

# The Complexity of SARS-CoV-2 Spike-Related Diseases and the Heterogeneity of Responses

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# Case 1: Woman, 44 years old

- Brain fog, difficulty naming objects, unrefreshing sleep, changes in personality, since October 2021.
- COVID-19 infections – January 2022 and April 2023.
- COVID-19 ‘vaxes’ – Pfizer July 2021, October 2021, and February 2023.
- Partial, transitory improvements throughout these years.
- Initial approach (June 2023) – ‘natural’ and ‘supplements’ (methylene blue, vitamin D, vitamin C, L-arginine, melatonin, ginseng, active B complex, creatine, Ashwaganda).
- Transitory response (would present a transitory improvement regardless?).
- Second approach (September 2023) – low dose naltrexone, bupropion, bioidentical oestradiol.
- So far, 80%, consistent, persistent response.
- January 2024 – We opted to maintain the current therapy.



# Case 2: Woman, 37 years old

- New-onset hyperactive attention deficit disorder, difficulty sleeping, and chronic fatigue, since March 2023.
- COVID-19 infections – July 2020 and February 2023.
- COVID-19 ‘vaxes’ – Pfizer August 2021, November 2021, June 2022 and December 2022.
- Symptoms remained persistent.
- Initial approach (July 2023) – ‘natural’ and ‘supplements’ (vitamin D, melatonin, GABA, 5-HTP, vitamin C, L-arginine, CoQ10, multiple-salt magnesium). No response at all.
- Second approach (September 2023) – low dose naltrexone, trazodone, ivermectin. No response at all.
- Third approach (November 2023) – Low dose lisdexamfetamine, LDN maintained. Full response, including improved sleeping, in less than 30 days.



# Case 3: Man, 51 years old

- Self-reported initial dementia (despite normal results with dementia tests), new-onset vasovagal syndrome – intolerance to exercises and stress and left his position as CEO a renewable energy company.
- COVID-19 infection – October 2022.
- COVID-19 ‘vaxes’ – Astra-Zeneca June 2022 (transitory brain ischemic attack 03 days after the ‘vaccine’, fully recovered in 2 hours).
- He complained that his symptoms were progressive.
- First approach (March 2023) – “supplements” and peripheral medications: methylene blue, vitamin D, L-arginine, ozone, creatine, tadalafil, aspirin – 50% improvement in 1 month and 70% in 2 months.
- Second approach (May 2023) – testosterone added – 100% improvement in 3 months.
- Third visit (August 2023) – Slow discontinuation of all medications – remained 100% cured.
- Fourth visit (December 2023) – No meds, no symptoms, fully recovered, now CEO in a new Energy Company.



# Case 4: Woman, 55 years old

- No symptoms after menopause in 2019.
- Repeated infections, intense physical fatigue and an inability to perform everyday activities, since July 2023.
- No COVID-19 infections.
- COVID-19 'vax' – Astra-Zeneca May 2022 and August 2023, Pfizer bivalent June 2023.
- Approach (August 2023) – meditation, DHEA-S 5mg/day, melatonin 1mg duo-release at night, L-arginine 4g/day, CoQ10 400mg/day, ivermectin weekly, creatine 5g/day, omega-3 5g/day.
- Slow yet progressive improvement – 40% in 2 months and 70% in 4 months. Still with symptoms but refused additional approaches since she is still improving.



# Case 5: Woman, 28 years old

- Amenorrhea and memory issues. since July 2022.
- COVID-19 infection – March 2022.
- COVID-19 ‘vax’ – None.
- First approach (December 2022) – “supplements”, natural approaches, and peripheral medications (high-dose vitamin D, creatine, myoinositol 2g/day, active B complex, metformin, omega-3).
- 100% improvement – menstrual cycles re-established, full cognitive function recovery.
- Second visit (June 2023) – no changes in the supplements – maintained full recovery.
- Third visit (December 2023) – 25 lb weight gain, complained that there was not a significant increase in calorie intake.
- Supervised nutritional follow-up –lost 3 lb only in 45 days despite fully assisted hypocaloric diet.



# Lessons From Spike-related Diseases:

1. Can be triggered by both COVID-19 vaccines and COVID-19 infection but is more commonly triggered by a combination of both.
2. Rather than blaming it on only the vaccine, the lack of treatment for COVID-19 infections also allowed SARS-CoV-2 spike protein to spread throughout organisms – a man-made virus created from gain-of-function research.
3. Hypothesis – A double ‘attack’ to ‘guarantee’ contact with spike protein – no other hypotheses can explain the weird persistence.
4. Allowed for gaslighting and orienting the pressure of a post-infection need for the ‘vaccine’
5. Did the ‘vaccine’ allow for increased infections combined with a negative synergistic effect of the infection and the ‘vaccine’?
6. ‘Spike-Related Disease’ may be a more precise name considering those affected by this condition.
7. This is a disease with a complex pathophysiology and a unique combination of symptoms that requires a highly heterogeneous responses to medical approaches.
8. The attempt to provide a one-size-fits-all therapy failed miserably.



# Lessons From Spike-Related Diseases – Questions?

- How can we predict which approach(es) may be best for each case?
- Should we follow-up for long-term impacts?



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