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Why COVID Vaccine Injuries Persist and What Patients Report Has Helped

Analysis by A Midwestern Doctor

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STORY AT-A-GLANCE

- The COVID vaccines were sold as a transient exposure: a short burst of spike protein that the body would clear within days. Published studies have since found vaccine mRNA and spike protein in the body for months, and in some cases for more than two years
- This persistence may help explain why so many injuries never resolved, why many people react to each subsequent vaccine or COVID infection, and why a subset of the unvaccinated became ill around the recently vaccinated
- The safety monitoring data the CDC collected (and fought to keep from the public) showed that 7.7% of the 10 million participants needed medical care after vaccination, and an independent audit of Pfizer's trial, using data released by court order, documented 1,203 participants vanishing from the records
- Treating these injuries has been left to a handful of practitioners working independently, and comparing notes with the ones getting the best results shows that many therapies appear to fail not because they don't work, but because they are given at the wrong point
- The interventions patients rate most helpful are the affordable ones rarely promoted, and many patients improve once they stop taking most of what they have been sold

The views expressed in this article are those of the author and do not necessarily reflect those of Dr. Mercola. The treatments discussed are drawn from patient surveys and clinical experience rather than controlled trials, and none has been approved for treating vaccine injuries.

I have always been drawn to puzzles that contain large amounts of unknown information, as this forces you to consider a wide range of possibilities while simultaneously having the discernment to recognize which of them is the most probable. The COVID vaccines were exactly this kind of puzzle.

Beyond the mRNA platform still being experimental when it was given to the entire population, a lot of very strange things happened after the rollout, which invited equally strange explanations, and I spent years sorting out which of those observations were real.

Three held up. The spike protein does not leave the body the way it was supposed to, a subset of people around the vaccinated became ill in consistent patterns, and the resulting injuries are now one of the most widespread and complex illnesses the population faces, with almost no mainstream research on them and no established way to treat them. Since I am continually asked what can actually be done, this article is the result of a large project by numerous clinicians to answer that question.

What the Safety Data Showed

When the vaccines received their emergency authorization, a condition of it was that they would be rigorously monitored for safety once they reached the public,[1] and the CDC built the V-safe program specifically for that purpose, enrolling over 10 million people who checked in by phone after each dose. The CDC then refused to release what it collected, and it took the Informed Consent Action Network nearly two years of litigation to force the data out.[2]

Of the 10,108,273 participants, 1,225,867 (12.13%) reported being unable to perform their normal activities, 1,344,330 (13.3%) missed work or school, and 782,913 (7.7%) required medical care, on average 2.7 times,[3] while in contrast, a peer-reviewed analysis of the same data published in The Lancet reported that less than 1% of participants sought medical care after vaccination, which it accomplished by only counting events reported within seven days of vaccination[4] (which I covered in detail here).

The second half of the data (the free-text entries, where participants described what was happening to them) required further litigation. React19 (an organization created to help the vaccine injured) recently audited the 7,554,929 responses the CDC eventually released and found 3,329 participants who wrote a plea for help, described suicidal thoughts, reported nearly dying, or reported a death, many of whom wrote in repeatedly, asked whether anyone was reading, and described promised callbacks that never came.[5]

Jeffrey Tucker has been reading their entries aloud so people can hear the stories behind the numbers, and I would encourage you to listen to a few of them[6,7,8,9,10,11] (I also compiled several of them into **a short video**).

***Note:** The trials these vaccines were approved on have since **been independently audited using data released by court order**. Within the limited records obtained, the auditors documented 1,203 participants vanishing from the records, 1,209 adverse events re-filed as COVID symptoms, undisclosed deaths in the vaccine group, and the public receiving a formulation of the vaccine (made by a different manufacturing process) that was never tested in the trial.*[12]

That process also left plasmid DNA in the final product, which independent sequencing later found included an SV40 promoter sequence,[13] and which Health Canada asked Pfizer to remove (a request Pfizer disregarded).[14] Many of the things which occurred throughout the COVID vaccine trials in turn mirror the same tactics **used to rig clinical trials for decades**.

Why the Spike Protein Persists

The vision of mRNA vaccines that was sold to the public was that the mRNA would enter muscle cells, those cells would briefly produce the spike protein, the immune system would learn to recognize it, and the mRNA would then break down and the process would stop. The problem was that for decades, the technology could not find a dose that was both safe and effective, as the body destroys foreign mRNA within hours.[15]

To solve this, the manufacturers replaced every uridine (one of the four building blocks of RNA) in the vaccine sequence with N1-methylpseudouridine, a synthetic molecule which does not exist in the human body, as RNA containing it both resists degradation and hides from the immune sensors that would otherwise detect and destroy it.[16]

Since this process is still not understood well enough to predict what a given modification will do, the manufacturers simply modified every site, guaranteeing the mRNA would persist long enough to work. It persisted far longer than that:

- A 2022 Stanford study of vaccine recipients found vaccine mRNA and spike protein still present in their lymph nodes, in some cases 60 days after the second dose, the latest point at which the study looked.[17]
- A Massachusetts General Hospital autopsy study detected vaccine mRNA in the lymph nodes and, in a subset, the heart muscle of patients who died within 30 days of vaccination.[18]
- A 2024 study found the mRNA remained detectable in the blood of 37% of booster recipients for up to two weeks,[19] and a 2025 report detected it in blood, placenta and semen, in some samples more than 200 days after vaccination.[20]
- Yale's LISTEN study (a preprint not yet peer reviewed), which directly measured spike protein in the blood of people with post-vaccination syndrome, detected it in some participants more than a year after their last known exposure, with the longest case reaching 709 days.[21]
- A recently published case report of a vaccine-injured man detected spike protein coated exosomes 1,173 days after vaccination and vaccine mRNA containing exosomes 1,284 days after it.[22]

The modified mRNA explains much of this, and whether the residual plasmid DNA also contributes is an open question I take up in **this full article**.

This matters because the spike protein is toxic in its own right. It is positively charged (which numerous clinicians have linked to blood cells clumping together, creating harmful microclots), and it shares sequences with numerous human proteins, which may predispose the immune system to attack the body's own tissue.[23]

A January 2023 study of adolescents and young adults found that those who developed myocarditis after vaccination, unlike vaccinated people without it, had free circulating spike protein,[24] which I believe helps explain why the injuries concentrate in a subset of recipients, and why that subset typically gets worse with each additional vaccine, and in many cases with each COVID infection.

Note: *One of the stranger observations of this period was embalmers reporting large rubbery clots in the bodies of the vaccinated, which citizen researchers documented through surveys that were eventually published in a medical journal.*[25] *In 2021, a laboratory study found that adding spike protein to the plasma of healthy volunteers caused fibrin (the protein the body builds clots from) to misfold into dense amyloid clots that resisted being broken down.*[26]

Since the body continually forms and dissolves fibrin clots, I reasoned that clots the body could not dissolve would keep growing until they took the shape of the vessels containing them, which has since been put forward by others as an explanation for what the embalmers were finding.

Shedding

Once the vaccines came out, I began to hear numerous similar reports of people who had made a point not to vaccinate becoming ill after being around someone who had, particularly if they had recently been vaccinated or the contact was prolonged. Menstrual abnormalities were the most common, to the point that several of my post-menopausal friends began experiencing immediate and significant bleeding.

Since the vaccines “by definition” could not shed, this was dismissed each time it was raised, so with Pierre Kory’s help I collected provider data on it, put out a call for readers to share their experiences, and searched the literature **for everything known about shedding**.

From the more than 2,000 reports I compiled,[27] the most frequently reported symptoms (in rough order of frequency) were abnormal menstrual bleeding (which far outnumbered everything else), headaches, rashes, flu-like illnesses, tinnitus, fatigue, dizziness, nosebleeds, unexplained bruising, shingles, a distinct odor around the vaccinated, palpitations, coughs, sinus congestion, muscle pain, gastrointestinal issues and brain fog.

The most common of these was eventually studied: a 2024 peer-reviewed survey of 6,049 women found that 3,390 of them had never been vaccinated, had no COVID symptoms and had never tested positive, yet reported the same menstrual abnormalities as the vaccinated, with 71.7% developing them within a week of being near a vaccinated person and 50.1% within three days, and those in daily close contact with the vaccinated outside their home had a 34% higher risk of heavier bleeding than those who were not.[28]

Interestingly, the odor has also been given a chemical basis, as a 2023 study found COVID vaccination produces a distinct signature of exhaled volatile organic compounds that can distinguish vaccine recipients from unvaccinated controls with high accuracy,[29] and a 2025 study found the profile of compounds in sweat shifted after vaccination as well.[30]

Of the mechanisms I evaluated, I believe the strongest case exists for exosomes. Since the vaccine causes cells to produce large amounts of spike protein that come out on their surface, parts of that membrane bleb off as exosomes (tiny vesicles made from cell membranes) studded with spike protein, which could then be exhaled or sweated out and trigger reactions in others.

A 2021 study which followed eight Pfizer recipients found spike protein coated exosomes circulating in their blood 14 days after the first dose (before any antibodies had formed), rising roughly 12-fold after the second dose, and declining by four months, and when those exosomes were injected into mice, the mice developed antibodies to the spike protein.[31]

Relatedly, a 2023 peer-reviewed study found spike protein antibodies in the noses of unvaccinated children of vaccinated parents, and on the surgical masks worn by vaccinated adults, leading the authors to hypothesize that antibody transfer was occurring through the breath.[32] Likewise, two studies detected vaccine mRNA within the breast milk exosomes of recently vaccinated mothers.[33,34]

Everything we learned about who is affected, how it persists in certain individuals, what triggers it, and what reduces it **is detailed here**.

How the Spike Protein Makes People Sick

Most practitioners find COVID vaccine injuries extremely difficult to treat, which we believe is because the spike protein typically triggers several distinct pathologic processes at once: blood flow obstruction, autoimmunity and inflammation, an unresolved **cell danger response**, autonomic dysfunction, and immune suppression.

Since these processes drive each other, symptoms map poorly onto mechanisms (e.g., fatigue can arise from any of them), a treatment aimed at one will often improve another, and the therapies that consistently perform best are "**umbrella agents**" with enough distinct mechanisms to address whichever combination a given patient has. Two other things are consistently seen:

- What each patient needs varies significantly, as they have different facets of the disease and different underlying issues making them sick.

- Since the most profit is made from the most expensive therapies, they are frequently recommended—however our experience has been that the expensive therapies are often not the helpful ones (which becomes a serious problem when patients exhaust their savings on them).

The clearest lesson, which came from extensively comparing notes with the small number of people I know who are successfully treating these injuries, was that many therapies appear to fail not because they don't work, but because they are given at the wrong point.

React19 put it in terms of mitochondria: If someone takes urolithin A while severe inflammation or autoimmunity is still active, their mitochondria are impaired and it is unlikely to help. The order matters more than the therapy, which is why what follows is organized by stage.

Setting the Foundation

In all the data I reviewed, the interventions which help the most people are the affordable ones that are rarely promoted.

This is best shown by a (not yet published) React19 survey of the 50 most common treatments used by 453 vaccine injured, long COVID and ME/CFS patients, which scored each on a scale where 3 was significant improvement, 1 mild improvement, 0 no real benefit or harm, and negative values represented worsening.

The top eight, in order (ranging from +1.07 to +1.4), were pacing strategies, an anti-inflammatory diet, prayer, brain retraining, a gluten free diet, a low histamine diet, low dose naltrexone, and avoiding exercise.[35]

Note: *With chronic fatigue syndrome (and patients trapped in the* ***cell danger response****), it is well known that overdoing exertion is highly counterproductive, which is why pacing is often the most helpful intervention that can be done, and this mirrors our experience with*

vaccine injured patients. Despite this, graded exercise protocols are often prescribed for them, and in our experience are frequently counterproductive.

React19's data on emotional wellbeing tells a similar story. The two highest rated interventions for the mental health consequences of these injuries were online support communities and supportive family or friends (both above dietary change, meditation and cognitive therapy), exercise again had the largest proportion reporting it made things worse, and for suicide prevention in this population, the single highest protective factor was a believing and supportive network of family and friends.

On the dietary side, no single diet outshone the rest (the most used were low histamine, intermittent fasting, gluten free and paleo type diets, along with eliminating seed oils and eating organic), so what appears to matter is simply getting off the standard American diet. That said, it is close to impossible to eat clean unless someone is cooking for you, and many people with these injuries do not have the energy to do it themselves, which again underscores how critical support is.

Finally, of those who recover from these injuries, many do not credit a specific therapy. Instead they describe an 18 to 36-month process of strict pacing, one dietary change, and the decision to stop trying a new protocol every week.

Note: *Since spike protein toxicity appears to be cumulative, most vaccine injured patients quickly realize each subsequent vaccine makes them worse, in some cases COVID infections do too, and in the most sensitive,* ***shedding exposures*** *worsen their condition, making appropriate spike avoidance an important component of recovery.*

Subtract Before You Add

Sensitive patients (which describes many with spike protein injuries) frequently cannot tolerate a standard natural therapy regimen, and instead require smaller doses, fewer therapies, and more spacing between them. Since our culture is prone to overdoing

anything “good for you,” the same holds for supplements, and it is extremely common to encounter patients (particularly sensitive ones) taking so many that the regimen is a net negative.

Note: *I primarily attribute this to what Chinese medicine calls “spleen qi deficiency,” where concentrated nutrients overwhelm a weakened digestive system and produce the classic symptoms of the condition (fatigue, poor absorption, bloating, heaviness, loose stools and mental fog) — which often resolve once the excess supplements are stopped.*

Dr. Mercola has recently been making a parallel point from a different direction: the number on the label is not what reaches your cells, and complicated regimens tend to collapse, so people end up taking too much of what doesn’t absorb and missing the ones they actually need.

When Pierre Kory evaluates vaccine injured patients who have not responded to treatment and finds long supplement lists (e.g., fifteen to twenty items), one of the first things he does is cut them down, and in many cases the patients significantly improve.

This was best shown with zinc, as many started permanently taking large doses due to COVID (at levels Russell Blaylock has argued can activate the brain’s inflammatory cells[36,37]), and Kory found that when he reduced their doses, a subset of vaccine injured patients had their symptoms fully resolve.

Likewise, other pharmaceuticals and natural agents can cause issues (e.g., SSRIs were the highest offender for negative effects in React19’s data, and many found CBD worsened their POTS).

What Comes Next

Once these basic factors are addressed, it is frequently vital to address a patient’s underlying imbalances, both because the systemic inflammation the spike protein creates can cause acute flares at sites of previous injury or autoimmunity (which can be

the most symptomatic aspect of a vaccine injury), and because those pre-existing issues often tax the body enough that it lacks the reserve to handle the additional burden a spike protein injury places on it.

However, many different imbalances can exist, and identifying them requires an accurate and comprehensive assessment (e.g., I have seen numerous vaccine injuries dramatically improve after a few **targeted neural therapy injections**, while for many other patients that approach was simply not applicable and would have offered no benefit).

Similarly, while there are therapies we have found to be helpful for many patients with COVID vaccine injuries (e.g., Pierre Kory's practice has trialed at least 35 approaches in thousands of patients over four and a half years and found five or six rose to the top), they only work when matched to the dominant presentation (e.g., autonomic dysfunction, mast cell activation, recurrent infections).

Likewise, while we have seen extraordinary results from certain spike protein treatments, those results only occur because they are given to the patients they are indicated for.

Note: *While* ***umbrella therapies*** *can help at any stage of the COVID treatment process (and sometimes suffice on their own), they typically work best after the foundational things have been addressed.*

Conclusion

A novel protein was introduced into essentially every human being on earth and is demonstrably capable of causing disease in a subset of them, so "spikeopathy" should by now be a recognized discipline with its own researchers, diagnostics, and literature. Instead, as Kory put it to me, there are a handful of practitioners figuring it out independently while conventional medicine maintains the illness does not exist.

The treatment approach above is far from perfect, but something needed to be published, as so few resources exist for the people struggling with these conditions, and the most important parts of it cost nothing.

Author's note: This is an abridged version of a longer article which explains why the COVID shot was effectively **three untested vaccines in one**, the causes and solutions for COVID vaccine shedding, and the comprehensive treatment protocols being used to address spike protein injuries. That article and its additional references can be read **here**.

A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. I appreciate their exceptional insight on a wide range of topics and I'm grateful to share them. I also respect AMD's desire to remain anonymous since AMD is still on the front lines treating patients. To find more of AMD's work, be sure to check out **The Forgotten Side of Medicine** on Substack.

This article is for informational purposes only and does not constitute medical advice. Consult a qualified healthcare provider before making changes to your health regimen.

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