JOURNAL OF INSULIN RESISTANCE, VOL 5, NO 1 (2022)

About the Author(s)

Aseem Malhotra **(mailto:aseem_malhotra@hotmail.com)** **(https://orcid.org/0000-0002-6901-1539)**
Public Health Collaboration, London, United Kingdom

Citation

Malhotra A. Curing the pandemic of misinformation on COVID-19 mRNA vaccines through real evidence-based medicine - Part 1. J. insul. resist. 2022;5(1), a71.
https://doi.org/10.4102/jir.v5i1.71 **(https://doi.org/10.4102/jir.v5i1.71)**

Review Article

Curing the pandemic of misinformation on COV

Aseem Malhotra

Received: 10 June 2022; **Accepted:** 01 Sept. 2022; **Publis**

Abstract

Background: In response to severe acute respiratory syndr administered to billions of people worldwide, including the yc of the pre-clinical and clinical testing of these agents, despite

Aim: To gain a better understanding of the true benefits and vaccines.

Methods: A narrative review of the evidence from randomis BionTech/Pfizer vaccine.

Results: In the non-elderly population the "number needed controlled trials using the messenger ribonucleic acid (mRNA hospitalised from COVID-19. Pharmacovigilance systems and especially in relation to cardiovascular safety. Mirroring a pot ambulances in England was seen in 2021, with similar data e

Conclusion: It cannot be said that the consent to receive th global vaccination policies for COVID-19 is long overdue.

Contribution: This article highlights the importance of addre risk factor for poor outcomes from COVID-19.

Keywords: COVID-19; mRNA vaccine; cardiac arrests; real

Vaccines save lives

The development of safe and highly effective vaccines during prominent scars on my left arm are a constant reminder of th (TB), measles, mumps and rubella to name but a few. Collec **(#CIT0001_71)** The greatest success of vaccination was the glc

In other words, almost one in three people who contracted it 95 out of 100 individuals being protected from symptomatic complete eradication of the virus. Similarly, one dose of the r assume is that 95 out of 100 who take the inoculation are pr Similarly, if exposed to chickenpox, only five out of 100 vacci

Vaccines are also some of the safest interventions in the wor expect, given that they are being administered to prevent so

summer of 2020, several drug companies including both Pfiz
had developed a vaccine with more than '95% effectiveness'
coronavirus disease 2019 (COVID-19).

A doctor's experience

Volunteering in a vaccine centre, I was one of the first to rec
2021. Although I knew my individual risk was small from CO
prevent transmission of the virus to my vulnerable patients.
patients and people in my social network who were asking m

I was asked to appear on *Good Morning Britain* after a previc
was also interviewed, explained that I convinced her to take

But a very unexpected and extremely harrowing personal tra
would ultimately prove to be a revelatory and eye-opening e
to eminent scientists involved in COVID-19 research, vaccine
reluctantly concluded that contrary to my own initial dogmat
This critical appraisal is based upon the analytical framework
expertise and/or experience with use of the best available ev

A case study

Case studies are a useful way of conveying complex clinical i
summary results of a clinical trial.

On 26 July 2021, my father, Dr Kailash Chand OBE, former d
also taken both doses of the Pfizer mRNA vaccine six months
inquiry revealed that a significant ambulance delay likely con
particularly shocking and inexplicable. Two of his three major
75% blockage in his right coronary. Given that he was an ext
during the whole of lockdown, this was a shock to everyone
detail. My father who had been a keen sportsman all his life,
few years earlier, which had revealed no significant problems
belly fat, reduced the dose of his blood pressure pills, startec
triglycerides, significantly improving his cholesterol profile.

I couldn't explain his post-mortem findings, especially as the
my own special area of research. That is, how to delay progr
prescribe a lifestyle protocol to my patients on the best avail
paper with two internationally reputed cardiologists (both ed
disease through lifestyle changes.[4 (#CIT0004_71)] We emphas
exacerbated by insulin resistance. Then, in November 2021,
findings. In over 500 middle-aged patients under regular foll
correlated with risk of heart attack, the mRNA vaccine was a
pre-mRNA vaccine to 25% 2–10 weeks post mRNA vaccine.
group, but nevertheless, even if partially correct, that would
more importantly heart attack risk, within months of taking t
six months earlier, could have contributed to his unexplained

Questioning the data

I recalled a cardiologist colleague of mine informing me, to m
number of reasons, including his personal low background C
short- and longer-term harms. One thing that alarmed him a
data in the supplementary appendix, specifically that there w
(#CIT0007_71)] These figures were small in absolute terms and
but without further studies it was not possible to rule out this
case it could have the effect of causing a surge in cardiac arr

TABLE 1: (https://insulinresistance.org/index.php/jir/artic
vaccination by age.

In terms of efficacy, headlines around the world made very b
glossing over the big difference between controlled trial and
to interpret this that if 100 people are vaccinated then 95%
(CDC) director Rochelle Walensky recently admitted in an int
significantly stop transmission and infection, but this was late
revealed that a person was 95% 'less likely' to catch the autu
to know the true value of any treatment one needs to unders
is, the *absolute individual risk reduction*.

Importantly, it turns out that the trial results suggest that th
absolute risk reduction for this was 0.84% (0.88% reduced t
every 10 000 people vaccinated in trial 4 would have tested
group, 9912 of the 10 000 (over 99%) would not have testec
vaccinate 119 people to prevent one such symptomatic posit
beyond the scope of this article).[10 (#CIT0010_71)]

This absolute risk reduction figure (0.84%) is extremely impo
received the shot? Transparent communication of risk and be
informed consent.[11 (#CIT0011_71)]

The Academy of Medical Royal Colleges made this clear in a
chair of the General Medical Council. In fact, in a 2009 World
stated, 'It's an ethical imperative that every doctor and patie
unnecessary anxiety and manipulation'.[13 (#CIT0013_71)]

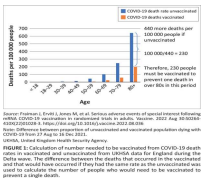
Contrary to popular belief, what the trial did not show was ar
over the 6-month period of the trial, but the actual numbers
from COVID-19 in the placebo group and one death from CO
actually slightly more deaths[14 (#CIT0014_71)] in the vaccine g
rate of COVID-19 illness classed as severe in the placebo gro
illness even in regions chosen for the trial because of perceiv

Finally, the trials in children did not even show a reduction in
blood to define efficacy, even though the relationship betwee
best. The Food and Drug Administration's (FDAs) own websit

> [*R*]esults from currently authorised SARS-COV-2 antib
> from COVID-19 at any time, and especially after the p

Now that we know what the published trial did and did not sh
vaccine would be in reducing mortality or any other adverse
symptomatic infection from ancestral variants, then to find th
infections that lead to a single death for each age group. This
death) from the vaccine. For example, if my risk at age 44 fr
reduction from the vaccine protecting me from death is 1 ove

Of course, even for those people who do become infected the
possible to calculate the number who would need to be vacci
[(#CIT0016_71)] during the Delta wave gives 230 for people ove
rising to 520 for people in their 70s and 10 000 for people in
However, these figures will be distorted by inaccuracies in the
by John Ioannidis in *BMJ* evidence-based medicine the inferr
generated by 'pre-existing immunity, vaccination misclassific
decision, treatment use differences and death attribution'.[18



(https://insulinresistance.org/index.php/jir/article/viewFi

TABLE 2: (https://insulinresistance.org/index.php/jir/artic
death based on death rates and case fatality rates from UKH

These numbers are for the whole population of England and
existing conditions.[19 (#CIT0019_71)] It is also important to no
bias the death data. For example, the unvaccinated are more
severe illness or death should they be infected.

Professor Carl Heneghan, the director of the Centre of Evider
Some of his own patients who ended up in intensive care uni
were already suffering from terminal illness.

Given these limitations, the above figures are likely an overe
uncertainties is an essential component of shared decision-m

What should be part of the shared decision-making informed
something along these lines: Depending on your age, severa
person from dying from the Delta variant of COVID-19 over a
younger you are, reaching at least 2600 for people in their 5
omicron, which has been shown to be 30% – 50% less lethal
long any protection actually lasts for is unknown; boosters ar

But how many people have had a conversation that even app
as yet to be fully quantified harms.

Although many have proposed that omicron is intrinsically les
virus) immunity built up by prior exposure protecting against
whether it is a viral or immune-related phenomenon, the mil
should not be attributed to vaccines. ≤

What are the harms?

Concerns have already been raised about the under-reportin
reporter Maryanne Demasi analysed the various ways that th
participants limited to the type of adverse event they could r
withdrawn from the trial and not reported in the final results.
vaccine to subjects in the placebo group, essentially torpedoi
pharmacovigilance data.

Such data have shown that one of the most common mRNA
showed an increased risk from mRNA vaccination over backg
myocarditis is more common after COVID-19 infection than a
the risk of myocarditis in subsequent infection is elusive, and
vaccines were rolled out to the younger cohorts having rema
most up-to-date evidence, a paper from Israel[24 (#CIT0024_7
risks of either myocarditis or pericarditis from COVID-19, str
vaccines, with or without COVID-19 infections as an addition

Indeed, this reflects my own clinical experience of advising a
the history of myocarditis post mRNA vaccination but aren't r
fatigue and shortness of breath on exertion a few weeks afte
ventricular function. Another lady in her 30s experienced sim
ventricular impairment was also present on echo and a subse
seen on the scan, which is consistent with damaged heart tis

Although vaccine-induced myocarditis is not often fatal in yo
some degree of myocardial damage.[25 (#CIT0025_71) ,26 (#CI
heart muscle injury. It is uncertain how this will play out in th
or potentially more serious heart rhythm disturbances in the

A number of reports have produced concerning rates of myoc
Hong Kong study in male children and adolescents aged 12–
measured myocarditis cases that have been diagnosed in a h
which long-term harm cannot be ruled out). In addition, und

The United Kingdom relies on the Medicines and Health Regu
adequate to cope with a rapid roll-out of a brand new produc
product in April 2021 for younger people after 9.7 million dos
the problem after only 150 000 doses had been administered

In the United Kingdom, since the vaccine roll-out there have
association with the mRNA COVID-19 vaccinations involving
at least one dose), the MHRA figures show around 1 in 120 s
unclear about the rate and furthermore do not separate out t
modern medical era and equals the total number of reports r
vaccines) up to 2020.[33 (#CIT0033_71)] In comparison, for the
was around 1 in 4000, more than thirty times less frequent t
does separate out the reported serious adverse reactions and
product that result in hospitalisation or are life changing.[35 (

Another, and more useful, source of information (because of
Vaccine Adverse Effect Reporting System (VAERS). As with th
vaccines is completely unprecedented. For example, over 24
within 48 h of injection, and half within two weeks. The avera
given for this is that the COVID-19 vaccine roll-out is unprec
States has administered 150 million – 200 million vaccinatior
analysis of a sample of 250 early deaths suggested that the
VAERS report is a violation of Federal law punishable by fine

Given that VAERS was set up to generate early signals of pot
perverse to only now criticise it as unreliable when there see

It has been estimated that serious adverse effects that are o
the above comments in relation to VAERS reports are conside
suggesting that as few as 1% of serious adverse events are
United Kingdom, it has been estimated that only 10% of seri
publication co-authored by some of the most trusted medical
data. Accessing data from the FDA and health Canada websit
the authors concluded that the absolute risk of a serious adv
COVID-19 hospitalisation in randomised controlled trials.[17 (

What VAERS and other reporting systems (including the yet
miss are potential medium to longer term harms that neither
vaccine increases the risk of a coronary event within a few m
would increase event rates well beyond the first few weeks o
later on.

It is instructive to note that according to ambulance service
(~20% increase) out-of-hospital cardiac arrest calls compare
Information laws from one of the largest ambulance trusts in
thereafter the rise has been seen disproportionately in the yo
urgency.[42 (#CIT0042_71)]

Similarly, a recent paper in *Nature* revealed a 25% increase i
significantly associated with administration with the first and
[(#CIT0043_71)] The authors state that:

> [*T*]he findings raise concerns regarding vaccine-induce
> established causal relationship between vaccines and

The disturbing findings in this paper have resulted in calls for
would have published a paper with differing assumptions anc

Many other concerns have been raised about potential harms
hypothetical, it may be a grave mistake to focus only on wha

What could be the mechanism of harm?

For 'conventional vaccines', an inert part of the bacteria or vi
short-lived. For the COVID-19 vaccines, spike protein has be
months after vaccination[44 (#CIT0044_71)] and is distributed th
respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccines,
not inert, but rather it is the source of much of the pathology
abnormalities[47 (#CIT0047_71)] and lung damage. It is instruct
potential serious adverse events of special interest that may
platform, adverse events associated with prior vaccines in ge
immunopathogenesis[40 (#CIT0040_71)] (see **Figure 2 (#F0002**

Source: Fraiman J, Erviti J, Jones M, et al. Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults. Vaccine. 2022 Aug 30:S0264-410X(22)01035-0. doi: 10.1016/j.vaccine.2022.08.063. Epub ahead of print. PMID: 36088152; PMCID: PMC9427717.
SAE, serious adverse events; AESI, adverse events of special interest.

FIGURE 2: World Health Organization endorsed a list of adverse events of special interest associated with COVID-19 vaccinations.

(https://insulinresistance.org/index.php/jir/article/viewFi

Is the vaccine doing more harm than good?

The most objective determinant of whether the benefits of th
round the thorny issue as to what should be classified as a C
surprising – to say the least – if during an apparently deadly
cause mortality.

Pfizer's pivotal mRNA trial in adults did not show any statistic
slightly more deaths in the treatment arm versus in the place

Work by Fenton et al. showed an unusual spike in mortality i
each age group.[48 (#CIT0048_71)] The rapid shrinking in the si
artifactually. Alternative explanations must include the (more
unvaccinated population: in other words, those counted as 'u
(a freedom of information [FOI] request has now confirmed t
unvaccinated, creating a misleading picture of efficacy vs dea

One has to raise the possibility that the excess cardiac arrest
all be signalling a non-COVID-19 health crisis exacerbated by

Given these observations, and reappraisal of the randomised
has been net beneficial in all age groups. While a case can be
groups, that case seems tenuous at best in other sections of
considered (especially for multiple injections, robust safety d
reckless gamble. It's important to acknowledge that the risks
as new variants are (1) less virulent and (2) not targeted by
sudden cardiac death was related to the vaccine. A pause an

Acknowledgements

The author thanks Dr Clare Craig for edits and data analysis,
assistance of a scientist who wishes to remain anonymous du

Competing interests

The author declares that he/she has no financial or personal

Author's contribution

A.M. is the sole author of this article.

Ethical considerations

This article followed all ethical standards for research without

Funding information

This research received no specific grant from any funding age

Data availability

Data sharing is not applicable to this article, as no new data

Disclaimer

The views and opinions expressed in this article are those of
agency of the authors.

References

1. World Health Organization. Immunization [homepage on th
in-pictures/detail/immunization (https://www.who.int
2. World Health Organization. Smallpox [homepage on the Int
topics/smallpox#tab=tab_1 (https://www.who.int/hea
3. Gallagher P. The death of Dr Kailash Chand: How a lethal m
[cited 2022 Jun 5]. Available from: **https://inews.co.uk/**
lack-of-resources-led-to-tragedy-1303449 (https://in
lack-of-resources-led-to-tragedy-1303449)
4. Malhotra A, Redberg RF, Meier P. Saturated fat does not clo
effectively reduced from healthy lifestyle interventions. Br J
(https://doi.org/10.1136/bjsports-2016-097285)
5. Gundry SR. Abstract 10712: Observational findings of PULS
2021;144(Suppl_1):A10712. **https://doi.org/10.1161/**
6. Axfors C, Ioannidis JPA. Infection fatality rate of COVID-19
https://doi.org/10.1007/s10654-022-00853-w (http
7. Polack FP, Thomas SJ, Kitchin N, et al. Safety and efficacy o
https://doi.org/10.1056/NEJMoa2034577 (https://d

8. Burches E, Burches M. Efficacy, effectiveness and efficiency Community Med. 2020;4:35. **https://doi.org/10.23937**
9. Smith P. CDC Director Rochelle Walensky: Too little caution from: **https://www.youtube.com/watch?v=8DPS4nB**
10. Walker G. Review COVID analysis 2020 [homepage on the **https://www.thennt.com/review-covid-analysis-202**
11. Ignorance is not bliss: Why we need more empowered pati **journal.com/article/opinion/ignorance-is-not-bliss-v journal.com/article/opinion/ignorance-is-not-bliss-why-w**
12. Malhotra A, Maughan D, Ansell J, et al. Choosing Wisely in BMJ. 2015;350:h2308. **https://doi.org/10.1136/bmj.h**
13. Gigerenzer G. Making sense of health statistics. Bull World **(https://doi.org/10.2471/BLT.09.069872)**
14. Wollersheim S, Schwartz A. BLA Clinical Review Memorandu **https://www.fda.gov/media/152256/download (htt**
15. US Food & Drug Administration. Antibody testing Is not cur [homepage on the Internet]. 2021 [cited 2022 Jul 15]. Ava **testing-not-currently-recommended-assess-immunity communications/antibody-testing-not-currently-recommer**
16. UK Health Security Agency. National flu and COVID-19 surv Available from: **https://www.gov.uk/government/stat (https://www.gov.uk/government/statistics/national-flu-**
17. Fraiman J, Erviti J, Jones M, et al. Serious adverse events c Aug 30:S0264-410X(22)01028-3.
18. Ioannidis JPA. Factors influencing estimated effectiveness o **https://doi.org/10.1136/bmjebm-2021-111901 (http**
19. Statistics. Statistics » COVID-19 daily deaths [homepage o **https://www.england.nhs.uk/statistics/statistical-w areas/covid-19-daily-deaths/)**
20. Demasi M. Are adverse events in Covid-19 vaccine trials un Available from: **https://maryannedemasi.com/publica (https://maryannedemasi.com/publications/f/are-advers**
21. Karlstad Ø, Hovi P, Husby A, et al. SARS-CoV-2 vaccination **https://doi.org/10.1001/jamacardio.2022.0583 (http**
22. Patone M, Mei XW, Handunnetthi L, et al. Risks of myocardi infection. Nat Med 2022;28:410–422. **https://doi.org/10**
23. Diaz GA, Parsons GT, Gering SK, Meier AR, Hutchinson IV, 1212. **https://doi.org/10.1001/jama.2021.13443 (ht**
24. Tuvali O, Tshori S, Derazne E, et al. The incidence of myoca Med Res. 2022;11(8):2219. **https://doi.org/10.3390/jc**
25. Fronza M, Thavendiranathan P, Chan V, et al. Myocardial inj **https://doi.org/10.1148/radiol.212559 (https://doi.c**
26. Hadley SM, Prakash A, Baker AL, et al. Follow-up cardiac m 2883. **https://doi.org/10.1007/s00431-022-04482-z**
27. Vogel G, Couzin-Frankel J. Israel reports link between rare [cited 2022 Jan];10. Available from: **https://covidcalltoh cases-of-heart-inflammation-and-COVID-19-vaccinat content/uploads/2021/06/Science_Israel-reports-link-bet**
28. Chua GT, Kwan MYW, Chui CSL, et al. Epidemiology of acute 2021; ciab989. **https://doi.org/10.1093/cid/ciab989**
29. Gahr M, Eller J, Connemann BJ, Schönfeldt-Lecuona C. Und 2017;41:S369. **https://doi.org/10.1016/j.eurpsy.201**
30. Coronavirus vaccine – Weekly summary of Yellow Card repo **https://www.gov.uk/government/publications/coro card-reporting (https://www.gov.uk/government/public card-reporting)**
31. Yellow Card reports compared for Oxford/AstraZeneca and **https://www.bmj.com/content/372/bmj.n699/rr-1**
32. BBC News. AstraZeneca vaccine: Denmark stops rollout cor **https://www.bbc.co.uk/news/world-europe-567444**
33. Medicines and Healthcare products Regulatory Agency. Med [cited 2022 Apr]. Available from: **https://www.adam-as regulation.pdf (https://www.adam-aspire.co.uk/wp-cont**
34. Medicines and Healthcare products Regulatory Agency. All s 2020 [homepage on the Internet]. 2021 [cited 2022 Apr]. **https://assets.publishing.service.gov.uk/governmen (https://assets.publishing.service.gov.uk/government/up**
35. Norwegian Medicines Agency. Reported suspected adverse Available from: **https://legemiddelverket.no/Documer 19/20220107%20Reported%20suspected%20adver (https://legemiddelverket.no/Documents/English/Covid-19/20220107%20Reported%20suspected%20adverse%2**
36. McLachlan S, Dube K, Osman M, Chiketero PP. Analysis of C Interim: Results and analysis. ResearchGate. In press 2022 **(https://doi.org/10.13140/RG.2.2.26987.26402)**
37. VAERS. Report an adverse event [homepage on the Interne **(https://vaers.hhs.gov/reportevent.html)**
38. Kessler DA. Introducing MEDWatch. A new approach to rep **https://doi.org/10.1001/jama.1993.035002100650**
39. Rawlins MD. Pharmacovigilance: Paradise lost, regained or

40. Yellow Card: Please help to reverse the decline in reporting Available from: **https://www.gov.uk/drug-safety-upda drug-reactions (https://www.gov.uk/drug-safety-update**
41. Patients with heart conditions/strokes from 2017-present d **https://www.whatdotheyknow.com/request/patient (https://www.whatdotheyknow.com/request/patients_wi**
42. HART. An epidemic of cardiac arrests [homepage on the Int **https://www.hartgroup.org/an-epidemic-of-cardiac-**
43. Sun CLF, Jaffe E, Levi R. Increased emergency cardiovascul Rep. 2022;12(1):6978. **https://doi.org/10.1038/s415**
44. Bansal S, Perincheri S, Fleming T, et al. Cutting edge: Circu to development of antibodies: A novel mechanism for immu **https://doi.org/10.4049/jimmunol.2100637 (https:/**
45. Seneff S, Nigh G, Kyriakopoulos AM, McCullough PA. Innate and MicroRNAs. Food Chem Toxicol. 2022;164:113008. **htt**
46. Lei Y, Zhang J, Schiavon CR, et al. SARS-CoV-2 spike prote **https://doi.org/10.1161/CIRCRESAHA.121.318902 (**
47. Ryu JK, Sozmen EG, Dixit K, et al. SARS-CoV-2 spike prote 2021. **https://doi.org/10.1101/2021.10.12.464152 (**
48. Niel M, Smalley J, Fenton NE, Craig CEH. Latest statistics o effectiveness of Covid-19 vaccination. ResearchGate. In pre **(https://doi.org/10.13140/RG.2.2.14176.20483)**