

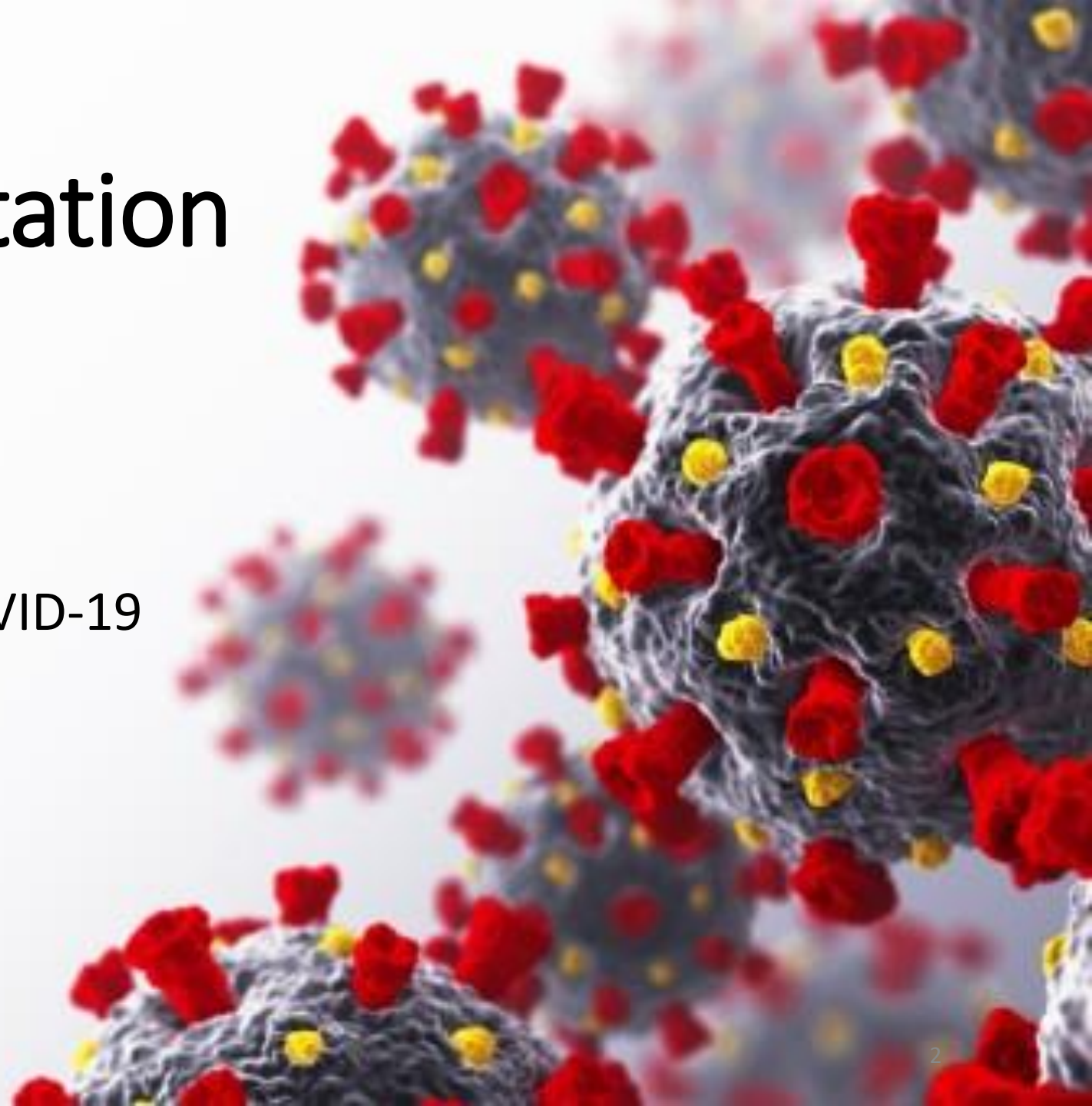
# Pandemic Update #5

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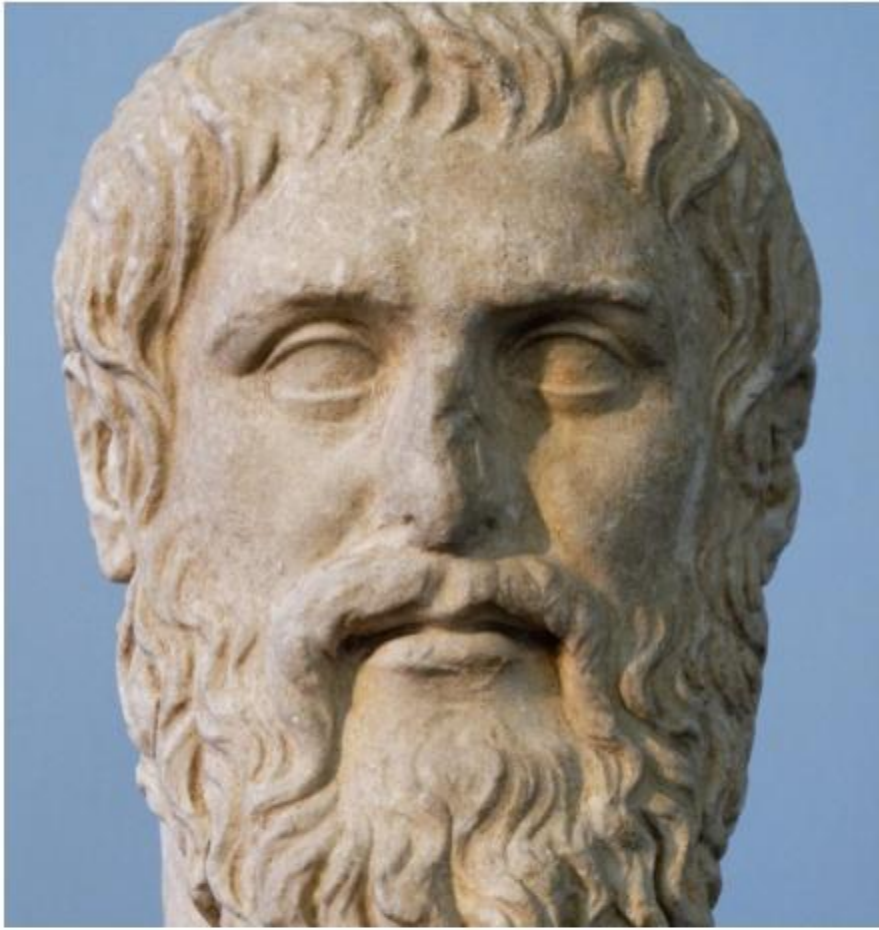
The new mRNA technology

# Outline of Presentation

- The Vaccine Industry
- Media Censorship
- Risk/Benefit Analysis
- Therapeutic Approaches for COVID-19
- What lies ahead?
- Using Homœopathy to Mitigate the Effects of Vaccinations
- SARS-CoV-2 Proving
- Questions & Answers







**“ This and no other is the root from which a tyrant springs; when he first appears above ground he is a protector. ”**

**Plato (The Republic)**

# There can be no return to normality until we have a vaccine

“There can be no return to normality until we have a vaccine” declares Michael Kretschmer, Minister-President of Saxony.

More and more voices were raised that we needed a vaccine before we could return to normal life. German Federal Ministry of Finance issued a statement **“that the coronavirus pandemic ends when a vaccine is available”**. This is amazing! Since when can a government decide how and when a pandemic ends?

On Easter Sunday, Bill Gates was allotted ten minutes Prime Time to address the German nation on television. TV host Ingo Zamperoni said **“it is becoming increasingly clear that we can only get a grip on this pandemic if we develop a vaccine.”** And then Bill Gates “we will ultimately administer this newly-developed vaccine to 7 billion people, so we cannot afford problems with adverse side effects. However, we will make the decision to use the vaccine on a smaller data basis than usual. This will enable rapid progress to be made.”



# VACCINES MARKET

*Global Vaccines Market Size, 2018-2026 (USD Billion)*

**\$41.61**  
Billion in 2018

**\$93.08**  
Billion by 2026

*Global Vaccines Market Share, By Type, 2018*

**Recombinant/Conjugate/Subunit 57.7%**

Inactivated | Live Attenuated | Toxoid

*North America Vaccines Market Size, 2018*




**\$22.03 Billion**



Press release | 5 November 2018

## Wellcome and the Bill & Melinda Gates Foundation join the Open Access coalition

To ensure that research findings are shared widely and are made freely available at the time of publication, Wellcome and the Bill & Melinda Gates Foundation have today (Monday) joined [cOAlition S](#)  and endorsed the principles of Plan S.





BILL & MELINDA  
GATES *foundation*



# **EXPANDED PROGRAMME ON IMMUNIZATION 1974**



**World Health Organization**

# The Children's Vaccine Initiative

[A Caddell](#)

PMID: 12348372

## Abstract

**PIP:** The Children's Vaccine Initiative (CVI), which was founded after the World Summit for Children held in New York in September 1990, had three goals: 1) immunization of all children; 2) research to determine the feasibility of a single-dose multivalent vaccine; and 3) introduction of new vaccines for infectious diseases. UNICEF, UNDP, WHO, the World Bank, and the Rockefeller Foundation co-sponsored the CVI. The following has been achieved since 1990: 1) coverage with 6 EPI vaccines has risen above 80% in many countries; 2) the number of vaccines in the research pipeline has increased; 3) there is better planning of the global vaccine supply; and 4) governments of developing countries are assuming more responsibility for national immunization. The new strategic plan for CVI, which is the work of experts from government, industry, and international organization, establishes the following goals: 1) development of greater consensus on priorities regarding vaccine development and application; 2) definition of needs and strategies for action; 3) communication of the health and economic value of vaccines; and 4) mobilization of resources. Executive Secretary Dr. Lee and CVI coordinator Roy Widdus are responsible for the new role for CVI. 4 million children die annually from diseases preventable by existing vaccines; another 8 million die annually from diseases that could be prevented by new vaccines. Measles, hepatitis B, and Hib vaccines are underused. Vaccines against rotavirus diarrhea and pneumococcal pneumonia should be available soon, while research continues on vaccines against malaria and HIV.



**Gavi**  
**The Vaccine Alliance**

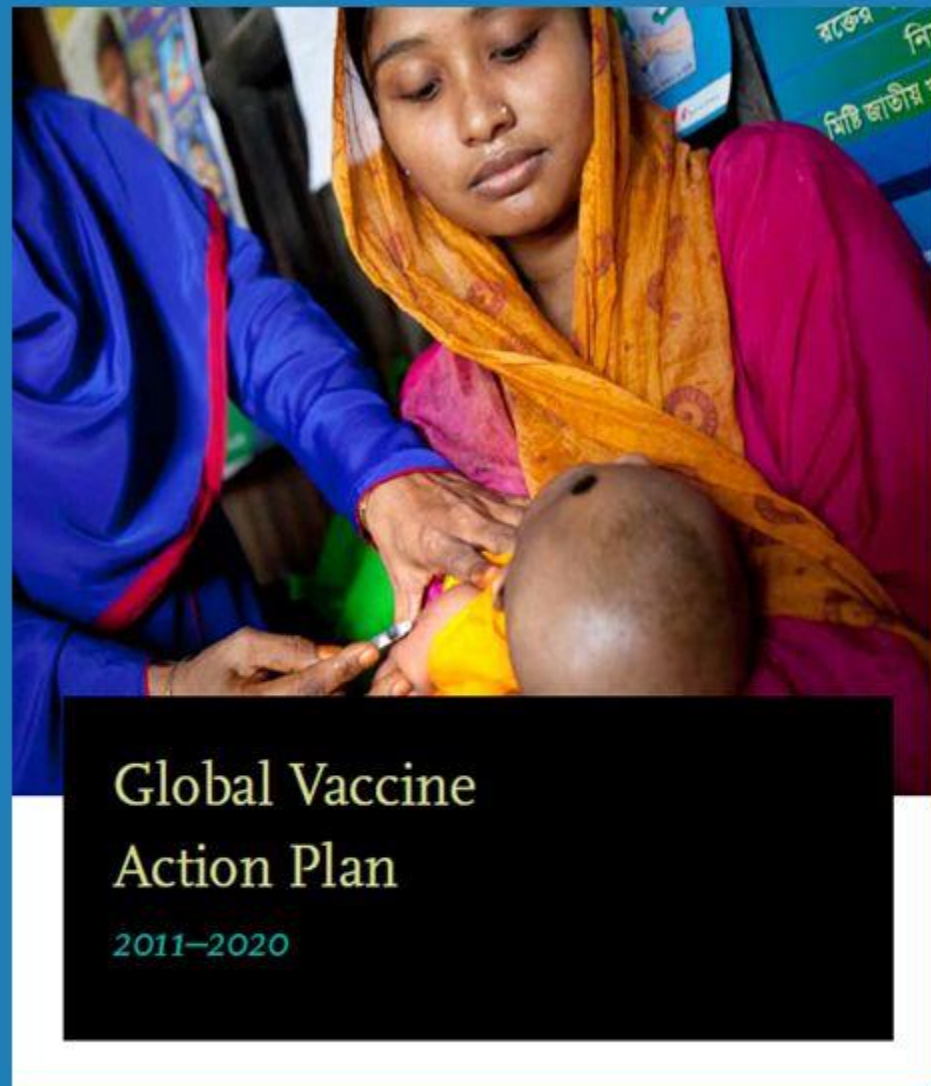




International  
Federation of  
Pharmaceutical  
Manufacturers &  
Associations

# Global Vaccine Action Plan 2011-2020

About 24 Million deaths  
to be averted using 10  
traditional and new  
vaccines



World Health  
Organization



# FNIH

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Foundation for the  
National Institutes of Health





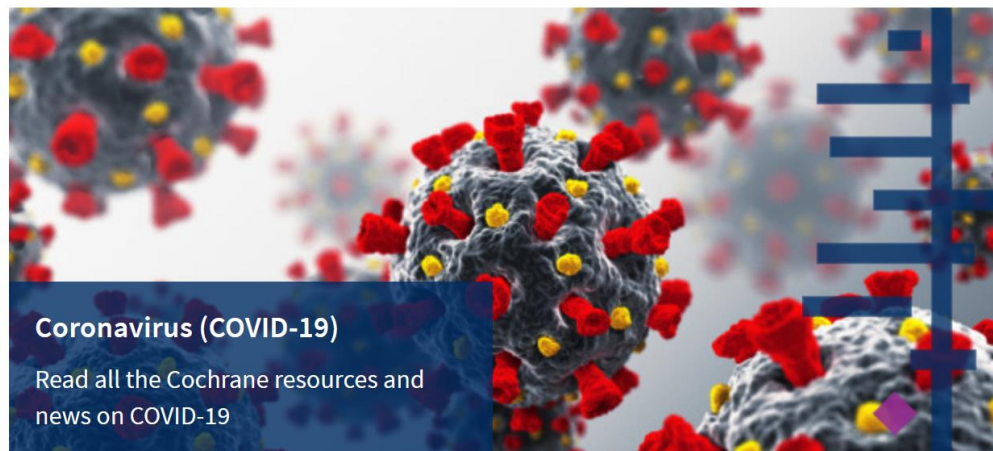
NIH

NATIONAL INSTITUTES OF HEALTH



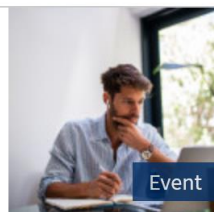


## Coronavirus (COVID-19) resources



## Latest News and Events

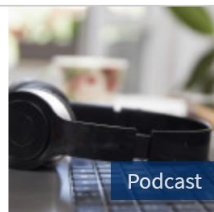
Virtual Methods  
Symposium: Advanced  
Methods and  
Innovative  
22 January 2021



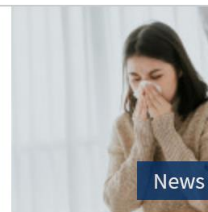
Featured Reviews:  
Behavioural activation  
therapy for depression  
22 January 2021



Treatment for breast  
engorgement in  
breastfeeding  
22 January 2021



Cochrane ENT vs  
COVID-19 - Providing  
targeted evidence for  
clinicians  
22 January 2021



What is Cochrane evidence  
and how can it help you?

Latest Cochrane  
evidence

Top 10

Pregabalin for chronic neuropathic pain in adults

What is the diagnostic accuracy of antibody tests  
for the detection of infection with the COVID-19  
virus?

Gabapentin for chronic neuropathic pain in  
adults

How accurate is chest imaging for diagnosing  
COVID-19?

EXCLUSIVE: Robert F. Kennedy Jr. Drops New Bombshell — Bill Gates' Coronavirus Vaccine Will Pay Out BILLIONS in Profits to Dr. Fauci's Agency via True Pundit

Thomas Paine Podcast

**If you are one of the millions of Americans wondering why Dr. Anthony Fauci is vehemently cheerleading and praising a coronavirus vaccine for ALL Americans ... Robert F. Kennedy Jr. says follow the money.**

Bobby Kennedy Jr. dropped a bombshell on the *Thomas Paine Podcast*, detailing an apparent agreement between the National Institute of Health (NIH) and the Bill Gates-backed pharmaceutical company that has the best chance at this point of securing lucrative contracts for a national coronavirus vaccine.



That puts your government in bed with Big Pharma and Gates and could pay as much as 50 percent of the profits to the NIH, the parent agency that employs Dr. Anthony Fauci — who again — is lobbying for the vaccine. Does Fauci get a cut of the bounty too? Or has he already been cut in?

(Dr. Anthony Fauci and Bill Gates pictured left.)





vacci



vaccination

vaccination re-education discussion forum

vaccines

vaccination re-education

vaccine truth movement

vaccine reeducation discussion forum

vaccine

vaccine resistance movement

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Explor



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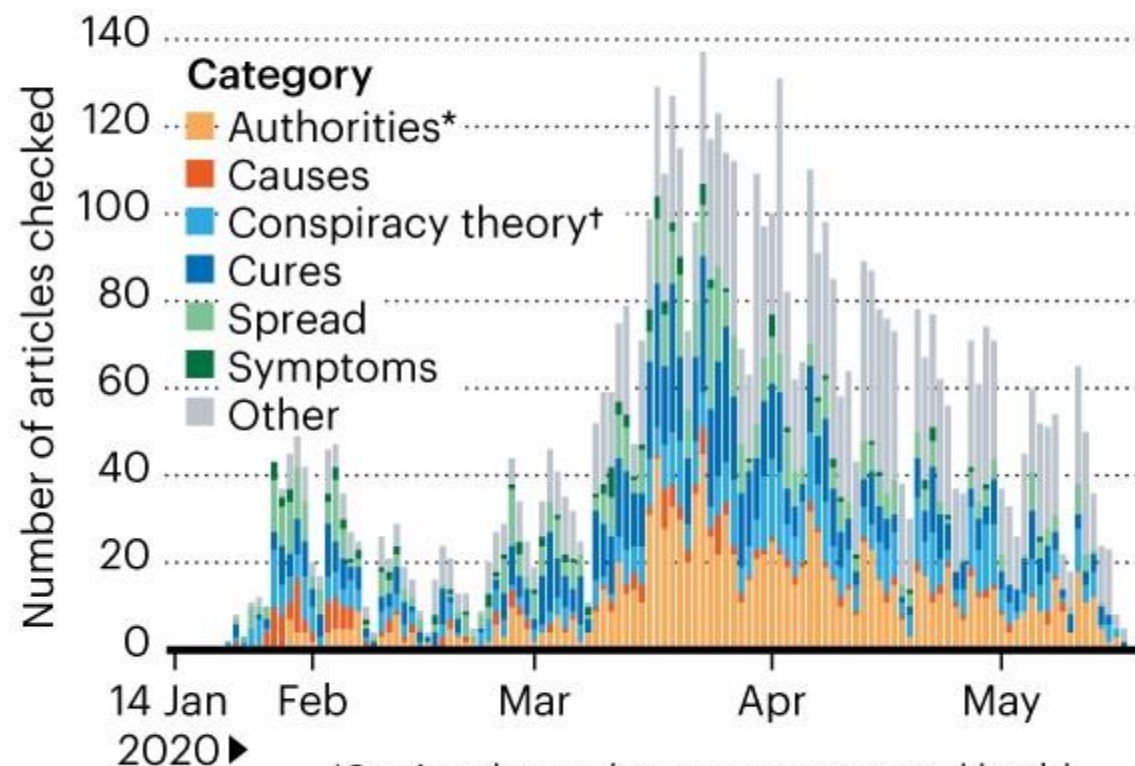
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Feeling/Ac

## A FACT-CHECKING FRENZY

Fact-checkers have worked overtime correcting COVID-19 falsehoods. One alliance has collated more than 6,000 examples of fact-checks across a broad range of categories since 14 January. Data as of 19 May.



©nature

\*Stories about what governments and health authorities say, and what is alleged about them.  
†Any category that involves a conspiracy theory.

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PUBLIC HEALTH | OPINION

# The Risks of Rushing a COVID-19 Vaccine

Telescoping testing time lines and approvals may expose all of us to unnecessary dangers

By William A. Haseltine on June 22, 2020



## READ THIS NEXT

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January 22

18 hours ago — Robin Lloyd | Opinion

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Twitter Bots Are a Major Source of  
Climate Disinformation

21 hours ago — Corbin Hiar and E&E News

MAY 09, 2020

## Flu Misinformation and Coronavirus Fears: My Letter to Dr. Sanjay Gupta

By. [Robert F. Kennedy, Jr.](#) (go to [Childrens Health Defense](#) on internet for the newsletter)



Dear  
Sanjay...



*... 2010 meta-analysis of published influenza vaccine studies found that the influenza vaccination has no effect on hospitalization, and that there is no evidence that vaccines prevent viral transmission or complications.*

**2. CNN assertion:** [CNN routinely promotes the flu shot](#) for everyone older than 6 months, proclaiming that the best way to protect against serious cases of the ailment “[is to get a flu shot](#)”.

**Fact:** *In reality, there is absolutely no scientific basis for the CDC’s assertion that the influenza vaccine is the most effective way to prevent the flu.*

The Cochrane Collaboration’s comprehensive 2010 meta-analysis of published influenza vaccine studies found that the influenza vaccination has “no effect” on hospitalization, and that there is “no evidence that vaccines prevent viral transmission or complications.”

[The Cochrane Researchers concluded](#) in 2010 *that the scientific evidence “seem[s] to discourage the utilization of vaccination against influenza in healthy adults as a routine public health measure.”*

Four years later, [Cochrane published a follow-up meta-review](#) including dozens of more recent scientific studies and again concluded bluntly that the body of scientific data provides “no evidence for the utilization of vaccination against influenza in healthy adults as a routine public health measure.”

In other words, despite CNN’s relentless hectoring, there is no scientific evidence that all the [billions of dollars America spends on influenza vaccination](#) each year actually provides any health benefit, much less a net economic benefit—apart from the financial windfall to the four pharmaceutical companies that manufacture these vaccines—and who happen to be among CNN’s top advertisers.

*...[a study published in PNAS] found that influenza vaccination actually increased transmission of the virus, with vaccinated individuals shedding more than six times as much aerosolized virus in their breath than unvaccinated individuals.*

**3. CNN assertion:** [You and CNN frequently parrot CDC's claim](#) that a flu shot reduces the chances that an individual will transmit the flu to others. *Pandemic* repeated this assertion. CNN offers this supposed benefit as the justification for school vaccine mandates.

**Fact:** However, in their [2010 systematic meta review](#) of the literature, the Cochrane researchers found “*no evidence that vaccines prevent viral transmission or complications*”.

Even more worrisome, [a study from January 18, 2018](#), in the *Journal of the Proceedings of the National Academy of Sciences of the United States of America*, *PNAS*, found that influenza vaccination actually *increased* transmission of the virus, with vaccinated individuals shedding more than six times as much aerosolized virus in their breath than unvaccinated individuals.

Those scientists were not altogether surprised by this finding explaining that “*certain types of prior immunity*”—in this case, the kind of immunity conferred by the vaccine as opposed to *naturally* acquired immunity—“*promote lung inflammation, airway closure, and aerosol generation.*” They conclude that, “*If confirmed, this observation, together with recent literature suggesting reduced protection with annual vaccination, would have implications for influenza vaccination recommendations and policies.*”

# Conclusion

Multiple comprehensive federal investigations and whistleblower declarations have documented the corrupt relationship between the CDC's Vaccine Branch and the four vaccine makers: Merck, Pfizer, Sanofi, and GSK. These include a [2000 report by the US Congress Government Oversight Committee](#), a [2009 report by the Federal HHS Inspector General](#), a [2014 letter by David Wright](#), Director of HHS Office of Research Integrity, and a [2011 letter](#) to Carmen S. Villar, chief of staff for Tom Frieden, from an organization of CDC scientists calling itself "SPIDER".

In 2014, CDC's senior vaccine safety scientist, Dr. William Thompson, a 17-year CDC veteran who continues to work for CDC, confessed in a series of depositions, and public and private statements, that his [CDC bosses in CDC's Immunization Branch had systematically ordered him and other researchers to destroy data and falsify study outcomes](#) to hide CDC research linking vaccines to the exploding epidemic of childhood chronic diseases including autism. Doesn't the abundant evidence of corruption at the Federal health agencies amplify CNN's obligation to treat government pronouncements with skepticism?

*[The CDC] stressed that it was especially important to inspire “concern, anxiety, and worry” among young, healthy adults who don’t regard the flu with sufficient dread.*

At a 2004 workshop for the Institute of Medicine, CDC unveiled a blueprint for the agency’s annual campaigns of fear and deception in a PowerPoint entitled “‘[Recipe’ for Fostering Public Interest and High Vaccine Demand](#)”. CDC’s in-house P.R. flack Glen Nowak explained that it was necessary to use fear marketing to sell vaccines. CDC’s campaign called for encouraging television medical experts (like Sanjay and Elizabeth Cohen) to “*state concern and alarm*” about “and predict dire outcomes” from the flu season. To inspire the necessary terror, the CDC planned to encourage its tame journalists to describe each season as “*very severe*”, “*more severe than last or past years*”, and “*deadly*”. CDC’s press flacks stressed that it was especially important to inspire “*concern, anxiety, and worry*” among young, healthy adults who don’t regard the flu with sufficient dread. As the CDC bluntly stated it, “*Health literacy is a growing problem*”. In other words, the CDC considers it to be a *problem* that people are increasingly doing their own research and becoming more adept at *educating themselves* about health-related issues; Why? *Because people who do their own research, read the science, and make informed choices rather than blindly following the CDC’s recommendations are less likely to get the flu shot.*



# **Seven-Step Recipe for Generating Interest in, and Demand for, Flu (or any other) Vaccination**

Posted on [April 24, 2019](#) by [parissun](#)

Glen Nowak, then-acting director of media relations at the CDC. Nowak gave the presentation at the National Influenza Vaccine Summit in 2004, co-sponsored by the CDC and the American Medical Association (AMA). In a nutshell, Nowak's presentation focused on how to use the media to create fear and anxiety to promote vaccination and increase vaccine uptake in the U.S.

A section of his presentation titled "Getting Ready for 2004-2005: Lessons (Re-) Learned [Including the Seven-Step Recipe for Generating Interest in, and Demand for, Flu (or any other) Vaccination" included the following statements:

# Many People Don't Get an annual Influenza Vaccination

- Overall, 35% (of 1,001 surveyed) said they got or planned to get a flu vaccine, while 65% did not (AP/Ipsos survey)
- 40% of respondents age 50-64 said they had received a flu vaccination in past three months (Harvard)
- About 47% with chronic illnesses did not get a flu vaccination (Harvard)
- Seven in 10 parents said they did not have their children vaccinated (AP/Ipsos)
- 78% of parents of children 6-23 months had not had their child vaccinated, though 74% said they were aware of the recommendation (Harvard).



## **“Recipe” that Fosters Higher Interest and Demand for Influenza Vaccine (1)**

1. Influenza’s arrival coincides with immunization “season” (i.e., when people can take action)
2. Dominant strain and/or initial cases of disease are:
  - Associated with severe illness and/or outcomes
  - Occur among people for whom influenza is not generally perceived to cause serious complications (e.g., children, healthy adults, healthy seniors)
  - In cities and communities with significant media outlets (e.g., daily newspapers, major TV stations)



## **“Recipe” that Fosters Influenza Vaccine Interest and Demand (2)**

3. Medical experts and public health authorities publicly (e.g., via media) state concern and alarm (and predict dire outcomes)— and urge influenza vaccination.
4. The combination of ‘2’ and ‘3’ result in:
  - A. Significant media interest and attention
  - B. Framing of the flu season in terms that motivate behavior (e.g., as “very severe,” “more severe than last or past years,” “deadly”)





## **“Recipe” that Fosters Influenza Vaccine Interest and Demand (3)**

5. Continued reports (e.g., from health officials and media) that influenza is causing severe illness and/or affecting lots of people— helping foster the perception that many people are susceptible to a bad case of influenza.
6. Visible/tangible examples of the seriousness of the illness (e.g., pictures of children, families of those affected coming forward) and people getting vaccinated (the first to motivate, the latter to reinforce)
7. References to, and discussions, of pandemic influenza— along with continued reference to the importance of vaccination.



# Implications of “Recipe”

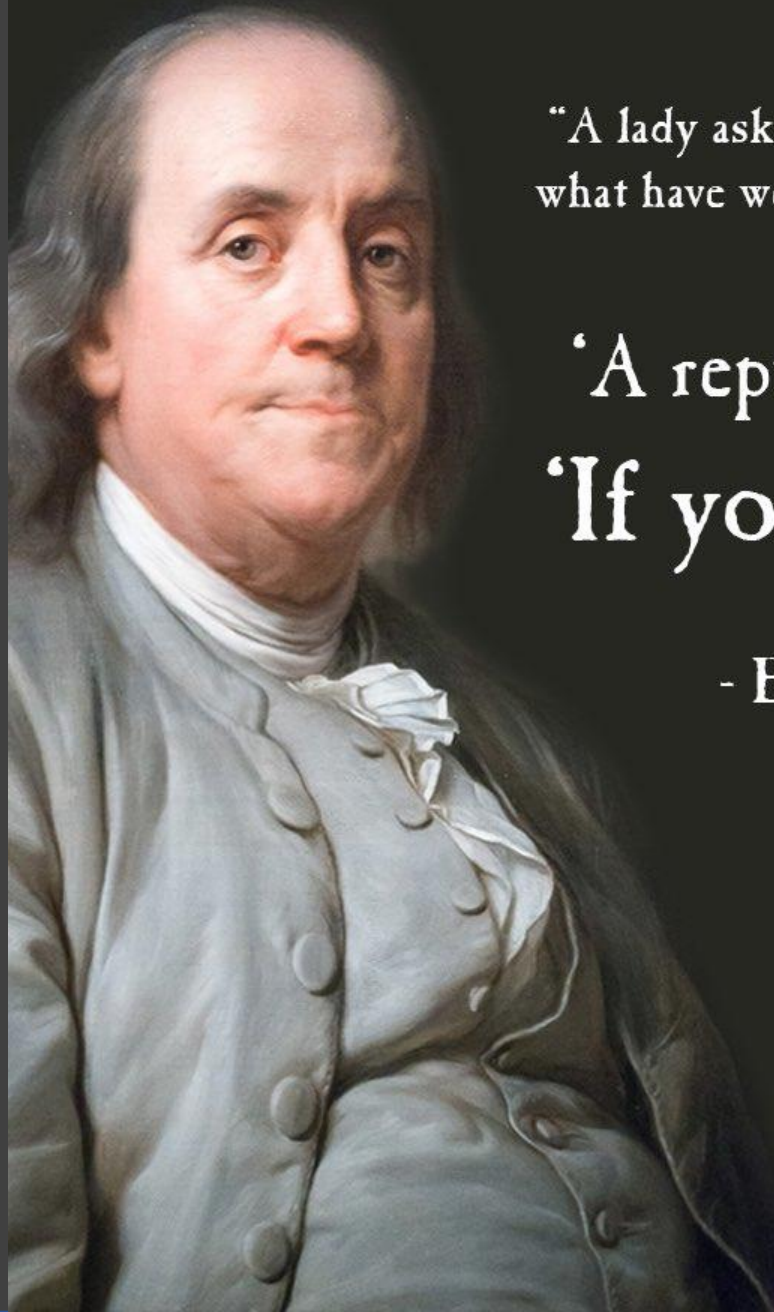
- A large component of consumer demand for flu vaccination is contingent upon things we can't control (e.g., timing, severity, extent, duration of the disease and resulting illness).
- Vaccination demand, particularly among people who don't routinely receive an annual influenza vaccination, is related to heightened concern, anxiety, and worry. For example:
  - A perception or sense that many people are falling ill;
  - A perception or sense that many people are experiencing bad illness;
  - A perception or sense of vulnerability to contracting and experiencing bad illness.





It is the first responsibility of  
every citizen to question  
authority.

~ Benjamin Franklin



“A lady asked Dr. Franklin, ‘Well, Doctor, what have we got a republic or a monarchy?’

‘A republic,’ replied the Doctor,  
‘If you can keep it.’”

- Benjamin Franklin



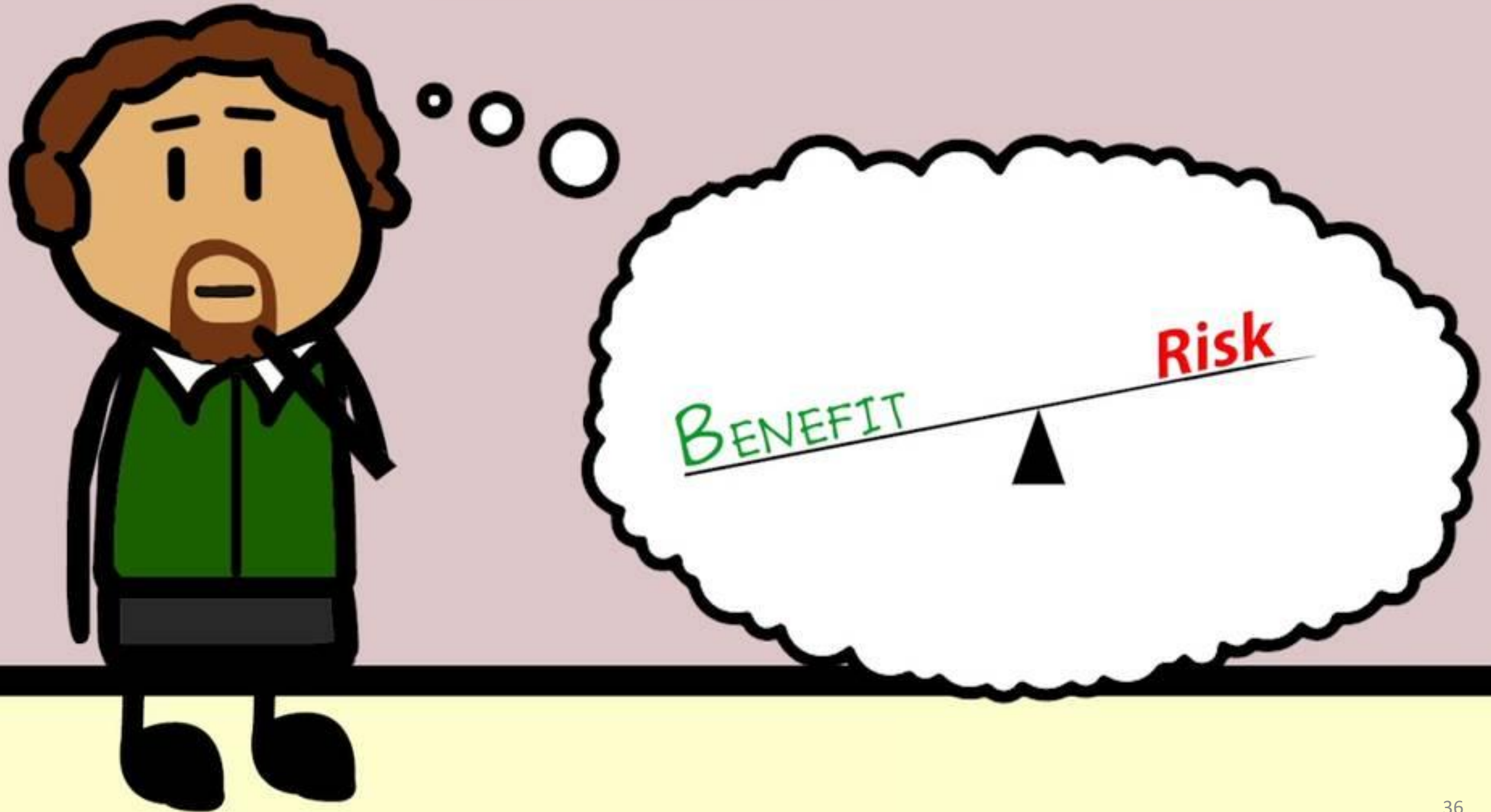
# Bill of Rights

United States.

Congress OF THE  
FIRST AMENDMENT

Congress shall make no law respecting an  
establishment of religion, or prohibiting the free  
exercise thereof; or abridging the freedom of speech,  
or the right of the people peaceably  
to petition the Government for a redress

# WHAT IS A RISK-BENEFIT ANALYSIS?



# You Must Not 'Do Your Own Research' When It Comes To Science



**Ethan Siegel** Senior Contributor

**Starts With A Bang** Contributor Group ©

[Science](#)

*The Universe is out there, waiting for you to discover it.*



A pharmacy tech counts out pills of Hydroxychloroquine at Rock Canyon Pharmacy in Provo, Utah. ... [\[+\]](#) AFP VIA GETTY IMAGES

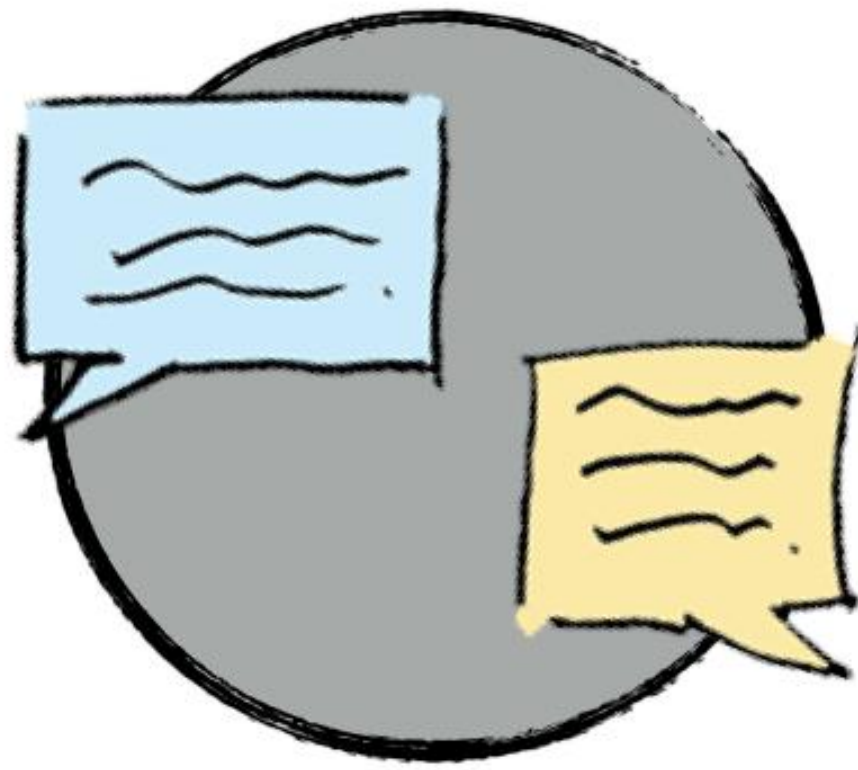
“Research both sides and make up your own mind.” It’s simple, straightforward, common sense advice. And when it comes to issues like vaccinations, climate change, and the novel coronavirus SARS-CoV-2, it can be dangerous, destructive, and even deadly. The techniques that most of us use to navigate most of our decisions in life — gathering information, evaluating it based on what we know, and choosing a course of action — can lead to spectacular failures when it comes to a scientific matter.



# Before we start...

We are offering this webinar opportunity for your education, so that you can better support your patients with informed consent - allowing them to make their own choices regarding vaccination. We believe that homeopaths should answer questions not on the basis of their own personal opinions, but on the basis of the information they have regarding potential benefits and risks. We believe that homeopaths need to be prepared to support their patients irrespective of their decision to have or not to have a vaccination. Please note that the information provided in this Webinar is not intended to replace qualified medical attention. Please be aware that the opinions made during the presentation are not intended to diagnose, prescribe or recommend treatments for the cure of any specific condition, whether medical, emotional or psychological. Specific programs of disease treatment or prevention should be applied only in consultation with a licensed physician or other qualified health professional.

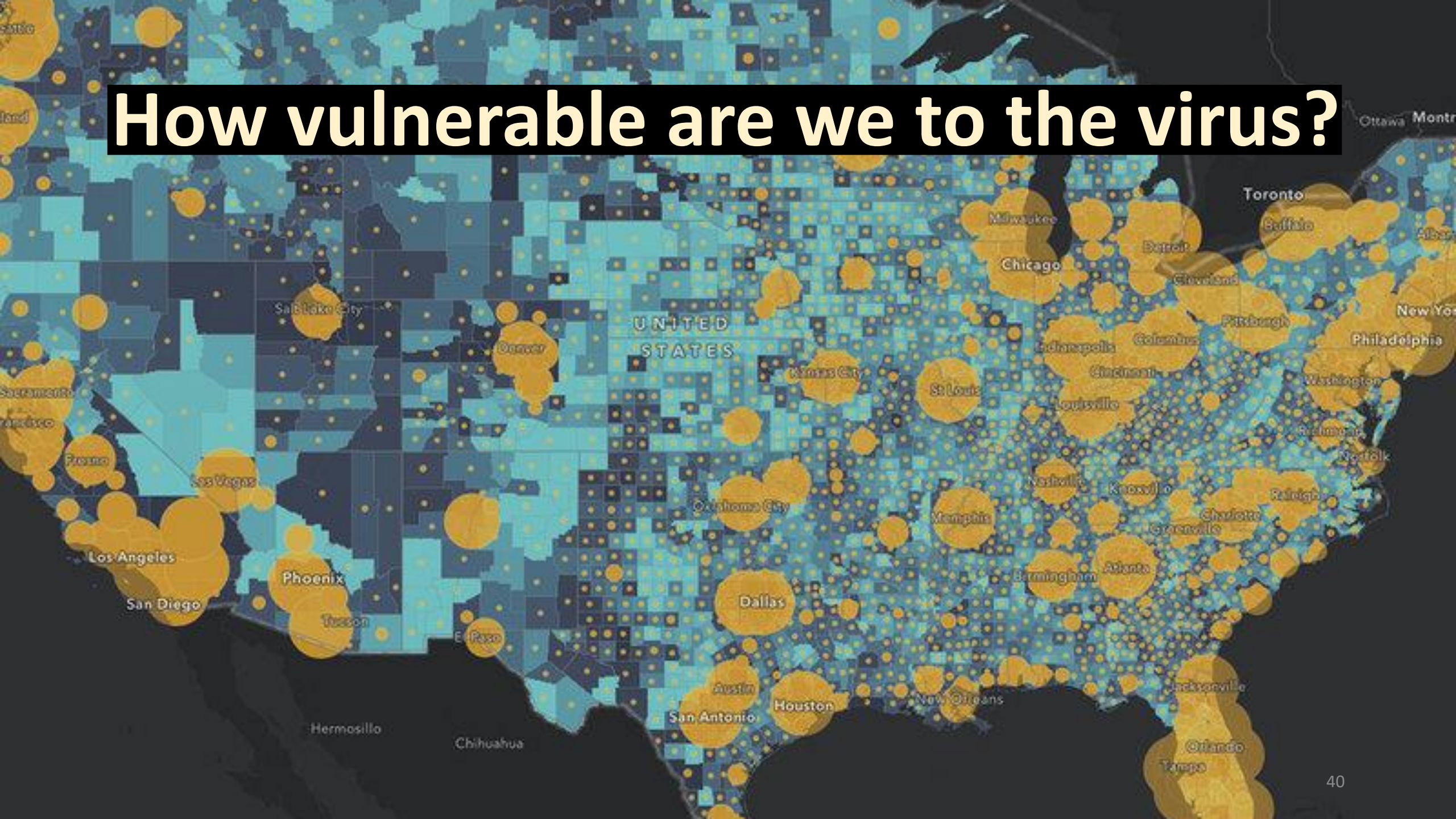




STUDENTS SHOULD QUESTION  
ANSWERS AS OFTEN AS THEY  
ANSWER QUESTIONS.



# How vulnerable are we to the virus?



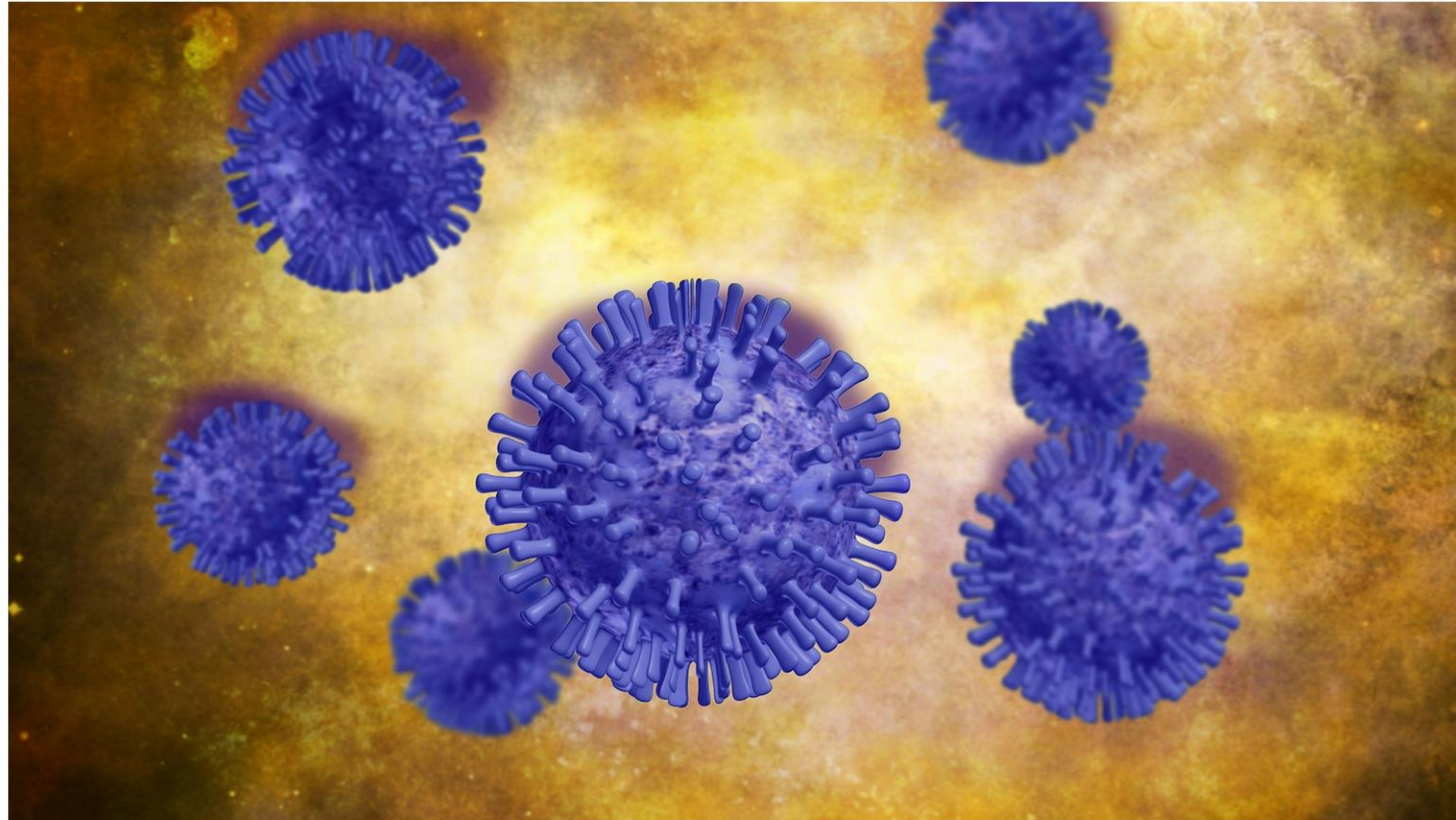


## CORONAVIRUS

# The CDC's New 'Best Estimate' Implies a COVID-19 Infection Fatality Rate Below 0.3%

That rate is much lower than the numbers used in the horrifying projections that shaped the government response to the epidemic.

JACOB SULLUM | 5.24.2020 5:35 PM



(Dgmate/Dreamstime)

# WHO Calls Into Question Ability of RT-PCR Test To Detect COVID-19 (False Positives)



Published 1 month ago on December 19, 2020

By **Arjun Walia** 





# WHO Calls Into Question Ability of RT-PCR Test To Detect COVID-19 (False Positives)

On December 14th the World Health Organization (WHO) released a notice on their website titled *WHO Information Notice for IVD Users regarding nucleic acid testing (NAT) technologies that use real-time polymerase chain reaction (RT-PCR) for detection of SARS-CoV-2*.

“WHO has received user feedback on an elevated risk for false SARS-CoV-2 results when testing specimens using RT-PCR reagents on open systems. As with any diagnostic procedure, the positive and negative predictive values for the product in a given testing population are important to note. As the positivity rate for SARS-CoV-2 decreases, the positive predictive value also decreases. This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as positivity rate decreases, irrespective of the assay specificity. Therefore, healthcare providers are encouraged to take into consideration testing results along with clinical signs and symptoms, confirmed status of any contacts, etc.”

# Review report Corman-Drosten et al. Eurosurveillance 2020

 November 27, 2020

This extensive review report has been officially submitted to Eurosurveillance editorial board on 27th November 2020 via their submission-portal, enclosed to this review report is a [retraction request letter](#), signed by all the main & co-authors. First and last listed names are the first and second main authors. All names in between are co-authors.

## **External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results.**

---

Pieter Borger<sup>(1)</sup>, Bobby Rajesh Malhotra<sup>(2)</sup>, Michael Yeadon<sup>(3)</sup>, Clare Craig<sup>(4)</sup>, Kevin McKernan<sup>(5)</sup>, Klaus Steger<sup>(6)</sup>, Paul McSheehy<sup>(7)</sup>, Lidiya Angelova<sup>(8)</sup>, Fabio Franchi<sup>(9)</sup>, Thomas Binder<sup>(10)</sup>, Henrik Ullrich<sup>(11)</sup>, Makoto Ohashi<sup>(12)</sup>, Stefano Scoglio<sup>(13)</sup>, Marjolein Doesburg-van Kleffens<sup>(14)</sup>, Dorothea Gilbert<sup>(15)</sup>, Rainer Klement<sup>(16)</sup>, Ruth Schruefer<sup>(17)</sup>, Berber W. Pieksma<sup>(18)</sup>, Jan Bonte<sup>(19)</sup>, Bruno H. Dalle Carbonare<sup>(20)</sup>, Kevin P. Corbett<sup>(21)</sup>, Ulrike Kämmerer<sup>(22)</sup>

## **ABSTRACT**

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In the publication entitled “Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR” (Eurosurveillance 25(8) 2020) the authors present a diagnostic workflow and RT-qPCR protocol for detection and diagnostics of 2019-nCoV (now known as SARS-CoV-2), which they claim to be validated, as well as being a robust diagnostic methodology for use in public-health laboratory settings.

# WHO Questions PCR Tests

To quote their own words [our emphasis]:

“Users of RT-PCR reagents should read the IFU carefully to determine if manual adjustment of the PCR positivity threshold is necessary to account for any background noise which **may lead to a specimen with a high cycle threshold (Ct) value result being interpreted as a positive result.**”

They go on to explain [again, our emphasis]:

“The design principle of RT-PCR means that for patients with high levels of circulating virus (viral load), relatively few cycles will be needed to detect virus and so the Ct value will be low.”

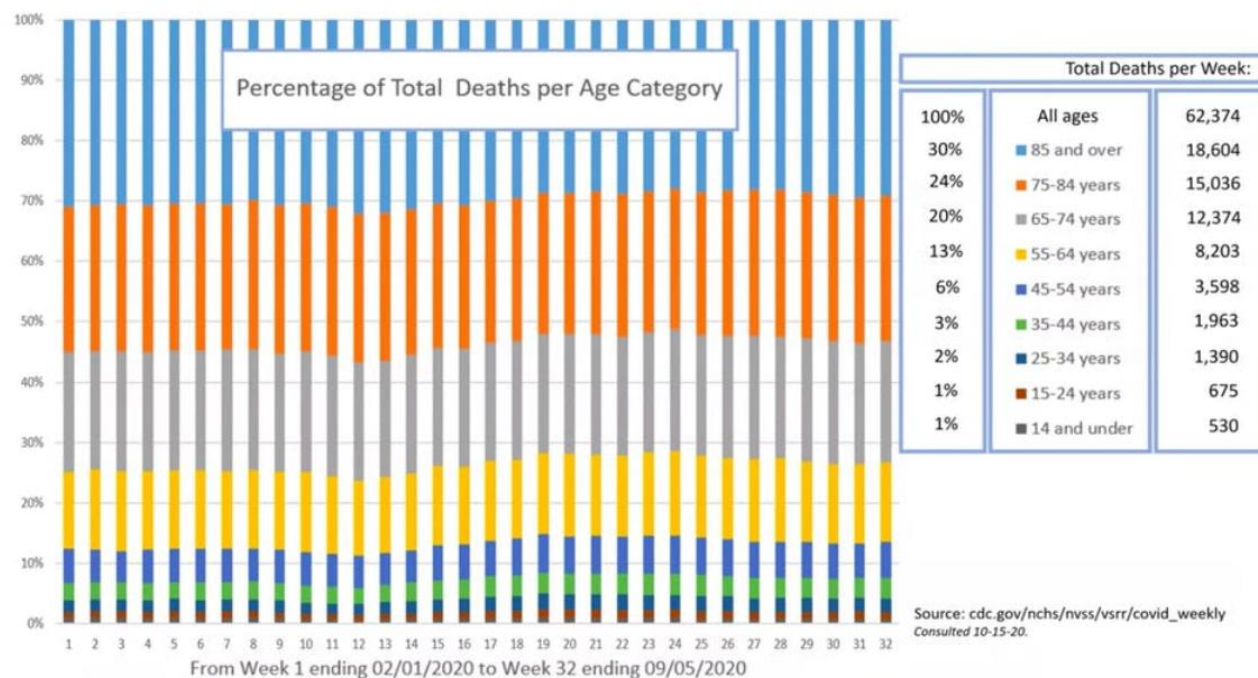
“Conversely, when specimens return a high Ct value, it means that many cycles were required to detect virus. **In some circumstances, the distinction between background noise and actual presence of the target virus is difficult to ascertain.**”

# Johns Hopkins: COVID Has Had No Effect On US Death Rate

by [Michael Suede](#) • November 26, 2020

- “Therefore, according to Briand, not only has COVID-19 had no effect on the percentage of deaths of older people, but it has also not increased the total number of deaths.”
- “All of this points to no evidence that COVID-19 created any excess deaths. Total death numbers are not above normal death numbers. We found no evidence to the contrary,” Briand concluded.

Johns Hopkins News-Letter [reports](#):





Are all segments of the population at equal risk?



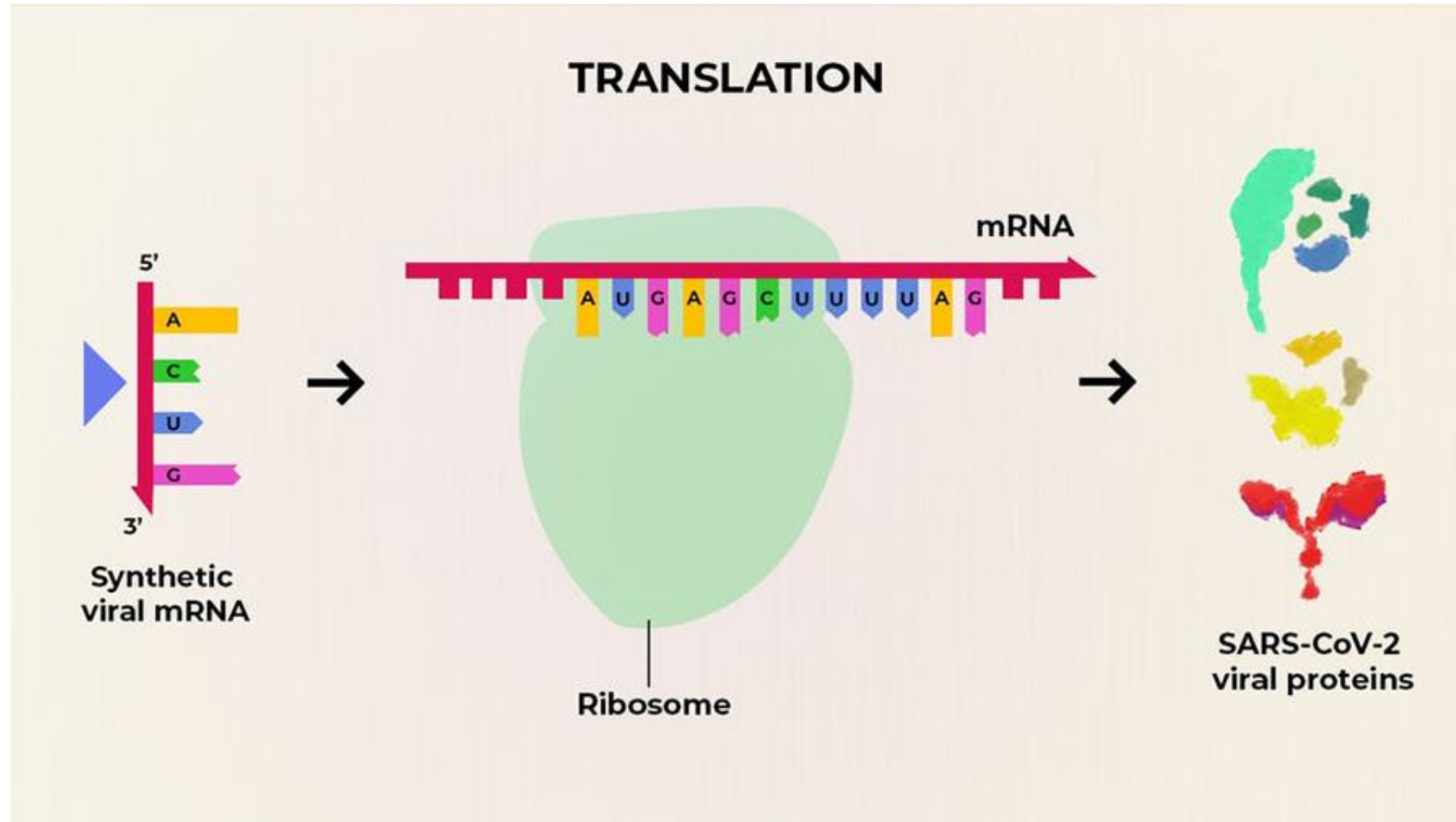
**Table 1. Parameter Values that vary among the five COVID-19 Pandemic Planning Scenarios.** The scenarios are intended to advance public health preparedness and planning. They are **not** predictions or estimates of the expected impact of COVID-19. The parameter values in each scenario will be updated and augmented over time, as we learn more about the epidemiology of COVID-19. Additional parameter values might be added in the future (e.g., population density, household transmission, and/or race and ethnicity).

Parameter	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5: Current Best Estimate
$R_0^*$	2.0		4.0		2.5
Infection Fatality Ratio <sup>†</sup>	0-19 years: 0.00002 20-49 years: 0.00007 50-69 years: 0.0025 70+ years: 0.028		0-19 years: 0.0001 20-49 years: 0.0003 50-69 years: 0.010 70+ years: 0.093		0-19 years: 0.00003 20-49 years: 0.0002 50-69 years: 0.005 70+ years: 0.054
Percent of infections that are asymptomatic <sup>§</sup>	10%	70%	10%	70%	40%
Infectiousness of asymptomatic individuals relative to symptomatic <sup>¶</sup>	25%	100%	25%	100%	75%
Percentage of transmission occurring prior to symptom onset <sup>**</sup>	30%	70%	30%	70%	50%



<b>Risk of Dying From:</b>	<b>Age Bracket</b>	<b>Risk of Death</b>	<b>Total deaths</b>	<b>Population</b>
Covid-19 2020	0-17	1 in 550,000	135	74,128,216
Flu 2018	0-17	1 in 115,340	643	74,128,216
Flu 2018	18-49	1 in 50,251	2,803	140,226,980
Covid-19 2020	18-39	1 in 44,843	2,220	99,504,858
Flu 2018	50-64	1 in 9,433	6,751	63,657,235
Auto Accident 2018	All Ages	1 in 9,174	36,560	334,503,458
Covid-19 2020	40-64	1 in 4,329	24,156	104,429,357
Flu 2018	65+	1 in 1109	50,903	56,441,072
Covid-19 2020	65+	1 in 543	104,006	56,441,072

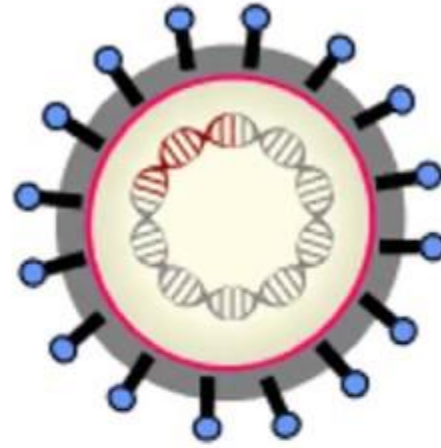
Are the new mRNA “vaccines” similar to other vaccines?





## DNA Vaccine Advantages

- Antibody response is longer
- Cytotoxic T-cell response
- Low cost manufacture
- Greater stability
- Easier storage and transportation
- **Still in development**



Claims made by “vaccine” manufacturers



# DNA VACCINES

DNA vaccine work began thirty years ago, but as yet there are no licensed DNA vaccines and most remain in Phase 1 testing. (Figure 5)

The key challenge associated with DNA vaccines is that they must penetrate the cell nucleus (crossing two membranes; the cytoplasm and the nucleus). The DNA must then be transcribed in the nucleus into mRNA before moving to the cytoplasm to stimulate antigen production. This core complex pathway often requires both larger doses and special, often painful delivery devices using electric shocks or gold microspheres into person’s skin to deliver the DNA vaccine. Once inside the nucleus, DNA vaccines have a risk of permanently changing a person’s DNA.

# mRNA VACCINES

There are now six prophylactic mRNA vaccines in clinical trials, four of which are being conducted by Moderna Therapeutics. These vaccines combine the advantages of DNA vaccines (natural antigen expression and production that is faster and standardized) while addressing many of the disadvantages. Unlike DNA vaccines, mRNA vaccines do not need to enter the nucleus, nor do they risk being integrated into our DNA, and they are directly translated into protein antigens. As a result, mRNA vaccines require only 1/1000 the dose of DNA vaccines and do not need special delivery devices. (Figure 6)

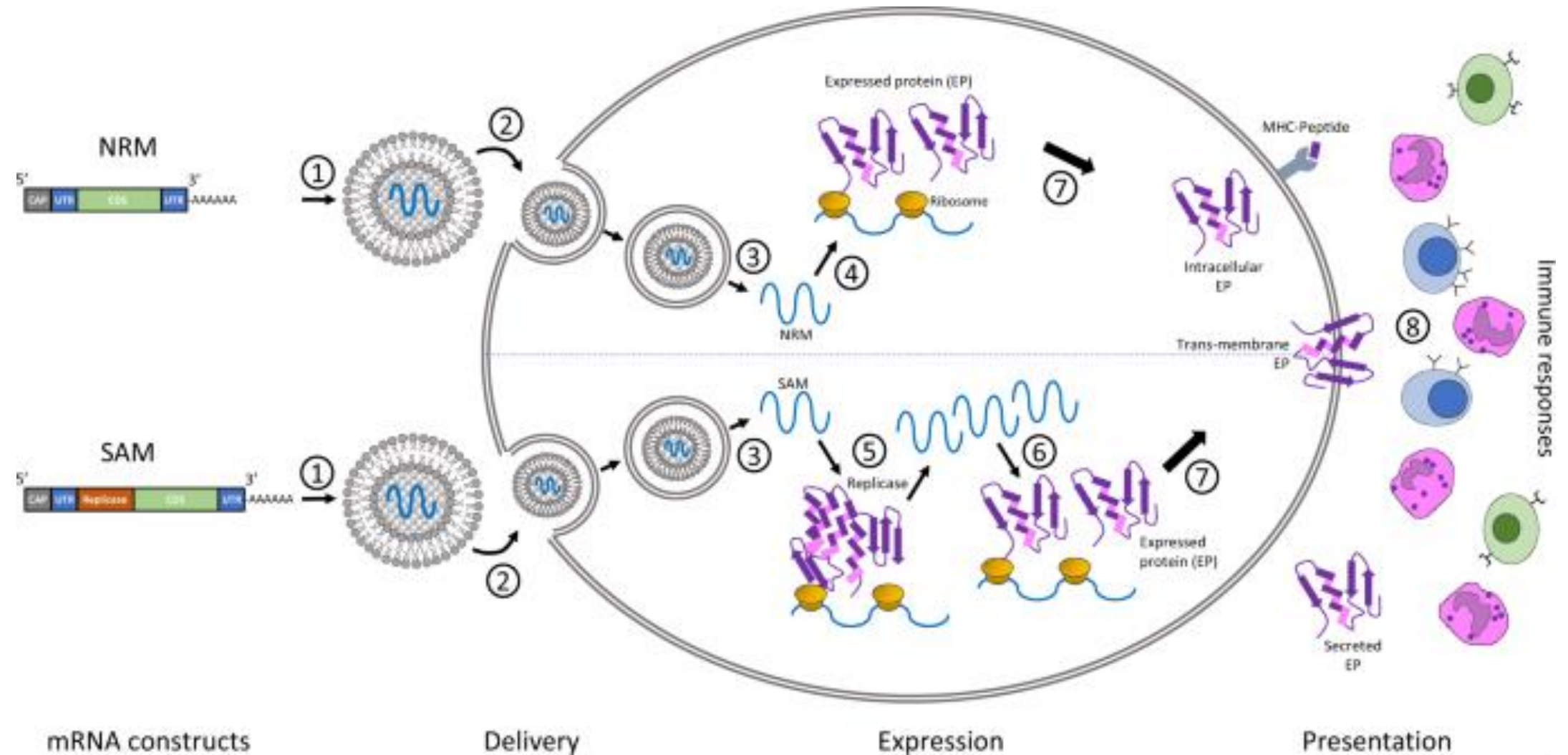
The first-ever published data demonstrating a prophylactic mRNA vaccine’s ability to elicit robust immunity in humans was published in *Molecular Therapy* in April 2017. (Bahl *et al.*, 2017)<sup>2</sup> As with all new vaccines, time is needed to establish the level and duration of immunogenicity and the safety profile of mRNA vaccines in larger, more diverse populations. However, the innovation of mRNA vaccines offers the opportunity to improve upon DNA vaccines. These vaccines work seamlessly with the body to mimic the natural sequence of exposure and protection, without the dangers of a real infection. The precision and standardization of the antigen design and delivery offer public health and commercial advantages in terms of the speed and cost of discovery, the speed of development, the probability of success for many targets and the speed, cost and adaptability of production. mRNA offers us a new paradigm in vaccinations’ hundred-year history.

	DNA Vaccine	mRNA Vaccine
Risk of DNA Integration	Yes	No
Dose	mg	µg (1000x lower)
Special Delivery Device	Yes	No
Factory Size	Large	Small
Membrane Penetration	Cytoplasm & Nucleus	Cytoplasm





# How is the mRNA technology supposed to work?





BIONTECH





**Could It Really Be True?**

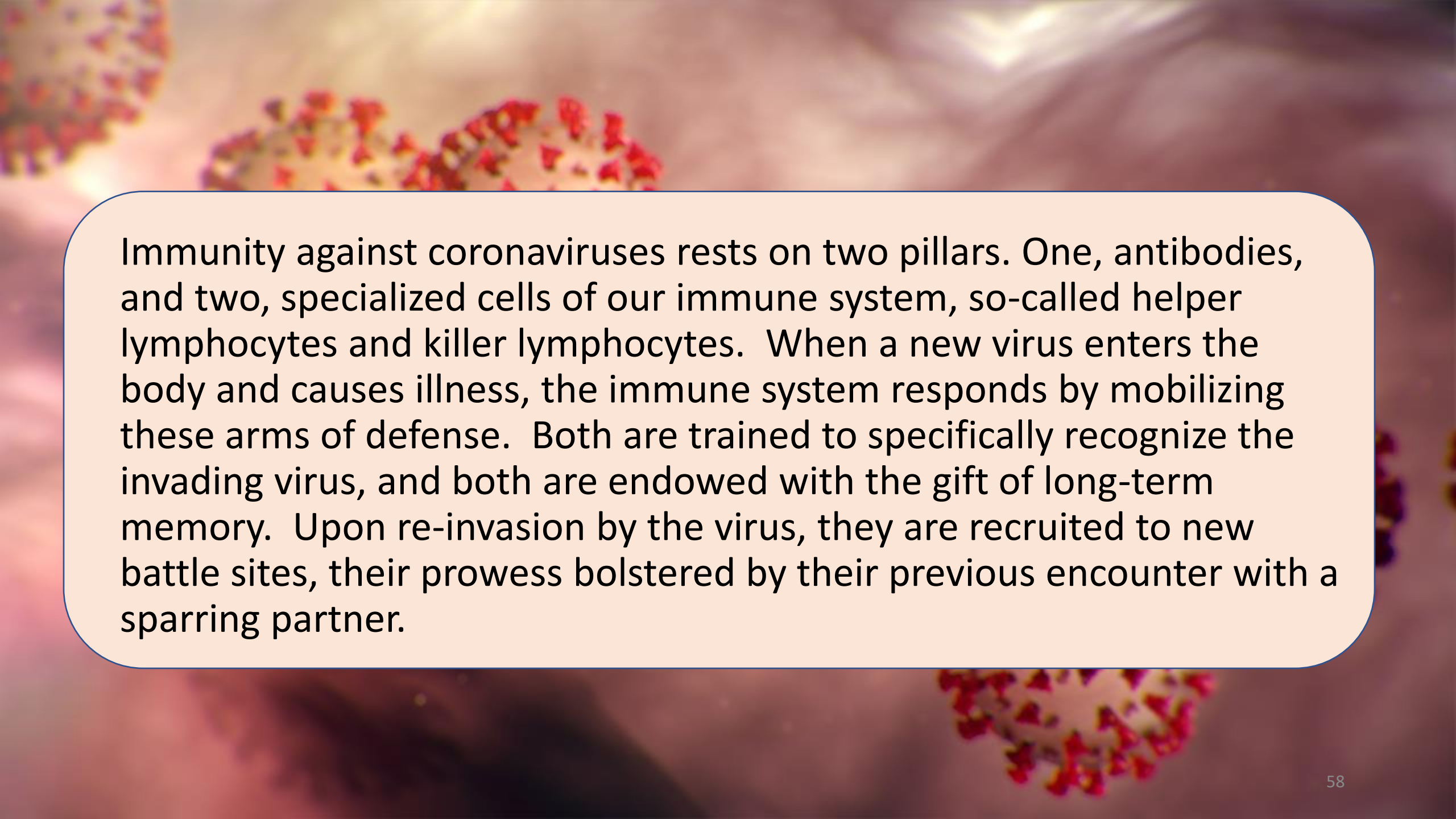


Dr. Karina Reiss  
Dr. Sucharit Bhakdi

# **CORONA** **FALSE ALARM?**

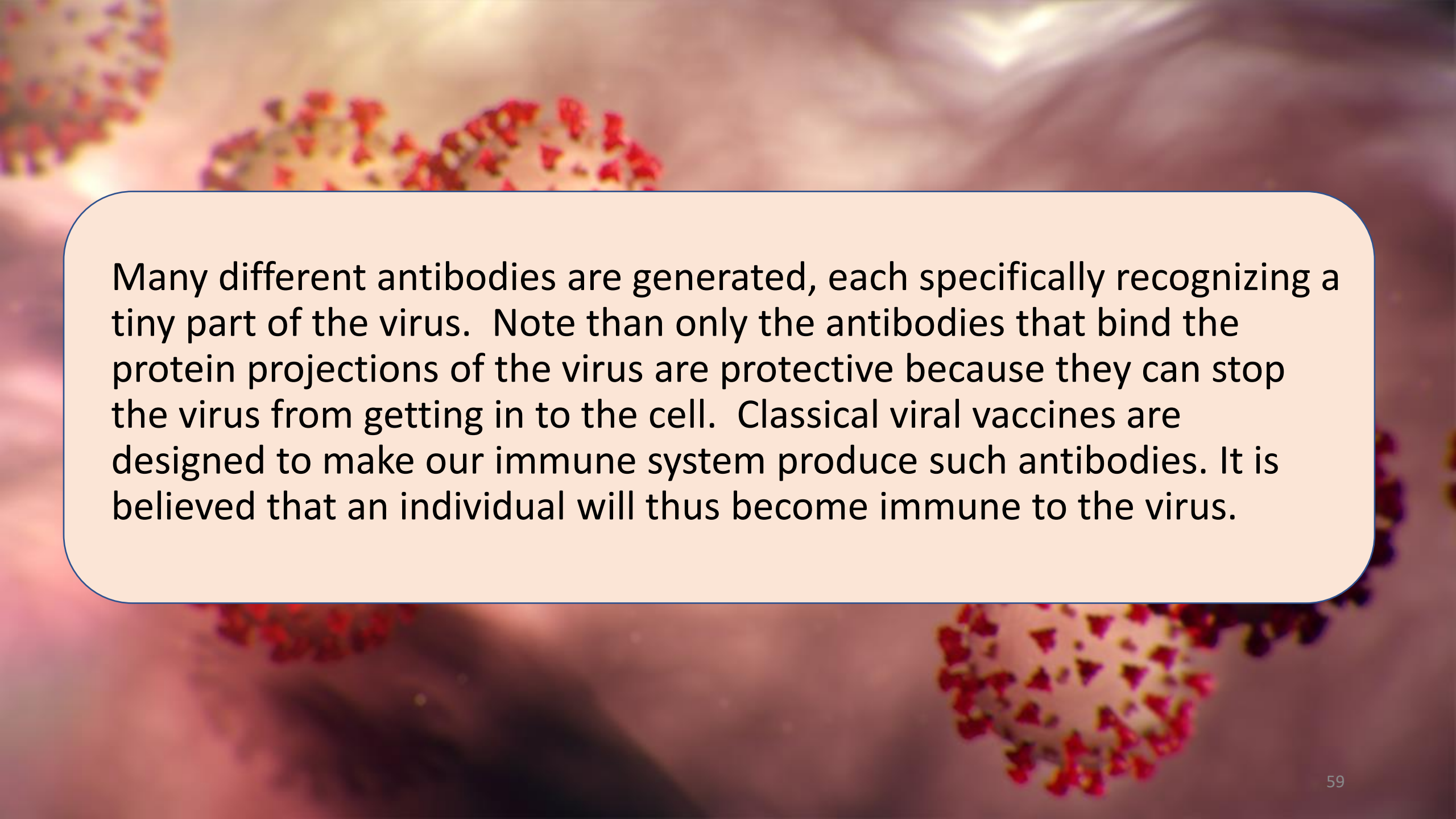
Facts and Figures





Immunity against coronaviruses rests on two pillars. One, antibodies, and two, specialized cells of our immune system, so-called helper lymphocytes and killer lymphocytes. When a new virus enters the body and causes illness, the immune system responds by mobilizing these arms of defense. Both are trained to specifically recognize the invading virus, and both are endowed with the gift of long-term memory. Upon re-invasion by the virus, they are recruited to new battle sites, their prowess bolstered by their previous encounter with a sparring partner.






Many different antibodies are generated, each specifically recognizing a tiny part of the virus. Note that only the antibodies that bind the protein projections of the virus are protective because they can stop the virus from getting in to the cell. Classical viral vaccines are designed to make our immune system produce such antibodies. It is believed that an individual will thus become immune to the virus.

# Three points require emphasis.

- 1) If you are tested for SARS-Cov-2 antibodies and nothing is found, this does not mean that you were not infected. Severe symptoms often correlate with high production of antibodies, mild symptoms only lead to low antibody levels, and many asymptomatic infections probably occur without any antibody production.
- 2) If antibodies are found, this does not mean that you are immune. Current immunological tests cannot selectively detect protective antibodies directed against the protein projections of the virus. Other antibodies show up at the same time. Testing cannot give any reliable information on the “immune status” of an individual, and, as will follow next, is essentially useless.
- 3) The outcome of an encounter between “protective” antibodies and the virus is not black or white, not now or never. Numbers are important. A wall of protecting antibodies may ward off a small attack - for instance when someone coughs at a distance. The attack intensifies as the person comes closer and the scales begin to tip. Some viruses may now overcome the barrier and make it into the cells. If the cough comes from close quarters, the battle becomes one-sided and ends in a quick victory for the virus.



So even if vaccination is “successful”, meaning that production of protective antibodies has taken place, it does not guarantee immunity. To worsen matters, antibody production spontaneously wanes after just a few months. Protection, if any at all, is at best short-lived.

What happens after the virus enters the cell? Experiments conducted on mice have examined this in detail for SARS-CoV, the original SARS virus, and close relative of the present SARS-CoV-2. It was demonstrated that the second arm of the immune system comes into play. Lymphocytes arrive on the scene. A coordinated series of events takes place during which helper cells explode into action and activate their partners, the killer lymphocytes. They seek out the cells that contain the virus and kill them. The factory is destroyed - the fire is extinguished. Consequently, the cough and fever go away.

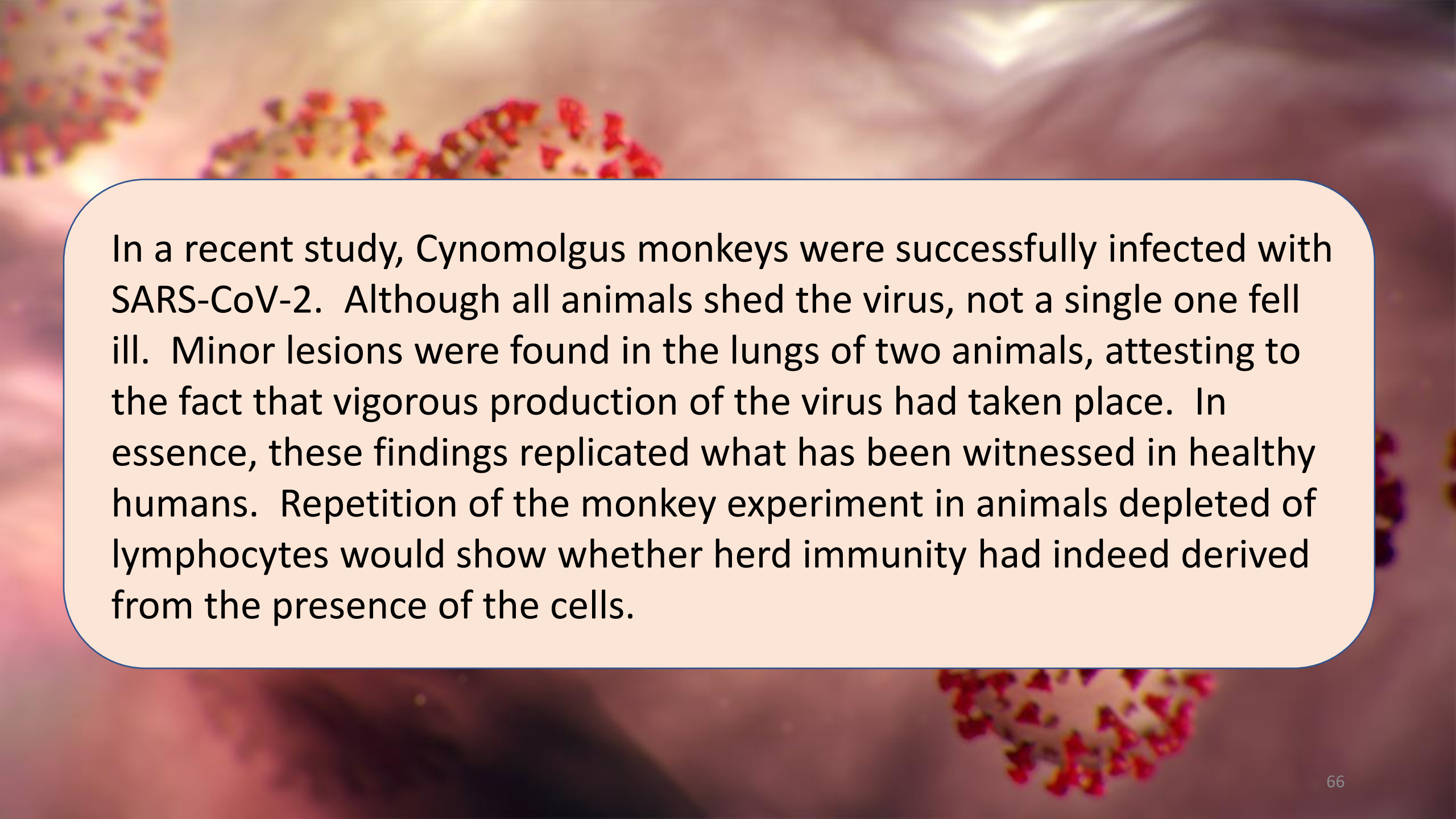


How can killer lymphocytes know which cells to attack? Put in simple words: Imagine an infected cell to be a factory that produces and assembles the virus parts. Bits and pieces that are not assembled into the viruses become waste products that the cell removes in an ingenious way: it transports them outside of the cell. The patrolling killer T cells see this trash and move in for the kill. This second arm of our immune system is seldom talked about, but it is extremely important - much more so than the antibodies that represent at best a rather shaky first line of defense. Most importantly, waste products derived from different coronaviruses share similarities. Killer lymphocytes recognizing the waste of one virus can therefore be expected to recognize at least some of the waste of others.

Coronavirus mutations take place in very small steps. Protective antibodies and lymphocytes against Type A will usually also be quite effective against progeny Aa. If B comes to visit, you get another cold and cough, but then your immune system broadens to cover A, Aa, and B, Bb. The scope of immunity expands with each new infection, and lymphocytes can remember. Immunity against coronavirus doesn't mean that we do not get infected at all, it means we don't fall seriously ill. When a new variant of the virus appears, many people may get infected, but because the fires are quickly extinguished, they will not fall seriously ill. The relative few who fare worse do so because the balance between attack and defense is heavily in favor of the virus. But in the absence of pre-existing illness, the scales tip back again. The virus will be overcome. As a rule, it is only for people with pre-existing conditions that the virus will become the last straw that breaks the proverbial camel's back?

In a recent German study, lymphocytes from 185 blood samples obtained between 2007 and 2019 were examined for cross-recognition of SARS-CoV-2. Positive results were found in no less than 70 - 80%, and this applied to both helper and killer lymphocytes. A US study with lymphocytes from 20 unexposed donors similarly reported the presence of lymphocytes that were cross-reactive with the new virus. In these and another Swedish study, it was also found that even non-symptomatic or mild SARS-CoV-2 infections provoked strong T-cell responses. It is suspected that these unusual, vigorous T-cell responses to a first infection represent classical booster phenomenon occurring in pre-existing populations of reactive T-lymphocytes.



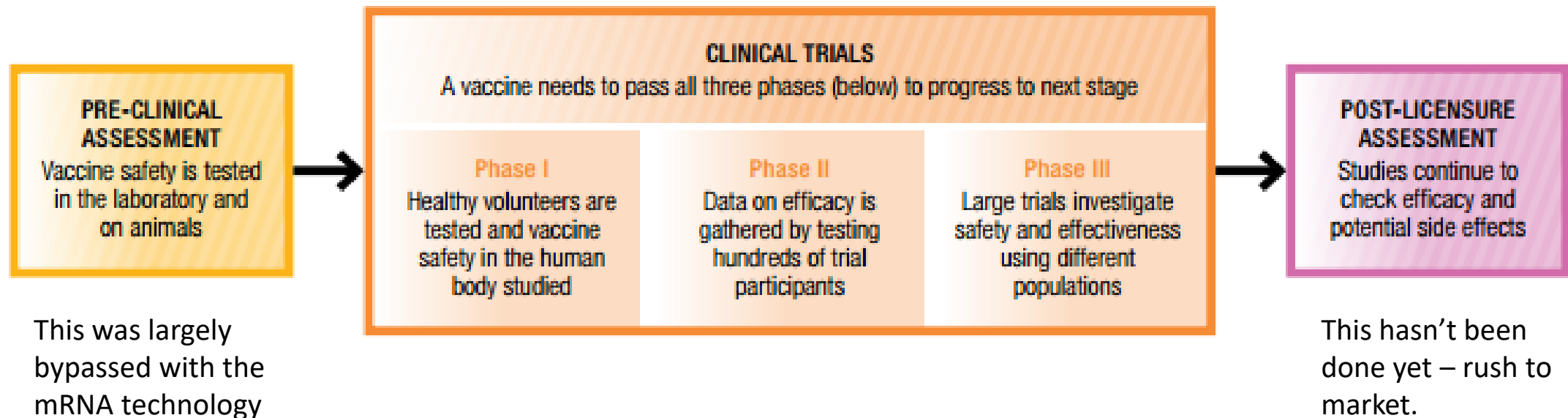


In a recent study, Cynomolgus monkeys were successfully infected with SARS-CoV-2. Although all animals shed the virus, not a single one fell ill. Minor lesions were found in the lungs of two animals, attesting to the fact that vigorous production of the virus had taken place. In essence, these findings replicated what has been witnessed in healthy humans. Repetition of the monkey experiment in animals depleted of lymphocytes would show whether herd immunity had indeed derived from the presence of the cells.

The development of vaccines against dreaded diseases such as smallpox, diphtheria, tetanus and poliomyelitis represented turning points in the history of medicine. Now, the most pressing issue arises whether a global vaccination program is needed to end the coronavirus crisis. This question is so important that a debate urgently needs to be conducted to reach a global consensus on three basic points:

- 1) When is the development of a vaccine called for? We venture to answer: when an infection regularly leads to severe illness and/or serious sequelae in healthy individuals, as is not the case with SARS-CoV-2.
- 2) When would mass-vaccination not be reasonable? We propose that mass-vaccination is not reasonable if a large part of the population is already protected against life-threatening disease, as is the case for SARS-CoV-2.
- 3) When will vaccination likely be unsuccessful? We predict that vaccination will fail when a virus co-existing worldwide with man and animals continuously undergoes mutational change, and when individuals become exposed to high doses of virus during spread of the infection.

# How safe is the vaccine and what kind of studies have been conducted to determine both short-term and long-term safety?





# COVID-19 Vaccine Trial Reactions

- High fever, chills, muscle pains and headaches
- Hospitalization and invasive treatment
- Guillain-Barré syndrome, brain swelling, muscle weakness and paralysis
- Convulsions and seizures, stroke, narcolepsy, shock, heart attack
- Autoimmune disease, arthritis and joint pain
- Multisystem inflammatory syndrome in children, and death
- Anaphylactic shock after receiving one dose



**Dr. Wolfgang  
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# **URGENT PETITION**

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**STOP Covid  
Vaccine Studies**

# The four major elements being pointed out:

- The formation of so-called “non-neutralizing antibodies” can lead to an exaggerated immune reaction, especially when the test person is confronted with the real, “wild” virus after vaccination. This so-called antibody-dependent amplification, ADE, has long been known from experiments with corona vaccines in cats, for example. In the course of these studies all cats that initially tolerated the vaccination well died after catching the wild virus.
- The mRNA vaccines from BioNTech/Pfizer contain polyethylene glycol (PEG). 70% of people develop antibodies against this substance – this means that many people can develop allergic, potentially fatal reactions to the vaccination.
- The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, spike proteins also contain syncytin-homologous proteins, which are essential for the formation of the placenta in mammals such as humans. It must be absolutely ruled out that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1, as otherwise infertility of indefinite duration could result in vaccinated women.
- The much too short duration of the study does not allow a realistic estimation of the late effects. As in the narcolepsy cases after the swine flu vaccination, millions of healthy people would be exposed to an unacceptable risk if an emergency approval were to be granted and the possibility of observing the late effects of the vaccination were to follow. Nevertheless, BioNTech/Pfizer apparently submitted an application for emergency approval on December 1, 2020.



**Vaccines and Related Biological Products Advisory Committee Meeting  
December 10, 2020**

**FDA Briefing Document**

**Pfizer-BioNTech COVID-19 Vaccine**

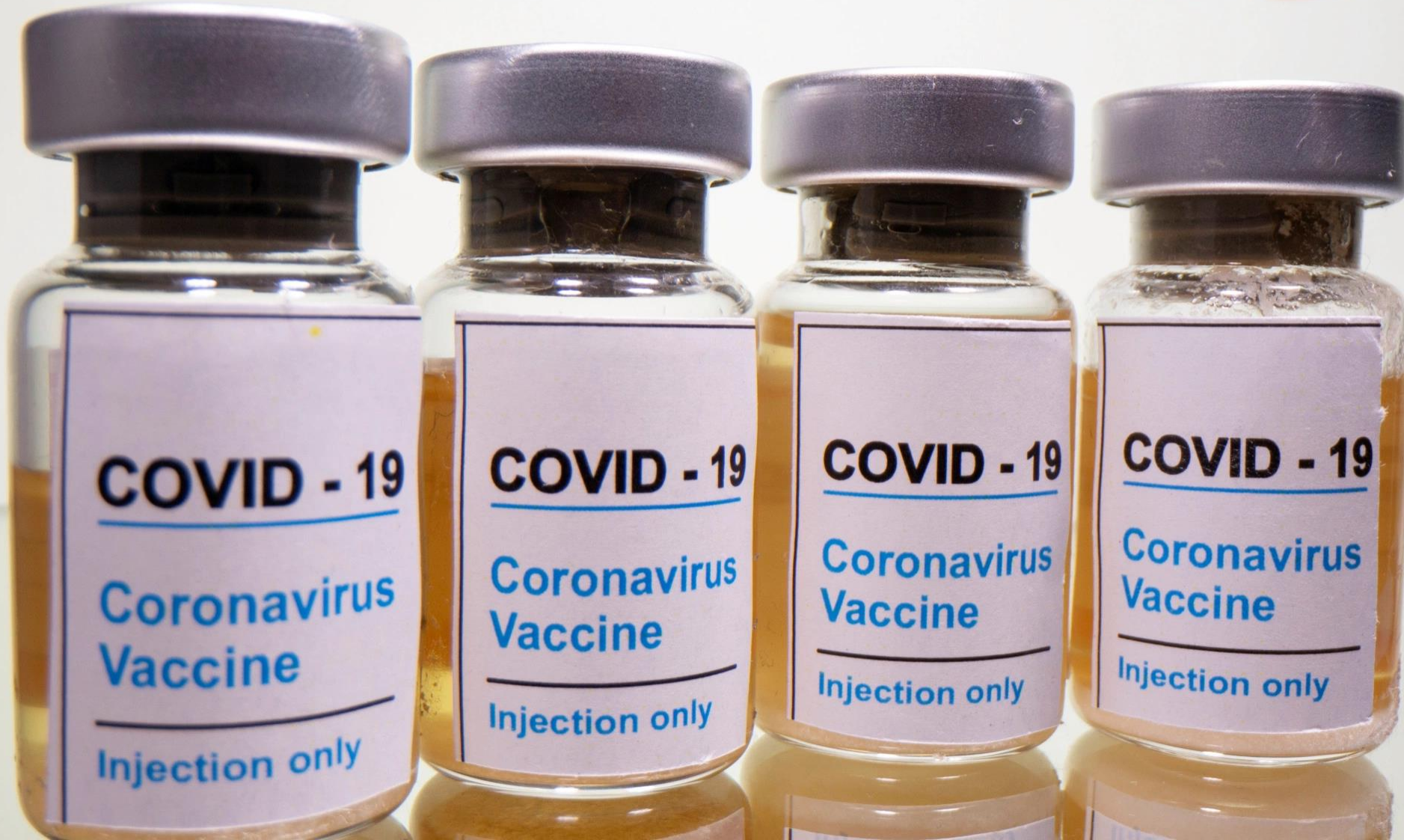
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3. Enhancement of HIV replication after activation of cell...

4. Lentivirus candidate vaccines that have predisposed for...

5. Conclusion

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## Tables (1)

Table 1



## Vaccine

Volume 27, Issue 4, 22 January 2009, Pages 505-512



Review

# Vaccine-induced enhancement of viral infections

W. Huisman<sup>1</sup>, B.E.E. Martina, G.F. Rimmelzwaan, R.A. Gruters, A.D.M.E. Osterhaus

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## Abstract

Examples of vaccine-induced enhancement of susceptibility to virus infection or of aberrant viral pathogenesis have been documented for infections by members of different virus families. Several mechanisms, many of which still are poorly understood, are at the basis of this phenomenon. Vaccine development for lentivirus infections in general, and for HIV/AIDS in particular, has been little successful. Certain experimental lentiviral vaccines even proved to be counterproductive: they rendered vaccinated subjects more susceptible to infection rather than protecting them. For vaccine-induced enhanced susceptibility to infection with certain viruses like feline coronavirus, Dengue virus, and feline immunodeficiency virus, it has been shown that antibody-dependent enhancement (ADE) plays an important role. Other mechanisms may, either in the absence of or in combination with ADE, be involved. Consequently, vaccine-induced enhancement has been a major stumble block in the development of certain flavi-



## Covid-19 Resources

Health information and medical research on Novel Coronavirus (2019-nCoV) are available at [Elsevier's Novel Coronavirus Information Center](#). This free site is updated frequently.

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Vaccine, Volume 35, Issue 47, 2017, pp. 6355-6358

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Trends in Parasitology, Volume 30, Issue 4, 2014, pp. 2...

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## **4.6 Fertility, pregnancy and lactation**

### Pregnancy

There is limited experience with use of the COVID-19 mRNA Vaccine BNT162b2 in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development (see section 5.3). Administration of the COVID-19 mRNA Vaccine BNT162b2 in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and foetus.

### Breast-feeding

It is unknown whether the COVID-19 mRNA Vaccine BNT162b2 is excreted in human milk.



What is the efficacy of the mRNA technology?



# What a 95% Effective Vaccine Could Do Is Pretty Exciting

A percentage point here, a percentage point there and pretty soon you're talking about real progress in the battle against Covid-19.

---

By Justin Fox

November 19, 2020, 6:37 AM PST

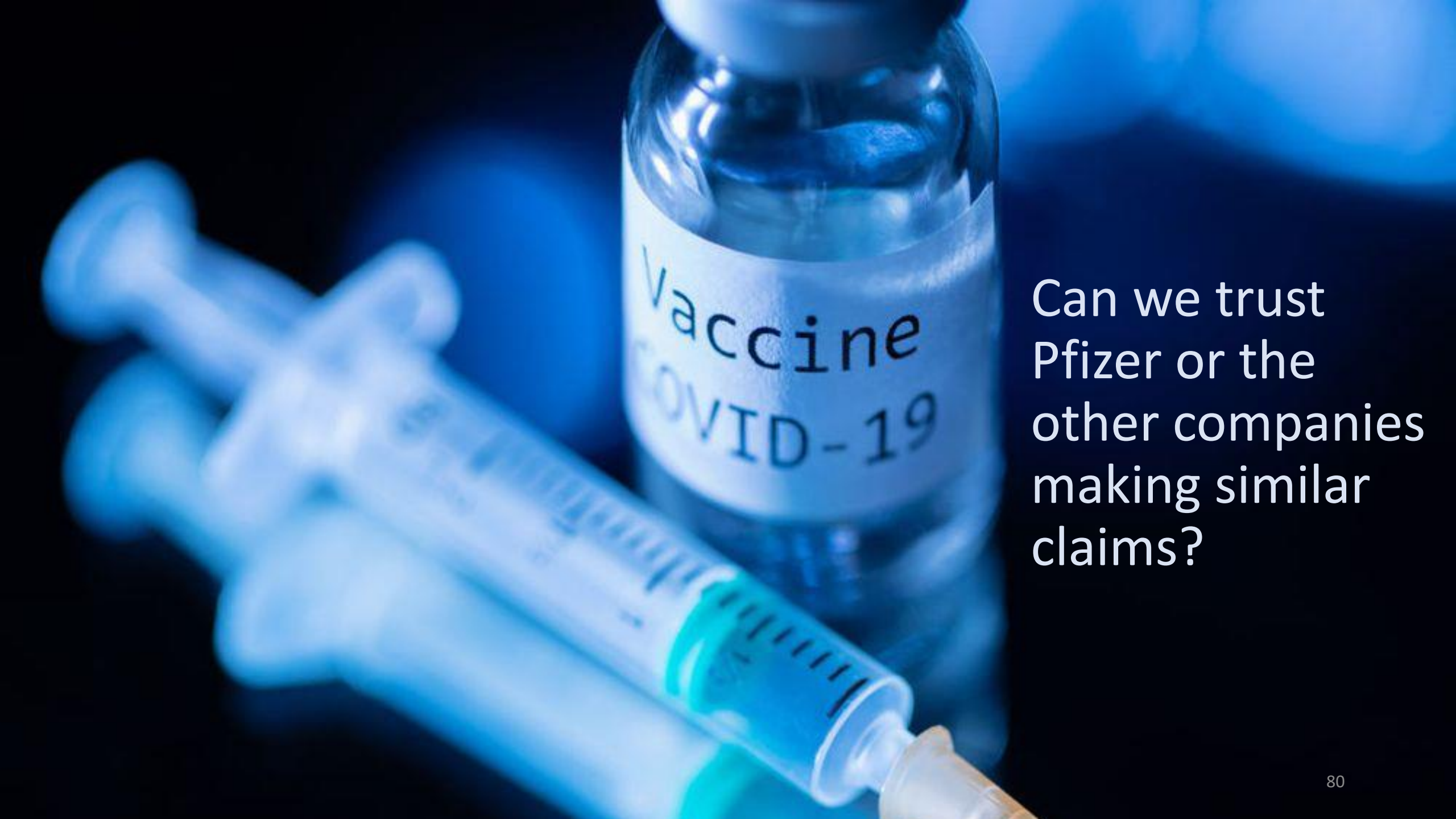


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Can we trust  
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# Reported Deaths from Pfizer Vaccine Trials and the FDA Corruption

by James Herer  
about a month ago

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Reports about deaths from COVID-19 vaccine trial participants have again come out from several independent sources just a few days ago. This was based on the Food and Drug Administrations' (FDA) 53-page briefing document that was released for the preparation for the emergency use authorization (EUA) meeting on December 10, 2020. As usual, FDA denied the connection of these deaths to the vaccine and as usual, the mainstream media (MSM) did not bother to publish a report about this but instead touted Pfizer's vaccine on their press releases which is



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## Pfizer Vaccine 90% Effective Claim Unsubstantiated by Peer-Review Journals and World Health Organization

*Can the public afford to trust vaccine companies who deliberately withhold information and data and have preyed on the public's desperation to escape lockdowns, while, at the same time, reaping the rewards from the stock market that has responded to a premature and unsupported announcement?*

By **Rob Verkerk Ph.D**

8



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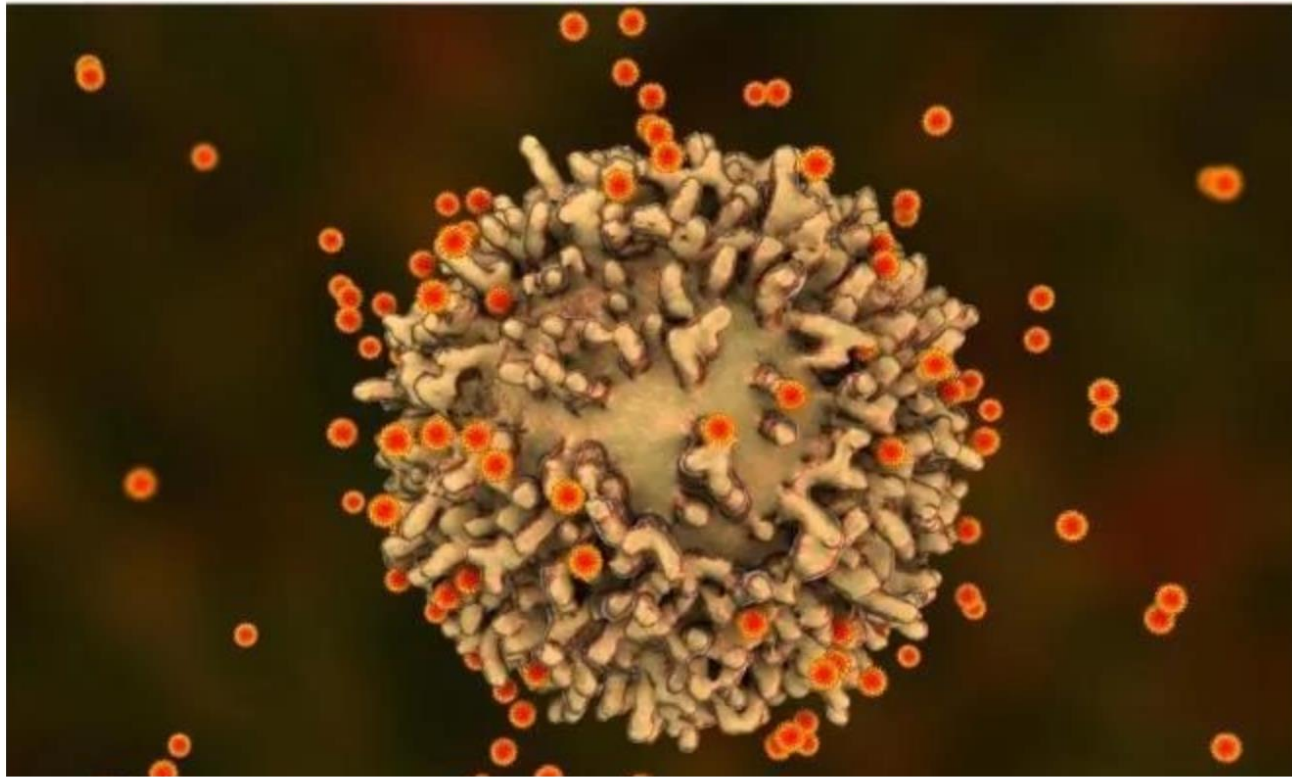
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# COVID-19 vaccine only 19-29% effective??

COVID-19 vaccine only 19-29% effective?? COVID-19 vaccine has been questioned, and the true effective rate is only 19-29%! Suspected cases are 20 times as many as confirmed cases?



The British Medical Journal (BMJ) is one of the world's four major comprehensive medical journals. Peter Doshi, the associate editor of BMJ, questioned the falsification of experimental data on the new crown vaccine of Pfizer and Moderna. His article was published on the BMJ website. .



Evidence shows that the protection rate of Pfizer and Moderna vaccine against the new coronavirus is far from the 95% announced by the Trump administration and the company, but it is likely to be 29%, which is much lower than the 50% set by the U.S. Food and Drug Administration. % Minimum standard.

## Peter Doshi: Pfizer and Moderna's "95% effective" vaccines—let's be cautious and first see the full data

November 26, 2020

*Only full transparency and rigorous scrutiny of the data will allow for informed decision making, argues*    
*Peter Doshi*

In the United States, all eyes are on Pfizer and Moderna. The topline efficacy results from their experimental covid-19 vaccine trials are astounding at first glance. Pfizer says it recorded 170 covid-19 cases (in 44,000 volunteers), with a remarkable split: 162 in the placebo group versus 8 in the vaccine group. Meanwhile Moderna says 95 of 30,000 volunteers in its ongoing trial got covid-19: 90 on placebo versus 5 receiving the vaccine, leading both companies to claim around 95% efficacy.

Let's put this in perspective. First, a relative risk reduction is being reported, not absolute risk reduction, which appears to be less than 1%. Second, these results refer to the trials' primary endpoint of covid-19 of essentially any severity, and importantly [not the vaccine's ability to save lives](#), nor the [ability to prevent infection](#), nor the efficacy in important subgroups (e.g. frail elderly). Those still remain unknown. Third, these results reflect a time point relatively soon after vaccination, and we know nothing about vaccine performance at 3, 6, or 12 months, so cannot compare these efficacy numbers against other vaccines like influenza vaccines (which are judged over a season). Fourth, children, adolescents, and immunocompromised individuals were [largely excluded](#) from the trials, so we still lack any data on these important populations.

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# Fauci: Early COVID-19 vaccines will only prevent symptoms, not block the virus



**Anjalee Khemlani** · Senior Reporter

October 26, 2020 · 3 min read

At least four candidates are near the finish line in the U.S. coronavirus vaccine race, but how well they will work remains a question.

A key point to note, however, is that the vaccine isn't an end-all solution to the pandemic. That's in large part because any inoculations developed now are focused on simply preventing symptoms from arising, rather than blocking out the virus altogether.



**Dr. Anthony Fauci: The vaccine won't be the end of the story**

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases (NIAI...

# Dr. Fauci says masks, social distancing will still be needed after a Covid-19 vaccine—here's why

Published Mon, Nov 16 2020•12:44 PM EST • Updated Mon, Nov 16 2020•3:29 PM EST



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Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, sits ahead of a Senate Health Education Labor and Pensions Committee hearing in Washington, D.C., U.S., on Wednesday, Sept. 23, 2020. Graeme Jennings | Bloomberg | Getty Images

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## Feature

## Will covid-19 vaccines save lives? Current trials aren't designed to tell us

BMJ 2020 ; 371 doi: <https://doi.org/10.1136/bmj.m4037> (Published 21 October 2020)

Cite this as: BMJ 2020;371:m4037

## Linked Editorial

Covid-19 vaccine trial protocols released

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Peter Doshi, associate editor

Author affiliations ▾

[pdoshi@bmj.com](mailto:pdoshi@bmj.com)

The world has bet the farm on vaccines as the solution to the pandemic, but the trials are not focused on answering the questions many might assume they are. **Peter Doshi** reports

As phase III trials of covid-19 vaccines reach their target enrolments, officials have been trying to project calm. The US coronavirus czar Anthony Fauci and the Food and Drug Administration leadership have offered public assurances that established procedures will be followed.<sup>1 2 3 4</sup> Only a “safe and effective” vaccine will be approved, they say, and nine vaccine manufacturers issued a rare joint statement pledging not to prematurely seek regulatory review.<sup>5</sup>

But what will it mean exactly when a vaccine is declared “effective”? To the public this seems fairly obvious. “The primary goal of a covid-19 vaccine is to keep people from getting very sick and dying,” a National Public Radio broadcast said bluntly.<sup>6</sup>

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# Covid-19 Vaccine Protocols Reveal That Trials Are Designed To Succeed



**William A. Haseltine** Contributor   
[Healthcare](#)



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MOSCOW, RUSSIA - SEPTEMBER 9, 2020: A gloved medical worker prepares to give a volunteer a trial ... [\[+\]](#) SERGEI BOBYLEV/TASS

[Moderna](#), [Pfizer](#), [AstraZeneca](#), and [Johnson & Johnson](#) are leading candidates for the completion of a Covid-19 vaccine likely to be released in the coming months. These companies have published



Are there any factors which could effect the efficacy of the mRNA “vaccines”?



# At minus 70 degree celsius, Pfizer's ultra-cold COVID-19 vaccine a challenge for storage

The main issue is that the vaccine, which is based on a novel technology that uses synthetic mRNA to activate the immune system against the virus, needs to be kept at minus 70 degrees Celsius (-94 F) or below.



What kind of adverse reactions have we seen in the test trials and in the early stages of the technology's administration to the public?



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# Leading COVID Vaccine Candidates Plagued by Safety Concerns

*Unproven technologies, unsafe ingredients and inadequate testing — fortunately, current law prohibits mandating unlicensed vaccines approved for “emergency use.”*

By **Alix Mayer, MBA**



“It works!” trumpeted the normally stoic [Nature journal](#) about [Pfizer’s early release results](#) in a Phase III trial of its vaccine for [COVID-19](#). [Pfizer](#) stated the vaccine was 90% effective when trial participants

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By Arthur Allen, Liz Szabo, Kaiser Health News on September 15, 2020



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# Components of mRNA Technology “Could Lead to Significant Adverse Events in One or More of Our Clinical Trials,” says Moderna

By [Children's Health Defense Team](#)



## Summary:

- mRNA vaccines undergoing Covid-19 clinical trials, including the Moderna vaccine, rely on a nanoparticle-based “carrier system” containing a synthetic chemical called polyethylene glycol (PEG).
- The use of PEG in drugs and vaccines is increasingly controversial due to the well-documented incidence of adverse PEG-related immune reactions, including life-threatening anaphylaxis.
- Roughly seven in ten Americans may already be sensitized to PEG, which may result in reduced efficacy of the vaccine and an increase in adverse side effects.

# AstraZeneca CV-19 vaccine volunteers suffer neurological condition

- Two of the 30 AstraZeneca coronavirus vaccine volunteers reportedly suffered a rare neurological condition
- Both volunteers were diagnosed with acute transverse myelitis, a rare inflammatory disease that affects the spinal cord, causing weakness, sensory alterations, autonomic nervous system dysfunction, and paralysis
- $2 \text{ in } 30 = 1 \text{ in } 15 = 6\%$  risk of suffering acute transverse myelitis – an unacceptably high risk by all standards
- If it had been given to 1 million people, then 60,000 people could have suffered severe, neurological injury



# An mRNA Vaccine against SARS-CoV-2 — Preliminary Report

Lisa A. Jackson, M.D., M.P.H., Evan J. Anderson, M.D., Nadine G. Rouphael, M.D., Paul C. Roberts, Ph.D., Mamodikoe Makhene, M.D., M.P.H., Rhea N. Coler, Ph.D., Michele P. McCullough, M.P.H., James D. Chappell, M.D., Ph.D., Mark R. Denison, M.D., Laura J. Stevens, M.S., Andrea J. Pruijssers, Ph.D., Adrian McDermott, Ph.D., [et al.](#), for the mRNA-1273 Study Group\*

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## Abstract

### BACKGROUND

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) emerged in late 2019 and spread globally, prompting an international effort to accelerate development of a vaccine. The candidate vaccine mRNA-1273 encodes the stabilized prefusion SARS-CoV-2 spike protein.

### METHODS

We conducted a phase 1, dose-escalation, open-label trial including 45 healthy adults, 18 to 55 years of age, who received two vaccinations, 28 days apart, with mRNA-1273 in a dose of 25 µg, 100 µg, or 250 µg. There were 15 participants in each dose group.

### RESULTS


After the first vaccination, antibody responses were higher with higher dose (day 29 enzyme-linked immunosorbent assay anti-S-2P antibody geometric mean titer [GMT], 40,227 in the 25-µg group, 109,209 in the 100-µg group, and 213,526 in the 250-µg group). After the second vaccination, the titers increased (day 57 GMT, 299,751, 782,719, and 1,192,154, respectively). After the second vaccination, serum-neutralizing activity was detected by two methods in all participants evaluated, with values generally similar to those in the upper half of the distribution of a panel of control convalescent serum specimens. Solicited adverse events that occurred in more than half the participants included fatigue, chills, headache, myalgia, and pain at the injection site. Systemic adverse events were more common after the second vaccination, particularly with the highest dose, and three participants (21%) in the 250-µg dose group reported one or more severe adverse events.

[November 12, 2020](#)  
N Engl J Med 2020; 383:1920-1931  
DOI: 10.1056/NEJMoa2022483

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The Covid-19 Vaccine-Development Multiverse  
P.M. Heaton

**CORRESPONDENCE** SEP 17, 2020  
A SARS-CoV-2 mRNA Vaccine — Preliminary Report



PHYSICIAN JOBS

JANUARY 22, 2021

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New Mexico

[FACULTY POSITION IN HEAD & NECK AND THORACIC](#)

Emergency Medicine

Amsterdam, New York

[Emergency Medicine Physician](#)

Radiology

New York City, New York

# U.K. warns against giving Pfizer vaccine to people prone to severe allergic reactions

BY TUCKER REALS

UPDATED ON: DECEMBER 9, 2020 / 7:28 PM / CBS NEWS



Allergy warning over COVID vaccine in  
U.K.

BREAKING NEWS

U.K. WARNS AGAINST PFIZER VACCINE FOR THOSE WITH SEVERE ALLERGIES

04:16

CBS EVENING NEWS with NORAH O'DONNELL

# COVID-19 Vaccine Bombshell: FDA Documents Reveal DEATH + 21 Serious Conditions As Possible Adverse Outcomes

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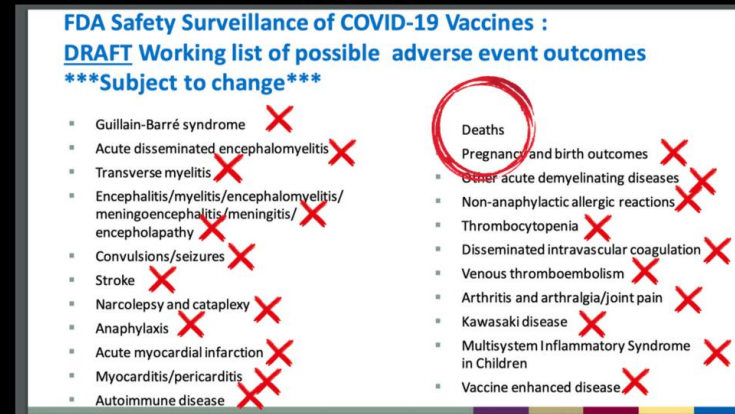
Posted on: Sunday, December 6th 2020 at 6:45 pm

Written By: [GMI Reporter](#)

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## COVID-19 Vaccine Bombshell: FDA Documents Reveal DEATH + 21 Serious Conditions As Possible Adverse Outcomes



Slide 16 of 27 from "CBER Plans for Monitoring COVID-19 Vaccine Safety and Effectiveness Steve Anderson, PhD, MPP Director, Office of Biostatistics & Epidemiology, CBER VRBPAC Meeting October 22, 2020

FDA Source: <https://www.fda.gov/media/143557/download>

***Public discussion and documents reveal that the FDA knows that rushed-to-market COVID-19 vaccines may cause a wide range of life-threatening side effects, including death.***



[Internet & social media](#)[Vaccines](#)

# Did the Pfizer/BioNTech COVID-19 vaccine cause a fatal case of ITP?

Last week, a post by Heidi Neckelmann, the wife of Miami obstetrician Dr. Gregory Michael describing his death from idiopathic thrombocytopenic purpura (ITP) 16 days after being vaccinated with the Pfizer/BioNTech COVID-19 vaccine went viral. Unsurprisingly, in her grief she blamed the vaccine for her husband's death from a rare autoimmune condition that destroys platelets and causes bleeding. Unfortunately, Dr. Michael's tragic death underlines the difficulty distinguishing coincidence from causation when evaluating adverse events after vaccination.

David Gorski on January 11, 2021

01/22/21 • [BIG PHARMA](#) > [NEWS](#)

## Home Run King Hank Aaron Dies of ‘Undisclosed Cause’ 18 Days After Receiving Moderna Vaccine

*The 86-year-old sports icon received the first of two doses of Moderna’s vaccine on Jan. 5, in an attempt to inspire other Black Americans to step up to the plate and get the vaccine.*

By [Children's Health Defense Team](#)

  
70

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**Home Run King Hank Aaron Dies of ‘Undisclosed Cause’ 18 Days After Receiving Moderna Vaccine**



**Can COVID Spread Mom-to-Baby in Pregnancy?**



**Washington State Rejects Massive Fracked Gas-to-Methanol Refinery**



**U.S. Will Rejoin Paris Agreement to ‘Protect Public Health, the Environment and Restore Science’**

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# Could mRNA COVID-19 vaccines be dangerous in the long-term?

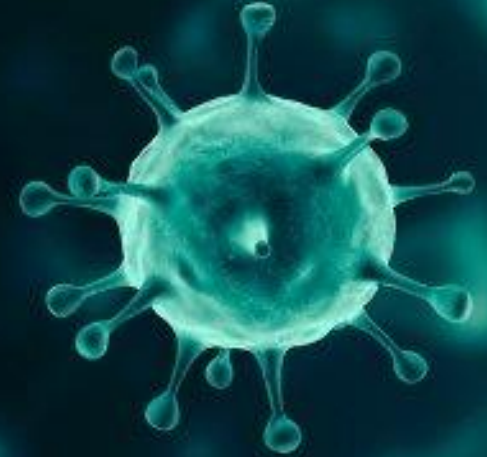
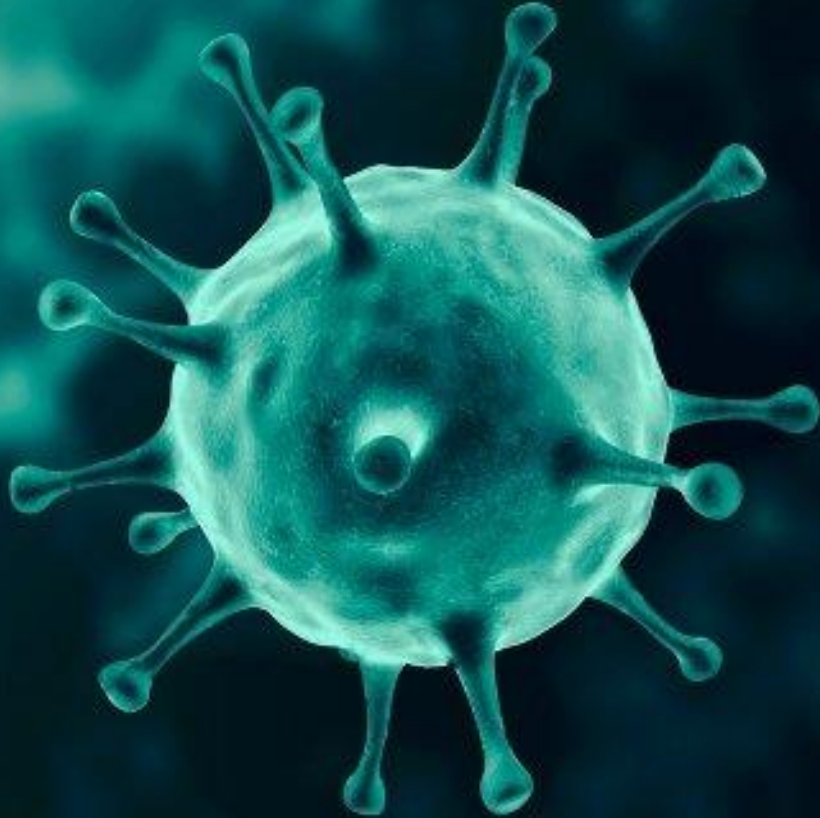
'There is a race to get the public vaccinated, so we are willing to take more risk.'

By MAAYAN JAFFE-HOFFMAN NOVEMBER 17, 2020 07:10





What is pathogenic priming and why is it important?



**COVID-19 is an emerging, rapidly evolving situation.**

[Public health information \(CDC\)](#) | [Research information \(NIH\)](#) | [SARS-CoV-2 data \(NCBI\)](#) | [Prevention and treatment information \(HHS\)](#)

Journal List > J Transl Autoimmun > v.3; 2020 > PMC7142689



J Transl Autoimmun. 2020; 3: 100051. PMCID: PMC7142689  
Published online 2020 Apr 9. doi: [10.1016/j.jtauto.2020.100051](https://doi.org/10.1016/j.jtauto.2020.100051) PMID: [32292901](https://pubmed.ncbi.nlm.nih.gov/32292901/)

## Pathogenic priming likely contributes to serious and critical illness and mortality in COVID-19 via autoimmunity

[James Lyons-Weiler](#)

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This article has been [cited by](#) other articles in PMC.

### Associated Data

- ▶ [Supplementary Materials](#)

### Abstract Go to: [v]

Homology between human and viral proteins is an established factor in viral- or vaccine-induced autoimmunity. Failure of SARS and MERS vaccines in animal trials involved pathogenesis consistent with an immunological priming that could involve autoimmunity in lung tissues due to previous exposure to the SARS and MERS spike protein. Exposure pathogenesis to SARS-CoV-2 in COVID-19 likely will lead to similar outcomes. Immunogenic peptides in viruses or bacteria that match human proteins are good candidates for pathogenic priming peptides (similar to the more diffuse idea of “immune enhancement”). Here I provide an assessment of potential for human pathogenesis via autoimmunity via exposure, via infection or injection. SAR-CoV-2 spike proteins, and all other SARS-CoV-2 proteins, immunogenic epitopes in each SARS-CoV-2 protein were compared to human proteins in search of high local homologous matching. Only one immunogenic epitope in a SARS-CoV-2 had no homology to human proteins. If all of the parts of the epitopes that are homologous to human proteins are excluded from

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Tripartite Combination of Candidate Pandemic Mitigation Agents: Vitamin D, Quercetin, and Estradiol Manifest [Biomedicines. 2020]

Priming with SARS CoV S DNA and boosting with SARS CoV S epitopes specific for CD4+ and CD8+ T cells prom [Vaccine. 2007]

Molecular Pathogenesis, Immunopathogenesis and Novel Therapeutic Strategy Against COVID-19. [Front Mol Biosci. 2020]

COVID-19 Is a Multifaceted Challenging Pandemic Which Needs Urgent Public Health Interventions. [Microorganisms. 2020]

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Pathogenic priming likely contributes to serious and critical illness and mortal...

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J Transl Autoimmun



UPDATED 12/10/20 • [BIG PHARMA](#) • [VIEWS](#)

## Pfizer COVID Vaccine Trial Shows Alarming Evidence of Pathogenic Priming in Older Adults

*The Vaccines and Related Biological Products Advisory Committee Briefing Document on the Pfizer-BioNTech COVID-19 vaccine contains disturbing indications that might be a safety signal on pathogenic priming, especially in older adults.*

By [James Lyons-Weiler, PhD](#)  
[Robert F. Kennedy, Jr.](#)



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Latest News



Home Run King Hank Aaron Dies of 'Undisclosed Cause' 18 Days After Receiving Moderna Vaccine



Can COVID Spread Mom-to-Baby in Pregnancy?



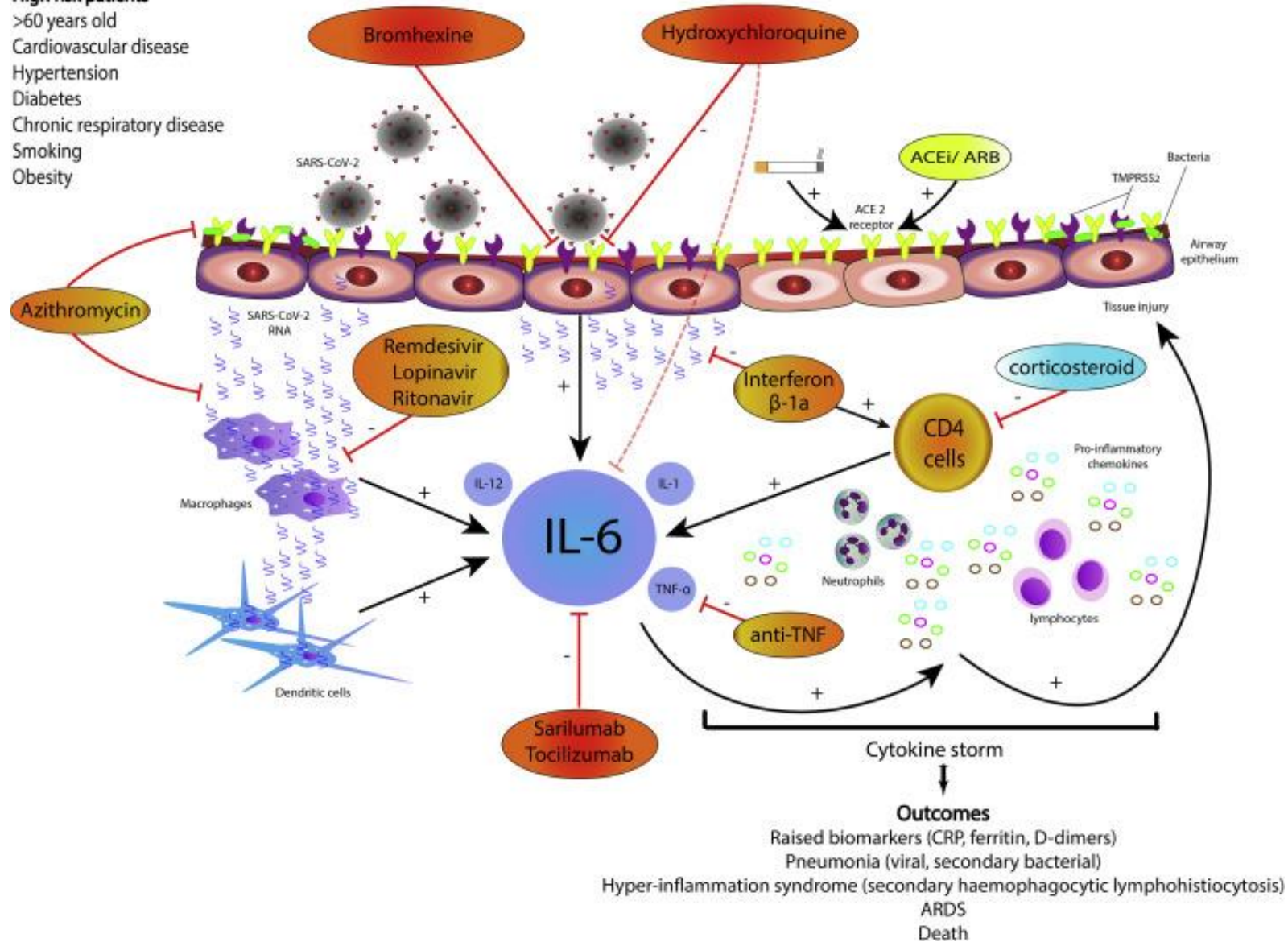


DR. HOTEZ

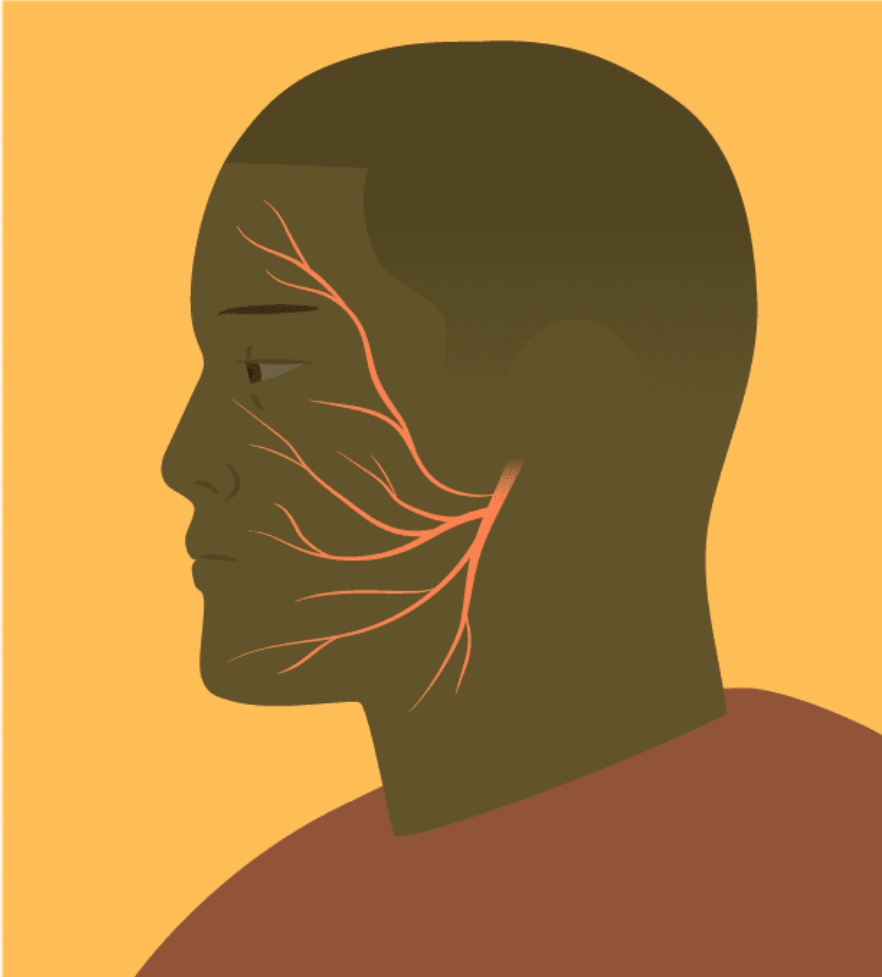


### High risk patients

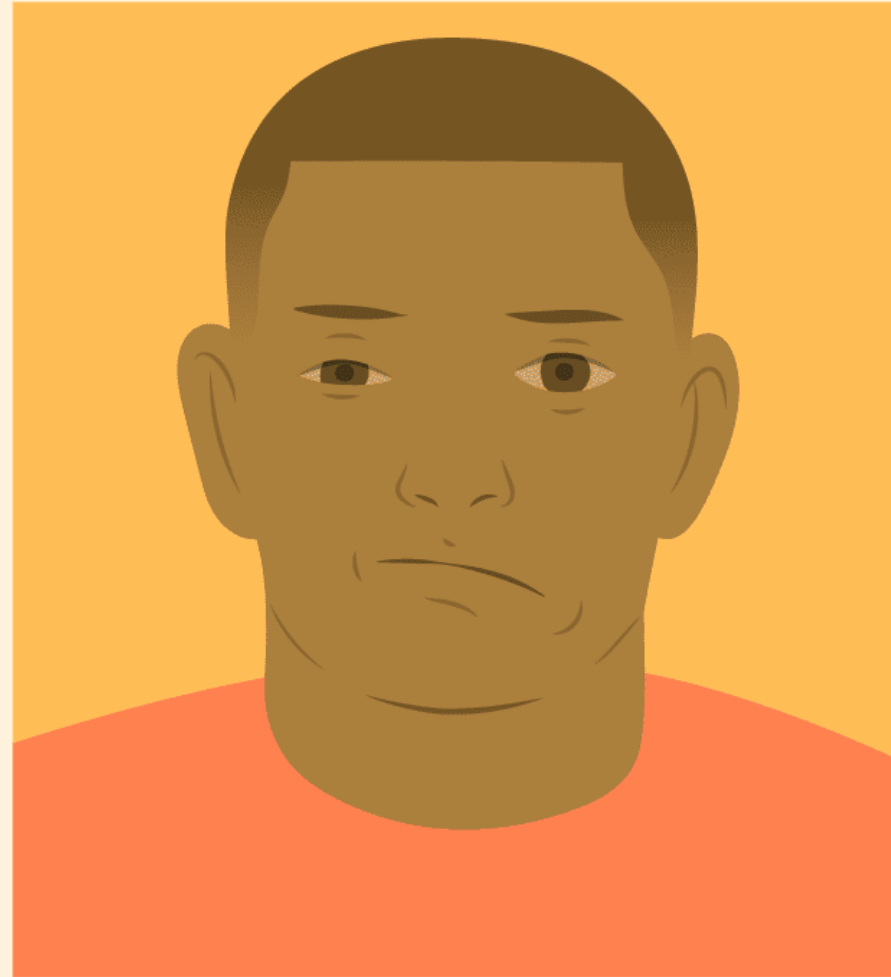
>60 years old  
Cardiovascular disease  
Hypertension  
Diabetes  
Chronic respiratory disease  
Smoking  
Obesity



# What Causes Bell's Palsy?



**Facial nerve is  
inflamed and swollen**



**Weakness and drooping  
occurs because nerves can't  
communicate with facial muscles**



# Covid-19 Vaccine Side Effects World Map

Covid19 Vaccine Side Effects World Map



[Translate »](#)

## VAERS/CDC is now reporting 181 deaths and 7,844 cases with side effects



National Vaccine  
Information Center  
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[MedAlerts Home](#)

### Search Results

From the 1/15/2021 release of VAERS data:

**Found 181 cases where Vaccine targets COVID-19 (COVID19)  
and Patient Died**

Table

 Age	 Count	 Percent
17-44 Years	5	2.76%
44-65 Years	29	16.02%
65-75 Years	25	13.81%
75+ Years	87	48.07%
Unknown	35	19.34%
<b>TOTAL</b>	<b>181</b>	<b>100%</b>

# Several Dozen New York Nursing Home Residents Die From The COVID-19 Vaccination



The Commons on St. Anthony nursing home is a 300-bed facility located in Auburn, New York. Several dozen coronavirus (COVID-19) related deaths were reported to have occurred there. According to ronpaulinstitute.org, the deaths started occurring only after medical personnel began vaccinating the elderly nursing home residents. NOI Research Group posted information about the deaths via twitter @NOIRearch.

On December 22, 2020 the nursing home began administering the COVID-19 vaccinations to its elderly residents. 193 residents at the nursing home received the COVID-19 vaccine. The deaths began occurring approximately seven days after the nursing home began giving the residents the COVID-19 vaccinations. Since December 29, 2020 there have been 24 elderly residents at The Commons on St. Anthony nursing home confirmed dead from the COVID-19 vaccinations according to James T. Mulder's article at syracuse.com.

Prior to the vaccinations The Commons on St. Anthony had no reported COVID-19 related deaths according to Mulder's syracuse.com article. After the deaths began mounting at the nursing home, its COVID-19 vaccination program was temporarily suspended. Prior to suspension of COVID-19 vaccinations, 80 percent of the elderly residents were vaccinated. The nursing home offered the COVID-19 vaccine to staff, but less than half of The Commons on St. Anthony nursing home staff had been vaccinated.





The Commons on St. Anthony nursing home in Auburn



34,473  
shares

By [James T. Mulder | jmulder@syracuse.com](mailto:jmulder@syracuse.com)

Auburn, N.Y. – A Covid-19 outbreak at a Cayuga County nursing home that began two weeks ago has infected 137 residents, 24 of whom have died.

The outbreak at The Commons on St. Anthony in Auburn started Dec. 21 as a wave of post-Thanksgiving Covid-19 cases began hitting the county, said Julie Sheedy, an official of Loretto which operates the 300-bed nursing home.

Forty-seven employees have tested positive.

# Mulder's article on St. Anthony

“The nursing home began vaccinating residents Dec. 22. So far 193 residents, or 80%, and 113 employees, or less than half the staff, have been vaccinated. The nursing home plans to do more vaccinations Jan. 12. And those are not the only deaths being reported. The unfortunate part is that the adverse reactions and deaths that are being reported are largely only reported by the media but NOT being reported to the VAERS (vaccine adverse events reporting system) which was setup by congress in 1986 when US President Ronald Reagan indemnified vax manufacturers against liability.”

**Vaccines and Related Biological Products Advisory Committee Meeting  
December 10, 2020**

**FDA Briefing Document**

**Pfizer-BioNTech COVID-19 Vaccine**

**Sponsor:  
Pfizer and BioNTech**



### Suspected COVID-19 Cases

As specified in the protocol, suspected cases of symptomatic COVID-19 that were not PCR-confirmed were not recorded as adverse events unless they met regulatory criteria for seriousness. Two serious cases of suspected but unconfirmed COVID-19 were reported, both in the vaccine group, and narratives were reviewed. In one case, a 36-year-old male with no medical comorbidities experienced fever, malaise, nausea, headache and myalgias beginning on the day of Dose 2 and was hospitalized 3 days later for further evaluation of apparent infiltrates on chest radiograph and treatment of dehydration. A nasopharyngeal PCR test for SARS-CoV-2 was negative on the day of admission, and a chest CT was reported as normal. The participant was discharged from the hospital 2 days after admission. With chest imaging findings that are difficult to reconcile, it is possible that this event represented reactogenicity following the second vaccination, a COVID-19 case with false negative test that occurred less than 7 days after completion of the vaccination series, or an unrelated infectious process. In the other case, a 66-year-old male with no medical comorbidities experienced fever, myalgias, and shortness of breath beginning 28 days post-Dose 2 and was hospitalized one day later with abnormal chest CT showing a small left-sided consolidation. He was discharged from the hospital 2 days later, and multiple nasopharyngeal PCR tests collected over a 10-day period beginning 2 days after symptom onset were negative. It is possible, though highly unlikely, that this event represents a COVID-19 case with multiple false negative tests that occurred more than 7 days after completion of the vaccination regimen, and more likely that it represents an unrelated infectious process.

Among 3410 total cases of suspected but unconfirmed COVID-19 in the overall study population, 1594 occurred in the vaccine group vs. 1816 in the placebo group. Suspected COVID-19 cases that occurred within 7 days after any vaccination were 409 in the vaccine group vs. 287 in the placebo group. It is possible that the imbalance in suspected COVID-19 cases occurring in the 7 days postvaccination represents vaccine reactogenicity with symptoms that overlap with those of COVID-19. Overall though, these data do not raise a concern that protocol-specified reporting of suspected, but unconfirmed COVID-19 cases could have masked clinically significant adverse events that would not have otherwise been detected.

### Subgroup Analyses

There were no specific safety concerns identified in subgroup analyses by age, race, ethnicity, medical comorbidities, or prior SARS-CoV-2 infection, and occurrence of solicited, unsolicited, and serious adverse events in these subgroups were generally consistent with the overall study population.

CORONAVIRUS | Sep 23, 2020, 01:11pm EDT | 215,786 views

# Covid-19 Vaccine Protocols Reveal That Trials Are Designed To Succeed



**William A. Haseltine** Contributor   
[Healthcare](#)



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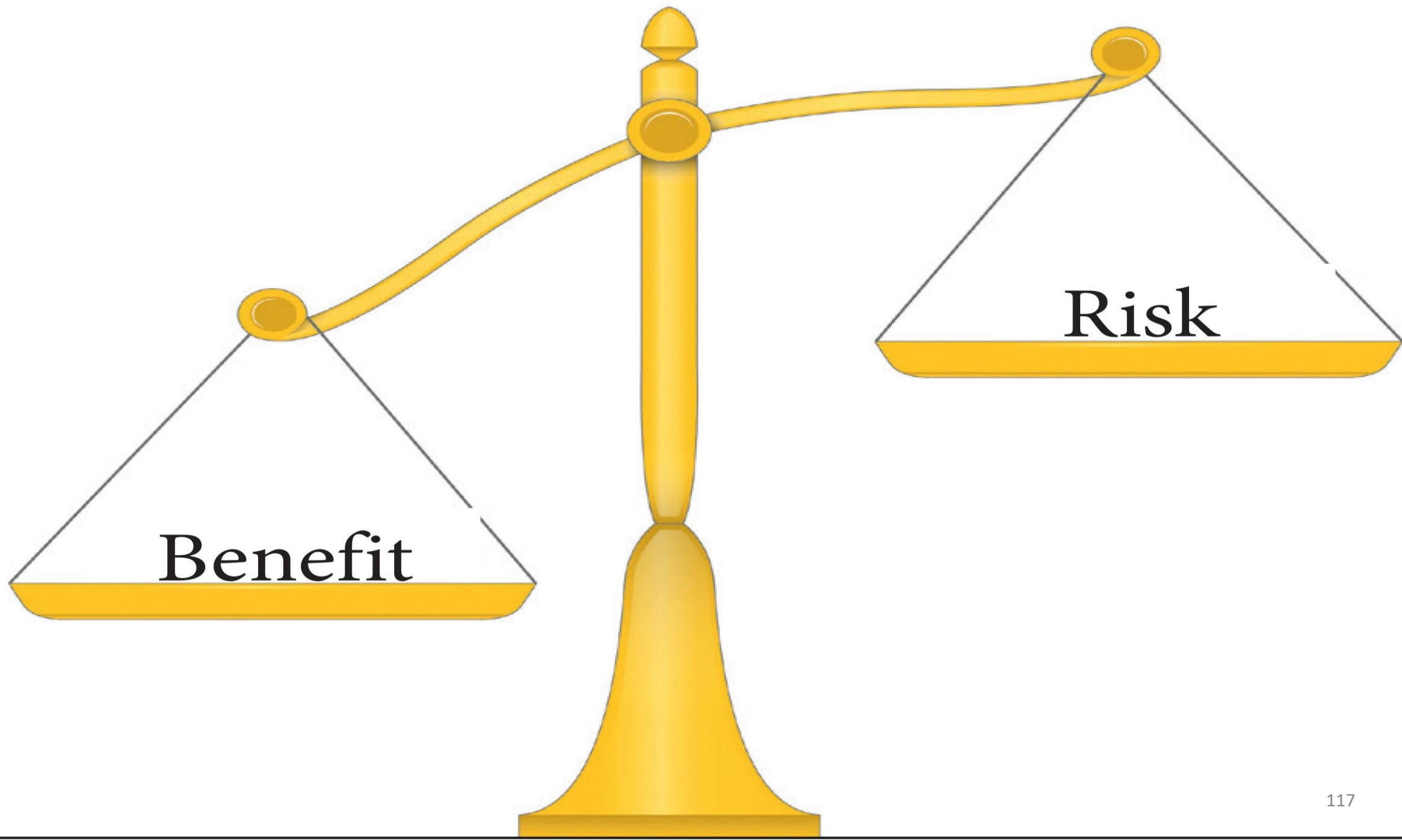


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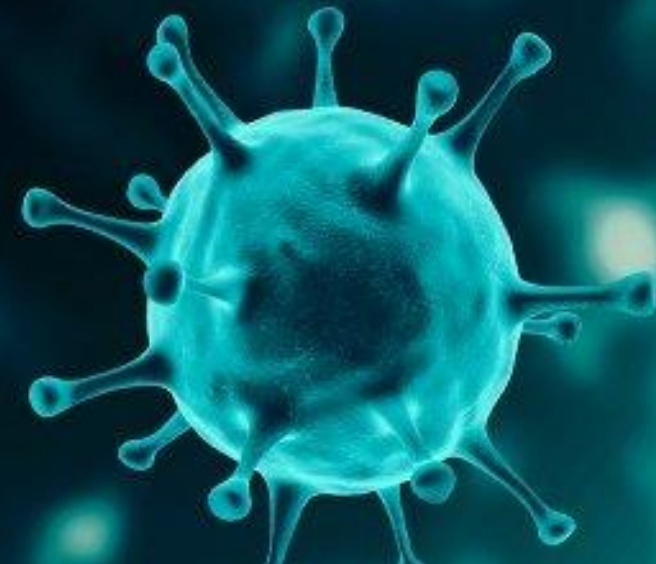
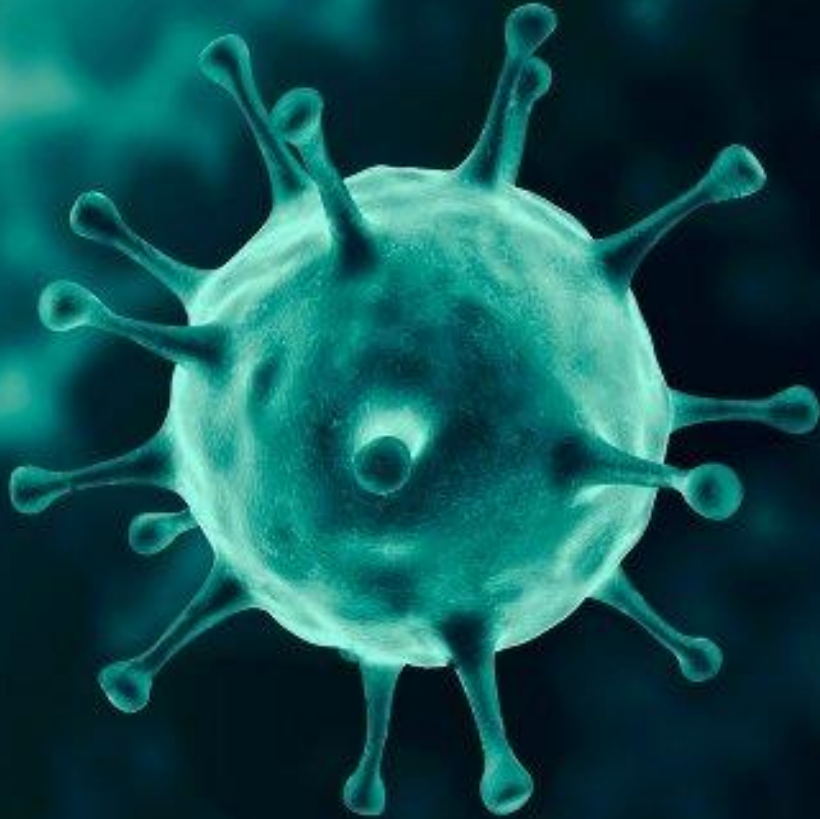
MOSCOW, RUSSIA - SEPTEMBER 9, 2020: A gloved medical worker prepares to give a volunteer a trial ... [\[+\]](#) SERGEI BOBYLEV/TASS

[Moderna](#), [Pfizer](#), [AstraZeneca](#), and [Johnson & Johnson](#) are leading candidates for the completion of a Covid-19 vaccine likely to be released in the coming months. These companies have published





Are there any other reasons to be concerned about the use of the new mRNA technology?



**PETITIONER:**

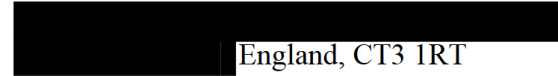
Dr. med. Wolfgang Wodarg



Germany

**CO-PETITIONER:**

Dr. Michael Yeadon



England, CT3 1RT

**TO:**

European Medicines Agency  
Committee for human medicinal products (CHMP)  
COVID-19 EMA pandemic Task Force (COVID-ETF)  
Domenico Scarlattilaan 6  
1083 HS Amsterdam  
The Netherlands

info@ema.europa.eu

press@ema.europa.eu

**!! URGENT !!**

**PETITION/MOTION FOR  
ADMINISTRATIVE/REGULATORY ACTION REGARDING  
CONFIRMATION OF EFFICACY END POINTS AND USE OF DATA IN  
CONNECTION WITH THE FOLLOWING CLINICAL TRIAL(S):**

**PHASE III - EUDRACT NUMBER: 2020-002641-42**

**SPONSOR PROTOCOL NUMBER: C4591001**

**SPONSOR:**

**BIONTECH SE (SOCIETAS EUROPAEA), AN DER GOLDGRUBE 12, 55131 MAINZ,  
GERMANY**

**AND ANY OTHER ONGOING CLINICAL TRIALS OF VACCINE CANDIDATES  
DESIGNED TO STOP TRANSMISSION OF THE VIRUS FROM THE VACCINE  
RECIPIENT TO OTHERS AND/OR TO PREVENT COVID-19 OR MITIGATE  
SYMPTOMS OF COVID-19 FOR WHICH PCR RESULTS ARE THE PRIMARY  
EVIDENCE OF INFECTION**

**WITH SARS COV 2**



**A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND,  
DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY,  
IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA VACCINE  
CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS**

<b>Study Sponsor:</b>	BioNTech
<b>Study Conducted By:</b>	Pfizer
<b>Study Intervention Number:</b>	PF-07302048
<b>Study Intervention Name:</b>	RNA-Based COVID-19 Vaccines
<b>US IND Number:</b>	19736
<b>EudraCT Number:</b>	2020-002641-42
<b>Protocol Number:</b>	C4591001
<b>Phase:</b>	1/2/3
<b>Short Title:</b> A Phase 1/2/3 Study to Evaluate the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals	



# What's in the COVID-19 Vaccines?



By Kayla Hui, MPH

✓ Fact checked by James Lacy

December 22, 2020



Pfizer-BioNTech's vaccine contains:3

- A nucleoside-modified messenger RNA (modRNA) encoding the viral spike glycoprotein of SARS-CoV-2
- Lipids, or fatty substances, including: (4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2-[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide, 1,2-distearoyl-sn-glycero-3-phosphocholine, and cholesterol
- Potassium chloride
- Monobasic potassium phosphate
- Sodium chloride (salt)
- Dibasic sodium phosphate dihydrate
- Sucrose (sugar)

The Moderna vaccine contains similar ingredients such as:4

- Messenger ribonucleic acid (mRNA)
- Lipids, or fatty substances, including: SM(sphingomyelin)-102, Polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC], and cholesterol
- Tromethamine
- Tromethamine hydrochloride
- Acetic acid
- Sodium acetate
- Sucrose (sugar)

**Should everyone receive this vaccine, or are there certain segments of the population that don't need it?**





# COVID-19

**ACT NOW!**



WEAR A MASK



STAY 6 FEET APART



AVOID CROWDS



Your Health

Vaccines

Cases & Data

Work & School

Healthcare Workers

Health Depts

More

## Healthcare Workers

Testing



Vaccination

Clinical Care



Infection Control



Optimizing PPE Supplies



Potential Exposure at Work



First Responder Guidance

U.S. Healthcare Facilities



Veterinary Clinics

### Pandemic Planning Scenarios

Operational Considerations for  
Non-US Settings



Responding to SARS-CoV-2  
Infections in Acute Care Facilities

## COVID-19 Pandemic Planning Scenarios

Updated Sept. 10, 2020

[Print](#)

### Summary of Recent Changes

Updates as of September 10



#### As of September 10, 2020

- The Infection Fatality Ratio parameter has been updated to include age-specific estimates
- The parameter for Number of Days from Symptom Onset to Seeking Outpatient Care—which was based on influenza care seeking data—has been replaced with the Median Number of Days from Symptom Onset to SARS-CoV-2 Test among SARS-CoV-2 Positive Patients
- A new parameter for the likelihood of an infection being reported has been added: The Ratio of Estimated Infections to Reported Case Counts

CDC and the [Office of the Assistant Secretary for Preparedness and Response](#) (ASPR) have developed five COVID-19 Pandemic Planning Scenarios that are designed to help inform decisions by public health officials who use mathematical modeling, and by mathematical modelers throughout the federal

#### On This Page

[The Five Scenarios](#)



Are there any consequences for the pharmaceutical manufacturers if there are adverse effects from the new mRNA technology?





# Public Health Emergency

Public Health and Medical Emergency Support for a Nation Prepared



[PHE Home](#) > [Preparedness](#) > [Legal Authorities](#) > [Public Readiness and Emergency Preparedness \(PREP\) Act](#)

## Public Readiness and Emergency Preparedness Act

The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of the Department of Health and Human Services (Secretary) to issue a PREP Act declaration. The declaration provides immunity from liability (except for willful misconduct) for claims:

- ▶ of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions
- ▶ determined by the Secretary to constitute a present, or credible risk of a future public health emergency
- ▶ to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures

A PREP Act declaration is specifically for the purpose of providing immunity from liability, and is different from, and not dependent on, other emergency declarations.

### Current Declarations

#### COVID-19 PREP Act Declarations

##### ▶ Declaration and Amendments

- ▶ [Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19 \(March 17, 2020\)](#)
- ▶ [First Amendment to Declaration under the PREP Act for Medical Countermeasures against COVID-19 \(April 15, 2020\)](#)
- ▶ [Second Amendment to Declaration under the PREP Act for Medical Countermeasures against COVID-19 \(June 8, 2020\)](#)
- ▶ [Third Amendment to Declaration under the PREP Act for Medical Countermeasures Against COVID-19 \(August 24, 2020\)](#)
- ▶ [Fourth Amendment to Declaration under the PREP Act for Medical Countermeasures Against COVID-19 \(December 3, 2020\)](#)

##### ▶ Advisory Opinions of the General Counsel

- ▶ [First Advisory Opinion on the PREP Act Declaration \(May 19, 2020\)](#)
- ▶ [Second Advisory Opinion on the PREP Act Declaration \(May 19, 2020\)](#)
- ▶ [Third Advisory Opinion on the PREP Act Declaration \(October 23, 2020\)](#)
- ▶ [Fourth Advisory Opinion on the PREP Act Declaration \(October 23, 2020\)](#)
- ▶ [Fifth Advisory Opinion on the PREP Act Declaration \(January 8, 2021\)](#)
- ▶ [Sixth Advisory Opinion on the PREP Act Declaration \(January 12, 2021\)](#)

#### PREP Act

- ▶ [Public Readiness and Emergency Preparedness \(PREP\) Act Overview](#)
- ▶ [PREP Act Glossary of Terms](#)
- ▶ [PREP Act Question and Answers](#)

#### Legal Authorities

- ▶ [Legal Authorities Overview](#)
- ▶ [Legal Authority of the Secretary](#)
- ▶ [Public Health Emergency \(PHE\) Declaration](#)
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- ▶ [1135 Waivers](#)
- ▶ [Emergency Use Authorization](#)
- ▶ [Pandemic and All-Hazards Preparedness Act of 2006](#)
- ▶ [Pandemic and All-Hazards Preparedness and Advancing Innovation Act \(PAHPAIA\) of 2019](#)
- ▶ [Pandemic and All-Hazards Preparedness Reauthorization Act of 2013](#)



Are There Alternatives to the Vaccines that are Safe, Effective, and Less Costly? Yes!





# Vitamin A

**Vitamin A (Retinoic acid or Retinol) has multiple, complex effects on innate (Th1) and adaptive (Th2) immune system responses:**

- **B and T Lymphocyte activation and proliferation**
- **T-helper-cell differentiation**
- **Tissue-specific lymphocyte homing**
- **Production of specific antibody isotypes**
- **Enhancement of immune cell cytotoxicity**
- **T-helper-2 (Th2)-cell differentiation**
- **T-reg cell and Th17 cell differentiation**
- **All above essential for antiviral defenses**

# Vitamin A

- **Blocks differentiation of pro-inflammatory T helper 17 (Th17) cells, thereby decreasing autoimmune inflammation**
- **Inhibits both B-cell proliferation and B-cell apoptosis**
- **Promotes IgA mucosal antibody production in gut-associated lymphoid tissue (GALT), which is vital for intestinal immunity**
- **Protects integrity of mucosal membranes, esp. of respiratory system**
- **Down-regulates pro-inflammatory cytokine reactivity, thereby helps prevent “cytokine storms”**
- **Enhances Dendritic Cell (DC) maturation**
- **Directly augments DC antigen-presenting capacity**
- **Modulates Th1–Th2 immune cell balance**
- **All these effects are mediated through binding of vitamin A metabolites to retinoic acid receptors (RAR) on immune cells**

# Vitamin A

- **Effective therapeutic dosage range:**
  - 10,000 to 25,000 I.U. daily (adults)
  - 2,000 to 6,000 I.U. daily (children under 12)
  - Must use animal source, esp. fish oil
  - Beta-carotene is not an effective substitute
- Reliable resource of Vitamin A (gluten-free):  
<https://www.dssorders.com/dnswexd.asp?id=2317>

(Vitamin effects on the immune system: vitamins A and D take centre stage, Mora, J. et al., Nat Rev Immunol. 2008 Sep; 8(9): 685–698)



# Vitamin C

- **Vitamin C (Ascorbic acid) contributes to immune defenses by supporting various cellular functions of both the innate and adaptive immune systems**
- **Vitamin C supports epithelial barrier function against pathogens and promotes the oxidant scavenging activity of the skin, thereby potentially protecting against environmental oxidative stress**
- **Vitamin C accumulates in phagocytic cells, such as neutrophils, and can enhance chemotaxis, phagocytosis, generation of reactive oxygen species, and ultimately pathogenic microbial killing**

# Vitamin C

- Also needed for apoptosis and clearance of the spent neutrophils from sites of infection by macrophages ('big eaters'), thereby decreasing potential tissue injury and necrosis (cell death)
- It has been shown to enhance differentiation and proliferation of B and T lymphocytes
- Vitamin C appears to be able to both prevent and promote recovery from respiratory and systemic infections

# Vitamin C

- Prophylactic prevention of infection requires dietary vitamin C intakes that provide at least adequate, if not saturating plasma levels, i.e., 100-200 mg/kg/day, which optimize cellular and tissue ascorbate levels
- In contrast, treatment of established infections requires significantly higher (gram) doses of vitamin C to compensate for the increased inflammatory response and metabolic demand
- Effective therapeutic dosage range:
  - 5,000 to 10,000 mg daily in divided doses (adults)
  - 1,000 to 4,000 mg daily in divided doses (children under 12)
  - Buffered, mineral ascorbates provide better GI tolerance

Reliable resource: <https://www.dssorders.com/dnswexd.asp?id=2906>

(Vitamin C and Immune Function, Carr, AC et al., Nutrients, 2017 Nov 3;9(11). pii: E1211)

(Vitamin effects on the immune system: vitamins A and D take centre stage, Mora, J. et al., Nat Rev Immunol. 2008 Sep; 8(9): 685–698)



# Vitamin D3

- Vitamin D3 (cholecalciferol) is converted in the liver to 25-dihydroxyvitamin D3 (25(OH)VD3), calcidiol, which is the main circulating form of VD3
- 25(OH)VD3, calcidiol, is metabolized in the kidneys to 1,25(OH)<sub>2</sub>VD3, calcitriol, the most physiologically active VD3 metabolite
- Like retinoic acid, calcitriol also has multiple, complex, hormone-like effects on innate and adaptive immune system responses
- VD3 exerts its effects on several immune cell types, including macrophages, monocytes, neutrophils, dendritic cells (DCs), T and B lymphocytes, and increases the microbicidal capacity of these immune cells, esp. the bacteriocidal effect of macrophages

# Vitamin D3

- **VD3 strongly stimulates the expression of powerful, antimicrobial peptides, a.k.a. defensins & cathelicidins, e.g., LL-37 and FALL-39, that are primarily stored in lysosomes of macrophages, monocytes, NK cells and polymorphonuclear neutrophils (PMN), as well as in the epithelial cells of the respiratory tract, which act to kill invading pathogens by promoting microbial cell membrane disintegration**
- **Like Vitamin C, VD3 has also been shown to help prevent, as well as enhance recovery from upper and lower respiratory tract infections**

# Vitamin D3

- Calcitriol improves vascular endothelial barrier function to help prevent pathogenic invasion of tissues
- Calcitriol has an important role in maintaining immune homeostasis
- VD3 primarily has inhibitory effects on the adaptive immune response, and a physiological protective role in dampening or limiting potentially pathogenic, immune inflammatory responses at the cellular level by reducing cytokine and TGFβ1 expression, thereby serving to help prevent the potential cellular damage of “cytokine storms”

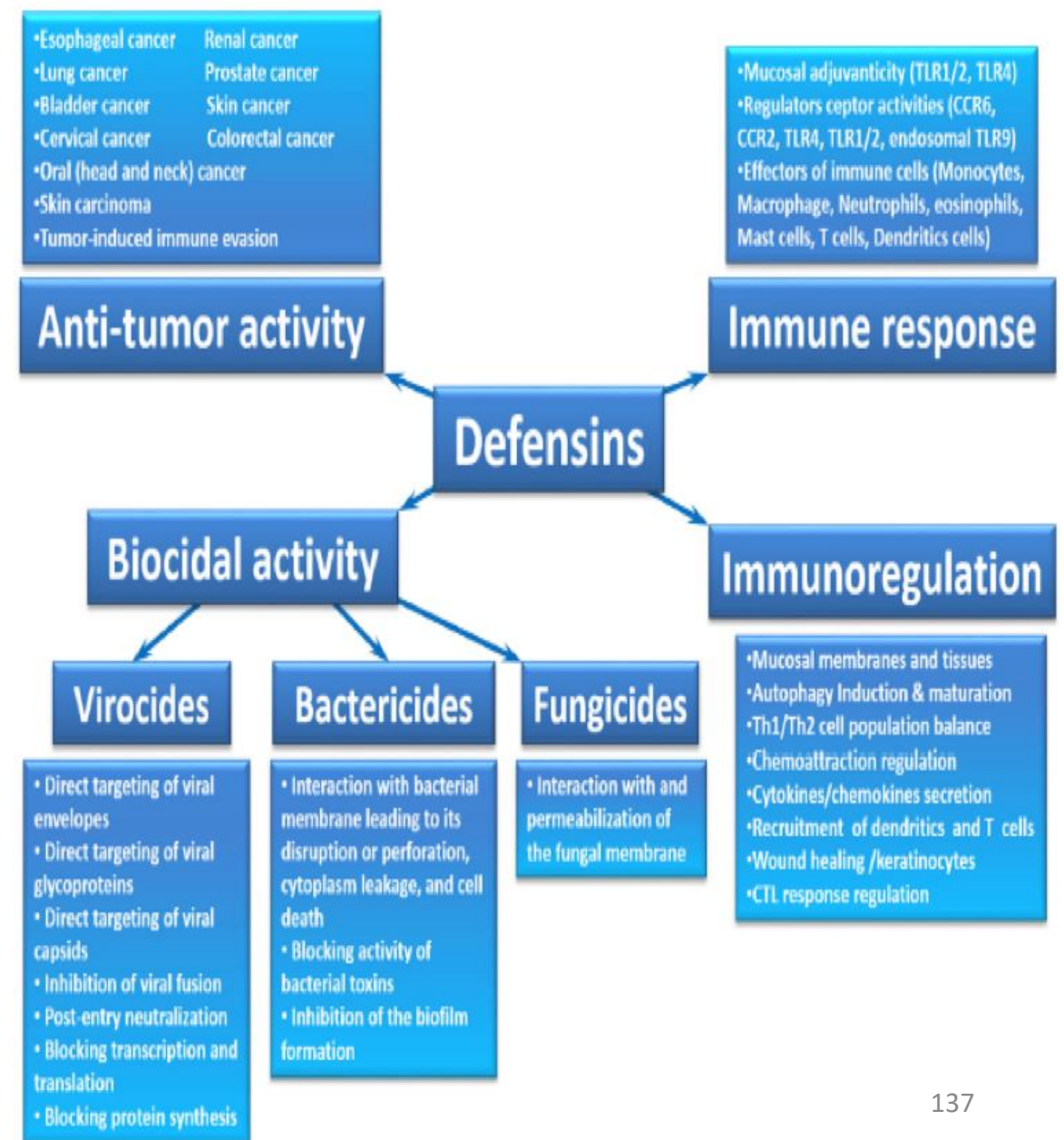


# Vitamin D3

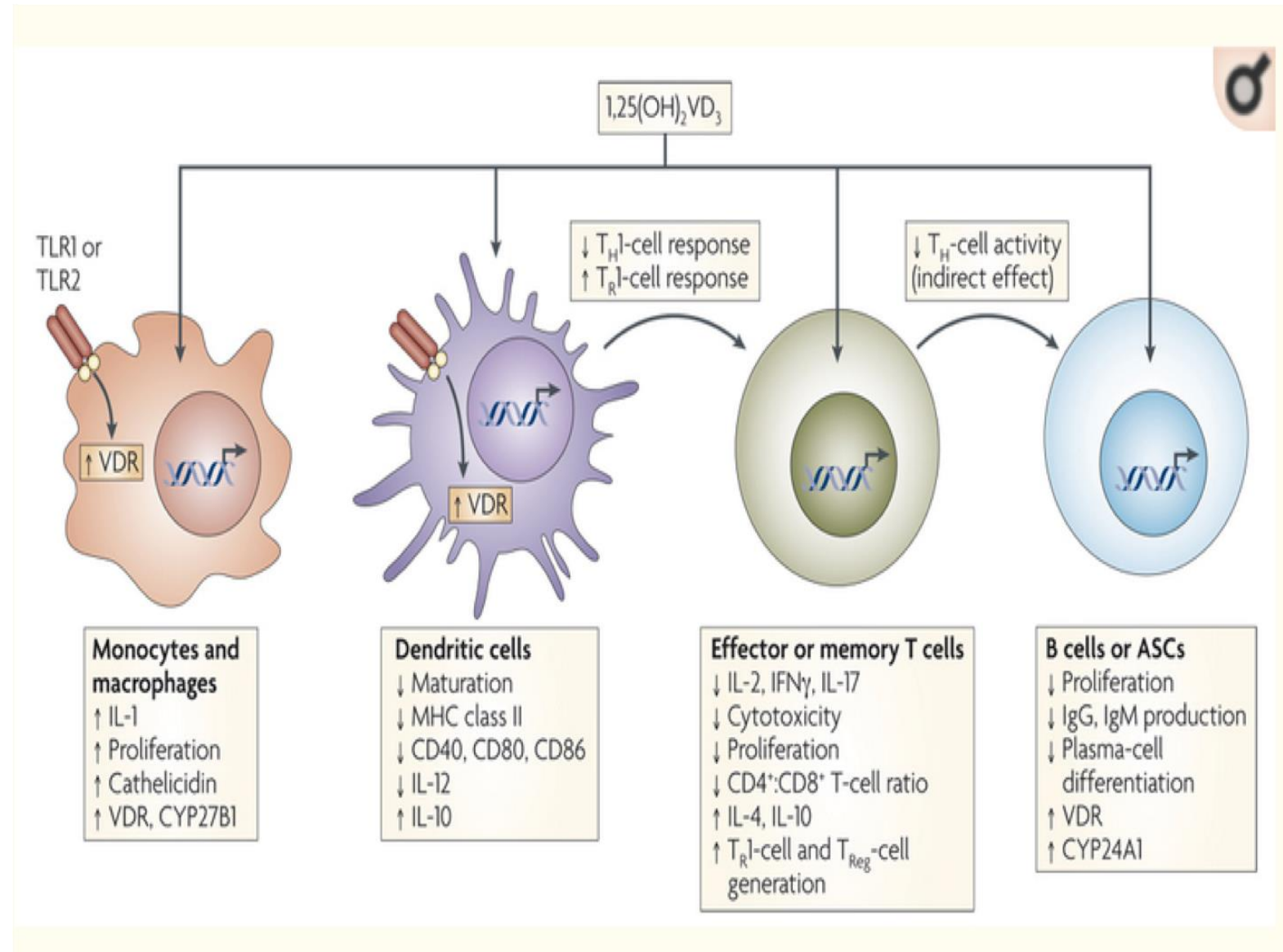
- After activation by VD3, the antimicrobial peptides, cathelicidins and defensins, can effectively target and destroy bacteria, viruses, fungi, parasites and cancer cells
- Given its immuno-modulatory properties, 1,25(OH)<sub>2</sub>VD3 or its analogues are clinically useful for the treatment of inflammatory and autoimmune diseases
- Retinoic acid is required for activation of the vitamin D receptor (VDR) within cells

(Serum 1,25-Dihydroxyvitamin D: An Outcome Prognosticator in Human Sepsis, Nguyen, HB et al., Plos One May 2013, Volume 8, Issue 5, e64348)

# Vitamin D3



# Mechanisms of Vitamin D3 Immunomodulation





# Vitamin D3

- **Effective therapeutic dosage range:**
  - 5,000 to 10,000 I.U. daily (adults)
  - 1,000 to 4,000 I.U. daily (children under 12)
  - Ideal therapeutic VD3 range: 40 to 100 ng%  
(Measure serum 25(OH)VD3)
  - Must use animal source, esp. fish oil
  - Vitamin D2 (ergocalciferol) is not an effective substitute
- Reliable resource of Vitamin D3 (gluten-free):  
<https://www.dssorders.com/dnswexd.asp?id=2335>

(Vitamin effects on the immune system: vitamins A and D take centre stage, Mora, J. et al., Nat Rev Immunol. 2008 Sep; 8(9): 685–698)

# Zinc

- Zinc is an essential mineral known to play a central role in the immune system
- Crucial for normal development and function of cells mediating nonspecific, innate immunity, such as neutrophils and natural killer cells
- It is also crucial for normal development and function of cells mediating adaptive or acquired immunity, esp. maturation and activation of B and T lymphocytes

# Zinc

- **Necessary for normal antibody production, particularly immunoglobulin G**
- **Critical for effective macrophage function, e.g., phagocytosis, intracellular killing of pathogens, and cytokine production**
- **Zinc also decreases oxidative stress, down-regulates inflammatory cytokines, and stabilizes cell membranes**



# Zinc

- The most bioavailable, cost-effective form of supplemental chelated zinc is Zinc Picolinate
- Effective therapeutic dosage range:
  - 25 to 50 mg daily (adults)
  - 10 to 20 mg daily (children under 12)
- Reliable resource of Zinc Picolinate:  
<https://www.dssorders.com/dnswexd.asp?id=1415>

(Zinc and immune function: the biological basis of altered resistance to infection, Shankar, AH et al., Am J Clin Nutr. 1998 Aug;68(2 Suppl):447S-463S)

(Zinc in Human Health: Effect of Zinc on Immune Cells, Prasad, AS, Mol Med. 2008 May-Jun; 14(5-6): 353–357)

# Selenium

- **Selenium is a critically essential micronutrient that is incorporated into selenoproteins in the body, and plays a crucial role in the maintenance of immune competence**
- **Selenium is primarily immuno-stimulatory, i.e., it promotes innate immune cell functions, T cell proliferation, NK cell activity, and activation of human blood leukocytes**
- **It promotes macrophage inflammatory signaling capacity and anti-pathogenic activities, as well as macrophage activation involving the release of cytokine mediators and arachidonic acid-derived prostaglandins that serve to down-regulate inflammation, thereby mitigating tissue damage**

# Selenium

- **Adaptive immunity is affected by selenium via the enhanced activation and function of T and B cells, including Th1 immunity via increased T cell receptor signal strength**
- **Innate and adaptive immune responses against bacterial, viral, and parasitic infections rely upon sufficient dietary selenium for effectively eliminating these pathogens**
- **Selenoproteins have also been shown to support immune system defenses against carcinogenesis (cancer formation)**



# Selenium

- The most effective form of supplemental selenium is Selenomethionine
- Effective therapeutic dosage range:
  - 400 to 600 mcg daily (adults)
  - 100 to 400 mcg daily (children under 12)
- Reliable resource of Selenomethionine:  
<https://www.dssorders.com/dnswexd.asp?id=8475>

(Selenium, Selenoproteins, and Immunity, Avery, JC et al., [Nutrients](#). 2018 Sep; 10(9): 1203)

# ***Glycyrrhiza radix* (Licorice root)**



# ***Glycyrrhiza radix* (Licorice root)**

- Licorice root is a common ingredient in many Traditional Chinese medicines (TCM), and is known as the 'great balancer' in Oriental herbal medicine
- Licorice polysaccharides exhibit immunomodulatory activities, esp. evident with:
  - Activation of CD4<sup>+</sup> and CD8<sup>+</sup> immune cells
  - Increased production of various cytokines, e.g., IL-2, IL-6, IL-7 levels
  - Decreased TNF $\alpha$  levels
  - Potent, antiviral properties



# ***Glycyrrhiza radix* (Licorice root)**

- It has been effectively used for chronic viral infections, e.g., HBV, HCV, HSV, and HIV/AIDS
- Glycyrrhizin, the sweet, active constituent in licorice root, was shown to be the most active, antiviral agent in inhibiting replication of the SARS-associated coronavirus in mice
- Glycyrrhizin is more potent, and significantly safer than the allopathic, conventional pharmaceutical, antiviral drugs, 6-azauridine, mycophenolic acid, pyrazofurin, and ribavirin, however, its clinical use has not yet been approved by the FDA and conventional medical authorities

# ***Glycyrrhiza radix* (Licorice root)**

- **Effective therapeutic dosage range of standardized extract:**
  - **1,200 to 2,400 mg or more daily in divided doses (adults), depending upon severity of infection and clinical response; indicated for short term use, esp. in viral infections**
  - **200 to 800 mg or more daily in divided doses (children under 12), depending upon severity of infection and clinical response; indicated for short term use, esp. in viral infections**
  - **Contents of extract capsules may be brewed as tea**
  - **Observe for blood pressure changes in long term use**
- **Reliable resource of Licorice Root Extract:**  
<https://www.dssorders.com/dnswexd.asp?id=8949>
- (The immunomodulatory activities of licorice polysaccharides (*Glycyrrhiza uralensis* Fisch.) in CT 26 tumor-bearing mice, Ayeka, PA et al., BMC Complement Altern Med. 2017; 17: 536)
- (Glycyrrhizin, an active component of liquorice roots, and replication of SARS-associated coronavirus, Cinati, J et al., Lancet, 2003; 361:2045–46)
- <https://www.alternativedrmcare.com> (for educational, self-care protocols)

# Thymosin Alpha-1 (TA1)

- Thymic peptides, which are naturally produced in the thymus gland, promote physiological processes that include modulation of immune responses, i.e., both stimulation or suppression when needed, and can aid in the treatment of chronic, bacterial, viral, and fungal infections, as well as malignancies
- They also help promote the regulation of:
  - Cell motility
  - Neuroplasticity (ability of the brain to form and reorganize neural synaptic connections, esp. in response to learning or experience or following injury)
  - Angiogenesis (new blood vessel growth)
  - Repair and remodeling of blood vessels, heart cells, and other injured tissues, as well as stem cell differentiation

# **Signs of low Thymosin Alpha-1 levels include:**

- **Chronic fatigue, physical exhaustion, tired appearance, lack of motivation, apathy**
- **Chronic infections (Colds, Herpes, Hepatitis, Shingles, Lyme, and other severe, acute or chronic infections)**
- **Persistent illness, lack of full recovery, e.g., recurrent bouts of 'flu-like' symptoms, Chronic Fatigue Immune Deficiency Syndrome (CFIDS)**
- **Easily injured joints, ligaments, tendons, and muscles with slow recovery**
- **Chronic pain and disability after musculoskeletal trauma**
- **Slow, difficult, and incomplete wound healing**

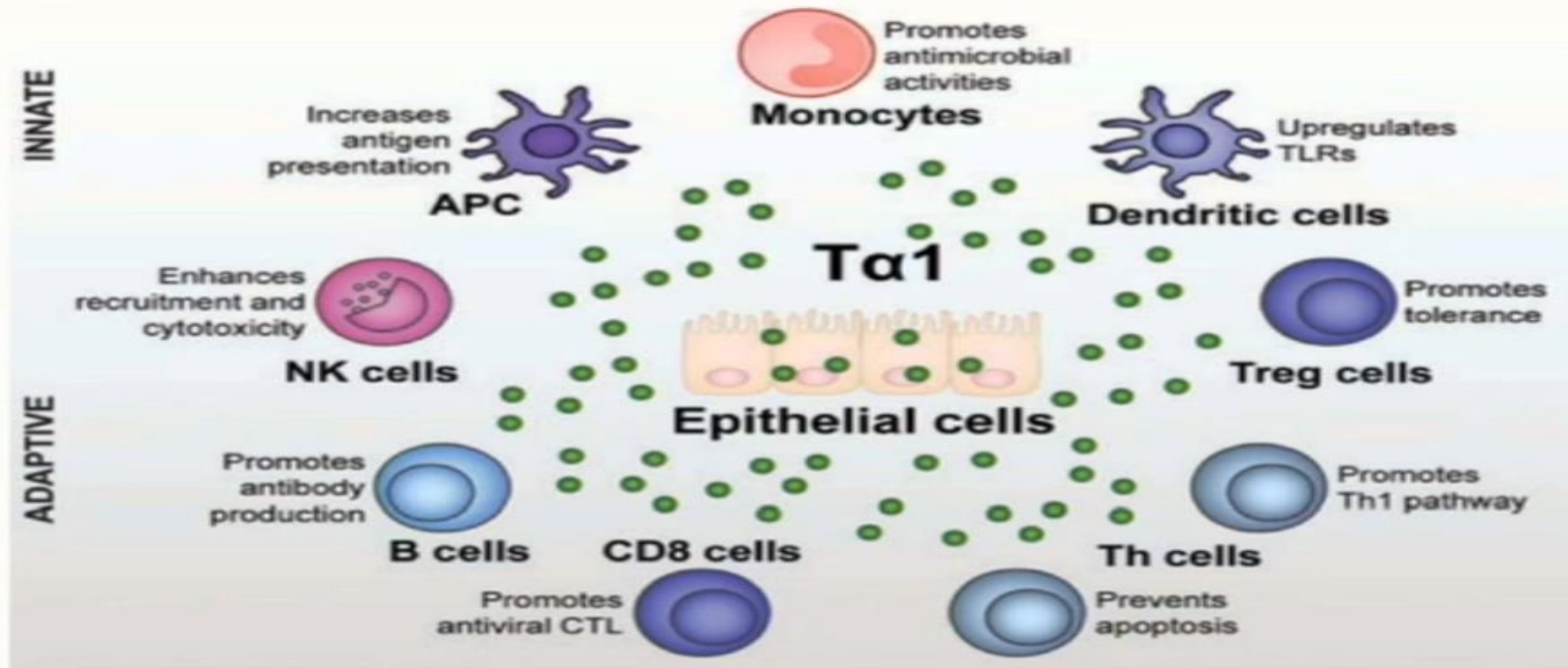


# **Benefits of Thymosin Alpha-1 may include:**

- Increased immune cell activity
- Correction of immune system dysregulation and dysfunction
- Promotion of immune system homeostasis (balance) and responsiveness
- Stimulation of T-Lymphocyte and Natural Killer cell production
- Promotes the development of B-Lymphocytes into Plasma Cells
- Decreases production of pro-inflammatory cytokines
- Increased chemotactic response and phagocytosis by neutrophils
- Inhibition of viral replication
- Improves host defenses to infection
- Reduces and normalizes inflammation
- Improves cellular and tissue repair and healing
- Increases antioxidant and glutathione production
- Reverses immunosuppression in CFIDS, Fibromyalgia, and Lyme disease
- Improves stress tolerance

# Thymosin Alpha-1 (TA1)

## TA1 MODULATES INNATE and ADAPTIVE immune systems - "ADAPTOGENIC"



**Figure 1.** Pleiotropic immune activation by Tα. The drug actions of Tα1 on cells of the innate and adaptive immune system. This is a pictorial representation of all literature-supported actions of Tα1 on immune cells. APC, antigen presenting cells; CTL, cytotoxic T lymphocytes; NK cells, natural killer cells; Th cells, T helper cells; T<sub>reg</sub> cells, regulatory T cells; TLRs, Toll-like receptors.

# Thymosin Alpha-1 (TA1) - A Word of Caution:

- Medicinal peptides should only be obtained from FDA-certified, 503A or 503B, U.S. compounding pharmacies that provide peptides with greater than **99.8% purity and chemical integrity** to ensure that you are receiving the highest quality, FDA-regulated, pharmaceutical grade, medicinal peptides by U.S. law
- **Never** purchase peptides from online ‘discount’ websites, since they are **not** regulated, and have been found to be adulterated, substandard, often fraudulent products, which can potentially cause adverse effects and great harm (The principle of *Caveat Emptor* (“Buyer Beware”) applies here)
- Moreover, peptides are powerful medicines that should and must be carefully prescribed and individually managed by a specially trained, licensed, medical physician who understands the correct peptides and the dosages to be used for different health conditions
- Peptide therapy requires expert medical guidance to experience and benefit from their exceptional therapeutic potential
- <https://www.cirm1.org/peptide-therapy>

# Hydroxychloroquine (HCQ)

- HCQ was found to be consistently effective against COVID-19 when provided early in the outpatient setting
- It was also found to be overall effective in inpatient studies
- No unbiased study found worse outcomes with HCQ use
- No mortality or serious safety adverse events were found
- Medical researchers concluded that HCQ is consistently effective against COVID-19 when provided early in the outpatient setting, it is overall effective against COVID-19, it has not produced worsening of disease, and it is safe
- Shown to be most effective when used with azithromycin and zinc

Prodromos, C et al., Hydroxychloroquine is effective, and consistently so when provided early, for COVID-19: a systematic review, *New Microbes New Infect*, 2020 Nov;38:100776

Sarma, P et al., Virological and clinical cure in COVID-19 patients treated with hydroxychloroquine: A systematic review and meta-analysis, *J Med Virol*, 2020 Jul;92(7):776-785

Carlucci, PM et al., Hydroxychloroquine and azithromycin plus zinc vs hydroxychloroquine and azithromycin alone: outcomes in hospitalized COVID-19 patients,

<https://www.medrxiv.org/content/10.1101/2020.05.02.20080036v1>



## STORY AT-A-GLANCE

- › The controversy over hydroxychloroquine is perhaps one of the most perplexing and frustrating. Doctors and health experts around the world have spoken out both for and against the use of the drug, some reporting spectacular benefits while others warn of mortal dangers
- › In an international poll of 6,227 doctors in 30 countries, 37% rated the antimalaria drug hydroxychloroquine as “the most effective therapy” for COVID-19. In Spain, where the drug was used by 72% of doctors, it was rated “the most effective therapy” by 75% of them
- › French microbiologist and infectious disease expert Didier Raoult reported a combination of hydroxychloroquine and azithromycin administered immediately upon diagnosis led to recovery and “virological cure” — nondetection of SARS-CoV-2 in nasal swabs — in 91.7% of patients
- › Dr. Vladimir Zelenko has found treating COVID-19 patients who had confirmed positive test results “as early as possible after symptom onset” with zinc, low dose hydroxychloroquine and azithromycin lowered mortality fivefold
- › Zinc appears to be key. If given early, zinc along with a zinc ionophore such as hydroxychloroquine or quercetin should, at least theoretically, help lower the viral load and prevent the immune system from becoming overloaded

# Ivermectin

- Ivermectin has been shown to inhibit the replication of SARS-CoV-2 in cell culture
- Ivermectin demonstrates potential anti-inflammatory properties in some in vitro studies, properties that have been postulated to be beneficial in the treatment of COVID-19
- Ivermectin appears to accumulate in lung tissue with the doses used in most clinical trials
- Clinical research reported shorter time to resolution of disease manifestations attributed to COVID-19, greater reduction in inflammatory markers, shorter time to viral clearance, or lower mortality rates in patients who received Ivermectin than in patients who received comparative drugs or placebo

Pierre Kory, M.D., Associate Professor of Medicine at St. Luke's Aurora Medical Center, delivers passionate testimony during the Senate Homeland Security and Governmental Affairs Committee hearing on "Early Outpatient Treatment: An Essential Part of a COVID-19 Solution, Part II."

<https://www.youtube.com/watch?v=Tq8SXOBy-4w&feature=youtu.be>

**PREVENTING COVID-19: Dr. Pierre Kory Pushes for Approval of Ivermectin Treatment For Covid-19**

<https://www.youtube.com/watch?v=fSL7sqOudoE&t=0s>

Christy Risinger, M.D., discusses the clinical data on using Ivermectin to prevent COVID-19 infections

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

<https://www.youtube.com/watch?v=mKLGXebK-C0>

## STORY AT-A-GLANCE

- While preliminary evidence seems to suggest Ivermectin can be useful at all stages of SARS-CoV-2 infection, its real strength appears to be as a preventive approach
- Of 58 health care workers who took ivermectin once a month for four months, only four (6.96%) came down with mild COVID-19 symptoms during the May through August 2020 trial period, compared to 44 of 60 health care workers (26.67%) who declined the medication
- In August 2020, India's largest state, Uttar Pradesh, added ivermectin to its recommendations and distributed the drug for home care free of charge. The state of Bihar also started recommending ivermectin, and by the end of 2020, Bihar and Uttar Pradesh had the lowest and second-lowest COVID-19 fatality rates in all of India
- A WHO-sponsored review suggests ivermectin can reduce COVID-19 mortality by as much as 83%
- In the U.S., the Frontline COVID-19 Critical Care Alliance is calling for widespread adoption of ivermectin, both as a prophylactic and for the treatment of all phases of COVID-19

# Free and Healthy Children International

Homeoprophylaxis – The Immune  
System Educator: Research, Education,  
Access: fhcint@gmail.com



<https://freeandhealthychildren.org/>

Coronavirus nosode research review. Part 2 (27 min) →

## Coronavirus nosode research review. Part 1 (16 min)

Posted on January 3, 2021 by TheSolution\_HP



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WHERE  
*are we going?*





### Related information

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## International Covenant on Civil and Political Rights

**Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966  
entry into force 23 March 1976, in accordance with Article 49**

### Preamble

The States Parties to the present Covenant,

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Recognizing that these rights derive from the inherent dignity of the human person,

Recognizing that, in accordance with the Universal Declaration of Human Rights, the ideal of free human beings enjoying civil and political freedom and freedom from fear and want can only be achieved if conditions are created whereby everyone may enjoy his civil and political rights, as well as his economic, social and cultural rights,

Considering the obligation of States under the Charter of the United Nations to promote universal respect for, and observance of, human rights and freedoms,

Realizing that the individual, having duties to other individuals and to the community to which he belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the present Covenant,

**Vaccines and Related Biological Products Advisory Committee Meeting  
December 10, 2020**

**FDA Briefing Document**

**Pfizer-BioNTech COVID-19 Vaccine**



# Immunization Tracking **Software**



# Bioluminescent quantum dots

Bioluminescence is widely used for *in vivo* imaging of nude mice. By conjugating luciferase protein to quantum dots, bioluminescence resonance energy transfer (BRET) turns these useful fluorophores into a new class of bioluminescent probe.

Quantum dots have several advantageous characteristics that have made them the fluorophore of choice in many applications. Unfortunately they are not particularly suited to whole-animal *in vivo* imaging, an application that is becoming increasingly popular. Now Jianghong Rao, Sanjiv Gambhir and colleagues from the Molecular Imaging and Bio-X Program for interdisciplinary research at Stanford describe the synthesis and the use of bioluminescent quantum dots for *in vivo* imaging.

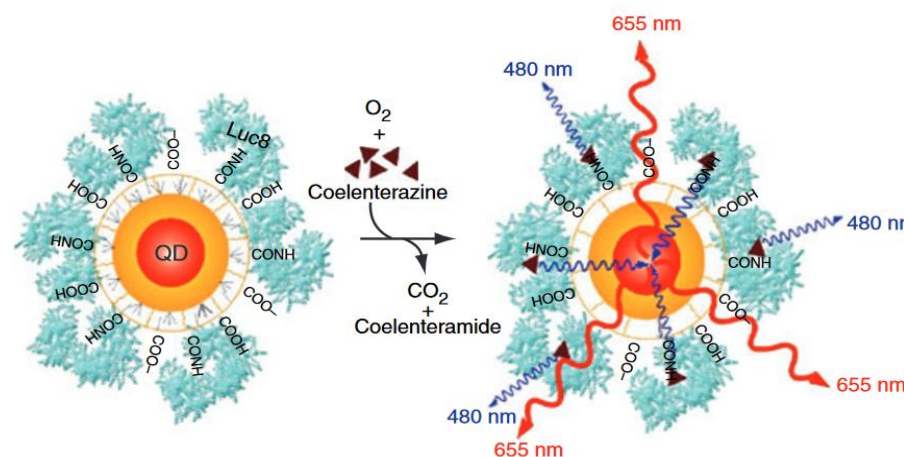
Although quantum dots can emit light in the red and infrared regions of the spectrum that have good tissue penetration, they all require blue light for efficient excitation. Blue light, however, does not penetrate tissue well and also produces high background owing to excitation of endogenous fluorophores. During *in vivo* imaging, this results in low excitation efficiency and high background. Rao and colleagues

thought there must be a way to solve this problem.

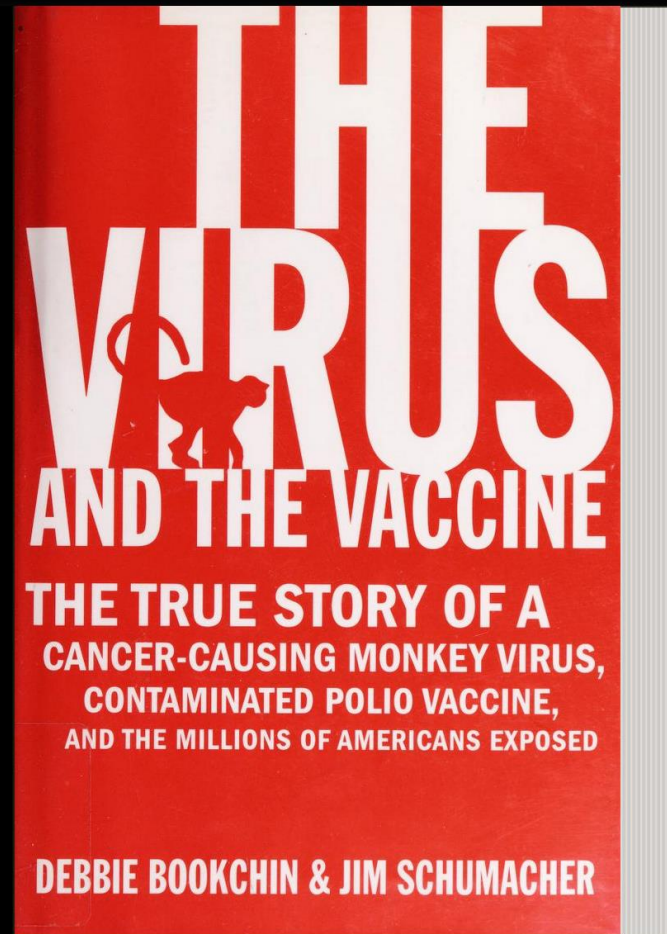
Rao says they decided to try using luminescent light to excite quantum dots. This light can come from a bioluminescent protein that produces light via a chemical reaction. “We tried firefly luciferase first, and it was very hard to do the conjugation,” says Rao. “The

reason was probably that the firefly luciferase is very fragile and sensitive to any chemical modification. This caused it to dramatically lose its luciferase activity.”

The Gambhir laboratory has been developing methods to use BRET imaging in living mice and has also developed a variant of *Renilla reniformis* luciferase (Luc8) that showed greater stability and improved



**Figure 1** | A schematic showing the design and function of the bioluminescent quantum dot. Oxidation of coelenterazine by Luc8 conjugated to a quantum dot releases bioluminescence energy. Some of this energy excites the quantum dot, resulting in the release of red light. Reprinted with permission from *Nature Biotechnology*.



The virus and the vaccine : the true story of a cancer-causing monkey virus, contaminated polio vaccine, and the millions of Americans exposed

by [Bookchin, Debbie](#); [Schumacher, Jim](#), 1955-



# U.S. Calls Flu Alert On Possible Return Of Epidemic's Virus



By Harold M. Schmeck Jr.; Special to The New York Times

Feb. 20, 1976



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## Vaccine Safety

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### Vaccine Safety

Safety Information by Vaccine +

Questions and Concerns -

Adjuvants

Autism +

Fainting after Vaccination

Febrile Seizures

Guillain-Barre Syndrome

Multiple Vaccinations at Once

Sudden Infant Death Syndrome (SIDS)

Thimerosal +

Vaccines During Pregnancy FAQs

FAQs about Vaccine Recalls

# Narcolepsy Following 2009 Pandemrix Influenza Vaccination in Europe

An increased risk of narcolepsy was found following vaccination with Pandemrix, a monovalent 2009 H1N1 influenza vaccine that was used in several European countries during the H1N1 influenza pandemic. This risk was initially found in Finland, and then other European countries also detected an association.

## Background

Narcolepsy is a central nervous system disorder characterized by excessive daytime sleepiness (EDS) and abnormal manifestations of rapid eye movement (REM) sleep. This disorder is caused by the brain's inability to regulate sleep-wake cycles normally, but it can be treated with medication and behavior modification. [About narcolepsy and other sleep disorders.](#)

Pandemrix is manufactured by GlaxoSmithKline in Europe and was specifically produced for pandemic 2009 H1N1 influenza. It was not used before 2009, and has not been used since the influenza pandemic season (2009-2010). It contains an oil-in-water emulsion adjuvant called ASO3. Adjuvants are substances added to a vaccine to increase the body's immune response to that vaccine. [More about adjuvants.](#)

Pandemrix was not licensed for use in the United States.

Talk with your  
healthcare provider  
about vaccines.

They can answer questions and  
offer advice based on your  
specific health needs.





# Trust in Science

Fighting COVID-19 with  
reliable information



# Some indisputable facts

- mRNA technology is the most rushed medical intervention ever developed.
- The manufacturers have been given complete immunity from liability if their experimental “vaccines” cause injury, harm or death.
- The clinical trials testing the safety of these injections are not finished, meaning that every member of the public who takes one is now a human “guinea pig” in an ongoing medical experiment with the global population.
- The Pfizer and Moderna mRNA vaccines are themselves part of an experimental class of injectable materials that have never before been given to the public.
- These vaccines have not been tested for their ability to prevent infection or spread of SARS-CoV-2 and are not even intended to do so.
- And there is absolutely no long-term data about these vaccines to determine what their effects may be on fertility, the potential for pathogenic priming, or any other serious adverse reaction.

# Using Homœopathy to Mitigate the Effects of Vaccinations





# General Rubric for Ailments from Vaccinations

VACCINATIONS, reactions, ailments, from: (94) *Acon.* all-c. am-c. *Ant-t.* anthraci. **APIS** arg-n. arn. *Ars.* ars-i. bac. bad. *Bapt.* bar-c. *Bell.* *Brom.* bufo *Calc.* calc-p. calen. carb-ac. *Carb-v.* **CARC.** caust. chin. *Cic.* con. *Crot-c.* *Crot-h.* **DIPH.** *Echi.* ferr-p. **GELS.** graph. gunp. **HEP.** *Hist.* hyos. **HYPER.** ign. **INFLU.** kali-chl. *Kali-m.* kali-p. *Lac-c.* lac-v. **LACH.** *Lachn.* laur. **LED.** lob. lyc. **MALAND.** *Med.* *Merc.* merc-i-r. merc-sul. **MEZ.** **MORB.** *Naja* *Nat-m.* *Nit-ac.* op. *Ped.* *Pert.* phos. *Phyt.* **PLAN.** plb. podo. *Psor.* puls. *Pyrog.* rhus-t. sabin. sal-ac. sarr. **SARS.** sep. **SIL.** skook. staph. stram. **SULPH.** syc. tetox. **THUJ.** *Tub.* **VAC.** valer. **VARIO.** vinc. zinc. zinc-m.

# Prophylaxis for Vaccinations

Vaccinations - PREVENTIVE, prophylactic for side effects: (10) arn.

HYPER. LED. phys. plan. *Sil.* sulph. tetox. *Thuj.* vario.





# Ledum palustre



# Ledum palustre

Nondescript reactions for any vaccination. **Ledum is specific for DPT vaccination.** Ledum is often used for **puncture wounds** as with a sharp instrument or for a poisonous bite. With Ledum, the **arm or leg looks bruised with black and blue discoloration.** The area around the vaccination may be **dark, bruised, sore, achy and infected looking.** It **does not heal well.**





# Hypericum perforatum



# Hypericum perforatum

Indicated for nondescript vaccination reactions, especially where a **sharp, short pain** is present. Hypericum is a remedy for **injury to parts rich in nerves and puncture wounds**. With **excruciating pains in the wounds**. It should be given as a prophylactic in newly born children whose navels present unhealthiness.



# Acute and Chronic Effects of Vaccinations

[Vaccinations] ACUTE, reactions: (16) acon. apis arn.  
*Bell.* calen. *Carc.* cic. echi. hep. **HYPER. LED.** merc.  
plan. pyrog. *Thuj.* zinc.

[Vaccinations] CHRONIC, reactions: (8) calen.  
**CARC.** cic. *Hyper. Led.* plan. **SIL. THUJ.**



# Acute Reaction to Vaccination

Think of *Apis mellifica* when the **vaccinated area swells up**. It feels **worse from heat**, the individual **wants cold on it**. The patient may develop **itchy hives-worse from heat**. Also, the **face may swell up**; **edema of face with red rosy hue and itchy watery eyes**.





# Acute Reaction to Vaccination

**High fever. The whole arm or leg swells up, throbs and is hot to the touch. Vaccinate area is inflamed, red and warm. Skin is flushed, hot and dry with fever. Restless sleep- can scream out in sleep. The conditions associated are always made worse from touch, noise, light and cold air with these cases. The pupils are dilated, the individual is better from warmth.**



Belladonna

# Acute Reaction to Vaccination

Think of Hepar sulphuricum when the **vaccination site does not heal, pus formation becomes prominent and the area is also sensitive to touch**. These patients will describe a **great deal of pain** and will tend to be both **peevish and irritable** to a high degree.



Hepar sulphuricum



# Polio Vaccinations

[Vaccinations] POLIO, vaccination, ailments from: (10)  
bell. *Caust.* *Gels.* hyper. lath. merc. phos. phys. plb. *Rhus-t.*



Causticum



Gelsemium sempevirens



Rhus toxicodendron

# Gelsemium sempivirens

You should think of Gelsemium in acute reactions to the polio vaccination. Look for Gelsemium keynotes of the **muscular weakness, trembling, drooping, exhaustion, coldness, sleepiness, dizziness and fever with chills.**





# Lathyrus sativus

You should think of Lathyrus sativus after a Polio vaccination where there is **paralysis** anywhere in the body but particularly of the **lower extremities**. If in this situation- see a homeopathic physician.



# Zincum metallicum

Think of Zinc in acute reactions to Polio vaccinations.

**Restlessness at night during sleep.** There is a state of **irritation in the nervous system.** **Child wakes with a shrill irritating cry at night** following vaccination. Can have **restless feet.**





# Free and Healthy Children International

Homeoprophylaxis – The Immune  
System Educator: Research, Education,  
Access: fhcint@gmail.com



<https://freeandhealthychildren.org/>

Coronavirus nosode research review. Part 2 (27 min) →

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Posted on January 3, 2021 by TheSolution\_HP



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# Protect Your Right to Informed Consent and Defend Vaccine Exemptions

As Jefferson famously said: “Knowledge is Power”  
Educate yourselves!

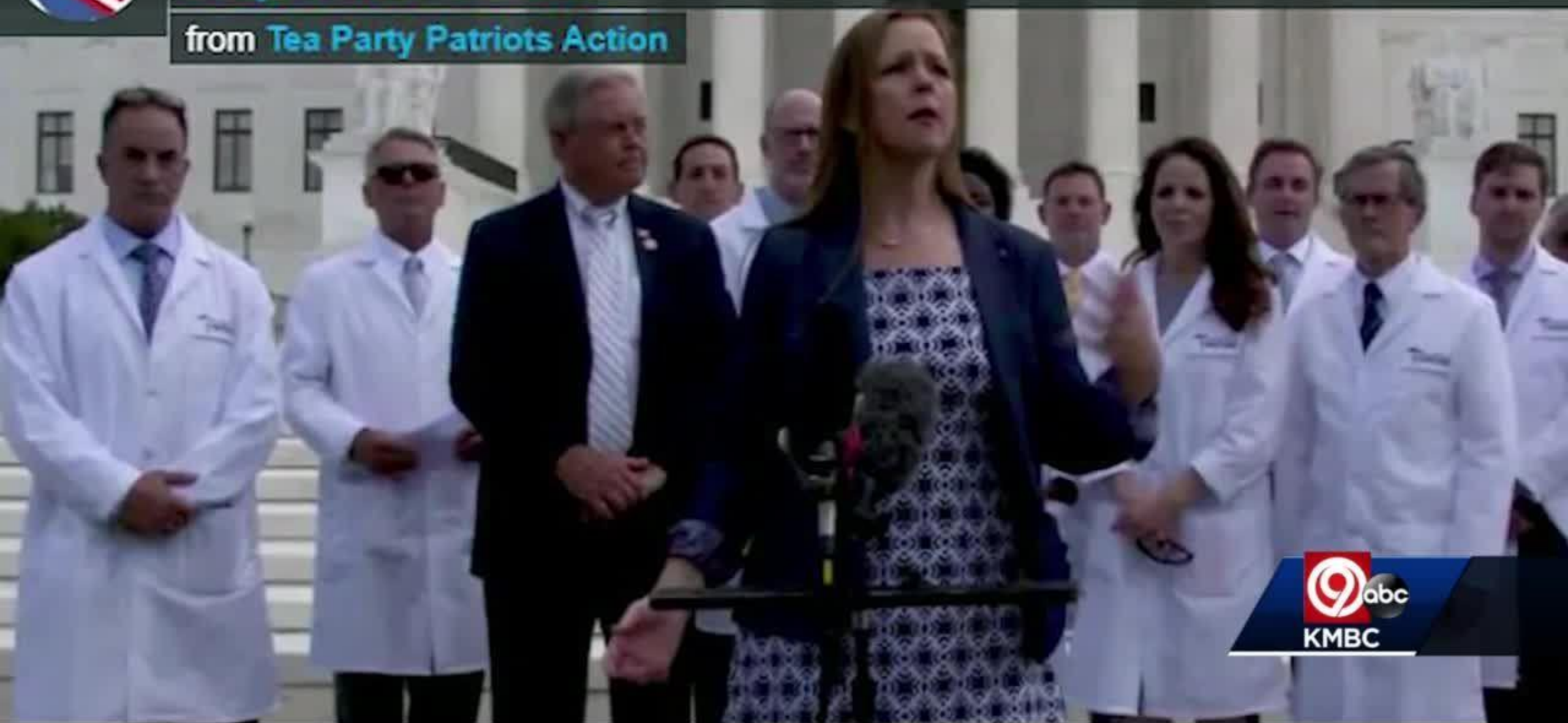
- <https://www.nvic.org/informed-consent.aspx>
- <https://hardball.parkoffletter.org/protect-your-right-to-informed-consent-and-defend-vaccine-exemptions/>
- <https://vaccineeducation.org/exemptions/>





# Americas Frontline Doctors Press Conference at Supreme Court

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January 14, 2021 | Comments Off

