

# Do the COVID Vaccines Affect Your Ability to Think?

Analysis by [A Midwestern Doctor](#)

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## STORY AT-A-GLANCE

- › Subtle and overt neurological injuries are one of the most common results of a pharmaceutical injury
- › The COVID-19 vaccines excel at causing damage to cognition, and many of us have noticed both subtle and over cognitive impairment following vaccination that relatively few people know how to address
- › For a long time, the hypothesis that the vaccines impaired cognition was “anecdotal” because it was based on individuals observing it in their peer group or patients. Recently large datasets emerged which show this phenomenon is very real

When the COVID-19 vaccines were brought to market, due to their design I expected them to have safety issues, and I expected over the long term, a variety of chronic issues would be linked to them.

This was because there were a variety of reasons to suspect they would cause autoimmune disorders, fertility issues and cancers – but for some reason (as shown by [the Pfizer EMA leaks](#)), the vaccines had been exempted from being appropriately tested for any of these issues prior to being given to humans.

Since all new drugs are required to receive that testing, I interpreted it to be a tacit admission it was known major issues would emerge in these areas, and that a decision was made that it was better to just not officially test any of them so there would be no data to show Pfizer knew the problems would develop.

Sadly, since the time the vaccines entered the market, those three issues (especially autoimmunity) have become some of the most common severe events associated with the vaccines.

## Red Flags

At the start of the vaccine rollout, there were four red flags to me:

- The early advertising campaigns for the vaccines mentioned that you would feel awful when you got the vaccine, but that was fine and a sign the vaccine was working. Even with vaccines that had a very high rate of adverse events (e.g., [the HPV vaccine](#)), had I never seen this mentioned. This signified it was likely the adverse event rate with the spike protein vaccines would be much higher than normal.
- Many of my colleagues who got the vaccine (since they were healthcare workers they were able to get it first) posted on social media about just how awful they felt after getting the vaccine. This was also something I had never seen with a previous vaccine.

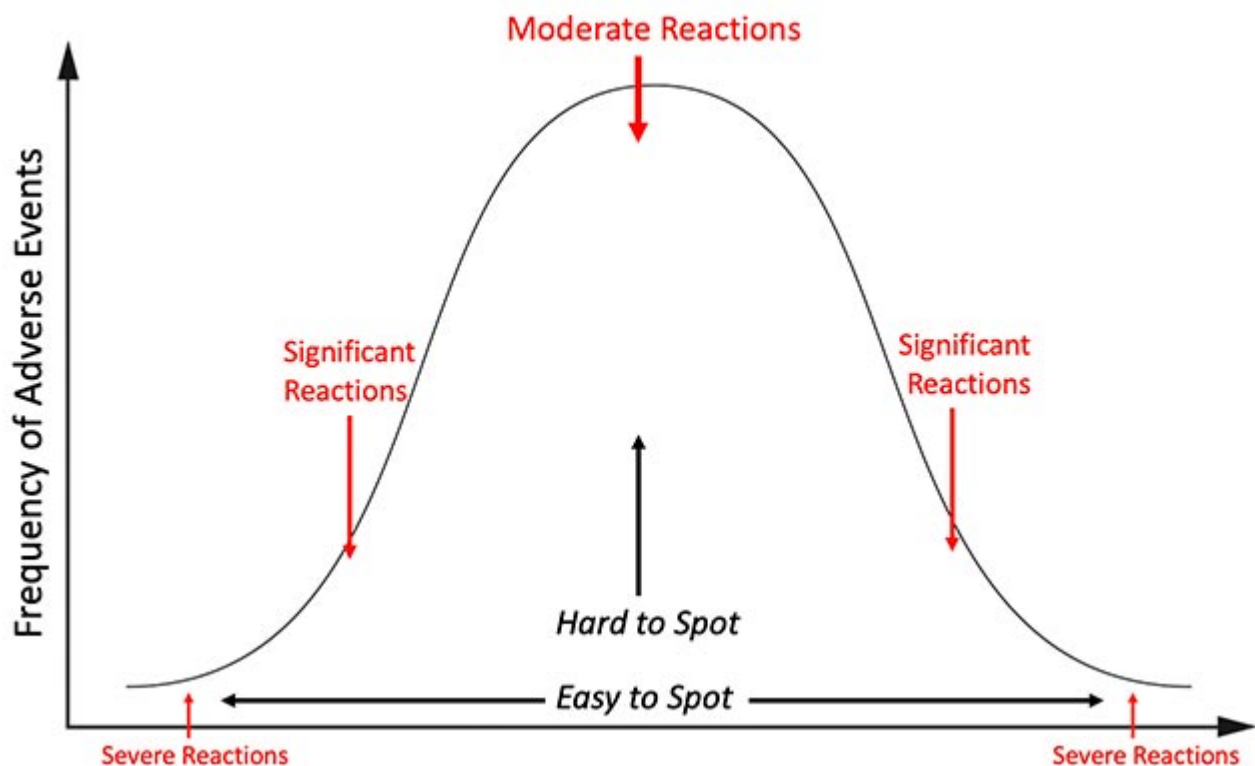
After some digging, I noticed those with the worse vaccine reactions typically had already had COVID and had their reaction was to the second shot rather than the first, signifying that some type of increased sensitization was occurring from repeated exposures to the spike protein. Likewise, [the published clinical trial](#) about Pfizer's vaccine also showed adverse reactions were dramatically higher with the second rather than first shot.

- Once it became available to the general public, I immediately had patients start showing up with vaccine reactions, many of whom stated they received their flu shot each year and never had experienced something similar with a previous vaccination. One of the most concerning things were the pre-exacerbation of autoimmune diseases (e.g., spots in their body they previously would occasionally have arthritis in all felt like they were on fire).

After I started looking into this I realized people were seeing between a 15% - 25% rate of new autoimmune disorders or exacerbations of existing autoimmune disorders developing after the vaccine ([later shown in an Israeli survey](#)), a massive increase I had never seen any previous vaccine cause.

- About a month after the vaccines were available to the public, I started having friends and patients share that they'd known someone who had unexpectedly died suddenly after receiving the vaccine (typically from a heart attack, stroke, or a sudden aggressive case of COVID-19).

This was extremely concerning to me, because reactions to a toxin typically distribute on a bell curve, with the severe ones being much rarer than the moderate ones. This meant that if that many severe reactions were occurring, what I could already see was only the tip of the iceberg and far, far more less obvious reactions were going to be happening, to the point it was likely many people I knew would end up experiencing complications from the vaccine.



I tried to warn my colleagues about the dangers of this vaccine, but even when I pointed out Pfizer's own trial admitted the vaccine was more likely to harm than help you, no one would listen to me. Not being sure what else to do, but not being willing to do nothing, I

decided **to start documenting** all the severe reactions I came across so I could have some type of “proof” to show my colleagues.

This was something that was extremely important at the time since no one was willing to take on the personal risk of publishing that something went against the narrative (that vaccines were killing people) in the peer reviewed literature.

Shortly after **Steve Kirsch** kindly helped launched my Substack, I decided **to post the log I'd put together**, and since there was a critical need for that information, the post went viral and created much of the initial reader base that made my substack possible.

It was immensely time consuming to do the project (especially the verification of the story that was reported to me), so I ended the project after a year. **During that time**, I came across 45 cases of either a death (these comprised the majority of the 45 cases), something I expected to be fatal later on (e.g., a metastatic cancer) or a permanent and total disability.

Additionally, in line with the previously described bell curve, I also came across many more serious but not quite as severe injuries.

## **Patterns of Vaccine Injury**

I've had a long term interest in studying pharmaceutical injuries because many of my friends and relatives have had bad reactions to pharmaceuticals.

In most of these cases, ample data existed to show that reaction could happen (often to the degree it strongly argued against the pharmaceutical remaining on the market) and yet almost no one in the medical field was aware of those dangers, hence leading to my injured friends never being warned before they took the pharmaceutical or even while the injury was occurring.

My bell curve theory originally came about from examining all of their cases. I thus was interested to know if the distribution of adverse events from the spike protein vaccines

would match what I had observed with previous dangerous pharmaceuticals and if what I saw personally did or did not match what everyone was reporting online.

One of the things that immediately jumped out at me were the multiple cases of a friend's parent in a nursing home receiving the vaccine, immediately undergoing a rapid cognitive decline which was "diagnosed" as Alzheimer's disease and then dying not long after.

At the time, I assumed these were most likely due to undiagnosed ischemic strokes as that was the most plausible mechanism to describe what I'd heard, but I was not certain as I could never examine any of these individuals for signs a stroke had indeed happened.

**Note:** despite many deaths in the nursing home population due to COVID and the vaccines, the number of people awaiting admission to a nursing home has significantly increased (shown [by this large data set from the Netherlands](#)).

Given that individuals typically do not want to go to a nursing home unless they are no longer able to take care of themselves, this suggests that **something** new is causing the rapid development of debilitating cognitive impairment (e.g., dementia) in the adult population.

Likewise, as Ed Dowd [has repeatedly documented](#), there has been a large increase in physical and cognitive disability throughout the adult population which has significantly impacted the economy because of how many workers are being lost to vaccine injuries.

Most recently, Steve Kirsch was contacted by a whistleblower who reported there has been [a 25 fold increase](#) in sudden dementia at the nursing home where she works. Similarly, like the cases shared with me, Kirsch has noted that he has frequently been contacted by relatives who reported a sudden onset of dementia in their beloved relative which was then swept under the rug.

Furthermore, he has also collected numerous other forms of evidence corroborating this is indeed happening. These cases are really sad because the elders in nursing homes

have very little ability to advocate for themselves, and most people will just write the cases off as “normal Alzheimers,” rather than seeing the red flag staring them in the face.

The cases of sudden onset dementia that were reported to me were very concerning to me, as they signified (per the bell curve) that there was going to be a much larger portion of people who would develop less severe (but nonetheless impactful) cognitive decline following vaccination.

**Note:** one of the most common types of injuries from pharmaceuticals are neurological injuries which both impair cognitive function and create psychiatric symptoms. This places patients in a difficult situation of **being gaslighted** by the medical system.

This is because their doctors assume the psychiatric symptoms the patients are experiencing are the cause of their illness rather than a symptom of it, leading to the patient being told the illness is all in their head and continually referred for psychiatric help.

One of the best examples with this occurred as a result of the abnormal heart rhythms (e.g., rapid anxiety provoking palpitations) caused by the vaccine damaging the heart which were consistently diagnosed as being a result of anxiety, even when a subsequent workup I requested showed heart damage was present.

As I began seeing more and more signs of cognitive impairment following vaccination, I realized that what I observed mirrored what I previously seen with chronic inflammatory conditions such as mold toxicity, **HPV vaccine injuries**, and Lyme disease. Some of the examples included:

Many people reported having a “COVID” brain where it was just harder for them to think and remember things. I sometimes saw this after more severe cases of COVID, more frequently after vaccination, and repeatedly in patients who per their timeline clearly developed it from the vaccine but believed it had come from COVID.

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These issues tended to be more likely to affect older adults, but younger ones were more likely to notice (and complain) about them. In the case of older adults, I typically learned about them from someone else who had observed the cognitive decline rather than directly from the individual.

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I saw cases of vaccine injured individuals who had trouble remembering or recalling the word they knew expressed what they were trying to communicate (this is also a common mold toxicity symptom).

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I had friends and patients who told me their brain just didn't work the same since they'd received the vaccine. As an example, a few colleagues told me they started losing the ability to remember basic things they needed to practice medicine (e.g., medication dosages for prescriptions).

They shared that they were very worried they would need to take an early retirement and that they thought it came from the vaccine but there was no one they could talk to about it (which understandably created a lot of doubt and anxiety).

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I saw cases of coworkers demonstrating noticeable (and permanent) cognitive impairment after I'd assumed they'd received the vaccine. Their impairment was never mentioned or addressed (rather the physician kept on working, did not perform as well, and in some cases retired).

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I met significantly injured vaccine injured patients who told me one of the primary symptoms was a loss of cognitive functioning they had taken for granted throughout their life. In many cases following treatment of their vaccine injury, their cognition also improved.

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Colleagues who treated vaccine injured patients told me cognitive impairment was one of the common symptoms they saw and was particularly noteworthy because they had never seen anything like that happen to young adults. To quote Pierre Kory:

*"In my practice of treating vaccine injuries, one of the three most common symptoms I see is brain fog. So many of my patients had been in the prime of*

*their lives, can now barely function, have significant cognitive impairment and need a lot of help from our nurses to carry out their treatment plans.*

*I never imagined I would see any of this in people far younger than me and instead I see it every day. I bear witness to an immense amount of suffering on a daily basis that is hard to put into words.”*

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One of my friends (a very smart immunologist) developed complications from the first two vaccines and based on their symptoms was able to describe exactly which parts of their immune systems were becoming dysregulated. Against my advice, they took a booster and reported they suffered a significant cognitive impairment never experienced before in their lifetime.

I feel this case was important to share as it illustrates how an exacerbation of a vaccine injury can also cause an exacerbation of cognitive symptoms.

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**Note:** I also saw significant cognitive impairment occur in individuals who were acutely ill with COVID-19. This was not as unusual since delirium is a well known complication in patients hospitalized with a systemic illness (e.g., sepsis), but it seemed to happen more frequently than usual.

## **Evidence of Cognitive Impairment**

At the same time I was observing these effects, many rumors were also swirling around online that the vaccines would cause severe cognitive impairment and that we would witness a zombie apocalypse from the vaccine injuries.

This apocalypse of course never happened, but many observed a suspicion cognitive impairment was occurring. For example to quote [Igor's recent article](#):

*“I own a small business and deal with many people and other small businesses. Most provided reliable service, would remember appointments, followed up on issues, and so on. I noticed that lately, some people have become less capable*



*cognitively. They forget essential appointments, cannot concentrate, make crazy-stupid mistakes, and so on.”*

In my own case, the most evident change I noticed was a worsening of drivers around me and had a few near misses from impaired driving. The challenge with these situations is that it's very hard to tell if something is actually happening or your perception is simply a product of confirmation bias.

For this reason, while I was comfortable asserting my belief the COVID-19 vaccines were causing the severe injuries on either end of the bell curve, I avoided doing so for many of the less impactful injuries in the middle where it was much more ambiguous if what I was observing was “real” or simply my own biased perception of the events around me.

Because of this, I never mentioned the changes in driving I observed (along with many other observations) since I did not want to inadvertently spread a falsehood.

**Note:** after I posted [the original article](#) many of the readers stated they too had observed a significant worsening in the behavior of drivers around them. I was then pointed to this dataset, which **suggests** this issue was happening, but [is difficult to properly assess](#) because COVID-19 can also cause cognitive impairment and less people were driving in 2020.

Year	Deaths	VMT— Vehicle miles traveled (billions)	Fatalities per 100 million VMT	Population	Fatalities per 100,000 population	Change in per capita fatalities from previous year
2010 <sup>[2]</sup>	32,999	2,967	1.11	309,326,000	10.67	▼-3.5%
2011 <sup>[7]</sup>	32,479	2,950	1.10	311,588,000	10.42	▼-2.3%
2012 <sup>[8]</sup>	33,782	2,969	1.14	313,914,000	10.75	▲2.6%
2013	32,893	2,988	1.10	316,129,000	10.40	▼-3.3%
2014	32,744	3,026	1.08	318,860,000	10.28	▼-1.2%
2015	35,485	3,095	1.15	321,370,000	11.06	▲7.6%
2016 <sup>[9]</sup>	37,806	3,174	1.19	323,121,000	11.59	▲4.8%
2017 <sup>[9][10]</sup>	37,473	3,213	1.16	326,213,213	11.40	▼-1.6%
2018 <sup>[10][11]</sup>	36,835	3,223	1.13	327,096,265	11.18	▼-1.9%
2019 <sup>[12]</sup>	36,355	3,248	1.10	328,231,337 <sup>[13]</sup>	10.99	▼-1.2%
2020 <sup>[14]</sup>	38,824	2,904	1.34	331,449,281 <sup>[15]</sup>	11.67	▲7.1%
2021 <sup>[16]</sup>	42,939 <sup>[17]</sup>	3,230 <sup>[18]</sup>	1.37	332,915,073 <sup>[19]</sup>	12.89	▲10.5%
2022 <sup>[20]</sup>	42,795 <sup>[21]</sup>		1.35	338,289,857 <sup>[22]</sup>		▼-0.3%

**National Highway Traffic Safety Administration Estimates for 2022 Show Roadway Fatalities Remain Flat After Two Years of Dramatic Increases**

Typically, when we have situations like this, large bodies of data or scientific studies are needed to tease out if a correlation is in fact occurring. Unfortunately, since there are political repercussions for dissenting from the dominant narrative, data which threatens tends not to be published.

This creates the challenging situation where those who are looking for answers on a topic which challenges a vested interest have to look quite carefully for clues on the subject (e.g., by dissecting papers to see exactly what the data is actually showing).

Igor periodically finds those, and after I saw the most recent one he unearthed, I requested to write the original guest post. To quote his discovery from the Netherlands:

*“Primary care data for January to March 2023 showed that adults visited their GP more frequently for a number of symptoms compared to the same period in 2019. Memory and concentration problems were significantly more common*

*than last year and in the period before COVID-19. Where these symptoms are concerned, the difference compared to 2019 is **growing steadily in each quarter.***

*In the first quarter of 2023, there was a 24% increase in GP [general practitioner] visits related to memory and concentration problems among adults (age 25 years and older) compared to the same period in 2020. This is evidenced by the latest quarterly research update from the [GOR Network](#).*

*The increase in memory and concentration problems of adults **seems to be a longer-term effect of the coronavirus measures as well as SARS-CoV-2 infections.***

More specifically they found:

- No increase was observed in adults under 25 years old.
- A 31% increase was observed in those 24-44 years old.
- A 40% increase was observed in those 45-74 years old.
- A 18% increase was observed in those over 75 years old.

**Note:** previous rounds of this survey, in addition to the cognitive issues described above, worsening mental health (e.g, anxiety, depression or suicidal thoughts), sleep problems, tiredness, and cardiovascular issues (e.g., shortness of breath, dizziness or heart palpitation) were also observed to have significantly increased since 2019.

Typically, patients, less than 75 years old are unlikely to visit their doctors for cognitive issues. Taken in context with this data, it means there is a stronger case that the (massive) increases in those under 75 were caused by **something** that happened after 2019.

Additionally, since there were already a large number of visits for cognitive impairment in the elderly, the lower percentage increase is slightly misleading in quantifying the extent to which everyone was affected. For example to quote [the previous report](#):

*“Primary care data showed that adults visited their GP somewhat more frequently for sleep problems in October–December 2022 than in the same period in 2019. This was particularly striking in the oldest age group (75 years and older).”*

All of this data put health officials in a bit of an awkward situation since publishing data demonstrating large scale cognitive impairment directly undermines the narrative they previous had committed themselves to. Nonetheless, the authors of the report were significantly more candid than many other before them:

*“The source of this increase in memory and concentration problems is unclear. A possible explanation could be that COVID-19 measures **caused accelerated cognitive decline** among people who were starting to have problems with memory and concentration (66 years on average).”*

COVID-19 was of course cited as a potential cause (which, as discussed above can **sometimes** cause long term cognitive impairment):

*“A **supplementary explanation** could be that some of these people have long-term symptoms after COVID-19. Various studies have shown that memory and concentration problems are common in post-COVID symptoms. Other infectious diseases, such as flu, can also cause these symptoms.*

*However, **recent studies** have shown that long-term memory and concentration problems are much more common after COVID-19 than after flu. In addition, these symptoms are more common in older age groups. The figures provided by GPs are consistent with this expectation.”*

Fortunately, the authors acknowledged that long COVID could not be the primary explanation for what was occurring, and instead alluded to the elephant in the room — the vaccines.

**Note:** on VAERS, in the 23 years VAERS has operated, 2352 of the 3071 (76.6%) reports of memory impairment following vaccination came from the COVID-19 vaccines.

Additionally, Ed Dowd has identified [numerous government datasets](#) demonstrating that widespread impairment and disability has occurred since the vaccine rollout.

## Why Are the Vaccines Causing Cognitive Impairment?

My specific interest in studying spike protein vaccine toxicity arose because I suspected I would see many similarities to other pharmaceutical injuries I had observed previously and treatments that had developed for those injuries could be used to treat COVID-19 vaccine injuries.

On Substack, I've tried to focus on explaining the areas that I believe are the most important to understanding this, zeta-potential, the cell danger response (CDR) and the treatments for Alzheimer's disease. Note: Each of these is interrelated with and often causes the others.

- **Zeta potential** – Zeta potential (explained in detail [here](#)) governs if fluid in the body clumps together (e.g., forming a clot) or remains dispersed and capable of freely flowing. Additionally, it also influences if proteins will stay in their correct formation or misfold and clump together.

Many different issues (discussed [here](#)) emerge when fluid circulation (be it blood, lymph, interstitial fluid or cerebrospinal fluid) becomes impaired. Since the spike protein is uniquely suited for impairing zeta potential, we have found [restoring zeta potential](#) (discussed [here](#)) often is immensely helpful during COVID-19 infections and for treating COVID-19 vaccine injuries.

Many of those approaches were initially developed from working with other vaccine injuries and cognitive decline in the elderly.

- **Cell Danger Response (CDR)** – When cells are exposed to a threat, their mitochondria shift from producing energy for the cell to a protective mode where the cell's metabolism and internal growth shuts down, the mitochondria release reactive oxygen species to kill potential invaders, the cell warns other cells to enter the CDR and the cell seals off and disconnects itself from the body.

The CDR (explained further [here](#)) is an essential process for cellular survival, but frequently in chronic illness, cells become stuck in it rather than allowing the healing response to complete.

Understanding the CDR is extremely important when working with complex illnesses because it explains why triggers from long ago can cause an inexplicable illness, and why many treatments that seem appropriate (specifically those that treat a symptom of the CDR rather than the cause of it) either don't help or worsen the patient's conditions.

Many of the most challenging patients seen by integrative practitioners are those trapped within the CDR, but unfortunately, there is still very little knowledge of this phenomena.

My interest was drawn back to the CDR after I realized that [one of the most effective treatments](#) for long COVID and COVID-19 vaccine injuries was one that directly treated the CDR.

Since many of the therapies that have been developed to revive nonfunctional tissue was developed by the regenerative medical field, I wrote an article describing how these approaches are applied to restore localized regions of dysfunctional tissue (which is sometimes needed to treat vaccine injuries) and another on the regenerative treatments [that treat systemic CDRs](#) (and are more frequently needed for vaccine injuries).

- **Alzheimer's Disease (AD)** — AD is one of the most devastating and costly conditions in existence (e.g., for the year of 2020 [it was estimated](#) to have cost America 305 billion dollars) and as a result, billions of dollars are spent each year in researching a cure for it.

[This research \(which began in 1906\) has gone nowhere](#) and presently [the FDA is working with the drug industry](#) to push forward ineffective, quite dangerous but highly profitable treatments for AD.

However, **effective treatments do exist** for AD and my colleagues have developed a few different methods that have successfully treated the condition. Additionally, one neurologist, Dale Bredesen developed a method for reversing AD that he proved worked **in multiple publications** (included **a recent 2022 clinical trial**).

All of these successful approaches utilize the following principles:

- Restore both the blood flow to the brain and the lymphatic drainage from it (which removes amyloid plaques). This often requires **restoring the physiologic zeta potential** and **having a healthy sleep cycle**.
- Treating the CDR (which causes chronic inflammation) **and reactivating brain cells** that became trapped in an unresolved CDR (which amongst other things requires reclaiming a healthy sleep cycle).

**Note:** Bredesen's approach also emphasizes the importance of addressing chronically elevated blood sugar or insulin levels.

One of the most important things to recognize about AD is that it is a slowly worsening disease which often progresses over decades. In the early stages of AD, minor cognitive changes occur, which (when possible to autopsy) correlate with tissue changes within the brain. In rare instances, individuals can instead have a rapidly progressing form of Alzheimer's which strikes with a younger age and is often linked to the toxin exposure.

In the case of spike proteins illnesses, I have seen both the early signs of AD cognitive decline occurring in much younger patients, and exist in cases of AD rapidly progressing following COVID vaccination. Additionally, I have also seen cases of rapid cognitive decline in the elderly following the administration of other vaccinations – however they were far less frequent than those seen with the COVID-19 vaccines.

## **Conclusion**

Anytime you attempt to perceive the world around you, you are always biased by the pre-existing filters you have which prevent you from seeing much of the world around you



(discussed further [here](#)). To some extent, these filters are a necessary evil as without them, the world would be overwhelmingly complicated.

However, if you cannot be open to the possibility a biased filter this is clouding your perception of reality, you become blind to a great deal of important things around you. **Misleading filters** for example, explain why many of those committed to the narrative cannot see the overwhelming evidence of COVID-19 vaccine injuries around them.

One of the most commonly used filters is "**social proof**," which essentially says people will typically not act on something, believe it, or even see it unless their peers (the herd) already are.

This creates a problem, because frequently when you need to know something, the herd does not yet believe it, forcing you to either make a decision no one else supports (which can be quite terrifying) or to wait until there is safety in doing it because the herd has now moved in that direction (which is often too late).

As I've gotten to know those who challenged the COVID-19 narrative, I've noticed they all had a tendency they'd learned through life experience to not follow the crowd and be willing to act on their initial impression of what preliminary data suggested before the rest of the crowd caught on.

For example, Ed Dowd was a highly successful stock trader (e.g., he made Blackrock a lot of money) and his method boiled down to spotting early trends before anyone else and acting on them while they were still profitable to investors.

Like many, from the start of the vaccination campaign, based on the preliminary data points that were available, I suspected it was going to cause long-term cognitive issues. Now that the data which supports that trend is beginning to appear, and concerningly the issue appears to be gradually worsening, something commonly observed over time with factors that give rise to dementia.

This is an important issue and I want to extend my thanks both to **Igor** for drawing attention to this very important dataset and to you for taking the time to read this and



bear witness to this immensely challenging reality.

Lastly, for those of you wishing to know more about the heartbreaking cognitive impairment individuals have experienced, I would encourage you to review the comment section of the original article which can be found [here](#).

## **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.