



Two Strategies to Eliminate Spike Protein

Description

Marik and Kory believe there may be ways to boost the immune system to allow it to degrade and eventually remove the spike from your cells. One of the strategies they recommend for this is TRE (time restricted eating), which stimulates autophagy, a natural cleaning process that eliminates damaged, misfolded and toxic proteins.

In many ways Marik is a fairly rigid conventional physician who is simply unaware of many effective therapies natural physicians use. One major omission he is unaware of is sauna therapy. This is especially true when combined with TRE, as it will radically increase autophagy and heat shock proteins which will address the prion like diseases recently reported with COVID jabs and as predicted last year by MIT research scientist Stephanie Seneff.

Infrared saunas are clearly the best saunas out there as I detail in my epic article on sauna earlier this year. One of the primary reasons is the increase in mitochondrial melatonin.

Ivermectin also binds to the spike protein, thereby facilitating its removal. As noted by Marik, the best advice is to avoid the spike protein in the first place. Don't take the COVID jab, and if you get COVID-19, treat it early and aggressively.

The spike protein is toxic regardless of whether it comes from the natural infection or the injection. Early and aggressive treatment will lower your spike protein load, thereby reducing your risk of long-COVID.

Kory stresses that, at present, they still do not know the exact correct dose for ivermectin. When prescribed for long-COVID and vaccine injury, he monitors the patient and adjusts the dosage based on individual response. That said, he typically starts patients out at a mid-range dose of 0.3 milligrams per kilogram of bodyweight, daily.

Now, he's noticed that when it comes to ivermectin, there are responders and nonresponders. It works exceptionally well for some, while benefits are negligible in others. That said, a majority of patients do tend to experience a benefit. The length of treatment is also highly variable.

As for safety, it's been used for over 50 years⁹ and has a remarkably robust safety profile. We now

also have a large-scale Brazilian study in which patients received ivermectin for four days every month for six months. Curiously, not only was COVID incidence dramatically reduced, but kidney and liver function actually improved with this treatment. Marik also dismisses claims that ivermectin can be harmful to your liver, saying it's actually used to treat fatty liver disease.

So, overall, "we have not seen a safety signal ... with long-term use," Kory says. "Some of that is published data, and some of it is just our experience with treating patients." Marik adds, "It's one of the safest medications ... even when taken in high doses appropriately."

FLCCC Vaccine Injury Protocol: First Line Therapies

The full first line protocol for vaccine injury is as follows. Keep in mind, however, that the treatment must be individualized to the symptoms of each patient. As explained by Marik, the patient's response will determine future treatment and adjunct therapies. These are not symptom specific but rather listed in order of importance:¹⁰

Time Restricted Eating or periodic daily fasts. Fasting has a profound effect on promoting immune system homeostasis, partly by stimulating the removal of damaged cells and mitochondria and clearing misfolded and foreign proteins. Intermittent fasting likely has an important role in promoting the breakdown and elimination of the spike protein. Fasting is contraindicated in patients under 18 (impairs growth) and during pregnancy and breastfeeding.

Patients with diabetes, as well as those with serious underlying medical conditions, should consult their primary care provider prior to fasting, as changes in their medications may be required and these patients require close monitoring.

Ivermectin — 0.2 to 0.3 mg/kg, daily for up to 4 to 6 weeks. Ivermectin has potent anti-inflammatory properties. It also binds to the spike protein, aiding in the elimination by the host. It is likely that ivermectin and intermittent fasting act synergistically to rid the body of the spike protein.

Ivermectin is best taken with or just following a meal for greater absorption. A trial of ivermectin should be considered as first line therapy. It appears that patients can be grouped into two categories: i) ivermectin responders and ii) ivermectin nonresponders.

This distinction is important, as the latter are more difficult to treat and require more aggressive therapy. Due to the possible drug interaction between quercetin and ivermectin, these drugs should not be taken simultaneously (i.e., should be staggered morning and night).

Low dose naltrexone (LDN) — Begin with 1 mg/day and increase to 4.5 mg/day, as required. May take 2 to 3 months to see full effect. LDN has been demonstrated to have anti-inflammatory, analgesic and neuromodulating properties.

Melatonin — 2 to 6 mg slow release/extended release prior to bedtime. Melatonin has anti-inflammatory and antioxidant properties and is a powerful regulator of mitochondrial function. The dose should be started at 750 mcg (?g) to 1 mg at night and increased as tolerated. Patients who are slow metabolizers may have very unpleasant and vivid dreams with higher doses.

Aspirin — 81 mg/day. (Please note: I do not agree with the routine use of aspirin, and recommend proteolytic enzymes such as lumbrokinase and serrapeptase on an empty stomach instead. Both serve to digest unwanted proteins in your blood, like blood clots.

They also help combat inflammation and rebalance your immune system, facilitating the removal of inflammatory proteins, removing fibrin — a clotting material that restricts blood flow and prolongs inflammation — reducing edema in inflamed regions, and boosting the potency of macrophages and killer cells.)

Vitamin C — 1000 mg orally three to four times a day. Vitamin C has important anti-inflammatory, antioxidant, and immune-enhancing properties, including increased synthesis of type I interferons. Avoid in patients with a history of kidney stones. Oral Vitamin C helps promote growth of protective bacterial populations in the microbiome.

It is important to note that these high doses are a pharmaceutical application of vitamin C and NOT recommended for daily use. It is far better to use whole food vitamin C and not ascorbic acid for daily use. I actually will be speaking with Dr. Marik and Korey September 9 and 10 at a [vitamin C conference](#)¹¹ in Clearwater, Florida. If you come to the event you will be able to meet me personally there.

Vitamin D and Vitamin K2 — A dose of 4,000 to 5,000 units/day of vitamin D, together with vitamin K2 100 mcg/day is a reasonable starting dose. The dose of Vitamin D should be adjusted according to the baseline vitamin D level.

Quercetin — 250 to 500 mg/day (or mixed flavonoids). Flavonoids have broad spectrum anti-inflammatory properties, inhibit mast cells, and have been demonstrated to reduce neuroinflammation.

Due to a possible drug interaction between quercetin and ivermectin, these drugs should not be taken simultaneously (i.e., should be staggered morning and night). The use of quercetin has rarely been associated with hypothyroidism.

The clinical impact of this association may be limited to those individuals with preexistent thyroid disease or those with subclinical thyroidism. Quercetin should be used with caution in patients with hypothyroidism and TSH levels should be monitored.

Nigella Sativa — 200 to 500 mg twice daily. It should be noted that thymoquinone (the active ingredient of Nigella sativa) decreases the absorption of cyclosporine and phenytoin. Patients taking these drugs should, therefore, avoid taking Nigella sativa. Furthermore, two cases of serotonin syndrome have been reported in patients taking Nigella sativa who underwent general anesthesia (probable interaction with opiates).

Probiotics/prebiotics — Patients with post-vaccine syndrome classically have a severe dysbiosis with loss of Bifidobacterium. Kefir is a highly recommended nutritional supplement high in probiotics.

Magnesium — 500 mg/day.

Omega-3 fatty acids — DHA/EPA 4 g/day. Omega-3 fatty acids play an important role in the resolution of inflammation by inducing resolvins production.

FLCCC Second Line Therapies for Vaccine Injury

Adjunctive and/or second line therapies in the FLCCC's vaccine injury protocol are:

Hydroxychloroquine (HCQ) — 200 mg twice daily for 1–2 weeks, then reduce as tolerated to 200 mg/day. HCQ is the preferred second line agent.

HCQ is a potent immunomodulating agent, and is considered the drug of choice for systemic lupus erythematosus (SLE), where it has been demonstrated to reduce mortality from this disease. Thus, in patients with positive autoantibodies or where autoimmunity is suspected to be a prominent underlying mechanism, HCQ should be considered earlier.

Further, it should be noted that SLE and post-vaccine syndrome have many features in common. HCQ is safe in pregnancy; indeed, this drug has been used to treat preeclampsia. With long term usage, the dose should be reduced (100 or 150 mg/day) in patients weighing less than 61 kg (135 lbs).

Intravenous vitamin C — 25 g weekly, together with oral Vitamin C 1000 mg (1 gram) 2–3 times per day. High dose IV vitamin C is “caustic” to the veins and should be given slowly over 2–4 hours.

Furthermore, to assess patient tolerability the initial dose should be between 7.5–15 g. Total daily doses of 8–12 g have been well-tolerated, however chronic high doses have been associated with the development of kidney stones, so the duration of therapy should be limited. Wean IV vitamin C as tolerated.

Non-invasive brain stimulation (NIBS) — NIBS using transcranial direct current stimulation or transcranial magnetic stimulation has been demonstrated to improve cognitive function in patients with long COVID as well as other neurological diseases. NIBS is painless, extremely safe, and easy to administer. It is a recognized therapy offered by many Physical Medicine and Rehabilitation Centers. Patients may also purchase an FDA-approved device for home use.

Fluvoxamine — Start on a low dose of 12.5 mg/day and increase slowly as tolerated.

“Mitochondrial energy optimizer” with pyrroloquinoline quinone (e.g., Life Extension Energy Optimizer or ATP 360®).

N-acetyl cysteine (NAC) — 600–1500 mg/day.

Low dose corticosteroid — 10–15 mg/day prednisone for three weeks. Taper to 10 mg/day and then 5 mg/day, as tolerated.

Behavioral modification, mindfulness therapy, and psychological support — May help improve patient's overall well-being and mental health. Suicide is a real problem in the vaccine-injured patient. Support groups and consultation with mental health professionals are important.

Tai Chi and Yoga — Tai Chi, a health-promoting form of traditional Chinese martial art, has shown to be beneficial for preventing and treating diseases including long COVID. Yoga has immunomodulating properties that may be beneficial in vaccine-injured patients.

It should be noted that long COVID is characterized by severe post-exertional fatigue and/or worsening of symptoms, therefore patients should be counseled to moderate exertion, increasing slowly only as tolerated.

Examples of third line therapies and other potential remedies include hyperbaric oxygen therapy, whole body vibration therapy, cold hydrotherapy, nutraceuticals such as dandelion and broccoli sprout powder and carbon 60 (C60 fullerenes). For the full list, see the I-RECOVER Post-Vaccine Treatment Protocol¹² available on covid19criticalcare.com.¹³

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