ISSN: 2832-7705

Research Article

International Journal of Clinical and Medical Education Research

Neurology and Neuroscience

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Submitted: 01 Feb 2023; **Accepted**: 06 Feb 2023; **Published**: 17 Feb 2023

Citation: Vora, S., Das, I., Prasad, G. (2023). Neurology and Neuroscience. *Int J Clin Med Edu Res*. 2(2), 50-53.

Fact

There are three ways of knowing
Perception
Inference
Validation

It is said, in tradition, that you should not believe what you hear but should seek direct experience. This is the meaning of the first of these three ways of knowing. The second is that of reasoning, whereby you want that experience to be understood in the light of your own inference or reasoning. The third part is that you seek validation through some respected authority or testimony. This might be a textual authority like books, articles, case reports, studies, etc., or verbally from some respected person who has firsthand knowledge of the subject [1].
When you can get these three to converge, meaning that experience, reasoning, and authoritative validation all agree with one another, then you know, and you know that you know, in fact [1].

In this age of information, data, and technology, evidence can be easily generated to support any narrative. The quality of evidence is always subject to debate and critical appraisal of evidence is a necessary step to devising sound policy guidance. I am happy, proud, and grateful to be part of the Cruise ship industry. The industry values resonate with my being, and I like to embody them as much as I can.

I appreciate the challenges of policy making and I believe that public health experts are doing their best job of rolling out sound policy guidance after thoroughly weighing the risks and benefits to ensure safety and wellbeing of the people in question.

COVID-19

I understand there is CDC guidance for Cruise Ships on the mitigation and management of Covid-19 & "this document is intended to assist cruise ship operators in establishing health and safety protections to reduce the risk of introduction and spread COVID-19 during passenger operations and preserve onboard medical capacity. Cruise ship operators should carefully consider and incorporate these recommendations in developing their own health and safety protocols."

Thus, I infer that we are to develop our own health and safety protocols.

I will share my thoughts and also latest evidence and expert recommendations about the COVID-19 disease burden, use of face-masks, and vaccination mandates.

I request you to kindly review & share your thoughts with other stakeholders and policymakers to consider this point of view for its worth in fact, and weigh it in the process of devising future policy guidance.

Ddisease Burden

From the early days of the Covid-19 pandemic, we figured 80% of cases are asymptomatic or mild and all measures were aimed at "flattening the curve" and the virus is expected to evolve into becoming less virulent over time. Research is ongoing to determine choosing the best COVID-19 indicator among mortality, case fatality rate (CFR), and infection fatality rate (IFR) and how much it influences policy preferences, behavior & understanding [2].

Estimating Mortality From COVID-19

"In the COVID-19 pandemic, we have seen broad variations in estimations of CFR that may be misleading. Countries are difficult to compare for several reasons. They may be more or less likely to detect and report all COVID-19 deaths. Furthermore, they may be using different case definitions and testing strategies or counting cases differently (for example, with mild cases not being tested or counted). Variations in CFR also may be explained in part by the way time lags are handled. Differing quality of care or interventions being introduced at different stages of the illness also may play a role. Finally, the profile of patients (for example their age, sex, ethnicity, and underlying co-morbidities) may vary between countries [3]."

The Answer is not Straight Forward.

The infection fatality ratio (IFR) is the risk of death per infection and is one of the most important epidemiological parameters. [27]

Across 31 systematically identified national seroprevalence studies in the pre-vaccination era, the median infection fatality rate of COVID-19 was estimated to be 0.034% for people aged 0–59 years people and 0.095% for those aged 0–69 years. [26]

The median IFR was 0.0003% at 0–19 years, 0.002% at 20–29 years, 0.011% at 30–39 years, 0.035% at 40–49 years, 0.123% at 50–59 years, and 0.506% at 60–69 years. [26]

At a global level, pre-vaccination IFR may have been as low as 0.03% and 0.07% for 0–59 and 0–69-year-old people, respectively. [26]

Let's compare this to the risk of dying from other common infectious diseases in unvaccinated populations [6].

Table 1:

Disease/ Infection	IFR / Risk of death in unvaccinated individuals
Hepatits A	0.1 - 0.3 %
Varicella (Adults)	0.02%
Varicella (Children)	0.001%
Smallpox Minor, Pertusis, Mumps	1%
Measles	1-3%
Yellow fever	7.5%
Typhoid Fever	10-20%
Seasonal Influenza, worldwide	< 0.1 - 0.5%
Influenza A typical pandemic	< 0.1%
Covid - 19	0.03%

My inference - *"Aegrescit medendo" - the cure is worse than the disease.* This is against the first principle of medical practice and the original Hippocratic oath "Primum non Nocera" - First do no harm.

One size fits all model fails. Focused protection is the right approach. Read the Great Barrington Declaration. [8]

Covid-19 'Vaccines' / Experimental Gene Therapy

It is abundantly clear that there has been repression and suppression in scientific circles and the media of any views or suggestions that run counter to the government / mainstream narrative. However, many studies now indicate that the Covid19 vaccines, especially the mRNA vaccines, are less than 'safe and effective, and the ramifications are truly confronting.

I strongly advocate reading the Altman Report & Canadian covid care alliance published More harm than good to familiarize yourself with the emerging picture of the Safety and Efficacy of the COVID-19 'Vaccines' [10-12]. Well known cardiologists like Dr Azeem Malhotra and Dr Peter McCullough have now called for an immediate stop to the rollout of these mRNA vaccines due to concerns regarding infertility, myocarditis, premature clotting, cardiac scarring resulting in sudden deaths attributed to the gene therapy.

The disease burden of Covid -19 does not justify mandatory vaccination for all age groups. The risk of adverse events increases proportionally to the number of doses of the vaccine and hence boosters are highly unadvisable.

My Thoughts are Summarized Below

"Public health authorities are claiming that the principal reasons for COVID-19 vaccinations is to avoid serious illness and hospitalizations from infection with SARS- CoV-2. Yet, these purported benefits of COVID-19 vaccines remain uncertain as they were not demonstrated as primary outcomes in their truncated, randomized clinical trials. Health authorities recognize that these novel gene- based vaccines are not actually satisfying their original role, which was to prevent acquiring and transmitting this infectious disease, which was used to justify unprecedented workplace mandates across the world under the guise of safety and occupational health.

There is an absence of scientific evidence for the contention that individuals who are not 'up to date with COVID-19 genetic vaccines pose any significantly greater risk to themselves or others than those who have one, two, three, or however many doses, employers wish to enforce since these complex biologic products do not illicit sterilizing, durable and robust immunity. In fact, major outbreaks, and growing infection rates among the 'up to date provide ample evidence that enforcing vaccination mandates is not only potentially a violation of fundamental rights of bodily autonomy, but it is also reckless due to a greater risk for adverse effects from repeated injections of gene-based vaccine products that are dose-dependent [13].

Face-Masks

Benefit to Risk ratio of wearing masks to prevent the spread of covid is too low to mandate mask wearing in public spaces now. Individual choice is encouraged.

Wearing face-masks has been widely advocated to mitigate transmission of the SARS-CoV-2.

Given the large number of particles emitted upon respiration, sneezing, and coughing, the number of particles that may penetrate masks is substantial, which is one of the main reasons for doubts about their efficacy in preventing infections. Moreover, randomized clinical trials have shown inconsistent or inconclusive results, with some studies reporting only a marginal benefit or no effect of mask use [14, 15].

The strategy to limit exposure is a failure because of the prevalence of Covid in the environment.

About 129 billion face-masks are being used each month around the world. That's 180 million every hour [16]. That's 30 million masks every minute. This is a fact of catastrophic consequences.

Single-use face masks and PPE kits became a primary source of Micro-plastic pollution in 2020 [17]. I will not talk about the environmental impact of plastics.

Masks release titanium dioxide & micro-plastics that have been found in the nasal mucosa and lungs of people who wear masks [18]. Micro-plastics have been found in the blood of 80% of people tested [18, 19]. "The effects of having micro-plastics in your body are yet unknown" (obviously because we only recently found out).

Oh NO. Wait. We all know about how phthalates (widely used in making plastics) damage the sex chromosome. Phthalates make humans impotent [20, 21].

I don't need a clinical trial to tell me that inhaling plastics & titanium dioxide [6] is bad for my lungs. Trust me, I am a doctor.

Common sense can preclude the need for evidence to prove what we already know [1-27].

Other Resources

Finally, I would like to enlist some other resources to better understand the Covid situation for those interested. These are not in alignment with the mainstream narrative but nonetheless scientific and unbiased. These have been suppressed by the politically corrupt and may not be easily found on google.

https://brownstone.org/
https://globalcovidsummit.org/news/declaration-iv-restore-scientific-integrity

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