

The Needle's Secret offers a compelling explanation for the bewildering breadth, and the inconsistency of the harms associated with vaccination. The author, Marc Girardot, was attracted to the question by Covid but found that the implications are far broader.

Each of the many books that have been written about vaccines has a different focus. Some tell you how we were tricked into getting the Covid vaccines. Some of them analyze how many people died of the vaccine. Some of them describe the development and approval processes that led to the vaccines. Many focus on the systemic corruption in the international and national public health organizations. Some focus just on Covid and others on all vaccines. [See my reviews here.](#)

This book, The Needle's Secret, focuses on the mechanisms by which vaccination injures a person. It concludes that it is not the vaccines so much as the process of vaccination that is dangerous. Therefore, the analysis applies to just about every injected product, though there are different levels of danger.

Amazon booted me as a reviewer and trashed my 550 reviews in early 2024 for being too truthy in reviewing Michael Nehls' book "The Indoctrinated Brain." No longer subject to their constraints, I am able to:

- Make my reviews longer
- Include hyperlinks
- Include relevant diagrams from the book
- Relate books to my own life's experience

As usual, I have made this a synopsis of the book rather than a critique of the book. I love it. There is no book without flaws that might be commented, but the importance of this work overwhelms any picayune issues I might raise. I hope you readers become intrigued enough to read the book.

The Thesis

A simple statement of Girardot's thesis is as follows. Injections by vaccination are unnatural. They bypass the body's evolved defenses. Quite specifically, they insert from .25ml to a full milliliter or so (that's a cube 2/5 of an inch per side – enough to be very visible, or 1/6 of a teaspoon) of an infectious material into a person's body in order to provoke a reaction that will lead to immunity.

The injected material transfects (i.e., go through the cell walls) into body cells. The theory is that it remains in the muscle into which it is injected, from which it slowly seeps into the bloodstream to be distributed. In every case the vaccine enters the target cells, which recognize they have been infected by a pathogen. The theory is that the body's own T-cells will rush to kill the poisoned cell and create antibodies that will be able to recognize and neutralize similar invaders in the future.

However.

- 1) Most importantly, the needle sometimes goes directly into a vein or artery. The injected serum gets pumped, immediately and minimally diluted, into the heart, lungs and other organs.
- 2) There are privileged cells throughout the body, including stem cells, that do not commit suicide through apoptosis mediated by T-cells, and
- 3) If those cells have been hijacked to produce spike protein (for instance) they will keep on doing so indefinitely.

Dilution of the injected serum is key to the argument. The injected pathogen-containing serum is called a bolus – a ball. There are medical procedures in which it is desirable to put a large bolus into the body. Vaccination is not one of them.

Aspiration is the process of drawing the plunger back a bit after the initial jab to see if the blood appears in the barrel of the syringe. If it does, the needle is in a vein. The nurse should pull it out and try again, making sure that the injection is into a muscle, from which it will seep slowly into the circulatory system.

The practice of aspirating a needle was standard prior to Covid. However, the protocol was changed to stress giving the shot quickly, without aspirating, on the grounds that it would “reduce vaccine hesitancy.” This will have increased the number of vaccine injuries during the Covid era.

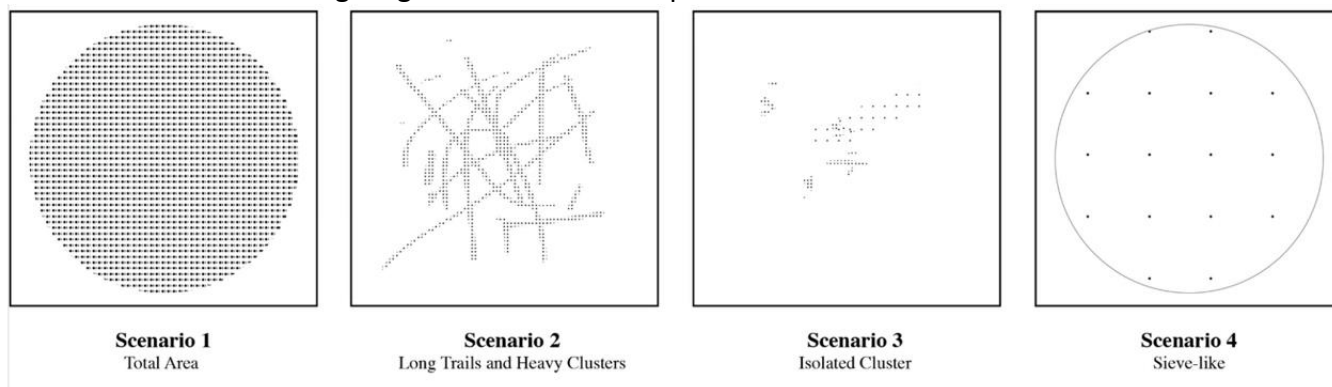
If the plunger is pushed slowly during the injection, the pathogen-containing serum will spread out more in any case. If a lot of pressure is applied by a quick plunge it could be forced into a vein that it might not otherwise find.

If by mischance the injection is into a vein or artery, there are several possible outcomes. If it is a small blood vessel, the bolus may have time to spread out a bit. However, the concentrated pathogen will infect enough cells that the T-cell reaction, killing them, will probably destroy the epithelium. The epithelium, the lining of the blood vessel, is then unable to fulfill its intended function of keeping material in the bloodstream from entering the body and vice versa.

If the bolus enters a larger vessel, the turbulence of the fluid within the circulatory system may dilute it before it does any damage. On the other hand, if it goes immediately to the heart or lungs it may infect a large area of tissue, leading to its death.

The different organs of the body have different powers of regeneration. Muscles and many organs have the ability to replace any cells that are killed. Others, such as the brain and heart, do not have the same facility.

Girardot uses the following diagram to illustrate his point.



Scenario 1 - Nuclear Bomb: Total area transfection can be compared to a nuclear bomb with the full destruction of a city. Nothing is left. Emergency services have disappeared. —

Scenario 2 - Carpet Bombing: Hits are in the form of long trails and heavy clusters, similar to carpet bombing with considerable destruction of a city during WWII, all emergency services are overwhelmed.

Scenario 3 - Localized bombing: Isolated cluster can be associated with localized cluster bombing with serious local damage, local services can be overwhelmed, roads to the village are cut, utilities are down; —

Scenario 4 - One-bomb hit: A sieve-like topology emerges resembling the harm done by a bomb to the front of a building.

There are radical differences in the levels of initial destruction and the ability of the body’s evolved systems of self-repair to fix them. Some of the damage overwhelms the bodies facilities for recovery. The long white rubbery clots that coroners find in the veins of many victims of the Covid vaccines are one instance of evidence of the body’s inability to fix itself.

Several conclusions proceed from this observation. First of all, not all vaccinated people will be injured. Only a minority of injections wind up going into the bloodstream. Secondly, people differ in their native

ability to repair such damage as the vaccines do. Third, the distribution of the bolus, the injected serum throughout the body is quite random, depending on the flow of blood. The same mechanism can damage almost any organ in the body. Therefore, as is shown in the governments VAERS (vaccine adverse event reporting system) data, there are an extreme variety of injuries reported in response to covert shots.

The chapters in the book are relatively short, and the titles are self-explanatory. The following table of contents is a good guide to what you will find.

<p>Introduction Part One - Red Flag <u>To</u> Red Flag Chapter 1 Discovering Covid Chapter 2 We Were All Immune Already Chapter 3 The Case <u>For</u> Low Fatality Rate Chapter 4 Unbelievable Evidence: Not Effective, Nor Safe Part Two - Most Are Fine Too Many Aren't Chapter 5 Signals Were Never Weak Chapter 6 Preliminary Hints Chapter 7 <u>Concording</u> Evidence Chapter 8 Not All Are Harmed Chapter 9 The Devil <u>In</u> The Details Chapter 10 The Reality Of <u>Accidental Intravascular</u> Injections Part Three - Rampage Down <u>The Circulatory</u> System Chapter 11 A Fantastic Voyage <u>Of</u> Destruction Chapter 12 Extreme Concentration Baseline Chapter 13 Deterministic <u>Particle Behavior</u> Chapter 14 Cytotoxic Scenarios</p>	<p>Chapter 15 Endothelial Stripping: Aneurysm/White Clot Syndrome Chapter 16 Systemic Lining Damage Chapter 17 Coagulation Overload & <u>Necrosis</u> Chapter 18 Endothelium Micro-Perforation Chapter 19 Disrupting Stem-Cells Chapter 20 Bolus Collateral: Multiple <u>Hits</u>, <u>Severities</u>, Locations & Illnesses Part Four - Bolus-Induced Illnesses Chapter 21 All Vaccines Can Harm <u>The Same</u> Chapter 22 Arteriosclerosis & <u>Bolus Theory</u> Chapter 23 Cancer & Bolus Theory Chapter 24 Neurodegeneration & <u>Bolus Theory</u> Chapter 25 Endocrine Disorders & <u>Bolus Theory</u> Chapter 26 Autism & Bolus Theory Chapter 27 Bowel Disorder, Obesity & <u>Bolus Theory</u> Chapter 28 Infertility & Bolus Theory Conclusion The <u>Awakening ?</u></p>
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This reviewer's story

I respond well to an author like Girardot. We have several things in common. We both worked as management consultants for Booz Allen Hamilton. We both have a wide range of consulting experience while outside the realm of medicine. We both consulted with manufacturing firms, I trading on my knowledge of French and Spanish working with Renault Argentina. He also worked in Buenos Aires.

I have a [typical vaccine history](#) for a man of 82. My own vaccines, from childhood, Army and overseas travel, include:

<u>Childhood</u>	<u>Army</u>	<u>Overseas</u>
Diphtheria, tetanus, & <u>acellular pertussis (DPT)</u>	Typhus	Hepatitis A, now on the childhood schedule
Influenza (IIV4)	Typhoid	Typhoid
Polio	Plague	Yellow fever
Smallpox	Cholera	Influenza

All of my vaccines are from 20 years and more ago, predating mRNA and the change in the practice of aspirating needles. I'm healthy.

I have a son born in 1982 who has many of the symptoms of autism spectrum listed in Chapter 24. The pediatricians in our upscale Foxhall neighborhood of Washington gave him every CDC-prescribed shot. They were studiously disinterested in figuring out why he had the symptoms, extremely interested in medicating them. He is now living on the streets.

My oldest daughter, then 39, died suddenly two years ago. In her job she would have been required to get the Covid vaccination. The State of Massachusetts and all involved were in an unseemly rush to get the body cremated as quickly as possible, avoiding an autopsy. Her mother went along, and as I was far away in Ukraine, I didn't fight it.

The three young children of my second family are unvaccinated and healthy, as is their mother who has no more than the childhood shots mandated by the Soviet Union.

This review so far summarizes Part I through Part III of the book. The last section, Part IV, is about the implications for people who have had or are contemplating vaccinations. Here follows a brief chapter-by-chapter synopsis.

Part Four- Bolus-Induced Illnesses

This is the meat of the argument. There is a very large universe of illnesses that have become significantly more prevalent over my lifetime. Autism, autoimmune diseases, obesity, dementia... a great many. Girardot argues that there are plausible links between almost all of them and the bolus theory of vaccination.

Chapter 21 All Vaccines Can Harm the Same

This is a reiteration of the message above. Because most of the damage is due to the mechanics of the injection, bypassing the body's natural protections and unavoidably entering the bloodstream a certain percentage of the time, all vaccines can cause harm. Sometimes the pathogens in the sera themselves compound the problem, as when mRNA enters privileged cells and continues to produce proteins for an indeterminate amount of time. Another possibility, not developed in this book, is that the lipid nanoparticles and mercury- or aluminum-containing adjuvants can cause damage.

Chapter 22 Arteriosclerosis & Bolus Theory

Arteriosclerosis, or hardening of the arteries, is a leading cause of death. The walls of the arteries become thick and inflexible, impeding blood flow. According to Girardot it affects almost two billion people worldwide. This includes one in six teenagers. It is frequently reported as a side effect of the Covid vaccines.

Blood vessels are the first point of contact for the minimally diluted pathogens when they are injected directly into the circulatory system. As should be expected, they are demonstrably affected. Even with proper aspiration there is a 50% chance a vein would have been hit in a person with 35 shots. Without aspiration – the way it is commonly done today – it would be 90%. The CDC now recommends on the order of 80 injections during childhood. Some toxins get in the blood even with properly done injections. In short, every child has some level of exposure.

Chapter 23 Cancer & Bolus Theory

Cancer affects 50 million worldwide and claims 10 million per year. Age-adjusted cancer rates are much higher in the developed than the undeveloped world. The more developed the healthcare system, the more cancer occurs. Why?

Since the Covid vaccination campaign, so-called "turbo-cancers" have gone up 500%. Again, why is that?

Our immune system is built to prevent uncontrolled cell division. Cells that split when they should not get killed by our T-cells. However, if the T-cells at any given place in the body have been compromised by toxic vaccines, they are no longer there to control cancers. Given that the circulation system tends to distribute the toxins randomly, the variety of different cancers emerging is not surprising.

The instance of dementia has risen dramatically over my lifetime. Of the 20 or so former IBM employees who stayed in touch after we worked together in Vietnam 1968-72, two have succumbed to Alzheimer's and a third is affected. My ex-father-in-law died of Parkinson's with Lewy Body, and my mother of some kind of dementia.

Here is Girardot's graph of the rise of dementia.

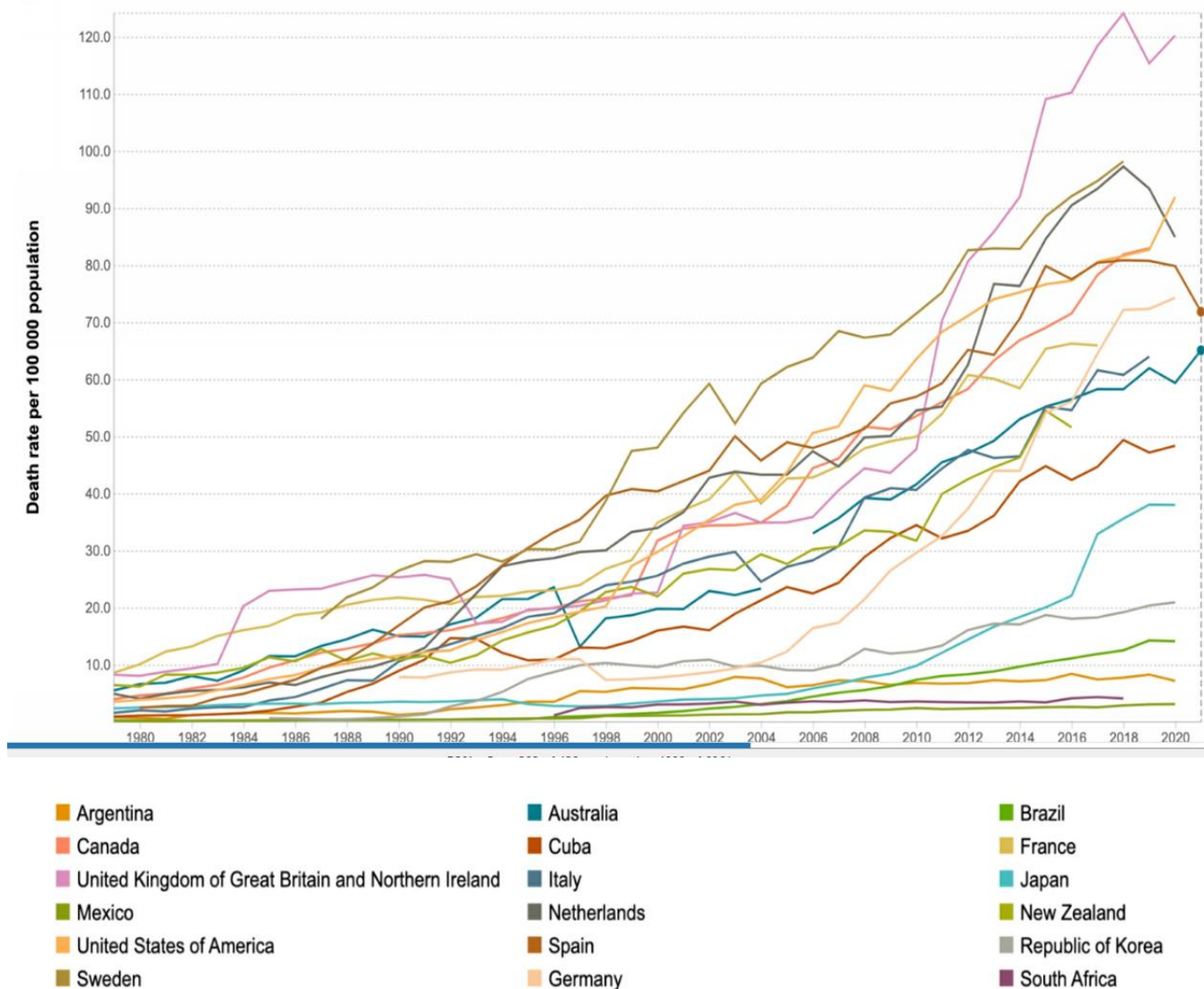


Chart 20 - Alzheimer and Other Dementia-related Death Rates per 100,000 (Source: W.H.O.)

Girardot's explanation is that the toxins in the bolus attack the endothelium, the walls of the thinnest vessels, those that carry oxygen and nutrients to the cells and collect waste for elimination. Put another way, they break down the blood-brain barrier, and similar barriers that protect every other major organ from whatever may be carried in the blood.

In the case of Alzheimer's, a broken blood-brain barrier allows foreign particles to enter, which then form the characteristic plaques.

He writes:

In recent years, researchers have discovered that BBB permeability predates neurodegeneration. In other words, damage to blood vessels is the initial insult, the root cause that lets in unwanted materials in the blood (Fibrinogen, albumin, antibodies ...) that trigger a second domino specific to the leak's location. Indeed, the fact that the location of the endothelial leak dictates the type of neurodegenerative disease, confirms the root cause is linked to the leak.

The Bolus Theory explains fully the first mysterious triggering domino of the two - hit hypothesis described by Dr. Zlokovic of the University of Southern California and his team: — The first insult on the brain-blood barrier by T-cells reacting to a bolus of vaccine particles, or via another cytotoxic product, will make it porous and permeable to unwanted elements contained in the blood such as albumin, antibodies, metabolic waste, etc . . . — Subsequent degeneration will come from the confrontation between these unwanted elements, a neuronal context that requires pristine conditions and the immune system intervention which is supposed to be very parsimonious and delicate to avoid cataclysmic inflammation and lethal “ ballooning ” inside the skull.

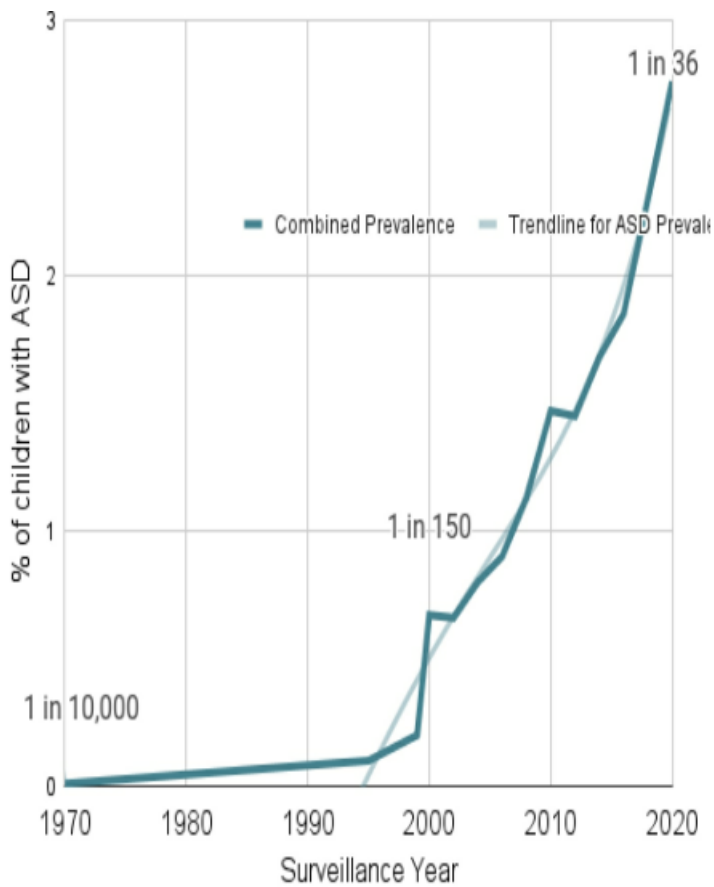
Chapter 25 Endocrine Disorders & Bolus Theory

Endocrine-system related death is up about fivefold in both the US and Japan over the past 50 years. Girardot observes that if an endocrine gland is knocked out by necrosis caused by overexposure to pathogens, or the messengers controlling release of hormones are defective, there can be over- or under-production of hormones.

Endocrine disorders encompass a wide range of conditions that stem from the abnormal function of endocrine glands. These glands are responsible for the secretion of hormones, which are chemical messengers that regulate numerous vital processes in the body, including growth, metabolism, and reproduction. Some of the most prominent endocrine disorders include diabetes mellitus (both type 1 and type 2), thyroid disorders (such as hypothyroidism and hyperthyroidism), polycystic ovary syndrome (PCOS), adrenal gland disorders, and osteoporosis.

Chapter 26 Autism & Bolus Theory

There is no denying that autism rates have shot up. As a child I did not know any affected children. My adult children sat in elementary school classes in Maryland with a good many, and as mentioned above, there is a strong case to be made that my 42-year-old son is affected.



Girardot does not provide an explicit description of how a bolus might cause autism. There is a mechanism whereby the pathogens in the bolus could cross the blood-brain barrier and cause brain cells to die. What happens then would depend on where in the brain it was.

He notes that autism frequently occurs alongside other diseases that can be explained by bolus theory. The following table shows the likelihood of an autistic child manifesting each of a number of other disorders that he attributes to the bolus theory. His hypothesis is that autism does not cause the other problems, but rather that they and autism have a common cause – the bolus.

The Bolus Collateral Damage test.

Other Medical Conditions	Odds Ratio / Prevalence
Allergy (Food)	4.5 ^[371]
Alzheimer's	2.6 ^[372]
Asthma (lungs)	0.44 ^[373]
Blindness	1.49 ^[374]
Bone, Joint, Muscle Problems	7.5 ^[375]
Cancer (children)	1.94 ^[376]
Celiac Disease	1.87 ^[377]
COPD (lungs)	0.33 ^[378]
Crohn's Disease	1.37 ^[379]
Diabetes	1.1
Endocrine disorders (Thyroid excl.)	2.92 ^[380]

Epilepsy	1.22 ^[381]
Gastrointestinal disorders	4.42 ^[382]
Inflammatory Bowel Disease (IBD)	1.57 ^[383]
Hearing Impediment	5.54 ^[384]
Mito disease	5% ^[385] vs 0.01%
Paralysis	1.99
Parkinsonism	32% ^[386] vs 1%
Perinatal Stroke	11.4% ^{[387],[388]}
Precocious Puberty (PP)	3.15 ^[389]
Septal Defect Atrial/Ventricular	1.72 ^[390] / 1.65
Skin disorders	1.21

Chapter 27 Bowel Disorder, Obesity & Bolus Theory

Girardot writes that “Between 1971 and 2020, the average BMI in America went from 25.7 to 30. That’s a gain of 13 kilos.” Our diets are bad, but they have always been bad. They have not gone downhill that fast. His body-mass-index is for a man 5’9” tall, just like me. I should weigh 169, which I do.

for a height of 1.75 m or 5 ft 9 inches		
BMI	Weight	
	kg	pounds
20	61	135
25	77	169
30	92	203
35	107	236
40	123	270
45	138	304
50	153	338

Table 23 - BMI Weight Equivalent for 1.75m height

He writes concerning obesity that

Contrary to what most people think eating isn’t actually absorbing nutrients, it’s presenting nutrients. Our guts are not inside; they are physically outside. Our guts are like an all-you-can-eat buffet, except normally our body picks and chooses what it needs as a professional athlete would.

Getting fat is a matter of (1) presenting the body with too much food, and also (2) the body absorbing that food. Just like the endothelium, the lining of the gut is designed to selectively allow nutrients to pass from the intestines to the bloodstream. In “leaky gut” syndrome, nutrients pass from the gut to the bloodstream that should not be allowed. Scenarios three and four above describe how pathogens from a vaccine could knock out patches of the lining of the gut.

Girardot mentions GLP in passing. The Internet says that GLP-1, or glucagon-like peptide-1, is a hormone produced in the intestines that plays a crucial role in regulating blood sugar levels. An article on the supposed miracle weight-loss drugs now being sold says that

“Sermo queried more than 1,150 healthcare providers for the latest edition of its “Barometer” [report](#) and found that nearly 80% believe the way in which [Hollywood, celebrities and influencers](#) have heartily embraced GLP-1s [as a weight-loss tool](#) “has harmed patients’ realistic expectations of the medication.”

These medications include licensed anti-obesity drugs from Novo Nordisk and Eli Lilly in the form of Wegovy and Zepbound, respectively, though some are also using diabetes meds like Novo's Ozempic and Lilly's Mounjaro, which use the same ingredient as their obesity counterparts, for weight loss. “

This research following on Girardot’s lead points to another case of a profitable pharmaceutical solution to a novel problem that appears to be caused by pharma in the first place. The drug companies are tinkering with human hormones to fix a mechanical problem, gut perforation, that appears to have been caused by vaccines

Chapter 28 Infertility & Bolus Theory

We have learned from the Covid vaccines that injected material seems attracted to our reproductive organs. Or, they are abnormally sensitive to them. By the bolus theory, it seems possible that pathogens could migrate to children’s gonads and the resulting apoptosis by killer T-cells could cause necrosis – death – of the cells that generate germ cells.

We know that male fertility has fallen by about half in my lifetime. We observe that the Amish, who do not vaccinate, continue to have an average family size of 6 ½. It bears investigation.

Conclusion The Awakening?

Girardot reminds us continually that he is no more than a curious layman asking questions. But laymen can ask very good questions. Witness Steve Kirsch and Covid, and Celia Farber and AIDS. The experts tend not to ask questions that would embarrass their professional colleagues. They are reluctant to question the safety and effectiveness of vaccines or the protocols under which they are administered.

If a smart layman was able to put together a case like this, where were the professionals? The bolus theory is so broad, so far-reaching that it is bound to be wrong in certain particulars. However, it is probably right in most instances. It certainly deserves further investigation.

Treatments

Girardot writes about treatments throughout Part IV of the book. The most significant is HBOT – hyperbaric oxygen therapy. Having a patient breath pressurized oxygen stimulates the regrowth of the endothelium, gut, brain-blood barrier and other tissues that may have been damaged by vaccines.

HBOT has to be delivered in a clinical setting. It is expensive. The alternative, NBOT (normobaric – normal pressure) can be administered at home, much more cheaply. It takes about twice as long to realize results.

One sentence in the book compares HBOT to intense exercise. That's what I do – forty minutes a day on an exercise bike, pushing my pulse rate up to an estimated 130 and leaving a puddle of sweat. I have followed Dr. Cooper's Aerobics routine since 1968. I feel fit and healthy. While I am sure that HBOT would produce faster results treating vaccine injuries, I expect that exercise would do the same. Moreover, it should be part of a healthy lifestyle in any case.

That's my small suggestion to improve an already excellent book. The conclusion is that vaccines can be dangerous. Follow the link above to many, many reviews of books on the subject. Moreover, the public health establishment owes it to the public to investigate the bolus theory.

Follow [Marc Girardot on Substack](#)