Is The C-19 Spike Protein Different Than The Natural Spike Proteins? Billions Of Lives Ate At Stake Claims Preprint Study!

Description

USA: One preprint study shared on January 21, 22, which investigated the innate immune suppression by SARS-CoV-2 mRNA, focused on the role of G-quadruplexes, exosomes, and microRNAs.

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> WOW.
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> The vaccine spike protein is radically different from the natural spike protein, in ways that are likely to cause major differences in 3-dimensional structure, with emphasis on G-quadruplex formations.https://t.co/OMcgJ8SXT1
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> — Chris Masterjohn (@ChrisMasterjohn) February 18, 2022
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> The GC content of Pfizer is 53%, of Moderna is 61%, while natural is only 36%.
>
> Apart from natural only making it inside your body in severe disease rather than being guaranteed by the injection, this makes the spike produced at orders of magnitude higher

quantity…

— Chris Masterjohn (@ChrisMasterjohn) February 18, 2022

This shit is crazy. “Experimental” is the understatement of the century.

— Chris Masterjohn (@ChrisMasterjohn) February 18, 2022

The Abstract stated:

The mRNA SARS-CoV-2 vaccines were brought to market in response to the widely perceived public health crises of Covid-19. The utilization of mRNA vaccines in the context of infectious disease had no precedent, but desperate times seemed to call for desperate measures. The mRNA vaccines utilize genetically modified mRNA encoding spike proteins. These alterations hide the mRNA from cellular defenses, promote a longer biological half-life for the proteins, and provoke higher overall spike protein production. However, both experimental and observational evidence reveals a very different immune response to the vaccines compared to the response to infection with SARS-CoV-2. As we will show, the genetic modifications introduced by the vaccine are likely the source of these differential responses. In this paper, we present the evidence that vaccination, unlike natural infection, induces a profound impairment in type I interferon signaling, which has diverse adverse consequences to human health. We explain the mechanism by which immune cells release into the circulation large quantities of exosomes containing spike protein along with critical microRNAs that induce a signaling response in recipient cells at distant sites. We also identify potential profound disturbances in regulatory control of protein synthesis and cancer surveillance. These disturbances are shown to have a potentially direct causal link to neurodegenerative disease, myocarditis, immune thrombocytopenia, Bell’s palsy, liver disease, impaired adaptive immunity, increased tumorigenesis, and DNA damage. We show evidence from adverse event reports in the VAERS database supporting our hypothesis. We believe a comprehensive risk/benefit assessment of the mRNA vaccines excludes them as positive contributors to public health, even in the context of the Covid-19 pandemic.

This study has shown that there is a significant enrichment of GC content in mRNAs in vaccines (53% in Pfizer BNT 162b2 and 61% in Moderna mRNA-1273) as compared to the native SARS-CoV-2 mRNA (36%). The enriched GC content of mRNAs is the result of codon optimization performed during the development of the mRNAs used in SARS-CoV-2 vaccines, apparently without determining the effect on secondary structures, particularly the G quadruplex formation [71].

Summarizing the topic to this point, the enrichment of GC content in vaccine mRNA will inevitably lead to an increase in the pG4 content of the vaccines. This, in turn, will lead to dysregulation of the G4-RNA-protein binding system and a wide range of potential disease-associated cellular pathologies including suppression of innate immunity, neurodegeneration, and malignant transformation [83].

This process is exceedingly complicated yet tantamount to cellular homeostasis. So, again, it merits summarizing. If pG4s accumulate, as would be expected with an increased amount of GC content in the vaccine mRNA, this would have an effect of increasing potential G4 structures available during translation events and this can affect miRNA post-transcriptional regulation. This, in turn, would either favor greater expression of the oncogenes related to a range of cancers or drive cells to apoptosis and cell death [95]. The case study described earlier in this paper strongly supports the hypothesis that these injections induce accelerated lymphoma progression in follicular B cells [56].

The authors reference the potential impact of mRNA vaccines on impaired DNA repair and adaptive immunity, immune thrombocytopenia, liver disease, Guillain Barré Syndrome, Bell's Palsy, and myocarditis.

The preprint paper was ended by reviewing the CAERS database from 1990 to December 12, 2021, "where several terms indicating cancer occurred in association with COVID-19 vaccines or with all other vaccines, along with the ratio between the two counts. Counts were restricted to data from the United States. Note that counts for all the other vaccines are totals for 31 years, whereas the COVID-19 counts are for a single class of vaccines over less than one year."

CANCER REPORTS TO VAERS	COUNTS COVID-19 VACCINES	COUNTS ALL OTHER VACCINES	RATIO: COVID-19 VACCINES/ ALL OTHER VACCINES
Breast	147	49	3.00
Prostate	32	13	2.46
Lung	82	46	1.78
Colorectal/Colon	30	7	5.00
Ovarian	24	7	3.43
Uterine	11	5	2.20
Uterine leiomyoma	80	12	6.67
Lymphoma (subtype not identified)	52	47	1.11
B-cell lymphoma	19	3	6.33
Follicular lymphoma	13	1	13.00
Metastasis	13	7	1.86
Glioblastoma	16	3	5.33
Brain neoplasm	22	34	0.65
Neoplasm (unspecified)	71	82	0.87
Hepatic	40	8	5.00
Pancreatic	27	6	4.50
Prostate	23	13	1.77
Squamous cell carcinoma (not otherwise characterized)	33	25	1.32

Total	**735**	**368**	**2.00**

The authors wrote in conclusion:

In this paper we call attention to three very important aspects of the safety profile of these vaccinations. First is the extensively documented subversion of innate immunity, primarily via suppression of IFN-? and its associated signaling cascade. This suppression will have a wide range of consequences, not the least of which include the reactivation of latent viral infections and the reduced ability to effectively combat future infections. Second is the dysregulation of the system for both preventing and detecting genetically driven malignant transformation within cells and the consequent potential for vaccination to promote those transformations. Third, mRNA vaccination potentially disrupts intracellular communication carried out by exosomes, and induces cells taking up spike mRNA to produce high levels of spike-carrying exosomes, with potentially serious inflammatory consequences. Should any of these potentials be fully realized, the impact on billions of people around the world could be enormous and could contribute to both the short-term and long-term disease burden our health care system faces.

Given the current rapidly expanding awareness of the multiple roles of G4s in regulation of mRNA translation and clearance through stress granules, the increase in pG4s due to enrichment of GC content as a consequence of codon optimization has unknown but likely far-reaching consequences. Specific analytical evaluation of the safety of these constructs in vaccines is urgently needed, including mass spectrometry for identification of cryptic expression and immunoprecipitation studies to evaluate the potential for disturbance of or interference with the essential activities of RNA and DNA binding proteins.

17. Conclusions

It is imperative that worldwide administration of the mRNA vaccinations be stopped immediately until further studies are conducted to determine the extent of the potential pathological consequences outlined in this paper. It is not possible for these vaccinations to be considered part of a public health campaign without a detailed analysis of the human impact of the potential collateral damage. It is also imperative that VAERS and other monitoring system be optimized to detect signals related to the health consequences of mRNA vaccination we have outlined. We believe the upgraded VAERS monitoring system described in the Harvard Pilgrim Health Care, Inc. study, but unfortunately not supported by the CDC, would be a valuable start in this regard [208].

In the end, we are not exaggerating to say that billions of lives are at stake. We call on the public health institutions to demonstrate, with evidence, why the issues discussed in this paper are not relevant to public health, or to acknowledge that they are and to act accordingly. Until our public health institutions do what is right in this regard, we encourage all individuals to make their own health care decisions with this information as a contributing factor in those decisions.

by Addison Wilson

Category

1. Health-Wellness-Healing-Nutrition & Fitness
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