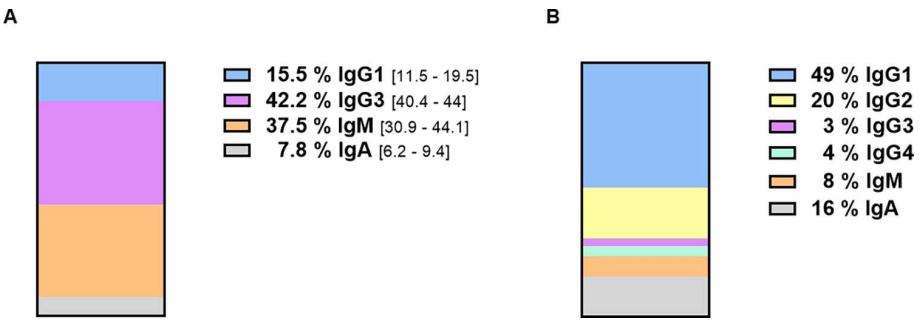
The trainwreck of all trainwrecks: Billions of people stuck with a broken immune response

December 24, 2022 Radagast Uncategorized 72

Do me a favor and pour yourself a drink, you'll need it by the end of this article.

I'll try to avoid repeating what we already addressed in the previous two articles on this subject. After mRNA vaccination the immune response against Spike is shifting to IgG4, which is how your body responds after repeat exposure to stuff it needs to tolerate, like bee venom, pollen or peanut proteins.

First the big chart, of what you want to see after a SARS-COV-2 infection:



Left you see who does the neutralization, right you see what percentage of total antibodies they are. Despite being just 3% of your antibody mass, IgG3 is carrying out 42.2% of the neutralization.

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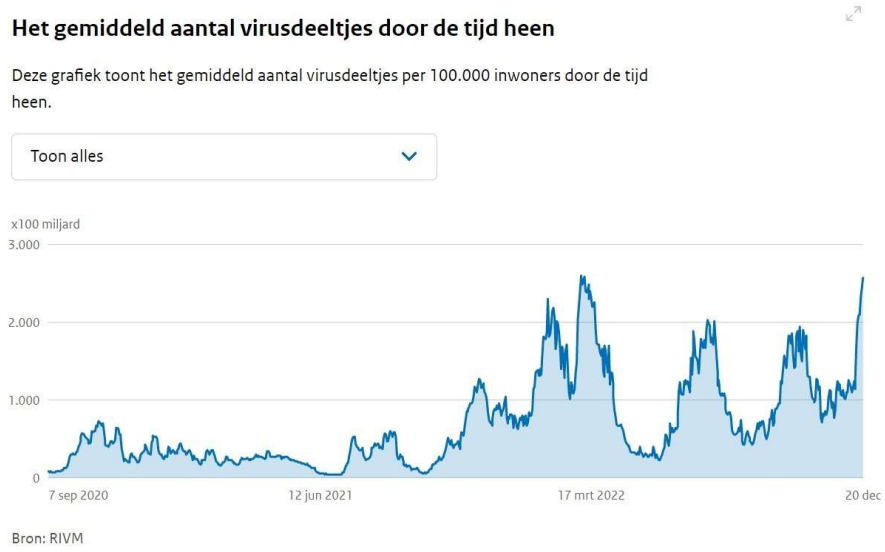
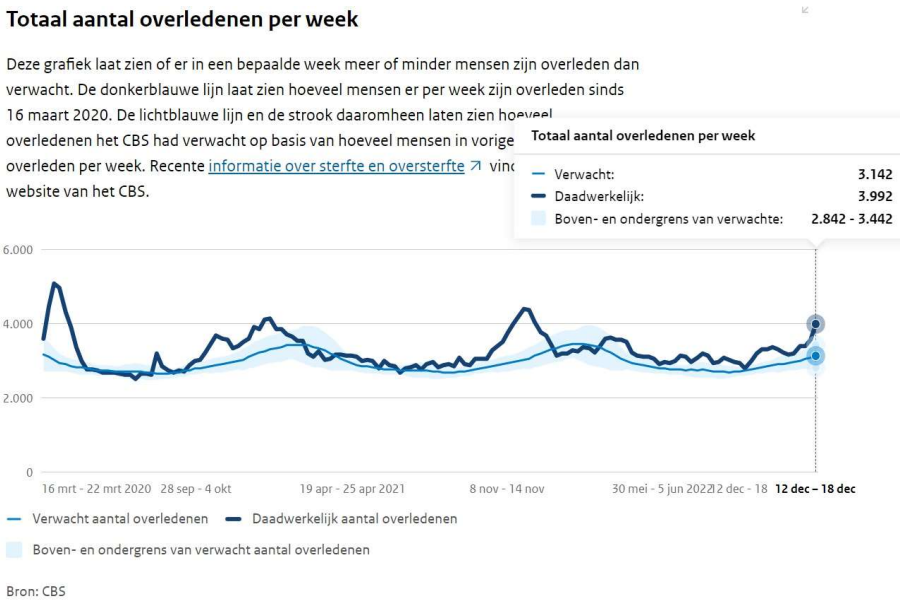
IgA is busy in mucus dealing with this virus, IgM responds to the infection by bringing the viral load down, IgG3 then joins the fight and tags any remaining hide-outs this virus has, so that your body doesn't end up tolerating this nasty sarbecovirus in the background.

If it wasn't obvious yet, for whatever reason our bodies do seem to be tolerating the spread of this virus through our population. Look at what's happening to my poor little country:



Levels of this virus in sewage are back to record heights. Clearly the population isn't learning to force this virus into the background.

The death toll is rising in unison with the viral load, because the excess mortality is not a direct product of the vaccine, it is an indirect product of the vaccine interfering with our response to this virus:



We have a big wave of deaths in march 2020, then we had two deadly winters, so excess mortality is now supposed to be negative. We already "ran out" of the people who would die during the flu season. Yet 27% more people died than you would expect last week. That's supposed to worry people with an IQ above room temperature, but they just call it "unexplained" and try to ignore it.

I point this out to you, because I've been arguing on Twitter with one of the authors of the study we're going to look at, who insists that his findings, which fit the other teams whose findings I reported on in the past two posts are "unexpected", but "nothing to worry about". I honestly somewhat doubt he genuinely believes this. I want to explain here why the findings are worrying, so let's start by looking at their findings and what is actually new.

You already know the story: After the second shot, IgG4 begins to show up. This gets worse with the breakthrough infections, then it gets worse again with the third shot. Now we have **updated findings** from breakthrough infections after the third shot. And this will shock you, but it gets worse again:

Name*

Email*

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Table S2: Relative proportion of IgG subclasses among spike and non-spike binding cells switched memory B-cells

Donor	Time point	CD27+ spike^{neg}					CD27+ spike^{pos}					Anti-S IgG4	
		No. of cells	% IgG1	% IgG2	% IgG3	% IgG4	No. of cells	% IgG1	% IgG2	% IgG3	% IgG4	µg/ml	%**
A6	FU 2nd	19676	58.9	27.4	11.2	2.4	521	60.0	15.4	5.7	19.0	1.36	2.9
	post 3rd	15186	62.9	22.6	11.3	3.1	999	77.1	14.0	3.3	5.6	18.25	5.4
	FU 3rd	15368	55.5	30.6	11.4	2.4	568	56.8	27.3	3.1	12.9	1.42	4.1
A9	FU 2nd	11335	57.4	29.3	6.5	6.9	550	74.1	9.8	4.5	11.6	0.2	0.3
	post 3rd	9038	34.5	57.0	6.4	2.1	378	78.2	13.2	3.0	5.6	7.5	2.2
	FU 3rd	8246	62.9	29.3	5.4	2.4	464	64.2	22.0	1.3	12.5	0.21	0.3
A11*	FU 2nd	20668	69.0	20.7	6.7	3.7	433	69.7	23.6	1.2	5.5	2.96	12.3
	post 3rd	28089	79.5	8.1	3.5	8.9	796	68.5	13.7	1.9	15.9	208.72	35.5
	FU 3rd	9279	65.8	23.8	8.6	1.8	614	52.6	27.5	0.8	19.1	170.31	47.8
A13*	FU 2nd	11086	67.7	26.6	4.0	1.7	379	61.4	27.2	0.8	10.6	0.18	0.7
	post 3rd	3265	69.8	22.2	7.1	0.9	493	57.4	30.0	5.9	6.7	16.62	3.6
	FU 3rd	10636	63.4	25.8	9.9	0.9	520	59.8	23.5	2.7	14.0	20.34	3.8
A16	FU 2nd	16868	57.5	29.6	10.7	2.2	356	67.1	19.4	0.6	12.9	0.21	2.6
	post 3rd	19063	58.9	31.0	7.9	2.2	626	65.0	19.8	0.9	14.4	30.9	15.2
	FU 3rd	14097	67.4	19.7	10.0	2.9	461	43.5	41.8	0.4	14.2	16.62	23.7
A17	FU 2nd	15390	79.0	15.5	4.8	0.7	203	69.9	17.7	1.0	11.4	0.13	0.6
	post 3rd	18070	77.9	16.8	4.9	0.3	706	73.3	18.4	0.7	7.6	13.27	1.6
	FU 3rd	10842	58.2	30.0	10.7	1.2	414	55.2	34.3	0.9	9.6	2.25	1.1
A18	FU 2nd	12577	23.0	72.2	3.6	1.2	32	46.5	31.7	0.0	21.9	0.62	3.1
	post 3rd	12897	21.2	75.5	2.7	0.6	119	49.4	31.9	3.6	15.1	5.92	2.7
	FU 3rd	10738	28.5	66.8	3.6	1.1	45	30.9	59.5	1.9	7.7	0.1	0.9
A19	FU 2nd	17186	53.9	26.3	18.0	1.8	252	59.1	20.7	0.4	19.8	1.19	5.7
	post 3rd	28813	52.3	33.2	13.4	1.1	750	57.1	22.7	2.1	18.1	60.11	26.8
	FU 3rd	18797	47.7	37.9	12.9	1.4	297	47.5	22.9	1.8	27.8	14.24	39.4
A24	FU 2nd	34464	40.5	50.1	8.2	1.1	902	71.4	14.7	4.5	9.3	3.33	9.8
	post 3rd	34779	42.8	46.7	9.5	0.9	1634	73.0	14.4	3.2	9.4	19.91	8.9
	FU 3rd	31946	43.9	46.0	9.0	1.1	1206	71.7	14.5	2.2	11.6	0.97	2.4
A28*	FU 2nd	25061	61.7	27.9	8.6	1.8	295	55.4	15.9	2.9	25.7	1.95	8.5
	post 3rd	23794	63.8	24.8	10.1	1.3	1066	24.2	42.6	0.4	32.8	0.1	0.2
	FU 3rd	22215	60.9	27.6	10.2	1.2	606	26.7	35.3	0.7	37.2	634.03	68.4
A29*	FU 2nd	9117	50.8	41.2	6.1	2.0	109	72.7	21.1	2.3	3.9	1.32	5.6
	post 3rd	20902	50.2	39.8	7.8	2.2	661	49.0	23.7	1.2	26.1	95.21	23.7
	FU 3rd	16787	50.2	40.3	7.5	2.0	724	55.3	17.4	0.3	27.0	362.78	49.8

* had breakthrough infection in the time interval between post 3rd and FU 3rd
** percentage of sum of all IgG subclasses

On average, the four who had a breakthrough infection after their booster are now at 42.45% IgG4. The cohort as a whole is at 19.27%, up from just 0.04%, so the ones who haven't had a breakthrough infection yet will end up at a similar position: A response that is entirely IgG4 dominated.

The one useful new thing these guys and gals did was to ask the obvious question: Is this normal for other pathogens we're commonly exposed to? So they looked at another virus, the virus causing misery for a lot of kids right now, RSV. They saw we don't respond to RSV with an IgG4 response:

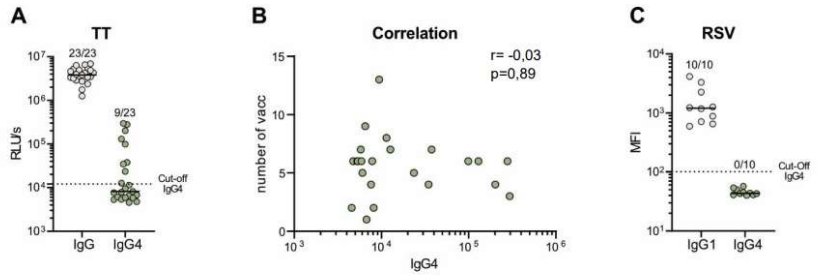


Figure S5: IgG4 antibody response to tetanus vaccinations or RSV infections

(**A**) In 23 individuals with a history of multiple vaccination against tetanus toxoid (see Table S3), TT-specific IgG and IgG4 antibodies were analyzed by ELISA. (**B**) A non-parametric correlation was computed for the individuals IgG4 levels and the number of vaccine doses. The Spearman correlation coefficient and the p-value are shown. (**C**) Using our FACS-based antibody assay with RSV-F protein expressing cells, RSV-specific IgG1 and IgG4 antibodies were measured in ten randomly selected sera of cohort 2. Dots represent individual sera with respective median. Number of positive sera are indicated for each analysis.

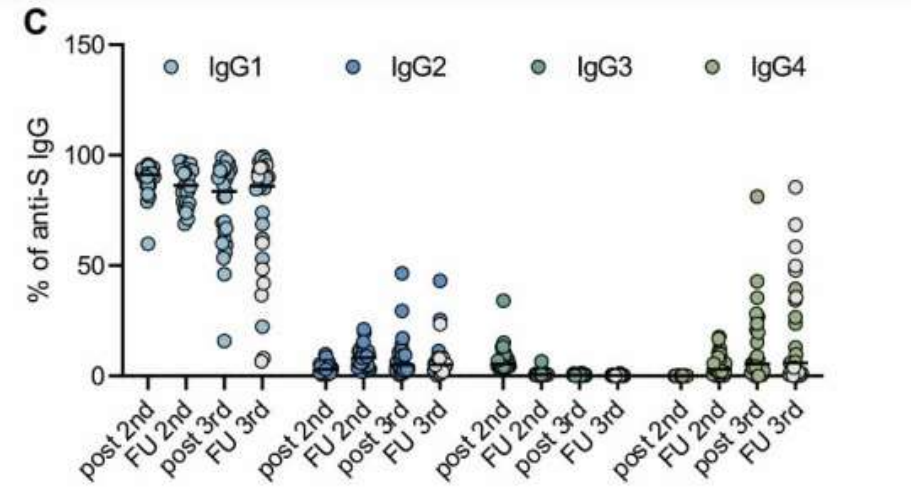
Nobody showed this response to RSV and it's not even really seen after constant tetanus vaccination.

You just don't want to see an IgG4 response to a respiratory infection. Out of the IgG's, it's mainly IgG3 and some IgG1 you want to see. One of the authors claims that it doesn't matter that they're switching to IgG4, because the antibodies don't just matter for triggering phagocytosis (your immune cells eating the virus particles), they also matter for neutralization.

This is nice and well, but you run into two problems:

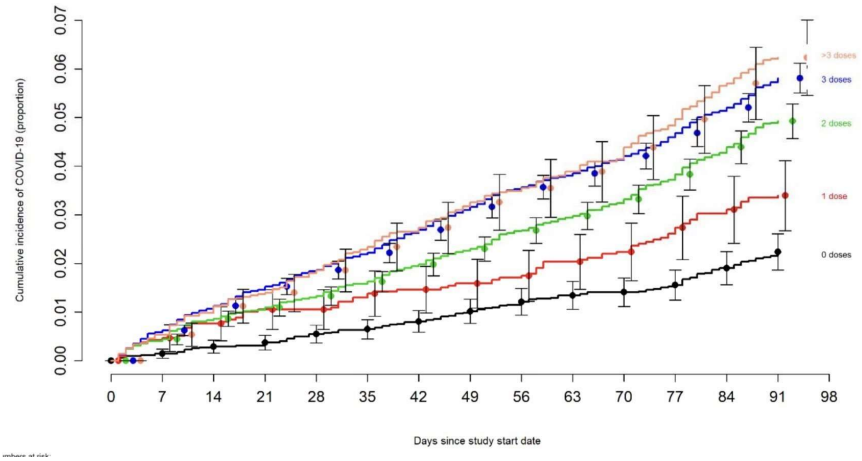
1. The virus evolves. It rapidly evolves to avoid the most neutralizing antibodies. Neutralizing potential against XBB and BQ.1 is **basically gone**.
2. IgG4 isn't really meant for neutralization. Out of the IgG's, IgG3 is the excellent virus neutralizer. What IgG3 does in the case of SARS2, is that they have their tails bind together. This means that out of all the four subclasses, **IgG3 is showing 50-fold stronger neutralization than the other three subclasses against SARS2**.

And now it's time to drink, because have a look at what happens to IgG3 after three shots:



There is some IgG3 left in some people after the second shot, but by the time they get the third shot, they're all universally down to a flat zero.

If you're wondering how we end up with these fancy graphs:



It probably has something to do with us ridding our bodies of the most competent IgG antibody against this virus, replacing it with one we use to tolerate stuff like pollen, peanut proteins or bee venom.

This has never happened before. There are now the known unknowns, like whether the body ends up tolerating persisting infections due to this completely IgG4 dominated response, along with the unknown unknowns, questions we should be asking ourselves that most people haven't even realized we need to be asking ourselves.

Here's the big question I run into: So your experiment failed, you created an IgG4 dominant antibody response in soon to be billions of

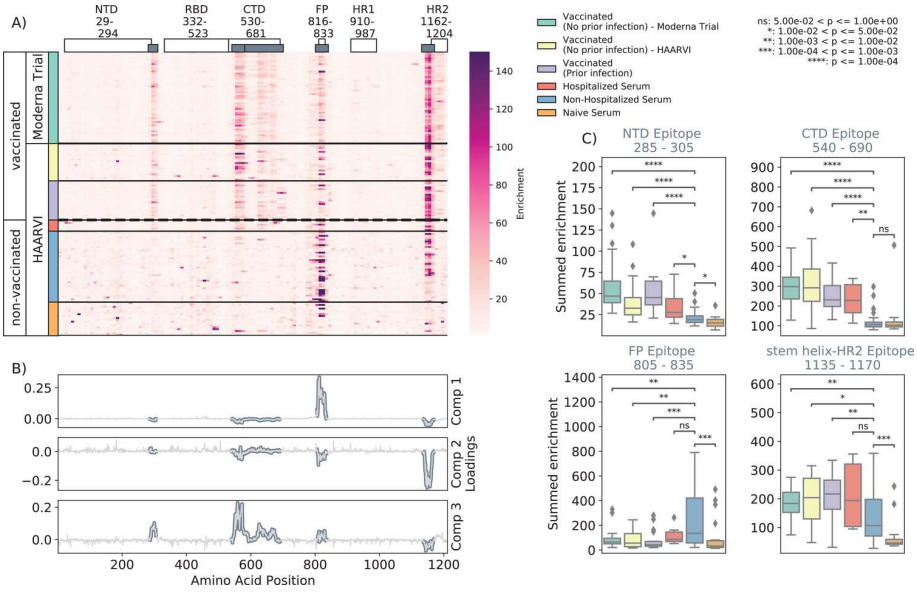
people. The IgG4 antibody response is homogeneous, it's the same epitopes that everyone is learning now to tolerate.

Are you ready for this one?

What does it mean for other viruses?

That's the big painful question. If you told me everyone has a different immune response to different regions of Spike, but everyone now deploys IgG4 antibodies to those regions, that would be bad enough for our relationship to SARS-COV-2.

But bear with me, as I pull up this old chart again:



You see the unvaccinated immune response in A at the bottom. You see that it's pretty different in everyone.

You see the immune response of the vaccinated at the top. You see it's rather similar in everyone, with distinct regions that receive the strongest response.

For some of those regions the virus doesn't mind our antibody response, so those regions tend to stay the same. In other regions the antibody response is interfering, so the virus mutates to change those regions. This means that after a while, the IgG response is recalled for a shrinking subset of these regions, so you get a strong IgG4 response for a handful of epitopes, BUT THOSE EPITOPES ARE THE SAME FOR BASICALLY EVERYONE!

What I'm trying to say, is that there are now certain non-self amino acid chains that billions of human beings around the world are suddenly learning to tolerate. RNA respiratory viruses all work with pretty similar building blocks.

Some of these amino acid chains that we now tolerate in the case of SARS2, are chains that also show up in other respiratory viruses. And there will be respiratory viruses, that don't have those chains yet, but can mutate themselves, to incorporate them in positions where they now currently have to deal with potent IgG3 antibodies.

In other words: A homogeneous population-wide shift towards IgG4 for certain antibodies, can end up impacting our relationship to respiratory viruses other than SARS2 as well. You could expect for example, that vaccinated people may become better asymptomatic spreaders of other respiratory viruses, like RSV. We see evidence of **cross-reactive antibodies** between SARS2 and the human corona viruses. Do you want those to switch from IgG3 to IgG4? Probably not.

It seems a plausible hypothesis worth investigating to me, that the massive surge in RSV that Western nations are seeing, is a consequence of vaccinated adults now beginning to tolerate RSV, thus leading to a jump in infections in children, as they're exposed to it more often. With children now getting these infections from vaccinated adults rather than from other children, the infectious dose they receive will tend to be higher. This could be sufficient to explain the higher virulence observed in children.

Immune damage in children from SARS2 infection is also a hypothesis worth investigating of course, but asymptomatic spread from adults is also possible.

You have to keep in mind: The complete IgG4 shift only happens after breakthrough infections after the booster shot. In other words, the non-SARS2 viruses have not had much time yet, to evolve to adjust to the brave new world we now live in, where everyone is stuck with a strange subset of IgG4 antibodies for certain epitopes.

The IgG antibodies mainly bind to regions about 5 to 6 amino acids long, although it varies quite a lot. If some other virus like RSV, Influenza or the human corona viruses has such a region, it may find itself very happy! One of those nasty IgG3 antibodies that made its life miserable is gone, now replaced with an IgG4 antibody that is not

capable of binding its tail to the other IgG4 antibodies for enhanced neutralization.

And if it doesn't have such a region yet, but it could eventually get there after swapping one amino acid for another, then in due time you may find yourself wondering why you now suddenly have a big influenza problem, or a big RSV problem, or a big problem with some other pathogen.

Again, I'm sorry that I didn't fully understand this two years ago. I understood it rather basically. I understood the big important principle: You can't go out and homogenize the population's immune response to a respiratory virus, this is profoundly dangerous.

Look back at what I wrote **long ago:**

One of the factors required for our species to reach such high population densities as we have reached today is the diversity of our immune response from person to person.

If we had HLA genes with very little diversity, we would all have a very similar immune response to pathogens. The lack of diversity in their HLA genes is one of the factors that made Native Americans so vulnerable to the viruses introduced by European colonizers: These viruses could spread in an environment of a homogeneous immune response, which allowed these viruses to evolve to make optimal use of that particular environment.

If we had HLA genes with little diversity, pathogens would evolve variants that overcome that particular immune response. The diversity of our immune response prohibits this from happening: Any particular change can't help a pathogen much, when everyone responds to the pathogen in a different way.

With the spike based vaccines, we have done the exact worst thing you could possibly do: We homogenized the human immune response, to a new virus that is rapidly becoming more genetically diverse.

It's again just this same basic principle I outlined here above, but this time we're zooming in on this class switch to IgG4. I wouldn't be worried about the impact on other pathogens if we had some switch to IgG4 that differs from person to person. But everyone now has select amino acid combinations that don't occur in our own body

(that is, peptides that we would normally not tolerate and chase down with antibodies if they show up in our blood), that everyone is now learning to tolerate!

We intervened in something that we just don't properly understand, at the scale of billions of people.

Allow me to give you an anecdote. Long ago, in the 19th century, a Swedish man named Arrhenius, related to an autistic Swedish girl you might have heard of, realized that we were changing the atmosphere. People thought this was pretty nice, as they assumed it would happen slowly. Eventually most people forgot about it again.

By the 60's we realized we were now emitting quite a lot of this strange gas, it was changing the atmosphere. Again the experts were not worried. "The ocean will probably deal with it" was the consensus among very smart people, WHOSE SPECIALTY IT WAS TO STUDY THIS SORT OF STUFF. It was only really in the 1980's, that basically everyone agreed we were dealing with a real problem.

In this context, I want you to have a look at the scientist who announced his findings on Twitter:

rostrich · Dec 24, 2022
@the_rostrich · **Follow**
Replying to @tradsperger

And let's toast to all our hard work in discovering something that could mean billions are doomed.

> **Kilian Schober** @kischober
> Replying to @kischober
>
> Special thanks go to first authors Pascal Irrgang (lab of Matthias Tenbusch), Juliane Gerling (lab of Thomas Winkler) & Katharina Kocher (our lab) @UniFAU. There couldn't be a better christmas present for them than this reward of their hard work. Here's us celebrating. 10/11

I'm an anonymous Dutch college dropout with a predilection for obscure psychedelics, he is a virologist with a Phd. I'd perfectly understand if you wish to believe him over me, that's the response most people seem to have.

But what I see, is a scientist saying "eh, the ocean will deal with it".

He is a virologist and things are not going well in the field of viruses. We have too many people dying. We have a sarbecovirus that is not going away. The hospitals around the Western world can't deal with the burden of sick people anymore.

And most important of all: The children are getting sick.

Maybe you don't want to endow billions of people with a similar looking IgG4 antibody repertoire targeted at an RNA respiratory virus. Maybe all sorts of respiratory viruses and other pathogens can use that as an opportunity.

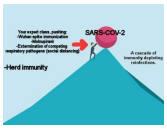
You committed an unprecedented experiment with billions of people, our immune systems are now responding in an unprecedented manner to a respiratory pathogen and we now see unprecedented numbers of people sick from respiratory infections.

If you are a virologist, I think you're supposed to be worried right now.

Update 1: A critique you might have of my warning, that a shift towards IgG4 may impact other respiratory pathogens too, is that cross-reactivity of antibodies may not be sufficient.

And yet, we already know there must be substantial cross-reactivity between SARS2 and a number of other RNA respiratory viruses, for a simple reason: Subunit influenza vaccines (ie not live vaccines) showed a **clear 89% reduction in risk of a severe SARS-COV-2 infection**.

If influenza antibodies impact SARS2, SARS2 antibodies impact influenza. And if SARS2 antibodies are shifting towards tolerance, that will impact influenza. The impact will merely get more relevant over time, as these other viruses adjust through mutation and natural selection to benefit optimally from this shift towards IgG4.



« PREVIOUS
Unprecedented Global Respiratory Disease

72 COMMENTS

Bofur

DECEMBER 24, 2022 AT 2:24 PM

Ha, I got a ways down the article and found myself wondering something, which you then answered in the next paragraph, which is: is it NORMAL to produce a tolerance-type response to a virus the way one does to an allergen like a peanut? Doesn't that seem weird and improper?

And of course the answer is yes, it's weird, and so the next question is, what happens now? And it seems the answer is: no one knows for sure.

REPLY

Witzbold

DECEMBER 24, 2022 AT 3:24 PM

This is what I keep coming back to and worried me when I fitst saw it in the UK data:

"We have a big wave of deaths in march 2020, then we had two deadly winters, so excess mortality is now supposed to be negative.."

And this was my worry after I read Geert vanden Bosch:

"We intervened in something that we just don't properly understand, at the scale of billions of people."

REPLY

Ed

DECEMBER 24, 2022 AT 3:39 PM

Isn't it another significant issue for the organism that bee venom or peanut proteins are basically dosed and don't replicate, while Cov2 continuously replicate in chaotic fashion until shut down?

"I honestly somewhat doubt he genuinely believes this."
I agree. At this point it's like they just chose to sink with the ship, in the comfort of mainstream majority, not that they're _that_ reckless as initially.

If the jab worked wonders and the unvaccinated were decimated in Biden's winter of death, you'd hate to be in the unpopular minority of the 1% of doctors and politicians who trashtalked the vaccine.

If this turns out to be the biggest pharmaceutical disaster since the Cutter Incident (or worse), the 99% of the medical/political establishment still get the 2Big2Fail treatment and total institutional bailout as their way out.
"We couldn't have seen it" "All the other authorities did the same thing" "Some of us were killed and disabled too"

REPLY

Radagast ☆

DECEMBER 24, 2022 AT 4:13 PM

>Isn't it another significant issue for the organism that bee venom or peanut proteins are basically dosed and don't replicate, while Cov2 continuously replicate in chaotic fashion until shut down?

Yeah, that's why the shift towards IgG4 gets worse over time with the breakthrough infection.

REPLY

Ed ☆

DECEMBER 24, 2022 AT 9:53 PM

I got the allergy vaccine for pollen years ago and it took about a year of weekly, then monthly, shots just to begin feeling a noticeable attenuation of local itchiness.

Pretty grim that this mRNA phenomenon happening so fast with infections and boosting.

REPLY

Gene B

DECEMBER 24, 2022 AT 4:45 PM

Excellent summary and analysis. You should know you are the best at this. Thank you.

REPLY

Igor Chudov

DECEMBER 24, 2022 AT 4:47 PM

Great piece, Rintrah. You did an amazing job thinking and writing about it, and yes, many people are doomed.

Getting "allergy shots" imparting tolerance to a replicating virus sounds like a bad idea.

REPLY

Philip

DECEMBER 24, 2022 AT 4:55 PM

Not really meant for posting. I found you linked on Vox Day, and I can't get enough of your blog. Very insightful writing; keep up the good work!

Typo here:

"On average, the four who had a breakthrough infection after their booster are now at 42.45% IgG4. The cohort as a whole is at 19.27%, up from just 0.04%, so the ones who haven't had a breakthrough infection yet will end up at a similar position: A response that is entirely IgG4 dominated."

From the table, I think you meant 4%, not 0.04%

"up from just 0.04%"

REPLY

Radagast ☆

DECEMBER 24, 2022 AT 5:45 PM

Nope, not a typo:

From the study:

https://www.science.org/doi/10.1126/sciimmunol.ade2798

>IgG4 antibodies among all spike-specific IgG antibodies rose on average from 0.04% shortly after the second vaccination to 19.27% late after the third vaccination.

But thanks for the comment, appreciate the nice words.

REPLY

Matt

DECEMBER 24, 2022 AT 5:30 PM

The trouble is, this is quite complicated for most people to understand. It isn't easy to pass this information on, and, superficially, the development of tolerance sounds like something positive and desirable.

Regardless, this does seem like a good fit for what we are observing, when it comes to the ongoing behaviour of SARS-CoV-2 and what we are seeing with other viruses. It's the piece of the puzzle that explains why the unvaccinated are getting more sick than usual.

I'm not yet convinced that SARS-CoV-2 infections are responsible for the sudden deaths of young, healthy people. That still appears to be better explained by direct harm by the injections. (And I'm not saying that because I'm a vaxx-free person wishing to believe that he is safe).

REPLY

Jay

DECEMBER 26, 2022 AT 8:13 PM

But the unvaxxed are not getting more sick. This is the lie.
The vaxxed are…and the more boosters they get the more often they're sick.
Real world stats say this and it is indisputable.
You're gov is lying to you. They did this on purpose.
Excess deaths are up. Births are down.
It's not a conspiracy any more. This is the new reality.

REPLY

RAFO

DECEMBER 26, 2022 AT 10:13 PM

Exactly!! You hit the nail on the head! Negative efficacy has already been proven in numerous studies and the more boosters you get the more your efficacy goes in the toilet! Please understand… there's NOTHING haphazard or circumstantial about these outcomes… it was planned from

the beginning these shots would be used for DEPOPULATION of the Earth… to get rid of all the "useless eaters" as they refer to most of us (just a side note… notice a dyed in the wool Globalist is never referred to as a useless eater). DARPA, along with WHO, CDC, NIH, etc. worked on this FOR YEARS… they new EXACTLY what the outcomes would be. Trump fell into their trap because they knew with his mountainous ego he'd push the bio-weapon and then take credit for getting it out quickly into the public. He stills pushes it to some degree, so either he's a Globalist or dumber than a box of rocks. NO to Trump in 2024!

REPLY

NorthernDude

DECEMBER 26, 2022 AT 11:17 PM

He may be dumber than a box of rocks.
He does appear to have a mountainous ego.
He did get played by Fauci and whoever pulls his strings.
He does surround himself with questionable people and endorse others that makes you shake your head.
Having said that, sadly he is america's best hope as he realizes how bad the admin state has become.
All the others are career politicians who don't give a damn about the people.
Trump seems to give a shit, is a fighter and that ego might be useful in a dogfight.
He just needs to stay focused – which may be easier said than done.

REPLY

RAH

DECEMBER 27, 2022 AT 2:30 AM

So those who are behind the scenes for depopulation are aware of the effects of the vaxes and boosters, I assume. So they either pass on the vax or take a placebo shot for PR? My question is whether they are doing something on the preventive front to avoid the risk of illness? Thoughts?

REPLY

Orca

DECEMBER 24, 2022 AT 7:33 PM

Will (vaccinated) blood transfusion change unvaccinated's antibody response to SARS-CoV-2?

REPLY

Marian

DECEMBER 24, 2022 AT 7:39 PM

Thank you for this very informative article. Although this all goes way above my head I have some practical questions what this means for young children. Suppose you have 2 unvaccin ated 2 and 3 yours old and you, both parents are also unvaccinated, would it be better to keep the children away from daycare, kindergarten etc to avoid contact with vaccinated adults,? Caregivers and other parents? Until their immune system is more developed and can handle the overload of viruses?

Also there seems to be a trend in moving "classical childrensvaccines into mrna types. Mr campbell mentions this in his last youtube video. Very worriesome. **https://m.youtube.com/watch?v=hDLx1IAITTg&t=9s**

Merry Christmas everybody

REPLY

Robert Harper

DECEMBER 24, 2022 AT 8:04 PM

What unvaccinated individuals (adults or children) should do in a future world where the vaccinated are more than likely cesspools of infections spreading their tolerated pathogens widely is a real problem. Total isolation is not necessarily the healthiest thing for unvaccinated to do but we probably should limit our exposure. The bigger question will be what will happen when the unvaccinated

awaken to the real possibility that their governments have poisoned them. There are going to be a lot of really mad people.

REPLY

Matt

DECEMBER 24, 2022 AT 8:27 PM

Personally I'm hoping for a 'global Ceaușescu' scenario.

REPLY

Robert Harper

DECEMBER 24, 2022 AT 8:56 PM

Ooops.... Should have said " vaccinated" in the fourth to the last line

REPLY

Marian

DECEMBER 24, 2022 AT 9:21 PM

Maybe in the end it will be both vaccinated and unvaccinated. So maybe your unconscious was right

REPLY

Marian

DECEMBER 24, 2022 AT 9:22 PM

Ness

REPLY

H.C.

DECEMBER 24, 2022 AT 9:35 PM

I reduce exposure – to compromised people and to wireless of any kind. Somehow something is infectious. Also I know to much unvaccinated which get sick when heavily exposed to (freshly) vaccinated. Bust mostly it seems that the affected have problems of their own.

I also think that exposure to Microwaves, 4G, 5G, cordless, WLAN, Routers, BT, Smartphones, worsen the immune status. Look into "Wave Genome", Biophotons, P. Gariaev, T. Kanchzhen and L. Montagnier, A. Popp. There is probably more to transmissions of infections then one may think. Here some thoughts, unfortunately only in German: https://hcfricke.com/2022/04/20/von-dna-uebertragungen-exosomen-biophotonen-dem-wave-genome-mikrowellen-u-a-wlan-4g-5g-sowie-p-gariaev-t-kanchzhen-und-l-montagnier/ – use G-Translate or Chrome/Iron.

REPLY

Shanite

DECEMBER 26, 2022 AT 1:54 PM

Not such a great problem since the number of vaccinated will be in dramatic decline

REPLY

messianicdruid

DECEMBER 27, 2022 AT 12:37 AM

Obadiah [18]

REPLY

David G

DECEMBER 24, 2022 AT 8:44 PM

I've wondered all along whether it would have been possible to synthesize and purify the spike protein outside of human bodies, and

then inject that as the vaccine, rather than inject the genetic instructions for our cells to manufacture it themselves.

I'm not at all saying that would have been a good idea, but just that since the entire ostensible benefit of the mRNA and viral vector DNA vaccines is that they expose our immune systems to spike separate from the replicating virus, it would have been a more conservative route to the same goal. (Even on a prosaic level, direct injection of spike would have permitted dosage control of that toxic, vasculitis-causing substance not possible with the genetic goop.)

This question looms large now, since the implication here is that it is the conversion of our own cells into spike factories that has short circuited our immune systems so gravely. If the bastards could have achieved their stated goal of spike exposure while avoiding that, but didn't just because they wanted to try out their new gene-therapy toy, it ramps up the evil yet another notch.

REPLY

Orca

DECEMBER 24, 2022 AT 9:13 PM

Check out Novavax. But it has issues too. The proper approach might have been to expose the population to the more benign pre-Alpha variants that apparently swept through a few countries 2-3 years before Covid-19.

REPLY

Marquis

DECEMBER 25, 2022 AT 9:33 PM

Seeing as China started this with the US shadow states blessing in the Summer/Fall/Winter of 2019, I doubt it.

Google: China vaccine law.

A link to our library of Congress should be one of the top hits. Everything that was planned to happen in light of the threat of COVID 19 was already passed into law in China at that point. The

mandatory vaccinations, the quarantine camps, the penalties for non-compliance, the biometric tracking systems, the vaccine database…all half a year prior to China announcing there was some kind of unexplained respiratory outbreak.

So they pass the law, people can get their shots. The law goes into effect days before they announce that they are dealing with some new respiratory pathogen, after they film people collapsing dead in the street.

REPLY

Robert Harper

DECEMBER 24, 2022 AT 8:59 PM

You are assuming that the one-time Spike exposure was their goal. It may have been repetitive constant Spike exposure as the MRNA had Incorporated itself into your dna. This would lead to immune compromise and ultimately collapse which some think may have actually been the long-term goal

REPLY

David G

DECEMBER 24, 2022 AT 9:32 PM

I'm not interested in pissing contests where we try to out-red-pill each other. I think my inclusion of words like "ostensible" and "stated goal" in my comment gets across that I'm not assuming anything.

I am interested in the question I posed: whether direct introduction of spike protein was technically feasible, but set aside in favor of the gene experiment.

REPLY

CR

DECEMBER 25, 2022 AT 9:10 AM

If you inject the spike protein directly, you will likely create a trace of intent and kill people too fast. They are a neurotoxic with prion like properties that recruits other proteins to misfold which lead to debilitating neurodegenerative diseases such as CJD and Alzheimer's. These vaccines are bioweapons but ones that are designed to kill without leaving a trace. However, serious scientists who have tried to warn us from the beginning are helping us understand the mechanisms of action. Here's a video: https://worldcouncilforhealth.org/multimedia/dr-stephanie-seneff-c19-jabs/

REPLY

Alex D

DECEMBER 25, 2022 AT 10:26 AM

So what happens to immunocomptomised people? Like diabetics? They die,ugly, eventually. Until they do, they are a cash cow for the medical industry. So what happens if 80% of population is suddenly like diabetics?
Hospitals get swamped, med factories get to run 24/7, and make money like crazy. This is super bullish for the pharma industry.

REPLY

RAFO

DECEMBER 26, 2022 AT 10:24 PM

The Globalist Hierarchy of Needs:
1. Kill as many as possible
2. Make money
3. Zombify those not killed into mindless automatons.
4. Make more money.

REPLY

DoorlessCarp

DECEMBER 25, 2022 AT 10:46 AM

IgG3 Vs IgG4 and the antitumor response.
I always like to cross check these things, to the immune system cancer cells are just another pathogenic invader to destroy.

As suspected this is important and the implications aren't good.

B Cell Orchestration of Anti-tumor Immune Responses: A Matter of Cell Localization and Communication (2021)

somatic hypermutation (SHM)
"Additionally, analysis of more than 5,000 TCGA RNA-seq samples revealed that high levels of IgG3–1 switch are associated with prolonged survival in patients with high SHM rates, whereas IgG3–1 levels are not prognostic in low SHM samples, underscoring the role of SHM in generating BCR sequences with high binding affinity to the exposed tumor antigens (Hu et al., 2019)."
https://www.frontiersin.org/articles/10.3389/fcell.2021.678127/full
***
How to select IgG subclasses in developing anti-tumor therapeutic antibodies (2020)

"IgG3 demonstrates the highest affinity binding to most FcγRs"

"IgG4 only has high affinity for FcγRI but weak affinities for all other receptors, and is a poor inducer of Fc-mediated effector functions."
https://jhoonline.biomedcentral.com/articles/10.1186/s13045-020-00876-4

REPLY

Alex D

DECEMBER 25, 2022 AT 11:15 AM

Also, many of the vaxed are happy to get few or no symtoms from covid and would gladly take an mrna for flu, rsv and others. Thus Moderna is building 3 factories in uk, canada and australia with secured gov contracts for 7-10 years to produce like 300 million mrna doses each year. See this John Campbell video, second part, for the details.
https://youtu.be/AH3AFYVn3T8

REPLY

DoorlessCarp

DECEMBER 25, 2022 AT 11:42 AM

Oops:
IgG4 antibodies and cancer-associated inflammation
Insights into a novel mechanism of immune escape

Abstract
The role of B cells and antibodies in cancer is insufficiently understood but is receiving increasing attention. We have recently identified IgG4 as an antibody subclass elicited by melanoma-associated interleukin-10-driven inflammation. In this setting, IgG4 exhibit inefficient immunostimulatory capacity and block the cytotoxic activities of other antibodies. These previously unappreciated mechanisms of immune escape may constitute promising targets for the development of novel anticancer immunotherapies.
https://www.tandfonline.com/doi/full/10.4161/onci.24889

REPLY

optomiser

DECEMBER 25, 2022 AT 9:02 PM

Also found this – Fc-Fc interactions of IgG4 may affect immune evasion of cancers, regardless of the antigen specificity of the IgG4.

An immune evasion mechanism with IgG4 playing an essential role in cancer and implication for immunotherapy

“We further found that IgG4, **regardless of its antigen specificity**, inhibited the classic immune reactions of antibody-dependent cell-mediated cytotoxicity, antibody-dependent cellular phagocytosis and complement-dependent cytotoxicity against cancer cells in vitro, and these effects were obtained through its Fc fragment reacting to the Fc fragments of cancer-specific IgG1 that has been bound to cancer antigens. We also found that IgG4 competed with IgG1 in reacting to Fc receptors of immune effector cells. Therefore, locally increased IgG4 in cancer microenvironment should inhibit antibody-mediated anticancer

responses and help cancer to evade local immune attack and indirectly promote cancer growth. ”

https://pubmed.ncbi.nlm.nih.gov/32819973/

REPLY

DoorlessCarp

DECEMBER 25, 2022 AT 11:47 AM

You get the picture:

Strong antitumor activities of IgG3 antibodies to a human melanoma-associated ganglioside
https://pubmed.ncbi.nlm.nih.gov/3856277/

REPLY

kareninca

DECEMBER 26, 2022 AT 10:09 PM

That’s the question. Is this only going to be a problem with vaccinated people who get respiratory ailments, or is there going be be a more general IgG4 excess whenever they catch anything that requires IgGs? It seems that this would be specific to respiratory problems. I hope. But the vaccinated son-in-law of a friend of mine just got a huge and deadly melanoma out of nowhere.

REPLY

Diogenes

DECEMBER 25, 2022 AT 2:22 PM

I’m still waiting for the general realization that the vaccination technique must be completely discarded.

Sure, there are some prime examples, like Polio, but I would never do a tetanus vaccination again. The benefit is too small and the risc too high. There are also many hints that vaccinations do not reduce

deseases, only shifting them into other areas.
Could be that most of the medical history of the world in the last 100 years was a result of using vaccination technique, which only shifted deseases around, but didn't decreased diseases.

Vaccination is frankenstein-technology! And the new mRNA vaccines, which instruct our cells to produce toxic spikes, is even more frankensteinish. It has to be gone!

REPLY

uranian

DECEMBER 25, 2022 AT 3:26 PM

Radagast, I'm trying to boil this down into a form I can share with others, so with apologies for much simplification, I'm trying to do an "explain it like I'm 5" version of your hypothesis:

———–

a normal immune response to various respiratory viruses differs between various people, which is a good thing as it means the virus can't evolve to fit all these responses. the mRNA gene therapy, however, has concentrated the immune response among those who've taken it into a single type of response, which is that of a pathogen that the body sees often, and thus learns to tolerate (such as bee stings). it so happens that the sarscov2 virus shares much in common with other respiratory virus, so the end result is that the gene therapied cohort are now tolerating, rather than eliminating, many different respiratory viruses, and are therefore getting frequently sick, and spreading these viruses. immune system degradation, whereby repeated infections gradually deplete the body's ability to fight infections, is making this process even worse. children particularly are suffering, as their immune systems haven't been exposed to many of the viruses that adults have already seen and fought off. this process will continue, as more and more people get infected with viruses that their immune systems tolerate, and thus even the un-gene-therapied cohort suffer as there so many more than normal sick people spreading infections that their immune systems are becoming overwhelmed, too.

possible solutions (aside from the obvious, stop with the mRNA shots ASAP); if you're sick, stay home until completely recovered to give

your immune system a chance to recover, too. eat a mostly veg-based diet. eat fermented food.

———-

any corrections, clarifications or wholesale rewrites appreciated. i find your hypothesis quite terrifying, all the more so since it does seem to fit with what we're seeing, from monkeypox to the current wave of respiratory viruses.

REPLY

Radagast ☆

DECEMBER 25, 2022 AT 3:53 PM

Yes, this pretty much summarizes what I suspect is going on.

REPLY

Diogenes

DECEMBER 25, 2022 AT 6:06 PM

Quote: " … and thus even the un-gene-therapied cohort suffer as there so many more than normal sick people spreading infections that their immune systems are becoming overwhelmed, too."

A real epidemic control will sooner or later come to the conclusion, that the cohortes must be seperated. Each country of the world will deal different with this problem. Coming tragedies everywhere.

REPLY

Rosemary B

DECEMBER 26, 2022 AT 6:10 PM

thank you for this simple explanation.
I am always attracted to the complexities of this whole "clown show plandemic" but like to get up to speed before hand.

REPLY

kareninca

DECEMBER 25, 2022 AT 8:58 PM

There is a very decent seeming medical doctor who tweets named Farid Jalali. I will cut and paste some of what he said recently about this that I got though nitter (if you can use twitter, you could just go there and read it). You can tell that he feels totally sick about this. Part of what he is writing is in response to some dumbass named John Hartblik who thinks that this new tolerance of covid infection will be a great thing.

"So I don't think I can write everything I want to write about the new IgG4 paper without getting into trouble."
"how would reduced antibody-mediated *cellular* immunity by IgG4 skewing help us in a landscape of rapid evolution of immune-evasive variants that 1 day may require that very same *cellular" immunity in addition to (subpar) neutralizing Abs to provide protection"
"I believe IgG4 skewing for a pathogen with very little (to none) rapid evolution such as Dengue is desirable in the fashion you've described, to reduce pro-inflammatory antibody-mediated pathogenicity. However, much of the pathogenicity comes from *afucosylated* Ab formation. I am not entirely sure that IgG4 skewing toward less ADCC and ADPC (cellular immunity) for a pathogen with *rapid* evolution toward more and more immune-evasive variants every 6 months is going to be a good strategy in the long run

Pathogenicity of severe COVID hinges upon antibody-mediated immune injury, but is not primarily due to IgG4 vs IgG1/3 responses

It is due to *afucosylated* IgG formation against spike (non-neutralizing) and that pathway may still be triggered despite IgG4 skewing from vaccines. Dengue also shares the same pathogenicity as in COVID, in that in both disorders, afucosylated IgG formation toward a viral antigen (spike in SARS-CoV-2) *before* neutralizing IgG formation leads to severe antibody-dependent immunopathology. This *afucosylated* response, we think and hypothesize, may be due to infection of host bone marrow cells (investigation in the works) and such access to bone marrow may hinge upon SARs-CoV-2 breach of immune defenses (both neutralizing Abs *and* cellular immunity. So while it is correct that IgG4 from repeated mRNAs skewing is overall "less inflammatory" when neutralizing SARS-CoV-2, the pathogenicity

of severe COVID is suspected to be due to a separate line of NON-neutralizing afucosylated pathogenic Ab formation.

And I worry that by channeling our response toward predominantly neutralizing Ab and by reducing our ability to provide *cellular* immunity (nature of IgG4 skewing), we may face a situation ...
... where an immune evasive variant

1) won't be neutralizing by subpar or long-depleted nAbs (in case of distant booster)

2) cellular immunity is impaired (nature of IgG4 skewing)

... which may result in increased risk of severe disease."

None of this would be a surprise to you, but you can tell that he is just horrified by this. I don't know if he is yet thinking about other respiratory viruses; maybe he is; maybe that is why he is saying he can't tweet everything he is thinking.

REPLY

90d

DECEMBER 26, 2022 AT 3:04 PM

Anecdotal, but I have jabbed family members re-suffering allergies they conquered in their childhood. One who grew up with four dogs in the house for first 20 years of their life is now breaking out in hives from being licked by their dog. To the point their eye was nearly swollen shot. Is it possible the IGg4 is not only being repurposed for respiratory viruses, but being overwhelmed also? your paper here has indirectly proven to me that this forced priming of the immune system leads childhood vaccines to cause severe allergies.
Source: my gut feeling.

This is a brilliant blog I wish I found it two years ago.

REPLY

Ravi Nathan

DECEMBER 26, 2022 AT 4:38 PM

If the level of circulating IgG4 is higher in the boosted shouldn't there be less allergies?

REPLY

Neko Ferro

DECEMBER 26, 2022 AT 9:40 PM

You are assuming IgG4 in general is good against all allergies. IgG4 needs to be specifically primed for an allergen.

REPLY

uranian

DECEMBER 25, 2022 AT 9:00 PM

merry fucking xmas, eh. thank you for your erudition and for sharing what you know. if it's any consolation, freaks such as i am much more likely to listen to someone like you – with no financial agenda – than some dodgy virologist or doctor who stands to profit from their approach to this.

REPLY

John Blythe

DECEMBER 25, 2022 AT 11:32 PM

Your Summary is good, but your dietary recomendations are non-sequitur and without proven basis. I was vegetarian for 20 years and have know many vegtarians. My personal experience and observations of others is that vegatarians are more prone to colds and flus not less.

REPLY

John Comerford

DECEMBER 26, 2022 AT 2:36 AM

My immune system became super efficient since eating vegan for 8 years now. So much so my co-workers commented that I never take sick leave from work.

REPLY

info

DECEMBER 26, 2022 AT 3:47 AM

Interesting. It seems however. That as a Vegan one would have to keep up with all the necessary plants.

There are other vegans like yourself that suffer from malnutrition. Which is suspect is because of missing out on the necessary vegetables, algae, mushrooms and so forth.

I think meat and dairy is like a shortcut. Since the animals it is derived from are themselves already Vegan requiring a lower range of vegetables to be sustainable.

REPLY

unknown

DECEMBER 26, 2022 AT 10:04 PM

I eat very little in the way of vegetable. I am nearly a pure carnitarian – by taste and because it makes me feel better. 48 years old, perfect health markers, decent athletic performance still, relative to all ages. Haven't missed a day of work in years, had a few sniffles here and there but nothing serious. Only have health insurance because Big Gov forces me to, not because I ever use it.

I can do anecdotes too.

REPLY

Fucko the Clown

DECEMBER 26, 2022 AT 4:18 AM

So far based on the sum of your analysis, are we heading for a vaccinAIDS scenario where the vaccinated lose immune function and die, for a Marek's disease scenario where the vaccinated become incubators for death bugs and all of us chuds die, or some kind of mixed scenario containing the worst of both scenarios, where the vaccinated are indeed a Marek's disease petri dish spewing plague everywhere they go, but while enjoying a sickly and fragile quality of life themselves?

This article seems to point towards the last and worst outcome.

REPLY

90d

DECEMBER 26, 2022 AT 3:17 PM

The problem we are having in society is we are a source="a feeling in my gut, or nuts" crowd. Which will lead us to the correct answer without being able to clearly communicate why. Yet the lemmings need us to disprove their poisonous media before they will even consider stepping out of line.

I feel a Marek's scenario is no longer in the cards. If the jabs caused these people to remain asymptomatic but still harbor this viral load and response, which was the best case scenario for them, I would be singing a different tune. Instead we are headed for VAIDS scenario where there will be jabbies getting sepsis from scraping their knee.

REPLY

Mehen

DECEMBER 26, 2022 AT 6:16 AM

Eugyppius recently commented that for Christmas he would be eating ham from a suckling pig, the next day, goose, and the following day, duck.

How does that make you feel?

REPLY

kareninca

DECEMBER 26, 2022 AT 7:09 AM

How does it make you feel to know that there do exist kind and sensitive humans? Does that upset you and make you very angry? Do you wonder why it makes you so angry? Did someone do something so terrible to you, that you want to cause hurt? Is it possible for you to stop?

REPLY

Charles Rixey

DECEMBER 26, 2022 AT 12:04 PM

Agreed. I'd never come across your blog before today, Rintrah, but this stuff is fantastic.
Igor has been an excellent explainer of things within this facet of the pandemic, so it's quite fitting to see his compliments in these comments.
As a fellow outsider to the world of science, it's been awesome to see others who are willing to step in and conduct the due diligence that establish science will not.

REPLY

Igor Chudov

DECEMBER 26, 2022 AT 6:57 PM

Nice to see you here Charles!

REPLY

Werner BK

DECEMBER 26, 2022 AT 12:30 PM

Is this the same mechanism which Dr. Geert Vanden Bossche described as Immune refocusing and ADE-I/D? Or is this a different mechanism and therefore additional problem? I really lost track.

Is there a way to get rid of the “surplus” igG4? Like expensive bloodwash procedures (15.000 Euro+) which are know to remove many of autoimmun antibodies (is this the same as igG4?!?).

REPLY

Carolyn Eaton

DECEMBER 26, 2022 AT 12:36 PM

Look up covax 19
I believe this was a more conventional vaccine developed by Nikolai Petrovsky in Adelaide. His program was ignored in favor of pfizer rtc

REPLY

Vic Hughes

DECEMBER 26, 2022 AT 12:44 PM

Given your censorship rules, I will not make any statement for or against Global Warming. I will note similarities between how Covid and Global Warming have been treated in media. “The Science is Settled.” “Climate deniers (anti-Vaxxers) are killing people” “No need to ever have an honest debate because all that does is create Climate confusion (vaccine hesitancy)”, “All dissenting voices need to be censored because they create Climate confusion (vaccine hesitancy)”, “Blindly trust in authority”. “Use State power to crush any dissent”. Are a few similarities. Again absolutely no ‘retarded” statement on Global Warming. Just on the similarities in how both are presented in th press. Why?

REPLY

Neko Ferro

DECEMBER 26, 2022 AT 9:42 PM

You might enjoy this older essay by the great Michael Crichton on the dangers of politicized science:

“Imagine that there is a new scientific theory that warns of an impending crisis, and points to a way out.

This theory quickly draws support from leading scientists, politicians and celebrities around the world. Research is funded by distinguished philanthropies, and carried out at prestigious universities. The crisis is reported frequently in the media. The science is taught in college and high school classrooms.

I don't mean global warming. I'm talking about another theory, which rose to prominence a century ago.

Its supporters included Theodore Roosevelt, Woodrow Wilson, and Winston Churchill. It was approved by Supreme Court justices Oliver Wendell Holmes and Louis Brandeis, who ruled in its favor. The famous names who supported it included Alexander Graham Bell, inventor of the telephone; activist Margaret Sanger; botanist Luther Burbank; Leland Stanford, founder of Stanford University; the novelist H. G. Wells; the playwright George Bernard Shaw; and hundreds of others. Nobel Prize winners gave support. Research was backed by the Carnegie and Rockefeller Foundations. The Cold Springs Harbor Institute was built to carry out this research, but important work was also done at Harvard, Yale, Princeton, Stanford and Johns Hopkins. Legislation to address the crisis was passed in states from New York to California.

These efforts had the support of the National Academy of Sciences, the American Medical Association, and the National Research Council. It was said that if Jesus were alive, he would have supported this effort.

All in all, the research, legislation and molding of public opinion surrounding the theory went on for almost half a century. Those who opposed the theory were shouted down and called reactionary, blind to reality, or just plain ignorant. But in hindsight, what is surprising is that so few people objected.

Today, we know that this famous theory that gained so much support was actually pseudoscience. The crisis it claimed was nonexistent. And the actions taken in the name of theory were morally and criminally wrong. Ultimately, they led to the deaths of millions of people.

The theory was eugenics, and its history is so dreadful — and, to those who were caught up in it, so embarrassing — that it is now rarely discussed. But it is a story that should be well know to every citizen, so that its horrors are not repeated."

https://www.michaelcrichton.com/why-politicized-science-is-dangerous/

REPLY

Robert Harper

DECEMBER 27, 2022 AT 1:11 AM

What you are advocating is an open mind to look at correlations as they occur, and not to close one's mind with "the science is settled" mindset. In that spirit have you thought of considering that eugenics never really died but perhaps caught less press and that what we are seeing now is the second chapter in the eugenics playbook? We are about to see the result that they wanted a century ago.

REPLY

Dan R

DECEMBER 26, 2022 AT 1:35 PM

I wonder if the "catastrophic contagion" table top scenario that was published in the media in Oct 2022 represents what this article is talking about.

https://www.centerforhealthsecurity.org/our-work/exercises/2022-catastrophic-contagion/
I believe the timeline is at the latest 2025..Not much time left!!

REPLY

90d

DECEMBER 26, 2022 AT 3:27 PM

Hopefully we can break that the shots are causing immune system suppression before they simply call this the next pandemic.

These people are monsters; look at the "lessons", each is a power grab. Further strengthening top-down, "man behind the curtain"

leadership. When what we actually need is a free platform for logical human discussion that the normies are willing to listen to.. https://www.centerforhealthsecurity.org/our-work/exercises/2022-catastrophic-contagion/lessons.html

REPLY

Bart Simpson

DECEMBER 26, 2022 AT 4:20 PM

Gheert Vondam Bosch Dutch virologist a previously pro V stance stated these facts in late 2019 early 2020. "You DONT attack a virus during a pandemic with mass V of the populace, otherwise you get variants the immune system doesn't recognize as a threat." Nobody in authority listened to him. He realized what was going to occur and he wept in despair.

REPLY

Duncan Watters

DECEMBER 26, 2022 AT 6:51 PM

May I please receive future articles?

REPLY

Jay

DECEMBER 26, 2022 AT 7:43 PM

"You have to keep in mind: The complete IgG4 shift only happens after breakthrough infections after the booster shot. In other words, the non-SARS2 viruses have not had much time yet, to evolve to adjust to the brave new world we now live in, where everyone is stuck with a strange subset of IgG4 antibodies for certain epitopes."

What does this mean for people who got the initial mRNA jabs but nothing more? Or who took both jabs but no boosters?

REPLY

Susan

DECEMBER 26, 2022 AT 8:54 PM

That is a damn good question. We know it causes clots in babies.

REPLY

kareninca

DECEMBER 26, 2022 AT 10:04 PM

Will it only be people who catch covid and other respiratory ailments who have an excessive IgG4 response? That would almost be tolerable, compared with the alternative. The alternative is that that will be the response whenever the body really needs a different IgG instead, like with cancer. I know several people with sudden onset, rapid growing cancers; two are dead already. Is this because they can't fight the cancers because the only IgG they are making is IgG4?

REPLY

Tawnyard

DECEMBER 27, 2022 AT 12:28 AM

> "I know several people with sudden onset, rapid growing cancers; two are dead already. Is this because they can't fight the cancers because the only IgG they are making is IgG4?"
>
> One reason the cancers are sparking is because the spike protein shuts down our BRCA1 and 53BP1 DNA repair mechanisms. It sucks up the proteins needed for repair. Our DNA fractures trillions of times a day, but our body repairs or patches it. Failure to repair these fractures leads to DNA degradation, a major cause of cancer.
>
> At the same time, the mRNA instructs our CD8 killer T-cells to express spike protein. This makes them look suspiciously like viruses. What do CD8 killer T cells do? They kill viruses, bacteria and cancerous cells. So when they see each other expressing spike, they kill each other, they kill themselves, antibodies (and antibody compliments) are produced to kill them. Net result, they die off catastrophically. So the vaccinated lose the ability to fight

cancer. Or bacterial infections. Or viruses. This is not a coincidence. This is a bioweapon.

REPLY

jan van ruth

DECEMBER 27, 2022 AT 3:23 AM

hoe komt het toch dat sommige mensen op een gebied best slim zijn en op een ander zo stom als maar kan?

REPLY

Leave a Reply

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Comment

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Website

Save my name, email, and website in this browser for the next time I comment.

Will you promise not to be an annoying retard who shows up here complaining that I don't join your retarded habit of pretending humans are not changing the climate? Type "YES" and you get to comment. Note: You get an IP ban if you still decide to be annoying. (Required)

POST COMMENT

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