

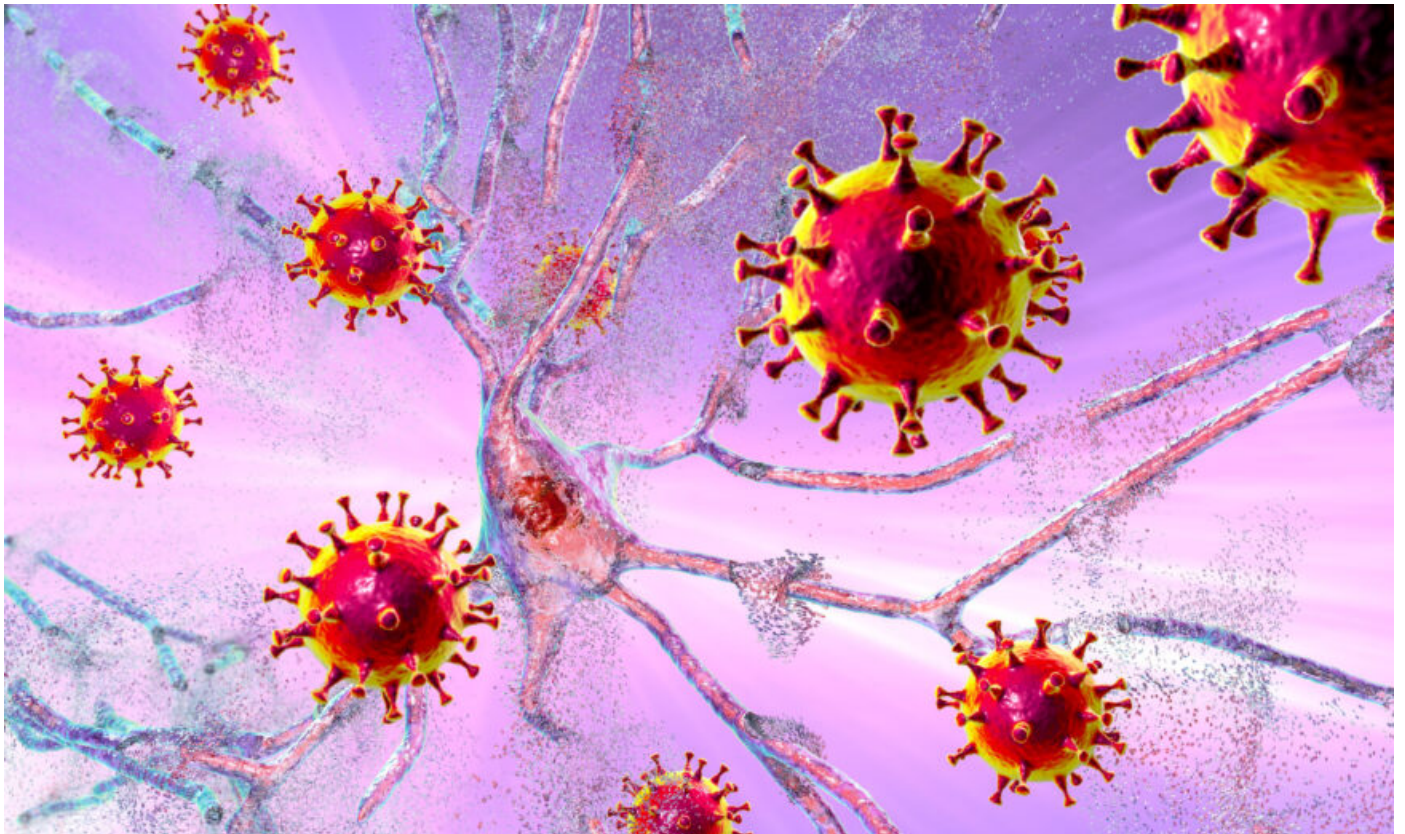
Hard Evidence in New Study: Brain, Heart Damage Caused by mRNA Vaccine

PREMIUM COVID VACCINES



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(Kateryna Kon/Shutterstock)

Scientists in Germany have found that mRNA vaccination, not COVID-19 infection itself, caused brain and heart damage in an older adult with underlying conditions.

[The study](#), titled “A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19,” was published in October 2022 in the journal *Vaccines*. It examined the situation of a 76-year-old German man with Parkinson’s disease.

The patient died three weeks after receiving his third COVID-19 injection.

The first vaccine he received in May of 2021 was the Oxford/AstraZeneca vaccine. That was followed by two more injections in July and then December of the same year. His two subsequent vaccines were both made by [Pfizer](#).

After the second vaccine, the patient’s family noticed marked changes in his behavior. He started experiencing more anxiety, became more lethargic, and didn’t want to be touched. He became withdrawn, even from close family members, and the symptoms of his preexisting Parkinson’s disease worsened considerably.

Given the ambiguous clinical symptoms prior to his death, his family requested an autopsy.

The unusual and fascinating results of the autopsy led to a published case report about what’s now being claimed as a vaccine-induced death.

This patient had no history of ever having a COVID-19 infection. This clinical history was confirmed via pathology.

“We can say definitively that this damage was caused by vaccine,” said John Campbell, a nurse educator, explaining the study in detail in a 14-minute [YouTube video](#) that he shared with his [2.68 million subscribers](#) on Feb. 16.

Natural COVID-19 Infection

The COVID-19 pandemic was caused by a virus called SARS-CoV-2, which is short for Severe Acute Respiratory Syndrome Coronavirus 2. It’s an RNA virus belonging to the family Coronaviridae. The name for this family of viruses is derived from the Latin word “corona,” meaning crown. This is because the virus under electron microscopy appears crown-like due to small bulbar projections formed by viral spike proteins.

Like many other respiratory viruses, coronaviruses spread quickly through droplets that one person projects out of the mouth or nose when breathing, coughing, sneezing, or speaking. The droplets can then be inhaled by another person.

Once inside the recipient's respiratory system, the viral spike protein plays a key role in virus-host cell communication. A successful communication results in the virus being accepted by the recipient's cell, completing the process of natural infection.

FDA Approved COVID-19 Vaccines

Apart from the spike protein, SARS-CoV-2 also has other essential structural proteins, such as an envelope, a membrane, and nucleocapsid proteins.

As the spike protein is the most abundant and most "exposed" viral protein, it was the obvious choice as a viral antigen for vaccine development.

In fact, without exception, all of the FDA-approved COVID-19 vaccines use the spike protein as a viral antigen. None of the authorized vaccines use any other SARS-CoV-2 proteins as viral antigens.

"So if you see spike protein on its own, that means it's vaccine; if you see spike protein and nucleocapsid protein, that means it's natural viral infection. That's the difference between the two," Campbell explained.

As a former vaccine developer with a Ph.D. in molecular genetics, Joe Wang has [questioned the design of these vaccines](#). At the same time, however, this vaccine design makes it easy to distinguish pathology caused by infection by the virus versus pathology caused by the vaccine.

In order to conduct an autopsy to determine the cause of death in the 76-year-old Parkinson's disease patient, researchers processed tissues in his body with formalin, cut them into sections, and stained them with hematoxylin and eosin in order to examine them.

They compared their samples with controls, both of the cultured cells from SARS-CoV-2 positive COVID-19 patients (that contained both the spike protein and the nucleocapsid), and cultured cells that contained vaccine-induced spike protein expression but no nucleocapsid protein.

The autopsy uncovered inflammation in both the brain and the heart.

The patient experienced acute brain damage that was unrelated to his Parkinson's disease diagnosis. There were patches of degeneration and inflammation in the front of his brain and his brain further contained three kinds of pathological findings: neuronal death (dead nerve cells), microglial infiltration (defense cells in the brain), and lymphocytes, which are associated with viral infection. They found spike protein in the frontal lobe of the brain, as well as in other sections of the brain. But there was no nucleocapsid protein present.

They found myocarditis—that is, swelling in the heart. It was clear from the autopsy that the myocarditis wasn't caused by natural infection but, instead, by vaccine-induced spike proteins.

This research showed very clearly that the patient's pathology was caused by the vaccines and not by natural infection.

The case report included detailed photographs of the patient's affected tissue. The images speak for themselves: Scientists or doctors who deny the connection between vaccines and abnormal tissue findings need only review the images for themselves.

'The Vaccines Caused the Brain Damage'

Pathologists found that the patient had several places in his brain where there was damage, as well as generalized swelling in his heart. They also confirmed that he was suffering from Parkinson's disease and that he had some long-standing hardening in his arteries. Finally, they found evidence of pneumonia, which may have been caused by him aspirating his own saliva or other body fluids.

"It looks like what happened here is that the vaccines caused the brain damage," Campbell says. It appears that the vaccine-induced brain damage caused the patient to have seizures.

Then, the seizures (what Campbell called "fitting") caused him to go unconscious, and while unconscious, he breathed in some of his own vomit or saliva, which contributed to his cause of death.

“The vaccine circulating around the body will come into contact with the blood vessels. So the [lipo-nanoparticles](#) containing the mRNA will go into the blood vessels. And it’s the blood vessels’ cells themselves that will express the spike protein,” Campbell explained. When the spike protein is expressed in the brain and the heart, it causes an inflammatory response and leads to the death of different parts of the brain.

Why Aren’t More Autopsies Being Conducted?

This is a question Campbell asked in his video—one for which he had no answer. Why are German pathologists conducting autopsies but American and British medical scientists aren’t?

Dr. Robert Lowry, a Texas-based neurologist who specializes in sports medicine, thinks not conducting autopsies is a grievous mistake. Lowry, who has been practicing medicine for more than 30 years, insisted back in July of 2022 that [autopsies should be conducted](#) on every young person who dies suddenly and unexpectedly.

In addition, based on his research and what he has seen in his clinical practice, Lowry doesn’t hesitate to say that we shouldn’t be giving any more mRNA injections.

“We need to stop these vaccines because they don’t work,” Lowry told The Epoch Times.

“They don’t prevent disease, and the immediate and long-term risk of serious injury from them is greater than that of having the actual disease,” he said. “Natural immunity to coronaviruses is far better and longer lasting than anything these vaccines provide.”

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Joe Wang, Ph.D., was a molecular biologist with more than 10 years of experience in the vaccine industry. He is now the president of New Tang Dynasty TV (Canada), and a columnist for The Epoch Times.

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