

# What We've Learned From Hundreds of Vaccine Shedding Reports

Analysis by [A Midwestern Doctor](#)

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## STORY AT-A-GLANCE

- › After the COVID-19 vaccines hit the market, stories began emerging of unvaccinated individuals becoming ill after being in proximity to recently vaccinated individuals. This confused many, as the mRNA technology in theory should not be able to “shed”
- › At this point, we believe this is a real phenomenon as we have seen numerous patient cases which can only be explained by mRNA shedding
- › Some of the most frequent questions about shedding include: “how much do I need to consider mRNA shedding when dating?” “is vaccinated blood safe?” “how do I protect myself from shedding?” and “what are the potential mechanisms that could explain how shedding is possible?”
- › In this article, we will present everything we currently know about shedding (e.g., the evidence for it, who tends to shed, who is affected by shedding, what symptoms are typically observed after shedding). Much of this has been made possible by the hundreds of individuals who have shared their shedding experiences – if you can, please share your story too

**Note:** *This article was originally published on my Substack where, due to the public's issue on this topic, it attracted a significant amount of attention (e.g., [a tweet about it](#) received over 500,000 views). This article takes into account the hundreds of shedding injury stories have received and the original will continue to be revised as more shedding reports*

*are received. If you could share yours as well (e.g., [on the original article](#) or [on this tweet](#)) that would be greatly appreciated.*

When doctors in this movement speak at events about the vaccines, by far the most common question they receive is "is vaccine shedding real?"

This is understandable as COVID vaccine shedding (becoming ill from vaccinated individuals) represents the one way the unvaccinated are also at risk from the vaccines and hence still need to be directly concerned about them. Simultaneously, this is a difficult question to answer for a few key reasons.

First and foremost, we believe it is critical to not publicly espouse divisive ideas (e.g., "PureBloods" vs. those who were vaccinated) that prevent the public from coming together and helping everyone. The vaccines were marketed on the basis of division (e.g., by encouraging immense discrimination against the unvaccinated), and many unvaccinated individuals thus understandably hold a lot of resentment for how the vaccinated treated them.

We do not want to perpetuate anything similar (e.g., discrimination in the other direction). Likewise, we don't want to create any more unnecessary fear – which is an inevitable consequence of opening up a conversation about shedding.

Finally, in theory, shedding with the mRNA vaccines should be "impossible." Because of this, stating it's real puts anyone who does so in a very awkward position. That being said, from having looked into this extensively, I am relatively sure of the following:

1. Shedding is very real.
2. People's sensitivity to it **greatly** varies.
3. Most of the people who are highly sensitive to shedding have already figured it out, so if you do not already believe it is an issue for you, you probably don't need to worry about it.
4. There is still no agreed upon mechanism to explain why it happens.

For all of these reasons, we would greatly appreciate it if you could share your shedding experiences (hundreds already have). Those stories are being collected in [the comments section of this article](#).

## The Mechanistic Trap

In [the previous article](#) (which provides important context for the ideas laid forth in this one), I discussed the habitual tendency of science to reject observations which have no mechanism that could explain how they are happening. In turn, I argued this was problematic as it results in many critically important observations being dismissed since their "mechanism" lies outside the existing scientific paradigm.

One of the most common ways this happens is for logical arguments to be put together which assert the observation cannot be real. In some cases, the argument is quite compelling, while in others (provided you understand the subject) it's actually ridiculous.

For example, since the mRNA vaccines were an experimental gene therapy, one of the immediate fears people had about them (myself included) was that they would permanently alter your DNA.

To address this, countless articles were written which ridiculed that notion. This was done by repeating a few logical arguments which sounded nice and were deemed to be "true" because the "experts" had espoused them (e.g. consider these frequently cited pronouncements by [Paul Offit](#) and [Anthony Fauci](#)). Those arguments were as follows:

1. The vaccines cannot enter the nucleus of the cell.
2. mRNA from the vaccines breaks down rapidly in the cell, so it does not have time to enter the nucleus and change your DNA.
3. mRNA is not DNA, and hence believing mRNA can change DNA represents a fundamental lack of knowledge of biology.

On the surface, that train of logic effectively "refutes" the DNA alteration hypothesis. However, in reality, each of the above premises was false or highly misleading (e.g., the

mRNA was designed to resist being broken down so it could remain active for a prolonged period).

**Note:** A more detailed explanation of why those premises were wrong can be found in my contribution [to this article](#) which discussed how mRNA spike protein vaccines alters DNA. Additionally, Robert Malone recently [wrote a more detailed critique](#) of Offit doubling down on a related claim (that DNA contaminants in the vaccines cannot affect our DNA).

Conversely, I felt that since assessing genetic toxicity was both a pivotal requirement for new pharmaceutical products and it was easy to predict genetic toxicity would be one of the top concerns with the mRNA vaccines, there was no possible way it wasn't tested for by Pfizer and Moderna at the very start.

Yet, in all the articles refuting the DNA alternation hypothesis, none of that data was ever shared and instead we simply received logical arguments with no data behind them.

**Note:** Leaked EMA documents likewise revealed that for some reason, [the drug regulators were not provided with any genotoxicity data by Pfizer](#).

In my eyes, this suggested DNA alteration had been found, and that Pfizer decided its best option was to simply avoid mentioning that data while simultaneously claiming there was "no evidence of DNA alteration" (which is a common tactic industry uses to bury science which threatens its bottom line). In turn, I can't say I was particularly surprised when independent research conducted long after the vaccine hit the market [discovered the vaccine indeed can change the DNA of a cell](#).

**Note:** [In a recent article](#), I discussed how no one has been willing to make the raw data of the health outcomes in those who were vaccinated become available. While a lot of excuses have been made for why this hasn't happened, like many, I believe the actual reason is because that data shows the vaccines are very dangerous and were it to be made available, it would make it clear the vaccines were very dangerous and create a lot of problems for the officials who pushed the vaccine.

*Likewise, it is a longstanding practice in the pharmaceutical industry to not disclose clinical trial data that makes their product look bad but simultaneously to parade anything which makes it look good.*

After the original shedding article went viral, one of the most ardent defenders of the scientific orthodoxy (a cancer doctor named David Gorski) was compelled to write [a blog post debunking it](#).

Gorski's [post](#) in turn "debunked" the shedding article by asserting Gorski's belief that the "mechanistic trap" was a good thing, and that my theory had no validity since there was not a credible mechanism to support it (even though the proposed mechanisms were listed later in the article). I share this to illustrate how committed people are to the mechanistic trap, as even when you clearly point it out to them, they often still can't stop themselves from falling into it.

**Note:** *I think it's good practice to review critiques of your positions from hostile parties, as while not necessarily nice, they are often extremely helpful for quickly cluing you into mistakes or oversights you made that need to be corrected.*

## **Is Shedding Possible?**

In the case of shedding, a few major points argue against it being possible.

- The design of the mRNA vaccines was that lipid nanoparticles containing mRNA were injected into the body, after which they made their way into cells and causes cells to begin producing vaccine spike protein for an unspecified amount of time.
- Because of this, there were relatively few options of what could be shed. For instance, while it is unlikely the lipid nanoparticles or the mRNA it contained could be transmitted from the vaccinated individuals to their environment, if it could be, there was very little to transmit, so it was simply not possible a single injection could contain enough vaccine material to perpetually sicken those around the vaccinated individual.

**Note:** *Some people in the movement believe consequential unlisted contaminants may also be present in the vaccines.*

- The only remaining option was that the spike protein being produced by the vaccine was the agent that "shed" (e.g., because the mRNA didn't break down and hence produced spike indefinitely or because the mRNA had integrated into the cell genome and hence the body was producing spike indefinitely).
- Spike "shedding" didn't make sense either because the concentration of spike protein (which is rapidly broken down in the environment) would have to be orders of magnitude higher within the vaccinated individual than in the area around them. In turn, this argues against the shedding being able to affect others if an infinitely higher concentration did not affect the vaccinated individual.

Typically, shedding occurs (e.g., from a live viral vaccine like MMR or polio) because an individual "sheds" a self replicating form of the disease. This results in the low concentration of the pathogen which the shedder expels into their environment then amplifying within the recipient and eventually reaching a comparable concentration to what was found in the "shedder."

Since I was nonetheless seeing numerous clearcut cases of shedding occurring, this suggested to me that I was missing a huge piece of the puzzle which once known invalidated much of the above logic. Conversely, I could not help but notice [that Pfizer's protocol](#) for testing their vaccine:

- Prohibited pregnant women or those breast feeding from receiving the vaccine (or future doses if they had already received one).

**Note:** *Due to [the thalidomide disaster](#), a foundational rule in medical ethics is that you do not experiment on pregnant women due to the potential danger this exposes the fetus to.*

- Stated it needed to be reported if a pregnant women (e.g., a healthcare worker in the trials) was exposed to the intervention by inhalation or skin contact from someone who had been vaccinated.

- Stated it needed to be reported if someone in the previous category (not vaccinated but exposed to someone who was) then was in close proximity to their wife and their wife was pregnant.

This suggested either that Pfizer knew shedding was a real problem, or that they were following the existing standards – **the FDA stipulates** that gene therapies need to be evaluated for shedding before being given to humans (and furthermore be subsequently tested for shedding in humans). For context, **both the FDA** and the **EMA** classify the mRNA vaccines as a gene therapy.

**Note:** *The first approved gene therapy, **Luxturna**, (which works like the J&J vaccine by using a modified virus to produce a target protein in the patient), is an eye medication which treats a rare form of genetic vision loss.*

*Its prescribing information specifies that Luxturna can be found in a patient's tears after injection and it hence for the first seven days after injection, care must be taken to avoid anyone else coming in contact with those tears to prevent unintended shedding of the product.*

*Another similar gene therapy, **Roctavian** also **was found to shed** (e.g., into semen), and the FDA advises those who receive it to not donate semen or impregnate someone for at least 6 months after administration. Finally, Zolgensma, a gene therapy, utilizing a different virus **was also found to shed for a month**, and its package insert advises that during this time, to be careful of how feces from the patients are disposed of (so no one else is exposed to it).*

*Additionally, **there is one other gene therapy on the market**, but due to its design, shedding was unlikely (and hence undetected) so the FDA does not advise special precautions for its recipients. **Curiously, the package insert for Pfizer's vaccine** does not mention shedding at all (despite the fact it has long since been proven), and likewise J&J's vaccine (which is very similar to the currently approved viral gene therapies) does not have shedding mentioned **in its inserts either**.*

In short, like the cancer issue, I suspect Pfizer had concerning data on the shedding issue but opted not to disclose it so it could be claimed there was "no evidence" of

shedding.

**Note:** *In my eyes, the most unacceptable side effect of a pharmaceutical is if it harms individuals beyond those who received it. This for instance is why the federal government eventually cracked down on opioid prescriptions, as the opioid epidemic has been devastating for the communities affected by it. Similarly, this is why I recently focused on [the decades of evidence linking SSRI antidepressants to triggering psychotic violence](#) (e.g., mass shootings).*

## What Is Known About Shedding?

While I have seen many anecdotal cases suggesting "shedding is real, in my eyes, the strongest proof for shedding comes from the observations by Pierre Kory and Scott Marsland [at their clinical practice](#) which is dedicated to treating vaccine injuries (which places them in a unique position to observe and evaluate this phenomenon). They have:

Seen more than twenty patients develop similar symptoms after a shedding exposure, particularly after a "strong" shedding exposure. Individuals appear to either develop only 1-2 of the characteristic shedding symptoms or to develop a large cluster of them.

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Found that those symptoms resemble what is seen in other spike protein pathologies (e.g., long COVID or a mRNA vaccine injury).

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Found those symptoms often respond to the same treatments used for treating other spike protein pathologies (e.g., ivermectin which binds the spike protein).

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Found many patients will repeatedly have shedding symptoms emerge after the same exposure (e.g., always feeling ill when a vaccinated husband returns from a long trip away, when going to church each week, when singing with their choir, or when taking a crowded route to work).

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Been able to determine that those they suspect are a shedder (e.g., the husband) test positive (through an antibody test) for a high spike protein levels.

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Found that eliminating the shedder from the patient's life or treating the (asymptomatic) shedder with a vaccine injury protocol significantly helps their patient get well.

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**Note:** *Much of the above has also been repeatedly noted within the hundreds of comments I received.*

Since mRNA shedding is such a mysterious phenomenon, a good place to start with unlocking this mystery is to see what's currently known about it and try to discern what underlying principles could account for those observations.

Lastly, I want to note that [a 2023 peer-reviewed study](#) found that unvaccinated individuals who were around COVID-19 vaccinated individuals developed an immune response to the spike protein (which the authors **hypothesized** was due to antibodies being directly transferred through the breath). This in turn demonstrates that something is indeed being transferred from the vaccinated to the unvaccinated (e.g., the spike protein).

**Note:** *Henceforth, I will not discuss the J&J (or AstraZeneca, Sputnik or Sinovac) COVID vaccines, as these are viruses vector vaccines and hence operate under different principles than the mRNA vaccines. I believe this is appropriate to do here as the majority of those vaccinated received an mRNA vaccine and I want to keep this article as short as possible.*

## **Susceptibility to Exposure**

**Note:** *Since I will reference a lot of reader reports throughout this series to corroborate the patterns I am referencing, to save space, they will simply be designated with numbers which link to each comment (e.g., [1, 2, 3]).*

Sensitivity to shedding varies immensely. At this point, I believe the majority of people who are being affected by shedding either already know it and if they don't, they will by the time they complete this article. This is important because one of the major fears everyone who is unvaccinated has is if they are "at risk" from shedders. In general, there seem to be three categories of people who are susceptible to shedding.

**Note:** *Often they belong to more than one of these categories.*

The first are the sensitive patients [e.g., [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#)]. I wrote [a much longer article about this archetype](#), but briefly, these patients tend to:

- Be highly sensitive to toxins in their environment (hence leading to them frequently being injured by pharmaceutical products).
- Very empathetic and perceptive of subtle qualities others do not notice.
- Have an ectomorph or Sattvic constitution.
- Frequently have ligamentous laxity (e.g., Ehlers-Danlos has been correlated with being predisposed to HPV vaccine injuries and many are now reporting EDS predisposes one to a COVID vaccine injury).

**Note:** *I recently published [an article](#) explaining why EDS patients (and other hypermobile individuals) why this happens and our approaches to treating these patients. Many readers here (after reading [either that article](#) or the earlier version of this one on shedding) remarked that the articles perfectly described their situation (e.g., they had EDS, were very sensitive and had had either a vaccine injury or mRNA shedding injury).*

Due to these susceptibilities, those patients frequently have chronic illnesses such as mast cell degranulation disorder, multiple chemical sensitivities, EMF sensitivities, Lyme disease, mold toxicity and fibromyalgia. These patients were more likely to avoid the COVID vaccine (due to their previous bad experiences with pharmaceuticals) and more likely to be chronically debilitated by the COVID vaccine (or a COVID-19 infection).

Tragically, we've also seen many people develop these sensitivities after a COVID-19 vaccine injury, and a few people have shared spike shedding caused them to develop environmental sensitivities (e.g., [this reader](#) lost the ability to eat meat unless they addressed their shedding – something I had previously only seen after [tick borne diseases](#)). Additionally, and [received a report](#) from someone who noticed environmental EMFs worsened their sensitivities to shedding.

**Note:** *I believe that many of these sensitivities result from the [Cell Danger Response \(CDR\)](#) being activated and then failing to turn off (while conversely, [treating the CDR](#) is often very beneficial to these patients).*

The sensitive patients tend to be the most susceptible to shedding, and I've seen numerous reports of individuals (e.g., [consider this report from one of Pierre Kory's patients](#)) who can immediately tell if they are around individuals who have been vaccinated (e.g., because they immediately feel a "toxic" presence or [feel a shedder injure them](#)). Likewise, these patients tend to become ill from "weaker" shedding exposures.

**Note:** *I consider myself to be a sensitive individual but I have not had any issue being in close proximity to people (e.g., patients) who were recently vaccinated. Conversely, many of my sensitive female friends (who are less sensitive than me) have experienced notable effects from shedding (e.g., menstrual abnormalities), which suggests to be there is more to this picture than just having a "sensitive" constitution.*

The second are patients who have been sensitized to the spike protein due to a previous vaccine injury or having long COVID. These patients in turn frequently find their symptoms worsen when they are around individuals who were vaccinated and many have reported that their sensitivity to shedding increases with time.

**Note:** *I believe the [Cell Danger Response](#) (discussed [here](#)) provides one of the best models to explain what happens to the patients in the first two categories (as [treating the CDR](#) often greatly helps these patients). Likewise, I also find a pre-existing impairment in zeta potential ([discussed in the previous article](#)) frequently predisposes patients to these issues, while [restoring the physiologic zeta potential](#) often greatly benefits them.*

Finally, since the spike protein is an allergen **that is highly effective at creating autoimmunity in the body**, that also can explain why successive exposures to it increase one's sensitivity to it (likewise some of the most effective COVID-19 treatments simply used medications normally used to treat allergies).

The third are the people who cannot effectively produce antibodies to the spike protein. I was initially clued into this after **I saw a study of vaccinated patients** who developed myocarditis which discovered that (unlike controls) their ability to develop a neutralizing antibody for the spike protein was impaired, leading to a large amount of free spike protein circulating in their blood (whereas normally it would be bound to an antibody).

Because of this, the spike protein being produced in their body is thus able to create havoc throughout it and those patients become symptomatic after being exposed to a much lower concentration of the spike protein. It is important to note that while reactive to shedding, these patients are nowhere near as sensitive to shedding as the previously described "sensitive patients."

**Note:** At the time of **the disastrous smallpox campaign**, many clinicians believed that those with a weakened immune system could not mount a response to the vaccine, and in turn were both more likely to be injured by it and to catch smallpox (both before and after vaccination).

This led them to argue the vaccine's "efficacy" was an artifact of it being a proxy for a functioning immune system, and I believe **the myocarditis study** suggests something similar is occurring for the spike protein vaccines.

Additionally, while very rare, I have received a few compelling cases which suggest pets (cats or dogs) can also be susceptible to shedding events [e.g., **1, 2, 3, 4, 5**]. If shedding did indeed happen there, it suggests (as a few readers have shared) that certain human beings are much greater shedders than others, and that the shedding agent has a mechanism of harm which is not dependent upon a human receptor (e.g., it adversely affects **the physiologic zeta potential**).

## Characteristics of Shedders

There are two forms of shedding: primary (where someone gets ill from being around a vaccinated person — e.g., [vaccinated parents making their unvaccinated children ill](#)) and secondary (where someone gets ill from being around an unvaccinated person who was recently around vaccinated people). Primary shedding is much more common, but secondary is also sometimes reported (particularly for sensitive patients).

Secondary shedding can happen with both individuals who became ill from a shedder (more common) or from someone who was not affected by a shedder (e.g., children shedding and affecting parents after coming back home from school). Secondary shedding is one of the most confusing aspects of this phenomenon as I don't feel many of the mechanisms I've proposed to explain why shedding is happening can account for secondary shedding.

**Note:** *Pfizer's trial protocol (mentioned above) also addressed the possibility of both primary and secondary shedding.*

The most common observation with shedders is that they are dramatically more likely to shed soon after vaccination (depending on who you ask, this window ranges from three days to four weeks). However, more, sensitive patients find they are affected by a shedder indefinitely and strongly disagree with a 2-4 week cutoff.

I believe this essentially matches [what has been found in numerous studies](#) — that following vaccination, spike protein production in the blood spikes and then declines but never reaches zero and appears to continue for months afterwards (presently we don't know how long the effect lasts for as it simply hasn't been monitored long enough).

Additionally, quite a few people have noticed that shedding events (in the same location) are the most frequent and severe immediately following a new booster rollout, after which they gradually diminish until the next booster campaign.

It has also been observed that young and healthy people tend to shed more frequently (presumably since their body has a greater capacity to manufacture the spike), children

shed the most, and that the elderly shed the least frequently. Additionally, quite a few people have observed that shedding greatly varies by the individual (e.g., "[I react to specific people I see at church](#)"). Repeatedly boosting appears to worsen shedding for three reasons:

- It causes patients to resume having high spike protein levels in their body as typically after vaccination or boosting, there is a spike and then decline of spike protein which persists at a low level for months (again, no study has yet assessed if it lasts for years).
- Successive boosting appears to increase the degree of shedding which occurs when compared to the previous injections the patient experienced.
- Quite a few holistic healers have shared that they believe the most recent boosters are more potent and hence cause greater shedding than the earlier ones (which might be explained by the boosters now containing multiple strains of mRNA to cover the new variants).

## The Shedding Odor

One of the odd things quite a few people have reported is a distinct smell which emerged around them after the vaccines entered the market. For example, [consider this comment](#) from a reader:

*"In terms of crowds ... I too have experienced this many times. I feel unwell with flu like symptoms and can smell a unique odor around people. After feeling this way and smelling the same odor several times in company with family and friends, I confirmed the correlation with the covid vaccination.*

*As it transpired each has been vaccinated within the previous week. I am very sensitive to meds and in general and I swear I can smell something so now I ask and yep the link is there!"*

**Note:** *I have received a variety of similar descriptions of the smell itself [e.g., [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#), [18](#), [19](#), [20](#), [21](#), [22](#), [23](#), [24](#), [25](#), [26](#), [27](#), [28](#), [29](#), [30](#), [31](#), [32](#)], along with many more from readers who "tasted" or "felt" it. Since I can't smell this odor, I don't yet feel confident trying to provide a description of what the smell is.*

*In the second half of this series, where I explore the mysteries of the shedding phenomenon, I will provide a much more detailed description of that smell and what we think it may represent.*

## **Routes of Exposure**

There appear to be three possible routes of exposure. General proximity to the vaccinated person – this is most likely respiratory in nature and the most common form of shedding exposure reported by patients (e.g., [this reader](#) believes the shedding traveled through an air vent).

However, I have seen a few reports which suggest places which are separated by barriers (e.g., [being inside a car near a crowded intersection](#)) can also produce that exposure. Additionally, many have said they find shedding to be greatly mitigated when outdoors.

**Note:** *Numerous people have reported long term symptoms occurring after they received a treatment session (e.g., massage, acupuncture, or chiropractic) from a vaccinated individual (especially one who had been recently vaccinated). For this reason, I am curious to see when those businesses will stop declaring their vaccination status (similarly, some of my patients became my patients because they wanted an unvaccinated doctor who would not make them ill).*

Through skin to skin contact. Often patients report that they have some difficulty around vaccinated individuals, but notice things become much worse once some physical contact occurs, especially prolonged physical contact. This is thought to be due to the spike protein being "shed" in the sweat.

**Note:** Many people have shared that a recently vaccinated healthcare provider (e.g., a massage therapist or chiropractor) shed on them during their "treatment," after which the individual developed permanent complications.

Likewise, numerous unvaccinated healthcare providers (e.g., an acupuncturist) have shared that they now have great difficulty seeing vaccinated (particularly recently boosted) patients and have had to adjust their practice to accommodate for this. I in turn wonder how long it will be until the market forces those practices (particularly the holistic ones) to stop advertising (e.g., with a window sign) that all of their staff were vaccinated.

Similarly, I have a few patients who specifically sought me out because I was unvaccinated and they could no longer handle their vaccinated healthcare providers.

Additionally, I have seen a few reports where the shedding effect appeared to be transferable (e.g., someone touched an object a vaccinated person touched like a phone and then became ill).

Sadly, I have also come across multiple reports [e.g., [1](#), [2](#), [3](#), [4](#), [5](#)] of cleaner noticing a distinct difference in areas shedders had been in (e.g., they get ill in those environments – possibly from touching surfaces that were shed on, they can smell the shedding smell, or they notice sheets the vaccinated individuals slept in have a slightly yellowish tint).

Additionally, [one reader](#) shared that they can no longer tolerate in going to public restrooms due to shedding, while [another shared](#) they got ill from sleeping in sheets a vaccinated individual slept in.

**Note:** Individuals I trust have stated spike is excreted in the sweat. However when I tried to find that information, [I could only locate research](#) which suggested it was (as secretions occurred in analogous situations), but I could never find a study which directly measured the presence of vaccine spike protein in sweat.

There is also some evidence shedding occurs in other secretions. This has been most clearly shown with vaccine mRNA being packaged into exosomes found in breast milk



(e.g., [see this study in the Lancet](#)) but there is some evidence suggesting it applies to other secretions (e.g., sweat or saliva) as well.

Additionally, there have been concerns concerning infant reactions to breast milk from vaccinated mothers [within VAERS](#) and far more in [Pfizer's adverse event collection system](#) (further discussed within [this excellent article](#)), which suggest some form of toxicity is being transmitted via the breast milk. Additionally, a [study](#) published a year ago in JAMA found that 3.5% of women reported a decrease in breast milk supply and 1%-2% reported "issues with their breastmilk-fed infant after vaccination."

**Note:** [An excellent research paper](#) (which, given its content, will likely never get published) discovered in multiple countries that when adults received the COVID vaccine but no one under 18 was being vaccinated, death rates significantly increased in children. While this is understandably difficult to believe (due to its troubling implications), the same pattern [was also detected by another researcher in the Philippines](#).

Additionally, I have seen multiple reports where the region of the patient which experienced the shedding reaction (e.g., a bruise, a rash, or a cancer) was the part of the patient which was physically closest to the shedder.

## Timing of Exposure

There seem to be three common variants of exposures:

- **Immediate** — Patients often notice this, and either feel as though some type of poison [had been immediately injected into them](#), or that there is an oppressive presence in the area they are entering which makes them feel unwell.

**Note:** I presently suspect this form occurs in the most sensitive patients as the symptoms experienced in concurrence with that "oppressive presence" are often quite similar to what mold sensitive patients experience in moldy rooms and EMF sensitive patients experience in high EMF areas.

- **A 6-24 hour delay** – This seems to be the most common variant. In certain cases, patients have reported this occurring like clockwork (e.g., every Monday they or a relative gets ill after they had gone to church on Sunday).
- **A long-term delay** – This is often seen in the patients who have the most severe complications from vaccine shedding.

In each of these cases, patients will typically recover after a few days, but there were also many patients who reported a permanent (partial or debilitating) illness after the shedding exposure.

## **Symptoms of Exposure**

Many of the symptoms of shedding appear to match what is seen in both long COVID and vaccine injuries, again suggesting this is a spike protein mediated disease (especially since the effects of a shedding exposure are often reduced once a spike protein treatment like ivermectin and to a lesser extent nattokinase are started for a patient). However, while the symptoms overlap, some are more common after vaccination while a few are more common after a shedding exposure.

All of this I believe is a testament to the fact that (as discussed [in the previous article](#)) the effects of the mRNA gene therapies are not all predictable or consistent and **it was hence extremely premature to administer these highly variable injections to the general population.**

## **Most Common Symptoms**

By far the most commonly reported symptoms are gynecologic in nature. Of these, menstrual abnormalities are by far the most common (something also seen with the vaccine), and I have lost count of how many people have shared a story of a short or long term menstrual abnormality which occurred immediately after what they in hindsight realized was a textbook shedding exposure.

Since this is so frequently reported, I will not link to each example of it (as you will immediately find many once [you read the comments](#)).

**Note:** *I suspect there is a hormonal component to this as a few women have reported measured hormonal levels changing after shedding exposures [e.g., [1](#), [2](#), [3](#)], but I have not been able to get enough data to have a clear position on what's happening.*

*The best case report I know of comes from [this reader](#), who regularly measured her hormones and repeatedly found her estrogen spiked after a shedding exposure. Conversely, another (50 year old) woman (who is also a physician) [shared that](#) after her shedding exposure, her estrogen and progesterone dropped to 0 (while some testosterone remained).*

In some cases, highly unusual menstrual abnormalities occur (e.g., profuse bleeding which sometimes is voluminous enough [to create severe anemia](#), or [massive clots](#) they've never seen before being passed). Additionally, I've now met a few women who were in menopause (and in two cases a woman without a uterus) began having menstrual bleeding after a vaccine exposure.

Likewise, many post-menopausal women have reported that shedding caused them to either bleed or develop severe menstrual cramps [e.g., [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#), [18](#), [19](#), [20](#)].

**Note:** *I have also come across a few cases of women becoming menopausal due to shedding [e.g., [1](#), [2](#)].*

In early 2021 I belonged to a large Facebook group where we actively discussed menstrual abnormalities created by the vaccine and from shedding exposures (a lot of women there observed this). Unfortunately, rather than raising a red flag to any organizations that advocate for women, the group was banned in a coordinated attempt to sweep this side effect under the rug.

I, in turn, was astounded by how many people within that group reported experiencing a decidual cast shedding (the entire lining of the uterus coming off as one piece), and

since that time I've met one woman in real life this happened to (along with learning of [a case reported to Dr. Kory](#) and having [one shared by a reader](#)).

For context, this is a very rare condition (e.g., [one paper](#) which looked into this found prior to the vaccines, less than 40 cases of it had been reported in medical journals across the world – making the condition rare enough that it is impossible to estimate how frequent it is).

Yet, [in a survey](#) which 6049 (vaccinated and unvaccinated) women responded to, 292 (4.83% of respondents) reported a decidual cast shedding event, of whom 277 had never been vaccinated (and of those 277, most reported having been around vaccinated individuals).

**Note:** *While I am not allowed to share all the data from that survey (as it has not been published), I can disclose that it also evaluated a variety of other commonly reported shedding effects (e.g., heavy menstrual bleeding, post-menopausal bleeding, abnormal bruising or nose bleeds) and found that many unvaccinated individuals are experiencing those symptoms and in almost all cases, they were more common in individuals who were around vaccinated individuals.*

Most tragically, I have heard of a quite a cases where a shedding exposure appeared to end a pregnancy [e.g., [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#)], but it is still rare enough I have no idea if it's something to be concerned about.

**Note:** *While I am undecided on the miscarriage risk of shedding, I am relatively sure COVID vaccination can cause a miscarriage as I have seen numerous cases where this seemed to have happened. For example, in a small group I'm connected to, two of the employees had relatives who got pregnant.*

*They both also got vaccinated during their pregnancy and then lost their baby (e.g., one was vaccinated at 13 weeks after her OBGYN said COVID vaccination was essential and then miscarried at 16 weeks). Likewise, a few of my colleagues are now having certain vaccinated patients who are greatly struggling to conceive (and greatly contrast what my colleagues had seen prior to the vaccines).*

In parallel to menstrual abnormalities being the most common shedding symptom, we have all found women are more like to experience adverse events from shedding than me (which is particularly unfortunate as medicine has a longstanding practice of **gaslighting women** who present with systems the doctor can't make sense of).

**Note: A recent study of 140,000 women** found 42% of them reported menstrual abnormalities after vaccination. Through my network, I know that a formal study was conducted with a decent sample size **which was able to demonstrate the majority of unvaccinated women studied developed menstrual abnormalities when exposed to vaccinated individuals.**

*However, since that article is still working its way through the peer review process, I cannot disclose anything else in it (as I do not want to derail its publication).*

Presently, I am not sure if women in general are more sensitive to shedding than men, or if menstruation specifically (which only applies to women) is more sensitive to shedding than anything else, and if the other systems (e.g., the heart) are harmed at an equal rate for both genders.

**Note: In men, I find the closest equivalent to menstrual issues is "groin pain" which while repeatedly reported, does not occur anywhere near as frequently as menstrual issues.**

## **Common Symptoms**

I typically associate menstrual abnormalities (e.g., those described previously) with a Chinese medicine condition known as "**blood stasis**" which in many ways is analogous to "**impaired zeta potential**." In turn, I've found that many of the other symptoms commonly associated with shedding (e.g., headaches) are also viewed as a consequence of blood stasis.

For example, **this reader** describes a classic blood stasis headache (and a variety of other symptoms associated with blood stasis):

*"Shortly after [my husband] received the vaccine, I started getting severe headaches, like nothing I had ever experienced before. It felt like a nail had been driven through my temple or eye, and my blood pressure would also spike at the same time. I have orthostatic hypotension and chronically low Bp, so this was notably unusual for me."*

**Note:** Hence forward, I will designate symptoms associated with blood stasis (e.g., those that can be due to impaired blood flow to the brain) with a \*.

Outside of menstrual abnormalities, the most commonly reported symptoms are as follows:

- **Headaches\***, which are often described as migraines\* [e.g., [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#), [18](#), [19](#), [20](#), [21](#), [22](#), [23](#), [24](#), [25](#), [26](#), [27](#), [28](#), [29](#), [30](#), [31](#), [32](#), [33](#), [34](#), [35](#), [36](#), [37](#), [38](#), [39](#), [40](#), [41](#), [42](#), [43](#), [44](#), [45](#), [46](#), [47](#), [48](#), [49](#), [50](#), [51](#), [52](#), [53](#), [54](#), [55](#), [56](#), [57](#), [58](#)].
- **Tinnitus** [e.g., [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#), [18](#), [19](#), [20](#), [21](#), [22](#), [23](#), [24](#), [25](#), [26](#), [27](#)], which along with nosebleeds appears to be the most noticeable symptoms of shedding.

**Note:** Tinnitus is a condition conventional medicine struggles with (which is unfortunate due to it being a common COVID vaccine injury), and I have not seen good results with the therapies currently being explored for that (e.g., [TMS](#)).

Presently I predominantly view tinnitus as being a result of impaired blood flow to the brain or inappropriate over-activation of the nervous system (although I occasionally see other causes like individuals being acoustically sensitive to EMFs).

This is because I've found using [neural therapy](#) to down-regulate the sympathetic nervous system (which I believe certain individuals [like this person](#) are "hearing"), or methods to restore blood flow to parts of the brain (e.g., [precise applications of prolotherapy](#) in the cervical spine or [improving a patient's zeta potential](#)) frequently helps tinnitus.

*Additionally, I find Chinese medicine is often quite helpful for tinnitus as the condition is well fitted to their diagnostic framework.*

- **Nosebleeds** [e.g., [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#), [18](#), [19](#), [20](#), [21](#), [22](#), [23](#), [24](#)] – These are often profuse, frequent throughout the day and immediately follow exposure to a vaccinated individual.

**Note:** *These reports suggest that whatever is shedding damages the lining of blood vessels.*

- **Painless and inexplicable bruising\*** [[1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#), [18](#), [19](#), [20](#)] is also commonly observed after a shedding exposure, although two distinctly different types are observed. Sometimes many tiny bruises spontaneously emerge, which is often indicative of an immune process destroying the platelets (e.g., [see this readers account](#)), but more frequently large painless bruises are observed.

Additionally, [one reader reported](#) that her limbs, abdomen and veins will turn consistently turn blue (which I associate with blood stasis) 4-6 hours after working with triple vaccinated patients.

**Note:** *Bruising is one of the only symptoms I know of that is more commonly seen after shedding than vaccination (the other is nosebleeds – vision issues may be the third but I am less sure of that one). The classic way vaccines cause bruising is with **ITP** (what caused the previously cited reader's tiny bruises), and while **ITP** is **officially acknowledged as a side effect of many vaccines**, it is nonetheless fairly rare (e.g., 1 in 100,000 COVID vaccine recipients).*

*Presently, I have a few theories to explain why these bruises are happening but I am not confident in any of them.*

- **Dizziness\*** is also frequently reported [e.g., [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#), [18](#), [19](#), [20](#), [21](#), [22](#), [23](#), [24](#), [25](#), [26](#), [27](#)], and in many cases occurs immediately after physical intimacy with a vaccinated partner.

In addition to the symptoms representative of blood stasis, there are three commonly reported ones that are more immunological in nature.

The first is mental cloudiness and a general feeling of being unwell (e.g., how you feel before a flu). This can include feeling as though a fog has come over them, fatigue, difficulty concentrating, joint pain or quickly coming down with symptoms similar to those experienced when the individual had COVID.

Additionally, I now have multiple cases where someone (e.g., a friend) appeared to have caught COVID from someone who was recently vaccinated that they had frequently been around but never caught COVID from before (one of which provides a very compelling argument for this correlation).

**Note:** *Some of the above symptoms can also be associated with blood stasis, but the link is less clearcut. Additionally, since this was so frequently reported, it was difficult for me to cite all the cases of it that were reported by here.*

The second is that in the same way that the COVID vaccines cause immune suppression and reactivate latent infections such as Lyme or EBV, lighter versions of latent reactivations have also been seen after shedding events (e.g., [this is a compelling case history](#) of it happening with herpes). Additionally, this immune suppression may also explain why individuals develop COVID or a COVID like illness after being exposed to a shedding event.

**Note:** *A few readers reported shedding appearing to reactivate Lyme [e.g., [1](#), [2](#)] and EBV [e.g., [1](#), [2](#), [3](#)], although some of these cases may instead have been [a reactivation of the CDR](#).*

By far, the most common reactivation associated with the COVID vaccines is shingles, and likewise, the most commonly reported reactivation after a shedding exposure is shingles [[1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#)].

**Note:** *In some of these cases the link between shedding to shingles is very clear, while in others it is less so. Additionally, I believe some of these cases may be a result of immune*



*suppressed vaccinated individuals directly spreading the shingles virus rather than "shedding" activating a latent shingles infection.*

The third are skin rashes\* [e.g., [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#), [18](#), [19](#), [20](#), [21](#), [22](#), [23](#), [24](#), [25](#), [26](#), [27](#), [28](#)], something we also repeatedly saw in the vaccinated (e.g., at dermatology clinics – where sadly the dermatologists insisted again and again could not be linked to the vaccine). Most frequently these resemble hives, although a few people also reported psoriasis [e.g., [1](#), [2](#), [3](#)], shingles like rashes and areas that felt like a rash but not was visible [e.g., [1](#), [2](#)].

**Note:** *There are a lot of nuances to correctly diagnosing skin conditions, which is why I am hesitant to be more specific (I have only seen the vaccinated skin rashes, and while the shedding ones sound similar, I am not sure if they are as I have not seen them with my own eyes).*

## Less Frequent Symptoms

Some of the less frequent symptoms I see repeatedly reported (which are also frequently seen with the vaccines) include:

**Atrial fibrillation\*** [e.g., [1](#), [2](#), [3](#), [4](#), [5](#)] – Many have also reported heart palpitations or PVCs [e.g., [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#)], which often indicates undiagnosed atrial fibrillation.

**Note:** *Atrial fibrillation, being a classic blood stasis condition which often responds well to restoring the physiologic zeta potential (e.g., [see this reader's comment](#)).*

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**Muscle pain\*** [e.g., [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#)] – This seemed to be a mix of the typical aches felt at the onset of flu like symptoms, severe or chronic cramps and tightening or pain in areas (e.g., the calves) where muscle pain was frequently reported after mRNA vaccination (e.g., this was one of the most common side effects reported by Pfizer in [their original clinical trial](#)).

One [reader shedding report](#) particularly stood out for suggesting that a pathologic process was occurring within the muscle.

**Note:** Numerous readers also reported experiencing other types of musculoskeletal pain after shedding.

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**Seizures\*** [e.g., 1, 2, 3].

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**Peripheral neuropathy** [e.g., 1, 2, 3, 4] – Additionally, readers also reported other signs (e.g., numbness or pins and needles) of impaired blood flow to the peripheral nerves [e.g., 1, 2, 3, 4, 5, 6].

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**Insomnia\*** [e.g., 1, 2, 3, 4, 5, 6].

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**Hair loss\*** [e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10].

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**Swollen lymph nodes** [e.g., 1, 2, 3, 4, 5] – In many cases, individuals report this swelling immediately after a shedding exposure.

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**Severe abdominal pain\*** [e.g., 1, 2, 3] – These cases have made me wonder if the partner is experiencing something similar to **mesenteric ischemia** as a result of the microclotting in the bowels or an allergic reaction to the shedding agent (e.g., semen).

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**Sinus pressure or a copious nasal discharge** [1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20].

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**Note:** This shedding symptom and even more so with the nose bleeds which immediately follow exposure to a shedder suggests that whatever is shedding travels through the air.

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**Eye issues\*** [e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9] such as **microclots to the eyes** – We saw more severe forms of this with the COVID vaccines (e.g., two retinal infarctions, **which traditionally affect around 0.001% of people each year**), while the less severe ones appear to be more common after shedding exposures.

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## Rarer Symptoms

In most cases, I find the severe vaccine side effects (e.g., a heart attack) are dramatically less likely to occur following a shedding exposure than following vaccination (which to some extent makes sense from a toxicity standpoint as they are receiving a much lower dose of the spike). Nonetheless, I have seen quite a few examples shared by readers such as:

**Multiple signs of a stroke\*** (e.g., drooping facial muscles and difficulty concentrating or driving).

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**Severe blood clots\*** [e.g., [1](#), [2](#), [3](#), [4](#), [5](#), [6](#)], some of which were life threatening and resembled those seen after the vaccine. Additionally, **one reader reported** observing them in cats that were around a shedder.

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**Severe heart injuries in children** [e.g., [1](#), [2](#)].

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**Polymyalgia rheumatica** [e.g., [1](#), [2](#)].

**Note:** *PMR is a debilitating autoimmune disease repeatedly seen after COVID vaccination.*

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**An individual** with **progressively worsening seizures** (due to shedding) eventually experiencing a fatal seizure after a Thanksgiving dinner with vaccinated family members.

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**A cancer** which appeared to be strongly linked to the vaccine shedding.

**Note:** *Linking a cancer to shedding is almost impossible to prove, but I believe **this case** represents the closest you can get (especially since the recipient received an unusually high shedding dose from her husband). Additionally, her rare cancer was identical to the aggressive one that a **Moderna vaccine trial recipient developed** (and Moderna never disclosed in their trial report despite the trial participant doing everything she could to get it recognized).*

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A **shaking, buzzing, or feeling as though fireworks were going off inside the body** [e.g., [1](#), [2](#), [3](#)]. Above, while discussing tinnitus, I argued that I associate these symptoms with an over-activation of the sympathetic nervous system, an assessment I in part came to after experiencing something very similar when I caught COVID which persisted until the sympathetic activation was addressed (at which point what I experienced immediately subsided).

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[One reader](#) reported **psychiatric complications** from shedding (e.g., anxiety and more easily being stressed by situations). I suspect this issue is also quite common, but not something which occurred to most responders to include.

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## Overall Impressions of This Data

One of David Gorski's (predictable) critiques of [the original article](#) was that it relied upon anecdotes rather than "evidence." While this could be argued, once this many compelling "anecdotes" exist, I would argue enough data has been compiled for it to constitute evidence of a very real phenomenon, especially given that:

- These "anecdotes" occurred **in a repeatable and predictable manner**.

***Note:** There also seemed to be an even split between individuals who had a cluster of the common spike protein injury symptoms and individuals who only had a single symptom.*

- [Readers here](#) only realized they were being affected by shedding once they saw that what they had experienced matched what many others reported. This suggests they did not have a preconceived notion which caused them to hypnotize themselves into believing they were being harmed by shedding.
- Many of these symptoms were observed in the [MyCycleStory](#) survey of 6049 individuals.

- A paper working its way through peer review found exposing unvaccinated women to shedders induced menstrual abnormalities in the majority of those women.

Since this is understandably a taboo area to explore (e.g., I have no idea if the above paper will ever be accepted for publication), it has hence become necessary to bypass the scientific apparatus with articles like this one (or [Pierre Kory's series](#)) and the MyCycleStory survey.

However, while this data looks alarming, I need to emphasize that it's still fairly rare for me to encounter individuals who are being severely affected by shedding and the cases in here drew from a very large pool of people (I would guess somewhere between [500,000 to one million](#) people [heard of the original article](#) which requested stories to be shared).

Presently, I consider the COVID vaccines to cause the most severe spike protein injuries and to affect the greatest number of people. Conversely while problematic, I believe the complications of long COVID are less severe than a COVID vaccine injuries, easier to treat and affect far less people (especially when you consider that many cases of vaccine injuries are being falsely attributed to "long COVID").

In turn, I believe shedding injuries are less severe than the complications of long COVID, and likewise that they are a rarer issue as they predominantly affect the most sensitive members of the population.

Nonetheless, while I do not believe you should be greatly concerned about shedding if it has not yet affected you, I do believe those being harmed by it need to be aware of it and should be treated with compassion and respect rather than being dismissed and ridiculed.

**Note:** *Patients with spike protein injuries frequently observe that their symptoms ebb and flow. Both I, Dr. Kory and [a few of the readers here](#) now believe that some of that is due to their shedding exposures.*

Presently, I believe one of the best strategies the movement has going forward is to actively petition for a federal law to be passed which says that for a gene therapy

product to enter the market it must:

- Have had studies conducted which properly evaluated all potential routes of shedding for product.
- Have those studies be made available to the public since the general public rather than just the individual who consented to receiving the therapy can be affected by the product.
- Have it be feasible for those who receive the product to prevent that shedding from occurring (e.g., Roctavian, mentioned earlier, sheds in the semen for six months, and as a result its recipients are instructed not to donate semen or impregnate someone for six months).
- Have the product be pulled from the market if either outside investigators discover the manufacturer's data was wrong and the product does indeed shed or its discovered the typical recipient is not following the measures necessary to mitigate the gene therapy's shedding.

## Conclusion

Once the COVID vaccines hit the market, I immediately noticed many of my patients reported significant reactions to them I'd never seen with any other vaccine and I began to have numerous friends contacting me to share that their relative had had a tragic heart attack or stroke following vaccination.

While I had suspected there would be many issues with the vaccines (e.g., I'd expected something similar to the [1976 Swine Flu disaster](#)), my expectation was for most of the issues to be chronic in nature (e.g., [infertility](#), [cancer](#) and [autoimmunity](#) – all of what I've since written about).

Watching this unfold was quite shocking, especially since I could not convince my colleagues to consider that the vaccine might not be safe – even when they had a

patient cancel because "they'd had a fatal heart attack from the vaccine" or a few doctors they worked with suffered severe vaccine injuries.

At the time, I felt quite powerless and decided the one thing I could do would be to document all the injuries which had occurred in my own circle so that at some point they might make it possible to provide evidence which could sway a skeptical party (as I knew no one would publish anything critical of the vaccines in the medical journals). This was incredibly time consuming to do, but I still did it because for some reason I felt strongly compelled to.

Much later (exactly two years ago), [Steve Kirsch](#) graciously agreed to promote [an article](#) I felt was important for the current moment. Unexpectedly, Kirsch felt compelled to [encourage his readers](#) to sign up for my Substack. Not sure what to do with my newfound (small) following, [I published that log](#), which went viral, building a large reader base for me and cementing my newfound direction in life as a Substack publisher.

Looking back on it, what I found remarkable about those events was that at the time, no one else had done what I'd done – anonymously publish a large compilation of vaccine injuries they had born witness to, which I believe speaks to the fact many times things you'd expect other people to do will only actually happen if you do them.

At that time I had come across a few compelling cases of (menstrual related) vaccine shedding injuries within my own circle which were very difficult to ascribe to anything besides shedding being a real thing.

However, I felt it was best to not include those cases when I published the log as I felt I was already so far out of the accepted dialog that were I to also include the radical idea that "mRNA vaccines could shed," it would make many who might have been open to considering the reality of the vaccine injuries listed there close their minds and write the whole thing off as "conspiracy theories."

Fortunately, the world has changed a lot since that time, and I believe the reality of "shedding injuries" now has a similar degree of acceptance to what COVID-19 vaccine injuries had two years ago.

I regret that it's taken this long to get to this point and I feel really bad for the people who are suffering from this (e.g., a few of my patients), as it's almost inevitable healthcare professionals will assume they are crazy and **gaslight** them about shedding. For a moment, consider what some of these people are going through:

*"**My wife** also experienced some reproductive difficulties as well. Neither one of us are vaccinated. The doctor told her it was in her head so we both stopped talking about it.'*

*'[I experienced] shedding from a massage therapist who, while I was on the table, told me I was 'safe' because she just had her booster. I got terribly sick.'*

*'**It happened to me.** This is why I haven't gone out since 2021, even after I had covid in 2022 I still stay home. Nothing non-essential is worth disrupting my menstrual cycle again.'*

*'**I never got sick** throughout the COVID madness. Now everytime I'm around the vaxxed in social gatherings I get sick.'*

*'**My unvaxxed friend** had to stop going to church because the entire congregation was vaxxed and she got sick every time she went.'*

**Note:** *It is my sincere hope that shedding phenomenon may be the thing that finally puts the nail in the coffin on the boosters, as no one really wants them now (so there is no financial incentive to defend them) and all existing reports indicate that shedding is by far the greatest issue immediately after a booster rollout.*

*If that does not happen, it's likely facilities may follow **in the footsteps of the Miami school**, which in 2021, prohibited students from attending the school within 30 days of vaccination (and as David Gorski kindly shared, **many other businesses did the same**).*

Given how controversial, concerning, and still relatively not understood the entire shedding phenomenon is, we have been reluctant to write anything about it despite many requests to do so. After discussing it with Dr. Kory, we all felt that it was best if he wrote **the initial series on this subject** and then have a followup to it appear here.



In the second half of this series (which can be viewed [here](#)) I will explore what we currently know about the mysteries behind the shedding phenomenon and attempt to answer some of the major questions on it (e.g., "what about shedding with a vaccinated sexual partner?" "what about cancer?" "what is actually causing the shedding?" "what is behind the shedding odor" "what about vaccinated blood transfusions" "how do you protect yourself from the shedding?").

Finally, I would greatly appreciate it if you could share your shedding stories (e.g., [in this comment section](#) where these stories are being compiled or on [this tweet](#)). It has been remarkable that we have been able to shift things as far as we have on the mRNA vaccines in just three years and I sincerely thank each of you for the work you have done to make that possible.

## **A Note From Dr. Mercola About the Author**

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.