

COVID1981

Virus & the Vaccine

By
Dr. Biswaroop Roy Chowdhury

RS 1 LAKH VACCINE CHALLENGE

You can win Rs 1 lakh if you can prove that vaccines have ever helped anyone in anyway (except the financial gains) in the entire history of humanity.

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DEDICATION

Dedicated to my angel daughter Ivy,

loving wife Neerja

&

caring parents

Shri Bikash Roy Chowdhury

Shrimati Lila Roy Chowdhury

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SECTION-I

CHAPTER-1

COVID 1981

Q: Fill in the blanks, which disease I am referring to, in the paragraph given below.

Ans: _____

The month was December, in one of the most powerful and prosperous nations of the world a handful of people were found suffering from “MYSTERIOUS PNEUMONIA”. The initial symptoms included fever, cough, diarrhoea, body ache, extreme weakness and an unusual kind of pneumonia, never seen before. Within a month in January it was diagnosed to be a new RNA VIRUS for which no drug or vaccine is available. Quickly, the disease and the virus spread to other parts of the world. The man who played a central role in giving directions towards the management and prevention of the dreaded disease was “ANTHONY FAUCI” the leading scientist of USA. Soon the disease was seen as a taboo and the people diagnosed with the disease were

“ **Anthony Fauci – inventor of
2 imaginary diseases** ”

isolated and were regarded as untouchables. They were treated like criminals and were socially distanced and were even disowned by their family members. Soon a test called RTPCR – was developed and the test kit was made available all across the globe, including the African countries, who could not afford to buy the test kit but were sponsored by W.H.O. There was a scenario of uncertainty and fear all over the globe and often the close contact of the patients was tested and found to be positive. In the absence of any treatment, a banned medicine was tested on the patients with the hope of curing. Unamusingly “Koch postulates” were bypassed and ignored, the gold standard method established in 1890 to prove that a pathogen is the cause of a particular disease (we must understand in medical science that to prove that a particular virus/pathogen is responsible for the disease, it must satisfy Koch postulates). In most of the countries, testing drives began and patients with persistent symptoms of pneumonia or flu were tested and a huge budget was allocated by almost every country for the prevention, research and the management of the disease, which was widely covered

“**COVID-19 is new HIV-AIDS.**”

by the media worldwide. Till now (November 14, 2020), efforts are on to find a cure and also to invent a vaccine. The pharmaceutical giants all across the globe are racing to find the vaccine. The philanthropists like Bill Gates are taking initiatives to fund the development of the vaccine and find treatment.

After reading the above paragraph, any layman will answer “it's COVID-19” ! Yes, you are right! This story started in December 2019.

Most of you will be shocked to know that it's also the story (word by word) of HIV-AIDS, which started in December 1981. Besides the above, there are many more similarities of occurrence of COVID-19 and HIV-AIDS.

“**A new disease called
Diagnosis**”

HIV-AIDS	COVID-19
Few cases were identified in USA and then without affecting USA, the disease quickly spread to the other countries (Africa)	First few cases were identified in China and then without impacting China much, the disease spread to the other countries.
Initial diagnostic criteria was testing among the patients of Pneumonia and then it expanded to as many as 34 medical conditions which included severe diarrhoea, tuberculosis, several types of cancer etc. and finally to asymptomatic close contact (wife/girlfriends).	First, the diagnosis was done on any patient with the symptoms of flu or fever, then it expanded to patients visiting hospitals for any reason and finally, to asymptomatic close contacts.
The disease was related to poor immunity and hence given name “ACQUIRED IMMUNO DEFICIENCY SYNDROME (AIDS)”.	The disease was related to poor immunity and awareness to improve immunity was given wide publicity but without any concrete guidance.
Initially, authorities suggested that a particular community (HOMO SEXUALS) is responsible for the spread of the disease.	Initially (in March/April), health authorities (in India) suggested that a particular community (Tablighi Jamaat) is responsible for spreading the disease.

HIV-AIDS	COVID-19
A banned drug “AZT” which was originally developed for the treatment of Cancer (more than a decade back) was approved for HIV-AIDS.	A banned drug “Remdesiver” which was tried for the treatment of Ebola, was approved for COVID-19.

If you think, it's just a coincidence, the way the two deadly viruses struck the world and humans' approach towards responding and managing the disease is similar is understandable and explainable, then read the following three points before you jump to any conclusion:

1. As you know, if a person is tested for SARS-CoV-2 antibody and found positive, it means that the person is free from SARS-CoV-2 viruses or COVID-19. In contrast to this, if a person has HIV antibody and found to be positive for HIV antibody, then the person is diagnosed as a carrier of HIV (virus) and an HIV-AIDS patients. Any answer to explain the

“ **Today’s Facemask is
yesterday’s Condom** ”

contradicting principle of science to diagnose a disease.

2. In last few months, I, along with my team of more than 500 N.I.C.E (NETWORK OF INFLUENZA CARE EXPERTS) practitioners, have helped to cure more than 50,000 COVID-19/ILI patients with just three step flu diet¹, with zero medicines and zero mortality; 95% of the patients got cured in 3 days and the remaining 5% within 14 days.
3. Since April 8, 2018 (after the launch of my book HIV-AIDS THE GREATEST LIE OF 21ST CENTURY), I and my medical team have cured more than 1000 HIV – AIDS patients. The cure begins with the discontinuation of the medication (AZT etc.) for HIV-AIDS followed by DIP diet². Here we could achieve 100% cure rate with all the symptoms resolved in 3-4 months of following the diet.

Though both HIV-AIDS and COVID-19 are projected to be deadly diseases and the health authorities seems to be desperate to find a cure, they have turned a blind

“ Cases ≠ patients”

eye towards the above results in spite of being given all the evidences of treatment to health ministry several times. It seems as if the highly funded health authorities are too busy to find a cure that the obvious treatment remains invisible to them.

Failing to get a legitimate and logical explanation to the above three points, let me take the liberty to conclude that it's COVID 1981; the HIV-AIDS story started in December 1981 repeated itself in December 2019. In fact, W.H.O (WORLD HEALTH ORGANIZATION) failed in faking a pandemic in the name of H1N1 in 2009 as well. The multi-billion-dollar scam was exposed by P.A.C.E³ (PARLIAMENTRY ASSEMBLY COUNCIL OF EUROPE), as by then, W.H.O had defrauded the world with over 18 billion dollars.

If you remember, for most of us, H1N1 virus appeared as a spontaneous eruption virus and the people could be seen in Cinema halls, malls and streets wearing masks and even the schools were closed temporarily; the fake pandemic alarm got exposed, when the media (CNN) discovered that W.H.O silently changed the definition

“ **COVID-19 is an opportunity to promote the
shelved and banned drugs** ”

of Pandemic⁴ on their official website just a few days before the announcement of the Pandemic. The original definition included “A pandemic means a new virus spreading simultaneously to various parts of the world with death clearly in excess to a normal occurrence.” In the new definition, the criterion of excess death was erased. This means W.H.O just needed to prove that the virus spread all across the globe (remember on March 11, 2020, at the time of COVID-19 Pandemic announcement only 4291 deaths were designated to SARS COV-2 which is meagre in comparison to more than 3 million deaths occurring due to respiratory disorders every year).

For W.H.O, to prove a pandemic or an epidemic, the modus operandi always remains the same i.e. use of RTPCR test, a test :

- 1) Which is not approved by FDA (USA) to test a virus⁵.
- 2) Which is not approved by manufacturer of the test to diagnose a virus⁶.

“ **W.H.O caught faking H1N1 pandemic** ”

- 3) Which even the inventor (Kary Mullis) of the PCR-Test clearly⁷ stated that the test cannot diagnose a virus.
- 4) Which is proven to show an average false positive rate of 10 %.⁸

This means to prove COVID-19 (or any other virus) as an epidemic, just randomly pick any healthy 10 lakh people with no symptoms, whatsoever. Chances are that about 10 % i.e. one lakh of them will be diagnosed as a carrier of SARS COV-2 even if none are having any of it at all. Not surprisingly, till today (at the time of writing this page), India has conducted more than 10 crore COVID- tests (with tax payer's money) and nearly 1 crore have tested COVID-19 positive. Now to prove the second and even more severe wave of COVID-19, the government needs only two steps.

Step-1: Increase Covid -19 testing (to say, double) showing COVID-19 is spreading at double speed.

Step-2: Administering high dose of banned and experimental drugs like Remdesivir/Lopinavir

“ **For HIV, if antibody test is positive,
you are positive** ♪♪

“ **For COVID-19 if antibody test is positive
you are negative** ♪♪

or even hydroxychloroquine which is proven to show shockingly high death rate (12 %)⁹

Of course, the third step would be publicizing the inflated and scary figures of increased cases (which will be interpreted as patients by unsuspecting public) and the death due to COVID-19 .

Here, one must not forget that ICMR (Indian Council of Medical Research) has introduced a bizarre new criteria of reporting death,¹⁰ a few months back . As can be seen in the table below, if at the

Test	Symptoms of COVID-19	Diagnosis	Code
+ve	None	Confirmed COVID-19	U07.1
+ve	Present	Confirmed COVID-19 documented as UCOD	U07.1
+ve	Present with comorbid conditions like heart disease, asthma, COPD ‘ Type 2 diabetes	Confirmed COVID-19 documented as UCOD	U07.1
Test Negative Test awaited Test inconclusive	Present Present Present	Clinically — Epidemiologically diagnosed COVID -19 Suspected COVID-19 Probable COVID-19	U07.2

time of death or before death, a person tests positive for COVID-19 then it should be considered as death due to COVID-19, even if the person may have other life-threatening diseases as well. Also if the person tests negative or the result of test is not clear even then the cause of death should be recorded as COVID-19, if the symptoms before death resemble with the symptoms of COVID-19 . Here I must emphasize that there are no symptoms specific to COVID-19. For e.g., if a person is having breathing difficulty, it can be considered as a COVID -19 symptom.

Can you imagine a person dying without any breathing difficulty at the end of his life? No surprise, often a victim of an accident or a gunshot are reported as COVID death¹¹.

The truth is, every year nearly 5 lakhs- 6.5 lakhs people die of flu, worldwide¹². This year, death due to flu is renamed as COVID-19 in addition to inflating the death numbers with change in criteria of reporting death and also intentionally causing death with experimental drugs (not to forget all other therapies including

“ **RTPCR test is not approved by FDA/
manufacturer and even the inventor of
PCR-Test** ♡ ♡

homeopathy, ayurvedic and naturopathy centers were banned from treating COVID-19 patients, in the first two months (March / April)).

It is no surprise if you try to find the death due to flu, this year the figure comes near to be zero¹³ and also almost zero remains the mortality rate among the patients who choose to go to Ayurvedic centers for treatment or followed the three-step flu diet¹⁴.

From the above facts, in the context of HIV-AIDS or H1N1 Swine Flu or COVID-19 or even various kind of life style diseases (read my book “Heart Mafia”), you will find W.H.O. as a central character, clearly a mouth piece of pharmaceutical giants, trying to project itself as the Savior of humanity, using fear mongering as a basic tool to deceive people with the aim to own and control the economy of the world and also to depopulate the humanity.

Let me give an India specific example to prove the point. As of today (November 14, 2020) the Schools / Universities are closed; the reason being COVID-19 may spread leading to suffering and death of children,

“ **Complying with the new guidelines,
even the accident or gunshot victims
are reported as COVID-19 death** ”

whereas it is now clear from the data released by CDC (USA) that the survival rate of COVID-19 among school going children is 99.997%,¹⁵ meaning that COVID-19 did not cause increase in mortality among children as the schools had already opened in most parts of the world since April 2020. Here, to my understanding of the basic reason of keeping the schools closed is to keep the fear of COVID-19 alive among the public so as to get an easy acceptance of COVID-19 vaccine. And don't be mistaken that the vaccine for COVID-19 will protect you from COVID-19 or will help you in anyway in improving your life expectancy. Sadly, it's just the opposite. It's going to be more than 10-billion-dollar industry¹⁶ at the cost of making you sick, gifting you a new unheard disease which possibly never existed before and eventually, you would be transferring the burden of this new disease to the next generation, who is yet to arrive in the world. It has always been the passion of W.H.O. to depopulate the world by deceiving the unsuspecting masses to believe that the vaccine is for the welfare of humanity. Among many, only two instances will suffice to prove the above point.

“ **Zero death by Flu, this year** ”

- (1) W.H.O. convinced the government of Kenya to vaccinate the entire population with tetanus vaccine in a drive to protect them from tetanus (later discovered to be a vaccine containing an ingredient that is responsible for causing infertility). Similar instances were identified in Cambodia and Nicaragua as well.¹⁷
- (2) In 2009, W.H.O and Gates foundation in association with ICMR deceived nearly 30,000 tribal girls of Andhra Pradesh / Gujarat by injecting them with MPV vaccine, making them believe that it's for nutrition and wellbeing, thereby causing deaths, infertility and suffering to many thus getting the propaganda exposed by locals and halting the vaccine drive.¹⁸

Coming back to COVID-19 vaccine, will it be effective? Will it help in anyway in protecting an individual from COVID-19?

Considering the following three points, you will quickly understand that COVID-19 vaccine will not only be ineffective in anyway against COVID infection

“ **ICMR guidelines: - every death is a COVID-19 death** ↩

but it will cause more short-term harm and long-term damage which may even pass on to the coming generations.

- (1) In the past, vaccines were developed for protection against flu including vaccine for H1N1 and it was found that those who took the vaccine had 5 times more chances of developing respiratory illnesses than those who never took the flu shots.¹⁹
- (2) Now it is already being acknowledged by the scientific community that SARS CoV-2 has mutated to 353341 forms thus making the vaccine for it almost impossible.²⁰

To understand the scenario, assume that you signed a contract with your local police that among thousands of thieves (read virus) in your city, police (read vaccine) will give you protection against only one particular thief (read SARS-COV-2) that too when the thief will come to rob wearing red shirt, as the police are capable of identifying the thief (SARS-COV-2) only when the thief comes wearing red shirt. However, it is already

“W.H.O protocol for COVID-19 treatment causes 12% mortality rate”

known that the thief is having a collection of at least 353341 unique shades of shirts.

Now what is the possibility of the police of being any use to you? Remember, the money (side effect) you pay to police every three months (proposed frequency of COVID vaccination) can be much more than the amount of money the thief may rob against whom you are trying to get protection. Here point No.3 will give you some insight.

(3) Consider the case of initial drugs of polio vaccination. The vaccine got contaminated with SV-40, a new previously unidentified virus, which normally remains harmless in its original host i.e. monkey, however jumped to humans through polio vaccine as the tissues of monkey's kidneys were used in the production of polio vaccine. More than a crore of polio vaccines contaminated with SV-40 were administered before the unwanted virus could be identified leading to sudden occurrence of various forms of Cancers including brain Cancer, blood Cancer and abdomen Cancer, which were

“ **SARS-CoV-2 has mutated at least
353341 times, hence making the
vaccine impossible.**”

unheard of before these contamination episodes. Further, the evidences of Cancer you passed on to the next generation were also identified. Even today, the technology to identify the previously unknown virus is not advanced and is based on observing tissue culture under an ordinary light microscope.²¹

If you believe that polio vaccine has contributed in any way in reducing the burden of polio from the

world then go to www.coronokaal.tv and find a video “**From polio drops to insulin shots**” and also watch a Hollywood movie “Sister Kenny (1946)”. You will quickly understand that it’s not polio but the polio vaccine which is curse to humanity.

To understand how the vaccination has contributed to humanity, have a glance at the table given in the next page before vaccination era.

“**Vaccine to depopulate the world**”

Disease name	Year vaccine introduced	Fatality/harm (before the vaccine)	Population NOT harmed (before the vaccine)
Pertussis (whooping cough)	Late 1940s	1 in 77,000	99.9987%
Tetanus	Late 1940s	1 in 200,000	99.9995%
Diphtheria	Late 1940s	1 in 83,000	99.9988%
Polio	1955	1 in 100,000	99.999%
Measles	1963	1 in 500,000	99.9998%
Rubella	1963	1 in 1,000,000	99.9999%
Mumps	1967	1 in 2,000,000	99.99995%
Hlib (Haemophilus intluenzae type B)	1985	1 in 600,000	99.999833%
Hepatitis B	1991	1 in 1,400,000	99.999929%
Chickenpox	1995	1 in 2,300,000	99.999957%

From the table, you can observe the people's chances of dying from certain infectious diseases before vaccination. In many cases, as you may observe have higher chances of being struck by lightning or a meteorite than harmed by the above life-threatening diseases. Source:

1. CDC reported Deaths from Vaccine Preventable Diseases, US, 1950-2011.
2. Vital statistics in US 1940-1950, US Departmental of Health, Education and welfare.

Vaccine did not eradicate Diseases

The coloured graphs show the decline of infectious diseases in US before vaccines were introduced.

Similarly, you can see typhoid and scarlet fever (for which there is no widespread vaccine) also declined on its own.

“ **Those who took flu vaccine had 5 times more chances of respiratory illness than those who never took flu vaccine.**”

In fact, vaccine caused the occurrence of a number of severe life-long illnesses including Autism, Diabetes Type-I, ADHD, different forms of Cancer and autoimmune diseases which were unheard before the vaccination era and are still rare among the unvaccinated population.

In the table given below, data from CDC clearly shows that the increase in vaccine doses is directly proportional to the rate of Autism among children.

Year	CDC recommended vaccine doses	Autism rate
1962	5	1 in 5,000
1983	24	1 in 2,500
2016	72	1 in 40
2018	74	1 in 36

“ U.S.A has paid approximately
4 billion dollars to the vaccine
injured parents”

After Vaccination: Vaccinated v/s Unvaccinated

Vaccines (birth to 18+ years old)	Vaccine deaths	Chance of death	Natural death	Chance of death
Pneumonia	85	0.00002673%	20	0.00000629%
Polio	85	0.00002673%	0	0.00000000%
Diphtheria	74	0 0.00002327%	0	0.00000000%
Tetanus	74	0.00002327%	0	0.00000000%
Pertussis (whooping cough)	73	0.00002296%	14	0.00000440%
Hib (Haemophilus influenzac type B)	69	0.00002170%	0	0.00000000%
Influenza (FLU)	53	0.00001667%	19	0.00000597%
Hepatitis B	50	0.00001572%	13	0.00000409%
Rotavirus	47	0.00001478%	0	0.00000000%
Measles	6	0.00000189%	0	0.00000000%
Mumps	4	0.00000126%	0	0.00000000%
Rubella	4	0.00000126%	0	0.00000000%
Varicella (chickenpox)	4	0.00000126%	0	0.00000000%
Meningococcal B	3	0.00000094%	10	0.00000314%
Hepatitis A	2	0.00000063%	1	0.00000031%

Data gathered and tabulated from the CDS (Central for Disease Control & Prevention) and VAERS (Vaccine Adverse Event Report System), 2016. When you vaccinate, you are $6.25 \times (625\%)$ more likely to die from the toxins in the vaccines than the diseases these vaccines are supposed to prevent from. From 1986-2017, the vaccine injury count of USA (in India, there is no compensation against vaccine injury) has paid approximately 4 billion dollars to vaccine injured parents, proving that the vaccines are not safe. By the way, God forbid, if your child suffers from Autism or Diabetes type-I, or Cancer as a result of the side effects of vaccine, how much compensation will be sufficient against the damage done (which may well be carried on to the next generation)? Therefore, vaccination is a curse to humanity. It appears that the brutality incurred on innocent animals to produce vaccine has led Nature to take revenge by giving suffering to the generations yet to come.

For those, who are waiting for the COVID-19 vaccine, must remember that during the entire process of producing vaccine, it involves slaughtering of pregnant

“ Polio vaccine causes paralysis ”

cows, then putting a needle in the heart of the unborn calf (which is alive) to drain blood (FBS) to be used for vaccine.²²

The entire concept of vaccination causes a lot of suffering to animals either in the form of sacrifice to produce a vaccine or injecting vaccines in animals to get a larger output in the form of Livestock. Stopping vaccination can reduce 90% of the human suffering and most of the animal suffering.

References:

To access the references and videos, go to the link www.biswaroop.com/covid1981

“ Vaccine caused occurrence
of number of severe life long
illness. ♡ ♡

CHAPTER- 2

Health Freedom is free

www.coronakaal.tv

Probably the Medical Industry doesn't want you to know 'Do-It-Yourself', self-healing technique for the disease (right from common cold to cancer, headache to heart attack) which I have been showing through various social media platforms. As a result, I was banned/censored by major social media platforms including YouTube, Facebook, twitter, LinkedIn and Instagram, an unfortunate attack on freedom of speech, that took place for the first time in the history of internet.

Undeterred by this cowardly attack by the social media giants and for the benefit of the masses, I launched www.coronakaal.tv where you can get cure in just two steps.

1. Write the name of the disease in the search bar of www.coronakaal.tv

“ **Coronakaal.tv is your 1 stop free cure solution for most of the life-threatening diseases** ”

2. Watch the suggested video and apply the diet plan (given in the video) to reverse the disease.

If you are not very confident of doing it yourself by just following the instructions given in the video and want my trained experts to mentor, monitor and guide you while you are in to head your journey to heal, then there is an alternate approach.

I and my N.I.C.E (NETWORK OF INFLUENZA CARE EXPERTS) team have helped and cured more than 50,000 COVID – 19 patients and other patients suffering from infectious/communicable diseases (including smallpox, typhoid, tuberculosis) with zero medicine/money/mortality.

Now health freedom through W.I.S.E (WELLNESS AND INFLAMMATORY SYNDROME EXPERTS) is available for more than 60 types of non-communicable/lifestyle illnesses.

Service to the Nation in 2 Steps:

Step-1: Call our 24x7 helpline number:+91-8587059169.

Step-2: Fill the details of the patient in the link given below.



www.biswaroop.com/nice
(Communicable diseases)



www.biswaroop.com/wise
(Lifestyle diseases)

SECTION-II

Vaccination Is Not A Science, It's A Suffering

In this section, I present a compelling evidence and 56 research papers to prove that vaccination against a particular pathogen (virus/bacteria), either pre-exposure or post-exposure to the pathogen, is not just worthless but also harmful to the body sometimes beyond our imagination.

In the previous section, we have understood why COVID-19 vaccine will not be effective in preventing a future exposure to SARS-CoV-2, a similar logic can be extended to all other vaccines which are used mostly pre-exposure to the pathogen.

Now consider a very common scenario where you are hurt by a rusted iron nail. The fear of tetanus will prompt you to go for tetanus vaccination. Here consider two logical outcomes to accidentally stepping on a rusted nail:

1. The tetani bacteria was not present on the rusted nail and hence did not enter your body. In this case, the tetanus vaccine is of no use.
2. Let's assume, the nail contained several tetani bacteria and through the injury, the tetani bacteria could invade the body.

Now post-injury, how getting vaccinated against tetanus and adding some more fragments of tetani bacteria will

help you to prevent the infection cannot be a science-based explanation. Rather the science says, exposure to tetani toxin fragment by nerve terminals from an intramuscular depot (cuts and wounds) is an avid and rapid process and is not blocked by vaccination.²³

Similarly post dog bite, going for rabies vaccination cannot be called as science rather a tradition followed under the influence of the profit minded pharmaceutical industry. We must understand that our body is having sufficient mechanism including developing its own antibodies against all kind of virus/bacteria including rabies etc.,²⁴ which are known to infect human beings.

Read the outcome of the 56 research papers given in the following pages to build faith in your immune system, know the truth behind the vaccine propaganda and discard vaccination.

References:

To access the references related to this chapter, go to the link www.biswaroop.com/covid1981

Research Paper Excerpts

1

Vaccines cause Autism

A two-phase study evaluating the relationship between thimerosal - containing vaccine administration and the risk for an autism spectrum disorder diagnosis in the United States.

-*Transl Neurodegener* 2013 Dec 19; 2(1): 2.5

- Infants who received 37.5 mcg of mercury from thimerosal-containing hepatitis B vaccines within the first six months of life were 3 times more likely to have subsequently been diagnosed with an autism spectrum disorder compared to those who received mercury-free hepatitis B vaccines (odds ratio, OR-3-39).

More vaccine is directly proportional to more emergency care

A population-based cohort study of under vaccination in 8 managed care organizations across the United States.

- *JAMA pediatr* 2013 Mar 1; 167(3): 274-81.

- This study analyzed 323,247 healthcare records to compare children under 2 years of age who were fully vaccinated at CDC-recommended ages to children who were under-vaccinated (they did not receive all vaccines according to the recommended schedule).
- Children who were under-vaccinated the most had the greatest reductions in outpatient visits and healthcare utilization for upper respiratory illness, fever and pharyngitis when compared to on-time, fully vaccinated children (36% to 38% reductions).
- Children who were under-vaccinated because of parental choice had lower inpatient admission rates and significantly lower rates of outpatient and emergency department visits (incidence rate ratio, IRR = 0.94 and 0.91, respectively) compared to on-time, fully vaccinated children.

3

More Vaccines lead to more hospitalizations

Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age, based on the vaccine Adverse Event Reporting System (VAERS), 1990-2010.

-Hum Exp Toxicol 2012; 31(10):1012-21.

- This study analyzed 38,801 reports of infants who had adverse events after receiving vaccinations. The reports were accessed from the FDA's Vaccine Adverse Event Reporting System (VAERS) database, 1990-2010.
- Infants who received 6, 7, or 8 vaccine doses were significantly more likely to be hospitalized when compared to infants who received 2, 3, or 4 vaccine doses ($r^2 = 0.91$). Younger infants were significantly more likely than older infants to be hospitalized after receiving vaccines ($r^2 = 0.95$).

4

More Vaccines cause increased mortality among infants

Infant Mortality rate regressed against number of vaccine doses routinely given: is there a biochemical or synergistic toxicity?

-*Hum Exp Toxicol 2011; 30(9): 1420-28.*

- Linear regression analysis showed a high statistically significant link between increasing vaccine doses and increasing infant mortality rates ($r = 0.992$).

5

Vaccines cause speech disorder & sleep disorder

Increased risk of developmental neurologic impairment after high exposure to thimerosal-containing vaccine in first month of life. Proceedings of the Epidemic Intelligence service Annual Conference, vol. 49

-(Centers for Disease Control and Prevention; Atlanta, GA, USA, April 2000).

- This study was conducted by the CDC using the Vaccine Safety Datalink (VSD) containing vaccination and demographic data on over 400,000 infants.
- The risk of developing a neurologic development disorder was nearly twice as high (RR = 1.8) in infants who received the highest cumulative exposure to ethylmercury (> 25 mcg) from thimerosal-containing vaccines at 1 month of age when compared to infants who were unexposed to mercury.

6

Vaccines cause Neuro developmental disorder

A dose-response relationship between organic mercury exposure from thimerosal-containing vaccines and neurodevelopmental disorders.

- *Int J Environ Res public Health* 2014 Sep 5; 11(9): 9156-70.

- This study examined the medical records of more than 1.9 million infants enrolled in the CDC's Vaccine Safety Datalink (VSD) project to determine whether exposure to mercury from thimerosal-containing vaccines influences the risk of neurodevelopmental disorders.
- Children who were diagnosed with neurodevelopmental disorders were matched to a control group. Each child was then assessed for cumulative mercury exposure from thimerosal-containing hepatitis B vaccines administered within the first 6 months of life.

Vaccines cause developmental delays

Thimerosal-containing hepatitis b vaccination and the risk for diagnosed specific delays in development in the United States: A case-control study in the vaccine safe datalink.

- *North Am J Med Sci* 2014; 6: 519-31.

- This study compared 5,699 children diagnosed with developmental delays to 48,528 children without delays in development to determine the cumulative amount of mercury they received from vaccines within their first, second, and sixth months of life.
- Children who received three thimerosal-containing hepatitis B vaccines within the first six months of life — as recommended by the CDC — were diagnosed with developmental delays at a rate 3 times greater than children who did not receive thimerosal-containing hepatitis B vaccines.

8

Vaccines cause poorer outcomes of psychomotor development - the ability to walk, crawl and run.

Neonatal exposure to thimerosal from vaccines and child development in the first 3 years of life.

-*Neurotoxicity Teratol* 2012 Nov-Dec; 34(6): 592-97.

- At 12 months and 24 months of age, psychomotor development (muscle control over the ability to crawl, sit, stand, walk, run, and jump) in neonates who received thimerosal-containing vaccines was significantly worse when compared to neonates unexposed to thimerosal-containing vaccines.

9

Vaccines cause mental retardation

Neurodevelopmental disorders after thimerosal-containing vaccines: a brief communication.
-*Exp Biol Med (Maywood)* 2003 Jun; 228(6): 660-64.

- The incidence rate of autism and mental retardation was 6 times higher, and speech disorders were twice as likely to occur, in children who received DTaP vaccines with thimerosal compared to thimerosal-free DTaP vaccines.

10

Vaccines cause premature puberty

Thimerosal exposure and increasing trends of premature puberty in the vaccine safety datalink.

-*Indian J Med Res 2010 Apr; 131: 500-507.*

- This study used the CDC's Vaccine Safety Datalink (VSD) to evaluate the medical records of 278,624 children to determine if there is a relationship between varying levels of mercury from thimerosal-containing vaccines and the risk of developing premature puberty.
- This study found a statistically significant link between the amount of mercury infants received from thimerosal-containing vaccines and premature puberty.

11

Vaccines Cause Autoimmune disease

Aluminum vaccine adjuvants: are they safe?

-*Curr Med Chem 2011; 18(17): 2630-37.*

- This paper summarizes what is currently known about aluminum toxicity and aluminum vaccine adjuvants.
- Aluminum is a neurotoxin and may be a co-factor in several neurodegenerative disorders and diseases, including Alzheimer's, Parkinson's, amyotrophic lateral sclerosis (ALS), multiple sclerosis, autism, and epilepsy.

12

Aluminum in vaccines can provoke permanent malfunctions of the brain and immune system

Mechanisms of aluminum adjuvant toxicity and autoimmunity in pediatric populations.

-Lupus 2012; 21(2): 223-30.

- This paper analyzed the effects of aluminum adjuvant toxicity from vaccines on the developing child's neurological and immune systems.
- Although aluminum is a neurotoxin, preschool children are repeatedly injected with high quantities of aluminum adjuvants from multiple vaccines during critical periods of brain development. This may lead to neurodevelopmental and autoimmune disorders.

13

Aluminum in vaccines can cause chronic fatigue, sleep disturbances, multiple sclerosis-like demyelinating disorders, and memory problems

Macrophagic myofasciitis: characterization and pathophysiology.

- *Lupus 2012; 21(2): 184-89.*

- This paper summarizes the evidence on macrophagic myofasciitis (MMF), a disabling health condition that occurs in some people after receiving an aluminum-containing vaccine.
- Aluminum in vaccines may collect at the site of injection or circulate in the blood, travel to other cells and lymph nodes, and eventually accumulate in distant organs such as the spleen and brain.

14

Aluminum in vaccines can cause central nervous system disorders and multiple sclerosis-like symptoms

Central nervous system disease in patients with macrophagic myofasciitis.

- *Brain 2001 May; 124(Pt 5): 974-83.*

“The association between macrophagic myofasciitis (MMF) and multiple sclerosis-like disorders may give new insights into the controversial issues surrounding vaccinations and demyelinating central nervous system disorders. “

- MMF manifests as diffuse myalgia (muscle pain) and multiple sclerosis-like demyelinating central nervous system disorders. It occurs following a persistent local reaction to injections of aluminum-containing vaccines.
- A muscle biopsy and diagnosis of MMF can occur between 3 months and more than 6 years following receipt of an aluminum-containing vaccine.

Influenza Vaccines increase the risk of Influenza

Association between the 2008–09 seasonal influenza vaccine and pandemic HINI illness during Spring— summer 2009: four observational studies from Canada.

-PLoS Med 2010 April 6; 7(4): e1000258.

- Four studies showed that recipients of a seasonal influenza vaccine had a significantly increased risk of subsequently developing severe pandemic influenza compared to people who did not receive the seasonal vaccine.

16

Influenza Vaccines cause spontaneous abortions

Comparison of VAERS fetal-loss reports during three consecutive influenza seasons: Was there a synergistic fetal toxicity associated with the two-vaccine 2009/2010 season?

-Hum Exp Toxicol 2013 May; 32(5): 464-75.

- There were 77.8 fetal loss reports per 1 million pregnant women vaccinated during the 2009/2010 2- dose influenza season vs. 6.8 fetal loss reports per 1 million pregnant women vaccinated during the previous I-dose influenza season — a highly statistically significant 11.4-fold increase.

Influenza Vaccines cause spread of diseases to others

Influenza vaccine: review of effectiveness of the U.S. immunization program, and policy considerations.

-*Journal of American Physicians and Surgeons 2006 Fall; 11(3): 69-74.*

- This study analyzed 18 years of data and concluded that the influenza vaccine has little or no effectiveness over the U.S. population for preventing influenza cases, hospital admissions, or deaths.
- People who receive live virus influenza vaccines are at risk of adverse reactions and can also transmit the disease to people they come in contact with, including pregnant women and those with weak immunity.

**Children vaccinated with influenza vaccine
are more likely to develop respiratory
virus infections**

Increased risk of non influenza respiratory virus infections associated with receipt of inactivated influenza vaccine.

-*Clin Infect Dis* 2012 June 15; 54(12): 1778-83

- In a double-blind randomized controlled trial, children aged 6-15 years were either vaccinated against seasonal influenza or received a placebo.
- Children who received the influenza vaccine were 4 times more likely than children who received a placebo to develop acute respiratory illness associated with confirmed non-influenza respiratory virus infection (RR = 4.40).

Influenza-related death rates in the elderly do not improve by increasing influenza vaccination rates in the elderly

Impact of influenza vaccination on seasonal mortality in the US elderly population.

-*Arch Intern Med* 2005 Feb 165(3): 265-72.

- This study analyzed U.S. data from 33 influenza seasons — from 1968 to 2001 — to compare influenza vaccination rates in the elderly and their effect on mortality.
- Prior to 1980, about 15% of elderly persons were vaccinated. By 2001, 65% were vaccinated — a fourfold increase — yet influenza-related mortality rates remained constant.

A highly virulent strain of pertussis mutated from the pertussis vaccine and is causing new cases of the disease; the vaccine is not effective against the new strain

Bordetella pertussis Strains with increased toxin production associated with pertussis resurgence.

-*Emerg Infect Dis* 2009 Aug; 15(8): 1206-13.

“Vaccines designed to reduce pathogen growth rate and/or toxicity may result in the evolution of pathogens with higher levels of virulence. We propose that waning immunity and pathogen adaptation have contributed to the resurgence of pertussis.”

- Several countries with highly vaccinated populations are experiencing a resurgence of pertussis.
- A highly virulent strain of pertussis toxin (ptxP3) recently emerged from within pertussis-vaccinated populations. (Due to pathogen adaptation, pertussis vaccination “may select for increased virulence.”)

The acellular pertussis vaccine increased cases of whooping cough caused by *B. parapertussis*, which the vaccine is not effective against

Epidemiological picture of *B. pertussis* and *B. parapertussis* infections after introduction of acellular pertussis vaccines.

- *Arch Dis Child* 2003; 88(8): 684-87.

“Following the increase of [acellular]pertussis vaccination coverage, we observed a relative increase of *B. parapertussis* cases in comparison to *B. pertussis* cases.”

- This study was designed to determine the clinical characteristics and relative frequency of *B. pertussis* and *B. parapertussis* disease in vaccinated and unvaccinated Germans after the introduction of acellular pertussis vaccines.
- Less than 5 years after widespread acellular pertussis vaccinations, whooping cough cases caused by *B. parapertussis* — rather than by *B. pertussis* — increased from 20% to 36%.
- About one-third of all children with *B. parapertussis* infection had typical whooping cough symptoms, including paroxysms, whooping, and vomiting.

**Population-wide vaccine-derived immunity
promotes the evolution of novel and
more virulent pathogen strains**

**Mackinnon MJ, Read AF. Immunity promotes
virulence evolution in a malaria model.
-PLoS Biol 2004; 2(9): e230.**

- Pathogens strive to maximally infect their hosts without killing them. They evolve to reduce virulence in susceptible (non-immune) populations and increase virulence when the host population is vaccinated or gains resistance.
- Pathogens in host populations with high immunity evolve more virulent strains than pathogens residing in naive or low immunity host populations.

Herd immunity may never be achieved because high vaccination rates encourage the evolution of more severe disease-causing organisms

Viral evolution and transmission effectiveness.

-*World J Virol* 2012 Oct 12; 1(5): 131-34.

- In theory, if enough people are vaccinated, herd immunity will be achieved and chains of infection will be disrupted. In reality, a true herd immunity threshold may never be reached within normal heterogeneous populations.
- If a true herd immunity threshold level is achieved, it will create a strong selective pressure that encourages the emergence of mutant viral strains.

24

Pathogens evolve to become more virulent in immune populations, diminishing the benefits of vaccination

Virulence evolution in response to vaccination: the case of malaria.

- *Vaccine 2008 Jul 18;26 Suppl 3:C42-52.*

“Host immunity can exacerbate selection for virulence. Therefore, vaccines that reduce pathogen replication may select for more virulent pathogens, eroding the benefits of vaccination and putting the unvaccinated at greater risk.”

- Pathogens may become more virulent in an abnormal host environment, which can occur following a population-wide vaccination program.

**Mass vaccination programs against
Haemophilus influenzae type b (Hib)
caused an increase in deadly infections from
Haemophilus influenzae type a (Hia)**

**Haemophilus influenzae serotype a invasive
disease, Alaska, USA, 1983- 2011.**

-*Emerg Infect Dis* 2013; 19(6): 932-37

- Since introduction of the Haemophilus influenzae type b (Hib) conjugate vaccine, Haemophilus influenzae type a (Hia) infection has become a major invasive bacterial disease.
- Haemophilus influenzae type a (Hia) infection mainly occurs in children under 2 years of age and is a serious disease, causing meningitis, hospitalization and death.
- In Alaska, 84% of the children infected with Haemophilus influenzae type a (Hia) were hospitalized, and the case-fatality rate was 9%.

Clinical trials show no evidence that HPV vaccination can prevent cervical cancer; serious adverse reactions are common

Human papillomavirus (HPV) vaccine policy and evidence-based Medicine: are they at odds?

-*Ann Med 2013 Mar; 5(2):182-93.*

- There is no significant evidence showing that HPV vaccination can prevent cervical cancer. The long-term benefits of HPV vaccination are based on assumptions, not reliable research data.
- The HPV vaccine has been linked to serious adverse reactions, including multiple sclerosis, autoimmune disorders, ALS, paralysis, convulsions, GBS, chronic fatigue syndrome, anaphylaxis, pulmonary embolisms and death.

Vaccines Cause premature ovarian failure

Adolescent premature ovarian sufficiency following human papillomavirus vaccination: a case series seen in general practice.

- *Journal of Investigative Medicine High Impact Case reports 2014 Oct-Dec; 2(4).*

- This paper describes the case histories of three Australian teenagers who developed premature ovarian insufficiency following HPV vaccination.
- A diagnosis of idiopathic premature ovarian insufficiency in three adolescents following HPV vaccination has potential implications for future childbearing and reproductive health in young women targeted for the vaccine.
- Premature ovarian insufficiency can increase the risk of cardiac failure.

Childhood contagious diseases had a protective effect from heart diseases.

Dual role of infections as risk factors for coronary heart disease.

-*Atherosclerosis* 2007 Jun; 192(2): 370-75.

- The “hygiene hypothesis” suggests that exposure to infections in childhood may be important for normal development of the immune system.
- This study compared 335 adult patients suffering from unstable angina pectoris and myocardial infarction (heart attack) with 355 controls to examine whether a history of childhood contagious ailments can affect the risk of acute coronary events.

Vaccinating children against chickenpox increases the risk of shingles in teenagers and adults

Varicella vaccination alters the chronological trends of herpes zoster and varicella.

-*Plos One* 2013 Oct 30; 8(10): e77709.

- This study analyzed the health insurance claims of 1 million people in Taiwan to determine trends in cases of chickenpox and shingles before and after introduction of a national chickenpox vaccination program.
- As more and more children were vaccinated against chickenpox — and the varicella virus was no longer widely circulating throughout society — the incidence of herpes zoster increased.

The shingles vaccine can cause serious adverse events and its long-term efficacy is unknown

Merck & Co., Inc. Zostavax® (Zoster vaccine live), prescribing information.

Initial U.S. approval: 2006; Revised Feb 2014.

- The shingles vaccine manufacturer summarized the clinical studies on safety and efficacy that were used to license its vaccine.
- A sub-study of the largest trial of the shingles vaccine found that serious adverse events occurred significantly more frequently in adults who received the shingles vaccine compared to those who received placebo (RR = 1.53).
- Adults 80 years of age and older who received the shingles vaccine had serious adverse events at more than twice the rate of those who did not receive the vaccine (RR = 2.19).

Polio vaccines cause Polio

Polio program: let us declare victory and move on.

-*Indian J Med Ethics 2012 Apr-Jun; 9(2): 114-7.*

- This paper investigated the medical ethics of a polio eradication campaign in India that cost more than \$2.5 billion and was followed by an exponential increase in cases of non-polio acute flaccid paralysis.
- In regions where children are vaccinated multiple times, the non-polio acute flaccid paralysis rate is up to 35 times higher than international norms.
- The non-polio acute flaccid paralysis rate in a given year correlates to the cumulative doses of oral polio vaccine received in the previous 3 years.
- Children who are stricken with non-polio acute flaccid paralysis have twice the risk of dying compared to those with a wild polio infection. (More than 43% of cases had residual paralysis after 60 days or died.)

Vaccines Cause Arthritis

A one-year follow-up of chronic arthritis following rubella and hepatitis B vaccination based upon analysis of the Vaccine Adverse Events Reporting System (VAERS) database.

-*Clin Exp Rheumatol 2002 Nov-Dec; 20(6):767-71.*

- The U.S. Vaccine Adverse Events Reporting System (VAERS) database was analyzed for any associations between adult rubella and hepatitis B vaccines and chronic arthritis.
- Chronic arthritis occurred primarily in females approximately 11 days after rubella vaccination and 16 days after hepatitis B vaccination.

Guillain-Barré syndrome (a neuromuscular disorder that can paralyze and kill) occurs after hepatitis B or influenza vaccination

Guillain-Barré syndrome after vaccination in United States: data from the centers for Disease Control and Prevention/Food and Drug Administration Vaccine Adverse Event Reporting System (1990-2005).

-J Clin Neuromuscular Dis 2009 Sep; 11(1): 1-6.

- This study analyzed the Vaccine Adverse Event Reporting System (VAERS) to determine the rates and characteristics of GBS in the United States after receiving vaccinations.
- Between 1990 and 2005, there were 1000 cases of GBS reported in the United States after vaccination.
- In 77% of the cases, onset of GBS occurred within 6 weeks following vaccination.

Vaccines cause intestinal damage

The temporal relationship between rotavirus immunization and intussusception adverse events in the Vaccine Adverse Event Reporting System (VAERS).

-*Med Sci Monit* 2012 Feb; 18(2): PH12-17.

- This study analyzed the Vaccine Adverse Event Reporting System (VAERS) to determine whether the rotavirus vaccine is associated with an increased risk of intussusception (severe and painful intestinal damage that can cause rectal bleeding requiring immediate medical attention).
- Adverse events that occurred after rotavirus vaccination were significantly more likely to be classified as serious, permanently disabling, requiring hospitalization, or were life threatening intussusception adverse events when compared to the total adverse events reported to VAERS.

Vaccines cause allergy and asthma

Atopy in children of families with an anthroposophic lifestyle.

-*Lancet* 1999 May 1; 35(9163): 1485-88.

- The prevalence of atopy in children of families with an anthroposophic lifestyle. (Atopy refers to allergies. An anthroposophic lifestyle avoids vaccinations and antibiotics.)
- Scientists compared 295 anthroposophic children 5- 13 years of age with 380 age-matched controls.
- Anthroposophic children had a significantly lower prevalence of allergies — less bronchial asthma, atopic dermatitis and allergic rhinoconjunctivitis — than controls (odds ratio, OR = 0.62).

Vaccines cause hay fever, asthma and food allergies

Reported pertussis infection and risk of atopy in 8- to 12-yr-old vaccinated and non-vaccinated children.

-*Pediatr Allergy Immunol 2008 Feb; 19(1): 46-52*

“In the unvaccinated group, there were no significant associations between pertussis infection and atopic disorders. In the vaccinated group, all associations between pertussis infection and atopic disorders were positive.”

- Pertussis-vaccinated children were more than twice as likely as pertussis unvaccinated children to have asthma (OR = 2.24), hay fever (OR = 2.35) and food allergies (OR = 2.68).

Vaccines increase the risk of seizures

Risk of febrile seizures and epilepsy after vaccination with diphtheria, acellular pertussis, inactivate tetanus, poliovirus, and Haemophilus influenzae type B.

JAMA 2012 Feb 22; 307(8): 823-31.

- Population-based cohort study and a case series study of 378,834 children were undertaken to determine the risk of febrile seizures and epilepsy after receiving each of three recommended DTaP-polio-Hib vaccinations.
- Children vaccinated by the recommended schedule were nearly 8 times more likely to have febrile seizures on the day of their first vaccinations (hazard ratio, HR = 7.69), and 4 times more likely on the day of their second vaccinations (HR = 4.39), than children who were not recently vaccinated.

Vaccines increase the risk of febrile convulsions

Epidemiological study on febrile convulsions after first dose MMR vaccination compared to first dose MMR or MR+V vaccination.

-Presentation at the 57th Annual Meeting of the German Society for Medical Computer Science, Biometry and Epidemiology (GMDS), September 2012

- Study analyzed the health records of 270,824 German children to determine the risk of being hospitalized with a diagnosis of febrile convulsions after vaccination with MMRV compared to vaccination with MMR or MMR plus varicella given separately on the same day.

Vaccines cause Diabetes Type 1

Vaccinations may induce diabetes-related autoantibodies in one- year-old children.

-*Ann NY Acad Sci 2003 Nov; 1005:404-8.*

- This paper provides evidence that vaccines contribute to alterations in the immune process that eventually may lead to type 1 diabetes.
- When analyzing the induction of autoantibodies, the titer levels of IA-2A (sensitive antibody markers associated with the development of type 1 diabetes) were significantly higher in children who received a Hib vaccine.

Vaccines cause Insulin dependent diabetes

Vaccines and the risk of insulin-dependent diabetes (IDDM): potential mechanism of action.

-*Med Hypotheses* 2001 Nov; 7(5): 532-38.

“The current paper reviews multiple different mechanisms by which vaccines are known to manipulate the immune system and can induce an autoimmune disease such as type 1 diabetes.”

- Many different vaccines, including live-virus and killed, have been linked to the development of insulin-dependent diabetes in humans and animals.

Vaccines cause metabolic syndrome

Review of evidence that epidemics of type 1 diabetes and type 2 diabetes/metabolic syndrome are polar opposite responses to iatrogenic inflammation.

-*Curr Diabetes Rev* 2012 Nov; 8(6): 413-18.

- Metabolic syndrome is a cluster of symptoms — elevated blood pressure, high blood sugar, abnormal cholesterol levels, and obesity — that increase the risk of diabetes and heart disease.
- This paper reviews the evidence showing that epidemics of type 1 diabetes, type 2 diabetes, obesity, and metabolic syndrome in children are not only linked but are inverse responses to inflammatory illness induced by “iatrogenic inflammation” medical intervention with vaccines.

Vaccines cause increase in inflammatory diseases

Review of vaccine-induced immune overload and the resulting epidemics of type 1 diabetes and metabolic syndrome, emphasis on explaining the recent accelerations in the risk of prediabetes and other immune-mediated diseases.

-*J Mol Genet Med* 2014; *Sl*:025.

- This paper discusses vaccine-induced overload and how it can explain many of the changes in epidemics of inflammation-associated disorders.
- Inflammation-associated disorders such as type 1 and type 2 diabetes, metabolic syndrome, autism, and autoimmune diseases have significantly increased in children following a significant increase in routine vaccinations.
- Children are now being diagnosed with double diabetes, with symptoms of both type 1 and type 2 diabetes. Adults are being diagnosed with latent autoimmune diabetes in adults (LADA), or type 1.5 diabetes.

Vaccines Cause serious bleeding disorder/ thrombocytopenia (ITP)

MMR vaccine and idiopathic thrombocytopenic purpura.

-*Br J Clin pharmacol* 2003 Jan; 55(1): 107-11.

- Children were 6 times more likely to develop ITP within 6 weeks after MMR vaccination compared to children who were unvaccinated or not recently vaccinated with MMR (relative risk, RR = 6.3).

Vaccinating premature infants can cause cardiorespiratory complications

Primary immunization of premature infants with gestational age less than 35 weeks: cardiorespiratory complications and C-reactive protein responses associated with administration of single and multiple separate vaccines simultaneously.

-J Pediatr 2007 Aug; 151(2): 167-72.

- This study was designed to detect whether vaccinating premature infants cause cardiorespiratory events (episodes of apnea, bradycardia, or oxygen desaturation associated with cyanosis) and/or abnormal C-reactive protein (CRP) levels (indicating inflammation or serious infection).
- Cardiorespiratory events were noted in 16% of all vaccinated infants and 32% of those who received multiple vaccines simultaneously.

Preterm infants are at risk of life-threatening apnea after vaccinations

Incidence of apnea and bradycardia in preterm infants following DTPw and Hib immunization -A prospective study.

-J Paediatr Child Health 1997 Oct; 3(5): 418-21.

- Preterm infants were monitored for 24 hours before and after they were vaccinated at 2 months of age. Only 1 of 98 preterm infants had apnea and/or bradycardia prior to vaccination compared with 17 of 98 after vaccination.

Adults with previous infections of influenza, measles, mumps or chickenpox are less likely to develop malignant melanoma

Febrile infections a malignant melanoma: results of a case-control Study.

-*Melanoma Res* 1992; 2(3): 207-11.

- This study compared 139 hospitalized melanomas patients with 271 controls to determine whether febrile infections provide natural immunity against skin cancer (malignant melanoma).
- Individuals who contracted measles, mumps or chickenpox in childhood had a decreased risk of developing melanoma later in life.

Wild chickenpox infections protect against brain tumors

History of chickenpox and shingles and prevalence of antibodies to varicella-zoster and three other herpesviruses among adults with glioma and controls.

-*Am J Epidemiol* 2005 May 15; 161(10): 929-38.

- This study compared 229 adults with glioma (brain tumors) to 229 controls. Cases were significantly less likely than controls to report a history of chickenpox (odds ratio, OR = 0.59). They also had significantly lower antibody levels to the varicella-zoster virus (OR = 0.41).

**Childhood diseases experienced early in life
protect against many different types
of cancer**

**Febrile infectious childhood diseases in the history
of cancer patients and matched controls.**

-Med Hypotheses 1998 Oct; 51(4): 315-20.

- Scientists compared 379 cancer patients with 379 controls to determine whether febrile infectious childhood diseases are associated with a reduced risk of cancer in adulthood.
- Adults were significantly protected against non-breast cancers — genital, prostate, gastrointestinal, skin, lung, ear-nose-throat, and others — if they contracted measles (OR = 0.45), rubella (OR = 0.38) or chickenpox (OR = 0.62) earlier in life.

There is a correlation between modern health practices that reduced infectious disease rates and increased cancer rates

Cancer increased after a reduction of infections in the first half of century in Italy: etiologic and preventive implications.

-Eur J Epidemiol 1998 Dec; 14(8): 749-54. .

- This paper compared a large reduction of infections in the first half of the 20th century in Italy with an increased rate of cancers.
- Studies show that cancer cells may be destroyed by a person's immune response to infectious disease. Conversely, cancer growth may be due to fewer non-lethal exposures to germs.

**Hodgkin's disease is more likely in adults
who were not infected with pertussis,
measles, mumps, chickenpox or influenza
during childhood**

**Characteristics in youth indicative of adult-onset
Hodgkin's disease.**

-J Natl Cancer Inst 1977 May; 58(5): 1489-91.

- This study compared 45 men who died of Hodgkin's disease to 180 controls.
- Men who died of Hodgkin's disease had fewer common contagious diseases in childhood than controls.
- A history of pertussis, measles, mumps, chickenpox, or influenza reduced the risk of dying from Hodgkin's disease.

Early exposure to infectious disease significantly reduces the risk of childhood leukemia

A meta-analysis of the association between daycare attendance and childhood acute lymphoblastic leukemia.

-*Int epidemiol* 2010 Jun; 39(3): 718-32.

- This paper analyzed 14 studies, including 6,108 cases, to determine whether early exposure to infection is protective against acute lymphoblastic leukemia.
- Daycare attendance and social activity were proxies for exposure to infection.
- The combined result of the 14 studies confirms that exposure to infection in early childhood, as measured by daycare attendance and/or social activity, is associated with a significant reduction in the risk of developing acute lymphoblastic leukemia (OR = 0.76).

MMR, DPT and hepatitis B vaccination increase the risk of childhood leukemia

Epidemiological characteristics of childhood acute lymphocytic leukemia. Analysis by immunophenotype. The children's Cancer Group.

-*Leukemia* 1994 May; 8(5): 856-64.

- This study compared 990 children with acute lymphocytic leukemia to 1,636 cancer controls, and 404 cases matched to 440 community controls.
- Children who received MMR (measles, mumps, rubella) vaccination had a significantly elevated risk of acute lymphocytic leukemia (OR = 1.7).

Measles infections can reverse cancer; the measles virus may be used as a treatment against human cancers

Measles virus causes immunogenic cell death in human melanoma.

-*Gene Ther* 2013 Jan; 20(1): 7-15.

“This study demonstrates the efficacy of the measles virus against human melanoma.”

- Measles infections have been known to cause spontaneous cancer remissions.
- This study shows how the measles virus magnifies anti-tumor activity and provides evidence of its potential as a treatment against human melanoma.

Influenza epidemics are due to weak winter sunlight, inducing vitamin D deficiency

On the epidemiology of influenzas.

-*Virol J* 2008 Feb 25; 5:29.

- This paper critically examined 9 influenza perplexities. For example, Why is influenza seasonal? Where does the virus go between epidemics? do influenza epidemics occur simultaneously in countries of similar latitude?
- In winter, the sun's ultraviolet radiation is weak, causing vitamin D deficiency, concurrent impairments of innate immunity, and epidemics of influenza.
- Studies confirm that vitamin D offers protection against respiratory infections, including influenza.

Insufficient serum vitamin D in pregnant women increases the risk of respiratory infections and wheezing in their babies

Cord-blood 25-hydroxyvitamin D levels and risk of respiratory infection, wheezing, and asthma.

-Pediatrics 2011 Jan; 127(1): e180-87.

- The purpose of this study was to determine if serum vitamin D levels at birth correlate with the risk of respiratory infection during the first 3 months of life, and of wheezing and/or asthma throughout early childhood.
- Vitamin D levels were measured in the umbilical cord blood of 922 newborns.

Mercury and aluminum in vaccines can cause autoimmunity and neurological disorders

Peptide cross-reactivity: the original sin of vaccines.

- *Front Biosci (Schol Ed)* 2012 Jun 1; 4: 1393- 1401.

“The present study represents the first clear-cut meta-analysis of a molecular platform able to rationalize the potential cause-effect link between vaccination and subsequent adverse events.’

- Vaccines based on antigens from infectious matter induce a poor or nonexistent immune response. This is why adjuvants such as aluminum hydroxide and oil emulsions are included in vaccines to stimulate immune responses.
- Adjuvants can induce hyperactivation of the immune system, initiating autoimmune processes. Autoimmune attacks against myelin may cause demyelinating diseases, while attacks against proteins and antigens affecting cognition and behavior may cause autism and behavior disorders.

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- Diagnosis of ILI
- History and Chemistry of Flu Viruses
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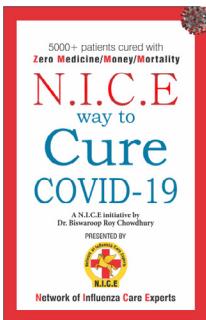
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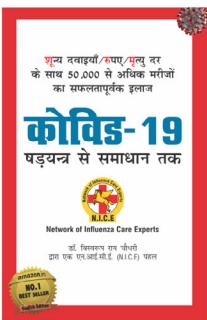
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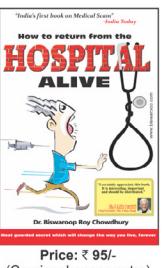
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Anyone with Flu symptoms may contact the N.I.C.E helpline no-+91 8587059169 and the link www.biswaroop.com/nice and the expert would connect within 2 hours to provide round the clock support till the patient recovers.

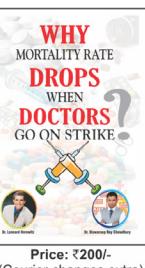
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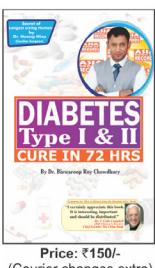
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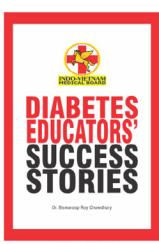
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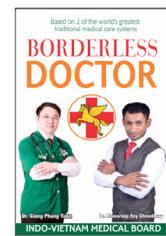
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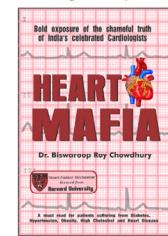
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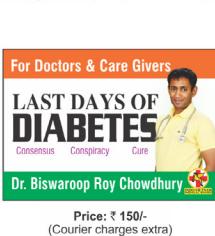
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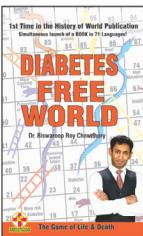
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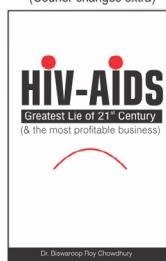
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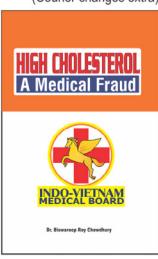
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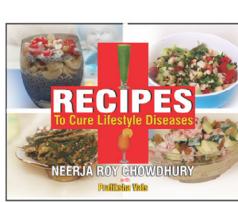
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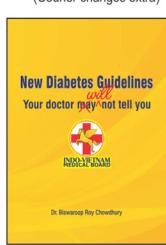
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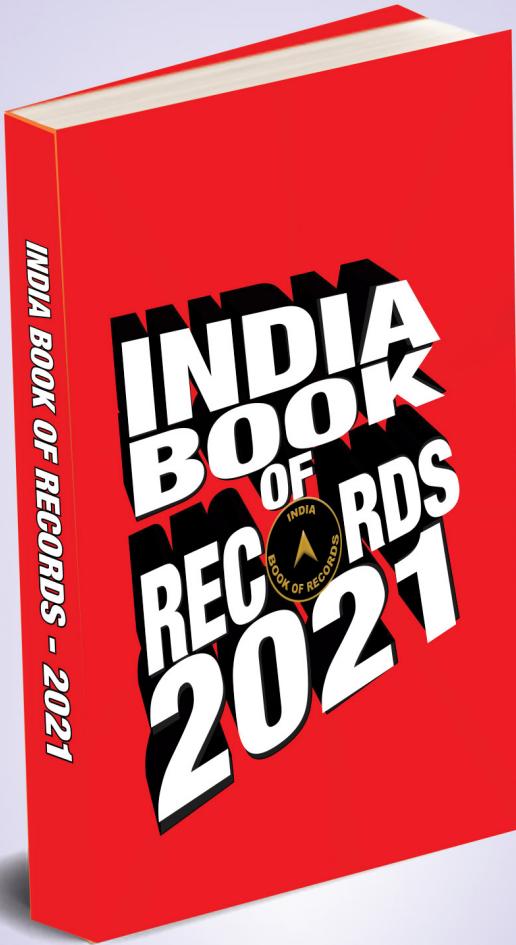
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Let every morning be the Hunza Morning

If you have decided to pick only one of my suggestions for the sake of your health, then take this suggestion:

Stop consuming tea specially, morning tea. The early morning tea makes the inner lining of your intestinal wall acidic, as after a long night of fasting your stomach is empty and craving for food. An acidic stomach on a regular basis is the single biggest cause of all kind of inflammatory and lifestyle diseases including arthritis, Diabetes etc.

How to stop craving of tea → Switch to Hunza Tea

Hunza Civilization: Hunza people are the Indians living at extreme northwest of India in Hindu Kush range. They are known to be one of the world's healthiest civilizations, often living up to the age of 110 years.

How to prepare Hunza Tea (serves four):

Ingredients:

- 12 Mint leaves(Pudina)
- 8 Basil Leaves(Tulsi)
- 4 Green cardamom (Elaichi)
- 2 gm Cinnamon (Dalchini)
- 20 gm Ginger (Adrak)
- 20 gm Jaggery (Gur)

Instructions:

- Take 4 cups of water in a tea pan
- Add all ingredients, simmer it for 10mins
- Add a dash of lemon juice and serve hot or cold

For those who are too lazy to collect the above ingredients
(to make their own hunza tea) may order



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How India will be a Developed Country ?

Population explosion is a major problem before upcoming India. Today our population is reaching to the figure of 140 crores. Government has tried its level best to control this increasing population. Since 1947 Government has applied to various schemes under family planning programmes, but because of certain reasons these all efforts proved to be ineffective and population which was only 35 crores in 1947, now has become 140 crores. So it is very much required to take drastic steps not to control our population but to halt this population explosion. China which is the leader of the world has adapted one family one child proforma and formulated a law to abide by and as a result of this now China's population has come to standstill. Though China is no.1 in the world in case of population it has three times more land than India, that means it has three times more natural resources but India and China's population are almost same and it is expected that India will surpass this figure of China in coming years. Everybody knows because of this population explosion our country is facing series of problems, we are in the list of developing countries. Our per capita income is just \$7600 per year, where is to become a developed country more than \$12000 per first year per capita income is required. So we have to take much efforts, to control our population at this stage by framing a law stating that every couple must have 2 children or less. If any couple break this law then there should be a provision that the third offspring will not have any fundamental rights as a citizen of India and he /she will not have the right to vote in any election of India. Further more the couple should be prosecuted for this offence. If this is done, then automatically our population growth will come to standstill and this will be the solution of almost all problems of common man in India. So it is very much essential that this demand of framing the law should be supported by all citizens irrespective of caste, religion, creed in India. People can do this because they are the Sovereign

**To support the mission and get regular updates,
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- Step 2:** Your application will undergo preliminary scrutiny for approval.
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- Step 6:** After making changes as suggested by the feedback, you will have to submit a hard copy of the thesis. An expert panel will accept and approve the thesis. On approval you will receive a confirmation email for your Honorary Doctorate Degree.
- Step 7:** You will receive your Honorary Doctorate Degree at the Global Convocation to be held in India or abroad.
- Step 8:** Submit the soft copy of the thesis to info@worldrecordsuniversity.com.

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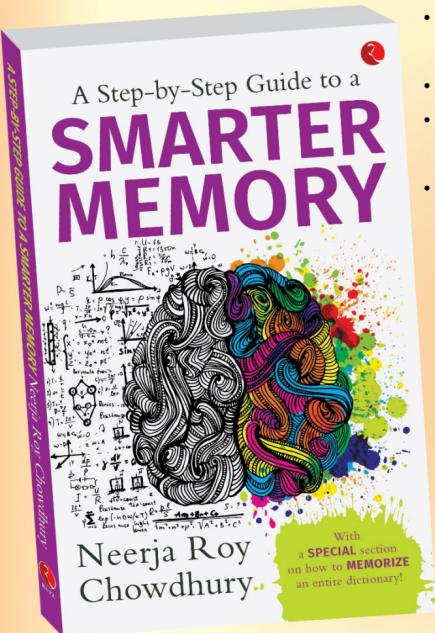
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About the author:

Neerja Roy Chowdhury, the name can be found in prestigious record books including Guinness Book of World Records and Indo-China Book of Records for diverse reasons. The most interesting of all is her ability to memorize the complete Oxford English-Hindi Dictionary. She has also developed software for memorizing a dictionary. She has travelled more than 100 cities internationally in last one decade training people on 'Memory Techniques'. Her latest book 'Smarter Memory' is published by Rupa Publication. Presently she is involved in developing curriculum in memory techniques for international universities.



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Overview: Aim of the training is to equip the clinicians and the layman with the skills to successfully manage and revive a chest pain, heart attack, and cardiac arrest victim. It is an evidence-based training with reference from more than 100 research papers (available in Pubmed) since the propagation of Cardiopulmonary Resuscitation, which started in the early 1960s.

Duration: One-month certification course

Content:

- 1) History of Cardiac Resuscitation
- 2) Diagnosing a cardiac arrest
- 3) Principle of Cardiac Resuscitation
- 4) Cardiac compression technique
- 5) Comparison of popular CPR Vs Cardiac Compression
- 6) Principle and practice of automated external defibrillator
- 7) The latest evidence base of the widespread practice of :
 - a) Oxygen therapy
 - b) Administering epinephrine
 - c) Percutaneous coronary intervention (PCI)
 - d) Bypass Surgery
8. 3 Step protocol to manage
 - a) Chest Pain
 - b) Heart Attack
 - c) Cardiac Arrest (AED required)
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Course Fee:

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Mode of Training:

- 1) Training through online / video modules
- 2) Practice & evaluation through online/video conferencing

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- Mechanism of Food in Body
- When the Food is Medicine
- When Medicine is Poison
- Common Kitchen Herbs and their Medicinal Usages
- Timeline of Recovery of Common Illnesses
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