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Corona Vaccinations

Highly Dangerous for the Unborn?

By Florian Schilling, HP

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Why were significantly fewer children born into the world in 2022? Recent studies raise the suspicion that corona vaccinations are to blame. Florian Schilling presents scientific findings that could explain how the problematic components of gene-based vaccines reach the fetus via the mother and cause great damage there.

By Florian Schilling (Hp.), Munich area

In the meantime, the persistently pronounced and often still increasing excess mortality in Europe can no longer be denied or ignored.

Population Data

The justifications referred to on the official site are flimsy and unconvincing (for example, heat waves and failed check-ups). Recent research shows a correlation between today's excess mortality and the Covid vaccination campaign in 2021.¹ In the wake of these reports, however, another disaster is emerging – at the other end of the lifespan, in live births. These declined dramatically in 2022 to minus 10 percent, an unprecedented level since World War II. The pandemic is the primary explanation on the official sites: stress and fears about the future have led to reduced procreation, which is now reflected in low-birthrates. The reply to this then is that the decline in births would then have had to start in 2021, the second year of the pandemic, instead of 2022. In addition, it would be expected that the aforementioned decline would have to be circumvented slightly or completely in countries that were more relaxed about the pandemic (keyword: Sweden). Again, this is not the case.

The Study Situation

Authorities and politicians are rushing to rule out vaccination as a possible cause. In doing so, they do not refer to a reliable study situation – which does not exist. Pregnant women and women who wish to have children were explicitly excluded from the approval studies, and in addition, study participants had to report contact with pregnant women (it was actually forbidden) to Pfizer as a violation of the study protocol. A rogue here who thinks of shedding. The fact is that the corona vaccines have never been tested in clinical trials on pregnant or breastfeeding women. Instead, there were animal experiments on some rats as well as observational studies by Pfizer after the vaccines were released.² On closer inspection, these raise considerable questions.

The fact is that the corona vaccines have never been tested in clinical trials on pregnant or breastfeeding women.

If you only look at the first 20 weeks of pregnancy, there is no statistical dilution, but a drastic number of stillbirths.

This effect was shown very clearly by a New Zealand research paper³: The authors *Aleisha R. Brock* and *Simon Thornley* re-evaluated an earlier study by *Tom T. Shimabukuro*, in which 827 pregnant women had participated. They only included the first 20 weeks of pregnancy in their calculations and received a rate of 90(!) percent stillbirths in vaccinated mothers. Normal is 10 to 15 percent. In other words, the corona vaccination in early pregnancy is an abortion method. How can this be? Are there plausible hypotheses as to how such massive damage can occur?

They do indeed exist – but it is unclear at this stage whether only some of them apply to all and whether there are other, previously unknown mechanisms. A newly set up controlled clinical trial

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on this issue is now prohibited for ethical reasons, the stillbirths that occurred in the past should have been examined in detail – which they were not. Perhaps detailed animal models will be able to provide answers here in the future. [*That left undone*], it is worth taking a look at possible damage mechanisms. Since there is no shortage of these and the backgrounds are sometimes very complex, in the following "only" a few important and generally understandable connections are entered.

In other words, corona vaccination in early pregnancy is an abortion method.

Lipid Nanoparticles

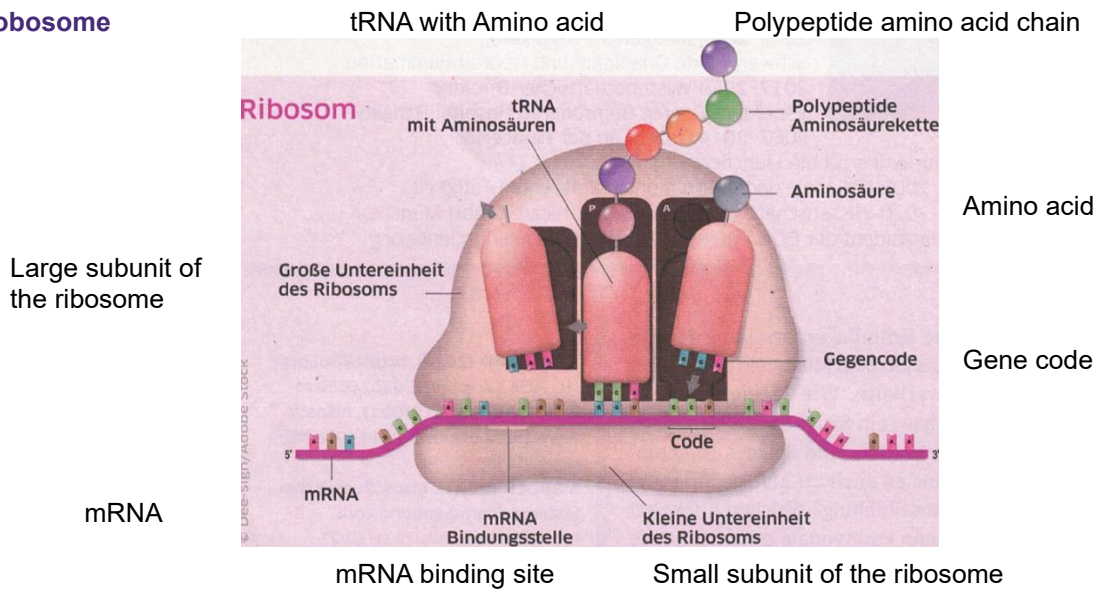
In the meantime, it has been proven several times what the European Medicines Agency (EMA) knew from the beginning: that the vaccination does not "stay in the muscle"⁴. The nanoparticles contained are distributed throughout the organism within a few hours and also reach sensitive organs such as the brain. They are also able to cross the placental barrier, so they can reach the embryo or fetus – and be taken up by it. This results in several possible problems. On the one hand, lipid nanoparticles (LNP) are per se highly oxidative (formation of free radicals) and pro-inflammatory.^{5,6} However, even greater adversity threatens when the cells of the unborn child take up the vaccine and begin to build spike proteins. Thanks to vaccination, the mother has antibodies of the IgG type against these – which also cross the placental barrier and can now attack the unborn child. The result would be a cytotoxic reaction, the embryo would be destroyed by the mother's immune system.

Gene vaccines destroy the ribosomes in embryonic cells.
This prevents the important formation of proteins or growth.

Ribosomes

If the vaccine gets into the embryonic or fetal cells, there is also a risk of trouble elsewhere. Among other things thanks to the use of pseudouridine, the genetically modified RNA (modRNA) is preferentially read – physiological protein production almost comes to a standstill.⁷ For cells whose only task at this time is growth, this is a significant problem. To make matters worse, the vaccine obviously destroys the cell's protein factories, the ribosomes.⁸ Even in the case that the modRNA were to miraculously disappear from the cells of the unborn child, they would be permanently damaged and their ability to grow would be decisively impaired. The consequences regarding a successful course of pregnancy are obvious.

Riobosome



Stem Cells

An almost breathtaking study from the USA was able to show that the vaccination of the mother shortly before or at the beginning of pregnancy leads to massive damage to the stem cells of the offspring.⁹ Actually, the researchers wanted to investigate the functional ability of the child's stem cells after vaccination or corona infection of the mother during pregnancy. However, there were so few stem cells in the vaccination group that further experiments were not possible. This raises many serious questions: Is there a stem cell deficiency in the embryo already in the womb? If so, what is the effect? Does the stem cell population recover after birth? If so, how quickly? If not, what are the consequences? For example, growth disorders and immunodeficiencies would be conceivable.

Vaccine RNA and free spike proteins reach the infant through breast milk.

Breast Milk

Breast milk contains much of what circulates in the mother's blood. Which is why, for example, breastfeeding women should reasonably refrain from very acidic or spicy foods. In vaccinated mothers, both vaccine RNA^{10,11} and free spike are found in breast milk. This is hardly surprising, since both circulate, contrary to the assurances of manufacturers and authorities, eventually also in the blood of vaccinated people, and for weeks and months.^{12,13,14} Vaccinated cells also pack the spike they produce into the body's own nanoparticles, so-called exosomes¹⁵. Firstly, these cross the placental barrier and secondly can be excreted with any body secretion – sweat, tears, semen,

urine and, unfortunately, breast milk. Exosomes are the driving force behind the phenomenon now known as shedding. A connection with the explosion of hepatitis in infants and young children would be conceivable here, as the vaccination has proven measures that cause toxic and autoimmune liver damage.¹⁶

Microclots and Vascular Inflammation

The nutritional needs of an embryo are enormous, the expectant mother is known to eat for two. All these nutrients must be transported through the blood to the placenta and through it to the newborn. The placenta is one of the organs with the highest blood supply, which is why, on the one hand, injuries to it in the sense of internal bleeding are critical. On the other hand, circulatory disorders of the placenta (placental insufficiency up to placental infarction) are not conducive to a successful pregnancy. Unfortunately, vaccination can lead to a multitude of problems in this area, especially in the form of clot formation (thrombosis, embolism) and inflammation of the lining of the vessels (endotheliitis). The spike protein can trigger both via a multitude of mechanisms, and more than a dozen mechanisms have now been described in this regard.^{17,18,19} Among other things countermeasures usually include blood-thinning medications – however depending on the active ingredient, taking them during pregnancy can be fraught with significant risks.

Open Questions

What was foreseeable from the outset avenges itself: the telescopic (i.e. incomplete) approval studies and the renunciation of basic pharmacological research are now giving us a minefield of unexplained facts. How does an embryo or infant react to nanoparticles, modRNA and spike uptake? Does myocarditis and clot formation also occur? What effect does it have when embryonic or neonatal cells produce spike? Do autoimmune processes occur in infants? If so – which ones and how often? What happens to the modRNA in the embryonic cells? An embryo has an enormous number of stem cells – we have seen that they are damaged. It is also conceivable that they could integrate the vaccine RNA into their DNA. This effect has already been demonstrated in cancer stem cells.²⁰ Does this possibly result in lifelong spike production? Can this DNA then also be inherited? Questions upon questions – which should have been asked before the experimental gene therapy called "corona vaccination" was imposed on pregnant and breastfeeding women. In any case, the higher level perspective is unpleasant and encourages uncared for thought: more deaths at one end, fewer births at the other. Thinking this trend through to the end does not require higher mathematics.

Reading Tips:

See additional articles by this author: Florian Schilling: „V-Aids und Turbokrebs. Die langfristige Hemmung des Immunsystems durch Corona-Impfstoffe“, raum&zeit 238

See English translation of previous articles (November, 2022) on the P2P website at :
V-AIDS and Turbo Cancer

https://praxis2practice.com/wp-content/uploads/Schilling_VAIDS_Turbokrebs.pdf

Post Vaccine Syndrome

https://praxis2practice.com/wp-content/uploads/Schilling_Post-Vakzin_Syndrom.pdf

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