



Vaccine-Induced Pathology

Prevention and Resolution with Vitamin C

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Presentation Overview

- Pathophysiological basis of all disease
- Promotors of all disease
- Foundational disease treatment principles
- Role of vitamin C in health and disease
- Data review on childhood vaccination outcomes
- Vaccine-induced pathophysiology
- Winning the vaccine wars
- Treatment/mitigation/prevention of negative vaccine outcomes

Reference Checking

Go to:

<http://www.ncbi.nlm.nih.gov/pubmed/>

In the PubMed search box, enter the seven or eight digit number, by itself, at the end of each reference in this presentation. This is the PubMed Identifier (PMID) number

Then click on “Search” and you will go directly to the Abstract of that article, or for a few articles, you will have access to the full article. If there is no PMID number, it is not available on PubMed.

The Cause of All Disease: A Unified Theory

The onset and evolution of all diseases, as well as all of the associated symptomatology, is caused by, and/or mediated by:

Increased

Intracellular Oxidative Stress (IOS)

Increased IOS exists when the production of free radicals (highly reactive pro-oxidants) exceeds the body's antioxidant capacity to neutralize (reduce) them, or to prevent their production in the first place. Elevated IOS always exists where there is a deficiency of antioxidants, an excess of free radicals, or both [16760481].

Redox Medicine Principles

Redox (reduction-oxidation) medical principles represent the essence of vitamin C-based biochemistry.

Pro-oxidant (aka “toxin, free radical, reactive oxygen species, poison”)

Takes, or causes to be taken, electrons away from reduced (chemically normal) biomolecules (**OXIDATION**)

Antioxidant (vitamin C is the prototype)

Gives (or restores) electrons back to oxidized biomolecules (**REDUCTION**)

Redox Medicine Principles

The basic redox nature of vitamin C and the pro-oxidant nature of all toxins concisely explains why vitamin C, along with many other antioxidants, has been **DOCUMENTED** to be an effective *antitoxin* against all toxins for which it has been tested, *in vitro* and *in vivo*, in plants, animals, and humans, and including clinical studies.

Properly administered vitamin C has never failed to neutralize an acute pro-oxidant/poison/toxin exposure or ingestion

Redox Medicine

Principles

Even though there is a tremendous variety of molecular structure among all of the known toxins, they **ALL SHARE** the property of taking, or causing to be taken, electrons from other molecules, oxidizing them and resulting in an overall state of **increased oxidative stress**.

If a molecule does not cause the loss of one or more electrons from another molecule it **IS NOT TOXIC and CANNOT BE CLASSIFIED AS A TOXIN**. Toxicity and any symptoms of toxicity cannot exist in the absence of oxidation (depletion of electrons from biomolecules).

Redox Medicine Principles

1. All disease, then, **IS** the state of oxidation in biomolecules. No disease exists in the absence of this state of biomolecule oxidation. In other words, “Increased Oxidative Stress” does not cause disease, but is the entirety of disease itself.
2. Biomolecules (nucleic acid, proteins, enzymes, sugars, fats, etc.) are **inactive** or **less active** when oxidized, and **optimally active when reduced**.
3. Therefore, the unique nature of any disease process depends solely on how many biomolecules are oxidized and where they are located and concentrated, nothing more. In other words, **any** disease depends on the degree to which vital biomolecules have become inactivated (oxidized).

Redox Medicine Principles

The physiological goal of all clinical protocols is to normalize as completely as possible the intracellular oxidative stress (IOS) in all cells affected by the infection and/or disease process. This is **always achieved** when intracellular levels of reduced vitamin C are brought back to normal. When this occurs, it is always seen with cellular calcium and increased cellular magnesium. And when these three agents are brought back into balance, normal glutathione levels are promptly restored as well.

When the intracellular vitamin C is returned to a normal level and maintained there, that cell is once again **physiologically normal**, and no longer playing a contributing role in any infection or disease process. This is the goal for all medical conditions, including any problems that occur following vaccination.

Prominent Promoters of Chronic Degenerative Diseases

1. Infections (endotoxins, exotoxins, aerobic and anaerobic metabolic byproducts, dental); documented to strongly promote oxidative stress and lessen antioxidant capacity; focal infections anywhere in the body
2. Chronic pathogen colonization (especially aerodigestive tract [sinus, mouth, and pharynx], and upper respiratory tract)—a **PRIMARY** reason for leaky gut, abnormal microbiome, and MOST chronic digestive disorders.
3. Known exogenous toxin exposures (heavy metal, pesticides, etc.)
4. Toxic iron status (most people in “normal” range are toxic); also calcium and copper
5. Dietary toxin exposures (food “enrichment”, constipated gut, *Clostridium*); inadequate/poor nutrition and/or poor digestion; poor digestion is worse than poor nutrition in terms of overall negative impact on the antioxidant capacity of the body
6. Hormone imbalances (sex, cortisol, thyroid)

Prominent Promoters of Chronic Degenerative Diseases

The six categories of promoters of chronic degenerative disease all share the property of providing **NEW AND ONGOING** toxicity to the body. Such toxin sources are the **ONLY** factors that determine whether a disease worsens, stabilizes, or regresses. This is the case because all disease is dictated by the

1. the **appearance of new** oxidation,
2. the **reversal of old** oxidation, or
3. the **balance between** those two factors.

Treatment Principles for All Chronic Degenerative Diseases

1. **Prevent/minimize** new daily toxin exposure (environmental, dental, dietary, digestive)
2. **Neutralize** toxins already present in the body
3. **Excrete** toxin stores in a non-toxic, or minimally toxic, manner (detoxification causes some retoxification)
4. **Resolve** infections and pathogen colonizations; OR take the measures needed to KEEP FOCAL INFECTIONS FOCAL
5. **Supplement optimally** to maximize the antioxidant/nutrient status of the body as completely as possible
6. **Address hormone imbalance**, typically deficiencies of testosterone, estrogen, and/or thyroid hormone

What Has Vitamin C Already Been Proven to Do Against Pathogens?

1. Kill/inactivate all viruses *in vitro* against which it has been tested.
2. Clinically resolve all acute viral syndromes (*in vivo*) for which it has been adequately dosed. Prominent examples:

Polio: Vitamin C cured acute polio (60 of 60 cases) [Klenner, 1949]

Hepatitis (acute):

Initial Rx was 500 to 700 mg of VC/kg body weight by vein, given every 8 to 12 hours. As well, a minimum of 10,000 mg VC orally every day. Routinely, resolution was seen in 2 to 4 days.

Klenner also resolved acute hepatitis with 5,000 mg of VC every four hours or so orally. Complete resolution was achieved in 4 days, utilizing a total of about 120,000 mg given.

Magnesium Chloride and Viral Infection

Infection (infectious disease) resolution

Dr. Neveu in France in the 1940s reported on the treatment of 15 cases of polio, ages 20 months to 47 years-old, with oral magnesium chloride solution. The diagnoses of the polio were clear-cut, and the clinical responses always prompt and dramatic. Acute polio was cured in as little as 24 hours, and chronic polio infection contracted as long as 4 months before Mg treatment responded dramatically as well. Muscular paralysis also responded extremely well, sometimes with complete resolution even though complete flaccidity had already been present for months.

Depending on age and body size, the magnesium chloride solution was a 2.5% solution [25 grams in 1000 cc of water], 15 to 125 cc orally every six hours.

What Has Vitamin C Already Been Proven to Do Against Pathogens?

Dramatic example:

Comatose New Zealand farmer with H1N1 “swine flu” directly prior to having life support discontinued (2010). See:

<https://www.youtube.com/watch?v=GApXBaZuw14>

What Has Vitamin C Already Been Proven to Do Against Pathogens?

2. Resolve all *acute* viral syndromes for which it has been adequately dosed.

Prominent examples:

Measles (simple and complicated)

Mumps (simple and complicated) [18147027]

Chickenpox [14908970]

What Has Vitamin C Already Been Proven to Do Against Pathogens?

3. Documented efficacy in non-viral infections.

Diphtheria, tetanus, staphylococcus, streptococcus, pseudomonas (all documented as curable with vitamin C therapy)

Malaria (very positive responses to very low doses)

Leprosy, typhoid fever, brucellosis, trichinosis

Dysentery (amebic and bacillary)

Trypanosomal infections (Chagas' disease)

What Has Vitamin C Already Been Proven to Do Against Pathogens?

4. Definite benefits/sometimes cure in the following:

Lyme, AIDS, *chronic* hepatitis

“Embedded pathogens;” vitamin C (or any other agent) cannot work optimally without physical access to the pathogen

Common cold; a very high requirement of vitamin C needed for the total quantity of virus usually present

Tuberculosis; slow-growing, slow-reacting; massive amount of literature documenting benefits of C for this

Pertussis; combination infection/toxin

What Has Vitamin C Already Been Proven to Do Against Toxins?

Documented as the ultimate nonspecific antitoxin and poison antidote, *in vitro* and *in vivo*:

1. Toxic elements (mercury, lead, chromium, arsenic, cadmium, nickel, vanadium, aluminum, fluorine)
2. Venoms (snake, spider)
3. Alcohol [3304067]
4. Barbiturates [5899011]
5. Toxic mushrooms[6200941]
6. Pesticides, six different types
7. Strychnine, tetanus

What Has Vitamin C Already Been Proven to Do Against Toxins?

NO toxin has ever been reported in the literature that cannot be neutralized by vitamin C. This applies to all acute toxin exposures, as well as all acute infectious diseases, which are really just a *variation on a potent, acute toxin exposure*. Of note, while effective against all acute infectious diseases and acute toxin exposures, vitamin C has repeatedly been shown to be quickly and profoundly effective against viral infections.

Vitamin C Against Pathogens, and Toxins: The Overwhelming Scientific and Clinical Proof

Levy T (2002) *Curing the Incurable: Vitamin C, Infectious Diseases, and Toxins*. Henderson, NV: MedFox Publishing

Over 1,200 peer-reviewed scientific references, documenting the unique anti-pathogen and antitoxin properties of vitamin C in animals and humans, *in vitro* and *in vivo*

There are no childhood infectious diseases for which vaccinations are offered (or mandated) that are not readily CURED, or are not even more readily prevented when appropriate vitamin C-centered treatment and supplementation protocols are employed.

Vitamin C Against Pathogens, and Toxins

This begs the question:

Why risk any side effects from vaccinations in the first place?

Simple answer: You shouldn't. For over 80 years, "modern" medicine has ridiculed, refused to use, refused to read clear-cut research data, and even *actively suppressed* the proper utilization of vitamin C (most dramatically where it is readily life-saving for ICU patients dying of sepsis). Ignorant physicians have a responsibility of due diligence to be properly educated, and they should be incarcerated after "letting" such patients die due to arrogance that they always know what is best. *At the very least*, they should be sued civilly for wrongful death if their clear-cut negligent manslaughter cannot be successfully prosecuted. Bankrupting a few docs in this manner could also change things a lot as well, and perhaps even save the deteriorating face of medicine.

Vaccine Philosophy

From an article I wrote nearly 30 years ago, entitled “*Vaccination: The Shot that Keeps on Shooting*” (<http://www.whale.to/m/levy1.html>)

“Upon superficial review, nothing could seem more appropriate than to protect the population from dread diseases with simple and presumably harmless inoculations. However, the issue is very complex, and it is best to address it appropriately informed, as the consequences of such shots can often be as dire as the very diseases themselves. As with other public health issues such as the artificial fluoridation of our water supplies or the ongoing assault on our immune systems with the continued placement of mercury fillings in our mouths, vaccination programs are characterized mainly by emotional and political support, with a decided paucity of scientific validation. Similar to the fluoride and mercury issues, vaccinations also hold the unswerving loyalty and support of numerous health professionals, most of whom, once imprinted in their early training, never allow new data or studies to sway their allegiances. If such data does not appear in the very limited realm of a few specific scientific journals, it is simply assumed that new and revolutionary information cannot exist.”

Vaccine Philosophy

Obviously, the money trail leading to the unconscionable profits harvested by the pharmaceuticals will sustain virtually any program that can be initiated and effectively indoctrinated. However, the physician profits must be taken into account as well. A pediatrician (better known as a Vaccinologist) attending a lecture I gave in Manila came up to me after the presentation and asked me if I meant to say that vitamin C can prevent any possible side effects from vaccines. I assured her that was the case, and she simply responded:

“Oh, thank God! Vaccinations are my bread and butter, you know.”

Vaccine Philosophy

For anyone paying even minimal attention to the world around him/her over the last three years of COVID pandemic, it should be very clear that:

There is more politics in medicine than there is in politics.

Vaccine Findings

Vaccines:

- **Frequently** fail to achieve their goal of immune protection
- Can cause the disease for which protection is sought
- Came into prominence after many of the targeted diseases were already in dramatic decline
- Can implant latent viruses resulting in years-delayed neurological and degenerative diseases
- Can impair cognitive abilities that can extend over generations and factor into the causation of significant criminal activity
- Can cause autism and other “minimal brain dysfunction” diseases that were *almost absent* in the population before widespread vaccine mandates

Vaccine Findings

Dr. Jonas Salk, developer of the first polio vaccine in 1955, was quoted to say:

When you inoculate children with a polio vaccine you don't sleep well for two or three weeks.

In 1992, the CDC admitted that the polio live-virus vaccine had become the largest cause of polio in the United States, noting that from 1973 to 1983, 87% of the cases resulted from vaccine administration.

Vaccine Findings

Nearly all of the neurological and brain damage inflicted by vaccines is secondary to an inflammation of different areas of the central nervous system. With this in mind, it needs to be noted that the pertussis part of the DPT vaccine is used experimentally in animals to *deliberately induce* a picture of acute encephalitis and/or anaphylactic shock.

Coulter (1990) *Vaccination, Social Violence, and Criminality: The Medical Assault on the American Brain* North Atlantic Books

Vaccine Pathophysiology

The purported goal of any vaccination is based on eliciting an immune response to:

- A non-viable (dead) pathogen
- A viable pathogen, but attenuated in its ability to cause a clinical infection
- A portion of the pathogen (e.g., spike protein)
- A pathogen-related toxin (endotoxin, exotoxin)
- A combination of antigens related to pathogen as well as toxin

Vaccine Pathophysiology

Varying degrees of inflammation, which means varying degrees of vitamin C deficiency, is the pathology present in all cells/tissues involved in an acute or chronic infection, or an acute or chronic disease or other medical condition.

The occurrence of ANY symptom following a vaccination, whether immediate or later-occurring, means that inflammation has begun in an area (or sometimes body-wide), and it should NEVER be ignored. Vigorous therapy must be initiated promptly and continued until clinical state is completely returned to normal.

Vaccine Pathophysiology

While symptoms following a vaccination might be self-limited and resolve quickly, this can never be known until such resolution occurs. For example, headache, agitation, and continued crying in infants ***must* be regarded as being due to an antigen/toxin-induced encephalitis**. If such a symptom is just “watched,” damage can be done that is eventually beyond reversal, and a baby, toddler, or child can then end up with autism or other “minimal brain dysfunction” condition. Any deviation from complete normalcy in the infant/child should be aggressively treated.

Vaccine Pathophysiology

From Mark Twain:

“It’s easier to fool people than to convince them that they have been fooled.”

This perspective is critical to slowing/stopping the damage that vaccines consistently cause. **NO** physician will ever admit to being wrong about vaccines, and would never accept responsibility for the damage that he/she has facilitated.

Because of this, the only way to eliminate vaccines is for them to “fade” away by a new generation of docs realizing the incredible properties of vitamin C early in their training, while assuring the older docs that they had no way of knowing better, and that “new” research now supports a better approach to infections and toxins.

Vaccine Pathophysiology

It is also important to realize that all toxin, pro-oxidant damage is **CUMULATIVE**. Repair of an oxidized biomolecule does not spontaneously occur. It is permanent until the appropriate antioxidant is able to gain access to that molecule and reduce it chemically back to its normal functioning state. This is frequently, but not exclusively, achieved by vitamin C. Other antioxidants (e.g., fat-soluble) can access and reduce oxidized biomolecules not readily accessible to vitamin C.

Vaccine Pathophysiology

Only a few mandatory (or “strongly recommended”) vaccines were administered 60 years ago. Now the number has *skyrocketed*, and just continues to INCREASE as the misguided concept that vaccines are the answer to everything gets more and more entrenched in “medical” minds. In 1962, 3 shots to achieve 5 immunizations has exploded to 72 shots to achieve 16 immunizations today. Obviously, Big Pharma is very happy to continue providing new vaccines, sometimes for infections that children (and adults) rarely contract. Every shot contains toxins that must be neutralized. The need for toxin neutralization does not “disappear” just because the infant/child might have not displayed overt symptoms after an injection.

Vaccine Pathophysiology

Just to be COMPLETELY clear:

I am not aware, at this point in time, that there is **ANY** valid reason for:

- **ANY** vaccine
- For **ANY** reason
- Being given at **ANY** time

And I seriously doubt that any vaccine will be developed in the future that offers protection/treatment better than vitamin C, while being devoid of side effects worse than the condition for which the vaccine is being offered.

Achieving the Goal

HOWEVER, rather than attempt to convince the medical community that vaccines might harm, or that vitamin C might resolve any negative consequences of a vaccination, the best way to approach the avidly pro-vaccine community is that the *vitamin C is being given to enhance the goal of the vaccination*: protection against a targeted infectious disease. And even though it is **ALSO** protecting against vaccine-inflicted damage, that issue is best not addressed to avoid a knee-jerk opposition to giving vitamin C. Just assert that you want to make a vaccine optimally effective, without implying that there is any downside to the shot.

Achieving the Goal

The medical literature clearly shows that vitamin C will not only neutralize the toxicity of a toxin, it will also **INCREASE** the B cell antibody response of the immune system of humans or animals to the antigen (vaccine) that is present at the time [914459, 7429758, 7163630, 3965664, 10824956, 10760396, 15890805, 17208456].

Furthermore, vitamin C enhances the cellular (T cell) immune response [300689, 10760396].

Optimal B cell and T cell activity is always desirable when a vaccine has been given, as well as being highly desirable in general.

Achieving the Goal

As Mark Twain said, nobody will ever admit being fooled. This is especially true when admitting a grave error undermines the credibility of a “professional” person who has undergone years of formal education and is expected to be an expert that knows all of the nuances of a given issue.

Furthermore, for many people, if they don’t want to believe something that is horribly offensive if true, they will convince themselves simply not to believe it.

Because of this basic defect in the human personality, it is essential to give the “opposition” a pathway to avoid such humiliation, while projecting an image that careful consideration is being given to “new options” *without declaring or acknowledging the old options as being completely flawed.*

Achieving the Goal

The perfect example of changing an approach without getting “egg in the face” occurred in Colorado Springs over 20 years ago. The City Council not only wanted to fluoridate the water of the city, it had *already purchased and installed* very pricey equipment to proceed forward. But it had to be approved...

I was part of a group of citizens who opposed this initiative, but it became rapidly apparent that there was NO wiggle room, no matter how much hard science was presented to them, that would undermine to the slightest degree the belief that water fluoridation was a general health panacea. Not only does the science reveal the many long-term toxic effects of such fluoridation, it also showed that it degrades the teeth it is purported to protect. One City Council member was a “fellow cardiologist” in the community and I could not even get him to budge a little one-on-one with me showing him a pile of peer-reviewed scientific articles documenting the negative effects of long-term fluoridation.

Achieving the Goal

After much frustration and hair-pulling, our group changed the focus of our “anti-fluoride” campaign completely. The “source” of fluoride to be added was hydrofluosilicic acid, a highly contaminated substance literally derived from the smokestack scrubbers of the phosphate fertilizer industry. Lead, arsenic, and mercury are significantly present in this substance, as classified by the EPA, and it had never been tested for safety in humans. Cities around the country were saving the fertilizer industry millions of dollars to avoid the expense of properly discarding this product while making millions more selling it.

Achieving the Goal

The “attack” on the toxicity of fluoride was completely abandoned, and our **INFO** campaign began in the city. **INFO** stood for “**I**t’s **N**ot **F**luoride **O**nly.” This campaign promoted the idea that any fluoridation of the water supply had to be achieved with purified fluoride, not a highly contaminated waste product.

The INFO group released a press release providing the community with detailed information, and an informational website focusing on the INFO concept was started.

And, after what seemed an eternity, but was only several months, we **WON**. To my knowledge, the water of Colorado Springs still remains unfluoridated (www.fluoridealert.org)

Achieving the Goal

It my recommendation that any initiatives directed at opposing mandatory vaccination, or vaccinations at all, be directed at:

“Let’s make vaccination more effective than ever before.”

Avoid even suggesting that vaccines cause harm that can be lessened. Only emphasize that their protection can be enhanced.

A campaign entitled something like:

The **PROVE** program: **“PR**oviding **O**ptimal **V**accines for **E**veryone.”

It’s truly all about marketing. The most heinous bills imaginable get passed in Congress and embraced by the public because they have names that imply a goal that no one can logically argue against, even though the bill is not even remotely directly at achieving that goal.

Achieving the Goal

Furthermore, a campaign that promoted vitamin C-centered protocols to optimize the efficacy (and safety) of all vaccines would also finally give vitamin C the recognition it deserves as a powerful therapeutic modality for nearly all conditions. And, **MAYBE**, in the long-term, enthusiasm for vaccines might wane for many docs, as they begin to realize, **ON THEIR OWN**, that maybe vaccines were not doing anything that could not be accomplished with proper vitamin C and nutrient supplementation/administration in the first place. Were such an evolution to occur, it would probably be generational in nature, as more young docs learn this information very early in their training. Progress generally proceeds very slowly in displacing scientific concepts regarded in almost a religious nature.

Optimizing Intracellular Vitamin C

All diseases are due to having cells with increased intracellular oxidative stress (increased IOS).

This is characterized by:

- Increased intracellular calcium
- Decreased intracellular magnesium
- Decreased intracellular vitamin C
- Decreased intracellular glutathione

Optimizing Intracellular Vitamin C

When intracellular vitamin C levels can be restored to normal, intracellular oxidative stress levels are returned to normal physiological levels, and the cell is once again NORMAL.

Cortisol (hydrocortisone) [NOT synthetic analogues] works to avidly promote the **cellular uptake of extracellular vitamin C** after it binds to intracellular glucocorticoid receptors. Most people with chronic degenerative disease are **at least** minimally deficient in cortisol production from their adrenal glands. **Those who contract infections that do not resolve for extended periods of time are severely deficient in adrenal cortisol production, along with sufficient vitamin C available to be ushered into the cells.** All treatments that do not ultimately support the final goal of normalizing intracellular vitamin C are ultimately inadequate in resolving infection or disease.

Optimizing Intracellular Vitamin C

The stress response to infection and toxins results in the prompt release of cortisol into the blood. This SHOULD be matched by a large release of vitamin C from the liver and USING UP the increased glucose that the cortisol surge is also provoking. **Instead, the stress cortisol response is only as effective as the amount of vitamin C being ingested by diet or supplementation, along with how much vitamin C is present to be released from the adrenal glands (where VC concentration is high).** Without more vitamin C, however, the stress response quickly burns out. Treatments with agents such as prednisone quickly reaches this burn-out point, and the long-term effects of very high NON-PHYSIOLOGICAL steroid dosing becomes manifest. But this is NOT the case with cortisol (hydrocortisone).

Optimizing Intracellular Vitamin C

The clinical response of combined vitamin C-cortisol applications is typically *stunning* relative to other treatment modalities. The FIRST LINE treatment of any new infection should be large doses of VC matched with sizeable doses of cortisol. This also applies to dealing with any level of toxicity and/or infection following a vaccination, however minimal the clinical manifestations.

Optimizing Intracellular Vitamin C

It is important to realize that this VC/cortisol application is optimized when applied at the early stage of an infection. In advanced sepsis, there is already a high level of circulating cortisol “trying to compensate” for the decreased binding and function of oxidized intracellular glucocorticoid receptors. At this point, the patient needs no further steroid therapy, but just massive doses of vitamin C intravenously, on the order of 25 grams every six hours intravenously to counter the oxidative stress slowing down energy metabolism. Initial dosing can be as much as 2 grams/kg body weight daily in order to “get ahead” of the oxidative impact of the sepsis. Such dosing would be on the order of 50 grams every six hours for a man weighing over 200 lbs.

Vaccine Toxicity Prevention

Prevention of vaccine-induced inflammation is always optimal, but always be prepared to **IMMEDIATELY** follow the **prevention** protocol with the more comprehensive **treatment** protocol at the sign of **ANY** departure from good health following the vaccination. A child can help by offering complaints, but an infant or toddler must be observed closely to not have any departure from normal smiling and appearance of comfort and happiness. Track temperature after vaccination, and go straight to the treatment protocol if any significant increase is seen compared to pre-vaccine temperatures. Also see:

<http://orthomolecular.org/resources/omns/v11n09.shtml> and

<http://orthomolecular.org/resources/omns/v08n07.shtml>

Vaccine Toxicity Prevention

While it should not be surprising, general nutritional status in an infant or small child is the most important single factor in whether a vaccination is well-tolerated. Aboriginal infants and children, with their nutrient-depleted diet and very limited variety of foods, had an incredibly high death rate following vaccinations. Very little vitamin C was in their diets, and they were all effectively on the “brink” of scurvy when they received their vaccinations. This fatal outcome was almost completely blocked with a fairly nominal dosing of vitamin C before and after the vaccination. Dr. Archie Kalokerinos initiated and observed this, and entitled his 1974 book *Every Second Child* documenting this since **roughly half** of these nutrient-depleted babies died after their vaccinations.

Vaccine Toxicity Prevention

GENERAL GUIDELINES ONLY, as vitamin C has NO intrinsic toxicity, and no known degree of intake above which is established to be toxic.

For the baby or toddler for optimal immune enhancement and toxicity prevention:

For 3 days before the vaccination, the day of the vaccination, and 3 days after the vaccination. 500 mg of sodium ascorbate powder daily in a favorite juice for infants under 10 lbs; 500 to 1,000 mg of sodium ascorbate for babies 10 to 20 lbs; 1,000 mg of sodium ascorbate for weight greater than 30 lbs, increasing to 1,000 per day per year of life (5,000 mg for a 5-year old). Total dose can be administered in a divided manner throughout the day. Same daily schedule of 3 days before, day of, and 3 days after the vaccination.

Vaccine Toxicity Prevention

Lesser amounts of vitamin C will still be effective for many toddlers and babies, depending on their overall nutritional status.

If it can be given, the protection afforded by the vitamin C will be further enhanced by the administration of magnesium chloride solution:

After making a 2.5% solution [25 grams in 1,000 cc of water], give 10 to 100 cc of the solution orally, mixed with a little juice, amount depending on body size (small infant to a large, 100 lb child). This solution stores very well without going bad.

Vaccine Toxicity Resolution

When ANY symptom develops post-vaccination, immediately administer the same vitamin C dosing schedule, but increase the frequency to every 4 to 6 hours and continue until the symptom has disappeared FOR A FULL 24 HOURS. Depending on whether the symptom appears resistant, the dose size can be increased as well. The rule of thumb in vitamin C dosing is that if the infectious/toxic symptom is not responding, **you simply have not given enough.**

If possible, increase the magnesium chloride dosing frequency in the same manner, but don't increase the dose size or exceed an every six hour frequency.

For additional excellent guidance, also see:

<http://orthomolecular.org/resources/omns/v18n05.shtml>

Vaccine Toxicity

Prevention/Resolution, Adults

For the COVID vaccine and other vaccines being given to adults, the protocols for vaccine damage prevention and post-vaccine damage resolution are much more involved and will not be addressed in this presentation. However, a much more aggressive and detailed protocol will also be required for any children that plan to receive the COVID vaccine or already have problems post-injection.

For Contact and Further Information

For complimentary downloads of my two latest books:
(Please share links freely)

www.rvr.medfoxpub.com (Rapid Virus Recovery)

www.hep21.medfoxpub.com (Hidden Epidemic)

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