



GP2U Telehealth

Bridging the gaps

Level 2, 38 Montpelier Retreat

Battery Point, Tasmania 7004

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Dr Manmohan (Mona) Kaur

Provider Number: 215716PK

Claims Management Consultant

Department for Health and Wellbeing Workforce (DHW)

PO Box 287, Rundle Mall SA 5000

Phone: 08 8226 6813

Email: Health.DHWClaims@sa.gov.au

Friday 6th May 2022

RE: Mr Muris Boric

Claim No: 22000032/01

Date of Injury: 01/11/2021

Nature of Injury: Pericarditis most mRNA Covid-19 vaccine

Hi,

I am the medical practitioner looking after the above-mentioned and I have completed a report for the requested information in the management of Mr Muris Boric's case.

Kind Regards

Dr Manmohan (Mona) Kaur



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Dr Manmohan (Mona) Kaur

Provider Number: 215716PK

Wednesday May 11, 2022

RE: Muris Boric (DOB: 11/11/1985)

5 Welsh Crescent

Para Hills SA 5096

Ph: 0422349123

INVESTIGATION AND DIAGNOSIS

1/ Muris Boric first consulted me on 08/11/2021 with left sided chest pain and palpitations for which I prescribed nutraceutical anti inflammatories and muscle relaxants (curcumin, quercetin, magnesium and EPA/DHA).

He subsequently saw me on the following dates:

10/11/2021: persistent left sided chest pain and palpitations worse with mild exertion. He also had fatigue with mild exertion. A medical certificate was issued (08/11/2021 to 19/11/2021)

22/11/2021: Muris continues to experience left sided chest pain burning in nature and worse on exertion. A clinical diagnosis of pericarditis post Moderna Spikevax injection was made and a letter written to SA Health.

06/12/2021: Muris had left sided chest pain and left arm pain after wiping a kitchen bench top. The pain was tightening in nature and lasted a few hours. His dose of magnesium was increased. A referral letter to a cardiologist was completed and a medical certificate was issued (06/12/2021 to 13/12/21)

15/12/2021: Muris had seen Dr Sujith Chacko, Cardiologist who confirmed the clinical diagnosis of pericarditis post mRNA vaccine and prescribed colchicine 500mg bd for 12 weeks to help with the pain

14/01/2022: Muris had a flare-up of his pericarditis with left sided chest pain. He had done some minor cleaning the day before. Another work capacity certificate was completed.

21/01/2022: Muris had severe left sided chest pain and attended the emergency department. He had an ECG that showed changes consistent with ongoing pericarditis. He was treated with ibuprofen 500mg bd and continuation of colchicine and nutraceutical anti inflammatories.

An AIR medical exemption form (IM011), SA Health Chief Public Health Officer immunisation exemption form and a Covid 19 vaccine claims scheme medical report were completed.

31/01/2022: Muris had left sided chest pain overnight with difficulty sleeping. He was advised regarding pacing of his activities and to avoid activities such as cleaning. He informed me that he was granted a 3 month vaccination exemption by the SA Health Chief Medical Officer.

14/02/2022: Muris had palpitations overnight with disturbed sleep. He had left sided chest pain while cooking 2 weeks prior which took 5 days to resolve. He reported that he is unable to lift anything over 1kg. Colchicine and nutraceutical anti inflammatories were helping but reported weakness and bradycardia after taking colchicine.

23/02/2022: He woke up with left sided chest pain after a nap and described feeling his best when resting and symptoms were exacerbated with mild exertion and lifting anything above 1kg. He informed me that he had a review appointment with his cardiologist and that the echocardiogram had come back normal.

28/02/2022: Muris drove for the first time since his injury and after walking for 15min on the beach, developed left sided chest pain. A work capacity certificate was completed.

07/03/2022: he reported that colchicine 0.5mg bd was causing weakness in his arms and legs 2 hours after taking the medication. The dose of colchicine was reduced to once daily and the dose of N-acetyl cysteine was increased to 500mg tds while continuing the other nutraceuticals.

18/03/2022: While walking around the house, he experienced a "tearing" sensation in the left side of his chest. He felt better when he sat down but recurred when he got up. The next morning he had a "heavy" sensation in his heart. Curcumin, histaquel and colchicine helped but did not take the pain away completely. I prescribed aspirin 300mg for the pain

21/03/2022: Muris had a similar episode of "tearing" left sided chest pain on moving around. He was encouraged to take the aspirin as prescribed in addition to all the other medications as prescribed.

25/03/2022: colchicine and aspirin 150mg taken 7 hours apart worked well to alleviate the left sided chest pain. However aspirin caused a burning sensation in his stomach.

01/04/22: Muris continues to manage his left sided chest pain on exertion with nutraceutical anti inflammatories

2/ Muris developed left sided chest pain, shortness of breath and palpitations 10 minutes after receiving the first injection of Moderna Spikevax on 01/11/2021. He saw a local general practitioner the same day and examination and ECG were normal. His symptoms persisted for a week and he felt unwell and fatigued since the injection.

3/ Muris's symptoms are in accordance with the injury sustained post mRNA vaccine.

4/ Initial examination and ECG were conducted by a local GP and reported as normal. He had clinical symptoms of pericarditis. On 17/01/2022, pulse rate was raised at 105bpm (tachycardia) and ECG showed changes consistent with pericarditis.

5/ Blood results were unremarkable. ECG on 17/01/2022 was conducted at Lyell McEwen Hospital. A cardiac MRI is scheduled in April 2022.

6/ Muris leads a healthy lifestyle and sees me regularly for lifestyle medicine appointments. Muris was fit and well and doing 20km bike rides most days prior to the first dose of Moderna Spikevax vaccine. I am certain

that Muris sustained a Covid 19 vaccine injury that resulted in pericarditis.

7/ In my medical opinion, the circumstances reported by Muris are consistent with the stated cause. Muris experienced left sided chest pain, palpitations and shortness of breath soon after the administration of the first dose of Moderna Spikevax mRNA vaccine.

8/ Muris has NO pre existing medical conditions that may have contributed to the injury (pericarditis)

9/ Muris has been diagnosed with pericarditis caused by Moderna Spikevax Covid 19 mRNA vaccine.

10/ It is without doubt that the administration of the Moderna Spikevax Covid-19 is the only significant contributing cause to the injury (pericarditis). The cardiologist has confirmed this.

11/ Muris has reduced capacity of work due to left sided chest pain with mild exertion and light activities.

He is advised to work 3 days a week from home not more than 7.5 hours a day.

The restrictions are temporary.

The expected time frame for resolution of pericarditis is 6 to 7 months although this can vary person to person.

The complicating factors that are likely to adversely affect recovery and return to work are strenuous activity, lifting , moderate to heavy exercise and stress

12/ Treatment

Magnesium citrate, magnesium aspartate - smooth muscle relaxant

Curcumin -anti inflammatory

Omega 3 EPA/DHA -anti inflammatory

Quercetin (eg Histaquel) -anti inflammatory

IV Vitamin C - for fatigue

Aspirin - for pain

Colchicine -anti inflammatory

Muris reports benefits for his left sided chest pain and energy and has helped significantly in the recovery of his injury (pericarditis).

13/ The above nutraceuticals with prn use of aspirin 150mg daily and cochlincine 500mcg daily are currently sufficient in managing the left sided chest pain associated with the pericarditis.

14/ Muris's recovery and return to full time work is dependent on pacing of his activities, avoiding strenuous activity and stress and maintaining his healthy lifestyle and regime of nutraceuticals.

A handwritten signature in black ink, appearing to read 'M. Kaur', with a long horizontal stroke underneath.

Dr Manmohan (Mona) Kaur

MBBS (Adelaide)

This assessment was conducted only for clinical purposes. Any content/s of this report cannot be disclosed or reproduced without the prior written permission of the author.