



# Indian Lawyers and Human Rights Activists' Association (ILHRAA)

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To,  
Date - 18-7-2023

Dr. Rajiv Bahl,  
Director General of Indian Council of Medical Research  
Delhi  
India

Refernce - 1. Mail sent on 17<sup>th</sup> July for giving warning to Indians of vaccine induced heart attacks and cardiac arrests and blood clots.  
2.Criminal writ petition No 6151 of 2021 of Smt Kiran Yadav Versus state of maharastra & others.  
3.Smt Kiran yadav IA (St) 12276 of 2023 wherein world over data and peer reviewed research and various other proofs are submitted of heart attacks, cardiac arrests by myocardial infraction and strokes due to covishield vaccine.

Dear Sir,

Myself National Steering Committee member of Awaken India Movement with reputed MD doctors and civil society reputed activists are meeting you personally today to submit peer reviewed research and proofs of Myocarditis deaths happening due to Covid -19 vaccines.

21 European countries initially banned Astrazeneca and subsequently started above 40 years, 5 nations completely banned it.Nations like Japan has already warned their citizens a year back of Myocarditis, Canada stopped astrazeneca doses after huge ADRs, UK govt stopped Astrazeneca firstly under 40 years of age and then completely due to huge reporting of ADRs and then subsequently has not approved Astrazeneca for boosters and so on.

Natural Immunity has been proven to be 2700 times better than vaccine immunity.  
Why This important factor hidden from Indians?

In spite of so much ADRs reported worldwide why ICMR is still recommending Covishield vaccine for Covid -19. ( Astrazeneca ).

Also you are in contempt of Supreme court order In Jacob Pulliyel's case wherein you were ordered to declare all ADRs reported widely in all forums. You are also in Contempt of Delhi High Courts judgement of 2019 of advertising prominently the side effects in all mainstream media.

A warning of covid -19 induced Myocarditis will save lakhs of life as doctors and citizens will start checking their D-Dimer levels and take corrective action. Also Immediate banning of Covid -19 vaccines is in order.

Kindly note awaken India movement is already reporting vaccine deaths as per media reports tp PM and President portal every week -

There are 18000+ reported in the media & lakhs of Unreported deaths (MURDERS) after the Covid vaccines in India

From #1 To #15432-

[https://drive.google.com/file/d/1uikc1a6\\_KDzUx7HNLrfwaI1NJRt0D\\_YP/view?usp=sharing](https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrfwaI1NJRt0D_YP/view?usp=sharing)

From #15433 To #18379-

<https://docs.google.com/document/d/1Ld2WHNXxMGPsJm4FPlu1DEPHzSNGzqGq/edit?usp=sharing&oid=103856627695944525595&rtpof=true&sd=true>

Children deaths after vaccination From #1 To #120 -

<https://docs.google.com/document/d/1LZJDp-ub6BfVt-nnc8daISgemhkRieQG/edit?usp=sharing&oid=103856627695944525595&rtpof=true&sd=true>

### **Demand of this citizens group -**

**A timely warning from ICMR about sudden deaths( Heart attack and Blood Clots ) in all age groups due to Vaccine side effect will save lakhs of lives as Doctors will start advising Indian Citizens about the same and public in general will be aware of this fact and will start checking their d - dimer levels.**

Kindly note the following -

A criminal writ petition has been filed by the petitioner Smt Kiran yadav as her 23 year old only child (son) Shri Hitesh Kadve was compelled to take covishield vaccine due to mandates that unvaccinated persons cannot travel in local train. Hitesh died within 3 hours of 1<sup>st</sup> dose of Covishield vaccine.

The police did post mortem of Hitesh Kadve and post mortem report stated death due to Acute Myocardial Infraction.

Smt Kiran Yadav files an PIL criminal writ petition no 6151 of 2021 in Mumbai High Court in 2021 for registration of FIR to investigate the cause of death.

The High court ordered report from Arnala police station, Vasai,Thane Dist Maharastra for report. The Police gave a reply saying that post mortem report shows death by heart attack due to acute myocardial infraction.

An additional Interim application was filed this month IA (St) 12276 of 2023 for investigation by Police for cause of death of a otherwise healthy boy Shri Hitesh Kadve.

In this IA proof of heart attack by myocardial infraction after covishield vaccine by way of Peer reviewed research papers and warnings by countries like Japan, and many other evidences are given which prove without any doubt that Shri Hitesh Kadve died due to adverse side effect of covishield vaccine.

**Hence you are hereby requested to take note of all the proofs and the matter which are subjudice before the Hon'able Bombay High Court and not to enter into any activity which will prejudice the cause pending in the High Court and which amounts to suppressing/ destroying or concealing the evidences or which amount to spreading false naratives and conspiracy theories to save the main accused I.e Adar Poonawal and others who are manufacturers of covishield vaccines.**

You are hereby requested to publish vaccinated status of all the persons who died due to cardiac arrest and heart attack due to vaccine induced myocarditis.

Needless to mention here that any attempt to conceal the evidence or to save the accused will amount to an offence under section 115,201,420,120 (b) & 302 of IPC.

A. H.KOIRI

(Secretary General)

Indian Lawyers and Human Rights Activists Association

1. Ambar Koiri National steering member Awaken India Movement

2. Dr Tarun Kothari MD

**IN THE HIGH COURT OF JUDICATURE AT BOMBAY**  
**CRIMINAL APPELLATE JURISDICTION**  
**INTERIM APPLICATION NO.----- OF 2023**

**IN**

**CRIMINAL WRIT PETITION NO. 6159 OF 2021**

**Smt. Kiran Yadav**

**...Applicant/ Petitioner**

**IN THE MATTER BETWEEN**

**Smt. Kiran Yadav**

**...Petitioner**

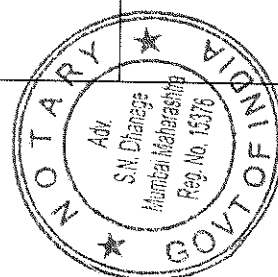
**Versus**

**State of Maharashtra & Ors.**

**...Respondents**

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**IN THE HIGH COURT OF JUDICATURE AT BOMBAY**  
**CRIMINAL APPELLATE JURISIDITION**  
**INTERIM APPLICATION NO.----- OF 2023**  
**IN**  
**CRIMINAL WRIT PETITION NO. 6159 OF 2021**

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... Applicant/ Petitioner

**IN THE MATTER BETWEEN**

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...Petitioner

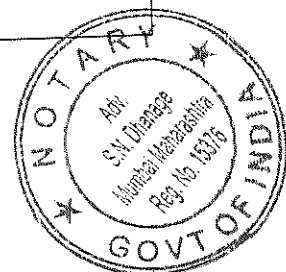
Versus

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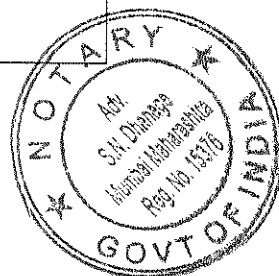
...Respondents

**SYNOPSIS**

Sr. No.	Particulars
1.	The Petitioner had filed the petition for direction to investigate the case through CBI.
2.	This Hon'ble Court asked Ld. APP. to take instructions from concerned police officer as to why FIR is not registered on the complaint dated 17.10.2021 given by the petitioner, when said complaint discloses serious cognizable and non-bailable offences and is concerned about serious charges of murder due to vaccination by force misrepresentation.



3.	The concerned PSI Shri. B.B. Musale had not made any enquiry and not even recorded the statement of the petitioner nor investigated the various allegations of murder of her son who was vaccinated under force, coercion and misrepresentation, cheating etc. And had submitted a false and misleading report by ignoring the authentic materials on record which proves that the miocardial infraction (cardiac arrest) is a side effect of covid vaccines.
4.	The falsity and dishonesty of said PSI is ex-facie proved from the material on record. His act is punishable under Contempt and offences under <b>section 192, 193, 199, 200, 201, 218, 409, etc.</b> of IPC.
5.	Hon'ble Supreme Court in Catena of decisions had ruled that such Police officers making forged record of investigation and preparing misleading report to save accused from serious charges by misutilizing the public machinery and then submitting such report in the Court will be guilty of offences against administration of justice and they must be prosecuted and punished. [ <u><b>Afzal v. State of Haryana, (1996) 7 SCC 397, Kodali Purnachandra Rao Vs The Public Prosecutor (1975) 2 SCC 570, Kapol Co-op. Bank Ltd. Vs. State of Maharashtra :2004 SCC OnLine 695</b></u> ]
6.	Hence this application.



### POINTS TO BE URGED

As set out in the Petition.

### ACTS APPLICABLE

1. Constitution of India.
2. Indian Penal Code.
3. Code of Criminal Procedure, 1973

### JUDGEMENTS APPLICABLE

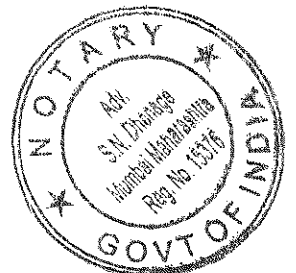
As set out in the Petition.

Mumbai;

This \_\_\_\_ day of July, 2023

*S. Phamnasakar*

Advocates for the Applicant/ Petitioner



**IN THE HIGH COURT OF JUDICATURE AT BOMBAY**  
**CRIMINAL APPELLATE JURISIDITION**  
**INTERIM APPLICATION NO.----- OF 2023**  
**IN**  
**CRIMINAL WRIT PETITION NO. 6159 OF 2021**

**Smt. Kiran Yadav**

Building No. 1 Room No. 107, )  
 Virar Garden, Aagasi Road, )  
 Virar Road (West), )  
 Mumbai 401 303. ) ... Applicant/ Petitioner

**IN THE MATTER BETWEEN**

1. **Smt. Kiran Yadav** )  
 Building No. 1 Room No. 107, )  
 Virar Garden, Aagasi Road, )  
 Virar Road (West), )  
 Mumbai 401 303. ) ...Petitioner

**Versus**

1. **State of Maharashtra** )  
 Through Chief Secretary, )  
 The Government of Maharashtra )  
 Mantralaye, Mumbai – 400 023 )





**2. Director-General of Police )**

Maharashtra State Police Headquarters, )

Old Council Hall, Shaheed Bhagat Singh )

Marg. Mumbai 400 001. )

**3. Commissioner of Police )**

Shanti Gardens Rd, Panchmukhi Marg )

Sector 5, Srishti Complex, Mira Road )

Bldg No. 9, Ramnagar Development )

Corporation, near MBMC Office, )

Gaurav Galaxy, Mira Road, )

Mira Bhayandar, Maharashtra 401 107. )

**4. Central Bureau of Investigation )**

6th Floor, Lodhi Road, Plot No. 5-B, )

Jawaharlal Nehru Stadium Marg, )

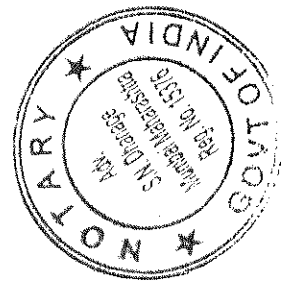
CGO Complex, New Delhi, Delhi 110 003. )

**5. Principal Secretary, )**

Ministry of Health &amp; Family Welfare )

Room No. 346; 'A' Wing, )

Nirman Bhavan, New Delhi - 110 011. )

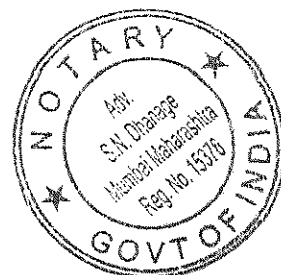
**...Respondents**

**Application Under Section 340 R/W 195**  
**Of Criminal Procedure Code For**

**Directions To Initiate Prosecution**  
**Against I.O. And Ors.**

The Petitioner must humbly submits as under:

1. That, the present application is filed for taking action against the Investigating Officer, accused and others who are involved in the conspiracy of playing fraud upon this Hon'ble Court by filling the false and misleading report to save the main culprits.
2. That, the Petition No. 6159/2021 filed by the Petitioner was that no F.I.R was registered on her complaint regarding the death of her son, who died as a result of the side-effects of the COVID-19 vaccine and the said vaccine was administered to her son, by falsely representing that the said vaccine was completely safe. Another grievance of the Petitioner was that her son was compelled to take vaccine against his wishes, because of the unlawful vaccine mandates that, only the vaccinated people were allowed to travel through local trains and cater to their jobs in the offices.
3. In fact, the said mandates are declared unlawful and unconstitutional by the division bench of this Hon'ble High Court vide its order dated **22<sup>nd</sup> February, 2022 in a PIL titled, Feroze Mithiborwala Vs. The State of Maharashtra & Ors. reported as Feroze Mithiborwala v. State of Maharashtra, 2022 SCC OnLine Bom 356.**



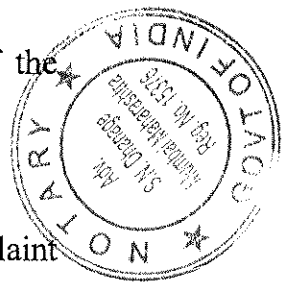
A copy of abovesaid judgment it is already filed alongwith Additional affidavit at **Exhibit AA-11 at Pg. no. 468 to 476.**

4. The vaccine mandates were also held to be unlawful and unconstitutional by the Hon'ble Supreme Court in the case of **Jacob Jacob Puliyel v. Union of India, 2022 SCC OnLine SC 533**

5. The complaint dated 17.10.2021 & 25.10.2021 given by the Petitioner (**Exhibit L at Pg No. 215 to 218 & Exhibit - P at Pg No. 265A to 265 L of the petition**) disclosed the offences under section **166, 167, 52, 115, 109, 420, 336, 302, 469, 120(b), 34 etc. of the Indian Penal Code.** All of the said offences are cognizable and Non-bailable in nature.

6. That, this Hon'ble Court vide its order dated 16<sup>th</sup> February, 2023 had asked the Government Pleader to take instructions from the concerned Police Station Officer as to why the F.I.R. is not registered on said complaint dated **17.10.2021 (Exhibit -P) at Pg. No. 265-A of Petition** and what was the status of the complaint given by the Petitioner.

7. The I.O. did not give any detail about the steps taken in the said complaint given by the Petitioner on **17.10.2021**. But the I.O. Shri. B.B. Musale dishonestly submitted a misleading reply dated **20.02.2023** before this Hon'ble Court that the death of petitioner's son was due to an '**acute Myocardial Infraction**' and stated that they did not find any doubtful circumstances in the said death.



8. This is a clear case of creating fabricated evidence and submitting a false and misleading report to divert the attention away from the main grievance of the Petitioner.

9. That the research presented at (Exhibit – AA-16) of Additional Affidavit had proven that “Myocarditis” is a side-effect of COVID -19 Vaccines.

10. Furthermore following proofs makes it ex-facie clear that the Covid-19 vaccines are causing myocarditis and other serious side effects and are responsible for death of youngsters.

10.1. Research proving increased heart attacks, Myocarditis, Cardiac arrests are side effect of covid vaccines.

**Title:**

***Fully Vaccinated Young Adults suffer 73% increase in Heart Attacks & Strokes and 92% higher Mortality Rate compared to Unvaccinated***

**Link:**

<https://expose-news.com/2022/05/17/covid-jabs-increase-risk-heart-attack-death-young-adults/>

10.2. **The Japan government made companies of Covid “vaccines” to warn of dangerous and potentially deadly side effects such as myocarditis.** In addition, the country is reaffirming its commitment to adverse event reporting requirements to ensure all possible side effects are documented.

**Title : Alert: Japan Places Myocarditis Warning on 'Vaccines' - Requires Informed Consent Amy Mek.**



**Link:** <https://rairfoundation.com/alert-japan-places-myocarditis-warning-on-vaccines- requires-informed-consent/>

**10.3. Study published in reputed peer reviewed journal Nature Medicine shows Astrazeneca vaccine increased risk of myocarditis.** Rate being 1-10 per million. Study done on 20 lakh people who took the Astrazeneca (Covishield) vaccine. Study only done to assess what happens 1-28 days after the vaccine, hence long term risks were not evaluated. It may be much more.

**Link :** <https://www.nature.com/articles/s41591-021-01630-0>

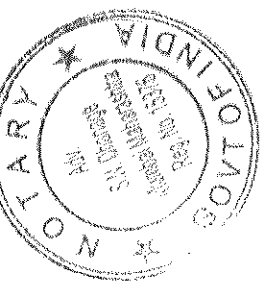
**10.4.** Study published in peer reviewed journal Nature found increased emergency cardiovascular events associated with 1<sup>st</sup> and 2<sup>nd</sup> dose of the vaccines.

**Link :** <https://www.nature.com/articles/s41598-022-10928-z>

**10.5. “Ethically Unjustifiable” – Scientists from Harvard & Johns Hopkins Found Covid-19 Vaccines 98 Times Worse Than the Virus.**

*“It was conducted by nine top scientists from the University of Washington, University of Oxford, University of Toronto, Harvard University – Harvard Medical School, University of California, San Francisco (UCSF), Johns Hopkins University – Department of Surgery, and others.*

*Using CDC and sponsor-reported adverse event data, we find that booster mandates may cause a net expected harm: per COVID-19 hospitalisation prevented in previously uninfected young adults, we anticipate 18 to 98 serious adverse events, including 1.7 to 3.0 booster-associated myocarditis cases in males, and 1,373 to 3,234*



cases of grade  $\geq 3$  reactogenicity which interferes with daily activities.”

**Link:**

i)

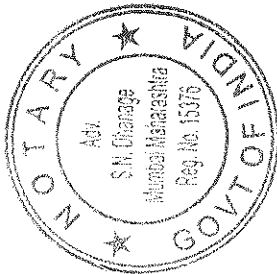
[https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=420607](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=420607)  
0

ii) <https://www.thegatewaypundit.com/2022/09/ethically-unjustifiable-new-harvard-johns-hopkins-study-found-covid-19-vaccines-98-times-worse-disease/>

10.6. Renowned activist from UK Dr. Aseem Malhotra in his tweet dated 3<sup>rd</sup> January 2023 had requested our Hon'ble Prime Minister to forthwith stop/ban/prohibit the use of Covishield vaccines. It reads thus;

**“BREAKING:**

**700 million Indians currently are yet to take covid vaccine booster amid concerns of major harms**



**I call on the Indian prime minister @narendramodi to immediately halt Covishield jab (Astra Zeneca) because we suspended it in the U.K. due to “horrific side effects”**

**Link:** <https://twitter.com/draseemmalhotra/status/1610000507032018947>

10.7. That data and research had shown that every dose of vaccine increases chances of death. Means person taking no vaccine are safer than person taking

vaccine. Person taking two doses are having higher death risk than person taking one dose or no dose etc.

**Link:-<https://expose-news.com/2022/09/30/5-months-to-kill-covid-vaccination/>**

**10.8. Research proved that the vaccine increases the chances of cancer by 10,000%.**

**Link:<https://adversereactionreport.org/research/govt-database-shows-10000-increase-in-cancer-reports-due-to-covid-vaccines>**

**10.9. Florida Surgeon General Dr Joseph A Ladapo has advised people, especially males aged 18 to 39, not to receive mRNA Covid vaccines as they increase the risk of cardiac-related deaths.**

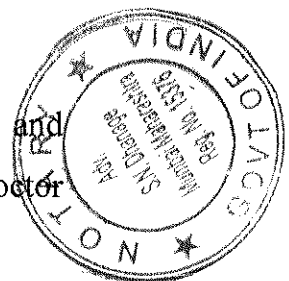
**Covid jabs increase risk of cardiac-related death males between 18 to 39.**

Florida Surgeon General Dr Joseph A Ladapo has said those with preexisting cardiac conditions, such as myocarditis and pericarditis, should take extra caution when making this decision. (Representative image)

By Milan Sharma: The United State's Florida Surgeon General Dr Joseph A Ladapo has advised people, especially males aged 18 to 39, not to receive mRNA Covid vaccines, as they increase the risk of cardiac-related deaths.

He said those with preexisting cardiac conditions, such as myocarditis and pericarditis, should take extra caution when making this decision. The top doctor recommended against the use of such vaccines, citing a study.

The Florida Department of Health (Department) conducted an analysis through a self-controlled case series, which is a technique originally developed to evaluate vaccine safety.



The analysis found that there is an 84% increase in the relative incidence of cardiac-related death among males 18-39 years old within 28 days following mRNA vaccination. With a high level of global immunity to Covid-19, the benefit of vaccination is likely to be outweighed by this abnormally high risk of cardiac-related death among men in this age group. Non-mRNA vaccines were not found to have these increased risks.

**10.10. Research proved in 2 lakhs unvaccinated people that the people who had previous covid infection did not show any rising incidence of myocarditis.**

The Incidence of Myocarditis and Pericarditis in Post COVID-19 Unvaccinated Patients-A Large Population-Based Study

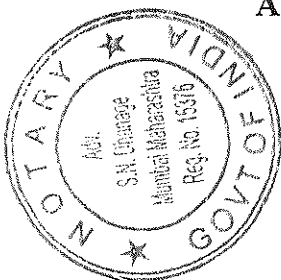
Research conducted in Israel on almost 8 Lakhs unvaccinated people out of which 2 lakhs were recovering from covid -19 infection and balance 6 lakhs had no covid infection. The aim was to study the incidence of post-acute COVID-19 myocarditis and pericarditis. The study did not observe any increased incidence of either pericarditis or myocarditis in adult patients recovering from COVID-19 infection.

**Link:** <https://pubmed.ncbi.nlm.nih.gov/35456309/>

**10.11. WHO and CDC has already warned of serious side effects of Myocarditis and Pericarditis resulting in heart attacks and cardiac arrests –**

**A. WHO -**

Is there a link between some COVID-19 vaccines and myocarditis and pericarditis?





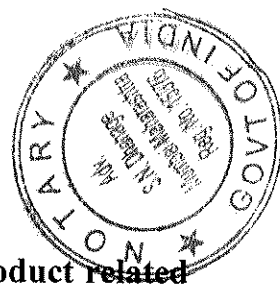
There have been reports of very rare cases of myocarditis and pericarditis following mRNA COVID-19 vaccines (Pfizer and Moderna), most often after the second dose. While myocarditis and pericarditis can be caused by many factors, the currently available data suggest there is a potential relationship between these symptoms and the vaccines.

<https://www.who.int/news-room/questions-and-answers/item/q-a-on-myocarditis-and-covid-19-vaccines>

## B. CDC -

Myocarditis and pericarditis after COVID-19 vaccination are rare. Myocarditis is inflammation of the heart muscle, and pericarditis is inflammation of the outer lining of the heart. Most patients with myocarditis or pericarditis after COVID-19 vaccination responded well to medicine and rest and felt better quickly. Most cases have been reported after receiving Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines), particularly in male adolescents and young adults

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>



**10.12. National AEFI committee has certified A1 vaccine product related reaction i.e death due to covid -19 vaccine in many cases till date. The following are the few A1 reports -**

I. AEFI report Dr Snehal Lunawat who died after taking 1<sup>st</sup> dose of covishield vaccine -

[https://docs.google.com/document/d/1xPa\\_T2NxQHJUK-btKsRPuP2tNZDsK8AnVLRVaCbZ7tw/edit?usp=sharing](https://docs.google.com/document/d/1xPa_T2NxQHJUK-btKsRPuP2tNZDsK8AnVLRVaCbZ7tw/edit?usp=sharing)

RTI reply by GOI on death of Dr Snehal lunawat by covishield vaccine.

[https://drive.google.com/file/d/1VrxLdi7akoNMoG7hLndgaN\\_rNNk7BbWU/view?usp=share\\_link](https://drive.google.com/file/d/1VrxLdi7akoNMoG7hLndgaN_rNNk7BbWU/view?usp=share_link)

II. AEFI report of Mahima Mathew, pregnant woman who died after taking 1<sup>st</sup> dose of covishield vaccine. Mahima Mathew was pregnant with twins.

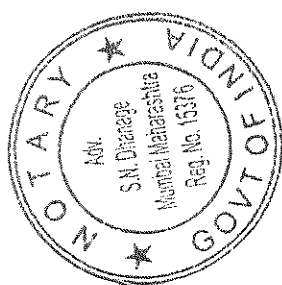
Sr. No. 156 - Mahima Mathews

III. AEFI report of Ms. Rithaika Sri Omtri, 19-year-old who died after covishield vaccine. GOI RTI link given below.

[https://drive.google.com/file/d/1eBAomcrBuqXsPVQo\\_6UQh0id3NRM8Css/view?usp=share\\_link](https://drive.google.com/file/d/1eBAomcrBuqXsPVQo_6UQh0id3NRM8Css/view?usp=share_link)

IV. AEFI report of Ms.Nova Sabu, 18 year old who died after covishield vaccine.

Sr. No. 58 - 19 year old A1 death from Kerala.



[https://main.mohfw.gov.in/sites/default/files/NACM\\_approved\\_cases\\_english\\_merge\\_0.pdf](https://main.mohfw.gov.in/sites/default/files/NACM_approved_cases_english_merge_0.pdf)

V. The list of all A1 Vaccine deaths is given below, you can manually check how many A1 deaths in these 2 files.

[https://main.mohfw.gov.in/sites/default/files/English%20-%2020161%20cases%20for%20uploading\\_0.pdf](https://main.mohfw.gov.in/sites/default/files/English%20-%2020161%20cases%20for%20uploading_0.pdf)

[https://main.mohfw.gov.in/sites/default/files/NACM\\_approved\\_cases\\_english\\_merge\\_0.pdf](https://main.mohfw.gov.in/sites/default/files/NACM_approved_cases_english_merge_0.pdf)

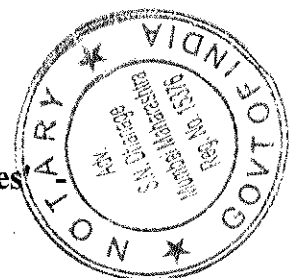
**10.13. Around 21 European Countries banned Covishield vaccines due to death causing side effects mainly in young adults.**

A single young man's death in Norway after covishield vaccination prompted 21 European countries to ban Astrazeneca/Covishield vaccine for people below 50 years of age. These include Germany, U.K., Italy, France, Spain, Denmark, Norway, and The Netherlands, among others.

**Link:** <https://www.aljazeera.com/news/2021/3/15/which-countries-have-halted-use-of-astrazenecas-covid-vaccine>

**10.14. The Japan government made companies of Covid “vaccines” to warn of dangerous and potentially deadly side effects such as myocarditis. In addition, the country is reaffirming its commitment to adverse event reporting requirements to ensure all possible side effects are documented.**

**Alert: Japan Places Myocarditis Warning on 'Vaccines'  
Requires Informed Consent.**



That, recently the Health Ministry of Japan has made Following declaration/orders on their website:

“Consent to vaccination

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.”

<https://rairfoundation.com/alert-japan-places-myocarditis-warning-on-vaccines-requires-informed-consent/>

**10.15.** The rate of heart attack/Cardiac arrest has increased by a huge percentage throughout India. The attached document is **RTI received from Maharastra Arogya seva Ayuktalay about heart attack data in maharashtra for the year 2020-2021 and 2021-2022 (april to march).**

The data shows-

Only Maharashtra Data -

- I. 18% increase in death due to heart diseases - 8702 more deaths in the post vaccinated year 2021-2022.than 2020-2021.



II. 32% increase in Acute heart diseases including acute cardiac emergencies - 27870 cases more in the post vaccinated year 2021-2022. (Vaccination started in Jan 16 2021)

**10.16** Study published in peer reviewed journal Nature found that there was an increased risk of GBS and Bells Palsy after administering the covishield vaccine. Rate: 38 excess cases of Guillain-Barré syndrome per 10 million people receiving ChAdOx1nCoV-19

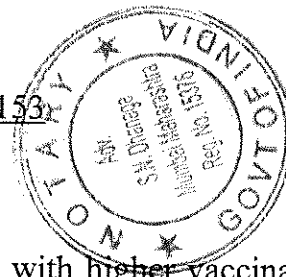
**Link :** <https://www.nature.com/articles/s41591-021-01556-7>

**10.17** Study published in reputed peer reviewed British Medical Journal found increased risk of thromboembolic events. Study included 1.5 lakh people from Denmark and 1.3 lakh people from Norway. All the participants only received the Astrazeneca (Covishield) vaccine. 2.5 excess cerebral venous thrombosis events observed per 1 lakh vaccines administered. 29 excess thromboembolic events observed per 1 lakh vaccines administered. Based on these studies, the vaccines were banned in Denmark and Norway.

**Link:** <https://www.bmj.com/content/373/bmj.n1114>

**10.18** Study from India published in peer reviewed journal vaccines shows adverse events of serious concern in 1.3 percent of those vaccinated. In the study 2544 people received the Covishield vaccine. Out of these 1.3 percent people, 1 case of myocarditis was also observed.

**Link:** <https://www.mdpi.com/2076-393X/10/7/1153>



**11.** Furthermore, the data has shown that the countries with higher vaccination have a higher death rate.

**Link: - (i)** <https://expose-news.com/2021/11/03/worldwide-data-proves-highest-covid-19-death-rates-are-in-most-vaccinated-countries/>

**(ii)** <https://survivalmagazine.org/survival-news-info/devastating-data-90-of-covid-deaths-in-the-uk-happened-in-the-vaccinated/>

**(iii)** <https://expose-news.com/2022/07/29/trudeau-90percent-covid-deaths-vaccinated-canada/>

**12. That on 9<sup>th</sup> November, 2021** Canada's Health Department also warned about side effects on Covishield:

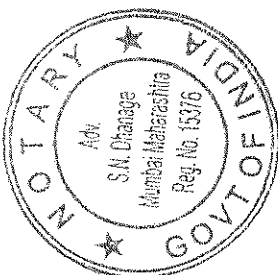
**Link:-**<https://globalnews.ca/news/8362363/astrazeneca-covid-vaccine-autoimmune-disorder-health-canada-update/>

**"Health Canada adds autoimmune disorder warning to AstraZeneca, J&J COVID-19 vaccines**

*Health Canada is updating the labels for the AstraZeneca and Johnson & Johnson COVID-19 vaccines to add immune thrombocytopenia (ITP), an autoimmune condition, as a potential side effect."*

**13. PhD Denis Rancourt** has written a scientific paper where he says that 3.7 million indians were killed as a result of the vaccine!

**Link:** <https://correlation-canada.org/report-probable-causal-association-between-indias-extra-ordinary-april-july-2021-excess-mortality-event-and-the-vaccine-rollout/>



<https://correlation-canada.org/wp-content/uploads/2022/12/2022-12-06-Correlation-India-excess-mortality-vaccine-rollout.pdf>

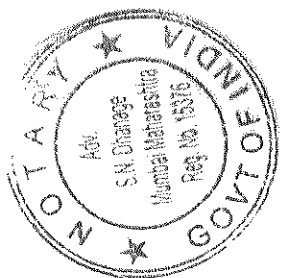
ii) Peer reviewed studies which show that mRNA vaccines caused more injuries and deaths than the covid hospitalizations/deaths it prevented. Hence if the plaintiff claims that 4 million lives were saved in India, then according to this peer reviewed study, way more than 4 million lives were killed by the vaccines, as Astrazeneca vaccines causes more heart attacks, strokes, blood clots, and deaths than the mRNA vaccines!

**Link:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9428332/>  
<https://www.sciencedirect.com/science/article/pii/S0896841121001505>

#### **14. Title: Covid: people under 40 in UK to get alternative to AstraZeneca jab**

**Link:** <https://www.theguardian.com/world/2021/may/07/people-under-40-in-uk-to-be-offered-alternative-to-astrazeneca-jab>

**Move towards greater precaution on Covid vaccines follows figures on rare blood clots and low infection rates**



People under 40 will be offered an alternative to the Oxford/AstraZeneca vaccine where possible and while infection rates remain low, following a recommendation from government advisers.

It comes after the Joint Committee on Vaccination and Immunisation (JCVI) reviewed the speed and uptake of Covid

vaccines in the UK and the latest figures on very rare blood clots after first shots of the AstraZeneca vaccine.

With the vaccination programme going well and case rates low, the chances of a major surge in hospitalisations and deaths have receded, leading advisers to believe a more precautionary approach can now be taken in 30- to 39-year-olds by offering the Pfizer/BioNTech or NIH/Moderna shots when available.

UK and European regulators have recorded a small number of people who have developed unusual blood clots with low platelets after receiving the AstraZeneca vaccine. Further cases have been reported in the US following the Johnson & Johnson jab, which is based on a similar technology.

The UK Medicines and Healthcare products Regulatory Agency (MHRA) has logged 242 cases of blood clots after 28.5m doses of the AstraZeneca shot, equivalent to about one case per 100,000 shots. The clots, 49 of which were fatal, occurred in people aged 18 to 93, including 141 women. Six cases have been reported after a second dose.

The rates appear to be slightly higher among younger people with 10.1 cases per million doses in 40- to 49-year-olds compared with 17.4 cases per million doses, or one in 60,000, among those aged 30 to 39.

Because coronavirus tends to cause far more severe disease and many more deaths in older people, the benefits of the vaccine easily outweigh the extremely low risk of blood clots. But the disease is usually far less serious in younger people, making the decision more finely balanced. Last month, the MHRA recommended under-30s be





offered an alternative to the AstraZeneca vaccine because their risk of falling ill from the virus is so low.

The JCVI advises that where possible alternatives should now be offered to under-40s without underlying health conditions, as long as it does not cause any substantial delays to the vaccination programme.

Urging people to get vaccinated, the group warned that any slowdown in the speed or uptake of the vaccine would risk a more severe third wave of infection later this year.

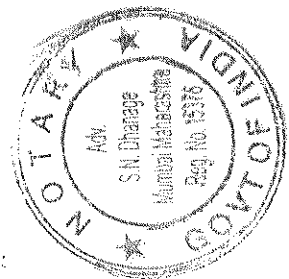
Covid vaccine side-effects: what are they, who gets them and why? Prof Wei Shen Lim, the chair of the JCVI's Covid-19 group, said safety remained the number one priority.

"We have continued to assess the benefit/risk balance of Covid-19 vaccines in light of UK infection rates and the latest information from the MHRA on the extremely rare event of blood clots and low platelet counts following vaccination," he said.

"As Covid-19 rates continue to come under control, we are advising that adults aged 18 to 39 years with no underlying health conditions are offered an alternative to the Oxford/AstraZeneca vaccine, if available and if it does not cause delays in having the vaccine."

Dr June Raine, the MHRA chief executive, said the regulator's position remained that the benefits of the AstraZeneca vaccine against Covid-19 "continued to outweigh the risks for the vast majority of people".

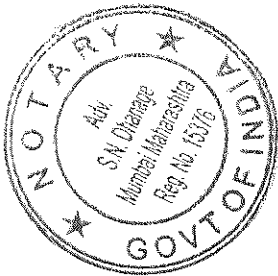
"The balance of benefits and risks is very favourable for older people but is more finely balanced for younger people and we advise that



this evolving evidence should be taken into account when considering the use of the vaccine, as JVC I has done.”

A government spokesperson said: “The government will follow today’s updated advice, which sets out that, as a precaution, it is preferable for people under the age of 40 with no underlying health conditions to be offered an alternative vaccine where possible once they are eligible, and only if doing so does not cause a substantial delay in accessing a vaccination.

“More than 50m vaccines overall have already been administered, and our current vaccine supply and rate of infection means we are able to take this precautionary step while remaining on track to achieve our target of offering a vaccine to all adults by the end of July.”



According to Public Health England (PHE), the vaccine programme is estimated to have prevented more than 10,000 deaths in England alone by the end of March.

14.1. That summary of research published about death causing and other serious side effects of covid vaccines are annexed herewith at **(Exhibit - A)**

15. Furthermore, the I.O. Shri. B. B. Mushale had not provided any submission on the main grievance of the petitioner that vaccination was done through misrepresentation and under pressure of unlawful mandates. It is punishable under section 420, 115 etc. of IPC.

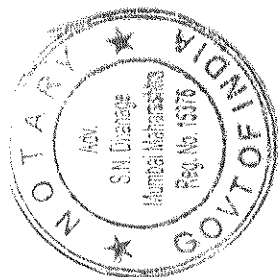
16. This is a clear case of deliberate disregard and omission in duty by the IO and it is an offence under section 218, 201, 192, 193, 409, 120(b), 34, 109 etc. of the

**Indian Penal Code**, committed by the I.O. by preparing a report to save the main accused by mis utilizing and misusing the public machinery for unauthorized purposes.

That in Kodali Purnachandra Rao Vs The Public Prosecutor (1975) 2 SCC 570, it is ruled as under;

*“I.P.C. Sec. 218 –Where a Public Servant charged with the preparation of official record prepares a false report with dishonest intention of misleading his superior an offence is committed. There can be no doubt that on the basis of the facts found, the charges under Sections 218, 468, Penal Code had been fully established against the appellant A-2 being a public servant charged with the preparation of official record relating to the investigation of the cause of the death of Kalarani, framed that record in a manner which he knew to be incorrect with intent to save or knowing to be likely that he will thereby save the true offender or offenders from legal punishment.*

*Obviously, he prepared this false and forged record with the fraudulent and dishonest intention of misleading his superior officers and inducing them to do or omit to do anything which they would not do or omit if they were not so deceived or induced. A-1, as discussed already, facilitated and intentionally aided A-2 in the preparation of the false and forged record. (Para 47)”*



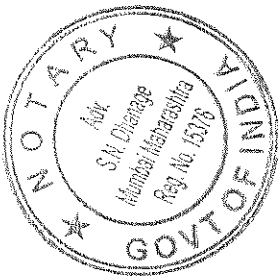
17. That, it is a settled law that, when a cognizable offence is disclosed, then the investigation has to be done only after registration of F.I.R.

18. Here, the I.O. neither registered an F.I.R., nor did he recorded the statement of the Petitioner and her witnesses, but filed a false, misleading report to exonerate the accused from the serious charges levied against them.

19. That the Hon'ble Supreme Court of India, in Karan Singh v. State of Haryana, (2013) 12 SCC 529, ruled that, it is the duty of the court to ensure that the defective investigation purposely carried out by the I.O. does not affect the prosecution case.

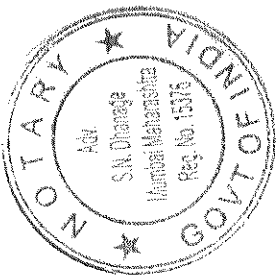
It is ruled as under;

*“18. Furthermore, in Ram Bali v. State of U.P. [(2004) 10 SCC 598 : 2004 SCC (Cri) 2045] , it was held by this Court that the court must ensure that the defective investigation purposely carried out by the investigating officer, does not affect the credibility of the version of events given by the prosecution.*

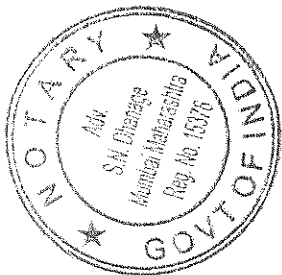


*16. The investigation into a criminal offence must be free from any objectionable features or infirmities which may give rise to an apprehension in the mind of the complainant or the accused, that investigation was not fair and may have been carried out with some ulterior motive. The investigating officer must not indulge in any kind of mischief, or cause harassment either to the complainant or to the accused. His*

*conduct must be entirely impartial and must dispel any suspicion regarding the genuineness of the investigation. The investigating officer, "is not merely present to strengthen the case of the prosecution with evidence that will enable the court to record a conviction, but to bring out the real unvarnished version of the truth". Ethical conduct on the part of the investigating agency is absolutely essential, and there must be no scope for any allegation of mala fides or bias. Words like "personal liberty" contained in Article 21 of the Constitution of India provide for the widest amplitude, covering all kinds of rights particularly, the right to personal liberty of the citizens of India, and a person cannot be deprived of the same without following the procedure prescribed by law. In this way, the investigating agencies are the guardians of the liberty of innocent citizens. Therefore, a duty is cast upon the investigating officer to ensure that an innocent person should not suffer from unnecessary harassment of false implication, however, at the same time, an accused person must not be given undue leverage. An investigation cannot be interfered with or influenced even by the courts. Therefore, the investigating agency must avoid entirely any kind of extraneous influence, and investigation*



*must be carried out with equal alacrity and fairness irrespective of the status of the accused or the complainant, as a tainted investigation definitely leads to the miscarriage of criminal justice, and thus deprives a man of his fundamental rights guaranteed under Article 21 of the Constitution. Thus, every investigation must be judicious, fair, transparent and expeditious to ensure compliance with the rules of law, as is required under Articles 19, 20 and 21 of the Constitution. (Vide Babubhai v. State of Gujarat [(2010) 12 SCC 254 : (2011) 1 SCC (Cri) 336] .)*



*17. In Ram Bihari Yadav v. State of Bihar [(1998) 4 SCC 517 : 1998 SCC (Cri) 1085 : AIR 1998 SC 1850] this Court observed, that if primacy is given to a designed or negligent investigation, or to the omissions or lapses created as a result of a faulty investigation, the faith and confidence of the people would be shaken not only in the law enforcing agency, but also in the administration of justice. A similar view has been reiterated by this Court in Amar Singh v. Balwinder Singh [(2003) 2 SCC 518 : 2003 SCC (Cri) 641 : AIR 2003 SC 1164].”*

**20.** That the act of public servant to misuse the public machinery and mis-utilized the system to serve unauthorised and ulterior purposes is also an offence under

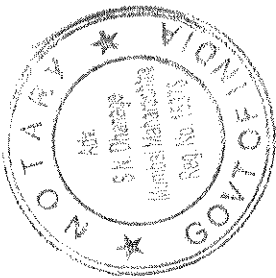
section 409 of the Indian Penal Code for mis-utilizing the public machinery for unauthorized purposes. That the Section 409 of the Indian Penal Code, 1860, reads thus;

**“409. Criminal breach of trust by public servant, or by banker, merchant or agent.—***Whoever, being in any manner entrusted with property, or with any dominion over property in his capacity of a public servant or in the way of his business as a banker, merchant, factor, broker, attorney or agent, commits criminal breach of trust in respect of that property, shall be punished with 1[imprisonment for life], or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.”*

21. That the legal positions which is already been settled by this Hon’ble Supreme Court and High Courts regarding prosecution of investigation officer under Section 218 and 201 of the Indian Penal Code, 1860, for doing an act to exonerate some people from the criminal charges against them.

21.1. This Hon’ble High Court in the case of **Anverkhan Mahamad khan Vs. Emperor 1921 SCC OnLine Bom 126**, it is ruled as under;

**“Indian Penal Code Section 218 – The gist of the section is the stiffening of truth and the perversion of the course of justice in cases where an offence has been committed. It is not necessary even to prove the intention to screen any particular person. It is sufficient that he know it to be likely that justice will not be executed and that someone will escape from punishment.”**



**21.2.** The section is concerned with bringing erring public servants to book for falsifying the public records in their charge. The essence of the offence under section 218 is intent to cause loss or injury to any public or person or thereby save any person from legal punishment or save any property from forfeiture or any other charge, **Biraja Prosad Rao Vs. Nagendra Nath, (1985) 1 Crimes 446 (Ori.)**

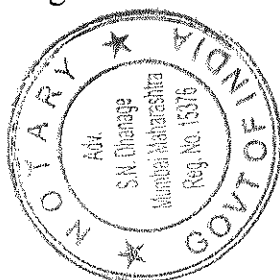
**21.3. Actual commission of offence not necessary:-**

The actual guilt or innocence of the alleged offender is immaterial if the accused believes him guilty and intends to screen him, **Hurdut Surma, (1967) 8 WR (Cr.) 68.**

**21.4.** The question is not whether the accused will be able to accomplish the object he had in view, but whether he made the entries in question with the intention to cause or knowing it to be likely that he will thereby cause loss and injury. The fact that the accused conceived a foolish plan of injuring in retaliation of the disgrace inflicted upon him by his arrest is no ground for exculpating him from the offence, **Narapareddi Seshareddi, In Re, AIR 1938 Mad 595.**

**21.5.** Where the accused increased the marks of particular persons for pecuniary benefits during the course of preparing final record for appointment as physical education teacher, it was held that the offence alleged is clearly made out, **Rakesh Kumar Chhabra Vs. State of H.P., 2012 CrLJ 354(HP).**

**21.6.** For the purpose of an offence punishable under section 218 the actual guilt or otherwise of the offender alleged as sought to be screened from punishment is immaterial. It is quite sufficient that the commission of a cognizable offence has been brought to the notice of the accused officially and that in order to screen the





offender that accused prepared the record in a manner which he knew to be incorrect, **Moti Ram Vs. Emperor, AIR 1925 Lah 461.**

**21.7.** The Supreme Court has held that if a police officer has made a false entry in his diary and manipulated other records with a view to save the accused was subsequently acquitted of the offence cannot make it any the less an offence under this section, **Maulud Ahmad Vs. State of U.P.,(1964) 2 CrLJ 71 (SC).**

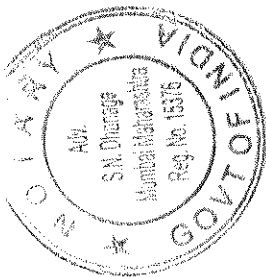
**21.8.** Where it was proved that the accused's intention in making a false report was to stave off the discovery of the previous fraud and save himself or the actual perpetrator of that fraud from legal punishment, it was held that he was guilty of this offence, **Girdhari Lal, (1886) 8 All 633.**

**22.** That pertaining to the applicability of Section 409 of Indian Penal Code, 1860, there are laws settles by the Hon'ble Supreme Court and various High Court, against the investigation officer or any public servant who are involved in misusing public property, public money and public machineries for ulterior purposes other than for what law has entrusted to them.

**22.1.** In the case of **Emperor vs Bimla Charan (1913) 35 ALL 361,** where it is ruled as under;

*“I.P.C. Section 409, 408 :- Criminal breach of trust--Water works inspector misappropriating water.*

*The applicant was a member of the municipality at Cawnpore and one of his duties was to supervise and check the distribution of water from the municipal water-works. In other words he had dominion over the water belonging to the municipality. He deliberately misappropriated that water for his own use and for the use of his tenants, for which he paid*



*no tax and about which he laid no information to his employers nor obtained permission for tapping the main. In thus misappropriating municipal water the applicant clearly committed the offence described in Section 408 of the Indian Penal Code.*

*Accused rightly convicted.*

*It may be that the offences of applicant may be punishable under the Water-Works Act also, but that does not vitiate the conviction under sections, 406 and 408 of the Indian Penal Code.”*

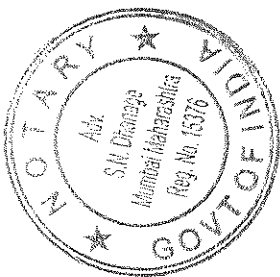
**22.2. In Krishan Kumar Vs. Union of India, AIR 1959 SC 1390 in para 9 it is ruled as under;**

*“The question would only be one of intention of the appellant and the circumstances which have been above set out do show that the appellant in what he has done or has omitted to do was moved by a guilty mind.*

*If under the law it is not necessary or possible for the prosecution to prove the manner in which the goods have been misappropriated then the failure of the prosecution to prove facts it set out to prove would be of little relevance.*

*So the essence of the offence with which the appellant was charged is that after the possession of the property of the Central Tractor Organization he dishonestly or fraudulently appropriated the property entrusted to him or under his control as a public servant*

*The giving of false explanation is an element which the Court can take into consideration. (Emperor v. Chattr Bhuj*



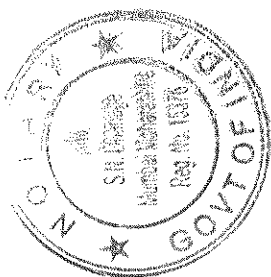
*(1935) ILR 15 Patna 108, In Rex v. William (1836) 7 C&P*

338. Coleridge, J., charged the jury as follows :—

*The circumstances of the prisoner having quitted her place and gone off to Ireland is evidence from -which you may infer that she intended to appropriate the money and if you think that she did so intend, she is guilty of embezzlement".*

*In our opinion the appellant was rightly convicted and we would therefore dismiss this appeal.*

9. It is not necessary or possible in every case to prove in what precise manner the accused person has dealt with or appropriated the goods of his master. The question is one of intention and not a matter of direct proof but giving a false account of what he has done with the goods received by him. may be treated a strong circumstance against the accused person. In the case of a servant charged with misappropriating the goods of his master the elements of criminal offence of misappropriation will be established if the prosecution proves that the servant received the goods, that he was under a duty to account to his master and had not done so. If the failure to account was due to an accidental loss then the facts being within the servant's knowledge, it is for him to explain the loss. It is not the law of this country that the prosecution has to eliminate all possible defences or circumstances which may exonerate him. If these facts are within the knowledge of the accused then he has to prove them. Of course the prosecution has to establish a prima facie case in the first instance. it is not enough to establish facts

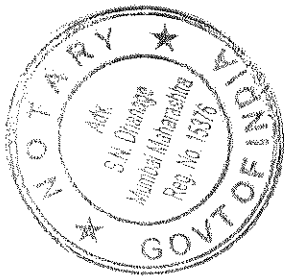


*which give rise to a suspicion and then by reason of s. 106 of the Evidence Act to throw the onus on him to prove his innocence. See Harries, C.J., in Emperor v. Santa Singh AIR 1944 Lah.339."*

23. Under these circumstances, it is just and necessary that appropriate action be taken against the concerned I.O. Shri. B.B. Musale and the investigation be ordered by an independent SIT and under the supervision of this Hon'ble court.

24. The police officer submitting false and misleading report before High Court is liable for prosecution under section 192, 193, 199, 200, 471, 474, 120(B), 34 etc. of IPC.

24.1. In Arijit Sarkar V. Monosree Sarkar, 2017 SCC OnLine Cal 13, it is ruled that, filing a false report by IO in Court is an offence of perjury. It is ruled as under;



*"the reports submitted under Section 173 of the Code are perfectly a document within the meaning of Section 3 of the Indian Evidence Act. Thus, this court is not at one with the learned trial court and also the First Appellate Court that unless evidence is recorded in a proceeding there cannot be any application of Section 195 and 340 of the Code. However, the learned trial court will be free to assess whether the paragraph I repeat "Excepting accused Arijit Sarkar all the above noted accused of both the cases surrendered in the ld. Court but accused Arijit Sarkar fled away to Brazil. But with the help of Interpol the accused brought to India in the ld. Barasat Court and released on bail" can constitute an*

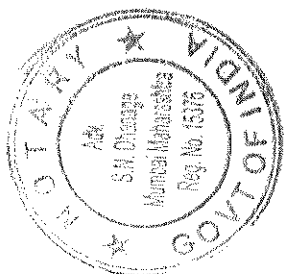
*offence punishable under Section 209/211/193/499 r/w Section 34 of the Indian Penal Code and 120 B of the said Code and whether there was any criminal conspiracy or common intention was played while committing such offence.*

*24. Thus, in view of discussion so long made the impugned order passed by the learned Additional Sessions Judge, 2nd Court, North 24 Parganas at Barasat in Criminal Appeal No.23 of 2013 dated 27.08.2013 is hereby set aside along with the order passed by the Chief Judicial Magistrate. The matter be heard by the Chief Judicial Magistrate, North 24 Parganas afresh as to the application filed by this petitioner under Section 195 (1) (b) (i) and 340 of the Code without being influenced by any observation made by this court or of the First Appellate Court.*

*25. This criminal revisional application is hereby allowed on contest.”*

**24.2.** That in **Afzal v. State of Haryana, (1996) 7 SCC 397** it is ruled as under;

*“A] Contempt tempt & perjury in filling false affidavit – First false and misleading report submitted by the S.P. – Supreme Court being doubtful of report called the report from C.B.I. – It proved the malafides of S.P. – S.P. first filed a false fabricated counter affidavit to get favourable order from Court – After his falsity disclosed then perceiving adverse atmosphere he again fabricated further false evidence to misled the Court – S.P. Not making candid admissions nor tendering unqualified apology – He is guilty of committing contempt of Judicial process – Sentenced to rigrou*

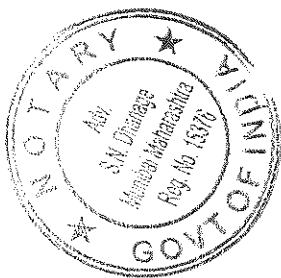


*imprisonment for 6 month – Police Officers Randhir Singh (ASI), Ishwar Sigh (SI) and M.S. Alhawat (superintendent of police ) convicted – DGP is directed to take the convicts in to custody forthwith and send them to central Jail – And submit the compliance report to the Registry within one week.*

*B] S.P. is also guilty u.s. 193 of I.P.C. and convicted for 1 years rigrous imprisonment – Supreme Court appreciated the work done by the C.B.I.”*

**24.3. That in Salma Babu Shaikh Vs. State Of Maharashtra 2008-MhLJ(Cri)-3-182 ,it is ruled as under;**

*“ [A] Article 226 of constitution of India - Prosecution of erring Police Officer for their criminal negligence – The Police officer’s conduct was to shield the real culprits and allowing him to got scot free – Appropriate action is required to be taken against erring police officers and personnel – Including disciplinary action and criminal proceedings – They would also liable to pay costs of Rs. 10,000/- to the petitioner.*



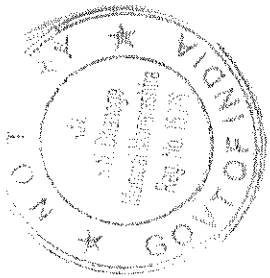
*[B] Direction to register FIR against police by High Court - Prosecution of Police under Sec. 201 of I.P.C., Sec 145 (2) (c) (d) of Bombay Police Act etc. – Held , Mere availability of alternate remedy is not an absolute bar for exercise of writ jurisdiction to direct initiation of criminal proceedings against erring police officers.*

*[c] Reply Affidavit by senior police officer to save subordinates - The reply affidavit filed by the police officer is a classic example of how all these three police officers are in*

*connivance with each other in attempt to justify their deliberate inaction – The members of the public who approach the police authorities with the hope and expectation that the wrongdoers should be punished, would lose trust in the police department, if such erring police officers are not punished – Govt. directed to take action – Failure to do so by the Govt. , the petitioner is at liberty to approach the court afresh.”*

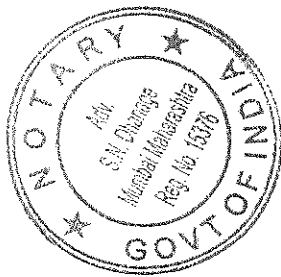
**24.4. That in Kapol Co-op. Bank Ltd. Vs. State of Maharashtra :2004 SCC OnLine 695, it is ruled as under;**

*“A/ CONTEMPT OF COURT BY POLICE OFFICER – Contempt of Courts Act (1971), SS. 2 (c) (ii), 13 – Criminal contempt – Making a false statement in judicial proceeding or filing false affidavit before Court or the other statements which result in misleading the court or disclose even an attempt to deceive the court, could result in mischievous consequence to the administration of justice and warrant criminal contempt- In a petition to transfer investigation the respondent I.O. Shri Mandar Dharmadhikari – Asstt-P.O., Cuff Parade. Police Station Mumbai, made a false statement with ulterior motive that the petition will be dismissed – It is an act of interference with the administration of justice – the apology tendered by I.O. at belated stage is nothing but mere realization of the contemnor that his adventure has turned into a misadventure as he failed in misleading the Court to get the petition dismissed – I.O. is guilty of committing Criminal Contempt – Cost of Rs. 50,000/- imposed imprisonment till rising of court ordered.*



***B/ ABUSE OF PROCESS OF COURT – Abusing the court’s process may mean different types of acts – Most serious example is an act which is intended to deceive the Court, for example by deliberate suppression of facts or by the presentation of falsehood is as much abuse of Court’s process as the act of bringing frivolous and vexatious and oppressive proceedings.***

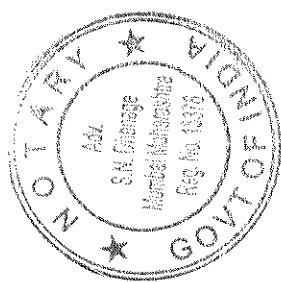
***C/ The concept of criminal contempt was well explained in the matter of Hastings Mill Limited v. Hira Singh reported in 1978 Cri LJ 560. Shri Justice A. K. Sen, speaking for the Division Bench of the Calcutta High Court, held that :-***



*"16. S. 2(c) of the said Act has defined criminal contempt to mean doing of any act which either prejudices, or interferes or tends to interfere with the due course of any judicial proceedings or interferes or tends to interfere with, or obstructs or tends to obstruct, the administration of justice in any other manner. In the case of Barada Kanta v. Registrar, Orissa High Court, AIR 1974 SC 710 : (1974 Cri LJ 631), the Supreme Court pointed out that the terminology used in the definition is borrowed from the English Law of Contempt and embodies concepts which are familiar to that law which by and large was applied in India and they have to be understood in the sense in which they have been so far understood by such Courts with the aid of English Law where necessary. Under the English Law any act which is likely to interfere with the course of justice will amount to contempt. Acts which are likely to interfere with the course of justice may be classified*



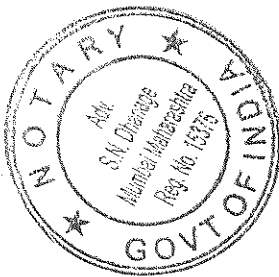
into 4 categories, namely, (1) acts which interfere with persons having duties to discharge in a Court of justice, (2) acts which amount to a breach of duty committed by persons officially connected with the Court or its process, (3) acts which interfere with persons over whom the Court exercises special jurisdiction and (4) acts which amount to an abuse of the Court's processes (See - *The Law of Contempt* Borrie and Lowe 1973 edition, Chapter VIII). *Abusing the Court's process may mean different types of acts but generally the term connotes some misuse of the Court's process, the most serious example of which is an act which is intended to deceive the Court, for example, by the deliberate suppression of facts or by the presentation of falsehood, but the same term also includes bringing of frivolous and vexatious proceedings. Therefore, an act of misleading the Court by deliberate suppression of facts or by the presentation of falsehood is as much abuse or the Court's process as the act of bringing frivolous and vexatious and oppressive proceedings.* In *Wright v. Bennet* (1948) 1 All ER 227 and *Stevenson v. Garnett* (1898) 1 QB 677 it has been held taking of successive actions covering the same ground and litigating over again the same question is clearly an act of abuse of the process of Court. Such acts are necessarily frivolous and vexatious apart from being oppressive to the defendant."



24.5. In ABCD V/s. Union of India (2020) 2 SCC 52, it is ruled as under;

*“16. It has also been laid down by this Court in Chandra Shashi v. Anil Kumar Verma [Chandra Shashi v. Anil Kumar Verma, (1995) 1 SCC 421 : 1995 SCC (Cri) 239] that a person who makes an attempt to deceive the court, interferes with the administration of justice and can be held guilty of contempt of court. In that case a husband who had filed a fabricated document to oppose the prayer of his wife seeking transfer of matrimonial proceedings was found guilty of contempt of court and sentenced to two weeks' imprisonment. It was observed as under: (SCC pp. 423-24 & 427, paras 1-2 & 14)*

*“1. The stream of administration of justice has to remain unpolluted so that purity of court's atmosphere may give vitality to all the organs of the State. Polluters of judicial firmament are, therefore, required to be well taken care of to maintain the sublimity of court's environment; so also to enable it to administer justice fairly and to the satisfaction of all concerned.*



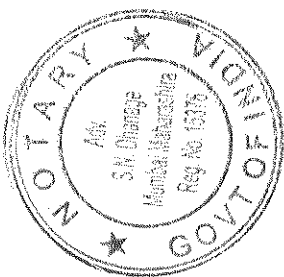
*2. Anyone who takes recourse to fraud, deflects the course of judicial proceedings; or if anything is done with oblique motive, the same interferes with the administration of justice. Such persons are required to be properly dealt with, not only to punish them for the wrong done, but also to deter others from indulging in similar acts which shake the faith of people in the system of administration of justice.*

\*\*\*

14. The legal position thus is that if the publication be with intent to deceive the court or one made with an intention to defraud, the same would be contempt, as it would interfere with administration of justice. It would, in any case, tend to interfere with the same. This would definitely be so if a fabricated document is filed with the aforesaid mens rea. In the case at hand the fabricated document was apparently to deceive the court; the intention to defraud is writ large. Anil Kumar is, therefore, guilty of contempt.”

17. In *K.D. Sharma v. SAIL* [*K.D. Sharma v. SAIL*, (2008) 12 SCC 481] it was observed: (SCC p. 493, para 39)

“39. If the primary object as highlighted in *Kensington Income Tax Commrs. [R. v. General Commissioners for Purposes of Income Tax Acts For District of Kensington, ex p Princess Edmond De Polignac, (1917) 1 KB 486 : 86 LJKB 257 : 116 LT 136 (CA)]* is kept in mind, an applicant who does not come with candid facts and “clean breast” cannot hold a writ of the court with “soiled hands”. Suppression or concealment of material facts is not an advocacy. It is a jugglery, manipulation, manoeuvring or misrepresentation, which has no place in equitable and prerogative jurisdiction. If the applicant does not disclose all the material facts fairly and truly but states them in a distorted manner and misleads the court, the court has inherent power in order to protect itself and to prevent an abuse of its process to discharge the rule nisi and refuse to proceed further with the examination of the case on merits. If the court does not reject the petition on that ground, the

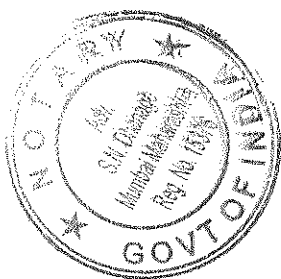


*court would be failing in its duty. In fact, such an applicant requires to be dealt with for contempt of court for abusing the process of the court."*

*18. In Dhananjay Sharma v. State of Haryana [Dhananjay Sharma v. State of Haryana, (1995) 3 SCC 757 : 1995 SCC (Cri) 608] filing of a false affidavit was the basis for initiation of action in contempt jurisdiction and the persons concerned were punished.*

*19. In the circumstances a notice is required to be issued to the petitioner in suo motu exercise of power of this Court "why action in contempt be not initiated against her and why appropriate direction be not passed under Section 195(1)(a)(i) of the Code". The Registry is directed to register the matter as suo motu proceedings and send a copy of this order to the petitioner, who is directed to appear in-person before this Court on 14-1-2020."*

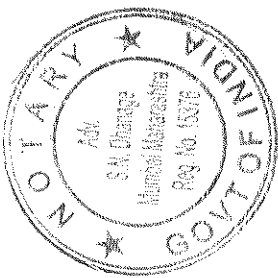
**24.6. That Perry Kansagra, In re, 2022 SCC OnLine SC 858, it is ruled as under;**



*"17. It is thus well settled that a person who makes a false statement before the Court and makes an attempt to deceive the Court, interferes with the administration of justice and is guilty of contempt of Court. The extracted portion above clearly shows that in such circumstances, the Court not only has the inherent power but it would be failing in its duty if the alleged contemnor is not dealt with in contempt jurisdiction for abusing the process of the Court."*

**24.7. In Samson Arthur Vs. Quinn Logistic India Pvt. Ltd. and Ors. it is ruled as under**

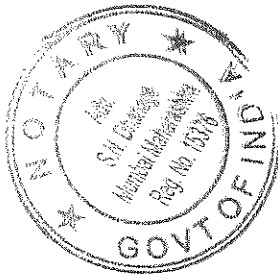
*“52. If the aforesaid submissions of Sri. S. Niranjana Reddy, Learned Counsel, were to merit acceptance, it would then mean that relevant facts have been deliberately suppressed from the Company Court. If a wrong or misleading statement is deliberately and willfully made by a party to a litigation with a view to obtain a favourable order, it would prejudice or interfere with the due course of the judicial proceeding. (Naraindas v. The Government of Madhya Pradesh; Afzal v. State of Haryana; Sri. V. Satyanarayana Rao v. State of A.P.; S.R. Ramaraj v. Special Court, Bombay; V. Satyanarayana Rao6). “**Suppressio veri**”, i.e., the suppression of relevant and material facts is as bad as **Suggestio falsi** i.e., a false representation deliberately made. Both are intended to dilute-one by inaction and the other by action. “**Suppressio veri Suggestio falsi**”-suppression of the truth is equivalent to the suggestion of what is false. (Black's Law Dictionary with pronounciations-Sixth edition). A false statement willfully and deliberately made, and a suppression of a relevant and material fact, interfere with the due course of justice and obstruct the administration of justice. (V. Satyanarayana Rao6).*



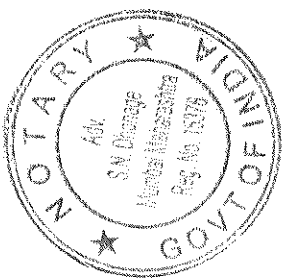
*13. The Court, at the stage envisaged in Section 340 Cr.P.C, is not deciding the guilt or innocence of the party against whom proceedings are to be taken before the magistrate. At that stage the court only considers whether it is expedient, in the interest of justice, that an inquiry should be made into any offence affecting administration of justice. (Pritish2). An enquiry, when made under Section 340(1) CrPC, is really in*

*the nature of affording a locus paenitentiae to a person and, at that stage, the Court chooses to take action. The party may choose to place all its materials before the Court at that stage but, if it does not, it will not be estopped from doing so later in the trial, in case prosecution is sanctioned by the Court. It does not mean that the appellants will not have full and adequate opportunity in due course of the process of justice to establish their innocence. (K. Karunakaran<sup>3</sup>).*

*64. There is no justification in the request, made on behalf of the appellants, that the offences be compounded. The public have an interest, an abiding and a real interest, and a vital stake in the effective and orderly administration of justice. Unless justice is so administered, there is the peril of all rights and liberties perishing. The Court has the duty of protecting the interest of the public in the due administration of justice. (Advocate General State of Bihar v. Madhya Pradesh Khair Industries; V. Satyanarayana Rao<sup>6</sup>). In order to sustain and maintain the sanctity and solemnity of proceedings in law courts it is necessary that parties should not make false or, knowingly, inaccurate statements or misrepresentation and/or should not conceal material facts with a design to gain some advantage or benefit at the hands of the Court where truth and justice are the solemn pursuits. If any party attempts to pollute such a place by recourse to misrepresentation, and conceals material facts, he does so at his own risk. Such a party must be ready to take the consequences that follow. There is a compelling need to take a serious view in such matters to ensure purity in the administration of justice. (Vijay*

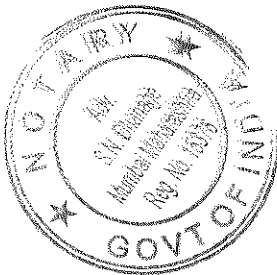


*Syal v. State of Punjab*). As a petition containing misleading and inaccurate statements, if filed to achieve an ulterior purpose, amounts to an abuse of the process of the court, the litigant should not be dealt with lightly. A litigant is bound to make full and true disclosure of facts. (*Manohar Lal v. Ugrasen*; *Tilokchand and Motichand v. H.B. Munshi*). Whenever the court comes to the conclusion that its process is being abused, it would be justified in refusing to proceed further. This rule has been evolved out of the need for courts to deter a litigant from abusing its process by deceit. (*Manohar Lal*<sup>16</sup>; *State of Haryana v. Karnal Distillery Co. Ltd.*; *Sabia Khan v. State of U.P.*; *Abdul Rahman v. Prasony Bai*; *S.J.S. Business Enterprises (P) Ltd. v. State of Bihar* and *Oswal Fats & Oils Ltd. v. Commr. (Admn.)*). It is the duty of the High Court to ensure that its judicial process is not abused, and its order does not become an instrument or aid to overreach the adversary. (*M.V. Venkataramana Bhat v. Returning Officer and Tahsildar*). Every person invoking the jurisdiction of the Court must state the truth, be it in the pleadings, affidavits or evidence. The pleadings must set-forth sufficient factual details which inspire confidence and credibility. (*A. Shanmugam v. Ariya Kshatriya Rajakula Vamsathu Madalaya Nand Havana Paripalanai Sangam Represented by its President*). It is the duty of the Court, once false averment of facts are discovered, to take appropriate steps to ensure that no one derives any benefit or advantage by abusing the legal process. Fraudulent and dishonest litigants must be discouraged. (*A. Shanmugam*<sup>24</sup>). It is the bounden obligation of the Court to neutralize any unjust



*and/or undeserved benefit or advantage obtained by abusing the judicial process. (A. Shanmugam24).*

*65. Dishonesty should not be permitted to bear fruit and confer benefit to the person who has made a misrepresentation. (District Collector and Chairman, Vizianagaram Social Welfare Residential School Society, Vizianagaram v. M. Tripura Sundari Devi; Union of India v. M. Bhaskaran; Vice Chairman, Kendriya Vidyalaya Sangathan v. Girdharilal Yadav; State of Maharashtra v. Ravi Prakash Babulalsing Parmar; Himadri Chemicals Industries Ltd. v. Coal Tar Refining Company; Mohammed Ibrahim v. State of Bihar; and Meghmala v. G. Narasimha Reddy). A person, whose case is based on falsehood, can be summarily thrown out at any stage of the litigation. (S.P. Chengalvaraya Naidu (Dead) by LRs. v. Jagannath (Dead) by LRs.). Grave allegations are levelled against the appellants herein of having deliberately and consciously made false statements on oath, of having suppressed material facts, and to have misled the Company Court into passing an order appointing a provisional liquidator and, thereafter, into passing an order of winding up. These allegations, if true, would mean that the process of the Court has been abused. It is therefore expedient, in the interest of justice, that the matter is enquired into and action is taken by lodging a complaint before the Magistrate. Compounding offences, where litigants are alleged to have abused the process of Court, may not be justified. We find no merit in the submission of*





*Sri. S. Ravi, Learned Senior Counsel, that the offences, alleged to have been committed by the appellants, should be compounded.”*

25. That the Applicant on 27.06.2023 had given a detailed Complaint on affidavit to Hon'ble C.M. and other authorities for taking action against said I.O. Shri. B.B. Musale.

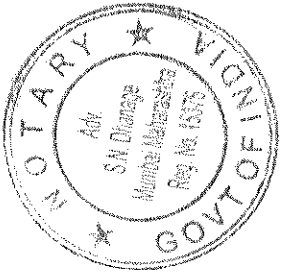
A Copy of said complaint dated 27.06.2023 is annexed herewith at (Exhibit - B).

26. Prayer : It is therefore humbly prayed for;

(a) To hold that API. Shri. B.B. Musale had deliberately not conducted the investigated the serious allegations in the complaint dated 29.09.2021 regarding death of his son due to side effects of vaccines which was administered by misrepresentation that the vaccines are completely safe and also by putting the unlawful mandates for vaccinates, which were declared as unconstitutional and illegal by Hon'ble Supreme Court & this Hon'ble Court;

On the other had said I.O. Shri. Musale had submitted a false and misleading report before this Hon'ble Court without recording the statement of Petitioner and her witnesses and the report was prepared by ignoring version and proofs given by the complainant. He misutilized the public machinery for unlawful and ulterior purposes. Therefore said IO Shri. B.B. Musale is liable to be prosecuted under section 192, 193, 199, 200, 201, 218, 409, etc. of IPC and Section 145(2) of Maharashtra Police Act.

He is also liable for action under Section 15 r/w 2(c) & 12 of the Contempt of Courts Act, 1971;

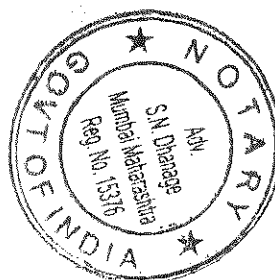
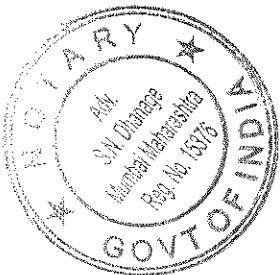


(b) To hold that the I.O. B.B. Musale and other Senior officials of Arnala Sagari P.S., Palghar are guilty of acting against specific guidelines of Hon'ble Supreme Court in the case of **Lalita Kumari Vs. Government of U.P. (2014) 2 SCC 1**, for not registering an FIR despite disclosed a cognizable and non-cognizable offence of grave nature and therefore they should be liable to be prosecuted under section 166 r/w 120(B) , 34, 109 etc. of IPC and Section 145(2) of Maharashtra Police Act and they should also be liable for departmental action including immediate suspension etc. And be pleased to issue direction to state authorities to take appropriate action and launch prosecution;

(c) Impose interim cost of Rs. 5 Crores upon IO under section 342 of Cr.P.C. and as per law laid down by this Hon'ble Court & Hon'ble Supreme Court in the case of **Godrej & Boyce Manufacturing Co. Pvt. Ltd. v. Union of India, 1991 SCC OnLine Bom 496 , Dr. Sarvepalli Radhakrishnan Vs. Union of India (2019) 14 SCC 761, Salma Babu Shaikh Vs. State Of Maharashtra 2008-MhLJ(Cri)-3-182 , & in Kapol Co.op Bank Ltd. Vs. State of Maharashtra 2004 SCC OnLine 695;**

(d) Direct Registrar of this Hon'ble Court to file complaint as per section 340, 343 r/w 195 of Cr.P.C. against said B.B. Musale Under Section 192, 193, 199, 200, 201, 218, 409, 471, 474 etc. of IPC;

(e) Any other order in the interest of justice, equity and good conscience which this Hon'ble Court deems fit and proper in the facts and circumstances of the case.



AND FOR THIS ACT OF KINDNESS AND JUSTICE THE PETITIONER AS  
IN DUTY BOUND SHALL BE GRATEFUL.

**PLACE: MUMBAI**

**This     day of June, 2023**

**FILED BY**

*Siddhi Dhamnskar*

**Adv. Siddhi Dhamnskar**  
(Advocate on Record)

*Kiran*

**Smt. Kiran Yadav**  
(PETITIONER)



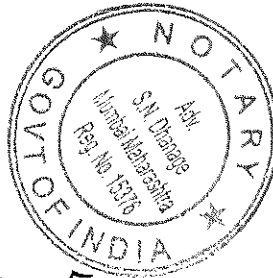
## VERIFICATION/ SOLEMN AFFIRMATION

I, Smt. Kiran Yadav, R/o Building No. 1 Room No. 107, Virar Garden, Aagasi Road, Virar Road (West), Mumbai 401 303 the petitioner do hereby on solemn affirmation state and declare that what is stated in paragraphs No. 1 to 25 is true to my own knowledge and belief and what is stated in paragraphs is based on the information and legal advice which I believe to be true and correct.

Solemnly affirmed at Bombay )

This day of June, 2023 )

BEFORE ME



*Siddhi Dhamnaskar*

*Kiran*  
Smt. Kiran Yadav  
(Petitioner)

BEFORE ME

*Dhanage*

**Adv. Siddhi Dhamnaskar**

**(Advocate for Petitioner)**

(I-Code :- I- 30853) MAH/5734/2020

Address: 2 & 3, Kothari House,

5/7 Oak Lane, A R Allana Marg,

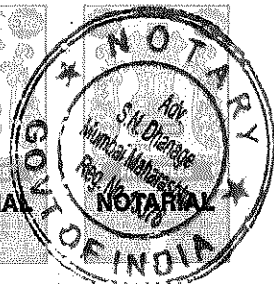
Near Burma Burma Restaurant,

Fort, Mumbai 400 023.

Adv. S. N. Dhanage  
Notary Govt Of India  
Regd. No. 15376 MUMBAI (MS)  
404-405, 4th Floor, Davar House,  
197/199, Near Central Camera Bldg.,  
D.N. Road, Fort, Mumbai - 400001.

**NOTED & REGISTERED**  
Page No. 7317 Sr. No. 477  
Date 27 JUN 2023

ID / Aadhar / PAN / DL: AAYPY0303L  
Seen Org. / POA / Board Resol:.....



**Studies & Data which link AstraZeneca (Covishield) to serious adverse events like heart attacks, myocarditis, cardiac arrest, blood clotting etc.**

**There are many scientific peer reviewed studies, including case reports, cohort studies and population studies which have made the connection between myocarditis and ChadOx1 (Astrazeneca / Covishield) vaccination. They have been listed below :**

**1) Risk of death following COVID-19 vaccination or positive SARS-CoV-2 test in young people in England**

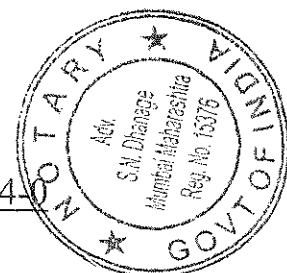
AstraZeneca's COVID vaccine (manufactured and administered in India as Covishield) raised the risk of heart problems, and death by 3.5 times in young women in the first three months following the first dose, according to a report.

The report by the U.K.'s Office for National Statistics is based on the impact of COVID infection and vaccination risk on cardiac and all-cause mortality in young people, aged 12 to 29 years, in England. The report included data starting December 8, 2020, when the vaccines were first rolled out in Britain. The mortality data came from two independent sources: deaths registered by June 8, 2022, and hospital deaths by March 31, 2022.

However, the U.K. had, in April 2021, stopped AstraZeneca's vaccination for young people following safety concerns, and most of the young people who received it would have been prioritized due to clinical vulnerability or being healthcare workers.

According to the statistical model, 11 out of the 15 cardiac deaths in young women that occurred within 12 weeks of a first dose of a non-mRNA vaccine were likely to be linked to the vaccine.

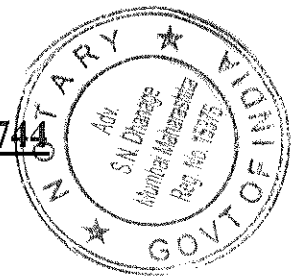
**Link:** <https://www.nature.com/articles/s41467-023-36494-0>



## 2) Myocarditis following AstraZeneca (an adenovirus vector vaccine) COVID-19 vaccination: Acute Fulminant Myocarditis After ChAdOx1 nCoV-19 Vaccine: A Case Report and Literature Review

We present a case of a 32-year-old female patient who developed myocarditis following the administration of the first dose of the AstraZeneca vaccine. The patient developed inappropriate exertional tachycardia and exertional dyspnea from Day 3 and was diagnosed with myocarditis by subsequent echocardiography about 3 months later. We are unable to confirm a direct association between myocarditis and AstraZeneca vaccination. However, we would like to increase awareness regarding the possibility of developing myocarditis following AstraZeneca vaccination.

Link: <https://onlinelibrary.wiley.com/doi/10.1002/ccr3.5744>



## 3) Risks of myocarditis, pericarditis, and cardiac arrhythmias associated with COVID-19 vaccination or SARS-CoV-2 infection

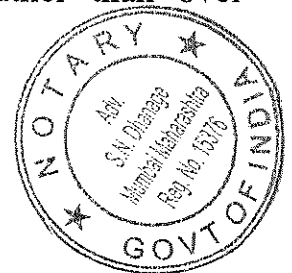
We undertook a self-controlled case series study of people aged 16 or older vaccinated for COVID-19 in England between 1 December 2020 and 24 August 2021 to investigate hospital admission or death from myocarditis, pericarditis and cardiac arrhythmias in the 1–28 days following adenovirus (ChAdOx1,  $n = 20,615,911$ ) or messenger RNA-based (BNT162b2,  $n = 16,993,389$ ; mRNA-1273,  $n = 1,006,191$ ) vaccines or a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) positive test ( $n = 3,028,867$ ). We found increased risks of myocarditis associated with the first dose of ChAdOx1 and BNT162b2 vaccines and the first and second doses of the mRNA-1273 vaccine over the 1–28 days postvaccination period, and after a SARS-CoV-2 positive test.

Our findings are relevant to the public, clinicians and policy makers. First, there was an increase in the risk of myocarditis within a week of receiving the first dose of both adenovirus and mRNA vaccines, and a higher increased risk after the second dose of both

mRNA vaccines. In contrast, we found no evidence of an increase in the risk of pericarditis or cardiac arrhythmias following vaccination, except in the 1–28 days following a second dose of the mRNA-1273 vaccine. Second, in the same population, there was a greater risk of myocarditis, pericarditis and cardiac arrhythmia following SARS-CoV-2 infection. **Third, the increased risk of myocarditis after vaccination was higher in persons aged under 40 years.** We estimated extra myocarditis events to be between 1 and 10 per million persons in the month following vaccination, which was substantially lower than the 40 extra events per million persons observed following SARS-CoV-2 infection.

Whereas myocarditis is a specific form of cardiac inflammation, pericarditis reflects inflammation localized to the pericardium, and the occurrence of cardiac arrhythmias, although associated with both, is not a specific indicator of cardiac inflammation. Thus, neither pericarditis nor any category of cardiac arrhythmia were associated specifically with COVID-19 vaccination<sup>10–12</sup>. Myocarditis is underdiagnosed in practice<sup>13</sup>, with clinical bias being directed towards myocardial ischemia or infarction. Thus, our use of diagnostic codes for myocarditis from routine data suggest that the ascertainment of cardiac inflammation after COVID-19 vaccination is likely to be under- rather than over-represented<sup>14,15</sup>.

**Link:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8863574/>



#### **4) A case of myocarditis following ChAdOx1 nCov-19 vaccination**

**Case presentation:** A 50-year-old male presented at the emergency department with shortness of breath, general malaise and fever, 5 days after receiving a second dose of the ChAdOx1 vaccine. Biochemical analysis revealed elevated serum CRP and troponin levels. Two weeks after initial presentation, a cardiac MRI showed belated contrast capitation in the left ventricle, confirming the diagnosis of myocarditis.

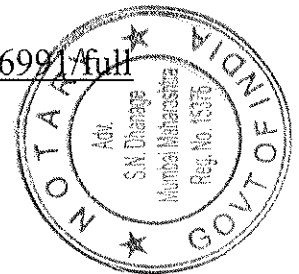
**Conclusions:** To our knowledge, this is the first report of myocarditis following ChAdOx1 vaccination. Except for some case of myocarditis upon the Ad26COVS1 vaccine, no other cases were reported upon vaccination with the ChAdOX1 viral vector vaccines. With this report we would like to raise awareness about myocarditis as an adverse event following ChAdOx1 vaccination.

**Link:** <https://pubmed.ncbi.nlm.nih.gov/35189775/>

### **5) Acute Fulminant Myocarditis After ChAdOx1 nCoV-19 Vaccine: A Case Report and Literature Review**

According to recent literatures, myocarditis is an uncommon side effect of mRNA vaccines against COVID-19. On the other hand, myocarditis after adenovirus based vaccine is rarely reported. **Here we report a middle-aged healthy female who had acute fulminant perimyocarditis onset 2 days after the first dose of ChAdOx1 vaccine (AstraZeneca) without any other identified etiology.** Detailed clinical presentation, serial ECGs, cardiac MRI, and laboratory data were included in the report. Possible mechanisms of acute myocarditis after adenoviral vaccine was reviewed and discussed. To our knowledge, a few cases of myocarditis after Ad26.COV2.S vaccine were reported, and this is the first case report after ChAdOx1 vaccine.

**Link:** <https://www.frontiersin.org/articles/10.3389/fcvm.2022.856991/full>



### **6) Concomitant myocarditis and painless thyroiditis after AstraZeneca coronavirus disease 2019 vaccination: a case report**

**Case presentation:** A 55-year-old Thai woman presented with palpitation without neck pain 14 days after receiving AstraZeneca coronavirus disease 2019 vaccination.



Electrocardiography revealed sinus tachycardia. Her blood tests showed elevation of cardiac troponin and free triiodothyronine with suppressed serum thyroid stimulating hormone, reflecting a hyperthyroid status. **Evidence of myocardial inflammation and necrosis from cardiac magnetic resonance imaging supported the diagnosis of recent myocarditis.** Laboratory results and imaging findings were consistent with thyroiditis. After 3 weeks of symptomatic treatment, her symptom and blood tests had returned to normal.

**Conclusions: This case demonstrates that the adenoviral vector coronavirus disease 2019 vaccine could possibly cause myocarditis and painless thyroiditis. Clinicians should have a high index of suspicion and promptly evaluate these conditions, despite minimal symptoms.**

**Link:** <https://pubmed.ncbi.nlm.nih.gov/35581666/>



#### 7) Long QT interval and syncope after a single dose of COVID-19 vaccination: a case report

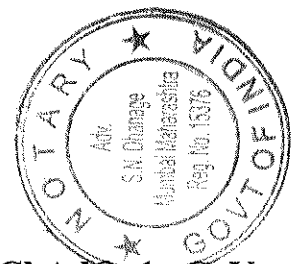
Adverse consequences of the coronavirus disease 2019 (COVID-19) vaccination which have been reported in scientific papers are varied. **One possible but rare consequence is myocarditis, which may have a diversity of clinical manifestations.** We report a case of a 70-year-old man who presented to the hospital for some syncope, 3 days after his first COVID-19 AstraZeneca Vaccination. Initial electrocardiogram (ECG) showed a long QT interval ( $QT_c = 600$  milliseconds). Laboratory tests revealed elevated troponin and lack of evidence of viral infection. **Further investigations revealed the vaccine-induced myocarditis and arrhythmias linked to it.** Within one week of magnesium treatment, the QT interval was completely corrected, and the patient discharged with no typical syncope attacks. This case like the previous reported one confirms that myocarditis is a complication of COVID-19 vaccine, but implies its clinical manifestations may be varied and even may happen after the single dose of vaccination.

**Link:** <https://www.panafrican-med-journal.com/content/article/40/67/full/>

## 8) Myocardial Infarction and Azygos Vein Thrombosis After ChAdOx1 nCoV-19 Vaccination in a Hemodialysis Patient

Vaccine-induced immune thrombotic thrombocytopenia (VITT) is a rare complication after vaccination of Oxford-AstraZeneca coronavirus disease 2019 (COVID-19) vaccine (AZD1222) or Janssen COVID-19 vaccine. It makes a rare complication of thrombosis at common and/or uncommon organs with thrombocytopenia after COVID-19 vaccination four to 28 days later and most patients were younger than 60 years of age. **We reported the case of a 75-year-old female with end-stage renal disease who received regular hemodialysis. She received Oxford-AstraZeneca COVID-19 vaccination eight days ago and then she suffered from intermittent chest tightness and epigastric pain with tarry stool passage for two days. Severe thrombocytopenia with elevated D-dimer value was noted and computed tomography of the chest showed azygos vein thrombosis. Elevated cardiac enzyme with ST-T change in 12-lead electrocardiogram was also noted. For positive anti-platelet factor 4 antibodies, VITT with myocardial infarction and azygos vein thrombosis was diagnosed.**

**Link:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8489656/>



## 9) A Case of Heart Transplantation for Fulminant Myocarditis After ChAdOx1 nCoV-19 Vaccination

Vaccines have become the mainstay of management against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection (coronavirus disease 2019; COVID-19) in the absence of effective antiviral therapy. **Various adverse effects of COVID-19 vaccination have been reported, including cardiovascular complications such as myocarditis or pericarditis. Herein, we describe clinical records of a 63-year woman with fulminant myocarditis following ChAdOx1 nCoV-19 vaccination that was**

salvaged by heart transplantation. She complained chest pain, nausea, vomiting, and fever after the second vaccination. After the heart transplantation, the patient died due to necrotizing pneumonia on the 54th day of onset. Fulminant myocarditis is very rare after ChAdOx1 nCoV-19 vaccination but can be fatal.

**Link:** <https://jkms.org/DOIx.php?id=10.3346/jkms.2022.37.e104>

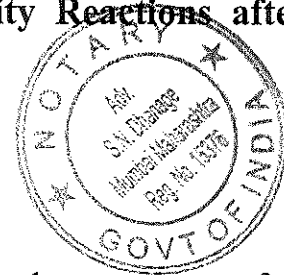
## 10) Immune Response in Regard to Hypersensitivity Reactions after COVID-19 Vaccination

### *Myocarditis or Perimyocarditis*

In addition to the abovementioned events, there have been reports of myocarditis or perimyocarditis following vaccination, as described in the previously reported case series. More specifically, **the majority of cases involved adolescents presenting with chest pain, elevated troponin levels, and/or ST-segment changes on electrocardiography within 2–14 days after vaccination. Most of the reactions were self-limited or resolved following the administration of nonsteroidal anti-inflammatory medications, although some patients with myocarditis required IVIG or corticosteroid treatment [57,58].**

In addition, a retrospective cohort study analyzed data from the largest healthcare organization in Israel between 20 December 2020 and 24 May 2021 and reported 54 cases of myocarditis during the 42 days elapsing after BNT162b2 vaccination among the 2,558,421 enrolled participants (i.e., 2.13 cases per 100,000 persons). Among these cases, 41 mild cases, 12 intermediate cases, and 1 fulminant case were recognized, and the highest incidence was seen in 16–29-year-old males [59].

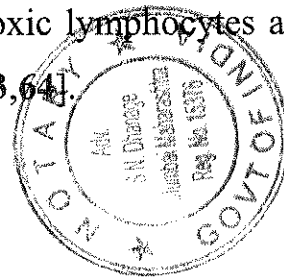
Another retrospective cohort study likewise analyzed data from the Israeli Ministry of Health during a similar timeframe and reported 136 myocarditis cases among approximately 5.1 million participants; 119 cases occurred following a second vaccination, with the highest frequency again seen in 16–19-year-old males. More specifically, among persons aged between 16 and 19 years, myocarditis occurred in approximately 1 of the 6637 male recipients and in 1 of the 99,853 female recipients within 21 days after the second



vaccination. The researchers also performed a comparative evaluation in reference to unvaccinated persons and determined that the rate ratio 30 days after the second vaccine dose in fully vaccinated recipients was 2.35 (95% confidence interval [CI], 1.10–5.02). Therefore, the authors concluded that there was an increased incidence of myocarditis occurring after the second dose of the BNT162b2 vaccine in young males [60].

According to a review by Professor Kounis, due to the lack of routine myocardial biopsy, the underlying mechanism or pathogenesis is not clear. Of eight published biopsy reports, four cases revealed eosinophilic myocardial infiltration that indicated the possibility of hypersensitivity myocarditis [61]. Other articles suggest the involvement of vaccine adjuvants, which trigger the innate immune system and enhance signal transition as relevant to adaptive immunity, thus providing a second signal for T-cell activation. Although the BNT162b2, mRNA-1273, and AZD1222 vaccines do not contain adjuvants, the mRNA/DNA of these vaccines possess self-adjuvant properties, thereby acting both as antigens and adjuvants. For mRNA vaccines, the ssRNAs recognized from endosomal Toll-like receptors (TLR3 and TLR7) in the endosome and the components of the inflammasome of melanoma-differentiation-associated protein 5 (MDA5), retinoic-acid-inducible gene I (RIG-I), NADH dehydrogenase 2 (ND2), and *protein kinase R* (PKR), bind to ssRNA and double-stranded RNA (dsRNA) in the cytosol, resulting in the production of multiple inflammatory mediators and type I interferon (IFN) [62].

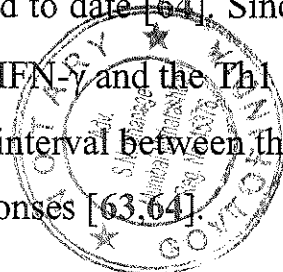
In adenovirus vector vaccination, dsDNA engages with TLR9, inducing the secretion of type I IFN [62]. Although the genetic sequences of the vaccine contain modified nucleotides to reduce binding to TLRs and immune sensors, as well as to limit the possibility of excessive systemic inflammation eliciting severe side effects, a prior study found an approximately 100-fold increase in the frequency of myeloid cell clusters, higher CD14+, CD16+ inflammatory monocyte counts, higher levels of plasma IFN- $\gamma$  and IFN-response transcription factors, and enhancement of the innate immune system following booster vaccination [63]. The amplified release of type I IFN also amplifies T-cell memory and B-cell differentiation and survival, thereby continuing the memory response. The Th1 response also triggers IFN- $\gamma$  expression and activates cytotoxic lymphocytes and natural killer (NK) cells, which can lead to excessive cytotoxicity [63,64].



In addition to the adjuvant effects of mRNA and DNA, LNPs may have inflammatory properties. In order to define the inflammatory properties of LNPs, a study administered empty LNPs formulated in phosphate-buffered saline (PBS) to mice through intramuscular administration found statistically significant upregulation of gene transcripts associated with the activation of inflammasomes (i.e., IL-1 $\beta$  and NLR pyrin domain containing 3 [NLRP3] inflammasomes), as well as downregulation of the inflammasome inhibitors of NLR10 [65]. A murine model demonstrated that the upregulation of the NLRP3 inflammasome, IL-1 $\alpha$ , and IL-1 $\beta$  may exacerbate pericardial effusion and thickness, thus indicating their possible associations with pericarditis [66].

In addition to studies using animal models, a previous case report characterized the immune condition of a young man with myopericarditis following vaccination with the mRNA-1273 vaccine via a multiplex cytokine assay, a flow cytometry analysis, and an endomyocardial biopsy. The test results revealed markedly increased IL-18, IL-27, and Th1-type cytokine levels and activated circulating NK cells and T-cells. The monocytes also expressed increased levels of IL-18 and the NLRP3 inflammasome, similar to findings observed in mice with cardiac dysfunction following the administration of recombinant-IL18 [67].

**To assess the incidence of myocarditis and perimyocarditis following the administration of other (non-COVID-19) vaccines, a study analyzed VAERS data from 1990 to 2021 and divided the cases into a COVID-19 vaccine group and a non-COVID-19 vaccine group. A total of 1972 myocarditis events (348 in the non-COVID-19 vaccine group and 1579 in the COVID-19 vaccine group), and 1438 pericarditis events (375 in the non-COVID-19 vaccine group and 1063 in the COVID-19 vaccine group) were reported, with 18–29-year-old males as the predominantly affected demographic group. The authors concluded that postvaccination myocarditis and perimyocarditis are not unique to COVID-19 vaccines and attributed the relatively high frequency of myocarditis and perimyocarditis associated with COVID-19 vaccination to the large number of COVID-19 vaccinations administered to date [64]. Since postvaccination myocarditis and perimyocarditis events are related to IFN- $\gamma$  and the Th1 immune response, some researchers have suggested increasing the time interval between the first and booster vaccination in order to avoid overactive immune responses [63,64].**

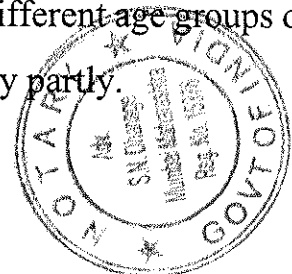


**Link:** <https://www.mdpi.com/2227-9059/10/7/1641/htm>

# 11) Cardiovascular, neurological, and pulmonary events following vaccination with the BNT162b2, ChAdOx1 nCoV-19, and Ad26.COV2.S vaccines: An analysis of European data

The ChAdOx1 nCoV-19 (ChA) (AstraZeneca) and Ad26.COV2.S (AD26) (Janssen) vaccines are virus-based coronavirus disease 2019 (COVID-19) vaccines used worldwide. In spring 2021, venous blood clots and thrombocytopenia were described in some vaccine recipients. We evaluated the frequency of severe adverse events (SAEs) documented in the EudraVigilance European database in young adult (18-64 years old) and older ( $\geq 65$  years old) vaccine recipients up to 23 June 2021 and related them to coagulation disorders and arterial, cardiac, and nervous system events. Comparison between the frequency of SAEs and SAE-related deaths in ChA and AD26 vs. BNT162b2 COVID-19 (BNT) (Pfizer/BioNTech) vaccine recipients demonstrated: 1) **ChA and AD26 recipients than BNT recipients had higher frequencies of not only SAEs caused by venous blood clots and hemorrhage, but also thromboembolic disease and arterial events, including myocardial infarction and stroke; 2) a corresponding higher frequency of SAE-related deaths.** The frequency was higher in both young adults and older adults. Comparison between the frequency of SAEs and SAE-related deaths in AD26 vs. ChA recipients demonstrated in AD26 recipients: 1) lower frequency of thrombocytopenia; 2) lower frequency of SAEs in young adult recipients; 3) higher frequency of SAEs in older recipients. Interestingly, most of the venous thrombotic SAEs associated with ChA and AD26 vaccines were not associated with thrombocytopenia, suggesting that TTS (thrombosis with thrombocytopenia syndrome) is not the only type of thrombosis observed following virus-based vaccines. In conclusion, both virus-based COVID-19 vaccines show more SAEs than BNT, but the frequency of the SAE type in the different age groups differs, suggesting that the mechanisms responsible of SAEs overlap only partly.

**Link:** <https://pubmed.ncbi.nlm.nih.gov/34710832/>



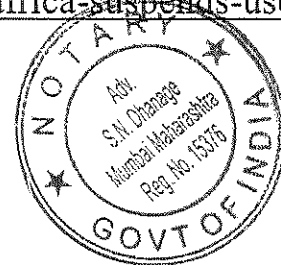
**1.Countries like Denmark and Norway permanently banned the Astrazeneca vaccine.**

**Link:** <https://www.bloomberg.com/news/articles/2021-05-12/norway-permanently-removes-astrazeneca-from-vaccine-program?leadSource=uverify%20wall>  
<https://www.nytimes.com/2021/04/14/world/europe/denmark-astrazeneca-vaccine.html>

**2.South Africa suspended Covishield after trials found it to be ineffective**

**Link:**<https://www.science.org/content/article/south-africa-suspends-use-astrazenecas-covid-19-vaccine-after-it-fails-clearly-stop>

<https://www.bbc.com/news/world-africa-55999678>



**3.Canada is in the process of destroying 13.6 million expired doses of the Oxford-AstraZeneca coronavirus vaccine, more than half of all the doses it has ever bought, because it was unable to find foreign countries willing to take the vaccines, despite pledging to donate them.**

“Due to limited demand for the vaccine and recipient country challenges with distribution and absorption, they were not accepted,” Health Canada said in a statement. Almost all of the vaccines now being thrown away were previously announced as being donated to Covax, the international vaccine access programme set up by the World Health Organization, or to individual countries. But the governments they were intended for chose not to take them.

**Link:** <https://www.bmj.com/content/378/bmj.o1700>

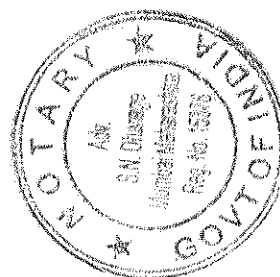
#### 4. Astrazeneca banned under 40 age group in UK due to Blood clots - Guardian Report dated 7<sup>th</sup> May 2021.

The screenshot shows the Guardian website interface. At the top, there's a navigation bar with 'Support us' and the Guardian logo. Below it, a menu lists sections: News, Opinion, Sport, Culture, Lifestyle, and More. A secondary menu lists global regions: World, Europe, US, Americas, Asia, Australia, Middle East, Africa, Inequality, and Global development. The main headline is 'Covid: people under 40 in UK to get alternative to AstraZeneca jab'. A sub-headline reads: 'Move towards greater precaution on Covid vaccines follows figures on rare blood clots and low infection rates'. Below this, it says 'Coronavirus - latest updates' and 'See all our coronavirus coverage'. On the left, there's a bio for Ian Sample, Science editor, with his Twitter handle @iansample and a timestamp of Fri 7 May 2021 12:34 BST. A small image of a person in a lab coat is visible. At the bottom, there's a weather widget showing 91°F and 'Smoke', a search bar, and various utility icons. The footer shows the date 12-Feb-23 and time 4:44 PM.

People under 40 will be offered an alternative to the Oxford/AstraZeneca vaccine where possible and while infection rates remain low, following a recommendation from government advisers.

UK and European regulators have recorded a small number of people who have developed unusual blood clots with low platelets after receiving the AstraZeneca vaccine.

**Link:** <https://www.theguardian.com/world/2021/may/07/people-under-40-in-uk-to-be-offered-alternative-to-astrazeneca-jab>





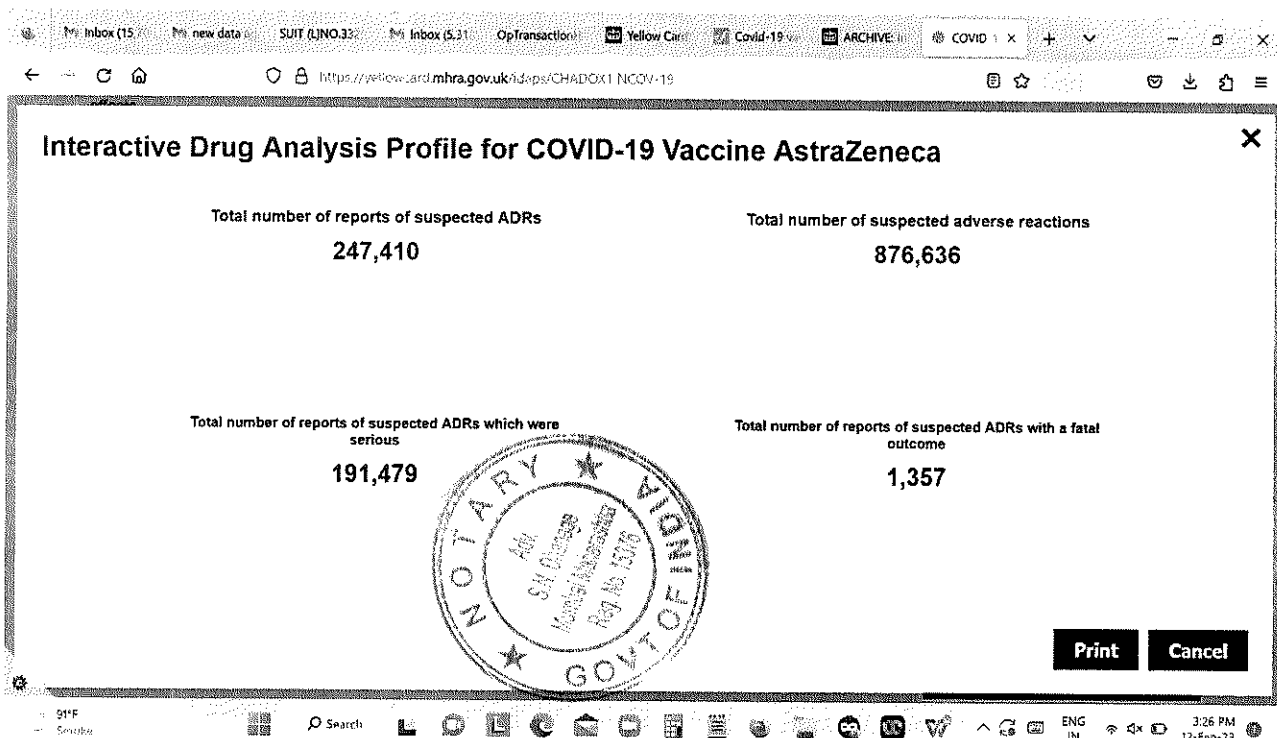
He said an abundance of caution over the issue of blood clots in younger people was one reason the Oxford/AstraZeneca jab was not deemed suitable for the booster programme, along with public perception of the vaccine.

**Link:**<https://www.theguardian.com/uk-news/2022/aug/16/no-plans-for-uk-to-order-more-supplies-of-astrazeneca-covid-vaccine>

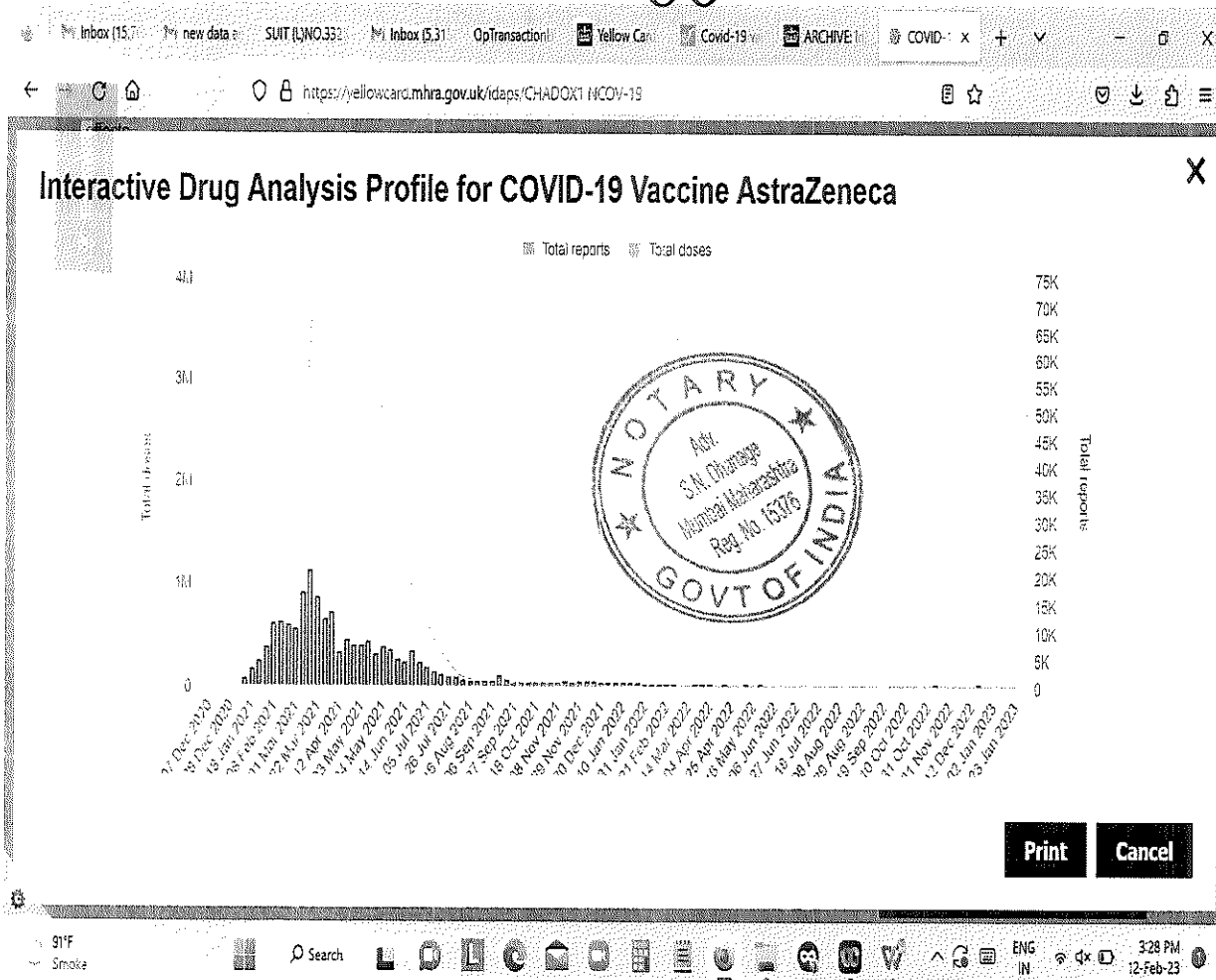
**MHRA - Medicines and Healthcare product regulatory Agency - UK**  
**Yellow Card - Covid 19 vaccine Astrazeneca**

Single constituent brand names - CHADOX1 NCOV19, COVID-19 VACCINE  
ASTRAZENECA, COVISHIELD, VAXZEVERIA

**1. ADVERSE DRUG REACTIONS REPORTED -**



**33.5.** Below chart shows total doses vs total adverse drug reaction reported - As can be seen the side effects are directly proportionate to the vaccines administered and vaccine administration stopped somewhere between Aug 2021 to Sept 2021.



33.6. The MHRA yellow card report also shows age wise adverse drug reaction ADR reporting, sex wise adverse drug reaction ADR reporting ( females ADRs far outnumber Males ADRs), adverse drug reaction ADR reported yearwise ( max in 2021).

**Link:** <https://yellowcard.mhra.gov.uk/idaps/CHADOX1%20NCOV-19>

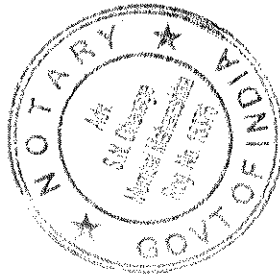
33.7. The Adverse event following immunization (AEFI) is very less and this is admitted by UK Government as well as Indian Government.

1.The UK govt drug safety update - yellow card report states that -

Don't wait for someone else to report it.

33.8. It is estimated that only 10% of serious reactions and between 2 and 4% of non-serious reactions are reported. Under-reporting coupled with a decline in reporting makes it especially important to report all suspicions of adverse drug reactions to the Yellow Card Scheme.

**Link:** <https://www.gov.uk/drug-safety-update/yellow-card-please-help-to-reverse-the-decline-in-reporting-of-suspected-adverse-drug-reactions>

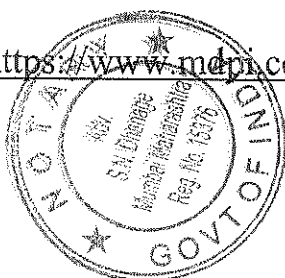


**Important research paper that giving vaccines to individuals after recovery from SARS-CoV-2 infection causes serious Adverse Reactions.**

### **1.Persistent Health Issues, Adverse Events, and Effectiveness of Vaccines during the Second Wave of COVID-19: A Cohort Study from a Tertiary Hospital in North India**

**Results:** Of the 2760 health care workers included, 2544 had received COVID-19 vaccines, with COVISHIELD (rChAdOx1-nCoV-19 vaccine) received by 2476 (97.3%) and COVAXIN (inactivated SARS-CoV-2 vaccine) by 64 (2.5%). A total of 2691 HCWs were included in the vaccine effectiveness analysis, and 973 COVID-19 events were reported during the period of analysis. Maximum effectiveness of two doses of vaccine in preventing COVID-19 occurrence was 17% across three different strategies of analysis adopted for robustness of data. One-dose recipients were at 1.27-times increased risk of COVID-19. Prior SARS-CoV-2 infection was a strong independent protective factor against COVID-19 (aOR 0.66). Full vaccination reduced moderate–severe COVID-19 by 57%. Those with lung disease were at 2.54-times increased risk of moderate–severe COVID-19, independent of vaccination status. AESCs were observed in 33/2544 (1.3%) vaccinees, including one case each of myocarditis and severe hypersensitivity. Individuals with hypothyroidism were at 5-times higher risk and those receiving a vaccine after recovery from COVID-19 were at 3-times higher risk of persistent health issues. **Conclusions:** COVID-19 vaccination reduced COVID-19 severity but offered marginal protection against occurrence. The possible relationship of asthma and hypothyroidism with COVID-19 outcomes necessitates focused research. **With independent protection of SARS-CoV-2 infection, and high-risk of persistent health issues in individuals receiving vaccine after recovery from SARS-CoV-2 infection, the recommendation of vaccinating those with prior SARS-CoV-2 infection needs reconsideration.**

**Link:** <https://www.mdpi.com/2076-393X/10/7/1153/htm>



## Patients Launch Legal Action Against AstraZeneca Over Its COVID Vaccine

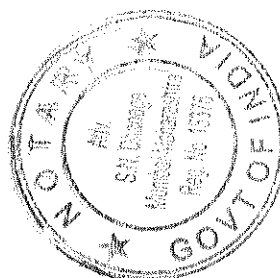
Dozens of patients and families are launching legal action against AstraZeneca over a rare side effect of its COVID-19 vaccine. Lawyers have sent the company pre-action protocol letters, the first step in a legal claim on behalf of around 75 claimants. Some have lost relatives and some have survived with catastrophic injuries following blood clots.

Peter Todd, a consultant solicitor with Scott-Moncrieff & Associates, one of two lawyers handling claims, told The BMJ that the complications included stroke, heart failure and leg amputations. He said the technology involved in the AstraZeneca vaccine was “risky.”

Even though the legal claim is against AstraZeneca, the U.K. taxpayer will have to pay any compensation awarded, under a legal indemnity that the government gave the company early in the pandemic.

In response to a freedom of information request, NHS Business Services, which operates the vaccine damage scheme, revealed that by March 6, 2023, the scheme had received 4,017 claims relating to a COVID-19 vaccine. Of those which had been dealt with, 622 concerned the AstraZeneca vaccine, 348 the Pfizer, and 43 the Moderna vaccine. Of the 4,017 claims, 334 were for death.

**Link:** <https://www.bmj.com/content/380/bmj.p725.short>



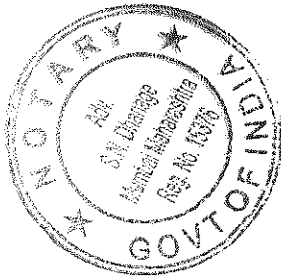
[ शपथपत्रावर तक्रार ]

प्रति,

1. मा. मुख्यमंत्री महाराष्ट्र राज्य, मुंबई
2. मा. उपमुख्यमंत्री तथा गृहमंत्री, मुंबई
3. मा. पोलीस महासंचालक, मुंबई
4. मा. जि. पो. अधिसक पालघर जि. ठाणे

**विषय :** (i) आरोपींना गंभीर गुन्ह्यातून वाचविण्यासाठी माझी दखलपात्र खुनाच्या गुन्ह्याची तक्रार नोंद न करता पदाचा दुरुपयोग करून खरे पुरावे व वस्तुस्थिती लपवून खोटा व दिशाभूल करणारा अहवाल बनविणारे पालघर येथील अर्नाळा पोलीस स्टेशन चे सहा. पो. निरीक्षक बी.बी. मुसळे व इतर यांच्याविरुद्ध मा. मुंबई उच्च न्यायालयाचे आदेश सुधीर व्होरा वि कंमीशनर ऑफ पोलीस 2004 Cr. L.J 2278 नुसार भादवि 166, 201, 218, 409, 120(B), 34, 109 आदी कलमांतर्गत गुन्हे नोंद करून प्रकरणाचा तपास सी.बी.आय कडे सोपविणेबाबत

(ii) दोषी तपास अधिकारी बी.बी. मुसळे व इतर यांना त्वरीत निलंबित करून त्यांच्याविरुद्ध विभागीय चौकशी करून त्यांना त्वरीत बडतर्फ करून शासकीय यंत्रणेचा दुरुपयोग केलेल्यासंबंधी सर्व खर्च त्यांच्याकडून वसूल करणे बाबत.





मा. महोदय,

1. मी दी . 29.10.2021 रोजी माझ्या मुलाला फसवणूकीने व जबरदस्तीने लसीकरण करावयास लावून त्याच्या मृत्यूस जबाबदार लोकांविरुद्ध भादवि 302, 420, 120 (B), 34 इत्यादी विविध कलमांतर्गत गुन्हा नोंद करण्यासाठी रीतसर लेखी तक्रार दिली होती त्या तक्रारीची प्रत सोबत जोडली आहे

[ निशाणी 1 पान क्र .8]

2. त्या तक्रारीची साधी दखलही आरोपी पोलीस अधिकाऱ्यांनी न घेतल्यामुळे मी मा. मुंबई उच्च न्यायालयात याचिका दाखल केली आहे. [W.P. (Cri) 6159 of 2021]

3. त्या याचिकामध्ये मा. उच्च न्यायालयाने दि.16.02.2023 रोजीचे आदेशानुसार सरकारी वकिलांना निर्देश दिले की त्या तक्रारिवर गुन्हा का दाखल केला नाही याचा अहवाल सादर करावा.

4. आरोपी तपास अधिकारी बी.बी. मुसळे, सहा. पो. निरीक्षक यांनी माझा जबाब सुद्धा नोंदविला नाही आणि आरोपींना वाचविण्यासाठी माझे मुळ पुरावे डावलून एक खोटा व दिशाभूल करणारा अहवाल बनविला की माझ्या मुलाचा मृत्यू हा हृदयविकामुळे झाला आहे. परंतु त्यांनी ही बाब जाणीपूर्वक लपवून ठेवली की हृदयविकाराचा झटका हा कोरोना लसीच्या दुष्परिणामामुळे आला होता. पुरावे हे स्पष्ट करतात की कोरोना लसीच्या दुष्परिणामामुळे हृदयविकाराचा झटका येवून मृत्यू होतो. त्याबाबतचे सर्व प्रसिद्ध डॉक्टर आणि विशेषज्ञ यांनी दिलेले अहवाल (Research) हे सोबत जोडले आहे. परंतु या सर्व गोष्टी आरोपी बी.बी. मुसळे यांनी जाणीवपूर्वक लपवून ठेवल्या. [निशाणी 2 पान क्र. 20]

5. माझी तक्रार संक्षिप्त मध्ये अशी आहे कि, माझ्या मुलाला लस ही पूर्णतः सुरक्षित आहे असे खोटे सांगून, आणि लस न घेतल्यास लोकल ट्रेन ने प्रवास करता येणार नाही, रोजगारावर गंदा येईल, पोट पाण्याचा प्रश्न निर्माण होईल असे सांगून व तसे बेकायदेशीर



निर्बंध लादून लस घेण्यासाठी भाग पाडून फसवणुकीने व दबावाने लसीकरण गेले केले. तसेच शासनाचे मुख्य सचिव सीताराम कुंटे यांचे ते निर्बंध मा. मुंबई उच्च न्यायालयाने बेकायदेशीर व असंवैधानिक ठरविले आहेत वरील कारणास्तव आरोपींविरुद्ध गुन्हा नोंद करणे बंधनकारक असल्याचा स्पष्ट कायदा मा. उच्च न्यायालयाने **Registrar General v. State of Meghalaya, 2021 SCC OnLine Megh 130** नुसार ठरवून दिला आहे.

6. त्याबाबत सविस्तर माहिती माझ्या लेखी तक्रारीत देण्यात आली असताना आरोपी तपास अधिकारी बी. बी. मुसळे यांनी त्यावर कोणताही तपास न करता आरोपींना गंभीर फौजदारी गुन्हातून वाचविण्यासाठी खोटा व एकतर्फी अहवाल बनवून शासकीय यंत्रणेचा व पदाचा दुरुपयोग बेकायदेशीर कामसाठी केल्यामुळे त्यांच्याविरुद्ध भादवि 166, 201, 218, 409, 120(B), 34 व महाराष्ट्र पोलीस अधिनियम चे कलम 145(2) अंतर्गत कठोर कारवाई आवश्यक आहे.

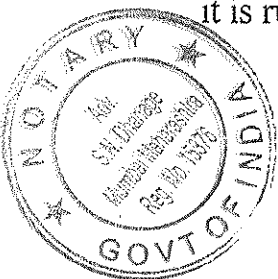
7. तसेच या प्रकरणी IPC 120(B), 109, 34 संबंधित पो. स्टे. वरिष्ठ पोलीस अधिकारी हे सुद्धा आरोपी ठरतात.

8. त्याशिवाय दाखलपात्र गुन्हा स्पष्ट होत असताना सुद्धा (F.I.R.) गुन्हा नोंद न करून मा. सर्वोच्च न्यायालयाच्या संविधान पिठाचे आदेश **Lalita Kumari vs. State of U.P. (2014) 2 SCC 1** चे उल्लंघन केल्याप्रकरणी दोषी पोलीस अधिकाऱ्यांविरुद्ध कठोर कारवाई आवश्यक आहे

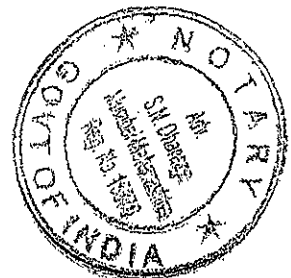
9. आरोपींना वाचविण्यासाठी एकतर्फी तपास करून खोटे अहवाल बनविणाऱ्या तपास अधिकाऱ्यांविरुद्ध फौजदारी कारवाई संबंधीचे केस लॉ खालील प्रमाणे आहेत.

9.1. In **Kodali Ramchandra Rao's case AIR 1975 SC 1925 (Full Bench)**

it is ruled as under;

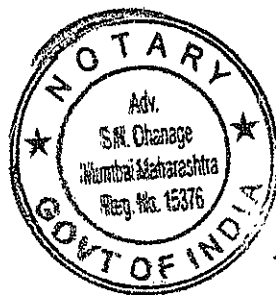


*"I.P.C. Sec. 218 –Where a Public Servant charged with the preparation of official record prepares a false report with*



*dishonest intention of misleading his superior an offence is committed.*

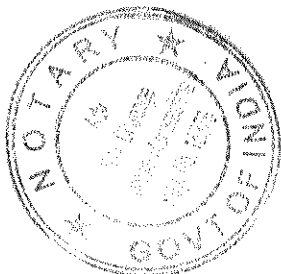
*There can be no doubt that on the basis of the facts found, the charges under Sections 218, 468, Penal Code had been fully established against the appellant A-2 being a public servant charged with the preparation of official record relating to the investigation of the cause of the death of Kalarani, framed that record in a manner which he knew to be incorrect with intent to save or knowing to be likely that he will thereby save the true offender or offenders from legal punishment. Obviously, he prepared this false and forged record with the fraudulent and dishonest intention of misleading his superior officers and inducing them to do or omit to do anything which they would not do or omit if they were not so deceived or induced. A-1, as discussed already, facilitated and intentionally aided A-2 in the preparation of the false and forged record. (Para 47)"*



9.2. In case of Salma Babu Shaikh Vs State Of Maharashtra 2008-MhLJ(Cri)-3-182 it is ruled as under;

*"[A] Article 226 of constitution of India - Prosecution of erring Police Officer for their criminal negligence in murder of petitioners daughter - The Police officer's conduct was to shield the real culprits and allowing him to got scot free -*

*Appropriate action is required to be taken against erring police officers and personnel - Including disciplinary action and criminal proceedings - They would also liable to pay costs of Rs. 10,000/- to the petitioner.*



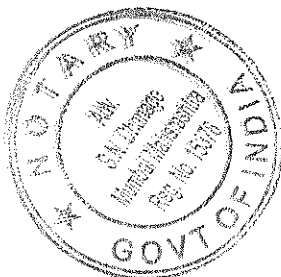
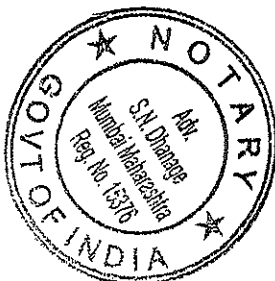
*[B] Direction to register FIR against police by High Court - Prosecution of Police under Sec. 201 of I.P.C., Sec 145 (2) (c) (d) of Bombay Police Act etc. - Held , Mere availability of alternate remedy is not an absolute bar for exercise of writ jurisdiction to direct initiation of criminal proceedings against erring police officers.*

*[c] Reply Affidavit by senior police officer to save subordinates - The reply affidavit filed by the police officer is a classic example of how all these three police officers are in connivance with each other in attempt to justify their deliberate inaction - The members of the public who approach the police authorities with the hope and expectation that the wrongdoers should be punished, would lose trust in the police department, if such erring police officers are not punished - Govt. directed to take action - Failure to do so by the Govt. , the petitioner is at liberty to approach the court afresh."*

9.3. In Nandkumar S. Kale 2007 All MR (Cri) 2737 it is ruled as under;

*"(C) Cri. P.C., S. 156 (3) - Registration of F.I.R. against police officer on the complaint sent to police station by Magistrate - Held- Police officer bound to register an offence and proceed to investigate in to crime.*

*(D) Cr. P.C. 197 - Sanction - Held- for investigation no sanction is required - Preparation of false record of investigation cannot be a part of duty done in discharge of official duty -IF in such cases protection is granted to the*

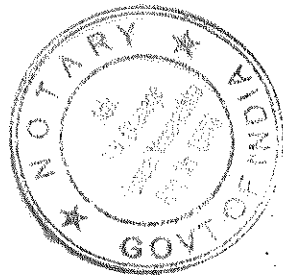


*police officer then they can show the investigation having been carried out even sitting at home"*

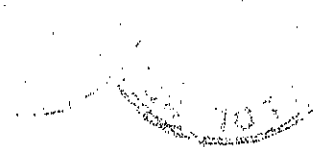
10. विनंती : तरी नम्र विनंती की,

(i) आरोपींना गंभीर गुन्ह्यातून वाचविण्यासाठी माझी दखलपात्र खुनाच्या गुन्ह्याची तक्रार नोंद न करता पदाचा दुरुपयोग करून खरे पुरावे व वस्तुस्थिती लपवून खोटा व दिशाभूल करणारा अहवाल बनविणारे पालघर येथील अर्नाळा पोलीस स्टेशन चे सहा. पो. निरीक्षक बी.बी. मुसळे व इतर यांच्याविरुद्ध मा. मुंबई उच्च न्यायालयाचे आदेश सुधीर व्होरा वि कंमीशनर ऑफ पोलीस 2004 Cr. L.J 2278 नुसार भादवि 166, 201, 218, 409, 120(B), 34, 109 आदी कलमांतर्गत गुन्हे नोंद करून प्रकरणाचा तपास सी.बी.आय कडे सोपविण्यात यावा

(ii) दोषी तपास अधिकारी सहा. पो. निरीक्षक बी.बी. मुसळे इतर यांना त्वरीत निलंबित करून त्यांच्याविरुद्ध विभागीय चौकशी करून त्यांना त्वरीत बडतर्फ करून शासकीय यंत्रणेचा दुरुपयोग केल्यासंबंधी सर्व खर्च त्यांच्याकडून वसूल करण्यात यावा.



*Kiran*  
सही



## सत्यापन

मी किरण यादव, फिर्यादी वय 49, बिल्डिंग क्र. १, रूम क्र. १०७, विरार गार्डन, अगासी रोड, विरार रोड, (पश्चिम), मुंबई ४०१३०३, येथे राहणारे असून वरीलनामे मी प्रतिज्ञापूर्वक घोषित करते की वरील परिच्छेदांमध्ये जे नमूद केले आहे ते माझ्या माहितीनुसार सत्य आहे आणि मी दिलेल्या माहितीच्या आधारे ते सत्य आहे असे मला वाटते.

मुंबई येथे घोषित करते की  
दिनांक 27<sup>th</sup> जून 2023

माझ्या समक्ष

Kirun

सही

BEFORE ME

18/06/23

Adv. S. N. Dhanage  
Notary Govt Of India  
Regd. No. 15376 MUMBAI (MS)  
404-405, 4th Floor, Davar House,  
197/199, Near Central Camera Bldg.,  
D.N. Road, Fort, Mumbai - 400001.

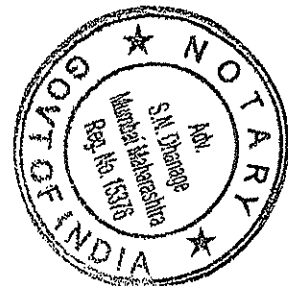
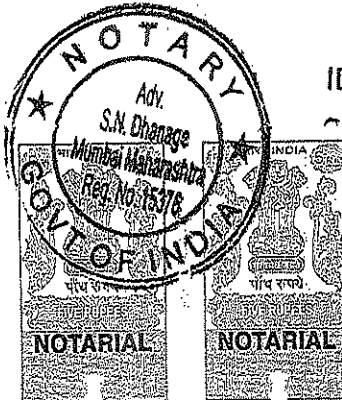
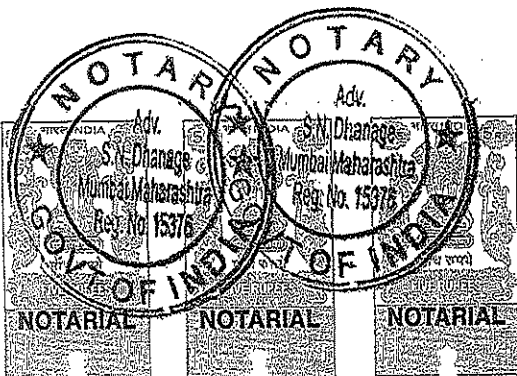
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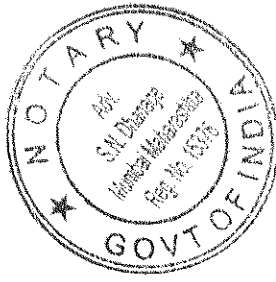
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Date. 27 JUN 2023

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दि. १७.१०. २०२१

प्रति

वि. वरिष्ठ पो. निरीक्षक, अर्नाळा पोलीस स्टेशन, विरार, जि. पालघर

अर्जदार : श्रीमती किरण यादव

रा. विरार गार्डन, बिल्डिंग नं. ०१, रूम नं. १०७, आगासी

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रोड, विरार रोड (वेस्ट), मुंबई - ४०१३०३.



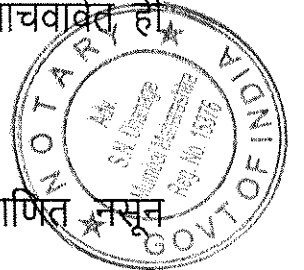
विषय: कोव्हीशील्ड लस ही प्रायोगिक असून त्या लसीचे जीवघेणे दुष्परिणाम होवू शकतात याची स्पष्ट माहिती सर्वाना देणे हे राज्यातील टास्क फोर्स चे सदस्य व सर्व वरीष्ठ अधिकाऱ्यांना व डॉक्टरांना बंधनकारक असल्याचा स्पष्ट कायदा असताना गैरहेतू साध्य करण्याकरीता आरोपी डॉक्टर व अधिकाऱ्यांनी अपराधिक कट रचून ती बाब जाणून बुजून लपवून, तसेच लस पूर्णतः सुरक्षित आहे अश्या खोट्या जाहिराती करून आणि नंतर केंद्र शासनाच्या निर्देशांविरुद्ध जावून लोकल ट्रेन व कामाच्या ठिकाणी लस घेणे बंधनकारक असल्याचा नियम आणून माझ्या मुलास जबरदस्तीने लस घेण्यास भाग पाडून सुनियोजित पद्धतीने त्याचा जीव घेतल्यामुळे आरोपीविरुद्ध भादंवि ३०२, ४२०, ४०९, १२०(बी), ३४



आदी कलमांतर्गत गुन्हा नोंद करून त्वरित कारवाई  
करण्याचे आदेश देणेबाबत.

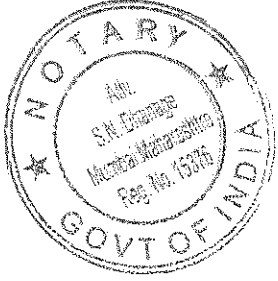
महोदय,

१. मी वरील ठिकाणची रहिवाशी असून, मी मृतक श्री.हितेश कडवे याची आई आहे.
२. आरोपी लोकांच्या कटास बळी पडून माझ्या मुलाने दिनांक २९.०९. २०२१ रोजी कोव्हीशील्ड ही लस घेतली व त्याने दोन तासानंतर माझ्या मुलाचा मृत्यू झाला.
३. सदर तक्रारीद्वारे मी माझ्या तरुण मुलाच्या हत्येस जबाबदार आरोपी डॉक्टर व अधिकाऱ्यांविरुद्ध सर्व पुराव्यांसहीत तक्रार देत असून आपण त्वरीत गुन्हा दाखल करून आरोपींना अटक करून त्यांच्याकडून होणारे पुढचे गुन्हे त्वरीत राखावेत व इतर लोकांचे जीव वाचवावेत ही विनंती करीत आहे.
४. माझ्या मुलाला दिलेली लस कोव्हीशील्ड ही पूर्णतः प्रमाणित असून केवळ प्रायोगिक (Experimental) असल्याचे मला आता कळाले आहे. परंतु हि बाब कोणत्याही सरकारी अधिकाऱ्याने, डॉक्टरांनी व टास्क फोर्सच्या सदस्यांनी जनतेला सांगितले नाही. तसेच लस घेताना सुद्धा माझ्या मुलास सांगितले नाही.
५. नंतर मी माहिती घेतली असता मला असे कळाले की, कायद्यातील तरतुदीनुसार व विशेषकरून **Universal Declaration of**





**Bioethics and Human Rights, 2005** आणि **International Covenant on Civil & Political Rights** नुसार तसेच मा. सर्वोच्च न्यायालय यांचे **Montgomery v Lanarkshire Health Board [2015] UKSC 11** व इतर प्रकरणातील डॉक्टरांना व हॉस्पिटल्सना दिलेल्या कायदेशीर निर्देशानुसार कोणत्याही व्यक्तीला कोणतेही औषध किंवा प्रायोगिक लस द्यावयाची असल्यास त्या लसीचे संपूर्ण दुष्परिणाम वेगळे समजावून सांगून त्याची लेखी संमती घेतल्याशिवाय लस देता येत नाही.



६. खुद्द कोव्हीशील्ड कंपनीनेच त्याच्या लसीसोबत दिलेल्या **Fact Sheet** मध्ये अँलर्जी व इतर विशिष्ट श्रेणीतील लोकांना लस देवू नये असे स्पष्ट नमूद केले आहे. परंतु लस देणारे आरोपी व त्या केंद्राचे प्रमुख डॉक्टर्स पासून ते महाराष्ट्राचे मुख्य सचिव श्री. सीताराम कुंटे पर्यंत तसेच दिल्लीच्या **AIIMS** चे डॉ. रणदीप गुलेरीया, **DGCI** चे डॉ. डी. जी. सोमाणी आदी अनेक आरोपींनी वेळोवेळी युट्यूब, दैनिक वर्तमानपत्र, न्यूज चैनल, फोनची कॉलर ट्यून आदी सर्व ठिकाणी जाहीराती देवून किंवा मुलाखतीमध्ये लस पूर्णतः सुरक्षित असल्याचा खोटा प्रचार केला.



७. **DGCI (Drugs Controller General of India)** चे डॉ. वी.जी. सोमानी यांनी तर त्यांच्या 'दि न्यू इंडियन एक्सप्रेस' मध्ये दि. ०३ जानेवारी, २०२१ च्या संदेशात असे म्हटले की, लस ही ११०% सुरक्षित आहे.

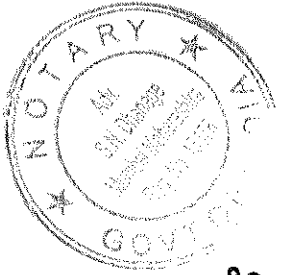
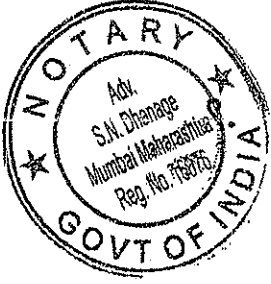
**Link:-**

<https://www.newindianexpress.com/nation/2021/jan/03/covid-19-vaccines-110-per-cent-safe-impotency-rumours-complete-nonsense-dcgi-2244820.html>

८. वरील म्हणणे पूर्णतः खोटे असून लसीच्या दुष्परिणामाने हजारो लोकांचे जीव गेल्याचे पुरावे खालील लिंक वर उपलब्ध असल्याची माहिती मला आताच प्राप्त झाली आहे. आजपर्यंत कोरोनाच्या दुष्परिणामांमुळे मृत्यू झालेल्या लोकांची एकूण माहिती व संबंधीत प्रकाशीत बातम्या खालील लिंकवर उपलब्ध आहेत.

Link:

[https://drive.google.com/file/d/1uikc1a6\\_KDzUx7HNLrfwal1NJRt0D\\_YP/view](https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrfwal1NJRt0D_YP/view)



जर वरील आरोपींनी सत्य परिस्थिती सांगितली असती तर माझ्या मुलाने लस घेतलीच नसती तर त्याचा जीव वाचला असता. अश्याप्रकारे वरील सर्व आरोपी व त्यांना या कटात सहकार्य करणारे सर्व लोक हे माझ्या मुलाच्या हत्येसाठी जबाबदार असून त्यांच्या विरुद्ध भादंवि ३०२, ४२०, १०९, १२०(ब) व ३४ अंतर्गत फौजदारी कारवाई त्वरीत करणे आवश्यक आहे.

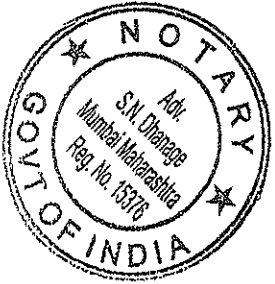
१०. तसेच आरोपींनी वरील गुन्हे करण्यामागे त्यांचा उद्देश लस निर्माता कंपनी कोव्हीशील्ड यांचे मालक अदार पुनावाला व त्यांचे भागीदार बिल गेट्स यांना गैरफायदा पोहचविण्याचा असल्याचे सिद्ध होते.
११. आरोपी डॉक्टर्स व अधिकाऱ्यांनी मुख्य लाभकर्ता लस कंपनीला फायदा पोहचविण्यासाठी त्यांच्या सरकारी नोकरीच्या पदाचा व शासकीय

यंत्रणेचा दुरुपयोग केल्यामुळे आरोपीविरुद्ध भादंवि ४०९ कलमांतर्गत सुद्धा कारवाई आवश्यक आहे.

१२. माझ्या मुलाच्या हत्येनंतर सदर प्रकरणात मी सखोल चौकशी केल्यानंतर हे सिद्ध झाले की संपूर्ण कट हा एका मोठ्या आंतरराष्ट्रीय कटाचा भाग असून त्या कटाचा मुख्य सूत्रधार 'बिल गेट्स' हा आहे व तो कोव्हीशील्ड या लस कंपनीचा भागीदार आहे. पुणे येथे सीरम इंस्टीट्यूट नावाची कंपनी असून त्या कंपनीमध्येच कोव्हीशील्ड चे उत्पादन होते.



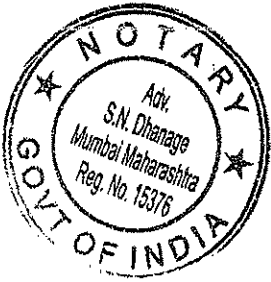
१३. कटाचा मुख्य सूत्रधार 'बिल गेट्स अँड मिलिंडा गेट्स फाउंडेशन' नावाच्या संस्थेमार्फत लस निर्माता कंपन्यांना फायदा होईल असे प्रकल्प राबविण्यासाठी देणगी देत असतो व लोकांना तो एक **Charitable** समाजयोगी कार्य करीत असल्याचा खोटा आव आणतो. परंतु त्यांचा खरा उद्देश हा विविध लसीकरणाचा प्रचार करून ती लस शासकीय कार्यक्रमात **National Immunization Programme** मध्ये सामील करून घेण्याचा असतो. कारण तसे केल्यास त्यांचे भारतात दरवर्षी करोडो ग्राहक निश्चित होतात व त्यानंतर लस कंपन्या ह्या वर्षानुवर्षे लाखो कोटी रुपयांचा नफा काहीही न करता कमावत राहतात.



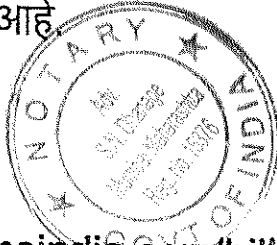
१४. आरोपी बिल गेट्स च्या अश्याच एका कटामुळे एचपीव्ही च्या लसीच्या अनाधिकृत वापरामुळे ८ मुलींची हत्या झाली होती व त्यामध्ये केंद्रीय संसदीय समिती (Parliamentary Committee) ने चौकशी करून आपल्या ७२व्या अहवालात (72<sup>nd</sup> report) 'बिल अँड मिलिंडा गेट्स

फाऊंडेशन' पुरस्कृत अनाधिकृत लसींच्या चाचण्या करणारी 'पाथ' नावाची संस्था व त्या त्या गुन्ह्यांमध्ये सामील ICMR आणि DGHS चे भ्रष्ट अधिकाऱ्यांविरुद्ध गुन्हा दाखल करून सी बी आय मार्फत चौकशी करण्याचे निर्देश दिले होते. तो अहवाल पुरावा म्हणून वापरता येईल असा स्पष्ट कायदा या सर्वोच्च न्यायालयाचे संविधान पीठाने "कल्पना मेहता वि. युनियन ऑफ इंडिया 2018 (7) SCC 1, प्रकरणात ठरवून दिला आहे.

१५. बिल गेट्स ने त्याच्या गुन्हेगारी व विकृत मानसिकतेपोटी या आधीसुद्धा अशास्त्रीय पद्धतीने पोलियो लसीचे डोज वाढवून भारत देशातील ४ लाख ५० हजार निष्पाप मुलांना जन्माचे पांगळे केले व हजारो मुलांचे जीव घेतले. शेवटी सरकारने बिल गेटचा तो जीवघेणा प्रकल्प गुंडाळून त्याला भारतातून जाण्यास सांगितले. त्याबाबत सविस्तर बातमी खालील लिंक वर उपलब्ध आहे.



Link:



<https://greatgameindia.com/bill-gates-path-tribal-girls-india/>

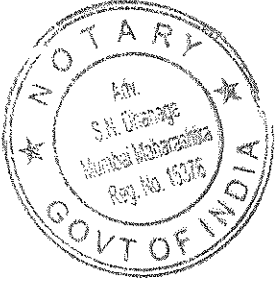
१६. बिल गेट्सने त्याच्या विविध संस्थांच्या माध्यमातून **Public Health Foundation of India** ही संस्था भारतात उभारली असून त्या संस्थेच्या माध्यमातून तसेच त्याच्या ग्रुपमधील इतर काही प्रभावशाली डॉक्टर्स जसे डॉ. गगणदीप कांग, डॉ. बलराम भार्गव आदी लोकांच्या माध्यमातून ती लोक देशातील विविध राज्यांच्या आरोग्य मंत्रालयातील निर्णय प्रक्रीया प्रभावित करून फक्त लस निर्माता कंपन्यांच्या फायद्याचेच नियम

बनवीत असल्याची माहिती युवा शोध वैज्ञानिक श्री. योहान टेंगर यांनी त्यांच्या मुलाखतीमध्ये (interview) मध्ये दिली आहे.

Link:

<https://awakenindiamovement.com/indias-covid-19-task-force-experts-exposed-conflicts-of-interest-in-our-public-health-system/>

१७. तसेच 'बिल गेट्स व रॉकरफेलर फाऊंडेशन' अशा विविध संथांच्या माध्यमातून मुंबई महानगर पालिकेला निधी देवून त्यांच्याकडून लस कंपन्यांच्या फायद्याचेच निर्णय घेतले जात असल्याची माहिती सुद्धा श्री. योहान टेंगर यांनी दिली आहे.



१८. आरोपींच्या कटात सामील दुसरे आरोपी म्हणजे गुगल चे मालक श्री. सुंदर पिचई व यु ट्युब चे संचालक हे आहेत.



त्या लोकांनी जगातील अनेक नामवंत डॉक्टर्स, तज्ञ व वैज्ञानिकांचे लसीचे दुष्परीणाम सांगणारे अनेक व्हीडीओ व माहिती कडून टाकली असून फक्त 'लस ही पूर्णतः सुरक्षित आहे' असा खोटा संदेश देणारे व्हीडीओच फक्त ठेवले आहे व ते त्यांनी स्वतःहून यु ट्युब वर अपलोड केले आहे. त्या व्हीडीओमध्ये मुख्य करून सहआरोपी असलेले **AIIMS** चे डॉ. रणदीप गुलेरीया यांचा व्हीडीओ आहे.

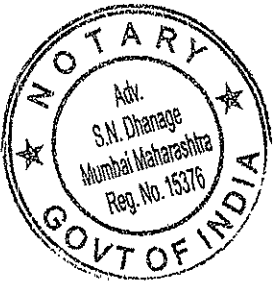
१९. अशाप्रकारे आरोपी लोकांनी एका सुनियोजित कटाद्वारे थंड डोक्याने योजना आखून माझ्या मुलाची व इतर अनेक निष्पाप लोकांच्या हत्या केल्या आहेत. जर आरोपीविरुद्ध गुन्हा दाखल करून त्यांना ताबडतोब

अटक केली नाही तर अनेक निष्पाप लोकांचे बळी जातील. तरी आपण यात त्वरित पावले उचलून दोषीविरुद्ध कठोर कारवाई करणे अत्यंत आवश्यक आहे.

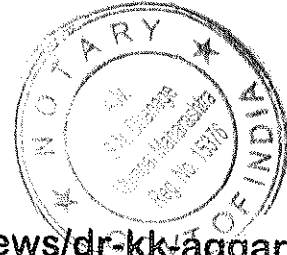
२०. आरोपींनी त्यांच्या कटाद्वारे जनतेला फसवून स्वतःचा लाखो कोटींचा गैरफायदा करून घेतला असून ती सर्व चल-अचल संपत्ती जप्त करून पीडितांना नुकसान भरपाई देणे अत्यंत आवश्यक आहे.

२१. लस घेतलेली लोक कोरोना पासून सुरक्षित नसून त्यांचा मृत्यू कोरोनानेच झाल्याचे पुरावे उपलब्ध आहेत.

२२. इंडियन मेडिकल असोसिएशन चे पूर्व अध्यक्ष के.के. अग्रवाल व दिल्लीतील 60 डॉक्टर्स ज्यांनी कोरोना लसीचे दोन्ही डोस घेतले होते. परंतु त्यांचा मृत्यू कोरोनानेच झाला होता.



**Link:**



i) <https://www.ndtv.com/india-news/dr-kk-aggarwal-ex-chief-of-india-medical-association-ima-dies-of-covid-19-coronavirus-2443827>

ii) <https://theprint.in/health/at-least-60-delhi-doctors-have-died-in-2nd-covid-wave-families-are-left-to-pick-up-pieces/661353/>

२३. ठाणे येथील 75 डॉक्टर्स चा मृत्यू कोरोनाने झाल्याची बातमी दि.01 जुलै, 2021 रोजी दै. लोकमत मध्ये प्रकाशित झाली होती.

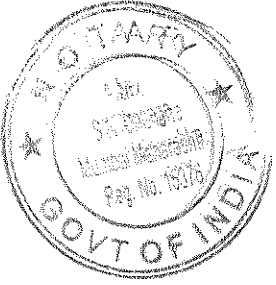
**Link:**

<https://drive.google.com/file/d/1eZGQoHzzl4pUShRYt7U0YZ82zvJ4UYEn/view>

२४. लसींच्या दुष्परिणामांमुळे लोकांचे मृत्यू होत असल्यामुळे 11 युरोपियन देशांनी कोव्हीशिल्ड (Astrazenica) या लसीला बंदी घातली होती.

**Link:**

<https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/covishield-coronavirus-vaccine-with-covishield-astrazeneca-banned-in-some-countries-should-we-be-worried-about-its-safety/photostory/83398722.cms>



२५. परंतु आरोग्यानी नागरिकांना होणाऱ्या दुष्परिणामासंबंधी कोणतीही दखल घेतलेली नाही.

केंद्र सरकारने व देशातील विविध न्यायालयांनी वेळोवेळी निर्णय देवून स्पष्ट कायदा ठरवून दिला आहे की कोरोना ची तस (वॅक्सीन) घेणाऱ्या व्यक्तीला सुद्धा पुन्हा कोरोनाची लागण होऊ शकते व तो सुद्धा कोरोनाचा संसर्ग पसरवू शकतो त्यामुळे लस घेतलेल्या व्यक्तीला सुद्धा वॅक्सीन न घेतलेल्या व्यक्तीप्रमाणेच सर्व निर्बंध लागू राहतील. तस घेतलेल्या व्यक्तीमध्ये आणी लस न घेतलेल्या व्यक्तीमध्ये कोणताही फरक नसतो त्यामुळे त्यांच्यामध्ये कोणताही भेदभाव करता येणार नाही जर लस न घेणाऱ्यासोबत भेदभावपूर्ण वागणूक करून त्यांना कोणत्याही लाभापासून वंचित ठेवल्यास ते नागरिकांच्या घटनादत्त मुलभूत अधिकारांचे उल्लंघन ठरते व असे गैरकृत्य करणारे अधिकारी, मंत्री इत्यादी हे भारतीय राज्यघटनेच्या कलम 14, 19, 21 चे उल्लंघन



केल्याप्रकरणी भा.द.वि. चे कलम 166, 188 तसेच आपत्ती व्यवस्थापन कायदा. 2005 चे कलम 51, 55 नुसार कारवाईस पात्र ठरतात.

२६. तस (वॅक्सीन) घेणे किंवा न घेणे हे ऐच्छिक असून कोणतीही वैद्यकीय उपचार पद्धती स्वीकारणे व नाकारणे हा प्रत्येक व्यक्तीचा मूलभूत अधिकार आहे. त्याकरीता कोणालाही प्रत्यक्ष किंवा अप्रत्यक्ष दबाव आणता येणार नाही असा स्पष्ट कायदा सर्वोच्च न्यायालय, दिल्ली व इतर विविध उच्च न्यायालयांनी ठरवून दिला आहे.

२७. तसेच गुवाहाटी उच्च न्यायालय, मणीपूर, त्रिपुरा, मेघालय आदि बऱ्याच उच्च न्यायालयाने कोरोना लसी संदर्भात असे भेदभाव करणारे राज्य शासनाचे आदेश स्थगित व खारीज केले आहेत ते आदेश केंद्र सरकार (Union of India) उत्तरवादी असताना पारित केले असल्यामुळे देशातील सर्व राज्यांना लागू आहेत. **[Registrar Meghalaya Vs.**

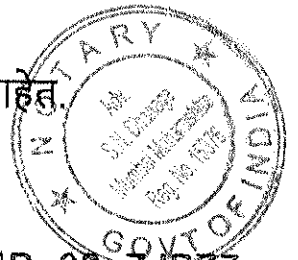
**State of Meghalaya 2021 SCC Online Megh 130. ,In Re: Dinthar Incident Aizawl Vs. State of Mizoram 2021 SCC OnLine Gau 1313.]**

केंद्र सरकारचे निर्देश खालील लिंक वर उपलब्ध आहेत.

**Link:**

<https://drive.google.com/file/d/1DVWL0m4Do08uZJBZ7P5Y URwyxza-r-t/view>

२८. सदर प्रकरणात केंद्र शासनाचे निर्देशांचे व माननीय उच्च न्यायालयाच्या आदेशाचे उल्लंघन करून लसीकरण झालेल्या लोकांना विशेष सवलती देऊन लोकांना लस घेण्यास भाग पाडणाऱ्या योजना व निर्बंध राबविणारे



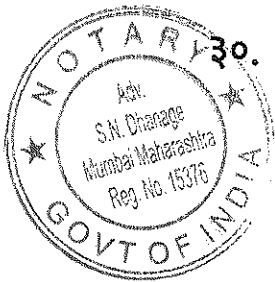


व लोकल ट्रेनमध्ये प्रवासासाठी तशी शिफारस करणारे मुंबई महानगरपालिका आयुक्त इक्बाल चहल, यांना साथ देणारे सुरेश काकाणी व त्या बेकायदेशीर निर्बंधांना लागू करून लोकांच्या व माझ्या मुलाच्या हत्येस जबाबदार इतर नेते, मंत्री आदींना सुद्धा सहआरोपी बनविणे आवश्यक आहे.

२९. सदर प्रकरणाची व्याप्ती फार मोठी असून यामध्ये मोठे अधिकारी व मंत्री यांचा सहभाग असल्यामुळे प्रकरणाचा तपास हा सी.बी.आय.

(Central Bureau of Investigation) यांनी करावा असा कायदा सर्वोच्च न्यायालयाने ठरवून दिला असून त्याच कायदाच्या आधारे नुकतेच मा. मुंबई उच्च न्यायालयाने 5th April 2021 चे आदेशानुसार गृहमंत्री अनिल देशमुख यांच्याविरुद्धच्या गुन्ह्याचा तपास सी. बी. आय. कडे दिला आहे व त्या प्रकरणात आरोपी मंत्री फरार सुद्धा झालेले आहेत. [Parmbeer Singh Vs. State 2021 SCC OnLine Bom

516]

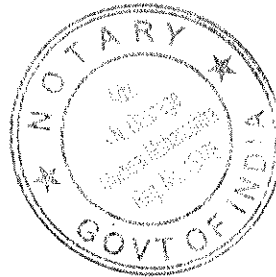


विनंती:- नम्र विनंती की,

- i) कोव्हीशील्ड लस ही प्रायोगिक असून त्या लसीचे जीवघेणे दुष्परिणाम होवू शकतात याची स्पष्ट माहिती सर्वांना देणे हे राज्यातील टास्क फोर्स चे सदस्य व सर्व वरीष्ठ अधिकार्यांना व डॉक्टरांना बंधनकारक असल्याचा स्पष्ट कायदा असताना गैरहेतू साध्य करण्याकरीता आरोपी डॉक्टर व अधिकार्यांनी अपराधिक कट रचून ती बाब जाणून बुजून लपवून, तसेच लस पूर्णतः सुरक्षित आहे अश्या खोट्या जाहिराती करून आणि नंतर केंद्र

शासनाच्या निर्देशांविरुद्ध जावून लोकल ट्रेन व कामाच्या ठिकाणी लस घेणे बंधनकारक असल्याचा नियम आणून माझ्या मुलास जबरदस्तीने लस घेण्यास भाग पाडून सुनियोजित पद्धतीने त्याचा जीव घेतल्यामुळे आरोपींविरुद्ध भादंवि ३०२, ४२०, ४०९, १२०(बी), ३४ आदी कलमांतर्गत गुन्हा नोंद करून त्वरित कारवाई करण्याचे आदेश देण्यात येवून प्रकरणाचा तपास सी.बी.आय. कडे देण्यात यावा.

- ii) आरोपीमध्ये लस केंद्रावर लस देणारे डॉक्टर पासून या तक्रारीत नमूद सर्वांना आरोपी बनविण्यात यावे.
- iii) सदरचा गुन्हा हा हत्येचा गुन्हा असून देशातील सर्वात मोठा व गंभीर स्वरूपाचा व अजामीनपत्र असल्यामुळे तसेच आरोपींचा कट व लोकांच्या हत्या या सुरूच असल्यामुळे आरोपींना त्वरित अटक करून इतर लोकांचे जीव वाचवावेत.
- iv) सर्व आरोपींची चल-अचल संपत्ती बँक अकाऊंट जप्त करण्या यावी.



सही/-

श्रीमती किरण यादव

# Fully Vaccinated Young Adults suffer 73% increase in Heart Attacks & Strokes and 92% higher Mortality Rate compared to Unvaccinated

[expose-news.com/2022/05/17/covid-jabs-increase-risk-heart-attack-death-young-adults](https://expose-news.com/2022/05/17/covid-jabs-increase-risk-heart-attack-death-young-adults)

By The Exposé

May 17, 2022

Official figures show there has been a 67% increase compared to the historical average in the number of people aged 15 to 44 suffering heart attacks, cardiac arrest, myocarditis, stroke, and other cardiovascular diseases since this age group was first offered the Covid-19 injection in Scotland.

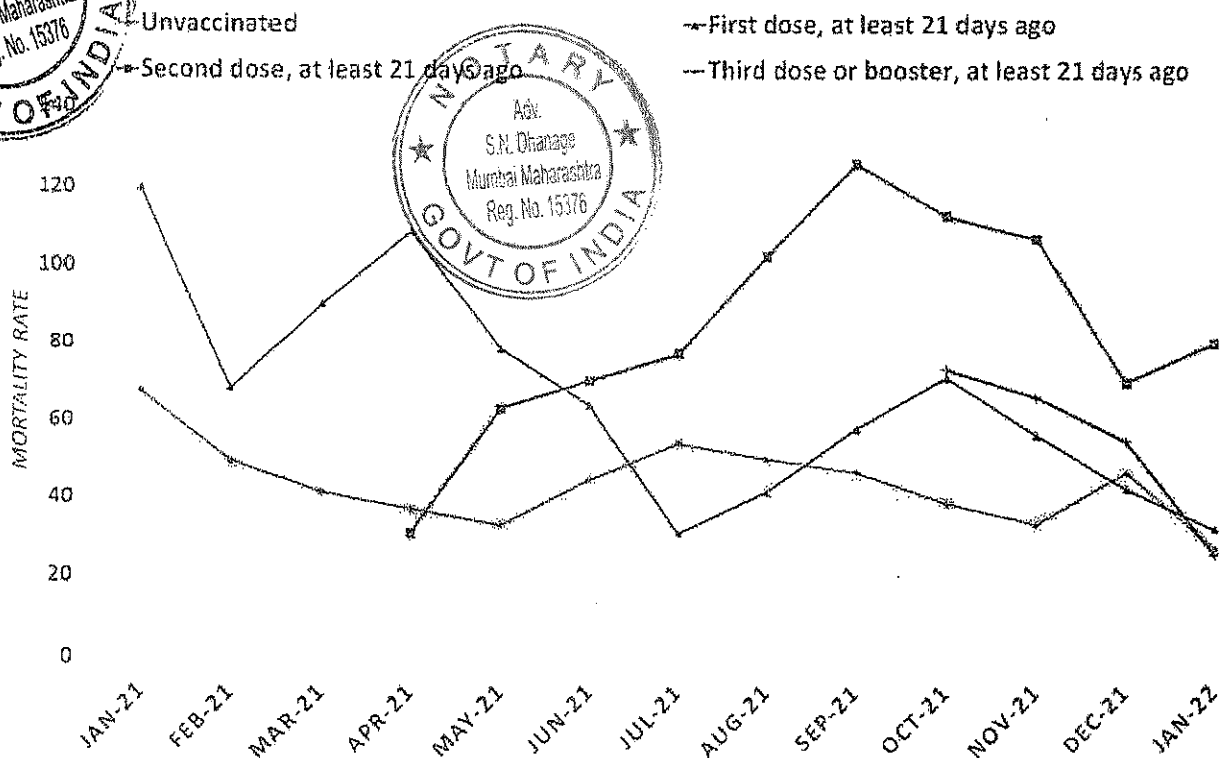
And further analysis shows this issue is actually getting worse, with the numbers for 2022 so far revealing a 73% increase against the historical average.

Meanwhile, data published by the Office for National Statistics show that between January 2021 and January 2022, double vaccinated 18 to 39-year-olds in England were on average 92% more likely to die than unvaccinated young adults of the same age.

This is either a terrible coincidence or the smoking gun that proves the damage the Covid-19 injections have done and are doing to the population.

## MONTHLY AGE-STANDARDISED MORTALITY RATES BY VACCINATION STATUS FOR ALL DEATHS, PER 100,000 PERSON-YEARS, ADULTS AGED 18 TO 39, ENGLAND

SOURCE: OFFICE FOR NATIONAL STATISTICS - DEATHS BY VACCINATION STATUS DATASET



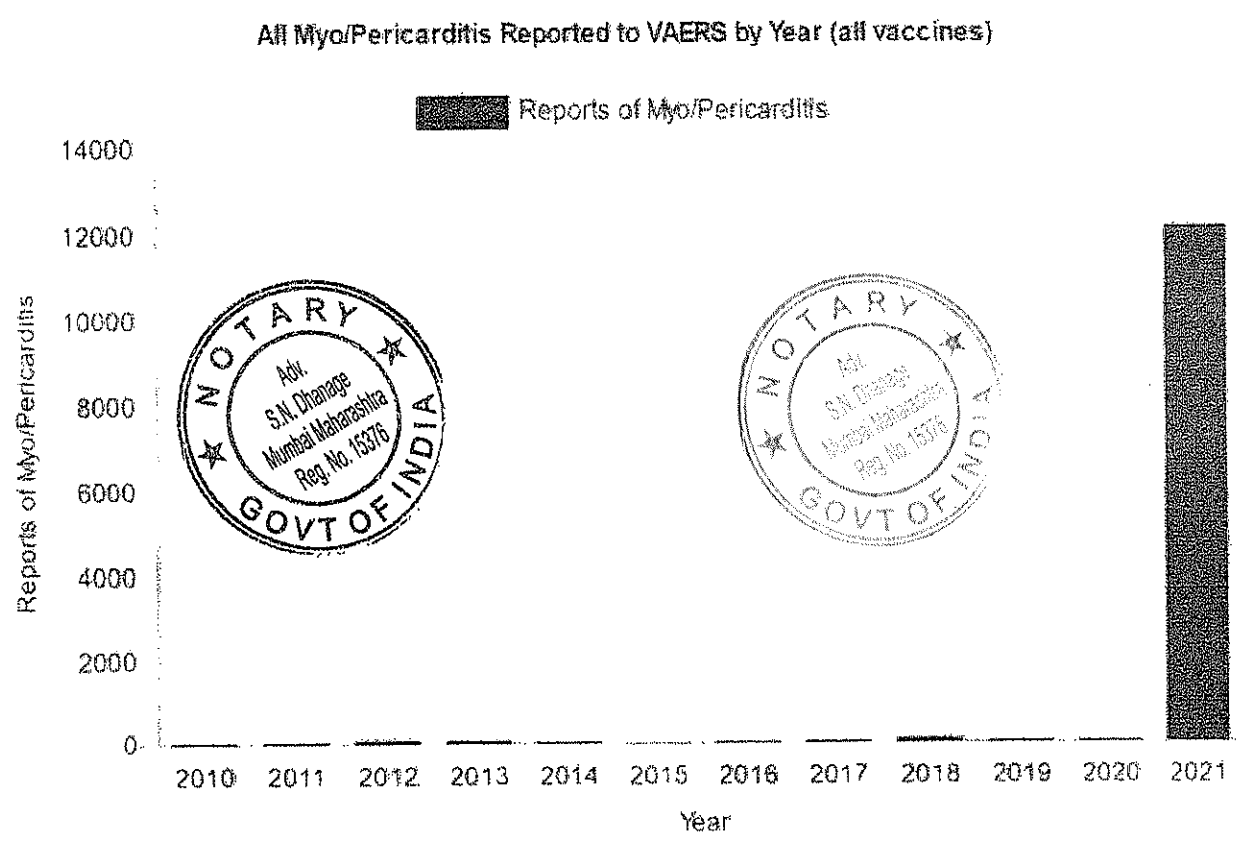
Let's not lose touch...Your Government and Big Tech are actively trying to censor the information reported by The Exposé to serve their own needs. Subscribe now to make sure you receive the latest uncensored news in your inbox...

It is now well known that a possible severe consequence of getting the Covid-19 injection is that one may develop either myocarditis or pericarditis, or in some cases both. We know this because the authorities have had to admit it occurs, although as expected have downplayed it as extremely rare. This probably means it is much more common than people realise.

In simple terms, myocarditis is an autoimmune disease that causes inflammation of the heart muscle. This inflammation enlarges and weakens the heart, creates scar tissue and forces it to work harder to circulate blood and oxygen throughout the body. ([source](#))

Whilst Pericarditis is an autoimmune disease causing inflammation of the pericardium, a sac-like structure with two thin layers of tissue that surround the heart to hold it in place and help it work.

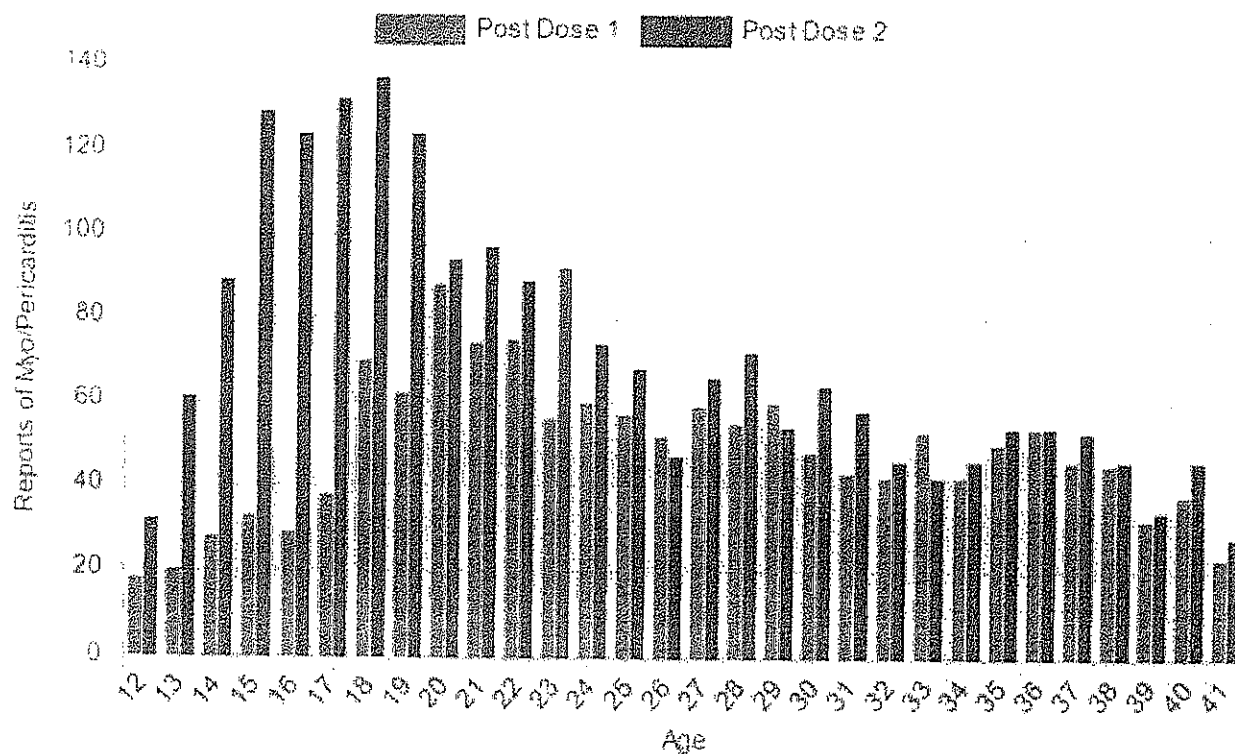
Here's how both autoimmune diseases have affected people in the USA according to the Vaccine Adverse Event Reporting System (VAERS), where just 1-10% of adverse reactions are actually reported –



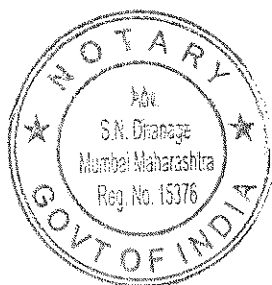
Here's how those unprecedented amounts of cases of myo/pericarditis reported to VAERS have been distributed by age –

# 86

## All Myo/Pericarditis Reported to VAERS Post COVID Vaccine by Dose



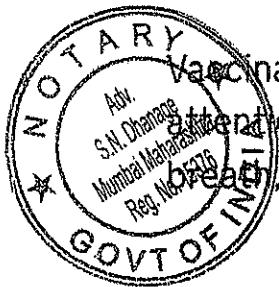
As you can clearly see, the two autoimmune conditions are much more likely to occur in younger age groups, and the UK Medicine Regulator has admitted this is the case –



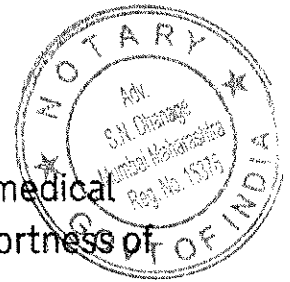
There has also been reporting of similar cases internationally following receipt of the Pfizer/BioNTech and Moderna vaccines. These have occurred most frequently in younger men aged 40 years and younger and within 10 days after the second dose. Most of these cases were mild and individuals typically recovered within a short time and with symptomatic treatment and rest. While reports of myocarditis and pericarditis after vaccination with COVID-19 vaccine AstraZeneca have also been received, there is insufficient evidence to recommend similar warnings for this vaccine.

Healthcare professionals should be alert to the signs and symptoms of myocarditis and pericarditis. Confirmation of diagnosis of these conditions typically requires targeted diagnostic procedures, such as electrocardiograms, cardiac imaging, and biomarker analysis, and it is also important to exclude other potential causes for the symptoms. Treatment of more symptomatic patients will occasionally require relevant expert follow up that might need detailed cardiac imaging to determine the nature of the condition.

## Advice for the public



Vaccinated individuals should be advised to seek immediate medical attention should they experience new onset of chest pain, shortness of breath, or symptoms of disturbance of cardiac rhythm.



### UK MHRA Safety Data

You may have noticed how the UK Medicine Regulator, the MHRA, stated how "most of these cases [of Myocarditis] were mild". So nothing to worry about then? Unfortunately not.

A mild case of myocarditis or pericarditis does not exist. You only get one heart, and it is incapable of regenerating/ repairing once damage has been done. Ongoing cardiovascular medication or even a heart transplant may be needed.

Overall, myocarditis which can cause dilated cardiomyopathy, is thought to account for up to 45 percent of heart transplants in the U.S. today. ([source](#))

Myocarditis can permanently damage your heart muscle, possibly causing:

- **Heart failure.** Untreated, myocarditis can damage your heart's muscle so that it can't pump blood effectively. In severe cases, myocarditis-related heart failure may require a ventricular assist device or a heart transplant.

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- **Heart attack or stroke.** If your heart's muscle is injured and can't pump blood, the blood that collects in your heart can form clots. If a clot blocks one of your heart's arteries, you can have a heart attack. If a blood clot in your heart travels to an artery leading to your brain, you can have a stroke.
  - **Rapid or irregular heart rhythms (arrhythmias).** Damage to your heart muscle can cause an arrhythmia.
  - **Sudden cardiac death.** Certain serious arrhythmias can cause your heart to stop beating (sudden cardiac arrest). It's deadly if not treated immediately.

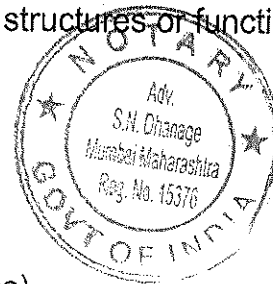
With all that being said the following data that has been published by Public Health Scotland should come as no surprise.

Public Health Scotland (PHS) has a not very well known database presenting figures on the wider impact to the health service due to measures imposed in the name of Covid-19. The database is called 'COVID-19 wider impacts on the health care system'.

We have previously researched the data contained within the database to reveal a huge upsurge in cases of ovarian cancer across Scotland since the introduction of the Covid-19 injections. It just so happens that a study conducted by Pfizer reveals the mRNA Covid-19 injection accumulates in the ovaries.

But this time we decided to analyse the data for cardiovascular cases across Scotland. Cardiovascular diseases are conditions that affect the structures or function of your heart, such as:

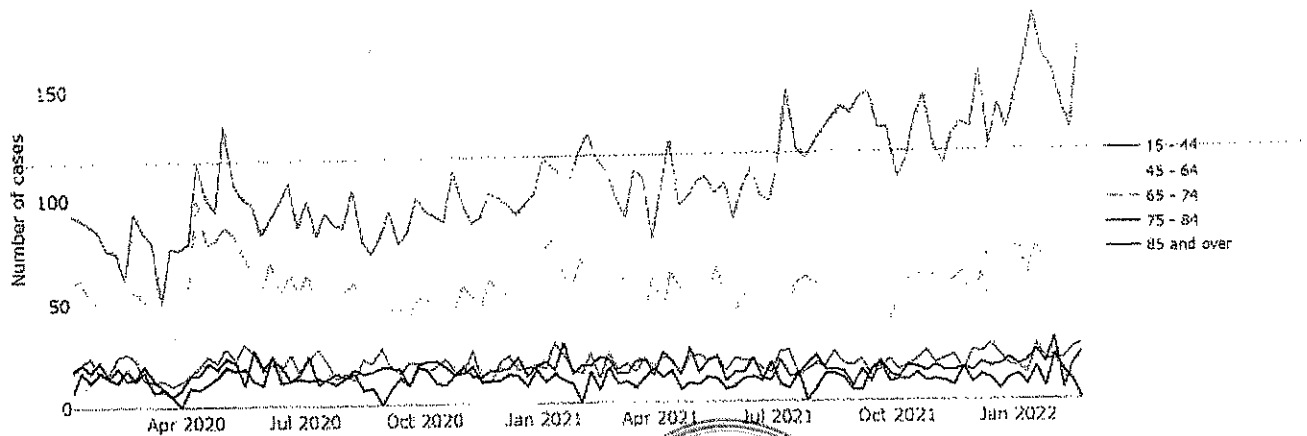
- Abnormal heart rhythms, or arrhythmias
- Aorta disease and Marfan syndrome
- Congenital heart disease
- Coronary artery disease (narrowing of the arteries)
- Deep vein thrombosis and pulmonary embolism
- Heart attack
- Heart failure
- Heart muscle disease (cardiomyopathy)
- Heart valve disease
- Myocarditis
- Pericardial disease
- Peripheral vascular disease
- Rheumatic heart disease
- Stroke
- Vascular disease (blood vessel disease)



For the 'out of hours' category, and the 'ambulance service' category, PHS provides a breakdown by age. Meaning we can assess the number of cardiovascular cases among adults aged 15 to 44.

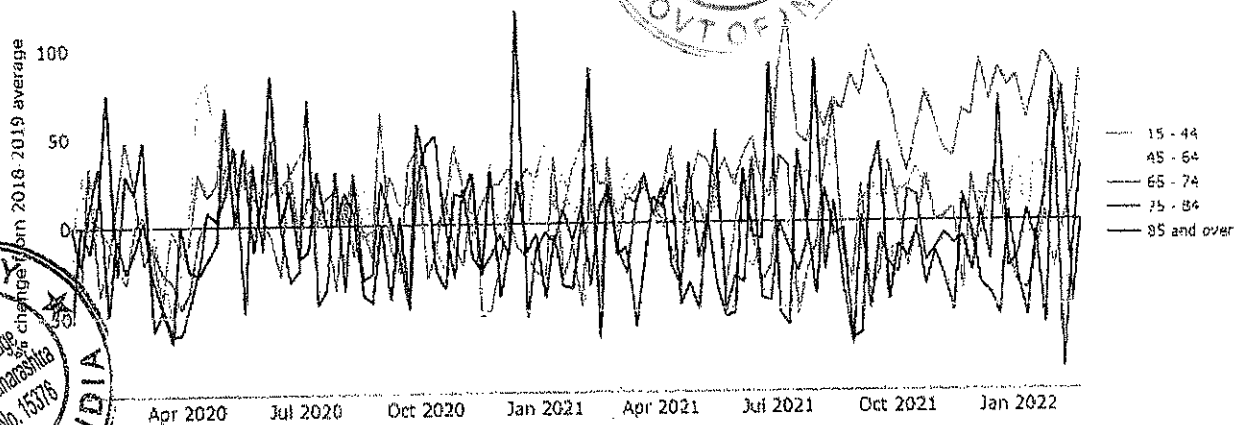
Here is how Public Health Scotland present the data on the number of cases requiring out-of-hours care across Scotland –

## Weekly number of cardiovascular cases in Scotland by age group



Source

## Percentage change in cardiovascular cases in Scotland compared with the corresponding time in 2018-2019 by age group



Source

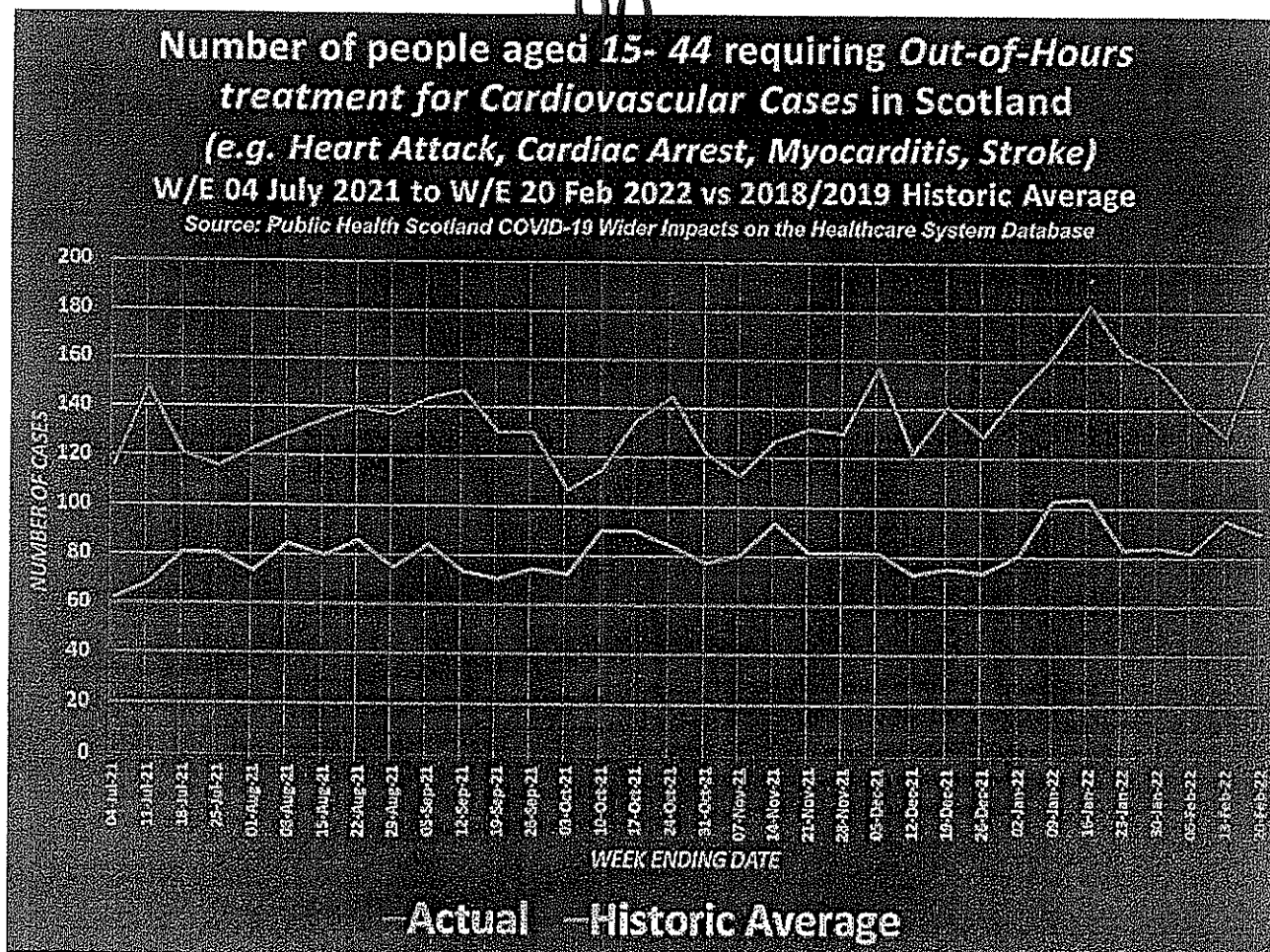
As you can see from the above the weekly number of cases has been highest among 15-44-year-olds since the beginning of the pandemic, but that gap between all other age groups suddenly got much bigger in 2021.

This is confirmed by the second graph above which shows the percentage change in cardiovascular cases against the 2018-2019 historical average. From around July 2021 there has been a huge spike in cardiovascular cases among 15-44-year-olds that should set alarm bells ringing and deserves further attention. So that's exactly what we gave it.

We extracted the data and produced a series of charts in order to present the figures provided by Public Health Scotland much more clearly and to attempt to understand the severity of what has been occurring since the introduction of the Covid-19 injections.

The following chart shows the number of people aged 15-44 requiring out-of-hours treatment for cardiovascular cases per week from the week ending 4th July 2021 to the week ending 20th Feb 2022, as well as the 2018-2019 historical average per week among the same age group –

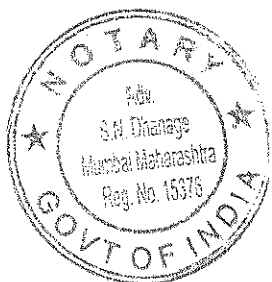




The historical average shows that there have been anywhere from around 60 to just over 100 cardiovascular cases among 15 to 44-year-olds requiring out-of-hours treatment across Scotland. But the data for 2021 and 2022 shows that there have been anywhere from around 110 cases to 185 cardiovascular cases among 15 to 44-year-olds requiring out-of-hours treatment.

So the number of cases have essentially doubled.

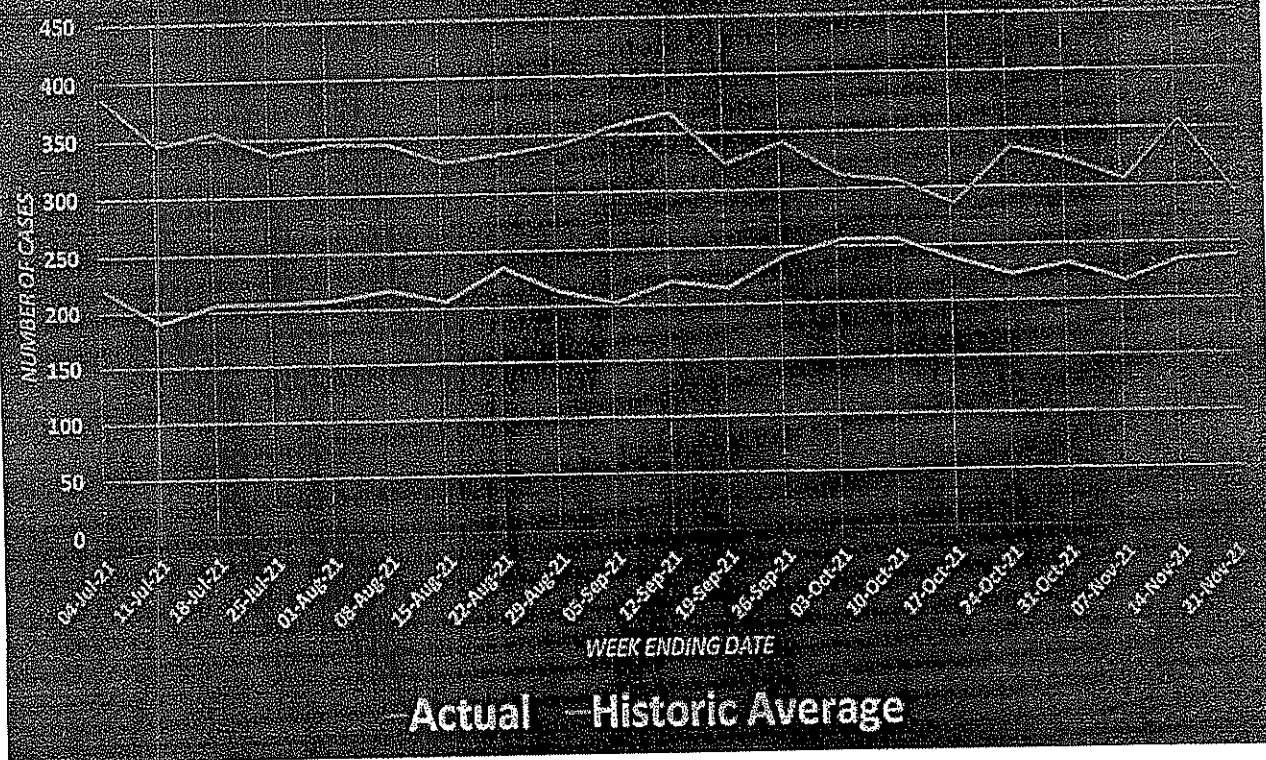
The following chart shows the number of people aged 15-44 requiring an ambulance for cardiovascular cases per week from the week ending 4th July 2021 to the week ending 21st November 2021 (*the most up to date data*), as well as the 2018-2019 historical average per week among the same age group –



# Number of people aged 15- 44 requiring an Ambulance for Cardiovascular Cases in Scotland (e.g. Heart Attack, Cardiac Arrest, Myocarditis, Stroke)

W/E 04 July 2021 to W/E 20 Nov 2021 vs 2018/2019 Historic Average

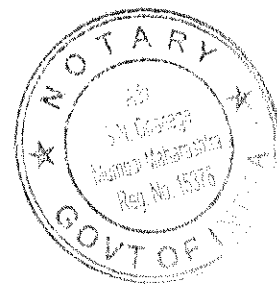
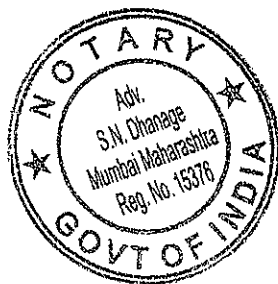
Source: Public Health Scotland COVID-19 Wider Impacts on the Healthcare System Database

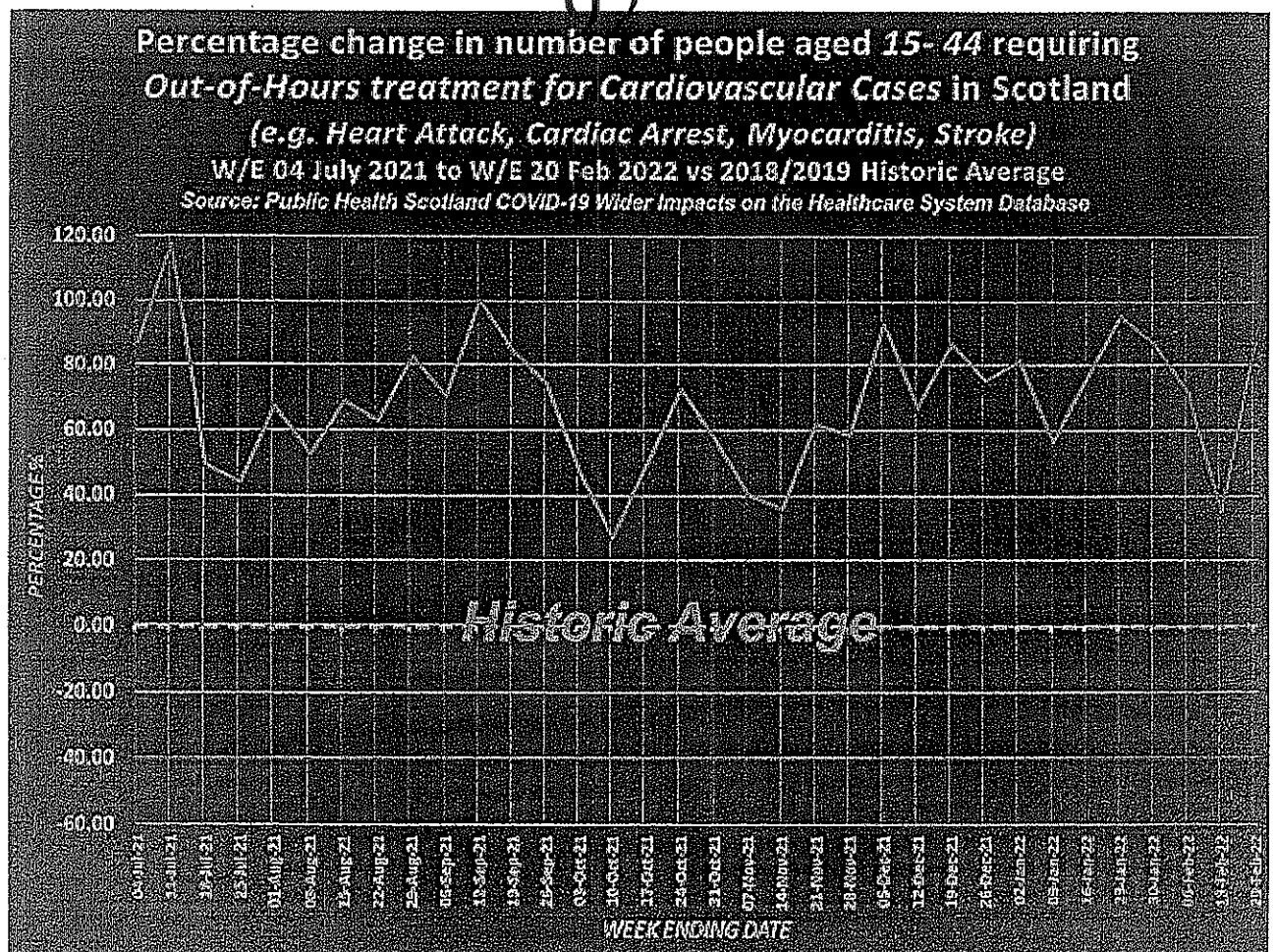


The historical average shows that there have been anywhere from around 185 to just over 250 people aged 15-44 requiring an ambulance for cardiovascular cases per week across Scotland. But the data for 2021 and 2022 shows that there have been anywhere from around 290 cases to 390 people aged 15-44 requiring an ambulance for cardiovascular cases per week.

So cases haven't quite doubled but they've still increased quite dramatically.

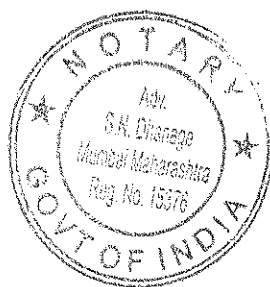
The following chart shows percentage change in the number of people aged 15-44 requiring out-of-hours treatment for cardiovascular cases per week from the week ending 4th July 2021 to the week ending 20th Feb 2022, compared to the 2018-2019 historical average per week among the same age group –





Here we can see that the number of cases requiring out-of-hours care has been higher throughout this entire period, ranging from a 35% increase in a single week to a staggering 117% increase in a single week compared to the historical average.

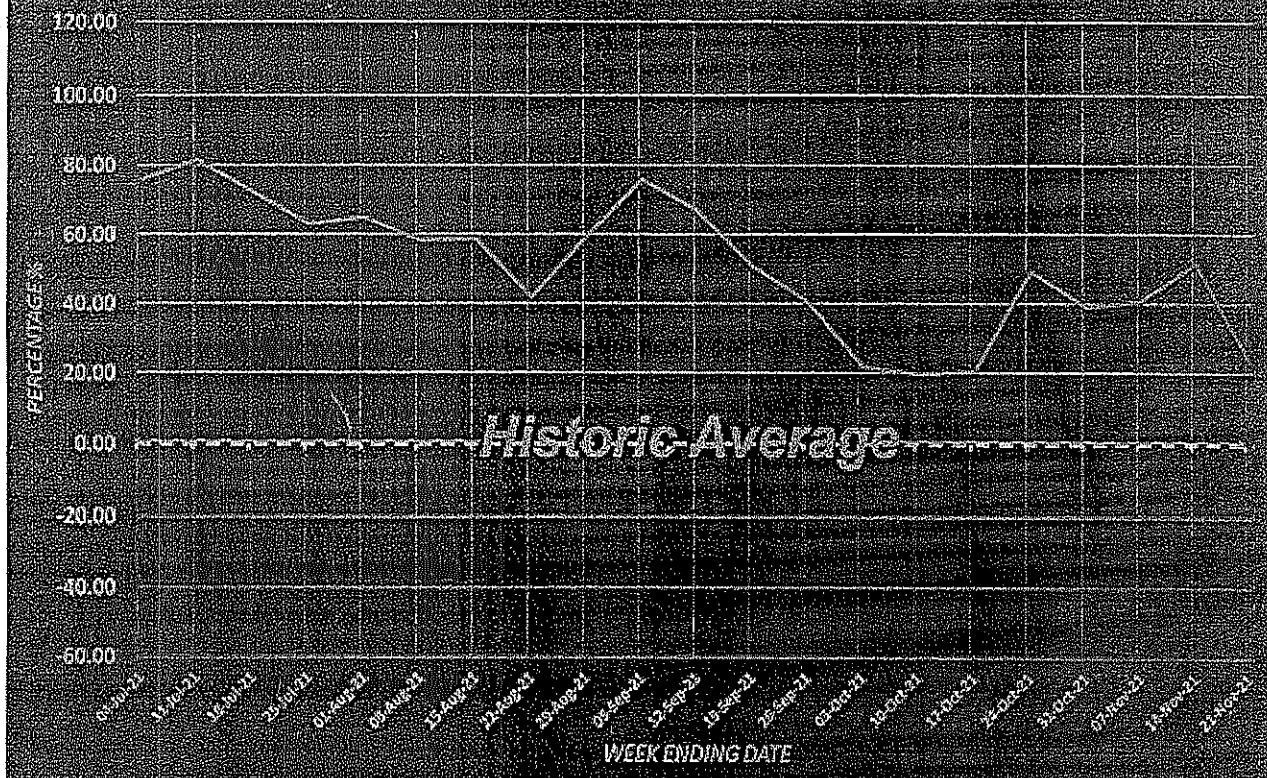
The following chart shows the percentage change in the number of people aged 15-44 requiring an ambulance for cardiovascular cases per week from the week ending 4th July 2021 to the week ending 21st November 2021 2018-2019 , compared to the historical average per week among the same age group –



# Percentage change in number of people aged 15- 44 requiring an Ambulance for Cardiovascular Cases in Scotland (e.g. Heart Attack, Cardiac Arrest, Myocarditis, Stroke)

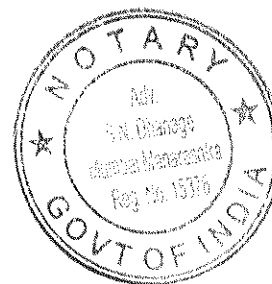
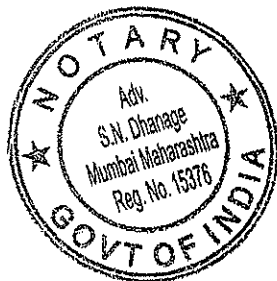
W/E 04 July 2021 to W/E 20 Nov 2021 vs 2018/2019 Historic Average

Source: Public Health Scotland COVID-19 Wider Impacts on the Healthcare System Database



Again we can see that the number of 15 to 44-year-olds requiring an ambulance has been higher than the historical average throughout the entire period, ranging from a 23% increase in a single week to an 82% increase compared to the historical average.

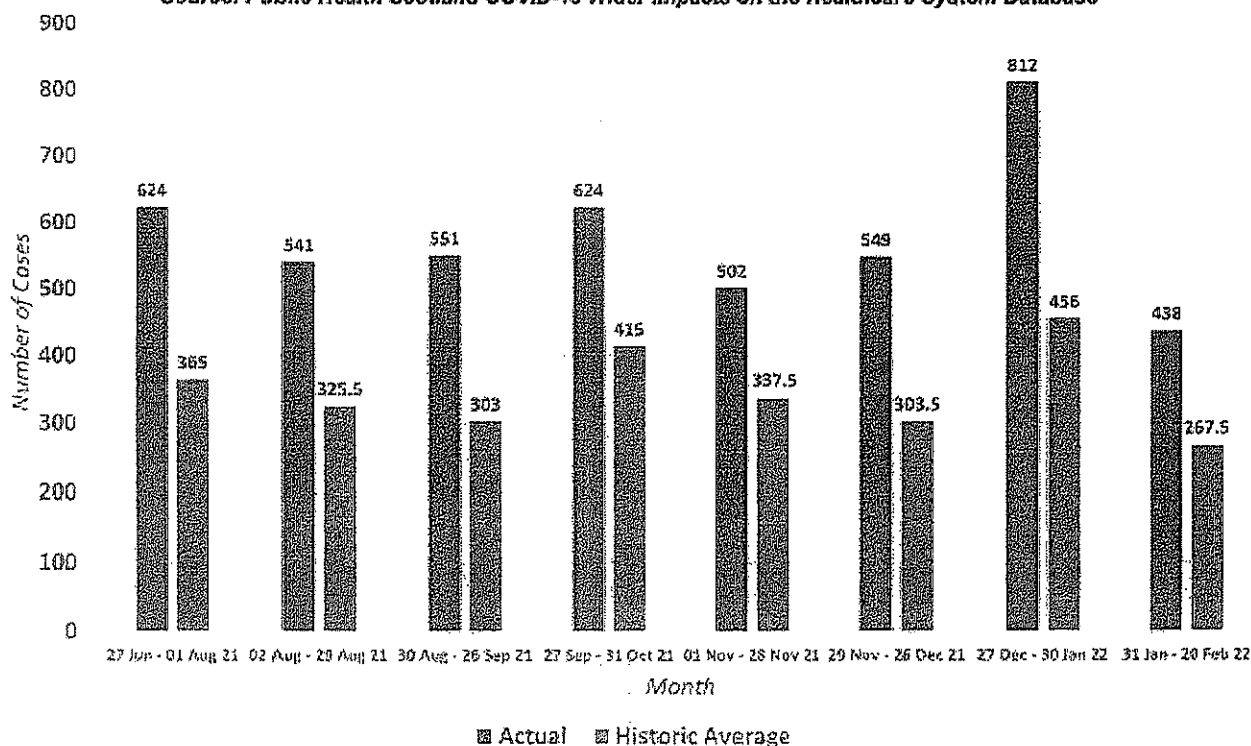
The following chart shows the number of people aged 15-44 requiring out-of-hours treatment for cardiovascular cases per month from July 2021 to February 2022, as well as the 2018-2019 historical average per month among the same age group –



**Number of people aged 15- 44 requiring *Out-of-Hours* treatment for Cardiovascular Cases in Scotland (e.g. Heart Attack, Cardiac Arrest, Myocarditis, Stroke)**

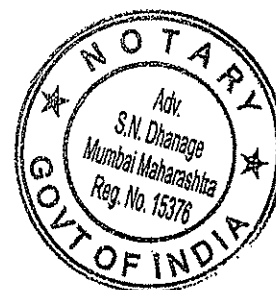
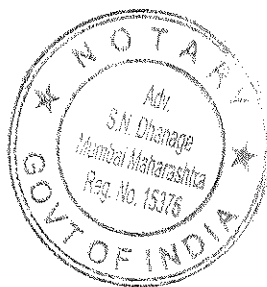
**July 2021 to February 2022 vs 2018/2019 Historic Average**

*Source: Public Health Scotland COVID-19 Wider Impacts on the Healthcare System Database*



January has seen the most cases both historically and in 2022, but the difference here is that 2022 saw a 78.07% increase on the historical average, this was not however the worst increase seen since July 2021.

The following chart shows the percentage change in the number of people aged 15-44 requiring out-of-hours treatment for cardiovascular cases per month from July 2021 to February 2022, as well as the 2018-2019 historical average per month among the same age group –

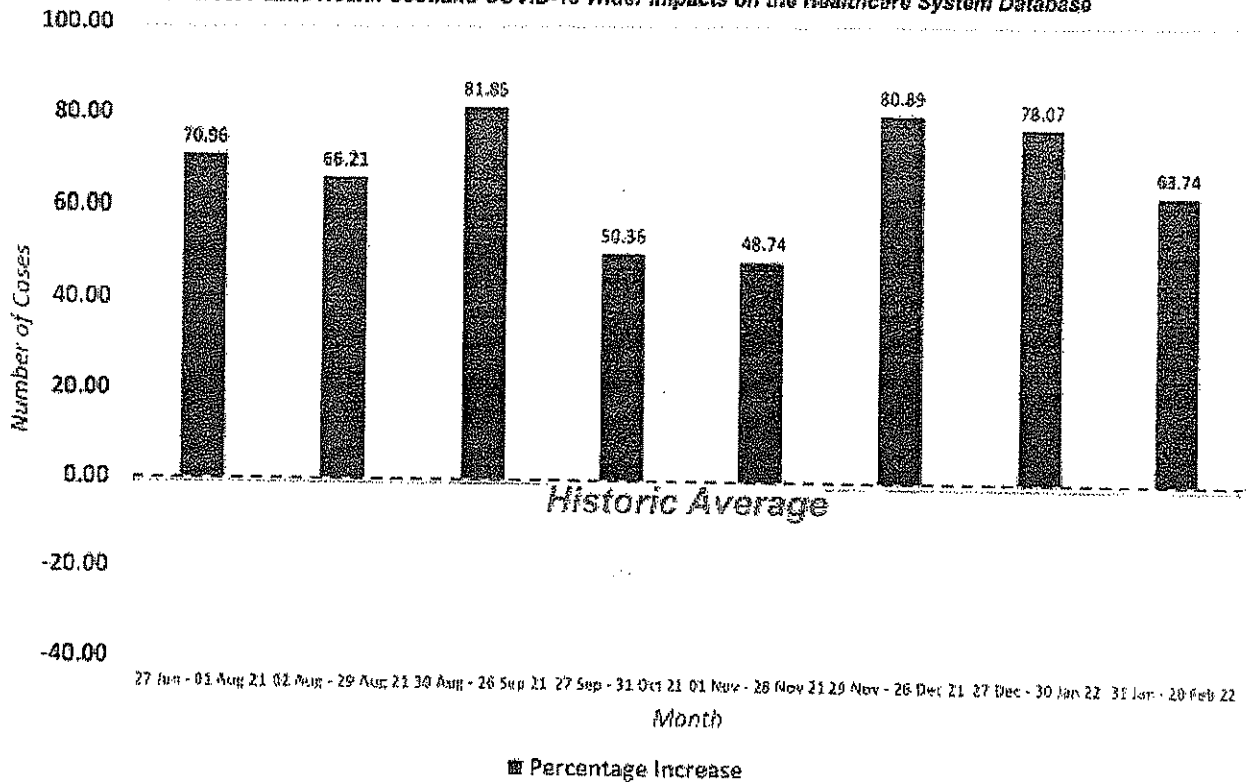




**Percentage change in number of people aged 15- 44 requiring  
Out-of-Hours treatment for Cardiovascular Cases in Scotland  
(e.g. Heart Attack, Cardiac Arrest, Myocarditis, Stroke)**

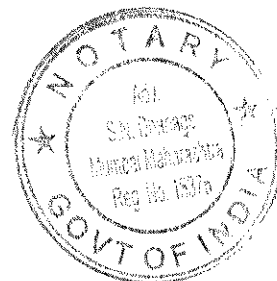
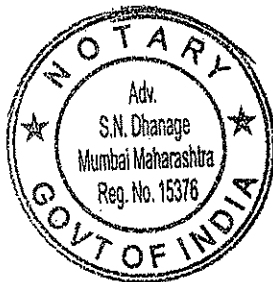
**July 2021 to February 2022 vs 2018/2019 Historic Average**

Source: Public Health Scotland COVID-19 Wider Impacts on the Healthcare System Database

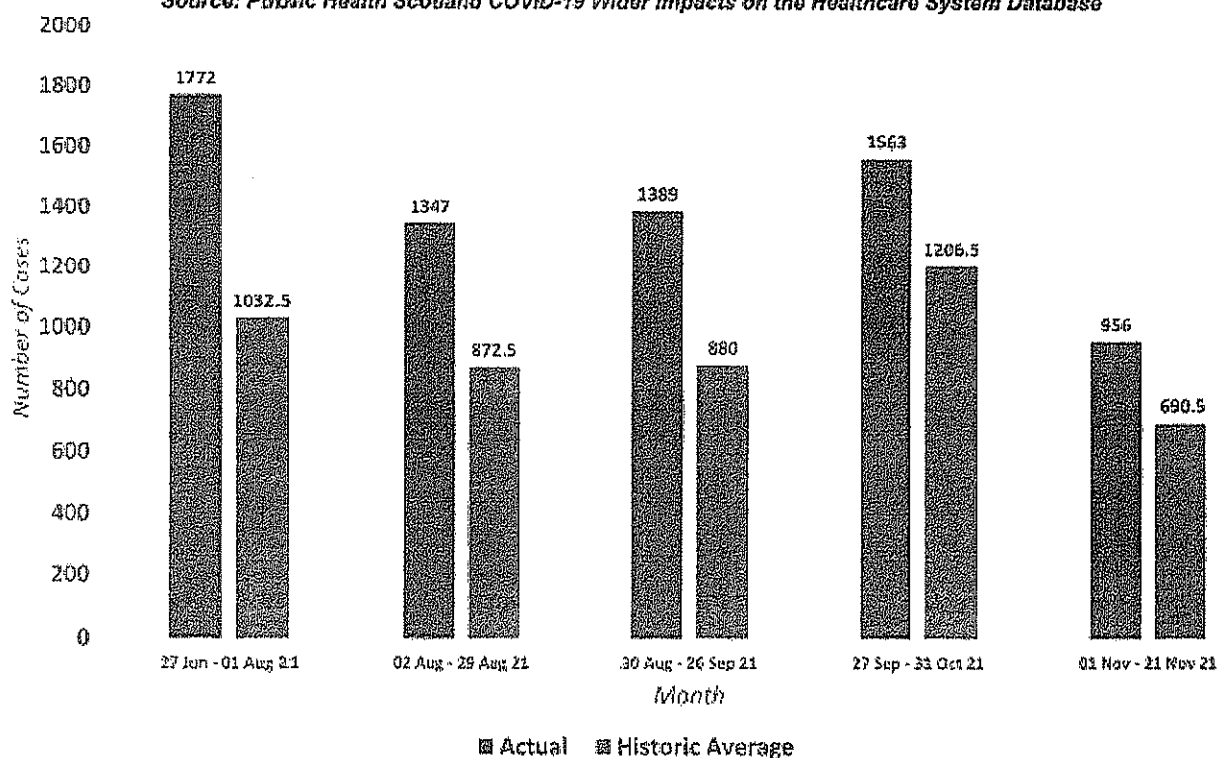


The biggest increase was actually recorded in September 2021, with a 82% increase recorded against the historical average. This was closely followed by December 2021 with an 81% increase against the historical average. The smallest increases were recorded in both October and November 2021, but these months still saw a 50% and 49% increase against the historical average.

The following chart shows the number of people aged 15-44 requiring an ambulance for cardiovascular cases per month from July 2021 to February 2022, as well as the 2018-2019 historical average per month among the same age group –



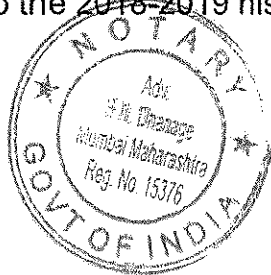
**Number of people aged 15- 44 requiring an  
Ambulance for Cardiovascular Cases in Scotland  
(e.g. Heart Attack, Cardiac Arrest, Myocarditis, Stroke)  
July 2021 to November 2021 vs 2018/2019 Historic Average**  
*Source: Public Health Scotland COVID-19 Wider Impacts on the Healthcare System Database*



June 2021 saw the most people aged 15-44 requiring an ambulance due to an issue such as suffering a heart attack, cardiac arrest, myocarditis, or stroke with 1,772 cases. But the historical average shows that October is usually the month where the highest number of people requiring an ambulance is recorded.

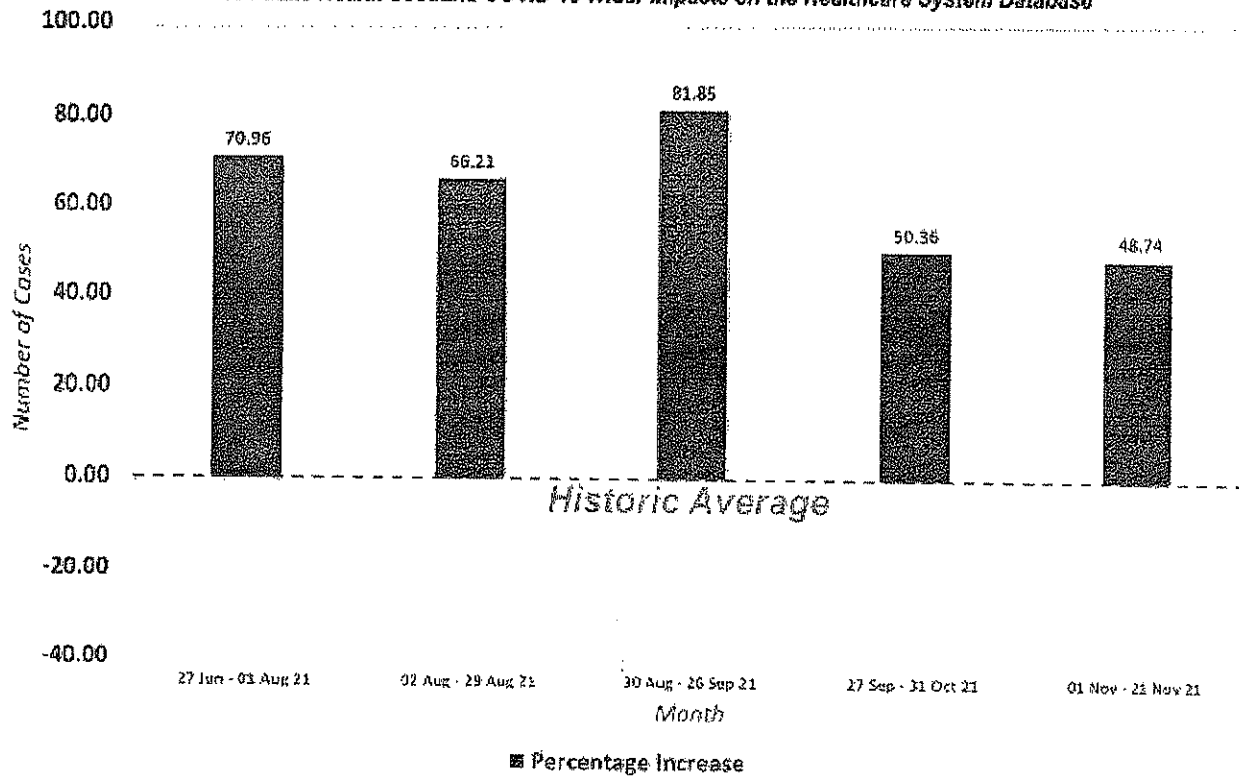
Unfortunately, Public Health Scotland are yet to publish any further data on the ambulance service past November 2021, but we will most likely find a huge jump in cases again as was seen with people requiring out-of-hours treatment.

The following chart shows the percentage change in the number of people aged 15-44 requiring an ambulance for cardiovascular cases per month from July 2021 to February 2022, compared to the 2018-2019 historical average per month among the same age group –



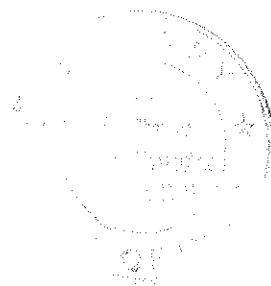
**Percentage change in number of people aged 15- 44 requiring  
an Ambulance for Cardiovascular Cases in Scotland  
(e.g. Heart Attack, Cardiac Arrest, Myocarditis, Stroke)  
July 2021 to February 2022 vs 2018/2019 Historic Average**

*Source: Public Health Scotland COVID-19 Wider Impacts on the Healthcare System Database*



The largest increase was again recorded in September 2021, with a 82% increase against the historical average. This was followed by July 2021 which saw a 71% increase and then August 2021 which saw a 66% increase. The lowest percentage change was again recorded in October and November 2021, but these months still saw a 50% and 49% increase.

The following chart shows the number of people aged 15 to 44 requiring an ambulance or out-of-hours treatment for cardiovascular cases in different time periods –

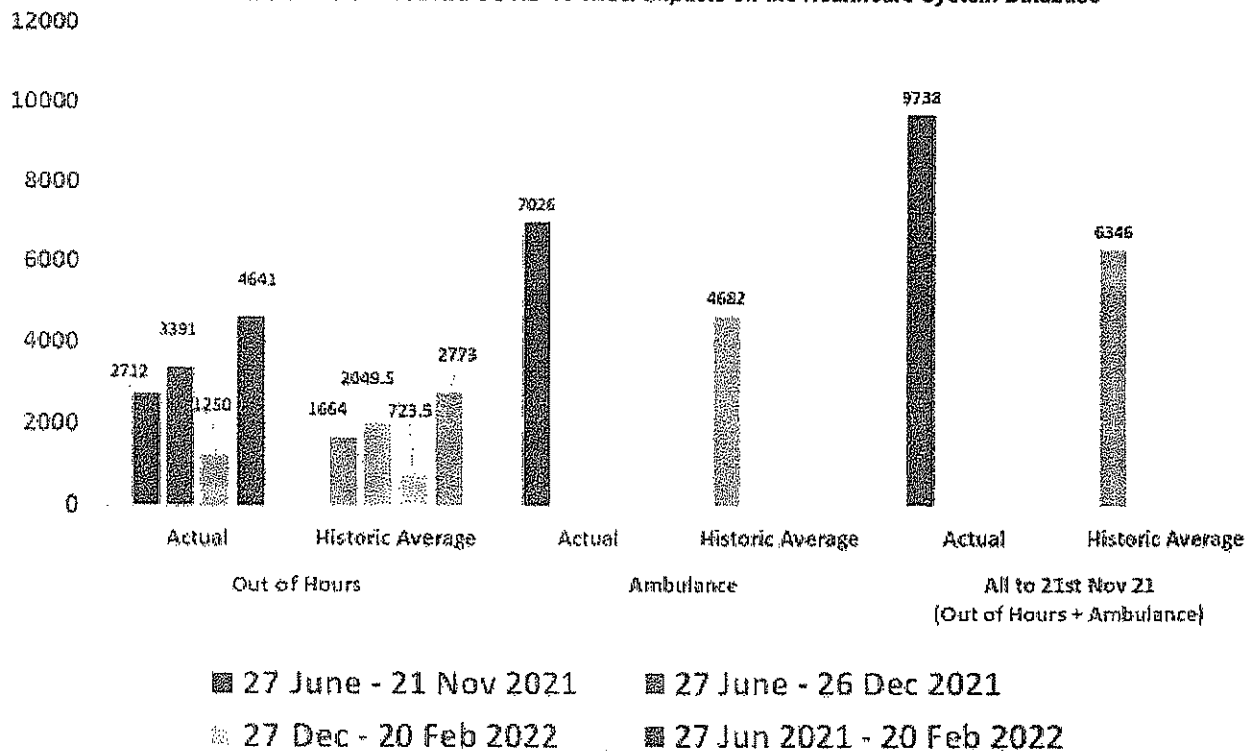




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## Number of people aged 15- 44 requiring treatment for Cardiovascular Cases in Scotland (e.g. Heart Attack, Cardiac Arrest, Myocarditis, Stroke) 2021/2022 vs Historic Average

Source: Public Health Scotland COVID-19 Wider Impacts on the Healthcare System Database

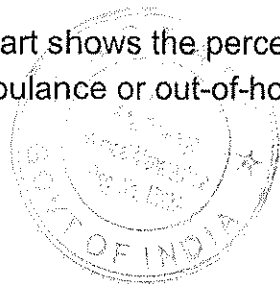


What we can clearly see above is the number of out-of-hours cases between 27th June and 21st November 2021, 27th June and 26th December 2021, 27th December and 20th February 2022, and 27th June 2021 and 20th February 2022 compared to the historic average.

As well as the number of people requiring an ambulance between 27th June and 21st November 2021 as well as the historic average. And finally the combined number of out of hours cases and ambulance cases between 27th June and 21st November 2021 compared to the combined historic average.

As you can see 2021 and 2022 has seen substantially more cardiovascular cases among 15 to 44-year-olds in all date-ranges. But what we're really interested in seeing here is the percentage change compared to the historic average.

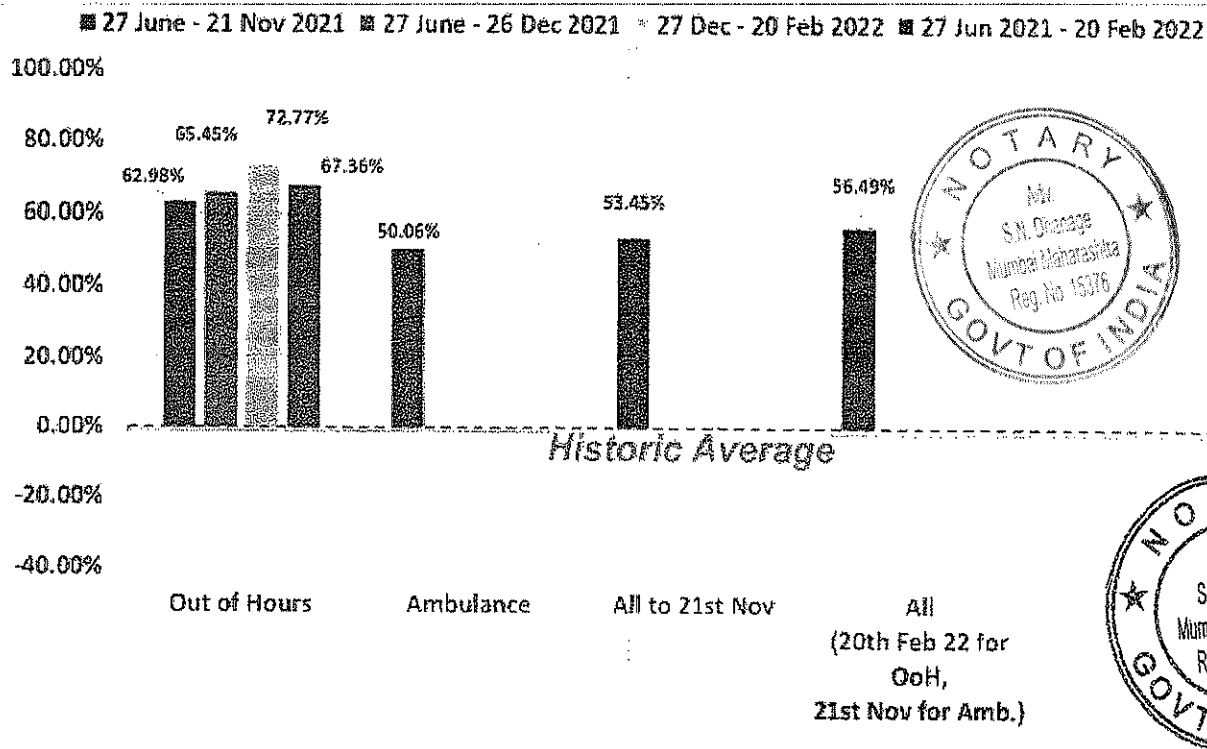
The following chart shows the percentage change in the number of people aged 15 to 44 requiring an ambulance or out-of-hours treatment for cardiovascular cases in different time periods –



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## Percentage change in number of people aged 15- 44 requiring treatment for Cardiovascular Cases in Scotland (e.g. Heart Attack, Cardiac Arrest, Myocarditis, Stroke) in 2021/2022 vs Historic Average

Source: Public Health Scotland COVID-19 Wider Impacts on the Healthcare System Database



Because the ambulance data currently only goes as far as 21st November 2021 we've calculated the same time period for out-of-hours cases.

What we can see here is that between 27th June and 21st November, the number of people requiring an ambulance due to suffering a heart attack, cardiac arrest, myocarditis, stroke etc., increased by 50%, whilst the number of out-of-hours cases in the same time frame increased by 63%.

With both ambulance figures and out-of-hours figures combined up to 21st November, we can see that there was a 53.45% increase against the historic average. But when combining the ambulance figures with the full amount of out-of-hours figures up to 20th February 2022, we can see there was a 57% increase against the historic average.

The number of people aged 15-44 requiring out-of-hours treatment for cardiovascular cases between 27th June 2021 and 20th February 2022, saw a 67.36% increase against the historical average. But what we're most interested in is how the figures for 2022 so far stack up against the figures for the second half of 2021.

The out-of-hours data shows that there was a 65.45% increase in the number of people requiring out-of-hours treatment for cardiovascular cases in the second half of 2021. But the data for 2022 so far shows that things are actually getting worse rather than improving.

The number of people aged 15-44 requiring out-of-hours treatment for cardiovascular cases between 27th December and 20th February 2022 was 73% higher than the historical average in the same time frame.

The big question of course is, why?

Official figure from the Office for National Statistics can most likely answer that question.

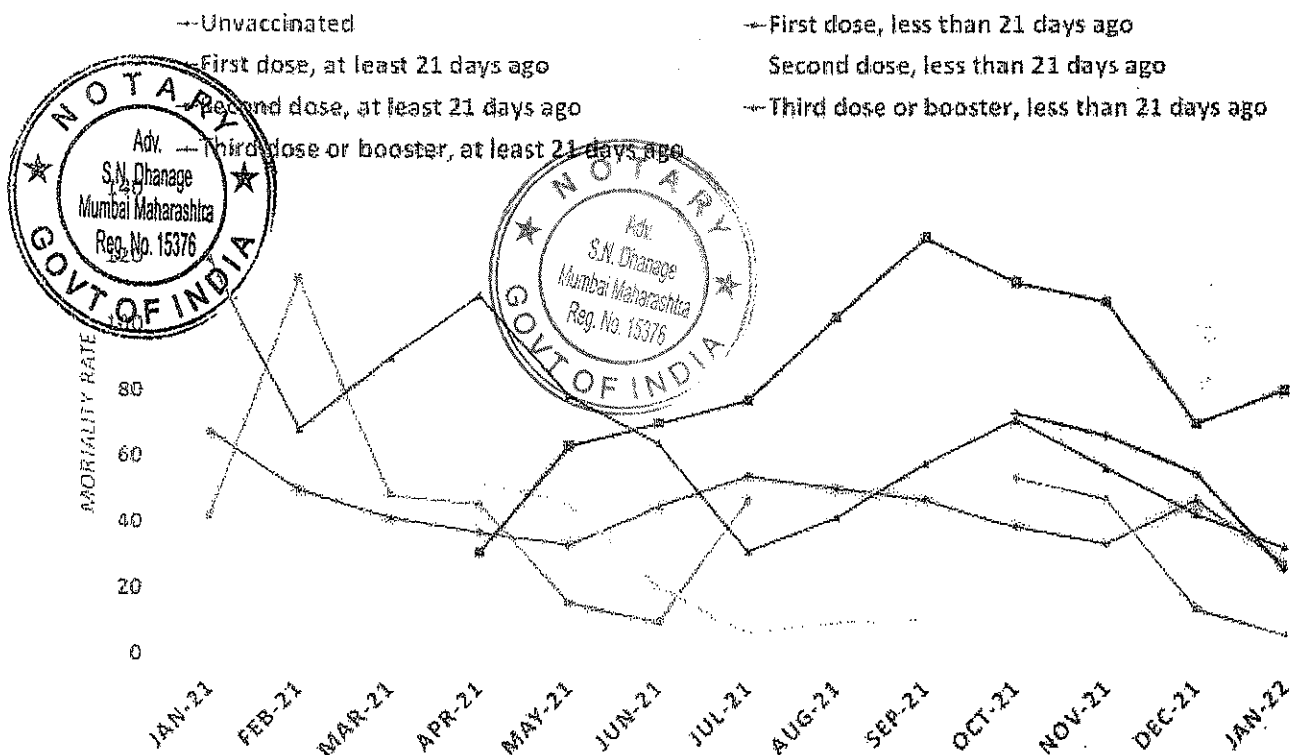
The Office for National Statistics is the UK's largest independent producer of official statistics and the recognised national statistical institute of the UK. It is responsible for collecting and publishing statistics related to the economy, population and society at national, regional and local levels.

Its latest dataset on deaths in England by vaccination status can be found [here](#). It contains a large amount of data on age-standardised mortality rates for deaths by vaccination status between 1 January 2021 and 31 January 2022.

The following chart shows the monthly age-standardised mortality rates by vaccination status for all-cause deaths, per 100,000 person-years among adults aged 18 to 39 in England. The data has been extracted from table 2 of the ONS dataset.

### MONTHLY AGE-STANDARDISED MORTALITY RATES BY VACCINATION STATUS FOR ALL DEATHS, PER 100,000 PERSON-YEARS, ADULTS AGED 18 TO 39, ENGLAND

SOURCE: OFFICE FOR NATIONAL STATISTICS - DEATHS BY VACCINATION STATUS DATASET



The green line is the mortality rate among the unvaccinated, which while fluctuating has remained pretty stable throughout. The other lines however represent different vaccination statuses, and they are extremely concerning.

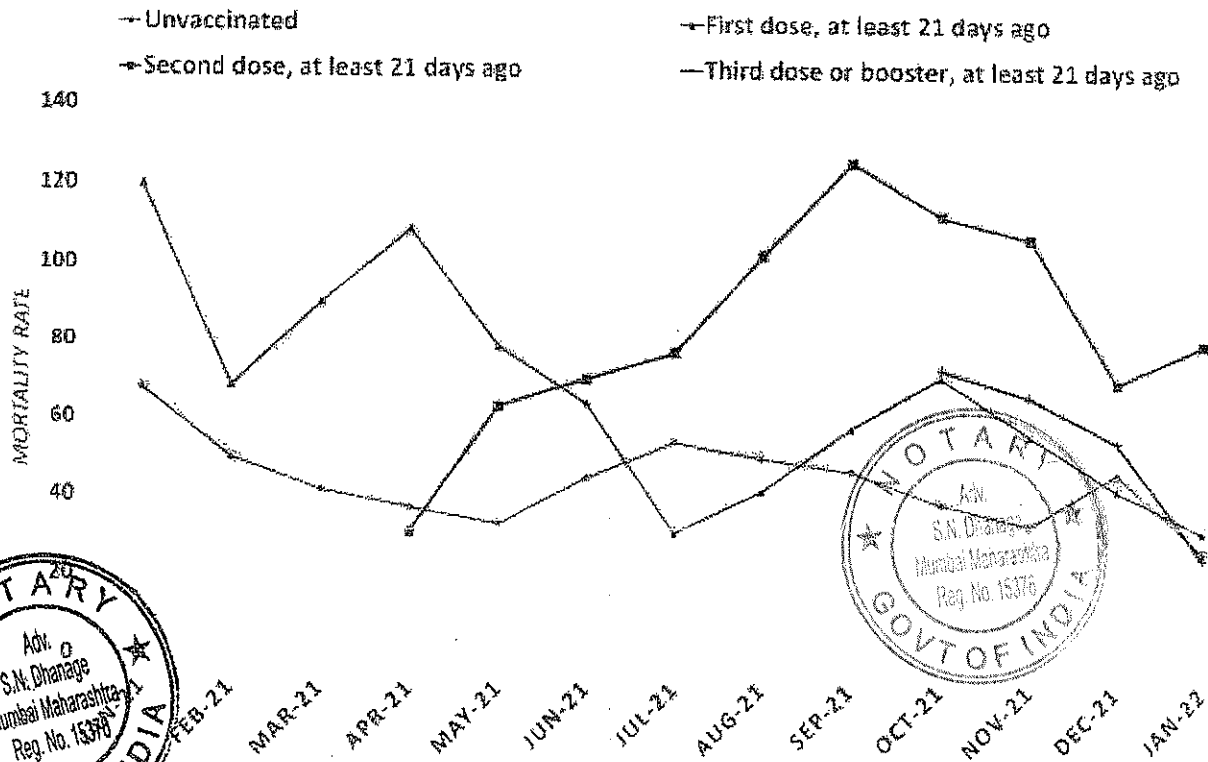
101

The orange, yellow, and pink lines represent mortality rates within 21 days of receiving a first, second or third dose. And they reveal that the risk of death increases significantly immediately after vaccination.

But the most concerning figures are the mortality rates among those vaccinated at least 21 days ago, which you can see more clearly in the following chart —

**MONTHLY AGE-STANDARDISED MORTALITY RATES BY  
VACCINATION STATUS FOR ALL DEATHS, PER 100,000  
PERSON-YEARS, ADULTS AGED 18 TO 39, ENGLAND**

SOURCE: OFFICE FOR NATIONAL STATISTICS - DEATHS BY VACCINATION STATUS DATASET



Around June 2021, there is a cross over from those who've received one dose to those who've received two doses in terms of the increased mortality rate against the unvaccinated. This obviously tallies with when each injection was administered to this age group. But what's most concerning here is that the second injection seems to make things much worse in terms of the risk of death.

In January 2021 the mortality rate per 100,000 person-years among the unvaccinated equated to 67.7. This then fell month on month to 33.1 in May, before increasing again in June to 44.8. The same however cannot be said for those who had received a single dose at least 21 days prior to their death.

In January 2021 the mortality rate per 100,000 person-years among the partly vaccinated equated to 119.9. Meaning the mortality rate was 77% higher than the mortality rate among the unvaccinated. This then fell to 68.3 deaths per 100,000 in February, before climbing to 90.1 in March, then 108.8 in April.

This means at this point the mortality rate among the partly vaccinated was 193.3% higher than the mortality rate among the unvaccinated. But not long after following the second dose being administered things get even worse.

The highest mortality rate among the double vaccinated (at least 21 days ago) occurred in September 2021, with 125.9 deaths per 100,000 person-years. In the same month, the mortality rate among the unvaccinated equated to 46.8. Meaning the double vaccinated mortality rate was 169% higher than the unvaccinated mortality rate.

But the largest statistical difference occurred in November 2021. The mortality rate among the unvaccinated equated to 33.4 deaths per 100,000 person-years, whereas the mortality rate among the double vaccinated equated to 107. A difference of 220.4%.

With –

- Myocarditis; an autoimmune condition that causes inflammation of the heart, being a known side-effect of the Covid-19 injections,
- Data showing a 73% increase in the number of people aged 15 to 44 suffering heart attacks, cardiac arrest, myocarditis, stroke, and other cardiovascular diseases since this age group was first offered the Covid-19 injection,
- And further data showing fully vaccinated young adults are on average 92% more likely to die than unvaccinated young adults.

It would appear we have the smoking gun that proves the damage the Covid-19 injections have done and are doing to the population.

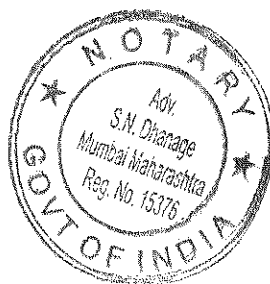
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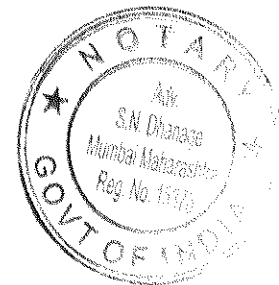
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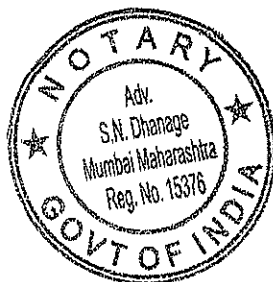
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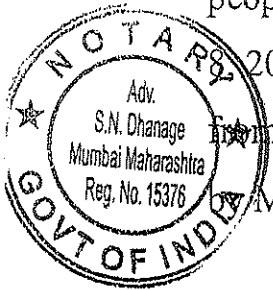
Studies & Data which link AstraZeneca (Covishield) to serious adverse events like heart attacks, myocarditis, cardiac arrest, blood clotting etc.

There are many scientific peer reviewed studies, including case reports, cohort studies and population studies which have made the connection between myocarditis and ChadOx1 (Astrazeneca / Covishield) vaccination. They have been listed below :

1) Risk of death following COVID-19 vaccination or positive SARS-CoV-2 test in young people in England

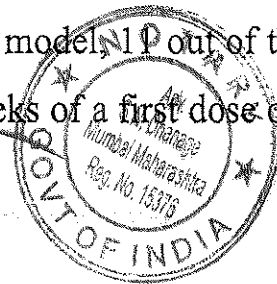
AstraZeneca's COVID vaccine (manufactured and administered in India as Covishield) raised the risk of heart problems, and death by 3.5 times in young women in the first three months following the first dose, according to a report.

The report by the U.K.'s Office for National Statistics is based on the impact of COVID infection and vaccination risk on cardiac and all-cause mortality in young people, aged 12 to 29 years, in England. The report included data starting December 2020, when the vaccines were first rolled out in Britain. The mortality data came from two independent sources: deaths registered by June 8, 2022, and hospital deaths by March 31, 2022.



However, the U.K. had, in April 2021, stopped AstraZeneca's vaccination for young people following safety concerns, and most of the young people who received it would have been prioritized due to clinical vulnerability or being healthcare workers.

According to the statistical model, 11 out of the 15 cardiac deaths in young women that occurred within 12 weeks of a first dose of a non-mRNA vaccine were likely to be linked to the vaccine.



Link: <https://www.nature.com/articles/s41467-023-36494-0>

## 2) Myocarditis following AstraZeneca (an adenovirus vector vaccine) COVID-19 vaccination: Acute Fulminant Myocarditis After ChAdOx1 nCoV-19 Vaccine: A Case Report and Literature Review

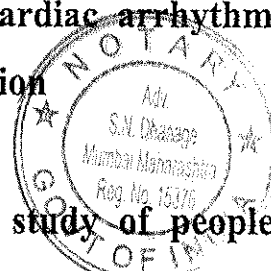
We present a case of a 32-year-old female patient who developed myocarditis following the administration of the first dose of the AstraZeneca vaccine. The patient developed inappropriate exertional tachycardia and exertional dyspnea from Day 3 and was diagnosed with myocarditis by subsequent echocardiography about 3 months later. We are unable to confirm a direct association between myocarditis and AstraZeneca vaccination. However, we would like to increase awareness regarding the possibility of developing myocarditis following AstraZeneca vaccination.

Link: <https://onlinelibrary.wiley.com/doi/10.1002/ccr3.5744>



## 3) Risks of myocarditis, pericarditis, and cardiac arrhythmias associated with COVID-19 vaccination or SARS-CoV-2 infection

We undertook a self-controlled case series study of people aged 16 or older vaccinated for COVID-19 in England between 1 December 2020 and 24 August 2021 to investigate hospital admission or death from myocarditis, pericarditis and cardiac arrhythmias in the 1–28 days following adenovirus (ChAdOx1,  $n = 20,615,911$ ) or messenger RNA-based (BNT162b2,  $n = 16,993,389$ ; mRNA-1273,  $n = 1,006,191$ ) vaccines or a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) positive test ( $n = 3,028,867$ ). We found increased risks of myocarditis associated with the first dose of ChAdOx1 and BNT162b2 vaccines and the first and second doses of the mRNA-1273 vaccine over the 1–28 days postvaccination period, and after a SARS-CoV-2 positive test.



Our findings are relevant to the public, clinicians and policy makers. First, there was an increase in the risk of myocarditis within a week of receiving the first dose of both adenovirus and mRNA vaccines, and a higher increased risk after the second dose of both



mRNA vaccines. In contrast, we found no evidence of an increase in the risk of pericarditis or cardiac arrhythmias following vaccination, except in the 1–28 days following a second dose of the mRNA-1273 vaccine. Second, in the same population, there was a greater risk of myocarditis, pericarditis and cardiac arrhythmia following SARS-CoV-2 infection. **Third, the increased risk of myocarditis after vaccination was higher in persons aged under 40 years.** We estimated extra myocarditis events to be between 1 and 10 per million persons in the month following vaccination, which was substantially lower than the 40 extra events per million persons observed following SARS-CoV-2 infection.

Whereas myocarditis is a specific form of cardiac inflammation, pericarditis reflects inflammation localized to the pericardium, and the occurrence of cardiac arrhythmias, although associated with both, is not a specific indicator of cardiac inflammation. Thus, neither pericarditis nor any category of cardiac arrhythmia were associated specifically with COVID-19 vaccination<sup>10–12</sup>. Myocarditis is underdiagnosed in practice<sup>13</sup>, with clinical bias being directed towards myocardial ischemia or infarction. Thus, our use of diagnostic codes for myocarditis from routine data suggest that the ascertainment of cardiac inflammation after COVID-19 vaccination is likely to be under- rather than over-represented<sup>14,15</sup>.

Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8863574/>



#### 4) A case of myocarditis following ChAdOx1 nCov-19 vaccination

**Case presentation:** A 50-year-old male presented at the emergency department with shortness of breath, general malaise and fever, 5 days after receiving a second dose of the ChAdOx1 vaccine. Biochemical analysis revealed elevated serum CRP and troponin levels. Two weeks after initial presentation, a cardiac MRI showed belated contrast capitation in the left ventricle, confirming the diagnosis of myocarditis.

**Conclusions:** To our knowledge, this is the first report of myocarditis following ChAdOx1 vaccination. Except for some case of myocarditis upon the Ad26COVS1 vaccine, no other cases were reported upon vaccination with the ChAdOX1 viral vector vaccines. With this report we would like to raise awareness about myocarditis as an adverse event following ChAdOx1 vaccination.

**Link:** <https://pubmed.ncbi.nlm.nih.gov/35189775/>

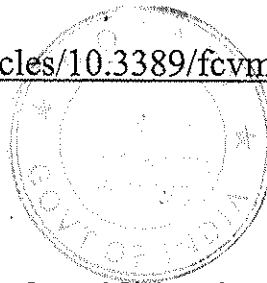
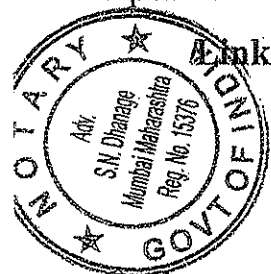
### **5) Acute Fulminant Myocarditis After ChAdOx1 nCoV-19 Vaccine: A Case Report and Literature Review**

According to recent literatures, myocarditis is an uncommon side effect of mRNA vaccines against COVID-19. On the other hand, myocarditis after adenovirus based vaccine is rarely reported. Here we report a middle-aged healthy female who had acute fulminant perimyocarditis onset 2 days after the first dose of ChAdOx1 vaccine (AstraZeneca) without any other identified etiology. Detailed clinical presentation, serial ECGs, cardiac MRI, and laboratory data were included in the report. Possible mechanisms of acute myocarditis after adenoviral vaccine was reviewed and discussed. To our knowledge, a few cases of myocarditis after Ad26.COV2.S vaccine were reported, and this is the first case report after ChAdOx1 vaccine.

**Link:** <https://www.frontiersin.org/articles/10.3389/fcvm.2022.856991/full>

### **6) Concomitant myocarditis and painless thyroiditis after AstraZeneca coronavirus disease 2019 vaccination: a case report**

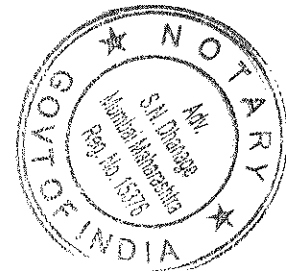
**Case presentation:** A 55-year-old Thai woman presented with palpitation without neck pain 14 days after receiving AstraZeneca coronavirus disease 2019 vaccination.



Electrocardiography revealed sinus tachycardia. Her blood tests showed elevation of cardiac troponin and free triiodothyronine with suppressed serum thyroid stimulating hormone, reflecting a hyperthyroid status. **Evidence of myocardial inflammation and necrosis from cardiac magnetic resonance imaging supported the diagnosis of recent myocarditis.** Laboratory results and imaging findings were consistent with thyroiditis. After 3 weeks of symptomatic treatment, her symptom and blood tests had returned to normal.

**Conclusions:** This case demonstrates that the adenoviral vector coronavirus disease 2019 vaccine could possibly cause myocarditis and painless thyroiditis. Clinicians should have a high index of suspicion and promptly evaluate these conditions, despite minimal symptoms.

Link: <https://pubmed.ncbi.nlm.nih.gov/35581666/>



#### 7) Long QT interval and syncope after a single dose of COVID-19 vaccination: a case report

Adverse consequences of the coronavirus disease 2019 (COVID-19) vaccination which have been reported in scientific papers are varied. **One possible but rare consequence is myocarditis, which may have a diversity of clinical manifestations.** We report a case of a 70-year-old man who presented to the hospital for some syncope, 3 days after his first COVID-19 AstraZeneca Vaccination. Initial electrocardiogram (ECG) showed a long QT interval ( $QTc = 600$  milliseconds). Laboratory tests revealed elevated troponin and lack of evidence of viral infection. **Further investigations revealed the vaccine-induced myocarditis and arrhythmias linked to it.** Within one week of magnesium treatment, the QT interval was completely corrected, and the patient discharged with no typical syncope attacks. This case like the previous reported one confirms that myocarditis is a complication of COVID-19 vaccine, but implies its clinical manifestations may be varied and even may happen after the single dose of vaccination.

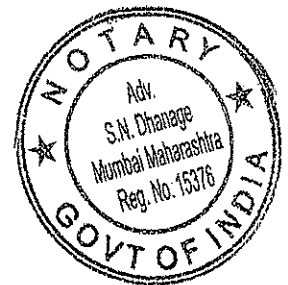
Link: <https://www.panafrican-med-journal.com/content/article/40/67/full/>



## 8) Myocardial Infarction and Azygos Vein Thrombosis After ChAdOx1 nCoV-19 Vaccination in a Hemodialysis Patient

Vaccine-induced immune thrombotic thrombocytopenia (VITT) is a rare complication after vaccination of Oxford-AstraZeneca coronavirus disease 2019 (COVID-19) vaccine (AZD1222) or Janssen COVID-19 vaccine. It makes a rare complication of thrombosis at common and/or uncommon organs with thrombocytopenia after COVID-19 vaccination four to 28 days later and most patients were younger than 60 years of age. We reported the case of a 75-year-old female with end-stage renal disease who received regular hemodialysis. She received Oxford-AstraZeneca COVID-19 vaccination eight days ago and then she suffered from intermittent chest tightness and epigastric pain with tarry stool passage for two days. Severe thrombocytopenia with elevated D-dimer value was noted and computed tomography of the chest showed azygos vein thrombosis. Elevated cardiac enzyme with ST-T change in 12-lead electrocardiogram was also noted. For positive anti-platelet factor 4 antibodies, VITT with myocardial infarction and azygos vein thrombosis was diagnosed.

Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8489656/>

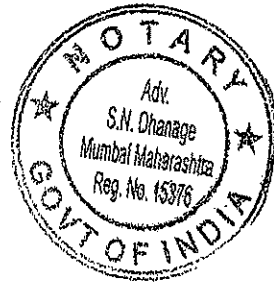


## 9) A Case of Heart Transplantation for Fulminant Myocarditis After ChAdOx1 nCoV-19 Vaccination

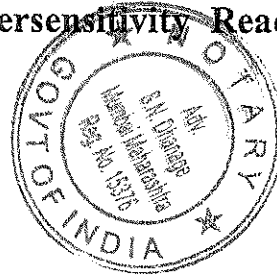
Vaccines have become the mainstay of management against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection (coronavirus disease 2019; COVID-19) in the absence of effective antiviral therapy. Various adverse effects of COVID-19 vaccination have been reported, including cardiovascular complications such as myocarditis or pericarditis. Herein, we describe clinical records of a 63-year woman with fulminant myocarditis following ChAdOx1 nCoV-19 vaccination that was

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salvaged by heart transplantation. She complained chest pain, nausea, vomiting, and fever after the second vaccination. After the heart transplantation, the patient died due to necrotizing pneumonia on the 54th day of onset. Fulminant myocarditis is very rare after ChAdOx1 nCoV-19 vaccination but can be fatal.

Link: <https://jkms.org/DOIx.php?id=10.3346/jkms.2022.37.e104>



## 10) Immune Response in Regard to Hypersensitivity Reactions after COVID-19 Vaccination



### *Myocarditis or Perimyocarditis*

In addition to the abovementioned events, there have been reports of myocarditis or perimyocarditis following vaccination, as described in the previously reported case series. More specifically, the majority of cases involved adolescents presenting with chest pain, elevated troponin levels, and/or ST-segment changes on electrocardiography within 2–14 days after vaccination. Most of the reactions were self-limited or resolved following the administration of nonsteroidal anti-inflammatory medications, although some patients with myocarditis required IVIG or corticosteroid treatment [57,58].

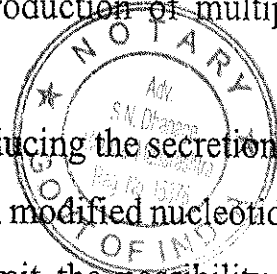
In addition, a retrospective cohort study analyzed data from the largest healthcare organization in Israel between 20 December 2020 and 24 May 2021 and reported 54 cases of myocarditis during the 42 days elapsing after BNT162b2 vaccination among the 2,558,421 enrolled participants (i.e., 2.13 cases per 100,000 persons). Among these cases, 41 mild cases, 12 intermediate cases, and 1 fulminant case were recognized, and the highest incidence was seen in 16–29-year-old males [59].

Another retrospective cohort study likewise analyzed data from the Israeli Ministry of Health during a similar timeframe and reported 136 myocarditis cases among approximately 5.1 million participants; 119 cases occurred following a second vaccination, with the highest frequency again seen in 16–19-year-old males. More specifically, among persons aged between 16 and 19 years, myocarditis occurred in approximately 1 of the 6637 male recipients and in 1 of the 99,853 female recipients within 21 days after the second

vaccination. The researchers also performed a comparative evaluation in reference to unvaccinated persons and determined that the rate ratio 30 days after the second vaccine dose in fully vaccinated recipients was 2.35 (95% confidence interval [CI], 1.10–5.02). Therefore, the authors concluded that there was an increased incidence of myocarditis occurring after the second dose of the BNT162b2 vaccine in young males [60].

According to a review by Professor Kounis, due to the lack of routine myocardial biopsy, the underlying mechanism or pathogenesis is not clear. Of eight published biopsy reports, four cases revealed eosinophilic myocardial infiltration that indicated the possibility of hypersensitivity myocarditis [61]. Other articles suggest the involvement of vaccine adjuvants, which trigger the innate immune system and enhance signal transition as relevant to adaptive immunity, thus providing a second signal for T-cell activation. Although the BNT162b2, mRNA-1273, and AZD1222 vaccines do not contain adjuvants, the mRNA/DNA of these vaccines possess self-adjuvant properties, thereby acting both as antigens and adjuvants. For mRNA vaccines, the ssRNAs recognized from endosomal Toll-like receptors (TLR3 and TLR7) in the endosome and the components of the inflammasome of melanoma-differentiation-associated protein 5 (MDA5), retinoic-acid-inducible gene I (RIG-I), NADH dehydrogenase 2 (ND2), and *protein kinase R* (PKR), bind to ssRNA and double-stranded RNA (dsRNA) in the cytosol, resulting in the production of multiple inflammatory mediators and type I interferon (IFN) [62].

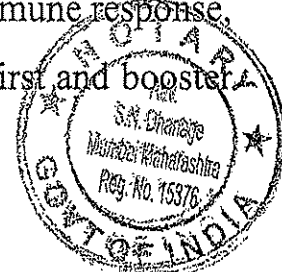
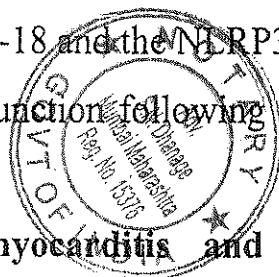
In adenovirus vector vaccination, dsDNA engages with TLR9, inducing the secretion of type I IFN [62]. Although the genetic sequences of the vaccine contain modified nucleotides to reduce binding to TLRs and immune sensors, as well as to limit the possibility of excessive systemic inflammation eliciting severe side effects, a prior study found an approximately 100-fold increase in the frequency of myeloid cell clusters, higher CD14+, CD16+ inflammatory monocyte counts, higher levels of plasma IFN- $\gamma$  and IFN-response transcription factors, and enhancement of the innate immune system following booster vaccination [63]. The amplified release of type I IFN also amplifies T-cell memory and B-cell differentiation and survival, thereby continuing the memory response. The Th1 response also triggers IFN- $\gamma$  expression and activates cytotoxic lymphocytes and natural killer (NK) cells, which can lead to excessive cytotoxicity [63,64].



In addition to the adjuvant effects of mRNA and DNA, LNPs may have inflammatory properties. In order to define the inflammatory properties of LNPs, a study administered empty LNPs formulated in phosphate-buffered saline (PBS) to mice through intramuscular administration found statistically significant upregulation of gene transcripts associated with the activation of inflammasomes (i.e., IL-1 $\beta$  and NLR pyrin domain containing 3 [NLRP3] inflammasomes), as well as downregulation of the inflammasome inhibitors of NLR10 [65]. A murine model demonstrated that the upregulation of the NLRP3 inflammasome, IL-1 $\alpha$ , and IL-1 $\beta$  may exacerbate pericardial effusion and thickness, thus indicating their possible associations with pericarditis [66].

In addition to studies using animal models, a previous case report characterized the immune condition of a young man with myopericarditis following vaccination with the mRNA-1273 vaccine via a multiplex cytokine assay, a flow cytometry analysis, and an endomyocardial biopsy. The test results revealed markedly increased IL-18, IL-27, and Th1-type cytokine levels and activated circulating NK cells and T-cells. The monocytes also expressed increased levels of IL-18 and the NLRP3 inflammasome, similar to findings observed in mice with cardiac dysfunction following the administration of recombinant-IL18 [67].

To assess the incidence of myocarditis and perimyocarditis following the administration of other (non-COVID-19) vaccines, a study analyzed VAERS data from 1990 to 2021 and divided the cases into a COVID-19 vaccine group and a non-COVID-19 vaccine group. A total of 1972 myocarditis events (348 in the non-COVID-19 vaccine group and 1579 in the COVID-19 vaccine group), and 1438 pericarditis events (375 in the non-COVID-19 vaccine group and 1063 in the COVID-19 vaccine group) were reported, with 18–29-year-old males as the predominantly affected demographic group. The authors concluded that postvaccination myocarditis and perimyocarditis are not unique to COVID-19 vaccines and attributed the relatively high frequency of myocarditis and perimyocarditis associated with COVID-19 vaccination to the large number of COVID-19 vaccinations administered to date [64]. Since postvaccination myocarditis and perimyocarditis events are related to IFN- $\gamma$  and the Th1 immune response, some researchers have suggested increasing the time interval between the first and booster vaccination in order to avoid overactive immune responses [63,64].



Link: <https://www.mdpi.com/2227-9059/10/7/1641/htm>

# 11) Cardiovascular, neurological, and pulmonary events following vaccination with the BNT162b2, ChAdOx1 nCoV-19, and Ad26.COV2.S vaccines: An analysis of European data

The ChAdOx1 nCoV-19 (ChA) (AstraZeneca) and Ad26.COV2.S (AD26) (Janssen) vaccines are virus-based coronavirus disease 2019 (COVID-19) vaccines used worldwide. In spring 2021, venous blood clots and thrombocytopenia were described in some vaccine recipients. We evaluated the frequency of severe adverse events (SAEs) documented in the EudraVigilance European database in young adult (18-64 years old) and older ( $\geq 65$  years old) vaccine recipients up to 23 June 2021 and related them to coagulation disorders and arterial, cardiac, and nervous system events. Comparison between the frequency of SAEs and SAE-related deaths in ChA and AD26 vs. BNT162b2 COVID-19 (BNT) (Pfizer/BioNTech) vaccine recipients demonstrated: 1) ChA and AD26 recipients than BNT recipients had higher frequencies of not only SAEs caused by venous blood clots and hemorrhage, but also thromboembolic disease and arterial events, including myocardial infarction and stroke; 2) a corresponding higher frequency of SAE-related deaths. The frequency was higher in both young adults and older adults. Comparison between the frequency of SAEs and SAE-related deaths in AD26 vs. ChA recipients demonstrated in AD26 recipients: 1) lower frequency of thrombocytopenia; 2) lower frequency of SAEs in young adult recipients; 3) higher frequency of SAEs in older recipients. Interestingly, most of the venous thrombotic SAEs associated with ChA and AD26 vaccines were not associated with thrombocytopenia, suggesting that TTS (thrombosis with thrombocytopenia syndrome) is not the only type of thrombosis observed following virus-based vaccines. In conclusion, both virus-based COVID-19 vaccines show more SAEs than BNT, but the frequency of the SAE type in the different age groups differs, suggesting that the mechanisms responsible of SAEs overlap only partly.

Link: <https://pubmed.ncbi.nlm.nih.gov/34710832/>



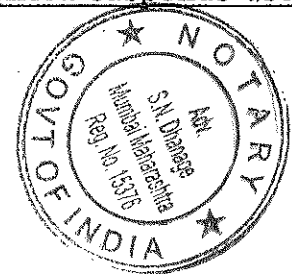
1. Countries like Denmark and Norway permanently banned the Astrazeneca vaccine.

Link: <https://www.bloomberg.com/news/articles/2021-05-12/norway-permanently-removes-astrazeneca-from-vaccine-program?leadSource=uverify%20wall>  
<https://www.nytimes.com/2021/04/14/world/europe/denmark-astrazeneca-vaccine.html>

2. South Africa suspended Covishield after trials found it to be ineffective

Link: <https://www.science.org/content/article/south-africa-suspends-use-astrazenecas-covid-19-vaccine-after-it-fails-clearly-stop>

<https://www.bbc.com/news/world-africa-55999678>



3. Canada is in the process of destroying 13.6 million expired doses of the Oxford-AstraZeneca coronavirus vaccine, more than half of all the doses it has ever bought, because it was unable to find foreign countries willing to take the vaccines, despite pledging to donate them.

“Due to limited demand for the vaccine and recipient country challenges with distribution and absorption, they were not accepted,” Health Canada said in a statement. Almost all of the vaccines now being thrown away were previously announced as being donated to Covax, the international vaccine access programme set up by the World Health Organization, or to individual countries. But the governments they were intended for chose not to take them.

Link: <https://www.bmj.com/content/378/bmj.o1700>



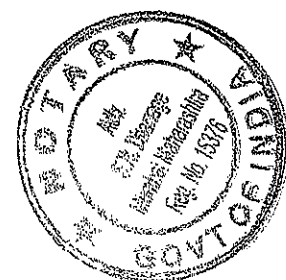
115  
51  
4. Astrazeneca banned under 40 age group in UK due to Blood clots - Guardian Report dated 7<sup>th</sup> May 2021.

The screenshot shows the Guardian website interface. At the top, there's a navigation bar with the Guardian logo and links to News, Opinion, Sport, Culture, Lifestyle, and More. Below this is a secondary navigation bar with links to World, Europe, US, Americas, Asia, Australia, Middle East, Africa, Inequality, and Global development. The main headline reads 'Covid: people under 40 in UK to get alternative to AstraZeneca jab'. A sub-headline states 'Move towards greater precaution on Covid vaccines follows figures on rare blood clots and low infection rates'. The article is dated 'Fri 7 May 2021 12:34 BST' and is attributed to 'Ian Sample Science editor'. A large circular stamp is visible on the right side of the article, and a smaller one is at the bottom right. The bottom of the page shows a search bar and various social media icons.

People under 40 will be offered an alternative to the Oxford/AstraZeneca vaccine where possible and while infection rates remain low, following a recommendation from government advisers.

UK and European regulators have recorded a small number of people who have developed unusual blood clots with low platelets after receiving the AstraZeneca vaccine.

Link: <https://www.theguardian.com/world/2021/may/07/people-under-40-in-uk-to-be-offered-alternative-to-astrazeneca-jab>



116  
5. Astrazeneca vaccine is not being used for all age groups in UK booster program.  
Gaurdian Article dated 16-8-2022.

Coronavirus

This article is more than 5 months old

## No plans for UK to order more supplies of AstraZeneca Covid vaccine

JCVI says mRNA vaccines such as the Pfizer and Moderna jabs are the most effective for UK booster programme

Nicola Davis  
@NicolaKSDavis  
Tue 16 Aug 2022 17:51  
BST

f t e



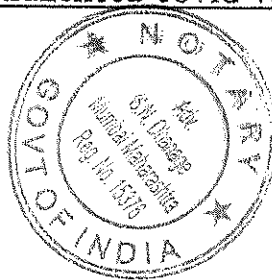
91°F Smoke

Search

ENG IN 4:54 PM 12-Feb-23

He said an abundance of caution over the issue of blood clots in younger people was one reason the Oxford/AstraZeneca jab was not deemed suitable for the booster programme, along with public perception of the vaccine.

Link: <https://www.theguardian.com/uk-news/2022/aug/16/no-plans-for-uk-to-order-more-supplies-of-astrazeneca-covid-vaccine>

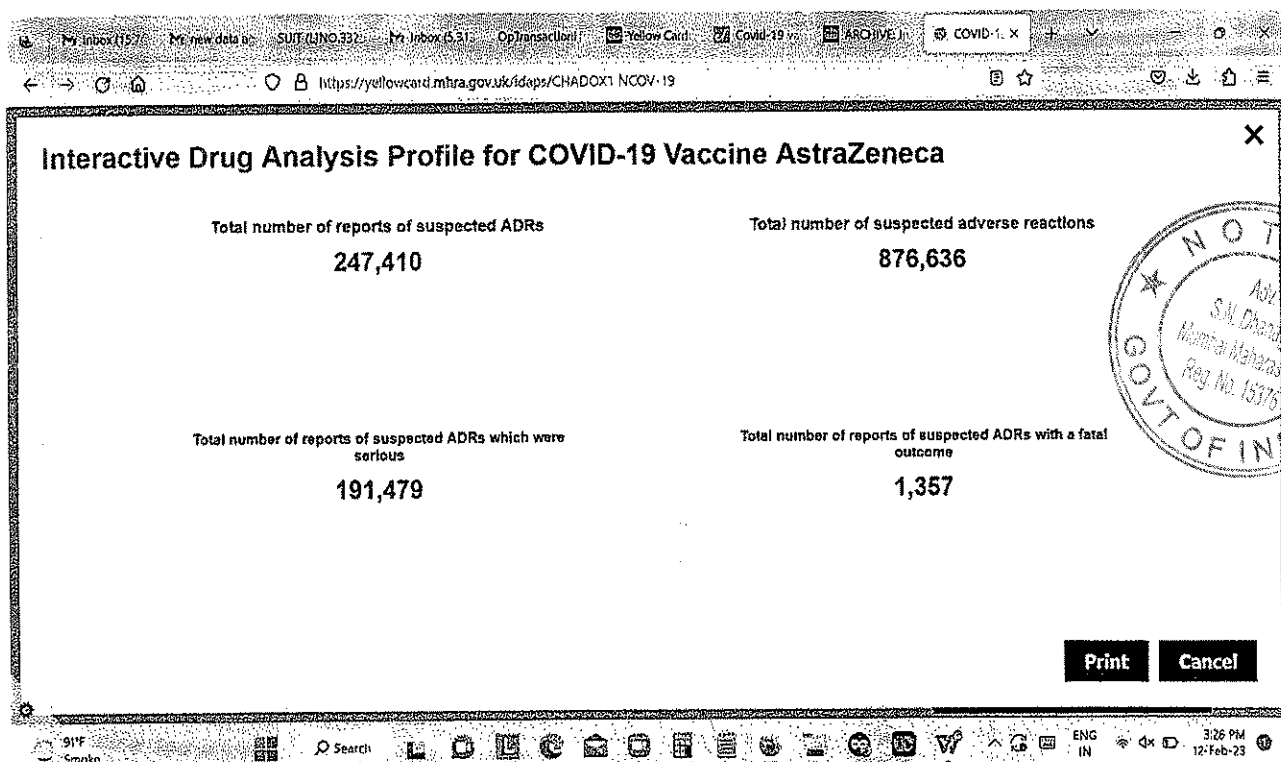


MHRA - Medicines and Healthcare product regulatory Agency - UK

Yellow Card - Covid 19 vaccine Astrazeneca

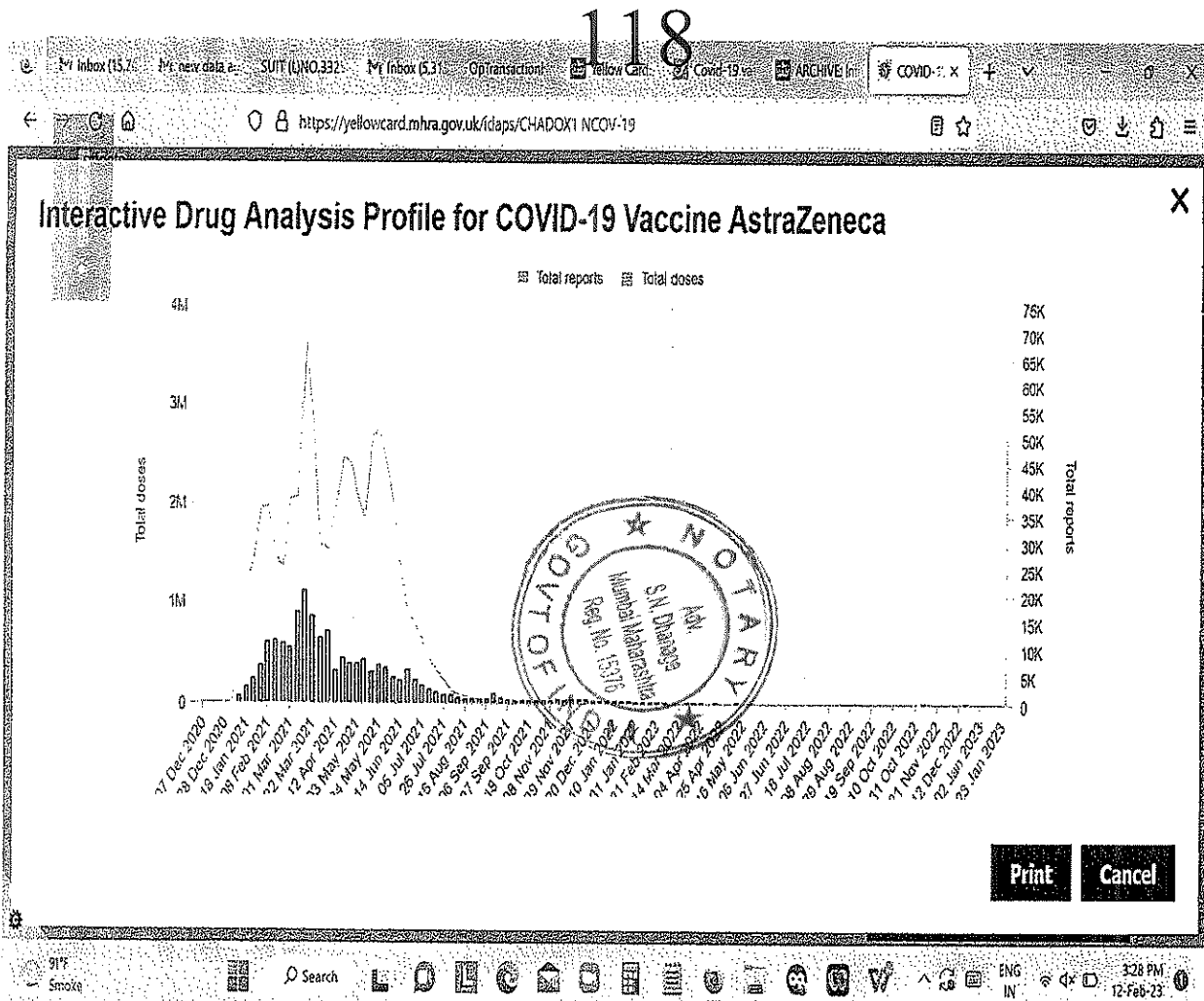
Single constituent brand names - CHADOX1 NCOV19, COVID-19 VACCINE  
ASTRAZENECA, COVISHIELD, VAXZEVERIA

1. ADVERSE DRUG REACTIONS REPORTED -



33.5. Below chart shows total doses vs total adverse drug reaction reported - As can be seen the side effects are directly proportionate to the vaccines administered and vaccine administration stopped somewhere between Aug 2021 to Sept 2021.





33.6. The MHRA yellow card report also shows age wise adverse drug reaction ADR reporting, sex wise adverse drug reaction ADR reporting ( females ADRs far outnumber Males ADRs), adverse drug reaction ADR reported yearwise ( max in 2021).

Link: <https://yellowcard.mhra.gov.uk/idaps/CHADOX1%20NCOV-19>

33.7. The Adverse event following immunization (AEFI) is very less and this is admitted by UK Government as well as Indian Government.

1.The UK govt drug safety update - yellow card report states that -

Don't wait for someone else to report it.



33.8. It is estimated that only 10% of serious reactions and between 2 and 4% of non-serious reactions are reported. Under-reporting coupled with a decline in reporting makes it especially important to report all suspicions of adverse drug reactions to the Yellow Card Scheme.

Link: <https://www.gov.uk/drug-safety-update/yellow-card-please-help-to-reverse-the-decline-in-reporting-of-suspected-adverse-drug-reactions>

**Important research paper that giving vaccines to individuals after recovery from SARS-CoV-2 infection causes serious Adverse Reactions.**

### 1. Persistent Health Issues, Adverse Events, and Effectiveness of Vaccines during the Second Wave of COVID-19: A Cohort Study from a Tertiary Hospital in North India

**Results:** Of the 2760 health care workers included, 2544 had received COVID-19 vaccines, with COVISHIELD (rChAdOx1-nCoV-19 vaccine) received by 2476 (97.3%) and COVAXIN (inactivated SARS-CoV-2 vaccine) by 64 (2.5%). A total of 2691 HCWs were included in the vaccine effectiveness analysis, and 973 COVID-19 events were reported during the period of analysis. Maximum effectiveness of two doses of vaccine in preventing COVID-19 occurrence was 17% across three different strategies of analysis adopted for robustness of data. One-dose recipients were at 1.27-times increased risk of COVID-19. Prior SARS-CoV-2 infection was a strong independent protective factor against COVID-19 (aOR 0.66). Full vaccination reduced moderate-severe COVID-19 by 57%. Those with lung disease were at 2.54-times increased risk of moderate-severe COVID-19, independent of vaccination status. AESCs were observed in 33/2544 (1.3%) vaccinees, including one case each of myocarditis and severe hypersensitivity. Individuals with hypothyroidism were at 5-times higher risk and those receiving a vaccine after recovery from COVID-19 were at 3-times higher risk of persistent health issues. **Conclusions:** COVID-19 vaccination reduced COVID-19 severity but offered marginal protection against occurrence. The possible relationship of asthma and hypothyroidism with COVID-19 outcomes necessitates focused research. **With independent protection of SARS-CoV-2 infection, and high-risk of persistent health issues in individuals receiving vaccine after recovery from SARS-**

120

CoV-2 infection, the recommendation of vaccinating those with prior SARS-CoV-2 infection needs reconsideration.

Link: <https://www.mdpi.com/2076-393X/10/7/1153/htm>

### **Patients Launch Legal Action Against AstraZeneca Over Its COVID Vaccine**

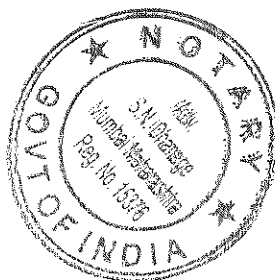
Dozens of patients and families are launching legal action against AstraZeneca over a rare side effect of its COVID-19 vaccine. Lawyers have sent the company pre-action protocol letters, the first step in a legal claim on behalf of around 75 claimants. Some have lost relatives and some have survived with catastrophic injuries following blood clots.

Peter Todd, a consultant solicitor with Scott-Moncrieff & Associates, one of two lawyers handling claims, told The BMJ that the complications included stroke, heart failure and leg amputations. He said the technology involved in the AstraZeneca vaccine was “risky.”

Even though the legal claim is against AstraZeneca, the U.K. taxpayer will have to pay any compensation awarded, under a legal indemnity that the government gave the company early in the pandemic.

In response to a freedom of information request, NHS Business Services, which operates the vaccine damage scheme, revealed that by March 6, 2023, the scheme had received 4,017 claims relating to a COVID-19 vaccine. Of those which had been dealt with, 622 concerned the AstraZeneca vaccine, 348 the Pfizer, and 43 the Moderna vaccine. Of the 4,017 claims, 334 were for death.

Link: <https://www.bmj.com/content/380/bmj.p725.short>

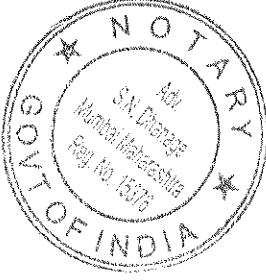


**IN THE HIGH COURT OF BOMBAY  
CRIMINAL APPELLATE JURISDICTION**

**Interim Application No.        OF 2023**

**IN**

**Criminal Writ Petition No. 6159 Of 2021**



**Smt. Kiran Yadav**

**... Applicant/  
Petitioner**

**Versus**

**State of Maharashtra & ors. ... Respondents**

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**INTERIM APPLICATION**

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Dated this \_\_\_\_\_ day of June, 2023

**Adv. Siddhi Dhamnaskar**

**(Advocate for Petitioner)**

**(I-Code :- I- 30853) MAH/5734/2020**

**Address: 2 & 3, Kothari House,  
5/7 Oak Lane, A R Allana Marg,  
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Fort, Mumbai 400 023.**