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RECENT DEVELOPMENTS AND POST-MRNA VACCINATION SYNDROMES OF COVID INFECTIONS IN JAPAN: PART I

Anthony FW FOONG

R&D Department, Imex Japan Co. Ltd., Kyoto, 3F Imex Japan Bldg, 22 Simomidori-cho, Shichiku, Kita-Ku, Kyoto
603-8425, Japan 78imexfw@gmail.com

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Recent Developments and Post-MRNA Vaccination Syndromes of Covid Infections in Japan: Part I

Anthony FW FOONG

R&D Department, Imex Japan Co. Ltd., Kyoto, 3F Imex Japan Bldg, 22 Simomidori-cho, Shichiku, Kita-Ku, Kyoto 603-8425, Japan (78imexfw@gmail.com)

1. INTRODUCTION

Issues related to pre-, intra- and post-infection events related to the Covid19-Sr virus have been controversial. First of all, I must admit that I am not an anti-vaccination person. Although I have been open to mRNA vaccination (mRV) in early 2020 (just some months after the first reported infected cases in late 2019), skepticism developed over time on the mRNA vaccines (mRVXs) after there arose many unexplained cases of post-mRV events, and after-effects of said virus infection or post-mRV syndromes (p-mRVS). Hitherto, there have been numerous reports on the topics documented in the mass media. Various events occurring upon use of mRV have been reported as p-mRVS in different countries, and have been found in national and international reports, scientists' observations, hospital accounts, research, and academic activities in the respective countries. Herein, I would like to summarize some Japanese findings¹ with certain published updates based on my own reading.

This information may shine a light on the many unexplained phenomena observed and encountered in our readers' areas. First, let us explore certain p-mRVs that have been reported, observed, and diagnosed in Japan (Table 1).

2. After-effects of mRVX or p-mRV syndromes

From findings in Table 1, many of the diseases diagnosed, encountered and reported (n=201 diseases) with onsets in humans by Japanese medical

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Table 1. Illustrates the acute onsets of health issues after inoculation with mRVXs, or p-mRVsS encountered in the 2-yr mRVx vaccination history in Japan (December 2021 – November 2023). (adopted from Bungei ShunShu 2024, Vol 102, No. 4: p191)

Systemic Diseases	Relevant Disorders (N: several cases)
Cardiovascular	Myocarditis(N), pericarditis(N), atrioventricular block, myocardial infarction, Brugada syndrome, atrial fibrillation, fatal arrhythmia, coronary artery aneurysm, myocardial occlusion, valsalva sinus aneurysm, cardiac tamponade
Renal/ kidney	Hematuria(N), nephritis(N), IgA nephritis(N), nephrotic syndrome(N), lupus nephritis(N), nephrosclerosis, polyangiitis, interstitial nephritis(N)
Thyroid gland	Subacute thyroiditis(N), thyroid crisis(N), Grave's disease(N), destructive thyrotoxicosis(N), chronic thyroiditis
Diabetes	Type-1 diabetes onset(N), diabetic ketoacidosis(N)
Hepatic/liver disease	Autoimmune hepatitis(N), acute type-B hepatitis, acute liver failure with hepatic coma, drug-induced liver failure
Dermatological/Skin	Shingles(N), alopecia areata/spot baldness(N), dermatomyositis(N), Sweet's syndrome(N), generalized pustular psoriasis(N), itching eruption, lichen planus, etc.
Optical/Eye diseases	Uveitis(N), optic neuritis, vitreous hemorrhage, multiple evanescent white dot syndrome(N), branch retinal vein occlusion(N), outer retinal layer damage(N), herpes keratitis, valsalva retinopathy, AMN, retinal vasculitis, retinal pigment epitheliitis, eye movement disorder(N), Choroidoretinal circulation disorder(N), optic neuropathy(N), multifocal choroiditis, scleritis
Hematological/Blood	Paroxysmal hemoglobinuria(N), thrombocytopenic purpura(N), hemophagocytic syndrome(N), acquired hemophilia, autoimmune blood coagulation abnormality, thrombosis with thrombocytopenia, thrombocytopenia (blood platelet loss), severe autoimmune factor XIII deficiency syndrome, severe hemolytic anemia, etc.
Vascular/blood vessels	Vasculitis(N), IgA vasculitis(N), eosinophilic granulomatosis with polyangiitis (EGPA; Churg-Strauss syndrome)(N), aortitis syndrome, ANCA-related intractable issues(N), deep vein thrombosis, vasculitis-induced organ bleeding, dissecting aneurysm rupture, venous sinus thrombosis, dural arteriovenous fistula (DAVF)(N), etc.
Neurological/Nerve	Facial nerve paralysis(N), Guillain-Barre Syndrome (GBS)(N), inflammatory demyelinating polyneuropathy(N), myelitis(N), nociceptive pain, transient global amnesia, periodic quadriplegia, neuroleptic malignant syndrome, vocal cord dysfunction (VCD), dissociative neurological symptoms, sensorineural hearing loss, chronic inflammatory demyelinating polyradiculoneuropathy (CIDP), encephalitis, convulsion onset, etc.
Systemic/ Whole body	Sarcoidosis(N), systemic lupus erythematosus(SLE)(N), dermatomyositis(N), multiorgan bleeding, anaphylaxis, Thrombocytopenia Anasarca Fever Reticulin fibrosis Organomegaly (TAFRO) syndrome, multisystem inflammatory syndrome in Children (MIS-C), IgG4-related disorders(N), adult onset Still's disease (AOSD).
Cerebral/Brain	Hypophysitis(N), isolated adrenocorticotropic hormone deficiency (IAD)(N), varicella-zoster virus (VZV) meningitis(N), subarachnoid hemorrhage(N), infant cerebral infarction, brain aneurysm rupture, encephalitis, intracranial hemorrhage, pituitary apoplexy, central diabetes insipidus, corpus callosum lesion, autoimmune encephalitis, encephalomyelitis, hypopituitarism
Pleural/Lung	Pleurisy, alveolar damage, pulmonary embolism, alveolar hemorrhage, thromboembolic pulmonary hypertension, interstitial pneumonia, worsening of severe bronchial asthma
Adrenal body/gland	Adrenal insufficiency(N), hypoadrenalism(N), adrenal crisis
Lymphatic/lymphoma	Reactive lymph node enlargement, TAFRO syndrome, malignant lymphoma
Digestive tract	Ulcerative colitis(N), severe enterocolitis
Miscellaneous	Myositis(N), rheumatism(N), polyarthritides(N), polymyalgia, immune-mediated necrotizing myopathy (IMNM), RS3PE syndrome (Remitting Seronegative Symmetrical Synovitis with Pitting Edema), cluster headache, rhabdomyolysis, amenorrhea (no periods), hyponatremia (low blood Na)

institutions in 2 yr (December 2021 - November 2023) were foreign to many patients, who were healthy and fit before mRVs. With search engines on similar post-mRV issues extracted from available databases, results revealed 3,071 reports of adverse post-mRV effects (or p-mRVs): major mental issues were reported in foreign sources. Said p-mRVs did not show a fixed pattern, and these adverse effects occurred all over the body, with cases reporting multiple disorder onsets in the same single affected person: a phenomenon that has never been encountered by caregivers before, not even similar to those observed with anti-cancer medications. The top 10 disorders observed in p-mRV events were: 1) thrombocytopenia (n=557), 2) headaches (n=455), 3) myocarditis (n=344), 4) thrombosis with thrombocytopenia (n=328), 5) deep vein thrombosis (241), 6) Guillain-Barre Syndrome or GBS (n=143), 7) venous sinus thrombosis (n=143), 8) anaphylaxis (140), 9) lymph node enlargement (n=132), and 10) vasculitis (129). Note that of these 10 disorders, vascular damage was most prominent, especially during the early stage of post-mRV (note that long-term post-mRV disorders are not included).

3. Post-mRNA vaccination (p-mRV) mortality rates

With regard p-mRV mortality rates of those vaccinated with commercially available vaccines (BN-T1162B2 or Comirnaty): Data included herein are based on documented data from the Japanese Ministry of Health, Labor and Welfare (JMHLW) for a p-mRV period of 1 month. In 2 rounds of mRVs (May 26 – July 21, 2021 and August 4, 2021 – March 18, 2022) - immediately after mRV – the tendency was for mortality rates to peak on day 2 p-mRV, followed by declining pattern from day 5 p-mRV: subsequent month and yr records of post-mRV mortality rates portrayed a similar pattern. The cause of mortality ranked in descending order are as follows: (1) vascular system disorders, (2) hearts disorders, (3) exacerbation of preexisting conditions, (4) pneumonia, and (5) miscellaneous. Medical caregivers observed that mere cardiovascular (blood vessels & heart) impairments or disorders accounted for ca. 50% of the deceased (not known if sudden deaths were included in the data). Intriguingly, there were increased incidences of suffering from or succumbing to Creutzfeldt-Jakob disease (CJD). In another follow-up observation, the mortality rates of cases (reviewing all age-ranges) of those who had 2-jab mRV were higher than those with 1-jab mRV, prompting the hypothesis that the higher mRV the more likely mortality would be observed (except for cases over the age of 65yo). Moreover, cases that had mRVs were more likely to be infected by the Covid virus, prompting the hypothesis that said vaccine was rendering vaccinated cases more susceptible to viral infections, or said vaccine was ineffective against the Covid virus. (Caregivers were unable to prove the hypothesis, as JMHLW was unwilling to release relevant data for further analysis then).

4. State of biologically active mRNA vaccines (mRVXs)

Not only were mRVXs from 2-3 commercial sources ineffective, they were – as a matter of fact – harmful to those vaccinated. The mRVXs were actually spike proteins (SPs) of Covid viruses (proteins that are needed by said viruses to penetrate the human cells) structurally aligned as mRNA so as to enable them to be embedded in the cell membrane. Upon inoculation with mRVX, the mRNA is incorporated into human cells, providing a platform for the SPs to be released. Thus far, the content has been reported thus; however, the frontal portion of subsequent sentences is inappropriate (i.e. neutralizing antibodies against the SPs are then produced inducing an immune responses, that theoretically prevents infections from the Covid virus). Furthermore, another item noted contradicts the previously stated claim that the mRNA of injected mRVX disintegrates within intervals of a few minutes to a few days. It is a fact that endogenous mRNA disintegrates in the body within a short interval, as mRNA degrading enzymes are ubiquitously distributed in human blood and sweat etc. as a protective evolutionary mechanism. However, in attempts to artificially mold antibody into a vaccine, an agent lasting only a few minutes (according to manufacturer and government officials) will therefore not be useful. That is why mRNA chemically designed to remain structurally stable and formed of degradation-resistant lipid-like nano-particulates (LNPs) - wrapped in fatty membrane of cells - was synthesized.

5. Reasons for prominent damage to heart and blood vessels (cardiovascular damage)

How long then it would take for these mRVXs to disintegrate in the body remains a question without

a definite answer. It has been observed that injected mRVX remains in the body for at least for 2 weeks. SPs have been isolated 3-4 months after mRV, prompting the possibility of injected mRNA stably residing within the cells, or having been incorporated into certain DNA.

At the time of the original article¹ being written, the safety and course of such states of existence in the body over time remained unknown. However, what could be said is: the fact that the artificially designed mRNA remains non-degradable in the body is against the principles of keeping life alive.

Although it is revolutionary or innovative to artificially design a stable and non-degradable mRNA and embed it in NLPs for introducing into a living body system, all previous clinical attempts to introduce the use of Covid-VX had failed. This so far emphasizes potential risks in such so-called revolutionary or innovative approaches, and many have voiced concern and pleaded for extreme care in attempting such an approach.

Furthermore, the design map of SP for molding mVRX, which can be embedded in NLPs, is an attempt that could have the result of inducing many issues that have not been encountered and which remain as yet unknown. Injected NLPs circulate throughout the body, permeate various cell membranes, and are further distributed ubiquitously in various organs in a non-specific way (as shown in experimental studies). In other words, these NLPs are transported aimlessly throughout the body systems, and would not be limited to being incorporated into the target immune cells. As such, when incorporated into certain cells, SPs might be produced in said cells via duplication of the mRNA-designed map. In addition, cells that have incorporated the mRNA, release said mRNA into exosomes (extracellular vesicles that degrade and/or protect the mRNA), which in turn distribute said mRNA to blood vessels and the lymphatic system, allowing them to freely distribute in the neuronal fibers to eventually permeate throughout the whole body. In so doing, SPs are then abundantly duplicated from the mRNA located throughout the ubiquitous sites and systems. Intriguingly, specific binding receptors are particularly found existing in endothelia of the inner walls of blood vessels. These spike proteins characteristically facilitate blood coagulation, thus inducing specific inflammatory effects and thrombosis in heart and/or blood vessels: therefore the factors contributing to the highest p-mRV mortality incidences are due to blood vessel and heart disorders. It is supposed that impairments of the vascular and cardiac systems occur in almost all subjects inoculated with mVXs; pain and feverish sensations after mRV are – with extended implication – attributable to vasculitis or vascular inflammations. Other than the vascular systems, if those SPs (antigen-like) were persistently being generated in the inoculated body systems, autoimmune responses would occur. Cells produced based on these SPs would attack the immune systems to induce severe inflammations and inflict subsequent injuries/damage to eventually induce rheumatism and skin-muscle inflammations typical of autoimmune diseases. In addition, in the course of interactive responses to said SPs, depression of the immunofunctional systems ensue; one such adverse effect is the onset of shingles. As such, early detection with ready stocks of shingle vaccine ready for vaccination would be an appropriate countermeasure for such adverse p-mRV events.

6. Incidences of leukemia, breast cancer and ovarian cancer

There is another disease that concerns the original researcher's observations: cancer. Recent increases in mortality cases after mRV have been reported by pediatric healthcare professionals and medical officers. According to JMHLW data, the monthly mortality counts for various types of cancer across different age groups have clearly increased during p-mRV intervals.. Of particular concern were several mortality cases due to leukemia. The mortality rate before mRV was decreasing; however, increases were observed after the initiation of mRVs. Similarly, the trend mirrored the mortality rate for breast cancer, especially after the third mRV or mRV-3 (although no changes were observed after mVR-1 and -2). The increase in mortality cases due to breast cancer surged immediately after mRV-3. As for ovarian cancer, increases were noted starting from post-mRV-1. In experimental studies conducted by the vaccine manufacturer, significant accumulations of fat nano-particulate-encased mRNA (NLP) were first located in the ovaries of rats inoculated with mRV; the pooling tendency of (NLPs) was subsequently observed in other tissues and organs: the ovary being the earliest location to show mRV-related findings.

7. Health issues due to spike proteins (SPs)

The present investigation raises the unusually high mortality rate of a disease: a possible cause due to cancer-induced incidences. Another unusual observation was the especially accelerated progression to death of said disease. In the original author's surrounding cases was the incidence of breast cancer (BC) in his 2-yr younger sibling sister; the BC incidence was diagnosed after the fourth vaccine injection (mRV-4). There was no one, who had been diagnosed as having BC in the family and related extended members, or traceable in patients' familial medical history. The tumor grew and proliferated within a short interval, and the tumor measured more than 5 cm on diagnosis. Additionally, the niece of an acquaintance was diagnosed with ovarian tumor as a p-mRV event at a young age of 30yo. Furthermore, an acquaintance called to inform about a sudden kidney cancer had developed after mRV on early detection. Notwithstanding early diagnosis, tumorous cells had metastasized to stage-4 lung cancer, manifesting the rapid progression of the abnormal cell proliferation and metastasis: characteristics and events of cancers, which are not usual in normal cancer-staging in humans. Such genetically inherited, sudden and non-infectious diseases occurring in numerous patients were hard to explain and understood: the only possible disease-onset contributing factor was most likely due to mRVX, apart from two other possibilities: 1) immunosuppression, where cancer-suppressor genes and intrinsic immunodefense systems were incapacitated; and 2) SPs – although have not yet been clarified – have been documented in recent in-vitro studies. To summarize p-mRVs, signs and symptoms are varied and intertwined; however, 'impairment events due to SPs' has become the norm. As such, a common term for the signs and symptoms due to SPs has been coined as 'spikeopathy' in recent Covid-pandemic days. At the time juncture of this report, it was not possible to categorize p-mRV events or p-mRVs as spikeopathy.

8. Culprit mRNA vaccines can be proven using reliable assays

All the above-mentioned events triggered establishing of a research team: an organization in pursuit of developing an assay test for spikeopathy. If such an assay test could be established, it could then demonstrate the causal relationship between p-mRV and disease incidence. Briefly, fragments of bone marrow and diseased tissues of affected individuals are mounted as preparations, where antibodies against SPs tagged with fluorescent coloration are then added and allowed to react with preparations. The antibody-antigen reaction is then observed under microscopy: findings where pooling of stained SPs would then confirm spikeopathy. However, testing of mere SP antibodies of coronavirus per se without subjective symptoms nor any symptom may lead to coronavirus-infected 'hidden Corona' aftereffects; it is then possible that the detected proteins are virus-derived SPs. As such, antibodies against fluorescent coloration-tagged N-protein are simultaneously added. N-protein is the part of the shell enveloping the coronavirus gene-makeup. As N-protein is not present in mRNA vaccines (or mRVXs), it is possible to track and discriminate whether it is a natural infection. (Use of N-protein is often designed for discriminatory detection in numerous antigen-antibody assays.) As a result, findings where SPs are stained and pooled without staining of N-proteins would reveal and confirm the adverse effects of inoculated vaccines. This discriminatory assay has been developed and spearheaded under the leadership of Prof/Dr. MURAKAMI Yasufumi (emeritus professor of Tokyo Science University), with completion of making control cells incorporating two protein genes in the Spring of year 2024, and possible use of said cells for upcoming clinical trials. The inventor has another important project on hand: i.e. measuring the SP-specific immunoglobulin G4 (IgG4) antibody levels. IgG4 is an antibody that suppresses immunofunctions. In previous attempts to develop vaccines, any candidate that induces IgG4 antibodies in the living body equates to development failure of a potential vaccine for us. Incidentally, the mRNA vaccines have been demonstrated to induce abundant releases of SP-specific IgG4, raising suspicions/doubts of the living body system inability to elicit optimal immunodefense against mutated Covid virus entering the body, thereby inciting phenomena of infecting normal cells and exacerbating symptoms derived thereof (or potentiation of original antigen sin and antibody-dependent infection).

The findings of p-mRV patients indicating infection susceptibility and immunosuppression implicate IgG4 antibodies as the most likely causative factors. Therefore, if IgG4 levels in the body could be monitored, and the IgG4 values would be able to monitor after each mRV in the future, thus providing a comprehensive analysis and an objective link to analyze post-mRV IgG4 levels to respective p-mRVs (or after-effects).

9. What to do after having been vaccinated?

When mRV was first launched, the author had cautioned caregivers and the public to exercise caution and prudence; the plea fell on deaf ears. Many of the inoculated had no choice due to workplace compliance and obligatory surrounding atmosphere. Accordingly, more than 80% of Japanese population had been vaccinated (at the time when this article was written), and many reading the report might have felt certain unease about having been vaccinated.

Yet for those who had been plagued by certain conditions resembling p-mRVS, they had to seek proper medical treatments. The JMHLW Department had set up consultation counters for vaccinated people with p-mRVS-like complaints in March 2022. Meanwhile, the research team members attempted to draw up treatment guidelines in formulating diagnosis standards for said events. The research team would advise those vaccinated without any signs and symptoms not to be worried but to maintain proper immunity by eating well with appropriate physical exercise and adequate quality sleep. Additionally, they were advised to upkeep intrinsic immunofunctionality by managing daily healthy life activities. This was natural and appropriate; however, some disturbance in the immune system for modern people living in the stressful environment of today appeared inevitable in practice.

10. Vitamin D, zinc and miscellaneous useful ingredients are health essential

In nutrition, intake of quality protein with many vegetables and fruits, with limitations, is essential for maintaining proper immunity. Vitamin D and zinc are of vital nutritional value for the immune system upkeep: the former can be provided from dried mushrooms, while the latter can be furnished from eating oysters etc. Information on the sources for these nutritional ingredients can be retrieved easily from online sources. Another medical source provided information on the wellness from nattokinase (fermented soybeans), curcumin (turmeric), and bromelain (pineapples) as useful enzymes that could contribute to the proper maintenance of functions of the immune defense systems. For proper exercises, it is better to follow some programmed movements that involve brain functions; useful body movements, which bring joy are importantly useful for supporting the immune functionality of the living systems. Good enough physical activity yields quality sleep. Not only nutritional components, information on useful physical activity and quality sleep is also available online.

The fact that a potent and well-maintained immune system with proper functionality is important for healthy cells in blood and body fluids to serve as a barrier for preventing infection. Lymphatic cells play a vital role in maintaining healthy immunity: these cells are pooled in lymph nodes during the day, and are active in blood during sleep. This day-night rhythm of lymphatic cells synchronizes well with the balance of sympathetic nervous system (SNS; excitation) vs parasympathetic nervous system (PNS; relaxation). In other words, once this SNS-PNS balance is disturbed, the SNS system predominates persistently, and prognosis of the body system in this case degrades. Under such a disturbed balance, laboratory studies have demonstrated that abnormal or cancer cells proliferation is promoted under such an environment. Conversely, when the PNS system predominates the excitatory system, a simple method of repeating abdominal breathing equilibrates said imbalances. In brief, abdominal breathing may be established by first staying calm while repeating inhale-exhale movements via breathing through only the nose. In brief, exhale to the extreme from the lung while contracting the abdomen, thus facilitating inhalation through the nose in a natural course of action. Repeat this exhale-inhale cycle for five times, and the body feels the relaxation therefrom. With proper nutritional intake, physical exercise and quality sleep, balancing the SNS-vs-PNS systems will maintain the immune functionality and immune system balance or immunity well.

In January 2023, realizing the p-mRVS has affected many innocent lives and livelihoods, the research-team members sent a plea to the Minister of JMHLW (TAKEMI Keizo) suggesting: 'Immediate relief for those whose health has been affected by inoculation of the new corona-vaccine.' Those affected via victimization included p-mRV mortalities and impacted health should all be investigated, and receive compensatory reliefs in the form of financial and follow-up medical treatments. These suggestions are within the current Japanese laws and regulations on inappropriate treatments in medical practice. In Japan, there is a system where medications with a new mechanism of action – even in rare cases – that causes severe adverse effects in treated cases are subjected to investigation of all cases treated. In addition, there exists a procedure to provide relief based on 'a relief system for health damage as a result of

using vaccines for prevention inoculation of said vaccine' as well.

11. Recognizing a case with 'dissolved heart' in a vaccinated male

The new corona-vaccine induced certified health damage in a total count of 5,735 (mortalities: 20) cases (August 2021 – Dec 27, 2023). The current relief provision system (Feb 1977 – Dec 2021) provided relief to 3,522 certified (mortalities: 151 cases) cases (without inclusion of cases affected by new Covid vaccines). Just as a reference for the severity of Covid-vaccine deaths: the count of p-mRV mortalities had surpassed the number of mortalities due to previous (non-mRNA) vaccines used for the past 45-yr period in Japan. Applications for relief of p-mRV mortalities are tedious and time-consuming: the application for a case with 'dissolved heart' after mRNA vaccination had taken 1-yr duration without avail, and on a subsequent application supported by the relevant medical report was granted 2 yr after the application had been filed. Thereafter, Minister Takemi held a press conference with reference to said research-team members, and the judgment for the relief system was constructively accelerated, resulting in a 4-fold increase in approvals of certified cases, who were awarded appropriate relief, financial compensations and follow-up medical attention. Additionally, as a national strategy, 'A guide-booklet for (mRNA vaccine) vaccinated people' is to be distributed on a national scale. It is impractical to compensate all healthy p-mRV subjects; however, at least, for those whose health has been impaired by p-mRV and thereafter diagnosed by medical officers, investigations should be conducted, thus elevating Japan's scientific understanding of these mRVXs. Medical officers currently still do not have an adequate understanding of the harmful effects and after-effects of mRVs. In fact, many disappointed victims of p-mRVs are unattended to because they do not know who, where and how to seek the needed cooperation and support. As such, these neglected p-mRV victims should be placed under medical management and care. Furthermore, the p-mRV effects are well beyond the range and limits of current medical knowledge, especially for those with belated onsets of harmful p-mRVs, which still remain unknown and controversial. The possibility of said effects remains as long-term health damage, affecting cognitive ability, pregnancies, mother-neonatal development and wellbeing, births, or even lingering effects in subsequent generations. It is therefore necessary to continuously investigate and follow up on plans to arrest problems from further damage and spread so long as foreknowledge of the situation remains achievable to avoid putting the country in a dire and helpless situation.

In fact, as these mRVXs are circulating globally, they produce a crisis on democracy, fundamental and medical sciences. In Europe and the U.S., manuscripts reporting critical assessments and unfavorable findings of mRVXs had been impeded from publication because of restrictions imposed by reviewers of special vaccine-related journals. Even when manuscripts were allowed for publication, a condition stating that 'the benefits overwhelm risks' must be included in said manuscripts. In India, even when the pros and cons of the mRVX issues were being debated, telephone warnings from the governmental authorities came ringing onsite. With regard to such barriers to free expression, Japan is blessed to allow hundreds of scientific investigators to present the adverse effects of said vaccines (or mRVXs): those who reported their findings without having to bend to governmental pressures were indeed researchers our country needs to feel proud of, demonstrating to the world of transparency and freedom of speech in Japan. Moreover, Japan statistically contributed to the world on p-mRV effects as one of the top open and transparent countries, with manuscripts certifying p-mRV mortality cases accounting for an increase in death compared to mortality counts before introducing mRVX inoculation. The JMHLW - in cooperation - summated these data for global dissemination. A certain German referee reviewing some of the manuscripts remarked that: "Our country, Germany, cannot dare do such presentations, which are of high data-science indeed." Furthermore, if JMHLW could disclose previously forfeited data related to mRVXS, the science levels of Japan would steadfastly be elevated to a higher level of transparency and global respectability.

Adopting a relief system for compensating p-mRV health damage is a help for the suffering Japan populace, and manifestation of international standing of Japan on relief system for health damage. Along similar lines of development, WHO first categorized low and medium income countries by declaring the relief system for vaccine-induced health damage from the year 2021.

12. Flying the plane off during the manufacturing process of mRNA vaccines

Maybe some may think that ‘Is it not questionable that those companies manufacturing the mRVXs should bear the responsibilities of undesirable or adverse outcomes from use of said vaccines?’ Based on public disclosures of contracts between national governments and manufacturers (e.g. P, M, etc.), the latter has no responsibilities whatsoever incurred to the users after application of mRVXs. Accordingly, although slight variations in government-vs-company contracts may exist, the contracts always worked favorably and advantageous to the manufacturing parties. For instance, manufacturer Pfizer (P) has compiled voluminous materials on clinical data of as many as 450,000 pages that will not be opened to the public after approximately 75 years after parties have signed the agreement/contract. However, these ‘culprits’ would not be allowed to evade their responsibilities, because once the author and his research-team members are able to innovate testing assays to clarify the causal effects of mRVX used, the immoral and unethical work committed by those responsible will be brought to justice: Science is not to be taken lightly. The Director of vaccine R&D of manufacturer F, Dr. Kathrin Jansen, published in Nature immediately after resignation from company P the following: “We flew off the plane while we were in the midst of our manufacturing process ...” Said research-team members of Japan believe that “The plane carrying payload that took human lives lightly cannot be allowed to fly free; it is our obligatory duty as a medical officer and a scientist to stop it. It is imperative for us to not deny that the intrinsic body health has changed before and after mRV.” For sciences and medical science in particular, a new challenge has just begun. Japan as a nation should accept the fact that mRV-induced health issues are indeed health problems: and should instead positively adopt the attitude of ‘Turning calamities to blessings’ to move futuristically forward by taking prudence and countermeasures in using mRVXs, and to steadfastly going forward resolving these health issues via research and investigations.

13. References

1. Fukushima M. (2024) Bungei ShunShu (文藝春秋) Vol 102, No. 4: p188-201