

# **Central Venous Thrombosis of the Brain After SARS-CoV-2 Infection and mRNA Vaccination**

Neurologic Disaster is Even Worse After Injection

Theme: Science and Medicine

By Dr. Peter McCullough Global Research, March 20, 2023 Courageous Discourse 18 March 2023

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Proponents of COVID-19 mass vaccination acknowledge that similar disastrous outcomes occur with both SARS-CoV-2 infection and the COVID-19 vaccines (myocarditis, blood clots, neurological problems). They position a tradeoff and suggest you should risk it with the vaccine in hopes its lower than that of the infection. Since 94% of Americans have had the COVID-19, its water under the bridge for the infection. Early therapy reduces the invasive systemic manifestations of the illness and markedly reduces hospitalization and death including from complications. With vaccination its a different story, the full force of engineered Spike protein is felt in the body with each shot and per case, the severity of the side effect is far worse than that with COVID-19.

Tu, et al illustrated this principle while analyzing central venous thrombosis which is a blood clot in the major vein of the brain which is a medical emergency requiring, hospitalization, intravenous or subcutaneous blood thinners, serial imaging, observation and in some cases surgery. Tu attempted to divide cases by large denominators to minimize risk; that is invalid in safety research since not all cases can be found particularly fatal ones without an autopsy. The important findings from Tu are in the tables. Central venous thrombosis after vaccination was a catastrophe with more cases, greater need for therapy, more brain surgery, and higher degrees of neurologic impairment at discharge for those who took the mRNA vaccine.

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#### Original Investigation | Neurology

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March

#### Incidence of Cerebral Venous Thrombosis Following SARS-CoV-2 Infection vs mRNA SARS-CoV-2 Vaccination in Singapore

Tian Ming Tu, MRCP; Shen Jia Yi, MRCP; Jasmine Shimin Koh, MRCP; Seyed Ehsan Saffari, PhD; Rebecca Hui Min Hoe, MRCP; Geraldine Jiangyan Chen, BSc; Hui Jin Chiew, MRCP; Carol Huilian Tham, MRCP; Christopher Ying Hao Seet, MRCP; Ming Hui Yong, MRCP; Kok Pin Yong, MRCP; Andrew Che-Fai Hui, MRCP; Bingwen Eugene Fan, MRCP; Benjamin Yong-Qiang Tan, MRCP; Amy May Lin Quek, MRCP; Raymond Chee Seong Seet, MRCP; Leonard Leong Litt Yeo, MRCP, PhD; Kevin Tan, MRCP; Umapathi N. Thirugnanam, MRCP

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Sex/age	Comorbidities	Respiratory	Positive COVID-19 tests	Neurologi	ical COV		ecation of (	ount, per 10°/L, range 150-450)	D-dimer ( <0.5pg/t	(range Normal	tic lands	Abnormal thrombotic to	ants Torr	iment	mRS on dischart
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M/31-40 y	None	Cough, pleuritic chest pain, fever	PCR	Headache	1		eft transverse 1 ind sigmoid ines	87	<0.19	ACL		None	Dab	igatran	0
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Abbreviations: ACL, anticardiolipin antibodies: BGGPI, B2 glycoprotein 1. CVT, cerebral venous thrombools, DVT, deep vein thrombools. HFIA, hepatin-induced platelet activation; ICH, intracranial hemorrhage; UK, internal jugdar veis; LAC, lupus anticoagulant; LMINH, low molecular weight hepatin; mSC, modified Bankin scale, PCR, polymerase durin maction; PA; platelet factor 4 neuroica antibodes; PC, publicoary embolans; SARS CoV2, Severe Acude Respiratory Synchrone Coronavins 2: SSS, superior sagittal sinus; TA, transient lochenic attack. SI conversion factor: To convert platelet counts to  $*10^3 \mu L$  , multiply by 1.0.

Tu TM, Yi SJ, Koh JS, Saffari SE, Hoe RHM, Chen GJ, Chiew HJ, Tham CH, Seet CYH, Yong MH, Yong KP, Hui AC, Fan BE, Tan BY, Quek AML, Seet RCS, Yeo LLL, Tan K, Thirugnanam UN. Incidence of Cerebral Venous Thrombosis Following SARS-CoV-2 Infection vs mRNA SARS-CoV-2 Vaccination in Singapore. JAMA Netw Open. 2022 Mar 1;5(3):e222940. doi: 10.1001/jamanetworkopen.2022.2940. PMID: 35297971; PMCID: PMC8931554.

Under no circumstances could someone accept a blood clot in the brain with the vaccine in the hopes of not getting COVID-19. That tradeoff is untenable and yet another reason why vaccine promoters have lost trust from a discerning public.

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