Image Awareness
Wellness Institute
Immunity

1271 High Street, Auburn, CA 95603 • Phone (530) 823-7092
E-mail: Jim@imageawareness.com web: www.ImageAwareness.com

March 2023 **Volume 19: Issue 1**

Natural Immunity

Discussion of natural immunity is almost a forbidden subject as far as pharmaceutical firms are concerned. There is no profit when the body fights off infections without the help of vaccines. Nevertheless, natural immunity is what has allowed human beings to survive amidst a world filled with toxic viruses and bacteria.

Traditional vaccines have sought to mimic a natural immune response by presenting an entire pathogen to the immune system in weakened or killed form. The traditional polio and-flu shots are a dead viral vaccines.

Some vaccines present the immune system with living organisms that have (hopefully) been weakened so they do not result in the actual disease--this has been a problem in the past. This is done with the MMR, varicella, and rotavirus vaccines.

Normally pathogens enter the body through the respiratory tract, digestive tract, or through the skin. Most vaccines have traditionally been delivered by injection which bypasses the epithelial or surface tissues of the body which have the potential to alter the immune response.

With a traditional vaccine, everyone received the same dose. This allowed pretty rigid control of the production of antibodies.

The most recent vaccines are different from both natural immunity and from traditional vaccines. These vaccines were designed to create immunity to only one component of a pathogen--the toxic spike protein. Natural immunity would more likely develop antibodies to not only spike protein, but also to other parts of the virus including the nucleocapsid, DNA/RNA, and the envelope. Due to the more complete production of antibodies the natural immunity will last longer and be more effective at preventing a reinfection.

The speed of delivery of vaccines has always been a problem for pharmaceutical firms. It has traditionally taken up to *two years* to produce a vaccine. Pandemics of viruses tend to burn themselves out or mutate within two years. This is why the yearly flu vaccine often does not work well and the vaccine is made for the wrong organism 90% of the time.

The newer vaccines can be made at "warp" speed. They can be manufactured and delivered within *one week to two months* as compared to the previous two years.

Innate and Adaptive Immunity

The immune system has two main branches: inate (an immediate response characterized by inflammation) and adaptive (characterized by a more delayed response and the production of antibodies). Vaccines are targeted to cause the production of antibodies to improve resistance to diseases.

The innate branch of the immune system is activated first and immediately when the body is invaded resulting in an acute illness. This results in inflammation and if necessary activation of the adaptive immunity which involves the production of antibodies.

Older people are at greater risk from the flu and other infections because the efficiency of the innate or immediate immune response declines with age. This is why death statistices for viral infections such as the flu are almost always higher for older individuals.

The innate immune system has three major signaling pathways-- an immediate response, a medium response that takes several hours to become active and a slow response which becomes activated after about a day. The slower signaling pathway is called the JAK-STAT signaling pathway and this is the pathway associated with allergy and autoimmunity.

Both dietary intake and genetic differences can alter the functioning of these slower branches of the innate immune system associated with triggering antibodies, allergy or autoimmunity.

Overactivity or malfunctioning of the immune system is often rimproved by nutrients such as vitamin D, omega-3 fatty acids, catechins found in tea, flavonoids, stilbenes like resveratrol, high dose zinc, carotenoids, cruciferous comounds, plant sterols, curcuminoids and CBD oil.

Resolution of an inflammatory response is an active process on the part of the body and requires the raw materials found in omega-3 fatty acids. Resolution of inflammation and proper immune function also depends upon the steroid hormones produced by the endocrine system including estrogen, testosterone, progesterone, and the adrenal hormones. Hormones are often deficient due to poor diet lacking hormone precursors (eg. lipids) and aging.

How mRNA Vaccine Works

mRNA vaccines package genetic material within small cages or capsules that can pass through the membrane of a body cell, hijack the DNA, and instruct that cell to make a fragment of a pathogen such as the "spike" protein on COVID-19. The cage which the genetic information is packaged in is considered proprietary information and is a secret.

Once the genetic material in the vaccine (RNA) enters a cell it causes the cell to begin manufacturing foreign proteins, such as the spike protein in the COVID-19 vaccine,which move to the surface of the cell. These proteins are perceived as threats by the immune system which becomes activated and eventually creates an army of B-cells which produce antibodies. These antibodies tag cells and viruses displaying the foreign protein resulting in immune attack and destruction of anything displaying that protein.

Vaccines do not prevent infection. They simply alter the immune system so that it responds to invasion more rapidly. There is concern that mRNA vaccines can damage the immune system resulting in negative efficacy of the vaccines.

Emergency Use Authorization

None of the COVID vaccines are "FDA "approved." They are being manufactured and administered to individuals under "Emergency Use Authorization." FDA approved Pfizer Comirnaty has been approved, but it is not available for sale in the United States as of this writing.

Emergency Use Authorization is not allowed if there are any other effective treatments for a disease. This is the reason that WHO, CDC, and NIH prohibited the use of hydroxychloraquine (HCQ) despite its safe use for 65 years. One recent summary report notes that "Meta analysis using the most serious outcome reported shows 62% [52-70%] improvement for the 36 *early* treatment studies. Results are similar after exclusion based sensitivity analysis and after restriction to peer-reviewed studies. The 15 mortality results shows 72% [57-81%] lower mortality, and the 15 hospitalization results shows 41% [28-52%] improvement."

HCQ appears quite effective when used early in the course of the disease. Since effectiveness wanes as the disease progresses it is easy to select a list of studies done late in the disease to show the treatment is ineffective which is what was done.

Studies also show ivermectin lowered death rates by about half. Vitamin D reduced deaths by about a third. Vitamin D activates antimicrobial substances, but it must have magnesium or it remains in storage and inactive. Vitamin D also requires zinc which allows the vitamin to enter cells and provide protection. Anthony Fauci has admitted that he supplements with vitamins D and C to enhance his immune system, but they are ignored.

It is technicaly illegal to mandate emergency use medical treatments when an effective treatment is available, although this was done with COVID vaccines, despite the demonstrated efficacy of HCQ, ivermectin, and vitamin D when used for early treatment.

References:

https://c19hcq.com/cahcq.html
https://c19ivermectin.com/
https://c19hcq.com/d

Problems with Newer Vaccines

The COVID-19 vaccine actually took over cells of the body and altered them to produce spike protein-- the toxic part of the virus. This immediately creates a potential problem. How does one control the production of the antigen or toxin? How does one control how many cells that produce the toxin and at what rate the spike protein is produced. Does the cell alteration remain at the site of the injection or does it alter cells in the body such as those of the heart far from the site of injection?

Body Distribution of Vaccine

Claims were made that the activity of the vaccine would remain in the arm muscle, but this has proven to be false. "That such distribution occurs is apparent from animal experiments reported by Pfizer to Japanese authorities with its application for vaccine approval in that country."

Pfizer submitted a rat study to Japanese authorities in which radioactively tagged vaccine was injected into the muscle of the animals. The movement of the radioactive vaccine was followed for 48 hours. The vaccine appeared within the blood in 15 minutes and blood levels peaked after 2 hours. Any tissue with a blood supply would have some exposure to the vaccine resulting in uptake and production of the spike protein by the cells. The highest uptake of the vaccine was seen in the spleen, liver, adrenal glands, and ovaries.

Due to differences in genetics, in metabolic rate, and in the efficiency of immune function there is really no control over how much of the spike protein will be produced within an individual or where it will wind up.

The bottom line is that the vaccine was not contained at the vaccination site and could therefore create problems in other parts of the body.

Negative Efficacy

Studies from Sweden, the UK, New Zealand, Israel, and Qatar have all indicated negative efficacy for the vaccine. A large, peer-reviewed Swedish study published in June of 2022 in the *Lancet* confirmed that vaccine efficacy dropped into negative territory 7-9 months after vaccination. In other words the vaccine appeared to be contributing to more infections. Some think this is due to antibody-dependent enhancement or pathogenic priming.

Problems associated with vaccines have been difficult to track for a couple of reasons. One is that individuals have not been considered vaccinated until they have had a second shot or a booster. If vaccine damage takes place shortly after immunization, it can be associated with a COVID-19 infection rather than with the vaccine.

Antibody Dependent Enhancement

Some viruses rely on antiviral antibodies for their efficient entry into target cells. This is called antibody dependent enhancement. Early animal studies with mRNA vaccines resulted in health problems.

Ferretts developed hepatitis after vaccination when exposed to other viruses after mRNA vaccination. An early study with cats using mRNA technology concluded, "The data presented here show that an immune response against the viral spike protein alone can trigger early death syndrome after challenge..."

Pharmaceutical firms have attempted to address this issue with the covid vaccine. Even with this safeguard, the reports of injuries and deaths from this vaccine far surpassed those from all vaccines used over the last 30+ years since reporting began. At the time Colleen Huber published her book on the vaccine VAERS (The Vaccine Adverse Events Reporting Service) had recorded 27,000 deaths from COVID vaccines in the U.S. Reporting of adverse events is not mandatory and requires the busy doctor to spend about 30 minutes to fill out a report of an adverse event from a vaccine. It is generally recognized that more adverse events associated with a vaccine may be unreported than the issues which are reported.

One of the problems with assessing vaccine damage was the decision to disregard any damage and attribute it to COVID-19 infection until individuals had received two or more vaccinations. Any damage after a single vaccine was then attributed to the viral infection rather than the vaccine. Distinction between the two requires some rather complex laboratory evaluation. Huber reports that VAERS data suggests that 50% of deaths following vaccine administration take place within the first two days of receiving the vaccine.

Autoimmunity

When a normal body cell begins producing spike protein, the toxic part of COVID-19 virus, autoimmunity is a risk. These cells are no longer normal. The body recognizes them as foreign and seeks to destroy the cells. This is not a problem for an organ like the liver which can regenerate, but severe damage can take place to tissues like the heart and nerves which can not efficiently produce more cells. Autoimmunity can take place if one has a disordered or confused immune system and the body's own tissues can then become the target of the immune response. Autoimmunity does not result from a strong immune system, but from a confused and poorly functioning immune system.

Heart and Circulatory Problems

Blood clots and damage to the heart have been associated with COVID vaccines. The inner lining of blood vessels called the endothelium is very smooth which reduces the risk of blood clots. As the vaccine moves through the circulatory system it causes some of the endothelial cells to begin manufacturing spike protein. The same is true of the heart. This roughens the surface of the inner lining of the heart and arteries creating a risk for clotting.

Analysis of heart and blood vessel tissues of those who die after being given the vaccine has sometimes shown spike protein, but not other structural components of the virus *indicating that damage is not caused by the virus in these cases but by the vaccine itself*.

This work has been conducted by professor Arne Burkhardt, M.D. who acquired the data using histopathology and immunohistochemistry in the autopsy of individuals who died following vaccination.

The work is based on the fact that "Coronavirus particles contain two prominent proteins: spike (S) and nucleocapsid (N). Infected persons express the nucleocapsid protein (and also the spike protein). Injected persons express only the spike protein, which implicates the vaccine."

Futhermore, tissue studies indicate that the spike protein has activated the immune system to produce antibodies to attack the blood vessels and the heart muscle damaging both. Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue around the heart) have been associated with the vaccine.

References:

https://doctors4covidethics.org/vascular-and-organ-damage-induced-by-mrna-vaccines-irrefutable-proof-of-causality/

Weingartl H, et al., Immunization with modified vaccinia virus Ankara-based recombinant vaccine against severe acute respiratory syndrome is associated with enhanced hepatitis in ferrets. J Virol. 2004 Nov;78(22):12672-6.

Vennema, Harry, et al, Early death after feline infectious peritonitis virus challenge due to recombinant vaccinia virus immunization, *Journal of Virology*, Mar. 1990, 1407-1409

Anonymous, (2020) SARS-CoV-2 mRNA Vaccine (BNT162, PF-07302048) 2.6.4 Summary statement of the pharmacokinetic study [English translation].

Beattie, K.A. (2021) Worldwide Bayesian Causal

IMAGE AWARENESS
WELLNESS INSTITUTE
1271 HIGH STREET, AUBURN, CA 95603
PHONE (530) 823-7092 ORDER LINE (800) 359-6091
E-MAIL: MAIL@IMAGEAWARENESS.COM
VISIT OUR WEBSITE! WWW.IMAGEAWARENESS.COM

Impact Analysis of Vaccine Administration on Deaths and Cases Associated with COVID-19: A Big Data Analysis of 145 Countries. ResearchGate (preprint) https://doi.org/10.13140/RG.2.2.34214.65605

Nordström, Peter, PhD, et al., Risk of Infection, Hospitalisation, and Death Up To 9 Months After a Second Dose of Covid-19 Vaccine: A Retrospective, Total Population Cohort Study in Sweden, *The Lancet, 2022;* 399(10327):814-823, doi.org/10.1016/S0140-6736(22)00089-7.

Huber, Colleen, *Neither Safe nor Effective*, May 20, 2022, Tempe, AZ, 41, 60-61.

Risk Versus Benefit

COVID-19 had an average survival rate of about 99.85% with no treatment. It does not seem to warrant the promotion of a vaccine with potentially harmful side-effects for a disease which poses a risk to only a small portion of the population. This is a great financial proposition for pharmaceutical firms, but is not good public health policy.

Deaths from all causes have surged among the vaccinated J. Scott Davidson, CEO of OneAmerica, a life insurance company in Indiana, reported a 40% increase in all cause mortality or deaths in the third quarter of 2021. These were the highest death rates ever seen in the history of the company. These deaths were among those 18-64 and the deaths were not from Covid.

Lincoln National, the nation's fifth largest life insurance company reported that their death benefit payouts increased by 163% in 2022. This cost them an additional 6 billion dollars.

Ed Dowd found an 85% increase in excess mortality among millenials aged 25-44 in a one year time frame after vaccination using CDC data.

The military health database reported an 1100% increase in deaths among 18-49 year olds in vaccinated personnel in 2021.

CDC has created a new cause of death after the implimenation of mass vaccinations. It is called Sudden Adult Death Syndrome. Many of these deaths are caused by sudden heart attacks among young people.

Huge amounts of money have been involved in the promotion of these vaccines. The government HHS quietly paid out over a billion dollars to news outlets like CNN, The New York Times, and the Washington Post. Bloomberg estimated that sales of vaccines in 2021 could amount to 160 billion dollars.

There were huge financal incentives to follow the government line promoting the vaccine. Time will probably reveal that the cost to insurance companies and government health care will be a major problem in the future as the chickens come home to roost. The rush to a quick vaccine with huge profits ignored the potential risks to the health of those being treated.

REFERENCE:

Kennedy, Robert F., Jr., *A Letter to Liberals*, Children's Health Defense, 25-26.

Web Resource

www.imageawareness.com

Disclaimer

This publication contains the opinions and ideas of its author. It is intended to provide helpful and informative material on the subjects addressed in the publication. It is provided with the understanding that the author and publisher are not engaged in rendering medical, health, or any other kind of personal professional services in this newsletter. The reader should consult his or her medical, health or other competent professional before adopting any of the suggestions in this newsletter or drawing inferences from it.

The author and publisher specifically disclaim all responsibility for any liability, loss, or risk, personal or otherwise, which is incurred as a consequence, directly or indirectly, of use and application of any of the contents of this newsletter.