

BRIDGING THE GAP SUMMIT

by MillionsAgainstMandates.org

OVERVIEW

On September 12-14, 2023, two groups of practitioners were invited to participate in the Bridging the Gap Summit. The purpose of this event was to broaden the understanding (by sharing perspectives and clinical experiences) between clinicians who have worked diligently for decades helping children adversely impacted by childhood vaccines and practitioners who are helping patients injured by COVID-19 shots or long-COVID.

With the support of Children's Health Defense, FLCCC, the Westreich Foundation, Laraine Abbey-Katzev and Amy Gordon, MillionsAgainstMandates.org (MAM) was able to coordinate and host this historic gathering at a beautiful Asheville, NC inn. With a backdrop of the Blue Ridge Mountains to inspire us, 20 practitioners shared their philosophies, exchanged theories and insights, discussed their clinical experiences, and shared their personal and professional journeys.

The ultimate goal was to combine the most effective strategies from each group in order to expand the collective knowledge base needed to prevent and treat injuries from these injections, whether from the childhood vaccination schedule or the COVID shots.

Many new alliances, new understandings of mechanisms of harm, and new revelations of treatment strategies emerged as a result of this summit.

LAYING THE GROUNDWORK

None of the clinicians or scientists at the Summit expressed confidence in the current American medical system to effectively address vaccine injury (whether from COVID-19 shots or vaccines in general) or long-COVID. The consensus was that medicine in the US is "irreparably broken." We envisioned having to develop alternative options for patients seeking help, as acknowledgment of injury from COVID-19 shots is uncommon in the mainstream medical community. There is a need for COVID-literate medical professionals.

A HUGE UNMET NEED

Those suffering from long-COVID-19 and COVID-19 injection injuries are rarely able to find help. REACT19 (<https://react19.org>) has over 30,000 people claiming COVID-19 shot injuries, which is believed to be the tip of the iceberg. There are very few clinicians in the country actively treating such patients. Many of those clinicians attended the Summit. There are efforts in the USA and worldwide to train medical professionals on how to approach, diagnose and manage those with COVID-related illness and with vaccine injuries in general.

GETTING STARTED

Building on the work of parents and advocates of vaccine injured children who have researched vaccine impairment in earnest, summit participants lauded the contributions of “citizen scientists” during COVID-19 who have helped drive understanding of COVID-19 injection injuries forward. Additionally, those who have worked long term on vaccine safety praised the new-comers to vaccine injury treatment for being among the first to see the adverse events emerging in those engaging in the COVID-19 protocols and to act quickly to ameliorate the adverse impacts.

Attendees called for translatable research with high impact clinical treatment strategies. Many organizations can be harnessed to collaborate in this venture. The development of close alliances could avoid the problems of “reinventing the wheel, and reducing redundancy.” A movement toward examining the totality of evidence, including clinical observational research, is crucial for the timely development of treatment strategies. Prior excess reliance on randomized control trials, often with unaccounted for variables and manipulation by the pharmaceutical industry, has delayed the utilization of existing medications and contributed to the highest per capita health care costs in the developed world and the poorest health outcomes in the United States.

UNRELIABLE MEDICAL LITERATURE

Summit participants are aware of the difficulties relying on published medical literature presents. The article by Dr. John Ioannidis of Stanford Medicine stating that as much as 50% of published material may not be fundamentally true, and the book by Dr. Marcia Angell, former editor-in-chief of the New England Journal of Medicine, on fraud in medical publishing, were noted. Additionally, it was remarked that the original Merck manual included natural therapies, but such approaches to medicine changed after the Rockefeller/Carnegie 1910 Flexner Report. With the emphasis on empiricism, science, and data, it seems that the art of medicine may have been lost. The question was asked, “How do we know what to rely on?”

UNDERLYING MEDICAL PROBLEMS IN VACCINE INJURY

Clinicians experienced with treating vaccine injury in the context of neurodevelopmental disorders in children have identified common pathways of dysfunction that, when addressed therapeutically, can lead to significant clinical improvements. We think these strategies could be used in those with COVID-19 injection injuries.

One clinician identified ways in which vaccines could cause injury, including:

- Persisting immune responses to the injection
- Loss of immune tolerance
- Immune suppression
- Ingredients which have direct toxic effects or disrupt the gut microbiome

- Injection contamination (i.e., DNA plasmids, hormone dysregulation; immune dysregulation; mitochondrial dysfunction; and neuroinflammation, among others)
- The same clinician reviewed common underlying pathologies in vaccine injuries (from childhood vaccines or COVID-19 injections) including:
 - Dysregulation of T helper cells and T regulatory cells, with autoimmunity or subsequent reactivation of viruses like shingles, EBV or Lyme co-infections. The coincidental presence of mold, electromagnetic radiation, or allergies can make these patients more complex and difficult to heal.
 - Direct toxicants, including but not limited to aluminum, mercury, modified synthetic RNA, lipid nanoparticles, spike protein, and polyethylene glycol
 - Contamination with human, animal, or bacterial products
 - Autoimmune encephalopathy: one example is the high prevalence of anti-brain antibodies in patients with autism
 - Small fiber neuropathies presenting as pain
 - Persisting cell danger response (modified RNA in COVID-19 injection is perceived as a danger signal to the cell and can lead to the release of lipopolysaccharides and subsequent ongoing damage)

Another clinician drew parallels between what we have learned about Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) and PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection) and what could be operating during long-COVID-19 or COVID-19 injection injury. She noted that children with COVID-19 and neuropsychiatric symptoms got better when they received monoclonal antibodies or immune modulation therapies. ATP (adenosine triphosphate) signaling in patients with PANS leads to persistent cell danger responses, ongoing sympathetic overdrive, and the reactivation of prior infections. With the news of DNA plasmid contamination in COVID-19 injections, similar pathways could be affected.

SYMPATHETIC OVERDRIVE

Many chronically ill patients (including those with vaccine injuries) experience persistent and recurring episodes of fight or flight mode (adrenal stress). High sympathetic tone prevents true detoxification. Elimination strategies like exhaling, urinating, stooling, sleeping, sweating, and expelling mucus are all parasympathetic functions, but elimination systems must be functioning normally before successful detoxification can be initiated. It is futile to attempt biotransformation and detoxification strategies if the patient is experiencing impaired elimination and thus cannot achieve time in parasympathetic mode. Diet is also crucial for adequate detoxification. Patients must avoid pro-inflammatory, genetically modified, preservative-containing, chemically altered (pesticides), and dye containing processed foods, or they will continue in sympathetic overdrive.

LESSONS LEARNED FROM THE CHILDHOOD VACCINE STRUGGLE

The CDC (Centers for Disease Control and Prevention) works tirelessly and fruitlessly attempting to prove that vaccines are safe, but does nothing to actually improve the safety of vaccines. The 1986 National Childhood Vaccine Injury Act (NCVIA) shifted the burden of responsibility for vaccine injury and death from the manufacturers to the government (specifically, Health and Human Services (HHS)). The law mandated the creation of a committee to determine how to improve the safety of vaccines and to report on vaccine safety to Congress every two years; however, no such report has ever been submitted. HHS assigned vaccine safety to the CDC, the same agency tasked with vaccine promotion.

Since that time, the CDC has produced highly manipulated research designed to show how safe vaccines were and are. They have yet to publish research on how vaccines could be made safer. They replaced the oral polio vaccine with an injectable form and the whole cell pertussis vaccine with the acellular form. Both replacement vaccines have been on the market for many years (and both are far less effective than the vaccines they replaced). No safer vaccine has ever been created to replace any of the vaccines on the schedule. In general, vaccine adjuvants and ingredients have not been addressed.

Adverse reactions due to childhood vaccines or COVID-19 shots are rarely a thunderbolt type of event but rather tend to present as gradually progressing loss of function events. Almost no practitioner will miss an anaphylactic reaction that occurs minutes after a vaccine. What most practitioners will miss are the subtle findings - the new chronic rash that wasn't there at the previous appointment; a change in bowel function; new onset of colic or sleep disturbances; developing or recurring infections; a change in behavior. All these symptoms could represent a vaccine injury, but none of them are likely to be recognized as tied to the vaccine that caused them.

The average physician has not been trained on vaccine adverse reactions and would have difficulty identifying most vaccine injuries. There is a paucity of vaccine education and training in the current medical education system from the early years of medical school to post graduate education and CMEs. We believe this arises from 37 years of the "vaccines are safe and effective" mantra. Most physicians believe that vaccine injuries are "one in a million" and are obvious. A patient developing Guillain-Barre syndrome a week after receiving a flu vaccine would be an obvious example of a rare but clear event.

With infants, identifying adverse reactions is much more difficult. A two-month-old is not going to lose a skill they have not yet developed. The classic presentation is the baby who is healthy at birth, has colic by their two-month visit (Hep B at birth and one month), a rash at four months (immune activation injury by the multiple vaccines received at two months), recurrent ear and sinus infections at six months (persistence of immune and gut dysfunction), and autism symptoms by 14 months (autoimmune encephalitis). No one from a medical training program would look at this series of events and be

concerned over the possibility of an adverse reaction to vaccines.

The primary means of addressing vaccine injury has been to convince (“gaslight”) patients into believing that their illnesses or disabilities could not be the outcomes of vaccine adverse events. Medical neglect has become the standard of care for reported vaccine injury across mainstream medicine. Patient abandonment, where parents are banished from their pediatricians’ offices, is a common and growing occurrence. The CDC has been very hesitant to investigate any reported vaccine injury despite being directed by law to track any patterns of injury in VAERS, the Vaccine Adverse Event Reporting System created by the 1986 National Childhood Vaccine Injury Act. When they do perform research, they never compare outcomes between the vaccinated and the unvaccinated. They use techniques to hide vaccine injuries like comparing events two weeks after a vaccine versus four weeks after a vaccine, or comparing four vaccines to three vaccines, or comparing one manufacturer’s vaccine to another manufacturer’s vaccine.

We call this the “Tobacco Science” playbook after the techniques used by the tobacco industry to prove that smoking did not cause lung cancer or emphysema. When a parent (or patient) comes forward, he is sometimes met with pity (the collateral, “one-in-a-million” adverse event from the vaccine program) but is primarily met with unethical hostility and belittlement. No one at the CDC is investigating these parents’ and patients’ claims. Anyone that has suffered an injury from the COVID-19 injections is aware of this situation. Commenting on the lack of recourse available to such patients, one mother of a vaccine injured child remarked, “Once you are vaccine injured, you are on your own.”

Vaccine injuries can be understood by examining the biochemistry and immunology of a vaccine. Unfortunately, inquiries into vaccine adverse events can lead to reprisals by the vaccine industry and its partners. Vaccine safety advocates have often struggled to gather information on the biochemistry and immunology of vaccine injury over the years. Analysis of these injuries exposes the investigator to ridicule (vaccines are safe and effective, why are you wasting time looking at supposed injuries?). These investigators have frequently found their funding cut off, their university appointments canceled, and a sudden inability to get their research published. COVID-19 accelerated this attack on ethical science, although there is an abundance of research confirming COVID-19 vaccine injuries.

COVID-19 VACCINE RECOMMENDATIONS ARE VERY WORRISOME

Bridging the Gap attendees were in consensus that COVID-19 shots have a very unfavorable risk/benefit ratio, especially for young and working-age people. The consensus is extreme concern about the recent recommendations to give novel injections which turn on spike protein production via synthetic genetic instructions. All agreed that a high priority is to “Stop the Shots,” particularly in babies, children, adolescents, and young adults.

The myriad of emerging adverse outcomes, including myocarditis, autoimmunity, cancers, reproductive harms, and dysregulation of autonomic function, will require expert management. The vaccine injured often have comorbidities such as tick-borne illness, mold toxicity, immune dysregulation, mitochondrial dysfunction, and hormone imbalances that must also be addressed if true healing is to proceed.

“SHEDDING” AS A REAL PHENOMENON

Within weeks of the COVID-19 “vaccine” roll out, women began reporting menstrual cycle abnormalities following COVID-19 injections or being in close proximity to those who had received a shot. By April of 2021, 17,000 Facebook users reported abnormal menses when near the COVID-19 injected, including vaginal bleeding in an 18-month infant. As has often been the case in medical history, these women were gaslit and ignored by mainstream medicine. Summit participants were inclined to believe these reports and discussed potential mechanisms, including anti-syncytial antibodies, exosomes, or effects of lipid nanoparticles. More information on the phenomenon can be found at mycyclestory.com, including two published papers.

CANCER CONCERNS

Since the roll out of COVID-19 injections, clinicians and pathologists have noticed a change in cancer patterns. First, younger recipients of COVID-19 injections are presenting with cancers; one example is colorectal cancer presenting in people still in their teens and twenties. Second, tumors are rapidly growing “turbo cancers,” with patients presenting more often with late-stage tumors. This is consistent with previous surveys which have demonstrated that completely unvaccinated children have far lower incidences of cancer.

Evidence of immune suppression and interference with the surveillance mechanisms for cancer detection lends credence to our concerns that cancer is on the rise. Modified RNA COVID-19 injections lead to suppression of the p53 gene, the “guardian at the gate” to detect and protect against dividing cells from becoming cancerous. Modified RNA COVID-19 shots affect BRACA1, a main genetic risk factor for breast cancer, which has been reported in younger patients since the rollout. The vials of modified RNA have been found to be contaminated with Simian Virus 40 (SV40), which is associated with lymphomas. Evidence of contamination with DNA plasmids raises enormous concerns about the ability of T-cells to manage adequate surveillance and destruction of foreign cells.

Summit participants discussed a paradigm shift in cancer treatments, away from a focus on chemotherapy and radiation toward metabolic therapies being integrated as adjunctive therapies. It was remarked that European countries have a more integrative approach to cancer, which we believe the US should emulate.

Summit participants are also eager to publicize ways to decrease cancer risks for individuals. Simple, inexpensive measures like exercising, taking Omega 3 essential

fatty acids, maintaining a proper gut microbiome, and maintaining therapeutic Vitamin D levels can decrease cancer risk by 60%.

POTENTIAL THERAPEUTIC AVENUES

In an effort to correct underlying imbalances and try to restore homeostasis, the following therapeutic options were discussed:

Post Injection Recovery:

- Intermittent daily fasting, periodic daily fasts, or timed eating
- Ivermectin
- Hydroxychloroquine
- Moderating physical activity
- Low-dose naltrexone (LDN); (very low) VLDN; (ultra low) ULDN
- Nattokinase
- Lumbrokinase
- Aspirin
- Melatonin
- Magnesium
- Methylene blue
- Sunlight and Photobiomodulation
- Resveratrol
- Mebendazole
- Memantine (Namenda®)
- Guanfacine + NAC
- Cryptolepis
- Rapamycin
- Metformin
- Fulvic Acid-containing agents such as Shilajit
- Amlexanox
- GABA
- Oxytocin
- NeuroPx ES oral caps (4 agents)
- IV Therapy (Myers or NS)
- TB4-frag
- Phosphatidyl Choline
- Andrographis paniculata
- Nicotine patches/gum
- NAD + Resveratrol (300 MG daily for 1 week, then 600 mg daily)
- EBOO/F dialysis filtering w/ozone return

- Betaine – 2 ½ grams (capsules) lifeextension.com; nitric oxide brain neurotransmitter
- Betaine (TMG) >450 ng/dl
- B12 sublingual
- Zinc
- Vitamin D (with Vitamin K2)
- N-acetyl cysteine
- Augmented NAC
- Cardio Miracle™ and L-arginine/L-citrulline supplements
- Polyphenols
- Omega-3 fatty acids
- Sildenafil (with or without L-arginine- L-citrulline)
- Nigella sativa
- Antioxidants
- Quercetin
- Vitamin C
- Intravenous Vitamin C
- Thiamin
- Probiotics
- Antioxidants
- CoQ10 (as ubiquinol)
- Flavonoids
- Spermidine
- Non-invasive brain stimulation
- Behavioral modification, relaxation therapy, mindfulness therapy, and psychological support
- Hyperbaric oxygen therapy
- Low Magnitude Mechanical Stimulation
- “Mitochondrial energy optimizer”
- Low-vs high-dose corticosteroid
- Adaptogenic Herbs (several)
- Cannabinoids (eg: CBD, CBG, etc.)
- Healing Peptides:
 - LL-37
 - TA-1
 - BPC-157
 - Cerebrolysin (IV)
 - CerebroPrep (oral)
 - Semax
 - Selank
 - KPV

GHK-Cu

- Evaluate for underlying chronic illness (FxCMed workup)TBDz
Check (B12)/B6/Folate levels, B12 sublingual if you're low
Mold Illness
Metals (i.e., aluminum)
Immune dysregulation
Mitochondrial dysfunction
Hormonal Imbalance

A more detailed discussion of nutritional approaches can be found in Appendix A: Foundational Nutrition for LONG-COVID/COVID VACCINE INJURED clients, and Appendix B: “Physician Guidance for Nutritional Treatment of long-COVID, Vaccine Injuries, & Other Chronic Ailments.”

PATIENT AND FAMILY CONCERNS

Medical practices have increasingly excluded the primary stakeholders, the patients themselves, in informed consent in medical decision making. For many years parental reports of vaccine injuries in their children from the childhood vaccine schedule have been ignored by their physicians. This practice has resulted in alienation between patients' families and mainstream medicine. COVID-19 hospital quarantine policies of isolating patients and excluding family members from becoming medical advocates for their vulnerable loved ones is yet another example of such alienating practices. Disastrous health outcomes resulting from this approach have sent the pendulum swinging in the other direction, and we are experiencing a moment in time where individuals are leaving mainstream medicine altogether to look for ways to take control of their health decisions.

Medical providers must be responsive to patients' and families' concerns in order to preserve what trust is left in the doctor-patient relationship. A review of online patient discussions has shown us what patients are talking about on long-COVID. This conversation will also need to include future considerations regarding health insurance plans and policies, since the present model lends support to mainstream institutions. Going forward, many individuals will be seeking alternatives to insurance that covers a wide breadth of therapeutics.

Reminiscent of the parental leadership in finding effective treatments and solutions for childhood vaccine injury, those suffering under long-COVID are following suit.

Top discussions over last few months have included:

- Dr. Vaughn's microclot test & potential iliac vein compression treatment and Triple Anticoagulant Therapy
- Stellate Ganglion Block (SGB - Dr. Robert Groysman and Dr. David Raskin, both in Texas, seem to be doing the most of these for long-COVID and also seem to

have specialized ways in which they do this. Hand in hand with SGB is the TENS unit for vagus nerve stimulation (they have protocol)

- Nicotine patches or gum
- Mast Cell Activation Syndrome (MCAS) plus treatments (Ketotifen, Pepcid, histamine enzymes and more)
- POTS (Postural Orthostatic Tachycardia Syndrome) + meds like midodrine or fludrocortisone, and/or botanicals (licorice extract, adaptogens)
- EDTA chelation for microclots
- Apheresis for microclots
- Methylene Blue plus Red-Light Therapy
- HBOT (Hyperbaric Oxygen Therapy)
- Palmitoylethanolamide (PEA)
- Low-dose Naltrexone
- Guanfacine
- Maraviroc (Dr. Bruce Patterson)
- Acupuncture & other energy medicine interventions
- Homeopathy (including Bioregulatory Medicine/German Biologic Medicine or Homotoxicology)
- Frequency therapies

A NEW MODEL OF MEDICINE

Summit attendees identify as “solutionaries.” We reject the authoritarian model of clinical medicine in favor of collaboration between clinician and patient, with emphasis on empowering patients to promote health and reduce reliance on medical care. The Bridging the Gap Summit provides an effective model of empowering patients in prevention and early treatment. The parent-doctor model of working in concert developed to address childhood vaccine reactions has accelerated understanding of causes and treatments and should be continued in COVID-19 era. The wall between medical provider and patient should be dismantled. This summit reflected such partnership and medical collaboration in general.

Summit solutionaries feel compelled to focus on children, pregnancy, and preconception. We remain shocked by recommendations for COVID-19 experimental injection use in pregnancy and infancy as new peer-reviewed publications detailing harms continue appearing. A high priority is to campaign against giving COVID-19 shots to these patients.

BARRIERS TO OVERCOME

The current collusion between for-profit commercial entities and various governments presents significant challenges. Pharmaceutical contributions to members of congress or parliament influence legislation in favor of corporations, often against the best interests of the people. The purchase of Medline by Blackrock garnered the mega-corporation significant influence over what is included in PubMed. Biomedical

research has been hijacked in favor of new and profitable drugs and against evidence of nutraceutical and lifestyle protective factors.

A RALLYING CRY

Summit participants feel compelled to “attack the indefensible and defend the invincible” so that the truth will emerge. Although we face significant barriers, the promoted COVID-19 messages are not sustainable as true empiric evidence and clinical experiences expose the fault lines.

The profits and power of the medical industry have become increasingly prioritized over individual health outcomes since the close of the 20th century. This has engendered well-earned distrust by both practitioners and patients in the medical systems upon which they previously relied. Now the dramatic COVID-19 era corruption in medicine has brought that “profits and power over people” paradigm into full view of the public.

Despite the admissions from many public health agencies on the failings and false promises of both masking and COVID-19 shots, and despite the increase in all-cause mortality during these policy implementations, absurd calls remain by some local, national, and international health agencies for the public to continue these failed and dangerous interventions.

We call on both patients and medical providers to assess the risks of continuing to do business with these collapsing paradigms and dying institutions that will not admit their failures and course correct. We encourage individuals to consider fleeing to, or creating, new healthy medical institutions based on foundational medical ethics, informed consent, reproducible science, and good health outcomes.

IN SUMMARY

As we move into a future that requires practitioners worldwide to help those negatively affected by COVID-19 injections, let us take the hard-learned lessons of those clinicians and parents who have been working with children injured and disabled by childhood vaccines, and combine their wisdom with the more recent lessons gathered from practitioners helping those with COVID-19 injection injuries. As the Bridging the Gap Summit has illustrated, by listening to and deeply respecting our patients, and by working together and sharing our knowledge, we can promote the best of science and the best of our clinical experiences to create effective, safe and common sense-based strategies for healing vaccine injuries, regardless of their source.

Appendix A:

Foundational Nutrition for LONG-COVID/COVID VACCINE INJURED clients

Maximum hydration: Nothing is more important to the foundation of health than drinking enough clean safe water. Ideally, “enough” means ½ your body weight in ounces of water. This linked source provides more details on safe drinking water - <https://www.ewg.org/consumer-guides/ewgs-guide-safe-drinking-water>

Optimal Body Weight/Mass: Next in importance when addressing the dietary needs of the client is optimum body mass. Most health-challenged clients have excess inflammation, which is fostered by excess body fat. This can be addressed with portion control and eliminating/minimizing unhealthy foods.

BMI calculator for adults:

https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

BMI calculator for children and teens:

<https://www.cdc.gov/healthyweight/bmi/calculator.html>

Health Supportive Eating:

- Eating all natural whole foods as much as possible, even when in the ‘package’ as much as possible
- Always read the “Ingredients” section to know what’s in the package
- Organic and/or locally grown, organic regenerative is ideal (but ask about pesticide use)
- Eating food in season
- The best quality food or products you can afford - there is a big difference between Morton salt and a good quality sea salt
- Eat foods that are unprocessed, and as free of additives, preservatives, and pesticides as possible. See guides at Environmental Working Group--<https://www.ewg.org/consumer-guides> and Weston A. Price Foundation--<https://www.westonaprice.org/about-us/shopping-guide/#sgreview&gsc.tab=0>
- Fresh and home-made
- Explore eating more fermented foods regularly, such as black garlic, kombucha, raw sauerkraut, and kimchi
- Keep variety in foods - no single diet is right for everybody

Proactive best food choices:

- A wide variety of seasonal, multi-colored, vegetables, greens, sea vegetables and fruits
- Protein from free-range, preferably pastured, pesticide & antibiotic-free, local when possible (local is not a guarantee of clean) animal and non-animal sources
- Animal fats from clean/local sources including pastured eggs from local farms/homes and locally made cheese and butter
- Good quality coconut oil and extra virgin olive oil are also healthy fats. Other oils (like avocado, sesame, and peanut) are best for judicious use and, again, select the best quality. Look for organic and cold-pressed (organic is automatically non-GMO). Most other vegetable oils are simply poison.
- Moderate servings of complex carbohydrates (if tolerated) like yams and squash - the less processed, the better

Best to avoid:

- Fast Foods--generally highly processed and full of chemicals
- Processed/packaged foods which contain multiple ingredients; be wary of “natural flavors” which may contain allergens
- Refined oils and fats (commercial salad dressings and baked goods)
- Refined carbohydrates (commercial white flour products)
- Genetically Modified Foods (GMO) often re-labeled “Bioengineered” or “Synbio”
- Foods containing high fructose corn syrup (HFCS) or added sugars on label

For more detailed information on what to eat and why, please refer your clients to:

<https://millionsagainstmardates.org/food-toxic-truth-solutions/>
<https://www.westonaprice.org/category/video/#gsc.tab&gsc.tab=0>

Appendix B:

Physician Guidance for Nutritional Treatment of Long-COVID, Vaccine Injuries, & Other Chronic Ailments

By Laraine C. Abbey-Katzev RN (retired), MS, CNS (Certified Nutrition Specialist)

In this treatment guide dealing with long-COVID and COVID-vax injuries, I detoured from the specific substances now commonly used to aid removal of the COVID spike protein like the enzyme nattokinase. Nattokinase is helping treat presumed spike protein symptoms as the article ***Degradative Effect of Nattokinase on Spike Protein of SARS-CoV-2*** demonstrates it does in vitro.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9458005/>

Countless other products now promoted within the marketplace are potentially helpful as well. Those successes, including bromelain and curcumin as noted by Dr. Peter McCullough, MD, are also circulating, and likely extend to many other natural and polyphenol-rich products offering anti-inflammatory, anti-thrombotic, and antiviral impacts. The green tea catechin ECGC has also been demonstrated to interfere with coronavirus replication. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9800022/>

Yet, many patients still fail to fully recover post-COVID or post vaccine injury, signaling that some metabolic pathways remain dysfunctional. Children suffering injuries from the routine childhood vaccines are also in this group. Metabolic pathways, driven by endogenous enzymes, offer opportunities for recovery or normalcy through megavitamin therapeutics by stimulating an exponential rise of vitamin-formed coenzymes.

In thinking about the power of megavitamin therapy as a producer of miraculous recoveries from a wide variety of symptoms within the cardiovascular, neurological, musculoskeletal, and immunological systems, often curing the “incurable,” we can be reminded that among its countless successes, megavitamin treatment along with thyroid hormone has amazingly raised I.Q. levels and even normalized the physical appearance of Down syndrome children. This was the work of Henry Turkel, MD and Ruth Harrel, MD, which you can learn about here:

<http://www.doctoryourself.com/turkel.html>

and <http://www.doctoryourself.com/downs.html>, so why not apply megavitamin therapies as a strategy for any chronic symptoms...particularly since overall, it's extremely safe.

Throughout history, chronic symptoms defying mainstream medical diagnosis, often wind up in the wastebasket of a psychiatric origin. Such was the case with premenstrual syndrome (PMS) believed to be “all in one's head.”

After helping thousands of women rid themselves of PMS through nutritional therapy, one could easily see these were NOT psychogenic! Despite being told they needed “a shrink,” their symptoms disappeared from an improved diet along with a high potency

multi-vitamin-mineral formula, including magnesium, zinc, vitamin E, and an added mega-dose of 250-500 mg of vitamin B-6.

Mega-doses of specific vitamins along with other food factors and important natural metabolites, have been nothing short of miraculous for serious specific conditions as diverse as asthma, autism, cancer, heart failure, atrial fibrillation, migraines, gastrointestinal, neurological, and genitourinary conditions, hepatitis, fatigue, and even schizophrenia to name just a few. **Megavitamin therapy is profoundly effective for many chronic conditions. Preventing classical deficiency diseases is only a fraction of the utility of vitamins.**

We are quite literally built from, and run by nutrients, yet a relationship between diet and disease was amazingly regarded as quackery by the medical industry as recently as the 1970s and 80s.

We have many bold pioneering physicians and researchers to thank for what Dr. Linus Pauling came to name “orthomolecular” medicine—more commonly known as nutritional medicine. A small sampling of hundreds of pioneers who explained and used megavitamin therapy include Abram Hoffer, MD, PhD; Carl Pfeiffer, MD, PhD; Andrew Saul, PhD; Roger J. Williams, PhD; Bernard Rimland, PhD, William Kaufman, MD, Robert Cathcart, MD, Hugh Riordan, MD, and Frederick Klenner, MD. A book which features them and others among 65 experts on therapeutic and preventive nutrition is **“The Orthomolecular Treatment of Chronic Disease”** edited by Andrew W. Saul, PhD. I’m honored to say I am one of their cited experts for successful nutritional treatment of agoraphobia and panic disorder.

Dr. Bernie Rimland, PhD a member of the *Orthomolecular Hall of Fame* and a renowned autism researcher, at the urging of parents, began investigating the use of mega-doses of vitamin B-6 (most often given with magnesium) to discover it helped many autistic children. Many other studies have subsequently shown benefit. If certain megavitamins have helped kids injured through the childhood vaccine schedule, might it not help in COVID related injuries? Might not other vitamins also do so? We already have evidence of COVID treatment benefits from vitamins D, C, and the mineral zinc.

The most comprehensive source of nutritional therapeutics for medical professionals and other serious health seekers, is Dr. Alan R. Gaby, MD’s 1500+ page tome, **“Nutritional Medicine,”** which focuses on hundreds of health conditions and is the most widely acclaimed text in the field. Dr. Gaby, a past president of the American Holistic Medical Association, is a true pioneer of this field. His brand-new third edition is available in digital and hard-bound versions for sale at <https://doctorgaby.com/>

There are countless excellent books for the public on nutritional and megavitamin therapy. Explore the many authored, or co-authored, works by Dr. Andrew W. Saul, PhD, some of which follow:

- ***Orthomolecular Medicine For Everyone...Megavitamin Therapeutics for Families and Physicians*** by Abram Hoffer, MS, PhD and Andrew W. Saul, PhD
- ***The Vitamin Cure*** series of books by Andrew W. Saul, PhD, and other various authors
- ***Niacin...The Real Story*** by Abram Hoffer, MS, PhD; Andrew W. Saul, PhD; Harold D. Foster, PhD
- ***Nutrition and Mental Illness...An Orthomolecular Approach to Balancing Body Chemistry*** by Carl C. Pfeiffer, PhD, MD
- ***Brain Allergies: The Psychonutrient and Magnetic Connections*** by William H. Philpott, MD and Dwight K. Kalita, PhD and forwarded by Linus Pauling

So, Why do Mega-doses Work When Lower Doses Don't?

The process by which food and nutrients are converted into cellular components is known as intermediary metabolism and is facilitated by enzymes. The activators of those enzymes are coenzymes, which are formed from the vitamins we consume. Nutrient deficiency, malabsorption, and malfunctioning mutated enzymes are where many health breakdowns occur leading to countless medical disorders. This is the juncture where megavitamin therapy works. Malfunctioning enzymes can often be stimulated to work better through a massively larger vitamin/coenzyme presence. This is a foundational principle of metabolic or orthomolecular therapy.

When I started in private practice in the late 1970s, I put together a panel of diagnostic enzyme stimulation tests with the help of a research laboratory. I found that folks with varying chronic symptoms virtually always had certain underactive enzymes that could be stimulated by megavitamin dosing despite being unresponsive to lower dosages. This stimulation is possible because enzymes are typically not fully saturated under physiologic conditions. I termed the phenomenon "Functional Nutrient Deficiency." Massive doses of the incriminated vitamin resolved symptoms (that lower doses didn't) while simultaneously normalizing the tests.

Dietary deficiency, toxins, and other environmental insults (now called epigenetic damage) can cause malfunctioning or mutated enzymes, which initiates biochemical havoc and chronic debilitating symptoms. Everything from fatigue, anxiety, depression, neurological symptoms, dysautonomia, ataxia, lightheadedness, headaches, brain fog, memory problems, allergies, palpitations, GI disturbances, mood and behavior disorders, muscle spasms, cramps, and joint pains are just a few of hundreds of such symptoms suffered by the chronically ill, which includes COVID sufferers, and the vaccine injured.

We know that health requires moderate exercise, fresh air, sunshine, pure water, and a high quality natural, whole-foods diet that avoids added sugars, chemical additives, and heavy processing. Of great health value is the elimination diet to identify hidden allergies or reactivities to various foods. Since most Americans are heavy consumers of milk products, flour containing foods (wheat), and sugar, it can be nothing short of miraculous to see symptoms of long duration disappear after a 5-day avoidance of

these and other foods, chemicals, mold, plants, or pets to which the person has become allergic or reactive. Even psychosis has been healed in rare cases by the elimination of a reactive food or chemical. These presumed-to-be psychological reactions are correctly termed “cerebral” or “brain” allergies.

The medical industry needs to recognize how nutritional supplements can be used to aid patients. It has been slow to do this and, in its resistance, has labeled this “alternative medicine.” Progress has been made with more inclusive terms like “complementary” or “integrative” medicine. Nevertheless, orthomolecular medicine, and its corollary megavitamin therapy, is still marginalized and maligned by the Pharma-controlled medical industrial complex.

A Sampling of Amazing Benefits to Encourage Megavitamin Therapy

Mega-doses of various vitamins deliver truly astounding results in wide varieties of disorders and symptoms. The following examples highlight these miracles. Although these examples focus heavily on psychiatric problems, that in NO way suggests their value is limited to psychiatry. Rather, it highlights how even severely disabling disorders can be helped by various B-vitamins.

Five hundred (500) milligrams of thiamine (B-1) and/or 500 mg of Pyridoxine HCL (B-6) have rescued many patients from panic disorder and agoraphobia. This happened for hundreds of sufferers after the Associated Press (AP) re-ran a local newspaper story on agoraphobia featuring the complete recovery of one of my patients, a severely agoraphobic woman, with numerous symptoms in multiple organ systems. Megavitamin therapy totally recovered her, including the concomitant elimination of virtually all her symptoms. <http://orthomolecular.org/library/jom/1982/pdf/1982-v11n04-p243.pdf>

The AP story, featuring my treatment of her, also wound up in Prevention Magazine, which provided an opportunity for additional agoraphobics and panic attack sufferers throughout the country to access megavitamin therapy and recover through our office via telephone consults.

Other common maladies, including cardiac arrhythmias, have also been reversed. My personal experience using 500 mg of B-1 generally in combination with 5000-10,000 mg of taurine (powdered form), 600 mg magnesium, and 2000-4000 mg of Arginine AKG have eliminated arrhythmias, including a-fib in numbers of people. These nutrients are vital for heart health and brain health. They are neuroprotective. Taurine has even stimulated new neuron production, and there is a plethora of evidence on its anti-inflammatory properties. Mega-doses of these have improved myocardial energy and ejection fraction, and reversed heart failure. Since neurological and cardiac events are prevalent among the COVID vaccinated, might not these larger doses be helpful for long-COVID and the vaccine injured? Might not thiamine, having successfully treated dysautonomia, offer benefits for POTS (Postural Orthostatic Tachycardia Syndrome)?

The article *Functional Nutrient Deficiency in Chronically Multi-symptomatic People—A Pilot Study* demonstrates how countless symptoms and chronic health problems have been eliminated by megavitamin therapy.

https://isom.ca/wp-content/uploads/2020/01/JOM_1989_04_2_04_Functional_Nutrient_Deficiency_in_Chronically_Multi-.pdf

Schizophrenia and bi-polar disease have been dramatically reversed in thousands of patients by Abram Hoffer, MD using 3000 mg of niacin (vitamin B-3) with 3000 mg vitamin C daily. Patients must be warned about the HARMLESS skin flush at the beginning of niacin treatment. Here are engaging stories by Dr. Hoffer: Psychosis, Schizophrenia, and Nutritional Therapy-- <http://doctoryourself.com/psychiatry.html>, Schizophrenia and Psychosis Cured with Vitamin Therapy: Nutrition Protocols and Case Histories-- http://doctoryourself.com/hoffer_psychosis.html.

These same disorders have also been successfully managed among thousands of patients treated by Carl C. Pfeiffer, MD, PhD with various B-vitamins in mega-doses, and especially with 500 mg vitamin B-6, magnesium, zinc, manganese, and molybdenum. Dr. Pfeiffer identified at least 3 different types of schizophrenias that responded to different combinations of various B-vitamins and other supplements. Both Hoffer and Pfeiffer noted many non-psychiatric disorders also eliminated via the same vitamin protocols, even including cancer recoveries!

A young man in my family, in and out of mental hospitals from the age of 17 to 27 with depression, psychotic episodes of paranoid schizophrenia, and manic-depressive illness (now referred to as bi-polar illness), had treatment by Dr. Seymour Appelbaum, MD, an orthomolecular psychiatrist who focused on his junk food diet to eliminate sugar and refined white flour, and add more vegetables and increased protein sources, in addition to starting him on megavitamin and mineral supplements. The result? Never mentally ill or hospitalized again! It's now forty-seven years and counting.

Consider arthritis...where dramatic improvement in joint pain and range of motion occurred among thousands of sufferers through mega-vitamin B-3 (both niacin and niacinamide) by Dr. William Kaufman MD. Read Dr. Kaufman's published paper posted here-- <http://doctoryourself.com/kaufman5.html>.

The stories are legion of various herbs and other natural food factors offering healing benefits. Among these are the many superfoods like algae, medicinal mushrooms, and adaptogens like ginseng. Nattokinase, pycnogenol (from pine bark), ashwagandha, resveratrol, and ivermectin (derived from fermentation of *streptomyces avermitilis*, a Japanese soil bacteria) are among the wondrous substances nature has provided to heal ourselves.

So why not a 3-month trial of 500 mg of thiamine (B-1) or pyridoxine (B-6), or 3000 mg of niacin (being aware to tell patients of the harmless niacin red skin flush that occurs at the start-up) along with equal or far greater amounts of vitamin C? What about methylcobalamin B-12 injections or 5000 mcg B-12 sublingually and perhaps along with

15 mg L-methylfolate (5-MTHF)? Visual problems and migraine headaches often respond to 400 mg of Riboflavin (vitamin B-2) given over time. What about adding trace elements known to be deficient for most people? We need to see whether megavitamin therapies can help COVID and other vaccine injuries as much as they've helped so many of the health conditions they've been tried upon. You and your patients can learn more about very high-dose vitamin therapy from Helen Saul Case's book, ***Orthomolecular Nutrition for Everyone***.

Some Supplement Suggestions...

A nutrient supplement program from an orthomolecular perspective would have all-natural products in research-supported forms and potencies. At a minimum, supplementation would include a multivitamin-multimineral formula supplying all known fat- and water-soluble vitamins, including trace elements such as iodine, zinc, manganese, boron, selenium, chromium, and molybdenum. Additional calcium and magnesium would often need to be added to such multi-formulas to achieve preventive or therapeutic dosages. Also, often used in larger amounts than found in most multis are additional vitamins C, D-3, and E. Sufficient Omega-3 fatty acid sources from food or supplements should also be provided.

The following are sample basic nutrient regimens that would be health enhancing for most people. Please note *there are NO financial or other connections to any mentioned products*. These brands have the desired forms, potencies, and combinations that research has identified as clinically useful. Even so, other formulations and brands could be equally effective.

The listed supplements are to be understood as general educational guidance and not as recommendations, that as always, must be discussed with physicians or qualified health practitioners. Medical treatment of certain disorders may require avoidance of specific nutrients.

- Life Extension's brand **Two-Per-Day** multivitamin, and **Super Omega-3 Plus**—softgel
- Calcium (cholecalciferol form preferred) 500-1000 mg and magnesium 300-600 mg
- Vitamin D-3 softgel 5000 IU (125 mg) or more to maintain blood level of 50-80 ng/dl (nanograms per deciliter) along with vitamin K2 (MK7). I like Life Extension brand Mega-Vitamin-K2
- Vitamin E as mixed tocopherols with d-alpha tocopherol—200-800 IU (134-536 mg)
- Vitamin C **oral** dosing is limited only by one's bowel tolerance. Liposomal vitamin C, though oral, is absorbed differently and does not induce diarrhea. Although

more effective per gram than other oral forms, liposomal is significantly more expensive. The sicker or more stressed one is, the higher the tolerated oral dose before having loose stools. This is not a toxicity problem, as intravenous vitamin C in doses higher than 100,000 mg do not have the loose stool effect.

- I recommend using liposomal forms in addition, rather than instead of, other oral forms. Vitamin C, including the LiveOn Labs brand of liposomal vitamin C, is credited with rescuing New Zealand farmer Alan Smith from the jaws of death. <https://www.youtube.com/watch?v=Y3VJVSclyD4>
- Dr. Robert Cathcart, MD explained in his paper reported at <http://doctoryourself.com/titration.html> that optimal oral dosing of vitamin C is getting up to, and just below, your diarrhea point. This is a method of treating various viral infections and toxin exposures. As an example, when I had the flu with 103 F fever, I consumed a total of 120,000 milligrams (not a typo) of vitamin C within 24 hours (in smaller numerous divided doses every 2-4 hours) to stay just at the diarrhea point and rid myself of the flu in one day!
- **For bowel tolerance dosing, use only plain forms of vitamins C, NOT forms combined with vitamins or minerals, as such high doses of minerals and other things could be toxic.**

Any supplement associated with unexpected, untoward reactions should be discontinued, and possibly substituted with an alternative producer.

Vitamin C is available in capsules, tablets, and powdered forms for oral use. Capsules are generally easier to swallow than tablets. When aiming to use much higher doses, powdered forms are necessary. Plain vitamin C powders come as ascorbic acid or as sodium ascorbate (a non-acidic form). Many companies produce ascorbic acid in capsules and powder, so choose any company's plain form as you like.

Pure ascorbic acid powder supplies 5000 mg per level teaspoon, while the sodium ascorbate brand NutriBiotic, provides 4400 mg per level teaspoon. I recommend the NutriBiotic brand when preferring a non-acidic form because other brands I've tried have much higher sodium levels and taste saltier. Ascorbic acid powder can be taken in water, fruit juice, tomato or V-8 juice. Sodium ascorbate can be taken in water, milk, alternative "milks" like oat, almond, soy, etc., as well as in tomato and low-sodium V-8 juice.

Famed vitamin C pioneer, Dr. Fred Klenner, MD suggested everyone take 1000 mg for every year of age up to 10,000 mg. **Most healthy adults can take at least 10,000 mg of oral vitamin C daily in divided doses without any G-I symptoms.**