

# What Now?

Recovering From A Tragic Mistake

By

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

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

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

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

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

<https://www.tandfonline.com/doi/full/10.1080/07391102.2020.1796811>

**The subject of pathogenic spike proteins is an extremely complex area. Even talking about what they are and how they show up can be difficult to explain because there are multiple competing theories about that and I will cover more than one. For this reason, if you scrutinize everything I say here it can seem as if there are some contradictions in this regard, but I trust that at the end of all this my explanations will become clearer.** For example, I lean towards the idea that the creation of pathogenic spike protein is caused by a toxic bodily fluid environment and there are things we can do to correct that, but another idea is that these spike proteins are things that can be delivered into the body with a adenoviral vector type vaccine (The Astra Zeneca and Johnson and Johnson products fall into this category). Still another idea is that these spike proteins can be manufactured by introducing mRNA encoded to cause the cells of the body to express them, (As with both Pfizer and Moderna products). **Getting too hung up on any of these concepts should be avoided here. While it is ultimately very important to figure out where the spike protein threat is coming from, the fact that it is present is probably more important, and what you will learn in reading this is how to combat their presence.**

We will revisit each of these ideas towards the end of this paper when I discuss the idea of "shedding." By then, you may agree with me that fixing a bodily environment that has been made toxic artificially is ultimately the key to restoring good health.

When it comes to interfering with these artificial spike proteins, natural compounds with high bioavailability and low cytotoxicity seem to be the most efficient candidates in this regard, but the ones I include in this paper are also backed by direct clinical observations. I look hard at anything controversial. The medical establishment has become completely obsessed with covid injections, ignoring all reason and evidence that clearly demonstrates they are deadly. They are doing the exact opposite of what they should be doing in every case. In the present state of affairs, doctors can no longer be trusted, so the burden of deciding what is best for our health, and taking control of what treatments we receive have been placed on each of us personally. Therefore, it is up to each and every one of us to take that responsibility as seriously as we possibly can.

## **The Foundational Premises of These Recommendations**

Everything begins with a set of rules. In this case, I am not going to mess around confusing facts with beliefs, so you should know that up front. When it comes to the kind of information people are spoon fed on a regular basis, providing you with what I consider the basis for these recommendations first, will help you know going forward what to pay attention to and what can be safely dismissed and ignored. I realize this might sound like I am asking you to trust me but I am not. Everything I am about to tell you can be verified, but you won't find much of it being confirmed by those who are trying to kill you, so you must read and study outside of that box, and such knowledge has a LOT of value, so you should not just skip over it to get to the good stuff.

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

As far as my basic credibility goes, because it is reasonable for you to question it, the simple truth here is reading headlines is NOT research. I have studied my tail off, to the exclusion of all else in my life, since March of 2020 and thoroughly documented that effort for all to see in the pages of my blog. I have done enough real research to fill thousands of pages and after first having to become able to read them competently, I have read enough peer reviewed literature to back up everything I say in this document, and you have not. If you had, you would not be reading this. You would not have found yourself in the situation you are in. It is not my intent to be insulting, but I have to be blunt here. If you did what I did, you would never have allowed yourself to be poisoned with a covid vaccine of any kind.

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

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

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

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

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

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

In reality, health care professionals are indoctrinated into this corrupt system from the very first day they step up to the plate wanting to be doctors, nurses and other healthcare workers, and are instead pressed out of a mold and groomed to be pharmaceutical industry supporters and salesman. Their education, their licenses to practice, their opinions, their beliefs, their entire career, is ruled over by an iron fisted system that punishes any actual practice of healing in favor of administering various artificial chemical ways of suppressing the symptoms of illness, all of which are necessary to the process of becoming well once again, and in so doing, they create more illnesses that create opportunities to sell still more toxic potions to you. I am not claiming no real or well intentioned doctors exist. What I am telling you is that right now, anyone fitting that description is being targeted as a heretic and everything possible is being done, right now, to make sure you do not hear anything they have to say. These are the opinions you are about to read.

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

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

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

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

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

**3.) The entire pandemic is a huge hoax.**

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

The following passage is a paraphrase of some excerpts from a recent blog post authored by Jon Rappoport (<https://blog.nomorefakenews.com/2021/09/22/pandemics-are-staged-television/>) in which he quotes lines from the 1976 film "NETWORK." Jon echoes in this piece something I have said repeatedly:

**Covid lives in your television.**

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

*You think in terms of nations and peoples. There are no nations. There are no peoples. There are no Russians. There are no Arabs. There are no third worlds. There is no West. There is only one holistic system of systems, one vast and, interwoven, interacting, multivariate, multinational dominion of dollars. Petro-dollars, electro-dollars, multi-dollars, Reichmarks, rins, rubles, pounds, and shekels. It is the international system of currency*

*which determines the totality of life on this planet. That is the natural order of things today. That is the atomic and subatomic and galactic structure of things today.*

*Listen to me! Television is not the truth. Television's a god-damned amusement park. Television is a circus, a carnival, a traveling troupe of acrobats, storytellers, dancers, singers, jugglers, sideshow freaks, lion tamers, and football players. Those we see on television are in the boredom-killing business...*

*You do whatever the tube tells you. You dress like the tube, you eat like the tube, you raise your children like the tube. You even think like the tube.*

*This is mass madness. You maniacs. In God's name, we the people are the real thing. Television is the illusion.*

*Whatever you believe about the pandemic, you have learned from the "Tell-a-vision" and without it you would never even know anything had occurred. This is because nothing has changed since 2019 except the date! But watch all these screens and a short circuit occurs in your mind. When you export this pattern out to a whole society, you are talking about a dominant method through which "knowledge" is manufactured to suit the needs of those who manufacture it, and this pandemic has been expertly delivered through video flow and narration. Stacked and cut images. There is no challenge to the flow in any basic way, by the intrusion of actual knowledge, because that would shut down the parade of images and nullify the reasons for broadcasting them in the first place. The old theater adage, "the show must go on," when adapted for television, becomes, "the flow must go on." Once its course is set, there can be no turning back. The television audience, imprisoned in their homes, simply rides this river of "reality".*

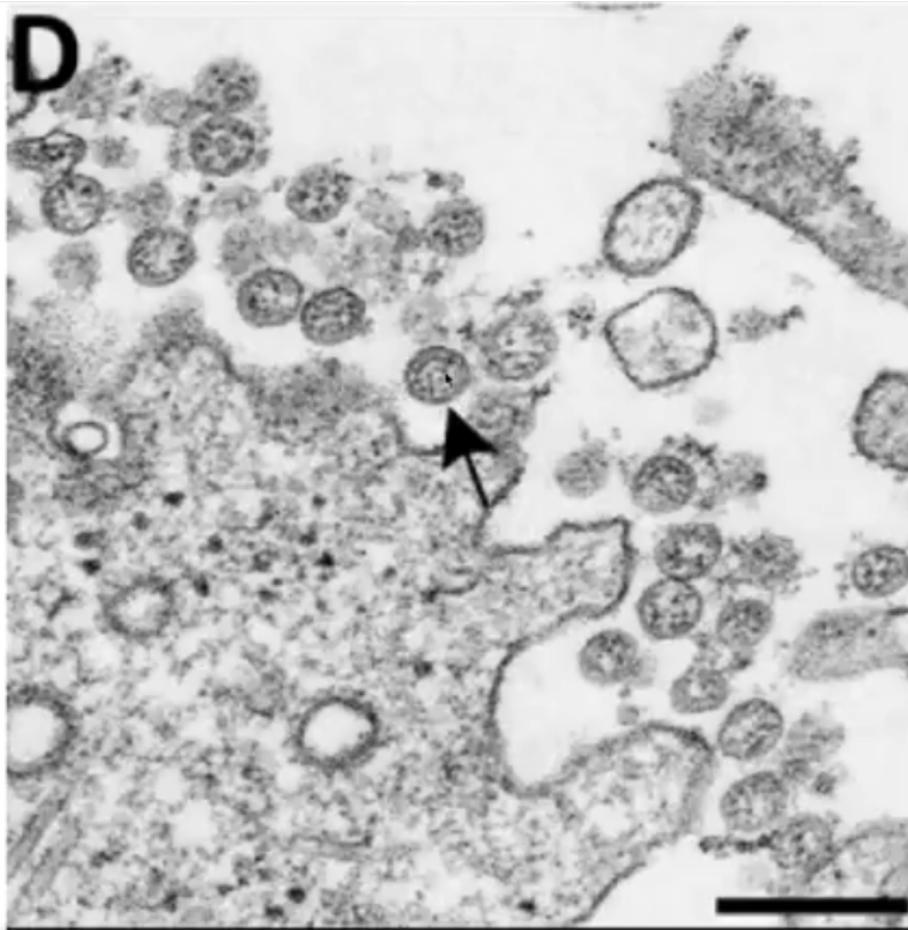
#### **4.) Germ theory is false, viruses DO NOT EXIST, and there is no such illness as COVID-19.**

Pharma has carefully cultivated a belief in a great many things, whole fields of science even. It is simply a fact that some of these concepts have been around as long as any of us have been alive, which is part of the reason why they are so widely accepted. But accepted is not the same as TRUE. These beliefs allow them to conjure phantoms to scare us, but they are only phantoms. The entire field of virology is total rubbish. There was never a pathogenic leak from some lab of horrors. No virus you have ever heard named actually exists nor have any of them ever been found in a live or dead person. They are all just theoretical models. There are no tests that prove they exist, nor are there people that are infected with them. "Viral" material is incomplete, it is not alive, and it is incapable of reproducing, therefore you cannot have lots of them making you sick nor can they spread from person to person. There is no reason to wear a mask. Even the things being called viruses posed some kind of health hazard, masks cannot filter this material because that material is many magnitudes smaller than the filtering material being used to supposedly screen it out. All the cases you hear about are based on fake tests they would have you believe are able to find fake things, therefore there are no cases, no hotspots, no pandemic.

Nothing whatsoever has changed in the world since before all this covid hysteria began, except that you were conned, effectively, to think you need protection from something that will harm you. All the death they are scaring you with was normal, even predictable, you just never had any reason to add up any of those deaths counted or paid any attention, until they fixed your attention upon it.

Bacterium and parasites do exist, but not viruses. And just to clearly explain again why the claim that this virus does exist is false:

Here is the picture that virologists claim shows the SARS-CoV2 virus:



Looking at the protrusion next to the 'virus' we see what looks like another 'virus' being created, and this is proof, the virologists tell us, that these viruses are reproducing by 'budding off' the dead or dying culture material. This is a total assumption. No virologist has ever been able to film this process in this or any other virus example. All this shows is a slide of dead material, doing absolutely nothing. Additionally, this 'budding process' that virologists assume to be the manner in which viruses reproduce, has a proper name in medicine. It is called exocytosis and this is stuff one learns in introductory biology classes in high school. This remains an acceptable description for how constituent parts break off the membranes of cells, so this is a normal function of cells. Therefore, seeing a snapshot like this of a normal process happening doesn't prove anything. One would have to be able to see the entire process of the resulting 'virus' being birthed in this way, and that kind of film cannot be created with an electron microscope because it can only take still pictures of dead material.

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

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

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

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

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

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

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

Without proof of the existence of viruses there can be no virus called SARs-CoV2, nor can anyone assume a causal relationship between any illness and a specific pathogen without proof of the pathogen and proof of the causal relationship. Neither exists, and both I, and many others, have proven neither exists. Even some courts of law have not found any such evidence.

Without SARS-CoV2 there can be no variants or mutations, so all references to such things have been completely ignored. As I stated in my first book, "Curious" I continue to maintain that flu is NOT an illness. Flu is just the forced elimination of waste. I flatly refuse to contaminate my opinions with anything unprovable. Unfortunately, in developing this paper I was forced to consider a couple possibilities that may or may not be proven later on. The existence of certain mRNA sequences is one such example. I cannot figure out with any degree of certainty, nor has anyone else to my knowledge, whether or not the spike protein we can clearly see is created as a result of an mRNA sequence delivered in the vaccines. What has been proven is this spiked appearance of a red blood cell, which Dr. Robert Young has termed the "Corona-Effect" does in fact spontaneously erupt as a kind of pleomorphism which only occurs under a specific set of circumstances that may be partially present at the time of the injections and possibly perfected by conditions afterwards. There are lots of claims out there that these spike proteins are the direct result of some proprietary mRNA sequence contained in mRNA covid injections, but that is all they are, claims.

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

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

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

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

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

The research done by Dr. Lanka and Dr. Young shows how the 'corona effect' is a natural process. Their opinions are that all pathogens are likely created spontaneously by the body by means of a process Dr. Young calls OUT-fection, (as opposed to IN-fection). I think, in a similar fashion, like ripping the atmosphere from the planet would destroy all life upon it, we can destroy this spike protein 'effect' by simply removing the elements which make the polymorphism possible, and we know what they are, basically. They are the listed ingredients in the shot formulations including the undisclosed nano particulates Dr. Young discovered in his analysis. See <https://estateartistry.com/blog/all-undisclosed-ingredients-of-covid-vaccines-finally-revealed>

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

Since it is difficult to eliminate high frequency EMF, all I can really do in that regard is make you aware of it and what dangers it may potentially present to vaccinated people. All the more reason to avoid future injections and detoxify what we can from the body which may adversely react with EMF and affect your health.

I believe it is possible that this 'pathogen friendly' bodily environment minimally consists of two basic conditions: the body itself, which should NOT be acidic in pH, but has become a graphene oxide saturated acidic substrate; a severely depressed or ineffectual immune system; and as a sort of catalyst, microwave

energy in the 2.4 - 4.7 GHz bandwidth, that may not only energize certain nano-particulate heavy metal matter being introduced into this biological environment via vaccine injections, but may also provide a way of triggering unwanted adverse psychological or physiological events.

Affected individuals need to aggressively correct this acidic condition and eliminate poisonous toxins and that is what I am able to do with the supplements and drugs I recommend in these pages.

### **9.) Every sniffle is NOT covid! Stop calling everything covid.**

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

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

Fevers, runny noses, congestion, coughing, colored flem and mucous, headaches, fatigue, watery eyes, perspiration, etc. present symptomatically EVERY TIME you have a build up of toxins in your body. They are NOT the harbinger of death. There is a serious effort being undertaken to make you think whenever you see or experience these things death is near. NOT SO. Normally, these symptoms require no treatments at all, just rest and good nutrition, which is where the old chicken soup cure comes from. Yeah, sometimes we have a job to go to or something we would rather be doing, and we can be so impatient we run for some pill or medicine that makes the evidence (symptoms) go away, but we are not doing ourselves any favors if what we take suppresses the normal biological functions that MUST happen to effectively detox. In that case, all we are doing is getting in the way of good health maintenance and prolonging the problem or ensuring it may come back again, possibly even quicker or more severely next time.

I am NOT suggesting that if a fever is getting high enough to cause brain damage you should not use an intervention. Not at all. But unless you are so unhealthy, or so poisoned, that the natural process of clearing out whatever toxins are causing the imbalance, has been put into such overdrive that some intervention is really necessary, a few days of rest and maybe some chicken soup WILL be enough. So you are miserable. So what? Sleep it off. Believe it or not, that works! It is pharma that has instilled this notion into you that there is no reason to endure discomfort. There is a reason, a good reason, but if you were to realize that, they could not sell you a product at a time you were most likely to want it. And you see them doing this all the time, especially now with their vaccines and covid drugs, and you know this is what they are doing anytime you hear the term "early treatment," where the reason they provide for taking such wretched medications is they reduce the period of discomfort from ten days to six, or fifteen days to nine or some other such claim so

impossible to credibly guarantee that one wonders how they could ever produce such evidence, and for this modest benefit you should risk a dozen or more side effects up to and including DEATH! How absolutely foolish-- and yet, dumb people continue to risk it. They trust, far too much, in these kinds of recommendations, forgetting that before any of these dangerous remedies were invented we all, somehow, managed to survive just fine. Wise up. Pharma is not only taking advantage of your ignorance here but brazenly and fraudulently contributing to it.

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

An immune system response can be created as a result of being exposed to any of the toxic ingredients in these shots, and with the exception of sucrose, that is all they consist of. Many of what they call adjuvants are poisons that, they say, are in there to provoke a stronger immune response. Let me be clear about something here. Nobody ever gets vaccinated to get immunity to any of that stuff. Do you actually believe you can become immune to mercuric toxicity by being injected with mercury? Of course not. People are sold vaccines because they believe they will provide immunity to some scary disease they prefer to avoid. Even if that were possible, what does mercury have to do with that? And I ask that question reasonably, because mercury is an adjuvant in all of their vaccines! EVERYTHING IN THESE SHOTS IS DEADLY! They are a witches brew of horrible, seriously toxic chemicals and heavy metals that evoke all sorts of rapid responses from your immune system, and the whole purpose behind forcing that response is to give the company doing vaccine testing something to count. I am fairly certain they don't care how your immune system responds, just so long as they can show you that whatever they inject you with results in some kind of response. Then they use every result like that and present it as evidence that whatever they are doing is effective. Such claims are meaningless, except to prove they are poisoning you with them. How does one create an antibody for a thing that does not exist? That's right, it is not possible, so they are citing things that do not matter one wit.

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

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

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

There are two parts to this point. The first is, once a vaccine maker gets a green light to sell a vaccine and provides the recipe for it in their biologic applications, that is the end of it. Once they began making these covid injections, if the manufacturer changed the concentration of one or more ingredients, swapped out some for others, or changed the recipe in any way, they are not required to report that to anyone, so it happens, and in the case of covid shots the reason it happens reveals the true nature of the experiment that is actually going on. They are only trying to determine how effective these shots are at killing or injuring you, and the data they collect helps them ensure they don't kill enough of you so quickly that you will become suspicious and begin to doubt the story you have been given.

So the second part of this point is some of these batches cause death immediately and others do not. There is also some percentage of these shots that are just placebo. I have no way to be certain how many of each variation there are out there but if I had to guess, from what I have read, the percentage of placebo shots may be as high as 30 percent in some brands. This is done to create a demographic of 'vaccinated' people that will

then be 'proof' for anyone who is hesitant that their fears are unfounded. And what do we see those lucky people doing? They are actually promoting the products.

They are reassuring those who would otherwise have reasonable concerns that there is nothing to be concerned about. What's even better for Pharma, they are going about advocating covid vaccines, using themselves as walking proof to others that they are safe. Some are even leading the charge to socially persecute anyone that chooses to refuse them. I believe this behavior is being counted upon, to advance this sinister plan.

There are two basic types of covid injection products. Those brands that contain mRNA and those that do not. If we are to believe the manufacturers, and I don't, both the Pfizer products and the Moderna products contain mRNA that is contained inside nano-sized beads. These beads are polyethelyne glycol (PEG) encapsulated lipid nano-particle (LNP) envelopes. mRNA is a protein that instructs a cell to do something, and it is very unstable all by itself. These structures prevent the mRNA from degrading in a solution and shield it from the body's natural immune defenses when injected. Without this protection, the mRNA inside any solution would rapidly degrade. If it were injected without this protection, it would be instantly neutralized by the body.

Because of the complexity involved in transporting and handling these products, there are also people getting injected with product from lots that were intended to have a certain potency, based upon the amount of LNP structures that went into that lot at the time it was manufactured. It has turned out in actual practice however, that from the time a vial is first filled, to the time it gets injected into an arm, these active ingredients can degrade, losing a significant amount of their intended potency. There are batches in circulation that have anywhere from 10ng/μl (nanograms per microliter) of these LNPs to as much as 100ng/μl. This range was laid out in the original biologic application. What was not specified clearly was how much of each concentration would go out into the world, which lots contain what amount, or where the various concentrations were sent. This means only the manufacturer has this information, and if there is some sort of code in the lot numbers I cannot with any certainty tell you what those numbers mean. I have read that there is a way to identify lots that are placebo, but the source of that information, and how reliable it is, is unknown to me. I have also read that it is estimated that as much as a third of of the original potency of any given batch may be lost by the time someone gets an injection from a vial in that batch. Again, I cannot be certain if this is accurate. All I can tell you is any covid injection is a gamble, because regardless of what it should contain, what you actually receive is a total crapshoot. There is practically no quality control. The same is true of the saline the vial contents are supposed to be diluted with. Pfizer's product, for example, is supposed to be diluted with a special saline supplied by Pfizer. I have reason to suspect this is not normal saline and may contain either parasites or graphene oxide. I have not tested any, nor can I test them if I had some samples. But the probability that there is something not right about that saline is high, and I will get into why I suspect that a bit later. I also know that if this special saline is not available at the time a shot is administered, generic saline will be substituted. In my book, I show just how frequently administration errors occur. VAERS is full of reports in which people were given undiluted injections and even erroneously given a different brand of what they thought was shot number two of the same product. In many of these reports there was a severe adverse reaction.

All this to say, it is not unusual for someone to get a covid injection and suffer no ill effects or only slight effects. Getting a shot and assuming it to be safe because you have seen one of these people is a mistake. In fact, forming any opinions about these shots, assuming they are "this dangerous" but not "that dangerous" based on other peoples experiences with them is also a mistake. What I am sure about is anyone getting a "hot dose" is going to feel really unwell afterwards.

Similarly, if you are like me and trying hard to figure out how to help someone that has been poisoned by these injections, you can only fix what is fixable. Permanent injury is highly likely and may not be improved once the injury is sustained. In cases where the injury is not so severe there is a possibility we can heal from it. If there are warning signs of potential injury we can see, or that we can look for with various tests, it is possible we can head it off. Obviously, the best situation is not to be in this position at all, and if someone makes one mistake it is best not to compound the problem by making that same mistake again.

However many shots you got, it was too many. Don't do that ever again, no matter what the pressure to do so is.

**Now that I have my starting assumptions clearly stated, I can now try and help you recover.**

## **It Is Time to Go Shopping**

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

### **Over the counter or mail order items-**

**Sodium Bicarbonate (Baking Soda) - just buy a box of it.**

**Vitamin D3 - 5000 IU gel capsules**

**Monolaurin - comes in various size capsules, look for 500mg pills.**

**N-Acetyl L-Cysteine (NAC) - 600mg capsules** You won't find this sold on Amazon or in most drugstores anymore. Because it is a critical part of this therapy, the FDA has launched a war on it, but you can still find it easily in online stores. Buy this in bulk if you can, it may become hard to find at some point.

**Vitamin C - comes in many sizes, try to get 1000mg capsules**

**Bromelain- 850mg capsules if you can find them, otherwise the largest size you can buy.**

NAC+C Combination increases production of Glutathione and to replace reserves

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

**Zinc - 50mg tablets**

**Selenium - 200mcg capsules**

**Quercetin (Optional) - 500/mg capsules**

**Calcium - Janssen Vax in particular drastically lowers Calcium.**

**Elderberry - Anti-oxidant gummies are about 230mg, gel capsules are about 620mg Either is fine.**

**Moderate nicotine and alcohol - (optional)** I am not suggesting anyone take up bad habits, and I hope it's obvious that I am not advocating giving either of these things to those that are underage, but I am including them both as part of my recommendations for the simple reason that they have a positive effect. So don't get carried away, blow your alcohol recovery, take up smoking, or get drunk and blame me for whatever happens to you. Moderation can take the form of a glass of wine or beer.

Non-smokers can buy a mild nicotine gum. Personally, I don't recommend smoking anything at all as a way of ingesting nicotine. This includes vaping. As for myself, I just happen to enjoy chewing tobacco, and disgusting as that is to many people, discovering a healthful benefit gave me an excuse to not quit doing that, but there are plenty of non-tobacco alternatives. One is a small white nicotine pouch called Zyn, it comes in various popular flavors, you don't have to spit out saliva and it tastes good, like gum. Both alcohol and nicotine stimulate the production of myeloperoxidase which naturally biodegrades

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

### Prescription only -

#### Ivermectin

Ivermectin can be a bit tricky to obtain, and it is getting very expensive. The best way to get it is to use a sympathetic telemedicine provider. There are plenty of doctors all over the world that will gladly prescribe you Ivermectin by phone and direct you to a pharmacy that will dispense it after you answer just a few simple questions, and there is a lengthy directory of them here:

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

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

#### Chloroquine or Hydroxychloroquine- (optional)

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

Most of the supplements I list are inexpensive and easily obtainable in any vitamin store or online nutrition website. This is by and large a homeopathic strategy. One website I use myself is [www.allstarhealth.com](http://www.allstarhealth.com), but I also use other nutritional websites, order off Amazon and pick up products in local drug stores. It is ok to price shop, but try whenever possible to buy these vitamins in powder form in capsules. I say this because many tablets are held together with wax and other things that make them impossible to absorb. A pill is no good to you if it goes in one end and comes out the other whole. Porta-pottie companies find mountains of One-A-Day vitamins in the waste when they dump them out. You want everything you take to be bio-available, and when you take a certain dosage you need to know how much of that actually gets absorbed. It is critical that you not simply eat pills but actually learn about any supplements you are taking. You should read their about their pharmacology from several sources, read reviews, read supplier information, and avoid CDC, FDA and Gov't sources except maybe to compare. This is especially true when it comes to recommended dosages. The daily recommended dosage of every supplement on the list has been shrinking for decades. This is not accidental and people have not changed. Pharma works especially hard to out compete natural medicine companies and ruin everything positive mentioned about their benefits. They even pay for misleading studies that suggest they are harmful in less than adequate dosages.

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

## You MUST Learn the Warning Signs of Blood Clotting:

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

### The signs to look for are:

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

### You are already at risk for blood clotting if you-

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

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

Red blood cells and platelets are naturally supposed to have a net negative charge. Following a covid injection they mysteriously change to have a net positive charge. The result of this flip is they form up into long chains that resemble stacks of coins. This is called a rouleau formation. This is the likely result of a toxic exposure to positively charged nano particulate graphene oxide, which has been found in all the various product vials that have been professionally analyzed in a number of sophisticated ways. Red blood cells in samples taken from covid injection recipients display this aberrant behavior immediately following the shot, and it does not diminish over time. There is a lot to this effect which I won't get into here, because the explanations can get very technical, but these changes in the way red blood cells behave are largely due to a substance called graphene oxide, which is used to amplify molecular binding.

The red blood cells also begin to change their shape and protein spikes begin to appear on the surfaces of the cell membrane. Normally, a red blood cell is like a slippery wet water balloon. They are very smooth, and easily pass through the tiniest capillaries of your circulatory system. These are vessels so small that red blood

cells have to pass through them in single file. Once they become covered with these spike proteins they no longer flow easily and the spike proteins cause damage to the endothelial (interior) wall of the blood vessels. This damage takes the form of cell necrosis. Platelets are cells that come to repair that damage, but the spike proteins affix themselves to them as well. This creates a blockage in the vessel. This blockage is a blood clot. When this happens, the blockage causes a buildup in pressure and the result is an embolism. The blood vessel bursts and a hole is created in the vessel. This happens over and over again. Clots form on top of other clots, in front of the original blockage, and the capillary is effectively ruined and blood flow through it stops. This is damage that you are not likely to feel or notice happening, but as it continues, overall circulation to that area is progressively reduced. If this goes on long enough, a condition known as Pulmonary Arterial Hypertension will result and this is a terminal illness. The progression of this condition commonly takes about three years finally to kill you and it ends with right side heart failure.

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

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

#### **So here is the approach I take to all this:**

- If we can reduce or break up clots we need something to do that for us, and if we can test you to see if clots are forming up that would be good to know.
- If the presence of graphene oxide is causing red blood cells to clump together we need to get rid of it.
- If spike proteins are causing problems we need to eliminate them, but that is easier said than done.
- If there are parasites involved, and in some covid injection products there are, we need to kill them.

#### **Lets take them one at a time:**

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

who survived have a ten-times lower D-dimer level than non-survivors. **Healthy individuals have D-dimer levels less than 0.5 micrograms/ milliliter of blood.**

### **PLEASE NOTE:**

**Before anything goes into your mouth, and before I offer ANY suggestions with regard to dosages of ANYTHING, I need to remind you that I am NOT a doctor. I am just an average person like you, with an above average aptitude for cramming information and solving problems, so I am going to suggest conservative amounts of safe nutritional supplements mostly. My research into the pharmacology of everything on the shopping list I gave you was exhaustive and it all suggests everything listed is very safe. Using myself as a guinea pig, I personally ingested all of these things in the dosages I list, many of them on a daily basis for months now, and I have suffered no ill effects. Everything on that list should be very safe to experiment with. With the exception of Ivermectin and HCQ, they are all natural substances, not pharmaceuticals loaded with side effects, so you should be fine, but do take the time to read up on each thing as I did to avoid bad interactions with other meds you are on, clashes with any conditions you have, and all the rest of it.**

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

### **N-Acetyl Cysteine (NAC)**

Decades of research has demonstrated the benefits of NAC (N-Acetyl Cysteine) in restoring intracellular levels of one of the body's most powerful antioxidant defenses, glutathione (GSH). NAC reduces the frequency and duration of attacks of chronic obstructive pulmonary disease (COPD) and may slow the clinical course of idiopathic pulmonary fibrosis (IPF). NAC protects tissues from the effects of exercise-induced oxidative stress, adding value and safety to your workout. NAC improves insulin sensitivity in people with some of the most difficult-to-treat metabolic disorders. NAC blocks cancer development at virtually every step in the process, and does so through multiple mechanisms, making it an important cancer chemo-preventive agent. But we have learned that NAC is particularly beneficial in treating what is being called covid—especially those people who have a variety with gastrointestinal symptoms.

**Dosage:**

At least 600mg/daily, 1-2 times a day during illness.

Source: Dr. Lee Merritt

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

**Bromelain** is an enzyme naturally found in pineapples. Research on the effects of Bromelain is not very easy to find, but some does exist, and those findings suggest that taking NAC in combination with Bromelain inhibits spike protein binding and breaks up blood clots. Bromelain also acts as a modulatory agent of cytokines. It can stimulate the release of pro-inflammatory cytokines in a healthy immune system in response to cellular stress. Conversely, Bromelain inhibits the biosynthesis of pro-inflammatory cytokines and prostaglandins under inflammatory conditions induced by overproduction of cytokines. While not commonly sold in chain drug stores, Bromelain is inexpensive, easy to obtain, and you can find it offered by most online vitamin retailers. In terms of dosage, for adults where blood clotting is a concern, take one 850/mg quick release capsule of Bromelain with water immediately before each meal and one or two 600/mg capsules of **NAC** daily.

## **Glutathione Detoxes Heavy Metals Naturally**

Graphene is a heavy metal. Heavy metals are toxic, and the body has a natural way of eliminating them. The way it does this is by naturally producing another substance called glutathione. **Glutathione** is an anti-oxidant that biodegrades peroxides, lipid peroxides and heavy metals. That is its function in the body and it is the product of **Glycine and Cysteine**. The body creates Glutathione by combining these two substances. It also normally keeps a reserve of glutathione which will be utilized in the event of a toxic heavy metal exposure.

Karen Kingston, the Pfizer whistleblower who has revealed numerous redactions in Pfizer EUA filings and other documents, has also revealed that Graphene Oxide is being used by Moderna and Pfizer in their covid injection products, specifically, in the PEGylated lipids used to encase the mRNA particles. The stated function of graphene oxide in these structures is to allow for coerced entry of foreign mRNA molecules into human cells, through naturally resistant human cell membranes. Graphene Oxide is known to be highly toxic, and if you look at vaxxed tissue samples where it is present, one can see that it clearly causes blood clots. Graphene is also highly conductive and, in some circumstances, paramagnetic.

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

Glutathione levels are naturally high in young people and extremely athletic people. Levels are typically far lower in people that are sedentary or older, and the older you are, the lower they are. People who, for whatever reason, have very low levels normally will have a very hard time expelling a toxin like graphene, so we need to stimulate glutathione production. That is done, not by eating a glutathione supplement, because whole glutathione is not as readily absorbed as its constituent parts, which are comparatively plentiful in the

body regardless of age or activity, but by eating two other things that boost its manufacture. So the focus here is on boosting your ability to produce glutathione internally, and you do that by taking a combination of **NAC and Vitamin C**.

## **NAC + Vitamin C - Combination Increases Production of Glutathione, Which Also Replaces Glutathione Reserves.**

**Vitamin C** is very good for you and fills a variety of needs beyond the one we are discussing. Vitamin C increases immunocompetence and lymphocytic response. It is a dermal protectant, anti-erythema agent, and has anticancer and antiviral properties. Ascorbate decreases hemorrhaging, and cell degeneration, so Vitamin C's range of health benefits is quite broad, moreover, you cannot really eat too much, since your body will only store and use what it needs. The rest will leave the body in urine. When your urine is very bright yellow you have plenty inside you. Now, if you are already taking NAC with your Bromelain, as far as dosage goes, you are already covered. You then just take Vitamin C on top of that. I eat about 3000mg daily. You can start there and see how you feel, more is ok, and if you feel sick you can take a lot more safely.

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

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

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

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

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

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

## Vitamin D3

Ok, now we come to a big one, probably the biggest one here. I cannot stress this enough. If I had to choose just one the supplements on my list, this is the one I would want. 80+% of all hospitalized patients and 95% of those in ICU are Vitamin D deficient. Vitamin D has so many functions in the body I could fill pages with them all. Because this report is supposed to be focused on addressing the damage inflicted by covid injections I am going to stick to the things Vitamin D does that are most relevant to that, like **reducing inflammation**. Another important fact to know is **if one has a Vitamin D level of 50ng/ml (the range is from 20-100) one cannot develop a cytokine storm**, which is one of the things killing people being called "covid" cases. So, you should learn all you can about Vitamin D and just how essential it is to good health.

**Lets start with proper dosages.** You can find a lot of research that talks about all kinds of bad things that can result from eating too much Vitamin D. You can find just as many that say ridiculous dosages as high as 100k IU daily are not only tolerable but beneficial. I would caution you against extremes like that. I would not take that much. It is also important to note that obesity drastically decreases bioavailability of Vitamin D because it is fat soluble, so dosages may need to be higher for very obese people. In my personal experience I have been taking **10k IU every day** for months with no ill effects, and I am considering upping that a bit to see how I feel but just as an experiment. I am not vaccinated and I have no real reason to go that high, but a vaccinated person might, and here's why I say that...

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

One of them explained that there **are three approaches to attacking this spike protein and preventing it from doing damage**. One way was to destroy it. Unfortunately, it seems like nobody has had much luck with finding a way to do that so far. But at the time I thought possibly that Vitamin D could do it. I was talking to nurses in the field who were dealing with people that kept coming in with what they were sure was covid vaccine-related injuries. This was before their job environment became as draconian as it is now. Even back

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

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

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

The ACE2 pathway is the door through which every cell gets whatever it needs to thrive inside, and the energy it runs on is created inside the cell by mitochondria. It is this process, this mitochondrial function, that keeps it going. If a cell needs to repair itself, maybe something goes wrong, or it just needs a certain enzyme, (the biological equivalent of a wrench or screwdriver), these things come in through the ACE2 pathway. There is only so much area on the surface of a cell to place these receptacles and thus each cell has a finite number of them. If they all become clogged up with spike proteins the cell cannot obtain anything from the outside and it then starves for lack of food in a way. Mitochondrial function slows and eventually ceases and that is when we see what is known as apoptosis, the death spiral of that cell.

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

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

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

**Some of these questions seem like ones we can answer, but from there things get really fuzzy.**

**Let's consider non mRNA covid injections first.** Johnson & Johnson, who makes the Janssen vax, claim that they use an adenoviral vector to deliver the spike protein. The Astra Zeneca product is another non mRNA product so it is supposed to be similar. If we make the assumption, and it can only be an assumption, that there is a finite amount of this pathogenic spike protein in these two brands, then logically the focus should be on eliminating them if we can. An alternative approach would be to find a way to neutralize them, so they cannot cause damage. If we fail to effectively accomplish either of these two things, that would mean we simply have to accept whatever damage they cause. We would then be left waiting out the time that spike proteins are actively destroying cells, until they have done all the damage that is possible and no more spike proteins remain to further such processes. Since both of these non-mRNA products also contain graphene oxide, that is an additional concern we can address by ramping up glutathione production as previously described.

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

There is a published schedule of contents for all the mRNA type products which clearly state different levels of potency based upon how many ng/ $\mu$ l of active mRNA content in mixed into any given batch or lot. I think the safest thing to say here is nobody really knows if there is a target number of LNPs we can be certain of, and maybe, because we would be relying on liars in Pharma for the estimate, that number is also irrelevant, because there is no reliable way to nail that down. Whatever the number is, the most important evidence we have seen is it can be enough to kill a person.

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

1. D3 will buy you time by creating more ACE2 pathways to replace those destroyed by spike protein.
2. The NAC + Vitamin C Combination increases production of Glutathione and replaces spent reserves.
3. The NAC + Bromelain Combination inhibits spike protein binding and breaks up blood clots.
4. Zinc helps these substances get where they need to go.

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

Now lets look at specifically at the mRNA type covid injection products:

## Pfizer and Moderna

The thing that concerns me most about these two is the idea that these shots cause the body to manufacture poison. There is no way to un-program this that I am aware of, so this changes the parameters of the what we are addressing significantly. If you are exposed to a toxin once and have a way to detox, the problem is over at some point. That being said, if you chose a non mRNA product, with a finite list of toxins you have a finite problem, because I believe I have a countermeasure for all of them.

If however you are CREATING the problem by creating the toxin, now we are dealing with a chronic condition and however you address that, the countermeasures you choose will have to be kept up for as long as the chronic condition persists, which at this point, appears to be for the rest of your life. **But what if you act really fast?** Let's try to remain optimistic and positive. Remember your mental attitude is VERY important. People who believe they are going to die usually do. Let's not lose all hope. If what I have put together here can mitigate the damage being caused the worst case scenario is your daily routine will simply come to include adding supplements to your diet, something you should have been doing all along. They are not all that costly, they are easy to obtain, and the change in lifestyle is simply the cost of your mistake. If it turns out that it is not enough, you will continue to experience health problems, but the way you treat those problems matters a great deal.

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

The next thing I want to talk about has not received hardly any attention and it just may turn out to be one of the best countermeasures there is. That thing is **Monolaurin**.

## Monolaurin

If you have been injected with an mRNA product that mRNA is protected by a lipid nano-particle envelope. Without it, the genetic instructions, which are inside that structure, that make your body a toxin factory, will be easily and immediately destroyed by your body's natural defenses.

**Monolaurin is an easily obtainable anti-microbial agent** known to inactivate lipid-coated 'viruses' by binding to the lipid-protein envelope of the 'virus', thereby preventing it from attaching and entering host cells, making infection and replication impossible. Other studies show that Monolaurin disintegrates the protective envelope.

Applied to the vaccines, I believe it is likely that this substance has the potential to inactivate any active mRNA contents of the covid shots which use PEG encapsulated lipid nano-particle envelopes to deliver their payloads into healthy cells. It is for this reason that I am recommending Monolaurin as part of my protocols.

Remember my foundational premises here. I stated that viruses do not exist. So if you were you begin researching monolaurin, you hear references to viruses. I am not focusing on viruses. What has my attention is monolaurin's effect on LNP's. It does not matter what's inside them. We know naked mRNA is highly unstable and we know the body won't allow random mRNA to just float about. LNP's are used to hide what's inside them from the body until it can infect a cell and do damage.

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

One of the safest substances known to man is breast milk. This is where the monoglyceride of lauric acid is found. When an infant is born, it is totally dependent on food factors in the mother's milk for immune protection. In analyzing the composition of human breast milk, medical researchers found lauric acid monoglycerides in high concentrations, which is what led them to study Monolaurin as an 'anti-viral' agent. Monolaurin is also found in coconut oil, butter, and heavy cream; only recently has it been isolated and purified. It is highly unusual in pharmacology to find chemicals that are toxic to lower forms of life such as bacteria, fungi, yeast and 'viruses', but non-toxic to man.

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

**Here's the basic pharmacology:**

<https://draxe.com/nutrition/monolaurin/>

<http://sterlison24.com/monolaurin.html>

A few clinical studies, no dosages.

<https://pubmed.ncbi.nlm.nih.gov/19895490/>

<https://pubmed.ncbi.nlm.nih.gov/17966176/>

*"Monolaurin has statistically significant in vitro broad-spectrum sensitivity against Gram-positive and Gram-negative bacterial isolates from superficial skin infections. Most of the bacteria did not exhibit resistance to it. Monolaurin needs further pharmacokinetic studies to better understand its novel mechanisms of action, toxicity, drug interactions, and proper dosing in order to proceed to in vivo clinical studies."*

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

<https://achs.edu/blog/2018/03/14/gram-positive-gram-negative-bacteria/>

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

Imagine a thick wooden fence surrounding a yard. That is a **gram positive bacteria**.

Gram-positive bacteria have a big, thick membrane.

Gram-negative bacteria's cell membrane is thin but difficult to penetrate.

Some examples of Gram-positive bacteria include Streptococcus, Staphylococcus, and Clostridium botulinum (botulism toxin).

Now picture a bullet proof vest. That is a **gram negative bacteria**.

Examples of Gram-negative bacteria include cholera, gonorrhea, and Escherichia coli (E. coli). The protective covering of these, and other, Gram-negative bacteria make them much more difficult to heal and eradicate. Because of this nearly “bulletproof” membrane, they are often resistant to antibiotics and other antibacterial interventions.

If you want to penetrate these surfaces, then you must employ different strategies. This is the same principle applied by pharmacologists, who use different drug tactics to pierce the membrane of dissimilar bacteria.

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

### **Monolaurin works well on both!**

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

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

The potentially pathogenic bacteria inactivated by Monolaurin include Listeria monocytogenes, Staphylococcus aureus, Streptococcus agalactiae, Groups A, streptococci-gram-positive organisms, and some gram-negative organisms (Vibrio parahaemolyticus and Helicobacter pylori).

Decreased growth of Staphylococcus aureus and decreased production of toxic shock syndrome toxin-I was shown with monolaurin. Monolaurin was 5000 times more inhibitory against Listeria monocytogenes than ethanol. In vitro monolaurin rapidly inactivate Helicobacter pylori. Of greater significance there appears to be very little development of resistance by the organism to the bactericidal effects of these natural antimicrobials.

A number of fungi, yeast, and protozoa are also inactivated or killed by monolaurin. The fungi include several species of ringworm. The yeast reported to be affected is Candida albicans. The protozoan parasite Giardia lamblia is killed by monoglycerides from hydrolyzed human milk.

Chlamydia is inactivated by monolaurin. Hydrogels containing monolaurin/monolaurin are potent in vitro inactivators of diseases such as Neisserian gonorrhea.

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

Anytime we are using natural and non-natural agents to kill bacteria in our body, it is a good idea to use a good probiotic. A probiotic is a supplement that contains *Lactobacillus acidophilus* and *Bifidobacterium bifidum*, which are needed to create a healthy balance in the intestinal tract. A probiotic can help prevent yeast overgrowth, which can lead to thyroid problems, a loss of energy, depression, dry skin, mood swings, chronic vaginal yeast infections, etc. Probiotics are used to treat chronic yeast infections, and to balance the good bacteria levels in the colon during antibiotic therapy.

**Monolaurin is not the type of nutritional supplement one has to take on a daily basis, but only when the need arises. Obviously, if you have been exposed to an mRNA covid injection product that establishes need, but if some time has passed since that exposure, the damage suffered to your immune system will become a serious problem all by itself.**

## A Brief Word On Antibodies

One question more people should be asking is this: **How do we even know the antibodies we are being told are created are antibodies to this fictional virus or any of the toxic ingredients of the covid injections?** We don't. One way we could find out would be to measure them, but one thing that is conspicuously absent from FDA applications for emergency use of these covid injections is any measurement of T-cell production. This is just more evidence that the purpose of injecting everyone on Earth with these potions is anything but immunity to some illness.

The truth is, antibodies are created by the immune system for toxins, NOT PATHOGENS.

**Neutralizing antibodies** are general purpose antibodies that attack a broad range of bodily enemies. It is known that Pfizer's covid injection product lowers production of neutralizing antibodies by 15 percent after the first injection and by 35 percent after the second. That estimate came straight out of the FDA. Another highly well qualified independent medical researcher speaking on this subject claimed the effect was far more drastic. She maintains that white blood cell production was decreased 50 percent by the first injection, and ANOTHER 25 percent following a second injection. If she is correct, and I am not saying she is, that would mean your immune system is compromised as much as 75 percent after two doses of either the Pfizer or Moderna product. Regardless of the degree of autoimmune dysfunction, any compromise of your natural immune system will make you highly susceptible to otherwise harmless infections, and also affect the degree to which Monolaurin can help, but it certainly will not hurt. **So, if you have a fever or swollen lymph glands, or you sense the early warnings signs of the flu, like sniffles, sore skin and perhaps a scratchy throat, Monolaurin may offer the first line of defense.**

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

Antibodies are able to detect and react to the invading microorganisms known as antigens, however, B-cell receptor (BCR) antibodies may require the aid of other cells for full activation. Antigens are macromolecules

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

AIE is a severe condition in which the body over reacts to a toxin and produces a cytokine storm. This over reaction can kill you, and this problem of AIE we seem to be seeing, and this is applicable to ALL THE COVID INJECTION PRODUCTS, is due to the fact that they are all, entirely composed, of dozens of toxins. Every one of these toxins are causing the body to create huge numbers of binding antibodies. If these covid injections are not resulting in a robust production of neutralizing antibodies, and they are not, AIE is a constant threat here for which there can be no remedy other than detoxifying the body of every toxic bit of those formulations to the greatest extent you are physically able to achieve.

### Recommended Dosage for Monolaurin:

Recommend dosage is 1000 – 3000 mg per day, but it is best to start at 1000 mg before working your way up to 3000 mg if needed. This dosage can be repeated 2-3 times per day if desired, but don't exceed 9000 mg per day. Monolaurin is fat soluble and is best taken during or after a meal for best absorption.

### One source for it:

[https://doublewoodsupplements.com/products/monolaurin?msclid=55ad8ced38001cbed199edda8f322d49&utm\\_source=bing&utm\\_medium=cpc&utm\\_campaign=OMG%20\(L\)%20%7C%20SR%20%7C%20DSA&utm\\_term=%2Bmonolaurin%20%2Bsupplement&utm\\_content=Monolaurin%20Supplement](https://doublewoodsupplements.com/products/monolaurin?msclid=55ad8ced38001cbed199edda8f322d49&utm_source=bing&utm_medium=cpc&utm_campaign=OMG%20(L)%20%7C%20SR%20%7C%20DSA&utm_term=%2Bmonolaurin%20%2Bsupplement&utm_content=Monolaurin%20Supplement)

### Monolaurin Side Effects:

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

## Calcium (and It's Relationship to EDTA)

Next on the list is **Calcium**, and the role it plays here is closely tied to certain brands of covid injections **due to a highly toxic substance called EDTA**, which is disclosed as **an ingredient in the Astra Zeneca covid product.** (called Vaxzevria). Several European countries have changed or abandoned their use of the AstraZeneca "vaccine."

**EDTA goes by MANY names:** Acide Éthylènediaminetétracétique, Calcium Disodium Edathamil, Calcium Disodium EDTA, Calcium Disodium Edetate, Calcium Disodium Versenate, Calcium Edetate, Calcium EDTA, Chelation Therapy, Disodium Edathamil, Disodium Edetate, Disodium EDTA, Disodium Ethylenediamine Tetraacetic Acid, Disodium Tetraacetate, Edetate, Edetate Calcium Disodium, Edetate Disodium, Edetic Acid, EDTA de Calcium Disodique, EDTA de Fer, Ethane-1,2-diyldinitrilo Tetraacetic Acid, Ethylene Diamene Tetraacetic Acid, Ethylenediamine tetraacetic acid, Éthylènediaminetétraacétate de Calcium et de Disodium,

Éthylène-Diamine-Tétracétate Disodique, Iron EDTA, Sodium Calcium Edetate, Sodium Edetate, Traitement Chélateur, Trisodium ethylenediamine tetraacetic acid.

The Johnson and Johnson covid injection (called Janssen) does not disclose EDTA in the published list of ingredients, however due to the similarity of adverse reactions that are reported, which are undoubtedly attributable to both brands, **it is highly likely that EDTA is an undisclosed ingredient in the Johnson and Johnson covid product.**

EDTA is a chelating agent and it is used to lower blood levels of calcium when they are dangerously high. If you are healthy and are given EDTA you are susceptible to everything that can result from a severe calcium deficiency. It is UNSAFE to use more than three grams of EDTA per day, or to take it longer than five to seven days. The actual amount of EDTA in covid injections has not been disclosed, but too much can cause kidney damage, dangerously low calcium levels, and death. EDTA also causes heart rhythm problems, liver problems, kidney problems, seizure problems, and makes hypocalcaemia worse. Diabetics should be wary as well, since it can also interfere with blood sugar control, because it can interact with insulin.

I don't want to get too far afield here talking about blood clotting and other aspects of the deadly covid treatment protocols hospitals are killing "covid" patients with, but I have a lot to say about how the effects of a toxic EDTA exposure can create a situation in which drugs like Redemsvir are the last thing anyone treating a vaccine injury and calling it covid should be given. We will revisit some of this later when I talk about blood clots specifically.

Among the most serious concerns are that EDTA stimulates the contractility of a non-failing heart and myocardial oxygen consumption is actually reduced, or remains constant in a failing heart. This interference with normal heart function is a likely cause of myocardial infarction (Stroke).

As far as what tests you can run to potentially head off heart problems you can look at levels of troponin. Troponin, or the troponin complex, is a complex of three regulatory proteins that are integral to muscle contraction in skeletal muscle and cardiac muscle, but not smooth muscle. Measurements of cardiac-specific troponins I and T are extensively used as diagnostic and prognostic indicators in the management of myocardial infarction and acute coronary syndrome. Blood troponin levels may be used as a diagnostic marker for stroke, although the sensitivity of this measurement is low.

**Getting rid of EDTA in the body involves binding it to various other mineral nutrients, so the process of naturally detoxing a dangerous exposure to EDTA will also deplete your body of other things it needs, so all of these essential minerals will need to be replaced with additional supplements.** EDTA is a chemical that binds and holds on to (chelates) minerals and metals such as chromium, iron, lead, mercury, copper, aluminum, nickel, zinc, calcium, cobalt, manganese, and magnesium. **When they are bound, they can't have any effects on the body and they are removed from the body.**

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

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

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

According to the National Osteoporosis Foundation, a normal daily intake of calcium, (that includes all foods and supplements) is 1000/mg and 1200mg for women over 50 and men over 70. Calcium is absorbed best when taken in amounts of 500 – 600 mg or less. Take (most) calcium supplements with food. Eating food produces stomach acid that helps your body absorb most calcium supplements. The one exception to the rule is calcium citrate, which can absorb well when taken with or without food.

The tolerable upper intake levels (ULs) of any supplement is the highest amount that most people can take safely. For calcium, they are as follows:

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

But figuring out how much to take can get a bit complicated given that much of what you take is not actually absorbed. The percentage of a given dose of calcium that is absorbed in men and non-pregnant women— across a wide age range— has been demonstrated to be approximately 25 percent of calcium intake, so getting this right might take a bit of effort on your part. Just about everything you would want to know about calcium can be found here: <https://www.ncbi.nlm.nih.gov/books/NBK56060/>

**Some of the symptoms of high calcium levels are:**

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

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

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

- \*\*\*SEIZURES\*\*\*

**If you feel your situation requires a calcium blood test you should request one.**

There are two types of calcium blood tests:

- Total calcium, which measures the calcium attached to specific proteins in your blood.
- Ionized calcium, which measures the calcium that is unattached or "free" from these proteins.

Total calcium is often part of a routine screening test called a basic metabolic panel. A basic metabolic panel is a series of tests that measure different minerals and other substances in the blood, including calcium.

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

## Selenium

Selenium is a powerful antioxidant found in soils, and it plays an important role in the health of your immune system. Antioxidants are compounds in foods that prevent cell damage caused by free radicals.

Free radicals are normal byproducts of processes like metabolism that are formed in your body daily. They often get a bad rap, but free radicals are essential for your health. They perform important functions, including protecting your body from disease. However, things like smoking, alcohol use, and stress can cause an excess of free radicals. This leads to oxidative stress, which damages healthy cells.

Oxidative stress has been linked to chronic conditions like heart disease and the risk of stroke, the incidences of which are going through the roof amongst vaccinated populations. Antioxidants like selenium help reduce oxidative stress by keeping free radical numbers in check, and low selenium levels have been linked to an increased risk of heart disease.

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

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

Selenium is important for the proper functioning of your thyroid gland. In fact, thyroid tissue contains a higher amount of selenium than any other organ in the human body.

Selenium plays an important role in the health of your immune system. This antioxidant helps by lowering oxidative stress in your body. It reduces inflammation and enhances immunity. Increased blood levels of selenium are associated with enhanced immune response, while deficiency has been shown to harm immune cell function which may lead to a slower immune response.

In addition to decreasing oxidative stress, selenium also appears to reduce DNA damage and increases levels of glutathione peroxidase, which we have already covered.

It may also bind to heavy metals and reduce the toxicity of mercury, which is present in vaccines.

### **Avoid Excessive Selenium Intake**

Although selenium is necessary for good health, too much can be dangerous. In fact, consuming high doses of selenium can be toxic. A wide range of common foods like pork, beef, turkey, chicken, fish, shellfish, and eggs contain high amounts of selenium so adding more with supplements can put you over. The amount of selenium in vegetables and grains depends on the soil in which they are grown. Kidney problems can also cause high selenium levels in the body.

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

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

## **Elderberry (Sambucus)**

The history of elderberry in medicine dates back as far as 400 BC, and Hippocrates, the “Father of Medicine,” called the elder tree his “medicine chest.” In folk medicine today, elderberry is considered one of the world’s most healing plants.

Elderberry is an antioxidant, and researchers think the compound that makes it blue lowers inflammation.

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

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

You can buy elderberry supplements at many local health stores and online retailers, and it can be purchased in a variety of different forms including gummies, gel capsules, elderberry wine and elderberry juice. All are popular options. For simplicity, I recommend the gel caps or gummies as part of these protocols. **A good daily dosage is one 630/mg gel cap or the equivalent in 230/mg gummies.**

## **Zinc**

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

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

#### **Zinc and Immune function:**

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

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

Zinc is an inexpensive and effective part of treatment of diarrhea among children in the developing world. Zinc becomes depleted in the body during diarrhea. Zinc deficiency depresses immunity, but excessive zinc does also, so **don't overdo zinc daily doses. 50mg daily is PLENTY.** I take one 50/mg tablet every day, and have for months, with no ill effects, so that is what I suggest you do.

I will add one more natural remedy to this list and that is sodium bicarbonate (generic baking soda). However, before I do, I am going to address two VERY IMPORTANT items that are prescription only. They are Hydroxy Chloroquine and Ivermectin. The reasons why these two drugs work is, I think, completely misunderstood, and you must understand they are being demonized and attacked, even withheld, BECAUSE they have been so effective.

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

## **The Problem of Covid Injection Product Parasites**

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

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

The first such discovery was made by Dr. Robert Young, who did an extremely comprehensive analysis with some highly specialized equipment. His report can be read here:

**PHASE CONTRAST MICROSCOPY, TRANSMISSION AND SCANNING ELECTRON MICROSCOPY AND ENERGY-DISPERSIVE X-RAY SPECTROSCOPY REVEAL THE INGREDIENTS IN THE COV-19 VACCINES!**

<https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-cov-19-vaccines>

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

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

Any person told to take the shot could refuse on the grounds that he can't obtain sufficient information in order to provide his consent. And on what grounds could the vaccine be legal in the first place? If informed consent is the law, then withholding the possibility of it by concealing a vaccine ingredient would automatically render the vaccine illegitimate.

*\*A higher resolution image of the chart provided on the next page is included as a slide in the linked report given by Dr. Robert Young.*

## COVID-19 VACCINE IDENTIFIED INGREDIENTS

IDENTIFIED INGREDIENTS	PFIZER	ASTRAZENECA	JANSSEN	MODERNA
Aluminium (Al)	Yes			Yes
Bismuth (Bi)	Yes			
Cadmium (Cd)				Yes
Calcium (Ca)				Yes
Carbon (C)	Yes			Yes
Chloride (Cl)	Yes			
Chlorine (Cl in saline solution)	Yes	Yes	Yes	Yes
Chromium (Cr)	Yes	Yes	Yes	
Copper (Cu)	Yes	Yes		Yes
Graphene oxide	Yes	Yes	Yes	Yes
Iron (Fe)	Yes	Yes	Yes	Yes
Lead (Pb)				Yes
Magnesium (Mg)				Yes
Manganese (Mn)			Yes	
Nickel (Ni)		Yes	Yes	
Nitrogen (N)	Yes			Yes
Oxygen (O)	Yes			Yes
Phosphorous (P)	Yes			Yes
Potassium (K)				Yes
Selenium (Se)				Yes
Silicon (Si)	Yes	Yes	Yes	Yes
Sodium (Na in saline solution)	Yes	Yes	Yes	Yes
Sulfur (S)	Yes	Yes		
Tin (Sn)		Yes		
Titanium (Ti)	Yes			Yes
Trypanosoma (parasite)	Yes	Possible		
Vanadium (Va)	Yes			

Source : <https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-cov-19-vaccines>

**Trypanosoma Cruzi in the Pfizer Formulation**

In addition to various highly toxic heavy metal nano-particulate matter that has no business being in these shots Dr. Young positively identified the presence of **Trypanosoma Cruzi in the Pfizer formulation**. This is a parasite common to Central and South America that is **known to cause Chagas Disease**. Occurrences of Chagas disease's happen worldwide, but high-risk individuals include those without access to proper housing. Its reservoir is in wild animals but its vector is a [kissing bug](#). This is a contagious disease and can be transmitted through a number of ways: congenital transmission, blood transfusion, organ transplantation, consumption of uncooked food that has been contaminated with feces from infected bugs, and accidental laboratory exposure. I think it is reasonable to add sub-dermal exposure via covid injection products to this list.

If you do some research on Chagas disease you will learn quite a bit about how it is typically contracted and also that the infection by these parasites occurs in two distinct phases. The "kissing bug" is an insect common in Central and South America. It got this nickname because it tends to bite people while they are sleeping and the bite is usually on a mucous membrane like the lips or around the eyes.

### Pathophysiology

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

The other phase of Chagas disease is called the chronic phase. This chronic form may develop as much as 30 to 40 years after infection and affect internal organs (e.g., the heart, the esophagus, the colon, and the peripheral nervous system). The chronic phase causes digestive problems, constipation, heart failure, and pain in the abdomen.

Acute cases are commonly treated with nifurtimox and benznidazole. I do not know if this is necessarily true, but I have read frequently that no effective therapy for chronic cases is currently known.

With respect to addressing adverse effects caused by a Pfizer covid injection we must pay particular attention to anything that can occur during the acute phase, since that is the only time frame we have here. In comparing some of what can happen in terms of symptoms in the acute phase of Trypanosomiasis, I see more than a few effects in common with patient complaints reported in VAERS following a Pfizer shot. I do not think these similarities are simply coincidental. I think they provide evidence of Trypanosomiasis, and I think what we are seeing in reports of more severe adverse reactions are actually severe acute stage Chagas disease.

### Cardiac Manifestations:

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

carrying of a clot to a distal section of a vessel and causing a blockage there. This occurrence contributes to the death of a patient by four means: arrhythmias, stasis secondary to cardiac dilation, mural endocarditis, and cardiac fibrosis. These thrombi also affect other organs such as the brain, spleen and kidney.

### **Heart Rhythm Abnormalities:**

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

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

### **Epicardial lesions**

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

### **Some Observations:**

- The acute phase of trypanosomiasis, if severe, includes acute myocarditis (less than 1% of patients).
- Many of the issues I mentioned previously that have to do with a sudden drop in calcium produce similar problems with the contractibility of the heart. Although this is a problem seemingly associated with the Astra Zeneca and Johnson & Johnson covid injection products, one could see how mixing these two products could be catastrophic.
- *Trypanosoma Cruzi* Parasites can easily contaminate the blood supply as well. (No more transfusions, this parasite is definitely in the blood supply now)
- The parasite can be passed from pregnant mother to child, resulting in congenital Chagas.
- PCR can detect trimastigotes in first 90 days.

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

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

I want to provide a little more evidence on the various parasites being found and then we will cover Ivermectin. The following examples are discoveries that have been made as of the end of September 2021:

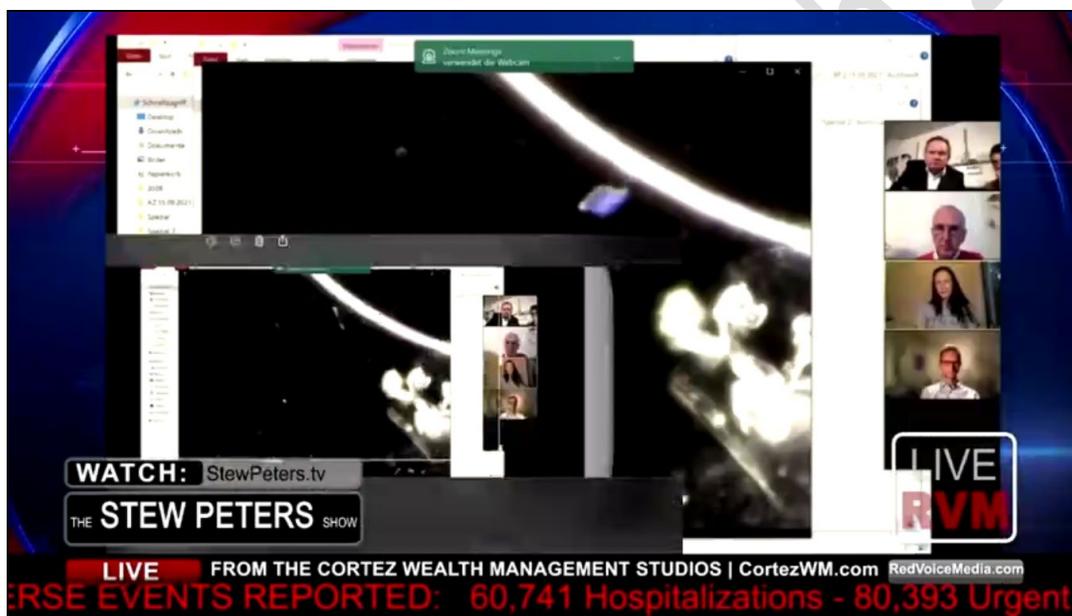
**GERMAN RESEARCHERS AT THE PATHOLOGICAL INSTITUTE IN REUTLINGEN, GERMANY FIND SHARP METAL STRUCTURES AND UNIDENTIFIED PARASITES IN VACCINE VIALS**

THIS IS A SYNOPSIS OF THEIR FINDINGS: <https://www.bitchute.com/video/Trgl1vUGBXxP/>

THIS IS THE ACTUAL CONFERENCE (PART ONE): <https://everydayconcerned.net/2021/09/27/press-conference-by-pathology-institute-in-reutlingen-germany-reveals-deadly-ingredients-in-covid-vaccines-unusual-tissue-blood-damage-death-by-vaccination-undeclared-components-of-covid-19-vaccine/>

(PART TWO): [https://ugetube.com/watch/institute-of-pathology-in-reutlingen-press-conference-part-2-09-20-21-english-translation\\_m7f6cwAHTfygZYQ.html](https://ugetube.com/watch/institute-of-pathology-in-reutlingen-press-conference-part-2-09-20-21-english-translation_m7f6cwAHTfygZYQ.html)

(This is corroborating evidence supporting findings initially made by Dr. Robert Young.)



Researchers observed that specks of what is possibly nano-particulate graphene oxide seemed to self-assemble into shapes before their eyes. Worm-like structures and specks seemed to be moving and also began to move in concert. The direction of movement noted was toward the edges of the glass slide. Dr. Carrie Madej commented that she thought these things looked like nanobots and they seemed to become aware of her viewing them through the eye-piece and seemed to pause and later approach the center."





**DR. CARRIE MADEJ: FIRST U.S. LAB EXAMINES "VACCINE" VIALS, HORRIFIC FINDINGS REVEALED**

<https://www.bitchute.com/video/w8bLbzjaPCQk/>

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

Copyright J.E. Lurach

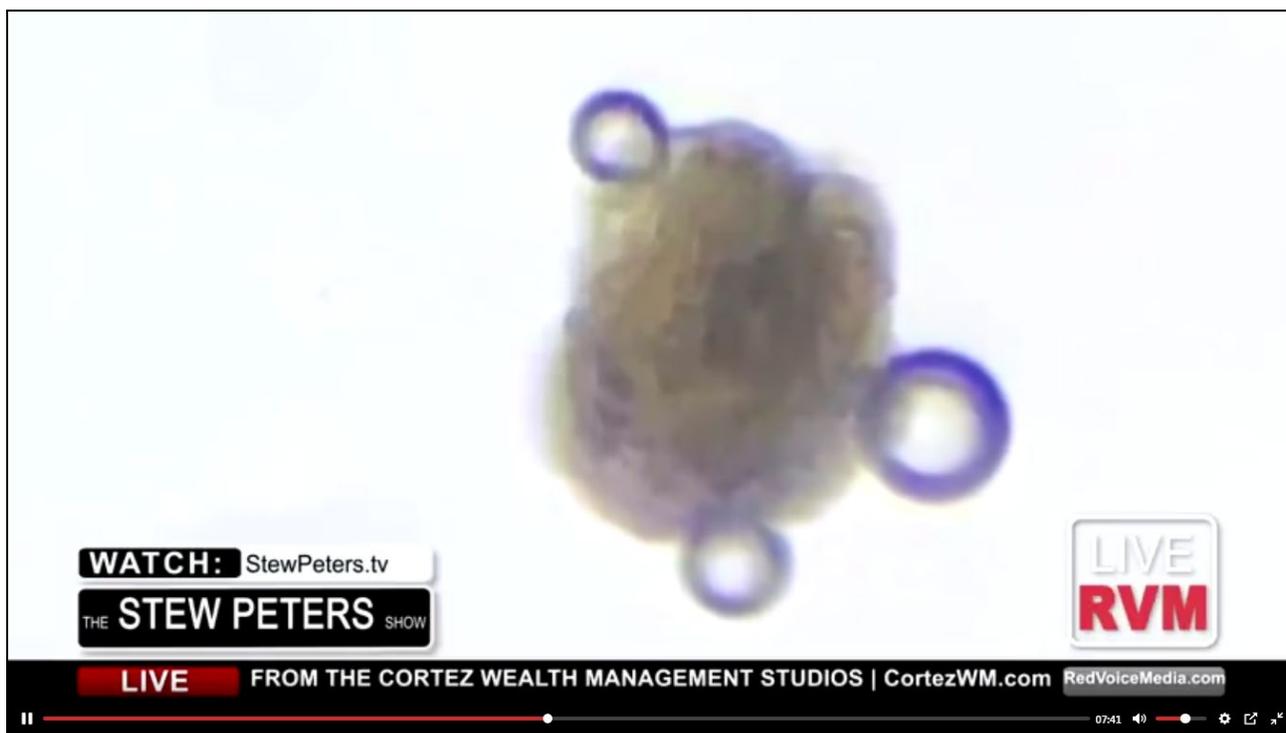
Magnification below was 400x



Other examples of this parasite were found in the same sample, this one was photographed under the cover slip.



Johnson and Johnson vial contents shown below:  
Magnification was 600x



These structures were actively self-assembling.



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

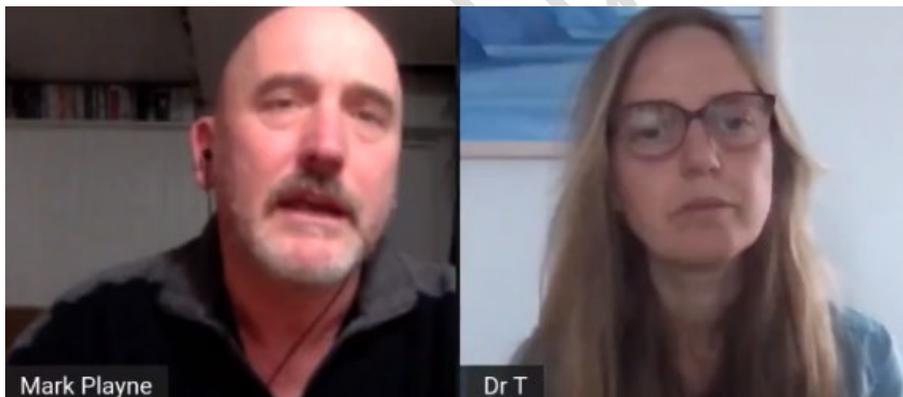
**DOCTOR CONFIRMS PARASITIC WORMS ON FACEMASKS**

<https://rumble.com/vfrvo5-urgent-doctor-confirms-parasitic-worms-on-facemasks.html>

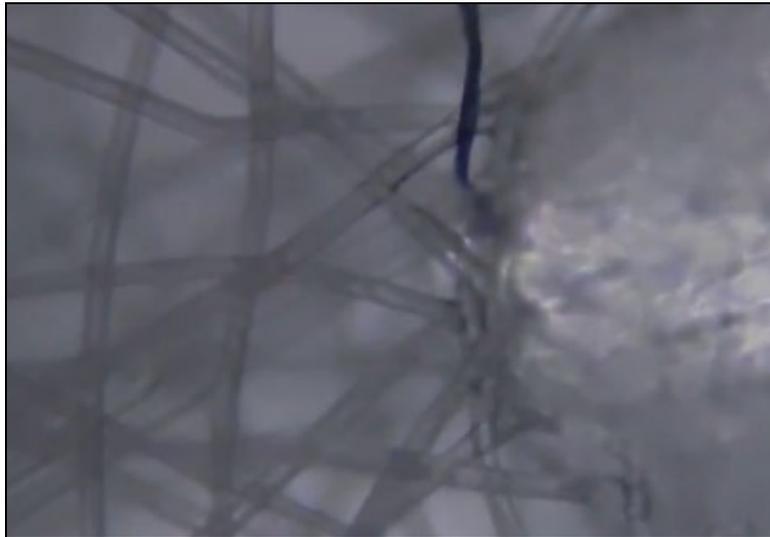
According to this video posted on Rumble, there are parasitic worms on facemasks and covid-swabs. A United Kingdom doctor, identified only as “Dr. T.,” whom I have mentioned before in my blog posts, gave an excellent analysis of what graphene does and where it collects in the body. This doctor took a look at covid masks under her microscope and found those masks were contaminated with parasites. Most concerning to her was the fact that this was not an isolated instance or a few specific instances, but she found these organisms were rife in brands of masks that are sold all over the world, and they have now been reported not only by many other doctors, but even by even average people examining these masks with average equipment. Dr. T. personally tested five different brands of covid masks and found these parasites in all of them.

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

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



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



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



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

## Ivermectin

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

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

Mass media have disingenuously claimed that because Ivermectin is an anti-parasitic drug, it has no utility as an anti-viral. This is incorrect. Ivermectin has utility as an anti-viral. It blocks importin, preventing nuclear import, effectively inhibiting viral access to cell nuclei. Many drugs currently on the market have multiple modes of action. Ivermectin is one such drug. It is considered to be both an anti-parasitic and an anti-viral. As an anti-parasitic, Ivermectin is highly effective and known to kill as many as 22 different harmful parasites, and it appears that among these is *Trypanosoma Cruzi*. See <https://www.nature.com/articles/ja201711> and <https://pubmed.ncbi.nlm.nih.gov/23135008/>

The opposition to the use of generic Ivermectin is not based in science. It is purely financially and politically-motivated, and that one study that got so much attention early on, in which people were dying as a result of being given Ivermectin was later ruled to be fraudulent and, for this reason, was retracted by the journal that published it. The subjects studied in that infamous paper were murdered, by giving them ridiculously high toxic doses of Ivermectin that nobody in their right mind should ever prescribe. The truth of the matter is that any effective non-vaccine intervention would jeopardize the rushed FDA approval of patented vaccines and medicines, for which the pharmaceutical industry has been raking in billions upon billions of dollars in sales on an ongoing basis.

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

For these spike proteins to make you sick, they have to first infect your cells. Then, while inside the cell, it is believed that it makes multiple copies of itself, so it can spread around your body. It also appears to have ways of reducing the way your body fights the infection. During the infection of a host cell, some of these spike proteins go into the cell nucleus, from which they can decrease the body's ability to fight the "virus," which means this infection can get worse. To enter the nucleus, these proteins must bind to a cargo transporter which lets them in. Ivermectin can block that cargo transporter, so the viral proteins can't get into the nucleus. This is how some scientists believe Ivermectin works. By taking Ivermectin, it means the body can fight the infection like it would normally, because the host cells anti-viral response hasn't been reduced by these proteins.

But it appears that this pathogenic spike protein does not only bind to the ACE2 pathway. It is suspected to have regions that bind to basigin, integrins, neuropilin-1, and bacterial lipopolysaccharides as well. On its own, it can potentially bind any of these things and act as a ligand for them, triggering unspecified and likely highly inflammatory cellular activity.

Ivermectin also raises the alkalinity of this pathological blood environment, which has become dangerously acidic. Everything that can go wrong does so when your interstitial fluids become, and then remain, acidic. I will discuss this more later when I talk about how sodium bicarbonate can be hyper-infused to correct this condition.

We have also been told that mRNA vaccines cannot be integrated into the human genome, because messenger RNA cannot be turned back into DNA. **This is false.** There are elements in human cells called LINE-1 retrotransposons, which can indeed integrate mRNA into a human genome by endogenous reverse transcription. Because the mRNA used in the vaccines is stabilized, it hangs around in cells longer, increasing the chances for this to happen. If the gene responsible for making spike proteins is integrated into a portion of the genome that is not silent, and actually expresses a spike protein, it is possible that people who take this vaccine may continuously express these spike proteins from their somatic cells for the rest of their lives.

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

*"Ivermectin is GABAergic. GABA is an antioxidant and DNA replication sequestrant. This also means it is radio-protective."* (This person has a specific expertise in designing chelators for radiation sickness and holds several patents.) She also mentions HCQ in a recent note to me: *"HCQ is a zinc ionophore, zinc being a reverse transcriptase inhibitor. If this was a retrovirus, this would block replication by preventing transcription from RNA to DNA, then transcription from DNA to mRNA to make more viruses. The flu is retroviral, (I know, old school), so that's why I believe HCQ would help with cold/flu. But zinc is also radio-protective. Both HCQ and IVMN are also anti-parasite drugs. Both are radio-protective. Now, I don't know if they work in all cases, hell, I don't even know what a 'case' is, nobody does."*

**The long and short of it is Ivermectin is an extremely safe medicine and is very important here, and just because all of its beneficial actions are not completely understood, that is no reason not to take it if you have been exposed to any of these poisonous covid injections.**

#### **Dosages:**

Adult dosage given on the NIH website is 0.2-0.6mg/kg given as a single dose or as a once daily dose for up to five days. Generally, Ivermectin is given on empty stomach but if taken with food, that increases its bioavailability. <https://www.covid19treatmentguidelines.nih.gov/tables/table-2e/>

The usual dose for humans is 0.2 mg/kg (milligrams per kilogram) (note: .2 mg = 200 mcg)

That equals 0.09 mg/lb (milligrams per pound) (note: .09 mg = 90 mcg)

1 kg = 2.2 lbs

0.2 mg divided by 2.2 = 0.09 mg/lb (milligram per pound)

**Ivermectin pills come in two doses: 3 mg and 6 mg.**

3 mg divided by 0.09 mg/lb = 33.3 pounds per 3 mg pill

6 mg divided by 0.09 mg/lb = 66.7 pounds per 6 mg pill

So depending on which size pills you have, you just divide your weight in pounds by either 33 or 66 and that's how many pills you take as a dose. But, of course, your doctor will do this dosing arithmetic for you.

#### **PRECAUTIONS:**

**Each Ivermectin dose should be taken on an empty stomach with a full (8 oz) glass of water.**

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

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

#### **How To Obtain Ivermectin:**

With all the active interference being offered by everyone involved with the covid scam you can expect to run into some difficulties getting this, but they can be overcome. Mostly, prescriptions are obtained from a sympathetic doctor via telemedicine. These people understand the problem you face, and provide their

services as a way to circumvent all the manufactured obstacles. You can find a list of these doctors along with lots of other information by following one of these links:

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

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

[https://www.reliablerxpharmacy.com/ivermectin-6mg-austro.html?mw\\_aref=239f7edea53cb06508d0e5fce611e8ae](https://www.reliablerxpharmacy.com/ivermectin-6mg-austro.html?mw_aref=239f7edea53cb06508d0e5fce611e8ae) (Prescription required)

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

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

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

The paste in the syringe is 1.87% Ivermectin.

$6.08 \text{ grams} \times .0187\% = 0.11 \text{ grams of Ivermectin}$

$0.11 \text{ grams} = 110 \text{ mg (milligrams)}$

$110 \text{ mg divided by } 0.09 \text{ mg/lb} = 1,222 \text{ pounds}$

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

That's why the Ivermectin horse paste packages say "Contents will treat up to 1250 lb of body weight".



Here is a video that may be helpful:

**HOW TO MEASURE IVERMECTIN HORSE PASTE FOR HUMANS**

<https://www.bitchute.com/video/9km6MmC2LOMD/?list=subscriptions>

**Chloroquine, Hydroxychloroquine (HCQ) , HCQ + ZINC**

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

If we assume that the mRNA instructions your body is given inside a covid shot are supposed to cause your cells to make more spike proteins, then what we need to do is screw up that process. One way to do this is to interfere with the cell signaling that goes on which enables this process to complete. Zinc does that. Zinc will shut down RNA polymerase or replicase. This is the process by which whatever genetic material inside the LNP's reproduces. The only complication here is that in order to do this we have to get a high concentration of zinc into the cell, but because it is a positively charged ion and the cell membrane is also positively charged, to accomplish that there needs to be a transporter. **Enter Chloroquine as a Zinc ionophore. Chloroquine increases intercellular zinc concentration as much as ten-fold, so they are effective when taken TOGETHER.**

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

The conclusion that chloroquine is a zinc ionophore is based on the detection of significantly elevated intracellular levels when both zinc and chloroquine were added to a cell culture medium.

**Hydroxychloroquine is a close relative of Chloroquine.** It is cheap, relatively easy to obtain, and works perfectly well in this application.

Chloroquine also allows lysosomes to take up higher concentrations of zinc. A lysosome is a cell component that acts sort of like a garbage collector inside a cell. It is responsible for processing waste and cellular debris, but lysosomes can also aid in apoptosis (cell death) by releasing triggering enzymes, which is what we want if the cell we are talking about has become "infected" and we prefer it was eliminated. This is the process being studied in that paper, where the cells in question were cancerous tumors.

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

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

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

A typical assumption that is commonly made, is that the methodology in this study involved sprinkling some HCQ on some corona-virus infected animals and the animals didn't get sick. This is untrue.

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

No animals were used. This entire experiment was done on tissue cultures in a lab.

If you read it carefully, you will notice that once again we revisit the typical virology in-vero isolation procedures and see the same quack practices being used. The "Urbani Strain" used was the unpurified mess with sputum from the SARS-CoV virus culture. That was frozen and re-cultured and called the "virus" To this they added Invitrogen (typical food cake without nutrients to speed the process), fetal bovine serum and monkey kidney cells and observed the rate of breakdown of the monkey kidney cells with and without HCQ. Based on that rate being different they claimed it slowed the progress of "infection." That makes HCQ and "anti-viral" because it "killed" the corona-virus that was never in there to begin with. Total rubbish.

Here is another, titled "*Mechanisms of action of hydroxychloroquine and chloroquine: implications for rheumatology*" <https://pubmed.ncbi.nlm.nih.gov/32034323/>

This study does, however, uncover some information we can use;

An excerpt from the paper's abstract:

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

Some of the mechanisms of action cited in the study above may also help in clinical settings by impacting the transcription (production) of cytokines and thereby improving immune function and reducing excessive inflammatory responses that result from being poisoned, but the study itself is worthless with regard to virus claims. It also states they have no idea what dosages work and people don't like how they feel while taking it.

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

400/mg/day. [Korean recommendation]

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

#### **HYDROXYCHLOROQUINE (HCQ) SAFETY INFO:**

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

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

**A couple sources for HCQ: (Prescription required)**

[https://www.reliablerxpharmacy.com/hcqs-or-oxcq-200-mg.html?mw\\_aref=239f7edea53cb06508d0e5fce611e8ae](https://www.reliablerxpharmacy.com/hcqs-or-oxcq-200-mg.html?mw_aref=239f7edea53cb06508d0e5fce611e8ae)

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

## Quercetin

Quercetin is not considered an essential nutrient for good health, but it does have some beneficial properties. I have included some commentary on Quercetin only because it is frequently cited in many other covid-related restorative programs I have read, but I have yet to see anything that explains why it is a critical supplement to include. For that reason I am still a bit uncertain as to whether or not it is really doing anything all that important, however, I include it here in the list of things that I believe are beneficial and I just tag it as optional.

One reason I feel is significant has to do with the bioavailability of quercetin in humans, which is rather low and highly variable (0–50%), and it is rapidly cleared with an elimination half-life of 1–2 hours after ingesting quercetin foods or supplements. Following dietary ingestion, quercetin undergoes rapid and extensive metabolism that makes the biological effects presumed from in vitro studies unlikely to apply in vivo, so whatever one sees in lab cultures may not necessarily occur as effectively in your body.

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

Quercetin supplements in the aglycone form are far less bioavailable than the quercetin glycoside often found in foods, especially red onions. Ingestion with high-fat foods may increase bioavailability compared to ingestion with low-fat foods, and carbohydrate-rich foods may increase absorption of quercetin by stimulating gastrointestinal motility and colonic fermentation. **Quercetin can also interact with Vitamin C by increasing its absorption in the body and delaying its elimination.**

**A healthy, balanced and varied diet provides approximately 25-50/mg of Quercetin daily.**

As far as potential benefits, Quercetin is another zinc ionophore and it is also an antioxidant.

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

There was a statement in one paper I read, (<https://link.springer.com/article/10.1007/s12031-018-1197-9>) that did catch my attention. It stated that Quercetin up regulated significantly the mitochondrial respiratory complex-II, complex-III, and complex-IV activities in dose-dependent manner. Complex II deficiency has an impact on T-cell production, Complex III deficiency is associated with muscle weakness and extreme fatigue and Complex IV deficiency is associated with rapidly progressive neuro-degeneration.

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

#### **Dosages:**

As a dietary supplement, a commonly recommended dosage is around 12.5 to 25mg/per kg bodyweight, per day. So for a 150 pound person, that is just under 4,000/mg. Just keep in mind how fast the body can eliminate Quercetin and spread the amount out over the course of the day.

#### **Potential Side Effects:**

Quercetin is generally considered safe for use. Side effects may, however, include headaches and upset stomach at high doses. Very high doses of Quercetin may cause kidney damage.

One concern I have about Quercetin is a potentially dangerous interaction with graphene oxide and silver oxide but it is highly speculative and based only on one paper I read, and I am not all that certain of what it means. This one paper (<https://pubmed.ncbi.nlm.nih.gov/28860751/>) seems to suggest that Quercetin acts as some kind of catalyst in facilitating the synthesis of a dangerous graphene oxide/silver nanoparticle (GO-AgNP) from Graphene oxide (GO) and silver nanoparticles (AgNPs). If it does this, Quercetin might be bad, but I just cannot tell.

#### **Other Quercetin Warnings and Interactions:**

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

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

## **Correcting Acidity with Baking Soda**

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

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

We can also use pH as a measure of the acidity or alkalinity of our body's fluids and tissues. A healthy bodily pH is slightly basic. A pH of 7 is considered neutral and "neutral" means it is equally acidic as alkaline. Blood (serum) pH, as well as the pH in the majority of bodily tissues, should stay around 7.365, while stomach acid has a pH of around 2 in order to properly break down foods.

Dr. Robert Young has a great deal to say about the importance of maintaining an alklyine pH, and he is not the only one. But another thing he says is that there is a regenerative effect that begins to be noticeable if the pH of your body can be raised and maintained at a level of about 8.4, and this is very easy to monitor. You simply buy any of the urine pH testing products out there and just urinate on a test strip and see what color it is. The pH of your urine is close enough to the pH of the rest of your bodily fluids to be used as a guage of how healthy you are. Remember, it is not viruses that are making people sick, the terrain (meaning "the body") is everything here. In a healthy enviornment, healthy cells allow nutrients in easily and they eliminate waste just as easily, but in an bath of acidic bodily fluids the opposite occurs, and it is this build up of waste products that cause cells to to become dysfunctional and the body as a whole to age prematurely.

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

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

I also learned a great deal about foods by using these test strips. I learned that if I just went about my usual daily routine my body almost always had a terribly acidic pH that was typically 5.5 or even less! I learned a single sodapop, or a steak, will ruin your pH and teaspoon of baking soda will fix it. Really, this is a chemistry problem you have to deal with, because the effects of acid intake overcome the bodys ability to maintain pH by a 20 to 1 ratio. It doesn't take very much to push your body into an acidic state. It would take 32 glasses of water with a pH of 10 to neutralize one glass of soda. Just imagine the damage you do when you down a Big Gulp at 7-11!

I could go on and on about all the things people commonly consume that force a body pH down into a really unhealthy range, because the more you investigate this the more you will discover, as I did, that the list

includes just about everything you love to put into your mouth, including dozens of common medications. All cause your body to stay dangerously acidic.

If you are wondering what baking soda might do to correct an injury that results from a covid shot, just think about it. These injections dump a massive amount of toxic material directly into your bloodstream. And you may not know this, but an intramuscular shot can accidentally be delivered directly into a vein. It has always been normal practice when giving an injection, to make sure that the tip of the needle wasn't in a blood vessel, and the reason for checking is because drugs react at different speeds according to the way they are given. Those in charge of the covid injection roll out had told those giving injections NOT to check to see if the tip of the needle was in a blood vessel. And venerable physicians like Dr. Vernon Coleman have pointed out that injecting this mess into a blood vessel could be deadly. It is his opinion that the authorities knew that by NOT checking to see if the needle was in a vessel, they would increase the danger of a serious reaction to any covid jab, and that fact may be one reason why some people have adverse reactions they walk away with while others drop immediately to the floor!

If you have allowed yourself to be injected with one of these awful poison concoctions, the problem you now have is due to a "pollution of your solution" and if it is acidic, you greatly increase the chances that anything pathogenic your body either produces or encounters will take hold and do damage. If you have up until now managed to avoid a covid injection consider this to be a general recommendation for good health that has no downside and far too many positive health benefits to list. If tissue pH deviates too far to the acid side of the scale, cellular metabolism will cease and oxygen deprivation will occur. Acidity and lack of oxygen are the ideal environmental condition for morbid microforms to flourish. **It's not bacteria or the viruses that produce the disease, it's the byproducts of the microorganisms enacting on a malfunctioning cell of the body that actually produce disease. If the body's cellular metabolism and pH are perfectly balanced, it is susceptible to no illness or disease.**

Headaches, nausea, fever, skin rashes, brain fog, severe tiredness, gastric bloating, angina pain and dizziness are the body's intelligent warning signals of a cellular problem due to an acidic pH in an organ or system. **All are treated with pharmaceuticals. Pharmaceuticals are acidic, and acid cannot treat an acidic condition.**

**Below is an excellent presentation to help you understand how important this is:**

Understanding the Body's pH: Acid vs. Alkaline:

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

The stomach produces sodium bicarbonate, so if you eat it you are supplementing that action, doing so reverses the acidic pH of the blood and repairs this toxic environment. For those already suffering with covid related respiratory illness drinking sodium bicarbonate will stop the pathological blood coagulation in the pulmonary tissues so that blood can flow into the pulmonary system, drop off its CO<sub>2</sub> and pick up oxygen.

Hyperinfusing with baking soda to correct an acidic bodily pH is very safe as long as you keep the amount you consume to **no more than 2 teaspoons per day**. You will find the hardest thing about doing this is the taste. Baking soda tastes terrible and makes everything you put it in quite sour, so what I typically do is use a baby spoon to measure out small amounts and I put that into things I drink throughout the day that have a very strong flavor naturally, like fruit juice or coffee. I take my coffee with a bunch of flavored creamer normally so it may not be as tasty if you take yours black. I have been told by others that its really easy to bake into various recipes without changing their taste very much, but I will leave that to you to figure out, since I don't do all that much baking myself. One final suggestion that is worthwhile but takes a bit of effort is to buy a

bottle of something else that utilizes large capsules. Rip-off dieting products are usually good for this. And then just dump the contents out and re-fill the capsules with baking soda and you can then just swallow them like any other pill. You can also purchase empty gelcaps in bulk. Size 0 seems to be large enough to keep the filling of these gel-caps to a minimal exercise.

## Magnetobiology - An Introduction to Transhumanist Insanity

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

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

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

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

The **New View** (which is really not new at all but the one I am taking here), is simply the continuation of the work made famous by Antoine Bechamp at the same time in history. In this view, the DNA is nothing. It is comprised of the strings that make up the chromosomes, and these chromosomes are helical structures, just like all things in nature, (flower blooms, shells, etc.), and the chromosomes are a kind of storage media. These chromosomes interact with water molecules which, by way of their 'Y' shaped chemical structure, are in fact a natural dipole antennae that collects information from the world, such as thoughts and feelings and emotions and all the rest of it. You might even say all of what we experience as consciousness itself, and it is these molecular water antennae that interface with chromosomes and deposit this information onto them, which in turn defines their sequential structure. It is this same structure that we use to identify them. That structure serves the same function as a label you might affix to a computer disk. It is out of this interaction, between the water molecule and these chromosomes, that new proteins are created without any DNA or RNA being involved. That is not to say DNA and RNA are never involved, but that the bulk of the proteins are made

without any, and it is well known that proteins are the building blocks of everything in the body, including its internal physical messaging system.

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

The real experiment then, is an attempt to override this ability of the water molecule to act as a dipole antennae and interfere with its ability to receive information, thereby subverting this natural communications system by injecting you with some sort of potentially magnetic sensing antennae device that will disconnect you from the information of the universe and create a situation in which much of the information you receive is that which you are specifically given. That information will then come from broadcasts made by those who create the injections, and it is through this process that they can essentially force your body to make whatever proteins the people who make the injections want you to make, including this toxin everyone is referring to as the spike protein. Sure, whenever they talk about fantastic sounding ways to 'beam' information to your body that allows it to heal better or manufacture some compound using your body's own ability to manufacture proteins, the future they paint is all rosy and bright. However, what they never talk about is the other side of this coin, and that side involves wartime applications. If they are able to fix something in this fashion, you better believe they can also break something just as easily, and that possibility leads to all kinds of evil, right up to self-destruction signals that terminate you for some undesirable behavior. And it has been these secretive military applications that have kept the money flowing in, and the advances in this area either completely classified or extremely quiet. So, as it has been all along with everything they do, this is all about yet another level of control.

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

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

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

The magnetic parts of this puzzle are there to circumvent the normal H<sub>2</sub>O dipole antennae function that is based upon a natural helical form and replace that with another antennae or sensing device that will hook you up to a specially made cyber cloud. It is this normal interaction, between the water molecule and chromosomal storage media that will then be periodically interrupted, whenever they need to deliver manufacturing information to your body and tell it what to manufacture, and in the case of psychoactive compounds that can be created in the same manner as something like pain medication, these instructions are in fact able to affect what you do, and maybe even how you do it!

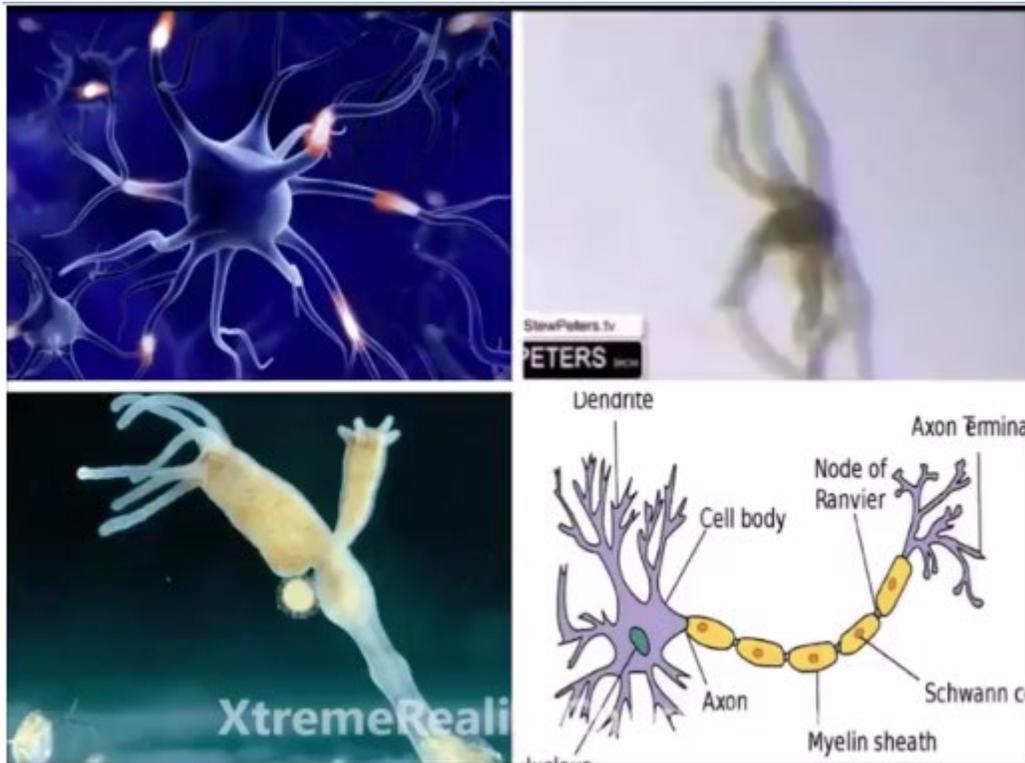
Just stop for a minute and consider how much effort is going into establishing a system of vaccine passports that personally identify you and link up to your medical history and other information. These tools need to identify you. But what if you could be identified another way? Most people have heard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

That is creepy enough for most people, but if your medical history can be injected with a fancy Band-Aid how much of a stretch is it to believe these covid injections are already tagging people in some manner? There is no shortage of personal accounts made by people who claim to be physically magnetic following a covid shot, and I have seen this effect myself first hand. There are clearly some variables involved with this, since these magnetic effects are not consistent across everyone. In some people they dissipate, and in others they intensify. Other proof has been sent to me that some people have actually been able to show that their cell phone or some other Bluetooth compatible device is picking up signals that are emanating from their own body, and that they are identified by these devices with a unique serial number! I can see why such claims are met with skepticism, but it has been shown that some of these people are in fact, transmitting energy, and anyone who has used a cell phone can attest to the fact that within the energy that passes from phone to tower to phone, one can encode information. That is what these phones do, and each phone has a unique identifier. So considering that fact, its is not the medium or the methodology that is changing here, just the hardware.

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

The evidence of intelligent self-assembly of nanotechnology and intelligent filament-movement is an indicator of synthetic biology and nano-bioelectronics, as per several scientific papers (one such paper is listed below) published in various journals, and points to the stealth inclusion of Graphene Oxide in the Moderna vaccine for electromagnetic manipulation of cells and neurons via the creation of synthetic neural networks in the human body and brain. In fact, one of the parasites I showed you earlier -- the tentacled one that is being associated with all kinds of creepy research being done at the National Human Genome Research Institute on an a microscopic organism called the Hydra, a project, which you can look up, is called The Hydra 2.0 Genome Project, and it may, in fact, be an example of experiments that seek to create an artificial neuron coming to fruition. <https://research.nhgri.nih.gov/hydra/>

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



This is a clear sign of medical malfeasance and intentional trans-humanizing and cyborg-izing of the human body through the use of covid injections. Or as one notable public figure described it, "*Rebuilding the Infrastructure of Human Existence*". (Klaus Schwab, World Economic Forum)

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

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

### An Examination of Concerns Related to "Shedding"

Here I address some of the concerns that vaccinated people may be shedding something that is affecting the unvaccinated people around them. I felt this was an important topic to address due to an increasing level of speculation surrounding the idea.

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

As far as the claims some people are making, that they see evidence the vaccinated people are shedding something toxic that poses a threat to the health of unvaccinated people, I have yet to hear about any of

those claims being corroborated or adequately explained. It seems, at this time at least, that the actual toxin being passed along has yet to be positively identified, and the mechanisms that are involved, the causal factors, must be transmissible through some medium. Definitive symptoms of this supposedly contagious illness are also unspecified and pretty limited insofar as what they might be.

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

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

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

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

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

Lets start with the fact that there are no viruses in the vaccines. All of the manufacturers have even stated, on the record, that none of the covid vaccines being administered have any live viruses in them. Not that any claim they make is at all credible. I personally don't believe any statement they make, but if there are no viruses in the vaccines **the vaccinated population cannot be shedding viruses as a result of being vaccinated. And because viruses themselves do not exist, we can put this first fear to bed immediately.**

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

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

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

The process by which the DNA instructions are converted into the functional product is called gene expression.

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

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

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

-Assumptions that this spike protein is unique to a SARS-CoV2 virus cannot be correct because viruses don't exist, AND because the model virologists created for SARS-CoV2 shares sequences with the normal human genome.

If any of these shedding fears are to be justifiable we must explain:

### **What else can be shed and what possible mechanisms could be responsible?**

Before we can talk about mechanisms of action, we must first figure out what toxins might be 'shedtable' and if we are trying to make a list of possible toxins, it is hard to overlook the fact that there are a lot of problems with the basic concept here -- that if they inject a stabilized mRNA it will make a spike protein that will force the immune system to counter with a specific antibody, and that the production of that spike protein can go on forever because it will then be possible for the body to neutralize it once the immune system learns how to make the right antibody.

### **What is a spike protein?**

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

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

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

Another technical problem vaccine manufacturers had to overcome had to do with the fact that mRNA is so unstable they needed a way to protect it in order to deliver it. Poly-Ethylene Glycol (PEG) encapsulated lipid nanoparticle structures (LNPs) help accomplish this. One technique was to use these PEG encapsulated LNP's as a kind of armor, to protect the mRNA, and prevent it from degrading. The problem with this is that both PEG and LNP's are toxic to the body. So if these are the toxic substances being shed, this makes them suspects. Once we have a potential poison identified, we then need to complete the process of transferring this poison to another person. This is the mechanism of action. We need to prove that a person can shed enough of this poison to cause symptoms in another person and then also prove the symptoms are the result of such exposure. To date, nobody has examined this closely enough to provide an definitive answer.

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

In that case, the question then becomes;

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

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

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

As a sidebar, I also personally find it suspicious that a lot of money was spent trying to install various types of monitoring technology in wastewater systems that were allegedly placed there to look for covid viruses. Since there are none, this cannot be what they were there for. So why bother? Is there something else such systems were really designed to detect that we are not aware of? Since the pandemic pit of lies appears to be bottomless, I suppose its possible someone was doing this to try and find out if any vaccine material was getting into the water supply via waste water, but it's a bit of a stretch. If true, given all the many deceptions I have seen thus far, my guess is they would find a way not to eliminate it and tell you they did, with any money spent on such water treatment measures just ending up as a nice payday for someone. From what I can see, that's just how this sort of thing typically goes.

Despite the fact that the presence of the a bundled mRNA structure like this, has been seen in some rats urine, I think it is safe to say that **we can rule out transmissible PEG encapsulated LNPs**, since vaxxed people are clearly not peeing on unvaxxed people, and unvaxxed people are not ingesting the urine of vaxxed people.

Another method was to shield unstable mRNA with an adenoviral shell. Johnson & Johnson, who makes the Janssen vax, claim that they use an adenoviral vector to deliver the spike protein. **So this gives us another suspect, and that would be spike protein-filled adenoviral shells.**

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

**Another suspect is the unprotected spike protein all by itself.** But one problem with this suspect is that there is plenty of evidence that proteins cannot be passed from one organism to another. Antibodies are generally not passed from one organism to another with the possible exception of **mother to child, through breast milk.**

As an example, many snake venoms are enzymes or types of proteins, and you don't get sick if snakes spray venom out into the air. You cannot be affected simply by accidentally breathing some tiny amount of that. For a harmful protein like this to become active they need to be injected, and this is due to their complex shapes and all the necessary requirements that must be present to allow them to become active in a body. **This then pretty much eliminates the possibility that a vaccinated person's exhaled breath is a carrier of anything toxic** that might be passed on to another person. There may be an example someplace where this is

not true, but it is unlikely that the concentration would be high enough, or that the enzymes or proteins involved would survive outside of a supportive environment like the snake or a persons body. This is why it was such a challenge to come up with these lipid nano-particle structures, to protect such elements, so they can be administered in something like a vaccine.

We definitely see a lot of clear evidence that vaccinated women can seriously injure, even kill, their newborn babies if they breastfeed them, so that is a huge clue, but does not explain two women, one vaxxed, one not, that don't even touch each other, passing in a hall, or sitting in a waiting room together sharing a toxin. Since they are clearly not breastfeeding each other and every other possible mode of transference is inadequate or problematic.

So at this point, I suppose the spike protein, all by itself, is still a potential suspect, but a viable mode of transmission and a survivable medium, which completes a mechanism of action, is still missing.

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

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

The gain-of-function research we hear so much about allegedly did seek to find proteins that were toxic to many different tissues, and that is, supposedly, how they chose this particular spike protein. And the prototype for this sequence was from a human, not an animal, and it was toxic, and they blamed it on a virus, but because viruses are not real, we know it could not have come from one. While the original sequence may have been taken from a human and rearranged a bit to make it more toxic, it is my guess that it was independently synthesized specifically AS a toxin, that they then figured out how to stabilize and deliver.

**Could the vaccinated people be shedding dangerous prions?**

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

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

In the body we see that when tissues become toxic and die they secrete substances that cause them to break down into all kinds of decompositional parts, (in virology experiments, some of those parts are mistakenly said to be viruses), but in the body other processes follow that break those parts down further, creating even more decompositional parts that are smaller and smaller, and some of those are recycled. It is at this point that some believe that some of these tiny bits are prions. So, in the same manner that virologists mistake various sequences of decomposed organic material that is leftover in one of their cultures to be viruses, it could be that a similar error is made when these doctors look at a leftover residue of proteins in the dying tissues of an organism at the end of several decompositional processes and cycles, and decide that some of that material looks to them like a prion. We just don't really know.

**With regard to the risk of prion shedding being possible, it is hard to say how probable this is.** One would need to look a lot more closely at anywhere prions are credited with disease. One such example is Mad Cow disease, which is purportedly caused by prions. The concern that humans eating this diseased meat would become infected with dangerous prions, and it was the stated reason so many herds of livestock were destroyed some years ago in the UK. It not that cows were not sick, they may have been, but the reason for that being prions is a bit flimsy.

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

**Whatever these prions are, if they exist, or are identified at some point, they are certainly NOT produced by viruses in the body, nor are they viral parts** (because viruses do not exist) but rather they are simply breakdown products that result when cell cultures are grown and destroyed in the process of doing virology work. If they are seen in the body, they are the result of the breakdown processes that go on there, so we keep coming back to spike proteins as the only possible contagion suspected in concerns over vaccinated people shedding something pathogenic.

While everyone seems to be in agreement that vaccinated people have an infestation of spiky cells, one other reality that is difficult to ignore is that any foreign protein, of any kind, that is present in circulation is immediately identified by that persons immune system as an enemy. Once the immune system recognizes it as such, it has a lifespan of like a nano-second. So any such proteins so inherently unstable in a healthy body that it is highly unlikely it would survive long enough to do any damage at all. If the immune system is compromised however, that level of certainty be severely diminished.

I am going with this opinion: If you believe in virology you tend to believe in prions. Since I am very clear on the fact that there is nothing scientific about virology, **I feel compelled to lump the existence of prions in with the existence of viruses and for this reason I am ruling them out as a suspect.**

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

If I were to extend this examination of spike proteins to include studies that discuss the infection of human sweat glands with spike proteins, and others that have been done in the lab, both in culture dishes and test subjects like mice and zebrafish, and further break down those into papers, which divide this spike protein into smaller parts, like the S1 subunit, the S1 sub fragment, which is essentially just the binding domain, and the S2 subunit, this section would become very lengthy indeed. And I have looked at all those things in my own hunt for an explanation, finding only that while exposure to the S1 subunit can cause considerable damage, it is exposure to the entire spike protein structure that causes the worst outcomes. Even so, at the end of all that discussion we would find ourselves in essentially the same place, since the whole structure is not stable at room temperature, which means we are still without a complete mechanism of action.

In fact, the only thing that gives me some pause and prevents me from a definitive conclusion that shedding risks are entirely inconsequential is the fact that Pfizer did include references to the potential for "secondary exposure" in their published initial human trial data. So I suppose this will remain an open debate until we figure out exactly what sort of exposure they are concerned with. Right now, that is clear as mud, and there is just not enough solid evidence to look at, I feel, to warrant an undue fear of being in the casual presence of vaccinated individuals.

## 2-Hydroxyl-B-Cyclodextrin

There are a few particularly egregious toxins in some of these covid injection formulations that could cause health problems. One such ingredient listed as an excipient in the Janssen product is 2-Hydroxyl-B-Cyclodextrin. This chemical is supplied by Abmole Bioscience in Texas and it is clearly labeled to be for research use only and NOT for human or veterinary use. In fact, the list of precautions for safe handling is quite extreme, stating among other things that there is an extreme risk of aerosol formation and that contaminated individuals are not to be given mouth to mouth resuscitation, that skin contact is to be avoided, and that all exposed clothing is to be destroyed, and exposed surfaces decontaminated, by scrubbing with alcohol.

Still, the question remains as to the amount of this substance that would have to be available to shed in any way, and the manner in which such an amount could potentially be transferred. It is just my opinion, but I just don't see the possibility of this as highly likely.

There is one other possibility here that nobody has yet suggested, but out of everything we have mentioned thus far I can guarantee that this one is about as far out as such theories get. And for this to be true, I admit that even I have a bit of difficulty entertaining the notion that this technology can be so advanced, and that would be the possibility that vaccinated people are giving off some kind of electromagnetic radiation that is capable of altering the bodily fluids of unvaccinated people to such a degree that it undergoes some sort of chemical transmutation that results in their cells beginning to exhibit these spikes on the surface of their cell membranes.

Dr. Robert Young says there is no shedding contagion. He believes people are receiving and transmitting electromagnetic frequencies (EMF), not spike proteins, that the spike protein is a symptom of radiation poisoning, and that the "corona-effect" -- the familiar image of a cell covered with spiked appendages, results from radiation exposure. The scary part is he is in fact correct about this. He says virology labs don't create viruses, that what they have been creating are chemical poisons that absorb EMF, and that the vaxxed are human cell towers. Surprisingly, there does seem to be a growing body of evidence for this, but I don't feel it is accurate to describe humans as cell towers exactly, since what they are doing is not as powerful. What they do appear to be capable of is acting more like a repeater node in a kind of biological mesh network. This is the concept in which people infused with the heavy metal particulate matter that has a variety of chemical properties, that are reactive with EMF, materials that are now proven to be in these covid injections, develop accumulations of the same in their body, and as a result they become 'things' in the internet of things, capable of extending the reach of an EMF signal by bouncing that signal from person to person.

Somewhat related to this extreme idea is an aspect of this whole thing that I do feel is well substantiated, and that is pleomorphism, but I will cover that separately. Right now I want to talk about another seriously toxic ingredient listed in Moderna formulations, and that is SM-102 that is dissolved in chloroform.

## The Relationship between SM-102, Chloroform and Phosgene Gas

Any attempt to devise a set of effective treatment protocols for covid vax injuries involves first identifying any potential causes for injury, and following up with countermeasures for those causes. So in the case of a toxic injection, understanding what kind of injury a person may have suffered means considering what exposures they may have had. If you have been given an injection of the Moderna covid product you have been exposed to SM-102 and Chloroform.

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

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

Further information on SM-102 reveals that it is being used in the Moderna vaccine ostensibly for a very specific purpose, outlined in the basic product description. Basically, SM-102 is an *“ionizable amino lipid that has been used in combination with other lipids in the formation of lipid nanoparticles.”* Lipid nanoparticles have been used in the mRNA vaccines to encase the mRNA for transport into cells, as described by multiple biotech firms including BioNTech and Moderna.

This warning *“Not for human, diagnostic, veterinary, or therapeutic use”* on the SM-102 product sheet apparently escaped the notice of these researchers and those who inserted SM-102 lipid nanoparticles **dissolved in chloroform** into the Moderna mRNA vaccine. It is this combination of SM-102 and chloroform that is most concerning because that mixture results in phosgene gas, a poisonous gas which would cause pulmonary edema and the exact sensation of choking which is currently being attributed to covid.

The official ingredients list provided in the biologic application to the FDA, submitted by Moderna for emergency use authorization of their covid "vaccine" includes SM-102 as the third most-prevalent ingredient in their formulation. Chloroform, the solution used with SM-102, has been outlawed for use by consumers for decades, and the reason for that has to do with how long it stays in a human body and what it does to the human body while it's inside.

The Half-Life of Chloroform is 180 days. **That means that it takes half a YEAR for only HALF of the chloroform, to be exited out of the body.** Chloroform, like any other chemical, breaks down. And when it comes into contact with oxygen, it breaks down into phosgene gas.

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

So recipients of this product are getting an arm full of chloroform which, as it circulates through their bodies, will break down into phosgene gas. Depending upon the unique biochemistry of each person, some of them, possibly many, MIGHT reach a fatal threshold of phosgene gas in their system, and die from it, likely within 180 days after the second “jab.”

Phosgene is a highly toxic substance that exists as a gas at room temperature. Owing to its poor water solubility, one of the hallmarks of phosgene toxicity is an unpredictable asymptomatic latent phase before the development of non-cardiogenic pulmonary edema. Here the lungs fill with fluid, and the patient can't breathe. Just like "long-haul covid." Looking at a chest radiograph of a patient who has developed phosgene-induced adult respiratory distress syndrome, one sees bilateral infiltrates having the appearance of ground-glass, characteristics reminiscent of the very first reports coming out of Wuhan, of the very first covid patients.

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

### Health Effects

- Phosgene is an irritant to the skin, eyes, and respiratory tract. There may be minimal irritation immediately after exposure, but delayed damage may be severe.
- Common initial symptoms include mild irritation of the eyes and throat, with some coughing, choking, feelings of tightness in the chest, nausea and occasional vomiting, headache, and watery eyes.
- Phosgene poisoning may cause respiratory and cardiovascular failure, which results from low plasma volume, increased hemoglobin concentration, low blood pressure, and an accumulation of fluid in the lungs. Secondary systemic damage is the result of anoxia, which is a complete loss of oxygen (as opposed to hypoxia, which is an oxygen deficiency).

### Acute Exposure

Phosgene directly reacts with amine, sulfhydryl, and alcohol groups in cells, thereby adversely affecting cell macromolecules and cell metabolism. Direct toxicity to the cells leads to an increase in capillary permeability, resulting in large shifts of body fluid, and decreasing plasma volume. In addition, when phosgene hydrolyzes, it forms hydrochloric acid, which can also damage surface cells and cause cell death in the alveoli and bronchioles. Hydrochloric acid release into the mucosa triggers a systemic inflammatory response. Phosgene stimulates the synthesis of lipoxygenase-derived leukotrienes, which attract neutrophils and causes their massive accumulation in the lungs. This contributes to the development of pulmonary edema. Following phosgene exposure, a patient may be free of symptoms for 30 minutes to 48 hours before respiratory damage becomes evident; the more severe the exposure, the shorter the latency. If the initial concentration of phosgene was high, rapid onset of direct cytotoxicity and enzymatic poisoning may ensue.

**As far as a detoxification strategy for phosgene gas, sadly I do not have much to offer. There is no antidote for phosgene. Treatment consists of support of respiratory and cardiovascular functions.**

## Pleomorphism - An Entirely Different Concept

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

ingredients found in these covid injections, we can cause a pathogenic metamorphosis to occur in the cells of the body?

There is a large volume of tremendously compelling evidence put forward by both Dr. Stephan Lanka and Dr. Robert Young that you can read for yourself which, among other things, demonstrates conclusively that many of the pathogens we refer to as bacteria and fungi, which do exist (as opposed to viruses, which do not) and are actually produced by the body itself. This is not to say they do not also enter from outside the body on occasion, but the idea that certain bacteria are created from other kinds of cells we expect to see in a normal healthy body, and that these cells can BECOME something else when called upon to do so, is an extraordinary discovery. We are already familiar with this type of action in the case of stem cells, which can evolve into any of the tissues of various bodily organs. Taken a step further, through a process known as pleomorphism, we can now see that a cell that already has a determined function, like a red blood cell, can morph into a rod bacteria. The reasons for this behavior are widely varied, but the fact that it has been observed to occur cannot be ignored.

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

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

Basically, there are all kinds of primordial forms of all these microorganisms that go by all sorts of names. Antoine Bechamp called them microzyma, they are also called somatids, but if you look at a live blood sample under a microscope you see all these "things", and they look like specks of light. What happens when the body calls upon them is they begin to change shape, and they go through different stages, and at some point they become the things that are needed to go to the site of disease in the body and clean it up, and they can become all the various kinds of bacteria we know about, as well as all the types of fungi we know about. These microorganisms are essential to our recovery from any kind of illness. You might even think of them as the "stem cells" of micro-organisms. This fits well with what we understand about how stem cells differentiate. What they become depends on the conditions in which we find them.

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

With regard to Ivermectin, what he says is *"Ivermectin also raises the alkalinity of this pathological blood environment."* He goes on to explain that *"covid spike proteins are not an infection but rather the a condition*

*that results from a compromised bodily environment created by radiation and chemical poisoning, and the structures being called viruses are the remains of dead cells that die in this toxic environment."*

You see? VIRUSES DO NOT EXIST! We have another way to explain whatever we are seeing.

Really, if he is correct, and I believe he is, this is actually good news for people who have been foolish enough to allow themselves to be injected with these poison shots, because it gives us something to address. What we need to do is reverse this pathogenic blood condition and the only way we can do that is by taking the actions we know of that can remove all these toxins and kill the parasites that people have polluted their circulatory system with, and unless we do that as soon as possible, the systemic damage being caused will only continue to get worse.

#### **A word on sepsis:**

Remember that the main event here is a toxic exposure. What follows is inflammation. Bacteria then appear to help you, but in doing whatever it is they do they also release additional toxins of their own, and if this situation ends up being too much too soon the body is overwhelmed and this condition of sepsis, followed by multi-organ system failure, is the end result.

#### **A word on dialysis:**

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

## **Hospital System Dangers**

Trust me when I tell you almost any doctor a vaccine recipient goes to, who is part of a hospital system, **WILL KILL THEM** with their ineptitude! You need to get far away from doctors that follow the covid treatment protocols forced on them by the large institutional care centers they work for. If vaccine injured people, or those finding themselves in a position to advocate for incapacitated loved ones with covid vaccine injuries do not immediately take charge of their healthcare, they will die.

**Most important is that you deprogram your relatives and friends. NO MORE SHOTS!** Covid hysteria is a death cult, and if they get additional boosters of one of these poisons, out of an irrational fear of a simple cold, no amount of therapy of any kind will save them. The first shot will impair immune function by about 15 percent, the second by an additional 35 percent. Nothing is known about the third in terms of the extent of adverse reactions, because they have not been distributed yet. But what we do know about the upcoming boosters is their potency is going to be much greater than previous covid injections. The amount of stable active ingredient has been announced to be 100ng/μl, whereas previous shots contained either 10 or 30ng/μl. Trust me, the damage is so severe after one or two that you don't want a third.

Above all, try to stay positive, because some of these batches are duds to various degrees. Because of inconsistent manufacturing and handling there is no way to know what amount of viable anything is in any of these injections by the time they are administered. About the only thing we can be certain of is a very unhealthy dose of toxic heavy metal nano particulates. For anyone that survives beyond 22 days, the chances

are decent they got something less than a terminal exposure thus far. **DO NOT gamble further.** There are no benefits at all here. This is a witches brew of slow acting poisons that can cause death in any number of ways that can appear to be somewhat natural, and doctors for the most part, will only do things to hasten their patients death.

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

First, they vaxxed all the healthcare workers that they possibly could before anyone else. Because many died, this policy reduced the number of physicians that are available now, when they are most needed. Any that questioned that reasoning, gave reasonable objections, or outright refused -- were either fired, relieved of any medical licenses they possessed, or they simply walked away from their professions in disgust.

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

To make matters worse, the use of any promising treatment doctors gave covid patients instantly became forbidden. By contrast, any toxic and ineffectual experimental drug, like Remdesivir, or extreme ICU measure like intubation and ventilation, immediately became part of an "approved" set of strategies. Any deviation from this list of "approved" drugs, treatments or procedures, even the wording chosen for verbal and written communications, was immediately followed by a slew of, non-negotiable penalties enforced by insurance carriers, the providers of payment processing platforms, and administrative medical review boards.

In the space of time of just 18 months, the US healthcare system has been reduced to empty buildings devoid of talent and expertise. Hospitals are now minimally staffed with gangs of marginally qualified, even dangerously incompetent, mask-wearing needle brigades that will only let you in if you are vaccinated and have one foot in the grave! Once you pass the threshold of these facilities, arrangements are made for your final resting place. When you are signed in, these are literally the "terms and conditions" you are agreeing to.

This situation has gotten so bad we now hear horror stories coming out of these places where, on a daily basis, people go in alive and leave in body bag. One mother recently brought her unvaccinated teenage daughter into the Odessa Medical Center in Texas with acute breathing problems. Hospital staff refused her access to the building unless she wore a pointless mask that only aggravated her issues, and then, on top of that, in order for some covid cult orderly to wheel her through the halls to whatever floor and room in which a treatment could be given, they insisted on encasing her entire upper torso in **A PLASTIC EQUIPMENT BAG**, to (get this) "protect others" in the hospital, **that were vaccinated**, from any possibility she might start a plague by coughing up a "covid-cootie." Can you imagine? A young woman is brought into this "hospital" emergency department, with potentially life-threatening BREATHING difficulties, and the first move by "healthcare" staff was to place a plastic bag over her head. This bag even had a printed warning label on it, **that just happened to cover her face**, which clearly stated it should never be placed over your head!



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

Covid is not an illness with its own specific symptomology. It is a meaningless descriptor of a ubiquitous syndrome that is, in reality, vaccine injury. These insane covid protocols and associated costly experimental medications like Remdesivir will only end lives. If patients admitted for care were real estate properties the staff in these facilities would be house-flippers. If hospital beds were restaurant tables, healthcare workers are flipping tables, and the approved covid protocols are training tools, for upselling the menu and soliciting a larger tip. Doctors have become undertakers! **Your chances of going to a hospital, that admits you as a covid case, and coming out alive are very small.**

An additionally upsetting trend now, which downplays the significance of dangerously mixing covid injection product brands, is ruining all attempts to form diagnostic conclusions about vaccine injury by deliberately contaminating the data on vaccine adverse reactions. Even if ADR reports were faithfully being submitted, the rigid electronic entry forms, that are full of menu driven, defined data fields offer no capability to enter an instance in which multiple brands were either intentionally or accidentally administered. Because such information is only possible to bury in a comment box provided as a catch-all area in VAERS, a field that is vaguely defined as "additional case information", this makes such occurrences unsortable in the only system with the specific purpose of providing sortable data that reveals warning signs there is a problem with these products. I could provide a near endless list of compelling reasons to support my belief that this is deliberate, and I would I am not going to do that however, because but I did not set out to pen a critical assessment of VAERS.

This critical data repository is becoming more and more un-analyzable, and this situation will only become worse over time, forcing us all to rely upon an absurd list of hospital approved treatment protocols with no useable way of evaluating their effectiveness beyond recording an alarming rise in morbidity, attributable only to covid. I realize I am being a bit long winded here, but I feel it is important to point out a specific example like this, because it is helpful in seeing how a such a seemingly small thing, like a mandatory data field in a software reporting tool like VAERS, can hide intentional medical malfeasance. The direct result of poor data collection is higher casualties, and the very reason one might demand any alternative treatment protocol is

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

**I hope this information will help you for now.**

Going forward, you must become much more educated than you are now, and keep your attention focused on anything useful. This takes effort. You must be willing to put in some time on this. It is an ongoing task for everyone who wants to survive a single tragic mistake, and there is no shortcut to this knowledge. The information in my online blog posts, ([www.estateartisty.com/blog](http://www.estateartisty.com/blog)), is the fastest way to get you up to speed. Use it while you can, and as we move ahead, if you want to share any personal findings or ask me questions about anything, I am here for you as much as I can be.

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

Were I to wait until I had all the answers before publishing this document, an effort that took me over 18 months of exhaustive research to compile, you would all be long dead before I could help even a single person. The pain and anguish out there is palpable, and I have heard from so many of you now, -- dead wives, dead children, the occasional frantic appeal for help -- that the sadness I feel some days as I read your emails can be overwhelming. Even so, I remain very determined to fix whatever I can. You can count on me to keep digging for clues and answers. You can be assured that for as long as I am able, I will keep adding new information and continuously updating this work, until I finally put together enough pieces to solve this deadly puzzle. It is a daunting task, but I am not alone in doing it. I, and people like me, are responding to a higher calling. We talk to each other regularly. We all suffer under the same crushing burden, tasked with trying to literally save the world. It is my sincere hope, that whatever I have been able to provide in this book makes a difference your life, and the lives of those you love. Whoever they may be, I feel confident that none of those people ever did anything bad enough to deserve what was done to them.

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

Be Well;  
-John

<END>

**FDA Safety Surveillance of COVID-19 Vaccines :**  
**DRAFT Working list of possible adverse event outcomes**  
**\*\*\*Subject to change\*\*\***

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/  
meningoencephalitis/meningitis/  
encephalopathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Autoimmune disease
- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multisystem Inflammatory Syndrome  
in Children
- Vaccine enhanced disease

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