

Becomes Spike Protein-Related Myocarditis a Common Disease?

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CASE STUDY

ABSTRACT

Recently, more and more publications have appeared that demonstrate the dangerous effect of SARS-CoV-19 viruses and in particular their spike proteins. The heart muscle, blood vessels and the brain are particularly affected. The preferred transmitters are the ACE-2 receptors of the cell membranes. This leads to multiple micro-embolisms, heart failure, heart attacks and strokes in the brain. Another effect is so-called turbo-cancer. We have developed a therapy procedure for this that contains natural substances and treats most of the problems of this situation. The remedies are listed. We have had excellent experience with this, and no patient treated in this way has suffered a deterioration in their condition.

KEYWORDS

SARS-CoV-19 virus, Covid virus, Spike proteins, Myocarditis, Brain stroke, Long Covid disease

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INTRODUCTION

In our clinical routine, we increasingly find patients who have myocardial damage. Predominantly, they have undergone Covid-19 infection and are considered to have recovered. This applies to both vaccinated and unvaccinated patients. At first glance, this seems illogical. Of course, on the one hand, vaccinated persons have Covid-19 viruses in their organism and, on the other hand, they produce spike proteins, because an induction of neutralizing antibodies is, after all, the purpose of vaccination. In unvaccinated people this is not so clear, because one part of them has "recovered", another part has not undergone any infection. One could assume that they have incorporated spike proteins via inhalation, which were exhaled by vaccinated persons (vaccine shedding).

REFERENCE

In this situation, it is of interest that Hannemann et al. [1] demonstrated that cardiovascular damage was detectable in a quarter of hospitalized Covid patients. This was apparently detectable several weeks after hospitalization.

After a median interval of 67 days after Covid diagnosis were performed: PET, MRI, CRP, lymphocytic blood count with T1 and T2 values, late-gadolinium enhancement, cardiac ejection fraction, and echocardiography. Pathologic results were found in 17% of the 47 patients. The authors cited autoimmune responses triggered by the infection and direct viral effect on the myocardium as possible mechanisms.

Spike proteins

What is most likely responsible? Spike Proteins are known to occupy and block ACE2 receptors in almost all body cells [2,3]. This affects, for example, blood cells resulting in increased viscosity and multiple microemboli. We prove this by microscopy of vital blood in dark field directly after blood collection. It is a method not used in the usual laboratory, but it allows excellent insight into the current appearance and behavior of all blood cells.

Vital blood

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In all patients with the presence of myocardial damage, we found erythrocytes in the vital blood [2] that were rigid and no longer exhibited flexibility, and which also showed the so-called "money roll phenomenon". In this case, the erythrocytes stick together and are hardly able to flow through capillaries. Their contents are strange. At the same time, the oxygen uptake capacity is reduced. The result is an undersupply of oxygen to the body's cells.

The organs with the highest ACE2 receptor density are the myocardium and the brain. This is understandable, since both organs have to be active non-stop and require a high ATP production.

Therefore, we also examined the patients with myocardial weakness with regard to their cognitive performance. They all reported that they had noticed reductions in concentration and memory for some time.

Since we as HolisticCenter strive to provide effective therapy in every case, we have decided to use the following means and methods.

For the myocardium

Strophanthin/Ouabain [4] 3 mg enteric-coated capsules (3x1), L-Carnosine [5] 500 mg capsules (2x1) and [6] 100 mg softgels (2x1).

For the brain

DMAE (dimethylaminoethanol bitartrate, [7] 100 mg capsules (2x1), L-glutathione (reduced) [8] 500 mg (2x1), PEA (palmitoylethanolamide, [9] 300 mg (2x1) and phosphatidylserine/choline mix [10] 100 mg each (2x1).

For blood thinning

Aspirin [11] 81 mg tablets (1x1), Ginkgo biloba [12] 240 mg capsules (1x1).

For better oxygen supply

Singlet oxygen inhalation via a device (Airmergy™) 30 minutes/day, more often if needed.

For a blockade of the spike proteins

Taraxacum/Dandelion [13] whole plant smoothies, Quercetin 500 mg, and Suramin [14] as pine needle extract.

CLINICAL RESULTS

The improvements in patients' well-being were significant. There was no worsening in any case. The parameters used to assess the myocardial performance like pulse rate, blood pressure, and Heart-Rate-Variability (HRV) showed clear improvements. No patient suffered from a heart attack.

CONCLUSIONS

The probability that Spike Proteins cause

- Increased blood viscosity combined with arteriitis
- Myocarditis and
- Brain function reductions, is high.

We have developed a treatment which is nature based, side-effects-free and effective. We assume that by using these procedures a long-Covid-syndrome may be prevented. Further examinations should be performed.

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