PASCAS CARE

Coronavirus Covid-19 Treatment Protocols

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PASCAS INTRODUCTION:

Documents assembled by Pascas are provided for your individual assessment and exploration. The contents are sourced from a variety of avenues and publications. Every endeavour is made to determine that the contents are of the highest level of truth and veracity. At all times we ask that you go within yourself, to ascertain for yourself, how the contents resonate with you.

Pascas provides these notes and observations to assist us all in the development and growth of our own pathways and consciousness. Pascas does not hold these contents as dogma. Pascas is about looking within oneself. Much of what we are observing is new to us readers and thus, we consider that you will take on board that which resonates with you, investigate further those items of interest, and discard that which does not feel appropriate to you.

Kinesiological muscle testing, as developed by Dr David R Hawkins and quantified by his Map of Consciousness (MOC) table, has been used to ascertain the possible level of truth of documents. Such tested calibration levels appear within the document. We ask that you consider testing same for yourself. The technique and process is outlined within Pascas documents, such as Pascas Care – Energy Level of Food. From each person's perspective, results may vary somewhat. The calibration is offered as a guide only and just another tool to assist in considering the possibilities. As a contrast, consider using this technique to test the level of truth of your local daily newspaper.

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The sources of contents are noted throughout the document. In doing so, we acknowledge the importance of these sources and encourage our readers to consider further these sources. Should we have infringed upon a copyright pertaining to content, graphics and or pictures, we apologise. In such cases, we will endeavour to make the appropriate notations within the documents that we have assembled as a service via our not for profit arm, to our interested community.

We offer all contents in love and with the fullness of grace, which is intended to flow to readers who join us upon this fascinating journey throughout this incredible changing era we are all experiencing.

Aspiring to Living Feelings First, John.

"Never can one man do more for another man than by making it known of the availability of the Feeling Healing process and Divine Love." JD

Coronavirus Covid-19 Treatment

To be read in conjunction with this document is Pascas Care Letters – Etheric Spirit Body and Pascas Care Coronavirus Covid-19 Treatment Protocols.

Kindly go to www.pascashealth.com then Library Download page, and in the Pascas Care Letters section and then the Medical section, click on the following to open PDFs:

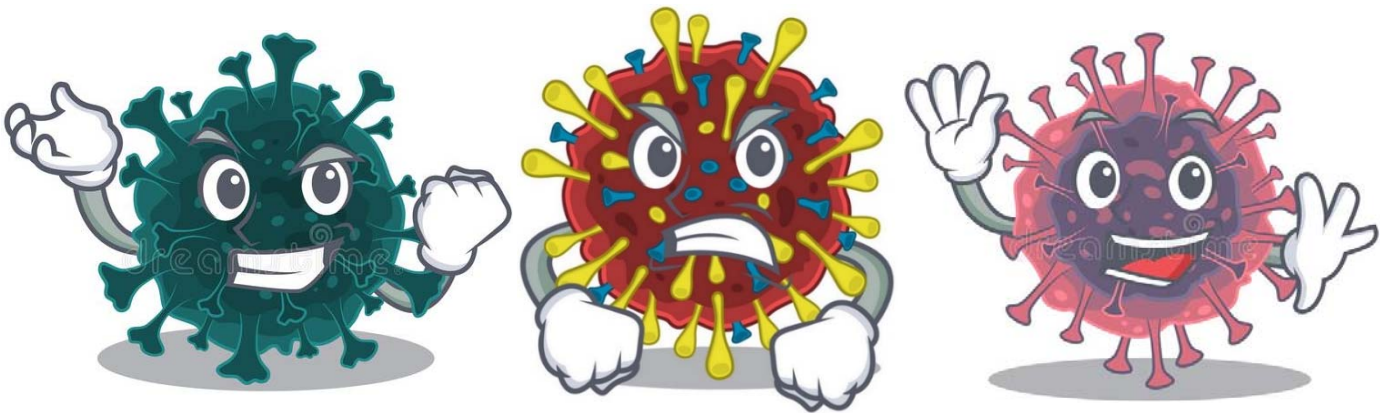
- Pascas Care Letters Etheric Spirit Body.pdf
- Pascas Care Coronavirus Covid-19 Treatment.pdf
- Pascas Care Coronavirus Covid-19 Treatment Protocols.pdf
- Pascas Care Coronavirus Covid-19 FLCCC-Protocols 12 Nov 2021.pdf
- Pascas Care Coronavirus Covid-19 Senator Roberts Australia.pdf
- Pascas Care Coronavirus Covid-19 Vaccine Deaths.pdf

Our natural immunity is by far our best protection against all ailments. Appropriate vaccines can and do enhance your protection.

There are treatments for coronavirus Covid-19 that have been demonstrated around the world to be efficacious. With all medical issues and treatment, at all times consult with your professional health carers and providers.

Long term, our personal Feeling Healing is the ultimate pathway to a healthy body.

Meanwhile, vaccine, pharmaceutical and nutraceutical manufacturing can be strategically established in Australia (Toowoomba), India and Africa (central east coast), Central Americas or northern South America, Thailand (Chiang Mia), all interacting as Scientific Centres for Advancement of Technology, with regional distribution centres such as Tari in Papua New Guinea, Lucknow in India, etc. This is all to ensure global availability of necessary medical supplies under all circumstances. Long term strategic assets are best located between 28°north and south latitudes, towards the east on continents and at altitudes of several hundred metres.

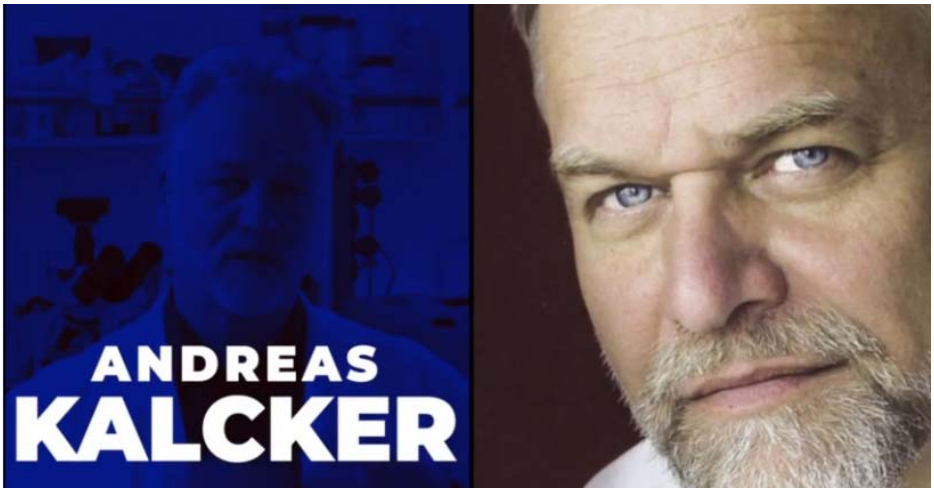


NOTE: Consult your professional health care providers and medical doctors.

Forbidden Cure - Andreas Kalcker

https://rumble.com/vhrnh9-forbidden-cure-andreas-kalcker.html

29 May 2021



Why is every cure for covid-19 forbidden by governments?

including **MMS-CDS (Miracle Mineral Solution)-(Chlorine Dioxide Solution)**

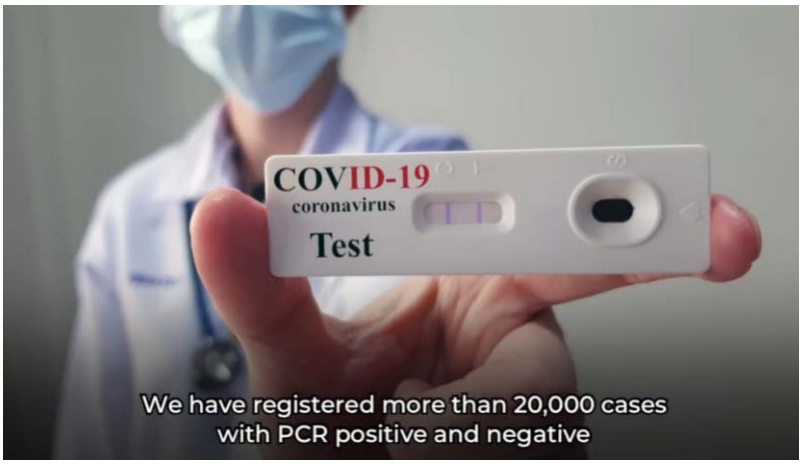

Andreas Kalcker
Biophysicist
I've been researching more than 13 years


It increases the oxygen in the blood

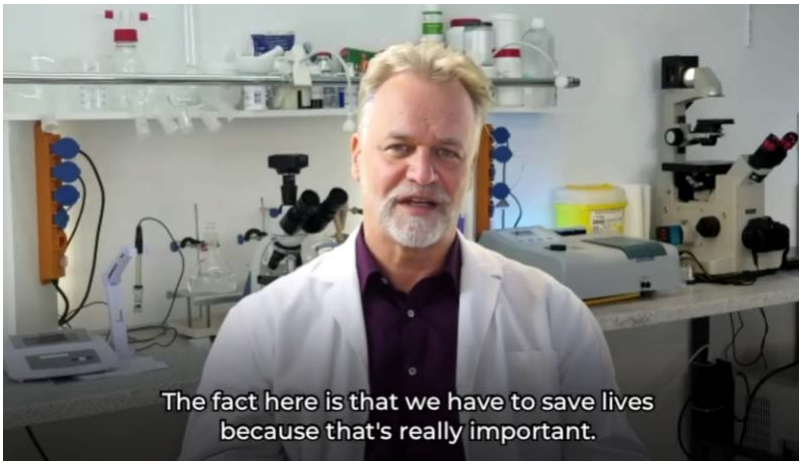

and it eliminates pathogens.


It doesn't matter if it's a virus,
a fungus or a microbe,

https://www.comusav.com/en/

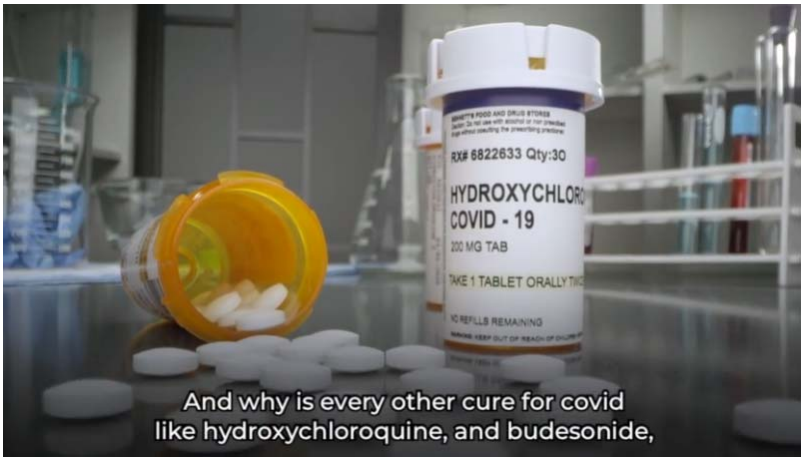

COVID-19
coronavirus
Test
We have registered more than 20,000 cases
with PCR positive and negative

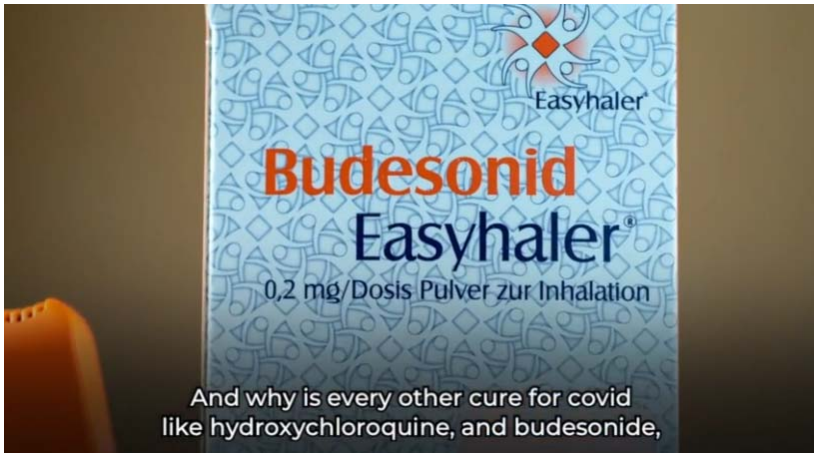

20,000
after only four to seven days.


The fact here is that we have to save lives
because that's really important.


those that want to be saved and those
that follow like 'sheeple' and get vaccinated.


Why is this miracle treatment for covid
not major news on every news broadcast?


RX# 6822633 Qty:30
COVID - 19
200 MG TAB
And why is every other cure for covid
like hydroxychloroquine, and budesonide,

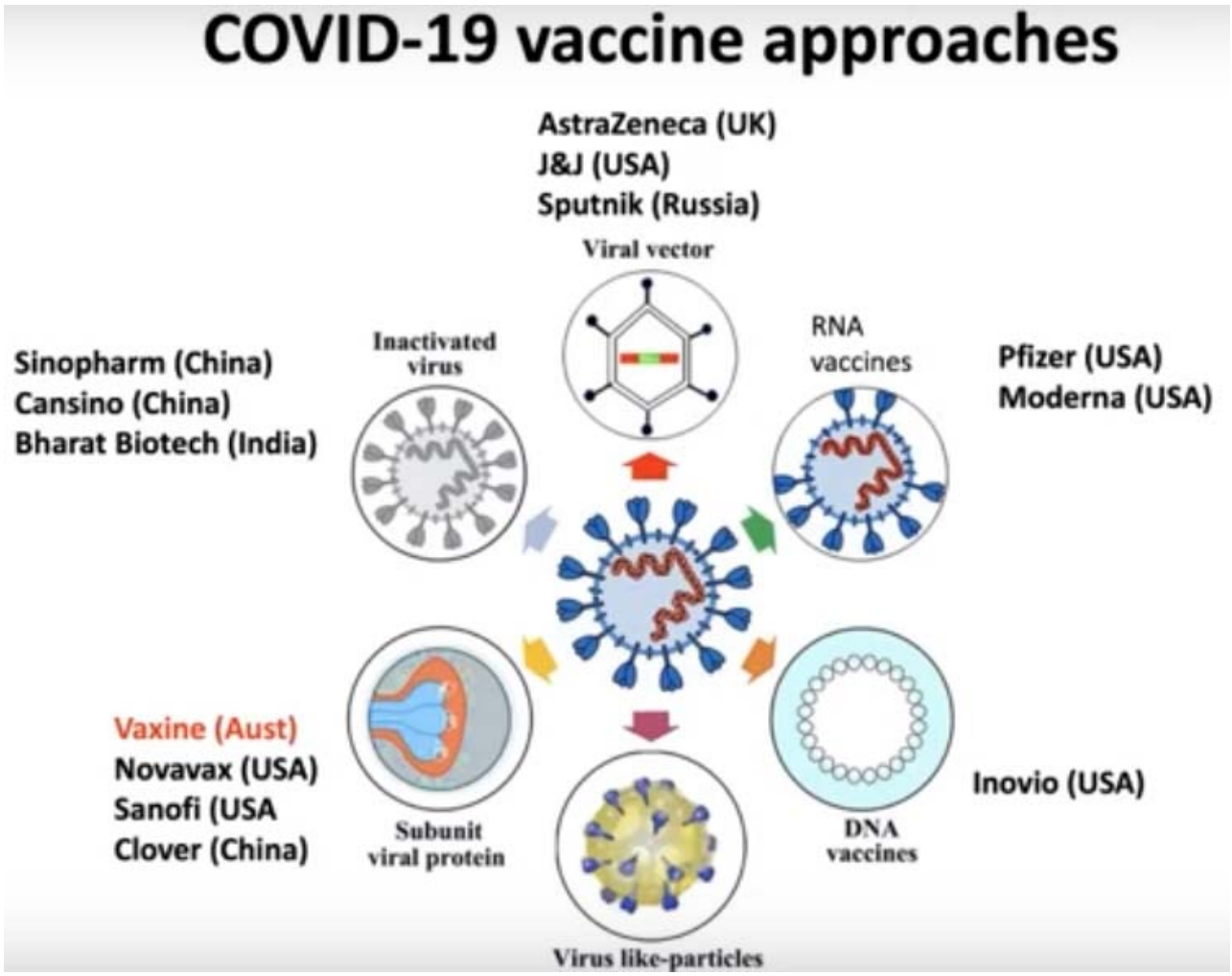

Easyhaler
Budesonid
Easyhaler®
0,2 mg/Dosis Pulver zur Inhalation
And why is every other cure for covid
like hydroxychloroquine, and budesonide,


and hydrogen peroxide and ivermectin,


COVID-19
Pharmacy
Rx: 18345-237589
TAKE AS DIRECTED
Ivermectin
QTY:200
NO REFILLS
and hydrogen peroxide and ivermectin,


Pharmacy
Rx: 18345-237589
TAKE AS DIRECTED
Ivermectin
QTY:200
why are these cures for covid always suppressed?


And why is an experimental, life threatening,
DNA altering vaccine imposed on humanity?


COVID-19 vaccine approaches
AstraZeneca (UK)
J&J (USA)
Sputnik (Russia)
Viral vector
Sinopharm (China)
Cansino (China)
Bharat Biotech (India)
Inactivated virus
RNA vaccines
Pfizer (USA)
Moderna (USA)
Vaxine (Aust)
Novavax (USA)
Sanofi (USA
Clover (China)
Subunit viral protein
DNA vaccines
Inovio (USA)
Virus like-particles


GLOBAL
INSIGHT
Seoul 08:03
Nikolai PETROVSKY, Research Director of Vaxine Pty
Professor of Medicine at Flinders University

Coronavirus Covid-19: Evidence of mRNA and Treatment of Covid-19

Professor Nikolai Petrovsky – Covax-19
https://www.facebook.com/watch/live/?extid=NS-UNK-UNK-UNK-IOS_GK0T-GK1C&ref=watch_permalink&v=567063294359030

3 November 2021

https:// **Professor Nikolai Petrovsky – Vaccine Adverse Events, Mandates and Secrecy in Australia**

www.youtube.com/watch?v=9x2ieHuj8zU

22 October 2021

https://www.youtube.com/watch?v=yL_2Rq1zoRg 23 June 2021

Professor Nikolai Petrovsky – Vaccines and biodefense: COVID-19, flu and beyond
Professor Nikolai Petrovsky is the Director of Endocrinology (Flinders Medical Centre – Adelaide, South Australia), Professor of Medicine (Flinders University), Vice President of the International Immunomics Society, Founder of Vaxine and the creator of COVAX-19 and Spikogen.

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Em: nikolai.petrovsky@flinders.edu.au

COVID-19 vaccine efficacy against variants

	ORIGINAL VIRUS	B.1.1.7	B.1.351	P.1
Pfizer-BioNTech	95%	Same efficacy	Reduced antibody levels	Same efficacy
Moderna	94%	Same efficacy	Reduced antibody levels	More data needed
J & J	72% (in US trials)	Same efficacy	Reduced antibody levels (in South Africa trials)	Reduced antibody levels (in Latin America trials)

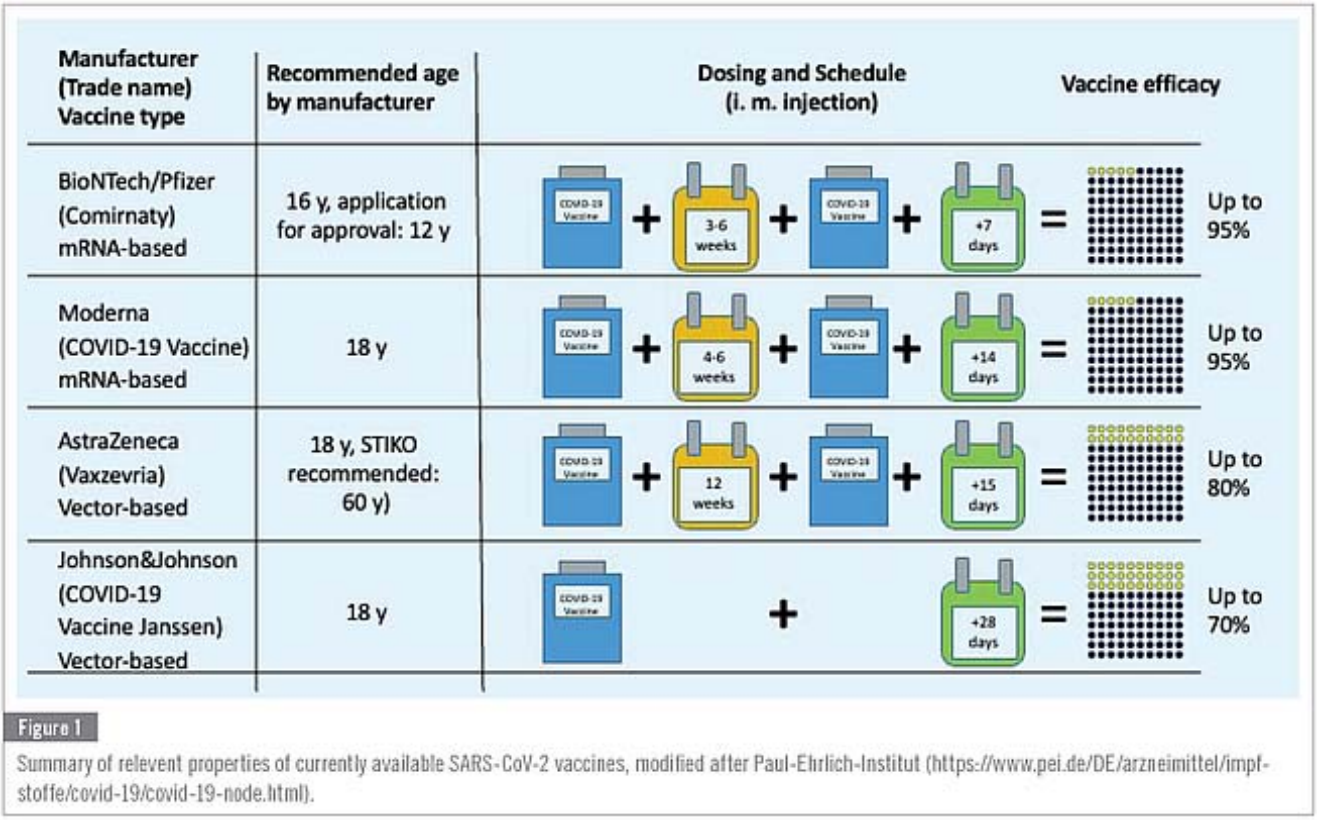
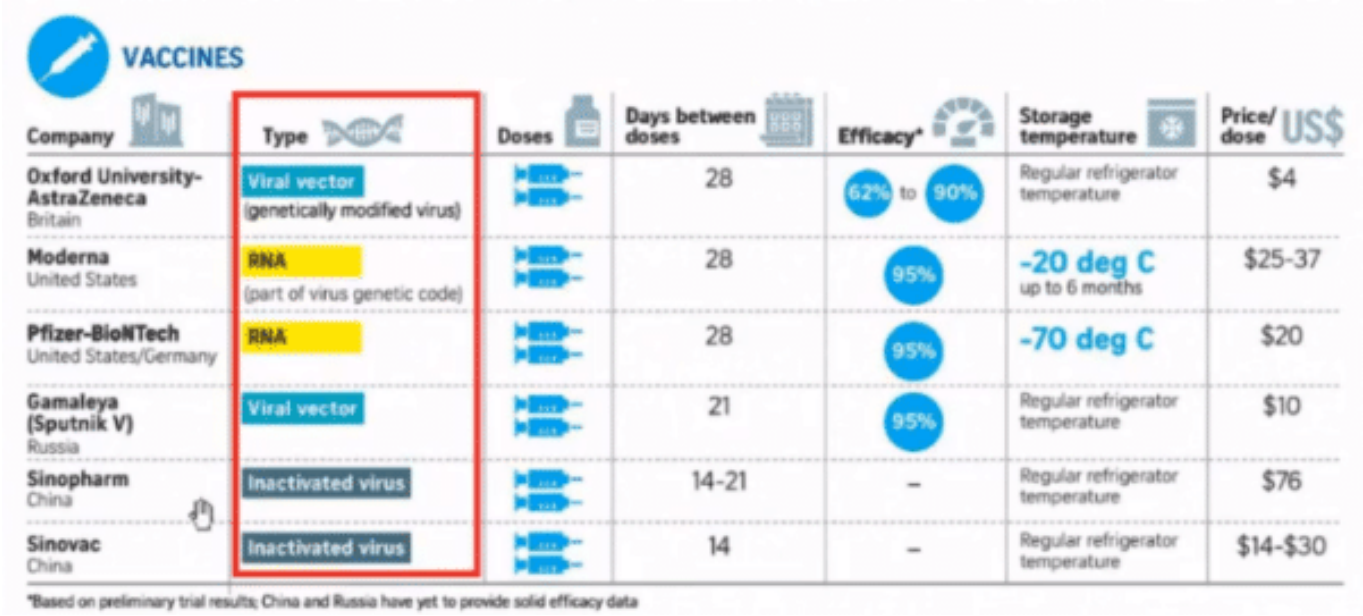


Figure 1

Summary of relevent properties of currently available SARS-CoV-2 vaccines, modified after Paul-Ehrlich-Institut (https://www.pei.de/DE/arzneimittel/impfstoffe/covid-19/covid-19-node.html).



VACCINES

Company	Type	Doses	Days between doses	Efficacy*	Storage temperature	Price/dose US$
Oxford University-AstraZeneca, Britain	Viral vector (genetically modified virus)		28	62% to 90%	Regular refrigerator temperature	$4
Moderna, United States	RNA (part of virus genetic code)		28	95%	-20 deg C up to 6 months	$25-37
Pfizer-BioNTech, United States/Germany	RNA		28	95%	-70 deg C	$20
Gamaleya (Sputnik V), Russia	Viral vector		21	95%	Regular refrigerator temperature	$10
Sinopharm, China	Inactivated virus		14-21	–	Regular refrigerator temperature	$76
Sinovac, China	Inactivated virus		14	–	Regular refrigerator temperature	$14-$30

*Based on preliminary trial results; China and Russia have yet to provide solid efficacy data

How Long Will COVID-19 Vaccine-Induced Immunity Last?

https://www.verywellhealth.com/length-of-covid-19-vaccine-immunity-5094857

Key Takeaways

- The Moderna and Pfizer-BioNTech vaccines offer immunity against COVID-19 for at least six months and might offer protection for up to two to three years. However, they will most likely have to be administered annually.
- The Johnson & Johnson, Moderna, and Pfizer-BioNTech vaccines will likely protect against current variants of COVID-19.
- Immunity wanes as antibody levels drop in response to a lack of use.
- Moderna and Pfizer-BioNTech have launched preliminary studies of booster shots.

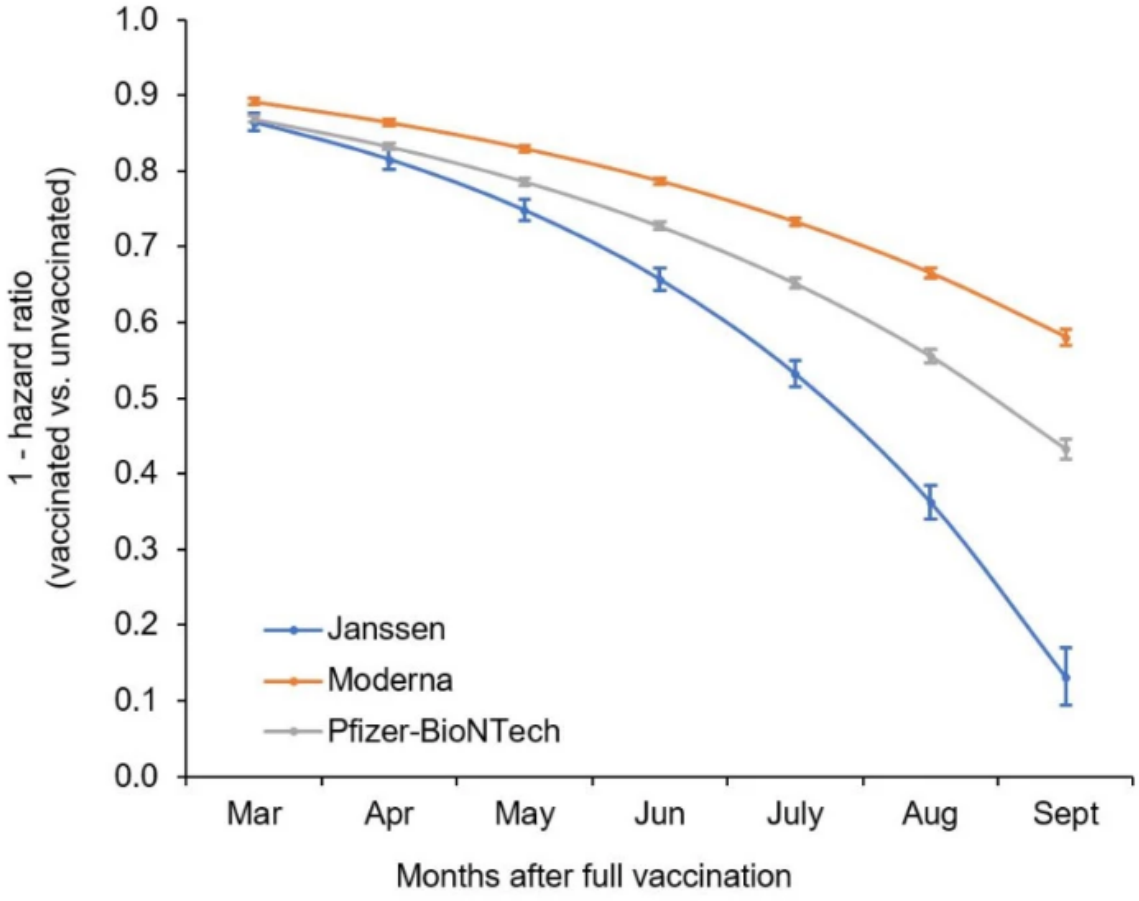
Study compares decline in effectiveness of 3 COVID vaccines over time

https://newatlas.com/health-wellbeing/coronavirus-vaccine-effectiveness-decline-protection-breakthrough-infection/

8 November 2021

The research looked at health records from around 780,000 veterans, spanning a period from February 2021 to October 2021. Vaccine effectiveness (VE) was measured by two metrics: protection from COVID-19 infection (VE-I) and protection from death (VE-D). The three COVID-19 vaccines approved for use in the United States were compared: Moderna, Pfizer and J&J.

Overall, across the eight-month study period, vaccine protection against COVID-19 infection dropped from 87.9 percent to 48.1 percent. The biggest decline in VE-I (vaccine effectiveness) was seen in the J&J vaccine, dropping from 86.4 percent to 13.1 percent. Pfizer's protection against infection dropped from 86.9 percent to 43.3 percent, while Moderna performed best of the three going from 89.2 percent to 58 percent.



The study saw the most dramatic decline in protection against infection with the single-dose Johnson & Johnson (Janssen) vaccine

However, vaccine protection against death remained strong across the entire study period. With the spread of the Delta variant across the United States from July the study did not detect a significant decline in protection against death. Between July and October, vaccines were still 81.7 percent effective at preventing death from COVID-19 in those under the age of 65 and 71.6 percent effective in those over the age of 65.

Interestingly, for those under the age of 65 the Pfizer vaccine conferred the greatest protection against death (84.3 percent), with Moderna following at 81.5 percent and J&J at 73 percent. But in those over the age of 65 the Moderna vaccine was most effective at preventing death (75.5 percent), followed by Pfizer at 70.1 percent and J&J at 52.5 percent.

“Importantly, vaccination still provided protection against death in infected persons, and this benefit was observed for the Moderna, Pfizer-BioNTech, and Janssen (J&J) vaccines during the Delta surge, although the benefit was greater for Moderna and Pfizer-BioNTech compared to Janssen vaccines,” the researchers write in the newly published study. “Our findings support the conclusion that COVID-19 vaccines remain the most important tool to prevent infection and death.”

Another compelling finding in the study is the correlation between the rise of the Delta variant in the United States and the drop in vaccine protection against infection. Across all age groups the drop in protection from infection was profoundly steep from July. The researchers hypothesise this indicates the Delta variant may be responsible for this drop in VE-I (vaccine effectiveness) instead of the vaccine itself becoming less protective over time.

New analysis predicts COVID-19 vaccine efficacy - and shows why we need boosters

https://newsroom.unsw.edu.au/news/health/new-analysis-predicts-covid-19-vaccine-efficacy-and-shows-why-we-need-boosters

18 November 2021 Kirby Institute / UNSW Media Australia

This is the first and largest study to predict protection against variants using neutralising antibodies. Vaccines are less effective against some COVID-19 variants and boosting may be required within one year to maintain efficacy above 50 per cent, according to a new study published in *Lancet Microbe*.

The researchers from UNSW Sydney's Kirby Institute, the Sydney Institute for Infectious Diseases at the University of Sydney and the University of Melbourne's Doherty Institute have conducted an analysis that can help inform the COVID-19 response by identifying an 'immune correlate' of vaccine protection.

"Vaccines work well in the first months after vaccination and against the viruses that were used to make them. However, our study shows reduced efficacy against COVID-19 disease resulting from other variants, such as Delta. This efficacy declines with time, and our analysis is able to pre-emptively predict this decline based on analysis of antibody levels," says Dr Cromer.

"The major implication of our research is that in order to maintain immune protection across a population, booster shots will be required. Without boosters, protection from symptomatic COVID may drop below 50 per cent after six months, which means more people will become infected. Reassuringly though, protection against severe disease and death will likely remain high over the first year.

"Optimal timing for boosters will depend on the availability of boosters, and whether the aim is to reduce overall case numbers or reduce the burden on the heath system," continues Dr Cromer. "What this model does is give a clearer picture to policy makers about how levels of protection against symptomatic disease, severe disease and death are likely to change based on different vaccines, emerging variants and over time.

"In Australia, the TGA (Therapeutic Goods Administration a part of the Australian Government Department of Health) recently approved booster doses after six months, which will help maintain high levels of protection against all stages of disease."

The analysis also found that a third booster shot within a year increases immunity to higher levels than those seen after a full primary vaccination schedule. "This is excellent news, particularly for people who are six months from their initial vaccination, and who are currently being offered third dose vaccination in Australia," says Dr Cromer. "Vaccines have had an incredible impact in controlling the current COVID-19 outbreak and will continue to provide very good protection. But boosters will make that good protection even better."

Professor Jamie Triccas from the University of Sydney says this research is crucial because it shows that we can predict vaccine efficacy from a relatively simple laboratory test. "It is likely that new COVID-19 variants will continue to emerge, as we have seen with Delta, with varying transmissibility and severity. Vaccines may not work as well against some of these variants, but fortunately, our model allows us to predict this.

Real-world effectiveness and safety of COVID-19 vaccines

https://www.news-medical.net/news/20211118/Real-world-effectiveness-and-safety-of-COVID-19-vaccines.aspx

18 November 2021

The coronavirus disease 2019 (COVID-19) outbreak caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has resulted in a sharp rise in deaths and the number of infections worldwide. The pandemic has resulted in the deaths of more than 5.1 million people from more than 254 million infections as of November 18, 2021. Therefore, the development of safe and effective vaccines was considered an important measure to contain the pandemic and restore people's lives to normal.

As per the global statistics reports from August 2, 2021, there are 326 total vaccine candidates. Out of them, 103 vaccines are in clinical trials, while 19 are now in everyday use. The 19 vaccines include 8 inactivated vaccines, 5 protein subunit vaccines, 2 mRNA vaccines, and 4 non-replicating viral vector vaccines. Furthermore, reports show that 53.7 percent of the world population has received at least one dose of the vaccine, while 41.5 percent are fully vaccinated.

However, the infection rate of COVID-19 is still high due to the emergence of new SARS-CoV-2 variants. Therefore, rapid herd immunity through vaccination is required to prevent the emergence of these new variants that can completely escape the immune surveillance.

The effectiveness and safety of the three mainstream vaccines in the market have been evaluated based on random clinical trials (RCT). The mRNA vaccines were found to be the most effective, followed by viral vector vaccines and inactivated virus vaccines. Although the current safety of the COVID-19 vaccines is high, long-term monitoring needs to be carried out, especially for people with underlying conditions. However, real-world studies vary significantly from the RCT. Mass vaccination in the real world requires considering several heterogeneous populations, vaccine supply, willingness, medical accessibility, etc. Several studies report the effectiveness of vaccines in the real world but the results remain controversial.

Official Public Health England Data Says COVID Infection Rates Higher In Vaxx'd Than Unvaxx'd

https://summit.news/2021/11/19/official-public-health-england-data-says-covid-infection-rates-higher-in-vaxxed-then-unvaxxed/

19 November 2021

The Spectator has published an article citing official data from Public Health England, which states that for the over 30's, "the rates of Covid infection per 100,000 are now higher among the vaxxed than the unvaxxed."

Well, this is awkward.

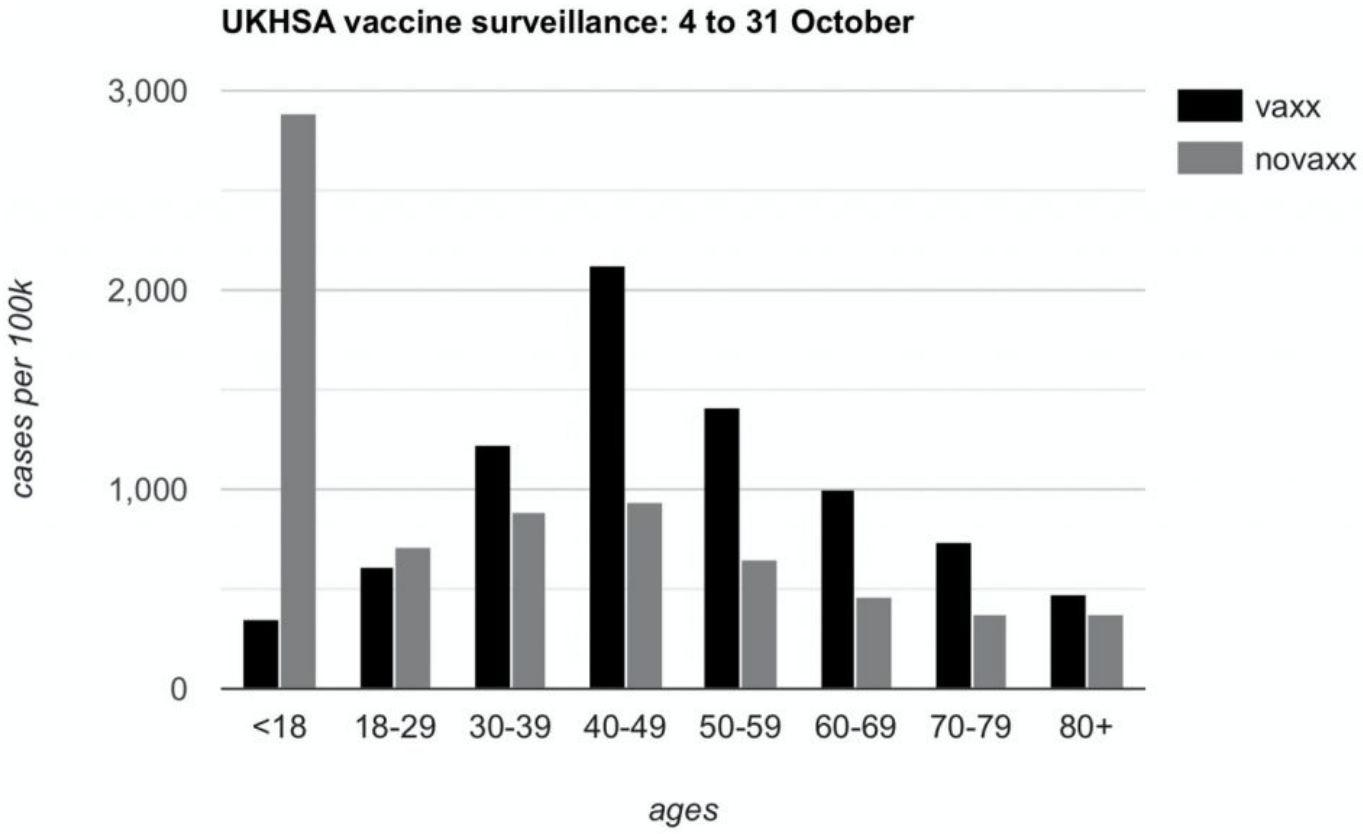
The article, written by Lionel Shriver, is titled 'The absurd theatre of vaccine passports'.

It points out that according to official data, vaccines only offer about 17 per cent protection for the over-fifties.

"As I observed then, this would mean the vaxxed and unvaxxed pose a comparable danger to each other," writes Shriver. **"All Covid apartheid schemes are therefore insensible."**

She then clearly explains how the official data undermines the entire argument behind vaccine passports, which ban the unvaccinated from entering innumerable venues.

"Fresher information has fortified this conclusion of the summer. In every age group over 30 in the UK, the rates of Covid infection per 100,000 are now higher among the vaxxed than the unvaxxed. Indeed, in the cohorts aged between 40 and 79, infection rates among the vaccinated are more than twice as high as among the unvaccinated. PHE's fruitlessly rechristened body, the UK Health Security Agency, frantically clarifies that the data 'should not be used to estimate vaccine effectiveness', a caveat which I



include for the sake of accuracy. But the differences in the infection rates are drastic enough for you to draw your own conclusions."

Shriver then summarises how that data demolishes the reason for implementing vaccine passport schemes.

"Gatekeeping of pleasure palaces promotes the wrong impression — statistically, the lie — that the unvaccinated riff-raff exiled to the pavement pose a far graver threat of communicable disease than the diners in the nearby banquette who, like you, have righteously got the shot. In truth, the double-jabbed airline passenger in 24A can be just as risky a seat-mate as the great unwashed banished from the flight."

Meanwhile, the Times reports the results of another study which "found the double-jabbed are just as likely to pass on Covid-19 as unvaccinated people."

After Public Health England published the data, government bureaucrats begin to panic that people would use it to suggest vaccines were not that effective.

Office for Statistics Regulation director Ed Humpherson called an urgent meeting with U.K. Health Security Agency during which he worried about the data having "the potential to mislead."

"We noted that these data have been used to argue that vaccines are ineffective," Humpherson subsequently wrote.

Isn't it strange how the government and associated regulatory bodies appear to be afraid of raw data?

If the vaccines are as effective as they tell us, why would they be worried?

Being vaccinated against coronavirus Covid-19 does not:

- **Prevent you from contracting the Covid-19 virus.**
- **Prevent you from incubating the Covid-19 virus.**
- **Prevent you from mutating the Covid-19 virus.**
- **Reduce your transmission of the virus to another person.**

The vaccines do mitigate our experience of the virus should it become active within you!

We can have coronavirus Covid-19, incubate it, mutate it, pass it on to others while never having any symptoms of it – this may be the experiences of many children!

https://www.comusav.com/en/
https://www.comusav.com/wp-content/uploads/2021/11/18-NOV-2021_ENGLISH_COVID19_CDS_PROTOCOLS.pdf

MMS-CDS (Miracle Mineral Solution)-(Chlorine Dioxide Solution)

NOTE: Consult your professional health care providers and medical doctors.

UPDATED: 18-NOV-2021

Due to the actual situation in regards Coronavirus and along with medical doctors of COMUSAV (www.comusav.com) we have updated our protocols C, F, N & Y in the treatment with Chlorine Dioxide in its form of CDS at 0.3% = 3000 ppm.

PROTOCOL C — PREVENTION AND FIRST SYMPTOMS

MIX 10 ML OF CDS IN 1L WATER DIVIDED IN 10 DOSES DAILY — C10

Always start with standard Protocol C increasing the dosis based on blood oxygen saturation. CDS IS ALWAYS DILUTED IN WATER.
PROTOCOL C: MIX 10ML OF CDS IN 1 LITER OF WATER DIVIDED INTO 10 DOSES. TAKE 100 ML OF THE MIX EVERY HOUR (1 HOUR APART FROM MEALS).

C15
- **1** LITER OF WATER
- **15** ML OF CDS
- **10** DOSES DAILY (100ml each)

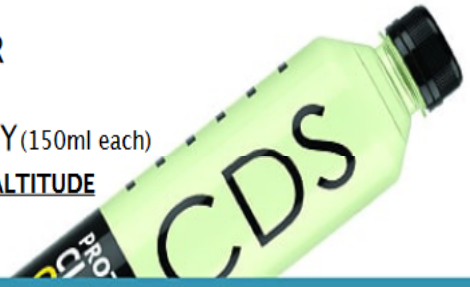
DAILY LIFE IN PUBLIC & FAMILY OF INFECTED PATIENTS

C20
- **1** LITER OF WATER
- **20** ML OF CDS
- **10** DOSES DAILY (100ml each)

1ST RESPONDERS & RESIDENTS AT+ 2,600M ALTITUDE

C30
- **1.5** LITERS OF WATER
- **30** ML OF CDS
- **10** DOSES EVERY DAILY (150ml each)

ICU PATIENTS & RESIDENTS AT OVER 3,600M ALTITUDE



PROTOCOL F — (FREQUENT) ACUTE VIRAL & BACTERIAL INFECTIONS

Protocol **F15** is applied to people **over 60kg and/or who have a fever.**
The F20 protocol is applied to people with a fever and/or an oxygen saturation below 92% or for people who live at an **altitude higher than 2600m.**
The **F30** protocol is applied to people with a **fever** and whose **oxygen saturation has been reduced to below 85%** or for people who live **above an altitude of 3600m.**

F10
- **0.5** LITER OF WATER
- **10** ML OF CDS
- **8** DOSES IN **2** HOURS

(62.5ml of the mix every 15 minutes)

F15
- **0.5** LITER OF WATER
- **15** ML OF CDS
- **8** DOSES IN **2** HOURS

(62.5ml of the mix every 15 minutes)

WEIGHT 60+ KG AND/OR WITH A FEVER

F20
- **0.75** LITER OF WATER
- **20** ML OF CDS
- **8** DOSES IN **2** HOURS

(93.75ml of the mix every 15 minutes)

FEVER AND/OR OXYGEN SATURATION IS ≤ 92% OR WHEN ALTITUDE IS 2,600M+

F30
- **1** LITER OF WATER
- **30** ML OF CDS
- **8** DOSES IN **2** HOURS

(125ml of the mix every 15 minutes)

FEVER AND/OR OXYGEN SATURATION ≤ 85% OR WHEN ALTITUDE IS 3,600M +

UPDATED: 18-NOV-2021

PROTOCOL N — NIÑOS (CHILDREN)

IF CHILD IS TOO SMALL TO EVEN DRINK 100ML OF THE MIX, ADAPT AMOUNT OF WATER ACCORDINGLY.

N2 — PROPHYLACTIC (PREVENTIVE)
100 ML WATER
2 ML CDS PER 12KG WEIGHT
10 ML DOSES EVERY HOUR

N3 — COVID EXPOSURE
100 ML WATER
3 ML CDS PER 12KG WEIGHT
10 ML DOSES EVERY HOUR

N4 — WITH SYMPTOMS
100 ML WATER
4 ML CDS PER EVERY 12KG WEIGHT
10 ML DOSES EVERY HOUR

PROTOCOL E — ENEMA (SLOW ABSORPTION)

It is not an evacuation enema, **but a slow absorption one.** Connect an venoclysis or infusion set with a nasogastric tube to the saline bag with CDS and insert it rectally as deeply as possible until the beginning of the descending colon. **Set to a few drops per minute** based on patient's tolerance.

E10
0.5 L SODIUM CHLORIDE SOLUTION (NaCl 0.9%)
10 ML CDS
DROPS DOSES BASED ON PROGRESS

E20
0.75 L SODIUM CHLORIDE SOLUTION (NaCl 0.9%)
20 ML CDS
DROPS DOSES BASED ON PROGRESS

E30
1 L SODIUM CHLORIDE SOLUTION (NaCl 0.9%)
30 ML CDS
DROPS DOSES BASED ON PROGRESS

PROTOCOL Y — HYPODERMIC OR INTRAVENOUS (CDI)

This is a prolonged **intravenous application** of CDI in **severe COVID19 patients** to avoid or remove intubation. The **Y10 protocol is used at sea level.** The **Y20 protocol is used for oxygen saturation below 85% and/or at an altitude of 2,600m.** The **Y30 protocol is used for saturation below 75% and/or at altitudes above 3,600m.** The **Y50 protocol is only** applied in **critical rescue cases** and in patients with **morbid obesity, using a subclavian central line.** Slow dripping is imperative with a **maximum of 15 drops per minute** to avoid phlebitis. In case of **irritation**, reduce the speed of the drip. For high doses, use an infusion pump whenever possible for better clinical control, also **avoid sunlight and heat.**
PREFERABLY PERFORM THIS PROTOCOL AT NIGHT TO AVOID VIRAL SPIKE.

Based on the solution used, CDS Ph level will drop & we might have to add some 7.5% sodium bicarbonate solution to the IV. Amount to add varies based on Ph & CDS amount used (or protocol). Consult your health professional.

Y10
10 ML CDS (500ML RINGER'S LACTATE-FREE OR SALINE OR HARTMANN SOLUTION)
15 DROPS PER MINUTE
USED AT SEA LEVEL

Y20
20 ML CDS (500ML RINGER'S LACTATE-FREE OR SALINE OR HARTMANN SOLUTION)
15 DROPS PER MINUTE
OXYGEN SATURATION <85% & AT 2,600M ALTITUDE

Y30
30 ML CDS (500ML RINGER'S LACTATE-FREE OR SALINE OR HARTMANN SOLUTION)
15 DROPS PER MINUTE
OXYGEN SATURATION <75% & AT 3,600M+ ALTITUDE

Y50
50 ML CDS (500ML RINGER'S LACTATE-FREE OR SALINE OR HARTMANN SOLUTION)
15 DROPS PER MINUTE
USE SUBCLAVIAN CENTRAL LINE FOR CRITICAL CASES & MORBID OBESITY

UPDATED: 18-NOV-2021

PROTOCOL H — HOME WITH COVID-19 PATIENTS

It is considered a mandatory protocol in all rooms with COVID-19 patients present. **In a small glass, pour approximately 10ml of CDS** for a room of **10 square meters.**
In larger rooms several equidistant glasses are distributed.
Once the yellow color of the CDS is gone, it must be replaced with a new one.

H

10 ML CDS
per every
10 M^2

PROTOCOL DS — DERMATOLOGIC IN SPRAY

Essential for all medical personnel as a first response emergency and to be able to carry it with them constantly.
After each **contact with COVID-19 patients,** mouth, eyes, nose and hands are sprayed for disinfection.
It is **non-irritating,** eyes can be opened. Inhaling through the nose and applying several sprays is safe.

DS

1/3 OF CDS
2/3 SALINE SOLUTION (NaCl 0.9%)
50 ML BOTTLE SIZE

COMUSAV
WORLD HEALTH AND LIFE COALITION

MORE INFORMATION

www.comusav.com
www.andreaskalcker.com

OFFICIAL WEB ACCESS

Chlorine Dioxide in COVID-19:
Hypothesis about the Possible Mechanism of Molecular Action in SARS-CoV-2

https://www.hilarispublisher.com/open-access/chlorine-dioxide-in-covid19-mechanism-of-molecular-action-in-sarscov2.pdf

Eduardo Insignares-Carrione, Blanca Bolano Gómez and Andreas Ludwig Kalcker

Journal of Molecular and Genetic Medicine

MMS-CDS (Miracle Mineral Solution)-(Chlorine Dioxide Solution)

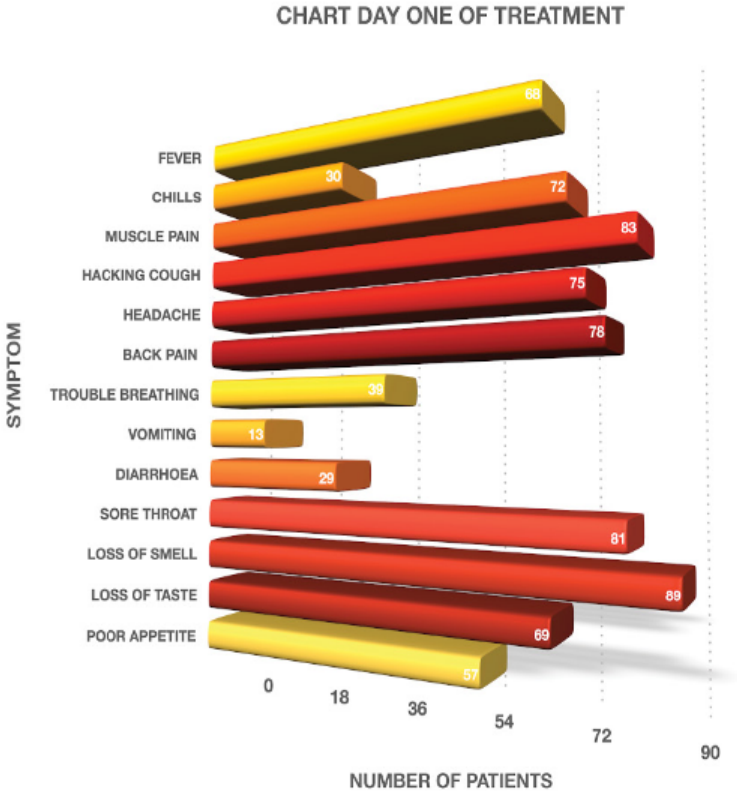


TABLE OF SYMPTOMS DAY ONE OF TREATMENT	
SYMPTOM	NUMBER OF PATIENTS
FEVER	68
CHILLS	30
MUSCLE PAIN	72
HACKING COUGH	83
HEADACHE	75
BACK PAIN	78
TROUBLE BREATHING	39
VOMITING	13
DIARRHOEA	29
SORE THROAT	81
LOSS OF SMELL	89
LOSS OF TASTE	69
POOR APPETITE	57

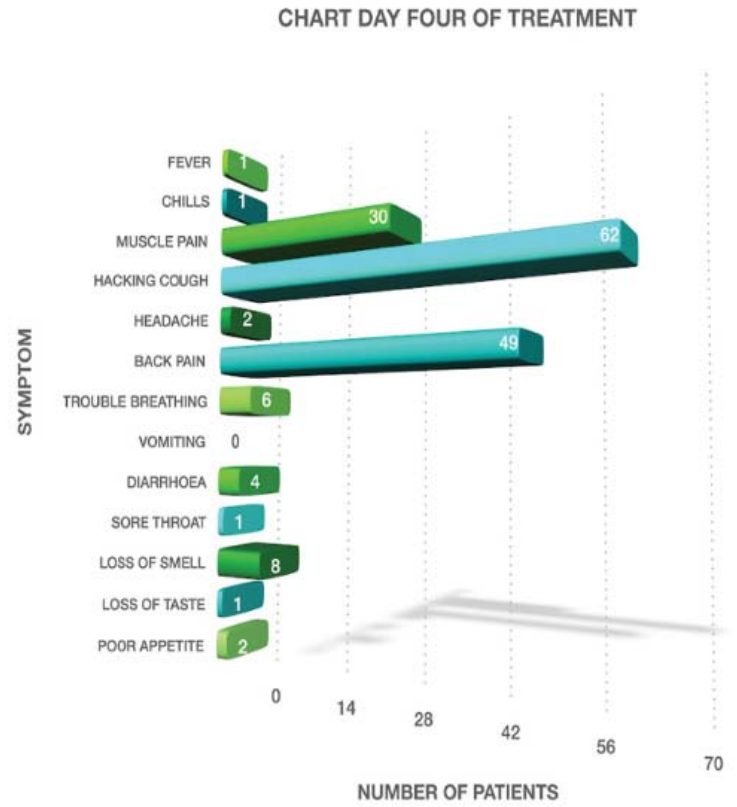


TABLE OF SYMPTOMS DAY FOUR OF TREATMENT	
SYMPTOM	NUMBER OF PATIENTS
FEVER	1
CHILLS	1
MUSCLE PAIN	30
HACKING COUGH	62
HEADACHE	2
BACK PAIN	49
TROUBLE BREATHING	6
VOMITING	0
DIARRHOEA	4
SORE THROAT	1
LOSS OF SMELL	8
LOSS OF TASTE	1
POOR APPETITE	2

How many mechanisms do you need? Ivermectin protects us from Covid in 20 ways

https://joannenova.com.au/2021/11/how-many-mechanisms-do-you-need-ivermectin-protects-us-from-covid-in-20-different-ways/

12 November 2021

Some claim that we don't know how ivermectin works, but oh boy we do

Not only do we know how ivermectin protects us, we know many pathways in detail. Ivermectin is useful at every stage of the disease. In the early stages, it reduces the odds of people getting infected, stops the virus multiplying, which reduces the viral load and the spread of the virus to your friends and strangers on the bus. It helps our cells warn neighbouring cells to get ready for a viral attack. It stops the virus getting through the outside wall of our cells, and also stops parts of the virus getting into the headquarters of our cells, the nucleus, where our DNA is.

Ivermectin is also a zinc ionophone which helps zinc cross into cells so zinc can do the good things zinc does…

As the virus tried to assemble itself inside our cells one of the processing tasks involves chopping long proteins into shorter parts. There are many enzymes involved but ivermectin binds to one key one called a Chymotrypsin-like-protease. Ivermectin also conveniently binds to two of the virus proteins as well (called Mpro and PLpro). Basically, ivermectin is the glue no assembly line wants.

In the late stages, ivermectin is an anti-inflammatory drug that reduces the cytokine storm in something like six different ways.

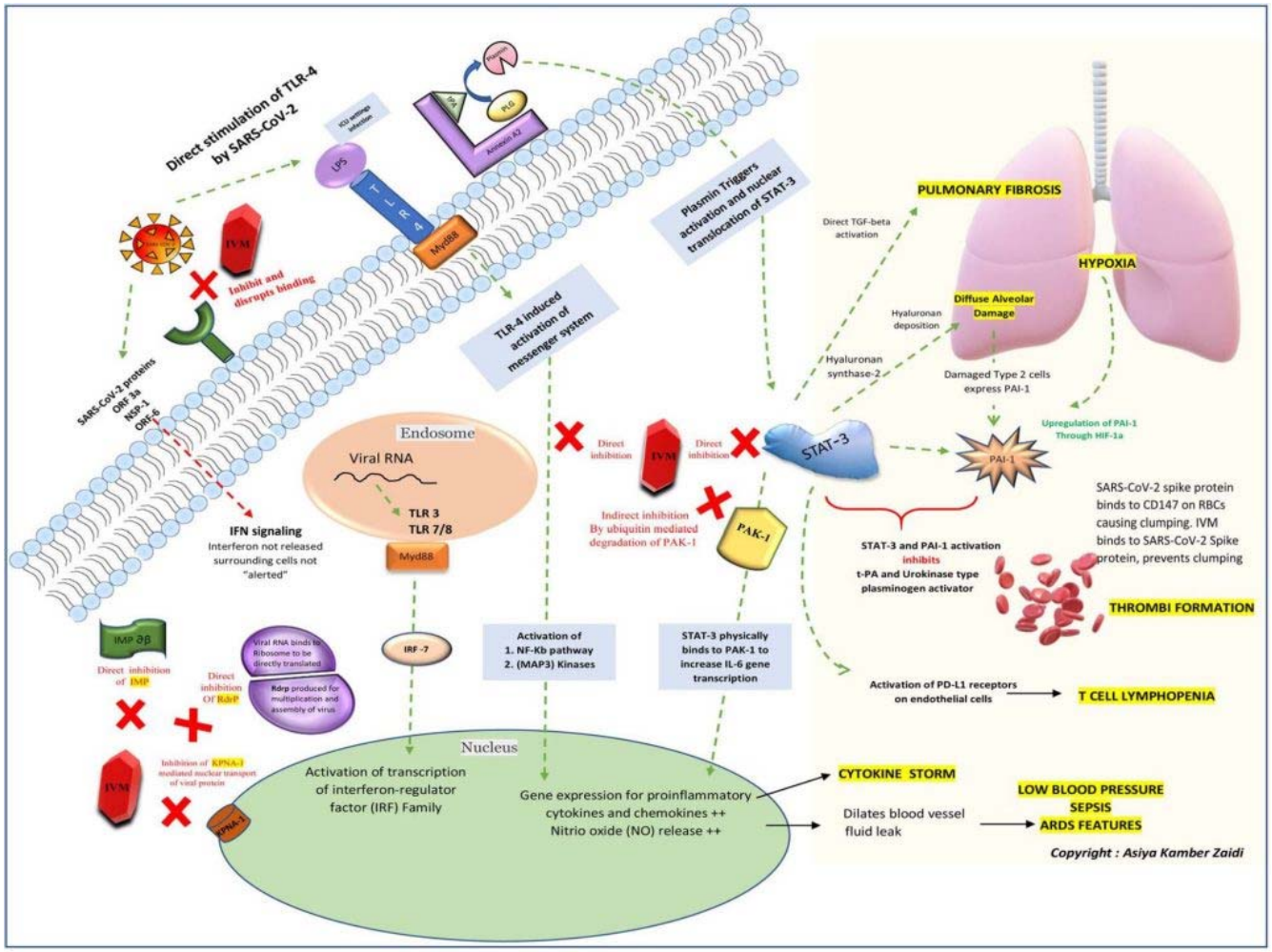
Ivermectin is not just "gum in the works" it's a kind of Swiss-knife-Velcro-tool — the most sticky, most useful, lock-and-key anti-viral.

With so many mechanisms of action, it's difficult for the virus to outsmart ivermectin and mutate around multiple blocks at once. We needed a three-drug-antiviral-cocktail to beat AIDS, but Ivermectin is an anti-viral cocktail all by itself.

Two researchers in Italy, Asiya Kamber Zaidi and Puya Dehgani-Mobaraki, published a paper detailing the 20 different levels of action. It's quite the marvel, a*nd it came out in May 2021.* (Don't our Chief Health Officers read these papers?)

Ivermectin is the new penicillin

Penicillin changed the world. Imagine if they had banned it?



Zaidi, Mechanisms of Action, Ivermectin, SARS-2, Covid-19 (See below for the caption with all the acronyms listed in detail.)

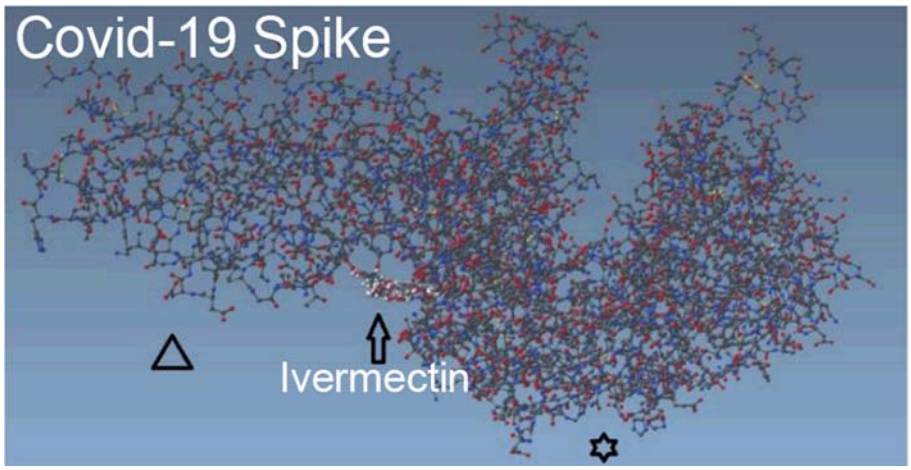
As the researchers say, "*The probability that an ineffective treatment generated results as positive for the 55 studies to date is estimated to be 1 in 23 trillion (p = 0.000000000000043)".*

Three ways to stop that virus getting in:

Ivermectin binds to the spike (at leucine 91), but it also binds to our ACE2 receptors as well (at histidine 378). It clogs up the lock-and-key from both ends, and when compared to Remdesivir and hydroxychloroquine, ivermectin bound more strongly to the spike than any of them.

"The free binding energy of the spike protein (open) was higher in Ivermectin (−398.536 kJ/mol) than remdesivir (−232.973 kJ/mol)." (Ewaes 2021)

In this case "higher" means more negative. The higher it is, the more strongly something binds. Negative binding energies mean that binding is spontaneous, and doesn't need an external energy source.



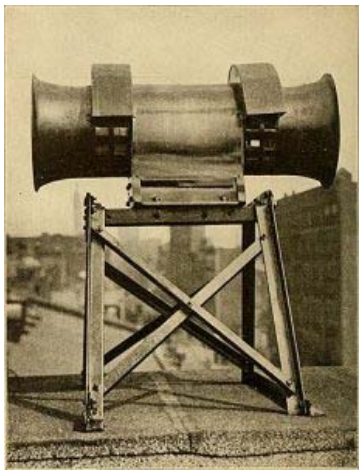
From Lehrer et al

Ivermectin also binds to TMPRSS2 — it's not a celebrity molecule like ACE2 — perhaps because someone didn't think through the PR campaign and call it "Empress2" or something pronounceable — but it is just as important apparently as ACE2. It seems SARS-2 can't get into cells which have ACE2 on the surface but *don't also have the TMPRSS2 enzym*e there as well (Parmar 2021). Think of TMPRSS2 as a pair of secateurs wandering around the cell surface that need to prune the Covid spike before it can use ACE2 to get into a cell. TMPRSS2 is the not so catchy name for *Transmembrane serine protease 2*.

Ivermectin also had the highest binding affinity for TMPRSS2. By binding so well to all three — the spike, the ACE2 receptor and the TMPRSS2 secateurs that prune or prime the spike, ivermectin makes it much harder for the virus to get inside a cell.

Protecting the cell nucleus

Once inside a cell, the virus gains access to most resources and tools it needs to produce "baby viruses", but there's much more strategy to this war than just a hijacking. Some viral proteins will be sent like trojan gifts to get inside the cell nucleus — which is effectively the command centre. To get through the locked "gates" into the nucleus, these proteins must get tagged by two labels called importin-α and importin-β — they mark "the cargo" as something headed for the nucleus. But ivermectin also binds to importin-α, competing with it for spots, and again foiling the virus, clogging up the system and making it hard for SARS2 to send these proteins through the gates.



This is especially important because the nucleus will send out warning signals to other cells — and the viral proteins aim to stop that alarm system being triggered.

Ivermectin helps cells sound the alarm

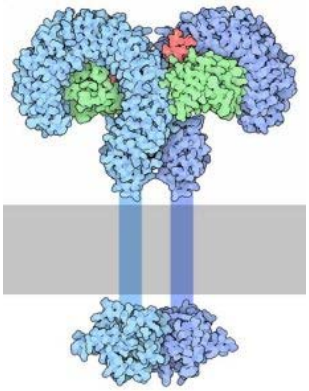
1919

One of the first cytokines or messengers that a cell-under-siege sends out is called *interferon* (these names have a kind of Star Trek feeling, don't they?). Interferon works like an air raid siren. When it reaches other cells, it triggers an array of downstream effects. Cells ramp up their wartime defences, like for example, making particular enzymes and immune markers they'll need. But they also slow down the factories and machinery within them that make proteins. These are the same factories the virus wants to hijack and run at high speed to produce its own weapons and baby viruses. In effect, cells are sabotaging their own infrastructure temporarily, to buy time. Some white blood cells called natural killer cells, also respond to interferon. It's a big deal.

This is such an important advantage for the virus there are at least three SARS proteins that antagonise or work against the interferon signalling system. If the virus can keep infected cells from releasing interferon, it can multiply unhindered for longer. This is all occurring during the early asymptomatic phase. Indeed, the interferon cascade will cause many of the symptoms that tell us we're coming down with something — like the fever, the aches, and the "flu-like malaise". Viruses that can slow this process can stop us feeling sick and keep us on our feet — unwittingly shedding baby viruses to infect the guys in the office or the kids at school.

The delay in interferon production not only helps the virus multiply and spread, but also increases the proinflammatory cytokines that cause so much trouble later.

Ivermectin is a multipronged anti-inflammatory

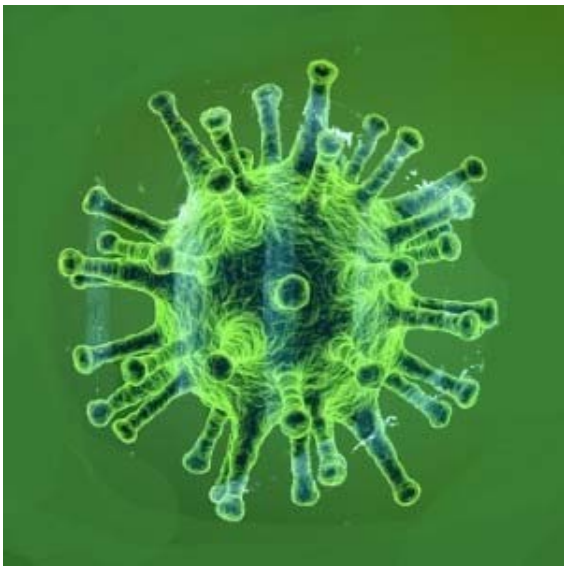


TLR4, Toll like receptor 4, by David Goodsell

The Covid virus isn't the only virus that attacks our interferon signally system, though it is a real hallmark of SARS-2, and ultimately the virus wreaks havoc with cytokines on many levels. Luckily ivermectin also works on several parts of the immune network and mostly the effect appears to be to slow down the key amplifiers that tend to run off the rails in bad Covid infection. Sorry, immunology is acroynm-hell, so bear with me, you'll get some idea of just how many pathways are affected. For starters, ivermectin slows down the Toll- like-Receptor-4 (TLR4) – these are ancient guards that have been around for a long time. They watch out for signs of spare parts of both bacteria and viruses and even just chemicals that are bad, and have a "pivotal role as an amplifier". We need our TLR4, we just don't want it to get "stuck on".

Strap yourself in, there is so much more. Ivermectin also blocks the NF-κB pathway (*Nuclear Factor-κB*). It suppresses the Akt/mTOR signalling, which inhibits PAK1 which reduces STAT3 and IL-6. STAT3 induces C-reactive protein (or CRP), so less STAT3 means less CRP. These are big names in the world of immunology. Your doctor measures your CRP as a sign of inflammation. People interested in living longer talk about the mTOR system — it's a is a kind of master controller for the whole cell cycle. Meanwhile IL-6, or interleukin 6 is another messenger that goes "inflammatory" in diseases like diabetes, depression, Alzheimers, and atherosclerosis. Obviously, it's better to face Covid without having "raised inflammatory markers" at the start.

Stopping at least one kind of coagulation



Because ivermectin binds to the virus spike at the right point it stops the virus sticking to the CD147 receptors of red blood cells. Each virus has about 100 spikes, so we can imagine how a swarm of viruses would work like a kind of malevolent velcro to agglomerate red blood cells into blobs that can't pass through blood vessels. There are lot of other ways blood can clot, but ivermectin smooths this form.

The safety tests have already been done

If ivermectin was a new drug discovery, and we read this paper, we might be spooked that ivermectin is so intimately and intricately involved with our core biochemistry. Wise researchers might warn that it may have significant unpredictable side effects and we should research it carefully — but most of those tests have already been done. Thanks to 30 years of mass human use with 3.8 billion doses we are aware there are only a few situations where ivermectin is dangerous, and doctors know all about that. People can still do damage through overdosing. Doses always matter. Ivermectin can bind to our GABA receptors if it can get across the blood brain barrier. In normal healthy people the blood-brain-barrier is intact and the drug is actively excluded. Doctors should be free to prescribe this "off label".

No leaky vaccine should be used without an antiviral back up.

Currently, infected people are generating nastier variants because the vaccines are leaky — vaccines reduce the severity (at least for some months) but they don't stop people shedding and transmitting the virus. We risk generating more deadly forms of Covid — just as we have unwittingly generated more deadly forms of Marek's disease in domestic chickens by giving them leaky vaccines for the last 50 years.

All of this could stop, and *all of this was known months ago.*

*Immunology is alphabet soup. If I have vastly oversimplified, I trust commenters will correct me.

The editors objections:

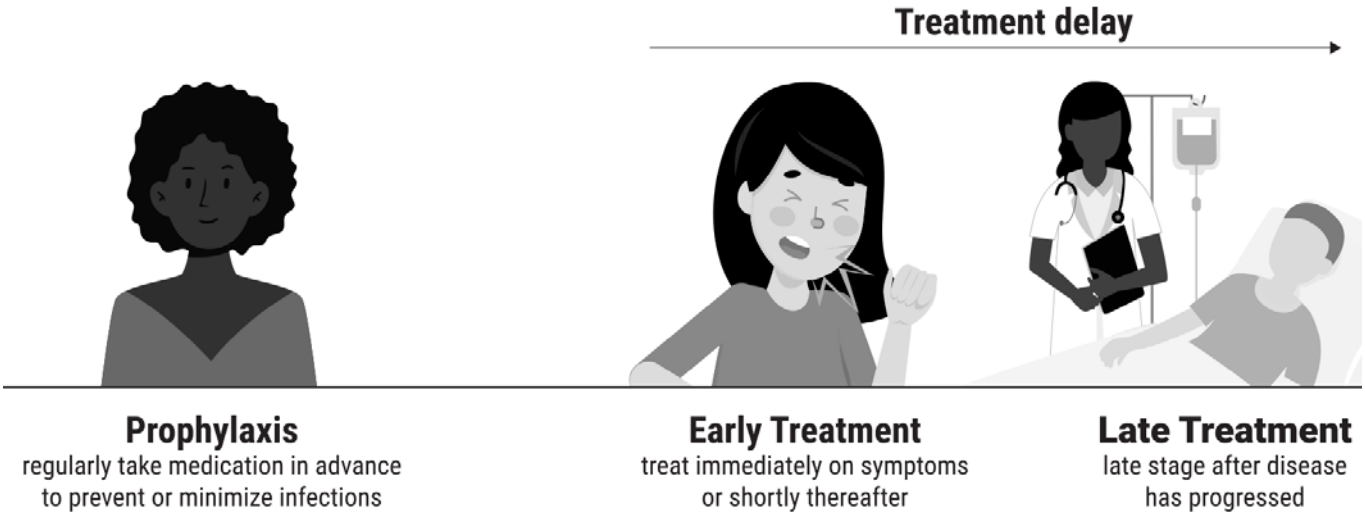
The Editor-in-Chief has retracted this article. Following publication, concerns were raised regarding the methodology and the conclusions of this review article. Postpublication review confirmed that ***while the review article appropriately describes the mechanism of action of ivermectin, the cited sources do not appear to show that there is clear clinical evidence of the effect of ivermectin for the treatment of SARS-CoV-2.*** *The Editor-in-Chief therefore no longer has confidence in the reliability of this review article. None of the authors agree to this retraction. The online version of this article contains the full text of the retracted article as Supplementary Information.*

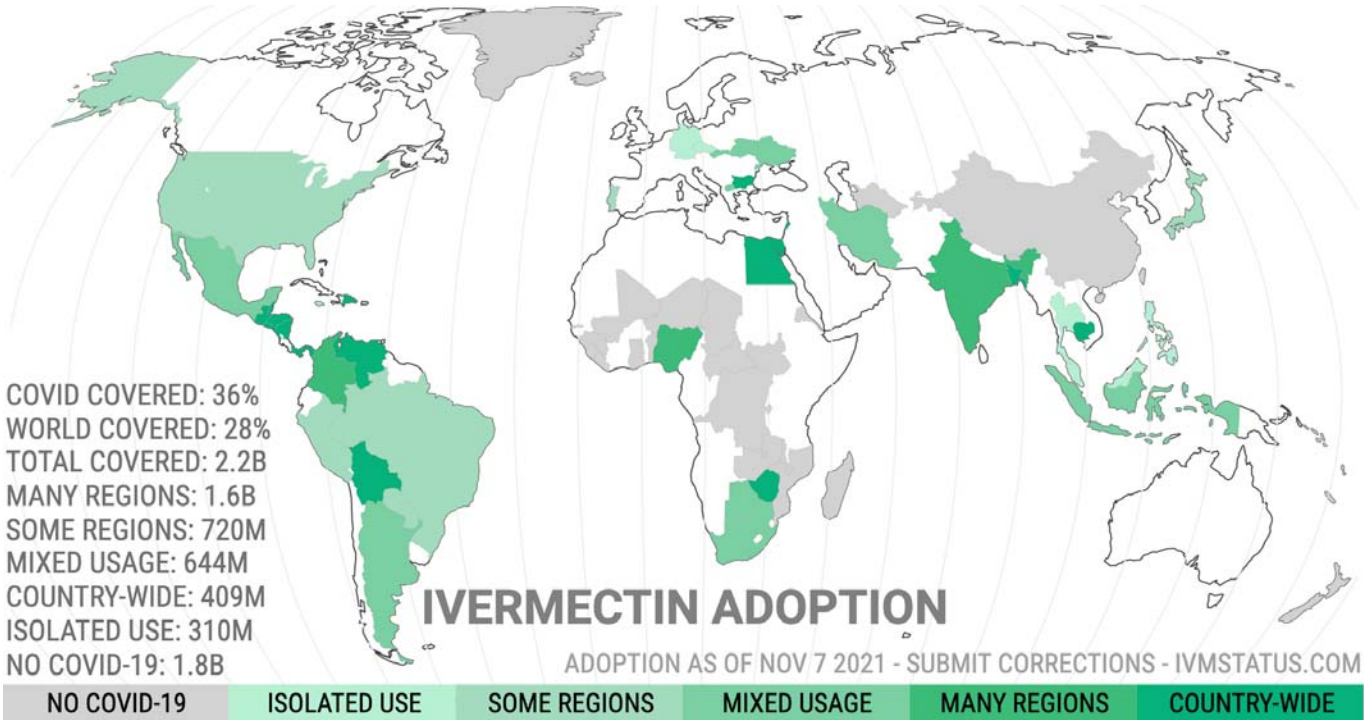
50 Studies are never enough. The article cites: real-time meta analysis of 52 studies listed at Ivmmeta.com. 2021 [on 2 May 2021]. Available from: https://ivmmeta.com/.

There are 65 studies there now.

Ivermectin for COVID-19: real-time meta-analysis of 65 studies

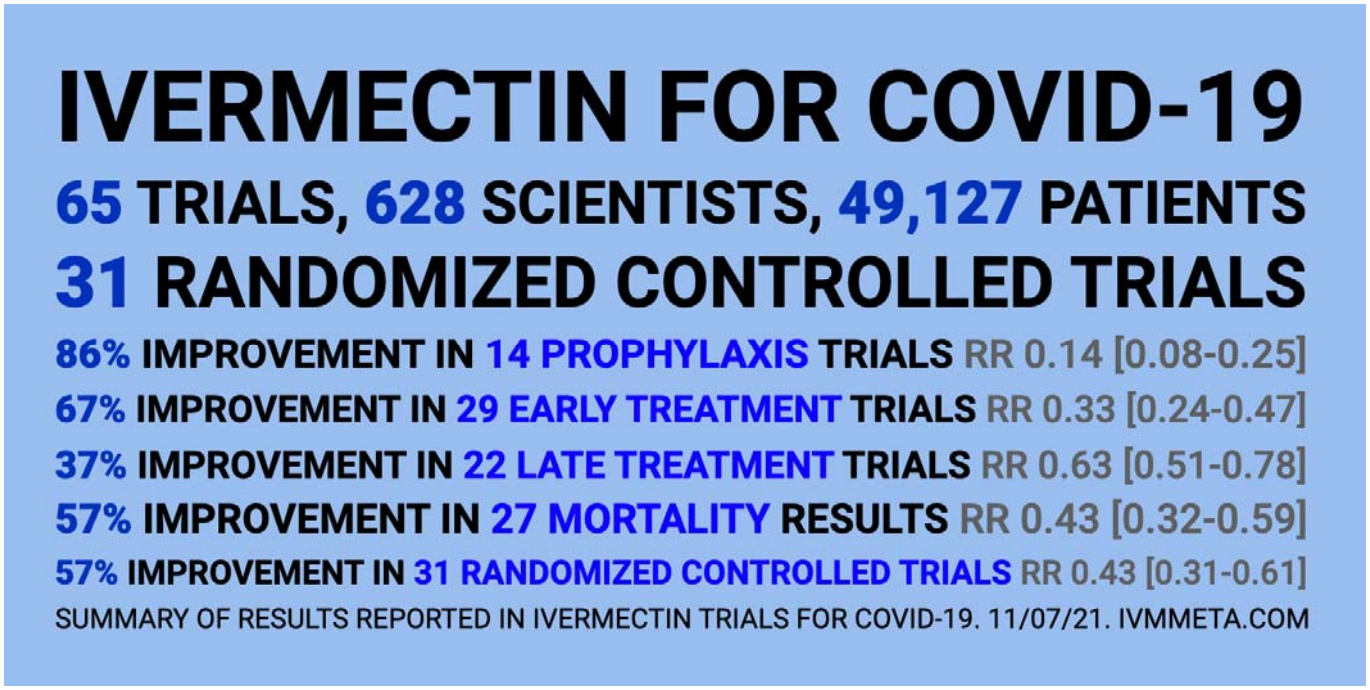
https://ivmmeta.com/





NOTE: Consult your professional health care providers and medical doctors.

https://covid19criticalcare.com/ https://ivmmeta.com/



NOTE: Consult your professional health care providers and medical doctors.

I-MASK+

PREVENTION & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

PREVENTION PROTOCOL

Ivermectin[1]	**Chronic Prevention** 0.2 mg/kg per dose (take with or after a meal) — twice a week for as long as disease risk is elevated in your community **Post COVID-19 Exposure Prevention**[2] 0.4 mg/kg per dose (take with or after a meal) — one dose today, repeat after 48 hours
Vitamin D3	1,000–3,000 IU/day
Vitamin C	500–1,000 mg twice a day
Quercetin	250 mg/day
Zinc	30–40 mg/day (elemental zinc)
Melatonin	6 mg before bedtime (causes drowsiness)
Gargle mouthwash	2 x daily – gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™), Listerine™ with essential oils, or povidone/iodine 1% solution as alternative.

EARLY OUTPATIENT PROTOCOL[3]

Ivermectin[1]	0.4–0.6 mg/kg per dose (take with or after a meal) — one dose daily, take for 5 days or until recovered Use upper dose range if: 1) in regions with aggressive variants (e.g. "Delta" variant); 2) treatment started on or after day 5 of symptoms or in pulmonary phase; or 3) multiple comorbidities/risk factors.
Fluvoxamine[4]	50 mg twice daily for 10–14 days Add to ivermectin if: 1) minimal response after 2 days of ivermectin; 2) in regions with more aggressive variants; 3) treatment started on or after day 5 of symptoms or in pulmonary phase; or 4) numerous comorbidities/risk factors. Avoid if patient is already on an SSRI.
Nasal/oral rinse	3 x daily – gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™), Listerine™ with essential oils, or povidone/iodine 1% solution as alternative. Nasal rinse instructions below.[5]
Vitamin D3	4,000 IU/day
Vitamin C	500–1,000 mg twice a day
Quercetin	250 mg twice a day
Zinc	100 mg/day (elemental zinc)
Melatonin	10 mg before bedtime (causes drowsiness)
Aspirin	325 mg/day (unless contraindicated)
Pulse Oximeter	Monitoring of oxygen saturation is recommended (for instructions see page 2)

[1] The dosing may be updated as further scientific studies emerge. The safety of ivermectin in pregnancy has not been definitively established. Use in the 1st trimester should be discussed with your doctor.

[2] To use if a household member is COVID-19 positive, or you have prolonged exposure to a COVID-19 positive patient without wearing a mask

[3] For late phase — hospitalized patients — see the FLCCC's MATH+ Hospital Treatment Protocol for COVID-19 on www.flccc.net

[4] Some individuals who are prescribed fluvoxamine experience acute anxiety which needs to be carefully monitored for and treated by the prescribing clinician to prevent rare escalation to suicidal or violent behavior.

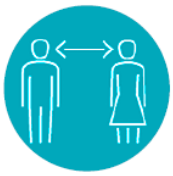
[5] Nasal rinse – 3 x daily. Use 10% povidone/iodine wound wash. Take 1 ml (1/4 tsp) mix with 9 ml saline solution (2 tsp). Use nasal irrigation bottle or syringe.

Please regard our **disclaimer** and further information on page 2 of this document.

Behavioral Prevention

WEAR MASKS

Wear a cloth, surgical, or N95 mask when in confined, poorly ventilated, crowded indoor spaces with non-household members.



KEEP DISTANCE

Until the end of the COVID-19 crisis, we recommend keeping a minimum distance of approx. 2 m / 6 feet in public from people who are not from your own household.

WASH HANDS

We recommend, after a stay during and after outings from home (shopping, subway etc.), a thorough hand cleaning (20–30 sec. with soap), or also to use a hand disinfectant in between.

I-MASK+
PREVENTION & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

IVERMECTIN

Summary of the Clinical Trials Evidence for Ivermectin in COVID-19

Ivermectin, an anti-parasitic medicine whose discovery won the Nobel Prize in 2015, has proven, highly potent, anti-viral and anti-inflammatory properties in laboratory studies. In the past 4 months, numerous, controlled clinical trials from multiple centers and countries worldwide are reporting consistent, large improvements in COVID-19 patient outcomes when treated with ivermectin.

Our comprehensive scientific review of these referenced trials on ivermectin can be found on www.flccc.net/flccc-ivermectin-in-the-prophylaxis-and-treatment-of-covid-19/

For a quick overview, a One-page Summary of our review on ivermectin can be found on www.flccc.net/flccc-ivermectin-summary

Body weight conversion (kg/lb) for ivermectin dose in prevention and treatment of COVID-19

Body weight Conversion (1 kg ≈ 2.2 lbs) (doses calculated per upper end of weight range)		**Dose** 0.2 mg/kg ≈ 0.09 mg/lb (Each tablet = 3 mg; doses rounded to nearest half tablet above)	
70–90 lb	32–40 kg	8 mg	(3 tablets = 9 mg)
91–110 lb	41–50 kg	10 mg	(3.5 tablets)
111–130 lb	51–59 kg	12 mg	(4 tablets)
131–150 lb	60–68 kg	13.5 mg	(4.5 tablets)
151–170 lb	69–77 kg	15 mg	(5 tablets)
171–190 lb	78–86 kg	16 mg	(5.5 tablets)
191–210 lb	87–95 kg	18 mg	(6 tablets)
211–230 lb	96–104 kg	20 mg	(7 tablets = 21 mg)
231–250 lb	105–113 kg	22 mg	(7.5 tablets=22.5 mg)
251–270 lb	114–122 kg	24 mg	(8 tablets)
271–290 lb	123–131 kg	26 mg	(9 tablets = 27 mg)
291–310 lb	132–140 kg	28 mg	(9.5 tablets=28.5 mg)

Pulse Oximeter (usage instructions)

In symptomatic patients, monitoring with home pulse oximetry is recommended (due to asymptomatic hypoxia). The limitations of home pulse oximeters should be recognized, and validated devices are preferred. Multiple readings should be taken over the course of the day, and a downward trend should be regarded as ominous. Baseline or ambulatory desaturation < 94% should prompt hospital admission. The following guidance is suggested:

- Use the index or middle finger; avoid the toes or ear lobe.
- Only accept values associated with a strong pulse signal.
- Observe readings for 30–60 seconds to identify the most common value.
- Remove nail polish from the finger on which measurements are made.
- Warm cold extremities prior to measurement.

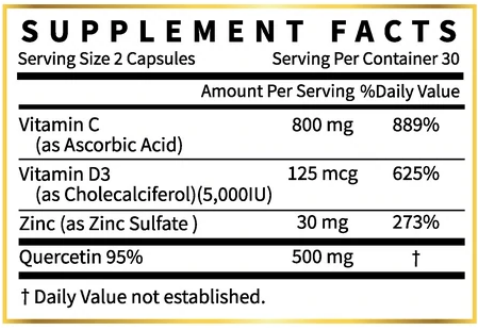
For an overview of the developments in prevention and treatment of COVID-19, please visit flccc.net/covid-19-protocols

Please check our homepage regularly for updates of our COVID-19 Protocols. New medications may be added and/or dose changes to existing medications may be made as further scientific studies emerge!

Dr. Zelenko: "Zinc is the Bullet — It Kills the Virus. The Only Problem is the Bullet doesn't get to the Place where it needs to Be"

https://www.thegatewaypundit.com/2022/01/dr-zelenko-zinc-bullet-kills-virus-problem-bullet-doesnt-get-place-needs/

Published January 6, 2022



SUPPLEMENT FACTS

Serving Size 2 Capsules — Serving Per Container 30

	Amount Per Serving	%Daily Value
Vitamin C (as Ascorbic Acid)	800 mg	889%
Vitamin D3 (as Cholecalciferol)(5,000IU)	125 mcg	625%
Zinc (as Zinc Sulfate)	30 mg	273%
Quercetin 95%	500 mg	†

† Daily Value not established.

Other Ingredients: Hypromellose Capsule (Vegetable Capsule).

Dr. Vladimir Zelenko became a hero for his early use of hydroxychloroquine to fight COVID.

Sadly, his efforts were halted by a Democrat governor.

But Dr. Zelenko didn't stop.

He kept working — and found an over-the-counter way to help people.

Watch: Here is Dr. Zelenko talk about "the bullet and gun" approach for understanding zinc ionophores (transcript of highlights is below):

Here is a transcript of highlights from the video:

Dr. Zelenko:

"Zinc is the bullet – it kills the virus. The only problem is the bullet doesn't get to the place where it needs to be.

The virus is inside the cell. The enzyme is inside the cell. ***And the zinc on its own cannot get into the cell.*** *You have a bullet without a gun – useless.*

Now, it turns out there's a class of medications called 'zinc ionophores' or a class of substances called 'zinc ionophores' — what they do — is they open up a channel, a door, which allows zinc to go from outside the cell to inside the cell.

There are four of them that are readily available – two of them are prescription and two of them are over-the-counter.

The two prescription ones everyone has heard of: Hydroxycholorquine and Ivermection.

They're the guns that shoot the bullet. The bullet then gets into the cell and stops the virus enzyme from helping the virus replicate.

So you have a gun and bullet. Only the synergy of the two creates a functioning unit.

So in April of last year, Cuomo (New York governor) issued an executive order that was directly targeting me and my patients – because I was the only one in the state doing it. Where pharmacies would not dispense hydroxychloroquine to patients. So all of a sudden, I had a gun and a bullet approach, but…he took away the zinc delivery system — at least he took away access to my patients.

So I was forced by necessity to innovate. I did more research, and on the NIH servers of all places, I found papers saying a substance called quercetin is a zinc delivery system, as well. It's a zinc ionophore.

To be honest, I'd never heard of quercetin. So I googled it and I see it's over-the-counter.

That was one of the most significant realizations in my life and probably in humanity.

Why do I say that? Because now there was a cure for tyranny.

There are two risk factors for dying from COVID: It's the doctor you choose and the government you live under. Besides that, there's no reason a person should die from COVID.

Now, you don't need a doctor and now you don't need permission from the government. You can go to a pharmacy or go to a supermarket and buy an over-the-counter option of quercetin together with Zinc and Vitamin C and Vitamin D.

Together it creates a very powerful immune-boosting nutritional supplement. According to the FDA, I'm not allowed to make any claims except that it's an immune booster and nutritional supplement. So what I'm going to say is the following: Quercetin and Vitamin C together form a functioning zinc ionophore — a zinc delivery system. Zinc is what it delivers, so you actually need zinc as well. You need the gun and the bullet.

And Vitamin D – the studies all show – Vitamin D3 levels between 50 and 70 virtually eliminate hospitalizations or admissions in the intensive care unit. It optimizes their immune system ... so you need Vitamin D, then you need Zinc, which is the bullet. And then to form a functioning gun, you need Vitamin C and quercetin…

Patients were having trouble sourcing it, because it was four different ingredients that weren't always available in the same place. They had trouble finding the right doses.

It was a puzzle that was a little too complex for people to put together.

So I was asked as a necessity — as a favor to people — to produce something that has everything in one package.

It made sense to me, so with the help of my colleagues, we were able to produce a substance — a compound called Z-Stack — that has Vitamin C, Vitamin D, and most importantly has quercetin and zinc."

Now, Dr. Zelenko is now making Z-Stack available to everyone.

For Gateway Pundit readers, Dr. Zelenko created a special page:
https://zstacklife.com/gateway (by ordering through this link, you'll be supporting and benefiting Gateway Pundit)

Z-Stack is:

— Kosher-certified

— GMP-certified

— Proudly made in the USA.

To order Z-Stack directly from Dr. Zelenko's store, click here

Delhi-based institute claims to 'cure' COVID-19 through cosmic sound therapy

https://www.newindianexpress.com/nation/2020/jul/04/delhi-based-institute-claims-to-cure-covid-19-through-cosmic-sound-therapy-2165206.html
4 July 2020

Vibrational frequencies of coronavirus and two enzymes were decoded, and since each of them have different frequencies, the three sound waves have been designed to deal with each of them.

NEW DELHI: The Human Energy Research Centre — an organisation based on Public-Private Engagement model — in the national capital has claimed to have found a way to cure the COVID-19 by using an extraordinary sound therapy, electro-frequency vibration.

The therapy, developed by Dr Ramesh Vaish, Ikwan Onwuka and Dr Harsh Rastogi, is claimed to be based on the principle derived from the ancient Vedic philosophy that the entire universe is eternally in a state of subtle vibrations called cosmic sound. Combining this knowledge with the principles of quantum theory applicable to a wave, the experts developed three sound waves.

Vibrational frequencies of coronavirus and two enzymes were decoded, and since each of them have different frequencies, the three sound waves have been designed to deal with each of them.

“This sound therapy is completely harmless, drug-free and does not have any side-effects. There is a lot of physics involved in this technique; it is not a medical process. The sound waves will attack the virus and create resonance. The virus, which has a protein cell layer, starts vibrating and therefore the chemical bond breaks down. The virus cannot sustain beyond a certain energy level,” said Dr Vaish.

A trial was conducted in May on some symptomatic patients in home isolation, who volunteered for it. Along with the therapy, the patients continued their medicinal routine. According to Dr Vaish, the patients showed improvement within days.

“After promising results, we pitched the idea to some hospitals to implement it on interested patients. Some private hospitals have agreed and one is likely to start it in two days,” he said.

The researchers claimed that since this therapy doesn’t involve any medical treatment and was to be provided to patients on voluntary basis, any approval from a regulatory authority wasn’t required. However, they claimed to have informed the Delhi government and received a go-ahead from health minister Satyendar Jain.

During the hour-long therapy, the patients are made to listen three different sounds — including Gayatri Mantra and Maha Mrityunjay Mantra — stage-wise. Each stage has a duration of seven minutes and there’s a gap of five minutes between each stage. Four to six sessions in a span of two-three days are required to complete the course.

They have approached the Health and AYUSH Ministries to implement the therapy on a regular basis and larger scale.

“If approved, it will be the first of its kind in the world. We’ve come to know that a US institute is working on the same concept,” he said.

Rife frequencies for COVID-19 & Coronavirus!

Royal Raymond Rife and his engineer John Crane developed a new type of frequency therapy device, in the 50s, using electrodes placed on the body to administer the resonance waves. Just 10 years later, the AMA again struck to silence this form of therapy.

Rife/Crane/Hoyland Mark 9 Rife Machine

RIFE WAVEFORM FREQUENCY RESONATOR

https://altered-states.net/barry/rife/rifepro/software/

"Well I have lived my life for the benefit of humanity, and it is the end result of that accomplishment."
RR

Ultimate Rife Machine

Resonant light technology is highly likely to be the pathway towards addressing health issues in conjunction with Feeling Healing.

Coronavirus Covid-19 TREATMENT PROTOCOL: DR SHANKARA CHETTY

https://www.youtube.com/watch?v=yAvpxgCnDx0

Dr. Shankara Chetty is a Medical doctor with a natural science background in genetics, advanced biology, microbiology and biochemistry. He lives and works in South Africa, where he also treated over 8,000 patients from Covid-19 without the need of hospitalisation or death for the patients.

DR CHETTY'S 8TH DAY THERAPY FOR COVID-19:

This one-pager summarizes the therapy adopted by Dr Shankara Chetty, from South Africa, to help prevent COVID-19 from progressing towards severe disease. The document focuses on the 8th day onwards of COVID-19, i.e. the inflammatory phase. It does not cover the initial viral phase, for which early treatment protocols already exist and can be prescribed before. The document is for information only, not for therapeutic advice. If you catch COVID-19, please seek immediate medical help.

The 8th Day Therapy aims at mitigating a possible hypersensitivity reaction, that can trigger an inappropriate immune response, including a possible subsequent cytokine storm. This transition from the initial viral phase typically occurs on Day 8 after the first symptoms. It's essential for the treating physician to establish as precisely as possible the first day of symptoms, to alert the patient of the date when a possible sudden aggravation of symptoms may occur. Shortness of breath is typically associated with this aggravation.

The 8th Day Therapy encompasses 4 distinct interventions. They sometimes follow a previously prescribed early treatment protocol. Possible drug interactions need to be carefully assessed.

Intervention #1: Corticosteroids

Goal: To stop the hypersensitivity reaction, to stop the release of mediators and to prevent an inappropriate immune response, including a possible subsequent cytokine storm.
Medication: Prednisone 80mg dly x 1 week.

Note: Increase dose rapidly to get symptomatic relief quickly. CRP and IL6 values must show quick decline. Dose will vary according to variants and severity of reaction. Can go as high as 100mg tds for first few days. Wean off cautiously when CRP and IL6 are normal or patient is well for a few days. Those with prolonged reactions are difficult to wean, so consider adding Azathioprine 50mg dly to decrease steroid requirements.

Intervention #2: Anti-histamines

Goal: To clear the histamines that have been released.
Medications:
H1: Promethazine 25mg tds x 5 days or Levocetirizine 5mg bd x 1 month to follow Promethazine
H2: Cimetidine 400mg x 1 month or another H2 blocker
Other anti-histamine drugs can be suitable

Intervention #3: Anti-leukotrienes

Goal: To clear the leukotrienes that have been released.
Medication: Montelukast 10mg bd x 5 days then dly x 1 month

Intervention #4: Blood Thinners

Goal: to clear platelet activating factors
Medications:
Aspirin 325 mg dly x 1 month.
Add Xarelto 15 mg bd if D.Dimer is raised; decrease to 15 mg dly x 1 month once D.Dimer is normal
Optional Interventions

- Add appropriate antibiotics for those with fever, bacterial co-infection or raised Procalcitonin levels
- Add Venteze syrup PRN for those suffering from asthma
- Add Ivermectin 12 mg dly x 5 days in those with cough, dyspnea or decreased oxygen saturation
- Fluvoxamine may be a suitable drug, yet Dr Chetty has so far no experience with it.

By Dr Shankara Chetty, MD, with the editorial assistance of JP Kiekens / covexit.com
Strictly for Information Only, Not for Medical advice. Version of May 12 2021.

https://covexit.com/dr-shankara-chetty-interview-all-you-need-to-know-about-the-omicron/

https://covexit.com/the-8th-day-therapy-for-covid-19/

The 8th Day Therapy for COVID-19

https://covexit.com/the-8th-day-therapy-for-covid-19/
Posted on 4 May 2021

This article is about the "8th Day Therapy" concept developed by Dr Shankara Chetty from South Africa, who has treated some 4,000 COVID-19 patients and has studied at the same time the pathogenesis of the disease and fine-tuned his treatments.

The present article starts with an introduction, to put into context the importance of Dr Chetty's findings. It then presents transcripts from parts of the webinar we had on April 30 with him, Dr Ira Bernstein and Dr Peter McCullough. The quoted material is about a) how to treat the disease; b) how to risk stratify; c) how this approach could help India; d) how to avoid Long COVID. You are of course invited to watch the full webinar, which can be found at the link at the bottom of the article.

Dr Shankara Chetty is a Family General Medical Practitioner in South-Africa. He has a considerable experience with the outpatient treatment of COVID-19. He holds a degree in medicine and surgery and also has advanced education in genetics, advanced biology, biochemistry and microbiology.

Introduction

When it comes to outpatient treatment for COVID-19, the bulk of the attention has been given to date to the viral phase of the disease, and to treatment within say 3 days of the first symptoms. Many of the best known early treatment protocols combine drugs and supplements with the goal of reducing viral replication and curbing the progression of the disease.

On the other hand, much less attention has been given to how to best treat the inflammatory phase of the disease. For sure, we have heard about corticosteroids, such as dexamethasone, found effective in the RECOVERY clinical trial. We also heard about anticoagulants, to prevent thrombosis. Yet much less common is the consideration of this phase as a type of hyper-sensitivity reaction, calling for the use of antihistamine drugs such as promethazine.

In addition, the importance of the timely and "aggressive" treatment of the second phase of the disease, with the appropriate drug regimen, has not been emphasized so far. This is something that Dr Chetty has uncovered for several months now. He stresses the need to aggressively treat on the eighth day after the first symptoms, if there are symptoms, even mild, on that eighth day. In other words, he urges to treat the second phase of the disease early and aggressively, with the appropriate regimen of drugs. This approach applies to all the variants, including the "double mutant" now spreading like wildfire in India.

A conventional approach to early treatment is to suggest that intervention in the first 3 to 5 days is key to curbing the progression of the disease. Here, what Dr Chetty indicates is that there is a second and maybe even more important window for implementing early treatment, which is not mutually exclusive from the first window. It's to aggressively begin treatment on the eighth day of the disease, with corticosteroids and anti-histamines, if the patient has not fully recovered yet from the disease.

This symptoms oriented approach to treating COVID-19 helps to address the complex issue of risk stratification, and to answer the question of who to treat and who not to treat. For Dr Chetty, the severity of COVID-19 is likely related to a hypersensitivity reaction to a previous exposure to SARS-CoV-2 or a similar virus, rather than just age or presence of comorbidities.

According to Dr Chetty, this explains why there are younger people suffering from severe forms of the disease in the second wave of the pandemic. But this also provides for a therapeutic solution: even if no early antiviral treatment was given at first symptoms, or such anti-viral treatment did not prove effective, it's still possible to treat aggressively the disease, on the eighth day, at the very beginning of the inflammatory phase, with a cocktail of corticosteroids and antihistamines. In most instances, this 8th day treatment can still be done on an outpatient basis.

This understanding of the pathophysiology of COVID-19 has important therapeutic and health policy implications. COVID-19 can indeed be controlled early through two separate interventions: one in the viral replication phase, and one in the beginning of the inflammatory phase, when symptoms such as dyspnea are observed.

From a health policy viewpoint, this strengthens even further the case for the disease to be treated at home, on an ambulatory basis, with these two types of treatments. The challenge of course is to get policy makers to understand and accept this outpatient approach. But the outcome would most likely be a quick drop in hospital and ICU admissions and a considerable reduction in severe disease, in Long COVID cases and deaths.

Even if the inflammatory phase would remain treated in hospital, which is not necessary, this novel therapeutic approach, centring on the eighth day, would need to be incorporated in hospital treatment protocols, typically requiring changes in the existing hospital level treatment guidelines for COVID-19.

Below are transcripts of key excerpts from the April 30 webinar.

About Treating at the 8th Day

"Before corona came to my country, I had the feeling that there were some parts of the pathophysiology of that disease that we were not understanding correctly, leading patients to hospitalizations. My focus was to understand the pathogenesis of coronavirus."

"I endeavoured to see every positive patient from the first day, so I could understand the evolution of this disease before the patient got to hospital. I had particular interest on the dyspnoea (difficult or laboured breathing) that was sudden in onset and leading patients to hospitalisation."

"Very early on, I understood that the dyspnea that sets in seems to have a specific time in the disease. It was very quick in onset, there was differences in speed and severity, but it always seemed to present on the 8th day."

"Some of the patients recovered by the 7th day and had none of the symptoms that occurred from the 8th day onwards."

"From very early on, I was of the opinion we were dealing with some kind of hyper-sensitivity reaction. … Quite early on, I started steroids and patients improved … and then I attempted antihistamines."

"I tried, on a patient who was critically ill, a dose of promethazine and … oxygen saturation returned to 95% within 24 hours. There was a remarkable improvement. This got me to understand that we were dealing with a hypersensitivity reaction."

"Remarkably, the majority of patients that I saw, excluding those with bacterial infections or co-infections, reported symptomatic improvements and recovery by the 6th or 7th day. There were also those patients who recovered within a day or two. A majority reporting feeling better by the 6th or 7th day."

"Irrespective of that improvement, there were patients who developed dyspnoea on the 8th day. The dyspnoea that developed had no bearing on the severity in the initial 7 days."

"I had patients that had a sore throat on the first day, it resolved on the second, they spent the rest of the week perfectly fine, engaging in strenuous activities. And then on the 8th day, they started to notice in the morning the onset of dyspnoea, and by the afternoon, were completely breathless and showing drops in their oxygen saturation."

"I started to treat this as a hypersensitivity reaction. I found that the antihistamines, particularly antihistamine 1 and 2 blockers, for the respiratory and gastro-intestinal tracts respectively, showed great benefit, immediately."

"In the second wave, we had much more patients presenting with gastro-intestinal symptoms. Those who presented with a reaction on the 8th day presented with far more severe reactions."

"My work showed that we are dealing with a bi-phasic illness: a viral illness during the first 7 days, and on the 8th day, some sort of trigger of hyper-sensitivity, that leads to a release of mediators, histamine being one of them." …

"My protocol quickly evolved to include ecotrin/aspirin and montelukast" …

"With hyper-sensitivity, the most important thing is to start treatment early. The longer you leave it, the cascade of mediators will result in other sequalae and culminate into a cytokine storm."

"But like with other hyper-sensitivity reactions, if caught early, they are easy to cut in."

"So my entire focus became the eighth day. When patients came into my practice, I would interrogate them about the onset of the symptoms, the exact day they started feeling unwell."

"I would then advise them about what might transpire exactly a week later, which is the eighth day, and what symptoms to start looking for."

"In the second wave, I notice there was a collection of symptoms that seemed to idle the onset of this hypersensitivity reaction, and not necessarily dyspnoea, but body aches and pains."

"This seemed to be very typical of an allergic reaction that you would see with rheumatoid arthritis, with joint pain. There was fatigue, to the point that patients wanted to sleep, or the onset of dyspnoea."

"I educated patients about these symptoms, and that they should not discount these symptoms, even if it was a solitary symptom and mild. Any change from the 7th to the 8th day should be reported."

"I think that patients understood the gravity of what I was saying, and reported back on the 8th day."

"That allowed me to run certain testing, to see if I am dealing with a complete switch on that day. The common blood tests that I ran are CRPs and Interleukin 6. I found drastic changes from the 6th day to the 9th day. It showed something was happening at the time that was showing a spike in these inflammatory markers." …

"With that kind of treatment, I had very good clinical recovery of my patients, and in a very quick space of time."

"I did have those that presented too late, that required longer treatment to get the reaction under control. But all my patient showed quick recovery. A majority of my patients, 99% of them, had recovered completely within 14 days from the start of this reaction."

"In all, I have seen close to 4,000 patients, excluding those I have treated over the telephone. None of my patients have had Long COVID symptoms. None of my patients have been hospitalised so far, they were always treated at home and managed at home."

"To this day, I have no oxygen in my practice. I never found the need for it. Patients recovered relatively quickly, even those with low, or even very low saturations. … Within a day or two, they were comfortable on room air."

About Risk Stratification

"My perspective about risk stratification is different. In the first wave, we saw a lot of people over 55 getting this illness. I have had patients over 55 who were very healthy and ended up critically ill. And I have had patients who had 2 stents, diabetes, high blood pressure and the rest of comorbidities and they had very mild illness. So, I did not look at risk stratification as the rest of the world did."

"I looked at this that, in the first wave, people over 55 were probably exposed to an allergen similar to coronavirus and those that were allergic had developed the relevant antibodies to have a hypersensitivity reaction. The younger population were naïve and so for a first exposure would not react at all. So they would have a mild illness and this would pass off. But it was my expectation that, in the second wave, because these patients were sensitized, we would see a far younger population presenting with hypersensitivity or mortality or morbidity."

"That's exactly what we saw in South Africa. In the second wave, I found a large proportion of the population, of the younger population, infected. It was more the age group from 25 to 45 that were infected in the second wave. My take on that is that it is a proportion of the population that was

previously unsensitised, and got sensitised in the first wave, and in the second wave, on re-exposure to the allergen, that presented with hyper-sensitivity."

"I got a 9 year old patient, the youngest patient I had, who had a very severe reaction on the 8th day. He is one of the few kids that I have had to treat. But I had 25 year olds presenting very severely ill, and if they were not attended immediately, would have ended up in critical care in hospital. So, I think my way of looking at this is to treat whoever presents with symptoms on the 8th day."

"I think that a lot of the patients who are presenting in India are in the hypersensitivity phase of this reaction. I think prompt treatment is vitally important, and it would negate the need for oxygen, hospitalisation, and take off all the pressure out of the health care system."

"I would actually suggest that doctors set up a system where they could examine patients, but start immediately on simple treatment that could stop the reaction from progressing. I found that a healthy dose of steroids, of anti-histamines to treat the symptoms… I have seen clinical recoveries in a few hours. This is the type of interventions we need: simple, yet addressing the call, which would curtail lots of these deaths and pressure on the hospital system."

"We got to understand that, past the 8th day, killing a virus is not going to solve the problem. It's going to waste time. Every day lost will create a lot of problems in the way we deal with this. We got to be quick to it. We got to be simple to it. And we got to be effective in treating it. And I think that's what needs to be put on. A simple dose … 80 mg of prednisone; with a simple anti-histamine. Treat the symptoms as you see it. … it will at least buy you time to address the complications.

About Long COVID

"As well, mild symptoms untreated show there is Long COVID. I think that Long COVID is mild hypersensitivity going untreated, and it would result in all these sequelae that we see. Because in the patients that I have treated, I haven't had one come back with a complication. And I haven't had a case of Long COVID yet. Every patient that came to me with symptoms on the 8th day got treated. The action stops right there. So, I haven't had patients coming back with fatigue and all the things I have heard about around the world."

MODIGA MÄNNISKOR AVSNITT 79 - DR SHANKARA CHETTY #SVENSK TEXT #BRAVE PEOPLE
https://www.youtube.com/watch?v=yAvpxgCnDx0

Dr. Shankara Chetty Discusses His COVID Management Approach
https://www.youtube.com/watch?v=ifqE8cBQbI4

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Vicky Rose, 25 January 2022: COVID-19 EXPERIENCE

I thought I would share my lived experience because I am sick of seeing useless information (about as good as misinformation) and also dismissive posts about this coronavirus Covid-19 (referred to as r0na here or FB – Facebook – will remove it).

On 1 January I attended an event with 80 or so other people. A person who attended that event advised they were just tested positive for r0na on the Tuesday (4 January). Gracyn came home that day, advised of the close contact, and also she was not feeling well. By the end of the next day, we were both laid up in bed with body aches, headaches, cough, congestion (Gracyn mostly, I didn't have congestion here) and crook as. My headaches though turned into cluster migraines and I was not able to open the curtains until the Sunday (9 Jan). We were both too sick during this time to go line up for hours for a PCR test and I was like "meh, we so have r0na and they're just going to tell us to stay home anyway"... Eventually we found and received a couple of RAT tests (Rapid Antigen Test – black gold!!). We each did a RAT test on the Monday (10 Jan), as we were feeling mostly better, and they were both negative. Gracyn went back into work on the Wednesday and I left the house for the first time (12 Jan). I got a hair cut and did a bit of shopping and we had a wee family gathering for Myana's birthday.

The next day, I woke up sneezing and started to feel progressively worse as the day wore on. By the night, I was feeling flu like... congestion, coughing, body aches, hot flushes... I drugged up with cold and flu tablets because I thought I must've picked up a cold/flu due to my immunity being low after having r0na... I managed to attend a special birthday on the Saturday night but only lasted an hour or so. Came home and couldn't get out of bed the next day. Did another RAT test on the Monday, negative. Wednesday that week (19 January) was my worst day, I couldn't breathe properly and my chest really hurt. It was very scary. I had (have) been sleeping sitting up to ease the pressure on my chest and it helped with my cough. Every morning of this week I had diarrhoea which dissipated by the end of the day.

I finally got a telehealth appointment with my doctor on Friday (which I rang for on Wednesday!). She booked me an appointment with the respiratory clinic that afternoon. I was tested for r0na and any other viruses. After listening to my lungs and symptoms, the doctor said I most likely have an upper respiratory tract infection because my upper lungs sounded like I was trying to breathe through a very narrow straw (no shit!!). She gave me antibiotics and prescribed an inhaler to help open my constricted airways.

My test came back positive on Sunday (23 January). I had my follow up telehealth appointment this morning. No other viruses present, no infection showing and she couldn't tell me what strain, why I have been sick this long and whether it's been r0na the whole time or just the second time, whether you can get it twice in a row, she couldn't tell me a lot actually... As for treatment... rest, hydrate and paracetamol - that's it!! But if my breathing gets worse, I am to go to the hospital. She did make me a follow up appointment in two more days so they could check on me...! But that's the full extent of what you will be advised to do or can do!

So, 20 days in and I am still crook. Mild chest pain, breathlessness, can't talk for very long (some will be very pleased about this) got to have lie downs during the day, NIL appetite, and a consistent foggy mild headache. I have lost over 4kgs! But THIS is better! I am working from home but only doing what I can, when I can. So blessed with my job to be able to do that.

I am so grateful to my wee family and amazing friends who have been getting me food and drugs and checking in and keeping me sane. This seriously would've been WAAAAAY harder without them. Love you guys so much – thank you xx

Each to their own here and people really do need to be sensitive and respectful of that. My experience is not everyone's experience, but it is my actual (and present) experience. I am sharing this so you can learn from this, take it seriously and maybe be a little more vigilant with your self-care. I am the QUEEN at not looking after myself and I absolutely know I am in this boat because (too) I had not prioritised my self-care.

EDIT: Yes, I had my two Pfizer jabs in the second half of last year – 2021.
Look after YOU people! Arohanui ❤️

Vicky Rose, 31 January 2022: RECOVERY UPDATE

For those of you who read my other post about my experience of this r0na virus, this is my recovery journey experience and probably out of the two posts, the most important one. I am not going to be able to adequately convey how vulnerable and isolating this experience has been for me… to be in your house alone for days on end, not able to see anybody or have anybody here, all while you are struggling to breathe – by yourself…!!

I have honestly pulled on ALL my mental strength to stay on top of this …

The best thing I did for me was sharing my lived experience here (Facebook page – and for two reasons. First, the love received via comments, DMs and phone calls was absolutely priceless and so, so needed (I didn't fully grasp how needed either). THANK YOU ALL SO MUCH! ❤️

The second and most important was my whanauka sent me a video with information about a Doctor based in South Africa, DR SHANKARA CHETTY, and his research on r0na and his subsequent successful treatment plan. Mikky 😤 I will forever be grateful!!!

The Doctor, DR SHANKARA CHETTY, who developed this recovery plan from his own research, on his own patients, gives an explanation as to why only SOME people develop these breathing issues. It is his research that r0na is bi-phasal and on the 8th day SOME people start to develop breathing difficulties. Essentially, it is his finding that after the body breaks down the virus, people like me have an allergic reaction to the debris left in the lungs from the broken down virus. The base treatment for such an allergy is antihistamines.

THE 8TH DAY

I need to explain that at this point I was ready to drink deer piss if I thought it would help!! Last Wednesday I had my worst day (worse again) and I know my oxygen saturation levels were so low I should have gone to hospital. The idea of that paralyses me with fear… literally! Being intubated, surrounded my people in hazmet suits, beds in the hallways, being able to smell fear… NO. On this day, I distracted myself and watched the video I was sent. I followed it up with my own research on the Doctor, DR SHANKARA CHETTY, you know to make sure he wasn't actually a vet and/or some random psycho fronting as a GP, and I came to understand what is happening to me AND that it is

completely treatable. Everything he talked about, verbatim, is what was and has happened to me! Finally, something I can actually DO about this!!

I had a telehealth appointment booked for the next morning with my own GP. I had printed out his treatment plan, went over each of the medications and familiarised myself with what they were intended to do. And even to this lay mind, I understood it was each of the things that were happening in my body. It so made sense to me. I did not have to make myself fit this thing, this was me! Then, I had a huge panic attack. What if my doctor won't let me try this treatment plan??! I seriously had to ring a girlfriend and she talked me down, it took a while and jeez it was scary. When I was calm enough, I took a long hot bath to relax my body and Tracie dropped me around her stash of antihistamines. I popped one and honestly, an hour later, I felt a wee but positive shift in my body!

Needless to say I did not sleep very well that night… I was so worried my doctor wouldn't go for this treatment plan. Thankfully, she heard me out and let me send her the PDF of the treatment plan. This is MY family GP, she knows me. She knows I am not a hysterical person. She could also hear my laboured breaths and my drag queen voice. She moderated the plan to suit her comfortability and Australian standards (there were two things on the list she couldn't give me, one of which she wouldn't). I trust her. She explained she has no problem with entertaining any treatment if she felt it would do no harm, and this would do me no harm. OML (oh my Lord) the relief!!

Jennesia picked up the script and I started on the plan that day, Thursday. Friday I vacuumed my whole house, did some washing and cleaned my bathrooms!!! I had energy!!! Anyone who has actually spoken to me in the last couple of weeks can hear the difference. Here I am now 5 days into this treatment and I am finally feeling like I am getting better!!! My singing career as a drag queen is no more and I am not constantly pausing for breath when I am talking…

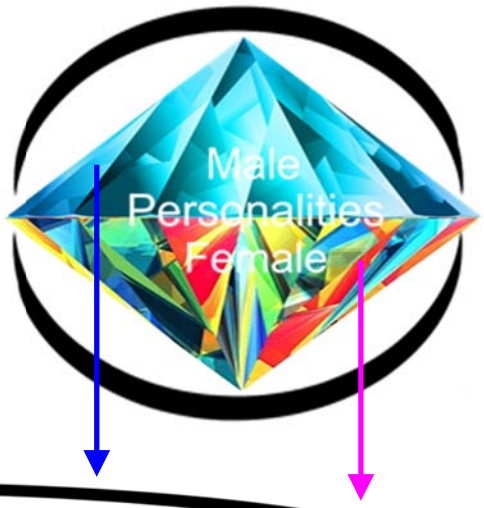
Now here I will say, I am under no illusions that my feeling better is probably a culmination of a few things, this treatment plan being but one part (a major part). I believe this, added with feeling heard (by my GP)... actually, DOING something... eating better (I have my appetite back)... rest... my amazing support network and faith in those that look after me from another realm have all culminated in this point of my journey to recovery. There is a bit to go though, my body has been sick for a long time and has definitely taken a hammering, I can still feel stress on my chest. I am not recovered, I am recovering.

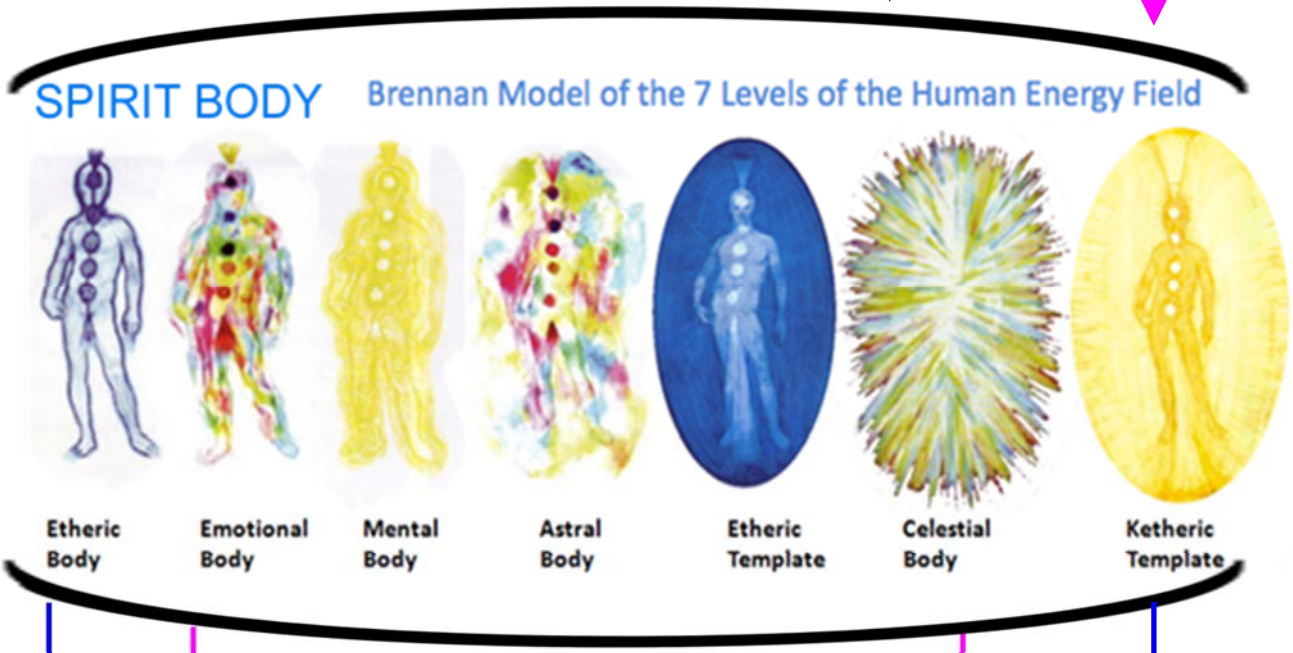
No words will ever be able to adequately describe my palpable relief. Nor will this post give you a sense of the difference in my (physical) presentation of being sick for you to truly understand. You really aren't going to get it unless you go through it. So, do your own research here people. Take this or leave this, up to you. This is merely me passing on my lived experience and what is helping ME in the hopes it might help someone else. Getting on to this quick is the key. This just might save a life… I believe it has saved mine.

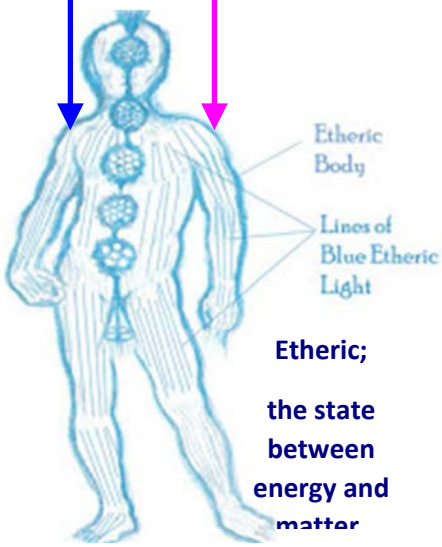
The doctor I have been talking about is S h a n k a r a C h e t t y MD. The You Tube clip I watched has this in the title – M O D I G A M A N N I S K O R A V S N I T T 79 (I guarantee if I post this here in its proper form my post will be deleted). I am not going to debate with anyone the validity of all that he talks about in this interview. I have made a decision for ME because at the end of the day, I am the only one looking after and responsible for ME and it's working! Queensland Health could only offer me a "Good Luck" (said the doctor at the respiratory clinic as I left) and "rest, hydrate and paracetamol' (said the doctor who went over my results). WTF?! There are things to be learned from the rest of the world who have been battling with this longer…
Look after YOU ay.
Arohanui ❤️

Childhood Suppression

Childhood Suppression – from conception to age six years – harmfully encrusts the soul, thus impeding light flow throughout all seven layers of the spirit body, damaging the genes within the spirit body which in turn damages the genes in the physical body, as well as setting the pattern for all of our physical health issues throughout our lives.





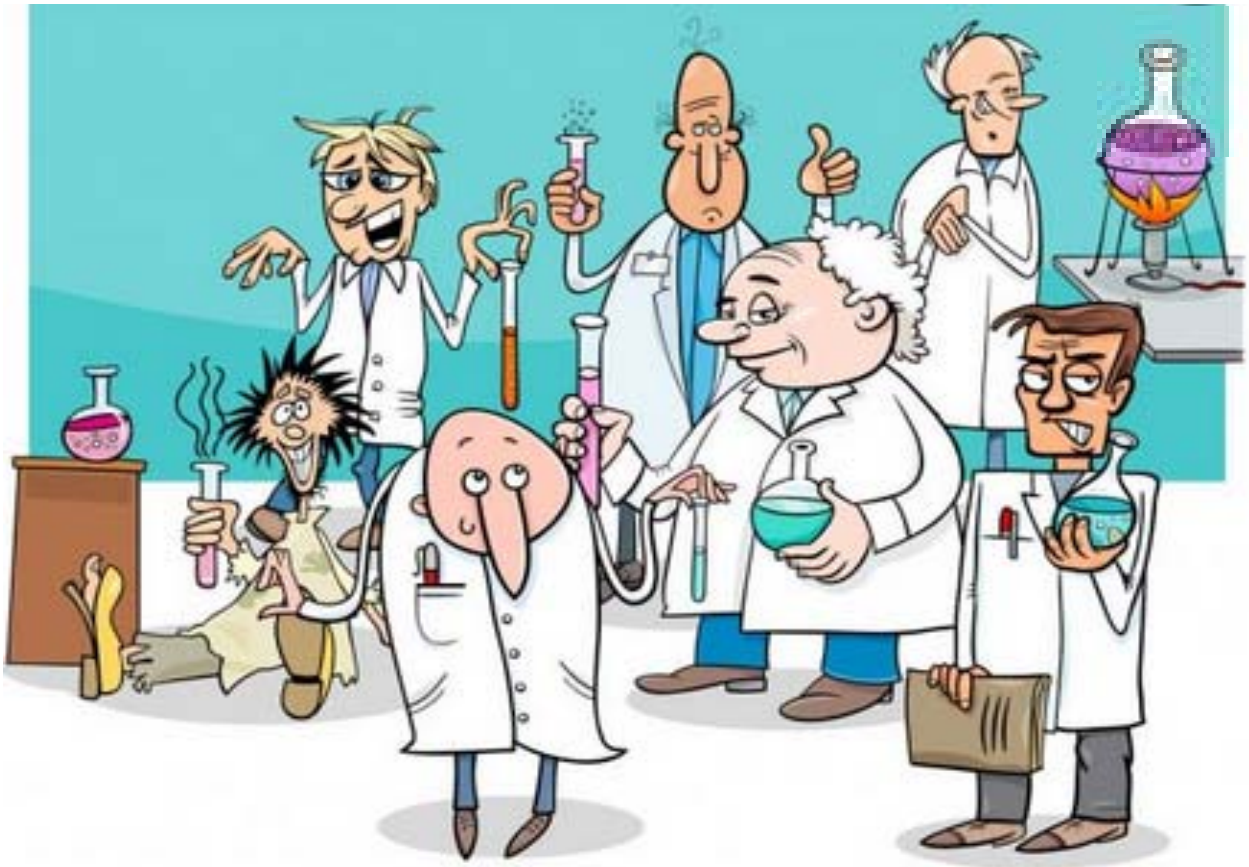


Etheric;

the state between energy and matter

The spirit etheric body is the template for our physical body, however, no health care system or science considers that the underlying cause of any health issues are formed through our Childhood Repression and that no physical healing occurs without expressing our childhood suppressions, being feelings both good and bad and then longing for the truth behind these injuries. Medicine may suppress the pain – it does not and cannot cure – vaccines are extreme physical suppressions!

The pain from ANY illness will not exceed the pain experienced during our Childhood Suppression!



perceived truth MoC 510