

## **COVID-19 Vaccine Benefit Claims Are 'Without Basis or Merit': Research Group**

by Naveen Athrappully 12/1/2023

[https://www.theepochtimes.com/article/claims-covid-19-vaccines-are-beneficial-are-without-basis-or-merit-research-group-5538803?utm\\_source=partner&utm\\_campaign=BonginoReport](https://www.theepochtimes.com/article/claims-covid-19-vaccines-are-beneficial-are-without-basis-or-merit-research-group-5538803?utm_source=partner&utm_campaign=BonginoReport)

Health officials and mainstream media spread meritless claims about the safety and effectiveness of COVID-19 vaccines, while clinical trials of the vaccines were “fraudulent” and several studies after their rollout were “significantly” biased, according to research group PANDA.

In October 2022, PANDA called the COVID-19 vaccination campaign “a failed experiment.” The organization said in a recent update that it still stands by this assessment and outlined its concerns regarding the vaccines.

Phase 3 trials of COVID-19 vaccines were mainly “conducted in healthy, younger subjects who were at negligible risk of serious illness,” PANDA said. As such, “they were incapable of measuring the purported benefits.”

Moreover, “there is rapidly accumulating evidence of conduct designed to skew the results which many would regard as fraudulent.”

“The so-called ‘real-world’ studies conducted after rollout are riddled with obvious confounders and use a variety of statistical tricks—completely ignored by previously reputable academic journals—which significantly bias the results,” it said.

As such, claims made by politicians, health officials, and media about the safety and effectiveness of COVID-19 vaccines were “without basis or merit.”

The purported benefits claimed are starkly contradicted by population-level data suggesting significant increases in overall mortality and morbidity in heavily

vaccinated populations.”

For instance, a study by the nonprofit research organization CORRELATION published on Sept. 17 found that older people were at increased risk of dying after getting COVID-19 vaccines, with the risk of death doubling roughly every four years.

This doubling in mortality risk per COVID-19 injection every four to five years is about two times faster than the 10-year doubling rate of the yearly risk of death owing to key old-age illnesses such as cancer, pneumonia, and heart disease.

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## Long-Term Use of Statins Linked to Heart Disease:

By Vance Voetberg

Epoch Times 12/14/2023

For decades, statins have been heralded as reliable heroes in the battle against heart disease, the leading cause of death in the United States and globally. However, a new expert review suggests that long-term use of statins may be aiding the enemy by accelerating coronary artery calcification instead of providing protection.

### Statins Deplete Heart-Protecting Nutrients

The review, published in *Clinical Pharmacology*, suggests that statins may act as “mitochondrial toxins,” impairing muscle function in the heart and blood vessels by depleting coenzyme Q10 (CoQ10), an antioxidant cells use for growth and maintenance. Multiple studies show that statins inhibit CoQ10 synthesis, leading many patients to supplement.

CoQ10 is vital for producing ATP, the cell’s fundamental energy carrier. Insufficient CoQ10 inhibits ATP production, resulting in an energy deficit that the review authors say “could be a major cause for heart muscle and coronary artery damage.

“We believe that many years of statin drug therapy result in the gradual accumulation of mitochondrial DNA damage,” the authors wrote.

A 2022 study published in *Biophysical Journal* linked reduced ATP to heart

failure.

A 2008 study published in BioFactors reaffirms the statin–CoQ10 link.

Researchers evaluated 50 statin patients for side effects such as fatigue and muscle pain. All then stopped statins and supplemented CoQ10 for 22 months on average.

Heart function improved or held steady for a majority of patients. The researchers conclude that statin side effects, including statin cardiomyopathy, “are far more common than previously published and are reversible with the combination of statin discontinuation and supplemental CoQ10.”

**Statins Deplete Vitamin K, Raising Heart Calcification Risk**

Statins impair the production of vitamin K, an essential vitamin in managing calcification, according to the review. Optimal vitamin K2 intake helps avoid plaque buildup of atherosclerosis—thickening or hardening of the arteries—and keeps calcification risk low.

Coronary calcification happens when calcium accumulates in the walls of the coronary arteries, which provide oxygen to the heart. This plaque buildup is a sign of early coronary artery disease, which can block blood flow and trigger a heart attack.

A 2021 study published in the Kaohsiung Journal of Medical Sciences found a connection among statin use, coronary artery calcification, and vitamin K2 deficiency. The results shed light on how statins may spur arterial calcium accumulation by inhibiting vitamin K. The study’s findings were “in agreement with the existing evidence about positive association between statins and vascular calcification,” the authors noted.

Statins also damage selenoproteins, carriers of the mineral selenium, which is essential for heart health.

calcification in a 2022 study published in *Arteriosclerosis, Thrombosis, and Vascular Biology*. However, the authors proposed that statins may encourage calcification by heightening inflammation rather than via nutrient deficiency.

### Physicians Overlook Statins as Driver of Heart Failure: Experts

Based on emerging evidence of statins' potential cardiac downsides, the authors of the new review warned that “physicians in general are not aware that statins can cause heart failure and are clearly not recognizing it.” Although doctors readily diagnose heart failure in statin users, they usually attribute it to factors such as age, high blood pressure, or artery disease.

Doctors prescribing cholesterol drugs “cannot ignore the moral responsibility of ‘informed consent,’” the researchers wrote, noting that patients deserve full disclosure of side effects such as cardiovascular disease and heart failure.

With more than 1 million annual heart failure hospitalizations in the United States, the condition is often referred to as an epidemic—and, according to the review, it may be that “statin drug therapy is a major contributing factor.”

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## Venomous snake bites kill thousands every year. A California doctor may have a solution

– Story by Louis Sahagún

LA Times

John Heenan knows the terror of feeling a sting on his foot, then looking down and seeing two bright red puncture wounds about an inch apart and a massive rattlesnake slithering away into tall grass.

It was a summer morning in 2017, and the 74-year-old horticulturist was carrying a box of fruit in a Marin County orchard when, he said, “I stepped right on him, then called out to a partner, ‘Hey, I’ve been bitten by a rattlesnake.’”

It’s a snapshot imprinted in Heenan's brain. “The fangs struck a vein, and I could feel the venom moving throughout my system,” he recalled, wincing at the memory. “I started seizing up, and struggled to breathe as though I had the wind knocked out of me.”

Heenan was rushed to a hospital, where he spent the next four days in a coma. During that time, he was administered 28 vials of antivenom intravenously at a cost of \$3,400 per vial.

When he regained consciousness, there were two people at his bedside, his wife and expedition doctor Matthew Lewin, who smiled and said, “You are one lucky guy.”

Matthew Lewin, left, and John Heenan stand in the orchard where Heenan was bitten by a 5 1/2-foot-long Pacific rattlesnake. The horticulturist at Indian Valley Campus of the College of Marin went into a coma for four days. ((Louis Sahagun / Los Angeles Times))

Matthew Lewin, left, and John Heenan stand in the orchard where Heenan was bitten by a 5 1/2-foot-long Pacific rattlesnake. The horticulturist at Indian Valley Campus of the College of Marin went into a coma for four days. ((Louis Sahagun / Los Angeles Times))

© (Louis Sahagun / Los Angeles Times)

Heenan would later learn that Lewin was hot on the trail of a novel treatment for the long, agonizing, and often deadly effects of venomous snakebites: It's a pill that he says “is intended to at least buy victims enough time to get to the hospital.”

Snake venom is a complex cocktail of toxins, amino acids and proteins that evolved primarily to immobilize and kill prey, but it also prepares tissues for

digestion. In humans, venom causes severe swelling and instability of blood pressure, neuromuscular weakness and paralysis, hemorrhaging, and the death of skeletal muscle, leading to permanent tissue loss and amputations.

The World Health Organization estimates that 138,000 people are killed by venomous snakes annually, and most of them die before they can reach emergency medical care. This suffering goes on with little outrage or publicity because snakebites most often occur in impoverished, backwater areas, and there is no easy way to treat snakebite in the field.

Nature has provided an abundance of slithering assailants to watch out for: rattlesnakes, copperheads, water moccasins and coral snakes in the United States; kraits in Southeast Asia; taipans in Australia; Nikolsky's vipers in Ukraine; Gaboon vipers with 2-inch-long fangs in Africa, and bushmasters in Central America. Then there are Russel's vipers, big, irritable snakes responsible for 25,000 fatalities in India annually.

Typical standard-of-care antivenoms are extremely expensive, require refrigeration, and must be administered intravenously in a hospital setting. They are also species-specific, meaning selecting proper antivenom requires knowing which type of snake bit you.

As a result, survivors of rattlesnake bites in Southern California, for instance, get a second painful surprise when presented with hospital bills totaling hundreds of thousands of dollars.

Lewin has been working for a decade to develop an easy-to-use, needle-free solution to all those problems with a drug called Varespladib.

What makes **Varespladib** promising is that it blocks phospholipase-A2, a highly toxic protein that is present in 95% of all snake venoms and plays a direct role in life-threatening tissue destruction, catastrophic bleeding, paralysis and respiratory failure. Proponents say the small synthetic molecule has the potential to stop or reverse neurological damage, as well as restore normal blood clotting ability when administered immediately after envenoming.

Drug trials are currently being conducted by Ophirex Inc. — a public benefit

corporation that Lewin founded with musician and entrepreneur Jerry Harrison in Corte Madera, Calif.

The U.S. Food and Drug Administration a year ago granted Varespladib a “fast track” designation to expedite development and review of its safety and effectiveness, as well as Ophirex's proposals for manufacturing and distributing the drug.

The Department of Defense has also invested about \$24 million into the effort, saying the drug could provide an important capability to teams of special forces deployed in austere conditions where snake bites are a significant threat to life and limb.

"Ophirex may help us widen the window of time needed for evacuation in the event of a snake bite," said Lindsey Garver, deputy manager for the Army Medical Materiel Agency's Warfighter Protection and Acute Care Project. "There is also a psychological benefit to having something in your pocket that is life-saving."

But getting any new drug from the laboratory to the market is an expensive, intricate process that can sometimes take just months to show promise but years to perfect.

The company is completing a Phase II clinical trial in the United States and India to determine the tolerability and potential side effects of multi-dose regimens of the drug in about 100 suspected or confirmed snakebite victims. Among them is a man who a month ago was bitten by a sidewinder rattlesnake near the desert resort city of Palm Springs.

A federal analysis of the results is expected sometime next year, and will ultimately determine whether Ophirex has a blockbuster snakebite drug treatment with military and global market opportunities.

"I certainly underestimated the astonishing complexity of an undertaking such as this one," said Lewin, 55, expedition physician for the California Academy of Sciences in San Francisco. "It's humbling."

The company has assembled an impressive board of directors: Derrick Rossi, a

stem cell scientist and co-founder of Moderna; Curt LaBelle, chair of Global Health Funds; Tim Garnett, former chief medical officer for Eli Lilly and Co.; and Hans Bishop, co-founder of Altos Labs Inc., a biotechnology research company.

“Our company is trying to produce a drug for a neglected global crisis,” Rossi said. “The vast majority of people who are being killed or maimed by snake bites are village farmers and children working out in the fields without shoes.”

Varespladib was originally discovered and developed by Eli Lilly and Co. to suppress inflammation. The company abandoned that effort, however, after clinical studies failed to produce the desired results.

Since then, patents on the drug’s molecule have expired, providing Ophirex with “an opportunity for us to establish an appropriate patent portfolio,” said Nancy Koch, chief executive of Ophirex.

The proposed pill's price tag remains unclear. “We haven’t made any estimates of pricing yet,” Koch said. “But we want to make the drug accessible around the world, and to make that possible we are studying ways to reduce manufacturing costs.”

To hear Lewin tell it, Ophirex emerged from a tragic event. In 2001, Joseph Slowinski, a herpetologist at the California Academy of Sciences in San Francisco, died 30 hours after he was bitten by a small venomous snake in the mountainous jungles of northern Myanmar.

No antivenom was available at the remote site, a five-day hike from the nearest town. Heroic efforts to save him were unsuccessful.

A decade later, after a trip to the same region, Lewin, director of the academy’s Center for Exploration and Travel Health, began to ponder the possibility of a needle-free treatment that could be administered in the field immediately after being bitten.

Lewin initially set his sights on proving that the potentially fatal paralytic effects of certain toxic substances could be reversed with an antiparalytic drug administered via a nasal spray.

With that goal in mind, Lewin self-volunteered to become a test subject.

In a 2013 experiment conducted with a team of anesthesiologists in a research laboratory at UC San Francisco, Lewin allowed himself to be paralyzed with derivative of curare, a chemical typically administered intravenously as a paralyzing agent for surgical procedures.

Moments later, he said, “I couldn’t talk, felt dizzy, and had trouble breathing.”

The team then administered the nasal spray, and within 20 minutes Lewin had recovered. The results of the experiment were published online in the medical journal *Clinical Case Reports*.

“It was terrifying, and I’d never do that again,” Lewin said. “But the experiment proved that paralysis could be reversed without intravenous medication.”

The arc of Lewin’s career has led him from emergency rooms to wilderness medicine as a doctor on scientific expeditions sponsored by the American Museum of Natural History, the Kellogg Foundation and National Geographic.

Not all of his research occurs in remote corners of the world, however. Studying the factors that influence snakebite severity means working with scientists such as William Hayes, a professor at Loma Linda University School of Medicine in Loma Linda, Calif., who keeps an assortment of snake venoms available for testing in a laboratory refrigerator.

It also means studying the physical and financial struggles of survivors like John Heenan, whose hospital bills soared to more than \$350,000 after he was bitten at the Indian Valley Campus of the College of Marin.

“Medicare eventually covered my medical costs, but I had to pay about 300 bucks for the ambulance service,” Heenan said, shaking his head.

The college, for its part, later planted a large digital welcome sign at its entrance that states: "CAUTION: Entering Rattlesnake Country. Be alert when walking."

Heenan wouldn’t argue with any of that. But he also has high hopes for Lewin's

vision.

“Everybody should carry a few of those pills in their first aid kits and lunch boxes,” he said. “Of course, they should also watch where they step.”

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## **Top Doctor Exposes ‘Biggest Hoax’ in Medicine**

by Hunter Fielding December 20, 2023

Dr. Paul Marik is the second most published critical care physician in the world.

The world-renowned doctor is now speaking out to warn the public that “The medical system will kill you.”

“And so, my advice to you: don’t get sick, don’t go to the hospital, because they’re going to kill you.”

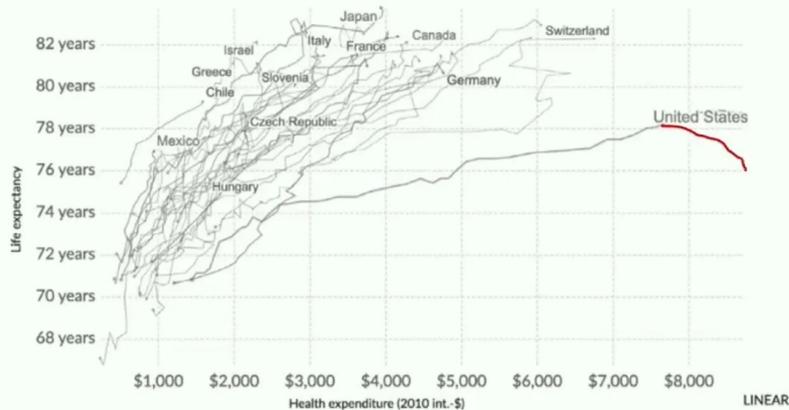
Instead of seeking help from the hospital, Dr. Marik recommended eating right, sleeping right, getting enough sunshine, lowering stress, and taking care of your lifestyle because, again, “The medical system will kill you.”

Dr. Marik shared a graph comparing life expectancies between different countries and healthcare expenditure per capita.

America ranked dead last on life expectancy despite spending far more on health care than any other nation.

# ANNUAL PER CAPITA HEALTH CARE EXPENDITURE AND LIFE EXPECTANCY (1970-2015... 2021)

Health financing is reported as the annual per capita health expenditure and is adjusted for inflation and price level differences between countries (measured in 2010 international dollars).



FLCCC  
ALLIANCE

The other thing, which is terrifying,” Dr. Marik continued.

“The US makes up 5% of the world’s population, yet we consume 55% of the prescription medications.

Marik said: “Lowering your cholesterol won’t prevent heart disease. It’s called a myth. It’s a hoax.”

“What do statins do?” he asked.

“They increase your risk of diabetes. They increase your risk of Alzheimer’s disease and dementia — yet they are the most commonly prescribed drugs in this country.”

Marik presented a graph from a study by TakataY et al. that showed that elderly patients with the highest cholesterol levels actually had the best survival rates:

In August 2023, he was informed by the American Board of Internal Medicine (ABIM) that his board certification was to be revoked for “spreading false or inaccurate medical information.”

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## When was Jesus of Nazareth born?

However, according to the latest work carried out by historians, it is more likely that the date was selected because of an earlier Roman festival and that the actual day of the arrival of Jesus of Nazareth to the world occurred perhaps in spring. 1<sup>st</sup> of NISSON, THE BEGINNINGS OF ALL THINGS NEW. THIS IS WHEN SHEPARDS ARE IN THE FIELDS TO MANAGE BIRTH OF SPRING SHEEP. And then there is the question of in which year he was born that is also in doubt. More specifically, the main sources that we have about the birth of Jesus are the Gospels and these offer us two incompatible data points. On the one hand, the evangelists Matthew and Luke date his birth to the “days of Herod the great”.

This king, vassal of Rome between the years 37 and 4 BC - dates that Roman records determine exactly -, reigned for another year or two in the life of Jesus of Nazareth. According to the gospels, therefore, he would have been born in the year 5 or 6 BC.

However, Luke himself indicates that in the year of his birth, the emperor Augustus ordered a census of the population, which was carried out by the governor of Syria, Publio Sulpicio Quirino. Something that the historian Flavius Josephus places 37 years after the battle of Actium which would place Jesus' birth in the year 6 or 7 AD.

This means that there is a little more than a ten-year range between the two possible dates to set the birth. If we look at the record of Flavius Josephus, and the mentions of King Herod, it is more convenient to take as valid the date that marks the birth during the life of this king and, therefore, place it around the year 6 BC.

The date incorrectly considered year 1 was established, accidentally or intentionally, in the 6th century by a Byzantine monk called Dionysius the Exiguus, who designed a new system of dating the years to separate the pagan era from the Christian: the Anno Domini -"year of the Lord", that is, of the birth of Jesus - , replacing the Roman dating ad Urbe condita, "from the founding of the city", that is, of Rome.

With all this, it should be noted that the date chosen to celebrate his birth is almost certainly an intentional choice. In fact, primary religious sources do not mention such a day and the celebration of Jesus' nativity was not even important in the first few centuries of Christianity.

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## Leprosy, Polio, TB, and Malaria: What Do They Have in Common? Illegal Aliens.

By Ward Clark | 5:13 PM on December 27, 2023 Red State

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## Marijuana Use In US Increasingly Linked To Mental Health Problems, Review Says

"A rising tide of cannabis-related mental health problems is resulting from the widespread legalization of recreational weed in the United States, warns a new evidence review." Researchers found that "nearly one in five Americans aged 12 and older used marijuana in 2021, and more than 16 million meet the criteria for a diagnosis of cannabis use disorder." Additionally, "nearly half of those with cannabis use disorder have another psychiatric condition like anxiety, major depression or post-traumatic stress disorder, said review author Dr. David Gorelick." The findings were published in [The New England Journal of](#)

## Medicine.

# Benzodiazepine Use During Pregnancy Associated With Increased Risk Of Miscarriage, Study Finds

MedPage Today (12/27, DePeau-Wilson) reports, “Benzodiazepine use during pregnancy was associated with an increased risk of miscarriage, according to a nationwide study in Taiwan.” The findings were published in JAMA Psychiatry

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December 30, 2023

## NATIONAL DEBT

IT took 215 years for the U.S. debt to reach \$7 Trillion

==> From March 2020 -June 2022 JOE Biden

added \$7 Trillion debt.

- estrogen causes the testes to stop producing testosterone,
- testosterone HRT, estrogen HRT impacts each person uniquely, so it's unpredictable to know how it will show up in your own body given inherited genetics.
- estimated that more than 50% of women will experience noticeable hair loss. The most significant cause of hair loss in women is female-pattern hair loss (FPHL), which affects about one-third of susceptible women, which equals out to some 30 million women in the United States.

## LUNCH PAIL JOE'S ROOTS

A genealogist who has conducted a sweeping look into President Biden's lineage says records show some of the Scranton, Pa., native's ancestors on his father's side owned enslaved people.

Alexander Bannerman, who along with presidential lineage expert Gary Boyd Roberts co-authored an article on Biden's ancestry for the winter 2021 issue of the New England Historic Genealogical Society's American Ancestors Magazine, told Politico that he came across the findings while looking through census records and slave schedules from Maryland.

According to Bannerman, the 1800 census showed that Biden's great-great-great-grandfather, Jesse Robinett, owned two enslaved people in Allegany County, and another great-great-great-grandfather, Thomas Randle, enslaved a 14-year-old boy in Baltimore County.

- Biden's ancestor Allen Robanet, who had a distant tie to Varina Anne Banks Howell, the wife of Confederate President Jefferson Davis.

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## How Texas A&M's Deal with Qatar 'Puts American Security at Risk'

– OLIVER WISEMAN      JAN 4   Free Press

the nation of Qatar owns 100 percent of the intellectual property generated by researchers at Texas A&M's campus in Doha? That's what reporter Eli Lake discovered in his latest investigation for The Free Press.

Eli reveals new details from the contract between the Arab state and the American college, which states that the Qatar Foundation, run by the Qatari government, "shall own the entire right, title, and interest in all Technology and Intellectual

Property developed” at Texas A&M’s Qatar campus (TAMUQ).

## **Top 10 COVID Events of the Year: Revealing the Facts Unspoken and Unknown**

**- Epoch Times Dec 26, 2023**

Most health leaders involved in the U.S. pandemic response have resigned or been replaced, with one leaving his agency with a study that received much fanfare for a somewhat controversial take on vaccines.

Compared to 2022, the science on the effectiveness and risks of masking and vaccinations has become increasingly clear with the release of highly authoritative studies this year.

Let us review the top 10 major events that took place in relation to COVID in 2023.

1. FDA and CDC Find More COVID Vaccine Adverse Events, Including Stroke Beginning in January, documents released under the Freedom of Information Act (FOIA) showed that the U.S. Centers for Disease Control and Prevention (CDC) detected hundreds of safety signals for Pfizer and Moderna COVID-19 vaccines. This included adverse reactions of myocarditis, multisystem inflammatory syndrome in children (MIS-C), ventricle dysfunctions in the heart, and many more. On Jan. 13, the U.S. Food and Drug Administration (FDA) and the CDC released a joint statement declaring they detected stroke as a new safety signal in older people who took the Pfizer bivalent boosters. Researchers from Kaiser Permanente also reported in October that people who took the COVID boosters with the influenza vaccine were at a greater risk of stroke.

Days later, researchers affiliated with the FDA published a preprint finding that older people who received the Pfizer booster shot had a higher rate of Bell’s palsy, a type of facial paralysis.

In a statement released in May, the FDA determined that “the current evidence does not support the existence of a safety issue,” as findings of stroke among the elderly decreased. They added that agencies will continue to evaluate new data as

they become available.

## 2. Vaccines Cannot ‘Effectively’ Control COVID: Fauci After Resigning

The resignation of Dr. Anthony Fauci, former director of the National Institute of Allergy and Infectious Diseases (NIAID), was noteworthy given his role in leading the United States pandemic response and his actions soon after resigning. Dr. Fauci was very vocal in encouraging vaccine uptake and regularly appeared on television programs motivating people to get vaccinated.

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## Paxlovid Does Not Reduce Risk of Long COVID, Potentially Linked to Rebound Symptoms: Study

- By Amie Dahnke      Epoch Times Jan 5, 2024

- Researchers found little difference in outcomes between Paxlovid users and nonusers. They also found 1 in 5 users experienced rebound symptoms.
- Paxlovid, an antiviral medication prescribed to treat symptoms associated with COVID-19, does not reduce the risk of developing long COVID in vaccinated people recovering at home.

The report comes from a new study published in the Journal of Medical Virology on Thursday. Conducted by a team of researchers from the University of California–San Francisco, the study also found that more people are experiencing rebounds of their COVID symptoms after taking Paxlovid (nirmatrelvir-ritonavir) than previously reported.

Paxlovid is the first antiviral pill approved by the U.S. Food and Drug Administration (FDA) to treat mild and moderate COVID-19 in adults. It is typically prescribed to those at high risk of having the virus progress to a severe illness, including hospitalization or death. The medication has also been authorized for use in children 12 and older who are at risk of severe outcomes from COVID-19.

According to manufacturer Pfizer, initial trials of Paxlovid showed it reduced hospitalizations and death in unvaccinated COVID patients by 86 percent to 89 percent. A real-world study conducted by the U.S. Centers for Disease Control and Prevention (CDC) showed that adults who took Paxlovid within the first five days

of a COVID-19 diagnosis had a 51 percent lower hospitalization rate within 30 days than those who did not take the medication. More recent studies have indicated lower efficacy rates, with patients having about 37 percent reduced hospitalization and death risk.

However, no study has pointed to whether the drug helps protect people from getting long COVID, noted authors of the UC San Francisco study.

## **Paxlovid Did Not Prevent Long COVID**

To determine if Paxlovid protects against long COVID, the research team examined over 4,600 vaccinated individuals from the UC San Francisco COVID-19 Citizen Science study who experienced their first positive COVID-19 tests between March and August 2022. None of the patients was hospitalized. About 20 percent of patients took the three-pill course of Paxlovid, while about 80 percent did not.

In December 2022, the patients answered a follow-up survey that included questions about long COVID, COVID rebound symptoms, and how long they continued to test positive.

“It’s as simple as black and white. You’re vaccinated, you’re safe. You’re unvaccinated, you’re at risk. Simple as that,” Dr. Fauci said on an MSNBC program during the Delta wave.

Before the Delta wave in the United States, Dr. Fauci compared vaccinated people to “dead ends” for the virus on CBS’s Face the Nation.

However, on Jan. 11, weeks after his resignation at the end of 2022, Dr. Fauci and two other researchers published a paper in Cell Host & Microbe that gained traction due to their comments on the effectiveness of vaccines in controlling respiratory viruses.

We found a higher proportion with clinical rebound than previously reported, but did not identify an effect of posttreatment rebound on Long COVID symptoms,” researchers wrote.

The team found little difference between the two groups. For example, roughly 16 percent of patients prescribed Paxlovid had long-COVID symptoms compared to about 14 percent who were not prescribed the medication. Long-COVID patients in each group experienced fatigue, shortness of breath, confusion, headache, and changes in sense of smell and taste.

## Paxlovid Rebound Symptoms Confirmed

The UC San Francisco study reported that just over 1 in 5 individuals (21 percent) who reported getting better after taking Paxlovid experienced rebound symptoms, or a return of their COVID symptoms. Among those who experienced rebounds, 10.8 percent reported one or more long-COVID symptoms.

Additionally, retesting positive was common among rebound patients; 25.7 percent of individuals who took Paxlovid and repeated antigen testing after testing negative ended up testing positive.

In all, just over 26 percent of participants reported either rebound symptoms or test positivity, the study noted.

- Of the roughly 75 percent who didn't experience rebound while on Paxlovid, 8.3 percent reported at least one long-COVID symptom.

“SARS-CoV-2, endemic coronaviruses, RSV, and many other ‘common cold’ viruses ... have not to date been effectively controlled by licensed or experimental vaccines,” the authors wrote in their introduction.

They then addressed some basic immune principles, expressing that the current vaccines induce immunity in the body but not in the airways, yet current respiratory viruses primarily infect the airways.

“The vaccines for these two very different viruses (influenza and SARS-CoV-2 viruses) ... have common characteristics: they elicit incomplete and short-lived protection against evolving virus variants that escape population immunity,” the authors wrote.

While some fact-checkers argue that the study does not contradict Dr. Fauci's stance during the pandemic, others interpret this as his “coming clean.”

### 3. Gold Standard Review Finds Evidence of Masking ‘Uncertain’

The Cochrane Library, widely considered the gold standard for systematic reviews, published a review on Jan. 30 stating there was “uncertainty about the effects of face masks.”

“The low to moderate certainty of evidence means our confidence in the effect estimate is limited, and that the true effect may be different from the observed estimate of the effect,” the authors concluded, adding that “pooled results of [randomized controlled trials] did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks.”

The review’s findings drew widespread criticism from mainstream media. Several articles soon followed, highlighting the effectiveness of masking. The Cochrane editor-in-chief, Dr. Karla Soares-Weiser, also released a statement in March claiming that the review did not show masks don’t work.

“Many commentators have claimed that a recently-updated Cochrane Review shows that ‘masks don’t work’, which is an inaccurate and misleading interpretation,” Dr. Soares-Weiser wrote.

“It would be accurate to say that ... the results were inconclusive.”

Currently, the CDC still recommends masking.

“Masks have become political,” said an author of the review on CNN. “I can only tell you what the science is....I can’t tell you whether they work or don’t work. But it’s more likely than not that they don’t work.”

4. Repeated Vaccination Weakens the Immune System, Studies Suggest  
Multiple doses of the Pfizer or Moderna COVID-19 vaccines lead to higher levels of antibodies called IgG4. A growing body of research suggests that these antibodies can make the immune system less reactive to COVID-19 spike proteins and more susceptible to potential spike protein damage and infections.

The first of these studies was published in the January issue of Science Immunology. The authors found that a third dose of the mRNA vaccine was linked to an increase in IgG4 subtypes in mice. IgG4 antibodies are responsible for tuning down the immune system to prevent immune overactivation.

However, in the context of COVID-19 and its vaccines, where the immune system must be ready to fight, this may promote “unopposed SARS-CoV2 infection and replication by suppressing natural antiviral responses,” another study published in May reported.

These findings align with other studies that found repeat vaccinations to be associated with increased risks of infections, as reported by a study by the Cleveland Clinic. The team's earlier study also showed that the more doses a person receives, the more likely they are to get infected.

#### 5. DNA Contamination Detected in mRNA Vaccines, and FDA's Response

In the spring of 2023, researchers found that mRNA COVID-19 vaccines contain DNA fragments, including controversial SV40 genes, previously undisclosed to the public.

Genetic scientist Kevin McKernan initially discovered that DNA fragments were packaged into lipid nanoparticles with the mRNA vaccine segments so that the DNA could enter cells. However, this means the fragments pose a risk of being integrated into the cell's genome.

In a preprint published in April, Mr. McKernan and his team found DNA fragments in both Moderna and Pfizer vaccines that exceeded the European Medicines Agency's (EMA) 330 nanograms (ng) per milligram requirement and the FDA's 10 ng/dose requirements.

Furthermore, Pfizer's mRNA vaccines contained genes from the simian vacuolating virus 40, also known as SV40. The full SV40 virus had a controversial link to cancer stemming from the time when early polio vaccines were accidentally contaminated with the SV40 virus.

"Pfizer never disclosed the SV40 information to the EMA. They gave them a plasmid map of what the plasmid consisted of, with all of the features labeled, with the exception of the SV40 site," Mr. McKernan said on EpochTV's American Thought Leaders program.

Apart from being a safety concern, the DNA fragments also indicated potential problems with drug regulation, Mr. McKernan said.

Initially, Pfizer intended to make its vaccines using a PCR machine, which would have been more expensive and time-consuming. However, the company later switched to using bacteria, likely because that method is faster and more efficient.

Pfizer never tested for the safety implications this change would have.

“They never ran the clinical trials on that material [bacteria]. Clinical trials were run on this PCR process, and then they switched to a new process after the clinical trials,” Mr. McKernan said.

Health practitioners, researchers, and journalists have expressed concern about the unknown risks that DNA contamination may present to the public. Some have called for the recall of Pfizer vaccines.

However, in the FDA’s response to investigative journalist Maryanne Demasi, the agency did not indicate that it intended to recall the vaccines.

Health Canada confirmed its knowledge of the SV40 contamination in the Pfizer vaccines but added that “the sponsor did not specifically identify the SV40 sequence.”

The EMA echoed the statement with a similar response.

#### 6. COVID Vaccine-Injured People Compensated

In April, the U.S. government compensated people injured by the COVID-19 vaccines for the first time.

Three people received compensation for their injuries through the Countermeasures Injury Compensation Program (CICP), run by an agency within the Department of Health and Human Services, officials said in a statement.

Two developed myocarditis, while one suffered from a severe allergic reaction. The total compensation added up to over \$4,600.

Under the CICP, people who survive their vaccine-induced injury can receive money for unreimbursed medical expenses and lost employment income.

As of Dec. 1, 10 people have been compensated for their injuries from the COVID-19 mRNA vaccines. Around \$37,000 has been paid.

#### 7. Doctors Can Prescribe Ivermectin: FDA Lawyer

Two years after health authorities criticized the use of ivermectin for treating COVID-19, with some doctors’ medical licenses suspended for prescribing it, a lawsuit revealed that doctors actually could prescribe ivermectin as a therapeutic for COVID.

“FDA explicitly recognizes that doctors do have the authority to prescribe ivermectin to treat COVID,” Ashley Cheung Honold, a Department of Justice

lawyer representing the FDA, said during oral arguments on Aug. 8 in the U.S. Court of Appeals for the 5th Circuit.

The court case against the FDA was brought by physicians who alleged the FDA's social media posts in 2021 discouraging ivermectin use interfered with their ability to practice medicine. The plaintiffs are Drs. Paul Marik, Mary Bowden, and Robert Apter. They claimed they were professionally harmed by the FDA's statements, including being terminated over efforts to prescribe ivermectin to patients.

Dr. Marik also noted that a number of studies support using ivermectin against COVID-19, as the FDA itself has acknowledged. Some other studies show little to no effect.

#### 8. Mask Mandates Return in August, New COVID Vaccines Approved

While no federal agencies have reinstated masking mandates, some workplaces, schools, and hospitals started bringing back mask mandates in August due to rising COVID-19 hospitalizations.

This prompted a renewed discussion on the effectiveness of masking, with some people pushing back against the mandates.

Some of these workplaces, like Lionsgate and some hospitals, later reversed their mandates.

Soon after, on Sept. 11, the FDA approved the new COVID-19 Pfizer and Moderna vaccines. These vaccines contained mRNA sequences of the omicron variant XBB.1.5, which was no longer the active variant by the time of approval. Despite the CDC's advisory board recommending the vaccine for children and adults, in a report posted on Sept. 27, it acknowledged that certainty about the vaccine's ability to prevent severe COVID, hospitalization, and death from COVID was "low" for adults and "very low" for children and infants. The risks of specified severe adverse reactions and reactogenicity were also low.

A month later, the FDA approved the Novavax protein-based COVID vaccine to protect against COVID-19.

#### 9. Final Batch of Pfizer Vaccine Documents Released by the FDA

Under FOIA, the FDA released the final 51,000 pages of the Pfizer COVID-19

vaccine document.

In 2021, a FOIA was filed against the FDA for all of its documents related to the licensing of Pfizer COVID-19 vaccines. This then progressed into a lawsuit, as the FDA proposed to release 500 pages per month, meaning it would take 75 years for all of the Pfizer documents to be released.

In 2021, a nonprofit group composed of medical practitioners and officers called Public Health and Medical Professionals for Transparency filed a lawsuit against the FDA due to this request. The judge ordered the FDA to produce 55,000 pages per month instead.

As of November 2023, all of the FDA's documents in relation to Pfizer's COVID-19 vaccines for ages 16 and up have been released.

The following several things came to light with the release of these 51,893 pages: The FDA's Center for Biologics Evaluation and Research (CBER) Sentinel Program is insufficient to assess the serious risks of myocarditis, pericarditis, and subclinical myocarditis associated with the Pfizer vaccine. When the vaccine was approved, the program lacked sufficient power to assess the magnitude of risk. Also, it was insufficient for following up on cases of long-term symptoms and recovery.

Emails from the FDA CBER Review Team in August 2021 reveal that the FDA was aware that the vaccines may have contained endotoxins. In the email, the FDA asked Pfizer questions about its process for measuring endotoxins in the vaccines. It is not revealed why the vaccines would contain endotoxins. However, *E. coli* bacteria—which Pfizer used to make DNA for its mRNA vaccines—produce endotoxins, so this is a possible explanation.

Pfizer's COVID vaccines may have several manufacturing problems. One of the documents seems to be Pfizer's written response to multiple manufacturing problems identified by the FDA. Several batches of COVID-19 vaccines were flagged for deviating from product quality standards, yet the affected batches were released to the public in various lots, the numbers of which were redacted.

The FDA's memo on pharmacovigilance noted that "there are VAERS reports of deaths due to COVID-19 in patients reported to be fully vaccinated. It is expected there may be some cases of vaccination failure, especially in elderly or immunocompromised subjects." The FDA added that the VAERS system cannot be used to conclude vaccine effectiveness.

The FDA's memo on the licensing application for Pfizer contains comments

wherein FDA clinical reviewers stated that Pfizer’s data “exceed FDA’s expectations.” It also mentioned that the cardiac events reported during the trial were “unlikely to be related to vaccination,” even though cardiac events and/or heart failures were almost double the cases in the placebo arm (10 versus six).

10. Not Messenger RNA but Modified RNA, Vaccines Form Aberrant Proteins  
While the COVID-19 mRNA vaccines on the market were advertised as messenger RNA, meaning naturally occurring RNA in the body, documents from Pfizer and studies on Moderna vaccines showed that the actual mRNA used is modified RNA, or modRNA.

Naturally occurring mRNA is primarily composed of uridine, while the modRNA in vaccines has had most of the uridine switched to pseudouridine to make the vaccines hardier and more resistant to immune degradation. An article by Epoch Times guest columnist and molecular scientist Klaus Steger provided a detailed explanation.

The sequences have also been changed to induce faster reading of the mRNA, which can affect the final protein produced. Prior research found that an altered reading speed would affect how the final protein folds, which could lead to the formation of new, non-spike, aberrant proteins.

This has been confirmed in a recent Cambridge study that found around 8 percent of Pfizer’s mRNA vaccines to be misread and to generate aberrant proteins.

Researchers determined that the pseudouridine change to the mRNA sequences makes the vaccine particularly “error-prone.”

This unique, aberrant protein formation can cause unintended immune responses among Pfizer vaccinees. Study authors only tested the effects of the proteins in Pfizer vaccinees, though it should be noted that Moderna also used pseudouridine in its mRNA sequences.

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## COVID-19: Are Cancers Increased Post-vaccination?

Social media is filled with tragic stories of people dying too young and too fast of unusual cancers: “turbo cancer.” Some are blaming the COVID-19 vaccine; health authorities claim that this concern is scaremongering disinformation that will

cause “vaccine hesitancy,” and that these products are “safe and effective.”

Statistics can be very hard to interpret. Is the sample biased? Are the diagnoses correct? One type of statistics that may be reliable—because there are consequences for failure—is marketing data. The graph shows sales of the anticancer drug Temodal.

The former pharmaceutical executive who posted this wrote that he had never seen tripling in the sales of a 20-year-old generic drug over just two years.

Other cancer drugs have increased also, but this is most notable. Temodal (temozolomide) is used for treating aggressive brain cancers like glioblastoma multiforme. It has many serious side effects, and “all patients eventually fail therapy.” This is one of the worst cancers to have.

So, what is happening? Is the timing associated with the vaccination campaign coincidental? Are cancers just seeming to increase because we are catching up with consequences of missed screening during COVID? (We don’t screen for brain cancer—it announces itself.) Is there another factor? Should we be investigating aggressively?

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## Yes, You Should Wash the Skin of Your Fruit Before You Remove It

[https://newstalk1290.com/ixp/252/p/wash-rinse-fruit-peel-skin-before-eat/?utm\\_source=Sailthru&utm\\_medium=email&utm\\_campaign=NewsTalk%20Newsletter%20Daily%202024-01-08&utm\\_term=NewsTalk%20Smart%20List&utm\\_source=tsmclip&utm\\_medium=referral](https://newstalk1290.com/ixp/252/p/wash-rinse-fruit-peel-skin-before-eat/?utm_source=Sailthru&utm_medium=email&utm_campaign=NewsTalk%20Newsletter%20Daily%202024-01-08&utm_term=NewsTalk%20Smart%20List&utm_source=tsmclip&utm_medium=referral)

This makes zero sense until it does. I mean washing fruits and vegetables is second nature for most of us before eating them and even cooking them even though I'm sure the heat burns off anything we're trying to avoid eating. And yes, we've all at some point even taken a bite of an apple or popped some grapes in our mouth without rinsing them off first.

Honestly, though, why would anyone ever think to wash a fruit that needs peeling before eating it? The peel, which is protecting the fruit already just goes into the trash, compost, or garbage disposal after we peel it away from the fruit.

Have you ever rinsed off an **AVOCADO** or **BANANA**? I know I have never washed an orange, **KIWI**, or any fruit that is protected by a peel.

According to the Tasting Table website, that's not a smart move healthwise. The grimy dirt and germs that are on fruits can be a cesspool for microorganisms. Ewww , am I right? Did your stomach just turn thinking about that piece of fruit you ate without rinsing it?

Yes, You Should Wash the Skin of Your Fruit Before You Remove It | [https://newstalk1290.com/ixp/252/p/wash-rinse-fruit-peel-skin-before-eat/?utm\\_source=Sailthru&utm\\_medium=email&utm\\_campaign=NewsTalk%20Newsletter%20Daily%202024-01-08&utm\\_term=NewsTalk%20Smart%20List&utm\\_source=tsmclip&utm\\_medium=referral](https://newstalk1290.com/ixp/252/p/wash-rinse-fruit-peel-skin-before-eat/?utm_source=Sailthru&utm_medium=email&utm_campaign=NewsTalk%20Newsletter%20Daily%202024-01-08&utm_term=NewsTalk%20Smart%20List&utm_source=tsmclip&utm_medium=referral)

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## The VA's Role in Illegal Immigrant Health Care Has Veterans Groups and Legislators Up in Arms

By Mark Gilman Epoch Times Dec30, 2023

- VA resources have been used to process claims for medical care of illegal immigrants since 2020, says a DHS report.
- The Department of Veterans Affairs (VA) predicts the agency's case backlog will peak at 400,000 in 2024. So, a report from the U.S. Department of Homeland Security (DHS), which said VA resources have been used to process claims for medical care of illegal immigrants since 2020, is causing backlash from several legislators and veterans' agencies.

The DHS report gives a detailed view of how U.S. Immigrations and Customs Enforcement (ICE) operations are working with the VA to contract with the Department of Veterans Affairs Financial Services Center to process medical

claims reimbursements for immigrants who have not qualified for veterans benefits.

In fiscal year 2022 alone, the VA processed health care claims for illegal immigrants totaling more than \$63.6 million in medical services, the ICE report stated. That number is expected to rise by the end of fiscal year 2023, the report explains, because providers have one year after the date of service to submit claims.

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ANS: **C O U G H**

9 causes

● **ALLERGIES, ASTHMA OR EXPOSURE TO CHEMICALS AND IRRITANTS.**

● **VIRAL THROAT INFECTION**

The common cold is a contagious viral infection that can cause cough, congestion, runny nose, and sore throat. Most adults catch two to three colds per year, and kids can get more than eight colds each year.

Rest and drink plenty of fluids. Colds are contagious and can easily spread to other people, so if possible, avoid close contact with others, such as hugging, kissing, or shaking hands. Colds typically resolve within 7 to 10 days.

● **POST INFECTIOUS COUGH** ..... **RECENT COVID CASES**

Post-infectious cough is a cough that begins with a cold or other upper respiratory infection, but does not clear up when the infection does. Instead, it lingers for three weeks or more and becomes chronic.

**PLANETARY HERBALS “Dr TIERRA’S Cherry Bark Syrup”**

● **VIRAL PNEUMONIA**

Viral pneumonia, also called "viral walking pneumonia," is an infection of the lung tissue with influenza ("flu") or other viruses. Medical care is needed right away. If not treated, viral pneumonia

can lead to respiratory and organ failure.

● **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

Chronic obstructive pulmonary disease (COPD) is a progressive inflammation of the lungs that makes breathing difficult. It is caused by long-term exposure to irritating gases and/or dust particles, most often cigarette smoke. Symptoms may take years to develop. They include a chronic cough with mucus (sputum), wheezing, chest tightness, fatigue, constant colds, swollen ankles, and cyanosis (blue tinge to the lips and/or fingernails.) Depression is often a factor due to reduced quality of life.

● **BRONCHITIS**

Bronchitis is an inflammation of the bronchial tubes, the tiny airways in the lungs.

Acute bronchitis, or "chest cold," comes on suddenly and is caused by the same virus that causes the flu or the common cold. Chronic lasts at least three months and recurs over two years. It is caused by cigarette smoking and/or exposure to other pollutants.

Other risk factors are weakened immune system and gastric reflux (heartburn.) Symptoms include cough with clear, greenish, or yellowish mucus; fatigue; mild headache; body aches; shortness of breath; low-grade fever;  
chest discomfort.

**ACUTE BRONCHITIS** lasts 7 to 10 days and needs good supportive care – rest, fluids, and over-the-counter pain relievers. Antibiotics do not work against viral illness.

**CHRONIC BRONCHITIS** is treated with lifestyle changes – especially smoking cessation – and an inhaler or other lung medication.

## ● BENIGN COUGH

Benign cough means a cough that is not caused by any harmful condition or serious illness.

Postnasal drip, where mucous from the nose drains into the throat, can trigger a benign cough. So can asthma, exposure to dust or other irritants, acid reflux (heartburn or GERD,) some medications, and breathing very cold air. Postnasal drip itself can be caused by allergy, some medications, and deviated septum.

Common Top Symptoms: cough, cough with dry or watery sputum, severe cough

## ● RARE DANGEROUS CAUSES: : :\

Cystic fibrosis.

Heart failure.

Lung cancer.

Pulmonary embolism.

Sleep apnea.

Tuberculosis.

## HOME TREATMENTS [COMMON]

**ORAL DEMULCENTS:** Demulcents soothe the pharynx and relieve irritation. You can try a cough syrup containing sugar and glycerol or add honey and lemon to warm water.

**COUGH SUPPRESSANTS:** Cough drops and cough syrups can suppress the urge to cough.

Increase fluids: Drink more fluids, especially water, to keep the pharynx coated and reduce any tickle.

**SALT WATER:** If your dry cough is caused by an irritated throat, gargling with salt water can help. Salt removes water from mucous membrane cells, reducing swelling.

**AVOID TRIGGERS:** These triggers, such as cold and dry air, pollution, cigarette smoke, excessive talking or yelling exacerbate dry coughs from asthma.

## **HONEY**

You can try taking honey by the teaspoon several times daily, or add it to tea or warm water to drink.

pre recorded ....

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## **TUMERIC**

Turmeric contains curcumin, a compound which may have anti-inflammatory, antiviral, and antibacterial properties. It may also be beneficial for several conditions, including a dry cough.

## **GINGER**

## **MARSHMALLOW**

Marshmallow root is a type of herb. It's used in cough syrup and in lozenges to soothe dry cough.

## **PEPPERMINT**

Peppermint contains menthol, which helps to numb nerve endings in the throat that become irritated by coughing. This may provide pain relief and reduce the urge to cough.

## **CHAI TEA:**

Masala chai contains several antioxidant ingredients, including cloves, cinnamon, and cardamom. Cloves may also be effective as an expectorant.

## **CAPSAICIN**

Capsaicin, a compound found in chili peppers, has been shown <sup>Trusted Source</sup> to reduce chronic coughing.

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## MAGNESIUM

Magnesium is the eighth-most-abundant element in the Earth's crust . Magnesium is a chemical element with the symbol Mg and atomic number 12. It is a shiny gray metal having a low density, low melting point and high chemical reactivity. Like the other alkaline earth metals (group 2 of the periodic table) it occurs naturally only in combination with other elements and it almost always has an oxidation state of +2.

More than 300 enzymes require magnesium ions for their catalytic action, including all enzymes using or synthesizing ATP and those that use other nucleotides to synthesize DNA and RNA. The ATP molecule is normally found in a chelate with a magnesium ion.

Plants require magnesium to synthesize chlorophyll, essential for photosynthesis.

. Magnesium is one of several electrically charged minerals, called electrolytes, that the body uses to regulate body functions like heart rhythm, blood pressure, and brain function.

.Magnesium plays a central vital role in:

Bone development and repair

Blood pressure

Brain function

Blood glucose (sugar)

Heart rhythm

Metabolism (the conversion of calories to energy)

### VOLUME OF DISTRIBUTION

60% in the skeleton, 39% intracellular (20% in skeletal muscle), and 1% extracellular (plasma).

Intravenous magnesium loading tests are more accurate and practical. A retention of 20% or more of the injected amount indicates deficiency.

48 % of the United States population consumed less magnesium than recommended in the Dietary Reference Intake.

- .Symptoms of magnesium deficiency range from nausea, fatigue, and muscle cramps to abnormal heart rhythms, seizures, and coma.

- The kidneys are responsible for maintaining the optimal levels of magnesium in the body. They do so by either increasing or decreasing how much magnesium is eliminated in urine.

### DEFICIENCY CAUSES

Alcoholism	Celiac Disease
Cystic Fibrosis	Diabetes
Diarrhea	IBS
Gastric Bypass	Kidney disease
Meds - antibiotics, diuretics PPI, immunosuppressants, pancreatitis	FASTING

### FOOD SOURCES

- Spices, nuts, cereals, cocoa and vegetables are rich sources of magnesium.

- Green leafy vegetables such as spinach are also rich in magnesium. Beverages rich in magnesium are coffee, tea, and cocoa.

## **P O T A S S I U M .**

Potassium is the chemical element with the symbol K (from Neo-Latin kalium) and atomic number 19. It is a silvery white metal that is soft enough to easily cut with a knife.[6] Potassium metal reacts rapidly with atmospheric oxygen to form flaky white potassium peroxide in only seconds of exposure. It was first isolated from potash, the ashes of plants, from which its name derives. In the periodic table, potassium is one of the alkali metals.

Potassium is the eighth or ninth most common element by mass (0.2%) in the

human body, so that a 60 kg adult contains a total of about 120 g of potassium.

**K<sup>+</sup> ions are larger than Na<sup>+</sup> ions, and ion channels and pumps in cell membranes can differentiate between the two ions, actively pumping or passively passing one of the two ions while blocking the other.**

Plasma potassium is normally kept at 3.5 to 5.5 millimoles (mmol) [or milliequivalents (mEq)] per liter.

Potassium is the major cation (positive ion) inside animal cells (035-150 mmol/L, (4.8 g)), while sodium is the major cation of extracellular fluid (135- 150 mmol/L) potassium in the blood plasma is very small and the pool of potassium in the cells is about 30 times as large.

- Potassium is excreted twice and reabsorbed three times before the urine reaches the collecting tubules.

### **MULTIPLE PHYSIOLOGICAL FUNCTIONS:**

- resting cellular-membrane potential
- hormone secretion and action
- vascular tone
- systemic blood pressure control
- gastrointestinal motility
- acid–base homeostasis
- glucose and insulin metabolism
- mineralocorticoid action
- renal concentrating ability
- fluid and electrolyte balance

**Hypokalemia**, a deficiency of potassium in the plasma, can be fatal if severe. Common causes are increased gastrointestinal loss (vomiting, diarrhea), and increased renal loss (diuresis). Deficiency symptoms include muscle weakness, paralytic ileus, ECG abnormalities, decreased reflex response; and in severe cases, respiratory paralysis, alkalosis, and cardiac arrhythmia.

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## WHITE LUNG DISEASE

White lung disease,” or “white lung syndrome,” is nothing but “a scary lay description, not used by medical professionals, of what we see on a routine chest x-ray,” Schaffner says. Healthy lungs full of air appear black in an x-ray because air looks dark in a normal reading. When inflammation and white blood cells fill the area, the lungs become opaque and more white on the reading, Offit explains. “It’s neither a scientific nor a medically acceptable term,”

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## LIFE HACK: THE QUARTER TEST

### How To Test Tire Tread Depth With A Quarter

To test tire tread with a quarter, insert it into the tire groove with Washington’s head pointing down.

If the top of Washington’s head is covered by the tread, you have at least 4/32” of tread depth left, which is considered safe.

If you can see all of Washington’s head, your tread is less than 4/32”, and you should consider replacing your tires, especially if you frequently drive in inclement weather.