REMDESIVIR

AlphaOmegaEnergy

TROJAN HORSE Drugs

Your Government Used WMD against you.

V1.0

WARNING FOR NPCS

1. The methods used in this analysis are NOT the typical Establishment Method & might shock establishment drones who don't have the ability nor desire to analyze in the interests of actual scientific advancement.

2. Establishment megalomaniacs & SCICOM & Scientism cult church of consensus & cybernetics defenders can be expected to attack many parts of this, in fact every part they can, then attack & try to discredit the teacher. They will remain with no possible answer to the problem of all the deaths, & catastrophic problems in the patients.

3. It's correct & gives many clues to what is going on & that's what matters

4. It doesn't matter the method used, the color of the presentation, the format of the presentation, the background of the presenters or onward re-teachers, the only thing that matters is that it's correct & or provides new clues which help to solve the problem.

5. The science in this presentation can be tested & repeated in labs by funding independent advocates for health freedom, transparency & accountability, & this should be done immediately.

FAUCI'S TROJAN HORSE POISON MURDER DRUG WITH CYANIDE & FLOURINE = REMDESIVIR

Cyanide

From Wikipedia, the free encyclopedia

This article is about the class of chemical compounds. For other uses, see Cyanide (disambiguation).

A **cyanide** is a chemical compound that contains the group C≡N. This group, known as the **cyano group**, consists of a carbon atom triple-bonded to a nitrogen atom.[1]

In inorganic cyanides, the cyanide group is present as the anion CN^-. Soluble salts such as sodium cyanide and potassium cyanide are highly toxic.[2] Hydrocyanic acid, also known as hydrogen cyanide, or HCN, is a highly volatile liquid that is produced on a large scale industrially. It is obtained by acidification of cyanide salts.

Organic cyanides are usually called nitriles. In nitriles, the CN group is linked by a covalent bond to carbon. For example, in acetonitrile, the cyanide group is bonded to methyl (CH_3). Although nitriles generally do not release cyanide ions, the cyanohydrins do and are thus rather toxic.

040-000-309 Remdesivir-compound6', CAS 1911578-98-7

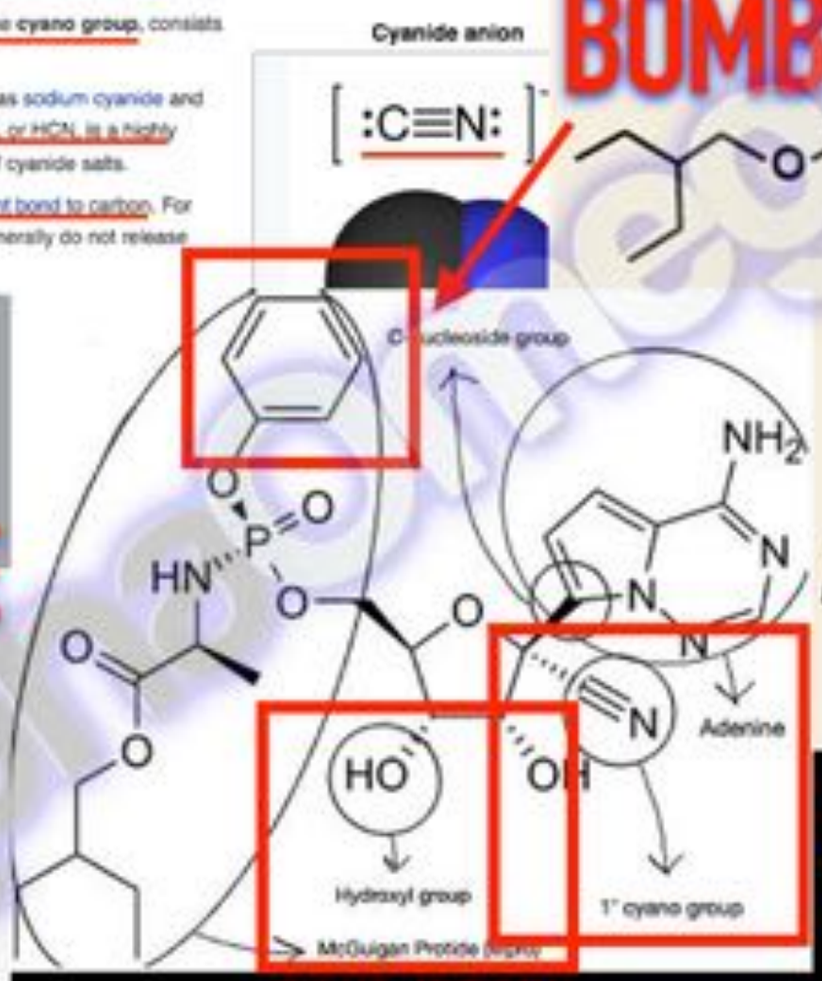
5 ATOMS OF FLOURINE

PENTA-FLOURINE

Remdesivir-compound6' Specifications

Product Name	Remdesivir-6'
CAS Registry Number	1911578-98-7
Molecular Formula	$C_{27}H_{35}N_6O_8P$
Molecular Weight	602.58 g/mol
Purity	99%
Boiling point	776.6±70.0 °C at 760 mmHg

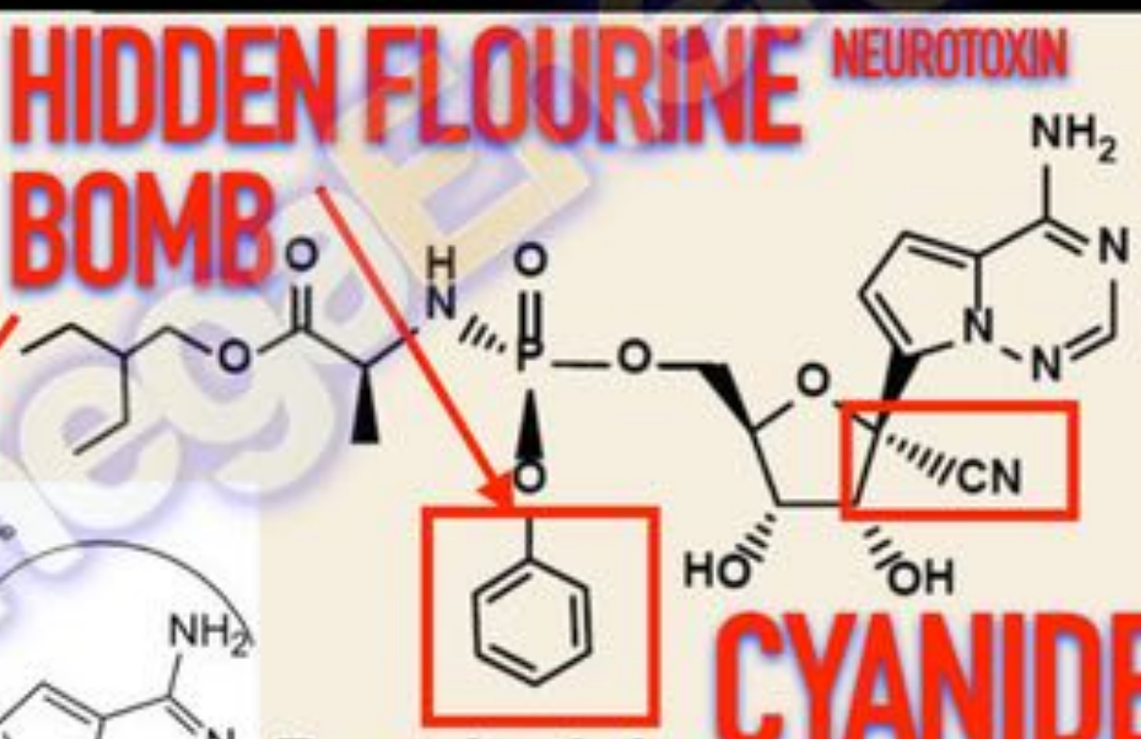
Get A Quote



CYANO-HYDRIN FORMATIONS

HIDDEN FLOURINE BOMB

NEUROTOXIN



Remdesivir (GS-5734)

CYANIDE POISON

SHOWN DEPLOYING INTO THE BODY

THIS IS A TROJAN HORSE DRUG CARRYING CYANIDE POISON WHICH WILL METABOLIZE & THEN BE IN YOUR BODY. POISONING YOU. ALSO AS A KICKER IT HAS DEADLY NEUROTOXIN FLOURINE IN IT, NOT ONCE, BUT 5 TIMES. IT CAUSES STROKES, MS, PARKINSONS DISEASE, ALZHEIMERS, NERVE DAMAGE & DEATH. MURDER NOT MEDICINE. 8-26-50% KILL RATE. IT CAN ALSO FORM THE EVEN MORE DEADLY POISONS CYANOHYDRINS & POTASSIUM-CYANIDES.

Problems/FACTS:

- 53% Incidence rate of death for Remdesivir
- 8% Death rate in the Fauci trial for Covid
- Other uses & trials have a 23–28% Death rate

- Anaphylactic shock
- Renal failure
- Cyanide kits are the only thing bringing these patients back after administration of Remdesivir
- "LongCovid" in an incredibly large number of those who survive the drug, if they survive it.

Diagnosis:

- Something in the molecule is obviously causing these problems
- SCICOM/Pharma claims everything is hunky dory. And they can't find the problem. They obviously don't know what (the hell) they are talking about, despite all their tenures & "credentials" which clearly both are amounting to nothing here.
- The establishment method doesn't offer any possible vectors for this.
- So, they can't even find the problem with their methods at all.

= Their methods are broken and they are the ones who don't know what they are talking about.. It's beyond time to look at other perspectives even if they are so unconventional that they struggle to believe it and don't like the methods. If the result is correct, then it needs to be exhausted.

WORST PATHOGEN EVER

Killed 14.3% of the people. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2799114

Killed 6.7% of the people. https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-021-07004-8

Killed 14.5% of the people. https://www.bmj.com/content/377/bmj.o1118

Killed 21% of the people. https://clinmedjournals.org/articles/jide/journal-of-infectious-diseases-and-epidemiology-jide-6-175.php?jid=jide

Killed 11.3% of the people. https://www.frontiersin.org/articles/10.3389/fmed.2020.606429/full

Killed 53% of the people. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7250494/#:~:text=At%20day%2028%2C%20mortality%20rates,loads%20at%20baseline%20died%2C%20respectively.

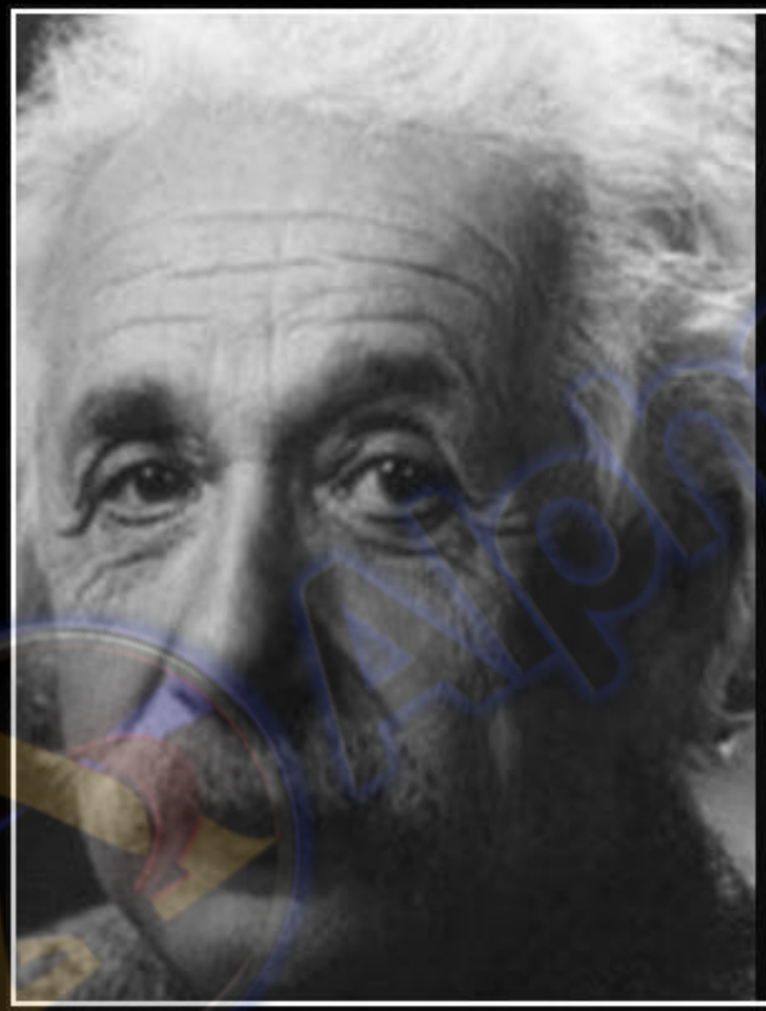
Big Criminally Recitivist Corrupt Pharma claimed "This is good news!"

There are only 2 Choices:

1. Keep ignoring alternative analysis and never find the solution and never identify the problem. 3 years the entire establishment has no clue what they are talking about & have no idea what the problem could possibly be. They have no suggestions, the only thing they say is "Our method is the gold standard." As the bodies pile up all around them.
2. Or, stay completely open minded to a completely new method completely different to the establishment method, and find the problem and thus the solution.

Solution: I found the problem and this can be verified by both chemistry replications and by Chemical Weapons expert's analysis.

Einstein says the definition of insanity is doing the same (establishment method) thing over and over again and expecting to know what the hell you are talking about.



Knowledge and ego are directly related. the less knowledge, the greater the ego

— Albert Einstein —

You will hear establishment guys attack this alternative analysis of "chemistry" saying things like "You don't know what the hell you are talking about. Keep in mind they can't find the problem, but I did.

Why can't the corrupt pharma & SCICOM establishment figure out what the problem is in 3+ or even 20+ years of Remdesivir?

What kind of thinking and approach do we need to use in order to solve this problem?

We can't solve problems by using the same kind of thinking we used when we created them.

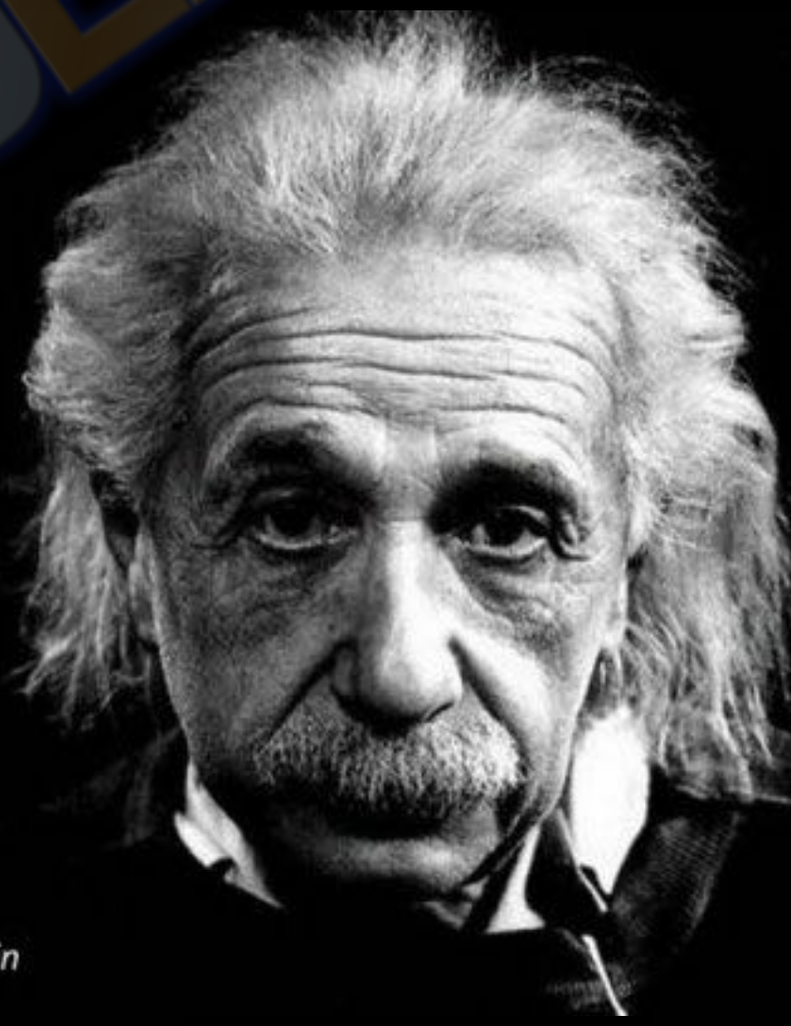
Albert Einstein

German Theoretical-Physicist

(1879-1955)

"If I had an hour to solve a problem and my life depended on the solution, I would spend the first 55 minutes determining the proper question to ask, for once I know the proper question, I could solve the problem in less than 5 minutes."

- Albert Einstein



Problems/FACTS:

- Anaphylactic shock

= This is a signal of a nerve agent result.

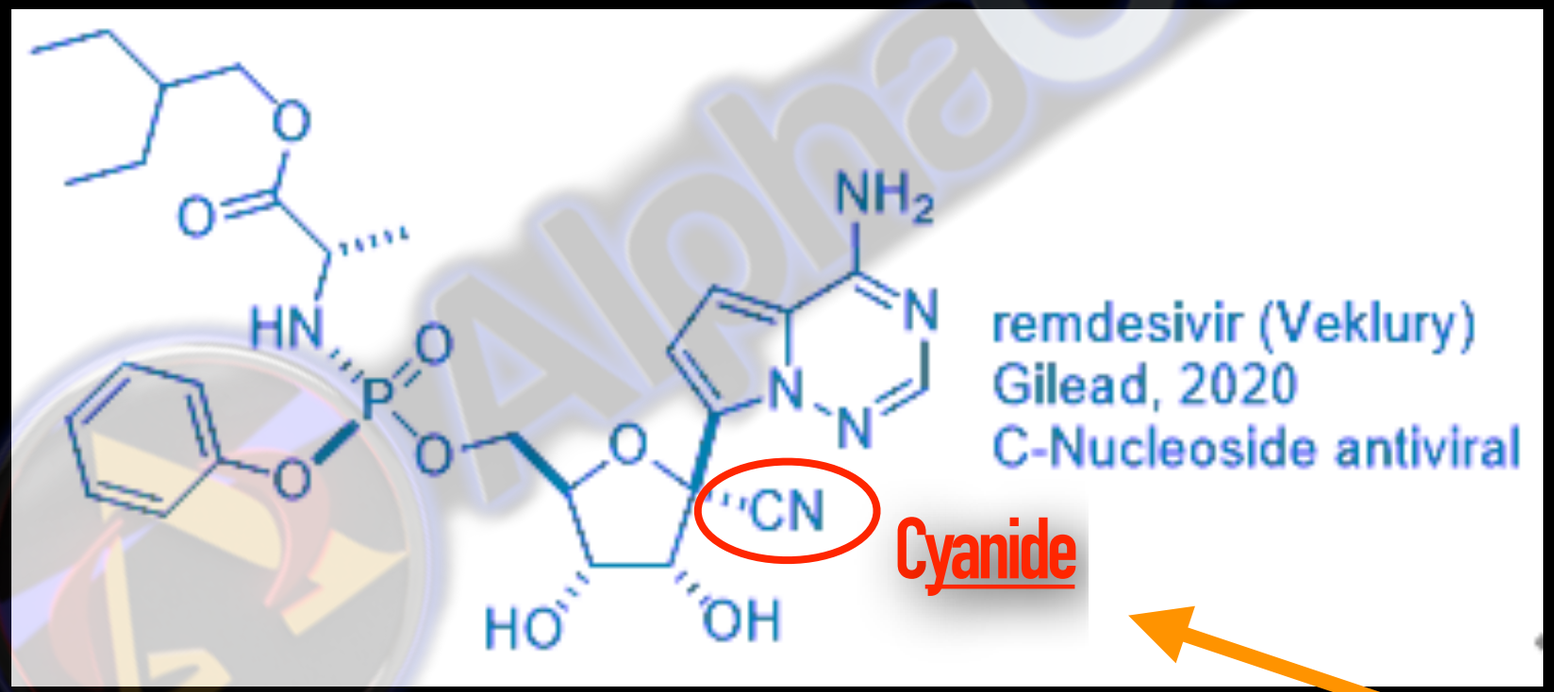
- Renal failure

= This can generally be a cyanide contamination issue

- Cyanide kits are the only thing bringing these patients back after administration of Remdesivir.
- Nerve system damage in the survivors

First looks:

- We should be looking for possible nerve agent vectors, signalling vectors.
- We should be looking for cyanide & cyanide delivery methods.



Cause & Effect

1+1=2

1 Renal Failure &
+ catastrophic organ failure
1 Cyanide kits work quickly
=
2 Cyanide

"Oh wow!" There's Cyanide in it!

MOLECULAR ANALYSIS

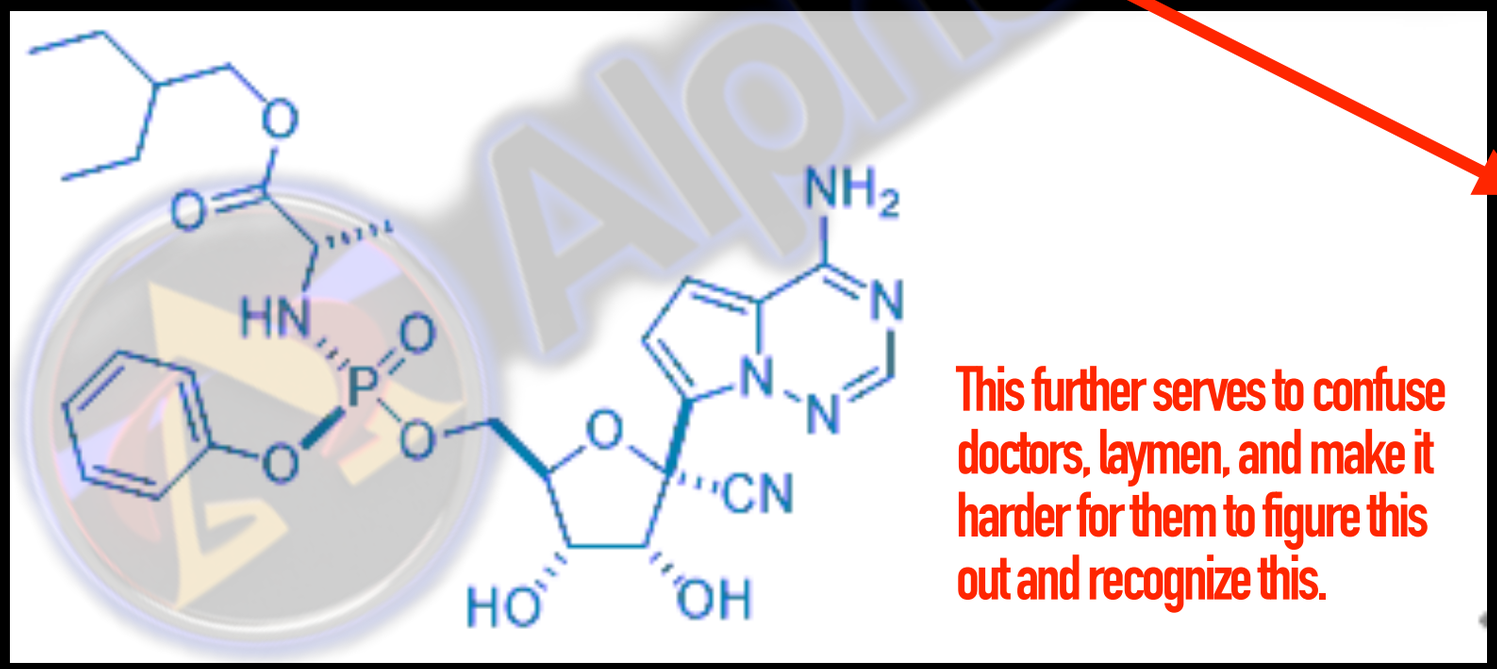
This is the entire Remdesivir Molecule

– Inside of here is something that is causing a 53% kill rate, renal failure, anaphylactic shock, catastrophic chain reactions of organ failure, and massive nerve agent like damage & shutdown of organs.
– In 3–20 years, and 4 times used, and murdering countless people at record rates, the entire millions strong establishment has no idea what it possibly could be. Their methods have completely failed. That means that something is completely wrong in their methods and their methods actually prevent them from people being able to figure out what that problem even is. Then, they claim that they know what they are talking about and others don't. It's an absolute disgrace & they shame themselves by talking such asinine things. To hold onto this cult obviously thus doesn't make sense. This paradigm needs to be dropped.

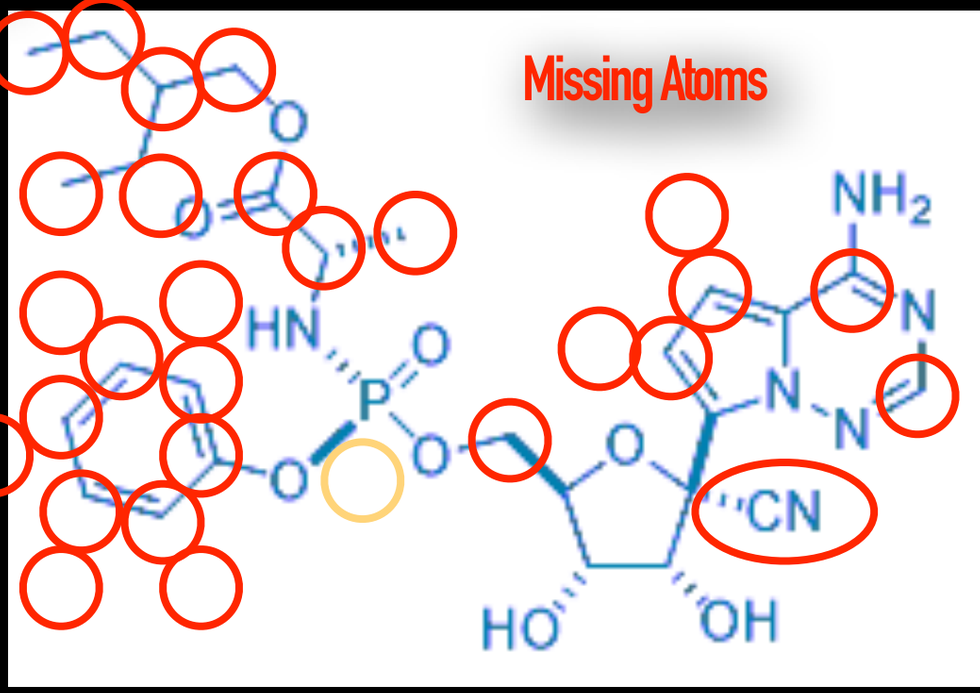
Remdesivir was made the ONLY treatment in the entire world for "Covid19" and everything else was banned. HCQ, IVM, Vitamin C or any mention of anything that could treat you. The deplatforming, firing, de-licensing campaign was world record.

– Therefore, the most public, open, scrutinized molecule in the entire world, should be Remdesivir. But it's seemingly one of the least scrutinized in human history.
– Also everything about it should be open, transparent, completely vetted, none of it obscured, & all of it completely well defined including all it's components, functions, manufacturing intentions & methods.
– Also the establishment should have no problem explaining every part of it & the exact mechanisms of action as to why it's causing these problems. But they have no idea what the hell they are talking about.

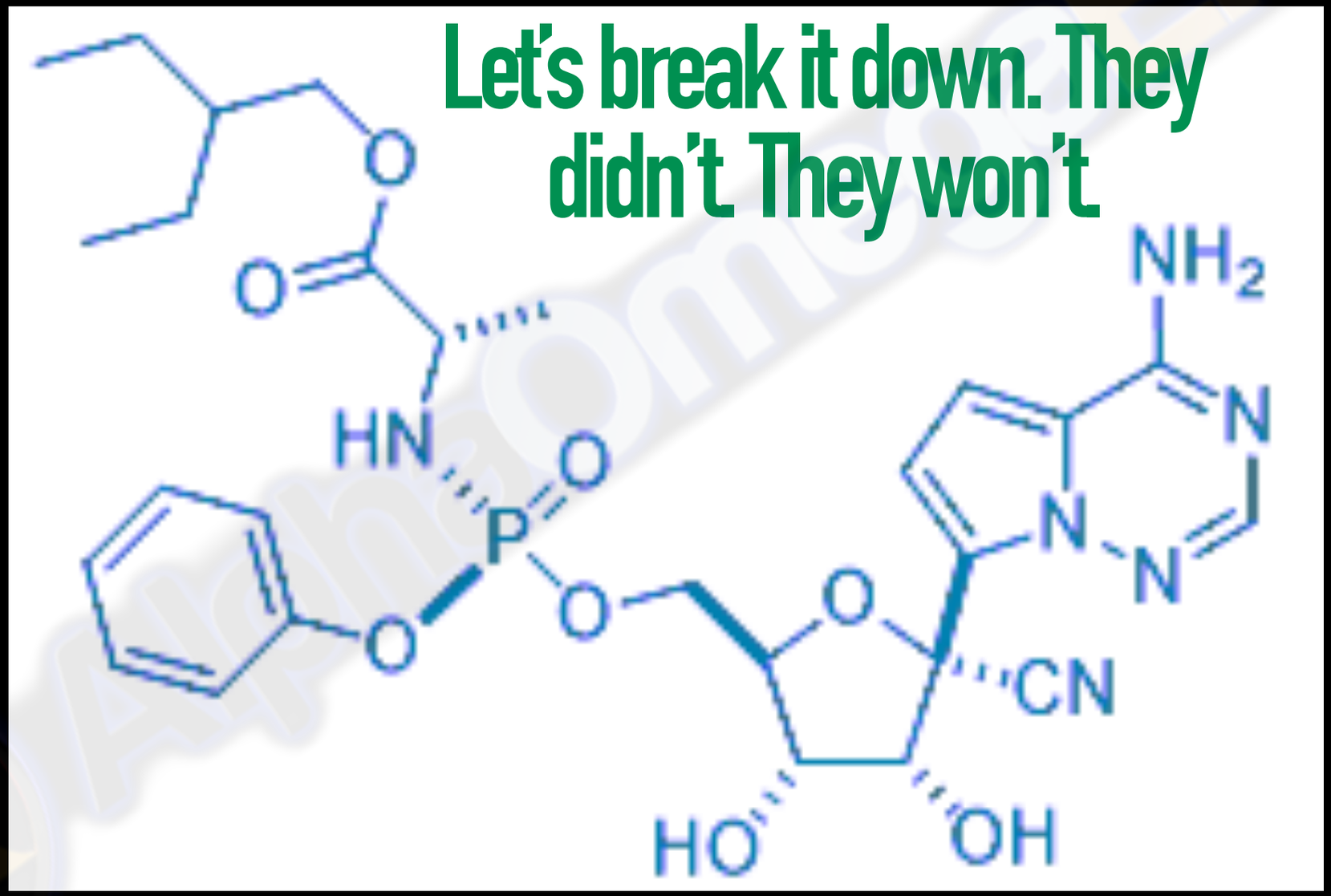
Firstly, there is A lot of obscurity, hidden Atoms. What's in here? 99.99% of humanity doesn't know. Doctors don't know. Establishment corrupts will attack saying "It's a default what's there" But in actual reality it's not. This can be seen in many drug formulations where components have been hidden, in fact this can be seen in pubchem. For the world's most important drug supposedly in history, you would expect for there to be record levels of transparency and education on this molecule, but we have obscurity instead.



This further serves to confuse doctors, laymen, and make it harder for them to figure this out and recognize this.



The establishment refuses to take responsibility for their actions.



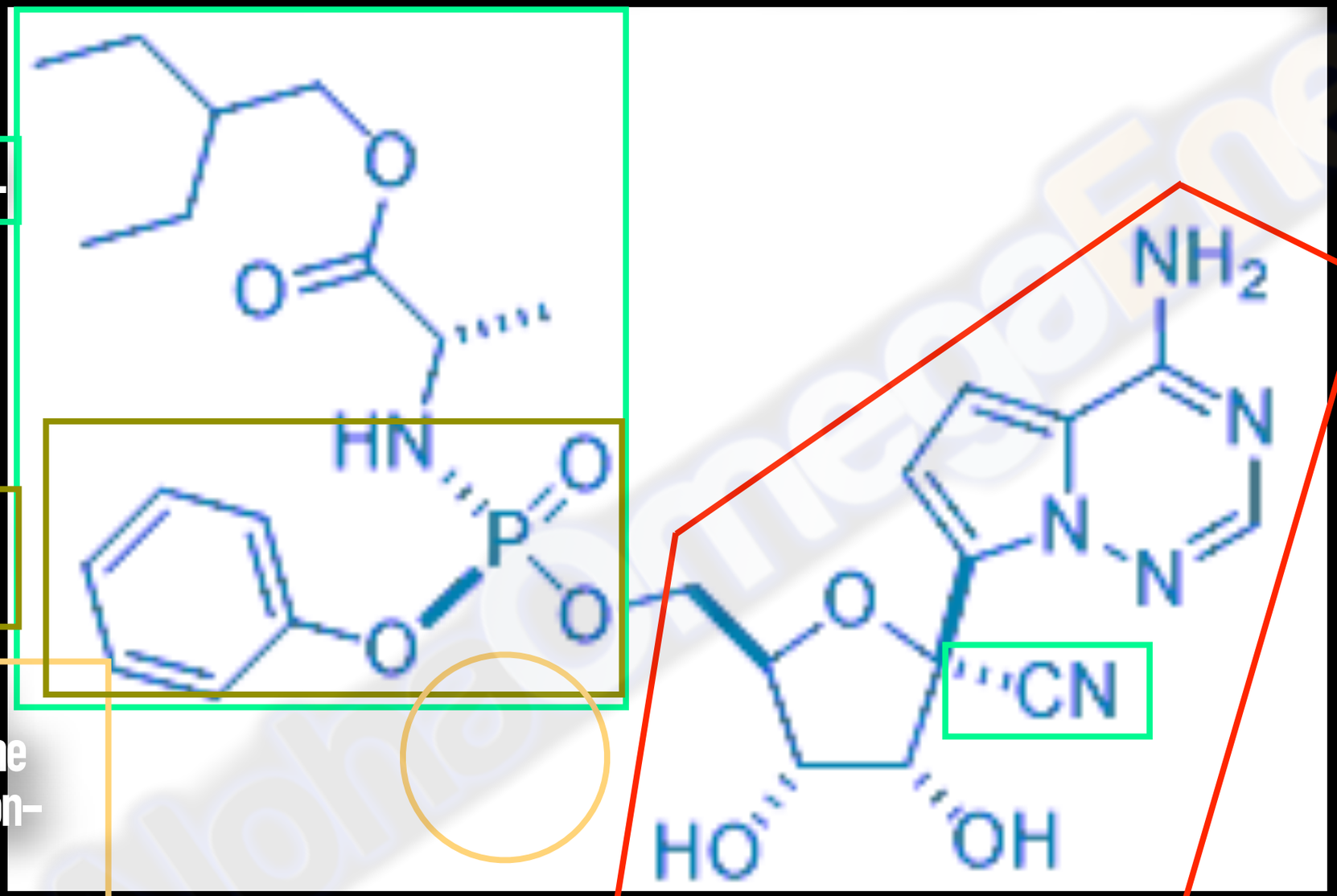
– They have done NOTHING on these concepts for 20+ Years. They murdered countless people with this. They are negligent. They are irresponsible. They are complicit. They are wreckless. They have no more valid possible excuses to make.

Break down the Murder Weapon.

"unknown molecule".

"unknown possible molecules".

"unknown additional formulations with same name, disclosed or non-disclosed."



Adinosine.
Generally Non-toxic.

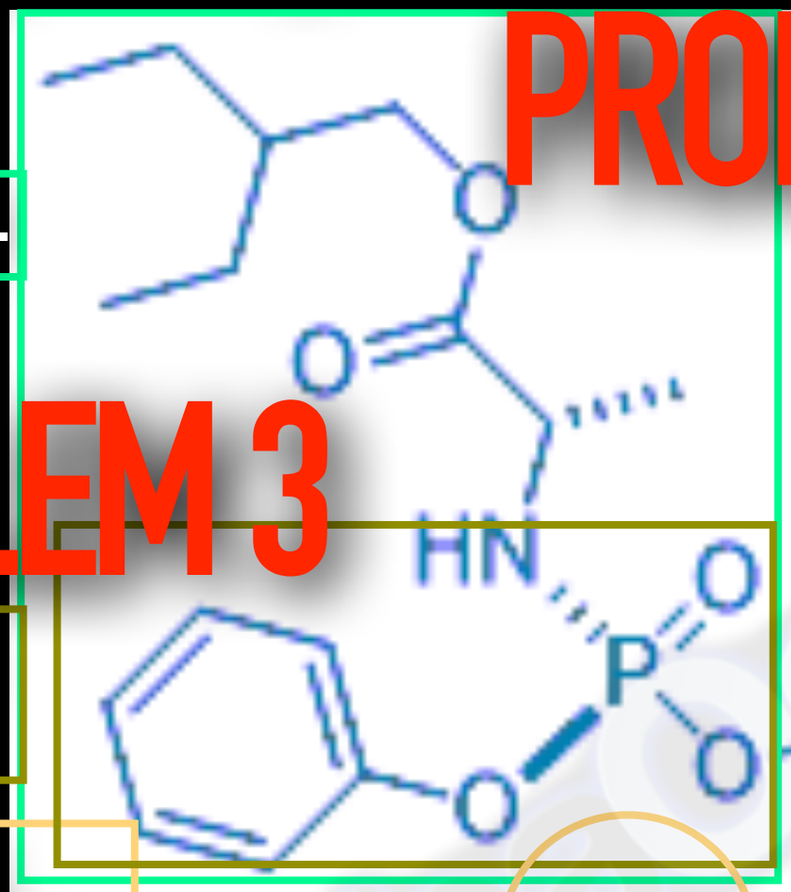
Cyanide.
Known Deadly Toxin.

– Even this basic process, the entire SCICOM Pharma sales religious cult establishment has not even been able to use even this form of basic scientific common sense. They are not using the scientific method at all. They have not even gotten to this very first basic step. Now that you are here, you are now further along in understanding this molecule than 99.9% of humanity and 99% of the so called "scientific establishment" with all their tenures, degrees, phds, and especially their so high and mighty haughty self-worshipping megalomania.

Identify the potential problem components.

PROBLEM 2

"unknown molecule".

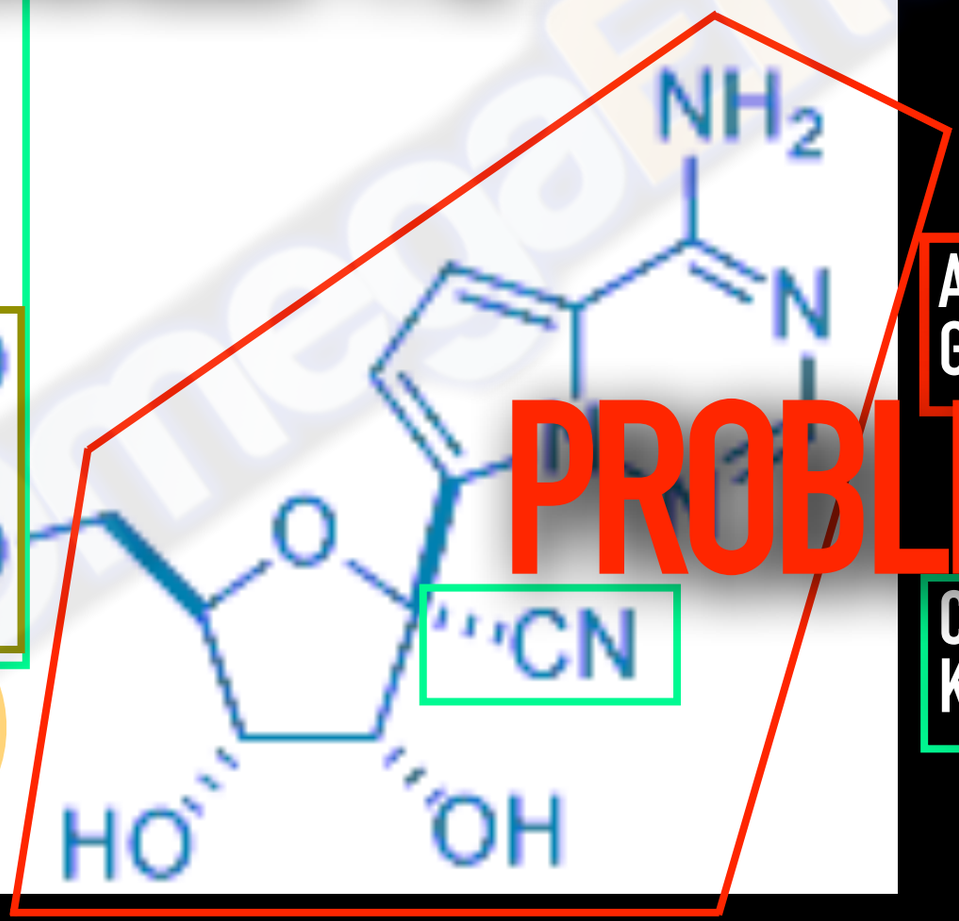


PROBLEM 3

"unknown possible molecules".

"unknown additional formulations with same name, disclosed or non-disclosed."

PROBLEM 4



PROBLEM 1

Adinosine.
Generally Non-toxic.

Cyanide.
Known Deadly Toxin.

– These molecules and components need to be cross referenced for their problems in the body & organs, and also their combination downstream products in the blood and body and organs and in cells and organelles. Their combination and downstream and pro-drug combinations need to all be considered. Establishment method also should be thrown out the window since it has completely failed to stop death, heal the death, nor to even begin to have the minimum ethical standard in attitude to even begin to address these problems to stop the piles of dead. A much better attitude from them is REQUIRED.

MECHANISM OF ACTION

ACS Cent Sci. 2020 May 27; 6(5): 672–683.
Published online 2020 May 4. doi: 10.1021/acscentsci.0c00489

PMCID: PMC7202249
PMID: 32483554

Remdesivir: A Review of Its Discovery and Development Leading to Emergency Use Authorization for Treatment of COVID-19

Richard T. Eastman,[†] Jacob S. Roth,[†‡] Kyle R. Brimacombe,[†] Anton Simeonov,[†] Min Shen,[†] Samarjit Patnaik,[†] and Matthew D. Hall[*†]

Author Information ▸ Article notes ▸ Copyright and License Information Disclaimer

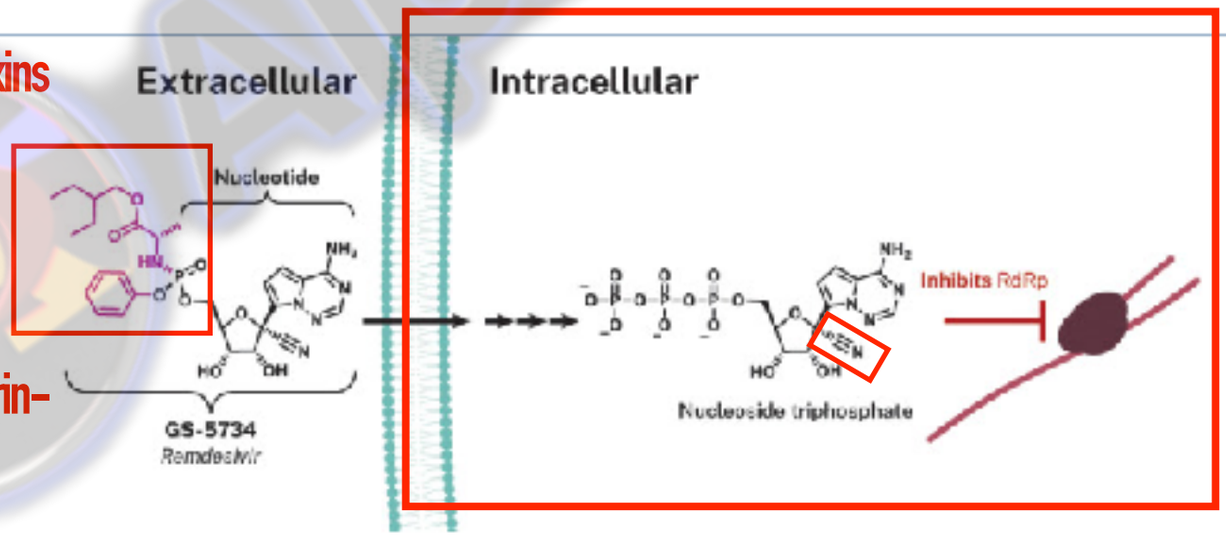
This article has been corrected. See ACS Cent Sci. 2020 June 16; 6(6): 1009.

Abstract

Go to: ▸

Organophosphate toxins & additional poison additions drop offs.

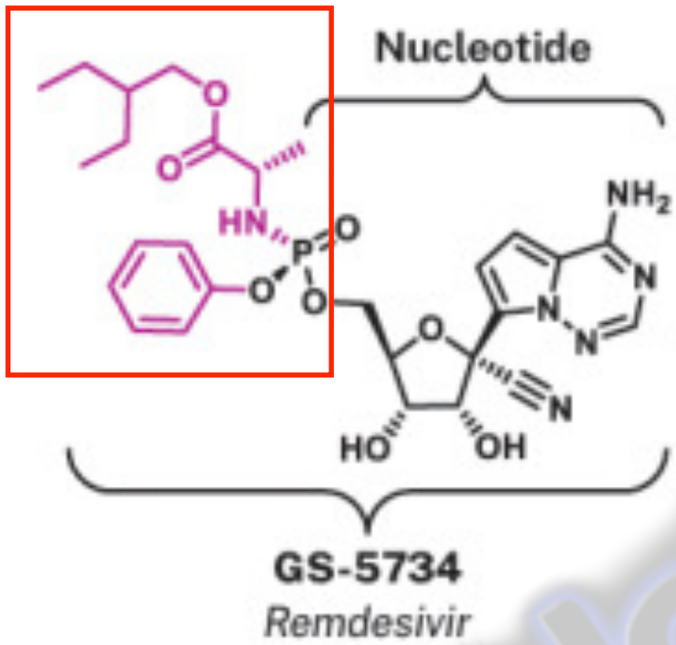
Strong Novichok-Sarin-rVX Formula Chassis similarities.

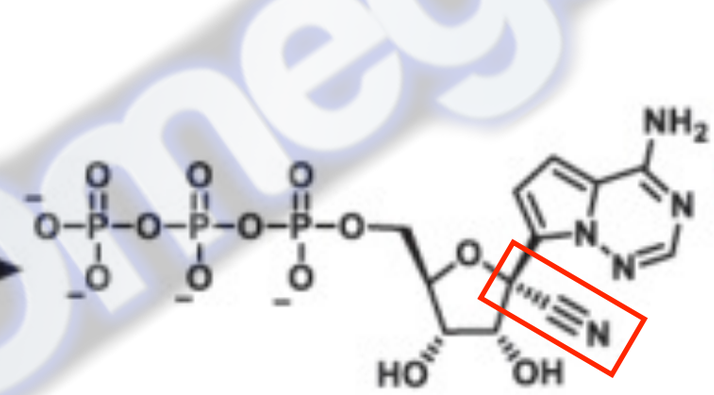


Their Published Mechanism of Action is a trojan Horse Adenosine Triphosphate Cyanide to the Mitochondria Trojan Horse Delivery system.

The additional products can produce deadly nerve agent poisons as well. The Cyanide can also drop off and combine with many other things to create even stronger poisons.

REMDESIVIR
MECHANISM OF MURDER





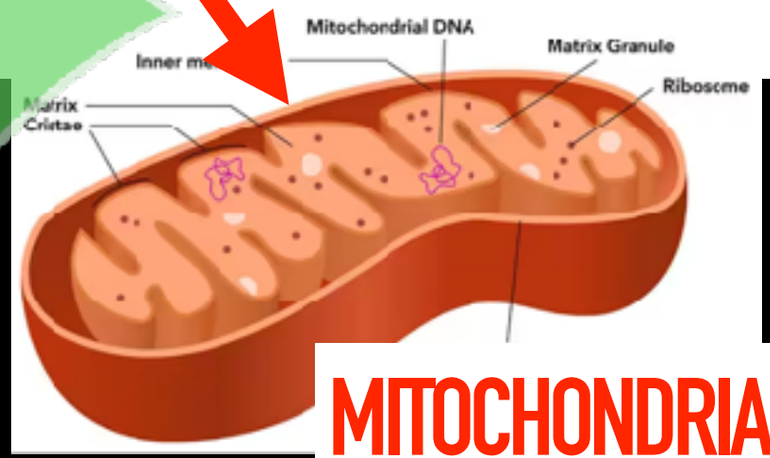
LIES

Inhibits RdRp

Strong Novichok-Sarin-rVX Formula Chassis similarities.

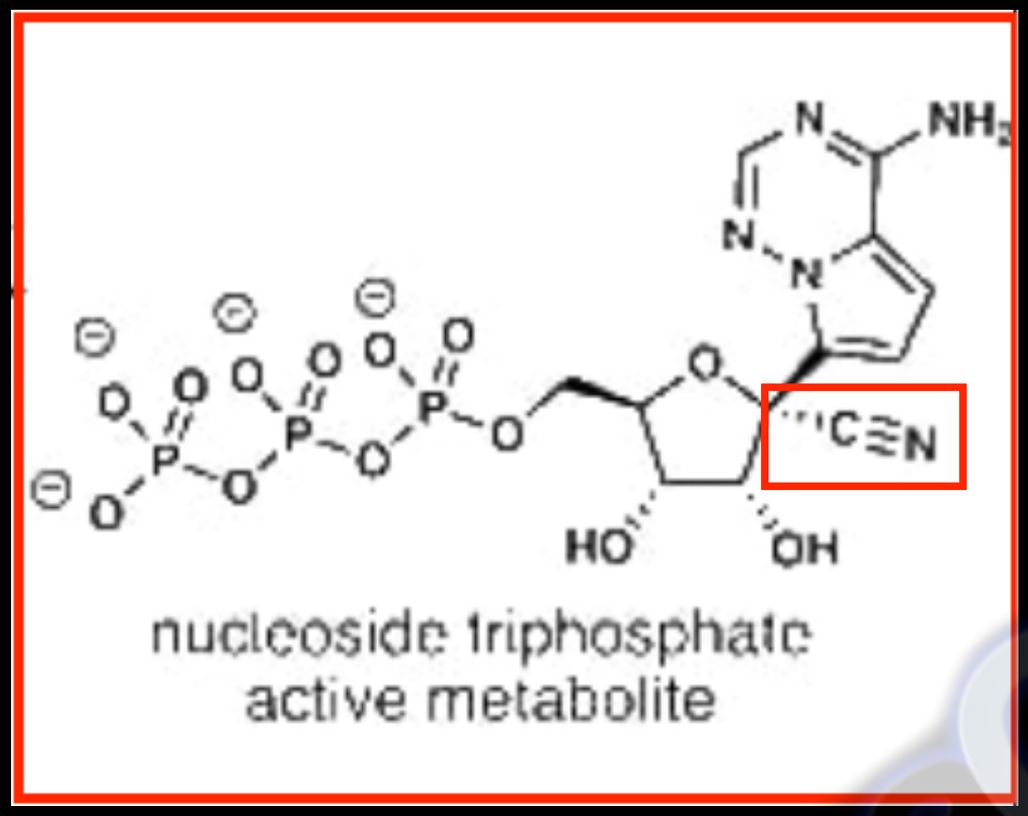
Organophosphate toxins & additional poison additions drop offs.

ACTUAL



MITOCHONDRIA

Adenosine Tri-Phosphate



Mechanism of action

As an adenosine nucleoside triphosphate analog (GS-443902),[35] the active metabolite of remdesivir interferes with the action of viral RNA-dependent RNA polymerase and evades proofreading by viral exoribonuclease (ExoN), causing a decrease in viral RNA production.[15][36] In some viruses, such as the respiratory syncytial

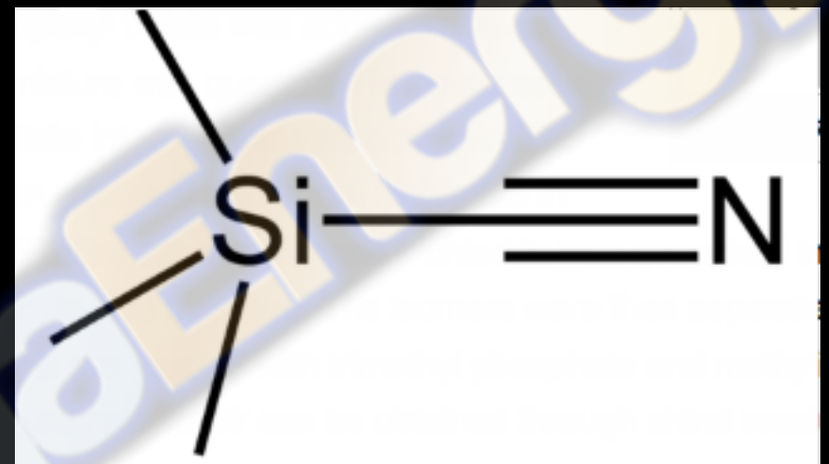
"Mechanism of Action"

- So, they are claiming that an ATP will stop viral replication. But ATP is merely the energy of the cell, the energy of the mitochondria. What possibly about ATP could ever "Stop viral replication? NOTHING!
  - ATP can NOT "stop viral replication".
  - However, if you added CYANIDE to it, like they have deliberately done here, then the ATP when it goes into your mitochondria, it will shut down and destroy your mitochondria and thus destroy your cells, in which case those cells will be DEAD and then they will not be able to function and replicate anything. They then LIE that this is "interferes with the action of viral replication". This is literally some kind of sick joke. It will cause catastrophic cell death and organ death and shutdown. This is exactly what we are seeing in those who have been given remdesivir is multiple organ failure. The excretory system will attempt to detox this and it will be too toxic and then you have renal failure in all these patients. We are seeing record cases of renal failure and some doctors estimate 100,000 or many more deaths in America to date due to remdesivir caused renal failure.
  - They explain in their literature they used Acetonitrile to splice CYANIDE onto this Adinosine molecule. They never refer nor mention WHY they did this. They never explain what good the CYANIDE does for your body. They never explain how the CYANIDE is part of these processes. They never explain WHY specifically they need CYANIDE instead of anything else. They never explain what CYANIDE on the ATP will do or how it will function or what the mechanism of action is. They never explain this deadly instantly recognizable risk of CYANIDE contaminated ATP and what it will do to the mitochondria. They never include any of the instantly necessary recognizable mitochondrial poisoning and cellular death profiles and work and studies and experiments in order to even begin to attempt to try to justify this.
  - They also never explain the additional guaranteed amount of free CYANIDE caused into the bloodstream or blood plasma after they advertise that the remdesivir molecule completely disintegrates into sub products in less than 2 hours in the blood plasma. They never show any tests or 3rd party independent and vetted blood work for this to show the amount of CYANIDE delivered into the blood. This is all clearly deliberate to leave all of this out, and then deliberate to obscure all of this as well in a big fake story of all these magical features claims which are impossible for a simple molecule like this to be able to achieve, as they ignore all the clear deadly results.

Attaching CYANIDE to Adenosine

There are two different methods at least in the literature explaining how remdesivir is constructed.

1. Using Acetonitrile to implant CYANIDE onto the Adenosine molecule
2. Using "HYDROGEN CYANIDE" in a trimethylsilyl cyanide molecule to implant it onto the Adenosine



Trimethylsilyl cyanide is the chemical compound with the formula $(CH_3)_3SiCN$. This volatile liquid consists of a cyanide group, that is CN, attached to a trimethylsilyl group. The molecule is used in organic synthesis as the equivalent of hydrogen cyanide. It is prepared by the reaction of lithium cyanide and

solution, a mixture of 1:1 anomers was obtained. It was then reacted with an excess of trimethylsilyl cyanide in dichloromethane at −78 °C (−108 °F) for 10 minutes. Trimethylsilyl triflate was added and reacts

- At no time do they discuss WHY they are doing this, adding CYANIDE to the Adenosine
- At no time do they discuss what this will achieve adding CYANIDE to this
- At no time do they address the toxicity and renal toxicity certainties
- At no time do they discuss how this affects mitochondria nor cells once it gets into the cells which they have admitted it does so
- At no time do they discuss the introduction of CYANIDE into the blood regardless they admit that remdesivir is completely broken down in less than 2 hours & more than 50% broken down in under 20 minutes.
- At no time do they discuss any kind of dose risks, loadings nor tests regarding the CYANIDE in the blood
- At no time do they discuss CYANIDE contaminated ATP & how this will affect the mitochondria, cells, organs and clear pathway for multiple organ failure.

Corrupt Establishment "You are just taking & using buzz words!!"

Mechanism of action

As an adenosine nucleoside triphosphate analog (GS-443902),[35] the active metabolite of remdesivir interferes with the action of viral 1. RNA-dependent RNA polymerase and evades proofreading by viral exoribonuclease (ExoN), causing a decrease in viral RNA 2. production.[15][36] In some viruses, such as the respiratory syncytial

Murdering cells by sabotaging them with cyanide contaminated ATP & lying "this interferes with action of viral RNA dependent RNA polymerase" as a cover for doing so, then saying "hey look, we murdered your mitochondria and cells and thus organs and that "causes a decrease in viral RNA production" (Lol) is not "Real science" it's REAL FRAUD, REAL LIES, and REAL pre-meditated MURDER.

LIES

They admit that their "MECHANISM OF ACTION" is the Adinosine triphosphate. (Which they highjacked & contaminated with cyanide)

1. They then lie their William Wallace fire out of his ass fairy & whopper fish tale that has zero basis in reality. Lie after Lie after Lie ensues. Then rampant cover up, Then attacks of any possible solutions.

2. They claim that this Cyanide contaminated ATP, which is all the right hand side is, which they claim is their entire "Mechanism of action" magically "interferes with the action of viral RNA dependent polymerase in viruses" LOL. It is absolutely asinine Bulls*t. It's fake. It's made up. It's Baseless lies.

3. There are some problems with their false claims:
   - A. They can't make this molecule only interact with "a virus"
   - B. There is nothing in this molecule that can make it interact with a virus
   - C. There is nothing that can make it differentiate between sars-cov2 & the trillions of other "viruses" in the body
   - D. There is nothing that can make it avoid chemistry in the body & stop reacting with other things, and of course it will and does and they even admit it does in this reference.
   - E. There is nothing that can make this not get into every cell in the body
   - F. There is no guarantee it will not get into every cell in the body
   - G. IF it could "interfere with" "viral polymerase" it can do so in every cell. There is nothing in this tiny simple molecule that can differentiate between one and another "polymerase replication"
   - H. They don't even talk at all about the CYANIDE they deliberately spliced into here and what that does.
   - I. They don't mention WHY they put CYANIDE into it.
   - J. They don't discuss the mechanism of action of the CYANIDE addition
   - K. They don't discuss how much gets into the blood
   - L. They don't discuss it's effects on the mitochondria nor the downstream effects of this
   - M. They don't discuss any of the other pro-drug combinations of the CYANIDE
   - N. They don't discuss any of the other pro-drug combinations of the other components
   - O. They don't discuss any of the combinations with different PH, electric signatures or levels, or any other metabolic-electro-catalysts
   - P. Murdering the mitochondria & cells will "reduce replication of the cells and their products, yes," but this is in no way to be confused with "causing a decrease in viral RNA production" and they know this. It's all a fraud & deliberate homicide in full knowing.

AOE analysis prior to looking at their excuses: 100% Correct

PRIMARY EFFECTS

vs. "Side Effects" scam

Consider the Vaccine:

Primary Effects promised:
- Stop transmission
- Stop infection
- Stop illness
- Stop hospitalization
- Stop death
- Protect Your health

Facts:
- Was never tested on stopping transmission, hidden & lies
- Was never tested for stopping infection, hidden & lies
- In Pfizer test caused 1200+ illnesses, criminally covered up
- Caused hospitalization in trials, covered up
- Caused death in trials, covered up
- Damaged the health
- Murdered 100% of animals in trials for 20 years (mRNA)

Actual Main Experience:
- Doesn't stop transmission
- Doesn't stop infection
- Causes 1200+ illnesses
- Causes hospitalization
- Killing large number of ppl
- Damages your health
- Reproductive damage
- Stillbirths
- Birth defects
- Miscarriages
- Damage increasing in time
- 7% death increase per shot

- This exposes that their real purposes are the "Side effects" and their "Side effects" are their intended is causing the "side effects" and they only LIE that the primary effects are as they claimed. They are LYING that they are doing their Primary, and actually the PRIMARY intention is the damage. This should be assumed for the drugs as well and the drugs scrutinized in this light for the purposes of accountability, transparency, investigation perspective, full scrutiny, and the minimum stance of full safety investigation that humanity deserves and is owed, especially after all of these blatant crimes.

Claimed PRIMARY EFFECTS

ACTUAL PRIMARY EFFECTS

CYANIDE KITS

cyanokit.com/treatment-with-cyanokit

CYANOKIT is being distributed by BTG as of December 15, 2021. To order CYANOKIT, please click here.

The product information provided in this site is intended only for emergency personnel and healthcare professionals in the United States.
The products discussed herein may have different product labeling in different countries.

How CYANOKIT Works

Cyanide Poisoning Prevents Cells From Using Oxygen

The ability of oxygen to access the cytochrome oxidase enzyme (present on the mitochondria inside cells) is essential to normal, life-sustaining cellular respiration. Cyanide poisoning may disable the body's ability to use oxygen, so it can be fatal despite the amount of oxygen available to the body.[1]

Without treatment, exposure to a high dose of cyanide may result in death within minutes and may also cause central nervous system side effects, including altered mental status, parkinsonism, and personality changes.[1,9]

Studies show that the concentration of plasma lactate increases with the severity of cyanide poisoning and that hydroxocobalamin treatment results in rapid resolution of cyanide-induced lactic acidemia.[2]

Treat Known or Suspected Cyanide Poisoning With CYANOKIT

CYANOKIT is a cyanide antidote that contains hydroxocobalamin, a form of vitamin B_{12}. Hydroxocobalamin binds to cyanide, creating nontoxic cyanocobalamin, allowing the body to use oxygen again.[1]

Cyanocobalamin is a CYANIDE CONTAMINATED version of B12. This should NOT be taken as a substitute for B12

Administration issues with HydroxyCobalamin

CYANOKIT Incompatibility Information[1]

Physical incompatibility (particle formation) and chemical incompatibility were observed with the mixture of hydroxocobalamin in solution with select drugs that are frequently used in resuscitation efforts. Hydroxocobalamin is also chemically incompatible with sodium thiosulfate and sodium nitrite and has been reported to be incompatible with ascorbic acid. Therefore, these and other drugs should not be administered simultaneously through the same intravenous line as hydroxocobalamin.

Vitamin C

Simultaneous administration of hydroxocobalamin and blood products (whole blood, packed red cells, platelet concentrate and/or fresh frozen plasma) through the same intravenous line is not recommended. However, blood products and hydroxocobalamin can be administered simultaneously using separate intravenous lines (preferably on contralateral extremities, if peripheral lines are being used).

https://cyanokit.com/treatment-with-cyanokit

Abstract

Introduction: Cyanide is a major chemical threat, and cyanide ingestion carries a higher risk for a supra-lethal dose exposure compared to inhalation but provides an opportunity for effective treatment due to a longer treatment window and a gastrointestinal cyanide reservoir that could be neutralized prior to systemic absorption. We hypothesized that orally administered cobinamide may function as a high-binding affinity scavenger and that gastric alkalinization would reduce cyanide absorption and concurrently increase cobinamide binding, further enhancing antidote effectiveness. Methods: Thirty New Zealand white rabbits were divided into five groups and were given a lethal dose of oral cyanide poisoning (50 mg). The survival time of animals was monitored with oral cyanide alone, oral cyanide with gastric alkalinization with oral sodium bicarbonate buffer (500 mg), and in combination with either aquohydroxocobinamide or dinitrocobinamide (250 mM). Red blood cell cyanide concentration, plasma cobinamide, and thiocyanate concentrations were measured from blood samples. Results: In cyanide ingested animals, oral sodium bicarbonate alone significantly prolonged survival time to 20.3 ± 8.6 min compared to 10.5 ± 4.3 min in saline-treated controls, but did not lead to overall survival. Aquohydroxocobinamide and dinitrocobinamide increased survival time to 64 ± 41 ($p < 0.05$) and 75 ± 16.4 min ($p < 0.001$), respectively. Compared to aquohydroxocobinamide, dinitrocobinamide showed greater systemic absorption and reduced blood pressure. Dinitrocobinamide also markedly increased the red blood cell cyanide concentration. Under all conditions, the plasma thiocyanate concentration gradually increased with time. Conclusion: This study demonstrates a promising new approach to treat high-dose cyanide ingestion, with gastric alkalinization alone and in combination with oral cobinamide for treating a supra-lethal dose of orally administered cyanide in rabbits.

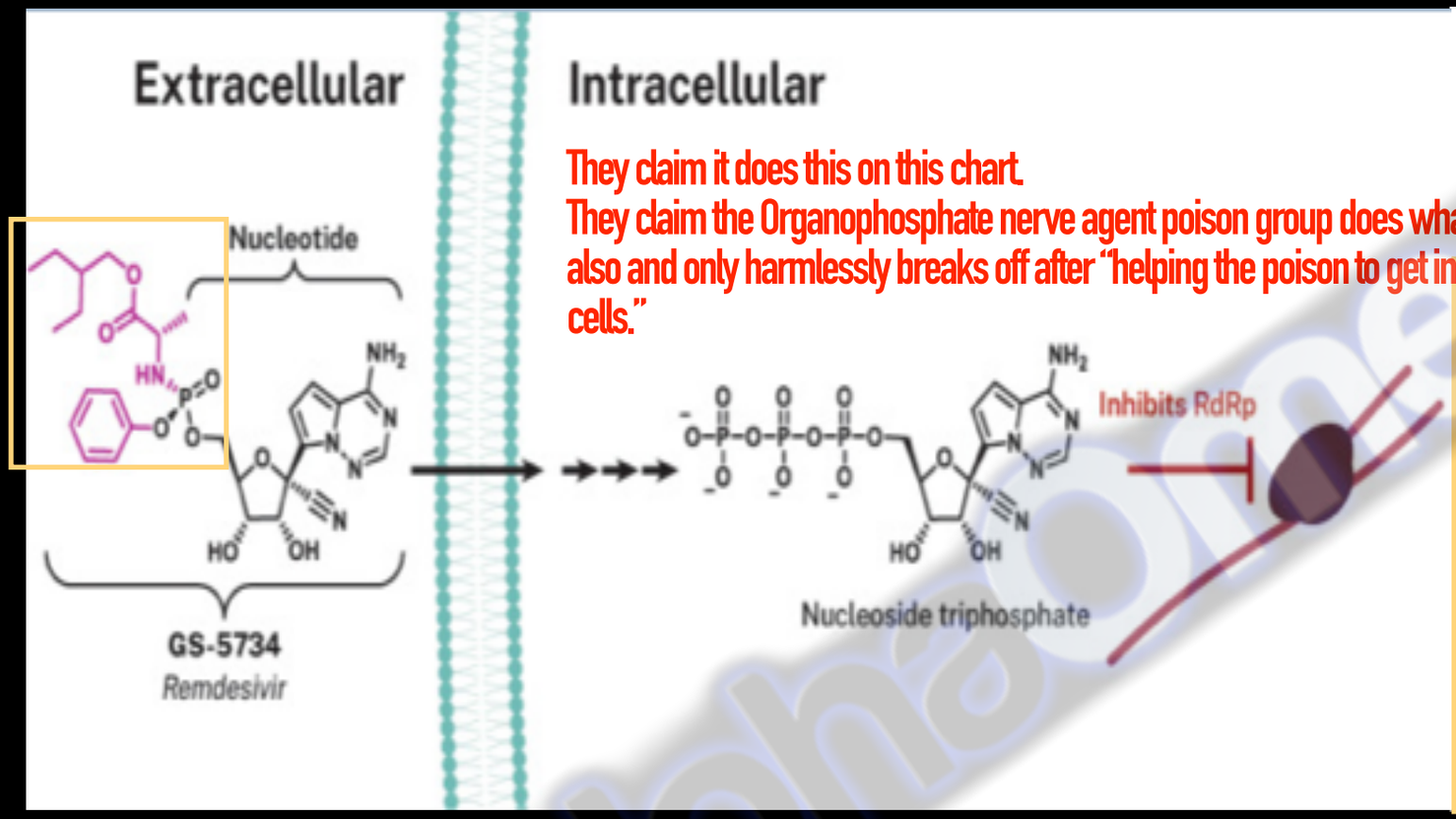
Cyanide Detox

Cobinamide, particularly Dinitrocobinamide

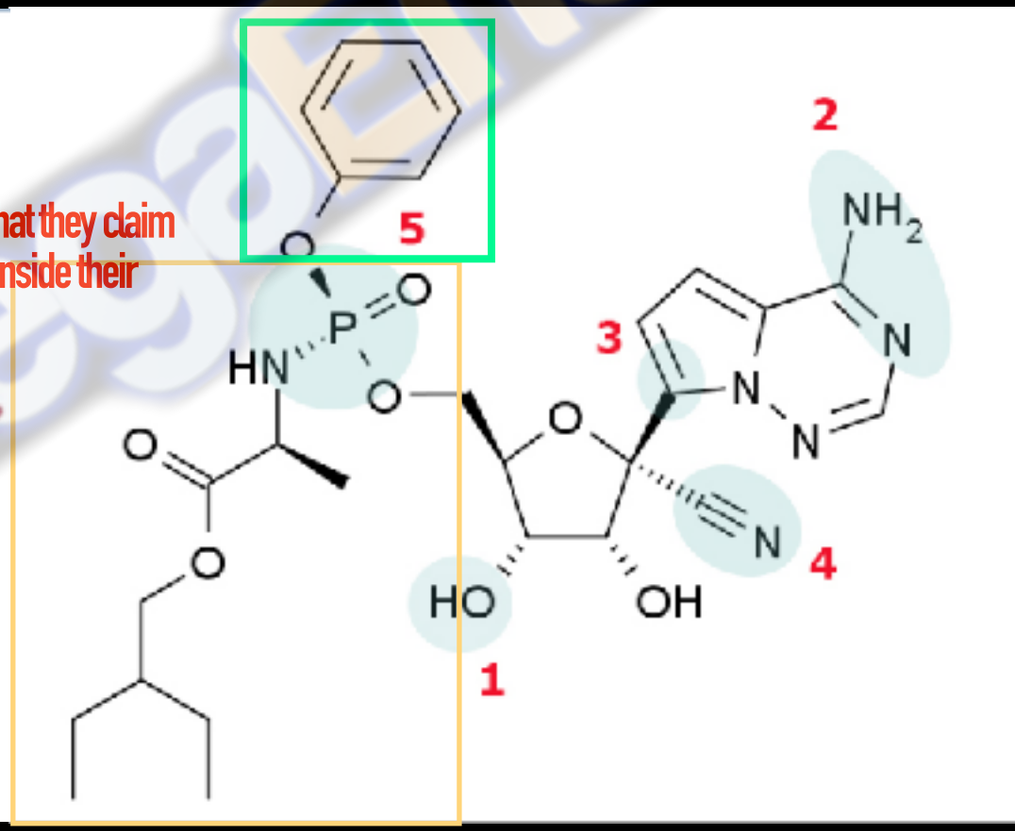
FRAUDULENT DIVERSIONS

Break down the LIES

They LIE an endless number of fraudulent distractions, gaslights, astroturfs & scams & false claims & sleight of hands in order to distract you in all kinds of ways from what is really going on right in front of your face. This is deliberate & malicious.



They claim it does this on this chart.
They claim the Organophosphate nerve agent poison group does what they claim also and only harmlessly breaks off after "helping the poison to get inside their cells."

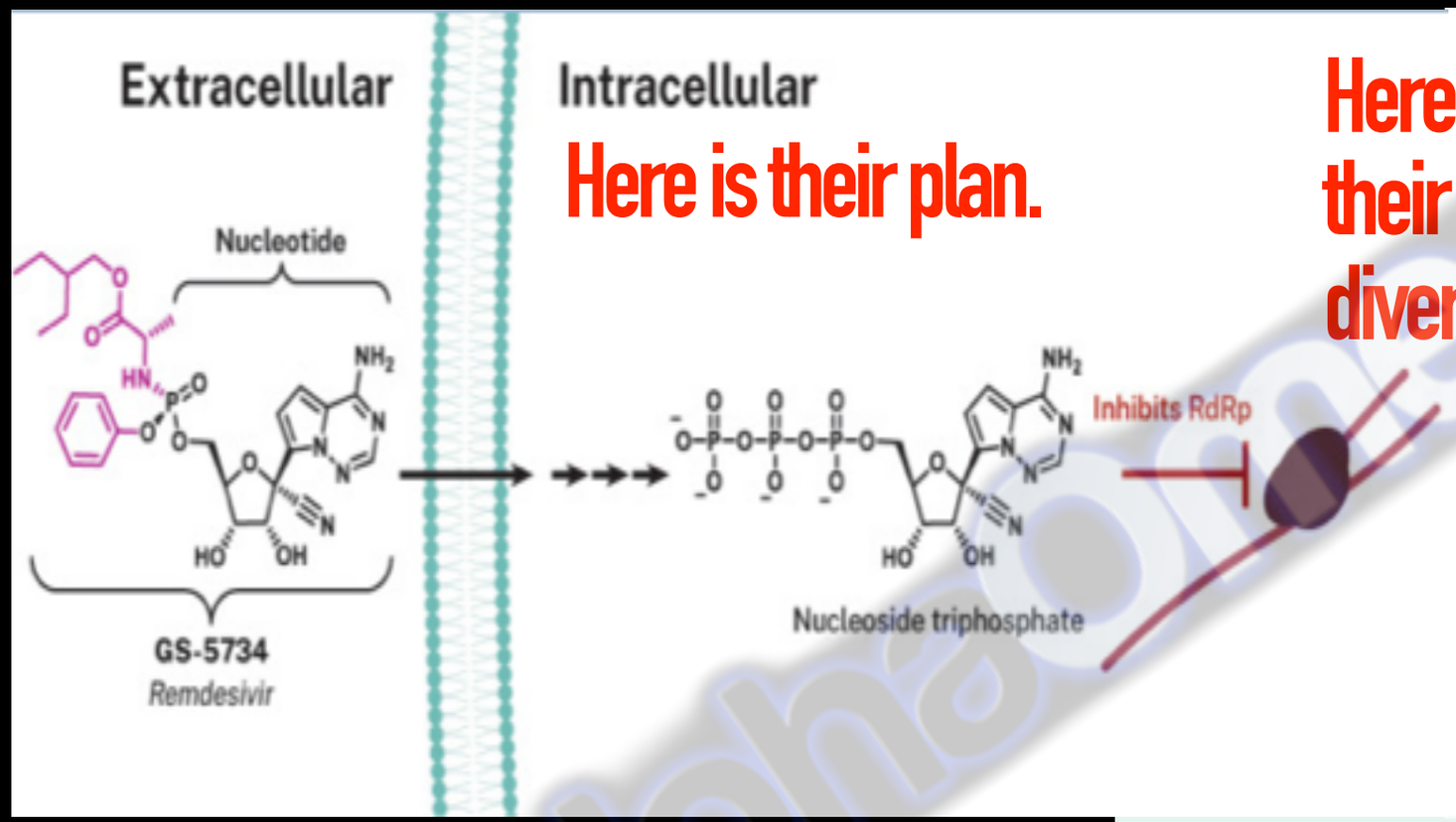


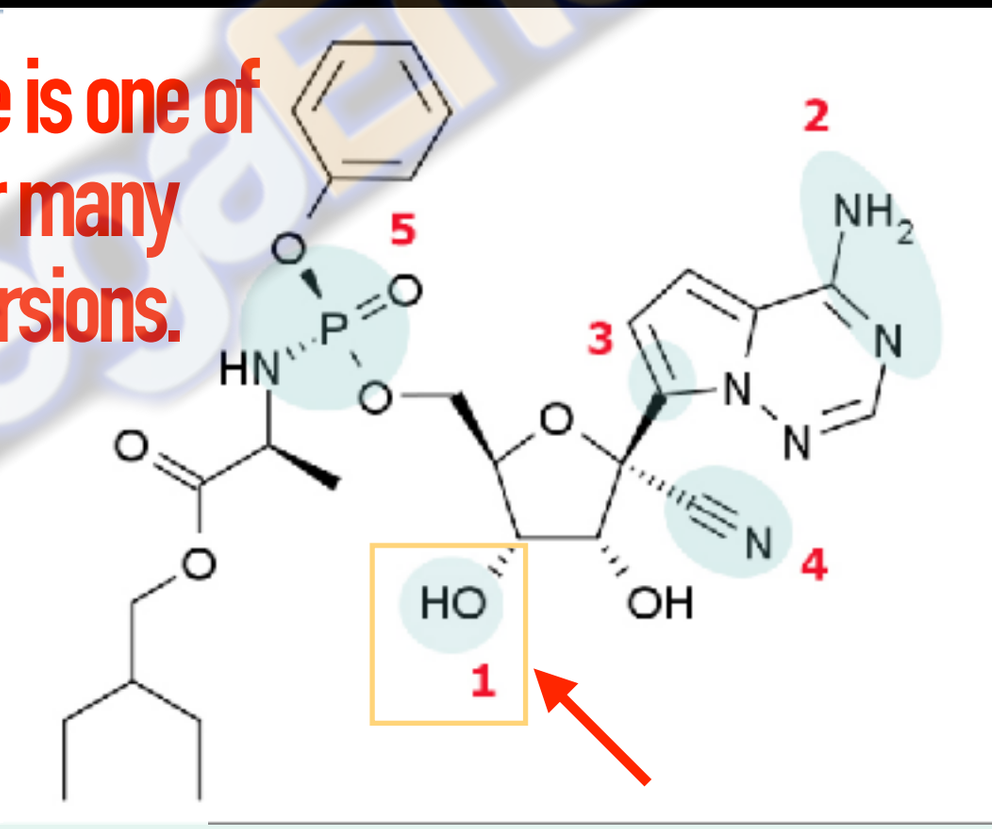
They LIE that their claims of how the molecule breaks down & operates is a perfect process according to their diagrams and claims. But it's not. It's like a maliciously fraudulent insurance policy or crypto scam with all kinds of catches & traps which they never disclose. They even admit it doesn't work how they say.

> "The first phosphorylation, either by cellular or viral kinases, is oftentimes very difficult," Seley-Radtke said. "A lot of those kinases are very, very picky in terms of recognition." By arriving in the cell with its first phosphate already in tow, remdesivir and related nucleotide analogs skip that rate-limiting step. After the protecting groups are cleaved, the nucleotide analog is a reasonable substrate for later nucletodie kinases.

Fraud Diversion "Hydroxy Group"

They admit that their plan & design is to get their CYANIDE contaminated ATP into your cells. But then they start trying to talk about "The Hydroxy group and how it will affect a virus" LOL. It's a diversion to confuse you, conflate the process & plan.





= They go off on a tangent here, in one of many fabricated diversions from their published plan. Then as they are confusing people, they ADMIT that IN THEORY, it SHOULD BE POSSIBLE, as in not guaranteed even if that was their plan, for more blocks on the RNA chain to be added. Though already they showed you what the main part of Remdesivir is actually for and doing.
+ Then they claim this section of the adenosine is what is required for synthesis, blah blah blah not relevant. A dodge. Sleight of hand. Here is the trick, now look here instead.
+ Then they say in a TEST TUBE (irrelevant to the body) they admit it doesn't terminate RNA synthesis. They then claim it doesn't terminate the effect for a fwew cycles. But this is theoretical. What is actually happening is it is killing the cells and cell culture, or stopping the cell function by poisoning the cell & it's mitochondria so then it doesn't replicate anything.
+ Then they lie that "iThe additional left side additions MAY shield remdesivir from magical proofreading enzymes" Lol. This is another dodge from "adding the left side might not result in the ATP forming inside the cell and killing your cell or it's mitochondria."

3′ hydroxy group

Different classes of nucleoside/nucleotide analogs have different effects on polymerases. Remdesivir is in a class called nonobligate chain terminators, because it should, in theory, be possible to add more nucleotides to a strand of RNA after remdesivir has been added due to the presence of the hydroxyl group at carbon 3 in the sugar.

"That hydroxy group is what is required for continued synthesis of nucleic acid, whether it be RNA or DNA," said virologist Craig Cameron, a professor at the University of North Carolina at Chapel Hill who studies the interactions between nucleoside analogs and viral polymerases.

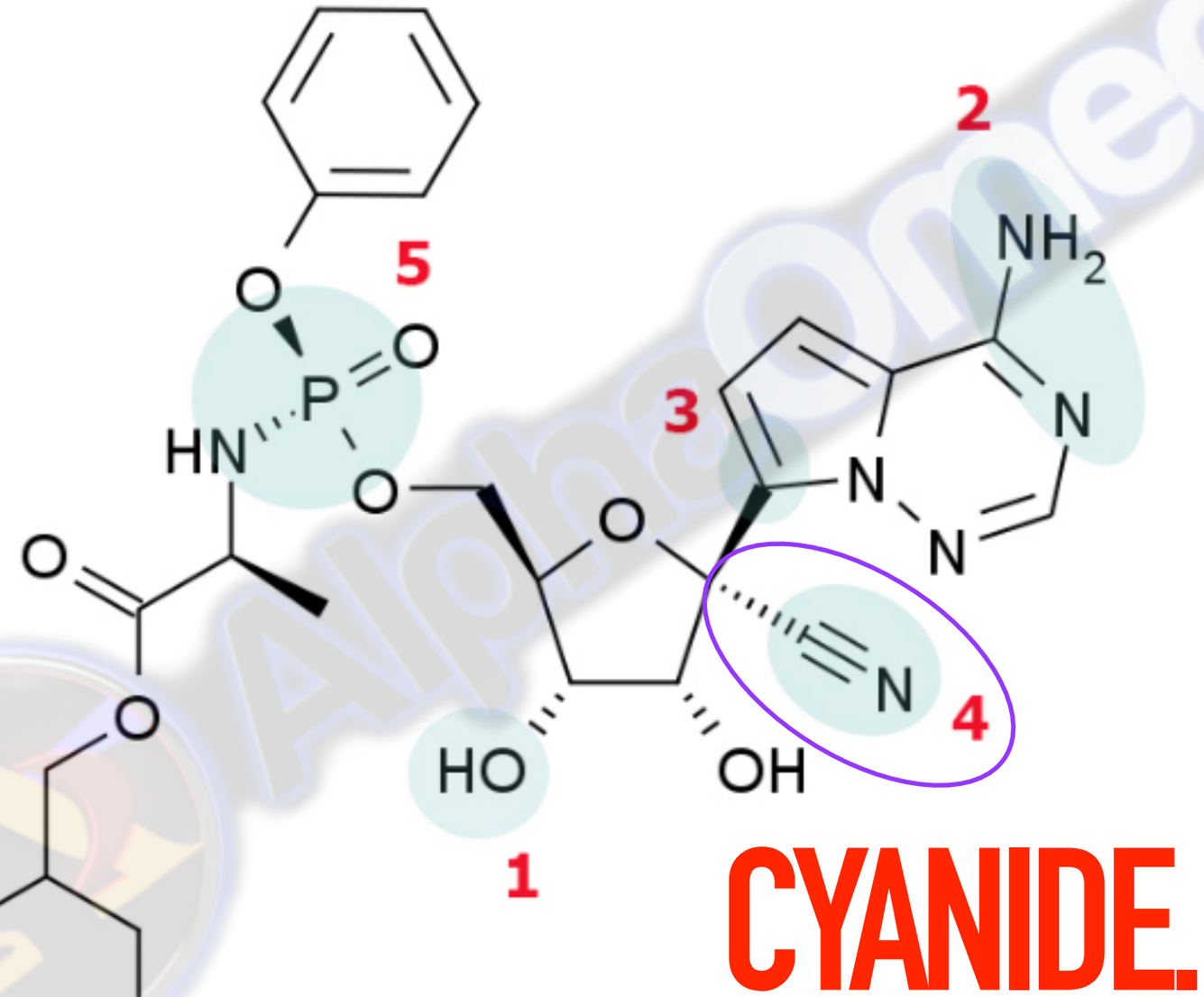
Recent research suggests that when mixed with RNA polymerases from coronaviruses or flaviviruses in vitro, remdesivir doesn't terminate the synthesis of a new RNA strand right away. Instead, Cameron said, "It takes a few cycles of nucleotide addition before you can see the termination effect."

Those additional nucleotides may help shield remdesivir from coronavirus proofreading enzymes that are known to remove unnatural nucleotide analogs.

BS!

Fraud Diversion "Cyanide Inclusion"

They spin their inclusion of CYANIDE as some kind of impressive technological achievement as "a dramatic feature since substitution at that carbon is unusual". Then they LIE that "it was added because some other molecule supposedly 'blocked mitochondrial RNA polymerase in mice' . . . yeah, by destroying the cells or damaging mitochondrial function to the point it couldn't work any more. They know what this can do to you & did it deliberately.



CYANIDE.

1' cyano group

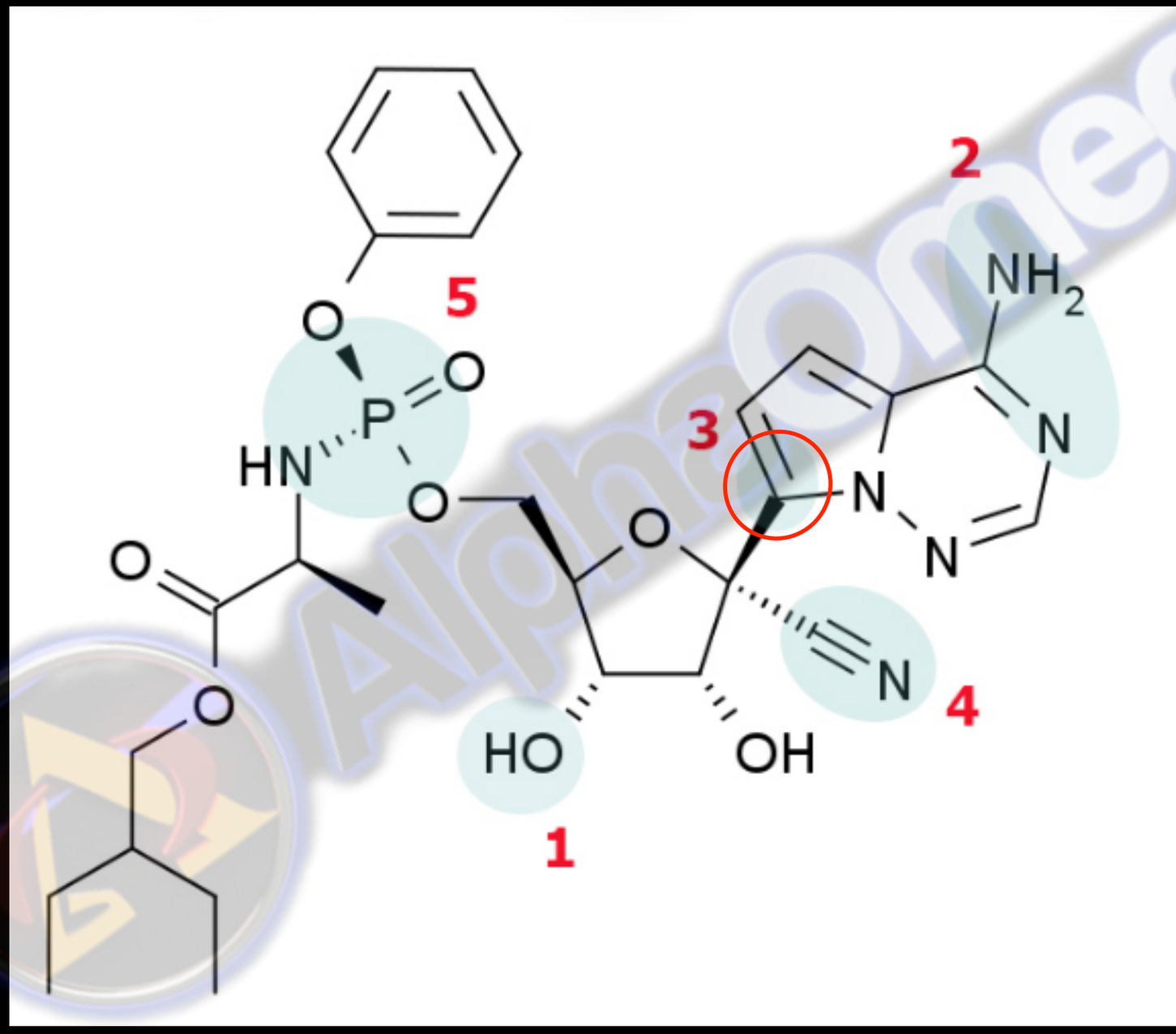
Ask a group of chemists what jumps out at them about remdesivir, and most will start with this dramatic feature. Substitution at this carbon is unusual, and probably only possible because of the strength of the C-nucleoside bond.

According to an article in the Journal of Medicinal Chemistry, the cyano group was initially added because a precursor molecule, a very effective inhibitor of viral RNA polymerases, also blocked the mitochondrial RNA polymerase in mice. To make a molecule without those toxic side effects, chemists at Gilead tried a series of substitutions at the 1' carbon. The compound with the cyano group worked best: it still blocked the hepatitis C polymerase, but was no longer incorporated by host cell polymerases.

"You can't predict activity. You have to make it and test it," Seley-Radtke said. "But even small changes can have amazing consequences."

Fraud Diversion "Features Distraction"

They sell fake features to divert you from the damage that this group causes when it's sure to metabolize, just as their own literature admits in the rest of the literature. They distract you by only talking about how a carbon carbon bond is stronger than some other type, even though this doesn't in any way make it so it can't break down, delivering ultimately the toxic constituent amine part into your bloodstream, damaging your blood, cells, and ultimately your organs, for no possible benefit.



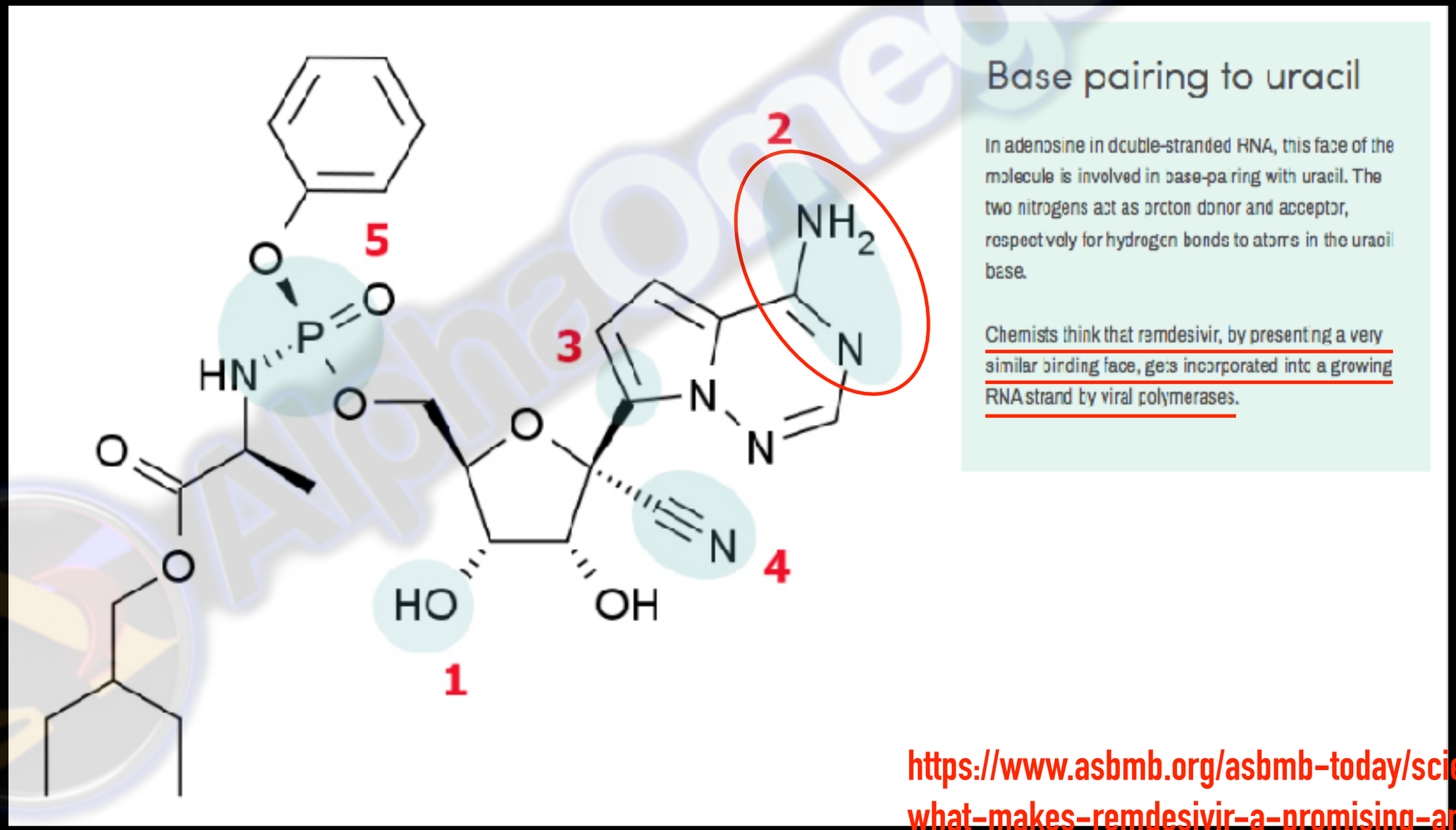
C-nucleoside bond

The link between ribose and the base is called the glycosidic bond. Usually, it connects the 1' carbon in the ribose ring to a nitrogen in the base. But in remdesivir (and some other nucleotide analogs) the sugar and the nucleobase are connected by a bond between two carbons.

"It definitely provides much greater stability (against) nucleases and other enzymes that can cleave the nucleobase from the sugar," said Katherine Seley-Radtke, a medicinal chemist at the University of Maryland, Baltimore County who works on the design and synthesis of antiviral nucleoside analogues. With a C-nucleoside, "you'd have to break a carbon-carbon bond, whereas in a normal nucleoside you're breaking a hemi-aminal bond, which is actually fairly unstable. So having that carbon-carbon bond is a great advantage."

Fraud Diversion "a Maybe Function"

They do another diversion on you, lying that "Chemists think that it will get incorporated into a growing strand by viral polymerases" "THINK it will". . .. because they know it won't & they have zero evidence of it. & They know it will do other things & just ignore it, covering it up. They also just admitted in the previous step, that the molecule's target is the mitochondria, NOT the ribosome where copying of the RNA takes place. They ignore ALL of these metabolites which their literature admits, & which they know is not only guaranteed, but they hid all their tests as well how much metabolite of which kind is produced. They know that too. This is murder not medicine.



Base pairing to uracil

In adenosine in double-stranded RNA, this face of the molecule is involved in base-pairing with uracil. The two nitrogens act as proton donor and acceptor, respectively for hydrogen bonds to atoms in the uracil base.

Chemists think that remdesivir, by presenting a very similar binding face, gets incorporated into a growing RNA strand by viral polymerases.

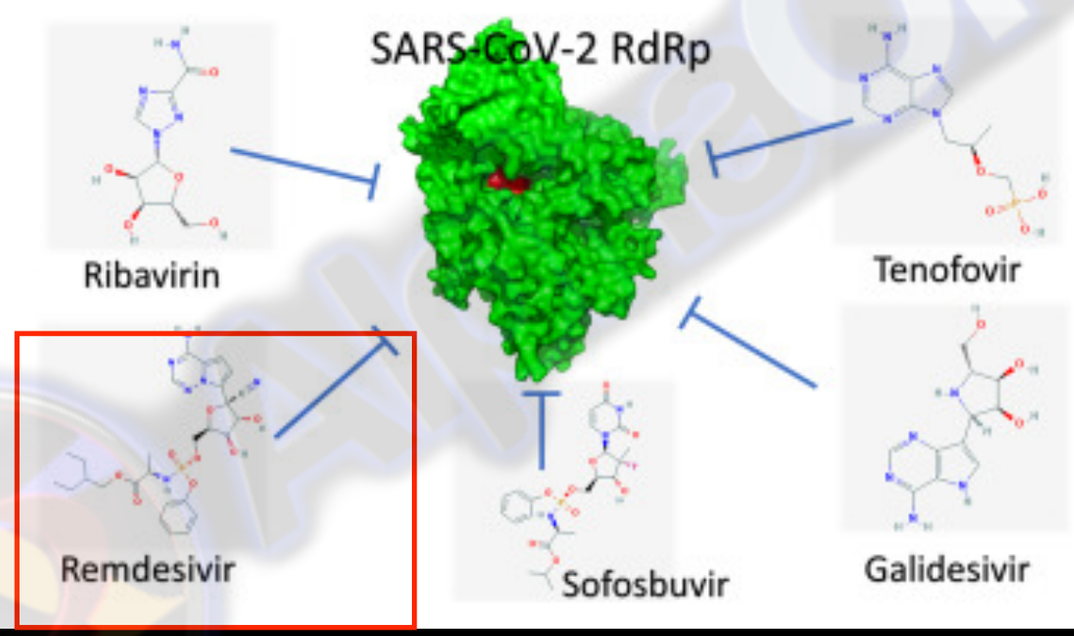
https://www.asbmb.org/asbmb-today/science/031720/what-makes-remdesivir-a-promising-antiviral

Fraud Diversions "It attacks a virus"

Significance

The availability of FDA-approved anti-RdRp drugs can help treat patients and reduce the danger of the mysterious new viral infection COVID-19. The drugs mentioned above can tightly bind to the RdRp of the SARS-CoV-2 strain and thus may be used to treat the disease. No toxicity measurements are required for these drugs since they were previously tested prior to their approval by the FDA.

Graphical abstract



They even admit there are no toxicity measurements. But this is a LIE. They know perfectly that it killed 53% of the Ebola patients, & murdered 8–28% of people in other uses and studies.

They just lie in these baseless fraud pictures that these simple super toxic poisons can magically do something to a "virus" & only a "virus". They just show pictures, and people believe it. They never talk about the damage that independent drug analysts & electrochemists will expose because they want to hide it to sell the drug. This breaks all possible forms & tenets any claims of responsibility, safety, caution, ethics, or competence.

THEY NEVER even Attempt to address what adding CYANIDE into a "Polymerase" would do, how it would benefit, what the function or actual mechanism of action is, offer zero scientific evidence of their claims, let alone discuss any impacts of their real purpose, which they admit in multiple ways, of getting it into your mitochondria which will result in a kill rate higher than any pathogen known in human history. There is zero evidence of their claimed mechanism, only admission & omission of the actual mechanism. This is deliberate homicide under a vast & deliberately obvious cover-up we have all seen in fraud sales across every other industry before including but not limited to financial, insurance, services contracts, and practically every other. It is wholly deliberate not ignorant, it is murder, not "Negligence."

FRAUDULENT PUSHBACKS

Corrupt Establishment "PHD" Attack: (who has 17k followers on Twitter) "Molecules don't break down!!"

Corrupt Establishment cartoon Attack: (who has 431 followers on Twitter) "It's not a pro-drug, you're an idiot!!"

Pharmacology

Activation

Remdesivir is a protide (prodrug of nucleotide) able to diffuse into cells, where it is converted to GS-441524 monophosphate via the actions of esterases (CES1 and CTSA) and a phosphoamidase (HINT1); this in turn is further phosphorylated to its active metabolite triphosphate by nucleoside-phosphate kinases.[33][34] This pathway of bioactivation is meant to occur intracellularly, but a substantial amount of remdesivir is prematurely hydrolyzed in plasma, with GS-441524 being the major metabolite in plasma, and the only metabolite remaining two hours after dosing.[22]

Statement that AOE analysis is correct, Remdesivir is a pro-drug, designed to metabolize into other parts, other molecules. That's exactly what it does & was built to do. But what molecules will it actually end up as? Their literature claims only one & claims a guarantee of this, but that's false & not any kind of reality. They can't guarantee the downstream products, and no one is looking nor testing.

It states that it diffuses, (breaks apart) in the cell, and also states that "it is converted to" another product, thus is metabolized into some other parts. They claim it metabolizes into what they claim it does, but there is no guarantee of this and chemistry in a bag of chemicals like the body doesn't work that way. In a singular test tube 2 molecules only experiment, this will begin to metabolize how they claim on a white board or text book, but this becomes very different in the human bag of chemicals in actual real life. This is also why they have human trials, because it doesn't work how they say it does. If it did, they wouldn't even need human trials and no one would be dying. Obviously it's not working as they megalomaniacally claim it works.

It states that a substantial amount of it breaks down prematurely in the plasma.

They state that in only two hours most of it is broken down. But there is no guarantee that it will be broken down into what they claim it will be. That's not how chemistry in a bag of chemicals works, nor in a test tube with many chemicals in it either. In a test tube with only one chemical and remdesivir there isn't even a guarantee you will get the same total products every time. There will be an average amount of each product and varying amounts in many experiments. It depends also what that chemical/molecule is. It also depends on other factors.

FACTS:

- Remdesivir is being broken down into many things & in fact that's it's design
- There is no guarantee it will become the exact things they claim it will, this is basic knowledge & experience & claims contrary fly in the face of actual chemistry & electrochemistry.
- It's all broken down into pieces quickly, in 2 hours.

AOE analysis prior to looking at full explanations: 100% Correct

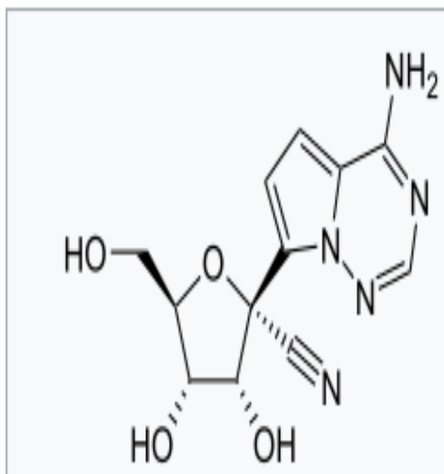
"Remdesivir Molecules Break Down"

Far left wing BlueCheck "PHD" accounts with 17,000 followers slandered us LYING & committing misinformation & disinformation that "Molecules Don't Break Down!!!! You don't know what you're talking about!!!" But the literature from the Remdesivir manufacturers debunks and factchecks these shameless malicious liars.

Pharmacokinetics

In non-human primates, the plasma half-life of the prodrug is 20 minutes, with the main metabolite being the nucleoside, GS-441524. Two hours post injection, the main metabolite GS-441524 is present at micromolar concentrations, whilst intact Remdesivir is no longer detectable. Because of this rapid extracellular conversion to the nucleoside GS-441524, some researchers have questioned whether the active nucleotide triphosphate is truly derived from Remdesivir pro-drug removal or whether it occurs by GS-441524 phosphorylation, and whether direct administration of GS-441524 would constitute a cheaper and easier to administer COVID-19 drug compared to Remdesivir.[39][22] The activated nucleotide triphosphate form has sustained intracellular levels in PBMC and presumably in other cells as well.[32]

GS-441524



Cyanide contaminated Adenosine/ATP

1. 50% of the molecule is broken down in 20 minutes.
2. In 2 hours the molecule is completely broken down & there is nothing left but constituent components. This can be the CYANIDE and cyanide derivatives and also other components and their combinations in the body including potentially damaging nerve agents and even more toxic poisons and CYANIDE combinations like potassium cyanides and sodium cyanides and others.
3. They even advocated for isolating this without the other compounds attached to the left of the adenosine & just pumping people full of CYANIDE contaminated adenosine.
4. They ADMIT that there is rapid metabolism of the original molecule to the CYANIDE contaminated Adenosine or ATP
5. This is ALSO an admission that it doesn't necessarily become an ATP like their whiteboard textbook claims of perfection and that there isn't a guarantee of this, but can become also merely a CYANIDE contaminated Adenosine molecule.
6. They also ADMIT that this molecule sustains high levels inside OTHER CELLS AS WELL. So it's not exclusive at all to magically hunting down SarsCov2 from the trillions of other "viruses" in your body & attacking it, but it goes into all kinds of "other cells as well" & thus can then damage them & kill them.

Metabolism (Breakdown) Enhancers

Interactions

Remdesivir is at least partially metabolized by the cytochrome P450 enzymes CYP2C8, CYP2D6, and CYP3A4.[41][12] Blood plasma concentrations of remdesivir are expected to decrease if it is administered together with cytochrome P450 inducers such as rifampicin, carbamazepine, phenobarbital, phenytoin, primidone, and St John's wort.[42]

Using chloroquine or hydroxychloroquine with remdesivir may reduce the antiviral activity of remdesivir.[11][9][43] Coadministration of remdesivir and chloroquine phosphate or hydroxychloroquine sulfate is not recommended based on *in vitro* data demonstrating an antagonistic effect of chloroquine on the intracellular metabolic activation and antiviral activity of remdesivir.[12]

They admit that depending on how much of other chemicals or enzymes are in the blood, that Remdesivir will be broken down at different rates and in different ways, not only the standard way in their literature. A huge host of different substances can do so, as well as all kinds of reactive elements and molecules and electro-catalytic elements & molecules. They can not continue their endless lies that supposedly it doesn't break down, or that it only breaks down how they claim it does.

They admit that using Cloroquine, quoted by Fauci on the NIH documents as "Chloroquine is The Complete Abolishment of All Sars & Sars related infections" & the much more safe Hydroxychloroquine, react with & break down remdesivir. Why? Because they are highly reactive molecules containing chlorine which also break down & react strongly with organophosphate poison nerve agents and other molecules. They admit that it destroys the remdesivir molecule & blocks it from doing it's damage.

Probably should address these frauds:

"It's not establishment method!!!"

"You don't know what you are talking about!!!"

"Benzene rings can't harm someone!!!"

"That's not graphene that's benzene! That's a benzene ring!!!"

"Cyanide in the molecule doesn't mean anything!!!"

"You are speculating!!!"

"You are using buzz words like cyanide to grab attention!!!"

"Different formulations don't mean people will get that, -or- that's not what people get!!!"

MORE

FRAUDULENT PUSHBACKS

Claims it had antiviral activity are Frauds

In vitro experiments

An *in vitro* study of remdesivir assessing antiviral activity against SARS-CoV-2 was performed.[46] Cells were pre-treated with the different doses of remdesivir for 1 hour, and the virus (MOI of 0.05) was subsequently added to allow infection for 2 hours.[46] The results found that remdesivir functioned well as an inhibitor of the infection.[46] The study was published as a letter to the editor, and as such did not undergo peer review.

Cell Research

Cell Res. 2020 Mar; 30(3): 269–271.
Published online 2020 Feb 4. doi: 10.1038/s41422-020-0282-0

PMCID: PMC7054408
PMID: 32020029

Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro

Manli Wang,[#1] Ruiyuan Cao,[#2] Leike Zhang,[#1] Xinglou Yang,[#1] Jia Liu,[1] Mingyue Xu,[1] Zhengli Shi,[1] Zhihong Hu,[✉1] Wu Zhong,[✉2] and Gengfu Xiao[✉1]

Author information ▸ Article notes ▸ Copyright and License information Disclaimer

In the very study claiming Remdesivir worked as an anti-viral for Sars-Cov2, there was missing minimum levels of data, no real evidence of any isolate of SarsCov2, and in the same paper, they stated & admitted that Chloroquine was an inhibitor of SarsCov2 infections. This shows also that Remdesivir should not have been given an EUA because there was existing effective therapeutics, and also that since there were existing effective therapeutics to the illness that the National and State Emergency Declarations and the WHO pandemic declarations were all Fraudulent according to the law.

Recognized as Dangerous to Humans

Their own literature states that the "CYANIDE is Extremely dangerous to humans" Yet the FDA, NIH, Health Departments & Officials demanded it as the ONLY approved treatment for Covid19.

Manufacturing

Remdesivir requires "70 raw materials, reagents, and catalysts" to make, and approximately "25 chemical steps."[47] Some of the ingredients are extremely dangerous to humans, especially trimethylsilyl cyanide.[47] The original end-to-end manufacturing process required 9 to 12 months to go from raw materials

Anthony Fauci, the director of the NIAID, has likened the trial of remdesivir to the first big trial of AZT, the first drug for HIV. As AZT was, remdesivir is being authorized for wide use before it's fully clear how effective it will be. Preliminary data from the 1,063-person trial show the medicine sped recovery in the most serious cases of Covid-19 by about four days. Full details haven't been published, and a smaller trial in China didn't find a benefit. The Food and Drug Administration, in granting the emergency authorization, didn't allow Gilead to claim the drug is safe and effective for Covid-19; the agency said only that it's reasonable to believe the medicine may help.

W.H.O. Rejects Antiviral Drug Remdesivir as a Covid Treatment

In a review of several trials, the World Health Organization found that Gilead's drug did not improve survival rates for patients nor did it help them recover.

Give this article

Remdesivir was authorized for emergency use last spring, a move that baffled some experts. Yonhap/EPA, via Shutterstock

By Benedict Carey

Published Nov. 18, 2020 Updated Jan. 30, 2021

Remdesivir Fails to Prevent Covid-19 Deaths in Huge Trial

Critics said the study, sponsored by the W.H.O., was too poorly conducted to be definitive.

Give this article 24

A study by the World Health Organization found that remdesivir did not reduce deaths in a large group of patients. "This puts the issue to rest," one scientist said. Amr Abdallah Dalsh/Reuters


By Katherine J. Wu and Gina Kolata

Published Oct. 15, 2020 Updated Nov. 19, 2020

Fraud, Manipulation, Spin, Lies, & Murder

Ebola drugs show '90% survival rate' in breakthrough trial

13 August 2019

An outbreak of Ebola has killed more than 1,800 people in the Democratic Republic of Congo

Ebola may soon be a "preventable and treatable" disease after a trial of two drugs showed significantly improved survival rates, scientists have said.

Two other treatments, called ZMapp and Remdesivir, have been dropped from trials as they were found to be less effective.

What were the results of the trial?

The trial, conducted by an international research group co-ordinated by the World Health Organization (WHO), began in November last year.

Since then, four experimental drugs have been tested on around 700 patients, with the preliminary results from the first 499 now known.

Health workers dressed in protective suits disinfect an ambulance at an Ebola treatment centre in DR Congo

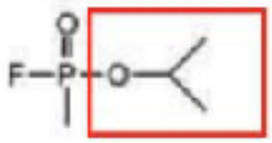
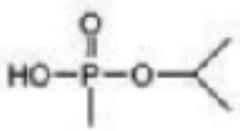
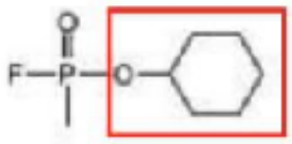
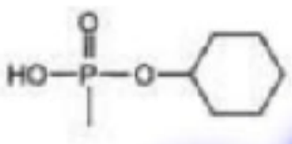
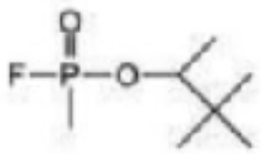
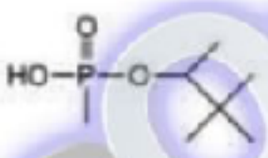
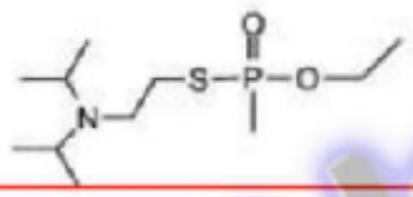
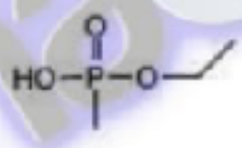
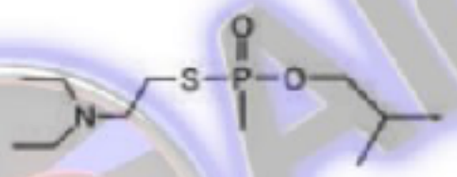
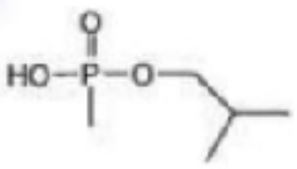
Of the patients given the two more effective drugs, 29% on REGN-EB3 and 34% on mAb114 died, NIAID said.

In contrast, 49% on ZMapp and 53% on Remdesivir died in the study, the agency said.

WMD ANALYSIS

Chemical Weapons of Mass Destruction.

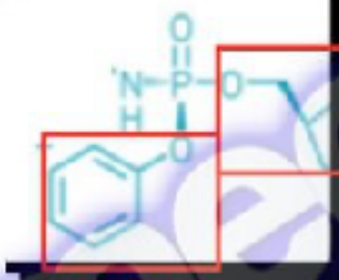
REMDESIVIR IS AT LEAST 5 DEADLY WMD ZYKLON B NAZI NERVE AGENTS. SARIN GAS, CYANIDE, rVX, FLUORINE, CYCLOSARIN, HYDROGEN CYANIDE.

Nerve agent		Hydrolysis product	
Sarin		iPMPA	
Cyclosarin		CMPA	
Soman		PMPA	
VX		EMPA	
rVX		iBMPA	

rVX advanced nerve agent
Adds Zyklon B + Dual Phosphorous Tree

5

Sarin Structure 1



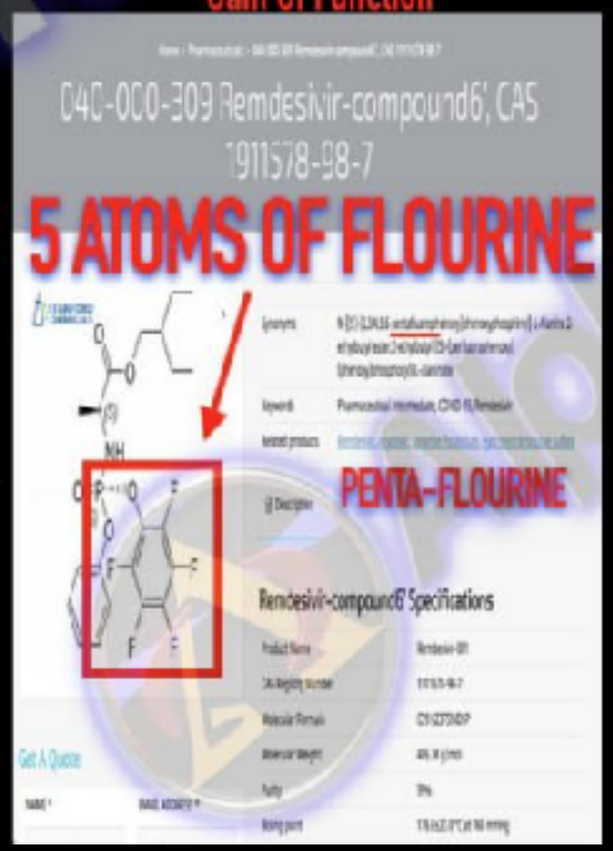
2

CycloSarin Structure

Remdesivir

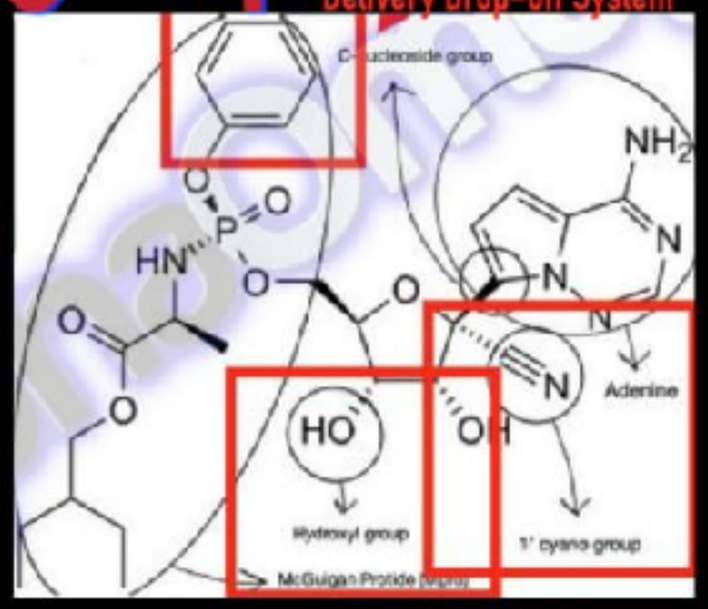
3

Flourine Bomb – Cyclosarin Gain Of Function



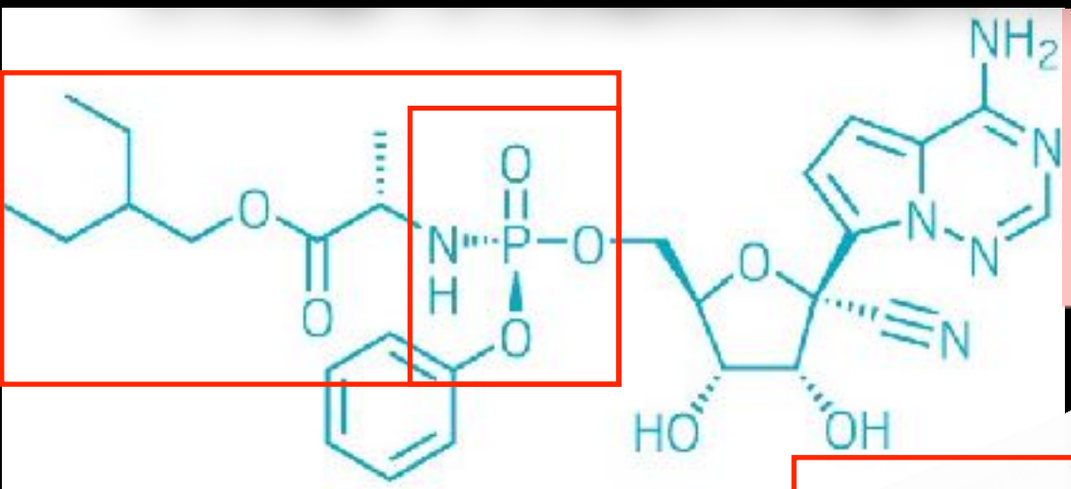
4

Cyanide Trojan Horse Delivery Drop-off System

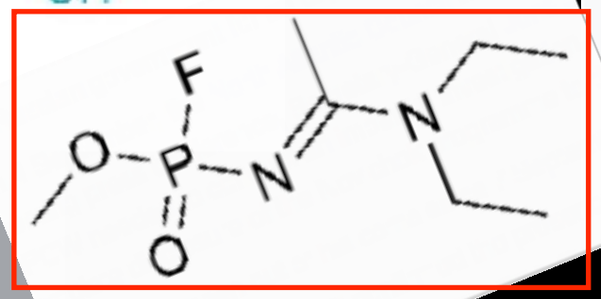


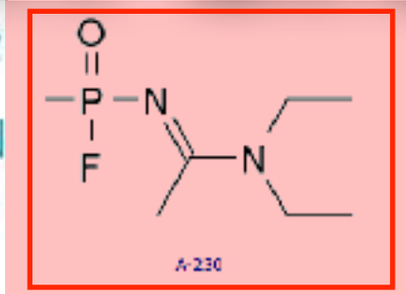
Cyanide shown deploying into body in literature.

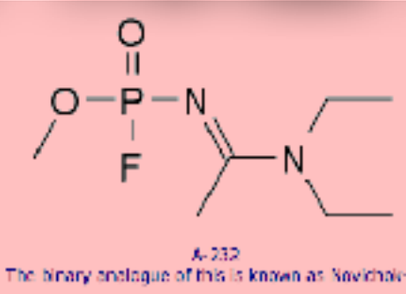
NOVICHOK FORMULATION

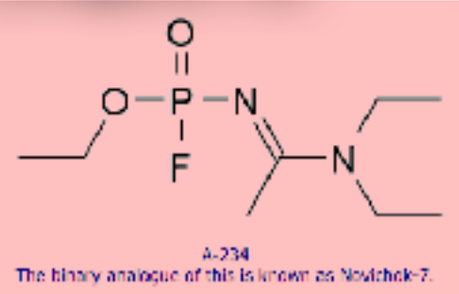


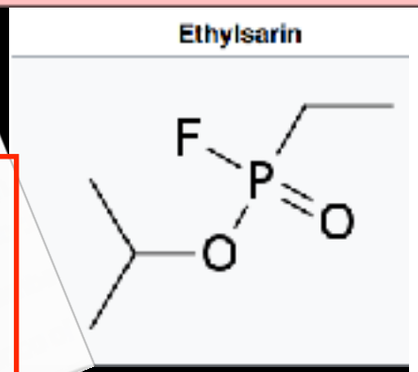
Remdesivir

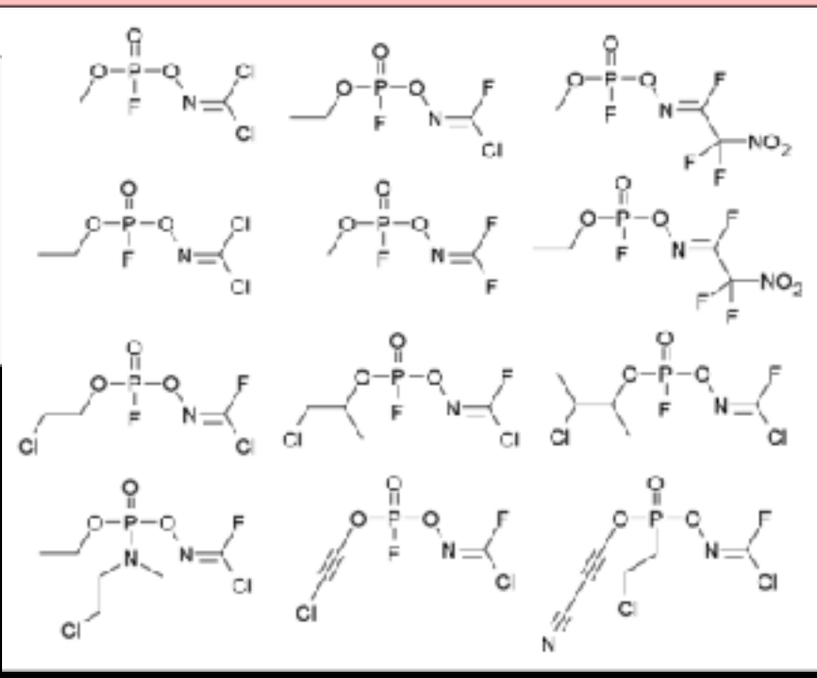


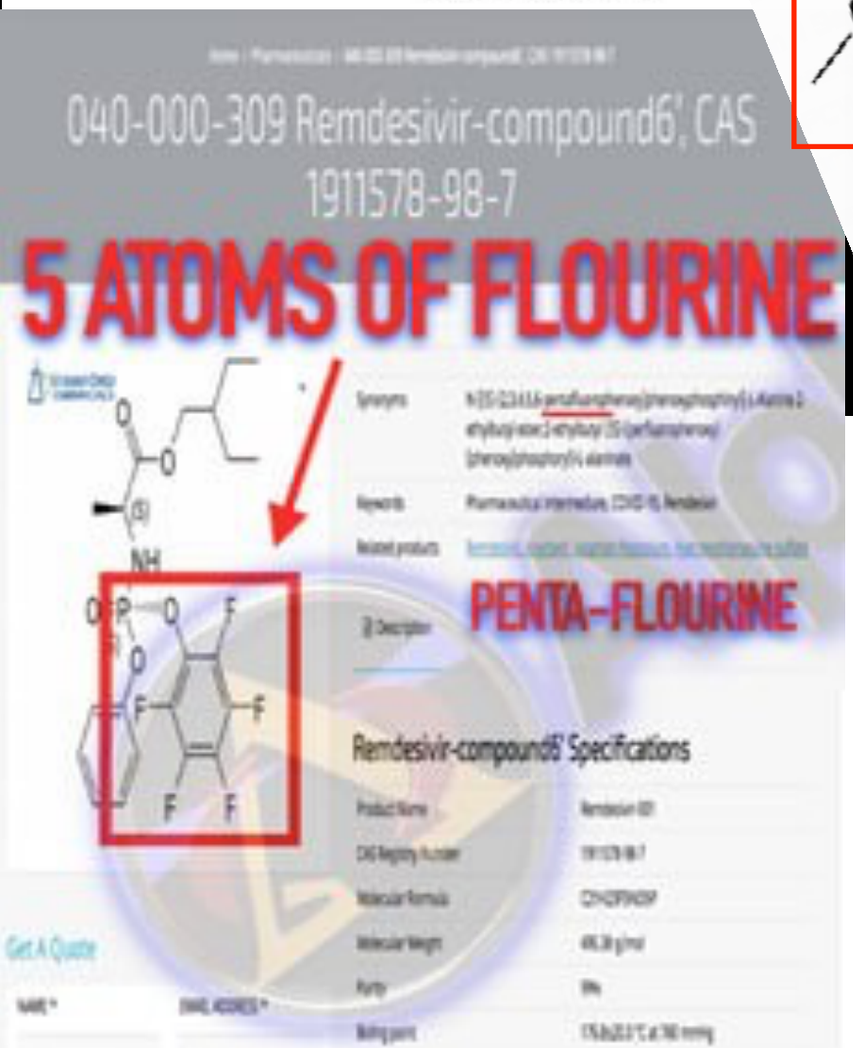


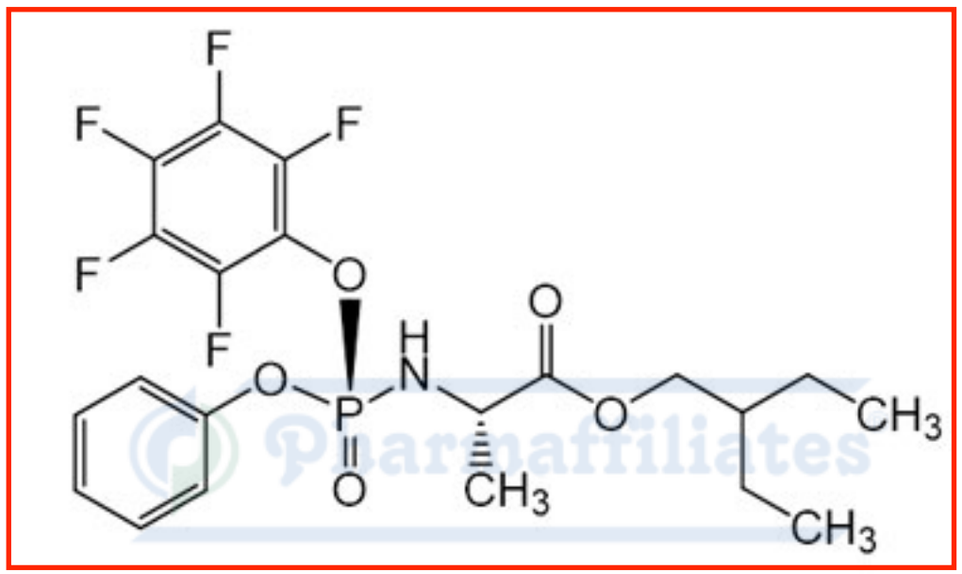








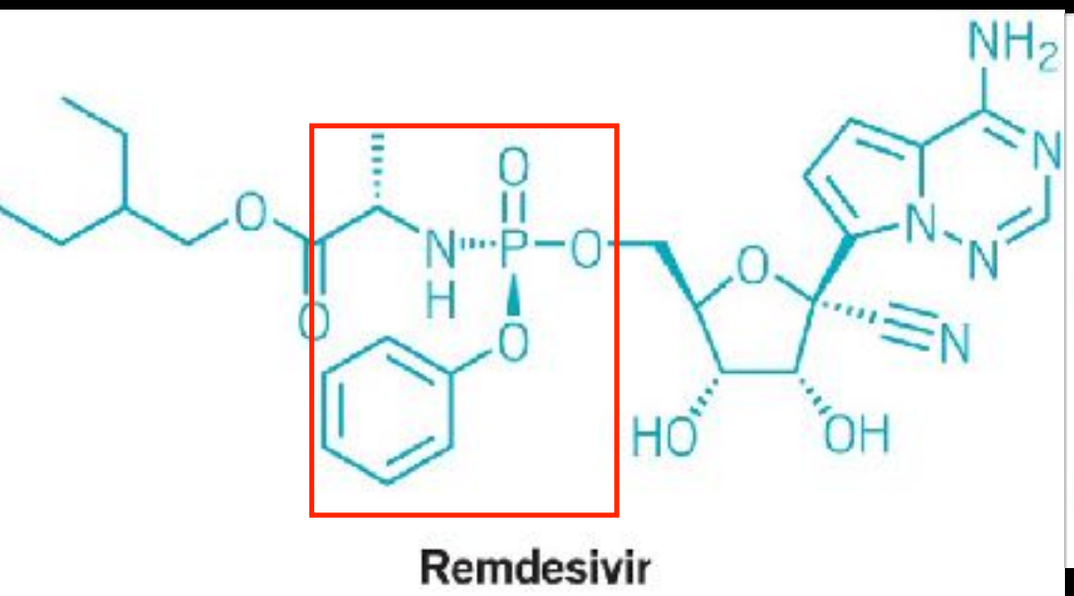




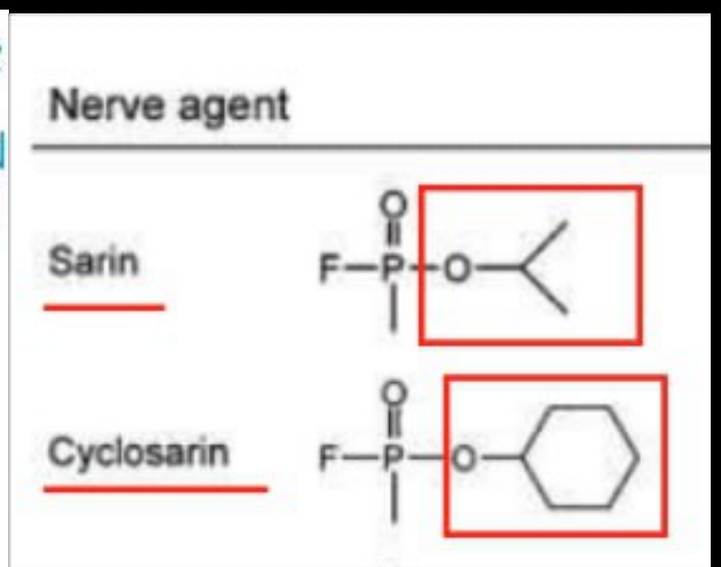
- Phosphorous Core
- Organophosphate poison
- Double O2 bond
- Nitrogen
- Double methyl fork
- Employs Flourine off P

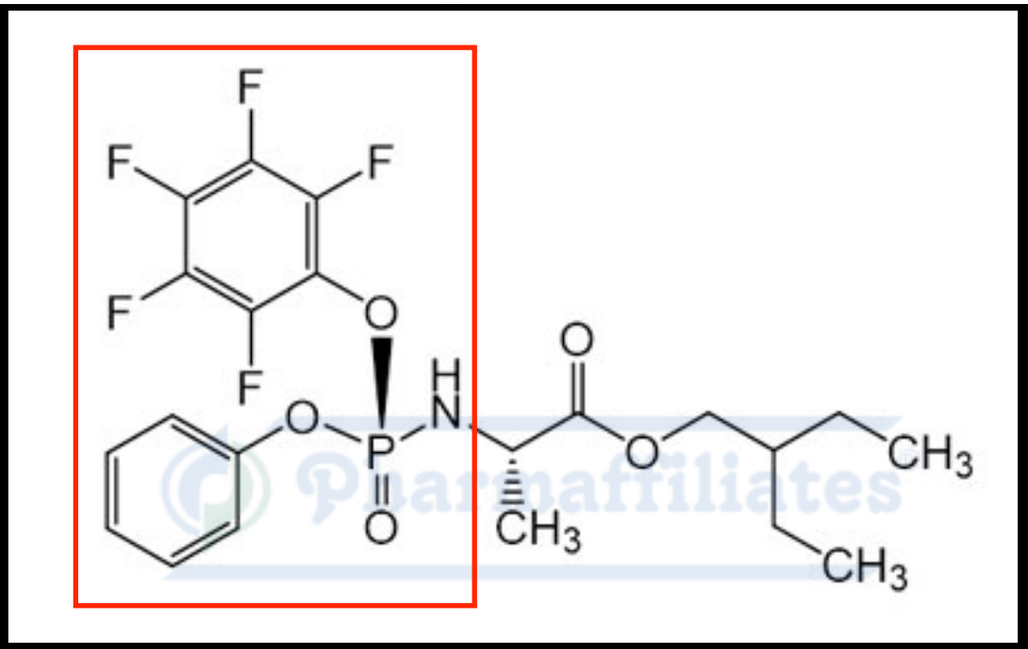
https://www.pharmaffiliates.com/en/1911578-98-7-2-ethylbutyl-s-perfluorophenoxy-phenoxy-phosphoryl-l-alaninate-pa181081035.html

CYCLOSARIN FORMULATION



Remdesivir



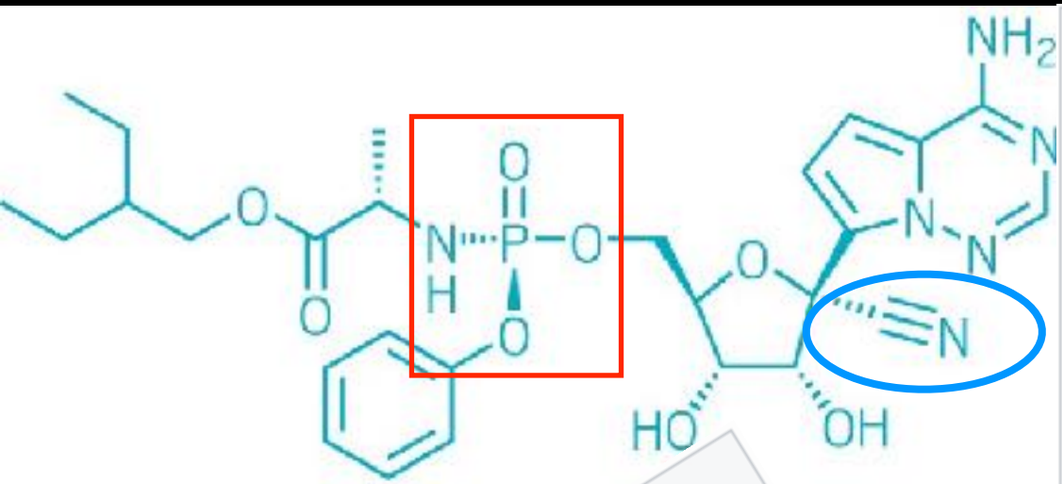


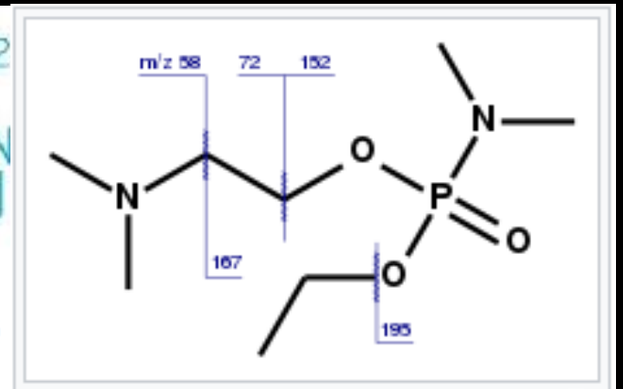
- Employs Benzene ring
- Employs Flourine off P, could be in a Benzene ring also

- Phosphorous Core
- Organophosphate poison
- Double O2 bond

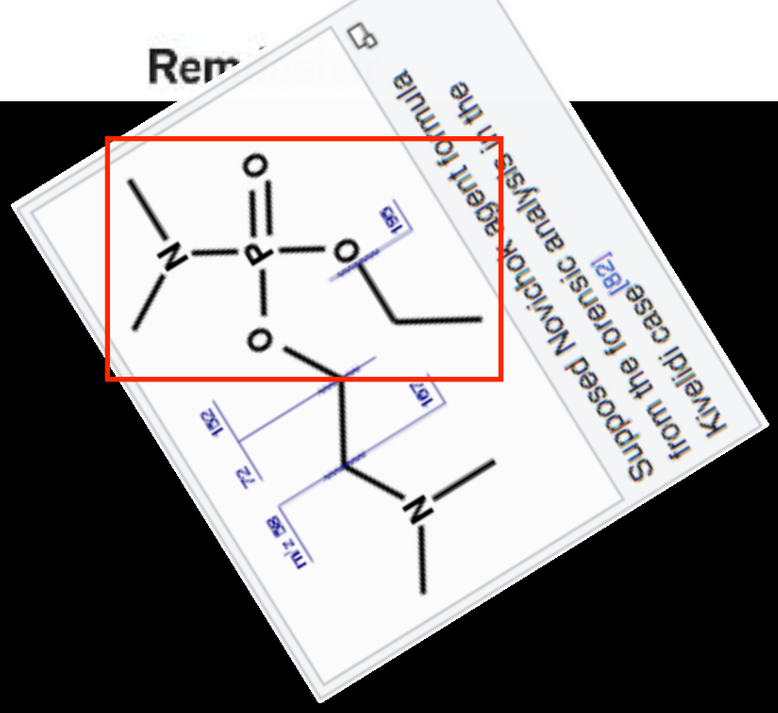
https://pubchem.ncbi.nlm.nih.gov/compound/153885346#section=Structures

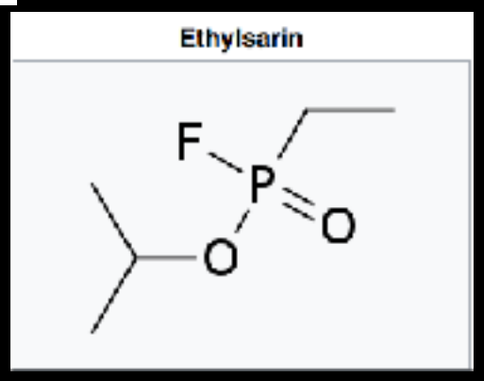
ETHYLSARIN & TABUN

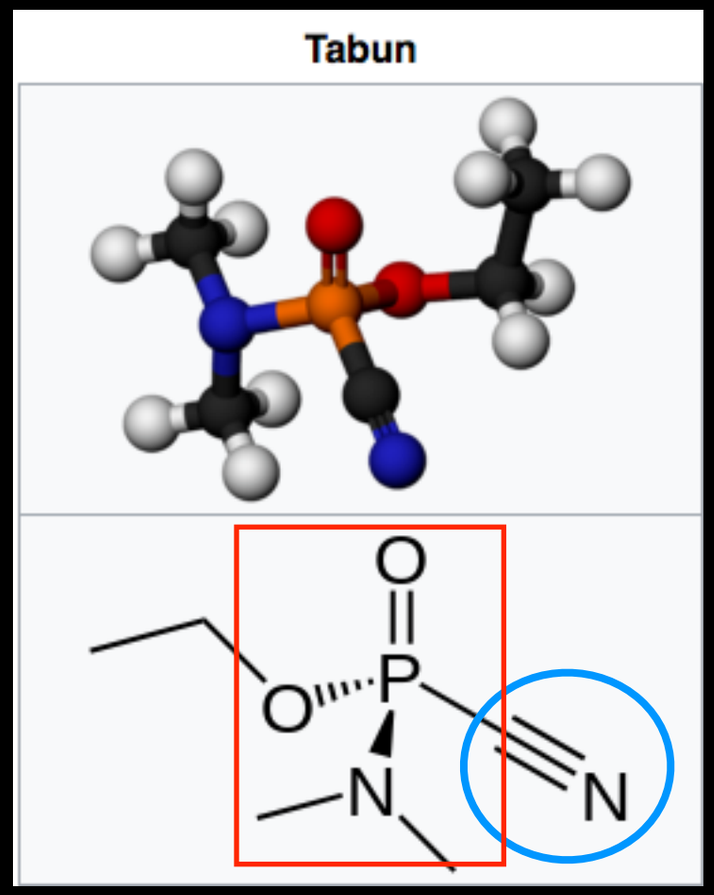




Supposed Novichok agent formula from the forensic analysis in the Kivelidi case[82]



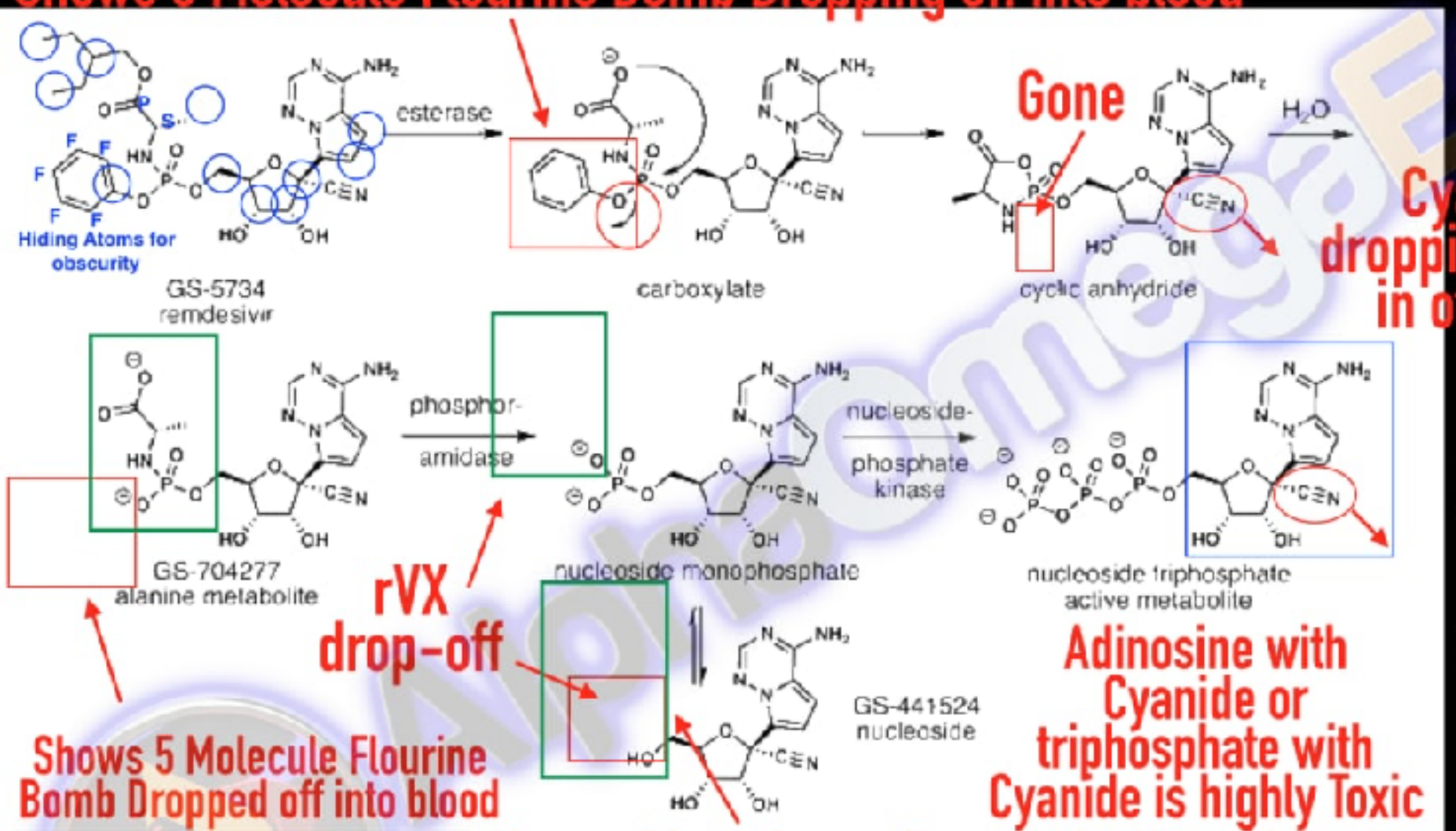




REMDESIVIR LITERATURE CONFIRMS DROP-OFF OF RVX & FLUORINE BOMB, SHOWS CYANIDE ADINOSINE TRIPHOSPHATE, SHOWS PHOSPHATES DROP TO 'PRODRUG'

Shows 5 Molecule Flourine Bomb Dropping off into blood

They use the magician's slight of hand trick. They claim "look here at what we claim it does" so you don't look at it's constituent parts, functions & what they do & don't do. Their PR machine media then says "ignore those who tell you to ask questions about the magic trick."



Cyanide shown dropping off into blood in other literature

Adinosine is a Nerve agent that interferes with heart & nervous system signaling & can cause shutdown of heart & other nerve functions & has no medical benefit.

Shows 5 Molecule Flourine Bomb Dropped off into blood

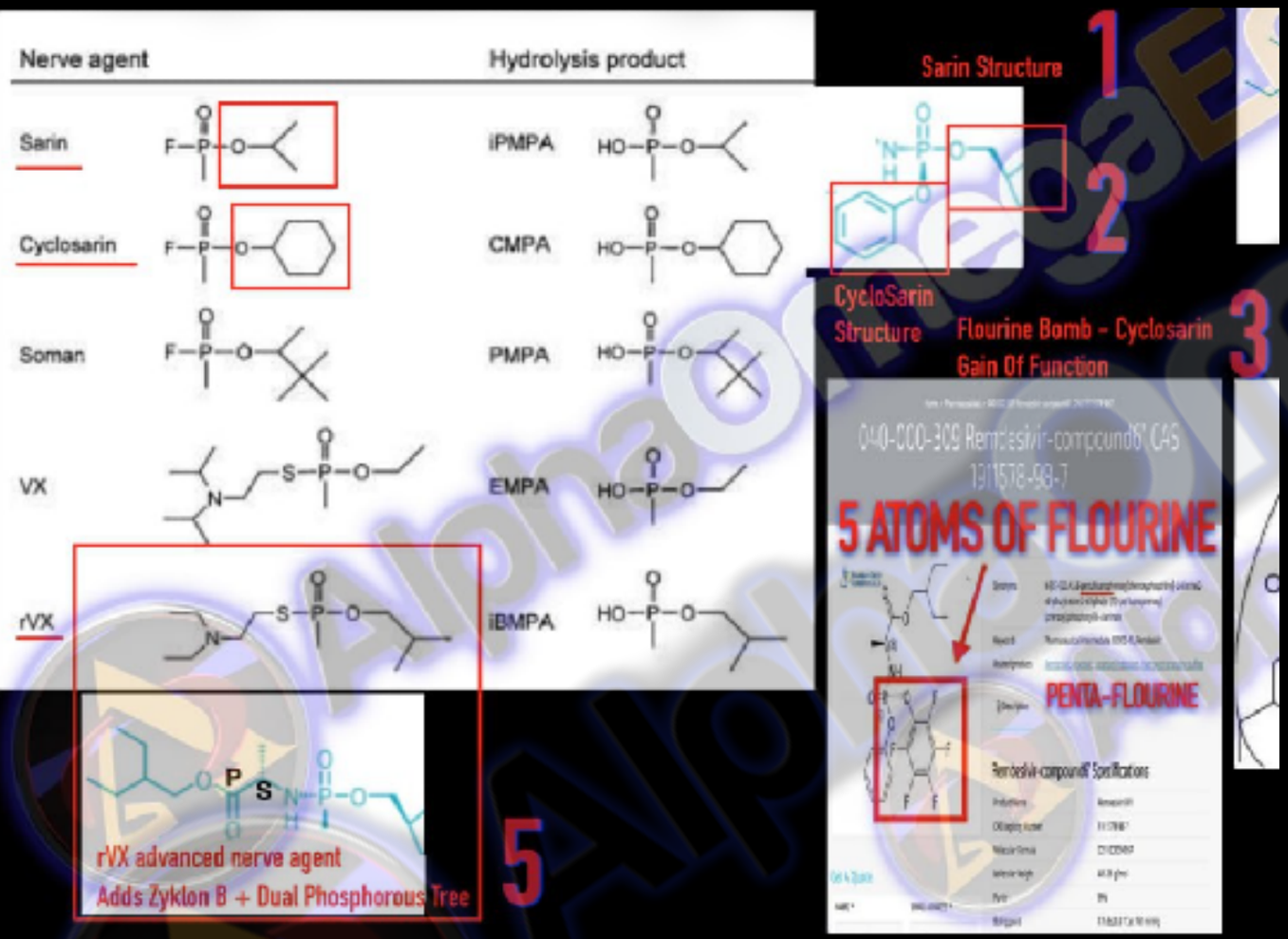
Adinosine with Cyanide or triphosphate with Cyanide is highly Toxic

Shows Phosphates Dropped off into blood, can form with Flourine

The dropped off pro-hormone pieces, rVX, Flourine Bomb, Cyanide, can do incredible damage to the body's nervous system & organs. The phosphates can also then form with the Flourine in additional byproduct reactions, which is also incredibly toxic & neurotoxic. Gilead states it's a pro-drug, & pro-drugs are of course designed with the end products in mind. The end products delivered by this one are clearly incredibly toxic and deadly. Does the ATP with cyanide destroy the mitochondria? Why are they attaching it to ATP? To achieve what damage? Think of ATP gets sent where? What functions in what organs? This doesn't guarantee it will stop any "virus" from replicating, rather it doesn't guarantee anything firstly, but might instead rather stop all the needed DNA replication & repair processes from occurring in the body which are needed for the body to function. It doesn't select any particular "virus" in fact at all nor have any of it's parts for identification. It's merely an adenosine packed with many poisons. This poisoned ATP may possibly damage anything that uses ATP. Also they show the Phosphates dropping off, which may form PFL combinations with the 5 atoms of Flourine which are highly neurotoxic. 3 times this was used for other diseases & only resulted in mass deaths, mass maimings, and recall, given intentionally despite this & forced this mass murdering drug as "The only treatment" the 4th time & refusal to recall. Pre-meditated murder.

CYANIDE Enhances WMD Effects

CYANIDE oxygen deprivation = Lack of ability to detox from Organophosphate WMD.



Organophosphates need high oxygen content in order to detox them from your body. When oxygen atoms attach to the phosphates or reactive toxic elements like phosphorous, fluorine, chlorine or sulphurs, they become "oxidized" (Oxygen atoms bonded to them) taking up the bonding spots with inert oxygen. Then these molecules become less toxic and easier for the body to then pass on to the excretory system and excrete them in blood, urine or feces. Involving CYANIDE poisoning into the cells or body while organophosphates are present will starve the body of oxygen uptake in the blood which will then make the organophosphates much more toxic to the body and toxic reactive unable to be processed and oxidized.

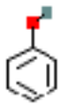
Using them in the same molecule will also contribute to this. This is clear that this is also a combination poison how they have delivered toxic combinations of both organophosphate poison chemical weapons (WMD) and CYANIDE, and come up with a nice cover story scam with the ATP claims for the phosphorous, then the claims of what the other attached molecules are doing, while hiding all other prodrug downstream products and never mentioning any of them or these additional known deadly and or toxic risks. (Clearly engineered in our view)

BENZENE & BENZENE OXIDE

9.7 Transformations

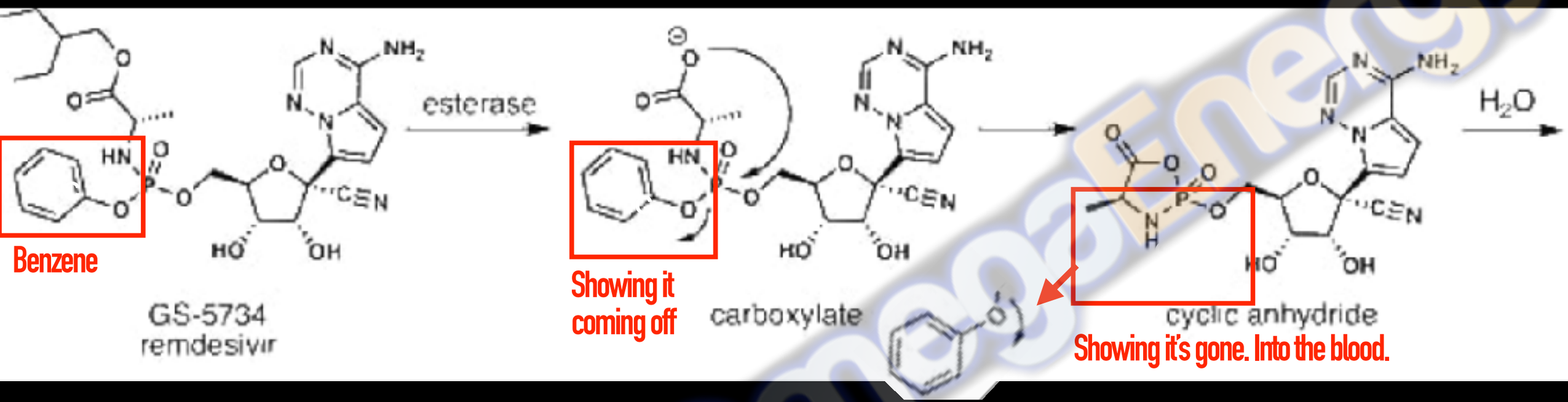
1 item View More Details

Download

Predecessor	Predecessor Name	Successor	Successor Name	Transformation	Enzyme	Evidence DOI
	benzene		phenol	Hydroxylation of aromatic carbon / Human Phase I	CYP2E1	10.1186/s13321-018-0324-5

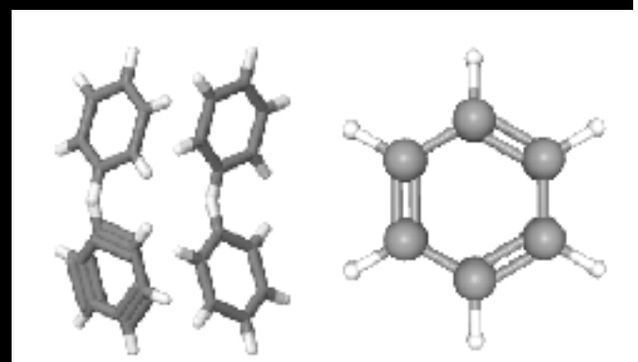
▸ NORMAN Suspect List Exchange

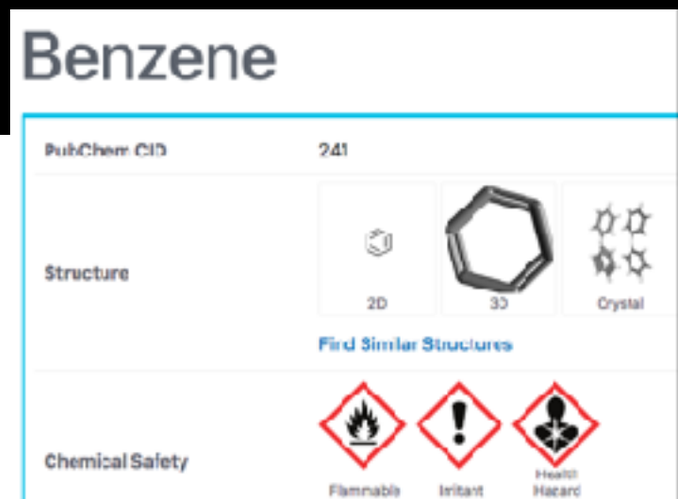
BENZENE, MULTI-FUNCTION TOXIN



- Airborne Infectious. Infects you through your lungs. Benzene is absorbed readily following inhalation or oral exposure
- Exhaled out of the lungs completely intact, & then can infect others.
- It's a Sterilization agent, it destroys reproductive organs, causes infertility.
- Reproductive effects have been reported for women exposed by inhalation to high levels, and adverse effects on the developing fetus have been observed in animal tests.
- Super Toxic to the fetus, which is incredibly vulnerable in it's development stages. Can cause auto-immune disorders.
- Super-carcinogenic, causes a variety of severe cancers
- Super toxic to the mitochondria, causing cellular death, thus organ death, this is the 2nd attack of Remdesivir on the Mitochondria in addition to CN-ATP. Covalent binding to mitochondria is a prominent feature of benzene metabolism.

- ANTIDOTE: There is no antidote for benzene toxicity.
- Disorders in the blood, including reduced numbers of red blood cells and aplastic anemia
- You are advised to Seek medical attention immediately if you've been exposed to Benzene.
- Benzene Causes myocardial sensitization.
- Seizures can be caused by Benzene.





BENZENE, A SEVERE CARCINOGEN

- Exposure to benzene occurs through inhalation and dermal contact.
- The general population may be exposed to benzene via inhalation of ambient air, ingestion of food and drinking water, and dermal contact with consumer products containing benzene.

Benzene is a clear, colorless, highly flammable and volatile, liquid aromatic hydrocarbon with a gasoline-like odor. Benzene is found in crude oils and as a by-product of oil-refining processes. In industry benzene is used as a solvent, as a chemical intermediate, and is used in the synthesis of numerous chemicals. Exposure to this substance causes neurological symptoms and affects the bone marrow causing aplastic anemia, excessive bleeding and damage to the immune system. Benzene is a known human carcinogen and is linked to an increased risk of developing lymphatic and hematopoietic cancers, acute myelogenous leukemia, as well as chronic lymphocytic leukemia. It's metabolized in the liver.

- Covalent binding to mitochondria is a prominent feature of benzene metabolism. This is toxic to the mitochondria, causes damage & death of the mitochondria leading to cellular death & then potentially organ death.

- FDA prohibits the use of benzene in food. (But drugs are okay, oh of course, straight to the blood, approved & forced by the FDA)

- Persons in charge of facilities & it's use are required to notify the National Response Center (NRC) immediately, when there is a release of this designated hazardous substance. The toll free number of the NRC is (800) 424-8802

Infectious, Lung Transferrable.

Benzene into the blood
'Infects you", you get sick

It gives you respiratory illness,
lung damage, & pneumonia,
It's then exhaled out the lungs

It then "infects" the other person
they get respiratory illness. It's then
exhaled out of the lungs.

It then "infects" the other person
they get respiratory illness. It's then
exhaled out of the lungs. Repeat.

"Virus?"

- The substance is irritating to the eyes, skin and respiratory tract.
- It can also affect the immune system, increasing the chance for infection. Not only by Benzene, but by many other illnesses.
- Benzene is absorbed readily following inhalation or oral exposure. It enters the bloodstream and is rapidly distributed throughout the body, tending to accumulate in fatty tissues.
- Benzene is exhaled unchanged by the lungs
- It causes effects to the central nervous system. This may result in the lowering of consciousness.
- People who breathe in high levels of benzene may develop drowsiness, dizziness, rapid or irregular heartbeat, headaches, tremors, confusion unconsciousness, death.
- Effects include fatigue, headache, dizziness, nausea, loss of appetite, loss of weight, and weakness.
- Shortness of breath (dyspnea) develop, evaluate for respiratory tract irritation, inflammation of the large airways (bronchitis), and inflammatory lung disease (pneumonia).
- Eating foods or drinking beverages containing high levels of benzene can cause vomiting, irritation of the stomach, dizziness, sleepiness, convulsions, rapid or irregular heartbeat, death.
- If swallowed the substance easily enters the airways and could result in aspiration pneumonitis & chemical pneumonitis. It has been associated with cancer of the blood (leukemia).
- Acceptable daily intake levels?: Longer-term Health Advisories have not been calculated because of the carcinogenic potency of benzene.

When administered to mice subcutaneously, 72% of dose is recovered in expired air.

PMID:849318

Andrews LS et al; Biochem Pharmacol 26: 293 (1977)

▸ Hazardous Substances Data Bank (HSDB)

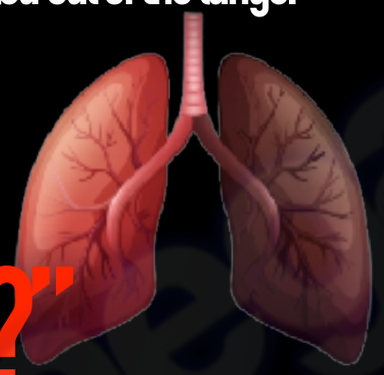
Inhalation Risk & Lung Transfer

Benzene into the blood
'Infects you", you get sick

It gives you respiratory illness,
lung damage, & pneumonia,
It's then exhaled out the lungs

"Virus?"

It then "infects" the other person
they get respiratory illness. It's then
exhaled out of the lungs.



It then "infects" the other person
they get respiratory illness. It's then
exhaled out of the lungs. Repeat.

9.1 Absorption, Distribution and Excretion

Benzene is readily absorbed via lung, & about 40-50% is retained. ... It is taken up preferentially by fatty & nervous tissues, & about 30-50% ... is excreted unchanged via lung; a 3-phase excretion pattern is seen at ... /approx/ 0.7-1.7 hr, 3-4 hr, & 20-30 hr.

IARC. Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Humans. Geneva: World Health Organization, International Agency for Research on Cancer, 1972-PRESENT. (Multivolume work). Available at: https://monographs.iarc.fr/ENG/Classification/index.php, p. V7 211 (1974)

▸ Hazardous Substances Data Bank (HSDB)

12.7.7 Inhalation Risk

A harmful contamination of the air can be reached very quickly on evaporation of this substance at 20 °C.

▸ ILO International Chemical Safety Cards (ICSC)

CAN BE FATAL IF ENTERS AIRWAYS

12.1.1 GHS Classification

Showing 1 of 5 View More

Pictogram(s)	 Flammable, Irritant, Health Hazard
Signal	Danger
GHS Hazard Statements	H225: Highly Flammable liquid and vapor [Danger Flammable liquids] H304: May be fatal if swallowed and enters airways [Danger Aspiration hazard] H315: Causes skin irritation [Warning Skin corrosion/irritation] H319: Causes serious eye irritation [Warning Serious eye damage/eye irritation] H340: May cause genetic defects [Danger Germ cell mutagenicity] H350: May cause cancer [Danger Carcinogenicity] H372 **: Causes damage to organs through prolonged or repeated exposure [Danger Specific target organ toxicity, repeated exposure]

BENZENE

Mutations. Variants. Cancers.

12.1.11 EPA Hazardous Waste Number

U019; A toxic waste when a discarded commercial chemical product or manufacturing chemical intermediate or an off-specification commercial chemical product or a manufacturing chemical intermediate.

- Hazardous Substances Data Bank (HSDB)

F005; A hazardous waste from nonspecific sources when a spent solvent.

- Hazardous Substances Data Bank (HSDB)

AIR HAZARDOUS POLLUTANT

Listed as a hazardous air pollutant (HAP) generally known or suspected to cause serious health problems. The Clean Air Act, as amended in 1990, directs EPA to set standards requiring major sources to sharply reduce routine emissions of toxic pollutants. EPA is required to establish and phase in specific performance based standards for all air emission sources that emit one or more of the listed pollutants. Benzene is included on this list.

Clean Air Act as amended in 1990, Sect. 112 (b) (1) Public Law 101-549 Nov. 15, 1990

Benzene has been designated as a hazardous air pollutant under section 112 of the Clean Air Act.

40 CFR 61.01 (USEPA); U.S. National Archives and Records Administration's Electronic Code of Federal Regulations. Available from, as of January 28, 2014: https://www.ecfr.gov/cgi-bin/ECFR?page=browse

▸ Hazardous Substances Data Bank (HSDB)

12.1.5 Health Hazards

Dizziness, excitation, pallor, followed by flushing, weakness, headache, breathlessness, chest constriction, nausea, and vomiting. Coma and possible death. (USCG, 1999)

U.S. Coast Guard. 1999. Chemical Hazard Response Information System (CHRIS) - Hazardous Chemical Data. Commandant Instruction 16465.12C. Washington, D.C.: U.S. Government Printing Office.

▸ CAMEO Chemicals

Patient 0-1?

AEROSOLIZED INFECTIONS

12.11 Other Safety Information

Methods of Dissemination

Indoor Air: Benzene can be released into indoor air as a liquid spray (aerosol), mist, or vapor.

Water: Benzene can be used to contaminate water.

Food: Benzene can be used to contaminate food.

Outdoor Air: Benzene can be released into outdoor air as a liquid spray (aerosol), mist, or vapor.

Agricultural: If benzene is released into the air as a mist, it has the potential to contaminate agricultural products.

▸ The National Institute for Occupational Safety and Health (NIOSH)

13.1.6 Exposure Routes

The substance can be absorbed into the body by inhalation, through the skin and by ingestion.

▸ ILO International Chemical Safety Cards (ICSC)

inhalation, skin absorption, ingestion, skin and/or eye contact

▸ The National Institute for Occupational Safety and Health (NIOSH)

IMMUNE SYSTEM DESTROYING

13.1.12 Target Organs

Hematological (Blood Forming), Immunological (Immune System), Neurological (Nervous System)

- CDC-ATSDR Toxic Substances Portal

13.1.5 Health Effects

Benzene causes harmful effects on the bone marrow and also decreases blood cell counts, leading to blood disorders such as anemia. It can also cause excessive bleeding and affect the immune system, increasing the chance for infection. Benzene is also a known carcinogen, as chronic exposure to high levels has been shown to cause leukemia, particularly acute myelogenous leukemia. (L5)

- Toxin and Toxin Target Database (T3DB)

13.1.15 Adverse Effects

Neurotoxin - Acute solvent syndrome

Aplastic anemia - The presence of increased methemoglobin in the blood; the compound is classified as primary toxic effect.

Reproductive Toxin - A chemical that is toxic to the reproductive system, including defects in the progeny and injury to male or female reproductive function. Reproductive toxicity includes developmental effects. See Guidelines for Reproductive Toxicity Risk Assessment.

IARC Carcinogen - Class 1: International Agency for Research on Cancer classifies chemicals as established human carcinogens.

NTP Carcinogen - Known to be a human carcinogen.

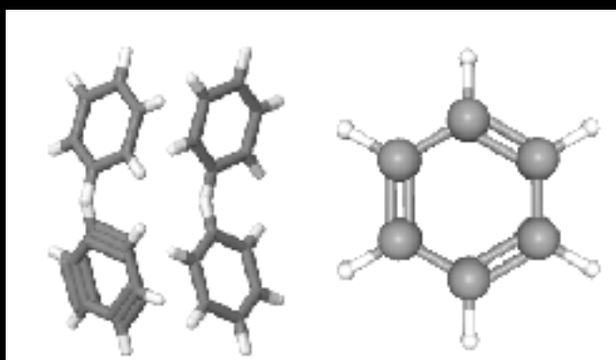
ACGIH Carcinogen - Confirmed Human.

- Haz-Map, Information on Hazardous Chemicals and Occupational Diseases

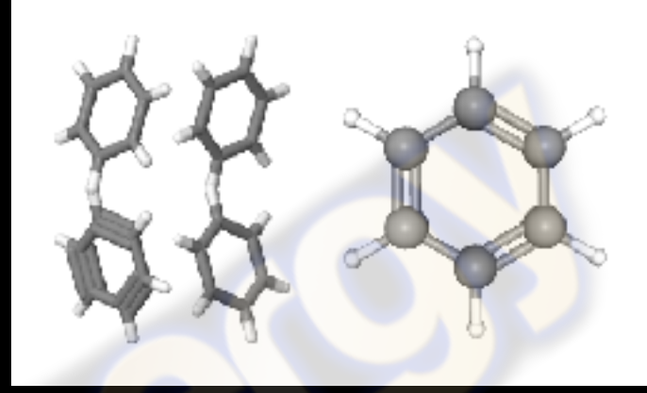
INDUSTRIAL TOXIC CARCINOGEN

- Benzene is also used in the manufacture of explosives.
- Benzene was used in the past as a solvent in inks, rubber, lacquers, and paint removers.
- Gasoline in some countries contains a high concentration of benzene (as high as 30%)
- Coal tar became the largest source of benzene.
- Benzene is also a natural part of crude oil, gasoline, and cigarette smoke.
- Benzene is found in the air from emissions from burning coal and oil, gasoline service stations, and motor vehicle exhaust.
- Explosions have been reported [NFPA 491M 1991]. Ignites in contact with powdered chromic anhydride [Mellor 11:235 1946–47].

- Prevent entry of Benzene into waterways, sewers, basements or confined areas.



REPRODUCTION



- It's a Sterilization agent, it destroys reproductive organs, causes infertility.
- Reproductive effects have been reported for women exposed by inhalation to high levels, and adverse effects on the developing fetus have been observed in animal tests.
- Some women who breathed high levels of benzene for many months had irregular menstrual periods and a decrease in the size of their ovaries.
- Herring and anchovy larvae studies showed that it caused delay in development of eggs and produced abnormal larvae.
- May cause heritable genetic damage to human cells.
- Increases cancers dramatically in ovaries and mammary glands.
- Information is suggestive of developmental toxicity and reproductive toxicity risk with chronic or repeated exposure to benzene.
- Benzene is genotoxic in humans: a significantly increased frequency of chromatid and isochromatid breaks in the cultured lymphocytes of exposed workers has been reported, as well as a significant increase of peripheral blood lymphocyte chromosomal aberrations.
- Genotoxicity studies have demonstrated the induction of chromosomal aberrations in bone–marrow cells from mice, rats, and rabbits treated with single or multiple daily doses of benzene.
- Metabolic activation of benzene by rat liver microsomes induced sister chromatid exchanges and cell division delays in cultured human lymphocytes.

- Also exert mutagenic effects by inhibiting other DNA associated proteins, such as mitochondrial DNA polymerase and ribonucleotide reductase, as well as covalently binding to DNA itself, causing effects such as strand breakage, mitotic recombination, chromosome translocations, and aneuploidy.
- Super Toxic to the fetus, ...

7.3 Drug Warnings

Protected intercourse may be prudent following high exposure to benzene. As well, nursing mothers may be advised to discontinue nursing for 5 days following high exposure.

Zenz, C., O.B. Dickerson, E.P. Horvath, Occupational Medicine, 3rd ed. St. Louis, MO., 1994, p. 712

Known Reproductive Toxin

13.1.15 Adverse Effects

Neurotoxin - Acute solvent syndrome

Aplastic anemia - The presence of increased methemoglobin in the blood; the compound is classified as primary toxic effect.

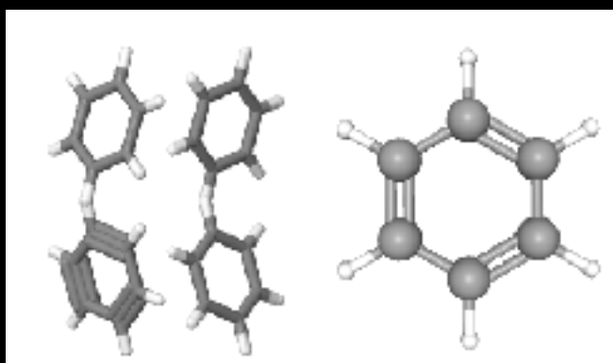
Reproductive Toxin - A chemical that is toxic to the reproductive system, including defects in the progeny and injury to male or female reproductive function. Reproductive toxicity includes developmental effects. See Guidelines for Reproductive Toxicity Risk Assessment.

IARC Carcinogen - Class 1: International Agency for Research on Cancer classifies chemicals as established human carcinogens.

NTP Carcinogen - Known to be a human carcinogen.

ACGIH Carcinogen - Confirmed Human.

▸ Haz-Map, Information on Hazardous Chemicals and Occupational Diseases



BREAST CANCER CAUSING

WEIGHT-OF-EVIDENCE CHARACTERIZATION: Benzene is classified as a "known" human carcinogen (Category A) under the Risk Assessment Guidelines of 1986. Under the proposed revised Carcinogen Risk Asessment Guidelines (USEPA, 1996), benzene is characterized as a known human carcinogen for all routes of exposure based upon convincing human evidence as well as supporting evidence from animal studies. Epidemiologic studies and case studies provide clear evidence of a causal association between exposure to benzene and acute nonlymphocytic leukemia and also suggest evidence for chronic nonlymphocytic leukemia and chronic lymphocytic leukemia. Other neoplastic conditions that are associated with an increased risk in humans are hematologic neoplasms, blood disorders such as preleukemia and aplastic anemia, Hodgkin's lymphoma, and myelodysplastic syndrome. These human data are supported by animal studies. The experimental animal data add to the argument that exposure to benzene increases the risk of cancer in multiple species at multiple organ sites (hematopoietic, oral and nasal, liver, forestomach, preputial gland, lung, ovary, and mammary gland). It is likely that these responses are due to interactions of the metabolites of benzene with DNA ... Recent evidence supports the viewpoint that there are likely multiple mechanistic pathways leading to cancer and, in particular, to leukemogenesis from exposure to benzene. HUMAN CARCINOGENICITY DATA: Benzene is a known human carcinogen based upon evidence presented in numerous occupational epidemiological studies. Significantly increased risks of leukemia, chiefly acute myelogenous leukemia, have been reported in benzene-exposed workers in the chemical industry, shoemaking and oil refineries. ANIMAL CARCINOGENICITY DATA:... many experimental animal studies, both inhalation and oral, also support the evidence that exposure to benzene increases the risk of cancer in multiple organ systems, including the hematopoietic system, oral and nasal cavities, liver, forestomach, preputial gland, lung, ovary, and mammary gland ....

U.S. Environmental Protection Agency's Integrated Risk Information System (IRIS). Summary on Benzene (71-43-2). Available from, as of February 21, 2014: https://www.epa.gov/IRIS/subst/0276.htm

- Hazardous Substances Data Bank (HSDB)

Benzene: known to be a human carcinogen. Carcinogenicity: Benzene is known to be a human carcinogen based on sufficient evidence of carcinogenicity from studies in humans.

DHHS/National Toxicology Program; Twelfth Report on Carcinogens: Benzene (71-43-2) (2011). Available from, as of February 21, 2014: https://ntp.niehs.nih.gov/ntp/roc/twelfth/profiles/Benzene.pdf

- Hazardous Substances Data Bank (HSDB)

"IT'S ONLY A BENZENE RING!!!"

- Benzene causes cancer in humans.
- Anticipate seizures.
- Long-term (a year or more) exposure to benzene causes harmful effects on the bone marrow, resulting in anemia and excessive bleeding.
- Acute deaths from benzene exposure at high concentrations have been due to ventricular fibrillation caused by exertion and release of epinephrine.

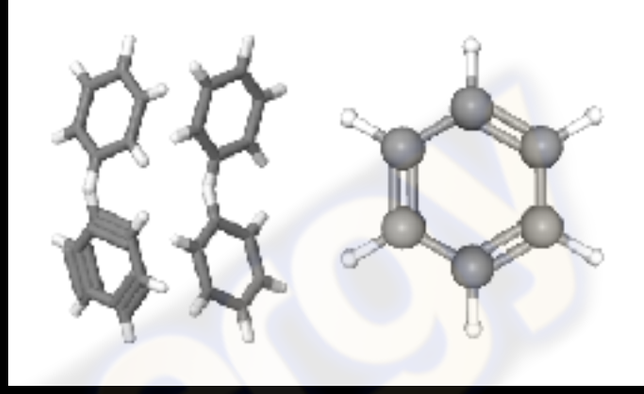
- Exposure far above the OEL could cause unconsciousness and death.
- Benzene can induce narcosis.

BLOOD DISEASES & DISORDERS:

- Exposure to benzene has been associated with development of a particular type of leukemia called acute myeloid leukemia (AML) benzene exposure increases the risk of leukemia during the 10 years following exposure.
- Effects associated with blood (hematologic) disorders, such as low platelet counts (thrombocytopenia), absence of red blood cells (aplastic anemia), and loss of all types of blood cells due to bone marrow damage. May result in anaemia.
- Benzene is able increase its toxicity by inducing cytochrome P450 2E1, its main metabolic enzyme. Benzene's primary toxic effects are decreases in haematological cell counts and bone marrow cellularity. The decrease in blood cell count may be due to the binding of metabolites such as benzene oxide to the blood proteins albumin and haemoglobin.
- Increased incidence of leukemia (cancer of the tissues that form white blood cells) have been observed in humans occupationally exposed to benzene. EPA has classified benzene as known human carcinogen for all routes of exposure.

- ANIMAL TOXICITY STUDIES: Experimental animal studies, both inhalation and oral, also support the evidence that exposure to benzene increases the risk of cancer in multiple organ systems, including the hematopoietic system, oral and nasal cavities, liver, forestomach, preputial gland, lung, ovary, and mammary gland.

HANDLING IN ICU



- Be cautious with the use of any beta-adrenergic agents (eg, epinephrine, albuterol) because of the possibility of dyshythmias due to myocardial sensitization.
- Benzene reacts violently with oxidants and halogens, causing a fire hazard.
- All equipment used when handling the product must be grounded, because the Benzene can easily light on fire.
- Do not touch or walk through spilled material. Stop leak if you can do it without risk.

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Population Health Learning Network

NEWS

More Than 7 Million Defective Inhalers Recalled

Pharmacy LEARNING NETWORK

10/01/2020

News. Features. Commentary. Education.

Perrigo Company is recalling more than 7 million albuterol inhalers following customer complaints of a defective delivery system. The recall was included in the September 30, 2020, US Food and Drug Administration (FDA) Enforcement Report.

The recall affects albuterol sulfate inhalation aerosol, 90 mcg per actuation, 200 metered inhalations (NDC 45802-088-01), from the following lots:

- 18MC-052, 18MC-055, 18MC-056, 18MC-057, 18MC-058, and 18MC-060 (Exp. 9/20);
- 18MC-061, 18MC-062, 18MC-064, 18MC-065, 18MC-066, 18MC-068, 18MC-069, 18MC-070, 18MC-071, 18MC-072, 18MC-073, and 18MC-074 (Exp. 10/20);

PPE PROTOCOL IS SAME AS COVID

12.7.11 Personal Protective Equipment (PPE)

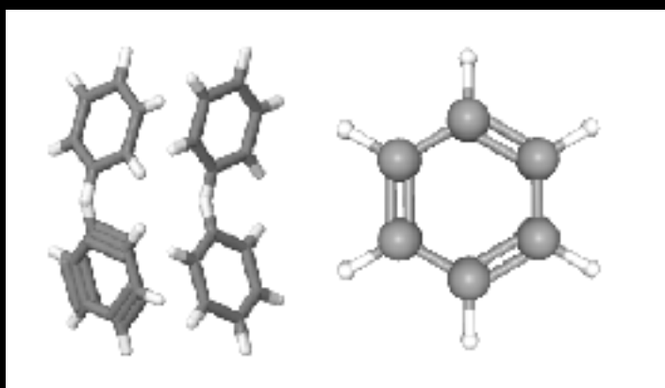
Excerpt from NIOSH Pocket Guide for Benzene: Skin: PREVENT SKIN CONTACT - Wear appropriate personal protective clothing to prevent skin contact. Eyes: PREVENT EYE CONTACT - Wear appropriate eye protection to prevent eye contact. Wash skin: WHEN CONTAMINATED - The

– Protective clothing consisting of coveralls or other full body clothing should be worn and changed at least twice weekly.
– GENERAL INFORMATION: First Responders should use a NIOSH-certified Chemical, Biological, Radiological, Nuclear (CBRN) Self Contained Breathing Apparatus (SCBA) with a Level A protective suit.

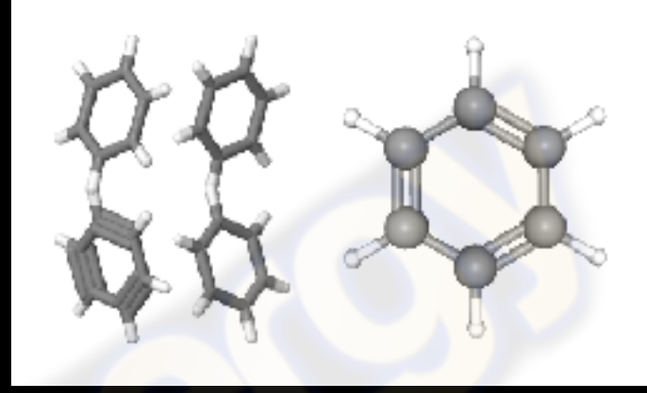
12.5.2 Spillage Disposal

Remove all ignition sources. Evacuate danger area! Consult an expert! Personal protection: complete protective clothing including self-contained breathing apparatus. Do NOT wash away into sewer. Do NOT let this chemical enter the environment. Collect leaking and spilled liquid in sealable containers as far as possible. Absorb remaining liquid in sand or inert absorbent. Then store and dispose of according to local regulations.

▸ ILO International Chemical Safety Cards (ICSC)



TREATMENTS



- If seizures develop administer benzodiazepines.
- Activated charcoal has limited ability to decrease gastrointestinal absorption of benzene.
- Incompatible with oxidizing agents such as nitric acid.
- Administer activated charcoal.

- It's Decomposed there by anaerobic bacteria.
- BENZENE reacts vigorously with allyl chloride or other alkyl halides even at −70 °C in the presence of ethyl aluminum dichloride or ethyl aluminum sesquichloride. (Possible decomposition from interactions with Chlorine products, however Chlorine also can be bound to benzene rings, in the example of Daraprim or others.)

13.1.19 Treatment

There is no known antidote for benzene and poisoning is first treated by preventing further exposure. If inhaled, respiratory assist may be necessary. If ingested, gastric lavage may be performed, or activated charcoal can be administered. (T8)

▸ Toxin and Toxin Target Database (T3DB)

- Oxidizers, Oxygen, Oxidation agents.
- Potential
- Chlorine

12.1.7 Explosion Hazards

Benzene reacts violently with oxidants and halogens, causing an explosion hazard.

13.1.24 Non-Human Toxicity Excerpts

/LABORATORY ANIMALS: Acute Exposure/ The effect of a single dose of benzene (0.5 mL/kg body wt ip) on the heme saturation of tryptophan pyrrolase activity in liver was examined /in female albino rats/. There was a significant decrease in the heme saturation of hepatic tryptophan pyrrolase, suggesting depletion of regulatory heme. After benzene administration there was significant increase in delta-aminolevulinate synthetase activity while delta-aminolevulinate dehydratase activity was significantly decreased, however, ferrochelatase and heme oxygenase activities were unaltered. Administration of tryptophan to benzene pretreated rats showed a reversal of benzene effects on heme synthesizing enzymes: there is an increase in the heme saturation of tryptophan pyrrolase and decrease in delta-aminolevulinate synthetase. However, there was no significant alteration in the activity of delta-aminolevulinate dehydratase.

Siddiqui SM et al; Toxicol 48 (3): 245-51 (1988)

▸ Hazardous Substances Data Bank (HSDB)

CARCINOGEN

CARCINOGEN TO THE BLOOD

A1; Confirmed human carcinogen.

American Conference of Governmental Industrial Hygienists. Threshold Limit Values for Chemical Substances and Physical Agents and Biological Exposure Indices. ACGIH, Cincinnati, OH 2014, p. 13

▸ Hazardous Substances Data Bank (HSDB)

Cancer Classification: Carcinogenic to Humans

USEPA Office of Pesticide Programs, Health Effects Division, Science Information Management Branch: "Chemicals Evaluated for Carcinogenic Potential" (April 2006)

▸ Hazardous Substances Data Bank (HSDB)

13.1.14 Acute Toxicity Link

Chemical: BENZENE

▸ USGS Columbia Environmental Research Center

PRECAUTIONS FOR "CARCINOGENS": Smoking, drinking, eating, storage of food or of food & beverage containers or utensils, & the application of cosmetics should be prohibited in any laboratory. All personnel should remove gloves, if worn, after completion of procedures in which carcinogens have been used. They should ... wash ... hands, preferably using dispensers of liq detergent, & rinse ... thoroughly. Consideration should be given to appropriate methods for cleaning the skin, depending on nature of the contaminant. No standard procedure can be recommended, but the use of organic solvents should be avoided. Safety pipettes should be used for all pipetting. /Chemical Carcinogens/

Montesano, R., H. Bartsch, E.Boyland, G. Della Porta, L. Fishbein, R. A. Griesemer, A.B. Swan, L. Tomatis, and W. Davis (eds.). Handling Chemical Carcinogens in the Laboratory: Problems of Safety. IARC Scientific Publications No. 33. Lyon, France: International Agency for Research on Cancer, 1979., p. 8

PRECAUTIONS FOR "CARCINOGENS": A high-efficiency particulate arrestor (HEPA) or charcoal filters can be used to minimize amt of carcinogen in exhausted air ventilated safety cabinets, lab hoods, glove boxes or animal rooms. ... Filter housing that is designed so that used filters can be transferred into plastic bag without contaminating maintenance staff is avail commercially. Filters should be placed in plastic bags immediately after removal. ... The plastic bag should be sealed immediately. ... The sealed bag should be labelled properly. ... Waste liquids ... should be placed or collected in proper containers for disposal. The lid should be secured & the bottles properly labelled. Once filled, bottles should be placed in plastic bag, so that outer surface ... is not contaminated. ... The plastic bag should also be sealed & labelled. ... Broken

TOXIC LEVELS

MAXIMUM EXPOSURE LEVELS

12.2.9 NIOSH Recommendations

NIOSH usually recommends that occupational exposures to carcinogens be limited to the lowest feasible concentration.

NIOSH. NIOSH Pocket Guide to Chemical Hazards. Department of Health & Human Services, Centers for Disease Control & Prevention. National Institute for Occupational Safety & Health. DHHS (NIOSH) Publication No. 2010-168 (2010). Available from: https://www.cdc.gov/niosh/npg

▸ Hazardous Substances Data Bank (HSDB)

Recommended Exposure Limit: 10 Hour Time-Weighted Average: 0.1 ppm.

NIOSH. NIOSH Pocket Guide to Chemical Hazards. Department of Health & Human Services, Centers for Disease Control & Prevention. National Institute for Occupational Safety & Health. DHHS (NIOSH) Publication No. 2010-168 (2010). Available from: https://www.cdc.gov/niosh/npg

▸ Hazardous Substances Data Bank (HSDB)

Recommended Exposure Limit: 15 Minute Short-Term Exposure Limit: 1 ppm.

NIOSH. NIOSH Pocket Guide to Chemical Hazards. Department of Health & Human Services, Centers for Disease Control & Prevention. National Institute for Occupational Safety & Health. DHHS (NIOSH) Publication No. 2010-168 (2010). Available from: https://www.cdc.gov/niosh/npg

▸ Hazardous Substances Data Bank (HSDB)

12.2.8 OSHA Standards

Permissible exposure limits (**PELs**) - (1) Time-weighted average limit (TWA). The employer shall assure that no employee is exposed to an airborne concentration of benzene in excess of one part of benzene per million parts of air (1 ppm) as an 8 hr TWA. (2) Short-term exposure limit (STEL). The employer shall assure that no employee is exposed to an airborne concentration of benzene in excess of 5 ppm as averaged over any 15 min period.

29 CFR 1910.1028(c) (USDOL); U.S. National Archives and Records Administration's Electronic Code of Federal Regulations. Available from, as of January 28, 2014: https://www.ecfr.gov/cgi-bin/ECFR?page=browse

▸ Hazardous Substances Data Bank (HSDB)

FATAL LEVELS

8 hr Time Weighted Avg (TWA): 0.5 ppm, skin; 15 min Short Term Exposure Limit (STEL): 2.5 ppm, skin.

American Conference of Governmental Industrial Hygienists. Threshold Limit Values for Chemical Substances and Physical Agents and Biological Exposure Indices. ACGIH, Cincinnati, OH 2014, p. 13

▸ Hazardous Substances Data Bank (HSDB)

7.4 Reported Fatal Dose

Immediately dangerous to life and health = 500 ppm

Sullivan, J.B., Krieger G.R. (eds). Clinical Environmental Health and Toxic Exposures. Second edition. Lippincott Williams and Wilkins, Philadelphia, Pennsylvania 1999., p. 754

... It has been estimated that 5-10 minutes of exposure to 20,000 ppm benzene in air is usually fatal.

U.S. Dept Health & Human Services/Agency for Toxic Substances & Disease Registry; Toxicological Profile for Benzene p.30 PB2008-100004 (2007). Available from, as of August 12, 2014: https://www.atsdr.cdc.gov/toxprofiles/index.asp

▸ Hazardous Substances Data Bank (HSDB)

Single exposures to concentrations of 66,000 mg/cu m (20,000 ppm) commercial benzene have been reported to be fatal in man within 5-10 minutes. At lower levels, loss of consciousness, irregular heart-beat, dizziness, headache and nausea are observed.

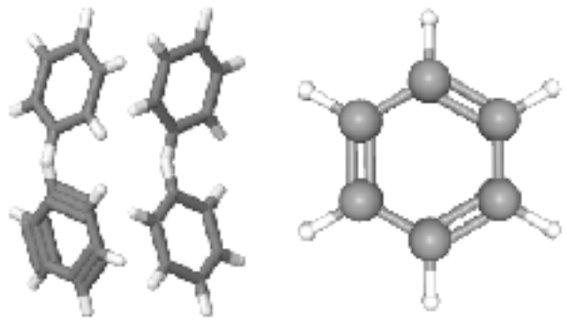
IARC. Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Humans. Geneva: World Health Organization, International Agency for Research on Cancer, 1972-PRESENT. (Multivolume work). Available at: https://monographs.iarc.fr/ENG/Classification/index.php, p. V29 116 (1982)

▸ Hazardous Substances Data Bank (HSDB)

Estimated oral doses from 9-30 g have proved fatal.

WHO; Environmental Health Criteria 150: Benzene p.46 (1993)

▸ Hazardous Substances Data Bank (HSDB)

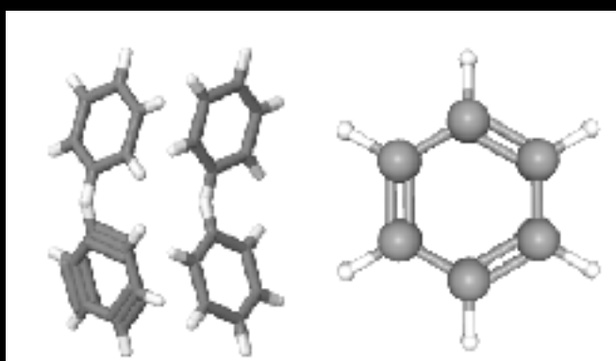


ADDITIONAL HIGH BAND LEVELS

12.2.1 Acute Exposure Guideline Levels (AEGLs)

12.2.1 AEGLs Table

AEGLs	10 min	30 min	60 min	4 hr	8 hr
AEGL 1: Notable discomfort, irritation, or certain asymptomatic non-sensory effects. However, the effects are not disabling and are transient and reversible upon cessation of exposure (Unit: ppm)	130	73	52	18	9.0
AEGL 2: Irreversible or other serious, long-lasting adverse health effects or an impaired ability to escape (Unit: ppm)	2,000*	1,100	800	400	200
AEGL 3: Life-threatening health effects or death (Unit: ppm)	**	5,500*	4,000*	2,000*	990



WATER TOXICITY

SEVERE WATER POLLUTANT

12.10.2 Federal Drinking Water Standards

Maximum contaminant levels (MCL) for organic contaminants apply to community and non-transient, non-community water systems: Benzene, MCL 0.005 mg/L.

40 CFR 141.61(a) (USEPA); U.S. National Archives and Records Administration's Electronic Code of Federal Regulations. Available from, as of January 28, 2014: https://www.ecfr.gov/cgi-bin/ECFR?page=browse

- Hazardous Substances Data Bank (HSDB)

12.10.3 State Drinking Water Standards

(CA) CALIFORNIA 1 ug/L

USEPA/Office of Water; Federal-State Toxicology and Risk Analysis Committee (FSTRAC). Summary of State and Federal Drinking Water Standards and Guidelines (11/93) To Present

- Hazardous Substances Data Bank (HSDB)

(FL) FLORIDA 1 ug/L

USEPA/Office of Water; Federal-State Toxicology and Risk Analysis Committee (FSTRAC). Summary of State and Federal Drinking Water Standards and Guidelines (11/93) To Present

- Hazardous Substances Data Bank (HSDB)

(NJ) NEW JERSEY 1 ug/L

USEPA/Office of Water; Federal-State Toxicology and Risk Analysis Committee (FSTRAC). Summary of State and Federal Drinking Water Standards and Guidelines (11/93) To Present

- Hazardous Substances Data Bank (HSDB)

CLEAN WATER ACT

13.2.3 ICSC Environmental Data

The substance is toxic to aquatic organisms. The substance may cause long-term effects in the aquatic environment.

- ILO International Chemical Safety Cards (ICSC)

12.10.5 Clean Water Act Requirements

Toxic pollutant designated pursuant to section 307(a)(1) of the Federal Water Pollution Control Act and is subject to effluent limitations.

40 CFR 401.15 (USEPA); U.S. National Archives and Records Administration's Electronic Code of Federal Regulations. Available from, as of January 28, 2014: https://www.ecfr.gov/cgi-bin/ECFR?page=browse

- Hazardous Substances Data Bank (HSDB)

Benzene is designated as a hazardous substance under section 311(b)(2)(A) of the Federal Water Pollution Control Act and further regulated by the Clean Water Act Amendments of 1977 and 1978. These regulations apply to discharges of this substance. This designation includes any isomers and hydrates, as well as any solutions and mixtures containing this substance.

40 CFR 116.4 (USEPA); U.S. National Archives and Records Administration's Electronic Code of Federal Regulations. Available from, as of January 28, 2014: https://www.ecfr.gov/cgi-bin/ECFR?page=browse

- Hazardous Substances Data Bank (HSDB)

FDA IS ADDING THIS TO YOUR FOOD

8.2 FDA Substances Added to Food

Substance	BENZENE
Document Number (21 CFR)	172.560 175.105

▸ FDA Center for Food Safety and Applied Nutrition (CFSAN)

THE FDA IS PUTTING IT INTO YOUR BLOOD

THE FDA IS PUTTING IT INTO YOUR FOOD

THE TOP TWO EXPERTS RESIGNED WHEN THE FDA

DEMANDED TO PUT IT INTO YOUR KIDS

METABOLISM

METABOLISM PRODUCTS & TIME

9.2 Metabolism/Metabolites

The major metabolitesof benzene metabolism are phenol, hydroquinone, and catechol. These metabolites are interactive and can affect the rate of each other's metabolism because they are substrates for the P-450 enzyme system. The route of exposure has little effect on the subsequent metabolism of benzene to hemotoxic metabolites.

Sullivan, J.B., Krieger G.R. (eds). Clinical Environmental Health and Toxic Exposures. Second edition. Lippincott Williams and Wilkins, Philadelphia, Pennsylvania 1999., p. 754

▸ Hazardous Substances Data Bank (HSDB)

9.3 Biological Half-Life

Whole body: 9-24 hours; however, up to 90 hours due to distribution in fat; [TDR, p. 154]

TDR - Ryan RP, Terry CE, Leffingwell SS (eds). Toxicology Desk Reference: The Toxic Exposure and Medical Monitoring Index, 5th Ed. Washington DC: Taylor & Francis, 1999., p. 154

▸ Haz-Map, Information on Hazardous Chemicals and Occupational Diseases

– The available evidence supports the concept that benzene toxicity is caused by one or more metabolites of benzene. Benzene metabolites containing 2 or 3 hydroxyl groups inhibited mitosis. A metabolite of phenol binds to liver protein more efficiently than does benzene oxide, & they have electrophoretically separated hepatic proteins to which benzene preferentially binds.

METABOLISM PRODUCTS 2

9.4 Mechanism of Action

Covalent interaction of a benzene metabolite with dna was shown in vivo, but no information was given about the chem nature of this metabolite. A likely intermediate in benzene metabolism is benzene oxide. In neutral aq media it rearranges only slowly to the phenol so that its lifetime could be long enough for diffusion from the site of activation to the dna. Alternatively, the metabolic appearance of polyhydroxy derivatives suggests the formation of a phenol epoxide, so that the reactive molecule could be a secondary metabolite.

PMID:890848
Lutz WK, Schlatter C; Chem Biol Interact 18 (2): 241-6 (1977)

▸ Hazardous Substances Data Bank (HSDB)

Metabolic products in rat ... are phenol, hydroquinone, catechol, hydroxyhydroquinone, & phenylmercapturic acid. Conjugated phenols have been reported ... except for a small amt of free phenol, all the phenolic metabolites were excreted in conjugated form. When (3)H-benzene was admin to mice, (3)H2O was also recovered from urine.

National Research Council. Drinking Water & Health Volume 1. Washington, DC: National Academy Press, 1977., p. 688

Mice treated SC with 2 mL (3)H-labeled benzene/kg contained irreversibly bound radioactivity with decreasing binding magnitude in the following organs: liver, brain, kidney, spleen, fat. Mice treated with 2 daily SC doses of 0.5 mL (3)H-benzene/kg for 1-10 days showed a radioactivity binding with liver & bone marrow residues which increased with treatment duration, except in the case of binding to bone marrow which decreased after day 6.

PMID:663402
Snyder R et al; Res Commun Chem Pathol Pharmacol 20 (1): 191-4 (1978)

INTERACTIONS & CO-REACTIONS

13.1.20 Interactions

Dimethyl sulfoxide (DMSO) enhanced the hypertaurinuria produced by benzene, chlorobenzene, and toluene in rats.

Benzene & ethanol induced a common cytochrome P450 species in rabbit liver specifically effective in hydroxyl radical-mediated oxygenation of ethanol. Benzene oxidation by the benzene-inducible form of cytochrome P450 was almost completely inhibited by catalase, superoxide dismutase, DMSO, & mannitol.

Ingelman-Sundberg M et al; Dev Biochem 23 (Iss Cytochrome P450, Biochem Biophys Environ Implic): 19-26 (1982)

▸ Hazardous Substances Data Bank (HSDB)

Toluene, Aroclor 1254, phenobarbital, acetone, and ethanol are known to alter the metabolism and toxicity of benzene.

U.S. Dept Health & Human Services/Agency for Toxic Substances & Disease Registry; Toxicological Profile for Benzene p.212 PB2008-100004 (2007). Available from, as of August 12, 2014: https://www.atsdr.cdc.gov/toxprofiles/index.asp

▸ Hazardous Substances Data Bank (HSDB)

Simultaneous treatments with both benzene and toluene, or benzene and piperonyl butoxide, increased the excretion of unchanged benzene in the expired air. These compounds apparently act by inhibiting benzene metabolism.

USEPA; ECAO Atlas Document: Benzene IV-12 (1980)

▸ Hazardous Substances Data Bank (HSDB)

HAZARDOUS WASTE

HANDLING OF HAZARDOUS WASTE

12.10.7 RCRA Requirements

D018; A solid waste containing benzene may or may not become characterized as a hazardous waste when subjected to the Toxicity Characteristic Leaching Procedure listed in 40 CFR 261.24, and if so characterized, must be managed as a hazardous waste.

40 CFR 261.24 (USEPA); U.S. National Archives and Records Administration's Electronic Code of Federal Regulations. Available from, as of January 28, 2014: https://www.ecfr.gov/cgi-bin/ECFR?page=browse

▸ Hazardous Substances Data Bank (HSDB)

F005; When benzene is a spent solvent, it is classified as a hazardous waste from a nonspecific source (F005), as stated in 40 CFR 261.31, and must be managed according to State and/or Federal hazardous waste regulations.

40 CFR 261.31 (USEPA); U.S. National Archives and Records Administration's Electronic Code of Federal Regulations. Available from, as of January 28, 2014: https://www.ecfr.gov/cgi-bin/ECFR?page=browse

▸ Hazardous Substances Data Bank (HSDB)

U019; As stipulated in 40 CFR 261.33, when benzene, as a commercial chemical product or manufacturing chemical intermediate or an off-specification commercial chemical product or a manufacturing chemical intermediate, becomes a waste, it must be managed according to Federal and/or State hazardous waste regulations. Also defined as a hazardous waste is any residue, contaminated soil, water, or other debris resulting from the cleanup of a spill, into water or on dry land, of this waste. Generators of small quantities of this waste may qualify for partial exclusion from hazardous waste regulations (40 CFR 261.5).

40 CFR 261.33 (USEPA); U.S. National Archives and Records Administration's Electronic Code of Federal Regulations. Available from, as of January 28, 2014: https://www.ecfr.gov/cgi-bin/ECFR?page=browse

▸ Hazardous Substances Data Bank (HSDB)

PASSES THROUGH MOTHERS MILK

13.2.24 Body Burden

Benzene was detected in all 8 samples of mothers' milk from women living in 4 USA urban areas(1). Breath samples from persons without specific exposure to benzene ranged from 8 to 20 ppb(2). Whole blood samples from 250 subjects (121 males, 129 females) ranged from not detected to 5.9 ppb, (mean 0.8 ppb)(3). In FY82, the National Human Adipose Tissue Survey specimens found that of 46 composite samples, 96% tested positive to benzene (concentrations were >4 ppb for wet tissue) with a max concentration of 97 ppb max(4).

(1) Pellizzari ED et al; Environ Sci Technol 16: 781-5 (1982) (2) IARC; Monograph. Some Industrial Chemicals and Dyestuffs. 29: 99-106 (1982) (3) Antoine SR et al; Bull Environ Contam Toxicol 36: 364-71 (1986) (4) Stanley JS; Broad Scan Analysis of the FY82 National Human Adipose Tissue Survey Specimens Vol. I Executive Summary p. 5 USEPA-560/5-86-035 (1986)

▸ Hazardous Substances Data Bank (HSDB)

AUTISM & CELIAC DISEASE LINKS

20.11 International Agency for Research on Cancer (IARC) Classification

Showing 1 of 1

View in Classification Browser Download

IARC Classification >

Group 1: Carcinogenic to humans

This category is used when there is sufficient evidence of carcinogenicity in humans. In other words, there is convincing evidence that the agent causes cancer in humans. The evaluation is usually based on the results of epidemiological studies showing development of cancer in exposed humans. Agents can also be classified in Group 1 on the basis of sufficient evidence of carcinogenicity in experimental animals supported by strong evidence in exposed humans that the agent exhibits one or more of the recognized key characteristics of human carcinogens.

▸ International Agency for Research on Cancer (IARC)

Associated Occupational Diseases with Exposure to the Compound

Leukemia [Category: Cancer, Occupational]

Solvents, acute toxic effect [Category: Acute Poisoning]

Aplastic anemia [Category: Chronic Poisoning]

▸ Haz-Map, Information on Hazardous Chemicals and Occupational Diseases

Disease	References
Autism	PubMed: 15585776, 7687150, 20423563, 6150139, 3410814, 12205654, 24130822
Celiac disease	PubMed: 3816078, 16425363, 10063930, 6182605, 6182788, 24657864, 21970810, 27452636
Pervasive developmental disorder not otherwise specified	PubMed: 24130822

▸ Human Metabolome Database (HMDB)

WHO has a 103 page report on the incredible toxicity, health, & environmental dangers & damage of Benzene.

https://apps.who.int/iris/bitstream/handle/10665/37445/9241571500-eng.pdf?sequence=1&isAllowed=y

Environmental Health Criteria 150

Benzene

Please note that the layout and pagination of this web version are not identical with the printed version.

World Health Organization

Formulations. "Different Batches"

They made "Different batches" of Remdesivir. There is no guarantee that you will get the same batch as other people in the hospital. They are all deadly toxic but some are even more deadly toxic than others.

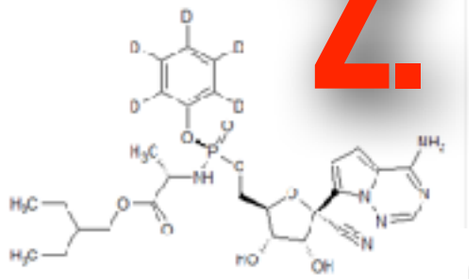
ACANTHUS

PRODUCTS · SERVICES · COMPANY · SUPPORT ·

Remdesivir-D5

Products > Drug Substance Stable Isotope Labeled Reference Standards > Remdesivir-D5

2.



Product Information

PRODUCT NUMBER	R-00607-01
CATALOG NUMBER	R-00607-01
MOLECULAR FORMULA	$C_{27}H_{35}D_5N_6O_8P$
CAS NUMBER	1809249-37-3
PARENT DRUG	Remdesivir
CATEGORY	Drug Substance Stable Isotope Labeled

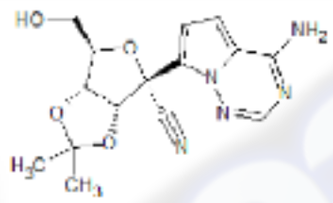
Pricing & Availability

$1,000.00 USD

Order Online

4.

Related Products



Remdesivir Desphosphate Acetonide Impurity

In Stock -

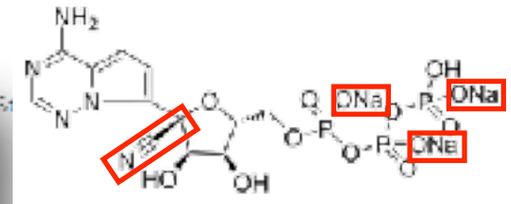
Product Number R-00720-18

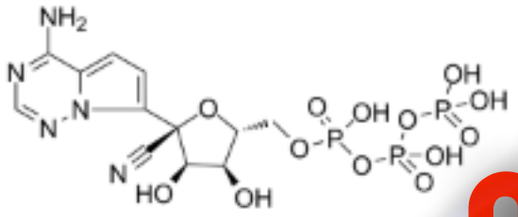
Parent Drug Remdesivir

CAS Number N/A

Category Drug Impurities Reference Standards

8.





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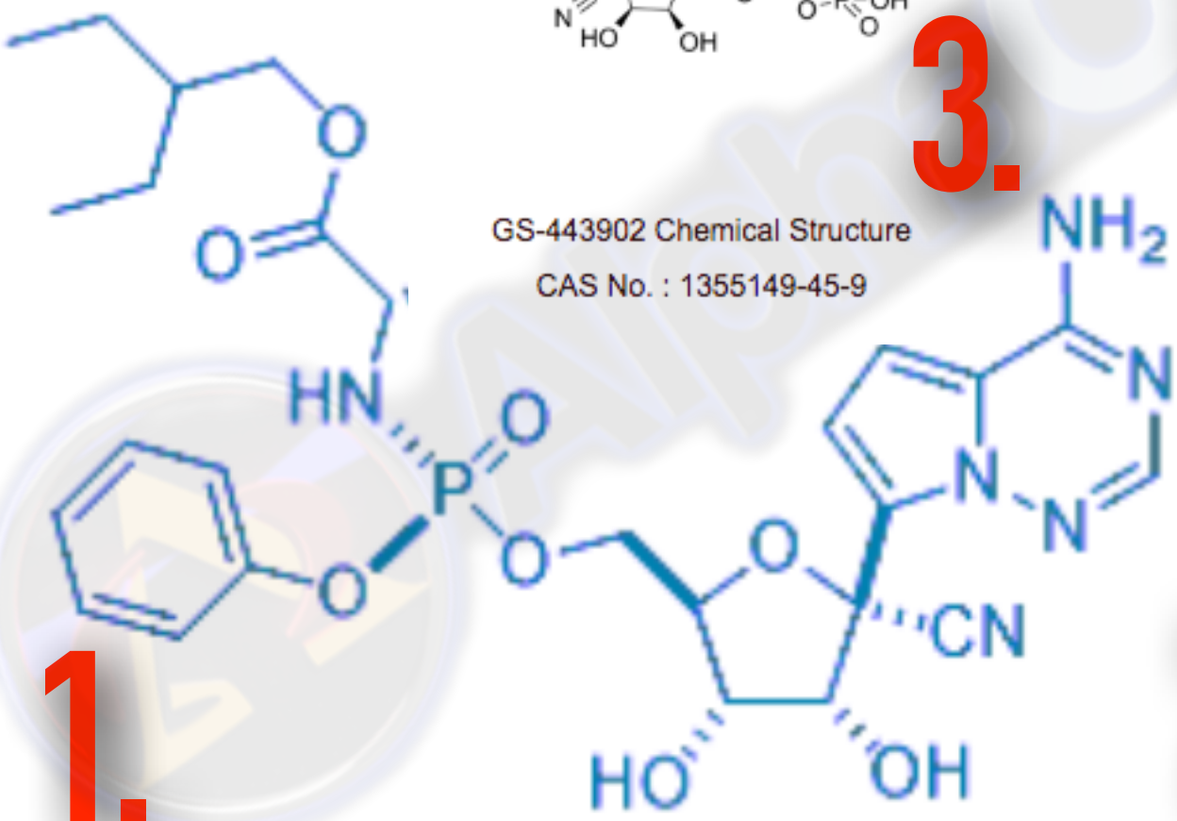
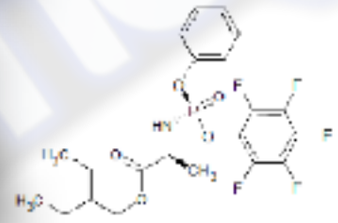


GS-443902 Chemical Structure

CAS No. : 1355149-45-9

1.

5.



Remdesivir Pentafluorophenyl Phosphate Impurity

Made to Order - Lead Time: 4 week(s)

Product Number R-00720-21

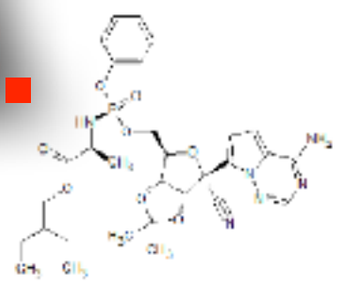
Parent Drug Remdesivir

CAS Number N/A

Category Drug Impurities Reference Standards

See more size options

6.



Remdesivir epi-Phosphate Acetonide Impurity

Made to Order - Lead Time: 4 week(s)

Product Number R-00720-20

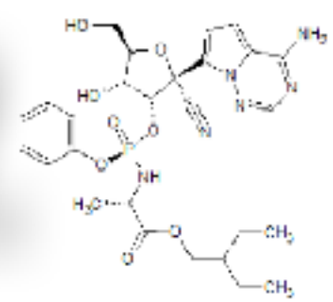
Parent Drug Remdesivir

CAS Number N/A

Category Drug Impurities Reference Standards

See more size options

7.



Remdesivir 2'-Phosphate Isomer

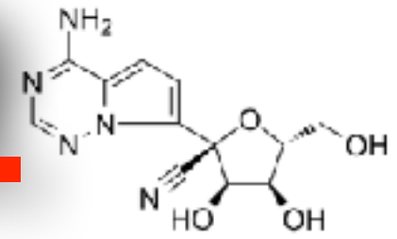
Product Number R-00720-23

Parent Drug Remdesivir

CAS Number N/A

Category Drug Impurities Reference Standards

9.



GS-441024 Chemical Structure

CAS No. : 1191237-69-0

Sodium-Cyanide Remdesivir.

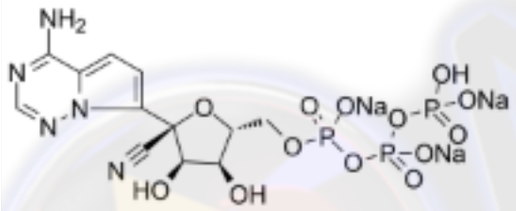
GS-443902 trisodium (Synonyms: GS-441524 triphosphate trisodium; Remdesivir metabolite trisodium)

Cat. No.: HY-126303C Purity: 99.98%

Data Sheet | SDS | COA | Handling Instructions

GS-443902 trisodium (GS-441524 triphosphate trisodium) is a potent viral **RNA-dependent RNA-polymerases (RdRp)** inhibitor with **IC_{50}**s of 1.1 μM, 5 μM for **RSV** RdRp and **HCV** RdRp, respectively. GS-443902 trisodium is the active triphosphate metabolite of Remdesivir (GS-5734).

For research use only. We do not sell to patients.



GS-443902 trisodium Chemical Structure

CAS No. : 1355050-21-3

Size	Price	Stock	Quantity
1 mg	USD 980	In-stock	0
5 mg	USD 1950	In-stock	0
10 mg	USD 2950	In-stock	0
50 mg		Get quote	
100 mg		Get quote	

Add to Cart | Get Quotation Now | or Bulk Inquiry

Customer Review ★★★★★

Based on 7 publication(s) in Google Scholar

Other Forms of GS-443902 trisodium:

GS-443902 Get quote

Sodium-Cyanide Prodrug Creator.

Cyanide + Sodium = Sodium Cyanide

More deadly than Cyanide

Emergency Response Safety and Health Database
About ERSH-DB
Search
Help
Agent Name Index
All Agents: Alphabetized
Category Index
Biotoxins
Blister Agents
Incapacitating Agents
Lung Damaging Agents
Nerve Agents
Riot Control/Tear Agents
Systemic Agents
ARSENIC PENTOXIDE
ARSINE (SA)
BENZENE
CYANOGEN CHLORIDE (CK)
ETHYLENE GLYCOL

Sodium Cyanide: Systemic Agent

Print

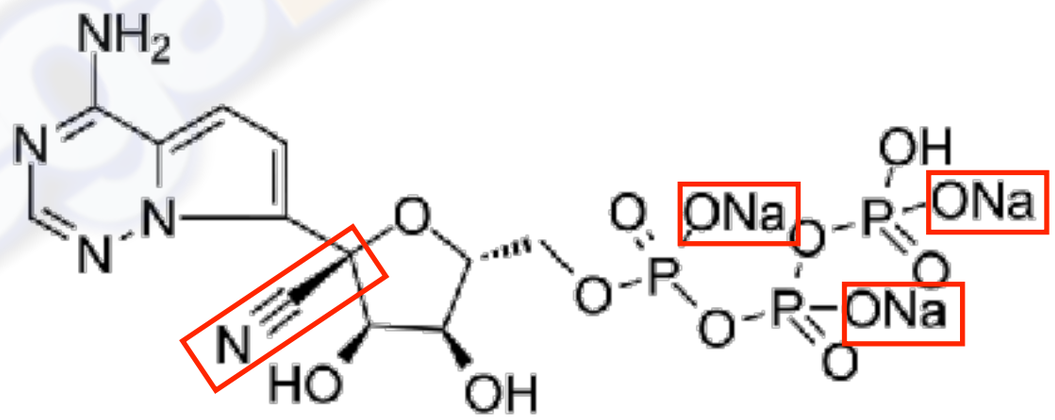
CAS #: 143-33-9

RTECS #: VZ7525000

UN #: 1689 (Guide 157)

Common Names:

- Sodium salt of hydrocyanic acid

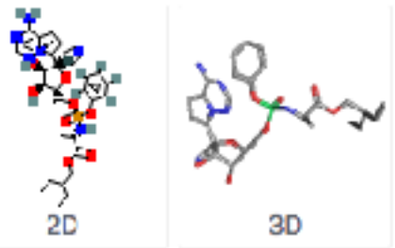


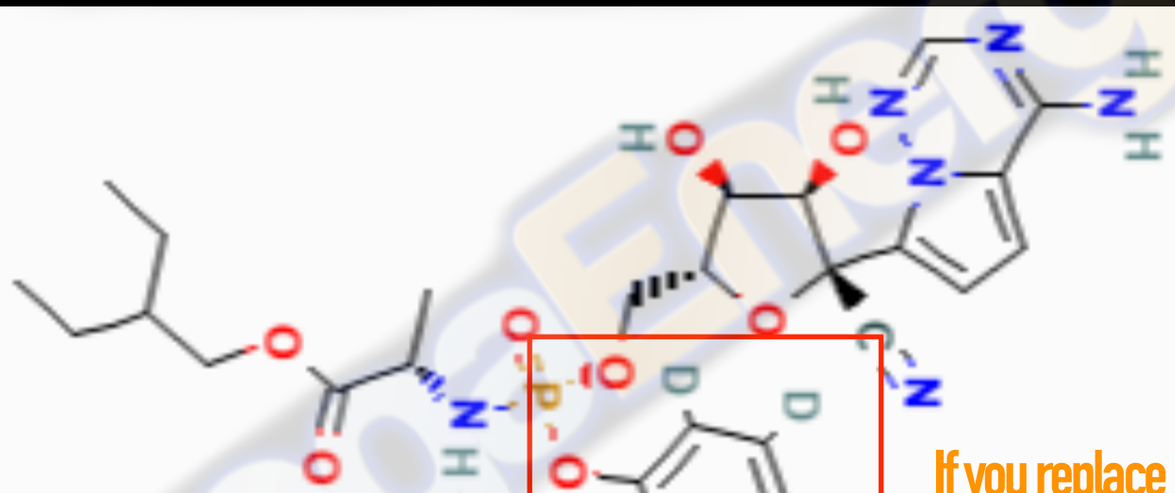
Agent Characteristics

- **APPEARANCE**: White crystalline or granular powder.
- **DESCRIPTION**: Sodium cyanide releases hydrogen cyanide gas, a highly toxic chemical asphyxiant that interferes with the body's ability to use oxygen. Exposure to sodium cyanide can be rapidly fatal. It has whole-body (systemic) effects, particularly affecting those organ systems most sensitive to low oxygen levels: the central nervous system (brain), the cardiovascular system (heart and blood vessels), and the pulmonary system (lungs). Sodium cyanide is used commercially for fumigation, electroplating, extracting gold and silver from ores, and chemical manufacturing. Hydrogen cyanide gas released by sodium cyanide has a distinctive bitter almond odor (others describe a musty "old sneakers smell"), but a large proportion of people cannot detect it; the odor does not provide adequate warning of hazardous concentrations. Sodium cyanide is odorless when dry. Sodium cyanide is shipped as pellets or briquettes. It absorbs water from air (is hygroscopic or deliquescent).
- **METHODS OF DISSEMINATION**:
  - Indoor Air: Sodium cyanide can be released into indoor air as fine droplets, liquid spray (aerosol), or fine particles.
  - Water: Sodium cyanide can be used to contaminate water.
  - Food: Sodium cyanide can be used to contaminate food.
  - Outdoor Air: Sodium cyanide can be released into outdoor air as fine droplets, liquid spray (aerosol), or fine particles.
  - Agricultural: If sodium cyanide is released as fine droplets, liquid spray (aerosol), or fine particles, it has the potential to contaminate agricultural products.

Remdesivir-D5 = Deuterium

Remdesivir-D5

PubChem CID	146047203
Structure	 2D 3D Find Similar Structures
Molecular Formula	$C_{27}H_{35}N_6O_8P$
Synonyms	Remdesivir-D5 HY-104077S CS-0120868



Deuterated benzene

If you replace 25% of your body's water with Deuterium water, you will be sterilized.

- Deuterated Benzene makes the already catastrophically damaging benzene super-toxic
- The hydrogen atom ("H") is replaced by the isotope deuterium (heavy hydrogen) ("D").
- Using D instead of regular hydrogen causes a pharmacokinetic effect that causes them to further distribute deep into the body.
- Generally produced by DOE & Atomic Energy Commission partners, who're now strangely defending the lab leak cover story.
- Severely toxic. Deuterium is heavy hydrogen. (like Heavy Water)
- One critical system affected by this change is mitosis, the cellular division used by the body to repair and multiply cells. Too much heavy water in cells disrupts the ability of mitotic spindles to equally separate dividing cells
- Known to damage reproductivity

Benzene-d6

PubChem CID	71601
Structure	 2D 3D Crystal Find Similar Structures
Chemical Safety	 Flammable Irritant Health Hazard Laboratory Chemical Safety Summary (LCS
Molecular Formula	C_6H_6
Synonyms	Benzene-d6 1076-43-3 Perdeuterobenzene Hexadeuterobenzene 1,2,3,4,5,6-hexadeuteriobenzene

https://labchem-wako.fujifilm.com/sds/W01W0102-1909JGHEEN.pdf

FUJIFILM

Wako

SAFETY DATA SHEET

Causes Genetic Defects

According to JIS Z 7253:2019
Revision date 18-Mar-2022
Revision Number 1.01

Section 1: PRODUCT AND COMPANY IDENTIFICATION

Product Name	Benzene-d6, 99.5%
Product Code	024-19091,020-19093,028-19094,024-19096

Manufacturer
FUJIFILM Wako Pure Chemical Corporation
1-2 Doshomachi 3-Chome
Chuo-ku, Osaka 540-8605, Japan
Phone: +81-6-6203-3741
Fax: +81-6-6203-5964

Supplier
FUJIFILM Wako Pure Chemical Corporation
1-2 Doshomachi 3-Chome, Chuo-ku, Osaka 540-8605, Japan
Phone: +81-6-6203-3741
Fax: +81-6-6203-2029

Emergency telephone number
+81-6-6203-3741 / +81-3-3270-8571

Recommended uses and restrictions on use
For research use only

Section 2: HAZARDS IDENTIFICATION

GHS classification

Classification of the substance or mixture	
Flammable liquids	Category 2
Acute toxicity - Oral	Category 4
Skin corrosion/irritation	Category 2
Serious eye damage/eye irritation	Category 2A
Germ cell mutagenicity	Category 2
Carcinogenicity	Category 1A
Reproductive Toxicity	Category 2
Specific target organ toxicity (single exposure)	Category 1, Category 3
Category 1 respiratory system	
Category 3 Narcotic effects	
Specific target organ toxicity (repeated exposure)	Category 1
Category 1 central nervous system, blood forming system	
Aspiration hazard	Category 1
Acute aquatic toxicity	Category 2
Chronic aquatic toxicity	Category 2

Pictograms

Signal word Danger

Hazard statements
- H225 - Highly flammable liquid and vapor
- H315 - Causes skin irritation
- H319 - Causes serious eye irritation
- H302 - Harmful if swallowed
- H341 - Suspected of causing genetic defects
- H350 - May cause cancer
- H361 - Suspected of damaging fertility or the unborn child
- H336 - May cause drowsiness or dizziness
- H304 - May be fatal if swallowed and enters airways
- H401 - Toxic to aquatic life
- H411 - Toxic to aquatic life with long lasting effects
- H370 - Causes damage to the following organs: respiratory system
- H372 - Causes damage to the following organs through prolonged or repeated exposure: central nervous system, blood forming system

Causes Respiratory Damage.

Precautionary statements-(Prevention)
- Obtain special instructions before use
- Do not handle until all safety precautions have been read and understood
- Use personal protective equipment as required
- Wash face, hands and any exposed skin thoroughly after handling
- Do not eat, drink or smoke when using this product
- Do not breathe dust/fume/gas/mist/vapors/spray
- Use only outdoors or in a well-ventilated area
- Avoid release to the environment
- Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking
- Keep container tightly closed
- Ground/bond container and receiving equipment
- Use explosion-proof electrical/ ventilating / lighting / equipment
- Use only non-sparking tools
- Take precautionary measures against static discharge
- Keep cool

Causes Genetic Defects

Precautionary statements-(Response)
- IF exposed: Call a POISON CENTER or doctor/physician
- IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing
- If eye irritation persists: Get medical advice/attention
- If skin irritation occurs: Get medical advice/attention
- IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower
- Wash contaminated clothing before reuse
- IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing
- Call a POISON CENTER or doctor/physician if you feel unwell
- IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician
- Do NOT induce vomiting
- Rinse mouth
- In case of fire: Use CO2, dry chemical, or foam for extinction
- Collect spillage

Precautionary statements-(Storage)
- Store locked up
- Store in a well-ventilated place. Keep container tightly closed

Precautionary statements-(Disposal)
- Dispose of contents/container to an approved waste disposal plant

Others
Other hazards Not available

DAMAGES FERTILITY OF THE UNBORN CHILD

Section 3: COMPOSITION/INFORMATION ON INGREDIENTS

Single Substance or Mixture Substance

Formula C6D6

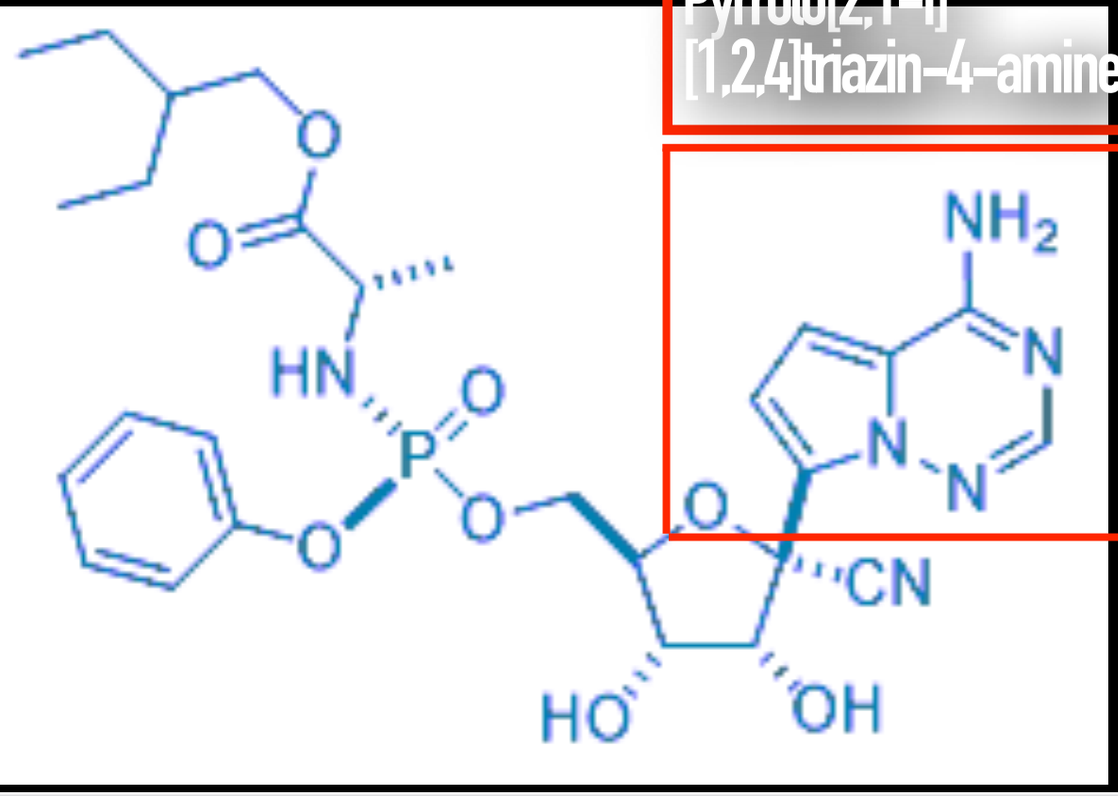
Chemical Name	Weight-%	Molecular weight	ENCS	ISHL No.	CAS RN
Benzene-d6	99.0	84.15	(3)-1	*	1076-43-3

Note on ISHL No.: * In the table means announced chemical substances

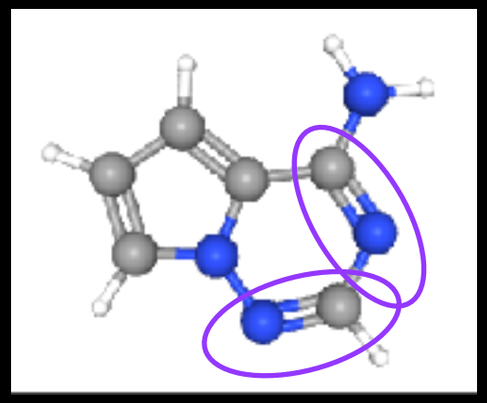
Impurities and/or Additives: Not applicable

AMINE GROUP

Pyrrolo-triazin-amine



Pyrrolo[2,1-f][1,2,4]triazin-4-amine



Potential metabolite formation of Cyanide molecules.

50% of Remdesivir is completely broken down in 20 minutes, 100% in 2 hours.

https://pubchem.ncbi.nlm.nih.gov/compound/10441749

Pictogram(s)	 Corrosive Irritant
Signal	Danger
GHS Hazard Statements	H302 (75%): Harmful if swallowed [Warning Acute toxicity, oral] H315 (25%): Causes skin irritation [Warning Skin corrosion/irritation] H317 (25%): May cause an allergic skin reaction [Warning Sensitization, Skin] H318 (25%): Causes serious eye damage [Danger Serious eye damage/eye irritation] H319 (25%): Causes serious eye irritation [Warning Serious eye damage/eye irritation] H335 (25%): May cause respiratory irritation [Warning Specific target organ toxicity, single exposure; Respiratory tract irritation]

RDV HISTORY

Gilead – Rumsfeld – Dumped on 200K

available. Gilead plans to donate the first 1.5 million vials, enough for roughly 200,000 patients. (The number depends on the dosage: The emergency use authorization allows both a 10-day course of treatment for patients on ventilators and a 5-day course for those not on ventilators.) Those will be delivered this spring. By the fall a much larger supply should start to become available, and Gilead is also working with other, unnamed companies to bring new factories online overseas. The question is, can Gilead make enough of it for the whole world?

Gilead, based in Foster City, Calif., is the most successful maker of antiviral drugs in history. The company was founded in 1987, and early on its chemists invented the influenza drug Tamiflu. In the 2000s it started packaging multiple powerful anti-HIV medicines into simple once-a-day pills, replacing complicated multi-pill regimens. In 2013 it came out with Sovaldi, a breakthrough drug for hepatitis C. The news was

Tamiflu has failed, shown to not work, BillHates is famous for stating on world television about them that "the flu vaccines don't work".

Cross reactions of multiple powerful HIV drugs have proven to be toxic.

A precursor to remdesivir was developed in 2009 by Gilead chemists hunting for hepatitis C drugs. It was difficult to administer, however, and Gilead had more promising drugs for hep C, in pill form, so it mostly sat on the shelf for several years. But in studying the compound, Gilead scientists showed in the test tube that it could slow the replication of a broad number of viruses.

During the Ebola outbreak in West Africa in 2014, Gilead put together a team of scientists to look at whether any of its existing drugs could help treat it or other emerging viruses. Remdesivir quickly moved to the top of the list. By mid-2015, working with government scientists, Gilead had shown the drug worked against Ebola in laboratory animals and begun human safety trials. But by the time remdesivir was ready for human efficacy trials, the Ebola outbreak was fading.

During the same period, Gilead was invited to participate in a government-sponsored consortium of academic researchers working on possible drugs for emerging viruses. Two virologists in this group, Mark Denison of Vanderbilt University Medical Center and Ralph Baric of the University of North Carolina at Chapel Hill, had worked together on coronaviruses for years. Baric first warned about the potential for them to cause significant human disease back in the late 1990s.

They engineered Remdesivir & Others prior. There was a thoughtful development and iteration process.

Test tubes. Isolated chemistry, NOT the bag of thousands of chemicals & processes that is a human being. But they knew this. They also knew it didn't slow "Viruses" but rather slowed cell cultures producing exosomes due to killing their reproductive & other functions or killing the cells themselves.

This cyanide & other weapons contaminated product poison was moved up quickly for Ebola2. A convenient excuse to kill people.

Two virologists in this group, Mark Denison of Vanderbilt University Medical Center and Ralph Baric of the University of North Carolina at Chapel Hill, had worked together on coronaviruses for years. Baric first warned about the potential for them to cause significant human disease back in the late 1990s.

Baric was the first to make the false claim that "coronavirus" the exosome cellular detoxification process could cause significant human disease.

much. But when he tested an analog of remdesivir against a mouse coronavirus in his lab, it worked. Over the next few years, Baric and his UNC colleague Timothy Sheahan tested the drug against SARS virus, MERS virus, and numerous other bat coronaviruses. Remdesivir worked better than almost any other drug they tried. "Every virus we tested it on, it had very high potency and efficacy," Denison recalls.

They cooked up a lab test claiming they had a virus isolated, then used these poisons on the cell culture they claimed contained "the virus" and claimed "it worked". When toxic exosomes were no longer produced by the cells, after they poisoned them. The poison "had very high potency and efficacy stopping exosome production and "replication" by other cells.

In 2018 another Ebola outbreak flared up in the Congo, giving Gilead an opportunity to finally test remdesivir in people with Ebola. It didn't work. But the trials proved one thing: The drug was safe. Gilead was figuring out what to do with the compound next, says Cihlar, when Covid-19 came along.

Depending on how you count, there are about 25 chemical steps in the production process. Most drugs require about half that number. Some of the steps are more delicate than others. An early one uses a reagent so flammable it will spontaneously combust if exposed to air. Another involves a poison called trimethylsilyl cyanide. "If you get it on your body you better get yourself to the hospital really quick," says Howard University chemist Joseph Fortunak, who's analyzed the remdesivir manufacturing process. "And you still might not survive."

This is an incredibly complicated process to make this compared to most other molecules. Incredible thought, planning, & orchestration & understanding went into this drug.

There has been open public talk about the deadly to the touch severe poisons being put into the drug, particularly CYANIDE. Bloomberg published how Howard universities exposed how these poisons are deadly to the touch.

Kent estimated that without improvements in the process it would take 9 to 12 months to make a batch of remdesivir from scratch. That included a few months for suppliers scattered around the world to make the raw ingredients, six months for Gilead to assemble those ingredients into the precious powder, and a final month to finish and package the drug at the filling plant in La Verne, Calif.

It takes almost a year to make it. They pull in components from all over the world to make the raw ingredients they claim. There is more thought & design calculation that has gone into this drug than most others. They understand what they built. It's not a guess what they are doing here or what the damage will be.

plant in June, Gilead says. A contract manufacturer in Iowa will also start releasing batches of remdesivir in August, and the company has begun to assemble a consortium of chemical and pharmaceutical manufacturers in India, Pakistan, and elsewhere to help supply the rest of the world.

They are producing these drugs and pumping them into developing countries like india & pakistan.

The U.S. Department of Health and Human Services recently announced that 607,000 of the initial 1.5 million vials of remdesivir will be distributed domestically—enough for about 78,000 patients. That leaves enough of the drug for about 115,000 non-U.S. patients. If the pandemic is still raging when

They began making enough to kill 1.5 million people. They say it will be given to 293,000 people. With an up to 53% kill rate, you can calculate they will kill 150,000–750,000 people with this.

Other analysts have estimated the price could be $3,000 to $5,000 per treatment, in line with other new drugs to treat infections in hospitalized patients. At that price remdesivir could generate $1 billion or more in annual sales, if it ends up being used by hundreds of thousands of people.

They are marking up the drug 3000–5000% to $3,000 to $5,000 from just $9. They claim they deserve this money for saving the world. Martin Skreli was slandered as "The Most Hated Man in America" when he did this but the same media paid tens to hundreds of millions by Gilead, gives them a complete pass.

maximized. In April scientists at the University of Liverpool and Howard University estimated that generics manufacturers could produce remdesivir for just $9 per dose, according to a study published in the Journal of Virus Eradication.

Remdesivir in the clinical setting

Remdesivir was first identified as an investigational drug to treat Ebola virus disease during the West African outbreak in 2013–2016. Although remdesivir appeared promising in preclinical studies, it did not meet efficacy and safety endpoints in a clinical trial. A randomized controlled trial (RCT) by Mulangu et al. of 681 patients with acute Ebola virus infection demonstrated remdesivir to be less effective than other monoclonal antibody therapies [13]. The study was also terminated prematurely because of high case fatality rate of 53% in the remdesivir group compared to other competitive Ebola drugs [13]. The higher

They knew it killed 53% of people in actual use.
They knew this and them gave it anyway.
This is the highest drug death rate in a human trial in human history.
Then they deliberately gave it to people again. In fact they forced it on humanity as the ONLY approved treatment for "Covid19" whether caused by gunshot, air pollution, earthquake, car accident, or falling out of a building.

https://link.springer.com/article/10.1007/s15010-020-01557-7

PRESIDENT'S OFFICE/

Dr. Rajiv J. Shah

President

The Rockefeller Foundation

Dr. Shah serves as President of the Rockefeller Foundation, a global institution with a mission to promote the well-being of humanity around the world. The Foundation applies data, science, and innovation to improve health for women and children, create nutritious and sustainable food systems, end energy poverty for more than a billion people worldwide, and enable meaningful economic mobility in the United States and around the world.

In 2009, he was appointed USAID Administrator by President Obama and unanimously confirmed by the U.S. Senate. Dr. Shah reshaped the $20 billion agency's operations in more than 70 countries around the world by elevating the role of innovation, creating high-impact public-private partnerships, and focusing US investments to deliver stronger results. Shah secured bipartisan support that included the passage of two significant laws – the Global Food Security Act and the Electrify Africa Act. He led the U.S. response to the Haiti earthquake and the West African Ebola pandemic, served on the National Security Council, and elevated the role of development as part of our nation's foreign policy. Prior to his appointment at USAID, Shah served as Chief Scientist and Undersecretary for Research, Education, and Economics at the United States Department of Agriculture where he created the National Institute for Food and Agriculture.

Shah founded Latitude Capital, a private equity firm focused on power and infrastructure projects in Africa and Asia and served as a Distinguished Fellow in Residence at Georgetown University. Previously, he served at the Bill & Melinda Gates Foundation, where he created the International Financing Facility for Immunization which helped reshape the global vaccine industry and save millions of lives.

Raised outside of Detroit, Michigan, Dr. Shah is a graduate of the University of Michigan, the University of Pennsylvania School of Medicine, and the Wharton School of Business. He has received several honorary degrees, the Secretary of State's Distinguished Service Award, and the U.S. Global Leadership Award. He is married to Shivani Mallick Shah and they have three children.

RDV 53% Kill Rate in Ebola

A randomized multi-intervention trial was later conducted during the EVD outbreak in the DRC. 18 Patients of any age, including pregnant women, were eligible for enrollment if they tested positive for EBOV. Patients received standard supportive care along with an assignment to one of four treatment arms in a 1:1:1:1 ratio. Study treatments included ZMapp (a triple monoclonal antibody), MAb114 (a single human monoclonal antibody derived from an Ebola survivor), REGN-EB3 (a mixture of three human immunoglobulin G1 [IgG1] monoclonal antibodies), and intravenous remdesivir. Remdesivir was administered at a dose of 200 mg on day 1, followed by 100 mg daily for 9–13 days. Weight-based doses were used for pediatric patients. The primary outcome was mortality at day 28. Nearly 700 patients had been randomized when an interim analysis led to early cessation of the trial. The data and safety monitoring board found higher mortality in the ZMapp and remdesivir groups compared to the MAb114 and REGN-EB3 groups. Further, the REGN-EB3 group had met a prespecified threshold for efficacy. A total of 673 patients were included in the final analysis. The mean age of enrolled patients was 29 years and 56% of patients were women (6% of whom were pregnant). At day 28, mortality rates were: remdesivir (53.1%), ZMapp (49.7%), MAb114 (35.1%), and REGN-EB3 (33.5%). For remdesivir, 85 and 29% of patients with high- and low-viral loads at baseline died, respectively.

In summary, despite potent *in vitro* activity against EBOV and unprecedented success in animal models of EVD, the journey of remdesivir for human EVD culminated in disappointing results.

They were forced to stop the trial early because they killed such a high rate of people.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7250494/

B12 HIGHJACKED

Fake B12=CyanoCobalamin

The Pharma industry decided to highjack Vitamin B12 & contaminated it with Cyanide. This was done prior to 1970. The WEF companies then push this into their foods & supplements. Natural medicine & supplement manufacturers will never use this fake, contaminated, non-natural version of B12. The proper version of B12 is either methyl-cobalamin hydroxy-cobalamin or meco-cobalamin. Doctors around the world have agreed that the sale of Cyanocobalamin should be stopped & that there is no excuse to be using this cyanide contaminated version of B12 & all other forms of B12 are far superior to this toxified version. Doctors worldwide have campaigned the corrupt WHO in 1970, 1978, 1980, 82, 85, 95, and other years to get this toxin stopped, but the WHO has always refused to listen to them and pushed it onto the world anyway.

B12 goes into your body and picks up the cyanide in your body and detoxes it. This is an incredibly important function of your body that you need B12 to perform. Taking cyanide contaminated B12 blocks this from being able to occur as you now have B12 which already has cyanide in it, and you are in fact inputting even more poisonous cyanide into your body that can not do you any good and only can harm you. The WHO claims the dosing of this is small enough that it doesn't make a difference. However the body's functions were not made for this and this is not ideal especially considering the other options and additional toxicity this can cause to your health. Using it is a risk and absolutely senseless with no good reason to be doing this instead of the other B12 options.

After real B12 picks up cyanide from your body, The Cyanide carrying real B12 will then be excreted by your body out through your urine, feces, or sweat. Taking cyanide contaminated B12, which is cyanocobalamin, is literally like packaging up this toxic waste product excreted by your body and then selling it to and feeding it to people. It just makes absolutely no sense, unless you want to poison people and take away their cyanide detoxification system and interfere with it. Do not take cyanocobalamin and demand your doctors & the health industry finally ban this toxic corrupt WHO product.

Cyanocobalamin

From Wikipedia, the free encyclopedia

Cyanocobalamin is a manufactured form of vitamin B_{12} used to treat vitamin B12 deficiency.[2] The deficiency may occur in pernicious anemia, following surgical removal of the stomach, with fish tapeworm, or due to bowel cancer.[6] It is less preferred than hydroxocobalamin for treating vitamin B12 deficiency.[4] It is used by mouth, by injection into a muscle, or as a nasal spray.[4][5]

Cyanocobalamin is generally well tolerated.[7] Minor side effects may include diarrhea and itchiness.[3] Serious side effects may include anaphylaxis, low blood potassium, and heart failure.[3] Use is not recommended in those who are allergic to cobalt or have Leber's disease.[3] Vitamin B_{12} is an essential nutrient meaning that it cannot be made by the body but is required for life.[3][7]

Absorption and transport [edit]

Poor absorption of vitamin B_{12} may be related to coeliac disease.

Cyanide contaminated B12 will not be absorbed well & can/will result in Cyanide exposure

Cyanocobalamin

From Wikipedia, the free encyclopedia

Cyanocobalamin is the most common and widely produced of the chemical compounds that have vitamin activity as vitamin B_{12}. Vitamin B_{12} is the 'generic descriptor' name for any of such vitamers of vitamin B_{12}. Because the body can[*clarification needed*] convert cyanocobalamin to any one of the active vitamin B_{12} compounds, by definition this makes cyanocobalamin itself a form (or vitamer) of B_{12}, albeit a largely artificial one.

Cyanocobalamin usually does not occur in living organisms, but animals can convert commercially produced cyanocobalamin into active (cofactor) forms of the vitamin, such as methylcobalamin.[1] The amount of cyanide liberated in this process is so small that its toxicity is negligible.[*citation needed*]

Side effects [edit]

Possible side effects of cyanocobalamin injection include allergic reactions such as hives, difficult breathing; redness of the face; swelling of the arms, hands, feet, ankles or lower legs; extreme thirst; and diarrhoea. Less-serious side effects may include headache, dizziness, leg pain, itching, or rash.[4]

Treatment of megaloblastic anemia with concurrent vitamin B_{12} deficiency using B_{12} vitamers (including cyanocobalamin), creates the possibility of hypokalemia due to increased erythropoiesis (red blood cell production) and consequent cellular uptake of potassium upon anemia resolution.[7] When treated with vitamin B_{12}, patients with Leber's disease may suffer serious optic atrophy, possibly leading to blindness.[6]

Potassium Cyanide Creation – Super deadly & damaging

In the cytosol [edit]

Vitamin B_{12} methylcobalamin and 5-methyltetrahydrofolate are needed by Methionine synthase in the Methionine cycle to transfer a methyl group from 5-methyltetrahydrololate to homocysteine, thereby generating tetrahydrofolate (THF) and methionine, which is used to make SAMe.

SAMe is the universal methyl donor and is used for DNA methylation and to make phospholipid membranes, choline, sphingomyelin and acetylcholine and other neurotransmitters. Methionine is also the start codon (AUG) in the genetic code, and so protein biosynthesis begins with methionine.

In the Transsulfuration pathway, homocysteine is converted first into cystathionine and then into cysteine and propionyl-CoA.

Methylcobalamin is needed for specific functions

Possible side effects [edit]

The oral use of cyanocobalamin may lead to several allergic reactions such as hives; difficult breathing; swelling of the face, lips, tongue, or throat. Less-serious side effects may include headache, nausea, stomach upset, diarrhea, joint pain, itching, or rash.[3]

In the treatment of some forms of anemia (e.g., megaloblastic anemia), the use of cyanocobalamin can lead to severe hypokalemia, sometimes fatal, due to intracellular potassium shift upon anemia resolution. When treated with vitamin B_{12}, patients with Leber's disease may suffer rapid optic atrophy.[*citation needed*]

This fact has caused some people (usually from reading labels on packages and vitamin supplements, in which vitamin B_{12} is almost always listed last, since ingredients by law are listed in order of weight percentage), to infer that the correct chemical name of vitamin B_{12} actually *is* cyanocobalamin. In fact, vitamin B_{12} is the name for a whole class of chemicals with vitamin B_{12} activity, and cyanocobalamin is only one of these. Cyanocobalamin usually does not even occur in nature, and is not one of the forms of the vitamin that are directly used in the human body (or that of any other animal). However, animals and humans can convert cyanocobalamin to active (cofactor) forms of the vitamin, such as methylcobalamin.[1] This process happens by equilibration, as cyanocobalamin slowly loses its cyanide in surroundings that contain no cyanide.[*citation needed*]

Cyanocobalamin – a case for withdrawal: discussion paper

Journal of the Royal Society of Medicine Volume 85 November 1992

A G Freeman MD FRCP *Meadow Rise, 3 Lakeside, Swindon SN3 1QE*

Keywords: anaemia, pernicious; optic neuropathies; chronic cyanide intoxication; hydroxocobalamin; cyanocobalamin

It seems evident that controversy still surrounds the treatment of pernicious anaemia and other vitamin B12 deficiency disorders. The long quest for the 'anti-pernicious anaemia factor' in the liver seemed to have ended in 1948 when pure cyanocobalamin was isolated. This was found to be very active therapeutically when given by intramuscular injection and was non-toxic in extremely high doses[1].

Lederle, in a recent commentary[2], advocates that patients with pernicious anaemia should now be treated with oral cyanocobalamin. He is not without support in that 40% of patients with pernicious anaemia in Sweden are being similarly treated[3].

He further states that such treatment is cheap and effective, produces clinical and haematological remissions, and that most patients would prefer it if given the choice. He considers that a wider appreciation of its effectiveness would be of value to physicians and that this is 'Medicine's best kept secret' and that 'it is time to let the secret out'.

It is now known that there are at least four forms of vitamin B12 (cobalamin), ie cyanocobalamin, hydroxocobalamin and two coenzymes forms which are biochemically active, namely methylcobalamin and adenosylo-cobalamin[4].

Evidence has been presented that oral treatment with vitamin B12 cannot replace body stores in patients with Addisonian pernicious anaemia where there is a lack of gastric intrinsic factor due to an autoimmune gastritis causing malabsorption of vitamin B12 or in those who have undergone total gastrectomy or ileal resection. Such patients will require life-long parenteral vitamin B12 therapy.

In the United Kingdom, intramuscular hydroxocobalamin has replaced cyanocobalamin as it is retained in the body longer than cyanocobalamin and thus for maintenance therapy needs only be given at intervals of 3 months[5–7].

In strongly opposing any treatment for pernicious anaemia other than parenteral hydroxocobalamin on a life time basis once the diagnosis has been confirmed I would emphasize that hydroxocobalamin is also a potent cyanide antagonist whereas cyanocobalamin is not. Thus oral or intramuscular cyanocobalamin is ineffective in the treatment of patients with tobacco amblyopia or retrobulbar neuritis in pernicious anaemia, examples of optic neuropathy due to chronic cyanide intoxication[8].

Healthy smokers with normal vision have raised cyanocobalamin levels and raised plasma and urinary thiocyanate levels, products of effective cyanide detoxication as compared with the levels in healthy non-smokers[9]. Patients with tobacco amblyopia, even if they smoke more than their healthy counterparts, have much lower levels of plasma cyanocobalamin and thiocynate in their body fluids indicative of a reduced ability to detoxify the cyanide in the tobacco-smoke to which they are exposed[10].

Patients with tobacco amblyopia who have normal serum vitamin B12 levels need not continue therapy with intramuscular hydroxocobalamin once their visual acuity and visual fields have returned to normal providing they abstain from further smoking. However, those patients who have low serum vitamin B12 levels or evidence of defective vitamin B12 absorption will need to continue indefinitely with hydroxocobalamin irrespective of their smoking habits as will all patients with pernicious anaemia and other vitamin B12 deficiency disorders who are at risk of developing optic neuropathy if they are smokers.

There is certainly no place for either oral or intramuscular cyanocobalamin in the treatment of such patients in that hydroxocobalamin and not cyanocobalamin, is a powerful cyanide antagonist. Because confusion still persisted among doctors over the various commercial forms of vitamin B12 available for therapeutic use and their adverse effects in neuro-ophthalmological disorders, we presented a case for withdrawal of cyanocobalamin in favour of hydroxocobalamin and submitted this in 1970 to the Committee on Safety of Medicines[11].

As no action was taken by the manufacturers, we asked again in 1978 'why has cyanocobalamin not been withdrawn?'. We laid particular emphasis on the fact that some patients fail to respond to treatment because, although hydroxocobalamin had been prescribed, cyanocobalamin had been administered instead. The diagnosis may then be questioned, treatment stopped and the patient with tobacco amblyopia be condemned to a life of poor sight[12].

In 1981, the Committee on Safety of Medicines drew attention to our thesis that hydroxocobalamin is effective in treatment of certain optic neuropathies, of which tobacco amblyopia is an example, but cyanocobalamin is not. Since tobacco amblyopia may occur in patients with pernicious anaemia it is clearly preferable to use hydroxocobalamin routinely instead of cyanocobalamin[13]. This view is supported by Linnell and co-workers who, in support of our contention, stated that there was no condition in which it has been claimed that cyanocobalamin was preferable to hydroxocobalamin and that there was no place for its continued use[14]. Despite these recommendations it appears that cyanocobalamin has not been withdrawn for therapeutic use[15].

Even the World Health Organization's Committee on the selection of essential drugs listed only cyanocobalamin[17], thus placing an incalculable number of patients with tobacco and tropical amblyopia and optic neuropathy in pernicious anaemia at risk.

The WHO has been pushing CYANIDE contaminated B12 on the population since 1970, they were exposed, and yet continued, doctors & international medical journals called for the stop to this yet the WHO continued to give it. In 1978 again the doctors pushed for the stop of these corrupt practices by the WHO yet they continued, in 1985, 1987, 1992 and onward again and again doctors agreed that there is no case where it makes sense to give CYANIDE contaminated B12 instead of fresh non-CYANIDE carrying B12, which can then chelate the CYANIDE out of your body thus detoxing you from this contamination. The WHO is obviously corrupt & here is yet another of the thousands of ways for all to see.

The LIES to the opposite center on the fake excuse claims that "the amount of Cyanide in a Cyanocobalamin dose is a lot less than the amount of cyanide needed to kill you." However, this contributes towards cellular & organ disfunction and starves your body of the actually very beneficial real B12 thus there are many reasons why giving toxified B12 just doesn't make sense, unless you are trying to kill people or harm their health. It's beyond time for all to see the Genocidal CCP, the Genocidal BillGates, The Genocide committing Tedros, & their continual practices just like this one alongside subversion and tyranny.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1293728/pdf/jrsocmed00105-0046.pdf

Tip 1: It may be beneficial for you to avoid cyanocobalamin forms of Vitamin B12.

Cyanocobalamin is broken down into cobalamin and cyanide. Yes, you read that correctly. That is the same deadly cyanide stuff that we have heard about. Researchers have suggested that there could be a buildup of cyanide in the tissues, especially in smokers from people using the cyanocobalamin form of B12.

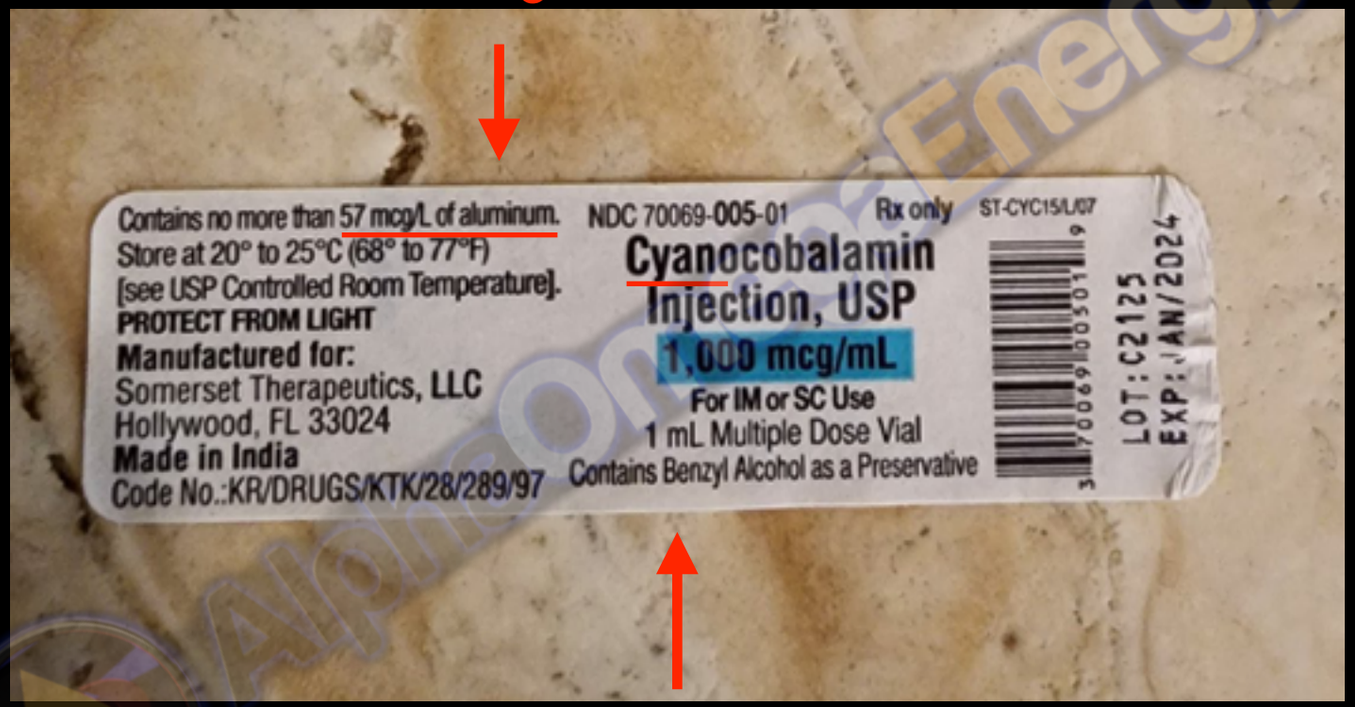
Main sources of Vitamin B12:

- Cyanobobalamin is found in packaged food where the B12 has been added in or supplemented.
- Adenosylcobalamin is found primarily in animal meat especially in the liver.
- Methylcobalamin is found in supplements or naturally occurring in milk and eggs from pastured animals (not found in a feed lot). Most people obtain their B12 from their food or through supplements.

Tip 2: B12 is heavily concentrated in animal protein. If you are a vegan or vegetarian, it is especially important that you monitor your B12 and B12 metabolite levels (e.g. methylmalonic acid) particularly if you are experiencing a decrease in energy, hair loss and/or difficulty sleeping.

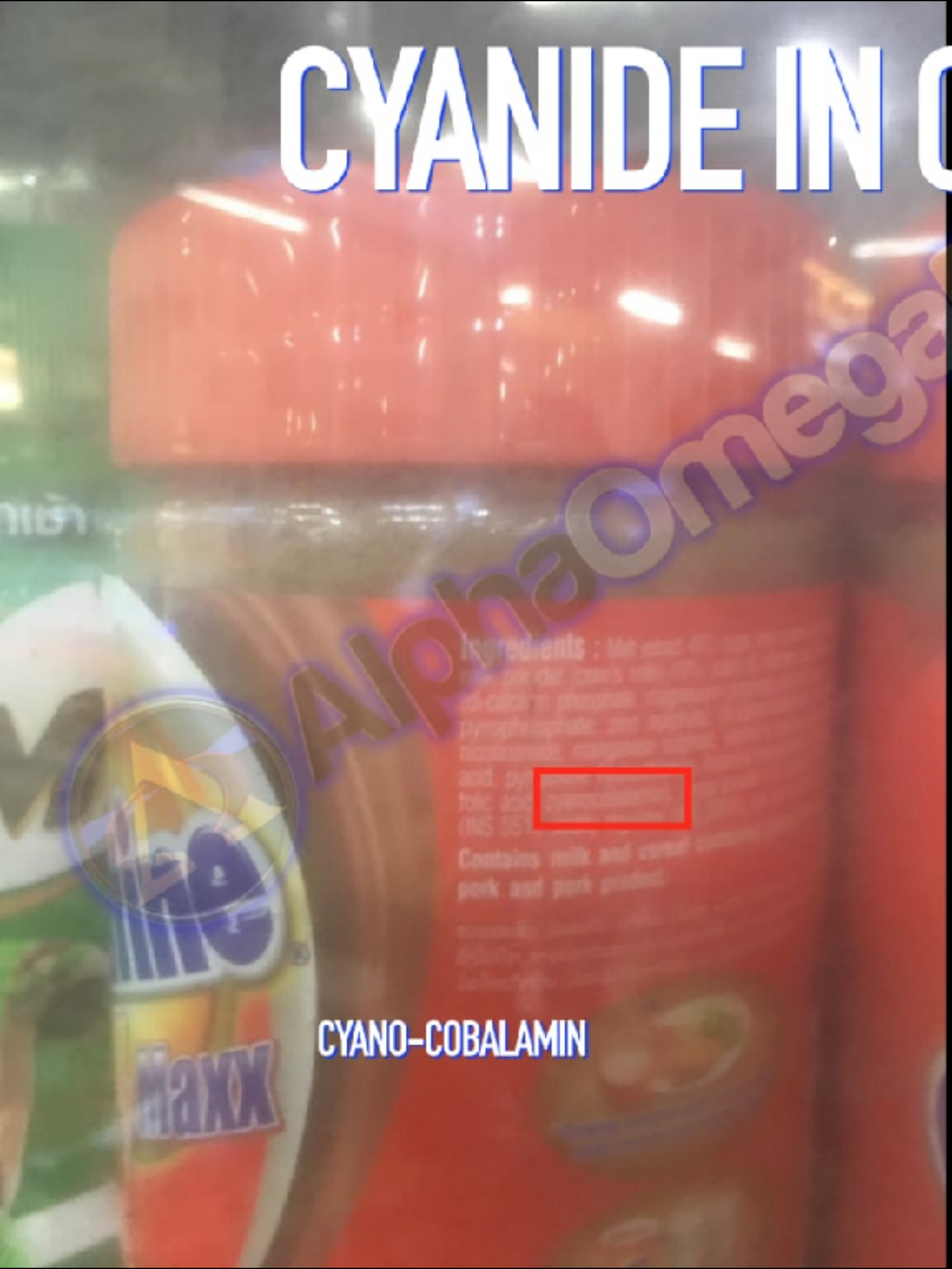
https://www.toolboxgenomics.com/blog/can-cyanide-come-from-vitamin-b12/

Aluminium straight into the blood



Cyanide contaminated B12

CYANIDE IN OVALTINE



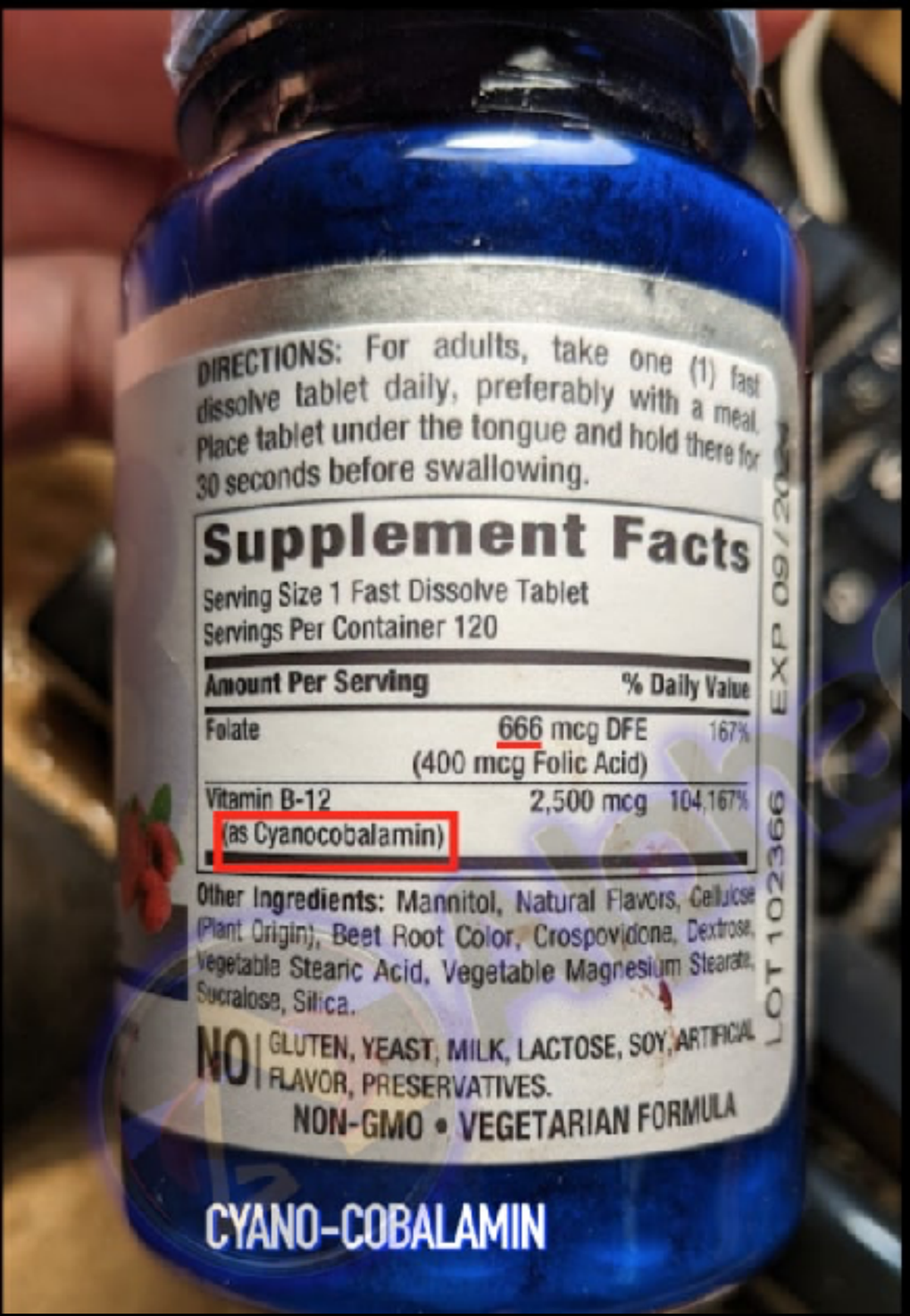
- CYANO-COBALAMIN IS NOT "B12"
- IT IS A HARMFUL POISON.

- B12 IS METHYL-COBALAMIN OR HYDROXY-COBALAMIN.
- B12 DETOXES YOUR BODY FROM CYANIDE.
- B12 ATTACHES TO CYANIDE AS YOUR BODY'S WAY TO DETOX YOU FROM THE HARMFUL EFFECTS OF CYANIDE. WHEN THIS HAPPENS IT BECOMES CYANO-COBALAMIN. CYANO-COBALAMIN IS THE TOXIC PRODUCT OF THIS REACTION. IT IS NOT B12. YOUR BODY WILL THEN SECRETE CYANO-COBALAMIN AS A WASTE PRODUCT IN YOUR URINE OR SWEAT.
- THEY ARE LYING THAT CYANO-COBALAMIN IS B12. IT IS NOT B12. IT IS THE TOXIN THAT YOUR BODY NEEDS TO GET RID OF IN ORDER TO DETOX FROM CYANIDE.
- BY LYING TO YOU THAT CYANO-COBALAMIN IS B12. THEY ARE LITERALLY TAKING THE TOXIC EXCRETED WASTE PRODUCT, THE TOXIN, AND FEEDING YOU THIS INSTEAD OF THE B12 YOU ACTUALLY NEED..
- THIS NOT ONLY PREVENTS YOU FROM GETTING THE B12 YOUR BODY NEEDS BUT REPLACES IT WITH A HARMFUL TOXIN YOUR BODY IS MEANT TO EXCRETE AS A TOXIC WASTE PRODUCT.

- NESTLE IS A SWITZERLAND COMPANY.

- SWITZERLAND IS KNOWN FOR BEING THE HOME OF THE WEF. KLAUS SCHWA THE HAIR TO THE NAZI THRONE. YUVAL HARRARI, THE MONEY LAUNDERING CENTER OF THE WORLD, THE WWW WARRANTLESS SPYING AND INTERNET WIRE TAPPING IMMUNITY CENTER. OF CERN.
- ALLY OF NAZI GERMANY & GLOBALIST ELITES
- BILL HATES IS IMMUNE LEGALLY FROM ALL PROSECUTION THERE
- NAZIS HID THEIR CHILDREN IN SWITZERLAND THROUGH THE WAR.

CYANIDE IN VITAMINS



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MULTI VITAMINS

YEAST

CYANO-COBALAMIN IS A CYANIDE CONTAMINATED TOXIN THAT YOUR BODY EXCRETES AFTER THE REAL B12 REMOVES CYANIDE FROM YOUR BODY THEN GETS RID OF IT AS A TOXIN IN YOUR URINE, OR SWEAT THEY ARE FEEDING YOU THE DEADLY TOXIN, PUTTING IT BACK INTO YOU, NOT GIVING YOU THE ACTUAL VITAMIN. INSTEAD OF DETOXING YOU, THEY ARE TOXIFYING YOU.

Supplement Facts

Serving Size 2 Capsules
Servings Per Container 125

Amount Per Serving		
Vitamin C (as ascorbic acid)	1000 mg	
Thiamin (as thiamine mononitrate)	50 mg	
Riboflavin	50 mg	
Niacin (as niacinamide)	100 mg NE	
Vitamin B6 (as pyridoxine hydrochloride)	50 mg	
Folic Acid	400 mcg	
Vitamin B12 (as cyanocobalamin)	250 mcg	
Biotin	100 mcg	
Pantothenic Acid (as d-calcium pantothenate)	250 mg	
Choline (as choline bitartrate)	40 mg	
PABA	50 mg	
Inositol	100 mg	

† Daily Value (DV) not established.

Other Ingredients: Gelatin. **Contains 2% of less of:** Calcium stearate, silica, medium chain triglycerides, crospovidone.
Directions: Take two capsules a day, preferably with a meal.

250 CAPSULES

Nutrition Facts

12 servings per container
Serv size 2 tbsp (10g)

Amount per serving
Calories 40

	% Daily Value
Total Fat 0g	0%
Sodium 20mg	1%
Total Carbohydrate 3g	1%
Dietary Fiber 2g	7%
Protein 5g	11%
Iron 1mg	6%
Potassium 214mg	4%
Thiamin (B1) 6.2mg	520%
Riboflavin (B2) 6.3mg	480%
Niacin (B3) 35mg	220%
Vitamin B6 7.2mg	420%
Folate (B9) 353mcg DFE (212mcg folic acid)	90%
Vitamin B12 15mcg	630%

Not a significant source of sat fat, trans fat, cholesterol, total sugars, added sugars, vitamin D and calcium.

INGREDIENTS: NIACIN, HYDROCHLORIDE, THIAMIN HYDROCHLORIDE (VITAMIN B1), CYANOCOBALAMIN

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Store tightly sealed in cool, dark place.

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PROTECT OUR PLANET

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Bibliography – Links

- Adenosine Cyanide Contaminated "metabolite" https://en.wikipedia.org/wiki/GS-441524
- Fraudulent claims of being effective for SarsCov2 + Chloroquine effective https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7054408/
  - Article stating FDA didn't allow Gilead to claim it's safe, study wasn't vetted, small one said no benefit. https://www.bloomberg.com/features/2020-gilead-remdesivir-coronavirus-treatment/
  - 53% death rate study mentions https://link.springer.com/article/10.1007/s15010-020-01557-7
  - Published mechanism of trojan horse action. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7202249/
  - Admission that their "Phosphorylation & innocent breakoff claims" is very tricky & usually doesn't happen. https://www.asbmb.org/asbmb-today/science/031720/what-makes-remdesivir-a-promising-antiviral
  - Deuterium Benzene = https://www.irisotope.com/en/blog/27/what-is-benzene-d6-application-of-deuterated-benzene
  - D6 Masbah energy https://www.irisotope.com/en/blog/27/what-is-benzene-d6-application-of-deuterated-benzene
  - 6 Forumulations for sale = https://acanthusresearch.com/products/labeled-drug-substance-reference-standards/remdesivir-d5/

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