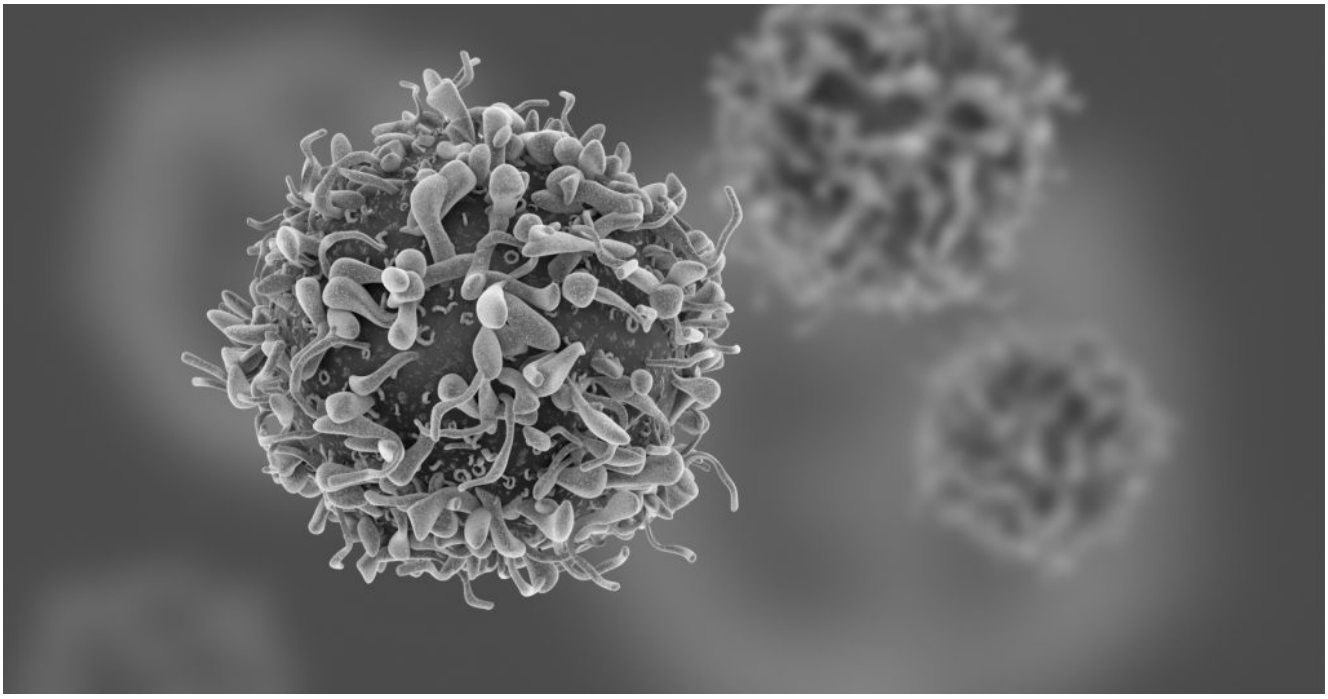
Why the Increase in Aggressive Cancer Rates With COVID-19 Vaccines?



Idaho pathologist Dr. Ryan Cole notified the world in 2021 he was seeing a tremendous increase in certain types of cancer following COVID-19 vaccination. This has now been reaffirmed worldwide and continues to increase, especially among young people typically considered low-risk.

Equally frightening, he and other pathologists and oncologists noticed individuals with well-controlled neoplasms—or tumors—were experiencing a sudden, rapid recurrence post-vaccination of tumors that were uncontrollable and resistant to treatment.

This increase has been carefully documented by The Ethical Skeptic website. This increase in cancer rates has been called "turbo cancer" to emphasize the rate at which these cancerous tumors are appearing in the COVID "vaccinated." These rapidly emerging tumors include lymphomas, myelomas, leukemia, and bone marrow-related tumors.

It has been shown that the spike protein from the “vaccine” accumulates in very high levels in the bone marrow. The question we are faced with is how are these “vaccines” causing turbo-cancers.

In 2019, I wrote a comprehensive article on oncomodulation—how various viruses induce or modulate existing cancers.

The article goes into great detail on how viruses and viral proteins carry this out. There are several mechanisms, some related to chronic inflammation and other effects of the viruses on cancer stem cells directly. It gets rather complicated, but we know that certain viruses and viral components cause cell mechanisms to be activated that assist stem cell conversion to cancer stem cells.

Cancer stem cells are responsible for the transformation and recurrence of these particular cancers—and are easily influenced by COVID-19 “vaccines.” Many of these mechanisms involve selective immune suppression, which we know occurs with this injection.

For example, each vaccine injection causes a progressive suppression of macrophagic and lymphocytic immune function. Both immune cell types are intimately involved in this anticancer process. The fastest growing and invading cancer I have seen is with immune suppression, no matter the cause.

In my 2019 paper, I reiterate Dr. Seyfried’s thesis, backed up by much research, that cancer is not a genetic disease but rather primarily a metabolic disease. Further, I show that several viruses alter the metabolism of stem cells favorable to a carcinogenic phenotype.

Several stem cell mechanisms also alter the behavior of all cancers. This includes the STAT-3 mechanisms and anti-apoptotic mechanisms, AKT, and special cytokines. STAT-3 is the mechanism that drives anticancer immunity. Under certain conditions of oncomodulation, the tumor microenvironment—the

microenvironment surrounding the tumor—does not contain tumor-inhibiting macrophages but rather Tumor-Associated Macrophages.

These immune cells ensure the immune system will not kill the tumor cells but enhance tumor growth if the tumor microenvironment switches to one that is chronically inflammatory. This occurs especially by Interleukin-6 (IL-6). This cytokine enhances growth and is very high under chronic inflammation conditions with this "vaccination." IL-6 levels are also very high in uncontrollable cancers.

Likewise, the cytotoxic lymphocyte switches to a non-function state that will not kill tumor cells. Chronic inflammation does one other thing that enhances tumor growth and invasion—it hits a certain glutamate receptor that normally does not increase calcium entry into cells, called the AMPA-glutamate receptor.

Inflammation switches this glutamate receptor to a calcium-permeable glutamate receptor that significantly enhances the calcium entry into the dormant cancer cells. Calcium within these cancer stem cells enhances cancer growth, invasion, and spread. A combination of inflammation and a high intake of glutamate in the diet drives cancer stem cell growth and invasions and spread. Studies have shown that cancer tumors with this glutamate receptor are more aggressive and invasive.

It has also been observed that certain viruses produce a viral protein that alone can induce tumors in experimental animals (called US 28). Several viral proteins alter tumor angiogenesis, suppress immunity, inhibit apoptotic mechanisms, activate telomeres (make tumor stem cells immortal), alter stem cell metabolism favorable to cancer induction, produce genomic instability, and activated cell mechanisms that promote cell growth. In addition, the "vaccine" activated NF-kappa B, which is very high in tumor cells and IL-6.

So, we see several mechanisms by which these “vaccines” can act as oncomodulators, explaining the massive rise of cancer rates and re-activation of latent cancers among the vaccinated.