



POST-VACCINE- SYNDROME

- Overview for Therapists -
(2nd Edition)

CONTENT

This document provides an overview of possible therapeutic approaches in the management of adverse events following Covid vaccinations. It provides guidance for educational purposes.

AUTHORS Scientists, medical doctors, dentists, alternative practitioners and homeopaths

Preamble

The accumulation of side effects after the introduction of Covid vaccinations poses new challenges for all therapists. In order to be able to help patients with vaccination side effects and to alleviate their complaints, several therapeutic approaches from the fields of orthodox medicine, naturopathy and homeopathy are now known.

With this compilation, an attempt has been made to unite this information and therapy protocols in one document. A number of different sources formed the basis for this. These can be found in the list of sources.

At this point, a big **THANK YOU** goes to all doctors, dentists, therapists, alternative practitioners, homeopaths and scientists who have provided their knowledge and experience. Hopefully, with this pool of information, a possibility can be created for many practitioners to help vaccine victims in a timely and targeted manner.

It can be assumed that rapid developments and new insights will emerge in the near future.

Remark:

All information can neither claim to be complete, correct nor up-to-date.

The team of authors has made every effort to compile important protocols and information in this document for the benefit of all affected people!

"The human being is an ingenious being and always forms a unique composition of body, mind and soul. May we be aware of this attitude in every therapeutic approach!"

The author team in December 2022

Table of contents

| | |
|---|-----------|
| 1. VACCINE SIDE EFFECTS CLINIC | 7 |
| 1.1. The different pathomechanisms of covid vaccinations | 7 |
| 1.1.1. Spike proteins | 7 |
| 1.1.2. Lipid nanoparticles | 7 |
| 1.2. The pathological effects of Covid vaccinations (short form) | 8 |
| 1.3. A 10-point programme to reduce corona vaccine side effects (short form according to CORMEA) | 8 |
| 2. LABORATORY DIAGNOSTICS | 9 |
| 2.1. General information on diagnostics | 9 |
| 2.2. Basic diagnostics | 9 |
| 2.3. Specific diagnostics for pathologies associated with vaccination (CORMEA) | 10 |
| 2.4. Special Laboratory Diagnostics - After Florian Schilling - | 10 |
| 2.4.1. Chronic endotheliitis | 10 |
| 2.4.2. Autoimmunity / MCAS | 10 |
| 2.4.3. Mitochondriopathy | 11 |
| 2.4.4. Neuroinflammation | 11 |
| 2.4.5. (Micro) clots | 11 |
| 2.4.6. Antioxidation | 12 |
| 2.4.7. V-Aids | 12 |
| 2.5. Laboratories in Germany (selection) | 12 |
| 3. LEADING SYMPTOMS | 13 |
| 3.1. Dermatology / Allergology | 13 |
| 3.2. Dentistry | 13 |
| 3.3. Cardiology | 13 |
| 3.4. ENT | 14 |
| 3.5. Interdisciplinary ENT and Pulmonology / Pneumology / Allergology | 14 |

| | |
|---|-----------|
| 3.6. Gastroenterology | 14 |
| 3.7. Interdisciplinary Orthopaedics / Rheumatology / Neurology / Pain Therapy | 15 |
| 3.7.1. Orthopaedics | 15 |
| 3.7.2. Neurology | 15 |
| 3.8. Ophthalmology | 16 |
| 3.9. Psychiatry / Psychosomatics | 16 |
| 3.10. Polyvagal theory / Paradoxical vagus reaction / "Vagus shock" | 17 |
| 3.11. Interdisciplinary GP internal medicine | 17 |
| 4. THERAPY-APPROACHES | 17 |
| 4.1. Basic therapy approach | 17 |
| 4.2. Therapy scheme | 19 |
| 4.2.1. Endotheliitis | 19 |
| 4.2.2. Autoimmune diseases / MCAS | 20 |
| 4.2.3. Mitochondriopathy | 21 |
| 4.2.4. Neuroinflammation | 22 |
| 4.2.5. (Micro) clots | 22 |
| 4.2.6. Antioxidation | 23 |
| 4.2.7. V-Aids | 24 |
| 4.3. Additional interventions | 24 |
| 4.3.1. Intestinal dysbiosis | 24 |
| 4.3.2. Specific GAC | 25 |
| 4.3.3. Odour disorders | 25 |
| 4.3.4. Small fibre neuropathy (SFN) | 25 |
| 4.4. Therapy Naturopathy | 26 |
| 4.5. Homeopathy | 26 |
| 4.5.1. Concomitant treatment with homeopathy | 26 |
| 4.5.2. Preventive measures and support for inner stabilisation in case of fear of illness | 26 |

| | |
|---|-----------|
| 4.5.3. Post-Vaccine-Strategie – Dr. Wurster | 26 |
| 4.5.4. Frequently used single remedies after Covid (abridged version according to Jens Wurster) | 28 |
| 4.5.5. Nosodes | 29 |
| 5. CONSTRUCTION THERAPY | 31 |
| 5.1. Psychology | 31 |
| 5.1.1. The 5 Principles of Biological Healing Knowledge (BHW) | 31 |
| 5.1.2. Psychotherapy | 31 |
| 5.1.3. Meditation and Co | 31 |
| 5.2. Micronutrients | 32 |
| 5.2.1. Micronutrients in concrete terms | 32 |
| 5.2.2. Micronutrient predators | 33 |
| 5.2.3. Micronutrient preparations | 34 |
| 5.3. Medication special | 36 |
| 5.4. Phytotherapeutics | 44 |
| 5.4.1. Spermidine | 44 |
| 5.4.2. Plants (superfoods to deactivate the spike protein) | 44 |
| 5.4.3. Tea recipes | 45 |
| 5.4.4. Oxymel | 46 |
| 5.4.5. Other phytotherapeutics | 46 |
| 5.5. Healing methods | 49 |
| 5.5.1. Intermittent fasting | 49 |
| 5.5.2. Deacidify and detoxify | 49 |
| 5.5.3. Non-invasive brain stimulation (NIBS) | 50 |
| 5.5.4. Magnetic field therapy (pulsating) | 50 |
| 5.5.5. Hyperbaric Oxygen Therapy (HBOT) | 51 |
| 5.5.6. Whole Body Vibration Therapy | 51 |
| 5.5.7. Cold hydrotherapy | 51 |

| | |
|--|-----------|
| 5.5.8. Medicinal baths for detoxification _____ | 51 |
| 5.5.9. Remove obstacles to healing _____ | 51 |
| 5.5.10. High altitude training - IHT _____ | 52 |
| 5.5.11. Oxyvenation - Intravenous oxygen application _____ | 52 |
| 5.5.12. Neurophysiology _____ | 52 |
| 5.6. Miscellaneous _____ | 52 |
| 5.6.1. Sport _____ | 52 |
| 5.6.2. Fluid intake _____ | 53 |
| 5.6.3. Forest bathing _____ | 53 |
| 5.6.4. Sauna _____ | 53 |
| 5.6.5. Eliminate interfering factors _____ | 53 |
| 6. ADDITIONAL INFORMATIONS _____ | 53 |
| 6.1. Short protocols _____ | 53 |
| 6.1.1. Short laboratory protocol _____ | 53 |
| 6.1.2. Short protocol for practitioners _____ | 54 |
| 6.2. Prevention _____ | 58 |
| 6.2.1. General prevention _____ | 58 |
| 6.2.2. Specific prevention _____ | 58 |
| 6.2.3. Prevention with CDL _____ | 58 |
| 6.3. Therapist Directory _____ | 58 |
| 6.3.1. MBV _____ | 58 |
| 6.3.2. Florian Schilling _____ | 59 |
| 6.3.3. MWGFD _____ | 59 |
| 6.3.4. ALETHEIA Scimed _____ | 59 |
| 6.3.5. Post-vaccine-syndrome Switzerland _____ | 60 |
| 6.3.6. Evidence of reason _____ | 60 |
| 6.3.7. "Vaccinated - now we're talking" initiative _____ | 60 |

| | |
|--|-----------|
| 6.4. Adjuvants & Co. | 60 |
| 6.4.1. Magnetic Beads (MB) | 60 |
| 6.4.2. Lipid nanoparticles (LNP) | 60 |
| 6.4.3. Polyethylene glycol (PEG) | 61 |
| 6.4.4. Graphene oxide (GO) | 61 |
| 6.4.5. Radioactive caesium | 61 |
| 6.4.6. Endotoxins | 61 |
| 6.4.7. Crystalline structures | 62 |
| 6.4.8. Other impurities | 62 |
| 7. ABBREVIATION REGISTER | 62 |
| 8. LIST OF SOURCES | 65 |
| 8.1. Florian Schilling | 65 |
| 8.2. C ORMEA - Corona Medical Alliance | 65 |
| 8.3. Dr. Alina Lessenich | 65 |
| 8.4. FLCCC - Front Line Covid-19 Critical Care Alliance | 65 |
| 8.5. DGName - German Society for Natural Products Medicine and Epigenetics | 65 |
| 8.6. Dr. Vladimir Zelenko | 65 |
| 8.7. Dr. Jens Wurster | 65 |
| 8.8. World Council for Health | 65 |
| 8.9. Dr. Andreas Kalcker | 65 |
| 8.10. Dr. Dirk Wiechert | 66 |
| 8.11. "Covid 19 - Prevention & Treatment" brochure | 66 |
| 8.12. Other | 66 |
| 8.13. Telegram channels | 66 |
| 9. DISCLAIMER OF LIABILITY | 67 |

1. VACCINE SIDE EFFECTS CLINIC

1.1. The different pathomechanisms of covid vaccinations

1.1.1. Spike proteins

The vaccine spikes are not - as originally announced by the manufacturers - eliminated by the body after a few days, but are still produced in the body for about 60 days after injection. They are still detectable in monocytes after 120 days. Spike proteins get into lymph nodes, brain, spleen, liver, intestine and settle in vessels, organs and nerves. They can still be the cause of inflammation and autoimmune diseases there 4-6 months later. They have also been found in lymph nodes 6 months later and also produce inflammation there, i.e. chronic irritation of the white blood cells, which drastically increases the risk of leukaemia.

Dr. Richard Urso (American ophthalmologist and specialist in drug development) names an inhibition of P53 (guardian of our genetic material) and of micro RNA 27a as the cause for the accumulation of colon cancer. The breast cancer gene BRCA and other important tumour repair genes are also disrupted. Furthermore, a disturbance of the toll-like receptors (no. 7 u 8) is described, which are responsible for controlling the immune defence against viruses. This makes it possible for viruses that are present in us, but are dormant, to trigger more diseases (e.g. shingles due to herpes zoster, mononucleosis due to Epstein-Barr virus).

Spike proteins weaken the body's natural immune system on the one hand and the natural repair mechanisms in the cells on the other - both mechanisms that significantly increase the risk of cancer.

Their long-term effects have not been sufficiently researched, i.e. they remain highly experimental. A drastic increase in miscarriages, hormonal disturbances and changes in the female cycle (e.g. heavy bleeding) as well as rapid deterioration and drastic premature ageing must be urgently clarified.

We speak of a POST-VACCINE SYNDROME (PVS). At this point we would like to point out that the overlaps with the symptoms of POST-COVID SYNDROME are manifold - especially since in many cases the same cause is present - the spike proteins.

Post-covid-syndrome and symptomatology lasting more than 4 weeks after corona infection are referred to as LONG-COVID. Here, effects on the endocrine system are described (hyperglycemia, thyroid dysfunction, gonadotropic axis). It remains to be clarified to what extent this also applies to PVS.

https://www.limbachgruppe.com/fileadmin/downloads/Arztinformationen/LaborAktuell/LaborAktuell_covid_Endokrinologie.pdf

1.1.2. Lipid nanoparticles

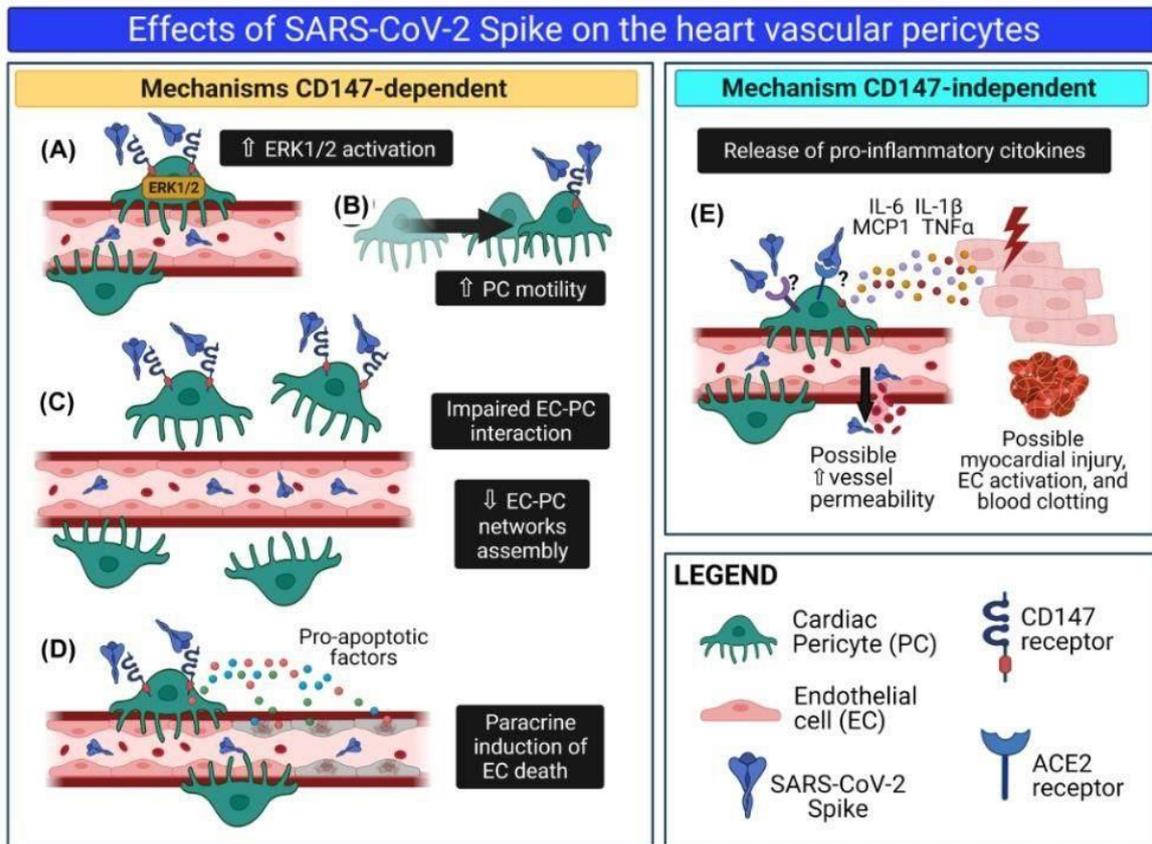
Lipid nanoparticles (LNP) can cause inflammation, oxidation and radical formation within 3 hours; their acute toxicity occurs about 72 hours after vaccination. They also do not remain at the site of injection and have a long-term influence on the disease process.

It is worth remembering that there will be an accumulation of (atypical) cancers in young people (down-regulation of P53), followed by dementia-like and neurodegenerative diseases (LNP - blood-brain barrier).

Dr. Urso explains the death of athletes who died suddenly in connection with the mRNA vaccinations as follows: LNP pass through the "tight junctions" by relaxing them during sport. They thus reach the cell wall of the heart. The pericytes produce abundant spike proteins, which spread through gap junctions in the heart and can lead to myocarditis (myocardial infarction).

Source:

<https://uncutnews.ch/arzt-erklaert-in-2-minuten-warum-so-viele-junge-geimpfte-beim-sport-sterben/>



In addition to these two causes of side effects, there are additional consequences due to other adjuvants, which are discussed in more detail in the additional information (under point 6 in this document).

1.2. The pathological effects of Covid vaccinations (short form)

- o Microclots
- o Endotheliitis
- o Mitochondriopathy
- o Neuroinflammation
- o Intestinal impairment

1.3. A 10-point programme to reduce corona vaccine side effects (short form according to CORMEA)

1. Immediate specialist clarification in case of neurological, cardiac or thrombosis symptoms, due to acute danger to life.
2. Promote blood circulation and oxygen supply, alleviate money roll formation with a) deacidification, b) plants and c) high-dose antioxidants and d) detoxification e) light exercise WITHOUT stress f) classical homeopathy according to the symptoms or non-specific organotropic e.g. Oxygen C12
3. Immediately reduce inflammation with antioxidants (high doses of Vit C, etc.) and herbal substances, possibly also cortisone and inuspherisis (blood washing to remove autoantibodies).
4. Strengthen mitochondria a) with sufficient sleep and deacidification, b) with mitochondrial orthomolecular therapy incl. adaptogenic plants.
5. Remove other known obstacles to healing such as other chronic inflammations or heavy metals - so that the body can regulate better, not forgetting deacidification and also detoxification infusions with glutathione.
6. Eliminate or treat other interfering factors that lead to increased sympathetic tone or vagal dystonia ("vagal uncoupling"), such as too much stress, electrosmog, consequences of trauma, etc.

7. Strengthen the parasympathetic nervous system, relax, keep warm and get enough good food, exercise and sleep.
8. Neurotropic therapies, as nerve and brain damage is often present
9. Strengthen healthy function of the immune system - improve intestinal symbiosis
10. Strengthen affected organs in their natural function

2. LABORATORY DIAGNOSTICS

2.1. General information on diagnostics

A major problem in diagnostics is that side effects are often difficult to confirm with findings. So far, only fine-tissue and immunohistochemical examinations of body tissue have a real "evidentiary character". However, these can be obtained by puncture or biopsy (caution: even with this method, false-negative results must be taken into account), which is usually only possible in exceptional cases or only during a dissection. The following can be observed in laboratory chemical examinations: In a retrospective examination of the test results of a selection of persons vaccinated against SARS-CoV-2, about 40% of these vaccinated persons showed **elevated D-dimers** over several months, indicating increased coagulation activation. In most cases, they remained clinically inconspicuous. Sometimes increased CRP values and ANA titres with different fluorescence patterns are found in the differentiation. Almost all patients examined show a decrease in T8 cells, especially Central Memory Tc cells (TCCMA) in the immune status. These cells have an important function in stimulating cellular defence. What is striking in post-covid syndrome and in post-vaccine syndrome is a **lack of general T-cell activation**. This constellation is usually found in autoimmune diseases. A so-called TH1/TH2 shift and a reduction in NK cells or their activity are also frequently seen.

If mast cell activation is suspected, histamine can be determined in the heparin blood or histamine degradation products in the acidified 24-h collection urine. To differentiate from classical mastocytosis, tryptase should be determined and diamine oxidase (DAO) should be determined to assess the rate of degradation. A marker for "real mastocytic relapses" would be the determination of **leukotrienes** in spontaneous urine.

Many patients show a **disturbance of the intestinal microbiome** after vaccination. Malcolonisation and zonulin/ or I-FABP elevation are particularly common. The **occurrence of agonistic autoantibodies** is almost proof of vaccination side effects. These agAAK are not part of the healthy immune system. In blood donors they occur with a prevalence of approx. 3%, in covid, post-covid and post-vaccine patients with a prevalence of approx. 85%. The determination is carried out in special laboratories (see laboratories under 2.5.), the costs often have to be borne privately.

2.2. Basic diagnostics

The basis of any investigation should be that only what has consequences for treatment is investigated.

- Differential blood count
- D-dimers
- CRP, ESR
- Iron metabolism (or Hb)
- Liver and kidney function
- Cortisol in serum (in the morning) in the case of suspected autoimmune-adrenal insufficiency
- TSH, T4
- Serum glucose, if necessary HbA1c in case of abnormalities
- With cardiac symptoms and/or dyspnoea Troponin, proBNP
- 25-OH vitamin D, better still measure ratio of 1.25 OH : 25 OH (should be < 1)
- Diamine oxidase (DAO) and histamine i.S. (Increased DAO, even with normal serum histamine concentration, can indicate increased mast cell activation with all the clinical consequences of mediator release).
- Possibly IgE, RAST (in allergic diathesis)
- Na, K, Ca, albumin, Mg (would be better intracellularly, but maybe not bad at the beginning).

- Homocysteine (Vit B 12 determination often does not bring much, if then measure methylmalonic acid). We would have to think about this further. Possibly KPU/HPU history. If positive, then activated folic acid (5-methyltetrahydrofolic acid) and active B6 (P-5-P) are necessary.

2.3. Specific diagnostics for pathologies associated with vaccination (CORMEA)

- CBC
- Lymphocyte differentiation Immunodeficiencies NK testing T-cell immunity (CD4 and CD8 cells)
- D-dimer, coagulation profile
- Risk of embolism, thrombosis (not clinically relevant) Functional exhaustion
- AK IgGNucleocapsid , IgGSpikeprotein, Th1/Th2 cytokine status
Detection of nucleocapsid protein antibody allows detection of previous disease even in vaccinated individuals, as this protein is not present in vaccination.
- Toll-like receptors: TLR 4, TLR 7, TLR 8
- Autoantibodies
e.g. anti HSO antibodies, HSP90 beta protein: risk of infertility
- Monocytes, reticulocytes, inflammatory markers
- Myoglobin (in urine)
- Non-specific cell-mediated immunity in the case of a disorder in the haematopoietic system
- Muscle loss
Additional information can often be obtained from the following studies:
- TNF-alpha (mast cell activation, general autoinflammation)
- IL-1 β , IL-4 (e.g. mast cell activation, general autoinflammation)
- VEGF (including endotheliitis)
- IL-6 (including mast cell activation and endotheliitis)
- LDH isoenzymes 1-5, ATP, ox. LDL, possibly BHI (according to Prof. König Magdeburg) BHI is quite special and quite expensive. In addition, it only provides information that something is wrong in the mitochondria, but not yet where the problem lies.
- Antibodies against S1- and S2-protein as well as against N-protein (would have to be discussed to what extent positive autoantibodies influence the therapy)
- Pathogen detection (reactivation, co-infections) would primarily be done anamnesticly or through kinesiological testing, e.g. with nosodes, etc. , make

2.4. Special Laboratory Diagnostics - After Florian Schilling -

| |
|---|
| Note: Values marked in bold are obligatory! |
|---|

2.4.1. Chronic endotheliitis

Evidence of an increase in relevant biomarkers:

- **VEGF**
- **IL-6**
- Interferon gamma (IFN- γ)
- **CCL5 (Rantes)**
- Interleukin 2
- Interleukin 4
- CCL3

2.4.2. Autoimmunity / MCAS

1. detection of specific auto-AK

- **GPCR-AK**

- Ganglioside-AK
- **TPO-AK, TRAK**
- **ANA, ENA, ANCA**
- **APLA, ACLA**
- GAD-AK
- TG-AK
- AMA/M2
- CCP-AK
- **ACE2-AK**
- Diabetic type 1 AAK (IAA, ICA, GAD65A)

2. detection of autoreactive nCoV2-AK

- - Positive serum challenge BHI (BHI before and after addition of patient serum)

3. mast cell activation syndrome (MCAS)

- Increased **histamine level** (serum) and/or
- Increased serum tryptase
- IgM-PEG-AK
- IgE-PEG-AK

2.4.3. Mitochondriopathy

Evidence of mitochondriopathy

- **LDH isoenzymes**
- M2PK
- **TKTL1 (in tumour patients)**
- Positive BHI
- Detection of autoreactive spike AK
- Nitrosative stress (methylmalonic acid (B12), etc.)
- Mitochondrial density/cell

Supplementary: proxy parameters of mitochondrial gene expression (e.g. Nrf2, PRARy, PGC-1a, mtDNA copy number, etc.).

CAVE: Autoreactive nCoV2 spike AK must be excluded. If positive, the procedure under autoimmunity is indicated !

2.4.4. Neuroinflammation

1. Evidence of **IDO/KMO** activity increase (caveat: exclusion of a Trp depletion required)
Alternative: Detection of increase in **quinolinic acid**
2. Evidence of neuronal damage: **NSE**
3. Optional: Detection of blood-brain barrier damage: S-100, zonulin (serum), alpha-1-antitrypsin (serum).

2.4.5. (Micro) clots

- **Positive finding for D-dimer**
- **Striking RDW**
- (Intermittent) thrombocytopenia
- Positive findings in endotheliitis
- Antiphospholipid-AK
- Complement activation (C3q, C4q)
- Elevated ferritin

- Elevated calprotectin

CAVE: Negative D-dimer findings do not exclude atypical amyloid clots!

Detection via TEG (thromboelastography)

Alternative: Probatory intervention nattokinase-SD (2000 FU/d)

If improvement: Continue, if necessary change to triple therapy (see below).

- Optional: oxLDL and hsCRP

2.4.6. Antioxidation

Initially, a pronounced oxidosis is likely after vaccination. This can be extended over time by the initiated pathomechanisms. Sufficient antioxidation is a key factor in overall stabilisation.

Positive finding of one or more of the following radical markers:

- **oxLDL (MDA-LDL)**
- **Lipid peroxides**
- Nitrophenylacetic acid
- Methylmalonic acid

Caution: The measurement of antioxidant capacity is unsuitable and provides an extremely high rate of false-negative results!

2.4.7. V-Aids

Recurrent infections, reactivation of latent/chronic infections, recurrent activity in oncological indications

Positive result in >2 of the following examinations:

- **NK activity** <10% and insufficient increase in activity due to IL-2 addition (<25%)
- **Th1 insufficiency** (IFN- γ , stimulated), often in combination with Th2 dominance (IL-4, stimulated)
- Neutralising spike IgG <10% of total spike AK
- Increased T-Reg
- Increased TGF- β
- CD profile: Quantitative deficit in cytotoxic cells and/or helper cells

2.5. Laboratories in Germany (selection)

The following laboratories offer special examinations and are therefore listed separately.

- | | |
|---|---|
| ○ Biovis` Diagnostik MVZ GmbH, Limburg | https://www.biovis.eu/de/ |
| ○ Berlin Cures GmbH, Berlin and Switzerland | https://www.berlincures.com/en/ |
| ○ Cell Trend GmbH, Luckenwalde | https://www.celltrend.de |
| ○ E.R.D.E. AAK Diagnostik GmbH, Berlin | http://www.aak-diagnostik.de |
| ○ IMD Berlin, Berlin | https://www.imd-berlin.de |
| ○ Limbach Group SE, Heidelberg | https://www.limbachgruppe.com |
| ○ MMD, Magdeburg | https://www.mmd-web.de/index.html |
| ○ DCL, Quedlinburg | https://www.deutsches-chroniker-labor.de/kontakt.html |

3. LEADING SYMPTOMS - according to CORMEA -

3.1. Dermatology / Allergology

- Idiopathic anaphylaxis or anaphylaxis after multiple trigger factors, including food, drugs.
- Worsening and/or new onset of type I to IV hypersensitivity reactions.
- Skin redness, facial redness, "flush syndrome".
- Urticaria
- Burning skin pain
- Swelling of the skin and mucous membranes in the sense of "angioedema"/"quincke edema".
- Itching
- Worsening/recurrence of acne
- Rosacea
- Worsening of psoriasis
- Worsening of atypical eczema
- New discolouration of the skin/marbling
- Circulatory disorders of the skin/Raynaud's phenomena

Pathogenetics

- Immunodeficiency/autoinflammation/AAC
- Antibody class switch
- Mast cell activation
- Pre-existing or newly triggered allergic diathesis
- Microcirculatory disorders
- Endotheliitis
- Complement activation

3.2. Dentistry

- Multiple, extensive aphthae
- Burning of the tongue, mucous membranes and lips
- Gingival hyperplasia
- Periodontitis (acute recurrences with rapidly progressing osteolysis)
- Herpes labialis (massive extension)
- Root caries
- Implant losses

Pathogenetics

- Immunodeficiency/autoinflammation/AAC
- Mast cell activation
- Microcirculatory disorders
- Endotheliitis

3.3. Cardiology

- Tachycardia, esp. supraventricular
- (New onset) cardiac arrhythmias
- Palpitations
- Hypotension
- Hypertension
- Presyncope

- Syncope
- Circulatory instability
- POTS

Pathogenetics

- Immunodeficiency/autoinflammation/AAC
- Mast cell activation
- Microcirculatory disorders
- Endotheliitis

3.4. ENT

- Dizziness
- Tinnitus
- Taste disorders/ loss of taste

Pathogenetics

- Mast cell activation/AAK
- Microcirculatory disorders
- Endotheliitis

3.5. Interdisciplinary ENT and Pulmonology / Pneumology / Allergology

- Hoarseness
- Pollinosis-like symptoms
- Tightness in the upper airways
- Laryngeal oedema
- Dry cough
- Obstructive breathing problems
- Asthma attacks
- Inadequate dyspnoea on exertion
- Resting dyspnoea

Pathogenetics

- Immunodeficiency/autoinflammation
- Antibody class switch
- Mast cell activation
- Pre-existing or newly triggered allergic diathesis
- Microcirculatory disorders
- Endotheliitis

3.6. Gastroenterology

- Retrosternal pain (oesophagus)
- Globe feeling
- Oesophagitis
- Gastritis
- Heartburn
- Nausea
- Diffuse abdominal pain, especially cramps in the middle abdomen and right lower abdomen
- Diarrhoea

- Colitis
- Malabsorption
- Hypercholesterolaemia
- Multiple food intolerances
- Splenomegaly

Pathogenetics

- Immunodeficiency/autoinflammation
- Antibody class switch
- Mast cell activation
- Pre-existing or newly triggered allergic diathesis
- Microcirculatory disorders
- Endotheliitis
- Intestinal dysbiosis

3.7. Interdisciplinary Orthopaedics / Rheumatology / Neurology / Pain Therapy

3.7.1. Orthopaedics

- Fibromyalgia/fibromyalgia-like complaints
- Arthritis-like symptoms
- Bone pain
- Muscle pain
- Muscle cramps
- Muscle weakness

Pathogenetics

- Immunodeficiency/autoinflammation/AAC
- Mast cell activation
- Microcirculatory disorders
- Endotheliitis

3.7.2. Neurology

- Headache, migraine or cluster headache that differs in intensity, quality and frequency from previous headaches
- Neuropathic pain
- Fasciculations
- Tremor (resting)
- Restless-leg-like complaints
- Peripheral distal sensory and/or motor neuropathy and par/dysaesthesia (especially burning pain)
- Small-fibre neuropathy
- Dysphagia
- Speech disorders
- "general slowdown"

Pathogenetics

- Immunodeficiency/autoinflammation/AAC
- Mast cell activation
- Microcirculatory disorders

- Endotheliitis
- Consecutive neuroinflammation
- Deposition of amyloid-like structures

3.8. Ophthalmology

- Visual disturbances
- Conjunctival irritation
- Sicca symptoms
- Glaucoma
- Hemorrhages (retina, conjunctivitis, vitreous body)
- Amyloid deposits with subsequent detachment of vitreous body and/or retina
- Thromboses
- Hyposphagma
- Optic neuritis
- Leather dermatitis

Pathogenetics

- Immunodeficiency/autoinflammation/AAC
- Mast cell activation
- Microcirculatory disorders
- Endotheliitis
- Consecutive neuroinflammation
- Deposition of amyloid-like structures

3.9. Psychiatry / Psychosomatics

Accompanying and not exclusively! We are dealing with a somatic clinical picture which has somatically caused psychological symptoms and can be accompanied by empathic psychosomatic therapy.

- Fears
- Panic
- Confusion
- Inner restlessness
- Sleep disorders
- Nightmares
- Depressive mood
- Aggressive mood/intolerance of frustration
- Alternation of manic and depressive phases (bipolar affective disorder)
- Suicidality

Pathogenetics

- Autoinflammation/AAK
- Mast cell activation
- Microcirculatory disorders
- Endotheliitis
- consecutive neuroinflammation
- Deposition of amyloid-like structures

3.10. Polyvagal theory / Paradoxical vagus reaction / "Vagus shock"

- "Chemical Decapitation"
- Decoupling central-peripheral communication and reaction patterns
- Socio-emotional-cognitive dissociation
- Solidification of the mind and body
- Centralisation of body function to vital organs with reduction of physical-psychological function to a rudimentary level (shock-> "survival mode")

3.11. Interdisciplinary GP internal medicine

- Performance deficit
- Memory disorders
- Word-finding disorders
- Concentration problems
- Extreme fatigue/exhaustion
- Exhaustion
- Subfebrile temperatures/FUO
- Weight loss
- Susceptibility to infection/reactivation of pre-existing infections
- Lymphadenopathy
- Wound healing disorders
- General autoimmune reactions/new onset or relapses of autoimmune diseases
- Non-specific blood count changes
- Coagulation disorders (both bleeding tendency and thrombophilia)
- Petechiae

Pathogenetics

- Immunodeficiency/autoinflammation/AAC
- Antibody class switch
- Mast cell activation
- Complement activation
- Disorders of the coagulation system
- Pre-existing or newly triggered allergic diathesis
- Microcirculatory disorders
- Endotheliitis
- Reactivated infectious diseases

4. THERAPY-APPROACHES

4.1. Basic therapy approach

This can be understood as a basic therapy for the side effects of vaccinations, as very many vaccinated people form PAY ROLLS in the vessels due to the adjuvants in the vaccinations or the spikes, as has been impressively shown in proving documentary videos. This means that the oxygen supply to the tissues in the small end-stream pathways is greatly reduced and there is a lack of oxygen there and at the same time an over-acidification, because the foreign substances and deposits cannot be transported away. In many cases, this over-acidification with additional foreign particles also creates small inflammatory foci in the blood.

These microcirculatory disorders can be recognised, for example, by general severe exhaustion, sudden depressiveness and listlessness, sudden weakening of concentration and memory in the sense of rapid brain degradation. Many reported dizziness, unsteadiness of gait and deterioration of the general condition.

In order to prevent or reduce this vicious circle, it has proven useful to start with intensive treatment with infusions:

In the standard first 5x deacidifying infusions with Nabi 8,4% 100 ml in 500 ml Ringer every 2-3 days plus 5 10 days at a stretch high dose Vit C 7,5 - 15 gr i.v. plus Oxygen C12 3x tgl. Should there be an improvement here, but it is not permanent, simply repeat this "cure" again. In the meantime, DO NOT eat fish or other heavy metals and additionally take linseed oil 3x1 tbspd, high-quality omega 3, and drink a lot of alkaline herbal tea.

Then continue oral administration of high doses of antioxidants and enzymes that also reduce inflammation in the body, such as:

- Vit. C (1000-2000 mg best prepared liposomally) - in case of severe side effects as daily infusions of 7.5-15 grams over at least 5 days, kinesiological (or other) testing of the individually necessary infusion duration is recommended (sometimes also 10-14 days!)
- Linseed oil 3 tbspd a day for 3 weeks after vaccination, omega 3 high quality
- Fresh blueberries 80 gr daily (anthocyanins)
- Aronia juice 2x8 tbspd daily diluted with e.g. organic apple juice plus water (anthocyanins)
- Plenty of fresh fruit or/and plant enzymes such as bromelain etc.
- Herbal. Vitamin E 600 IU daily for 5 mo after vaccinations
- A highly normal vitamin D level is to be aimed for, sometimes 2000 IU are required in the winter months and even more in the case of absorption disorders. A level check by a doctor or alternative practitioner is recommended after 3 weeks of intake.
- Since there are selenium and iodine deficiencies in many regions, which are important cofactors for many enzymes, spirulina, chlorella or kelp algae should be eaten (3x 2gr) and selenium 50µg tgl should be taken during the treatment, even without further level determination (which can also be wrong).
- Since vegetarians/vegans as well as the sick, the elderly and people with absorption disorders have a Vit-B12 deficiency (i.e. very many, most of them undetected, since serum levels remain normal for a long time), the administration of a high-dose Vit-B complex preparation is recommended (one should pay attention to the good bioavailability of the B vitamins).
- 1-3x / week Sauna, not too hot, but as long as possible. Approx. 70 degrees Celcius. Not too much, so that no exhaustion occurs. Please do not take cold showers, only lukewarm ones, and if possible cover up between sauna sessions so that the body does not cool down and becomes even warmer from the inside more quickly in the next sauna session.
- Promoting cerebral circulation (particularly useful for the elderly) with Gingko 500 mg 1x at night or 2x 120 mg retard plus the amino acid L-arginine 2x 750 mg.

Hint:

In the worst case, thromboses, embolisms, strokes and heart attacks as well as organ inflammations, such as myocarditis or testicular inflammations, can develop there, since the spike proteins can also produce vascular inflammations ON TOP by docking with the ACE receptors in the vessel walls and in the platelets (as well as in other organs, including the testicles and placenta). According to both German and American studies, more than 30% of those vaccinated show **increased levels of D-dimers** after the Corona vaccinations, which are a secure sign of clotting in the vessels that can become life-threatening if the body does not immediately "lyse" them again. Such side effects should be treated immediately in clinics.

A support by different homeopathics, which fit to the toxic and to the cause of blood circulation, is useful. For more details see 4.5. in this script.

Therapy scheme



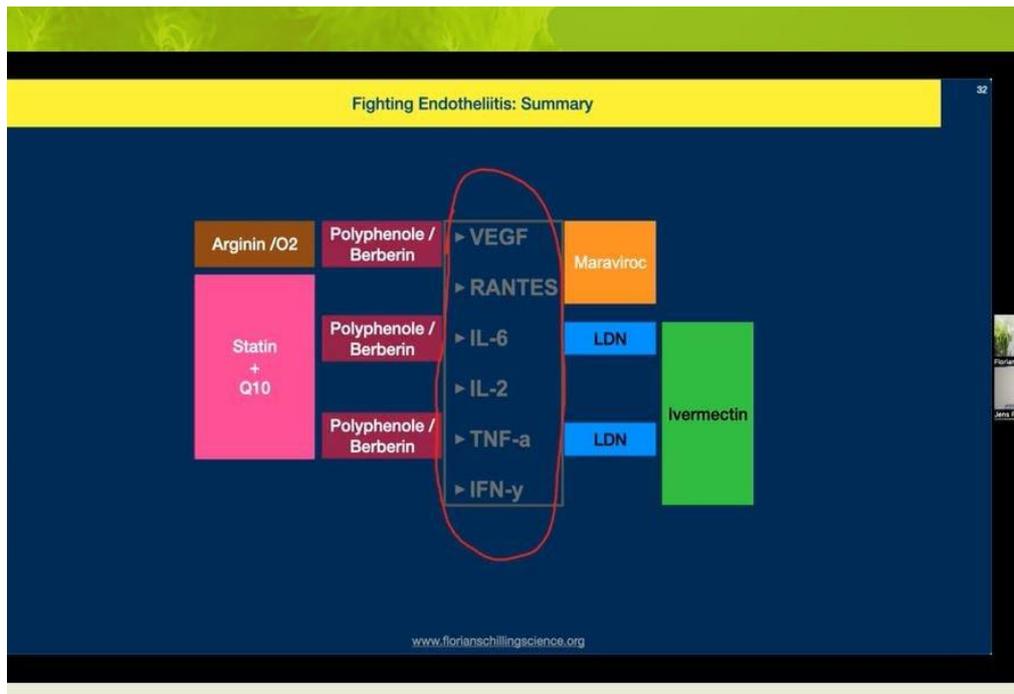
Klinik & Dink COVID 19 © Prof. Dr. Florian Schilling 2021

4.2. Therapy scheme - Intervention according to Florian Schilling -

4.2.1. Endotheliitis

- Any positive finding:
 - Serrapeptase 2x120,000 U/d
 - Polyphenols (Combined!): Resveratrol (500mg/d), Quercetin (500 mg/d), EGCG (2x 500mg/d), Liposomal Curcumin (100-200 mg/d).
 - Strengthen NO and prevent perfusion disorders (vasodilation): Arginine 50 mg/kg/d + vitamin C 20 mg/kg/d + VitB12
- Lack of improvement / Severity:
 - Statin with 10 mg/d (note Q10, concomitant 1 mg/kg/d)
 - In case of RANTES and/or VEGF positive findings: Maraviroc with 2x300 mg/d
 - Vedicinals® 9 1x1 ampoule per day
- IL-6: LDN (Low Dose Naltrexone) with 1 - 1.5 mg/d, supplementary or alternatively ivermectin with 0.2 mg/kg/d
- Accompanying: Accelerate spike clearance
 - NAC (50mg/kg/d) + Artemisinin (2x50mg/d)
 - Alternative: CDL Protocol C over 3 weeks
 - In addition to 4.1 + 4.2, ivermectin can be used (especially useful after breakthrough infection), 0.2 mg/kg/d for 3 weeks.

Supplement: VEGF inhibitors: berberine, Cordyceps spp., EGCG, Glycyrrhiza spp., Polygnum spp. and others.



4.2.2. Autoimmune diseases / MCAS

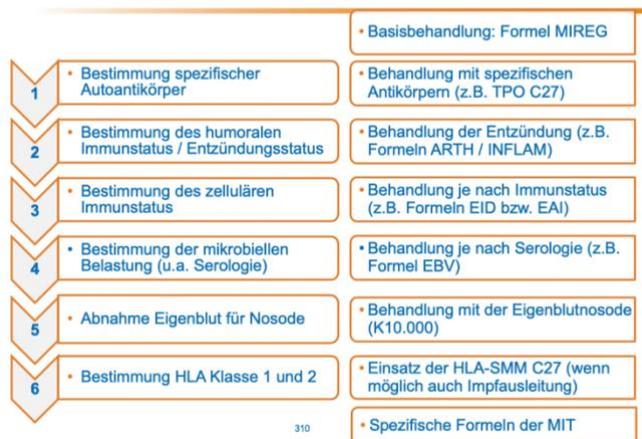
1. Dexamethasone 20 mg/d
2. Secondary plant substances
 - 2.1. Polyphenols 3x5/d
 - 2.2. Silent Immune 3x2/d
3. Apheresis 2x/week over 2 weeks (optimal: inuspheresis)
4. Alternative to apheresis: Rituximab 2x1000 mg at intervals of 2 weeks.
 - 4.1. Observe concomitant medication
5. There is increasing positive experience with microimmunotherapy
6. Specific antidotes:
 - 6.1. GPCR-AK are antagonised by maraviroc (cf. endothelitis)
 - 6.2. ACE2-AK: Sartans
7. MCAS: Combined administration of antihistamines
 - 7.1. Desloratadine 1x10mg/d (o. Rupatadine)
 - 7.2. Famotidine 2x20mg/d; if necessary, compensate hypoacidity with betaine HCl to prevent dyspeptic complaints.
 - 7.3. Absolute PEG abstinence (contained in care products, medicines, detergents, etc.)

Supplement: low histamine diet / montekulast 10 mg/d / omalizumab / chromoglycine ointment / quercetin / luteolin / vit C / curcumin lipos.

8. Re-determination of auto-AK after completion of apheresis or 2 weeks after completion of rituximab.
9. AK-negative findings:
 - 9.1. Adjustment of the dexamethasone dose, if possible dose reduction (10mg - 5mg - discontinuation test)
 - 9.2. Continuation of the secondary plant substances for > 2 months
10. AK-positive findings:
 - 10.1. Repeat apheresis until an AK-negative result is achieved.
 - 10.2 Alternative: Increase dose of dexamethasone to <100mg
 - 10.3 Alternative: Wh. Rituximab analogue (4.)
 - 10.4. After achieving an AK-negative result, proceed analogue (6.)

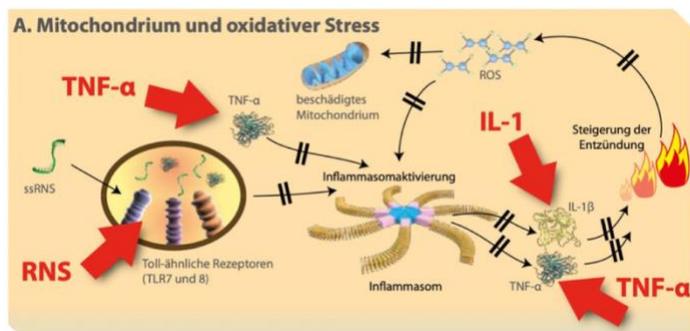
Supplement: Overview of regulation of autoimmune reactivity/normalisation of immune function through phytotherapy: rose root, tragacanth, cordyceps spp.

Praktische Vorgehensweise bei Autoimmunerkrankungen in der Mikroimmuntherapie



4.2.3. Mitochondriopathy

1. Mitochondrial micronutrients, e.g. Mitochondria Formula Sport 2x2/d
2. Activation of the mitochondria
 - 2.1. Polyphenols 3x3/d
 - 2.2. Melatonin 20-50mg/d
 - 2.3. PQQ and Q10 in combination (ratio 1:1), total dose for both together 1 mg/kg/d
 - 2.4. NAC > 1,200 mg/d (note DAO inhibition in MCAS)
 - 2.5. Liposomal glutathione (150 mg/d) with phospholipids
 - 2.6. Tagatose + galactose (e.g. TAGA mix)
 - 2.7. Alternatively or additionally:
 - 2.7.1. IHHT 2-3/week (start carefully)
 - 2.7.2. Medicinal mushrooms, e.g. vital mushrooms 2x2/d
 - 2.7.3. HBO 1-2/week (optimal: 2.0 atm with 100% O₂)
 - 2.7.4. Butyrate 2-3x500 mg/d
3. Follow-up of positive markers after 6-8 weeks with adjustment of measures (1.+2.)



Supplement to mitochondrial strengthening with:

- Enough sleep and deacidification
- Saturation of any existing vital substance deficiencies
- Regular light exercise without strain
- Mitochondrial orthomolecular therapy incl. adaptogenic plants

- Oxygen deficiency due to vascular inflammation and gel roll formation as well as chronic inflammation weaken the energy production of the mitochondria as well as their services for gene repair in the case of cell division damage.
- Continue to support mitochondrial function with the above measures plus
- Vit. B complex high-dosed 30-100 mg
- Curcumin lipos. 2-3x tgl. 700 mg
- Resveratrol 50-150 mg
- Quercetin, 2x100 mg
- Vit B12 500-1000 µg, best taken as methyl cobalamin (orally) or S-adenosyl cobalamin.
- Folic acid 1-2.5 mg/d
- Ubiquinone, coenzyme Q10 approx. 2- 3x100 mg).
- Injections intravenously with Vit B12 1mg plus 20 mg folic acid plus
- Infusions with Vit B complex, L-carnitine 2x1000 mg, L-taurine 2x1000 mg, phenylalanine 1000 mg, acetyl-thyrosine 1000 mg approx. 1-2 times/week for 4-12 weeks.
- Amino acid therapy as tablets or infusions with e.g. L-carnitine 4x500 mg, L-tryptophan, L-lysine, L-arginine, L-phenylalanine

4.2.4. Neuroinflammation

1. Basic measures
 - 1.1. Polyphenols 3x3/d
 - 1.2. Melatonin 20-50 mg/d (can be increased to <2 mg/kg bw).
 - 1.3. Artemisinin 2x50 mg/d
 - 1.4. Magnesium high dose (e.g. 4x250 mg/d)
 - 1.5. Benfothiamine (e.g. Milgamma) 300 mg/d
 - 1.6. Liposomal glutathione and phospholipids
2. In severe cases (massive **brain fog**, tinnitus, dizziness, **fatigue**)
 - 2.1. Intranasal therapy
 - 2.1.1. 2 mg dexamethasone 2x/week
 - 2.1.2. Optional additional: 20 IU short-term insulin 2x/week
 - 2.2. NMDA antagonists
 - 2.2.1. Dextromethorphan 4-20 mg/d
 - 2.2.2. Alternative: memantine 10-20 mg/d
3. For Trp depletion
 - 3.1. 5-HTP (200 mg/d)
 - 3.2. Metabolic cofactors
4. Supportive therapy
 - 4.1. Change of diet to a **ketogenic diet**
 - 4.2. Intermittent fasting
 - 4.3. Exogenous ketone bodies
5. Follow up of positive markers after 4 weeks
 - 5.1 In the event of a favourable course:
 - 5.1.1. phasing out IN therapy
 - 5.1.2. continuation of 1. and 4. for > 3 months

Supplement: complementary and additionally Scutellaria baicalensis and Chelidonium majus

4.2.5. (Micro) clots

1. D-dimer positive:
 - 1.1. Nattokinase NSK-SD with 2000 U/d
 - 1.2. Serrapeptase 2x120,000 U/d
 - 1.3. Eliquis 2x2.5 mg/d
 - 1.4. Insufficient improvement: Vedicinals® 9 1x1 ampoule per day
2. D-dimer negative:
 - 2.1. Use points 1.1. + 1.2. on a trial basis, continue if there is an improvement.
 - 2.2. Alternative: TEG to exclude amyloid clots

3. Parallel to 1. and 2. general supportive therapy
 - 3.1. Strengthen NO and prevent perfusion disorders (vasodilation): Arginine 50 mg/kg/d + Vit C 20 mg/kg/d, B12
 - 3.2. Intravascularly effective antioxidants
 - 3.2.1. Oral Vit C 3x1000 mg/d, alternatively 2-4/wk 5-7.5g iv.
 - 3.2.2. Liposomal glutathione 150 mg/d
 - 3.3. Optional: O2 (i.v. via oxygenation or HBO); *CAVE: IHHT not effective in this respect.*
4. Positive result RDW: Isovolaemic phlebotomy + nattokinase (see above).
 - 4.1. Normal Hb: 500 ml
 - 4.2. Limit/Decreased Hb: <250 ml, Wh if applicable.
 - 4.3. Parallel bone marrow support, e.g. Haematogen®/Moferrin® (iron) + B-complex
 - 4.4. Optional: O2 (iv or HBO)
5. In severe cases (high risk potential, relevant previous diseases, history of apoplexy/CHD): HELP apheresis

Note: In vaccinated persons, circulating spike exosomes have been detected even after 4 months, so the period of prophylaxis should be correspondingly generous. Apheresis can significantly shorten the required period of thrombosis prophylaxis.

Addition:

Schuessler salts no. 3 and 4 and homeopathic Bothrops can help dissolve thrombi.

Supplementary recommendation for microclots (Dr. Thomas Rau): NAC 1000-1200mg, Aspirin 2x500 mg, Glutathione 500-1000mg daily, Mucokohl D5 Tr. or Tbl (Sanum) 2-/tbl. Omega 3 fatty acids, Alkala, Fa. Sanum, Vitamin C 2000m/tgl.

4.2.6. Antioxidation

1. Oral therapy
 - 1.1. NAC 2x50 mg/kg bw/d; Caution: In histamine intolerance or mast cell syndrome, concomitant medication with histamine blockers is necessary, as DAO activity is reduced.
 - 1.2. Vit C 3x1000 mg/d
 - 1.3. PQQ u Q10 > 3x20 mg/d (optionally in combination with PQQ >20mg/d)
 - 1.4. Vit E 10-20 mg/d
 - 1.5. ALA 2x300 mg/d
 - 1.6. Melatonin >20 mg/d
 - 1.7. Benfothiamine 300 mg/d
2. In case of high radical load Initial infusion therapy
 - 2.1. Implementation < 3x/week
 - 2.2. Vit C < 7.5 g as short infusion
 - 2.3. Glutathione 50 mg/kg bw as injection Caution: exclude sulphur intolerances in advance by microdoses.
 - 2.4. Optional: NAD with > 5 mg/kg bw

Addition:

Reduce inflammation with antioxidants and herbal substances, possibly also give infusions and cortisone.

- Anti-inflammatory enzymes such as bromelain (pineapple enzyme), trypsin, pancreatin, chymotrypsin, beta1 glucans, etc.
- Anti-inflammatory plants such as boswellia serrata, berberine, lemon balm, fennel, etc. best after BMS-analytical/BMS-kinesiological or e.g. radiesthetic testing.
- Zinc orotate / zinc picolinate / zinc aspartate or zinc citrate 25-30 mg/d for 6 wks.
- Normalise Vit D levels, take Vit D throughout the year (also for children, 2000- 4000 IU per day are very well tolerated by most people and stabilise the immune system and contribute to healthy thyroid and nerve function, check after 3 wks.

- Selenium at least 50 µg best bound to yeast or as selenomethionine 2x1 daily for 10 days, then 1x1 for 10 weeks (selenium helps over 200 enzymes in the body and selenium deficiency is common in the population), higher dosage for thyroid problems, initially sodium selenite is absorbed more quickly.
- Manganese approx. 15 mg daily 4 Where available e.g. as manganese bisglycinate, activates the superoxide dismutase SOD 2, product: SOD complex, Nahani Company.
- Anti-inflammatory teas; lemon balm tea, fennel tea, camomile tea, willowherb tea.
 - Pomegranate juice and aronia juice each approx. 8 tbsp/d
 - Increase dose of vitamin C, preferably liposomal 3-5x1 gr tgl.
 - Melatonin 1-3-5 mg at night approx. 9 pm, depending on the severity of the symptoms.
 - L-tryptophan for food allergy sufferers, MCS sufferers, vegetarians and vegans 3x 250-500 mg (there are often deficiencies) - important for healthy T-cell and leukocyte function.
 - For inflammatory processes: better 5HTP (note kynurenine metabolism).
 - Linseed oil 3x1 tbsp, stir into yoghurt or quark if necessary or mix into smoothie, take Omega 3!
 - In difficult or severe courses, possibly also use CORTISON at an early stage to prevent autoimmune developments or to alleviate their symptoms (specialist).

4.2.7. V-Aids

A generally valid medication is not possible here. Beyond basal measures, potential drug candidates should be identified in advance through appropriate in vitro testing.

1. Basal stimulation
 - 1.1. Colostrum, transfer factors
 - 1.2. BioBran (MGM-3) with 2x1000mg/d
 - 1.2.1. Follow Up: Increase in NK activity: beta-glucans, transfer factors!
 - 1.3. Vit C 2x1500 mg/d
 - 1.4. NAC with 50 mg/kg bw/d
2. In vitro identification of individual immunostimulants (*CAVE: The following cell approaches are conventionally referred to as "inhibition tests", as the regular indication is chronic inflammatory processes, i.e. an immune-inhibiting effect is aimed for. Here, a contrary interpretation is indicated*).
 - 2.1. NK activation test (target value: >25%)
 - 2.2. IFN-γ release test
 - 2.3. IL-4 release test
 - 2.4. TNF-alpha release test
 - 2.5. *Alternatively to 2.2-2.4:* Effector cell typing (release of IFN-γ, TNF-a, IL-10 and IL-2 on an agent).
 - 2.6. Classic immunomodulators respectively: Vit C, zinc and quercetin, curcumin lipos., Vit D (VDR and ratio 1.25 OH and 25 OH check), polyphenols, transfer factors, colostrum, medicinal mushroom extracts, mistletoe extracts, supplement: beta glucans, thymus preparations, Utilin S and Utilin H (Sanum), BioBran, AHCC, S-acetyl glutathione
3. There is increasing positive experience with microimmunotherapy.

4.3. Additional interventions

4.3.1. Intestinal dysbiosis

Strengthening the intestinal immune system is important and is promoted by:

1. Allergen avoidance (observe food intolerances, e.g. Pro Immune M Test)
2. Therapeutic fasting (3 -5 days)
3. Acidification of the upper small intestine to promote colonisation with immunologically favourable germs with lactic acid vegetable juice 3x 100 ml daily.
4. If there are too few lactobacilli, start with the symbiosis control/intestinal rehabilitation (diversity).
5. Symbiosis control, e.g. with Colibiogen (intestinal cleansing) - better only according to indication or after stool flora analysis (e.g. Biovis).

6. Inflam
7. Probiotics/prebiotics= synbiotics (diversity) - intestinal flora build-up: Pro Human (Nahani Company), Pro Emsan and Probasan complete (cell symbiosis therapy, Tisso Company), nucleotides (Mitocare Company) as a supplement for severe problems.
8. Preparations with lacto- and bifido-strains (avoid histamine pictures)
9. L-glutamine to reduce permeability/leaky gut, supplementary zinc
10. Low histamine and low gluten diet
11. sugar-reduced diet!
12. If alpha-gal syndrome is suspected, reduce dairy products, sugar and red meat.
13. Preparations for leaky gut: Pro Mucosa, Pro Präbioma (Tisso), Mukosa Repair (Natugena)
14. In case of Candida overgrowth, e.g. after antibiotic therapy, first CandiOff, Nahani, then intestinal flora build-up, e.g. also with Omnibiotic 10.
15. Barley grass juices
16. For chronic inflammatory bowel diseases: Phosphatidylcholine, BodyBio, Activomin (humic acid), Kijimea, Omnibiotic SR9, Pro Human (Nahani), Aloe Vera (Puravita).

4.3.2. Specific GAC

AT1 antagonists / ACE inhibitors / alpha-blockers / β -blockers / calcium channel blockers and, if applicable, individual psychotropic drugs and other therapeutic agents with specific receptor binding.

Hydroxychloroquine / EPH/DHA in Omega 3 / Curcuma / BC 007

Regulation: ACE2 receptors/angiotensin II: kudzu, red root sage, ginkgo, hawthorn

4.3.3. Odour disorders

NAC, B vitamins in high doses, nerve acid, melatonin, biotin, zinc, omega 3, transfer factors, Natrium muriaticum (homeop.), massage hypericum oil into the root of the nose, olfactory training with essential oils/aromatherapy - smelling different oils 3 times a day and saying the name of the oil (brain remembers). Smell different oils 3 times a day and pronounce the name of the oil (the brain remembers), nasal rinses, Bulbus olf. and Tunica mucosa nasi, Wala, Glutathion 100 complex, Nahani, Alpha lipoic acid, sulphurous AS, Quentakehl D5 drops in the nose and orally, Utilin S K., both Sanum.

It may take a few months for the smell to return.

4.3.4. Small fibre neuropathy (SFN)

This is a general problem after vaccinations. Here, the autonomic nervous system runs amok and different symptom foci are found. A typical symptom of SFN is burning pain, usually starting in the feet and hands. Sensory disturbances, tingling, formication, disturbed sensation of cold and warmth in the periphery. In the course of the disease, the sensations can also spread to the trunk.

The safest option for testing is a punch biopsy.

Idiopathic SFN is caused by immune-mediated disorders such as Sjögren's syndrome, celiac disease, lupus erythematosus or other autoimmune or inflammatory diseases. A recent meta-analysis found that 49% of patients with fibromyalgia have SFN. **Metabolic diseases** such as diabetes mellitus, prediabetes or high vitamin B₆ levels can also pave the way for polyneuropathy. In some cases, however, SFN also has **genetic causes**.

In principle, SFN can only be treated symptomatically. Pure pain therapy remains to counteract the paraesthesia. Since neuropathic pain responds very little to standard painkillers, drugs such as tricyclic antidepressants, calcium channel modulators (gabapentin), opioids or local administration of painkillers are often used here. A cortisone drip may also be indicated in acute cases. IA (immune absorption) u IVIG (intravenous immunoglobulins) do not help much, the AAK are not the problem, but the B cells have to be calmed down. Pregabalin does not seem to be the solution.

<https://www.medical-tribune.de/medizin-und-forschung/artikel/unspezifische-symptome-erschweren-die-diagnose-der-small-fiber-polyneuropathie>

4.4. Therapy Naturopathy

The holistic view of the human being and the treatment with natural substances, plants, micronutrients and specially prepared natural substances can provide healing support for the patient both as an accompaniment to conventional medical measures and in the case of chronic illnesses and reactions. The return to nature, also with regard to therapeutic approaches to the post-vaccine syndrome, is an essential therapy accompaniment. Now we are returning to the treasures of nature.

4.5. Homeopathy

4.5.1. Concomitant treatment with homeopathy

Even though homeopathy is repeatedly criticised as a healing method in our latitudes, in other countries, such as India, it is considered state medicine and is taught at universities. Groundbreaking research is taking place there - currently especially in cooperation with the institutes for nanotechnology. Homeopathic remedies are also regularly used in the treatment of COVID-19 in India. One of the largest clinics for homeopathic medicine recently published - after analysing its own databases - the most frequently used medicines.

The anthroposophically working colleagues, who mainly work with combinations of different homeopathic remedies, have also had good experiences.

In principle, the following applies to any and especially homeopathic treatment: The therapy of vaccine damage is always an individual case treatment. The choice of the appropriate therapeutic regimen, i.e. the nosodes, potency levels, dosages, reaction assessments, repetitions, duration of application, etc., are of decisive importance for the success of the therapy.

Even though our organism uses sulfur-containing enzyme systems, among others, for detoxification, no general rule can be established from this. When used correctly (similia similibus), sulfur - like any indicated drug - can safely restore blocked detoxification mechanisms.

Vaccine damage, especially prolonged and advanced conditions, is often very difficult to treat or even resistant to treatment. Again, the sooner a treatment can be started, the better.

4.5.2. Preventive measures and support for inner stabilisation in case of fear of illness

Arsenicum album

- Recommended as prophylaxis, especially for patients with fear of the disease and fear of impending uncertainty (like Bryonia).

Meteoreisen Globuli velati® WALA

- Composition:
Ferrum sidereum D11, Phosphorus D5, Quartz D11 (potentised together in the last step).
- Recommended dosage:
Children from 6-12 years: 1-3x/d 5-7 globules to be melted under the tongue.
Adults and children over 12: 1-3x/d 5-10 globules to be melted under the tongue.

4.5.3. Post-Vaccine-Strategie – Dr. Wurster

1. The most important remedies for vaccination reactions

- If severe reactions occur after a vaccination and the following homeopathic remedies do not show any effect, it can be a so-called vaccination blockade. In this case I give the nosode of the respective vaccination, e.g. BioNTech/Pfizer Comirnaty C30 (Schmidt-Nagel) and Moderna C30 (Schmidt-Nagel).
- Thuja has emerged as a very important remedy in my treatment. In some patients, for example, warts and condylomas appeared in the first weeks after the vaccinations. We know that these are triggered by

papilloma viruses. This is due to the fact that vaccination was given against a certain virus strain, but at the same time the defense against another virus strain was weakened. Therefore, herpes viruses, Epstein-Barr viruses (EBV) and human papilloma viruses (HPV) can literally explode. This phenomenon can be suppressed by Thuja.

- Arnica is the most important remedy for heart protection after vaccinations.
- The same remedies that help in the case of a corona disease, such as Bryonia (head pressure, eye pain, pressure on the eyes when moving the eyes, pressure on the lungs, weakness, feeling of being broken up).
- Belladonna is indicated for all kinds of respiratory viruses and also works very well for the omicron variant. Especially in the children with sore throat, earache, cough, fever with hot head and cold feet.
- Arsenicum album: important in people suffering from extreme anxiety, restlessness, nervousness and chills after vaccination.
- Phosphorus is very important in all occurring nervous disorders, dizziness, paresthesia and twitching.
- Sulfur in case of skin rashes after vaccinations.
- Apis for allergic reactions, swellings and generalized edema.
- A very important remedy for the psyche is Staphisagria, because many people feel powerless and angry inside due to the often changing rules and regulations in pandemy. They get stomach aches from it and can't sleep. Staphisagria brings them out of this situation and opens the heart again for what we need most at this time: Love, compassion and understanding for each other.

2. Immune boosting dietary supplement

Based on my many years of research, I have developed the immune-supporting food supplement Danaforce - Cell Support (Bioimmunescence), which I recommend to my patients in the case of vaccination consequences, but also in the case of a corona infection. This product is cell-membrane compatible due to a special processing method and can thus be better utilized by the body. The aim is to restore optimal mitochondrial function, glutathione synthesis and cellular and immune function. Contained are the following ingredients:

- Natural vitamin C from acerola cherry and camu camu to prevent inflammatory processes and antioxidant deficiency. Vitamin C protects cells from free radical attacks and strengthens the immune system.
- L-cysteine as a precursor for glutathione synthesis to raise glutathione levels (important endogenous antioxidant). Thus, glutathione levels have been seen to drop after vaccination.
- Nicotinamide to eliminate possible foreign components, since the mRNA of the vaccination is bound to certain nanolipid particles and the PEG (polyethelene glycol) is coupled. Many allergic reactions are due to this.
- Currant extracts: Flavonoids reduce viral infections.
- Flavonoids such as Rutin protect the blood vessels and stimulate microcirculation.
- Quercetin and dandelion extracts: Studies have shown that quercetin and substances from dandelion extract act like a protective cap over the ACE2 receptors in the body, making it more difficult for spike proteins to dock.
- Zinc: has an antiviral effect.
- Olive leaf extracts: with 40% oleuropein, which has strong antiviral and antibacterial properties, and triterpenes, which have immune-boosting properties and help fight viruses.
- Elderberry extracts prevent coronaviruses from entering target cells.
- Echinacea: antiviral, immune enhancer
- Magnesium citrate: good for vitamin D coupling.
- Vitamin D is very important and can be better absorbed if magnesium is added.
- Coenzyme Q10 as important protection for the heart and the heart muscle cells
- Bioactivators to activate membrane mobility

3. Heart Protection Program

Everyone who gets vaccinated should take care to protect their heart. Especially for children and adolescents, heart protection is particularly important to prevent heart disease from occurring in the first place. For this purpose I have developed a special heart protection program:

- Apis C200 before vaccination because of possible allergies

- Arnica C200 after the vaccination, once 2 globules on the tongue (lowers Troponin T - a protein from the heart muscle cells. If heart muscle cells are destroyed, e.g. in a heart attack, troponin T is released into the blood. It is therefore a good indication of possible damage to the heart muscles. In some people, troponin levels increase after vaccination).
- Vitamin C (1,000 mg/per day), for 1 to 2 months
- Magnesium (500 mg/per day), for 1 to 2 months
- L-carnitine (1,000 mg/per day), for 1 to 2 months
- Coenzyme Q10 (30 mg/per day), for 1 to 2 months
- 3 capsules of Danaforce-Cell Support (per day) to support the immune function and regeneration of damaged mitochondria as well as to eliminate certain components of vaccines

4.5.4. Frequently used single remedies after Covid (abridged version according to Jens Wurster)

Belladonna

In case of rapid rise of fever with high fever peaks occurring within one day, burning eyes/similar symptoms as in conjunctivitis, loss of smell, sensation of heat in the face with redness, cold feet, throbbing headache with sensation of heat, sore throat, tightness in the throat, tonsillitis without pus.

Gelsemium

In case of flu symptoms with headache, muscle pain, malaise and feeling of illness, little thirst, only slightly increased body temperature, runny nose, sneezing, feeling of pain in the eyes, dull pain especially in the eye area or at the back of the head, feeling of cold along the spine.

Bryonia

Administration often indicated in the middle stage of the disease, about day 4-7. For slow onset of illness, headache, weakness and fatigue, mild fever, superficial sensation of cold despite elevated body temperature, marked muscle pain and whole body pain, loss of smell, dry mouth and thirst for large amounts of water, dry sessile cough that improves when sitting, stabbing chest pain when coughing.

Arsenicum album

In case of watery rhinitis, sneezing, scratchy throat, narrowing of the airways, worsening of shortness of breath when lying down, dry cough with a feeling of suffocation, thirst, nervousness, restlessness, anxiety especially at night, severe shivering, feeling cold, frequent diarrhoea, fever with marked exhaustion. Patients can be very demanding during the illness.

Eupatorium perfoliatum

For pain in the joints and bones, patients feel like they are being crushed and are very sensitive to pain and tearful, worsening with touch.

Phosphorus

For tightness and a feeling of pressure in the chest, accelerated and heavy breathing, a strong dry cough that gets worse when you talk, purulent (rusty) phlegm, fever and sweating.

Often Phosphorus follows Bryonia when the cough has become more settled and the voice is rough and hoarse. Craving for cold drinks, anxiety and need for comfort and sympathy.

Carbo vegetabilis

In case of severe breathing problems with accelerated and strained breathing, strong air hunger, feeling of cold in the body, bluish skin discolouration, low oxygen levels, often with the need for oxygen administration or invasive/non-invasive ventilation, cold sweat. Patients want to have the windows open. Carbo vegetabilis has saved many patients from oxygen therapy in India/Agra and has helped patients to be weaned off mechanical ventilation faster.

Aspidosperma quebracho-blanco

Special substance to improve oxygen supply in the lungs. For hypoxia and air hunger, pulmonary fibrosis after the acute phase of COVID-19 disease and persistent oxygen demand, cardiac asthma.

Medicine to support the lungs and the respiratory centre. Was often used as mother tincture or in D1. The mother tincture was given with Phosphorus or Carbo vegetabilis at 2-3 hour intervals. Often indicated in patients with mechanical respiratory support. Early stages of pulmonary fibrosis partially regressed.

Lachesis

In case of changes in the vessels with bleeding under the skin and bluish discolouration of the tongue, blood clotting disorders, risk of thrombosis, thrombophlebitis in case of breathing problems especially at night, palpitations.

Antimonium tartaricum

In severe courses of the disease with accumulations of mucus in the throat and lungs with shortness of breath, loud rattling and phlegm rattling that can be heard from afar. (*Tartarus stibiatus comp.* ® by WELEDA)

Pyrogenium

For bacterial superinfections, sepsis and persistent fever and post-COVID complications.

Kalium phosphoricum D6 (Schuessler salt)

For persistent sadness and depressed mood, several times a day for mental support in coping with the illness.

- *Sleep*: sudden awakening with anxiety, terrible dreams

4.5.5. Nosodes

The method according to SMITS, i.e. the schematic application of the vaccine nosodes, can possibly help here - at least in part. Results and experiences so far concerning the regression of disease symptoms are encouraging.

1. Pharmacies

1. 1. Pharmacie Hildegard

<https://www.apotheekhildegard.be/de/contact/>, all nosodes available

1.2. Welt Apo, Wien

<https://weltapotheke.at>, Telefon: +43 14052118

1.3. Metatron Apotheke, Wien

www.metatron-apo.at

1.4. Gudjons Apotheke, Augsburg

<https://www.gudjons.com>, manufactures hand shaken homeopathy

1.5. Brahms Apotheke, Regensburg

https://www.brahms-apotheke.de/cms/front_content.php

1.6. Altstadt Apotheke Amberg

<https://altstadtapotheke-amberg.de>

1.7. Hohenburg Apotheke (Versand), Homburg/Saarland

hersina@hohenburg-apotheke.de

1.8. Hahnemann Apotheek, Heiloo/NL

www.hahnemann.nl/contact.php

2. Special nosodes

2.1. Vaccination nosode

- Preparation of the vaccination nosode in pharmacy
- Start with the last vaccination (Caution: only for stable patients)
- Required potencies C30 and K10.000
- Dosage: 1x2 globules C30 in 14-day alternation with K10.000

2.2. Own blood nosode

Behandlung mit der Eigenblutnosode

Eigenblutnosode K10.000 = XMK

|  Anwendungsgebiete |  Empfohlene Dosierung |
|---|--|
| Genetisch determinierte Erkrankungen | 1 x 2 Granula oder 1 x 5 Globuli |
| Chronische Erkrankungen | |
| Autoimmunerkrankungen | |

2.3. Tuberculinum nosode

In recurrent infections with cough, history of bronchitis and tuberculosis in the family, night sweats, weakness with pain in the limbs, emaciation despite ravenous appetite and craving for cold milk.

5. CONSTRUCTION THERAPY

5.1. Psychology

5.1.1. The 5 Principles of Biological Healing Knowledge (BHW)

Hint:

Biological healing knowledge includes the psyche as a stimulus factor and thus as a cause for the occurrence of diseases - but it is not to be understood as a form of therapy that only deals with the psyche. Here, the knowledge of the multi-phase nature of the disease process, with the tissue affiliation, forms the basis for a completely different understanding of the cause of reactions and the processes in the body, as well as viewing the human being as a unity of body, mind and soul as the basis of every therapy.

After a biological stimulus/conflict - which can also be of a psychological nature - the body begins with a physiological reaction and then starts with regeneration. The 5 signs of inflammation appear:

1. Redness
2. Heating
3. Swelling
4. Pain
5. Functional limitation

It should be found out whether the trigger is of a psychological nature (conflict, dispute, ignored needs). The goal is to thereby enable a complete, lasting regeneration. As a rule, only one factor is never responsible for triggering a reaction (multifactorial causes). The following components must also be taken into account:

1. Physical stimulus (fall, accident)
2. Chemical stimulus (toxins, drugs, vaccination)
3. Vital substance deficiency (micronutrients)
4. Energetic (electromagnetic, 4G, 5G, Haarp)
5. Life Purpose/Karma
6. Stress factors
7. Microbes

According to BHW's understanding, all microbes are part of the natural process and **not** triggers.

Influencing (changing) a cause can already lead to improvement or healing, because symbolically, the barrel no longer overflows (it is still filled, not empty).

www.bioLogisches-heilwissen.de

5.1.2. Psychotherapy

This can help improve the patient's overall well-being and mental health. Suicidal tendencies are a real problem in the vaccine-injured patient. Support groups and counselling with mental health professionals are important. Mindfulness exercises and behavioural changes promote the healing process.

5.1.3. Meditation and Co

Tai chi, a health-promoting form of traditional Chinese martial arts, has been shown to be beneficial for the prevention and treatment of diseases (such as post-covid syndrome).

Yoga has immunomodulatory properties that may be beneficial in vaccine injured patients. It should be noted that prolonged COVID is characterised by severe fatigue after exertion and/or worsening of symptoms, so patients should be advised to **moderate exertion**, increasing it slowly only if it is well tolerated.

Qi Gong can restore energy and strength, it means "to train the energy of life". Through regular practice it can have a positive effect on the functions of the heart and circulation. Therefore best suited for cardiovascular patients and those with respiratory diseases. Regular qigong exercises the vagus, which is often deregulated, especially in the face, skull and especially the ear.

Advise the patient to do everything that leads to the **release of happiness hormones**. The feeling of being able to do something for oneself is very helpful for the healing process (activity principle). **Meditation** and special breathing techniques are to be emphasised here.

5.2. Micronutrients

5.2.1. Micronutrients in concrete terms

Fat soluble vitamins

VIT A, D, K, E

- Vit D and Vit K2: A dose of 4000-5000 units/day or 40-60 IU/kg bw/d of vitamin D together with vitamin K2 90-180 µg/day is a reasonable starting dose. The dose of vitamin D should be adjusted and controlled according to the baseline Vit D level.

Information:

For an important correlation between Vit D levels and Covid19 disease mortality, see:

<https://www.nature.com/articles/s41598-022-24053-4>

- Vit A 0.8 - 1 mg/d
- Vit E 400 - 1000 IU/d (natural tocopherols and tocotrienols)

Vit B complex

- Vit B1 Benfotiamine (lipid soluble Vit B1) 3x150 mg/d
- Vit B1 Riboflavin 50 - 400 mg/d
- Vit B3 Niaciamide 500 - 3000 mg/d
- Vit B6 as P-5-P (active) 1.2 - 1.5 mg/d
- Vit B12 1-6 g/d (as S-adenosyl-cobalamin or methyl-cobalamin)

Vitamin C

- Dosage: oral Vit C 3x1000 mg/d
- liposomal Vit: C 1-5 g/d
- Intravenous Vit C: 7.5 g - up to high. 25 g/week together with oral Vit C 3x1000 mg/d or iv 1x15 g/week for 10 wks.

Vitamin C has important anti-inflammatory, antioxidant and immune-boosting properties, including increased synthesis of type I interferons. Oral vitamin C helps promote the growth of protective bacterial populations in the microbiome.

High-dose intravenous vitamin C is "caustic" to the veins and should be administered slowly over 2-4 hours. To assess patient tolerance, the starting dose should be between 7.5 and 15 g. Total daily doses of 8-12 g

have been well tolerated, but chronically high doses have been associated with the development of kidney stones, so the duration of therapy should be limited. Ev. determine G6PDH at high doses.

Magnesium

- Mg 700 mg/d, as needed
- METABOLICUM®Magnesium
- Magnesia 7 (Natugena Company)
- Magnesium oil, if high doses are not tolerated orally

Omega-3 fatty acids

- Vascepa, Lovaza, Zinzino, Omega 3 wild (Fa. Nahani), Norsan, Eqology, DHA/EPA 1000 - 4000 g/d

Omega-3 fatty acids play an important role in resolving inflammation by inducing resolvin production.

- Algae oils possible, pay attention to EPA/DHA

Iodine/Zinc/Selenium

- Iodoral 12.5 mg
- Iodoral 50 mg
- Zinc 20-80 mg/d for max. 2 weeks
- Selenium 200 mcg/d for 3 wks, then 2x200 mcg/wk

Other micronutrients/combinations

- Coenzyme Q10
Dosage: 3x300 mg/d
The fat-soluble **coenzyme Q10** is considered a vitaminoid, which means that it has a vitamin-like effect, but can be produced by the body itself for the most part. Coenzyme Q10 plays an essential role in cellular energy production in the mitochondria. Organs with a high metabolic output (e.g. heart, liver, muscles) therefore need a lot of coenzyme Q10. A deficiency leads to a decrease in mental and physical performance, which also manifests itself in disorders of the immune system. In old age, Q10 production in the body decreases. Decreased levels are also frequently found in diseases with oxidative stress.
- L-Carnitine 3x1000 mg/d
- Taurine 1000-4000 mg/d
- Creatine 1000-5000 mg/d
- MSM - organic sulphur, to support detoxification measures.
- Berberine 3x500 mg/d
- Intestinal rehabilitation: Colibigen, Pro Emsan and Probasan complete (Tisso)
- Multivitamin preparations (as natural as possible), e.g. GrünPlus (Nahani)
- Mitochondria Formula Sport (Mitocare)
- Pro Dialvit 44, (Tisso company)
- Electrolytes plus trace elements

5.2.2. Micronutrient predators

Certain medicines that are used very frequently are true micronutrient robbers. The following table lists some of the most important ones.

| Drug | Loss of: |
|---|--|
| Laxative | Vit A, D, E, K and Ca, Mg |
| Antibiotics / Sulphonamides | Vit A, B1, B2, B6, Folic acid, B12, C, D, E, Biotin, Vit K, Fe, L- Carnithine, Potassium, Ca, Mg, Se, Zinc |
| Antidepressants | Vit B2 and Coenzyme Q10 |
| Antidiabetics | Folic acid, Vit B12, Coenzyme Q10, Ca |
| Antiepileptic drugs | Vit B1, B2, B6, Folic acid, Biotin, Vit D, E, K, L- Carnithine, Ca, Mg, Se, Zinc |
| Antirheumatic drugs | Vit B3, B6, folic acid, Vit D and K, zinc |
| Appetite suppressants (anorectics) | Vit A, B1, B2, B6, Folic acid, B12, C, D, E, K Fe, Iodine, Coenzyme Q10, L-Carnithine, Potassium, Ca, Mg, Se, Zinc |
| Aspirin/ASS | Vit A, Folic Acid, B12, Vit C, Fe, Potassium, Ca |
| Sedatives and sleeping pills (barbiturates, sedatives) | Vit A, B3, Folic Acid, Vit C, D and Ca |
| Antihypertensives / beta blockers / ACE inhibitors | Vit A, B6, B12, Coenzyme Q10, Ca, Potassium, Mg, Se, Zinc |
| Cholesterol-lowering drugs, statins | Vit A, B6, B12, D, E, K, Folic acid, Fe, Coenzyme Q10, Ca, Mg, Se |
| Cortisone / glucocorticoids | Vit A, B6, C, D, Fe, Potassium, Ca, Mg, Zinc |
| Diuretics (diuretics, furosemide) | Vit A, B1, B6, B12, folic acid, coenzyme Q10, potassium, Ca, Mg, Se, zinc |
| Gastric acid blockers, "stomach protectors" (PPI e.g. omeprazole) | Vit A, B1, B2, B3, B6, B12, C, D, K, Biotin, Folic acid, Fe, Iodine, Potassium, Ca, Mg, Se, Zinc |
| Osteoporosis medication (bisphosphonates) | Magnesium |
| Birth control pill (contraceptives) | Vit A, B1, B2, B3, B6, Folic acid, B12, C, D, E, Fe, Ca, Mg, Se, Zinc |
| Painkillers (e.g. ibuprofen, diclofenac) Analgesics/ NSAIDs | Vit B6, C, E, K, Fe, Iodine, Potassium |

5.2.3. Micronutrient preparations

The following is a list of combination preparations that can be helpful in strengthening the immune system and supporting vaccination elimination.

- VEDICINALS®9

Unique phytopharmaceutical-based therapeutic suspension consisting of 9 bioactive compounds with antiviral, anti-inflammatory, immunomodulatory, pyretic and analgesic properties.

•Biacalin •Quercetin •Luteolein •Rutin •Hesperidin •Curcumin •Epigallocatechin gallate
•Piperine •Glycyrrhizin

<https://vedicinals-international.com/vedicinals9-information/>

- ZEST : Individually adapted micronutrient mixtures

1 Zest`Protect

- OPC/Resveratrol/Rutin/Quercetin/Vit C (grape seed extract)
- Dosage: 1 cps/d

2 Zest`Cleanup

- **L-cysteine** 900 mg, **L-glutathione** reduced 600 mg, magnesium L-threonate 500 mg, L-glutamic acid 320 mg, vitamin C 280 mg, L-glycine 200 mg, resveratrol 80 mg, R-alpha lipoic acid 80 mg, zinc bisglycinate 50 mg, L-selenomethionine 9 mg, manganese(II) glycinate 8.2 mg, pyridoxal-5-phosphate (vit. B6) 2.056 mg, riboflavin (vit. B2) 1.4 mg, folate (5-MTHF calcium) 0.665 mg, methyl cobalamin (vit. B12) 0.0075 mg. Capsule shell: enteric-coated hydroxypropylmethylcellulose gellan gum. Releasing agent: silicon dioxide
- Dosage: 2x2 cps/d

3 Zest`Vital

- besides **arginine** and **citrulline**: potassium, curcuma, milk thistle, Q10, rosemary, black pepper, zinc, 5-MTHF calcium (folate), vitamins B1, B2, B6, B12, C, as well as French red wine polyphenols (including OPC, resveratrol) and pine bark extract.
- Dosage: 2x4 cps/d with a glass of water

<https://www.zestonics.com>

- Preparations according to Vladimir Zelenko. <https://vladimirzelenkomd.com/>

- Z-DTOX
 - EGCG/NAC/Zinc/Vit C/Vit D
- Z-STACK
 - Vit C/Vit D/Quercetin/Zinc
- Suppleo-Caps
 - Vit C 400 mg/Vit D 2500 IU/Zinc 15 mg/Quercetin 250 mg

<https://www.kuraposhop.de/product/suppleocaps-nach-dr-zelenko-protokoll.904301.html>

- Zeolite

Zeolite is used for detoxification: always with water only and at least 2 hours away from food (Vitarig Company)

- Capilar-Ex (Causale Company)

- Low-molecular pectin with strong detoxifying effect on heavy metals, pesticides, chemicals, environmental toxins, was also used at Chernobyl

- Mitowell Immune

- strong immune system remedy focused on C-V., according to HP H. Krenn

Ingredients: 100 mg cellulose (capsule shell), 100 mg rosehip extract with 45 % naturally bound vitamin C (= 45 mg vitamin C), 100 mg calcium ascorbate (= 90 mg vitamin C), 85 mg curcuma extract (95 % curcumin), 70 mg Cistus extract, 50 mg L-lysine, 50 mg shiitake powder, 35 mg zinc gluconate (= 5 mg zinc), 25 mg liquorice root extract,

20 mg citrus bioflavonoids, 10 mg L-glutathione, 5 µg vitamin D3 (from 2 mg colecalciferol dry extract), 1 mg piperine (= from 1.05 mg black pepper extract), 5 µg methyl cobalamin (vitamin B12).

Available: Vitalcenter Berg: www.vitalcenter-berg.de

- Glutathione 100 Complex

A complex mixture of glutathione, NAC, alpha lipoic acid and vitamin C with strong detoxification capacity, Nahani Company.

- MonoDitox, TriTox in combination, Natugena Co.

Both remedies in combination support the bio-transformation or liver detoxification phases and the binding of various toxins, TriTox: Presslinge is an algae and seaweed mixture to support phase III of the bio-transformation. In the course of biotransformation, the molecules of metabolic end products are altered to neutralise them and make them water-soluble for elimination from the body. The algae and seaweed contained in TriTox can bind substances harmful to the body in the digestive tract (pectins throughout the body) as cell-active micro-pectins (vegetable carbohydrates or dietary fibres). They are then excreted from the body together.

Chelation therapy: Since a wide variety of metals have been found in the C vaccines through chemical analyses, clinical heavy metal elimination - chelation therapy - can also be recommended. Certified chelation therapists can give the following infusions depending on laboratory analyses: DMPS, DMSA, EDTA. These substances could also be given orally or liposomally, e.g. according to Cutler's protocol!

5.3. Medication special

Ivermectin

- Dosage: 1x 0.2-0.3 mg/kg bw, daily for up to 4-6 weeks or 0.4-0.6 mg/kg bw for 5 days.

Ivermectin (an anthelmintic) has strong anti-inflammatory properties. It also binds to the spike protein and helps in its elimination by the host, hindering viral replication. It is likely that ivermectin and intermittent fasting work synergistically to rid the body of spike protein. Ivermectin is best taken with or only after a meal to get greater absorption. A trial of ivermectin should be considered as first-line therapy. It appears that patients can be divided into two categories: a) ivermectin responders and b) ivermectin non-responders. This distinction is important because the latter are more difficult to treat and require more aggressive therapy. Due to the possible interaction between quercetin and ivermectin, these drugs should not be taken simultaneously (i.e. best taken in the morning and staggered in the evening).

A Slovakian research team has discovered under the microscope that ivermectin stops the crystalline growth of graphene oxide hydrogels in the body.

In the studies in patients with COVID-19, it was used either as monotherapy or in combination with the antibiotic azithromycin or doxycycline. **Early application** is essential for therapeutic success. It should be combined with zinc.

Ivermectin is available only on prescription.

A good overview, including a meta-analysis, of all studies conducted to date with ivermectin in the treatment of COVID-19 patients can be found at www.c19study.com.

Probiotics

- Patients with post-vaccine syndrome classically have severe dysbiosis with loss of bifidobacteria. Kefir is a highly recommended food supplement with a high probiotic content. Probiotics: see intestinal rehabilitation

Hydroxychloroquine (HCQ)

- Dosage: 2x200 mg/d 200 for 1-2 wk, then reduce to 1x200 mg/d as tolerated. For long-term use, the dose should be reduced (100 or 150 mg/d) in patients weighing less than 61 kg (135 pounds).
- HCQ is the preferred second-line agent. HCQ is a potent immunomodulatory agent and is considered the drug of choice for systemic lupus erythematosus (SLE), where it has been shown to reduce mortality from this disease. Therefore, HCQ should be considered earlier in patients with positive autoantibodies or where autoimmunity is suspected to be a prominent underlying mechanism. In addition, it should be noted that SLE and post-vaccine syndrome have many features in common. HCQ is supposed to be safe in pregnancy; in fact, this drug has been used to treat pre-eclampsia.
- HCQ is an antimalarial, acts as a zinc ionophore and is available by prescription. It can be considered as an alternative to quercetin or in ivermectin non-responders before the use of aggressive therapies.

Quercetin and zinc

- Dosage quercetin: 250-500 mg/d (or mixed flavonoids)
- Zinc dosage: 25-100 mg/d
- Flavonoids have a broad spectrum of anti-inflammatory properties, inhibit mast cells and have been shown to reduce neuroinflammation. Quercetin is a plant pigment and has antiviral effects. Due to a possible interaction between quercetin and ivermectin, these drugs should not be taken at the same time (i.e. staggered in the morning and evening). The use of quercetin has rarely been associated with hypothyroidism. The clinical impact of this association may be limited to individuals with pre-existing thyroid disease or individuals with subclinical thyroiditis. Quercetin should be used with caution in patients with hypothyroidism and TSH levels should be monitored.
- The combination of quercetin and zinc reduces the replication of the corona virus. Zinc blocks viral replication inside the cell by inhibiting RNA-dependent RNA polymerase, which is needed for virus replication. To do this, however, the zinc must enter the cell, and for this it needs quercetin.

N-acetylcysteine (NAC)

- Dosage: 2x600 mg/d up to max. 5x600 mg/d or 2000 mg in the morning and in the evening (respectively).
- It has antiviral and anti-inflammatory effects and counteracts an excessive immune response. It protects against lung damage and blood clots and can be used to treat lung diseases (e.g. COPD).
- NAC causes the body to release endogenous glutathione. Glutathione in combination with zinc is a way to remove magnetic graphene oxide nanoparticles from the human body.
- Spike Proteins: <https://chemrxiv.org/engage/chemrxiv/article-details/60c753ec4c89190f3bad43ca>, <https://www.sciencedirect.com/science/article/pii/S0006291X22001383>,

ASEA water

- Scientific studies show that graphene oxide toxicity and other toxins cause intracellular oxidative stress leading to cytotoxicity and inhibition of cell proliferation.
- Glutathione is considered the "master detoxifier" and is an endogenous antioxidant present in every cell of the body. Glutathione is responsible for removing toxins and free radicals from the body. It is crucial for regulating oxidative stress to maintain normal cell signalling function. Glutathione levels decrease with age and many people are already deficient in this life-saving antioxidant. ASEA's redox signalling molecules have been dubbed the "water of life" because ASEA increases the body's glutathione by a whopping 500-800%. This is a groundbreaking discovery that could revolutionise medicine as there is no other substance with this ability.
- ASEA causes significant gene activation in regulatory pathways that signal dozens of important biological functions. Gene signalling and cell signalling pathways are shut down by graphene oxide toxicity and other poisons. ASEA is able to reverse the ageing process, stop cancer growth and repair damaged DNA. A first gene study shows how ASEA affects important signalling pathway genes.
- ASEA alkalises the body, kills parasites and increases the effectiveness and absorption of all vital nutrients into the cells.

Curcumin

- Dosage: 200-1000 mg/d or 2x500 mg/d or through food.
- Curcumin is a bioactive plant pigment and has antiviral, antioxidant, anti-inflammatory and antipyretic effects. It binds to the spike protein and to the ACE2 receptor and thereby presumably prevents the replication of the virus.
- It should be administered liposomally or micellised to guarantee bioavailability.

Black cumin oil (*Nigella sativa*)

- Dosage: 1-3x/d 1 tsp oil or 2x200-500 mg/d in the form of supplements (e.g. Restore, Black Cumin Seed Oil) or *Nigella Sativa* (Black Cumin Seed) 80 mg/kg bw/d
- Black cumin is a pepper-like spice that has a high content of secondary plant compounds, essential amino acids and micronutrients. The oil has antiviral, antibacterial, antifungal, antioxidant, anti-inflammatory and disinfectant effects and strengthens the immune system.
- *Nigella sativa* appears to have antidepressant properties. It should be noted that thymoquinone (the active ingredient in *Nigella sativa*) reduces the absorption of cyclosporine and phenytoin. Patients taking these drugs should therefore avoid taking *Nigella sativa*. In addition, two cases of serotonin syndrome have been reported in patients taking *Nigella sativa* and undergoing general anaesthesia (probable interaction with opiates).
- Caution in combination with SSRI

Bromelain and papain

- Dosage: 250-500 mg/d for 5 to max. 7 days
- Bromelain (from pineapple) and papain (from papaya) are enzymes that have a proteolytic effect (breaking down spike protein) and also have an anti-clotting, anti-inflammatory and decongestant effect.
- Caution. Skin rashes, asthma-like symptoms, allergic reactions, stomach problems and diarrhoea may occur. In this case, please discontinue use immediately.

L-lysine

- Dosage: 2x 1000 mg/d for at least 3 weeks. For vegetarians 3000 mg/d for months.
- Lysine (essential amino acid) is an antagonist of arginine and thus inhibits the multiplication of herpes viruses. At the same time, the reduction of arginine-rich foods (nuts, chocolate, pumpkin, wheat, caffeinated drinks) is decisive for the successful use in improving the symptoms of covid disease. A very fast and effectively perceptible improvement is particularly noticeable here.

Veneo 093 and Lefteria (Fa. Pandalis)

- for damaged vein endothelium, for better vein circulation and blood flow

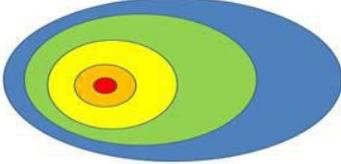
Cystus 052 Sud (Fa. Pandalis)

- contains polyphenols
- for heavy metal elimination
- restore of the immune system

Chlorine dioxide (CDL)

- CDL/CDS - Chlorine Dioxide Solution
- Dosage: according to protocol
- Guideline 3x10 ml/100ml water approx. 30min before food intake
CAVE: not at the same time as other supplements

- Chlorine dioxide is an oxidant that is able to render viruses, bacteria, fungi and parasites harmless and has been used to disinfect drinking water for 80 years. In clinical studies, it also shows efficacy in the treatment of covid diseases.



Protokolle für Coronavirus CDS

Prävention (Bevölkerung): Protokoll C und H.

Hand- und Oberflächendesinfektion: Protokoll D (mit > 1000 ppm ClO₂)

Prävention (Gesundheitswesen + asymptomatische Patienten): Protokoll C.

Vermeiden Sie Infektionen zwischen Patienten und medizinischem Personal: Protokoll H.

Akute Ansteckung: Protokoll F + G.

Schwere Fälle: Y + C-Protokoll

Protokoll D = Dermatologisch (25 ml CDS in 60 ml)

- Sprühen Sie CDS in den gewünschten Bereich und reiben Sie es vorsichtig ein
- zur Desinfektion von Haut und ansteckungsgefährdeten Gegenständen
- Augen und Schleimhaut: 3 ml CDS in 150 ml Wasser oder Kochsalzlösung

Geben Protokoll H = Raum (10 ml CDS in einem trockenen Becherglas)
Auf den Tisch zwischen die Betten legen. Das Gas desinfiziert die Umwelt und vermeidet dies Ansteckung zwischen Patienten im selben Raum und medizinischem Personal. Durch die Transparenz wird es mit der gleichen Menge und aufgefüllt Konzentration.

Protokoll C = Vorbeugende CDS (10 ml CDS in 1 l Wasser mit 10 Markierungen)
Jede Stunde wird 1 Einnahme gemacht bis die Flasche fertig ist.
Für medizinisches Personal und asymptomatische Patienten.
(Bei schwerer Krankheit oder Lebensgefahr erhöhen Sie die Dosis, ein langsames Fortschreiten bis zum Erreichen von 30 ml CDS pro jeder Liter Wasser).

Protokoll F = Häufig (8 ml CDS in 1 l Flasche mit 8 Marken)
Alle 15 Minuten wird 1 Einnahme gemacht. Bis die Flasche fertig ist
Führen Sie je nach Schweregrad 1 oder 2 Mal am Tag das Protokoll F durch:

- wenn zweimal gemacht: morgens und nachmittags (Abstand mindestens 2 Stunden)
- Wenn dies einmal am Tag durchgeführt wird, fahren wir den Rest des Tages mit Protokoll C

fort.
Zur Bekämpfung akuter viraler und bakterieller Infektionen:

- 1 ml CDS 15 Minuten, 1 Stunde und 45 Minuten in 8 Dosen = 8 ml CDS.
- Wir lösen die 1 ml CDS-Dosen (0,3%) in 100 ml Wasser.

Protokoll Y = Intravenöse Injektion in verschiedene Routen in verschiedenen Extremitäten Unter ärztlicher Aufsicht

Protokollschema



Stand: 18.8.2021

PROTOKOLL H RÄUME MIT COVID-PATIENTEN

Protokoll H wird dringend in allen Räumen empfohlen, in denen sich COVID-Patienten aufhalten. Ein kleines Glas mit ca. 10 ml CDL ist ausreichend für 10 m² Bodenfläche. Bei größeren Räumen verteilt man mehrere kleine Gläser gleich weit von einander entfernt. Wenn die Farbe der Chlordioxidlösung durchsichtig geworden ist, tauscht man die Flüssigkeit gegen frisches CDL aus.

H 10 ml CDL pro 10 m² Bodenfläche

PROTOKOLL Y INTRAVENÖS

Das **Protokoll Y** ist die intravenöse Anwendung von CDL bei Covid-Patienten mit schwerem Verlauf, um eine Intubierung zu vermeiden oder diese zu beenden. Eine **langsame Infusion mit maximal 16 Tropfen/min.** ist zwingend erforderlich, um eine Phlebitis (Venenentzündung) zu vermeiden. Sollte der Patient Reizungen verspüren, wird die Tropfgeschwindigkeit verringert.

Es wird empfohlen – wann immer möglich – eine Infusionspumpe für die bessere klinische Kontrolle bei hohen Dosierungen zu verwenden. Direktes Sonnenlicht und Hitze vermeiden.

Das **Protokoll Y** wird bevorzugt Nachts durchgeführt, um eine Virulenz zu vermeiden. Basierend auf der verwendeten Lösung wird der CDI-Ph-Wert sinken. Deswegen ist der IV eine 8,4%ige Natriumbicarbonatlösung hinzufügen. Die Menge variiert je nach Ph-Wert und verwendeter CDI-Menge (bzw. Protokoll). **Protokoll Y** ist für die Anwendung durch einen Arzt vorgesehen.

Y10 10 ml CDL, 500 ml Kochsalzlösung 0,9%
16 Tropfen/min.

WENN DER PATIENT AUF HÖHE DES MEERESPEGELS LIEGT

Y20 20 ml CDL, 500 ml Kochsalzlösung 0,9%
16 Tropfen/min.

BEI BLUTSAUERSTOFFSÄTTIGUNG >85% & BEI >2.500 m HÖHE

Y30 30 ml CDL, 500 ml Kochsalzlösung 0,9%
16 Tropfen/min.

BEI BLUTSAUERSTOFFSÄTTIGUNG >75% & BEI >3.600 m HÖHE

Y50 50 ml CDL, 500 ml Kochsalzlösung 0,9%
16 Tropfen/min.

Ein ZVK (Subclavia-Katheter / sCath) ist erforderlich.
KRITISCHE RETTUNGSFÄLLE UND BEI STARK ADIPOSEN PATIENTEN

Stand: 18.8.2021

KLINISCHE PROTOKOLLE FÜR CDL BEI COVID-19

WERDEN SIE EIN TEIL
www.comusav.com | l.me@comusav_dach | l.me@Chlordioxid_COMUSAV_Selbsthilfe



PROTOKOLL N FÜR KINDER

Wenn das Kind zu klein ist, um 100ml der Mischung zu trinken, wird die Wassermenge entsprechend angepasst. Es wird empfohlen, eine Trinkflasche zu verwenden.

| | | | | | |
|-----------|---|-----------|--|-----------|---|
| N2 | 2 ml CDL pro 12 kg Körpergewicht 100 ml Wasser 10 Einnahmen à 10 ml, alle 60 min. VORBEUGEND | N3 | 3 ml CDL pro 12 kg Körpergewicht 100 ml Wasser 10 Einnahmen à 10 ml, alle 60 min. KONTAKT MIT COVID | N4 | 4 ml CDL pro 12 kg Körpergewicht 100 ml Wasser 10 Einnahmen à 10 ml, alle 60 min. COVID-SYMPTOME |
|-----------|---|-----------|--|-----------|---|

PROTOKOLL E EINLAUF MIT LANGSAMER ABSORPTION

Das **Protokoll E** ist kein Darmreinigungseinlauf, sondern dient zur langsamen rektalen Aufnahme von CDL. Man verbindet ein Infusionsset, dessen Verbindungsstück abgeschnitten wurde, mit der Kochsalzlösung mit CDL und führt dieses rektal so tief wie möglich, bis zum Anfang des absteigenden Dickdarms, ein. Auf 5-6 Tropfen pro Minute einstellen – basierend auf der Toleranz des Patienten.

| | | | | | |
|------------|--|------------|---|------------|--|
| E10 | 10 ml CDL 0,5 Liter Kochsalzlösung 0,9% oder isotonisches Meerwasser 0,9% | E20 | 20 ml CDL 0,75 Liter Kochsalzlösung 0,9% oder isotonisches Meerwasser 0,9% | E30 | 30 ml CDL 1 Liter Kochsalzlösung 0,9% oder isotonisches Meerwasser 0,9% |
|------------|--|------------|---|------------|--|

PROTOKOLL DS DERMATOLOGISCHES SPRAY

Unverzichtbar für Pfleger und medizinisches Personal als erste Hilfe und sofortige Maßnahme und um es ständig bei sich zu tragen. Nachdem man Kontakt mit einem Covid-Patienten hatte, werden Mund, Augen, Nase und Hände zur Desinfektion besprüht. **Protokoll DS** ist nicht reizend. Man kann die Augen geöffnet lassen, weiter durch die Nase atmen und wiederholt sprühen.

| | |
|-----------|--|
| DS | 1/3 CDL 2/3 Kochsalzlösung 0,9% oder isotonisches Meerwasser 0,9% 50 ml Gesamtmenge der Sprühflasche |
|-----------|--|

COMUSAV - Stand: 08.11.2021

PROTOKOLL H RÄUME MIT COVID-PATIENTEN

Protokoll H wird dringend in allen Räumen empfohlen, in denen sich COVID-Patienten aufhalten. Ein kleines Glas mit ca. 10 ml CDL ist ausreichend für 10 m² Bodenfläche. Bei größeren Räumen verteilt man mehrere kleine Gläser gleich weit von einander entfernt. Wenn die Farbe der Chlorindioxidlösung durchsichtig geworden ist, tauscht man die Flüssigkeit gegen frisches CDL aus.

| | |
|----------|---|
| H | 10 ml CDL pro 10 m ² Bodenfläche |
|----------|---|

PROTOKOLL Y INTRAVENÖS

Das **Protokoll Y** ist die intravenöse Anwendung von CDL bei Covid-Patienten mit schwerem Verlauf, um eine Intubation zu vermeiden oder diese zu beenden. Eine **langsame Infusion mit maximal 15 Tropfen/min.** ist zwingend erforderlich, um eine Phlebitis (Venenentzündung) zu vermeiden. Sollte der Patient Reizungen verspüren, wird die Tropfgeschwindigkeit verringert.

Es wird empfohlen – wann immer möglich – eine Infusionspumpe für die bessere klinische Kontrolle bei hohen Dosierungen zu verwenden. Direktes Sonnenlicht und Hitze vermeiden.

Das **Protokoll Y** wird bevorzugt Nachts durchgeführt, um eine Virulast zu vermeiden. Basierend auf der verwendeten Lösung wird der CDL-Ph-Wert sinken. Deswegen ist der IV eine 8,4%ige Natriumbicarbonatlösung hinzuzufügen. Die Menge variiert je nach Ph-Wert und verwendeter CDL-Menge (bzw. Protokoll). **Protokoll Y** ist für die Anwendung durch einen Arzt vorgesehen.

| | | | |
|------------|--|------------|--|
| Y10 | 10 ml CDL 500 ml Kochsalzlösung 0,9% 15 Tropfen/min. WENN DER PATIENT AUF HÖHE DES MEERESPEGELS LEBT | Y20 | 30 ml CDL 500 ml Kochsalzlösung 0,9% 15 Tropfen/min. BEI BLUTSAUERSTOFFSÄTTIGUNG >85% & BEI >2.600 m HÖHE |
| Y30 | 30 ml CDL 500 ml Kochsalzlösung 0,9% 15 Tropfen/min. BEI BLUTSAUERSTOFFSÄTTIGUNG >75% & BEI >3.600 m HÖHE | Y50 | 50 ml CDL 500 ml Kochsalzlösung 0,9% 15 Tropfen/min. Ein ZVK (Subclavia-Katheter / scath) ist erforderlich. KRITISCHE RETTUNGSFÄLLE UND BEI STARK ADIPOSEN PATIENTEN |

Stand: 08.11.2021

WERDEN SIE EIN TEIL

www.comusav.com t.me/comusav_dach t.me/Chlorindioxid_COMUSAV_Selbsthilfe



Remark:

Zinc and other vital substances cannot be taken at the same time as CDL (swing therapy). In the morning, take CDL every hour for 8 hours, e.g. from 8 a.m. to about 4 p.m., after 5 p.m. the CDL is out of the blood and from then on the administration of antioxidants and other vital substances is indicated. Since CDL has an oxidative effect and is also very reactive, it is not possible to take many other vital substances at the same time as CDL, but it is possible to take them at different times using this method. It does not work the other way round, i.e. take antioxidants in the morning and only start with CDL in the afternoon, as the antioxidants remain longer in the blood. Hence the hourly intake to ensure constant oxygenation. For people with old amalgam fillings, seek advice on CDL.

Melatonin

- Dosage: 1-10 mg/d approx. 30min before bedtime, start with low dose (3 mg/d), then "creep in".
- The sleep hormone melatonin is one of our most powerful antioxidants, promoting detoxification and regeneration of the brain and body. It shows a positive effect in the treatment of thrombosis, sepsis and in reducing mortality in Covid 19 patients.
- Excessive doses can lead to severe fatigue. Therefore, approach higher dosages. Melatonin has anti-inflammatory and antioxidant properties and is a strong regulator of mitochondrial function. The dose should be started at 750 µg to 1 mg at night and increased as tolerated. Patients who are slow metabolisers may have very unpleasant and vivid dreams with higher doses.

Sulforaphane

- Dosage: 2x500 mcg-1g/d
- Sulforaphane has immunomodulatory properties. It targets the monocyte-macrophage system. It also appears to have effects on microglial mediated neuroinflammation.
- While sulforaphane has many potential benefits in patients with covid, long covid and post-vaccine syndrome, there is limited clinical data. Alternatively, 100% broccoli sprout powder containing glucoraphanin and myrosinase would be recommended.

Colloidal silver

- Dosage: Apply to the skin several times a day.
- Colloidal silver has an antibacterial and antiviral effect
- Use only in acute cases, no long-term use

Carbon-60 (C 60)

- Carbon-60 or C60 fullerene consists of 60 carbon atoms that form what looks like a hollow football and is considered a "free radical sponge", C 60 is considered the strongest antioxidant ever discovered
- Activated charcoal can help cleanse the intestines

Dimethylsulphone oxide (DMSO)

DMSO is able to increase the absorption of other substances through the skin and mucous membranes. It is therefore often combined with other topically applied substances to improve their absorption. The effect comes from the interaction with the lipids of the cell membrane and thus favours the absorption of other active substances. It can also enhance the effect of other drugs. It has anti-inflammatory, antioxidant, analgesic, wound-healing and antimicrobial effects. It should only be used in small doses as directed. MSM is a breakdown product of DMSO, a sulphur compound. Caution: DMSO must not come into contact with plastic!

Prednisone

- Dosage: according to protocol, 10-15 mg/d for 2-3 weeks, then taper off.
- Cortisone preparations such as **prednisone** or **dexamethasone** are used in particular when there is evidence of an excessive immune response in the clinical course, because their effect is to suppress certain mechanisms in the immune response.

Pentoxifylline (PTX)

- Dosage: 3x400mg/d, for patients with severe microcirculatory disorders.
- A non-selective phosphodiesterase drug with anti-inflammatory and antioxidant activity. It can be used in patients with massive microcirculatory, microcoagulant problems.

Maraviroc

- Dosage: 2x600-800 mg/d
- A C-C chemokine receptor type 5 (CCR5) antagonist. If 6 to 8 weeks have passed and significant symptoms persist despite the above therapies, maraviroc may be considered.
- Caution: The role of maraviroc in pathogenesis is still unclear. In addition, considerable side effects have been described and the unit price can be high.

Valproic acid

- Dosage: 2-3x250 mg/d
- Anti-inflammatory, M2 shift of macrophages, anticoagulant and antiplatelet. Could be effective in neurological symptoms, also because of research on neuronal regeneration.

Sildenafil

- Dosage: 2-3 x 25-100 mg/d with L-arginine/L-citrulline 2x500 mg/d
- May be helpful for both **brain fog** and microvascular disease with clotting and poor perfusion.
- Caution: Curcuma, resveratrol and valproic acid also have a PDE5 effect.

Low dose Naltrexone (LDN)

- Dosage: Start with 1 mg/d, then increase to 4.5 mg/d over 2-3 months.
- Anti-inflammatory, analgesic, neuromodulating
- For more information about the mode of action, watch the video with Dr. Been:
<https://www.youtube.com/watch?v=G2TztMYNDss>

In case of intolerance, halve the dose after one week, then slowly titrate up again
If there is no effect, double the dose after one week
It may take 2 to 3 months for full effect to develop

At regular doses (50-100mg/d), naltrexone has an antagonistic effect on opioid receptors. Through this inhibition, it induces upregulation of endorphin production. Immune cells also have endorphin receptors. At low doses (0.5-4.5mg/d), naltrexone inhibits Interleukin 6 (IL-6) production by blocking TLR. Important functions of IL-6 are:

- Platelet activation and thereby the formation of microthrombi.
- The permanent activation of acute phase proteins and thus favoring chronic diseases
- Amyloid deposition in tissues
- Up-regulation of Th17 and thereby inhibition of Treg
- Bone resorption and osteoclast activation
- upregulation of VEGF and thereby edema formation and angiogenesis
- In addition, NFkB is blocked by LDN, further modulating the immune system

Cave: LDN must not be combined with opioids!

Alpha-ketoglutarate (AKG)

- AKG (alpha-ketoglutarate) has a dual role in the citrate cycle, while coenzyme Q10 starts directly in the respiratory chain of the mitochondria. Coenzyme Q10 is involved in electron transfer from complex I to complex III, and also acts as an antioxidant. Coenzyme Q10 is produced in the body, but can also be taken in with food. AKG is only produced in the body itself for the citrate cycle at two enzyme complexes: firstly the pyruvate insertion and secondly in the succinate redox complex. It is the only substance that cannot form toxic radicals during oxidation and it is involved in the regeneration of the mitochondria. Both substances complement each other synergistically, i.e. they need each other. Without a sufficiently seamlessly functioning citrate cycle, oxidative phosphorylation, i.e. the respiratory chain, cannot be fed with fuel. As a result, ATP synthesis decreases. AKG is indicated in all chronic diseases. It lowers ammonia in liver damage and is also indicated for intestinal, nervous and kidney diseases and many others.

Ribose

- Chronic multi-organ complaints are usually characterised by a lack of ATP. Secondly, ADP is formed from ATP and from this AMP - the adenosine monophosphate, which is then lost, it is excreted via the kidneys. If ATP is lost, phosphate also disappears from the organism. This is necessary for the entire vitamin B balance (many vitamins from the B group are only biologically activated by being "loaded" with phosphate), for the mitochondrial respiratory chain, for ATP synthesis.
- Thus, a condition has been reached in chronic diseases that requires ribose and phosphate administration. For all chronic diseases of all internal organs, the nervous system, the immune system up

to allergies, we recommend ribose. Since the body needs 60-70 kg ATP per day in adults, we give one heaped tablespoon each, mixed in water, to drink early in the morning, at noon and in the evening. In case of phosphate deficiency, we also give one to two grams of phosphate. The effect is not immediate. Thus, at the end of the second week of treatment, it can be seen that angina pectoris attacks occur less frequently in heart patients, uric acid drops again from elevated pathological levels to normal levels, and gout attacks disappear. This is also the misconception of many doctors who see the causes of elevated uric acid levels in too much consumption of meat and beer. In people over 50, one must always think of mitochondrial dysfunction, in that the body inevitably forms AMP from ADP. Adenine is a purine base and must therefore also be excreted via the uric acid metabolism pathway and is thus lost renally.

- This is a chronic loss that the body cannot compensate for without a supply of ribose. So we use ribose for all chronic diseases.

Transfer Factor Plus 4life

This product is used to increase the activity of NK cells. It contains IP-6 (inositol hexaphosphate), which is said to have the strongest effect.

Trifactor formula 4life

Supports and regulates the immune system, balances. Intelligent molecules with a powerful effect! The special feature is the ability to bring down overreactions and strengthen a weakened immune system. It increases NK cell activity.

Telegram transfer factor exchange group: <https://t.me/+ZnNItT3Pjt0yNGQy>

Radiogardase® (BERLINER BLAU)

- Dosage: 1 tsp/d over 2 wks or 6-9 cps/d
- This is a deep blue pigment that exists as a solid. It contains iron ions in the oxidation states +2 u +3, which are linked together via the cyanide anion. It appears to be helpful in radioactive exposures to **caesium nucleides**. It is called Radiogardase as a drug of the company HEYL. Expensive, as at least 6 or better 9 pills daily are necessary. Use immediately after vaccination/booster, if NW are noticeable or testable (dysfunctions CNS, small intestine, spleen, heart/circulation). Available in the pigment trade, e.g. from Kremer. Is not absorbed and traps the toxins in the intestine!
<https://www.shop-apotheke.com/arzneimittel/10212855/radiogardase-cs-500-mg.htm>

Liposomal Ashwagandha with Vit C - Mighty Elements

- Withania Somnifera: 200 mg with vitamin C 300 mg
- Indication: for alopecia after corona infection
<https://www.sunday.de/ashwagandha-pulver-kapseln.html?gclid=CjwKCAiAvK2bBhB8EiwAZUbP1AylswEjZrQ-2PnwHmfevB59iaPH-tqeCG54jYMZfvkTTsEJkvwVlhoCrbIQAvD BwE>

Methylene blue

- Methylene blue (MB) has a number of biological properties that may be beneficial in patients with vaccine injury. MB induces mitophagy (mitochondrial autophagy) and has anti-inflammatory, antioxidant, neuroprotective and antiviral properties. MB and photobiomodulation (PBM) have similar beneficial effects on mitochondrial function, oxidative damage and inflammation, and the two treatments are often combined.
- Low-dose MB is a therapeutic option for patients with brain fog and other neurological symptoms. Patients or their healthcare providers need to purchase high quality methylene blue powder (pharmacological grade) and prepare an orally administered 1% solution (10 mg in 1 ml solution - 0.5 mg/drops) as follows: Mix 1 gram of methylene blue with 100 ml of water!

- Dosage of LDMB: Start with 1 or 2 drops in the morning for the first two days. On the third day, increase the dosage to 3 drops daily for the next two days. Continue to increase the dose by 1 drop every 2 days (depending on symptoms - i.e. improvement in fatigue and/or improvement in cognitive abilities) until you reach a maximum of 22 drops. The optimal dose is very individual and each patient must find the right dose for themselves. Take LDMB for 6 consecutive days. Take the 7th day off each week to allow the body to recover. LDMB causes your urine to be blue or blue-green. Some patients may have a Herxheimer reaction. A Herxheimer reaction can cause fatigue, nausea, headache or muscle pain as the "built up toxins" leave the body. If you experience such a reaction, stop the protocol for 48 hours and then resume it slowly.
- Caveat: You can't get the paint out again, or only in the dry cleaner.

<https://covid19criticalcare.com/treatment-protocols/i-recover/>

5.4. Phytotherapeutics

| |
|------------------------------------|
| Data: 1 gtt= 0.05 ml= 50 mg |
|------------------------------------|

5.4.1. Spermidine

- **Spermidine/resveratrol:**
- Dosage: 2x500 mg/d
- Spermidine, a naturally occurring polyamine, and resveratrol, a naturally occurring phytochemical, have been shown to promote autophagy. Wheat germ, mushrooms, grapefruit, apples and mango are high natural sources of spermidine.
- The oral bioavailability of resveratrol is low. An alternative could be resveratrol from Japanese Knotwood Root (FLCCC).
Caution: In case of simultaneous use of resveratrol with anticoagulants due to possible CYP450 interactions (Buhner: Herbal Antivirals)!

5.4.2. Plants (superfoods to deactivate the spike protein)

- Schizandra berry
- Indian gooseberry, black myrobalan, belleric myrobalan
- Comfrey leaves
- Citrus fruits and peppermint (hesperidin)
- Broccoli sprout powder (instead of sulforaphane)
- EGCG (green tea) and curcumin
- Liquorice
- Baikal hellebore
- Elderberry
- Japan. Knotweed
- Horse chestnut
- Cinnamon

St. John's wort (*Hypericum perforatum*)

- Dosage: Tincture: up to 3x 20-30 gtt/d
- Dried plant seems to have no effect (Buhner: Herbal Antibiotics). St. John's wort is a CYP3A4 inducer.

Dandelion (*Taraxacum officinale*)

- Dosage: up to 4x0.5-1 tsp/d
- Root, flowers and leaves contain a number of phytochemicals with anti-inflammatory, antioxidant, hypolipidemic, antimicrobial and anticoagulant properties. Dandelion blocks the binding of spikes to

the ACE2 receptor, probably by modulating the ACE2 receptor. It is still unclear whether Taraxacum can also bind spikes. Described contraindications are liver and biliary disorders, biliary obstruction, cholangitis, cholecystolithiasis, ulcus ventriculi.

Caution: in case of renal dysfunction due to high potassium content (FLCCC). Do not take before night because of strong diuretic effect (Buhner: Herbal Antivirals)!

<https://www.holistichealthonline.info/dandelion-leaf-extract-blocks-spike-proteins-from-binding-to-ace2-receptors-on-cells/>

5.4.3. Tea recipes

Rooibos

- African bush tea, called rooibos, is a meta-antioxidant and available in many supermarkets worldwide. Drinking one cup of rooibos tea is equivalent to consuming 50 cups of green tea in terms of its antioxidant effect. Rooibos is also very moisturising.

Green tea extract (EGCG)

- Dosage: 225 mg/d o. 4 cups/d
- Anti-inflammatory effect and support of the immune system (IFM)

Pine needle tea (Pinus sylvestris)

- Dosage: up to 3x5-20 gtt/d
- Suramin from pine needle tea
- Suramin is a pharmaceutical drug (one of the most powerful antioxidants) extracted from pine needles. Pine needle tea has an inhibitory effect on components of the coagulation cascade and on the inappropriate replication and modification of RNA and DNA (inhibits reverse transcriptase). It also inhibits platelet aggregation and blood clotting. Pine needle oil is known to treat cancer, inflammation, pain of all kinds and respiratory infections such as pneumonia, flu and coronavirus. Pine needle tea has an anti-parasitic effect.
- Pine needles, spruce, cedar and fir (conifers) contain shikimate (shikimic acid) and a number of other meta-nutrients that strengthen the immune system, moisturise and help detoxify graphene oxide nanoparticles at the cellular level. Needle oil and needle tea rejuvenate cells and act in natural stress reduction, as painkillers and antibiotics. They also help in overcoming trauma (PTSD) by acting directly on the nerves and bypassing the nervous system (metanutrient that erases cellular memory of trauma).

Annual mugwort (Artemisia annua)

- Dosage: 1.25 g dried tea 1x/d or 6.5 g fresh leaves with 250 ml water or 800-1200 mg/d for 5-7 days, change after 2 weeks.
Antimalarial, antibacterial, antifungal
Side effects: Mild GI complaints reported. Interactions with berberine, norfloxacin and omeprazole reported. (Buhner: Herbal Antibiotics)
Known in Asia for over 2000 years for its healing properties, the annual mugwort has been used successfully in many places for some time to combat serious diseases. The active ingredient artemisinin contained in it has been proven to help with malaria and has a supportive effect on cancer, AIDS or Lyme disease. For the prevention and treatment of infections, the plant can be taken as a tea or powder, e.g. with yoghurt, juices, smoothies or nut puree.

Medicinal tea

- Dandelion 12 g, Cistus 8 g, Pine needles 4 g, Artemisia 2 g

Hildegard mixture (according to Hildegard von Bingen)

In order to bring weakened patients back into strength after a Corona infection, the following prescription is suitable:

150 g fennel green
80 g galangal root
40 g diptam root
20 g hawkweed

Mix the herbs, grind and add to the parsley wine (alternatively white wine).

<https://hildegardvonbingen.info/mittel/krautermischungen/fenchelmischpulver-sivesan/>

Resin brew

Simmer **1 tbsp.** fir or spruce resin in 500ml in a tea filter for 15min.
Take 3x1 tbsp/d of this with hot water and honey.

Cystus health tea with cystus, nasturtium, lemon balm, etc.

5.4.4. Oxymel

- Medicinal syrup made from honey and vinegar

<https://www.oxymel.de/was-ist-oxymel/>

5.4.5. Other phytotherapeutics

Milk Thistle (Silymarin)

- Dosage: 1-2 capsules/d
- Preferably in the evening because of the circadian rhythm of the hepatobiliary system, liver detoxifying.

Ginkgo tree (Ginkgo biloba)

- Dosage: First week 3x5gtt to 3x10gtt. Then continue with 3x15gtt to 3x30gtt. (20gtt = 1ml)
Sources:
<https://kruidenvoorpostcorona.nl/ginkgo-biloba//>
<https://pubmed.ncbi.nlm.nih.gov/33594843//>
- Protects the ACE2 receptor, improves microcirculation, thus applicable for brain fog, concentration problems and cognitive impairment, prevention of thrombosis. Also seems to have an effect on dizziness and certain forms of tinnitus, carpal tunnel syndrome, tingling and numbness of the limbs (microcirculation, DD PNP).

Cystus

- antiviral, immune system boosting, upper respiratory tract
- some studies on the effect on Corona viruses are available
- relief of the immune system, in that pathogens are unspecifically physically bound and prevented from entering the organism
- Cystus 052 Sud Pandalis®

Licorice root (glycyrrhizin)

- The substance from liquorice root, which is also the basis for liquorice, can help against the coronavirus. Researchers from the Department of Infectious Diseases at the University Hospital Essen have found this out and published it:

<https://pubmed.ncbi.nlm.nih.gov/12814717/>

Other sources:

<https://www.biorxiv.org/content/10.1101/2020.12.18.423104v1>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7642094/>

Horseradish peroxidase

- catalyses the degradation of graphene oxide,
- Source: <https://pubmed.ncbi.nlm.nih.gov/21344859/>

Chinese. Caterpillar fungus (Cordyceps)

- Dosage: 3x 2.5ml - 5ml /d. Creep in
- Strong anti-inflammatory and antipyretic, through inhibition of TNF α , IL-1b and IL-8, among others. Improves the oxygen capacity of the tissue, for weakness and fatigue.
Source: <https://kruidenvoorpostcorona.nl/cordyceps-sinensis/>

Echinacea

- Dosage varies (not too shy): Stimulation of macrophages and NK cells, also regulation of cytokines.
Source: <https://www.ifm.org/news-insights/functional-medicine-approach-covid-19-additional-research-nutraceuticals-botanicals/#echinacea>

Beta Glucans:

- Dosage: 250-500 mg/d.
- Modulation of the innate immune response through interaction with pattern recognition receptors and increase of anti-inflammatory cytokines, such as IL-10
- Sources:
<https://clinicaltrials.gov/ct2/show/NCT05465798>
<https://www.ifm.org/news-insights/functional-medicine-approach-covid-19-additional-research-nutraceuticals-botanicals/#betaglucans>

Chinese medicine study

- Herbal mixture:
 - Radix astragali (Huangqi)
 - Radix glycyrrhizae (Gancao)
 - Radix saposchnikoviae (Fangfeng)
 - Rhizoma Atractylodis Macrocephalae (Baizhu)
 - Lonicerae Japonicae Flos (Jinyinhua)
 - Fructus forsythia (Lianqiao)

Licorice root (Glycyrrhiza glabra)

- Dosage: First week 3x5ggt to 3x10ggt. Then continue with 3x15ggt to 3x30ggt. (20ggt = 1ml: Source: <https://kruidenvoorpostcorona.nl/glycyrrhiza-glabra-zoethout/>)

- (e.g. as a tincture from Indigo Herbs or Nature's Answer on Amazon),
- Antiviral, inhibits binding to ACE receptor, regulation of cytokines
- Increases blood pressure, (stabilising in POTS?)
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7642094/>

Andrographis paniculata

In practice, this herb, taken in high enough doses early enough, can significantly reduce the duration and symptoms of flu (especially sore throat as with Covid-19).

- in Grip Balance, Nahani Company
- Sources:
<https://www.biopure.eu/extrakte/alkoholische-extrakte/142/andrographispaniculata>
<https://www.nature.com/articles/s41598-022-23189-7>
<https://pubmed.ncbi.nlm.nih.gov/28889969/>

Virus killers from the plant world (Eisbär Apotheke Karlsruhe):

Herbal mixture 112 Cats Claw,

- Dosage: 2-3 x 20 drops several times a day and on the go.
- Pocket spray 2-3 times daily 2-3 sprays on the tongue
- The main site of entry and replication of the viruses is the nasopharynx.

Herbal mixture 39 Throat spray

- with propolis, cystus, nasturtium and other antiviral plants

Herbal mixture 99 Artemisia

- With artemisinin, andrographyskraut, moringa, rosemary and oregano

Symbioflor 1

- Dosage: 2 x 20 drops-> increases s IgA on mucous membranes

Arctic C+ Zinc

- Dosage: 2x 1 (plant-based vitamin C!) or the

Acerola Taler

- From Innova in Grassau, delicious even for the children and of natural origin!

Arctic / Kyberg Lysine

- Dosage: 2x1 capsule, amino acid lysine inhibits viruses and stops reproduction

Imupret

- Dosage: 2x 20 drops or 2-3x 1-2 dragées

Innova Immune Spray

- Dr. Münch Mouth Spray with Lysozyme

Euphorbium comp

- Nasal spray occupies the docking sites of the viruses in the nose

5.5. Healing methods

5.5.1. Intermittent fasting

Intermittent daily fasting or periodic daily fasting. Fasting has a profound effect on promoting immune system homeostasis, in part by stimulating the removal of damaged cells and mitochondria and eliminating misfolded and foreign proteins. Intermittent fasting likely plays an important role in promoting the breakdown and elimination of spike protein. **Caveat:** Fasting is contraindicated in patients under 18 years of age (impairs growth) and during pregnancy and lactation. Patients with diabetes and those with severe underlying conditions should consult their GP before fasting as changes to their medication may be required and these patients will require close monitoring.

5.5.2. Deacidify and detoxify

Any heavy metal or toxin present in the body can aggravate the money roll formation of the blood cells that visibly (you can detect it by darkfield microscopic blood examination) result from the vaccinations. They can block important enzymes, weaken mitochondrial function and thus also the repair mechanisms on the DNA. Heavy metals have a particularly blocking function. They alone lead to chronic hyperacidity of the body, as they trigger inflammatory reactions, including many autoimmune diseases. These can be seen in the epigenetic analysis as clumping of mitochondria, which then lead to a lack of performance of the mitochondria, i.e. to a chronic lack of energy in the cells as well as to errors in gene repair. This means that deacidification should take place first, together with detoxification. In the case of heavy loads, build up first, e.g. with amino acids, B vitamins, etc.

- Combine the above-mentioned base infusion with the administration of 2x600 mg glutathione i.v. and Vit C 7.5-15 gr. Glutathione should always be injected separately and Vit C should also not be injected together with Nabi 8.4%.
- Use protocol infusions (from cell symbiosis therapy), very good mitochondrial mixtures, e.g. Victoria Apotheke, Saarbrücken, Burg Apotheke, Königstein.
- Heavy metals themselves often lead to allergies, acquired detoxification disorders, autoimmune diseases, premature ageing, cardiac arrhythmia, chronic inflammation, depression, lack of drive and much more. I.e. almost everything that we also see as a side effect of the corona vaccinations. Discharges with chelation therapy i.v., orally Dr. Cutler protocol.
- When we see these side effects from the Corona vaccination, it shows that they act toxically, i.e. like a poison, and the body tries to defend itself against them.
- At the same time, however, the side effects of vaccinations are also an expression of the body's previous burden, which is unmasked and leads, for example, to reactivation of chronic latent infections, which, among other things, contribute to the severe consequences of vaccination.
- It is important to eliminate the polluting factors in our food and drinking water: **Fish** and also seafood have been shown to contain **many heavy metals** such as mercury, lead and environmental toxins (PBB and many more.), which act as nerve poisons and thus irritate the function of the T-cells and other leucocytes and thus the immune system, can impair the vegetative fine control in the body and thus also disturb organ functions, further reduce serotonin and other neurotransmitters that keep us healthy and the blocking effect via mitochondria leads to a lack of energy and to malfunctions of the organs (mitochondrial translocators that bring substances into and out of the cells are often blocked) and thus the repair processes on the DNA are hindered, i.e. cancer risks also increase. i.e. the risk of cancer also increases!
- This also impedes the overall REGENERATION and can hinder the healing process of the initially intended vaccination inflammation, i.e. it leads to permanent inflammation or development of autoimmune diseases.

Already with the above-mentioned general and also deacidifying measures, the body usually initiates a mild detoxification.

Detoxification in everyday life:

Plenty of magnesium, folic acid and the detoxifying and inflammation-reducing substance quercetin - at least 3x/week, the easiest way to make it all in one is in a green smoothie with organic lettuce and organic apple and some water plus a little lemon if necessary. You can find more delicious smoothies to keep you healthy at:

<https://diy-medizin.de/gesunde-rezepte/>

Exercise is also an effective detoxification therapy.

Elderly people whose liver or kidney function is often weakened, who do little exercise or who take a lot of medication, usually have severe chronic poisoning and hyperacidity, so 3-4 more intensive detoxification-deacidification infusions and also rebuilding infusions (amino acids, B vitamins, etc.) - in addition to the general measures - should be carried out right at the beginning.

Detoxification accompanied by an experienced (chelation) therapist:

- EDTA, DMPS/DMSA - infusions according to existing protocols (chelation therapy)
- Procaine base infusions (80 mg procaine/ 500 ml Ringer's or NaCl 0.9% plus 100 ml, NaOH 8.4%)
- For people with MCS or detoxification disorders or great weakness always 600- 1200 mg glutathione intravenously in addition plus 3-15 gr. vitamin C.
-

Important notice:

For people with known heavy metal poisoning, please wait 8 weeks after vaccination for appropriate detoxification treatment with chelation therapy (EDTA, DMPS, DMSA), natural substances: Klinghardt protocol: first algae, if the blood is pure (observation under dark field microscopy), then wild garlic for the connective tissue and usually only after one year coriander for brain detoxification, MSM, R+alpha lipoic acid, etc., as any activation of the mercury from the tissue can foreseeably increase the vaccination reactions and thus the side effects. In addition, during the period of detoxification, a lot of fibre should supplement the diet and care should be taken to ensure good elimination. It is best to have an expert accompany these phases.

5.5.3. Non-invasive brain stimulation (NIBS)

NIBS with transcranial direct current stimulation or transcranial magnetic stimulation has been shown to improve cognitive function in patients with long COVID as well as other neurological disorders. NIBS is painless, extremely safe and easy to administer. It is an approved therapy offered by many physical medicine and rehabilitation centres. Patients can also purchase an FDA-approved device for home use.

5.5.4. Magnetic field therapy (pulsating)

Electrically generated, pulsating magnetic currents can trigger healing processes after just a few minutes of body contact. In naturopathy, this form of therapy has been used for centuries to treat physical complaints. Hippocrates already described the use of magnetic stones. The ancient Romans also used the positive effects of magnets and the ancient Egyptians wore magnetic jewellery to strengthen their health. Every cell in our body has its own magnetic field between the cell membranes. Just like biophotons, the electrical impulses serve as information mediators between the cells. However, external influences negatively affect the voltage between the membranes. These include unhealthy nutrition, stress, environmental toxins, pesticides or even smoking and alcohol. The cells can no longer work properly and the person gets tired, there is a drop in performance or recurring pain. Pulsating magnetic field therapy is used to reactivate the cells. A cell with a high energy level is basically less susceptible to attacks from outside. Pulsating magnetic field therapy brings energy into the body's cells, activating the hydrogen atoms in our body and thus enabling them to absorb more energy. The effect is vitalisation, improvement of oxygen supply and nutrient absorption, as well as metabolism optimisation, which leads to faster regeneration of each individual cell. In addition, blood circulation is promoted in this way, healing processes are accelerated or tensions are released. This type of therapy can have particularly good effects on painful conditions of the spine or

joints. Pain relief can also be achieved through treatment for conditions such as rheumatism, osteoporosis, arthrosis or even migraine. However, the healing method does not only help with chronic diseases, but also with bone fractures, torn tendons or other injuries. Magnetic therapy dilates the blood vessels and increases the flow of blood. As a result of the improved oxygen transport, the cell metabolism is stimulated again and the healing process is strengthened. Investigations with the help of a dark field microscope showed that clumped erythrocytes in the blood, which are triggered by mobile phone use, stress or exhaustion, dissolve after only 15 minutes of treatment on a magnetic field mat. (www.vitori.de)

The BEMER application for humans is the further development of magnetic field therapy. It uses the pulsating magnetic field to bring the signal configuration into the body. This signal in turn stimulates the pumping movements of the smallest vessels. As a result, the cells can be supplied with more oxygen and nutrients due to better blood circulation, and the whole organism can develop more energy and strength.

5.5.5. Hyperbaric Oxygen Therapy (HBOT)

HBOT has potent anti-inflammatory properties, decreasing pro-inflammatory cytokines while increasing IL-10. In addition, HBOT polarises macrophages towards the M2 phenotype and improves mitochondrial function. Surprisingly, it is the increased pressure, rather than the increase in dissolved oxygen concentration, that appears to mediate these effects. While the optimal dose and dosing regimen are unclear, pressures between 1.5 and 2.0 ATM appear to be necessary to mediate the anti-inflammatory effects; however, others have reported improvements with slightly 1.3 ATM. Pressures above 1.3 ATM can only be achieved with hard shell chambers. While there is very limited published data on the treatment of long covid and post-vaccine syndrome, notable life-saving benefits have been reported anecdotally. This therapy is limited by logistical problems and cost.

5.5.6. Whole Body Vibration Therapy

Low magnitude mechanical stimulation (LMMS or whole body vibration therapy): High frequency low magnitude mechanical stimulation (0.3-0.4 g) has been shown to increase bone density as well as indices of general well-being in patients with a variety of medical disorders. It is postulated that this intervention recruits bone marrow stem cells and has immunological effects in addition to metabolic effects. In humans, low magnitude acceleration is applied through the feet by standing on a platform that oscillates at a relatively high frequency. This is a very safe, painless and simple therapy. Similar to non-invasive brain stimulation (NIBS), this therapy is offered by physical medicine and rehabilitation centres or a device can be purchased for home use.

5.5.7. Cold hydrotherapy

- Cold hydrotherapy (e.g. cold showers)
- Wim Hof Method®
<https://www.wimhofmethod.com>

5.5.8. Medicinal baths for detoxification

Dr. Carrie Madej's Detox Bath daily with 1-2 cups of Epsom salts, baking soda, borax or bentonite clay or any combination, 1x/d for 40min.

A foot bath with 4 tablespoons of any combination of these substances in water. Soak feet for 15-20 minutes, 1-3 x/d

5.5.9. Remove obstacles to healing

Some patients suffer from severe side effects of vaccinations because they lack important vital substances, such as VitB12, folic acid, L-carnitine, amino acids, B vitamins or zinc. Others have additional allergies that should be treated, mostly gluten and milk protein, which cause problems here.

Another often overlooked obstacle to healing are scar disturbances and dental disturbance fields or Injury patterns of any kind, which can block whole body segments, meridians or quadrants. Scars can be treated very quickly and effectively in the first two sessions, often this already opens the door for a more effective regulation also of the Injury.

Tooth disturbance fields such as root granulomas, dead teeth or jaw osteitis can only be reduced in the short term with scar removal. As a rule, a dentist or oral surgeon must surgically clean out the affected area and only then can the removal therapies function optimally.

In addition, therapy of the head ganglia by a neural therapist or by balanced ear acupuncture is often of great benefit, as the jaw disturbance fields up to the Ggl. stellatum or Ggl. supremum can block regulation with effects on the blood-brain barrier, the thyroid, secretion of digestive enzymes, the breasts or the cardiac situation.

In addition, 1-2 procaine base infusions with small amounts of procaine, maximum 80 mg in 500 ml Ringer's solution plus 100 ml NaBi 8.4% slowly over 60 min iv are useful.

5.5.10. High altitude training - IHT

It should only be used slowly and carefully as an adjunct. It supports mitogenesis and the parasympathetic nervous system. Intermittent hypoxia training (IHT) couple the training load with an O₂ deficiency exposure. The organism is repeatedly exposed to hypoxic environmental conditions under physical stress. The demand conditions on the organism thus increase while the training volume remains the same.

5.5.11. Oxyvenation - Intravenous oxygen application

During oxyvenation, 1-2 ml/min of pure medical oxygen is administered into the vein with a certified application device.

This results in the increased formation of prostacyclin, the largest platelet aggregation inhibitor (work from Med. Hochschule Hannover, Prof. Frölich) with a strong vasodilatory, antithrombotic and cholesterol-lowering effect. This mechanism has a special significance in the treatment of long covid and post-vaccine syndrome. The anti-inflammatory effect was confirmed by a paper at the Charité Berlin (Prof. H. Kühn). Evidence of immune modulation through the regulation of interleukins 4, 5, 10 and 33 was provided by a paper by Prof. Dr. Brigitte König. The regulation of cytokine release through oxyvenation using immune cells as an example also plays a role and is being investigated.

5.5.12. Neurophysiology

Intranasal reflex therapy

Balanced ear acupuncture

Neuroathletics training

5.6. Miscellaneous

5.6.1. Sport

Moderation of physical activity:

Exercise can cause worsening symptoms and severe fatigue after exercise. Patients should moderate activity to a tolerable level and keep heart rate below 110 bpm. Stretching and low-resistance exercise are preferred to aerobic exercise.

5.6.2. Fluid intake

Hydration is the key to health, detoxification and the use of all protocols. When the body is dehydrated, it cannot properly absorb the nutrient particles from what you ingest and these nutrients are flushed out and lost.

Currently, 97% of the world's population is dehydrated and 76% are chronically dehydrated. This is because most of our drinking water is acidic and the molecules are simply too large to be absorbed by our cells.

Dehydration hinders cell communication. Drinking 8 glasses of water a day will not hydrate anyone unless it contains electrolytes.

It is extremely important to keep the pH of the body in balance. One should always be in an alkaline state. An over-acidified body is a breeding ground for disease. Electrolytes not only keep us hydrated, but also balance the pH.

Ayurveda recommends the following for detoxification and also for detoxification reactions: Boil water for 5 to 10 minutes, then strain it (e.g. through a coffee filter) and drink it as hot as possible throughout the day (thermos flask made of glass or steel).

5.6.3. Forest bathing

The terpenes secreted by the trees can strengthen the immune system during a walk in the forest. Professor Qing Li from the Nippon Medical School of the Medical University of Tokyo was able to prove in several studies that this increases and activates immune cells - even a single day in the forest increases the number of our natural killer cells in the blood by almost 40 % on average. After a holiday of 2-3 days in a forest area, this increase remained measurable even after 30 days. Forest air also promotes the reduction of stress and increases the production of anti-cancer proteins.

5.6.4. Sauna

Another strategy to promote health and longevity, and possibly to help detoxify spike proteins, is to visit the sauna regularly. When the body is exposed to a reasonable amount of heat stress, it gradually becomes accustomed to the heat, leading to a number of positive changes in the body. 70 degrees is optimal.

5.6.5. Eliminate interfering factors

Disruptive factors: Dis-stress, electrosmog, trauma consequences... (cause an increased sympathetic tone)

Even normal life can torpedo effective self-healing. In the case of side effects, it is therefore also important to make sure that stress and electrosmog in the environment are reduced. If possible, do not deal with shock events at the same time, because this could then mean a "multi-front war" that even a good immune system cannot win. Switch off wi-fi in the house at night and replace the Dect phone with a corded phone, otherwise it radiates 24 hours a day almost like a radio mast. A mobile phone-free zone at night is also a matter of course. Avoid watching thrillers, as this creates unnecessary stress for body and soul, which can have a negative effect on the immune system.

6. ADDITIONAL INFORMATIONS

6.1. Short protocols

6.1.1. Short laboratory protocol

- Blood count with differentiation and platelet count
- Standard electrolytes, liver, kidney function
- D-dimer
- CRP, ESR (hsCRP)

- Cortisol (morning measurement to exclude autoantibodies against ACTH)
- Homocysteine, vitamin B12 (methylmalonic acid, holotranscobalamin)
- TSH
- Glucose, (HbA1c)
- Troponin and NT-proBNP
- CMV, EBV (VCA IgM, VCA IgG, EA IgG, EBNA), HSV, HHV6 serology, to exclude viral reactivation.
- Vitamin D (25-OH-D3 to determine baseline)
- Antibodies (ANA, anti-cardiolipin)
- Coagulation (PF4, van.. factor)
- Live blood analysis (dark field)

6.1.2. Short protocol for practitioners

In principle (following the approach of Dr Pierre Kory, FLCCC)

- **Deactivation and excretion of spike proteins:**
intermittent fasting, autophagy, avoid excessive exercise, avoid autophagy inhibitors
- **Regulation of the immune system**
Ivermectin, CDL, LDN, Omega 3, HBOT, Steroids
- **Anticoagulation**
Triple anticoagulation (pharmacological, natural)
- **MCAS**
Loratadine, Famotidine, Ketotifen, DAO Enzymes
- **Viral persistence / reactivation**
EBV/HSV/CMV etc. - Ivermectin, Valacyclovir, Monolaurin, HBOT, Ozone, Microimmunotherapy, Artemisia annua (Kasimir & Lieselotte)
- **Mitochondria**
Intermittent Fasting, Methylene Blue, HBOT, D-Ribose, Co-Q10, Mg, Infrared (close up)

Procedure 1st step

- Info to patients: avoid excessive exercise (HR < 100, short episodes).
- **1. de-activation / excretion spike protein**
 - Intermittent fasting
 - Spermidine - 500mg/2dd
 - Resveratrol- 500mg/2dd
 - Avoid autophagy inhibitors (PPI, HCQ)
- **2. regulate the immune system**
 - Ivermectin - 0.3mg/kg/d. (0.5-0.6mg/kg/d)
 - CDL - 10ml/100ml 3dd (30ml/100ml)
 - Low dose naltrexone - 5mg/ml 1gtt/d, increase every 5d. Max 9gtt = 4.5mg/d
 - Artemisia annua - 15-30gtt/3dd

Procedure 2nd step

Use a new strategy every fortnight

MCAS

- Loratadine 20mg 2dd +
- Famotidine 40mg 2dd +
- Ketotifen (1mg/5ml) 0.5ml creep up to max 5ml at night
- or rupatadine 10mg/d to max 30mg/d

Fluvoxamine

- 12.5mg/d to maxx 25mg/d

SSRI

Fluoxetine 25 mg/d

Omega 3

- EPA 0.5g/d to 2g/2dd for a fortnight then 1g/2dd
- Add DHA at a later stage

Anticoagulation

- Pharmacological triple with statin for 28 days
 - Aspirin 80-100mg/d
 - Clopidogrel 75mg/d
 - Apixaban 5mg/2dd
 - Pravastatin 10mg/d
- Natural Triple
 - Nattokinase
 - Serrapeptase
 - Lumbrokinase (add after 14 days)
 - Strophanthine

Mitochondrial therapy

- D-Ribose
- Co-Q10
- Mg
- Melatonin
- Methylene blue
- HBOT
- Curcumin

Continuing therapy

- HDAC Inhibition
- Valproic acid /Resveratrol cream
- Colloidal silver
- Hydroxychloroquine, Nigella sativa
- NO modulation
- Sildenafil with L-Arginine, L-Citrulline Powder 5000mg
- Zest Cleanup
- CardioMiracle Product
- Zest Vital
- Refractory casus
- Vitamin C i.v. 25mg
- CDL i.v.
- Artemisinin i.v.
- Curcumin i.v.
- Ozone therapy

Complementary therapy

- Stress Management

- Breath training (Wim Hof, Buteyko)
- NeuroRehab
- Microbiome

Concrete medication (Florian Schilling)

| Active substance/preparation | Dosage | Manufacturer |
|------------------------------|-------------------------|-----------------|
| Nattokinase NSK-SD | 2000 FU/d | Source Naturals |
| PQQ Total | 3x1/d | Mitocare |
| Redox Regulat | 3x3/d | Mitocare |
| Polyphenols | 3x3/d | Mitocare |
| Flora Stabil/Flora total | 2x1 tbspd | Mitocare |
| Mitochondria Formula Sport | 2x4/d | Mitocare |
| Melatonin | >0.5mg/kg/d | Swanson |
| NAC | 1-2x50mg/kg/d Cave: DAO | Vit4Ever |
| Statin | 10mg/d | Pharmacy |

Supplement: Serrapeptase 2 x 120.0000 SU

Nahani

| Labordiagnostik | Therapie |
|--|--|
| <p>COVID-19 – Nachweis + klin. Symptomatik PCR – Antigen-Tests - COVID-19-AK – IgG – IgM - spez. T-Zellen (IL2 – IFN)</p> <p>Gerinnung D-Dimer, Thrombo, Fibrinogen</p> <p>Entzündung - Autoimmun CRP-BSG ANA – SD-AK - CIC Parasiten-AK</p> <p>Defizite Vit D (1.25-OH) / Vit D (25-OH) – (Parathormon, Ca im Serum) Fettsäuren-Analyse Omega 6/3 Ratio Mineralsstoffe Mg, Zn, Se J, Ca, Fe Oxidat. Nitro. Stress Glutathion red/oxid.– Nitrotyrosin Detox. - Alpha-Liponsäure</p> <p>Immunologie Lymphozyten-Subpopulationen CD4/CD8 Zytokine TH2/TH1 – (IL4-IL10/IL2-IFNg-TNFa) – RANTES/CCL5</p> <p>Kardiovaskulär Troponin – NTproBNP - CK-MB - CK-NAC – EKG - HRV</p> <p>Pulmonal LU-Funktion – O2-Sättigung</p> <p>Energie ATP-Profil</p> <p>Tumor M2PK - TK</p> | <p>COVID-19 – Nachweis Ivermectin – CDL – Hochfrequenz – Grapefruitkernextrakt</p> <p>Gerinnung Heparin – Enzymtherapie – CDL - Nattokinase</p> <p>Entzündung - Autoimmun Enzymtherapie – Boswellia - CDL Curcumin – Enzymtherapie – Cortison - Plasmapherese Mebendazol - Ivermectin – Wermut/Gewürznelken/WalnussS</p> <p>Defizite - Substitution Vit D /K2 Fettsäuren-Substitution Mineralstoff-Substitution Mg, Zn, Se J, Ca, Fe Anti-Oxid. Glutathion red/oxid. – VitC-A-E-BetaCarot-Quercetin-Curcumin Detox. Alpha-Liponsäure, Chelattherapie, Einläufe, Chaga, Zeolith, Sauna</p> <p>Immunologie Curcumin - Treg. Cimetidin 800mg abends – Colostrum Immunisierungs-Stop – Pine/Tannen Extr. – Curcumin – Zahns.-Chelat - Mistel</p> <p>Kardiovaskulär Klinik – Strophanthin – D-Ribose – Omega 3 – Hochfrequenz - Hyperbarer O2</p> <p>Pulmonal Hyperbarer O2 – CDL – Budwig - Basen</p> <p>Energie ATP-Co-Fakt, α-Ketoglutsre. - Hyperbarer O2 – 150MHz D.Broers – Melatonin - Orgon</p> <p>Tumor Integrative TU-Therapie</p> |

6.1.3. Short protocol for patients

The MWGFD has published a first aid guide for patients in case of vaccination side effects:

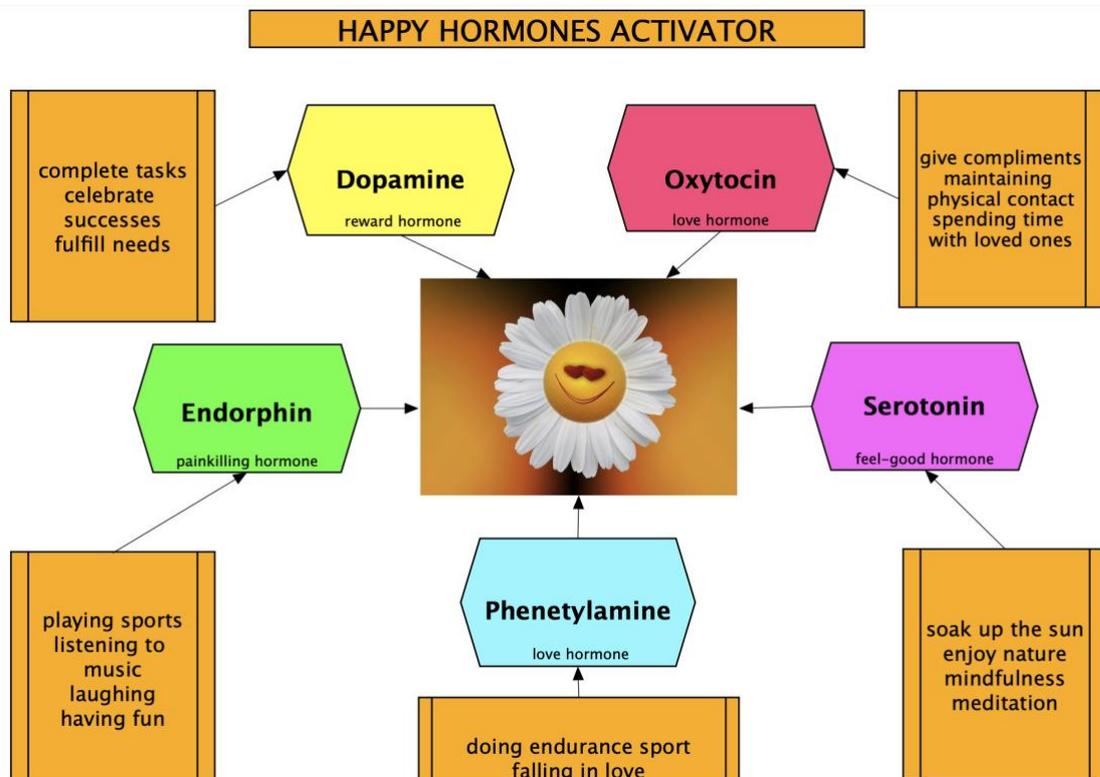
<https://www.mwgfd.org/wp-content/uploads/2022/11/Erste-Hilfe-Leitfaden-1.pdf>

General recommendations:

- Light exercise, avoid overexertion
- Sauna 70 degrees (avoid extremes, not too hot, not too cold)
- Vit C, Vit D3, Vit B complex, amino acids
- Replenish minerals (zinc, Zest vital, Medicinals9, OrgaMin, Natugena).
- Alkaline diet (herbal tea), sauerkraut with apple
- Enough sleep and deacidification
- Pine needle tea during the day, plus N-acetylcysteine
- Intermittent fasting
- Visit the forest (terpenes), forest bathing
- Exclude disruptive factors (electrosmog, mobile phones, avoid exciting films, no adrenaline kicks, avoid dysstress).
- Listen to music of a certain frequency (lower heart rhythm (from 60 to 50/min)
- Paying attention to your own thoughts, beliefs

Vera Birkenbihl: <https://www.youtube.com/watch?v=NhNQsS17v9s>

- Consciously release happiness hormones



6.2. Prevention

Optimally, interventions should be started 1 week before vaccination, maintenance dependent on follow-up, >28 days recommended.

6.2.1. General prevention

1. Inhibition of platelet aggregation
 - 1.1. ASA with > 1mg/kg bw per day
 - 1.2. In case of intolerance: Direct oral anticoagulants
2. Anti-inflammatory therapy
 - 2.1. Polyphenols (especially EGCG, resveratrol, lycopene, quercetin), e.g. Polyphenols Mitocare 3x5/d
3. Antioxidant therapy
 - 3.1. Vitamin C with 2x20mg/kg bw per day
 - 3.2. NAC with 50-100mg/kg bw per day
 - 3.3. Vitamin E with >1mg/10kg bw
4. In case of lymphopenia: infection prophylaxis
5. Phytobiose Total® with 3x5/d

6.2.2. Specific prevention

- Salutosil with 3x1 tbsp/d
- Intestinal binders (long-chain dietary fibres, zeolites, pectins)
- VDBP (vitamin D binding protein), e.g. BIC Immun® 2x1/d
- Heparinisation or direct oral anticoagulants (DOAK)
- High dose curcumin + methyl cobalamin:
 - Curcumin
 - Liposomal: 2x100 mg/d
 - Piperine: 4x500 mg/d
 - i.v. : 1x300 mg/wk
 - Methyl cobalamin or S-acetyl cobalamin:
 - Oral: 1 mg/d
 - i.m.: 2x5 mg/week
- Vit. E with 25 mg/d
- Q10 with 150 mg/d
- PQQ with 40 mg/d
- NAC with >100 mg/kg bw/d
- GSH i.v. with 2-3x 50 mg/kg/week
- Dexamethasone (10-20 mg/d)

6.2.3. Prevention with CDL

<https://andreaskalcker.com/de/clo2-cds/CD-Protokolle.html>

6.3. Therapist Directory

The therapy of vaccination side effects is just beginning. Many patients are looking for a practitioner who can recognise and, if necessary, also treat complaints that could be caused by vaccination. Platforms have been set up to enable referrals. This requires registration of the practitioner.

6.3.1. MBV

The focus is on offering a solution for patients with vaccine damage by referring appropriate practitioners.

The MBV (Medizinischer Behandlungs-Verbund) is an association of doctors and therapists for high-quality medicine and empathic treatment who offer help with post-vaccine syndrome - with a team of doctors and therapists at over 230 locations throughout Germany. Registration as a therapist is requested via the following link.

Note: The therapists are not visible on the homepage, there is a "mediation"!

<https://corih.de/registrierung.php>

It is expected that patients will also be able to register from December 2022:

<https://corih.de> or corona-vaccine-damage-help.co.uk

6.3.2. Florian Schilling

Those suffering from post-vaccine syndrome or post-covid syndrome often do not find a contact person. Fortunately, there are more and more colleagues who are willing to contribute their skills here and be there for these patients. Appropriate practices can be found in the network list. Since not all of them can cover everything, the list indicates what is offered in each case - diagnostics, therapy and here again separately infusions/injections. The list is sorted by postcode and is constantly updated. Other practitioners are welcome to register via a [contact form](#).

https://www.florianschillingscience.org/files/ugd/304090_a3cf447fc9c9442da3da961d2a1f1f2d.pdf

6.3.3. MWGFD

The Society of "**Physicians and Scientists for Health, Freedom and Democracy**, e.V." (MWGFD) is an association of persons and scientists working in the medical professions who deal with the issues of health, freedom and democracy in research and teaching. Its aim is to find a suitable therapist or doctor for people with suspected vaccine damage and also for patients who have been refused treatment as unvaccinated. As this is a pilot project, it should be noted that the network of therapists to be referred is under construction. Registration as a therapist is desired via the listed link.

You can reach helpful contacts who can support you in finding a doctor or therapist by calling +49 851 2042 5683. You can reach the referral centre by phone at the following times: Mon-Thu 9am-11am and 5pm-7pm and Fri 9am-11am.

<https://www.mwgfd.de/therapeutenvermittlung/>

For patients: Anyone who also feels the need to talk about their situation and personal condition in a protected setting can contact the **Lebensmut hotline** (<https://lebensmut-hotline.de/>) at **089-40 19 22 22**.

6.3.4. ALETHEIA Scimed

Contact point for patients with complaints after Covid injection and Long Covid. The concept is available for the whole of Switzerland. Contact: info@aletheia-scimed.ch

On the website, there is a reference to the possibility of fee-based counselling in case of vaccination side effects:

<https://www.aletheia-scimed.ch/de/unsere-unabhaengige-beratung-gibts-jetzt-auch-telefonisch/>

6.3.5. Post-vaccine-syndrome Switzerland

The association Post-Vaccine Syndrome Switzerland campaigns for the interests of people who have suffered serious and/or long-lasting side effects as a result of the Covid 19 vaccination. The central concern of the association is to improve the health and general living situation of the people affected by the vaccination. This includes the optimisation of medical care, legal and financial aspects as well as the targeted promotion of scientific research on the causes and treatment of undesirable side effects of the Covid-19 vaccination. This website provides [scientifically sound information on vaccination side effects](#) as well as support and therapeutic approaches for those affected by long-lasting Covid-19 vaccination side effects.

<https://www.postvac.ch>

6.3.6. Evidence of reason

It is time to offer help to those seeking help to regain sanity and self-empowerment.

The following support services are available: Online medical consultations in the form of group talk consultations and individual consultations. There is a charge for these medical consultations. The proceeds of the consultations are made available to a new, nationwide joint initiative.

<https://evidenzdervernunft.solutions/konsultationen/>

6.3.7. "Vaccinated - now we're talking" initiative

Hotline for patients:

If you also have health problems after vaccinations, you can contact us. We are in contact with around 2,000 doctors in Germany who take people seriously who suspect they have suffered vaccine damage. Make a personal appointment by email kontakt@geimpft-jetztredenwir.de or by phone 030 92259668 !

<https://www.geimpft-jetztredenwir.de>

6.4. Adjuvants & Co.

Different adjuvants in the mRNA vaccines are discussed again and again. It seems clear that different batches also have different compositions/impurities.

6.4.1. Magnetic Beads (MB)

It was often found that magnetic effects occurred at the injection site. These could be due to magnetic beads (magnetised nanoparticles). These are used in the manufacturing process of the vaccines to introduce foreign RNA into cells - magnetofection. Officially, the lipofection method is used in the Corona vaccines (Biontech). They must then be filtered out of the vaccine again, otherwise it is a manufacturer's error (impurities).

If magnetic beads were to remain in the vaccine, they could travel through the body via the bloodstream and accumulate at energy centres. The thought here is that these could accumulate in the sinus node and then lead to a heart attack. Indeed, magnetic bands on the extremities would then be helpful in keeping these MB away from the heart.

6.4.2. Lipid nanoparticles (LNP)

LNP are used as an adjuvant (without these lipid envelopes there would be no mRNA vaccines) and these can get into our entire body as they do not stay at the injection site. Research has shown that they can easily enter the brain and trigger immune responses, especially after the second dose.

Further notes:

- come in breast milk
- Accumulation in ovaries, liver, spleen, adrenal glands
- Gives ferritin nanoparticles
- have the property of "silencing" genes
- toxic, as they can easily penetrate all living structures
- enter the bloodstream within 48h
- Nanoparticles can distribute spike proteins throughout the body and deposit along with them

6.4.3. Polyethylene glycol (PEG)

The mRNA vaccines always contain PEG in addition to LNP. Very many people are allergic to PEG (approx. 70% in the USA). These vaccines can therefore trigger allergic reactions and anaphylaxis.

6.4.4. Graphene oxide (GO)

It has been discussed several times whether graphene oxide can be found in the vaccines. In multiple investigations, a team of experts has found nothing of the sort. Other studies even show an increase in graphene in the new variants of the injection fluid.

Ultimately, the possibility cannot be confirmed so far, but it cannot be ruled out either.

6.4.5. Radioactive caesium

German scientists discovered toxic components in the vaccines of Astra, Pfizer, Moderna that are not listed in the manufacturers' ingredient lists:

Caesium/potassium/calcium/barium/cobalt/iron/chromium/titanium/cerium/gadolinium/aluminium/silicon/sulphur

6.4.6. Endotoxins

ENDOTOXINS in the Pfizer mRNA injections (see p. 65 - APA - EU contract):

Endotoxins are produced in the highest concentration in the intestine, but are normally hardly absorbed by the intestinal wall.

The influx of endotoxins into the blood is increased in inflammations of the intestine (e.g. ulcerative colitis, gastroenteritis or bacterial overgrowth of the small intestine) because the barrier function of the mucous membrane is reduced. They enter the liver via the portal blood and then continue into the body's circulation. They attach to macrophages via the CD4 receptor, for example, and trigger signalling pathways that eventually lead to inflammation, fever, drop in blood pressure (up to shock) and complex changes in metabolism. Involved are: TNF-alpha, IL-8 and IL-6.

The first filter for endotoxins entering the body from the intestine is the liver. It can react with a toxin-induced hepatopathy (increase in transaminases and cholestasis enzymes).

In portal hypertension (e.g. in liver cirrhosis), the endotoxins absorbed into the blood from the intestine, bypassing the liver, which with its Kupffer's stellate cells is a filter, enter directly into the large bloodstream and therefore develop systemic effects much earlier and more intensively.

Inhalation of endotoxins with the breath leads to bronchitic reactions, and chronic inhalation may lead to chronic bronchitis.

6.4.7. Crystalline structures

Often, crystalline structures can also be found under the dark field microscope. These could be explained by crystals of sodium chloride, but also as cholesterol and a derivative thereof. They are often interpreted as "nanochips".

6.4.8. Other impurities

The Austrian doctor Hannes Strasser has looked into the ingredients of Corona vaccines and is shocked. Among the "other ingredients" of the Moderna vaccine, he found the substances SM-102, DSPC and DMG-PEG 2000. The documents on the Pfizer vaccine list the substances ALC-0315, ALC-0159 and DSPC. Some of these ingredients are toxic and carcinogenic and can cause birth defects (teratogenic). It is therefore inexplicable to the doctor that they are contained in vaccines administered to healthy people.

SM-102 is not suitable for use in animals or humans because the substance is toxic. The substance may cause anaemia, coughing, depression, fatigue, headache, heart damage, exhaustion and liver damage, among others.

The substance is carcinogenic and also teratogenic. The same applies to other substances in the mRNA vaccines.

The manufacturers of these substances warn that they are only suitable for research purposes and laboratory tests. This applies to ALC-0315, ALC-0159 and DMG-PEG 2000.

It is actually unbelievable that these two vaccines have been conditionally approved by the European Medicines Agency (EMA), says the doctor. It is completely incomprehensible that these vaccines are recommended for all over 12-year-olds despite their teratogenicity.

"We are exposing our pregnant and breastfeeding women and babies worldwide to a risk that we cannot yet assess," says Strasser. It is also still unclear whether the many side effects and deaths after corona vaccination are caused by the mRNA, the other toxins or possibly both. This has not yet been investigated, the doctor said.

<https://uncutnews.ch/arzt-untersuchte-giftstoffe-in-covid-impfstoffen-unglaublich-dass-sie-zugelassen-wurden/>

Remark:

In any case, it must be pointed out that large structures have been found in the vaccines. Analyses of the vaccines can be found in the following TG channel: <https://t.me/agimpfstoffe/21>
These structures contradict every "good manufacturing practice" and pose a danger to the "vaccinated"!

7. ABBREVIATION REGISTER

| Abbreviation | Meaning |
|-----------------|--|
| aAAK/agAAK/fAAK | Agonistic autoantibodies/functional autoantibodies |
| Ach-R | Acetylcholine receptor |
| ACE | Acetylcholinesterase |
| ACLA | Anticardiolipin antibody |
| ADE | antibody dependent enhancement |
| ADP | Adenosine di-phosphate |
| AKG | Alpha-ketoglutarate |
| AMA | Antimitochondrial antibodies |

| | |
|--------|---|
| ANA | antinuclear antibodies |
| ANCA | Antineutrophil cytoplasmatic antibody |
| ANCA c | Antineutrophil cytoplasmatic antibody cytoplasmatic |
| ANCA p | Antineutrophil cytoplasmatic antibody perinuclear |
| AMP | Adenosine mono-phosphate |
| APLA | Aplastic anaemia |
| ATP | Adenosine tri-phosphate |
| BHI | Bioenergetic Health Index |
| BNP | B-type natriuretic peptide |
| bpm | Beats per minute |
| BSG | Sedimentation rate |
| CCL2 | CC-Cemokineligand 2 |
| CCP AK | Cyclic citrulline peptide AK |
| CDL | Chlorine dioxide solution |
| Cn-1a | Cytosolic nucleotidase-1A |
| COPD | chronic obstructive pulmonary disease |
| COVID | coronavirus desease |
| CGRP | Calcitonin gene reactive protein |
| DAO | Diamine oxidase |
| DHA | Docosahexaenoic acid |
| DMSO | Dimethylsulphonamide |
| DOAK | Direct oral anticoagulants |
| EGCG | Epigallocatechin gallate |
| ENA | Extractable nuclear antigen |
| EPA | Eicosapentaenoic acid |
| FGFR-3 | Fibroblast Growth Factor Receptor 3 |
| GBS | Guillain-Barré syndrome |
| GM-3 | Ganglioside GM3 |
| GPCR | G-Protein Coupled Receptors |
| Gq1b | Ganglioside GQ1b |
| GSH | Glutathione |
| Hb | Haemoglobin |
| HBOT | Hyperbaric oxygen therapy |
| HCQ | Hydroxychloroquine |
| HDAC | Histone deacetylase |
| HIT | Histamine intolerance |
| HPU | Haemopyrrollactamuria |
| IDO | Iduronic acid |
| IF | Interferon |
| IG | Immunoglobulin |
| IL | Interleukin |
| KMO | Bone marrow oedema |
| LDH | Lactate dehydrogenase |

| | |
|------------------------|---|
| LDL | Low Density Lipoprotein |
| LDN | Low-dose naltrexone |
| MAK | Mirkosomal antibodies |
| MCAS (MCAD) | Mast cell activation syndrome |
| MCMS (MCMD) | Mast cell mediator syndrome |
| MDA | 3,4-Methylenedioxyamphetamine |
| M2PK | Isoenzyme M2 of pyruvate kinase |
| ME/CFS | Myalgic encephalomyelitis/chronic fatigue syndrome |
| MPO | Myeloperoxidase |
| NAC | N-acetylcysteine |
| NIBS | Non-invasive brain stimulation |
| NK | Natural killer cells |
| NMDA-R | N-methyl-D-aspartate receptor |
| NOAK | New oral anticoagulants |
| NSE | Neuron-specific enolase |
| PAF | platelet-activating factor |
| PA receptor | Protease-activated receptor |
| PBM | Photobiomodulation |
| PDE | Phosphodiesterase |
| PEG | Polyethylene glycol |
| PGC | Progastricsin |
| POTS | Postural orthostatic tachycardia syndrome |
| PTX | Pentoxifyllin |
| PCS | Post-Covid Syndrome |
| PVS | Post-vaccine syndrome |
| RAST | Radio Allergo-Sorbent Test |
| RDW | Red cell distribution width |
| SARS-CoV-2 | severe acute respiratory syndrome coronavirus type2 |
| SFN | Small-fibre neuropathy |
| SLE | Systemic lupus erythematosus |
| SOD | Superoxide dismutase |
| SSRI | Selective serotonin reuptake inhibitors |
| TAK | Thyroglobulin antibody |
| TCCMA | Central memory TC cells |
| TEG | Thromboelastography |
| TG | Thyroglobulin |
| TGF α u β | Transforming growth factor |
| TH1 | T helper cell |
| TKTL1 | Transketolase-like-1 |
| TNF-alpha | Tumour necrosis factor alpha |
| TPO | Thyropoxidase |
| TRAK | Thyrotropin receptor antibody |
| TRP | Tyrosinase related protein |

| | |
|--------|------------------------------------|
| TSH | Thyroid-stimulating hormone |
| TS-HDS | Trisulfated heparin disease |
| VDBP | Vitamin D binding protein |
| VEGF | Vascular Endothelial Growth Factor |

8. LIST OF SOURCES

8.1. Florian Schilling

<https://www.florianschillingscience.org/general-5>

8.2. C ORMEA - Corona Medical Alliance

Corona Medical Alliance

<https://cornea.org/leitfaeden/>

8.3. Dr. Alina Lessenich

<https://drlessenich.com>

8.4. FLCCC - Front Line Covid-19 Critical Care Alliance

<https://covid19criticalcare.com/treatment-protocols/i-recover/>

8.5. DGName - German Society for Natural Products Medicine and Epigenetics

<https://deutsche-gesellschaft-fuer-naturstoffmedizin-und-epigenetik.de/download-archiv/>

8.6. Dr. Vladimir Zelenko

<https://de.stolenmedicine.net/threads/graphenoxid-entgiftungsprotokolle-fuer-geimpfte-und-ungeimpfte.22/>

<https://vladimirzelenkomd.com/>

8.7. Dr. Jens Wurster

https://dr-wurster.com/media/files/Dr.-Wurster-Natur-und-Heilen-04_22_Impfnebenwirkungen-01.pdf

8.8. World Council for Health

<https://worldcouncilforhealth.org/resources/a-practical-approach-to-keeping-healthy-after-your-covid-19-iaj/>

<https://worldcouncilforhealth.org/wp-content/uploads/2022/10/Spike-detox-folded-leaflet-17-10-22-LR20.pdf>

8.9. Dr. Andreas Kalcker

<https://andreaskalcker.com/de/>

CDL protocols:

<https://andreaskalcker.com/de/clo2-cds/CD-Protokolle.html>

8.10. Dr. Dirk Wiechert

<https://dr-wiechert.com/newsletter/gesundheitsnewsletter-vom-22-10-2022-long-covid-was-weiss-man-und-was-kann-man-regulativ-machen-ohne-antivirale-oder-antibiotische-substanzen-zu-nutzen/>

8.11. "Covid 19 - Prevention & Treatment" brochure

www.covid-19-vorbeugen-und-behandeln.de

8.12. Other

<https://www.postvac.ch/hilfestellungen/behandlungsansatze/patterson-protokoll-maraviroc-statine/>

<https://www.nature.com/articles/s41421-021-00329-3.pdf>

<https://pubmed.ncbi.nlm.nih.gov/>

[Dr. Ariyana Love's Detox Protocol](#)

[Summary of the Spike Protein Protocol - David Avocado Wolf](#)

[PINE TEA: Possible Antidote for Spike Protein Transmission](#)

<https://www.caringhcws.co.za/>

<http://www.aerzteklaerenauf.de/news/>

<https://genuine-homoeopathie.de/home/praxis.html>

More information on vaccination

www.impf-info.de

www.individuelle-impfentscheidung.de

8.13. Telegram channels

- <https://t.me/infobehandlungalternativ>
- <https://t.me/agimpfstoffe>
- <https://t.me/schoepferinsel>
- <https://t.me/florianschillingscience>
- https://t.me/gruppe_kolloidales_silber
- <https://t.me/dralinalessenich>
- <https://t.me/infokanalimpfungen>

9. DISCLAIMER OF LIABILITY

This document is intended as a compilation of different therapy protocols and is for educational purposes only for therapists dedicated to the treatment of post-covid syndrome and post-vaccine syndrome. All information from different protocols is the responsibility of the individual practitioner to question and verify.

This protocol is not intended as a substitute for professional medical advice, diagnosis or treatment in relation to the individual patient. A personal and individual medical history, examination and diagnosis must always be carried out when medical questions arise. A medical assessment of the medical situation of the affected person is required before treatment is initiated, which must be individually adapted to the symptoms of the affected person, taking into account possible contraindications.

The information presented here is not intended as a recommendation or promotion of diagnostic measures, treatments or medicines or dietary supplements.

No claim is made as to the completeness, timeliness, accuracy or balance of the information.

The contents are in no way a substitute for professional, personal and individual advice from a doctor, alternative practitioner and/or pharmacist and may not be used as a basis for independent diagnosis and the start, change or termination of treatment of diseases by those affected.

The author team in December 2022