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# Prion Research Deferred After Scientists Diagnosed With CJD

Analysis by Dr. Joseph Mercola ✔ Fact Checked

## STORY AT-A-GLANCE

- Five French public research laboratories have suspended work for at least three months after learning of the most employee believed to have developed a deadly prion disease while working - Creutzfeldt-Jakob disease (CJD)
- Researchers hypothesize that Alzheimer's disease is a prion-related disease and that it may be a double prion disease; mounting evidence also suggests Parkinson's and Lou Gehrig's disease are also related to prion damage
- Stephanie Seneff, Ph.D., a senior research scientist at MIT for over five decades, postulates the COVID injection program may raise the number experiencing crippling autoimmune and neurodegenerative diseases in the next 10 to 15 years
- One team of researchers found they may be able to diagnose CJD without the requisite brain biopsy by looking for prions in the eyes
- There are several potential strategies you may use to lower your risk of damage from spike proteins, including fasting, sauna therapy, eliminating vegetable oils and optimizing your innate immune system

**In 2019, nine years after a lab accident in France, the lab worker involved died of prion disease. France has now temporarily suspended research at all prion labs after a second and newly identified case of the disease was reported in a retired lab worker.**[1]

Prion diseases are a group of conditions that affect the nervous system and impair brain function. The diseases are progressive, fatal and untreatable. The symptoms happen when normal cell surface membrane proteins, called cellular prion proteins, misfold.

The most common type of prion disease in humans is Creutzfeldt-Jakob disease (CJD). This usually refers to the classic or sporadic type of CJD, which affects about one in 1 million people in the U.S. and other countries.

In most cases classic CJD is sporadic without any explanation of what sparked the misfolding. Another form of CJD is variant CJD (vCJD), which is an infectious type associated with bovine spongiform encephalopathy (BSE), or mad cow disease. People can get variant CJD by eating contaminated meat. Experts believe this was the cause of a large outbreak in cattle and people in the U.K. during the 1980s and 1990s.

Other forms of prion disease include variably protease-sensitive prionopathy, Gerstmann-Sträussler-Scheinker disease, fatal insomnia and Kuru, which is acquired through cannibalism.[2] Symptoms of the diseases include painful nerve damage[3] and changes in memory, personality and behavior. The individual suffers a decline in intellectual functioning and experiences abnormal movements.[4]

## Research Halted When Lab Worker Diagnosed With Prion Disease

Five French public research laboratories[5] have imposed a ban on research on all prion disease for at least three months after a second employee developed a deadly prion brain disease while he was believed to be working in the lab.

The first was Émilie Jaumain, who was 24 when she accidentally stuck her thumb and drew blood with an instrument that had been slicing frozen sections of the brains of transgenic mice infected with sheep-adapted BSE.[6]

According to her husband, Armel Houel, who spoke with a reporter from Science Magazine, "Émilie started worrying about the accident as soon as it had happened, and mentioned it to every doctor she saw."[7] As a result of this incident, Jaumain developed vCJD, which is infectious and tends to incubate for about 10 years.

This means that symptoms can appear up to 10 years after exposure, which is what happened to Jaumain. She developed symptoms in November 2017 that began as a burning pain over her right shoulder and neck and spread to the right half of her body.[8] One year later a sample of her cerebrospinal fluid was normal.

By January 2019 she began having behavioral and mental impairments including depression, anxiety and memory impairment, as well as visual hallucinations. At the time of her death in June 2019, she had lost the ability to move and speak, and a postmortem examination confirmed vCJD.[9]

After her death, inspectors concluded that all facilities examined were in compliance and researchers were aware of the hazards.[10] However, recommendations were made to improve cut-resistant gloves, which Jaumain was not wearing, and disposable plastic instruments were introduced to reduce the use of sharp tools.

Jaumain had been given latex gloves instead of pierce-proof gloves and they easily ripped when she accidentally poked her thumb.[11] It was only in June[12] 2021 that the INRAE admitted there was a link between her illness and the accident.

INRAE chair and CEO Philippe Mauguin wrote a letter to the association created by colleagues and friends to publicize the case and lobby for lab safety, saying, “We recognize, without ambiguity, the hypothesis of a correlation between Emilie Jaumain-Houel’s accident … and her infection with vCJD.”

Her family has filed criminal charges and is suing the National Research Institute for Agriculture, Food and the Environment (INRAE) for endangering life and manslaughter.[13] Although inspectors claimed the labs were in compliance, her family's lawyer said she had not been trained in handling prions or in responding to an accident.

Also, she was not wearing the metal mesh and surgical gloves, but instead had been given only latex surgical gloves.[14] A scientist spoke with a reporter from Science Magazine,[15] saying the newest patient with CJD is a woman who worked at the INRAE Host-Pathogen Interactions and Immunity group in Toulouse. She reportedly was alive when French authorities were told of the diagnosis in the later part of July 2021. It is not yet clear if she has the variant or classic CJD.

## Neurological Diseases May Be Linked to Prions

For a number of years, researchers have postulated and found evidence that suggests Alzheimer's disease may be a type of prion-based disease[16] that may be contracted from meat[17] and that it can be transmitted through certain invasive medical procedures.[18]

Scientists have found that Alzheimer's behaves like a slow-moving version of CJD and, according to one paper,[19] "Prions are considered a subclass of amyloids in which protein aggregation becomes self-perpetuating and infectious." The first prion, called PrP, was discovered in 1980s when it was identified as the cause of CJD and BSE.[20]

Animal research[21] has also found that when tiny amounts of amyloid-beta proteins — a hallmark of Alzheimer's disease — are injected into mice or monkeys, they act as self-propagating seeds to unleash a chain reaction of protein misfolding that results in pathology reminiscent of that found in Alzheimer's patients.

Research[22,23] published in May 2019 by a group of scientists from the University of California San Francisco (UCSF) adds further weight to the hypothesis that Alzheimer's is a prion-related disease. The study was published in Science Translational Medicine, finding that hallmark proteins associated with Alzheimer's — amyloid beta and tau — act as prions.

This effectively makes it a double prion disease. Although prions are not viruses or bacteria, they have a capacity to spread in a self-propagating manner by forcing normal proteins to misfold. As noted in Science Daily:[24]

> "[Scientist] *have long suspected that PrP was not the only protein capable of acting as a self-propagating prion, and that distinct types of prion could be responsible for other neurodegenerative diseases caused by the progressive toxic buildup of misfolded proteins.*"

There is also mounting evidence of a link between a protein known as TDP-43 and neurodegenerative diseases such as Alzheimer's, Parkinson's and Lou Gehrig's disease.[25] The protein acts like prions and is found in up to 50% of Alzheimer patients,

particularly those with hippocampal sclerosis, characterized by selective loss of neurons in the hippocampus.

Research presented at the 2014 Alzheimer's Association International Conference[26,27] revealed Alzheimer patients with TDP-43 were 10 times more likely to have been cognitively impaired at death then those without it.

## Neurological Damage May Be Expected After COVID Injection

In this video interview with Stephanie Seneff, Ph.D., we discussed the COVID-19 vaccines. Since 2008, her primary focus has been on glyphosate and sulfur, but in the last year she has taken a deep dive into the science of the COVID-19 mRNA injection program and has published an excellent paper on the topic.[28] In the video she says:

> *"To have developed this incredibly new technology so quickly, and to skip so many steps in the process of evaluating [its safety], it's an insanely reckless thing that they've done,"* she says. *"My instinct was that this is bad, and I needed to know [the truth].*
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> *So, I really dug into the research literature by the people who've developed these vaccines, and then more extensive research literature around those topics. And I don't see how these vaccines can possibly be doing anything good. When you weigh the good against the bad, I can't see how they could possibly be winning, from what I've seen."*

In the video Seneff also cites research showing deaths are 14.6 times more frequent during the first 14 days after the first COVID injection among people over the age of 60, compared to those who aren't vaccinated.[29] Data posted on YouTube in May 2021,[30] show that after the vaccines were implemented, the overall death rates have risen with the exception of a few areas of the world.

Interestingly, Seneff found that countries where the vaccine has not raised the expected mortality rates are also not using glyphosate.[31] Ultimately, Seneff believes, as I do, that the COVID injection program will end up killing far more people than the disease itself

and will in fact make the disease worse. Hundreds of millions of people are accepting the injection program around the world, based on nothing more than preliminary efficacy data.

Seneff predicts that in the next 10 to 15 years there will be a sudden spike in crippling prion diseases, autoimmune diseases, neurodegenerative diseases at younger ages and blood disorders such as blood clots, hemorrhaging, stroke and heart failure.[32]

## Prions in the Eyes May Indicate Brain Disease

CJD is difficult to diagnose, as taking a brain biopsy to rule the disease out is impractical. However, the National Institutes of Health[33] published work from colleagues at the University of California San Diego and San Francisco who discovered ways of measuring the distribution and level of prions in the eye.

Byron Caughey, Ph.D., from the National Institute of Allergy and Infectious Diseases, collaborated with researchers from Nagasaki University and developed a method to test brain and spinal cord fluid for the presence of prions in an effort to improve diagnosis of CJD in a clinical setting.[34]

Another team member, Dr. Christina J. Sigurdson, professor of pathology at UC San Diego and Davis, commented on the problems associated with sporadic CJD (sCJD),[35] a form appearing without known risk factors and accounting for nearly 85 percent of diagnosed cases:[36]

> *"Almost half of sCJD patients develop visual disturbances, and we know that the disease can be unknowingly transmitted through corneal graft transplantation. But distribution and levels of prions in the eye were unknown.*
>
> *We've answered some of these questions. Our findings have implications for both estimating the risk of sCJD transmission and for development of diagnostic tests for prion diseases before symptoms become apparent."*

The researchers found evidence of prions throughout the eyes of participants with CJD but not in the control patients. This discovery suggests eye tissue may be another avenue for early diagnosis of CJD and raises the question of whether prions may be transmitted through a clinical eye procedure or transplanted tissues that have been contaminated.

## Tips to Protect Against the Spike Protein

As Seneff and I discuss in the video, vaccinated people may shed spike proteins, which may cause just as much damage as the virus. Although her paper didn't delve into solutions, it provides a major clue. This is that your body has the capacity to address many of the problems through a process called autophagy. This is the process the body uses to remove damaged proteins.

One effective strategy to upregulate autophagy is periodic fasting or time-restricted eating. Gradually lowering your eating window from 12 hours to six to eight hours can radically improve your metabolic flexibility and decrease insulin resistance.

Another beneficial practice is sauna therapy, which upregulates heat shock proteins. Heat shock proteins work by refolding proteins that are misfolded and tagging damaged proteins, targeting them for removal.

Next, it's important to eliminate all processed vegetable oils (seed oils), which means eliminating virtually all processed foods as they are loaded with them. Seed oils radically impair mitochondrial energy production, increase oxidative stress and damage your immune system.

Processed foods and oils also likely contain glyphosate, as it is heavily used on the crops that produce them. It's also important to avoid glyphosate contamination, which you can minimize by buying only certified organic foods. Finally, seek to optimize your innate immune system and one of the best ways to do that is to get enough sun exposure so your vitamin D level reaches 60 to 80 ng/ml (100 to 150 nmol/l).

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