



Differences & Considerations of COVID-19 Vaccinations

Dr. Albert Mensah



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Rebekah Kelley: Welcome to the Humanized Podcast, Your Health Personalized. I'm your host, Rebekah Kelley. Today we have a great guest, Dr. Albert Mensah. Our subject is the "Differences and Considerations of COVID-19 Vaccinations."

Before I introduce Dr. Mensah, I want to remind everyone to subscribe, to get all of our variety of casts in audio, video, and transcription at [HumanizedHealth.com](https://www.humanizedhealth.com). I'd also like to thank our lead sponsor, Village Green Apothecary, at [MyVillageGreen.com](https://www.myvillagegreen.com).

Our guest, Dr. Albert Mensah, specializes in treating mental health disorders through biochemical lab testing and individualized, targeted nutrient therapy. He is the co-founder of Mensah Medical in Warrenville, Illinois, an integrative health clinic, as well as The Mental Research Institute, a not-for-profit organization dedicated to conducting, supporting and presenting research that provides scientific evidence of the efficacy of targeted nutrient therapy. Thank you so much for being with us.



Albert Mensah: Thank you for the invitation Rebekah, delighted to be here.

Rebekah Kelley: I want to bring up the fact that people have so many questions about these new vaccines. Can you please provide us with an overview of the different vaccines currently available for COVID-19?

Albert Mensah: Certainly. I want people to understand something about me personally. I'm not an anti-vaxxer and I'm not a necessarily mandated pro-vaxxer. I'm an orthomolecular specialist who looks at what is needed and necessary at the time, for whatever the purpose is.

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There are some vaccines you don't need at all. I think it's a waste of time and money. There are other vaccines you kind of say, oh no, you need that. I just want to be very clear, I have no stake in any of these vaccines nor investment or anything.

Now, we basically have two types of vaccines that are out. One type is what's called an mRNA vaccine; that's what you've heard about thus far with the two most prominent ones available in the United States.

The second group are what I call real or natural vaccines. What do I mean by that? To be careful and cautious, what we really have to say is that the mRNA vaccines are really genetic engineering. They are targeted, chemical injections that direct your body to function a very specific way.

And then we've got vaccines that are coming out, like the Johnson and Johnson vaccine and the AstraZeneca vaccine and the Novavax vaccine, that are traditional vaccines. They carry pieces of information that come from a viral particle, a virus, that gets injected into your system. Then your body recognizes it as foreign and develops antibodies to it. That's different than the mRNA vaccines, because those actually direct your system to make a protein that is to be recognized later on as foreign.

So there are two different processes going on. I'm not a fan of the first two. I want to be very clear – I don't like mRNA vaccines. Now having said that, I also have to share with you again, what we deal with is bio-individual medicine. We have to ask the question, "Who are you?" That determines what you need and what you do.

Right now, because of the huge efficacy, the huge capacity to do the job it needs to do, the mRNA vaccines are out. They are here. If you fall into certain categories, you need to get those vaccines. We all know about the frontline workers. We all know about senior citizens. If you work in a clinic, if you work in a nursing home, if you're a nursing home patient within a certain age category, go and get these vaccines done. There's simply no question about that.

But what if you're not a Tier 1 A, B or C, for example? What if you are maybe

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in your forties or fifties, you have no comorbid conditions, and you're not really exposed to much of anyone. Can you afford to wait until the other vaccines come out? You probably could. That is a question you have to discuss with your doctor, or with someone who's in the health profession.

You, as an individual, carry a tremendous history. You may have an underlying autoimmune disorder. You may have asthma. You may have rheumatoid arthritis. You may have diabetes or high blood pressure. Those variables change the determination of when you can do what you need to do. In other words, do you need to get a vaccine now? Or can you wait till later?

If you can wait until later, according to certain criteria, then our construct is, let's look at the more traditional vaccines for you. I don't want to talk about brand labels, but let's look at the ones that are just regular vaccines, not mRNA vaccines.

Rebekah Kelley: If you're going to wait for the more traditional vaccine, and you've determined that, is there anything that one needs to take into consideration? Is there any nutrition you need to think about? Is there anything that you need to take? Any perspectives related to that; or is it not relevant?

Albert Mensah: In actuality, it's not really quite so relevant. We're living in a very different time here. One of the reasons I can sit back and say, depending on who you are, you better go get that mRNA vaccine, even though I don't like them... if right now I were working in a heavily populated clinic or hospital, seeing tons and tons of people who have COVID, I would be getting the mRNA vaccine. But sitting in my office and doing more telemedicine right now, or talking to people in general by the telephone, I can say I'm not necessarily in that category. And I can perhaps wait. But for people who, say have been exposed, my perspective may be a little bit different.

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But in terms of diet and food and things like that, what we like to say is you should be optimizing your diet during this point of time anyway. For those who may not believe me, we've got videos on YouTube at [MensaMedical.com](https://www.MensaMedical.com) that talk about diet and COVID, that talk about utilizing and optimizing your nutrients around you, your vitamin C, your zinc, your vitamin D and melatonin. These are things that can really help gird your system very specifically. They can help you protect against inflammation and the oxidative stress that this virus is going to cause. It will help your immune system build its own natural immunity, it's natural fighting force, the way it should.

So let's talk about food. For example, all of our favorites pretty much need to go at this point in time: the pizza, the burgers, the fries, the chili dogs, the Philly steak sandwiches, you know, all those wonderful things. Not good for you. It's inflammatory. Whether it's New York style pizza or Chicago style pizza, either way, it's all pizza and we should be minimizing those things.

Now, there are some practicalities of life. If we're under confinement, most of what we do is we order out and somebody delivers to us. So in a way we're kind of stuck. But the other side is that while we say we can order good foods, most of us won't most of the time; but we can take nutrients that can also be delivered to our doorsteps, that can help support our immune systems and decrease inflammation, even with a poor diet.

Rebekah Kelley: That's really interesting. Is there anything else we should know about these vaccines?

Albert Mensah: Well, they're going to get better. We don't know what all the side effect potentials are. Let's be real. That's what it is I do. There's a reason why we say we have to exercise caution. It's because this is a life or death matter for many people that we even just say, look, here's the vaccine. We know it works. Side effects? You might want to deal with the side effects and still be alive as opposed to just being dead without the vaccine. That's the bottom line. There is no physician I know of who, if given that choice, isn't going to err on the side of ultra caution. They are not going to play the Russian roulette game. That's not what we're doing.

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The other thing, though, is that as we look at cross-reactivity and cross protection, some of the traditional vaccines that are coming out actually have better protection against some of the variants of COVID than the mRNA vaccines do. And vice versa, by the way. Whether we're talking about the UK version or the South African version, there's a different vaccine coverage. The traditional vaccines that are coming out, for example, will tend to cover the South African variant better than the mRNA vaccines do. And then there's dosing: two shots versus one shot. Two shots for the mRNA vaccines and one shot for the ones that are yet to come. That makes a difference, as well.

One thing people are very confused about is, if they get COVID and they have antibodies, do they need to get yet another vaccine? I'm going to be honest with you. I disagree with quite a bit that some of the folks out there are saying. They're trying to say let's cover our butts, in a way. Let's make sure by doing everything we can.

Here's the problem I have with that. If you've got COVID, if you have antibodies, and what a vaccine does is helps you make antibodies, then we don't know for sure that we're going to be super stacking antibodies by having a booster vaccine, on top of the antibodies we've got already. But here's the thing. There are always side effects to every vaccine that we have. And because we don't know the full range of them, I'm a little bit more cautious about saying you should mandatorily have a COVID vaccine after you've got antibodies, after you've had COVID, at least within the timeframe of 6 months. We're pretty sure that your antibodies are going to last at least 3 to 4 months, minimum. So maybe at that point in time, reevaluate with your doctor, is the way I'll put it.

Rebekah Kelley: Thanks, Dr. Mensah. Those are valuable insights. Dr. Mensah can be found at MensaMedical.com.

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