


# The Truth About Vaccine-induced Myocarditis

By Rav Arora | Jan. 18th, 2022

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*Commentary*

*The following essay has been rigorously fact-checked by Stanford medicine professor and infectious disease expert Dr. Jay Bhattacharya. The scientific claims regarding post-vaccine myocarditis are fully in line with the current medical literature.*

Over the past several months, I have faced insurmountable challenges in publishing my thoroughly fact-checked, interview-driven essays on post-vaccine myocarditis—an issue that concerns me personally for obvious reasons: the highest-risk population is young males. My views on the issue have been fully informed by top infectious disease experts and cardiologists—from institutions such as Harvard and Stanford—in this list <sup>(1)</sup>.

My inability to publish even a *single article* on this topic strikes me as a shameful departure from my original motivation to become a journalist a year-and-a-half ago: shedding light on stories neglected, distorted, and obscured by elite liberal media.

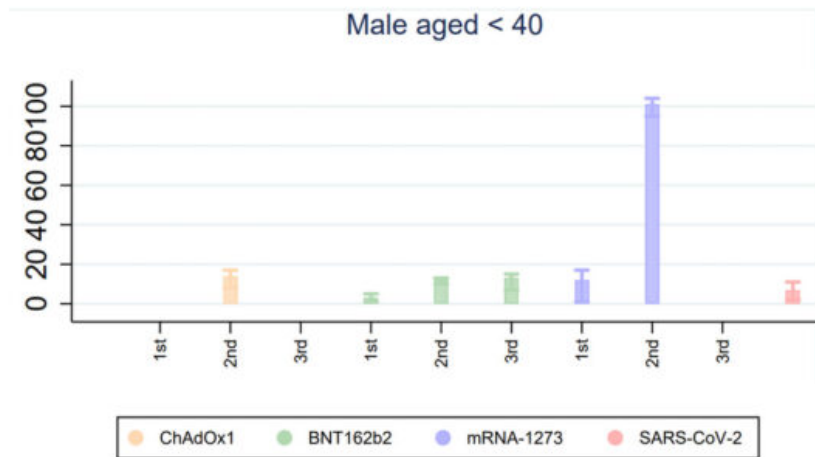
Enough is enough.

I simply cannot remain silent on this issue for another six months—not while young males are coerced and mandated to take additional shots of the vaccine with no safety data.

Misinformation is spreading like wildfire. Censorship is metastasizing. Most alarmingly, our universal triple-vaccination regime is victimizing more and more young males. And both conservative and liberal media have ignored the problem entirely.

This Substack publication is exclusively devoted to spirituality, mystical experience, and self-actualization. However, I have decided to make an exception and publish a multi-part essay series on the under-recognized truths surrounding vaccine-induced myocarditis. This long-form essay is the first part. I must begin with sharing the straw that broke the camel's back:

A new analysis of relative myocarditis risk by Oxford researchers who published a paper in *Nature Medicine* on Dec. 14. The authors find higher rates of vaccine-induced myocarditis than myocarditis from infection in males ages 16–39 across multiple vaccine doses: Pfizer dose 2 & 3 and Moderna dose 1 & 2. This graph compares the rates:



However, this analysis understates the vaccine risk in specific demographics. As Dr. Vinay Prasad highlights, if the researchers used more accurate seroprevalence data for viral infection (which would increase the denominator) and analyzed the risk in younger males ages 16–24 specifically (the highest risk group), the risk-benefit ratio would swing further against the administration of the aforementioned vaccine doses in this population.

The government and medical establishment’s failure to recognize this basic scientific reality has resulted in numerous young males making irreversible medical decisions resulting in cardiac damage with potential long-term implications. Before even having taken interest in this subject matter, I came to learn of three verified cases of post-vaccine myocarditis in young males requiring hospitalization in my city alone:

- **A 16-year-old male after dose 2 of Moderna**
- **A 17-year-old male after dose 1 of Pfizer**
- **A 25-year-old male after dose 1 of Moderna**

The 25-year-old male, who asked to remain anonymous, was diagnosed with ventricular tachycardia and “high-risk” arrhythmia—dangerously irregular heartbeat which causes the body to receive inadequate oxygenated blood. He spent 5 days in a hospital after enduring throbbing chest pains and difficulty breathing post-vaccination. He now has to take 3 months off from work and cannot engage in any form of physical exercise. Doctors have told him even going up the stairs in his house could exacerbate his heart condition.

I personally spoke to him and was devastated by his testimony:

“I felt so pressured to take the vaccine. I wanted to live a normal life and be able to travel where I want to. And now I’m basically unable to do anything without fearing risking my heart condition ... my life is ruined for at least the next few months.”

This 25-year-old man is not part of an exceptionally small minority of vaccine-injured people for whom this side effect could not be anticipated.

As has been long established, myocarditis is the most documented adverse reaction from the Pfizer and Moderna vaccines. A number of studies have established the risk of myocarditis as highly stratified by age and gender. A study from Israel found that males aged 16 to 29 faced the greatest risk, with around 11 in 100,000 males developing post-vaccination myocarditis. A pre-print study last year comparing risks of infection versus vaccination found that boys aged 12 to 15 were four to six times more likely to develop myocarditis from the vaccine than become hospitalized with any Covid-related condition (in the broadest possible sense, including incidental cases—meaning the relative myocarditis risk is likely understated).

The specific point of causality has not been identified by scientists yet, as the vaccines are experimental by nature and their long-term implications are not fully understood. A recent article in the Wall Street Journal compiles the leading hypotheses for what is causing this adverse event. One newly emerging theory relates to the way the vaccine is injected into the body:

“The shots are supposed to be injected into the shoulder muscle, also known as the deltoid muscle. If the injection accidentally reaches a vein, it could lead to delivery of some of the vaccine to the heart through blood vessels.”

As for the gender-specific risk, some scientists speculate it is due to higher testosterone levels in men:

“That myocarditis appears to happen more among younger males after vaccination than in other age and sex groups suggests a link to the hormone testosterone, which is usually at high levels in younger males, according to researchers. Testosterone may heighten an inflammatory immune response, Dr. Bozkurt said, leading to myocarditis in some male adolescents and young men.”

The consistently identified risk in young males across different countries, medical journals, and research institutes warrant serious caution and re-evaluation of fully vaccinating healthy young males—given their extremely low risk of serious illness or death from Covid. Public health officials in Norway, the UK, and Hong Kong have acted with commendable prudence, offering only one dose of the vaccine to young people since myocarditis cases are clustered after the second dose. Other countries such as Finland, France, and Germany have advised against administration of the Moderna vaccine in males under the age of 30 because of higher rates of myocarditis compared to the Pfizer vaccine.

However, both Canada and the United States have adopted a one-size-fits-all policy, making no medically tailored recommendations for teenagers and young adults.

As a 20-year-old healthy male myself, who has suffered from minor heart complications in early adolescence (irregular heart palpitations), I have decided not to take the vaccine. As a result of my personal health decision informed by my

physician, my social and physical well-being has been significantly compromised. The Canadian government (both provincial and federal) has implemented coercive and draconian vaccination policies, limiting the freedoms of the unvaccinated across various parts of society.

Much of my social life in Vancouver has been restricted and my ability to maintain physical fitness—a preventative measure that reduces risk of serious Covid illness—has been radically hampered. With the rest of unvaccinated Canadians over 12 years of age, I am barred from exercising at a gym, going to nightclubs, bars, large gatherings, and weddings. Worst, I am now landlocked in Canada and unable to leave the country to do media appearances in the United States and visit my family in India. I was recently planning to go to Florida to do Ben Shapiro’s show, but the government won’t even let me board a domestic flight.

In what world is this fair?

Under governmental pressure, public organizations have also stepped up their efforts in mandating vaccination for the young. In Ontario, Canada the biggest youth hockey league (OMHA) recently mandated all players 12 and over to be vaccinated. OMHA President Bob Hill gave a statement on the league’s decision:

“We know that the environment around return to play is a real concern for a large proportion of hockey families .... Our game is played in an indoor environment where there can be close contact, and we must do everything possible to reduce the risk of any transmission around the rink. It is the duty for our players, our officials and our communities.”

Unless one is willing to give their child an insufficiently tested booster shot on a likely 6-month basis, such a rationale being used to push child vaccine mandates falls apart under closer scrutiny. Vaccine efficacy against infection significantly drops over time (an idea which up until last summer was considered right-wing conspiracy). A study published in *The Lancet* showed a 55 percent reduction in vaccine effectiveness against infection five months post-vaccination, a trend which spirals downward over time. Any public benefit that child vaccination would bring is temporary and short-lived.

I asked Dr. Mike Hart (known for his appearance on Joe Rogan’s podcast), one of my consulting physicians who runs a top medical clinic in Ontario, what he thought about such a mandate:

“I don’t think this is a good policy. For vulnerable populations, vaccines make sense; but for young healthy people, the risks of the vaccine may outweigh the benefits.

“The risk of myocarditis from COVID is much higher than the risk of myocarditis from the vaccine in the general population, but in younger cohorts, the best available evidence suggests that’s not true.”

Unfortunately, medical experts such as Dr. Hart who consider both the costs and benefits of the vaccine have been marginalized by spokespeople of the medical

establishment who are bizarrely devoted to vaccinating everyone regardless of their individual risk-benefit proposition.

When CNN's chief medical correspondent Dr. Sanjay Gupta appeared on Joe Rogan's podcast and was repeatedly asked about myocarditis risk in young males, he responded with the claim that most myocarditis patients experience mild symptoms and recover quickly. When celebrity physician Dr. Oz was asked the same question by FOX 29 Philadelphia earlier this year, he replied in nearly identical fashion: myocarditis is a mild, easily curable medical condition and shouldn't discourage healthy male teenagers from receiving the vaccine.

However, myocarditis has long been documented as a cause of chronic fatigue, shortness of breath and chest pain, leading to disruptions in physical activity. A number of top cardiologists across the country—such as Dr. John Mandrola, Dr. Amy Kontorovich, and Dr. Venk Murthy—have publicly spoken out against minimization of vaccine-induced myocarditis.

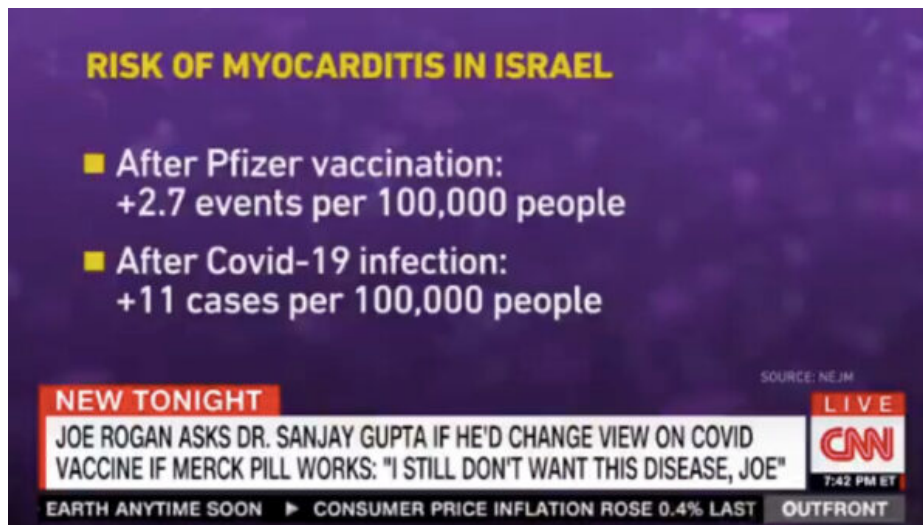
According to Dr. Kontorovich, professor of medicine and cardiology at the Icahn School of Medicine at Mount Sinai,

“[M]any of those affected are young people who were previously healthy and are now on three or more heart medications and potentially out of work due to symptoms, even if their heart function is ‘back to normal.’”

University of Michigan cardiologist Dr. Venk Murthy has also noted,

“People with myocarditis are usually counseled to limit activity, placed on 1 or more meds and are at lifetime increased risk of cardiac complications. This can have profound consequences. ... [They] are typically told to limit activity for several months, sometimes longer. This means no sports. Some kids are told not to carry books to school.”

In attempts to downplay these real, quantifiable risks, those with the most powerful voices in the medical community perform glaringly disprovable sleight-of-hand distortions of the scientific research on mainstream networks. When discussing his viral JRE appearance on Erin Burnett's CNN program, Dr. Sanjay Gupta addressed the public concern of myocarditis for vaccinating teenagers by presenting a study finding infection-induced myocarditis poses a greater risk compared to the vaccine.



(Screenshot/CNN)

A cursory reading of the study reveals it is irrelevant to the cost-benefit analysis of vaccinating healthy young males. The post-vaccination myocarditis rate of 2.7 per 100,000 people is derived from a highly diverse population (in age and gender) with a median age of 38 years in the study. Moreover, the specific age group among the highest at risk of myocarditis—12 to 15 year olds—was not included in the studied population. The alarming concern is with young males specifically, not the general population. And yet, the CNN segment closed with Erin Burnett summarizing this total falsehood based on Dr. Gupta’s stunningly dishonest analysis of the issue:

“The number one [vaccine] risk you do hear about for young boys is myocarditis. You’re saying you have about five times greater risk of getting that from Covid than the vaccine. I think that’s an incredibly powerful, just basic statistic for people to know.”

Another viral clip of Joe Rogan talking about myocarditis has been exploited by the media to promote their universal vaccination agenda:

The study in the article Rogan looks at finding a higher risk of infection-induced myocarditis than from the vaccine is severely flawed. As practicing physician and epidemiologist Tracy Høeg has pointed out, the authors of the study vastly underestimate both the incidence of Covid infections (thereby exaggerating the infection risk) and post-vaccine myocarditis. The latter is underestimated by a factor of three or four at least.

As a result, the authors fallaciously conclude post-infection myocarditis poses a higher risk than post-vaccine myocarditis in young males.

The aforementioned pre-print by Oxford researchers published last month is the most comprehensive, robust, and rigorous analysis of relative myocarditis risk.

(Note: Dr. Høeg was the lead researcher in the compelling study finding a four to six times higher incidence of vaccine-related myocarditis than any form of Covid hospitalization in 12–15-year-old boys. Read The Guardian’s coverage here.)

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Similar to our conversations surrounding climate change, criminal justice, and racism, the topic of vaccination has become painfully tribalized along Manichean lines. Any deviation from support of universally mandated vaccination prompts indefensible accusations of being an “anti-vaxxer”—a reality that came crashing down on 23-year-old unvaccinated NBA player Jonathan Isaac (who has natural immunity) in a misleading Rolling Stone story.

Neither the risk of Covid or vaccine side effects is equally distributed across the population. While the general risk is minuscule, the individual risk of vaccine-induced myocarditis in young males between the ages of 18 and 24 is roughly 1 in 2,000 according to a recent study by top infectious disease physician Dr. Katie A. Sharff. According to this calculation, one million administrations of the vaccine in this age group would yield 500 cases of heart inflammation in kids who were otherwise at near-zero risk of Covid.

The implications of this data are devastating if public health authorities continue to encourage, and worse, mandate boosters for young males as is being done at Princeton, NYU, Stanford, UMass Amherst, Dartmouth, and other major American universities (more on that soon).

Many in the media and medical establishment rightfully promote vaccination to prevent serious illness or death, but react to any information that delegitimizes or questions the safety and efficacy of vaccination in the slightest with a kind of strict religious opposition. “Safe and effective” has become a mantra used to shut down opposition to universal vaccination.

Supporting the vaccine means honestly discussing the real risks of vaccination in specific demographics—without either agenda-driven minimization or exaggeration. Obfuscating, downplaying, and misleading the public, on the other hand, undermines trust in the vaccine—a miraculous scientific innovation that has transformed the course of the pandemic by preventing millions of deaths and cases of severe disease.

Honesty, nuance, and compassion are especially needed when it comes to personal health choices. We are only born with one body and we must make medically informed decisions at our own volition without governmental coercion or political pressure.

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1. *Medical experts who have informed the analysis in this essay: Dr. Vinay Prasad, Dr. Tracy Hoeg, Dr. Jay Bhattacharya, Dr. Martin Kulldorff, Dr. Ramin Farzaneh-Far, Dr. John Mandrola, Dr. Aseem Malhotra.*

*This article was originally published on the Substack publication Noble Truths with Rav Arora.*

*Views expressed in this article are the opinions of the author and do not necessarily reflect the views of The Epoch Times.*

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