"Shedding" Part 6 - Clinical Case Notes Describing Shedding Phenomena At The Leading Edge Clinic

We opened a private tele-health practice specializing in the treatment of Acute Covid, Long Covid, and Long Vax. We have observed a number of patients who became ill after exposure to the vaccinated.

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My partner and I opened our Leading Edge Clinic almost two years ago. We have evaluated and treated over a 1,000 patients with the debilitating syndromes called Long Vax and Long Covid (Long Vax is way more common than Long Covid by the way). Here I provide some clinical evidence that shedding events occur.

Clinical Case Descriptions

A patient of mine with severe Long Covid recently had a relapse, meaning a sudden inexplicable worsening of his chronic

symptoms with no apparent reason. His chronic brain fog" (i.e cognitive deficits) which had greatly improved since initiating treatments suddenly deteriorated one day such that he was unable to form coherent or fluid sentences. He had no known exposure to anyone with Covid, had no symptoms suggestive of any illness or viral syndrome, and had not changed any of his medications.

The only possible trigger I could identify was that, after a long hiatus due to his disability, he had recently started going back to his large, crowded church on Sundays. I told him to stop going to church and started him on a glutamate antagonist called memantine (spike proteins trigger excess glutamate activity, a critical neurotransmitter). He reported that the treatment literally "resurrected" him back to where he could communicate clearly (memantine works in some but not all). More recently, after he had improved, he decided to go back to church after he learned that he felt much better if he sat on the periphery of the congregation in an ante-room rather than enclosed on all sides towards the center of the church.

My partner Scott Marsland, a truly brilliant clinician, has observed shedding phenomena in patients he follows closely and takes detailed histories on. In addition, in cases where he has suspected shedding from the spouse, he has found extremely high spike antibody dilution levels when testing the spouse.

As an aside, we hypothesize that the measured level of spike antibody is a proxy for spike in the body, and although the patterns we see are “largely” consistent with this hypothesis, our data is not strong or diverse enough to say so definitively (further we do not have enough data on true “controls” - if there is such a thing anymore).

PATIENT NOTES AND COMMUNICATIONS DESCRIBING SHEDDING PHENOMENA

In the below, I include excerpts from case notes of patients as well as communications between Scott and his patients which describe the effects of what they believed were shedding phenomena - I understand that the narrative flow is disjointed, but I made the editorial decision to not divulge any identifying information that is unnecessary, something that might happen had I provided all the visit notes, but also to not subject you to reams of clinical data that does not illuminate the subject at hand. Any lines interrupting the narratives signify that it was from a later visit note.

PATIENT #1

Scott: She is a stay at home mom. Husband “John” is a CFO of a small company, mostly stays at home. Tries to stay to themselves, with little interaction with others who have had the vax. Possible exposure from shedding without physical contact.

Mother, sister's husband and all of their close friends have been vaccinated. Was around them after sick first time. Went to Miami and spent four weeks around her mother while she was in the hospital and many around her were vaccinated. They have thought that her symptoms are like someone who was vaccinated. Was around her sister's husband who was boosted. This happened right after her first infection.

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SCOTT: Of interesting note - she recently went to the hairdresser who she knows is vaxxed and everyone in the salon is vaxxed. She felt terrible when she was there, she had a terrible headache and just felt awful,. ? shedding , once she got home she the feeling settled down but it was very disconcerting for her as she has been doing everything to protect her family and herself.

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SCOTT: Overall has been feeling pretty good. 85% better, and then has days when she feels even better. A few weeks ago went to the salon, still had some head pressure. In the 1 1/2. hours she was in the salon she started to feel worse and worse. It was full with customers, many older ladies who are vaccinated. She felt like she had to leave. Her head was on fire, she felt like she

needed to vomit, and by the time she got home, it went from a 10/10 to a 6/10. She has been going to that salon for eight years.

She has stopped doing a lot of things, avoiding big crowds, doing her shopping when the store isn't as full. Can't avoid going to the orthodontist. **Constantly around her daughter's boyfriend in the car. When he is in the car behind her, her head hurts.** We previously discussed how she is in her first relationship and the boyfriend is a sweet young man who is vaccinated and boosted.

PATIENT 2

SCOTT: John's wife and son both got the J&J. He was visiting the nursing home a lot to see his aunt, and was exposed to both COVID and people who were vaccinated and boosted. Would take his aunt out in his car with two or three others, who were all vaccinated and boosted. Would spend an hour a day with his aunt on a daily basis. Discussion of shedding.

A few months later:

SCOTT: Spike antibody dilution level had been 3272 u/mL 3/1/23. Decreased with initiation of NAC Augmentata to 157 AU/mL on 5/2/23. Had 5/2/23 labs just after flying out of town for a ski trip. Went to nursing home once or twice since last labs.

Spike ab dilution increased 6/8/23 from 157 to 2824 u/mL, an increase of 2,667 u/mL.

SCOTT: Resolution of acute respiratory symptoms under care of PCP with abx and steroids, CXR changes. Uncertain clinical benefit of Serrapeptase. Interval improvement of lipids with ongoing use of Nattokinase. Slight bump in AST as noted above; given interval rise in spike, indirectly measured via spike ab dilution, likely related to managing lipids. **Increase in spike ab dilution following both air travel and nursing home visits. Detailed discussion of strategies to manage this going forwar**d.

IMPRESSION: Situational exposure to spike shedding from social contacts contributing to asymptomatic stage 3 out of 4 amyloid microclotting.

PATIENT 3

PATIENT: Symptoms. Ever since I returned from the beach I have been tired. For the last two nights I tried to sleep as little as possible because of the uncomfortable bed. So I stayed up until midnight and got up around 4:30 a.m.

I do wonder, given all the intermittent fasting that I've been doing, why I don't seem to improve. **I seem to do better for a few weeks and then have some kind of setback and symptoms flare up again**. I can't seem to break this cycle

SCOTT: Yes, there are more questions than answers here. **My impression is that the setbacks are sometimes related to ventures out into the world, and perhaps gatherings with others outside your immediate household.** If this is correct, it makes me wonder about your exposure to spike from shedding during those times. Insufficient and poor quality sleep is going to be detrimental to every person, and if someone's immune system is challenged, ever more so, leading to increased pain and less resilience.

PATIENT: I have not rebounded as well as I usually do after a relapse. In fact, I have had achiness in my back between the shoulder blades. Not just on the left side.That old spot is usually a little more toward the shoulder blade on the left. And this is kind of across the shoulder blade/back. My chest has been a little more sore or tight. I have noticed other symptoms that were similar to what I experienced earlier, back in say March. A little shortness of breath, my heart feeling a little jumpy when under a little stress. More fatigue. Especially later in the day.

This all started after last Saturday afternoon with my cousin, who I know was boosted two weeks ago. So now it really has made me wonder more about shedding and what is happening? How long do people shed? At what point are people "Ok" again after being vaccinated or boosted? What am I supposed to do re things like Mass? How long do I need to stay away from people I

don't know? How do people deal with avoiding people who might be shedding?

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PATIENT: I have had a significant revelation. This hit me like a ton of bricks. As you know, my initial "acute" Covid phase was strange. I was doing the whole FLCCC prophylactic regimen. Early January I had a mild sore throat. Took the ivermectin for when you suspect you are sick for five days. A week after that I got the constricted chest. Took ivermectin for another day or two before the local doctor I was using at the time said I should stop. Another week or two went by not feeling better, getting slightly worse. **And then late January got much much more inflamed.**

I realized last night that my husband got boosted for his University job at the end of January. I forgot about that. He's been debating about whether to teach again this coming spring semester. And I am afraid for him to be forced to get boosted again. We were talking about it the other day and he mentioned that he had gotten boosted in late January. I didn't connect the dots at the time, but after this experience, I can see, I was barely staving off the spike/Covid as it was and then got another massive dose when my husband got boosted. He got boosted in late January and I really took a major decline and had serious inflammation around that same time. I don't know

which day, but I bet he got boosted and then I had the big flareup. And now this incident last Saturday.

I've been worrying that people will say "see, you should have gotten vaccinated" then you wouldn't be dealing with this long Covid. But given how I seem to react to the shedding, I wonder how I would have reacted to the vaccine. But it adds to the challenges of even discussing this with anyone. Basically I have said nothing to anyone. Only you and my husband.

PATIENT: Fatigue persists, although it is better today.

My husband teaches at a University which has required vaccination and booster. If he can avoid a booster he won't get it. He thinks that the University is softening a bit, but they won't say that publicly. Discussion of implications of him getting boosted for both his and her health.

SCOTT:

IMPRESSION: Spikopathy secondary to ongoing exposure to both vaccinated and infected individuals, with resulting perpetuation of her symptoms. Historically and predominantly unilateral points of pain on left side may reflect reactivated

Shingles without active lesions secondary to chronic immunosuppression.

PLAN: Harm reduction with decreased exposure and added layers of therapeutics. Consideration given to empirical Acyclovir to reactivated Shingles, however stem cell production from HBOT is likely to improve immune function and lower the symptom burden in this regard.

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SCOTT: Feeling pretty good compared to August when her left leg was painful and she was dragging her leg behind her. Using Neprinol, NAC, IVM, LDN, Aspirin. She can still feel some tenderness on the top of her left thigh, but it is mostly gone, and she can feel it when she is going down steps. **Mostly her back is better, but felt it yesterday as pressure in her back and exhaustion after she was around friends.**

She has been super careful about where she is and who she is around. It has been hard on her emotionally living a more isolated life. She is concerned that eventually she will lose contact with friends and family. Birthdays and holidays are coming up. She can be around groups of people for 1/2 to 1 hour and can tolerate that. A co-worker recently had a booster and she had to be around him for five minutes.

PATIENT: Symptoms. I am still feeling pain in my back and side. It's more like I have achy, stiff, sore spots, the spot by my shoulder blades is probably the worst. It's not as bad as the Saturday where I was in a lot of pain. But it's there kind of nagging.

I had a conversation with my husband about my symptoms and he can see I'm not right. I told him you would like him to join our next appointment and he was Ok with that. In our discussion about what's happening with me, he even brought up on his own that if he gets another booster that we might have to isolate. I've told him I'm really worried about him getting another shot. He doesn't want it but feels obligated to the department chair who wouldn't be able to find someone to replace him for the spring semester. I''m really hoping we are past the mandates at this point.

My plan is to stay away from situations where I might be around people who have had the booster and go for the HBOT treatments. I want to get better. I don't want to keep having relapses. I don't want to spend all this money on HBOT just to undo it. So no more daily Mass, no Sunday Mass. I can hear some people suggesting masks, N95s or triple masks, but I'm guessing that's not going to work and just better to stay away for awhile.

Meanwhile, do we put that other blue stuff on the back burner for now? (Sorry can't remember the full correct name.)

Re: getting together with people. If I am able to find out their booster status and they have not gotten a booster, then would that be OK? For instance, I was with my mom and sister the other day. I asked both of them if they had gotten the booster, they said no. We were at the beach so we were outdoors or in my sister's house with no one else there. I figured that was ok. I'm thinking about this now for meeting with my friends on Saturday and other family gatherings. If I can find out their status, if they have been boosted or not, and the answer is no, then I should be Ok if not in a restaurant or something like that, right? The problem is when you don't know someone's status, or you know and the answer is bad.

SCOTT: Outside is better. >= two weeks from booster is better.

PATIENT: For those people who have gotten the booster, how long do I need to stay away from them? Do we have any idea re how many weeks or months it takes for it to be Ok for someone like me to be around them?

SCOTT: two weeks, but ultimately we don't know. It's as much a function of your immune system as it is the level of exposure.

PATIENT: I am also still very susceptible to symptoms flaring up after being around people. So I will continue with the plan with a monthly check in with Scott and try the micro dosing plan.

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PATIENT: Thanks for your message. Starting with the last question first. My left leg still hurts. It hurts to go from a sit to a stand and a stand to a sit. Hurts to go up and down stairs. Hurts just sitting here. It's more on the outside of the left leg along the hip/butt and toward the back and also where the leg meets the pelvis.

Re what changed. I have two guesses. **On Wednesday evening I went to the hair stylist to get the gray covered. I had gone to her before in August and had asked her about her vaccine status and she had said she was not getting anymore shots. After being there I had some very mild symptoms but nothing too bad. Not like this. I didn't think to ask her this time. Maybe she got boosted over the last week or two.**

I had called her to let her know my husband wasn't feeling well and I was feeling like I was fighting something off and asked her if she wanted me to cancel and she said no, she wasn't worried, it was more a matter of whether I was Ok going there? She didn't mind me coming, but was I Ok going there. **I never thought to**

ask her if she had been boosted. I was thinking how she had said she wasn't going to get anymore.

The other possibility is that my husband has been sick. He took two Covid tests, both negative. But he started coming down sick early last week because I was concerned on Wednesday about going for my hair appointment. I have had reactions before when he had had Covid. My legs felt like concrete blocks when he had Covid in May a year ago.

Otherwise I don't know.

SCOTT: Left leg discomfort is improving.

Had an episode with a bad reaction, pretty bad for about two weeks. She had a hard time getting up and down stairs. Getting up and off the toilet was challenging. Pain was in her left inguinal region, radiating around to her buttock, and posterior upper left leg. These areas were tender, sensitive and stiff. Could lift right knee above her hip, but not her left knee.

She was mostly feeling better, and it started suddenly out of the blue. There were two potential triggers which she identifies. 1) She went to get her hair done and the hairdresser was going to get married, and she thinks that she might have been boosted. The hairdresser wasn't worried that she was sick and possibly

contagious and said “I’m more worried about you.” 2) Her husband was sick.

“I can be feeling reasonably good, and can be around some people and not have a reaction, and then be around other people and have a reaction.” Short of sharing her diagnosis with family and friends to bow out of invitations, she is under a lot of pressure to attend social gatherings.

Now, this last one is the most extreme case I have heard as this person appears to be of an extremely sensitive constitution. The comment on decidual cast shedding is damning as this is (or was) an extremely rare condition. The maternal -fetal medicine specialist Jim Thorp has never heard or seen so many published since the onset of the vaccination campaign. This was sent unsolicited to the info email at our Leading Edge Clinic. It’s a doozy.

> Hi Dr Kory,
>
> I have recently listened to an interview you did with Evan Brand. I feel compelled to write to you to share a personal testimony that might be relevant to the current research you conduct and care you provide in regards to Vx injuries and shedding.

I am a 43 year old caucasian woman from Sydney, Australia. For a large part of my adult life I have suffered from migraines, reactions to certain foods and chemicals, and infertility after my 2 children. I was never able to have a third child. I am otherwise healthy and slim with no chronic conditions whatsoever and eat very healthy. I have an auto immune issue; it's not clear when it started but, receiving the Gardasil shot in 2012 certainly made everything worse. I also have the MTHFR mutation (both of them, heterozygous).

Anyway, when the Covid Vax campaign started in Australia in 2021, I felt the 'shedding' right away. I was so ill after first coming into contact with a vaccinated individual that I was pretty much bed ridden for days and was not able to shake the accompanying brain fog. After much research (with the help of an amazing naturopath), I realised that I needed ivermectin to help me. At the time, in June 2021, it was still legal to obtain and I managed to get a kind doctor to prescribe it for me via telehealth. In 3 days I was back to my normal self. In July 2021 ivermectin was banned here and all of us concerned had to order it from India and hope that customs wouldn't intercept it. Like minded groups formed and we all helped each other; kind compounding pharmacists would prepare it for some at their own risk. What a crazy time that was.

> Then my husband at the time got the shots without telling me. I started to get violent headaches every time he jumped into bed at night. Weeks later I started bleeding profusely. The bleeding never stopped (3 weeks of heavy bleeding - please note I have never in my entire life had period problems) until I had to be rushed to the emergency where they tried to force me to have a blood transfusion as my haemoglobin levels were so low they didn't think I was going to last the night. I refused as they couldn't guarantee that it was unvaccinated blood. I asked for an iron infusion, knowing it would build my haemoglobin levels back slowly, a longer but safer solution. I took drugs to stop the bleeding. I separated from my husband due to this issue as I could never be near him again without getting sick.
>
> 2 months later I experienced decidual cast shedding. It's a very scary experience. I have been poked and probed by all the mainstream medicine doctors here and they have found nothing wrong with me but they 'guarantee that my problems have nothing to do with shedding or spike proteins'.
>
> I want to tell you that I am so sensitive to the shedding still that I can tell if someone is vaccinated within 10 secs of me standing next to them. 2 and a half years later I can testify 100% that people are still shedding as much as they did when they first got jabbed. It does NOT stop. Throughout these

past 2 years here is what I have learned and I can sign a legal sworn affidavit on this:

-old people shed less (because their immune system is weaker?)

-healthy, energetic people shed more

-Covid vaccinated kids (we have a lot in Australia) are the biggest shedders (probably because of their strong immune system) - I do not walk in to my kids classrooms

-I feel secondary shedding from my kids when they get home from school

-Shedding seems to affect people with auto immune issues (you weren't sure in your interview why some people were sensitive and not others).

-Nattokinase has been my saviour, it is so effective that sometimes I can't even feel the shedding.

-I take ivm once a week as it has a long body shelf life and it's also amazing. I have HCQ too, but I haven't found the same efficacy.

-LDN (low dose naltrexone) has been significant in reducing auto immune reactions and please consider it for your patients as people who are sensitive to shedding also have auto immune problems

-NAC is fine but hasn't really worked

-nicotine works against shedding/spike proteins, I do not smoke but crave cigarettes when I am shed on. (the only 2 people I know who have never had covid are heavy smokers).

-shedding comes from people's breath, skin and all body fluids. It's everywhere in their body and I do not know how these people can stay alive.

-I am ok to talk to vaccinated people if we are outdoors. Mostly.

-people do not stop shedding, ever.

-I swear I can tell if someone is vaccinated within 10 seconds, indoors.

During your interview you mentioned that you weren't sure that people keep producing spike proteins, I can guarantee they never stop. However your body might get used to the shedding of the spikes.

> Should you have any new break through on treatment, please let me know or let the world know! So many of us are suffering. I still bleed profusely, massive clots etc. There is no doubt in my mind that this is a bioweapon.
>
> I hope that some of the information I am sharing can help others.
>
> Many thanks for your efforts in helping us all.
>
> Kind regards

Now in terms of sexual transmission anecdotes, given their sensitive nature, I have decided to restrict them to paid subscribers only in this last and short post in this series. Further, I think the above is compelling (or convincing) enough to support the idea that symptomatic shedding events can occur

CONCLUSION

Before we end, know that as a physician committed to education, I (finally) decided to respond to the void of information around shedding with this series of deeply researched posts. If you appreciate the effort, please consider supporting **my commitment to continuing this Substack** with a paid subscription (I have been debating whether to give it up due to

too many competing demands of my time - help me make that decision :).

Finally, know that I relied heavily on this review paper on shedding by independant researcher Helene Banoun to guide my research. I will simply end by citing her conclusion in its entirety as it is excellent, however realize that some of the scientific data on biodistribution and persistence of vaccine components has evolved (i.e. has become even more troubling) since her paper was published:

> There are many testimonies of non-vaccinated persons who experienced symptoms identical to the adverse effects of the vaccine after having been in contact with freshly vaccinated persons. A study shows an excess of mortality in the non-vaccinated age groups when vaccination campaigns begin, which could be explained by a phenomenon of transmission of the vaccine or its products.
>
> It is important not to neglect these testimonies because the required studies of pharmacokinetics and in particular of excretion of the vaccine and its products have not been carried out in spite of the regulations in force for gene therapies, which include mRNA vaccines according to the

definition of these gene products. Moreover, the doubt about the possible transmission of the vaccine creates an unhealthy climate of suspicion of the non-vaccinated towards the vaccinated: a clarification would therefore be welcome.

The vaccines are all based on the spike protein, which has since been recognized as the main responsible for the pathogenicity of theSARS-CoV-2 virus: if transmission of the vaccine or of the spike is possible, it is logical to find the adverse effects of the vaccine in non-vaccinated people in contact with vaccinated people. Little is known about the pharmacokinetics of the vaccine. Vaccine LNPs are very similar to natural EVs or exosomes, whose structure and function scientists have tried to mimic as closely as possible.

According to the few studies conducted by manufacturers and independent researchers, mRNA vaccine LNPs circulate in the blood and accumulate in the spleen and liver of mice (and to a lesser extent in many organs including ovaries and testes, bone marrow,..). Translation into spike protein persists 6 to 10 days in mice at the injection site and 8 days in the muscles. The route of excretion of LNPs varies according to their size, in the case of LNPs of mRNA vaccines excretion should be mainly by the feces but also by the urine.

> The quantitative results of these studies suggest that other routes of excretion than feces and urine should be explored. Studies prior to mRNA vaccines suggest that EV excretion is possible through saliva, sweat, and breast milk. Studies have shown that it is very possible that nanoparticles of comparable size to those used for mRNA vaccines are capable of transplacental passage in humans. Natural nanoparticles (EVs) are naturally present in all body fluids (including sputum, saliva, and sweat) and in keratinocytes and can carry nucleic acids that are thus protected from nucleases. Certain types of RNA (miRNAs) are selectively selected and enriched in sweat EVs from blood. No studies have been found regarding the possibility of passage of LNPs into semen; **given the biodistribution in all organs and fluids, such passage is a priori possible and should be explored.**
>
> Viral RNA of many viruses is found in blood, secretions and tissues. Vaccine mRNA is injected in quantities orders of magnitude greater than the viral RNA produced during natural infection. This mRNA is found in the blood as early as the first day after injection and persists for up to 15 days. It is able to escape from LNPs and to be encapsulated in EVs, it is functional and can be translated into protein. Vaccine mRNA naked or encapsulated in EVs is found in breast milk within the first week after injection; it is protected from gastric juices and can transfect neonatal cells.

> RNA embedded in EVs or even naked is capable of transfecting cells by inhalation or transdermal passage. Intranasal, oral, transdermal intraocular and subconjunctival administration of extracellular drug-carrying vesicles has been tested: LNPs can be administered through the skin, intranasally, intraconjunctivally and by inhalation; experiments have shown that mRNA included in these LNPs is capable of transfecting cells Vaccination trials against COVID by inhalation of EVs containing mRNA or spike protein have shown positive results in mice and nonhuman primates. Natural EVs are more effective than synthetic EVs.
>
> Spike protein translated from vaccine mRNA persists for months in large quantities in vaccinees; it is found in free form in plasma and encapsulated in EVs that form spontaneously from the cells where spike was produced. These EVs can deliver their cargo to different cell types, in particular to fetal cells of vaccinated mothers. Spike can be found in keratinocytes of the skin. Specifically against coronaviruses, gene therapy and vaccination trials (especially with mRNA) have shown the possibility of transfecting cells transcutaneously, nasally and by nebulization from LNPs and even from naked mRNA. Spike or mRNA RBD vector exosomes have been tested by inhalation in animals for anti-COVID-19 immunization.

> All these studies show that EVs carrying mRNA and spike could therefore be excreted by different body fluids and could enter by transcutaneous or inhalation route in unvaccinated individuals (as well as by breast milk in infants and by transplacental passage in fetuses and why not by semen). Naked mRNA could also be excreted and entered. The mRNA (and adenovirus) vaccines correspond exactly to the definition of gene therapy given by the health agencies (FDA, NIH and EMA). According to the regulations of these agencies, these products should be subject to additional pharmacokinetic studies (in particular excretion studies) as a matter of urgency as the widespread use of mRNA technology becomes apparent. Indeed, Sanofi launched clinical trial of the first mRNA-based seasonal flu vaccine candidate [92], Moderna launched phase 3 trial of mRNA influenza vaccine [93]. For these flu vaccines, emergency approval should not be applied and the requirement for these additional studies should not be exceeded.

Links to all the other already posts in this series is after the subscribe button below.

P.S. I just want to say thanks to all my subscribers, especially the paid ones! Your financial 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

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P.S. My book called *The War on Ivermectin is available on Amazon and anywhere else books are sold. The reviews have been amazingly gratifying.*

War on Ivermectin: The Medicine that Saved Millions and Could Have Ended the Pandemic Hardcover – June 6, 2023

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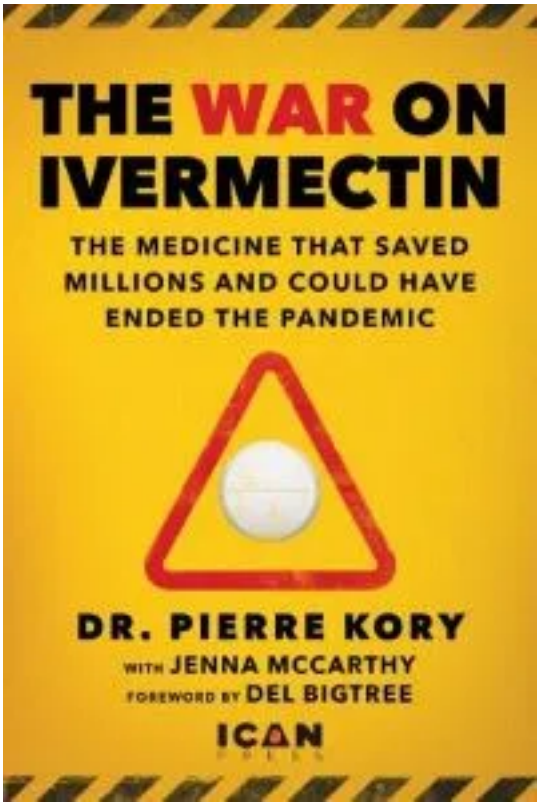

“Shedding” Part 1- Shedding of Covid mRNA Vaccine Components and Products From The Vaccinated to the Unvaccinated - Part 1

“Shedding” Part 2 - The Bio-Distribution and Excretion Potential of Covid mRNA Vaccine Products

“Shedding” Part 3 - Can You Absorb Lipid Nanoparticles From Being Exposed To a Vaccinated Person?

“Shedding” Part 4 - Evidence of Placental and Breast Milk Transmission of Covid mRNA Vaccine Components

"Shedding" Part 5 - Evidence of Shedding Causing Illness In Others

“Shedding Part 6- Clinical Case Notes Describing Shedding Phenomena Among Leading Edge Clinic Patients

“Shedding” Part 7 - Shedding Via Sexual Intercourse - Clinical Reports

“Shedding” Part 8 - A Deluge of Clinical Reports Pour In

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... Link:

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WITH **JENNA MCCARTHY**

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Stephanie M Nov 1

Thank you for all this. I know it is an issue. It is hard because we also don't want to live in fear and isolate ourselves. So we try to live as normally as possible. Most of the people who are close to us did NOT take the vaccine, praise God. I am definitely sensitive to shedding and struggled a lot last year. My big concern is my child. We already homeschool with a group who we thought was mostly unvaccinated. Turns out many are including some kids (one boy collapsed last month and lost consciousness). Many times I thought of pulling my child out but then what, just isolate him? He is sick all year when he goes to school with a cough that never goes away.... For us,I know we can fast and take supplements, but for young children, we don't know what is safe.

This information is so important and needed, but very concerning. I don't even know what to do.

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radar Nov 6

I am a retired clergyman/chaplain. I quit my last job early in 2020, when I feared I could bring home Covid to my 43 y/o disabled and terminal son. I've been at home largely 24/7 except short drive trips to a P.O.Box. I have spent 8 hrs daily reading everything that cites references and source addresses on Covid-Wuhan, Jabs and now shedding (the subject I wanted to best understand already in 2020).

I would also go to Church on Wednesday nights (least attended); and at the end of the service I would walk out a side-door because I was aware some members were vaccinated. Earlier this Spring 2023 I decided to shake the clergyman's hand walking out of the service (not using the side door). That night I had chills in bed followed by three days total of day and night chills and feeling very cold. I just shook his hand and walked on by myself! I thought it was just a fluke thing, and went back two weeks later; and after that service I shook the clergyman's hand and bantered with him for about thirty seconds. Less than one minute afterward, as I was getting my keys to get into my car, my nose started running profusely (and I had learned from Dr. Thomas E Levy, MD/JD also with the FLCCCA that this is the first sign of a viral or bacterial exposure. I never have pollen problems. There was no dust or odor in the outside air. I decided then and there that the clergyman, who had told me two years earlier that he had had the

full double-shot course and intended to get the first booster in order to get into hospitals to visit his sick members (a requirement back then) was still shedding; and he had had three variant Covids since his first shots in 2021. I knew immediately to get home and start nebulizing 0.015% hydrogen peroxide (H202) diluted with Normal Saline (9.5% rock salt only in distilled water). I had done this alot when I had most of my teeth removed to get rid of mercury amalgam and heal lymph infections just under my ears from rotten root-canals that I could not feel. That second time I still had 3 days of chills night and day. So I am toying around in my mind starting a Church service for the non-jabbed and with a non-jabbed minister. There are too many jabbed folk around (God bless their souls--they were lied to, pressured, etc). But very few of us can afford to get minimally sick like me (for just 3 days, and then only chills). There are plenty of aged folk who already have one and more health problems.. My Church does have the whole service filmed and a service bulletin comes out weekly by email. But it is not the same thing--no social contact, no Lord's Supper (or Mass, such as for Catholics). I will try one more thing: boost myself with several liposomal Vitamin C's and Quercetin before Church, and Nebulize H202 as soon as I get home, and maybe add a second Quercetin. If that doesn't work, I had better quickly start that "unjabbed worship service".

1 reply

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