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Intranasal Genetic Injections Are Here: Oh No

Analysis by Tessa Lena | October 20, 2023

STORY AT-A-GLANCE

- A team from Yale University has come up with an intranasal mRNA "vaccine" that delivers mRNA to the lungs
- Scientists at The Ohio State University report on a new MMS vaccine candidate — for Measles, Mumps and SARS-CoV-2, also delivered via the nose
- Several intranasal genetic vaccines are in the works. Nothing can go wrong, right?
- India and China have approved intranasal "viral vector" COVID vaccines
- At the same time, the pathway from the nose to the brain is being actively researched for the delivery of drugs directly to the brain — through the nose

More "great" news, folks A team from Yale University has come up with an intranasal mRNA "vaccine" that delivers mRNA straight to your lungs. It has allegedly worked for mice, "opening the door for human testing in the near future."

Per a study published in August 2023, the researchers have demonstrated that "mRNA delivery can be accomplished by encapsulating mRNAs of interest within optimized poly(amine-co-ester) polyplexes.

Polyplex-delivered mRNAs were efficiently translated into protein in the lungs of mice with limited evidence of toxicity. This platform was successfully applied as an intranasal SARS-CoV-2 vaccine, eliciting robust immune responses that conferred protection against subsequent viral challenge …"

An inhalable genetic nanoparticle "vaccine" that can be potentially administered by air? No one would ever even think of administering anything like this **covertly**, right? Oh no. Oh, no, no, no.

In a theoretical world — a world in which The Science isn't corrupt, the leaders aren't insane, and the industrial vaccine manufacturing isn't subpar — a truly safe intranasal vaccine against a hypothetical respiratory bug could make more sense than an intramuscular vaccine against that same hypothetical respiratory bug (mucosal immunity, etc.). But we are in our real world. No, no, no! Here is **Roman Balmakov of Facts Matter** commenting on the study in the video below:

From the Nose to the Brain

The thing about the nose is that there is a route through which small molecules can travel from the nose to the brain.[1,2,3,4] I can't even talk about this in a dry manner because the idea of introducing any pathogenic substances to the nose is just insane. Insane!

For instance, this 2021 paper titled, "Nanotherapeutics for Nose-to-Brain Drug Delivery: An Approach to Bypass the Blood Brain Barrier," says the following:

> *"Treatment of neurodegenerative diseases or other central nervous system (CNS) disorders has always been a significant challenge.*
>
> *The nature of the blood-brain barrier (BBB) limits the penetration of therapeutic molecules to the brain after oral or parenteral administration, which, in combination with hepatic metabolism and drug elimination and inactivation during its journey in the systemic circulation, decreases the efficacy of the treatment, requires high drug doses and often induces adverse side effects.*
>
> ***Nose-to-brain drug delivery allows the direct transport of therapeutic molecules by bypassing the BBB and increases drug concentration in the brain 0emphasis mine].***"

Add to that the fact that certain pathogenic organism and potential vaccine contaminants like molds and parasites have a way of crossing into the brain even when introduced into the body even through tougher routes,[5,6,7] and occasionally causing mad havoc there. If they are inadvertently introduced directly into the nose alongside a sci-fi immunomodulating genetic concoction … help us all God. We will really need a lot of help with that.

Here is an observation from the Forbes article about the Chinese "viral vector" intranasal COVID vaccine:

"The researchers … note a clear negative about their vaccine. Adverse reactions to the nasal vaccine were increased (13%) as compared to the inactivated vaccine control group (7%). These reactions range from mild, such as sore throat, coughing, sneezing and headache, to much less common (fewer than 1%) moderate symptoms, such as muscular weakness and myelopathy, or compression-related spinal injury.

This is to be expected with a vaccine taken through the respiratory tract as compared to intravenously." Oh.

Trivalent Vaccine Candidate

If you thought MMR was questionable, how about intranasal MMS? How do you like that? In a paper published in Proceedings of the National Academy of Sciences a few days ago, scientists at The Ohio State University report on a new MMS vaccine candidate — for Measles, Mumps and SARS-CoV-2 — "delivered via the nose that provides broad and long-lasting protection against COVID-19 infection."

"Altered measles and mumps viruses could be used as a platform to create a trivalent COVID-19 vaccine that triggers immunity to multiple variant strains of the SARS-CoV-2 virus, new research in animals suggests."[8]

More Intranasal Experimental "Vaccines"

Another paper titled "Intranasal mRNA-LNP vaccination protects hamsters from SARS-CoV-2 infection" was published in September 2023. It touts intranasal vaccines and mentions that the intranasal route could "increase vaccination rates and compliance with recommended schedules, as its minimally invasive delivery may facilitate administration without the need for trained health care personnel.

In addition, intranasal vaccination via a device that creates a spray or aerosol could potentially bypass injection-associated phobias that are responsible for vaccine hesitancy." [Yes, yes! More experimental vaccines, more please!!]

> *"While few intranasal vaccines are now authorized,[9,10] the continued emergence of SARS-CoV-2 variants shifted attention to vaccination strategies that may* ***better limit transmission ["better"?!]*** *and slow variant progression.*
>
> *Consequently, multiple intranasal SARS-CoV-2 vaccines based on viral vector, live attenuated, or protein subunit designs are currently in preclinical and clinical development,[11]* ***with two mucosal SARS-CoV-2 viral-vectored vaccines having recently received regulatory approval in China and India [emphasis mine, more here]."***[12]

Since the study uses fancy terms like "protein subunit," let us look at the fancy terms.

Types of Vaccines

The trustworthy HHS lists the following types of vaccines:

Inactivated vaccines	Live-attenuated vaccines
Messenger RNA (mRNA) vaccines	Subunit, recombinant, polysaccharide, and conjugate vaccines
Toxoid vaccines	Viral vector vaccines

However the official classification is a bit of a mish-mash as it throws different types of categorization into one pile. Here are the categories organized in a way that makes more sense (to me, anyway):

Live (attenuated, hopefully) pathogen / killed pathogen
Whole pathogen / subunit
Non-GM / Genetically engineered, recombinant, etc.
Based on administering an antigen directly / encoding-based or "nucleic acid" (for example, mRNA or DNA injections)
Intramuscular / subcutaneous / intradermal / intranasal or inhalable / oral
Immunoenhancing / immunosuppressive (for example, "allergy vaccines," i.e. allergen immunotherapies, are supposed to induce "unresponsiveness to the relevant antigen")
Modulating the reaction to pathogens, or to non-living toxins or allergens, or to specific addictive substances, or modulating fertility,[13,14,15,16] etc.

An Interlude: Anti-Drug "Vaccines"

Wikipedia shares with us the following "vaccine" types:

- ***NicVAX**, which aims to vaccinate against **nicotine** using a chemically modified **hapten** version linked to **exotoxin A***
- ***TA-CD**, cocaine linked to inactivated cholera toxin*
- ***TA-NIC**, nicotine linked to inactivated cholera toxin*

And here is a short NIH video about anti-drug vaccines:

But I digress. Let's talk about different types of subunit vaccines just to get an idea about the scientists' train of thought.

Subunit Injections

Here is what the NIAID had to say about it in 2019:

> *"Instead of the entire pathogen, subunit vaccines include only the components, or antigens, that best stimulate the immune system.*
>
> *Although this design can make vaccines safer and easier to produce, it often requires the incorporation of* ***adjuvants*** *to elicit a strong protective immune response because the antigens alone are not sufficient to induce adequate long-term immunity …"* [Is it possible that nature knows something that the scientists don't]
>
> *"Some vaccines to prevent bacterial infections are based on the polysaccharides, or sugars, that form the outer coating of many bacteria. The first licensed vaccine against Haemophilus influenzae type B (Hib), invented at NIH's National Institute of Child Health and Human Development and further developed by NIAID-supported researchers, was a polysaccharide vaccine.*
>
> *However, its usefulness was limited, as it did not elicit strong immune responses in infants — the age group with the highest incidence of Hib disease.* ***NIH researchers*** *next developed a so-called conjugate vaccine in which the Hib polysaccharide is attached, or "conjugated," to a protein antigen to offer improved protection.*
>
> *This formulation greatly increased the ability of the immune systems of young children to recognize the polysaccharide and develop immunity …*
>
> *Other vaccines against bacterial illnesses, such as diphtheria and tetanus vaccines, aim to elicit immune responses against disease-causing proteins, or*

toxins, secreted by the bacteria. The antigens in these so-called toxoid vaccines are chemically inactivated toxins, known as toxoids.

***In the 1970s**, advances in laboratory techniques ushered in the era of genetic engineering. A decade later, recombinant DNA technology — which enables DNA from two or more sources to be combined — was harnessed to develop the first recombinant protein vaccine, the hepatitis B vaccine. The vaccine antigen is a hepatitis B virus protein produced by yeast cells into which the genetic code for the viral protein has been inserted …*

*Scientists at NIAID and other institutions also are developing new strategies to present protein subunit antigens to the immune system. As part of efforts to develop a **universal flu vaccine**, NIAID scientists designed an experimental vaccine featuring the protein ferritin, which can self-assemble into microscopic pieces called nanoparticles that display a protein antigen.*

An experimental nanoparticle-based influenza vaccine is being evaluated in an early-stage trial in humans. The nanoparticle-based technology also is being assessed as a platform for development of vaccines against MERS coronavirus, respiratory syncytial virus (RSV) and Epstein Barr virus.

Other relatively recent advances in laboratory techniques, such as the ability to solve atomic structures of proteins, also have contributed to advances in subunit vaccine development.

For example, by solving the three-dimensional structure of a protein on the RSV surface bound to an antibody, NIAID scientists identified a key area of the protein that is highly sensitive to neutralizing antibodies. They were then able to modify the RSV protein to stabilize the structural form in which it displays the neutralization-sensitive site.

*While most subunit vaccines focus on a particular pathogen, scientists also are developing vaccines that could offer broad protection against various diseases. NIAID investigators in 2017 launched an early-phase clinical trial of a **vaccine to***

prevent mosquito-borne diseases such as malaria, Zika, chikungunya and dengue fever.

The experimental vaccine, designed to trigger an immune response to mosquito saliva rather than a specific virus or parasite, contains four recombinant proteins from mosquito salivary glands."

Plant-Derived Vaccine Production

Then there is this whole trend of turning plants into production factories of "therapeutic proteins" and "vaccines." For example, according to a sponsored feature in Nature, a biopharmaceutical company in Canada called Medicago is "harnessing a plant-based transient expression process to produce pharmaceutical-grade proteins in a matter of weeks."

The production process "starts with the synthesis of genetic sequence coding for a particular protein. This sequence is then introduced into Agrobacterium tumefaciens, a bacterial vector that can transfer genetic material to plants only. The plant in question, Nicotiana benthamiana, is a close relative of tobacco indigenous to Australia, has a fast growth rate, is a non-food crop, and is easy to work with.

It is dipped into a bath of the modified Agrobacterium, which, with the assistance of a vacuum, is soaked up by the plant. The Agrobacterium transfers the genetic material into the leaf tissue, which then produces and accumulates the recombinant product for 6–8 days. At this point, the leaves are harvested and the proteins are extracted and purified under pharma-grade conditions." Yay.

A Clumsy Elephant Dancing in a Flimsy House of Cards

My experience has been that the more I know, the more I want to scream about the scientists' hubris. Money and arrogance certainly make people do strange things! Has there ever been a need for any of this genetic alchemy? Could we maybe start with simple things like trying to not poison the world — and see what it does to our health?

Yeah, I know that our health is not what the mobsters are after — unless we are talking manhandling our health for a buck — but my inner five-year-old had to ask.

I don't know about you but to me all this alchemy still sounds like a very clumsy elephant in a china shop. Even if we discount the fact that the clumsy elephant has been paid off by the mob, it is still a clumsy one! The scientists have insufficient knowledge about the very complex interconnections in the human body — and too much hubris!!

And please don't get me started on the encoding-based "vaccines," such as, for example, the ones descried in this pre-COVID-injections 2019 paper on plasmid DNA and mRNA tech. I mean … experimenting in the lab for the sake of curiosity is all fine and I get it but … did we really have to go through the past three and a half years of hell to find out that the experiment has been wobbly as hell? A five-year-old child could educate the scientists on that!

Origins of Hubris

Yes, hubris is a philosophical problem but it is also a practical one since it comes with a high cost, and we pay for it with our own bodies, with our own health. Sadly, we are trained to imbibe the civilizational hubris with our mother's milk. We are conditioned to believe that our shiny Machine is the best Machine in the world. We are taught to believe our leaders, our scientists, our engineers — and we are taught to believe that we are on Team Superior. It feels good.

Why does it feel good? If one is on Team Superior, one can feel superior by default, without personally doing much. The tyrants are thrilled to capitalize on the human psychological feature to divide us into factions and rape each faction at different times. Their game requires hubris!

By the way, again, I get the fun of playing with things in the lab. Knowledge is fun! It's fun to play! What about the sense of responsibility though?! What about respect?! How did we get to a place where mobbed up children with matches run the asylum, and we are supposed to obey?!

Desire to Control

When a person is addicted to control, he may even sincerely think that the people he yearns to "own" need his "help." Well, that control freak could actually help by respecting their free will and not trying to rape them — but no! That would deprive the addict of the type of "food" he craves the most, i.e. control. So he would rather keep other people broken and sick and have them come to him for "help."

Sound like a familiar model? Yes, and — sadly for all of us — this is also how the pharmaceutical industry works.

Then we have the sincere fanatics. The sincere mid-level fanatics of the pharmaceutical industry in whose eyes The Science can do no wrong are also addicted to control, in their own way. Lovable but broken people with flattened souls would have you believe that only their opinions have weight because they are … obviously on Team Superior.

They would have us believe that if we step out of their flat train of thought, we are traitors, and we need to be flattened, too — so that we don't poke though the manufactured cocoon of their perception and don't make them feel the awakening pain. There are so many layers to this tragedy of the soul!

When it comes to vaccine fanatics specifically, their train of thought goes like this: "Vaccines are good. That's The Truth. We the Superior People are superior because we agree with that. If your data doesn't' support my religion, it needs to be tossed. If your personal interaction with vaccines isn't good, your experience needs to be erased," etc. Yes, so many layers to this tragedy of the soul.

Adding more to the philosophical complexity of the plot, the suffering of the control freaks is sincere. Unfortunately, they are looking to ease their suffering by inducing suffering on others, and they have no right to do that. They have no right to do that. They need to figure out their soul!

I would like to end with a deeply philosophical quote from a paper about animal vaccines called "Adverse consequences of vaccination." It seems like the mind of a soul-

disconnected scientist is more transparent when talking about animal vaccines.

> *"Drivers of vaccine usage differ significantly between companion animals and commercial livestock. Owners of companion animals are concerned for the health and well-being of their pets and are intolerant of any adverse events that cause discomfort, pain, or sickness.*
>
> *Livestock producers in contrast vaccinate to maintain livestock health, prevent disease spread, maximize economic return, and to minimize zoonotic disease risks. Vaccines that cause a drop in milk production, decreased feed conversion, increased time to market, or a decline in carcass quality may have significant economic consequences and will not be used."*

About the Author

To find more of Tessa Lena's work, be sure to check out her bio, **Tessa Fights Robots**.

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