



Study: COVID-19 vaccination linked to rare neurological disorder that causes pain, muscle atrophy and paralysis

Description

WORLD : A new systematic review suggests Wuhan coronavirus (COVID-19) vaccination could trigger a rare neurological disorder that primarily affects the nerves outside the central nervous system, causing pain, muscle atrophy and, in some cases, paralysis.

In a March 14 paper published in the medical journal *Vaccines*, researchers found that Parsonage-Turner Syndrome (PTS) may occur after injection of all COVID-19 vaccine types and can recur with additional doses of similar or unrelated vaccines.

PTS, or neuralgic amyotrophy, is a disorder affecting the peripheral nervous system characterized by the rapid onset of severe pain followed by significant muscular atrophy.

It primarily affects the skull, shoulder, upper limbs, and the chest wall on one side of the body. According to the National Organization for Rare Disorders, PTS affects the brachial plexus, a network of nerves that controls movement and sensation in the shoulders and arms. In some instances, nerves in the legs can also be involved.

People who experience PTS usually have intense, constant pain that worsens with movement and can last anywhere from a few hours to several weeks. Some people may experience symptoms for a year or longer, and most recover within two years.

As the pain subsides, it is usually replaced by progressive weakness or paralysis. The individual may also experience muscle atrophy, absent or reduced reflexes or a loss of sensation.

The exact cause of PTS is unknown but the study suggests at least 50 percent of PTS attacks are brought on by a triggering event such as an infection, medical procedure, excessive physical activity or vaccination. Although some individuals recover without treatment, others experience recurrent episodes.

To determine whether a relationship exists between COVID-19 vaccines and the development of PTS, researchers searched LitCOVID – a system for tracking literature regarding COVID-19 – and the World

Health Organization's COVID-19 databases for published material up through Jan. 25.

This scouring of the databases found 59 reported cases of PTS following COVID-19 vaccination. Of those 59 cases, 36 patients received an mRNA vaccine, and 18 patients received a viral vector vaccine.

Of those 36 patients who received an mRNA vaccine, 24 received Pfizer and 10 received Moderna. Of the 18 patients who received a viral vector vaccine, 15 received AstraZeneca and two received the Johnson & Johnson vaccine. Five patients received an unknown vaccine type.

After performing a causality assessment, researchers found 32 cases were "possibly caused by vaccination" – 22 cases after mRNA vaccination, seven cases after viral vector vaccination, and three cases where the vaccine was unknown.

Patients developed PTS symptoms within two weeks of vaccination

According to the study, most PTS patients developed neurologic symptoms within 14 days of vaccination, regardless of the vaccine type, and primarily had symptoms on one side of the body—the side that received the injection.

PTS occurred more often in males regardless of vaccine type and was more prevalent in patients between the ages of 41 and 50 years compared with older patients.

Among patients who received an mRNA vaccine, 15 developed PTS after the first dose and 16 developed the condition after the second dose.

One patient first developed neurological symptoms after receiving an mRNA booster shot, and another presented with PTS after receiving a fourth vaccine dose – the first three of which were Pfizer vaccines and the fourth Moderna. In three cases, the type of vaccine wasn't specified.

Six patients who received a viral vector vaccine developed PTS after the first dose and three developed PTS after the second dose. In nine patients with PTS, the previous vaccination details were unknown.

Only one patient in the mRNA vaccine group who developed PTS previously had COVID-19, and none of the patients in the viral vector group had COVID-19, so the PTS symptoms could not be attributed to SARS-CoV-2 infection. More than half of the patients in both vaccine groups reported no other comorbidities.

Within two weeks of developing pain, patients experienced motor deficits, amyotrophy – severe aching or burning in the hips and thighs – weakness and wasting of the muscles in the lower extremities, paresthesia – an abnormal "pins and needles" sensation – and sensory loss.

Those who received viral vector vaccines experienced more nerve involvement outside the brachial plexus. Further tests revealed cerebral spinal fluid albuminocytological dissociation in 33 percent of those who received mRNA vaccines and in 100 percent of those who received viral vector vaccines.

This condition is often associated with Guillain-Barre syndrome, another neurological disorder linked to COVID-19 vaccination.

Researchers also found ipsilateral axillary lymphadenopathy, a condition related to the administration of mRNA vaccines in which the lymph nodes in the armpit on the side of the body that received the injection become swollen. Story continues below the advertisement.

According to the study, two cases of PTS worsened after a second mRNA vaccine dose, and another case that had resolved recurred after influenza vaccination. Another patient tolerated a second dose of a viral vector vaccine, while another patient did not and symptoms reemerged.

Outcomes and symptom improvement varied among patients. Twelve percent of patients who received an mRNA vaccine experienced a full recovery, while 25 percent of patients who received a viral vector vaccine completely recovered.

By Ava Grace

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