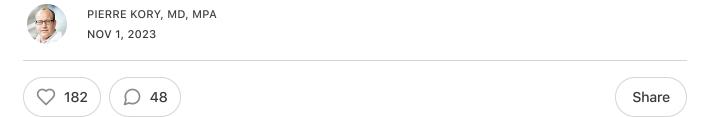
Exhibit 534

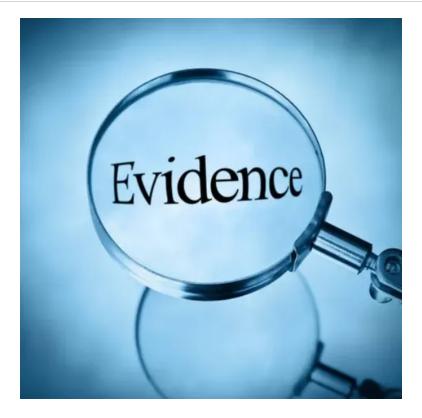
"Shedding" Part 5 – Evidence of Shedding Causing Illness in Others

https://pierrekorymedicalmusings.com/p/shedding-part-5-evidence-of-shedding

"Shedding" Part 5 - Evidence of Shedding Causing Illness In Others

Here I present an epidemiologic study suggesting population-wide shedding impacts, case notes of patients sensitive to shedding, and social media reports.





Again, to summarize the evidence presented in the previous posts in this series (<u>Part 1</u>, <u>Part 2</u>, <u>Part 3</u>, <u>Part 4</u>):

• Lipid nanoparticles of various types and applications have the ability to disseminate widely to numerous organs and can cross to fetuses trans-placentally and accumulate and transmit via breast milk

- Equally disturbing and suggestive are data (but insufficient to prove shedding as sole cause) of massively increased reports to VAERS of miscarriages, stillbirths and fetal malformations.
- In regards to breast milk transmission, numerous adverse event reports strongly support shedding/transmission of vaccine products between mother and baby via breast milk (babies developing strokes, convulsions, respiratory failure, facial paralysis, blurred vision and anaphylaxis (among other concerning symptoms).

Now we are getting closer to the real question, which is, can the vaccine components or the spike protein be transmitted from one human to another... and cause symptoms?

Lets start with my first two personal treatment anecdotes (from the intro to my first post in this series):

"Within 3 months of the rollout of the global Covid mRNA vaccination campaign, I was consulted by two different unvaccinated women who reported that they were suffering menstrual abnormalities following close exposure to a recently vaccinated practitioner (one visited a massage therapist and another an acupuncturist)."

In one patient, she reported having missed her period for two months, she had been tested negative for pregnancy multiple times and was complaining of persistent breast tenderness/swelling and abdominal cramping. After a collaborative informed discussion, we made a decision to try ivermectin (for its spike-binding and anti-inflammatory properties). 5 days later, she reported resumption of her menstrual cycle and resolution of her breast and abdominal symptoms.

In the other patient, she complained of irregular menses and prolonged menses. I treated her with 7 days of ivermectin after which she reported a normal cycle the next month. I just wish ivermectin worked for all vaccine-related problems. To be accurate, it is one of the most effective medicines in our <u>Leading Edge practice</u> arsenal for the treatment of post vaccine injury syndromes, but it ain't perfect - Scott and I estimate about 70% of our patients report positive responses which vary from modest to large. Conversely, I actually think that the lack of an ivermectin response in a vaccine injured patient is prognosite, and not in a good way - those patients are way more difficult to treat and even with numerous trials of therapy, improvements are often modest.

Forgive me for I digress. Since that time, at least twenty other unvaccinated and vaccinated people, both men and women, have reported to me compelling histories of typical post-mRNA vaccine adverse effects subsequent to close exposure to vaccinated family members, contacts, or friends.

Further, my partner Scott Marsland at our <u>Leading Edge Clinic</u>, who also specializes in treating Long Covid/Long Vax syndromes, has a growing series of detailed case histories of similar "shedding" events occurring. Our clinical observations conclude that symptomatic shedding events do occur, but we have little knowledge of how common it is occurring among the general population.

This is further complicated by the fact that even if it were occurring frequently, the vast majority of people suddenly developing typical vaccine side effects symptoms after exposure to a vaccinated person would likely never think to relate it to exposure to shed vaccine products. This is because the population at large (who haven't read this series) has no idea that the vaccines are nanoparticle delivered gene therapies and that shedding with nanoparticle gene therapies is a both a risk and a reality.

However, my general sense is that it occurs largely in people who have increased physiologic sensitivity to environmental exposures, toxins, or pharmaceuticals and that it is generally transmitted by someone recently vaccinated or someone who is producing a lot of spike protein. Note that is my "general sense" and much more study is required. Recently, I spoke with <u>A Midwestern Doctor</u> about shedding recently, and they shared with me the same impression based on their observations (this was before I told them my thoughts on it).

Before I get to more case anecdotes and reports, I will first highlight the most disturbing implication that shedding is occurring amongst the population, from this landmark (at the time) <u>paper by Pantazatos and Seligman</u>. Although still on a pre-print (it will never get published), these two researchers did a statistical analysis of publicly available databases across the U.S and Europe where they studied the relationship between excess mortality rates and Covid mRNA vaccination rates.

Although their main finding that Covid mRNA vaccination rates correlated strongly with excess mortality made waves at the time, there was one other finding "buried" in

the paper. Shockingly, they also found a strong correlation between adult vaccination rates and excess mortality amongst *unvaccinated children* (*i.e. in countries and at times when children were not being vaccinated for Covid*). Although I had read the paper when it was first posted, I overlooked the significance of the below data originally, but it has taken on far more meaning now:

Notably, adult vaccination increased ulterior mortality of unvaccinated young (<18, US; <15, Europe).

From the discussion section (I paraphrased the below as the original wording in English was awkward and confusing):

Most associations show that vaccination in adults is correlated with increased mortality for the unvaccinated in the age group 0-14, (among 39 correlation coefficient values with unadjusted two-tailed P < 0.05, 32 are positive and 7 are negative). This correlation increases from the week of vaccination until week 18 after vaccination, then disappears. It indicates indirect adverse effects of adult vaccination on mortality of children of ages 0-14 during the first 18 weeks after vaccination.

They also found the relationship in another database:

The euromomo.eu data also reveal an unexpected increase in mortality in children correlating with adult vaccination rates in the previous period.

So, is it possible that vaccinated parents were "shedding" on their children which caused a life-threatening event or illness? With exceedingly rare exceptions, children don't die from Covid. So why else would there be such a correlation?

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Recall that in <u>my last post</u>, I argued that if shedding/transmission were occurring between humans, it would be via the respiratory route (the exhaled breath of a vaccinated person would then be inhaled by another close by).

To wit, <u>scientists compared</u> unvaccinated children living with vaccinated parents to unvaccinated children living with unvaccinated parents. The children of vaccinated

parents had anti-COVID IgG antibodies in their nose and the difference with the children of unvaccinated parents was significant.

The authors interpreted this finding to be due to "antibody shedding" by droplets. I disagree. First off, this would be a historic first - I can find no evidence of passive immunity being transferred from one person to another except between mothers and babies, either trans-placentally or via breast milk. Otherwise we would all be "immunized" to everything our parents have natural immunity for. To be fair though, the study authors did not say the children had immunity, but finding potentially protective antibodies would be a requirement. It was also the only requirement needed for approval of some of the more recent boosters.

As we know from prior posts in this series, the LNP's or spike can be transmitted via breath, saliva, sputum, or sweat. Thus, I think it is almost certain that their children were exposed to vaccine components or products (spike or LNP's containing mRNA which then caused them to make spike). Subsequently, the children produced their own antibodies to spike.

As I mentioned previously in this series, I know of a recently completed study where they took (100?) unvaccinated women and closely exposed them to Covid mRNA vaccinated women. I am told by the research team that it is soon to be published. However, it is clear that more formal studies of human to human transmission of gene therapy product components is required. I am not holding my breath.

In the interim, I will provide brief case descriptions of patients reporting symptoms developing after exposure to vaccinated persons. Yes, these are anecdotes, but the plural of anecdotes is... *data* (that statement will give the "evidence based maniacs" the howling fantods).

In her <u>masterful review paper</u> on shedding, Banoun cites this <u>posting from a blog</u> written by a physician named Ray Sahelian. She described this post as "the first clinical reports of shedding" (not true as social media was full of similar reports far earlier).

Anyway, on Dec. 2, 2021, Dr. Sahelian posted a detailed review of mRNA vaccine side effects including their pathophysiology and the summary incidence data of numerous

categories of side effects as well as death reports. At the end of <u>a very long post</u>, he shared his appropriately skeptical thoughts on whether shedding was occurring (I bolded the most relevant parts):

Ray Sahelian, M.D.

December 2, 2021

Shedding or transmission

I am often asked what I think about Covid-19 vaccine shedding -- unvaccinated people getting side effects such as flu-like symptoms, headache, fatigue, fever, nausea, diarrhea, rash, nose bleeding, or uterine bleeding -- after spending a lot of time around newly Covid-19 vaccinated people. **I am not aware of any published studies that have looked into it**. It seems far fetched but not impossible; stranger things have happened in medicine and science (people speaking with a different accent after a stroke or head trauma). I would like researchers to look into the respiratory route as a possibility (see the article on my home page where I discuss trillions of spike proteins being formed). **After vaccination the spike proteins** in the blood travel through the circulation within exosomes. Scientists could analyze the exhaled air of newly vaccinated people (within the first few days) to see if any spike proteins, or fragments, are present. If they are exhaled, then the next step is to find out whether someone who is close to them inhales enough of these spike proteins to have substantial amounts circulating in their blood stream to cause noticeable adverse reactions. There are a lot of ifs here and it would be nice if researchers looked into it to allay the shedding concerns of some people. A friend who is a scientist, and skeptic, had mentioned to me 2 months ago that he had gotten ill even though he had been very careful and had stayed distant from people. He had a few days of fever, chills, and fatigue. He had tested negative for Covid-19. When I brought up the topic of shedding he recalled that his symptoms started four days after his mom, who lives in the same house but rarely goes out, had the Moderna vax. He recalled another time when he came down with similar symptoms and it was soon after having a long conversation a few feet away from a coworker who recently had her Moderna Covid-19 vaccine. Again he tested negative for Covid-19. Coincidences? I need a lot more evidence; but, again, I can't rule it out until scientists look into this matter. Spike proteins have been found in the urine of some patients with a Covid-19 infection, and they are also found in flatus. It is possible spike proteins could pass through fluids during intercourse, but in enough

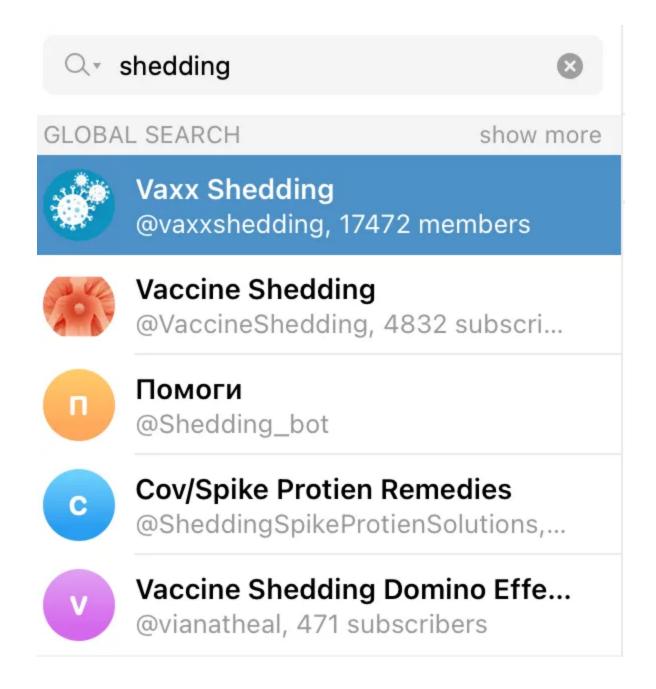
quantity to have an effect? Or pass by exchange of body fluids... for how long after vaccination? If spike proteins are transmitted by air, my best guess right now is that significant "shedding" would occur no longer than about two weeks. As I come across more and more stories of people mentioning their reactions after encountering those who have been recently vaccinated, I am becoming more open to the possibility of such transmission.

Banoun's thoughts after reading the above:

At the beginning, this type of testimony did not seem very credible to me, but they accumulated and in October 2021, I received a testimony from a group of French caregivers: they observed a stroke in a 7-year-old child with no risk factors and whose parents had been freshly vaccinated. There are Telegram groups listing testimonies from patients and doctors. All of these testimonials report symptoms or conditions reported in the COVD-19 vaccine adverse event databases: the adverse effects of mRNA vaccines against COVID-19 are now recognized by regulatory agencies (see VAERS and Eudravigilance databases, as well as the ANSM, France).

Social Media Reports

I searched "shedding" on Telegram and it came back with these groups, note one has over 17,000 members:



Although there were a few shedding reports like this one below, in my brief scan of the channel, a lot of the topics and treatments discussed were wide-ranging and hypothetical and I could not devote more time searching for anecdotes.



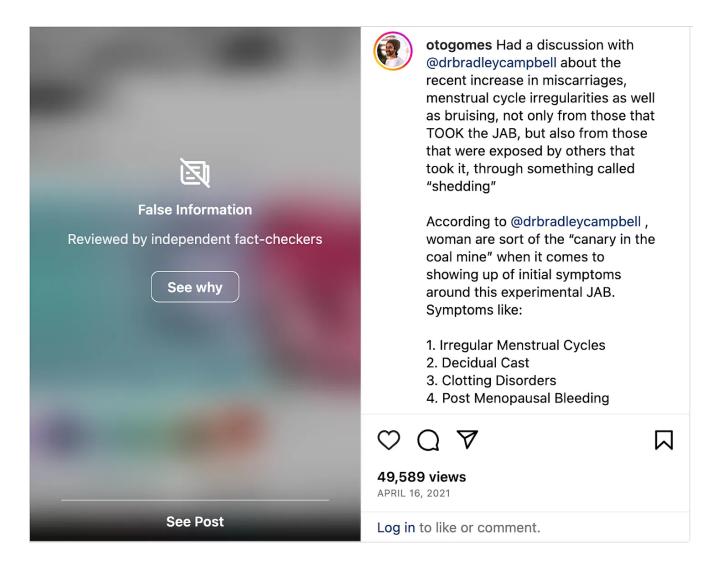
What is interesting is that I was able to find clinical examples of shedding events from this ludicrous <u>Reuters fact-check article</u> where they tried to dispel the "social media

myths" of shedding occurring. As a way of giving examples of such "misinformation," they helpfully included hyperlinks to 5 social media posts warning of (or describing) shedding events. Unfortunately, only three of the five were still up on the internet. See below (all from April of 2021 oddly):

1. The woman in this video linked below describes how "tens of thousands of unvaccinated women are suddenly reporting menstrual abnormalities," and "this is a war on fertility" and "doctors need to wake up."



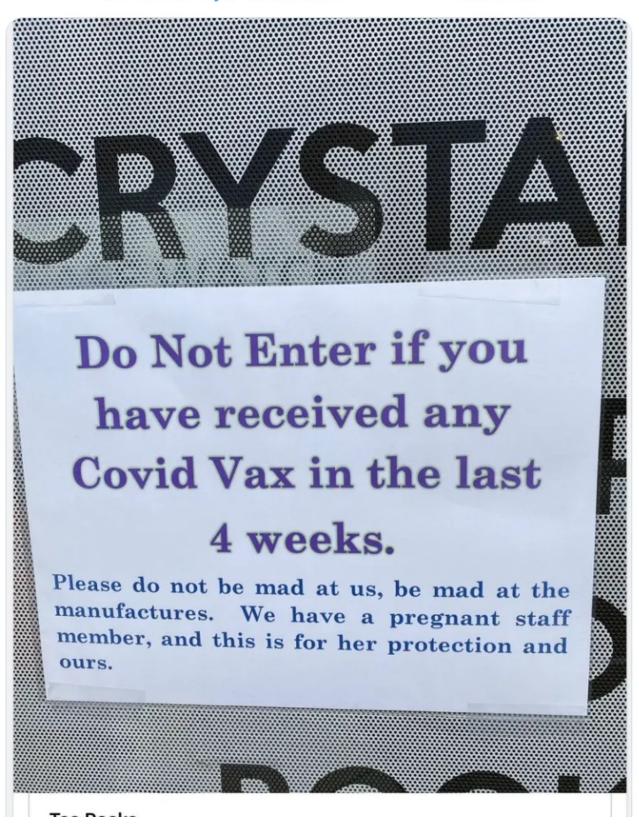
2. As you can see, the below instagram post got fact checked but the message still remains:



3. This shop owner felt strongly that shedding was such a risk and a reality that they put up a sign on their front door asking that customers who had been vaccinated in the previous four weeks not enter the store.



So... this... from a Rocky Mountain House business... Um... well... I'm so confused? @emmadeady @KikkiPlanet @Crackmacs @JATetro





I will say that the one thing the shop owner above got 100% correct is that "there is no proof that the vax does not shed."

Please subscribe below and then <u>click here</u> to go to my next post called <u>"Shedding Part</u> <u>6-</u> Clinical Case Notes Describing Shedding Phenomena Among Leading Edge Clinic Patients

P.S. I just want to say thanks to all my subscribers, especially the paid ones! Your financial support is greatly appreciated as it allows me to devote what is often large amount of time I spend researching and writing my posts, so again, thanks. - Pierre



P.P.S - Proud to report that my book is gaining Best Seller status on Amazon in several countries and is climbing up the U.S Amazon rankings... Link:

<u>"Shedding" Part 1</u>- Shedding of Covid mRNA Vaccine Components and Products From The Vaccinated to the Unvaccinated - Part 1

"Shedding" Part 2 - The Bio-Distribution and Excretion Potential of Covid mRNA Vaccine Products

"Shedding" Part 3 - Can You Absorb Lipid Nanoparticles From Being Exposed To a Vaccinated Person?

"Shedding" Part 4 - Evidence of Placental and Breast Milk Transmission of Covid mRNA Vaccine Components

"Shedding" Part 5 - Evidence of Shedding Causing Illness In Others

<u>"Shedding Part 6-</u> Clinical Case Notes Describing Shedding Phenomena Among Leading Edge Clinic Patients

"Shedding" Part 7 - Shedding Via Sexual Intercourse - Clinical Reports

"Shedding" Part 8 - A Deluge of Clinical Reports Pour In

"Shedding" Part 9 - More and More Clinical Case Descriptions of Shedding Pour In



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