

Dealing with COVID “Vaccine” Side Effects and Secondary Transmission Effects:

General Information:

Finally, doctors are becoming aware of side effects of these new Experimental, Unapproved Genetic Agents, misnamed “vaccines”. I cannot give official medical recommendations as each case is individual. However, I will tell you what I would do for myself and my family. I am not taking the vaccine myself, nor do I think the risk benefit analysis justifies anyone taking it. Certainly, I do not recommend children take it as they have the least to benefit and the most to lose.

One of the tragedies of this whole vaccination program is that grandparents are being coerced into taking the vaccine “to protect their children and grandchildren”. In fact, as unvaccinated seniors, they were not a threat to the young people around them--because the young are unlikely to be permanently damaged by COVID. BUT, now, if the grandparents are vaccinated they can shed the vaccine constituents onto their grandchildren and may render them sterile. And because older people have less immune capability to stop the shedding, they can do this chronically (according to FDA research advisory). These concerns come from:

- data of shedding by the FDA known in 2015 (see below),
- the clinical effects of shedding being seen in women that suggest damage to their reproductive health
- the Japanese pharmacokinetic study which showed that the Pfizer vaccine carrier molecules deposit 65 times more in the ovaries than in the muscle
- the “Self-Disseminating” Immunogenic Contraceptives already used for animal control, that were developed along the same lines as these current agents.

Vaccine Side Effects: Other than the emergency immediate side effects, there is a period of about two weeks after the vaccine where most serious early problems have occurred. The most frequent include bleeding of all sorts, neurological problems, strokes, heart problems, etc. I discuss the bleeding thrombocytopenia side effect in this article: <https://thenewamerican.com/genetic-vaccines-are-they-the-new-thalidomide/>. Neurological symptoms, including seizures, weakness,

progressive paralysis, Bell's palsy etc., and miscarriages are reported at greatly increased rates.

I think any prolonged bleeding/ abnormal bleeding--even from the injection site should be evaluated, because this may signal low platelet count. Similarly, progressive neurological deficit should be seen by a physician. Any other odd and persistent thing such as rash, dizziness, nausea also deserves a trip to a care provider. Take chest pain seriously and be checked out. Tumor appearance and/or recurrence is happening.

There is an argument to be treated acutely with Ivermectin and or Hydroxychloroquine as well as the appropriate standard care, but no one at this time knows exactly the right answer.

See remainder of "long term recommendations" below.

Secondary Transmission Vaccine Effects for the Unvaccinated: It now appears that being around vaccinated people--even if you are not vaccinated yourself may result in you suffering harmful effects .

The following have been reported as possible secondhand damage from vaccinated people: Menstrual irregularities, frank vaginal bleeding, miscarriage, headache, flu like symptoms, tinnitus, headache, COVID, and death.

The reason for these secondary effects is unknown, but it may involve transmission of the spike protein, novel adjuvant, and/or nanoparticles. A third possibility is activation of latent viruses in a vaccinated person's body which then transmit to unvaccinated people. I suspect to get secondary symptoms you need close fairly prolonged contact and possible transfer of secretions. I do not hear stories from people just grocery shopping or doing other things which puts them into casual but not close contact. I hear of the symptoms from people working closely with other vaccinated people, living with a vaccinated person, or visiting with them for several hours. Again, more information to follow as it becomes available. The FDA knew about this possibility, hid the concerns from doctors but sent this to researchers in the field:

The FDA in 2015 published this:

Design and Analysis of Shedding Studies for Virus or Bacteria-Based Gene Therapy and Oncolytic Products

Guidance for Industry

This article proves that the people designing these experimental agents (misnamed vaccines), knew of the potential for shedding of the vaccinated person onto others. They recommend that people in the study group be checked for “shedding” for at least 10 weeks or until three consecutive weeks show none. They also do not completely know what is being shed, and discuss the possibility of these agents producing recombinant mutant things shedding. They also say that therapeutic options and containment measures that can limit the spread of the “shed product” to immune-compromised adults, neonates and seniors should be determined.

Treatment For both Vaccine and Secondary Shedding Side effects:

Some of the stories of victims of shedding are heartbreaking and irreversible such as death or miscarriage. However, there are lesser degrees of injury, and doctors have talked amongst ourselves trying to figure out ways of helping people. ***Do not construe this as official medical advice and it does not replace emergency medical treatment.*** First see your doctor as noted above. If I were suffering primary or secondary effects, however mild, I would consider taking Ivermectin and Hydroxychloroquine using one of the treatment schedules outlined at www.C19protocols.com. Additionally I would take NAC 100-1200 a day (which appears to ameliorate the spike protein damage, and DMG 200-400 a day which may prevent epigenetic alteration from the DNA or RNA feedback onto your genome.

If I were pregnant I would avoid close contact with anyone vaccinated within three months. I would keep my children out of public schools where teachers are vaccinated. When self-disseminating vaccines were used to control animal populations, they were designed to destroy the ovaries, rendering lifelong infertility. The technology to do that is possible. Whether that is what is happening is unclear, but possible. Men are at risk for sterility as well, but so far are not reporting as many symptoms. I believe we will know more shortly, but for now I would err on the side of caution. It is an axiom of medicine that you can afford to be wrong about diagnoses which are easily reversible, but not those that are permanent--even if less probable. If we do not take this problem seriously, sterility is forever.

If I could not avoid contact with recently vaccinated people I would consider using Ivermectin per the prophylactic protocol developed in India: **.3 mg/kg Ivermectin on day 1, repeat 72 hours later, then monthly.**

Prophylaxis using either hydroxychloroquine for asymptomatic people at risk may also be considered using a protocol from that site. **Hydroxychloroquine 200 mg weekly to three times a week has been used.**

For long term: Whether you have been vaccinated or not, whether you have been exposed or not, your chance of having problems just with these types of viral diseases is significantly increased if you are overweight and/or have increased inflammation in the body. Consider attending my on line seminar on Survive and Thrive where I will discuss in detail the health strategies for now and the future. The next date will be posted on the front page of the website soon. In brief, the anti-inflammatory lifestyle consists of right food, right exercise, and appropriate environmental changes. You can learn more from these books: Wheat Belly by Dr. William Davis, The Obesity Code by Jason Fung, and Brain Maker by Dr. David Perlmutter, Dr. Thomas Cowan, Cancer and the Also see my list of supplements at this site which I take for optimizing my immune system.