



## Key Points

- What is an mRNA vaccine and how does it work?
- Vaccines may increase the severity of COVID symptoms
- Are the new waves of infection real?
- What are the numbers behind the pandemic?
- Medical establishment attacks the real cures
- Ivermectin is one of the most powerful weapons against COVID-19
- Natural compounds can help maintain immune balance and fight COVID

## ASK DR. BLAYLOCK

- What can ease migraines?
- Will massage help vertigo?
- Is curcumin unsafe to take with breast cancer?

## What Is the Truth About the ‘Pandemic’?

Most people are probably sick of hearing about COVID-19. It never seems to go away, perhaps by design. But because so much is at stake, people need to hear all the available data.

I have never seen such an enormous effort by government, media, private institutions, and even medical institutions to prevent dissenting views from being openly discussed — even the opinions of highly qualified scientists. Science can only advance by an open discussion of all points of views. Institutionalized views stifle scientific advancement and will ultimately harm people.

At the core of all medical practice is the concept of informed consent. No prescription, procedure, surgery, or vaccine is to be given to or performed without advising the patient about the process, as well as the possible risks and benefits. According to the principle of informed consent, a patient — or in this case, the public at large — must be informed of the indications, the efficacy, possible available alternatives to the proposed treatment, and most importantly all the potential side effects and complications, whether acute or long term.

In this month’s issue of The Blaylock Wellness Report, I will explain the mechanisms of the COVID vaccines, and tell you about the potential complications of these medications — most of which the general public has been kept in the dark about.

### Where Is Informed Consent?

The most common cause for medical malpractice lawsuits is a doctor or institution not providing informed consent before initiating treatment. Not only are we now being denied informed consent, but a war has been launched by powerful people and institutions, even governments, to prevent vital information from being disseminated.

Unfortunately, major institutions are purposefully hiding essential data and altering the data available within official circles to convince the public that there is only one solution to this so-called pandemic: vaccination with virtually untested biological agents.

The blackout of essential information has become so intense that highly respected virologists, infectious disease specialists, and even the person

who actually developed the technology of messenger RNA “vaccines” have been banned from social media.

The effort by vaccine promoters has become so intense that reputations are being ruined, careers destroyed, and even death threats received — as happened to the former head of the Centers for Disease Control and Prevention (CDC), Dr. Robert Redfield.

No dissenting voice is allowed, no matter how well-qualified and supported by hard scientific data.

One thing that keeps the public in the dark is that most people have virtually no understanding of the complex subjects of immunology, virology, or infectious disease pathology. To people untrained in these areas, it all seems quite simple: There’s a disease outbreak, you make a vaccine against the disease, people become immune, and all is well.

Unfortunately, because of the incredible complexity of the immune system, it doesn’t work like that. In fact, we are now learning that vaccines can actually make things much worse for the vaccinated.

But these COVID shots are not actually vaccines — they are genetic biological agents that remain largely untested. That means if you take them, you are actually the guinea pig.

## What Is a Messenger RNA Vaccine and How Does it Work?

As noted, these new products are not in the strict sense “vaccines,” which use either a part of a whole virus

or bacteria combined with very powerful immune stimulant compounds called adjuvants.

But the messenger RNA (mRNA) vaccines, which were first developed in the 1980s by Dr. Robert Malone, utilize a complex technique that employs an artificially constructed mRNA molecule. The idea is that the RNA produces the desired antigen. In this case, it produces the spike protein of the SARS-CoV-2 virus that causes COVID-19.

Ironically, that is the very part of the virus that causes damage in people.

But injecting mRNA by itself won’t work because the body contains an enzyme that would quickly destroy it.

To prevent this, Dr. Malone created a nanolipid carrier that is basically like a shopping sac that contains the mRNA. This special carrier sac is incredibly small — about the size of the virus.

We’ve been told that the carrier sac (the nanolipid carrier) is destroyed within a few days, thus preventing the body from continuously producing the deadly spike protein.

Keep in mind, the only way the virus itself causes damage is via its spike protein — the same one being reproduced in large amounts all over a person’s body by the mRNA in the vaccine.

But the truth is that the makers of these biological agents added polyethylene glycol (PEG) to protect the nanolipid carrier so it would last much longer in the body — thus allowing the mRNA to produce far

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more spike protein for a much longer period. The truth is that we don't know how long it lasts. It may last months, years, or even a lifetime.

To summarize: The “vaccines” consist of artificially synthesized mRNA encapsulated within a protective sac (nanolipid carrier). The mRNA within the sac produces and releases an increasing amount of the destructive spike protein into your body.

We are told that this sac of mRNA remains at the injection site in your arm, producing the spike protein which your body then can make antibodies against, supposedly protecting you from COVID-19 infection.

But after further research, Dr. Malone and others realized that the mRNA-containing nanolipid carriers did not stay at the site of injection.

Rather, they rapidly entered the bloodstream and were distributed all over the body, including the brain.<sup>1</sup>

The highest concentration of the injected nanolipid carriers was found in the ovaries of women.<sup>2</sup> The second highest concentration was within the bone marrow. High concentrations were also seen in the liver, lymph nodes, and spleen.

In fact, the studies that demonstrated these high concentrations showed that the nanolipid carriers were distributed all over the body, including:

- Lungs
- Heart
- Blood vessel lining
- Muscles
- Spinal cord
- Brain
- Kidneys

This explains the devastating complications involving numerous organs and tissues that we are seeing in people who have received the COVID vaccines.

For example, infiltration of the heart explains the number of myocarditis (inflammation of the heart muscle) cases we've seen. More than 2,000 cases of vaccine-induced heart inflammation have occurred, mostly in the young. These young people face possible heart failure later in their lives.

Because the spike protein-producing nanolipid carriers are in organs and tissues, the immune system is unable to respond efficiently to prevent damage.

But in many cases, it is the immune-stimulating

#### BLAYLOCK TIP

### Fight Excitotoxicity Naturally

The average person consumes large amounts of excitotoxic food additives every day. People with inflammatory conditions such as arthritis, autoimmune diseases, cancer, neurodegenerative diseases, and vascular diseases are harmed by foods that contain these additives, which greatly increase inflammation. One of the most important steps any person can take for preventing excitotoxicity is to exclude as many processed foods as possible from his or her diet. Another is to reduce the intake of foods high in glutamate. Fortunately, there are a number of natural plant extracts that reduce excitotoxicity, including curcumin, quercetin, hesperidin, baicalein, resveratrol, tocotrienols, luteolin, and apigenin.

effect caused by the vaccine that is actually causing the damage.

With these nanolipid carriers now lodged within the cells, any attempt by the immune system to neutralize them will cause considerable damage not only to those cells, but to a wide zone of cells around them. This is referred to as “bystander damage.”

Essentially, once people are vaccinated, they will have the spike protein being produced everywhere in their bodies. And again, recent studies confirm that it is the spike protein that causes COVID damage. That is, it's toxic.

Of course, we now know that very few people actually die from the virus itself; they die from a drastic immune system overreaction.

The CDC recently admitted that only 10,500 people in the United States were actually killed by the virus itself.

In fact, studies have shown that even when the number of viruses in the body is high, most people infected with COVID either have few symptoms or have a moderate reaction — similar to other viral infections. Within eight to 11 days, they get better.

By this time, most if not all of the viruses are no longer viable. They're all dead.<sup>3</sup>

But the dead viruses remain within the tissues, mainly in the lungs, where they stimulate the immune system to overreact — a mechanism we refer to as a cytokine storm. Dead viruses can

stimulate the immune system just as well as live viruses.

Studies of patients at this cytokine storm stage have shown that their breath contains no live viruses. Thus, wearing a mask is useless, and it impairs the patient's ability to get sufficient oxygen.

Ironically, putting these patients on a ventilator (respirator) dramatically increases the death rate. It's thought that by using positive pressure to force the lung to work, the ventilator further damages the already damaged lungs.

The greatest success in saving such patients occurs when strong anti-inflammatory medications — such as high-dose corticosteroids, intravenous vitamin C, and Ivermectin are used.

In fact, in 27 studies conducted all over the world, Ivermectin drastically cut the death rate from COVID-19, even in the most severe and advanced cases.<sup>4</sup>

### **Vaccines May Increase the Severity of COVID Symptoms**

The difference between getting infected with the virus and getting the vaccine is that in the former case only people with age-related frailty, several chronic illnesses, immune deficiencies, and people with other immune-suppressing disorders are at any substantial risk from COVID-19. That is no more than 5 percent of the population.

Severe disease or death in a healthy person below age 40 is extremely rare, occurring less than 0.01 percent of the time. But unlike natural infection, the vaccine — while still dangerous to those who are immune-suppressed — also does serious damage to young people, even if they're healthy.

As noted, we've seen a dramatic rise in cases of myocarditis in the vaccinated young, along with other serious injuries and deaths. This is happening because the nanolipid carrier of the mRNA travels directly to the heart, triggering intense inflammation in their heart muscle.

As also noted, this process could result in the production of the spike proteins for months, years, or even for a lifetime. And the nanolipid carrier also enters the brain, liver, spleen, lymph nodes, and kidneys. Another reaction to these vaccines is what's called antibody dependent enhancement, a common

reaction observed with other types of vaccines.

The COVID vaccines trigger a dramatic increase in antibody production. This results in an increase in severity of symptoms if a vaccinated person is exposed to the natural virus in the future. The virus reproduces faster and becomes more pathogenic, meaning the severity of a vaccinated person's illness is worse.

The H1N1 flu vaccine increased the risk of death for those who were vaccinated when they were exposed to the flu virus.<sup>5</sup>

We see the same phenomenon with these COVID "vaccines," and many other types of vaccines.

Many of the hospitalizations and deaths now being seen are not due to a so-called "Delta variant," but rather are caused by the vaccines themselves.

### **Are the New Waves of Infection Real?**

The majority of the testing for COVID infection has been performed using what is called a PCR (polymerase chain reaction) test in which a person's nose or sometimes throat is swabbed for evidence of viral genetic material. The inventor of this test stated that no infection can be diagnosed by using the PCR test alone. Yet the CDC used this test to imply that tens of millions of Americans were infected with COVID-19.

We have now learned that the test does not identify the whole virus, just a segment. In addition, many other viruses, bacteria, and even some things that are not microorganisms can yield a positive test.

For instance, the president of Tanzania secretly had a sheep, a goat, and a pawpaw (a type of fruit) tested using PCR by his health department. The goat and the pawpaw both tested positive.

Recently, the CDC announced that the PCR test would no longer be used because they discovered

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## BLAYLOCK TIP

## How Ketones Protect the Brain

Even though the brain makes up only 2 percent of a person's body weight, it consumes 20 percent of the body's oxygen and 25 percent of the glucose. That makes the brain one of the most intensely metabolic organs in the body. In fact, it never rests, even during deep sleep or under anesthesia.

Until recently it was believed that the only fuel the brain could use was glucose, and that when glucose levels fell significantly, brain function was impaired. But it's now known that the brain can utilize other fuels — in particular the ketone BHB. In fact, BHB results in more efficient production of ATP energy molecules than dietary lipids or carbohydrates, and it enters the brain without difficulty.

Ketones, especially BHB, are very effective for treating

uncontrolled epilepsy and several neurodegenerative diseases. In older studies, radical dietary-induced ketosis (severe carbohydrate fasting) was used to control epilepsy. But these days, it's understood that ketone supplements can replace more radical methods and prevent many of the complications associated with ketogenic diets.

With most neurological conditions, including aging, there is increased free radical generation and lipid peroxidation in the brain. This especially includes a process called immunoexcitotoxicity. The ability of ketones to substantially reduce free radical generation plays a major role in their ability to protect the brain.

Under conditions of long-term brain inflammation and lipid

peroxidation, mitochondria in brain cells are damaged, preventing the brain from generating the energy it requires.

Ketones not only reduce inflammation and lipid peroxidation, they also stimulate mitochondrial function and increase the number of mitochondria within brain cells and glia — a process called biogenesis. That makes the brain work much more efficiently.

Impairment of energy-producing enzymes within the brain cell mitochondria (especially a component called complex I) is linked to many neurodegenerative diseases, especially Alzheimer's and Parkinson's diseases.

With Parkinson's, abnormalities and poor functioning of complex I occur very early in the course of the disease.

that it cross-reacts with the influenza virus, meaning virtually all influenza infections in the last flu season were diagnosed as COVID-19.

This explains why there were only a few hundred flu cases reported in the entire U.S. this past season — a number unprecedented in modern times. (The CDC claims that each year there are about 30,000 deaths from the flu.)

Cycles of the PCR test are run to amplify its sensitivity, and it is known that doing more than 30 cycles increases the likelihood of the test being falsely positive. Yet the CDC recommended that all labs perform 40 cycles, which would have meant that around 97 percent of positive tests were actually negative. That is, the person did not have a COVID infection.

Combined with the lack of specificity of the PCR test, fear mongering by the media and the CDC greatly exaggerated the first wave of the COVID outbreak. The same is almost certainly true with the new variant.

Virologists emphasize that the more people who are

vaccinated, the more variants will appear. But while the variants are more contagious, they are less harmful. This is the nature of virus mutations.

In fact, it is the vaccinated who are spreading the new variant. Virus titers (concentrations) were found to be very high in the noses of vaccinated as well as unvaccinated people. If the "vaccine" worked, they should have found none or extremely small amounts of the virus.

The average age of death from COVID-19 is around 75. And the highest death rate among vaccinated people is in the same age group — the very ones the vaccines are supposed to protect.

The most egregious form of this fear mongering is to imply that the Delta variant infections are all in the unvaccinated. This is not true.

A study in Scotland found that 87 percent of Delta variant cases occurred in the fully vaccinated. Similar findings were reported in the United Kingdom and Israel. And a recent report released by the CDC found that 74 percent of the cases in a Cape Cod, Mass.,

cluster were among vaccinated individuals.<sup>6</sup> Most of these people were reported to have the Delta variant.

### What Are the True Numbers?

The vaccines for COVID-19 stand to make more money for their developers than any other vaccines at any time in history. Those companies also wield enormous financial power in the media, medical journals, medical societies (such as the American Medical Association), hospitals, research institutions, and government bureaucracies such as the National Institutes of Health (NIH). And, of course, they donate vast sums to elected officials.

We are witnessing an unprecedented attack on free speech directed at anyone who challenges pro-vaccine propaganda, including virologists, infectious disease specialists, epidemiologists, and pulmonologists. Dr. Micheal Yeadon, ex-chief science officer for Pfizer; a whistleblower from Moderna; Dr. Robert Malone, the developer of the mRNA vaccine technique; and other highly qualified scientists have been banned from social media and the mainstream news outlets for speaking out.

Why? Because they might convince people that these vaccines are dangerous, and should be halted immediately.

There is growing evidence that government agencies are hiding the true number killed by these vaccines. A lawsuit has been filed in Alabama federal court by attorney Thomas Renz based on sworn testimony of a government whistleblower. This person testified under oath that, according to actual government records from the Centers for Medicare & Medicaid Services, 45,000 people have died after getting the vaccine.<sup>7</sup>

This refers to data from just one government system reporting to the Vaccine Adverse Event Reporting System (VAERS). The real number could be much higher.

Recall that at the height of the “pandemic,” about 50 percent of all deaths occurred in nursing homes, and that government officials in several states had deliberately placed infected patients in these high-risk facilities.

Where are the highest rates of vaccine-related deaths now occurring? Nursing homes. In some places, nursing home death rates secondary to the vaccines (most of which occur within two days of being vaccinated) actually equal or exceed the rate of deaths caused by the virus itself. Some nursing homes have reported vaccine-related death rates of 30 percent or higher.

The vaccines were meant to protect the most vulnerable, but now those are the ones dying and being injured by the vaccine itself.

### Attacking the Real Cures

As bad as all this is, what’s worse in the alignment of forces being used to prevent safe methods from being used to stop this virus.

When it was revealed that early use of hydroxychloroquine could significantly reduce the severity of the disease and prevent the need for a ventilator, reports immediately surfaced from government agencies declaring that the drug was of no use and should not be used.

That despite reports of hydroxychloroquine’s benefits from doctors actually treating those patients. In some states, prescriptions for hydroxychloroquine were banned.

Every time a treatment was discovered that improved COVID patients’ outcomes or prevented transmission of the virus, forces stepped in to prevent the treatment.

A great number of natural treatments could have prevented the spread of this virus, including most of the serious infections, but a law was passed that

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Please note that this advice is generic and not specific to any individual. You should consult with your doctor before undertaking any medical or nutritional course of action.

**BLAYLOCK TIP**

## Increasing Energy in Your Cells

The latest health fad is for people to increase their intake of nitric oxide. What these people don't appreciate is that nitric oxide is a powerful inhibitor of mitochondrial function and combines rapidly with one of the free radicals produced by damaged mitochondria (called superoxide). When that happens, an even more powerful free radical called peroxynitrite is created.

Peroxyntirite is found in high levels in cases of heart disease, neurodegenerative disorders, liver failure, atherosclerosis, and many other diseases.

Strengthening the body's antioxidant network through a healthy diet and use of nutritional compounds goes a long way toward

protecting mitochondrial function. Some compounds can not only improve mitochondrial function, but even increase the number of mitochondria.

Another natural compound called pyrroloquinoline quinone (PQQ) has been shown to increase the number of mitochondria in cells (a process called biogenesis), thus increasing cellular energy supply.

Forskolin also increases mitochondrial number and cellular energy, and curcumin is a stimulant for mitochondrial generation. A combination of the B vitamins — especially pyridoxal-5-phosphate (B6), riboflavin-5-phosphate (B2), niacinamide (B3), folate, thiamine (as benfotiamine), and

methylcobalamin; R-lipoic acid, acetyl-L-carnitine, CoQ10, and vitamin K — enhance mitochondrial function and supply cells with greater energy. This combination of nutrients has been used to treat people with severe mitochondrial disorders.

Loss of mitochondrial energy is very common in the early stages of many neurodegenerative diseases, including Alzheimer's, Parkinson's disease, Lewy body dementia, Huntington's disease, and amyotrophic lateral sclerosis (ALS). In fact, in each of these disorders it is the first abnormality found. Keeping mitochondria functioning goes a long way toward keeping a person healthy and energetic.

prevented even suggesting such treatments by clinical physicians. Curcumin, baicalin, high dose IV vitamin C, astragalus, beta-glucan, mushroom extracts, and ashwagandha all enhance a person's immunity, preventing infection.

As I have written, curcumin has been shown to dramatically reduce damage to the lungs caused by cytokine storms in experimental animals. Nano-curcumin, being far better absorbed, should be even more effective.

Numerous studies have shown that the primary immune weapon against all viruses is the cytotoxic T cells. Astragalus significantly enhances the body's production of these immune cells.

I recently published an article on how immunoexcitotoxicity plays a major role in cytokine storm reactions. It noted that the typical American diet contains very high levels of glutamate and other excitotoxic additives.<sup>8</sup>

In addition, the tube feeding solutions used in hospitals contain high levels of glutamate. This fact is completely ignored by physicians treating COVID patients.

Dr. Pierre Kory, a founder of the Front Line COVID-19 Critical Care Alliance (FLCCC), made a

number of discoveries that dramatically improved the survival of patients with serious COVID-19 cases. Unlike many of the vaccine-only proponents, Dr. Kory has spent his professional life treating some of the sickest in ICU settings, including hundreds of COVID patients.

But each discovery he made was intensely resisted and rejected by the medical elite and bureaucracies, at least until the proof became so overwhelming that they could no longer deny it.

In the interim, thousands died as a result of their intransigence.

### The Strange Case of Ivermectin

Dr. Kory also discovered that Ivermectin, a medicine used to treat parasitic infections, was one of the most powerful weapons we had in the battle against COVID-19, reducing the death rate of very sick patients to such a degree that it has been called a medical miracle.

Dr. Kory and his colleagues — all highly respected and frequently quoted pulmonary and infectious disease experts — put together a protocol using this safe, inexpensive medicine. Their protocol



has now has been used around the world. But not in the United States. Deaths and cases requiring hospitalization in countries that have used Ivermectin — including Mexico, India, Brazil, Slovakia, the Czech Republic, Paraguay, Peru, Argentina, Zimbabwe, and major cities in other countries — have been dramatically reduced. In addition, recovery times have been shortened, patient deterioration has been prevented when the drug was used early, and mortality has been reduced among severely ill ICU patients.

In fact, when taken once a week, Ivermectin has been shown to dramatically prevent COVID infection, even in hospital workers who are around many sick patients.<sup>9, 10</sup>

Ivermectin has been studied and shown to be highly effective in 27 carefully controlled trials that included 6,612 patients; 16 trials were randomized, prospective, controlled trials of the highest quality. Yet the medical establishment — the vaccine-only promoters — have rejected even considering this safe, inexpensive medication for treatment or prevention of COVID.

Worse, doctors are warned by medical associations and the CDC not to use Ivermectin. In some states, doctors can lose their license should they write a prescription for this lifesaving medication that has been used safely for the past 40 years all over the world as a treatment for parasitic infections.

It seems to me that the pharmaceutical companies making these vaccines don't want a rival treatment that would cut into their profits.

In my opinion, these experimental vaccines are being distributed to the public under a false pretense. According to the Emergency Use Authorization (EUA) act, an experimental treatment cannot be used except in a proven national emergency (pandemic), and only if there are no other available treatments for the condition.

COVID-19 never satisfied the criteria for a pandemic, which require that the infection must affect a large number of people around the world and have a high mortality rate. This pandemic definition has been used for decades — until this outbreak. The World Health Organization (WHO) changed the criteria for this “pandemic,” dropping the need for a high death rate.

For the majority of people, the death rate from COVID-19 is lower than that of a mild flu season. For those under age 40, the death rate is 0.01 percent; 99.99

percent of those infected will recover. For all ages, the death rate is 0.26 percent; 99.74 percent will recover. Those numbers don't justify mandatory vaccination.

On the other hand, eight clinical trials have shown a significant reduction in transmission of COVID-19, even among healthcare workers, with the use of Ivermectin. Three of those studies were randomized clinical trials — research of the highest order.

Based on these studies, the emergency authorization should be revoked, and vaccination should be stopped before more people are hurt.

### More Natural Protections Against COVID

There are a number of other natural treatments and preventatives that could be used by anyone wanting to protect themselves from COVID. The basis for all of these treatments is reducing inflammation, and several natural compounds also restore immune balance. Others are beneficial because they reduce immunoexcitotoxicity, a possible mechanism for cytokine storms.

These compounds include:

- Nano-curcumin
- Nano-quercetin
- N-acetyl-L-cysteine (NAC)
- Nano-vitamin C
- Melatonin
- B-complex vitamins
- Hesperidin
- Pterostilbene
- Apigenin
- Magnesium
- Taurine
- Baicalin

Immune stimulants should only be used during the first eight days of a COVID infection to prevent symptoms. This is the period when the virus is reproducing very rapidly in the lungs.

After eight to 11 days, all the viruses are dead, and then the danger is from a hyperimmune reaction to those dead viruses. At this stage the idea is to target inflammation and excitotoxicity, as live viruses are no longer a danger.

Recent studies have shown that a significant number of fully vaccinated people are contracting (supposedly) COVID-19 infections as in Israel, where virtually everyone has been vaccinated.



More than 80 percent of the COVID-variant cases are in fully vaccinated people, and the latest reports indicate the vaccines are ineffective against variants — hence the call for renewed masking.

Ivermectin as a preventive measure has a success rate of around 80 percent against COVID-19. Some studies have reported no infections in hospital workers taking Ivermectin.

Fear is the vaccine makers main weapon. The latest strategy is to convince the public that second and third waves of a new variants will restore the dangers that have subsided since the original appearance of this virus. All of these preventive measures should work against any and all variants. And natural immunity to the original virus gives a person full protection against the so-called Delta variant.

This type of cross-immunity occurred with the outbreak of the much deadlier SARS virus, 2002 to 2004, even with 30 percent viral mutation variance. The Delta variant differs from the original COVID virus genetically by a mere 1.3 percent.

### Unknown Long-Term Complications

These vaccines were allowed to be used via the EUA even though only very short-term safety studies (two months) had been conducted by the manufacturers. Several people who participated in these safety trials stated in a forum held by Senator Ron Johnson (R-Wis.) that Pfizer representatives promised them that any medical expenses they incurred as a result of the vaccines would be taken care of by the company. According to this testimony — Pfizer did not follow through on that promise.

Women suffered serious and apparently permanent damage from taking the test vaccines. Several confirmed that Pfizer representatives would not return their calls, and never paid a cent of their incurred medical expenses.

The FDA recommended a two-year intensive study of those who had been vaccinated. The pharmaceutical companies rejected that recommendation.

Congressional inquiries have shown that essentially zero studies have been conducted on the 150 million American citizens who have taken these vaccines. (As noted in a letter from Senator Johnson to Francis Collins, director of the NIH; Rochelle Walensky, director of the CDC; and Janet Woodcock, acting commissioner of the FDA on July 13, 2021.)

So far, we've only seen the short-term side effects of these vaccines, which are terrifying enough. But long-term effects can occur years or even decades following vaccination.

Because the biodistribution study (noted above) demonstrates that the highest concentration of the mRNA-containing nanolipid carrier in women is in the ovaries, every vaccinated woman of reproductive age must now worry about possible infertility or a higher risk of ovarian cancer. (The nanolipid mRNA induces chronic inflammation, the principal cause of most cancers.)

Data from a now-corrected preliminary study of vaccinated pregnant women reported in the *New England Journal of Medicine* demonstrated that pregnant women vaccinated during the first trimester of their pregnancy (20 weeks), had an 82 percent chance of losing their baby. Yet the American Academy of Obstetrics and Gynecology announced, as did the CDC, that the vaccine was safe to take during pregnancy. It is known that immune stimulation during the third trimester dramatically increases the risk of the child becoming autistic or developing schizophrenia later in life.<sup>11, 12</sup>

We will not know if women vaccinated during their third trimester will have children with a higher risk of becoming autistic for at least six years, the usual time of symptom appearance.

And we will not know if a similarly vaccinated woman will have a schizophrenic child until that child reaches adolescence, which is the usual time of first symptom appearance for that condition.<sup>13</sup>

As far as I know, no women or their husbands were warned of this real danger to their children.

No one knows what may happen in the future to these children. By their own admission the vaccine manufacturers conducted no studies with pregnant women.

### Serious Threat of Long-Term Neurological Complications

I have written several articles in peer-reviewed medical journals on the effects of excessive vaccination on brain development.<sup>14, 15</sup> As noted, immune stimulation during the last trimester of pregnancy can alter how the child's brain develops. We know that the adult brain is also at risk following excessive

immune stimulation. One obvious risk is the induction of autoimmune diseases such as lupus, autoimmune encephalomyelitis, and multiple sclerosis.

Studies by Dr. James Lyons-Weiler and others have confirmed that components of the COVID vaccines cross-react with more than 21 human tissues, meaning autoimmune diseases can develop involving one or all of those tissues.<sup>16, 17</sup>

The biodistribution study demonstrated that the mRNA-containing nanolipid carrier entered the brain and spinal cord.

New studies have demonstrated a very frightening possibility. We are all being told that the virus enters cells by using principally the ACE2 receptor. But in truth, there is another mechanism: exosomes.

Exosomes are much like the nanolipid carrier used in the vaccines. They are microscopic sacs that contain various components — such as RNA and DNA fragments — that can leave the cell, travel to other cells, enter them, and pass along genetic information. Exosomes are a cell-communication mechanism.

Unfortunately, many viruses can hijack these exosomes, insert their genetic information, and then exit the infected cells and travel to surrounding cells or even distant cells and enter them, thus spreading the infection.

Infections by viruses cause the infected cell to produce a tremendous number of exosomes — all containing the viruses' genetic information.

The scary part is that the mRNA “vaccines” are essentially artificial exosomes, each carrying the very part of the virus (the spike protein) that does harm to the body. We have traded a natural infection for an artificial one that could be far worse.

A recent study demonstrated just how dangerous it is when infected exosomes enter the brain.<sup>18</sup> These exosomes entered microglia, the brain's special immune cells and the main source of excitotoxins. The exosomes caused the microglia to start generating very high levels of inflammatory cytokines and other immune mediators.

These inflammatory substances are then released and do considerable harm to surrounding brain structures. This all occurs with the first injection.

We say that these microglia are “primed,” meaning they are in a state of hyperreactivity, but have not fully released their destructive cytokines and excitotoxins

yet. The second injection of the mRNA COVID vaccine activates these primed microglia, putting them into an extremely destructive state in which they release high concentrations of inflammatory cytokines and excitotoxins.

This explains why people have worse reactions to the second vaccine dose.

The fear is that these vaccines could very well trigger neurodegeneration within specific brain areas, each causing a particular neurological disorder such as Alzheimer's disease, Parkinson's disease, ALS, or even a totally new neurological disorder never seen before.<sup>19</sup>

The vaccines can also trigger seizures, strokes, and even neuropsychiatric disorders.

Keep in mind that in some cases these disorders do not appear for years or even decades.

Dr. Peter McCullough, a professor of internal medicine and cardiology, and vice chief of internal medicine at Baylor University, cited a case in which a woman lost all memory after receiving the first vaccine dose.<sup>20</sup> He also told of a fully vaccinated woman who lost her baby after breastfeeding. The child died of a thrombotic/hemorrhagic episode.

It has been shown that the nanolipid carrier does pass into the mother's breast milk.

Studies have now shown that the COVID-19 spike protein can induce Parkinson's disease in humans. The vaccine releases massive doses of the spike protein within the body, including in the brain and spinal cord.

This is a disaster in the making. These vaccines should be stopped now before many more are seriously hurt or even killed. ■

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## Ask Dr. Blaylock

### Attention Readers:

Dr. Blaylock welcomes any questions or comments you would like to share.

Each month, he will select a few to be published and answered in the newsletter.

Please remember that he cannot answer every question.

When submitting a question or comment, please include full name, city, and state.

Please e-mail the doctor at: [askblaylock@newsmax.com](mailto:askblaylock@newsmax.com).

### What Can Ease Migraines?

**Q:** My wife, age 64, has struggled with migraines her whole adult life. She takes CoQ10, grape seed extract, turmeric extract, vitamins D3 and C, beetroot extract, probiotics, ashwagandha, low-dose aspirin, and fish oil, but nothing seems to help. Can you recommend anything we might be missing?

— Jon K., Conway, Ark.

**A:** Dietary excitotoxins, calcium, and hypoglycemia appear to be the main components of migraine syndrome. They are all linked.

Avoid all dietary excitotoxin additives and eat only organic foods and no food additives. Calcium supplements should be avoided. Sugar and high glycemic carbohydrates should also be avoided as they trigger hypoglycemia, and that triggers a migraine attack.

Magnesium level falls as an attack is beginning, and magnesium supplementation is very beneficial. It should be the slow-release magnesium from Jigsaw Health. Exercise helps. Sleep and stress avoidance are also important.

### Will Massage Help Vertigo?

**Q:** I have had vertigo since 2014 and numerous unsuccessful treatments. I read you can use massage therapy to help. Does massage therapy work for vertigo?

— Thomas E., Bellingham, Wash.

**A:** I have found that in many cases of vertigo the problem is one or more myofascial triggers in the neck muscle. Massage of the trigger point often relieves the vertigo. In addition, a warm (not hot) compress and improving posture helps.

### How Can I Lessen Extra Heartbeats?

**Q:** I have PVCs, extra heart beats that cause me dizziness, fatigue, and chest discomfort. What can I do to lessen the PVCs?

— Mike B., New England, N.D.

**A:** Premature ventricular contractions (PVCs) are extra heartbeats that begin in one of the lower chambers of the heart, called the ventricles.

Supplements known to reduce PVCs include L-carnitine in a dose of 1,000 mg two to three times a day with meals; taurine in a dose of 500 mg to 1,000 mg three times a day, 20 minutes before meals; and magnesium malate or citrate — the slow release form from Jigsaw Health.

Avoid all excitotoxic food additives, omega-6 oils, and high glycemic foods.

### Is Curcumin Unsafe With Cancer?

**Q:** I was recently diagnosed with breast cancer that was identified as being “positive” instead of “negative.” My oncologist recommended I cease taking curcumin because it is an estrogen stimulant. Is curcumin unsafe for all breast cancers?

— Michelle A., Jacksonville, Fla.

**A:** Curcumin, especially nano-curcumin, is a powerful weapon against cancer, and it's entirely safe. It has a mild estrogenic effect, which also makes it excellent against estrogen-positive breast cancer because it displaces the much more powerful form of estrogen from the estrogen receptor on the cancer cells. That is one of the ways other powerful anti-breast cancer compounds, such as quercetin, also work.

But curcumin also inhibits a great number of cell-

signaling pathways essential to breast cancer growth, invasion and metastasis. And it reverses resistance to chemotherapy treatments.

Curcumin is a type of substance known as a chemosensitizer, which means it makes chemotherapy much more effective. I have treated a number of advanced breast cancer patients with curcumin, and many have shown incredible eradications of their tumors — even brain metastasis.

Many advanced breast cancer patients have shown very prolonged survival taking curcumin, even decades after they were abandoned by their oncologists.

### Am I Taking the Right Magnesium?

**Q:** I still do not know what “nano” means. I just received my first shipment of Magnesium MagSrt from Jigsaw. What does the term “nano” mean?

— Billie B., Orange, Texas

**A:** The term “nano” refers to the size of the supplement particles, and nothing else. Research has shown that drastically reducing the size of the

particles can significantly enhance the absorption of many otherwise hard-to-absorb compounds.

It also enhances the distribution of the supplement to various organs and tissues that you want to expose to the supplement. Otherwise, many supplements would not be absorbed in high enough concentrations to do any good.

### Is Nebulized Hydrogen Peroxide Good?

**Q:** Do you have an opinion about the use of nebulized hydrogen peroxide for respiratory conditions, including viral and bacterial infections? If you are in favor, could you provide a few guidelines?

— Rick B., Sausalito, Calif.

**A:** A number of physicians treating patients with pulmonary viral infections have shown that this treatment works rapidly and very effectively. Most importantly, it can prevent people from having to go to the hospital. To see the guidelines, I suggest you get a copy of Dr. Joseph Mercola’s new book. It contains the information you need. ■

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**NewsmaxHealth.com/Newsletters** or call **1-800-485-4350**

## About Dr. Blaylock

Dr. Russell Blaylock is a nationally recognized, board-certified neurosurgeon, health practitioner, author, and lecturer. He attended the Louisiana State University School of Medicine in New Orleans and completed his internship and neurosurgical residency at the Medical University of South Carolina in Charleston, S.C. For 25 years, he has practiced neurosurgery in addition to having a nutritional practice. He recently retired from his neurosurgical duties to devote his full attention to nutritional studies and research. Dr. Blaylock has authored four books on nutrition and wellness, including “Excitotoxins: The Taste That Kills,” “Health and Nutrition Secrets That Can Save Your Life,” “Natural Strategies for Cancer Patients,” and his most recent work, “Cellular and Molecular Biology of Autism Spectrum Disorders,” edited by Anna Strunecka. An in-demand guest for radio and television programs, he lectures extensively to both lay and professional medical audiences on a variety of nutrition related subjects.

He is the 2004 recipient of the Integrity in Science Award granted by the Weston A. Price Foundation. He serves as an assistant editor-in-chief for the journal “Surgical Neurology International.” He was also a lecturer for the Foundation on Anti-Aging and Regenerative Medicine. At present, he reviews medical articles being considered for publication in various journals.

Dr. Blaylock previously served as clinical assistant professor of neurosurgery at the University of Mississippi Medical Center in Jackson, Miss.



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