

The Continuing Saga of Psychological Stress Caused by the SARS-CoV-2 Pandemic

Arthur E. Brawer*

Associate Clinical Professor of Medicine, Drexel University School of Medicine, Philadelphia.

Assistant Clinical Professor of Medicine, Robert Wood Johnson School of Medicine, New Brunswick.

*Correspondence:

Arthur E. Brawer, 170 Morris Avenue, Long Branch, New Jersey 07740, USA, Tel: (732) 870-3133, Fax: (732) 870-0784.

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Commentary

The detrimental effects on educational performance, student well being, suicidal ideation, loneliness, rheumatic disease sufferers, the elderly, and media censorship caused by the SARS-CoV-2 pandemic have been the subject matter of numerous publications. Although the introduction of COVID-19 vaccines and various other public health initiatives eventually terminated widespread lockdowns, there continues to be considerable public uneasiness regarding ongoing viral research and newly minted vaccines, accompanied by persistent defensive posturing at many institutions of higher learning. In particular, college bound students are being subjected to rigid immunization guidelines not only for newly emerging strains of SARS-CoV-2 but also for a wide variety of routine infectious diseases. At times, these mandates encompass the demonstration of sufficient antibody titers induced by prior childhood vaccinations (e.g., hepatitis B, MMR, meningococcus, etc.). Students who have experienced vaccine-induced chronic toxicity are often deficient in a variety of these academic requirements due to subsequent permanent parental interruption of further inoculations, including adamant avoidance of any COVID-19 vaccines. This, in turn, may restrict matriculation at prestigious universities even for well qualified applicants unless an acceptable exemption letter from an expert physician can be secured. This is by no means an easy task, and is complicated by two realities: (1) failure of the general academic community to recognize the validity of vaccination-induced chronic disorders

that encompass features of one or more of the neurologic fatiguing syndromes; and (2) failure of the general academic community to conceptualize novel causation mechanisms of vaccination-induced chronic toxicity. The following case history is representative of this dilemma.

An eighteen year old female has been chronically ill since age ten following a series of multiple childhood vaccinations that included hepatitis B and Gardasil. Disease manifestations include headaches, fatigue, palpitations, paresthesias, dysesthesias, myalgias, muscle weakness, muscle twitching, urticaria, pruritis, cognitive dysfunction, and abdominal pain. Postural orthostatic tachycardia syndrome (POTS), small fiber neuropathy, mitochondrial dysfunction, and mast cell hyperactivity were sufficiently documented, accompanied by the presence of antinuclear antibodies, Sjogren's antibodies, antibodies to adrenergic and cholinergic G protein coupled receptors, and antibodies to GAD-65. Polypharmacy and IV IgG infusions have afforded only partial improvement. Additional immunizations of any kind, including mRNA COVID-19 vaccines, have been avoided, creating stressful conflict with some college admission policies. This amplified the psychological stress of coping with a bizarre and debilitating chronic illness, which was further compounded by initial physician skepticism.

Although the vast majority of vaccine recipients have no safety issues, that does not detract from the reality of thousands of redundant case histories similar to the one presented above. The initiation of such ailments is particularly typical for hepatitis B vaccine, Gardasil, and mRNA COVID-19 vaccines, all three of

which contain hidden volatile organic compounds in the toluene and benzene families. Delineating the population at risk for chronic vaccine-induced chemical toxicity is of paramount importance. Such susceptibility appears to encompass a variety of additional factors, which I refer to as a “perfect storm.” These include (but are not necessarily limited to): (a) genetic cytochrome P450 enzyme deficiencies that result in impairment of the metabolism of xenobiotics, thereby allowing any hidden vaccine chemicals to hang around longer; (b) organosiloxanes (silicones) and silicon dioxide (silica), present in the above three immunizations and at least thirteen other vaccines; (c) ethylenes, also present in multiple vaccines, which can further reduce the already low CYP450 enzyme levels; (d) low butyrylcholinesterase levels, a regulator of the interactions between acetylcholine, serotonin, dopamine, and GABA (four neurotransmitters that are crucial to the sleep-wake cycle, respiration, muscle tone, and nerve transmission in the brain); and (e) the presence of one or more innate channelopathies that, in the absence of adverse environmental exposures, are typically innocuous. Taken together, these components are capable of creating multiple adverse circuitous amplification loops of chemical and autoantibody induced disturbances that chronically disrupt routine physiologic functions. The diverse pathophysiologic processes encompassing such an illness are not mutually exclusive, and complex chronological scenarios and complex disease identifications can easily be the rule rather than the exception.

The “perfect storm” mechanisms of vaccine-induced toxicity can also account for SIDS (sudden infant death syndrome), which

claimed 3,000 deaths in the USA in 2022 despite three decades of preventive pediatric recommendations. Prior theories of molecular mimicry and/or ASIA (autoinflammatory syndrome induced by adjuvants) are woefully inadequate to explain the majority of chronic and/or lethal disorders initiated by vaccine toxicity. Readers of this commentary are encouraged to download a peer-reviewed publication appearing on April 11, 2023 in the Journal of Community Medicine and Public Health Care, entitled “Assessing Risk for Chronic Disorders Caused by Human Papillomavirus Vaccines and mRNA COVID-19 Vaccines.” Many of the publications in its reference section will also impart significant information.

Prior anti-vaccine movements have been fueled by the SARS-CoV-2 pandemic, which in turn, has escalated the psychological stress of the general public and multiple medical experts. Individuals who have first-hand knowledge of one or more catastrophes following routine immunizations know what they have witnessed, but they have been at a disadvantage because they have not been able to deduce plausible and scientifically sound mechanisms of disease causation. I believe that vacuum is about to change. The controversy between anti-vaxers and pro-vaxers can be significantly reconciled because we now have the ability to test individuals for potential chronic toxicity prior to immunization. This, in turn, has the capacity to alleviate a great deal of psychological stress exhibited by students, physicians, and all other members of society.