Challenge to Vaccine Side Effect Evaluation and Reporting Models: A New Classification Method

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According to Neil Miller, “of the 1095 deaths reported to VAERS after Covid vaccination, 17.5% occurred on the day of vaccination, 47.9% clustered within 3 days, and 67.5% occurred within 1 week -- safety signals highly suggestive of a causal relationship.”

We examined some of the death entries in VAERS database, many data entries cannot be trusted. It is believed that there are literally hundreds of deaths that have occurred the same day of vaccination, and in most cases, the “authorities” tell us that the vaccine was not at fault. For example, a Virginia minister died shortly after she received a coronavirus vaccination, although “authorities” said there was “no indication the vaccine was at fault.” (NBC News). Brittney Perez died on January 13th, the day after receiving the COVID vaccine. Officials say “there is no reason to believe her death was vaccine related.”

According to medical literature, there is “no evidence” that cytokine storms would result from an mRNA COVID-19 vaccine, or any COVID-19 vaccine. Three features of cytokine storms are commonly shared: elevated levels of cytokines, acute systemic inflammatory symptoms, and either secondary organ dysfunction or any cytokine-driven organ dysfunction. We have proved beyond any doubt any of those three elements exist. We must reject the notion that something we cannot determine by experiment cannot exist. We can make an assumption: vaccine must generate something like cytokine substances that must become some kinds of metabolic products by a series of reactions. It is possible that their concentrations are so low that their cannot be detected by experiment.

We will propose the causes of death as three major classes: (1) cytokine and metabolic by-products from vaccine-triggered responses interfere the brain and impair its ability to control heart beats; (2) cytokine and metabolic by-products from vaccine cause a good part of the tissue to dramatically raise blood flow resistance, (3) cytokine and metabolic by-products from vaccine cause inflammatory response in vital organs such as heart, lungs and kidneys, (4) and combinations of (1), (2) and (3). Moreover, we can assume that when a person is under infection of the virus, injection of the vaccine must add additional burdens to all vital organs. Whether a vaccine threatens the person’s life would depend on the reserve functions of his vital organs.

We can hypothesize all kinds of situations that the cause of deaths cannot be determined. Even based on personal experience, mild and acute allergic and toxic reactions can take place from ten minutes to a few hours, then quickly disappear due to clearance by kidneys. If the adverse effects attributed to vaccine can just cause a vital function to fall below the threshold of death, death happens without leaving much traces. It is possible that trace cytokines or by-products might decay to undetectable levels.

One biggest suspected cause of death is that vaccine-triggered reactions may adversely affect the Central Nervous System. Observed incidences of Bell’s palsy in those vaccinated for COVID-19 is between 3.5-times and 7-times higher than would be expected in

the general population (The Lancet, 2.24.21). The brain controls the heart directly through the sympathetic and parasympathetic branches of the autonomic nervous system, which consists of multi-synaptic pathways from myocardial cells back to peripheral ganglionic neurons and further to central preganglionic and premotor neurons. Cardiac function can be profoundly altered by signals of cardiac autonomic nerves in response to inputs from baro-, chemo-, nasopharyngeal and other receptors as well as by central autonomic commands, including those associated with stress, physical activity, arousal and sleep. Judging from the great structural changes in Bell's palsy patients, we cannot confine vaccine side effects as local effects on nerves, it must have altered the brain structure or functions. Many signs indicate vaccines have impacts on the whole CNS system. No one can guarantee that damages caused by vaccines' side effects can be fully recovered. This question cannot be answered in ten to twenty years. If it turns out that vaccines can cause irreversible damages to the CNS of a good portion of vaccinated people, it would be the nightmare. This vaccination campaign would be criticized by future generations. What is doing now will be catastrophic costs to U.S. economy and life.

Our warning is based on all-time failure of clinical trials in determining drugs side effects [1-2]. It is no brain to conclude that clinical trials are a wrong research model. They mislead the population in a logic like "side effect does not exist if researches could not detect." (when the research model is wrong, all theories are against evolution, and all drug long-term studies always reveal much worse than what can be revealed by clinical trials). Population data acquired in the current research model grossly underestimates true side effects. We must reject the sole-cause model but analyze side effects by considering multiple factors. The real effect of vaccines depends on a large number of other factors, and thus, the approach of using simple yes-or-no conclusion is clearly wrong. We will propose three broad mechanisms on how a vaccine might slowly deliver its side effects below:

1. Vaccine trigger innate immune response. A vaccine helps develop immunity by imitating an infection. This type of infection causes the immune system to produce T-lymphocytes and antibodies. It can cause symptoms such as fever. T-lymphocytes production indicates that the body's peripheral blood flow resistance will rise. If the person's vascular system is poor with little reserve, if his micro-vascular network is poor, or if the person happens to eat too much of things that add further burden on the vascular system, the heart is unable to maintain its function. The heart may fail due to excessive peripheral flow resistance.

2. Vaccine-triggered immune response may have disproportional effects on one or more vital organs. If T-lymphocytes concentration is not very high, it may have little effects on those parts of the body that does not have disease condition. Since T-lymphocytes are in the blood, they are slowly caught in organs that have pre-existent inflammation. The retention of T-lymphocytes will make inflammation worse. If additional damages occur on kidneys, diminished kidney function will further raise the body flow resistance and result in heart failure. If additional damages take place on lungs, an end result is also heart failure.

3. In a serious case, the raised peripheral flow resistance and diminished organ function may work together. The heart has less power to pump while the raised blood flow resistance demands larger pumping power. A weaken heart cannot meet an increased heart load.

Medicine now overly relies on experiment-based approach. No conceivable experimental design can allow one to accurately determine the effects of a weak factor on any health property as long as a large number of similarly-weak factors affect the same property. One cannot deny its role simply because we cannot measure it. One cannot deny the existence of photons simply because classical physicists could not measure photon's mass by using their methods.

For the above reasons, we propose three kinds of causes of deaths for vaccines.

(1) If death happens within one day or certain time window, vaccine should be presumed to be the primary cause of death unless the death is caused by accident or an event that could have caused death.

(2) If death happens within the time window for a would-be acquired immune response, vaccine should be presumed to a primary cause unless at least one other factor is found to be the primary cause of death. If at least one other factor is found to be cause of death, vaccine should be regarded as a contributory cause factor.

(3) If death happens outside the time window of a would-be acquired immune response, vaccine should not be regarded as a primary factor of death. However, the true long-term effects of vaccine cannot be determined until long-term studies have been done by using an improved side-effect study model.

By using multiple factors causes model, a large number of factors jointly determine whether the heart fails. Regular exercise prior to vaccination may build better micro-vascular networks, avoiding sodium and electrodes intake around the time of vaccination may reduce osmotic pressure and thus reduce peripheral flow resistance. Lifestyles, food, emotional state, etc. can have great present impacts on tissue rigidity and permeability. A person could do things to offset the adverse effects of vaccine or do things to aggravate the adverse effects of vaccines.

When a whole population is exposed to COVID-19 vaccines that have not been fully studied for their long-term adverse effects, it is a biggest bet in medical history. Adverse impacts will have catastrophic consequences. In our opinions, the government should conduct studies to understand vaccines side effects, vaccines' effects on viral mutation speed and potential their roles of promoting mutation and promoting new variants transmission. In addition, government should sponsor studies on how to use lifestyle factors to mitigate adverse side effects on people. One very obvious thing is improving vaccine delivery method into lower-doses multiple injections method, notwithstanding contrary findings in clinical trials. Also, population should be trained to do right things around the injection time window.

References:

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