“Corona Unmasked” by Sucharit Bhakdi and Karina Reiss

Description

This is a pre-publication of a chapter that will be finalized in the forthcoming book “Corona Unmasked” by Sucharit Bhakdi and Karina Reiss. – excerpts

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Anyone who has the slightest idea about infections and immune defense also knows that the mechanistic concept for the SARS-CoV-2 vaccination which is presented to the public is amateurish and naive from the start. The antibodies induced by the vaccination will circulate for the most part in the bloodstream. For an analogy, readers may imagine that they themselves are such antibodies, sitting together in the living room – which represents a blood vessel of the lungs. Now the virus comes to the house – not bothering to ring the bell, it just grabs the door handle and steps into the hallway: the lung cell. How could you possibly stop it from doing so, while sitting in the living room? You can’t. Antibodies can basically only help prevent the further spread of an intruder through the bloodstream. But that is not the primary protection against an attack from the air against the lungs. And that is precisely why there is no truly effective vaccine protection against respiratory infections, including influenza.
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All humans have had training rounds with coronaviruses, and thus they have lymphocytes that will recognize SARS-CoV-2 garbage. People without in-depth knowledge might counter that these cross-reactive killer lymphocytes were detected in only 40–70% of old blood samples, and they reacted only weakly against SARS-CoV-2 (27, 28). However, it is known that only a small proportion of all lymphocytes are in the blood at any given time. The others are just taking a break and resting in the lymphoid organs (including the lymph nodes).
Activated and combat-ready T lymphocytes were found in the blood of all people (100%) infected with SARS-CoV-2, regardless of the severity of the disease (29).

For context: during an initial confrontation of the immune system with a virus, the lymphocyte response will be sluggish. Rapid, strong reactions such as that documented by the Swedish team reveal that forewarned troops are already at the ready and can be mobilized on short notice. They will swarm out of the lymphoid organs to fight the enemy. Their main task: extermination of the virus factories – **death to the body’s own cells that produce the virus particles.**

And now back to the new reality: the large-scale experiment on humans. The injected gene packets are taken up locally in muscle cells, but a large part reaches first the local lymph nodes and, after passing through these, the bloodstream. The lymph nodes are where the immune cell team resides. When the viral gene is taken up by any cell there, production of the spike protein gets underway. The corona killer lymphocyte next door wakes up and springs into action – the brotherly battle begins! Lymph node swelling. Pain. The lymphocytes psyche each other up and then emerge from the lymph nodes to seek out more enemies.
Yes – over there – the muscle cells! There they are!!! Attack!!! At the injection site redness, swelling,

bad pain.
But now the nightmare.
This is because the substances with small molecules – for example, blood sugar – can easily seep out of the blood into the tissue, whereas large molecules such as proteins cannot. For them, the vessel walls are tight thanks to the lining with a cell layer – the endothelial cells.
What are the gene packages like – large or small?

Right – compared to blood sugar, they certainly are large. Therefore, once they enter the bloodstream, they will remain in the closed network of vascular tubes just like the blood cells. A small part of them is taken up by white blood cells. Presumably, however, most of the virus factories will be established in the endothelial cells, that is, in the innermost cell layer of the blood vessels themselves. This would happen mainly where the blood flows slowly – within the smallest and smallest vessels – because the gene packages can be taken up particularly efficiently by the cells there (30).
The endothelial cells then produce the viral spike protein and place the waste at the door – on the side that faces the bloodstream, where killer lymphocytes are on patrol. This time, the fight is one-sided. The endothelial cells have no defense.
What happens then can only be guessed at. Injury to the vascular lining usually leads to the formation of blood clots. This would likely happen in countless vessels in countless places in the body. If it happens in the placenta, severe damage to the child in the womb could result.

Is there evidence that something like this is taking place? Yes, there is talk of rare blood disorders in which a possible link to vaccination would have to be investigated (31). Strikingly, there are reports of patients in whom a sharp drop in blood platelets (thrombocytes) was observed. This would fit the hypothesis put forward here, because platelets are activated and used up at the sites of blood clot formation.

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(29) http://dx.doi.org/10.1016/j.cell.2020.08.017
(30) https://onlinelibrary.wiley.com/doi/abs/10.1002/adman.201906274
(31) https://www.nytimes.com/2021/02/08/health/immune-thrombocytopenia-covid-vaccine-blood.html

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