

# Breakthrough Study Uncovers 'Off Switch' for COVID mRNA Shots

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## STORY AT-A-GLANCE

- › A preprint study led by Dr. Peter McCullough suggests using siRNA and RIBOTACs to target and degrade residual mRNA from COVID-19 vaccines, potentially mitigating long-term health risks associated with persistent spike protein production
- › COVID-19 mRNA vaccines have shown wider distribution in the body than initially claimed, raising concerns about unintended effects and the need for an "off switch" to stop ongoing spike protein production
- › The study proposes using siRNA and RIBOTACs as potential methods to bind to and degrade vaccine mRNA in cells, offering a targeted approach to prevent adverse events from mRNA-based therapies
- › "Long vax" symptoms, similar to long COVID, have been reported following vaccination, including fatigue, brain fog, numbness, and cardiovascular issues, highlighting the need for effective treatments for those affected
- › Another study led by McCullough found a significant increase in cerebral thromboembolism risk associated with COVID-19 vaccines compared to other vaccines, leading to calls for a moratorium on their use

A preprint study revealed a potential way to clear out mRNA from COVID-19 shots. The research, led by cardiologist, internist and epidemiologist Dr. Peter McCullough, offers hope for those who are suffering from health damage caused by COVID-19 injections.

“As the world is waking up to nearly two thirds with potential future disease and disability from the long-lasting mRNA coding for the dangerous Wuhan spike protein, the search is on for ways to stop this molecular monster from doing more damage,” McCullough writes.<sup>1</sup>

The technique involves the use of small interfering RNA (siRNA) and ribonuclease targeting chimeras (RIBOTACs) to “target, inactivate, and degrade residual and persistent vaccine mRNA” and in so doing, help prevent uncontrolled spike protein production while reducing toxicity.<sup>2</sup>

## **Technique May Help Mitigate Damage Triggered by mRNA COVID Shots**

Pfizer-BioNTech and Moderna studies show that mRNA from COVID-19 shots, which is carried by tiny particles called nanolipids, does not stay only in the shoulder muscle or nearby lymph nodes as initially claimed. Instead, the mRNA can be found in various tissues in the body, raising safety concerns.

There is a worry that this mRNA might integrate into the body’s DNA or cause unintended spike protein production, which could be harmful. To address these concerns, scientists are looking at ways to eliminate this leftover mRNA to stop the production of the spike protein, which the COVID-19 shot mRNA helps produce.

“Without any way to turn off the messenger RNA, we think every single messenger RNA shot, because it’s been made synthetic and resistant to human breakdown, is going to make people progressively sick,” McCullough says. “We have to find a way to get this out of the body ... We’re gonna need an off switch for this.”<sup>3</sup>

McCullough’s study highlights “emerging concerns regarding the wide systemic biodistribution of these mRNA vaccines leading to prolonged inflammatory responses and other safety concerns.”<sup>4</sup> According to the scientists, “The stability of mRNA vaccines, their pervasive distribution, and the longevity of the encapsulated mRNA along

with unlimited production of the damaging and potentially lethal Spike (S) protein call for strategies to mitigate potential adverse effects.”<sup>5</sup>

The study reviews a strategy involving siRNA and RIBOTACs. “It may seem unfathomable for doctors to inject more RNA to deactivate Pfizer and Moderna synthetic mRNA that has accumulated in the body after multiple injections,” McCullough says. “However, siRNA used today in my practice (patisiran, inclisiran) appears to be safe and well-tolerated only notable for injection site reactions.”<sup>6</sup>

## **siRNA and RIBOTACs May Act as Off Switch for COVID mRNA Shots**

siRNA is a type of RNA molecule that can specifically bind to and degrade messenger RNA (mRNA) in cells. This process prevents the mRNA from being used to produce proteins. siRNA works by entering the cell and becoming part of a complex called the RNA-induced silencing complex (RISC).

Within RISC, the siRNA pairs with its matching mRNA sequence and guides the complex to cut and destroy the target mRNA, stopping protein production. siRNA is used in research and therapeutic applications to silence specific genes, helping to study gene function and treat diseases caused by overactive or harmful genes.

RIBOTACs, meanwhile, are synthetic molecules designed to bind to specific RNA molecules and recruit natural cellular enzymes, called ribonucleases, to degrade the target RNA. RIBOTACs enter the cell and attach to both the target RNA and the ribonuclease enzyme. This binding brings the enzyme into close proximity with the target RNA, allowing the enzyme to cut and degrade the RNA.

RIBOTACs are used to specifically target and destroy RNA molecules that are involved in disease processes, providing a precise way to reduce the levels of harmful proteins produced by these RNAs. According to the study, “The targeted nature of siRNA and RIBOTACs allows for precise intervention, offering a path to prevent and mitigate adverse events of mRNA-based therapies.”<sup>7</sup>

The study described two methods to target and degrade residual and persistent COVID-19 shot mRNA, including siRNA Therapy (A) and RIBOTAC neutralization (B):<sup>8</sup>

*“A: siRNA targeted against COVID-19 vaccine mRNA enters the vaccinated cell via LNPs [lipid nanoparticles], where it incorporates into the RISC. The siRNA in RISC binds to the complementary sequence of the target vaccine mRNA and cleaves it, thus suppressing spike protein production.*

*B: RIBOTACs targeted against COVID-19 vaccine mRNA enter the vaccinated cell via LNPs, where they bind to both the target vaccine mRNA and endogenous RNase. This results in RNase-mediated vaccine mRNA degradation and the suppression of spike protein production.”*

“We use these small interfering RNAs already in practice,” McCullough said. “There’s one called Patisiran, the other one, Inclisiran. I use them in my practice. They only last in the body a few days. They bind up messenger RNA to inactivate it ... We hope that some molecular technology companies can pick this up and consider this.”<sup>9</sup>

## **COVID-19 Shots Trigger Debilitating Adverse Events and ‘Long Vax’**

An effective “off switch” could provide a lifeline for those suffering debilitating effects. Significant serious adverse events have occurred among many who received mRNA COVID-19 injections, which have also been said to have an “unacceptably high harm-to-reward ratio.”<sup>10</sup>

For every 1 million shots, an estimated 1,010 to 1,510 serious adverse reactions, such as death, life-threatening conditions, hospitalization or significant disability, may occur.<sup>11</sup> When compared to the flu shot, data from the European Medicines Agency Eurovigilance Database shows that COVID-19 shots cause more:<sup>12,13</sup>

Allergic reactions

Arrhythmia

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General cardiovascular events	Coagulation
Hemorrhages	Gastrointestinal, ocular and sexual organ reactions
Thrombosis	

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Meanwhile, “**long vax**,” which describes an array of symptoms caused by COVID-19 shots, is finally getting some much-deserved recognition.

As reported by Science magazine in 2022, “In rare cases, coronavirus vaccines may cause long COVID-like symptoms,”<sup>14</sup> which can include (but is not limited to) brain fog, memory problems, headaches, blurred vision, loss of smell, nerve pain, heart rate fluctuations, dramatic blood pressure swings and muscle weakness. The feeling of “internal electric shocks” are also reported.

Also in 2022, a preprint study from the U.S. National Institutes of Health reported new neuropathic symptoms that began in 23 adults within one month of receiving a COVID-19 shot.<sup>15</sup> All of the patients felt severe tingling or numbness in their faces or limbs, and 61% also experienced dizziness when standing up, intolerance to heat and heart palpitations.

A study by Yale scientists also shed light on long vax, which they described as chronic post-vaccination syndrome, or PVS.<sup>16</sup> In a study of 241 people who reported PVS after an mRNA COVID-19 shot, the median time from the jab to the onset of symptoms was three days, with symptoms continuing for 595 days. The five most common symptoms included:<sup>17</sup>

- Exercise intolerance (71%)
- Excessive fatigue (69%)
- Numbness (63%)
- Brain fog (63%)

- Neuropathy (63%)

In the week before the survey was completed, patients reported a range of additional symptoms highlighting the mental toll the condition takes. The symptoms required a median of 20 interventions for treatment and included:<sup>18</sup>

Feeling unease (93%)	Fearfulness (82%)
Overwhelmed by worries (81%)	Feelings of helplessness (80%)
Anxiety (76%)	Depression (76%)
Hopelessness (72%)	Worthlessness (49%)

## **COVID mRNA Shots Linked to 111,795% Increase in Brain Clots**

Adding to the urgency in uncovering a strategy to help those who have received COVID shots, another study led by McCullough revealed they're linked to a 111,795% increase in brain clots known as cerebral thromboembolism.<sup>19</sup>

Cerebral thromboembolism, a known side effect of COVID-19 shots, is a medical condition where a blood clot (thrombus) forms in a blood vessel, travels through the bloodstream and becomes lodged in an artery supplying blood to the brain. This blockage prevents blood flow to parts of the brain, potentially leading to a stroke.

For the study, researchers used data from the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration's (FDA) Vaccine Adverse Event Reporting System (VAERS) covering January 1, 1990 to December 31, 2023. They compared cerebral thromboembolism cases reported after COVID-19 shots to those reported after flu shots and other vaccines.

The study found the risk of cerebral thromboembolism after COVID-19 vaccines is significantly higher compared to flu vaccines and all other vaccines.<sup>20</sup> While there were

52 reports of cerebral thromboembolism associated with influenza vaccines, there were 5,137 cases linked to COVID-19 shots.<sup>21</sup>

The staggering increase led the researchers to call for “an immediate global moratorium on the use of COVID-19 vaccines,” particularly in women of reproductive age.

McCullough wrote:<sup>22</sup>

*“This paper did not capture the level of permanent neurologic devastation and disability suffered by these patients. I can tell you that the rates must be very high given the extensive nature of the blood clots reported. These data among others strongly support removing all COVID-19 vaccines and boosters from the market. No one should be put at risk for a serious stroke with any vaccine.”*

## Help for Those Injured by an mRNA COVID

It’s important to be wary of any [new mRNA shots](#) that come on the market and carefully weigh if the risks outweigh the reported benefits before getting one. However, if you’ve already had one or more COVID-19 shots, there are steps you can take to repair from the assault on your system.

The more mRNA shots you take, the greater the immune system damage. So, the first step is to avoid getting anymore mRNA jabs. Next, if you’ve developed any unusual symptoms, seek out help from an expert. The Front Line COVID-19 Critical Care Alliance (FLCCC) has a treatment protocol for post-jab injuries. It’s called [I-RECOVER](#) and can be downloaded from [covid19criticalcare.com](https://covid19criticalcare.com).<sup>23</sup>

Dr. Pierre Kory, who cofounded the FLCCC, has transitioned to treating the vaccine injured more or less exclusively. For more information, visit [DrPierreKory.com](https://DrPierreKory.com).

McCullough is also investigating additional post-jab treatments, which you can find on [PeterMcCulloughMD.com](https://PeterMcCulloughMD.com). Finally, if you’re suffering from long vax, be sure to review my [strategies for boosting mitochondrial health](#) to allow your body to heal.

## Sources and References

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