

# Unintended Consequences of mRNA Shots: miscarriages, heart attacks, myopericarditis, thrombocytopenia, shingles, Bell's palsy ....

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Theme: [Science and Medicine](#)

Global Research, December 21, 2021

[Mercola](#) 20 December 2021

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*“Worse Than the Disease: Reviewing Some Possible Unintended Consequences of mRNA Vaccines Against COVID-19,” by Stephanie Seneff, Ph.D., and Dr. Greg Nigh, is one of the most comprehensive descriptions of the many possible unintended consequences of the mRNA gene transfer technologies incorrectly referred to as “COVID vaccines”*

*As of December 3, 2021, the U.S. Vaccine Adverse Event Reporting System (VAERS) has logged 19,886 COVID jab related deaths. Pfizer — the only company that the U.S. Food and Drug Administration has granted full licensing for an as-yet unavailable COVID shot — accounts for 13,268 of them*

*Calculations suggest VAERS COVID-related reports are underreported by a factor of 41. That means that in the U.S. alone, the actual death toll may be closer to 374,576. Including international deaths reported to VAERS would put the death toll at 815,326*

*Key side effects that are now being reported in massive numbers include miscarriages, heart attacks, myopericarditis, thrombocytopenia (low platelet count), shingles, Bell's palsy and a variety of permanent disabilities, many of which involve neurological dysfunction*

*The side effects we now see being reported were entirely predictable based on the known science detailed in Seneff's and Nigh's paper*

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MIT scientist **Stephanie Seneff**'s paper,<sup>1</sup> [“Worse Than the Disease: Reviewing Some Possible Unintended Consequences of mRNA Vaccines Against COVID-19,”](#) published in the International Journal of Vaccine Theory, Practice and Research in collaboration with Dr. Greg Nigh, is still one of the best, most comprehensive descriptions of the many possible unintended consequences of the mRNA gene transfer technologies incorrectly referred to as

“COVID vaccines.”

December 9, 2021, their paper was reprinted in the Townsend Letter, the Examiner of Alternative Medicine.<sup>2</sup> Seneff, Ph.D., a senior research scientist at MIT who has been conducting research at MIT for over five decades, has spent a large portion of her career investigating the hazards and mechanisms of action of glyphosate.

Her attention was diverted to the science of mRNA gene transfer technologies in early 2020, when Operation Warp Speed was announced. As noted in her paper, many factors that lacked precedent, yet were being implemented at breakneck speed, included:

1. The first-ever use of PEG in an injection
2. The first-ever use of mRNA gene transfer technology against an infectious agent
3. The first-ever “vaccine” to make no clear claims about reducing infection, transmissibility or death
4. The first-ever coronavirus vaccine ever tested on humans (and previous coronavirus vaccines all failed due to antibody-dependent enhancement, a condition in which the antibodies actually facilitate infection rather than defend against it)
5. The first-ever use of genetically modified polynucleotides in the general population

### **An Insanely Reckless Process**

In a May 2021 interview with me, Seneff said:

“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. My instinct was that this is bad, and I needed to know [the truth].

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 ...”

At the time, just five months into the mass inoculation campaign, Seneff suspected the COVID shots would end up killing far more people than the infection itself. Today, a full year into it, the statistics are grim beyond belief, proving her educated prediction to have been an astute one.

### **mRNA Jabs Are Shockingly Hazardous**

As of December 3, 2021, the U.S. Vaccine Adverse Event Reporting System (VAERS) has logged an astounding 927,738 COVID jab related adverse events, including 19,886 deaths.<sup>3</sup> VAERS can receive reports from vaccine manufacturers and other international sources, and if we exclude those, the death toll reported in U.S. territories exclusively stands at 9,136.<sup>4</sup>

Of the total death reports, Pfizer — the only company that the U.S. Food and Drug Administration has granted full licensing for an as-yet unavailable COVID shot — accounts for the vast majority: 13,268, compared to 4,894 for Moderna, 1,651 for Janssen and 73 for an undisclosed brand.

Pfizer also accounts for the vast majority of hospitalizations post-injection, and while those over the age of 66 make up the bulk of deaths, the 25-to-50 age group accounts for most of the hospitalizations. Key side effects that are now being reported in massive numbers include:<sup>5</sup>

<b>Miscarriages</b>	<b>Heart problems such as heart attacks and myopericarditis</b>
<b>Thrombocytopenia (low platelet count)</b>	<b>Shingles</b>
<b>Bell's palsy</b>	<b>A variety of permanent disabilities, many of which involve neurological dysfunction</b>

All of these consequences were predicted by Seneff and Nigh in their paper, which makes the events all the more tragic. Importantly, VAERS is notoriously underreported, so the real-world impact of these shots is far greater than what those data suggest.

### **The Cure Is Indeed Worse Than the Disease**

Calculations<sup>6</sup> performed by Steve Kirsch, executive director of the COVID-19 Early Treatment Fund, and his team of statisticians suggest VAERS COVID-related reports are underreported by a factor of 41. This is a conservative estimate, supported by calculations using a variety of sources besides VAERS itself.

That means that in the U.S. alone (using the data for U.S. territories only), the actual death toll may be closer to 374,576 (including international deaths reported to VAERS would put the death toll at 815,326), and those are deaths that occurred within days or weeks post-injection.

As Seneff and Nigh explain in their paper, there's overwhelming reason to suspect that these gene transfer injections will have devastating impacts in the long term, resulting in excess deaths over the next decade.

What's more, it's clear that the death toll from the COVID-19 infection itself in the U.S. has been vastly exaggerated, as it's based on positive PCR tests and even mere suspicion of COVID in the absence of testing. Many died from other causes and just happened to have a positive COVID test at the time of death.

Kirsch estimates the real death tally from COVID-19 to be about 50% of the reported number (which is likely conservative). This means about 380,000 Americans died from COVID-19 (rather than with COVID), whereas the COVID shots may have killed more than 374,570 in the first 11 months alone.

Seneff suspects that in the next 10 to 15 years, we'll see a dramatic spike in prion diseases, autoimmune diseases, neurodegenerative diseases at younger ages, and blood disorders such as blood clots, hemorrhaging, stroke and heart failure.

As predicted in the title of Seneff's paper, it seems the cure may indeed end up being worse than the disease. This is particularly true for children and young adults, who have either

died or been permanently disabled by the shots by the thousands, while having an extraordinarily low risk of dying from or being seriously harmed by the infection itself.

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### **The Spike Protein Is the Most Dangerous Part of SARS-CoV-2**

The reason we're seeing all these problems from the COVID shots is because they program your cells to continuously produce SARS-CoV-2 spike protein, which we now know is the most dangerous part of the virus. Many experts noted this from the start, wondering what the vaccine developers could possibly be thinking, selecting this as the antigen for their shots.

While the mRNA injections can cause harm in many different ways, one basic problem is that they can overstimulate your immune system to the point of failure. In summary, as your cells start producing the viral spike proteins, your immune cells rally to mop up the proteins and dump them into your lymphatic system. (This is why many report swollen lymph nodes under the arms.)

The antibody response is part of your humoral immunity. You also have cellular immunity, which is part of your innate immune system. Your innate immune system is very powerful. If you're healthy, it can clear viruses without ever producing a single antibody. Antibodies are actually a second-tier effect when your innate immune system fails.

The problem is that your innate immune system will not be activated and likely will fail to protect you if you get a COVID-19 shot, because it's bypassing all of the areas where your innate immune system would be brought to bear.

Normally you breathe the virus in and stimulate the production secretory IgA antibodies that protect your respiratory system. When you bypass that route of exposure with a jab in the arm, no secretory IgA antibodies are produced, leaving you susceptible to the infection.

As explained by Ronald Kostoff in an excellent December 8, 2021, Trial Site News article, "COVID-19 'Vaccines': The Wrong Bomb Over the Wrong Target at the Wrong Time":<sup>7</sup>

"An effective vaccine would focus on cellular immunity in the respiratory and intestinal tract, in which secretory IgA is produced by your lymphocytes that are located directly underneath the mucous membranes that line the respiratory and intestinal tract.

The antibodies produced by these lymphocytes are ejected through and to the surface of the linings. These antibodies are thus on site to meet air-borne viruses and they may be able to prevent viral binding and infection of the cells.

Unfortunately, the main inoculants used presently for COVID-19 focus on antibodies (IgG and circulating IgA) that occur in the bloodstream. These antibodies protect the internal organs of the body from infectious agents that try to spread via the bloodstream."

When you are injected with the COVID jab, your body will only induce IgG and circulating IgA

— not secretory IgA, and these types of antibodies do not effectively protect your mucous membranes from SARS-CoV-2 infection. So, as noted by Kostoff, the breakthrough infections we’re now seeing “confirm the fundamental design flaws” of this gene transfer technology.

“A natural infection with SARS-CoV-2 (coronavirus) will in most individuals remain localized to the respiratory tract,” Kostoff writes.<sup>8</sup> “The vaccines used presently cause cells deep inside our body to express the viral spike protein, which they were never meant to do by nature.

Any cell which expresses this foreign antigen on its surface will come under attack by the immune system, which will involve both IgG antibodies and cytotoxic T-lymphocytes. This may occur in any organ, but the damage will be most severe in vital organs.

We are seeing now that the heart is affected in many young people, leading to myocarditis or even sudden cardiac arrest and death. In other words, we are dropping the wrong bomb on the wrong target at the wrong time!”

In the end, your body will essentially believe that your innate immune system has failed, which means it must bring in the backup cavalry. In essence, your body is now overreacting to something that isn’t true. You’re not actually infected with a virus and your innate immune system has not failed, but your body is forced to respond as if both are true.

### **Effects Likely to Persist Long Term**

What’s more, the synthetic RNA in the mRNA vaccines contains a nucleotide called methylpseudouridine, which your body cannot break down, and the RNA is programmed to trigger maximum protein production. So, we’re looking at completely untested manipulation of RNA.

It is very important to recognize that this is a genetically engineered mRNA for the spike protein. It is not identical to the spike protein mRNA that SARS-Cov-2 produces. It’s been significantly altered to avoid being metabolized by your body.

The spike protein your body produces in response to the COVID-19 vaccine mRNA locks into your ACE2 receptor. This is because the genetically engineered new spike protein has additional prolines inserted that prevent the receptors from properly closing, which then cause you to downregulate ACE2. That’s partially how you end up with problems such as pulmonary hypertension, ventricular heart failure and stroke.<sup>9,10</sup>

As noted in a 2020 paper,<sup>11</sup> there’s a “pivotal link” between ACE2 deficiency and SARS-CoV-2 infection. People with ACE2 deficiency tend to be more prone to severe COVID-19. The spike protein suppresses ACE2,<sup>12</sup> making the deficiency even worse. According to Seneff, the gene transfer injections essentially do the same thing, and we still don’t know how long the effects last.

Manufacturers initially guessed the synthetic RNA might survive in the human body for about six months. A more recent investigation found the spike protein persisted in recovered COVID patients for 15 months.<sup>13</sup>

This raises the suspicion that the synthetic and more persistent mRNA in the COVID shots may trigger spike protein production for at least as long, and probably longer.<sup>14</sup> What's more, the number of spike proteins produced by the shots is far greater than what you experience in natural infection.

As explained by Dr. Peter McCullough,<sup>15</sup> this means that after your first shot, your body will produce spike protein for at least 15 months. But, when you get shot No. 2 a few weeks later, that shot will cause spike protein production to go on for 15 months or longer. With shot No. 3 six months after that, you produce spike protein for yet another 15 months.

With regular boosters, you may never rid your body of the spike protein. All the while, it's wreaking havoc with your biology. McCullough likens it to "a permanent install of an inflammatory protein in the human body," and inflammation is at the heart of most if not all chronic diseases. There's simply no possible way for these gene transfer shots to improve public health. They're going to decimate it.

### **Long-Term Neurological Damage Is To Be Expected**

In her paper,<sup>16</sup> Seneff describes several key characteristics of the SARS-CoV-2 spike protein that suggests it acts as a prion. This could help explain why we're seeing so many neurological side effects from the shots. According to Seneff, the spike protein produced by the COVID shot, due to the modifications made, may actually make it more of a prion than the spike protein in the actual virus, and a more effective one.

For a detailed technical description of this you can read through Seneff's paper, but the take-home message is that COVID-19 shots are instruction sets for your body to make a toxic protein that will eventually wind up concentrated in your spleen, from where prion-like protein instructions will be sent out, radically increasing your risk of developing neurodegenerative diseases.

### **Lung, Heart and Brain Diseases Are Predictable Consequences**

Seneff also goes into great detail describing how the spike protein acts as a metabolic poison. While I recommend reading [Seneff's paper](#) in its entirety, I've extracted some key sections below, starting with how the spike protein can trigger pathological damage leading to lung damage and heart and brain diseases:<sup>17</sup>

"The picture is now emerging that SARS-CoV-2 has serious effects on the vasculature in multiple organs, including the brain vasculature ... In a series of papers, Yuichiro Suzuki in collaboration with other authors presented a strong argument that the spike protein by itself can cause a signaling response in the vasculature with potentially widespread consequences.

These authors observed that, in severe cases of COVID-19, SARS-CoV-2 causes significant morphological changes to the pulmonary vasculature ... Furthermore, they showed that exposure of cultured human pulmonary artery smooth muscle cells to the SARS-CoV-2 spike protein S1 subunit was sufficient to promote cell signaling without the rest of the virus components.

Follow-on papers showed that the spike protein S1 subunit suppresses ACE2, causing a

condition resembling pulmonary arterial hypertension (PAH), a severe lung disease with very high mortality ... The 'in vivo studies' they referred to ... had shown that SARS coronavirus-induced lung injury was primarily due to inhibition of ACE2 by the SARS-CoV spike protein, causing a large increase in angiotensin-II.

Suzuki et al. (2021) went on to demonstrate experimentally that the S1 component of the SARS-CoV-2 virus, at a low concentration ... activated the MEK/ERK/MAPK signaling pathway to promote cell growth. They speculated that these effects would not be restricted to the lung vasculature.

The signaling cascade triggered in the heart vasculature would cause coronary artery disease, and activation in the brain could lead to stroke. Systemic hypertension would also be predicted. They hypothesized that this ability of the spike protein to promote pulmonary arterial hypertension could predispose patients who recover from SARS-CoV-2 to later develop right ventricular heart failure.

Furthermore, they suggested that a similar effect could happen in response to the mRNA vaccines, and they warned of potential long-term consequences to both children and adults who received COVID-19 vaccines based on the spike protein.

An interesting study by Lei et. al. (2021) found that pseudovirus — spheres decorated with the SARS-CoV-2 S1 protein but lacking any viral DNA in their core — caused inflammation and damage in both the arteries and lungs of mice exposed intratracheally.

They then exposed healthy human endothelial cells to the same pseudovirus particles. Binding of these particles to endothelial ACE2 receptors led to mitochondrial damage and fragmentation in those endothelial cells, leading to the characteristic pathological changes in the associated tissue.

This study makes it clear that spike protein alone, unassociated with the rest of the viral genome, is sufficient to cause the endothelial damage associated with COVID-19. The implications for vaccines intended to cause cells to manufacture the spike protein are clear and are an obvious cause for concern.”

## **The COVID Shots Activate Latent Viruses**

As mentioned earlier, shingles infection is turning out to be a rather common side effect of the COVID shot, and like the neurological, vascular and cardiac damage we're seeing, activation of latent viral infections was also predicted.

One reason why latent viral infections are cropping up in response to the shots is because the shots disable your type I interferon pathway. A second reason is because your immune system is overburdened trying to deal with the inflammatory spike proteins flowing through your body. Something's got to give, so latent viruses are allowed to break through.

That's not the end of your potential troubles, however, as these coinfections may worsen or accelerate other conditions, such as Bell's Palsy, myalgic encephalomyelitis and chronic fatigue syndrome.

Herpes viruses, for example, have been implicated as a trigger of both AIDS<sup>18</sup> and chronic

fatigue syndrome.<sup>19</sup> Some research suggests these diseases don't appear until viruses from different families partner up and the type 1 interferon pathway is disabled.

With all of that in mind, it seems inevitable that, long term, the COVID mass injection campaign will result in an avalanche of a wide range of debilitating chronic illnesses.

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## Notes

<sup>1</sup> [International Journal of Vaccine Theory, Practice and Research May 10, 2021; 2\(1\): 38-79](#)

<sup>2</sup> [Townsend Letter December 9, 2021](#)

<sup>3</sup> [OpenVAERS data as of December 3, 2021](#)

<sup>4</sup> [OpenVAERS data as of December 3, 2021. For US only data, flip the selection switch at top](#)

<sup>5</sup> [OpenVAERS Adverse Event Reports Breakdown](#)

<sup>6</sup> [SKirsch.io/vaccine-resources](#)

<sup>7, 8</sup> [Trial Site News December 8, 2021](#)

<sup>9</sup> [European Heart Journal July 20, 2020: ehaa534](#)

<sup>10, 12</sup> [Circulation Research 2021; 128: 1323-1326](#)

<sup>11</sup> [European Journal of Internal Medicine June 2020; 76:14-20](#)

<sup>13</sup> [bioRxiv June 25, 2021 DOI: 10.1101/2021.06.25.449905](#)

<sup>14, 15</sup> [New American November 8, 2021 , video at circa 8 minutes](#)

<sup>16, 17</sup> [International Journal of Vaccine Theory, Practice and Research May 10, 2021; 2\(1\): 402-444](#)

<sup>18</sup> [Journal of Antimicrobial Chemotherapy 1996 37. Suppl B, 87-95](#)

<sup>19</sup> [ImmunoHorizons April 1, 2020](#)

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