

Additional Myocarditis Studies

A convergence of large-scale studies and expert analyses is painting a deeply concerning picture of the risk-benefit profile of COVID-19 mRNA vaccines, particularly for children, adolescents, and young adults. The central, alarming finding repeated across multiple research efforts is that myocarditis—a potentially life-threatening inflammation of the heart muscle—is being observed exclusively in vaccinated populations within these age groups, not as a result of SARS-CoV-2 infection itself (*Redshaw, 2024*).

A Definitive Shift in Causality: A major study in the American Heart Association's journal *Circulation* has reportedly confirmed that mRNA vaccination, not COVID-19 infection, is the primary trigger for vaccine-associated myocarditis (cited in McCullough, n.d.).

A Population-Scale Study of 1.7 Million Children: A preprint study using UK health data found that among children aged 5-15, myocarditis and pericarditis occurred only in the vaccinated cohort, with 27 cases per million after the first dose (*Redshaw, 2024*). Crucially, COVID-19-related hospitalisations and death were exceedingly rare in both vaccinated and unvaccinated children, raising serious questions about the risk-benefit justification for this demographic. The study also noted rapid waning of vaccine effectiveness against infection (*Redshaw, 2024*).

The "Silent" Myocarditis Problem: Experts like paediatric cardiologist Dr. Kirk Milhoan warn that standard diagnostics miss "silent" myocarditis, suggesting true incidence is likely much higher. The gold standard for detection, cardiac MRI, has revealed heart abnormalities in a significant percentage of post-vaccination patients studied (*Redshaw, 2024*).

A Conservative Yet Grave Prognosis: Citing Cleveland Clinic data, some analyses note that the 5-year survival rate for myocarditis diagnosis is approximately 50% (*Dr. Peter McCullough's Newsletter, 2024*). Dr. Peter McCullough estimates myocarditis may occur in roughly 2.5% of vaccine recipients, with half of cases being asymptomatic (*Redshaw, 2024*).

International Corroboration and Elevated Risks: A large South Korean peer-reviewed study in *Nature Communications* found a 620% increased risk of myocarditis and a 175% increased risk of pericarditis following mRNA vaccination compared to historical controls. This study also identified increased risks for certain autoimmune conditions (*Dumais, 2024*).

A Potential Treatment Pathway: Emerging research suggests a possible therapeutic approach for post-vaccination myocarditis. Given the similarity in inflammatory pathways between myocarditis and periodontitis, a

combination therapy of doxycycline and ivermectin is being explored to potentially slow or reverse heart damage caused by the spike protein's continuous autoimmune attack (*2nd Smartest Guy in the World, 2023*).

The Core Conflict: The debate is no longer if the vaccines can cause myocarditis—this is acknowledged by health agencies. The critical conflict lies in the disparity between official characterisations of the risk as "rare and mild" and the data from independent researchers and clinicians indicating the condition is more common, under-diagnosed, and carries a significant long-term mortality risk, especially for groups facing minimal risk from COVID-19 itself.

This growing body of evidence suggests an urgent need for a re-evaluation of vaccination policies for low-risk demographics, full transparency regarding cardiac risks, and dedicated research into treatment for those injured.

References

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2nd Smartest Guy in the World. (2023, October 24). EXCLUSIVE RESEARCH BOMBSHELL: Possible treatment approach for management of post-COVID vaccination myocarditis.