

Criteria for Knowing that a Drug has an Effect / symptom

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1. INCIDENCE: Is the incidence of Occurrence of the Symptom/effect per 1000 reports greater than the incidence per 1000 reports for other drugs (this is measured by PRR). This is a measure of excess incidence compared to other drugs.

2. CONSISTENCY ACROSS DIFFERENT SYMPTOMS: Is the incidence of related symptoms per 1000 reports greater than the incidence per 1000 reports for other drugs. A related symptom would be a symptom that should also occur if the primary symptom occurs, e.g. The Covid jab was associated with an excess incidence of embolism, aneurysm, thrombosis, occlusion, strokes, infarctions, haemorrhage, bleeding, ischemia, stroke, phlebitis etc. all of which are separate but related symptoms

3. CONSISTENCY ACROSS DIFFERENT ORGANS: Does the symptom occur with excess incidence in different parts of the body. For example, the Covid jab was associated with excess incidence of venous thrombosis limb, retinal vascular thrombosis, superior sagittal sinus thrombosis, cerebral venous sinus thrombosis, ophthalmic vein thrombosis, pulmonary artery thrombosis, peripheral artery thrombosis, atrial thrombosis etc. It was the same symptom occurring in different parts of the body. There was a massive amount of consistency across different organs.

4. BIOMARKER CONSISTENCY: The tests used as indicators to identify a symptom should demonstrate an excess incidence of use, and an excess incidence of positive results compared to with other drugs.

5. TREATMENT CONSISTENCY: The treatments used to treat a particular symptom should be occurring with excess incidence.

See - <https://howbad.info/safety-signal-paper-5.pdf>.

6. MULTIPLE DATABASE CONSISTENCY: There should be the same pattern of association across different databases - VAERS, FAERS, CAERS, VIGIACCESS, EUDRA-VIGILANCE etc. If all of these databases show an excess incidence of a symptom with a particular drug, then consistency has been demonstrated.

7. SCHOLAR CONSISTENCY: Have different researchers carried out similar studies of excess incidence and found the same results. Different researchers have looked at the VAERS data and have found the same patterns of excess incidence for the Covid jab.

8. TEMPORAL PROXIMITY: Are the symptoms temporally associated with the administration of the drug. It was found that the onset of symptoms was closely associated in time with the Covid jab -

See <https://howbad.info/time.html>, <https://howbad.info/secondpeak.html>,
<https://www.bitchute.com/video/7Z6aJ0add9SH>

9. CORRELATION WITH DOSAGE: Are the symptom effects greater with repeat dosage. Is there a cumulative effect? It was found that the incidence of myocarditis was much greater after the second jab compared to the first. This also demonstrates temporal proximity, since there was a relapse of symptoms after the second dose. "The more you take, the worse its going to be"

See <https://howbad.info/knockout.pdf>

10. PLETHORA OF ANECDOTAL REPORTS: If a drug has a particular effect, and is administered to a large population, we might expect the effect to emerge as thousands of anecdotal reports - as we saw with Facebook, where groups listed hundreds of thousands of reports of jab injury, before they were deleted by the powers that be.

11. WITHIN-GROUP INCIDENCE: We are told that the effects occur but are rare. But when many people within small groups are afflicted, such as several members of the same family, or several workers at the same company, then we can know that the drug is having this effect and that it is not rare at all.

12. INGREDIENT EFFECTS: What do we know about the individual ingredients? Are the individual ingredients associated with a symptom? For example, we know that the spike, on its own, acts as a powerful clotting agent. It has also been shown to catalyse amyloid formation very rapidly. What else. We know that cationic LNPs can have harmful effects on cells. Aluminium is known to cause brain inflammation, so will likely lead to autism when injected as an ingredient of several vaccines.

13. MECHANISM: We know that any cell that produces a foreign antigen will be targeted by the immune system for destruction, and this destruction will be accompanied by significant inflammation. So there is a proven mechanism - if the jab circulates throughout the body, then cells anywhere can express the spike, and then be destroyed. Inflammation might occur anywhere - causing encephalitis, myocarditis, pericarditis, vasculitis, etc.

Destruction of cells expressing the spike may lead to autoimmune conditions if the immune system learns to associate the cells with the spike. This is especially so if the spike contains sequences similar to the organ.

We know that when blood plasma is exposed to spike protein it clots within seconds, hence thrombosis in the jabbed.

We know that DNA incorporation via SV40 can cause cancers...

14. CONFIRMATION BY CLINICAL REPORTS: We can look at the clinical literature to see if there are papers demonstrating an association between the drug and the effect.

15. CONFIRMATION BY INSURANCE REPORTS: We can look at insurance data to see if there has been an excess of health claims associated with the drug. This will include injury claims to jab injury funds.

16. CONFIRMATION BY LEGAL REPORTS: There may be ongoing cases regarding the effects of this drug. A considerable body of evidence may already have been gathered. Such cases are a safety signal in themselves.

17. EXPLANATORY POWER: A drug may be associated with a constellation of symptoms that explain why a particular effect occurs. For example, apnoea is a symptom associated with MMR, DTP vaccines that explains SIDS.

So now you have 17 ways of knowing if a drug causes harm, 17 reasons not to take the Covid jab, 17 reasons not to trust the jabbers and media pushers ever again, no matter how nice they may try to appear in the future.

Of course, you could just ignore all of this, and simply choose to trust the jab pushers – based solely on the fact that they are good-looking (Hollywood celebs), successful (a software entrepreneur) or wear a tailored suit (UN, or party officials).

