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Case Series

Clinical Manifestations of Iatrogenic Magnetism in Subjects After Receiving COVID-19 Injectables: Case Report Series

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Abstract

A series of cases of COVID-19 vaccine-injected patients suffering from iatrogenic magnetism is described. The attachment of massive metallic objects (up to 70 grams) to different parts of the body is a real phenomenon that may present additional health risks if such patients are subjected to magnetic resonance imaging (MRI). The iatrogenic magnetism phenomenon typically appears several months after the injection. More likely, injected DNA plasmids, or modified mRNAs, translated into the spike protein, or into junk peptides formed through frameshifts, may engender proteins with ferromagnetic properties, or may entrap endogenous iron. Importantly, the spike protein has a distant homology to hepcidin, the key regulator of iron metabolism. Redistribution of iron into the brain or other body parts may be causing iatrogenic magnetism. Pfizer vaccine lots starting with the letter "F" may be involved, although we cannot exclude the possibility that Moderna or other manufacturers' injections may also cause this phenomenon. In our observation, the magnetism may resolve spontaneously or when nicotinamide adenine dinucleotide (NAD+) is applied. Our pilot observation needs to be corroborated in a larger cohort study.

Keywords: ***vaccine-associated adverse effects, COVID-19, ferromagnetism, Magnetic Resonance Imaging (MRI), contamination.***

Introduction

In physics, magnetism is simply described as an interaction between different materials that have a propensity either to attract or repel each other [1]. In biology, natural biomagnetism occurs, for instance, in salmon with tiny F3O4 crystals known as magnetite, to navigate through the Earth's magnetic field. However, because the human body consists of an average of 80% water, which is diamagnetic, the substance that repels ferromagnets, it follows that the attraction of rather heavy metallic objects to the body (as observed clinically in the cases discussed below) cannot be considered natural or physiological.

Materials and Methods

A structured questionnaire was designed to investigate the association of iatrogenic magnetism with the use of COVID-19 injectables (see the Appendix for our translation of the questionnaire into English). Access was granted by the second author upon verification that a respondent was a real person who could be verified with physical evidence of magnetism. The respondents were participants in our previous survey. The study was conducted during the period 15.12.2024 - 30.1.2025.

Ethical considerations

In essence, a questionnaire study is not subject to external ethical review. The respondents voluntarily participated in this survey and provided informed consent.

Results and Discussion

Case 1

A 53-year-old male did not experience magnetism prior to receiving the COVID-19 vaccine. A metal object of approximately 25 grams started to attach to his right and left temples (Figure 1A). He noted this phenomenon approximately 15 months after the first injection. He received two injections of lots EY3014 and FE3065 three months apart. The injections were given to the patient's right and left shoulders. His magnetism is accompanied by back pain, pain in the chest area, arrhythmia, intense sweating and trembling of the whole body or parts of the body, cognitive failure, migraine, tinnitus, and neuralgic pain. No food or medication enforces or relieves the magnetism effect. This effect is not influenced by the proximity of any electromagnetic device.

Case 2

A 39-year-old female, who was previously healthy, started to experience magnetism in her frontal lobe and in her right shoulder, the injection site. This phenomenon occurred approximately one

month after the first and only injection of the Comirnaty vaccine, lot FL4574, was performed. An approximately 42 g sample can be attached (Figure 1B). She still experiences magnetism at the time of this survey. When a metallic, magnetic spoon is attached to the forehead, she immediately experiences severe pressure and pain at the site where the spoon is attached. Strangely, the patient reported that during the consumption of alcoholic drinks, her magnetism is attenuated, and when alcohol residues are removed from the body, magnetism returns. Additionally, when she is optimally grounded while standing bare footed on grass, the attracting force becomes stronger.

Case 3

A 28-year-old female did not experience magnetism earlier and did not experience magnetism at the time of this questionnaire. A magnetic object of approximately 45 grams started to attach to her forehead, temple and chest (Figure 1C). She noted that approximately 20 months after receiving Comirnaty vaccines, lots FE2296 and FH0161 were given to her two months apart. She received both injections into her left shoulder. She did not experience other accompanying symptoms, and her magnetism disappeared gradually, possibly because of her self-initiated NAD+ (500 mg/day) treatment.

Case 4

A 28-year-old male started to experience magnetism approximately 20 months after receiving COVID-19 injectables. A metal object of approximately 42 grams started to attach to his left temple and ribcage on the left (Figure 1D). He was injected with Pfizer and Moderna injectables, lots FH9951 and 3004494, respectively. The injectables were given to him 1.5 months apart, both to his right shoulder. Cognitive deficiency accompanied the magnetism effect. At the time of this questionnaire, his magnetism disappeared after he started to use NAD+ (500 mg/day) on his own initiative. He reported that head MRI triggered vision of colorful balls that moved synchronically with the equipment rotation velocity. He had multiple cardiovascular and neurological symptoms after the injections that gradually improved after his NAD+ self-treatment. After 3 months of NAD+ self-treatment, the patient stopped treatment, and all the symptoms returned within approximately one month.

Case 5

A 32-year-old male, the spouse of Case 2, who, at the time of this questionnaire, still suffers from magnetism. Previously, he was healthy. A metal object of approximately 70 grams attaches to the forehead, chest and contralateral shoulder (Figure 1E), where the first dose of the Comirnaty vaccine, FL4574 lot, was introduced. The time to elicit this effect was approximately 2 months. Neither food nor medicine has any impact on his magnetism.

Case 6

A 36-year-old female started to experience strong magnetism approximately 1 month after receiving COVID-19 injectables. She reported that the first sign of slight magnetism occurred 5 days after Pfizer injection. A metal object of approximately 25 grams and small ferromagnets attach to her sternum (Figure 1F). No other body parts than the chest became magnetic. She was injected with Pfizer and Moderna injectables, lots 1F1012A and 3006274, respectively. The injectables were given to her 1.5 months apart, both to her left shoulder. Additionally, her child, a 10-year-old boy who did not receive COVID-19 injections, started to experience the same phenomenon (Figure 1G). The child, like his mother, became magnetic in the sternum area, attaching ferromagnetic object as heavy as 25 g.

Figure 1: Test subjects with ferromagnetic spoon attached to body

To the best of our knowledge, there are no scientific reports in contemporary medical literature on induced magnetism after receiving COVID-19 injectables. The adverse effect of iatrogenic magnetism is not mentioned in the Pfizer documents [2] exposed after the Texas court issued the demand to open the documents intended to be concealed from the public for 75 years [3]. Neither magnetism was recorded in the Vaccine Adverse Event Reporting System (VAERS) database [4]. Fortunately, it was brought to the attention of the public by courageous, attentive and ethical doctors such as Sherri Tenpenny and was mentioned by patients suffering from it in uncensored social media.

This descriptive pilot study was initiated by a few subjects who reported severe and long-lasting adverse reactions upon receiving COVID-19 injectables. They participated in our previously published questionnaire study [5], which revealed a great variety of clinical manifestations.

From the description of the cases, we can conclude the following:

1. Several months after the injection, this phenomenon can occur. This implies that this phenomenon is not directly caused by some undeclared compounds per se that are present in the vials. Most likely, being injected into the body, external genetic information in the form of DNA plasmids or modified mRNAs facilitates the translation of proteins with ferromagnetic properties or is related to the entrapment of endogenous iron and its re-compartmentalization of iron in the body. To produce such an effect, genetic information is needed around the body, and the synthesis of a sufficient amount of the compound (protein or polypeptides) responsible for this effect takes place.
2. The injection site has no impact on the location of this effect. This implies that genetic information is distributed throughout the body and that the accumulated compound may settle in any part of the body at random but more often in the frontal or temporal lobes.
3. It seems that the Pfizer vaccine lots containing the letter "F" are overrepresented to cause this effect.
4. Magnetism, a phenomenon that develops after some time of injection, may "fade out" spontaneously or when a patient undergoes the detox protocol or enhance the function of mitochondria via the intake of NAD+ to increase the production of ATP.
5. Even more enigmatic is the phenomenon of "shedding" some substances that make a person magnetic in the proximity of a person magnetized through injectables. The clinical presentation of shedding is real and was described in a recent paper [6], but we still have no insight into the mechanisms of this phenomenon.

The heterogeneity in terms of the frequency and severity of adverse effects of Pfizer mRNA-based COVID-19 injections have been established by multiple studies [7,8] and corroborated by our report. It would be of particular importance to perform thorough biochemical quality control by independent researchers of F-based lots to understand in depth the problem of magnetism.

Thus far, we can attribute the effect of magnetism to the Pfizer injections because these injectables were overrepresented in our small sample size. We cannot exclude the possibility that Moderna injections may also cause the same phenomenon.

While observing this phenomenon, we have more questions than answers:

a. Why does not every patient with F-based batches experience magnetism? What makes these patients so special?
b. What are the exact mechanisms behind this phenomenon?
c. And why is the location of magnetic attachment bony parts of the body, especially temples and forehead?

At present, we cannot present a solid hypothesis for the mechanism of the observed phenomenon. Interestingly, via the computational biology service BLAST (https://blast.ncbi.nlm.nih.gov), distant sequence similarity between the cysteine-rich cytoplasmic tail of the coronavirus spike protein and hepcidin in humans and vertebrates has been identified. Hepcidin was recently identified as a key regulator of iron metabolism. It inhibits the iron-exporting protein ferroportin. Chronic exposure to electromagnetic fields (EMFs) increases hepcidin levels with subsequent impairment of iron parameter [9]. For this reason, the external EMF exposure of the subjects described is also of interest because it may further increase the effect of iatrogenic magnetism. More likely, injected DNA plasmids, or modified mRNAs, translated into the spike protein, or into junk peptides formed through frameshifts, may engender proteins with ferromagnetic properties, or may entrap endogenous iron. Importantly, the spike protein has a distant homology to hepcidin, the key regulator of iron metabolism. Redistribution of iron into the brain or other body parts may be causing iatrogenic magnetism.

Conclusion

The phenomenon of magnetism is real and not a nocebo effect. Some COVID-19-injected patients develop an unusual magnetic force where external items such as metallic spoons attach to their body. The attachment of external metal objects may put patients at high risk during medical interventions such as MRI [10].

This observation raises justifiable questions about the content of COVID-19 injectables and the complete lack of mandatory quality control by regulatory bodies. We urgently need answers to our questions through the transparency program initiated by the newly elected HHS secretary Robert Kennedy Jr. Our preliminary findings should be corroborated by additional studies in a larger cohort.

Declarations

Ethics approval and consent to participate

In essence, a questionnaire study is not subject to external ethical review. The respondents voluntarily participated in this survey and provided informed consent.

List of abbreviations

ATP: Adenosine triphosphate
NAD+: Nicotinamide adenine dinucleotide
MRI: Magnetic Resonance Imaging
VAERS: Vaccine Adverse Event Reporting System

Data Availability

Not applicable

Conflict of interest

The authors declare that they have no conflict of interest regarding the publication of this case report series.

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This case report series was the initiative of the authors, who received no funding.

Authors' contributions

TT, PS and MA conceptualized the study. PS provided software for data collection and constructed and performed formal analysis. TT wrote the first draft, and the final version was approved by all the authors.

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Supplementary material

The questionnaire translated into English.

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