



RESEARCH ARTICLE



Is Spike Protein-Related Myocarditis Becoming a Common Disease?

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1 | 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 a production 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. It appears that they have inhaled spike proteins, which were exhaled by vaccinated persons.

A reference

In this situation, it is of interest that Hannemann et al (1) recently 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 the Covid diagnosis (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 a direct viral effect on the myocardium as possible mechanisms.

Spike Proteins

What is most likely the cause? Spike Proteins are known to occupy and block ACE2 receptors in almost all body cells (3). This causes, for example, an increased viscosity and multiple microemboli in blood cells. We prove this by dark-field microscopy of vital blood directly after blood collection. It is a method which is not usually applied in laboratories, but it allows excellent insight into the current appearance and behavior of all blood cells.

Vital blood

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. 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, the 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 Ubiquinol (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 (Airnergy) 3 x 30 minutes/day, more often if needed.

For a blockade of the spike proteins:

Taraxacum/Dandelion (13) whole plant smoothies 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.

Conclusions:

The probability that Spike Proteins cause a) increased blood viscosity, b) myocarditis, and c) 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 research is needed.

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