

CV-19 VIRAL SPIKE PROTEIN VS. CV-19 VACCINAL SPIKE PROTEIN

Is it “Long COVID” or is it “Long Jab”?

Consideration of this topic is critical to all clinicians who are independent thinkers and are willing to make a major commitment to the health of their patients. Both CV-19 and what was offered as a vaccine against CV-19 have created major health challenges for our patients. Those extraordinary demands on health have created extraordinary nutrition supplement needs.

Giving you an essential understanding of tissue sulfation as the key to a health-preserving acute phase Immune Response has been a major emphasis of our writings for several years. The Glycocalyx, which we have called the membrane around the cell membrane, is rich with Thiosulfate and Glycosaminoglycans (GAGs) derived from Thiosulfate. Challenges to the Immune System, whether viral, bacterial, toxic, or fungal, become overwhelming when health-preserving tissue sulfation cannot be maintained as part of the acute phase defense.

The most complete yet concise presentations of tissue sulfation as our primary Immune Defense are published in the work of Heidi du Preez, we have cited her as a reference over and over again. Her research was first published at the height of the CV-19 hysteria ...

du Preez, et al. Pathogenesis of COVID-19 Described Through the Lens of an Under-Sulfated and Degraded Epithelial and Endothelial Glycocalyx. FASEB J. 2022 Jan. ----- Her research showed clearly the mechanism by which tissue sulfation maintains a healthy initial and sustained defense against CV-19. She also shows how that defense breaks down in under-sulfated membranes, thus explaining the alarming number of seemingly healthy people who suffered severe morbidity or even mortality in response to coronavirus infection.

Later that year, du Preez published a more broad-based presentation on tissue sulfation with Thiosulfate (your Oxy Tonic) as an absolute essential for health maintenance in the face of many sources of Immune System Stress ...

du Preez, et al. N-Acetylcysteine and Other Sulfur Donors as Preventative and Adjunct Therapy for COVID-19. Adv Pharmacol Pharm Sci. 2022 Aug. ----- You should make those two studies required reading for yourself. They will give you a thorough understanding of the mechanisms by which your Immune System reacts and either succeeds or suffers in the face of challenges. They validate completely the NUTRI-SPEC concept of health maintenance by supplying the extraordinary nutrition needs caused by Immune System challenges --- as you can achieve by giving your patients their life-long individualized Stage Of Life INFLAMM-AGING Defense Diphasic Nutrition Plan (SOLID DNP).

Reading those two items from the research literature will help you see clearly that through Nutri-Spec you are empowering patients rather than following the Dead End Road of the alternative medicine practitioners who empirically prescribe “natural” remedies on a trial-and-error basis.

But since the initial intense wave of CV-19 washed over the world, a new health challenge has emerged --- “Long COVID”. So named are the physical, mental, and emotional symptoms that arise during and shortly after a COVID-19 infection and persist for months or even years. The establishment opinion on this condition is that is an extreme version of Post-Viral Syndrome that has long been known to occur after rather severe Influenza infections. The magnitude and intensity of these post-viral symptoms are blamed on the virulence of the CV-19 virus, and its ability to overwhelm human Immune Systems that have no prior exposure to that pathogen.

So, the theory is that Long COVID represents the lingering Immuno-Neuron-Endocrine Stress of the virus itself. But, researchers have successfully challenged that notion, demonstrating instead that Long-COVID may actually be initiated by the spike protein of the COVID-19 vaccine.

It should be no surprise that among the most notable researchers making the connection between Long COVID symptoms and “the jab” is Heide du Preez, herself ...

du Preez, et al. COVID-19 Vaccine Adverse Events: Evaluating the Pathophysiology with an Emphasis on Sulfur Metabolism and Endotheliopathy Eur J Clin Invest. 2024 Oct. -----
Quoting from the Abstract of du Preez’s study ...

“The focus is on the perspective of an under-sulfated and degraded Glycocalyx, considering its impact on Immunomodulation, Inflammatory Responses, Coagulation, and Oxidative Stress. The paper explores various factors that lead to Glutathione and Inorganic Sulfate depletion and their subsequent effect on Glycocalyx sulfation and other metabolites including hormones. Components of COVID-19 vaccines, such as DNA and mRNA material, spike protein antigen, and lipid nanoparticles, are involved in possible cytotoxic effects. The common thread connecting these adverse events is Endotheliopathy or Glycocalyx degradation, caused by depleted Glutathione and Inorganic Sulfate levels ... leading to imbalanced immune responses and chronic release of pro-inflammatory cytokines, ultimately resulting in Oxidative Stress and Systemic Inflammatory Response Syndrome.”

Depleted Glutathione? Depleted Inorganic Sulfate (Thiosulfate = your Oxy Tonic)? Chronic pro-inflammatory cytokines? Oxidative Stress and Systemic Inflammatory Response Syndrome? ----- Does this sound like an explicit endorsement of your Nutri-Spec SOLID DNP? Do you begin to see that the anti-INFLAM-AGING Adaptogens and Rejuvenins achieved by supplementing with Immuno-Synbiotic, Activator, Rejuvenator, Adapto-Max, and Oxy-Max --- not to mention pure Thiosulfate in Oxy Tonic and Electro Tonic, along with the balancers Glycerol and Butanal in Electro Tonic & Oxy D+ --- are the perfect means to maximize health in response to the extreme nutrition needs created by CV-19 and/or “the jab”?

There is more to this question of Long COVID being derived from “the jab” not solely from the initial infection that is not entirely settled by du Preez.

One additional significant challenge to the establishment position on Long COVID is published by European researchers ...

Dhuli, et al. Presence of Viral Spike Protein and Vaccinal Spike Protein in the Blood Serum of Patients with Long-COVID Syndrome. Eur Rev Med Pharmacol Sci. 2023 Dec. ----- This research group was severely reprimanded by the medical/pharmaceutical establishment and “requested” to retract their study.

Also consider this research:

Devaux, et al. Molecular Mimicry of the Viral Spike in SARS-Cov-2 Vaccine Possibly Triggers Transient Dysregulation of ACE2 Leading to Vascular and Coagulation Dysfunction Similar to SARS-Cov-2 Infection. Viruses. 2023 Apr. ----- To quote: “... studies have revealed the existence of rare cases of cardiovascular complications after mass vaccination. Cases of high blood pressure have been reported...our attention was quickly focused on issues involving the risk of Myocarditis, Acute Coronary Syndrome, Hypertension, and Thrombosis ... post-vaccine pathophysiological phenomena should question us, especially when they occur in young subjects ... The COVID-19 Vaccine evokes a possible molecular mimicry of the viral spike transiently dysregulating Angiotensin-Converting Enzyme-2 (ACE2) function.”

Also consider:

Angeli, et al. The Spike Effect of Acute Respiratory Syndrome Corona Virus2 and Corona Virus Disease 2019 Vaccines on Blood Pressure. Eur J Intern Med. 2023 Mar. ----- “Clinical data suggests that SARS-COV-2 infection promotes a rise in blood pressure during the acute phase of infection. An increase in BP ... may be tied with acute organ damage and a worse outcome in patients hospitalized for COVID-19. In this context, the failure of the counter-regulatory rennin-angiotensin system axis is a potentially relevant mechanism involved in the rise in BP. It is the binding of the spike protein to Angiotensin-Converting Enzyme-2 receptors that mediate the viral entry into the cells. Down-regulation and malfunction predominately due to viral occupation dysregulates the protective ACE2 axis with increased generation and activity of angiotensin ... contributes to the excessive rise in BP.” A similar mechanism has been postulated to explain the rise in BP following vaccination --- the “Spike Effect” is similar to that observed during the active infection.”

As you may have surmised, the so-called “acute respiratory” virus CV-19 actually affects the vascular system as much or more than it does the respiratory system. Both the acute phase symptoms associated with those who suffer severe CV-19 and the symptoms associated with “Long COVID” tend to involve blood coagulation and impairment of fibrinolytic activity. Thus we see Myocarditis in very young individuals as part of “Long COVID”, along with the increase in blood pressure, and disturbances of clotting mechanisms --- resulting in both vascular inflammation and embolism formation.

Both the circulation to the brain and inflammation in the brain vasculature and the brain tissues are involved. So, in addition to the Acute Respiratory Stress Syndrome associated with CV-19, we have other innate Immune System inflammatory reactions that result in lung damage, cytokine storm, heart damage, myocarditis, kidney damage, neurological damage, damage to the circulatory system, and to the brain. “Long COVID” symptoms also include persistent emotional illness and mental health conditions resembling neurodegenerative diseases.

All these pathophysiologies are associated with the extreme nutrition needs created by the Immuno-Neuro-Endocrine Stress of both the virus and the spike proteins in “the jab”.

With Nutri-Spec you are empowered against this potential devastation.

First, all these Immune-mediated inflammatory reactions are magnified manyfold when there is unhealthy microbiota. So, Immuno-Synbiotic and/or IS Immune Power are primary in your support of your patients.

Your Activator + Rejuvenator are the perfect team to provide the Adaptogens and Rejuvenins required to meet the extraordinary nutrition demands. One particular Rejuvenin, the Senolytic Flavonoid Quercetin, is shown in the research literature to be a specific need in resistance to the Immuno-Neuro-Endocrine Stress of spike proteins. Some patients suffering from extreme distress may benefit from more Quercetin than is found in your Activator.

There are alternative healthcare practitioners who understand the deficiency in the anti-clotting mechanism and the fibrinolytic mechanisms associated with spike proteins. They are thus recommending fibrinolytic enzymes such as Nattokinase. The theory is good, but there may be risks involved. Some of the damage done to the vasculature by CV-19 is done by proteolytic enzymes released in response to the spike protein. There is no evidence in the research literature that Nattokinase is beneficial, but theoretically, it makes sense. However, you should be concerned about adding a proteolytic enzyme to protect the vasculature when the endothelium is already being devastated by proteolytic enzymes. In summary, there is no objective evidence either for or against using enzymes such as Nattokinase.

Other healthcare practitioners, along with the whole health food industry crowd, are recommending an entire assortment of natural anti-inflammatories such as Turmeric and Curcumin to address the needs caused by spike proteins. There is nothing wrong with these --- except that you get very little bang for your buck. They are as midgets in comparison to the herculean Adaptogens, Rejuvenins, and Anti-Inflammatories in your Activator, Rejuvenator, Adapto-Max, and Oxy Max.

Looking closer at the coagulation and fibrinolytic deficiencies in “Long COVID”, what we are looking at from a Nutri-Spec perspective, is a combination of Electrolyte Stress Imbalance and Dysaerobic Imbalance. While you are protecting your patients with Oxy Tonic Thiosulfate supplementation (as per the BALANCING PROCEDURE), you will find that many of these patients need Oxy D+ (--- some of them a lot of Oxy D+) to prevent the Rouleaux formation typical of a Dysaerobic Imbalance and the risk of clots associated with “Long COVID”. As per the tendency for blood to flocculate in accord with our model of Electrolyte Stress Imbalance, your patient will likely need Potassium Citrate and/or Phos Drops as dispersing agents to keep the blood thin. Furthermore, Oxy Max potentiates the benefits of Oxy D+, and with the Tocopherol and Tocotrienol family of antioxidants will help keep the blood dispersed rather than clumping.

IN SUMMARY:

- All your “Long COVID” patients will need Thiosulfate (Oxy Tonic) and/or Electro Tonic (according to the BALANCING PROCEDURE). Most of them will also need Oxy D+, even if it is not indicated by the BALANCING PROCEDURE. And some will need quite a lot of Oxy D+.
- All these patients need a combination of both Immuno-Synbiotic and IS Immune Power --- 2 of each first AM.
- The Individualized, Age-appropriate SOLID DNP with a little extra Oxy-Max is your comprehensive approach.
- A few patients may need extra Quercetin and Vitamin D beyond what is in their SOLID DNP.