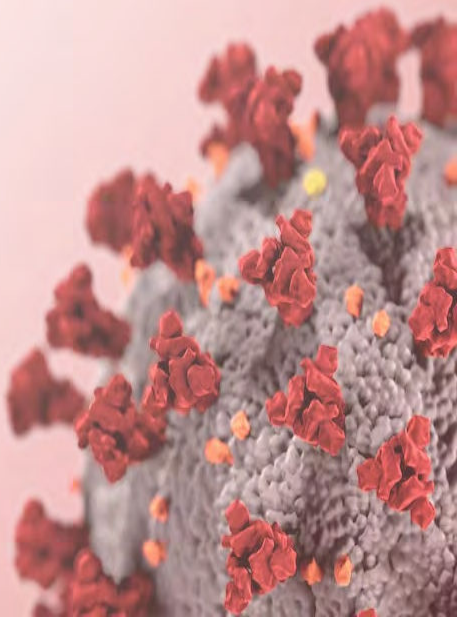
FLCCC ALLIANCE
EDUCATIONAL CONFERENCE 2022

UNDERSTANDING & TREATING
SPIKE PROTEIN-INDUCED DISEASES

October 14-16, 2022 • Orlando, Florida

I-RECOVER

Post-Vaccine Treatment Protocol



Presented By:

Paul Marik, MD, FCCP, FCCM

Conflicts of Interest

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Outline

- Definition
- Epidemiology (Steve Kirsch)
- Pathogenesis (Dr Ryan Cole)
- Risk Factors
- **Clinical features**
- **General approach to treatment**
  - Baseline testing
  - First Line therapeutics
  - Adjunctive/Second line therapies
  - Third line and other potential therapies

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Definition

Although no official definition exists for '***post-COVID-vaccine syndrome***,' a temporal correlation between receiving a COVID-19 vaccine and beginning or worsening of a patient's clinical manifestations is sufficient to diagnose as a COVID-19 vaccine-induced injury, when the symptoms are unexplained by other concurrent causes.

There are significant overlaps between the symptoms and features of long COVID/long-hauler syndrome and post-vaccine syndrome. However, several clinical features appear to be characteristic of post-vaccine syndrome. To complicate matters further, patients with long COVID are often also vaccinated, making the issue of definition more difficult.

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ALC-0315 mRNA LNP formulation ALC-0159

Cationic/ionizable lipids

e.g., DOTMA, DOTAP / MC3, C12-200

- nucleic acids complexation
- membrane fusion

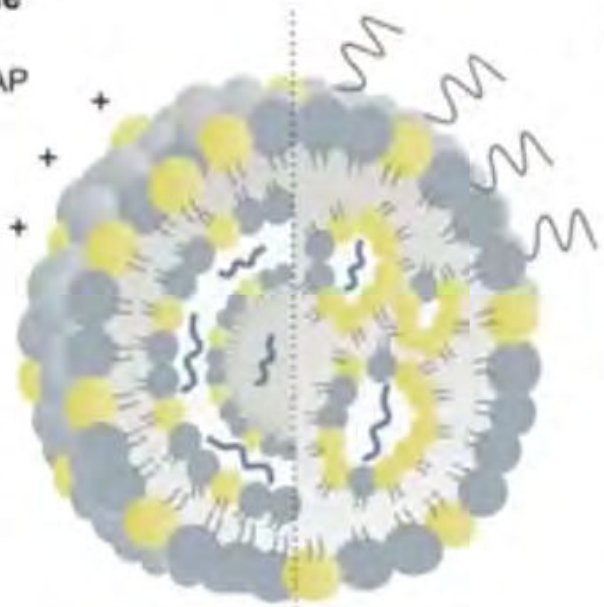
Structural helper lipids

e.g., DSPC, DPPC

- bilayer support

Cholesterol

- integrity
- endosomal release

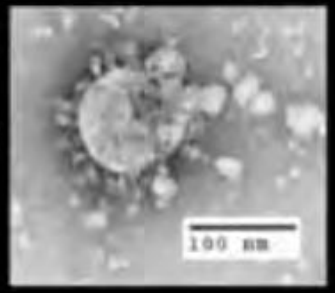


"Stealth" PEG lipids

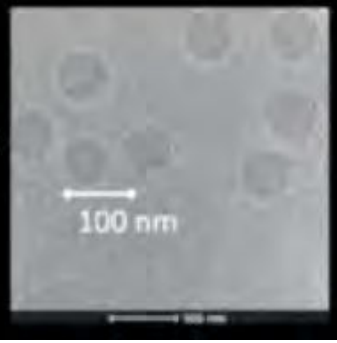
e.g., DSPE-PEG, DMPE-PEG

- hydrophilic surface
- steric hindrance

SARS



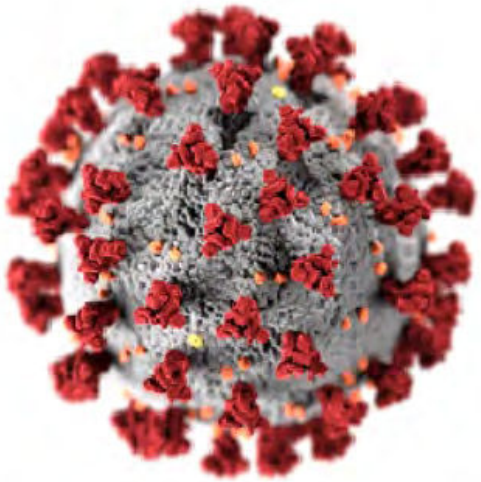
LNPs

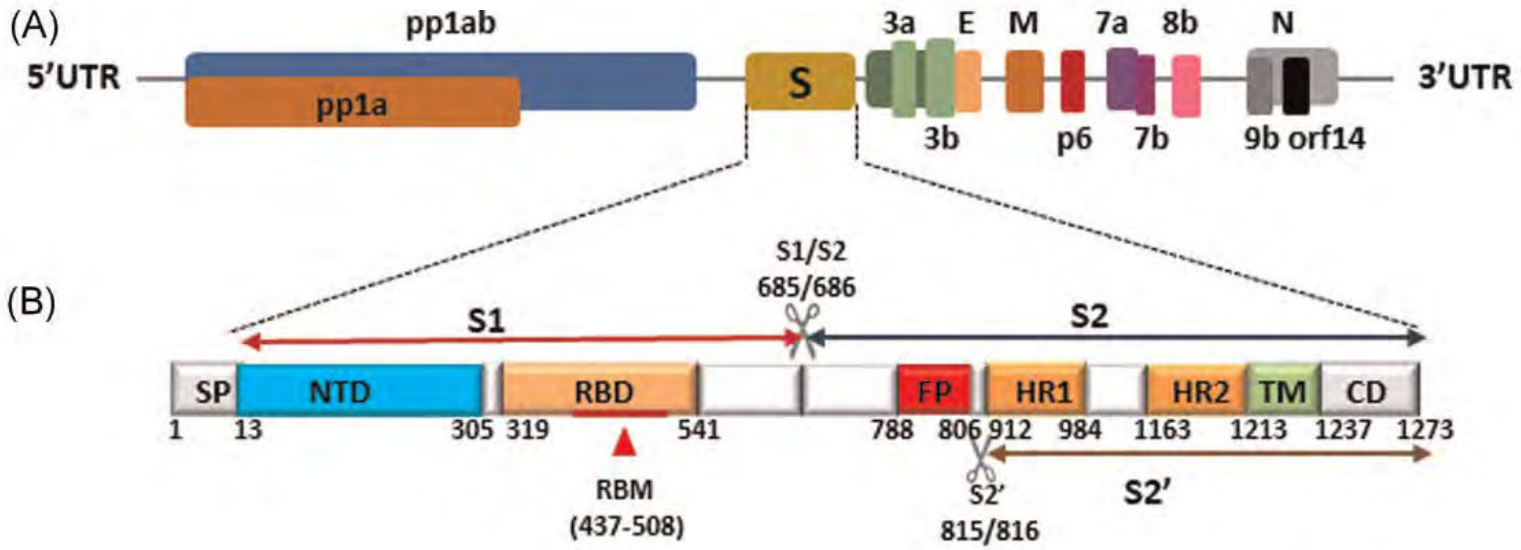


Pathogenesis of vaccine injuries – The LNP

- Acute type 1 hypersensitivity reaction due to polyethylene glycol (PEG) or other components of the nano-lipid particle.
- PEG activates multiple complement components, the activation of which may be responsible for both anaphylaxis and cardiovascular collapse.
- The lipid nanoparticles (LNP) themselves are highly proinflammatory

It’s the Damn Spike Protein





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Pathogenies of Vaccine Injury- Role of Spike Protein

- A SP (SP-1) induced inflammatory response due to mononuclear cell activation in almost every organ in the body but most notably involving the brain, heart and endocrine organs
- Complement mediated vasculitis
- Multiple auto-antibodies (hundreds) due to molecular mimicry with SP
- SP activates clotting by multiple mechanisms
- Cellular senescence and mitochondrial dysfunction
- Immune suppression with reactivation of latent viruses

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“Spike” Induced Disease

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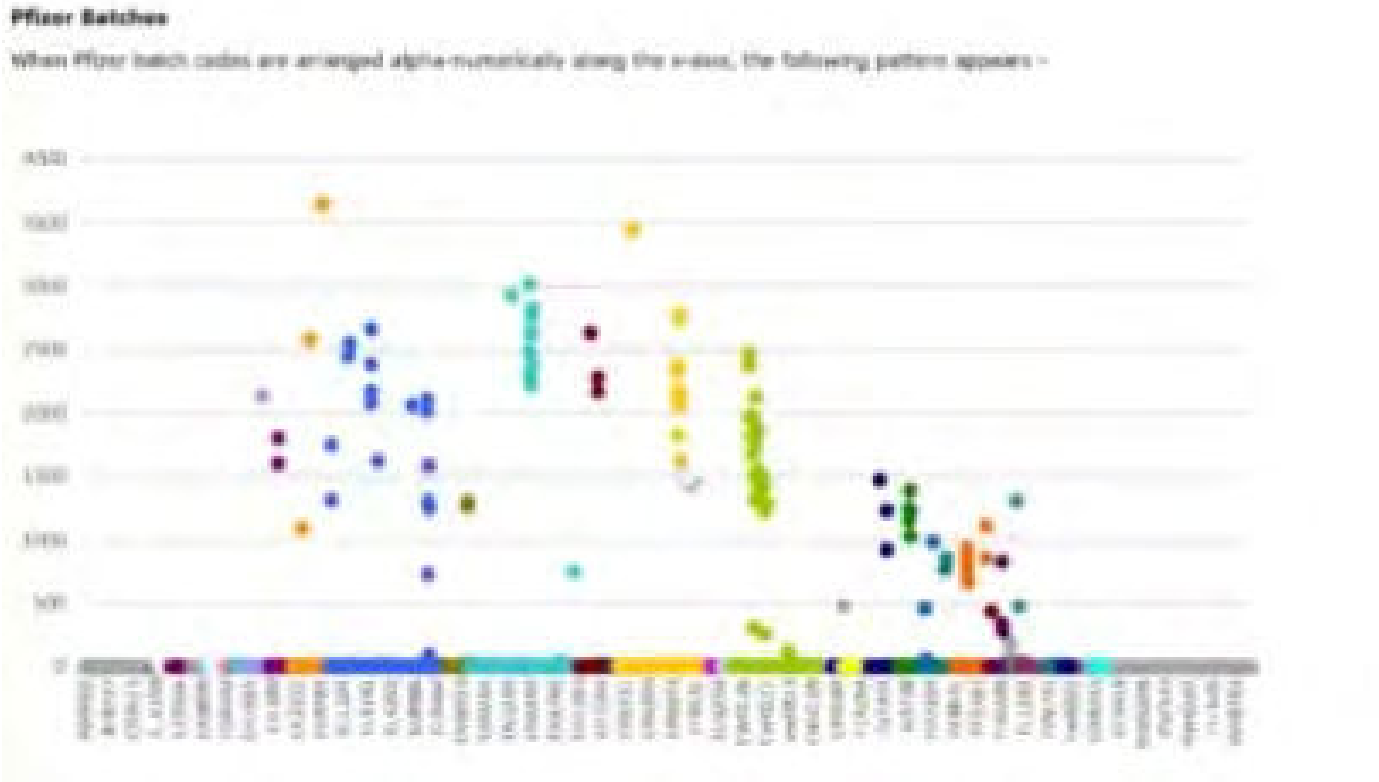
Risk Factors

- Genetic factors
  - First degree relatives
  - Those patients with a methylenetetrahydrofolate reductase (MTHFR) gene mutation and those with Ehlers-Danlos type syndromes may be at an increased risk of injury
- mRNA load and amount of spike produces
- Sex: 80% women in childbearing age
- Underlying nutritional status and comorbidities
  - Deficiency of Vitamin D, B vitamins, Folate etc
  - Preexisting autoimmune disorders and chronic inflammatory diseases

VAERS Data demonstrates that specific lots across 50 States in the USA are associated with a 1000x higher rate of adverse events



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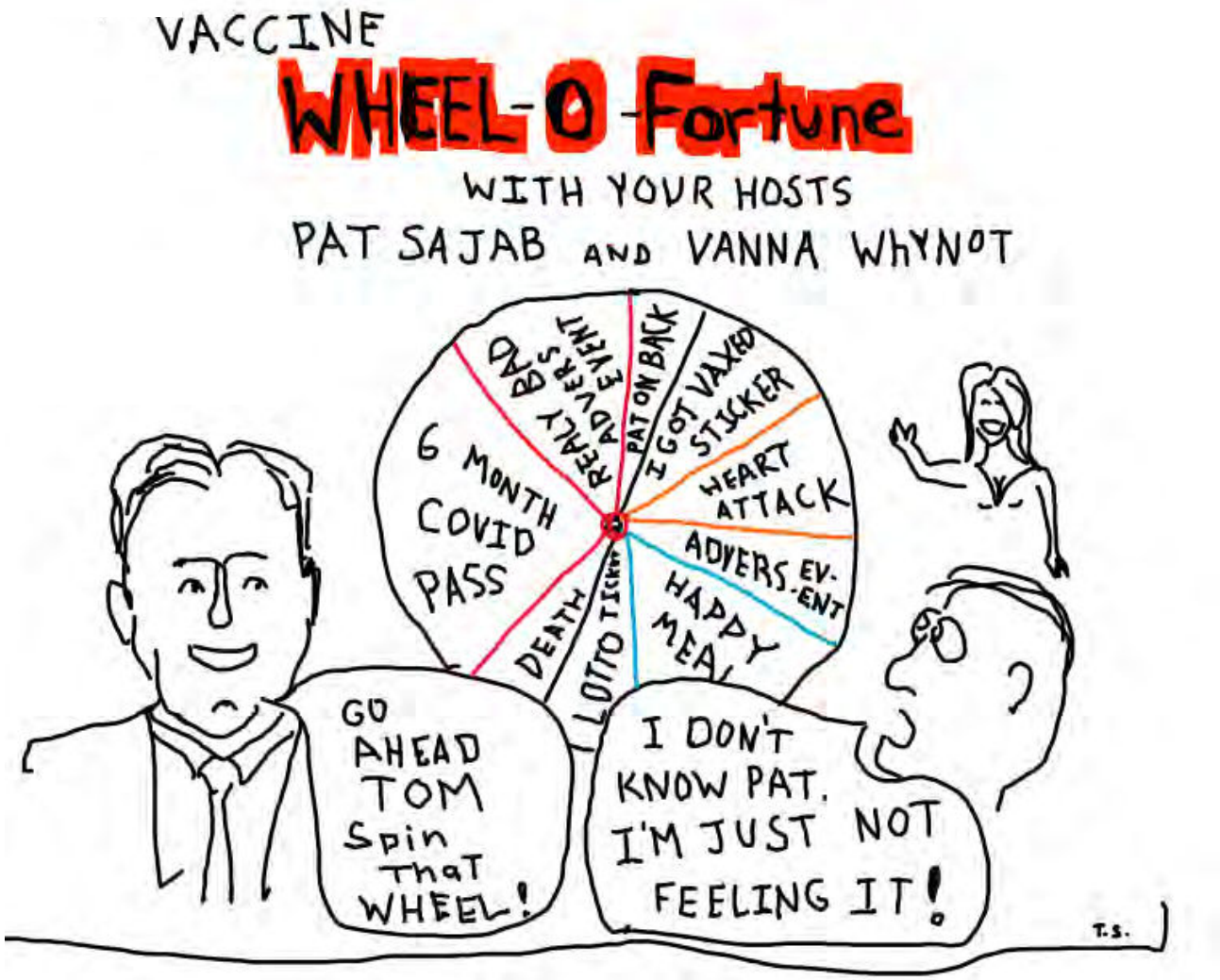

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Hijacked on Flight Covid-19
By Todd J. Smith

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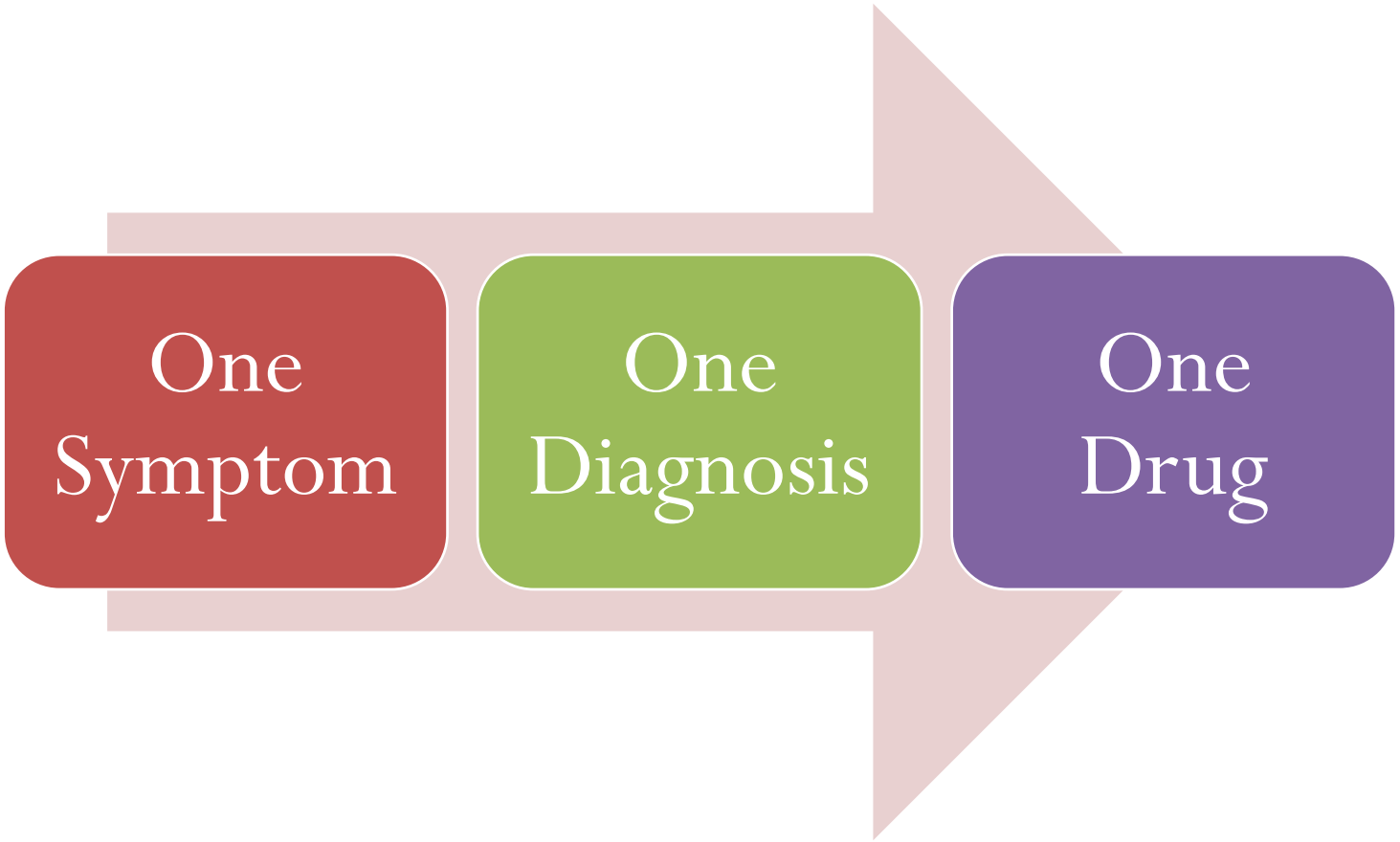
Traditional Medical Model



Complications/ injuries caused by COVID injections

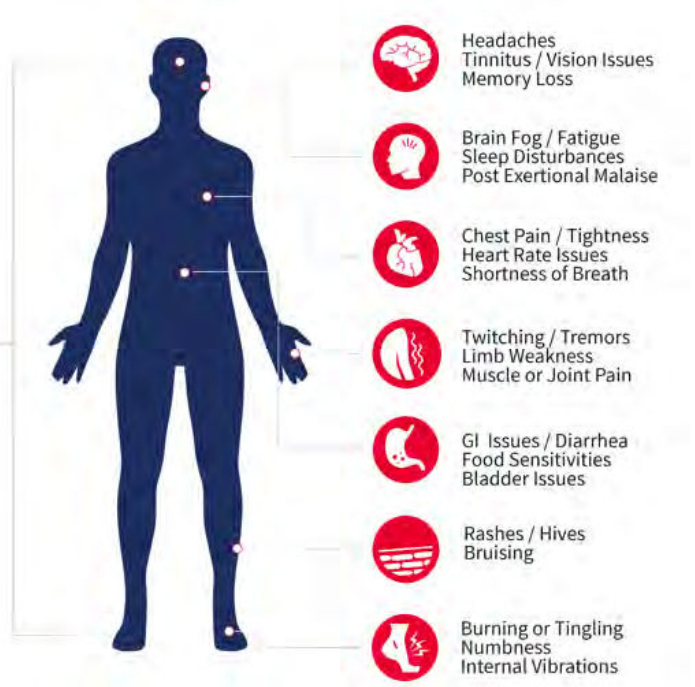
Over 2,000 peer-reviewed articles have been published on COVID vaccine injuries. Find links to these studies at COVID Vaccine Injuries, REACT19, and on Substack. A selection of symptoms is listed below:

- Myocarditis, pericarditis, stress cardiomyopathy (contraction band necrosis)
- Takotsubo cardiomyopathy
- Acute coronary syndrome
- Hypertension
- MIS-V, Multisystem Inflammatory Syndrome
- Thrombosis, including pulmonary emboli and stroke (prothrombotic state)
- Cerebral venous thrombosis
- Thrombocytopenia
- Thrombotic thrombocytopenic purpura
- Idiopathic thrombocytopenic purpura
- Henoch Schönlein Purpura
- Immune mediated hemolysis
- Reactivation and exacerbation of chronic underlying diseases/disorders
- Immune dysregulation
- Metabolic dysregulation (diabetes)
- Menstrual irregularities
- Menorrhagia
- Amenorrhea
- Spontaneous abortion
- Vulval and vaginal ulcers
- Vasculitis, including Leukocytoclastic vasculitis, Granulomatous vasculitis, microscopic polyangiitis
- Guillain-Barre Syndrome
- Acute Myelitis
- Systemic lupus erythematosus
- Bell's Palsy
- Stills disease

Its not a Simple Disease!

Describing The Post Vaccine Injury *Syndrome*

A multi-system Syndrome



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Patient-Led Research

Symptoms
& Outcomes

- **Survey #1 - Persistent symptoms** (508 Participants)
- **Survey #2 - Symptom clusters & Outcomes** (1042 Participants)

PVS Germany

Post Vaccine Syndrome Survey Results

by ReAct19 | Aug 8, 2022 | Physician Resources, Published Science, Research Studies & Surveys |

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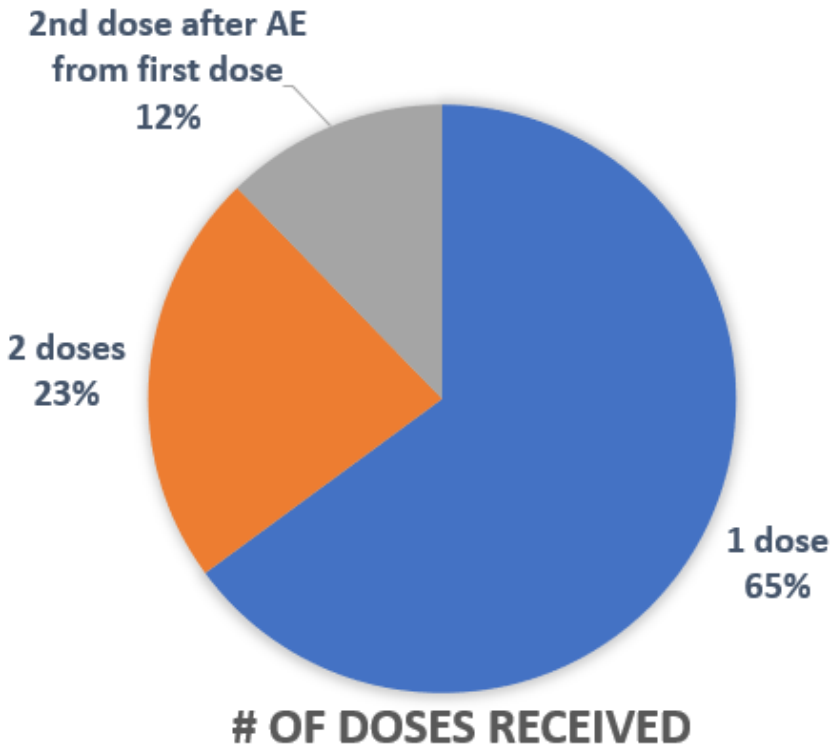

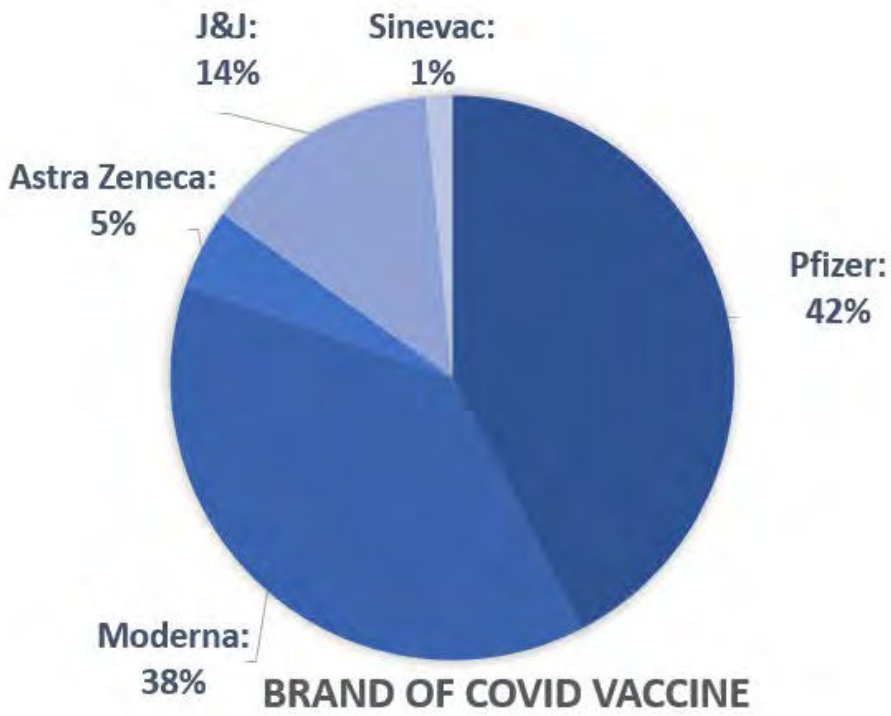

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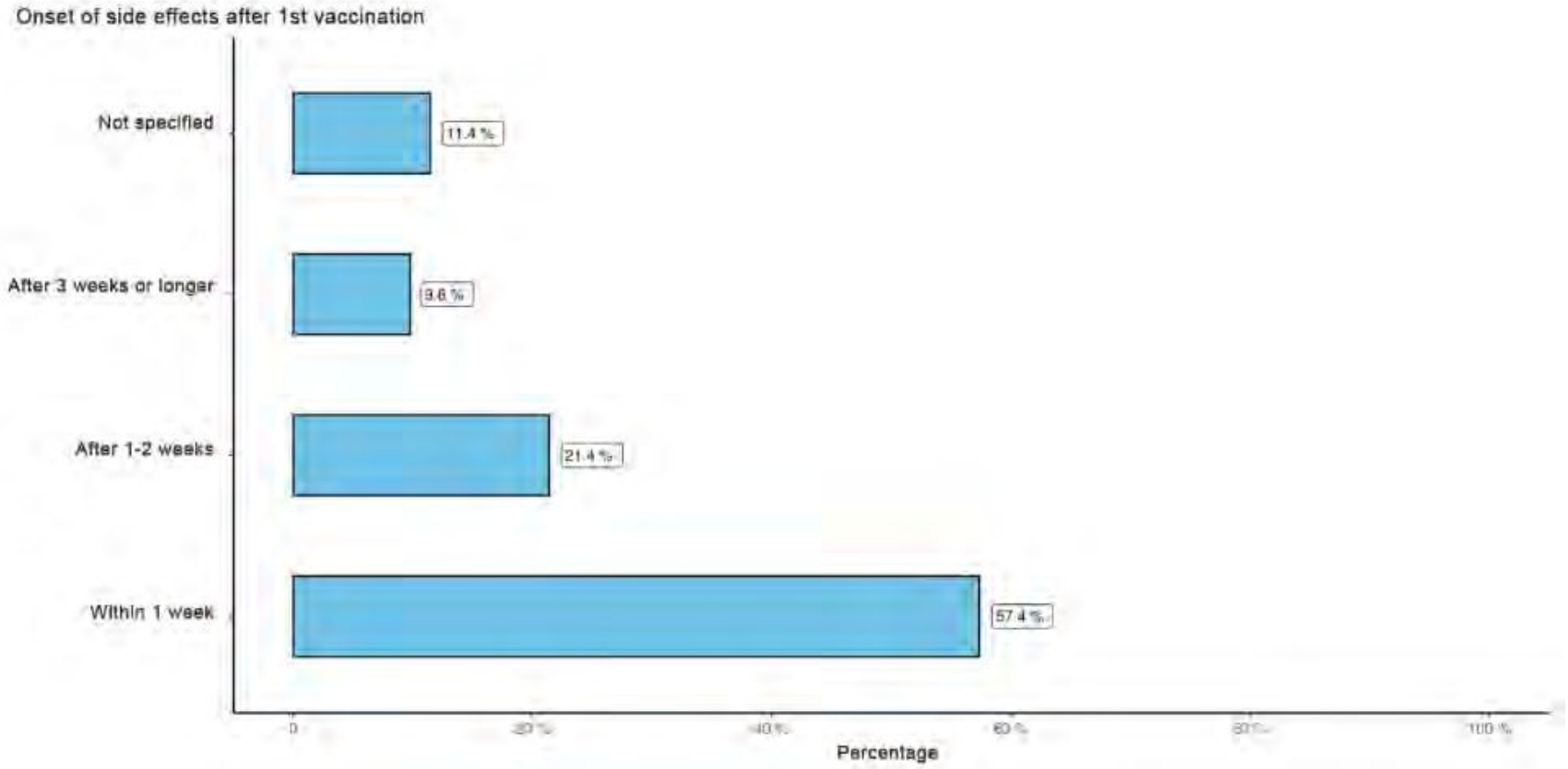

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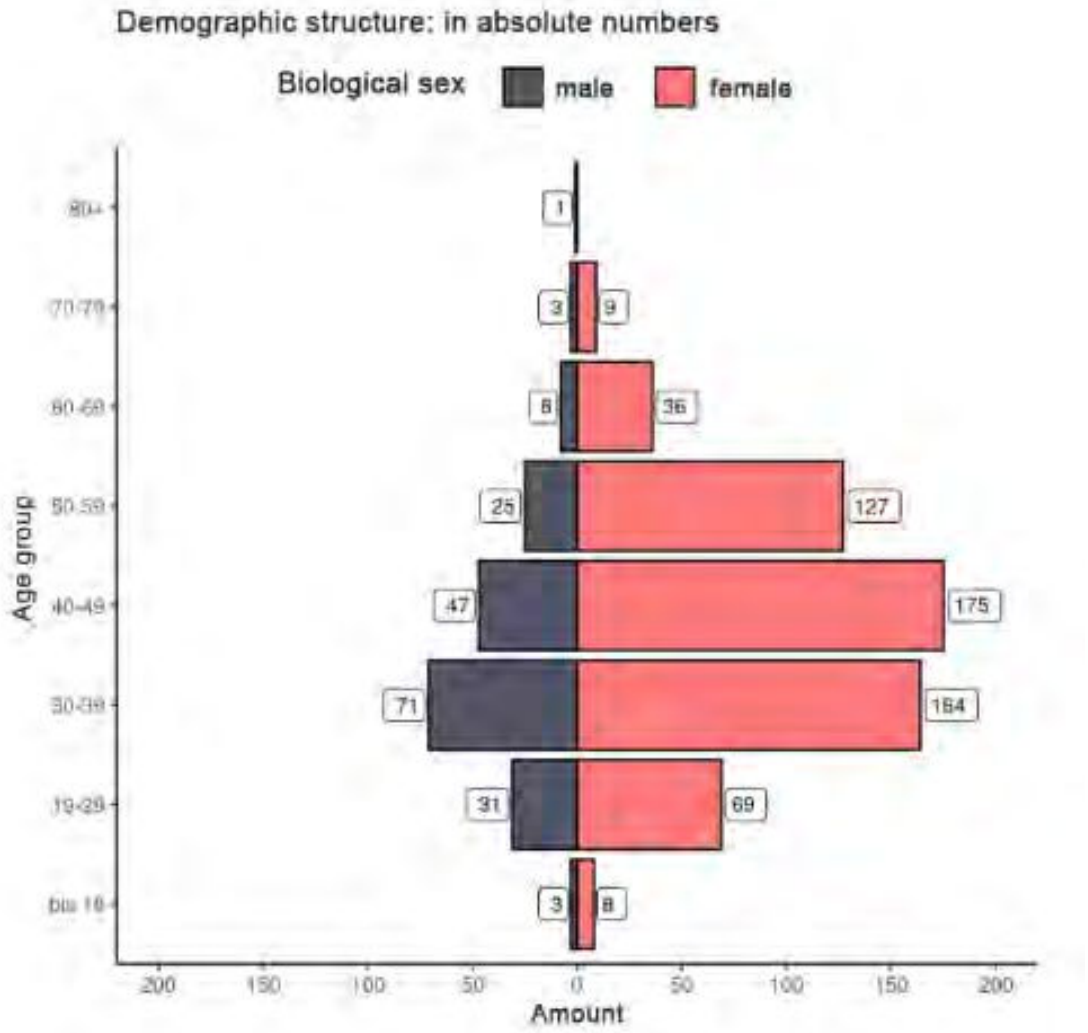

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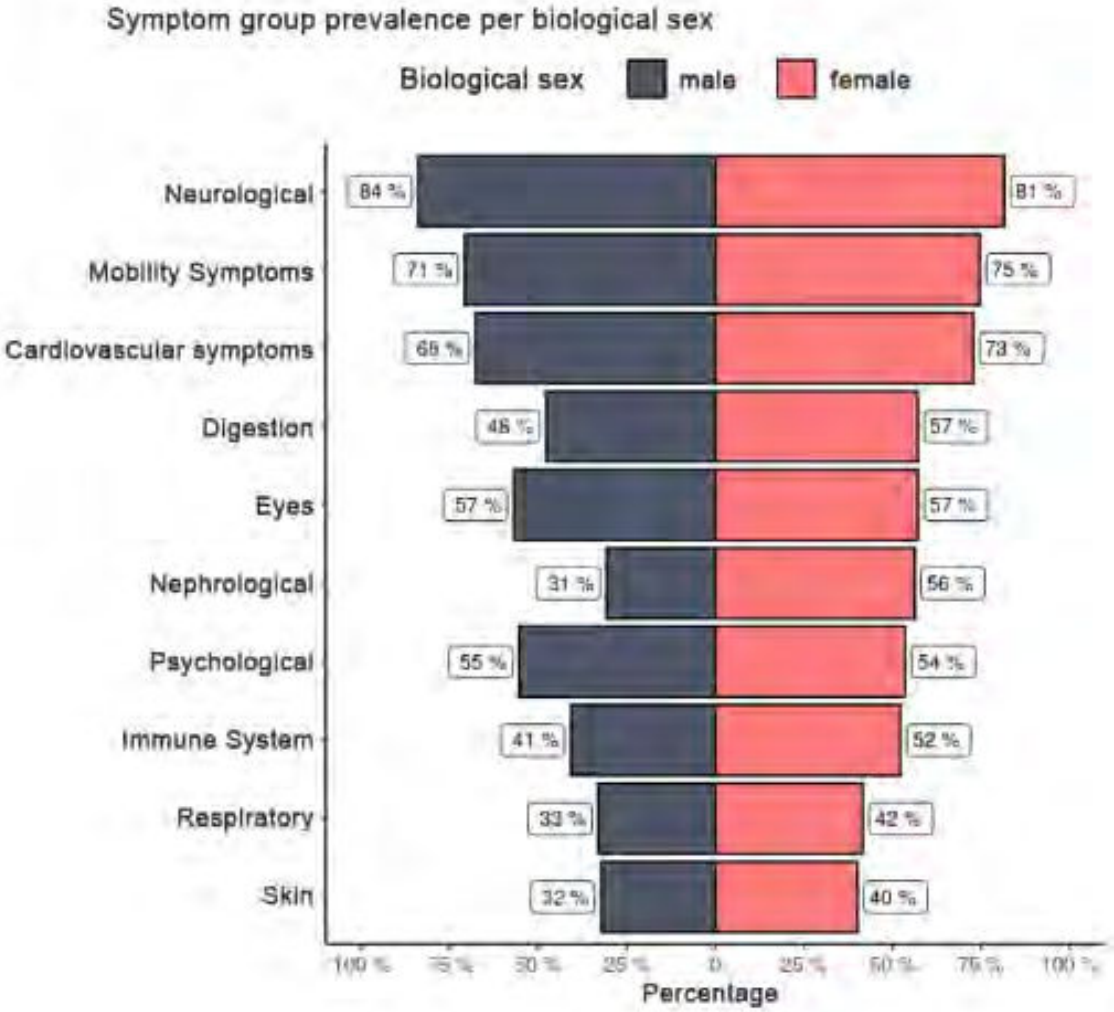

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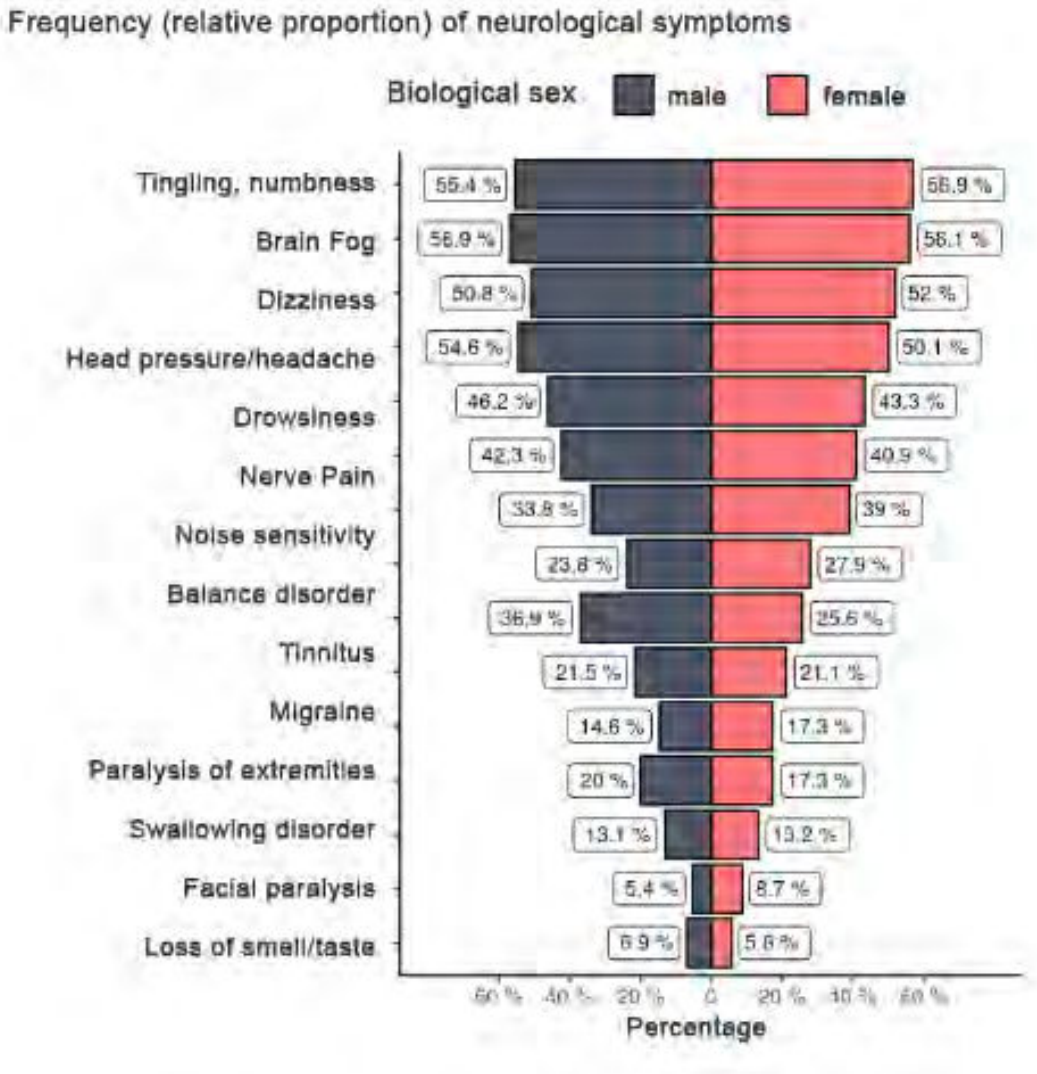

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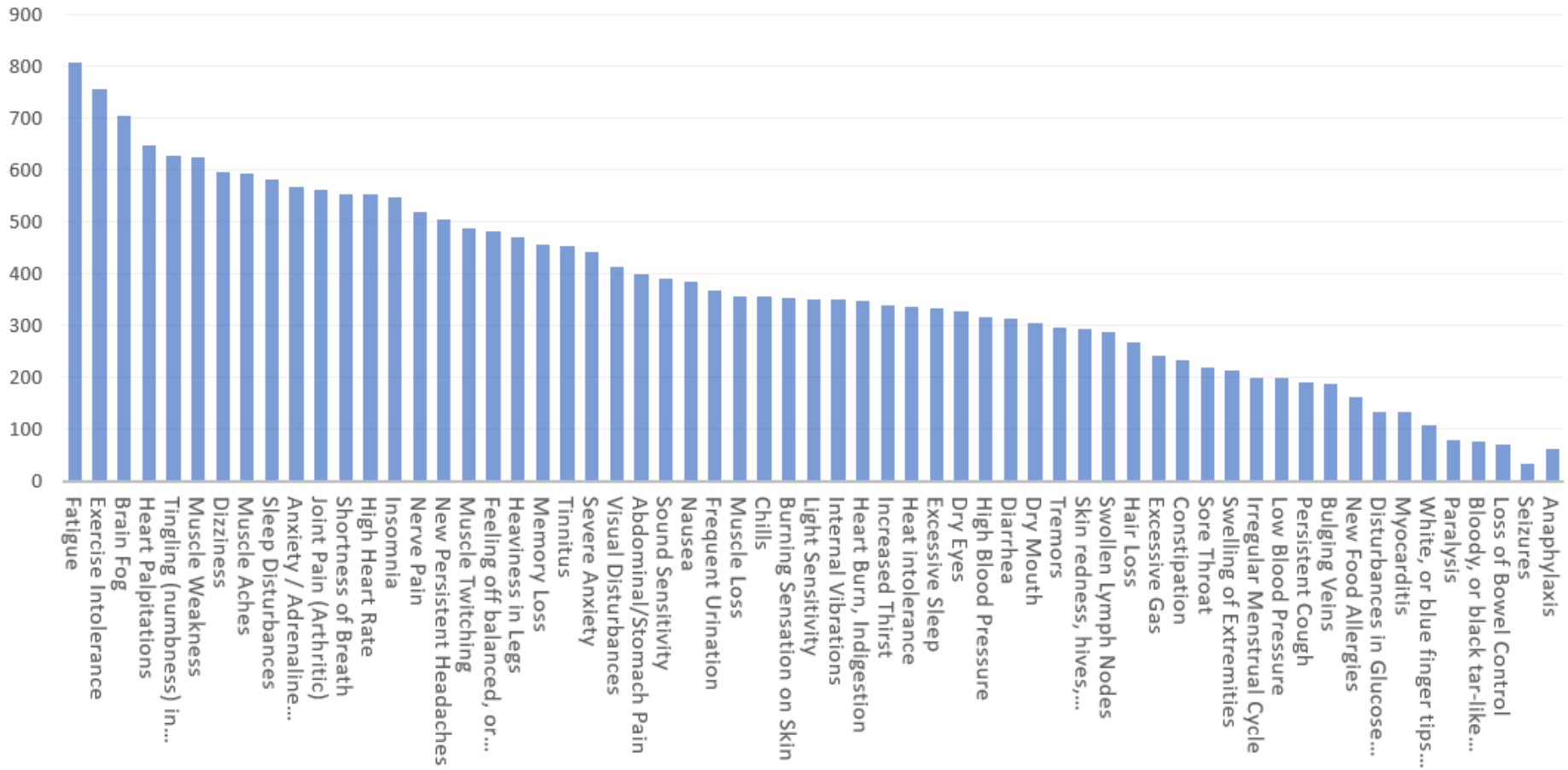
Symptoms


900
800
700
600
500
400
300
200
100
0
Fatigue
Exercise Intolerance
Brain Fog
Heart Palpitations
Tingling (numbness) in...
Muscle Weakness
Dizziness
Sleep Disturbances
Muscle Aches
Anxiety / Adrenaline...
Joint Pain (Arthritic)
Shortness of Breath
High Heart Rate
Insomnia
Nerve Pain
New Persistent Headaches
Muscle Twitching
Feeling off balanced, or...
Heaviness in Legs
Memory Loss
Tinnitus
Severe Anxiety
Visual Disturbances
Abdominal/Stomach Pain
Sound Sensitivity
Nausea
Frequent Urination
Muscle Loss
Chills
Burning Sensation on Skin
Light Sensitivity
Internal Vibrations
Heart Burn, Indigestion
Increased Thirst
Heat intolerance
Excessive Sleep
Dry Eyes
High Blood Pressure
Diarrhea
Dry Mouth
Tremors
Skin redness, hives,...
Swollen Lymph Nodes
Hair Loss
Excessive Gas
Constipation
Sore Throat
Swelling of Extremities
Irregular Menstrual Cycle
Low Blood Pressure
Persistent Cough
Bulging Veins
New Food Allergies
Disturbances in Glucose...
Myocarditis
White, or blue finger tips...
Paralysis
Bloody, or black tar-like...
Loss of Bowel Control
Seizures
Anaphylaxis

Top 10 Symptoms

Top 10 most common	
[Fatigue]	82.0%
[Exercise Intolerance]	76.3%
[Brain Fog]	71.5%
[Heart Palpitations]	64.8%
[Muscle Weakness]	63.2%
[Tingling (numbness) in Extremities]	63.0%
[Dizziness]	60.0%
[Muscle Aches]	59.4%
[Sleep Disturbances]	58.4%
[Joint Pain (Arthritic)]	57.6%

[Fatigue] - 82.0%
[Exercise Intolerance] - 76.3%
[Brain Fog] - 71.5%
[Heart Palpitations] - 64.8%
[Muscle Weakness] - 63.2%
[Tingling (numbness) in Extremities] - 63.0%
[Dizziness] - 60.0%
[Muscle Aches] - 59.4%
[Sleep Disturbances] - 58.4%
[Joint Pain (Arthritic)] - 57.6%
[Anxiety / Adrenaline Surges] - 56.9%
[High Heart Rate] - 55.5%
[Insomnia] - 55.5%
[Shortness of Breath] - 55.4%
[Nerve Pain] - 52.0%
[New Persistent Headaches] - 50.5%
[Feeling off balanced, or motion at rest] - 48.7%
[Muscle Twitching] - 48.5%
[Heaviness in Legs] - 47.6%
[Memory Loss] - 45.6%
[Tinnitus] - 45.2%
[Severe Anxiety] - 44.2%
[Visual Disturbances] - 41.6%
[Abdominal/Stomach Pain] - 40.0%
[Sound Sensitivity] - 39.0%
[Nausea] - 37.9%
[Frequent Urination] - 37.0%
[Chills] - 36.3%
[Muscle Loss] - 35.9%
[Burning Sensation on Skin] - 35.6%
[Light Sensitivity] - 35.0%
[Heartburn, Indigestion] - 34.9%

Symptom Severity

High number of symptoms correlates to severity

Average number of symptoms reported:

23

Quality of Life

Bedbound
9%

Unable to Exercise
54%

Unable to Work
30%

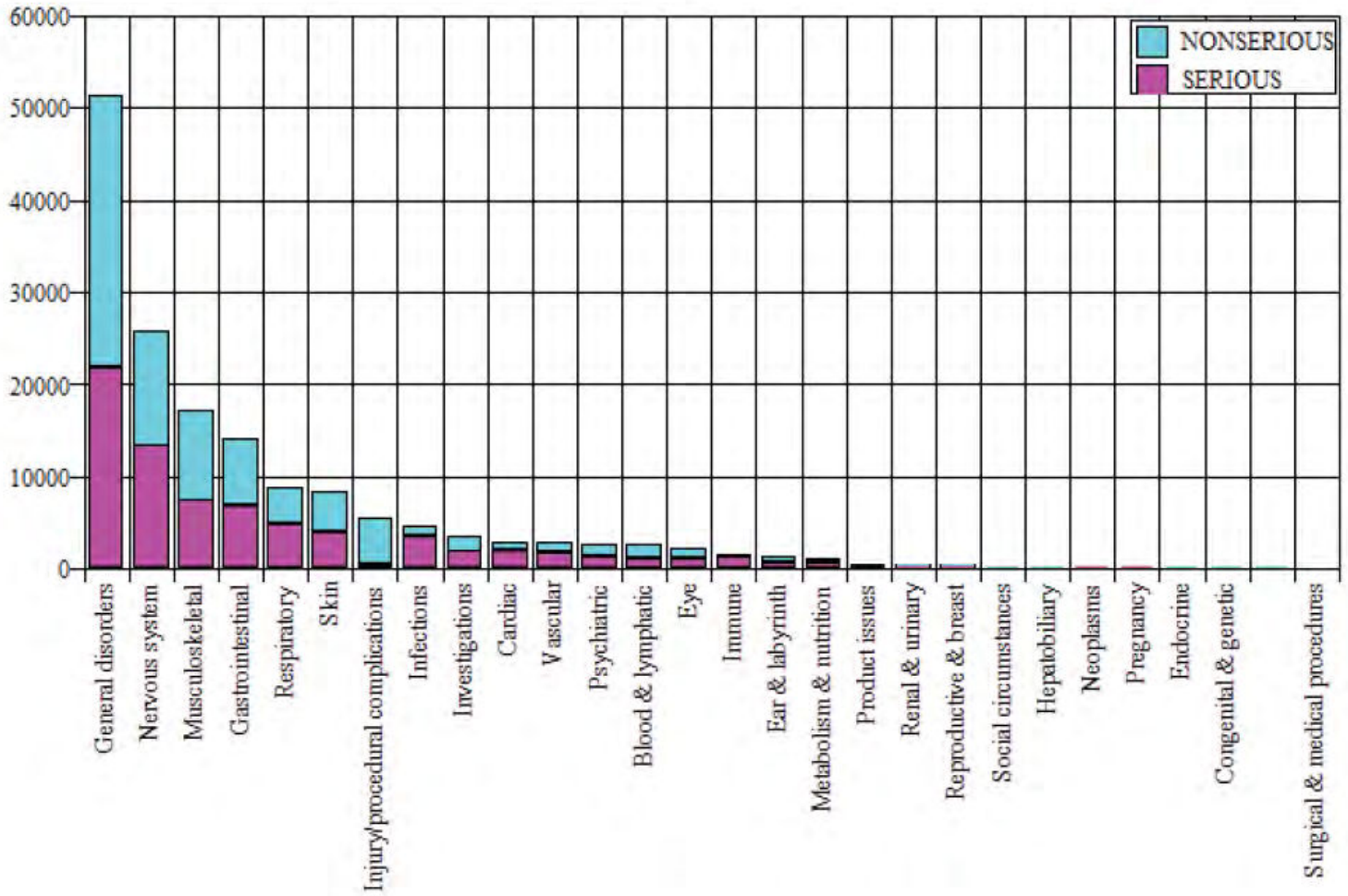
5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

Characteristics		Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17 18-30 31-50 51-64 65-74 ≥ 75 Unknown	175[a] 4953 13886 7884 3098 5214 6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Figure 1. Total Number of BNT162b2 AEs by System Organ Classes and Event Seriousness



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APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST

1p36 deletion syndrome;2-Hydroxyglutaric aciduria;5'nucleotidase increased;Acoustic neuritis;Acquired C1 inhibitor deficiency;Acquired epidermolysis bullosa;Acquired epileptic aphasia;Acute cutaneous lupus erythematosus;Acute disseminated encephalomyelitis;Acute encephalitis with refractory, repetitive partial seizures;Acute febrile neutrophilic dermatosis;Acute flaccid myelitis;Acute haemorrhagic leukoencephalitis;Acute haemorrhagic oedema of infancy;Acute kidney injury;Acute macular outer retinopathy;Acute motor axonal neuropathy;Acute motor-sensory axonal neuropathy;Acute myocardial infarction;Acute respiratory distress syndrome;Acute respiratory failure;Addison's disease;Administration site thrombosis;Administration site vasculitis;Adrenal thrombosis;Adverse event following immunisation;Ageusia;Agranulocytosis;Air embolism;Alanine aminotransferase abnormal;Alanine aminotransferase increased;Alcoholic seizure;Allergic bronchopulmonary mycosis;Allergic oedema;Alloimmune hepatitis;Alopecia areata;Alpers disease;Alveolar proteinosis;Ammonia abnormal;Ammonia increased;Amniotic cavity infection;Amygdalohippocampectomy;Amyloid arthropathy;Amyloidosis;Amyloidosis senile;Anaphylactic reaction;Anaphylactic shock;Anaphylactic transfusion reaction;Anaphylactoid reaction;Anaphylactoid shock;Anaphylactoid syndrome of pregnancy;Angioedema;Angiopathic neuropathy;Ankylosing spondylitis;Anosmia;Antiacetylcholine receptor antibody positive;Anti-actin antibody positive;Anti-aquaporin-4 antibody positive;Anti-basal ganglia antibody positive;Anti-cyclic citrullinated peptide antibody positive;Anti-epithelial antibody positive;Anti-erythrocyte antibody positive;Anti-exosome complex antibody positive;Anti-GAD antibody negative;Anti-GAD antibody positive;Anti-ganglioside antibody positive;Antigliadin antibody positive;Anti-glomerular basement membrane antibody positive;Anti-glomerular basement membrane disease;Anti-glycyl-tRNA synthetase antibody positive;Anti-HLA antibody test positive;Anti-IA2 antibody positive;Anti-insulin antibody increased;Anti-insulin antibody positive;Anti-insulin receptor antibody increased;Anti-insulin receptor antibody positive;Anti-interferon antibody negative;Anti-interferon antibody positive;Anti-islet cell antibody positive;Antimitochondrial antibody positive;Anti-muscle specific kinase antibody positive;Anti-myelin-associated glycoprotein antibodies positive;Anti-myelin-associated glycoprotein associated polyneuropathy;Antimyocardial antibody positive;Anti-neuronal antibody positive;Antineutrophil cytoplasmic antibody increased;Antineutrophil cytoplasmic antibody positive;Anti-neutrophil cytoplasmic antibody positive vasculitis;Anti-NMDA antibody positive;Antinuclear antibody increased;Antinuclear antibody positive;Antiphospholipid antibodies positive;Antiphospholipid syndrome;Anti-platelet antibody positive;Anti-prothrombin antibody positive;Antiribosomal P antibody positive;Anti-RNA polymerase III antibody positive;Anti-saccharomyces cerevisiae antibody test positive;Anti-sperm antibody positive;Anti-SRP antibody positive;Antisynthetase syndrome;Anti-thyroid antibody positive;Anti-transglutaminase antibody increased;Anti-VGCC antibody positive;Anti-VGKC antibody positive;Anti-vimentin antibody positive;Antiviral prophylaxis;Antiviral treatment;Anti-zinc transporter 8 antibody positive;Aortic embolus;Aortic thrombosis;Aortitis;Aplasia pure red cell;Aplastic anaemia;Application site thrombosis;Application site vasculitis;Arrhythmia;Arterial bypass occlusion;Arterial bypass thrombosis;Arterial thrombosis;Arteriovenous fistula thrombosis;Arteriovenous graft site stenosis;Arteriovenous graft thrombosis;Arteritis;Arteritis

Eight more Pages

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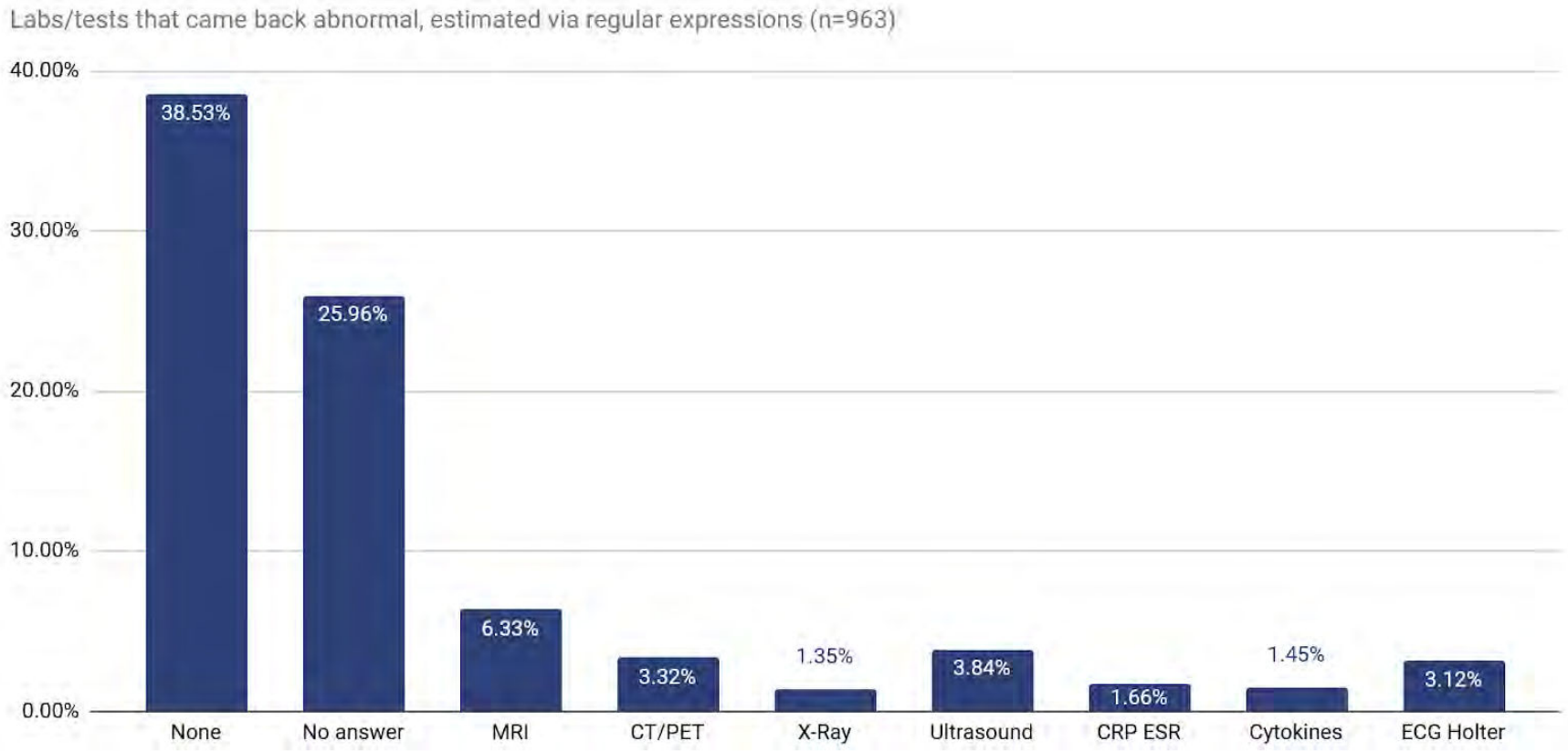
Baseline testing

- We recommend several simple, basic screening tests that should be repeated, as clinically indicated, every 4 to 6 months.
- Remember the dictum: "***Only do a test if the result will change your treatment plan".***
- CBC with diff. and platelet count and standard blood chemistries, including liver function tests
- D-Dimer, CRP, early morning cortisol, TSH, Homocysteine level, HbA1C, Troponin and pro-BNP
- CMV, EBV (early antigen-D IgG or nuclear antigen IgG), Herpes simplex, HHV6 and mycoplasma serology/PCR
- Vitamin D level (25OH Vitamin D)
- Limited screening autoantibodies. Lupus anticoagulant (if positive B2 microglobulin etc.) and ANA. The presence or absence of G protein directed antibodies, anti-ACE-2 antibodies and other antibodies have little impact on the management of these patients

Abnormal Lab results



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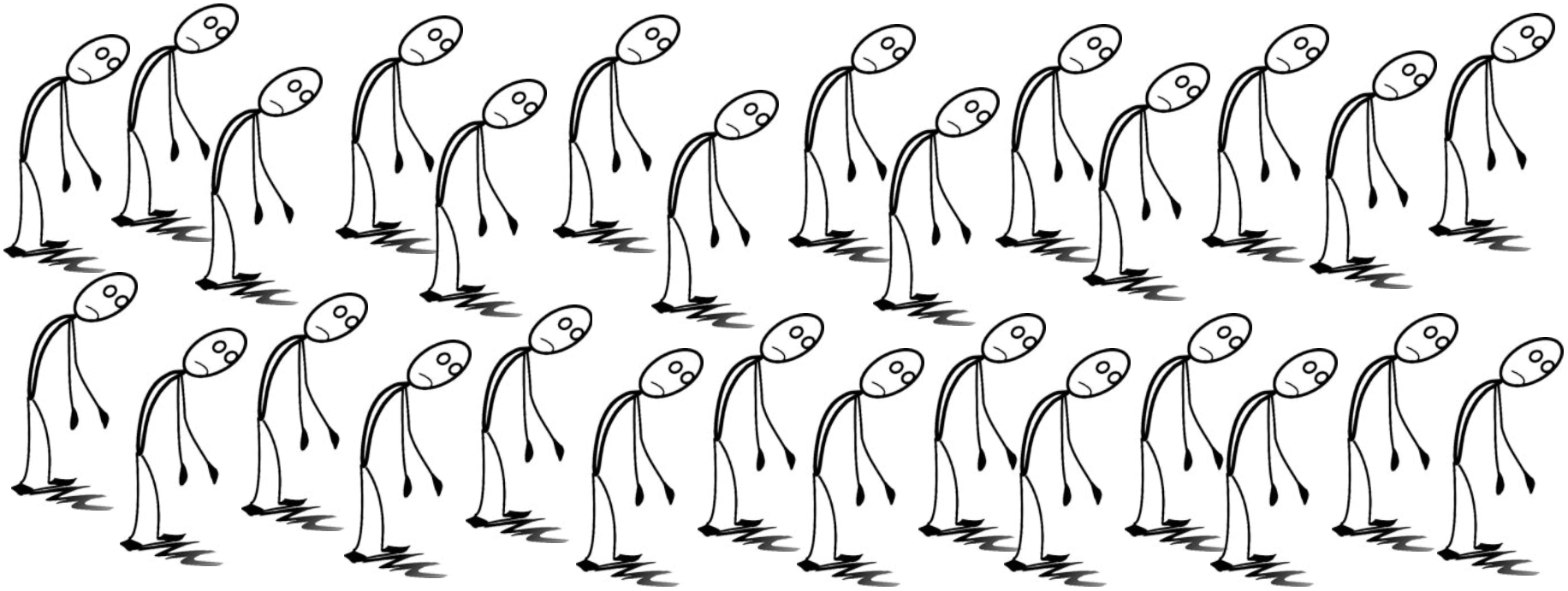
Vax Injured have Limited (No) Access to Health Care



General Approach to Treatment

- As the “vaccine injured syndrome” is not accepted by the medical community there are no published studies on the treatment of this pervasive disease
- Our treatment approach is based on the postulated pathogenetic mechanisms, pharmacologic principles, clinical observation, and patient anecdotes.
- The core problem in post-vaccine syndrome is chronic “immune dysregulation.” The primary treatment goal is to help the body to restore and normalize the immune system—in other words to let the body heal itself.
- Treatment must be individualized according to each patient’s presenting symptoms and disease syndromes
- Patients should serve as their own controls and the response to treatment should dictate the modification of the treatment plan.
- Early treatment is essential; it is likely that the response to treatment will be attenuated when treatment is delayed.
- Patients should avoid unscientific and poorly validated “Spike Protein Detox” programs

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- The core problem in post-vaccine syndrome is chronic “immune dysregulation.” The primary treatment goal is to help the body to restore and normalize the immune system—in other words to let the body heal itself.
- **Treatment must be individualized according to each patient’s presenting symptoms and disease syndromes**
- Patients should serve as their own controls and the response to treatment should dictate the modification of the treatment plan.
- Early treatment is essential; it is likely that the response to treatment will be attenuated when treatment is delayed.
- Patients should avoid unscientific and poorly validated “Spike Protein Detox” programs

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General Approach to Treatment

Eliminate Spike

- Promote Autophagy

General Approach to Treatment

Eliminate Spike

- Promote Autophagy

Limit Spike induced pathology

- Inflammation
- Clotting & microvascular injury
- Mitochondrial dysfunction

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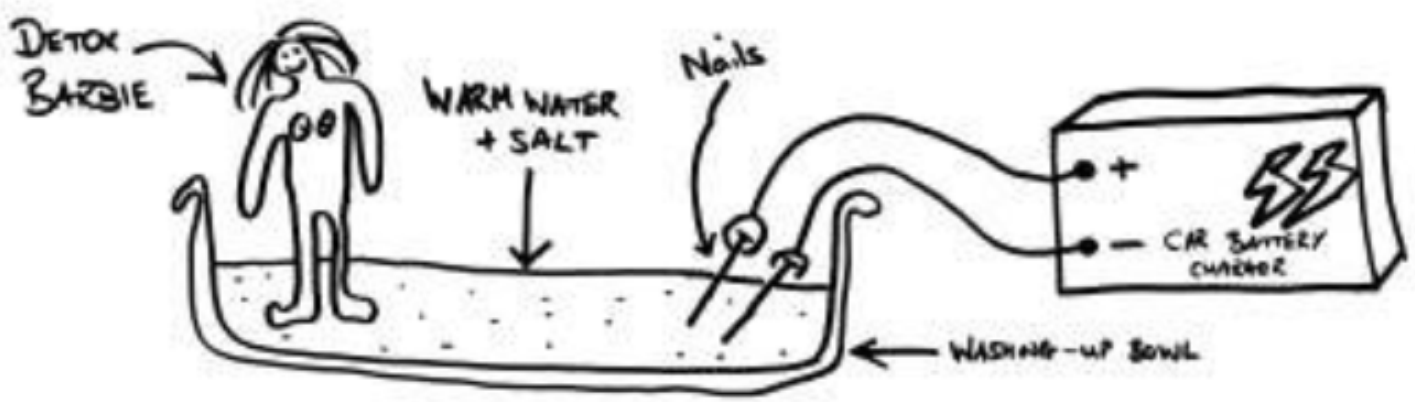

In terms of human biochemistry "detox" is a meaningless concept

- Dr Ben Goldacre

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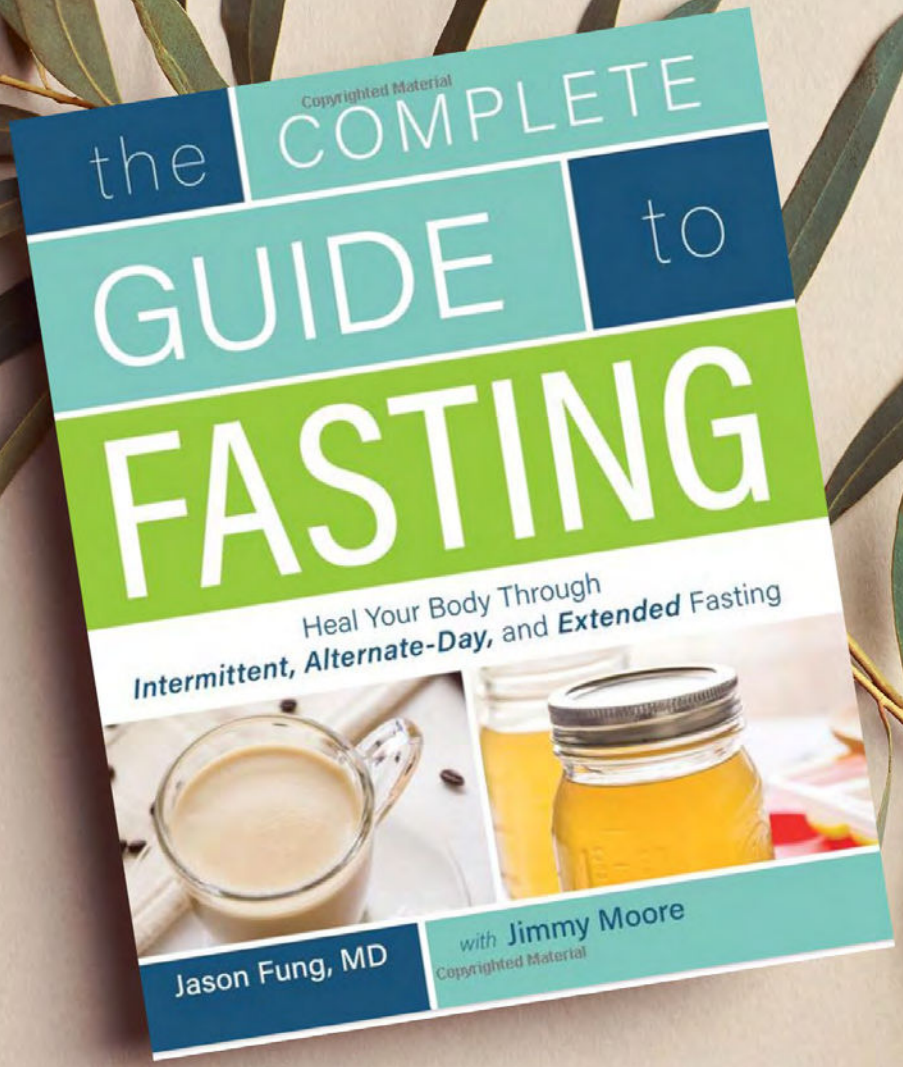
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the COMPLETE
GUIDE to
FASTING
Heal Your Body Through
Intermittent, Alternate-Day, and Extended Fasting
Jason Fung, MD
with Jimmy Moore
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BENEFITS OF INTERMITTENT FASTING

Autophagy

Burn Fat & Lose Weight

Research shows that weekly fasting can trigger weight loss up to 8 percent and waist shrinkage of up to 7%,meaning that fasting is especially useful for losing belly fat.

Reduces Inflammation

Chronic inflammation is a trigger for dozens of lifestyle diseases like strokes and heart problems, but intermittent fasting seems to keep inflammation in check by triggering your cells to break it down before it begins to build up.

Balances Insulin Levels

Balances Blood Sugar

Improves Sleep

Enhances The Immune System

Reduces Risk of Chronic Disease

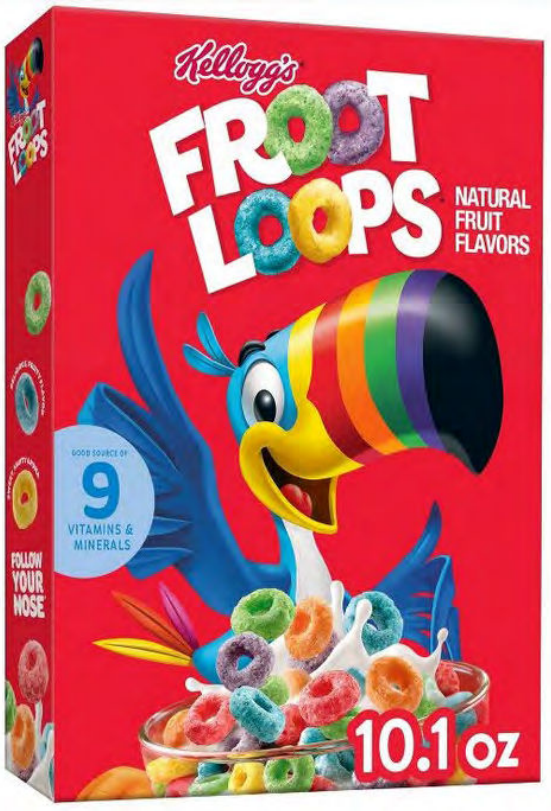
Increases HGH

(HGH) is a hormone made in the pituitary gland that leads to low levels of body fat and lean muscle mass. Initial research shows that fasting on a regular basis can boost the amounts your body makes, leading to improvements in your physique.

Scientific evidence shows that cutting your daily caloric intake by a third can extend your lifespan by over a decade, and intermittent fasting is an easy way to start cutting calories.

Anti-Aging

Real Food vs “Processed Food”



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Low-Carb-High Fat Diet (LCHF)

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Spermidine

Resveratrol: A pleotropic molecule

- Activates autophagy
- Anti-inflammatory
- Antioxidant
- Antithrombotic
- Binds spike protein

Trans-resveratrol
500mg BID

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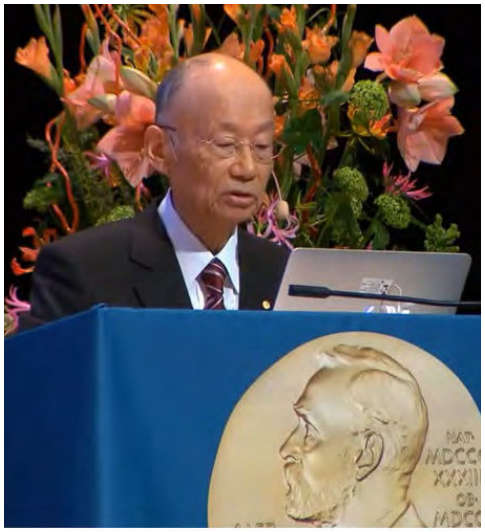
IVERMECTIN – Nature's Gift to the World

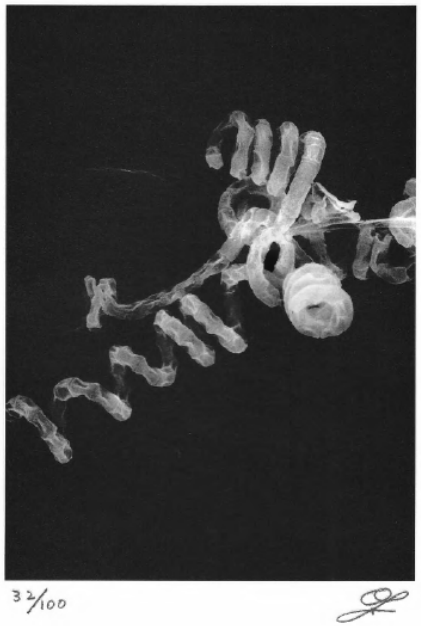
Ivermectin: enigmatic multifaceted 'wonder' drug continues to surprise and exceed expectations

Andy Crump

- Antiviral – multiples sites of action
- Anti-inflammatory
- Binds to spike protein (promotes removal of the protein)
- Simulates autophagy
- Increases Bifidobacterium



Professor Satoshi Omura



Streptomyces avermitilis

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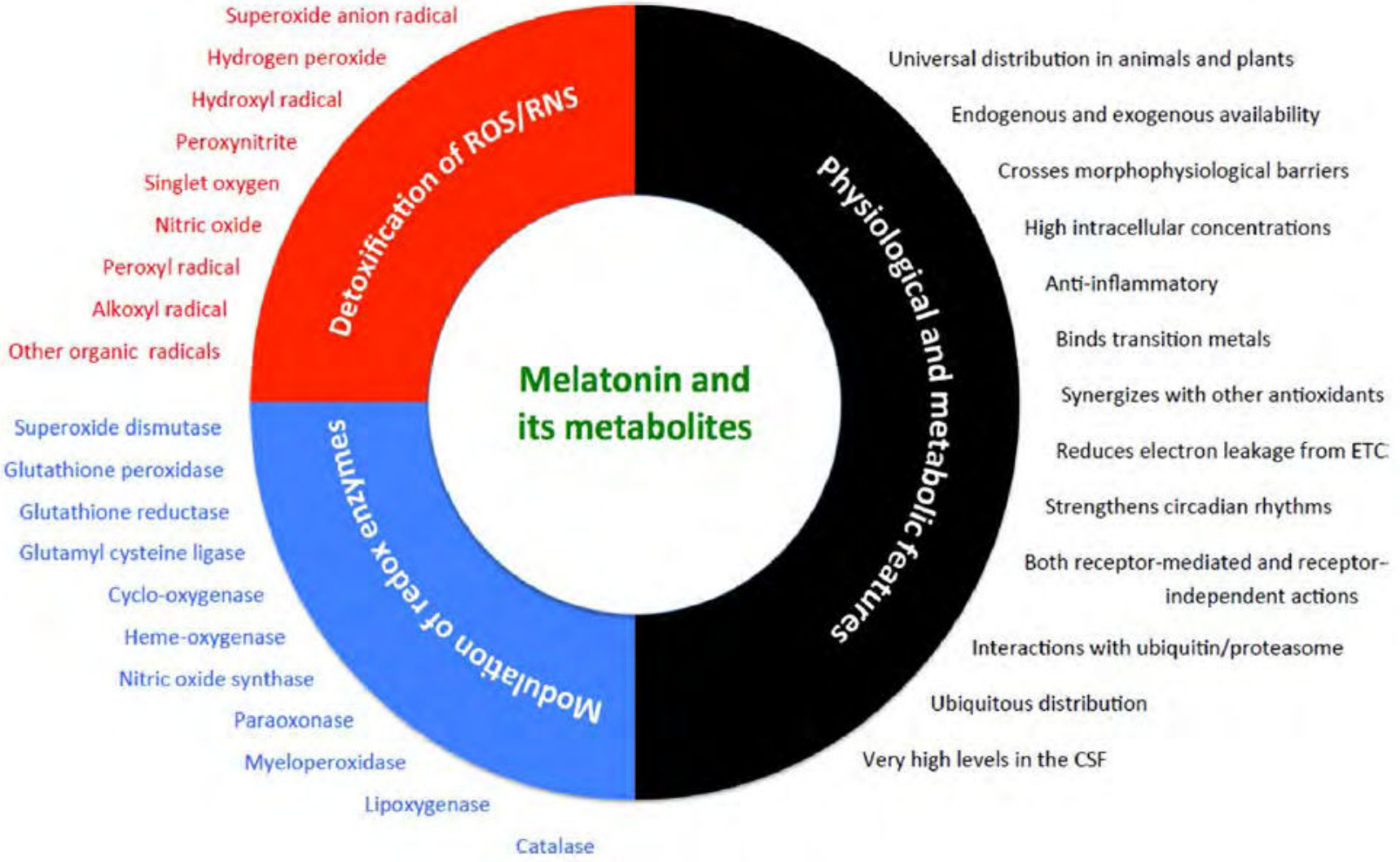
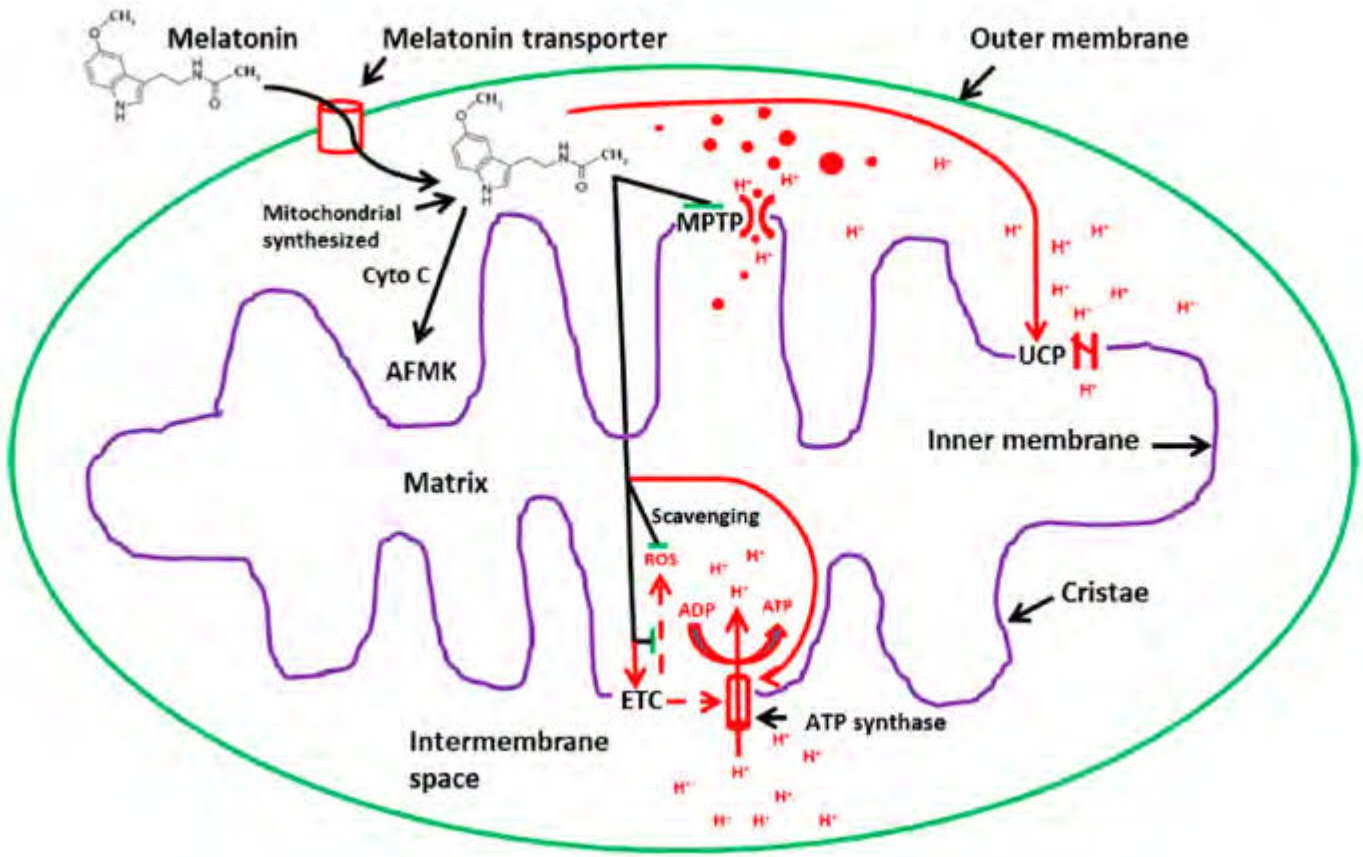


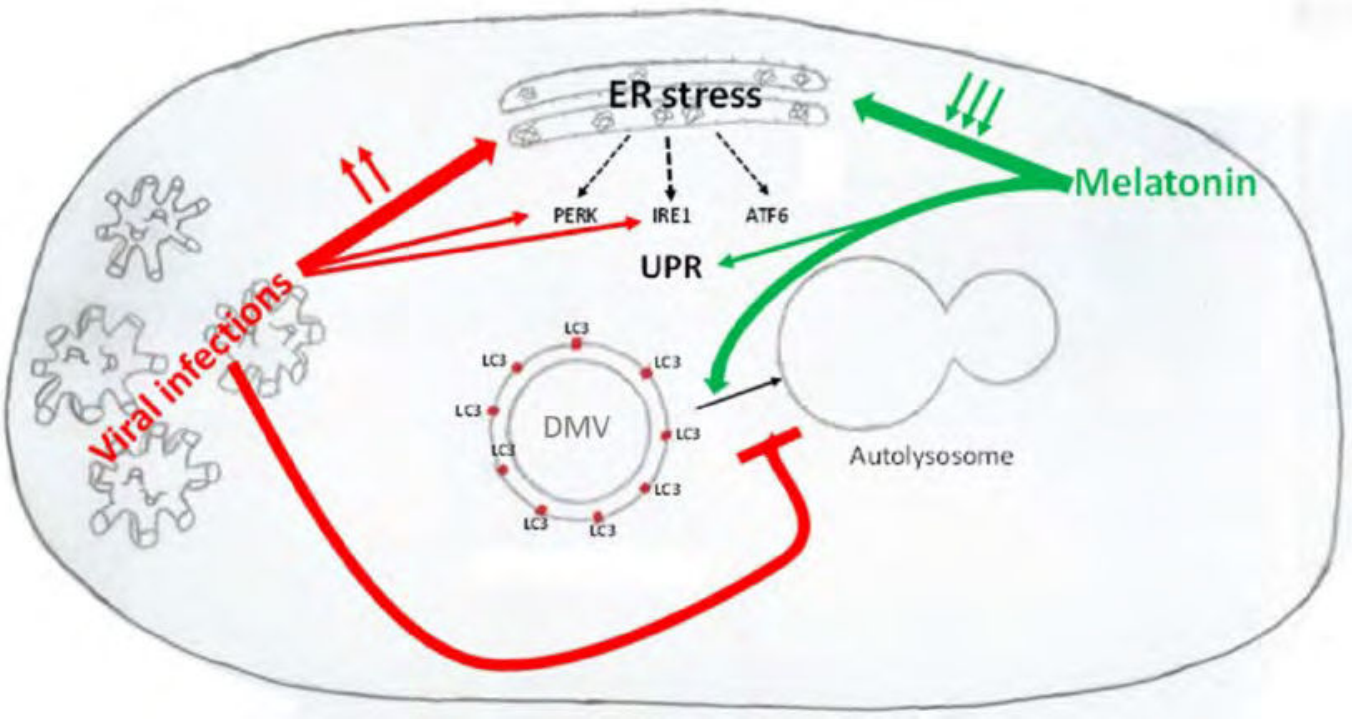
Melatonin



Melatonin Research (Melatonin Res.) *http://www.melatonin-research.net*

Review

ER stress and autophagy induced by SARS-CoV-2: The targets for melatonin treatment



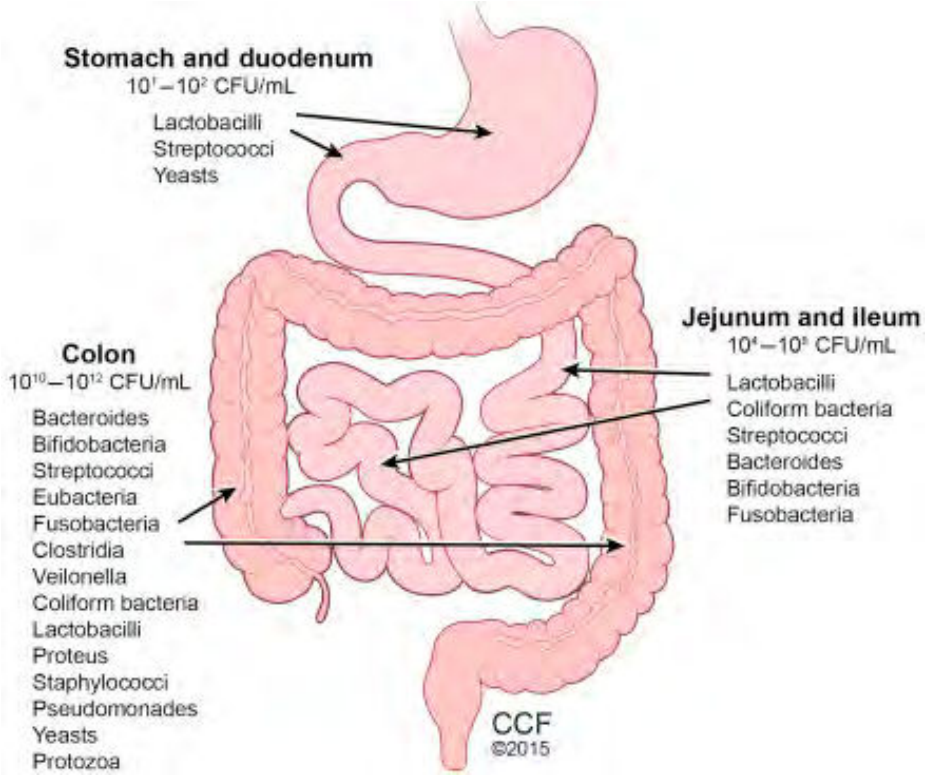
FIRST LINE THERAPIES (continued from page 1)

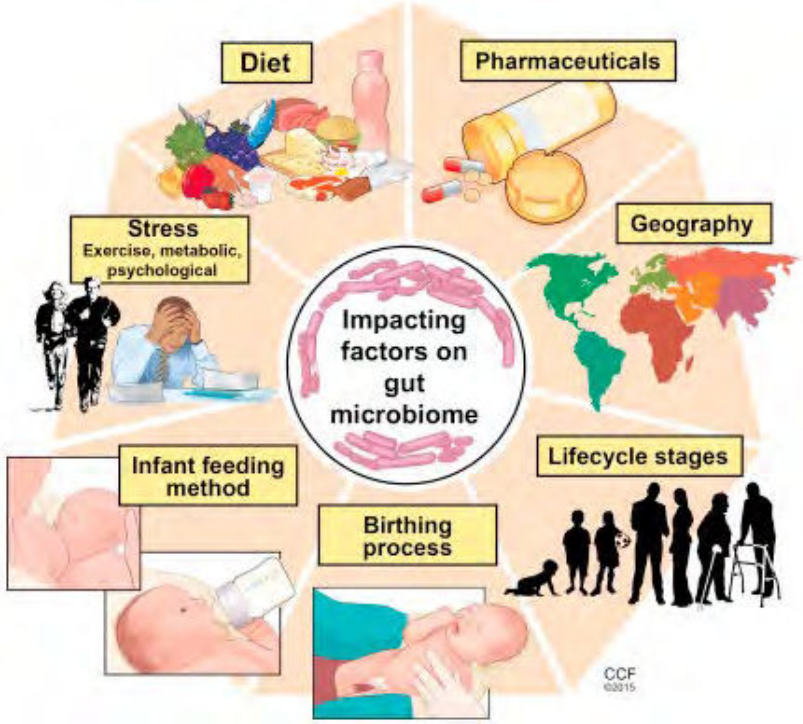
- **Vitamin D** and **Vitamin K2:** A dose of 4000–5000 units day of Vitamin D, together with Vitamin K2 100 mcg/day is a reasonable starting dose.
  The dose of Vitamin D should be adjusted according to the baseline Vitamin D level.
- ***Nigella sativa* encapsulated oil:** 200–500 mg twice daily.
  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 anaesthesia (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. Suggested probiotics include Megasporebiotic (Microbiome labs), TrueBifidoPro (US Enzymes) and yourgutplus+.
- **Magnesium:** 500 mg/day.
- **Omega-3 fatty acids:** Vascepa, Lovaza or DHA/EPA; 4 g/day.
  Omega-3 fatty acids play an important role in the resolution of inflammation by inducing resolvin production.

Nigellalogy: A Review on *Nigella Sativa*

- *Nigella sativa L.* (*N. sativa*) is a small shrub native to Southern Europe, North Africa and Southeast Asia and cultivated in many countries in the world
- The ripe fruit contains numerous tiny seeds, dark black in color. The seed and oil of *N. sativa* used in ancient remedies for thousands of years
- Thymohydroquinone (TQ), dithymoquinone, sesquiterpene are the most important active components
- Antibacterial (gram +ve and gram –Ve), antifungal, antiviral (inhibits viral protease), anti-inflammatory, anti-oxidant and immunomodulatory properties

The Microbiome





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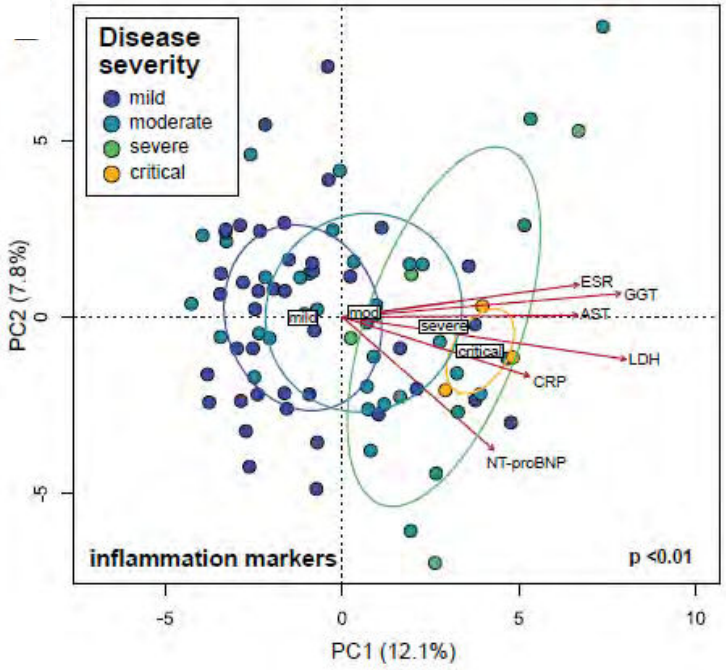
OPEN ACCESS

Original research

Gut microbiota composition reflects disease severity and dysfunctional immune responses in patients with COVID-19

- *F. prausnitzii* and *Bifidobacterium bifidum* were negatively correlated with severity after adjusting for antibiotic use and patients' age ($p<0.05$)
- C-X-C motif ligand 10 (CXCL10), IL-10, TNF-α,AST, CRP were significantly associated with microbiota composition



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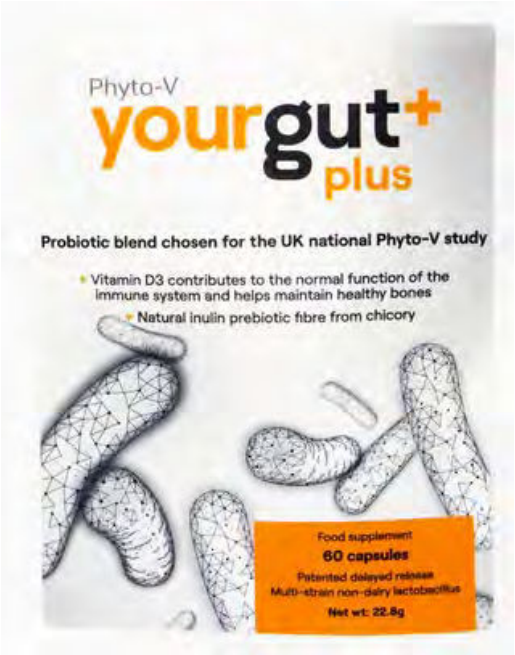
Yeo YK, et al. Gut 2021; 70:698

Pre- and Probiotics



Chia Seeds

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ADJUNCTIVE/SECOND LINE THERAPIES

Listed in order of importance.

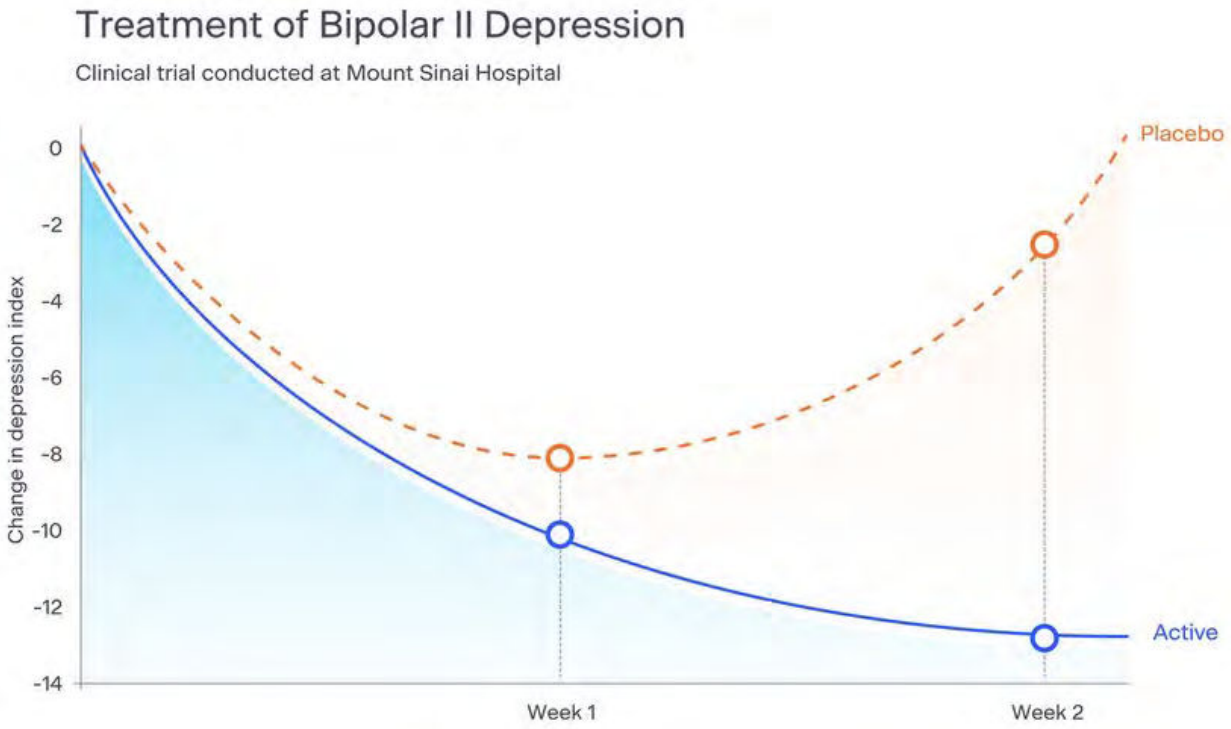
- **"Mitochondrial energy optimizer"**

- **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.

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

- **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



McClure D et al. J Nerv Ment Dis 2015;203:827

Restorative Neurology and Neuroscience 39 (2021) 393–408
DOI 10.3233/RNN-211249
IOS Press

Non-invasive brain microcurrent stimulation therapy of long-COVID-19 reduces vascular dysregulation and improves visual and cognitive impairment

Bernhard A. Sabel[a,*], Wanshu Zhou[a], Frank Huber[a], Florentina Schmidt[a], Kornelia Sabel[b], Andreas Gonschorek[c] and Mirela Bilc[a]

THIRD LINE THERAPIES

- **Hyperbaric oxygen therapy** (HBOT).

  HBOT has potent anti-inflammatory properties, decreasing pro-inflammatory cytokines while increasing IL-10. Furthermore, HBOT polarizes macrophages toward the M2 phenotype and improves mitochondrial function. Surprisingly, it is the increased pressure, rather than the increase in the concentration of dissolved oxygen, that appears to mediate these effects. HBOT is delivered at varying pressures, both with and without oxygen. The addition of oxygen increases the clinical response. Maximal clinical response is achieved via use of high-pressure chambers (typically reaching 2.4 ATM) with 100% oxygen for 60 minutes. If HBOT is delivered using lower pressure chambers (less than 1.5 ATM) without supplemental oxygen, the clinical response, although present, is significantly less such that a higher number of sessions will be needed to reach a clinical plateau. While there is very limited published data on the treatment of long COVID and post-vaccine syndrome, remarkable life-saving benefits have been reported anecdotally. The duration of treatment should be based on clinical response and continue until the benefit has plateaued. If no benefit is evident clinically after 10 sessions, then HBOT should be considered a therapeutic failture. This therapy is limited by logistical issues and cost.

Scientific Reports | (2022) 12:11252 |

Hyperbaric oxygen therapy improves neurocognitive functions and symptoms of post-COVID condition: randomized controlled trial

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OTHER POTENTIAL TREATMENTS

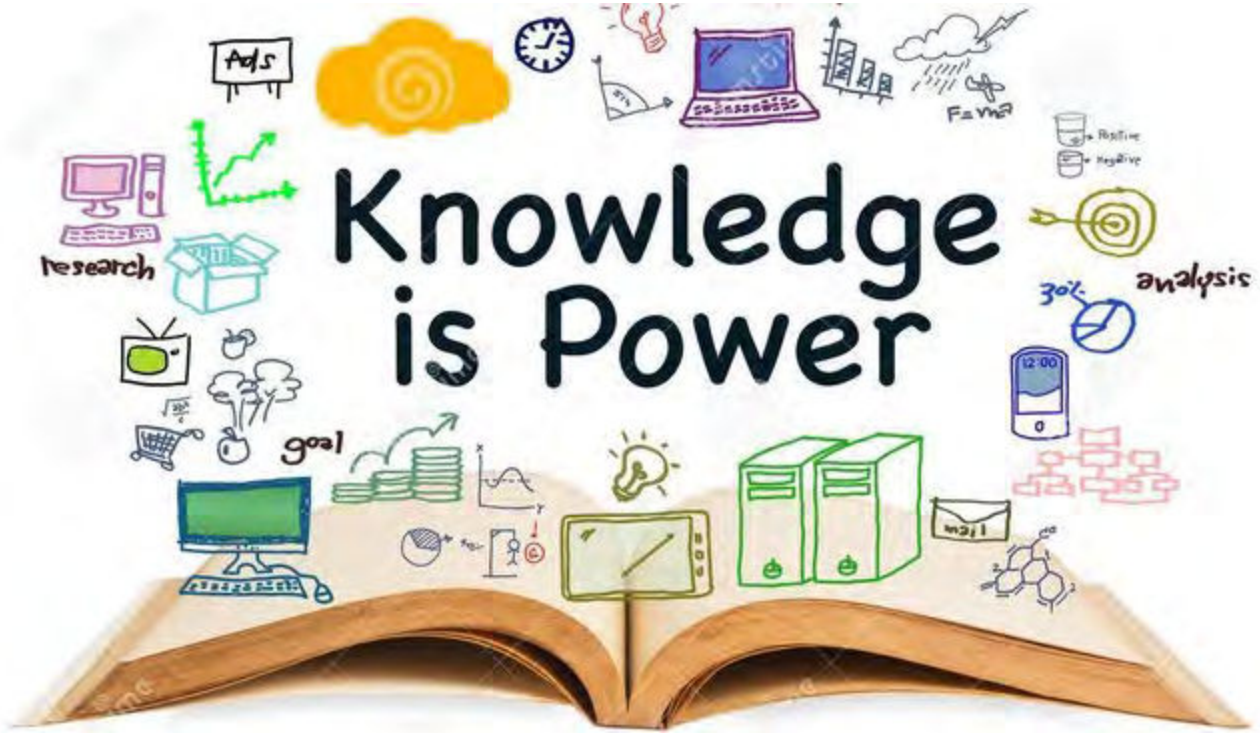
- Plasmapheresis
- Triple anti-coagulation
- Intranasal oxytocin
- Sunlight and photobiomodulation
- Curcumin/Quercetin/Pterostilbene
- Hyperthermia (sauna) cold treatment
- Valproic acid (and resveratrol)
- L-arginine/L-citrulline (and phosphodiesterase 5 inhibitor)
- Intravenous immunoglobulin treatment (IVIG)
- Fluvoxamine
- Methylene blue

Disease Specific Therapeutic Adjuncts

- Small-fiber neuropathy/autonomic neuropathy
- Generalized neurologic symptoms/"brain fog"/fatigue/visual symptoms
- Depression
- Patients with evidence of clotting
- Vaccine induced myocarditis/pericarditis
- Tinnitus .....

I-RECOVER℠

POST-VACCINE TREATMENT PROTOCOL



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THANK YOU