

The Symptom Burden of Post-Covid Vaccine Injury Syndrome

Those chronically ill after Covid vaccination present very similarly to Myalgic Encephalitis/Chronic Fatigue Syndrome with the addition of new and disturbing symptomatology.



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I would suggest [reading my first post](#) in this clinical series on Covid vaccine injuries. That first post addressed not only the general plight of the vaccine injured navigating our current

medical system, but it also gave an overview of vaccine *complications* which are different from post-Covid vaccine *syndrome* that I will discuss below.

Again, from my last post, I define Covid vaccine injury syndrome as “a constellation of symptoms that develop in temporal association to the vaccine.”

WHAT ARE THE TEMPORAL ASSOCIATIONS OF SYNDROME DEVELOPMENT AFTER THE COVID VACCINE?

In the over 20 months since I opened my vaccine injury practice ([The Leading Edge Clinic](#)), I have observed the following temporal patterns of illness developing after the vaccine (or Covid):

- 1. Symptoms developing within minutes to hours of the mRNA vaccine (more rarely within seconds) and then the symptoms evolve more diversely and chronically persist.**
I estimate this category to be about 15% of the patients I have seen. I say “estimate” because our [Leading Edge Clinic](#) has yet to complete a comprehensive, quantitative and qualitative chart review and analysis of our patients, although it is a project we have started work on (in all our free time).
- 2. Symptoms developing within several days to around 3 - 6 weeks after mRNA injection.**
This comprises the vast majority of our patients (approximately 80%). Note that some of these patients may report typical side effects after the vaccine like fatigue, chills, headache, and dizziness but those typically

resolve completely before they later develop the “constellation of symptoms” I will describe below.

- a. One caveat is that we also see “hybrids,” meaning patients who fell ill with the syndrome after the vaccine, but then later got even more chronically ill after getting Covid, or conversely, developed the syndrome after recovering from Covid but then received the vaccine and got worse. My practice is to label their syndrome by the initial trigger, i.e. a “Long Hauler” is a patient who first became ill after Covid whereas a “Long Vaxxer” is a patient who first developed symptoms after the jab. Ultimately the label doesn’t really matter given the initial trigger bears little influence on our approach to treatment of

spikeopathy. The fact that “Long Vax” is not recognized nor discussed in media and academia is absurd given that in our patient population, approximately 70% developed symptoms after the mRNA injection vs. 30% that first developed symptoms after Covid.

- 3. Symptoms developing between 2-4+ months after mRNA injection.** This is a small minority of my practice, and I would say that when I first started to evaluate and treat vaccine injury syndrome patients I tended to dismiss an association with the vaccine if symptoms developed after 2 months. Later, Scott and I began to see patients where typical symptoms began 3-4 or more months later.

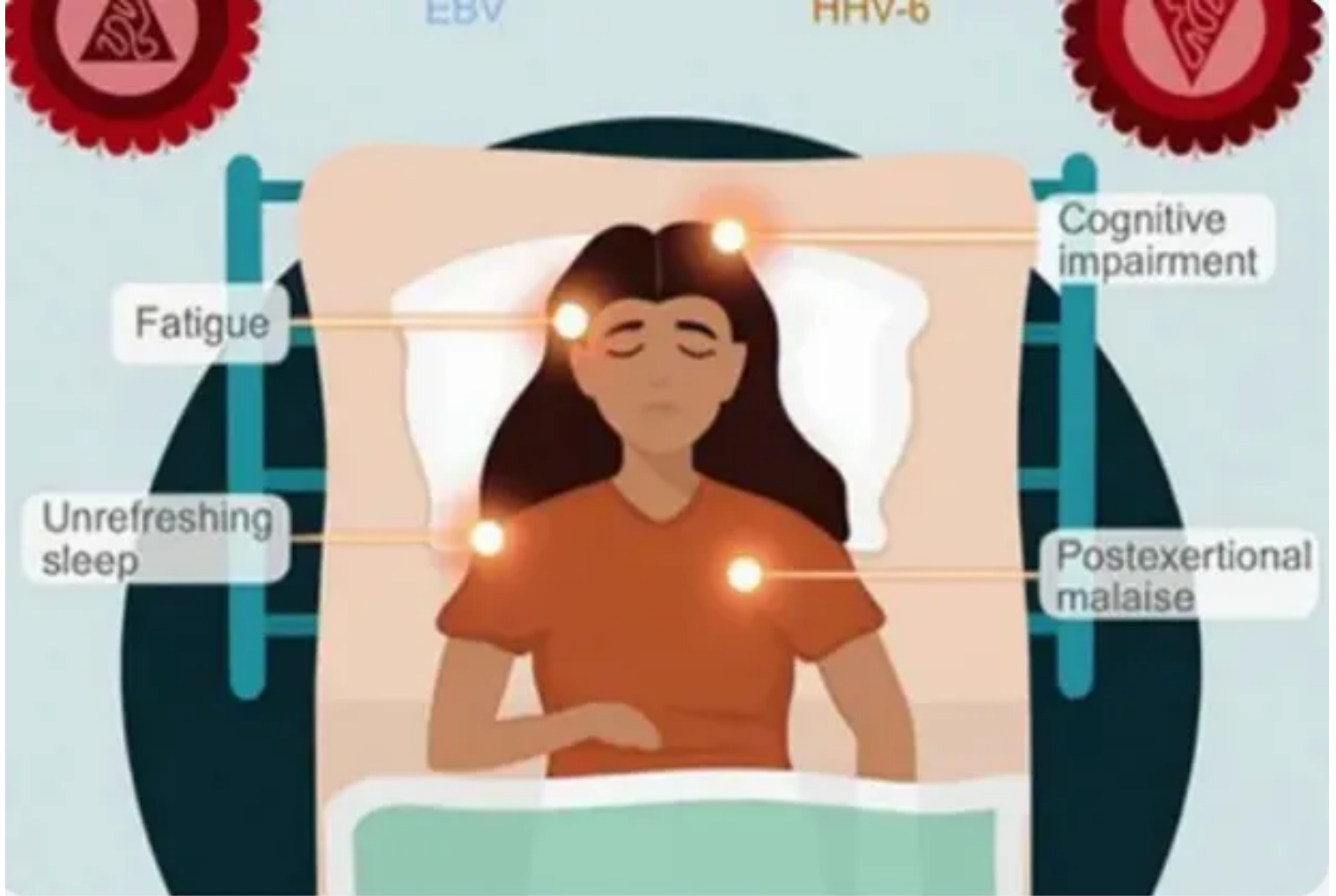
- a. One caveat here is that since both Covid and the vaccine expose the patient to spike protein, my sense is that the patients who developed typical symptoms only months after the vaccine likely had an interceding unrecognized spike protein illness or a close exposure to a high-spike protein producing, (generally recently vaccinated) individual (but not always recently vaccinated). I promise to address the mechanisms, presentations, and suspected incidences of “shedding events” in a separate, subsequent post.
- b. Another point to understand is that, in my experience, the majority of patients (50-60%) already ill with one of the syndromes will get worse after a

subsequent spike-protein exposure event. However, I have to admit I have seen a couple of patients who reported improvement in one or maybe two of their chronic symptoms after the vaccine or Covid. But again, outside these rare exceptions the majority will get sicker and the rest will remain the same after a subsequent spike protein exposure event.

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WHAT IS THE CONSTELLATION OF SYMPTOMS THAT MAKE UP COVID VACCINE INJURY SYNDROME?



Nearly every patient I have seen who becomes chronically ill after the vaccine presents with three “core” symptoms alongside a highly varied “side list” of diverse symptomatology. These three core symptoms are part of the established diagnostic criteria for the disease called Myalgic Encephalitis/Chronic Fatigue syndrome (ME/CFS) - see [review published](#) in the *Mayo Clinic*

Proceedings in August of 2021. The core symptoms are nearly identical to ME/CFS however the “side list” of symptoms is much more diverse and severe such that sometimes the accompanying symptoms are far more debilitating than the core symptoms.

Let’s begin. The three “core” symptoms of vaccine injury syndrome are as follows (I estimate 95% of my patients have all three, and when one is missing it is usually the brain fog which might spare 5% of my patients):

1. **Fatigue** - daily, often debilitating, and new. Patients awaken with a physical sensation of not having the energy to do normal activities or they need to lie down frequently in order to feel OK. They feel best when doing very little and, at least initially, are often bed-

bound for varying periods of time, sometimes prolonged.

2. **Post-exertional malaise (PEM)** - this is when exertion or activity (often minimal) exacerbates their fatigue, but exertion can also worsen many other symptoms as well, causing “flares” of misery. Note that in many, shockingly little exertion is required to trigger suffering, such as going to the curb to pick up mail from the mailbox which then leads them to have to lie in bed for two hours after. Anytime they surpass their individual exertional limit it leads to a further reduction in functioning and an increase in suffering. Note this “limit” varies among patients and varies over time. Some can get through a work-day but then are “demolished” when they come home in a way they had never

before experienced. Further, the triggering “exertions” can be physical, cognitive, orthostatic, emotional, or sensory (like loud, crowded environments). Patients often describe their experience of PEM as “having to pay for it” in terms of fatigue and suffering over the next day(s) and sometimes week (s) ***each time they over-exert***. Another sad aspect of PEM is that, after weeks to months of being housebound or bed-bound, patients sometimes push themselves to go out and do social or physical activities just to experience a more stimulating and fulfilling life. Then they “pay the price” for days to weeks after. Yet they do it again because the alternative of staying in the house or bedroom chronically is so depressing.

3. **“Brain Fog”** - new and varied cognitive deficits. In order below, from least bothersome to worst:

- a. **New word-finding difficulties** when speaking (sometimes leaving patients embarrassed in public conversations). For example if they want someone to pass them a cup, they will say “Can you pass me that “...” (i.e. they can’t find the word “cup” in their thoughts).
- b. **Worsened short-term memory** - forgetting where keys are, why they went into a room, forgetting an important step in a task or most disturbingly, completely forgetting something that was told to them earlier (especially by a spouse which is a no-no :).

c. Impairment in execution of tasks -
when emptying a dishwasher, they put things in the wrong place or forget what they are supposed to do in the middle of a multi-step task. One memorable anecdote is when a patient told me they were driving and suddenly stopped 40 feet before a red light crosswalk and did not know why. Perhaps this is why [car accidents resulting from sudden medical episodes](#) have been skyrocketing since Covid and the global vaccine campaign ([here](#), [here](#), and [here](#)).

d. Inability to sustain focus or concentration, often further triggering post-exertional malaise in that exerting too much mental energy makes them tired or worsens their other symptoms (headache, vision disturbances,

dizziness, etc.) so much that they no longer dare to continue focusing on the task or on a screen.

- e. **Disorientation to time/place/person, hallucinations etc.** This kind of severity is rare and typically occurs more acutely and then resolves, however we have had patients where this persisted for some time.

Now compare the above to the more traditional criteria of ME/CFS from this [review paper](#) in the Mayo Clinic Proceedings from 2021.

Diagnosis requires that the patient have the following three symptoms

1. A substantial reduction or impairment in the ability to engage in pre-illness levels of occupational, educational, social, or personal activities, that persists for more than 6 months and is accompanied by fatigue, which is often profound, is of new or definite onset (not lifelong), is not the result of ongoing excessive exertion, and is not substantially alleviated by rest, and
2. Post-exertional malaise,* and
3. Unrefreshing sleep*

At least one of the two following manifestations is also required:

1. Cognitive impairment* or
2. Orthostatic intolerance

* Frequency and severity of symptoms should be assessed. The diagnosis of ME/CFS (SEID)^a should be questioned if patients do not have these symptoms at least half of the time with moderate, substantial, or severe intensity

^a The recommendation for the term systemic exertion intolerance disease (SEID) was not adopted.

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Note that I do not have “unrefreshing sleep” as a “core symptom.” Although it is common among my patients, I place that one under what I call the

“side list” of symptoms. So, what is this side list?

In order of frequency:

Dysautonomia - this is when the “autonomic” (i.e. automatic) nervous system becomes dysfunctional, most commonly involving the neuro-cardiogenic system that controls heart rate and blood pressure. Resting heart rates of formerly highly fit patients can be at or above 100 bpm. When walking across the room their heart rate can shoot up to the 140’s easily and cause breathlessness. Other “automatic” nervous system functions are relayed by the nerves that mediate breathing rate and depth, gastric emptying, peristalsis, temperature regulation/sweating etc.

Severe dysfunction in the control of breathing is thankfully rare, terribly distressing, and

fortunately not deadly among my adult patients (I think). Children with this injury do die and explains the explosion in SIDS over the last 40 years, again coincident with the explosion in the childhood vaccine schedule, a fact well documented albeit suppressed. AMD's review titled "[*The Century of Evidence That Vaccines Cause Infant Deaths*](#)" is beyond disturbing and convincing. I have two patients who suffer periods where they slow or stop their breathing, causing oxygen saturations to plummet. In one case (16 year old girl), the mother puts her on a CPAP machine to support her daughters breathing during the episode and in the other case, my patient's brother has to whack his back and sides to stimulate breathing. Another patient with relentless and repeated sensations of breathlessness has been to the ER more than 15 times and has undergone extensive evaluation by

the Mayo Clinic. Still without an organizing diagnosis.

Getting up from sitting leaves them lightheaded or dizzy because the normal response to such a change in position is to increase cardiac contractility and heart rate while constricting blood vessels so that blood flow to the brain (and other organs) is kept constant. This does not happen and is thus severely debilitating and in severe cases can cause fainting. One of the most distressing cases I have seen is that of a former competitive swimmer, (still in her 20s) who cannot stand more than 3 minutes before “she feels like she is going to die.” Although she can move all her limbs, she is forced to travel everywhere in a wheelchair. She lives in Australia and when I saw her for the first time two years after her injury, she had not even been

recommended basic standard therapies for dysautonomia like compression stockings, salt and fluid loading, midodrine etc. Others have difficulty tolerating and digesting food, suffer swings in temperature and sweating, and/or are left with feelings of breathlessness because either the normal depth of breathing or the sensation of adequate chest expansion is impaired.

Neuropathic symptoms - this is a big one and could equally take first spot above with dysautonomia in terms of frequency

The most common are **sensory neuropathies**, in particular what is called “small fiber neuropathy” affecting the tiny nerve endings in the skin leaving them with sensations of burning, tingling, pins and needles, pain, or numbness. Neuropathic chest pains are common which are particularly

distressing to patients and result in extensive cardiac work-ups that are unrevealing. You hear really colorful, bizarre descriptions of the sensations plaguing these patients, things like “It feels like my whole body is vibrating,” or “I awoke to my whole body feeling like I had a severe sunburn.” One patient (a young yoga instructor) with this latter symptom awoke suddenly about 5 weeks after the jab “burning all over” with a severity which she rated as 8 or 9 out of 10. The insanity of her case is that for the next two months, she survived by applying rotating ice packs to her skin around the clock. The medication called low-dose naltrexone saved her life by bringing the sensation down to about a 3 or 4. Now she has learned to live with it/ignore it as it continues at a level of about 2 out of 10 every day. All day. All night. Two years later.

Another aspect of small fiber neuropathy is that it can have a wide range of symptoms as per [this paper](#), especially when the small autonomic nerve fibers are impaired (e.g. causing temperature dysregulation, variability in heart rate and blood pressure, dry eyes and mouth, swelling or color and temperature changes in the extremities, GI symptoms, bladder issues, sexual dysfunction and even visual issues).

Further, as will be detailed below, complex syndromes of chronic pain, fatigue and cognitive impairment can be linked to autoimmune dysautonomia and small fiber neuropathy. Pain with SFN *can be very atypical*, presenting instead as musculoskeletal pain, muscle cramps, fasciculations, or widespread unexplained pain. Basically, it is a devastating and disabling

condition and likely explains a lot of the suffering I see.

Others will report strong sensitivity to lights and sounds and stimulating environments such that they are visibly affected and startle and become uncomfortable when hearing doors slam, sirens, crowds, bright lights etc. *This is a classic symptom of inflammatory brain disorders almost certainly involving the deep brain regions of the thalamus and basal ganglia which process sensory inputs.*

THE LONG-STANDING INABILITY OF ALLOPATHIC NEUROLOGISTS TO IDENTIFY SUB-RADIOGRAPHIC BRAIN INFLAMMATION

What follows in this section is a highly relevant tangent to the last set of symptoms and to even more deeply understanding the plight of the vaccine injured.

How do I know about inflammatory brain disorders? Because of my many years on the Board of the non-profit formerly called the Foundation for Children with Neuroimmune Disorders which is now called Neuroimmune.org. I became active with that organization after one of my three daughters recovered from a catastrophic case of the disease formerly called PANDAS (now called PANS). PANDAS: Pediatric Acute Onset Neuropsychiatric Disorder Associated with Streptococcal Infections. It was later changed to PANS because there are other infections besides strep that can cause this disorder (PANS: Pediatric Acute Neuropsychiatric Disorder). The most important thing you need to know about PANDAS/PANS is that it is largely unrecognized as a disease by the near entirety of pediatric neurologists (forget completely the adult neurologists). This “controversial” diagnosis (it is

not) leads to a pervasive lack of correct diagnosis and effective treatment. This causes catastrophic destruction and misery within the patient and their families lives, not uncommonly leading to the child's institutionalization, suicide, or the divorce of parents due to the chaos, trauma and complexity of everyday life in caring for and seeking appropriate (any) treatment of a child with this condition.

A basic understanding of PANS is that it is essentially an autoimmune condition whereby antibodies to streptococcus or other pathogens then cross-react with brain tissue, triggering inflammation and damage (“molecular mimicry”).

Autoimmune attacks in these patients currently have little to no commercially available tests because many of the antibodies have either yet to

be discovered or are not yet validated for testing outside of specialized research laboratories. The diagnosis is thus a *clinical one*, based on symptom onset, cluster, and response to treatment (if treatments besides psychiatry referrals are tried - good luck with that). The central cause of inaccurate diagnosis and non-treatment results from the fact that standard imaging and serologic tests are often either negative or non-specific.

From chatgpt:

*It's important to emphasize that the diagnosis of inflammatory brain disorders can be complex, and healthcare providers often use a combination of clinical judgment, medical history, physical examination, imaging, and laboratory tests to arrive at a diagnosis. If there is a strong suspicion of an inflammatory brain disorder **despite negative initial tests**, a healthcare provider may recommend*

additional testing or referral to a specialist for further evaluation.

****Problem:** the specialists generally do not advance their diagnosis or care. A sad state of affairs for PANS patients, but even more so with Long Covid and Long Vax patients.

To wit, in the seminal memoir called “*Brain on Fire: My Month of Madness*,” it relates the true story of a [New York Post](#) writer who began to experience a [mysterious illness](#).

From Wikipedia:

Twenty-one-year-old Susannah Cahalan ([Chloë Grace Moretz](#)) was a writer for [The New York Post](#) who lived with her new boyfriend Stephen ([Thomas Mann](#)). Susannah became ill suddenly, initially showing symptoms of a common flu like a cough

and fatigue, but later began to present strange behaviours while in a trance state, such as hearing people say things they have not said or **showing hypersensitivity to loud noises**.

Over time, her behaviour became more and more erratic. Finally, Susannah had a seizure and sought medical treatment. The doctor consulted was adamant it was related to Susannah partying too much, working too hard and not getting enough sleep. She then moved in with her mother Rhona ([Carrie-Anne Moss](#)) and, after an emotional outburst, had another seizure, and was taken to a clinic where she underwent an [MRI](#). Susannah also believed she had [bipolar disorder](#) due to her severe mood changes.

Rhona struggled to care for Susannah, and she later moved in with her father Tom ([Richard](#)

[Armitage](#)) and his fiancée. During dinner one night, she became violent towards them while having another outburst, and her parents demanded she be hospitalized despite **the MRI, EEG, all other tests showing normal results.** There, one of the doctors informed Susannah's parents she could have [schizophrenia](#), and said that if her behavior did not improve, she would be transferred to a psychiatric hospital.

Susannah gradually became catatonic, and [Dr. Souhel Najjar](#) ([Navid Negahban](#)) was asked to help in investigating her case. He had Susannah draw a clock; she drew it with all of the numbers (1–12) on the right side of the face, leading him to believe that the right hemisphere of her brain was swollen and inflamed. **Najjar had her undergo a brain biopsy for testing.**

(Ed: this, to me, was the miracle of her case - a clinician managed to convince a neurosurgeon to do a brain biopsy in the face of normal MRI, CT, EEG - it is a rare clinician who has the courage and insight to recognize and strongly argue for the need for a brain biopsy which, IMO, leads to widespread under-recognition and under-treatment of this and other inflammatory (and thus reversible) brain disorders.

*Following the biopsy, it was found that Susannah had a rare disease called [anti-NMDA receptor encephalitis](#), a **brain inflammation**, which Najjar described as "a brain on fire." Najjar began treatment, which led to a slow but full recovery of her cognitive abilities.*

Closing text on screen in the film: *Susannah Cahalan was the 217th person to be diagnosed with [anti-NMDA receptor encephalitis](#), but her memoir has helped people all over the world, leading to thousands being diagnosed and treated since. She and Najjar remain close friends.*

As you should glean from the above, numerous doctors were unable to diagnose her with an inflamed brain due to repeated negative testing. And therein lies yet another tragedy of the plight of the vaccine injured in that nearly the entire field of modern allopathic neurology is not taught, nor can they recognize the existence of, neuroinflammation that is not seen on MRI or CT (which will generally only show evidence of severe infections like meningitis or encephalitis). Diagnosis of many of these autoimmune syndromes becomes even more distant when the

LP (lumbar puncture) is negative for inflammation.

In my daughters case of PANDAS, what happened was that weeks after recovering from strep throat, she became acutely ill with vocal tics and uncontrolled movements among other bizarre neurologic symptoms. She could not tolerate even a sudden calling of her name, no matter how soft as she would jump and shriek at sudden sounds. It was really bad. And very sad. Let's not mention what would happen when our dogs would suddenly start barking at a squirrel or passerby, or when a door suddenly opened or (god forbid) slammed. Please don't remind me of events like the dropping of a glass or plate on the kitchen floor. She reacted as if she had suddenly been shot - she would startle and shriek. Her pupils were persistently dilated the size of saucer plates. Two

years later, another daughter developed the same condition with identical symptomatology and trigger, right down to the same vocal, “moaning” tic.

I will NEVER forget the senior neurologist who visited my daughter in the ICU when she was suffering from uncontrollable hand movements/flapping, dilated pupils, and persistent moaning tic, appearing very uncomfortable. She had a completely normal neurologic exam without any significant localizing findings and thus he felt she was free of any disease or involvement of the nervous system and felt that psychiatry should manage her care. Note, this was a neurologist with decades of experience at diagnosing and treating diseases of the nervous system. If you have a problem with me metaphorically cursing, try walking in my

shoes, watching my daughter deteriorate while being saddled with diagnoses of atypical anxiety disorder and functional neurologic disorder, i.e. “it’s all in your head.”

I have had to carry the trauma of my heated, failed conversations with those neurologists ever since. The fact that the syndrome occurred suddenly in an exceedingly neurologically normal child influenced no-one (anxiety does not develop this way). The fact that she returned neurologically normal after pulse dose IV corticosteroids, plasmapheresis, and the B-cell depleting agent rituximab while being maintained on sedatives for her refractory symptoms was little remembered or recognized by the many clinicians involved in her care outside of the brilliant pediatric neurologist who,

with our encouragement, instituted the aggressive treatment plan above.

As if the above was not traumatic enough, during her ICU stay, some pediatric ICU nurses requested a medical Ethics consult because they felt me and my wife (also an expert pulmonary and critical care doc) were driving our daughters care inappropriately. This is and will forever be a memory I will live with of our lauded “medical system.” Getting accused of [Munchausen by proxy](#) as an expert physician couple (this would require that two people develop this deranged mental illness at the same time. I was deranged alright, but not about my doctors diagnosis, it was about the illogical and ineffectual doctoring I observed. Note I was the Director of the main medical-surgical ICU at the same institution while my wife was one of the most expert docs there at a set

of rare lung diseases called interstitial lung disease. It was one of the largest academic medical centers in the country. Another way of saying the above is Covid ain't my first rodeo.

But my daughter(s) are now 100% recovered and high-functioning and happy, a fate achieved by few with these disorders.

It was only during my recent deep dive into researching the (non) safety and efficacy of the childhood vaccines that I discovered that PANDAS/PANS exploded in frequency in the 1990's in the wake of the meteoric rise in shots contained within the *mandatory* CDC childhood vaccine schedule. So, count me in the millions of parents with vaccine-injured children. Not a club I am happy to be a member of. But one that I will

fiercely advocate in defense of.. for the rest of my life.

My belabored point is that the near entirety of allopathic neurologists have no concept of what I will call “sub-radiographic inflammatory brain disorders,” under which I place the majority of cases of vaccine injury, autism, dementia, ADHD, and PANS among others. Don’t make me contemplate how many people diagnosed with mental illness actually have a treatable inflammatory brain disorder because that reality is a horror to behold. It’s like getting sent to prison for life when you are innocent.

Thus, the Covid vaccine injured the world over are placed in a situation where they near universally suffer from sub-radiographic and poorly testable and difficult to treat

neuroinflammation. Within a modern medical system with no ability to understand, diagnose, or treat its existence based solely on clinical presentation. As if their plight could not get worse. I should add that what is happening in the brain in these patients is likely more than just auto-immune or generalized inflammation - poor microcirculatory flow due to micro-clotting/blood sludging ([loss of zeta-potential](#)), alterations in neurotransmitters, damage to nerve sheaths and endings, prion formation etc also occur, etc but the point is that these insults are generally not seen on imaging and rarely present with “localizing deficits” on neurological examination. Thus FND diagnoses abound.

- Let’s move on to the **motor neuropathies** presenting as tremors, weakness (even paralysis),

muscle spasms, fasciculations (visible, regular contractions of certain muscles which patients will video and send to me, yet system docs will dismiss and they still get diagnoses of “functional neurologic disorder”). Others will develop shaking and instability in the extremities on standing or trying to walk (recall that one of my patients, a phenomenal vaccine injury activist, Angelia Desselle, was [viciously criticized on social media and in the media](#) for supposedly “faking it” after sharing a video of what happens sometimes when she walks (it is not all the time and of note, she sent me a video of a recent leg fasciculation episode a few weeks ago – two and half years after being vaccinated). The “infallible” (yeah right) Alex Berenson arrogantly and publicly dismissed her suffering as anti-vaxxer propaganda on Twitter. More rare but unforgettable are patients suffering periods of

flaccid paralysis of one or all extremities, dystonia (sustained contractions of muscles, typically in the face causing them to have a sustained Joker like half sneer) or ballismus (sudden flinging, kicking, or punching motions of the arms and legs causing injuries to the patient and the furniture or walls). I again include the link to my [initial consultation note](#) of my patient who suffers from all of the above.

- I have two patients (two of my sickest neurologically - both again with FND diagnoses after long journeys through the system) who report a symptom one has called “Sonic legs” (like the cartoon character Sonic the Hedgehog whose legs are constantly running). They describe situations where they suddenly run across the room involuntarily or run up stairs three at a time

without any control over what their legs are doing. Their caregivers have to run after them to get them to stop. Tell that to a system neurologist and watch how fast he/she comes up with FND as a diagnosis.

- I also have two patients with bilateral upper extremity paralysis that developed in an identical fashion. Both began with slow onset of paralysis in the extremity they were injected in and then it moved to the other arm/shoulder. In one of them, the paralysis then began to involve the neck as well as muscles of respiration and she spends nearly 24 hours a day on a non-invasive ventilator. At home. With 24 hour care by her husband.

Cranial Symptoms – I created this category label to separate the symptoms from the other neurological symptoms above. It consists of

symptoms like chronic headaches, tinnitus, vertigo, or vision or hearing loss (some of these are also neuropathies). The headaches are often colorfully and bizarrely described with precise articulation such as: “it feels like someone stuffed a wet towel pressing behind my forehead” or “someone is pressing a cinderblock into the left side of my head ” etc. I have not gotten into treatments yet but *a subset* of these headaches can respond incredibly well to... anti-coagulation, essentially validating that micro-clotting/sludging leading to poor micro-circulatory flow as the cause (in some).

The next set of symptoms is varied in frequency such that an accurate ordering is much more difficult but these symptoms do crop up frequently:

- **Gastrointestinal** – bloating, loss of motility/GI upset, diarrhea, constipation, abdominal pains, food intolerance, severe reflux (dysautonomia), weight gain despite minimal intake, weight loss despite increasing caloric intake.
- **Muscle/Joint Pains** - either diffuse or focal, but most often the pains emanate from sites of former injury like where they had a previous operation, ligament tear, trauma etc.
- **Dermatologic** - Skin rashes of various kinds, skin sensitivity (likely a sensory neuropathy), and in severe cases I have had patients whose nails became discolored and started falling off.
- **Psychiatric** - Anxiety and depression abound. I differentiate the causes of these

symptoms as either “situational” or “organic” meaning that in the former case, their anxiety and depression are caused by their constantly having to contemplate their intolerable physical symptoms and limitations combined with a lack of a clear prognosis/knowledge of what their future life will hold (or not hold). Others develop new-found “physical” anxiety with recurrent feelings of nervousness and panic, or overwhelming “fight-or-flight” sensations that will occur and re-occur at various times of day. This is likely a part of their dysautonomia which inappropriately triggers the release of adrenaline but it is experienced as anxiety and nervousness, thus I include it here.

- **Night sweats/hot flashes/sweating** are not uncommon and also may simply reflect

dysautonomia however night sweats as a symptom have myriad established causes (like infections, cancer, medications, endocrine problems etc.)

- **Sleep Disturbances** - chiefly insomnia of various forms, i.e., difficulty falling asleep, staying asleep, multiple awakenings, and/or awakening early and not being able to fall back asleep.
- **Menstrual abnormalities** – heavy bleeding, prolonged or irregular bleeding (periods that last two weeks or recur every three weeks at the extreme), lack of periods, and increasingly painful periods. Many report a ramping up of all other systemic symptoms around the period of menstruation. I have one patient who for two weeks a month around her cycle is essentially incapacitated.

- **Urinary issues** (frequency, retention) which can be from a motor neuropathy or dysautonomia.
- **Muscle atrophy/wasting** – very upsetting to patients as many were formerly fit and the loss of muscle tone and strength is particularly distressing.
- **Swollen lymph nodes** – this is also very distressing for many of my patients as lymph node swelling can often be a danger sign of tumor or infection however, even though the swelling persists, the findings on biopsy show varied patterns of benign/inflammatory changes. The lymph nodes can get hard (neck/arm pits), are uncomfortable, and persist for prolonged periods.

Here I have to now call out the silence of the radiologists who began to see this on numerous

imaging modalities at high frequency after the job campaign roll-out, and like the Ob-Gyns, Neurologists, Cardiologists, Oncologists have been near uniformly silent in calling attention to the explosion in pathologies at incidences and ages they have never seen before. Let history remember the near uniform global silence of the world's doctors (with notable and rare and swiftly attacked exceptions). One recent and unsurprising example comes from my colleague Andrea Stromezzi in Italy, an advocate for early treatment with repurposed drugs from the outset of the pandemic and who suffered attacks on his license despite treating 8,000 patients without a death. He sent me this article about a pathologist friend of his who dared to publicly comment on the sudden rise in autopsies he was performing on young people who died suddenly. His reward? Suspended for two months without pay as per this

headline in Italian (can go [here and use Google translate](#) if you want to read the article in English):

► COVID, LA RESA DEI CONTI

Parla alla «Verità» dei casi avversi Dottore sospeso senza stipendio

Il necroscopo Petterle aveva rivelato l'aumento delle morti improvvise. Fenomeno confermato da un medico legale di Milano, che chiede l'anonimato. Il cardiologo Barbaro: «Complicanze agli occhi dopo le iniezioni»

di PATRIZIA FLODER REITTER



■ Mentre presidenti di istituti, politici e virostar non mollano poltrone, incarichi e visibilità, super retribuiti alla faccia dei disastri che hanno combinato durante la pandemia e di cui non si sognano di chiedere ammenda, chi vive del proprio lavoro fatto in modo serio e coscienzioso viene punito e umiliato solo perché ha deciso di raccontare quante poche autopsie sono fatte in Italia. **Valerio Petterle**, 63 anni, medico necroscopo dell'Usls 2 della Regione Veneto incaricato di certificare i decessi, è stato sospeso per due mesi senza retribuzione per aver osato parlare con *La Verità*.

Aveva raccontato che si continua a fare il tampone ai morti, che negli ultimi mesi «la metà dei decessi è per Sads, la sindrome della morte improvvisa dell'adulto», che

La proteina Spike finisce anche nella retina. I problemi alla vista sono in crescita

bisogna fare più esami post mortem e che è preoccupante l'alto numero di infarti del miocardio. Non solo, nei corpi senza vita esaminati spesso risulta quasi «scomparsa» la ghiandola pineale, forse conseguenza di scarsa produzione di ormoni e segnale di un deterioramento del sistema immunitario. Occorre indagare con più attenzione, era il messaggio del medico. Non possiamo limitarci a raccogliere ritagli di notizie su decessi improvvisi e inspiegabili, di persone sane.

Ieri, al dottor **Petterle** è stato notificato il provvedimento disciplinare, sarà sospeso dal 31 maggio e rimarrà in ferie. Se non sarà reintegrato, il suo posto sarà ricoperto da un altro medico.

THINK TANK CONSERVATORE ESIGE UNA VERIFICA SUL SUO VISTO



HA ASSUNTO DROGHE, IL PRINCIPE HARRY RISCHIA LA CACCIATA DAGLI USA

■ Nella sua biografia ha scritto di aver fatto uso di cocaina, marijuana e altre droghe. Una circostanza che ha spinto la

Heritage Foundation a chiedere alle istituzioni americane di pubblicare la domanda presentata dal principe Harry

(nella foto Ansa) per vivere negli Usa. Se ha mentito alle autorità sull'uso di droghe, Harry rischia la revoca del visto.

chi passa le giornate a sezionare cadaveri eppure reagisce all'imbruttimento, cercando di mettere insieme possibili cause, collegamenti spesso trascurati, animato dal proposito di non lasciare troppe morti senza risposta scientifica.

«Occorre acquisire la consapevolezza che il vaccino anti Covid può essere dannoso e non escludere a priori che le conferme si possono trovare in tanti decessi», commenta un medico legale di Milano. Da anni esegue autopsie giudiziarie, chiede l'anonimato «perché se vengo sospeso non potrò più testimoniare l'alto numero di morti inspiegabili che sto esaminando».

«La metà dei decessi è per Sads, la sindrome della morte improvvisa dell'adulto», che

mettesse fine alla vergogna di medici perseguitati solo perché fanno il loro lavoro con coscienza e non occultano decessi che vanno indagati clinicamente. Non si tratta di demonizzare l'anti Covid inietdato a milioni di persone, ma di prendere atto che se giovani, sportivi o comunque persone sane muoiono all'improvviso, non è imputabile al cambio climatico. Forse esiste una correlazione con le vaccinazioni fatte, che andrebbe studiata anche quando una persona perde il controllo dell'auto, della bicicletta, del mezzo che stava guidando e non era sotto effetto di alcol o droghe. Stanno aumentando, questi incidenti, e non è facile spiegarli.

come cresce il numero di persone con problemi di vista, come documentano negozi di ottica che nell'ultimo anno hanno visto un boom di vendite di oltre il 40%.

Pensiamo a quanti studi stanno mostrando la persi-

punto **Giuseppe Barbaro**, cardiologo. Aggiunge: «La Spike finisce anche a livello retinico, che è un tessuto nervoso. Problemi della vista possono essere anche a livello vascolare e il soggetto con neurite ottica o ischemia retinica non vede,

centri universitari. Per fare chiarezza, e anche per tranquillizzare chi si è vaccinato».

Ogni giorno, c'è una nuova rivelazione su dati nascosti durante la pandemia. Il vaccino ha provocato morti improvvise a far n-

L'INTERVISTA VALERIO PETTERLE

«Le morti improvvise sono in aumento»

INTERVISTA SCOMODA L'articolo che è costato al dottor Petterle la sospensione

stenza della proteina Spike anche in organi e tessuti non polmonari, provocando effetti dannosi e inducendo reazioni autoimmuni. «Complicanze agli occhi dopo le iniezioni», dice il medico.

quindi per un disturbo acuto del visus, per un annebbiamento improvviso non ha più la percezione del percorso che sta facendo l'auto, in bicicletta o in barca. «Complicanze agli occhi dopo le iniezioni», dice il medico.

gnerebbe pagare 554 milioni di euro, ma i danneggiati sono un numero assai più alto», conclude il medico. A loro disposizione, sono stati stanziati altri 554 milioni di euro.

PROVAZIONE REAGATA

For your list of punished physician (I am already blocked for 12 months but I have other investigations in progress), add this one. Dr Petterle just spoke with a journalist saying that he sees more and more sudd...

I likely overlooked some symptoms or clusters but will update as I go.

I plan to continue this series on vaccine injury syndrome *from a clinicians perspective*, covering topics like; 1) the pathophysiologic mechanisms which we think most contribute to these categories of symptoms 2) the mechanistic and systemic therapies we most commonly use to counteract these pathologic processes, 3) the rates of success I see with my stable of ever-evolving therapies, 4) descriptions of and insights into “shedding events” causing relapses in our patients and 5) case histories of both my successes and failures/refractory cases.

These Substack posts will be repurposed/edited into more academic style reports for an FLCCC forum that we plan to call “Clinicians Corner”

where we will also invite submissions from front-line treating doctors from across the country and the world. The need for open discussions and clinical collaborations cannot be overstated given that only “long Covid” is being researched (can’t research Long Vax if it doesn’t exist/is not recognized by our expert medical system). The catastrophe is that, to date, despite \$1.2 billion devoted to funding Long Covid research by the NIH... not a single patient has been enrolled into a clinical trial to date. More than three years into the pandemic. As per this recent [Stat News article](#):

The NIH has poured \$1 billion into long Covid research — with little to show for it



By [Rachel Cohrs](#) and Betsy Ladyzhets April 20, 2023



<https://www.statnews.com/staff/rachel-cohrs/>

WASHINGTON — The federal government has burned through more than \$1 billion to study [long Covid](#), an effort to help the millions of Americans who experience brain fog, fatigue, and other symptoms after recovering from a coronavirus infection.

There's basically nothing to show for it.

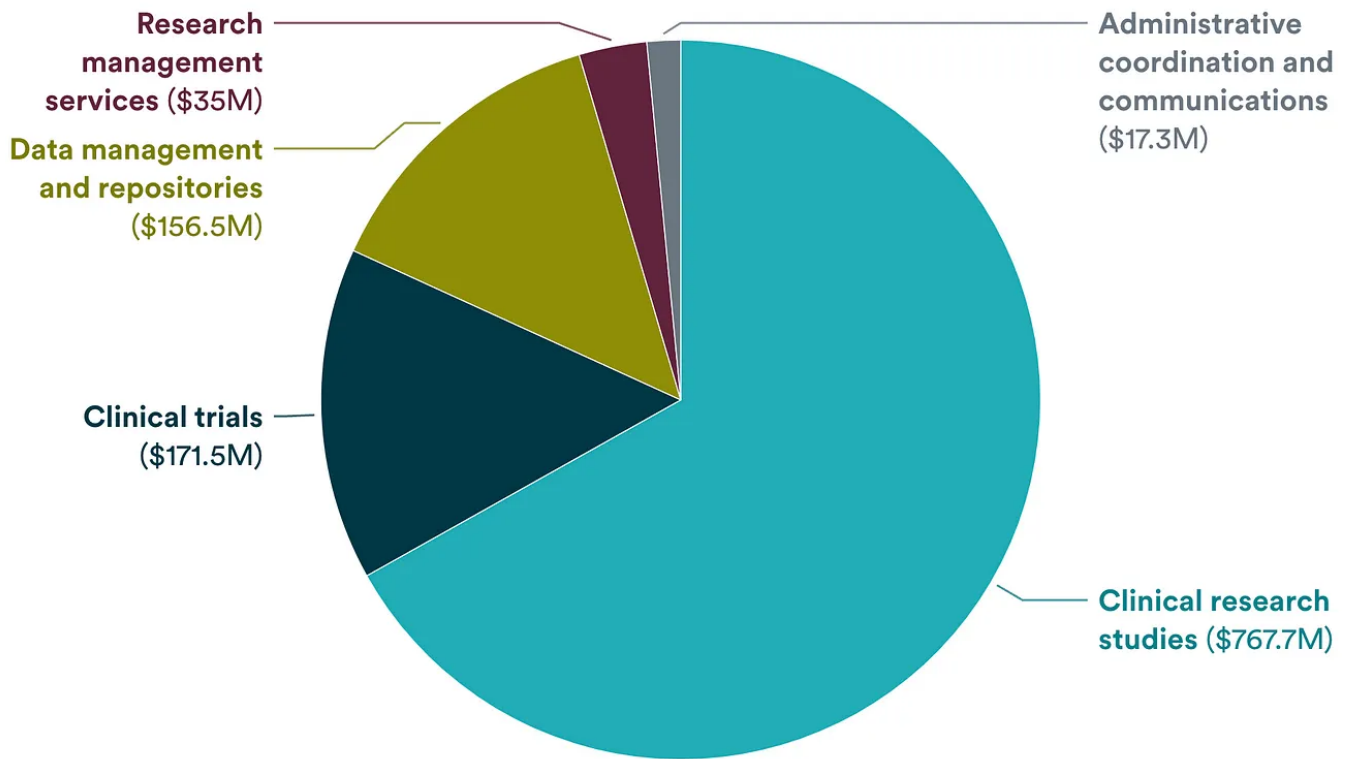
The National Institutes of Health ***hasn't signed up a single patient to test any potential treatments*** —

despite a clear mandate from Congress to study them. And the few trials it is planning have already drawn a firestorm of criticism, especially one intervention that experts and advocates say may actually make some patients' long Covid symptoms worse.

The absurdity of the situation is that the vast majority of funds have been devoted to observational studies of patients symptoms. See below.

NIH RECOVER's spending

The NIH has spent the majority of its funding for long Covid research on observational studies of patient symptoms, with a smaller amount going to clinical trials.



Data via an NIH spokesperson, in response to questions from STAT and MuckRock.

Chart: Betsy Ladyzhets • Source: NIH • [Get the data](#)

My God. It gets worse. If you want to know which intervention study that has generated a “firestorm of criticism” that they are likely referring to above, it is Pfizer’s pricey, patented, newly pipeline emerged drug called... *Paxlovid*. The first (and dumbest imaginable) drug to be studied by the United States of Pharma in a Long Covid

trial. I am trying not to overuse the term “Clown World,” but I have to drop one here. Clown World.

Until we have more sensible clinical trials to guide us, whatever knowledge and guidance supporting effective treatment approaches can only arise from front-line treating clinicians relating their treatment approaches and successes and failures. We must also report adverse responses to treatment – I do not want to pretend that everything we do is safe and well-tolerated. But I will say that prudence, insight, judgement and our experience in attempting to alleviate unimaginable suffering guides us continually. The only therapies available to us are long-used repurposed drugs and/or “alternative” (yeah right) treatments which we very frequently employ successfully. With the novelty and complexity of

this disease, the successes achieved and the challenges endured by patients and practitioners must be more widely known.

To this end, I want to thank the incredible network of colleagues that Paul and I have amassed who are trying to help this population of patients and who, on a daily basis, send me papers, share case histories, experiences, and insights, and also help give lectures at our FLCCC conferences and participate in formal group clinical discussions on Zoom.

They have informed both my and the [FLCCC I-RECOVER vaccine injury “Treatment ToolBox”](#) (a more appropriate descriptor than “protocol.”)

Note that our [Leading Edge Clinic](#) also employs a number of therapies not on the FLCCC protocol due to the fact that the FLCCC criteria to put

something on the I-RECOVER treatment guide requires at least some supportive clinical trials data in similar illnesses (something which some therapies I have found to be clinically effective do not have... yet).

These colleagues include (but are not limited to) the amazing neurologist Suzanne Gazda, micro-clotting expert Jordan Vaughan, the Lyme and other chronic disease specialist JP Saleeby, master internist and endocrinologist Eugene Shippen, rheumatologist and exosome/stem cell expert Robert Jackson, expert internist Keith Berkowitz, world-renowned endocrinologist Flavio Cadegiani, and master educator Dr. Been. I want to particularly acknowledge the polymath/savant [AMD](#) who has been especially instructive to me. Most impactful has been my indefatigable and brilliant partner Scott

Marsland, one of the most thoughtful, dedicated, keenly observant, and empathetic practitioners I have ever met.

Finally, given the continued abject failure of the bio-medical industrial complex in all things Covid, if you want to do your part to help what is essentially a grassroots effort to directly and indirectly support the research and treatment of these patients, consider donating to one or more of the following: [FLCCC](#), [Neuroimmune](#), [Fish Out of Water](#), [REACT19](#), [VSRF](#), or [The Microvascular Research Foundation](#).

P.S I just want to say thanks to all my subscribers, especially the paid ones! Your paid support is greatly appreciated as it allows me to devote what

is often large amount of time I spend researching and writing my posts, so again, thanks. - Pierre

info@stevenkobrin.com

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P.P.S - Proud to report that my book is gaining Best Seller status on Amazon in several countries and is climbing up the U.S Amazon rankings...

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THE **WAR** ON IVERMECTIN

THE MEDICINE THAT SAVED
MILLIONS AND COULD HAVE
ENDED THE PANDEMIC



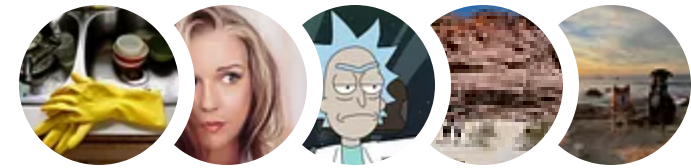
DR. PIERRE KORY

WITH JENNA MCCARTHY

FOREWORD BY DEL BIGTREE

ICAN

FORUM



307 Likes · 27 Restacks

114 Comments



Write a comment...



Hannahlehigh Sep 16

Reading thru this was heart breaking, the pain and suffering caused by the bioweapon injections are beyond anything Ive ever seen. Im happy you can help them with some of their

health issues, what makes me so angry is, none of this had to happen and I blame everyone from politicians right down to media, they all lied to install fear and look at where they are today. Im so thankful I knew not to take those jabs or wear a mask. As a 71 year old I should dead from "covid", in their estimate, truth is, I haven't had so much as the sniffles in over three years. I take all the right vitamins daily which helps to keep me strong and healthy. Thank you Dr Kory.

 LIKE (41)  REPLY  SHARE 

8 replies



Terry Daly Sep 16

If "Impairment of Tasks" is one of the side effects of the vaccine, it might actually be one of the most undiagnosed maladies in medical history. Since the end of the lockdowns, I have personally witnessed a large number of incidents

of driver's' disregard for basic traffic laws, including cars blowing thru very red lights, either going straight or whilst making turns, weaving insanely thru heavy traffic, using turn lane only lanes as passing lanes and more. I attributed it to people just being stupid, but perhaps there is more to it?

 LIKE (23)  REPLY  SHARE 

3 replies by Pierre Kory, MD, MPA and others

112 more comments...

