

# LONG-HAUL COVID *and* VAXX RECOVERY PROTOCOLS

Successfully Reverse Ongoing Symptoms



# Long-Haul COVID & Vaxx Recovery Protocols: Successfully Reverse Ongoing Symptoms

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## Introduction

We see so many people reaching out for help because they've either been injured after getting the jab, or they got COVID and are struggling with long-haul symptoms. For many, these ongoing symptoms are life-altering. Some people find themselves struggling to continue with normal daily living.

We've also heard people report all kinds of symptoms ranging from mild to severe. Our top natural medicine doctors and health experts have been working around the clock to provide highly effective solutions that will help you to restore your health.

The protocols and treatments included in this eBook are certainly not all the solutions that currently exist. These are a handful of the top solutions that are working right now. And these experts are finding great success in helping their patients recover and fully restore their health.

We have also included links to experts' websites where applicable so that you can find out more about their protocols.

We'll start by sharing expert recommendations for post-vaccine injuries and then we'll deep dive into long-COVID treatments. Also, note that many of these treatments are being used for both vaxx-injury and COVID symptom reversal. And many of our experts are noticing an overlap or similarity between the two.

## **Expert-Recommended Vaxx Recovery Protocols**

### **FLCCC Post-Vaccine Protocol: I-Recover Post-Vaccine Treatment by Dr. Paul Marik and Dr. Pierre Kory**

#### **First Line Therapies (not symptom specific; listed in order of importance)**

*Note by Dr. Marik and Dr. Kory: Keep in mind 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.*

#### **Intermittent daily fasting**

Fasting has a profound effect on promoting immune system homeostasis, partly by stimulating autophagy and clearing misfolded and foreign proteins, promoting mitophagy and improving mitochondrial health, as well as increasing stem cell production. Intermittent fasting likely has an important role in promoting the breakdown and elimination of the spike protein.

*Additional Note: 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**

Recommended dose: 0.2-0.3 mg/kg, daily for up to 4-6 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. 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 non-responders. This distinction is important, as the latter group is more difficult to treat and requires more aggressive therapy.

*Additional Note: 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).*

## **Moderating Physical Activity**

Exercise can create worsening symptoms and lead to severe post-exertional fatigue. Patients should moderate activity to tolerable levels, and keep their heart rate under 110 bpm. Stretching and low-resistance exercises are preferred over aerobic exercises.

## **Low-dose Naltrexone (LDN)**

Recommended dose: Begin with 1 mg/day and increase to 4.5 mg/day, as required. May take 2 to 3 months to see the full effect.

LDN has been demonstrated to have anti-inflammatory, analgesic, and neuro-modulating properties.

## **Resveratrol, Quercetin, and Pterostilbene**

Plant phytochemical (flavonoid) have remarkable biological properties and activates autophagy. A bio-enhanced formulation containing trans-resveratrol from Japanese Knotweed Root appears to have improved bioavailability.

Quercetin acts synergistically and increases the bioavailability of resveratrol. Pterostilbene is another plant flavonoid similar to resveratrol, but with greater absorption and cellular uptake. A “high-quality” combination supplement with resveratrol, quercetin, and pterostilbene is ideal.

in a dose of 500 mg twice daily is suggested for acutely symptomatic patients. In recovered patients and those on preventative/maintenance therapy, a daily dose of 400-500 mg should suffice. The safety of these phytochemicals has not been determined in pregnancy and they should therefore be avoided. 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).

## **Melatonin**

Recommended dose: 2-6 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 ( $\mu\text{g}$ ) 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**

Recommended dose: 81 mg/day.

## **Probiotics/prebiotics**

Patients with post-vaccine syndrome classically have severe dysbiosis with loss of Bifidobacterium.

Kefir is a highly recommended nutritional supplement high in probiotics. Suggested probiotics include Megasporebiotic (Microbiome labs) and TrueBifidoPro (US Enzymes).

## **Sunlight and Photobiomodulation (PBM)**

PBM is also referred to as low-level light therapy, red light therapy, and near-infrared light therapy. Of all the wavelengths of sunlight, near-infrared radiation (NIR-A) has the deepest penetration into tissues. NIR-A in the range of 1000 to 1500 nm is optimal for heating tissues.

## **Second-line therapies in the FLCCC's post-vaccine syndrome protocol**

### **Methylene Blue**

Methylene Blue (MB) has a number of biological properties that may be potentially beneficial in vaccine-injured patients. MB induces mitophagy (mitochondrial autophagy) and has anti-inflammatory, antioxidant, neuroprotective, and antiviral properties. MB and photobiomodulation (PBM) have similar beneficial effects on mitochondrial function, oxidative damage, and inflammation, and the two treatments are often combined.

Low-dose MB is a therapeutic option in patients with brain fog and other neurological symptoms. Patients or their healthcare providers need to purchase high-quality methylene blue powder and formulate an orally administered 1% solution (10 mg in 1 ml solution – 0.5 mg/drop) as follows:

Mix 1 gram of methylene blue with 100 ml of water.

Dosing of LDMB: start with 1 or 2 drops in the morning for the first two days. On the third day, increase the dosage to 3 drops daily for the next two days. Continue increasing the dosage by 1 drop every 2 days (guided by symptoms – i.e., improvement in fatigue and/or cognitive improvement) until you reach a maximum of 22 drops.

The optimal dose is highly individualized and each patient needs to find the right dose for them. Take LDMB for 6 days in a row. Take the 7th day off every week to allow the body to reset.

LDMB will cause your urine to be blue or blue-green. Some patients may experience a Herx reaction. A Herx reaction may cause fatigue, nausea, headache, or muscle pain due to “accumulated toxins” leaving the body. If you experience a Herx reaction, stop the protocol for 48 hours and then resume again slowly.

*Additional Notes: DO NOT take MB if you are pregnant or breastfeeding.*

## **Spermidine**

A naturally occurring polyamine that, like resveratrol, has anti-inflammatory and antioxidant properties. It preserves mitochondrial function and has been shown to reduce cardiovascular disease, and all-cause mortality, prolong the lifespan, and promote autophagy. Wheatgerm, mushrooms, grapefruit, apples, and mango are high natural sources of spermidine. Wheatgerm supplements contain high amounts of spermidine with good bioavailability.

## **Nigella sativa (Black Seed Oil)**

Recommended dosage: 200–500 mg twice daily.

The seeds and oil of *Nigella sativa* have been used as a medical agent for thousands of years. The most important active component is thymohydroquinone. *Nigella sativa* has antibacterial, antifungal, antiviral (SARS-CoV-2), anti-inflammatory, antioxidant, and immunomodulatory properties.

## **Vitamin D and Vitamin K2**

Recommended dosages: The dose of Vitamin D should be adjusted according to the baseline Vitamin D level. However, a dose of 4000-5000 units/day of Vitamin D, together with Vitamin K2 100 mcg/day is a reasonable starting dose.

## **Fluvoxamine**

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

## **Curcumin (turmeric)**

Recommended dosage: 500 mg twice daily

Curcumin has anti-inflammatory, antioxidant, and immunomodulating properties and has been demonstrated to repolarize macrophages. As the body's absorption of turmeric is poor, it is traditionally taken with milk and black pepper to enhance absorption. Nano-curcumin preparations or formulations designed to enhance absorption (curcumin longa) are preferred for better absorption.

## **Magnesium**

Recommended dosage: 500 mg/day.

A starting dose of 100 to 200 mg daily is suggested, increasing as tolerated up to 300 mg to 400 mg daily. There are at least 11 different types of magnesium that can be taken in supplement form with varying bioavailability. Generally, organic salts of Mg have a higher solubility than inorganic salts and have greater bioavailability.

## **Omega-3 Fatty Acids**

Recommended dosage: They suggest a combination of EPA/DHA with an initial dose of 1 g/day (combined EPA and DHA) and increasing up to 4 g/day (of the active omega-3 fatty acids).

Omega-3 fatty acids have anti-inflammatory and cardioprotective effects and play an important role in the resolution of inflammation by inducing resolvins production.

Furthermore, Omega-3 fatty acids are believed to afford potent vasculoprotective effects, by improving endothelial function, limiting vascular inflammation, reducing thrombosis, and limiting reactive oxygen species production.

Fish, particularly wild Atlantic (or Alaskan) salmon, are a good source of Omega-3 fatty acids. Omega-3 supplements include Vascepa™ (icosapent ethyl; an ethyl ester of eicosapentaenoic acid [EPA]), Lovaza™ (a combination of ethyl esters of EPA and docosahexaenoic acid [DHA]) as well as "regular fish oil supplements" containing a combination of EPA/DHA. It is now widely appreciated that "EPA and DHA are metabolized to different mediators and are equally important with respect to cardiovascular protection (and inflammation)."

## **N-acetyl cysteine (NAC)**

Recommended dose: 600-1500 mg/day.

NAC, the precursor of reduced glutathione, penetrates cells where it is deacetylated to yield L-cysteine, thereby promoting GSH synthesis. Oral administration of NAC likely plays an adjuvant role in the treatment of the vaccine injured.

## **Intravenous and oral Vitamin C**

Recommended dose: 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.

## **Hydroxychloroquine (HCQ)**

Recommended dose: 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 150mg/day) in patients weighing less than 61 kg (135 lbs).

## **Low dose corticosteroid**

10-15 mg/day prednisone for 3 weeks. Taper to 10 mg/day and then 5 mg/day, as tolerated.

## **Mitochondrial energy optimizer**

Pyrrroloquinoline quinone (e.g., [Life Extension EnergyOptimizer](#) or ATP 360®). [R] [[Buy on Amazon](#)]

## **Behavioral modification, mindfulness therapy, and psychological support**

May help improve a patient's overall well-being and mental health. Suicide is a real problem in vaccine-injured patients. Support groups and consultation with mental health professionals are important.

## **Third-line & additional therapies**

Hyperbaric Oxygen Therapy (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.

Other potential remedies include whole-body vibration therapy, cold hydrotherapy, nutraceuticals such as dandelion and broccoli sprout powder (sulforaphane), and carbon 60 (C60 fullerenes). For the full list, see the I-RECOVER Post-Vaccine Treatment Protocol available on [covid19criticalcare.com](https://covid19criticalcare.com).

## **Vaccine-induced myocarditis/pericarditis**

They recommend:

1. ACE inhibitor/ARB, together with carvedilol as tolerated to prevent/limit the progressive decline in cardiac function.
2. Colchicine in patients with pericarditis – 0.6 mg/day orally; increase to 0.6 mg twice daily if required. Reduce the dose if patients develop diarrhea. Monitor white blood cell count. Decrease dose with renal impairment.
3. Referral to a cardiologist or ER in case of persistent chest pain or other signs and symptoms of cardiac events are observed.

***View more information about the FLCCC I-Recover Protocol here:***

***<https://covid19.onedaymd.com/2022/05/treatment-for-post-vaccine-syndrome-i.html>***

## **"Z-Dtox" by Dr. Zelenko**

Dr. Zelenko's Z-Dtox is a supplement that has been designed to repair damaged immune systems post-vaccine. It can also be used to aid post-COVID recovery.

### **Epigallocatechin gallate (EGCG)**

Is an extract of green tea and is a powerful zinc ionophore (zinc delivery system).

### **N-acetyl cysteine (NAC)**

Is a supplement form of cysteine. It may prevent blood clots and is an antioxidant.

### **Zinc**

Is critical for immune cell development. Dozens of different enzymes in the body rely on zinc.

### **Vitamin C**

Is an essential nutrient involved in the repair of tissue and the enzymatic production of certain neurotransmitters.

### **Vitamin D**

Is a group of fat-soluble secosteroids responsible for increasing intestinal absorption of calcium, magnesium, phosphate, and many other biological effects.

**Click on this link for more information:**

<https://zstacklife.com/products/z-dtox?variant=42440970764454>

## **Dr. Henry Ealy's Protocol for Post-Vaxx Recovery**

This method involves drinking only water for a set period.

Dr. Henry Ealy's 14-day regimen has been shown to reverse serious diseases, including post-vaccine injuries from the COVID jab.

It involves a 72-hour water fasting plus fasting nutrients, followed by 11 days of immune priming to complete a 14-day regimen. The 14-day regimen can be repeated under medical supervision (3 days of water fasting with nutrients followed by 11 days of Immune Priming).

## Fasting Nutrients

### **L-Arginine**

**Therapeutic range:** 1,000 mg BID (BID = 2x/day)

### **Liposomal Glutathione (or N-Acetyl Cysteine)**

**Therapeutic range:** 250 mg BID (1200 mg BID)

### **Serrapeptase**

**Therapeutic range:** 80,000 SPU BID

### **Liquid Iodine (in the case of those who are not allergic)**

**Therapeutic range:** 600 mcg BID

## Immune priming protocol

### **Vitamin D3**

Coordinates immune response and stimulate antimicrobial peptides, cytokines, and immune cell proliferation.

**Daily therapeutic range:**

10,000 IU (14-Days) 5,000 IU (After) (Age 13 up)

5,000 IU (14-Days) 2,000 IU (After) (Ages 5 - 12)

### **Vitamin E**

An antioxidant that protects healthy cells, and enhances B And T cell response.

**Daily therapeutic range:**

200-600 IU (Age 13 up)

100 IU (Ages 5 - 12)

### **Vitamin C**

An antioxidant that protects healthy cells, including activated immune cells. Antiviral. Increases Systemic Interferon Response And Serum Antibody Levels.

**Daily therapeutic range:**

3,000-5,000 mg (Age 13 up)

2,000-4,000 mg (Ages 5 - 12)

## **Vitamin A**

Coordinates cellular immune response, promotes immune cell proliferation and enhances mucosal integrity.

### **Daily therapeutic range:**

5,000 IU (Age 5 up)

## **Zinc**

Essential for binding capacity and optimizing lethality of immune cells, and promotes antiviral enzymes blocking viral replication.

### **Daily therapeutic range:**

30-40 mg (Age 13 up)

25 mg (Ages 5 - 12)

## **Quercetin**

Zinc Ionophore is essential for helping Zinc get into cells and enhances nerve conduction and perception.

### **Daily therapeutic range:**

500-2000 mg (Age 13 up)

250-500 mg

## **Bifidobacterium**

Probiotics are essential for a healthy microbiome and the management of pro-inflammatory responses.

### **Daily therapeutic range:**

Minimum 1 Billion CFU (Age 5 up)

## **Multivitamin**

Dr. Ealy also recommends a medical-grade multivitamin with pantothenic acid (Vitamin B5) to drive ATP energy production.

### **Daily therapeutic range:**

Vitamin B5 should be a minimum of 100 mg so all other B-Vitamins are likely to be in the therapeutic range (Age 13 up)

Vitamin B5 should be a minimum of 50 mg (Ages 5 - 12)

You can access more detailed information by clicking this link:

<https://www.beyondthecon.com/natural-prevention-early-treatment/>

## **COVID Long Haul Recovery Protocols**

The FLCCC I-Recover Protocol for Long-COVID by Dr. Paul Marik and Dr. Pierre Kory

**First-line treatments** (In order of priority; not all required)

### **Prednisone**

10–15mg daily for 3 weeks. Taper to 10mg for three days, then 5mg for three days and then stop.

### **Ivermectin**

0.2 - 0.3 mg/kg body weight. ([Find a Doctor](#))

### **Low-dose naltrexone (LDN)**

Begin with 1 mg daily and increase to 4.5mg as required. May take 2–3 months for full effect.

### **Intermittent daily fasting and/or periodic daily fasts**

Fasting promotes autophagy, the body's protective mechanism to remove misfolded, foreign and damaged proteins.

It also promotes mitophagy and the release of stem cells. It is likely that promoting autophagy will aid in the removal of the spike protein.

*Additional Notes: Hydroxychloroquine inhibits autophagy and should be avoided in patients undergoing intermittent fasting.*

## **Spermidine and/or Resveratrol**

These compounds have been demonstrated to augment autophagy. Wheatgerm, mushrooms, grapefruit, apples, and mango are high natural sources of spermidine. A bio-enhanced formulation containing trans-resveratrol from Japanese Knotwood Root appears to have good bio-availability.

## **Melatonin**

8mg at night (slow release/extended release preferred) with attention to sleep hygiene. Increase dose from 1mg as tolerated (may cause severe nightmares at high dosages).

## **Vitamin D**

The majority of those with post-COVID-19 syndrome continue to have hypovitaminosis D. See tables 1 or 2 for vitamin D supplementation.

**Table 1. Guidance on upfront loading dose regimens to replenish Vitamin D stores in the body**

Achieving serum 25(OH)D concentrations above 50 ng/mL based on serum 25(OH)D concentration in non-emergency situations in a 70 kg adult *				
Serum vitamin D (ng/mL) **	Vitamin D dose, 50,000 IU capsules: Initial and weekly ***		Duration (weeks)	Total amount for deficit correction (IU, in millions) ****
	Initial Dose (IU)	Weekly dose (50,000 IU caps)		
< 10	300,000	x 3	8 – 10	1.5 – 1.8
11–15	200,000	x 2	8 – 10	1.0 – 1.2
16–20	200,000	x 2	6 – 8	0.8 – 1.0
21–30	100,000	x 2	4 – 6	0.5 – 0.7
31–40	100,000	x 2	2 – 4	0.3 – 0.5
41–50	100,000	x 1	2 – 4	0.2 – 0.3

\* A suitable daily or weekly maintenance dose should start after completing the schedule.

\*\* For conversion of ng/mL to nmol/L, multiply by 2.5.

\*\*\* Mentioned replacement doses can be taken as single cumulative doses or spread out through the week.

\*\*\*\* Estimated deficit of vitamin D needed to replenish body stores.

(Table adapted with permission from S.J. Wimalawansa)

**Table 2. Vitamin D dosing in the absence of a baseline Vitamin D level**

Longer-term maintenance of serum 25(OH)D concentrations above 50 ng/mL based on body weight *			
Body-weight category	Dose (IU) kg/day	Dose (IU)/day	
		Daily dose (IU)	Once a week
BMI ≤ 19 (under-weight)	40 – 70	≈ 2,000 – 4,000	~ 25,000
BMI 20–29 (non-obese person)	70 – 100	≈ 5,000 – 7,000	~ 50,000
BMI 30–39 (obese persons)	100 – 150	≈ 9,000 – 15,000	~ 75,000
BMI ≥ 40 (morbidly obese persons)	150 – 200	≈ 16,000 – 30,000	~ 100,000

(Table adapted with permission from S.J. Wimalawansa)

## Omega-3 fatty acids

Vascepa, Lovaza, or DHA/EPA 4g per day. Omega-3 fatty acids play an important role in the resolution of inflammation by inducing resolvins production. [Ref, Ref]

## Curcumin (turmeric)

500 mg twice daily. Has anti-inflammatory and immunomodulating properties and has been demonstrated to repolarize macrophages.

## Aspirin

81 milligrams a day.

## Dr. Edward Group

### Advanced Universal Protection / Recovery Program

\* Antidote, Anti-Poison, Anti-Parasite, Anti-Nanobot, EMF protection, and DNA Cellular Repair

#### **Urotherapy**

The solution for all harmful organisms and poisons. Before you think this may be crazy or even gross, you must spend a few hours reading this book. "Your

Own Perfect Medicine" by Martha Christie:

<https://urotherapyresearch.com/wp-content/uploads/2021/10/pdf/your-own-perfect-medicine-martha-christy.pdf>

This is THE ANSWER!! to any blood clotting, infection or damage from a disease, poison, harmful bioweapon or toxin. Your body produces antibodies and antidotes to all invading organisms and poisons and they come out through your urine. Your body knows what it needs to heal itself and it is contained in the golden nectar of your urine. This is one of the most guarded secrets of the dark forces at work. YES, drinking your own urine will eradicate any health condition you may have over time...Why do we believe urine is gross? Because we have been brainwashed to believe this.

Directions for use: First-morning urine. Wait 3 seconds after starting and then catch about 3-6 ounces midstream. Drink straight or you can mix in fruit juice and drink. If this is too much for you to handle, start with putting 9-12 drops of your urine in your mouth, hold under the tongue for 1 minute and then swallow. Slowly work your way up to drinking 1-3 ounces of mid-stream urine every time you urinate throughout the day.

#### **Must Watch: Great Videos On Urotherapy:**

<https://www.youtube.com/watch?v=ud5ajT0yns4&t=460>

[https://www.youtube.com/watch?v=DA\\_KhQGIBDI&t=1948s](https://www.youtube.com/watch?v=DA_KhQGIBDI&t=1948s)

<https://www.youtube.com/watch?v=hjGXmvkUqal>

#### **Organic Nascent Iodine (Detoxadine)**

Take 2000mcg 3x daily.

#### **CDS / MMS (Chlorine Dioxide)**

Take as recommended online or as instructed on the label. For more information visit:

<https://andreaskalcker.com/en/> Andreas Kalcker Telegram thread with CDS/ MMS protocols:

<https://t.me/AndreasKalckerProtocols>

## **Ivermectin**

Gel: Use the Durvet horse gel: squeeze out ¼ inch and take 2x daily with food for the first 9 days, then 1-2x weekly for maintenance. You can order this on amazon. Herxing - Because die-off is a very real situation, some people may need to begin slower such as 1/2 ivermectin dose 1x/daily or every other day. Gradually build up. Listen to your body. Herxing sucks and some get better faster than others. People must be ready for this especially if they are very sick! IVERMECTIN BY AGE: Always take with food.

Ages 11-67 – Use normal dose above.

Ages 5-10 years - 68+ - those who are very sick – 1/8 inch 1x/day.

See how you feel. If you feel good after a week, do 1/8 inch both morning and night. Go up from there each week. Cut the dose down if at any time the herxing becomes horrible. Stay where you are for a while longer. Listen to your body. Nobody knows your body like you do. Listen to it! Purchase the Dur-Vet paste on Amazon.

## **Supercharged C60 or C60 (Carbon Nano Onions)**

The supercharged C60 is 100x more powerful than regular C60: Take 2-3 capsules, 2x daily for the first 18 days, then 1-2 days weekly.. Learn more at: <https://grafexsuperc60.com/>

## **Cuprous Nicotinic Acid (CU1)**

1 capsule (.9mg) 2x daily in the morning and evening.

## **Plant-Based Quercetin Phytosome**

Take 250mg 2x daily

## **The Ultimate Probiotic**

Take three capsules, two times daily.

## **Paratrex**

Take three capsules, two times daily.

## **Organic Plant-Based Zinc**

Take 7mg in the morning with food and 7mg in the afternoon with food

## **Distilled Water**

You must drink ¾ to 1 gallon of Distilled water each day when you are doing this program. Distilled water will leach and bind the inorganic or harmful toxins and poisons from your body. It will not leach organic minerals from your body. What we have been told about distilled water being bad for you is a deception and lie. Learn why distilled water should be the only water you drink.

<https://globalhealing.com/pages/distilledwaterbenefits>

## **Other effective solutions**

Vitamin C, Budesonide, NAC, Glutathione, Black Cumin Seed Oil, Vitamin D, Ozone, Veganzyme (Digestive and systemic enzyme blend), Oregano Oil, Colloidal Silver

## **Lung - Respiratory - Health Program**

### **Lung Health Product from Global Healing**

Spray in mouth while inhaling deeply three times, then swallow the remaining liquid. Use as 4-6 times daily or as needed

### **Detoxadine Iodine**

Rub 1 dropperful over the upper chest, 1 dropperful over the right lung and 1 dropperful over the left lung 1-2x daily

### **Nebulizer Instructions**

Do this for 6 days straight then take 2 days off. Then repeat if necessary. Making the Lung Nebulizer Solution: In a 2-ounce dropper bottle, add ½ ounce of 3% H2O2, put 3 dropperfuls of colloidal silver (I use Sovereign Silver). Place 1 drop of 99.99% pure DMSO, and add distilled water to fill the bottle. Breathe 9 breaths through the mouth and 9 through the nose. Use 4-6 times daily or as needed

For travel: Use the Personal Air Purifier: For a 10% discount use coupon code: group  
<https://thetriadaer.com/product/shield-aer/>

## **Dr. Elizabeth Lee Vliet Post Vaxx Injury & Long-COVID Treatment Guidelines**

### **Dr. Elizabeth Lee Vliet:**

Dr. Mangat is on our advisory council. And he and I, and others on our advisory council have worked out an approach to treating the long-term complications, not only of COVID illness, but also of the vaccine. Now, this is a detailed medical presentation for physicians and laypeople, and then our Vaccine Injury Treatment Guide is for laypeople in layman's language.

**Jonathan Otto:**

Wonderful.

**Dr. Elizabeth Lee Vliet:**

I wanted to say that, in our Vaccine Injury Treatment Guide, we have a list of the imaging studies, like you're seeing pictures of in this presentation. We have a list of the detailed treatment and imaging studies for diagnostic evaluations so that people can take that list and ask their doctors to order those tests, and then one of the things I want you to go to is Programs, real quick.

**Jonathan Otto:**

Sure, please. You guide me.

**Dr. Elizabeth Lee Vliet:**

The Medical Freedom program. We have our legal defense grants, and for this, it's been focused right now, predominantly on the military service members because they are the most vulnerable and we have been going to the mat helping to defend their rights and their freedom. This is where we really need donors to step up and help us. In addition, what I want to also point to going back to the programs. Let's take a quick look at another one, and then Medical Freedom/Censorship Defense Fund, then look at under the Program tabs, Health and Resilience. It should be under Programs.

Health and Resilience. In this section, we have practical tips for healthy body, healthy mind, and healthy spirit. And we also have a huge amount of resources for people to review in videos and scientific studies on what NASA calls the universal antidote, which is chlorine dioxide and how it is one of the most effective biocidal agents and that anyone has ever identified.

I encourage people to study this. Physicians cannot recommend it for treatment legally because it's not FDA approved, but NASA uses it. The Environmental Protection Agency recommends it. It's used in food processing to decontaminate produce. For example, it's used in hospitals to decontaminate hospitals and medical equipment. And yet, the government prevents patients from having access to it. So, what our position is, is that this is an educational resource we are providing. Our team has put all the scientific resources together. We have some confidential researchers who have worked on compiling the medical research, and we have put this together as an educational resource so that consumers can look at what the government is hiding and what they are blocking and make your own decisions with informed decision making based on the accurate science. I mean, when the National Aeronautics and Space Administration says, "This is the universal antidote." And the Environmental Protection Agency says, "There are no known bacteria, viruses, fungal, or any pathologic agent that are resistant to chlorine dioxide," it seems to me, this is something that people need to know about.

What's really exciting about this. I tell you what, Jonathan, show people how to quickly put in your name, your email, and get access to download this. It's a 20-page booklet, but the nice thing is it's really easy to use.

I write things to make it available for laypeople, make it accessible. You saw the example of the medical presentations and the quality of that, that we do, and then we take this and we make it simpler for laypeople to have a practical guide. And so- Now, here we go. You can download our fact sheets, our hemorrhagic fever fact sheet, CDS is chlorine dioxide. There's the Vaccine Injury Treatment Guide: Your Roadmap to Recovery. Literally, and you'll see that Lt. Col. Dr. Peter Chambers has assisted in this. What we have done here is show you literally a roadmap on how to use the guide. This is our goal to make things really accessible for the public. It shows all the fact sheets. We have the information on what these are, how they're different, again, very simple. And then we go into, how do you get tested?

**Jonathan Otto:**

Like D-Dimers, things like this?

**Dr. Elizabeth Lee Vliet:**

Exactly. Look. Next coming up is the page of all the lab tests, and I'm doing these for my patients. So, I use all of these approaches so that when I do an evaluation of a medical patient for vaccine injury or most anything, I'm looking at all of these inflammatory markers, these infectious antibody markers, then we know exactly what we're treating, and people can take this list to their own doctors. Now, your doctor may complain about it, but you are the patient. And if you can't get your doctor to do it, then go online to request a test and order the ones you can order yourself. Here are the specialty testing imaging studies, for example, that we are using. And, I use those. And then we go into what are the foods and supplements? What are the goals of treatment? It's really very common sense.

**Jonathan Otto:**

Awesome. And then here we go. So, Vitamin D3, Vitamin C, Vitamin E, fish oils. These are all things that you'd recommend to reduce inflammation. Monolaurin, which I'm not familiar with, Resveratrol.

**Dr. Elizabeth Lee Vliet:**

It's derived from coconuts.

**Jonathan Otto:**

Okay, amazing. Blackseed extract. Sativa.

**Dr. Elizabeth Lee Vliet:**

Chondroitin sulfate. Yes. People use that for joint, arthritis, but it also works in this -

**Jonathan Otto:**

Same family as MSM?

**Dr. Elizabeth Lee Vliet:**

Well, chondroitin's sulfate is just ester that binds to help it get into the body. Chondroitin is used to help build collagen and repair DNA damage. And so, it's been years- Osteo Bi-Flex is a product people have used for arthritis for years, but chondroitin sulfate is part of that and then it also helps repair the damage after the COVID shots.

**Jonathan Otto:**

I'm glad to see you using bromelain. I see a few people talk about this and how important proteolytic enzymes are to break down spike proteins, serrapeptase, papain, as well. But bromelain, I've actually had multiple doctors talk to me about how it's their choice.

**Dr. Elizabeth Lee Vliet:**

Yes.

**Jonathan Otto:**

There you go. Sulfur, found in MSM. So, yeah they're- Great. Now... I think you just tell me if there's anything else you want me to see here...

**Dr. Elizabeth Lee Vliet:**

Well, I want people to see how we've organized this, that there's a lot of overlap. Many foods, for example, are immune boosters, neuroprotective, anti-inflammatory and antioxidants. But we have organized it by category immune boosting, neuroprotection, anti-inflammatory, reducing risks to blood clots. And so, that way you can see how different foods have multiple effects and why the importance of a healthy diet is so helpful. This way, it's an organization that helps make common sense to laypeople that they can look at, "Okay. I can actually use this as a shopping list to do some of the things that I can do myself and I control."

So, this is our guide and it's all based in peer-reviewed medical science. I'm using these approaches in my own practice. I know they work and these are safe options. By the way, scroll back real quick. Let me show you something. For all your listeners, go and download this guide because here's a research paper that shows how the nanoparticles are shed from the human body that can affect others around you. This was in a research paper and they're denying that shedding takes place. But yet, here it is in a research paper that the Chinese researchers published years before the vaccine rollout.

It's in the Vaccine Treatment Guide, that one, and then right above that is a chart that I put in there from, again, a published medical paper right there that shows all the damage to the ovaries and testicles that was published four years before the shots came out. So, people need to understand, they knew this and we show it in the medical studies that we reference and put in our educational materials. So, if you don't access our educational materials, you're going to have a hard time getting help. If you access our materials and look at what you can

do, look at what you can push your doctors to do, then you can get better. This is your roadmap to recovery. Use it. Doesn't do any good sitting on the website, so take action and use the resources we've created for you.

**Jonathan Otto:**

That's amazing. I was just going to say, Dr. Vliet, Dr. Bryan Ardis has obviously, his belief on what he thinks is happening. I can see value in that, but the treatment methods, to me, they all go hand in hand anyway. For example, if someone's using nicotine or another colleague of mine is doing fasting with serrapeptase, doing 3-day water fast. To me, these all go together.

**Dr. Elizabeth Lee Vliet:**

Well, they do, Jonathan, but let me make the point. It's not a one-shot, one-size-fits-all. There is no magic bullet for this. It takes an integrated approach and properly, people should be evaluated for what the problems are and then, treat accordingly. I never recommend a one-shot approach. I never recommend one thing. I'm always looking at an integrated approach for people. And so, I don't want people to think that you can pick one or two things and that's gonna fix all the damage of COVID long haul, COVID illness. Epstein-Barr Virus, for example, and it's not gonna fix the problems of the multiple organ damage and multiple pathways of damage medically in your body and your brain. They're coming from the experimental COVID shots. You've got to take an integrated approach and that's what we've done here.

It works because if you go back to the very beginning of the Vaccine Injury Treatment Guide, where I put the classes of damage- Keep scrolling and I'll stop you when you get to it. We're coming up on it. Let's slow down. Go ahead, move forward. The classes of damage, I think we may have passed it.

**Jonathan Otto:**

Let me see. But I see the point that you're making and I really do appreciate you giving this distinction. So people kind of, like basically you're at a crossroad, you're choosing your path and according to what the problem is for you.

**Dr. Elizabeth Lee Vliet:**

Whether we are talking about diabetes, whether we're talking about rheumatoid arthritis, lupus, COVID, vaccine injury, COVID shot injury, other vaccine injuries, or snake venom proteins. The point is the classes of damage - There you go. Right there. Our goals of treatment, the damages, inflammation, blood clots, damage to the immune system, damage to the oxygenation at the cellular level, and damage to the entire nervous system. The goals of treatment have to address all of those in an integrated way for people to have an effective roadmap to recovery. That's the key point that the consumer needs to understand. You cannot drive a car by just fixing one part of the engine. If you don't have a carburetor that works, you can't put gas in the gas tank and drive your car. Well, you can't use bromelain or you can't use

one or the other of the various supplements and expect to fix everything that was just damaged with the experimental COVID shot.

So, that's a critical point and that's the mistake that I see being made a lot that people think, "Oh, well I can just take more Vitamin D," or, "I can just take melatonin," or, "I can just take X, Y, Z." It doesn't work that way. You need to put the pieces together.

**Click on this link to get Dr. Vliet's Covid Patient Treatment Guide:**

<https://www.truthforhealth.org/2022/04/vaccine-injury-treatment-guide-your-roadmap-to-recovery/>

## Dr. Bryan Ardis - Nicotine & Supplementation

### Long-Haul COVID & Vaxx Injury

#### **Nicotine gum**

2 mg Chewing gum x1 in the morning and x1 at night.

#### **Vitamin C**

5,000 mg daily

#### **NAC N-acetyl cysteine**

500 mg x4 a day

#### **Selenium**

200 micrograms every day

#### **Zinc**

100 mg a day.

#### **Copper**

1 mg of copper for every 20 mg of Zinc

#### **Magnesium**

500 mg

## **Concluding Thoughts**

When it comes to regaining your health, knowing which protocols or treatments to use can be uncertain. In this eBook, we shared a handful of some of the most effective treatments that are helping people to recover post-jab and from long-COVID.

All of these protocols are based on combating the key mechanisms of destruction by both the jab and COVID. They focus on preventing blood clotting, detoxing from the heavy metals and other unknown toxins, boosting the body's immune system and helping the body to successfully excrete toxins.

Our doctors provide a combination of safe pharmaceuticals and nutraceuticals that have proven to be highly effective treatment options. It's important to remember, though, that everyone is unique. So what may work for one person may not work well for you.

That's why we have provided you with a few options, so that you can use the one you feel most comfortable with. And, if the ones you choose don't work, another option may be better for you.

Ultimately, these protocols and treatments have been successful in reversing numerous post-vaxx injuries and long-haul COVID symptoms.