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Opinion

Risk of Forming Stealth Adapted Coronaviruses with Covid-19 Vaccines. Analogy with Stealth Adapted Monkey Cytomegaloviruses Resulting from the Use of Polio Vaccines

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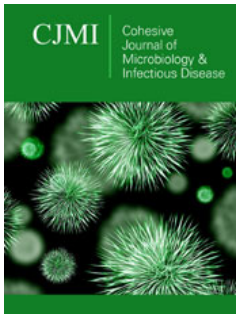
ISSN: 2578-0190



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Submission: February 3, 2021
Published: February 17, 2021

Volume 4 - Issue 5

How to cite this article: W John Martin. Risk of Forming Stealth Adapted Coronaviruses with the Use of Covid-19 Vaccines Analogy with Stealth Adapted Monkey Cytomegaloviruses Resulting from the Use of Polio Vaccines. Cohesive J Microbiol Infect Dis. 4(5). CJMI. 000599. 2021. DOI: 10.31031/CJMI.2021.04.000599

Abstract

Stealth adaptation is a virus immune evasion/escape mechanism that comprises the deletion or mutation of the viral genes, which code for components targeted by cellular immunity. It can also require the incorporation of additional genetic sequences to regain the capacity for replication and transmission. Stealth adapted viruses typically cause noninflammatory infections, which are particularly symptomatic when they involve the brain. Stealth adaptation has occurred with cytomegalovirus contaminants of polio vaccines produced in kidney cell cultures of rhesus and African green monkeys. Two aspects of the current Covid-19 vaccines are conducive to the formation of stealth adapted SARS-CoV-2 coronaviruses. These are the relative ineffectiveness of intramuscular injections in stimulating fully effective respiratory mucosal immunity, and the inclusion of only a single virus component as the immunogen, namely the spike protein. Stealth adapted coronaviruses will have the potential to cause chronic, non-inflammatory brain illnesses similar to those being caused by stealth adapted monkey cytomegaloviruses. These include the chronic fatigue syndrome (CFS) and autism. The long Covid syndrome has many features in common with CFS and the affected patients need to be evaluated for stealth adapted virus infections. With regards to potential therapy, the body has a non-immunological anti-virus defense mechanism that is mediated by the alternative cellular energy (ACE) pathway. Enhancing the ACE pathway, especially in those susceptible to severe Covid-19 illness and in those who are experiencing the long Covid syndrome, is preferable to having to repeatedly vaccinate mankind against evolving variants of the SARS-CoV-2 virus. Furthermore, immunization is not indicated in those who are already infected with the stealth adapted coronavirus. Optimizing ACE pathway-based therapies will also have benefits in treating other stealth adapted virus brain diseases including CFS and autism.

Keywords: Stealth adapted viruses; SARS-CoV-2; Covid-19; Long COVID syndrome; Chronic fatigue syndrome; Polio vaccine

Abbreviations: ACE: Alternative Cellular Energy; CFS: Chronic Fatigue Syndrome; CTL: Cytotoxic T Lymphocyte

Introduction and Discussion

Viruses can undergo an immune evasion/escape mechanism termed stealth adaptation [1,2]. It comprises the deletion or mutation of the genes coding for the relatively few virus components that are normally targeted by the cellular immune system. There is also the acquisition of sufficient additional genetic sequences from cellular and/or other microbial genomes to enable virus replication and transmission [3,4]. Stealth adaptation is envisioned as a generic process that can occur with all viruses. It has most notably occurred with the cytomegalovirus of African green monkeys [5,6]. Cultured kidney cells from cytomegalovirus infected monkeys were and are still used to produce polio vaccines [7,8]. The brain is particularly susceptible to symptomatic illness caused by stealth adapted viruses [9-11]. This is because of the complex spatial arrangements and networking pathways in the brain. Diverse functional disorders can, therefore, result from even limited, localized areas of cellular damage in the brain. In most other organs limited localized cellular damage is easily compensated by an increase in activity elsewhere in the same organ. The absence of inflammation caused by stealth adapted viruses and their genetic diversity and instability have hindered mainstream virologists from identifying stealth adapted viruses as the underlying and/or contributing

cause of such as the common brain illnesses, such as the chronic fatigue syndrome (CFS), amyotrophic lateral sclerosis, bipolar psychosis, Alzheimer's disease, and autism [12-15]. Stealth adapted viruses causing these medical conditions are best detected using appropriate virus cultures followed by genetic sequencing.

Public Health authorities have shied away from acknowledging the existence of monkey-derived stealth adapted viruses. This is in spite of a 1972 joint study by the Food and Drug Administration (FDA) and the polio vaccine manufacturer. Kidney cell cultures from eleven African green monkeys were held aside from polio vaccine production. All eleven cultures subsequently tested positive for African green monkey simian cytomegalovirus (SCMV). Moreover, the viruses from four of the eleven cultures were atypical in not being easily identified as SCMV using the then standard virus detection method. The FDA decision to not publicly disclose such findings was felt justified because there had been no reports of acute cytomegalovirus illnesses in polio vaccine recipients (personal communication). The unequivocal description in 1995 of an SCMV-derived stealth adapted virus from a CFS patient [6] was further resisted by the FDA, CDC, and NIH. This was, in part, due to the inferred possibility that the testing of cytomegalovirus contaminated experimental polio vaccines in African chimpanzees could have led to the development of HIV and, therefore, be responsible for the AIDS epidemic [16]. Public Health indifference and complacency remained in spite of my reporting of positive virus cultures from a child with austism, an adult with bipolar psychosis, and numerous patients wit severe encephalopathies. Conversely, a 2002 study showing positive cultures in some blood donors led to the official declaration that the testing for stealth adapted viruses had put the Nation's health in "Immediate Jeopardy." I was clinically prohibited from further patient testing for stealth adapted viruses.

In my opinion, the NIH and FDA are making a comparable error with their prompting the widespread use of the current Covid-19 vaccines. Had they taken a more constructive position regarding stealth adaptation.

Public Health authorities would have learned that the body is not totally dependent upon the immune system to suppress virus infections. Thus, even though the cellular immune system does not effectively engage with stealth adapted viruses, infected. patients and virus inoculated animals do recover without inflammation [17]. Cellular repair is also demonstrable in virus cultures [2,18]. The recovery is mediated by the alternative cellular energy (ACE) pathway, a non-food source of chemical and electrical energy [2,19]. The ACE pathway is expressed as an increased non-thermal kinetic activity of the body's fluids. Water with a heightened level of this energy can potentially be used to enhance the ACE pathway [2,19,20]. Experimental protocols applicable to acute Covid-19 illness and the long Covid syndrome include the inhalation of nebulized water and the continuing wearing of sealed pouches containing 50-100 ml of the water, respectively. These protocols are broadly applicable to infections by all types of stealth adapted viruses and the viruses from which they are derived.

Relatively few individuals are prone to develop severe Covid-19 illness. These include those who are frail and elderly, obese, and with certain underlying medical conditions. Presumably, they all have an insufficiency of cellular energy and would benefit from ACE pathway-based therapies. This approach is in contrast to the protection provided to these individuals by not only having them immunized but also immunizing the rest of the population. The use of the current Covid-19 vaccines comes with high risks and at a great expense. Specifically, Covid-19 vaccines do not induce the same level of immunity within the respiratory mucosa as do natural infections. There is, therefore, an increased likelihood in vaccinated individuals who are exposed to the SARS-CoV-2 virus of developing a persistent, subclinical infection, which will be initially confined to the superficial mucosa. Public Health officials allude to this possibility in advising those who have been vaccinated to continue wearing masks to prevent them from possibly infecting others.

The second major distinction between the vaccine and natural infection is the FDA allowance of vaccines containing only the spike protein. Deletion or other changes of a single viral component can occur more readily as an immune evasion mechanism than concurrent changes in multiple antigenic components. Covid-19 vaccines will, therefore, exert a strong immunoselective pressure for the deletion or major modifications of the spike protein. Coronaviruses are not dependent upon the spike protein to enter cells and to remain infectious. With successive additional changes in the genes coding for the remaining virus components that are normally targeted by cellular immunity, plus the acquisition of sufficient genetic sequences from cells and other microbes; non or poorly immunogenic, yet pathogenic, stealth adapted coronaviruses will emerge. These viruses will largely bypass immune recognition and will no longer be restricted to the respiratory mucosa. Of particular concern will be viruses that enter into the brain. The neurological and psychiatric symptoms of the long Covid syndrome in previously healthy individuals who had only a relatively mild Covid-19 illness, are consistent with a stealth adapted coronavirus encephalopathy [21-23]. The premise of this article is that Covid-19 vaccines are inadvertently, but predictably contributing to the development of variant SARS-CoV-2 viruses. A further prediction is the formation of pathogenic stealth adapted coronaviruses. These viruses will either lack the spike protein or have major modifications in this protein such that it will not be recognizable by the immune system. Based on studies on stealth adapted monkey cytomegaloviruses, there will likely be several cellular and/or microbial generic sequences incorporated into each stealth adapted coronavirus [3,4]. Furthermore, stealth adapted coronaviruses will presumably cause a similar spectrum of neurological and psychiatric illnesses as do other stealth adapted viruses.

In order to explore these predictions, it will be important to culture and sequence any resulting viruses from: i) Respiratory samples from Covid-19 vaccinated individuals who subsequently become symptomatic with a respiratory illness; and ii) a representative grouping of patients with the long Covid syndrome and some of their close contacts. Rather than relying upon universal

vaccination, only those who are at risk for severe Covid-19 illness should receive the Covid-19 vaccine. Determined efforts should be undertaken to enhance the ACE pathway in these individuals. The proposed role of certain types of brain activities in supporting the ACE pathway also needs to be studied as potential therapy [24]. The results from these studies will assist in optimizing therapies for numerous other illnesses that are attributed to the patients lacking sufficient cellular energy to clinically recover.

Conclusion

Worldwide vaccination is a less than optimal approach to protecting mankind against the SARS-CoV-2 virus. Intramuscular administration of a Covid-19 vaccine is relatively ineffective in developing strong immunity within the respiratory mucosa. This can allow for low grade, subclinical persistent infection upon the exposure of a vaccinated individual to the virus. The vaccine is directed against a single component of the coronavirus, namely the spike protein. The limited scope of the vaccine induced immunity exerts immunoselective pressure for the emergence of highly modified or deleted spike protein virus variants. The immune evasion mechanism can extend to the development of stealth adapted coronaviruses. These can cause systemic infections, which can be particularly symptomatic because of brain damage. Stealth adapted monkey cytomegaloviruses arose as an inadvertent consequence of the use of polio vaccines. Efforts need to be underway to detect and treat illnesses potentially due of to stealth adapted coronaviruses developing as an inadvertent consequence of the use of Covid-19 vaccines.

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