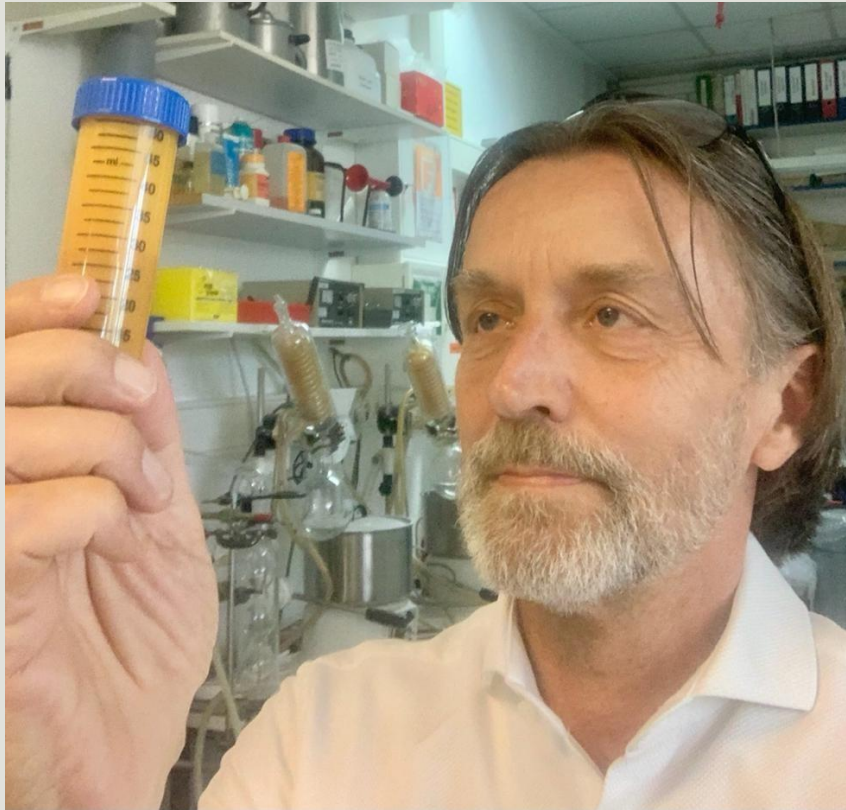


SPIKE DETOX PROTOCOLS INITIAL SITUATION

1. What are we facing
2. Successful strategies
3. Patient results

ONGOING RESEARCH AND DEVELOPMENT FEEDBACKING WITH RESULTS FROM PRACTICE



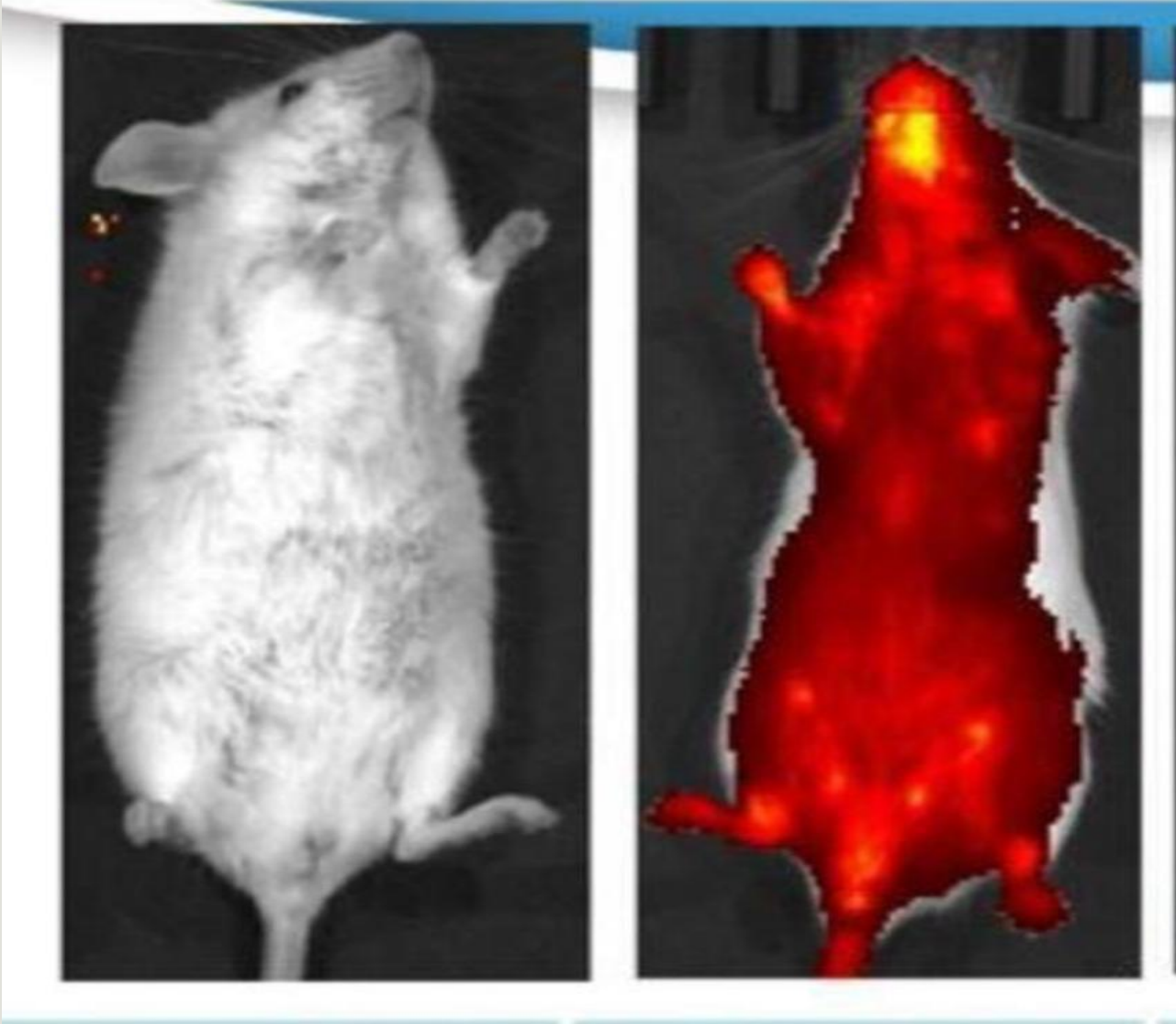
PRE-CLINICAL AND IN-VITRO LABORATORY



We conducted several hundred in silico , In vitro , pre-clinical and clinical studies on various combinations of molecules to arrive at our Protocol.

A large number of peer reviewed publications came out of this group so far.

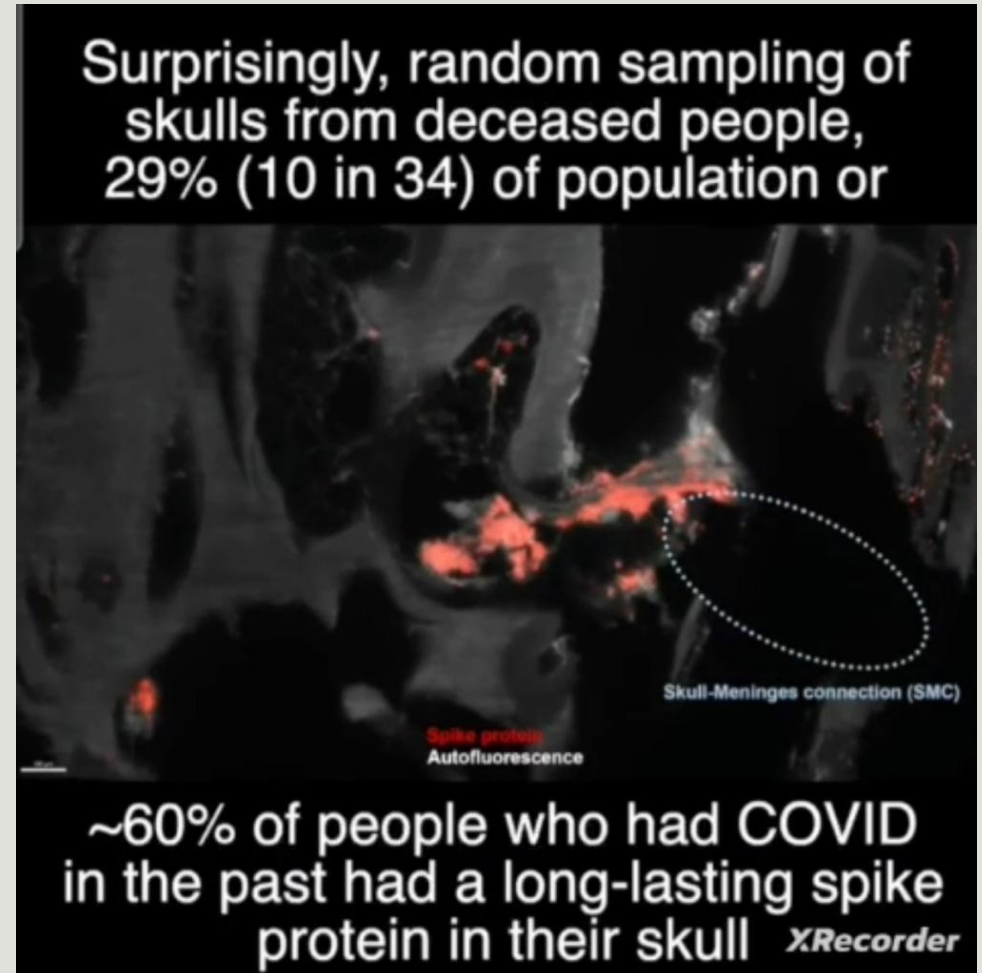
ANIMAL 72 HOURS AFTER INJECTION OF SPIKE PROTEIN



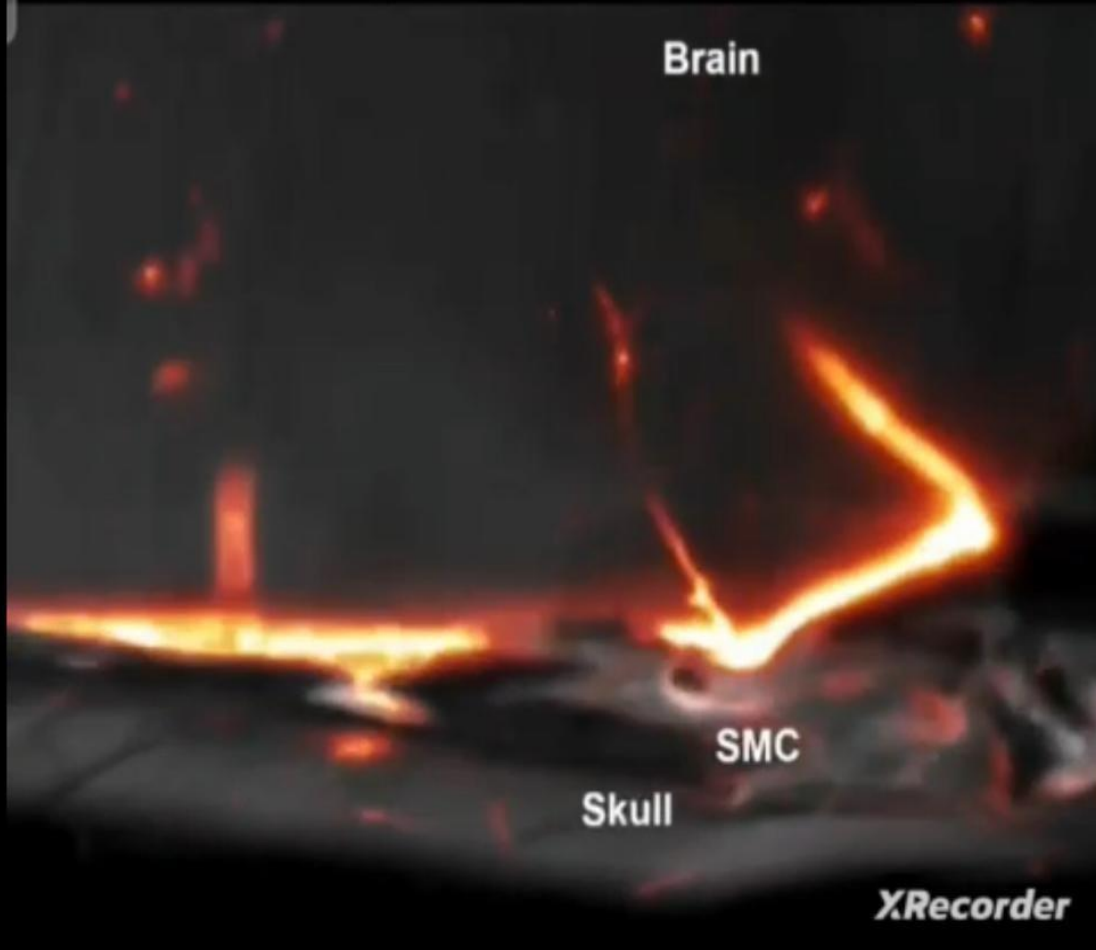
60% of all!!! Sars CoV 2 infected have persistent spike in the bone marrow of the skull and god knows where else. This has to be removed

**SARS-CoV-2 Spike Protein
Accumulation in the Skull-Meninges-
Brain Axis: Potential Implications for
Long-Term Neurological
Complications in post-COVID-19**

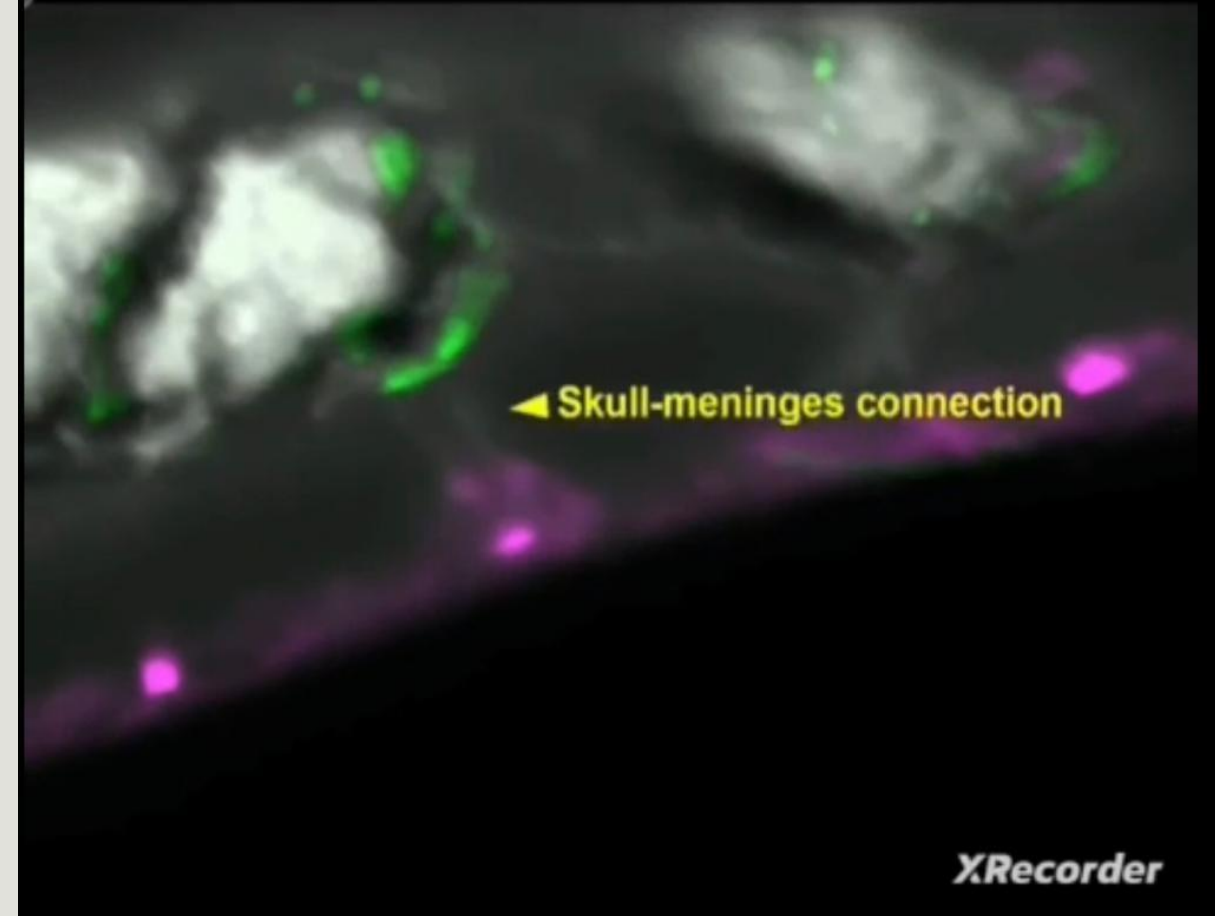
Zhouyi Rong, Hongcheng Mai, Saketh Kapoor,
Victor G. Puelles, Jan Czogalla, Julia Schädler,



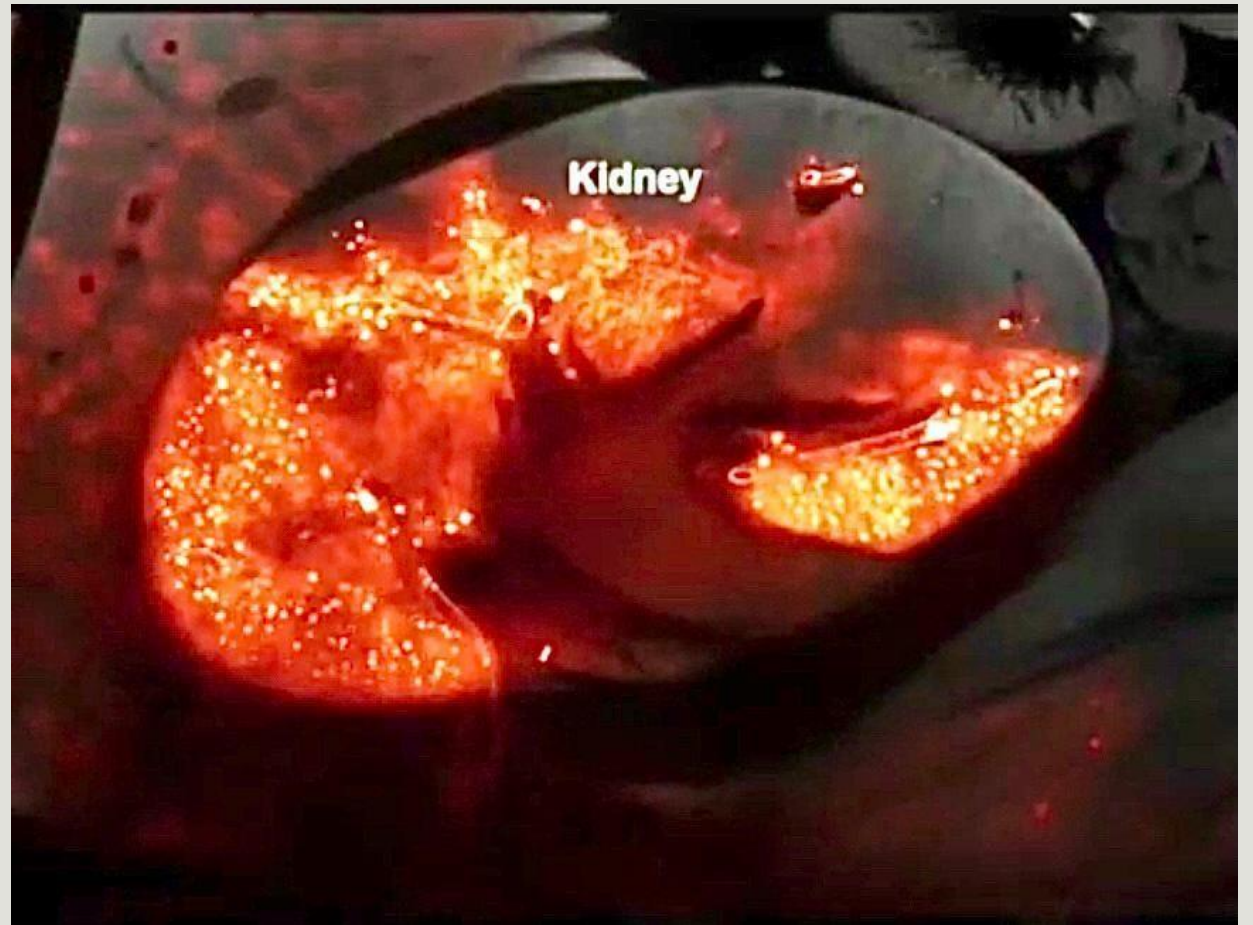
Skull and meninges accumulated enormous amounts of spike



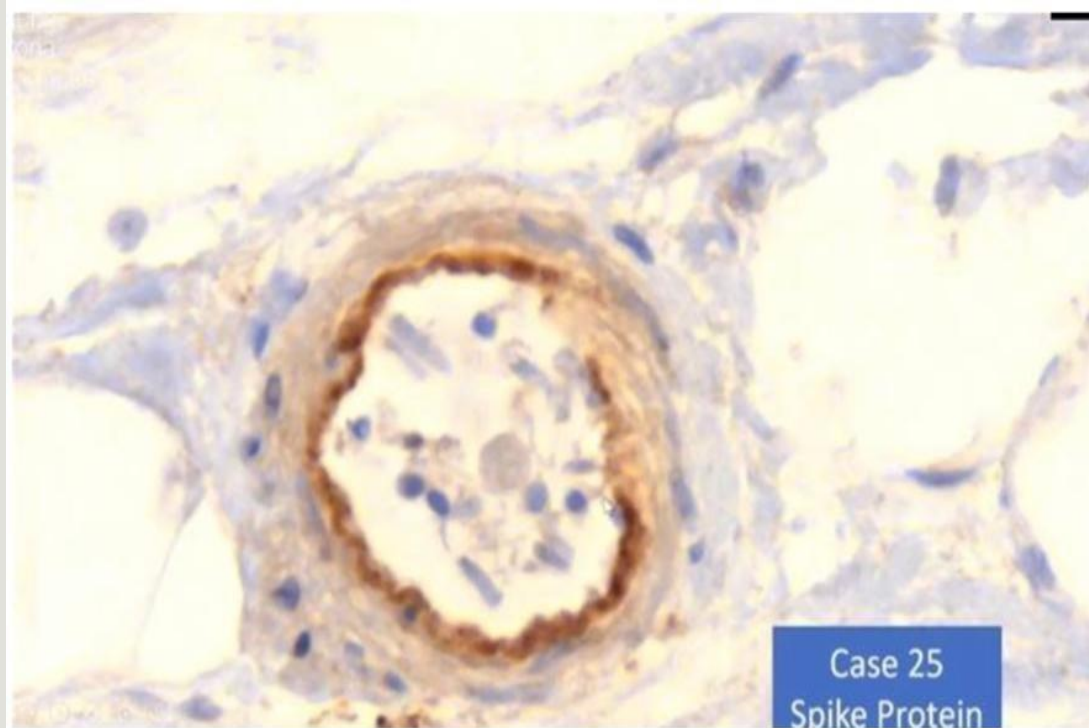
We also observed spike protein in skull-meninges connections (SMCs)



•



Synthetic Spike protein in arterioles:



Reutlinger Histologie-Studie – Vortrag von Prof. Dr. med. Arne Burkhardt am 21.01.2022 Seite 11 v

And we find it not only on the capillaries, but also on the small arterioles. Here ["Case 25 Spike Protein"] this clear positive reaction and here an interruption in the inner vessel wall layers. And you see here inside again the sloughed off endothelia and single inflammatory cells.

Ausschuss

Reutlinger Autopsie/Histologie-Studie Impfnebenwirkungen und -Todesfälle

8 Kooperierende Pathologen/ Biologen international
25 Todesfälle / 3 Proben von Lebenden

- 15 Fälle ausgewertet Stufe 1: Routine Histologie
- 1 Fall Stufe 2: Spezialmethoden

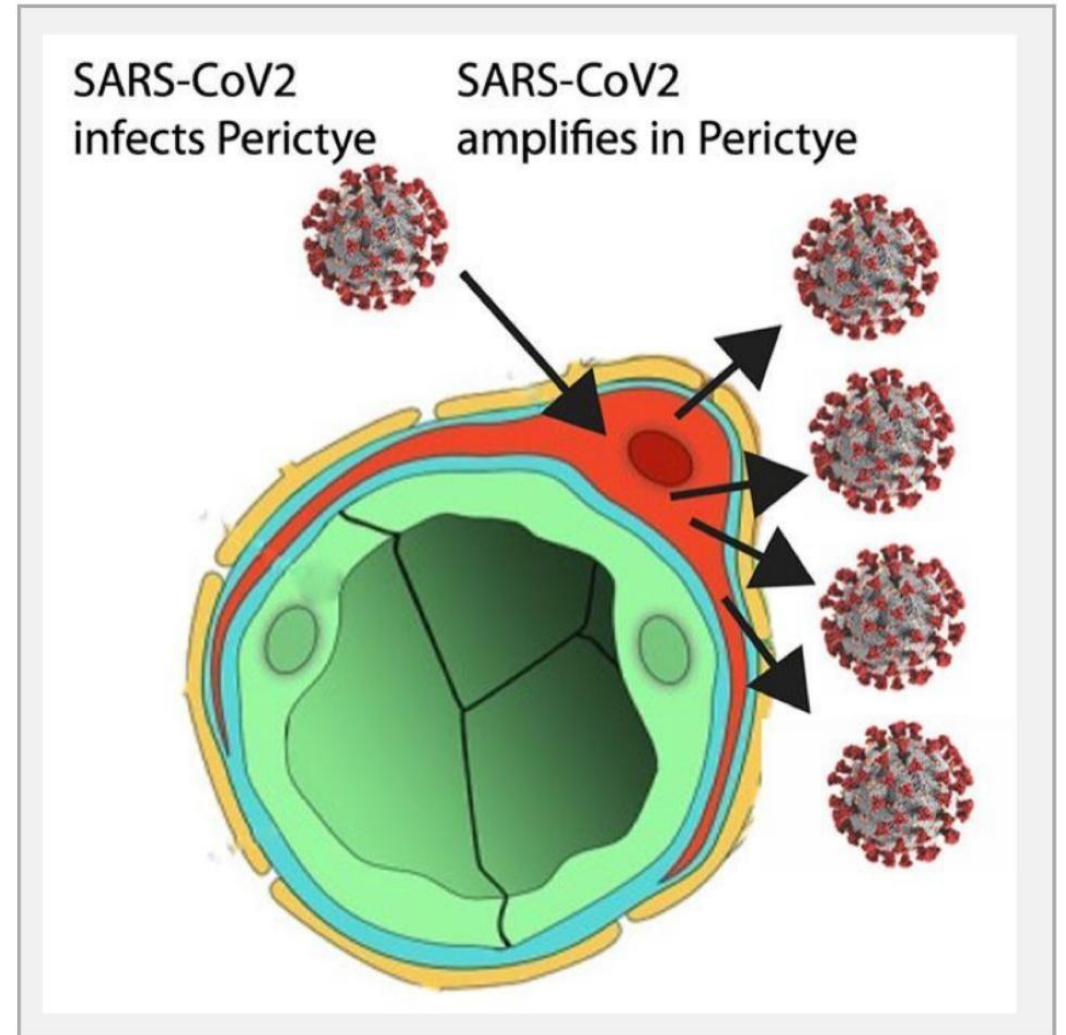
7 Männer, 8 Frauen; 28 bis 95 Jahre alt
Tod 7 Tage bis 6 Monate nach letzter Injektion
Impfstoffe:
Comirnaty/Pfizer-BioNTech 8, Moderna 2, Janssen 1, Astra-Zeneca 2, unbekannt 2

Figure depicts SARS-CoV-2 spreading through blood vessels (green) to infect pericytes (red), which amplify infection and can spread infection to other cell types in the brain.

3D "assembloid" shows how SARS-CoV-2 infects brain cells

Peer-Reviewed Publication

UNIVERSITY OF CALIFORNIA - SAN DIEGO

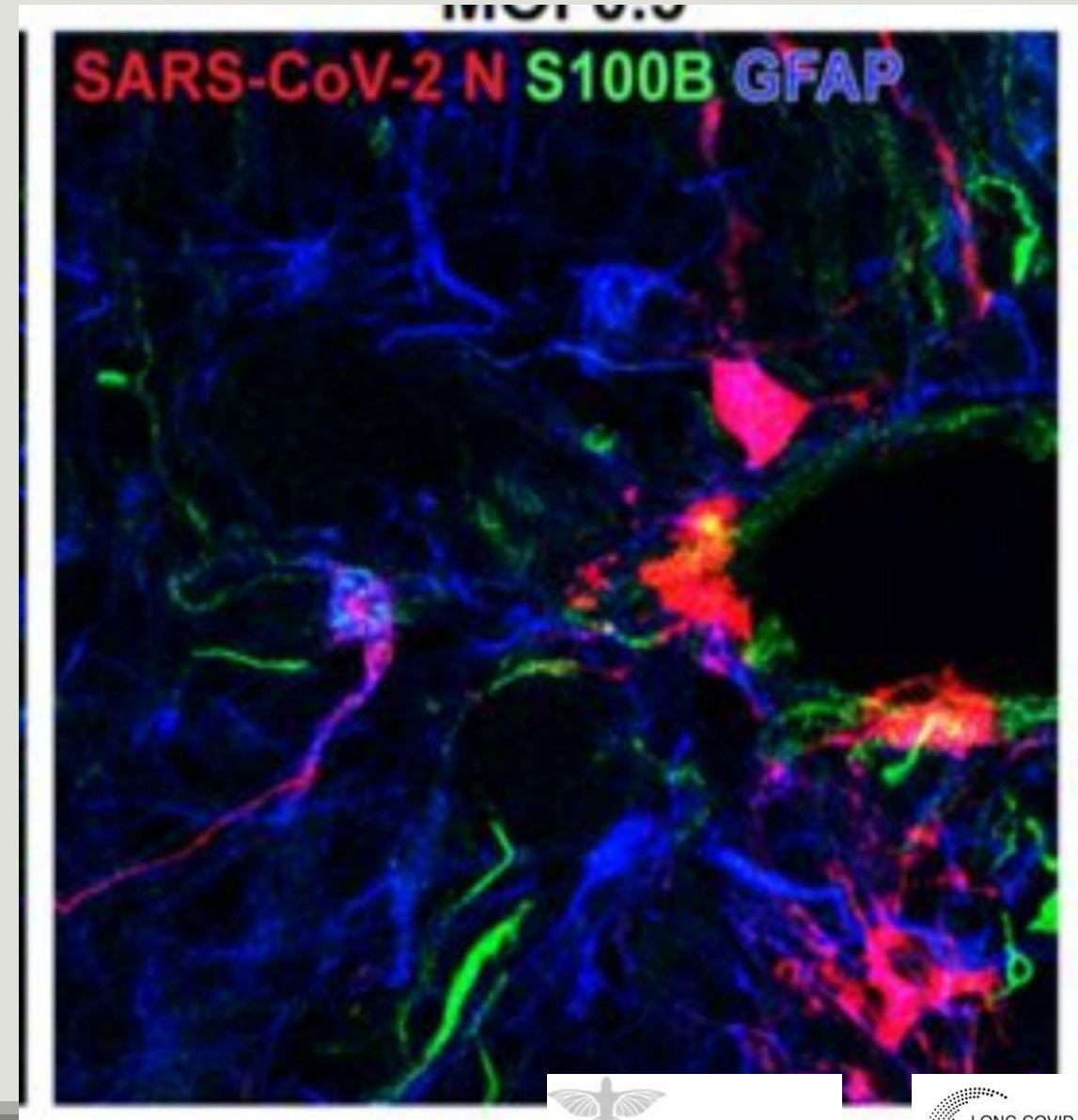


Mature and precursor astroglial cells indicate high infection.

Tropism of SARS-CoV-2 for Developing Human Cortical Astrocytes

 Madeline G. Andrews,  Tanzila Mukhtar, Ugomma C. Eze, Camille R. Simoneau, Yonatan Perez, Mohammed A. Mostajo-Radji, Shaohui Wang, Dmitry Velmeshev, Jahan Salma, G. Renuka Kumar, Alex A. Pollen, Elizabeth E. Crouch, Melanie Ott,  Arnold R. Kriegstein

doi: <https://doi.org/10.1101/2021.01.17.427024>



Malfunctioning of glymphatic drainage; a network of lymphatic vessels that clear waste from the central nervous system (CNS), mostly during sleep.¹ This results in the abnormal accumulation of fluid, waste products, and inflammatory cytokines in the brain parenchyma, leading to nervous system symptoms like fatigue, depression, myalgias, anosmia, and in particular, brain fog.²

MINI REVIEW

Glymphatics and brain fog - the post-COVID-19 phenomenon

Mulazim Hussain Bukhari^{1*}, Shumaila Liaqat²,
Nadia Naseem³

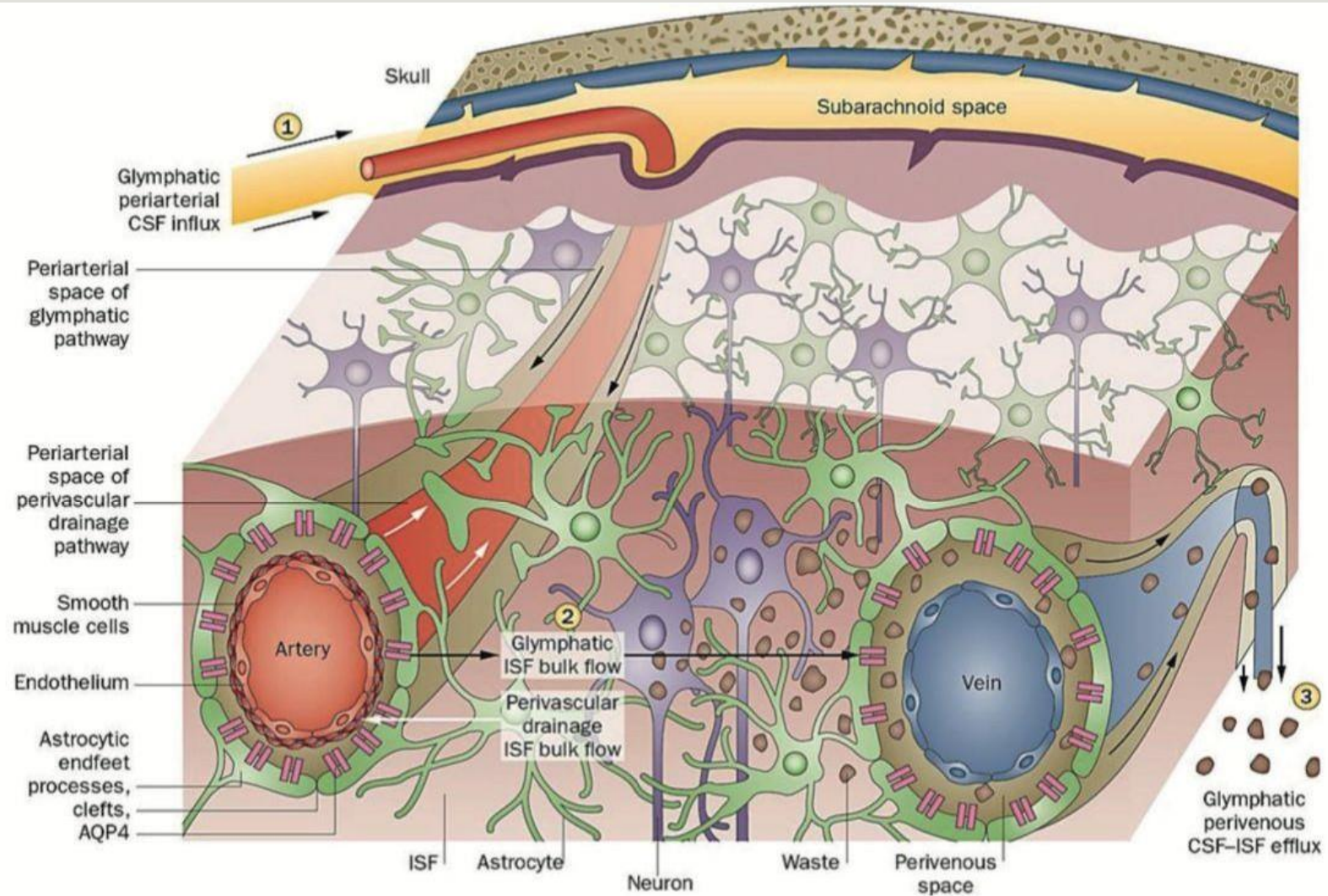


Figure 1. Perivascular clearance comprising perivascular drainage and glymphatic pathways.¹⁹

 eLife Menu 

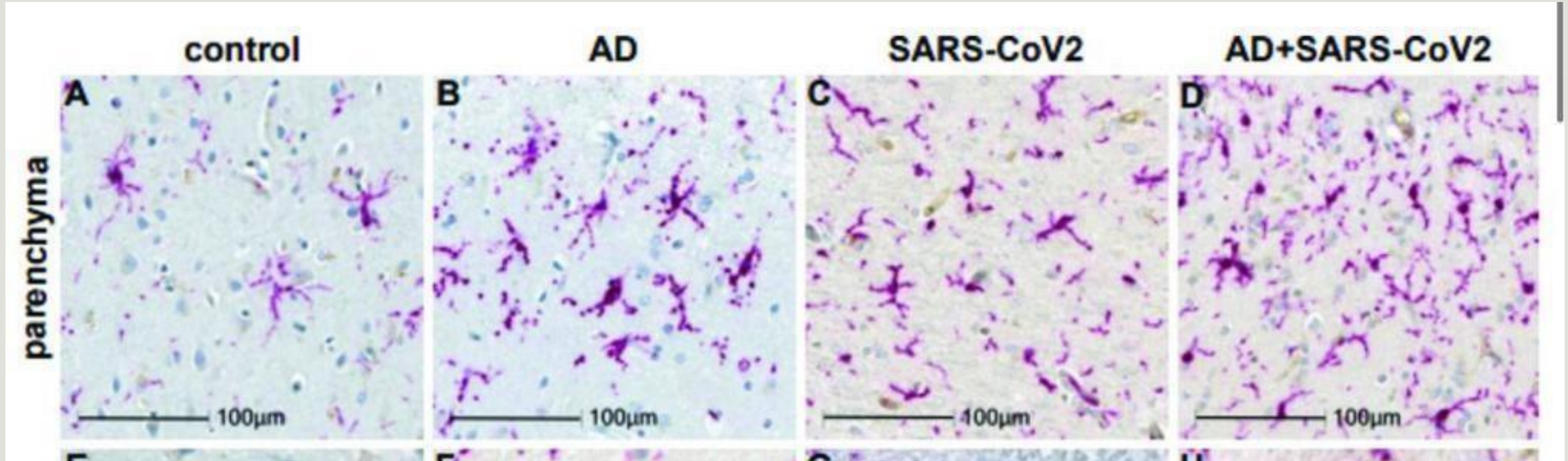
Research Article
[Neuroscience](#)

Recapitulation of pathophysiological features of AD in SARS-CoV-2-infected subjects

Elizabeth Griggs, Kyle Trageser ... Giulio Maria Pasinetti  [et al.](#)

Jul 7, 2023 · <https://doi.org/10.7554/eLife.86333>  

SARS-CoV-2 generates a similar neuroinflammatory environment in neurodegenerative disorders like AD.



Microgliosis and nodular lesions in neurological controls, SARS-CoV-2, Alzheimer's disease (AD), and SARS-CoV-2-infected AD individuals. Level of microglial activation.

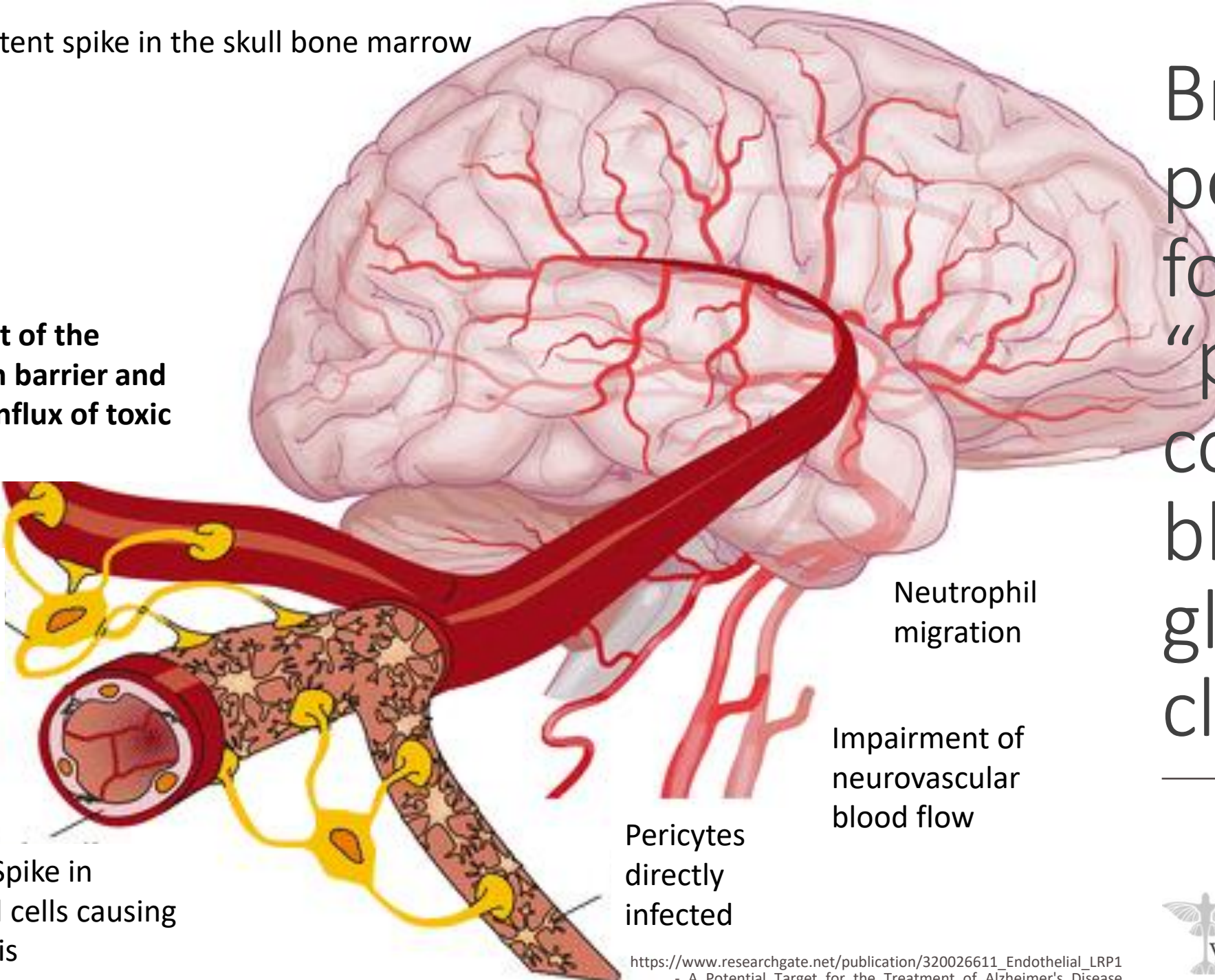
Persistent spike in the skull bone marrow

Brain periphery forming a "pressure cooker" by blocking glymphatic cleansing

Impairment of the blood brain barrier and therefore influx of toxic peptides

Astrocytes directly infected

Persistent Spike in endothelial cells causing endotheliitis



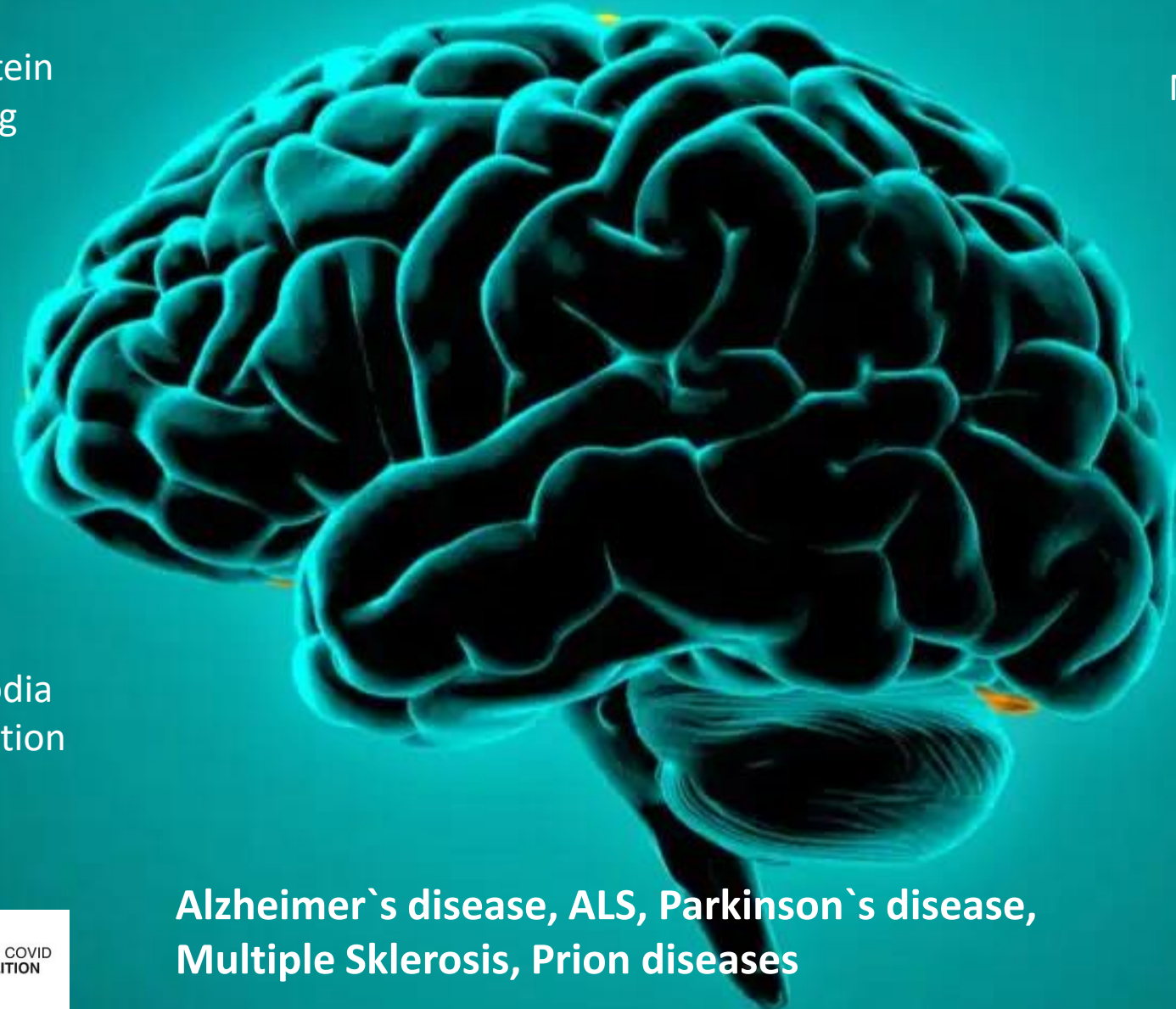
Neutrophil migration

Impairment of neurovascular blood flow

Pericytes directly infected

https://www.researchgate.net/publication/320026611_Endothelial_LRP1_-_A_Potential_Target_for_the_Treatment_of_Alzheimer's_Disease

Inside the “pressure cooker”



Prionprotein
misfolding

Amyloid-beta

Tau proteins

α -Synuclein

TDP 43

Lewy-Body
Formation

Filopodia
formation

Microgliosis

Astrogliosis

Syncytia formation

Senescence

Demyelination

Ferroptosis

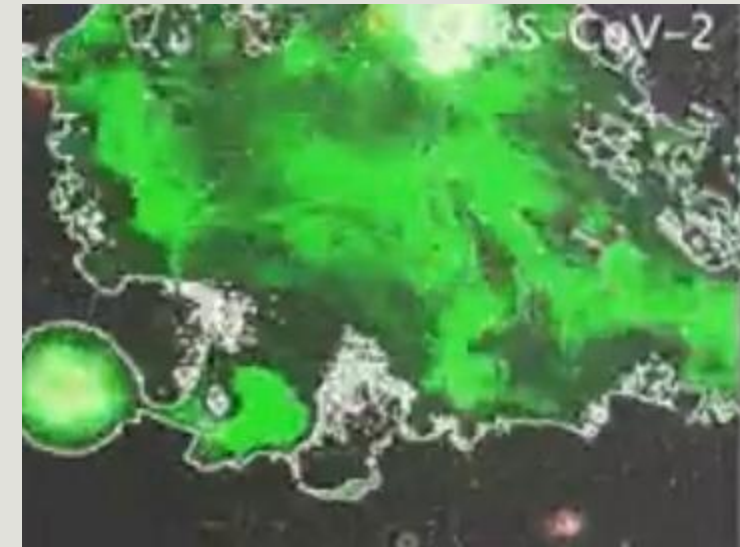
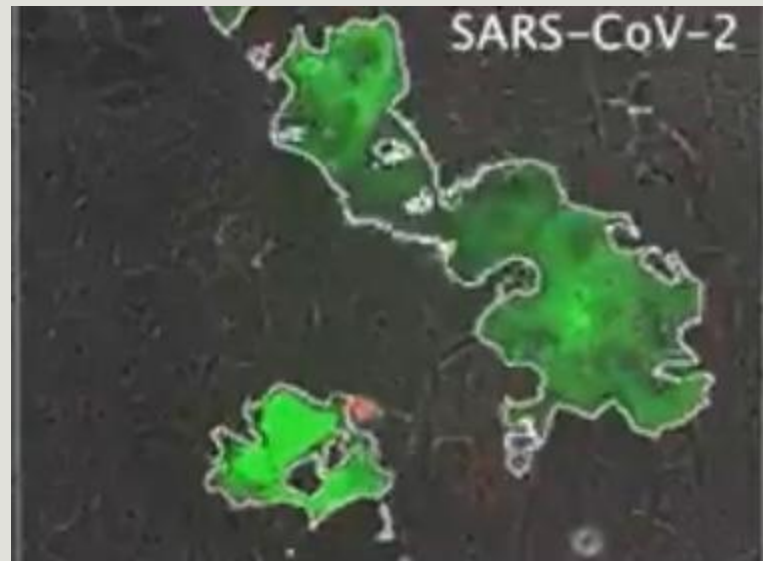
Dopaminergic
Neurons

Mitochondrial
dysfunction

Alzheimer`s disease, ALS, Parkinson`s disease,
Multiple Sklerosis, Prion diseases

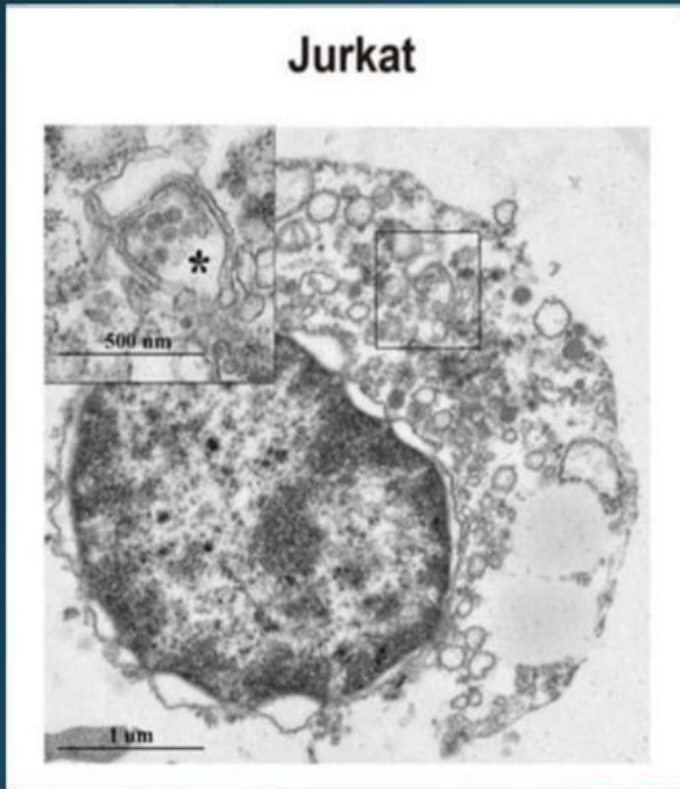


Senescent cells / Syncytia are harboring Spike and or persistent viruses. Our protocols prevent the formation of cell fusion by Spike proteins which is important during detox as organ protection!



1: Direct Infection of T-Lymphocytes by Sars-CoV-2

This will result in IMMUNODEFICIENCY!



Signal Transduction and Targeted Therapy

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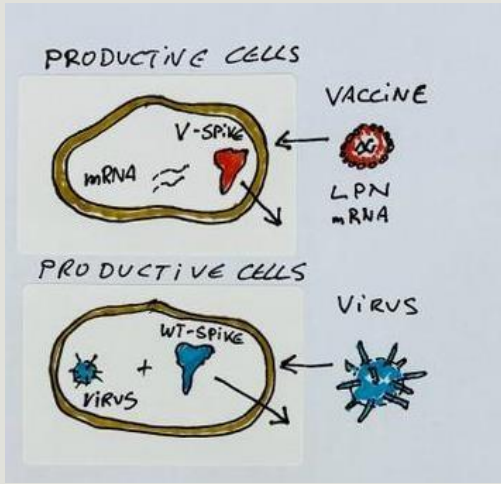
Article | [Open Access](#) |
Published: 11 March 2022

ACE2-independent infection of T lymphocytes by SARS-CoV-2

[Xu-Rui Shen](#), [Rong Geng](#), ... [Peng Zhou](#) ✉

+ Show authors

This will impair the ability to control infections and cancer proliferation

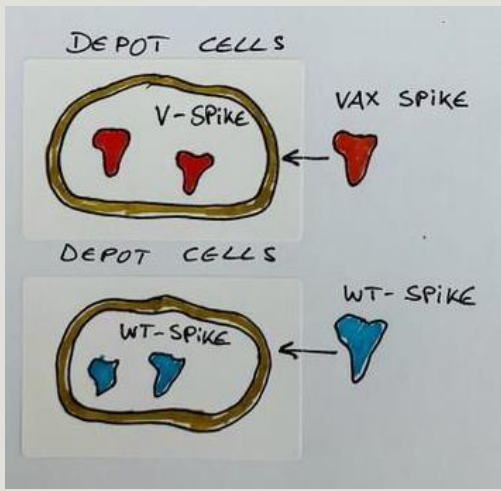


The task:

In all cells the presence of virus and or spike is blocking autophagy and triggers a senescent state.

Phase 1

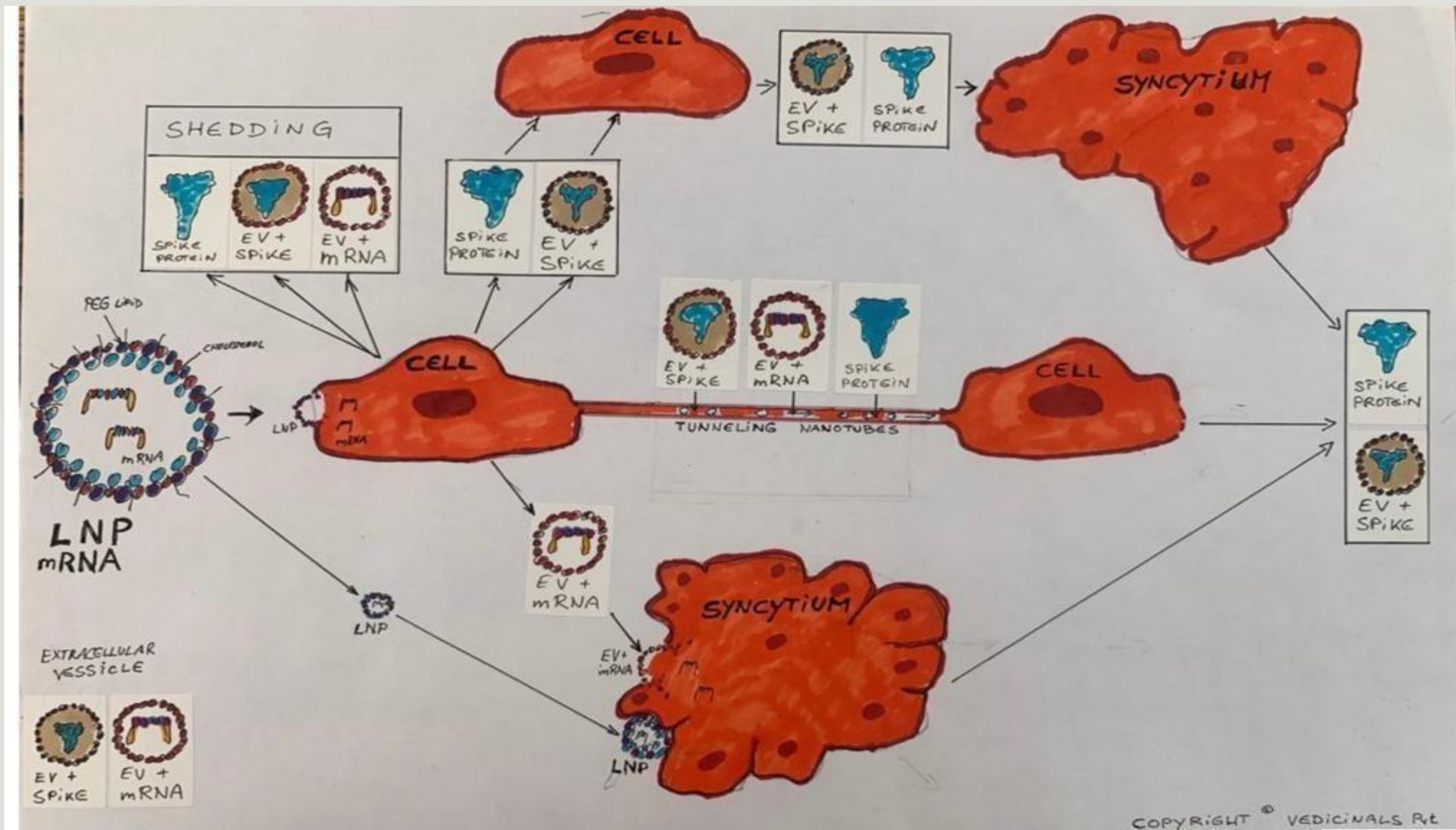
Override the blockade of the autophagy mechanisms.



Phase2

Break up senescent cells. Stop viral spreading and new cell entry and reproduction. Stop spike binding to host cell receptors use chelators that can bind to spike.

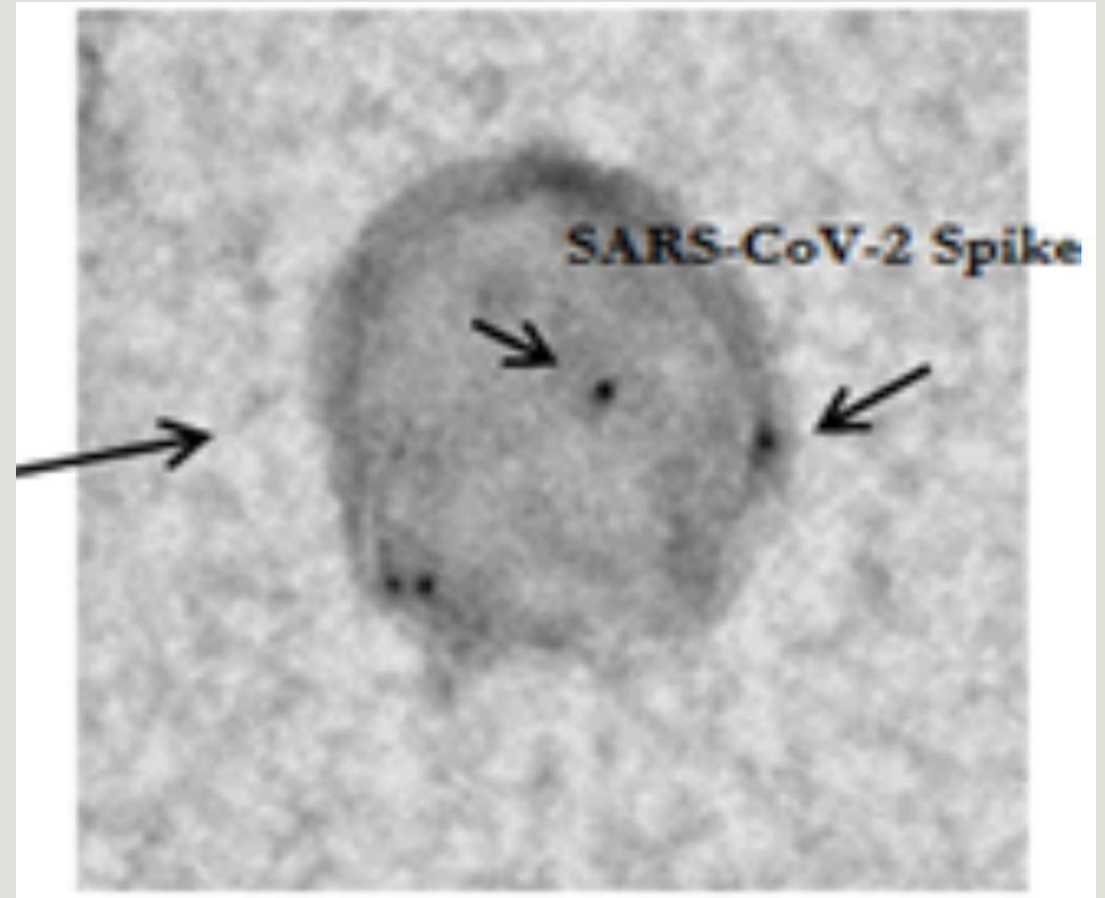
VACCINE LNP ENTRY MECHANISMS AND SUBSEQUENT PROPAGATION OF SYNTHETIC SPIKE PROTEINS



RESEARCH ARTICLE | NOVEMBER 15 2021

Cutting Edge: Circulating Exosomes with COVID Spike Protein Are Induced by BNT162b2 (Pfizer–BioNTech) Vaccination prior to Development of Antibodies: A Novel Mechanism for Immune Activation by mRNA Vaccines ✓

Sandhya Bansal  ; Sudhir Perincheri; Timothy Fleming  ;
Christin Poulson  ; Brian Tiffany  ; Ross M. Bremner;
Thalachallour Mohanakumar  



Transmission electron microscopy images of SARS-CoV-2 spike Ag on exosomes from control exosomes from control and vaccinated individuals. Arrows indicate SARS-CoV-2 spike-positive exosomes.



Review

Cell Clearing Systems as Targets of Polyphenols in Viral Infections: Potential Implications for COVID-19 Pathogenesis

Fiona Limanaqi ¹, Carla Letizia Busceti ², Francesca Biagioni ², Gloria Lazzeri ¹, Maurizio Forte ², Sonia Schiavon ³, Sebastiano Sciarretta ^{2,3}, Giacomo Frati ^{2,3} and Francesco Fornai ^{1,2,*}

¹ Department of Translational Research and New Technologies in Medicine and Surgery, University of Pisa

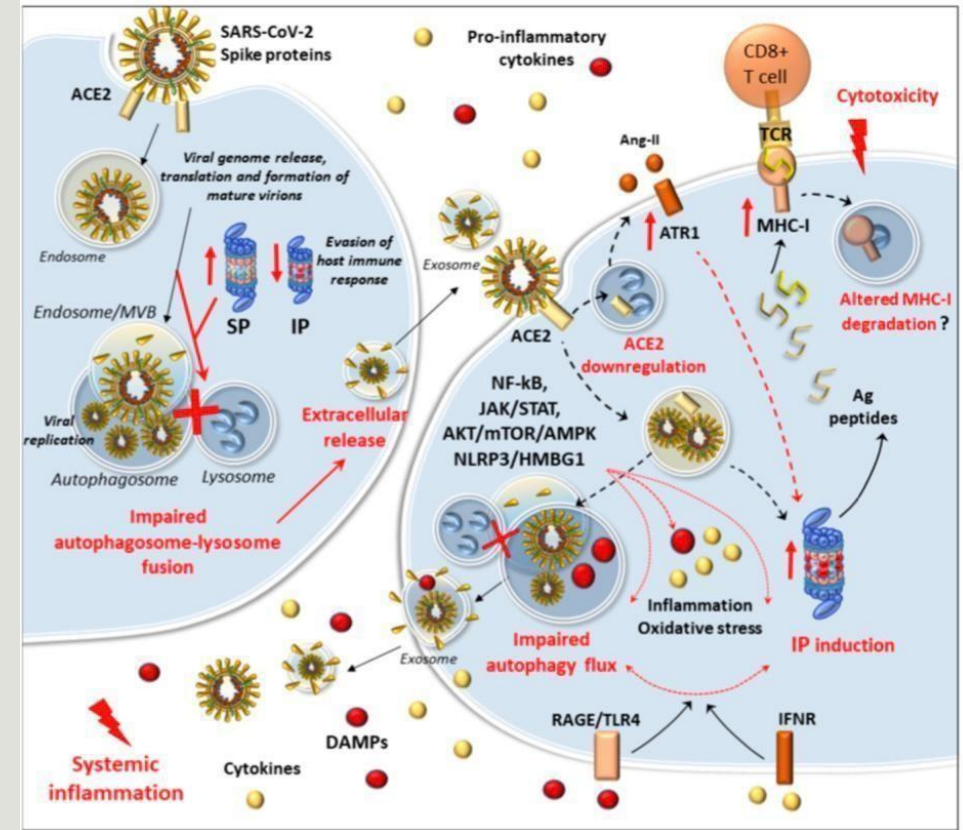
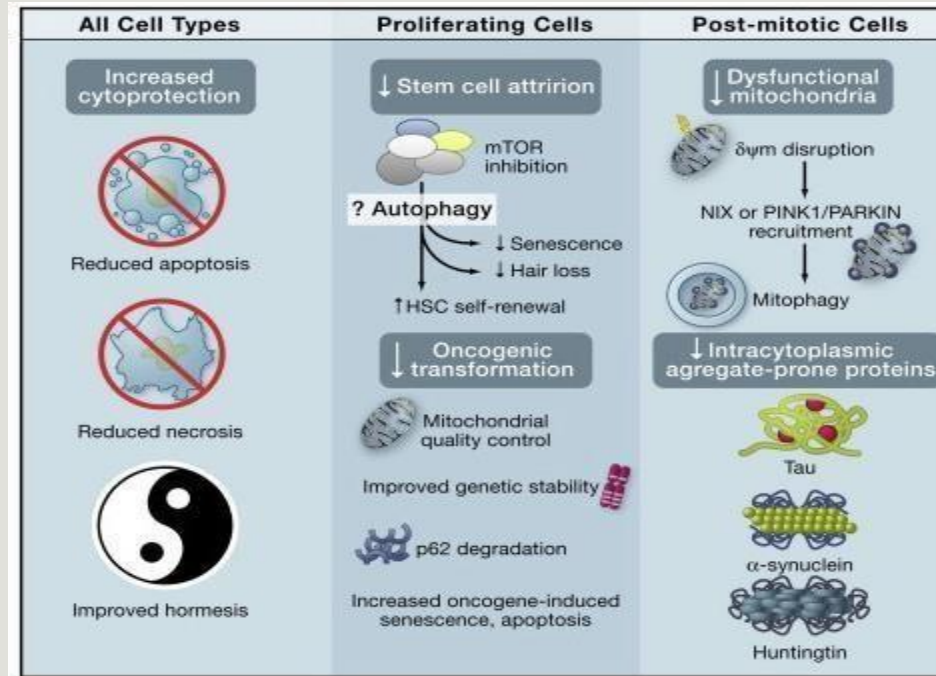
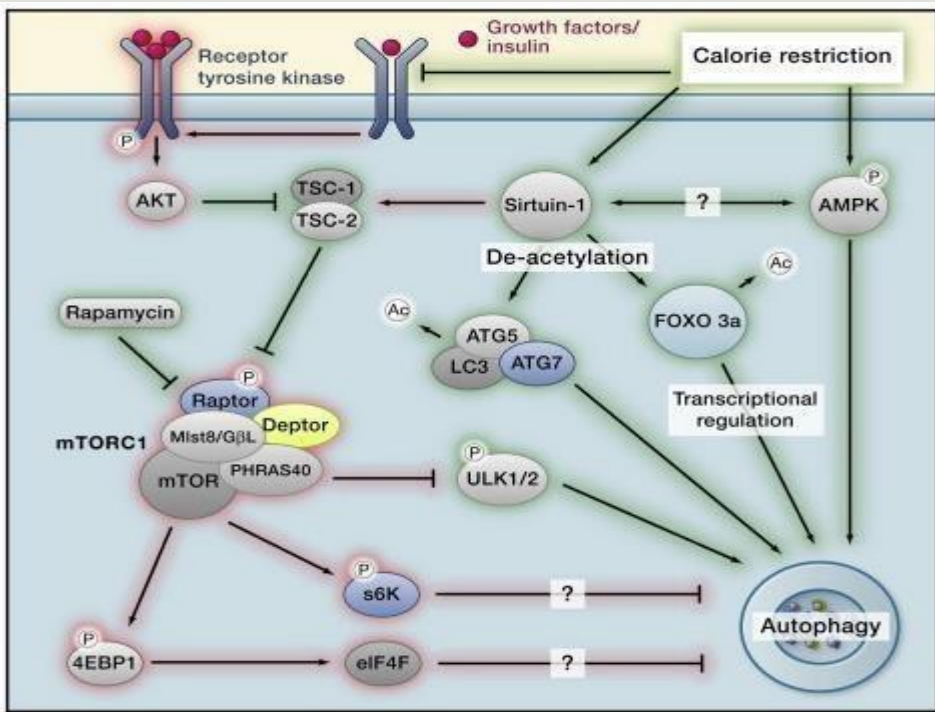


Figure 5. Summary of the potential mechanisms underlying SARS-CoV-2-induced alterations of Figure 5. Summary of the potential mechanisms underlying SARS-CoV-2-induced alterations of **autophagy** and (immuno-)proteasome.



The Regulation of Autophagy and Life Span

Autophagy may increase organismal fitness by inhibiting cell death, reducing oncogenic transformation, or increasing hormesis, both in quiescent and dividing cells (left). In addition, autophagy may contribute to life span extension through distinct mechanisms in post mitotic (middle) and proliferating cells (right). HCS, hematopoietic stem cell. Medicinals-9 molecules are known promoters of autophagy which can save the injured cells.

Senolytics - Break up of senescent cells and / or syncytia cell conglomerates

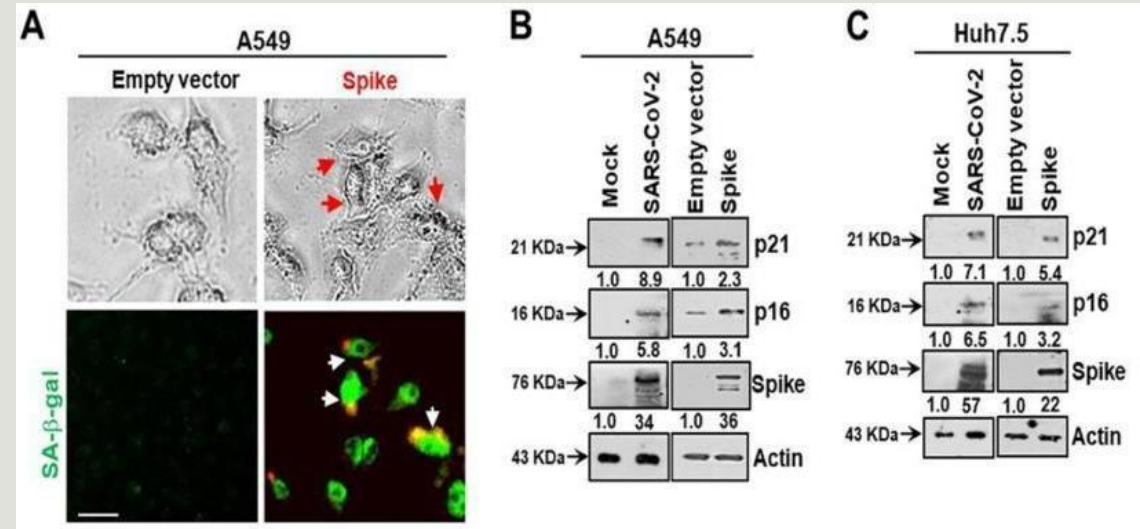
Liberating persistent / intracellular spike and viruses



SARS-CoV-2 Spike Protein Induces Paracrine Senescence and Leukocyte Adhesion in Endothelial Cells

Authors: Keith Meyer , Tapas Patra ,

Virus-infected or spike-transfected human epithelial cells exhibited an increase in senescence, with a release of senescence-associated secretory phenotype (SASP)-related inflammatory molecules.

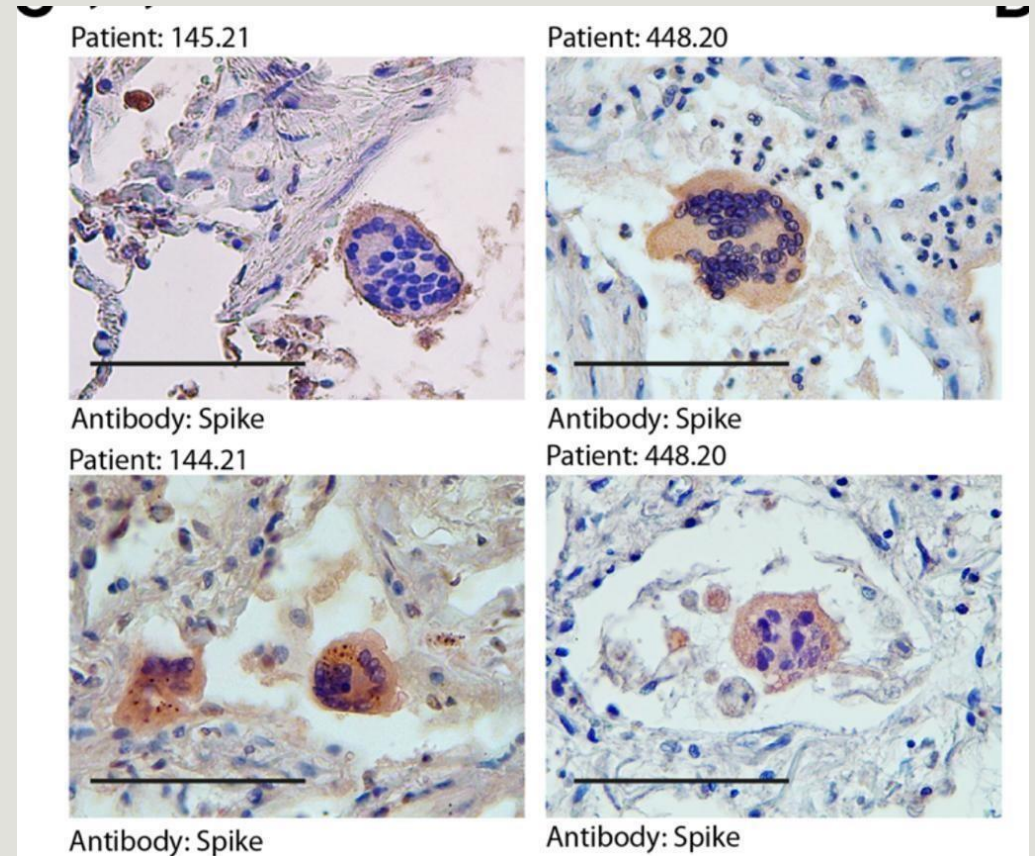


Virus-infected or spike protein-expressing A549 (B) or Huh7.5 (C) cells also exhibited induction of senescence markers p21 and p16, as well as SARS-CoV-2 spike protein expression.

Persistent SARS-CoV-2 infection in patients seemingly recovered from COVID-19

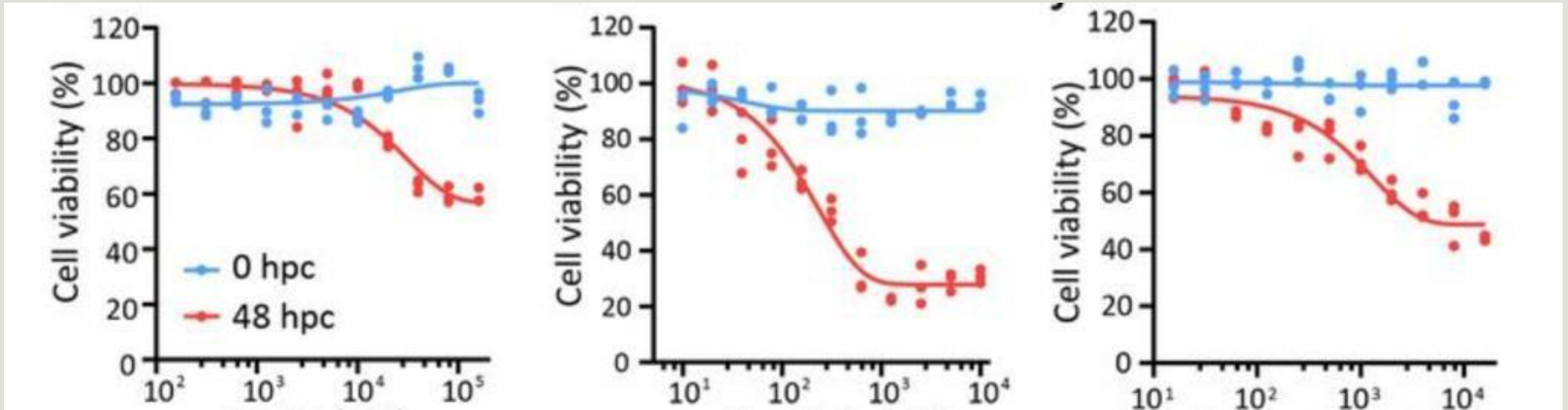
Rossana Bussani, Lorena Zentilin, Ricardo Correa,

Despite apparent virological remission, lung pathology was similar to that observed in acute COVID-19 individuals, including micro- and macro-vascular thrombosis (67% of cases), vasculitis (24%), squamous metaplasia of the respiratory epithelium (30%), frequent cytological abnormalities and syncytia (67%), and the presence of dysmorphic features in the bronchial cartilage (44%).



Spike-positive syncytial cells.

Furthermore, SARS-2-S syncytia could be selectively killed by senolytic drugs



Potential of green tea EGCG in neutralizing SARS-CoV-2 Omicron variant with greater tropism toward the upper respiratory tract

Zhichao Zhang^{a,1}, Meng Hao^{b,1}, Xiangchun Zhang^{c,1}, Yufeng He^b, Xiongsheng Chen^a  
Ethan Will Taylor^d  , Jinsong Zhang^b  

PMc PubMed Central® 

Effects of tea, catechins and catechin derivatives on Omicron subvariants of SARS-CoV-2

[Masaharu Shin-Ya](#),^{1,2} [Maiko Nakashio](#),^{1,3} [Eriko Ohgitani](#),¹ [Akiko Suganami](#),⁴
[Masaya Kawamoto](#),¹ [Masaki Ichitani](#),^{2,5} [Makoto Kobayashi](#),⁵ [Takanobu Takihara](#),⁵

(EGCG) and its derivatives including theaflavin-3,3'-di-O-digallate (TFDG) strongly inactivated the conventional SARS-CoV-2 by **binding to the receptor binding domain (RBD)** of the S-protein.

VEDICINALS 9®



EGCG (EPIGALLOCATECHIN-GALLATE)

QUERCETIN

CURCUMIN

LUTEOLIN

HESPERIDIN

RUTIN

BAICALIN

PIPERINE

GLYCYRRHIZIN



Phenolic compounds disrupt spike-mediated receptor-binding and entry of SARS-CoV-2 pseudo-virions

[Anna Goc](#), Conceptualization, Formal analysis, Investigation, Methodology, Project administration, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing, * [Waldemar Sumera](#), Formal analysis, Investigation, Methodology, Validation,

Here, we provide experimental evidence that, among 56 tested polyphenols, including plant extracts, brazilin, theaflavin-3,3'-digallate, and curcumin displayed the highest binding with the receptor-binding domain of spike protein

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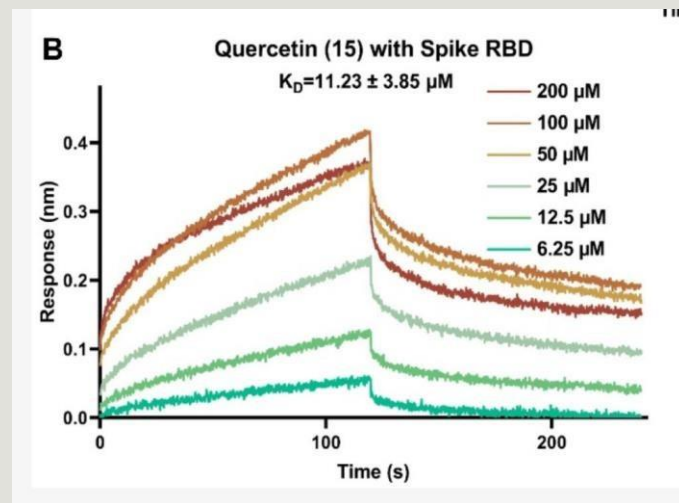
BAICALIN

PIPERINE

GLYCYRRHIZIN

Anti-Entry Activity of Natural Flavonoids against SARS-CoV-2 by Targeting Spike RBD

by  Jie-Ru Meng ¹,  Jiazheng Liu ¹,  Lu Fu ¹,
 Tong Shu ²  Lingzhi Yang ² 



the interaction of quercetin with viral spike RBD protein

<https://www.mdpi.com/1999-4915/15/1/160>



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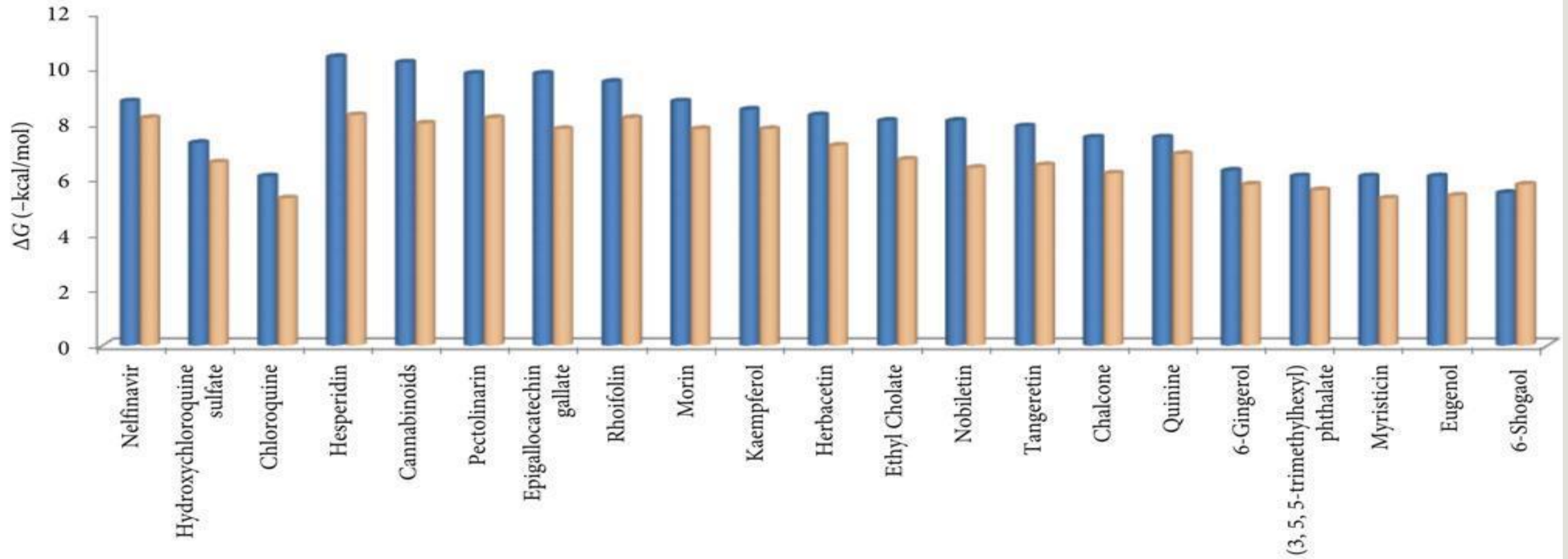
PIPERINE

GLYCYRRHIZIN



BLUE IS SPIKE BINDING!

Histogram showing the binding energy value ΔG (-kcal/mol) of S protein and M^{pro} with several inhibitor compound candidates.

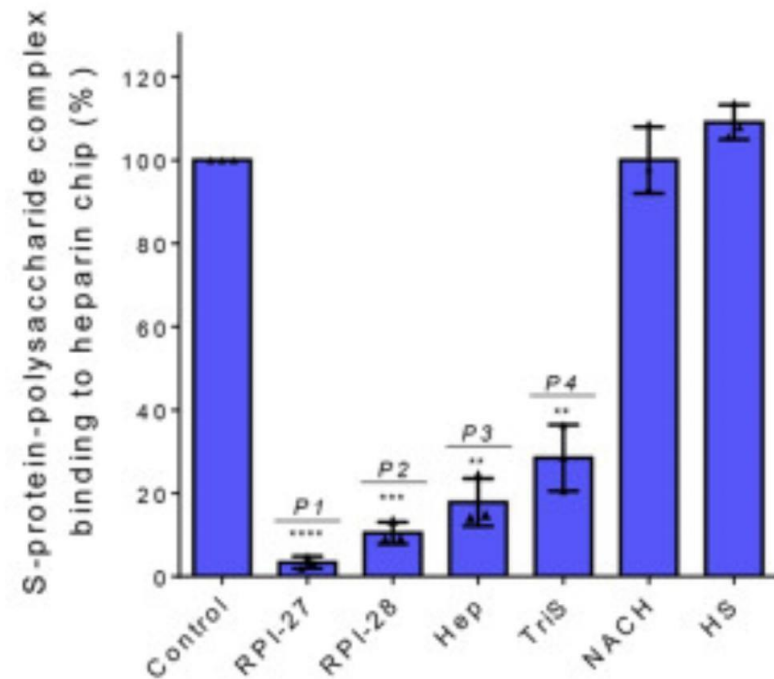


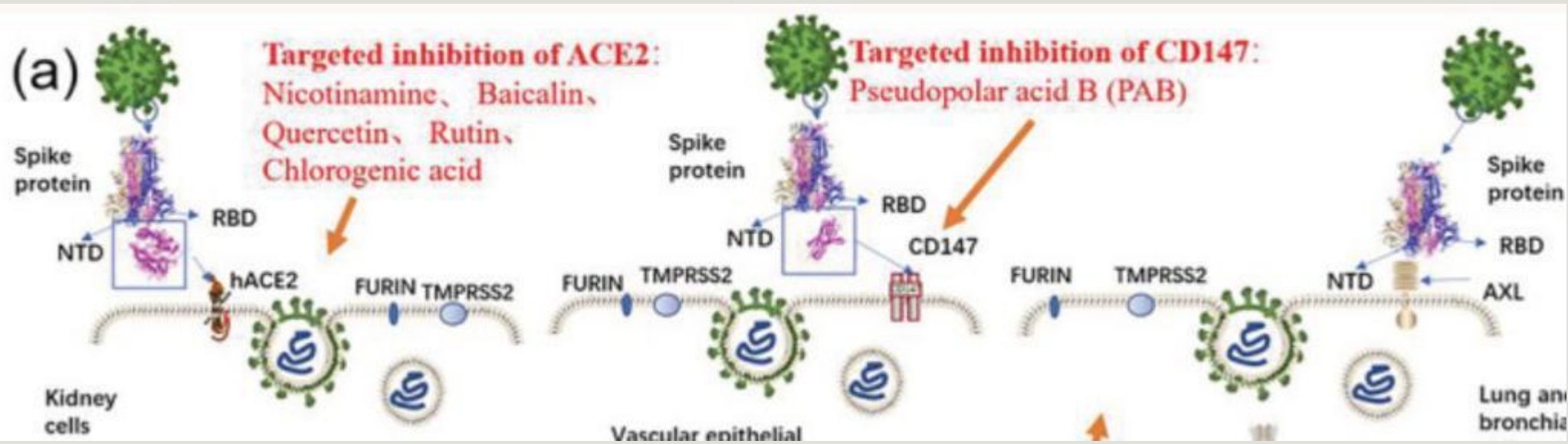
Sulfated polysaccharides effectively inhibit SARS-CoV-2 in vitro

[Paul S. Kwon](#),^{#1,2} [Hanseul Oh](#),^{#3}

[Seok-Joon Kwon](#),^{#1} [Weihua Jin](#),^{1,4}

Our results reveal that specific sulfated polysaccharides bind tightly to the S-protein of SARS-CoV-2 in vitro, which suggests that they can act as decoys to interfere with S-protein binding to the heparan sulfate co-receptor in host tissues

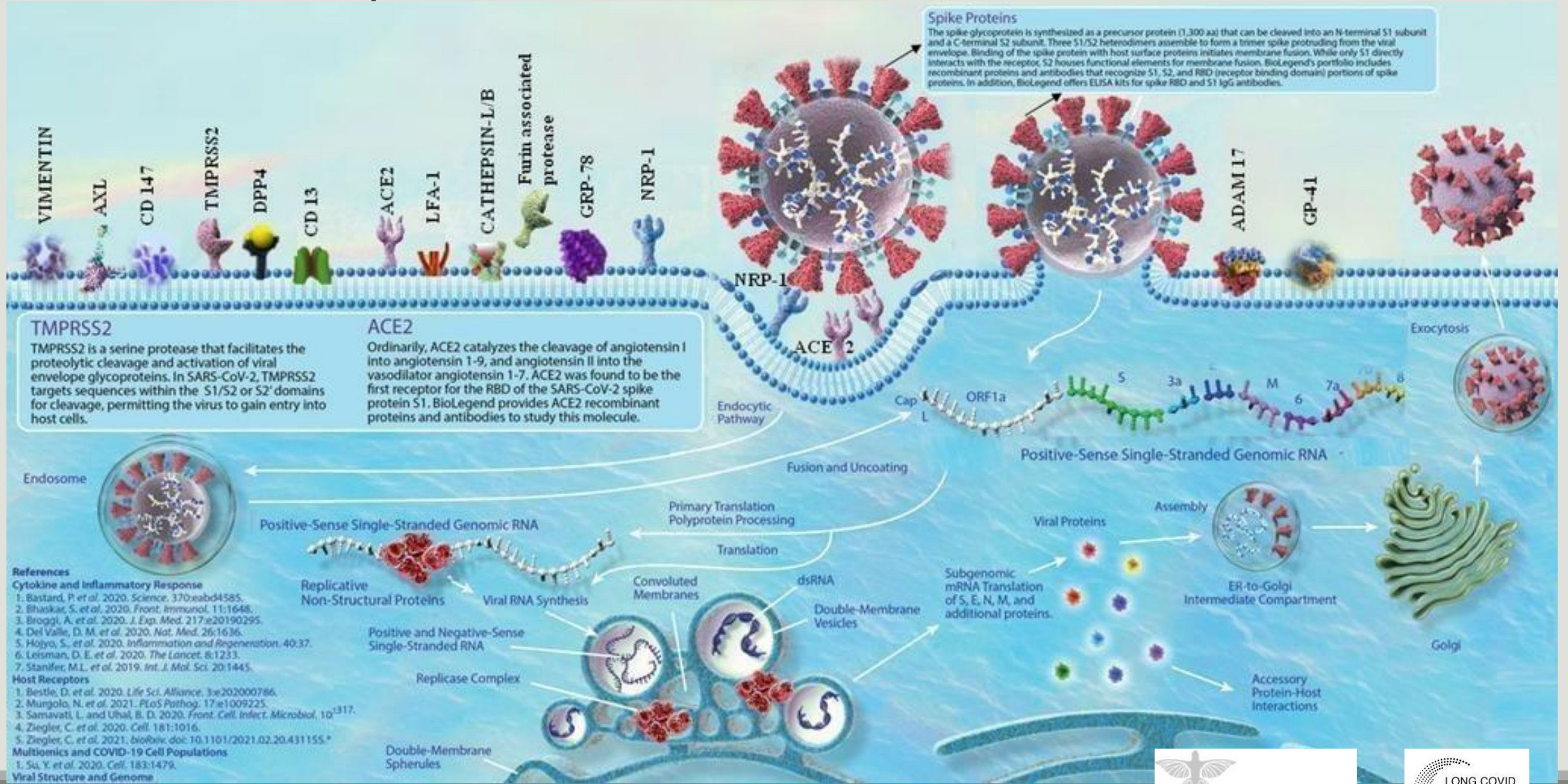




Promising natural products against SARS-CoV-2: Structure, function, and clinical trials

[Yan Zhao](#),¹ [Shanshan Deng](#),² [Yujiao Bai](#),² [Jinlin Guo](#),³
[Guoyin Kai](#),⁴ [Xinhe Huang](#),¹ and [Xu Jia](#)²

Host cell receptors for Sars-CoV-2



Gut detox from Spike and Viruses

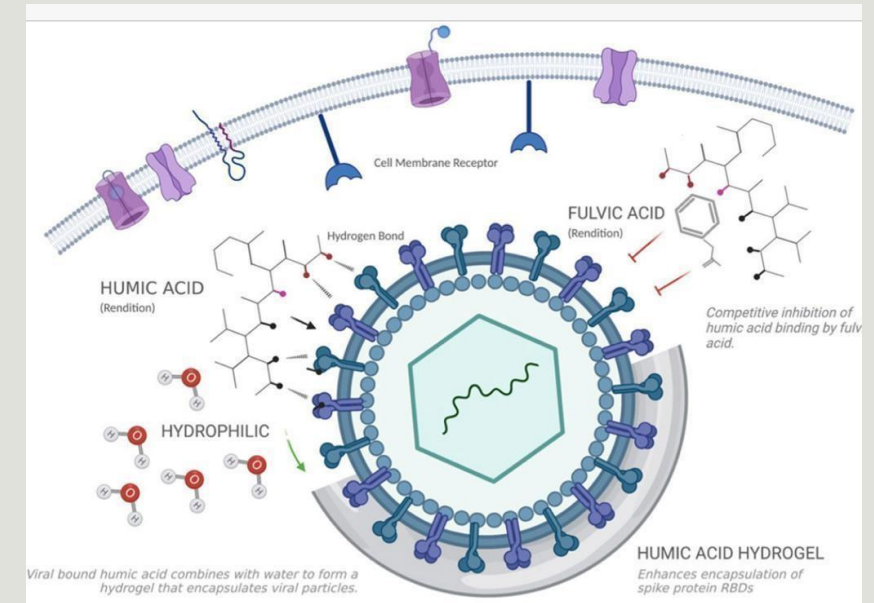
Clinical review of humic acid as an antiviral: Leadup to translational applications in clinical humeomics

David C. Socol^{1,2*}

¹ Advanced Humeomics LLC, Beverly Hills, CA, United States

² SocolMD, Beverly Hills, CA, United States

Humic acid binds to viral spike protein receptor binding domains (RBD) and inhibits viral fusion with target cell membrane receptors. The hydrophilic properties of the humic acid molecule attract water to form a hydrogel which encapsulates spike protein RBD and suspends the viral lifecycle. In the presence of fulvic acid, humic acid's potential to bind spike protein RBDs is impaired, which is the molecule's primary mechanism of action



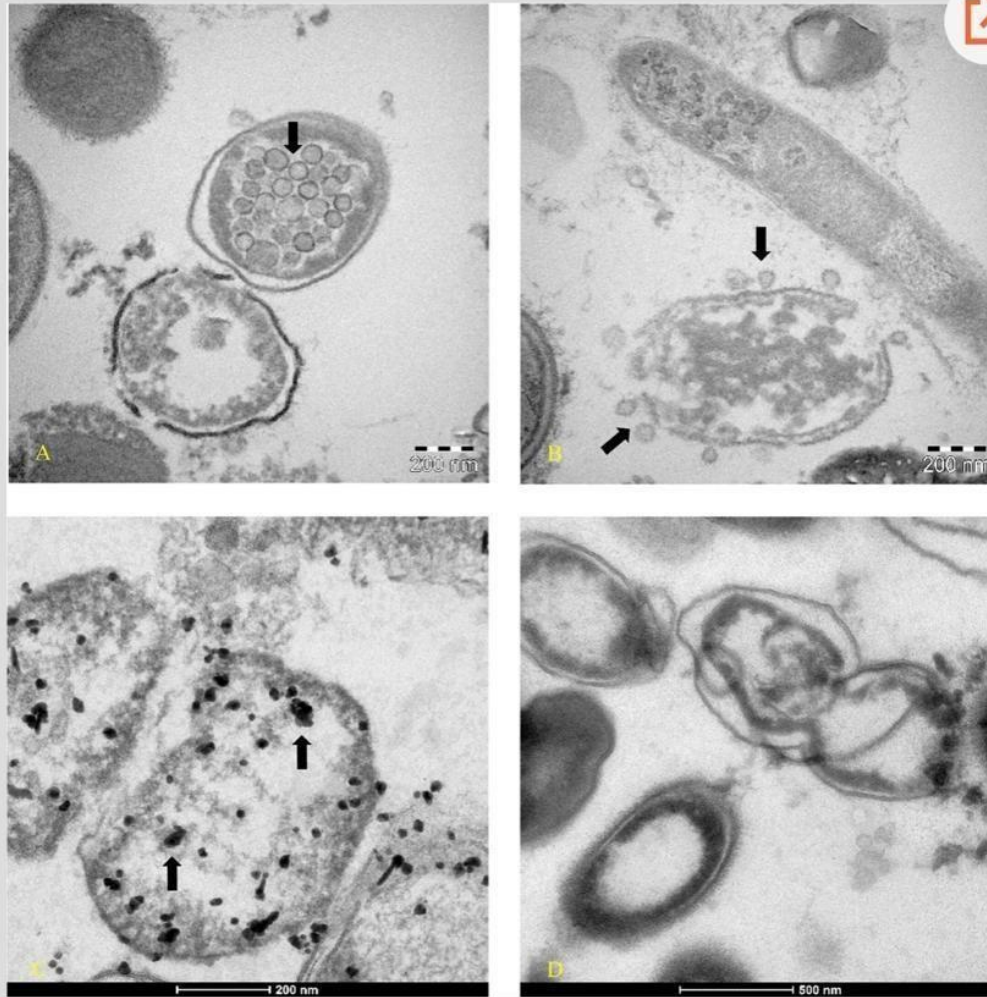


Figure 2. Transmission electron microscopy (post-embedded immunogold).

SARS-CoV-2 has a dual mechanism: it infects human cells but first infects bacterial cells in our microbiome!!

Consequence – release of toxins that go into the blood stream, disturbs the CNS and gut-brain axis

The first report on detecting SARS-CoV-2 inside human fecal-oral bacteria: A case series on asymptomatic family members and a child with COVID-19 [version 1; peer review: 1 approved with reservations]

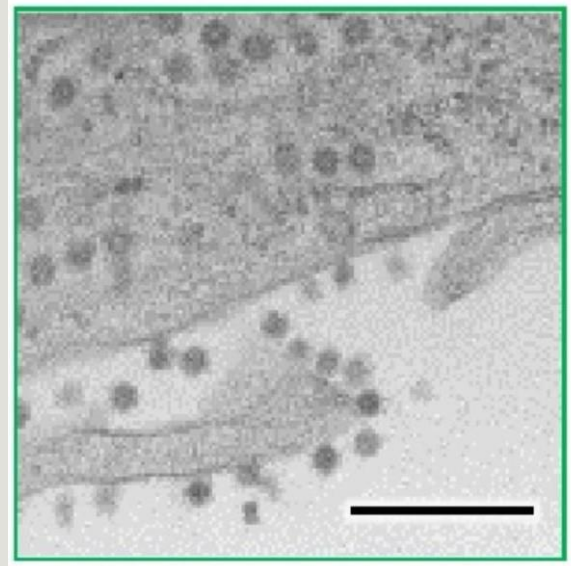
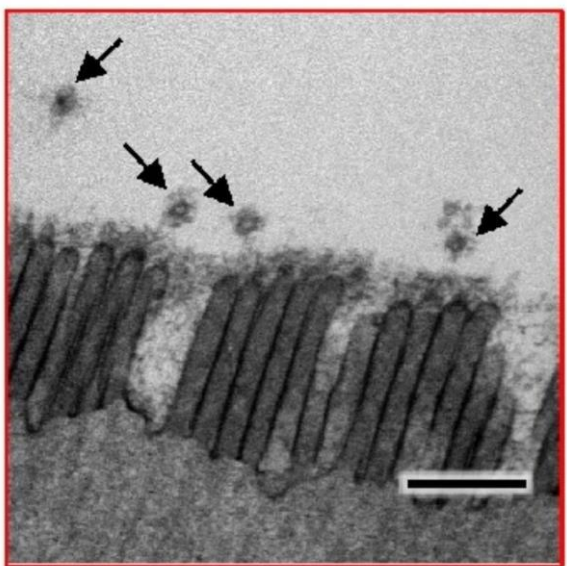
✉ Carlo Brogna ¹, Simone Cristoni², [...] Marina Prisco⁶, Marina Piscopo⁶ +

<https://f1000research.com/articles/11-135>

Article | [Open access](#) | [Published: 18 July 2023](#)

Effective SARS-CoV-2 replication of monolayers of intestinal epithelial cells differentiated from human induced pluripotent stem cells



[Shohei Minami](#), [Naomi Matsumoto](#), ... [Shintaro Sato](#) 



The transmission electron microscopic analysis of IEC#17 monolayers infected with SARS-CoV-2. IEC#17 cells were seeded on Transwell membranes

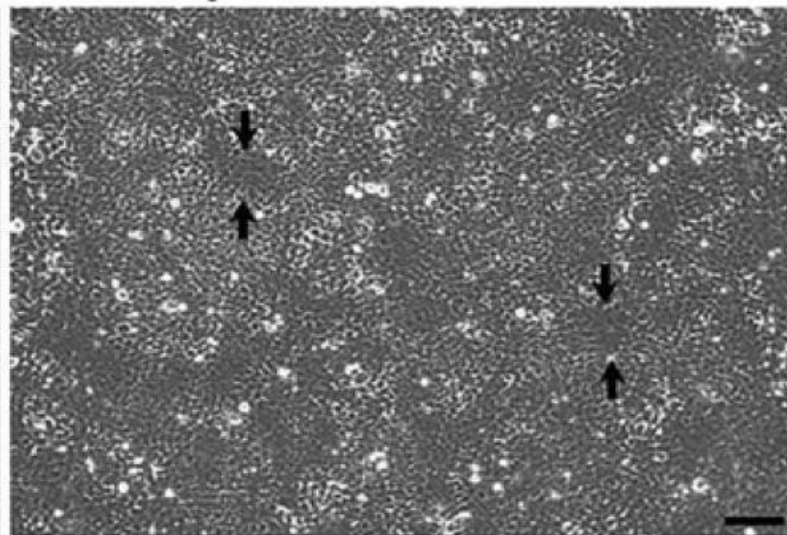
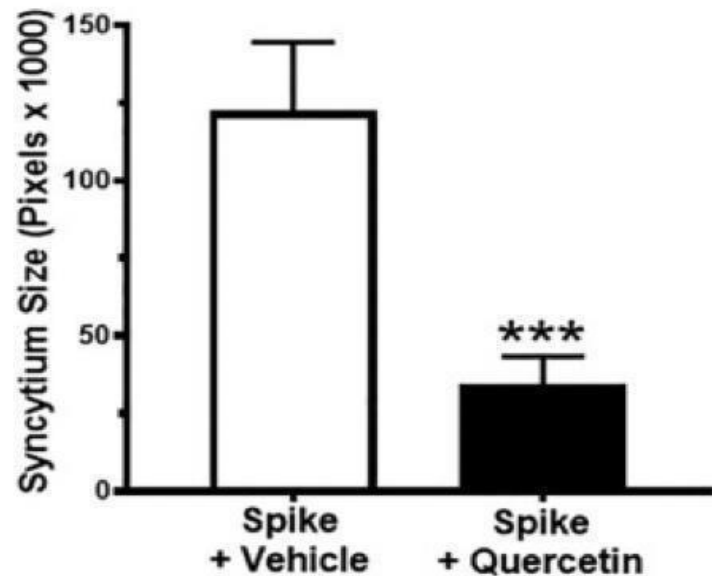
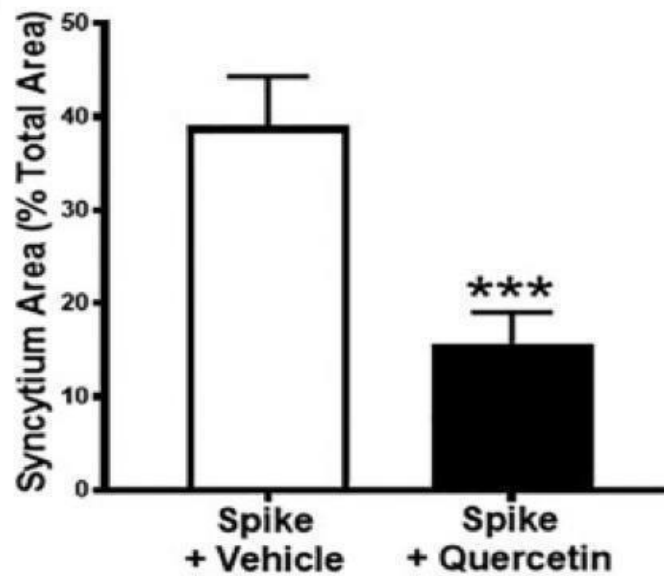
<https://www.nature.com/articles/s41598-023-38548-1>

The spike protein of SARS-CoV-2 induces heme oxygenase-1: Pathophysiologic implications

Raman Deep Singh^a, Michael A. Barry^b,
Anthony J. Croatt^a, Allan W. Ackerman^a,
Joseph P. Grande^c, Rosa M. Diaz^d, Richard G. Vile^d
, Anupam Agarwal^e, Karl A. Nath^a  

SARS-CoV-2 spike protein expression in kidney cells results in syncytia formation with cellular sloughing

- Quercetin reduces syncytia size and spike protein expression

A**Spike + Vehicle****Spike + Quercetin****B****C****VEDICINALS 9®**

EGCG(EPIGALLOCATECHIN-GALLATE)

QUERCETIN

CURCUMIN

LUTEOLIN

HESPERIDIN

RUTIN

BAICALIN

PIPERINE

GLYCYRRHIZIN



Synergies between Medicinal compounds

BAICALIN		QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
QUERCETIN	BAICALIN		LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
LUTEOLIN	BAICALIN	QUERCETIN		RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
RUTIN	BAICALIN	QUERCETIN	LUTEOLIN		HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
HESPERIDIN	BAICALIN	QUERCETIN	LUTEOLIN	RUTIN		CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
CURCUMIN	BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN		EGCG	PIPERINE	GLYCYRRHIZIN
EGCG	BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN		PIPERINE	GLYCYRRHIZIN
PIPERINE	BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG		GLYCYRRHIZIN
GLYCYRRHIZIN	BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	



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Product Portfolio specialized for spike detox & persistent virus protocol

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EGCG(EPIGALLOCATECHIN-GALLATE)

QUERCETIN

CURCUMIN

LUTEOLIN

HESPERIDIN

RUTIN

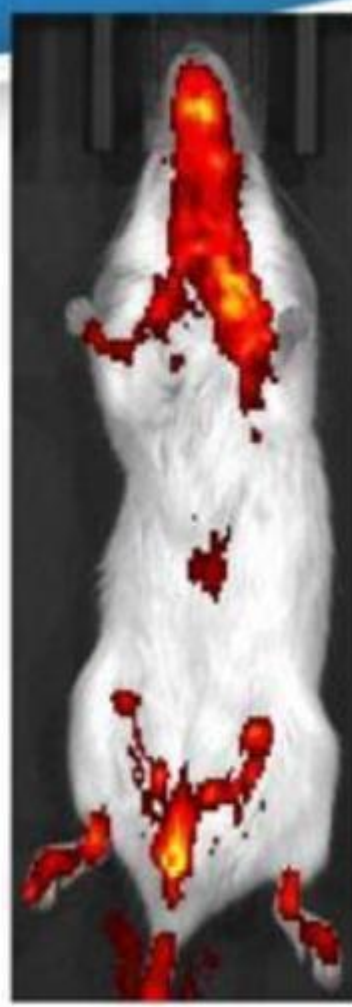
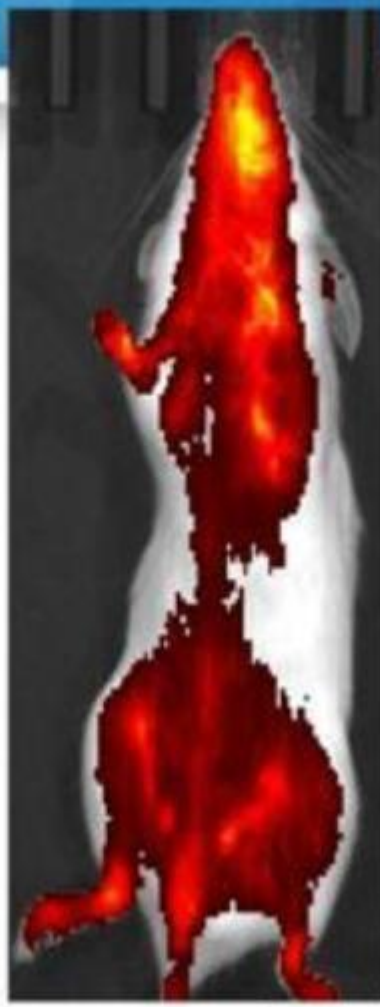
BAICALIN

PIPERINE

GLYCYRRHIZIN



IR 780 Tagged RBD (TRDB) Spike Protein Injected in Animals (IP) Treated



Epifluorescence



Radiant Efficiency
($\mu\text{W/cm}^2$)

Color Scale
Min = 7.13e7
Max = 1.29e8

Untagged RBD

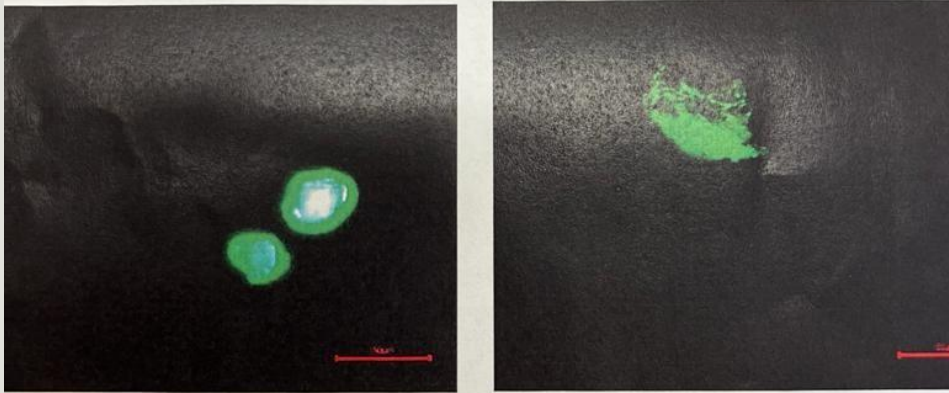
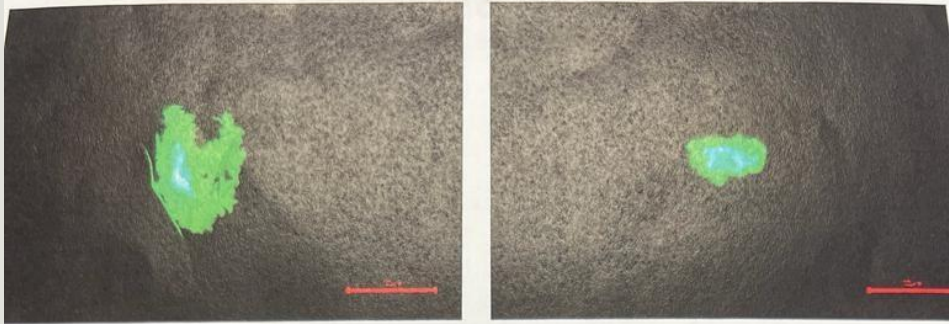
TRBD Day 0

TRBD Day 05

TRBD Day 11

Biomarkers that are significantly elevated in our patients

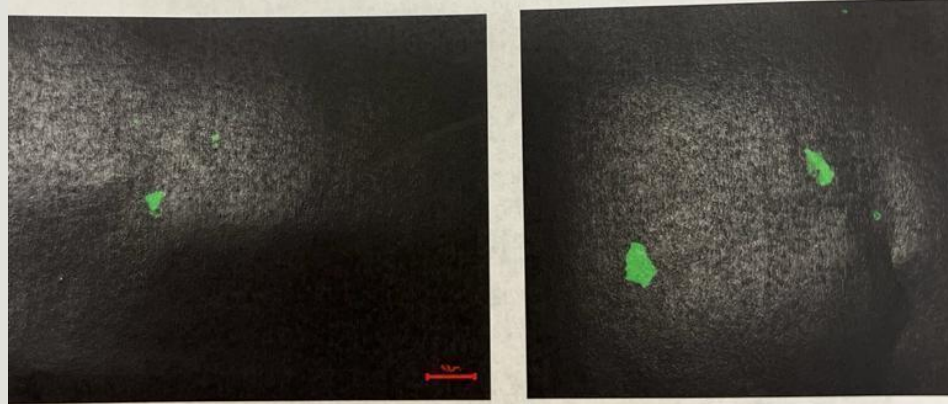
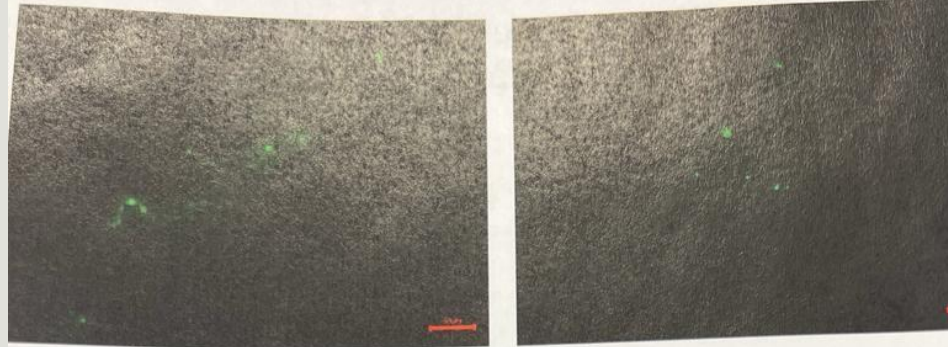
- TGF-b1
- D-dimer
- ABETA 42/40
- CV Biomarkers
- VEGF
- SARS Antibodies
- Histamine
- WBC
- Microthrombi (all our patients Grade 3/4- 4/4)
- CRP
- ANA
- EBV



and staging of Amyloid Fibrin Microclots:

4 out of 4: Significant and Widespread

Microclots come in all shapes and sizes. You may also see long, ring objects in your pictures. These are **Endothelial cast** and with **endothelial damage and inflammation**. This is a normal finding in elderly patients.

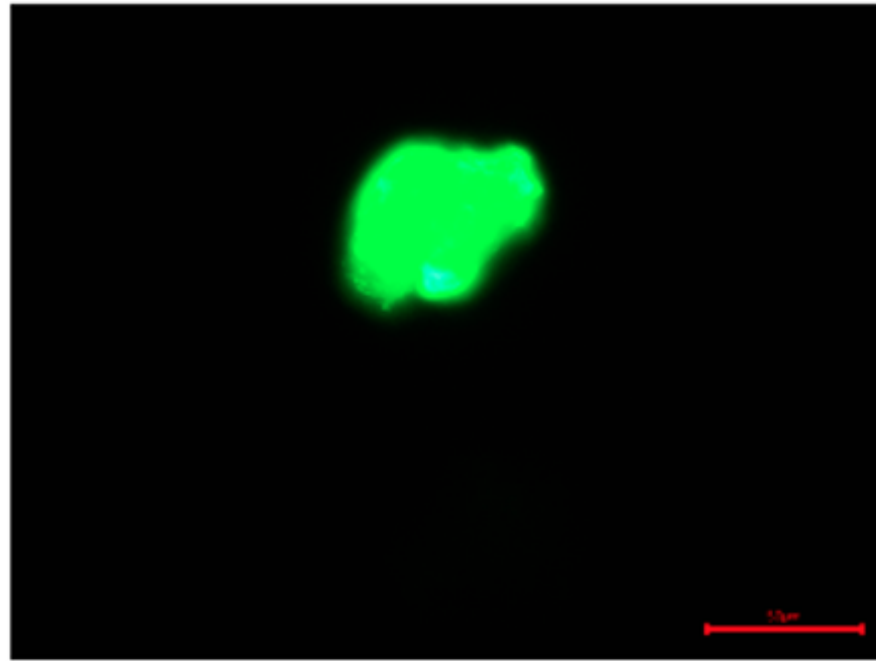


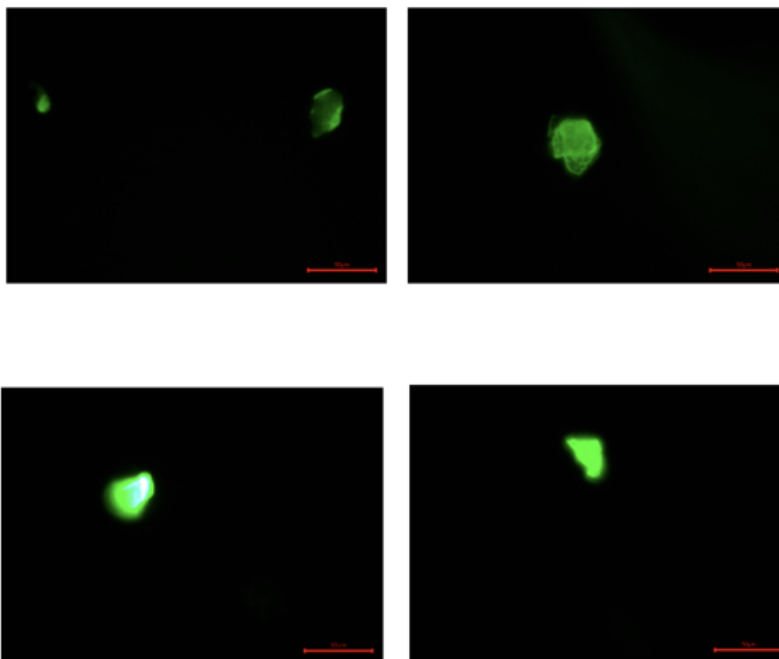
and staging of Amyloid Fibrin Microclots:

2 to 2.5 out of 4: Mild to Moderate Micro-clots.

Microclots come in all shapes and sizes. You may also see long, ring objects in your pictures. These are **Endothelial cast** and with **endothelial damage and inflammation**. This is a normal finding in elderly patients.

Microclot Results 3.5/4



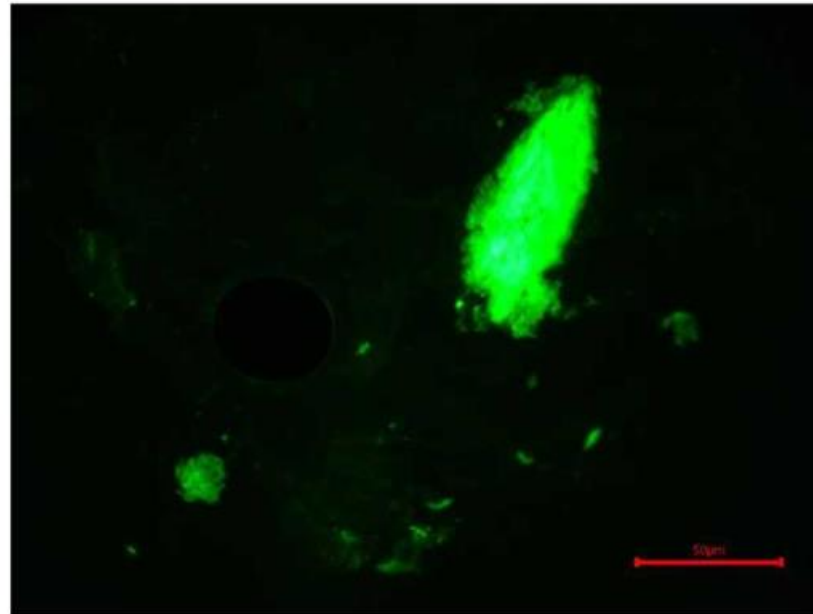


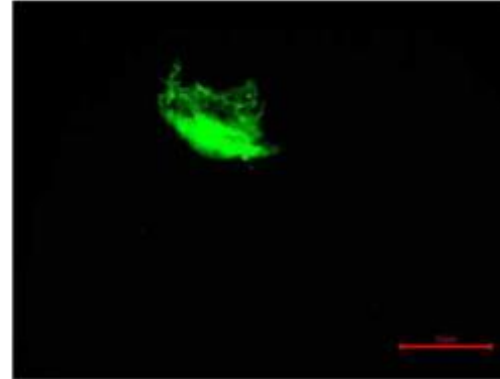
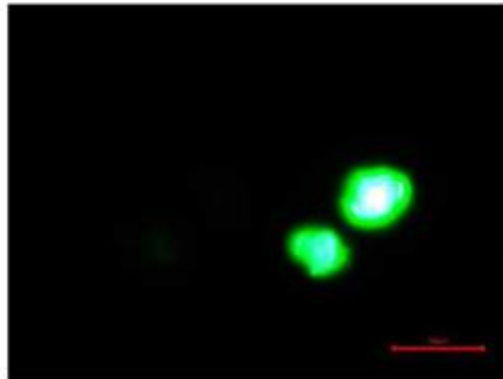
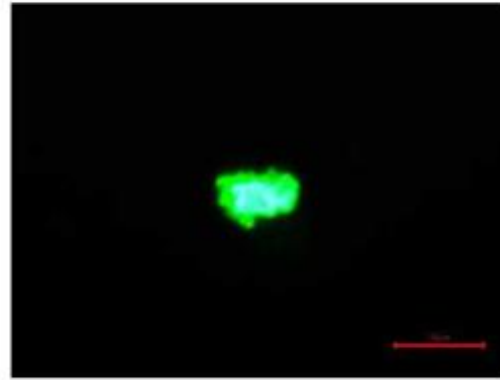
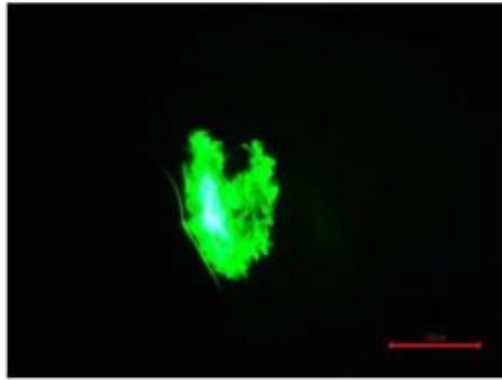
Comments and staging of Amyloid Fibrin Microclots:

Stage/Grade 3.5 out of 4: Moderate and Widespread

Note: Micro-clots come in all shapes and sizes. You may also see long, string-like appearing objects in your pictures. These are **Endothelial cast** and are associated with **endothelial damage and inflammation**. This is a normal finding for long-COVID patients.

Microclot Results 4/4





Comments and staging of Amyloid Fibrin Microclots:

Stage/Grade 4 out of 4: Significant and Widespread

Note: Micro-clots come in all shapes and sizes. You may also see long, string-like appearing objects in your pictures. These are **Endothelial cast** and are associated with **endothelial damage and inflammation**. This is a normal finding for long-COVID patients.

Patient L History

- Male 66, Long Haul Covid, Suffering from:
 - Chronic fatigue a/w exercise intolerance
 - Dysautonomia/spontaneous tachycardia
 - Horrible brain fog

Patient L Before Treatment Biomarkers

- Out of Range:
 - TGF-B1
 - SARS CoV2 Antibodies
 - ABETA 42/40 Ratio
 - ANA Screen
 - EBV VCA IGM (U/mL)

Reference Ranges:

- White Blood Cell Count: 3.8-10.8 Thous/uL
- D-Dimer: <0.50 mcg/mL
- Histamine: < OR = 1.8 ng/mL
- TFG-B1: 344-2382 pg/mL
- VEGF: 31-86 pg/mL
- SARS CoV2 Antibodies: (<1 Index)
- ABETA 42/40 Ratio: > OR = 0.160
- HS CRP: <1.0
- ANA: Negative
- EBV VCA IGM: <36 is a negative interpretation

Patient L	
Biomarker	Before Levels
WBC (thous/uL)	5.4
D-Dimer (mcg/mL)	0.43
Histamine (ng/mL)	<1.5
TGF-B1 (pg/mL)	9520 (High)
VEGF (pg/mL)	83
SARS CoV2 Antibodies	12.44 (High)
ABETA 42/40 RATIO	0.126 (Low)
HS CRP	0.8
ANA	1:40 (High) Positive
EBV VCA IGM (U/mL)	46 (High)

Patient L Treatment Plan

- Long Hauler Protocol x 8 Weeks:
 - Medicinals
 - Vitamin D
 - Vitamin C
 - Zinc L-Carnosine
 - Lumbroxym
 - Melatonin
 - Rhizo Health
 - Trans-Resveratrol
 - EZ Trek
 - Fisten

Patient L After Treatment Biomarkers

- Decreased Biomarkers
 - D-Dimer
 - TGF-B1
 - VEGF
 - SARS CoV2 Antibodies
 - HS CRP
 - ANA
 - EBV VCA IGM (U/mL)

Reference Ranges:

- White Blood Cell Count: 3.8-10.8 Thous/uL
- D-Dimer: <0.5 mcg/mL
- Histamine: < OR = 1.8 ng/mL
- HTFG-B1: 344-2382 pg/mL
- VEGF: 31-86 pg/mL
- SARS CoV2 Antibodies: (<1 Index)
- ABETA 42/40 Ratio: > OR = 0.160
- HS CRP: <1.0
- ANA: Negative
- EBV VCA IGM: <36 is a negative interpretation

Patient L		
Biomarker	Before Levels	After Levels
WBC (thous/uL)	5.4	5.5
D-Dimer (mcg/mL)	0.43	0.25
Histamine (ng/mL)	<1.5	<1.5
TGF-B1 (pg/mL)	9520 (High)	1820
VEGF (pg/mL)	83	38
SARS CoV2 Antibodies	12.44 (High)	11.34 (High)
ABETA 42/40 RATIO	0.126 (Low)	0.174
HS CRP	0.8	0.5
ANA	1:40 (Positive)	Negative
EBV VCA IGM (U/mL)	46 (High)	<36

Patient L Post Treatment

- Patient states he is feeling great:
 - Little to no brain fog
 - Fatigue has improved greatly
 - Able to focus more
 - Able to exercise and play basketball
 - No more shortness of breath
 - No more tachycardia

Patient E History

- Female 60, Long Hauler Covid, suffering from:
 - Dizziness
 - Exercise intolerance
 - Tachycardia
 - Shortness of breath
 - Chronic fatigue
 - Brain fog
 - Joint pain and muscle aches

Patient E Before Treatment Biomarkers

Out of Range:

- D-Dimer
- TGF-B1
- VEGF
- SAR CoV2 Antibodies
- EBV VCA IGG

Reference Ranges:

- White Blood Cell Count: 3.8-10.8 Thous/uL
- D-Dimer: <0.5 mcg/mL
- Histamine: < OR = 1.8 ng/mL
- TFG-B1: 344-2382 pg/mL
- VEGF: 31-86 pg/mL
- SARS CoV2 Antibodies: (<1 Index)
- ANA: Negative
- EBV VCA IGM: <36 is a negative interpretation
- EBV VCA IGG: : <18 is a negative interpretation

Patient E	
Biomarker	Before Levels
WBC (thous/uL)	4.7
D-Dimer (mcg/mL)	0.67 (High)
Histamine (ng/mL)	<1.5
TGF-B1 (pg/mL)	4140 (High)
VEGF (pg/mL)	<31 (Low)
SARS CoV2 Antibodies	>150 (High)
ANA	Negative
EBV VCA IGM (U/mL)	<36
EBV VCA IGG (U/mL)	248 (High)

Patient E Treatment

- Long Haul Protocol
 - Medicinals
 - Vitamin D
 - Vitamin C
 - Zinc L-Carnosine
 - Lumbroxym
 - Melatonin
 - Rhizo
 - Trans-Resveratrol
 - EZ Trek

Patient After Treatment Biomarkers

- Decreased Biomarker
 - D-Dimer
 - TGF-B1
 - EBV VCA IGG

Reference Ranges:

- White Blood Cell Count: 3.8-10.8 Thous/uL
- D-Dimer: <0.5 mcg/mL
- Histamine: < OR = 1.8 ng/mL
- TFG-B1: 344-2382 pg/mL
- VEGF: 31-86 pg/mL
- SARS CoV2 Antibodies: (<1 Index)
- ANA: Negative
- EBV VCA IGM: <36 is a negative interpretation
- EBV VCA IGG: : <18 is a negative interpretation

Patient E		
Biomarker	Before Levels	After Levels
WBC (thous/uL)	4.7	5.2
D-Dimer (mcg/mL)	0.67 (High)	0.27
Histamine (ng/mL)	<1.5	<1.5
TGF-B1 (pg/mL)	4140 (High)	2380
VEGF (pg/mL)	<31 (Low)	<31 (Low)
SARS CoV2 Antibodies	>150 (High)	>150 (High)
ANA	Negative	Negative
EBV VCA IGM (U/mL)	<36	<36
EBV VCA IGG (U/mL)	248 (High)	235 (High)

Patient E Post Treatment

- Patient states she is feeling much better:
 - Brain fog and chronic fatigue significantly improved
 - Joint pain improved
 - Slowly exercising again
 - Shortness of breath improved

Patient S Lab Work Prior to Treatment

- Out of Range
 - Histamine
 - TGF-B1
 - SARS CoV2 Antibodies
 - HS CRP
 - EBV VCA IGG

Reference Ranges:

- White Blood Cell Count: 3.8-10.8 Thous/uL
- D-Dimer: <0.5 mcg/mL
- Histamine: < OR = 1.8 ng/mL
- TFG-B1: 344-2382 pg/mL
- VEGF: 31-86 pg/mL
- SARS CoV2 Antibodies: (<1 Index)
- ABETA 42/40 Ratio: > OR = 0.160
- HS CRP: <1.0
- ANA: Negative
- EBV VCA IGG: : <18 is a negative interpretation

Patient S	
Biomarker	Before Levels
WBC (thous/uL)	10.6
D-Dimer (mcg/mL)	0.26
Histamine (ng/mL)	21.6 (High)
TGF-B1 (pg/mL)	6500 (High)
VEGF (pg/mL)	76
SARS CoV2 Antibodies	>150.00 (High)
ABETA 42/40 RATIO	0.163
HS CRP	36.10 (High)
ANA	Negative
EBV VCA IGG (U/mL)	36.10 (High)

Patient S Lab Work Prior to Treatment

- Out of Range
 - Histamine
 - TGF-B1
 - SARS CoV2 Antibodies
 - HS CRP
 - EBV VCA IGG

Reference Ranges:

- White Blood Cell Count: 3.8-10.8 Thous/uL
- D-Dimer: <0.5 mcg/mL
- Histamine: < OR = 1.8 ng/mL
- TFG-B1: 344-2382 pg/mL
- VEGF: 31-86 pg/mL
- SARS CoV2 Antibodies: (<1 Index)
- ABETA 42/40 Ratio: > OR = 0.160
- HS CRP: <1.0
- ANA: Negative
- EBV VCA IGG: : <18 is a negative interpretation

Patient S	
Biomarker	Before Levels
WBC (thous/uL)	10.6
D-Dimer (mcg/mL)	0.26
Histamine (ng/mL)	21.6 (High)
TGF-B1 (pg/mL)	6500 (High)
VEGF (pg/mL)	76
SARS CoV2 Antibodies	>150.00 (High)
ABETA 42/40 RATIO	0.163
HS CRP	36.10 (High)
ANA	Negative
EBV VCA IGG (U/mL)	36.10 (High)