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What Is the Current Evidence for mRNA Vaccine Shedding?

Analysis by A Midwestern Doctor | February 17, 2024

STORY AT-A-GLANCE

- mRNA vaccine shedding is real, and people's sensitivity to it greatly varies. Most people who are highly sensitive to shedding have already figured it out, so if you do not already believe it is an issue for you, you probably don't need to worry about it
- We believe it is critical to not publicly espouse divisive ideas (e.g., "PureBloods" vs. those who were vaccinated) that prevent the public from coming together and helping everyone
- We also we don't want to create any more unnecessary fear — which is an inevitable consequence of opening up a conversation about shedding
- Since there is still no agreed upon mechanism to explain why vaccine shedding happens, we would greatly appreciated if you could share your shedding experiences

When doctors in this movement speak at events about the vaccines, by far the most common question they receive is "is vaccine shedding real?"

This is understandable as this vaccine shedding (becoming ill from vaccinated individuals) represents the one way the unvaccinated are also at risk from the vaccines and hence still need to be directly concerned about them. Simultaneously, this is a difficult question to answer for a few key reasons.

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 coming together and helping everyone.

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. Finally, in theory, shedding with the mRNA vaccines should be "impossible." Because of this, stating it's real puts anyone who does so in a very awkward position. That being said, from having looked into this extensively, I am relatively sure of the following:

1. Shedding is very real.
2. People's sensitivity to it **greatly** varies.
3. Most of the people who are highly sensitive to shedding have already figured it out, so if you do not already believe it is an issue for you, you probably don't need to worry about it.
4. There is still no agreed upon mechanism to explain why it happens.

For all of these reasons, we would greatly appreciated if you could share your shedding experiences. Those stories are being collected here.

The Mechanistic Trap

In the previous article (which provides important context for the ideas laid forth in this one) I discussed the habitual tendency of science to reject observations which have no mechanism that could explain how they are happening. In turn, I argued this was problematic as it results in many critically important observations being dismissed since their "mechanism" lies outside the existing scientific paradigm.

One of the most common ways this happens is for logical arguments to be put together which assert the observation cannot be real. In some cases, the argument is quite compelling, while in others (provided you understand the subject) it's actually ridiculous.

For example, since the mRNA vaccines were an experimental gene therapy, one of the immediate fears people had about them (myself included) was that they would permanently alter your DNA.

To address this, countless articles were written which ridiculed that notion. This was done by repeating a few logical arguments which sounded nice and were deemed to be "true" because the "experts" had espoused them (e.g. consider these frequently cited pronouncements by **Paul Offit** and **Anthony Fauci**). Those arguments were as follows:

1. The vaccines cannot enter the nucleus of the cell.
2. mRNA from the vaccines breaks down rapidly in the cell, so it does not have time to enter the nucleus and change your DNA.
3. mRNA is not DNA, and hence believing mRNA can change DNA represents a fundamental lack of knowledge of biology.

On the surface, that train of logic effectively "refutes" the DNA alteration hypothesis. However, in reality, each of the above premises was false or highly misleading (e.g., the mRNA was designed to resist being broken down so it could remain active for a prolonged period).

Note: *A more detailed explanation of why those premises were wrong can be found in my contribution* ***to this article*** *which discussed how mRNA spike protein vaccines alters DNA. Additionally, Robert Malone recently* ***wrote a more detailed critique*** *of Offit doubling down on a related claim (that DNA contaminants in the vaccines cannot affect our DNA).*

Conversely, I felt that since assessing genetic toxicity was both a pivotal requirement for new pharmaceutical products and it was easy to predict genetic toxicity would be one of the top concerns with the mRNA vaccines, there was no possible way it wasn't tested for by Pfizer and Moderna at the very start.

Yet, in all the articles refuting the DNA alternation hypothesis, none of that data was ever shared and instead we simply received logical arguments with no data behind them.

***Note:** Leaked EMA documents likewise revealed that for some reason, **the drug regulators were not provided with any genotoxicity data by Pfizer**.*

In my eyes, this suggested DNA alteration had been found, and that Pfizer decided its best option was to simply avoid mentioning that data while simultaneously claiming there was "no evidence of DNA alteration" (which is a common tactic industry uses to bury science which threatens its bottom line). In turn, I can't say I was particularly surprised when independent research conducted long after the vaccine hit the market **discovered the vaccine indeed can change the DNA of a cell**.

***Note:** **In a recent article**, I discussed how no one has been willing to make the raw data of the health outcomes in those who were vaccinated become available. While a lot of excuses have been made for why this hasn't happened, like many, I believe the actual reason is because that data shows the vaccines are very dangerous and were it to be made available, it would make it clear the vaccines were very dangerous and create a lot of problems for the officials who pushed the vaccine.*

Likewise, it is a longstanding practice in the pharmaceutical industry to not disclose clinical trial data that makes their product look bad but simultaneously to parade anything which makes it looks good.

Is Shedding Impossible?

In the case of shedding, a few major points argued against it being possible.

- The design of the mRNA vaccines was that lipid nanoparticles containing mRNA were injected in the body, after which they made their way into cells and causes cells to begin producing vaccine spike protein for an unspecified amount of time.
- Because of this, there were relatively few options of what could be shed. For instance, while it is unlikely the lipid nanoparticles or the mRNA it contained could be transmitted from the vaccinated individuals to their environment, if it could be, there was very little to transmit, so it was simply not possible a single injection

could contain enough vaccine material to perpetually sicken those around the vaccinated individual.

- The only other option was the spike protein being produced by the vaccine was the agent that "shed" (e.g., because the mRNA didn't break down and hence produced spike indefinitely or because the mRNA had integrated into the cell genome and hence the body was producing spike indefinitely).

- Spike "shedding" didn't make sense either because the concentration of spike protein (which is rapidly broken down in the environment) would have to be orders of magnitude higher within the vaccinated individual than in the area around them. In turn, this argues against the shedding being able to affect others if an infinitely higher concentration did not affect the vaccinated individual.

Typically, shedding occurs (e.g., from a live viral vaccine like MMR or polio) because an individual "sheds" a self replicating form of the disease. This results in the low concentration of the pathogen which the shedder expels into their environment then amplifying within the recipient and eventually reaching a comparable concentration to what was found in the "shedder."

Since I was nonetheless seeing numerous clear cut cases of shedding occurring, this suggested to me that I was missing a huge piece of the puzzle which once known invalidated much of the above logic. Conversely, I could not help but notice **that Pfizer's protocol** for testing their vaccine:

- Prohibited pregnant women or those breast feeding from receiving the vaccine (or future doses if they had already received one).

  Note: *Due to **the thalidomide disaster**, a foundational rule in medical ethics is that you do not experiment on pregnant women due to the potential danger this exposes the fetus to.*

- Stated it needed to be reported if a pregnant women (e.g., a healthcare worker in the trials) was exposed to the intervention by inhalation or skin contact from someone who had been vaccinated.

- Stated it needed to be reported if someone in the previous category (not vaccinated but exposed to someone who was) then was in close proximity to their wife and their wife was pregnant.

This suggested either that Pfizer knew shedding was a real problem, or that they were following the existing standards — the FDA stipulates that gene therapies need to be evaluated for shedding before being given to humans (and furthermore be subsequently tested in humans). For context, both the FDA and the EMA classify the mRNA vaccines as a gene therapy.

Note: *The first approved gene therapy, **Luxturna**, (which works like the J&J vaccine by using a modified virus to produce a target protein in the patient), is an eye medication which treats a rare form of genetic vision loss.*

*Its prescribing information specifies that Luxturna can be found in a patient's tears after injection and it hence for the first seven days after injection, care must be taken to avoid anyone else coming in contact with those tears to prevent unintended shedding of the product. Another similar gene therapy, **Roctavian** also **was found to shed** (e.g., into semen), and the FDA advises those who receive it to not donate semen or impregnate someone for at least 6 months after administration.*

*Finally, Zolgensma, a gene therapy, utilizing a different virus **was also found to shed for a month**, and its package insert advises that during this time, to be careful of how feces from the patients are disposed of (so no one else is exposed to it). Additionally, **there is one other gene therapy on the market**, but due to its design, shedding was unlikely (and hence undetected) so the FDA does not advise special precautions for its recipients.*

***Curiously**, **the package insert for Pfizer's vaccine** does not mention shedding at all (despite the fact it has long since been proven).*

In short, like the cancer issue, I suspect Pfizer had concerning data on the shedding issue but opted not to disclose it so it could be claimed there was "no evidence" of shedding.

***Note:** In my eyes, the most unacceptable side effect of a pharmaceutical is if it harms individuals beyond those who received it. This for instance is why the federal government has cracked down on opioid prescriptions, as the opioid epidemic has been devastating for the communities affected by it. Similarly, this is why I recently focused on **the decades of evidence linking SSRI antidepressants to triggering psychotic violence** (e.g., mass shootings).*

What Is Known About Shedding?

While I have seen many anecdotal cases suggesting "shedding is real," in my eyes, the strongest proof for shedding comes from the observations by Pierre Kory and Scott Marsland **at their clinical practice** which is dedicated to treating vaccine injuries (which places them in a unique position to observe and evaluate this phenomenon). They have:

- Seen more than twenty patients develop similar symptoms after a shedding exposure, particularly after a "strong" shedding exposure.
- Found that those symptoms resemble what is seen in other spike protein pathologies (e.g., long COVID or a mRNA vaccine injury).
- Found those symptoms often respond to the same treatments used for treating other spike protein pathologies (e.g., ivermectin which binds the spike protein).
- Found many patients will repeatedly have shedding symptoms emerge after the same exposure (e.g., always feeling ill when a vaccinated husband returns from a long trip away).
- Been able to determine that those they suspect are a shedder (e.g., the husband) test positive (through an antibody test) for a high spike protein levels.
- Found that eliminating the shedder from the patient's life or treating the (asymptomatic) shedder with a vaccine injury protocol significantly helps their patient get well.

Since mRNA shedding is such a mysterious phenomenon, a good place to start with unlocking this mystery is to see what's currently known about it and try to discern what underlying principles could account for those observations.

Lastly, I want to note that a 2023 peer-reviewed study found that unvaccinated individuals who were around COVID-19 vaccinated individuals developed an immune response to the spike protein. This in turn demonstrates that something is indeed being transferred from the vaccinated to the unvaccinated.

Note: *Henceforth, I will not discuss the J&J (or AstraZeneca, Sputnik or Sinovac) COVID vaccines, as these are viruses vector vaccines and hence operate under different principles than the mRNA vaccines. I believe this is appropriate to do here as the majority of those vaccinated received an mRNA vaccine and I want to keep this article as short as possible.*

Susceptibility to Exposure

Sensitivity to shedding varies immensely. At this point, I believe the majority of people who are being affected by shedding either already know it and if they don't they will by the time they complete this article. This is important because one of the major fears everyone who is unvaccinated has if they are "at risk" from shedders. In general, there seem to be three categories of people who are susceptible to shedding.

Note: *Often they belong to more than one of these categories.*

The first are the sensitive patients (e.g., see this reader's account of their experiences with shedding). I wrote a much longer article about this archetype, but briefly, these patients tend to:

- Be highly sensitive to toxins in their environment (hence leading to them frequently being injured by pharmaceutical products).
- Very empathetic and perceptive of subtle qualities others do not notice.
- Have an ectomorph or Sattvic constitution.

- Frequently have ligamentous laxity (e.g., Ehlers-Danlos has been correlated with being predisposed to HPV vaccine injuries and many are now reporting EDS predisposes one to a COVID vaccine injury).

Due to these susceptibilities, those patients frequently have chronic illnesses such as mast cell degranulation disorder, multiple chemical sensitivities, lyme disease, mold toxicity and fibromyalgia. These patients were more likely to avoid the COVID vaccine (due to their previous bad experiences with pharmaceuticals) and more likely to be chronically debilitated by the COVID vaccine (or a COVID-19 infection).

Tragically, we've also seen many patients effectively develop these sensitivities after a COVID-19 vaccine injury.

The sensitive patients tend to be the most susceptible to shedding, and I've seen numerous reports of individuals (e.g., **consider this report from one of Pierre Kory's patients**) who can immediately tell if they are around individuals who have been vaccinated (e.g., because they immediately feel a "toxic" presence or **feel a shedder injure them**).

Note: *I consider myself to be a sensitive individual but I have not had any issue being in close proximity to people (e.g., patients) who were recently vaccinated. Conversely, many of my sensitive female friends (who are less sensitive than me) have experienced notable effects from shedding (e.g., menstrual abnormalities), which suggests to be there is more to this picture than just having a "sensitive" constitution.*

The second are patients who have been sensitized to the spike protein due to a previous vaccine injury or having long COVID. These patients in turn frequently find their symptoms worsen when they are around individuals who were vaccinated and many have reported that their sensitivity to shedding increases with time.

Note: *I believe the Cell Danger Response (discussed **here**) provides one of the best models to explain what happens to the patients in the first two categories (as **treating the CDR** often greatly helps these patients). Likewise, I also find a pre-existing impairment in*

*zeta potential (**discussed in the previous article**) frequently predisposes patients to these issues, while **restoring the physiologic zeta potential** often greatly benefits them.*

*Finally, since the spike protein is an allergen **that is highly effective at creating autoimmunity in the body**, that also can explain why successive exposures to it increase one's sensitivity to it.*

The third are the people who cannot effectively produce antibodies to the spike protein. I was initially clued into this after **I saw a study of vaccinated patients** who developed myocarditis which discovered that (unlike controls) their ability to develop a neutralizing antibody for the spike protein was impaired, leading to a large amount of free spike protein circulating in their blood (whereas normally it would be bound to an antibody).

Because of this, the spike protein being produced in their body is thus able to create havoc throughout it and those patients become symptomatic after being exposed to a much lower concentration of the spike protein. It is important to note that while reactive to shedding, these patients are nowhere near as sensitive to shedding as the previously described "sensitive patients."

***Note:** At the time of **the disastrous smallpox campaign**, many clinicians believed that those with a weakened immune system could not mount a response to the vaccine, and in turn were both more likely to be injured by it and to catch smallpox (both before and after vaccination).*

*This led them to argue the vaccine's "efficacy" was an artifact of it being a proxy for a functioning immune system, and I believe **the myocarditis study** suggests something similar is occurring for the spike protein vaccines.*

Characteristics of Shedders

There are two forms of shedding: primary (where someone gets ill from being around a vaccinated person) and secondary (where someone gets ill from being around an unvaccinated person who was recently around vaccinated people). Primary shedding is

much more common, but secondary is also sometimes reported (particularly for sensitive patients).

Secondary shedding can happen with both individuals who became ill from a shedder (more common) or from someone who was not affected by a shedder (e.g., children shedding and affecting parents after coming back home from school). Secondary shedding is one of the most confusing aspects of this phenomenon as I don't feel many of the mechanisms I've proposed to explain why shedding is happening can account for secondary shedding.

Note: *Pfizer's trial protocol (mentioned above) also addressed the possibility of both primary and secondary shedding.*

The most common observation with shedders is that they are dramatically more likely to shed soon after vaccination (depending on who you ask, this window ranges from three days to four weeks). However, more, sensitive patients find they are affected by a shedder indefinitely and strongly disagree with a 2-4 week cutoff.

I believe this essentially matches **what has been found in numerous studies** — that following vaccination, spike protein production in the blood spikes and then declines but never reaches zero and appears to continue for months afterwards (presently we don't know how long the effect lasts for as it simply hasn't been monitored long enough).

Additionally, quite a few people have noticed that shedding events (in the same location) are the most frequent and severe immediately following a new booster rollout, after which they gradually diminish until the next booster campaign.

It has also been observed that young and healthy people tend to shed more frequently (presumably since their body has a greater capacity to manufacture the spike), children shed the most, and that the elderly shed the least frequently. Repeatedly boosting appears to worsen shedding for three reasons:

- It causes patients to resume having high spike protein levels in their body as typically after vaccination or boosting, there is a spike and then decline of spike

protein which persists at a low level for months (again, no study has yet assessed if it lasts for years).

- Successive boosting appears to increase the degree of shedding which occurs when compared to the previous injections the patient experienced.
- Quite a few holistic healers have shared that they believe the most recent boosters are more potent and hence cause greater shedding than the earlier ones (which might be explained by the boosters now containing multiple strains of mRNA to cover the new variants).

The Shedding Odor

One of the odd things quite a few people have reported is a distinct smell which emerged around them after the vaccines entered the market. For example, consider this comment from a reader:

> *"In terms of crowds ... I too have experienced this many times. I feel unwell with flu like symptoms and can smell a unique odour around people. After feeling this way and smelling the same odour several times in company with family and friends, I confirmed the correlation with the covid vaccination.*
>
> *As it transpired each has been vaccinated within the previous week. I am very sensitive to meds and in general and I swear I can smell something so now I ask and yep the link is there!"*

***Note:** I have heard a variety of similar descriptions of the smell itself (e.g., see **this comment**, **this comment** and **this comment**). Since I can't smell it, I don't yet feel confident trying to provide a description of what the smell is. Later in this article, I will discuss a colleague's much more detailed observations of that smell and what we think it may represent.*

Routes of Exposure

There appear to be three possible routes of exposure. General proximity to the vaccinated person — this is most likely respiratory in nature and the most common form of shedding exposure reported by patients. However, I have seen a few reports which suggest places which are separated by barriers (e.g., **being inside a car near a crowded intersection**) can also produce that exposure. Additionally, many have said they find shedding to be greatly mitigated when outdoors.

Note: *Numerous people have reported long-term symptoms occurring after they received a treatment session (e.g., massage, acupuncture, or chiropractic) from a vaccinated individual (especially one who had been recently vaccinated). For this reason, I am curious to see when those businesses will stop declaring their vaccination status (similarly, some of my patients became my patients because they wanted an unvaccinated doctor who would not make them ill).*

Through skin to skin contact. Often patients report that they have some difficulty around vaccinated individuals, but notice things become much worse once some physical contact occurs, especially prolonged physical contact. This is thought to be due to the spike protein being "shed" in the sweat.

Additionally, I have seen a few reports where the shedding effect appeared to be transferable (e.g., someone touched an object a vaccinated person touched like a phone and then became ill). Sadly, I have also come across multiple reports (e.g., **this one**, **this one**, and **this one**) of cleaners who notice that they get ill when they change sheets that were slept in by vaccinated individuals, one of whom noted sheets vaccinated individuals have slept in **have a slightly yellowish tint**.

Note: *Individuals I trust have stated spike is excreted in the sweat. However when I tried to find that information, **I could only locate research** which suggested it was (as secretions occurred in analogous situations), but I could never find a study which directly measured the presence of vaccine spike protein in sweat.*

There is also some evidence shedding occurs in other secretions. This has been most clearly shown with vaccine mRNA being packaged into exosomes found in breast milk

(e.g., see this study in the Lancet) but there is some evidence suggesting it applies to other secretions (e.g., sweat or saliva) as well.

Additionally, there have been concerning infant reactions to breast milk from vaccinated mothers within VAERS and far more in Pfizer's adverse event collection system (further discussed within this excellent article), which suggest some form of toxicity is being transmitted via the breast milk. Additionally, a study published a year ago in JAMA found that 3.5% of women reported a decrease in breast milk supply and 1-2% reported "issues with their breastmilk-fed infant after vaccination."

Note: *An excellent research paper (which, given its content, will likely never get published) discovered in multiple countries that when adults received the COVID vaccine but no one under 18 was being vaccinated, death rates significantly increased in children. While this is understandably difficult to believe (due to its troubling implications), the same pattern was also detected by another researcher in the Philippines.*

Additionally, I have seen multiple reports where the region of the patient which experienced the shedding reaction (e.g., a bruise, a rash, or a cancer) was the part of the patient which was physically closest to the shedder.

Timing of Exposure

There seem to be three common variants of exposures:

- **Immediate —** Patients often notice this, and either feel as though some type of poison had been immediately injected into them, or that there is an oppressive presence in the area they are entering which makes them feel unwell.

  Note: *I presently suspect this form occurs in the most sensitive patients as the symptoms experienced in concurrence with that "oppressive presence" are often quite similar to what mold sensitive patients experience in moldy rooms and EMF sensitive patients experience in high EMF areas.*

- **A 6-24 hour delay —** This seems to be the most common variant. In certain cases, patients have reported this occurring like clockwork (e.g., every Monday they or a relative gets ill after they had gone to church on Sunday).

- **A long-term delay —** This is often seen in the patients who have the most severe complications from vaccine shedding.

In each of these cases, patients will typically recover after a few days, but there were also many patients who reported a permanent (partial or debilitating) illness after the shedding exposure.

Symptoms of Exposure

Many of the symptoms of shedding appear to match what is seen in both long COVID and vaccine injuries, again suggesting this is a spike protein mediated disease (especially since the effects of a shedding exposure are often reduced once a spike protein treatment like ivermectin and to a lesser extent nattokinase are started for a patient). However, while the symptoms overlap, some are more common after vaccination while a few are more common after a shedding exposure.

All of this I believe is a testament to the fact that (as discussed in the previous article) the effects of the mRNA gene therapies are not all predictable or consistent and **it was hence extremely premature to administer these highly variable injections to the general population**.

Most Common Symptoms

By far the most commonly reported symptoms are gynecologic in nature. Of these, menstrual abnormalities are by far the most common (something also seen with the vaccine), and I have lost count of how many people have shared a story of a short or long-term menstrual abnormality which occurred immediately after what they in hindsight realized was a textbook shedding exposure.

Note: *I suspect there is a hormonal component to this, but I have not been able to get enough data to have a clear position on what's happening. The best case report I know of comes from* ***this reader****, who regularly measured her hormones and repeatedly found her estrogen spiked after a shedding exposure. Conversely, another (50 year old) woman (who is also a physician)* ***shared that*** *after her shedding exposure, her estrogen and progesterone dropped to 0 (while some testosterone remained).*

In some cases, highly unusual menstrual abnormalities occur. For example, I now know of a few cases where a women in menopause (and in two cases a woman without a uterus) began having menstrual bleeding after a vaccine exposure. Worse still, in early 2021 I belonged to a large (and later banned) Facebook group where we actively discussed menstrual abnormalities created by the vaccine and from shedding exposures (a lot of women there observed this).

I, in turn, was astounded by how many people there reported experiencing a decidual cast shedding (the entire lining of the uterus coming off as one piece), and since that time I've met one woman in real life this happened to (along with learning of **a case reported to Dr. Kory**).

For context, this is a very rare condition (e.g., **one paper** which looked into this found prior to the vaccines, less than 40 cases of it had been reported in medical journals across the world — making the condition rare enough that it is impossible to estimate how frequent it is), yet **in a survey** which 6049 (vaccinated and unvaccinated) women responded to, 292 (4.83% of respondents) reported a decidual cast shedding event.

Most tragically, I have heard of a few cases where a shedding exposure appeared to end a pregnancy (e.g., see **this reader comment**, **this reader comment** and **this reader comment**), but it is still rare enough I have no idea if it's something to be concerned about.

Note: *While I am undecided on the miscarriage risk of shedding, I am relatively sure COVID vaccination can cause a miscarriage as I have seen numerous cases where this seemed to have happened. For example, in a small group I'm connected to, two of the employees had relatives who got pregnant.*

They both also got vaccinated during their pregnancy and then lost their baby (e.g., one was vaccinated at 13 weeks after her OBGYN said COVID vaccination was essential and then miscarried at 16 weeks).

In parallel to menstrual abnormalities being the most common shedding symptom, we have all found women are more sensitive to shedding than men (which is particularly unfortunate as medicine has a longstanding practice of gaslighting women who present with systems the doctor can't make sense of). In men, I find the closest equivalent is "groin pain" which while repeatedly reported, does not occur anywhere near as frequently as menstrual issues.

***Note:** A recent study of 140,000 women found 42% of them reported menstrual abnormalities after vaccination. Through my network, I know that a formal study was conducted with a decent sample size which was able to demonstrate the majority of unvaccinated women studied developed menstrual abnormalities when exposed to vaccinated individuals.*

However, since that article is still working its way through the peer review process, I cannot disclose anything else in it (as I do not want to derail its publication).

Common Symptoms

I typically associate menstrual abnormalities (e.g., those described previously) with a Chinese medicine condition known as "blood stasis" which in many ways is analogous to "impaired zeta potential." In turn, I've found that many of the other symptoms commonly associated with shedding (e.g., tinnitus or headaches) are also viewed as a consequence of blood stasis.

For example, this reader describes a classic blood stasis headache (and a variety of other symptoms associated with blood stasis):

> *"Shortly after he received the vaccine, I started getting severe headaches, like nothing I had ever experienced before. It felt like a nail had been driven through my temple or eye, and my blood pressure would also spike at the same time. I*

have orthostatic hypotension and chronically low Bp, so this was notably unusual for me."

Bruising is also commonly associated with shedding, although two distinctly different types are observed. Sometimes many tiny bruises spontaneously emerge, which is often indicative of an immune process destroying the platelets (e.g., **see this readers account**), but more frequently large painless bruises (something also associated with blood stasis) are observed.

Note: *Bruising is one of the only symptoms I know of that is more commonly seen after shedding than vaccination (the other is nosebleeds). The classic way vaccines cause bruising is with* ***ITP*** *(what caused the previously cited reader's tiny bruises), and while* ***ITP*** *is* ***officially acknowledged as a side effect of many vaccines****, it is nonetheless fairly rare (e.g., 1 in 100,000 COVID vaccine recipients).*

Dizziness (another symptom associated with blood stasis) is also repeatedly reported, although it does not appear to be quite as common as the bruising, tinnitus, or headaches. In addition to the symptoms representative of blood stasis, there are two commonly reported ones that are more immunological in nature.

The first is mental cloudiness and a general feeling of being unwell (e.g., how you feel before a flu). This can include feeling as though a fog has come over them, fatigue, difficulty concentrating, joint pain or quickly coming down with symptoms similar to those experienced when the individual had COVID.

Additionally, I now have multiple cases where someone (e.g., a friend) appeared to have caught COVID from someone who was recently vaccinated that they had frequently been around but never caught COVID from before (one of which provides a very compelling argument for this correlation).

Note: *Some of the symptoms in this category can be associated with blood stasis, but the link is less clearcut.*

The second is that in the same way that the COVID vaccines cause immune suppression and reactivate latent infections (e.g., lyme or EBV), lighter versions of latent reactivations have also been seen after shedding events (e.g., this is a compelling case history of it happening with herpes). By far, the most common reactivation associated with the COVID vaccines is shingles, and likewise, the most commonly reported reactivation after a shedding exposure is shingles.

Note: *This immune suppression may also explain why individuals develop COVID or a COVID like illness after being exposed to a shedding event.*

Rarer Symptoms

Some of the less frequent symptoms I see repeatedly reported (which are also frequently seen with the vaccines) include:

Atrial fibrillation (this is also a classic blood stasis condition which often responds well to restoring the physiologic zeta potential — e.g., see this reader's comment)

Muscle pain (e.g., in the calves)

Seizures

Insomnia

Hair loss

Sinus pressure or a copious nasal discharge

Skin rashes (e.g., psoriasis or hives), something we also repeatedly saw in the vaccinated (e.g., at dermatology clinics — where sadly the dermatologists insisted again and again could not be linked to the vaccine)

Note: *There are a lot of nuances to correctly diagnosing skin conditions, which is why I am hesitant to be more specific (I have only seen the vaccinated skin rashes, and while*

the shedding ones sound similar, I am not sure if they are as I have not seen them with my own eyes)

***Note:** Most of the above symptoms are linked to blood stasis and thus poor zeta potential.*

In most cases, I find the severe vaccine side effects (e.g., a heart attack) are dramatically less likely to occur following a shedding exposure than following vaccination (which to some extent makes sense from a toxicity standpoint as they are receiving a much lower dose of the spike).

Nonetheless, I have seen quite a few examples shared in the comments **on Dr. Kory's recent series** about shedding such as:

- **Multiple signs of a stroke** (e.g., drooping facial muscles and difficulty concentrating or driving).
- **Severe blood clots in the legs**.
- **PMR** (a debilitating autoimmune disease repeatedly seen after COVID vaccination) in an unvaccinated woman **who worked in a lab with many vaccinated coworkers**.
- **An individual** with progressively worsening seizures (due to shedding) eventually experiencing a fatal seizure after a Thanksgiving dinner with vaccinated family members.
- **A cancer** which appeared to be strongly linked to the vaccine shedding.

  ***Note:** Linking a cancer to shedding is almost impossible to prove, but I believe **this case** represents the closest you can get (especially since the recipient received an unusually high shedding dose). Additionally, her rare cancer was identical to the aggressive one that a **Moderna vaccine trial recipient developed** (and Moderna never disclosed in their trial report despite the trial participant doing her best to get it recognized).*

Where Do We Go With This?

Given how controversial, concerning, and still relatively not understood the entire shedding phenomena is, we have been reluctant to write anything about it despite many requests to. However, since this is a clearly an issue of immense concern for many, we felt it needed to be done.

After we discussed it with Dr. Kory, we all felt that it was best if he wrote **the initial series on this subject** (the comments of which I have referenced throughout this article) and then have a follow up to it appear here.

Thus far, this article has presented the information that is on relatively solid ground (e.g., most of the claims have a source) — and which I believe will be helpful to many of the readers here.

However, I've also avoided answering many of the other questions we've received from readers (e.g., "what about shedding with a vaccinated sexual partner?", "what about cancer?", "what is actually causing the shedding?", "what is behind the shedding odor?", "what about vaccinated blood transfusions?", "how do you protect yourself from the shedding?") because those answers lie on much shakier ground.

In the final part of this article I will attempt to answer each of those questions (some of which I've spent over a year trying to figure out). Since much of that (due to having less evidence to support it) exposes this publication to a lot of risk, I will need to limit the audience for it.

Additionally, since Substack also restricts the audience which can access the comments on limited posts (there is no way to get around that), I created a second article where you can share your shedding experiences as I believe it is critically important each of you does. That article can be accessed **here**.

Shedding Mechanisms

Note: *I wrote to* ***the previous article*** *primarily to provide critical context for this section.*

As I discussed earlier in this article, the major issue I've had with this subject is that in theory, mRNA vaccines should not be able to shed, but for some reason they are. At this point, the best explanations I've been able to come up with are as follows:

1. The sensitivity to either the spike protein (or a yet unknown vaccine component) varies by orders of magnitude (due to the reasons described earlier in this article).

2. The vaccine is concentrating in the lungs (due its previously described affinity for the pulmonary arteries when the vaccine is incorrectly manufactured), which results in some (but not all vaccinated) individuals exhaling a significant amount of spike protein containing exosomes which then affect those in their surrounding.

   This essentially allows for a relatively small difference in total spike protein concentration between the shedder and the individual affect by the shedder.

   Exosomes for reference are small vesicles (which the lipid nanoparticles sought to mimic) that cells continually release and take in, hence forming a critical communication network the entire body relies upon (e.g., mothers have exosomes in their breastmilk which make it through the digestive tract and deliver [micro]RNA to their developing babies which plays a critical epigenetic role in guiding their healthy development).

   During COVID, we noticed that the virus appeared to poison the exosome system and in turn that injecting healthy exosomes sourced from amniotic fluid into the blood stream often produced remarkable results for those patients (as well as for long COVID and to a lesser extent vaccine injuries).

   In the case of the vaccine, this makes a lot of sense, as the vaccine works by causing cells to mass produce spike proteins (which get pushed to the cell surface at which point they can bud off into exosomes that traverse the body), and more importantly, it has been shown this does indeed occur after vaccination (and I suspect, due to the vaccine design, much more frequently than is seen in COVID — which may account for why "vaccine" shedding differs from COVID-19 shedding).

Because of all the signaling effects generated by exosomes (very small doses of healthy exosomes can created profound improvements in patients which are hard to believe unless you see it first hand), it in turns make sense why their exhalation could have a profound impact on those sensitive to shedding.

Furthermore, many of the case histories I've seen indicate the route of exposure had to be respiratory in nature (e.g., the nose bleeds) supporting this hypothesis (and conversely, I've seen patients have excellent pulmonary and nasal responses to nebulized amniotic exosomes). Presently, the following has been shown:

- Spike protein containing exosomes (which circulate in the bloodstream) **spike after vaccination (and then decline)** and appear to be one of the primary things responsible for the vaccine antibody response.

- Significant amounts of (RNA containing) exosomes can be found in your breath, and those exosomes (which derive from the lungs) vary depending upon on the disease state someone has (see **this 2013 paper**, **this 2020 paper** and **this 2021 paper** — since this is a new field of research, each paper is more sophisticated than the preceding one).

- The spike protein has a high (heparin dependent) **affinity for binding to the surface of exosomes** (assuming it was not already there when the exosome formed).

- Long COVID (and more severe acute COVID) is characterized by the presence of more spike protein studded exosomes (see **this paper** and **this paper**). Additionally, they also showed exosomes from COVID patients **are highly inflammatory** (and **potentially clot forming**) and **are taken up by the lung cells**.

  The most detailed study (and imaging) of spike protein containing exosomes can be found **in this paper** (which also found that spike protein containing exosomes can circulate a year after COVID infection).

***Note:** This study also found COVID triggers the production of spike protein studded exosomes, and when lung cells was exposed to those exosomes, an immune response to the spike protein was triggered.*

- An inhaled vaccine was made from lung derived exosomes coated with spike proteins (they were lung derived so the lung cells would be more likely to absorb them). These spike protein exosomes both generated an immune response and were absorbed into the body (at which point some entered other tissues known to be affected by shedding).

  ***Note:** Many of the above papers showed (abnormal) exosomes (e.g., spike protein containing ones) activated the immune system and appeared to play a key role in developing an immune response to them.*

Exosomes may also be absorbed through skin contact (after being sweated out by a shedder) but it's harder to know the effects there, as the existing data I've seen indicates it's often difficult for exosomes to penetrate the skin.

In short, I think the theory behind mRNA vaccines (having cells produce exosomes on their surface which are then recognized by the immune system), was a terrible idea since it not only causes the body to attack those (potentially essential cells — e.g., a good case can be made this happens in the heart) but also that it potentially poisons the exosome system.

This in turn can harm both the patient and individuals they are around (e.g., children have been found to become immunized against COVID-19 while being around vaccinated parents). Put differently, for more reasons than I can count, it was incredibly premature to put this technology on the market as there are so many different critical (but not well-understood) aspects of the body it can screw up.

***Note:** The clinical uses of exosomes and their rationale is discussed in much more detail here.*

3. The vaccine is causing vaccinated individuals to develop chronic asymptomatic COVID infections (which say only become symptomatic once they are exposed to a

new variant), and that is what's making those around them ill. Some of the pieces of evidence I've seen that suggest this is happening are:

- I have seen reports (e.g., in a survey Steve Kirsch asked me to review) of someone who had a mild (PCR confirmed) lingering COVID infection then get a COVID vaccine and immediately crash (e.g., they needed to be hospitalized). These examples suggest that the immunosuppressive effects of the vaccine can destroy the immune system's ability to respond to an existing infection.

  This was also something that was seen with the HPV vaccine (if you have the HPV strain known to cause cancer at the time you got the vaccine, the HPV trials showed you actually became more likely to get cervical cancer).

  Since the HPV vaccine and the COVID-19 vaccines are the most immunologically agitating vaccines on the market (e.g., they have a very high rate of causing autoimmune disorders), I suspect they are much more likely to worsen the response to a preexisting infection of the disease they "protect" you against.

- I had a friend who stayed inside his house except to see his parents once a week. Throughout the pandemic he never had an issue with COVID, but after his parents were vaccinated, he immediately developed a significant COVID infection. Likewise, I have read numerous reports of people who either came down with COVID or a COVID like illness after being around a vaccinated individual.

- The vaccine has been observed to create an immune tolerance to the COVID-19 spike protein, which results in the patients being less able to clear the infection but also less likely to develop symptoms from it.

- There are some signs suggesting the vaccine spike protein can integrate into the host genome. If this happens, that means there will be cells in the body continually producing the entire COVID virus or at least certain parts of it (e.g.,

the spike protein) which they can chronically asymptomatically shed if the shedder has an tolerance to them.

Note: *If you consider the previous point, the vaccine could also be causing a chronic COVID infection which causes the vaccinated to continually expel spike protein containing exosomes and those are what actually create the problem for those around them.*

4. The vaccines are contaminated with DNA plasmids that were not removed during the manufacturing process. Those plasmids in turn are integrating into the recipients genome or their microbiome.

   If they are integrating into the microbiome (which I expect is happening since bacteria continually take up surrounding plasmids), that will cause those bacteria to both begin producing the plasmids and to reproduce (creating more plasmid producing bacteria).

   In turn, this makes it possible for the vaccine to "shed" in the classical fashion, as a small amount of a self reproducing agent can be released by the recipient, infect others and multiply within them (and might also for instance explain why individuals touching things vaccinated individuals touched are having such strong reactions to those surfaces.

   Note: *Despite it being repeatedly claimed COVID-19 could be transmitted through contaminated surfaces,* ***this actually wasn't true****, which argues that it is likely something else on those surfaces (e.g., the sheets the cleaners needed to clean).*

   This hypothesis was strengthened by the following discoveries:

   - That the "hot-lots" **also were the lots** with a higher amount of bacterial DNA contaminating them.
   - That SARS-CoV-2 vaccination **was observed to create significant pathologic changes in the gut microbiome** (Dr. Hazan has authored numerous other studies **which found similar results**).

- That the SARS-CoV-2 virus is able to infect gut microbacteria in a unique way not seen with other viruses (this one is more of a stretch to link to supporting this hypothesis).

Unfortunately, I have not yet found any concrete evidence the SARS-CoV-2 spike protein is incorporated into the gut microbiome either after a COVID-19 infection or vaccination.

Note: *Much more on this subject was written here. For example, I believe one of the biggest issues with the vaccine is that it harmful to the microbiome that exists within the blood (which in turn requires the blood clots it creates to frequently be treated with a german homeopathic which antidotes that type of clotting).*

5. The vaccine is pathologically altering the mitogenic radiation of the body (an ultraviolet signal which guides cell growth and is discussed in much more detail here). I initially became drawn to this hypothesis after I realized mitogenic changes are strongly associated with menstrual changes, and since the mitogenic field is emitted from a shedder in each direction, the concentration someone is exposed to will be relatively similar to that the shedder experiences.

   Furthermore, I have sometimes noticed I can feel a characteristic difference in patients who were either vaccinated or had a severe case of COVID-19, and many people have told me they believe the shedding mechanism is primarily energetic.

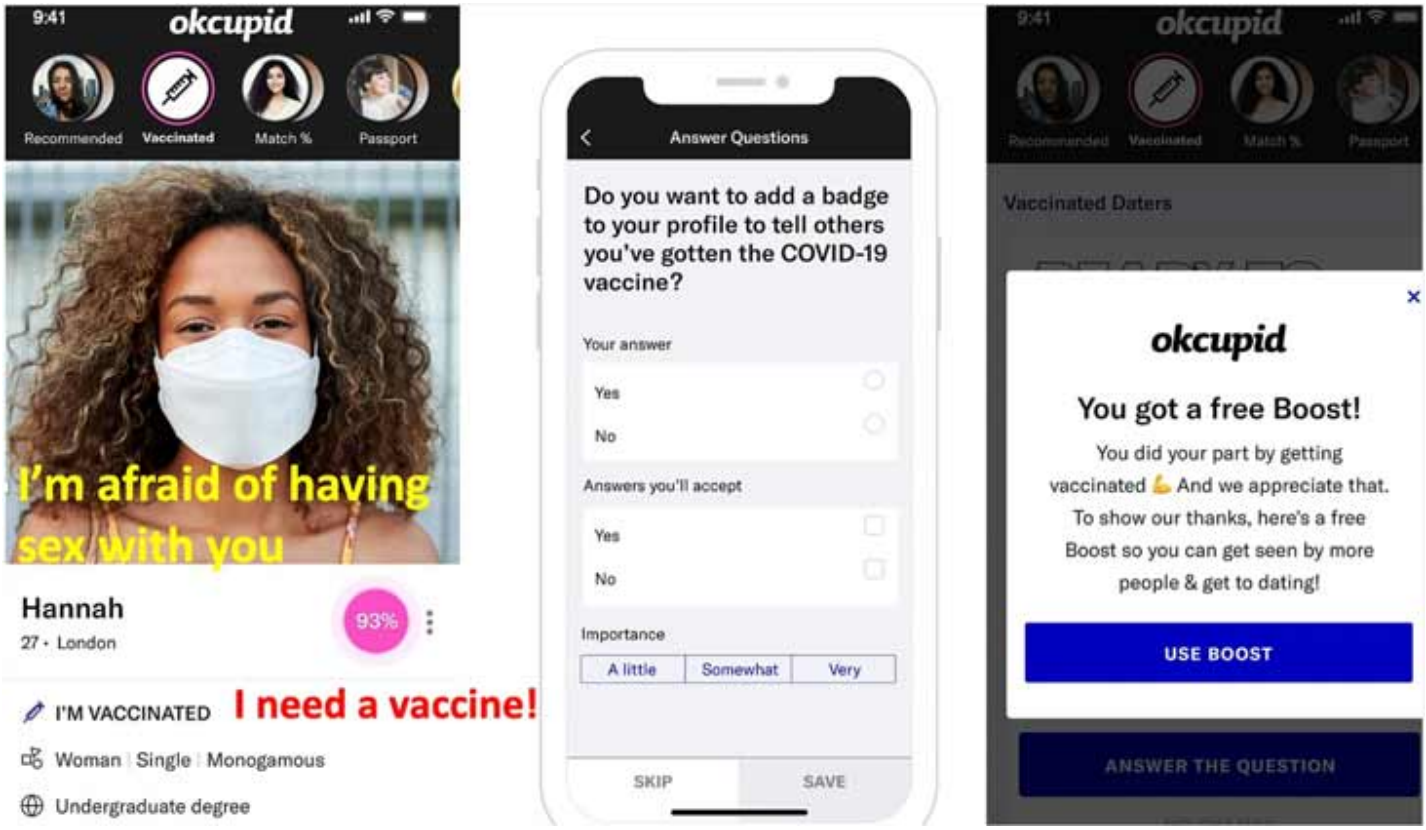
   Note: *I could see either the second, third, or fourth explanation account for why the mitogenic emissions of an individual are altered.*

6. The vaccine shedding pathology is largely mediated through pheromones (hence why some can smell their distinct odor). Ryan Cole endorses this hypothesis, partly because it is known that pheromones can have a significant impact on menstruation.

7. The shedding is an allergic reaction to the broken down components of the lipid nanoparticles (e.g., PEG) being excreted from patients. Overall, I feel this explanation is unlikely account for much of what has been observed.

Sexual Shedding

One of the sleaziest things I saw throughout the COVID-19 vaccine campaign were all the online dating sites trying to encourage their users to vaccinate.



Note: *The above image was made to highlight how* ***one site's push to encourage vaccination*** *was contained within a satirical song about the 2009 swine flu scam that* ***perfectly matched what later happened with COVID-19***.

In turn, I saw numerous couples break up throughout COVID-19 because one partner was unwilling to vaccinate while the other insisted on it.

Note: *This is similar to many tragic custody battles I've seen over the years where one (more frequently the mother) does not want to vaccinate their children but the other does, and since the courts always side with the vaccinator, this periodically results in the parent who does not want to vaccinate having to go into hiding.*

This is why I often counsel patients who feel strongly about not vaccinating their kids that this conversation ("I will not under any circumstances vaccinate my children") must be

had early in the relationship before things get too serious.

As people began becoming aware of the shedding issue, this led to partners (typically women) imploring their sexual partner not to vaccinate. In many cases, the partner (like what was seen in those custody battles) did not listen to them and vaccinated (sometimes without telling their partner).

In turn, I've seen multiple instances of the unvaccinated partner then becoming severely ill (e.g., consider **this case Dr. Kory shared**) at which point, the unvaccinated partner had to end their relationship.

Likewise, I've seen numerous cases where, with much regret, an unvaccinated partner preemptively ended their relationship once they found out their partner had vaccinated, in essence leading to a complete reversal of what had been seen at the start of the vaccination campaign.

Presently, I believe that for sensitive individuals (those who any of the three criteria I listed above apply to), shedding needs to be a real consideration in dating. At this point, I think that sexual intimacy represents the strongest exposure one can have (besides possibly to vaccinated blood), so some individuals who are not sensitive to other forms of shedding may not be able to tolerate sexual exposures.

For example, a sensitive colleague who spends most of their time in very close proximity to her patients (and regularly has skin to skin contact with them) never had any issues being around them throughout the vaccine rollout. Additionally, she had multiple sexual partners throughout the pandemic, and never had any issues there either.

Midway through the vaccine rollout, her partner (who she had explicitly asked not to vaccinate) got vaccinated without telling her. They had unprotected intercourse later in the day (although to her knowledge he did not ejaculate in her), which caused my colleague to develop menstrual abnormalities, the major effects of which lasted a year and a half, the minor of which have persisted to this day.

Likewise, in Pierre Kory's series, **he shared the story** of two different women who were injured by swallowing vaccinated semen (they suffered significant abdominal pain). In one case, this came from a husband who received the J&J vaccine, in the other it came from an unvaccinated husband who became ill after a shedding exposure (which his wife tried to alleviate by performing oral sex).

Note: *Arne Burkhardt, a remarkable German pathologist* ***discovered that the sperm in a vaccinated man's semen had been largely replaced with the spike protein*** *and understandably urged caution in procreating with vaccinated males. Additionally, it should be noted that some research has found that exosomes can survive the stomach and travel into the gut.*

Since the unvaccinated dating pool is very small, this situation creates a significant dilemma for those entering the dating market. Presently my thoughts are as follows:

Unvaccinated individuals are more likely to be in alignment with your views, so that is a plus.

Both the degree of shedding and the susceptibility to shedding vary greatly, so this will probably be the deciding factor in 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 test if you react to the individual).

It is important go slow with new partners, both so they can understand you are serious about the vaccine thing (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 you mouth be close to theirs and do you notice the "shedding odor" immediately next to them).

It may be necessary to avoid direct contact with their semen (I really don't know about this one as both me and my spouse aren't vaccinated).

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.

Many who can tell who is "shedding" have told me they've lost their attraction to them, so this all may also work itself out on its own.

Blood Transfusions

Another common concern I've repeatedly seen raised is if the blood supply is "safe," and in turn I have seen more calls than I can count to create an unvaccinated blood bank for those who were not vaccinated.

To be completely blunt, I think this is a lost cause. Given how tightly regulated the blood supply is, the idea that you could create a separate blood bank hospitals would use is almost impossible. Instead, I know of a few options (which I learned of through Jehovah's Witnesses as their faith rejects all blood transfusions).

First, if you expect to have an elective surgical procedure, hospitals will normally let you donate blood ahead of time which can then be transfused into to you if it's needed during the surgery. Second, a variety of technologies (which the Jehovah's Witnesses know about) have been created so that the blood lost during surgery can be collected and transfused back into you.

Third, low hemoglobin levels can often treated with iron infusions (a case can also be made that chlorophyll consumption helps here).

Unfortunately, none of that will apply to an emergency situation, and I presently know of two people (one of my patients and one of Dr. Kory's patients) who developed what appeared to be analogous to a chronic vaccine injury after they had to receive an emergency transfusion at the hospital. At the same time however, I believe injuries from vaccinated blood are fairly rare and it is thus not a major things to be concerned about.

Note: *This subject is discussed in more detail* ***here*** *(e.g., it includes an infamous case of a blood transfusion injury).*

Cancer

In the shedding case I shared earlier in this article, it fell into a fairly unique circumstance (which I've only seen in a few vaccine cancers) — it was very hard to argue that anything besides the vaccine caused the cancer given the chronology of what happened.

Note: *In that case, the individual noted that she developed her cancer at the site of her body that contacted her husband's vaccination site while they slept, which to some degree argues for the possibility of skin to skin shedding.*

Conversely, for the majority of cancers that might be a result of the vaccines, knowing for certainty of the vaccines contributed to them is quite challenging (e.g., no one will take the political risk to honestly study this). Furthermore, while studying the link between vaccination and cancer is difficult, if you think about it, studying the link between shedding and cancer is almost impossible.

As a result, when patients present to me with cases they believe are due to shedding, I am really not sure what to tell them. For example, I have a good (unvaccinated) friend and massage therapist that frequently worked with vaccinated clients who developed a very rare cancer that never appears in her age range and a patient who had a stable (previously removed) breast cancer which came back after years of dormancy when the vaccines hit the market.

Likewise, I've talked to a few doctors who believe shedding is causing unusual cancers in the unvaccinated, but I feel that contention is on very shaky ground. Because of this, all I can really state is that it's best not to have too much anxiety over things you can't control and focus on keeping your body in the best health it can be.

Note: *I believe that pathologic alternations of the microbiome (especially within the blood stream) is a key cause of cancers, and this may be the mechanism through which shedding triggers cancers — if it indeed does.*

Protecting Yourself From Shedding

Many of the approaches for doing this should be evident at this point. For example, a key purpose of this article was to help you identify if you were at an increased risk for being harmed by shedding, and if so (which I do not believe applies to the majority of readers), to encourage you to avoid situations with a high degree of shedding. In addition to that, I believe the following options have a lot of merit: **Take zeta aid** (or do a more **complex zeta potential restoration protocol**).

Take an effective proteolytic enzyme. Nattokinase is the most popular option currently (and some find it works quite well). However, I believe that **Neprinol AFD** is by far the best product on the market (we've seen it make spike protein blood clotting stop in patients and likewise prior to COVID we saw it consistently prevent heart attacks).

If it seems like you need it (e.g., you know you are sensitive to shedding), consider taking ivermectin. In addition, to these choices, there are a variety of other options. For example, many are now using the nicotine patch protocol (which I do not like as I've seen numerous patients have bad reactions to it and nicotine is addictive).

Depending on the circumstances I think some are worth considering (e.g., ultraviolet blood irradiation, low dose naltrexone, restoring a healthy gut microbiome, taking exosomes to heal a severe shedding exposure), but at the same time, I don't feel in most cases any of that is actually needed.

Additionally, it is also possible to "clean" rooms. UVC light seems to partially neutralizes the smell. Given that UVC can inactivate the spike protein and to varying degrees kill bacteria, I believe this is why UVC light works. Thus far, the most (but not always) effective way my colleagues have found to clear objects is with hypochlorous acid (a non-toxic but highly effective disinfecting agent **now sold by many companies** — and now my preferred way to clean my hands between patients).

Note: *Chlorine dioxide diffused into the air (cheaper) or hypochlorous acid diffused into the air (more expensive)* ***may*** *also help clean the entire room.*

The Spike Protein Smell

The inexplicable odor many have reported to me has also been a longstanding area of curiosity for me. One sensitive physician I know who smells the odor (and seems to know more about it than anyone else I know) has shared the following with me:

- They had previously had environmental sensitivities, which with work they were able to eliminate.
- Until those sensitivities were resolved, they would smell chemical residues on them when they got home.
- In December 2020 (right after the rollouts began), they began to notice a new smell they'd never smelled before which lingered on them once they got home and they needed to clean off (e.g., with a shower) in order to be able to be comfortable at home (previously, while sensitive, they'd also needed to do this for everyday chemical exposures).
- Before long, this smell started emerging in public places (e.g., a store), but was by far the strongest in the hospital. Because this smell had not existed throughout the first year of the pandemic, they assumed it was linked to the vaccine. Presently, they believe the smell is the spike protein and something else in the vaccine.
- The smell gets stronger each time a new series of boosters is rolled out (as most of coworkers at the hospital likely receive it).
- This smell was much weaker in Southern Europe, suggesting either their vaccines were different, or the health of the average American caused them to shed differently.
- When the shedding smell is particularly strong, they experience temporary symptoms while around those individuals (e.g., pain in a part of the body). This for instance occurred after the most recent round of boosters.

Many people who were vaccinated do not have this smell, which suggests many (as discussed in the previous article) received placebos. Unfortunately for my colleague, it is much higher in hospitalized patients (which suggests those who received the more potent vaccines were also more likely to be injured and hence hospitalized). Likewise, the more "real" doses someone received, the harder it is for my colleague to be around them.

Note: *Presently my colleague estimates around 50% of the population is truly jabbed, but in certain cases (e.g., in clinics for the elderly who are more likely to have been repeatedly boosted, this figure rises to 80%). Sadly, those with the most unusual or severe illnesses, they invariably muscle test (or smell) as having been "truly" vaccinated.*

The mold biotoxin community has also noticed a new toxin (and odor) they need to be wary of which entered the environment during 2020 and worsened in 2021 after the vaccines hit the market. Likewise, my colleague has had patients who believed they'd had a mold exposure (which is often debilitating for patients with chronic mold issues) but when it was looked into, my colleague assessed it was actually from vaccine shedding that had contaminated their environment.

Like the cleaners mentioned earlier, my colleague notices a significant difference in environments that have vs. have not had a significant presence of vaccinated individuals in them.

Whatever is creating this smell is gradually seeping into the environment (e.g., a colleague through muscle testing recently found the same toxin in seawater foam from the ocean a patient reacted to).

Not every vaccinated person has an overt shedding smell, but with almost all of them, it can be detected once the air next is breathed in.

Note: *I believe this could be explained by the fact only some people received vaccines with positively charged lipid nanoparticles that hence concentrated in the lungs.*

My colleague believes that whatever is causing this smell behaves a lot like a pheromone. Likewise, Ryan Cole has shared that he believes the pheromonal process is a likely mechanism to account for much of what is being seen with shedding as female menstruation is highly sensitive to pheromones.

Note: *My colleague (and their mentor) have also found that it is more difficult to treat or evaluated truly vaccinated individuals, as a haze is present around them which makes muscle testing more difficult to perform and their simple presence in the office can interfere with treating other patients who are also there. Initially this forced them to not see vaccinated patients, but in time they found workarounds for this issue.*

Presently, this colleague and their mentor (who has a good track record in working with complex illness) believes the primary mechanism of toxicity from the shedding is energetic rather than physical in nature (which may for instance explain the experiences of ***this reader****).*

I suspect in the years to come, this smell will become much more clearly worked out. Additionally (assuming it is a physical smell rather than "energetic" smell), I am almost certain it will be possible to train dogs to smell it. For instance, consider (**to quote UCLA**) what they were able to do with COVID-19:

> *"When the COVID-19 pandemic struck, the diagnostic abilities of dogs were put to the test. Professional trainers claimed high success rates of dogs sniffing out COVID-19 infections, and a few small studies backed them up. In one, specially trained dogs were 97% accurate in sniffing out COVID-19 from sweat samples taken from 335 people.*
>
> *This included finding infection in 31 individuals with no symptoms. When testing moved from isolated biological materials in a lab to actual humans in real-world settings, accuracy dropped a bit.*
>
> *When it comes to the widespread use of specially trained dogs to diagnose COVID-19, more study is needed. However, researchers and clinicians agree it's*

a promising avenue. Dogs detected infection up to 48 hours earlier than a PCR test.

And while a rapid test requires a swab, chemical reagents and 10 minutes or so to produce results, the dog's response is immediate. There is also interest in harnessing the canine sense of smell to learn more about long COVID."

Legal Considerations

The ability of dogs to smell spike likewise raises a lot of serious ethical issues. For example, if someone were to want to test a prospective partner (e.g., one who claimed to be unvaccinated) for shedding, would it be ethical to force the partner to a canine (dog) evaluation before beginning the relationship? I can only begin to imagine how our society would handle this (my best guess is that dog trainers would eventually be prohibited from doing it).

This in turn touches upon a bigger issue — when you consider the liability from both the vaccines themselves, but also the harm they have created to those who were unvaccinated, there is an absolutely massive degree of legal liability here (essentially we have a "too big to fail" type situation).

In those 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.

One of the best analogies for this is the mold toxicity crisis. Many people are highly sensitive to mold in buildings (and it causes a wide range of health issues for people). Ultimately, it results from the fact we use cheap building materials for dry wall that is a perfect food for mold once there is a bit of water present.

Yet, this has never been rectified (or even publicly admitted — instead we have constructs like "**sick building syndrome**"), which all of my colleagues feel is due to the fact the government simply cannot afford to take on the cost of fixing all those buildings or opening the door to lawsuits for health related damages from them.

Conversely, the one bright side I see to all of this is that this may open up a new avenue of legal attack (for those injured by shedding to sue Pfizer) since this is an unusual situation the blanket liability shield the vaccine manufactures got might not apply to.

Conclusion

I hope you found this article helpful. When reading it, I really request you don't get too disturbed by it. We are presently working with a lot of unknowns, so I have tried my best to provide the most critical information in the most responsible fashion possible.

Lastly, I want to sincerely thank each of you for your support of this newsletter and making everything I do here possible.

A Note From Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out **The Forgotten Side of Medicine** on Substack.