

Detailed investigation of spike protein action suggests mechanisms for adverse effect generation

Description

Print PDF Email Some of the research work concerning Covid and Covid vaccination is centered around understanding why the spike protein is toxic and exactly how it affects elements of physiological systems. Some of the published papers involve complex investigation of physiological mechanisms with implications beyond the background of a lay person.

By Guy Hatchard

A <u>paper</u> published 14 June 2022 in Cells journal examines lipid toxicity. Another <u>paper</u> published earlier 3 May 2021 studied a possible effect of the spike protein causing excessive immunoreactivity of brain pericytes.

Lipids are a class of components including hormones, fats, oils, and waxes. They have multiple functions in our physiology including serving as structural components of cell membranes, functioning as energy storehouses, and also performing work as important signaling molecules. Lipid breakdown and deficiency is associated with immune deficiency and aging (senescence).

Pericytes perform many functions including regulation of cerebral blood flow, maintenance of the blood-brain barrier (BBB), and control of vascular development and angiogenesis. Pericytes can also be involved in neuroinflammatory processes and possess stem cell-like properties. Pericytes deteriorate during the development of Alzheimer's disease.

The possible implications have been discussed by WMC research here. According to WMC, the collective action of the spike protein on lipids and pericytes can be causing oxidative stress to neurological structures and cellular systems. This in turn can trigger neurodegeneration and demyelination.

Myelin is the protective sheath around nerve cell pathways in the brain and spinal cord which allows electrical signals to be transmitted quickly and efficiently. Demyelination is associated with reduced speed of information processing (cognitive decline) and with diseases like autoimmune dysfunction,

multiple sclerosis, and Guillain-Barre syndrome (GBS).

Other possible disease outcomes of these degenerative processes include stroke, seizures, dementia, cognitive dysfunction, chorea (involuntary movement disorder), migraine, and psychosis. Such effects are consistent with some of the observed pathologies of Covid infection and vaccination including neurological and cardiovascular effects.

WMC research speculates that the spike protein may through successive mechanisms trigger a rare but usually fatal progressive blood clotting disease known as Asherson's Syndrome associated with persistent immune deficiency (a known outcome of repeated Covid vaccination).

It is important to note that the spike protein generated by mRNA Covid vaccination can cause these effects on its own without any Covid viral infection.

This sort of discussion and analysis of spike protein toxicity points to a need for specific research projects. WMC's purpose in writing is to call for more research to investigate if and to what extent such mechanisms are playing a role in the known spike protein toxicity.

Overall this discussion illustrates that our current understanding of many crucial physiological processes is very preliminary and limited in scope. This in turn underlines once again the extreme dangers of the rushed introduction of novel mass biotechnology vaccination programmes designed to realign natural immune responses.

Government assurances of mRNA vaccination safety are remote from the actual continuing process of scientific assessment and debate. Such assurances are without solid foundation in scientific fact. The government must become proactive in recognising potential dangers and acting quickly to mitigate contingent risks. This certainly means pausing the mRNA vaccination programme.

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