

Mera Desh Meri Zimmedaari !

THIS BOOK CONTAINS SCIENTIFIC EVIDENCE COVERING ALL ASPECTS OF THE COVID - 19 PLANDEMIC (SO CALLED PANDEMIC)

Preface - This book reveals the truth about the Covid-19 Plandemic which has been ongoing from March 2020. The evidence presented in this book, backed by data, proves that this is not a Pandemic by any means. The infection fatality rate which is lower than 0.3% , is also lower than most known diseases. Covid-19 is like a simple flu - ILI (Influenza like illness) and has plenty of Natural medicines available for cure which is also backed by scientific data & anecdotal surveys.

Most deaths caused by Covid-19 have occurred in hospitals where they have used untested, banned & restricted drugs like Remdesivir & Fabipiravir since the start of the Plandemic. The tools mandated by the authorities to fight this illness, like masks (causing lack of oxygen supply to the body), sanitizers (causing acute & chronic toxicity), lockdowns (lack of fresh air & sunlight-Vitamin D and also causing unemployment, hunger, economic disruption and death), social distancing (causing more stress, fear and anxiety), RT-PCR testing (an unreliable test which cannot prove that one is sick, "Cases are not equal to Sick people")



and vaccines (an experimental injection which has failed, causing Delta and other variants along with a wide range of adverse events); are all against Public Health and Safety.

Herd Immunity has already been achieved according to the ICMR and AIIMS sero survey reports which say that two out of three individuals in India have already developed anti-bodies. So, why has the Government of India allocated a budget of ₹80,000 crores for these experimental injections which are also causing numerous adverse effects including death? Gauhati High Court judgement clearly says that vaccinated people can also be super-spreaders and yet Public and Private institutions, en masse, are mandating these experimental injections.

Data of Vaccine Deaths in India covered by the media and Video Testimonials (of vaccine victims or their family members) are provided in this book. Mainstream media fails to highlight these events and in fact downplays them.

This book is a guidance manual for all Indian Citizens looking for authentic information against these draconian rules of mask wearing, testing, lockdown & vaccines!



PREPARED BY AWAKEN INDIA MOVEMENT



Please go through the website of AWAKEN INDIA MOVEMENT (AIM) for updated authentic information <https://awakenindiamovement.com/>

Email - mail2aim@protonmail.ch

Subscribe to Awaken India Movement (AIM) Telegram App Broadcast Channel for the latest updates. Click the Chat Icon on the right to join AIM Discussion Group. Thanks!

<https://t.me/awakenindiamovement>

Request all to please fill & share the below membership form and join our movement. <https://shrl.ink/yuG1>



<https://awakenindiamovement.com/>

Awaken India Movement brings together people who want to educate, uplift and spur collaborative and creative action, self responsibility and awareness about freedom of choice and basic human rights which are rapidly eroding. We present reliable information and resources, that are accessible to those with little scientific, legal or technical knowledge.

We are particularly concerned about health, financial and ecological crisis that humanity is facing, facilitated with by misplaced and false narratives that are propagated as its cause. Our collective journey began by revealing the truth behind the "Covid-19 : The Great Reset" and communicating with the public about the new norms, global agendas and authoritarian tactics that are unfolding to this end.

Our Mission:

Our aim is to awaken and empower Indians with information that will better their lives and help them build a secure and resilient nation. Our efforts are to grow nationwide network of like minded individuals, from every socio economic, religious and cultural community, who can collectively work alongside public, private and non governmental organisations, to devise legal and practical solutions to the challenges we face as a nation, and as Humanity.

Our Demands :

No Lockdowns

No Mandatory Masks

No Mandatory Social Distancing

No Mandatory Testing

No Mandatory Vaccines

No to GMO foods

No to 5G

No Tech censorship

No New Normal

No Great Reset



INDEX

CHAPTER. NO.	NOMENCLATURE	PAGE NOS
1	Masks are Voluntary!	6 - 17
2.	Are Sanitizers Safe & Effective	18 - 19
3.	Social Distancing	20
4.	Is it a Real Pandemic	21 - 23
5.	RT- PCR	24 - 31
6.	Lockdown	32 - 34
7.	Change of guidelines for reporting Covid -19 Deaths	35 - 36
8.	False Information conveyed by the media about excess deaths.	37 - 38
9.	Deaths in hospitals due to the use of untested, banned, restricted drugs like Remdesivir & Fabipiravir	39 - 41
10.	Natural Proven Remedies to heal from Covid -19	42 - 53
11.	Dr. Biswaroop Roy Chowdhury's DIP diet	53 - 54
12.	Vaccines are Voluntary ! Are they safe !	55 - 57
13.	Astrazeneca (Covishield in India) Banned in 16 Countries	58 - 60
14.	Ingredients of the vaccines in India declared as per fact sheet and undeclared	61 - 66
15.	Who should not take vaccines.	67 - 69
16.	Vaccinations are resulting in death and Serious Adverse Events	70 - 80
17.	Vaccines leading to new variants thus are a Failure!	81 - 84
18.	Natural Immunity better than artificial Immunity	85 - 86
19.	India has achieved herd Immunity. Vaccinations are not required !	87
20.	Vaccines For Children Not Required !	88 - 89
21.	Legal Viewpoint which says Vaccines are VOLUNTARY!	90 - 97
22.	Criminal Proceedings demanded by HRSC as per 72 nd Parliamentary Report	98
23.	5 G	99 - 104
24.	Evidence that the Covid-19 plandemic was planned	104 - 107
25.	Mahatma Gandhi - The Father of Our Nation's Opinion on vaccines	108

In every chapter the main topics are covered as numbered bullet points followed by the detailed data and relevant links for each bullet point.

MASKS - GOVT OF INDIA SAYS MASKS ARE VOLUNTARY !!
SCIENTIFIC EVIDENCE THAT MASKS ARE INEFFECTIVE FOR INFECTION, TRANSMISSION & ARE HARMFUL TO HEALTH.

- 1) RTI REPLY dt 27.05.2021 received on Masks clearly mention that wearing of masks is VOLUNTARY!
- 2) RTI REPLY dt 27.05.2021 received on Masks mention that no studies are available on the effectiveness and side effects on the use of masks by the DM Cell & MOFW.
- 3) Guidelines from the Ministry of Health & Family Welfare MOHFW which clearly mention Healthy people are not to wear masks.
- 4) Poster from Ministry of Health & Family Welfare MOHFW which says masks are to be only worn when sick and visiting the doctor.
- 5) AIIMS - All India Institute of Medical Sciences booklet which says persons with no symptoms are not to wear masks.
- 6) RTI reply by ICMR which says the size of the Sars-Cov-2 virus is 70 - 80 nanometer I.e. less than 0.08 micron, whereas the pore size of standard surgical masks is from 0.3 micron to 10 micron.
- 7) WHO Guidelines dated 15.12.2020 which states there is only limited and inconsistent scientific evidence to support the effectiveness of masking of healthy people.
- 8) Face Masks Safety - Know the evidence before you wear one
- 9) WHO Guidelines dated 05.06.2020 where they have listed out potential harms and disadvantages including Breathing Difficulties (Hypoxia- Oxygen Deficiency), on the use of mask by healthy people.
- 10) Outlookhindi.com Newspaper article dated - 21.05.2021 which says doctors state that the cause of black fungus is masks.
- 11) The Evidence that Face Masks are Ineffective - <https://swprs.org/face-masks-evidence/>

=====



1) & 2)

F. No. Z.28016/133/2021-DM Cell
Government of India
Ministry of Health & Family Welfare
(DM Cell)

Nirman Bhavan, New Delhi.
Dated the 27th May 2021.

To

Sourav Bysack
Saradapally Mathurdingi, Mrigalal,
Tantipara Haspu, Dankuni, Pin:712311
bysack.sourav@gmail.com

Subject: Request for information under RTI Act 2005.

With reference to your online RTI application bearing registration no. MOHFW/R/E/21/01528 dated 15/04/2021 for providing information on the above-mentioned subject. The point wise reply is as under:-

S No.	Question	Answer
1.	Is face Masks are mandatory for everyone.	Use of mask/face cover has been advised to all in various SOPs/Guidelines issued by MoHFW. However as per these guidelines/SOPs its use has not been explicitly made mandatory.
2.	what are the side effects of face mask.	No such information is available in records of DM Cell, MoHFW
3.	how long use of face mask is safe.	Mask has to be worn for a maximum of 8 hours of use or earlier if it becomes wet or visibly soiled.
4.	if a person feel very uncomfortable while using face mask then what he/she should do.	No such information is available in records of DM Cell, MoHFW.
5.	Is face masks lower the oxygen saturation level in blood.	As per MoHFW's Guidelines on Preventive Measures to Contain Spread of COVID-19 in Yoga Institutes & Gymnasiums issued on 1st March 2021 (available at: https://www.mohfw.gov.in/pdf/GuidelinesonPreventiveMeasuresToContainSpreadofCOVID19inYogaInstitutes&Gymnasiums.pdf), use of mask (in particular N-95 masks) during exercise may cause difficulty in breathing. No further information is available in records of DM Cell, MoHFW.
6.	Is government of India conducted any trial/study on using face mask and face mask side effects .	No such information is available in records of DM Cell, MoHFW.
7.	what type of mask is	No such information is available in records of DM Cell, MoHFW.

File No.Z.28016/133/2021-DMCell

effective and why with scientific evidence	
--	--

If you are not satisfied with the above reply, you can prefer an appeal to Appellate Authority i.e. Shri. Govind Jaiswal, Director PH, Ministry of Health & Family Welfare, Room No. 205 "D", Nirman Bhavan, New Delhi, as per the provision of RTI Act, 2005.

Yours sincerely

Digitally signed by YOGESH
Date: Thu May 27 19:31:12 IST
2021
Reason: Approved

(Dr. Yogesh)
CPIO&CMO (EMR)
Tel. No. 011- 23060777



3) Guidelines from the Ministry of Health and Family Welfare, it is clarified that the protocols and rules which need to be followed regarding wearing of masks are available on the following link.

<https://www.mohfw.gov.in/pdf/Useofmaskbypublic.pdf>

**Ministry of Health and Family Welfare
Directorate General of Health Services
[Emergency Medical Relief]**

Novel Coronavirus Disease (COVID-19)

Guidelines on use of masks by public

1. Introduction

A new disease named novel coronavirus (COVID-19) emerged in early December 2019 in China and has now spread to over 90 countries. As on 9th March 2020, India has reported 42 cases mostly among those who had travelled from affected countries. It causes a minor illness in majority of patients with symptoms of fever and or cough. A small proportion of such persons may progress to severe disease with difficulty in breathing.

It is spread by an infected person with COVID coughing and the droplets from his cough infecting others in close vicinity (less than 1 metre).

Any such new disease invariably related to cough leads to suggestions from various quarters, especially in social media, to use mask by general public to prevent the disease.

2. Purpose of this document

The purpose of this document is to give correct evidence based information to general public on use of mask.

3. Medical masks

Medical masks of different size and shapes are available in the market. The common ones are flat pleated masks of woven fabric which covers the nose and mouth and affixed behind the head with straps/ elastic fasteners. There are also conical or duck bill shaped masks with valves (or without valves) that fit in the contour of face over the nose and mouth, but are costlier.

4. Use of masks by general public

4.1. Persons having no symptoms are not to use mask

Medical masks should not be used by healthy persons who are not having any symptoms because it create a false sense of security that can lead to neglecting other essential measures such as washing of hands.

Further, there is no scientific evidence to show health benefit of using masks for non-sick persons in the community. In fact erroneous use of masks or continuous use of a disposable mask for longer than 6 hours or repeated use of same mask may actually increase risk of getting an infection. It also incurs unnecessary cost.



In such situation, more effective steps are:

- i. Wash hands frequently with soap and water for 40 seconds. An alcohol based hand sanitizer with 70% alcohol must be used for 20 seconds. If hands are dirty or soiled, do not use alcohol based hand sanitizer, but wash hands preferably with soap and water.
- ii. While coughing or sneezing cover nose and mouth with handkerchief, paper tissue. If handkerchief or tissue paper is not available cough into the flexed elbow. Dispose of tissue immediately after use and wash hands.
- iii. Refrain from touching **face, mouth, nose and eyes.**
- iv. Stay at least a metre away from those coughing or sneezing.
- v. Monitor your body temperature.

4.2. When and who should use medical masks (apart from health care worker).

4.2.1. When a person develops cough or fever.

Use of medical three layer masks when ill, will prevent your infection from spreading to others. However you also need to wash your hands frequently to avoid spreading infection to others.

4.2.2. While visiting a healthcare facility.

4.2.3. When you are caring for an ill person.

4.2.4. Close family contacts of such suspect/confirmed cases undergoing home care should also use Triple layer medical mask.

4.3. Duration for which a medical mask will remain effective

A medical mask, if properly worn, will be effective for 8 hours. If it gets wet in between, it needs to be changed immediately.

4.4. Correct procedure of wearing triple layer mask

While wearing a medical mask, the steps given below needs to be followed. If you do not follow them, you may get infected from the mask itself. These steps are:

- Unfold the pleats; make sure that they are facing down.
- Place over nose, mouth and chin.
- Fit flexible nose piece (a metallic strip that can easily be located) over nose-bridge.

- Secure with tie strings (upper string to be tied on top of head above the ears – lower string at the back of the neck.)
- Ensure there are no gaps on either side of the mask, adjust to fit.
- While in use, avoid touching the mask.
- Do not let the mask hanging from the neck.
- Change the mask after six hours or as soon as they become wet.
- Disposable masks are never to be reused and should be disposed off.
- While removing the mask great care must be taken not to touch the potentially contaminated outer surface of the mask
- To remove mask first untie the string below and then the string above and handle the mask using the upper strings.

4.5. Disposal of used masks

Used mask should be considered as potentially infected. Masks used by patients / care givers/ close contacts during home care should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) and then disposed of either by burning or deep burial.

Ministry of Health & Family Welfare
Government of India

Help us to help you

NOVEL CORONAVIRUS (COVID-19)

Protect yourself and others! Follow these Do's and Don'ts

Do's

- Practice frequent hand washing. Wash hands with soap and water or use alcohol based hand rub. Wash hands even if they are visibly clean
- Cover your nose and mouth with handkerchief/tissue while sneezing and coughing
- Throw used tissues into closed bins immediately after use
- See a doctor if you feel unwell (fever, difficult breathing and cough). While visiting doctor wear a mask/cloth to cover your mouth and nose
- If you have these signs/symptoms please call State helpline number or Ministry of Health & Family Welfare's 24X7 helpline at 011-23978046
- Avoid participating in large gatherings

Don'ts

- Have a close contact with anyone, if you're experiencing cough and fever
- Touch your eyes, nose and mouth
- Spit in public

Together we can fight Coronavirus

For further information :
Call at Ministry of Health, Govt. of India's 24X7 control room number
+91-11-2397 8046
Email at ncov2019@gmail.com

mohfw.gov.in @MoHFWIndia @MoHFW_INDIA mohfwindia



Who should wear mask?



Persons having no symptoms are not to use mask

Medical masks should not be used by healthy persons who are not having any symptoms because it creates a false sense of security that can lead to neglecting other essential measures such as washing of hands.

In such situation, more effective steps are:

- i. Wash hands frequently with soap and water for 20 seconds. An alcohol based hand sanitizer with 70% alcohol must be used for 20 seconds. If hands are dirty or soiled, do not use alcohol based hand sanitizer, but wash hands preferably with soap and water.
- ii. While coughing or sneezing cover nose and mouth with handkerchief, paper tissue. If handkerchief or tissue paper is not available, cough into the flexed elbow. Dispose off tissue immediately after use and wash hands.
- iii. Refrain from touching face, mouth, nose and eyes.
- iv. Stay at least a meter away from those coughing or sneezing.
- v. Monitor your body temperature.



13

When and who should use medical masks (apart from health care worker)?

- When a person develops cough or fever. Use of medical three layer masks when ill, will prevent your infection from spreading to others. However, you also need to wash your hands frequently to avoid spreading infection to others.
- While visiting a healthcare facility.
- When you are caring for an ill person.
- Close family contacts of such suspect/confirmed cases undergoing home care should also use triple layer medical mask.



14

6) RTI reply by ICMR which says the size of the Sars-Cov-2 virus is 70 - 80 nanometres, i.e., less than 0.08 microns, whereas the pore size of standard surgical masks is from 0.3 microns to 10 microns.

Thus, the virus can easily pass through any surgical mask as the pore size is 35 times bigger. In cloth masks, the size is a 100 times bigger than the virus.



Select Language: English

Public Authorities Available

RTI Online

Version 2.0

An Initiative of Department of Personnel & Training, Government of India

[Home](#) [Submit Request](#) [Submit First Appeal](#) [View Status](#) [View History](#) [User Manual](#) [FAQ](#)

Final Status of NIOVP/R/E/21/00046

Applicant Name	Amit Chouhan
Date of receipt	17/07/2021
Request Filed With	ICMR-National Institute of Virology (NIV), Pune
Text of Application	Please provide following information 1. Size of SARS-CoV-2 virus 2. Pore size of standard surgical mask and N95 mask
Request document (if any)	document not provided
Status	RTI REQUEST APPLICATION RETURNED TO APPLICANT as on 29/07/2021
Date of Action	29/07/2021
Remarks	Remarks :- 1. SARS-CoV-2 virus is round shaped virus with an average size of 70-80 nm. 2. Pore size of standard surgical mask and N95 mask is 0.3 – 10 µm & 0.1 – 0.3 µm respectively.
Print	

[Home](#) | [National Portal of India](#) | [Complaint & Second Appeal to CIC](#) | [FAQ](#)

Copyright © 2013. All rights reserved. Designed, Developed and Hosted by National Informatics Centre, New Delhi



7) WHO Guidelines dated 15.12.2020 - Evidence on the protective effects of mask use in community settings

At present there is only limited and **inconsistent scientific evidence to support the effectiveness of masking of healthy people** in the community to prevent infection with respiratory viruses, including SARS-CoV-2 (75). A large, randomized community-based trial in which 4862 healthy participants were divided into a group wearing medical/surgical masks and a control group found no difference in infection with SARS-CoV-2 (76). A recent systematic review found nine trials (of which eight were cluster-randomized controlled trials in which clusters of people, versus individuals, were randomized) comparing medical/surgical masks versus no masks to prevent the spread of viral respiratory illness. Two trials were with healthcare workers and seven in the community. The review concluded that wearing a mask made little or no difference in the prevention of influenza-like illness (ILI) (RR 0.99, 95%CI 0.82 to 1.18) or laboratory confirmed illness (LCI) (RR 0.91, 95%CI 0.66-1.26) (44); the certainty of the evidence was low for ILI, moderate for LCI.

8)

FACE MASK SAFETY

KNOW THE FACTS **BEFORE** YOU WEAR ONE

1

DECREASES OXYGEN INTAKE

BREATHING THROUGH A MASK DECREASES THE AMOUNT OF OXYGEN WE NEED TO LIVE & BE HEALTHY, INCREASES BLOOD ACIDITY & MAKES BREATHING DIFFICULT.

2

INCREASES TOXIN INHALATION

TOXINS THAT WE NORMALLY EXHALE AS WE BREATHE BECOME TRAPPED IN THE MASK AND RE-INHALED INTO THE LUNGS, INCREASING SYMPTOMS.

3

SHUTS DOWN IMMUNE SYSTEM

DECREASES OXYGEN INTAKE, INCREASES CARBON DIOXIDE & TOXIN INTAKE PUTTING BODY UNDER STRESS, RELEASING CORTISOL & SHUTTING DOWN IMMUNE PROCESSES.

4

INCREASES VIRUS RISK

ENCOURAGES TRIGGERING & INFECTION FROM DORMANT RETRO VIRUSES ALREADY IN THE BODY, TAKING ADVANTAGE OF A WEAKENED IMMUNE SYSTEM DUE TO MASK WEARING.

5

SCIENTIFICALLY INACCURATE

VIROLOGISTS MEASURE COVID-19 TO BE 80-140nm IN SIZE MAKING THE WEAVE OF MATERIAL MASKS TO BE THE EQUIVALENT OF A CHAIN-LINK FENCE TO A MOSQUITO.

6

EFFECTIVENESS NOT STUDIED

ABSOLUTELY NO PEER-REVIEWED STUDIES HAVE BEEN CARRIED OUT OF MASK EFFECTIVENESS WITHIN A SOCIAL ENVIRONMENT TO CONTROL, PREVENT OR ELIMINATE THE SPREAD OF DISEASE.

9) WHO Guidelines dated 05.06.2020 - Advice on the use of masks in the context of COVID-19

The World Health Organization (WHO) guidance statement dated 05/06/2020 titled "Advice on the use of masks in the context of Covid-19", clearly states in page number 8, potential harm and disadvantages on the use of masks by healthy people in the general public which among others includes:

- A. Potential increased risk of self-contamination.
- B. Potential headaches and/or **breathing difficulties** (Breathing difficulties implies less oxygen inhaled and that can lead to hypoxia and lowering of immune power)
- C. Potential development of facial skin lesions, irritant dermatitis or worsening acne(bacterial infection) when used frequently for long hours.
- D. Difficulty with communicating clearly [4]

Hypercapnia & Hypoxia

We are well aware that the body takes in oxygen and breathes out carbon dioxide now every person who wears a mask is very well aware of the feeling that whenever we breathe in and breathe out with a mask on, we feel that we are breathing in the same exhaled air. That means we are breathing in the exhaled carbon dioxide. What happens when the oxygen level reduces and the carbon dioxide level increases in the body? We feel nauseated, dizzy and slowly the symptoms leading to Hypercapnia & Hypoxia may even go up to coma and/or death.

Hypercapnia: When there is too much carbon dioxide in the blood. This is caused by breathing in your own exhaled CO₂ by wearing a mask continuously.

Hypoxia: Absence of enough oxygen in the tissues to sustain bodily functions.

The following symptoms occur because of Hypercapnia & Hypoxia

- Shortness of breath
- Increased heart rate
- Drowsiness
- Mild narcosis
- Dizziness
- Headache
- Unconsciousness
- Dimmed eyesight
- Reduced hearing
- Increased sweating

There is enough scientific research and findings which clearly explain that the use of masks for longer periods of time and erroneous use of masks and the use of wrong types of masks can lead to several harmful health hazards like hypoxia, reduction of immunity of body, increase of carbon dioxide in the blood which can seriously affect physical and mental health of any normal individual and for people with already compromised immunity and co-existing critical illnesses, it can be fatal.



10)



google.com/amp/s/www.outlookhindi.

17



outlookhindi.com



आउटलुक

21 MAY 2021

ब्लैक फंगस पर नया खुलासा, डॉक्टरों ने कहा मास्क है वजह



प्रतीकात्मक तस्वीर

12) The Evidence that Face Masks are Ineffective - <https://swprs.org/face-masks-evidence/>
An overview of the current evidence regarding the effectiveness of face masks.

Studies on the effectiveness of face masks - So far, most studies found little to no evidence for the effectiveness of face masks in the general population, neither as personal protective equipment nor as a source control.



<https://awakenindiamovement.com/>

Are Sanitizers effective and safe ?

- 1) The Ministry of Health and Family Welfare Guidelines state, that the use of sanitizers is not advised and that it can cause many serious allergies.
 - 2) WHO - Alcohol-based hand-sanitizers do not guarantee the removal of all bacteria and viruses and can in fact cause the microbes to develop immunity and mutate into a more resistant variant.
 - 3) Sanitizers cannot kill corona viruses because viruses are NON-living.
 - 4) Acute and chronic toxicity by active ingredients of hand sanitizers.
-

1)

**सोसायटी, बस्ती, सार्वजनिक शौचालय, घर
सैनिटाईज करना उचित नहीं है !**

**स्वास्थ्य एवं परिवार कल्याण मंत्रालय इन्होंने साफ शब्दों में कहा है कि
सैनिटाईज करना उचित नहीं है ! इससे अन्य गंभीर बीमारियां हो सकती हैं !**

- 2) WHO - Alcohol-based hand sanitizers do not guarantee the removal of all bacteria and viruses and can in fact cause the microbes to develop immunity and mutate into a more resistant variant.

<https://jalshakti-ddws.gov.in/sites/default/files/Advisory.pdf>



<https://awakenindiamovement.com/>

3)

क्या सैनिटाईजरसे कोरोना व्हायरस कि मौत होती है ?

नहीं ! Answer No !

✿ **कोरोना व्हायरस यह मुर्दा है ! (Non Living)**

✿ **जबतक वो किसी जीवजंतू में प्रवेश नहीं करता है तबतक वह मुर्दा है !**

✿ **जो कोरोना व्हायरस मुर्दा है वो सैनिटाईजरसे भला कैसे मरेगा ?**



4)Acute and chronic toxicity by active ingredients of hand sanitizers.

Active ingredients	Acute toxicity	Chronic toxicity	Source
Ethanol	Central nervous system and respiratory depression, Lactic acidosis, Ketoacidosis, Nausea	Cardiac arrhythmia, Acute liver injury, Myoglobinuria, Hypokalemia, Hypomagnesemia, Hypocalcemia, Hypophosphatemia, Cardiac arrest and death	Wilson et al., 2015 Vonghia et al., 2008
Isopropanol	Similar to ethanol including central nervous system and respiratory depression, skin and mucous membrane irritation	Death, Ketosis, Osmolal gap ketonemia. Rhabdomyolysis, Myoglobinuria, Acute renal failure	Zaman et al., 2002 New Jersey Department of Health (NJH), 2016a
3% H ₂ O ₂	Mild gastrointestinal and mucosal irritation, vomiting, skin irritation.	Air embolism Death in rare cases	Moon et al., 2006. ATSDR, 2014 New Jersey Department of Health (NJH), 2016c , Sung et al., 2018

Social Distancing

To fight the spread of coronavirus, the government officials have asked Indians to swallow a hard pill: [Stay away from each other](#).

In times of societal stress, such a demand runs counter to what evolution has hard-wired people to do: [Seek out and support each other](#) as families, friends and communities. We yearn to huddle together. The warmth of our breath and bodies, of holding hands and hugging, of talking and listening, is a primary source of soothing. These connections are pivotal for responding to and maximizing our survival in times of stress.

Human beings are social beings

- 1) In times of stress and illness, being deprived of social connection can create more stress and illness.
- 2) People who are lonely have [higher levels of the hormone cortisol](#), an indicator of stress; [show weaker immune responses](#) to pathogens; and are at [increased risk for premature death](#).
- 3) Isolation can lead to [depression, suicidal thoughts and other clinical conditions](#).
- 4) For those who must be quarantined because they are infected with the virus, this research has one important implication: Depriving the sick of social connection and physical closeness unfortunately makes it harder for them to defeat infection.
- 5) Loneliness makes people [feel more vulnerable and anxious](#) in social interactions
- 6) To society, social distancing presents the dangers of increasing social rejection, growing impersonality and individualism and the loss of a sense of community.
- 7) It negatively affects learning and growth, and it prevents people from effectively socializing, which is a fundamental human need.

IS IT A REAL PANDEMIC?

- 1) India Recovery Rate of 98.76% from covid-19
 - 2) World Recovery Rate of 97.5% from covid-19
 - 3) Tuberculosis kills more than 4.5 lakh people in India every year.
 - 4) In India, the deaths for Respiratory infection is 4.2 lakh per year.
 - 5) Around 8.7 lakh people die of infectious diseases every year in India and TB is one of the major diseases.
 - 6) The Ro value (which gives the infection rate of any disease) of TB is 14 and for Sars Cov 2 is 2.2.
 - 7) AIIMS - All India Institute of Medical Sciences, says that 80% of the people who develop the disease will require no treatment and will recover on their own.
 - 8) WHO website says already 50,000 people die every day because of infectious diseases in the world
-

1) Only a small fraction of the human population has actually succumbed to severe or fatal consequences from COVID-19. The majority of human beings who contracted COVID-19, have been able to fight it off, and subsequently build natural immunity to it, which include producing antibodies as well as priming the acquired immunity to better handle future infections from not only the same but also other similar strains.

As on 18/08/2021, India had 3.2 Crore cases and 4.3 Lakh deaths and a recovery rate of 98.76% for a total period of 18 months.

<https://www.google.com/search?q=covid+deaths+in+india>

2) As on 18/08/2021, the World had 20.9 Cr cases and 43.94 Lakhs deaths and a recovery rate of 97.5%. <https://www.google.com/search?q=covid+deaths+in+world&client>

3) TB OR Tuberculosis kills more than 4.5 lakh people in India every year.

Source - TB Statistics India.pdf

The point to be noted here, is that most of the Indian population has been vaccinated against TB at birth via BCG injection.

4) **Total deaths for Respiratory infections as per Census.India.Gov.in Table 5 - 2010-2013 - 0.03%, i.e., Approximately 4.2 lakh deaths per year. (Typical infections of respiratory tract include tonsillitis, pharyngitis, laryngitis, sinusitis, otitis media, certain influenza types, and the common cold.)**

5) **Around 8.7 lakh people die of infectious diseases every year in India** and TB is one of the major diseases.



6) The Ro value (which gives the infection rate of any disease) of TB is 14 and for Sars Cov 2 is 2.2, which means that **an infected TB person can infect 14 people. So, with this condition prevalent in our country for years, TB or any infectious diseases was never called as a Pandemic.**

7) AIIMS - All India institute for medical Sciences, in their Covid-19 information booklet have given the following information -

<https://www.aiims.edu/images/pdf/notice/AIIMS%20COVID-19%20Information%20Booklet.pdf>

What happens to a person who develops the disease?

- Majority of the people (80%) will require no treatment as such and will recover on their own.
- A small proportion (<20%) may need hospitalization.
- A very small proportion (mainly with underlying chronic illness) may need admission in intensive care unit (ICU).



04



8) WHO website says already 50,000 people die every day because of infectious diseases in the world



Health Topics ▾

Countries ▾

Newsroom ▾

Emergencies ▾

About Us ▾

World health report

World health report

Previous reports

Press kit

Press release

Infectious diseases kill over 17 million people a year: WHO warns of global crisis

Nearly 50,000 men, women and children are dying every day from infectious diseases; many of these diseases could be prevented or cured for as little as a single dollar per head, the World Health Organization says in The World Health Report 1996, published today.

At least 30 new diseases have emerged in the last 20 years and now together threaten the health of hundreds of millions of people. For many of these diseases, there is no treatment, cure or vaccine.

"We are standing on the brink of a global crisis in infectious diseases. No country is safe from them. No country can any longer afford to ignore their threat," the Director-General of WHO, Dr Hiroshi Nakajima, says in the report.

The report warns that some major diseases, such as cholera, malaria and tuberculosis are making a deadly comeback in many parts of the world, despite being preventable or treatable. At the same time, many new and highly infectious diseases such as HIV/AIDS and the notorious Ebola haemorrhagic fever - both of which are incurable - are emerging to pose additional threats. Fears are growing over a possible food-chain link between bovine spongiform encephalopathy ("mad cow disease") and a variant of the incurable Creutzfeldt-Jakob disease, due to an infectious agent that attacks the human brain.

Meanwhile, antibiotics and other life-saving drugs used against many diseases are rapidly losing their effectiveness as bacteria and other microbes develop resistance to them. For example, doctors worldwide are losing some of the most useful and affordable antibiotics against the two principal bacteria which cause pneumonia, the major cause of death in children.

The World Health Report 1996 - Fighting disease, fostering development, published by WHO, states that infectious diseases are the world's leading cause of premature death. Of about 52 million deaths from all causes in 1995, more than 17 million were due to infectious diseases, including about 9 million deaths in young children. Up to half the world's population of 5.72 billion are at risk of many endemic diseases. In addition, millions of people are developing cancers as a direct result of preventable infections by bacteria and viruses, the report says.



Press release

1. Infectious diseases kill over 17 million people a year: WHO warns of global crisis
2. The Ten Biggest Killers
3. The Ten Most Common Infections
4. New Diseases
5. Antibiotic resistance
6. Why diseases are spreading
7. Epidemics of 1995
8. Infectious diseases and cancer
9. Priorities for action

Why then is there a need to impose such drastic measures of which we know not the long term repercussions, instead of rather focusing on more efficiently treating the body when it is infected, or improving the immunity and overall health of the so called 'immune compromised' individuals?



RT-PCR

- 1) The RT-PCR test is not designed to tell whether someone has an active Sars-Cov-2 infection or not.
- 2) The inventor of the RT-PCR test, Kary Mullis, who won the Nobel Prize for his invention, said that the test doesn't tell you that you're sick. Portuguese Court Rules PCR Tests "Unreliable" & Quarantines "Unlawful"!
- 3) The label of the RT-PCR test mentions it is for research purpose only.
- 4) FDA (U.S Food and Drug Administration) mentions that the RT-PCR test is only capable of checking the presence of genetic material of coronaviruses in one's body.
- 5) A CDC document mentions that the RT-PCR test may not indicate the presence of infectious viruses or that 2019-nCoV is the causative agent for clinical symptoms.
- 6) FDA document clearly states that the RT-PCR test cannot diagnose the cause of a sickness or death. "This test cannot rule out diseases caused by other bacterial or viral pathogens".
- 7) Peer-reviewed scientific journal "Clinical Infectious Diseases", states that
At 25-30 cycles, the false-positive rate of the RT-PCR test is 30%-80% (10% increase at every cycle)
At 30-35 cycles, the false-positive rate is 80% - 97%
At 35 cycles & above, the false-positive rate is 97%-99.9%
- 8) The Honorable Chief Justice of Rajasthan High Court, Indrajeet Mahanty, tested positive on Aug 15, 2020 and then tested negative twice later on Aug 16, 2020.
- 9) The RT-PCR test can show positive long after the symptoms, because it is so sensitive, that it can pick up non-infectious viral fragments in those who have already dealt with the virus and are not contagious anymore.
- 10) The WHO warned that high cycle thresholds on RT-PCR tests will result in false positives.
- 11) The WHO confirmed that RT-PCR tests should be used where clinical signs and symptoms are present, and they can yield false-positive results at high amplification cycles.
- 12) The package inserts accompanying RT-PCR test kits, state that the test should be administered only to patients with signs and symptoms suggestive of COVID-19.
- 13) The Tanzanian President questioned the validity of the RT-PCR test after a goat & papaya tested positive!

=====



How the RT-PCR Test Works:

1) The RT-PCR test takes genetic material from the throat sample that is collected on the swab, runs it through an enzyme called Reverse Transcriptase to convert the RNA from the virus into DNA, & then multiplies the DNA exponentially to find if fragments of the Sars-Cov-2 virus are present in the person or not.

Since complete live viruses are necessary for transmission & not their fragments, the RT-PCR test is not designed to tell whether someone has an active Sars-Cov-2 infection or not.

When the genetic material is being amplified, it is being done via cycles, which makes the quantity double after every cycle.

For e.g. If 35 cycles of the RT-PCR are run, the first cycle will multiply the material from 1 to 2, the next one will take it from 2 to 4, & so on, until 35 cycles are completed.

To put this into perspective, if the RT-PCR test starts with a quantity of 2 virus fragments, at the end of 35 cycles it will create 3500 crore fragments.

Source:

https://www.medicinenet.com/pcr_polymerase_chain_reaction/article.htm

https://www.youtube.com/watch?v=V_Zx0qS7uI

https://theinfectiousmyth.com/coronavirus/RT-PCR_Test_Issues.php

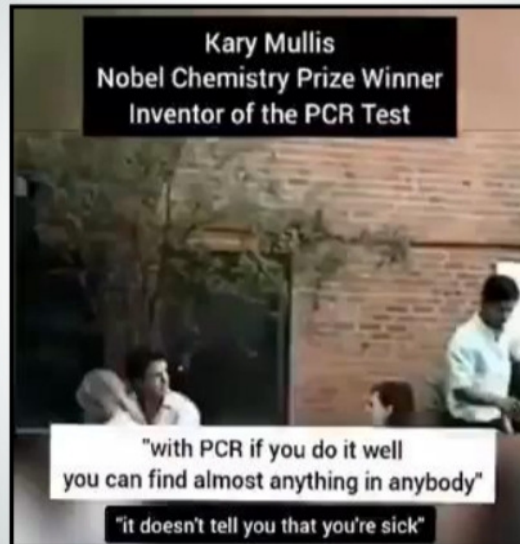


2) Inventor of RT-PCR (Kary Mullis) view on the test

Kary Mullis, an American Biochemist who won the Nobel Prize for his invention of the RT-PCR technique, said the following about the RT-PCR test:

“With RT-PCR, if you do it well, you can find almost anything in anybody. It doesn’t tell you that you’re sick, and it doesn’t tell you that the thing you ended up with really was going to hurt you. I’m skeptical that any RT-PCR test is ever true.”

Kary Mullis- Nobel prize winner,
Inventor of the RT-PCR test



“Scientists are doing an awful lot of damage to the world in the name of helping it. I don’t mind attacking my own fraternity because I am ashamed of it.” –Kary Mullis, Inventor of Polymerase Chain Reaction



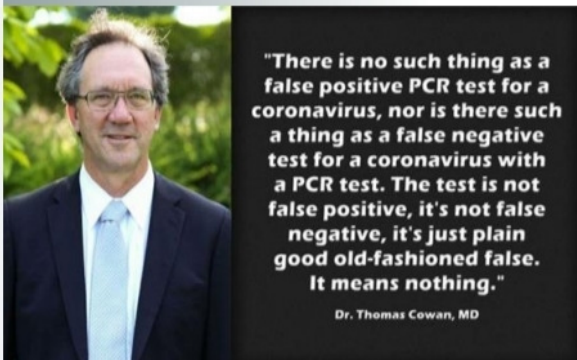
<https://www.bitchute.com/video/wOSeTz57xrCF/>

<https://www.youtube.com/watch?v=0y3m8YClia>



RT-PCR tests- 97% unreliable

Nov 20, 2020 467



Dr. Thomas Cowan, MD

Portuguese Court Rules PCR Tests “Unreliable” & Quarantines “Unlawful”

Important legal decision faces total media blackout in Western world



<https://awakenindiamovement.com/>

3)



Revision No.: ZJ0008

Issue Date: Jul 1st, 2015

HCV Genotype Real Time RT-PCR Kit User Manual

For Research Use Only

REF

HR-009-02

For use with ABI Prism®7000/7300/7500/7900/Step One Plus; iCycler iQ™ 4/iQ™ 5; Smart Cycler II;Bio-Rad CFX 96;Rotor Gene™ 3000; Mx3000P/3005P;MJ-Option2/C LightCycler®480 Instrument



Shanghai ZJ Bio-Tech Co., Ltd.
 www.liferiver.com.cn Tel: +86-21-34680596
 trade@liferiver.com.cn Fax: +86-21-34680595
 2nd floor, No.15 Building, No.188 Xinjunhuan road,
 PuJiang Hi-tech Park Shanghai China

1. Intended Use

HCV genotype real time RT-PCR kit is used for the detection of HCV genotype 1 in blood using real time PCR systems.

2. Principle of Real-Time PCR

The principle of the real-time detection is based on the fluorogenic 5' nuclease assay. During the PCR reaction, the DNA polymerase cleaves the probe at the 5' end and separates the reporter dye from the quencher dye only when the probe hybridizes to the target DNA. This cleavage releases a fluorescent signal generated by the cleaved reporter dye, which is monitored in real-time by the detection system. The PCR cycle at which an increase in the fluorescence signal is detected (Ct) is proportional to the amount of the specific PCR product. Monitoring the fluorescence during Real Time allows the detection of the accumulating product without having to open the reaction tube after the amplification.

3. Product Description

Hepatitis C virus has at least six forms or genotypes. HCV genotypes and subtypes are distributed variously in different parts of the world. Genotypes 1-3 are widely distributed throughout the world. Subtype 1a is prevalent in North and South America, Europe, and Australia. Subtype 1b is prevalent in North America and Europe, and is also found in parts of Asia. Genotype 2 exists in most developed countries, and is less common than genotype 1. Some studies suggest that different types of HCV are related to different transmission routes. HCV genotype 1 is significantly associated with immunodeficiency virus. Genotype 1 is related to a poor response to treatment. Genotyping HCV by a doctor determine an appropriate hepatitis C treatment and how long treatment should be given. HCV genotype real time RT-PCR kit contains a specific ready-to-use system for the detection of HCV genotype 1 by Reverse Transcription Polymerase Chain Reaction (RT-PCR) in the real-time PCR system. The master mix contains Super Mix for the specific amplification of HCV RNA and HCV genotype 1 RNA. Super Mix A is specific for HCV RNA; Super Mix B is specific for HCV genotype 1 RNA. The reaction is done in one step real time RT-PCR. The first step is a reverse transcription where HCV RNA is transcribed into cDNA. Then, a thermostable DNA polymerase is used to amplify specific gene fragments by polymerase chain reaction (PCR). Fluorescence is emitted and monitored by the real time systems' optical unit during PCR. The detection of amplified HCV DNA fragments is performed in fluorimeter channel FAM with the fluorescent quencher BHQ1.

4. Kit Contents

Ref.	Type of reagent	Presentation	25rxns
1	HCV Super Mix A	1 vial, 480µl	
2	HCV Super Mix B	1 vial, 480µl	
3	RT-PCR Enzyme Mix	1 vial, 54µl	
4	Molecular Grade Water	1 vial, 400µl	
5	HCV Positive control A	1 vial, 60µl	
6	HCV Positive control B	1 vial, 60µl	

Analysis sensitivity: 5 × 10³ IU/ml; **LOQ:** 1 × 10⁴ ~ 1 × 10⁸ copies/ml

Note: Analysis sensitivity depends on the sample volume, elution volume, nucleic acid extraction methods and other factors. If you use the RNA extraction kits recommended, the analysis sensitivity is higher.



Facts about the RT-PCR Test

4) A document published by FDA (U.S Food and Drug Administration) regarding the efficacy of RT-PCR test released in the beginning of the so-called pandemic released on 04th February, 2020. The document clearly states that the RT-PCR test is only capable of checking the presence of genetic material of coronaviruses in one's body. As cited in the document.

5) CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, "Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms." Above evidence clears that RT-PCR test cannot detect any infectious virus (2019-nCoV) in a person (detecting viral RNA is not same as detecting the Virus) The document further points out that,

"This test cannot rule out diseases caused by other bacterial or viral pathogens" In other words, FDA document clears that RTPCR Test cannot diagnose the cause of sickness or death.

6) In a study titled "Correlation between 3790 qPcr positive samples & positive cell cultures including 1941 Sars-Cov-2" published in the peer-reviewed scientific journal "Clinical Infectious Diseases", by R Jafaar et al., in September 2020, [9] when scientists compared the RT PCR against the gold standard (I.e., viral culture), this is what they found: Ct = 25, up to 70% of patients have a positive viral culture. (meaning that in 30 percent of samples where RT-PCR was positive, the virus could not be cultured from those people, hence they were not infectious. Thus, at this level the false positive rate of the RT-PCR = 30%) Ct = 30, up to 20% of patients had a positive viral culture Ct= 35, less than 3 percent had a positive viral culture.

Hence, at 25-30 cycles, false positive rate is 30%-80% (10% increase at every cycle)

30-35 cycles, false positive rate is 80% - 97%

35 cycles & above, false positive rate is 97%-99.9%

[Correlation Between 3790 Quantitative Polymerase Chain Reaction-Positives Samples and Positive Cell Cultures, Including 1941 Severe Acute Respiratory Syndrome Coronavirus 2 Isolates - PubMed \(nih.gov\)](#)

Practical Issues with the RT-PCR Test

7) This is precisely the reason why many people have found that their samples have tested positive in one lab & negative in another. For example, the Honorable Chief Justice of Rajasthan High Court, Indrajeet Mahanty, tested positive on Aug 15, 2020 & then tested negative twice later on Aug 16, 2020.

This has been the experience of thousands of people all across our country. The above has been seen in the scientific literature as well. A paper from China by Li Y et al. Titled "Stability issues of RT-PCR testing of SARS-CoV-2 for hospitalized patients clinically diagnosed with COVID-19." published in the Journal of Medical Virology on Mar 26 2020. [14] reported on consecutive testing results, defined as either Negative (N), Positive (P) or Dubious (D, presumably intermediate).



Results for 29 people with contradictory results out of about 600 patients were: 1 DDPDD 2 NNPN 3 NNNPN 4 DNPN 5 NNNDP 6 NDP 7 DNP 8 NDDPN 9 NNNDPN 10 NNPD 11 DNP 12 NNPN 13 PPNDPN 14 PNPPP 15 DPNPNN 16 PNNP 17 NPNNP 18 PNP 19 NPNNP 20 PNNP 21 PNP 22 PNP 23 PNP 24 PNDDP 25 PNNPN 26 PNPP 27 PNP 28 PNNP 29 PNP.

Why the RT-PCR Can Test Positive Long After Symptoms

8) The RT-PCR is so sensitive that it can pick up non-infectious viral fragments in those who have already dealt with the virus and are not contagious anymore.

We have seen the same phenomena in the past, where the measles virus cannot be grown in cell culture but is detected as “RT-PCR positive”, 3 months after infection.

The same thing is taking place with Sars-Cov-2 as well, where people are testing positive weeks & months after the infection.

But instead of questioning the validity & interpretation of the test, most people think that they have a re-infection.

WHO’s Position on the RT-PCR Test

9) In a notice written on January 13, 2021, and published on January 20, 2021, **the WHO warned that high cycle thresholds on RT-PCR tests will result in false positives.** To quote their own words:

“The design principle of RT-PCR means that for patients with high levels of circulating virus (viral load), relatively few cycles will be needed to detect virus and so the CT value will be low. Conversely, when specimens return a high CT value, it means that many cycles were required to detect virus.

In some circumstances, the distinction between background noise and actual presence of the target virus is difficult to ascertain.”

10) The WHO confirmed that RT-PCR tests should not be used as the sole method of diagnosing COVID-19; they should only be used where clinical signs and symptoms are present, and they can yield false positive results at high amplification cycles.

11) The package inserts accompanying RT-PCR test kits, state that the test should be administered only to patients with signs and symptoms suggestive of COVID-19.

Slow clearance of measles virus RNA after acute infection - ScienceDirect

WHO Information Notice for IVD Users 2020/05



12) The Tanzanian President questioned the validity of the RT-PCR test after a goat & papaya tested positive!

7/30/2020

Tanzania: President queries kits after goat, fruit test positive for COVID-19

Printed from

MumbaiMirror

Tanzania: President queries kits after goat, fruit test positive for COVID-19

Reuters / May 4, 2020, 12.05 PM IST



Representational image. Photo: Getty Images

Dar es Salaam: Coronavirus test kits used in Tanzania were dismissed as faulty by President John Magufuli on Sunday, because he said they had returned positive results on samples taken from a goat and a pawpaw.

Magufuli, whose government has already drawn criticism for being secretive about the coronavirus outbreak and has previously asked Tanzanians to pray the coronavirus away, said the kits had "technical errors".

The COVID-19 testing kits had been imported from abroad, Magufuli said during an event in Chato in the north west of Tanzania, although he did not give further details.

[Click here for latest updates on the coronavirus pandemic](#)

The president said he had instructed Tanzanian security forces to check the quality of the kits. They had randomly obtained several non-human samples, including from a pawpaw, a goat and a sheep, but had assigned them human names and ages.

These samples were then submitted to Tanzania's laboratory to test for the coronavirus, with the lab technicians left deliberately unaware of their origins.

[We will have a COVID-19 vaccine by the end of year, says US President Donald Trump](#)

The number of coronavirus cases in the US has risen to 11,57,687 while the death toll stands at 67,674, according to latest data from Johns Hopkins University.

Samples from the pawpaw and the goat tested positive for COVID-19, the president said, adding this meant it was likely that some people were being tested positive when in fact they were not infected by the coronavirus.

"There is something happening. I said before we should not accept that every aid is meant to be good for this nation," Magufuli said, adding the kits should be investigated.

As of Sunday, Tanzania had recorded 480 cases of COVID-19 and 17 deaths but unlike most other African countries, Dar es Salaam sometimes goes for days without offering updates, with the last bulletin on cases on Wednesday.

Magufuli also said that he was sending a plane to collect a cure being promoted by Madagascar's president. The herbal mix has not yet undergone internationally recognised scientific testing.



Tanzania president: No need for lockdown, 'God will protect' from COVID-19

"Vaccines are not good. If they were, then the white man would have brought vaccines for HIV/AIDS," he said in a speech in western Tanzania.



By REUTERS JANUARY 27, 2021 18:07



Zanzibar Vice President Seif Sharif Hamad dies

February 17 2021



'COVID-free' nation Tanzania's president John Magufuli vanishes

Perfectly healthy Tanzania president who mocked 'Covid', the PCR test, masks and refused to import the DNA-manipulating 'vaccine' is dead at 61

March 17 2021



Agenda Platforms Reports Events Videos



Samia Suluhu Hassan

MSc in Economic Development.



Lockdown

- 1) Off guardian report on how India's lockdown may have killed more people than Covid-19.
- 2) David Beasley, executive director of the UN World Food Programme, made a statement on global starvation in April 2021.
- 3) Indian Council of Medical Research (ICMR) questioned the effectiveness of a lockdown.
- 4) Economic Times Report - Suicide leading cause for over 300 lockdown deaths in India, says study.
- 5) The Citizen Report - Analysis of Suicides reported since the lockdown.
- 6) Open Letters by doctors from USA, Victoria, UK, Belgium, Germany, etc. – against lockdowns.
- 7) ICMR Study - Such drastic measures as lockdown can lead to social, psychological and economic stressors on the whole population, leading to long-lasting adverse health outcomes.
- 8) Lockdown in India should be discontinued, said a joint statement from the Indian Public Health Association, the Indian Association of Epidemiologists, and the Indian Association of Social and Preventive Medicine.
- 9) Indian Journal of Public Health Report - The model had come up with an estimated 2.2 million deaths globally. Subsequent events have proved that the predictions of this model were way off the mark.
Most COVID-19 infected persons are mostly without symptoms. Even if symptomatic, the symptoms are mild and not life threatening. Majority of the patients do not require hospitalization.

=====

1) & 2) <https://off-guardian.org/2021/06/18/indias-lockdown-may-already-have-killed-more-people-than-covid-and-it-will-only-get-worse/>

In 2020, India reported [148,738 deaths due to the coronavirus](#). That equates to 0.01% of the population. The average death rate in India in 2020 [was 7.25 in 1000](#) of the population.

That means over 10 million people died in India in 2020, and only 1.5% were coronavirus deaths.

David Beasley, executive director of the UN World Food Programme made a statement on [global starvation in April 2021](#).

“We were already calculating 135 million people around the world before COVID marching to the brink of starvation. And now, with the new analysis with COVID, we’re looking at 260 million people, and I’m not talking about hungry. I’m talking about marching toward starvation. And that is a catastrophe in itself.”



3) <https://www.thehindu.com/news/national/in-feb-icmr-scientists-doubted-efficacy-of-lockdown/article31298856.ece/amp/>

Multiple scientists of the Indian Council of Medical Research (ICMR), currently coordinating the fight against COVID-19, co-authored a research study in February that questioned the effectiveness of a lockdown.

The study - The 2019 novel coronavirus disease (COVID-19) pandemic: A review of the current evidence, appears online in the Indian Journal for Medical Research, which is affiliated to the ICMR. It described lockdown as a “drastic public health measure” that could lead to “long-lasting adverse health outcomes.”

The review paper also didn't appear to be a votary of travel bans. “The medium and long-term impact of such travel bans remain to be seen but modelling studies suggest that in the short-term, these are unlikely to have meaningful impact on global transmission of SARS-CoV-2, unless sustained 90 per cent travel restrictions are implemented in combination with more than 50 per cent reduction in local transmission. Such bans may only provide a symbolic shield unless the ongoing outbreak is staunch. Ethical concerns of imposing such travel bans have also been questioned,” it said.

4) https://m.economictimes.com/news/politics-and-nation/suicide-leading-cause-for-over-300-lockdown-deaths-in-india-says-study/amp_articleshow/75519279.cms

NEW DELHI: Suicide was the leading cause for over 300 “non-coronavirus deaths” reported in India due to distress triggered by the nationwide lockdown, revealed a new set of data compiled by a group of researchers.

The group, comprising public interest technologist Thejesh GN, activist Kanika Sharma and assistant professor of legal practice at Jindal Global School of Law Aman, said 338 deaths have occurred from March 19 till May 2 and they are related to lockdown.

5) <https://www.thecitizen.in/index.php/en/NewsDetail/index/15/18987/Analysis-of-Suicides-Reported-Since-the-Lockdown>

it is clear that financial distress (disemployment and income loss included) is the prime reason for suicide, followed by the fear of infection or death, and loneliness or a lack of freedom of movement.

6) <https://www.sabhlokcity.com/2020/09/open-letters-by-doctors-from-usa-victoria-uk-belgium-germany-etc-against-lockdowns/>

There's been a spate of Open Letters from health professionals demanding an end to the lockdowns.

7) & 8) This is the ICMR study referenced in above article.

<https://www.ijmr.org.in/article.asp?issn=0971-5916;year=2020;volume=151;issue=2;spage=147;epage=159;aulast=Chatterjee>

On January 23, 2020, the Government of the People's Republic of China imposed a lockdown on Wuhan to quarantine and prevent the spread of the disease. This was a drastic public health measure. While the benefits of such a move remain to be seen, the long-lasting negative impacts of such a measure should not be underplayed. Such drastic measures can lead to social, psychological and economic stressors on the whole population, leading to long-lasting adverse health outcomes. Instead of coercive top-down quarantine approaches, which are driven by the authorities, community and civil-society led



self-quarantine and self-monitoring could emerge as more sustainable and implementable strategies in a protracted pandemic like COVID-19

However, there have been elements of imposed travel restrictions and red-lining of affected areas, the long-term impacts of which, on sectors such as economy, agriculture and mental health remain to be seen. In this run to devise technological and medical solutions to yet another PHEIC, we have not focused on opportunities to strengthen health systems and community resilience, through people-centric approaches.

Despite the enforcement of the IHR (2005), strengthening international capacity to respond to PHEICs remains a hurdle. Further, initiation of militarized control efforts, discriminatory travel restrictions and poor coordination and planning, has shown the limited ability to handle an outbreak with pandemic potential across the world.

The infectious disease threats of our times are far from over, and if these are to be contained with lower magnitudes of loss to human life and economy, we need to invest in building up people-centric health systems, which pre-empt and prevent, rather than work in reactive, feedback loops driven by the burden of human misery.

Lockdown in India should be discontinued, said a joint statement from the Indian Public Health Association, the Indian Association of Epidemiologists, and the Indian Association of Social and Preventive Medicine.¹ And local restrictions on movement and mingling should be imposed only where there is mild or limited spread of SARS-Cov-2 and only after the effects on the livelihood of target populations have been assessed, they advised.

India imposed a nationwide lockdown in March that has been relaxed in phases, but several states and cities continue to impose local lockdowns, including closing all establishments at nights and weekends.

The public health experts want the government to abandon its current approach, which they say is impractical and wasteful because it cannot detect most infections.

9) <https://www.ijph.in/article.asp?issn=0019-557X;year=2020;volume=64;issue=6;spage=84;epage=86;aulast=>

A Joint Task Force of eminent public health experts of India was constituted by IPHA, and IAPSM in April 2020 to help the Government of India for containment of the COVID-19 pandemic in the country. Subsequently, Indian Association of Epidemiologists (IAE) also joined the Task Force.

India's nationwide "lockdown" from March 25, 2020 till May 30, 2020 has been one of the most stringent; and yet COVID cases have increased exponentially through this phase, from 606 cases on March 25 to 138,845 on May 24. This draconian lockdown is presumably in response to a modelling exercise from an influential institution which was a 'worst- case simulation'. The model estimated 2.2 million deaths globally. Subsequent events have proved that the predictions of this model were way off the mark.

Most COVID-19 infected persons are mostly without symptoms. Even if symptomatic, the symptoms are mild and not life threatening. Majority of the patients do not require hospitalization



CHANGE OF GUIDELINES FOR REPORTING COVID DEATHS

As per WHO guidelines for reporting deaths, all countries in the world have to follow the steps below to register deaths.

1) If an individual expires from any illness for example, heart attack or cancer and the RT-PCR test has come positive, then Covid-19 will be mentioned as the cause of death in the death certificate.

2) If an individual expires from any illness for example, heart attack or cancer and **the RT-PCR test has come negative, however Covid-19 symptoms are present, then Covid-19 will be mentioned as the cause of death in the death certificate.**

The symptoms of Covid-19 are fever, cold, cough, body ache, loss of smell and taste. These are common symptoms for many influenza like illnesses (ILI).

Guidance for appropriate recording of covid - 19 related deaths in india - WHO & ICMR -

2.3 ICD-10 Codes for COVID-19 provided by World Health Organization

Emergency ICD-10 Code	Usage conditions
U07.1	COVID-19, virus identified
U07.2	COVID-19, virus not identified, Clinically-epidemiologically diagnosed COVID-19 Probable COVID-19 Suspected COVID-19

3 Completing Medical Certification of Cause of Death (MCCD) in COVID-19

3.1 Mortality coding of COVID-19 with ICD-10 codes

The ICD-10 codes presently recommended by WHO for mortality coding are:

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	Present	Clinically –Epidemiologically diagnosed COVID -19	U07.2
Test awaited	Present	Suspected COVID-19	
Test inconclusive	Present	Probable COVID-19	

Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19)

Vital Statistics Reporting Guidance

Certifying deaths due to COVID-19

If COVID-19 played a role in the death, this condition should be specified on the death certificate. In many cases, it is likely that it will be the UCOD, as it can lead to various life-threatening conditions, such as pneumonia and acute respiratory distress syndrome (ARDS). In these cases, COVID-19 should be reported on the lowest line used in Part I with the other conditions to which it gave rise listed on the lines above it.

Generally, it is best to avoid abbreviations and acronyms, but COVID-19 is unambiguous, so it is acceptable to report on the death certificate.

In some cases, survival from COVID-19 can be complicated by pre-existing chronic conditions, especially those that result in diminished lung capacity, such as chronic obstructive pulmonary disease (COPD) or asthma. These medical conditions do not cause COVID-19, but can increase the risk of contracting a respiratory infection and death, so these conditions should be reported in Part II and not in Part I.

When determining whether COVID-19 played a role in the cause of death, follow the CDC clinical criteria for evaluating a person under investigation for COVID-19 and, where possible, conduct appropriate laboratory testing using guidance provided by CDC or local health authorities. More information on CDC recommendations for reporting, testing, and specimen collection, including postmortem testing, is available from: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>. It is important to remember that death certificate reporting may not meet mandatory reporting requirements for reportable diseases; contact the local health department regarding regulations specific to the jurisdiction.

In cases where a definite diagnosis of COVID-19 cannot be made, but it is suspected or likely (e.g., the circumstances are compelling within a reasonable degree of certainty), it is acceptable to report COVID-19 on a death certificate as "probable" or "presumed." In these instances, certifiers should use their best clinical judgement in determining if a COVID-19 infection was likely. However, please note that testing for COVID-19 should be conducted whenever possible.

Common problems

Common problems in cause-of-death certification include:

1. reporting intermediate causes as the UCOD (i.e., on the lowest line used in Part I),
2. lack of specificity, and
3. illogical sequences.

Intermediate causes are those conditions that typically have multiple possible underlying etiologies and thus, a UCOD must

be specified on a line below in Part I. For example, pneumonia is an intermediate cause of death since it can be caused by a variety of infectious agents or by inhaling a liquid or chemical. Pneumonia is important to report in a cause-of-death statement but, generally, it is not the UCOD. The cause of pneumonia, such as COVID-19, needs to be stated on the lowest line used in Part I.

Additionally, the reported UCOD should be specific enough to be useful for public health and research purposes. For example, a "viral infection" can be a UCOD, but it is not specific. A more specific UCOD in this instance could be "COVID-19."

All causal sequences reported in Part I should be logical in terms of time and pathology. For example, reporting "COVID-19" due to "chronic obstructive pulmonary disease" in Part I would be an illogical sequence as COPD cannot cause an infection, although it may increase susceptibility to or exacerbate an infection. In this instance, COVID-19 would be reported in Part I as the UCOD and the COPD in Part II. While there can be reasonable differences in medical opinion concerning a sequence that led to a particular death, the causes should always be provided in a logical sequence from the immediate cause on line a. back to the UCOD on the lowest line used in Part I.

Manner of death

The manner of death, sometimes referred to as circumstances of death, is also reported on death certificates. Natural deaths are due solely or almost entirely to disease or the aging process (8). In the case of death due to a COVID-19 infection, the manner of death will almost always be natural.

When to Refer to a Medical Examiner or Coroner

Some jurisdictions have requirements for referring deaths involving threats to public health to the medical examiner or coroner, so certifiers should follow the regulations in the jurisdiction in which the death occurred. As always, if a death involved an injury, poisoning, or complications thereof, then the case should be referred. The local medical examiner or coroner should be consulted with questions on referral requirements.

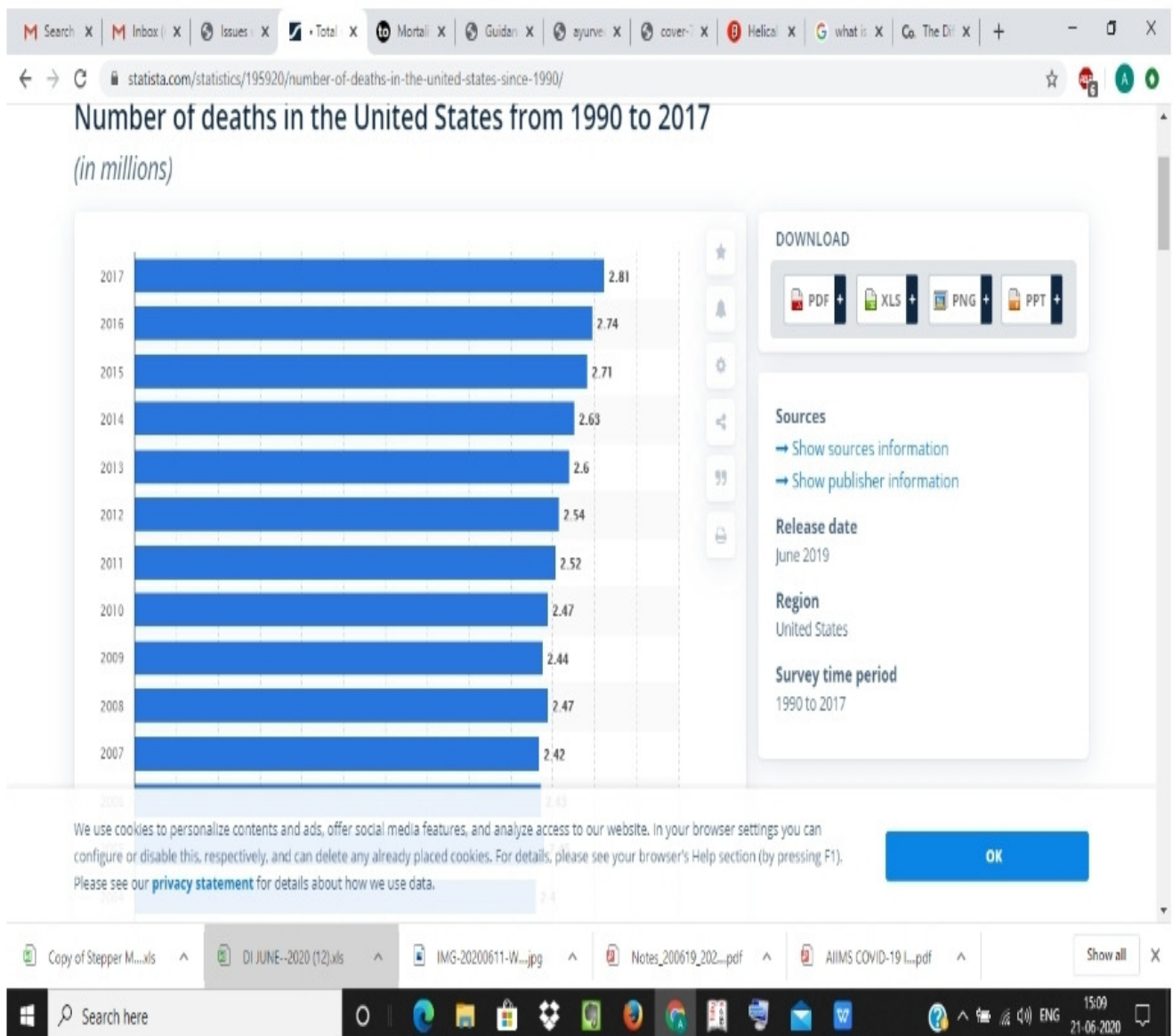
Conclusion

An accurate count of the number of deaths due to COVID-19 infection, which depends in part on proper death certification, is critical to ongoing public health surveillance and response. When a death is due to COVID-19, it is likely the UCOD and thus, it should be reported on the lowest line used in Part I of the death certificate. Ideally, testing for COVID-19 should be

FALSE INFORMATION ABOUT EXCESS DEATHS CONVEYED BY THE MEDIA

Every year in the USA, Italy, Spain, Germany etc., there are many deaths due to influenza like illness. It affects people who have comorbidities and elderly people, however, this time it is being pointed out ONLY as Covid-19 and not as influenza like illness. This means that the number of people dying in these countries is the same as many of the previous years, but all the deaths been shown as Covid-19 deaths to increase fear and agree to lockdowns without thinking and resistance..

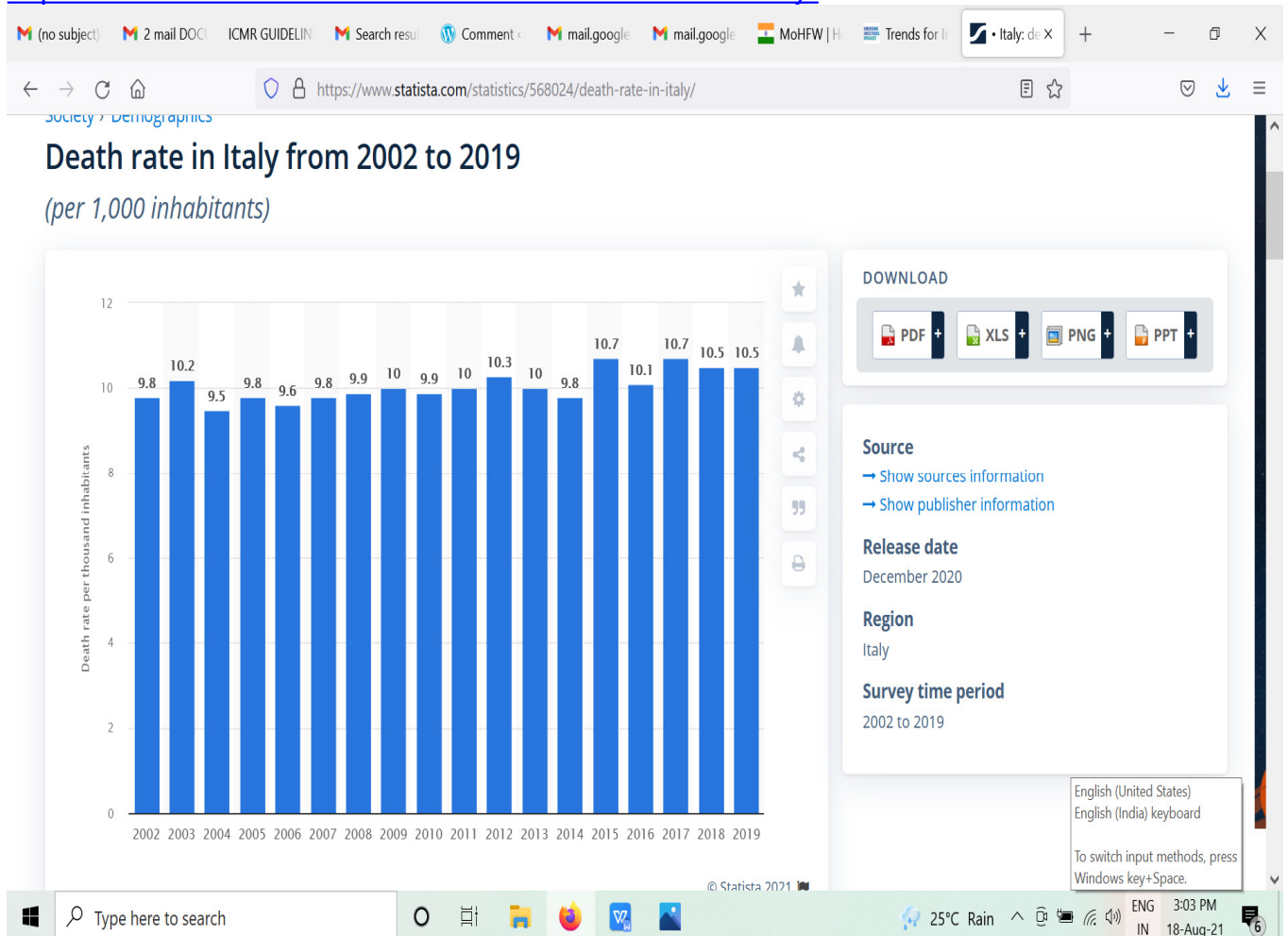
NUMBER OF DEATHS DUE TO INFLUENZA LIKE SYMPTOMS (ILI) IN THE USA FROM 1990 TO 2017



NUMBER OF DEATHS DUE TO INFLUENZA LIKE SYMPTOMS (ILI) IN ITALY FROM 2002 TO 2019

https://wwwnc.cdc.gov/eid/article/13/5/06-1309_article

<https://www.statista.com/statistics/568024/death-rate-in-italy/>



DEATHS IN HOSPITALS DUE TO USE OF UNTESTED, BANNED, RESTRICTED DRUGS - REMDESIVIR & FABIPIRAVIR

- 1) Government allows Import of untested drugs under trial.
- 2) CDSCO approves restricted and emergency use of Remdesivir & Fabipiravir.
- 3) WHO says - Don't use Remdesivir in hospitalized Covid-19 patients:
- 4) Remdesivir Side Effects - Adverse events reported in 70 or 74% of patients who received a 5- or 10-day remdesivir regimen, respectively; serious adverse events (e.g., respiratory distress or failure, septic shock)
- 5) Remdesivir not meant for Covid-19 patients: AIIMS chief tells Patna HC

1) <https://economictimes.indiatimes.com/industry/healthcare/biotech/pharmaceuticals/govt-may-soon-allow-import-of-untested-drugs-under-trial/articleshow/76271993.cms?from=mdr>





प्रीति ६ दी.स. १००४०८

PRC No. 2.1-000408

भारत का राजपत्र
The Gazette of India

सी.ओ.डी.एन.नं.-०६०२०२०-२१७७६
CG-DL E-6062020-21776

असाधारण
EXTRAORDINARY
भाग II-खण्ड 3-सब-खण्ड (i)
PART II—Section 3—Sub-section (i)
प्रकाशित के द्वारा
PUBLISHED BY AUTHORITY

नं. २१६ नई दिल्ली, बुधवार, जून ४, २०२०/जून ४, २०२०
No. 216 NEW DELHI, FRIDAY, JUNE 4, 2020/JUNE 4, 2020

स्वास्थ्य एवं परिवार कल्याण विभाग
(स्वास्थ्य एवं परिवार कल्याण विभाग)
नविपुल
नई दिल्ली, ५ जून, २०२०

आ.आ.वि. ३०६(अ)—नई औषधि और वैश्विक परिधि विभाग, २०१९ का संशोधन करने के लिए कठिन नियमों के निम्नलिखित प्राकृत, जिसे केडीएम सरकार औषधि तकनीकी सहायक कोर्षों के परामर्श से औषधि और प्रसादन सामग्री अधिनियम, १९४० (२३ के १९४०) की धारा १२ की उप-धारा (१) और धारा ३३ की उप-धारा (१) द्वारा प्रकाशित किया जा रहा है और एनएचआर द्वारा स्थापित होने की संभावना वाले सभी व्यक्तियों की जानकारी के लिए प्रकाशित किया जा रहा है और एनएचआर द्वारा स्थापित होने की संभावना वाले सभी व्यक्तियों की जानकारी के लिए प्रकाशित करने पर या उसके बाद विचार किया जाएगा कि संशोधन को इन प्राकृत नियमों को बनाए रखने करने वाली सरकार के अधिकार अन्तर्गत अन्तर्गत किया जाएगा।

केडीएम सरकार द्वारा उपरोक्त निर्दिष्ट अधिधि के पीछे किसी भी व्यक्ति से प्राप्त होने वाली जानकारी और सुझावों पर विचार किया जाएगा,

आपत्तियों और सुझाव, यदि कोई हों, तो बरबर तब (औषधि), स्वास्थ्य एवं परिवार कल्याण विभाग, भारत सरकार, कमरा नं. ४१४ए, सी.ए.डी.ओ. बिल्डिंग, नई दिल्ली - ११००११ को अधिधि किया जाए drugadu-mshn@gov.in पर ई-मेल किया जाए।

२४१० (२०२०)

(१)

NOTICE

Approval of Favipiravir Tablets to Glenmark Pharmaceuticals and Remdesivir Injection to Cipla Ltd and Hetero Drugs

Considering the emergency and unmet medical need for Covid-19 disease, CDSCO has approved Restricted Emergency Use of Remdesivir Injectable Formulations for treatment of patients with severe COVID-19 infection and Favipiravir Tablets for mild to moderate COVID-19 infection subject to various conditions and restrictions.

Initially, Remdesivir formulation of the innovator was approved on 01.06.20 for import and marketing the drug in the country. However, the importer is yet to import the drug after taking import licence from CDSCO.

In the meantime, on 20.06.2020, CDSCO has granted permission to manufacture and market the same injectable formulations of the drug to the indigenous manufacturers for the same indication, restriction and conditions for use as stipulated for innovator's product. This will ensure early access of Remdesivir for treatment of severe COVID patients in the country under the Restricted Emergency Use.

Favipiravir Tablet has been approved for manufacture and marketing on 19.6.2020.

Both Remdesivir and Favipiravir formulations are required to be sold under the prescription of medical specialists only. Further, Remdesivir formulations are required to be supplied for use only to the hospital / institutions to ensure proper use of the drug as recommended. In both the cases, informed consent of the patient or his /her representative in the prescribed form is mandatory before initiating the treatment.

Dr V G Somani
DCGI



3) What WHO said about Remdesivir -

WHO - Don't use remdesivir in hospitalised Covid-19 patients.

Gilead's remdesivir should not be used for patients hospitalised with **COVID-19**, regardless of how ill they are, as there is no evidence the drug improves survival or reduces the need for ventilation, a World Health Organization panel said on Friday.

<https://indianexpress.com/article/world/dont-use-remdesivir-in-hospitalised-covid-19-patients-who-7059314/>

<https://www.nytimes.com/2020/11/19/health/remdesivir-covid-19.html>

4) Remdesivir Sde Effects -

<https://www.drugs.com/sfx/remdesivir-side-effects.html>

Adverse events reported in 70 or 74% of patients who received a 5- or 10-day remdesivir regimen, respectively; serious adverse events (e.g., respiratory distress or failure, septic shock)

5) Remdesivir not meant for Covid-19 patients: AIIMS chief tells Patna HC

<https://www.deccanherald.com/national/east-and-northeast/remdesivir-not-meant-for-covid-19-patients-aiims-chief-tells-patna-hc-976550.html>

In a shocking disclosure before the Patna High Court, the director of the All India Institute of Medical Sciences (AIIMS), Patna, Dr P K Singh submitted that Remdesivir injection was not meant for Covid-19 patients.



NATURAL PROVEN REMEDIES TO HEAL FROM COVID-19

- 1) Ministry Of Ayush protocol for moderate to severe Covid-19 individuals.
- 2) NISA (NATURAL IMMUNIZATION SUPPORT ALLIANCE) Covid-19 Protocol.
- 3) Dr. Biswaroop Roy Chowdhury's 3 Step Flu Diet N.I.C.E Protocol which has successfully treated 60000 + individuals with zero Medicine / Money/ Mortality,
- 4) Survey conducted by Natural Institute of Naturopathy (under Ministry of Ayush) about the NICE protocol which concludes that - Nature Cure therapy was successful as a regimen for the COVID cases. This can serve as a model for the successful handling of all mild to severe cases of COVID and also as a preventive intervention in all the future cases.
- 5) Anandaiah's ayurvedic herbal medicines.
- 6) Dr. Biswaroop Roy Chowdhury's DIP Diet Protocol for improving health & immunity.

=====



1) Ministry of Ayush protocol is for management of mild COVID-19. Moderate to Severe COVID-19

Individuals may have informed choice of treatment options. All severe cases will be referred. This protocol and its annexure are approved by the Chairman, Interdisciplinary Committee for inclusion of Ayurveda and Yoga in the management of mild COVID-19 and approved by the empowered committee of the Interdisciplinary AYUSH Research and Development Taskforce on Covid-19, both constituted by the Ministry of AYUSH.

Ministry of AYUSH

National Clinical Management Protocol based on Ayurveda and Yoga for management of Covid-19

Preamble

The COVID-19 pandemic has created a global health crisis posing an unprecedented public health emergency. The number of deaths and people being infected are increasing daily throughout the globe. This situation is much more severe due to possible devastating situations because of several social and economic factors. Effective management to address this infection is still evolving and attempts are being made to integrate traditional interventions along with standard of care.

Ayurveda and Yoga can certainly play a pivotal role to augment preventive measures provided in the guidelines by Ministry of Health and Family Welfare (MoHFW). The current understanding of COVID-19 indicates that good immune status is vital to prevention and to safeguard from disease progression.

Following three aspects are considered while preparing this protocol:

1. Knowledge from Ayurveda classics and experience from clinical practices
2. Empirical evidences and Biological plausibility
3. Emerging trends of ongoing clinical studies

This consensus document is developed by expert committees from All India Institute of Ayurveda (AllIA), Delhi, Institute of Post Graduate Training and Research in Ayurved (IPGTRA), Jamnagar, and National Institute of Ayurveda (NIA), Jaipur , Central Council for Research in Ayurveda (CCRAS), Central Council for Research in Yoga and Naturopathy (CCRYN), other national research organizations. This protocol is for management of mild COVID-19. Moderate to Severe COVID-19 individuals may have informed choice of treatment options. All severe cases will be referred.

This protocol and its annexure are approved by the Chairman, Interdisciplinary Committee for inclusion of Ayurveda and Yoga in the management of mild COVID-19 and approved by the empowered committee of the Interdisciplinary AYUSH Research and Development Taskforce on COVID-19, both constituted by the Ministry of AYUSH.



2) NISA (NATURAL IMMUNIZATION SUPPORT ALLIANCE) PROTOCOL

Treatment Protocol for FLU/ Viral Fever/ Corona

Timings	Remedy	Method	Comments
6:00 AM	Gargles	¼ tsf salt and ½ tsf turmeric in 1 glass of hot water	Expose yourself to sun light including Sun-Gazing (sun gazing for not more than 20 seconds at a stretch) To be followed for 7-15 days
6:15 AM	Sniff small quantity of Dried Ginger/ Saunth	Take small pinch of saunth and sniff in both nostrils turn by turn	
6:25 AM	Anulom Vilom Pranayam		
6:30 AM	Kahda / concoction (Kashaya)	Turmeric-1/2-1 tsf + 2 pinches of black pepper → boil for 5 minutes → cover and let it cool → add jaggery and ½ tsf of ghee/oil → sip it	
7:30 AM	Coconut Water		
8:00 AM	Kadha of Peepal leaves (only for patients with breathing difficulty)	Cut pieces of Peepal leaves boiled in water till 50% water is boiled. Filter the water and drink. (For severe problems, use Peepal bark instead of leaves and repeat every hour)	
8:30 AM	Green Juice	Cucumber / Lauki / Ash Gourd	
9:30 AM	Kahda / concoction (Kashaya)	Giloy (3-4 leaves or 4 inch stem) or Tulsi (15-20 leaves)	
10:30 AM	Coconut Water		
11:30 AM	Fruit Juice	Any seasonal fruits	
11:45 AM	Keep ¼ tsf of Ginger/ Saunth on the tongue and let it dissolve there-swallow		To be followed for 7-15 days
1:00 PM	Kahda / concoction (Kashaya)	Turmeric-1/2-1 tsf-same as above	To be followed for 3 days after which salad should be eaten (5 gm / kg of body weight) followed by millet khichdi
2:00 PM	Coconut Water		
3:00 PM	Fruit Juice	Any seasonal fruits	
4:00 PM	Kahda / concoction (Kashaya)	Giloy (3-4 leaves or 4 inch stem) or Tulsi (15-20 leaves)	To be followed for 3 days after which salad should be eaten (5 gm / kg of body weight) followed by millet khichdi

4:30 PM	Massage with Madar leaves	Pieces of Madar / Ark (Calotropis Gigantea) leaves dipped in mustard oil to be heated till they become lukewarm and to be used for a light massage on chest, back and feet.	Continue till cough releases from lungs
5:00 PM	Coconut Water		To be followed for 3 days after which salad should be eaten (5 gm / kg of body weight) followed by millet khichdi - 3 rd day onwards also millet khamir/khichdi can be eaten
6:00 PM	Fruit Juice	Any seasonal fruits	
7:00 PM	Adusa juice	3 – 4 tender leaves of Adusa (Justicia Adhatoda), a small cut piece of ginger (not more than 1cm), 5 leaves of Tulsi manually crushed and juice mixed with 3 drops of honey	
8:00 PM	Kadha of Peepal leaves (only for patients with breathing difficulty)	Cut pieces of Peepal leaves boiled in water till 50% water is boiled. Filter the water and drink. (For severe problems, use Peepal bark instead of leaves and repeat every hour)	
7-9 PM	Repeat gargles followed by steam inhalation followed by Banana Kashaya which is prepared in the same way as other kashayas but boil along with the peel. Sip it and go to sleep.		

Please note:

1. This protocol is tentative for guidance. You can modify it as per your convenience but keeping the principles intact.
2. Three day Protocol is to be used only for treatment when fever and other acute symptoms are there. For prevention and after-treatment another protocol is to be used.
3. If acute symptoms persist we can extend 3rd day protocol for few days till fever persists.
4. Always use Plant-based whole food. No animal food to be used.
5. Don't lower fever by using fever lowering drugs. If fever crosses 104 degree in adult and 102 in kids we can lower it to safe limit by sponging.
6. Don't take symptom suppressive drugs.
7. Don't take antibiotics or steroids.
8. In case of breathing difficulty adapt Prone- Ventilation Method for relief.
9. Keep yourself in a place where there are lots of trees and plants and fresh and free flowing air is available.
10. You can use a toy fan or table fan so that air in front of your mouth is quickly changing.

11. Keep a watch on your CBC (Complete Blood Count) so that secondary bacterial infection and fall in the platelets count is timely detected.
12. If there are unexplained symptoms or breathing difficulty is too much, consult your family physician and discuss with him/her.



3 STEP FLU DIET

Day 1 (Liquid)

<u>Weight of patient (kg)</u>		(glasses of fresh Citrus fruit juice)
10		
	+	
<u>Weight (kg)</u>		(glasses of coconut water)
10		

Day 2 (Fluid)

<u>Weight</u>	(glasses of Citrus fruit juice)
20	
	+
<u>Weight</u>	(glasses of coconut water)
20	
	+
Weight x 5	(gm of Tomato + Cucumber)

Day 3 (Solid)

<u>Weight</u>	(glasses of Citrus fruit juice)	} Breakfast
30		
	+	
<u>Weight</u>	(glasses of coconut water)	} Lunch
30		
	+	
Weight x 5	(gm of Tomato + Cucumber)	} Dinner
Normal home cooked food		

*** If the symptom persists then, follow the 3rd day diet for 2 more days. You may go for COVID-19 test on 6th day.**



Mob: +91-8587059169
Email: biswaroop@biswaroop.com



Fever

- 1. Water-400ml. Add 3-4 black pepper (kali mirch), 1 clove (laung), 10-12 basil leaves (tulsi), 1 cardamom (iliachi), 4 gm ginger (adrak), giloy stem 2inch after crushing, 4gm raw turmeric (haldi). Allow it to boil till water reduces to half. Consume it sipwise while it is warm**

Dosage: 3 times a day- morning, afternoon, evening

2. Cold water Fomentation



Fever \geq 102⁰F → Cold Compress → Cold Air



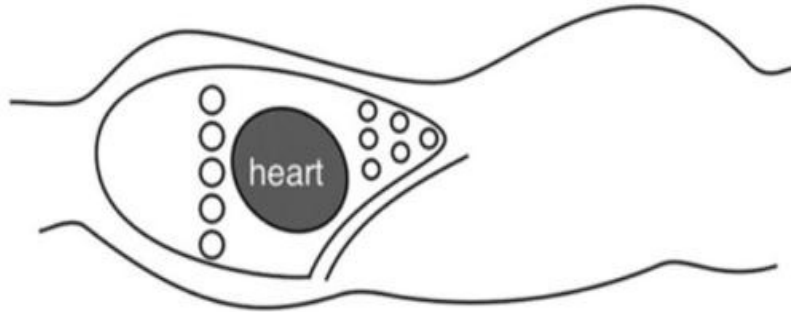
Mob: +91-8587059169
Email: biswaroop@biswaroop.com



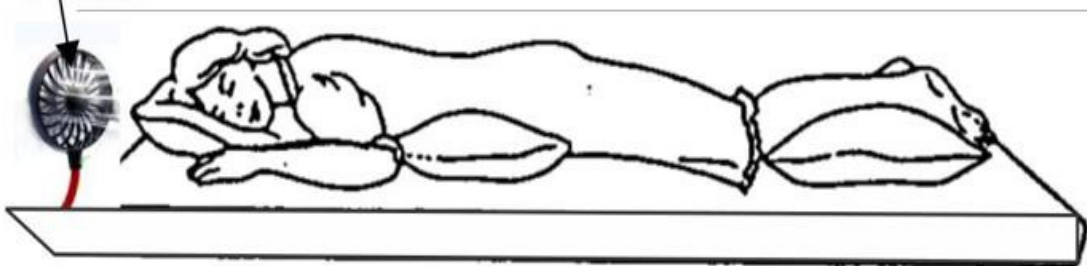
Prone Ventilation



Prone



Fan



Mob: +91-8587059169
Email: biswaroop@biswaroop.com



4) Email sent by Natural Institute of Naturopathy, after conducting a survey on the NICE protocol followed to treat & cure Covid-19 patients by Dr. Biswaroop Roy Chowdhury & his team at the Ahmednagar Covid Centre. This survey concluded that in all the cases Nature Cure therapy was successful as a regimen for the covid cases and can serve as a model for the successful handling of all mild to severe cases of covid and also as a preventive intervention in all the future cases.



Dr. Biswaroop Roy Chowdhury <biswaroop@biswaroop.com>

Report on the Naturopathy Interventions at COVID Care Centre, Ahmednagar, Maharashtra. reg

ninsmodsn <ninpune@bharatmail.co.in>
To: biswaroop@biswaroop.com
Cc: satyamaup@gmail.com, drpraveen0891@gmail.com

Tue, Jul 20, 2021 at 12:10 PM

Dear Sir,

Greetings from National Institute of Naturopathy, Pune.

This is with reference to your intimation to Dr. Praveen.C, Medical Officer, NIN regarding the report.

Please find the attached report on the data collected from the Ahmednagar rural Naturopathy Centre regarding the efficacy of Nature cure intervention and the outcome in mild-moderate COVID cases.

We are thankful for the cooperation extended to us by the N.I.C.E team of dedicated Naturopaths towards this process.

We would be further processing this as a paper and publish in the near future .

Thanks & Regards.



राष्ट्रीय प्राकृतिक चिकित्सा संस्थान, पुणे
आयुष मंत्रालय, भारत सरकार
NATIONAL INSTITUTE OF NATUROPATHY
Ministry of AYUSH, Govt. of India

'Bapu Bhavan' Matoshree Ramabai Ambedkar Road, Pune 411 001
Email: ninpune@bharatmail.co.in | Website: www.ninpune.ayush.gov.in
Phone: 020-26059682 / 3 / 4 / 5 Fax: 020-26059131

"स्वास्थ्य अवलम्बना से स्वावलम्बना "

"Self Reliance through Self Health Reliance "

#Unite2fightcorona #IDY2021

#NaturopathyDay(18thNovember)

#FitIndia #Yoga #Naturopathy

#AYUSH #ZindagiRaheKhush

 Data for Nagar COVID cases -.pdf



Report on the Naturopathy Interventions at COVID Care Centre, Ahmednagar, Maharashtra managed by Network of Influenza Care Experts (N.I.C.E) under Dr. Biswaroop Roy Choudhary.

COVID19 as a pandemic has been a challenge to the healthcare system across the world. Nature cure therapy has been tried as an option for increasing the immunity and body's natural mechanism to overcome this infection across different centers in India. This is a report of some initial data gathered across a single center of Ahmednagar district; where people availed only Naturopathy treatment voluntarily for a week's time period from their day of COVID confirmation and were successfully treated.

The information was collected retrospectively from the patients who were treated at the center by telephonic conversations. The questionnaire tool guide was prepared and reviewed by the expert before its actual administration. The entire tool was converted into Marathi (local language) and used for the data collection (English Version of the questionnaire is attached as an annexure). The data was transferred into Microsoft Excel 2013 for further descriptive analysis.

Intervention details for the cases that were carried out at the Nature Cure center:

1. Yoga: Daily yoga exercise regime was carried out for a period of 30minutes in groups for all the admitted cases in the morning hours.
2. Diet intervention- Sattvik diet, fresh in nutrition and which boosts the immunity was provided to all the patients throughout their stay at the center; which included, raw diet like ample amounts of salads- carrots, tomato, raddish etc, fruits like guava, oranges. Mosambi, mangoes, pomegranate etc, raw roots of turmeric, honey, drinks like fresh fruit juices etc.



4. Recreational activities for the patients-

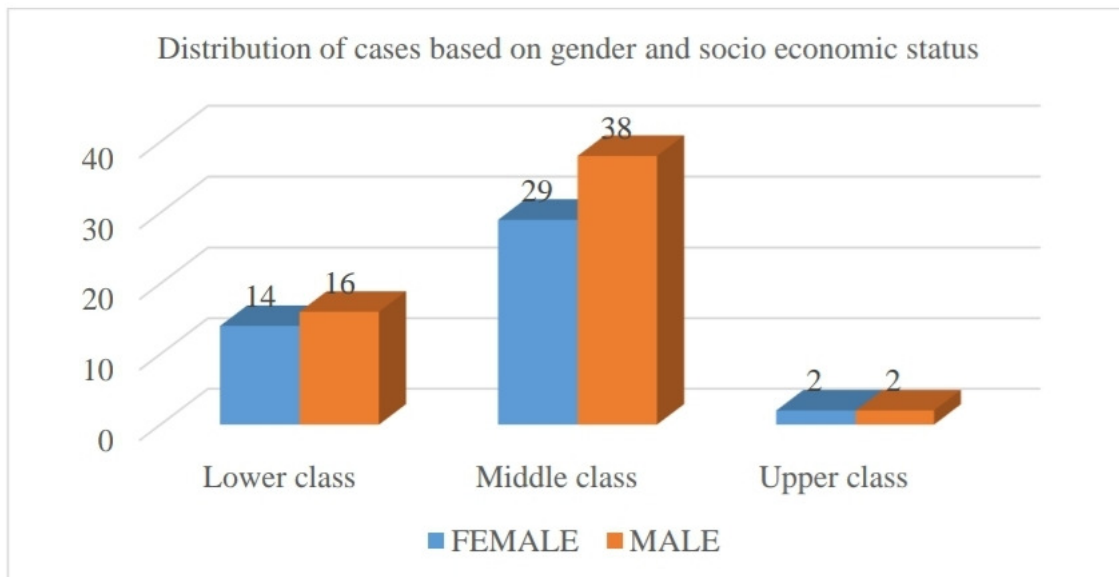
Dance and singing programs with active participation of the patients daily. The center also held marriage functions and had frequent visits and stay of family members and relatives as a support mechanism for the patients admitted at the center.

There were Naturopathy experts present round the clock; to ensure that the patients are looked after well.

Salient outcome of the data collected till now:

The entire process of convincing a large set of rural population for Nature cure therapy was by means of a strong communication and the contacts established by the promoters of Nature cure therapy in the surrounding areas of the center. The team of Naturopaths were dedicatedly communicating with patients and their kin regarding the benefits of Nature cure therapy on daily basis.

A total of 101 cases responded to the questionnaire. The following graph shows the gender and socio economic distribution of the population.



Majority of cases from the middle class (67) availed the facility; followed by the lower(30) and the upper class (4).More males (56) availed the Nature cure treatment as compared to women (45) in the center.

The following table shows the test done to confirm COVID 19:

Test Done	Number
RT-PCR	51
CT chest	3
RT-PCR, CT CHEST	47
Grand Total	101

None of the cases took any medication for long term due to other systemic illnesses- like Diabetes, HTN or arthritis etc.

Only 28 were vegetarians in the total of 101. They all practiced a total vegetarian diet during their entire stay at the center.

None of the cases took any medication for COVID.

All performed Yoga daily for 30 minutes and had sun bath for 30 minutes as a routine regime.

No case reported of any untoward incident or adverse reaction to their fasting experience in Nature cure regime.

Questions were asked to the patients on rating the experience of the Naturopathy regimen, knowledge about Naturopathy and the change in their health.

- The patients were asked to rate their experience of this regimen in the form of an excellent, good, bad or poor score. Overall 24 cases reported it as a good experience; while 76 rated it as excellent.
- When asked about how they got information about Naturopathy treatment for COVID; the patients responded that majority learnt it from the Naturopathy doctors and the promoters of Nature cure therapy (72); while the rest of them got information from Youtube channels and books.

- 97 of the cases said that they would recommend fasting to others; while 4 did not elaborate any reason for not recommending fasting as an option to others.
- The patients were asked to rate their health from 1-10; with 1 being the least score and 10 being the highest. A score between 1-3 was considered to be worse; 4-5 as poor; 6-8 as good and 9-10 as excellent. 55 patients rated their health as above 5 before the nature cure intervention; while all 101 rated their health above 7/10 after the intervention.

Overall it can be concluded that; in all these cases; Nature cure therapy was successful as a regimen for the COVID cases. This can serve as model for the successful handling of all mild to severe cases of COVID and also as a preventive intervention in all the future cases.

5) Recently Hon'ble Andhra Pradesh High Court approved the use of **Anandaiah's ayurvedic herbal medicines** in the case between Ponnekanti Mallikarjuna Rao Vs. State of Andhra Pradesh 2021 SCC OnLine AP 1463, where it is ruled as under;

“3. In view of the facts and circumstances and in view of the categorical statement made by the learned Special Government Pleader, Mr. Anandaiah, Ayurvedic Practitioner, is permitted to administer his ayurvedic preparations so far as ‘P, F and L’ are concerned to the needy people forthwith and the respondents are directed not to interfere with the said activity and to ensure that covid guidelines are followed.”

6) **DR. BISWAROOP ROY CHOWDHURY'S DIP DIET**

Steps to design your DIP Diet

Step 1

Till 12 noon, eat only fruits of 3 to 4 types including mango, banana, grapes, etc



Minimum amount to be consumed = Your body weight in kg × 10 =gms

For example, a 70kgs person should consume atleast 700gms of 4 types of fruits before 12 noon.

Step 2

Always eat your lunch/dinner in 2 plates.

Plate 1 and Plate 2

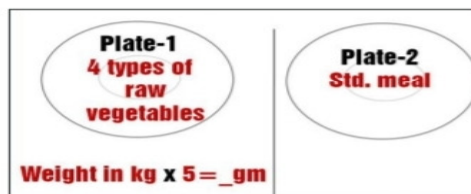


Plate 1 should consist of 4 types of vegetables like carrot, tomato, radish and cucumber, which you can eat in raw form.



Minimum amount of Plate 1 = Your body weight in kg × 5 = gms

For example, a 70 kg person should eat at least 350gms of 4 types of raw vegetables.

Plate 2 consists of homely cooked vegetarian food with negligible salt and oil.



First finish eating plate 1, in accordance with the above calculation. Then take plate 2 as much as you want to eat. The rules for lunch and dinner are same; however, we must remember to try to finish dinner by 7pm.

AVOID

- Animal food including milk products
- Multivitamin tonic and capsules
- Refined and packed food
- Try exposing your body to 40 minutes of sunshine on daily basis.



Other than 3 main meals of breakfast, lunch and dinner – following are the options for snacks/beverage:

- 1) Sprouts (Body weight in Kg =gms)



Example: For 70kg person about 70gms of sprouts in a day.

- 2) All kinds of 'Nuts' can be consumed after soaking in water for 2-3 hours.
Quantity = Body weight in kg =gms



Example: For 70kgs person about 70gms of nuts in a day.

- 3) Fruits can also be consumed as snacks.
- 4) Fresh coconut water and coconut cream.
- 5) Hunza tea

Hunza Tea (Serve Four)

- ➔ Take 4 cups of filtered water in tea pan
- ➔ Put 12 mint leaves (पुदीना)
- ➔ 8 basil leaves (तुलसी)
- ➔ 4 green cardamoms (हरी इलायची)
- ➔ 2gm cinnamon (दालचीनी)
- ➔ 20gm jaggery (गुड़)
- ➔ Boil and simmer for 5-7 mins
- ➔ Add lemon juice to taste and serve

GOVT OF INDIA SAYS VACCINES ARE VOLUNTARY !!

VACCINES - Are they needed and are they safe ?

- 1) Vaccines are Voluntary - Stated by the Union of India, Hon. Supreme court of India, Hon High Courts of Kerala and Delhi and Ministry of Health and Family Welfare
- 2) The Minister of State in the Ministry of Health & Family Welfare, Government of India states that there is no provision of compensation for recipients of Covid-19 Vaccination against any kind of side effects or medical complication that may arise due to inoculation since the Covid-19 Vaccination is entirely voluntary.
- 3) RTI replies dated 29.07.2021 stating that Vaccination for covid-19 is voluntary, therefore, no one can be deprived of any kind of government service / facility / schemes due to not taking the COVID vaccination.

1) Vaccines are Voluntary !

Union of India, Hon. Supreme Court of India and Hon High Courts of Kerala and Delhi, clearly state that vaccination is voluntary and with informed consent.

Ministry of Health and Family Welfare on its website under the heading “Frequently Asked Questions on Covid-19 Vaccine” has stated that the Covid-19 vaccine is voluntary. The link to the FAQ’s Ministry of Health and Family welfare (MOHFW) is asunder:

<https://www.mohfw.gov.in/pdf/FAQsonCOVID19VaccineDecember2020.pdf>

2) To an answer given on 19.03.2021 in the Lok Sabha to an Unstarred Question No. 3976 by the Minister of State in the Ministry of Health & Family Welfare, Government of India stating that there is no provision of compensation for recipients of Covid-19 Vaccination against any kind of side effects or medical complication that may arise due to inoculation. The Covid-19 Vaccination is entirely voluntary for the beneficiaries.

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH RESEARCH**

**LOK SABHA
UNSTARRED QUESTION NO.3976
TO BE ANSWERED ON 19TH March, 2021**

COMPENSATION TO COVID VACCINE RECIPIENTS

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(f) : There is no provision of compensation for recipients of COVID-19 vaccine against any kind of side effects or medical complications that may arise due to inoculation. The COVID-19 vaccination is entirely voluntary for the beneficiary.



3) RTI replies dated 29.07.2021 stating that Vaccination for Covid-19 is voluntary, therefore, no one can be deprived of any kind of government service / facility / schemes due to non taking COVID vaccination.



Select Language:

Englis

Public Authorities
Available
RTI Online
Version 2.0
An Initiative of Department of Personnel & Training, Government of India

[Home](#) [Submit Request](#) [Submit First Appeal](#) [View Status](#) [View History](#) [User Manual](#) [FAQ](#)

Online RTI Status Form

Note: Fields marked with * are Mandatory.

Enter Registration Number	MOHFW/R/E/21/04403
Name	yashwant vinayak patil
Date of filing	14/07/2021
Public Authority	Department of Health & Family Welfare
Status	REQUEST DISPOSED OF
Date of action	29/07/2021
Reply :- Your RTI application has been received from RTI Cell, MoHFW/other CPIO and it is seen that sent to other CPIO(s) also. As far as this Office/CPIO i.e. COVID-19 Vaccine Administration Cell (CVAC)/Undersigned CPIO is concerned, the information/reply in respect of point/query (Vaccination for COVID) is as under:	
<p>1. Vaccination for COVID-19 is voluntary. However, it is advisable to receive the complete schedule of COVID-19 vaccine for protecting oneself against this disease and also to limit the spread of this disease to the close contacts including family members, friends, relatives and co-workers.</p> <p>2 & 3. Vaccination for COVID-19 is voluntary; therefore, no one can be deprived of any kind of Government service/facility/schemes due to non-taking COVID vaccination. However, any order/instruction etc issued by the State Government or the District administration or any office(s) etc. itself or under the order of the Competent Authority of the State Government or under the Disaster Management Act or any other provision/regulation/rule etc. or by Private Sector, Private companies, offices etc regarding compulsory vaccination for COVID-19 does not fall under the jurisdiction of the undersigned Central Public Information Officer (CPIO) as per RTI Act. It may be noted that clarification and providing answer of hypothetical questions is not covered under the RTI Act.</p> <p>4 & 5. Not related to this CPIO</p> <p>In case, you want to go for an appeal in connection with the information provided, you may appeal to the Appellate Authority indicated below within thirty days from the date of receipt of this letter. Smt. Sarita Nair, FAA & Deputy Secretary, MOHFW, Nirman Bhawan, New Delhi.</p>	
Your RTI application has been forwarded to multiple CPIOs	Click here to view details
Your RTI application has been forwarded to multiple Public Authority(s)	Click here to view details
Nodal Officer Details :-	
Telephone Number	011-23061831
Email Id	r[at]attri54[at]nic[dot]in

[Print RTI Application](#)

[Print Status](#)

[Go Back](#)

[Home](#) | [National Portal of India](#) | [Complaint & Second Appeal to CIC](#) | [FAQ](#)



<https://awakenindiamovement.com/>



Online RTI Status Form

Fields marked with * are Mandatory.

Enter Registration Number	MOHFW/R/E/21/03261
Name	Pammi Arora
Date of filing	06/06/2021
Public Authority	Department of Health & Family Welfare
Status	REQUEST DISPOSED OF
Date of action	29/07/2021
<p>Reply :- 1,2,3,4,5,6,7 & 9: क्योंकि COVID-19 का टीकाकरण स्वैच्छिक है, इसलिए COVID टीकाकरण न लेने के कारण किसी को भी किसी भी प्रकार की सरकारी सेवा/सुविधा/योजनाओं से वंचित नहीं किया जा सकता है। हालांकि, राज्य सरकार या जिला प्रशासन या अन्य कार्यालय द्वारा स्वयं या राज्य सरकार के सक्षम प्राधिकारी के आदेश के तहत आपदा प्रबंधन अधिनियम या किसी अन्य प्रावधान / विनियम/नियम आदि के तहत या निजी क्षेत्र, निजी कंपनियों, कार्यालय आदि द्वारा COVID-19 के लिए अनिवार्य टीकाकरण के संबंध में जारी किया गया कोई आदेश या नियम आरटीआई अधिनियम के अंतर्गत अधोहस्ताक्षरी केंद्रीय लोक सूचना अधिकारी (CPIO) के अधिकार क्षेत्र में नहीं आता है। यह ध्यान दिया जा सकता है कि स्पष्टीकरण और काल्पनिक प्रश्नों के उत्तर प्रदान करना आरटीआई अधिनियम के अंतर्गत नहीं आते हैं। 8 मांगी गई विशिष्ट जानकारी टीकाकरण अनुभाग के पास उपलब्ध नहीं है 10 & 11: मांगी गई जानकारी प्रतिरक्षण विभाग से संबंधित नहीं है इसलिए प्रस्तुत करने के लिए कोई जानकारी नहीं है।</p>	
Your RTI application has been forwarded to multiple CPIOs	Click here to view details
Nodal Officer Details :-	
Telephone Number	011-23061831
Email Id	r[dot]attri54[at]nic[dot]in

[Print RTI Application](#)[Print Status](#)[Go Back](#)

Astrazeneca (Covishield in India) Banned in 16 countries

1. 16 countries have suspended the AstraZeneca COVID-19 vaccine - Denmark, Norway, Germany, France, Italy, Spain, Iceland, Bulgaria, Ireland, The Netherlands , Cyprus, Portugal, Latvia,, Sweden, Luxembourg and Canada. The details of the status of the administration of the vaccine in these countries is asunder:

S.No	Name Of The Country	Status	Link of the News report
1.	Denmark	Banned	https://www.bbc.com/news/world-europe-56744474
2.	Norway	Banned	https://sciencenorway.no/covid19/norwegian-experts-say-deadly-blood-clots-were-caused-by-the-astrazeneca-covid-vaccine/1830510
3.	France	Banned Under 55 yrs	https://www.reuters.com/article/us-health-coronavirus-idUSKBN2B722U
4.	Italy	Banned Under 60	https://www.reuters.com/article/us-health-coronavirus-idUSKBN2B722U
5.	Spain	Banned Under 60	https://www.indiatoday.in/coronavirus-outbreak/vaccine-updates/story/germany-france-suspend-use-of-astrazeneca-vaccine-blood-clot-concerns-1779681-2021-



			03-15
6.	Iceland	Banned	https://www.reuters.com/article/us-health-coronavirus-denmark-idUSKBN2B319K
7.	Bulgaria	Banned	https://medicalxpress.com/news/2021-03-bulgaria-astrazeneca-vaccine-pm.html
8.	Sweden	Banned under 65 yrs	https://www.reuters.com/article/us-health-coronavirus-sweden-vaccine-idUSKBN2B80X4
9.	Luxembourg	Restricted under 55 yrs	https://today.rtl.lu/news/luxembourg/a/1697894.html
10.	Ireland	Restricted Under 60 yrs	https://www.politico.eu/article/ireland-halting-use-of-az-vaccine-on-under-60s-citing-clot-risk/
11.	The Netherlands	Restricted Under 60 yrs	https://www.reuters.com/article/us-health-coronavirus-netherlands-astrazeneca-idUSKBN2BP13Q
12.	Portugal	Restricted Under 60	https://www.reuters.com/article/us-health-coronavirus-



		yrs	portugal-astrazene- idUSKBN2BV2RF
13.	Canada	Restricted Under 55 yrs	https://indianexpress.com/arti cle/explained/explained-why- canada-has-stopped-use-of- astrazeneca-vaccine-for- those-below-55-years- 7251250/
14.	Germany	Restricted Under 60 yrs	https://www.bbc.com/news/w orld-europe-56580728
15.	UNITED KINGDOM	Restricted Under 55 yrs	https://www.theguardian.com /world/2021/may/07/people- under-40-in-uk-to-be-offered- alternative-to-astrazeneca- jab
16.	UNITED STATES OF AMERICA	NOT APPROVED	https://www.heraldscotland.c om/news/19310127.us-not- approved-astrazeneca- oxford-covid-vaccine-use- sending-abroad/

Ingredients of the vaccines in India declared as per fact sheet and undeclared

Covishield and Covaxin have NOT been given market use authorization clearance, but only Emergency Use Authorization aged 18 and above.

- 1) Fetal bovine serum (FBS) is harvested from **bovine fetuses taken from pregnant cows during slaughter** by means of a cardiac puncture without any form of anaesthesia mentioned on the ICMR website.
- 2) Human embryonic kidney 293 cells, also often referred to as HEK 293, HEK-293, 293 cells, or less precisely as HEK cells, are a specific cell line originally derived from human embryonic kidney cells grown in tissue culture taken from a female foetus.
- 3) Adenovirus ChAdOx1 nCoV-19 or AZD1222 is an active component of the Covishield / AstraZeneca (Covishield)-Oxford vaccines which carries the instructions to make the 'Spike protein' (the spikes on the surface of SARS viruses) which acts as a 'vector' or a 'carrier' for the **SARS CoV2 spike protein gene sequence**.
- 4) Polysorbate – 80 carries other components in the vaccine through the blood-brain barrier that could be detrimental to neural development. Polysorbate 80 has been linked to Infertility.
- 5) Aluminium Hydroxide Gel - is a KNOWN Neurotoxin

=====



1) Fetal bovine serum (FBS) is harvested from **bovine fetuses taken from pregnant cows during slaughter** by means of a cardiac puncture without any form of anaesthesia mentioned on the ICMR website on Page 9

<https://vaccine.icmr.org.in/images/pdf/hamstermodel.pdf>

<https://biswaroop.com/fbs/>

11:40 72%

< hamstermodel (1) 🔍 ⋮

Chemicals		
Imidazoquinoline	Viro Vax	
Alum	Brenntag	
b-Propionolactone	Ferak	
Minimum Essential Medium (MEM)	Thermo Fisher Scientific	Cat # 115344
Dulbecco's Modified Eagle Medium	Sigma-Aldrich	Cat # D5796
Foetal Bovine serum	Sigma-Aldrich	Cat # F4135
Penicillin/streptomycin	Sigma-Aldrich	Cat # P4333
Skimmed milk powder	Difco	Cat #232100
3,3',5,5'-Tetramethylbenzidine	Clinical science product	Cat#01016-1-

Page 9/25

(TMB) substrate		
Critical Commercial Assays		
Hamster Interleukin ELISA Kit	Immunotag	Cat #ITE1500 ITE150004,ITI
MagMAX™ Viral/Pathogen Nucleic Acid Isolation Kit	Thermo Fisher Scientific	Cat #A42352
Software		
PRISM	GraphPad software	Version 8

Lead Contact

Further information and requests for resources and reagents should be sent to Pragma D Yadav (hellopragya22@gmail.com).



Foetal Bovine Serum- Bharat Biotech Covaxin



Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

Immunogenicity and protective efficacy of **BBV152**: a whole virion inactivated SARS CoV-2 vaccine in the Syrian hamster model

Sreelekshmy Mohandas

Indian Council of Medical Research-National Institute of Virology, Pune, Maharashtra, India, Pin-411021

b-Propionolactone	Ferak	
Minimum Essential Medium (MEM)	Thermo Fisher Scientific	Cat # 11534466
Dulbecco's Modified Eagle Medium	Sigma-Aldrich	Cat # D5796
Foetal Bovine serum	Sigma-Aldrich	Cat # F4135
Penicillin/Streptomycin	Sigma-Aldrich	Cat # P4333
Skimmed milk powder	Difco	Cat #232100
3,3',5,5'-Tetramethylbenzidine	Clinical science product	Cat#01016-1-1000

Page 9/25

Foetal Bovine Serum \approx Blood of cow fetus



2) Human embryonic kidney 293 cells, also often referred to as HEK 293, HEK-293, 293 cells, or less precisely as HEK cells, are a specific cell line originally derived from human embryonic kidney cells grown in tissue culture taken from a female fetus.

https://www.seruminstitute.com/pdf/covishield_ChAdOx1_nCoV19_corona_virus_vaccine_insert.pdf



For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory.

1/2

ChAdOx1 nCoV- 19 Corona Virus Vaccine (Recombinant)

COVISHIELD™

1 NAME OF THE MEDICINAL PRODUCT

COVISHIELD™

ChAdOx1 nCoV- 19 Corona Virus Vaccine (Recombinant)

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

One dose (0.5 ml) contains:

ChAdOx1 nCoV- 19 Corona Virus Vaccine (Recombinant) 5×10^{10} viral particles (vp)

*Recombinant, replication-deficient chimpanzee adenovirus vector encoding the SARS-CoV-2 Spike (S) glycoprotein. Produced in genetically modified human embryonic kidney (HEK) 293 cells.

This product contains genetically modified organisms (GMOs).

For the full list of excipients, see section 6.1.

Both COVISHIELD™ (manufactured by Serum Institute of India Pvt Ltd) and COVID-19 Vaccine AstraZeneca (manufactured by AstraZeneca) are ChAdOx1 nCoV- 19 Corona Virus Vaccines (Recombinant).

3 PHARMACEUTICAL FORM

Solution for injection

The solution is colourless to slightly brown, clear to slightly opaque and particle free with a pH of 6.6.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

COVISHIELD™ is indicated for active immunisation of individuals ≥ 18 years old for the prevention of coronavirus disease 2019 (COVID-19).

4.2 Posology and method of administration

Posology

COVISHIELD™ vaccination course consists of two separate doses of 0.5 ml each. The second dose should be administered between 4 to 6 weeks after the first dose. However, there is data available for administration of the second dose up to 12 weeks after the first dose from the overseas studies (see section 5.1).

It is recommended that individuals who receive a first dose of COVISHIELD™ complete the vaccination course with COVISHIELD™ (see section 4.4).

Special populations

Elderly population

Efficacy and safety data are currently limited in individuals ≥ 65 years of age (see sections 4.8 and 5.1). No dosage adjustment is required in elderly individuals ≥ 65 years of age.

Paediatric population

The safety and efficacy of COVISHIELD™ in children and adolescents (aged < 18 years old) have not yet been established. No data are available.

Method of administration

COVISHIELD™ is for intramuscular (IM) injection only, preferably in the deltoid muscle.

For instructions on administration, see section 6.6.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and special precautions for use

Hypersensitivity

As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic event following the administration of the vaccine.

Concurrent illness

As with other vaccines, administration of COVISHIELD™ should be postponed in individuals suffering from an acute severe febrile illness. However, the presence of a minor infection, such as cold, and/or low-grade fever should not delay vaccination.

Thrombocytopenia and coagulation disorders

As with other intramuscular injections, COVISHIELD™ should be given with caution to individuals with thrombocytopenia, any coagulation disorder or to persons on anticoagulation therapy, because bleeding or bruising may occur following an intramuscular administration in these individuals.

Immunocompromised individuals

It is not known whether individuals with impaired immune responsiveness, including individuals receiving immunosuppressant therapy, will elicit the same response as immunocompetent individuals to the vaccine regimen. Immunocompromised individuals may have relatively weaker immune response to the vaccine regimen.

Duration and level of protection

The duration of protection has not yet been established.

As with any vaccine, vaccination with COVISHIELD™ may not protect all vaccine recipients (See section 5.1).

Interchangeability

No data are available on the use of ChAdOx1 nCoV- 19 Corona Virus Vaccine (Recombinant) in persons that have previously received partial vaccine series with another COVID-19 vaccine.

4.5 Interaction with other medicinal products and other forms of interaction

No interaction studies have been performed.



Ingredients of Covishield ChAdOx1 nCoV-19

3) Adenovirus ChAdOx1 nCoV-19 or AZD1222

The active component of the Covishield / AstraZeneca (Covishield)-Oxford vaccines is a modified Adenovirus vector carrying the genetic instructions for the SARS-CoV-2 spike protein. This new viral entity is patented under the name ChAdOx1 nCoV-19 or AZD1222. Adenoviruses are a family of viruses similar to coronaviruses that commonly affect humans with presumably mild symptoms such as cold, fever, etc.

The genetic sequence that carries the instructions to make the 'Spike protein' (the spikes on the surface of SARS viruses) is spliced on to this particular adenovirus, which acts as a 'vector' or a 'carrier' for the SARS CoV2 spike protein gene sequence.

As opposed to the Pfizer and Moderna vaccines that use mRNA as the active component, this product uses the double stranded DNA of the SARS-CoV-2.

Total List of Ingredients in Covishield:

Adenovirus Vector ChAdOx1

L-Histidine

L-Histidine hydrochloride monohydrate

Magnesium chloride hexahydrate

Polysorbate 80

Ethanol

Sucrose

Sodium chloride

Disodium edetate dihydrate (EDTA)

Bacteriostatic Water

Resource: https://www.seruminstitute.com/pdf/covishield_fact_sheet.pdf

4) Polysorbate – 80

Polysorbate 80 is a non-ionic surfactant and emulsifier often used in foods and cosmetics. Polysorbate 80 is used in Vaccines as a stabilizer and an excipient. It keeps all the ingredients evenly distributed. Another action of Polysorbate 80 is that it helps carry other components in the vaccine through the blood-brain barrier.

Compounds that are in the vaccine that are potential neuro-toxins are written off as 'safe' because they are unable to cross the blood-brain barrier. But Polysorbate 80 enhances the permeability through the BBB. Vaccines commonly contain potent neurotoxic compounds like aluminium, mercury, as well as bacterial/viral antigens that could be detrimental to neural development. Especially when injected to infants.

Injected Polysorbate 80 metabolizes into chemicals that are much more toxic than the original chemical. Polysorbate 80 has been linked to Infertility.

In a study with Neonatal female rats, when they were injected ip (0.1 ml/rat) of polysorbate 80 at days 4-7 after birth, resulted in their accelerated maturation, caused changes to the vagina and womb lining, hormonal changes, ovary deformities and degenerative follicles. Injected polysorbate 80 has been identified as a potent trigger for anaphylaxis.

A study published in the Annals of Allergy, Asthma and Immunology (December 2005)

concluded that polysorbate 80 should be included in the test battery for allergy to medications such as corticosteroids, since it could be a cause of anaphylaxis of unknown etiology (15)(16).



Ingredients of Covaxin BBV152

SARS COV 2 antigen in Covaxin, Bharat Biotech: COVAXIN contains 6µg of whole-virion inactivated SARSCoV-2 antigen (Strain: NIV-2020-770)

In the case of all covid related vaccines, it is abundantly made clear on all their manufacturer's official documents that the vaccines do not stop the spread of covid and there is still a chance of fully vaccinated persons contracting it. This fact alone puts the credibility of the vaccine in question.

Covaxin is an inactivated live vaccine, developed by Hyderabad-based Bharat Biotech International Ltd in association with the Indian Council of Medical Research (ICMR) and the National Institute of Virology (NIV). Covaxin is a whole virion Inactivate vero cell derived platform technology, developed with the inactive Sars-CoV-2 virions. Since the 'inactive' viral particle would not be elucidating an immune response, Adjuvants are added in order to trigger the immune response and produce antibodies.

Total List of Ingredients In Covaxin:

6µg of whole-virion inactivated SARSCoV-2 antigen (Strain: NIV-2020-770)

Aluminum hydroxide gel (250 µg)

TLR 7/8 agonist (imidazoquinolinone) 15 µg

2-phenoxyethanol 2.5 mg

Phosphate @ buffer saline up to 0.5 ml.

Resource: <https://www.bharatbiotech.com/images/covaxin/covaxin-fact-sheet.pdf>

Details about the above ingredients -

5) Aluminium Hydroxide Gel - is a KNOWN Neurotoxin and is a commonly added as an adjuvant in Live, attenuated vaccines.

Imidazoquinolinone (Toll-Like Receptor 7 and 8 Agonists)

TLR 7/8 agonists have demonstrated potent adjuvant action, both in animal models and in humans. Studies generally demonstrate that TLR 7/8 agonists enhance Th1 responses and inhibit Th2 responses. In addition, CD8 T-cell responses can also be increased in some cases when using TLR 7/8 agonists as adjuvants. Despite these beneficial properties, the adjuvant effects seen with injectable [imiquimod](#) and [resiquimod](#) are at doses that also induce systemic cytokines, which potentially leads to side effects such as fever and flu-like symptoms.



WHO SHOULD NOT TAKE THE VACCINE -

No informed consent is being provided for both the popular vaccines currently being administered in India, whereas the vaccine manufacturers themselves say that the vaccines should not be administered to the following categories of people

- 1) Pregnant women or planning to become pregnant
- 2) Breast feeding women
- 3) On a Blood thinner
- 4) individuals with Thrombocytopenia (Blood Clots)
- 5) have any allergies
- 6) have fever
- 7) Individuals consuming allopathic drugs containing Chloroquine and Corticosteroids - These medications are prescribed for illnesses like asthma, malaria etc.
- 8) **If you are immunocompromised or are on a medicine which affects the immune system.** Immunocompromised can be due to many causes, such as chronic medical conditions, such as heart disease, lung disease, diabetes, HIV, and cancer autoimmune diseases, such as lupus, multiple sclerosis, and rheumatoid arthritis medications or treatments, such as radiation therapy transplants, such as bone marrow or solid organ

Covishield

The fact sheet of Covishield Vaccine states the categories who should not take the vaccine. The fact sheet can be accessed at:

https://www.seruminstitute.com/pdf/covishield_fact_sheet.pdf

The relevant part of the Fact sheet is as under:

“What you should mention to your health care provider before you get the Covishield vaccine: Tell the healthcare provider about all of your medical conditions, including; If you have ever had a severe allergic reaction (anaphylaxis) after any drug, food, any vaccine or any ingredients of Covishield vaccine If you have fever

If you have a bleeding disorder or on a blood thinner

If you are immunocompromised or are on a medicine which affects the immune system

If you are pregnant or plan to become pregnant

If you are breast feeding

If you have received another covid-19 vaccine

You should not get the covishield if you

Had a severe allergic reaction after a previous dose of this vaccine Had a severe allergic reaction to any ingredients of this vaccine”

The insert sheet of Covishield Vaccine gives warnings against the use of Covid-19 vaccine for certain categories of persons. The product sheet can be found at:

https://www.seruminstitute.com/pdf/covishield_ChAdOx1_nCoV19_corona_virus_vaccine_insert.pdf

The relevant part of the product sheet is as under:



<https://awakenindiamovement.com/>

“4.4 Special warnings & Special precautions for use - Hypersensitivity As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic event following the administration of the vaccine. Concurrent illness As with other vaccines, administration of Covishield should be postponed in individuals suffering from an acute severe febrile illness. However the presence of a minor infection such as cold and/or low grade fever should not delay vaccination.

Thrombocytopenia and coagulation disorders As with other intramuscular injections Covishield should be given with caution to individuals with Thrombocytopenia, any coagulation disorders or to persons on anti-coagulation therapy, because bleeding/bruising may occur following an intramuscular administration in these individuals.

Immunocompromised Individuals It is not known whether individuals with impaired immune responsiveness, including individuals receiving immune suppressant therapy, will elicit the same response as immune competent individuals to the vaccine regimen.

Immunocompromised Individuals may have relatively weaker immune response to the vaccine regimen.

COVAXIN

Similarly, the fact sheet available on the website of the Covaxin states that certain categories of persons should not be administered the vaccine. The fact sheet can be found at <https://www.bharatbiotech.com/images/covaxin/covaxin-factsheet.pdf>

The relevant part of the fact sheet is as under:

“What should you mention to your vaccine provider before you get Covaxin? Tell the Vaccinator/officer supervising your vaccination about all of your medical conditions, including if you are on regular medication for any illness, for how long and for what condition.

It is not advisable to take the vaccine in any of these conditions -

have any allergies

have fever

have a bleeding disorder or a blood thinner

are immunocompromised or

are on a medicine that affects your immune system

Are pregnant

Are breast feeding

Have received another Covid-19 vaccine

You should not get Covaxin if you :

Had a severe allergic reaction to any ingredients of the vaccine Had a severe allergic reaction after a previous dose of the vaccine. Currently have an acute infection or fever”

Further in a document released by Bharat Biotech titled “SUMMARY OF PRODUCT CHARACTERISTICS” dated 15 Jan 2021, the effect of the vaccine has been explained for certain categories of work and exercise. The relevant part of the report is asunder:

4.5 Interaction with other medicinal products. Chloroquine and Corticosteroids as they may impair the antibody response.

4.7 Effects on ability to drive and use machines

No studies on the effect of COVAXIN™ on the ability to drive and use machines have been performed.



The link of the report titled "SUMMARY OF PRODUCT CHARACTERISTICS" dated 15 Jan 2021 can be found at:

https://cdsco.gov.in/opencms/export/sites/CDSKO_WEB/en/COVAXIN-SMPC_-BBIL.pdf

It is submitted that Chloroquine is a medication primarily used to prevent and treat malaria in areas where malaria remains sensitive to its effects. Corticosteroids are a class of drug that lowers inflammation in the body. They also reduce immune system activity. Because corticosteroids ease swelling, itching, redness, and allergic reactions, doctors often prescribe them to help treat diseases like asthma.

As can be seen from the above, there are many diseases for which the vaccine should not be taken/given. Immunocompromised can be due to many causes, such as chronic medical conditions like heart disease, lung disease, diabetes, HIV, and cancer autoimmune diseases, such as lupus, multiple sclerosis, and rheumatoid arthritis medications or treatments, such as radiation therapy transplants, such as bone marrow or solid organ. This can be found at: <https://www.healthline.com/health/immunocompromised-how-to-know-if-you-have-a-weakened-immune-system>



Vaccinations are resulting in deaths and Serious Adverse Events which are wilfully not reported and therefore underestimated

1) Till the 2nd week of August 2021, activists have compiled approximately 3,644 Vaccine Deaths in India covered by Media! File updated weekly.

https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrfgw11NJRt0D_YP/view?usp=sharing

2) Tamil Nadu Medical practitioners Association is concerned about the reported deaths after taking the covid vaccine. They feel it might may be due to the thrombogenic property of the vaccine which contain attenuated or dead virus which can lead to coronary or cerebrovascular events especially if there has been some pre-existing disease in those vessels.

3) AEFI - Adverse Events Following Immunization Video Testimonials taken by AIM

<https://u.pcloud.link/publink/show?code=kZ03dwXZcrC28I987y41sJICLpBSUbgJHz07>

4) On, 15th Aug, 2021, a campaign was embarked upon to demand “**Justice for Kartika**”. It is a campaign to raise awareness especially on Severe Adverse Events and Fatal Injuries in young people post taking the Covid-19 injection.

5) THE VAERS Report – 12,791 persons died and 682,873 persons had adverse events after vaccination in USA (Dec 2020 to August 16 2021)

6) (UPDATED) Exclusive Summary: Covid-19 Vaccine Concerns AUGUST 16, 2021 BY SHARYL ATTKISSON

<https://sharylattkisson.com/2021/08/exclusive-summary-covid-19-vaccine-concerns/>

7) All adverse effect data is regularly collated and presented here;

Covid-19 Vaccination Statistics

This page is run and updated by Mairead, who is pretty good at wheedling out the statistical information from the tightly-controlled regulatory authorities. All The Goss will continue to display the latest casualties in summary form as new updates become available. These are official statistics and those who produce them, MHRA, EMA and FDA, concede that they are much higher, (10 to 100 times higher) than the figures they have released. In some of the tables on this page a more realistic picture is illustrated.

<https://johnplatinumgoss.com/covid-19-vaccination-statistics/>

=====

1) There have been thousands of cases of deaths and serious adverse events following vaccination reported in the newspapers and social media in India till the 2nd week of August 2021, activists have compiled approximately 3,644 newspaper reports reporting deaths alone after administration of vaccine.

Link - Awaken India Movement Vaccine Deaths Weekly Update

Vaccine Deaths in India covered by Media! File updated weekly.

https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrfgw11NJRt0D_YP/view?usp=sharing



<https://awakenindiamovement.com/>

However, the official data shows that there are only 180 deaths following immunization till March 29th 2021. Therefore, there appears to be a significant discrepancy between deaths reported in the newspapers and the official government figure.

Reporting on the deaths and serious adverse events following immunization, The Wire, in an article titled "617 Serious Adverse Events After Vaccination Reported in India until March 29" dated 9th April 2021, reported the following:


"As of March 29, 2021, at least 617 serious adverse events following immunisation (AEFI) had been reported from around the country, according to a presentation made before the National AEFI Committee two days later. Of these 617, at least 180 people (29.2%) died, and of these, complete documents were available only for 35 people (19.4%).

The Government of India has been drawing flak for some time after it stopped publishing AEFI reports after February 26, around 40 days after the start of India's COVID-19 vaccination drive, and after a seemingly to concerns about AstraZeneca's shot, called 'Covishield' in India.

2) Tamilnadu Medical Practitioner's Association Letter raising concerns over deaths/serious adverse events following vaccination

Alarmed by the rise in deaths and serious adverse events following immunization, Tamilnadu Medical Practitioner's Association wrote a letter dated 27.04.2021 in this regard highlighting the concerns. The letter is reproduced asunder:

Phone : 2641 3344, 2641 3300, 98405 49256
Email : m.govalan@gmail.com
profcmkr@yahoo.co.in



TAMILNADU MEDICAL PRACTITIONERS' ASSOCIATION (Regd)
தமிழ்நாடு மருத்துவர்கள் சங்கம் (பதிவு)
306, Poonamallee High Road, Chennai - 600 010

Patron
Padma Vibhushan
Dr. Prathap C Reddy

Chairman
Dr. B. Krishna Rau

President
Dr. C.M.K. Reddy

Vice Presidents
Dr. K.K. Ramalingam
Dr. G. Balakrishnan
Dr. G. Gita Haripriya
Dr. J. Damodaran
Dr. C. Anbarasu

Director of CME Program
Dr. J.S. Rajkumar

General Secretary & Editor
Dr. M. Govalan

Treasurer & Associate Editor
Dr. H. Yuvraj Gupta

Joint Secretaries
Dr. S.N. Narasingan
Dr. T. Ram Manohar Rao
Dr. Deepa Ganesh
Dr. K. Selvam
Dr. J.R. Aniruth
Dr. T. Rohit
Dr. S.M. Irshad
Dr. T. Mathu

Executive Committee Members
Dr. R.S. Anbuselvam
Dr. Sharad Ramdeo Sikchi
Dr. C. Mohan Reddy
Dr. P. Ramesh Rao
Dr. B.M. Veerabhadran
Dr. N. Vijayaradhi
Dr. K. Pari
Dr. Sreya Jayakrishna,
Dr. R. Natesan
Dr. Rathna Vasupal
Dr. V. Ananth

April 27, 2021.

Dear friends,

All of you must be concerned about the reported deaths after taking the Covid vaccine. Though the Adverse Effects Following Immunisation (AEFI) Committee comforts public and the profession by saying they're unrelated to the vaccine, we have to take it with a grain of salt.

124 cases died and 305 cases Hospitalised in India following Covid vaccination were analysed :

	Died (124)	Hospitalised (305)
Within 3 days	93	276
4 th to 7 th day	18	15
8 th to 28 th day	11	13
After 28 days	02	01

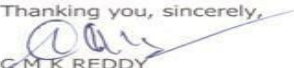
If they are due to reasons other than vaccination, they should be evenly distributed during every week following vaccination, but 75% deaths occurred and 90% were hospitalised during the first 3 days. Hence let us not take it for granted and find out if we can prevent the complications.

I feel this may be due thrombogenic property of the vaccine, which contains attenuated or dead virus. This can lead to coronary or cerebrovascular events, especially if there has been some pre-existing disease in those vessels.

Applying this logic, to all those who called me for advice before vaccination, I started anticoagulant & antiplatelet agents (rivaroxaban 10mg and aspirin 75mg) two days before the vaccination and continued for 8 days after, with no major adverse effects reported in 125 patients.

This may not be a strictly randomized, controlled study, but we are separate in preventing post-vaccine deaths and should be able to assure our patients about their safety. I invite comments from our colleagues, whether we should pursue this 'theory' to the next step (sending our recommendation to the ICMR & AEFI Committee for their comments and further action). Let TN Doctors take the lead in this terrible situation.

Thanking you, sincerely,


C.M.K. REDDY

An organisation to promote, protect and preserve the interests and welfare of private medical practitioners of Tamil Nadu



3) Video testimonies with the family of the deceased show healthy persons dying directly on account of the vaccine

Health rights activists interviewed 22 persons, whose family members died or suffered serious adverse events immediately after being vaccinated.

In the interview, the family members of the persons suffering death and serious adverse events explained how vaccination caused death and serious adverse events.

AEFI Testimonials taken by AIM

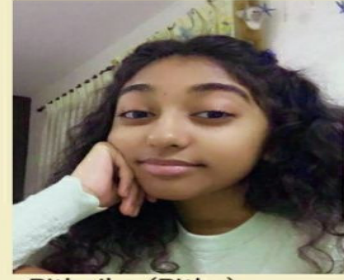
<https://u.pcloud.link/publink/show?code=kZ03dwXZcrC28I987y41sJICLpBSUbgJHz07>



4) Justice for Kartika
Young lives are precious, please be cautious.



Karunya
Age 20
Died due to adverse effects of Covid Vaccine.



Rithaika (Rithu)
Age 18
Died due to adverse effects of Covid Vaccine.

Message from parents of Karunya and Rithaika

We lost our beloved daughters Karunya and Rithaika to post Covid Vaccine complications. Our deepest desire is to protect young lives from adverse effects of COVID vaccines. This is a campaign to make parents aware of the multifaceted risks involved with Covid Vaccine so that they are able to make an informed decision.

**Pavan Omtri &
Rachana Gangu
Parents of Rithaika (Rithu)**

**Venugopalan Govindan &
Sujini Venugopalan
Parents of Karunya**

Join Us: <https://t.me/justiceforkartika>
Contact Us: mail2kartika@protonmail.com

On, 15th Aug 2021, a campaign was embarked upon to demand "Justice for Kartika". It is a campaign to raise awareness especially on Severe Adverse Events and Fatal Injuries in young people post taking the Covid-19 injection.

Please find an appeal video (in Bitchute link below) by Indian Doctors and Parents of young adults Rithaika (18 years) and Karunya (20 years). They present their appeals to the Government and Doctors as well as the Public at large.

We are deeply concerned about the COVID vaccine's clinical trial for children currently being carried out, which is completely unethical. We fear that it may soon receive Emergency Usage Authorisation (EUA).

Please find Video in the link below:
<https://www.bitchute.com/video/uVkAN219dyag/>

You may contact the campaign organisers on: mail2kartika@protonmail.com

Regards,
Indian Doctors for Truth
Team Awaken India Movement (AIM)



<https://awakenindiamovement.com/>

Our deepest desire is to protect young lives from adverse effects of COVID vaccines. Parents needs to be aware of the multifaceted risks involved with Covid Vaccine so that they are able to make an informed decision. Contact at mail2kartika@protonmail.com
Telegram Channel <https://t.me/justiceforkartika>

Appeal #01

**JUSTICE FOR
KARTIKA**

Children are Precious,
Please be Cautious.

» Our Kids, Our Future: Better Safe Than Sorry

Given the experimental nature of Covid vaccines caution must be exercised by providing the following information to all, publicly as well as personally:-

- (1). Vaccine FACTSHEET containing- toxigenicity and contraindications of all ingredients and the involved technology and its desired outcome like making unstoppable amount of spike protien; possible mild, moderate and severe- localized as well as systemic reactions that can occur including the fatal ones.
- (2). Symptoms and signs of severe adverse events such as blood clots and other vascular events (heart attacks, brain strokes), cortical vein thrombosis with low platelet counts and multi system inflammatory syndrome, which can happen in old as well as young after taking Covid vaccine must be widely publicised, particularly among doctors, along with modes of early diagnosis and treatment.
- (3). The above information be made available to the public in vernacular/ local languages along with english in layman terms.

Appeal #02

**JUSTICE FOR
KARTIKA**

Children are Precious,
Please be Cautious.

» **Be Transparent, So There Are No Heartbroken Parents**

- (1). All agencies via TV commercials, dial-tones and other PR campaigns must give accurate information such as possibility of adverse reactions instead of misleading people by vague/false claim like "Covid vaccine is safe", "benefit outweigh risk", "vaccine recipients will not suffer from severe Covid-19".
- (2). COWIN portal must display the vaccine factsheet and have a mechanism whereby the user can press 'I have read and understood' at the time of registration.
- (3). No door to door, walk-in or any form of vaccination site should administer Covid vaccine without taking INFORMED CONSENT that too recorded on video.

Appeal #03

**JUSTICE FOR
KARTIKA**

Children are Precious,
Please be Cautious.

» **AEFI Facility: Transparent, Accountable and Liable**

- (1). Adverse Events Following Immunization (AEFI) reporting/ registration facility should be made available within the COWIN portal as well as on helpline No. 1075, to make the process simple and accessible.
- (2). Just as daily updated vaccination statistics are uploaded, daily adverse event data, both national and international be uploaded/ published.
- (3). AEFI is a reality and can happen to anyone, and so existence/ availability of the system of AEFI should be advertised along with every PR campaign on Covid Vaccine.
- (4). Keep the AEFI system accountable and liable to the victims family and keep them informed about the progress of the AEFI investigation.

Appeal #04

**JUSTICE FOR
KARTIKA**

Children are Precious,
Please be Cautious.

» **Natural Immunity Is Best Immunity**

- (1). Exposure to a viral infection and gaining antibodies/immunity naturally is the most robust and long-lasting way to fight that disease.
- (2). Change in lifestyle by promotion of healthy (holistic) and natural living via institutional educative drives and easy availability of its related healthcare infrastructure should be targeted and achieved with same zeal with equal budget allocation to AYUSH as its being done to allopathy.
- (3). Natural way of prevention and cure mitigates or even completely dilutes the probable and/or certain risk related to artificial immunization and the resulting dangers of mutant/super variants.

Appeal #05

**JUSTICE FOR
KARTIKA**

Children are Precious,
Please be Cautious.

» **Stop Coercion and/or Discrimination on the Basis of Vaccination Status**

- (1). The use of Coercion and force in order to vaccinate people by means of direct or indirect mandates/compulsions from employers, educational institutions etc should be stopped immediately as it is UNLAWFUL and VIOLATES our FUNDAMENTAL RIGHTS.
- (2). Helpline No. 1075 should register any such complaint of violations of FUNDAMENTAL RIGHTS and should be automatically transferred to the local police station as an FIR.
- (3). Due process of law should be followed in fast-track way via establishing special courts for hearing of above formal complaints to protect fundamental rights of vaccine refusers.

Appeal #06

**JUSTICE FOR
KARTIKA**

Children are Precious,
Please be Cautious.

» **Covid Vaccine for Children Not Needed**

Suspend the Covid vaccination programme for children, as a lot of proven adverse reactions are already occurring in young adults in India as well as in children in the developed world due to Covid Vaccines.

More than 2/3rd of the Indian population above the age of 6 years has already acquired natural immunity against Covid-19 as shown by findings of the fourth nationwide serological survey conducted by the ICMR in June-July'21. Therefore, even continuing the clinical trial of Covid Vaccination among children is unethical and should be stopped.

Appeal #07

**JUSTICE FOR
KARTIKA**

Children are Precious,
Please be Cautious.

» **Banning Covishield And Similar Risk Carrying Covid Vaccines For The Young.**

AstraZeneca (COVISHIELD in India) has been banned/restricted in most of the developed world. The reasons cited by most countries was the risk of blood clots specially among young adults. Many countries have limited its use only among the older age group.

India must follow the same policy in order to protect young lives.

Join Us: <https://t.me/justiceforkartika>
Contact Us: mail2kartika@protonmail.com



5) **THE VAERS Report – 13,627 persons died and 682,873 persons had adverse events after vaccination in USA (Dec 2020 to August 16 2021)**

The US government has set up The Vaccine Adverse Event Reporting System (VAERS) for reporting of all deaths happening post vaccination. This system demonstrates that it is unbelievable that the USA with 357 million doses would have 6,789 deaths reported while India with 180 million doses would have merely 180 deaths! Obviously, deaths in India are being suppressed. The link to VAERS is asunder:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse->

The screenshot shows the MedAlerts website interface. At the top, there is a navigation bar with a star icon, a lock icon, the URL 'www.medalerts.org', a hamburger menu icon, and a refresh icon. Below the navigation bar is a blue header section containing the National Vaccine Information Center logo and the text 'National Vaccine Information Center Your Health. Your Family. Your Choice.' and 'MedAlerts Home'. Below the header is a blue bar with the text 'Search Results'.

From the 8/20/2021 release of VAERS data:

Found 13,627 cases where Vaccine is COVID19 and Patient Died

Table

↓	↑ ↓	
Age	Count	Percent
< 3 Years	3	0.02%
12-17 Years	14	0.1%
17-44 Years	419	3.07%
44-65 Years	1,453	10.66%
65-75 Years	1,821	13.36%
75+ Years	4,714	34.59%
Unknown	5,203	38.18%
TOTAL	13,627	100%

[events.html](#)



<https://awakenindiamovement.com/>

In a separate 2011 study titled “Electronic Support for Public Health-Vaccine Adverse Event Reporting System” commissioned by Department of Health and Human Services (U.S.A) and performed by Harvard Consultants, concluded that “fewer than 1 % of vaccine adverse events are reported”. The link of this report can be found at:
<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

August 18, 2021

 [Print This Post](#)

21,766 DEAD Over 2 Million Injured (50% SERIOUS) Reported in European Union’s Database of Adverse Drug Reactions for COVID-19 Shots



 [Print This Post](#)

21,766 DEAD Over 2 Million Injured (50% SERIOUS) Reported in European Union’s Database of Adverse Drug Reactions for COVID-19 Shots

A screenshot of a website banner for EudraVigilance. The banner has a blue background with the European Union flag logo on the left. The text reads: 'EudraVigilance - European database of suspected adverse drug reaction reports'. Below this, in a white box, it says: 'The European Medicines Agency publishes these data so that its stakeholders, including the general public, can access information that European regulatory authorities use to review the safety of a medicine or active substance. Transparency is a key guiding principle of the Agency.' At the bottom of the banner, it says 'COVID-19 Vaccine Adverse Drug Reactions'.

 [Print This Post](#)

1,135,579 Injuries 1,559 DEAD in the UK Following COVID-19 Injections According to UK Government

 GOV.UK

1559 DEAD

1,135,579 COVID-19 Vaccine Injuries

9 December 2020 to 4 August 2021

Research and analysis

Coronavirus (COVID-19) vaccine adverse reactions

A weekly report covering adverse reactions to approved
COVID-19 vaccines



COVID-19 AFTER VACCINATION DUE TO NEW VARIANTS - VACCINES ARE A FAILURE !

Haryana Health Minister Anil Vij Tests Positive, Days After Getting Trial Dose of Bharat Biotech's Vaccine Covaxin

Haryana Minister Anil Vij Tests Positive. Earlier on November 20, Vij was administered a trial dose of a coronavirus vaccine as part of the third phase trial of Bharat Biotech's Covaxin.

Why you still need to wear a mask after getting COVID-19 vaccine

Getting the vaccine does not mean you can ignore precautions.

Social distancing, masks still necessary after getting COVID-19 vaccine: Fauci

By Jackie Salo

November 15, 2020 | 10:47am | Updated

55 Americans Have Died Following COVID Vaccination, Norway Deaths Rise To 29

It's still possible to test positive for the coronavirus even after getting vaccinated, experts said.

Israel to enter third national lockdown despite successful Covid vaccination campaign

CDC explains why nursing homes will still be on lockdown post-vaccine

Brittany A. Roston - Dec 21, 2020, 6:26pm CST



- 1) Ministry of Health and Family Welfare Guidelines which clearly mention that all covid protocols are to be continued even after vaccination.
- 2) NDTV Report – Up to 40,000 Covid-19 positive cases in Kerala after vaccination.
- 3) Banaras Hindu University study of 1500 participants confirmed case of SARS-COV-2 infection and 4 deaths were reported in 41.5% in 65 single dose group and 18.9% in double dose group.
- 4) Data from ICMR study on breakthrough infections show Delta variant predominant on people after taking the vaccine.
- 5) An Israeli doctor says that the majority of [COVID-19](#) patients hospitalized at his hospital are fully vaccinated and those with severe illness have also been vaccinated.
- 6) In Iceland, the Delta variant has outstripped all others and it has become clear that vaccinated people can easily contract it as well as spread it to others.
- 7) The Hindu reports that the Delta impact : 14,421 persons got Covid-19 despite vaccination.

The vaccines are no protection from Covid-19 and there is no difference between a vaccinated & unvaccinated person. Both can be super spreaders and can transmit the Corona virus.

The evidence available and the scientific study have proved that the present vaccines are not the protection from Covid-19 and the vaccinated people can also get infected with

Covid-19, they can transmit the corona. The Government's own circular says that the vaccinated people should also follow the Covid appropriate behaviour.

1) Do I need to use the mask/other COVID-19 appropriate precautions after receiving the vaccine?

Ministry of Health and Family Welfare Guidelines - Yes, it is absolutely necessary that everyone who has received the COVID-19 vaccine should continue to follow the COVID-19 appropriate behaviour i.e., mask, do gaj ki doori and hand sanitization to protect themselves and those around from spreading the infection.

https://www.mohfw.gov.in/covid_vaccination/vaccination/faqs.html#what-to-expect-after-vaccination

2) **Upto 40,000 post-vaccination breakthrough cases in Kerala District** (Breakthrough defined as positive Covid case after 14 days of vaccination) Over 40,000 "breakthrough" cases, or COVID-19 infections in people who have been vaccinated, have been found in Kerala, top official sources in the Ministry of Health and Family Welfare have told NDTV.

<https://www.ndtv.com/india-news/over-40-000-breakthrough-infections-or-covid-cases-in-vaccinated-people-in-kerala-source-2507884>

3) **Banaras Hindu University study** of 1500 participants, 1435 participants received 2 doses and 65 single dose of covishield - 41.5% in 65 single dose group (27 participants) and 18.9% in double dose group (271 participants) were diagnosed as confirmed case of SARS-COV-2 infection. (4 deaths were reported) Among 1650 enrolled vaccine recipients, 1500 participants of the study (Female/Male: 472/1028; mean age 38.8 years) completed at least 2 months of follow-up, after the second dose.

The common comorbidities in study participants were hypertension (170, 11.3%), diabetes (142, 9.5%), and hypothyroidism (54, 3.6%). Of those who received a single dose of vaccine (n=65), laboratory confirmed SARS-CoV-2 infection was observed in 27 individuals (41.5%) and 3 were suspects. Severity wise, infections were mild in 21 out of 30 (70%) cases, moderate in five (16.7%) and severe in two (6.7%).

Of those who received both doses of vaccine (n=1435), 388 were diagnosed as confirmed or suspect cases of SARS-CoV-2 infection. Of these 388, RT-PCR positivity was seen in 271 (18.9%) individuals, 82 (5.7%) were labelled as 'suspects' and 35 (2.4%) were RT-PCR negative suspects. Severity wise, majority of SARS-CoV-2 infections were 'mild' (331/388, 85.3%), followed by 'moderate' (33/388, 8.5%) and 'severe' (6/388, 1.5%).

Occurrence of COVID-19 in doctors: 131 doctors got covid after both the doses out of 377 404 out of the 1500 total participants were doctors including consultant/teaching faculty, resident doctors, and those in general practice. Among the 377 doctors who received both doses of vaccine, 160 were diagnosed as confirmed or suspect cases of SARS-CoV-2 infection. Of these, 131 (34.7%), 17 (4.5%) and 12 (3.2%) were laboratory confirmed cases, 'suspects' and RT-PCR negative suspects respectively. The infection was asymptomatic, 'mild', 'moderate' and 'severe' in 9 (5.6%), 130 (81.3%), 16 (10%) and 5 (3.1%) respectively. Breakthrough infections occurring at > 14 days after receiving the second dose were seen in 148 doctors who received both doses (39.2%), or 119 doctors (31.6%) if only laboratory confirmed cases were considered. **Four deaths occurred in the study participants during the study period, two in partially vaccinated group and two in fully vaccinated group.** Two of these participants, both in partially vaccinated group had developed SARS-CoV-2 infection during their follow-up. Link and complete article is herewith

Source: <https://www.researchsquare.com/article/rs-772465/v1>



4) Data from **ICMR study** on breakthrough infections show Delta variant predominant. The first official study on breakthrough infections in India shows that a vast majority of such cases, 89 per cent, involved infection by the Delta variant. The study was conducted by Pune-based National Institute of Virology. Genome analysis of the SARS-CoV2 virus from 677 people who got infected even after taking the vaccine.

Here are some of the findings from the study:

- (i) 482 of the 677 cases (71 per cent) were symptomatic
- (ii) 71 people (9.8 per cent) required hospitalization
- (iii) Three of the 677 people died
- (iv) Fever was the most consistent symptom in the infected people, experienced by 69 per cent of the respondents. Body ache, headache and nausea was reported by 56 per cent of infected people, cough by 45 per cent, sore throat by 37 per cent, loss of smell and taste by 22 per cent, diarrhoea by 6 per cent, breathlessness by 6 per cent and ocular irritation and redness by one percent.
- (v) 604 of the 677 (89 per cent) infected had received the Covishield vaccine, 71 (10.5 per cent) had taken Covaxin. Two people had taken Sinopharm.
- (vi) People from southern, western, eastern and north-western regions of the country predominantly reported breakthrough infections from Delta and Kappa variants
- (vii) People in northern and central regions reported such infections due to Alpha, Delta and Kappa variants.

Source: <https://www.medrxiv.org/content/10.1101/2021.07.13.21260273v1>

CASE STUDIES AROUND THE WORLD

5) Majority of Hospitalized COVID-19 Patients at Hospital in Israel Are Fully Vaccinated: Doctor - An Israeli doctor says that the majority of **COVID-19** patients hospitalized at his hospital are fully vaccinated and those with severe illness have also been vaccinated. Talking with Channel 13 TV News on August 5, Dr. Kobi Haviv, medical director of Herzog Hospital in Jerusalem **said** that “85 to 90 percent of the hospitalizations are in fully vaccinated people,” and “95 percent of the severe patients are vaccinated.” Herzog Hospital specializes in nursing care for the elderly.

Haviv said the rising cases of vaccinated people getting COVID-19, a disease caused by the CCP (Chinese Communist Party) virus is because “the effectiveness of the vaccine is waning.”

Data from the Israeli Minister of Health in July suggested that the effectiveness of the Pfizer vaccine in preventing infection and symptomatic illness had dropped from 90 percent to only 39 percent and 41 percent, respectively. However, the levels of protection against severe illness (88 percent) and hospitalization (91.4 percent) remained high.

Link and complete article is herewith -

Source: https://www.ntd.com/majority-of-hospitalized-covid-19-patients-are-fully-vaccinated-at-israel-hospital-doctor_656475.html

<https://twitter.com/RanIsraeli/status/1423322271503028228>

Vaccine Induced Herd Immunity Not Possible

6) **Iceland** – Link and complete article is herewith - Source:

<https://www.icelandreview.com/society/covid-19-in-iceland-vaccination-has-not-led-to-herd-immunity-says-chief-epidemiologist/>

In the past two to three weeks, the Delta variant has outstripped all others in Iceland and it has become clear that vaccinated people can easily contract it as well as spread it to others, Þórólfur stated in a briefing.

As a reminder, Iceland has over 70% of its population vaccinated, and nearly everyone over 16 has received their shots.



I hate to be the bearer of bad news, but Iceland (93% of the population 16 years of age or older vaccinated) is experiencing its largest wave of Covid-19 yet. At this point, I think it is unreasonable to assume that increased vaccine coverage will result in herd immunity pic.twitter.com/k8mUZAtlGO - Elías Eypórsson (@eliaseythorsson) August 7, 2021

7)

☰ THE  HINDU



KARNATAKA

Delta impact: 14,421 persons got COVID-19 despite vaccination

Afshan Yasmeen

BENGALURU , AUGUST 27, 2021 00:11 IST

UPDATED: AUGUST 27, 2021 19:01 IST

Officials stress that only 0.03% of the total 93,04,200 fully-vaccinated persons have been infected



NATURAL IMMUNITY BETTER THAN ARTIFICIAL VACCINE IMMUNITY

There is scientific evidence that the people who contracted covid 19 and recovered from it have better immunity than those who are vaccinated.

- 1) Israeli Health Ministry says that Israelis with immunity from natural infection were far less likely to become infected again in comparison to Israelis who only had immunity via vaccination.
- 2) Study of Cleveland Clinic Health System in Ohio says "Not one of the 1,359 previously infected subjects who remained unvaccinated had a [Covid-19] infection over the duration of the study" and vaccination did not reduce the risk.
- 3) Dr. Sanjay Rai, Professor, Community Medicine in All India Institute of Medical Sciences, New Delhi, says that all available evidence demonstrates that the natural infection provides better and longer protection that may even be lifelong.
- 4) Noted epidemiologist Dr. Jayaprakash Muliyl, who is a core member of the National Technical Advisory Group on Immunization (NTAGI), agrees that vaccinating a confirmed Covid-19 recovered person doesn't have any additional benefit "but there is some small chance of adverse reaction."

=====

1) Coronavirus patients who recovered from the virus were far less likely to become infected during the latest wave of the pandemic than people who were vaccinated against COVID, according to numbers presented to the Israeli Health Ministry. Health Ministry data on the wave of COVID outbreaks which began this May show that Israelis with immunity from natural infection were far less likely to become infected again in comparison to Israelis who only had immunity via vaccination.

A copy of Israel Research Report dated 24th April 2021 is herewith Source:

<https://drive.google.com/file/d/1wloFQ1WqZYODnZ5BC6qX3poP7GCS3IT3/view?usp=sharing>

2) This study followed 52,238 employees of the Cleveland Clinic Health System in Ohio. For previously-infected people, the cumulative incidence of re-infection "remained almost zero." According to the study, "Not one of the 1,359 previously infected subjects who remained unvaccinated had a [Covid-19] infection over the duration of the study" and vaccination did not reduce the risk. "Individuals who have had [Covid-19] infection are unlikely to benefit from COVID-19 vaccination," concludes the study scientists.

Link and complete article is annexed herewith Source:

<https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v2>

Vaccines May Do More Harm Than Good to Those Recovered From Covid-19: Experts



<https://awakenindiamovement.com/>

Experts argue that when the current evidence shows that people recovered naturally from Covid-19 are well-protected from future infection or severity of the disease, there is no point including them in the current vaccination drive and risking their lives even if the risk is minuscule.

3) Dr. Sanjay Rai, Professor, Community Medicine in All India Institute of Medical Sciences, New Delhi, says that all available evidence demonstrates that the natural infection provides better and longer protection that may even be lifelong.

He added, "Based on the available shreds of evidence, we can say that there is no additional benefit of vaccination in COVID recovered individuals. Actually, it may cause harm due to few known and unknown severe adverse events following immunization."

4) Noted epidemiologist Dr. Jayaprakash Muliyl, who is a core member of the National Technical Advisory Group on Immunization (NTAGI), agrees that vaccinating a confirmed Covid-19 recovered person doesn't have any additional benefit "but there is some small chance of adverse reaction."

Health experts say that there are two ways to find out if a person is a confirmed Covid-19 recovered case. First, those people who developed symptoms after contracting the virus and got it confirmed through the RT-PCR test.

"A reliable test of antibody can be another way to establish if a person is a confirmed Covid-19 recovered case," Dr. Muliyl said.

He added, "At present, the available evidence suggests that natural infection is superior to vaccination. So, in retrospect, it is a good and convenient way to say who needs vaccination and who doesn't."

INDIA HAS ACHIEVED HERD IMMUNITY, VACCINATION IS NOT REQUIRED

In India 2 out of 3 individuals have developed Covid-19 antibodies

Serosurvey is a population-wide sampling test done over a fixed period of time. It is traditionally done by taking blood samples from a random selection of people across ages and regions, to look for antibodies against SARS-CoV-2 – the virus that causes [COVID-19](#). The results, which indicate how much of the population is/was likely infected and how many have recovered, can help shape strategic decisions around the pandemic.

July 22, 2021 06:53:59 IST

The Indian Council for Medical Research surveyed 8,691 children aged 6 to 17 years for the first time and found half of them to be seropositive.

The Indian Council for Medical Research has found that two out of three Indians (or 67.6 percent of India's population aged above six years) have SARS-CoV-2 antibodies.

<https://www.firstpost.com/india/icmr-serosurvey-explained-one-in-three-indians-still-vulnerable-to-covid-19-9823481.html>

Schools and colleges should reopen to achieve herd immunity, say AIIMS professors

A few AIIMS professors said that schools and colleges should reopen in India so students can achieve herd immunity against Covid-19. A few AIIMS professors said that schools and colleges should reopen in India so students can achieve herd immunity against Covid-19. (L to R: Dr Chandrakant S Pandav, Dr. Swadeep Srivastava, Dr. Sanjay K. Rai, Dr. Amitav Banerjee)



<https://awakenindiamovement.com/>

Vaccines For Children Not Required !

The Health Minister of India Shri. Mansukh Mandavia reply in the parliament saying Children don't get infected by Covid-19 or the Delta variant !

PDF/WORD(Hindi) PDF/WORD

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO: 79
ANSWERED ON: 23.07.2021
Third Wave of Coronavirus
Y. S. Avinash Reddy
Jaskaur Meena

Will the HEALTH AND FAMILY be pleased to state:-
Minister of WELFARE

ANSWER

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI MANSUKH MANDAVIYA)

(a) to (e): A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 79 FOR 23RD JULY, 2021

"There is however no scientific evidence either from India or globally, to show that children get disproportionately infected with Covid-19 including delta variant. Children, if infected, generally remain asymptomatic or exhibit mild symptoms and do not get severe disease."

LINK : <http://164.100.47.193/Loksabha/Questions/QResult15.aspx?qref=24892&lsno=17>

In the letter dated 6th July, 2021 to Hon'ble Prime Minister of India sent by Prof. Bhaskaran Raman, of IIT Bombay it is pointed out as under;

Negligible risk of Covid-19 for children

The risk of Covid-19 in children is much lower than in adults, and is also much lower than other (already small) risks they face in daily life anyway.

- 1. Raj Bhopal reports, based on a study of 137 million children and adolescents in the US and Europe that Covid-19 in this age group is less than half as risky as seasonal influenza, and over 20 times less risky than death by "unintentional injury" [NCBI, Dec 2020]. Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7361085/>*
- 2. Among the nearly 2 million children in Sweden (where schools have been open throughout), there was not a single death due to Covid-19. [NEJM, Jan 2021]. Link: <https://www.nejm.org/doi/full/10.1056/NEJMC2026670>*



3. As per Mumbai's Covid-19 dashboard data, the Covid-19 IFR (Infection Fatality Rate) for under-19 is miniscule: about 0.003%. In comparison, the infant mortality rate in India is about 3% (1,000 times greater) and the infant mortality rate in Japan is 0.18% (60 times greater). In other words, school-age children are at a negligibly lower risk from Covid-19 compared to other threats.

Link: <https://tinyurl.com/schoolsc19>

Indeed, the indirect proof that children are not affected significantly by Covid-19 is that vast body of literature (a subset is given below) studying whether children spread Covid-19, a question which would not have been so important had children been themselves vulnerable to the disease."

Covid-19 vaccines for children: little benefit for huge risk

1. As mentioned earlier, the risk posed by Covid-19 for children is miniscule in absolute terms as well as relative to other risks they face anyway.

2. Writing in the British Medical Journal (May 2021), scientists opine "Covid vaccines for children should not get emergency use authorization". And, "Unlike for adults, the rarity of severe covid-19 outcomes for children means that trials cannot demonstrate that the balance of the benefits of vaccination against the potential adverse effects are favorable to the children themselves."

Link: <https://blogs.bmj.com/bmi/2021/05/07/covid-vaccines-for-children-should-not-get-emergency-use-authorization/>

3. Along the same lines, various experts have opined that the risk benefit analysis for school-age children simply does not justify a Covid-19 vaccine for children.

Reference-1: "Letting children catch Covid may be safer than giving them vaccine, say experts",

<https://www.telegraph.co.uk/news/2021/06/30/letting-children-catch-covid-may-saferexposing-vaccine-risk/>

Reference-2: "Inventor of mRNA vaccines says people should not be forced to take experimental COVID vaccines because risks aren't known and under 18s and those who've had virus shouldn't take it",

<https://www.dailymail.co.uk/news/article-9719891/Inventor-mRNA-vaccines-says-young-adults-teens-not-forced-COVID-vaccine.html>

4. In the UK, various doctors have written an open letter expressing grave concerns over plans to vaccinate children. Reference: "COVID-19 child vaccination: safety and ethical concerns", <https://www.hartgroup.org/open-letter-child-vaccination/>



LEGAL VIEWPOINT WHICH SAYS VACCINES ARE 100% VOLUNTARY !

- 1) Supreme Court of India judgement - A person has a right to choose medication of his choice.
- 2) Kerala High Court Judgement - There need not be any vaccination administered to such children whose parents object to the Vaccination.
- 3) Delhi high court judgement - MR vaccines will not be administered to those students whose parents/guardians have declined to give their consent.
- 4) Guwahati High Court judgement - Even a vaccinated infected covid person can be a **super spreader**. The restriction placed only upon the un-vaccinated persons, debarring them from earning their livelihood or leaving their houses to obtain essential items is unjustified, grossly unreasonable and arbitrary.
- 5) High Court of Manipur judgement - State cannot seek to impose conditions upon the citizens so as to compel them to get vaccinated, be it by holding out a threat or by putting them at a disadvantage for failing to get vaccinated.
- 6) High Court of Guwahati , Itanagar Bench - In so far as the spread of Covid-19 Virus to others is concerned, **the Covid-19 vaccinated and unvaccinated person or persons are the same**. The High Court went on to hold that the action of the State was in violation of right to freely move anywhere as provided under Article 19 and the state action was not reasonable one as required by Article 19.
- 7) High Court of Meghalaya - Coercive element of vaccination has, since the early phases of the initiation of vaccination as a preventive measure against several diseases, have been time and again not only discouraged but also consistently ruled against by the Courts for over more than a century.
- 8) High Court of Karnataka Judgement - **The Government cannot compel a patient to take only Allopathic drugs**

1) **Common Cause Vs. Union of India (2018) 5 SCC 1**, it is ruled as under;

169. In the context of health and medical care decisions, a person's exercise of self-determination and autonomy involves the exercise of his right to decide whether and to what extent he/she is willing to submit himself/herself to medical procedures and treatments, choosing amongst the available alternative treatments or, for that matter, opting for no treatment at all which, as per his or her own understanding, is in consonance with his or her own individual aspirations and values.



Q. Conclusions in seriatim

202. In view of the aforesaid analysis, we record our conclusions in seriatim:

202.8. An inquiry into Common Law jurisdictions reveals that **all adults with capacity to consent have the right of self-determination and autonomy. The said rights pave the way for the right to refuse medical treatment which has acclaimed universal recognition. A competent person who has come of age has the right to refuse specific treatment or all treatment or opt for an alternative treatment, even if such decision entails a risk of death.** The “Emergency Principle” or the “Principle of Necessity” has to be given effect to only when it is not practicable to obtain the patient's consent for treatment and his/her life is in danger. But where a patient has already made a valid Advance Directive which is free from reasonable doubt and specifying that he/she does not wish to be treated, then such directive has to be given effect to.

202.9. Right to life and liberty as envisaged under Article 21 of the Constitution is meaningless unless it encompasses within its sphere individual dignity. With the passage of time, **this Court has expanded the spectrum of Article 21 to include within it the right to live with dignity as component of right to life and liberty.**

202.12. Though the sanctity of life has to be kept on the high pedestal yet in cases of terminally ill persons or PVS patients where there is no hope for revival, priority shall be given to the Advance Directive and the right of self-determination.

202.13. In the absence of Advance Directive, the procedure provided for the said category hereinbefore shall be applicable.

202.14. When passive euthanasia as a situational palliative measure becomes applicable, **the best interest of the patient shall override the State interest.**



306. *In addition to personal autonomy, other facets of human dignity, namely, “self-expression” and “right to determine” also support the argument that it is the choice of the patient to receive or not to receive treatment.*

517. *The entitlement of each individual to a dignified existence necessitates constitutional recognition of the principle that an individual possessed of a free and competent mental state is entitled to decide whether or not to accept medical treatment. The right of such an individual to refuse medical treatment is unconditional. Neither the law nor the Constitution compel an individual who is competent and able to take decisions, to disclose the reasons for refusing medical treatment nor is such a refusal subject to the supervisory control of an outside entity;*

2) In the case of **Writ Petition (C.) 36065 of 2017** the Parents Teachers Association, Government Higher Secondary School, Kokkur, Kerala vs the State of Kerala, the Hon’ble High Court of Kerala observed and held that **“If at all any parent has an objection, it has to be necessarily brought before the authorities, and there need not be any vaccination administered to such children whose parents object to the Vaccination”.**

3) While dealing with the issue of MR vaccines in the case of Master Haridaan Kumar (Minor through Petitioners Anubhav Kumar and Mr. Abhinav Mukherji) Versus Union of India, **W.P.(C) 343/2019 & CM Nos.1604-1605/2019**, the Hon’ble High Court of Delhi directed that;

“MR vaccines will not be administered to those students whose parents/guardians have declined to give their consent. The said



vaccination will be administered only to those students whose parents have given their consent either by returning the consent forms or by conforming the same directly to the class teacher/nodal teacher and also to students whose parents/guardians cannot be contacted despite best efforts by the class teacher/nodal teacher and who have otherwise not indicated to the contrary”.

4) There have been few judgments regarding vaccine coercion being illegal and to stop discrimination between vaccinated & unvaccinated people. **In Re: Dinthar Incident Aizawl Vs. State of Mizoram 2021 SCC OnLine Gau 1313**, the Division Bench of Hon’ble Gauhati High Court vide its order dated **02.07.2021**, has categorically held as follows:

“14. It has been brought to our notice that even persons who have been vaccinated can still be infected with the covid virus, which would in turn imply that vaccinated persons who are covid positive, can also spread the said virus to others. It is not the case of the State respondents that vaccinated persons cannot be infected with the covid virus or are incapable of spreading the virus. Thus, even a vaccinated infected covid person can be a super spreader. If vaccinated and un-vaccinated persons can be infected by the covid virus and if they can both be spreaders of the virus, the restriction placed only upon the un-vaccinated persons, debarring them from earning their livelihood or leaving their houses to obtain essential items is unjustified, grossly unreasonable and arbitrary.”

The above fact is now proven in the State of Kerala where 40000 breakthrough (double vaccinated with 14 days after 2nd vaccination) cases have been found recently.

5) The High Court of Manipur at Imphal, vide its Order dated **13.7.2021** in **Osbert Khaling Vs State of Manipur 2021 SCC OnLine Mani 234**, held that, the **State cannot seek to impose conditions upon the citizens so as to compel them to get vaccinated, be it by holding out a threat or by putting them at a disadvantage for failing to get vaccinated**. Restraining people who are yet to get vaccinated from opening institutions, organizations, factories, shops, etc., or denying them their livelihood by linking their employment, be it NREGA job card holders or workers in Government or private projects, to their getting vaccinated would be illegal on the part of the State, if not unconstitutional. Such a measure would also trample upon the freedom of the individual to get vaccinated or choose not to do so.

6) **The High Court of Guwahati, Itanagar Bench**, vide its Order dated **19.07.2021** in **Madan Mili Vs. UOI 2021 SCC OnLine Gau 1503**, held that there was no evidence available either in the record or in the public domain that Covid-19 vaccinated persons cannot be infected with Covid-19 virus, or he/she cannot be a carrier of a Covid-19 virus and consequently, **a spreader of Covid-19 virus**. In so far as the spread of **Covid-19** Virus to others is concerned, the Covid-19 vaccinated and unvaccinated person or persons are the same. With regard to the contention of the learned Additional Advocate General that the State Government can make restrictions curtailing the Fundamental Rights of the citizens under the Disaster Management Act, 2005 (hereinafter referred to as the “Act”), by way of the SOP, the same in considered view of the Court is clearly not sustainable, as the said clauses in the SOP which are in issue in the present case cannot be said to be reasonable restrictions made in terms of



Article 19(6). The requirement of Article 19(6) of the Constitution is that the restriction has to be made in the form of a law and not by way of an executive instruction. The High Court went on to hold that the action of the State was in violation of right to freely move anywhere as provided under Article 19 and the state action was not reasonable one as required by Article 19.

7) On **23rd June, 2021** in the case between Registrar General, High Court of **Meghalaya Vs. State of Meghalaya 2021 SCC OnLine Megh 130**, it is ruled by High Court as under;

“It has been brought to the notice of this High Court that the State of Meghalaya, through various orders of the Deputy Commissioners, has made it mandatory for shopkeepers, vendors, local taxi drivers and others to get themselves vaccinated before they can resume their businesses. Whether vaccination can at all be made mandatory and whether such mandatory action can adversely affect the right of a citizen to earn his/her livelihood, is an issue which requires consideration.

-
Thus, by use of force or through deception if an unwilling capable adult is made to have the „flu vaccine would be considered both a crime and tort or civil” wrong, as was ruled in Airedale NHS Trust v Bland reported at 1993 AC 789 = (1993) 2 WLR 316 = (1993) 1 All ER 821, around thirty years (30) ago. Thus, coercive element of vaccination has, since the early phases of the initiation of vaccination as a preventive measure against several diseases, have been time and again not only discouraged but also consistently ruled against by the Courts for over more than a century.

Till now, there has been no legal mandate whatsoever with regard to coercive or mandatory vaccination in general and the Covid19



vaccination drive in particular that can prohibit or take away the livelihood of a citizen on that ground.

In the “frequently asked questions” (FAQs) on COVID-19 vaccine prepared and uploaded by the Ministry of Health and Family Welfare, Government of India, in its official website, the question which appears under serial number 3 reads, “Is it mandatory to take the vaccine?” The “potential response”, which is provided in the official website reads, “Vaccination for COVID-19 is voluntary.

In this context, around one hundred and seven (107) years ago, in Schloendorff v Society of New York Hospitals reported at (1914) 211 NY 125 = 105 NE 92; 1914 NY Justice Cardozo ruled that „every human being of adult years and sound mind has a right to determine what shall be done with their body“.

This finds mention in decisions of the European Commission and Court of Human Rights [X vs. Netherlands of 1978 (decision rendered on 4th December, 1978); X vs. Austria of 1979 (decision rendered on 13th December, 1979)] which has become truer in the present times across the world than ever before. Compulsorily administration of a vaccine without hampering one’s right to life and liberty based on informed choice and informed consent is one thing. However, if any compulsory vaccination drive is

coercive by its very nature and spirit, it assumes a different proportion and character.

However, vaccination by force or being made mandatory by adopting coercive methods, vitiates the very fundamental purpose of the welfare attached to it.”



8) In a recent judgment dated 29th September 2020 passed by Hon'ble Karnataka High Court in the matter between **A. Varghese Vs. Union of India 2020 SCC OnLine Kar 2825**, it is ruled as under;

“2. The petition proceeds on the footing that the Standard Operating Procedures / Guidelines prescribed by the State Government as well as the Government of India compel a person suffering from Covid-19 to take treatment only by use of Allopathic drugs.

***At least from the Standard Operating Procedures, which are placed on record, we do not find anything therein which shows that the Government can compel a patient to take only Allopathic drugs.** We cannot go into the question whether Covid-19 can be successfully treated either by Ayurvedic drugs or by Allopathic drugs. It is for the experts in the field of medicine to decide that question.”*



CRIMINAL PROCEEDINGS DEMANDED BY HRSC AS PER 72ND PARLIAMENTARY REPORT

<https://rashidkhanpathan.blogspot.com/2021/07/corona-frauds-secretary-general-of.html>

Secretary General of Human Rights Security Council (HRSC) has lodged a formal complaint against Vaccine Syndicate. Complainant demands Narco Test, Lie Detector Test and other scientific tests of Bill Gates, Dr. Anthony Fauci, Mark Zuckerberg, Dr. Tedros Adhanom Ghebreyesus, Dr. Soumya Swaminathan, Arvind Kejriwal, Dr. Randeep Guleria and others.

Parliamentary Committee of India has already recommended investigation and prosecution against Bill & Melinda Gates Foundation and also against officials of Indian Council for Medical Research (ICMR) for causing death of 8 female children due to unauthorized and illegal vaccine trials of unapproved HPV vaccines in 2009.

Complainant has accused Vaccine Mafia, Big Tech, Media Mafia and dishonest Doctors and Scientists for running disinformation campaigns to help the vaccine manufacturers and to suppress the truth and for recklessly committing mass murders to serve their ulterior purposes. Prime Minister's office has assigned the complaint to Asst. Director of Public Health.

Indian Bar Association (IBA) is representing the complainant Secretary General of Human Rights Security Council and demands immediate action.

मानवतावादी वैश्विक भारत निर्माण अभियान		HUMAN RIGHTS SECURITY COUNCIL (NGO) मानवाधिकार सुरक्षा परिषद (एनजीओ) Office Address: 4, Gauri Compound, Near Gorai Khadi, LT Road, Borivali (W), Mumbai-400 091. Email Id: rashidkhanpathan81@gmail.com	Mission For Humanist Global India
Ref: 0001			Date: 30.06.2021

CASE NUMBER BEFORE HON'BLE PRESIDENT OF INDIA: PRSEC/E/2021/16758

- Hon'ble Shri Ram Nath Kovind,**
President of India
- Hon'ble Shri Narendra Modi,**
Prime Minister of India
- Hon'ble Shri Amit Shah,**
Minister of Home Affairs of India

Sub: 1. Immediate direction for implementation of Parliamentary Committee's 72nd Report and recommendations of investigation and prosecution of office bearers of **'toxic philanthropist'** and **Vaccine Syndicate's Bill & Melinda Gates Foundation** and the concerned officials of **Indian Council of Medical Research (ICMR)** responsible for death of 8 female children because of unauthorized, unlawful & unapproved vaccines;

2. Immediate direction to the Central Bureau of Investigation (CBI) for registration of First Information Report (FIR) for investigation and strict action under sections **115, 109, 302, 307, 304, 419, 420, 471, 474, 188, 505, r/w 120 (B) & 34 of IPC & sections of Disaster Management Act 2005** and other provisions of the special acts against all the anti-national, anti-humanity elements, bio terrorists, 'Pharma Syndicates', 'Tech Syndicates' and 'Tech Bullies', who are involved in offences against entire humanity which are genocide (Mass Murders) of the citizens, caused by their acts of commission and omission related to Covid-19 pandemic as detailed in the draft charges given in the present complaint.

3. Immediate direction to concerned Authorities;

- To issue Lookout Notices/Lookout Circulars (LOC) and arrest warrants against the accused whose involvement is ex-facie proved;

Page 1 of 132



5 G

Impact of 5G on Human Health

Executive Summary: Dec 2019 was the month which wrote a chapter that history will record as the greatest conspiracy and deception against humanity. It all started, in the city of innovation called Wuhan in China.

There is documented literature which provides a glimpse about the massive deployment of 5G networks to nurture innovation around Internet of Things (IOT), which needs negligible latency and bandwidth to support driver less autonomous cars and artificial intelligence decision making over and above geo-localization. However, the potential innovation got transformed into a massive health hazard as predicted by thousands of EMF scientists and researchers across the globe.

Background: In reality, China was well aware of the potential destruction and health hazards on human beings and that might be the reason that China's 5G deployment strategy did not include a 5G spectrum auction completed by mid 2019. While it is evident that China preferred to use a sub-band of 5G up to 6 GHz, the US conspired against China and promoted to opt for millimetre band frequency range in western countries and their allies. According to documented evidence, it seems like it was nothing. But the US and their allies wanted to capture a larger share of 5G related businesses well within their countries. The attempt to go for high frequency millimetre wave was nothing but a suicidal attempt in spite of concentrated efforts by premier scientific institutions and scientists to ring the bell. In last few months, most of the developed countries across the globe accelerated millimetre frequency wave auction and its deployment at unprecedented speed. It was not the need, in a situation where epidemic or pandemic was being announced globally. While China blames the health hazard on a new strain of Corona virus (COVID-19), the world believed the same. While there was no impact of suspected infection in other major provinces of China, that is Shanghai and Beijing, it has been evident that every developed country with massive deployment of 5G experienced near exact health hazards like Wuhan. Since China had already fabricated the story that the health hazards are related to Corona virus instead of EMF radiation and the world believed it as it was also endorsed by WHO, China acknowledged the favour by WHO with a \$20 million donation to WHO and deployment of 5G network in high frequency continued in developed countries across the globe.

Let us get into an overview of EMF and 5G to get a basic understanding of the technologies and their impact on biological living things.

Electromagnetism: "Electromagnetism is one of the four fundamental forces in the universe. It describes how charged particles react to electric and magnetic fields, as well as the fundamental links between them. Electromagnetic force, like all forces, is measured in Newtons." [1]

Electromagnetic Field (EMF): "An electromagnetic field, sometimes referred to as an EM field, is generated when charged particles, such as electrons, are accelerated. All electrically charged particles are surrounded by electric fields. Charged particles in motion produce magnetic fields. When the velocity of a charged particle changes, an EM field is produced" [2]



EMF Radiation: “Electromagnetic radiation is a form of energy that propagates as both electrical and magnetic waves traveling in packets of energy called photons. There is a spectrum of electromagnetic radiation with variable wavelengths and frequency, which in turn imparts different characteristics. Examples of energy within the electromagnetic spectrum include x-rays, visible light, infrared light, and radio waves” [3]

EM Spectrum: “EM radiation spans an enormous range of wavelengths and frequencies. This range is known as the electromagnetic spectrum. The EM spectrum is generally divided into seven regions, in order of decreasing wavelength and increasing energy and frequency. The common designations are: radio waves, microwaves, infrared (IR), visible light, ultraviolet (UV), X-rays and gamma rays. Typically, lower-energy radiation, such as radio waves, is expressed as frequency; microwaves, infrared, visible and UV light are usually expressed as wavelength; and higher-energy radiation, such as X-rays and gamma rays, is expressed in terms of energy per photon.” [4]

Radio Frequency(RF) : RF is generally used for wireless for communications including voice, data and entertainment media. “Radiofrequency (RF) electromagnetic radiation (EMR) is the transfer of energy by radio waves. RF EMR lies in the frequency range between 3 kilohertz (kHz) to 300 gigahertz (GHz).” [5]

RF Safety Standard: “The quantity used to measure the rate at which RF energy is actually absorbed in a body is called the "Specific Absorption Rate" or "SAR." Because of this "resonance" phenomenon and consideration of children and grounded adults, RF safety standards are generally most restrictive in the frequency range of about 30 to 300 MHz.” [6]

Millimetre Waves: “high-band” frequencies largely consist of millimetre waves (MMWs), a type of electromagnetic radiation with wavelengths of one to ten millimetres and frequencies ranging from 30 to 300 GHz” [11]

Impact of RF: There are more than 10000 peer reviewed scientific articles shows impact of RF radiation to human health

Human health impacts:

- “EMFs can affect your body’s nervous system function and cause damage to cells. Cancer and unusual growths may be one symptom of very high EMF exposure. Other symptoms may include, sleep disturbances, including insomnia, headache, depression and depressive symptoms, tiredness and fatigue, dysesthesia lack of concentration, changes in memory, dizziness, irritability, loss of appetite and weight loss, restlessness and anxiety, nausea, skin burning and tingling, changes in an electroencephalogram “ [7]
- “The effects include, Alteration of heart rhythm, Altered gene expression, Altered metabolism, Altered stem cell development, Cancers, Cardiovascular disease, Cognitive impairment, DNA damage, Impacts on general well-being, Increased free radicals, Learning and memory deficits, Impaired sperm function and quality, Miscarriage, Neurological damage, Obesity and diabetes, Oxidative stress, ADHD” [17]

Plant health impacts: “Sir Jagadis Chandra Bose carried out an experiment in which a plant was exposed to a radio signal of 30 MHz at a distance of about 218 yards (200 meters) and found that the plant’s growth was retarded during the emission period. He likewise showed that the circulation of sap in the plant slowed down when it was irradiated by the same radio signal.” [8]



Biologic and health effects of millimetre waves:

- “Millimetre waves (MMWs) are mostly absorbed within 1 to 2 millimeters of human skin and in the surface layers of the cornea
- Thermal (or heating) effects occur when the power density of the waves is above 5–10 mW/cm² Thermal (or heating) effects occur when the power density of the waves is above 5–10 mW/cm²
- The maximum permissible exposure that the FCC permits for the general public is 1.0 mW/cm² averaged over 30 minutes for frequencies that range from 1.5 GHz to 100 GHz. This guideline was adopted in 1996 to protect humans from acute exposure to thermal levels of radiofrequency radiation.
- The health consequences of 5G exposure will be limited to non-thermal effects produced by prolonged exposure to MMWs in conjunction with exposure to low- and mid-band radiofrequency radiation.
- MMWs have been shown to induce or inhibit cell death and enhance or suppress cell proliferation.
- “A large number of cellular studies have indicated that MMW may alter structural and functional properties of membranes.”
- “Increased sensitivity and even hypersensitivity of individual specimens to MMW may be real.” MMW effects as alterations of cell growth rate and UV light sensitivity, biochemical and antibiotic resistivity changes in pathogenic bacteria, as well as many others are of potential significance for safety standards,
- “The significant cellular targets for MMW effects could be water, cell plasma membrane, and genome.... The consequences of MMW interaction with bacteria are the changes in their sensitivity to different biologically active chemicals, including antibiotics.....” [11]

Impact of RF on human microbiota: Human gut microbiome plays a crucial role in providing nutrition, development non-nutritional agents (neurotransmitters), building immunity of the hosts. It is already proven that dysbiosis of the gut-microbiota results in to all life style disease

- “EMFs can interfere with both skin and gut microbiota, causing increased multiplication and/or resistance in certain strains such as E.coli bacteria.” [13]
- “Electron microscopy reveals morphological changes induced by ELF-EMF in Gram-negative bacteria E. coli (and in K. pneumoniae. E. coli control and E. coli subjected to 50 Hz, 0.5 mT ELF-EMF.” [14]
- Three gram-positive, three-gram negative bacterial strains were subjected to 50 Hz, 0.5 mT ELF-EMF for 6 h and OD measurements made every hour. ELF-EMF was seen to cause a statistically significant (p 50.05) decrease in growth rate for all strains[14]
- “Bacterium Escherichiacoli which demonstrated that 60-min exposure to weak, frequency-pulsed magnetic fields (1.5 mT peak) increased the intra cellular levels of a number of proteins by at least a factor of 2. A subsequent study revealed that as little as 15-min of exposure to a 60 Hz, 1.1 mT sinewave magnetic field can enhance the intracellular level of RNA” [15]
- Inhibition of bacterial growth (53GHz), enhancement of bacterial sensitivity to antibiotics (53 GHz,
- inhibition of growth and viability of bacteria (70 GHz), effects on metabolic pathways in bacteria (53
- GHz), co-effects of mm-Waves and UVC (enhanced survival), co-effects with X-rays (repair of the damage), effects on structure of bacterial genome[16]



5G: “5G stands for fifth generation wireless technology. It is the latest iteration of cellular technology that has three main features: greater speed, lower latency, and the ability to connect a lot more devices simultaneously. 5G networks will consist of cells divided into sectors and send data through radio waves. Each cell is connected to a network backbone through a wired or wireless.” [9]

5G Spectrum: The FCC is taking action to make additional spectrum available for 5G services.

- High-band → 24Ghz -47Ghz
- Mid-Band → 2.5 Ghz- 4.2 Ghz
- Low Band → 600 Mhz- 900 Mhz
- Unlicensed → beyond 95 Ghz [10]

5G deployment impact: [17]

- 5G will use millimetre waves
- Base station in every 100 meters
- 5G base stations and 5G devices will have multiple antenna
- 5G base stations and 5G devices will have
- 5G phone will contain dozens of tiny antennae
- 5G base station’s beams to be as much as 30,000 watts per 100 MHz of spectrum,[2] or equivalently
- 300,000 watts per GHz of spectrum
- 5G from space will have 20,000 satellites
- Each satellite will emit millimetre waves with an effective radiated power of up to 5 million watts

Corona virus: The recent outbreak of Coronavirus in Dec 2019 is caused by severe acute respiratory syndrome coronavirus(SARS-CoV-2). It was first identified in Wuhan, China and spread globally resulting a pandemic. This virus is related with both upper and lower respiratory tract disease and similar to other common human pathogens. The common symptoms are fever, cough, shortness of breath, muscle pain, diarrhoea, sore throat, loss of smell and pain in abdomen. [12]

History: In 1931 the first coronavirus was identified and in 1965 the first human coronavirus(HCoV-229E) was isolated. SARS coronavirus was emerged in 2002 in China and spread across 32 countries. Between 2004-2005 three new strains of coronavirus was identified(HCoV-NL63, NH, and HKU1). Again in 2012 MERS-coronavirus was identified. Coronavirus is a type of RNA virus with the largest RNA genomes known to date.[18]

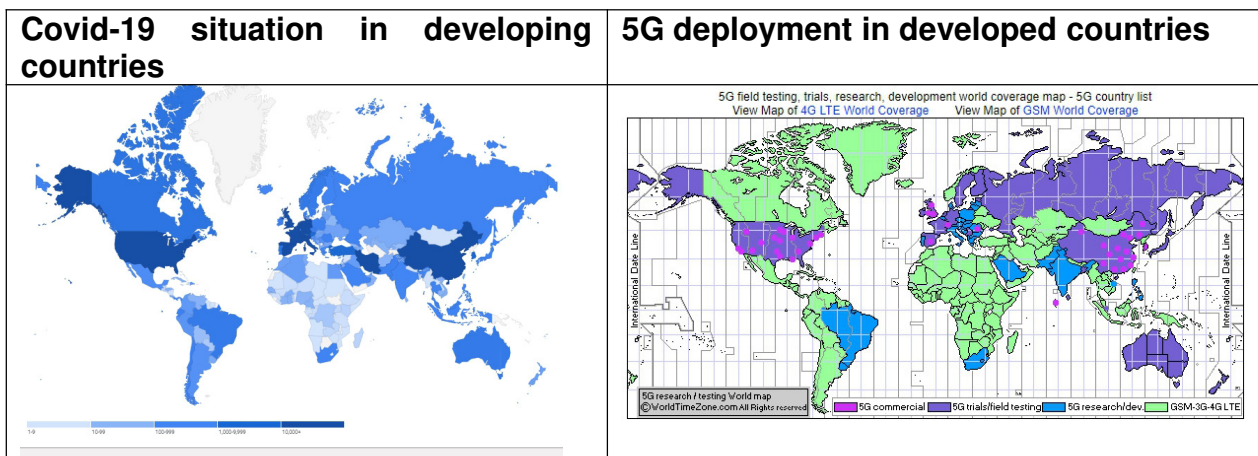
Correlation of Digital cellular deployment and Coronavirus [19-27]

Year	Deployment of cellular network	Epidemic	To impacted countries	Top countries used
2002 -2004	2G/3G testing and deployment	SARS Coronavirus	China, Honkong, Taiwan,	China, Taiwan, Canada,Honkong, Singapore,



			Canada, Singapore	
2012-2015	4G LTE	MERS Coronavirus	Saudi Arabia, South Korea	South Korea - 97% penetration in 2015, Saudi Arabia deployment in 2012
2019-2020	5G	SARS-Cov2(Covid-19)	China, Italy, US, UK, Spain, France, Germany, South Korea	China, South Korea, UK, Germany, US,

Live data collected on 29th march, 2020 [28,29]



Conclusion:

This is an effort to perform a root cause analysis to identify the source of Covid-19 and the reason for its mutation. The study indicates a clear correlation between the pandemic situation due to the virus outbreak in 2002- 2004, 2012-2015 and recent 2019 outbreak of coronavirus and its mutation in line with cellular technology implementation across globe. There are thousands of peer reviewed research papers that directly indicate the negative impact of EMF radiation on humans, animals, plants and all living organisms including gut microbiome and correlated diseases. The FCC standards of EMF was based on study in 1996, which talks about EMF radiation impact on human health due to only heat factor. However, numerous studies concluded that the radiation impact is beyond heat exposure and the millimetre band frequency could lead to dysbiosis of gut microbiome as well as the forced mutation of gut-microbiota. “Internationally, most of 45.5-48.9 has a mobile allocation in Europe, China, South Korea and USA. In Japan, the mobile allocation stops short at 47 GHz. In China we are aware that 802.11aj, the ‘China mmW’ version of WiGig has recently claimed part of this band”[30]. The massive public launch in China happened on 1st nov,2019[32] and followed by possible tests of 60Ghz 5Gnetwork by end of dec, 2019. In addition, CEPT in Europe approved use of spectrum 57-71 GHz for unlicensed 5G from 1st



Jan, 2020[33]. The OOKLA 5G map and Covid-19 outbreak data point the similar correlation between hotspot of Covid-19 in accordance with 5G deployment and testing. It is really unfortunate to see that the analysis of health impacts already reported in 10,000 research papers, multiple appeals worldwide by scientists and researchers on the impact of 5G radiation were completely ignored by WHO, FCC, CDC. The need of the hour is to reassess the impact of 5G radiation on human health, alternative technology selection or improvement of 5G to safeguard life and planet earth.

References:

<https://drive.google.com/file/d/1GUSLO3dofYKHS7waAhwChh7HJu5dsBBz/view?usp=sharing>

Scientists in Europe, who have started a web-based “5G appeal” -- so far, 244 scientists have joined the appeal. The website, 5gappeal.eu, lists out their names.

A quick look at the 5G appeal

The appeal states:

“We the undersigned, scientists and doctors, recommend a moratorium on the roll-out of the fifth generation, 5G, for telecommunication until potential hazards for human health and the environment have been fully investigated by scientists independent from industry.”

After describing in detail how 5G could be harmful, the appeal “urges” the governments of the EU countries to take all reasonable measures to halt the 5G RF-EMF expansion until independent scientists can assure that 5G and the total radiation levels caused by RF-EMF (5G together with 2G, 3G, 4G, and WiFi) will not be harmful for EU-citizens, especially infants, children and pregnant women, as well as the environment.

REPORT OF INTER MINISTERIAL COMMITTEE ON EMF (MOBILE RELATED) RADIATION

https://www.academia.edu/1746942/REPORT_OF_INTER_MINISTERIAL_COMMITTEE_ON_EMF_MOBILE_RELATED_RADIATION

<https://www.thehindu.com/sci-tech/health/policy-and-issues/mobile-phone-health-hazard-call-for-changes-in-radiation-norms/article1153170.ece>

Taking a stringent view of the health hazards posed by radiation from mobile phones, towers and base stations, a high-level inter-ministerial committee (IMC) has called for revision of radiation norms according to Indian needs.

According to the report submitted by the IMC, radiation from mobile phones and towers could lead to symptoms like fatigue, sleep disturbance, dizziness and lack of concentration. It said it could also lead to slowing down of reaction time, loss of memory, headache, disturbance in digestive system and heart palpitation.

As a sequel, the committee has called for imposing strict restrictions on installation of mobile towers near high-density residential areas, schools, playgrounds and hospitals.



Evidence that the Covid-19 plandemic was planned years ago. World Health Organization (WHO) was selling the test kits through their World Bank to the countries of the world. (2017).

https://web.archive.org/web/20200905210427if_/https://wits.worldbank.org/trade/comtrade/en/country/ALL/year/2017/tradeflow/Imports/partner/WLD/nomen/h5/product/300215

<https://wits.worldbank.org/trade/comtrade/en/country/ALL/year/2018/tradeflow/Exports/partner/WLD/nomen/h5/product/300215>

COVID-19 Diagnostic Test instruments and apparatus (902780) exports by country in 2017

Additional Product information: Instruments used in clinical laboratories for In Vitro Diagnosis. Colorimetric end tidal CO2 detector, sizes compatible with child and adult endotracheal tube. Single use.
Category: COVID-19 Test kits/ Instruments, apparatus used in Diagnostic Testing

In 2017, Top exporters of COVID-19 Diagnostic Test instruments and apparatus are European Union (\$2,646,826.94K), United States (\$2,311,980.25K , 2,628,910 Item), Germany (\$2,152,116.86K), Japan (\$1,176,454.27K), China (\$647,604.66K).

COVID-19 Diagnostic Test instruments and apparatus Imports by country in 2017

Reporter	TradeFlow	ProductCode	Product Description	Year	Partner	Trade Value 1000USD	Quantity	Quantity Unit
European Union	Export	902780	COVID-19 Diagnostic Test instruments and apparatus	2017	World	2,646,826.94		
United States	Export	902780	COVID-19 Diagnostic Test instruments and apparatus	2017	World	2,311,980.25	2,628,910	Item
Germany	Export	902780	COVID-19 Diagnostic Test instruments and apparatus	2017	World	2,152,116.86		
Japan	Export	902780	COVID-19 Diagnostic Test instruments and apparatus	2017	World	1,176,454.27		
China	Export	902780	COVID-19 Diagnostic Test instruments and apparatus	2017	World	647,604.66		
Hong Kong, China	Export	902780	COVID-19 Diagnostic Test instruments and apparatus	2017	World	608,274.17	6,962,400	Item

documents1.worldbank.org/curated/en/993371585947965984/pdf/World-COVID-19-Strategic-Preparedness...

Country(ies)	Project Name	
World	COVID-19 Strategic Preparedness and Response Program (SPRP)	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P173789	Investment Project Financing	Substantial
Financing & Implementation Modalities		
<input checked="" type="checkbox"/> Multiphase Programmatic Approach (MPA)		
<input type="checkbox"/> Series of Projects (SOP)		
<input type="checkbox"/> Disbursement-linked Indicators (DLIs)		
<input type="checkbox"/> Financial Intermediaries (FI)		
<input type="checkbox"/> Project-Based Guarantee		
<input type="checkbox"/> Deferred Drawdown		
<input type="checkbox"/> Alternate Procurement Arrangements (APA)		
Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
02-Apr-2020	<u>31-Mar-2025</u>	31-Mar-2025
Bank/IFC Collaboration		
No		

Expected Project Closing Date
31-Mar-2025



Explained (2018–)



The Next Pandemic

TV-MA | 18min | Documentary | Episode aired 7 November 2019

If you're not worried about a looming global pandemic, you probably should be. Are we prepared for an outbreak? Bill Gates and other experts weigh in.



Bill Gates predicted coronavirus-type pandemic could 'kill millions' in 2019 Netflix documentary

He warned last year that a virus could start in China.

"The world has 6.8 billion people... that's headed up to about 9 billion. Now if we do a really great job on new vaccines, health care, reproductive health services, we could lower that by perhaps 10 to 15 percent."

**~ Bill Gates
Microsoft, Globalist,
Member of Bilderberg Group**





World Economic Forum

@wef

...

You'll own nothing, and you'll be happy. This is how our world could change by 2030. Read more: wef.ch/2gmBN7M



10:15 AM · Nov 18, 2016 · Twitter Web Client

1) Large Compilation of Great Reset/ Agenda 21 Resources Exposing The Draconian Plans Of The Parasitic Global Elite Being Implemented Via The Coronavirus Agenda

<https://steemit.com/news/@clarityofsignal/large-Compilation-of-great-reset-agenda-21-resources-exposing-the-draconian-plans-of-the-parasitic-global-elite-being>

2) Another collection on the Covid plandemic

<https://snooze2awaken.com/2020/05/08/a-cornucopia-of-categorized-links-exploring-exposing-covid-19-lies-the-liars-who-tell-them-regularly-updated-database/?blogsub=confirming#subscribe-blog>

3) Here is a good collection of articles on the subject by a researcher.

https://steemit.com/health/@johnblaid/research-summary-and-debunk-regarding-the-existence-of-sars-cov-2-and-covid-19?fbclid=IwAR0LW2EAHkHdA_2nQycf-hh5mSo5JS4IBAZtO7MMYAoxri5Pwj-hykwn6uI



<https://awakenindiamovement.com/>

“Many people, especially, ignorant people, want to punish you for speaking the truth, for being correct, for being you.

Never apologize for being correct, or for being years ahead of your time.



If you're right and you know it, speak your mind. Even if you are a minority of one, the truth is still the truth.”

~Gandhi

Vaccination is a barbarous practice and one of the most fatal of all the delusions current in our time. Conscientious objectors to vaccination should stand alone, if need be, against the whole world, in defense of their conviction.

— Mahatma Gandhi —

