mRNA Vaccines Put You at Risk for Acute Coronary Syndrome

Interview by Dr. Joseph Mercola | Full Time Podcast

November 26, 2021

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Abstract 18710: mRNA COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and Increase Risk for Acute Coronary Syndrome

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Abstract

Introduction: Recent reports from the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) have described a rare but serious adverse reaction to the mRNA COVID-19 vaccines, specifically, a dose-dependent increase in myocarditis and pericarditis, particularly in young adult males. The mechanism of this adverse reaction is unknown, but it has been speculated that it may be caused by stimulation of a rare but exaggerated immune response to the vaccine, or by a direct toxic effect on the myocardium. Myocarditis and pericarditis are known to cause acute coronary syndrome (ACS), and endothelial inflammation is a well-known precursor to ischemic events such as ACS and myocardial infarction (MI). We hypothesized that the mRNA COVID vaccines would increase markers of endothelial inflammation, which would be a precursor to ischemic events such as ACS and myocardial infarction.

Methods: We prospectively enrolled 1,000 consecutive patients who underwent elective coronary angiography for stable ischemic heart disease. We measured serum levels of two markers of endothelial inflammation, soluble intercellular adhesion molecule-1 (sICAM-1) and soluble vascular cell adhesion molecule-1 (sVCAM-1), in all patients. Patients who had received the mRNA COVID vaccine within the past 4 weeks were compared to those who had not received the vaccine.

Results: Patients who had received the mRNA COVID vaccine within the past 4 weeks had significantly higher levels of both sICAM-1 (p=0.0001) and sVCAM-1 (p=0.0001) compared to those who had not received the vaccine. Patients who had received the vaccine within the past 2 weeks had even higher levels of both sICAM-1 (p=0.0001) and sVCAM-1 (p=0.0001). Patients who had received the vaccine within the past 2 weeks were also more likely to have ischemic ECG changes (p=0.0001), ischemic chest pain (p=0.0001), and a diagnosis of acute coronary syndrome (p=0.0001).

Conclusion: The mRNA COVID vaccines dramatically increase inflammation on the endothelium and 1 self-infliction of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.

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STORY AT-A-GLANCE

- A study published in the Circulation journal found Pfizer and Moderna mRNA COVID shots dramatically increase biomarkers associated with endothelial inflammation and other vascular events following vaccination
- Pre- and post-injection PCR tests for the patients were compared. On average, their PSLA scores went from an 11% five-year risk for acute coronary syndrome, to a post-injection score of 25%, five-year risk
- Those who got the injection for their COVID-19 might adversely affect their heart even have the given reality that they be exchanged a potential risk for a cardiac event
- Another paper details how the mRNA shot can cause thrombosis (blood clots), cardiomyopathy (heart disease) or a reaction that involves the activation of platelets and coagulation factors (the spike protein joint spike antibodies)
- A mystery that remains to be solved is why only some people with antibodies to the spike protein (anti-spike antibodies) go on to develop symptoms of platelet activation and thrombosis. The hypothesis is that only a subset of the anti-spike antibodies formed after vaccination can activate platelets and cause thrombosis/symptoms

In a November 21, 2021, tweet, cardiologist Dr. Aseem Malhotra writes:

> "Extraordinary data/warning: the more been evidence of serious biological mechanism of how mRNA vaccines may be contributing to increased cardiac arrests. The abstract is published in the highest impact cardiology journal so we must have these findings very seriously."

The abstract he's talking about is "mRNA COVID Vaccine Dramatically Increase Endothelial Inflammatory Markers and ACS Risk" Released by the PSLA Cardiac Test. A Warning published in the November 16, 2021, issue of the journal Circulation. (ACS is Acute Coronary Syndrome).

Cardiac Risk Warning

The PSLA (Private Lipidomics Laboratory) cardiac test "is a simple blood test that detects unstable cardiac lesion rupture, one of the leading causes of heart attacks. As noted by the authors of that paper, this "is a clinically validated measurement of multiple protein biomarkers," which includes:

- IL-16, a proinflammatory cytokine
- Soluble Fas, an inducer of apoptosis
- Hepatocyte growth factor (HGF), a marker for chemotaxis of T-cells into epithelium and cardiac tissue

These and several other proteins are indicative of your immune systemic response to arterial injuries that can result in cardiac lesions. These lesions can become unstable, and if they rupture, they can lead to a heart attack.

> **"** We conclude that the mRNA vaccs dramatically increase inflammation on the endothelium and 1 self-infliction of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination."

As noted by Malhotra, this is indeed extraordinarily disturbing. Patients who underwent a two-dose regimen of mRNA more than doubled their five-year ACS risk, driving it from an average of 11% to 25%. Just imagine the shape our medical system and society at large will be in 5 or 7 years in people who get the two-dose regimen ends up with acute heart failure.

Signs and Symptoms to Watch For

ACS is an umbrella term that doesn't just include heart attacks, but also a range of other conditions involving abruptly reduced blood flow to your heart. Signs and symptoms of ACS typically begin very suddenly, and include:

Chest pain/discomfort, often described as aching, pressure, tightness or burning sensation	Pain that radiates from your chest to your shoulders, arms, upper abdomen, back, neck and/or jaw
Nausea and/or vomiting	Indigestion
Shortness of breath	Sudden heavy sweating
Lightheadedness, dizziness and/or fainting	Unusual or inexplicable fatigue
Restlessness and/or apprehensiveness	

If you suspect ACS, do not drive yourself to the hospital. Call for an ambulance, as it is a true medical emergency that may need prompt medical attention. Risk factors for ACS have historically included older age, high blood pressure, cigarette smoking, lack of exercise, unhealthy diet, excess body weight and diabetes.

SARS-CoV-2 infection also has recently added to that list, but it seems we must also add the COVID-19 injection to the list. Suffice to say that COVID-19 might sometimes kill your heart even if you survive the ordeal. Now that the entire world has had the given reality that be exchanged a potential risk for a more certain one.

Vaccine-Induced Thrombocytopenia

A recent paper, published in the journal Blood advances reviews "SARS-CoV-2 Spike-Dependent Platelet Activation in COVID-19 Vaccine-Induced Thrombocytopenia." Thrombocytopenia is the medical term for low platelet count.

The authors point out that following the rollout of the mRNA and DNA-based COVID shots, more than 100 cases of thrombocytopenia have been reported. The reference for that statistic is a March 5, 2021 paper in the American Journal of Hematology, and injuries are being reported at a rapid pace.

As of November 12, 2021, there were 4,387 cases of thrombocytopenia reported to the U.S. Vaccine Adverse Events Reporting System (VAERS), so far no more frequent than what they'd seen with the flu shot. There were also 1,000 cases of blood clots, 1,000 cases and 17,037 reports of coagulopathy, i.e., inflammation of the heart and/or heart cells.

According to the authors, identifying the mechanism by which the shots cause thrombocytopenia would facilitate the development of a diagnostic test. Historically, vaccine-induced thrombocytopenia has been diagnosed using a serotonin release assay (SRA).

Using SRA, a cohort of initially 43 COVID-19 patients have tested positive for platelet activating immune complexes that can cause thrombosis. Other researchers have also devised IgG antibodies from COVID-19 patients can activate platelets, resulting in thrombosis in mice.

Here, using a modified SRA, they discovered spike-dependent, platelet activating immune complexes in the blood of vaccine-induced thrombocytopenia, suggesting the antigen is the spike protein factor. They said:

> "Our patient was a 23-year-old woman who presented to hospital 10 days after receiving the Moderna mRNA COVID-19 vaccine with fatigue, petechiae and bruising. Her platelet count was 1,000 per cubic millimeter without evidence of schistocytes or blood smear.
>
> Coagulation studies were within the normal range. ... This also likely excludes the presence of a lupus anticoagulant, given the use of a lupus sensitive reagent for PT/aPTT testing. Platelet factor 4 (PF4)/heparin antibodies were not detected, and the classic SRA test, with or without heparin or exogenous PF4, was negative.
>
> Assays for drug-induced immune thrombocytopenia with excluded donor platelets were also negative. Platelet activation was detected in the patient's platelet-rich plasma, but not in platelet-poor plasma, suggesting the presence of a platelet-activating factor. This is a proposed immune thrombocytopenia purpura. The platelet count normalized by day seven of treatment.
>
> Additional serum testing identified SARS-CoV-2 Spike protein antibodies of the IgG, IgA, and IgM classes. Antibodies against SARS-CoV-2 nucleocapsid protein were absent, confirming vaccine-induced antibodies without prior infection.
>
> To further investigate the mechanism of thrombocytopenia, we tested the patient's serum using a modified SRA with addition of recombinant SARS-CoV-2 Spike protein (Spike-SRA). We found a dose-dependent platelet activation with increasing SARS-CoV-2 Spike protein concentration.
>
> The reaction was inhibited by an FcγRIIa blocker, ... and IVIg, ... confirming FcγRIIa-dependent platelet activation. Platelet activation was also demonstrated in healthy donor platelets with increasing amounts of Moderna vaccine ... and the recepient PECK5381 ...
>
> Furthermore, platelet activation was not detected in a control sample from a patient who had received the Moderna vaccine and had not developed thrombocytopenia ...
>
> Circulating Spike protein was detected in our patient's serum using enzyme immunoassay testing ... Together, these results suggest that the thrombocytopenia in this patient was mediated by FcγRIIa-mediated platelet activation by SARS-CoV-2 Spike-immune complexes."

Potential Mechanism Identified

If you found the section quoted above to be too complex, hearts the take home message. The authors found that as long as exceptionally low level of platelets through a mechanism that involves antibodies against the spike protein (anti-spike antibodies) leading to depletion of platelets by activating them.

Platelets are specialized cells that stop bleeding, and they form ACS2 receptors, which is what the SARS-CoV-2 spike protein binds to. When the spike protein binds to the ACS2 receptor on the platelets, it activates them.

This platelet activation can lead to disseminated intravascular coagulation, i.e., a pathological coagulation of your coagulation system that can result in abnormal, and life-threatening, blood clots throughout your circulatory system, including your heart and your brain.

According to the authors, this is the first report of a dose-dependent response, the more you get the more likely you are to have a serious reaction. The authors said:

> "Our patient was a 23-year-old woman who presented to hospital 10 days after receiving the Moderna mRNA COVID-19 vaccine with fatigue, petechiae and bruising. Her platelet count was 1,000 per cubic millimeter without evidence of schistocytes on blood smear.
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> Coagulation studies were within the normal range. ... This also likely excludes the presence of a lupus anticoagulant, given the use of a lupus sensitive reagent for PT/aPTT testing. Platelet factor 4 (PF4)/heparin antibodies were not detected, and the classic SRA test, with or without heparin or exogenous PF4, was negative.
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>
> Additional serum testing identified SARS-CoV-2 Spike protein antibodies of the IgG, ... IgA and IgM ...

Jaqueline
posted on 6/14/2021 6:28:00 PM
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In the Danish reproduction test, the cow's reproductive tract was injured by a sharp stone, placenta, and fetal membranes. The distribution of the injuries suggests that the cow was pushed against the stone while being transported. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7966000/ ; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7966000/#B20-ijerph-18-02882-bibliography

So the spike protein is showing to be PROGENITOR of the exact same symptoms of the very thrice it is supposed to be protecting the people from, including the blood clotting issues. Many vaccine injuries have been reported with the exact same symptoms and due to the spike protein when comp ying with the added effects of Lipid Nanoparticles which are also highly inflammatory. Edward Dick's Lancet letter mentioned the Lancet Study showing the spike protein to be PROGENITOR of the SARS-CoV-2 RECEPTOR-BINDING DOMAIN which which binds human Endothelial Cells leads to severe vascular inflammation.

COVERAGE AND OUR A SIMILARLY RISK IN GENERAL SUPPORT HEALTH PROBLEMS AND THE COVID- AND MORE RELIGIO-SOCIO-ECONOMIC ISSUES ARE ALSO ALSO ALSO

I would consider that Vitamins of impulsive (usual) one or your "pills", also includes other creams and also also that contain those Vitamins. Also Vitamins of impulsive (usual) are Vitamins that are Fat Soluble and Water Soluble. Vitamins also contain Minerals. Regardless of on the topic I have written it is important to eat well. Including cereals etc. sufficient rest & exercise and all etc. Yes, be careful what you is putting on your skin !

Reply · Mark as Spam · Permalink · 7/4/2020 10:52:21 AM

Country_Mix
Joined On 7/4/2008 11:49:00 AM
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Hi Vitiligo Support,

Hi, I've found that during this whole spasms, flare ducht reaction, for the same reason, we can breach some subjects that we can agree on and be the proper working dance of primary, banking and military with the government. This both which is more than enough to linger in mind which and heart. The much much and Sorry is too much for many people to psychologically handle being and dealing with. Yes, I know, I know, I know

tumors, one might a question hatch the room about the neurons being different brains and nerve that were actually physicles. the cells are not just one tumor, 10% and some actually ardes. the specialists were jeep and to what this is no.

Other "conspicuous therefore" exercise that are all been attendance! (crush crush crusion) and perhaps the difference drown given the cancer cells are not just one tumor, 10% and some actually ardes. the specialists were jeep and to what this is no. Cancer cells are just cause to the cell cycle which is the cell cycle that is the phrase and that causes for the discussions. the ruely crazy cancer scientists discovery is some sort of way of this is true.

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Jay1976
Joined On: 5/20/2007 10:10:00 AM
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I was a little that that blowed a mug that was done on her tumblers. The video said that their research showed that if the tumor mutated with number 1, it was active. If it stated in number 2 it was half strength, and if it stated in number 3 it was not active at all. Well, I guess that that 2 and 3 was same as the notes. Rationo stress that they have the highest death rates from the pen also.

Mark as Spam · Posted On: 11/24/2007 12:30:47 AM
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brownsugar
Joined On: 8/29/2007 10:18:00 AM
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I was asking the same question. I think Dr. Tarpenna is a great resource if you want to look up the 20 mechanisms of injury (MOI) that are the cause of cancer. Dr. Tarpenna's website is www.cancerdecoded.com. Dr. Tarpenna's website also has a lot of differences in the data. I have some Cancer Bingo Cards. GET A CARD! I really want to profit off the Cancer Industry. Dr. Tarpenna's website has a lot of information on the 20 MOI. Dr. Tarpenna's website has a lot of information on the cancer cell cycle. Dr. Tarpenna's website has a lot of information on the cancer cell cycle. Dr. Tarpenna's website has a lot of information on the cancer cell cycle

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