

'Turbo Cancers' Linked to COVID Jabs

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✓ Fact Checked

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STORY AT-A-GLANCE

- › Oncologists are reporting an alarming rise in post-jab "turbo cancers," a term coined to describe incredibly rapid-growing cancers in people who have received one or more COVID jabs
- › Turbo cancers are showing up in young people, many under the age of 30, with no family history of cancer. They're also showing up in pregnant women and young children
- › Most turbo cancers are Stage 3 or 4 by the time they're diagnosed, yet symptoms only arose days or weeks ago. They grow and spread so rapidly, many patients die before treatment can even begin. Most turbo cancers are also resistant to conventional treatment
- › There are several possible mechanisms of the COVID shots that can lead to cancer in susceptible individuals. The primary one is the modification of the mRNA used. Pseudouridine was inserted to stabilize the RNA. The resulting protein can easily get misfolded, and protein misfolding is a hallmark of Alzheimer's, Parkinson's and heart failure
- › The pseudouridine insertion can also suppress your innate immune surveillance by dampening the activity of toll-like receptors, and reduced cancer surveillance is a downstream effect of that

In a September 22, 2023, Highwire interview (video above), Canadian oncologist and cancer researcher Dr. William Makis discussed the alarming rise in post-jab "turbo

cancers," a term coined to describe incredibly rapid-growing cancers in people who have received one or more COVID jabs.

One example of this is detailed in a September 2023 case report¹ co-written by Dr. Peter McCullough. It describes the rapid deterioration of a 56-year-old man who within days of his COVID shot developed Bell's palsy, which progressed into an aggressive tumor on his ear and face. As noted in the abstract:²

"The malignancy was of cutaneous origin and the case showed symptoms consistent with Bell's palsy and trigeminal neuralgia beginning four days post-vaccination ... In this study we describe all aspects of this case and discuss possible causal links between the rapid emergence of this metastatic cancer and mRNA vaccination.

We place this within the context of multiple immune impairments potentially related to the mRNA injections that would be expected to potentiate more aggressive presentation and progression of cancer.

The type of malignancy we describe suggests a population risk for occurrence of a large variety of relatively common basaloid phenotype cancer cells, which may have the potential for metastatic disease. This can be avoidable with early diagnosis and adequate treatment.

Since facial paralysis/pain is one of the more common adverse neurological events following mRNA injection, careful inspection of cutaneous/soft tissue should be conducted to rule out malignancy.

An extensive literature review is carried out, in order to elucidate the toxicity of mRNA vaccination that may have led to the death of this patient. Preventive and precise routine clinical investigations can potentially avoid future mortalities."

Another case report,³ published in November 2021, described the remarkably rapid progression of angioimmunoblastic T cell lymphoma in a 66-year-old man, mere days after he got his third Pfizer shot.

Ironically, he got the shot to protect him during chemotherapy, and in eight days, the cancer just exploded and spread like wildfire. According to Makis, that kind of progression would normally take a couple of years, or at most a few months.

Turbo Cancers – A New COVID Era Phenomenon

As noted by Makis, we're now seeing the emergence of rapid-growing cancers of the breast, colon, esophagus, kidney, liver, pancreas, bile duct, brain, lung and blood – including exceedingly rare types of cancer.

But that's not all. These cancers are showing up in young people, many under the age of 30, with no family history of cancer. They're showing up in pregnant women and young children. Equally odd is the fact that most are Stage 3 or 4 by the time they're diagnosed, yet symptoms only arose days or weeks ago.

The cancers grow and spread so rapidly, many of these patients die before treatment can even begin. Most of them are also resistant to conventional treatment and don't respond. "I've never seen cancer behave like this," Makis says, and he should know, having diagnosed 20,000 cancer patients in his career so far.

Makis first caught wind of this phenomenon when he started tracking the sudden deaths of Canadian doctors, who had to take the full battery of COVID shots to keep their jobs. Within months, there was a rash of sudden deaths among them, many due to heart attacks and dying in their sleep. But there was also a large group of doctors who developed aggressive cancers.

Makis points out that when you look at Go Fund Me pages asking for donations for cancer treatment, a large portion of these people are in professions that were mandated to take the shots, such as medical professionals and school teachers, police officers, fire fighters, military personnel and airline crews.

Potential Mechanisms of Action

When asked how the COVID shots might be causing these turbo cancers, Makis describes several possible mechanisms that can lead to cancer in susceptible individuals. The primary one is the modification of the mRNA used.

The COVID shots do not contain the identical mRNA found in the SARS-CoV-2 virus. The mRNA has been genetically manipulated in a process called "codon optimization," where pseudouridine is inserted to stabilize the RNA and prevent rapid breakdown.⁴

The reason codon optimization was used is because it's difficult to get your body to produce a given protein by injecting mRNA. Not only is it rapidly destroyed, but for the injection to work, they also need higher levels of protein expression than is naturally possible.

They bypassed this problem by making substitutions in the genetic instructions. You can swap out certain nucleotides (three nucleotides make up a codon) and still end up with the same protein in the end, but the increased efficiency comes at a terrible cost.

When substituting parts of the code in this way, the resulting protein can easily get misfolded, and this has been linked to a variety of chronic diseases,⁵ including Alzheimer's, Parkinson's disease and heart failure.⁶

As explained by Makis, the pseudouridine insertion can also suppress your innate immune surveillance by dampening the activity of toll-like receptors, and one downstream effect of that is reduced cancer surveillance.

“ The more mRNA shots you take, the greater the immune system damage, the greater your risk of impaired cancer surveillance and hence, the greater your risk of turbo cancer.”

Other possible mechanisms include:

- Genomic integration of the modified mRNA through reverse transcription, which might disrupt tumor suppressor genes.
- **Genomic integration of DNA contaminants** in the shots, which might disrupt tumor suppressor genes.
- Tumors may so be promoted by the presence of an **SV40 promoter** in the DNA contaminants.
- The liposomal nanoparticles (LNPs) spread the mRNA systemically, to all tissues, with severe impacts on your immune function. We now know that some individuals continue to **produce spike protein for at least six months**, and when your body is repeatedly (let alone continuously) exposed to the same antigen, it creates tolerance.

As a result, you become more prone to infection because your immune system no longer puts up a fight against the antigen. However, the same antibodies that target infections also target cancer cells, so your cancer risk goes up as well.

- Plasmid DNA can also be taken up by gut bacteria, causing them to become a source of constant antigen (spike protein) production.

Rise in Cancer Will Likely Be a Long Term Trend

Within the first year of the rollout of the COVID shots, **all-cause mortality started rising** in countries around the world, and again, it's younger, working-age people who are dying at unprecedented rates.

The good news is that booster uptake has cratered in the last six months. In Canada, only 5% to 6% have gotten boosted. The bad news is that the avalanche of cancers is likely to continue long term.

Cancer deaths are also likely to continue going up, because if we don't know the exact mechanism behind them, we cannot treat them, Makis notes, and both chemo and

radiation are proving useless. They don't work against these rapid-onset cancers.

A key take-home here is that the more mRNA shots you take, the greater the immune system damage, the greater your risk of impaired cancer surveillance and hence, the greater your risk of turbo cancer.

Lethal Post-Jab Brain and Heart Injuries

Cancer isn't the only hazard the jabbed face. In the video above, John Campbell, a retired nurse educator, reviews the case report⁷ of a 76-year-old man with Parkinson's disease who died three weeks after receiving his third COVID-19 shot. The autopsy revealed massive heart and brain damage.

The first jab he got was AstraZeneca's adenoviral vector shot. The subsequent two were by Pfizer. As noted by Campbell, while some argue that heart and brain damage is a risk of COVID infection but not the shots, this case report conclusively demonstrated that this damage was caused by the shots, and not natural infection. As reported in the abstract:⁸

"... histopathological analyses of the brain uncovered previously unsuspected findings, including acute vasculitis ... as well as multifocal necrotizing encephalitis of unknown etiology with pronounced inflammation including glial and lymphocytic reaction.

In the heart, signs of chronic cardiomyopathy as well as mild acute lymphohistiocytic myocarditis and vasculitis were present. Although there was no history of COVID-19 for this patient, immunohistochemistry for SARS-CoV-2 antigens (spike and nucleocapsid proteins) was performed.

Surprisingly, only spike protein but no nucleocapsid protein could be detected within the foci of inflammation in both the brain and the heart, particularly in the endothelial cells of small blood vessels.

Since no nucleocapsid protein could be detected, the presence of spike protein must be ascribed to vaccination rather than to viral infection. The findings corroborate previous reports of encephalitis and myocarditis caused by gene-based COVID-19 vaccines."

Is Fertility Being Affected as Well?

Recent research also confirms earlier reports⁹ of menstrual breakthrough bleeding among pre-, peri- and postmenopausal women, the implications of which are still unknown. As reported by Medical Xpress, October 2, 2023:¹⁰

"Research by the Norwegian Institute of Public Health, Norway, suggests that COVID-19 vaccines or the body's response to them can lead to unexpected vaginal bleeding in women. This phenomenon was observed in women across different reproductive stages.

In a paper,¹¹ 'Unexpected vaginal bleeding and COVID-19 vaccination in nonmenstruating women,' published in Science Advances, the team of public health researchers detail their findings that raise the possibility that the spike protein of the SARS-CoV-2 virus, which is targeted by the vaccines, might be involved in this phenomenon ...

The study included approximately 22,000 participants, aged 32 to 64, from the Norwegian Mother, Father and Child Cohort Study (MoBa) and the Senior cohort, ages 65 to 80.

Unexpected vaginal bleeding was reported in 3.3% of postmenopausal women, 14.1% of perimenopausal women, and 13.1% of premenopausal women, more than three times the expected rates. Around half of the women who reported unexpected vaginal bleeding experienced it within 28 days after a COVID-19 vaccination."

Importantly, the study found that only 31% of women who reported abnormal bleeding patterns sought medical care for it, and even fewer sought medical help when the

bleeding occurred after their COVID shot. As a result, this side effect is not being captured by health care-related databases.

Got the Jab? Take Action to Safeguard Your Health

If you already got one or more jabs and now have concerns about your health, what can you do? Well, first and foremost, never take another COVID booster, another mRNA gene therapy shot or regular vaccine. You need to end the assault on your system.

If you developed symptoms you didn't have before your shot, I would encourage you to seek out expert help. In light of the frequency of turbo cancers, postmenopausal women with breakthrough bleeding after their COVID jab would probably be wise to get evaluated to rule out endometrial cancer.

At present, the Front Line COVID-19 Critical Care Alliance (FLCCC) seems to have one of the best treatment protocols for post-jab injuries. It's called [I-RECOVER](#) and can be downloaded from covid19criticalcare.com.¹²

Dr. Pierre Kory, who cofounded the FLCCC, has transitioned to treating the vaccine injured more or less exclusively. For more information, see DrPierreKory.com. Dr. Peter McCullough is also investigating post-jab treatments, which you can find on PeterMcCulloughMD.com.

The World Health Council has also published lists of remedies that can help inhibit, neutralize and eliminate spike protein, which most experts agree is the primary culprit. I covered these in my 2021 article, "[World Council for Health Reveals Spike Protein Detox](#)."

Sources and References

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- ⁴ [Ehden Substack August 20, 2021](#)
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- ⁶ [Autophagy August 2008; 4\(6\): 821-823](#)

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- ¹² [Covid19criticalcare.com](#)