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Post-Vaccine Syndrome

Basic Countermeasures, Part II

By Florian Schilling, HP

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In the last issue of **Raum&Zeit** ***Florian Schilling*** explained why the C-vaccines so dramatically weaken the immune system based on various scientific findings. In the meantime fortunately he can already look back on some therapeutic experience with these disease incidents and introduces his "first aid" package here.

Complications that can appear in a variety of ways frequently occur because of the Corona vaccination, especially the mRNA preparations.

Acute and Chronic Effects of the Vaccination

Phenomena like endothelitis (inflammation of the vascular lining), blood clots, neuroinflammation (inflammation of the nerve tissue) and organ inflammation, like for example myocarditis, hepatitis and encephalitis can already start after hours and then last for weeks and months. The mRNA vaccine components cationic lipids and the induced spikes clearly remain available in the body

longer (more than a power of ten) than the manufacturers and authorities state – we are talking here about months, not of hours or days.[1, 2] As a rule other phenomena only occur with a delay, but with extremely long lasting effect. Among other things here belong autoimmune reactions, immunosuppression (V-AIDS), mitochondropathy – which leads to the fact that less energy can be gained – as well as further (epi)genetic changes. Whether, how and within what time period these things can be solved therapeutically, is partially not yet foreseeable at this time, because we do not know how long term the effects of the vaccination are. You would like to say if time comes, advice comes, but first the first days, weeks and months must be mastered. Fortunately we have effective and proven instruments here, which we will look at briefly below.

Containing Questionable Active Ingredient Carriers

With the lipid nanoparticles you must look more exactly at two questionable ingredients: On the one hand **polyethylene glycol (PEG)** – a macromolecule which is used in drugs as an active ingredient carrier, against which are frequent allergic reactions even up to anaphylactic shock especially with repeated use. The portion of the population with a PEG sensitivity lies about 25% to 30% (pre-pandemic!), at least every third person is thus endangered.[3] In the worst case an MCAS (Mast Cell Activations Syndrome) results from a vaccination, which can then be triggered in everyday life by a variety of factors (not only PEG) and can cause massive inflammatory reactions via histamine release. Unfortunately PEG is found in many everyday products (care products, cosmetics, detergents, food and drugs). It is best to try to avoid them in everyday life, which however is not simple. Urticaria, heart-circulatory disturbances, intestinal problems and vegetative symptoms may occur through intake of PEG.

Therapy: Countermeasures would be combined administration of diamine oxidase (DAO – an enzyme that breaks down histamine) , desloratadine (anti-histamine) and famotidine which inhibits the release of gastric acid which is mediated by the chemical neurotransmitter histamine. Histamine levels and histamine degradation profiles are diagnostically ground breaking.

The second problematic component is the **cationic lipids** – they are extremely oxidative and inflammation-promoting, reach every tissue, every organ and can be extremely difficult to breakdown. The latter frequently expresses itself as hepatitis and/or increased liver values of “unclear genesis”.[4] Lipid nanoparticles (LPNs) and thus also the mRNA transported with them accumulate especially strongly in the liver, ovaries and adrenals.[5, 6] Cycle disturbances and menstrual complaints, miscarriage and infertility belong to the more frequent complaints. They cannot be classically “detoxified” or bound and behave rather like gamma rays and go wherever they want.

Therapy: What’s remaining for us is to limit their harmful effect with anti-inflammatories and anti-oxidation and to accelerate their breakdown. For the former numerous active substances are available – among others Vitamin C, the amino acid NAC, polyphenols, plant extracts (for example

berberis, frankincense, artemisinin) or steroids. The stimulation of the lysosomal autophagy systems affects the promotion of the breakdown, here sulforaphane, artemisinin, polyphenol but also melatonin are provided.[7, 8] We will see that exactly polyphenol[9] and artemisinin are almost indispensable instruments which should be used in every case.

Treating Inflammatory Reactions in the Heart and Vessels

By no means does the vaccine remain in the muscle, but within hours spreads into the entire organism – from the big toe to the cerebrum.[10] At the latest via lymphatic drainage the vaccine reaches into the blood stream and here is immediately taken up by two tissues: The heart (keyword myocarditis) and the inner layer of the vessels, the endothelium. **Installed Spikes**: The vaccinated cells insert spike protein into their cell wall within hours. This is noticed by the immune system and as a result the relevant cells are destroyed. This leads to an inflammation reaction (endothelitis) which again aids a disturbance of the flow of the bodily fluids (perfusion): perfusion disturbances such as pulmonary-edema or -embolism and clot formation. **Independent Spikes**: Meanwhile we know that independent spikes are also released from the cells.[11, 12] These are taken up by the monocytes (scavenger cells), afterwards however the spike blocks its breakdown. The affected monocytes then try to initiate apoptosis (programmed cell death), but which is also then prevented by the spike. From now on these Zombie-scavenger cells wander throughout the entire body and can also pass the blood brain barrier. Everywhere where they go they release inflammatory signals – permanently triggering an inflammation of the endothelia. This condition can continue for months (meanwhile documented: 15 Months).[13] Besides persistent clot formation from this, inflammation of the nerve tissues, various migratory circulatory disturbances as well as chronic systemic inflammatory events can also develop. Characteristic biomarkers for this process are RANTES (CCL5), VEGF and IL-6.[14]

Therapy: Non-specific anti-inflammation, for example via steroids, polyphenols or plant extracts, is often not sufficient. Specific antidotes must be used here. The best results are achieved with a combined off-label use of the following active ingredients: maraviroc, pravastatin (always with Q10), Ivermectin and low-dose naltrexone. An expensive joke with approximately €1,200 per month. Nevertheless, the success rate is more than 85 percent more significant clinical improvement.

Fighting Blood Clots with Antithrombosis Drugs

Clots can already appear within hours and strike fulminant – with classics like stroke, pulmonary embolism or cardiac infarction. However thanks to spike-persistence and boosters clot formation can also become a chronic phenomenon. While larger clots are frequently noticeable, micro-clots (diameter of fractions of millimeters) often remain under the radar, because they cannot at all be verified by imaging. Especially since the spike controls manifold clot formation: classically via

activation of blood platelets, fibrins or complementary systems.[15] These clots are at least noticeable in the laboratory through increased D-dimer. Not atypically: the spike induces the formation of amyloids which can be deposited or clumped together and are not recognizable in the coagulation laboratory (D-dimer negative).[16, 17] They also cannot be dissolved by the body's own fibrinolysis system.

Therapy: What to do? Even when the D-dimer is negative, it should be treated before this antithrombotic background: low dose ASA ("baby aspirin" inhibits thrombus formation) in combination with nattokinase (NSK-SD further dissolves clots) and serrapeptase (promotes amyloid breakdown). If the D-dimer is positive additional classical "blood thinning" with Eliquis should be carried out. Heparin is only a second choice as it can be inhibited by the spike.[18]

Spike Neutralization and Breakdown

Generally you should make the greatest effort to neutralize the **spike** continuously and to promote its breakdown to the maximum.

Therapy: In this context well established "antidotes" are artemisinin (blocks the RBD* the binding site of the spike),[19] NAC (however high dose in the range of 50 mg/kg/d),[20] chlorine dioxide solution (CDL) and ivermectin.[21] Except for the latter all are over the counter, the first two can also be taken without problem over a longer period of time. CDL should always be combined with side protection with proper antioxidants[22] and prebiotics.[23] An important subject is also the replacement and the regeneration of the membranes contaminated by the spike installation. For this larger amounts of phospholipids are required, especially phosphatidylcholin. Here either high dose monopreparations[24] or phospholipid-containing combination preparations which cover several areas of responsibility are provided. For example, phospholipid with glutathion[25] (membraine + antioxidant) or phospholipid with curcumin[26] (membrane + inflammation inhibition + mitochondrial stimulation).

Mitochondria Strengthening

The vaccination damages the **mitochondria** in various ways: radicals,[27] inhibition of the respiratory chain, switching off of the mitochondrial genes, fragmenting of the mitochondria,[28] directly toxic and by hijacking the mitochondrial translation.[29] The mitochondrial status of patients with Post-Vaccine Syndrome resembles a little amazingly that of cancer patients. Here a test of the LDH isoenzyme (LDH1-5), the TKTL1 or the measurement of the mitochondrial performance by means of the BHI (Bioenergetic Health Index) provides an explanation.

* RBD = receptor-binding-domain

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Therapy: Frequently here it must be comprehensively refurbished: activation of mitochondrial genes (with polyphenols, galactose,[30] butyrate), antioxidants, stimulation of mitochondrial formation by Interval Hypoxia Therapy and comprehensive supply of micronutrients with "Mitochondria Formula Sport"[31] are only some examples. Simultaneously however no oxygen deficiency from endothelitis or micro-clots can be tolerated, otherwise this therapy track does not run well.

Calming Inflammation of Nerve Tissues

Chronic fatigue syndrome (CFS), brain fog, tinnitus, dizziness, pain syndromes, symptoms of paralysis, sensitivity disturbances – the list of **neurological complaints** for Post-Vaccine Syndrome is long and getting longer. While acute fulminating processes like encephalitis (inflammation of the brain), Guillain-Barré (through loss of the myelin layers of the nerve fibers) or transverse myelitis (inflammation of the spinal cord) are apparent and tolerably diagnosable, this does not apply to the more subtle, atypical neuroinflammation (inflammation of the nerve tissue). Detection is either complex (for example from cytokine measurements and amyloid detection in spinal fluid, PET scan, functional MRT), or, most doctors are not familiar (level determination of quinolinic acid and kynurenine from urine, determination of enzyme activity from IDO and KMO).[32, 33] Associated neuro-psychiatric complaints like depression and anxiety disorders[34] are provided for symptomatically (antidepressants, sedatives) and additionally lead astray to a psychosomatic diagnosis of the overall syndrome.

The inflammation itself is fed by several factors. Nanoparticles can penetrate the central nervous system, and there induce radicals and inflammation supporting cytokines as well as cause nerve cells to build spike protein. The latter triggers further inflammation processes and leads to the attack of the immune system on the affected nerve cells. Additionally the spike damages the blood brain barrier to an extreme degree and can also directly penetrate this (Lab: increase of S-100 and NSE in plasma).[35, 36] The induction of amyloids (compare micro-clots) and prions (triggers of Creutzfeldt-Jakob disease) represent an additional threat potential.[37] Aggravatingly, the autoreactivity of the vaccine induced anti-spike-IgG antibody is added. Exactly the antibodies which you want to induce can cross-react in high degree with the body's own structures. Strongest affected by this are cytoskeletal proteins of the nerve cells (NFP) and mitochondria (M2).[38] We see that extremely critical times for the nervous system are dawning.

Further medical clarification is urgently recommended.

First Aid Package for Post-Vaccine Syndrome	
Active ingredient / preparation	**Scope**
ASA (100 mg/d)	Clots, inflammation
NAC (50 mg/kg/d)	Spike clearance, antioxidant
CDL (3x15 Tr./d)	Spike clearance
Nattokinase NSK-SD (>2,000 FU/d)	Clots, amyloids
Serrapeptase (>100,000 SU/d)	Clots, amyloids, endotheliitis
Polyphenols [9]	Epigenetic, mitochondria, neuroinflammation, endotheliitis
Melatonin[48] (>10 mg/d, to 1 mg/kg/d)	Neuroinflammation, antioxidant, inflammation
Redox Regulat [22]	Antioxidant, mitochondria
Mitochondria Formula Sport[28]	Mitochondria, vitamin D metabolism
PC-Liquid (<3000 mg/d, slowly increase!)	Membrane, mitochondria
Table: Active substances and preparations for specific ranges of application	

Therapy: After successful indication status by means of quinoline/kynurenine in combination with IDO/KMO (Bovis Laboratory, "NT tryptophan metabolism"[39]) there must be parallel intervention on multiple levels. General inflammation inhibition (polyphenol, phytotherapeutics), specific inflammation inhibition (artemisinin,[40] magnesium, dextromethorphan[41]), antioxidation with NAC and lipophilic active substance (Q10 and PQQ,[42] alpha lipoic acid, Vit. E), spike clearance (spike breakdown). Regeneration of the blood-brain barrier (butyrate) as well as substitution of the neurotransmitter substrates (5-HTP, tyrosine) together with the co-factors of synthesis metabolism (e.g. neurotonin). In severe cases all this will not be enough, then an intranasal therapy should be carried out, whereby dexamethasone[43] and short term insulin[44] have proven themselves here. Both are easy to apply and only act locally – with which systemic side effects are absent – and are associated with extremely low costs. Clearly more expensive, but a regeneration booster par excellence is intranasal IGF.[45] All three can be easily absorbed atomized (nanofication of the active ingredients) through the nostrils. Likewise, high dose melatonin (target range 1-5 mg/kg of body weight) has proven itself.[46, 47]

Summary and Outlook

Unfortunately the phenomena outlined here are only the short- and medium-term tips of the icebergs. For example, we did not closely discuss the medium- and long-term changes to the immune system, autoimmunity and V-AIDS. The aspects of amyloid and prion formation also deserve a deeper discussion. Nevertheless in conclusion we would like to try to put together a kind of first aid package for Post-Vaccine Syndrome, packed with tools that have proven themselves, can be used on their own and without extensive laboratory measurement (see Table above). The dosages given are empirical values and do **not** represent an individual recommendation. In many cases, especially in severe cases, further medical clarification is urgently recommended in order to be able to design a more intensive and individualized therapy based on this.

A compact guide to diagnostics and therapy for doctors is available free of charge in the download area of my blog (https://www.florianschillingscience.org/). A detailed discussion of the Post-Vaccine Syndrome with recommendations for diagnosis and therapy for those affected can be found in the book "*Post-Vakzin-Syndrom. Handbuch für Geschadigte der Corona-Impf*" [*Post Vaccine Syndrome. Handbook for People Injured by the Corona Vaccine.*]. An English compendium ("Long Hauler") will deal with Long-Covid and Post-Vaccine Syndrome in one work is additionally expected to be available in September. It is hoped that this information will gain widespread distribution as quickly as possible – the number of people affected is high, but the ability of our health care system to effectively help them is extremely low.

The preparations mentioned were selected on the basis of extensive practical experience, are exemplary and can be replaced/supplemented by alternatives without problem if the composition is observed.

The Author

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