

# mRNA Vaccine Shedding Of Spike Protein: State Of the Scientific and Clinical Evidence

I compiled a concise, organized, and referenced document detailing the scientific and clinical evidence that spike protein shedding causes side effects in a cohort of people exposed to the vaccinated.

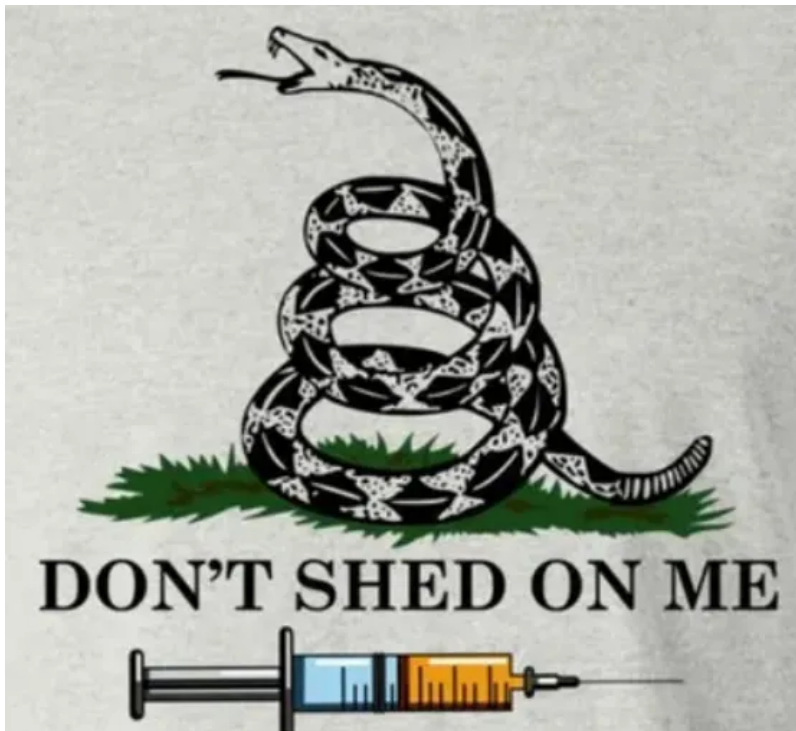


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FEB 20, 2024

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My readers may recall my [initial nine-part series](#) on mRNA vaccine shedding from November. Since that time, I have devoted even more effort in researching this topic in collaboration with fellow researcher, friend, and colleague, [A Midwestern Doctor](#) (AMD).

Of the now innumerable fraudulent claims supporting the global Covid mRNA vaccine campaign, the risks and reality of the shedding of spike protein which then can cause adverse effect symptoms in those exposed to vaccinated individuals is one of the most disturbing.

That is saying a lot given what we now know of the fraudulent manipulation of the original trials, the subsequent explosion and ignoring of VAERS reports, the near universal DNA contamination of Moderna and Pfizer vials, the explosions in life insurance claims, especially among young people, the massive impacts on menstruation and fertility, and now the [spikes in excess mortality](#) rippling across both this country and much of the world.

Shedding is in a different category however, because here, the adverse effects of the mRNA vaccines are now being felt by people who chose to protect themselves by refusing to receive an

experimental gene therapy injection. Despite their justified prudence, an as yet unquantifiable number of people are getting sick from being exposed to the vaccinated. This is an even more shocking example of the violations of informed consent and bodily autonomy that we have already witnessed around the global mRNA vaccine campaign

It was AMD's idea that we put out several public calls for reports of shedding beyond the deluge that my [original series received](#). We now have over 1,200 such reports ([here is where you should submit new reports](#) in the comments section). AMD painstakingly reviewed and organized the data from these reports and wrote an excellent section on clinical guidance. This section not only cites numerous clinical reports but also provides general guidance in how to protect yourself and control symptoms if you are susceptible to shedding

In that report, we concluded that mRNA vaccine "shedding" of spike protein is real based on evidence from regulatory and industry documents, basic science experiments, vaccine studies and and clinical reports. Although many of my readers may have waded through my prior, lengthy 9-part series on shedding, the new report is more concise and navigable.

A PDF report with a clickable Table of Contents can be found on the [FLCCC website here](#). Please share with all interested. For those more time-challenged, in the below, I provide a short summary of the "Key Scientific Findings" that we relied upon to support the unfortunate reality of mRNA gene therapy product shedding.

Support in the form of paid subscriptions is greatly appreciated and will help further support the large amounts of time I have put and will continue to put into this research.



## OVERVIEW OF THE SCIENCE OF mRNA VACCINE SHEDDING

A quick summary of the scientific case we have built is as follows:

1. COVID mRNA "vaccines" are gene therapy products as defined in the FDA's [2015 document on Gene Product Shedding Studies](#).  
*"Gene therapy products are all products that mediate their effects by transcription and/or translation of transferred genetic material and/or by integrating into the host genome and that are administered as nucleic acids, viruses, or genetically engineered microorganisms."*
2. The FDA document defines shedding of gene therapy products as:  
*"The release of viral or bacterial gene therapy products from the patient by any or all of the following routes: feces (feces); secretions (urine, saliva, nasopharyngeal fluids, etc.); or through the skin (pustules, lesions, sores)."*
3. All other gene therapy products on the market list shedding as a risk in their insert (Luxterna, Roctavian, Zolgensma) and shed from 7 days to 6 months
4. Pfizer was aware of the risks of shedding and specifically stated in their protocol that study investigators collect reports of environmental shedding events (trial protocol p. 67)



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5. The mRNA vaccines are also defined as “nanoparticle technology” which can be synthetic or biologic (i.e. exosomes). Synthetic nanoparticles distribute widely in the body and easily traverse numerous physiologic barriers (most notably can be inhaled and absorbed by the lungs)
6. mRNA gene therapy products (spike protein) have then been found in circulating exosomes for up to 187 days after vaccination (after which study was stopped). Note that exosomes can be easily transmitted via the breath, and absorbed into the lungs of those nearby.
7. Data from Dr. Burkharth's autopsy series (and cases reports) show widely disseminated spike in numerous organs after vaccination
8. **Breast Milk shedding:** Numerous animal and human studies report mRNA and/or spike protein in breast milk after vaccination.
  - a. Pfizer post-surveillance data contain numerous reports of breast fed babies suffering anaphylaxis, strokes, seizures, and respiratory arrest after a feeding.
9. **Placental shedding** - synthetic nanoparticle and exosomes readily cross the placental barrier. A [recent paper](#) found both mRNA and spike protein within the placentas of two mothers vaccinated shortly before delivery.
  - a. The CDC recommends investigation into any VAERS adverse event with a “Proportional Reporting Ratio (PRR) compared to the influenza vaccine which is greater than 2. There are now 11 pregnancy and fetal adverse effects reported to VAERS with PRR's ranging from 3 to 300.
10. **Person-to-Person Shedding** - one study reported unvaccinated children of vaccinated parents developed antibodies to spike protein. Another study found that excess mortality of unvaccinated children in the USA and Europe increased during the first 18 weeks after the adult vaccination campaign rollout (i.e. at a time when children were NOT being vaccinated).
  - a. Two groups of researchers, one including myself and AMD put out a public call for shedding reports. We now have over a 1,000 reports which are:
    - i. **repeatable and predictable**
    - ii. **evenly split between people who reported a cluster of symptoms vs. a single symptom**
    - iii. **submitted by people who reported symptoms that matched what many others reported**
11. **Patterns Of Shedding Reported:**
  - a. **Primary:** when someone gets ill from being around a vaccinated person (e.g. [vaccinated parents making their unvaccinated children ill](#))
  - b. **Secondary:** when someone gets ill from being around a person who was recently around vaccinated people, (e.g., children being shed upon and then affecting parents after coming back home from school).
12. **Susceptible Patients**
  - a. Sensitivity to shedding varies immensely and **generally only affects environmentally or physiologically sensitive people**

- b. **Symptoms resemble what is seen in other spike protein-induced syndromes** (e.g., long COVID/long Vax).
- c. Patients develop **similar symptoms after a shedding exposure**, particularly after a “strong” shedding exposure
- d. Many patients reported **repeated shedding symptoms emerge after the same exposure**

### 13. Characteristics of “Shedders”

- a. dramatically more likely to shed soon after vaccination (the very sensitive claim they are susceptible far beyond a 2-4 week period)
- b. shedding events (in the same location) are the most frequent and severe immediately following a new booster rollout
- c. young and healthy people tend to shed more frequently
- d. shedding greatly varies by the individual (e.g., [“I react to specific people I see at church”](#)).

14. **Most Common Symptoms:** Menstrual abnormalities (by far), Decidual Cast shedding, Headaches, Tinnitus, Nosebleeds, Painless, inexplicable bruising, Dizziness, Brain Fog/Malaise, Skin Rashes

15. **Less Common Symptoms:** Atrial Fibrillation/palpitations, Muscle Pain, Seizures, Peripheral Neuropathy, Insomnia, Hair Loss, Swollen Lymph Nodes, Severe abdominal pain, Sinus Pressure/Copious discharge, Vision/Eye Problems

**Rare Symptoms:** Stroke, Blood clots, Severe heart injuries in children, Polymyalgia Rheumatica, Death, Cancers, Sensory Neuropathy, Anxiety

## CLINICAL GUIDANCE

First and foremost, we believe it is critical to not publicly espouse divisive ideas (e.g., “purebloods” vs. those who were vaccinated) that prevent the public from becoming united and impactful. The vaccines were marketed on the basis of division (e.g., by encouraging immense discrimination against the unvaccinated), and many unvaccinated individuals thus understandably hold a lot of resentment for how the vaccinated treated them. We do not want to perpetuate anything similar (e.g., discrimination in the other direction). Likewise, we don’t want to create any more unnecessary fear — which is an inevitable consequence of opening up a conversation about shedding.

Nonetheless, while we do not believe you should be greatly concerned about shedding if it has not yet affected you, we do believe those being harmed by it need to be aware of it and should be treated with compassion and respect rather than being dismissed and ridiculed.

**Protection Strategies:**What can be done to mitigate the effects of shedding that cannot be avoided?

Many of the approaches for doing this should be evident at this point. For example, a key purpose of this document was to help people identify if they were at an increased risk for being harmed by shedding, and if so (which we do not believe applies to the majority of readers), to

encourage them to avoid situations with a high degree of shedding. In addition, we believe the following options have a lot of merit:

1. **Take an effective proteolytic enzyme.** Nattokinase along with Bromelain is the most popular option currently available (although some practitioners feel there are more potent and effective products on the market). If it seems like you need it (e.g., you know you are sensitive to shedding), consider taking ivermectin to neutralize and bind the spike protein. Unfortunately, there are a cohort of spike protein injured patients who do not have a dramatic response to ivermectin, and likewise with shedding, some individuals who are exposed to shedding notice ivermectin is life-changing for them, while others aren't sure if it helps.
2. Another commonly utilized spike protein binding and breakdown agent is the [augmented NAC product](#) from the non-profit group called Zero Spike.
3. Some patients are now using a nicotine patch protocol which we do not like as we've seen a number of patients that had bad reactions and nicotine is addictive (and vasoconstrictive) but nonetheless it does help some patients. **NADXL patches** may be a safer and as effective alternative.
4. Additionally quite a few people have benefitted from a **zeta potential restoration protocol**. Others have had success with **curcumin** (unfortunately there is immense variability in the quality of curcumin supplements), **Vitamin D**, **quercetin**, and **hydroxychloroquine** (while others have tried these approaches without success).
5. We don't feel in most cases any of the above are actually needed, because typically "shedding sickness" seems to recover on its own once you are no longer around the shedder, although there have been a number of exceptions to this.

#### **Sexual Partners:**

What do we currently know about shedding and sexual relationships? Both the degree of shedding and the susceptibility to shedding vary greatly, so this will probably be the deciding factor if you want to pursue a relationship with a vaccinated individual (e.g., if you know you are fairly sensitive you have no choice, whereas if you are less sensitive you can first test if you react to the individual). Since the unvaccinated dating pool is very small, this situation creates a significant dilemma for those entering the dating market.

Presently our thoughts are as follows:

- 1) One benefit is that unvaccinated individuals are more likely to be in alignment with your worldview.
- 2) The website unjected.com is specifically designed for unvaccinated singles to meet each other. Although we think it's a good idea in principle, it is too costly for many.
- 3) It is important to go slow with new partners, both so they can understand you are serious about the vaccine (so they won't boost behind your back and hence expose you to a high vaccine dose) and so you can see how you react to them (e.g., can you tolerate having your mouth be close to theirs. It may be necessary to avoid direct contact with their semen.

4) It is highly likely as time goes forward, more and more people will lie and claim they were never vaccinated, so it will be important to be able to recognize if someone has a body you react to.

5) Many who can tell who is “shedding” have told me they’ve lost their attraction to potential vaccinated partners, so this all may also work itself out on its own.

### **Blood Supply**

What do we currently know about shedding and blood transfusions from vaccinated individuals? Another common concern we have repeatedly seen raised is if the blood supply is “safe,” and in turn more calls than I can count to create an unvaccinated blood bank for those who were not vaccinated. We think that as long as the health agencies refuse to acknowledge the dangers of the mRNA vaccines, this will never become a reality given how tightly regulated the blood supply is.

The idea that you could create a separate blood bank that hospitals would then be willing to use is unlikely (e.g., consider how far New Zealand’s government went to prevent it from being done on a one-off basis). Fortunately, we believe vaccinated blood injuries are quite rare (although they have occurred), to the point many of them may have been by chance and not related to the actual transfusion.

To be more specific, we know of three cases, (two here and here, and the third is a patient of Dr. Kory’s, whose history of illness clearly implicated a transfusion). Further, when Steve Kirsch broached the transfusion subject to approximately 200,000 readers and received 568 comments, we did not find mention of a transfusion injury story.

However, more concerning is that one commenter on an article of Dr. Kory’s came from a hematologist who stated: “I have seen some unusually severe reactions to RBC transfusions in the past couple years, including a couple that led to pressors/ventilator support. I have wondered if these patients received spike protein containing blood from jabbed donors.”

In line with the above is that in an article on reports from a nurse colleague of Dr. Kory’s, she stated that the hospital was struggling to get enough blood donations from the staff given they had seen so many vaccine injuries in their patients they allegedly felt their blood was tainted and hence weren’t comfortable giving it.

In this article, AMD explores more deeply the mechanisms in which vaccinated blood could potentially make someone acutely ill, however, based on the likely mechanisms, we feel that if people acutely react to a blood transfusion, it’s most likely due to them receiving a transfusion from someone who had recently been vaccinated. This can be prevented by telling people not to donate for a few weeks after vaccination — something the Red Cross already does for the J&J vaccine or if you do not know what COVID vaccine you received.

That all being said, while we do not believe you should be particularly concerned about the vaccinated blood supply, several approaches can be taken to protect yourself:

1) Hospitals will normally let you donate your own blood ahead of time, which can then be transfused into to you if it’s needed during an elective (non-emergency) surgery.

2) Certain drugs allow you to increase your red blood cell concentration. In turn, there is quite a bit of evidence that taking them prior to a surgery with a high amount of expected blood loss reduces the need for the patient to receive blood transfusions.

3) To some extent, blood loss can be compensated for by receiving saline (which dilutes your blood but preserves the total blood volume), followed by either iron infusions (typically done) or chlorophyll consumption (much less known about) to raise your hemoglobin count (e.g., see this trial).

4) The amount of blood loss that occurs during surgeries varies depending on the skill (and finesse) of a surgeon. Because of this, you can likely reduce your need for blood transfusions if you pick the right surgeon to work with.

5) Technologies exist to recycle blood that is lost during a surgery so it can be transfused back into the patient (e.g., the Cell Saver) and when studied, appear to work. Since your own blood is recycled this can bypass the need for a transfusion. In turn, certain surgical facilities offer this option to their patients.

6) Avoid transfusions as much as possible because other contaminants exist in the blood supply and there is quite a bit of data showing repeated transfusions can cause a variety of health issues. Unfortunately, if you have an emergency situation (e.g., a severe accident) it is unlikely any of these will be viable to do. Fortunately, those situations are rare, and likewise, we believe vaccine injuries from blood transfusions are also very rare.

## LEGAL CONSIDERATIONS

When you consider the liability from the vaccine injuries and deaths as well as the harm they have created to those who were unvaccinated, there is a massive degree of legal liability, something along the lines of a “too big to fail” situation. In such situations, governments almost always default to protecting the criminals (e.g., consider the trillions both Bush and Obama gave the banks) rather than punishing them to ensure this does not happen again.

Conversely, the one bright side we see to all of this is that shedding may open up a new avenue of legal attack for lawsuits since this is an unusual situation the blanket liability shield the vaccine manufacturers enjoy may not apply to. Additionally, if it can be proven that a significant number of people are sensitive to shedding, the American Disabilities Act (or OSHA’s requirement to create a safe work environment for workers) may require facilities to protect those sensitive to shedding (e.g., by instructing recently boosted individuals to avoid the facility — which will effectively remove any remaining willingness to take the boosters (which has already rapidly waned).

Know that a Miami school adopted a policy restricting the recently vaccinated from entering in July of 2021. Furthermore, David Gorski (whose blog strongly supports vaccine mandates) has understandably gotten quite upset that businesses might do the opposite and instead discriminate against the vaccinated. In turn, Gorski kindly created a compilation of many other businesses that followed in the Miami school’s footsteps and “banned” recently vaccinated 27 individuals. This, in turn, indicates there is a precedent for private businesses protecting their employees and customers from shedding.

## CONCLUSION

We hope you found this review helpful — it's been a long journey to complete this (especially since it will need to be periodically updated as we receive more feedback). When reading it, we hope you were not overly disturbed by its contents and import. We are presently working with a lot of unknowns, so we have tried our best to provide the most critical information in the most responsible fashion possible.

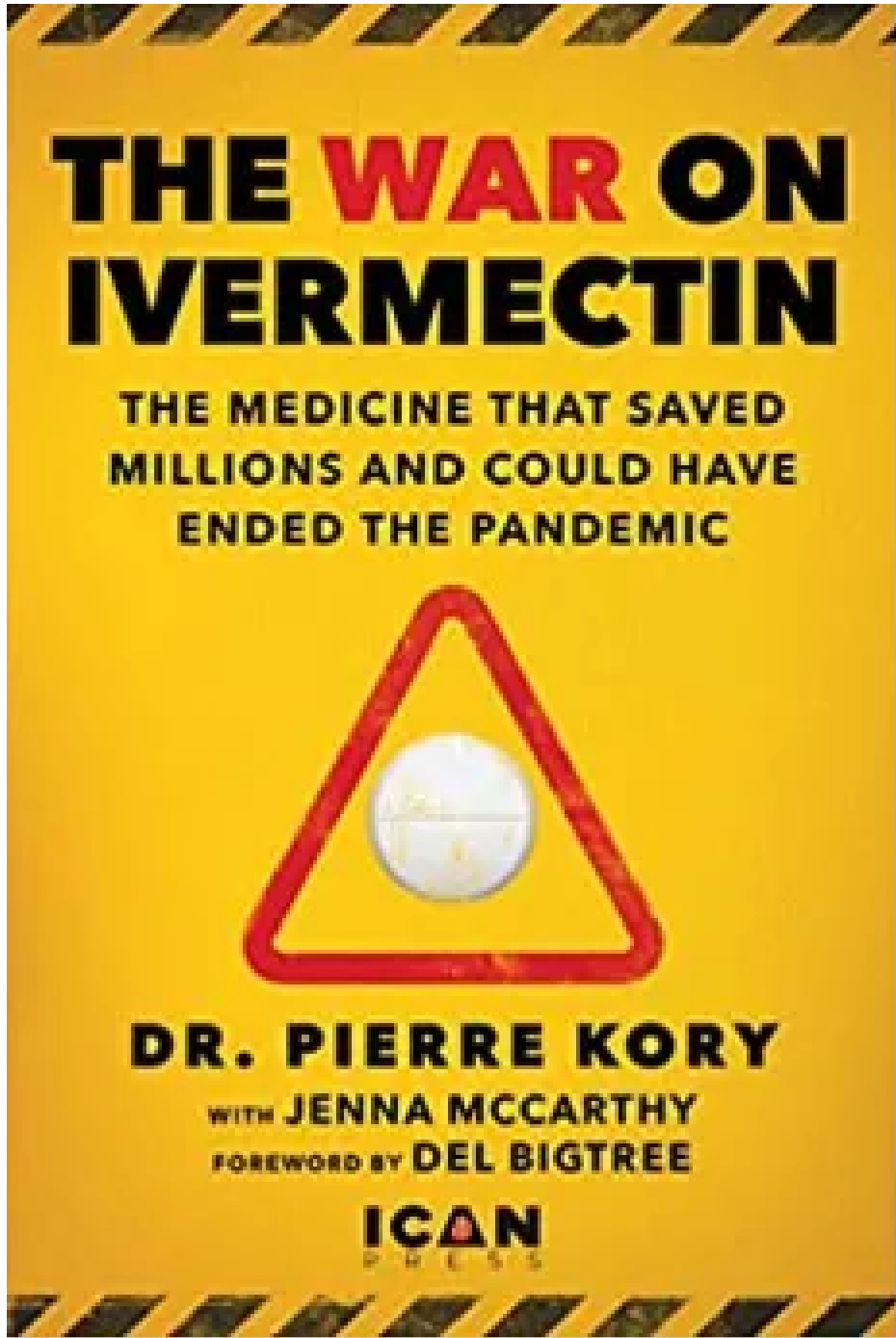
**ACKNOWLEDGEMENTS** This article was compiled with the help of the prolific research by my colleague who goes by the pseudonym A Midwestern Doctor. Their [Substack is here](#).

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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 amounts of the limited time that I have available to spend researching and writing my posts, so again, thanks. - Pierre

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. \*If any of you have read it, I would love if you could post an honest review!





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121 Comments



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James Miller Feb 20

Thank you! I am a practicing MD (used to be surgical critical care and trauma before the madness, now primary care helping a lot of mRNA injured people). It is nearly impossible to find guidance like this that helps me help others. This concise update is highly valuable and will be easier for me to disseminate this info. I am in your debt

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8 replies



**Margaret Anna Alice** Margaret Anna Alice Through the... Feb 20 · *edited Feb 20*

Thank you and AMD for pursuing this topic, which has concerned me from the outset of the mass injection campaign. I apologize that I have not yet had time to read your full-length series so you may have addressed this previously, but do we have definitive proof that shedding ever stops? I know the durations listed here and in studies I've encountered only correlate to the length of the studies themselves, so it is difficult to tell how long shedding takes place after the initial jabs. It would be reassuring to know if jabbed individuals have been tested after a longer period of time and have been found to no longer be shedding.

Regarding blood transfusions, the case of Baby Alex strongly indicates this may be a greater concern than many may realize. Please take a moment to review the details of his case if you aren't already familiar with them:

• "Baby Alex: The Definitive Account—in His Mother's Own Words":  
<https://margaretannaalice.substack.com/p/baby-alex-the-definitive-accountin>

Specifically, Alex developed a blood clot that extended from his left knee to his heart, and his knee is where the PICC line for the transfusion had been inserted. His fatal clot was almost certainly caused by the transfusion of jabbed blood, and I don't think this is something we should take lightly—hence my proposed #RememberBabyAlex legislation in my letter to Ron Johnson:

• <https://margaretannaalice.substack.com/p/letter-to-senator-ron-johnson>

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