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13 June 2024

Dr Julie O'Connell
Woody Point Medical Centre
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**Re: Ms Cynthia Lee JONES; 84 Longland St Redcliffe; QLD, 4020; DOB: 02/09/1975; Phone: 0490-945-869;
Email: cindy.jones@qtic.com.au**

Dear Dr O'Connell,

I reviewed Cynthia on 13 June.

Cynthia finally had to stop working on 29 May. Since presenting to the Redcliff ED, she has continued to have episodes of sweating, chest tightness/squeezing, dizziness, light-headed, and general extreme fatigue (now only 2 hours a day out of bed). *Previous episode: sudden onset pain in the head and neck after hearing a crack in her spine (while turning when sitting) associated with severe chest pain, numbness in her arm, and she felt she was having a seizure. She could talk or swallow and she had neck/throat swelling.* She also experienced coarse whole-body jerking for about an hour which thankfully hasn't returned, but she continues to have tremorous feeling in her torso at night. The stabbing chest pains in her chest were intense for about two weeks after the ED presentation but now they are only intermittent and less severe. Cindy says she feels a slight improvement (on ultra-low dose naltrexone) in her condition, but it can flare up in an instant. She continues to have internal vibration sensations. Other symptoms include back of knee swelling, poor concentration, altered taste, altered smell, and poor appetite.

Gadolinium cardiac MRI -> gadolinium enhancement in basal inferior segment of the left ventricle indicating likely LV fibrosis in a non-ischaemic distribution.

Cindy recalled collapsing (with chest pain) two weeks after her second Pfizer vaccine on 14/10/21. It was associated with the severe neck/occipital pain and a CRP of 33 – no troponin or BNP was done. This and gadolinium findings raise the possibility of vaccine-associated myocarditis. This was not recognised side effect at the time and was not investigated adequately.

Ongoing symptoms: Cindy notices palpitations whenever she is active, and that her HR increases from around 60 to >120 BPM. Many patients who have suffered cardiac side effects from the covid vaccine have co-existing neurological symptoms such as Cindy's.

Neurologist review:

Dr Rodrigues neurologist has stopped the occipital injections and has prescribed Endep but after getting the dose up to 20 mg, Cindy was couldn't continue it because of extreme somnolence. She then tried 5 mg Sandomigran. After the first dose, she felt unwell, and after the second dose, she had a severe headache and couldn't function, so she stopped it. She also can't tolerate any higher dose than 0.05 mg LDN at the moment, severely reacting to the 0.1 mg dose. She is able to take a single dose of NattoKinase. If she takes more, she gets small areas of what looks like bruising over her thighs – could be a mast cell type reaction. Although the neuropsychiatrist (referred by neurologist) has ruled out 'psychiatric' cause for her pain, unfortunately no report as to this effect has been forthcoming.

Medications: Levoxine 50 mcg daily, 0.05 mg LDN; **supplements:** Mag orotate 100 mg daily, bioVit C 1 gm BD, Nattokinase 400 FU. She couldn't tolerate the orudis or the pain medication from Dr Rodrigues



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Assessment:

- Prior to COVID and any vaccines, clear mould-related symptoms (heavy exposure at work)
- Probable COVID vaccine-related myocarditis with signs of LV fibrosis on gadolinium MRI
- Clear temporal relationship to Pfizer vaccines and occipital headache and ongoing debilitating long-vax symptoms
- Clinical post COVID vaccine re-activation of EBV (no documented deranged LFTs or EBV IgM)
 - Past CMV and EBV highly likely when lived in Sydney
- Ongoing severe inflammatory symptoms from long-vax and mycotoxin-related illness
- Ongoing severe undiagnosed occipital pain – periodic severe chest pain for 1x
- Hashimoto's hypothyroidism
- Cynthia does NOT have a functional neurological disorder (I don't agree with Dr Rodrigues)

Plan:

- MRI Brain with neuroquant and repeat sinus MRI
- Suggest organising 7-day ECG monitor
- Cardiology unlikely to be helpful at this point
- Continue 0.05 mg LDN – only occasionally increase to 0.1 mg
- Could be reviewed with respect to facet joint injection in cervical spine – still having pain
- Occipital nerve injection of depo-medrol/lignocaine likely not helping – not having further
- Continue gluten-free and only 2-3 meals a day
- Incorporate a vagal stimulation technique such as alternative nasal breathing

Kind regards,

Dr Georgina Hale