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PREMIUM HEALTH VIEWPOINTS

New Analysis of 845 COVID Jab-Related Leukemia Cases Sheds More Light on Post-Jab Cancer Uptick Warnings

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UPDATE: This article has been updated with details of three cases and details about patients' conditions, and an explanation on the jabs effects on DNA.

American pathologist Dr. Ryan Cole, founder of Cole Diagnostics, discovered an abnormal increase in certain cancer cases after the COVID-19 vaccines were introduced. Among the disturbing trends, was an unusual **increase** in some rare cancer cases. He believes this may imply that the COVID-19 vaccines have altered the people's natural immune system.

Cole is a pathologist, whose job is to view large numbers of pathological sections and provide pathology reports to clinicians, so he is a “doctors’ doctor.” He found that there had been a recent increase in the number of adults with childhood diseases and rare cancers, and that these rare diseases are rising at an abnormal rate and in abnormal age groups. At the same time, he also noted an increase in all-cause deaths among vaccinated individuals compared to unvaccinated individuals.

With professional sensitivity, Cole is troubled by these phenomena. And he is absolutely right, as we need to pay attention to these messages from the microscopic world.

What Cole is seeing is by no means isolated.

Recently, we received a large number of spontaneously reported cases of **leukemia** from mainland China, and all of the patients have the common characteristic of having been vaccinated with COVID-19 vaccines.

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PREVIEW

We seem to be seeing a similar phenomenon from China as Cole has reported. We would like to publish our findings here and call for an urgent worldwide attention about the adverse events of COVID-19 vaccine-caused hematological malignancies.

Final Analysis of 845 Post-Vaccination Leukemia Cases

As of June 4, 2022 at 10:00 pm EST, we had **received** two tables with a total of nearly 1,000 reports of post-vaccination adverse leukemia events. In our previous article, due to time constraints, we analyzed only **235 valid cases**. This time, we will provide an analysis of all cases.

After careful verification, we eliminated duplicate cases (some cases were reported in two different groups in order to increase the chance of being found

reported in two different groups in order to increase the chance of being found by people) and cases with incomplete information, and there are 845 valid cases left.

We adopted a rigorous and conservative approach, one which is accepted by the industry, to tally the data. For instance, if the time of onset of the illness in one case didn't have a precise date but only the month, we would provide some approximate and ambiguous data in a way which was least conducive to causality analysis.

The following is our comprehensive analysis of these 845 valid cases:

Gender Analysis

Fifty percent of the patients were male. The male predominance is consistent with the gender trend of leukemia incidence.

Age Analysis

The patients' age range was 1 to 80 years old, with a median age of 29 years old, and half of the patients were between 12 and 45 years old.

By observing the ages of onset according to disease classification, it was found that the ages of onset of acute myeloid leukemia (AML) and acute lymphoblastic leukemia (ALL) did not appear to be consistent with the background incidence of leukemia. For example, the median age was 37.5 years for AML cases and 32 years for ALL cases, which were much younger than background onset age of cases, 68 years for adult AML cases; or 70 years for adult ALL cases.

Geographic Distribution

The occurrence of leukemia is usually associated with local environmental pollution or radiation. However, these reported cases were found widely across 29 provinces and central government directly controlled municipalities in China, with no distinctive geographical features. The only common feature was the patients' prior vaccinations by COVID-19 vaccines, so this is a factor we focused on.

Vaccines

Among patients who were injected with one brand of vaccine(s), the vaccine produced by Sinovac Life Sciences Co., Ltd accounted for 39 percent, with the highest proportion; and the vaccine by Beijing Institute of Biological Products Co., Ltd. accounted for 12 percent. There are also some patients who received multiple vaccines from multiple brands.

Types of Leukemia

Among these leukemia cases, 49 percent were acute myeloid leukemia cases, followed by acute lymphoblastic leukemia at 32 percent.

Overall, 81 percent of the patients have acute leukemia.

The 11 percent of other types of blood malignancies include: myelodysplastic syndrome (n=23); multiple myeloma (n=7); chronic myeloid leukemia (n=9); lymphoma (n=24) including non-Hodgkin lymphoma or Hodgkin lymphoma; hemophagocytic lymphohistiocytosis (n=2); secondary myelofibrosis (n=1); myeloid sarcoma (n=1).

Examples of Cases

Case 1061: Male, 30 years old. On June 29, 2021 he received the first jab made by Sinovac Biotech, and on July 21, 2021 he took the second jab by Chengdu Biology. On September 6, 2021 he received the physical examination for college freshmen and found abnormal white blood cells, and was subsequently diagnosed with acute myeloid leukemia, M3. However, during the college entrance examination before jabs, everything was normal. He was also a usually healthy person. He hardly catches a cold or takes any medicine. He has not been allowed to eat junk food. Genetic and environmental factors are excluded in this case.

Case 717: Female, 38 years old. On August 3, 2021, the second injection by Sinovac Biotech was given. The next day, her right leg developed redness. The hospital doctor prescribed medicine for this. After a few days, it was better. Diarrhea started in early September 2021. On September 10 she went to a local People's Hospital; the doctor did not dare to admit the patient and transferred her to the provincial hospital. On September 15, she underwent bone puncture. On the 18th, she was diagnosed with acute myeloid leukemia, M2. On the evening of September 21st, she had a cerebral hemorrhage and passed away.

Case 747: Male 26 years old. On July 22, 2021 he received the first injection of Sinovac Biotech, on August 18, 2021 he took the second injection of Lanzhou Biotechnology. He had fever on November 9, 2021 and went to the hospital. He was found with high white blood cells on November 13, 2021 and transferred to the Second Hospital of Lanzhou on November 16 2021, where he was diagnosed with acute myeloid leukemia, M5 on November 17. He had no relief after receiving chemotherapy for five months, and passed away on April 2, 2022.

Temporal Association Between Vaccination and Leukemia

How long after vaccination were these patients diagnosed with leukemia? This is a critical piece of information.

We analyzed the data in detail: 51 percent of patients had symptoms or were diagnosed 102 days (median) after their second dose, with an overall range of 2 to 5 months. This is consistent with the onset of leukemia. The onset of leukemia involves a genetic mutation that does not develop in one day, so it is usually calculated on a monthly basis.

There are also some people who developed symptoms or were diagnosed about two months after receiving their third dose.

Patients' Conditions

As of June 4, 2022, when we received the reports, 77 percent of these leukemia patients were still being treated, 7 percent were awaiting transplantation, and 5 percent had passed away. A small number of people had given up treatment, normally due to financial reasons or too late to be treated.

3 Lines of Evidence Explaining Why Leukemia Occurs After Jabs

As we know, the main cause of leukemia is DNA mutation in hematopoietic cells.

There are three major lines of scientific data that could help people understand the rationale why leukemia is developed after receiving jabs.

Firstly, **spike protein impairs** the DNA self repairing mechanism. Swedish scientists found that the SARS-CoV-2 virus spike proteins would interfere with two major self-repair mechanisms of human cellular DNA: the non-homologous end joining (NHEJ) and homologous recombination (HR).

When both mechanisms are interfered with, the ability of the DNA to repair itself is significantly reduced, resulting in genetic mutations.

Secondly, SARS-CoV-2 can alter human DNA. A **study** published by the Massachusetts Institute of Technology showed that although SARS-CoV-2 is not a retrovirus, it is capable of altering human DNA.

There was a **clinical case report** found to be a clinical manifestation of acute myeloid leukemia after bone marrow aspiration after COVID-19 infection. The article's authors suggested that this was a worrying case.

Third, **as early as six hours** after the Pfizer mRNA COVID-19 vaccine enters human liver cells cultured in vitro the vaccine's mRNA could complete its

human liver cells cultured in vitro, the vaccine's mRNA could complete its “reverse transposition” within the cells and affect human genes, which serves as a direct evidence that mRNA vaccines can affect the human genome.

If the virus in an inactivated vaccine is not completely inactivated, its mRNA will still be present and may be inserted into the human genome and thus change the genes.

‘These Leukemia Cases Are Related to the Vaccines’ Is Not Convincing Enough?

After our preliminary analysis of the cases, some readers commented online that they too encountered leukemia cases after vaccination, either they themselves were the patients or their family members were. They tried to seek help from their doctors and asked if it might be related to the vaccines, but they did not receive any attention from their doctors.

A few people commented that there was no need to pay so much attention to these cases, while others considered it a smear campaign against China. One reader commented, “With a normal incidence rate of 30 in a million per year, since 1.2 billion people in China are vaccinated, it would be normal for 36,000 people to develop leukemia. We can’t rule out this situation, so it’s not convincing enough.”

I remember when I was working in a major international pharmaceutical company, if severe adverse events appeared after a new drug was launched in the market, we had to send our staff to visit the hospitals and the patients, regardless of whether or not their illness was related to the drug, as long as an adverse event had been reported. And finally we had to submit an investigation report to the pharmaceutical regulator. I once visited a patient by train and stayed up for two nights to learn about the case.

In this industry, this is called “due diligence.”

This is a matter of basic professional conduct and ethics, and the results of the final analysis are not important. What’s important is whether or not we have fulfilled our responsibilities, as well as the medical treatment of the cases.

Even if the leukemia incidence decreased, rather than increased, so what? Aren’t these 800 patients still alive? Aren’t their lives still in jeopardy?

Regardless of whether I was a doctor in the past or later a pharmacovigilance specialist in a pharmaceutical company, what I am most concerned about is whether there is a causal relationship between these 800 plus cases of leukemia and the vaccination. This is what we should do, as we value the people and their lives.

The key is that among these leukemia patients, there is a consistent pattern. That is, they have no history of exposure to radiation, no family history of hereditary diseases, and no geographical characteristics. The only thing they have in common is that they have all received COVID-19 vaccines, and in most cases, their symptoms appeared on average three months after their second dose. This is a very worrying pattern, just as concerning as the microscopic pattern observed by Dr. Cole.

And the issue is not over yet—mass mandatory vaccination is still in progress. If the vaccines are indeed linked to these adverse events, measures will have to be taken, or vaccinations will have to be suspended for some people. These are all perfectly normal measures. Just a year ago, there were at least two such incidents.

In March 2021, blood clots and even deaths after receiving the AstraZeneca COVID-19 vaccine were **reported** in several European countries. Within a week, Denmark, Norway, Iceland, and Bulgaria responded by suspending vaccination with the specific vaccine.

In October 2021, vaccination of young people with the Moderna vaccine in Northern Europe was **suspended** due to reports of increased risk of carditis due to the vaccine.

So please don't label our concern "political" or "overly suspicious." It is a proper act of health and medical care regulation and monitoring. Moreover, this vaccine is the first to be mandatorily administered on a massive scale worldwide, and it came into the market within just one year of development. The pharmaceutical and vaccine production industry had never taken such a risky move before, so how can we not pay attention to its possible side effects?

3 Natural Foods to Prevent and Improve Leukemia

So, if someone unfortunately suffers from leukemia, how can one treat it? And

what natural foods can help prevent leukemia?

Leukemia is usually treated by chemotherapy or transplantation. As we all know, the leukemia patient's white blood cells are affected by external harmful factors during their development process and undergo genetic mutations. As a result, they escape the normal cycle of cell life, and start multiplying indefinitely. The genes are the code of life, and the mutation of genes touches on some things in the nature of our life.

In order to change the abnormal state of our cells, besides taking medication, we need to use some more natural methods to improve our health.

As traditional Chinese medicine has always emphasized the homology of medicine and food, we will now introduce a few ingredients that have been found to be effective in improving leukemia.

Mangosteen (Xanthone)

There is an element in mangosteen called xanthone. In a [study](#) published in the Journal of Natural Products, the Gifu International Institute of Biotechnology in Japan showed that xanthones could induce apoptosis in leukemia cell lines.

The researchers studied six xanthenes and discovered that all of them showed growth-inhibiting effects on cancer cells. Among them, α -mangostin showed complete inhibition of leukemia cells at a concentration of 10 μ M. Moreover, it does not cause toxicity to normal cells.

Leukemia is an abnormal proliferation of blood cells that don't go through a normal apoptosis (cell death) so they proliferate endlessly. Further studies have found that α -mangostin can induce apoptosis in leukemia cells in as soon as three hours. However, it is worth noting that mangosteen is cold in nature and should not be eaten by people with a "deficiency-cold" constitution. It is also high in sugar, so diabetics need to be aware of this.

Almond Mushroom

Almond mushroom is also known as *Agaricus blazei* Murill (AbM). The Japanese discovered its anti-cancer and immunity-boosting effects and therefore developed many types of health food from it.

In 2017, a [study](#) published in *BioMed Research International* found that *Agaricus blazei* extract (Andosan) has the effect of inhibiting human leukemia cells.

It was discovered that the addition of 5 percent and 10 percent of Andosan inhibited the growth of cancer cells by 17 percent and 23 percent, respectively.

In a cell cycle study, the researchers cultured cells of different cell phases (sub-G1, G1, S and G2 phases) in the experimental group of 10 percent Andosan and the control group and observed the changes.

As we know, cell replication has cycles of birth, aging, illness, and death; and the same is true for cancer cells. It was discovered that the percentage of cells in the apoptotic phase (sub-G1 phase) was higher in the cells cultured with the addition of Andosan 10 percent, while the percentage of cells in the Growth 1 phase (G1 phase) was lower, suggesting that Andosan can induce apoptosis in cancer cells.

The ingredients in almond mushroom can also enhance the therapeutic effect of chemotherapy. So it will be more effective if we combine chemotherapy with dietary therapy.

Green Tea

Tea is one of the most popular beverages, and it's a healthy one. A [study](#) published in Nature Reviews Cancer showed that green tea extracts inhibited the formation and development of tumors in different organs in animal studies.

Green tea contains a large amount of catechins (including EGCG), which inhibit many hematological cancers. Catechins can act on multiple targets of cancer cells, inhibit cancer cell proliferation, enhance cancer cell apoptosis, and inhibit cell invasion, angiogenesis, and metastasis.

A characteristic of many natural drugs is their ability to act on “multiple targets.” Western medicines usually only work on a “single target.” This makes a big difference in their effectiveness.

A 9-year prospective cohort **study** of approximately 42,000 participants assessed the association between green tea and the risk of hematologic tumors. And this appears to be a very convincing study.

This study discovered that people, who drank one to five cups of tea per day, had varying degrees of risk reduction for leukemia, compared to those who did not drink tea. The risk of leukemia was significantly lower in those who drank five cups per day.

We need to pay attention to the water temperature when making green tea, as it should not exceed 80 °C, because too high a temperature may damage catechins and other substances in the tea.

We hope that these natural plant research data can help you prevent and treat leukemia. In addition, please also try to avoid contact with carcinogens and radiation, and limit your exposure to electronic devices.

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