

# Shedding and Vaccine Remorse

## ***Protecting Yourself from the Vaccinated:***

(This is my opinion and does not constitute official medical advice. If you are sick or bleeding contact a competent medical authority.)

- 1) If I were pregnant I would not be around the vaccinated., till we figure this out.
- 2) I would not have my children in public school or college till we figure this out.
- 3) Do not let vaccinated spend time in your house with your children. This may not be an issue in 3-6 mo., although the FDA--who knew about this problem (but didn't tell doctors) states that the elderly and immune compromised may be chronically infected and shed forever. For most younger people 10 weeks from vaccination and they most likely do not continue to shed.
- 4) There is an argument to prophylax with Ivermectin or HQ through this until we figure this out. (see program below)
- 5) If I had any symptoms of being "shed on" by the vaccines--bleeding, altered menses, flu-like symptoms, lymph node swelling, etc. I would seek medical care if bleeding significant, and would be treated with Ivermectin. I use a modification of the Indian protocol. If this spike protein is a prion--which by definition, not in action, it is, you do not want it to establish itself in your brain or any other part.

## ***Symptomatic Victim of Shedding:***

- Ivermectin .3mg/ kg for 5 days. Repeat the dose next week day 1 and 3, then weekly for 8 weeks. (This is my modification of the Indian protocol because my personal experience is the prophylactic dose too low to reverse all the symptoms. This is subject to modification as more data known.)
- I use supplements to include N-AC 100-1200 mg/day, DMG 150-200 mg capsules, or powder 1-3 a day.( See the supplement tab for entire list.)

## ***Asymptomatic, but you need Prophylaxis for being around vaccinated people***

- Ivermectin .3mg/  
Day 1, Day 3. Repeat the dose next week day 1 and 3, then weekly for 8 weeks. (This is subject to modification as more data known.)
- I use supplements to include N-AC 100-1200 mg/day which blocks damage from spike protein, DMG 150-200 mg capsules, or powder 1-3 a day which may ameliorate the epigenetic control of your DNA if any synthetic DNA/RNA present. ( See the supplement tab for entire list.)

### ***If you Have Vaccine Remorse:***

(Again, this is my opinion and does not constitute official medical advice. If you are sick or bleeding contact a competent medical authority.)

If you have taken the COVID vaccine you have been given synthetic genetic material which can either become part of YOUR genome, or can act as an “epigenetic controller” of your DNA. Also, the Vaccines cause your body to produce the Spike Protein that causes COVID. These spike proteins may linger for a long time in the membranes in your cells, and can enter every organ in your body--even your brain. Chronic spike protein infection. This is worse in the elderly whose immune system is not as robust and may allow them to be chronically infected. The goal is to protect your DNA and remove any remnant of the spike protein that may act as a prion--i.e. an incorrectly folded protein causing a long term neurologic disease like Kuru, “Mad-Cow” Disease, Creutzfeld-Jakob, and ALS (Lou Gehrig’s Disease).

- I would take Ivermectin as above, and add Hydroxychloroquine 200 twice daily x 10 days if recently vaccinated within a week.
- All supplements as outlined in the supplement tab. Especially do not fail to take N-AC (N acetyl Cysteine) that protects against damage from the spike protein, and DMG (Dimethyl Glycine) which may inhibit the epigenetic control mechanism.
- Stay on monthly Ivermectin for min of 2 months, then await developments. Keep extra meds at home.
- Be advised we are seeing surgical complications after vaccination--wounds not healing, cardiac issues, bleeding. I would not undergo elective surgery after vaccination unless I felt totally well and was at least 10 Weeks out from the vaccine based on FDA information (See below). Even this may not be enough. If you have any chronic fatigue you need to see a physician and be tested with a D-dimer (to check for low level microvasculature on going clotting), and inflammation studies.

### ***For Everyone:***

In addition to above recommendations, be as healthy as you can be. This bioweapon-- and in general, any winter illness--tends to pick off the obese, and the infirm. Sadly, we have been led to believe that good health is about taking pills to correct your deficits rather than addressing the root causes. In short this is what I do, and will shortly be doing a four hour seminar we will be advertising on “Exit the Biomatrix--How to Survive and Thrive, now and into the Future.”

- Eat grain free (usually referred to as gluten free diet)
- Timed dieting/ intermittent fasting
- Don’t eat manmade oils
- Pure water and other water issues
- Avoid glyphosate and other toxins

- Don't depend on vaccines to avoid illness
- You can learn more from these books: Wheat Belly by Dr. William Davis, The Obesity Code by Jason Fung, and Brain Maker by Dr. David Perlmutter, Dr. Thomas Cowan, Cancer and the New Biology of Water . Also see my list of supplements at this site which I take for optimizing my immune system.

## General Information:

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

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

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

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

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

The FDA in 2015 published this:

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

---

### **Guidance for Industry**

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

**Vaccine Side Effects:** Other than the emergency immediate side effects, there is a period of about two weeks after the vaccine where most serious early problems have occurred. The most frequent include bleeding of all sorts, neurological

problems, strokes, heart problems, miscarriages, etc. I discuss the issues with the vaccine in this lead New American article:

<https://thenewamerican.com/magazine/tna3713/page/130713/>

We are now seeing aggressive and unusual cancers, and cardiac problems such as myocarditis--even in young people. In the last 28 years of the VAERS data there were 789 cases of post-vaccination myocarditis. Five months into the COVID Vaccine we already have over 500 CDC Certified investigated cases.

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