against Post-Infectious Diseases" and immediately allocated 500 million euros. "Long Covid" is not intended to remain an isolated diagnosis. The syndromes "Chronic Fatigue" and "Myalgic Encephalomyelitis," known as vaccine-related side effects, have simply been reclassified as "ME/CFS" post-infectious! Science® will deliver, just as it has already provided viruses as supposed causes of poisoning. Financial grants, scientific prizes, and professorial status guarantee compliance.

Whenever symptoms of an illness persist despite treatment or new ones appear, a severe course is declared, which can last far into the future. All therapeutic efforts are then, at best, unsuccessful, but certainly free of adverse effects, because every health problem is attributed to the underlying disease. Even in the worst cases, up to and including death, the patient will never complain about the treatment, but may even regret their unfortunate course due to a personal genetic defect. Liability issues for pharmaceutical companies and doctors become a thing of the past.

### **The Damocles' sword of every therapy**

It should always be clear to every patient and every therapist that treatment carries the risk of both failure and a worsening of the patient's condition. Germany's most famous physician in the first third of the 19th century, Christoph Wilhelm Hufeland (1762-1836), had already pointed out that treatments caused additional "artificial illnesses," which is why every patient inevitably had to recover from "two illnesses" in order to fully recover. It is therefore advisable to consider whether to prescribe any therapy at all.

Modern conventional medicine has abolished this notion of equal importance of symptoms in the minds of doctors and patients. At the latest with a handbook published in 1881, when the pharmaceutical industry was gaining momentum, the trivialization of treatment-related illnesses as "side effects" became the prevailing narrative. [iii](#)

## Outlook

With the steady increase in treatment-related injuries in recent years caused by pharmaceuticals that increasingly interfere with our physiological metabolic pathways, a prophylactic "elimination" of these adverse effects by attributing them to the underlying illnesses is desperately needed. Before the "gene therapies" currently in numerous pharmaceutical pipelines are unleashed on humanity, the aim this time is to preempt the anger and lawsuits of those affected. Mysterious "immunodeficiencies" will, if necessary, provide the explanation.

At the same time, the harmful effects of treatments can be used to expand the business: at least 5% of hospital admissions were treatment-related at the beginning of the 21st century. [Every](#) third death was related to previous therapies. [What](#) has remained a utopia in technology is becoming reality in medicine: the perpetual motion machine. Treatments generate a multitude of secondary illnesses from every disease, which feed the behemoth. "Fatigue centers" are now being established as hubs, and these will soon be as indispensable to medicine as pain centers.

## References

[i https://www.bmftr.bund.de/SharedDocs/Kurzmeldeen/DE/2026/01/dekade-postinfekt.html](https://www.bmftr.bund.de/SharedDocs/Kurzmeldeen/DE/2026/01/dekade-postinfekt.html)

[ii](#) Hufeland CW: The Art of Prolonging Life. p. 633; Jena 1797

[iii](#) Lewin L: The side effects of drugs. Pharmacological-clinical handbook. August Hirschwald; Berlin 1881

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