Unraveling the Mysteries of mRNA Vaccine Shedding

Analysis by A Midwestern Doctor

February 03, 2024

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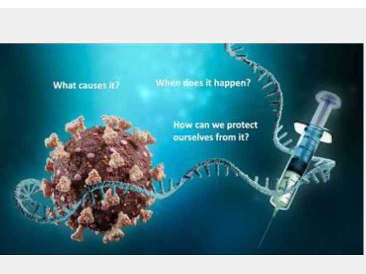
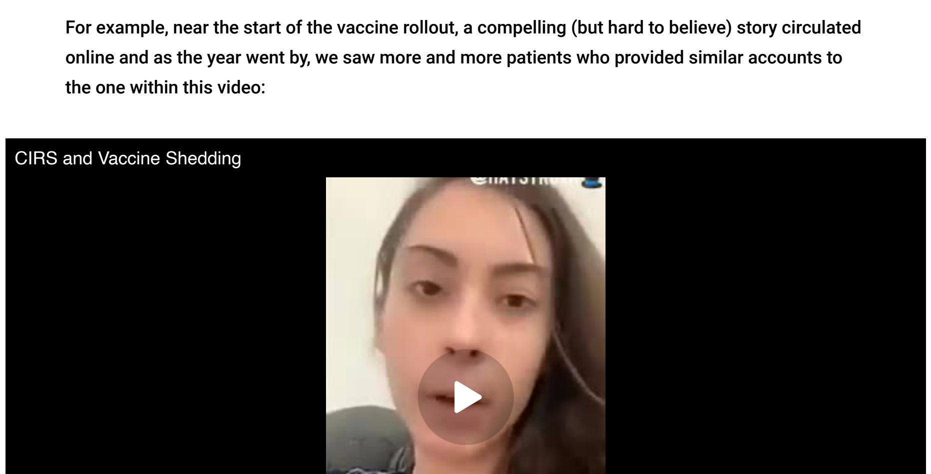


- Over the last two years, we have collected a significant amount of data that suggests a sizable number of unvaccinated people will become ill around individuals who were vaccinated in a fairly consistent and repeatable manner
- Since shedding of mRNA vaccines in theory should not be possible, whenever those individuals (who are often suffering immensely) share their stories, they are immediately ridiculed and dismissed
- We have identified a few plausible mechanisms (and the evidence to support them) to explain why this transmission occurs. These include exosome mediated shedding (most likely), asymptomatic COVID-19 shedding and transfected bacterial shedding
- In this article, we will explore some of the major questions surrounding shedding, such as what appears to be causing it and what the mysterious odor associated. Through doing so, a framework can be created to explore some of the most contentious issues surrounding shedding

After the COVID vaccines came out, we began to encounter more and more patients who had a compelling case history that suggested that were being repeatedly injured from being around recently vaccinated individuals.

For example, near the start of the vaccine rollout, a compelling (but hard to believe) story circulated online and as the year went by, we saw more and more patients who provided similar accounts to the one within this video:



Video Link

This perplexed us as in theory, the mRNA vaccines (as they are not alive and hence do not replicate) should not be able to shed, but as time went forward, we kept on seeing more shedding cases which symptomatically improved once the patient's shedding exposures were addressed. As a result, we've spent the last three years struggling to try to figure out what's going on.

To help unravel this mystery, we recently put out a call for individuals to share their own shedding injuries and see if those accounts matched what we had observed. These is understandably a lot of interest in this subject (e.g., a Tweet about it received 555k views) and we've now collected hundreds of stories (which can be viewed here).

To briefly summarize what we have learned (which is discussed in much more detail in the previous article):

Although it is required by the FDA (and has been done for the other gene therapy products on the market), none of the COVID vaccines were ever tested for shedding.

It has since been demonstrated that vaccine sheds in the breast milk and semen. There is also evidence suggesting but not proving the vaccine sheds in both the sweat and breath. It's much less clear if it sheds in the stools.

Individuals appear to be affected by being in proximity to a vaccinated person (particularly if they are quite close to them), by touching something a vaccinated person contacted (particularly bed sheets), and for particularly sensitive individuals, being in an area which had previously been densely occupied by shedders (conversely being outdoors, presumably due to airflow, reduces how much a shedder affects someone nearby).

In most (but not all) cases, the effects of shedding will resolve once the affected individual simply stops being in contact with shedders.

The susceptibility to shedding greatly varies person to person (with the majority not being affected by it).

Those most sensitive to shedding are the "sensitive patients" (who often also have other conditions like fibromyalgia, Lyme or chemical sensitivities), those who have already been "sensitized" to the spike protein (demonstrated by them having either a vaccine injury or long COVID) and those who have a yet unknown susceptibility to the spike protein (which I believe is due to them being unable to effectively produce antibodies which neutralize the spike protein).

Note: *There were also a few cases of pets being affect by shedding which suggests the effects are not necessarily dependent upon a human receptor.*

Individuals are the most likely to shed immediately after vaccination or boosting (which leads to many sensitive individuals dreading the next boosting campaign). This tendency to shed appears to match the observed blood levels of spike protein which quickly rise following vaccination then drop, but never hit zero.

In turn, the most sensitive individuals always notice if someone was vaccinated, while less sensitive individuals only get ill from people who had been recently vaccinated.

Many individuals affected by shedding are able to identify clear reproducible patterns of when they get ill from shedding (e.g., each time they go to church on Sunday they get the same illness on Monday).

Some people shed much more than others (e.g., individuals can frequently identify who at their church always makes them ill). Typically, younger people shed more than older people. Furthermore, sensitive individuals repeatedly notice certain characteristics of shedders (e.g., they have a distinct odor).

The most common effect of shedding is abnormal menstrual bleeding (which can sometimes be very severe and frequently affects post menopausal women). Other common symptoms include nosebleeds, spontaneous bruising, tinnitus, rashes, headaches, reactivation of latent viruses (e.g., shingles), briefly coming down with a covid like illness, sinus issues and muscle pain.

Some people experience a cluster of these symptoms while others only experience one or two of them.

Individuals tend to notice an increasing duration of exposure to a shedder will make them feel worse. In turn, numerous readers have noticed that if they ignore their lighter symptoms (which often onset within minutes of a shedding exposure) and do not exit the situation, they will become severely ill for a prolonged period.

Most of the shedding injuries appear to be a consequence of circulatory impairments (e.g., microclotting). I personally believe this is due their adverse effects on the physiologic zeta potential (which once treated appears to fix spike protein injuries) and to a lesser extent activating the cell danger response.

Most of the vaccine shedding symptoms resemble what is seen in other spike protein injuries. However, there are two key differences. First, spontaneous bruising and nosebleeds are unique to shedding (they are not typically seen after long COVID or a vaccine injury).

Secondly, the symptoms which emerge from shedding exposures tend to be less severe than the traditional spike protein injuries (e.g., heart issues or strokes are rarer and less severe) and when the severe effects occur (e.g., death), they are typically proceeded by less severe reactions to shedding (but unfortunately the victim continued to expose themselves to shedders).

This suggests that the shedding reactions are being caused by reactions to a lower dose of spike protein — which is congruent with the fact a vaccinated individual will have more spike protein inside them than what is shed into their environment.

Shedding effects are typically either immediate (e.g., nosebleeds, headaches and dizziness), onset in 6-24 hours (e.g., menstrual issues) or gradually show up over time.

Note: *None of these are absolutes (e.g., sometimes the nosebleeds take a day to manifest, whereas I found one case where someone had severe menstrual bleeding immediately after a shedding exposure).*

Two studies have validated the shedding effect is real.

The majority of people do not appear to be affected by shedding.

Mysteries of the Shedding Phenomenon

The previous facts understandably raise a lot of uncomfortable questions many want answers to (hence why we received so many replies). I personally believe they necessitate a federal law being passed which will prohibit any gene therapies from entering the market unless their shedding is properly evaluated, that data is made public and it can be proven it is feasible to prevent the general public from being shed on.

Given the gravity of this situation, we believe it critical to provide the most accurate and balanced assessment of the COVID vaccine "shedding" phenomenon. This in turn was why we put out a public call for as much information on it as possible and why we've been as transparent as possible in how we reached our conclusions and provided all the data we used that helped us reach this conclusion.

Since mRNA "shedding" is such an inexplicable phenomenon, attempts to explain or predict it inevitably result in a large number of highly speculative hypotheses being raised. In turn, it was my hope that consistent patterns would be seen in the shedding reports which could narrow down which of those hypotheses could fit the observed patterns and hence were more likely to answer many of the questions which have been repeatedly raised on this subject.

For the rest of the article as we attempt to untangle this mystery, I will share our current perspectives on what **might** be going on and the answers to the most commonly received questions on it.

The Vaccine Smell

One of the most surprising things I learned from exploring the shedding issue is how many people have reported observing a distinct smell from individuals who appear to shed [e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30]. Additionally, many also notice this smell is present in areas where many vaccinated individuals have been (e.g., after a booster rollout, in crowded public spaces, or inside cars they drove).

Overall, it appears that a higher spike protein load appears to be "easier" to smell (e.g., in someone recently vaccinated — as spike protein levels spike in the blood after vaccination, when in close proximity to a shedder particularly if some type of intimate contact occurred, or when around someone who for some reason has a greater degree of shedding).

Similarly, more sensitive people (who are typically more likely to be injured by the vaccines) are more likely to detect this smell (e.g., they can still smell it once the shedders are no longer physically present).

Note: *Numerous readers reported being able to consistently tell if someone was recently vaccinated.*

Additionally, I've found a few cases where:

- Secondary shedding could be smelled.
- A sexual partner lost their distinctive odor.
- At least one individual with a vaccine injury could smell the shedding on themselves. [e.g., 1, 2, 3]. I would like to quote what one of those individuals shared since I believe it may offer some vital clues for unravelling this mystery:

> *"The smell was one of the first symptoms of my vax injury (albeit a benign one, compared to what it eventually turned into). It was like my entire smell changed. I was living in Florida at the time — needless to say I'd sweat a lot. And every time, post-vax, my underarm sweat would have this strange metallic smell.*
>
> *I would complain to my girlfriend about it. Always telling her 'there's just something off. I can sense it' … at the time, she wasn't picking up on it. Or she disagreed as to the nature of the smell, while begrudgingly agreeing there was a slight change (she thought I was overreacting; also, she is unvaccinated) … But then a friend pointed it out at a workout class when I was sweating heavily.*
>
> *I've been on a number of therapies for over a year now. The smell comes and goes. When it comes, I know I'm in for a flare up. It seems the flare ups tend to come from shedding (both viral and synthetic shedding). I haven't noticed the smell on others. Just myself. It makes me feel like I'm not me anymore, and that I've been hijacked."*

The labels I've seen used to describe the smell are as follows: "**mild sickly sweet**," "**rotting [or dying] flesh**," "magnetic onion," "unpleasant," "distinctive," "the smell of death," "medicines plus latrines," "**musty plus rancid**," "dead animal," a "decomposing body," "**road kill**," "like ammonia but not as strong," "**sweet**," "sour stomach," "elderly person as their flesh breaks down with age," "a chemical flu smell," "of seaweed," "putrid," "sweet meat," "**strange and metallic**," "sharp, pungent and toxic," "horrible," "unique odor," "**chemical**," "vinegar," "subtle like a pheromone."

Note: *Bolded items were reported by multiple people.*

From looking at this list of smells, a few things jump out at me:

- While it's quite difficult to put into words something which has never been described before, the descriptions are fairly consistent with each other.
- One of the most well recognized consequences of the vaccination is accelerated aging, which appears to be reflected in this list.
- **There may be two separate things people are smelling** (the decomposing flesh vs. the metallic chemical). One theory which was proposed to me to explain the second smell is that it's a result of micro-organisms in the environment that have been metabolizing all the chemicals that were used to (pointlessly) sterilize every surface through COVID-19 as one reader said it was first noticed in 2020 but dramatically increased in 2021.
- Individuals who can smell this will likely lose their attraction to shedders (as appealing smells are often the most important thing for sexual compatibility).

  Note: *One sensitive person who can perceive the shedding has shared that they've completely lost their attraction to vaccinated women for this reason.*
- The one friend I have who can smell this (and a very perceptive colleague) reports that it appears to be being emitted through the pores. This is consistent with what some of the individuals (e.g., the one quote above) observed and the evidence **suggesting** the shedding occurs through the sweat since it contaminates sheets.

Since individuals often perceive the same environmental quality through different senses (depending on their primary sensory orientation is) I was also curious to see other ways the "quality" shedders had was described.

Since smell is intimately linked to taste, I expected those reports to resemble the smells. The three I received [1, 2, 3] did just that, describing it as: "you can taste the jabs ... it's metallic and unpleasant," "can taste a metallic sensation," "a dry acid feeling on my tongue."

Quite a few people also reported feeling sensations from vaccinated individual [e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9] and described them as follows:

> *"'… noxious,' 'recently vaccinated people have a slime on their skin,' 'it was a feeling of repellent that made me want to get away as quickly as possible,' 'the bioelectric field around the person disappears,' 'their energy changes to a stainless steel sink sponge feel which is metallic and raggedy (which that reader* ***believed*** *represented neurologic damage),' 'illness and excitable energy,' 'a heavy air pressure and spatial fog weighing on my brain (which if not exited from will then create vertigo for that reader),' 'it makes our noses prickle,' 'half of my tongue went numb the next day,' 'their energy field has a physical sensation of 'metallic' of physical repulsion, or a greyness, black goo, and even a dullness of mind that I could see.'"*

Note: ***The last commenter*** *also noted they verified they could accurately predict who was vaccinated and that they noticed food prepared from vaccinated individuals was different.*

As you might notice, these are somewhat congruent with the previously described smells and tastes. One sensitive physician I know who smells the odor (and seems to know more about it than anyone else I know) has shared the following with me:

They had previously had environmental sensitivities, which with work they were able to eliminate.

Until those sensitivities were resolved, they would smell chemical residues on them when they got home which they then needed to clean off.

In December 2020 (right after the rollouts began), they began to notice a new smell they'd never smelled before which lingered on them once they got home and they needed to clean off (e.g., with a shower) in order to be able to be comfortable at home (previously, while sensitive, they'd also needed to do this for everyday chemical exposures).

Before long, this smell started emerging in public places (e.g., a store), but was by far the strongest in the hospital. Because this smell had not existed throughout the first year of the pandemic, they assumed it was linked to the vaccine. Presently, they believe the smell is the spike protein and something else in the vaccine.

The smell gets stronger each time a new series of boosters is rolled out (as most of coworkers at the hospital likely receive it).

This smell was much weaker in Southern Europe, suggesting either their vaccines were different, or the health of the average American caused them to shed differently.

When the shedding smell is particularly strong, they experience temporary symptoms while around those individuals (e.g., pain in a part of the body). This for instance occurred after the most recent round of boosters.

Many people who were vaccinated do not have this smell, which suggests many (as discussed in the previous article) received placebos. Unfortunately for my colleague, it is much higher in hospitalized patients (which suggests those who received the more potent vaccines were also more likely to be injured and hence hospitalized). Likewise, the more "real" doses someone received, the harder it is for my colleague to be around them.

Note: *Presently my colleague estimates around 50% of the population is truly jabbed, but in certain cases (e.g., in clinics for the elderly who are more likely to have been repeatedly boosted, this figure rises to 80%). Sadly, those with the most unusual or severe illnesses, they invariably muscle test (or smell) as having been "truly" vaccinated. The subject of "hot lots" has been a longstanding controversy.*

The mold biotoxin community has also noticed a new toxin (and odor) they need to be wary of which entered the environment during 2020 and worsened in 2021 after the vaccines hit the market.

Likewise, my colleague has had patients who believed they'd had a mold exposure (which is often debilitating for patients with chronic mold issues) but when it was looked into, my colleague assessed it was actually from vaccine shedding that had contaminated their environment.

Like the cleaners mentioned earlier, my colleague notices a significant difference in environments that have vs. have not had a significant presence of vaccinated individuals in them.

Whatever is creating this smell is gradually seeping into the environment (e.g., a colleague through muscle testing recently found the same toxin in seawater foam from the ocean a patient reacted to).

Not every vaccinated person has an overt shedding smell, but with almost all of them, it can be detected once the air next to them is breathed in.

***Note:** I believe this could be explained by the fact only some people received vaccines with positively charged lipid nanoparticles that hence concentrated in the lungs.*

My colleague believes that whatever is causing this smell behaves a lot like a pheromone. Likewise, Ryan Cole has shared that he believes the pheromonal process is a likely mechanism to account for much of what is being seen with shedding as female menstruation is highly sensitive to pheromones (this reader and this reader also associate shedding with pheromones).

***Note:** My colleague (and their mentor) have also found that it is more difficult to treat or evaluated truly vaccinated individuals, as a haze is present around them which makes muscle testing more difficult to perform and their simple presence in the office can interfere with treating other patients who are also there. Initially this forced them to not see vaccinated patients, but in time they found workarounds for this issue.*

Presently, this colleague and their mentor (who has a good track record in working with complex illness) believes the primary mechanism of toxicity from the shedding is energetic rather than physical in nature (which may for instance explain the experiences of this reader).

I suspect in the years to come, this smell will become much more clearly worked out. Additionally (assuming it is a physical smell rather than "energetic" smell), I am almost certain it will be possible to train dogs to smell it. For instance, consider (to quote UCLA) what they were able to do with COVID-19:

> *"When the COVID-19 pandemic struck, the diagnostic abilities of dogs were put to the test. Professional trainers claimed high success rates of dogs sniffing out COVID-19 infections, and a few small studies backed them up. In one, specially trained dogs were 97% accurate in sniffing out COVID-19 from sweat samples taken from 335 people.*
>
> *This included finding infection in 31 individuals with no symptoms. When testing moved from isolated biological materials in a lab to actual humans in real-world settings, accuracy dropped a bit.*
>
> *When it comes to the widespread use of specially trained dogs to diagnose COVID-19, more study is needed. However, researchers and clinicians agree it's a promising avenue. Dogs detected infection up to 48 hours earlier than a PCR test. And while a rapid test requires a swab, chemical reagents and 10 minutes or so to produce results, the dog's response is immediate.*
>
> *There is also interest in harnessing the canine sense of smell to learn more about long COVID."*

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Shedding Mechanisms

***Note:** I recently wrote an article titled "How Do We Navigate Uncertainty In These Perilous Times?" primarily to provide critical context for this section.*

As I discussed above (and in more detail in the first half of this series), the major issue I've had with this subject is that in theory, mRNA vaccines should not be able to shed, but for some reason they are.

At this point, I've come up with a few **potentially viable** explanation to explain why this is happening. The ones I feel have enough evidence to substantiate them are as follows:

Variable Sensitivity

From all the previously received case reports, it has been established that the sensitivity to either the spike protein (or a yet unknown vaccine component) varies by orders of magnitude (discussed further in the first half of this series).

While this does not explain how the vaccine is able to "shed" it explains why some people can be relatively unaffected by high concentrations of it (e.g., the asymptomatic shedders) whereas others get very ill from the tiny amount of the shedding agent which exits the body and can be absorbed from the environment.

This in turn is consistent with the hypotheses that the spike protein's toxicity is partly a result of it being an allergen (some people are extraordinarily sensitive to an allergen) and it being an agent which collapses the physiologic zeta potential (as everyone has a differing critical threshold below which impaired zeta potential will trigger microclotting throughout the body).

Exosome Mediated Shedding

While not perfect, exosome shedding is the hypothesis that best fits the existing data on shedding. Briefly, this hypothesis argues that the vaccine is concentrating in the lungs (due its previously described affinity for the pulmonary arteries when the vaccine is incorrectly manufactured), which results in some (but not all vaccinated) individuals exhaling a significant amount of spike protein containing exosomes which then affect those in their surrounding.

This mode of "shedding transmission" essentially allows for a relatively small difference in total spike protein concentration between the shedder and the individual affected by the shedder.

***Note:** Before I learned why the vaccine manufacturing process can cause the vaccine to accumulate in the lungs, I came to suspect something caused the vaccine to concentrate in the arteries that travel from the heart to the lungs because clinicians kept on reporting to me that it seemed to be a primary site of injury in their vaccine injured patients.*

Likewise, I now suspect the "strongest" shedders were those who received lipid nanoparticles that were manufactured in a way which caused them to concentrate in the lungs.

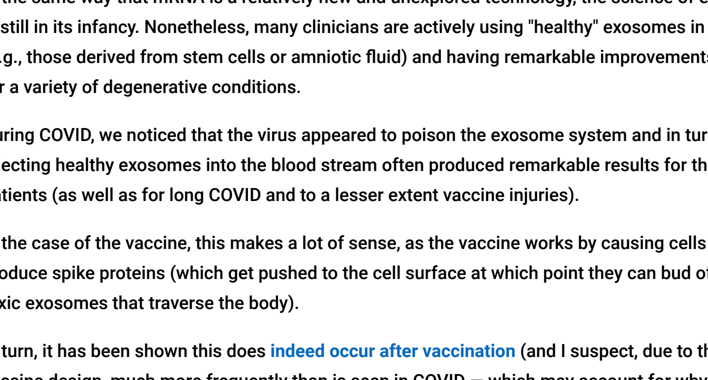
Exosomes for reference are small vesicles (which the lipid nanoparticles sought to mimic) that cells continually release and take in, hence forming a critical communication network the entire body relies upon (e.g., mothers have exosomes in their breastmilk which make it through the digestive tract and deliver [micro]RNA to their developing babies which plays a critical epigenetic role in guiding their healthy development).

In the same way that mRNA is a relatively new and unexplored technology, the science of exosomes is still in its infancy. Nonetheless, many clinicians are actively using "healthy" exosomes in practice (e.g., those derived from stem cells or amniotic fluid) and having remarkable improvements occur for a variety of degenerative conditions.

During COVID, we noticed that the virus appeared to poison the exosome system and in turn that injecting healthy exosomes into the blood stream often produced remarkable results for those patients (as well as for long COVID and to a lesser extent vaccine injuries).

In the case of the vaccine, this makes a lot of sense, as the vaccine works by causing cells to mass produce spike proteins (which get pushed to the cell surface at which point they can bud off into toxic exosomes that traverse the body).

In turn, it has been shown this does indeed occur after vaccination (and I suspect, due to the vaccine design, much more frequently than is seen in COVID — which may account for why "vaccine" shedding differs from COVID-19 shedding).



***Note:** The negative controls in this experiment did have spike protein on their exosomes.*

Because of all the signaling effects generated by exosomes (very small doses of healthy exosomes can create profound improvements in patients which are hard to believe unless you see it first hand), it in turns seems plausible that inhaling toxic exosomes could have a profound impact on those sensitive to shedding.

Furthermore, many of the vaccine injury case histories I've seen indicate the route of exposure had to be respiratory in nature (e.g., the rapid nose bleeds), further supporting this hypothesis. Conversely, I've seen spike protein injured patients have excellent pulmonary and nasal responses to nebulized amniotic exosomes, which again indicates that toxic exosomes could also be active there. Presently, the following has been shown:

> Spike protein containing exosomes (which circulate in the bloodstream) spike after vaccination (and then decline) and appear to be one of the primary things responsible for triggering the immune response that creates antibodies to the vaccine, as once spike protein coated exosomes are transferred to mice, the mice develop antibodies to the spike protein (along with increasing levels of various inflammatory cytokines).

> A 2023 peer-reviewed study found that unvaccinated children who were around COVID-19 vaccinated parents developed an immune response to the spike protein that was not seen in children with unvaccinated parents. Additionally, they were also able to find spike protein antibodies in surgical masks worn by the physicians. This led the authors to **hypothesize** that antibodies being directly transferred through the parent's breath to their children.
>
> I however would argue the results suggest spike coated exosomes (which produce spike antibodies once they arrive in the children) are being transferred.
>
> This is because, to the best of my knowledge, it has not otherwise been shown antibodies can be directly transferred to someone else through breath (this would change a lot of the fundamental principles of how herd immunity works in the population) and if the transference were to occur, the concentration in the child would be dramatically lower than the parent (which as best as I can tell was not what the study found).

> Significant amounts of (RNA containing) exosomes can be found in your breath, and those exosomes (which derive from the lungs) vary depending upon on the disease state someone has ("sicker" people have "worse" exosomes). To illustrate, see this 2013 paper, this 2020 paper and this 2021 paper.
>
> ***Note:** Since this is a relatively new field of research, each paper is more sophisticated than the preceding one.*

> The spike protein has a high (heparin dependent) affinity for binding to the surface of exosomes. So if was not already there when the exosome initially formed it can also attach to exosomes traveling in the blood stream.

> Long COVID (and more severe acute COVID) is characterized by the presence of more spike protein studded exosomes (see this paper and this paper). Additionally, they also showed exosomes from COVID patients are highly inflammatory (and potentially clot forming) and are taken up by the lung cells.
>
> The most detailed study (and imaging) of spike protein containing exosomes can be found in this paper (which also found that spike protein containing exosomes can circulate a year after COVID infection).
>
> ***Note:** This study also found COVID triggers the production of spike protein coated exosomes, and when lung cells was exposed to those exosomes, an immune response to the spike protein was triggered.*

> An inhaled vaccine was made from lung derived exosomes coated with spike proteins (they were lung derived so the lung cells would be more likely to absorb them).
>
> These spike protein exosomes both generated an immune response and were absorbed into the body. Once absorbed, those exosomes then traveled to other tissues and organs in the body which (based on all the reports we've received and the patients we've seen) are known to be affected by shedding.
>
> ***Note:** The key point from the above studies is that many of the above papers showed (abnormal) exosomes (e.g., spike protein coated ones) activated the immune system and appeared to play a key role in developing an immune response to them.*

Lastly, exosomes may also be absorbed through skin contact (after being sweated out by a shedder) but it's harder to know if this does occur, as the existing data I've seen indicates it's often difficult for (generic) exosomes to penetrate the skin.

As there are many cases suggesting skin to skin shedding transmission occurs, that either means something else is at work or spike coated exosomes indeed can penetrate the skin (e.g., because the skin becomes more porous at certain times or because containing spike protein increases the ability of an exosome to penetrate the skin).

In short, I think the theory behind mRNA vaccines (having cells produce exosomes on their surface which are then recognized by the immune system), was a terrible idea since it not only causes the body to attack those potentially essential cells (e.g., a good case can be made this happens to the heart) but also that it poisons the exosome system.

This again illustrates why it was a terrible decision to abandon the existing regulatory principles and allow a completely brand new technology with a huge number of unknowns to be given to a large number of people. While the regulators might have wanted to hope those unknowns would all be "fine" as time goes forward, we discover reason after reason they are actually a huge problem.

***Note:** The clinical uses of exosomes and their rationale for being used is discussed in much more detail here.*

The SARS-CoV-2 Virus

I believe some of the shedding people attribute to the vaccine is in fact due to the virus itself. In turn, there are a few reasons why could happen and it is likely one or more of the following is occurring:

1. The SARS-CoV-2 virus is pervasive throughout our environment now and since the shedding symptoms resemble other spike protein injuries, it is likely some of the cases that are being labeled as "shedding" are actually just exposure to the SARS-CoV-2 virus. However, I must note I do not believe this can account for many of the stories I've come across.

2. The COVID vaccine transforms the immune response of an injected individual from one that eliminates the infection to one that reduces the symptoms of an existing infection. This in turn may lead to vaccinated individuals becoming chronic "silent" carries of COVID-19 and unawarely shed the virus into their environment.

   This effect is traditionally observed with vaccines directed at a toxin an infectious agent produces rather than the organism itself (e.g., the pertussis vaccine prevents its toxin from causing whooping cough which can lead to vaccinated individuals becoming chronic carries of pertussis and silently shedding it into their environment — something demonstrated by pertussis outbreaks occurring in vaccinated institutions).

   In the case of COVID-19 vaccination, it has been discovered that repeated exposure to the (highly allergenic) spike protein triggers the body to begin switching to producing of IgG4 antibodies, antibodies which are reduce the immune response to an allergen — something which is helpful for say pollens you are always exposed to, but not helpful for a harmful agent reproducing within the body.

   ***Note:** I suspect many of the vaccinated individuals predominantly become symptomatic when they are exposed to new variants they do not yet have an IgG4 response to.*

   In turn, it appears that repeated vaccination reduces the symptoms from a COVID-19 infection as you no longer have the (often dangerous) allergic response to the spike protein, but it also prolongs the duration of the infection and can turn you into a silent carries of the infection.

   This again illustrates why it was unwise to deploy a poorly understood technology upon the world and that had a more thorough risk analysis of been performed, people would have realized that it was unwise to perpetually produce the infectious component of SARS-CoV-2 in the body.

   ***Note:** As further proof of this point, Novavax was able to demonstrate that their vaccine (which provides three injections of the antigen alongside an adjuvant rather than forcing the body to continually produce the spike protein) does not trigger the IgG4 response seen from the mRNA vaccines.*

3. Vaccinating someone currently infected with COVID-19 causes the existing infection to spiral out of control, which in turn leads to the infected individual suddenly transmitting large amounts of the pathogen into the environment. Some of the things that have made me suspect this are:

   - I personally know of numerous cases (which I logged) where someone got a COVID-19 vaccine, shortly after came down with a severe case of COVID-19 and then died in the hospital. Likewise, analyses of VAERS reports have found after 1-2 weeks, the most common causes of death reported following vaccination was a COVID-19 infection.

     ***Note:** I could see this either being due to the immune suppressive effects of the vaccine (e.g., the immune system becoming hyper-primed to respond to the spike protein rather than the existing viral strain, the vaccine being demonstrated to destroy the bone marrow stem cells which produce the immune system's cells or the IgG4 class switch) or due to it provoking a severe inflammatory response (as much of the damage of from a COVID-19 infection is a result of the immunological response to it).*

   - I have seen a few reports (e.g., in a survey Steve Kirsch asked me to review) of someone who had a mild (PCR confirmed) lingering COVID infection then get a COVID vaccine and immediately crash (e.g., they needed to be hospitalized). These examples again suggest that the immunosuppressive effects of the vaccine can destroy the immune system's ability to properly respond to an existing infection.

     ***Note:** This was also something that was seen with the HPV vaccine (if you have the HPV strain known to cause cancer at the time you got the vaccine, **the HPV trials showed you actually became more likely to get cervical cancer**).*

     Since the HPV vaccine and the COVID-19 vaccines are the most immunologically agitating vaccines on the market (e.g., they have a very high rate of causing autoimmune disorders), I suspect they are much more likely to worsen the response to a preexisting infection of the disease they "protect" you against.

   - I know a hermit who I can verify stayed inside his house for the last two years except to see his parents once a week. Throughout the pandemic he never had an issue with COVID, but after his parents were vaccinated, he immediately developed a significant COVID infection.

     Likewise, I have read numerous reports of people who either came down with COVID or a COVID like illness after being around a vaccinated individual. For example, this was one reader's shedding story:

     > *"In December of 2021 we attended a family wedding in another state. We drove there in our RV, not stopping often in restaurants. My husband and I were one of the few at this wedding unvaccinated, which the rest of the family disapproved of, so I was careful in my exposure. We took a home covid test two days before seeing everyone and again on the day we arrived. Negative.*
     >
     > *At the wedding I was dancing with my nephew, a police officer, who had recently been boosted. He wasn't feeling well — and two days later he tested positive. Three days later, feeling achy and unwell, I tested positive and two days later my husband tested positive. I am sure my nephew was shedding. The only people at the wedding who got sick were relatives or friends of my nephew."*

     Likewise, another reader shared this story:

     > *"My husband and I had the same hair stylist. She said she had just gotten boosted in Feb 2023 (after initial 2 shots). That week, we both got our hair done by her. We both are unvaccinated and had never had Covid. We both came down with COVID that week."*

     ***Note:** If you consider the first point, the vaccine could also be causing a chronic COVID infection which causes the vaccinated to continually expel spike protein coated exosomes and those are what actually create the problem for those around them.*

Bacterial DNA Plasmid Contamination

It has now been demonstrated that the vaccines are contaminated with DNA plasmids that were not removed during the (improper) manufacturing process.

In turn, I believe it is quite possible those plasmids are in turn integrating into the recipient's genome or their microbiome. Assuming they are in fact integrating into the microbiome, the transfected bacteria will reproduce the spike protein plasmid and can hence transfect other bacteria in the microbiome (which in turn can produce the spike protein).

In turn, since we are always spreading our microbiome (including through the air) to those around us, spike transfected bacteria provide a way that the vaccine could allow a replication competent

organism to be transmitted to those around us — something which on the surface appears impossible with the mRNA technology (and is hence frequently used to argue against the possibility of shedding). Presently, the following data points exist to support this hypothesis:

1. It is now known that the most dangerous vaccine lots also had higher amounts of the plasmid contaminants.
2. One system of medicine (based on terrain theory) believes the microbiome transforming into a pathologic state is the root cause of many illnesses.

   In turn, this system "treats" a variety of diseases by providing plasmids extracted from healthy states of the common organisms found within the body under the theory that unhealthy ones will take up those plasmids, transform into the healthy ones that live with the body and then produce more of the "healthy" plasmids.

   In essence, this approach seeks to restore health is exactly the opposite of what the (spike protein plasmid containing) COVID vaccines are doing. While I do not follow the fairly complex protocols adherents of this school of medicine ask patients to follow, I have found that some of their remedies are extremely helpful for specific diseases that are otherwise quite difficult to treat.

   With spike protein injuries, we've found one remedy this system believes "treats" the microorganism which causes blood clotting is quite helpful for both vaccine injuries and long-haul COVID. This in turn suggests to us that something about the spike protein pathologically alters the microbiome until it is reversed with a healthy plasmid.

   ***Note:** Much more was written about this school of medicine here.*
3. A 2022 study was able to prove that the SARS-CoV-2 virus will infect the gut microbiome, reproduce its components within those bacteria and alter the gut microbiome (due to the bacteria it infected dying).

   Since bacteriophages typically require specialized proteins to infect bacteria, the fact that SARS-CoV-2 acted as a bacteriophage was a bit of a mystery, which led the study's authors to propose a few **guesses** on why it happened, all of which understandably lacked evidence to support them.
4. Sabine Hazan MD, who is a gastroenterologist and a world expert on the microbiome likewise discovered that:

   - SARS-CoV-2 could be found in the stools of individuals with a COVID-19 infection.
   - That a SARS-CoV-2 infection pathologically altered the gut microbiome.
   - That the severity of a COVID-19 infection correlates to the degree of pathologic alteration of the gut microbiome, although it was indeterminate if the alterations in the gut microbiome preceded the infection (and hence predisposed one to a severe infection) or if it was a result of the infection itself.

     ***Note:** This study and this case report suggested that restoring the gut microbiome shortened COVID-19 hospitalization time and significantly improved one's likelihood of survival. Dr. Hazan has also put forth the hypothesis that some of the benefit of ivermectin may be a result of it increasing the beneficial gut bacteria which are harmed by a COVID-19 infection.*
   - That mRNA vaccination pathologically altered the gut microbiome (and reduced the same beneficial bacteria observed to be lost in COVID-19 infections, particularly bifidobacteria) both one month after vaccination and at 6-9 months post vaccination.

   All of this suggests **but does not prove** that microbiome transfection plays a key role in the shedding phenomenon. One thing that makes me more open to this hypothesis are the numerous cases (e.g., the cleaners discussed in the previous article) I've come across of individuals becoming ill from touching surfaces that were touched by shedders (and hence could contain those spike protein transfected bacteria).

   ***Note:** While it was widely believed to do so throughout the pandemic, SARS-CoV-2 is not transmitted by contaminated surfaces, which means something else is "shedding" onto them.*

   While it's possible it is the spike protein exosomes, it's unclear to me if they could persist in the environment (we always are instructed to store therapeutic exosomes at very low temperatures but in contrast, one study I found suggests serum exosomes can persist at room temperature for a few days) and as mentioned above, it's unclear if they can be absorbed through the skin.

Additionally, Dr. Hazan's work makes me wonder if the pre-existing microbiome of an individual may influence their susceptibility to shedding.

***Note:** I asked Dr. Hazan if she was ever able to assess if vaccination caused the gut microbiome to produce the spike protein.*

She told me she never had the funding to do the research (as given its controversial nature, no one wanted to fund it so she had to use up a lot of her savings to self-fund the COVID-19 vaccination studies [that type of research costs a lot]) and she is thus presently trying to raise the funds for the research to determine if the vaccine integrates into the human genome or microbiome (which can be donated to here).

While talking to her, she emphasized that the mRNA vaccine damaging the gut microbiome could potentially be creating some of the shedding symptoms being observed since a healthy microbiome both produces essential nutrients and reduces inflammation throughout the body.

Pheromones

As mentioned above, some believe the vaccine shedding pathology is largely mediated through pheromones (hence why some can smell their distinct odor). Ryan Cole endorses this hypothesis, partly because it is known that pheromones can have a significant impact on menstruation.

Likewise, a few readers [1, 2] have shared that they believe shedders emit a toxic "pheromone." While this possibility is intriguing, I do not believe it can explain everything that has been observed with shedding.

***Note:** As far as I know, there is no research on the connection between exosomes and pheromones.*

Lipid Nanoparticle Breakdown Products

The shedding is an allergic reaction to the broken down components of the lipid nanoparticles (e.g., PEG) being excreted from patients. Overall, I feel this explanation is unlikely account for much of what has been observed.

Conclusion

Given how controversial the idea an injection being given to billions of people could actually be actively harming unvaccinated people is, we've put a lot of thought into if we wanted to broach this topic. For this reason, we've spent a long time researching the topic and tried to stick to claims we could provide the evidence to substantiate.

At this point, I feel we have been able to answer many of the questions numerous people have asked us to explore. Nonetheless, there are a few topics that have not yet been covered I know many of you still want some guidance on (e.g., does shedding silently put you at risk from a deadly disease like cancer).

The dilemma we face is that most of those answers rely more speculative evidence and our fear is that if they are associate with these points, they will be focused on and hence used to dismiss the rest of the critically important points raised throughout this article.

For example, many people want to know how to protect themselves from shedding. In my eyes, the best answer to this question is the same message everyone in this movement has been giving for the last year: "stop boosting people." However, since we are still not at that point (however we are close as most of the public appears to have realized the boosters are either unsafe or ineffective), I am not sure if that constitutes useful advice.

***Note:** I am hopeful the shedding issue, provided it's presented in a reasonable and measured manner, may finally be the thing that tips the scales against continuing the COVID-19 booster campaign as the incentives to keep them on the market is rapidly dwindling (since almost no one is buying them).*

Likewise, I think making people conscious of how shedding may be harming them is helpful since it provides guidance on how to significantly reduce that harm by avoiding shedding exposures, but at the same time it's not really helpful because no one wants to be stuck being isolated from society (which many readers have shared is the situation they've now found themselves in — particularly in regards to intimate relationships).

In the longer version of this article, (this article is an abridged version of the fully one which can be viewed here), we will cover everything we currently know about these topics (e.g., sexual shedding or blood transfusions from vaccinated individuals) and what can be done about them.

Lastly, if you were affected by shedding and can share your shedding experience (e.g., in the comment section here or on this Tweet) we would greatly appreciate as we need gather as much data as possible to unravel this mystery and have something be done about it.

A Note From Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out The Forgotten Side of Medicine on Substack.

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Guillermou
Joined On 4/7/2015 8:47:48 AM
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In a review published December 26, 2023 in Vaccine, researchers found that non-live vaccines such as influenza, COVID-19, hepatitis B, and diphtheria, tetanus, and pertussis (DTaP) tend to cause side effects. non-specific adverse events (ENE). , increasing a person's risks of all-cause mortality and infections from other diseases. The Vaccine study highlighted the DTaP, influenza, malaria, hepatitis B, and COVID-19 mRNA vaccines. www.theepochtimes.com/health/vaccines-can-impact-long-term-survival-fr.. 2024-01-10&utm_medium=email&est=iysFLKH0W4cV%2FwP14cFVoL1AeI0bVYrqT%2Fe%2BxW3rNAULTuw%2B%2BUwrbP3f3PeQV1rc (01/18/2024) .----------- In an interview with Action Canada's Tanya Gaw, McCullough discussed the risks that people "vaccinated" against Covid pose to those "unvaccinated." Simply put, she compared the situation to non-smokers inhaling secondhand smoke from smokers.

Another recently published study found that mRNA remains in the lymph nodes of those pricked for months, further supporting McCullough's claims. There is also another recent medical study that McCullough called the "most disturbing" that shows that mRNA poisons can be transferred from breast milk to babies. Early in the "pandemic," McCullough advised that the unvaccinated should wait at least a month before coming into close contact with someone who received the Fauci flu vaccine. He has now increased it to 90 days or more. rairfoundation.com/dr-peter-mccullough-warns-covid-vaccinated-people-a.. (2022) www.tmrjournals.com/public/articlePDF/20221114/483e983160eb24f1ef94bdd.. (2022)

Reply | Mark as Spam | Posted On 2/3/2024 6:18:46 AM
Like Dislike

tru39098
Joined On 4/26/2022 9:08:13 AM
Add as Friend | Send Message

I am unvaccinated and never got Covid, but I live in a nearly 100% vaccinated state of Australia. I developed a protocol that works for me, including a daily regimen of drinking and irrigating my nasal passages with ozonated water and taking lysine and vitamin C. On one occasion, I was at the local laundromat. A man arrived while I was attending to one of the machines. He sat down in front of my laptop, which now that I think of it was rather odd. Anyway, we got to talking about Covid and the vaccine.

He said he had to take the vaccine to visit his mother at an elder care facility. I told him about ozone and asked him to pass over my laptop so I could find a machine on eBay to show him. As he passed it to me, his hand touched mine. In a perfect world, it might have been romantic, but not in this one. I left the laundromat thinking nothing more of it. That night, as I drifted off to sleep, suddenly a chill came over me and my body began to shake as if I was stranded in the snow in Antarctica, and I started to feel the onset of flu-like symptoms.

Normally, I irrigate and drink ozonated water after I have been around others, and if I go shopping, I spray everything I buy with it as well. However, on this occasion, I had relaxed my protocol and forgot to do so, since the pandemic had been over for some time, and I wasn't worried about spike protein shedding because I was new in town and didn't socialise. Instinctively, I grabbed a handful of chewable vitamin C and lysine tablets and washed them down with several glasses of ozonated water and irrigated my nasal passages as best as I could.

Amazingly, the symptoms eased almost immediately, and around an hour later, I felt fine. I hope my experience will help in your research, doctor. I'm confident my protocol will address any spike proteins I may encounter among the 99.5% vaccinated populace. Since I started it, I've been sick only once. (I hadn't realised that my ozone machine had stopped working and I needed a new one!)

Reply | Mark as Spam | Posted On 2/3/2024 5:20:50 AM
Like Dislike

ghfinn
Joined On 2/9/2016 7:51:02 AM
Add as Friend | Send Message

I found the procedure. What is the difference in drinking O2 compared to breathing it, if you know? Thanks

Mark as Spam | Posted On 2/3/2024 7:19:52 AM
Like Dislike

ciaopaty
Joined On 2/5/2012 10:49:55 AM
Add as Friend | Send Message

What machine do you use? And is there a protocol to follow somewhere?

Mark as Spam | Posted On 2/3/2024 10:55:09 AM
Like Dislike

Macskak
Joined On 8/18/2021 1:14:40 AM
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tru 39098 - maybe that is what the gobernment "says" for certain reasons of theirs - but certainly not what is the truth. Generally, people considering around 65-75 % vaccination which is more than bad enough. Especially as the constantly importing Indian migrants - of half a million just in 2023 - has not got the vax.... Before you translate for something else, I mean the original population - especially the Indigenous one which were force vaccinated - will expire - then the imported ones which are more pliable...will inherit the Earth....

Mark as Spam | Posted On 2/4/2024 2:56:10 AM
Like Dislike

beauprep
Joined On 12/31/2011 9:32:58 AM
Add as Friend | Send Message

My extended family is unvaxed but I have realized that I can tell when I have been around vaxed individuals as I develop a cough and a metallic taste in my mouth. A dose of ivermectin quickly stops it. I also believe there is "secondary shedding" as I now get this same cough and metallic taste when around my unvaxed granddaughters. Their mother, my daughter, says they smell metallic to her. We are trying to detox them but it is an ongoing process as they are exposed at school and through friends everyday. It is such a shame that all we went through to stay unvaxed has been negated by the vaxed. The evil powers have figured out a way to get us all by making the vaccine more contagious than the virus. They want us dead. Do not comply!

Reply | Mark as Spam | Posted On 2/3/2024 1:33:37 PM
Like Dislike

Cabochon
Joined On 10/7/2018 12:45:48 PM
Add as Friend | Send Message

I can only report what we have experienced with our nearest and dearest: both middle aged parents in one family with sudden onset cancers; one elderly member with early dementia, toddlers with severe behavioural problems; kindergartens where infectious RSV are rife. Other hidden epidemics in that age group have included bronchiolitis; a never ending series of chest colds; mouth, hand and foot infection a nasty one causing blisters and difficulty swallowing. Perhaps it was always this way but then we didn't have mobile phones, 4G, 5G and the emf soup that our children brains swim in from the moment of conception. drtenpenny.substack.com/p/rsv-revisited-and-updated?publication Perhaps we simply do not yet know what was really involved in the fake plandemic and fake "vaccines" aka bioweapons.

What we do know with certainty is that there is a conspiracy to depopulate and disable the human species on planet earth by multiple strategies. Everything should be viewed from the stand point of that goal. We can deduce that there are no limits to the crimes against humanity that may have been planned by the narcissists, psychopaths at globalist HQ. The latest theory of harm from the bioweapon suggests mental health problems as well as physical manifestations particularly "turbo-cancers" and speeding up of existing nascent diseases such as cognitive impairment. Onset Mania and Psychosis Post-Bivalent mRNA COVID-19 Booster Vaccination www.globalresearch.ca/new-paper-first-reported-case-new-onset-mania-ps..

Reply | Mark as Spam | Posted On 2/3/2024 4:10:35 PM
Like Dislike

gardenmomma
Joined On 3/2/2010 11:30:30 PM
Add as Friend | Send Message

I am not vaxed but my husband got three jabs between May and December 2021. We are in our late 60s. He doesn't have any obvious injury from it but conditions he had previously have gotton worse. I have developed breast cancer, triple negative, which is good. During the biopsy I felt a lot of pain which the doctor said was essentially psychosomatic, that the bursts of pain were occuring when he wasn't touching me. I have never been accused of anything delusional before. After the biopsy the lump felt 2-3 times larger than before.

I decided to switch to a different doctor. The lumpectomy took longer than expected because the surgeon found the lump to be much larger than shown on mamography and ultrasound. Biopsy after surgery showed margins were not clear so I am having another surgery this coming week. Our dog, who adored my husband died of cancer last weekend. I am wondering how much the exposure to my vaxed husband could have affected me and our dog. I am also wondering about what caused the lump to grow so much after the strange experience with the biopsy.

Reply | Mark as Spam | Posted On 2/3/2024 3:14:16 PM
Like Dislike

Boomeree
Joined On 6/20/2008 7:34:50 PM
Add as Friend | Send Message

Vaccines affect people in different ways. Those that have unpleasant reactions and go to bed for a week are actually lucky because their body is telling them immediately that the vaccine is dangerous for them. If they fail to heed the warning, they are more likely to come down with cancer as a dear friend did. She dutifully got the initial two shots, and after each one she went to bed the first time for a week, and the second time for two weeks. Then she began getting the boosters, and that sent her to bed for three weeks, four weeks, and longer each time.

Then about 6 months ago she was diagnosed with ovarian cancer and died within a month. Cancer has increased a lot since Covid came out, and it is killing people quickly after the diagnosis. Those who get the vaccine and seem to handle it well are the unlucky ones because they think all is well. Their cases will not affect them really badly until years later when they reach their 60's or older and then they will come down with cancer or Alzheimer's because the Spike Protein will have all those years to percolate in their bodies until they eventually die of their condition.

That is why getting sick soon after the initial shot, if they will heed the warning, could save their life, especially if they will use one of the effective detoxes that helps to rid their body of the vaccine including the Spike protein. I hear that many of those vaccinated in the last three years aren't continuing with the reformatted Covid shots because they finally understand they won't protect them, and in fact may be responsible for long Covid.

Mark as Spam | Posted On 2/3/2024 7:55:35 PM
Like Dislike

caws
Joined On 1/12/2009 12:42:21 PM
Add as Friend | Send Message

Question: How has Dr Hazan identified Covid 19 specifically [and not just a regular corona/flu virus] when no lab worldwide has ever been able to obtain a viable sample to study ?We know PCR can't differentiate between Covid and a cold. Also why the surprise on shedding? Ralph Baric [Fauci's minion scientist with many patents on corona viruses and ways to enhance them] also designed a way to promote shedding did he not? All live virus vaccines ;especially the nasal ones, have always shed; polio, MMR, chickenpox,flu. This corona virus shot is more insidious because it is not supposed to have the virus in it only GM spike proteins in lipid nanoparticles etc ;yet at least 6 countries have found the DNA of SV40 [cancer causing monkey virus from 1950's polio vaccines] in Covid shots? How can that be unless it was put there on purpose? Could it be the reason for the turbo cancers that do not respond to chemo; because SV40 is known to be extremely resistant to treatment?

Reply | Mark as Spam | Posted On 2/3/2024 11:21:28 AM

Like Dislike

Macskak
Joined On 8/18/2021 1:14:40 AM
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Caws Excellent. The best definition I found till today is from a book of an Alzheimer's researcher saying: "The PCR is practically a photocopier of the DNA" - for laboratory research purposes - when there is too little DNA obtainable to do proper research with it (for example from cerebro-spinal fluid).

Mark as Spam | Posted On 2/4/2024 3:33:31 AM

Like Dislike

Gbergeron
Joined On 1/18/2011 11:58:15 AM
Add as Friend | Send Message

I was sitting at a table between two friends that had been vaccinated and I could feel my arms tingling the entire time..

Reply | Mark as Spam | Posted On 2/3/2024 7:24:27 AM

Like Dislike

MrPOrangi
Joined On 7/18/2009 12:58:14 AM
Add as Friend | Send Message

I truly believe you

Mark as Spam | Posted On 2/3/2024 3:20:44 PM

Like Dislike

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stickybud
Joined On 9/28/2021 10:58:06 AM
Add as Friend | Send Message

Many thanks to A Midwestern Doctor for posting these excellent articles (and all the others) on Mercola.com. Nearly two years ago, I developed a bad rash on my forehead and nose, which seemed to flare up for no reason, then would die away over a few days. I thought I must have become allergic to something, so I stopped using the shampoo that I had used for years, substituting it with liquid soap. The rash still appeared sporadically, so I did some research, and decided I could be deficient in copper. I bought a supplement, but this didn't make any difference. In the meantime, I had also stopped using shop-bought soap, and had begun making my own coconut oil soap, with no improvement.

In the summer of 2022 we had a holiday in the Lake District and, after a few days, my partner remarked how good my skin looked. I wondered if it could be the local water, but at home I have a reverse osmosis filter, so I ruled that out (at the time, I had been structuring my drinking water, and even wondered if it was the higher pH of this that was causing the problem). Last week, the rash flared up badly again, then a few days later I read AMD's previous article on this subject. A big light bulb came on when he explained that shedding can cause a rash, and I set to thinking about whom I had come into contact with (Although I remain 'test' and jab-free, my partner had three jabs, but I have never felt ill, or developed a rash in her presence).

It occurred to me that I had taken in a parcel for my next-door neighbour around the time that the rash reappeared. He is type-1 diabetic, and I believe he has had 'the jabs', as in my experience, people who consider themselves 'vulnerable' have had them all. When I realised from the article that it was a shedding injury, I took Ivermectin for 3 days. The rash has subsided, and I will now be monitoring it, and any contact with my neighbour, whom I try to avoid anyway.

Reply | Mark as Spam | Posted On 2/3/2024 6:14:47 AM

Like Dislike

GoldCoaster
Joined On 4/20/2009 11:20:19 AM
Add as Friend | Send Message

How easy, or hard, was it to get an ivermectin prescription? Where are you from please?

Mark as Spam | Posted On 2/3/2024 10:05:34 PM

Like Dislike

Macskak
Joined On 8/18/2021 1:14:40 AM
Add as Friend | Send Message

Stickybud I do not socialize since the lock-downs - which is in my unvaxed case was half a year - I go to shop for food once a week. I live exactly between two 5G towers - my mobile/laptop are 4G. Next to my eyes & on my nose there are constantly eczema patches - sometimes they go away if I take prednisolone - but I do not want to be on such medication - so I just live with it. That is life - now.

Mark as Spam | Posted On 2/4/2024 3:07:07 AM

Like Dislike

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depadoo
Joined On 4/24/2009 8:11:17 AM
Add as Friend | Send Message

Now you have me thinking. Not jabbed but had covid in August 2021. I go to AZ for the winter. At the end of January every year since I develop a rash and/or itching only on my hands. We have ruled out foods, soaps, chlorine. I'm wondering if it's because I'm in a highly vaxxed area. But then it doesn't return in the fall for my short trip. Have it right now and has been less irritating this year.

Mark as Spam | Posted On 2/4/2024 9:31:52 AM

Like Dislike

Boomeree
Joined On 6/20/2008 7:34:50 PM
Add as Friend | Send Message

I have never had any strain of flu, including Covid or Sars that I've been exposed to in their pandemics in the U.S. throughout my life. I have also never been vaccinated more than three times in my early life because of the highly violatal reactions I suffered including asthma. I haven't suffered any shedding from any of my vaccinated friends I am around in my church choir I sing with. I suspect that if a person stays unvaccinated by any vaccine they aren't as likely to be affected by shedding.

Reply | Mark as Spam | Posted On 2/3/2024 3:46:19 PM

Like Dislike

GoldCoaster
Joined On 4/20/2009 11:20:19 AM
Add as Friend | Send Message

Interesting thoughts. I'm not aware of suffering shedding either. Never had a flu vax and the most recent shot was in the 1990s when I had a tetanus shot before I was vaccine aware. Growing up, flu shots were only given to the elderly. I had about 5 shots as a child in the 1960s. I contracted measles, mumps and chicken pox, so developed natural immunity to those diseases.

Mark as Spam | Posted On 2/3/2024 9:51:50 PM

Like Dislike

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radarphos
Joined On 5/17/2013 10:25:27 AM
Add as Friend | Send Message

WHAT CAN YOU DO? My 51 year marital family is jabbed three times even after I told my wife and son everything known in 2020 (Senneth, Mercola). My 8y/o grandson jabbed at least twice. I am unvaccinated. When my wife and I visit, we stay at their house. I sleep on the sofa. I have used my Nebulizer (makes a fine mist) of H_2O_2 (food grade hydrogen peroxide at 00.0125% concentration diluted with Normal Saline {made from 9.5% Rock Salt ONLY {not table salt} in distilled water). I cut 0.03% H_2O_2 in half to (0.150% with Normal Saline (equal amounts of both). I have 7 different ways I inhale to ensure coverage everywhere; with nose I sniff hard and snort to reach tonsils; with lungs I stand and reach high to ensure "deep lung"reach verses shallow breathing.

If mild symptoms five-minutes; if strong symptoms, 12 minutes. Afterwards I am fine all the rest of our stay and the 10-hour drive home. I have had two years of 1/2 week "less than well" and 1/2 week "well enough"--it coincides with my wife's 1/2 week away at work, and half-week home. Now my wife is home 6 days a week, and I use my nebulizer a bit more often. New readers may not know that Mercola, and Schallenberger recommend hydrogen peroxide therapy for C19 symptoms; as does Cardiologist Dr. Thomas E Levy, MD/JD=attorney who wrote Rapid Virus Recovery on Amazon—great book at explaining and citing references (you'd expect that from an attorney); many other books also @ Medfox.

I take everything other readers take except ivermectin (though now I have some) and Methelyne blue that I haven't got yet. I probably take more antioxidants than most; and I eat Merc's Vita-C like candy when I am sick 10-12 a day and with Nebulizing (read Rapid Virus Recovery to understand Fenton Reaction in body, how body kills off infection materials).

Reply | Mark as Spam | Posted On 2/3/2024 2:06:31 PM

Like Dislike

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radarphos
Joined On 5/17/2013 10:25:27 AM
Add as Friend | Send Message

I consider myself vaccine harmed or damaged as a result of getting 21 shots shoved into six needles in one hour, pre-deployment to Desert Storm combat in 1990-91. I think this because of an article AMIDWESTDOCTOR wrote about vaccine injuries when he mentioned what he considered as the three worst vaccines ever: Anthrax and Small Pox (that I got) and Gardasil. Also overseas we were ordered to take a "nerve synapse blocker" pill (I don't recall the name). It was supposed to prevent (or slow) deadly Sarin Gas, a nerve agent, from killing those of us in the thick of battle. It is a shame to not get info on matters like this until about 33 years later. But i've done well; but I am very susceptible to vaccine shedding (but only with mild symptoms because of the vita-nutrients-H2O2 that I take.

Mark as Spam | Posted On 2/3/2024 2:14:23 PM

Like Dislike

GoldCoaster
Joined On 4/20/2009 11:20:19 AM
Add as Friend | Send Message

This is truly shocking. I found myself mesmerized reading this and no other article on Mercola has had that effect on me, especially what others have picked up on, being around vaxxed people, and almost esoteric in some of the descriptions. I have not felt any reactions or smell being around vaccinated people, or even a just vaccinated man, (who had only just returned from the clinic) I was working with. I feel lucky, as vaxxed people are everywhere. I think there's dating sites for unvaccinated people. If ever I find myself single, I won't go anywhere near a person with spike protein in their breath and body fluids!

Reply | Mark as Spam | Posted On 2/3/2024 9:12:43 PM

Like Dislike

WaterKat
Joined On 5/13/2020 4:05:43 PM
Add as Friend | Send Message

On Dec. 20, 2023 I had a heavy nosebleed which I attributed to working with some strong glue and went on with my life. Since then I had 2 more minor nosebleeds, one 12/24, 2023 & another 1/12/24. On the 19th of Dec. I had attended a packed city hall meeting and because there were so many in attendance stayed in the hallway with a group. Chances are excellent my nosebleed was from shedding. I have had covid twice and did not take the covid shots. My reaction could have been caused by those at the meeting who got the boosters.

Reply | Mark as Spam | Posted On 2/3/2024 9:02:07 PM

Like Dislike

Alan845
Joined On 5/17/2007 8:00:44 PM
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My wife and I are unjabbed; my wife took cruise ship passengers on tours when their ships were in port. Most or all cruise ship passengers are jabbed. Over the past two summer (S hemisphere) seasons she has increasingly complained of tiredness but otherwise has been apparently healthy until two months ago, when she complained of a pain in the left side of her abdomen. The GP diagnosed diverticulitis, but it became worse so she visited the ED, had a CT scan and was diagnosed with cancer in her kidneys, liver, ovaries, lymph nodes and lungs. It was untreatable and she died two weeks ago.

I questioned the mortician who embalmed her, asking about any irregularities in her blood, e.g. clotting of any type, and he assured me there were none, it was perfectly fluid and normal, which tends to rule out that factor of the vax. It seems to be more than coincidental that a person, who was chemically sensitive to preservatives and an asthmatic, should contract what can only be called a turbo cancer, similar to jabbed people, after mixing with groups of jabbed people in the confines of a minibus, and die from that disease within 2 weeks of diagnosis.

Reply | Mark as Spam | Posted On 2/3/2024 5:13:18 PM

Like Dislike

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ciaopaty
Joined On 2/5/2012 10:49:55 AM
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Is there a protocol to follow to detox from the vaccine shedding?

Reply | Mark as Spam | Posted On 2/3/2024 10:58:29 AM

Like Dislike

Macskak
Joined On 8/18/2021 1:14:40 AM
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Ciaopaty I would use the protocol of FLCCC.

Mark as Spam | Posted On 2/4/2024 12:55:01 AM

Like Dislike

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rrealrose
Joined On 11/10/2011 8:59:01 AM
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Posted this Jan 11 2024 interview before, discussing using more natural solutions to these injected toxins, not including the heavy metals and other contaminants, may be an eye opener for some! "Curing The Incurable - Conversation With Dr Thomas Levy, MD, JD. Truth, Science And Spirit Episode 2" - - anamihalceamdphd.substack.com/p/curing-the-incurable-conversation - - -Somewhere near the middle of this interview, Dr Ana starts talking about a couple, one partner was reacting to the other ones "shedding"...she looked at the affected partner's blood, then treated that partner. However, turned out this was not enough! She also treated the injected partner to solve most sensitivity issues. An interesting example of what may be occurring. With Dr Levy, one component is high dose vit C, and among others, including methylene blue.

Reply | Mark as Spam | Posted On 2/3/2024 9:47:39 AM

Like Dislike

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renatavaz
Joined On 8/10/2021 9:03:45 AM
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My husband's smell changed dramatically...and now I just found out that could be the vaxx.... Also my step father had miocarditis, he use to have a normal life and since this January/24 he discovered that he has only 30% of his heart efficiency...They insisted on being vaxxnated. Thank you Dr. Mercola for all important information you keep sharing, I took control of my health and I am very grateful and very confident about my health decisions following your articles. Let's publish in Portuguese?

Reply | Mark as Spam | Posted On 2/3/2024 6:50:51 AM

Like Dislike

Maritt
Joined On 12/14/2010 8:19:52 AM
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In the UK the newspapers are screaming about the high numbers of people with the 100 day cough aka whooping cough. The people I know that have this 100 day cough are all believers and are fully boosted. I dare not tell them about Dr Suzanne Humphries's vitamin C protocol that will solve it for them.

Reply | Mark as Spam | Posted On 2/3/2024 3:12:42 AM

Like Dislike

Almond
Joined On 2/26/2008 4:23:33 PM
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RE: "...the vaccine manufacturing process can cause the vaccine to accumulate in the lungs" I presume also the shedding. There has been an upsurge in cases of bronchitis across much of the country. This is what I am observing. Many of my neighbors are sick with bronchitis. I have also heard from medical practitioners saying this season is esp. bad for bronchitis. We will not have data about what is presently happening for at least months or maybe a year. Even then, I must question the accuracy of data in the US. Knowing that the vaxine depresses/suppresses immunity, if there is an action involving the lungs, might this be a factor in widespread bronchitis?

I am grateful I am much of a recluse and that most, if not all, of my friends never got jabby. When I work with others, it is often outdoors. However, I do make occasional trips into town. The more research that comes out, the less I feel like socializing. Considering the nearly epidemic level of bronchitis in our area, I will relate a recent experience. The onset of symptoms was sudden. I had often experienced bronchitis when I was younger during many years of poor health. However, the symptoms in this case were unlike anything I had previously experience. My first thought was to question whether it was some kind of new lab-created virus.

I immediately started remedies, within hours of the onset of relentless coughing, aches/pains, fever and chest pain that seemed to be more outside the lungs. (If someone can explain how that is possible with bronchitis and severe coughing, I think the explanation would be greatly enlightening about the process occurring.) For the benefit of all, I will share my protocol that led to all my symptoms disappearing within 2 hours. I boosted D3, K2, Mg. I initiated elderberry. I have found that Gan Mao Ling is effective in such cases, but only if started immediately during the onset of symptoms. These are remedies you may want to stock in your medicinary.

Reply | Mark as Spam | Posted On 2/3/2024 2:45:15 AM

Like Dislike

Bunny3
Joined On 5/13/2008 5:25:51 PM
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I think what you're saying is true. I haven't had anything like a flu in years and haven't been vaxxed. Almost four weeks ago I got a really bad cold. I was so congested I couldn't breathe at all thru my nose and I was very congested in the chest area. I was constantly wheezing and coughing up what seemed to indicate a viral infection because it was brownish, like the color of old blood. I also had a very bad cough, which I am not over completely, and sore throat for a few days. I am rarely around crowds and I have good nutrition and supplementation. There was no reason why I would suddenly get sick, and it lasting for almost a month. My husband caught it despite my taking precautions and he is just getting over it too. There is certainly something out there, and people who are older or with chronic illness should be very careful.

Mark as Spam | Posted On 2/3/2024 4:30:09 AM

Like Dislike

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rrealrose
Joined On 11/10/2011 8:59:01 AM
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Most likely this is people getting any one of 100 virus' circulating this time of year, especially if they have a suppressed immune systems. Winter sickness, not necessarily flu but can be, is what we are seeing on the East Coast.

Mark as Spam | Posted On 2/3/2024 10:01:49 AM

Like Dislike

Lou321
Joined On 8/18/2022 5:05:11 AM
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Fauci and Gates want all of us dead.

Reply | Mark as Spam | Posted On 2/4/2024 5:30:53 AM
Like Dislike

Macskak
Joined On 8/18/2021 1:14:40 AM
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I got shedding from a double waxed older person because he was extremely soft speaking, so I had to bend into his face to hear him...during the time I counselled him. I am sure about this as I had no other contact in the previous two weeks at all - and before that I only went to buy food in the shops nothing close contact. Within two days I was extremely sick with very high fever (my family is infamous for not getting fevers) - total weakness, flu like symptoms etc. I was sick for six weeks long as initially I had no medicine ...thank you Australia... I would not go to any doctor or hospital as they prohibited ivermectin and hydrochloriquine but in my age they would exterminate me.

I remembered a research where they cured patients with extremely high intravenous vit C. So, trying to copy that I took 4000 mg vit C/day -this was the quantity that I assumed my stomach could handle - until my horsewormer arrived - for which I was extremely grateful to God...when I got it. Otherwise, I don't think I would survived as I'm an oldie - I had just the vit C for 7 days as medication...and that was exactly the border on having vit C - as my stomach began to be very painful I have a leaning to get stomach ulcer also that was exactly when I got the ivermectin in the form of a horsewormer tube from the veterinary clinic.

With the vit C I also had a carefully set up system of: vit K2 180 mg in the morning - my Nebivolol for my tachycardia & high blood pressure -Glucosamine sulphate 1900 + Chondroitin 750 for osteoarthritis - Rosehip with grapeseed & biotin - Kelp for underworking thyroid - NAC - 600 mg Fish oil artificial 1200mg - C vit + manuka honey 2x 1000mg -Magnesium 400 mg/day - Vit D3 50 microgram - Zinc 30 mg - Quercetin 500 mg & Probiotics 50 billion. Everyday I took these in intervallums - when the ivermectin arrived that was the first to be taken. Altogether I had 14 different vits & supplements during each day.

Reply | Mark as Spam | Posted On 2/4/2024 12:30:36 AM
Like Dislike

Macskak
Joined On 8/18/2021 1:14:40 AM
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Continue.... two weeks later I was better - the fever and weakness left. After 1 tube of Ivermectin finished I was not sure to continue or not as here was NOBODY to ask advice from. But when I stopped, I immediately felt worse after a day, so I continued for another tube altogether was 8 weeks. Still, I take lots of the supplements because some says the spike protein stays in the body for up to 14 month but likely longer.

Mark as Spam | Posted On 2/4/2024 12:36:35 AM
Like Dislike

luckygrl
Joined On 9/9/2010 9:01:20 AM
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How strange. While reading this I recalled 'googling' spontaneous nosebleeds a few months ago as I had begun experiencing them suddenly (no prior history). I dismissed it due to having a long list of allergies, periodic sinus issues, intermittent issues with chemical/ noise/ light/ sound sensitivities & environmental exposure to a variety of things, including allergens. I work with a fairly small group, but we've been in a small trailer while repairs completed on our usual offices. Out of 4 people I interact with daily, the one I do so with the most is vaccinated & is also the frequent covid victim, having had it a few times post vax.

The rest of us had not contracted it despite working on site throughout the scamdemic. Since we've been crammed into the temp location & out of our usual offices, I've experienced more minor illnesses plus the bizarre sudden nosebleeds for short time. At some point afterwards I tested positive for covid 5 to 7 days after my vaccinated coworker tested positive.

I have limited to no opportunity to go out in public - gas station pump, grocery pick up or post office are infrequent exceptions due to work 6 days/wk. While I was home with covid, I noticed that frequently I felt as if I were having an allergy attack. Swollen, itchy eyes & uncontrollable sneezing were notable (and seemed unusual as it was not spring & I was in my hepa filtered low allergen environment at home). I do believe I caught covid from the vaxed coworker due to only having been around coworkers, but now wonder about the strange nosebleeds & minor illnesses.

A pal who is in healthcare with direct patient access & also unvaxxed, tested positive about 7 days after I did. Had minimal contact before my illness & none during, with exception of my friend dropping pet dog off in yard or door (to avoid contact) for me to dog sit some while I was home. We suspect the dog or mine, could have transferred virus. Also, have female friend claim she can smell vax on her husband.

Reply | Mark as Spam | Posted On 2/3/2024 6:26:47 PM
Like Dislike

carolpie
Joined On 4/7/2011 5:51:19 PM
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Look up at the sky to see what is causing these issues. Now add in 5G, Wifi, poisoned water, and food, medicine. Lack of exercise, and sun. Then this is amazing how it really could be ANYONE writing this article: "A Note From Dr. Mercola About the Author A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com." There are reasons this idea is being pushed.

Reply | Mark as Spam | Posted On 2/3/2024 8:23:05 AM
Like Dislike

doggiemom
Joined On 6/19/2006 2:55:06 PM
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Check out this article on the creation of covid and the "vaccine" they made of give bats so they would not get the man made covid and how it would self spread so it would be easier to "vaccinate" the bats. "Munster's plan involved making the virus-vaccine transmit between the bats via aerosols. This made it a self-spreading vaccine, able (in theory) to reach all the bats without humans having to go and find all their caves and spray them." dailysceptic.org/2024/01/30/is-this-the-man-who-created-covid-19-in-fa..

Reply | Mark as Spam | Posted On 2/3/2024 7:27:49 AM
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