FREE ACCESS | ABSTRACT

ARTERIOSCLEROSIS, THROMBOSIS, VASCULAR BIOLOGY
SESSION TITLE: DAMPS, INFECTION AND CARDIOVASCULAR METABOLISM

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Steven R Gundry

Originally published 8 Nov 2021 | Circulation. 2021;144:A10712

This article has an expression of concern

Expression of Concern: Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Abstract

Our group has been using the PLUS Cardiac Test (GD Biosciences, Inc, Irvine, CA) a clinically validated measurement of multiple protein biomarkers which generates a score predicting the 5 yr risk (percentage chance) of a new Acute Coronary Syndrome (ACS). The score is based on changes from the norm of multiple protein biomarkers including IL-16, a proinflammatory cytokine, soluble Fas, an inducer of apoptosis, and Hepatocyte Growth Factor (HGF)which serves as a marker for chemotaxis of T-cells into epithelium and cardiac tissue, among other markers. Elevation above the norm increases the PULS score, while decreases below the norm lowers the PULS score.The score has been measured every 3-6 months in our patient population for 8 years. Recently, with the advent of the mRNA COVID 19 vaccines (vac) by Moderna and Pfizer, dramatic changes in the PULS score became apparent in most patients.This report summarizes those results. A total of 566 pts, aged 28 to 97, M:F ratio 1:1 seen in a preventive cardiology practice had a new PULS test drawn from 2 to 10 weeks following the 2nd COVID shot and was compared to the

previous PULS score drawn 3 to 5 months previously pre- shot. Baseline IL-16 increased from 35=/-20 above the norm to 82 =/- 75 above the norm post-vac; sFas increased from 22+/- 15 above the norm to 46=/-24 above the norm post-vac; HGF increased from 42+/-12 above the norm to 86+/-31 above the norm post-vac. These changes resulted in an increase of the PULS score from 11% 5 yr ACS risk to 25% 5 yr ACS risk. At the time of this report, these changes persist for at least 2.5 months post second dose of vac.We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.

Footnotes

Author Disclosures: For author disclosure information, please visit the AHA Scientific Sessions 2021 Online Program Planner and search for the abstract title.

Back to top

Stroke: Vascular and Interventional Neurology

Journal of the American Heart Association (JAHA)

Journal Information

About

Editorial Board

Reprints

Customer Service and Ordering Information

AHA Journals RSS Feeds

For International Users

Institutions/Librarians FAQ

For Subscribers

Subscriber Help

Wolters Kluwer Privacy Policy

Subjects

All Subjects

Arrhythmia and Electrophysiology

Basic, Translational, and Clinical Research

Critical Care and Resuscitation

Epidemiology, Lifestyle, and Prevention

Genetics

Heart Failure and Cardiac Disease

Hypertension

Imaging and Diagnostic Testing

Intervention, Surgery, Transplantation

Quality and Outcomes

Stroke

Vascular Disease

Features

Bridging Disciplines

Circulation at Major Meetings

Special Themed Issues

Global Impact of the 2017 ACC/AHA Hypertension Guidelines

Circulation Supplements

Cardiovascular Case Series

ECG Challenge

Hospitals of History

On My Mind

Podcast Archive

- Circulation on the Run
- Subscribe to Circulation on the Run
- #FITFAVES

Circulation Doodle

Resources & Education

AHA Guidelines and Statements

Circulation CME

Information for Advertisers

For Authors & Reviewers

Instructions for Authors

Submission Site

Author Reprints

American Heart Association®

National Center
7272 Greenville Ave.
Dallas, TX 75231

Customer Service
1-800-AHA-USA-1
1-800-242-8721
Local Info
Contact Us