

Short and long term side effects of COVID-19 vaccine according with Quantum Biophysical Semeiotics: what about CVD, Oncological and/or Neurodegenerative disease Inherited Real Risks? Vaccine as Risk Factors.

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Abstract

The first clinical and experimental evidences on the side effects of vaccines in the short and long term highlighted by Quantum Biophysical Semeiotics, since the beginning of the vaccination campaigns in the first months of 2020, are corroborated both by the data collected by clinically measuring the Biophysical Semeiotics parameters of the Inherited Real Risks, both dependent on the relative Constitutions, and of organ pathology, of patients before and after vaccination, and from other related international studies.

What emerges is the increasingly evident fact that covid-19 vaccines can become risk factors for the onset of various degenerative diseases still in their pre-clinical stages, or their aggravation in their initial clinical stages, including silent and asymptomatic cases.

Therapeutic monitoring through the signs of Quantum Biophysical Semeiotics highlights that the timely use of appropriate and personalized treatments on each vaccinated patient improves his clinical and pre-clinical data, instead they immediately worsen if treatment is suspended. In particular, an appropriate mitochondrial restructuring quantum therapy is effective in attenuating, reducing or canceling the mid and long term effects of vaccines, with particular regard to people with well defined Constitutions and Inherited Real Risks of degenerative diseases related to genetic alterations of mitochondrial DNA.

Introduction

Since February 2021 one of the authors observed by means of Quantum Biophysical Semeiotics (QBS) tools, i.e., psychokinetic diagnostics [1], and signs that mRNA vaccine against covid-19 triggers an alert in the hippocampus: Brain Sensors activate in the limbic area [2]. These data suggested an in-depth reflection, as the hippocampus is related to particular neurodegenerative pathologies such as senile dementia, Alzheimer Disease, short and long-term memory impairment, as well as impact on neuronal plasticity and mood.

Throughout 2021, numerous side effects of different types emerged in just vaccinated people all over the world: cardiovascular diseases - myocarditis, pericarditis, thrombosis, cardiomyopathy, unusual increases of other cardiovascular diseases such as angina pectoris, heart attack and AMI – [3], neurological diseases (thrombosis, encephalopathies, Guillain-Barre syndrome, etc.), unusual increases of oncological and endocrinological pathologies, etcetera. Could the covid-19 vaccines be causes or risk factors for all these diseases?

Some recent studies already highlight the possibility that vaccines are to be understood not as causes, but as risk factors for the onset of certain diseases such as IgA vasculitis [4, 5]. We wish to verify whether this association - vaccines not as causes but as risk factors - can be true also for all types of pathologies, above mentioned, investigated by Quantum Biophysical Semeiotics already in their pre - clinical phases, right from birth.

Short and long term side effects of COVID vaccine according with Quantum Biophysical Semeiotics

The first experimental data collected at the beginning of 2021 through QBS suggested that the vaccines currently used can be risk factors, they can “press the accelerator” [6]:

- activating the Inherited Real Risks (IRRs) deactivated;
- speeding up the evolution of activated IRRs;
- temporally approaching / anticipating the onset of the disease (transition from the pre-clinical to the clinical phase);
- making clear silent and asymptomatic pathologies, even in their initial stages.

The persistent and permanent microcirculatory activation observed in 100% of vaccinated people indicates to the expert QBS doctor not only the activation of the Brain Sensors [7, 8], the first alarm bell, but the need to thoroughly investigate the microcirculation locally, to find out if, where and which constitutions and above all IRRs [9 - 14] are activated or disabled; if there are initial and / or evolving IRRs, if there are silent or asymptomatic pathologies.

All this should be done individually, to each person, before vaccination, to understand at least whether or not his/her personal risks outweigh the claimed benefits of the vaccine in question. The evaluation "risks outweigh benefits" or vice versa "benefits outweigh risks" should therefore be made on every single person; one cannot think about a mass in an uncritical, indiscriminate way. After all, there is no forest or humanity, but trees and people, each unique, different from any other, wonderfully complex, unique as our DNA is unique, different from any other existing.

If this QBS evaluation has not been made before vaccination, it can still be done in subjects already vaccinated to monitor anyway the post-vaccination side effects in the short and long term, and evaluate which pathways to take to decrease or cancel these effects (even if at moment silent, invisible), albeit to slow down any degenerative processes started or accelerated after vaccination.

In a recent pilot-study QBS parameters significant for covid-19 vaccination were observed in 700 patients after vaccination, monitoring them for 5 months. In 14.29% of these patients (who are patients with regular ambulatory vision) there was no oculo-gastric or temporal reflex (representation of the hippocampus and limbic system) before vaccination. Simultaneous activations (indicators of QBS Constitutions and / or Inherited Real Risks that from deactivated become activated, or acceleration of the pre-clinical degenerative process of IRR in evolution) were observed in 87% of the monitored patients: simultaneous reflexes in the gastric and temporal ocular area and dilation range between 1.0 cm and 1.5 cm. In all patients, immediate activation of the hepatic reflex was found between 3 weeks and two months after vaccination. QBS parameters worsened in patients with cardiovascular diseases, as did those with neurological and oncological diseases. In particular, hepato-gastric reflexes worsen significantly in vaccinated subjects one month after inoculation.

All these data indicate a clear QBS worsening of 100% vaccinated subjects from the point of view of microcirculatory activation, and moreover a considerable percentage (87%) of them, having from birth some Constitution and Inherited Real Risk of degenerative pathology of mitochondrial origin, has a worsening of their pre-clinical (or clinical) picture, which varies from case to case: for example, an Oncological Terrain with deactivated Inherited Real Risk of breast cancer (therefore stable, not worsening) it becomes an activated Inherited Real Risk of breast cancer, that is the evolutionary degenerative process of this Risk: once it is activated, from pre-clinical stage accelerates dangerously towards the clinical phase. Similar examples can be made of any other type of oncological, cardiovascular and neurodegenerative pathologies in their clinical or pre-clinical stages.

Primary and pre-primary prevention: how to limit or remedy the short- and long-term effects after vaccination

The physician capable of carrying out therapeutic monitoring according to Quantum Biophysical Semeiotics (through bed-side or psychokinetic diagnostics) can evaluate the QBS parameters before and after vaccination, and especially before and after each treatment, verifying the goodness and effectiveness of each recommended and implemented solution. In the sample of 700 patients examined above all have been approached with Ozone-Therapy and Homeopathy, and all of them have been able to be evaluated immediately after the treatment, confirming the positive evolution of the picture. However, once the treatment was stopped, their clinical picture immediately worsened.

This fact highlights the need for continuous treatment to make residual the Inherited Real Risks of the pathology, or to avoid the worsening of the pathology in progress. This is what we have observed in several studies and publications over the past years, highlighting the difference between green therapy and blue therapy [15-18].

By combining green therapy with the innovative blue therapy, which is able to react directly on mitochondrial dysfunctions and on the same compromised or damaged mitochondria, one of the authors has outlined a complex of primary and pre-primary prevention solutions and treatments termed mitochondrial restructuring quantum therapy (TQMR) [19]. The adoption of the TQMR is highly recommended both to heal QBS Constitutions and Inherited Real Risks of pathology, present since birth, and to limit or completely cancel the short or long-term effects after vaccination.

Conclusions

Quantum Biophysical Semeiotics allows the diagnosis and accurate therapeutic monitoring of each patient from a microcirculatory point of view [12. 20], in particular of vaccinated subjects. This analysis allows to highlight worrying microcirculatory behaviors in the future, for each vaccinated subject, in particular for those with singular Constitutions and Inherited Real Risks, present from birth, of well-defined degenerative diseases (oncological, cardiovascular, neurodegenerative, etc.) dependent on genetic alteration of mitochondrial DNA.

It is therefore suggested to run for cover with adequate treatments to avoid that the side effects - to be understood as risk factors - already operating silently - but evident and measurable according to clinical microangiology - can lead to those pathologies for which the subject is already genetically predisposed from birth, or to aggravation of diseases already in progress, albeit silent and asymptomatic. It is necessary to act immediately, promptly, to avoid that in this decade and beyond, the trends of growing diseases such as oncological, diabetic, cardiovascular, neurodegenerative ones, etc., suffer spikes never before recorded in human history.

References

- [1] Sergio Stagnaro. *Psychokinetics Diagnostics, Quantum Biophysical Semeiotics evolution*, 2015. http://www.sisbq.org/uploads/5/6/8/7/5687930/psychokineticdiagnostics_qbsevolution.pdf
- [2] Sergio Stagnaro, Simone Caramel (2021) mRNA vaccine against covid-19 triggers an alert in the hippocampus. Brain Sensors activate in the limbic area. Journal of Quantum Biophysical Semeiotics, 2021. <http://www.sisbq.org/uploads/5/6/8/7/5687930/pfizerhippocampus.pdf>
- [3] Gundry SR. mRNA covid-19 Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning. *Circulation*, 2021; 144:A10712. https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712
- [4] Rasmussen C et al. Drug-induced IgA vasculitis in children and adults: revisiting drug causality using a dual pharmacovigilance-based approach. *Autoimmun Rev* 2021;20:102707. <https://doi.org/10.1016/j.autrev.2020.102707>.
- [5] Badier L et al. IgA vasculitis in adult patient following vaccination by ChadOx1 nCoV-19, *Autoimmunity Reviews* 20 (2021) 102951
- [6] Sergio Stagnaro. *Esame Obiettivo Semeiotico-Biofisico-Quantistico per la Diagnosi Clinica Precoce di Contagio da Coronavirus*. <http://www.sisbq.org/uploads/5/6/8/7/5687930/diagnosibqscovid19.pdf>
- [7] Sergio Stagnaro. *Ruolo diagnostico del Brain Sensor nella lotta al coronavirus*. <http://www.sisbq.org/uploads/5/6/8/7/5687930/brainsensorcoronavirus.pdf>
- [8] Sergio Stagnaro, Marco Marchionni, Simone Caramel. Covid-19 free through Quantum Biophysical Semeiotics psychokinetic diagnostics, primary prevention and vaccination. *Journal of Quantum Biophysical Semeiotics*, 2020. <http://www.sisbq.org/uploads/5/6/8/7/5687930/qbscovidfree.pdf>
- [9] Stagnaro S, Caramel S. Vascular calcification and inherited real risk of lithiasis. *Front. Endocrinol.* 2012, 3:119.
- [10] Stagnaro S, Caramel S. Inherited real risk of type 2 diabetes mellitus: bedside diagnosis, pathophysiology and primary prevention. *Front. Endocrinol.* 2013, 4:17. doi: 10.3389/fendo.2013.00017
- [11] Stagnaro S, Caramel S. The inherited real risk of coronary artery disease, nature, P. G.Eur. J. Clin. Nutr, 2013. Doi:10.1038/ejcn.2013.37.
- [12] Stagnaro S, Caramel S. The Key Role of Vasa Vasorum Inherited Remodeling in QBS Microcirculatory Theory of Atherosclerosis. *Front Genet* 2013; 4:55, 2013. doi: 10.3389/fgene.2013.00055.
- [13] Stagnaro S Caramel S. BRCA-1 and BRCA-2 mutation bedside detection and breast cancer clinical primary prevention. *Front Genet* 2013; 4:39. Doi: 10.3389/fgene.2013.00039.
- [14] Marchionni M, Caramel S, Stagnaro S. Inherited Real Risk of Alzheimer's disease: bedside diagnosis and primary prevention. *Front Aging Neurosci.* 2013; 5:13. Doi: 10.3389/fnagi.2013.00013.
- [15] Stagnaro S. *La Melatonina nella prevenzione primaria dei tumori*. Ed. Travel Factory, Roma, 2004.
- [16] Caramels, Stagnaro S, Pyatakovich FA, Yakunchenko TI, Moryleva ON. Background Millimeter Radiation Influence in Cardiology on patients with metabolic and pre-metabolic syndrome. *Journal of Infrared and Millimeter Waves*, Shanghai, China, Vol.1, February 2014.
- [17] Stagnaro S, Caramel S. A New Way of Therapy based on Water Memory-Information: the Quantum Biophysical Approach. JOQBS, 2011. link: <http://www.sisbq.org/uploads/5/6/8/7/5687930/qbtherapy.pdf>
- [18] Marchionni M, Stagnaro S, Caramel S. The role of 'Modified Mediterranean Diet' and quantum therapy in Alzheimer's disease primary prevention. *JNHA*, Springer, Vol. 18, 1, 2014. [Pub-Med – Medline]
- [19] Stagnaro S, Caramel S. La terapia quantistica mitocondriale ristrutturante (TQMR). <http://www.sisbq.org/tqmr.html>
- [20] Sergio Stagnaro, Marina Neri Stagnaro (2016) *Microangiologia Clinica*. a cura di Simone Caramel. 2016. <http://www.sisbq.org/uploads/5/6/8/7/5687930/microangiologiaclinciasbq2016.pdf>