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Japan Now Adds Heart Inflammation Warning Label on COVID-19 Shots | Principia Scientific Intl.

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[Japan](#) has taken steps to warn its citizens about serious side effects linked to COVID-19 injections.

They've added a label to the jabs, warning about the

risk of myocarditis — inflammation of the heart muscle that can cause symptoms similar to a heart attack, including chest pain, shortness of breath, abnormal heartbeat and fatigue.

The U.S. Centers for Disease Control and Prevention states on their website, “Myocarditis and pericarditis have rarely been reported, especially in adolescents and young adult males within several days after COVID-19 vaccination.”

Further, in June 2021, the U.S. Food and Drug Administration added a warning to patient and provider fact sheets for the Pfizer and Moderna jabs about the “suggested increased risks of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue surrounding the heart) following vaccination.”

Unlike in the U.S., however, Japan is taking measures to monitor and report all side effects to the unprecedented jabs.

Japan Has Strict Reporting Requirements for Jab Side Effects

In Japan, strict legal reporting requirements are in effect for side effects that occur within 28 days of receiving a COVID-19 injection. Hospitals must report, in detail, any adverse effects that occur within that time period.

Japan's Ministry of Health reported that, as of November 14, 2021, for every 1 million males who received the Moderna COVID-19 injection, 81.79 youths between the ages of 10 and 19 developed myocarditis or pericarditis, as did 48.76 men in their 20s.

For Pfizer's COVID-19 jab, 15.66 out of every 1 million 10- to 19-year-old males who received the jab suffered from myocarditis or pericarditis, along with 13.32 of males in their 20s. Due to the risk of myocarditis, Britain's Joint Committee on Vaccination and Immunization (JCVI) recommended against COVID-9 injections for healthy 12- to 15-year-olds. JCVI member Adam Finn told Reuters:

“... the number of serious cases that we see of COVID in children this age are really very small. There are uncertainties about the long-term implications of (myocarditis), and that makes the

risk-benefit balance for these children really quite tight and much tighter than we would be comfortable to make the recommendation.”

In the U.S., where COVID-19 injections are recommended for ages 5 and up, the CDC stated it is “conducting surveys of patients (or their parents or guardians) and health care providers to gather information about myocarditis after mRNA COVID-19 vaccination” and “contacting people who meet the case definition for myocarditis following mRNA COVID-19 vaccination.”

As of December 8, 2021, 1,908 reports of myocarditis or pericarditis had been reported to the Vaccine Adverse Event Reporting System (VAERS) following COVID-19 jabs, typically among male adolescents and young adults. December 17, 2021, just 51 days after approving the shots for children ages 5 to 11, the CDC reported that it had so far received reports of eight cases of myocarditis in that age group.

Past investigations have shown only between 1% and 10% of adverse reactions are ever reported to VAERS, which is a passive, voluntary reporting

system, so the actual number could be much higher.

In its approval letter for Comirnaty (Pfizer's COVID-19 injection), the FDA ordered Pfizer to conduct research to investigate the risk of inflammation in and around the heart, as voluntary reporting mechanisms are insufficient.

The FDA accepted Pfizer's suggested timetable for the post-approval study to evaluate incidence of heart and heart sack inflammation, which includes the submission of an interim report at the end of October 2023, a study completion date of June 30, 2025, and submission of a final report October 31, 2025.

Japan Says No to Vaccine Mandates, Discrimination

In stark contrast to much of the rest of the globe, Japan stands against compulsory vaccination. Japan's Ministry of Health includes a "consent to vaccination" section on its website, which states mandatory vaccination and discrimination against those who choose not to be vaccinated are not

advised. This includes at workplaces, which are told not to force anyone to get injected:

“Although we encourage all citizens to receive the COVID-19 vaccination, it is not compulsory or mandatory. Vaccination will be given only with the consent of the person to be vaccinated after the information provided.

Please get vaccinated of your own decision, understanding both the effectiveness in preventing infectious diseases and the risk of side effects. No vaccination will be given without consent. Please do not force anyone in your workplace or those who around you to be vaccinated, and do not discriminate against those who have not been vaccinated.”

The page even links to “human rights counseling in foreign languages,” which details what to do if faced with vaccine discrimination in the workplace. Japan is standing out as a protector of informed consent and medical freedom, during a time in history when many other countries are opting for totalitarian control. Rair Foundation explained:

“Doctors worldwide have echoed Japan’s health

authority warnings about the gene-therapies side effects. However, this kind of proper informed consent has cost many doctors in western nations their licenses to practice medicine. The government has accused these doctors of spreading ‘vaccine hesitancy.’

Furthermore, while Japan allows its citizens to choose whether to be injected with the experimental gene-therapies, other countries are forcing citizens to receive the jab. For example, in February 2022, Austria will mandate the injections. Citizens who refuse will face heavy fines and up to one year in prison.”

Japanese Researchers Warn of Blood Clots, Death After Jabs

Reports of both cerebral venous sinus thrombosis and intracranial hemorrhage (ICH) have been reported following COVID-19 shots, including both fatal and nonfatal cases. In a commentary published in the Journal of Pharmaceutical Policy and Practice, Japanese researchers revealed that, as of May 2021, 10 deaths were reported following the

shots — and the manner of deaths raised a red flag. Among the five men who died, it was from causes other than stroke, but four of the five women who passed away died from ICH. “This imbalance is incompatible with the mortality data on cardiovascular diseases in the National Statistics, which show no apparent disparity between sexes or between hemorrhagic and ischemic stroke,” they wrote.

Their analysis revealed “a disproportionately high incidence of death by ICH in Japanese women who received tozinameran [Pfizer’s COVID-19 shot], suggesting a potential association of ICH with the vaccine.” They also believe that a causal link between the deaths from ICH and the shot is possible and warrants further study. Others have also warned that blood clot formation with mRNA vaccines is inevitable.

The mRNA COVID-19 injections affect your body at the cellular level. In each dose of the Moderna COVID-19 shot are 40 trillion mRNA — or messenger RNA — molecules. Each mRNA “package” is designed to be absorbed into your cell,

but only 25 percent stay in your arm at the site of the injection. The other 75 percent, is collected by your lymphatic system and fed into your circulation, Dr. Charles Hoffe, a family physician from Lytton, British Columbia, said.

The cells where mRNA is absorbed are those around your blood vessels — the capillary network, which are the tiniest blood vessels in your body. When the mRNA is absorbed into your vascular endothelium — the inner lining of your capillaries — the “packages” open and genes are released. Each gene can produce many COVID-19 spike proteins, and your body gets to work manufacturing these spike proteins, numbering in the trillions.

Your body recognizes the spike protein as foreign, so it begins to manufacture antibodies to protect you against COVID-19, or so the theory goes. But there’s a problem. In a coronavirus, the spike protein becomes part of the viral capsule, Hoffe says, but when you get the shot, “it’s not in a virus, it’s in your cells.” The spike protein, in turn, can lead to the development of blood clots:

“So it therefore becomes part of the cell wall of your

vascular endothelium, which means that these cells, which line your blood vessels, which are supposed to be smooth so that your blood flows smoothly now have these little spiky bits sticking out.

So it is absolutely inevitable that blood clots will form, because your blood platelets circulate around in your vessels and the purpose of blood platelets is to detect a damaged vessel and block that damage when it starts bleeding. So when a platelet comes through a capillary and suddenly hits all these covid spikes that are jutting into the inside vessel ... blood clots will form to block that vessel. That's how platelets work.”

Japanese Study Reveals Adverse Events Following Jabs

In a preprint study released in October 2021, researchers from Nagasaki International University, Japan, studied adverse events that occur in young Japanese people following Moderna's COVID-19 shot.

Using data from 7,965 individuals, they found that

83 percent experienced local adverse events while 65 percent experienced systemic adverse events. Those particularly at risk included women, youth under the age of 20 — who often experienced adverse events after the first dose — and those who experienced adverse events after the first dose.

Such information is crucial to proper informed consent, something that not only has been lacking during the pandemic, but actively censored. It's encouraging to see countries like Japan standing out in their efforts to get a true picture of how dangerous COVID-19 jabs may be. As Health Thoroughfare noted:

“According to the latest reports, the country is reaffirming its commitment to adverse event reporting requirements to ensure all possible side effects are documented. These efforts from Japan's health authority are in stark contrast to the measures taken by other countries to coerce citizens into taking the injection, downplaying side effects, and discouraging proper adverse event reporting.”

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