COVID Vaccines May Bring Avalanche of Neurological Disease

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STORY AT-A-GLANCE

- The typical unprecedented vaccine takes 12 years to develop, and of all the unprecedented vaccines in development, only 2% are projected to ever make it through all Phase 2 and 3 clinical phases of testing
- The COVID-19 vaccine was developed with Operation Warp Speed in less than one year, which makes it virtually impossible to assess safety and efficacy, as the vaccine has not been adequately tested
- In the next 10 to 15 years, we are likely to see spikes in prion diseases, autoimmune diseases, neurodegenerative diseases at younger ages, and blood disorders such as blood clots, hemorrhaging, stroke and heart failure

In this interview, return guest Stephanie Seneff, Ph.D., a senior research scientist at MIT for over five decades, discusses the COVID-19 vaccines. Since 2008, her primary focus has been glyphosate and sulfur, but in the last year, she took a deep-dive into the science of these novel injections and recently published an excellent paper [1] on this topic.

> *"To have developed this incredibly new technology so quickly, and to skip so many steps in the process of evaluating [its safety], it's an insanely reckless thing that they've done,"* she says. *"My instinct was that this is bad, and I needed to know [the truth].*

> *So, I really dug into the research literature by the people who've developed these vaccines, and then more extensive research literature around those topics. And I don't see how these vaccines can possibly be doing anything good. When you weigh the good against the bad, I can't see how they could possibly be winning, from what I've seen."*

Significant Death Toll Will Rise in Months and Years to Come

Months into the vaccination campaign, statistics tell a frightening story. Seneff cites research [2] showing deaths are 14.6 times more frequent during the first 14 days after the first COVID injection among people over the age of 60, compared to those who aren't vaccinated. That is extraordinary. You can read the full paper here.

Other data, [3],[4] reviewed in the video above, show that after COVID-19 vaccines were implemented, overall death rates have increased, with the exception of a few areas. Interestingly, Seneff believes she may have discovered why. It appears countries in which COVID-19 vaccines have not raised mortality rates are also not using glyphosate.

> *"I immediately suspected glyphosate when I started to see COVID-19,"* Seneff says. *"I've written a book on glyphosate called 'Toxic Legacy,' and I have an entire chapter in that book on the immune system. Glyphosate, I believe, is a train wreck for the innate immune system, and when your immune system is weak, your body has to overreact to the virus. It can't kill the virus.*

> *So, it ends up [causing] collateral damage and wrecking your tissues. You get into this cytokine storm kind of situation where you destroy your lungs and you can't cope. It's not really the virus. It's the immune reaction to the virus that's killing you, and that's because your immune system is too weak. If you have a strong innate immune system, I believe you wouldn't even get symptoms from COVID-19.*

> *When you look at the statistics on which countries are hit hard and just can't get ahead of this virus, they're clearly the countries that use a lot of glyphosate and developing biofuels based on glyphosate-exposed plants. So, I think that's a critical piece of the puzzle as well. Glyphosate is in the atmosphere … [and] people are breathing it. So now you're getting a direct attack on the lungs immune system, which makes you very susceptible to COVID."*

Ultimately, Seneff believes, as I do, that the COVID-19 "vaccines" will end up killing far more people than the disease itself, and will in fact make the disease worse. Seneff cites a disturbing case history of a cancer patient in the U.K. who was treated for severe COVID-19 for 101 days.

The antibody cocktails they gave him didn't work, and after his death, they concluded that the predominant SARS-CoV-2 variant in his body had a dozen different mutations in the spike protein. Somehow, his body figured out how to evade the antibodies, which is a critical piece of the puzzle.

"I think the vaccines are doing the same thing," Seneff says, adding that, among the immune compromised, only 17% of vaccinated individuals actually produce antibodies.[5] Surprisingly, these people may actually have drawn the short end of the stick. The antibodies may not work because their immune function is low, thereby allowing the virus to build resistance and mutate.

> *"I think you have a lot of immune compromised people in a country where glyphosate is destroying people's immune system, and that gives tremendous opportunity for the virus to mutate. The vaccine is going to accelerate that process because we're vaccinating immune compromised people left and right."*

COVID-19 Vaccines Are a Public Health Disaster

The typical unprecedented vaccine takes 12 years to develop, and of all the unprecedented vaccines in development, only 2% are projected to ever make it through phases 2 and 3 of clinical testing.

The COVID-19 vaccine was developed with Operation Warp Speed in less than one year, which makes it virtually impossible for this vaccine to be adequately tested for safety and efficacy.

Hundreds of millions of people are now being vaccinated around the world, based on nothing more than preliminary efficacy data. Disturbingly, while sudden death is one apparent side effect, the vast majority of side effects won't be known until a decade or more from now.

Seneff predicts that in the next 10 to 15 years, we'll see a sudden spike in prion diseases, autoimmune diseases, neurodegenerative diseases at younger ages, and blood disorders such as blood clots, hemorrhaging, stroke and heart failure.

> *"It's a nightmare,"* she says. *"And I can see how it can happen. Basically, the vaccine is so unbelievably unnatural, and it has a single-minded goal, which is to get your body to produce antibodies to the spike protein. The RNA has been manipulated. It's not natural RNA because it has methyl-pseudouridine on it … And the goal is to keep it alive.*

> *Normally, if you get injected with RNA, you have enzymes in your system, in your tissues, that will immediately break it down. Your body knows it must get rid of the RNA. What you do with the vaccine is you make sure [your body] can't get at it …*

> *Then there's the lipid [that the RNA is encased in]. The lipids are very abnormal, very weird … They're not natural but they have some cholesterol in there, probably to help it look like a natural LDL particle so that your cells will take it up. It's not being taken up by the ACE2 receptor.*

> *It's not being taken up the same way that the virus is being taken up. It's a totally different mechanism that brings it into all the cells. You've gone past all the mucosal membranes. Usually, a virus is going to come into the lungs or any kind of cavity where there's a mucosal system that's going to hit the virus first.*

> *The virus [will trigger] your natural mucosal system to respond to it and clear it if you're a healthy person, and that's the end of it. [With the vaccine], we never get a chance to do that. You're just getting it shot right into your muscle, past all the barriers and the muscle goes crazy … sending out all kinds of alarms."*

Understanding Your Immune System

As your cells start producing the viral spike proteins, your immune cells rally to mop up the proteins and dump them into your lymphatic system. This is why many report swollen lymph nodes under the arms. This is also a sign of breast cancer. The antibody response is part of your humoral immunity. You also have cellular immunity, which is part of your innate immune system.

Your innate immune system is very powerful. And, if you're healthy, it can clear viruses without ever producing a single antibody. Antibodies are actually a second-tier effect when your innate immune system fails. The problem is your innate immune system is definitely going to fail if you get a COVID-19 shot, because it's bypassing all of the areas where your innate immune system would be brought to bear.

Your body will essentially believe that the innate immune system has failed, which means it must bring in the backup cavalry. In essence, your body is now over-reacting to something that isn't true. You're not actually infected with a virus and your innate immune system has not failed, but your body is forced to respond as if both are true.

How COVID-19 Vaccine Circumvents Healthy Immune Responses

But there's more. As explained by Seneff, the synthetic RNA in the mRNA vaccines contains a nucleotide called methyl-pseudouridine, which your body cannot break down, and the RNA is programmed to trigger maximum protein production. So, we're looking at completely untested manipulation of RNA.

It is very important to recognize that this is a genetically engineered mRNA for the spike protein. It is in no way shape or form the same that SARS-CoV-2 produces. It's been significantly altered to avoid being metabolized by your body. Additionally, the spike protein your body produces in response to the COVID-19 vaccine mRNA locks into your ACE2 receptor.

This is because the genetically engineered NEW spike protein has additional prolines inserted that prevent the receptors from properly closing, which then cause you to downregulate ACE2. That's partially how you end up with problems such as pulmonary hypertension, ventricular heart failure and stroke.[6],[7]

As noted in a 2020 paper,[8] there's a "pivotal link" between ACE2 deficiency and SARS-CoV-2 infection. People with ACE2 deficiency tend to be more prone to severe COVID-19. The spike protein suppresses ACE2,[9] making the deficiency even worse. As it turns out, the vaccines essentially do the same thing.

How Long Might Effects Last?

As mentioned, RNA is highly perishable, so to get it past the enzymes that would normally break down free mRNA, it's encased in a lipid nanoparticle combined with polyethylene glycol or PEG. The PEG helps protect the RNA from breaking down. The RNA can easily enter the cell via natural endocytosis pathways, taking advantage of the nanoparticle design made to look like an LDL particle.

They strategically chose a cationic lipid, meaning it's positively charged. "Usually you have phospholipids in your membranes that are negatively charged," Seneff explains. The problem with cationic lipids is they disturb the plasma membrane and cause an immune response.

However, that may also be a key reason for why they were used. Typically, conventional vaccines contain an aluminum adjuvant to initiate an immune response. Aluminum was not appropriate for the COVID-19 vaccines, but the cationic lipids serve a similar function spectacularly well.

Being extremely toxic to the cell membranes, the positively charged lipids trigger immune cells to rush in to aid the cells and mop up the spike protein now being produced, while also being the vehicle that allows the RNA to slip into the cells. Once inside the cell, the mRNA delivers the instructions to produce enormous amounts of spike proteins.

The really worrisome thing is there's potential for it to become part of the DNA and then it will last forever.

— Stephanie Seneff, ph.d.

Importantly, there's no telling how long these instructions will persist. Manufacturers are guessing the synthetic RNA may survive in the human body for about six months, but we really don't know if that's true or not.

Again, the alterations they've done to the synthetic RNA are meant to prevent it from breaking down. It could be years or even decades that these spike proteins are being produced, and you will find out shortly why this is a really bad scenario.

> *"The really worrisome thing, which I talk about in the paper, is there's potential for it to become integrated into your DNA,"* Seneff says. *"If that happens, it will last your entire lifetime, and you may pass this new genetic code on to your offspring."*

Tracing Spike Protein From Cells to Lymph to Spleen

As explained by Seneff, your immune cells mop up mRNA and spike protein and dump them into your lymphatic system. From there, they make their way into your spleen, where they can remain for quite a long time.

> *"There are all these different immune cells that have different roles, but it's the dendritic cells and the macrophages that are initially going into the muscle, picking up the mRNA, taking it over to the lymph system, traveling through the lymph system to the spleen and piling it up there. The spleen was the highest concentration of all the organs they looked at in animal studies. The liver was second.*

> *It wasn't the COVID-19 vaccine, but it was a messenger RNA vaccine. So, it was the same concept. The other vaccines, the ones that are based on a DNA vector, they also go to the spleen. I think they like it when they see that it's going to the spleen because you have these germinal centers in the spleen that are focus groups for making antibodies.*

> *So these dendritic cells are in these germinal centers in the spleen, and then they bring in the B-cells and T-cells, and those are the ones that make and perfect the antibodies, because you need to go through a whole training mode to get the antibiotics to be exactly matched to that particular spike protein. That happens predominantly in the spleen."*

Potential Vaccine Shedding Mechanism Revealed

Seneff also sheds light on the mysterious reports of unvaccinated individuals experiencing unusual bleeding symptoms after spending time in proximity to a newly vaccinated person. She believes this may be due to exosomes being released from the lungs.

> *"If you are a person who's producing these exosomes from your spleen and shipping them out, there's no reason why you can't ship them out to the lungs. In fact, they've shown experimentally that those exosomes do get released from the lungs,"* Seneff says.

So, to be clear, what's being "shed" or spread by vaccinated individuals is the spike protein — which is itself toxic — not the SARS-CoV-2. So, it's not an infection but rather the shedding of a toxic protein.

> *"If you're breathing it in, you could be getting an increased risk, it seems to me. I mean, it sounds really farfetched, but it looks like it could happen, just from the logic of what goes on in biology. It could happen that you would breathe in these exosomes containing these misfolded prion proteins, which are not good for you, and exactly what happens when they go into the lungs, I don't know. I have no idea."*

Can mRNA Vaccines Change Your DNA? That Is the Question

Getting back to the potential issue of gene editing, I've been accused of being scientifically ignorant for stating that COVID-19 vaccines are not vaccines but rather a form of gene therapy. But when you delve into the genetics and molecular biology of this vaccine you discover that they are in fact a form of a stealth gene editing tool that can change your DNA and integrate instructions to make even more spike proteins.

It's counterintuitive because, typically, mRNA cannot be integrated directly into your genes because you need reverse transcriptase. Reverse transcriptase converts RNA back into DNA (reverse transcription). Seneff, however, discovered there's a wide variety of reverse transcriptase systems already embedded in our DNA, which makes this possible. She explains:

> *"There was this long period of time in which we had the mantra that transcription is DNA to RNA to protein. That's basic biology — DNA, RNA, protein. But then, in 1970, David Baltimore at MIT… discovered reverse transcriptase in retroviruses (RNA tumor viruses), which he won the Nobel Prize for.*

> *It turns out, and I didn't know this until I started digging into these vaccines, that we actually have plenty of reverse transcriptase in our own cells. We have plenty of it. And it's these long interspersed nuclear elements (LINEs) and short interspersed nuclear elements (SINEs) that are able to take our RNA back to DNA and to put that DNA back into the genome."*

LINEs and SINEs are sequences of nucleotides, pieces of DNA, and they make up a huge percentage of the genome. For example, LINE1 is 10% of your genome. Most of the time they're inactive and scientists were puzzled about what they actually do. They're rather strange, as they fold DNA backward and stick it back in different areas. For example, in people with Alzheimer's, the amyloid beta protein gets duplicated all over the place in their genome.

> *"They get like a big fat genome with extra copies with different variations in those copies. And they do that through RNA,"* Seneff says. *"So, you have a mechanism for evolution. The primary mechanism, I would guess, is through taking the DNA, turning it into RNA, mutating the RNA because RNA mutates much more easily than DNA does, and then turning it back into DNA and sticking it back into the genome."*

In a nutshell, LINEs and SINEs appear to be activated when an alternative solution for a problem is needed. One such problem could be glyphosate exposure. When the body is too sick to function normally, it finds a way around the problem by mutating proteins. "It's a process that we use to deal with environmental toxic chemicals that we're confronted with generally," Seneff says.

So, in summary, mRNA can be reverse transcribed and converted back to DNA by LINEs and SINEs in your body. This cloned DNA can then be integrated into your genome. In this way, it truly is genetic editing.

Are We Creating a Generation of Super-Spreaders?

What comes next is truly chilling. Seneff cites research [10] showing that sperm has this ability to take exogenous mRNA, either from a virus or an mRNA vaccine, and reverse transcribe it into DNA and then produce plasmids that contain this cloned DNA. The sperm then releases these plasmids around the egg, which takes them up.

The egg hangs on to those plasmids and puts the new code into the cells of the growing fetus. Hypothetically, a man having been vaccinated with a COVID-19 vaccine could produce a child born with the genetic code to make the SARS-CoV-2 spike protein.

This is not a good thing, because this means the child will not have antibodies against the spike protein. Since it's part of their genetic code, it registers as one of their own proteins and their body won't produce antibodies against it. If that child is exposed to SARS-CoV-2, their immune system won't react at all. What happens next is anyone's guess, but it's bound to be severely problematic in one way or another.

> "*Exactly how sick they'll get or whether they'll get sick at all, I don't know,"* Seneff says*, "but their immune system won't react and they'll be able to carry that virus for their entire life and then pass [that genomic trait] on down to their children …*

> *Now, if I don't react to [the virus] and I let it grow, what happens? Do I get sick? To what extent is the illness [COVID-19] the consequence of the immune response, rather than the virus itself? We don't know that, really, but many say the real problem is the overactive immune response.*

> *People are dying of the immune response to COVID, they're not dying from the virus. The virus is not killing them. It's the immune response to the virus that's killing them. So, if you don't have an immune response, what happens? Nobody knows."*

Even if such a child were to be unaffected by the virus, we could be looking at a serious problem, as they could turn into lifelong super-spreaders and a chronic hazard to everyone around them. At least that's what happened in cows.

Seneff recounts a story of herds plagued by a viral diarrhea. They finally realized that "killer calves" were the problem. Calves were being born that had viral protein integrated into their genome. When exposed to the virus, these calves, unable to clear the virus naturally, then spread it to the adult cows, which got sick.

> *"I don't see why the same thing couldn't happen with COVID — that a baby could be born who has this humanized version of that protein, catches the [wild] virus and then it spreads it to the adult population,"* Seneff says.

Such children would be true super-spreaders, and the indoctrination we're currently seeing, where children are told their mere presence could pose a mortal risk to the people they love, would then turn into grim reality. The calves in question were euthanized to safeguard the rest of the herds. How would we address human equivalents?

Hopefully, this nightmare scenario will not occur, but it appears biologically possible, and that is the problem. The fact that the available science allows for this kind of speculation is reason enough to put the brakes on this vaccination campaign. We have no clue what the long-term consequences are. We don't even know what the short-term consequences are, other than more vaccinated people are dying, collectively, compared to unvaccinated ones.

Spike Protein Appears Highly Problematic

A particularly fascinating part of Seneff's paper addresses the toxicity of the spike protein. A key problem with all of these gene-based COVID-19 vaccines is that the spike protein itself appears toxic, and your body is now a spike protein-producing factory.

> *"Right. They have done studies where they only expose the [animal] to the spike protein, showing it was toxic in the brain and the blood vessels. So, it's causing immune reactions all by itself that is damaging to the tissues.*

> *It's basically a toxic molecule, and I think it's toxic possibly because of it being a prion protein …*

> *I'm going to do more research on it. I don't know enough yet, but it looks horrendous to me. I think it may be the most worrisome thing. There are two big things that are going to happen in the future.*

> *They're going to take time [to develop], so we're not going to see it immediately. And, of course, we're not going to blame the vaccine because rates will start going up for these horrible diseases and no one will link them to it."*

Why Spike Protein May Cause Serious Neurodegenerative Disease

Creutzfeldt-Jakob disease (CKD), the human version of mad cow disease, is a prion disease. Other human forms of prion disease include Alzheimer's, Parkinson's and Lou Gehrig's disease (ALS). "You have all these horrible neurodegenerative diseases and each one is tied to specific prion proteins," Seneff says. The SARS-CoV-2 spike protein also appears to be a prion protein, although this has yet to be thoroughly verified.

Disturbingly, the spike protein produced by COVID-19 vaccines, due to the modifications made, may make it more of a prion than the spike protein in the actual virus, and a more effective one.

> *"Papers are showing that those germinal centers in the spleen … are a primary source of the prion proteins that eventually get taken up the vagus nerve and delivered to the brainstem nuclei. That's how you can get Parkinson's disease, for example …*

> *There's so much we need to learn, but it looks to me like it's a setup here. They're really inviting this kind of thing to happen with these vaccines, where they're focusing on those germinal centers [because] those are the very same place where these prion proteins often get started."*

Why Long-Term Neurological Damage Is To Be Expected

In her paper, Seneff describes key characteristics of the SARS-CoV-2 spike protein that suggests it's a prion:[11]

> *"Neurological symptoms associated with COVID-19, such as headache, nausea and dizziness, encephalitis and fatal brain blood clots are all indicators of damaging viral effects on the brain. Buzhdygan et al. (2020) proposed that primary human brain microvascular endothelial cells could cause these symptoms …*

> *In an in vitro study of the blood-brain barrier, the S1 component of the spike protein promoted loss of barrier integrity, suggesting that the spike protein acting alone triggers a pro-inflammatory response in brain endothelial cells, which could explain the neurological consequences of the disease.*

> *The implications of this observation are disturbing because the mRNA vaccines induce synthesis of the spike protein, which could theoretically act in a similar way to harm the brain. The spike protein generated endogenously by the vaccine could also negatively impact the male testes, as the ACE2 receptor is highly expressed in Leydig cells in the testes …*

> *Prion diseases are a collection of neurodegenerative diseases that are induced through the misfolding of important bodily proteins, which form toxic oligomers that eventually precipitate out as fibrils causing widespread damage to neurons …*

> *Furthermore, researchers have identified a signature motif linked to susceptibility to misfolding into toxic oligomers, called the glycine zipper motif … Prion proteins become toxic when the α-helices misfold as β-sheets, and the protein is then impaired in its ability to enter the membrane.*

> *Glycines within the glycine zipper transmembrane motifs in the amyloid-β precursor protein (APP) play a central role in the misfolding of amyloid-β linked to Alzheimer's disease. APP contains a total of four GxxxG motifs. When considering that the SARS-CoV-2 spike protein is a transmembrane protein, and that it contains five GxxxG motifs in its sequence,[12] it becomes extremely plausible that it could behave as a prion.*

> *One of the GxxxG sequences is present within its membrane fusion domain. Recall that the mRNA vaccines are designed with an altered sequence that replaces two adjacent amino acids in the fusion domain with a pair of prolines.*

> *This is done intentionally in order to force the protein to remain in its open state and make it harder for it to fuse with the membrane. This seems to us like a dangerous step towards misfolding potentially leading to prion disease …*

> *A paper published by J. Bart Classen (2021) proposed that the spike protein in the mRNA vaccines could cause prion-like diseases, in part through its ability to bind to many known proteins and induce their misfolding into potential prions.*

> *Idrees and Kumar (2021) have proposed that the spike protein's S1 component is prone to act as a functional amyloid and form toxic aggregates … and can ultimately lead to neurodegeneration."*

So, in summary, the take-home here is that COVID-19 vaccines, offered to hundreds of millions of people, are instruction sets for your body to make a toxic protein that will eventually wind up concentrated in your spleen, from where prion-like protein instructions will be sent out, leading to neurodegenerative diseases.

Vaccine Remedy May Be Worse Than the Disease

In her paper, Seneff goes into far more detail in her description of the spike protein as a metabolic poison. While I recommend reading Seneff's paper in its entirety, I've extracted key sections below, starting with how the spike protein can trigger pathological damage leading to lung damage and heart and brain diseases:[13]

> *"The picture is now emerging that SARS-CoV-2 has serious effects on the vasculature in multiple organs, including the brain vasculature … In a series of papers, Yuichiro Suzuki in collaboration with other authors presented a strong argument that the spike protein by itself can cause a signaling response in the vasculature with potentially widespread consequences.*

> *These authors observed that, in severe cases of COVID-19, SARS-CoV-2 causes significant morphological changes to the pulmonary vasculature … Furthermore, they showed that exposure of cultured human pulmonary artery smooth muscle cells to the SARS-CoV-2 spike protein S1 subunit was sufficient to promote cell signaling without the rest of the virus components.*

> *Follow-on papers showed that the spike protein S1 subunit suppresses ACE2, causing a condition resembling pulmonary arterial hypertension (PAH), a severe lung disease with very high mortality … The 'in vivo studies' they referred to … had shown that SARS coronavirus-induced lung injury was primarily due to inhibition of ACE2 by the SARS-CoV spike protein, causing a large increase in angiotensin-II.*

> *Suzuki et al. (2021) went on to demonstrate experimentally that the S1 component of the SARS-CoV-2 virus, at a low concentration … activated the MEK/ERK/MAPK signaling pathway to promote cell growth. They speculated that these effects would not be restricted to the lung vasculature.*

> *The signaling cascade triggered in the heart vasculature would cause coronary artery disease, and activation in the brain could lead to stroke. Systemic hypertension would also be predicted. They hypothesized that this ability of the spike protein to promote pulmonary arterial hypertension could predispose patients who recover from SARS-CoV-2 to later develop right ventricular heart failure.*

> *Furthermore, they suggested that a similar effect could happen in response to the mRNA vaccines, and they warned of potential long-term consequences to both children and adults who received COVID-19 vaccines based on the spike protein.*

> *An interesting study by Lei et. al. (2021) found that pseudovirus — spheres decorated with the SARS-CoV-2 S1 protein but lacking any viral DNA in their core — caused inflammation and damage in both the arteries and lungs of mice exposed intratracheally.*

> *They then exposed healthy human endothelial cells to the same pseudovirus particles. Binding of these particles to endothelial ACE2 receptors led to mitochondrial damage and fragmentation in those endothelial cells, leading to the characteristic pathological changes in the associated tissue.*

> *This study makes it clear that spike protein alone, unassociated with the rest of the viral genome, is sufficient to cause the endothelial damage associated with COVID-19. The implications for vaccines intended to cause cells to manufacture the spike protein are clear and are an obvious cause for concern.*

Commercial Vaccines Are Not as 'Clean' as Trial Vaccines

Seneff's paper also highlights the unknown hazard of injecting fragmented RNA, found in greater quantity in the commercially manufactured Pfizer vaccine compared to the vaccine used in the initial trials:[14]

> *"The EMA Public Assessment Report … describes in detail a review of the [Pfizer] manufacturing process … One concerning revelation is the presence of 'fragmented species' of RNA in the injection solution. These are RNA fragments resulting from early termination of the process of transcription from the DNA template.*

> *These fragments, if translated by the cell following injection, would generate incomplete spike proteins, again resulting in altered and unpredictable three-dimensional structure and a physiological impact that is at best neutral and at worst detrimental to cellular functioning.*

> *There were considerably more of these fragmented forms of RNA found in the commercially manufactured products than in the products used in clinical trials. The latter were produced via a much more tightly controlled manufacturing process …*

> *While we are not asserting that non-spike proteins generated from fragmented RNA would be misfolded or otherwise pathological, we believe they would at least contribute to the cellular stress that promotes prion-associated conformational changes in the spike protein that is present."*

More Information

Seneff and I cover a great deal more than I've covered in this article, including how the vaccines may trigger autoimmune problems by way of molecular mimicry. This includes things like celiac disease, Hashimoto's thyroiditis and lupus. So, if you have ANY interest in learning more about this vaccine I strongly suggest you watch the entire video.

We also discuss how the shots are causing idiopathic thrombocytopenic purpura (ITP), a rare blood disorder in which you end up with blood clots, a drop in platelet count and hemorrhages, all at the same time.

Also, be sure to read through Seneff's paper, "Worse Than The Disease: Reviewing Some Possible Unintended Consequences of mRNA Vaccines Against COVID-19," published in the International Journal of Vaccine Theory, Practice and Research.[15]

How Can You Protect Yourself From the Vaccine or Exposure to Those That Were Vaccinated?

Indeed, that is the question of the day. We talked about shedding from the vaccine. Obviously, the vaccine does not classically shed virus particles but it can easily cause people to shed spike proteins, and it is these spike proteins that may cause just as much damage as the virus.

While Seneff's paper didn't delve deeply into solutions, it provides a major clue, which is that your body has the capacity to address many of these problems through a process called autophagy. This is the process of removal of damaged proteins in your body.

One effective strategy that will upregulate autophagy is periodic fasting or time-restricted eating. Most people eat more than 12 hours a day. Gradually lowering that to a six- to eight-hour window will radically improve your metabolic flexibility and decrease insulin resistance.

Another beneficial practice is sauna therapy, which upregulates heat shock proteins. I have discussed this extensively in previous articles. Heat shock proteins work by refolding proteins that are misfolded. They also tag damaged proteins and target them for removal.

Another vital strategy is to eliminate all processed vegetable oils (seed oils), which means eliminating virtually all processed foods as they are loaded with them. Seed oils will radically impair mitochondrial energy production, increase oxidative stress and damage your immune system.

Seed oils also are likely to contain glyphosate, as it is heavily used on the crops that produce them. Obviously, it is important to avoid glyphosate contamination in all your food, which you can minimize by buying only certified organic foods.

Finally, you want to optimize your innate immune system and one of the best ways to do that is to get enough sun exposure, wearing in your bathing suit, to have your vitamin level reach 60 to 80 ng/ml (100 to 150 nmol/l).