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20 *MORE* Mechanisms of Injury (MOI)

How COVID 19 Injections Can Make You Sick...Even Kill You

$14.95

www.DrTenpenny.com

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What has not been done:

- **No drug interaction studies** - *can you safely take a covid shot when on prescription drugs?*
- **No vaccine interaction studies** - *can you safely take a covid shot with other vaccines?*
- **No toxicity studies** - *are the ingredients toxic in humans?*
- **No toxicokinetic studies** - *how long does mRNA, spike protein, or the anti-spike Ab last?*
- **No genotoxicity studies** - *do the shots damage your DNA?*
- **No teratogenic studies** - *do the shots cause birth defects?*
- **No carcinogenicity studies** - *do the shots cause cancer?*
- **No studies in pregnant women or children** - *why are we saying the shots are "safe" for these groups?*
- **No studies on post-natal effects on moms or newborns** - *what about nursing?*
- **No animal offspring studies** - *do the shots pass adverse events generationally?*

What the shots do not do:

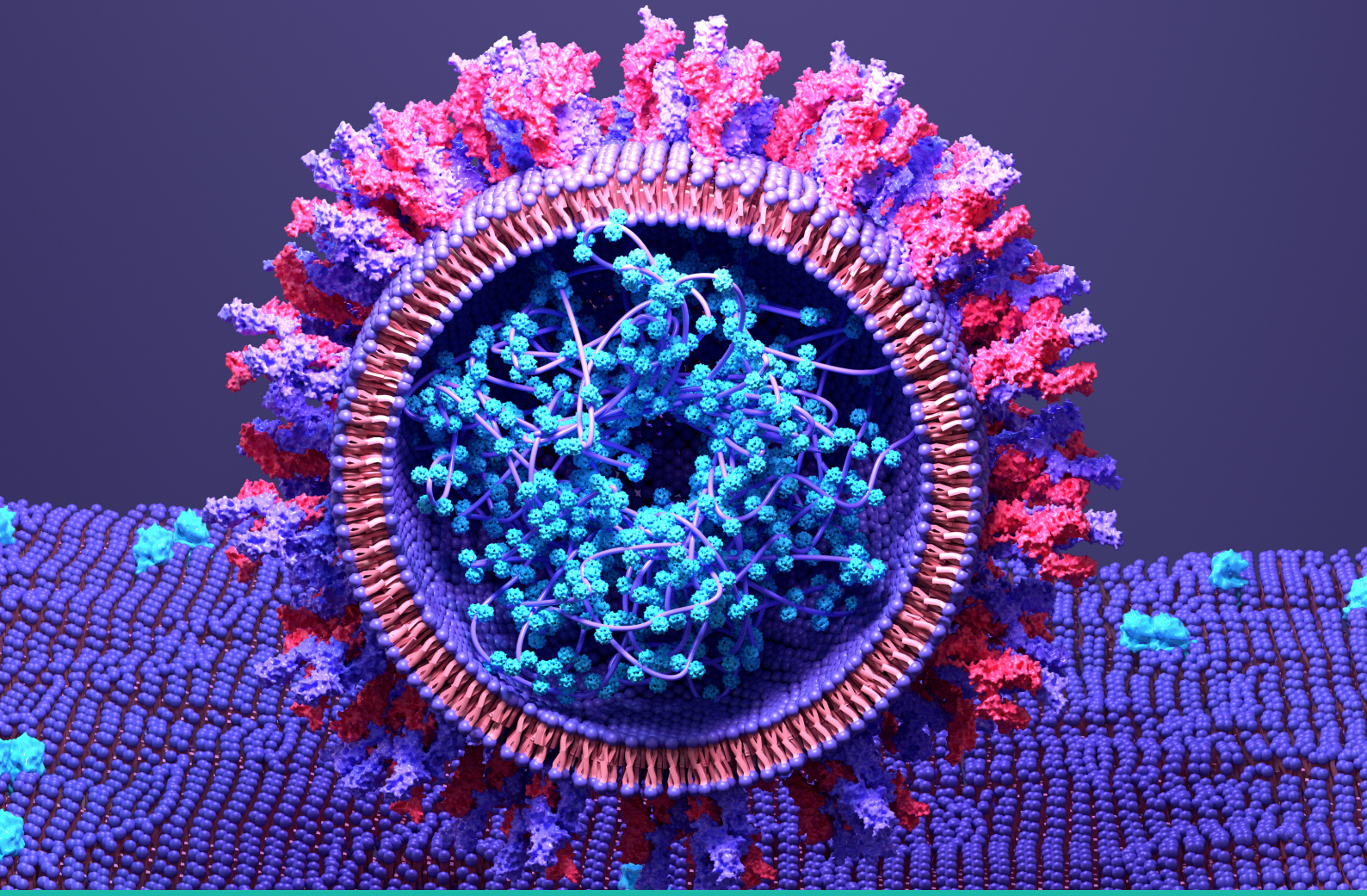
- Prevent you from becoming sick with COVID
- Prevent hospitalization
- Prevent transmission of COVID to others

MORE of what we do not know:

- What is being transmitted to un-injected persons that is making them ill?
- How long after a person is injected do they transmit these 'pathogenic particles'?
- What are the effects of lipid nanoparticles on lipid interfaces in the body?
- Do the lipid nanotech coats adhere to sperm as it does to ovaries?
- How long does the spike protein stay in circulation?
- Does the mRNA or the ds-DNA cross the placenta?
- What effect does the mRNA or ds-DNA have on the unborn fetus?
- How do spike proteins adversely affect fertility?
- Is the spike protein passed to infants through breast milk?
- Is the spike protein, mRNA, ds-DNA or other mutations passed generationally?
- *....this list could be endless.*

The MOI can be aggregated into 4 groups

- Group 1. **Acute reactions** (anaphylaxis, cardiac arrest, stroke)
- Group 2. Illness/Damage caused by the **spike protein**
- Group 3. Illness/Damage caused by **anti-S-antibody** (antibody against the spike protein)
- Group 4. Illness/Damage to the **immune system** (macrophage damage, ADE, more)



(MORE) SPIKE PROTEIN – RELATED INJURIES

WHAT IS AN ACE2 RECEPTOR?

Nuovo: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7758180/

Angiotensin-converting enzyme 2 (ACE2) is a membrane-bound enzyme that the spike protein of the SARS-CoV-2 virus binds to as a way to enter cells.

> Think of the spike protein as a "key" and the ACE2 receptor as a "lock" that has to be opened to allow the virus into the cell to replicate, or allow the spike proteins into the cell to cause damage.

ACE2 receptors are present in most tissues, including the nasal and oral mucosa (taste), blood vessels, red blood cells, lungs, kidney, heart, gastrointestinal (GI) tract, pancreas, ovaries, testis, and brain. Organs with the highest concentration of ACE2 are the microvessels in the brain, skin, liver.

- **MOI #3 -** spike proteins - cardiac damage
- **MOI #4 -** spike proteins: pulmonary artery hypertension

- **MOI #6 -** spike proteins: loss of BBB integrity
- **MOI #7 -** spike proteins: Amyotrophic Lateral Sclerosis (ALS)
- **MOI #8 -** spike proteins: frontotemporal lobe degeneration: (5 types)
- **MOI #9 -** spike protein, FUS gene in the brain and **cancer**

NEUROLOGIC INJURIES

MOI # 21 - Circulating S1 spike protein and brain damage

Nuovo: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7758180/

Neurologic complications of symptomatic COVID-19 are common. Brain tissues from 13 autopsies of people who died of COVID-19 were examined. In 13/13 brains from fatal COVID-19, pseudovirions (**spike, envelope, and membrane proteins without viral RNA**) were present in the endothelia of microvessels.....Circulating spike protein leads to diffuse microvessel endothelial (blood vessel) damage in the lung, liver, brain, and skin. It also leads to micro-encephalopathy (small blood vessel inflammation) in the brain with marked dysfunction in the nerves and a reduction of key nerve proteins.

Endothelial cell information: https://promocell.com/cell-culture-basics/endothelial-cells/

MOI # 22- Spike protein binds to the acetylcholine receptors (AChR)

Oliveira: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7889469/

Lagoumintzis: https://www.biorxiv.org/content/10.1101/2020.08.20.259747v1.full

The binding of spike proteins to these receptors disrupts the transmission of nerve impulses in muscles, possibly resulting in **tremors, spasms, seizures, irregular heartbeats**. Dysregulation of **the AChR receptors** could be a possible cause for the uncontrolled inflammatory responses in COVID-19. This could also explain other clinical manifestations of COVID-19 such as **anosmia** (**loss of smell**) and **thromboembolic complications** (**blood clots**).

MOI # 23 - Spike protein immune response against brain cells

Merchant: https://pure.hud.ac.uk/en/publications/might-post-injection-distribution-of-covid-vaccines-to-the-brain-

The bio-distribution of ChaAdOx1 (the AstraZeneca shot) in mice confirmed the delivery of the vaccine **into the brain tissue.** The vaccine may spur the brain cells to produce Covid spike proteins that may lead to an immune response against local brain cells, or it may spark a spike protein-induced thrombosis (blood clot).

PULMONARY - CARDIOVASCULAR INJURIES

MOI # 24 - Fatal Pulmonary Hypertension

Suresh: https://www.mdpi.com/2673-527X/1/1/4

> Spike proteins promote the growth of human lung vascular cells, leading to thickened pulmonary vascular walls and fatal disease pulmonary arterial hypertension (PAH).

MOI # 25 - Myocarditis

CDC – ACIP meeting (slide 17) - https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/03-COVID-Shimabukuro-508.pdf

> The FDA update followed a review of information and discussion at the CDC's Advisory Committee on Immunization Practices (ACIP) meeting on June 23, 2021the committee acknowledged 1,226 cases of heart inflammation in 16- to 24-year-olds and said mRNA COVID vaccines should only carry a warning statement.

Montgomery: **MILITARY** https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601

> In this case series of 23 male patients, including 22 previously healthy military members, myocarditis was identified within 4 days of receipt of a COVID-19 vaccine. For most patients (n = 20), the diagnosis was made after the second dose of mRNA COVID-19 vaccine.

Shay: https://jamanetwork.com/journals/jamacardiology/fullarticle/2781600

> The striking clinical similarities in the presentations of these patients, their recent vaccination with an mRNA-based COVID-19 vaccine, and the lack of any alternative etiologies **for acute myocarditis suggest an association with immunization.**

PULMONARY - CARDIOVASCULAR INJURIES

MMWR Report: https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e1.htm?s_cid=mm7031e1_w

> Overall, 8,383 (90.7%) VAERS reports were for non-serious events, and **863 (9.3%) for serious events, including death.** The median age was 15 years. The most commonly reported serious events were chest pain (56.4%), increased troponin levels (41.7%) [marker of heart muscle damage], myocarditis (40.3%), increased c-reactive protein [CPR} (30.6%), and ***negative SARS-CoV-2 test results (29.4%)***. These findings are consistent with a diagnosis of myocarditis.
>
> CDC reviewed **14 reports of death after vaccination.** All deaths were reviewed by CDC physicians; impressions: ***pulmonary embolism (two),*** suicide (two), ***intracranial hemorrhage (two)***, ***heart failure (one)***, hemophagocytic lymphohistiocytosis and disseminated Mycobacterium chelonae infection (one), and unknown or pending further records (six).

Diaz: https://jamanetwork.com/journals/jama/fullarticle/2782900

> Two distinct self-limited syndromes, **myocarditis and pericarditis,** were observed after COVID-19 vaccination. **Myocarditis developed rapidly in younger patients,** mostly after the second vaccination. Pericarditis affected older patients later, after either the first or second dose.

Kim: https://jamanetwork.com/journals/jamacardiology/fullarticle/2781602

> "7 patients with acute myocarditis were identified, of which 4 occurred within 5 days of COVID-19 vaccination: All 4 had received the second dose of a mRNA vaccine (2 received Moderna, and 2 received Pfizer) between 1 and 5 days before hospitalization."

VAERS Report as of 8.13.21 - https://tinyurl.com/56c936c7

402 cases heart damage after Pfizer covid injection in children under 18 years

" The striking clinical similarities in the presentations of these patients, their re

MOI #11 - Tissue-type cross reactivity

MOI # 26 - A long list of autoimmune diseases

Ehrenfeld: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7289100/

This very long paper, published in 2020, discusses the large number of autoimmune diseases linked to SARS-CoV2 illness. By 2021, most of the damage caused by the SARS-CoV2 virus has been linked to the spike protein and its ability to enter cells by binding to the ACE2 receptor. The COVID shots manufacture spike proteins. A [potential] consequence of vaccination consists of specific autoimmune reactions as the antibody to the spike protein attacks similar surface antigens on tissues throughout the body.

MOI # 27 - Autoimmunity associated with anti-spike antibody

Seniff, Nigh (pg 15): https://ijvtpr.com/index.php/IJVTPR/article/view/23/51

Antibodies with a high binding affinity to SARS-CoV-2 spike also have a high binding affinity with tTG (associated with Celiac Disease), TPO (Hashimoto's thyroiditis), myelin basic protein (multiple sclerosis), and several endogenous proteins.

(MORE) BLOOD DISORDERS

MOI #20 - Deadly blood clots

MOI # 28 - Spike protein cross-reacts with 60 human proteins

Kanduc: Thromboses and Hemostasis Disorders Associated with Coronavirus Disease 2019
https://www.thieme-connect.com/products/ejournals/pdf/10.1055/s-0041-1731068.pdf

> **The Possible Causal Role of Cross-Reactivity and Immunological Imprinting**
> 60 pentapeptides are shared between the SARS-CoV-2 spike protein and human proteins that— when altered, deficient, mutated, or improperly functioning— cause vascular diseases, thromboembolic complications, venous thrombosis, thrombocytopenia, coagulopathies, and bleeding

MORE REPORTS: Thrombocytopenia, blood clots, intracranial hemorrhage

- CDC – HAN: J&J shot: Cerebral Venous Sinus Thrombosis w/ Thrombocytopenia – 6 patients
  https://emergency.cdc.gov/han/2021/han00442.asp
- Greinacher: AstraZeneca: Thrombotic thrombocytopenia – 11 patients
  https://www.nejm.org/doi/pdf/10.1056/NEJMoa2104840?articleTools=true
- Schultz: AstraZeneca: Thrombosis with thrombocytopenia – 5 patient case reports
  https://www.nejm.org/doi/full/10.1056/NEJMoa2104882
- Cines: AstraZeneca: Vaccine-Induced Immune Thrombotic Thrombocytopenia (VIITT)
  https://www.nejm.org/doi/full/10.1056/NEJMe2106315?query=recirc_curatedRelated_article

- Sangli: Moderna: Thrombosis with Thrombocytopenia
- https://www.acpjournals.org/doi/10.7326/L21-0244

- Shimazawa: Pfizer: Disproportionately high incidence of fatal intracranial hemorrhagein Japanese women
- https://link.springer.com/article/10.1186/s40545-021-00326-7

- Lee: Idiopathic Thrombocytopenia (ITP) following Pfizer and Moderna vaccination
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8014568/

(MORE) INFERTILITY

MOI #5 - Infertilty

MOI # 29 - spike proteins: attach to sperm and eggs:

Morelli: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7941816

Syncytin - "Quite simply, syncytin is critical and without it, human life could never form." http://isciencemag.co.uk/features/the-syncytin-gene-viruses-responsible-for-human-life/

Lipid nanoparticle accumulation in ovaries – Pfizer: Organ distribution test – https://alschner-klartext.b-cdn.net/wp-content/uploads/2021/05/pfizer_Study_pharmacokinetics.pdf

MOI # 30 - Genetic modification of human DNA

Zhang: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8166107/

SARS-CoV-2 RNA and perhaps spike proteins can be reverse transcribed in human cells by reverse transcriptase (RT) – MORE PROOF OF GENETIC MODIFICATION BY THESE SHOTS

MOI # 31 - Concerns about male infertility

Bhattacharya: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8215312/

The testicular effects may impair Leydig cell, Sertoli cell, and sperm functions.

Wang: https://www.mdpi.com/2073-4409/9/4/920

These findings provide evidence that the human testis is a potential target of SARS-CoV-2 infection (and hence, spike protein).

Navara: https://www.frontiersin.org/articles/10.3389/fphys.2020.574761/full#B32

ACE2 human testes, epididymis, Leydig cells (testosterone production), Sertoli cells, and sperm. The expression of ACE2 is age-related, with a higher expression in patients aged 20–30 compared to 60yo+ patients that have reduced expression.

Basourakos: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8223018/

The effects of SARS-Cov-2 (spike protein) on spermatogenesis may linger months after clinical recovery from active infection.

NEUROLOGIC CONSEQUENCES – Spike protein not defined

MOI # 32 - Visual disturbances

Bohler: https://www.nature.com/articles/s41433-021-01610-1

The signs and symptoms of our patient were consistent with acute macular neuroretinopathy (AMN) in a 27yo femaie. An association between AMN and COVID-19 vaccination raises the question: is there a common immune-mediated pathway that can trigger this peculiar macular disease?

MOI # 33 - Miller Fisher Syndrome (MFS) – variant of GBS

Ehrenfeld: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7289100/

> Acute onset of external ophthalmoplegia (paralysis of eye muscles) is a cardinal feature. Ataxia (unsteady gate) tends to be out of proportion to the degree of sensory loss in feet and legs. Patients may also have mild limb weakness, ptosis, ptosis (unable to open upper eyelid), facial paralysis, or bulbar palsy (cranial nerve disfunction). Occasionally generalized muscle weakness and respiratory failure may develop.

MOI # 34 - Facial paralysis

Renoud: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2779389

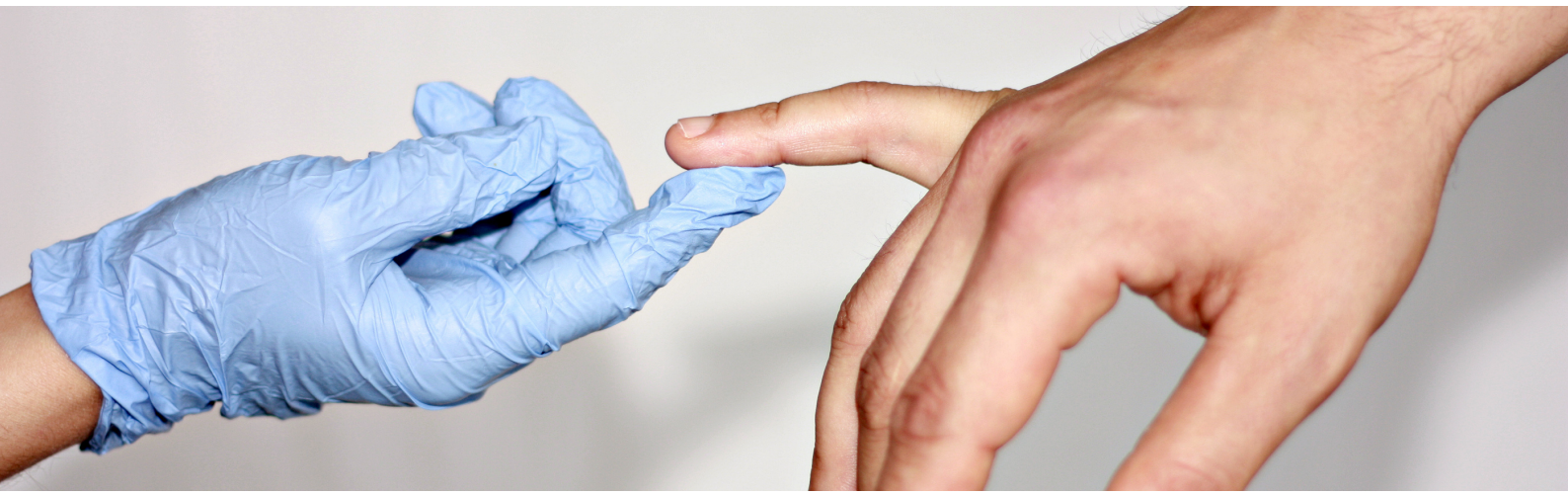
> As of March 2021 in the WHO pharmacovigilance database, identified among 133,883 adverse events 844 facial paralysis-related events were reported:
> - 683 cases of facial paralysis,
> - 168 cases of facial paresis,
> - 25 cases of facial spasms, and
> - 13 cases of facial nerve disorders (some co-reported in the same case).
>
> The breakdown included:
> - 749 cases after the **Pfizer-BioNTech vaccine**
> - 95 cases were reported with the **Moderna vaccine**

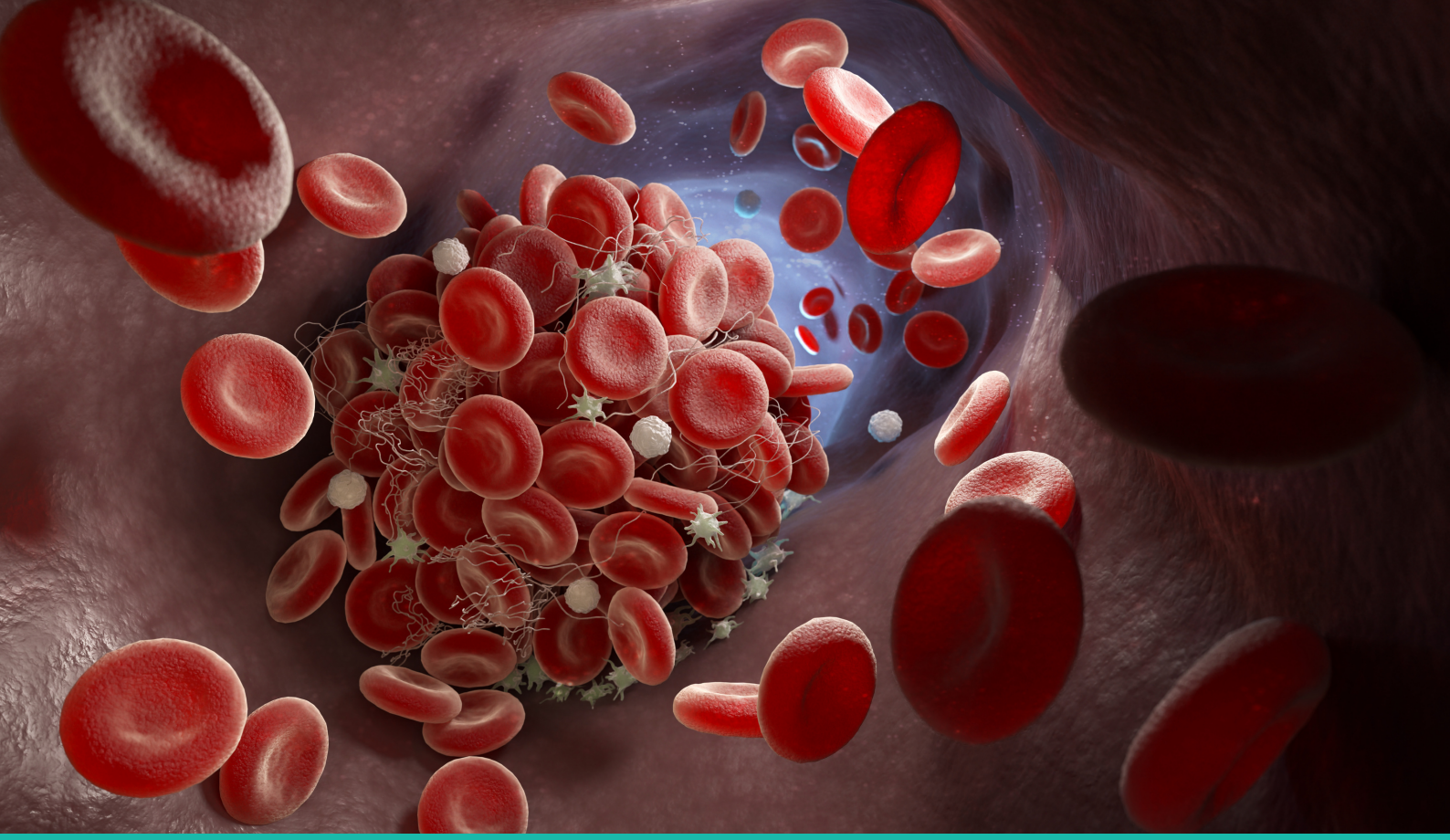
***CONCLUSION**: We did not detect any signal of disproportionality of facial paralysis for broad and narrow definitions vs other viral vaccines or vs influenza vaccines alone.* *(how can this be...?)*

MOI # 35- Multiple sclerosis

Havla: https://link.springer.com/article/10.1007/s00415-021-10648-w

> Initial onset of MS with brain lesions seen on MRI after FIRST Pfizer shot





POSSIBLE CHEMICAL POISONING

MOI # 36 - Poison Chemical

Kanduc: **Thromboses and Hemostasis Disorders Associated with Coronavirus Disease 2019**
https://www.thieme-connect.com/products/ejournals/pdf/10.1055/s-0041-1731068.pdf

SM-102

MODERNA: Contains SM-102, used to develop lipid nanoparticles for delivery of mRNA
Safety Data Sheet: https://www.caymanchem.com/msdss/33474m.pdf

Chloroform: https://byjus.com/chemistry/chloroform-uses-effects-environment/

- Generic name: 8-[(2-hydroxyethyl)[6-oxo-6-(undecyloxy)hexyl]amino]-octanoic acid
- Trade name: SM-102 in Chloroform

  o Chloroform is trichloromethane.
  o Suspected carcinogen
  o Suspected to damage fertility; known teratogenicity and developmental toxicity in the unborn child
  o When exposed to light and/or air, converts to phosgene, a highly poisonous gas
  o May cause anemia, cough, CNS depression, drowsiness, headache, heart damage, lassitude (weakness, exhaustion), liver damage, narcosis, reproductive effects, teratogenic effects.

- SM-102 is intended for **Research Use Only.** Not for human or veterinary diagnostic or therapeutic use.

MOI # 37 - Poisonous Chemicals

HBCD

JOHNSON & JOHNSON: Contains 2-hydroxypropyl-β-cyclodextrin (HBCD)
Safety Data Sheet: http://www.abmole.com/literature/2-hydroxypropyl-beta-cyclodextrin-msds.html

• HBCD is used for easier diffusion across biological membranes.
• Toxicological effects of this product have not been studied
• Carcinogenicity potential of this product has not been studied

HBCD is intended **for Research Use Only. Not for human diagnostic or therapeutic Use.**

POSSIBLE MAGNETIC TOXICITY/POISONING

MOI #38 - Possible graphene toxicity

https://particleandfibretoxicology.biomedcentral.com/articles/10.1186/s12989-016-0168-y
Graphene is an extremely thin two-dimensional layer of carbon atoms. The graphene-family of nanoparticles (GFN) can penetrate through the physiological barriers or cellular structures by different exposure ways or administration routes and enter the body or cells, eventually resulting in toxicity in vivo and in vitro. GFNs can induce acute and chronic injuries in tissues by penetrating the blood-air barrier, blood-testis barrier, blood-brain barrier, and blood-placenta barrier etc.

The toxicological mechanisms include inflammatory response, DNA damage, cellular death, tissue necrosis etc. This can lead to:

- Blood clots and coagulation
- Collapse of the immune system and subsequent cytokine storm
- Inflammation of mucous membranes, loss of taste ,and partial loss of smell. In the lungs, can lead to bilateral pneumonia
- Depletion of glutathione reserves

ACCORDING TO LA QUINTA COLUMNA, in Spain:
https://www.thecompleteguidetohealth.com/uploads/8/9/4/8/8948721/official_interim_report_in_english__university_of_almeria_.pdf

- The COVID vaccines in all their variants, Pfizer, Moderna, Johnson & Johnson,
- AstraZeneca, Sinovac, etc., were suspected to contain a considerable dose of graphene oxide nanoparticles.
- The masks being used can contain graphene oxide.
- PCR swabs for swabs and antigen testing may contain graphene oxide nanoparticles.

Srivastava: **Potential of graphene-based materials to combat COVID-19: properties, perspectives, and prospects** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7577689/

> Graphene and graphene-related materials (GRMs) exhibit extraordinary physicochemical, electrical, optical, antiviral, antimicrobial, and other fascinating properties that warrant them as potential candidates for designing and development of high-performance components and devices required for COVID-19 pandemic and other futuristic calamities. In this article, we discuss the potential of graphene and GRMs for healthcare applications and how they may contribute to fighting against COVID-19.

MOI # 39 - Possible creation of magnetic charges

Magnetite

Magnetic nanoparticles (MNPs) for biomedical applications are typically composed of a magnetic core. One of most commonly used MNP is magnetite. (Fe3O4)

The major advantage of magnetic manipulation is “remote control.” Magnetic labeling of cells with magnetic nanoparticles enables the manipulation of cells and also the control of cell functions by applying an external magnetic field. “Functional” magnetite nanoparticles were developed for cell manipulation using magnetic force, and the magnetite nanoparticles were applied to tissue-engineering processes, which are designated as magnetic force-based tissue engineering (Mag-TE).

Here are four uses of magnetite nanoparticles:

- Magnetic force-based gene transfer technique (magnetofection)
- Creating cell patterns using functional magnetite nanoparticles
- Micro-patterned magnetic field gradient concentrators, and
- Applications for creating of tissue-like constructs in skin, liver, and muscle tissue engineering.

RADIO-FREQUENCIES

MOI # 40 - Radiofrequency: Effect of 5G

Rubik, Brown: https://zero5g.com/wp-content/uploads/2021/03/Rubik-Brown-COVID-19-and-RFR-SUBMITTED.pdf

This is **the first scientific paper** documenting a link between the detrimental bioeffects of radiofrequency radiation (RFR) from wireless communication in particular 5G, and COVID-19. We conclude that RFR exacerbated the COVID-19 pandemic by weakening host immunity and increasing SARS-CoV-2 virulence by:

- Causing morphologic changes in red blood cells that may be contributing to hypercoagulation.
- Impairing microcirculation and hemoglobin levels exacerbating hypoxia.
- Amplifying immune dysfunction, including immunosuppression, autoimmunity, and hyperinflammation.
- Increasing cellular oxidative stress and the production of free radicals, exacerbating vascular injury and organ damage.
- Augmenting intracellular Ca2+ essential for viral entry, replication, and release; and
- Inducing heart arrhythmias and cardiac disorders.

CLOSING CONCERNS:

There is no benefit from these vaccines and as presented, the potential can be catastrophic to our children. There is no data to support this, yet only potential for downsides. In terms of our children, it is beyond establishing whether the risk is real. This demand to stop any vaccination of our children is based on no risk and thus no benefit.

If the spike proteins are not filtered out of the blood, the national blood supply may be contaminated by blood donations from those who are injected with COVID shots. US and international Red Cross must respond to this potential risk.

RE: Long-haul COVID - This syndrome likely represents a low-grade unresolved smoldering COVID infection with the ***same kind of spike protein persistence and clinical impact*** as is seen in many individuals after their COVID vaccinations (Mendelson et al., 2020; Aucott and Rebman, 2021; Raveendran, 2021).

INJURIES ASSOCIATED WITH SARS-CoV2 INFECTION

Most of these articles were published in 2020, before the large and growing amount of information became widely available about the COVID-19 injections.

Can these same syndromes and diseases be induced by the spike proteins, spike protein antibodies, and chemicals within the COVID-19 injections? Perhaps someday, we'll know the truth.

(partial) SOURCE RESEARCH:
http://orthomolecular.org/resources/omns/v17n15.shtml

1. Fatal neuro-invasion:
- Carossino: https://www.biorxiv.org/content/10.1101/2021.01.13.425144v2.full

2. The S1 protein of SARS-CoV-2 crosses the blood–brain barrier in mice
- Rhea: https://www.nature.com/articles/s41593-020-00771-8

3. Heart failure, heart injury, heart attack, myocarditis
- Chen: https://pubmed.ncbi.nlm.nih.gov/32227090/
- Swalha: https://pubmed.ncbi.nlm.nih.gov/32847728/
- Chen L: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7184507/

4. Increased venous and arterial thromboembolic events
- Ali: https://doi.org/10.1016/j.tcm.2020.12.004

5. Diabetes
- Yang et al: https://pubmed.ncbi.nlm.nih.gov/19333547/
- Lima-Martinez: https://pubmed.ncbi.nlm.nih.gov/33303218/

6. Neurological complications, including encephalopathy, seizures, headaches, and neuromuscular diseases. Also, hypercoagulability and stroke
- AboTaleb: https://pubmed.ncbi.nlm.nih.gov/32718292/
- Bobker and Robbins: https://pubmed.ncbi.nlm.nih.gov/32521039/
- Hassett et al: https://pubmed.ncbi.nlm.nih.gov/32847818/
- Hess et al. https://pubmed.ncbi.nlm.nih.gov/32378030/

7. Gut dysbiosis, inflammatory bowel disease, and leaky gut
- Perisetti et al: https://pubmed.ncbi.nlm.nih.gov/32807535/
- Zeppa et al: https://pubmed.ncbi.nlm.nih.gov/33324572/
- Hunt et al: https://pubmed.ncbi.nlm.nih.gov/33040064/

8. Kidney damage
- Han and Ye: https://pubmed.ncbi.nlm.nih.gov/32592501/

9. Impaired male reproductive capacity
- Seymen: https://pubmed.ncbi.nlm.nih.gov/33200417/

10. Skin lesions and other cutaneous manifestations
- Galli et al: https://pubmed.ncbi.nlm.nih.gov/33236439/

11. General autoimmune diseases
- Jacobs and Eichbaum: https://pubmed.ncbi.nlm.nih.gov/33274459/
- Liu et al.: https://pubmed.ncbi.nlm.nih.gov/33332890/

12. Liver injury
- Roth et al: https://pubmed.ncbi.nlm.nih.gov/33464757/

13. Pulmonary fibrosis
- McDonald: https://pubmed.ncbi.nlm.nih.gov/33355522/

14. Pulmonary hypertension
- Mishra: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7927547/
- Potus: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7414237/