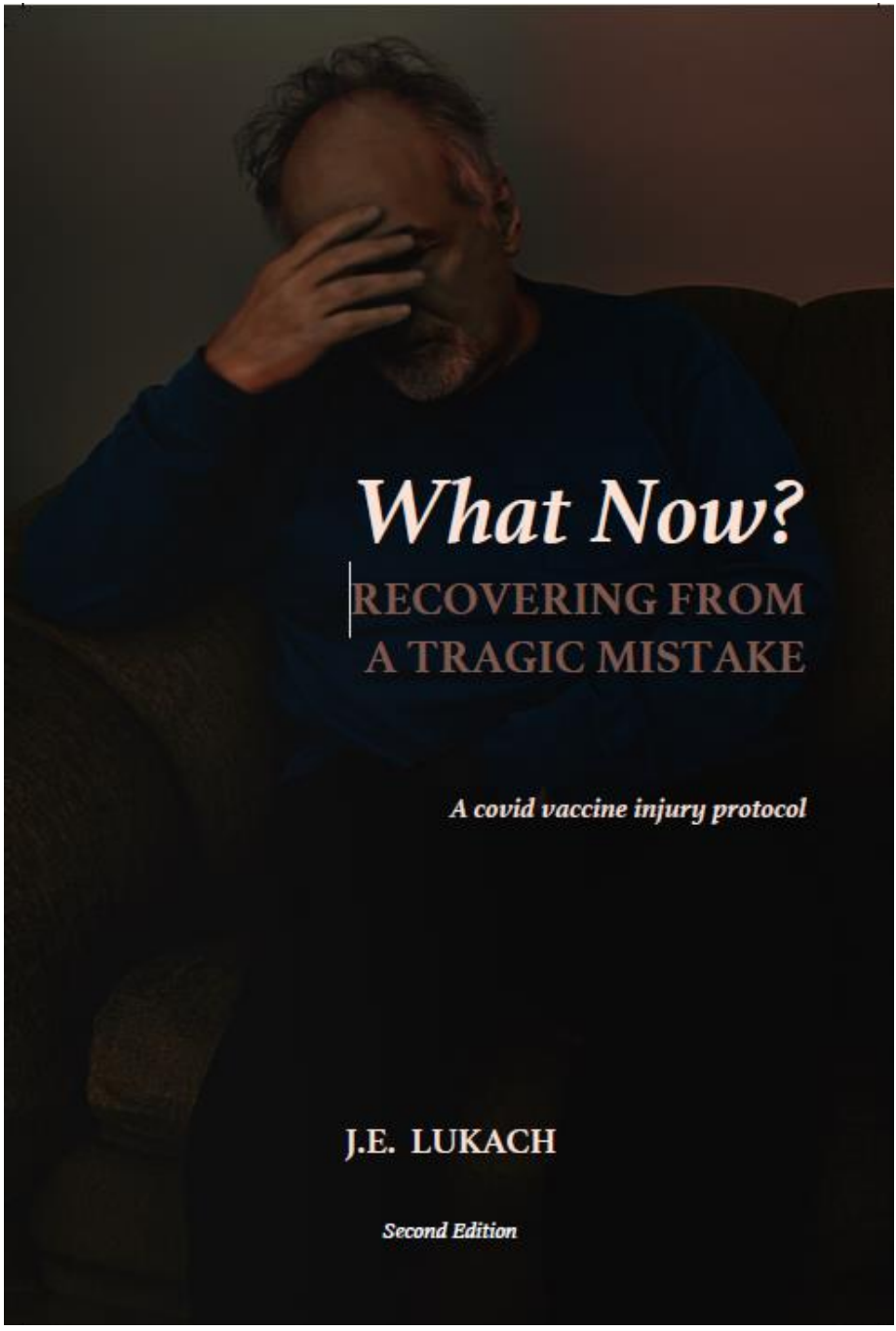
What Now?
RECOVERING FROM
A TRAGIC MISTAKE
A covid vaccine injury protocol
J.E. LUKACH
Second Edition

What Now?

Recovering from a Tragic Mistake

(Second Edition)

by

J.E. Lukach

This book is dedicated to all the victims of this massive deception – those who died too soon, too suddenly, too senselessly, whether young or old, not because they sought to do harm, but because they strived to do good – for themselves, for their families and their friends, and even for those they did not know – all to serve an evil purpose. And to all who loved them and mourn their loss. May that loss enlighten others to the truth behind the lies, and save them from a similar fate.

You never know how much you really believe anything until its truth or falsehood becomes a matter of life and death to you.

C.S. Lewis

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Acknowledgements

I would like to gratefully acknowledge the following individuals who helped me bring the many facets of the covid-19 “plandemic” to light. In the process, I gained friends and colleagues from across the globe. Thank you for your expertise, assistance, and support.

In many ways, producing the manuscript is as arduous as gathering the research. In this respect, I would like to thank **Terri Lukach (USA),** my loving and supportive mother, who tirelessly edited my miserable grammar and helped me produce a properly formatted manuscript; **Lawrence Mastri, (USA),** graphic designer extraordinaire who volunteered his time and talent to produce the cover art. (That is actually him on the front cover.) Don't worry though, he is unvaccinated. And **Lonnie Rey (USA),** for her publishing advice, editing assistance, and generous provision of “Mad Encouragement.”

In the area of research, I am grateful to **Dr. S. J. Pierson (USA),** for her expert information, general insight, and especially for becoming a trusted friend. Likewise, my thanks to hematologist **Sally Ann Williams (Australia)** for her knowledge and expertise on all things related to blood and the human vascular system; **Amandha Vollmer (Ontario, Canada)**, best-selling author and expert on DMSO restorative therapies and techniques. Those interested can find her information at the following links: https://yummy.doctor/ and support@yummydoctor.ca; **John Rappoport (USA)**, investigative reporter, author, journalist, expert medical researcher, author of *No More Fake News*, www.NoMoreFakeNews.com, and fellow warrior in the fight; **H.S. Steinbock (Germany)**, co-author with me on an forthcoming German translation of this manuscript; **Marco DiGiovanni (Argentina)**, collaborator, research contributor, and co-author with me on an forthcoming Italian translation of this manuscript. I am grateful for his infectious enthusiasm and dedication to the truth, particularly with regard to the covid “plandemic,” and the need to bring the truth to as many people as possible.

In the area of broadcast and social media, I would like to thank **Jack Campbell (USA),** web journalist, podcaster, and creator of The

World Axiom Alliance, for introducing me to the world of podcasting and providing the opportunity to spread the word about the dangers of covid vaccines; Dutch **journalist Elze van Hamelen (Netherlands)** for publishing a two page article in Gezond Verstand about my first book, "*Covid Vaccines and Induced Anaphylaxis"* in 2021; **Attorney Todd Callender (Cayman Islands)** for the numerous personal introductions he made that put me in contact with member doctors at AFLDS and many other influential and knowledgeable people who have all contributed to my work in significant ways. Podcaster and video producer **Sean** of **SGT Report (USA)** for the opportunity to speak to his audience, and particularly for his courageous dedication to exposing the dark forces in American politics and other areas of public life; and **Ab Irato (undisclosed location)**, web journalist, veteran podcaster, and creator of **www.Fakeologist.com** for exposing media fakery one psyop at a time, and for the many hours of radio time he gave me to share my treatment advice with a broad audience of listeners.

I would also like to recognize **Rev. Jayme Westrom, M.Ed, RMT, RYT (USA),** CEO of Biofield Expert , https://biofieldexpert.com/ for her enthusiastic support of my work and for providing my readers with a trusted source for the type of high end nutritional supplements I recommend for victims of covid vaccine injury.

As many of you know, this work has been my full-time job (obviously unpaid) for two years now, but the opportunity to bring this information to light and, potentially, save our fellow friends, family and citizens from permanent disability and even death from these dangerous vaccines has been my reward. Nevertheless, we all have bills to pay, and so I thank the readers of my blog whose donations have helped keep me working and afloat, especially **Ross Law (Australia)**, whose unexpected and very generous financial contribution came just in the nick of time.

I would be remiss if I did not mention the distinguished Board of Directors of my home community who, at the beginning of this tragic hoax on the Nation and the world, scoffed at any idea that a “vaccine”

could be harmful, and thus started me down this path to do all I could to expose it to the best of my ability.

Finally, to all the readers of my blog, my first book, and all who have provided email recognition, encouragement and support, thank you so much. The following is just a small sample of these for which I am grateful.

"The "Great Corona-Virus-Hoax-Reset" is the biggest hoax ever, and John helps expose it and offer solutions from its fallout."

-Ab Irato

"First, would like to express my beyond-words-can-express gratitude for the contribution that you have made in your articles. I don't believe many, including myself, can fully appreciate the amount of heart required to do what you have done. I have read your title "What Now? Recovering from a Tragic Mistake" and it is priceless."

-Randy

"Hello John! First of all, I want to thank you for the great job you're doing with your blog. Man, you cover so much of the actual and relevant information, that's fabulous! Of course, I regularly check other channels and platforms, but you really deliver it! In a such powerful, uncompromised manner, that's just something special.

"Keep up on what you're doing, but also take care of yourself. One day, not far from now, as the free people regain their real freedom and get rid of these psycho tyrants, those same people will remember and cherish individuals like you, who helped in that battle.

All the Best!
Drazen

Thank you soooooo much for your herculean efforts!

With gratitude!--Debbie

So many of my family members have been injected, including teens. We have both friends and relatives with injuries, sadly, also fatalities. Thank you for sharing such valuable, priceless actually, information.

Cindy Anderson

Last but not least, this surprise communication from the Queen Mother Mariamne Samad and Attorney General of Jamaica:

From: Lance Watson
Sent: Wednesday, December 29, 2021, 11:05 AM
To: ceo@estateartistry.com
Subject: IN THE MATTER OF: John Lukach Warrior for justice truth and righteousness

THE QUEEN MOTHER MARIAMNE SAMAD AND ATTORNEY GENERAL RICHARD HART HUMANITARIAN AND FAMILY LAW CENTER

The Garvey Howell Human Rights House

48 COOL SHADE DRIVE HAVENDALE KINGSTON JAMAICA

WhatsApp: +1876 788 6640

Honouring the sacred feminine the divine mother MA'AT justice truth and righteousness in defense promotion realization and enforcement of universally recognized human rights and fundamental freedoms

December 29, 2021

Hotep John Lukach

IN THE MATTER OF: John Lukach Warrior for justice truth and righteousness.

I commend you for your work as a warrior for justice truth and righteousness in defense promotion realization and enforcement of universally recognized human rights and fundamental freedoms.

Peace with Justice

Bro Lance Tahuti Watson
United Nations Human Rights Defender and Legal Director of the Honourable Marcus Mosiah Garvey 1929 Peoples Disciplinary Tribunal and Legal Director of the Queen Mother Mariamne Samad and Attorney General Richard Hart Humanitarian and Family Law Center

What Now?

Recovering from a Tragic Mistake

(Second Edition)

Introduction

Let me begin by informing you that I am not a doctor, virologist, microbiologist, scientist, etc. Many will use this against me. My formal educational background and professional work experience is in business, but my lifelong pursuit to expand my knowledge in countless other areas that interest me has resulted in an extra ordinary ability that I possess and frequently put to use. Put bluntly, I can find the folly in anything, and there are so many baseless assumptions in medicine that what is being put forward as evidence for pandemics and justifications for vaccines is completely without merit. It is unscientific rubbish, and the world is literally DROWNING in it. What I present here may sound erudite to some, and who knows, maybe it is, but to me, it is simple logic. Following it doesn't require that anyone have any specialized knowledge of specialized fields. It just helps when you have to confront people that do.

What I have sought to do here is provide people with a way to address the conditions that result from horribly toxic covid "vaccine" injections, but also provide enough information about the topic of "covid" to help you understand how that term is being misused and cut through any confusion by stating, upfront, that **what we are confronting is NOT what you are being told it is.** It is impossible to fix a problem if you cannot be clear on what that problem is, so I need to get people clear on what we need to address.

All of these vax-related adverse reactions, serious injuries and even deaths are caused by a hematological blood disorder that is being deliberately introduced with every toxic covid shot.

What I have been studying intensely are various effective drugs and compounds that clearly have a positive effect on injuries that, again, are clearly the result of covid injections that introduce varying quantities of blood parasites, heavy metals and chemical toxins directly into the body's circulatory system. Much of my approach here also has to do with inhibiting the negative activities and effects of

biosynthetic spike proteins and other synthetic structures we find in the blood of people who have received these covid injections.

Figuring out what works and what doesn't, and most importantly why, has been tremendously difficult, since most papers one can find tend to evaluate the same compounds as anti-CoV therapeutic agents. This sounds like the same thing, but its really not. I can and will prove to you that pathogenic viruses do not exist. Any researcher that believes in pathogenic viruses is contaminating his research with such assumptions. Sometimes there is useful information in these papers but, more often than not, the bias is so bad you just have to move on.

Substances with supporting studies that discuss "antiviral" properties are not really all that helpful either, since viruses do not exist, so I have NOT been looking for evidence that anything is beneficial based upon its alleged effects on viruses. One thing I have been looking for are molecular docking experiments that seek to ascertain the most potent natural compounds (like certain flavanoids) that can bind to the functional domains of a synthetic spike protein. This is, supposedly, a viral surface glycoprotein required for initial attachment and internalization within host cells, so if this is how a free-floating spike protein grabs onto a cell, it is possible prevent this by either disabling it, destroying it, or providing something else that can get there first. Below is a link to one such paper that is so very dense it may as well be hieroglyphics to a layman, but it covers ten such agents, some of which I personally feel have possibly received a bit too much hype:
https://www.tandfonline.com/doi/full/10.1080/07391102.2020.1796811

The subject of pathogenic spike proteins is an extremely complex area. Even talking about what they are and how they show up can be difficult to explain because there are multiple competing theories about that, and I will cover more than one. For this reason, if you scrutinize everything I say here it can seem as if there are some contradictions in this regard, but I trust that at the end of all this my explanations will become clearer. For example, I lean towards the idea that the creation of pathogenic spike protein is facilitated by a toxic bodily fluid environment and there are things we can do to correct that, but another idea is that these spike proteins are things that can be delivered into the

body with a adenoviral vector type vaccine (The Astra Zeneca and Johnson and Johnson products fall into this category). Still another idea is that these spike proteins can be manufactured by introducing mRNA (messenger RNA) encoded to cause the cells of the body to express them, as with both Pfizer and Moderna products.

Getting too hung up on any of these concepts should be avoided here. While it is ultimately very important to figure out where this spike protein threat is coming from and also to identify any other threats that arise from a multitude of toxic exposures one receives in injectable covid therapies and other covid related pharmaceuticals and equipment, the goal remains the same - **That goal is to address, mitigate, and where possible, reverse the damage they inflict.**

Let's get started …

Foundational Premises of These Recommendations

Everything begins with a set of rules. In this case, I am not going to mess around confusing facts with beliefs, so you should know that up front. The information people are spoon fed on a regular basis through mass media is a mix of conflicting ideas that is, in my opinion, designed in such a way to sow confusion and encourage cognitive dissonance. It is massively unreliable, therefore, providing you with what I consider the basis for these recommendations first will help you sort out truth from fiction. Going forward, this will put you in a better position, knowing what to pay attention to and what can be safely dismissed and ignored. I realize this might sound like I am asking you to trust me, but I am not. Everything I am about to tell you can be verified, but you won't find much of it being confirmed by those who are trying to kill you, so you must read and study outside of that box, and such knowledge has a LOT of value, so you should not just skip over it to get to the good stuff.

Mental health should not be overlooked. All the lies I expose in this introduction cause stress, and stress diminishes immune system function greatly, more than many people realize, so an ability to discern between truth and fiction as we endure this phony health crisis will help you to lower the stress associated with propaganda that billows forth from mass media fear factories everywhere.

As far as my basic credibility goes, because it is reasonable for you to question it, I am a person just like you. I do not have a wall filled with diplomas that cover every field of study I have had to become fluent in to produce this guide, but I have had assistance from those that do, and I have personally done the work required to enable me to offer constructive and useful information.

The simple truth here is reading headlines is NOT research. I have studied my tail off, to the exclusion of all else in my life since March

of 2020 and thoroughly documented that effort chronologically for all to see in the pages of my blog. You can find it here: www.estateartistry.com/blog

Arriving at these conclusions has been an educational journey of discovery. I have done enough real research to fill thousands of pages and after first having to become able to read them competently, I have read enough peer reviewed literature to back up everything I say in this document, and you have not. If you had, you would not be reading this. You would not have found yourself in the situation you are in. It is not my intent to be insulting, but I have to be blunt here. If you did what I did, you would never have allowed yourself to be poisoned with a covid vaccine of any kind.

If, however, you are similarly educated, or even if you just instinctively know better than to go anywhere near these injections, and are reading this because a friend or family member made this serious mistake, and as a result, the task of undoing that poor decision has fallen to you. The job in front of you may be complicated by the stubborn beliefs of the injured person that now needs our help. In such a case, I strongly suggest you provide the treatments I describe here WITHOUT any of this background information.

My reasoning for this is simple: Time is of the essence and the highest priority is to rapidly mitigate, to the extent we are able, a severe toxic poisoning, and we need to get some positive results fast. Ignorance gets in the way of that. With a little luck there will be time later on to deprogram your friend or loved one from the Cult of Covid.

With that being said, here is a brief presentation of what has led us to our present state of affairs in medicine. If you want to survive this, these are the main points you must now embrace and that most covid cult members will challenge. Ignore such people. I have compiled all the proof any reasonable person would ever need to see on my blog page, but you don't have time to read all that right now. Let's get you well first.

1. **The pharmaceutical industry is the most sinister and evil enterprise ever constructed.**

John D. Rockefeller, who made his fortune in the oil business, was the first philanthropist and his foundations pioneered developments in medical research. The Rockefeller Institute for Medical Research, founded in 1901, was in the forefront of research in virology and its principal investigator, Louis O. Kunkel, had researched the biology and pathology of the mosaic virus diseases. Beginning in 1930, the Rockefeller Foundation provided financial support to the Kaiser Wilhelm Institute of Anthropology, Human Heredity and Eugenics, which later inspired and conducted eugenics experiments in the Third Reich. The Rockefeller empire, in tandem with Chase Manhattan Bank (now JP Morgan Chase), owns more than half of the pharmaceutical interests in the United States today. No alternative approach to the Germ Theory in virology, immunology or medicine, including the increasing use of vaccines, has been possible due to the indoctrination of the sciences by the most powerful and wealthy industries in the world. Those industries are Banking and Big Pharma, and they now control the mainstream media with advertising dollars. Their political lobby keeps government legislators and regulators kneeling before the cash feeding trough and today, big pharma completely dominates all medical and scientific institutions. Big Pharma cash is the golden goose that lays all these rotten eggs.

Since Rockefeller took over the field of medicine it has thrived not on your health, but upon your sickness, and over the years that for-profit business model, aptly described as "customers for life," has not only placed profit before your health, but has systematically steered the practice of medicine, its regulatory and governing bodies, its associations, and all related medical research in such a way that it only appears that the profession is full of caring doctors who genuinely seek to care for you and cure you and honor their Hippocratic oath.

In reality, health care professionals are indoctrinated into this corrupt system from the very first day they step up to the plate wanting to be doctors, nurses and other healthcare workers, and are instead pressed out of a mold and groomed to be pharmaceutical industry sponsors, supporters and salesman. Their education, their licenses to practice, their opinions, their beliefs, their entire career, is gifted and ruled over by an iron fisted system that punishes any actual practice of healing in

favor of administering various artificial chemical ways of suppressing the symptoms of illness, all of which are necessary to the process of becoming well once again, and in so doing, they create more illnesses that create opportunities to sell still more toxic potions to you. This is the system that encompasses the whole of modern allopathic medicine, and it is corrupt to the very core. I am not claiming that no real or well-intentioned doctors exist, they do. What I am telling you is that right now, anyone fitting that description is being targeted as a heretic and everything possible is being done, right now, to make sure you do not hear anything they have to say. These are the opinions you are about to read.

How this situation evolved is rather easy to understand. It is illegal to patent anything natural. Because nature provides everything we need to maintain our health, nothing natural was considered a good product to sell. Without product patents there could be nothing proprietary, no monopolies, no way to become what big pharma is today. This profit incentive was a major fork in the road for medicine, the original wrong turn that led us here.

It took a while for pharma to develop into what it is today, roughly a hundred years, but since that terrible turn EVERYTHING that supports this evil beast was allowed to flourish, while anything that threatened it has been refuted, hidden, suppressed, and obfuscated by severely biased, contradictory, even fraudulently constructed evidence. Anyone challenging Pharma's tyrannical authority is brutally bludgeoned with the full weight of this now grossly bloated, highly organized medical crime syndicate.

Up until 2020 the damage they were doing was easy to overlook, and even dismiss, it was not so overt, or so obvious. This is why you may not have been aware of it.

2. **There exists a class of mentally deranged elitist people that you will never meet, that don't want to ever meet you, that feel threatened by your existence to such a degree they have decided to exterminate you to quell their own sick paranoia.**

These people have always sought ways to cull the population as a means to impose and maintain control over it, and this unholy collusion with the pharmaceutical industry has provided it. As a group, they now have the power, the ability, and the resources to do just that. You know who these people are. You see some of them making and trying to enforce health policy every day on some screen. The rest are less visible, but actively providing resources and leadership for those you do see. The thing that has changed is they are no longer the least bit ashamed of what they are doing, and they believe their combined power is more than enough to conduct such activities in full view, and they no longer have any fear of being discovered. If we all continue to be in doubt and choose to believe any of the rubbish they are selling us, they will succeed – easily.

3. The entire pandemic is a huge hoax.

There have been many smaller trial runs before this global effort, to use some kind of health crisis as a viable strategy to seize total power. All were but practice drills for what you see happening now. This is entirely a work of dramatic theater, supported by lies and propaganda, driven forward by baseless fears they deliberately instill and exacerbate using mass media, which they completely dominate, and the whole thing is being orchestrated for the purpose of transitioning the entire population of the Earth into an easily controllable, technocratic, totalitarian system of governance in which you are but chattel property, wholly owned by multinational corporations. They are laying the foundations for a society in which your entire life is closely monitored and managed, from cradle to grave, by AI systems. This is a society in which you, as an individual, are ruthlessly compelled to do whatever the system demands and where the average individual is not a stakeholder, but completely disposable.

The following passage is a paraphrase of some excerpts from a recent blog post authored by Jon Rappoport in which he quotes lines from the 1976 film "NETWORK." Jon echoes in this piece something I have said repeatedly:

Covid lives in your television.

The official covid narrative, more absurd with each passing day, is being transmitted on television. That is a cardinal fact. The absurdity called TELEVISION NEWS was depicted in a giant of a film, NETWORK (1976) ...

> *You think in terms of nations and peoples. There are no nations. There are no peoples. There are no Russians. There are no Arabs. There are no third worlds. There is no West. There is only one holistic system of systems, one vast and, interwoven, interacting, multivariate, multinational dominion of dollars. Petro-dollars, electro dollars, multi-dollars, Reichsmarks, rins, rubles, pounds, and shekels. It is the international system of currency which determines the totality of life on this planet. That is the natural order of things today. That is the atomic and subatomic and galactic structure of things today.*
>
> *Listen to me! Television is not the truth. Television's a god-damned amusement park. Television is a circus, a carnival, a traveling troupe of acrobats, storytellers, dancers, singers, jugglers, sideshow freaks, lion tamers, and football players. Those we see on television are in the boredom-killing business . . .*
>
> *You do whatever the tube tells you. You dress like the tube, you eat like the tube, you raise your children like the tube. You even think like the tube.*
>
> *This is mass madness. You maniacs. In God's name, we the people are the real thing. Television is the illusion.*
>
> *Whatever you believe about the pandemic, you have learned from the "Tell-O-vision" and without it you would never even know anything had occurred. This is because nothing has changed since 2019 except the date! But watch all these screens and a short circuit occurs in your mind. When you export this pattern out to a whole society, you are talking about a dominant method through which "knowledge" is*

manufactured to suit the needs of those who manufacture it, and this pandemic has been expertly delivered through video flow and narration. Stacked and cut images. There is no challenge to the flow in any basic way, by the intrusion of actual knowledge, because that would shut down the parade of images and nullify the reasons for broadcasting them in the first place. The old theater adage, "the show must go on," when adapted for television, becomes, "the flow must go on." Once its course is set, there can be no turning back. The television audience, imprisoned in their homes, simply rides this river of "reality."

(https://blog.nomorefakenews.com/2021/09/22/pandemics-are-staged-television/)

4. Germ theory is false, pathogenic viruses DO NOT EXIST, and COVID-19 is a fictitious illness.

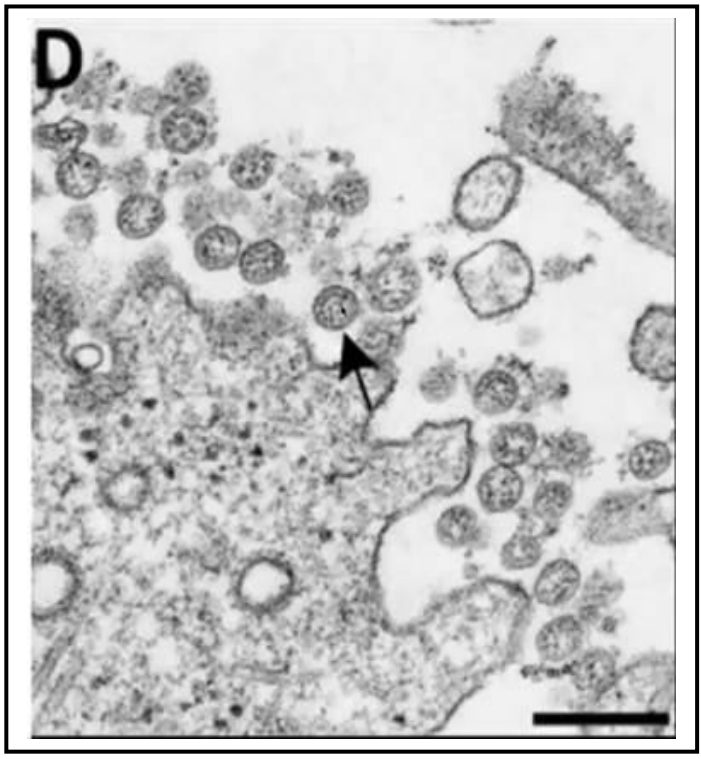
Pharma has carefully cultivated a belief in a great many things, whole fields of science even. It is simply a fact that some of these concepts have been around as long as any of us have been alive, which is part of the reason why they are so widely accepted. But accepted is not the same as TRUE. These beliefs allow them to conjure phantoms to scare us, but they are only phantoms. The entire field of virology is total rubbish. There was never a pathogenic leak from some lab of horrors. No virus you have ever heard named actually exists nor have any of them ever been found in a live or dead person. They are all just theoretical models. There are no tests that prove they exist, nor are there people that are infected with them. "Viral" material is incomplete, It is not alive, it does not mutate as a means of adapting to its environment, it has no built in survival instinct, and it is incapable of reproducing by itself, therefore you cannot have lots of them proliferating in your body, making you sick, nor can they spread from person to person in the way you have been told. Later in this book I will explain what I think a "virus" actually is, until then, all I will say is they do not exist.

There is also no reason to wear a mask. Even if the things being called viruses posed some kind of health hazard, masks cannot filter this material because that material is many magnitudes smaller than the filtering mesh being used to supposedly screen it out. Masked faces spread fear and signify a person's belief in a false narrative and the willing compliance of the individual to perpetuate this scam. This is their only function and their effect on immune function and overall health in general is all negative. All the cases you hear about are based on fake tests they would have you believe are able to find fake things, therefore there are no cases, no hotspots, no pandemic.

Nothing whatsoever has changed in the world since before all this covid hysteria began, except that you were conned, effectively, to think you need protection from something that will harm you. People have become the victim of a bait and switch. Normal and routine instances of cold and flu are the only thing being observed in unvaccinated people. Cold and flu were never a major concern before the pandemic. They were little more than inconveniences and the outcome for most people never included a fear of death. Death was simply added, with malicious intent, as a highly probable outcome of cold and flu. All the death they have been scaring you with was normal, even predictable, you just never had any reason to add up any of those deaths or be fearful you might become one of them. You never counted them or paid any attention, until they fixed your attention upon it.

What might be considered pathogenic bacterium and parasites do exist, but not pathogenic viruses. And just to clearly explain again why the claim that this "covid virus" does exist is false:

The following image is the picture that virologists claim shows the SARS-CoV2 virus:



Looking at the protrusion next to the 'virus' we see what looks like another 'virus' being created, and this is proof, the virologists tell us, that these viruses are reproducing, by 'budding off' the dead or dying culture material. This is a baseless assumption.

No virologist has ever been able to film this process as it occurs in this or any other virus example. All this shows is a slide of dead material, doing absolutely nothing. Additionally, this 'budding process' that virologists assume to be the manner in which viruses reproduce, has a proper name in medicine. It is called exocytosis, and this is stuff one typically learns in introductory biology classes in high school. This remains an acceptable description for how constituent parts break off the membranes of cells, and this is a normal function of cells. Therefore, seeing a snapshot like this of a normal process happening doesn't prove anything. One would have to be able to observe the entire process of the resulting 'virus' being birthed in this way, and that

kind of film cannot be created with an electron microscope because it can only take still pictures of dry, dead material.

If there is a way it can be done you would think someone would have done it, but to date nobody has, and what's more, nobody is even trying. In fact, in one recent virology paper I read the author specifically states there is currently no way to do this. Maybe that is true, maybe its not, but either way, without that there is no proof that what virologists call viruses reproduce at all.

"What they call viruses are simply fragments of former cells that have never been proven to be the cause of anything." -- Dr. Stephan Lanka

5. All vaccines are harmful snake oil, but ALL COVID VACCINES ARE DEADLY.

Right from the very first one, and this is why my book "Curious" was banned, because I reminded readers, with the work done by Charles Richet, that vaccines could not possibly work the way we are told, and that we have known that for more than a hundred years. I demonstrated how they were being utilized. All they do is ensure a steady flow of pharmaceutical customers through the healthcare and insurance systems. If you doubt me on this, you are a damn lazy student of medicine, history and even life in general, and you should probably fix that, on your own time, as I did.

Up until the covid shots and comparatively speaking, vaccines caused relatively few instant issues and lots of very slow brewing ones. Covid shot adverse reactions are frequently WILDY SEVERE and the sum total of these injuries and deaths have now far surpassed every other vaccine ever made, COMBINED! Prior to 2020, vaccines simply created revenue. Now they reduce numbers. If you somehow were not aware of this before you got one, that is unfortunate, but still very much your own fault, because the information was there all along, you just ignored it or chose not to believe it.

6. COVID is NOT an illness. It is a syndrome, a definition-less descriptive term, used to encompass VACCINE INJURY.

I am NOT attempting to treat "covid" with these protocols. What I AM doing with them, is attempting to mitigate, halt and possibly reverse covid vaccine injury to the body and the immune system. I am also not a doctor in the sense you are familiar with. I have some medicinal expertise. Doctors go through Pharma approved curriculums and schools. I did not. As graduates of programs that teach allopathic medicine, doctors are taught to treat symptoms. I am trying to HEAL, by identifying and correcting imbalances that are the result of specific toxic exposures to poisons that have been identified in the covid injections. If you follow my advice on this do not expect that any pre-existing condition you had prior to receiving a covid injection will change. It may, if correcting certain nutritional deficiencies and eliminating certain bodily stress factors related to these injections are co-factors in other ailments, but I am only focused on the damages caused by these shots, nothing else.

Without proof of the existence of viruses there can be no virus called SARs-CoV2, nor can anyone assume a causal relationship between any illness and a specific pathogen without proof of the pathogen and proof of the causal relationship. Neither exists, and both I, and many others, have proven neither exists. Even some courts of law in Alberta Canada, and in Portugal have not found any such evidence. I have collected 89 pages of FOIA requests that have been submitted to every health ministry and organization in the world, none have been left out, including the WHO and the CDC and all of them respond the same when asked to show proof of a properly done isolation of SAR-CoV2 -- They have no such evidence! The virus they claim causes covid-19 is a phantom, a computer-generated model, with no actual basis in reality and that fact cannot be disputed by anyone.

Without a SARS-CoV2 virus there can be no variants or mutations, so for the purpose of this book all references to such things have been completely ignored. As I stated in my first book, *"Curious"*, also published under the title *"Covid Vaccines and Induced Anaphylaxis"* I continue to maintain that flu is NOT an illness. Flu is just the forced elimination of waste, and it is a normal excretory process like any other and will continue to be experiences by people in the same manner it has been for centuries. I flatly refuse to contaminate my opinions with anything unprovable. Unfortunately, in developing this

paper I was forced to consider a couple possibilities that may or may not be proven later on. The existence of certain mRNA sequences is one such example. I cannot figure out with any degree of certainty, nor has anyone else to my knowledge, whether or not the spike protein we can clearly see is created as a result of an mRNA sequence delivered in the vaccines. What has been visually confirmed is the spiked appearance of red blood cells. Dr. Robert Young describes this appearance as the "Corona-Effect" and what he says about it is it spontaneously erupts as a kind of pleomorphism, an ability a red blood cell has to change form. He also insists that it only occurs under a specific set of circumstances that may be partially present at the time of the injections and possibly perfected by conditions afterwards. There are lots of claims out there that these spike proteins are the direct result of some proprietary mRNA sequence contained in mRNA covid injections, and while that may be true, that is all they are, claims. The problem with settling this controversy lies with the difficulty involved in both "reading" the exact sequence of mRNA said to be inside protective lipid structures within the vaccine formulation and confirming that a particular spike protein is the product of those genetic instructions. This is the proprietary information that is only held by the vaccine manufacturers, and they are not giving it up, so recreating their efforts, to date, remains an effort no one else has yet undertaken.

7. There are no, nor have there ever been, any genetic "cures".

Taking into account the work of Dr. Stephan Lanka, Dr. Robert Young and Dr. Tom Cowen, it may very well be possible that the entire mRNA story is fraudulent marketing, that there is no spike protein being made as a result of it. This is not something I can prove right now but just think about it. It's just the kind of deception they make up that keeps us chasing ghosts that remain just out of reach of all but the anointed high priests. "Oh, it can't be undone, mRNA is the communication platform of the gods, it's a shiny black box to mere mortals," blah blah. All ego. What do they have in spades? EGO. And they contrive plenty of cleverly designed stories and explanations that instill a loss of hope, a surrender to the BEAST that is pharma, or any one of their holy viral Egregores.
See: http://estateartistry.com/blog/egregories-and-you

Moderna is a boiler room operation. Prior to the emergence of all things covid, Moderna was a fake medical research company that, before the pandemic, had never produced anything saleable. It seemed to be a stock market investor scam firm that, pre-covid, would hype something they claimed to be working on and were close to releasing, but never did. In such an operation such a company would take investment money, fill their coffers, invest that money elsewhere and earn profits, and with the stock price going up and down predictably, they would buy and sell shares to create the appearance of a successful company, repeating this game of chasing "discoveries" over and over for years.

I do not trust them, nor should you, as anything more than a money laundering operation, but the damage being caused by pathogenic spike proteins is a thing everyone seems to agree on, and because we can see them, I believe they are actually there, and I have been looking for effective ways to neutralize or destroy them. They cause specific kinds of damage, and the challenge has been to reverse and repair and if possible, mitigate or neutralize their ability to cause more.

If what big pharma has collectively discovered is a way to induce a specific type of polymorphism in red blood cells then, in the same way the Earth gives us a biosphere in which we can exist, by polluting that biosphere, this specific set of conditions they are creating induces this change. Dr. Young and Dr. Lanka have shown that an actual rod bacterium can morph into a red blood cell and back again. So, this pleomorphic ability has been verified. What I have been looking to identify what this abhorrent environment consists of and how to restore it, as much as is possible, back to what it should be, and the work of these two pioneers has been incredibly valuable in that regard.

The research done by Dr. Lanka and Dr. Young shows how the 'corona effect' can be a natural response. Even more amazing is what this then implies. Their opinions are that all the pathogens we believe to be the cause of illness are likely created spontaneously by the body by means of a process Dr. Young calls OUT-fection, (as opposed to IN-fection). I think, in a similar fashion, like ripping the atmosphere from the planet would destroy all life upon it, we can destroy this spike protein 'effect' by simply removing the elements which make the

polymorphism possible, and we know what they are, basically. They are the listed ingredients in covid injection formulations including the undisclosed nano particulates Dr. Young discovered in his analysis. See the ink below:
https://estateartistry.com/blog/all-undisclosed-ingredients-of-covid-vaccines-finally-revealed

8. I am also convinced there is more than enough evidence to establish a relationship between certain covid vaccine-related adverse events and EMF radiation.

Since it is difficult to eliminate high frequency EMF, all I can really do in that regard is make you aware of it and what dangers it may potentially present to vaccinated people. All the more reason to avoid future injections and detoxify what we can from the body which may adversely react with EMF and affect your health. Graphene oxide is one such toxic substance known to be an undisclosed "trade secret" of covid vaccine manufacturers, the presence of which has been confirmed in their covid vaccine formulations in numerous reports that have been published by independent labs doing sophisticated analysis on the contents of actual covid vaccine vials. If that is not solid enough evidence for you, a company called Shanghai Nanotech filed a patent that shows that the ingredient used in the “Covid-19 Excipients” is graphene oxide. That patent number is: CN112220919A

I believe it is possible that this 'pathogen friendly' bodily environment minimally consists of two basic conditions: the body itself, which should NOT be acidic in pH, but has become a graphene oxide saturated acidic substrate; a severely depressed or ineffectual immune system; and as a sort of catalyst, microwave energy in the 2.4 - 4.7 GHz bandwidth, that may not only energize certain nano-particulate heavy metal matter being introduced into this biological environment via vaccine injections, but may also provide a way of triggering unwanted adverse psychological or physiological events.

Affected individuals need to aggressively correct this acidic condition and eliminate poisonous toxins and that is what I am able to do with the supplements and drugs I recommend in these pages. There is very little I can offer in the way of advice to protect you from the

unhealthful effects on exposure to non-ionizing microwave radiation, but others you can find have a lot to say on the topic, so I would defer to their expertise.

9. Every sniffle is NOT covid! Stop calling everything covid.

This confusion over whether or not covid is a distinct illness creeps into every doctor's opinion, it doesn't matter who they are, and its as if they just can't stop treating covid like some brand new, unique, stand-alone illness that they have never seen before. COVID is vaccine injury. Covid is NOT cold and flu. If they are pro-vax they are treating every simple, run of the mill cold and flu they encounter by following the deadly covid protocols they have been given and in so doing, they are actively contributing to the deaths being attributed to covid. If they happen to be anti-vax they are bragging about treating a cold or flu successfully with whatever treatment they claim works and looking for accolades.

None of them seem to understand that colds and flu are not illnesses. **You need to be very clear about this.** You also be to be clear on the fact that neither of these things can kill you all by themselves. It is not at all unusual to see symptoms associated with cold and flu in a person that is terminal for other reasons, because in all such cases the body has become unable to deal with an accumulation of toxins. All the physical symptoms associated with either are the evidence we can see and experience that the body is conducting or attempting to conduct a natural detoxification process. It is evidence that things like the natural immune system we all have is working correctly. Whenever you hear that someone died from pneumonia what you need to understand, call it reeducation if you like, is that pneumonia is typically just the final event in a long downward slide towards death that is the result of some other problem or set of problems. There ARE doctors willing to admit that nobody EVER dies from pneumonia. They can however die WITH it. And everyone dies. We are not immortal, so stop making such a big deal out of every death you are told about.

Fevers, runny noses, congestion, coughing, colored flem and mucous, headaches, fatigue, watery eyes, perspiration, etc. present

symptomatically EVERY TIME you have a build up of toxins in your body. People should not seek inclusion into any sort of "covid survivor" group by claiming the cold or flu they or someone they know had recently was covid. This only feeds the hysteria. Presenting with such symptoms is NOT the harbinger of death. There is a serious effort being undertaken to make you think whenever you see or experience these things death is near. NOT SO. Normally, these symptoms require no treatments at all, just rest and good nutrition, which is where the old chicken soup cure comes from.

Yeah, sometimes we have a job to go to or something we would rather be doing, and we can be so impatient we run for some pill or medicine that makes the evidence (symptoms) go away, but we are not doing ourselves any favors if what we take suppresses the normal biological functions that MUST happen to effectively detox. In that case, all we are doing is getting in the way of good health maintenance and prolonging the problem or ensuring it may come back again, possibly even quicker or more severely next time.

I am NOT suggesting that if a fever is getting high enough to cause brain damage you should not use an intervention. Not at all. But unless you are so unhealthy, or so poisoned, that the natural process of clearing out whatever toxins are causing the imbalance has been put into such overdrive that some intervention is really necessary, a few days of rest and maybe some chicken soup WILL be enough. So, you are miserable. So what? Sleep it off. Believe it or not, that works! It is Big Pharma that has instilled this notion into you that there is no reason to endure discomfort.

There is a reason, a good reason, but if you were to realize that they could not sell you a product at a time you were most likely to want it. And you see them doing this all the time, especially now with their vaccines and covid drugs. You should also know that this is what they are doing anytime you hear them use the term "early treatment," where the reason they provide for taking the wretched medications they promote is they reduce the period of discomfort from ten days to six, or fifteen days to nine, or some other such claim so impossible to credibly guarantee that one wonders how they could ever produce such evidence. It is for this modest benefit they insist that you should risk a

dozen or more side effects up to and including DEATH! How absolutely foolish-- and yet, brain washed people continue to risk it. They trust, far too much, in these kinds of recommendations, forgetting that before any of these dangerous remedies were invented, we all, somehow, managed to survive just fine. If ever there was a time to wise up it is now. Big Pharma has not only taken advantage of your ignorance but brazenly and fraudulently contributing to it, and when it comes to covid the result of that habit has, with ever increasing frequency, resulted in very real death.

10. All this chatter about covid antibody creation is pure RUBBISH.

An immune system response can be created as a result of being exposed to any of the toxic ingredients in these shots, and with the exception of sucrose, that is all they consist of. Many of what they call adjuvants are poisons that, they say, are in there to provoke a stronger immune response. Let me be clear about something here. Nobody ever gets vaccinated to acquire immunity to any of that stuff. Do you actually believe you can become immune to mercuric toxicity by being injected with mercury? Of course not. People are sold vaccines because they believe they will provide immunity to some scary disease they prefer to avoid. Even if that were possible, what does mercury have to do with that? And I ask that question reasonably because mercury is an adjuvant in all of their vaccines! The answer you will commonly hear is the mercury is there to attenuate (weaken) some viral content included in a given vaccine. If you accept that, tell me why there we are also finding lead, stainless steel, chromium, iron, titanium, silicon and a host of other heavy metals along with toxic industrial chemicals that have lengthy safety sheets for safe handling which include risk of death for just coming into contact with them and explicit statements pertaining to them that clearly say "not for human or veterinary use." EVERYTHING IN THESE SHOTS IS DEADLY!

They are a witches' brew of horrible, seriously toxic chemicals and heavy metals that evoke all sorts of rapid responses from your immune system, and the whole purpose behind forcing that response is to give the company doing vaccine testing something to count. I am fairly certain they don't care how your immune system responds, just so long

as they can show you that whatever they inject you with results in some kind of response. Then they use every result like that and present it as evidence that whatever they are doing is effective.
Such claims are meaningless, except to prove they are poisoning you.
And how does a response to lead somehow equate with a covid antibody? How does one create an antibody for a thing that does not exist? That's right, it is not possible, so they are citing things that do not matter one wit.

11. The initial testing of covid injections was not the experiment. You are in the actual experiment.

If you look up the actual documents that allow these shots to be given to the public under Emergency Use Authorization, they clearly state that the end points for what they are studying are several years in the future. That is why questions about safety are always answered with "*we don't have enough research to answer you, but you should do it anyway.*" Basically, what that means is, if you die, somebody will write it down!

12. The actual recipe in these covid injections is not consistent at all, and there are placebo shots being given.

There are two parts to this point. The first is, once a vaccine maker gets a green light to sell a vaccine and provides the recipe for it in their biologic applications, that is the end of it. It shouldn't be if they later change that recipe, but in the case of covid "vaccines" that is what is happening. Once they began making these covid injections, if the manufacturer decides to change the concentration of one or more ingredients, swap out some ingredients for others, or change the recipe in any way, that manufacturer is required to report that to regulatory agencies like the FDA, and most times this means a whole new set of studies and approvals before that new formula can be given to anyone.
This normal regulatory oversight is not being observed. Tacit approvals are being 'rubber stamped' based upon study data provided in the original biologic application and the usual requirements for additional studies, like those normally required for pediatric use, are being waived with the same flawed reasoning.

In the case of covid shots the reason this is happening reveals the true nature of the experiment that is actually going on. They are only trying to determine how effective these shots are at killing or injuring you, and the data they collect helps them ensure they don't kill enough of you so quickly that you will become suspicious and begin to doubt the story you have been given.

So, the second part of this point is some of these batches cause death immediately and others do not. There is also some percentage of these shots that are just placebo. I have no way to be certain how many of each variation there are out there but if I had to guess, from what I have read, the percentage of placebo shots may be as high as 30 percent in some brands. This is done to create a demographic of 'vaccinated' people that will then be 'proof' for anyone who is hesitant that their fears are unfounded. And what do we see those lucky people doing? They are actually promoting the products.

In a practical sense, they are functioning as "brand ambassadors", reassuring those who would otherwise have reasonable concerns that there is nothing to be concerned about. What's even better for Pharma, they are going about advocating covid vaccines in general, using themselves as walking proof to others that they are safe. Some are even leading the charge to socially persecute anyone that chooses to refuse them. I believe this behavior was anticipated and the manufacturers are counting on it, to advance this sinister plan.

There are two basic types of covid injection products. Those brands that contain mRNA and those that do not. If we are to believe manufacturer statements, and I don't, both the Pfizer products and the Moderna products contain mRNA that is contained inside nano-sized beads. These beads are polyethylene glycol (PEG) encapsulated lipid nanoparticle (LNP) envelopes.

mRNA is a protein sequence that instructs a cell to do something, and it is very unstable all by itself. These LNP structures prevent the mRNA from degrading in a solution and shield it from the body's natural immune defenses when injected. Without this protection, the mRNA inside any solution would rapidly degrade. If it were injected without this protection, it would be instantly neutralized by the body.

Because of the complexity involved in transporting and handling these products, there are also people getting injected with product from lots that were intended to have a certain potency, based upon the amount of LNP structures that went into that lot at the time it was manufactured. It has turned out in actual practice however, that from the time a vial is first filled, to the time it gets injected into an arm, these active ingredients can degrade, losing a significant amount of their intended potency.
There are batches in circulation that have anywhere from 10ng/µl (nanograms per micro liter) of these LNP's, as is the case supposedly with some shots intended for pediatric use, to as much as 100ng/µl which is what you find in covid boosters. This range was laid out in the original biologic application. What was not specified clearly was how much of each concentration would go out into the world, which lots contain what amount, or where the various concentrations were sent. This means that initially, only the manufacturer had this information.

I initially released the first version of this manuscript in October of 2021. At that time there were rumors that the batch numbers printed on covid vaccine vials concealed a nomenclature that revealed the toxicity level of that vial's contents. I could not tell with any certainty back then if there was any truth to that, but now I can confirm those batch numbers reveal a great deal. Dr. Jessica Rose is a Canadian researcher with a bachelor's degree in Applied Mathematics and a master's degree in Immunology from Memorial University of Newfoundland. She also holds a PhD in Computational Biology from Bar Ilan University and 2 Post Doctoral degrees: one in Molecular Biology from the Hebrew University of Jerusalem and one in Biochemistry from the Technion Institute of Technology.

Dr. Rose conducted a statistical analysis of the batch numbers on each brand of covid vaccine and correlated those numbers with adverse event reports in the VAERS database, looking only at incidents of death and permanent disability. Her analysis revealed that the worst adverse reactions were associated with just five percent of the total batches in circulation. Additionally, the skew between incident reports

generated by those batches was jaw dropping. The number of injury reports associated with certain "hot lots" were as much as 3000% higher than a majority of others.

Jessica's work was supplemented by another talented statistician in the UK named Craig Paardekooper. Craig took Jessica's work several steps farther and was able to show not only repeating patterns in the identifying batch numbers that could be checked ahead of time, but also that each manufacturer appeared to be controlling the release and distribution of the hot lots they were producing. Craig was able to clearly show that covid vaccine manufacturers were "taking turns" at releasing hot lots into specific geographic areas.

Reiner Fuellmich, a German attorney that is currently bringing a case against a lengthy list of covid co-conspirators for crimes against humanity before The International Criminal Court, described the evidence as "unmistakable". The implication being that this controlled distribution is a premeditated attempt to avoid contaminating each other's data as they covertly conduct "lethal dose testing" on an unsuspecting public.

Craig created an online tool you can enter vaccine batch numbers into by brand. It also lists out the batch numbers associated with the highest reported incidence of death and permanent disability, revealing the telltale alphanumeric patterns that reveal which vials contain the most toxic contents. You can access that information here: https://howbadismybatch.com/

I have also read that it is estimated that as much as a third of the original potency of any given batch may be lost by the time someone gets an injection from a vial in that batch. Again, I cannot be certain if this is accurate. All I can tell you is any covid injection is a gamble, because regardless of what it should contain, what you actually receive is a total crapshoot. There is practically no quality control of the kind one would reasonably expect. If it is being done it is of a very sinister nature, as statistical analysis that has only recently been done (at the

end of 2021) has revealed by correlating specific batch numbers with adverse event incidence reports from the VARES database, which strongly suggest Big Pharma is actively conducting lethal dose testing on an unsuspecting public. Attorney Reiner Fuellmich, who has submitted a criminal case to the International Criminal Court has stated publicly that this statistical evidence is irrefutable evidence of premeditation in the commission of crimes against humanity, so this should be taken very seriously.

The same is true of the saline the vial contents are supposed to be diluted with. Pfizer's product, for example, comes with instructions for vaccine administrators that it is supposed to be diluted with a special saline supplied by Pfizer. I have reason to suspect this is not normal saline and may contain either parasites or graphene oxide. I have not tested any, nor can I test them if I had some samples, but other independent labs have and some of the reports I have seen claim that graphene was in fact found in some saline products.

It is my belief that the probability there is something not right about that special Pfizer saline is high, and I will get into why I suspect that a bit later. I also know that if this special saline is not available at the time a shot is administered, another generic saline product will be substituted, since the people administering these shots all assume all saline products are the same. I am warning you here, that the people giving covid injections should not be considered competent, as a registered nurse would normally be, just because they are there doing this. In my previous book, I show just how frequently administration errors occur. VAERS is full of reports in which people were given undiluted injections and even erroneously given a different brand of what they thought was shot number two of the same product. In many of these reports there was a severe adverse reaction. I am aware that today the original instructions that were given to practitioners included not mixing brands. This has since been changed, but the fact that it has changed should arouse some suspicion and be cause for asking some very valid questions that should be answered. To date, those questions have not been answered by anyone.

All this to say, it is not unusual for someone to get a covid injection and suffer no ill effects or only slight effects. **Getting a shot and**

assuming it to be safe because you know one of these people is a mistake. In fact, forming any opinions about these shots, assuming they are "this dangerous" but not "that dangerous" based on other peoples' experiences with them is also a mistake. What you can be sure about is anyone getting a "hot dose" is going to feel really unwell afterwards.

Similarly, if you are like me and trying hard to figure out how to help someone that has been poisoned by these injections, you can only fix what is fixable. Permanent injury is highly likely and may not be improved once the injury is sustained. In cases where the injury is not so severe there is a possibility that we can heal from it. If there are warning signs of potential injury we can see, or that we can look for with various tests, it is possible we can head it off. Obviously, the best situation is not to be in this position at all, and if someone makes one mistake it is best not to compound the problem by making that same mistake again. However, many shots you got, it was too many. Don't do that ever again, no matter what the pressure to do so is.

With my starting assumptions clearly stated,
I can now try and help you recover.

It's Time to Go Shopping

Start collecting a three-to-six-month supply if you can of the following vitamins, supplements and drugs anywhere you can procure them. After running down the shopping list, I will explain why each item is important, what it does, and why.

My recommendations include nine key supplements that are over the counter or mail order items:

1. **Sodium Bicarbonate (Baking Soda) -** just buy a box of it.
2. **Vitamin D3 -** 5000 IU gel capsules
3. **Monolaurin -** comes in various size capsules, look for 500mg.
4. **N-Acetyl L-Cysteine (NAC) -** 600mg capsules **(**You won't find this sold on Amazon or in most drugstores anymore. Because it is a critical part of this therapy, the FDA has launched a war on it, but you can still find it easily in online stores. Buy this in bulk if you can, it may become hard to find at some point.) **Botanical Vitamin C - NOT ASCORBIC ACID.** Capsules come in many sizes, buy the largest dosage capsule you can find.
5. **Bromelain- 850mg** capsules if you can find them, otherwise the largest size you can buy. NAC+C combination increases production of Glutathione and to replace reserves. NAC+Bromelain combination inhibits spike protein binding and breaks up blood clots.
6. **Zinc -** 50mg tablets
7. **Selenium -** 200mcg capsules
8. **Quercetin** (Optional) - 500/mg capsules
9. **Calcium -** The Janssen Vax in particular drastically lowers Calcium.
10. **Elderberry** - Antioxidant gummies are about 230mg, gel capsules are about 620mg. Either is fine.
11. **Moderate nicotine and alcohol -** (optional)

I am not suggesting anyone take up bad habits, and I hope its obvious that I am not advocating giving either of these things to those who are underage, but I am including them both as part of my recommendations for the simple reason that they have a positive effect. So don't get carried away, blow your alcohol recovery, take up smoking, or get drunk and blame me for whatever happens to you. Moderation can take the form of a glass of wine or beer. Non-smokers can buy a mild nicotine gum. Personally, I don't recommend smoking anything at all as a way of ingesting nicotine. This includes vaping. As for myself, I just happen to enjoy chewing tobacco, and disgusting as that is to many people, discovering a healthful benefit gave me an excuse to not quit doing that, but there are plenty of non-tobacco alternatives. One is a small white nicotine pouch called Zyn, it comes in various popular flavors, you don't have to spit out saliva and it tastes good, like gum.

Both alcohol and nicotine stimulate the production of myeloperoxidase which naturally biodegrades Graphene Oxide which is an extremely toxic industrial chemical, and it is found not only in the covid injections but in MANY of the foods we eat. Because it is being sprayed into the atmosphere it rains down and contaminates the soil we grow food in. It is even in the air we are breathing. **Detoxing graphene is VERY important to do on an ongoing basis, even if you are unvaccinated. Everything you can do to reduce the level of heavy metals in your body is worth doing.**

There are also two medications that are normally prescription only:

Ivermectin

Ivermectin can be a bit tricky to obtain, and it is getting very expensive. Outside the US in places like Mexico for example, it is sold over the counter for as little as $20 a box. Inside the US and in most developed nations the best way to get it is to use a sympathetic telemedicine provider. There are plenty of doctors all over the world that will gladly prescribe you Ivermectin by phone and direct you to a pharmacy that will dispense it after you answer just a few simple

questions, and there is a lengthy directory of them at the following link:

https://covid19criticalcare.com/guide-for-this-website/how-to-get-ivermectin/

I recommend asking for it as a prophylactic measure. I obtained a personal supply just to hang on to in case the need came up several months ago and the price I paid was around $22 for about 73 tablets. The same order can now be as high as a grand in America, depending on who you purchase it from. You may find a better deal somewhere but I kind of doubt it. Big Pharma has not only done its level best to convince you it is dangerous. They have also deliberately raised prices significantly, all to discourage you from taking this. Jacking up the cost significantly is a thinly veiled attempt to price it out of reach for anyone able to get a prescription for it filled, but it is a very important part of my program here, so don't skip it if you want results. Proper dosing for your situation will be provided with the medication but I do provide some guidelines later if you just happen to obtain Ivermectin through other means than an appropriate doctor.

Chloroquine or Hydroxychloroquine- (optional)

As with Ivermectin, I recommend using a sympathetic telemedicine provider to obtain a prescription.

The word 'Vitamin' is a mash-up of two other words: Vital (necessary for life) and Amine (chemical compound)

Most of the supplements I list are inexpensive and easily obtainable in any vitamin store or online nutrition website. This is by and large a homeopathic strategy. One website I use myself is https://biofieldexpert.com/, but I also use other nutritional websites, order off Amazon and pick up products in local drug stores. It is ok to price shop but try whenever possible to buy these vitamins in powder form and sold in capsules. I say this because many tablets are held together with wax and other things that make them impossible to absorb. A pill is no good to you if it goes in one end and comes out

the other whole. Porta-pottie companies find mountains of One-A-Day vitamins in the waste when they dump them out.

You want everything you take to be bioavailable, and when you take a certain dosage, you need to know how much of that actually gets absorbed. This is the kind of research you need to do when selecting supplements. It is critical that you not simply eat pills but actually learn about any supplements you are taking. You should read about their pharmacology from several sources, read reviews, read supplier information, and avoid CDC, FDA and Gov't sources except maybe to compare. This is especially true when it comes to recommended dosages. The daily recommended dosage of every supplement on the FDA's list has been shrinking for decades. This is not accidental, and people have not changed. Pharma works especially hard to out compete natural medicine companies and ruin everything positive mentioned about their benefits. They even pay for misleading studies that suggest they are harmful in less than adequate dosages.

Now that you have your shopping list, I am going to teach you about each item, one at a time, and go over what each substance does and why it is important, but first . . .

You MUST Learn the Warning Signs of Blood Clotting

Blood clots are insidious, very dangerous, and they happen when red blood become "sticky." This is one thing that is happening in everyone that has received a covid injection with any potency.

The signs to look for are:

1. Any localized redness on the skin.
2. Any warm areas.
3. Sudden unexplained pain.
4. Localized cramp-like feelings.
5. Sudden unexplained shortness of breath.
6. Rapid pulse.
7. Chest pain.
8. New unexplained fatigue.
9. Feelings of impending doom.

You are already at risk for blood clotting…

1. If you are taking hormones (like birth control)
2. If you are obese
3. If you smoke.
4. If you are pregnant.
5. If you have high triglycerides.
6. If you are over 60.
7. If you have diabetes.
8. If you are sedentary.
9. If you have had a recent surgery or broken bone.
10. If you have cancer.
11. Or if you have any sort of autoimmune disease. (Which you are likely to have if you have received an mRNA-type covid injection)

The reasons for this clotting are unusual, so we need a way to address the root cause of it and to do that we need to understand why it is happening.

Red blood cells and platelets are naturally supposed to have a net negative charge. Following a covid injection they mysteriously change to have a net positive charge. The result of this flip is they form up into long chains that resemble stacks of coins. This is called rouleau formation. Red blood cells in samples taken from covid injection recipients display this aberrant behavior immediately following the shot and it does not diminish over time or with additional hydration as would normally be the case when this condition is observed. There is a lot to this effect which I won't get into here, because the explanations can get very technical, but these changes in the way red blood cells behave are largely due to the presence of graphene oxide, which is used in covid injections to amplify molecular binding. It is this change in net charge that allows a free-floating synthetic spike protein to physically attach to the ACE2 pathway on a cells surface membrane.

The red blood cells also begin to change their shape and new protein spikes begin to appear on the surfaces of the cell membrane. Normally, a red blood cell is like a slippery wet water balloon. They are very smooth, and easily pass through the tiniest capillaries of your circulatory system. These are vessels so small that red blood cells have to pass through them in single file. Once they become covered with these spike proteins they no longer flow easily.

These spike proteins also cause damage to the endothelial (interior) wall of the blood vessels by attaching to them. This damage results in necrosis of the vessel wall. Platelets are cells that come to repair that damage, but the spike proteins affix themselves to them as well. This creates a blockage in the vessel. This blockage is a blood clot. When this happens, the blockage causes a buildup in pressure and the result of that is an embolism. The blood vessel bursts, and a hole is created in the vessel.

This happens over and over again. Clots form on top of other clots, in front of the original blockage, and the capillary is effectively ruined

and blood flow through it stops. This is damage that you are not likely to feel or notice happening, but as it continues, overall circulation to that area is progressively reduced. If this goes on long enough, a condition known as Pulmonary Arterial Hypertension will result and this is a terminal illness. The progression of this condition commonly takes about three years finally to kill you and it ends with right side heart failure.

In the meantime, without proper blood supply, eventually, some healthy tissue will begin to die, and as tissues die, the dying cells making up those tissues release toxins as they breakdown. This release of toxins is normal but the reason is it happening is not. A healthy immune system will clean up dead cellular debris and neutralize toxins produced by this process, but if too much tissue death occurs the immune system can become overwhelmed and the toxic conditions that result will give rise to any number of additional complications that doctors are prone to consider as separate illnesses and infections. I tell you all this so you understand how this can appear confusing to doctors that do not know what they are dealing with. It is not so much that these sort of ongoing degradations of the body are unresponsive to treatments they would normally give you, as much as it is that new ones just keep coming.

Now we see that doctors are frequently failing to even distinguish between a guy that comes in with easily treatable cold and flu symptoms and a guy that has a marauding spike protein infestation. When they lump everyone with almost any kind of inflammatory symptom presentation into a giant bucket of cases they are labeling covid, that is just poor diagnoses and inappropriate triage. The people who keep getting worse are presenting the effects of vaccine injury. The problem with all of them is a refusal to consider vaccines as a potential reason why standard treatments seem to fail, and that "vaccine-blindness" will ensure that anything you come in with will be over-treated and in the wrong way. Everything these doctors are being forced to do if you are diagnosed as a covid case will worsen your condition and potentially kill you rather than restore you to health. A covid diagnosis in a hospital today is a death sentence that all too often is carried out.

So here is the approach I take to all this:

- If we are to reduce or break up clots, we need something to do that for us, and if we can test you to see if clots are forming up, that would also be good to know.

- If the presence of graphene oxide is causing red blood cells to clump together, we need to get rid of it.
- If spike proteins are causing problems, we need to eliminate them, but that is easier said than done.

- If there are parasites involved, and in some covid injection products there are, we need to kill them.

Testing for New blood clotting:

If you are showing any of the signs of clotting, you should have a blood test called a **D-dimer test** done. A doctor pricks your finger, takes a blood sample, and sends it off to a lab for analysis. Results usually take a day or two. What this test detects is evidence of new clotting. It does this by measuring fibrin. This is a substance that is present in new clots, (think of it like glue) so if we see an elevation in fibrin, we know new clotting is occurring and if fibrin levels are really high that indicates it is a serious issue.

Healthy individuals have D-dimer levels less than 0.5 micrograms/ milliliter of blood. People with covid vaccine injury who survived a covid diagnosis have a ten-times lower D-dimer level than non-survivors.

If you either find evidence of blood clotting or suspect it is going on, the next thing to do is try to address it with some deliberate pharmacological countermeasures.

BEFORE I CONTINUE, PLEASE NOTE:

Before anything goes into your mouth, and before I offer ANY suggestions with regard to dosages of ANYTHING, I remind you that I am NOT a doctor. I am just an average person like you, with an above average aptitude for cramming information and solving problems, so I am going to mostly suggest conservative amounts of safe nutritional supplements.

My research into the pharmacology of everything on the shopping list I provide here was exhaustive, all of which suggests that everything listed is very safe. Using myself as a guinea pig, I personally ingested all of these supplements in the dosages I list, many of them on a daily basis for months now, and I have suffered no ill effects. Everything on that list should be very safe. With the exception of Ivermectin and HCQ, they are all natural substances, not pharmaceuticals loaded with side effects, so you should be fine, but do take the time to read up on each supplement, as I did, to avoid bad interactions with other meds you are on, clashes with any other chronic conditions you have, and all the rest of it.

This is GENERAL information, NOT personalized medical advice, and if you do anything I suggest, you do so AT YOUR OWN RISK. Don't come after me. I am poor, there is nothing to sue out of me, and trying to make someone prosecute me for caring about you enough to try to help you is just mean.

N-Acetyl L-Cysteine (NAC)

Decades of research has demonstrated the benefits of NAC (N-Acetyl L-Cysteine) in restoring intracellular levels of one of the body's most powerful antioxidant defenses, glutathione. NAC reduces the frequency and duration of attacks of chronic obstructive pulmonary disease (COPD) and may slow the clinical course of idiopathic pulmonary fibrosis (IPF). NAC protects tissues from the effects of exercise-induced oxidative stress, adding value and safety to your workout. NAC improves insulin sensitivity in people with some of the most difficult-to-treat metabolic disorders. NAC blocks cancer development at virtually every step in the process, and does so through multiple mechanisms, making it an important cancer chemo-preventive agent.

NAC is particularly beneficial in treating covid vaccine injury – especially those people who simultaneously experience gastrointestinal symptoms. A number of prominent doctors, almost a dozen now by my count, have died under what many consider suspicious circumstances after coming out publicly with statements actual evidence linking covid injections with several types of cancers. The ones I am referring to claimed they are causing cancer. They cite several glycoprotiens that show up in the body of vaccinated people that they say would not normally be present, so these doctors are drawing conclusions from these correlations. This subject is a bit beyond the scope of my book so I will just mention it briefly and allow you do your own research on this and decide what you think about their opinions. I have seen many of these reports and personally think there is something to their claims, as does one of the specialists I confer with on a regular basis. The anti-cancer effects of NAC is another good reason to take it if you have received any of these covid shots.

Recommended Dosage:
At least 600mg/daily, 1-2 times a day during illness. Source: Dr. Lee Merritt.

One thing I always take note of, since the FDA is complicit with pharma in this whole effort, is anytime they go out of their way to ban a thing or make it harder to obtain.

The FDA is currently dredging up very old and questionable concerns about NAC and pretending that it is something that should be classified as a drug and made available only with a script. I assure you this is because it works so well in these combinations to fix covid vaccine injury. This is why they are suddenly making a big deal out of it, just like they have done with every effective treatment alternative that gets any traction. Any alternative to covid injections, natural or not, that works, is attacked in a similar fashion. So anytime I see them do that, I know there is something important about that I need to study up on. I recommend you do the same thing. I consider the FDA an enemy of health, so when it comes to covid debates, whatever they don't like, I suggest you eat. If pharma had their way, they would compel the FDA to place every vitamin on a prescription schedule. I am really being completely serious here when I tell you, this is where things are headed, so get out on front of this while you can.

Now I will discuss two very important combinations. Both Vitamin C and Bromelain have powerful effects in combination with NAC. NAC and Bromelain inhibits spike protein binding and breaks up blood clots. NAC and Vitamin C supercharges the production of glutathione. In the next couple sections I will discuss each.

Bromelain

Bromelain is an enzyme naturally found in pineapples. It is manufactured and sold as an extract. While not commonly sold in chain drug stores, Bromelain is inexpensive, easy to obtain, and you can find it offered by most online vitamin retailers.

NAC + Bromelain
This combination inhibits spike protein binding and breaks up blood clots.

Research on the effects of Bromelain is not very easy to find, but some does exist, and those findings suggest that taking NAC in combination with Bromelain inhibits spike protein binding and breaks up blood clots. These are two effects that have a big impact on those who have received a covid injection of any potency. They all eventually experience blood clotting problems.

Bromelain also acts as a modulatory agent of cytokines. It can stimulate the release of pro-inflammatory cytokines in a healthy immune system in response to cellular stress. Conversely, Bromelain inhibits the biosynthesis of pro-inflammatory cytokines and prostaglandins under inflammatory conditions induced by overproduction of cytokines. Those people who have received covid injections of any potency seem to all tend to develop runaway inflammatory conditions of one kind of another.

Remember, inflammation can show up in lots of different ways and the list of conditions that include inflammation is very lengthy. Inflammation can present as fever or pain, especially joint pain. The most serious adverse event reports include myocarditis, pericarditis, and multi-system inflammatory syndrome (MIS) which, if untreated, can result in sepsis and death in as little as a few days to a week. Much of the runaway inflammation seen in covid vaccinated people is very abnormal and is the result of an over production of cytokines. The occurrence of what is called a "cytokine storm" is an overreaction

of the body to the presence of either synthetic spike proteins or other toxins.

Recommended Dosage:
For adults in whom blood clotting is a concern, take one 850/mg quick release capsule of Bromelain with water immediately before each meal and one or two 600/mg capsules of NAC daily.

Glutathione

Heavy metals are toxic, and the body has a natural way of eliminating them. The way it does this is by naturally producing another substance called glutathione.

Glutathione is an antioxidant naturally produced by the body in the liver. It is involved in many processes in the body including tissue building and repair and in proper healthy immune function. Glutathione also biodegrades peroxides, lipid peroxides and heavy metals. That is the function we are most concerned with, and it is the product of **Glycine and Cysteine**. Your body creates Glutathione by combining these two substances. Your body also normally keeps a reserve of glutathione which will be utilized in the event of a toxic heavy metal exposure. Numerous toxic heavy metals have been discovered in covid injections, as I will show you later, so achieving and maintaining high glutathione levels in the body is very important, not only for the removal of these substances but also to eliminate another dangerous excipient in these formulations: graphene oxide.

Karen Kingston, the Pfizer whistleblower who has revealed numerous redactions in Pfizer EUA filings and other documents, has also revealed that graphene oxide is being used by Moderna and Pfizer in their covid injection products, specifically, in the PEGylated lipids used to encase the mRNA particles. This is also commonly known as Hydrogel. The stated function of graphene oxide in these structures is to allow for coerced entry of foreign mRNA molecules into human cells, through naturally resistant human cell membranes. Upon contact with organic fluids this Hydrogel begins to form crystalline structures within just a few minutes. These structures gradually grow in a fractal manner.

In case there is still any doubt as to this substance being an undisclosed ingredient in covid injection formulas, Karen also uncovered a patent owned by a company called Shanghai Nanotech titled *"Nano coronavirus recombinant vaccine taking graphene oxide*

as a carrier." The patent number is CN112220919A and it shows that the ingredient used in "Covid-19 excipients is in fact graphene oxide. It is the presence of graphene oxide that appears to be the cause of this change to the net charge of a typical red blood cell, which is negative normally, but changes to positive in those who have received covid injections. It is this positive charge that also facilitates unusually strong binding of synthetic spike proteins to host cells.

Graphene Oxide is known to be highly toxic, and if you look at vaxxed tissue samples where it is present, one can see that wherever there is graphene oxide there is also blood clotting. Graphene oxide is also highly conductive and, in some circumstances, paramagnetic. Karen Kingston maintains it exhibits these magnetic properties when it comes into contact with hydrogen molecules in the body and my research confirms this.

Glutathione Detoxes Graphene Oxide

Graphene can be described as an allotrope (shape) of carbon that exists in two-dimensional sheet form, but there are a total of eight allotropes which include other forms such as cylinders and buckyballs. The key difference between graphene and graphene oxide is that graphene is a substance made of carbon atoms bonded to each other in a repeating pattern of hexagons, whereas graphene oxide is an oxidized form of graphene that is laced with groups having oxygen atoms. While chemically graphene oxide is not a heavy metal, glutathione does detox it from the body quite effectively.

Because graphene oxide makes up a large percentage of the covid injection products formulation, vaccinated individuals become exposed to a large quantity of it all at once. As a result, upon receiving a covid shot you will instantly deplete any glutathione reserves you have. Now, making more is possible, but how possible that is and how much a person typically has in reserve is normally dependant upon their age and activity levels.

Glutathione levels are naturally high in young people and extremely athletic people. Levels are typically far lower in people that are sedentary or older, and the older you are, the lower they are. People

who, for whatever reason, have very low levels normally will have a very hard time expelling a toxin like graphene oxide, so we need to stimulate glutathione production. That is done, not by eating a glutathione supplement, because whole glutathione is not as readily absorbed as its constituent parts, **glycine and cysteine,** which are comparatively plentiful in the body regardless of age or activity, but by supplementing two other substances that boost its manufacture. So, the focus here is on boosting your ability to produce glutathione internally, and that is accomplished by taking a combination of **NAC and Vitamin C.**

Zinc is what is known as an ionophore. I will explain more about this when I cover zinc exclusively as a supplement, but for right now all you need to know is zinc also helps increase glutathione production. Zinc is also one of those things you don't want to over do. **50 mg daily is PLENTY**. I take 50mg every day and have for months with no ill effects, so that is what I suggest you do.

Obviously, you don't want to get more covid injections, but there are some other things that interfere with glutathione production that you may be ingesting in the foods you eat.

One of them is Glyphosate, an environmental toxin we all have to live with because it is a common agricultural pesticide, and ingesting that in food **interferes with glycine uptake,** which is one of the two things your body utilizes to make glutathione. Try to avoid eating that. Wash store bought vegetables well.

Acetaminophen is another. That is the active ingredient in **Tylenol**. So do not take Tylenol or Tramadol or anything containing acetaminophen as a pain reliever. **Acetaminophen impairs pulmonary function, and it severely depletes glutathione.** Daily maximum dosages for Tylenol is 4000 mg/day, but just 2000 mg will deplete glutathione levels by 80 percent. The treatment given to people being hospitalized as a covid case include being given Tylenol as part of a set of remarkably deadly covid protocols and once their glutathione levels are gone, they frequently go into organ failure.

Especially important is never giving Tylenol to a child that has been given a covid injection to relieve any injection site pain or other adverse reactions. I know young children are not supposed to be given covid shots, but I constantly hear about people doing it and as time goes on it will happen more and more. They even vaccinate newborns, and it can, and has, killed them, but **it is especially dangerous to give a covid injection-poisoned child under the age of seven Tylenol at the same time**, because before that age the blood brain barrier has not fully developed and doing so will result in autism. This is literally a recipe for creating an autistic child. Never do that!

Botanical Vitamin C

Botanical Vitamin C is very good for you and fills a variety of needs beyond the one we are discussing. Vitamin C increases immunocompetence and lymphocytic response. It is a dermal protectant, anti-erythema agent, and has anti-cancer properties.

What many people do not realize is the almost all of the vitamin C supplements you see on store shelves are not actually the kind of natural vitamin C you get through eating natural foods, but another substance called ascorbic acid. You need to read the label to determine if the kind you have is real botanical vitamin C or ascorbic acid. Ascorbate does decrease hemorrhaging and cell degeneration, but it also depletes glutathione, so we want the real thing here.

Vitamin C's range of health benefits is quite broad. Moreover, you cannot really eat too much, since your body will only store and use what it needs. The rest will leave the body in urine. When your urine is very bright yellow you have plenty inside you.

Now, if you are already taking NAC with your Bromelain, as far as dosage goes, you are already covered. You then just take Vitamin C on top of that. I take about 3000 mg daily. You can start there and see how you feel. More is ok, and if you feel sick you can take a lot more safely.

NAC + Botanical Vitamin C

The combination increases production of glutathione, which also replaces glutathione reserves.

Vitamin D3

Ok, now we come to a big one, probably the biggest one here. I cannot stress this enough. If I had to choose just one the supplements on my list, this is the one I would want. 80+ percent of all hospitalized patients and 95 percent of those in ICU are Vitamin D deficient. Vitamin D has so many functions in the body I could fill pages with them all. Because this report is supposed to be focused on addressing the damage inflicted by covid injections I am going to stick to the things Vitamin D does that are most relevant to that, like **reducing inflammation**.

Another important fact to know **is if one has a Vitamin D level of 50ng/ml (the range is from 20-100) one cannot develop a cytokine storm**, which is one of the things killing covid-vaccinated people. So, you should learn all you can about Vitamin D and just how essential it is to good health.

Let's start with proper dosages. You can find a lot of research that talks about all kinds of bad things that can result from eating too much Vitamin D. You can find just as many that say ridiculous dosages as high as 100k IU daily are not only tolerable but beneficial. I would caution you against extremes like that. I would not take that much. It is also important to note that obesity drastically decreases bioavailability of Vitamin D because it is fat soluble, so dosages may need to be higher for very obese people. In my personal experience, as part of the research I did on this book, I have been taking 10k IU every day for months with no ill effects. I did this to ensure as best I am able that that dosage would be a safe recommendation, but you should also be aware of another debate over Vitamin D3 that I discovered has been raging for many years. That debate has to do with some potential side effects that people who take vitamin D3 regularly can experience many years later. I will not delve too deeply into those arguments here. I do not want anyone to assume I take this debate lightly or that I dispute those who insist taking Vitamin D3 supplements is not without some trade-offs, but when it comes to covid vaccine injury I am of the

opinion that there is just no way around supplementing with D3. It is my educated opinion that the benefits in this circumstance outweigh any potential risks.

A covid-vaccinated person, especially one that is experiencing adverse reactions, should begin taking a minimum of 10,000 IU daily and I strongly recommend blood work to test vitamin D levels if they feel sick, and here's why I say that.

In 2020, when I knew a lot less about all of this, I had just published my first book on the work of Charles Richet, and in early 2021 I had some different thoughts about spike proteins. I got deep into claims made by Judy Mikovits in particular, but there was a total of five high-profile doctors. The others were Lee Merritt, Sherry Tenpenny, Christiane Northrop and Andrew Kaufman. They all came out against covid shots early on, and all of them remain to this day some of the most educated opinions out there. Since then, I have departed a bit from certain opinions they push and even think now that a couple of them are being cleverly fooled here to some extent. I have tried to reach them, to speak to them directly, but have yet to get close enough to do that. Anyhow, getting back to spike proteins, I managed to assemble a volunteer team of my own and these were people with very impressive professional medical backgrounds whose identities I try to protect. They helped me understand a great deal about these things and gave me a sizable head start on posing a few theories of my own which I could later bounce off of them.

One of these professionals has an impressive background in pharmacology and holds six patents. This person explained to me that there are three approaches to attacking this synthetic spike protein and preventing it from doing damage. One way was to destroy it. Unfortunately, it seems like nobody has had much luck with finding a way to do that so far. But at the time, I thought possibly that Vitamin D could do it.

I was talking to nurses in the field who were caring for people that kept coming in with what they were sure was covid vaccine-related injuries. This was before their job environment became as draconian as it is now. Even back then they were discouraged, and even sternly

warned, about voicing any anti-vax opinions, and the doctors over them didn't have any. Still, some of the nurses with more tenure began to notice a correlation between Vitamin D and patients who recovered faster. After a few ran Vitamin D blood tests on several of these people, they discovered that those with very low levels of Vitamin D were worse off, had more severe symptoms of all kinds, and their recovery, if they recovered at all, was very slow. By contrast, those who were administered high doses of Vitamin D got better, and most all of them walked out the door. So, I obviously thought it was possible Vitamin D was killing the spike proteins and I posed the theory to my team.

What one expert explained to me was no, it is not destroying them, but what it was doing effected how a spike protein binds to a cell membrane. I will explain.

There is something thing called the ACE2 pathway. It is a receptor on the outside surface of a cell wall that acts as a receptacle. The spike protein believed to be doing all this damage is like a plug that fits into this receptacle. This plug is one of three parts of the spike protein that each have their own names. The S1 subunit is the name given to the prongs on this plug, and when it binds to a cell it is "plugging in" with this. When that happens a lot of complicated communication goes on, back and forth between the cell nucleus and the spike protein, and even between this cell and nearby cells. We won't get into all that, which is quite complicated, but when this binding happens the spike protein is there forever. It clogs the ACE2 receptacle and destroys it in much the same way that a Q-Tip covered in crazy glue would ruin a lock if you shoved it into the lock’s keyhole.

The ACE2 pathway is like a door, through which everything a cell needs to thrive passes, and the energy it runs on is created inside the cell by structures called mitochondria. It is this process, this mitochondrial function, that keeps it going. If a cell needs to repair itself, maybe something goes wrong, or it just needs a certain enzyme, (the biological equivalent of a wrench or screwdriver), these things come in through the ACE2 pathway. There is only so much area on the surface of a cell to place these receptacles and thus each cell has a finite number of them. If they all become clogged up with spike

proteins the cell cannot obtain anything from the outside and it then starves for lack of essential nutrients. Thus, as spike proteins attach in numbers to the cell wall, mitochondrial function in that cell slows and eventually ceases and that is when we begin to see what is known as apoptosis, the death spiral of that cell.

What D3 does is make the cell express more of these ACE2 pathways on the cell surface, so whatever number was there to begin with, take a bunch of D3 and now it has more, up to a limit, of course, since there is a maximum number that can fit, but more is better. More allows the cell to live longer, because it takes more of these parasitical spike proteins to kill it. In essence, increasing D3 levels buys a covid vaccinated person time.

If we carry the physical mechanics of this conceptual struggle involving damaging spike proteins that gang up on cells forward, it seems logical that it may be a game of numbers here. Theoretically, with enough spike proteins floating about, your body is going to die as soon as they kill off enough cells in a vital organ to damage it beyond repair, and the most significant immediate damage appears to be occurring in the circulatory system. You can't live without functioning organs, all of which require oxygenated blood, so too many spike protein invaders is a serious problem. If we continue thinking in these terms, imagining these conditions, that brings us to the next set of questions:

How many of these spike proteins are there? Are they multiplying, or is there simply a finite number we need to deal with in some way? Can we live with these things stuck on cells everywhere if, at the end of this musical chairs game, every homeless spike protein finds a flat?

Some of these questions seem like ones we can answer, but in trying to do so, things get really fuzzy rather fast.

Let's consider non-mRNA covid injections first. Johnson & Johnson, who makes the Janssen vax, claim that they use an adenoviral vector to deliver the spike protein. The Astra Zeneca product is another non-mRNA product, so it is supposed to be similar. If we make the assumption, and it can only be an assumption, that there is a

finite amount of this pathogenic spike protein in these two brands, then logically the focus should be on eliminating them if we can.

An alternative approach would be to find a way to neutralize them, so they cannot cause damage. If we fail to effectively accomplish either of these two things, that would mean that we simply have to accept whatever damage they cause. We would then be left waiting out the time that spike proteins are actively destroying cells, until they have done all the damage that is possible and no more spike proteins remain to further such processes. Since both of these non-mRNA products also contain graphene oxide, that is an additional concern we can address by ramping up glutathione production as previously described.

As far as how much spike protein might be delivered in a single non-mRNA injection, that is hard to say. I have heard Michael Yeadon discuss this number with respect to the Pfizer shots, which are mRNA products. The mRNA-type products contain, not actual spike protein, but LNP envelopes that contain instructions cells use to express them, and what he has said about them is that they contain about 150 billion LNP units, but I have also heard others estimate that number could be as high as 40 trillion. Since LNP structures do not contain spike protein but rather instructions for making spike protein, its not really the same thing. However, if we imagine a similar number of adenoviral shells (the delivery structure in non mRNA products), crammed with spike proteins, what I cannot be clear about is whether or not similar quantities of spike proteins can be assumed here. I apologize if this analogy just makes this harder to visualize. The bottom line is we don't know the size of the enemy spike protein army, and maybe the actual number is not as important as the effectiveness of whatever treatment approach we choose.

There is a published schedule of contents for all the mRNA type products which clearly state different levels of potency based upon how many ng/µl (nanogram per micro liter) of active mRNA content is mixed into any given batch or lot. I think the safest thing to say here is that nobody really knows if there is a target number of LNPs we can be certain of, and maybe, because we would be relying on liars in Pharma for the estimate, that number is also irrelevant, because there is no easy way to confirm it. Whatever the number is, the most

important evidence we have seen is there can be enough of something, in any shot given, to kill a person immediately.

It is my opinion, based on everything I know, that taking the supplements we have discussed so far will have a significant impact on reducing the potential damage caused by non-mRNA products. Just to summarize those once more:

1. D3 will buy you time by creating more ACE2 pathways to replace those destroyed by spike protein.

2. The NAC + Vitamin C Combination increases production of Glutathione and replaces spent reserves.

3. The NAC + Bromelain Combination inhibits spike protein binding and breaks up blood clots.

4. Zinc helps these substances get where they need to go.

As I discuss more of the ingredients in these injections, the list of countermeasures will get longer. I only go into so much detail on the mechanisms of action to educate you on the theory that underlies each of these recommendations. I feel it is just as important to know why you would take certain things, and why you take them in certain combinations, is as it is to know what each of those things are. This way, if new information comes to light at some later time, it is possible to make adjustments to improve any countermeasures we know of currently. Additionally, every person is unique, and every health situation is unique. If you have an acute issue in some specific area, hopefully knowing what you are addressing with these counter measures will help you customize dosages and combinations a bit to fit your specific needs. It may also help you have discussions with doctors, who are unfortunately more likely to argue with you than collaborate with you.

Let's now look specifically at the mRNA type covid injection products and what makes them particularly dangerous.

Pfizer and Moderna
mRNA Vaccine Products

The thing that concerns me most about mRNA "vaccines" is the idea that these shots cause irreversible genetic damage by introducing synthetic sequences that later become part of your DNA. This is much worse than simply injecting a fixed quantity of some kind of poison. These sequences are instructions that cause the body to *manufacture* poison, things like artificially engineered spike proteins and harmful glycoprotiens that force immune system dysfunction.

There is no way to un-program these changes that I am aware of, so when it comes to any kind of mRNA therapy, if irreversible changes take hold, these people may have to accept that there may be some adverse effects of genetic manipulation that are permanent. This possibility alone should scare the hell out of everyone, but some people believe these companies operate with some ethics. They don't.

Permanent and irreversible genetic damage changes the parameters of what we are addressing significantly. If you are exposed to a toxin once, or even repeatedly, and have an effective way to detox, the problem is over at some point. Meaning if you chose a non-mRNA product, with a finite list of toxins, presumably, you have a finite problem, because I believe I have an effective countermeasure for all of them.

If however you received a genetic therapy in the form of an mRNA covid "vaccine" and as a result you are CREATING the problem by creating the toxin, now we are dealing with a chronic condition and however you address that, the countermeasures you choose will have to be kept up for as long as the chronic condition persists, which at this point, may mean for the rest of your life.

But what if you act really fast? I believe that speed matters, but its hard to quantify exactly how much. This is partially due to a broad range of consistency in each of these formulations but really nobody

knows because this type of experimental genetic therapy has never been done before. If you are a participant in this experiment, the answers to questions such as: How long does it take to before genetic damage is irreversible? How many shots does it take? Is one shot enough? Are all being determined by observing how you react and how your body responds. This is the reason why the published study end dates on these covid jabs are still several years in the future. The human trials that preceded widespread distribution were a farce, rigged to "succeed," so that an authorization could be obtained to do what is being done now. The real experiment is ongoing.

Above all, and regardless of the implications and challenges this situation presents, please try to remain optimistic and positive. **Remember, your mental attitude is VERY important.** People who believe they are going to die usually do. Let's not lose all hope. If what I have put together here can mitigate the damage being caused, the worst-case scenario is your daily routine will simply come to include adding supplements to your diet, which is arguably something you should have been doing all along. They are not all that costly, they are easy to obtain, and the change in lifestyle is simply the cost of your mistake. If it turns out that it is not enough, you will continue to experience health problems, but the way you treat those problems matters a great deal.

Knowing what to treat is critical to managing such problems. You must learn all you can and take control of your own health care. If you don't, what hospitals and doctors are currently doing will kill you. **You don't have a mysterious condition. You know what it is.** Trust me when I tell you that almost any doctor vaccine recipients see in a large corporate hospital facility **WILL KILL THEM** with their ineptitude! Please take this warning seriously. I have seen hospital staff place PLASTIC EQUIPMENT BAGS over the heads of people as they move them around, out of fear of spreading "covid-cooties." The level of absurdity involved in the covid "precautions" being enforced in some hospitals is terrifying, and without limit.

The next thing I want to talk about has received hardly any attention, and it just may turn out to be one of the best countermeasures there is for mRNA type "vaccine" products. That thing is **Monolaurin**.

Monolaurin

One of the safest substances known to man is breast milk. This is where the monoglyceride of lauric acid is found. When an infant is born, it is totally dependent on food factors in the mother's milk for immune protection. In analyzing the composition of human breast milk, medical researchers found lauric acid monoglycerides in high concentrations, which is what led them to study Monolaurin as an 'anti-viral' agent.

Monolaurin is also found in coconut oil, butter and heavy cream; only recently has it been isolated and purified. It is highly unusual in pharmacology to find chemicals that are toxic to lower forms of life such as bacteria, fungi, yeast and 'viruses,' but non-toxic to man.

Monolaurin is also an anti-microbial agent that protects the immune system from a range of infectious bacteria. It has been shown to protect newborn babies, whose immune systems are underdeveloped, from various respiratory tract infections.

If you have been injected with an mRNA product, the actual mRNA sequence, that damages your immune system and makes your body a spike protein factory, is protected by PEG-encapsulated, lipid nano-particle envelopes. These structures protect and conceal these foreign genetic codes. Without them, any free-floating messenger RNA, would be instantly dismantled by your body's natural immune system, provided it was healthy and functioning normally. The body would then recycle any material that remained.

Remember my foundational premises here. I stated that viruses do not exist. So, if you were to begin researching the benefits of monolaurin, you will find references to viruses.

For example: ***"Monolaurin is an easily obtainable anti-microbial agent*** *known to inactivate lipid-coated 'viruses' by binding to the lipid-protein envelope of the 'virus', thereby preventing it from attaching*

and entering host cells, making infection and replication impossible. Other studies show that Monolaurin disintegrates the protective envelope."

I am not focusing on viruses. **What has my attention is monolaurin's effect on LNPs**.

It does not matter what's inside them. Applied to the vaccines, I believe it is likely that this substance has the potential to inactivate any active mRNA contents of the covid shots because they use PEG encapsulated lipid nano-particle envelopes to deliver their payload of genetic instructions into healthy cells. We know naked mRNA is highly unstable and we know the body won't allow random mRNA to just float about. LNP's are used to hide what's inside them from the body until it can infect a cell and do damage.

If the protective structure that stabilizes these instructions is destroyed, the mRNA inside them is also destroyed.

Monolaurin Destroys Lipid Nano-Particle Envelopes

It is for this reason that I am recommending Monolaurin as part of my protocol.

If the protective structures surrounding all the mRNA content in covid vaccines can be destroyed, then the mRNA is destroyed, and those actions directly counter the ability of mRNA covid shots from altering your immune system and using your own cells to manufacture harmful spike proteins. **Monolaurin tells the body these LNP's are enemies, so your immune system attacks them, and when that happens, the entire structure is neutralized.**

These protective structures also have a known shelf life. As explained in a research paper from Nature Reviews in 2018 titled *"Lipid nanoparticles for mRNA delivery,"* specific ingredients and handling techniques can increase the stability of mRNA to "at least three months in vivo." So, this tells us that there is a limit to this stability

once the formulation is administered, after which a breakdown is inevitable, but before which, the mRNA is viable, so the quicker we can begin accelerating this process the better.

Monolaurin can be obtained from https://biofieldexpert.com/

Potential Side Effects:

Monolaurin is very well tolerated and presents no side effects in people who are not allergic to coconuts and coconut products. **If you are allergic to coconuts, you should avoid Monolaurin.** Monolaurin is not recommended for women who are pregnant or breastfeeding, mainly due to a lack of research in pregnant women and nursing mothers.

Recommended Dosage for Monolaurin:

Recommend dosage is 1,000-3,000 mg per day, but it is best to start at 1,000 mg before working your way up to 3,000 mg if needed. This dosage can be repeated two to three times per day if desired, but don't exceed 9,000 mg per day. Monolaurin is fat soluble and is best taken during or after a meal for best absorption.

Monolaurin is not the type of nutritional supplement one has to take on a daily basis, but only when the need arises. Obviously, if you have been exposed to an mRNA covid injection product, that establishes need, but if some time has passed since that exposure, the damage suffered to your immune system may become a serious problem all by itself. Because covid-vaccinated people have suffered some immune system damage, they can potentially become vulnerable to a wide range of bacterial infections. This is just another reason why monolaurin is a great supplement to keep around, so I want to tell you a little more about that before moving on.

Understanding Medical Terminology: Gram-Positive vs. Gram-Negative Bacteria

The key to understanding these differences is in the protective membrane, or outer covering, surrounding these bacterial organisms.

Imagine a thick wooden fence surrounding a yard. That is a **gram-positive bacterium**. Gram-positive bacteria have a big, thick membrane. Some examples of Gram-positive bacteria include Streptococcus, Staphylococcus, and Clostridium botulinum (botulism toxin).

Now picture a bullet proof vest. That is a **gram-negative bacterium**. Gram-negative bacteria's cell membrane is thin but difficult to penetrate. Examples of Gram-negative bacteria include cholera, gonorrhea, and Escherichia coli (E. coli). The protective covering of these, and other, Gram-negative bacteria make them much more difficult to heal and eradicate. Because of this nearly "bulletproof" membrane, they are often resistant to antibiotics and other antibacterial interventions. If you want to penetrate their surfaces, then you must employ different strategies. This is the same principle applied by pharmacologists, who use different drug tactics to pierce the membrane of dissimilar bacteria.

Thus, with these analogies, you can quite easily see why some of the "big gun" antibiotics, which work well for serious infections like staph or strep, may have little effect on plaguing Gram-negative bacterium eruptions, such as a cholera outbreak or a mass gonorrheal epidemic. The fire hose or shotgun-bullet antibiotics, which easily damage Gram-positive bacterial membranes, are often unable to blast through or weaken the protective coverings found on Gram-negative bacterium.

Monolaurin works well on both!

Until now few nutritionists in mainstream nutrition community seem to have recognized the added benefit of antimicrobial lipids in the support of infected patients. These antimicrobial fatty acids and their derivatives are essentially nontoxic to man. According to the published research, lauric acid is one of the best inactivating fatty acids, and its monoglyceride is even more effective than the fatty acid alone.

Monolaurin does not appear to have an adverse effect on desirable gut bacteria, but rather only on potentially pathogenic microorganisms. For example, Isaacs et al (1991) reported no inactivation of the common Esherichiacoli or Salmonella enteritidis by monolaurin, but major inactivation of Hemophilus influenza, Staphylococcus epidermis and Group B gram positive streptococcus.

The potentially pathogenic bacteria inactivated by Monolaurin include Listeria monocytogenes, Staphylococcus aureus, Streptococcus agalactiae, Groups A, streptococci-gram-positive organisms, and some gram-negative organisms (Vibrio parahaemolyticus and Helicobacter pylori). Decreased growth of Staphylococcus aureus and decreased production of toxic shock syndrome toxin-l were shown with monolaurin. Monolaurin was 5,000 times more inhibitory against Listeria monocytogenes than ethanol. In vitro monolaurin rapidly inactivates Helicobacter pylori. Of greater significance, there appears to be very little development of resistance by the organism to the bactericidal effects of these natural antimicrobials.

A number of fungi, yeast, and protozoa are also inactivated or killed by monolaurin. The fungi include several species of ringworm. The yeast reported to be affected is Candida albicans. The protozoan parasite Giardia lamblia is killed by monoglycerides from hydrolyzed human milk. Chlamydia is inactivated by monolaurin. Hydrogels containing monocaprin/monolaurin are potent in vitro inactivators of diseases such as Neisserian gonorrhea.

Antibiotic resistance results from the over-use of prescription drugs, which is one of the biggest problems facing the medical community today. Resistance is cumulative and comes in part from antibiotics in our food supply. That’s why it’s important to consider starting with nutritional remedies, such as Monolaurin first.

Anytime we are using natural and non-natural agents to kill bacteria in our body, it is a good idea to use a good probiotic. A probiotic is a supplement that contains Lactobacillus acidophilus and Bifidobacterium bifidum, which are needed to create a healthy balance in the intestinal tract. A probiotic can help prevent yeast overgrowth, which can lead to thyroid problems, a loss of energy, depression, dry

skin, mood swings, chronic vaginal yeast infections, etc. Probiotics are used to treat chronic yeast infections, and to balance the good bacteria levels in the colon during antibiotic therapy.

Here's the basic pharmacology:
https://draxe.com/nutrition/monolaurin/
http://sterlison24.com/monolaurin.html

And a few clinical studies for further reading:
https://pubmed.ncbi.nlm.nih.gov/19895490/
https://pubmed.ncbi.nlm.nih.gov/17966176/

A Word about Antibody Types
Antibody Induced Enhancement

One question more people should be asking is this: How do we even know that the antibodies we are told are created are antibodies to this fictional virus, or even as a response to any of the toxic ingredients of the covid injections?

What proof have we been shown?

One way we could find out would be to measure them, but the one thing that is conspicuously absent from all the vaccine manufacturers' FDA applications for emergency use authorization of these experimental covid injections is any measurement of T-cell production. To me, this is just more evidence that the purpose of injecting everyone on Earth with these potions is anything but immunity to some illness.

Much of what is taught about immunology has a basis in germ theory, which is not true. The evidence for it is simply not there. Terrain theory fits what evidence there is much better and according to terrain theory, antibodies are created by the immune system for toxins, NOT PATHOGENS. So, needless to say, when we hear about the creations of antibodies that attack pathogens, it raises some questions.

Neutralizing antibodies, we are told, are general purpose antibodies that attack a broad range of bodily enemies. Apparently, it is known that Pfizer's covid injection product lowers production of neutralizing antibodies by 15 percent after the first injection, and by 35 percent after the second. How do we know that? Because that estimate came straight out of the FDA. Another highly qualified, independent medical researcher speaking on this subject claimed the effect was far more drastic. She maintains that white blood cell production was decreased 50 percent by the first injection, and ANOTHER 25 percent following a second injection. If she is correct, and I am not saying she is, that would mean your immune system is compromised as much as 75 percent after two doses of either the Pfizer or Moderna product.

Regardless of the degree of autoimmune dysfunction, any compromise of your natural immune system will make you highly susceptible to otherwise harmless infections, and also affect the degree to which supplements like Monolaurin can help but taking it anyway certainly will not hurt. **So, if you have a fever or swollen lymph glands, or you sense the early warnings signs of the flu, like sniffles, sore skin and perhaps a scratchy throat, Monolaurin may offer the first line of defense.**

Binding antibodies, we are told, are a bit different. They are understood to be protein molecules manufactured by the body as an immune response. Antibodies, also known as immunoglobulins, are generated by the immune system to find and attack foreign organisms within the body. These organisms — or parts of them — are called antigens. A binding antibody is an antibody that has a reaction when combined with an antigen, locking the antigen to it before working to eliminate or neutralize it.

It is accepted that antibodies are able to detect and react to the invading microorganisms known as antigens, however, this does not always explain the behavior of what are known as B-cell receptor (BCR) antibodies, so this must be explained, and the way this has explained is that BCR antibodies simply may require the aid of other cells for full activation.

Antigens are macromolecules with at least one antigenic determinant. This is the part of the antigen that the immune system recognizes. They are also called immunogens because they cause an immune response. If the condition known as **antibody induced enhancement (AIE)** is in fact real then, by this reasoning, binding antibodies are the likely cause of it.

AIE is a severe condition in which the body overreacts to a toxin and produces a cytokine storm. This is a serious immune system over reaction that can kill you. It presents as runaway inflammation all over the body. Furthermore, this problem of AIE that we seem to be seeing, APPLICABLE TO ALL BRANDS AND TYPES OF COVID INJECTION PRODUCTS is, in my opinion, due to the fact that they are all entirely composed of dozens of toxins.

As you can probably tell, I have a healthy skepticism about the accepted reasoning that describes what we are seeing, but even if we just go with that for now, it means that every one of these toxins must then be causing the body to create huge numbers of binding antibodies. If these covid injections are not resulting in a robust production of neutralizing antibodies, and we are being told they are not, then AIE is a constant threat for which there can be no remedy other than detoxifying the body of every toxic bit of those formulations to the greatest extent any given individual is physically able to achieve. And because doctors are seeing vastly more evidence of raging cytokine storms in covid wards and hospital ICUs, it should not be ignored that all these events are being seen almost exclusively in covid vaccinated people. It is for this reason that it is not at all unreasonable to suggest these experimental covid vaccines are potentially the direct cause of it.

Calcium
(and its Relationship to EDTA)

Calcium is an essential mineral that is necessary for building bones and keeping them healthy. Calcium enables our blood to clot normally, our muscles to contract, and it plays an important role is maintaining healthy heart rhythm. Calcium in the circulatory system, extra-cellular fluid, muscle, and other tissues is critical for mediating vascular contraction and vasodilatation, muscle function, nerve transmission, intracellular signaling, and hormonal secretion. About 99 percent of the calcium in our bodies is in our bones and teeth.

Every day, we lose calcium through our skin, nails, hair, sweat, urine and feces. Your body cannot produce its own calcium. That's why it's important to get enough from the food we eat, and supplements if the food is not enough. When you don't get the calcium your body needs, it is taken from your bones. This is fine once in a while, but if it happens too often, bones can become weak and easier to break. If you are also Vitamin D deficient, bone metabolism is significantly affected.

The role calcium plays in my protocols is closely tied to non-mRNA brands of covid injections due to a highly toxic substance called EDTA, which is disclosed as an ingredient in the Astra Zeneca covid product called Vaxzevria.

Since its initial introduction, several European countries have curtailed or abandoned their use of Astra Zeneca's covid vaccine due to an observed extreme risk of blood clotting, but the presence of EDTA was hardly, if ever, mentioned.

While the same risks and adverse events have been observed in Johnson and Johnson's vaccine product (called Janssen), it is still in

widespread use in the United States, and both products were initially marketed as attractive "one and done" vaccine solutions.

EDTA goes by MANY names. They include:
Acide Éthylènediaminetétracétique, Calcium Disodium Edathamil, Calcium Disodium EDTA, Calcium Disodium Edetate, Calcium Disodium Versenate, Calcium Edetate, Calcium EDTA, Chelation Therapy, Disodium Edathamil, Disodium Edetate, Disodium EDTA, Disodium Ethylenediamine Tetraacetic Acid, Disodium Tetraacetate, Edetate, Edetate Calcium Disodium, Edetate Disodium, Edetic Acid, EDTA de Calcium Disodique, EDTA de Fer, Ethane-1,2-diyldinitrilo Tetraacetic Acid, Ethylene Diamene Tetraacetic Acid, Ethylenediamine tetraacetic acid, Éthylènediaminetétraacétate de Calcium et de Disodium, Éthylène-Diamine-Tétracétate Disodique, Iron EDTA, Sodium Calcium Edetate, Sodium Edetate, Traitement Chélateur, and Trisodium ethylenediamine tetraacetic acid.

Johnson and Johnson does not officially disclose EDTA in the published list of ingredients, however due to numerous reports of adverse reactions, which by now are unquestionably similar and attributable to both brands, **it is highly likely that EDTA is an undisclosed ingredient in the Johnson and Johnson covid product.**

EDTA is a chelating agent, and it is used to lower blood levels of calcium when they are dangerously high. It is UNSAFE to use more than three grams of EDTA per day, or to take it longer than five to seven days.
If you are healthy and are given an excessive dose of EDTA you are susceptible to everything that can result from a severe calcium deficiency.

Diabetics in particular should also be wary of receiving anything containing EDTA, since EDTA can interfere with blood sugar control, and also because it can adversely interact with insulin.

The actual amount of EDTA in the Astra Zeneca vaccine formulation has not been disclosed, and because the Johnson and Johnson company has not admitted using EDTA in their product, we have no idea how much it may contain. All we have to go on is the information provided

in adverse event reports submitted about people who have been given one of these two products and severe calcium deficiency is very often noticed and reported.

We know that too much EDTA can cause kidney damage, dangerously low calcium levels and death. EDTA also causes heart rhythm problems, liver problems, kidney problems, seizures, and it obviously makes hypocalcaemia worse. These are all symptoms seen in those close to death in covid wards and hospital ICUs. It does not help that they are being categorized simply as covid patients, but once again these are almost all vaccinated people struggling with these extreme conditions. It does not take a genius to see the correlation here between recipients of these two products and severe calcium deficiency.

What's even worse is when a physician with "vaccine blindness" misdiagnoses a patient with covid and treats him with a drug like Redemsivir. If a situation already exists in which an excessive dose of EDTA caused a severe calcium deficiency and that calcium deficiency is causing kidney damage, giving such a person a drug like Redemsivir will finish the job of destroying the patient's kidneys. It is this very sequence of events that is responsible for the death of hundreds of people misdiagnosed as covid patients, when what they really have is covid vaccine injury.

Calcium replenishment is a particularly critical part of any recovery from injuries suffered as a result of an exposure to either the Astra Zeneca or Johnson and Johnson covid injections.

Unfortunately, calcium levels are not to only thing impacted by EDTA. Among the most serious concerns is that EDTA stimulates the contractility of a non-failing heart, and that myocardial oxygen consumption is actually reduced, or remains constant in a failing heart. This interference with normal heart function is a likely cause of myocardial infarction (stroke). This is what has been claiming the lives of so many covid vaccinated athletes recently. The sudden occurrence of so many cases of myocarditis and myocardial infarction is not exclusive to just the Janssen and Vaxzevria shots. It is also all too commonly seen in people that received Pfizer and Moderna covid

vaccines as well. I just think the reasons for it in those cases have less to do with disrupted calcium levels and more to do with other factors.

The willingness to attribute such frequent, and often televised, occurrences of terminal stroke amongst such extremely fit people to anything other than these experimental covid vaccines is willful denial. The same is true of instances of lethal myocarditis in children, something practically unheard of before the widespread use of these experimental shots, and the marketing campaigns I see Big Pharma producing that seeks to normalize this trend is just appalling. The mass media is just awash with fraudulent medical propaganda.

There are some tests one can ask for that may be able to predict potentially life-threatening heart problems. One such test examines levels of troponin. Troponin, or the troponin complex, is a complex of three regulatory proteins that are integral to muscle contraction in skeletal muscle and cardiac muscle, but not smooth muscle. Measurements of cardiac-specific troponins I and T are extensively used as diagnostic and prognostic indicators in the management of myocardial infarction and acute coronary syndrome. Blood troponin levels may be used as a diagnostic marker for stroke, although the sensitivity of this measurement is low.

Getting rid of excessive EDTA in the body naturally involves binding it to various other mineral nutrients that are later expelled. This process is known as chelation. EDTA is a chemical that binds to (chelates) minerals and metals such as chromium, iron, lead, mercury, copper, aluminum, nickel, zinc, calcium, cobalt, manganese, and magnesium. When EDTA is bound to any of these, any effects it might otherwise have on the body are then neutralized, and the bound EDTA is simply expelled along with the chelating minerals.

If you feel your situation requires a calcium blood test you should request one. There are two types of calcium specific blood tests:

1. Total calcium, which measures the calcium attached to specific proteins in your blood.

2. Ionized calcium, which measures the calcium that is unattached or "free" from these proteins.

Normal calcium levels are between 8.5 to 10.2 mg/dL (milligram per decilitre).

Since any chelation that removes EDTA also removes the binding agent undergoing this process can result in a few temporary mineral deficiencies. Being aware of what all those levels are during this recovery effort is really all you need to do, and a routine screening test called a basic metabolic panel covers lots of bases. It is a series of tests that measure different minerals and other substances in the blood, including 'total calcium' mentioned above. If you suspect a deficiency in anything essential, it is best to have a doctor order this for you. Anything you find yourself running low on can be replaced with whole foods or supplements.

I want you to know such tests are available because expecting me to generally recommend a proper supplemental calcium dosage that would be applicable to anyone is not only very difficult, it is just about impossible. Many factors come into play.

You can experiment with modest doses and see how you feel after a week or so, but getting this right can be important. The best way to find out what is right for you is to take the results of those blood panels to a specialist in homeopathic treatments. They will be able to personally advise you far better than I can. The best I can do here is give you some general guidelines to start with.

Some of the <u>symptoms of high calcium levels</u> are:

- Nausea and/or vomiting
- Frequent urination
- Constipation
- Lack of appetite
- Fatigue
- Increased thirstiness

Some of the symptoms of low calcium levels that are all too common in adverse reaction reports are:

- Cramps in your muscles and stomach
- Tingling in your fingers, feet, and lips
- Irregular heartbeat
- Chronic joint and muscle pain
- Depression
- Extreme Fatigue, lack of energy, feelings of sluggishness or insomnia and associated with light-headedness, and dizziness
- BRAIN-FOG, a particularly notorious adverse reaction complaint that includes lack of focus, forgetfulness and confusion.
- Various skin conditions
- Convulsions
- SEVERE PREMENSTURAL SYNDROME
- ***SEIZURES***

According to the National Osteoporosis Foundation, a normal daily intake of calcium (that includes all foods and supplements), is 1,000 mg for women over 50 and 120 mg for men over 70. The tolerable upper intake levels (UL's) of any supplement is the highest amount that most people can take safely. **For calcium, they are as follows:**

Infants	0-6 month:	1,000 mg/day
Infants	7-12 months	1,500 mg/day
Children	1-8 years	2,500 mg/day
Children	9-18 years	3,000 mg/day
Adults	19-50 years	2,500 mg/day
Adults	51+ years	2,000 mg/day

Determining how much to take can also get a bit complicated given that much of what you take is not actually absorbed. Calcium is absorbed best when taken in amounts of 500-600 mg or less. Take (most) calcium supplements with food. Eating food produces stomach acid that helps your body absorb most calcium supplements. The one exception to the rule is calcium citrate, which can absorb well when taken with or without food. The percentage of a given dose of calcium that is absorbed in men and non-pregnant women, across a wide age

range, has been demonstrated to be approximately 25 percent of calcium intake, so getting this right without the benefit of tests might take a bit of effort on your part. Just about everything you would want to know about calcium can be found here: https://www.ncbi.nlm.nih.gov/books/NBK56060/

Selenium

Selenium is a powerful antioxidant found in soils, and it plays an important role in the health of your immune system. Antioxidants are compounds in foods that prevent cell damage caused by free radicals. Free radicals are normal byproducts of processes like metabolism that are formed in your body daily. They often get a bad rap, but free radicals are essential for your health. They perform important functions, that protect your body from disease. However, things like smoking, alcohol use, and stress can cause an excess of free radicals. This leads to oxidative stress, which damages healthy cells. Oxidative stress has been linked to chronic conditions like heart disease and the risk of stroke, the incidences of which are going through the roof amongst vaccinated populations. Low selenium levels have been linked to an increased risk of heart disease. Healthy levels of antioxidants like selenium help reduce oxidative stress by keeping free radical numbers in check.

Oxidative stress is believed to be involved in both the onset and progression of neurological diseases like Parkinson's, multiple sclerosis, and Alzheimer's, so ingesting selenium helps improve the symptoms of patients with mild cognitive impairment.

Increased levels of oxidative stress and inflammation in the lungs cause symptoms like wheezing, shortness of breath, chest tightness, and coughing. Selenium has the ability to reduce inflammation, so it helps reduce these symptoms.

Selenium is important for the proper functioning of your thyroid gland. In fact, thyroid tissue contains a higher amount of selenium than any other organ in the human body. Because selenium lowers oxidative stress and reduces inflammation higher blood levels of selenium are associated with enhanced immune response, while deficiency has been shown to harm immune cell function which may lead to a slower

immune response. So, selenium plays an important role in the health of your immune system.

In addition, selenium also appears to reduce DNA damage and increases levels of glutathione peroxidase, which we have already covered. It may also bind to and chelate certain heavy metals but not much research is available on how effective it is in this regard. There is some evidence Selenium can and reduce the toxicity of mercury, which is present in vaccines, but I include this supplement mostly for its immune function benefits.

Avoid Excessive Selenium Intake

Although selenium is necessary for good health, too much can be dangerous. In fact, consuming high doses of selenium can be toxic. A wide range of common foods like pork, beef, turkey, chicken, fish, shellfish, and eggs contain high amounts of selenium so adding more with supplements can put you over. If, for example, you routinely have eggs every morning for breakfast and eat meat two or three times a week you are getting enough Selenium in your diet already and may not need to take supplemental selenium at all. The amount of selenium in vegetables and grains depends on the soil in which they are grown, so this is not something many of us can easily control. Kidney problems can also cause high selenium levels in the body.

The tolerable upper limit for selenium is 400/mcg per day, so supplementing with a 200/mcg capsule every other day is a fairly conservative dosage.

Early indicators of excess intake are a garlic odor in the breath and a metallic taste in the mouth. The most common clinical signs of chronically high selenium intake, or selenosis, are hair and nail loss or brittleness. Other more pronounced symptoms of too much selenium include lesions on the skin, nausea, diarrhea, skin rashes, mottled teeth, fatigue, irritability, and nervous system abnormalities.

Elderberry (Sambucus)

The history of elderberry in medicine dates back as far as 400 BC, and Hippocrates, the "Father of Medicine," called the elder tree his "medicine chest." In folk medicine today, elderberry is considered one of the world's most healing plants. There is nothing terribly dramatic about elderberry that stands out as a pharmacological countermeasure for covid vaccine injury, but I decided to include it in my recommendations to help address a whole list of complaints I saw reliably popping up in VAERS reports that were being submitted in connection with covid injections. You cannot really go wrong with elderberry and of all the items on my list I found myself looking forward to eating a few elderberry gummies each day. They are just delicious. If anyone ever offers you a slice of an elderberry pie it would be a mistake to pass it up. Below are a few of elderberries relevant benefits.

Elderberry is an extraordinary antioxidant, and this is important for those with covid vaccine injury. Elderberry lowers inflammation, which is seen in every covid vaccine adverse event report. Researchers think the compound that give Elderberry its blue color is responsible for this effect.

Elderberry fruit contains quercetin, kaempferol, rutin, and phenolic acids. It also contains flavonoids, which have antioxidant properties that can help prevent cell damage, and anthocyanidins, which are chemical compounds that are known to have immune-boosting properties.

The main benefits of Elderberry are major cold and flu relief, treatment of sinus infections, it lowers blood sugar, it is a natural diuretic, it encourages healthy skin and eases allergies.

You can buy elderberry supplements at many local health stores and online retailers, and it can be purchased in a variety of different forms including gummies, gel capsules, elderberry wine and elderberry

juice. All are popular options. For simplicity, I recommend the gel caps or gummies as part of these protocols**.**

A good daily dosage is one 630 mg gel cap or the equivalent in 230 mg gummies.

Zinc

Zinc is involved in numerous aspects of cellular metabolism. Zinc is required for the function of more than 300 enzymes and 1,000 transcription factors. It is required for the catalytic activity of approximately 100 enzymes, and it plays a role in immune function, protein synthesis, wound healing, DNA synthesis, and cell division. **A daily intake of zinc is required to maintain a steady state because the body has no specialized zinc storage system.** Zinc is critical in cell to cell signaling. Most popular multi-vitamins only have a small amount of zinc.

Zinc is what is known as an ionophore. An ionophore is a chemical species that reversibly binds ions. Many ionophores are lipid-soluble entities that transport ions across the cell membrane. In simple terms, ionophores are compounds that help the nutrients we eat get into the tissue cells of the body where they are needed. In a similar relationship, chloroquine is a zinc ionophore. I will cover this more when we get to chloroquine and HCQ, but this is the reason they are prescribed together.

Zinc and Immune function:
Recent studies show that a zinc deficiency causes the body to substitute copper, and this elevated copper/zinc ratio is associated with cancer. Severe zinc deficiency depresses immune function, and even mild to moderate degrees of zinc deficiency can impair macrophage and neutrophil functions, natural killer T- cell activity, and complement activity. The body requires zinc to develop and activate T-lymphocytes. Individuals with low zinc levels have shown reduced lymphocyte proliferation response to mitogens and other adverse alterations in immunity. These are conditions that can be corrected by zinc supplementation. These alterations in immune function might explain why **low zinc levels has been associated with increased susceptibility to pneumonia** and other infections in children in developing countries, and the elderly.

The hypothesized mechanism of action by which zinc reduces the severity and/or duration of cold symptoms is the suppression of nasal inflammation.

Zinc is an inexpensive and effective part of treatment of diarrhea among children in the developing world. Zinc becomes depleted in the body during diarrhea. Zinc deficiency depresses immunity, but excessive zinc does also, so don't overdo zinc daily doses. **50mg daily is PLENTY**. I take one 50/mg tablet every day, and have for months, with no ill effects, so that is what I suggest you do. I could go on and on about zinc, but these are the qualities that are most important for anyone that has been given a covid "vaccine."

If you have been given a covid shot of any potency chances are your immune system has been compromised, in some cases quite severely. I want you to supplement with zinc because you need to do all you can to strengthen the immune function you still have, and most people, Americans especially, do not get enough of it in their regular diet, and also because zinc helps your body absorb and utilize other supplements on my list. Making sure you are getting enough zinc is essential to recovering from any adverse effects caused by covid injections.

I will add one more natural remedy to this list and that is sodium bicarbonate (generic baking soda) and share my thoughts on Quercetin, which differs from most everyone else offering "covid avoidance advice." It is also the reason I list Quercetin as optional.

Correcting Acidity with Baking Soda

Most of us never consider the acid/alkaline balance of our blood, but a proper pH is a crucial aspect to overall health. Many doctors stress the importance of reducing acidity and increasing alkalinity with an alkaline diet, because a balanced pH helps protect us from the inside out. Disease and disorder cannot take root in a body whose pH is in balance.

What we call "pH" is short for the "potential of hydrogen," or the measure of the hydrogen ion concentration of a solution. It is measured on a pH scale that ranges from 0 to 14. The more acidic a solution is, the lower its pH value. The more alkaline it is, the higher the pH number is.

We can also use pH as a measure of the acidity or alkalinity of our body's fluids and tissues. A healthy bodily pH is slightly basic. A pH of 7 is considered neutral and "neutral" means it is neither acidic nor alkaline. Blood (serum) pH, as well as the pH in the majority of bodily tissues, should stay around 7.365, while stomach acid has a pH of around 2, which is necessary and normal, in order to properly break down foods.

The pH of our tissues and body fluids is crucial and central because it affects and mirrors the state of our health. Problem manifest around 5.5. The closer the pH is to 7.35-7.45, the higher our level of health and wellbeing. Staying within this range dramatically increases our ability to resist acute illnesses like colds and flu as well as the onset of cancer and other diseases.

Dr. Robert Young has a great deal to say about the importance of maintaining an alkaline pH, and he is not the only one. But another thing he says is that there is a regenerative effect that begins to be noticeable if the pH of your body can be raised and maintained at a level of about 8.4, and this is very easy to monitor. You simply buy any of the urine pH testing products out there and just urinate on a test

strip and see what color it is. The pH of your urine is close enough to the pH of the rest of your bodily fluids to be used as a gauge of how healthy you are. Remember, it is not viruses that are making people sick, the terrain (meaning "the body") is everything here. In a healthy environment, healthy cells allow nutrients in easily and they eliminate waste just as easily, but in an bath of acidic bodily fluids the opposite occurs, and it is this build up of waste products that cause cells to become dysfunctional and the body as a whole to age prematurely.

Alkaline Tissues Hold More Oxygen

According to Annelie Pompe, a prominent mountaineer and world-champion free diver, alkaline tissues can hold up to 20 times more oxygen than acidic ones. When our body cells and tissue are acidic (below pH of 6.5-7.0), they lose their ability to exchange oxygen, and cancer cells just love that.

It is the build up of toxic sludge in general that causes cancer, heart disease, high blood pressure, diabetes, arthritis and gout, kidney disease, asthma and allergies, psoriasis and other skin disorders, indigestion, diarrhea, nausea, tooth and gum diseases, and the list goes on. All these diseases derive their respective names from the locale of this accumulation. If it's in the joints we call it arthritis, in the lungs, it's COPD, in the beta cells of the pancreas, its diabetes, etc. And you always find such accumulations in whatever organs are the least healthy.

As a sufferer of gout, I sometimes experience severe joint pain from the build up of uric acid crystals in certain joints. Doctors tell me there is no cure for this, that I must manage it with diet and for severe flare ups they prescribe their medications, but I have discovered one, and it works. Uric acid is an acid, right? I have personally found that **consuming 2 teaspoons of baking soda daily** is all one needs to do to correct acidity in bodily fluids, and I can confirm this with urine test strips. Once I began doing this the gout flare ups stopped and, believe me, that was one hell of a relief. Gout pain is the worst, trust me on that.

I also learned a great deal about foods by using these test strips. I learned that if I just went about my usual daily routine my body almost always had a terribly acidic pH that was typically 5.5 or even less! I learned a single soda pop, even a steak, will ruin your pH and teaspoon of baking soda will fix it. Oddly, I discovered it doesn't take very much to push your body into an acidic state. The reason for that is this is really a chemistry problem you are fighting, because the effects of acid intake overcome the body's ability to maintain pH by a 20 to 1 ratio. You have to consume 20 times the amount of alkalizing foods to counter one molecule of carbonic acid in foods. What foods? Red meat, chicken, fish, bread, soda. It would take 32 glasses of water with a pH of 10 to neutralize one glass of soda. Just imagine the damage you do when you down a Big Gulp at 7-11!

I could go on and on about all the things people commonly consume that force a body pH down into a really unhealthy range, because the more you investigate this the more you will discover, as I did, that the list includes just about everything you love to put into your mouth, including dozens of common medications. All of that causes your body to stay dangerously acidic.

If you are wondering what baking soda might do to correct an injury that results from a covid shot, just think about it. Acidic bodily conditions encourage bodily dysfunction, including the elimination of toxins. Even more concerning is the fact that the person administering the shot can potentially dump a massive amount of toxic material directly into your bloodstream. Covid vaccines are supposed to be intramuscular injections. You may not know this, but an intramuscular shot can accidentally be delivered directly into a vein. It has always been normal practice when giving an injection, to make sure that the tip of the needle wasn't in a blood vessel by backing it out a little before depressing the plunger, and the reason for checking is because various drugs react at different speeds according to the way they are given. Those in charge of the covid injection roll out instructed those giving injections NOT to check to see if the tip of the needle was in a blood vessel, and venerable physicians like Dr. Vernon Coleman have pointed out that injecting this mess directly into a blood vessel could very well be deadly. It is his opinion that the authorities knew that by NOT checking to see if the needle was in a vessel, they

would increase the danger of a serious reaction to any covid jab, and that fact may be one reason why some people have severe adverse reactions they walk away with while others drop immediately to the floor!

If you have allowed yourself to be injected with one of these awful poison concoctions, the problem you now have is due to a "pollution of your solution" and if it is acidic, you greatly increase the chances that anything pathogenic your body either produces or encounters will take hold and do damage. If you have up until now managed to avoid a covid injection, consider this advice to be a general recommendation for good health that has no downside and far too many positive health benefits to list. If the pH in bodily tissues deviates too far to the acid side of the scale, cellular metabolism will cease, and oxygen deprivation will occur. Acidity and lack of oxygen are the ideal environmental condition for morbid microforms to flourish.

It is not bacteria or fungi that produce disease, it is the byproducts of these microorganisms enacting on a malfunctioning cell of the body that actually produce disease. If the body's cellular metabolism and pH are perfectly balanced, it is susceptible to no illness or disease.

Headaches, nausea, fever, skin rashes, brain fog, severe tiredness, gastric bloating, angina pain and dizziness are the body's intelligent warning signals of a cellular problem due to an acidic pH in an organ or system. **All such symptoms are typically treated with common pharmaceuticals. All pharmaceuticals are acidic, and acid cannot treat an acidic condition.** Below is a link to an excellent online presentation to help you understand how important this is. It is called **Understanding the Body's pH: Acid vs. Alkaline.**

https://www.uc.edu/content/dam/uc/ce/docs/OLLI/Page%20Content/Body%20pH%20and%208%20Health%20benefits%20of%20food.pdf

The stomach produces sodium bicarbonate, so if you eat it you are supplementing that action. Doing so also reverses the acidic pH of the blood and repairs this toxic environment. For those already suffering

with covid vaccine related respiratory illness drinking sodium bicarbonate will stop the pathological blood coagulation in the pulmonary tissues so that blood can flow into the pulmonary system, drop off its CO2 and pick up oxygen.

Can you over alkalize? Not really, because it's a 20 to 1 ratio. Hyper-infusing with baking soda to correct an acidic bodily pH is very safe as long as you keep the amount you consume to **no more than 2 teaspoons per day**. You will find the hardest thing about doing this is the taste. Baking soda tastes terrible and makes everything you put it in quite sour, so what I typically do is use a baby spoon to measure out small amounts and I put that into things I drink throughout the day that have a very strong flavor naturally, like fruit juice or coffee. I take my coffee with a bunch of flavored creamer normally so it may not be as tasty if you take yours black. I have been told by others that its really easy to bake additional baking soda into various recipes without changing their taste very much, but I will leave that to you to figure out, since I don't do all that much baking myself, and accurately measuring your daily intake might become a bit harder this way.

One final suggestion that is worthwhile but takes a bit of effort is to buy a bottle of something else that utilizes large capsules. Rip-off dieting products are usually good for this. If the capsules come apart easily you can just dump the contents out and re-fill the capsules with baking soda and just swallow them like any other pill. You can also purchase a big container of empty vegetable gel caps in bulk. They come in various numbered sizes. Size 0 seems to be large enough to keep the filling of these gel-caps to a minimal exercise. I purchased one of these bulk containers of empty gel caps myself and it is now my preferred way of adding baking soda to my diet regularly. I typically consume about a dozen of these capsules over the course of every day. Eating them also stops heartburn just as well as widely available chalk tablets.

Quercetin

Quercetin is a plant flavonol from the flavonoid group of polyphenols. It is widely distributed in nature. Quercetin is found in many fruits, vegetables, leaves, seeds and grains. It is plentiful in capers, red onions and kale. These are all are common foods containing appreciable amounts of quercetin. In red onions, higher concentrations of quercetin occur in the outermost rings and in the part closest to the root, the latter being the part of the plant with the highest concentration. Quercetin has a bitter flavor and is used as an ingredient in dietary supplements, beverages, and foods.

In doing research for this book, I looked at a great many substances and natural supplements to try and figure out which ones had properties that would be effective from a pharmacological standpoint. Quercetin is not considered an essential nutrient for good health, but it does have some beneficial properties. I have included this commentary on quercetin only because it is frequently cited in many other covid-related restorative programs I have read, but I have yet to see anything that explains why it is a critical supplement to include. For that reason, I am still a bit uncertain as to whether or not it is really doing anything all that important, and unlike the other items I recommend in my protocol, I can find nothing about quercetin that would make it an effective countermeasure pharmacologically to anything in covid vaccine formulations beyond the fact that quercetin does interact with Vitamin C by increasing its absorption in the body and delaying its elimination.

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Because so many people believe it helps them, and because I did not want people to think I skipped quercetin as part of my research, I decided it was best to include it in my list as a supplement that may be beneficial. This is the reason I tag it as optional.

One reason I question the value of quercetin that I believe is significant has to do with its bioavailability, which is rather low and highly variable (0–50 percent). Quercetin is rapidly cleared with an

elimination half-life of 1–2 hours after ingesting it in foods or supplements. Following dietary ingestion, quercetin undergoes rapid and extensive metabolism that makes the biological effects presumed from in vitro studies unlikely to apply in vivo. This means whatever one sees in lab cultures may not necessarily occur as effectively in your body and all the research papers I could find that cite the benefits of quercetin made such claims based on lab cultures.

On the other hand, results from clinical studies done in the past have suggested it can lower blood pressure, reduce cytokines, fight oxidative stress, lower inflammation, and reduce allergic reactions which include nasal congestion, and even help relieve seizures. This is a rather long list of claims, however. If Quercetin did in fact accomplish all of these things to any appreciable degree it could rightly be considered a miracle drug, but frequently what you see in many of these lab studies is a marginal uptick in something that is considered to be a causal factor with respect to an unwanted symptom, and thus the claim is then made that quercetin helps to relieve that symptom.

Bioavailability appears to me to be the biggest downside. Quercetin supplements in the aglycone form are far less bioavailable than the quercetin glycoside often found in foods, especially red onions. Ingestion with high-fat foods may increase bioavailability compared to ingestion with low-fat foods and carbohydrate-rich foods may increase absorption of quercetin by stimulating gastrointestinal motility and colonic fermentation.

Potential benefits I do recognize include properties of quercetin that make it a zinc ionophore. It is also a beneficial antioxidant.

There was a statement in one paper I read that did catch my attention, (https://link.springer.com/article/10.1007/s12031-018-1197-9).

It stated that Quercetin up regulated significantly the mitochondrial respiratory complex-II, complex-III, and complex-IV activities in dose-dependent manner. Complex II deficiency has an impact on T-cell production, Complex III deficiency is associated with muscle

weakness and extreme fatigue and Complex IV deficiency is associated with rapidly progressive neurodegeneration.

An additional claim was that it also restored intracellular calcium level and mitochondrial membrane potential. Recalling the effects of EDTA on Calcium, I thought that possibly there could be some restorative potential here for people who have gotten the Janssen covid injection, but to be quite honest about it, trying to substantiate claims like this requires a far better understanding of these complexes than I currently have, so rather than lead anyone to believe I know more about this than I do, I am going to stop here and simply tell you that, unlike all the other supplements I recommend in these protocols, I just don't know how useful or effective Quercetin is. What I do know is there are few risks involved in taking more of it so long as a few things with regard to dosing are observed:

Dosages:

A healthy, balanced and varied diet provides approximately 25-50/mg of quercetin daily. As a dietary supplement, a commonly recommended dosage is around 12.5 to 25mg/per kg bodyweight, per day. So, for a 150- pound person, that is just under 4,000/mg. Just keep in mind how fast the body can eliminate quercetin and spread the amount out over the course of the day.

Potential Side Effects:

Quercetin is generally considered safe for use. Side effects may, however, include headaches and upset stomach at high doses. Very high doses of quercetin may cause kidney damage, but then that is true about almost everything.

One concern I have about quercetin is a potentially dangerous interaction with graphene oxide and silver oxide, but that relationship it is highly speculative, and I only ever saw it mentioned in one paper I read, and I am not all that certain of what it means. That one paper (https://pubmed.ncbi.nlm.nih.gov/28860751/) seems to suggest that Quercetin acts as some kind of catalyst in facilitating the synthesis of a

dangerous graphene oxide/silver nanoparticle (GOAgNP). If true, quercetin might be bad, but to be completely honest, I just cannot tell.

Other Quercetin Warnings and Interactions to be mindful of:

Quercetin may interact with a number of medications and other supplements:

- **Antibiotics:** May prevent the action of antibiotics.
- **Blood thinners:** Could increase the effects of blood-thinning medication.
- **Chemotherapy:** May interact with chemotherapeutic medication.
- **Corticosteroids:** Could cause medications to stay in your body longer.
- **Cyclosporine:** May interact with the absorption of this medicine.
- **Digoxin:** Could increase the risk of side-effects associated with this chemical agent.
- **Fluoroquinolones:** May decrease the effectiveness of these medicines.
- **Medications altered/activated by the liver:** May change how your body metabolizes medicines that are activated in the liver.

Next, I am going to address two VERY IMPORTANT items that are prescription only. They are Ivermectin and Hydroxy Chloroquine. The reasons why these two drugs work is, I think, completely misunderstood, and you must understand that are being demonized and attacked, even withheld, BECAUSE they have been so effective.

I want you to understand why they are so important here, what they are actually addressing in the body and how this relates to covid vaccine injury. To do that, we must discuss an extremely shocking type of contaminant that is being discovered by independent labs around the world. These labs have been analyzing not only all the various brands of covid injection product vials but covid masks and covid testing kits as well, and they have been doing this analysis with everything from simple microscopes to highly sophisticated equipment. What they are discovering is all these covid products are being found to contain various types of harmful parasites, and this fact makes Ivermectin and

Hydroxy Chloroquine essential. Both of these drugs are very potent anti-parasiticals. Ivermectin alone is known to kill at least 22 different parasites, making its discovery one of the most significant additions to modern medicine in history.

The Problem of Covid Injection Product Parasites

I have been trying to minimize the number of links I include in this book because of the volatility of online information. So much important information that is essential to understanding the nature of the problem has been removed by widespread censorship efforts. For the most part, links to medical research studies and papers in professional medical journals have been pretty stable, but others, such as social media links to video clips and interviews have been less reliable.

I hope the links I include in this section will continue to be available. If, however, at some point they are not, please let me know. You can report any dead links to me by emailing me at CEO@estateartistry.com. Uncensored video platforms like BitChute have many mirrors of the same information, so I would encourage everyone to start going there and start subscribing to the more credible channels for new developments with regard to these parasites, because not all of them have been positively identified yet.

The first such discovery was made by Dr. Robert Young, who did an extremely comprehensive analysis with some highly specialized equipment. His report, *Phase contrast microscopy, transmission and scanning electron microscopy and energy-dispersive x-ray spectroscopy reveal the ingredients in the cov-19 vaccines!* can be read here:
https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-cov-19-vaccines

Dr. Young provided the list provided on the next page of substances that he discovered, which also brings up a very good reason you should cite if you have not been injected with any of these poisons yet but find yourself under pressure to do so.

Without the disclosure of every ingredient in the vaccine, INFORMED CONSENT IS IMPOSSIBLE.

Any person made to feel obligated to accept a covid vaccine could, and should, refuse on the grounds that they can't obtain sufficient information in order to provide their consent. They should also question the grounds on which these vaccines are considered to be legal in the first place, since all such mandates are technically defined legally as a request. Mandates do not carry the force of law. They are all coercive attempts to force them on people that are made under the color of law. Unlike mandates, informed consent IS the law, and making informed consent impossible by concealing any vaccine ingredient would automatically render that vaccine requirement illegitimate.

A higher resolution image of the charts provided on the next two pages are included as a slide in the report linked above by Dr. Robert Young.

COVID-19 VACCINE DECLARED INGREDIENTS			
DECLARED INGREDIENTS	Chemical Composition	PFIZER	MODERNA
Active Ingredients			
Comirnaty mRNA	$C_{15}H_{31}N_3O_{13}P_2$ (DNA/variable)	YES	
mRNA-1273 mRNA	$C_{15}H_{31}N_3O_{13}P_2$ (DNA/variable)		YES
Lipids			
Cholesterol	$C_{27}H_{46}O$	YES	YES
1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC)	$C_{44}H_{88}NO_8P$	YES	YES
((4hydroxbutyl)azandiy)bis(hexane-6,1-diyl)bis(2- hexyldecanoate) (ALC - 3015)	$C_{48}H_{95}NO_5$	YES	
2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159)	H-(O-CH_2-CH_2)n-OH	YES	
Lipid SM-102	$C_{44}H_{87}NO_5$		YES
1,2-dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG)	$(C_2H_4O)nC_{32}$ H_{62} O_5		YES
Buffers			
Potassium Chloride	KCl	YES	
monobasic potassium phosphate	KH_2PO_4	YES	
Sodium Chloride	NaCl	YES	
basic sodium phosphate dihydrate	Na_2HPO_4	YES	
tromethamine (tris(hydroxymethyl)aminomethane)	$C_4H_{12}ClNO_3$		YES
tromethamine hydrochloride	$C_4H_{11}NO_3$		YES
acetic acid	$C_2H_4O_2$		YES
sodium acetate	$C_2H_3NaO_2$		YES
water	H_2O	YES	YES
Other			
sucrose	$C_{12}H_{22}O_{11}$	YES	YES

COVID-19 VACCINE IDENTIFIED INGREDIENTS				
IDENTIFIED INGREDIENTS	PFIZER	ASTRAZENICA	JANSSEN	MODERNA
Aluminum (AI)	YES			YES
Bismuth (Bi)	YES			
Cadmium (Cd)				YES
Calcium (Ca)				YES
Carbon ©	YES			YES
Chloride (CL')	YES			
Chlorine (Cl in saline solution)	YES	YES	YES	YES
Chromium (Cr)	YES	YES	YES	
Copper (Cu)	YES	YES		YES
Graphene Oxide	YES	YES	YES	YES
Iron (Fe)	YES	YES	YES	YES
Lead (Pb)				YES
Magnesium (Mg)				YES
Manganese (Mn)			YES	
Nickel (Ni)		YES	YES	
Nitrogen (N)	YES			YES
Oxygen (O)	YES			YES
Phosphorous (P)	YES			YES
Potassium (K)				YES
Selenium (Se)				YES
Silicon (Si)	YES	YES	YES	YES
Sodium (Ma in saline solution)	YES	YES	YES	YES
Sulfur (S)	YES	YES		
Tin (Sn)		YES		
Titanium (Ti)	YES			YES
Trypanosoma (parasite)	YES	Possible		
Vanadium (Va)	YES			

Trypanosoma Cruzi in Pfizer's Covid "Vaccine"

In addition to various highly toxic heavy metal nano-particulate matter that has no business being in these shots, Dr. Young positively identified the presence of **Trypanosoma Cruzi in the Pfizer formulation**. His finding has since been confirmed by numerous others, so the presence of Trypanosoma Cruzi is not an isolated occurrence.

The implication, while as yet unproven, is that the presence of this parasitical contamination is either the result of poor-quality controls or possibly even deliberate. This is a parasite common to Central and South America that is **known to cause Chagas disease**.

Occurrences of Chagas disease happen worldwide but confirmed cases counts are highest in populations without access to proper housing. Its reservoir is in wild animals, but its transmission vector is an insect commonly referred to as a "kissing bug." It got this nickname because it tends to bite people while they are sleeping, and the bite is usually on a mucous membrane like the lips or around the eyes. The official name of this species of insect is Triatominae and they **are** common in Central and South America.

Chagas is a contagious disease and can be transmitted through a number of ways, including congenital transmission, blood transfusion, organ transplantation, consumption of uncooked food that has been contaminated with feces from infected bugs, and accidental laboratory exposure. Now that this parasite has been found in Pfizer's covid vaccine vials we can add sub-dermal and intravenous exposure to this list.

If you do some research on Chagas disease you will learn quite a bit about how it is typically contracted and also that the infection caused by these parasites occurs in two distinct phases.

Pathophysiology

Trypanosomiasis in humans progresses with the development of the trypanosome into a trypomastigote in the blood and into an amastigote in tissues. The incubation period is five to 14 days after a host comes in

Trypanosomiasis in humans progresses with the development of the trypanosome into a trypomastigote in the blood and into an amastigote in tissues. The incubation period is five to 14 days after a host comes in contact with insect feces, or in this case, a Pfizer covid injection. Chagas disease undergoes two phases: acute and chronic. The acute phase can last from two weeks to two months, but it can go unnoticed because symptoms are minor and short-lived. Symptoms of the acute phase include swelling, fever, fatigue, and diarrhea. It may manifest itself as a localized swelling at the site of entry. Remember, these are also very common complaints reported by people who have received a Pfizer covid injection. Acute cases are commonly treated with nifurtimox and benznidazole.

The other phase of Chagas disease is called the chronic phase. This chronic form may develop as much as 30 to 40 years after infection and affect internal organs (e.g., the heart, the esophagus, the colon, and the peripheral nervous system). The chronic phase causes digestive problems, constipation, heart failure, and pain in the abdomen. I do not know if this is necessarily true, but I have read frequently that no effective therapy for chronic cases is currently known.

With respect to addressing adverse effects caused by a Pfizer covid injection we must pay particular attention to anything that can occur during the acute phase, since that is the only time frame we have here. In comparing some of what can happen in terms of symptoms in the acute phase of Trypanosomiasis, I see more than a few effects in common with patient complaints reported in VAERS following a Pfizer shot.

I must acknowledge that the symptoms associated with acute Chagas are the same symptoms that commonly appear with many types of toxic exposures, so the fact we see them cropping up in vaccine injury reports is not all that conclusive, however I do not think these similarities are simply coincidental. I think they provide evidence of Trypanosomiasis, and I think what we are seeing in reports of more severe adverse reactions are actually severe acute stage Chagas disease. This can of course be confirmed with lab tests, but I doubt there are very many doctors practicing in highly developed nations like the United States that would include testing the blood of vaccinated individuals for Chagas or any other blood parasite in their investigation of vaccine related complaints. Given these facts however, this would not be inappropriate.

If you or someone you know received a Pfizer covid vaccination and the requisite test uncovers the presence of this parasite I strongly suggest making such a finding public as best you can. Such publicity would create a strong anti-vax argument. Such arguments are sorely needed, and the general public has a right to know such risks as a matter of informed consent.

Cardiac Manifestations

Researchers of Chagas disease have demonstrated several processes that occur with all cardiomyopathies. The first event is an inflammatory response. Following inflammation, cellular damage occurs. Finally, in the body's attempt to recover from the cellular damage, fibrosis begins in the cardiac tissue. Another cardiomyopathy found in nearly all cases of chronic Chagas disease is **thromboembolic syndrome**.

Thromboembolism describes thrombosis, the formation of a clot, the carrying of a clot to a distal section of a vessel and causing a blockage there, and its main complication is embolism. This occurrence contributes to the death of a patient by four means: arrhythmias, stasis secondary to cardiac dilation, mural endocarditis, and cardiac fibrosis.

These thrombi also affect other organs such as the brain, spleen and kidney. Vaccinated individuals should not be placated by statements

that such cases of thrombosis are "rare and unusual." Reports of thrombosis in general are up over 300 percent as of the time of this writing. In vaccinated populations of late, since the introduction of covid vaccines, instances of thrombosis are being seen in numbers high enough to consider them common, and undiagnosed cases of Chagas may be contributing to these numbers.

Heart Rhythm Abnormalities

Conduction abnormalities are also associated with Trypanosoma Cruzi. At the base of these conduction abnormalities is a depopulation of parasympathetic neuronal endings on the heart. Without proper parasympathetic innervations, one could expect to find not only chronotropic but also inotropic abnormalities. It is true that all inflammatory and non-inflammatory heart disease may display forms of parasympathetic denervation; this denervation presents in a descriptive fashion in Chagas disease. It has also been indicated that the loss of parasympathetic innervations can lead to sudden death due to a severe cardiac failure that occurs during the acute stage of infection.

Once again, severe cardiac failure has become a commonly reported cause of death being seen in covid vaccinated people, many of which had no prior history of heart disease and who belong to demographic groups in which such disease is rarely seen, like children and professional athletes.

Everyone needs to recognize that "vaccine blindness" is the only explanation for ignoring such correlations. The statement frequently made by Big Pharma that "correlation does not equal causation" is dangerous propaganda. It also flies in the face of common sense, since the entire purpose of databases like VAERS, The EU's Yellow Card system and many others collecting pharmacovigilance data is to provide an early warning system that can potentially reveal problems with medications. That is why they are there, and red flags such as this serve as an effective means of narrowing any investigation of unsafe treatment that seeks to identify exactly what is unsafe about them.

Another conduction abnormality presented with chronic Chagas disease is a change in ventricular repolarization, which is represented on an electrocardiogram as the T-wave. This change in repolarization inhibits the heart from relaxing and properly entering diastole. Changes in the ventricular repolarization in Chagas disease are likely due to myocardial ischemia. This ischemia can also lead to fibrillation. This sign is usually observed in chronic Chagas disease and is considered a minor electromyocardiopathy.

Epicardial lesions

Villous plaque is characterized by exophytic epicardial thickening, meaning that the growth occurs at the border of the epicardium and not the center of mass. Unlike milk spots and chagasic rosary, inflammatory cells and vasculature are present in villous plaque. Since villous plaque contains inflammatory cells, it is reasonable to suspect that these lesions are more recently formed than milk spots or chagasic rosary.

Some Additional Observations and Considerations:

- The acute phase of trypanosomiasis, if severe, includes acute myocarditis (less than one percent of patients).

- Many of the issues I mentioned previously that have to do with a sudden drop in calcium produce similar problems with the contractibility of the heart. Although this is a problem seemingly associated with the Astra Zeneca and Johnson & Johnson covid injection products, one could see how mixing these two products could be catastrophic.

- Trypanosoma Cruzi Parasites can easily contaminate the blood supply as well. (No more transfusions, this parasite is definitely in the blood supply now)

- The parasite can be passed from pregnant mother to child, resulting in congenital Chagas.

- PCR can detect trimastigotes in first 90 days.

Trypanosoma Cruzi is but one parasite that has been positively identified and confirmed to be present in Pfizer's covid injection products. There are several others that have been seen and there is now little doubt that ALL COVID VACCINES ARE CONTAMINATED with a variety of questionable things, ALL OF WHICH are potentially causing scores of serious health problems.

At this point it simply is not known what all the live parasites are, but it is clear that drugs like HCQ and Ivermectin are having anti-parasitical effects, because they are proven to be capable of eliminating at least some of these invaders. So symptomatic or not, and regardless of which covid injection product you received, I believe it is critical that you begin a course of these medications to try and eliminate whatever they are capable of eliminating, before any parasitical infection can progress, and before any more parasite damage can be done.

I want to provide a little more evidence on the various parasites and other potentially harmful contaminants being found in covid vaccines and even in covid related products like surgical masks, and then we will cover the two prescription medications Ivermectin and HCQ included in my list.

At the end of September 2021, German researchers at the Pathological Institute in Reutlingen, Germany found sharp metal structures and unidentified parasites in vaccine vials. Their findings are corroborating evidence that supports the findings initially made by Dr. Robert Young.

A synopsis of the German researchers' findings can be found at the following link: https://www.bitchute.com/video/TrgI1vUGBXxP/
Below are links to video of the actual conference:

Part One:
https://everydayconcerned.net/2021/09/27/press-conferenceby-pathology-institute-in-reutlingen-germany-reveals-deadly-ingredients-in-covid-vaccines-unusual-tissueblood-damage-death-by-vaccination-undeclared-components-of-covid-19-va/

Part Two:
https://ugetube.com/watch/institute-of-pathology-in-reutlingen-press-conference-part-2-0920-21-englishtranslation_m7f6cwAHTfYgZYQ.html

The images that follow received a lot of attention in alternative media. I captured these screenshots from a regular program created by one such independent journalist named Stew Peters, but they were widely available on many such programs that can be found on uncensored social media platforms like BitChute.

They were provided by researchers who had obtained samples of covid vaccine vial contents and examined them to see what they could find. They observed that specks of what is possibly nano-particulate graphene oxide that seemed to self assemble into shapes before their eyes. They created live video of what they were seeing under their microscopes.

They saw worm-like structures and specks that seemed to be moving about under their own power and as the sample warmed up they began to move in concert. The direction of movement noted was toward the

edges of the glass slide. Such movement towards the edges of the slide might be explained as simply the result of hydrostatic pressure, since the sample is observed on a glass slide and covered by a thin plastic sheet called a cover slip, which prevents the sample from coming into contact with the lens of the microscope. But as Dr. Carrie Madej commented that she thought these things looked like nanobots and they seemed to become aware of her viewing them through the eye-piece and seemed to pause and later approach the center." He comments that they seemed to be aware of her are, I think, highly speculative and I tend to doubt such things, but this movement in all directions that I could see for myself is unusual and not as easily explained.

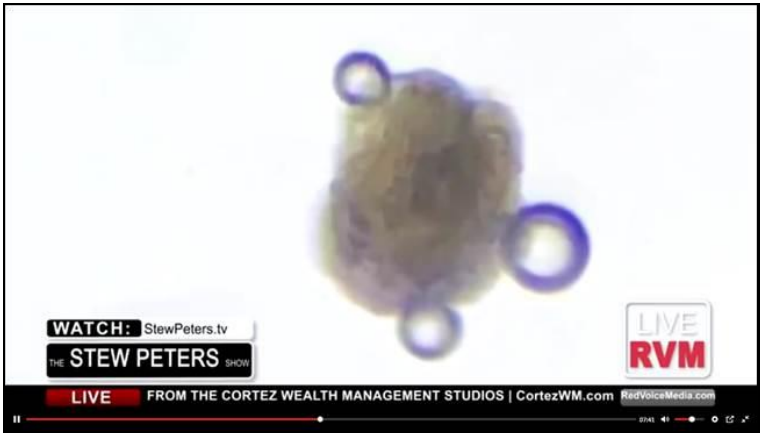
Below is a link to this episode of the Stew Peters Show:
https://www.bitchute.com/video/w8bLbzjaPCQk/

The next set of images show live tentacled parasites crawling in a sample taken from a Moderna vial. The one below was photographed just outside the cover slip, and it lifted itself off the glass microscope slide! Chemical reactions seemed to be occurring, nano particulate matter began to colorize and increasingly self-assemble as the sample warmed up.

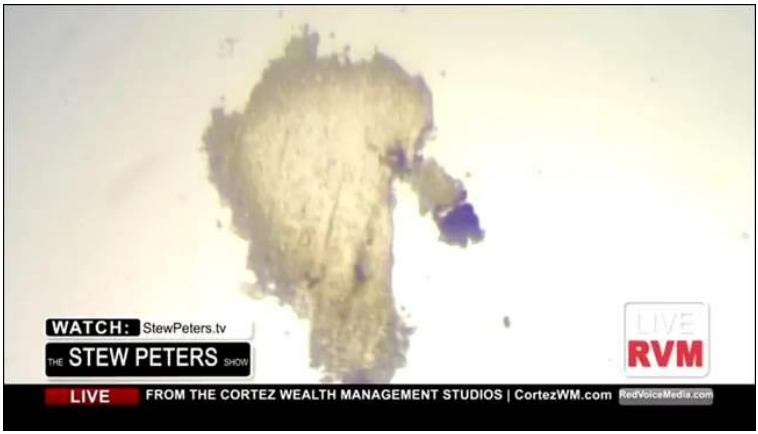
This one was photographed while under a cover slip. The magnification setting is 400x

Other examples of this parasite were found in the same sample. The next image shows the same parasite viewed without a cover slip. It is one frame of a moving film in which this organism is shown to move about using these tentacles.

The image below is from a sample taken from a Johnson and Johnson covid vaccine vial. Magnification was set at 600x.



Live video of this sample shows these structures were actively self-assembling, creating larger structures.



Facemask Parasites and Covid Testing Swab Dangers

To make matters even worse, parasites resembling flatworms are even being found in all sorts of covid related products. This makes the need for anti-parasitical medications critical, even for unvaccinated people that have only been subjected to covid testing and that have been using mass produced surgical masks.

According to this video, posted April 18, 2021, on Rumble.com, there are parasitic worms on mass produced facemasks and hydrogel inside the fibers of swabs that come in covid testing kits. I will add here that these things can be seen even with very cheap microscopes, so if you have doubts you can examine any products you are using up close for as little as $100.

Doctor Confirms Parasitic Worms on Facemasks
https://rumble.com/vfrvo5-urgent-doctor-confirms-parasitic-worms-on-facemasks.html

The swabs used in covid testing kits are not made of cotton, but rather a fiberglass type material which leaves behind fibers of this swab material deep inside in the nasopharyngeal cavity where they are inserted. These fibers that are left behind burrow into mucosal membranes by means of a simple mechanical action that results because of a hook like structure on the end of the fiber. These residual fibers cause inflammation is the same way asbestos fibers do. Asbestos long been the accepted as the cause of a serious lung disease called mesothelioma. Asbestos was banned for this reason. Why such material would be used over sterile cotton is suspicious enough. The fact that the fibers themselves are hollow and filled with hydrogel makes me shudder.

In the first quarter of 2021, the CDC released the following statement: "After December 31, 2021, CDC will withdraw the request

to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only.*"*

In other words, the CDC finally admitted the PCR test is without value as a diagnostic tool. No apologies were made for misleading the entire world with this test which has been the basis for covid case counts since 2020, but what this admission did was open the door to numerous other covid test kit providers who have been falling over themselves to market several new rapid response kits.

The results provided by these newer test kits are no less ambiguous than those of the PCR test, but they also include swabs that present a wide range of other dangers. Many contain sodium azide, a rapidly acting, potentially deadly chemical that exists as an odorless white solid. Sodium azide prevents the cells of the body from using oxygen. When this happens, the cells die. Sodium azide is more harmful to the heart and the brain than to other organs, because the heart and the brain use a lot of oxygen." It is fatal if swallowed, fatal if inhaled, it is fatal upon contact with skin, and may cause damage to organs through prolonged contact. As with all poisons, the degree of damage depends on the dosage, but you decide whether "potentially deadly," as the CDC describes sodium azide, signifies a significant risk. Still others have been found to contain technetium, a superconducting radioactive metal. These swabs fluoresce under UV light and will actually set off a Geiger counter!

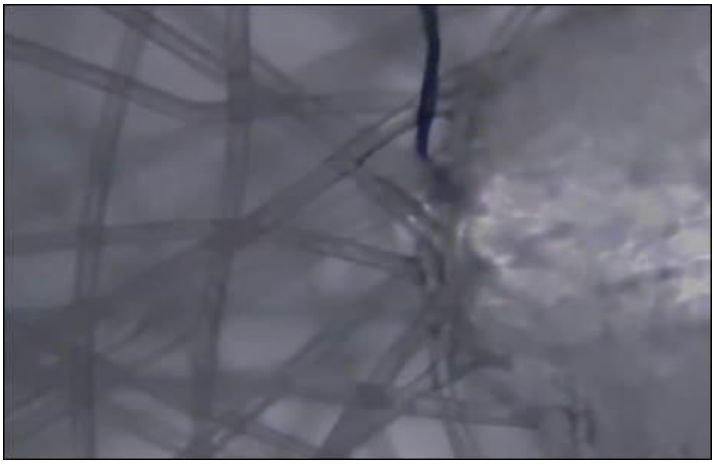
A journalist named John O'Sullivan warned in February of 2022 that the massive PCR testing campaign could be a WHO vaccination program in disguise. He was referring to a new technology developed at Johns Hopkins University that developed tiny, star-shaped micro-devices called 'Theragrippers' that attach to the intestinal mucosa and can deliver drugs into the body. These devices are made of metal and a thin film that changes shape and are as small as a dust particle. According to Johns Hopkins University, Theragrippers are administered with a cotton swab, similar to PCR tests. In October 2020, a Johns Hopkins University research team published positive results from an animal study confirming that the new technology

works flawlessly. It is my personal opinion that these testing kits are being used to do more than collect mucosal samples. Exactly what that purpose is I will not speculate on here, but I encourage you to consider what they might be and do your own digging.
A United Kingdom doctor identified only as "Dr. T," whom I have mentioned before in my blog posts, gave an excellent analysis of what graphene does and where it collects in the body. This doctor took a look at covid masks under her microscope and found those masks were contaminated with parasites. Most concerning to her was the fact that this was not an isolated instance or a few specific instances, but she found these organisms were rife in brands of masks that are sold all over the world, and they have now been reported not only by many other doctors, but even by even average people examining these masks with average equipment. Dr. T. personally tested five different brands of covid masks and found these parasites in all of them.

One other important detail about these parasites is that their presence was not accompanied by dirt, dust, soil or other contaminants one might expect to find if these products were manufactured on a filthy floor by children in India for example, as some have said prior to this.
It appears, therefore, that these parasites are being added deliberately!

While not positively identified, a microbiologist with more experience with parasites in general, who Dr. T approached for an opinion, examined the images, and confirmed it was a kind of flatworm, and it appears to become active, moving about quite a bit, when the sample was exhaled on.

The photo below was taken through a simple microscope. What you are looking at are the fibers of the mask material. The dark colored ribbon-like structure you see in that frame is a live flatworm parasite of some kind.



In the photograph below we see a fiber that has been taken from the swab in a common covid test kit

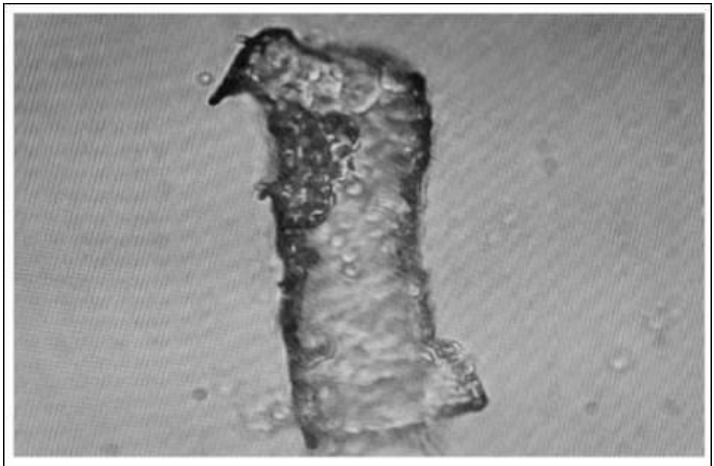


Figure 6 Longitudinally open fiber with broken end and Darpa Hydrogel content balls.

Chloroquine, Hydroxychloroquine (HCQ), HCQ + ZINC

Chloroquine and Hydroxychloroquine are synthetics that were derived from one of the many alkaloids found in Chinchona, the Quinine tree, one of many species. As an anti-malarial drug, it was used in the 1950s. The parasite that causes malaria became resistant to the synthetic drug by the early 1960s, however the natural tree bark was still effective. There are many medicinally powerful bitter plants and trees. One example, Quassia Amargo, has been shown to be a stronger anti-malarial than quinine.

If we assume that the mRNA instructions your body is given inside a covid shot are supposed to cause your cells to make more spike proteins, then what we need to do is disrupt that process. One way to do this is to interfere with the cell signaling that goes on which enables this process to complete. Zinc does that. Zinc will shut down RNA polymerase or replicase. This is the process by which genetic sequences inside the LNP's reproduces. The only complication here is that in order to do this we have to get a high concentration of zinc into the cell, but because it is a positively charged ion and the cell membrane is also positively charged, to accomplish that there needs to be a transporter.

Enter Chloroquine as a Zinc ionophore. Chloroquine increases intercellular zinc concentration as much as ten-fold, so they are effective when taken <u>TOGETHER</u>.

The link below is a paper written as part of some anti-cancer research that supports this titled "Chloroquine Is a Zinc Ionophore."
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4182877/

The conclusion that chloroquine is a zinc ionophore is based on the detection of significantly elevated intracellular levels when both zinc and chloroquine were added to a cell culture medium. **Hydroxychloroquine is a close relative of Chloroquine**. It is cheap, relatively easy to obtain, and works perfectly well in this application. Chloroquine also allows lysosomes to take up higher concentrations of zinc. A lysosome is a cell component that acts sort of like a garbage collector inside a cell. It is responsible for processing waste and cellular debris, but lysosomes can also aid in apoptosis (cell death) by releasing triggering enzymes, which is what we want if the cell we are talking about has become "infected" and prefer it was eliminated. This is the process being studied in that paper, where the cells in question were cancerous tumors.

It is probably just overly confusing to discuss other notable papers commonly being cited that attempt to explain the effects of HCQ, but I do so here to illustrate how this misconception – that viruses are the cause of illness – can muddy up everyone's understanding of why a medicine is effective.

There is another study titled "*Chloroquine is a potent inhibitor of SARS coronavirus infection and spread"* that is a lot more famous, but probably for the wrong reasons.
(https://pubmed.ncbi.nlm.nih.gov/16115318/)

This paper was being passed around the world in 2021, and it claims to prove that Hydroxychloroquine has been known to be an effective medicine for coronavirus infections for more than 15 years, but when you drill down on what scientists mean by an "effective" medicine, and what they mean when they refer to a substance as an "antiviral", the causative reasons cited tend to fall apart. Many times, the study itself is misunderstood and one has top pick apart the methodology to find the flaws in it.

A typical assumption that is commonly made about the lab research done here is that the methodology in this study involved sprinkling some HCQ on some corona-virus infected animals and observing that the animals didn't get sick. <u>This is untrue.</u>

How did they demonstrate HCQ stops spread? One might assume they mixed infected animals with non-infected animals that had been given HCQ and doing so prevented infections. This is also untrue.

No animals were used. This entire experiment was done on tissue cultures in a lab. If you read it carefully, you will notice that once again we see researchers repeating typical virology in-vero isolation procedures, so the same quack practices being used. The "Urbani Strain" used was the unpurified mess with sputum from the SARS-CoV virus culture. That was then frozen and re-cultured and they called what they had then "the virus". To this they added Invitrogen (a typical food cake, without nutrients to speed the process), fetal bovine serum and monkey kidney cells, and they observed the rate of breakdown of the monkey kidney cells with and without HCQ. Based on that rate being different, they claimed it slowed the progress of "infection." They then conclude that is what makes HCQ an "anti-viral", because it "killed" the corona virus that was never in there to begin with. Total rubbish.

Sometimes it helps to review lots of similar papers because there is always a chance you can find a helpful clue. For example, there is a paper titled "Mechanisms of action of hydroxychloroquine and chloroquine: implications for rheumatology." See the below link. This study has similar problems. However, it does uncover some information we can use.
https://pubmed.ncbi.nlm.nih.gov/32034323/

The following is an excerpt from the paper's abstract:

"These drugs interfere with lysosomal activity and autophagy, interact with membrane stability and alter signaling pathways and transcriptional activity, which can result in inhibition of cytokine production and modulation of certain co-stimulatory molecules."

Some of the mechanisms of action cited in this study may also help in clinical settings by impacting the transcription (production) of cytokines, thereby improving immune function and reducing excessive inflammatory responses that result from being poisoned, but the study itself is worthless with regard to virus claims. It also states they have

no idea what dosages work, and that people don't like how they feel while taking it.

Dosage levels for HCQ should be left to the discretion of the prescribing physician, but some recommendations I have found are below:

- 400/mg/day. [Korean recommendation]
- Another Chinese study [Expert consensus on chloroquine phosphate for the treatment of novel coronavirus pneumonia] recommended a chloroquine phosphate tablet, 500mg twice daily for 10 days for patients diagnosed with covid pneumonia and without contraindications to chloroquine.

Hydroxychloroquine (HCQ) Safety Info:

Ivermectin by itself is likely much more effective than HCQ. Hydroxychloroquine is considered generally safe and likely effective for prevention and early treatment, but it may not be effective later in the course of illness. Side effect risk is higher than with Ivermectin, especially with long term use, and unlike Ivermectin, HCQ requires knowledge of baseline CBC and CMP (liver and kidney function). It also requires a comprehensive eye exam and muscle strength testing within the first year of use.

Some **common adverse effects** include stomach upset. dizziness, visual changes, and shortness of breath. If visual changes develop it should be stopped immediately. Retinopathy (seen in 1 to 10 percent of patients) is any damage to the retina of the eyes, which may cause vision impairment. Retinopathy often refers to retinal vascular disease, or damage to the retina caused by abnormal blood flow. Early changes are reversible but may progress despite discontinuation if symptoms are advanced.

A couple sources for HCQ: (Prescription required)
https://www.reliablerxpharmacy.com/hcqs-or-oxcq-200mg.html?mw_aref=239f7edea53cb06508d0e5fce611e8ae

https://www.excelwell.net/buy-ivermectin-hydroxychloroquine

Ivermectin

(Merck is the maker of Ivermectin, so it also goes by the brand name they gave it, which is Stromectol.)

I want to be clear, but also consistent in my explanations as much as possible. I continue to maintain that viruses do not exist, but the mechanisms of action by which these alleged "viruses" infect cells are relevant to this discussion, because they are the same mechanisms of action that provide these synthetic spike proteins with an ability to access the same cells. So, if it helps to imagine that these spike proteins are viruses, so be it, as long as you understand that is not really accurate.

Mass media have disingenuously claimed that because Ivermectin is an anti-parasitic drug, it has no utility as an anti-viral. This is incorrect. Ivermectin has utility as an anti-viral. It blocks importin, a substance that transports protein molecules from the cell's cytoplasm to the nucleus. By preventing nuclear import, Ivermectin effectively inhibits viral access (or spike protein access) to cell nuclei. Many drugs currently on the market have multiple modes of action. Ivermectin is one such drug. It is considered to be both an anti-parasitic and an anti-viral. As an anti-parasitic, Ivermectin is highly effective and known to kill as many as 22 different harmful parasites, and it appears that among these is Trypanosoma Cruzi.

See:
https://www.nature.com/articles/ja201711
https://pubmed.ncbi.nlm.nih.gov/23135008/

The opposition to the use of generic Ivermectin is not based in science. It is purely financially and politically motivated, and that one study that got so much attention early on, in which people were dying as a result of being given Ivermectin was later ruled to be fraudulent and for this reason, it was retracted by the journal that published initially published it. The test subjects studied in that infamous paper were murdered, by giving them ridiculously high toxic doses of Ivermectin that nobody in their right mind should ever prescribe. The

truth of the matter is that any effective, non-vaccine intervention would jeopardize the rushed FDA approval of patented covid vaccines and emergency use authorized covid treatment medicines, for which the pharmaceutical industry has been raking in billions upon billions of dollars in sales on an ongoing basis.

How is Ivermectin thought to work on what is being called "COVID":

Let me say up front that much of the following explanation is incomplete and the rest of it is mostly wrong. But it is helpful to hear, if for no other reason than to provide contrast, between a poor explanation and a better one. So, many doctors will tell you that for these spike proteins to make you sick, they have to first infect your cells. Then, while inside the cell, it is believed that this spike proteins makes multiple copies of itself, so it can spread around your body. They also appear to have ways of reducing the way your body fights the infection.

During the infection of a host cell, some of these spike proteins go into the cell nucleus, from which they can decrease the body's ability to fight the "virus," which means this infection can get worse. To enter the nucleus, these proteins must bind to a cargo transporter which lets them in. They believe Ivermectin can block that cargo transporter, so the viral proteins can't get into the nucleus. This is how some scientists believe Ivermectin works. By taking Ivermectin, it means the body can fight the infection like it would normally, because the host cells anti-viral response hasn't been reduced by these proteins.

Confused? You should be. In the explanation above you basically have someone telling you a "one illness-one cause" type of story, and anytime you hear this kind of over-simplification you must understand that is a big red flag that you are being talked down to. Very little of what you just read makes any sense, and assuming it does simply because that explanation came out of the mouth of someone with a medical credential of some kind is a mistake. To explain why unfortunately requires me to use what is probably going to sound like a bunch of equally unfamiliar medical jargon but try to hang with me. I will do my best to explain what all this means in layman's terms as we go.

It is a mistake because it appears that this pathogenic spike protein does not only bind to the ACE2 pathway. It is suspected to have regions that bind to the basigin receptor on red blood cells, integrins which are receptors on a cells surface that are involved in cell signaling, neuropilin-1 which is a single-pass transmembrane glycoprotein widely distributed throughout the tissues of the body and acts as a multifunctional co-receptor, and Bacterial lipopolysaccharides which are the major outer surface membrane components present in almost all gram-negative bacteria as well. On its own, it can potentially bind any of these things and act as a ligand for them (meaning it can act as the thing that allows another thing to bind), triggering unspecified and likely highly inflammatory cellular activity.

In other words, everyplace we look in the tissues of covid vaccinated people we see spike proteins, they attach themselves to everything, all kinds of cells, different kinds of receptors on those cells, and even certain kinds of bacteria, and everywhere they are found we see them causing inflammation.

Now let me give you a better explanation of what Ivermectin does:

1) **Besides being an effective anti-parasitic, Ivermectin is also a protease inhibitor.**

Protease inhibitors are synthetic drugs that inhibit the action of HIV-1 protease, an enzyme that cleaves two precursor proteins into smaller fragments. These fragments are needed for growth, infectivity and replication. Protease inhibitors bind to the active site of the protease enzyme and prevent the maturation of the newly produced virions so that they remain non-infectious.

Ivermectin inhibits the formation of the importin-α (IMPα) and IMPβ1 ... sulfate proteoglycans with the V3 region of envelope gp120-gp41.

The mRNA sequences inside the Pfizer and Moderna covid vaccines contain instructions for making more than just synthetic spike proteins. There are also sequences that make use of the protein manufacturing

capabilities the cells in your body have, to create HIVgp120 and HIVgp41. These are the names given to two specific glycoprotiens that cause immune system damage. Introducing these foreign glycoprotiens into your body gives you an auto immune disease. This is HIV.

This is the reason for what is being called "antibody induced enhancement" or AIE. It is the tendency for the immune systems of covid vaccinated people to become WEAKER over time, until after a certain amount of exposure to these poisonous "vaccine" formulations they have no viable immune function to speak of any longer. AIE is the condition which makes vaccinated people highly susceptible to diseases of all kinds. These glycoprotiens destroy immune function and they are the reason vaccinated people routinely become sick afterwards. If your body is producing either of these glycoprotiens you have an auto immune disease, however **Ivermectin stops this production.**

There is also some evidence that Ivermectin may be a zinc ionophore, so it is possible that Ivermectin has properties that interfere with the replication process that creates additional spike proteins. I don't want to get too far into the weeds here, but one member of my volunteer medical team explained that the reason for this is because:

2) Ivermectin is GABAergic.

In molecular biology and physiology, something is GABAergic if it pertains to or affects the neurotransmitter GABA. An increase, decrease, or imbalance of GABA neurotransmitters is involved in various diseases being reported with increasing frequency in covid vaccinated populations, such as multiple sclerosis, stroke, and possibly the neurological damage that results in tremors very similar to what is seen in people with Parkinson's disease if their tremors continue long term. So, a GABAergic agent is any chemical, in this case Ivermectin, that modifies the effects of GABA in the body or brain.

3) GABA is an antioxidant and DNA replication sequestrant.

Put simply, GABA is a neurotransmitter involved in DNA replication and a sequestrant is a chelating agent.

DNA is the genetic material that defines every cell. Before a cell duplicates and is divided into new daughter cells through either mitosis or meiosis, biomolecules and organelles must be copied to be distributed among the new daughter cells. DNA, which is found within the cell nucleus, must be replicated in order to ensure that each new cell receives the correct number of chromosomes. The process of DNA duplication is called DNA replication.

Replication follows several steps that involve multiple proteins called replication enzymes and RNA. Before DNA can be replicated, the double stranded molecule must be “unzipped” into two single strands. Once the DNA strands have been separated, a short piece of RNA called a primer binds to one end of the strand. Enzymes known as DNA polymerases are responsible creating the new strand by a process called elongation. Once the new strands are formed, an enzyme called exonuclease removes all RNA primers from the original strands.

DNA replication would not occur without enzymes that catalyze various steps in the process. The neurotransmitter GABA plays a role in the production or availability of some of these enzymes and Ivermectin either inhibits or interferes with that role.

There have been some "experts" that have stated that the mRNA in covid vaccines cannot be integrated into the human genome, because messenger RNA cannot be turned back into DNA. **This is false.** There are elements in human cells called LINE1 retrotransposons, which can indeed integrate mRNA into a human genome by endogenous reverse transcription. Because the mRNA used in the vaccines is stabilized, once it is successfully delivered through the cells membrane it hangs around in cells longer, increasing the chances for this to happen.

If the gene responsible for making spike proteins and other glycoprotiens is integrated into a portion of the genome that is not silent, and actually expresses these structures, it is possible that people who receive mRNA- type vaccines may continuously express them

from their somatic cells for the rest of their lives. Only time will tell if they actually do or not.

Personally, I do not believe the Wuhan lab leak story – there is too much wrong with it, but this is a good time to point out some common-sense logic. If you are of the opinion that covid is a bioweapon released from a lab in Wuhan, then because these mRNA-type covid inoculations cause the spike protein to be produced by your body, that means that the vaccine is a **bioweapon.**

4) **Ivermectin also raises the alkalinity of this pathological blood environment.** (Which was probably already dangerously acidic even before a covid vaccine was given.)

As I explained earlier, everything that can go wrong does, so when your interstitial fluids become, and then remain, acidic.

Dosages:
Adult dosage given on the NIH website is 0.2-0.6mg/kg given as a single dose or as a once daily dose for up to five days. Generally, Ivermectin is given on empty stomach but if taken with food, that increases its bioavailability.

Ivermectin pills come in two doses: 3 mg and 6 mg.
3 mg divided by 0.09 mg/lb = 33.3 pounds per 3 mg pill 6 mg divided by 0.09 mg/lb = 66.7 pounds per 6 mg pill
0.2 mg divided by 2.2 = 0.09 mg/lb (milligram per pound)

The usual dose for humans is 0.2 mg/kg (milligrams per kilogram)
*Unit conversion note: 0.2 mg = 200mcg
That equals 0.09 mg/lb (milligrams per pound)
*Unit conversion note: 0.09 mg = 90 mcg and 1 kg = 2.2 lbs

So, depending on which size pills you have, you just divide your weight in pounds by either 33 or 66 and according to NIH dosing guidelines that is the correct dosage range in milligrams for how many pills you take as a dose. But, of course, your doctor will do this dosing arithmetic for you. I am just explaining how he figures that out for you personally.

Precautions:
It matters a great deal whether or not you take Ivermectin on an empty or full stomach, because the amount your body can absorb will change dramatically. When trying to figure out the proper dosage for yourself or someone else, taking it on an empty stomach with a full (8 oz) glass of water will eliminate food related variables. You can take Ivermectin either way, but the empty stomach technique guarantees dosage accuracy.

A recent pharmacokinetics study reports that following a high-fat meal, absorption was significantly higher (about 2.5 times) than in the fasted state. **So, if you took eight 3mg Ivermectin pills the dose might look like 24 mg, but your body might make use of anywhere from 10 mg to 24 mg! Be sure to follow dosing instructions carefully.**

Commonly reported side effects of Ivermectin include fever, pruritus (itchy skin), and skin rash.

How To Obtain Ivermectin: (Prescription required)

With all the active interference being offered by everyone involved with the covid scam you can expect to run into some difficulties getting this, but they can be overcome. Mostly, prescriptions are obtained from a sympathetic doctor via telemedicine. These people understand the problem you face and provide their services as a way to circumvent all the manufactured obstacles. You can find a list of these doctors along with lots of other information by following one of these links:

https://covid19criticalcare.com/guide-for-this-website/how-to-get-ivermectin/

https://frontlinemds.com/registration-by-state/%5C

https://www.reliablerxpharmacy.com/ivermectin-6mg-austro.html?mw_aref=239f7edea53cb06508d0e5fce611e8ae

If you encounter problems with pharmacies that make up excuses for why they cannot fill an Ivermectin prescription, or if they flatly refuse to do so, there is an excellent resource for overcoming such obstacles that is provided by Front Line COVID-19 Critical Care Alliance. Step by step instructions for overcoming pharmacy barriers is a downloadable PDF on their website.

Below is a link to that information:
https://covid19criticalcare.com/wp-content/uploads/2022/01/Overcoming-Pharmacy-Barriers.pdf

One other reason to try and obtain Ivermectin as soon as possible is the rising cost of it. This used to be one of the cheapest medications one could buy. Over the summer I managed to obtain a personal supply just to keep on hand, the cost of which was around $29 dollars. Since then, the cost has skyrocketed to as much as a grand in the US. It is clear that the "powers that should not be" are doing everything they can to keep this out of your hands, which should make it clear that what it does may be able to completely ruin the plans they have for exterminating you.

If the market price demanded puts Ivermectin out of your reach, there is an alternative you may be forced to consider. Ivermectin can still be obtained very easily, and very inexpensively, as a veterinary medicine, in the form of apple flavored horse paste. I do not mind risking almost certain ridicule for suggesting this as a viable alternative, because obtaining it can be a life-or-death matter for certain people, and this is the exact same medicine, just in a different form. While I have not tried to buy this personally, I have been told that it can be obtained from stores that sell livestock management products, and you don't even need to prove you own a horse to get it. Now, although this is the same medication, in order to take it in this form safely you will have to accurately measure out the proper dosage yourself. If you choose to go this route, please be very careful and make sure you clearly understand what you are doing.

Ivermectin Horse Paste comes in syringes which contain 6.08 grams total weight.

The paste in the syringe is 1.87% Ivermectin.
6.08 grams x .0187% = 0.11 grams of Ivermectin
0.11 grams = 110 mg (milligrams)
110 mg divided by 0.09 mg/lb = 1,222 pounds

So, one syringe of horse paste is enough to treat 1,222 pounds!

That is why the Ivermectin horse paste packages say, "Contents will treat up to 1,250 lbs. of body weight."

Below is a video that may be helpful:

How to measure Ivermectin horse paste for humans
https://www.bitchute.com/video/9km6MmC2LOMD/?list=subscriptions

FLCCC's chart on how to dose Ivermectin in veterinary paste, liquid and human tablet forms is provided on the next page.

The Bottom Line
Ivermectin is an extremely safe medicine, and it is very important here. Just because all of its beneficial actions may not be completely understood, is no reason not to take it if you have been exposed to any of these poisonous covid injections.

FLCCC Chart for Dosing Ivermectin in Human Tablet, Liquid and Veterinary Paste Forms						
Your Weight (lbs)	Your Weight (kgs)	IVR tablets mg @ 200/µg/kg	IVR 1% injectable ml	IVR 1.87% Horsepaste by ml	Horsepaste - % of level 1/4 teaspoon	Horsepaste teaspoons
5	2.3	0.45	0.05	0.03	2.11%	
10	4.5	0.91	0.09	0.05	4.22%	
15	6.8	1.36	0.14	0.08	6.33%	
20	9.1	1.81	0.18	0.10	8.44%	
25	11.3	2.27	0.23	0.13	10.55%	
30	**13.6**	**2.72**	**0.27**	**0.16**	**12.66%**	**1/32 tsp.**
35	15.9	3.17	0.32	0.02	14.77%	
40	18.1	3.63	0.36	0.21	16.88%	
45	20.4	4.08	0.41	0.23	18.99%	
50	22.7	4.54	0.45	0.26	21.10%	
55	24.9	4.99	0.50	0.29	23.21%	
60	**27.2**	**5.44**	**0.54**	**0.31**	**25.32%**	**1/16 tsp.**
65	29.5	5.90	0.59	0.34	27.43%	
70	31.7	6.35	0.63	0.36	29.54%	
75	34.0	6.80	0.68	0.39	31.65%	
80	36.3	7.26	0.73	0.42	33.76%	
85	38.5	7.71	0.77	0.44	35.87%	
90	**40.8**	**8.16**	**0.82**	**0.47**	**37.98%**	**1/16 + 1/32 tsp.**
95	43.1	8.62	0.86	0.49	40.09%	
100	45.4	9.07	0.91	0.52	42.20%	
105	47.6	9.62	0.95	0.55	44.31%	
110	49.9	9.98	1.00	0.57	46.42%	
115	52.2	10.43	1.04	0.60	48.53%	
120	**54.4**	**10.88**	**1.09**	**0.62**	**50.64%**	**1/8 tsp.**
125	56.7	11.34	1.13	0.65	52.75%	
130	59.0	11.79	1.18	0.68	54.86%	
135	61.2	12.24	1.22	0.70	56.97%	
140	63.5	12.70	1.27	0.73	59.08%	
145	65.8	13.15	1.32	0.75	61.19%	
150	**68.0**	**13.61**	**1.36**	**0.78**	**63.30%**	**1/8 + 1/32 tsp.**
155	70.3	14.06	1.41	0.81	65.41%	
160	72.6	14.51	1.45	0.83	67.52%	
165	74.8	14.97	1.50	0.86	69.63%	
170	77.1	15.42	1.54	0.88	71.74%	
175	79.4	15.87	1.59	0.91	73.85%	
180	**81.6**	**16.33**	**1.63**	**0.94**	**75.96%**	**1/8 + 1/16 tsp.**
185	83.9	16.78	1.68	0.96	78.07%	
190	86.2	17.23	1.72	0.99	80.19%	
195	88.4	17.69	1.77	1.01	82.29%	
200	90.7	18.14	1.81	1.04	84.40%	
205	93.0	18.59	1.86	1.07	86.51%	
210	**95.2**	**19.05**	**1.90**	**1.09**	**88.62%**	**1/8 +1/16 + 1/32 tsp.**
215	97.5	19.50	1.95	1.12	90.73%	
220	99.8	19.95	2.00	1.14	92.84%	
225	102.0	20.41	2.04	1.17	94.95%	
230	104.3	20.86	2.09	1.20	97.06%	
235	106.6	21.32	2.13	1.22	99.17%	
240	**108.8**	**21.77**	**2.18**	**1.25**	**101.29%**	**1/4 tsp.**
245	111.1	22.22	2.22	1.27	103.39%	
250	113.4	22.68	2.27	1.30	105.50%	

Magnetobiology
An Introduction to Transhumanist Insanity

Forgive me here for throwing you into the deep end of the pool, so to speak, with regard to the state of technology we happen to be in right now. I realize how incredible much of what I am about to say might sound, but people need to know what some of the objectives of this whole pandemic ruse actually are. Please understand that I am not necessarily telling you that what the people behind all this want to do is actually feasible. I think they are doing what they are doing to determine that. What I am sharing with you are the concepts that exist out there in specialized scientific communities that drive the direction certain research has been taking over the last couple decades, and what the people doing that research feel is achievable if their conclusions are correct about the results they are getting.

(Credit given to Dr. Tom Cowen for parts of the explanation given below)

There is a big struggle currently going on between two competing views of how biology works. The first view, that is widely accepted right now, is both the basis of, and defended by, the Rockefeller-funded medical establishment. The opposite view is not widely accepted because it is actually correct. All the real evidence we can find, and there are mountains of it, are realities proven by sound experiments done by credible and qualified people that reveal facts that this system either ignores, struggles to explain, or actively suppresses, and this steering of medical science, its very focus even, has been actively interfered with for the last couple hundred years. Anything that supports germ theory is generously funded while anything that does not is starved of similar funding, and for this reason either dies on the vine or lingers, in a sort of theoretical limbo, and subjected to ridicule.

The **Old View** (which is coincidentally also the eugenicist's view) was first given widespread attention by Louis Pasteur, who invented germ theory. Conceptually, the basis for this whole idea is that humans and all other living things are completely materialistic, not in the financial sense, but in the sense that we are all made up of substances that are comprised of atoms and molecules and that's all there is to it, and it is DNA that controls who and what we are, and what we do.

The **Competing View** (which is really not new at all but the one I am taking here), is simply the continuation of the work made famous by Antoine Bechamp at the same time in history. This competing view is commonly referred to as "Terrain Theory" In this view, the DNA is nothing. It is comprised of the strings that make up chromosomes, and these chromosomes are helical structures, just like all things in nature, (flower blooms, shells, etc.), and the chromosomes are a kind of storage media. These chromosomes interact with water molecules which, by way of their 'Y' shaped chemical structure, functioning as a natural dipole antenna that collects information from the world, such as thoughts and feelings and emotions and all the rest of it.

One of the more perpetual questions that crops up in metaphysical and philosophical discussions has to do with where consciousness actually resides. Experiments seeking to prove it resides in the somewhere within the have largely failed to produce any evidence, leaving us with the concept that the actual function of the physical brain is akin to a radio receiver that decodes and interprets a continual stream of transmission that originate in some ethereal source field.

Following this logic, you might even say that all of what we experience as consciousness itself is the sum of all this information as perceived through our five senses, and it is these molecular water antennae that interface with chromosomes and deposit this information onto them, which in turn defines their sequential structure. It is this same structure that we use to identify them. That structure serves the same function as a label you might affix to a computer disk. It is out of this interaction, between the water molecule and these chromosomes, that new proteins are created, all without any DNA or RNA being involved. That is not to say DNA and RNA are never involved, but that the bulk of the proteins are being made without any,

and it is well known that proteins are the building blocks of everything in the body, including its internal physical messaging system.

The actual experiment with covid "vaccines" is not what we are being told it is. It is not an effort to put into practice a new way of fighting disease with injections of genetic code. To date, there are absolutely no actual genetic cures, nor have there ever been any. Knowing what I now know, I am inclined to think there will never be any, because the basic assumptions being put forward, that underlie all these forward-looking promises about what can be done with genetic manipulation, are fundamentally based on a false premise. That premise being that one can accurately identify a specific sequence that is responsible for a trait and either add or remove it to turn that trait on or off. Problems with this assumption arise from the fact that the 'circuitry' that is assumed to exist, which is assumed to be susceptible to such tampering, is just not that simple. In reality, what you find is that whenever you cut a sequence out or splice another in, you alter numerous other functions that are well outside the scope of the one you are attempting to toggle, and the researchers who do this are continually at a loss to explain why they cannot control, or even accurately anticipate, these additional effects.

The real experiment then, is an attempt to override this ability of the water molecule to act as a dipole antennae and interfere with its ability to receive information, thereby subverting this natural communications system by injecting you with some sort of potentially magnetic sensing antennae device that will disconnect you from the information of the universe and create a situation in which much of the information you receive is that which you are specifically given. That information will then come from broadcasts made by those who create the injections, and it is through this process that they can essentially force your body to make whatever proteins the people who make the injections want you to make, including not only this toxin everyone is referring to as the spike protein but any protein. And sure, whenever they talk about fantastic sounding ways to 'beam' information to your body that allows it to heal better or manufacture some compound using your body's own ability to manufacture proteins, the future they paint is all rosy and bright. However, what they never talk about is the other side of this coin, and that side involves wartime applications. If they are able to

fix something in this fashion, you better believe they can also break something just as easily, and that possibility leads to all kinds of evil, right up to self-destruction signals that terminate you for some undesirable behavior. And such research has not been financed by the contributions of people with altruistic intentions. Unfortunately, it has been these secretive military applications that have kept the money flowing in, and the many of the advances in this area have been either completely classified or extremely quiet. So, as it has been all along with everything they do, genetics research and experimentation are all about biologically engineering yet another level of control.

If you read the statements being made publicly by companies like Moderna, this exotic mode of cellular communication is exactly the process they describe when they talk about developing human "biological software" that can then be used to deliver all kinds of specific medications directly to you in the same manner the internet is accessed through Wi-Fi. They are very clear about this being the specific goal of everything they are working on, and they even use terms to describe it that are the same as or similar to the ones I am using here, so this is not a secret any longer. They openly tell investors, and the public at large, that this is what they are doing, and, to that end, they foresee being able to replace the current system of going to see a doctor, who diagnoses your condition and writes a prescription for a drug that needs to be manufactured and distributed by a drug maker, and filled at a pharmacy, and instead just sending instructions to your body. The drug maker can then use it as a factory, to create things like pain medication -- just one example of the many they mention. These include everything from vaccines to anti-psychotic drugs, and this is where the whole concept begins to get very unappealing and opens up a Pandora's box of all kinds of sinister possibilities.

If you examine some of the patents that make up the nuts and bolts of how this new process is going to work, you find all kinds of far out designs for things that enable certain capabilities that researchers have been able to achieve thus far., and it is not at all surprising, the way these functions are described, that the processes they are able to stitch together very closely resemble the types of processes used in computer science. Even the electro-magnetic aspects and this are all being

accomplished with nano technology that involves nanoparticulate substances, like graphene oxide, which have the right kinds of electromagnetic properties. In fact, it is those very properties of graphene oxide which also allow it to serve as a nano-sized wiring harness and it self-assembles this wiring automatically in the presence of electromagnetic energy, like microwaves. That is all microwaves are, wireless energy.

The magnetic parts of this puzzle are there to circumvent the normal H_2O dipole antennae function, that is based upon a natural helical form and equip you with another antennae or sensing device that will hook you up to a specially made cyber cloud. It is this normal interaction, between the water molecule and chromosomal storage media that will then be periodically interrupted, whenever they need to deliver manufacturing information to your body, which will tell it what to manufacture. If psychoactive compounds can be created in the same manner as something like pain medication these instructions give those who control such technology the ability to influence what you do, and maybe even how you do it!

It is hard to evaluate just how far this work as gone in terms of feasibility, but if we take into account all the money being spent to create and install complimentary infrastructure that facilitates this process, like high speed data equipment and repositories for storing and analyzing all the requisite information, and the rate at which all that infrastructure is being built, it is clear that someone has a high degree of confidence in the potential possibilities.

Just stop for a minute and consider how much effort is going into establishing a system of vaccine passports that personally identify you and link up to your medical history and other information. These tools need to identify you. But what if you could be identified another way? Most people have heard about the quantum dot tattoos that Bill Gates was promoting for a while, in which one of his vaccines could be administered by affixing something that looks like a Band-Aid which would have on its underside a matrix of microscopic needles that would deliver the vaccine along with a marking that could be read by some kind of reader device.

That is creepy enough for most people, but if you can be vaccinated and "branded" with your medical history by means of a fancy Band-Aid, how much of a stretch is it to believe these injectable covid vaccines are already tagging people in some manner? There is no shortage of personal accounts made by people who claim to be physically magnetic following a covid shot, and I have seen this effect myself first-hand. There are clearly some variables involved with this since these magnetic effects are not consistent across everyone. In some people they dissipate, and in others they intensify. Some people have none, but that could be explained easily if they received, not an active vaccine but a placebo, and we know some batches are placebo batches. Other proof has been sent to me that some people have actually been able to show that their cell phone or some other Bluetooth compatible device is picking up signals that are emanating from their own body, and that they are identified by these devices with a unique serial number! I can see why such claims are met with skepticism, but it has been proven that some of these people are in fact, transmitting energy, and anyone who has used a cell phone can attest to the fact that within the energy that passes from phone to tower to phone, one can encode and decode information. That is what these phones do, and each phone has a unique identifier. So, considering that fact, its is not the medium or the methodology that is changing here, just the hardware.

It must be remembered that both Pfizer and Moderna developed these transhumanist-inspired mRNA vaccines for DARPA, in DARPA contracts from 2013. As DARPA is a weapons research agency and not a healthcare agency, its involvement raises the question of intended, planned criminality.

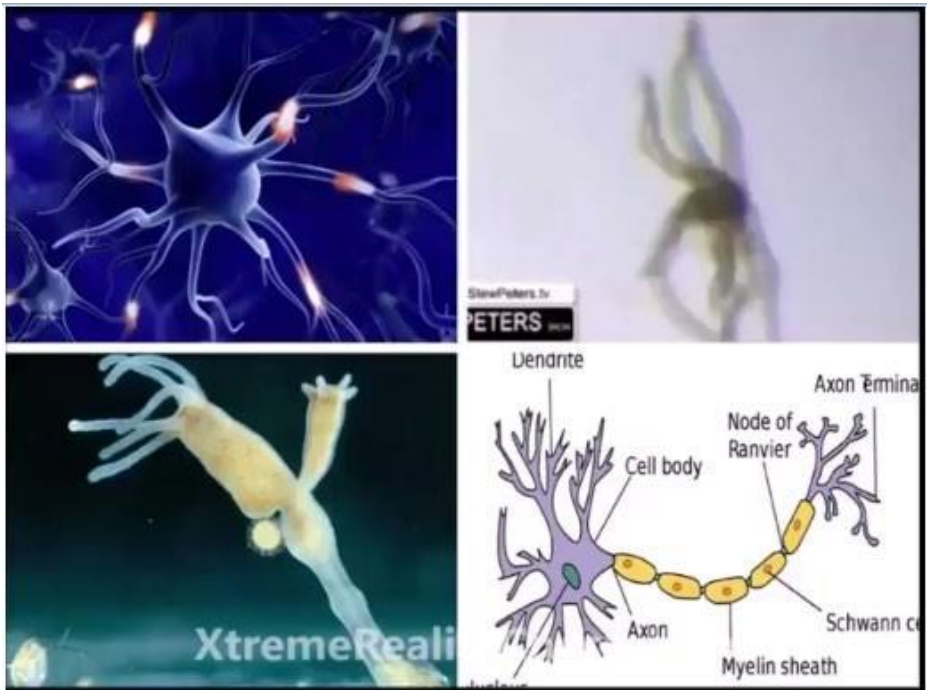
The evidence of intelligent self-assembly of nanotechnology in vaccine vial content and intelligent filament production and movement in both vial content and the blood and serum from vaccinated individuals is unmistakable proof that this synthetic biology and the capabilities of controlling nano-bioelectronics is actively being tested.

Several scientific papers (one such paper is listed below) published in various journals, points to the stealth inclusion of graphene oxide in

the Moderna vaccine, for electromagnetic manipulation of cells and neurons via the creation of synthetic neural networks in the human body and brain. In fact, one of the parasites I showed you earlier -- the tentacled one that is being associated with all kinds of creepy research being done at the National Human Genome Research Institute on a microscopic organism called the Hydra, is a project which you can look up. It is called The Hydra 2.0 Genome Project, and it may be an example of experiments that seek to create an artificial neuron coming to fruition. See the following link:

https://research.nhgri.nih.gov/hydra/

The resemblance of this parasite to depictions of actual neuron cannot be denied any more than the goals of this project.



This is a clear sign of medical malfeasance and intentional trans-humanizing and cyborg-izing of the human body through the use of covid injections.

Or as one notable public figure described it, *"Rebuilding the Infrastructure of Human Existence"*. (Klaus Schwab, World Economic Forum)

American Medical Researchers Witness SELF-ASSEMBLING Graphene Oxide Nanotech or AI Syn Bio in Moderna Vaccine Under Microscope:

https://everydayconcerned.net/2021/08/12/bombshell-news-american-medical-researchers-witness-selfassembling-graphene-oxide-nanotech-or-ai-syn-bio-in-moderna-vaccine-under-microscope/

Pleomorphism
An Entirely Different Concept

Referring back to my earlier discussion of spike proteins, up until this point we have been talking about them as if they are something we can deliver with an injection in various kinds of packaging or compel the body to manufacture internally with specially encoded mRNA. And all that may be possible. But what if it is also possible that radically changing the composition of the body's fluid environments, by flooding it with the ingredients found in these covid injections, we can cause a pathogenic metamorphosis to occur in the cells of the body?

There is a large volume of tremendously compelling evidence put forward by both Dr. Stephan Lanka and Dr. Robert Young that you can read for yourself which, among other things, demonstrates conclusively that many of the pathogens we refer to as bacteria and fungi, which do exist (as opposed to viruses, which do not) are actually produced by the body itself. This is not to say they do not also enter from outside the body on occasion, but the idea that certain bacteria are created from other kinds of cells we expect to see in a normal healthy body, and that these cells can BECOME something else when called upon to do so, is an extraordinary discovery. Extraordinary, yes, but should not be all that surprising.

We are already familiar with this type of action in the case of stem cells, which are sort of like blank templates that can evolve into any of the tissues that make up the body. Taken a step further, through a process known as pleomorphism, we can now see that a red blood cell that already has a previously determined function, has the ability to morph into a rod bacterium, and even revert back to a red blood cell again. The reasons for this behavior are widely varied, but the fact that it has been observed to occur by Dr. Stephan Lanka cannot be ignored.

If you take something like a pro-biotic, that is a terrain theory treatment. All of the current research on the micro-biome is terrain theory research, and it answers the question of how a bacteria can be both good and bad.

If we take this behavior into account, the bacteria in an infection are not the cause of the infection. They are there for a beneficial reason, and that's what terrain theory tells us -- that illness is not caused by these organisms, but rather they are a perturbation, or alteration, in the ecosystem of the body. It could be that they are there as a result of a physical trauma or exposure to toxins, even a toxic psychological insult or nutritional deficiency. So, when one or more of these things damages the terrain of our body, microorganisms are then summoned by a process we don't fully understand but are influenced by our immune system and/or circulatory system. These microorganisms then go to a site of injury to perform saprophytic functions, to repair things, and remove the toxins. To accomplish this, they make stuff like mucous to ensnare invading particles. They are responsible for creating inflammation, to increase blood supply that brings nutrients to the area, and to take away waste products. We may be uncomfortable during this process, but this is the rebuilding process, the healing process, and the aspect about how our body summons these species of microorganisms that results in their appearance, is the pleomorphism to which Dr. Lanka and I am alluding.

Basically, there are all kinds of primordial forms of all these microorganisms that go by all sorts of names. Antoine Bechamp called them microzyma. They are also called somatids, and if you look at a live blood sample under a microscope you see all these "things" that look like specks of light. When the body calls upon them, they begin to change shape. They go through different stages and, at some point, they become the things that are needed to go to the site of disease in the body and clean it up, and they can become all the various kinds of bacteria we know about, as well as all the types of fungi we know about.

These microorganisms are essential to our recovery from any kind of illness. You might even think of them as the "stem cells" of micro-

organisms. This fits well with what we understand about how stem cells differentiate. What they become depends on the conditions in which we find them.

It is the opinion of Dr. Young that what he has termed the "corona effect" is such just an example of pleomorphism in action. In other words, what he is telling us is these cells we can see, that appear to have been 'infected' with spike protein, are actually normal cells that have changed because of a massive, wholesale poisoning of the blood, therefore, the new form we are seeing is not an "infection," but rather an *"outfection."*

With regard to Ivermectin, it was Dr. Young that said *"Ivermectin raises the alkalinity of this pathological blood environment."* He goes on to explain that *"covid spike proteins are not an infection but rather a condition that results from a compromised bodily environment created by radiation and chemical poisoning, and the structures being mistakenly identified as viruses are simply the remains of dead cells that die in this toxic environment."*

You see? VIRUSES DO NOT EXIST! We have another way to explain whatever it is virologists are seeing in their cultures, with the added bonus that it also explains what doctors see in the body.

Really, if he is correct, and I believe he is, this is actually good news for people who have been foolish enough to allow themselves to be injected with these poison shots, because it gives us something to address. What we need to do is reverse this pathogenic blood condition and they only way we can do that is by taking the actions we know of that can remove all these toxins, neutralize any active compounds, and kill the parasites that people have polluted their circulatory system with. This is what you have been learning to do by reading my protocols. These steps must be undertaken as soon as possible. The longer you wait, the greater the systemic damage will potentially be and if you do nothing, it will only continue to get worse.

A Word About Sepsis

Remember that the main event here is a toxic exposure. What follows is inflammation. Bacteria then appear to help you, but in doing

whatever it is they do they also release additional toxins of their own, and if this situation ends up being too much too soon the body is overwhelmed and this results in a condition of sepsis. This is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs. This initial stage is followed by suppression of the immune system.

Common signs and symptoms include fever, increased heart rate, increased breathing rate, and confusion. There may also be symptoms related to a specific infection, such as a cough with pneumonia, or painful urination with a kidney infection. Sepsis is rapidly followed by multi-organ system failure. Death is the end result, and the whole process can happen in as little as 5-7 days.

A Word About Dialysis

It has been suggested by some that blood dialysis might help to cleanse the blood of these contaminations and even restore the proper net charge to blood plasma, but after consulting with experts that perform dialysis, they are clear that the extent of blood coagulation present in vaccinated people make the use of the catheters involved impossible, because they would clog immediately. Therefore, the use of dialysis to correct the condition of the blood in covid vaccinated individuals is not possible.

Clarifying the Confusion Surrounding the Use of Terms 'Virus' and 'Exosome'

This book addresses covid vaccine injury as a primary focus but also provides some general information that is relevant to that topic. Thus far I have asserted repeatedly that viruses do not exist. What I have not done yet is provide an opinion as to what I believe they are. I think this is important. I have read a number of educated opinions and theories about this and many of those conflict. Most of the people putting them forward still have some of their feet firmly planted in various aspects of germ theory. Because of this they tend to carry over certain assumptions and the bias that comes with them. There is also a seemingly unavoidable problem with terminology and language. Those with opinions and theories that I feel are closer to what may ultimately be the truth must be able to effectively communicate their ideas. Accurate definitions are needed here. This is a big problem.

What I strongly feel needs to happen is the entire field of study needs to start over. The medical establishment has built a giant house of cards upon a number of assumptions that do not stand up to serious examination. All such assumptions should be rigorously vetted according to sound scientific principles. What has come to be accepted over the years has been almost entirely driven by the pharmaceutical industrial complex in their pursuit of profit. Making money is not the purpose of medicine, the fact that is has been has led us astray.

Based on all my research into all of this it is my conclusion that viruses are exosomes, that the two terms are frequently considered synonyms, and this is incorrect. To properly define these terms, one must be clear about all the capabilities that are either properly or falsely attributed to each. This is the topic I am covering in this chapter. This information was not part of the first edition of this book, which was only a rough draft and never officially published in hard

copy form, so hopefully that will not be a problem for readers of this edition.

The way the term 'virus' is commonly used it refers to a kind of capsule with messages. I like to think of these structures, rather unceremoniously, as a mailbag, and the proper term for this mailbag is 'exosome'. I use the analogy of a mailbag not because it is a perfect description, but because a mailbag is something most people can relate to. Normally, these mailbags/exosomes/viruses just contain junk mail, not explosive devices, so the way the term 'virus' is commonly used, everyone believes them to be something not only reactive, but dangerous, in other words, a pathogen. And there is no medical data that can differentiate a virus from an exosome. Observationally, and in the minds of many experts, they are one and the same. Functionally, the two terms describe structures that are very different.

Virologists are frequently labeling artifacts that result from the preparations they do prior to using various forms of equipment, such as electron microscopy, and calling those artifacts viruses. Other times they use the term "virus" to describe structures that only form as a result of their culturing procedures. Occasionally, they are applying the term to exosomes, a needless distinction and an erroneous one as well. Exosomes are not dangerous in the way they believe, and their presence simply informs us of a process that is going on in the body or culture in which they are observed.

Exosome creation is a natural bodily response. Virologists see these things and mistakenly conclude their presence is unnatural, that they somehow randomly exploited some available means to enter the body from outside the body, and that seeing more than one is evidence of reproduction in the way we understand normal cellular reproduction, which is not only incorrect; it borders on lying. I say that because at the same time, the evidence they provide to prove 'viruses' bud off the detritus in their cultures, they claim, is "proof viruses reproduce, and they must know budding is not the same process as cell division. If they don't know this, it is further evidence that virologists are simply incompetent in the extreme.

The result here in terms of definitions is that everything virologists are looking at and all the assumed processes they believe to be happening when "viruses spread" just corrupt the meaning of cellular reproduction, with the common inference being that viruses reproduce and "spread."

To eliminate the confusion my suggestion would be to just eliminate the source of it by banishing the term 'virus' completely. It is redundant. When an exosome is the structure that virologists are observing, they are giving it this secondary name (virus) and attaching to that name all sorts of evil capabilities and intents that are simply not there.

While we are at it, we should also eliminate the entire field of virology since it refers to a profession of researchers who are examining exosomes.

When a group of cells come into contact with exosomes they did not create they are seen as unrecognized foreign bodies and the cells that encounter them enter a state of alarm, due to a hostile environment within the body. They will then initiate functions to eliminate toxins and broken DNA strands, in an attempt to survive. This secretion is called exosome.

Just as a sidebar, I also think this process is understood by those involved in gain of function research though it may be discussed in terms used by virologists. Adenoviral shells are structures that have been used for years by vaccine manufacturers as empty mailbags, because they are covered with spikes that function like a set of keys, even a master key, and they unlock doors that allow them to deposit material inside cells they come into contact with. Synthetic versions of these structures can now be created, and they can even be engineered to target only specific kinds of cells. So, this means the presence of a synthetic exosome can trigger the production of additional exosomes, and this seems to be the process by which mRNA vaccines get a cell to express whatever proteins they are coded to create.

But normally, all the natural exosomes that are produced, as a response, are not the same as the one causing the alarm in the first place. Therefore, exosomes are a method of communication between cells and a toxin elimination system and nothing more, so if you inject synthetic ones into the body, as is the case with a vaccine product, the only thing that can happen is the body will respond by creating additional exosomes to eliminate the ones it does not recognize. And as a bonus here -- You now know what an antibody is as well.

This exosome production is observed with the same set of misunderstandings and polluted definitional terms that have been used for decades and such production is counted as antibodies. So, these capsules with messages (exosome/virus/antibody) will be observed if cells decide their production as appropriate and necessary, since many times this secretion will kill the cell.

So, what we have going on here is the entire process being observed is totally misunderstood and mistakenly assumed to be an invasion of pathogens that are killing cells that make up bodily tissue and the destruction of tissue infers their presence is destroying the body and represents a contagious infection.

You can never create a vaccine against an exosome. Because it is a trigger of an already latent condition within each cell and that is programmed at the DNA level. In other words, a vaccine does not cause an immune reaction to anything other than the general presence of an unrecognized foreign body.

To block an exosome, you must manufacture a reactive biological substance against its sensors or spikes, neutralizing them. But this cannot be done without harming the rest of the host organism, since the exosome is made from the host itself. In simple explanatory terms so that it is understood -- You cannot block the key receptors for any exosome, which exist on the cell membrane, without also damaging the cell on which they exist.

Exosomes will enter the bloodstream and cause a protective alarm reaction in other cells as long as they have or are in a similar condition to the one that excreted the exosome. That similarity of condition I am

referring to here is the latent ability to secrete the exact same exosome if triggered to do so by that same alarm.

Ultimately these exosomes will be excreted (shed), and if they are in sufficient quantity will go out into the environment outside the individual through respiration and other body fluids. They will float in the air and can potentially end up entering through the mucous membranes of another individual.

IT IS AT THIS POINT, THAT THE PROCESS EITHER CONTINUES OR STOPS

If a second individual has the same latent complications as the sender of the exosome, then it will start an alarm reaction in their body, which is being mistakenly interpreted as the start of a disease. If the recipient individual of an excreted exosome is not compatible, the exosome will have no effect on him.

I realize how precise I am getting with such intricate descriptions of each part of the process, but this is very important to do, because it is from this level of scrutiny that small misunderstandings lead to disastrously magnified and dangerous conclusions, and the myth of "viral contagion" is one example of this.

If your understanding of this process lacks precision you can see how this leads to assumptions like "viruses spread between people who all become ill, but some people, for whatever reason, do not catch it while others do."

This error can snowball from there, creating another questionable field of study which is epidemiology, the practitioners of which simply count occurrences and correlate what is frequently completely irrelevant simultaneous occurrences of almost anything else which then leads to the next mistake, which is to infer a relationship exists.

In some cases, there may be one, but in other cases there is no relationship and epidemiologists never offer proof if they are so bold as to suggest such relationships exist which, by the way, is not and never has been their job.

Just to drive this point home, consider a radiation leak at a nuclear power plant. Nobody will argue the fact that nuclear radiation is deadly today, but we did not always know radiation was dangerous. An epidemiologist might look at such a situation and see cases of radiation sickness in the immediate vicinity of the power plant and amongst those who have physically been there or had contact with people who have been there, and with just that evidence, conclude radiation sickness must be caused by a contagious virus. All they do is count and make statistical models. Epidemiologists are not qualified to do anything else and should not draw any conclusions about any of the models they create.

What tends to happen however, is unsupported assumptions are almost always added later by somebody, and the need for proof they are evidence of an actual causal relationship is overlooked. The sad fact is inappropriate decisions are frequently made as to how to deal with what can appear to be, through the lens of an untrained eye, an outbreak of pathogen, but in every case you examine this essential proof is missing. The lack of it is only glaring if you are very nitpicky with describing exactly what process is going on. If you are not, it appears like germ theory has merit. It does not. This clarification, of the processes assumed by germ theory, proves it is not.

As individuals of the same group have contact with each other, many times, most of them, share the same problems, and the same environment, habitat, etc. This makes them prone to have the same latent health problems and environmental toxicity that causes somatic toxicity (inside their bodies), causing them to be lock-key compatible with the exosomes of other members of their same group. It is here that we get ideas like herd immunity and the like.

But if a person is from another group, they may or may not have exosome reactivity. This happens more often than not. That is to say, because they come from outside, they do not share the same latency, therefore they do not react to shared exosomes in the same way.

Sometimes it happens that an individual from outside arrives with foreign exosomes to an isolated community, and as this community has not had the latent pathology for a long time but it is already

contained within the genetic code of the human being, or any other species. In such cases, it will trigger a violent response to the presence of an exosome of the person coming from outside. As happened with the arrival of the Spaniards in the New World, among other similar scenarios.

So, when we see this happen this means that the problem, disease or medical condition, is already contained within the genetic code of a particular population. Because that is what exosomes contain, partial genetic code competent to the damage or health problem that hosts or damages the cell that has emitted it, because the exosome is already inside the cell, it does not carry anything new, it only causes a cellular reaction according to the genetic DNA code that the exosome contains.

This leads us to the fact that a 'virus' does not mutate, (remember we are banishing the term' virus' in favor of exosome, because we know what exosomes are capable of and what they are not capable of, whereas the term 'virus' refers to a pathogen with all kinds of assumed capabilities)

Exosomes DO NOT create new variants to adapt to an environment

What happens is that each compatible individual will produce its own exosomes as a response to the stimulus of other exosomes that have reached it from other compatible individuals around it, thus creating his/her own variant. That is to say, strictly speaking, there is one exosome variant for each person that has emitted it.

And I am talking about exosomes that carry the same genetic code activator of one or another medical conditions already inherent within individuals. For example, smallpox, the onset of which is always preceded by prolonged exposure to conditions of squalor.

The process described above makes it even more impossible to create a vaccine, since the isolated exosome that causes a pathology varies and mutates with each person it touches. The creation of supposed vaccines against SARS-CoV2 indicates that they are not vaccines at all, but the excuse of a non-existent viral disease is being used to force

an inoculation of the entire human population with other substances in order to perpetuate dark and malevolent agendas.

With this explanation, anyone with a little intelligence, and little or no medical knowledge, should now be able to see that the components evidently within the inoculations "against" SARS-CoV2 simply have nothing to do with the creation of antibodies against viruses/exosomes. Specifically, about the group of "viruses" called SARS, that contain SARS-CoV2, aka covid-19; they are essentially respiratory pulmonary. They are flu exosomes. This means that they have a very high range of variants and of effects and symptoms, and they obey the same pattern of behaviors coinciding with exosomes of chronic stress activation.

Now, lets look at the term "mutation". Because the story here we are being given is "covid is a virus that mutates". Let's not forget anything we have learned thus far and just continue the education:

An exosome does not mutate by itself. It is not something that has an agenda or that changes, like a staphylococcus bacterium would. The 'virus' is just an exosome that is secreted by people's cells when certain conditions occur, and the same exosomes can be excreted into that person's immediate environment. An exosome doesn't mutate, it just is.

But each different person whose cells respond to the stimulus of another person's exosomes will create slightly different exosomes or viruses. Because it comes from another person, not the original one. So, the original exosome has not mutated. It is mutated by each person as they mutate their cells.

It's like making paper airplanes. You make one, I make another, some guy named Fred will make another. It's not that the airplane mutates because you can see differences between them, but rather they are slightly different because they were made by different people. And they all started making paper airplanes because they got the same idea. It is the same with exosomes.

The mutation process observed in bacteria is not the same, this natural proliferation of additional slightly customized additional exosomes are

not a mutation from the point of view of what defines a biological mutation.

A staphylococcus does mutate. It changes its form as a response to the environment in which it lives, resulting in differences or changes (mutations) in its descendants as a method of adaptation to its environment. An exosome lacks this ability, it is only a stimulus that if the conditions are right, will cause another person to make its own specific and particular version of the first exosome alarm stimulus it received in the beginning.

Another analogy that might make sense is a line up of people passing a verbal message down the line. You compose a paragraph and relay the message verbally; the next person repeats it and so on. By the end of the line the message will have been received and repeated so many times with each person paraphrasing a bit that what is finally received by the last person in the line will have changed a bit from its original form but, overall, its likely to be the same general message. The original message has not mutated. It was mutated by the people as the message was passed on. The same thing occurs with exosomes.

An Examination of Concerns Related to "Shedding"

I chose to include a section on shedding for a couple reasons. First, I wanted to dispel any unfounded fear associated with a non-covid vaccinated individual casually mingling with vaccinated people.

Typically, the simplest and easiest to understand and most repeated repeat scenarios for a vaccinated individual to potentially transmit something harmful or undesirable to an unvaccinated individual are the least likely, and I wanted to explain why. Second, I wanted to give you a guided tour of the type of knowledge one needs to acquire to rule out certain possibilities and type of logical reasoning involved in applying that knowledge to a given scenario. Bad information and flawed reasoning are the hallmarks of fear-based propaganda. I felt this was an important topic to address due to an increasing level of speculation surrounding the idea.

I am going to address and examine possibilities that arise out of casual contact, not intimate contact. Any exchange of bodily fluids presents an entirely new set of circumstances. The ability of a vaccinated person to effectively sterilize an unvaccinated person through sexual contact is a definite possibility and I have read papers that document this effect in male baboons who have received the same kind of genetic manipulation using the same techniques and ingredients found in covid vaccines. These experiments show that it was possible for a male baboon to sterilize female baboons after mating with them. The reverse, while possible, is supported to a lesser degree by the same research efforts. There is substantial evidence that this research was conducted for the purpose of slowing the rate of population growth.

UNICEF, the World Health Organization, and the Bill and Melinda Gates Foundation have been accused of secretly sterilizing millions of women in Africa by doctors in Kenya after abortion drugs were discovered in tetanus vaccines. Anti-fertility agents were found in the vaccinations after doctors noticed a sudden boom in infertility rates

and became suspicious. The distribution of UN tetanus vaccines resulted in the sterilization of millions of girls and women. The program, which is funded by Bill Gates, has been accused of conducting a mass depopulation experiment on the people of Kenya without their consent. Also, there was no outbreak of tetanus in Kenya, only the perceived “threat” of tetanus due to local flood conditions. Outbreaks of "covid" are the justification for the widespread distribution of vaccines with similar agents today.

UNICEF began a similar mass vaccination program with 500,000 doses of live oral polio vaccine in the Philippines after a Super Typhoon devastated Tacloban and surrounding areas. This was in spite of the fact there were no reported cases of polio in the Philippines since 1993, and people who have had the live polio vaccine can “shed” the virus into sewage systems, thereby causing the actual disease it is supposed to be preventing. This is a questionable concern with covid vaccines, since covid is a fictitious illness, but the risk of the same types of contamination arising from the ingredients in covid vaccines "leaking" out into the environment may a concern worth looking into.

First, it is important to understand that the term 'shedding' is not an unusual process that is solely ascribed to the recipients of vaccines. Your body sheds things constantly, and this shedding includes all forms of excretory processes. Respiration, perspiration, urination, defecation, and the expelling of phlegm and mucous are all examples of shedding.

As far as the claims some people are making, that they see evidence the vaccinated people are shedding something toxic that poses a threat to the health of unvaccinated people, I have yet to hear about any of those claims being corroborated or adequately explained. It seems, at this time at least, that the actual toxin being passed along has yet to be positively identified, and the mechanisms that are involved, the causal factors, must be transmissible through some medium. Definitive symptoms of this supposedly contagious symptomology are also unspecified and pretty limited insofar as what they might be.

So, without any such explanations or proof, there are a few possibilities we need to seriously consider:

1. It may not be real.
2. It may be coincidence.
3. It may just be disinformation that is being spread to create more fear and distrust between groups that are vaccinated and groups that are not -- fears that allow for the manufacture of justifications for additional segregation.

If there is any pattern to pandemic developments in general, throughout the entire time we have been dealing with this, it has been the creation and proliferation of more and more reasons for uncertainty and fear that generate puerile reasoning that drives us faster and faster towards an unhealthful, self destructive, dictatorial totalitarian society, and we cannot simply allow unfounded fears to take us all the way there.

The bottom line here is claims like this are just another reason to halt vaccinations.

The more I learn as time goes on, I am personally inclined to think this shedding threat is overblown and possibly not happening at all, but some people think if we cannot be absolutely sure if a shedding threat is real, ignoring such possibilities entirely, however unlikely, just adds another risk we are piling on by continuing with vaccinations. I am all about halting the vaccinations regardless, for what is now an obvious plethora of reasons. This one reason, having to do with shedding, just does not concern me as much as it once did, and I will explain why.

I am going to examine this phenomenon as objectively as possible and address a number of potentially toxic things and the possibility that any of them can be passed successfully from a vaccinated person to an unvaccinated person.

Let's start with the fact that there are no viruses in the vaccines. (Technically, live parasites do not count.) All of the manufacturers have even stated, on the record, that none of the covid vaccines being administered have any live viruses in them. Not that any claim they make is at all credible, just obfuscatory. It could be argued that the manner in which their mRNA deliverables operate resembles their

definition of a virus enough to be considered one. We will look at their delivery structures, LNP's, separately. I personally don't believe any statement they make, but if there are no viruses in the vaccines **the vaccinated population cannot be shedding viruses as a result of being vaccinated. And because viruses themselves do not exist; we can put this first fear to bed immediately.**

In thinking this through, we generally assume that Central Dogma of molecular biology is correct. So, what's that?

The 'Central Dogma' is the process by which the instructions in DNA are converted into a functional product. It was first proposed in 1958 by Francis Crick, who discovered of the structure of DNA.

The Central Dogma of molecular biology explains the flow of genetic information, from DNA to RNA, to make a functional product, in this case, a protein. Central Dogma suggests that DNA contains the information needed to make all of our proteins, and that RNA is a messenger that carries this information to a cell's ribosomes. The ribosomes serve as factories in the cell where the information is 'translated' from a code, into the functional product. The process by which the DNA instructions are converted into the functional product is called gene expression.

Gene expression has two key stages -- transcription and translation. In transcription, the information in the DNA of every cell is converted into small, portable RNA messages. During translation, these messages travel from where the DNA is, in the cell nucleus, to the ribosomes where they are 'read' and it is this set of instructions the ribosome uses to make specific proteins.

Central Dogma states that the pattern of information that occurs most frequently in our cells is:

1. From existing DNA to make new DNA. (DNA replication)
2. From DNA to make new RNA. (transcription)
3. From RNA to make new proteins. (translation)

If any of these shedding fears are justifiable, we must identify what can be shed and what possible mechanisms could be responsible.

Before we can talk about mechanisms of action, we must first figure out what toxins might be 'sheddable' and if we are trying to make a list of possible toxins, it is hard to overlook the fact that there are a lot of problems with the basic concept here -- that if you are injected with a stabilized mRNA it will make a spike protein that will force the immune system to counter with a specific antibody, and that the production of that spike protein can go on forever without any significant impact because it will then be possible for the body to neutralize it once the immune system learns how to make the right antibody.

What is a spike protein?
It is a recombinant protein made from an arbitrarily chosen gene sequence which originates from a starving, toxic culture of decaying and dying mammalian cells.

Right away we can see that assumptions that this spike protein is unique to a SARS-CoV2 virus cannot be correct because viruses don't exist, AND because the model virologists created for SARS-CoV2 is nothing more than a computer-generated simulation that shares sequences with the normal human genome.

If the production of a synthetic spike protein is going on for the reasons they say it is, and it does in fact continue forever, which seems to be the case, this is a very troubling circumstance if the spike protein being made has deleterious effects of any sort.

Unfortunately, this is exactly what we are seeing. Everywhere this spike protein is found there is inflammation and tissue damage, and it is being shown to go everywhere. We even know from the cases reported that this spike protein appears to have an affinity for certain organs, reproductive organs especially, hence we see more organ-specific adverse events and more affected tissue in those areas.

So, this is why this a synthetic spike protein is a prime suspect of our investigation of shedding.

Another technical problem vaccine manufacturers had to overcome had to do with the fact that mRNA is so unstable they needed a way to protect it in order to deliver it. Poly-Ethylene Glycol (PEG) encapsulated lipid nanoparticle structures (LNPs) help accomplish this. One technique was to use these PEG encapsulated LNP's as a kind of armor, to protect the mRNA, and to delay its inevitable degradation. The problem with this is that PEG, and therefore these LNP structures, are toxic to the body.

So, if these are the toxic substances being shed, this makes LNP delivery structures additional suspects.

Once we have a potential poison identified, we then need to complete the process of transferring this poison to another person. This is the mechanism of action. We need to prove that a person can shed enough of this poison to cause symptoms in another person and then also prove the symptoms are the result of such exposure. To date, no one has examined this closely enough to provide a definitive answer.

If we suspect the mRNA in a vaccinated individual is the thing being shed, because it would have to be encased in this fancy chemical structure, **PEG, LNP's and mRNA coding for spike protein, all kind of go together in a bundle.**

In that case, the question then becomes:

Is there any way mRNA protected in this way could somehow get airborne and infect a person second hand?

Everything I can find suggests that this is highly unlikely, but there is this:

In "*Molecular Therapeutics, August 2018, 21(8) pages 1570-1578"* there is one instance in which such a structure was injected into a rat and was later found in the rat's urine. Other fluids were not checked, but it follows that if it can be found in one bodily fluid it can be found in another, so there is this one example of how this transfer can potentially happen.

As a sidebar, I also personally find it suspicious that a lot of money was spent trying to install various types of monitoring technology in the wastewater systems of university dormitories, allegedly placed there to look for covid viruses. Since there are none, this cannot be what they were there for. So why bother? Is there something else such systems were really designed to detect that we are not aware of?

Since the pandemic pit of lies appears to be bottomless, I suppose its possible someone could have been doing this to try and find out if any vaccine material was getting into the water supply via wastewater. If true, given all the many deceptions I have seen thus far, my guess is the preference would be <u>not</u> to eliminate it and falsely report they did.

From what I can see, that's just how this sort of thing typically goes. If those creating and installing detection systems looking for covid in wastewater were a real project it would never find covid viruses anyway, but a claim that they did would be a suitable excuse for imposing more covid related restrictions on whoever created that waste. I saw this story as a way to single out an exploitable population of college students and maintain a tyrannical grip on a large segment of the population taking part in educational programs. This might be yet another example of misdirection, in which any money spent on such water treatment measures accomplished another desirable objective and the funding for the program just ending up being a convenient way to compensate a co-conspirator.

Despite the fact that the presence of a bundled mRNA structure like this, has been seen in some rats urine, I think it is safe to say that **we can rule out transmissible PEG encapsulated LNPs,** since the vaccinated people cited in these accounts are clearly not urinating on the unvaxxed people around them. I think it is also safe to assume that the unvaxxed people claiming to be victims are not ingesting the urine of vaxxed people.

Another mRNA stabilization method that was tested in covid vaccine research was to shield unstable mRNA with an adenoviral shell. Johnson & Johnson, who makes the Janssen vax, claim that they use an adenoviral vector to deliver the spike protein.

So, this gives us a new suspect – spike protein-filled adenoviral shells.

Johnson and Johnson claim their Janssen vaccine product does not contain mRNA. If it actually did, that would mean they somehow take the genome out of the center of this adenovirus and then inject into it, somehow, the sequence for the mRNA from the fictional SARS-CoV2 virus. So, because the SARS-CoV2 virus does not exist, this is obviously not happening, and **we can rule out adenoviral shells filled with mRNA.**

Another suspect is the unprotected spike protein all by itself.

But one problem with this suspect is that there is plenty of evidence that lone proteins cannot be passed from one organism to another. As an example, many snake venoms are enzymes or types of proteins, and you will not be affected by them if a snake sprays venom out into the air. You cannot be affected simply by accidentally inhaling some tiny amount of that either. For harmful proteins like this to become active they need to be injected, and this is due to their complex shapes and all the necessary requirements that must be present to allow them to become active in a body.

This fact pretty much eliminates the possibility that a vaccinated person's exhaled breath is a carrier of anything toxic that might be passed on to another person.

There may be an example someplace where this is not true, but it is unlikely that the concentration would be high enough, or that the enzymes or proteins involved would survive outside of a supportive environment like the snake or a person's body. This is the main reason why it was such a challenge to come up with these lipid nano-particle structures, to stabilize and protect such elements, so they can be administered in something like a vaccine.

Antibodies are made of proteins, and they are generally not passed from one organism to another with the possible exception of mother to child, through breast milk. We definitely see a lot of clear evidence that vaccinated women can seriously injure, even kill, their newborn

babies if they breastfeed them, so that is a huge clue, but does not explain how two women, one vaxxed, one not, that don't even touch each other, passing in a hall, or sitting in the waiting room of an obstetrician together (where many of these reports came from) can pass a toxin like this between them. Since they are clearly not breastfeeding each other, every other possible mode of transference is either inadequate or problematic.

The fact there are no viruses does not mean there are no spike proteins.

Spike proteins are real because we can see them, and they can be coded for by RNA and RNA can be coded for by DNA, but it does not always work like that. Some RNA do have the sequences, in both humans and microbes, for making spike protein, so it is not a thing that is somehow unique to corona viruses. (Notice that again we have this idea of imaginary viruses just creeping into every explanation in some way. This is why unraveling this con can be so difficult to do at times.)

The gain-of-function research we hear so much about allegedly did seek to find proteins that were toxic to many different tissues, and that is, supposedly, how they developed this particular synthetic spike protein for use in covid vaccines. The prototype for this sequence came from a human, not an animal, and it was toxic. They claimed it was part of a virus, but because viruses are not real, we know it could not have come from one. While the original sequence may have been taken from a human and rearranged a bit to make it more toxic, it is my guess that it was independently synthesized specifically AS a toxin, that they then figured out how to stabilize and deliver, but they must be delivered using some kind of specialized technique, like an injectable vaccine.

So, at this point, I suppose the spike protein, all by itself, may still be a potential suspect, because a viable mode of transmission and a survivable medium which completes a mechanism of action is still missing, I am going to conclude, based on this evidence, that **we can rule out the possibility that synthetic spike proteins are the thing being passed from a vaccinated person to an unvaccinated person.**

Could vaccinated people be shedding dangerous prions?

Some doctors have expressed this as a concern and believe the cells that die after infection with this dangerous spike protein release prions as they break down.

Prions are understood to be mis-folded proteins. A protein is a three-dimensional object. They are like a string of pearls that is balled up in some fashion. Change the way it is balled up and you have a prion. Prions are believed to be associated with viruses, but because viruses do not exist, it then is necessary to look at prions with the same level of skepticism we have when we discuss the existence of viruses.

In the body, we see that when tissues become toxic and die they secrete substances that cause dead material to break down into all kinds of decompositional parts. (In virology experiments, some of those parts are mistakenly said to be viruses.) This is followed by other processes that break those parts down further, leaving behind even more decompositional parts that become smaller and smaller and some of those are recycled. It is at this point that it has been suggested by these doctors that some of these tiny bits are prions.

So, in the same manner that virologists mistake various sequences of decomposed organic material that is leftover in one of their cultures to be viruses, it could be that a similar error is made when these doctors look at a leftover residue of proteins in the dying tissues of an organism at the end of several decompositional processes and cycles and decide that some of that material looks to them like a prion. We just don't really know, because doctors tend to believe virologists and virologists never examine actual people. They work exclusively with lab grown cultures. This questionable role of prions was probably only offered up because the doctors and virologists rarely cross paths professionally or directly question each other. Not many people realize this.

With regard to the risk of prion shedding being possible, it is hard to say how probable this is.

One would need to look a lot more closely at anywhere prions are credited with disease. One such example is Mad Cow disease, which is purportedly caused by prions. The concern was that humans eating this diseased meat would become infected with dangerous prions, and it was the stated reason so many herds of livestock were destroyed some years ago in the UK. It not that the cows were not sick, they may have been, but the reasoning that prions were responsible was based on evidence that was a bit flimsy.

In humans, the presence of errant prions is believed to be the cause of Creutzfeldt-Jacob disease (CJD), which is a terminal mental illness that results in spongiform encephalitis. This is basically where the brain becomes like moldy bread, and CJD is not reversible. People that contract CJD experience increasing levels of dementia and die about 18 months after, supposedly, due to exposure to these prions. What we can be clear about is prions are not parts of viruses, or created by viruses, because viruses do not exist.

Whatever these prions are, if they exist, or are identified at some point, they are certainly NOT produced by viruses in the body, nor are they viral parts (because viruses do not exist) but rather they are simply breakdown products that result when cell cultures are grown and destroyed in the process of doing virology work. If they are seen in the body, they are the result of the breakdown processes that go on there.

While everyone seems to agree that vaccinated people have an infestation of spiky cells, one other reality that is difficult to ignore is that any foreign protein (which includes prions), that is present in circulation is immediately identified by that person's immune system as an enemy. Once the immune system recognizes it as such, it has a lifespan of like a nano-second, so it is unlikely we will ever see one in a live body. A prion would be so inherently unstable in a healthy body that it is highly unlikely it would survive long enough to do any damage at all. If the immune system is compromised however, that level of certainty might be severely diminished.

I am going with this opinion: If you believe in virology you tend to believe in prions. Since I am very clear on the fact that there is

nothing scientific about virology, **I feel compelled to lump the existence of prions in with the existence of viruses and for this reason I am ruling them out as a suspect.**

So, after all that, what are we left with?

I suppose just stand-alone spike proteins, but as the snake venom example clearly shows us, the mode of transmission appears to be the weak point in this idea. It's not in anyone's exhaled breath, so its not airborne. It may be in urine, but people are not sharing urine. We haven't discussed perspiration, but not everyone reporting that they became sick after being around vaccinated people also claim they had physical contact with them. Dr. Andrew Kaufman's opinion is that if people did secrete this spike protein it would not remain stable enough at room temperature to pass between people.

If I were to extend this examination of spike proteins to include studies that discuss the infection of human sweat glands with spike proteins, and others that have been done in the lab, both in culture dishes and test subjects like mice and zebrafish, and further break down those into papers, which divide this spike protein into smaller parts, like the S1 subunit, and the S1 sub fragment, which is essentially just the binding domain, and the S2 subunit, this section would become very lengthy indeed. I actually have looked at all those things in my own hunt for an explanation, finding only that while exposure to the S1 subunit can cause considerable damage, it is exposure to the entire spike protein structure that causes the worst outcomes.

Even so, at the end of all that discussion we would find ourselves in essentially the same place. Because the whole structure is not stable at room temperature, and that leaves us without a complete mechanism of action to transmit it.

The only thing that gives me some pause and prevents me from a definitive conclusion that shedding risks are entirely inconsequential is the fact that Pfizer did include references to the potential for what they called "secondary exposure" in their published initial human trial data. In typical Pfizer fashion however, there was no mention of any substance another unvaccinated person might be secondarily exposed

to. Because of this one questionable statement I suspect people will continue to debate this as a potential danger, at least until we figure out exactly what sort of exposure Pfizer was concerned with. Right now, that is clear as mud.

2-Hydroxyl-B-Cylodextrin

There are a few particularly egregious toxins in some of these covid injection formulations that would cause health problems if anyone came in contact with them. One such ingredient, listed as an excipient in the Janssen product, is 2-Hydroxyl-B-Cylodextrin. This chemical is supplied by Abmole Bioscience in Texas and just like SM-102 in the Moderna vaccines, its safety sheet is clearly labeled: FOR RESEARCH USE ONLY AND NOT FOR HUMAN OR VETERINARY USE. In fact, the list of precautions for safe handling is quite extreme stating, among other things, that there is an extreme risk of aerosol formation and that contaminated individuals are not to be given mouth to mouth resuscitation, that skin contact is to be avoided, and that all exposed clothing is to be destroyed and exposed surfaces decontaminated by scrubbing with alcohol.

Still, the question remains as to the amount of this substance that would have to be available to shed in any way, and the manner in which such an amount could potentially be transferred. It is just my opinion, but I just don't see the possibility of vaccinated people excreting enough of this to injure anyone else, since they would probably be dead if they were, and I am not aware of any morticians voicing shedding related concerns.

There is one other possibility here that few people are talking about. Out of everything I have considered thus far I guarantee that this one is about as far out as such theories get. And for this to be true, I admit that even I have a bit of difficulty entertaining the notion that this technology can be so advanced. It is the possibility that vaccinated people are giving off some kind of electromagnetic radiation that is capable of altering the bodily fluids of unvaccinated people to such a degree that it triggers the pleomorphic response I mentioned earlier causing cells in the body of an unvaccinated person to exhibit these spikes on the surface of the cell membranes.

Dr. Robert Young agrees with me that there is no shedding contagion, but rather the claims people are making are the result of vaccinated people which are receiving and transmitting not spike proteins, but electromagnetic frequencies (EMF). He says that the spike proteins are a symptom of radiation poisoning, and that the "corona-effect", that familiar image of a cell covered with spiked appendages, results from radiation exposure. The scary part is he is in fact correct about excessive absorption of high frequency EMF creating this effect. I just doubt a person's body, any person's body, could produce the dangerously high emissions required.

Unsurprisingly, he says virology labs don't create viruses, that what they have been creating are chemical poisons that absorb EMF, and that the vaxxed are human cell towers. There does seem to be a growing body of evidence for this, but I don't feel it is accurate to describe humans as cell towers exactly, since what they are doing is not as powerful. What they do appear to be capable of is acting more like a repeater node in a kind of biological mesh network. This is the concept in which people infused with heavy metal particulate matter having a variety of chemical properties like electrical conductivity and paramagnetism and that are reactive with EMF, develop accumulations of this material in their body.

As a result of this accumulation, when exposed to EMF signals, they essentially become 'things' in the internet of things, capable of extending the reach of an EMF signal by bouncing that signal from person to person. Graphene Oxide is just such a material, and there is no question any longer that it is an ingredient found in substantial quantities in every brand of covid vaccine. Unfortunately, for the purposes of this book, this is where the investigation must end. Where it will eventually go is likely to fill the pages of another book and I am actively looking into all possibilities. At the present time, I feel that my understanding of the advanced chemistry involved is just too rudimentary to speculate any further at this time.

For right now, it is my opinion that there is just not enough solid evidence to warrant an undue fear of being in the casual presence of vaccinated individuals.

I hope you have enjoyed exploring these pathological shedding claims with me. I also hope this example of how I critically think about and pick apart scary sounding claims I hear will help you make your own decisions about the credibility of similar claims you hear in the future. Life is not without risk, but not all risks are real or credible. Regardless of what concerns the rest of the "herd" has, fear should never be your first, or only, reaction.

The Relationship Between SM-102, Chloroform and Phosgene Gas

Any attempt to devise a set of effective treatment protocols for covid vaccine injuries involves first identifying any potential causes for injury and then following up with countermeasures for those causes. Understanding what kind of injury a person may have suffered means considering what exposures they may have had. If you have been given an injection of Moderna's covid product you have been exposed to two ingredients that have not been found in the other brands. These two things are Chloroform and a very dangerous chemical called SM-102 and these two dangerous additives are disclosed in Moderna's covid vaccine product literature.

SM-102 is manufactured by the Cayman Chemical Company in Ann Arbor Michigan, whose Material Data Safety Filing with OSHA clearly establishes the nature of the ingredient as toxic to human and animal health, carcinogenic, and sterility-inducing. Other effects include damage to skin, eyes, heart, and brain. This safety sheet lists SM-102 as an acute toxin that is FATAL IN CONTACT WITH SKIN! Notable instructions to physicians include the most important symptoms and effects, both acute and delayed:

"SM-102 may cause anemia, cough, central nervous system depression, drowsiness, headache, heart damage, lassitude (weakness, exhaustion), liver damage, narcosis, reproductive effects, and teratogenic effects which are abnormalities of physical development."

Further information on SM-102 reveals that it is being used in the Moderna vaccine ostensibly for a very specific purpose, outlined in the basic product description which states: *"SM-102 is an ionizable amino lipid that has been used in combination with other lipids in the formation of lipid nanoparticles."* As I have stated previously, lipid nanoparticle envelopes are being used in all the mRNA type covid vaccines to protect and stabilize mRNA for transport into cells, as

described by multiple biotech firms including Pfizer, BioNTech and Moderna. The use of SM-102 dissolved in chloroform, however, is unique to Moderna's product.

Are we to assume the warning "*Not for human, diagnostic, veterinary, or therapeutic use*" on the SM-102 product sheet simply escaped their notice? I doubt it. I would go so far as to postulate that the use of any toxic substances and the effects they might have would be of little concern if the true purpose of this product was to cull and sterilize the population. Is the inclusion of these chemicals evidence of that intent? I will leave that for you to decide.

This combination of SM-102 and chloroform that is most concerning because that as that mixture breaks down the chemical process that takes place releases phosgene gas, a poisonous gas which would cause pulmonary edema and the exact sensation of choking which is currently being attributed to covid. Furthermore, the official ingredients list provided in the biologic application, submitted by Moderna to the FDA for emergency use authorization of their covid "vaccine" lists SM-102 as the third most-prevalent ingredient in their formulation.

Chloroform has been outlawed for use by consumers for decades, and the reason for that has to do with how long it stays in a human body and what it does to the human body while it's inside. The Half-Life of Chloroform is 180 days. **That means that it takes half a YEAR for only HALF of the total amount of any chloroform exposure to be exited out of the body.** The danger with this combination of chloroform and SM-102 occurs when, during this breakdown process it comes into contact with oxygen. When this happens that process releases phosgene gas.

Phosgene is a highly toxic substance that exists as a gas at room temperature. Owing to its poor water solubility, one of the hallmarks of phosgene toxicity is an unpredictable asymptomatic latent phase before the development of non-cardiogenic pulmonary edema, a condition in which the lungs fill with fluid, and the patient can't breathe. Many doctors are calling this effect "long-haul covid."

Looking at a chest radiograph of a patient who has developed phosgene induced adult respiratory distress syndrome, one sees bilateral infiltrates having the appearance of ground glass, characteristics reminiscent of the very first reports coming out of Wuhan, of the very first covid patients.

Phosgene gas is fatal to humans in concentrations as low as seven parts per million (7ppm).

Recipients of Moderna's covid vaccine product are getting an arm full of SM-102 dissolved in chloroform which, as it circulates through their bodies, will inevitably break down into phosgene gas. Depending upon the unique biochemistry of each person, some of them, possibly many, MIGHT reach a fatal threshold of phosgene gas in their system, and die from it, within 180 days after the second "jab." Doctors treating these people will be generally unwilling to attribute receipt of a Moderna covid vaccine six months prior as a probable reason for the sudden onset of such severe respiratory distress and even less likely to consider testing for phosgene gas toxicity.

It is this "arms length" we keep seeing that is repeatedly the basis for denying these covid injections have anything to do with the long list of adverse events, including death, that clearly follows them. Is this plausible deniability enough to excuse what would otherwise be considered mass murder? You decide.

Health Effects

- Phosgene is an irritant to the skin, eyes, and respiratory tract. There may be minimal irritation immediately after exposure, but delayed damage may be severe.

- Common initial symptoms include mild irritation of the eyes and throat, with some coughing, choking, feelings of tightness in the chest, nausea and occasional vomiting, headache, and watery eyes.

- Phosgene poisoning may cause respiratory and cardiovascular failure, which results from low plasma volume, increased hemoglobin concentration, low blood pressure, and an accumulation of fluid in the lungs. Secondary systemic damage is the result of anoxia, which is a complete loss of oxygen (as opposed to hypoxia, which is an oxygen deficiency).

Acute Exposure

Phosgene directly reacts with amine, sulfhydryl, and alcohol groups in cells, thereby adversely affecting cell macromolecules and cell metabolism. Direct toxicity to the cells leads to an increase in capillary permeability, (capillary leak syndrome?) resulting in large shifts of body fluid and decreasing plasma volume.

In addition, when phosgene hydrolyzes, it forms hydrochloric acid, which can also damage surface cells and cause cell death in the alveoli and bronchioles. Hydrochloric acid released into the mucosa triggers a systemic inflammatory response. Phosgene stimulates the synthesis of lipoxygenase-derived leukotrienes, which attract neutrophils and causes their massive accumulation in the lungs. This contributes to the development of pulmonary edema. Following phosgene exposure, a patient may be free of symptoms for 30 minutes to 48 hours before respiratory damage becomes evident; the more severe the exposure, the shorter the latency. If the initial concentration of phosgene was high, rapid onset of direct cytotoxicity and enzymatic poisoning may ensue.

As far as a detoxification strategy for phosgene gas, sadly I do not have much to offer. There is no antidote for phosgene. Treatment consists of support of respiratory and cardiovascular functions while a patient is experiencing respiratory distress. But armed with this information, at least you will be better able to identify this one unusual cause of the problem.

Hospital System Dangers

Trust me when I tell you almost any doctor a vaccine injured patient goes to for care, who is part of a hospital system, **WILL KILL THEM** with their ineptitude! You need to get far away from doctors that follow the covid treatment protocols forced on them by the large institutional care centers they work for.

Anyone finding themselves in these facilities with serious covid vaccine injuries, who either check themselves in or wind up there as a result of a health emergency, are in mortal danger. If they do not immediately take charge of their own healthcare, they will die. Understanding the danger hospitals present in this phony pandemic crisis is especially critical for those in a position to advocate for incapacitated loved ones who wind up under their care. If the situation is such that it cannot be avoided, there are preparations you must make BEFORE you are admitted.

I strongly advise anyone with concerns that emergency hospitalization for either themselves or elderly/frail friends and family members may be a possibility to do this due diligence well in advance. These procedures are outlined in the appendix.

For anyone already hospitalized, you must not allow a hospital to follow whatever "approved" covid protocols they have in place. Every system-wide procedure they adhere to and every rule they insist you follow are not just generally inappropriate. They are the WORST possible procedures and rules anyone could possibly dream up, and such measures thwart and subvert even the most basic common-sense actions that were standard operating procedure just two years ago in any preventative, restorative, and even palliative heath care treatment plan.

If you have been lucky thus far, it is most important is that you make some attempt to deprogram your relatives and friends. **NO MORE SHOTS!**

I would even avoid annual flu shots, since there are no safe or effective vaccines, and vaccine manufactures will eventually incorporate all the dangerous contents of their covid shots into other vaccine formulations. They will be coming out with these new vaccines in the form of nasal sprays as well. One such product is already available. Covid hysteria is a death cult, and if they get additional boosters of one of these poisons, out of an irrational fear of a simple cold or flu, no amount of therapy of any kind will save them.

As I have stated previously, conservative estimates have been put forward by credible physicians that the first shot of any two-shot series will impair immune function by at least 15 percent, the second by an additional 35 percent. Depending on where you reside, covid vaccine booster shots may not have been available for very long.

At the time of this writing there are people who have just received their SECOND booster. There is not as much publicly accessible pharmacovigilance data on them as there is for the one and two shot therapies, which have been in use since December of 2020. What we do know about all the upcoming boosters, and there are EIGHT that have been planned, is their potency is going to be much greater than previous covid injections. The amount of stable active ingredient has been announced to be 100ng/µl, whereas the previous shots being administered to ages 17 and older contained either 10 or 30ng/µl.

This means the potential severity of any adverse reactions following a booster shot is three times greater! Trust me, the damage can be so severe after just one or two that you don't want a third.

In countries such as Israel, which leads the world in covid vaccine carnage, the charts and graphs I have seen are frightening. Of course, these deaths are being reported to be attributable to covid outbreaks, as the covid vaccine related injuries. There is no covid. It is a fictitious disease. These are reports of covid vaccine injury and death.

Official reports of death in the Israeli population coincide exactly with the rollout of each additional covid vaccine and the spikes in all cause mortality being seen with each additional booster shot are literally off the scale. Now that you know what these reports are really describing, every time you hear a new one, that is a glimpse into the future for covid vaccine recipients. As goes Israel, so goes the world.

I know this kind of information can be scary, particularly for those who have taken a shot or two, but do not let such news cause you any emotional stress. Stress like this depresses immune function as much as anything, possibly even more than the shots themselves. You must stay positive. Remember, some of these batches are duds to various degrees and there is a 30-35 percent chance the covid injection you received was a placebo. Because of inconsistent manufacturing and handling there is no way to know what amount of viable anything is in any of these injections by the time they are administered. About the only thing we can be certain of is a very unhealthy dose of toxic heavy metal nano particulates.

For anyone that survives beyond 22 days, the chances are decent they got something less than a terminal exposure thus far. **DO NOT gamble further.** There are no benefits at all here. All covid vaccines are a witch's brew of slow acting poisons that can cause death in any number of ways that can appear to be somewhat natural, and doctors, for the most part, will only prescribe treatments for the vaccine injured that will hasten their patient's death.

First, the powers that should not be mandated vaccinations for every front- line healthcare worker that they possibly could before anyone else. Because many died, this policy reduced the number of physicians that are available now, when they are most needed. Any that questioned that reasoning, gave reasonable objections, or outright refused -- were either fired, called before applicable medical review boards, and/or relieved of any medical licenses they possessed. Many simply walked away from their jobs and in some cases their professions in utter disgust.

Then, to replenish medical staff, politicians and policy makers relaxed, and in some cases even removed any significant barriers to entry, or re-entry, into various positions in healthcare -- like the tests they must pass, the levels of experience workers are required to have, they even minimized the qualifications necessary for being in a healthcare position at all. In some states, retired doctors could return to work without recertifying. In others, healthcare workers were replaced with members of the national guard, or else anyone willing to work and get paid average or above average wages for replacement positions.

When those that remained tried to administer more sensible treatments, the use of any promising therapeutic medicine or protocol doctors gave covid patients instantly became forbidden. By contrast, any toxic and ineffectual experimental drug, like Redemsivir and extreme ICU measures like sedation, intubation and ventilation immediately became part of an "approved" set of strategies. Any deviation from this list of "approved" drugs, treatments or procedures, even the wording chosen for verbal and written communications, was immediately followed by a slew of non-negotiable penalties enforced by insurance carriers, the providers of payment processing platforms, and administrative medical review boards.

In the space of time of just 18 months, the US healthcare system had been reduced to empty buildings devoid of talent and expertise. Hospitals are now minimally staffed with gangs of marginally qualified, even dangerously incompetent, mask-wearing needle brigades that will only let you in if you are vaccinated and have one foot in the grave! Once you pass the threshold of these facilities, arrangements are made for someone to accompany you all the way to the morgue. When you are signed in, if you are classified as a covid patient, something that almost always occurs if you mention covid vaccines, these are literally the "terms and conditions" you are agreeing to. This situation has gotten so bad we now hear horror stories coming out of these places where, on a daily basis, people go in alive and leave in body bag, and they just cannot wait to put you in one.

One mother recently brought her unvaccinated teenage daughter into the Odessa Medical Center in Texas with acute breathing problems. Hospital staff refused her access to the building unless she wore a pointless mask that only aggravated her issues. Then, on top of that, in order for some covid cult orderly to "safely" wheel her through the halls to whatever floor and room in which a treatment could be given, they insisted on encasing her entire upper torso in **A PLASTIC EQUIPMENT BAG,** to (get this) "protect others" in the hospital, **THAT WERE ALSO VACCINATED**.

This, they insisted, was necessary to protect such people from any possibility this poor woman's suffering child might start a plague by coughing up a "covid-cootie." Can you imagine? A young woman is brought into this "hospital" emergency department, with potentially life-threatening BREATHING difficulties, and the first move by "healthcare" staff was to place a giant plastic bag over her head. The bag they produced for this purpose even had a printed warning label on it which clearly stated it was an equipment cover that should **NEVER** be placed over your head, and as you can see in the next image.

THEY EVEN POSITIONED THAT WARNING OVER HER FACE!

What's next? A smoking section for lung transplant recipients?

Covid is not an illness with its own specific symtomology. It is a meaningless descriptor of a ubiquitous syndrome that is, in reality, vaccine injury. These absurd covid protocols and associated costly experimental medications like Redemsivir will only end lives. If patients admitted for care were real estate properties, the staff in these facilities would be house flippers. They are window-licking riders of a short yellow school bus. They are robotic wait staff, up-selling the menu choices while turning hospital beds as if they were restaurant tables. Doctors have become undertakers! **Your chances of going to a hospital, that admits you as a covid case, and coming out alive are very small.**

An additionally upsetting problem I see getting worse is happening with VARES data entry. This tends to show up in hospital data administration and is directly related to with the dangerous practice of mixing covid injection product brands. All of the sudden this is considered safe to do, despite the dire warnings which were initially made by all covid vaccine manufactures against it. Such precautions have been in effect since their products were first introduced. I believe this change is an attempt to salt existing vaccine adverse event report data with the intent of obfuscating case patterns that would otherwise

be noticed in which a particular brand of covid vaccine racks up a higher percentage of one or more serious injuries.

Even if VAERS reports were being faithfully submitted in every case, (they are not), the decision to allow such mixing and matching now is ruining all attempts to form diagnostic conclusions about the level of danger associated with of one brand over another.

Submitting an official report of vaccine injury to VAERS involves rigid electronic entry forms that are full of menu driven, defined data fields that offer no capability to enter an instance in which multiple brands were either intentionally or accidentally administered. This is because such information is only possible to record in a comment box provided at the end of a VAERS case entry procedure. It is a single field, provided as a catch-all area titled "additional case information."

Allowing covid brands to be mixed and matched exploits this poor database design by deliberately contaminating the brand data on vaccine adverse event reports. This makes such injury associations by brand un-sortable without extraordinary effort in the only publicly accessible pharmacovigilance system available. A system implemented with the specific purpose of providing sortable data that can reveal harm caused by vaccine products and assign that blame to a specific product and manufacturer.

I could provide a near endless list of compelling reasons to support my belief that these are deliberate tactics in a larger game. I am not going to do that however, because but I did not set out to pen a critical assessment of VAERS or Big Pharma's wartime maneuvers. I only mention it in passing because this critical data repository is becoming more and more un-analyzable, and this situation will only become worse over time, forcing us all to rely upon an absurd list of hospital approved treatment protocols with no useable way of evaluating their effectiveness beyond recording an alarming rise in morbidity, attributable only to covid.

I realize I am being a bit long winded here, but I feel it is important to point out a specific example like this, because it is helpful in seeing how a such a seemingly small thing, like a mandatory data field in an

outdated software reporting tool like VAERS, can hide intentional medical malfeasance.

The direct result of poor data collection is higher casualties, and the very reason one might demand any alternative treatment protocol is being systematically destroyed to eliminate any conclusive data that can be used to validate its effectiveness. Soon this will mean that the effectiveness of this or any other set of alternative recommendations will become impossible to substantiate from a serious medical research perspective. Granted, it doesn't help invalidate the protocols currently being forced on patients either, but it does help to ensure that the insistence upon a providing an ineffectual treatment will persist.

Closing Remarks

I hope this information will help you for now.

Going forward, you must become much more educated than you are now, and keep your attention focused on any new information that is useful. This takes effort. You must be willing to put in some time on this. It is an ongoing task for everyone who wants to survive this tragic mistake, and there is no shortcut to this knowledge. The information in my online blog posts, (**www.estateartistry.com/blog**), is the fastest way to get you up to speed and I work hard to keep it updated with important news and recent discoveries made by myself and others. Use it while you can, and as we move ahead, if you want to share any personal findings or ask me questions about anything, you can send me email correspondence and comment on my articles via the tools provided on my blog page. I am here for you, as much as I can be.

Also, please know that a complete understanding of everything that is going on with these deadly injections and exactly how best to help the victims that are now suffering as a result of the most horrific atrocity ever inflicted upon the entire human race, is just not a realistic expectation to have. We can only know what we can figure out, because the perpetrators of this massive criminal assault on humanity are keeping their trade secrets close to their vests. With every single day that passes I discover even more about this evil project, and just when I think I have seen the worst thing yet, each day reliably serves up another shock to my senses. I expect tomorrow will be no different.

Were I to wait until I had all the answers before publishing this manuscript, an effort that that took me over 18 months of exhaustive research to compile, you would all be long dead before I could help even a single person. It was due to that pressure that I even released early drafts of this current edition before they were properly edited and proofread and sent them out for free to thousands of people around the world who emailed me with requests.

The pain and anguish out there is palpable, and I have heard from so many of you now – People with dead wives, dead children, the occasional frantic appeal for help – the sadness I feel some days as I read your emails can be overwhelming. Even so, I remain very determined to fix whatever I can. You can count on me to keep digging for clues and answers. You can be assured that for as long as I am able, I will keep adding new information and continuously updating this work, until I finally put together enough pieces to solve this deadly puzzle. It is a daunting task, but I am not alone in doing it. I, and people like me, are responding to a higher calling. We talk to each other regularly. We all suffer under the same crushing burden, tasked with trying to literally save the world.

It is my sincere hope that whatever I have been able to provide in this book makes a difference your life, and the lives of those you love. Whoever they may be, I feel confident that none of those people ever did anything bad enough to deserve what was done to them.

May God judge those responsible for this – before we do.

Be Well.

-John

Afterword

Big Pharma's Greatest Enemies

I consider the people named below to be titans in the medical community. This book would not have been possible had it not been for their contributions to medical science – real medical science.

Unfortunately, these are also individuals who have been relentlessly harassed by Big Pharma and its many accomplices, as you will discover. Attempts to discredit them for exposing the foibles and folly of modern allopathic medicine have been many and will likely continue. Attacks on their reputations, and even their freedom, do at times succeed. In the case of Charles Richet, his work has been all but forgotten.

I would like readers to know that I am aware of all of the various attacks on their reputation and work, and I unabashedly present them here for your consideration. I hope that what you have learned from this book presents enough evidence to make a compelling case against Big Pharma and reveal its true motivation to be that of a medical crime syndicate, but in the end, it is up to each individual to be the best judge as to what they choose to believe.

Dr. Robert Young

Robert Young is an American naturopathic practitioner, research scientist, biochemist, clinical nutritionist and author of 52 books on alternative medicine. His most popular works are the "pH Miracle" series of books, which outline his beliefs about holistic healing and an "alkalarian" lifestyle.

I consider Dr Young to be both brilliant and capable, and those talents have been on display for the last two years. He has made significant contributions in the fight against medical tyranny and exposed the

truth about covid vaccines, and his findings have been confirmed by many others since. Unfortunately, you will not find much on any of that were you to search for information about him. What you will find is page after page of the same charges over and over again. Over the course of his career, he has had to endure some very unfair abuse for his contrarian views, even from people he was trying to help.

In 1995, Young allegedly drew blood from two women, told them they were ill, and then sold them herbal products to treat their illnesses. He was charged with two third-degree felony counts of practicing medicine without a license but pled guilty to a reduced misdemeanor charge. Young argued that he had never claimed to be a medical doctor, that the women had entrapped him by asking to be part of his research, and that he "looked at the women's blood and simply gave them some nutritional advice."

In 2001, Young was again charged with a felony in Utah, after a cancer patient alleged that Young told her to stop chemotherapy and substitute one of his products to treat her cancer. Subsequently, when an undercover agent visited Young, she alleged that Young analyzed her blood and prescribed a liquid diet. The case was taken to preliminary trial, but charges were dropped after the prosecutor stated that he could not find enough people who felt cheated by Young. Young dismissed the arrests as "harassment" and stated that he moved to California because the legal climate there was more tolerant. On May 12, 2011, Quackwatch published a critical analysis of Young's qualifications and practices.

In 2014 Young was arrested in San Diego and received 18 felony charges relating to practicing medicine without a license and theft. According to statements made the Medical Board of California, chronically ill patients were paying Young up to $50,000 for his treatments. His trial started in Vista Superior Court in November 2015. In February 2016, jurors found Young guilty of two counts of practicing medicine without a license.

By January 2017, he was facing a three-year jail sentence and was also to be retried on six charges of fraud after a jury deadlocked eight to four. To avoid a retrial, Young pleaded guilty to two more counts of

practicing medicine without a license. The 44-month sentence in the plea agreement included a declaration by Young that he has no degrees from any accredited schools, and that he is not "a microbiologist, hematologist, medical doctor, naturopathic doctor, or trained scientist." Young was sentenced at the end of June 2017.

In November 2018 he was ordered to pay $105 million to a cancer patient who had sued him for claiming to be a doctor and advising her to forgo traditional medical treatment.

Dr. John Franklin Enders

Dr. Enders was educated at the Noah Webster School in Hartford, Connecticut and St. Paul's School in Concord, New Hampshire. In 1915, he went to Yale University, but left his studies in 1917 to become a pilot in the U.S. Air Force with the rank of Ensign. After the First World War he returned to Yale and in 1919, the degree of B.A. (honoris causa) and the standard degree in 1920.

Enders entered Harvard University. For four years he studied English literature and Germanic and Celtic languages with the idea of becoming a teacher of English, but he was not satisfied with this career either. He had been interested in biology for a long time and this interest was reawakened by his friendships with medical students at Harvard. As a result, he became a candidate for a Ph.D. degree in bacteriology and immunology.

His decision was influenced by the late Professor Hans Zinsser, who was then Head of the Department of Bacteriology and Immunology at Harvard, and Dr. H. K. Ward, who later became Professor of Bacteriology at the University of Sidney, Australia.

In 1930, Enders received a Ph.D. from Harvard for a thesis that presented evidence that bacterial anaphylaxis and hypersensitivity of the tuberculin type are distinct phenomena. From 1930 until 1946, Enders remained at Harvard as a member of the teaching staff. During that period, he studied the elucidation of certain factors related to bacterial virulence and the resistance of the host organism.

Enders is best known for his 1954 paper, considered the definitive proof for the discovery of a measles “virus.” This evidence was presented as the “isolation” of measles and served as the basis for which the measles vaccine was developed. It also laid the groundwork for the use of cell culture experiments as a way to cultivate “viruses,” as well as the resulting claims that the indirect evidence known as cytopathogenic effects (CPE) can act as a surrogate measure for “viruses” being present in the toxic cell culture soup. Reading the paper and Ender’s conclusions, however, tells a completely different story than the isolation of a “virus.”

Enders observed cytopathogenic effects after 7 days of culture and determined that these changes presented a characteristic appearance not associated definitely with a “virus,” and thus assumed it was evidence of measles being present in the cell culture. This is the seminal measles work and it does not offer any proof of the existence of a measles “virus.” It presumes (i.e., to suppose to be true without proof) a “virus.” Everything built upon this fraudulent paper is therefore fraudulent as well, which is the very nature of “virology” and “science” today.

In short, Enders disproved his own theory, and by later running the standard isolation procedures, still used in virology today, in which a culture is poisoned and starved to produce "viral" entities, with a proper control culture in which no such toxins were added, he observed the exact same results. This experiment was the final refutation of virology as a science.

This experiment was repeated by Dr. Stephan Lanka in 2020. The present-day medical journals Dr. Lanka submitted his findings to all refused to publish the results.

Dr. Stephan Lanka

Dr. Stephan Lanka is a Ph.D. German molecular biologist, author and former virologist. Since the early 1990s he has been at the forefront of those speaking out about the pseudoscientific methods used to prove the existence of so-called viruses and challenging the medical theory

stating that viruses are the cause of infectious diseases. He has also worked closely with Dr. Young in this effort.

Up to this day, there is still no scientific evidence that vaccines are effective against so-called "viruses." The reason this claim has no solid scientific basis is that there is no scientific proof that any of these biological agents, what they call "viruses," cause disease in the first place.

In 2001, Stephan Lanka and his colleague, Karl Krafeld, wrote a book entitled "Impfen – Völkermord im dritten Jahrtausend?" (Vaccination – Genocide in the Third Millennium?) in which they claim that this is the case.

As one of the validations for this claim, in 2017, Germany's Federal Court of Justice (the equivalent of the U.S. Supreme Court) issued its final decision agreeing that there wasn't enough evidence to support that the "measles virus" exists. During the court trial, Dr. Lanka even offered to pay 100,000 Euros to someone who could prove the opposite.

Here is a short chronology of the event:

"On March 12, 2015, the District Court Ravensburg in southern Germany ruled that the criteria of the challenge Dr. Lanka advertised had been fulfilled, ordering Dr. Lanka to pay up. Dr. Lanka appealed the ruling. On February 16, 2016, the Higher Regional Court of Stuttgart (OLG) re-evaluated the first ruling, judging that Dr. Bardens did not meet the criteria since he failed to provide proof of the existence of the measles virus presented in one publication, as requested by Dr. Lanka in his challenge. Therefore, Dr. Lanka did not have to pay the prize money. On January 16, 2017, the First Civil Senate of the German Federal Court of Justice (BGH) confirmed the ruling of the OLG Stuttgart." Justice was fair in this instance.

Dr. Thomas Cowan, M.D.

Dr. Cowan has studied and written about many subjects in medicine including nutrition, anthroposophical medicine and herbal medicine.

He is the author of *Human Heart, Cosmic Heart*, the principal author of *The Fourfold Path to Healing*, and co-author (with Sally Fallon) of *The Nourishing Traditions Book of Baby and Child Care.* Dr. Cowan has served as vice president of the Physicians Association for Anthroposophic Medicine and is a founding board member of the Weston A. Price Foundation®.

Cowen also writes the "Ask the Doctor" column in *Wise Traditions in Food, Farming, and the Healing Arts*, the Weston A. Price Foundation's quarterly magazine, and has lectured throughout the United States and Canada. In 2016, he and his family launched Dr. Cowan's Garden, a company that makes and sells organic vegetable powders to help people diversify their vegetable consumption. He has three grown children and lives and practices medicine in San Francisco.

Dr. Cowan has been one of the leading voices speaking out against the mainstream medical narrative and coordinated agenda of masking, social distancing and forced vaccinations. His messages of health freedom and personal autonomy have resonated with millions of people around the world. Dr. Cowan challenges conventional medicine to explore health and wellness in holistic terms, seeking to provide a collaborative forum for the exchange of knowledge, products and practices that enable us to forge a new world, governed by truth.

Thomas Cowan surrendered his medical license in protest of medical establishment corruption in December 2020, after 37 years in medical practice.

Michael Yeadon PhD

Dr. Yeadon received his first degree in biochemistry in toxicology, and his research-based Ph.D. in respiratory pharmacology. Yeadon received his Ph.D. under Ian Kitchen at the University of Surrey in Guildford, UK. A former Pfizer VP and Virologist, Dr. Yeadon is one of the most credentialed medical professionals speaking out about the dangers of Covid-19 vaccines. He served as the chief scientist and vice-president of Pfizer's allergy and respiratory research unit in Sandwich, Kent, where he oversaw the development of drugs for

asthma and chronic obstructive pulmonary disease (COPD). During his work at Pfizer, Yeadon was responsible for the selection of targets and the progression of new molecules into human trials.

Dr. Carrie L. Madej

Dr. Carrie L. Madej is a Doctor of Osteopathic Medicine (D.O.). Dr. Madej's areas of focus are General Internal Medicine and Complementary and Integrative Medicine. Originally from Detroit, Michigan, Dr. Madej received her medical degree from Kansas City University of Medicine and Biosciences, College of Osteopathic Medicine, in 2001, and completed her internship and residency in Georgia where she now resides. She has been in practice for 20 years. Dr. Madej is also the owner and Medical Director of the Phoenix Medical Group of Georgia, LLC.

Charles Richet

Charles Robert Richet was a French physiologist who was awarded the Nobel Prize for Physiology or Medicine in 1913 for his research work on the serious life-threatening allergic reaction anaphylaxis. Richet was also a noted pathologist, bacteriologist, and medical statistician.

His other research works include examining the physiology of respiration and digestion, regulation of body heat, epilepsy, and work on parapsychology. Richet helped elucidate issues such as asthma, hay fever and many other allergic reactions caused by exposure to foreign substances and analyzed and clarified cases related to toxicity and unexpected deaths not comprehensible earlier.

Richet was a member of the *Académie des Sciences* and served as President of the Society for Psychical Research in the UK. He became honorary president, and later full-time president, of the *Institut Métapsychique International* in Paris. He was also an enthusiast of art and literature and achieved acclamation as a distinguished playwright, novelist and poet, and had great interest in hypnosis and extrasensory perception.

He remained editor of the scientific journal, *Revue Scientifique* for more than two decades, and co-editor of *Journal de Physiologie et de Pathologie Générale*. He was conferred with the Cross of the Legion of Honour in 1926.

Richet's work on anaphylaxis was the subject of my first book, "*Covid-19 Vaccines and Induced Anaphylaxis*," a 2021 international best-seller before being banned the same year by KDP Publishing, a division of Amazon, on the basis of "covid misinformation."

Dr Sherri Tenpenny

Dr. Sherri Tenpenny is an osteopathic medical doctor, board certified in neuromusculoskeletal medicine. She also has a proficiency certification in Integrative Medicine. Widely regarded as the most knowledgeable and outspoken physician on the adverse impact that vaccines can have on health, Dr. Tenpenny has been a guest on hundreds of radio and national television programs (including the Dr. Oz Show, DayStar TV, and the Today Show Australia).

She has lectured at Cleveland State University and Case Western Reserve Medical School, and has been a speaker at conventions, both nationally and internationally, as a recognized expert on a wide range of topics within the field of Integrative Medicine, including breast health, breast thermography, women's hormones, medical uses of iodine, and the adverse effects of vaccines on health.

Dr. Tenpenny is the author of several books, including the best seller, *Saying No to Vaccines* (Published in 2000, it is currently out of print). She is a contributing author of several other books including *Textbook of Food and Nutrients in Disease Management*. Her articles have been published in more than 15 languages around the world.

Dr. Tenpenny was board certified in Emergency medicine and worked as a full-time Emergency Medicine physician and Director of a Level II Trauma center from 1986 to 1998. She is the founder of the Tenpenny Integrative Medical Center, a medical clinic located near Cleveland, Ohio. Opened in 1996, her company provides a natural, holistic approach to getting well and off prescription medications.

Her approaches have attracted patients from all 50 states and at least 17 countries.

Dr. Tenpenny has invested more than 20 years, and far more than 40,000 hours, researching, documenting, and exposing the problems associated with vaccines. As an internationally known speaker and author, and frequent guest on radio and television, she shares her knowledge and educates parents on why they should just say no to vaccines. Currently, Dr. Tenpenny, attends to patients two days per week at the Tenpenny Integrative Medical Center, where patients from nearly all 50 states and 17 countries have gotten well using a combination of conventional and holistic therapies.

Dr. Andy Kaufman, M.D.

Dr. Andy Kaufman, M.D. is a natural healing consultant, inventor, public speaker, forensic psychiatrist, and expert witness. He completed his psychiatric training at Duke University Medical Center after graduating from the Medical University of South Carolina and has a B.S. from M.I.T. in Molecular Biology. Dr. Kaufman has conducted and published original research and lectured, supervised, and mentored medical students, residents, and fellows in all psychiatric specialties. He has been qualified as an expert witness in local, State, and federal courts. He has held leadership positions in academic medicine and professional organizations. He also ran a start-up company to develop a medical device he invented and patented.

Dr. Judy A. Mikovits

Dr. Mikovits earned a BA in Chemistry with a specialization in biology from the University of Virginia in 1980, and a PhD in biochemistry and molecular biology from George Washington University in 1992. Upon graduation from the University of Virginia, she went directly to the National Cancer Institute in Frederick, Maryland where she developed purification methods for Interferon alpha. It was this Interferon which was used in the first immune therapy treatment for hairy cell leukemia in 1986.

From 1986 to 1987, prior to enrolling in graduate school, Dr. Mikovits joined Upjohn Pharmaceuticals in Kalamazoo, Michigan where she developed production methods to ensure that biological materials manufactured with human blood products were free of contamination from HIV-1. Her Ph.D. thesis defense entitled "Negative Regulation of HIV Expression in Monocytes changed the paradigm for therapeutic treatment of HIV. For this work, she was named Graduate Student of the Year in 1991. In her 35- year quest to understand and develop therapies for chronic diseases, Dr. Mikovits has co-authored seminal papers that culminated more than a decade of research in each of four fields: immunology, natural products chemistry, epigenetics, and HIV/AIDs drug development.

In 2006, Dr. Mikovits became attracted to the plight of families with neuroimmune diseases including ME/CFS and Autism, and was primarily responsible for demonstrating the relationship between environmentally acquired immune dysfunction, chronic inflammation, and these diseases. Her pioneering work over a 20-year career at the National Cancer Institute includes the discovery of the modulation of DNA Methylation machinery by human retroviral infection, and development of the concept of inflammatory cytokines and chemokine signatures of infection and disease, which was first published in 1999. At that time, Dr. Mikovits directed the Laboratory of Antiviral Drug Mechanisms in the development of therapeutics and diagnostics for HIV/AIDS and AIDS-associated malignancies – therapies that are still the standard of care 25 years later and credited with saving millions from death as a result of HIV/AIDS.

In 2001, she moved back to industry where she directed the Cancer Biology program of EpiGenX Pharmaceuticals. The company focused on the development of multiplex diagnostic epigenetic and proteomics expression technologies for the prediction of Immune Related Adverse Events to chemotherapy in susceptible populations. In 2006, she co-founded and developed the first neuroimmune research institute dedicated to understanding the pathophysiology of Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome and related illnesses.

In five short years, she won more than six million dollars of NIH/DoD competitive funding in grants and contracts for this program. In 2009,

Drs. Ruscetti and Mikovits' labs isolated, for the first time, a new family of human retroviruses then identified as XMRV. In 2011, it was learned that XMRV was a contaminant of the Silverman lab and the "XMRVs" isolated were a new human exogenous and transmissible retrovirus family, that are strongly associated with neuroimmune disease and cancer. This new family of pathogenic human retroviruses is now called HGRV.

Dr. Mikovits has co-authored more than 50 peer-reviewed publications and book chapters, as well as the book "Plague."

Dr. Lee Merritt

Known as "The Medical Rebel," Dr. Merritt began her medical career at the age of four, carrying her father's "black bag" on house calls along the back roads of Iowa. In 1980, she graduated from the University of Rochester School of Medicine and Dentistry in New York, where she was elected to life membership in the Alpha Omega Alpha Honor Medical Society.

Dr. Merritt completed an Orthopaedic Surgery Residency in the United States Navy and served nine years as a Navy physician and surgeon before returning to Rochester, where she was the only woman to be appointed a Louis A. Goldstein Fellow of Spinal Surgery.

Dr. Merritt has been in the private practice of Orthopedic and Spinal Surgery since 1995. She served on the Board of the Arizona Medical Association and is past president of the Association of American Physicians and Surgeons.

She has had a long interest in wellness and fitness and has been Fellowship Certified by the American Academy of Anti-Aging Medicine. At age 63 she won a female bodybuilding championship in Physique class – with a lot of help from her friends and the patience of her family.

As a lifelong advocate of free market, patient-centered medicine, Dr. Merritt had the opportunity to appear on the John Stossel show to speak against ObamaCare. More recently she has appeared on

numerous radio programs discussing Covid-19, the futility of mask mandates, and other lies and omissions from the medical "technocrats." Her recent speech at Doctors for Disaster Preparedness on "Sars-CoV2 and the Rise of Medical Technocracy" has been widely viewed on YouTube and forwarded on by Dr. Mercola – one of her medical heroes.

Dr. Merritt is married and the proud mother of two sons, one of whom carries on the four-generation medical tradition as a general surgeon, and the other has a "real job" as an Electrical Engineer. In her spare time, Dr. Merritt raises chickens, tends gardens, and enjoys a rural Midwest lifestyle.

Dimethyl Sulfoxide (DMSO)

DMSO, or Dimethyl Sulfoxide, is a chemical solvent that is sometimes used to help reduce inflammation and pain. A colorless, transparent fluid, it can be taken orally, used topically, or injected intravenously. It is known as an incredibly versatile therapy and thousands of studies have shown its health-promoting properties, including addressing chronic pain.

DMSO can also help with a number of different issues and conditions, such as inflammatory diseases, joint pain, gastrointestinal disorders, headaches and migraines, fibromyalgia, shingles, psoriasis, tendonitis, arthritis, interstitial cystitis, autoimmune disorders, muscle spasms and cramps, and more. It has been approved by the FDA for interstitial cystitis.

DMSO is similar to aspirin in that it blocks the production of certain prostaglandins by controlling the on-off switch in cells that regulate pain and inflammation, among other things. That is likely the reason why aspirin stops mild inflammation and pain. However, DMSO goes a step farther than aspirin in that it not only blocks the prostaglandins that can induce pain and inflammation but also stops or slows down conduction of pain fibers when it is administered topically. And unlike aspirin and other popular painkillers, DMSO is not considered toxic to the stomach or gut where aspirin can cause peptic ulcers or gastrointestinal tract irritation at therapeutic doses.

Amandha Vollmer is a best-selling author and expert on DMSO. In her book "*Healing with DMSO: The Complete Guide to Safe and Natural Treatments for Managing Pain, Inflammation, and Other Chronic Ailments with Dimethyl Sulfoxide,*" Amandha explains how to properly utilize DMSO to treat a variety of common ailments.

According to its author, *"Healing with DMSO"* is a science-backed guide that will help you understand how DMSO works, why it works,

and the many ways you can harness its power to heal your aches, pains, and other ailments, all in an easy-to-read and friendly way. She writes, "DMSO (Dimethyl Sulfoxide) is a natural substance that comes from wood, and, when applied topically, can offer a host of pain-relieving benefits. *Healing with DMSO* will dispel the myths and falsehoods surrounding this substance while presenting the latest research-backed facts on how you can reap DMSO's many benefits."

It is recommended that DMSO be used in consultation with your physician. It comes in many forms – liquid, cream, and roll-on. Be sure to obtain only DMSO that is 99.995 percent pure and packaged in glass bottles with appropriate sealing caps. This is important, since DMSO is prone to absorbing chemicals of all sorts.

Initially, and for a variety of reasons including a potential for self harm, I made the decision to exclude a discussion of DMSO treatments that had potential for those suffering from covid vaccine injury.

Paradoxically, although I use it myself frequently and am convinced of its effectiveness, I did not feel I had enough experience, or gained enough knowledge about proper DMSO administration techniques, to safely incorporate DMSO into my vaccine injury protocols and recommend its use to others.

I felt such an urgency to release this book that I did so prematurely in October of 2021, because covid vaccines were causing autoimmune disease to become widespread, and the regular flu season was fast approaching. It is for this reason that there are multiple early drafts circulating in electronic form that are dated prior to March of 2022. There simply was not enough time available to become the expert on DMSO I felt I needed to be to speak authoritatively on its use.

As my research continued, the book evolved. I discovered how much potential DMSO had for sufferers of Myocarditis, a very common and dangerous covid vaccine adverse event. The incidence rate of myocarditis has skyrocketed since covid inoculations began, and we have seen cases of stroke increase 68,000 PERCENT! With a five-year, 50 percent mortality rate, myocardial infarction is a serious risk for vaccinated people.

I had made several attempts to reach Amandha Vollmer for her advice during this time but was unsuccessful until just before this manuscript reached its final form and was ready for publishing.

Finally on March 12, 2022 – mere days before the second edition was completed – I was able to arrange a personal consultation with Amandha and over the course of an hour she provided some very specific instructions for how to utilize DMSO for general remediation of vaccine injury symptoms and increase speed of recovery. I am thrilled to share her recommendations with you now.

The first thing you should know is that DMSO use does frequently result in some common side effects that many have described as unpleasant. However they are mild and they affect different people to varying degrees. These mostly consist of skin irritation, potentially rash, a garlic taste in the mouth, body odor that can be strong in some people and halitosis.

DMSO is a vasodilator, so it increases circulation, which in turn speeds healing. It has the ability to work as a multi-purpose chelator for a wide variety of toxins. It just seems to know how to grab the "right" waste and remove it while increasing blood flow to accelerate the process. The DMSO side effects people find unpleasant are actually good signs it is working. They are all evidence that toxic waste is being effectively eliminated through various means like perspiration, saliva, exhaled breath, etc.

DMSO has a pain-relieving ability commensurate with morphine, and it can be absorbed directly through the skin making simple topical use remarkably effective. When used topically on inflamed areas, pain relief is noticeable in as little as fifteen minutes, and healing of small wounds occurs as much as 75 percent faster. That is a remarkable effect, and Amanda tells me if DMSO is used in combination with fermented cod liver oil, healing can occur that completely bypasses the normal inflammatory response mechanisms you would expect to be triggered by common injuries.

DMSO can also be taken orally, and even intravenously, although IV use requires proper medical supervision. You should never attempt an

IV therapy without it, because there is a risk of necrosis, even with a standard conservative DMSO dosage of one gram per kilogram of body weight in a ten percent dilution. Definitely do not use IV DMSO if you suffer from any kind of kidney disease or have kidney damage you suspect was the direct result of a covid vaccination.

Also, recall the specific information I provided in previous chapters about the Johnson & Johnson brand covid vaccine (Janssen), which is that it contains EDTA additives, and how EDTA removes calcium. Be aware that DMSO also lowers calcium levels. This is not a good therapy for anyone with a calcium deficiency. That must be corrected first.

If you have chronic kidney or liver issues, or vaccine damage to your liver or kidneys, DMSO is not for you. These organs may not be able to handle the up-regulation if they are compromised. This includes kidney or liver damage that has been caused by taking dangerous drugs like Remdesivir. If you have been given Remdesivir, DMSO would be extremely dangerous for you. What we are trying to avoid is the unintentional recirculation of waste, and this can occur if your body is not, or cannot, effectively expel everything the DMSO is absorbing through normal bodily processes.

It is a good idea to supplement DMSO use with a bit of liquid magnesium. This item is not on my shopping list, but Amandha sells this product on her website. Another way to supplement magnesium is by soaking in an Epsom salt bath. Just buy a bag of Epsom salt and dump a heaping handful into your bath water. If you have the time, take two Epsom salt baths a day.

You can also place the Epsom salt in a warm, wet wash cloth and apply that to any area and you will absorb it. Keeping magnesium at optimum levels is necessary to maintain good liver function, and since we are giving your liver a lot to do with DMSO therapies, we want it functioning at top end.

Other things to consider with DMSO therapies involve interactions with other medications. DMSO can change the way certain drugs are delivered into your body, so it is important to consult a knowledgeable

pharmacist about a conflict with any regular medications you are taking to insure there are no contraindications that would affect how they work.

It may seem like there are a lot of reasons to avoid DMSO, but if you are healthy otherwise and have none of the preexisting conditions I have mentioned, DMSO can be very beneficial. I have read that all of the typical damage people suffer from stroke can be avoided if a proper DMSO therapy is administered as soon as it occurs. With all the myocarditis we have been seeing since covid inoculations began, that statement really stuck with me. Just think of how many permanent disabilities people could avoid it the benefits of DMSO were more widely known.

Unfortunately, like most effective medicines, Big Pharma would much rather sell you a less effective one, and the FDA has been all to willing to assist them by classifying DMSO as a chemical solvent. As Amanda explains in her book, "*Despite its history with the FDA, pharmaceutical grade DMSO is certainly not underused, its applications are just limited."* DMSO is extremely safe for just about everyone. With respect to covid vaccine injury, its use only carries significant risk for a very specific subset of people with serious liver and kidney problems.

Now that we have all the preliminary information about DMSO out of the way, here are two DMSO therapies that Amanda Vollmer recommends for vaccine-injured individuals. One is topical, the other is oral.

For topical use, DMSO needs to be pharmaceutical grade, 99.995 percent pure and mixed in a 50 to 70 percent dilution. You simply measure out the quantities and add clean distilled water until you reach the desired dilution level. As always, you will want to use glass tincture bottles, avoiding all kinds of plastic containers. You don't want any chemicals in plastic containers to leech into your mixed DMSO solution. Take a tablespoon-sized amount and just rub it on affected areas or as close to affected organs as you can. Once daily is enough. Application of topical DMSO to the torso is very effective. For gastrointestinal problems you apply it to your tummy area.

Topical application of DMSO to the feet also provides an excellent way to get it into your system fast, since there are far more blood vessels ending there.

For oral use, DMSO needs to be pharmaceutical grade, 99.995 percent pure. The same 50 to 70 percent dilution can be used, but for oral administration you will want to measure out a teaspoon-sized amount, a little less than the topical amount, and mix it into at least five ounces of juice or other liquid. You can do this up to twice a day if you are treating a major health issue.

Having used oral DMSO regularly myself, I strongly advise adding that teaspoon to the strongest flavored juice you can find. DMSO tastes just terrible, so bad in fact that I had a hard time putting it down and I had to pop a bite sized muffin into my mouth immediately after to kill the flavor of it, and quash a strong urge to vomit. This was also before I really learned how to take it properly, so your experience may differ. Because I seemed to be completely immune to any of the common side effects, I was using it practically at full strength to see how that went, and that was a mistake. I found it to work quite well and had no complaints other than having to ingest it, but I only share that anecdotally. Please don't do that.

What I learned from reading Amandha's work on DMSO is that many people make the same mistake when they first discover it and are new to all the dosing methods and dilution percentages. Because they get a good result with just a little, they automatically think more is better. It's not. Proper dosing is very important, and you can actually get better results by using the right dilution for a condition and using the correct amount of it.

You should also give your body a bit of rest from time to time. If you take DMSO continuously for two to three weeks, take a couple or three days off before beginning the routine again. DMSO is broken down and cleared from the body naturally is 24 hours, so taking breaks like this helps to ensure that, during these periods, you are completely clear of both DMSO and all the waste it sweeps up.

Rather than reproduce all of Amandha's published advice here, (there are more than 100 pages of it), if you plan to incorporate DMSO into your recovery I strongly encourage you to pick up a copy of *Healing with DMSO* and read it. It contains proper dilution and dosage combinations for all kinds of specific problems and includes far more detail than I provide here. Think of this as your introduction to a miracle substance. You will only receive that miracle if you know what you are doing and use it properly.

Biographical Information: Amandha Vollmer

Amandha Dawn Vollmer holds a degree of Doctor of Naturopathic Medicine from the Canadian College of Naturopathic Medicine in Toronto and a Bachelor of Science in Agricultural Biotechnology from the University of Lethbridge. She is a DMSO (dimethyl sulfoxide) leading expert. She is also producing over a dozen successful DMSO product blends and has received hundreds of testimonials from happy customers.

Selecting Nutritional Products

Biofield Expert is my trusted source for all the required high-quality vitamins in my recommendations. I have been working directly with Jayme Westrom, CEO of Biofield Expert for several months to ensure this would be an affordable one-stop shop for every non-prescription item on the shopping list and to assemble some special monthly supply packages with each of my recommended supplements, since you may need to follow this regimen for at least 3 months.

I did not originally set out to partner with a nutraceutical supplier, but Jayme had read an early draft of this work and made contact with me. Over the course of several meetings, I became increasingly impressed with her level of expertise, her understanding of what makes a supplement product desirable and what to avoid. I even learned some things from her which worked their way into this advice.

She then made some special efforts, at my request and on your behalf, to find the best suppliers for certain items that would enable her to specifically serve the needs of people suffering from covid vaccine injury who choose to follow my recovery plan. Jayme's knowledge and dedication to this effort, her business ethics, even her personal views were all in line with my own, so this was a natural fit with what I was trying to accomplish.

I highly recommend and endorse her products.

The following link will take you to a page dedicated to my covid vaccine injury protocols:
https://biofieldexpert.com/collections/countermeasures

You can either purchase products individually or in the kits she assembles. There is also a subscription re-order option you can select as you checkout. Recurring subscriptions are discounted five percent. If you choose this option you will be sent a E-mail reminder several days prior to charging your account for a new supply to allow you to

cancel if you wish. You may cancel anytime. Jayme has given me her assurance that she will provide the very best support and customer service to my readers.

You may, of course, purchase these supplements elsewhere, but this is one source in which I have personally vetted the quality of the products for you. You will also be supporting a business whose owner supports your rights and freedoms as I do. Biofield Expert is a company that shares our common values, and cares about real science, and promotes real health.

Biofield Expert, LLC

Our mission at Biofield Expert is to provide our clients the highest quality nutraceuticals and bioenergetic products available. Premier Research Labs is known as the industry leader in cellular resonant nutrition and we love this excipient free line of live source nutrition. Over the past few years we have developed some of our own products and hand picked some additional products that meet our purity standards. We strive to provide exceptional customer service and will always take the time to listen and serve you to the best of our abilities. Phone consultations are available free of charge. We also work with clients locally in Sarasota. In office visits are tailored to meet the individual needs of each client. A typical session includes Quantum Reflex Analysis and Zyto Scanning to help pinpoint the root cause of imbalance in the body, coupled with a customized supplement protocol. Additionally, food sensitivity testing, Dental Emotional Release Technique™, and EMF/5G protection with Vastu are available. Learn more at BiofieldExpert.com.

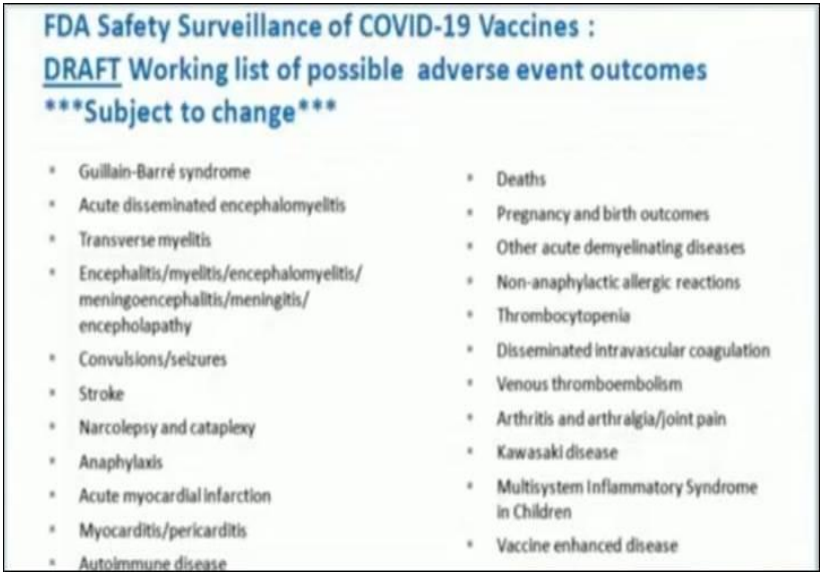
Rev. Jayme Westrom, M. Ed, RMT, RYT - Wellness Educator, QRA Practitioner

CEO of Biofield Expert, LLC, Jayme earned a master's degree in education from Goucher College. She is a certified Quantum Reflex Analysis practitioner through Premier Research Labs, Sanctified Healer, Reiki Master Teacher and Registered Yoga Teacher. Jayme is also the developer of the Biofield Resonator™, the Financial Alignment Technique™, Dental Emotional Release Technique™, and

BioArmor™ and SpiritArmor™ Bioenergetic Supplements. She is passionate about empowering others through biofield education and helping her clients discover shortcuts to healing. Her specialties include Quantum Reflex Analysis, Custom Supplement Protocols, Quantum K, Frequency Healing, Zyto Biofeedback, Restoring Electrical Interference from Physical Trauma, Personal and Whole Home EMF/5G Protection and Vastu, and Food Sensitivity Testing.

Side Effects or Additional Direct Effects?

The initial list of potential "side effects" provided by Pfizer as part of their application for emergency use authorization is as follows:



A serious enough list, to be sure. I doubt anyone would want to endure any of the maladies cited for even a day. Thousands of victims continue to endure them.

A group of scientists and medical researchers sued the FDA under FOIA to force release of hundreds of thousands of documents related to licensing of the Pfizer-BioNTech Covid-19 vaccine.

In response to a Freedom of Information Act request, the Food and Drug Administration asked a federal judge for permission to make the public wait until the year 2096 to disclose all of the data it relied upon to license Pfizer's Covid-19 vaccine. That is not a typo. The FDA wanted court approval to have up to 75 years to publicly disclose this information.

After much stonewalling by Pfizer, courts have at last prevailed, and Pfizer has finally begun to release some very revealing documents.

When you see what they contain, it is easy to see why Pfizer asked a judge to allow them to keep all their covid vaccine safety data secret for the next 75 years.

By February of 2021, Pfizer had already received more than 1,200 reports of death allegedly caused by the vaccine and tens of thousands of reported adverse events, including 23 cases of spontaneous abortions out of 270 pregnancies and more than 2,000 reports of cardiac disorders.

Below is the REAL list of potential adverse reactions to Pfizer's "vaccine."

In a list of almost 1,300 adverse events the very first one listed is **1p36 Deletion Syndrome** which alters DNA.

5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) received through 28-FEB-2021
https://sunfellow.com/wp-content/uploads/2022/03/5.3.6-postmarketing-experience.pdf
AUTHOR: Worldwide Safety Pfizer
STAMPED: 090177e196ea1800\Approved\Approved On: 30-Apr-2021 09:26 (GMT)
REF: FDA-CBER-2021-5683-0000054

APPENDIX 1: LIST OF ADVERSE EVENTS OF SPECIAL INTEREST

1p36 deletion syndrome; 2-Hydroxyglutaric aciduria; 5'nucleotidase increased; Acoustic neuritis; Acquired C1 inhibitor deficiency; Acquired epidermolysis bullosa; Acquired epileptic aphasia; Acute cutaneous lupus erythematosus; Acute disseminated encephalomyelitis; Acute encephalitis with refractory, repetitive partial seizures; Acute febrile neutrophilic dermatosis; Acute flaccid myelitis; Acute haemorrhagic leukoencephalitis; Acute haemorrhagic oedema of infancy; Acute kidney injury; Acute macular outer retinopathy; Acute motor axonal neuropathy; Acute motor-sensory axonal neuropathy; Acute myocardial infarction; Acute respiratory distress syndrome; Acute respiratory failure; Addison's disease; Administration site thrombosis; Administration site vasculitis; Adrenal thrombosis; Adverse event following immunization; Ageusia; Agranulocytosis; Air embolism; Alanine aminotransferase abnormal; Alanine aminotransferase increased; Alcoholic seizure; Allergic bronchopulmonary mycosis; Allergic oedema;

Alloimmune hepatitis; Alopecia areata; Alpers disease; Alveolar proteinosis; Ammonia abnormal; Ammonia increased; Amniotic cavity infection; Amygdalohippocampectomy; Amyloid arthropathy; Amyloidosis; Amyloidosis senile; Anaphylactic reaction; Anaphylactic shock; Anaphylactic transfusion reaction; Anaphylactoid reaction; Anaphylactoid shock; Anaphylactoid syndrome of pregnancy; Angioedema; Angiopathic neuropathy; Ankylosing spondylitis; Anosmia; Antiacetylcholine receptor antibody positive; Anti-actin antibody positive; Anti-aquaporin-4 antibody positive; Anti-basal ganglia antibody positive; Anti-cyclic citrullinated peptide antibody positive; Anti-epithelial antibody positive; Anti-erythrocyte antibody positive; Anti-exosome complex antibody positive; AntiGAD antibody negative; Anti-GAD antibody positive; Anti-ganglioside antibody positive; Antigliadin antibody positive; Anti-glomerular basement membrane antibody positive; Anti-glomerular basement membrane disease; Anti-glycyl-tRNA synthetase antibody positive; Anti-HLA antibody test positive; Anti-IA2 antibody positive; Anti-insulin antibody increased; Anti-insulin antibody positive; Anti-insulin receptor antibody increased; Antiinsulin receptor antibody positive; Anti-interferon antibody negative; Anti-interferon antibody positive; Anti-islet cell antibody positive; Antimitochondrial antibody positive; Anti-muscle specific kinase antibody positive; Anti-myelin-associated glycoprotein antibodies positive; Anti-myelin-associated glycoprotein associated polyneuropathy; Antimyocardial antibody positive; Anti-neuronal antibody positive; Antineutrophil cytoplasmic antibody increased; Antineutrophil cytoplasmic antibody positive; Anti-neutrophil cytoplasmic antibody positive vasculitis; Anti-NMDA antibody positive; Antinuclear antibody increased; Antinuclear antibody positive; Antiphospholipid antibodies positive; Antiphospholipid syndrome; Anti-platelet antibody positive; Anti-prothrombin antibody positive; Antiribosomal P antibody positive; Anti-RNA polymerase III antibody positive; Anti-saccharomyces cerevisiae antibody test positive; Anti-sperm antibody positive; Anti-SRP antibody positive; Antisynthetase syndrome; Anti-thyroid antibody positive; Anti-transglutaminase antibody increased; Anti-VGCC antibody positive; AntiVGKC antibody positive; Anti-vimentin antibody positive; Antiviral prophylaxis; Antiviral treatment; Anti-zinc transporter 8 antibody positive; Aortic embolus; Aortic thrombosis; Aortitis; Aplasia pure red cell; Aplastic anaemia; Application site thrombosis; Application site vasculitis; Arrhythmia; Arterial bypass occlusion; Arterial bypass thrombosis; Arterial thrombosis; Arteriovenous fistula thrombosis; Arteriovenous graft site stenosis; Arteriovenous graft thrombosis; Arteritis; Arteritis coronary; Arthralgia; Arthritis; Arthritis enteropathic; Ascites; Aseptic cavernous sinus thrombosis; Aspartate aminotransferase abnormal; Aspartate aminotransferase increased; Aspartate-glutamate-transporter deficiency; AST to platelet ratio index increased; AST/ALT ratio abnormal;

Asthma; Asymptomatic COVID19; Ataxia; Atheroembolism; Atonic seizures; Atrial thrombosis; Atrophic thyroiditis; Atypical benign partial epilepsy; Atypical pneumonia; Aura; Autoantibody positive; Autoimmune anaemia; Autoimmune aplastic anaemia; Autoimmune arthritis; Autoimmune blistering disease; Autoimmune cholangitis; Autoimmune colitis; Autoimmune demyelinating disease; Autoimmune dermatitis; Autoimmune disorder; Autoimmune encephalopathy; Autoimmune endocrine disorder; Autoimmune enteropathy; Autoimmune eye disorder; Autoimmune haemolytic anaemia; Autoimmune heparin-induced thrombocytopenia; Autoimmune hepatitis; Autoimmune hyperlipidaemia; Autoimmune hypothyroidism; Autoimmune inner ear disease; Autoimmune lung disease; Autoimmune lymphoproliferative syndrome; Autoimmune myocarditis; Autoimmune myositis; Autoimmune nephritis; Autoimmune neuropathy; Autoimmune neutropenia; Autoimmune pancreatitis; Autoimmune pancytopenia; Autoimmune pericarditis; Autoimmune retinopathy; Autoimmune thyroid disorder; Autoimmune thyroiditis; Autoimmune uveitis; Autoinflammation with infantile enterocolitis; Autoinflammatory disease; Automatism epileptic; Autonomic nervous system imbalance; Autonomic seizure; Axial spondyloarthritis; Axillary vein thrombosis; Axonal and demyelinating polyneuropathy; Axonal neuropathy; Bacterascites; Baltic myoclonic epilepsy; Band sensation; Basedow's disease; Basilar artery thrombosis; Basophilopenia; B-cell aplasia; Behcet's syndrome; Benign ethnic neutropenia; Benign familial neonatal convulsions; Benign familial pemphigus; Benign rolandic epilepsy; Beta-2 glycoprotein antibody positive; Bickerstaff's encephalitis; Bile output abnormal; Bile output decreased; Biliary ascites; Bilirubin conjugated abnormal; Bilirubin conjugated increased; Bilirubin urine present; Biopsy liver abnormal; Biotinidase deficiency; Birdshot chorioretinopathy; Blood alkaline phosphatase abnormal; Blood alkaline phosphatase increased; Blood bilirubin abnormal; Blood bilirubin increased; Blood bilirubin unconjugated increased; Blood cholinesterase abnormal; Blood cholinesterase decreased; Blood pressure decreased; Blood pressure diastolic decreased; Blood pressure systolic decreased; Blue toe syndrome; Brachiocephalic vein thrombosis; Brain stem embolism; Brain stem thrombosis; Bromosulphthalein test abnormal; Bronchial oedema; Bronchitis; Bronchitis mycoplasmal; Bronchitis viral; Bronchopulmonary aspergillosis allergic; Bronchospasm; BuddChiari syndrome; Bulbar palsy; Butterfly rash; C1q nephropathy; Caesarean section; Calcium embolism; Capillaritis; Caplan's syndrome; Cardiac amyloidosis; Cardiac arrest; Cardiac failure; Cardiac failure acute; Cardiac sarcoidosis; Cardiac ventricular thrombosis; Cardiogenic shock; Cardiolipin antibody positive; Cardiopulmonary failure; Cardio-respiratory arrest; Cardio-respiratory distress; Cardiovascular insufficiency; Carotid arterial embolus; Carotid artery thrombosis; Cataplexy; Catheter site thrombosis; Catheter site

vasculitis; Cavernous sinus thrombosis; CDKL5 deficiency disorder; CEC syndrome; Cement embolism; Central nervous system lupus; Central nervous system vasculitis; Cerebellar artery thrombosis; Cerebellar embolism; Cerebral amyloid angiopathy; Cerebral arteritis; Cerebral artery embolism; Cerebral artery thrombosis; Cerebral gas embolism; Cerebral microembolism; Cerebral septic infarct; Cerebral thrombosis; Cerebral venous sinus thrombosis; Cerebral venous thrombosis; Cerebrospinal thrombotic tamponade; Cerebrovascular accident; Change in seizure presentation; Chest discomfort; ChildPugh-Turcotte score abnormal; Child-Pugh-Turcotte score increased; Chillblains; Choking; Choking sensation; Cholangitis sclerosing; Chronic autoimmune glomerulonephritis; Chronic cutaneous lupus erythematosus; Chronic fatigue syndrome; Chronic gastritis; Chronic inflammatory demyelinating polyradiculoneuropathy; Chronic lymphocytic inflammation with pontine perivascular enhancement responsive to steroids; Chronic recurrent multifocal osteomyelitis; Chronic respiratory failure; Chronic spontaneous urticaria; Circulatory collapse; Circumoral oedema; Circumoral swelling; Clinically isolated syndrome; Clonic convulsion; Coeliac disease; Cogan's syndrome; Cold agglutinins positive; Cold type haemolytic anaemia; Colitis; Colitis erosive; Colitis herpes; Colitis microscopic; Colitis ulcerative; Collagen disorder; Collagen-vascular disease; Complement factor abnormal; Complement factor C1 decreased; Complement factor C2 decreased; Complement factor C3 decreased; Complement factor C4 decreased; Complement factor decreased; Computerized tomogram liver abnormal; Concentric sclerosis; Congenital anomaly; Congenital bilateral perisylvian syndrome; Congenital herpes simplex infection; Congenital myasthenic syndrome; Congenital varicella infection; Congestive hepatopathy; Convulsion in childhood; Convulsions local; Convulsive threshold lowered; Coombs positive haemolytic anaemia; Coronary artery disease; Coronary artery embolism; Coronary artery thrombosis; Coronary bypass thrombosis; Coronavirus infection; Coronavirus test; Coronavirus test negative; Coronavirus test positive; Corpus callosotomy; Cough; Cough variant asthma; COVID-19; COVID-19 immunization; COVID-19 pneumonia; COVID-19 prophylaxis; COVID-19 treatment; Cranial nerve disorder; Cranial nerve palsies multiple; Cranial nerve paralysis; CREST syndrome; Crohn's disease; Cryofibrinogenaemia; Cryoglobulinaemia; CSF oligoclonal band present; CSWS syndrome; Cutaneous amyloidosis; Cutaneous lupus erythematosus; Cutaneous sarcoidosis; Cutaneous vasculitis; Cyanosis; Cyclic neutropenia; Cystitis interstitial; Cytokine release syndrome; Cytokine storm; De novo purine synthesis inhibitors associated acute inflammatory syndrome; Death neonatal; Deep vein thrombosis; Deep vein thrombosis postoperative; Deficiency of bile secretion; Deja vu; Demyelinating polyneuropathy; Demyelination; Dermatitis; Dermatitis bullous; Dermatitis herpetiformis;

Dermatomyositis; Device embolisation; Device related thrombosis; Diabetes mellitus; Diabetic ketoacidosis; Diabetic mastopathy; Dialysis amyloidosis; Dialysis membrane reaction; Diastolic hypotension; Diffuse vasculitis; Digital pitting scar; Disseminated intravascular coagulation; Disseminated intravascular coagulation in newborn; Disseminated neonatal herpes simplex; Disseminated varicella; Disseminated varicella zoster vaccine virus infection; Disseminated varicella zoster virus infection; DNA antibody positive; Double cortex syndrome; Double stranded DNA antibody positive; Dreamy state; Dressler's syndrome; Drop attacks; Drug withdrawal convulsions; Dyspnoea; Early infantile epileptic encephalopathy with burst-suppression; Eclampsia; Eczema herpeticum; Embolia cutis medicamentosa; Embolic cerebellar infarction; Embolic cerebral infarction; Embolic pneumonia; Embolic stroke; Embolism; Embolism arterial; Embolism venous; Encephalitis; Encephalitis allergic; Encephalitis autoimmune; Encephalitis brain stem; Encephalitis haemorrhagic; Encephalitis periaxialis diffusa; Encephalitis post immunisation; Encephalomyelitis; Encephalopathy; Endocrine disorder; Endocrine ophthalmopathy; Endotracheal intubation; Enteritis; Enteritis leukopenic; Enterobacter pneumonia; Enterocolitis; Enteropathic spondylitis; Eosinopenia; Eosinophilic fasciitis; Eosinophilic granulomatosis with polyangiitis; Eosinophilic oesophagitis; Epidermolysis; Epilepsy; Epilepsy surgery; Epilepsy with myoclonic-atonic seizures; Epileptic aura; Epileptic psychosis; Erythema; Erythema induratum; Erythema multiforme; Erythema nodosum; Evans syndrome; Exanthema subitum; Expanded disability status scale score decreased; Expanded disability status scale score increased; Exposure to communicable disease; Exposure to SARS-CoV-2; Eye oedema; Eye pruritus; Eye swelling; Eyelid oedema; Face oedema; Facial paralysis; Facial paresis; Faciobrachial dystonic seizure; Fat embolism; Febrile convulsion; Febrile infection-related epilepsy syndrome; Febrile neutropenia; Felty's syndrome; Femoral artery embolism; Fibrillary glomerulonephritis; Fibromyalgia; Flushing; Foaming at mouth; Focal cortical resection; Focal dyscognitive seizures; Foetal distress syndrome; Foetal placental thrombosis; Foetor hepaticus; Foreign body embolism; Frontal lobe epilepsy; Fulminant type 1 diabetes mellitus; Galactose elimination capacity test abnormal; Galactose elimination capacity test decreased; Gamma-glutamyltransferase abnormal; Gamma-glutamyltransferase increased; Gastritis herpes; Gastrointestinal amyloidosis; Gelastic seizure; Generalised onset non-motor seizure; Generalised tonic-clonic seizure; Genital herpes; Genital herpes simplex; Genital herpes zoster; Giant cell arteritis; Glomerulonephritis; Glomerulonephritis membranoproliferative; Glomerulonephritis membranous; Glomerulonephritis rapidly progressive; Glossopharyngeal nerve paralysis; Glucose transporter type 1 deficiency syndrome; Glutamate dehydrogenase increased; Glycocholic acid increased; GM2 gangliosidosis; Goodpasture's

syndrome; Graft thrombosis; Granulocytopenia; Granulocytopenia neonatal; Granulomatosis with polyangiitis; Granulomatous dermatitis; Grey matter heterotopia; Guanase increased; GuillainBarre syndrome; Haemolytic anaemia; Haemophagocytic lymphohistiocytosis; Haemorrhage; Haemorrhagic ascites; Haemorrhagic disorder; Haemorrhagic pneumonia; Haemorrhagic varicella syndrome; Haemorrhagic vasculitis; Hantavirus pulmonary infection; Hashimoto's encephalopathy; Hashitoxicosis; Hemimegalencephaly; Henoch-Schonlein purpura; HenochSchonlein purpura nephritis; Hepaplastin abnormal; Hepaplastin decreased; Heparin-induced thrombocytopenia; Hepatic amyloidosis; Hepatic artery embolism; Hepatic artery flow decreased; Hepatic artery thrombosis; Hepatic enzyme abnormal; Hepatic enzyme decreased; Hepatic enzyme increased; Hepatic fibrosis marker abnormal; Hepatic fibrosis marker increased; Hepatic function abnormal; Hepatic hydrothorax; Hepatic hypertrophy; Hepatic hypoperfusion; Hepatic lymphocytic infiltration; Hepatic mass; Hepatic pain; Hepatic sequestration; Hepatic vascular resistance increased; Hepatic vascular thrombosis; Hepatic vein embolism; Hepatic vein thrombosis; Hepatic venous pressure gradient abnormal; Hepatic venous pressure gradient increased; Hepatitis; Hepatobiliary scan abnormal; Hepatomegaly; Hepatosplenomegaly; Hereditary angioedema with C1 esterase inhibitor deficiency; Herpes dermatitis; Herpes gestationis; Herpes oesophagitis; Herpes ophthalmic; Herpes pharyngitis; Herpes sepsis; Herpes simplex; Herpes simplex cervicitis; Herpes simplex colitis; Herpes simplex encephalitis; Herpes simplex gastritis; Herpes simplex hepatitis; Herpes simplex meningitis; Herpes simplex meningoencephalitis; Herpes simplex meningomyelitis; Herpes simplex necrotising retinopathy; Herpes simplex oesophagitis; Herpes simplex otitis externa; Herpes simplex pharyngitis; Herpes simplex pneumonia; Herpes simplex reactivation; Herpes simplex sepsis; Herpes simplex viraemia; Herpes simplex virus conjunctivitis neonatal; Herpes simplex visceral; Herpes virus infection; Herpes zoster; Herpes zoster cutaneous disseminated; Herpes zoster infection neurological; Herpes zoster meningitis; Herpes zoster meningoencephalitis; Herpes zoster meningomyelitis; Herpes zoster meningoradiculitis; Herpes zoster necrotising retinopathy; Herpes zoster oticus; Herpes zoster pharyngitis; Herpes zoster reactivation; Herpetic radiculopathy; Histone antibody positive; Hoigne's syndrome; Human herpesvirus 6 encephalitis; Human herpesvirus 6 infection; Human herpesvirus 6 infection reactivation; Human herpesvirus 7 infection; Human herpesvirus 8 infection; Hyperammonaemia; Hyperbilirubinaemia; Hypercholia; Hypergammaglobulinaemia benign monoclonal; Hyperglycaemic seizure; Hypersensitivity; Hypersensitivity vasculitis; Hyperthyroidism; Hypertransaminasaemia; Hyperventilation; Hypoalbuminaemia; Hypocalcaemic seizure; Hypogammaglobulinaemia; Hypoglossal nerve paralysis; Hypoglossal nerve paresis; Hypoglycaemic

seizure; Hyponatraemic seizure; Hypotension; Hypotensive crisis; Hypothenar hammer syndrome; Hypothyroidism; Hypoxia; Idiopathic CD4 lymphocytopenia; Idiopathic generalised epilepsy; Idiopathic interstitial pneumonia; Idiopathic neutropenia; Idiopathic pulmonary fibrosis; IgA nephropathy; IgM nephropathy; IIIrd nerve paralysis; IIIrd nerve paresis; Iliac artery embolism; Immune thrombocytopenia; Immunemediated adverse reaction; Immune-mediated cholangitis; Immune-mediated cholestasis; Immune-mediated cytopenia; Immune-mediated encephalitis; Immune-mediated encephalopathy; Immune-mediated endocrinopathy; Immune-mediated enterocolitis; Immunemediated gastritis; Immune-mediated hepatic disorder; Immune-mediated hepatitis; Immunemediated hyperthyroidism; Immune-mediated hypothyroidism; Immune-mediated myocarditis; Immune-mediated myositis; Immune-mediated nephritis; Immune-mediated neuropathy; Immune-mediated pancreatitis; Immune-mediated pneumonitis; Immune-mediated renal disorder; Immune-mediated thyroiditis; Immune-mediated uveitis; Immunoglobulin G4 related disease; Immunoglobulins abnormal; Implant site thrombosis; Inclusion body myositis; Infantile genetic agranulocytosis; Infantile spasms; Infected vasculitis; Infective thrombosis; Inflammation; Inflammatory bowel disease; Infusion site thrombosis; Infusion site vasculitis; Injection site thrombosis; Injection site urticaria; Injection site vasculitis; Instillation site thrombosis; Insulin autoimmune syndrome; Interstitial granulomatous dermatitis; Interstitial lung disease; Intracardiac mass; Intracardiac thrombus; Intracranial pressure increased; Intrapericardial thrombosis; Intrinsic factor antibody abnormal; Intrinsic factor antibody positive; IPEX syndrome; Irregular breathing; IRVAN syndrome; IVth nerve paralysis; IVth nerve paresis; JC polyomavirus test positive; JC virus CSF test positive; Jeavons syndrome; Jugular vein embolism; Jugular vein thrombosis; Juvenile idiopathic arthritis; Juvenile myoclonic epilepsy; Juvenile polymyositis; Juvenile psoriatic arthritis; Juvenile spondyloarthritis; Kaposi sarcoma inflammatory cytokine syndrome; Kawasaki's disease; Kayser-Fleischer ring; Keratoderma blenorrhagica; Ketosisprone diabetes mellitus; Kounis syndrome; Lafora's myoclonic epilepsy; Lambl's excrescences; Laryngeal dyspnoea; Laryngeal oedema; Laryngeal rheumatoid arthritis; Laryngospasm; Laryngotracheal oedema; Latent autoimmune diabetes in adults; LE cells present; Lemierre syndrome; Lennox-Gastaut syndrome; Leucine aminopeptidase increased; Leukoencephalomyelitis; Leukoencephalopathy; Leukopenia; Leukopenia neonatal; Lewis-Sumner syndrome; Lhermitte's sign; Lichen planopilaris; Lichen planus; Lichen sclerosus; Limbic encephalitis; Linear IgA disease; Lip oedema; Lip swelling; Liver function test abnormal; Liver function test decreased; Liver function test increased; Liver induration; Liver injury; Liver iron concentration abnormal; Liver iron concentration increased; Liver opacity; Liver palpable; Liver sarcoidosis; Liver scan abnormal; Liver

tenderness; Low birth weight baby; Lower respiratory tract herpes infection; Lower respiratory tract infection; Lower respiratory tract infection viral; Lung abscess; Lupoid hepatic cirrhosis; Lupus cystitis; Lupus encephalitis; Lupus endocarditis; Lupus enteritis; Lupus hepatitis; Lupus myocarditis; Lupus myositis; Lupus nephritis; Lupus pancreatitis; Lupus pleurisy; Lupus pneumonitis; Lupus vasculitis; Lupus-like syndrome; Lymphocytic hypophysitis; Lymphocytopenia neonatal; Lymphopenia; MAGIC syndrome; Magnetic resonance imaging liver abnormal; Magnetic resonance proton density fat fraction measurement; Mahler sign; Manufacturing laboratory analytical testing issue; Manufacturing materials issue; Manufacturing production issue; Marburg's variant multiple sclerosis; Marchiafava-Bignami disease; Marine Lenhart syndrome; Mastocytic enterocolitis; Maternal exposure during pregnancy; Medical device site thrombosis; Medical device site vasculitis; MELAS syndrome; Meningitis; Meningitis aseptic; Meningitis herpes; Meningoencephalitis herpes simplex neonatal; Meningoencephalitis herpetic; Meningomyelitis herpes; MERS-CoV test; MERS-CoV test negative; MERS-CoV test positive; Mesangioproliferative glomerulonephritis; Mesenteric artery embolism; Mesenteric artery thrombosis; Mesenteric vein thrombosis; Metapneumovirus infection; Metastatic cutaneous Crohn's disease; Metastatic pulmonary embolism; Microangiopathy; Microembolism; Microscopic polyangiitis; Middle East respiratory syndrome; Migraine-triggered seizure; Miliary pneumonia; Miller Fisher syndrome; Mitochondrial aspartate aminotransferase increased; Mixed connective tissue disease; Model for end stage liver disease score abnormal; Model for end stage liver disease score increased; Molar ratio of total branched-chain amino acid to tyrosine; Molybdenum cofactor deficiency; Monocytopenia; Mononeuritis; Mononeuropathy multiplex; Morphoea; Morvan syndrome; Mouth swelling; Moyamoya disease; Multifocal motor neuropathy; Multiple organ dysfunction syndrome; Multiple sclerosis; Multiple sclerosis relapse; Multiple sclerosis relapse prophylaxis; Multiple subpial transection; Multisystem inflammatory syndrome in children; Muscular sarcoidosis; Myasthenia gravis; Myasthenia gravis crisis; Myasthenia gravis neonatal; Myasthenic syndrome; Myelitis; Myelitis transverse; Myocardial infarction; Myocarditis; Myocarditis post infection; Myoclonic epilepsy; Myoclonic epilepsy and ragged-red fibres; Myokymia; Myositis; Narcolepsy; Nasal herpes; Nasal obstruction; Necrotising herpetic retinopathy; Neonatal Crohn's disease; Neonatal epileptic seizure; Neonatal lupus erythematosus; Neonatal mucocutaneous herpes simplex; Neonatal pneumonia; Neonatal seizure; Nephritis; Nephrogenic systemic fibrosis; Neuralgic amyotrophy; Neuritis; Neuritis cranial; Neuromyelitis optica pseudo relapse; Neuromyelitis optica spectrum disorder; Neuromyotonia; Neuronal neuropathy; Neuropathy peripheral; Neuropathy, ataxia, retinitis pigmentosa syndrome; Neuropsychiatric lupus; Neurosarcoidosis;

Neutropenia; Neutropenia neonatal; Neutropenic colitis; Neutropenic infection; Neutropenic sepsis; Nodular rash; Nodular vasculitis; Noninfectious myelitis; Noninfective encephalitis; Noninfective encephalomyelitis; Noninfective oophoritis; Obstetrical pulmonary embolism; Occupational exposure to communicable disease; Occupational exposure to SARS-CoV-2; Ocular hyperaemia; Ocular myasthenia; Ocular pemphigoid; Ocular sarcoidosis; Ocular vasculitis; Oculofacial paralysis; Oedema; Oedema blister; Oedema due to hepatic disease; Oedema mouth; Oesophageal achalasia; Ophthalmic artery thrombosis; Ophthalmic herpes simplex; Ophthalmic herpes zoster; Ophthalmic vein thrombosis; Optic neuritis; Optic neuropathy; Optic perineuritis; Oral herpes; Oral lichen planus; Oropharyngeal oedema; Oropharyngeal spasm; Oropharyngeal swelling; Osmotic demyelination syndrome; Ovarian vein thrombosis; Overlap syndrome; Paediatric autoimmune neuropsychiatric disorders associated with streptococcal infection; Paget-Schroetter syndrome; Palindromic rheumatism; Palisaded neutrophilic granulomatous dermatitis; Palmoplantar keratoderma; Palpable purpura; Pancreatitis; Panencephalitis; Papillophlebitis; Paracancerous pneumonia; Paradoxical embolism; Parainfluenzae viral laryngotracheobronchitis; Paraneoplastic dermatomyositis; Paraneoplastic pemphigus; Paraneoplastic thrombosis; Paresis cranial nerve; Parietal cell antibody positive; Paroxysmal nocturnal haemoglobinuria; Partial seizures; Partial seizures with secondary generalisation; Patient isolation; Pelvic venous thrombosis; Pemphigoid; Pemphigus; Penile vein thrombosis; Pericarditis; Pericarditis lupus; Perihepatic discomfort; Periorbital oedema; Periorbital swelling; Peripheral artery thrombosis; Peripheral embolism; Peripheral ischaemia; Peripheral vein thrombus extension; Periportal oedema; Peritoneal fluid protein abnormal; Peritoneal fluid protein decreased; Peritoneal fluid protein increased; Peritonitis lupus; Pernicious anaemia; Petit mal epilepsy; Pharyngeal oedema; Pharyngeal swelling; Pityriasis lichenoides et varioliformis acuta; Placenta praevia; Pleuroparenchymal fibroelastosis; Pneumobilia; Pneumonia; Pneumonia adenoviral; Pneumonia cytomegaloviral; Pneumonia herpes viral; Pneumonia influenzal; Pneumonia measles; Pneumonia mycoplasmal; Pneumonia necrotising; Pneumonia parainfluenzae viral; Pneumonia respiratory syncytial viral; Pneumonia viral; POEMS syndrome; Polyarteritis nodosa; Polyarthritis; Polychondritis; Polyglandular autoimmune syndrome type I; Polyglandular autoimmune syndrome type II; Polyglandular autoimmune syndrome type III; Polyglandular disorder; Polymicrogyria; Polymyalgia rheumatica; Polymyositis; Polyneuropathy; Polyneuropathy idiopathic progressive; Portal pyaemia; Portal vein embolism; Portal vein flow decreased; Portal vein pressure increased; Portal vein thrombosis; Portosplenomesenteric venous thrombosis; Post procedural hypotension; Post procedural pneumonia; Post

procedural pulmonary embolism; Post stroke epilepsy; Post stroke seizure; Post thrombotic retinopathy; Post thrombotic syndrome; Post viral fatigue syndrome; Postictal headache; Postictal paralysis; Postictal psychosis; Postictal state; Postoperative respiratory distress; Postoperative respiratory failure; Postoperative thrombosis; Postpartum thrombosis; Postpartum venous thrombosis; Postpericardiotomy syndrome; Post-traumatic epilepsy; Postural orthostatic tachycardia syndrome; Precerebral artery thrombosis; Pre-eclampsia; Preictal state; Premature labour; Premature menopause; Primary amyloidosis; Primary biliary cholangitis; Primary progressive multiple sclerosis; Procedural shock; Proctitis herpes; Proctitis ulcerative; Product availability issue; Product distribution issue; Product supply issue; Progressive facial hemiatrophy; Progressive multifocal leukoencephalopathy; Progressive multiple sclerosis; Progressive relapsing multiple sclerosis; Prosthetic cardiac valve thrombosis; Pruritus; Pruritus allergic; Pseudovasculitis; Psoriasis; Psoriatic arthropathy; Pulmonary amyloidosis; Pulmonary artery thrombosis; Pulmonary embolism; Pulmonary fibrosis; Pulmonary haemorrhage; Pulmonary microemboli; Pulmonary oil microembolism; Pulmonary renal syndrome; Pulmonary sarcoidosis; Pulmonary sepsis; Pulmonary thrombosis; Pulmonary tumour thrombotic microangiopathy; Pulmonary vasculitis; Pulmonary veno-occlusive disease; Pulmonary venous thrombosis; Pyoderma gangrenosum; Pyostomatitis vegetans; Pyrexia; Quarantine; Radiation leukopenia; Radiculitis brachial; Radiologically isolated syndrome; Rash; Rash erythematous; Rash pruritic; Rasmussen encephalitis; Raynaud's phenomenon; Reactive capillary endothelial proliferation; Relapsing multiple sclerosis; Relapsing-remitting multiple sclerosis; Renal amyloidosis; Renal arteritis; Renal artery thrombosis; Renal embolism; Renal failure; Renal vascular thrombosis; Renal vasculitis; Renal vein embolism; Renal vein thrombosis; Respiratory arrest; Respiratory disorder; Respiratory distress; Respiratory failure; Respiratory paralysis; Respiratory syncytial virus bronchiolitis; Respiratory syncytial virus bronchitis; Retinal artery embolism; Retinal artery occlusion; Retinal artery thrombosis; Retinal occlusion; Retinal vein thrombosis; Retinol binding protein decreased; Retinopathy; Retrograde portal vein flow; Retroperitoneal fibrosis; Reversible airways obstruction; Reynold's syndrome; Rheumatic brain disease; Rheumatic disorder; Rheumatoid arthritis; Rheumatoid factor increased; Rheumatoid factor positive; Rheumatoid factor quantitative increased; Rheumatoid lung; Rheumatoid neutrophilic dermatosis; Rheumatoid nodule; Rheumatoid nodule removal; Rheumatoid scleritis; Rheumatoid vasculitis; Saccadic eye movement; SAPHO syndrome; Sarcoidosis; SARS-CoV-1 test; SARS-CoV-1 test negative; SARS-CoV-1 test positive; SARS-CoV-2 antibody test; SARS-CoV-2 antibody test negative; SARS-CoV-2 antibody test positive; SARS-CoV-2 carrier; SARS-CoV-2 sepsis; SARS-CoV-2 test; SARSCoV-2 test

false negative; SARS-CoV-2 test false positive; SARS-CoV-2 test negative; SARSCoV-2 test positive; SARS-CoV-2 viraemia; Satoyoshi syndrome; Schizencephaly; Scleritis; Sclerodactylia; Scleroderma; Scleroderma associated digital ulcer; Scleroderma renal crisis; Scleroderma-like reaction; Secondary amyloidosis; Secondary cerebellar degeneration; Secondary progressive multiple sclerosis; Segmented hyalinising vasculitis; Seizure; Seizure anoxic; Seizure cluster; Seizure like phenomena; Seizure prophylaxis; Sensation of foreign body; Septic embolus; Septic pulmonary embolism; Severe acute respiratory syndrome; Severe myoclonic epilepsy of infancy; Shock; Shock symptom; Shrinking lung syndrome; Shunt thrombosis; Silent thyroiditis; Simple partial seizures; Sjogren's syndrome; Skin swelling; SLE arthritis; Smooth muscle antibody positive; Sneezing; Spinal artery embolism; Spinal artery thrombosis; Splenic artery thrombosis; Splenic embolism; Splenic thrombosis; Splenic vein thrombosis; Spondylitis; Spondyloarthropathy; Spontaneous heparin-induced thrombocytopenia syndrome; Status epilepticus; Stevens-Johnson syndrome; Stiff leg syndrome; Stiff person syndrome; Stillbirth; Still's disease; Stoma site thrombosis; Stoma site vasculitis; Stress cardiomyopathy; Stridor; Subacute cutaneous lupus erythematosus; Subacute endocarditis; Subacute inflammatory demyelinating polyneuropathy; Subclavian artery embolism; Subclavian artery thrombosis; Subclavian vein thrombosis; Sudden unexplained death in epilepsy; Superior sagittal sinus thrombosis; Susac's syndrome; Suspected COVID19; Swelling; Swelling face; Swelling of eyelid; Swollen tongue; Sympathetic ophthalmia; Systemic lupus erythematosus; Systemic lupus erythematosus disease activity index abnormal; Systemic lupus erythematosus disease activity index decreased; Systemic lupus erythematosus disease activity index increased; Systemic lupus erythematosus rash; Systemic scleroderma; Systemic sclerosis pulmonary; Tachycardia; Tachypnoea; Takayasu's arteritis; Temporal lobe epilepsy; Terminal ileitis; Testicular autoimmunity; Throat tightness; Thromboangiitis obliterans; Thrombocytopenia; Thrombocytopenic purpura; Thrombophlebitis; Thrombophlebitis migrans; Thrombophlebitis neonatal; Thrombophlebitis septic; Thrombophlebitis superficial; Thromboplastin antibody positive; Thrombosis; Thrombosis corpora cavernosa; Thrombosis in device; Thrombosis mesenteric vessel; Thrombotic cerebral infarction; Thrombotic microangiopathy; Thrombotic stroke; Thrombotic thrombocytopenic purpura; Thyroid disorder; Thyroid stimulating immunoglobulin increased; Thyroiditis; Tongue amyloidosis; Tongue biting; Tongue oedema; Tonic clonic movements; Tonic convulsion; Tonic posturing; Topectomy; Total bile acids increased; Toxic epidermal necrolysis; Toxic leukoencephalopathy; Toxic oil syndrome; Tracheal obstruction; Tracheal oedema; Tracheobronchitis; Tracheobronchitis mycoplasmal; Tracheobronchitis viral; Transaminases abnormal;

Transaminases increased; Transfusion-related alloimmune neutropenia; Transient epileptic amnesia; Transverse sinus thrombosis; Trigeminal nerve paresis; Trigeminal neuralgia; Trigeminal palsy; Truncus coeliacus thrombosis; Tuberous sclerosis complex; Tubulointerstitial nephritis and uveitis syndrome; Tumefactive multiple sclerosis; Tumour embolism; Tumour thrombosis; Type 1 diabetes mellitus; Type I hypersensitivity; Type III immune complex mediated reaction; Uhthoff's phenomenon; Ulcerative keratitis; Ultrasound liver abnormal; Umbilical cord thrombosis; Uncinate fits; Undifferentiated connective tissue disease; Upper airway obstruction; Urine bilirubin increased; Urobilinogen urine decreased; Urobilinogen urine increased; Urticaria; Urticaria papular; Urticarial vasculitis; Uterine rupture; Uveitis; Vaccination site thrombosis; Vaccination site vasculitis; Vagus nerve paralysis; Varicella; Varicella keratitis; Varicella post vaccine; Varicella zoster gastritis; Varicella zoster oesophagitis; Varicella zoster pneumonia; Varicella zoster sepsis; Varicella zoster virus infection; Vasa praevia; Vascular graft thrombosis; Vascular pseudoaneurysm thrombosis; Vascular purpura; Vascular stent thrombosis; Vasculitic rash; Vasculitic ulcer; Vasculitis; Vasculitis gastrointestinal; Vasculitis necrotising; Vena cava embolism; Vena cava thrombosis; Venous intravasation; Venous recanalisation; Venous thrombosis; Venous thrombosis in pregnancy; Venous thrombosis limb; Venous thrombosis neonatal; Vertebral artery thrombosis; Vessel puncture site thrombosis; Visceral venous thrombosis; VIth nerve paralysis; VIth nerve paresis; Vitiligo; Vocal cord paralysis; Vocal cord paresis; Vogt-Koyanagi-Harada disease; Warm type haemolytic anaemia; Wheezing; White nipple sign; XIth nerve paralysis; X-ray hepatobiliary abnormal; Young's syndrome; Zika virus associated Guillain Barre syndrome.

Additional Research

Author's Blog: www.estateartistry.com/blog

My blog page, with all its historical archived pages contains everything anyone would want to know about the pandemic crisis.

I began my work at the start of the pandemic crisis in March 2020 and repurposed a tab on an old business website I created to evade censorship efforts. It is a time capsule of sorts, on how this unprecedented event looked to me as it unfolded. I will continue to post findings here for as long as I am able. Readership of this archive continues to grow in every country in the world, and regular readers of my blog page currently number in the millions.

It is supported by donations. Please consider making a donation to keep it active. I maintain a payment method on the site (currently PayPal) for donations. Your purchase of this book in hard copy for yourself or as a gift is another way to donate. Thank you in advance for any support you can offer.

- JE Lukach

ViroLIEgy Website: https://viroliegy.com/

The creator of the website *ViroLIEgy* has done a truly superior job of exposing the lies of germ theory, vaccines and virology using their own sources. The creator's name is not found anywhere on this site, I originally found it through Dr. Tom Cowen, who praised the content in one of his frequent webinars. (Dr, Cowen said his name was Mike Stone.) I whole-heartedly agree with Dr. Cowen. The quality of Mr. Stone's research and the sheer volume and depth of the information you will find here is phenomenal. I highly recommend this website to anyone wishing to become more educated on the broad history of vaccines and virology.

Examples of recorded interviews I have done:

Expert Panel Discussion on SGT Report:
https://www.bitchute.com/video/MdWbmEZVM7d5/
Guest speakers were Attorney Todd Callender, Dr. Pete Chambers, Researcher Nick Winters and Myself

Book interviews on www.Fakologist.com
https://fakeologist.com/blog/2022/01/13/fak459-john-lukach/
https://fakeologist.com/blog/2022/01/12/fak458-john-lukach/
https://fakeologist.com/blog/2022/01/10/fak456-john-lukach-on-covaids/

To arrange an interview or speak with me:

If you have a media platform, and would like to arrange for me to speak to your audience, my personal contact information can be found on my homepage. The website address is www.estateartistry.com Please call the mobile number provided and leave a message for a prompt response.

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STEPS TO TAKE BEFORE HOSPITALIZATION

(This fact sheet is provided by www.TruthforHealth.org)

1. **PLAN EARLY OUT-PATIENT TREATMENT OPTIONS.**
    - Arrange to have medications and supplies in place before you get sick.

2. **PREPARE COVID-SPECIFIC HEALTHCARE POWER OF ATTORNEY (HCPOA) FOR EACH FAMILY MEMBER.**
    - Make it effective immediately when patient is ill, not just if patient is incapacitated.

      Examples:
      Decide on whether to allow use of Remdesivir
      Decide on whether to allow intubation/ventilator

3. **CHECK YOUR STATE LAW RIGHTS OF FAMILY IF THERE IS NO HCPOA.**

4. **DEMAND ACCESS TO PATIENT MEDICAL RECORDS AND HOSPITAL'S COVID TREATMENT PROTOCOL.**
    - POA or family member must sign HIPAA form to access patient portal for medical records, fax to hospital, make sure to obtain log-in information.

      NOTE: if the hospital refuses to provide electronic access or release records, review HIPAA which defers to State law regarding rights to access medical records. ENGAGE ATTORNEY ASAP to send demand letter and seek a court order to force access to medical records.

5. **DEMAND ACCESS TO PATIENT FOR POA/FAMILY.**
    - Engage ATTORNEY ASAP to send demand letter and seek court order to force access to PATIENT.

- If denied, seek court order allowing access.
- FILE report to State agency to investigate protection of vulnerable adult.
- Consider report to Sheriff for criminal investigation and to help to gain access.

6. EXPLORE OPTIONS FOR HOME TREATMENT.

- Contact Info@TruthForHealth.org to engage our COVID Care Strategy Team to assist with strategies to assist home care resources: hospice, O2 vendors, home health agencies, Telemedicine physicians/nurse practitioners. Arrange ambulance transport, back-up generator for O2 equipment.

7. DEMAND DISCHARGE TO HOME HOSPICE/HOME CARE WHEN ALL ASPECTS OF CARE PLAN ARE IN PLACE.

- Every hospital has a discharge process. Find out what it is ahead of time and plan carefully.

8. PREPARE FOR HOSPITAL DISCHARGE OR HOSPITAL OBSTRUCTION TO DISCHARGE PATIENT.

- Prepare to deal with hospital threats like "You will die if you leave." It is YOUR choice whether to risk death in hospital or risk death at home with family. You have right to decide your course of action. Patients have the absolute right to reject medical treatment and seek discharge, even if against medical advice (AMA).
- Arrange Attorney presence at hospital (i.e., ON-SITE) during discharge process. It is critical for an attorney to be present to avoid threats of arrest of family seeking discharge.
- Consider arranging an ambulance to arrive just prior to attorney and family so there is no delay for patient transport.

- Review carefully ALL discharge documents before ANYONE signs.
- Hospital AMA forms typically have a blanket release of liability for ALL claims against the hospital. **DO NOT SIGN THIS.**
- Hospitals cannot stop discharge for failure to sign their AMA forms.
- Hospice care does not mean "death care." Hospice services are supportive, comfort care paid by most insurance. While hospice services do not pay for active treatment, it is the patient's and family's right to self-pay for any added treatment services the patient may want to continue.

9. LINKS TO HELP OR USEFUL INFORMATION:

- https://www.truthforhealth.org/wp-content/uploads/2021/10/FACT-SHEET-STEPS-BEFORE-HOSPITALIZATION.pdf

- https://www.truthforhealth.org/legal-resources/

John Lukach, international best-selling author of *Covid-19 Vaccines and Induced Anaphylaxis*, is back with some advice for those injured by covid vaccines.

Inside *What Now? Recovering from a Tragic Mistake* you will learn what is really contained within all covid-19 vaccines; how they adversely affect key body systems and functions; and what you can do to recover and possibly reverse the damage incurred by these highly toxic vaccines.

Contained within is a vaccine injury protocol comprised of a unique set of pharmacological countermeasures specifically matched to covid vaccine ingredients that, taken as directed, address the injury caused by covid vaccines. This includes killing identified parasites, chelating and detoxing heavy metals and identified toxins, mitigating blood clotting, disabling immunogenic glycoproteins, and destabilizing and neutralizing mRNA delivery structures.

"Covid-19 and all related variants are fictious illnesses. 'Covid' is a catch-all term that really refers to covid vaccine injury. All covid vaccine-related adverse reactions, serious injuries, and even deaths are caused by a hematological blood disorder that is deliberately introduced with every toxic shot.

"It is impossible to fix a problem if you cannot be clear about what that problem is. *What Now? Recovering from a Tragic Mistake* will help you do both."

– J.E. Lukach