Graphene Oxide/CoVid-19 Connection: Transmission, and Mitigation

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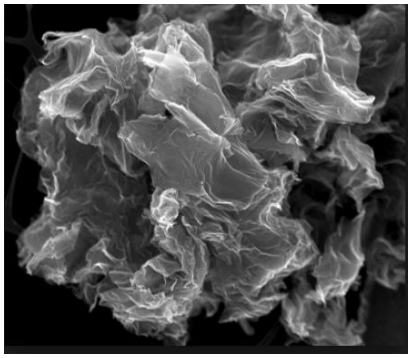

Graphene Oxide Powder
(scanning electron microscope)

The subject of this treatise deals with the inclusion of **graphene oxide (GO)** in the COVID-19 injection* ingredients currently being administered by the hundreds of millions globally, its structure, intended purposes, transmission modes (vector and non-vector), and potential side-effects.
*(the current COVID-19 injections, by definition, are not considered true vaccines)

In addition, we will address how to reduce, negate, and/or prevent the damaging effects it may foster and how it may be removed from the body.

Information herein was obtained from the *CDC, NHI, WHO, Pubmed, NaturalNews, Brighteon, Grolltex, Nature, Orwell, Doi, The International Journal of Environmental Science and Tech, Sgtreport, Sciencedirect, Forbes*, and additional sources. (References available upon request).

Graphene Oxide - Abstract

The first step is to understand exactly what graphene oxide is and its use in industrial and biomedical applications.

Definition: Graphene oxide (GO) is the oxidized form of graphene; a single-atomic-layered material formed by the oxidation of graphite.[1] Graphene itself is the thinnest compound ever known (1 atom thick) and the strongest. It's light, flexible and transparent as well as both electrically and thermally highly conductive. While it can be processed into a sheet, there are functional groups that protrude from the 2D plane.

One of the main advantages of graphene oxide is that it is dispersible in water. This makes it possible to use in solution-based processes such as chelating heavy metals in wastewater.

Another property of graphene oxide is that it can be reduced to graphene by using chemical, thermal or electrochemical methods resulting in reduced graphene oxide (rGO). Once reduced graphene oxide has been produced, there are numerous ways that can be used to functionalize (adding nanoparticles to modify physical or chemical properties/behavior) and enhance the properties of the rGO film for use in various applications such as sensors, electronic components, smart textiles and more.

Graphene oxide presents excellent adsorbent performance for heavy metals, dyes and pharmaceutical antibiotics along with a large surface area. It can be functionalized with **EDTA***, an excellent ion chelating agent, and Chitosan (a fiber from crustacean shells), by a salinization chemical reaction, to significantly increase the adsorption capacity for the removal of heavy metal ions (including zinc, cadmium, mercury, iron, and lead) environmentally.[2]

* (In order for graphene oxide to be effectively used as a chelator of heavy metals in wastewater, for example, it first must be functionalized with EDTA (Edetic or Ethylenediaminetetraacetic acid) externally resulting in EDTA-mGO which improves metal chelation and electrostatic attraction and thus adsorption capacity).

EDTA Properties

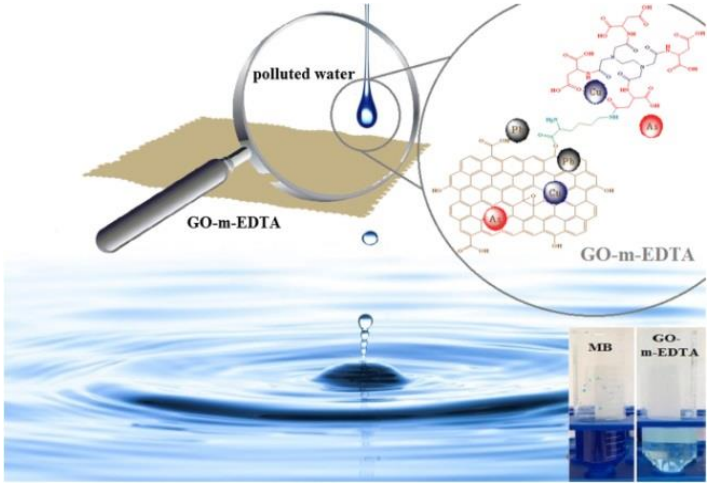
EDTA (calcium disodium edetate) is such an integral part of chelation, it's important to discuss it briefly before moving on. In addition to being a strong chelating agent, EDTA also has anti-hypercalcemic and anticoagulant properties. It has been used in the medical field for over 50 years primarily as a chelator of lead. However, it has been shown to also bind with calcium and heavy metal ions forming soluble stable complexes which are readily excreted by the kidneys resulting in decreased serum calcium levels and heavy metal toxin load reduction.

EDTA has also been found to reduce coronary artery disease. It has a high affinity for calcium within the body and has been shown to reduce or eliminate arterial calcific plaque.

Heavy metals* have the ability to produce reactive agents within the body that lead to an inflammatory cascade. The resulting cytokine/inflammatory storm can have negative effects on the nervous system and can lead to neurotoxicity. EDTA can be useful for the management and prevention of these effects.

*(Technically, graphene is a non-metal but is usually known as a quasi-metal because its properties are similar to that of a semi-conducting metal. Therefore, graphene possesses a number of unique properties that cannot be found in other non-metallic materials and thus can be chelated).

The majority of EDTA and its metal chelates do not permeate the cellular membrane; thus, most of the EDTA remains in extracellular fluid until excreted from the body via the kidneys.[3] EDTA is not mineral specific, therefore deficiencies are possible and supplementing with a good mineral product is advised. Any side-effects are usually related to the deficiency of certain minerals.



Heavy metals removal by EDTA-functionalized chitosan graphene oxide nanocomposites

Industrial/Biomedical Applications

Graphene oxide can be exploited as a substrate for tissue engineering depending partly on its flake composition, chemical functionalization and dimension. Conductivity of graphene oxide may allow it to instruct and interrogate neural networks, as well as to drive neural growth and differentiation, which holds potential in regenerative medicine in addition to affecting the excitability and physiology of neural cells. This aspect has driven engineering for the allowance of crossing the blood-brain-barrier to reach neural cells and achieve on-demand delivery of specific drugs.

Interestingly, the surface of graphene allows strong and non-destructive interactions at the cellular level, which could be improved by specific chemical functionalization. This is particularly true for graphene-based supports and scaffolds oriented to tissue repair and regeneration, and in fact promising results have already been shown for neural and bone tissue engineering. For graphene nanosheet dispersions, mostly intended for drug/gene delivery and diagnostic imaging purposes, the complexity presents a challenging problem and calls for the safety of this material to be analyzed separately and thoroughly.

Graphene Oxide is portrayed as a novel vaccine nano-adjuvant for robust stimulation of cellular immunity.[4] According to a detailed report, nanomaterials comprising functionalized nanoparticles (NPs) and quantum dots with nanotechnology-associated innovative detection methods, vaccine design, and nanodrug production have shown promise for interfacing with pathogenic viruses. Nanocarrier/NP-based delivery systems can generally protect nano-vaccines from premature degradation, increase stability, have excellent adjuvant properties, and may help in the targeted/controlled delivery of immunogens to antigen-presenting cells (APCs). NPs could produce remarkable amounts of neutralizing antibodies against the homologous virus, NPs may be a promising and effective prophylactic approach against MERS-CoV infection (Covid-19). There is also the capacity to mimic virus structure or size without requiring a real infection.

Neurologic Claims

A company called INBRAIN Neuroelectronics recently secured funding for the first AI-powered graphene-brain interface neuromodulation stating the technology is being used, “for treating epilepsy and Parkinson’s disease using a less-invasive neuromodulation device for treating neurological conditions with artificial intelligence and graphene electrodes.” These graphene biocircuits are a platform that can be upgraded as needed.

It’s interesting to note that Moderna, creator of the mRNA COVID-19 injection, has described its technology as an “operating system” that can be updated and reprogrammed at any time.

INBRAIN also recently announced a collaboration with Merck pharmaceutical to co-develop the next generation of Graphene bioelectronic “vagus nerve therapies” targeting severe chronic diseases using neurostimulators.[5]

INBRAIN highlights its technology as being able to “read” a person’s brain, detect specific neurological patterns, and then control that person’s neurology to alter their brain function.

The phrase “intelligent neuroelectric system” has been used suggesting that corporations are planning to superimpose their own automatic nerve inputs and responses in the body, on top of the body’s natural nervous system. Mike Adams (the Health Ranger) describes this as the desire to “replace deficiencies and errors” in the natural nervous system with their own catalog of preferred stimuli and responses making it one step closer to Transhumanism.

In a paper entitled, *"Self-Assembled Magnetic Nanosystems" For Cybernetic Biocircuitry Interface & Control Systems In Humans, Including "DNA Hydrogel" Tech*, it is revealed that "self-assembling" technology, using graphene oxide, has been tested in biological systems for at least two decades.

A "self-assembling" system is a set of instructions, introduced into the body via injection, where a structure is assembled using resources available in the blood (such as iron and oxygen atoms). In effect, nanotech self-assembly means that a microchip doesn't need to be "injected" into someone, since the circuitry can be assembled in vivo after injection.

Every biological creature on Earth is a living example of self-assembly: DNA sequencing, genetic replication are examples. It follows that viral replication is also a self-assembly process.

Several studies have been published that focus on the self-assembly of magnetic nanomaterials (MNMs) and self-assembly of iron oxide nanoparticles (SPIONS or Super Paramagnetic Iron Oxide Nanoparticles) which can play an important role in the construction of DDSs (Drug Delivery Systems). What's clear from the data is that external magnetic fields can direct the self-assembly of nanostructures which can function as cybernetic bio-circuitry interface systems in the human body as well as magnetically controllable DNA "smart" hydrogels via the self-assembly of iron oxide nanowires. Once assembled inside the body, these nanostructures are controlled through external magnetic fields or electromagnetic broadcasts, requiring very little power.*
**(Much of this information was published as far back as December of 2012. The tech has been around even longer than that. Imagine what can be accomplished today!).*

The Evidence - Graphene Oxide in Vaccines

Despite recent attempts by the FDA and fact-checkers[6]* to deny it, vaccine manufacturers have been using graphene oxide as an adjuvant to improve immunogenicity of antigens and induce long-lasting immunity via the delivery of biomolecules for years. It has also been widely used for the photothermal treatment of cancer, drug delivery, antibacterial therapy, and medical imaging.
** (It was obvious that many fact-checker articles were written by those connected to pharmaceutical companies. Facts were not addressed or referenced, adverse events and death statistics were downplayed or ignored, and ad-hominin attacks were launched on truth-tellers and whistle-blowers without references to accurate data.)*

A recent study, researched in Spain and reported by La Quinta Columna (The Fifth Column)[7], is lending great support to the inclusion of graphene oxide in vaccines. It includes a detailed analysis of the COVID-19 injection using optical and scanning electron microscopy, EMF techniques and UV spectroscopy – coinciding with the peak wavelength of graphene oxide. The study includes the claim that all the major COVID-19 injection formulas from AstraZeneca, Pfizer, Moderna, Sinovac, Janssen, and Johnson & Johnson contain a considerable dose of graphene oxide nanoparticles, up to 99.2% of the total volume.

Additionally, there is mounting evidence that graphene oxide may be responsible for the COVID19 "Pandemic." This comes on the heels of researcher's statements that to date, the Coronavirus-19 virus has not been isolated and that graphene oxide toxicity exhibits the same symptomatology of severe COVID-19.

The researchers state that graphene inside the body acquires magnetic properties and is a superconductor for energy and storage. It has been measured conclusively with teslameters, multimeters, and magnetometers. This refers to the magnetic or pseudo-magnetic phenomenon that people acquire after inoculation; essentially turning those inoculated into superconductors.

"When excited, graphene oxide multiplies frequencies. With a minimum signal, it oxidizes much faster and breaks the balance between glutathione levels and the toxicity of the organism, generating bilateral pneumonia, altering the behavior of the immune system, which cannot cope as soon as the neutrophils try to phagocytize it as if it were a pathogen, as if it were SARS-CoV-2."

Note: In mid-2020, the author suspected that the yearly flu vaccine might have been used to "kick-start" COVID-19 by introducing "something" into the body that would be triggered by another vector, possibly the flu itself, or graphene oxide in a medium (including air, clothing, even masks). This conclusion was shared by the researchers at the University Of Almeria, Spain – see below)

"We observed that the higher the flu vaccination numbers, the higher the mortality of COVID-19, and logically we saw a relationship. The other relationship was with electromagnetic fields. What we did not know is that there was a marking on each of these people to make them a target population for the electromagnetic focus – a lethal weapon that now makes people magnetic. Logically you will understand that if they interact with those radiation sources at a specific frequency and quality they cause in oxidation, they break the redox balance of the oxidative biomarkers of the organism, causing the COVID-19 disease. COVID-19 is only the collateral effect of the introduction of that nanocomposite by different ways, and we suspect that it was introduced in the 2019 anti-flu campaign."

They also commented that, "The anti-flu vaccine contained nanoparticles of graphene oxide, as well as the *new* anti-flu vaccines. The new and supposedly intranasal anti-COVID-19 formula they are preparing also contain enormous doses of graphene oxide nanoparticles."

Note: A link to "Nano coronavirus recombinant vaccine taking graphene oxide as carrier" revealing a patent application which states in the abstract, "The new corona vaccine contains graphene oxide, carnosine, …" https://patents.google.com/patent/CN112220919A/en

Symptomology

When introduced into the body, graphene oxide can cause symptoms analogous to the COVID-19 virus including:

- A metallic taste in the mouth
- Loss of smell and taste
- Fatigue
- Fever
- Chills

Additionally, Graphene Oxide Has Demonstrated The Following Biological Manifestations:[8]

- Generation of thrombi, blood coagulation, and alteration of the immune system; collapsing it by decompensating the oxidative balance in relation to the glutathione reserves and resulting cytokine storm in both young and old.
- Accumulation in the lungs producing bilateral pneumonias by uniform dissemination in the pulmonary alveolar tract.
- DNA damage, apoptosis/necrosis (cell death), and autophagy
- Production of powerful magnetic properties* inside the organism demonstrated by many of the vaccinated *(*a phenomenon of electromagnetic induction in the metal that adheres near the inoculation area. The magnetism has been shown to move cephalad, emitting and receiving electromagnetic signals – making the person a superconductor).*

- When graphene family nanoparticles pass through the air-blood barrier, they mainly accumulate and are retained in the lungs where they can cause granulomas and lung fibrosis interfering with normal oxygen exchange.
- When in the blood, graphene oxide is retained in the lung, liver, spleen and bone marrow where it is toxic in high concentrations. A study revealed inflammatory cell infiltration, granuloma formation and pulmonary edema in the lungs of mice after intravenous injection of GO.
- Excessive reactive oxygen species (oxidation) generation - the first step in the mechanisms of carcinogenesis, aging, and mutagenesis.
- Significant genotoxic properties leading to severe DNA damage, chromosomal fragmentation, point mutations and oxidative DNA adducts and alterations.
- Degradation of glutathione, a master antioxidant, in living human cells.
- Access to deeper organs by passing through the normal physiological barriers, such as the blood-air barrier, blood-testis barrier, blood-brain barrier and blood-placental barrier.[9]*
  *(these are natural barriers that protect specific bodily structures from physical and chemical insults. This begs the question: why are potentially lethal substances being designed to by-pass these protective structures?)

At the European & Global CLINAM Summit 2016: Cutting Edge Medicine, Professor Bengt Fadeel, MD, PhD, ATS Institute of Environmental Medicine, Stockholm, Sweden (December 7th, 2016) presented a study: *Graphene Oxide Interactions with Primary Human Innate Immune Cells: Focus on Neutrophils and Macrophages.*[10]

In this very detailed study, Dr. Fadeel demonstrated that graphene oxide triggers cytotoxicity and cellular necrosis in macrophages as well as a hyper-inflammatory response (cytokine storm). Studies have also shown that GO appears to strip off the plasma membrane from cells. However, he also mentions there are natural remedies that can beat this (discussed later).

Researchers at Karolinska Institutet, the University of Manchester and Chalmers University of Technology have shown that the human immune system handles graphene oxide in a manner similar to pathogens. Graphene oxide is attacked by neutrophils trying to phagocytize it, engulf it: coagulate it. It may be one of the mechanisms that help explain why graphene oxide generates clots and thrombi.

The study also shows that neutrophils, the most common type of white blood cell specialized in combating infections, just like a pathogen, release so-called neutrophil extracellular traps (NETs, the most common type of white blood cells) when encountering graphene oxide. NETs are made up of a "spider-web" of DNA decorated with proteins that help neutrophils to destroy microorganisms such as bacteria and fungi. The researchers found that GO causes specific changes in the lipid composition of the cell membrane of neutrophils leading to the release of NETs in an overabundance (hyper-inflammation). They also show that antioxidant treatment can help reverse this process.[11]

Prevalence

A growing concern is that of graphene oxide transmission or “shedding” from one who has received one of the several COVID-19 injections to an unvaccinated person by either vector or non-vector means.

A biological fact is that as animate, living beings, we are “shedding” creatures. Even inanimate objects shed to some degree over time. Human beings are continuously shedding. Every day we lose hair, skin cells by the hundreds of millions, blood cells, water, normal bacteria, viral particles, chemicals such as carbon dioxide and ammonia, and so forth. This would also apply to foreign matter if capable.

We need to remember that health and medicine are constantly changing and evolving fields. New technology and discoveries can make what was true 10 years ago, questionable or incomplete today. Additionally, science is not always black and white; it is a combination of theory, hypothesis, and fact. So, while the CDC and pharmaceutical companies continue to vehemently, even aggressively deny it, there is ample evidence that spike proteins are a probable cause of non-vector transmission from those who have been injected for COVID-19 to those who have not. Increasing reports of COVID-like symptoms such as: Pericarditis, Shingles, Pneumonia, blood clots in the extremities and brain, Bell's palsy, vaginal bleeding and miscarriages have been reported in persons who have been in close contact with the injected.

Pfizer released a document entitled: *PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS.*[12]

On pages 67-69 there are specific cautions regarding pregnant women, family members, healthcare providers and occupational workers being "exposed to the study intervention [those who have been vaccinated] by inhalation or skin contact…which may or may not lead to the occurrence of an AE (adverse event)."

This leaves little room for the argument that shedding does not occur with the spike protein found in the experimental injections.

It naturally follows that graphene oxide would similarly be shed or transmitted from one person to another as it is a transient material and not all GO is retained by the body.

In fact, numerous studies have been conducted regarding the shedding and ruffling of mammalian cell plasma membranes by graphene oxide induction. "Graphene oxide causes the PM (plasma membrane) of RBL (Rat Basophilic Leukemia) cells to ruffle extensively, resulting in the shedding of a significant quantity of membrane fragments."

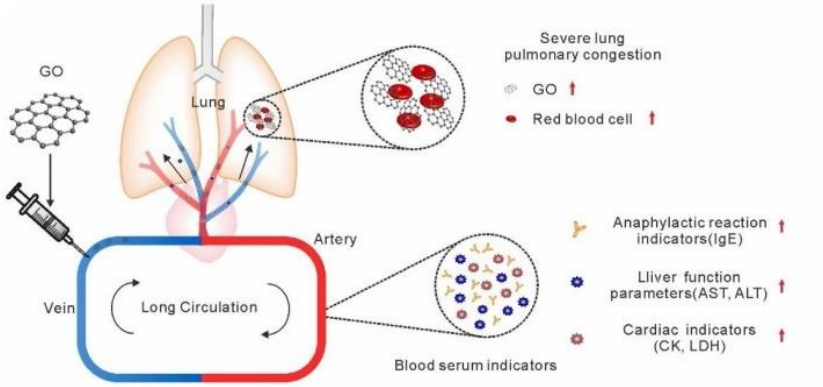
Scientists have observed multiple GO-stimulated cellular responses occurring on the temporal scale of a few hours, such as vacuolization, PM permeabilization, PM ruffling and fragmentation, and PM receptor endocytosis.[13]

In the same article we read, "There is increasing knowledge on extracellular vesicle's (in particular exosomes) ability to promote inflammation or contribute in spreading of pathogenic proteins in neurodegenerative disorders (from Amyotrophic Lateral Sclerosis to Alzheimer disease)."

Graphene nanoparticles are not just found in COVID-19 injection vials; they have been found in face masks and swabs used in both PCR and antigen tests. A recent Science Direct article states that GO nanoparticle functionalization of face mask materials is for the purpose of inhibiting infectivity of trapped SARS-CoV-2 using cotton or polyurethane.* The article also states that personal protective equipment (PPE) in current use in high-risk settings for COVID transmission provides only a physical barrier that decreases infection likelihood and does not inactivate the virus. However, it may also be likely that these are methods of graphene oxide transmission.
**(having worked for years with polyurethane, a known carcinogen, it is a nonporous material used for waterproofing and does not normally "breathe". Were the mask fibers simply coated with polyurethane or was the entire mask dipped in polyurethane [preventing even oxygen from getting through]? To my knowledge, none of the current masks, cloth coverings or surgical masks contains polyurethane, including the N95 which is made up of nonwoven polypropylene).*

From Potential Application to Lethal Certainty – Animal Studies

In an article from Science Direct, *Blood Exposure to Graphene Oxide May Cause Anaphylactic Death in Non-human Primates*, it was concluded that graphene oxide did, in fact, cause distal lung deposition contributing to elevated IgE levels and severe lung injury with subsequent anaphylactic death in primate animals.[14]



Science Direct also references two other animal studies that conclude relatively high doses of graphene oxide can induce heart problems in developing embryos and may collect, concentrate, and become toxic in the kidneys.

Sub-lethal Exposure[15]

An article in Scientific Reports (2020) demonstrates that small few-layer graphene (sFLG), a novel small-sized graphene-related material (GRM), can be considered as an intermediate degradation product of graphene. A one-week treatment of HaCaTs* with sub-lethal doses of sFLG resulted in metabolome remodeling, dampening of the mitochondrial function and a shift in the redox state to pro-oxidant conditions. Sustained exposure (30 days) resulted in cell proliferation, and mitochondrial damage. Metabolic changes, DNA damage, cell necrosis and apoptosis resulted from even low concentrations of GRM physically interacting with cell membranes.
*(spontaneously transformed aneuploid immortal keratinocyte cell line from adult human skin)

sFLG not only increases H_2O_2 levels but also affects the whole redox balance by decreasing the level of antioxidant molecules such as GSH and induces cytotoxicity. sFLG also cuts glutamine levels and induces a double impact in cell homeostasis resulting in mitochondrial biology being affected. Specifically, the metabolic remodeling and cellular events altered by sFLG resemble the changes produced by UV in skin cells in the early stages of tumorigenesis before any evident cell transformation occurs.

In the same studies that show the biomedical application of graphene oxide, these caveats are mentioned: “one primary hurdle is the safety concern of in-vivo use of GO. Thus, there is an urgent call for evaluating the impact of GO on human health.” And, “GO aggregates in biological liquid and induces cell death, and it also exhibits poor biosolubility and biocompatibility.”

Relationship of 5G and Graphene Oxide

The author recalls a video showing aphids habituating near a 4 G cell tower that “jumped” every few seconds along with the 4G signal pulse. The same video showed the toxic effect on nearby vegetation which exhibited either unnatural mutations or simply were withering and dying.

Much more recently, a short video clip displayed a cell phone next to a small clump of graphene and then connecting to a signal. The clump of graphene began literally "dancing" along with the electromagnetic signal, exhibiting more than mere magnetic attraction.

Since Graphene Oxide was determined to be an excellent conductor of electricity, methods have been developed to combine Graphene's flexibility with terahertz detection (a unit of frequency creating electromagnetic waves) to allow connection to the "Internet of Things" **(IoT)** via technologies available in **5G**… such as smart phones.[16]

Like all materials, graphene oxide has a resonant frequency or an electronic absorption band - a certain frequency above which the material is excited and oxidizes very rapidly, thus breaking the equilibrium with the proliferation in the organism of the toxicant against our natural antioxidant glutathione reserves. Graphene oxide happens to be in the frequency band emitted by the new 5G wireless technology, which may be a factor in activating COVID-19 symptoms.

Additionally, the ability to influence brain neurons has already been proven in experiments with mice, involving both SPIONs (Super Paramagnetic Iron Oxide Nanoparticles) for targeted tissue drug delivery as well as "magneto" proteins that achieve neuromodulation (brain control).

Note: COVID allegedly started in Wuhan, China where 5G radiation was being rolled out. Additionally, the European Society of Medicine published a report that states: "COVID-19 Attributed Cases and Deaths are Statistically Higher in States and Counties with 5th Generation Millimeter Wave Wireless Telecommunications in the United States."

Natural Human Enzyme Can Biodegrade Graphene

The body has an amazing natural capacity to cleanse and detoxify, as long as it's healthy and not significantly overwhelmed. The immune system is comprised of billions of natural "warriors" specifically created and designed for this purpose.

Degradation of pristine graphene occurs in the human body when interacting with a naturally occurring enzyme found in the lung, announced Graphene Flagship partners; the French National Centre for Scientific Research (CNRS), University of Strasbourg, Karolinska Institute and University of Castilla–La Mancha (UCLM).[17]

To test how graphene behaves within the body, Alberto Bianco and his team at Graphene Flagship partner CNRS conducted several tests to determine whether and how graphene was broken down with the addition of a common human enzyme. The enzyme, myeloperoxidase (MPO), is a peroxide enzyme released by neutrophils, cells found in the lungs that are responsible for the elimination of foreign bodies or bacteria that enter the body. If a foreign element or bacteria is detected inside the human body, neutrophils surround it and secrete MPO, thereby destroying the threat. However the structure of non-functionalized graphene makes it more degradation resistant.

Graphene Oxide Needs to be Detoxified

We've seen the devastating effects that graphene oxide can have on the human body. Now that we know that the cause or etiological agent of the disease is most likely a chemical toxicant and not a biological agent, it can be attenuated. Therefore it is absolutely vital that it be prevented from doing more damage to the body if

already exposed, and for it to be eliminated if there is a substantial body load due to vaccines or other media/vectors.

At least three anti-oxidants play a key role in removing Graphene Oxide:

1. **N-acetyl cysteine (NAC)** - dramatically restores glutathione levels naturally.*
2. **Supplemental glutathione** to restore diminished levels.
3. **Dimethylglycine (DMG)**

***(~**June 17 the FDA issued a notice that they were banning the marketing of N-acetylcysteine after it had been used for 57 years as a normal and ordinary mucolytic).

Other beneficial supplements:

1. **Resveratrol** - abolishes graphene oxide's potential to generate destructive oxidation
2. **Chlorine dioxide** which, while still controversial, has successfully been used by thousands with various autoimmune diseases
3. **Vitamin D**
4. **Zinc**

Antioxidants are significant in protecting the body against destructive oxidation by converting graphene oxide to simple graphene for elimination.

Both N-acetylcysteine and glutathione will degrade graphene oxide.[18] NAC is the precursor to elevating glutathione in the body naturally. Increased glutathione will counteract free radicals and oxidants, and eliminate graphene oxide. We must increase glutathione reserves as we age since glutathione production declines from the age of 30 upwards, and rapidly after 65. Glutathione production is also low in the obese. This may be the reason why COVID-19 is considerably worse in the elderly (apart from those who are immunocompromised), are overweight, and those with very low levels of vitamin D. It may also be why children and athletes are primarily unaffected by COVID-19 since they have such naturally high glutathione reserves.

Since the body does have the potential to degrade and eliminate graphene oxide, the need to keep it present in the body may be one reason why regular COVID booster shots continue to be promoted.

Author's Hypothesis

We've discussed how antioxidants and specific nutrients act as prophylactics in the body. But once it is in the body, is there a way to prevent it from crossing the blood brain or other natural barriers, and be completely eliminated from the body?

Here's where EDTA might be extremely important in the process of binding graphene oxide to either mitigate its harmful effect on the body and/or help to speed up and increase elimination from the body.

An article from pubmed discusses the role played by toxic-metal [including graphene oxide] burdens in the etiology of neurodegenerative diseases (ND). Test subjects underwent a chelation using calcium disodium ethylenediaminetetraacetic acid (EDTA) to identify the presence of 20 toxic metals in urine samples using inductively coupled plasma mass spectrometry. The results showed the constant presence of nearly all of the metals. The presence of toxic metals was always significantly more elevated in ND patients than in healthy

controls, yet is still present. Treatment with EDTA chelation therapy removes toxic-metal burdens and improves patient symptoms.

Another study from the same site concludes that the use of chelation therapy with EDTA represents an excellent option to ameliorate symptoms. EDTA treatments can be performed on a regular basis without side effects for many years until complete detoxification of the patient occurs.

We know that EDTA has an affinity for heavy metal ions. When it binds, it makes them basically carbon-heavy or a material that is now larger and foreign to the body so it is quickly discovered and eliminated. This process is proven and well-documented. Graphene, in of itself, is also a heavy metal binder or chelator made more effective by functionalizing GO with EDTA before it is introduced into an external environmental toxin, but it is possibly less effective in a biological medium.

We've also seen the evidence of using graphene oxide as an adjuvant to deliver and enhance absorption of substances such as vaccine chemicals more efficiently. If GO nanoparticles are present in the body, and are binding to other heavy metals as a chelating agent or adjuvant such as aluminum or mercury (thimerosal) for example, possibly made more effective by graphene oxide's semi-metallic characteristics, it seems that EDTA in the bloodstream, tissues, and/or interstitial fluids would bind to the same heavy metal/GO complexes as well. This might prevent both the graphene oxide and bound heavy metals from crossing the blood brain barrier and allow the new larger, foreign compound (GO, EDTA and heavy metal) to be chelated out of the body quickly. According to the author's knowledge and research, this has not been thoroughly studied as of yet. However, after presenting the above to a Georgia PhD in microbiology and immunology, she agrees this is a reasonable and feasible hypothesis.

Final Thoughts/Opinion

While in no manner exhaustive, this paper was an attempt to gather, organize and share as much pertinent material on the intentions and uses of graphene oxide COVID-19 injection inclusion as a possible bioweapon for control and depopulation. It was a daunting task to sift through the hundreds of websites, documents, and reviews as well as the constant local, state and national policy updates, mandates and initiatives that appear. New data is brought forth almost hourly. As mentioned, what was the latest today may be old news tomorrow.

We must dig deep to get the truth beyond the censorship that is increasing daily. If we continue to listen to the mainstream media, politicians and those who stand to gain even more enormous wealth and power from the current health and legislative issues, the truth will never be heard, let alone be understood or accepted.

We are looking at a world gone mad where logical & rational thought as well as common sense is and has been disappearing exponentially. Fortunately, there are scores of patriots working behind the scenes to bring the light of truth to as many as possible. This was the primary purpose behind this exposition.

We need to prepare. Things may get much worse before they get better. La Quinta Columna estimated that tens of thousands of people will die every day in the United States as the 5G switch is "turned on." This is a horrible, but realistic possibility. But…we can change this outcome.

We must be united and stand up for our freedoms. We must resist the tyranny and say NO! to unbiblical and unconstitutional laws, mandates and agendas, even at great risk. Our freedoms are worth it!

Above all, we must put God first; repent, turn to and put our trust in Him. He is the only one who can ultimately defeat the evil that is so pervasive and is affecting each and every person on the planet.

Isaiah 60:12 *"For the nation and kingdom which will not serve you shall perish, and those nations shall be utterly ruined."*

2nd Chronicles 7:14 *"If my people who are called by my name humble themselves, and pray and seek my face and turn from their wicked ways, then I will hear from heaven and will forgive their sin and heal their land."*

Psalm 125:3 *"The scepter of the wicked will not remain over the land allotted to the righteous, for then the righteous might use their hands to do evil."*

Lastly, we must bow before the King if we are to be saved

Philippians 2:10, 11 *"that at the name of Jesus every knee should bow, in heaven and on earth and under the earth, and every tongue confess that Jesus Christ is Lord, to the glory of God the Father."*

Dr. Michael Roth is a doctor of chiropractic with extensive knowledge and experience in nutrition and health. After running a successful chiropractic office for over 13 years, "Dr. Mike" branched out into peripheral realms of health study to enable him to offer his clients a more complete and overall knowledge base of wellness. With a goal to glorify the Lord, he is dedicated to provide for and educate the public as much as possible regarding the gaining and maintaining of dynamic health and effective supplementation. Dr. Roth has a line of detox, anti-oxidant and nutrient products including transdermal EDTA chelation cream, NAC and liposomal glutathione. He can be reached at drmichaelwroth@juno.com 678-897-1614 www.somahealth.net

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