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29 June 2022

PRIVATE AND CONFIDENTIAL

Medical Report

Prepared for

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by

**Dr Leo J Mahar
MB BS, FRACP, FCSANZ
Consultant Cardiologist**

| | |
|------------------------|----------------------------------|
| Name: | Muris BORIC |
| Date of Birth: | 11/11/1985, aged 36 years |
| Date of Injury: | 1 November 2021 |
| Your Reference: | 22000032/01 |

Medical report regarding Mr Muris Boric.



Statement of Qualifications/Expertise:

| | |
|----------------------------------|--|
| Special Expertise | <ul style="list-style-type: none"> • Cardiology • Coronary Angioplasty • Interventional Cardiology • Medico-Legal Assessments and Reports |
| Professional Associations | <ul style="list-style-type: none"> • Fellow, Royal Australasian College of Physicians (FRACP) • Fellow, Cardiac Society of Australia and New Zealand • Board Member, Cardiac Society of Australia and New Zealand (CSANZ) • Member, Division Board, National Heart Foundation |
| Professional Status | <ul style="list-style-type: none"> • Clinical Director of Cardiovascular Service, Royal Adelaide Hospital (2004-2013) • Clinical Senior Lecturer, Department Of Medicine – University of Adelaide • Private Practice • ReturntoWorkSA – Permanent Impairment Assessor • Motor Accident Injury Assessment Scheme (MAIAS), SA – Accredited Medical Practitioner • Accredited Assessor, SA Employment Tribunal • AMA 5th Edition • mlcoa Consultant Cardiologist |

Summary

I am an experienced Consultant Cardiologist with special expertise in ventricular function, coronary angioplasty and nuclear cardiology. From 2004-2013, I was Clinical Director of Cardiovascular Service at the Royal Adelaide Hospital. I have also prepared assessments and reports on cardiology cases for the Coroner's Court and insurance and legal matters.

Past positions held by myself include President of CSANZ from 2008 to 2010, and between 2004 and 2008, I was Chair of the Cardiac Prosthesis Clinical Advisory Committee advising the Prosthesis and Devices Committee of the Department Of Health and Ageing.

In a teaching capacity, I have a clinical senior lectureship in the Department of Medicine at the University of Adelaide with a commitment to teaching both undergraduate and post-graduate students. I gave frequent tutorials to those preparing for FRACP Part 1 and am an associate examiner for RACP when examinations are held in Adelaide.

Additionally, I spent a considerable amount of time attending meetings with the National Heart Foundation, mostly involved with professional and community education in prevention and treatment of cardiac disease. I also attended and contributed to the National Committee on Heart Attack and Clinical Cardiology, providing community and professional education and advice to the National board to develop public policy. I have contributed numerous articles to medical and surgical journals relating to cardiac and coronary care.

Basis of Assessment/Opinion:

This assessment is based on a detailed examination of documentation/file material, including your letter, dated 21 June 2022, regarding Mr Boric and does not relate to any clinical evaluation of the subject of the material, Mr Boric.

Summary of History/Chronology and Other Relevant Facts:

Mr Boric is a 36-year-old man who lives at home with his mother and they both work in the Digital Health Department of the Department of Health in South Australia.

As far as I can read in the file sent to me, his previous health had been good.

On 1 November 2021, he had a mandated Moderna COVID vaccine and was thought to have developed post-vaccination pericarditis. He consulted his general practitioner, Dr Manmohan Kaur on 8 November 2021 with left-sided chest pains and palpitations and a clinical diagnosis of post-vaccine pericarditis was made. He was commenced on a whole lot of nutraceuticals, anti-inflammatories and muscle relaxants, with frequent consultations with Dr Kaur afterwards. Dr Kaur's rooms are at Battery Point, Hobart, Tasmania. I assume that all his consultations were teleconferences. The symptoms did not settle. He attended the Lyell McEwin Hospital Emergency Department on 17 January 2022. He was brought in by ambulance with increasing chest pain on mild exertion. It was noted that he had a clinical diagnosis of pericarditis post Moderna vaccine after the first dose in November. I am not sure when the onset of symptoms were. Assuming he was haemodynamically stable, he was worked up and they made the comment that his ECG showed ongoing changes of pericarditis. I would not make that diagnosis on that ECG. He has had a number of investigations done over this time. He has had no increase in his inflammatory markers. His ESR is 5, his CRP is low, his CK is low, his troponins have always been low. He has had a chest X-ray which was normal and CTPA to exclude pulmonary embolism which was normal. Since then, he has had an MRI which showed no evidence for present or past pericarditis or myocarditis.

The diagnosis of pericarditis in my opinion is tenuous. He has been well worked up by the cardiologist Dr Sujith Chacko at Windsor Heart and Specialist Centre. He had been fully investigated with no abnormalities found. There is good medical evidence that colchicine (a drug normally used for gout) an anti-inflammatory to stop recurrent episodes of pericarditis. This does not appear to have been the case. The ECG is normal (I consider it always was).

You have asked me specifically about alternative treatment for pericarditis. These are:

- Tri-fortify Gel Orange.
- CytoQuel.
- Vitamin C IV treatment.
- Magnesium Cintromate and Orotate.
- HistaQuel.
- Core Minerals.
- Toxin Pul 90s.
- C-RLA (GMO free).
- Metapure Enteric.
- Zinc Picolinate.
- Theracurmin capsules.

- Quercetin Phytosome.
- Fish Oil.

An additional letter which was sent from you on 22 June about Metagenics Fish Oil, liposomal vitamin C, I performed research iHerb, performed research "Quentin herb", Doctor's Best Natto-Serra Doctor's Best Natto-Serra. There is no evidence that I can find that these have ever been useful for anything. They are alternative medicines and they possibly have a placebo effect and have nothing to do with pericarditis.

Assessment:

In summary, I consider the diagnosis is tenuous and I can see no benefit from any of the medications he is on except for the colchicine which was prescribed by Dr Chacko.

In answer to your specific questions:

- 1. *Would you support/recommend each of the above in treating post vaccine induced Pericarditis? Please explain and provide your reasons.***

I would recommend none of them. They have never been shown to have benefits.

- 2. *What is the efficacy of each treatment?***

The efficacy of each treatment in my opinion is of a placebo effect only.

- 3. *Please provide details of what, if any, medical benefits, improvements, expected outcomes and recovery for each of the above listed treatments as it relates to a diagnosis of post vaccine induced Pericarditis;***

There is no benefit in the medications in post-vaccine pericarditis (if indeed that is what he had) except for perhaps colchicine, which, if he had genuine pericarditis, may stop recurrences.

- 4. *Are you aware of any medical research relating to the above treatments and how such treatment may assist in the recovery of vaccine induced Pericarditis? If so, please provide details.***

I am not aware of any medical research relating to the above treatments; there is none.

- 5. *Please detail your opinion as to how long and how often each of the above treatments will be required.***

He should stop these medications immediately. If he gets placebo benefit from them, he should pay them up for himself.

The above treatments are in the alternative medicine field and no benefits for genuine pericarditis.

I note that Dr Kaur works in Hobart, although she is an Adelaide graduate, she appears to run an alternative medicine practice.

Further than that, I do a lot of reading of medical reports in this area as I have seen more and more of these cases. I enclose a copy of a resume of a recent paper called "Myocarditis and Pericarditis after COVID-19 mRNA vaccination" by Wong, Hu and Zhou which was published in The Lancet within the last month. Followed up the results in 15 million patients aged 18 to 64 who received 16.9 million doses. In summary, males among the age 18 to 25 years reported incidence rate was highest after the second dose but it was still quite low showing a total of 411 myocarditis/pericarditis events after the administration of 16.9 million doses. That puts into perspective the rarity of this condition that usually comes on after the second dose, not the first.

6. *Any other information relating to the above treatments you consider may assist us in this matter.*

For some reason, as yet to be defined, it affects mostly young men.

NOTE: This whole area of myo/pericarditis following mRNA vaccines for Covid 19 is very vexed and in evolution. Nothing is certain. There are some well documented problems following Covid 19 vaccines ("long covid") but the published data of symptoms following is fluid and evolving. The most solid data of complications is after the second dose of the mRNA vaccines (Pfizer and Moderna) 1-7 days in young males aged 18-25.

I advise that I have prepared this report in accordance with the South Australian Employment Tribunal Rules, PART 14 – Expert Evidence, Rule 66 'Content of expert reports' which came into effect on 3 February 2022.

I acknowledge that I have read the Expert Witness Code of Conduct and agree to be bound by it.

The contents of this report are true to the best of my knowledge and belief.

Please do not hesitate to contact me if I can be of any further assistance.

Yours sincerely



Dr Leo J Mahar
MB BS, FRACP FCSANZ
Consultant Cardiologist

Encl: "Myocarditis and Pericarditis after COVID-19 mRNA vaccination"