

## Paracelsus has died of COVID-19

Theophrastus von Hohenheim (1493 — 1541), better known as Paracelsus, was the Swiss physician, researcher and philosopher considered to be the father of toxicology.

It was him who enunciated the founding maxim of this science, which still stands today, over five hundred years later:

*Alle Dinge sind Gift, und nichts ist ohne Gift. Allein die Dosis macht, daß ein Ding kein Gift ist.*

**All things are poison, and nothing is without poison; the dosage alone makes it so a thing is not a poison.**

This is often shortened as “the dose makes the poison”, thus making emphasis on the dose.

However, the first half is equally important, if not more.

### PRESUMPTION OF TOXICITY

Even if not acknowledged in every jurisdiction, the principle of presumption of innocence is deemed a basic human right. Nobody is guilty until otherwise proved.

For molecules, however, the opposite applies. The precautionary principle. As Paracelsus noted, everything can be toxic and nothing is absolutely safe. Nothing.

A substance should always be considered dangerous until its safety is properly assessed. And even then... Because, as everything is potentially harmful, toxicity cannot be reduced to a binary parameter (toxic/non-toxic). It is more complex than that.

A long history of tragic pitfalls has taught us that, when it comes to living organisms, nothing ever works exactly as expected. Not once. Never.

That is why the regulations in place to approve a new medicine or vaccine are so stringent. It is not a caprice of the regulatory agencies. We had to learn the hard way how terrible and unpredictable the side effects of any novel treatment may be.

Especially difficult to assess are the long term effects. Many drugs have had to be withdrawn due to their toxicity after several years or even decades in the market.

To keep things simple, at the end of the day everything boils down to a multifactor risk/benefit analysis, which needs to be tailored to the specific circumstances.

## A PARADIGM SHIFT

The COVID-19 crisis seems, however, to be bringing about the paradigm shift sought after for so long by the pharmaceutical lobby, which has traditionally considered the current (or should we already say previous) regulatory framework too cumbersome for their interests.

If the false promise of “cheaper drugs faster” had so far, for the most, failed to lure the regulators, an irrational fear of the virus has finally done the trick.

We are now to believe that vaccines based upon an entirely experimental technology (the clinical trials will not conclude until, at least, 2023) are completely safe until otherwise demonstrated.

When scientists bring to the table mechanistic hypotheses that may render the vaccines dangerous on the long run, an illiterate chorus of journalist, politicians and mercenary experts all yell at once: “but it has not been proved!”.

The mercenary chorus is wrong, so far the burden of proof had always laid on the shoulders of those who wanted to bring a pharmaceutical product to the market and not the other way around. It was them who had to demonstrate that the product was safe.

In this case, it has not been demonstrated at all. We are supposed to trust the data from the pharmaceutical companies. The fox babysitting the chicken.

Blind faith is required, unless, of course, if you wish to be labelled an antivaxxer and completely ostracised.

Let's not fool ourselves, the ramifications of this shift will reach much deeper than just the COVID-19 vaccines.

Paracelsus is dead, long live foolishness, propaganda and corruption!

## THE NEW NORMAL

From a pharmaceutical standpoint, the new normal entails the possibility of testing a novel and potentially harmful pharmaceutical product directly in humans at mass scale.

Including children and pregnant women, without any regard for human life and health and promoting hatred and discrimination against those who refuse to be used as Guinea pigs in this dystopian totalitarian tyranny.

One just need to find an excuse and scare people enough.

## THE SANDMAN

There is no denying that SARS-CoV-2 is not to be taken frivolously. One can only afford to do that with the risk of the experimental vaccines, that can be trivialised, not the Sandman.

This virus is even more contagious than flu. So, as acute respiratory viruses go, it is a nasty one.

Now, this may seem insensitive towards those who have been really sick or died with COVID-19, but, it is time to face the facts, this extremely contagious virus has been circulating all over the place for more than two years and by far most people have never even had symptoms. All of us must have been exposed by now to several of its different flavours and, yet, here we are. Vaccinated and unvaccinated alike.

On the other hand, millions of people die with flu every season and that is hardly news.

What is this telling us?

The infantilisation of humankind has progressed so far that, either we believe in this Sandman and do as we are told, or we let ourselves be grounded as a punishment. Aren't there any adults left on this planet?

The government has now become our mommy and their corporate overlords our daddy.

Irrational fearmongering has killed freedom, democracy and human rights.

Such is the sorry state of affairs.

## THE SNAKE OIL

The mantra of the new goebbelsian propaganda machine is “get vaccinated, protect yourself and your loved ones”.

In the process, please, also install some spyware on your phone so that we can track your every movement.

But let's focus on the mantra and the snake oil.

If you get jabbed, are you really protecting your loved ones? Nope.

**Let me share some textbook knowledge with you: Systemic vaccines are not sterilising for acute respiratory viruses.**

COVID-19 vaccines are not an exception to this long-standing observation.

This means that the viral load on the epithelia of the jabbed is the same of that of the non-vaccinated. In other words, we are all equally contagious.

By getting a (systemic) shot against an acute respiratory virus, you are not protecting anybody else. Epidemiologically-wise, it is an entirely individual decision.

In fact, the viral load of the vaccinated is slightly higher as compared to that of the non-vaccinated. The difference is probably too small to be of any practical relevance, but it is still statistically significant because there is an underlying biological principle at play.

There is always a trade-off between your innate and your adaptive immune systems. If you wish, you can think of your immune system as a castle. For as long your walls stand, there is where you want to concentrate your limited resources. Once that the gate had been breached, you may want to relocate your resources to the keep. An infection or vaccination will result in mobilising the defensive resources towards the keep, thus making the walls and the gate somehow more vulnerable.

In fact, emerging research show that the experimental COVID-19 vaccines have general and long lasting immunosuppressive effects, making us more vulnerable to all sorts of infections.

OK, but the vaccines, protect you, don't they? Well, vaccinated or not, what actually protects you is your immune system. The vaccines *per se* do not fight the infection, they just prime your adaptive immune system to recognise the pathogen without the need of being infected.

So, yes, vaccines are great, possibly one of the greatest inventions of humankind, but they are not some kind of magic potion. If your immune system is weakened or otherwise compromised for whatever reason, no amount of vaccine is going to save you.

What you need, first and foremost, is a strong immune system. Then you can consider using a vaccine for sparring. Or not, depending on the aforementioned risk-to-benefit evaluation.

#### HOW EFFECTIVE THE EXPERIMENTAL VACCINES ARE?

Hard to tell, because there are different factors at play. In any case, it is nowhere near the 96% announced by the propaganda machine. Probably not even half of that.

For the Omicron strain in particular, it could be more like one third. Indeed, the vaccines currently in use were developed for a virus that is not in circulation anymore. Acute respiratory viruses are always one step ahead, which is why we have not been able to defeat the flu or the common cold. They are endemic and so is the new coronavirus.

In addition, please, consider the following aspects, which further compound the assessment of efficacy on a real life scenario.

On the one hand, we have vaccination, which has already reached over two thirds of the population.

On the other, we have natural immunity, which most likely has already reached most of the population and has been demonstrated to be more robust and long-lasting.

So probably we are close to reaching an "as good as it gets" kind of situation.

Yet another factor is that, as the virus can be fatal only for certain vulnerable groups and there is a big overlap with those who are at risk of suffering a fatal reaction to the vaccine, it results that, by now, between deaths by virus and deaths by the vaccines (falsely attributed to the virus), the population pool of the vulnerable ones has been significantly reduced. Therefore, less and less people should get severely sick and die, regardless of the measures adopted. Again, this may seem cruel, but it is a statistical truth.

Finally, the virus is evolving in the logical way: each new hegemonic strain is more contagious but less virulent.

To understand this, keep in mind that evolutionary success is measured on how many viable copies of your genome you leave behind. If a virus kills you or makes you very sick, you may become a dead end from the virus' perspective. Death and sickness are undesirable side effects for a virus.

If you find this hard to believe, consider the following, no less than 54,000 different viruses are currently circulating or hiding somewhere in your organism. That is your virota (an analogous concept to the more widely known microbiota). Most of them are doing you neither harm nor good. Some may harm you now or at some point in the future, but others are symbiotically helping you.

## ARE THE EXPERIMENTAL VACCINES DANGEROUS?

Yes, they are, because every substance is.

These vaccines have skipped most of the tests a pharmaceutical product needs to undergo in order to be approved. We have no clue, for instance, about their potential carcinogenicity or teratogenicity.

One can argue that this was fully justified because of the emergency situation we were in. However, that is not what the media and the politicians are telling you. They assure you that these cocktails have undergone rigorous testing and that they are absolutely safe. They are lying to you.

How dangerous are they? Little is known and that is precisely the problem. Some issues have started to emerge, but the purpose of this vulgarisation text is not to dive deep into the science.

For instance, we know that the viral spike protein is intrinsically toxic and induces a plethora of autoimmune reactions with a plethora of ramifications. Thrombotic and cardiac events are the ones that seem to be taking more lives in the short term.

It is important to keep in mind, however, that autoimmune syndromes might reveal themselves years or even decades after the original triggers were actioned and they typically result in chronic conditions.

Remember the precautionary principle.

## LEARN TO LIVE WITH IT

In summary, COVID-19 vaccines do not reduce infectivity and therefore cannot help curb the pandemic. This was already known long before all this started. The virus is here to stay. You can think of it as the new flu (only that it is more similar to the common cold).

The COVID-19 vaccines are helping to reduce the number of people requiring intensive care, which is excellent. Excellent for those who need them, which is only a small minority of the population.

The rest should probably not take the risk for the foreseeable years, unless, of course, if there is a serious turn of the situation for the worse, which, for the aforementioned reasons, seems unlikely.

For most of the population, namely the children, the risks/incertitude surrounding the new experimental vaccine technologies almost certainly overweight the benefits.

As with the flu, those deemed vulnerable should be advised to be vaccinated prior to every COVID-19 season and the entire population to observe some social distancing and barrier measures throughout the duration of the season. Always on a voluntary basis and within the most scrupulous respect of the individual and collective liberties and human rights.

Water and soap and avoiding touching our mouth and eyes with unwashed hands are more effective than sanitiser solutions.

For acute respiratory viruses, naturally reinforcing the immune system has traditionally proved more efficacious than vaccination or, in any case, both approaches should naturally complement each other.

Lockdowns are completely counterproductive. What we need is precisely the opposite: sunlight (vitamin D), fresh air, physical exercise, a well-balanced diet, good sleep and preventing stress.

Coercing people into receiving an experimental shot every five months is complete madness and, ultimately, would prove that these vaccines are unsuitable (by definition).

In fact, the massive inoculation of children with this experimental technologies may well become the biggest irresponsibility in the history of humankind, as we could be condemning several generations to a life with a chronic condition (imagine, three tablets a day for the rest of our lives, wouldn't that make the pharmaceutical lobby happy).

## MORE RESEARCH

Indeed, we need to fully test this new technology over several years before even considering continuing its large scale deployment.

In addition, we need vaccines containing more than one antigen (such as classic attenuated virus vaccines) as the new narrow-spectrum vaccines containing only the spike protein are putting all the evolutionary pressure on a single antigen, thus catalysing the emergence of new productive variants such as Delta and Omicron and rendering the immune system less and less effective against other infections.

As the spike protein is intrinsically toxic, research is needed to devise strategies to devoid the vaccines of such toxicity, while keeping efficiency. Be this by mutation, fragmentation, etc.

Going back to the original notion, "the dose makes the poison". With the mRNA and DNA vaccines we cannot control at all how much antigen (spike protein) is produced. Some organisms/tissues may produce too much and others too little. Again, classic vaccines or recombinant vaccines containing several antigens would seem preferable.

If we are serious about reducing infectivity, we need to explore strategies other than systemic vaccines, such as, for instance, nasal sprays.



And because infectivity is the key to control a pandemic we need diagnostic tools capable of determining who is contagious above a given threshold.

PCR is clearly not that tool, it may have usefulness for epidemiological statistics, but it should not be used for individual diagnoses.

Even more absurd and irresponsible is to presume that vaccinated people are not contagious and let them run wild while others see their constitutional rights arbitrarily restricted for no scientific reason.

Finally, we need treatments. Several cheap and relatively safe generic drugs have proven efficient to reduce the severity of the disease at different stages. In spite of having saved countless lives, such treatments are currently banned and doctors who have prescribed them face repercussions. It is time to consider those alternatives seriously and preferable to just doing nothing but contemplating how the patient's condition worsens on a hospital bed.

## EPILOGUE

People have been brainwashed into thinking there is some sort of scientific consensus supporting the COVID-19 policies currently implemented in most of the developed world.

There is no such thing. The ongoing political agenda is entirely unsupported by good honest science.

As an example, it is worth having a look to the [Great Barrington Declaration](#) and its impressive list of signatories.