The Mass Poisoning Event explained: how millions were harmed and how they can heal

Description

It provides a highly informative summary of the health problems millions now must face as a result of being injected with the experimental booby-trapped biochemical agents foisted on them as “vaccines” by malicious governments and corporate media.

But it also provides guidance as to what those harmed by the globalists’ mass poisoning event can do to help themselves recover from their injuries.

So whilst we must not lose sight of the fact that the alleged bug the pseudo-vaccines were supposed to protect people from has a relatively low fatality rate, was mild or not serious for the vast majority, had an average age of mortality of 80+ and had several known safe and effective remedies (nevertheless suppressed or ignored by the said malicious governments) in any case we must also not now lose sight of the fact that something can be done about the vaccine damage millions have incurred.

- **Jab-induced spike injuries are on the rise, but in order to heal, the injuries must first be recognized**
- **Del Bigtree’s Football Analogy simplifies how spike protein reprograms the body’s immune system to attack itself**
- **The latest science explains the mechanism of jab-induced spike injuries, and spike’s affinity for certain organs**

- **Understanding the mechanisms of injury can help people heal: energy-boosting exercises reinvigorate the immune system and compounds like N-acetyl-L-cysteine can neutralize the toxic effects of the spike protein**

With the majority of the worldwide population now "fully" vaccinated, people are facing the unprecedented challenge of coping with jab-induced spike injuries. The world has never seen a virus with a spike protein that is so toxic to the system, nor has the world's population seen a vaccine with so many firsts—such as being the first to use mRNA technology against an infectious virus.

It is the first injection of genetically modified polynucleotides to be used on a large population. It is the first to use the laxative polyethylene glycol in an injection. It's also the first coronavirus vaccine to be attempted in human beings, while also being the first vaccine to be administered on greater than 66 percent of the world population.

On top of these firsts, this is the first product for Moderna to bring to market and the first vaccine to be approved by the US Food and Drug administration (FDA) in such an expedient manner—in less than ten months.

With such a novel technology, the chance of success is predicted to be no more than 2 percent, which is consistent with virologists' warning that it's theoretically unfeasible to make a vaccine for an RNA virus like SARS-CoV-2 because the virus mutates so fast. This is precisely the reason an RNA virus vaccine has never been accomplished for HIV, SARS-CoV, MERS-CoV, Hepatitis C, and so on.

With such an unprecedented, risky vaccine, it is not surprising to see so many unexpected serious adverse events since the launch of the first COVID-19 vaccine in early 2021.

"Vaccines are safe and effective" has been the ongoing irrational mantra of the past two years, recycled from the last two decades of pushing children's vaccination programs. It's more than a failed hypothesis—the mantra has become dogma, a belief system that prevents people from getting the help they need for their jab-induced spike injuries or those of their loved ones.

MIT scientist Stephanie Seneff and naturopathic oncologist Greg Nigh's paper, "Worse than the Disease" describes in detail the unintended consequences of the jabs against COVID-19, including catastrophic adverse events such as the destruction of the immune system.

Prominent immunologists, vaccinologists, and researchers from every clinical expertise are now providing evidence to support COVID-19 mRNA injectable products are causing immune system dysregulation.

Explaining the complicated mechanism of jab-induced spike injury to the general public is not an easy task when governments still list vaccination as the number one way out of the pandemic while a deluge of campaigns are out to discredit doctors and scientists who want to recognize and help those who have been injured.

With such little support from the establishment, and almost a black market for real medical guidance on jab-induced spike injury methods, people are desperate to know—how can the injured heal?

How Does Immunity Work?

Before getting started on healing, one must first know a few key things about the spike protein's unnatural injection into the body's immune system.

Most doctors and scientists understand the power and complexity of the immune system. The immune response is divided into innate immunity, the enormously effective biology we were born with, and adaptive immunity, which acquires training following exposure to pathogens.

The innate system fights against foreign bodies, injuries, and pathogens by using natural bacteria-killing substances, skin protection on the outside, mucus membrane protection on the inside, and the first responders: scavenger cells or natural killers. The body is already wired to take on whatever intruder tries to break in. They have the intelligence to know which invaders belong in the body, and which ones are out to cause trouble.

When someone gets sick, they use their adaptive immune system as a pathogen fighter or defense against changed body cells. The natural adaptive immune system uses defense cells in the blood called B lymphocytes (B cells) and antibodies, as well defense cells in the tissue called T lymphocytes (T cells) to make sure the body never has to deal with that particular pathogen again.

Different immune cells work together to fight against infections in a coordinated, systemic manner, operating like Navy SEALs.

Del's Football Analogy

One of the most layman-friendly explanations on jab-induced spike injury to the immune system aired on the Highwire in 2020. "Del's Football Analogy" based on Belgian virus expert Geert Vanden Bossche's early warnings of the threat of viral immune escape and epidemiologist Knut Wittkowski, Ph.D's opinion that everyone should have been using their natural immunity for COVID-19 infection rather than a vaccine for a virus that only protects against an outdated virus. Open the schools and the economy, he said, protect the vulnerable.

Del's Football Analogy has become a prophetic explanation for the injuries people are having now, and one of the only mechanistic explanations for an evolving phenomenon altering the natural defenses of

the human immune system. It explains how the innate and adaptive immune systems are bypassed during mRNA and virus-vector jabs.

Del Bigtree, host of the Highwire, explains what happens when the body cannot mount a defense when a new variant or any invader enters the body and becomes a petri dish for new offensive attacks. With an injection, the innate system is ignored and passed right by the defense. Spike is already beyond the injection site and is barreling down the field.

Targeting the spike protein creates a key trait that enables it to be so toxic: it is a specific antibody, rather than your natural immune system's non-specific protection. This trait makes it a relentless competitor upon entering the field.

Your body is well-trained to have a line of defense, like football players, that will go after any virus or other illness coming in. But the toxic spike protein is aggressive and single-minded, and has been engineered to go after the original player with the ball.

From here on out, the body's defense cells are on team spike. Spike is team captain and won't let the team lose sight of goal: that original strain. When you hear the word, spike, think "toxin," because when spike takes over the cells, it doesn't care about any other virus, pathogen, parasite, bacteria, or new COVID-19 variant. The system is only playing for the original strain. This is why vaccine efficacy wanes over a short period of time.

Addressing Vaccine Injuries

Available data from passive adverse event reporting systems and information from individual countries present a pressing reality: the question of efficacy is no longer making headlines—people would rather what happened to their bodies after they took the shot or the last booster.

Reports of people catching COVID-19 after taking a jab is commonplace. Those who willingly and forcibly took at least one jab are now part of the growing numbers of the world's population who have been harmed.

It's no wonder many people are shifting their attention to natural immunity and healing. Health data found vaccine effectiveness at preventing Omicron infection at less than 49 percent for every COVID-19 vaccine available in the world.

The numbers of the injured may be much larger than reported, as reporting systems have their limitations—it would require people and their doctors to recognize vaccine injury, and take the time to report it.

Children's Health Defense California reported last year that the estimated incidence (adjusted for underreporting) of adverse events following each COVID vaccine is approximately: 1 in 31 will reportan adverse event; 1 in 160 to 2,077 will report a serious adverse event; and 1 in 538 to 6,990 willreport a death.

In March, a court-ordered release of Pfizer's clinical trial documents revealed 1,291 types of adverse events following vaccination including acute kidney injury, acute flaccid myelitis, anti-sperm antibody positive, brain stem embolism, and cardiac arrest.

People who pushed the idea of universal vaccination are "guilty of crimes against humanity," former Pfizer VP Michael Yeadon told The Epoch Times.

> "Having selected spike protein to be expressed, a protein which causes blood clotting to be initiated, a risk of thromboembolic adverse events was burned into the design. Nothing at all limits the amount of spike protein to be made in response to a given dose. Some individuals make a little and only briefly. The other end of a normal range results in synthesis of copious amounts of spike protein for a prolonged period. The locations in which this pathological event occurred, as well as where on the spectrum, in my view played a pivotal role in whether the victim experienced adverse events including death," Yeadon said.

Vaccine Adverse Events Reporting System (VAERS) analyst and computational biologist, Jessica Rose, Ph.D, recently addressed the Centers for Disease Control and Prevention (CDC)'s claim that unvaccinated people are several times more likely to die from COVID-19 than a vaccine, as the narrative shifts to "even if you get the vaccination, you're still less likely to die from COVID."

Yet Rose is determined to wake people up. At a World Council For Health seminar titled, "Key Ways to Prove COVID-19 Jab Harm Causation" Rose employed the Bradford Hill criteria to help explain vaccine-injury, using her analyses from VAERS to show the shots are worse than the natural infection.

"All the data indicates that the chance of dying from COVID for most people is zero," Rose said, "If you're under 55, it's zero. Kids do very well with COVID. The balance is completely tipped now."

Rose has said publicly that her role as a scientist has been to get the information to the people—especially to prevent parents from vaccinating their children with COVID-19 jabs—a momentous task in the climate of jab-induced spike injury denial.

She said people need to stop reading legacy media and look at the adverse event data she painstakingly compiled, because her analyses found the injections present a much bigger risk than COVID-19, especially for the healthy. She said the "pointless" injections have been proven not to prevent transmission or provide protective immunity.

Rose analyzed the three largest adverse event data collecting systems: the Yellow Card in the UK, the EudraVigilance System for the EU, and VAERS in the United States.

Looking closely at the data, Rose chose to analyze specificity from the Bradford Hill criteria to examine two subpopulations of people who are having adverse events: high performance athletes and children who have suffered adverse events from the jabs.

She said, “Everyone has heard, of course, that myocarditis is becoming a thing in children, which is bizarro world. And they’re calling it rare and mild, and it’s neither of those things.”

In August 2021, a paper published in the Journal of the American Medical Association (JAMA) alerted the public of a serious problem. Based on the data from forty hospitals in Washington, Oregon, Montana, and California, the incidence of myocarditis and pericarditis had significantly risen by 60 percent after COVID-19 vaccination.

“If you willingly withhold safety data from the public and know that there’s a problem with the safety profile and you continue to administer those products, you are guilty of malfeasance,” Rose said. “My suspicion is that the rate of adverse events is not going to slow down.”

Numbers of Adverse Events

As of May 6, reports of vaccine adverse events in the American Vaccine Adverse Event Reporting System found 1,261,147 reports of vaccine adverse events from one of the three vaccines available in the US, including 27,968 deaths and 155,633 hospitalizations. VAERS has been estimated to account for only one percent of vaccine injuries, according to a Harvard study, however the massive numbers of certain injuries would have shut down any drug or intervention in the past. The numbers keep going up with every booster: 4,615 miscarriages, 6,596 thrombocytopenia, 13,740 shingles, 14,326 heart attacks, 40,328 myocarditis/pericarditis, and 41,632 severe allergic reactions. The experimental shots have left 51,996 Americans permanently disabled.

The European Union has reported similarly high numbers. As of September 11, 2021, the European database for reporting adverse events, EudraVigilance, had collected 2,317,495 adverse events from one of the four experimental injections, including 24,526 deaths. Of the total number of recorded injuries, almost half remain serious. Combining the four shots’ data, from a summary posted in the Rio Times, Europeans were reporting: 2,214 pregnancy conditions, 36,498 reproductive system and breast disorders, 44,615 blood and lymphatic system disorders, 442,717 nervous system disorders, 214,847 gastrointestinal disorders, 53,146 cardiac disorders, and 60,784 vascular disorders.

The Silent Virus Explained: Sudden Death

Since the COVID-19 vaccination program began last year, a shocking series of severe medical adverse events have been occurring in high-performance athletes, teenagers, children, and adults. Athletes are having heart attacks and collapsing on the field, dying within days of their jabs.

Highlighting studies and research on the rise of myocarditis risk in young people, Dr. Peter McCullough, a cardiologist, internist and epidemiologist said in an interview covered in The Epoch Times,“Doctors have never seen so many cases of myocarditis.” McCullough said the body produces the toxic spike protein for 15 months after the jab, which is what causes the cardiovascular damage,

among other problems.

Another adverse event causing sudden death after the jab is vaccine-induced immune thrombotic thrombocytopenia (VITT), an autoimmune condition involving severe blood clotting. We remember the loss of Florida's Dr. Gregory Michael, a 56-year-old obstetrician, who died 16 days after being vaccinated by the Pfizer vaccine.

Despite news reports on the contrary and a pending study by the CDC and Florida medical examiner, a Johns Hopkins blood disorder expert told the New York Times, based on the description of his Michael's wife, "it is a medical certainty that the vaccine was related" to Michael's death.

Since the COVID-19 shots began, stories of vaccinated people who "died unexpectedly" and "died suddenly" are soaring. Though mainstream media refuses to report on it, alternative sites such as Real not Rare, The People's Testaments, and Health Impact News post the pictures, videos, and stories of those who reported vaccine injury. The stories span across all ages and demographics, and many with VITT, among common denominators.

Melanie Bitner, a 47-year old mom from British Columbia, is one of many thousands of stories involving VITT after the shot. Doctors found multiple blood clots in her legs and lungs." Bitner told the CBC, "It was super traumatic ending up in the hospital out of the blue when I've been healthy my entire life," she said. "I was making plans for if I didn't survive. I have two teenage children so it was really, really scary."

Studies are getting more detailed on how blood clots, myocarditis, and sudden death are occurring after the jabs as more autopsies and analyses are approved and funded.

An article on VITT published in the New England Journal of Medicine, June 2021, took a close look at why some patients were developing arterial or venous blood clotting in the brain or abdomen 5-20 days after vaccination. Researchers say the way the jabs mediate autoimmune blood clotting is clinically similar to what happens with a heparin (blood thinner) adverse reaction: the immune system is triggered and causes a reaction where antibodies form and lower the platelet count too far (thrombocytopenia).

In basic terms, the immune system sees an intruder and attacks it, setting off a chain reaction that leads to blood clots.

An October, 2021 Journal of Medical Science case report from Korea examined the sudden death of a 22-year-old man who developed chest pain after the first dose of the Pfizer jab. An autopsy determined the primary cause of death was determined to be myocarditis "causally-associated" with the Pfizer jab.

Findings from the autopsy included three main distinctions from immune-mediated myocarditis, including a predominance of neutrophil and histiocytes in the atrial walls and contraction band necrosis in the left ventricle, pointing to inflammatory cells and infection. In a healthy young man with a healthy heart, researchers said there was no other explanation other than the vaccine for such an uncommon manifestation of myocarditis.

Though they form their hypothesis on the method of action, researchers examined the possibility that

the process was cytokine-mediated or histiocyte-linked immunologic injury to the myocardium.

In the research letter published in JAMA the authors found the mean monthly number of cases of myocarditis during the pre-vaccine period was 16.9, versus 27.3 during the vaccine period; while monthly numbers for pericarditis cases increased from 49.1 to 78.8.

Due to calculations that showed myocarditis developed rapidly in younger patients, particularly young males, mostly after the second shot, and older patients after either the first or second dose, the authors wrote that their numbers show a much higher incidence of vaccine-induced myocarditis and pericarditis than the CDC reported, “suggesting vaccine adverse event underreporting.”

Underreporting is nothing new, evidenced by a Harvard Pilgrim report from 2010 that found fewer than one percent of vaccine adverse events from any of the vaccines on the CDC’s recommended schedule are reported to VAERS.

Spike Is a Toxin, No Matter the Delivery

Both VITT and myocarditis/pericarditis-induced sudden deaths have enough study to characterize as vaccine-injuries, including The Epoch Times piece, “Are Recombinant Covid Vaccines Causing These Deaths?” But their mechanism differs. According to the journal Nature, the AstraZeneca jab differs from the mRNA jabs when things go wrong. The journal explains, “A recombinant vaccine is produced through recombinant DNA technology.

People wonder why almost all COVID-19 jabs—mRNA and viral-vector shots have reported fatalities and are causing serious adverse events. What people need to understand is that all COVID-19 shots create spike protein.

Both mRNA (Moderna and Pfizer) and viral vector (AstraZeneca and Johnson & Johnson) vaccines create the spike, with the goal being that the body will create antibodies to stop the virus from spreading. However, their mechanisms differ. The mRNA jabs use genetic material delivered by tiny lipids (fatty molecules) to tell your cells how to make spike proteins. Once your cells create the spike proteins, the body must now try to break down the mRNA, only this article will describe why the spike does not break down.

Now that spike snuck past the innate immune system—bypassing normal immune system fire alarms such as the skin, mucus membranes, and interferons—it’s going to escape the injection site, through the bloodstream, and on to wherever the particular person has a weakness. Studies from Pfizer’s own clinical trials found the spike prefers the liver, spleen, adrenal glands, bone marrow and ovaries, among other organs.

The spike enters the lungs by disabling protective interferons and triggering a cytokine storm, and enters the heart by damaging the mitochondrial function and endothelium. Studies have also found the spike cross-reacts with human tissue, causing chronic inflammation and autoimmune disease.

In viral vector vaccines (AstraZeneca and Johnson & Johnson) spike protein DNA is placed inside a modified version of a different virus, or vector. This virus delivers the DNA instructions to the cells.

As described in this article, vector vaccines have their own issues. The vector used by the AstraZeneca jab can cause blood clots because it attracts platelet factor 4, (PF4) a protein in the human bloodstream, that induces a chain reaction that ultimately leads to thrombosis.

Some scientists theorize the reason the Johnson & Johnson jab doesn't have the blood clotting issues AstraZeneca has is because it uses a "safer" human adenovirus vector, called Ad26. However, spike is spike and both jabs deliver a code that tells the cells they need to make spike protein.

Autoimmune Hepatitis

We learn from a case report from the Journal of Hepatology that a 52-year-old man developed acute hepatitis after the second dose of the Pfizer mRNA shot. The man's doctor found the man's liver had 5.3 times the normal number of immune cells, suggesting a severe inflammatory vaccine-induced cytotoxic spike-specific T-cell infiltration in the liver—his immune system was attacking its own cells.

The report not only found COVID-19 mRNA jabs can cross-react with many of the body's own components and can trigger an autoimmune state in the body, but they suspect the aggressive spike may make a person more vulnerable to liver disease.

Explained simply: the spike proteins are moving around in the blood, landing in organs such as the liver, hijacking the cells, and the immune system sees the enemy as the cells of its own body.

It would make sense, then, a July, 2021 letter published in the Journal of Hepatology, which further explored the association with the mRNA spike protein and autoimmune processes, writing that "it is plausible that these vaccines may unmask autoimmune diseases in predisposed patients."

Another letter published a month before in the same journal looked at possible mechanisms of autoimmune vaccine-injury while looking at the case of a 41-year-old woman who developed severe hepatitis after her first dose of a Moderna shot.

Among a few considerations, the authors said it is possible liver proteins share sequence homology with the spike protein. This means the spike and the liver autoantigens are genetically alike, which explains why the spike will be drawn to the liver to survive. They explained the synthesis of RNA coding is for a desired antigenic protein, but to avoid being wiped out by the immune system, the RNA is encapsulated in nanoparticles or liposomes that deliver their content inside the target cells.

Before they are translated, the "RNA binds to pattern recognition receptors (especially toll-like receptors) resulting in the activation of several proinflammatory signals."

So, the question of "why" autoimmune disease happens after shots is becoming more clear, however so many people wonder why some people are vulnerable to vaccine-induced hepatitis or other vaccine-

induced autoimmune disorders.

There are plenty of people who took the jabs and seem to be healthy. To answer this question, we look to an investigation published in JAMA from 2018 that found stress-related disorders were significantly associated with the risk of subsequent autoimmune disease.

Researchers are finding vaccine-induced autoimmune disorders and autoimmune disorders in general have one thing in common: psychiatric reactions to life stressors are common among those who fall ill and relative risk of elevations were more pronounced among younger patients. Stress does not always constitute a heightened mental state. Stress can also be physical. For instance, high-intensity sports may cause adrenal stress, a studied location for spike to accumulate. The adrenal gland secretes hormones such as epinephrine and adrenaline, which manage the body's reaction to stress and affect blood pressure and heart rate, which may explain a possible link to sudden heart attacks and death in high performance athletes.

Autoimmunity via Multiple Pathways

The COVID-19 jabs can damage our immune cells by taking a few different routes.

1. The Spike Enters the Lungs by Disabling Protective Interferons

According to a Frontiers in Immunology article, June 2021, the spike protein from a COVID-19 infection can suppress the mRNAs for ACE2 and type 1 interferons. Interferons are natural defender proteins, like the linebackers in Del Bigtree's football analogy. Interferons tell the immune system that germs or viruses are in your body. The interferons trigger killer immune cells to fight the invaders. The ACE-2 receptor is the protein that provides the entry point for the spike. So with ACE2 opening the door, and the interferons on the sideline, not in the play at all, the spike is able to "win" the game by taking over the ball and making the person sick.

2. The Spike Protein Damages the Mitochondrial Function and Endothelium

More work on the toxic nature of spike has been published, further explaining what happens when ACE2 opens the door for the spike. In an American Heart Association research letter, published in April, we learn how spike damages the mitochondria. Mitochondria are the powerhouses of the cell that help turn the energy from food into energy the cell can use.

The letter reveals that the spike protein impairs the mitochondria, and when this happens the spike alone can damage endothelium, the thin membrane that lines the inside of the heart and blood vessels. Endothelial cells are crucial to control blood clotting, immune function, and platelet adhesion.

3. The Spike Protein Triggers a Cytokine Storm

It has been proposed that interaction of spike protein with the target cell surface receptors induces intracellular hyperactivation of Nlrp3 inflammasome, otherwise known as “a cytokine storm” which may lead to cell death.
A cytokine storm is when an infection triggers your immune system to flood your bloodstream with inflammatory proteins called cytokines. In many cases, this ends in severe acute respiratory syndrome, myocarditis, and kidney injury.
Evidence that the spike protein damages hematopoietic stem/progenitor cells (the self-renewal cells that keep the blood in homeostasis) during the cytokine storm is detailed in a June, 2021 letter published in Leukemia.

4. The Spike Cross-Reacts With Human Tissue

An August, 2020 article published in Clinical Immunology found a potential cross-reactivity between the spike protein and human tissue, linking the reaction to a possible link to autoimmune disease.

The authors write, “We may face an increase in the rates of autoimmune disease in the future because any factor that causes chronic inflammation in the body can potentially induce autoimmune disease.”

The article explains that vaccine-induced autoimmunity from autoimmune cross-reactivity is associated with narcolepsy, Guillain-Barré syndrome, multiple sclerosis, demyelinating neuropathies, systemic lupus erythematosus, and postural orthostatic tachycardia syndrome in susceptible subgroups.

The authors were able to pinpoint the cross-reaction. They wrote, “Looking at the reaction between SARS-CoV-2 spike protein antibody and tissue proteins, we found that the strongest reactions were with transglutaminase 3 (tTG3), transglutaminase 2 (tTG2), ENA, myelin basic protein (MBP), mitochondria, nuclear antigen (NA), ?-myosin, thyroid peroxidase (TPO), collagen, claudin 5+6, and S100B.”

5. The Spike Leaves the Injection Site and Accumulates in the Liver, Spleen, Adrenal Glands, and Ovaries

We know now that the spike is distributed all throughout the body, but where does it mostly go? According to a tissue biodistribution report by Acuitas Therapeutics (partnered with Pfizer), after the spike leaves the injection site, the spike protein concentrates (from most to least) in the liver, spleen, adrenal glands, and ovaries.
The report explains: “Over 48 hours, [3H]-08-A01-C01 distributed mainly to liver, adrenal glands, spleen and ovaries, with maximum concentrations observed at 8-48 hours post-dose. Total recovery (% of injected dose) of [3H]-08-A01-C01 outside the injection site was greatest in the liver (up to 21.5%) and was much less in spleen (?1.1%), adrenal glands (?0.1%) and ovaries (?0.1%). The mean concentrations and tissue distribution pattern were broadly similar between the sexes.”

More Jabs, More Infection

As a result of severely injured immunity, it is not surprising that the more shots people get, the higher their infection rates. Recent data from a May 9 Walgreens report discovered those who received three doses at least five months prior had an infection rate of 32.7 percent, in comparison to 31.3 percent in those who received two shots, 26.3 percent in those who received one dose, and 21.4 percent in those who were not vaccinated.

Dormant Viruses Reactivated: Why Hepatitis Cases Are Rising Among Children

Knowing the spike protein concentration in the liver and the shots are disabling the immune system and making the body susceptible to whatever dormant illness is waiting for the guards to fall asleep, it makes sense that hundreds of cases of acute hepatitis, or sudden onset liver disease, have been occurring across a dozen countries around the world. Many cases are in children. Some theories suggest vaccinated mothers are passing the spike to their babies through breast milk, and others say children are getting the spike from their jabs.

Epoch Times reports 40 percent of the children with mysterious hepatitis are positive for adenovirus 41, which normally causes mild symptoms in children, yet the children are experiencing symptoms of severe hepatitis.

To explain this mystery, we have more questions than answers. How could a mild virus cause such a severe reaction, and even death in children? Is the spike bonding with dormant viruses to be reactivated? And if adenovirus is a mild disease, does this mean the aggressive spike protein will take any opportunity to cross-react with a dormant virus? Could the two COVID-19 virus vector vaccines have anything to do with the adenovirus infection?

Unfortunately, this is where science is unsettled. Once the immune system is disabled, all dormant viruses are fair game to a toxin like the spike protein. If it can lob on to an adenovirus, it surely will when the goal is to win the game, we just don’t know exactly how.

Dormant Viruses Reactivated: Why Polio Cases Are Rising

Polio is making an unwelcome comeback in Africa, the Middle East, and parts of Asia, after a large vaccination campaign by the Bill & Melinda Gates Foundation to wipe out the virus. But in recent years, the oral polio vaccine’s inactivated virus component has actually accomplished the opposite of wiping out polio. Instead, the vaccine has caused an admitted shedding effect of the mutated virus, exposing others to vaccine-derived polio.

Vaccine-derived polio cases from 2019-2020 have nearly tripled. New efforts from the Bill & Melinda Gates Foundation are to implement a new and improved vaccine for the vaccine-derived strains, and

their efforts have become the subject of great controversy, as highlighted on a recent episode of the Highwire with Vanden Bossche appearing again to reiterate his warning that immunologists need speak up, as the human immune system may not recover from the targeted assault on its natural defenses. Again, we are left with more questions than answers. With the re-emergence of vaccine-derived polio, could the COVID-19 jabs be at least another contributor to be considered as the culprit for dormant viruses taking over the body?

A Long List of Dormant Viruses and Autoimmune Disorders

It's not just hepatitis and vaccine-derived polio that's on the rise. According to Pfizer's own documents describing mRNA jab adverse events, the cases of virus reactivation and autoimmune diseases compose a long list, including herpes. Out of the total 42,086 adverse events of special interest (AESI: another close term for adverse reaction), 8,152 (19.4%) were herpes related cases with a median time to onset of one day.

Autoimmune disorders caused by Pfizer jab:

benign partial epilepsy;Atypical pneumonia;Aura;Autoantibody positive;Autoimmune anaemia;Autoimmune aplastic anaemia;Autoimmune arthritis;Autoimmune blistering disease;Autoimmune cholangitis;Autoimmune colitis;Autoimmune demyelinating disease;Autoimmune dermatitis;Autoimmune disorder;Autoimmune encephalopathy;Autoimmune endocrine disorder;Autoimmune enteropathy;Autoimmune eye disorder;Autoimmune haemolytic anaemia;Autoimmune heparin-induced thrombocytopenia;Autoimmune hepatitis;Autoimmune hyperlipidaemia;Autoimmune hypothyroidism;Autoimmune inner ear disease;Autoimmune lung disease;Autoimmune lymphoproliferative syndrome;Autoimmune myocarditis;Autoimmune myositis;Autoimmune nephritis;Autoimmune neuropathy;Autoimmune neutropenia;Autoimmune pancreatitis;Autoimmune pancytopenia;Autoimmune pericarditis;Autoimmune retinopathy;Autoimmune thyroid disorder;Autoimmune thyroiditis;Autoimmune uveitis;Autoinflammation with infantile enterocolitis;Autoinflammatory disease;Automatism

Above is a screenshot from Pfizer's adverse event report from its clinical trials, where we can see how many types of autoimmune diseases may be caused by a Pfizer jab.

Healing Jab-Induced Spike Injury

With so many new jab-induced spike injuries, practically all of us know someone who could benefit from a spike protein detox—whether they caught the COVID-19 virus naturally or have spike toxicity from their jabs. There is still hope for healing.

MIT scientist Stephanie Seneff, naturopathic oncologist Greg Nigh, and other well-known scientists and medical practitioners have been encouraging people to boost their immune systems naturally, such as

getting out in the sunlight to raise their vitamin D levels, or to eat mainly organic whole foods rather than chemical-laden processed foods.

But for a more focused approach, here are more evidenced solutions to the jab-induced spike injuries:

1. Natural Compounds for Healing the Immune System

How to detox the spike protein to regain lost immune function has been described in a June, 2021 Plos One article. Many natural compounds derived from plants have inhibitory effects on the toxic effects of the spike protein. For example, researchers found the natural herbs Prunella vulgaris and natural compounds Suramin both displayed potent inhibitory effects on spike-mediated infections. The herbs are able to directly interrupt spike binding to its receptor ACE2 and block the viral entry step.

From an American Heart Association letter mentioned earlier on how the spike protein impairs endothelial function and downregulation of ACE2, we learn that N-acetyl-L-cysteine (NAC) is a reactive oxygen species inhibitor and can neutralize the toxic effect of the spike protein. The spike is no match for NAC, as it will not allow the spike to break the endothelium.

2. Energy Exercises Such as Qigong for Healing the Immune System

Earlier in the article we mentioned the effect of stress on the immune system as well as the spike's ability to demolish the cells' energy-producing mitochondria. Whatever one can do to reduce stress will benefit the injured immune system, keeping in mind that the mind and body are connected.

For instance, the effects of Tai Chi and Qigong, the mind-body practice of body posture and movement, breathing and meditation, were reviewed in a metaanalysis published in Medicines. Researchers found both meditative energy practices were capable of positively recovering immune system functioning and reducing inflammatory biomarker responses, which provides considerable value for people who need to get through a COVID-19 infection.

Qi-invigorating traditional Chinese medicines such as Panax ginseng have been studied to increase mitochondrial functions and cellular oxidant activity, but there are many ways to support your immune system.

3. More Ways to Detox Spike

Dr. Joseph Mercola's meticulously-researched "How to Detox Spike Protein After COVID or Vaccine" covers more spike protein inhibitors, such as pine needles, emodin, neem, dandelion leaf extract, and ivermectin. Mercola also references the World Council for Health recommendations and compiles a list of spike protein neutralizers, with NAC on the list with glutathione, fennel tea, star anise tea, pine needle tea, St. John's wort, comfrey leaf, and vitamin C.

With acknowledgement and acceptance of jab-induced spike injury, scientists can further study the

mechanisms of the spike injection technology—including answering another big question: just how long does the spike protein infect the body? Scientific estimates range from a few days to a few years, with very little agreement.

In time a more clear picture of the damage done will need to be surfaced, and with more of a mechanistic explanation of jab-induced spike injury, the many choices of solutions may narrow and become more of a protocol, however the science on spike is clearly not settled. A more open minded attitude should be encouraged and maintained until a final solution for humanity is found.

Intro by Steve Cook

Category

1. Crime-Justice-Terrorism-Corruption
2. Disasters-Crisis-Depopulation-Genocide
3. Health-Wellness-Healing-Nutrition & Fitness
4. Main
5. Politics-Geopolitics-Gov.-Events

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