

Could Lipid Nanoparticles be Changing Essential Human Qualities of the Vaccinated?

Description

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The spike protein haunts some of the good “dissident doctors” and honest scientists. The mRNA fragments, for their part, profoundly disturb others; and all for good reasons.

But it is the lipid nanoparticles (“LNPs”) in the mRNA injections that keep me up at night, feeling that the dystopia on earth has now fully arrived, wrote Dr. Naomi Wolf. “And the reasons for that include questions that border on the metaphysical; as the LNPs, it seems to me, are able to negatively affect the very essence of our humanity.”

In an essay she published on Substack on Wednesday, Dr. Wolf described a visit to Manhattan after a “wave of boosters” had been rolled out where she distinctly felt that the “the massive energy field —that sense of an island as a pulsing human generator, the electricity that had galvanised generations of newcomers to Manhattan — that was simply gone.”

“Crowds themselves were altered. Young adults were limping, at scale. Men and women in their forties and fifties, who looked as if they had been recently healthy, were now moving like eighty-year-olds. People in vast numbers, of all ages, walked as if it was hurting them to move. Even teenagers and older children moved like zombies or robots — drifting, with seemingly no energy to spare. Smaller children did not squirm or race around. They sat vacantly on park benches or in restaurants. Or they drifted like little wraiths beside their parents, focussed on nothing. What happened? What happened to humanity?”

During an appearance on The Glazov Gang, Dr. Wolf discussed this “zombie apocalypse” and how the whole life force/flirtation vibe got switched off and much more.

Click on the image below to watch the [video on Rumble](#).

The Glazov Gang: No Mojo in the Air: The Vax’s Killing of Sexual Desire, 27 September 2022 (47 mins)

In her essay, Dr. Wolf asks questions about what could possibly cause changes in people post-mRNA

vaccination. She also asks whether the lipid nanoparticles themselves may be profoundly altering human beings. “Again, I am not proposing answers here, but simply exploring possibilities.”

LNPs cross the blood-brain barrier so “they can indeed be changing the very brains of our loved ones. Thoughts. Love. Desire. Conception. Dreams. Imagination. Inspiration. Perhaps even the sense of God.”

Lipid Nanoparticles: Are They Subtly Changing Human Beings? By Dr. Naomi Wolf

We know the physical cost of lipid nanoparticles, due to some recent pioneering research.

We know, for instance, that lipid nanoparticles cause inflammation. Dr. Robert Chandler of the War Room/DailyClout Pfizer Documents Research Volunteers re-established that, and it is also a fact that has been known for years.

We know that the LNPs, which their manufacturers boast can cross every membrane in the human body, cross the placenta, as foetal-maternal medicine OB/GYN [Dr. James Thorp has demonstrated](#). This is one reason the lies to pregnant women of pharmaceutical, medical, and government spokesmodels, in swearing that the mRNA injection ingredients could not cross the placenta, are so egregious.

We know that the LNPs *do* cross the blood-brain barrier — indeed, they were *designed* to do that: some of their earliest medical uses involved the delivery of medicine across the blood-brain barrier, to target brain tumours.

We know that Pfizer partnered this year with Acuitas Therapeutics, a private company based in Vancouver, Canada, which manufactured lipid nanoparticles, to bring ten more mRNA-LNP-based vaccines into the market:

“Our swift delivery of the world’s first mRNA-LNP-based vaccine made clear the promise of mRNA-LNP technology,” said Mikael Dolsten, M.D., PhD, Chief Scientific Officer and President, Worldwide Research, Development and Medical of Pfizer Inc. “We are making significant investments to harness the power of the mRNA-LNP technology and deliver potential new breakthrough vaccines and therapeutics that address significant unmet needs for patients. This agreement expands our LNP capabilities and allows us to explore more projects within our existing vaccines area and new therapeutic areas where mRNA-LNP technology holds potential for success.” “Acuitas is extremely proud that its LNP technology contributes to the success of COMIRNATY® and is excited to be working with Pfizer to advance new vaccines,” said Acuitas Therapeutics’ CEO, Dr. Thomas Madden.

[Pfizer Enters into Agreement with Acuitas Therapeutics for Lipid Nanoparticle Delivery System for Use in mRNA Vaccines and Therapeutics](#), Pfizer, 10 January 2022

So: Industrial fats treated with polyethylene glycol (PEG) can cross every membrane in the human body. Including the brain. What could possibly go wrong?

My own aversion to LNPs — an aversion that led me not to choose to receive an mRNA injection — arose from simply reading on various LNP production and distribution websites, how still experimental,

and how weirdly off-the-shelf, this material is: you can order lipid nanoparticles, just as you can order polyethylene glycol, from various supply companies who will “partner” with manufacturers, few questions asked, in drug or experiment formulation. “Creative Biolabs” is one such:

Features of Our Services

- One-stop and customizable LNPs preparation
- The scalable proprietary manufacturing process
- High-cost performance

Please contact us for more information.

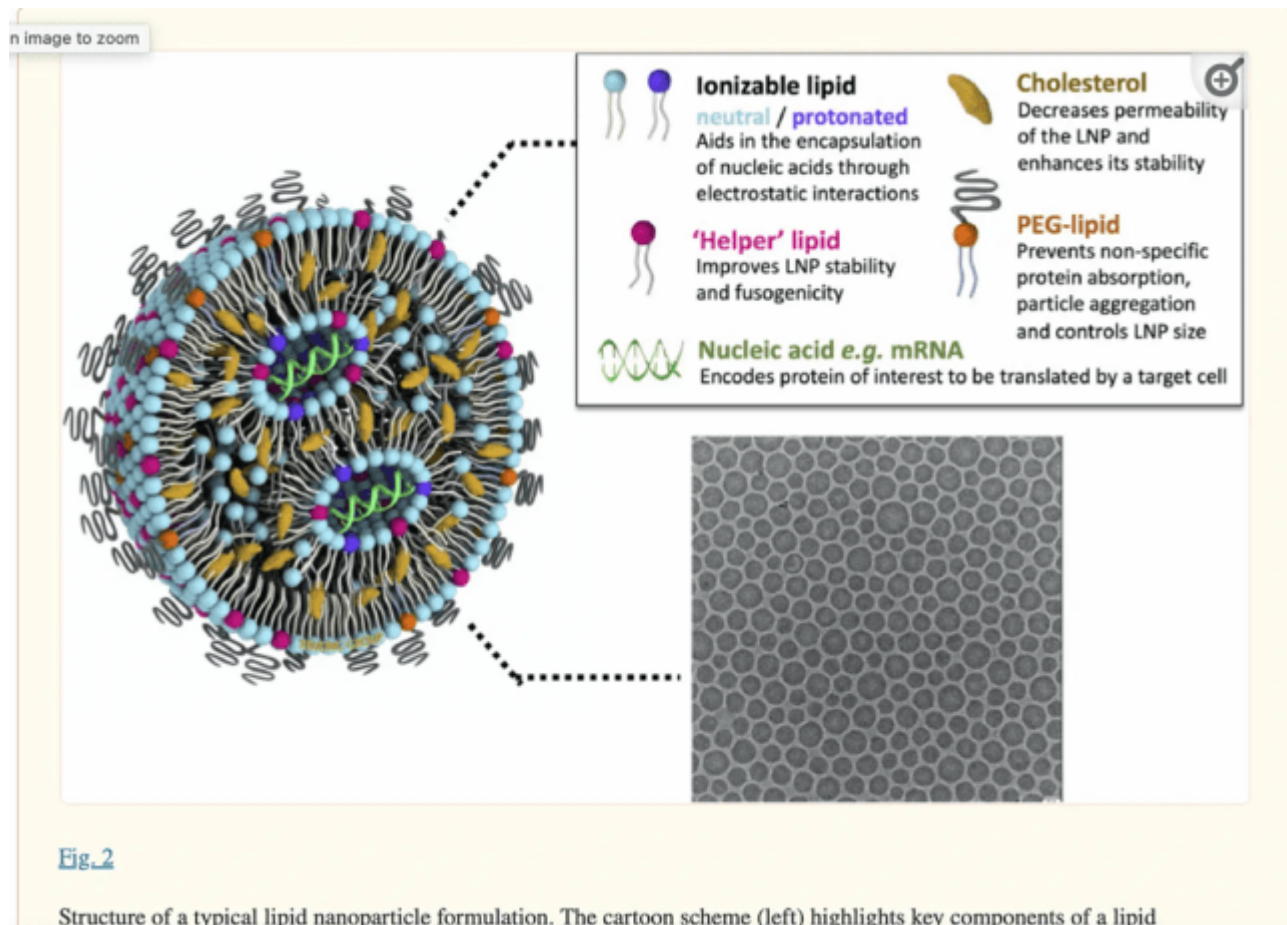
Lipid Nanoparticle, Creative Biolabs mRNA Therapeutics

I am an English major. I am not a medical doctor. But even I can see possible serious problems in relation to humanity being saturated, via every membrane, with lipid nanoparticles. Human beings are more than our bodies. So, this is a massive experiment on the very essence of what makes us human.

Lipid nanoparticles are not medicines. They are a delivery system.

They are composed of tiny *objects*, minute particles of industrial fats, as noted above, that biodistribute into your bloodstream and lodge, as Dr. Chandler showed, into various of your organs, including your brain; and including, if you are a woman, accumulate in your ovaries.

In the case of the mRNA injections, the LNPs are coated with four lipids including [PEG, a petroleum by-product](#). PEG is a thickening agent, that is in laxatives, and creams and cosmetics.



Many people have noticed that their loved ones in remission from cancer, or whose cancers were long resolved and now in the past, have suffered resurgences of raging cancers post-vaccination.

PEG, according to the David Suzuki Foundation, and other critics of chemical additives is a carcinogen:

Depending on manufacturing processes, PEGs may be contaminated with measurable amounts of ethylene oxide and 1,4-dioxane.

i The [International Agency for Research on Cancer](#) classifies ethylene oxide as a known human carcinogen and 1,4-dioxane as a possible human carcinogen. Ethylene oxide can also harm the nervous system

ii and the California Environmental Protection Agency has classified it as a developmental toxicant based on evidence that it may interfere with human development.

iii 1,4-dioxane is also persistent. In other words, it doesn't easily degrade and can remain in the environment long after it is rinsed down the shower drain. 1,4-dioxane can be removed from cosmetics during the manufacturing process by vacuum stripping, but there is no easy way for consumers to know whether products containing PEGs have undergone this process. iv In a study of personal care products marketed as 'natural' or 'organic' (uncertified), U.S. researchers found 1,4-dioxane as a contaminant in 46 of 100 products

analysed.

While carcinogenic contaminants are the primary concern, PEG compounds themselves show some evidence of genotoxicity [...] and if used on broken skin can cause irritation and systemic toxicity.

viii The industry panel that reviews the safety of cosmetics ingredients concluded that some PEG compounds are not safe for use on damaged skin (although the assessment generally approved of the use of these chemicals in cosmetics).

ix Also, PEG functions as a “penetration enhancer,” increasing the permeability of the skin to allow greater absorption of the product — including harmful ingredients.

[*The Dirty Dozen: PEG Compounds and their contaminants*](#), David Suzuki Foundation

So, with an mRNA vaccine, you are getting lipid nanoparticles, that are crossing every membrane in the human body — and that are coated with a potential carcinogen — traversing your bloodstream and lodging in the organs in your body.

Can this hurt your heart?

A thoroughly ignored March 2022 study from *Metabolism Open Journal*, ‘*Potential implications of lipid nanoparticles in the pathogenesis of myocarditis associated with the use of mRNA vaccines against SARS-CoV-2*’, made the very reasonable case that myocarditis could be caused by the lipid nanoparticle sheath on the mRNA vaccines. (Covid Spike Protein is also documented to cause this kind of damage).

The 2021-22 Hong Kong study of mRNA injections in mice, ‘*Intravenous Injection of Coronavirus Disease 2019 (Covid-19) mRNA Vaccine Can Induce Acute Myopericarditis in Mouse Model*’, the one that I use as Exhibit A in my argument that the mRNA injections are a CCP-overseen and manufactured bioweapon, showed visible white patches on the hearts of mice post-second vaccination.

What is causing those white patches?

According to anecdotal reports from medical workers, the hearts and lungs of severely vaccine-injured patients are also showing white patches and even “crystallisations.” The blood clotting problems faced by the vaccinated are now well established, and blood clots and thrombocytopenia abound in the Pfizer documents. Many reasonable hypotheses have been presented for the vascular and blood damage in mRNA-vaccinated people, but the industrial-fats nature of the LNPs haunts me: could these harms be affected or even possibly be caused by something as basic and mechanical as the unstable, clumping LNPs?

A casual aside that disturbs me considerably, in many peer-reviewed studies of nanoparticle medicine, is that many kinds of LNPs are solid at room and body temperature. Some LNPs that are solid at room temperature, are liquid when chilled.

Is the instability of LNPs as dependent on temperature, affecting human beings?

I do not know if any of this variation in solidity and temperature is germane to the mRNA vaccines — there is so much we do not know; but the fact that both the Moderna and Pfizer mRNA injections had, at the rollout, to be kept super-chilled — between -20° and -70° Celsius, the latter “colder than Antarctica” — has had various mushy, ever-changing explanations.

This November 2020 National Public Radio (“NPR”) article, for instance, explains the need for ultra-cold temperatures as having to do *both* with the mRNA and with the LNPs. It quotes Margaret Liu, of the International Society for Vaccines:

“Here’s an analogy: Think of the vaccine as a chocolate bar that melts easily. Just as there are ways to keep the chocolate from melting into goo, there are things the drugmakers did to protect their Covid-19 vaccines.” The first step, Liu says, was to modify the mRNA nucleosides — the “building blocks” of the RNA vaccine. “They’ve used modified versions because those are more stable,” she says.

The next step was to use lipid nanoparticles, which, Dr Liu explains, “...is kind of like putting your chocolate inside a candy coating — you have an M&M, so the chocolate doesn’t melt.”

But even with the stabilised building blocks and lipid coating, the mRNA could still fall apart easily, which is why the vaccine is frozen.”

[*Why Does Pfizer’s Covid-19 Vaccine Need to Be Kept Colder Than Antarctica?*](#) NPR 17 November 2020

Dr. Margaret Liu is not some random physician, cited by NPR. She is Chairman of the Board of the International Society for Vaccines. As [her LinkedIn profile](#) notes:

“Dr. Liu is known as ‘The Mother of DNA Vaccines’ a vaccine technology that paved the way for authorised Covid mRNA vaccines and which is licensed for veterinary applications and is considered crucial for addressing diseases which emerge due to pathogens that cross between humans and animals (One Health). She was instrumental in establishing the WHO Initiative for Vaccine Research, was on the committee that wrote WHO regulatory guidelines for DNA vaccines, and is the scientific lead for the WHO group drafting recommendations for mRNA vaccines.”

Dr Liu is also funded by the Bill and Melinda Gates Foundation. Indeed, she is the [Senior Advisor to the Bill and Melinda Gates Foundation](#) on the *billion* dollars that the Foundation invested in — vaccines.

And...Dr. Liu is herself a holder of multiple vaccine patents:

After leading vaccine and gene therapy research at two companies and filing various patents, Margaret was asked to be the senior advisor in vaccinology for the Bill & Melinda Gates Foundation. This, as well as helping establish the World Health Organization’s

Initiative for Vaccine Research, enabled her to expand from developing technologies for global vaccines to the broader arena of global health.

[Boettcher Scholar Margaret Liu A Pioneer of DNA Vaccine Research](#), Boettcher Foundation

So — Dr. Liu is advising the WHO, which is funded by China, and also by Bill Gates:

The Gates Foundation is the second-largest contributor to the WHO. As of September 2021, it had invested investing nearly \$780 million in its programs this year.

[The WHO has a worrisome reliance on the Bill & Melinda Gates Foundation](#), Quartz, 16 December 2021

Dr. Liu advises the WHO on mRNA vaccines, which are manufactured in a Memorandum of Understanding (MOU) with China — per my Substack ‘*Facing the Beast*’ — and which are using intellectual property (IP) now transferred, per BioNTech’s SEC filing, to China.

Thus, Dr. Liu, funded by Bill Gates, and advising Bill Gates on his billion-dollar investment in vaccines; is also advocating to NPR, a US government news agency, for the use of mRNA vaccines, which are paid for by the US government, a payment that then profits China and — Bill Gates.

Let’s follow Dr Liu’s logic: the mRNA vaccines, in order to act “kind of like putting your chocolate inside a candy coating — you have an M&M, so the chocolate doesn’t melt” in Dr Liu’s eloquent words — (these are your tax dollars at work) — must be super-chilled.

But what happens to these materials when they are — in the human body? What happens to the materials when... the materials are no longer super-chilled?

This study, “Achieving long-term stability of lipid nanoparticles: examining the effect of pH, temperature, and lyophilisation,” by Ball, Bajaj and Whitehead, published in the *International Journal of Nanomedicine* in 2017, checked the stability and behaviour of LNPs during various freeze-thaw cycles and found that temperature alterations indeed degraded the efficacy of LNPs.

The study also found *clumping or changes in LNP particle size, depending on temperature*:

Storing the LNPs at ?20°C resulted in an increase in z-average particle size as well as a significant amount of aggregation. [Italics mine. This is the temperature at which Moderna is supposed to be stored]. During the freezing process, a phase separation occurs that results in the formation of an ice phase and the nanoparticle-concentrated solution phase. The separation of phases has been shown to lead to the *irreversible fusion of nanoparticles and subsequent aggregation.* [Italics mine.] Additionally, ice crystal formation during freezing could have exerted mechanical stress on the LNPs, causing them to increase in size. The damage done to the LNPs, post freeze-thaw, was lessened with the addition of the cryoprotectants, trehalose, and sucrose, in a concentration-dependent manner.

[Rebecca L Ball](#),¹ [Palak Bajaj](#),^{1,2} and [Kathryn A Whitehead](#)¹*Int J Nanomedicine*. 2017; 12: 305–315. “Achieving long-term stability of lipid nanoparticles: examining the effect of pH, temperature, and lyophilisation,” Published online 2016 Dec 30. doi: [10.2147/IJN.S123062](#) PMCID: PMC5221800 PMID: [28115848](#)

So again — I am not a medical doctor or a scientist, and maybe this unstable and highly problematic behaviour of LNPs when temperatures vary — and the fact that they clump and alter in irreversible ways at super-cold and then warmer temperatures — is not relevant at all to our current predicament; and maybe the fact that LNPs alter at various temperatures, does not in any way help to explain the way vaccinated people are collapsing, having strokes and heart attacks, suffering blood and lung clots, and sustaining horrific menstrual damage.

But... maybe this feature of lipid nanoparticles is worth a look.

Moderna is supposed to be stored at -20° Celsius, as you recall.

But these are the 2022 CDC [storage and handling guidelines for Moderna](#):

Delivery

Vaccine will arrive frozen from the manufacturer between -50°C and -15°C (-58°F and 5°F). [Italics mine].

Unpack, following the manufacturer’s guidance, immediately. The vaccine may be stored in a freezer or refrigerator. Guidance follows.

Storing UNPUNCTURED Vials

Freezer Vaccine may be stored between -50°C and -15°C (-58°F and 5°F) until the expiration date

Store vials upright in the tray or box protected from light

Do not store with dry ice or below -50°C (-58°F)

Determine the expiration date by scanning the QR code on the outer carton or go to [modernacovid19global.com/vial-lookup](#) [This alone should cause alarm. There is no expiration date on the vials! You have to scan a digital code or go online to check the sell-by date!].

Refrigerator

Vaccine may be stored between 2°C and 8°C (36°F and 46°F) for up to 30 days. [Italics mine].

Do NOT refreeze thawed vaccine

Store vials upright in the tray or box protected from light

Use tracking labels to monitor the 30-day beyond-use date

Cool/Room Temperature

Vaccine may be stored between 8°C to 25°C (46°F to 77°F) for a total of 24 hours. [Italics mine.]

Do NOT refreeze thawed vaccine *f*

Store vials upright in the tray or box protected from light *f*

Track this 24-hour beyond-use time

Storing PUNCTURED vials

Vaccine may be stored between 2°C and 25°C (36°F and 77°) for up to 12 hours [Italics mine]

Discard vial and any remaining vaccine after 12 hours

Thawed vials can be handled in room-light conditions

Total storage at 8°C to 25°C (46°F to 77°F) must not exceed 24 hours

So — either the vaccine never needed to be stored at -50° to -20° Celsius; “colder than Antarctica.” Or — it did, and the CDC is contradicting the manufacturers’ warnings, and telling clinics, what the heck, none of those matters, you can *refrigerate* it to up to 46° Fahrenheit — a cool Fall Day — for 30 days, or hey, you can keep it at room temperature for 24 hours, indeed, at temperatures up to 77° Fahrenheit — a Spring Day in Florida. Whatevs.

But unless something fundamental has changed since 2017, or unless the vaccines’ handling needs have changed since rollout, this variability in storage guidelines may well risk affecting the behaviour of the LNPs.

Another commentator declared that, “The Pfizer Covid-19 vaccine must be stored at ultra-low freezing temperatures, about -100 degrees Fahrenheit. This temperature falls well below what’s found in a standard freezer,” [explains Dr. John Cooke](#), medical director of the RNA Therapeutics Program at Houston Methodist. “In fact, the type of freezers needed to store this vaccine long-term aren’t ones you’ll find in a doctor’s office, drug store or even most hospitals. The Moderna Covid-19 vaccine also needs to be kept frozen for long-term stability, but it can be kept in a standard refrigerator in a clinic for a few weeks.”

So — what then? Does the material need to be ultra-super-cold frozen to work at all? Or totally — not? Just pop it in the fridge, dude?

The gibberish continues: [THIS CDC temperature log](#) from August 2021 says that above -76 degrees, Pfizer storage temperature is out of range.

But [THIS one, from September 2022](#), says up to 46° Fahrenheit – in the fridge – for 30 days, is just fine.

[THIS one will baffle you even more](#). It also says that the vaccine must be stored at as low as -130° to -76° Fahrenheit, but it can — also be kept in the fridge at up to 46 degrees Fahrenheit.

And — you can expect that Covid will not go away, since the vials depicted *march their way through all of 2023, from January to December*.

Storing UNPUNCTURED vials

Ultra-Cold Freezer

Vaccine may be stored between -90°C and -60°C (-130°F and -76°F) until the expiration date

- Store vials upright in the tray or box protected from light
- Vaccine expires 12 months after the manufacture date printed on the vial. Determine the expiration date by:



Month 1:
Jan 2023
(Printed on vial)



Month 3:
March 2023



Month 6:
June 2023



Month 9:
Sept 2023



Month 12:
Dec 2023
**Expires
Dec 31, 2023**

Use Pfizer expiration date tool at lotexpiry.cvdvaccine.com

OR

Using the month printed on the vial as month 1, count out 12 months.
The vaccine expires on the last day of the 12th month

Refrigerator

Vaccine may be stored between 2°C and 8°C (36°F and 46°F) for up to 10 weeks.

- Do NOT refreeze thawed vaccine
- Store vials upright in the tray or box protected from light
- Use [tracking labels](#) to monitor the 10 weeks beyond-use date

Storing PUNCTURED vials

Vaccine may be stored between 2°C and 25°C (36°F and 77°F)

Cool/Room Temperature

Vaccine may be stored between 8°C to 25°C (46°F to 77°F) for up to 12 hours prior to first puncture.

- Do NOT refreeze thawed vaccine
- Store vials upright in the tray or box protected from light
- Track this 12-hour beyond-use time.

- Discard vial and any remaining vaccine after 12 hours

And what do you make of this Alice-in-Wonderland-style instruction?

“Use tracking labels to monitor the 10 weeks beyond-use date.”

So — are these wildly varying temperature requirements science-based requirements? Or are they fungible?

Are these impossible instructions meant to keep us all protected? Or possibly even to ensure that — mistakes will be made?

Karen Kingston, the whistle-blower regarding pharmaceutical production problems, recently added to the mass of evidence we have located here, confirming that the vaccines, like the virus, originated under the aegis of the CCP. [Kingston noted that](#) per CDC, *nine* of the CDC trials for the 2020 vaccine rollout, were overseen by China. One, I must note, unbelievably, was *overseen by the People's Liberation Army*.

Kingston also reported that the lipid nanoparticles are manufactured in China. I checked, and she is right.

A Chinese company that makes lipid nanoparticles, [WuXi](#), did not stop at making LNPs for Pfizer; rather, it recently *bought the Pfizer production plant in China for an undisclosed sum, bought up other European drug manufacturing plants, and opened a production plant in Worcester, Massachusetts*.

So, I had shown earlier that Pfizer had a Memorandum of Understanding (“MOU”) with a Chinese pharmaceutical company, Fosun Pharmaceuticals. But now we see that a Chinese company, WuXi, has *bought part of Pfizer*.

This happened in the first half of 2021 — when the most damaging part of the mRNA vaccine rollout was at its height.

The WuXi Worcester, MA, the facility is the *third* CCP-owned plant we have confirmed that is manufacturing US mRNA injections, including the lipid nanoparticles, that will go or are going into American bodies, in America, this year, 2022.

WuXi Buys Pfizer China Plant

18.03.2021 – China’s WuXI Biologics has agreed to buy Pfizer’s biologics manufacturing facilities in Hangzhou for an undisclosed price. The transaction is expected to close in the first half of 2021. The Shanghai-based company said the acquisition will immediately boost its capacities for commercial drug substance (DS) and drug product (DP) capacities to address surging manufacturing demand.

[WuXi Buys Pfizer China Plant](#), *CHEManager*, 18 March 2021

The GMP facilities include two 2,000-litre single-use bioreactors expandable to four 2,000-litre bioreactors, as well as capacities for vial filling and pre-filled syringes. Chris Chen, CEO of WuXi Biologics said DS and DP capacities are in urgent need now globally.

The company added that with a total estimated capacity for biopharmaceutical production planned in China, Ireland, Germany, the US and Singapore exceeding 300,000 litres after 2023, it will provide its biomanufacturing partners with a robust and premier-quality global supply chain network.

The agreement with Pfizer follows purchases earlier this year of plants in Switzerland and Germany. The biologics group is also building a biomanufacturing campus in Worcester, Massachusetts, USA, which is scheduled to go into operation in 2022.”

Given how temperatures grossly affect the behaviour of lipid nanoparticles — is all this casual variability in temperature and storage instructions — *safe*? Is the manufacturing of an unstable injection which is now largely or entirely in the hands of our existential enemies — *safe*?

This scenario, and the questions it raises, and the fact that this injection is manufactured by our existential adversary as my essay '*Facing the Beast*' had proven, remind me of those crime scene riddles in which the murder weapon is an icicle that has melted and so is now not visible, or that is in some other way perfectly vanished or obscured.

A medium that *carries* the mRNA and spike protein — the active ingredients which are naturally enough demanding the attention of most — but a medium that *itself* could cause problems to the blood, brain, ovaries or other organs, depending on temperature — would be a hell of a way to kill or disable a targeted population slowly, mystifyingly, and with no fingerprints.

Then there is the way that the lipid nanoparticles may be affecting humans in other ways.

Many have spoken, as I noted above, about how their loved ones, especially right after injections, can seem intellectually rigid, or emotionally cold, or altered in their thinking.

Can these lipid nanoparticles possibly help to explain this devastating, hard-to-describe change in many of those around us?

We know that LNPs are gumming up, in both men and women, the factories of hormones; Dr. Chandler has shown that they disrupt the ovaries, and Amy Kelly has shown that they disrupt the Leydig and Sertoli cells, the factories of masculinity, the generators of testosterone in the testes.

Thus, the LNPs are indeed impairing sexual signalling and even changing, and dampening or deleting human desire.

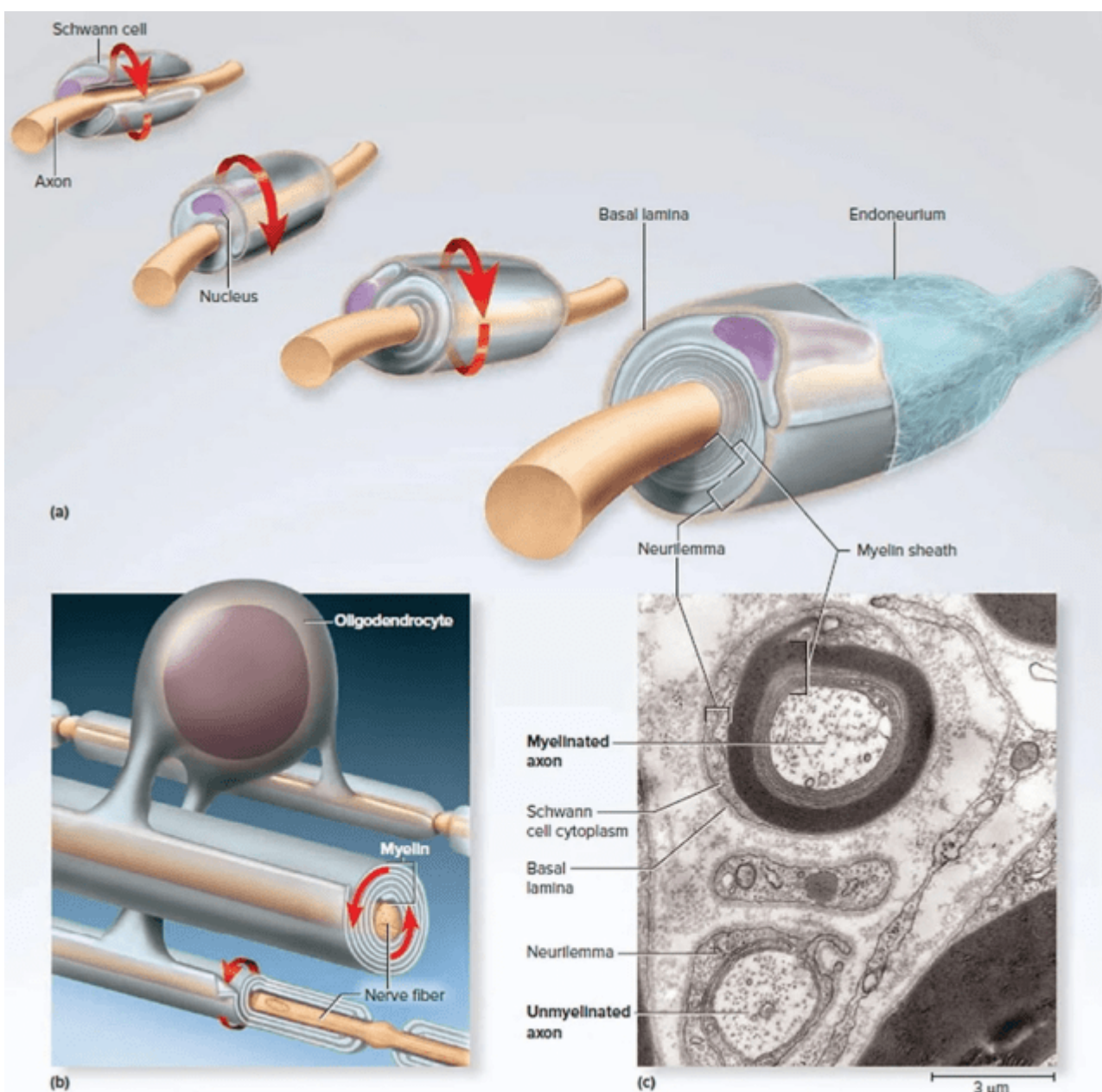
The lipid nanoparticles may hold a clue to these subtle changes. The LNPs may indeed be changing those we love by possibly affecting nerve conductivity.

I am sensitive to neurological issues since I have a serious neurological condition myself; and I am, as a result, fascinated by the so-fragile and so-magical nature of nerve conductivity — how temperament and sensation and mobility and even thought itself can depend on the health or interruption of neural impulses.

I kept thinking about how the brain and the heart depend on neural impulses; and I wondered if there was a clue there for this sense of “absence” that many reports, in interacting with their loved ones post-vaccination.

I asked Dr. Chris Flowers, one of the WarRoom/DailyClout Pfizer Documents Research Volunteers, if the LNPs could affect the nerve conductivity of the brain or the heart. He responded with a document, '*Conjectural Analysis of LNPs Affecting Nerves in Brain and Heart*', that starts with the effect of LNPs on the brain:

- The nervous system is the mechanism that the brain uses to communicate with various organs in the body.
- It is composed of neurons, composed of axons surrounded by myelin supported by oligodendrocytes. The axons are wrapped in myelin, which acts as an electrical insulator.
- Axons are the nerve structures themselves.
- Oligodendrocytes form the electrical insulation around the axons of nerve cells in the central nervous system (brain).
- These cells grow the myelin on up to 5 nearby axons through their feet (dendrites).
- These are important cells, as they also participate in the maintenance of the nerve, providing sustenance to the neurons and maintaining the long-term stability of myelin.
- In the peripheral nervous system, a similar cell to oligodendrocytes, with the same function, are the Schwann cells.



For nerves to act as rapid conductors of messages, it requires that the axons (nerves) are coated with sheets of myelin.

So, what could happen if these supporting cells malfunction?

1. *Oligodendrocytes – as these are in the brain, could malfunction due to either LNPs or to Spike Protein; either could cause them to lose the myelin sheath. This damage to the myelin sheath could cause mental issues or neurological symptoms or signs.* [Italics mine.]

2. Schwann cells; similar to damage within the brain in oligodendrocytes, these cells, if damaged, would allow the myelin surrounding the nerves to deteriorate, then effectively to be removed. This deterioration could end up causing symptoms such as multiple sclerosis (MS), and this degradation could also be responsible for some of the many known neurological adverse events (AEs) demonstrated in the Pfizer documents.

There is a possibility of LNPs being absorbed into the myelin sheaths themselves, or even into the Oligodendrocytes. In either of these cases, the cells would begin to malfunction, and the end result is a degree of demyelination or even complete demyelination. It has been conjectured that deterioration in the function of Oligodendrocytes could be a cause of ‘aging’/brain fog/dementia.

Another potential cause of brain damage would be the spike protein being introduced into the brain due to the LNP’s ability to cross the blood-brain barrier.

So, the answer is: yes, lipid nanoparticles could conceivably affect the nervous system and thus, specifically, the brain.

The fact that lipid nanoparticles could indeed be degrading human nervous systems, meaning degrading the human spirit itself, is abundantly clear in Project Director Amy Kelly’s search in the Pfizer documents, using our search tool Abstractor, of variations on the word “myelin” and “myelitis”. On this myelin, on these impulses, depend thought, movement, dreams, imagination, prayer, desire and fulfilment, the sense of touch and sensation. I remember having been stunned to see mentions of multiple sclerosis (“MS”) as a side effect in the Pfizer documents – how could that be? And Ms Kelly’s results are even more stunning, even as Dr Flowers’ explanation makes clear exactly how these horrifying results could have come to pass:

p. 21, Table 7, section “Neurological AESIs (including **demyelination**) Search criteria: *Convulsions (SMQ) (Broad and Narrow) OR **Demyelination** (SMQ) (Broad and Narrow) OR PTs Ataxia; Cataplexy; Encephalopathy; Fibromyalgia; Intracranial pressure increased; Meningitis; Meningitis aseptic; Narcolepsy*”: “Most frequently reported relevant PTs (?2 occurrences) included: Seizure (204), Epilepsy (83), Generalised tonic-clonic seizure (33), Guillain-Barre syndrome (24), Fibromyalgia and Trigeminal neuralgia (17 each), Febrile convulsion, (15), Status epilepticus (12), **Aura and Myelitis transverse (11 each), Multiple sclerosis relapse and Optic neuritis (10 each)**, Petit mal epilepsy and Tonic convulsion (9 each), Ataxia (8), Encephalopathy and Tonic clonic movements (7 each), Foaming at mouth (5), **Multiple sclerosis, Narcolepsy and Partial seizures (4 each)**, Bad

sensation, **Demyelination**, Meningitis, Postictal state, Seizure like phenomena and Tongue biting (3 each);”

p. 30 – encephalomyelitis, Acute flaccid myelitis, Anti-myelin-associated glycoprotein antibodies positive; Anti-myelin-associated glycoprotein associated polyneuropathy

p. 31 – Autoimmune demyelinating disease, Axonal and demyelinating polyneuropathy,

p. 32 – demyelination, Chronic inflammatory demyelinating polyradiculoneuropathy, Chronic recurrent multifocal osteomyelitis, Demyelinating polyneuropathy, Encephalomyelitis

p. 33 – Herpes simplex meningomyelitis, Herpes zoster meningomyelitis

p. 34 – Leukoencephalomyelitis

p. 35 – Marburg’s variant multiple sclerosis, Multiple sclerosis; Multiple sclerosis relapse; Multiple sclerosis relapse prophylaxis, Meningomyelitis herpes, Myelitis; Myelitis transverse, Neuromyelitis optica pseudo relapse, Neuromyelitis optica spectrum disorder, Non-infectious myelitis, Noninfective encephalomyelitis

p. 36 – Osmotic demyelination syndrome, Primary progressive multiple sclerosis, Progressive multiple sclerosis; Progressive relapsing multiple sclerosis

p. 37 — Relapsing multiple sclerosis; Relapsing-remitting multiple sclerosis, Secondary progressive multiple sclerosis, demyelinating polyneuropathy

p. 38 – Tumefactive multiple sclerosis

[5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of Pf-07302048 \(Bnt162b2\) Received Through 28-Feb-2021](#)

So, these industrial fats, saturating as they do through every membrane, are crossing the blood-brain barrier. Thus, they can indeed be changing the very brains of our loved ones. The lipid nanoparticles cross every membrane. Brain. Heart. Testes. Ovaries. Thoughts. Love. Desire. Conception. Dreams. Imagination. Inspiration. Perhaps even the sense of God.

So meanwhile, until we know more — consider:

Could these results — damaged hearts, lowered sexual desire and potency, lessened human bonding, the various forms of male and female sterilisation on which we have reported earlier, the rigidified thinking due to industrial fats accumulating in the brain, not to mentioned the physical dangers of industrial fats and carcinogens zooming through the bloodstreams of the citizens of the West — with each booster adding to the body’s burden of lipid nanoparticles — all be — possibly — *features* of this bioweapon?

What better way to kill the hard-to-oppress characteristics of free men and women: degrade their energy, their aspiration, their skills at forming bonds – indeed, their very ability to engage in nuanced, expansive, compassionate critical thought?

What better way, indeed, to murder the troublesome West?

by Naomi Wolf, PhD,

Featured image: Tiny lipid-based nanoparticles that incorporated neurotransmitters can carry drugs into the brain

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