Circulation

Pour ceux qui ne connaitraient pas la revue scientifique à comité de lecture " Circulation Journal ", qui traite de maladies cardio-vasculaires et d'hématologie depuis 1950

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.**

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Résumé 10712 : Les vaccins ARNm COVID augmentent dramatiquement les marqueurs inflammatoires endothéliaux et le risque de SCA (syndrome coronarien

aigu) mesurés par le test cardiaque PULS : un avertissement

Notre groupe utilise le PLUS Cardiac Test (GD Biosciences, Inc, Irvine, CA) un test cliniquement validé mesure de plusieurs biomarqueurs protéiques qui génère un score prédisant le risque à 5 ans (pourcentage de chance) d'un nouveau syndrome coronarien aigu (SCA). Le score est basé sur les changements de la norme de plusieurs biomarqueurs protéiques, dont l'IL-16, une cytokine pro-inflammatoire, le Fas soluble, un inducteur de l'apoptose, et Hepatocyte Growth Factor (HGF) qui sert de marqueur pour la chimiotaxie des lymphocytes T dans l'épithélium et le tissu cardiaque, entre autres marqueurs. Élévation au-dessus de la norme augmente le score PULS, tandis que diminue en dessous de la norme abaisse le score PULS. Le score a été mesurée tous les 3 à 6 mois dans notre population de patients pendant 8 ans. Récemment, avec l'avènement du Vaccins à ARNm COVID 19 (vac) de Moderna et Pfizer, des changements spectaculaires dans le score PULS sont devenus apparent chez la plupart des patients. Ce rapport résume ces résultats. Un total de 566 pts, âgés de 28 à 97 ans, Le rapport M:F 1:1 vu dans un cabinet de cardiologie préventive avait un nouveau test PULS tiré de 2 à 10 semaines suivant la 2e injection COVID et a été comparé au score PULS précédent tiré 3 à 5 mois précédemment pré-tiré. L'IL-16 de base est passé de 35=/-20 au-dessus de la norme à 82 =/-75 au-dessus de la norme post-vac; sFas est passé de 22+/-15 au-dessus de la norme à 46=/-24 au-dessus de la norme post-vac ; Le HGF est passé de 42+/-12 au-dessus de la norme à 86+/-31 au-dessus de la norme post-vaccination. Ces changements a entraîné une augmentation du score PULS de 11 % du risque de SCA à 5 ans à 25 % du risque de SCA à 5 ans. Au moment de la rédaction de ce rapport, ces changements persistent pendant au moins 2,5 mois après la deuxième dose de vaccin.
Nous concluons que l'ARNm vaccinal augmente considérablement l'inflammation de l'endothélium et l'infiltration des cellules T de muscle cardiaque et peut expliquer les observations d'augmentation de la thrombose, de cardiomyopathie, et d'autres événements vasculaires après la vaccination.

Cardiologie Advisor

ACS Risk Biomarkers Significantly Increase After mRNA COVID-19 Vaccine

The risk of developing acute coronary syndrome (ACS) significantly increased in patients after

receiving mRNA COVID-19 vaccines, according to a report presented at the American Heart Association (AHA) Scientific Sessions 2021, held from November 13 to 15, 2021.

The study included 566 men and women (1:1) aged 28-97 years, who were patients in a preventive cardiology practice. All patients received a new PULS Cardiac Test 2-10 weeks after their second COVID-19 vaccine . This test result was compared with a PULS score from 3-5 months prevaccination. The PULS Cardiac Test measures multiple protein biomarkers, including hepatocyte growth factor [HGF], soluble Fas, and IL-16, and uses the results to calculate a 5-year risk score for new ACS. The PULS score increases with above-normal elevation. All participants received this test every 3-6 months for 8 years.

From prevaccination to postvaccination, the levels of IL-16 increased from 35=/-20 to 82=/-75 above the norm. Soluble Fas showed an increase from 22±15 to 46=/-24 above the norm. HGF rose from 42±12 to 86±31 above the norm. As a result, the 5-year ACS PULS risk score increased from 11% to 25%. By the time the report was published, changes had persisted for 2.5 months or more after the second vaccine dose.

Today's top picks on the Haymarket Medical Network COVID-19 Vaccination Not Linked to First-Trimester Miscarriage
White House Announces COVID-19 Vaccination Plan for Young Children

MTX-Adalimumab Linked to Weak Antibody Response to mRNA COVID-19 Vaccine

The study author concluded that "mRNA [vaccines] 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."

Reference

Gundry SR. mRNA COVID vaccines dramatically increase endothelial inflammatory markers and ACS risk as measured by the PULS cardiac test: a warning. Presented at: AHA Scientific Sessions 2021; November 13-15, 2021. Poster VMP41.

COMBIEN DE SPORTIFS EN TRES BONNE SANTE, D'ENFANTS EN EXCELLENTE SANTE, DE SENIORS EN PLEINE FORCE DE L'AGE ET DE PERSONNES AGEES FRAGILES, DEVRONT ENCORE TOMBES AU SOL, FOUDROYES, POUR QUE LES MEDECINS REAGISSENT EN MASSE ?

COMBIEN D'AVC, DE PERICARDITES, DE MYOCARDITES ? COMBIEN D'AUTRES PATHOLOGIES (AUGMENTATION DES CANCERS FOUDROYANTS PAR EXEMPLE...) AVANT QUE LES MEDECINS FRANCAIS OSENT PARLER ?

LA QUESTION EST POSEE ! TIC-TAC, TIC-TAC, messieurs...