



COMPOUNDING WITHOUT
COMPROMISE SINCE 1962

IN THE NAME OF SCIENCE

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In the name of science and empowerment through knowledge, and with respect, I offer this bad news/good news story about the pandemic and its inoculations, in particular. With vetted references and other resources, I'd like to explain what we, as practitioners, are seeing and have learned so far so that you can make informed decisions now and in the future. Because some or all of this information may be different than what you've heard, I invite you to have an open mind as you look at the science. The references listed are but a few and there are numerous others on my website, lisaeverettandersen.com.

I am a clinical, level 2, collaborative practice pharmacist, clinical nutritionist, and the owner of my family pharmacy of 60 years. In that we make most of the medications that we dispense, we are inspected by and licensed in 38 states plus Washington DC, and are FDA inspected. I served 10 years on an Internal Review Board, overseeing over 100 studies at any given time for the FDA.

One of my duties has always been to inform my patients of the safety and efficacy of medications. It is up to me to protect them, along with my employees and physician colleagues, from invalid medical information. Pharmacists are taught to never learn about drugs from the pharmaceutical industry or any entity associated with it or from one that receives financial gain from the development or sale of a drug. Instead, we are schooled to scrutinize and tear apart studies to discern their validity. However, this is not taught in the schools of most healthcare

providers or in schools of journalism who graduate our "medical" newscasters. Unfortunately, our medical and nursing students will gain the bulk of their drug education as interns AFTER medical school from manufacturers' reps and their biased physician supervisors.

I was warned by my pharmacology professor that there is no room in healthcare for pharmaceutical sales propaganda or a "because I said so" attitude by anyone. Yet, in America and New Zealand, direct drug advertising bombards the public and prescribers via mainstream media: no other countries allow this. Listeners fall prey to the repetitive blasting, as well as the paid "reporting" by members of journalistic news outlets. The result is that patients and prescribers too often accept as fact the job-dependent, ratings influenced, fear based information. There is another way to discern a course of action, but it involves a massive amount of time and exhausting study of the unmanipulated science. (Persuasive messaging to increase COVID-19 vaccine uptake intentions, James, Bokemper, et al., 2021)

This process of evaluating the use of a medication was certainly challenged when I was asked by three pharmaceutical companies to give their COVID shots. I went to the low hanging fruit of the Pfizer, Moderna, and Johnson & Johnson websites to get a feel for what they wanted me to "know." I quickly gleaned that they were not telling me the whole story. So I looked up what they submitted to the FDA, and was devastated by the information that was provided and the subsequent omission of useful science that could have helped in

decision making. With my experience and knowledge of HIV retro-cell virology (the COVID virus is part HIV, part coronavirus) and a background in biochemistry and immunology, the data did not stack up on the SARS COVID-19 virus and the proposed vaccinations. Therefore, I could not, in good conscience, recommend the COVID shot for my employees, my patients, or my family, especially for an illness that has approximately a 99% survival rate; the death rate for annual flus was higher. It was no wonder the FDA hesitated approval and indeed should not have granted emergency use. (CDC stat, 1/27/21)

It is important to understand that the drug companies are not our friends. There is a time and a place for medications for which we can be grateful. However, pharmaceutical companies have a long history of selling drugs whose side effects require the consumption of more drugs. They use “feel good” marketing to dupe consumers into taking their latest (and most expensive) medications. But more disturbing is that they often resort to unscrupulous methods for running trials, and ignore or falsify facts that reveal harmful and fatal side effects in order to bring their medications to market. On many occasions, the U.S. court system has called the drug industry’s actions criminal. One of the most notorious of these companies is Pfizer.

In 1996, Pfizer conducted an unapproved drug study in Nigeria on 200 children, leaving 11 dead and dozens disabled. In 2009, Pfizer was ordered to pay out the largest healthcare fraud settlement in U.S. history - \$2.3 billion - due to illegally promoting several of their meds and paying doctors to prescribe them for off-label use. Per Mike Loucks, the acting U.S. Attorney for the District of Massachusetts at the time, “...at the very same time Pfizer was in our office negotiating and resolving the allegations of criminal conduct by its then newly acquired subsidiary, Warner-Lambert, Pfizer was itself in its other operations violating those very same laws.” (Pfizer, Llamas,

drugwatch.com; Justice department announces largest health care fraud settlement in its history, Department of Justice, Office of Public Affairs, 2009)

GlaxoSmithKline ran at least four medical trials in New York on orphans that were HIV positive or born to HIV positive mothers. The children were used, without advocacy, in dangerous drug trials for AIDS and herpes medications, as well as double dosed measles vaccines. GlaxoSmithKline then teamed up with Pfizer to test the “long-term safety” of antibacterial drugs on some of the 3 month old babies. (Young children and babies used as lab rats in drug trials, *London Observer*, 2004; AIDS tots used as “guinea pigs”, *New York Post*, 2004)

I tell the story in my book, *Learning to Thrive in a Toxic World and the Impact of Clinical Endocrinology and BHRT*, of the drug Vioxx, which was developed by RoundUp maker, Monsanto (now Bayer), and co-marketed by the drug company, Merck. It was shown in clinical trials to increase the chances of cardiovascular complications. It was then compared to the pain reliever naproxen, which causes the same issues but to a lesser degree. Based on these findings, Merck released the news that Vioxx didn’t increase heart attack risk; naproxen was simply better at decreasing it - a very twisted and untruthful way of reading the evidence. It was approved as an anti-inflammatory agent for arthritis by the FDA regardless. Only after Vioxx caused approximately 140,000 heart attacks resulting in 60,000 immediate deaths was it pulled from the market. (Despite warnings, drug giant took long path to Vioxx recall., Berenson, Harris, & Meier, 2004; Timeline: the rise and fall of Vioxx., Prakash & Valentine, 2007)

These are only a few examples, and the pharmaceutical companies I’ve pointed out are certainly not the only ones to run unethical trials or release known dangerous drugs. Even government agencies, like the NIH and the CDC, have involved themselves by funding such research and making money off of the release of

the drugs. (Young children and babies used as lab rats in drug trials, *London Observer*, 2004; Feds tested AIDS drugs on foster kids., Soloman, 2005; Letter to Lawrence Tabak, acting director of the National Institutes of Health., Paul, Scott, Johnson, Hawley, & Lankford, 2022; *The Real Anthony Fauci*, Kennedy, Jr., 2021)

Vaccines in general are considered off-limits when it comes to questioning their effectiveness, let alone their safety. But vaccines are drugs, and all drugs have side effects. Like other medications, they should not be assumed safe unless they are proven to be so.

Dr. Paul Thomas had one of the largest pediatric practices in Oregon. It was unique in that he sat down with the parents and went over extensive informed consent for each vaccination so that they could choose to vaccinate partially, fully, or not at all. Because of this, he was in a position to conduct a study of his patients, from birth to adulthood, and the effects of their parents' choices. So in 2020, he and Dr. James Lyons-Weiler did a retrospective analysis of 10 years of patient information. (Relative incidence of office visits and cumulative rates of billed diagnoses along the axis of vaccination., Lyons-Weiler & Thomas, 2020)

They discovered that the vaccinated children had a much higher incidence of anemia, eczema, asthma, and breathing issues. The vaccinated also had more allergies, behavioral issues, ear aches and pain, eye disorders, and infections. Developmental disorders proved difficult to study because so few of the children had them in Dr. Thomas's practice, and in 10 years not one of the unvaccinated children had ADD or ADHD. The unvaccinated children were just as healthy if not healthier than the vaccinated. But 5 days after he published his findings, the Oregon Medical Board suspended Dr. Thomas's license. Then a non-medical layperson raised concern that a necessary examination was missing from the study. Even though a statistical analyst found the

information was not missing, the study was retracted.

Partially due to reviving this important study and in an attempt to clear Dr. Thomas from unfair treatment, Dr. Lyons-Weiler teamed up with Dr. Russell Blaylock to reanalyze the results. They came to the same conclusion - the more vaccinations the child sustained, the more chronic health issues were experienced. Furthermore, they showed that the incidence and severity of side effects was dose dependent: conditions of the partially vaccinated children were less frequent and less severe than the fully vaccinated. They determined that the unvaccinated children were, by a landslide, healthier. (Revisiting excess diagnoses of illnesses and conditions in children whose parents provided informed permission to vaccinate them, Lyons-Weiler and Blaylock, *International Journal of Vaccine Theory, Practice, and Research*, 2022; New study supports conclusion of retracted 2020 study showing unvaxxed kids healthier than vaxxed, Institute for Pure and Applied Knowledge, 2022)

THE HIDDEN DANGERS OF THE COVID SHOT

Those of us who have clinical practices are faced with addressing the aftermath of a shot that contains not 1, but at least 7 toxic, oxidative, spike proteins. The common acute and chronic side effects experienced by COVID vaccinated individuals, such as COVID symptoms, tinnitus, hair loss, menstrual irregularities, random bleeding in menopausal women and pre-pubescent girls, reduced sperm count, and elevation in inflammatory markers such as C reactive protein, should have been enough to sound the alarm as to the tolerability of these shots.

As time went by, I sadly found that everything we know about the COVID shots goes against our code "to do no harm." The true worldwide data regarding these injections shows them to be, by definition, not a vaccine, as they are ineffective at preventing the contraction of the disease, the spread of the disease, and even the severity

of the disease. Plus they are anything but safe, as you will see. Studies claiming their safety and efficacy were, upon a closer look, shams. However, they have been quoted in articles and in the news many times over. (Shedding of infectious SARS-CoV-2 despite vaccination when the delta variant is prevalent-Wisconsin, July 2021., Riemersma, Grogan, et.al., 2021; The epidemiological relevance of the COVID-19-vaccinated population is increasing, Kampf, 2021.)

Dr. Theo Schetters, an award-winning vaccinologist from the Netherlands, noted that even the Norwegian government admitted those who have had the shots and boosted now have zero protection. This is not new in vaccine history. Take, for example, the CDC's study on the effectiveness of the flu vaccine from October 2021 - February 2022. Per the CDC: "This analysis indicates that influenza vaccination did not reduce the risk for outpatient medically attended illness with influenza A(H3N2) viruses that predominated so far this season." This admittance is unusual, as the CDC has been known to cover up information regarding safety and efficacy of vaccines since the 1980s. For more history, I recommend the well-referenced book, *Dissolving Illusions: Disease, Vaccines, and the Forgotten History* by Dr. Suzanne Humphries.

Certainly you have noticed that many of your family and friends who have been "vaccinated" still displayed symptoms of COVID. And now we know they are reinfecting themselves and each other because the mRNA technology directs every cell to replicate the spike proteins. This technology forever changes their DNA. At this time, we don't know when or if the damaging, oxidative spike proteins stop replicating. (Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study., Singanayagam, Hakki, et.al., 2021; Transmission of SARS-CoV-2 delta variant among vaccinated healthcare workers, Vietnam., Chau, Ngoc, et.al., 2021; An outbreak

caused by the SARS-CoV-2 delta variant (B.1.617.2) in a secondary care hospital in Finland, May 2021., Hetemaki, Kaariainen, et.al., 2021)

A 2021 study shows those who were vaccinated and boosted have over a 13 fold increased risk of contracting the COVID virus and becoming symptomatic. This group also had the highest amount of hospitalizations due to infection. Those who contracted COVID and were then vaccinated have an almost 6 fold increased risk for a breakthrough infection and over a 7 fold increased risk of that infection being symptomatic. (Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections, Gazit, Shlezinger, et.al., 2021)

A new study submitted for publication by scientists at Kaiser shows that even the 3rd and 4th boosters do nothing to keep people from getting COVID and that the shot has the potential to create more vulnerability to the COVID virus. Even the CDC has admitted that 44% of people hospitalized with COVID had a third dose of the vaccine. (Effectiveness of mRNA-1273 against infection and COVID-19 hospitalization with SARS-CoV-2 Omicron subvariants: BA.1, BA.2, BA.2.12.1, BA.4, and BA.5, Tseng, Ackerson, et.al., 2022)

In comparison, natural (T-cell) immunity from weathering the COVID virus, and without any COVID shots, will last for approximately 12 years. If you have even one shot, it partially negates that natural immunity; multiple shots fully negate it. Natural immunity involves multi-faceted aspects of the innate and adaptive immune systems, not just antibodies. (T-cell immunity of SARS-CoV: implications for vaccine development against MERS-CoV., Liu, Zhao, et.al., 2017; The presence of serum anti-SARS-CoV-2 IgA appears to protect primary health care workers from COVID-19., Hennings, Thorn, et.al., 2022)

THE SICKNESS OF THE IMMUNE SYSTEM

Rather than boosting the immune system, COVID shots weaken the immune system, and have triggered the reactivation of multiple diseases such as Epstein Barr virus, shingles, strep infections, and fungal infections. And they have made it easier to contract new infections, as noted by those of us in clinical practice. (Worse than the disease? Reviewing some possible unintended consequences of the mRNA vaccines against COVID-19., Senoff & Nigh, 2021; Herpes zoster following BNT162b2 mRNA COVID-19 vaccination in patients with autoimmune inflammatory rheumatic diseases: a case series., Furer, Zisman, et.al., 2021; Adolescents with vulvar ulcers: COVID-19 disease, COVID-19 vaccines, and the value of case reports., Huppert, 2022)

Mechanisms for this phenomenon have been observed and proposed in various studies. For instance, the SARS-CoV-2 shot contains an organism that is part coronavirus and part HIV. The HIV component decreases the vital part of our immune protection, CD4 and CD8 cells. This is typical to the immune system deficiency signature of the Human Immunodeficiency Virus (HIV) itself. Therefore, clinicians are also seeing a significant uptick in cancers and the inability of the immune system to protect its host from infections, even with the use of antifungal agents and antibiotics. (Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag, Pradhan, Pandey, et.al., 2020; Why are COVID patients treated with an HIV pill?, Mercola, 2022; Rapid progression of angioimmunoblastic T cell lymphoma following BNT162b2 mRNA vaccine booster shot: a case report., Goldman, Bron, et.al., 2021; SARS-CoV-2 spike protein in the pathogenesis of prion-like diseases, Seneff, Kyriakopoulos, et.al, 2021; Innate immune suppression by SARS-CoV-2 mRNA vaccinations: the role of G-quadruplexes, exosomes, and MicroRNAs., Seneff, Nigh, et.al., 2022)

Another way in which vaccines, including

the COVID injection, have made people sicker is via antibody dependent enhancement. Instead of attacking the pathogen, the shots cause your antibodies to allow it to more easily enter the cells. This causes an abnormally severe illness and subsequent inflammatory reaction from the targeted organism or even other pathogens when actually contracted.

Dr. Ryan Cole MD, Mayo Clinic educated, multi-specialty clinical pathologist, is one of those global practitioners who has noticed these phenomenons. He is well poised to help us understand the workings of SARS-CoV-2 and its vaccines as he is trained in anatomical, clinical, and surgical pathology, and did a fellowship in dermatopathology. He also sports a background in immunology and virology. Dr. Cole worked as a family practice and emergency room physician and practiced dermatology. As Medical Director of Cole Diagnostics, through his microscope he has treated over 500,000 patients and 350-400 COVID patients (without one death or hospitalization). The Senate and multiple stale legislators have benefited from his testimonies regarding the truth about the pandemic. His famous slides of pre- and post-vaccine pathology samples, showing the disease and extreme inflammation of organs invaded by the vaccine spike proteins, prove that the shots don't just stay in the deltoid muscle of the arm as we were told (which makes absolutely no sense because any vaccine that stays in the arm can't effectively stimulate the systemic immune system). This collaborates with the Japanese government's release of Pfizer's own data showing that within an hour after injection, the vaccine spike protein was found in the brain, heart, kidneys, liver, lungs, testes and ovaries, fat tissue, adrenal glands, etc. The amount of spike proteins increased in those tissues with each passing day after the shot. (Circulating severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2) vaccine antigen detected in the plasma of mRNA-1273 vaccine recipients, *Clinical Infectious Disease*, Ogata, Cheng, et al. 2022; SARS-CoV-2

mRNA vaccine bio-distribution document, Pfizer, via the Japanese Regulatory Agency).

All science begins with observation. Dr. Cole and colleagues around the world began to notice a dysregulation in the adaptive and innate immune systems with an uptick in viruses, such as the children's virus molluscum contagiosum in the elderly (highly unusual) and shingles after the injection. They then observed a sharp increase of cancers such as melanoma and endometrial tumors, and new "turbo" cancers that appear and grow immensely in a short period of time. Besides decreasing the number of cancer protective CD4 and CD8 counts, spike proteins bind to one of our most important tumor suppressor genes, P53, and down regulate its activity, making us more vulnerable to the development of aggressive cancers. At the same time, it attaches to other genes, such as the BRCA genes for breast cancer, and turns them on, causing a notable increase in breast cancer at rates we shouldn't be experiencing and in age groups that should not be diagnosed with these cancers.

In the Netherlands, Dr. F.K. Fohse and collaborators found disturbing changes in the immune systems of COVID vaccinated patients. Their discoveries of how immune functions are reprogrammed help explain what has been documented clinically - the shot lowers the ability to fight SARS-CoV-2 and other viruses and triggers a potential overreaction to organisms like fungi. (The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses., Föhse, Geckin, et.al., 2021)

I should also note that part of the problem of spreading COVID and disabling the immune system is mask wearing. The evidence shows they don't work, but the evidence was bucked and masks were often required (scare tactic). There will never be a mask that provides more protection than a strong immune system.

One of the body's mechanisms for getting rid

of spike proteins or viral and bacterial particles is to breathe them out. By recirculating a large part of exhaled breath inside the masks, the wearer is forced to re-inhale concentrated pathogens and lower amounts of oxygen with higher quantities of carbon dioxide, leading to increased incidence of infections (remember mask acne and sinus infections?). Multiple other problems have arisen from mask wearing, including shortness of breath, headaches, dizziness, exhaustion, and reduced stamina for workers and school children. Not to mention the social disconnect and psychological impact they induce. And they don't protect you from others. (What?) The particle sizes of viruses are much smaller than even an N95 mask pore size, so it is very possible for viruses to slip right through or around the edges. In fact, studies that question the validity of surgeons wearing masks while performing surgery have found that masks provide no barrier against organisms. (More than 150 comparative studies and articles on mask ineffectiveness and harms., Alexander, 2021; Correlation between mask compliance and COVID-19 outcomes in Europe., Spira, 2022; Mesh to micron chart., Bonfil, 2019; *The Truth About Masks.*, Mikovits & Heckenlively, 2021; Unmasking the surgeons: the evidence base behind the use of facemasks in surgery., Da Zhou C., Sivathondan P., Handa A., 2015; Is a mask necessary in the operating theater?, Orr N., 1981)

AUTOIMMUNITY ON THE BRINK

We know the intended mechanisms of vaccinations, as well as the pathology of autoimmune complexes that make outcomes for vaccinated autoimmune patients unpredictable. Yet all of that science is ignored, and they are injected anyway, leading to seemingly strange results such as an increased risk for shingles in rheumatoid arthritis patients.

Another unintended effect of vaccines is their capability to generate new autoimmune diagnoses in individuals - the COVID shot has been a master at this.

If you have an autoimmune disease and get the shot, you're more likely to overreact and experience disease enhancement or pathogenic priming. This is when the proteins or protein segments of a pathogen and the adjuvants in a vaccine can prime the body to autoimmunity. However, this has also happened to those who did not have an autoimmune disease.

The immune systems of people with autoimmune diseases are complex and often misunderstood.

Autoimmune conditions actually tend to make you more poised to fight infections, including the COVID virus, than those without these conditions because their immune systems are alert and active. We often hear a patient with RA or MS say, "I never get sick".....unless they get vaccinated or prescribed some of the newer immunosuppressive drugs. Then they begin to "catch everything that comes along." These immunosuppressive drugs make it harder to fight infection and can augment the side effects of the shot. They also make it harder, if not impossible, for vaccines, including those for COVID, to provide the theorized immunity. Receiving shots with immunosuppressants on board is pharmacologically and clinically contraindicated, yet this is often ignored and those patients are vaccinated anyway. This is due to the belief of some practitioners that all autoimmune patients are immune compromised - but they need to remember that these patients are rendered that way by immunosuppressant drugs.. (New-onset autoimmune phenomena post-COVID-19 vaccination., Chen, Xu, et.al., 2022; Perspectives on vaccine induced thrombotic thrombocytopenia., Dotan & Shoenfeld, 2021; Graves' disease following SARS-CoV-2 vaccination: a systemic review., Patrizio, Ferrari, et.al., 2022; A case of acquired hemophilia A and bullous perphigoid following SARS-CoV-2 mRNA vaccination., Fu P, Chen C., et.al., 2022; Autoimmune and autoinflammatory conditions after COVID-19 vaccination. New case reports and updated literature review., Rodriguez Y., Rojas M., et.al., 2022)

AT THE HEART OF CARDIAC REPERCUSSIONS

As practitioners, we're dealing with a COVID injection-induced elevation in D-dimer and CRP, causing micro- and macro-blood clotting, which happen to be resistant to fibrinolysis, the process of our enzymes dissolving clots. Embalmers have recently found more and more blood clots in the deceased bodies of those who were COVID vaccinated. They are also extracting large, unprecedented fibrous clots, believed to be formed by mis-folded proteins that have clumped together. Because they are not formed like blood clots, they are not able to be broken down by blood thinners or anticoagulants. Obviously, clots lead to heart attack and stroke, and these giant fiber clots, which form themselves to the exact shape of the artery, are bound to be destructive. (SARS-CoV-2 spike protein S1 induces fibrin(ogen) resistant to fibrinolysis: implications for microclot formation in COVID-19, Grobbelaar, Venter, et.al., 2021)

We are starting to see an alarming and mysterious increase in sudden adult death syndrome (SADS), a phenomenon that occurs when an otherwise "healthy" individual suddenly keels over dead from congestive heart failure, heart attack, stroke, or an "unknown reason." The same patient may experience cerebral hemorrhages, which would prevent the use of conventional anticoagulants and sticky platelet modifiers, such as aspirin or Plavix. (Myocarditis-induced sudden death after BNT162b2 mRNA COVID-19 vaccination in Korea: case report focusing on histopathological findings., Choi, Lee, et.al., 2021)

In 2021, Norway concluded it couldn't support blanket COVID vaccination for all in response to an increase of blood clot deaths. According to Geir Bukholm, Director of the Division of Infection Control and Environmental Health of the Norwegian Institute of Public Health, "Since there are few people who die from

COVID-19 in Norway, the risk of dying after vaccination with the AstraZeneca vaccine would be higher than the risk of dying from the disease, particularly for younger people.”

Myocarditis and pericarditis with subsequent long term cardiomyopathy has been a major concern of cardiologists, pediatricians, patients, and parents across the world. The spike protein from COVID-19 itself has demonstrated its ability to invade cardiac tissue and stimulate pathological inflammation. When this takes place in the muscle of the heart (myocardium), it has a tendency to cause the formation of scar tissue that damages the heart functionality for years to come. Cardiologists point out that just because this is not seen immediately in the emergency room does not mean it won't show up 10 years later. The majority of cases are in men and boys under the age of 40. Unfortunately, comparative studies globally have pointed to the vaccine with its multiple spike proteins as a bigger culprit in inducing peri/myocarditis with myopathies than the COVID virus. (SARS-Co-2 vaccine and increased myocarditis mortality risk: a population based comparative study in Japan., Watanabe S., Hama R., 2022; A prospective study on myocardial injury after BNT162b2 mRNA COVID-19 fourth dose vaccination in healthy persons., Levi N., Moravsky G., et.al., 2022)

Just recently, Australia, one of the biggest supporters of the COVID shot, has announced that people under the age of 30 will not be allowed to get a fourth booster because of the great risk of myocarditis. According to the Australian Guideline, “The majority of cases of myocarditis reported after COVID-19 vaccines have occurred in males under 40, and the majority have occurred within 1-5 days (median 2 days) following the second dose of an mRNA vaccine.” (Australian government says vaccine risk too high for people under 30., Campbell M., 2022)

STRIKING AT THE NERVE OF IT ALL

Patients who were once vibrant now have handicap tags on their cars due to multiple new neurological symptoms, such as numbness and tingling of extremities, Guillian-Barre, severe muscle weakness and pain, migraine headaches, and incapacitating brain fog - just two weeks post second jab. (Review of COVID-19 vaccines and the risk of chronic adverse events including neurological degeneration., Classen, 2021)

In 2021, researchers from Europe noticed there were suddenly 50 cases of Cruetzfeldt-Jacob disease immediately following the dispensing of the first round of COVID shots. In 26 people, symptoms occurred, on average, 12 days after receiving the shot. Five months later, 20 had died, 8 of whom were sudden deaths (2 1/2 months after getting the shot). (Towards the emergence of a new form of the neurodegenerative Creutzfeldt-Jakob disease: twenty six cases of CJD declared a few days after a COVID-19 “vaccine” jab., Perez, Moret-Chalmin, Montagnier, 2022)

At least 1 of the 7 spike proteins in the shot has 2 sequences that are prionogenic, meaning the brain cells of some injected victims are manufacturing prions from the mRNA spike proteins. Prions are responsible for bovine spongiform encephalopathy (mad cow disease), the brain wasting disease found in the majority of the North American deer population, as well as other forms of Creutzfeldt-Jakob disease. The prions have stimulated a new rapid onset of these diseases but the difference has been the consequence of fatality within a few weeks instead of the historical multi-decade time frame.

One mechanism for this phenomenon is the G4 motif, which is a part of the mRNA of human prion proteins. G4 motifs have the potential to create the protein mis-folding that leads to these degenerative neurological disorders. The spike protein of the COVID virus can form up to 4 different G4 motifs, however, the Pfizer

shot has the potential to produce 9; the Moderna shot can make up to 19. These prions have also triggered the speedy development of Parkinson's disease, Lewy bodies, ALS, MS, and Alzheimer's Disease within days to weeks post COVID shot. (SARS-CoV-2 spike protein in the pathogenesis of prion-like diseases, Seneff, Kyriakopoulos, et.al, 2021; Innate immune suppression by SARS-CoV-2 mRNA vaccinations: the role of G-quadruplexes, exosomes, and MicroRNAs., Seneff, Nigh, et.al., 2022)

THE RISK TO BENEFIT RATIOS - A BIGGIE FOR PHARMACISTS AND YOU

You may have heard, perhaps from your own doctor, that the side effects we've been discussing are rare. But this verbiage comes from a habit of glossing over the side effects and drug interactions of all medications. Many practitioners are trained by educators that, sadly, are influenced by big pharma, who provides self-serving textbooks, lab equipment, and facilities, as well as pays the bills of hospitals, med schools, etc. The intent of drug manufacturers to minimize the side effect profile of any drug penetrates every media venue: you have but to view the overly happy, smiling faces portrayed in pharmaceutical television ads.

In university pharmacology courses, we were reminded that "percentages of side effects" from clinical trials are, firstly, extremely low compared to what the population will actually experience due to the poor nature and oversight of those trials. Secondly, and most importantly, those percentages translate into real people - those in our personal lives and the lives of our patients. For example, if a drug company's clinical trials data demonstrates a certain drug or vaccine has the side effect of myocarditis in 0.007% out of 5,440,000,000 persons worldwide, it may sound small. But those numbers mean 3,808,000 fathers, brothers, uncles, sons, parents, mothers, daughters, grandmas, aunts, sisters, teenagers, soccer and football players, best friends, and neighbors have either died or are currently suffering from peri/myocarditis.

By the way, this is not a fictitious example; it is the data for the COVID shots. So some may consider these side effects as rare, but to me it is an unacceptable risk for my community, given the lack of benefit. I point this out because of its vital application to the questioning of all medications that you might be prescribed.

Dr. Harvey Risch, MD, PhD of Yale's public school of health points out that the CDC's own internal data documented over 18 million people were injured badly enough to require hospitalization after the first Pfizer or Moderna shots. The CDC was not forthcoming with this information. They only released it upon court order.

Ten million persons signed up for V-safe, the CDC's smart phone program. Of those 10,000,000 vaccinated people, 3,300,000 (1/3) reported adverse health events immediately after the first shot. Of those 3.3 million people, 1.2 million couldn't perform daily activities for some time after the shots. Missing school or work affected 1.3 million. Eight percent (800,000) were hospitalized. This large sample size allowed scientists to extrapolate: of the 230 million Americans injected, 18,000,000 were hospitalized. According to the NIH (National Institutes of Health), only 2.1% of the total population were hospitalized with COVID infection, and 0.4% were under the age of 40. So to recap: 8% of those who received the shot were hospitalized compared to 2.1% of the unvaccinated. Therefore statistically, regardless of age, you were 20 times more likely to be hospitalized because of the COVID shot than if you had remained unvaccinated. (V-Safe data., ICAN, 2022; How many SARS-CoV-2-infected people require hospitalization? Using random sample testing to better inform preparedness efforts., Menachemi N., Dixon B., et.al., 2021)

The most hidden dangers of the COVID shot and the pandemic itself lie in the misperception of the prevalence of the SARS COV-2 viral infection. The number of cases has been based on a fallacious Reverse

Transcription Polymerase Chain Reaction (PCR) test that failed in its utilization for HIV and a multitude of other viruses. In my work with HIV testing in the 1980's, it became necessary to employ the relatively new Enzyme Linked ImmunoSorbant Assay (ELISA) test. Even the ELISA test was too erroneous to use, with false positive and false negative results, so a Western blot test was developed to confirm a positive ELISA for the patient and insurance companies.

Kary Mullis, Nobel Prize winner for discovering the PCR technique, tried to inform the world that the PCR test can not distinguish COVID from any other corona virus, and that it doesn't indicate that the patient "has COVID," only that the patient has one of many corona viruses, like the flu. And that was only true if the test was carried out according to standard protocol, which dictates that in order to look at the segment of RNA from a COVID sample, the amplifications of observation could not exceed 20. However, America adopted a standard of 40 amplifications, where the details of the RNA are no longer clear, and therefore you end up with multitudes of false positive test results. So many people were forced, for one reason or another, by medical facilities, where they work, and even clinicians to repeat useless testing over and over again. At some point, they were bound to test "positive." If we are to believe all of these PCR "positive" test results, then everyone had COVID yet no one had the flu or RSV in 2021, even though these are viruses that are plethoric every year.

THE MASKING OF THE PANDEMIC

This culminates with corporate corruption and blatant cover-ups aided and abetted by mainstream and social medias. However, there have been people who have stood up to the censorship and lies, as demonstrated by the work of one brave clinical trials expert, Brook Jackson.

Brook was in charge of 100 patients in clinical trials in Texas involving two companies for the Pfizer shots. She caught all three organizations, in her words,

fabricating and falsifying data and reports. When she brought this to the attention of the powers that be in those companies, she was told to ignore her findings.

She then decided to alert the federal government, who continued the rope-a-dope programming. Brook has since filed a lawsuit against those clinical trial companies, Icon PLC and Ventavia Research Group LLC, and Pfizer, as well as the federal government, on behalf of the citizens of the United States for these crimes against mankind. She is demanding that the Pfizer shots be pulled from the market immediately due to their noted injurious effects. Pfizer admitted in court documents that they had committed fraud, but since the FDA knew about it, they requested that the case be dismissed....Stay tuned. (COVID-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial., Thacker, 2021)

Whether you're an individual choosing not to vaccinate or a healthcare professional questioning the conventional standard, there is enough belittlement to go around. The majority of the bullying is from people who have never bothered to look for, or study, the science. When they have, they realize they can't attack it because the data is solid. Instead they attempt to assassinate the character and credibility of those who question the validity of the drug/vaccine and unprofessionally reduce the discussion to name calling, i.e. "antivaxxers." (Self-selected COVID-19 "unvaccinated" cohort reports favorable health outcomes and unjustified discrimination in global survey., Verkerk, Kathrada, et.al., 2022)

For this reason, the authors of the book, *Turtles All the Way Down - Vaccine Science and Myth*, chose to remain anonymous. Instead of attacking those who wrote the book, disagreeing readers are forced to judge the book by the science.

There are several more books I recommend on the subject at hand, including *A Letter to Liberals* and *The Real Anthony Fauci*. I would also like to invite you to read references for this article plus more on my website,

lisaeverettandersen.com.

I know this has been a lot of harsh realities and “bad news.” If you or a loved one has had even one COVID shot, I am certain that decision was made with the very best intentions and because of the overwhelming encouragement to do so. I hope you will give yourself and/or others grace and understand that we make decisions based on the information we have at the time. We must not cry over spilled vaccines. Now we know more, and we can have hope. I urge you to stay tuned for the next segment, because the good news is yet to come!

THE GOOD NEWS

Despite the bad news we’ve discussed, if you’ve received any COVID shots and regardless of any virus that is circulating, there are steps you can take to mitigate the negative impact. In this section, I’d like to offer some help beyond the popular prescription and over-the-counter therapies for the prevention and treatment of COVID infection, whether it has been injected or picked up from an inoculated viral shedder. We have more tools than just zinc, quercetin, and vitamin D. We even have more tools than hydroxychloroquine, ivermectin, Paxlovid, and Olumiant - plus they cannot be tolerated long term due to significant side effects and were never enough by themselves.

Remdesivir should not be used as it is so toxic and has resulted in anemia, kidney failure, fatal allergic reactions, elevated liver enzymes, hypoalbuminemia, respiratory failure, hypotension, hyperglycemia, hypokalemia, hypernatremia, thrombocytopenia, multiple organ failures, and septic shock. (5PSQ-042 toxicity of remdesivir as treatment of non-critically ill COVID-19 patients., Quesada L., Fernandez-Fradejas J., et.al., 2022; Acute kidney injury associated with remdesivir: a comprehensive pharmacovigilance analysis of COVID-19 reports in FAERS., Wu B., Lou M., et.al., 2022; Potential cardiotoxic effects of remdesivir on cardiovascular system:

a literature review., Nabati M., & Parsaee H., 2022)

There are also ideas for addressing COVID shot side effects. I recommend for those who have had even one COVID shot to pay closer attention to their health so that they might catch any untoward changes early. However, before addressing any specific issue, it’s imperative to start with the foundation of our body’s mechanisms, including our immune system. Drugs and targeted supplements are like a roof on a barn - they require a foundational infrastructure in order for the roof to function and keep you warm and dry. We understand this as biochemistry.

Then we’ll move on to keeping yourself well and some fundamentals you can execute when dealing with any virus. And finally, we’ll look at more specific treatment options for serious side effects from COVID and the COVID shot that, again, are dependent on the foundation.

The immune system is designed to fight and adapt to viruses, but it must be supported rather than destroyed by environmental toxins and poor habits. Healthy habits, supplementation, homeopathy, and endocrine balancing go a long way in prevention and effective treatment for all infections as well as the toxic adjuvants and spikes in the shots. Therefore, treatments for the shot and for infections can overlap.

Although not all inclusive, these therapies have worked well, limiting the experience of my unvaccinated patients to mild cases of flu or COVID or preventing them altogether. My patients who were injected and then suffered various side effects have successfully used these natural options as well. I advise employing a healthcare professional who is knowledgeable in nutrition and biochemistry to assist you with choosing the correct therapies, proper dosing, to check for interactions with other medications, etc.

THE FOUNDATION

1. Build a healthy immune system, nerve cells,

and cardiovascular system by being conscious of what you consume. As you've probably noticed by the myriad of prescription drugs and illnesses brought on by obesity, there is no prescription drug, supplement, group of vitamins, or homeopathic remedy that can overcome the continuous consumption of the poison rich and nutrient deficient Standard American Diet (SAD). Dairy, meat, fish, and eggs contain the highest concentrations of damaging chemicals and are, innately, the most inflammatory foods. We eat more of them than any country in the world. The healthiest people consume little to none of these animal products. Obviously, fast food is a no-go. We benefit from ceasing the drenching our foods in oil and daily ingestion of refined sugars. Giving up sodas, including those sweetened with aspartame (NutraSweet) and other artificial sweeteners improves metabolism and eliminates one more neurotoxin from you diet.

Replace the SAD with eating organic fruits and vegetables, plenty of organic beans and grains, and drinking purified water. Do not drink tap or well water as they are full of pesticides, herbicides, heavy metals (like lead), and prescription drugs. (Assessing heavy metal and PCB exposure from tap water by measuring levels in plasma from sporadic breast cancer patients, a pilot study., Zimeri A., Wagner Robb S., et.al., 2015; We sampled tap water across the US - and found arsenic, lead and toxic chemicals., Felton R., Gill L., Kendall L., 2021; Milk of dairy cows frequently contains a leukemogenic virus., Ferrer J., Kenyon S., et.al., 1981; Effect of dairy diet on nasopharyngeal mucus secretion., Frosh A., Cruz C., et.al., 2019; Plant versus animal based diets and insulin resistance, prediabetes, and type 2 diabetes: the Rotterdam study., Chen Z., Geertrudia Zuurmond M., et.al., 2018)

2. Consider intermittent fasting (from 8PM until noon). Honoring this long known chronobiology of digestion and detoxification gives each cell the ability and time to excrete toxins out into the bloodstream, where

they can be further carried out of the body by the lungs, skin, liver, kidneys, and colon. This detoxification cannot take place when we are eating, digesting, or building new tissues and is imperative for supporting the immune system and protecting us from degenerative diseases like cancer. Cleansing the cells in this manner is referred to autophagy. Cleansing the mitochondria of the cells is called mitophagy. (Association of periodic fasting with lower severity of COVID-19 outcomes in the SARS-CoV-2 prevaccine era: an observational cohort from the INSPIRE registry., Horne J., May H., et.al., 2022; Early time-restricted feeding improves insulin sensitivity, blood pressure, and oxidative stress even without weight loss in men with prediabetes., Sutton E., Beyl R., et.al., 2018; Frequency and circadian timing of eating may influence biomarkers of inflammation and insulin resistance associated with breast cancer risk., Marinac C., Sears D., et.al., 2015)

3. Beyond eating healthier, have an exercise regimen, get plenty of sleep, learn how to manage stress, and take time to enjoy life. There is a plethora of data supporting the physical, emotional, and mental health benefits of including spirituality in your daily routine. (Spirituality, religion, and health: evidence and research directions., Williams D., & Sternthal M., 2007)

Get at least 8 hours of sleep. Some common causes of sleep interruption include high cortisol levels and inadequate hormone production. Hormones like testosterone, estrogen, and progesterone keep us sleeping in the wee hours of the morning as cortisol naturally rises to its peak at 6 AM. So those with PMS, menopause, and andropause habitually wake at 2:30 or 3:30 AM and have difficulty falling back to sleep.

Because we have extended our light exposure beyond sunrise to sunset with electricity, people produce much lower amounts of melatonin than our ancestors. Therefore, melatonin supplementation (I recommend a

sublingual tablet) is useful for just about everyone. But melatonin is also beneficial in preventing and treating infections, and was used early to temper COVID-19 symptoms because it stimulates the immune system and decreases inflammation and oxidation. (Health benefits of physical activity: the evidence., Warburton D., Nicol C., et.al., 2006; A network medicine approach to investigation and population-based validation of disease manifestations and drug repurposing for COVID-19., Zhou Y., You Y., et.al., 2020; Melatonin as an antioxidant: under promises but over delivers., Reiter R., Mayo J., et.al., 2016; Melatonin for the early treatment of COVID-19: a narrative review of current evidence and possible efficacy., Cross K., Landis D., et.al., 2021)

4. Our steroid hormones have influence on every function in our bodies, including our immune system, which is why it is of upmost importance that they are in adequate levels and are balanced. For example, progesterone regulates vitamin C and antioxidant production. It's been shown to pull excess fluid off of the lungs and decrease the chance of the infamous cytokine storms. Estrogen and testosterone help protect from many of the co-morbidities displayed in those who died from COVID-19. Estrogen also reduces inflammation and maintains nasal mucus (one of the body's ways to flush out viruses). Along with DHEA, estrogen supports T-cell activity. Testosterone is protective of the respiratory system and modulates ACE-II / interferon interaction in the lungs, keeping COVID-19 from taking hold. Pregnenolone is a better anti-inflammatory agent than prednisone and works without any of the complications. (Testosterone protects against severe influenza by reducing the pro-inflammatory cytokine response in the murine lung., Tuku B., Stanelle-Bertram S., et.al., 2020; Activation of immune function by dehydrogenasepiandrosterone (DHEA) in age-advanced men., Khorram O., Vu L., et.al., 1997; Study examines progesterone to reduce inflammation in COVID-19., Schaffer R., 2020; Sex

hormones and novel corona virus infectious disease (COVID-19), Mayo Clinic proceedings., Al-Lami R., Urban R., et.al., 2020; The neurosteroid pregnenolone promotes degradation of key proteins in the innate immune signaling to suppress inflammation., Murugan S., Jakka P., et.al., 2019; Conditions contributing to deaths involving COVID-19, by age group, United States. Week ending 2/1/2020 to 12/5/2020., National Center for Health Statistics, 12/2/20)

These few examples of steroid functions only occur via our innate or bio-identically supplemented hormones in a form that avoids swallowing them. For more on hormones, see *Learning to Thrive in a Toxic World and the Impact of Clinical Endocrinology and BHRT*.

5. Therapeutic multi-vitamins should be a part of your daily routine. When I say a therapeutic multi-vitamin/mineral, I mean a product that makes up for the missing nutrients from even the healthiest foods, can neutralize the vast amount of poisons created by man, and still be able to produce energy and the building blocks of all systems in the body. A therapeutic multi-vitamin is a vital piece needed to support hormone production, thyroid function, immune health, etc. Scientists are now finding that the ingredients listed below are imperative in priming your body to resist viruses like COVID, and in supporting all systems if there is a COVID infection.

A multi must have the correct combination of vitamins, in the proper forms and in ratios that mimic nature, and in amounts far above the RDA, as determined by nutritional biochemists. Cherry picking random single vitamins can throw off our chemistry and be a waste of money. In this pandemic, people have taken only zinc without a multi on board containing at least 3mg of copper. This has resulted in copper deficiencies, the symptoms of which can be anemia, irregular heartbeat, bone degradation, numbness or tingling, and others. Copper deficiency has contributed to symptoms of long COVID.

The daily amounts a multi should provide are vitamin A (part betacarotene, part A acetate) 10500mcg, vitamin c (as ascorbic acid) 2000mg, vitamin D3 50mcg, vitamin E (as d-alpha tocopherol & natural mixed tocopherols) 576mg, vitamin K1 150mcg, vitamin K2 200mcg, thiamin (as benfotiamine and thiamin HCl) 200mg, riboflavin 100mg, niacin (as niacinamide and nicotinic acid) 300mg, vitamin B6 300mg, folate 1360mcg, vitamin B12 (hydroxocobalamin) 1000mcg, biotin 500mcg, pantothenic acid 500mg, choline 300mg, iodine 1000mcg, magnesium 500mg, zinc 50mg, selenium 400mcg, copper 3mg, manganese 20mg, chromium 400mcg, molybdenum 300mcg, potassium 99mg, inositol 300mg, N-acetyl-L-cysteine 200mg, betaine 150mg, bioflavonoids 100mg, PABA 100mg, L-glutamic acid 20mg, L-methionine 12.5mg, CoQ10 10mg, boron 4mg, vanadium 300mcg, and trace minerals 100mcg. Years ago, in order to obtain the best types of all these vitamins and minerals and in the proper ratios, I formulated the multivitamin/mineral Optimal Daily Allowance. (Micronutrient inadequacies in the US population: an overview, Drake V., 2017; America's vanishing nutrients: decline in fruit and vegetable quality poses serious health and environmental risks., Jack A., 2005; Daily vitamins could prevent vision loss among thousands., John Hopkins Medical Institutions., 2003; *Introduction to Nutrition and Metabolism*, 3rd Ed., Bender D., 2002)

6. Although a therapeutic multi should have a good amount of vitamin C, it's still important to add to it, and add even more if you're sick. It is an antihistamine and has anti-inflammatory actions. There are many studies about the amazing ability of vitamin C to boost both the innate and adaptive immune systems. In cancer patients, vitamin C helps their bodies kick up killer T-cells.

The lungs use the most vitamin C. Between that fact and its immune boosting abilities, it was utilized early on, starting in China and then throughout the world, as part of the treatment plan for COVID. In the areas

that implemented vitamin C therapy, be it oral or IV, the outcomes for COVID were measurably improved. (Serum levels of vitamin C and vitamin D in a cohort of critically ill COVID-19 patients of a North American community hospital intensive care unit in May 2020: a pilot study., Arvinte C., Singh M., et.al., 2020)

7. Vitamin D controls the expression of approximately 2000 genes and is in every cell in our bodies. Vitamin D3 is a must as far as daily supplementation goes. We aren't able to be bare skinned outside in the sun long enough to make a sufficient amount of vitamin D, proven by the fact that most of the world is deficient. Taking even more when we get sick has been shown to reduce the time of illness by boosting the immune system. Studies have shown that good levels of vitamin D not only decrease cancer risks but also decrease COVID hospitalization by up to 90%. If vitamin D levels are low, it makes it harder for the body to form antibodies. (Vitamin D and COVID-19 severity and related mortality: a prospective study in Italy., Campi I., Gennari L., et.al., 2021; Pre-infection 25-hydroxyvitamin D3 levels and association with severity of COVID-19 illness., Dror A., Morozov N., et.al., 2022; Low plasma 25(OH) vitamin D level is associated with increased risk of COVID-19 infection: an Israeli population-based study., Merzon E., Twoowski D., et.al., 2020; Vitamin D insufficiency is prevalent in severe COVID-19., Lau F., Majumder R., et.al., 2020)

8. Along with all of our advancements in just about everything that is produced, we have created poisons that run rampant in the air, water, food, soil, etc. As much as we may try, we can't completely avoid these toxins, many of which are free radicals. However, taking antioxidants helps our bodies neutralize and flush what we are constantly bombarded with. If free radicals are allowed to build up in the body, destroying cells, it results in neurological diseases and those of aging, as well as cancer and immune dysfunction, among other issues.

Antioxidants are also important in decreasing inflammation and improving nutrient absorption. Many antioxidants have direct benefits for the heart. For example, L-aurine is the most abundant amino acid in the cardiac tissue. It stabilizes arrhythmias and improves the strength of heart contractions. It's also like sunglasses for your eyes, helping to prevent macular degeneration and cataracts. Grape seed extract and bilberry strengthen blood vessels.

A therapeutic multi-vitamin will have several antioxidant vitamins, but an additional antioxidant formula, such as the product Body & Vision, should be taken to give the benefits of ingredients such as 700mg of L-aurine, 200mg of SOD, 300mg of N-acetyl-L-cysteine, 300mg of quercetin, 175mg of bilberry, 175mg of schisandra, 100mg of grape seed, 100mg of ginkgo biloba, 75mg of glutamic acid, 75mg of glycine, 25mg of alpha lipoic acid, 25mg of tocotrienols, 20mg of lutein, 4mg of lycopene, and 2000 mcg of zeaxanthin. When combined, they can boost the immune system and help prevent wear and tear on your body. Taken with Optimal Daily Allowance, the ingredients of Body & Vision support your body in making glutathione, which protects the liver and helps prevent and reverse macular degeneration. (Antioxidants and COVID-19., De Flora S., Balansky R., et.al., 2021; Antioxidant effects of dietary supplements on adult COVID-19 patients: why do we not also use them in children?, Notarbartolo V., Montante C., et.al., 2022)

OTHER THINGS THAT AFFECT YOUR HEALTH

1. Do not use antibacterial soaps and hand sanitizers. They chemically kill not only the “bad” bacteria, but disrupt and kill your “good” bacteria that are trying to act as a barrier to protect you! If you must use a sanitizer, look for those that use natural essential oils or water and alcohol. (Triclosan exposure, transformation, and human health effects., Weatherly L., & Goss J., 2017; Friendly bacteria keep your skin's defenses in check., Geddes L., 2009.)

2. If you start to feel sick, don't feel pressured to “just keep going.” Taking a sick day as soon as you begin to not feel well can often prevent several days off down the road. (How sleep can boost your body's immune response., Cohut M., 2019. *The Formula: Who Gets Sick, Who Gets Well, Who is Happy, Who is Unhappy, and Why.*, Sylvest V., 1996)

3. Vitamin A was the first injectable doctors carried in their bags to treat infections. Along with C & D, vitamin A drops strengthen the immune system immensely against a viral or bacterial attack. In fact, it is part of the immune system development. It helps regulate the cellular immune responses and humoral immune processes, protects mucous integrity, and is anti-inflammatory. Studies have shown the immune system needs consistent supplementation of vitamin A to maintain effective levels. (Role of vitamin A in the immune system., Huang Z., Liu Y., et.al., 2018)

4. All illnesses cause inflammation, as this triggers the eradication and healing of pathogenic invasion. But Americans are hyper-inflamed, primarily because of toxic eating and the abundant use of drugs. They tend to over-respond to pathogenic invasion or trauma. On top of that, COVID and the COVID shots have created a multitude of overreactions, including cytokine storms which have been difficult to overcome. Conventional anti-inflammatory agents, both over-the-counter (like ibuprofen) and by prescription, are detrimental as they increase ACE-II in the lungs and other tissues, making it easier for the viruses to enter the lung cells, etc. Besides, they are quite toxic to the kidneys and cause bleed outs in the gut and brain as well as thinning of tendons and ligaments with delayed healing.

Plant-based, whole food diets are anti-inflammatory and can prevent and/or diminish the severity of infectious inflammatory responses. Inflammation can be safely and effectively halted with anti-inflammatory supplements containing ingredients such as turmeric, boswellia, ginger, bromelain, quercetin, devil's claw,

and yucca. These herbs also have multiple anti-cancer properties and stimulate collagen growth.

5. The heat and the infrared spectrum in a far-infrared sauna are fantastic for pulling out toxins and revving up metabolism. Infrared saunas can boost the immune system by not only accelerating immune cell activity, but also by promoting relaxation and a reduced stress environment. If you do not have access to a gym or spa with an infrared sauna, there are portable home saunas for sale that cost a fraction of the traditional sauna price. For more information on purchasing one, you can contact O'Brien Pharmacy.

6. Be aware of your EMF (electromagnetic field) radiation exposure. Although important for everyone, especially with the release of the super-powered 5G, it seems those who are compromised in any way are more susceptible to EMF's harmful frequencies, which can cause headaches, unexplained fatigue, anxiety, depression, a propensity to get sick more often, etc. Try turning off your wi-fi if you're not using it, especially at night (you could put it on a timer). Charge your cell phones, computers, tablets, etc. away from where you are sitting or sleeping. The stones shungite and obsidian can mitigate EMFs, transmuting the waves into ones that strengthen and promote health instead of damaging it. They are easy to obtain and can be placed around your living / working space or worn on you person in the form of jewelry or pocket stones. Many times you can find them made into plates that attach to cell phones or anything that is taking in and giving off EMFs. Depending on the need, there are many other products available that provide EMF protection, including clothing, bedding, mats, jewelry, etc.

HANDLING THE COVID/COVID SHOT AFTERMATH

Now it is time to follow what many have told me was their initial gut instinct. If you haven't been vaccinated - don't. If you've had the shot - don't get "boosted." There

is no scientific evidence that COVID boosters offer any benefit, and everything points to them adding fuel to the side-effects fire. There are remedies, however, that I and other practitioners have found to be very useful for those suffering from injection injury and subsequent chronic conditions, i.e. stroke, cardiovascular issues, neurological diseases, etc.

The ideas below can also help prevent or lessen the symptoms of viral infections including COVID, whether they are induced by inoculation or through herd immunity. If you are interested, I have dosing information for many supplements listed at obrienrx.com under Tried and True Immune Boosters, or you are welcome to call the pharmacy with questions. And as a reminder - none of these ideas work alone. It is imperative to make sure The Foundation (eat a plant based diet, take a therapeutic multi like Optimal Daily Allowance, add an antioxidant formula like Body & Vision, balance hormones, etc.) is in place.

FOR GENERAL COVID SYMPTOMS (Respiratory Issues, Cough, Fever, Aches, etc.)

1. Vitamin D3
2. Vitamin C
3. Vitamin A
4. Zinc - Zinc was one of the first supplements talked about when COVID began to spread, and for good reason. Taken in the form of a lozenge, zinc inhibits viral replication in the throat and pharynx. This means herpes, measles, mumps, chicken pox, HPV, colds, and yes, COVID, can be stopped at the point of bodily contact. Zinc helps keep the mucous membranes healthy, again important in blocking viruses where they enter the body. It has anti-inflammatory properties, is a part of melatonin/dopamine regulation (think deeper sleep and mood boosting), and plays a role in hormone development (balanced hormones = healthier immune system). Much like vitamin D, many people are deficient in zinc, so it is vital to take it daily in a multi so that it can be balanced

by copper and other nutrients, and extra if hit by a virus. (Inhibition of respiratory RNA viruses by a composition of ionosphoric polyphenols with metal ions., Kreiser T., Zaguri D., et.al., 2022; Analysis of the predictive factors for a critical illness of COVID-19 during treatment - relationship between serum zinc level and critical illness of COVID-19., Yasui Y., Yasui H., et.al., 2020)

5. Homeopathic remedies - There are several different homeopathic remedies that can relieve the body of symptoms related to COVID-19, the COVID shots, colds, flus, other viruses, and allergies. Finding the right remedy can be a very personalized endeavor, however, some remedies work for many such as Viral Respiratory Drops, a combo product developed by O'Brien Pharmacy for the head and chest. Chestal Honey is a commercially available product, good for relieving chest congestion and sore throat. I recommend calling the pharmacy to get help in choosing which homeopathic therapies would work best for your specific case.

6. CapsulesPlus (formerly Citricidal) - CapsulesPlus is a combination vitamin and herbal product. It has been shown to have antibacterial, antiviral, and antifungal properties, so it's perfect as a super booster for the immune system in a myriad of infections.

7. Olive leaf - Olive leaf extract is often combined with CapsulesPlus, as it has similar attributes, but with different mechanisms of actions. Multiple pathogens have shown sensitivity to the herbs in CapsulesPlus and olive leaf, so they are often used together to shorten the severity of illness. In fact, when the two products are combined, they have been used to knock out MRSA in some patients.

8. Wild Cherry Bark Syrup - This is a potent formula of traditional Native American and Chinese herbs that squelch respiratory issues by acting as an expectorant, immune booster, and a soothing agent for the lungs.

9. Dandelion leaf and pine needle teas -

Dandelion leaf and pine needle with thyme teas are helpful when you've contracted COVID-19, as they are antiviral agents. Dandelion leaf is good for both the COVID infection and shot as it helps block the attachment of the spike protein to ACE so it can't gain entry into the cells. Pine needle oil is a long-used antimicrobial agent. The synthetic version has been used to treat sleeping sickness in Africa for almost 100 years. These teas can be brewed together, and dosed at 1 cup of each per day.

10. St. Johns wort - St. Johns wort is known for elevating mood and lifting depression successfully, which was very helpful for a lot of people during lock down and to boost them through recent social and financial changes. What isn't as well known is St. Johns wort has antiviral properties, and is even used in the treatment of HIV. Clinically, we see that those who eat a low inflammatory diet and take their basic supplements tap into the full benefits of St. Johns wort. Typically, 450mg is taken twice daily or as directed by your healthcare professional.

11. Low dose naltrexone (LDN) - Available only by prescription and made by compounding pharmacies, this therapy may be very beneficial, particularly if a person tends to be hyper-inflamed or has an autoimmune disease. LDN is also being used for those who suffer from long COVID. It works on many levels: LDN reduces inflammatory cytokines, increases anti-inflammatory cytokines, reduces fluid build-up and fibrosis in the lungs, boosts and restores the immune system, encourages immune cell activity, helps temper depression and improves mood, and is showing the potential to not just manage but prevent viral and bacterial attack to the body. (The emerging therapeutic role of some pharmacological antidotes in management of COVID-19., El Shehaby D., Mohammed M., et.al., 2022; Naltrexone a potential therapeutic candidate for COVID-19., Choubey A., Dehury B., et.al., 2020)

12. Nitric oxide (NO) support- Nitric oxide is

involved in a multitude of functions in the body but it falls with age and is inhibited by many drugs and eating animal products. Diets high in vegetables and fruits promote nitric oxide production. It regulates cardiovascular function, the immune system, and inflammatory response. Viral replication and entry into cells is inhibited while it blocks cytokine storms and rebalances T-cells. NO also has antimicrobial properties. Neurologically, it modulates anxiety and helps with communications in the brain. NO supports the adrenals when we are stressed and is a part of what helps us get restful sleep. Some signs of low NO are high blood pressure, erectile dysfunction, and a weak immune system. (Nitric oxide and immune health., Shirley B., 2022; Nitric oxide and mental health., Shirley B., 2020)

FOR INFLAMMATION

1. Vitamin D3
2. Vitamin C
3. Zinc with Manganese
4. Anti-inflammatory combo supplement
5. Hawthorn
6. Low dose naltrexone

FOR CARDIOVASCULAR ISSUES

1. Vitamin D3
2. Anti-inflammatory combo supplement
3. Nitric Oxide support
4. Low dose naltrexone
5. Magnesium - Magnesium is the primary essential mineral used in the heart. Known as the great relaxer, it relaxes the mind, skeletal muscle, blood vessels (reduces and prevents hypertension), and angina. Eighty five percent of Americans are magnesium deficient and oftentimes what is treated with calcium should actually be treated with magnesium. It controls the strength of contractility of the cardiac muscle, as well as that of the mitral and tricuspid valves. As it regulates heart rhythm, it helps prevent and treats rapid heart beat (tachycardia),

as well as dysrhythmias. The use of magnesium becomes very important in people whose hearts are experiencing cardiomyopathy or other problems from the COVID virus or the spike proteins in the COVID shots. In fact, most heart meds have limited effectiveness without the relaxing effects of magnesium on the cardiac muscle, electrical fibers, and blood vessels. The usual dose of magnesium is 100 - 800mg per day in divided doses, depending on the type of magnesium used.

6. Nattokinase - Nattokinase is an enzyme that works beautifully for dissolving vascular blood clots if they form. The FDA approved nattokinase for the prevention of deep vein thrombosis during air travel. Some people who were predisposed to clotting had an increase of blood clots upon infection with COVID-19. Those who've had a COVID shot have a greater risk of blood clots as well as those fibrous clots in the blood vessels and even between tissues. Nattokinase can be used in both situations. It is not a blood thinner and is easy to take - either with or without food. Oftentimes, 1 nattokinase is taken 1-2 times daily or as directed by your healthcare professional. (Degradative effect of nattokinase on spike protein of SARS-CoV-2., Tanikawa T., Kiba Y., et.al., 2022)

7. Hawthorn - Hawthorn is a true tonic for the heart. It can increase the heart's strength of contractility and help normalize heart rhythms. If blood pressure is elevated, hawthorn can assist in lowering it. Hawthorn also has antioxidant properties and is an anti-inflammatory agent. It's usually dosed at 350mg of a standardized extract 2 to 3 times daily or as directed by your healthcare professional. (Hypertension elevates risk for more severe COVID-19 illness., Cedars-Sinai Medical Center, 2022; Immunomodulatory effect of hawthorn extract in an experimental stroke model., Elango C., and Devaraj S., 2010; Potential roles and key mechanisms of hawthorn extract against various liver diseases., Kim E., Jang E., et.al., 2020)

8. CoQ10 - CoQ10 is made by the liver and is

the second most abundant antioxidant. It is necessary for all cellular activities, in that it is vital for manufacturing energy (ATP) in the mitochondria. But the production of CoQ10 suffers when spike proteins invade cells, which is why in cases of COVID or the COVID injection, it should be supplemented. CoQ10 stimulates the immune system, with highest concentrations in the heart, liver, kidney, and pancreas - organs that can be damaged by the COVID shot.

The heart uses more ATP (energy) than any other organ, and therefore more CoQ10 and magnesium. If you are someone who has heart issues (via COVID, the COVID shot, or otherwise), supplementing CoQ10 helps the heart from going into painful spasms. It has been shown to help reverse congestive heart failure, hypertension, atherosclerosis, cardiomyopathy, and arrhythmia, plus it improves the strength of the heart and its valves.

Many people have suffered neurological issues, including debilitating brain fog, due to COVID or the shot. CoQ10 works in the brain to help cells heal and replicate. It also repairs the myelin sheath. This results in receptor sites working better, transport of nutrients across membranes being more efficient, the expulsion of toxins upregulated, and cognitive energy flowing at a higher rate.

It is important to note that because CoQ10 is made in the liver, and then converted back and forth to quinolone in the tissues, it's imperative to keep the liver clean, healthy, and protected from medications such as statins, beta blockers, proton pump inhibitors, amoxicillin, azithromycin, and the COVID shot. Supplementation is a must if these meds are already on board. The usual dose is 100-300mg 1-2 times daily, more if on a statin drug, or as directed by your healthcare professional. As with every molecule synthesized in the body, a plethora of other vitamins, minerals, and essential fatty acids are required. Therefore, the high powered multivitamin and flaxseed oil are necessary to make biochemical reactions happen in a

timely and adequate manner.

9. Cordyceps Sinesis (caterpillar fungus) - Cordyceps is one of the oldest and most powerful mushrooms used by man. It packs the ability to significantly increase ATP (energy) production, making it useful for fatigue, poor cardiac function, COPD, asthma, and chronic bronchitis. It facilitates improvement in congestive heart failure, cardiomyopathy, high cholesterol, high triglycerides, high blood pressure, hepatitis, general immune weakness, and more. I have found it very helpful for the recovery from COVID and other viruses, as well as side effects from the COVID shot. The usual dose is 800-2400mg in divided doses of a water boiled standardized extract.

10. HTN 180 PX - This is a combination product containing motherwort, hawthorn leaf and flower, passion flower, European mistletoe leaf, African snakeroot, and vitexins. It has been used successfully to promote healthy blood pressure and vascular flow. HTN 180 PX has been shown, with the proper amount of magnesium on board, to support blood vessel relaxation and invoke parasympathetic activity in the brain, potentially helping to calm the mind and body. Dosing should be determined by your healthcare professional. Its effects are also augmented with the use of nitric oxide support.

FOR NEUROLOGICAL ISSUES

There are so many therapeutic approaches that are available to heal neurological issues, from tinnitus and neuropathy to degenerative neurological diseases such as Alzheimers, Guillian-Barre, Parkinsons, etc. Instead of attempting to capture different ways to remedy here, I advise you to call O'Brien Pharmacy and speak with a consulting pharmacist.

However, the foundational dietary changes and supplements mentioned before are the exact place to start. These would include: a low inflammatory, plant-based diet with purified water, an appropriate exercise

routine, optimal hormone levels, a therapeutic multi like Optimal Daily Allowance, additional antioxidants such as Body & Vision, essential fatty acids such as flax oil, vitamin D3, CoQ10, L-glutamine powder, magnesium, nitric oxide support, low dose naltrexone, and an herbal anti-inflammatory such as Inflammagic. A consulting pharmacist can help you with more therapeutics that are individualized if needed.

AUTOIMMUNE DISEASES

Since autoimmune diseases arise from sustaining significant trauma, it isn't surprising that they can emerge from or become worsened by the ever-reproducing spike proteins from the shots or from a COVID infection. It becomes important to address not only the effects of the particular autoimmune disease but also the leaky guts, high inflammatory diets, and nutrient deficiencies that are so common in America. Detoxification becomes the next step.

Each autoimmune disease results in varying therapies. However, an important factor to remember, regardless of which autoimmune disease is being treated, is that the immune system must be healed. There are many parts to the immune system, and it's possible to balance it using natural approaches. This gives the body what it needs to calm, boost, and redirect the entire system to normalcy.

The foundational basic lifestyle changes plus all of the supplements listed above to address inflammation will be of benefit, as well as 4-6 grams of L-glutamine powder dissolved in 32 ounces of purified water and sipped all day long to heal your leaky gut. Once again, it is imperative that you switch to dairy substitutes and stop all dairy products. If you have MS, you could also add supplements that promote nerve cell healing.

In conclusion, if we are discerning, we can find the truth. When we look at the history and the unmanipulated science of viruses and pandemics, it's obvious that only those whose health is already under severe compromise have an increased risk of death. Although the wellbeing of these groups is of upmost importance to address, it is not an excuse to spread false information, shut down the commerce of the world, or give dangerous shots to the general public including those who are already frail, or pregnant, or are children. If we stay level-headed, digest the science, and listen to our gut instincts, we can easily care for ourselves and others through more natural means, without side effects or potential life-long destruction to our bodies.

I would like to thank you, the reader, for your patience and interest, and for wading through the science with me. I would also like to thank The Lakeview Area News for printing this piece. Many other papers and media sources have censored anything that speaks in opposition to the "accepted" COVID rhetoric. We are lucky to have such an unbiased and informative paper still in existence.

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