COVID-19 Vaccines and How They Work

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The traditional vaccine approach is to develop antibodies which attack a protein on the virus which is critical for virus entry into human cells and thus stop infection. This solution has been partially effective with vaccine effectiveness (VE) of 10-40%. The reason for the low effectiveness is because this approach does not fully address the causal relationships of viral infections [1].

The new vaccine approach used today is to use Messenger (m)RNA to create just the S-spike protein from the virus[2], which when injected into the body, creates human antibodies which attack and destroy the virus when it enters the body. So, instead of growing inactivated viruses in chicken embryos to produce more virus for vaccine production, the new coronavirus vaccines are manufactured proteins from the S-spike of the virus. And that small part of the coronavirus is enough to activate our immune defense to be ready for attack when the real virus enters our body.

The VE of the new COVID-19 vaccines is advertised as 95%, but this is not a true measurement. There is no direct causal connection to show that the test patients were actually exposed to COVID-19. Instead, they gave the vaccine to 18,000 people and another 18,000 got a placebo. They asked these 36,000 people to go about their lives and then watched to see who got sick. When approximately 190 people felt sick and were tested for COVID-19, the researchers found that 95% of those 190 people were from the placebo group.

Also, the new vaccines don't actually protect you from getting infected, [3] they just minimizes the severity of the infection, which minimizes the symptoms. The Moderna and the Pfizer COVID-19 vaccine factsheets [4] [5] say the general side effects are fatigue, headache, muscle pain, joint pain, chills, nausea, vomiting, and fever. And, it has been reported that most people who get the vaccines feel a little sick for a few days; more so than a typical Flu shot, which works the same way. So, instead of preventing you from being infected like Zinc and Zinc ionophores do, the vaccines actually make you a little sick in order to prevent you from getting very sick and dying.

So, since the vaccines actually don't prevent infection, what happens when the virus mutates? And, since all RNA viruses mutate, will Big Pharma have to make new (m)RNA protein vaccines to combat the newly mutated virus? And would this fact provide an incentive to perpetuate the process to provide a continuing revenue stream forever?

If your focus was on human health and not profit, why not develop solutions which incorporate virus mutation as well as inhibit all virus infection mechanisms, processes, and pathways?

Why not analyze how this virus disables our natural immune defense? We know the S-protein spike enters cells through the ACE-2 enzyme receptor site and then injects its RNA to take over the cell. But how and why is it able to do that?

In a recent research paper [6], they stated that the ACE-2 enzyme usually binds zinc and that zinc interferes with virus RNA enzyme to prevent virus reproduction[7]. So, what happens to the zinc? How does zinc get to the ACE-2 receptor normally and does this virus prevent zinc from being transported to the ACE-2 enzyme receptor and as a result allow entry of the spike protein and viral RNA replication?

Our hypothesis is that this coronavirus produces a protease, which is an enzyme that breaks down proteins into smaller compounds. By breaking down these proteins, it inhibits the body's zinc transporter proteins from delivering zinc to that site. With the zinc out of the way, the virus is then able to penetrate the cell through the ACE-2 receptor site.

So, if this is true, geneticists can analyze the virus genome and find the gene which produces the viral protease, which inhibits zip proteins from delivering zinc. Then, with this knowledge they can develop new vaccines which block or inhibit the viral gene from producing this enzyme(s) in the first place and thus allow the body to use its natural immune response of fighting viruses with zinc and zinc ionophores.

If our hypothesis is correct, this new vaccine could be a more effective permanent solution because this and other coronaviruses need these protease enzymes to enter our cells and prevent zinc from doing its primary job. Future mRNA vaccine technology may allow for one vaccine to provide protection for multiple diseases, thus decreasing the number of shots needed for protection against common vaccine-preventable diseases [2].

Scientists need to define the entire problem and analyze all causal relationships, including the role of Zinc, in order to develop solutions which prevent problem recurrence, meet our goals and objectives, implement solutions within their control, and assure that those solutions don't negatively impact other parts of the body.

Given that these new COVID-19 (m)RNA vaccines are so effective, whereas flu vaccines for 2019 were 40% and 2020 is only 10% effective, this new approach we propose could be a huge game changer in our fight against our age-old enemy; the virus proteins that have been with us since the beginning of time.

For More Details Go To: https://fact-checked.org

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[1] Utilizing Repurposed Drugs to Treat COVID-19 Virus; https://factcheckedorg.files.wordpress.com/2021/01/utilizing-repurposed-drugs-to-treat-covid.r2.pdf

[2] Understanding mRNA COVID-19 Vaccines; https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html

[3]COVID-19 Vaccines; What You Need To Know; https://wisetraditions.libsyn.com/286-the-covid-19-vaccine-what-you-need-to-know?tdest_id=344937

[4] Factsheet for Recipients and Caregivers of the COVID-19 Vaccine; https://www.fda.gov/media/144638/download
[5] The Pfizer COVID-19 Vaccine Fact Sheet: https://www.fda.gov/media/144414/download
[6] The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis;
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365891/

[7] Prioritizing potential ACE2 inhibitors in the COVID-19 pandemic: Insights from a molecular mechanics-assisted structure-based virtual screening experiment;
https://www.sciencedirect.com/science/article/pii/S1093326320304861