health care channel

Spike Quantification

& Micro-Clotting

Results

June 11, 2025

Disclaimer:

The information presented herein is intended solely for educational and informational purposes. It is a review and interpretation of emerging scientific research and is not intended to diagnose, treat, cure, or prevent any disease. Statements made regarding molecular pathways, detoxification mechanisms, or the behavior of viral proteins are based on published or preliminary data and should not be construed as medical advice. This content is not a substitute for professional medical consultation, diagnosis, or treatment, and we expressly disclaim any liability arising from the use or misuse of the information provided.

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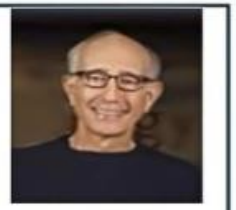
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Laboratories

ELISA: (Enzyme-linked Immunosorbent Assay):
Spike in plasma/serum – Prof. Brigitte Koenig, MMD Labs (Germany)
Spike in exosomes – Prof. Brigitte Koenig, MMD Labs (Germany)
Spike in PBMCs – Prof. Brigitte Koenig, MMD Labs (Germany)

Mass Spec: Dry Blood Spot:
Semi-quantitative analysis of full-length spike protein, S1 subunit, peptides in the plasma of vaccinated individuals or infected with SARS-Cov-2
“Bacteriophage-like behavior” identified in the intestinal lining – Dr. Carlo Brogna (Milan, Italy) – Ongoing Research

Fluorescent microscopy:
Diagnostics on microclots – Dr. Jordan Vaughn (Birmingham, Alabama)

Microscopic examination of amyloids- fibrils in blood samples:
Dr. Kevin McCairn, Synaptec (Japan)

Spike Research & Testing Summary

1. Elisa testing of Spike, multiple patient results
2. Mass Spec with individual patient protocol testing on ourselves
3. Mass Spec Test cohort in Germany
4. Mass Spec Test cohort in the United States

What Does Provocation Mean?

Provoking the expulsion of spike proteins from within cells and tissues, allowing it to be excreted by the body.

Key Concepts:

- **Provocation** = targeted therapy that stimulates the release of hidden or sequestered spike protein.
  - Can involve autophagy activation, redox modulation, immune activation, or membrane permeability changes.
- **Spike Reservoirs** = places where spike protein may persist:
  - Inside cells (e.g., lysosomes, ER-Golgi).
  - Tissues like spleen, liver, brain, fat.
  - Immune cells (e.g., monocytes, dendritic cells).
- **“Dumped out” means**:
  - Release via exosomes or microvesicles.
  - Export through membrane channels.
  - Cell death (apoptosis or pyroptosis) releasing contents.
- **Nested organs** = hard-to-reach tissues where spike may remain hidden (e.g., CNS, bone marrow, lymph nodes).

#1 - Elisa testing of Spike, multiple patient results

Date & Location

- Germany – September 2024 to January 2025

Test Type

- Elisa

Test Protocol

- ½ bottle of X over various weeks – see individual results

# of Test Results

- 5+

Prof & Dr. Brigitte Koenig : Quantification of Spike in PBMC‘s

The MMD laboratory Magdeburg now offers for the first time a variety of detection methods for Long-Covid & Post-Vac:

Quantitative Bestimmung des freien SARS-CoV-2 Spikeproteins in Plasma/Serum In Eluat Quantitative Bestimmung des freien SARS-CoV-2 Nukleokapsid in Plasma/Serum In Eluat
Quantitative Bestimmung des SARS-CoV-2 Spikeproteins in Exosomen Quantitative Bestimmung des SARS-CoV-2 Nukleokapsid in Exosomen
Quantitative Bestimmung des SARS-CoV-2 Spikeproteins in Immunzellen (PBMC) Quantitative Bestimmung des SARS-CoV-2 Nukleokapsid in Immunzellen (PBMC)
Differenzierung des SARS-CoV-2 Spikeproteins (Infektion/Impfung) Nur in Verbindung mit 1.1 – 1.3. • In Plasma/Serum/Eluat - noch nicht verfügbar • In Exosomen - noch nicht verfügbar • In Immunzellen 8PBMC) - noch nicht verfügbar
Nachweis von Impf-mRNA (Pfizer, Moderna) in Exosomen
Nachweis von Impf-mRNA (Pfizer, Moderna) in Immunzellen (PBMC)
Nachweis von Impf-mRNA (Pfizer, Moderna) in Muttermilch
Nachweis von SARS-CoV-2 RNA im Serum/Plasma (Persistenz), hoch sensitiv
Nachweis von SARS-CoV-2 RNA in Immunzellen (PBMC) (Persistenz)
Nachweis von SARS-CoV-2 RNA im Stuhl (Persistenz)
Nachweis von SARS-CoV-2 RNA in Samenzellen (Persistenz)
Nachweis der SARS-CoV-2 mRNA Expressionsvektoren (Pfizer, Moderna, Janssen) • In Immunzellen (PBMC) • In Samenzellen • In Mundschleimhautzellen
Nachweis von LINE-1 (dieses Enzym ist die Voraussetzung für den Einbau von Impf-mRNA in das menschliche Genom)
Nachweis der Integration der Impf-mRNA in den Zellkern
Nachweis der Expressionsvektoren (Plasmide) von Pfizer/Moderna in Darmbakterien

1.2 Quantitative determination of the SARS-CoV-2 spike protein in exosomes

Quantitative determination of the SARS-CoV-2 nucleocapsid in exosomes

and:

1.3 Quantitative determination of the SARS-CoV-2 spike protein in immune cells (PBMC)

Quantitative determination of the SARS-CoV-2 nucleocapsid in immune cells (PBMC)

and:

3.3 Detection of SARS-CoV-2 RNA in stool (persistence)

- **Validated methods**: Mass spectrometry-based detection with Auto Ms(n).
- **High sensitivity**: Detects spike protein even years post-infection or vaccination
- Tracks clearance in plasma, immune cells & exosomes, supporting research & treatment adjustments.

Why Test PBMCs and Exosomes?

Understanding the Path to Spike Clearance

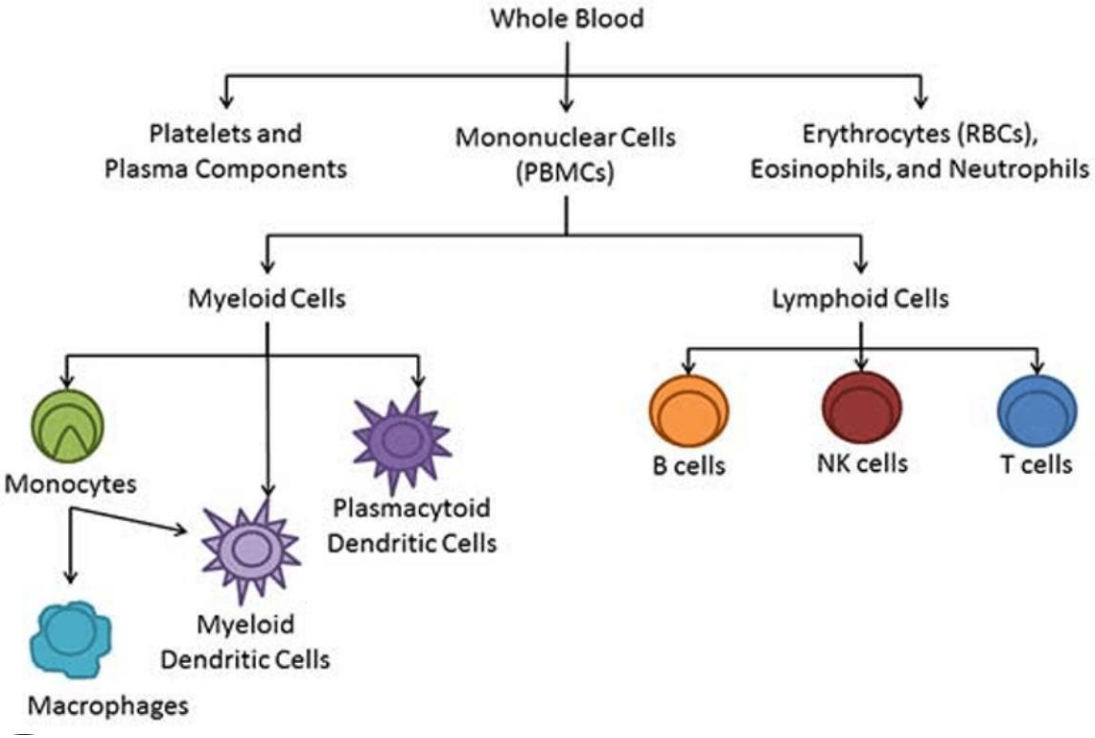
Spike protein doesn’t just circulate — it hides. Exosomes show what’s being shed. PBMCs show what’s still retained. Together, they map the burden and guide recovery.

WHICH CELLS ARE CLASSIFIED AS PBMC‘s?

(Peripheral blood mononuclear cells)

Here’s a list of cell types classified as PBMCs along with their primary functions:

- T Cells (Adaptive Immune Cells):
  - CD4+ T Helper Cells: Activate other immune cells and regulate immune responses.
  - CD8+ Cytotoxic T Cells: Destroy infected or cancerous cells.
  - Regulatory T Cells (Tregs): Maintain immune tolerance and prevent overactive responses.
- B Cells: Produce antibodies and differentiate into plasma cells upon activation.
- Natural Killer (NK) Cells: Attack virus-infected cells and tumors; involved in innate immunity.
- Monocytes & Macropgages (Innate immune cells): Differentiate into macrophages or dendritic cells; involved in phagocytosis and antigen presentation.
- Dendritic Cells: Capture and present antigens to T cells, bridging innate and adaptive immunity.



Tracking Spike Clearance in Clinical Cases

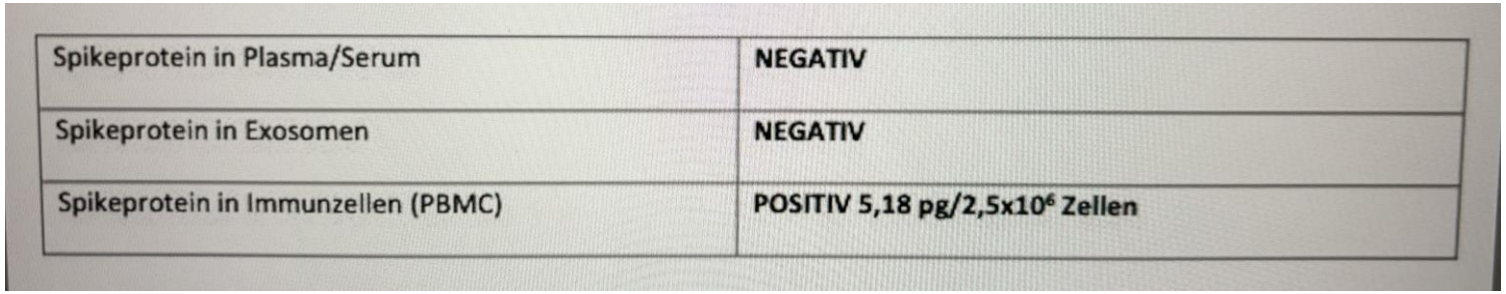
Spikeprotein in Plasma/Serum	**NEGATIV**
Spikeprotein in Exosomen	**NEGATIV**
Spikeprotein in Immunzellen (PBMC)	**POSITIV 188,04 pg/2,5x10^6 Zellen**
LINE-1 in Immunzellen (PBMC)	**NEGATIV**
SARS-Cov-2 RNA in Immunzellen (PBMC) (Persistenz)	**NEGATIV**

Interpretation:

Before Treatment (Baseline)= → 188 pg/2.5 × 10^6 cells

Spikeprotein in Plasma/Serum	**NEGATIV**
Spikeprotein in Exosomen	**NEGATIV**
Spikeprotein in Immunzellen (PBMC)	**POSITIV 17,28 pg/2,5x10^6 Zellen**

After 7 Weeks of Therapy → 17.28 pg/2.5 × 10^6 cells



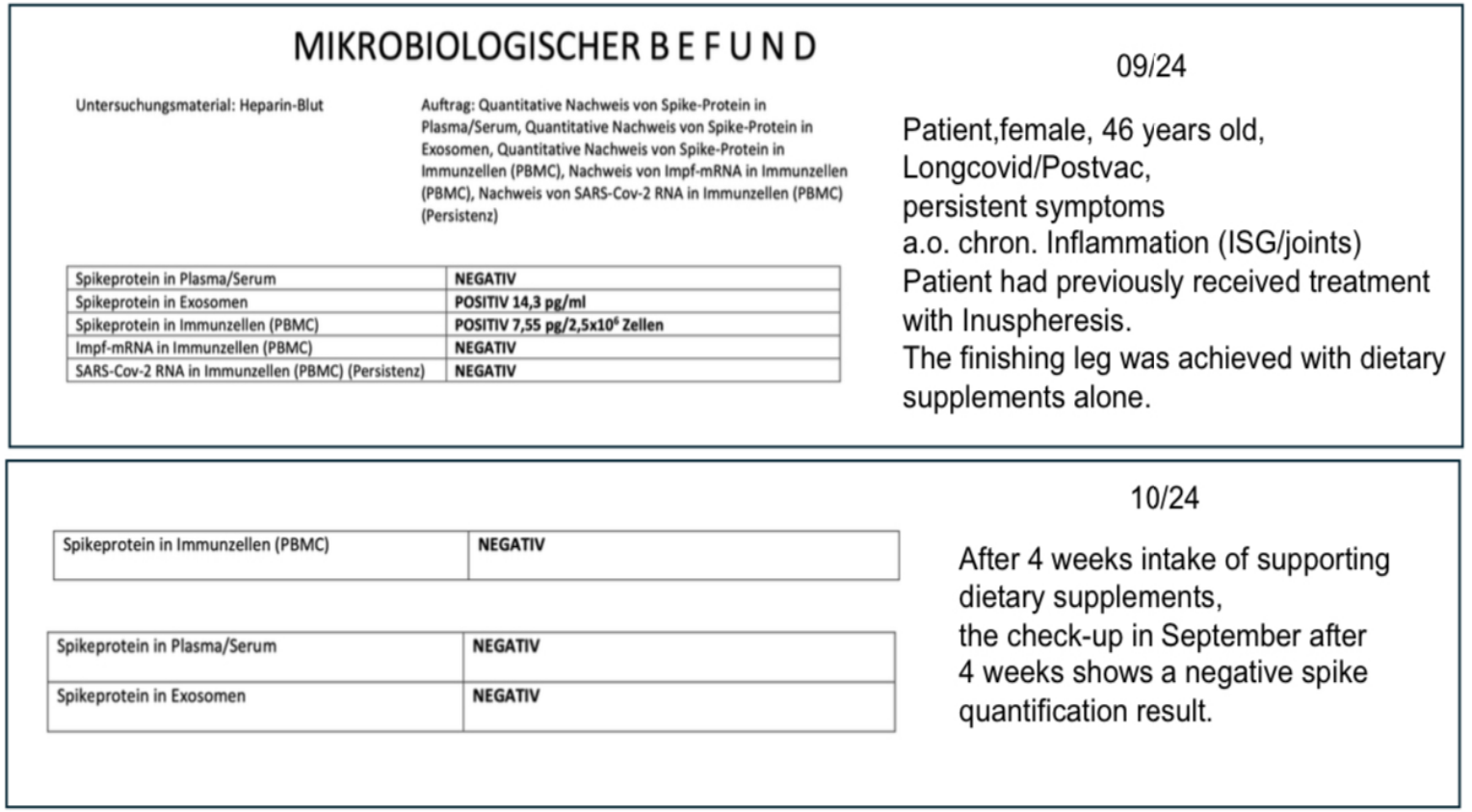
After 12 Weeks: Further reduction by 97% → 5.18 pg/2.5 × 10^6 cells

A 43-year-old male experienced mild neurological issues (concentration deficits) after COVID-19 in 2022, despite being fit for work.

After two years of multimodal treatment, including apheresis, his intracellular spike protein in PBMCs remained abnormally high.

Over **12 weeks of targeted therapy**, **spike levels dropped by 97%,** correlating with cognitive improvement, while exosomal spike protein remained undetectable, confirming intracellular retention as the primary concern.

Tracking Spike Clearance in Clinical Cases



MIKROBIOLOGISCHER B E F U N D

09/24

Untersuchungsmaterial: Heparin-Blut

Auftrag: Quantitative Nachweis von Spike-Protein in Plasma/Serum, Quantitative Nachweis von Spike-Protein in Exosomen, Quantitative Nachweis von Spike-Protein in Immunzellen (PBMC), Nachweis von Impf-mRNA in Immunzellen (PBMC), Nachweis von SARS-Cov-2 RNA in Immunzellen (PBMC) (Persistenz)

Spikeprotein in Plasma/Serum	**NEGATIV**
Spikeprotein in Exosomen	**POSITIV 14,3 pg/ml**
Spikeprotein in Immunzellen (PBMC)	**POSITIV 7,55 pg/2,5x10^6 Zellen**
Impf-mRNA in Immunzellen (PBMC)	**NEGATIV**
SARS-Cov-2 RNA in Immunzellen (PBMC) (Persistenz)	**NEGATIV**

Patient,female, 46 years old,
Longcovid/Postvac,
persistent symptoms
a.o. chron. Inflammation (ISG/joints)
Patient had previously received treatment with Inuspheresis.
The finishing leg was achieved with dietary supplements alone.

10/24

Spikeprotein in Immunzellen (PBMC)	**NEGATIV**

Spikeprotein in Plasma/Serum	**NEGATIV**
Spikeprotein in Exosomen	**NEGATIV**

After 4 weeks intake of supporting dietary supplements,
the check-up in September after 4 weeks shows a negative spike quantification result.

A 46-year-old female with Long COVID/Post-Vaccine symptoms, including chronic inflammation (ISG/joints).

Previous Treatment: Underwent Inuspheresis, followed by dietary supplement-based therapy.

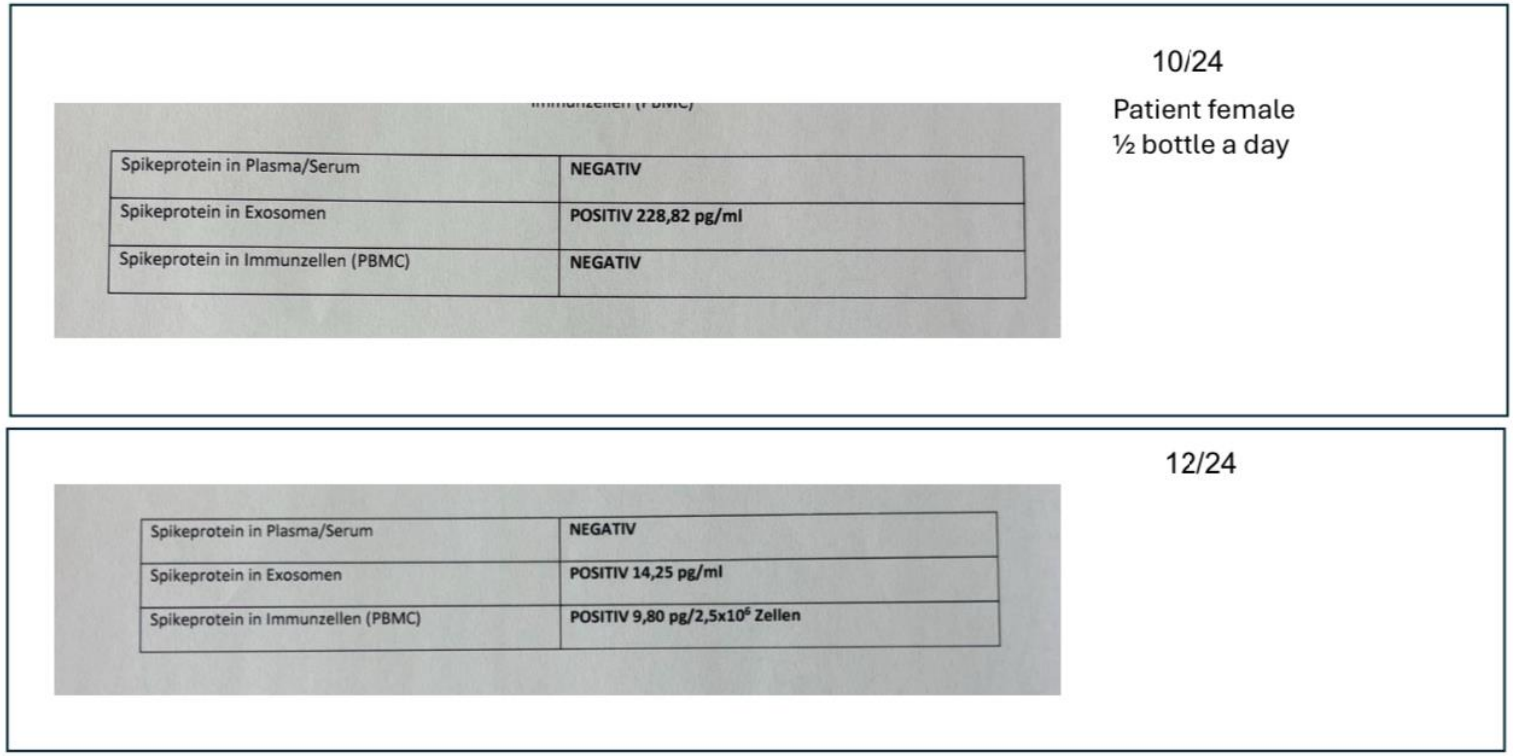
Before Supplementation (09/24):

- Exosomal spike protein detected at 14.3 pg/ml.
- Intracellular PBMC spike detected at 7.55 pg/2.5 × 10^6 cells.

After 4 Weeks of Dietary Supplements (10/24):

- Complete clearance of spike protein in PBMCs, plasma, and exosomes (all NEGATIVE).

Tracking Spike Clearance in Clinical Cases



10/24

Patient female
½ bottle a day

Spikeprotein in Plasma/Serum	NEGATIV
Spikeprotein in Exosomen	POSITIV 228,82 pg/ml
Spikeprotein in Immunzellen (PBMC)	NEGATIV

12/24

Spikeprotein in Plasma/Serum	NEGATIV
Spikeprotein in Exosomen	POSITIV 14,25 pg/ml
Spikeprotein in Immunzellen (PBMC)	POSITIV 9,80 pg/2,5x10^6 Zellen

Spike clearance from exosomes revealed intracellular retention, suggesting that immune cells continue to harbor spike protein even after systemic clearance.

This persistence may contribute to ongoing post-infection symptoms.

A 41-year-old female, vaccinated before infection, presented with fatigue, exercise intolerance, and sleep disturbances.

Before Treatment:

- Exosomal spike protein detected at 228.82 pg/ml, while intracellular spike (PBMCs) was undetectable.

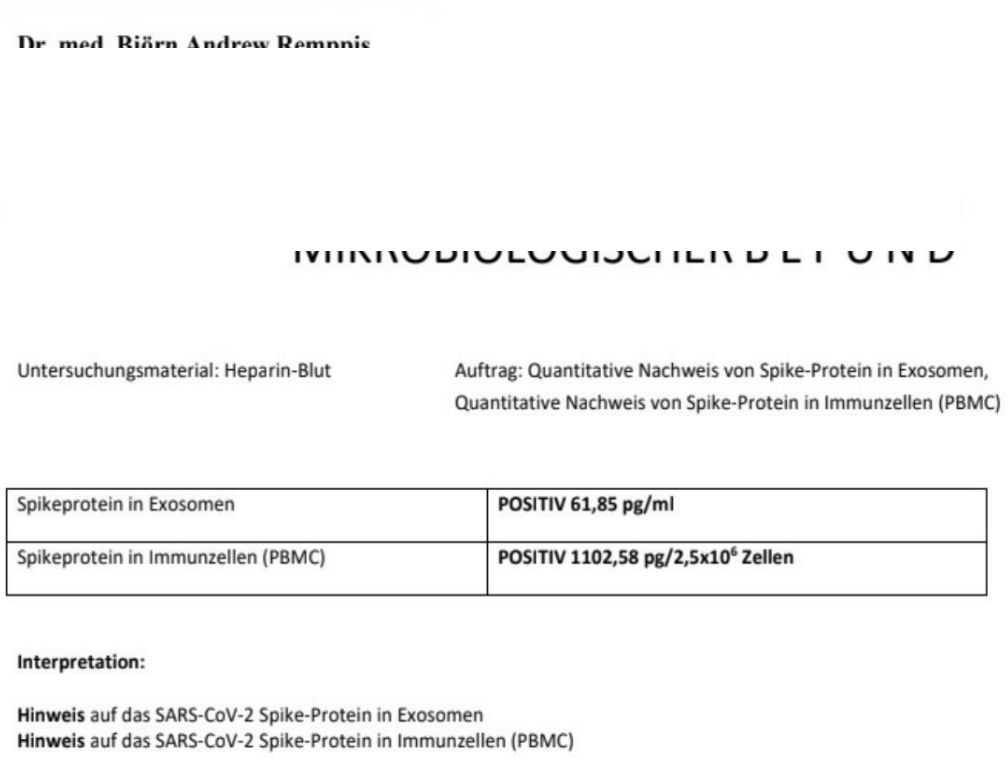
After 10 Days of Therapy:

- Exosomal spike protein levels dropped by 94% → 14.25 pg/ml.

- Intracellular spike protein (PBMCs) newly detected → 9.80 pg/2.5 × 10^6 cells.

RECENT PATIENT DATA SPIKE DETOX
FROM INTRACELLULAR PERSISTENCE IN IMMUNE CELLS

OCT/NOV 2024
SPIKE LEVELS 1000+ pg



Dr. med. Björn Andrew Remppis

MIKROBIOLOGISCHER BEFUND

Untersuchungsmaterial: Heparin-Blut

Auftrag: Quantitative Nachweis von Spike-Protein in Exosomen, Quantitative Nachweis von Spike-Protein in Immunzellen (PBMC)

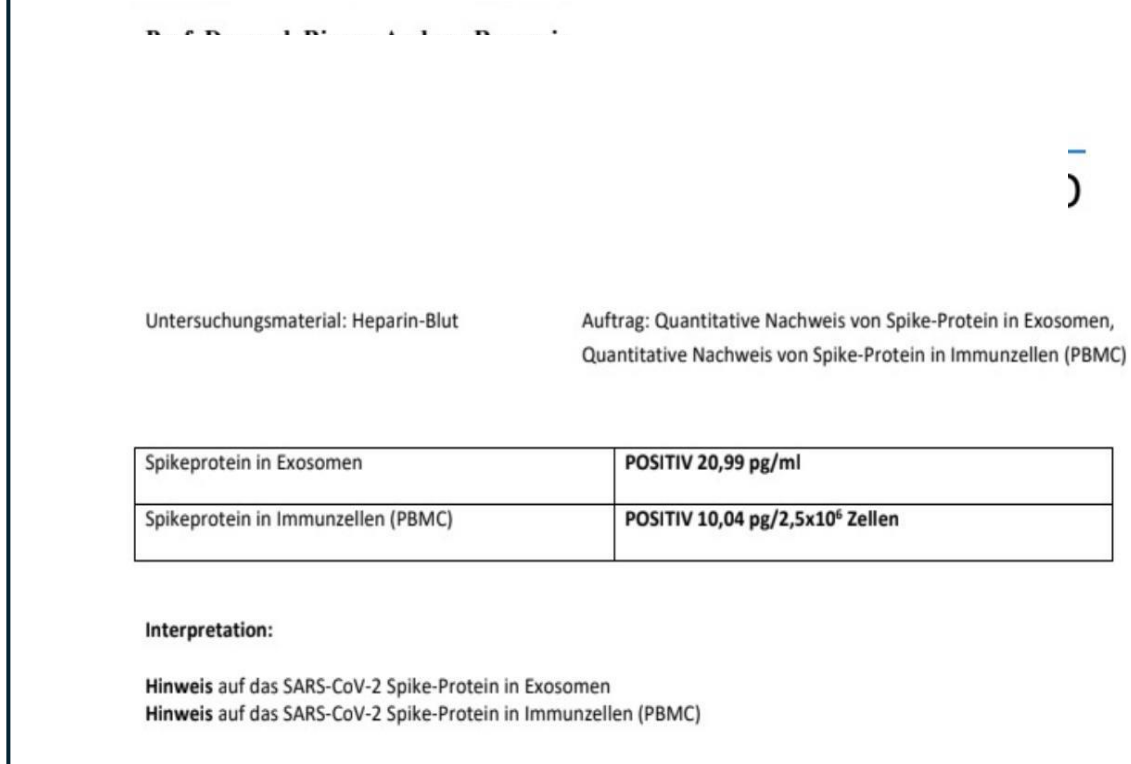
Spikeprotein in Exosomen	**POSITIV 61,85 pg/ml**
Spikeprotein in Immunzellen (PBMC)	**POSITIV 1102,58 pg/2,5x10^6 Zellen**

Interpretation:

Hinweis auf das SARS-CoV-2 Spike-Protein in Exosomen
Hinweis auf das SARS-CoV-2 Spike-Protein in Immunzellen (PBMC)

Before Therapy: PBMC spike levels exceeded 1000 pg.

JAN 2025
SPIKE LEVELS DOWN TO 10 pg!!!



Untersuchungsmaterial: Heparin-Blut

Auftrag: Quantitative Nachweis von Spike-Protein in Exosomen, Quantitative Nachweis von Spike-Protein in Immunzellen (PBMC)

Spikeprotein in Exosomen	**POSITIV 20,99 pg/ml**
Spikeprotein in Immunzellen (PBMC)	**POSITIV 10,04 pg/2,5x10^6 Zellen**

Interpretation:

Hinweis auf das SARS-CoV-2 Spike-Protein in Exosomen
Hinweis auf das SARS-CoV-2 Spike-Protein in Immunzellen (PBMC)

After Detox & Treatment: Dropped to 10 pg, 99% clearance! Confirming that intracellular clearance is possible with targeted interventions.

2 – on Ourselves

Date & Location
- January 2025 in Italy

Test Type
- 1st Mass Spec

Test Protocol
- Provocation with ½ bottle of X and test after 2 hours

# of Test Results
- 5

Explanation – What may be happening
- Provocative interventions mobilized retained spike protein from intracellular and tissue reservoirs — including nested organ systems — facilitating its excretion from the body

GENERAL DATA

Report n.	**2025/**
Data	
SANIST	Analisi>2025>Biologici

Customer	
Analysis request	.
Sample description	Received on January 16th, 2025 9 biological samples (drop of blood)

1. **PURPOSE OF THE ANALYSIS**

Determination, in the drop of blood, of spike protein fragments and any of their modifications.
This analysis constitutes a first level screening without the aid of a certified analytical standard.
The detection of compounds is subject to the instrumental detectability limit.

2. **RESULTS**

An analysis in auto-fragmentation [Auto Ms(n)] was conducted. The data were processed using the 'SANIST-HB' software, utilizing a database containing the sequences of the spike protein and its modified forms. The results are presented in the Table.

	Spike glycoprotein Before	Spike glycoprotein After	Test Before	Test After
	-	21.5	-	Pos
	37.9	67.4	Pos	Pos
	14.5	38.4	Pos	Pos
	17.5	21.4	Pos	Pos
	24.1	33.1	Pos	Pos

3. **NOTES**

❖ *Please note that the blood sample will be discarded according to law once the analysis is completed.*

Interpretation of results

Spike from Virus Origin
LOD(Level of Detection) 1,5
Lower significant Level of Spike in Blood >30
Moderate Level of Spike from Virus Origin in Blood 30-40
Higher Level of Spike in from Virus Origin Blood 40-50
Huge Level of Spike from Virus Origin in Blood >50

Spike from Vaccination Origin
LOD 1,0
Lower significant Level of Spike from Vaccination Origin in Blood 1,0-1,5
Moderate Level of Spike from Vaccination Origin in Blood 1,5-2,0
Higher Level of Spike from Vaccination Origin in Blood 2,0-3,0
Huge Level of Spike from Vaccination Origin in Blood >3,0

Infected Microbiom
Low Level of Spike from infected Bacteria Origin in Blood = x
Moderate Level of Spike from infected Bacteria Origin in Blood = xx
High Level of Spike from infected Bacteria Origin in Blood = xxx

6:45 PM

PROVOCATION RESULTS

1. PURPOSE OF THE ANALYSIS

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	24.1	33.1	Pos	Pos

3 – Trial Participants in Germany

Date & Location

- Germany – March to May 2025

Test Type

- Mass Spec

Test Protocol

- Provocation of **Senolescence** (4 Capsules), 2 hour wait window

# of Test Results

- 32 participants
- Spike Before – Average 24.3
- Spike After – Average 35.2

Explanation – What may be happening

- **Senolescence** appears to facilitate the mobilization and subsequent clearance of intracellular spike protein by targeting senescent cells, which may act as long-term reservoirs of viral debris. Through the activation of cellular renewal pathways and senolytic action, the compound may promote the breakdown of dysfunctional or chronically inflamed immune cells harboring residual spike. As these senescent cells are cleared, their contents — including retained spike protein — are expelled, processed, and ultimately eliminated by the body's detoxification systems. This "dumping" phenomenon reflects a therapeutic unmasking of latent spike burden, often coinciding with transient symptom shifts, followed by improvements in systemic inflammatory tone and immune resilience.

Suggested Use

Take 6 capsules **once per week** before a meal, or as directed by your healtecare provider.

Caution

Do not exceed recommended dose. Pregnant or nursing mothers, children under the age of 18, and individuals with a known medical condition should consult a physician before using this or any dietary supplement.

Store in a cool, dry place.

No artificial colors, flavors or preservatives

‡ These Statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

Lot Number:

Expiration Date:

Manufactured for

Vedicinals Inc. | Orlando, FL 32822
6533 Hazeltine National Drive
www.vedicinalsusa.com
email: support@vedicinals.com
call: +1-888-896-1009

VEDICINALS®

Senolescence

Contents 30 Capsules

Supplement Facts

Serving Size: 6 Capsules (3g) **Servings Per Container:** 5

Amount per Serving		% Daily Value
Vitamin B12 (as Methylcobalamin))	6mcg	252%
Selenium (as Sodium Selenite)	60mcg	108%
Senolescence Proprietary Blend	2142 mg	†
Japanese Knotweed Extract (Polygonum Cuspidatum) (Root), Chinese Scholar Tree Extract (Sophora Japonica) (Bud), Smoketree Extract (Cotinus Coggygria) (Branch), Black Tea Extract (Camellia Sinensis) (Leaf), Chinese Scholar Tree (Sophora Japonica) (Bud), Green Tea Extract (Camellia Sinensis) (Leaf), Licorice Extract (Glycyrrhiza Glabra) (Root), Gingko Tree Extract (Gingko Biloba) (Leaf)		

† Daily Value not established

Other Ingredients:
Rice Flour, Leucine

4 26248 01008 0

Key Findings:

- **Average Spike Levels Before Intervention:** 24.3 SU
- **Average Spike Levels After Intervention:** 35.2 SU
- **Interpretation:** A measurable **increase of ~45%** in spike levels post-provocation

Mechanistic Insight

- The intervention with Senolescence may have triggered:
  - Senolytic activity – clearing of dysfunctional immune cells harboring residual spike protein.
  - Spike protein mobilization – previously retained intracellularly, now expelled into circulation.
  - Detection increase – likely reflects effective unmasking of hidden spike reservoirs, not a negative outcome.
  - This “dumping” phase is a hallmark of detoxification processes, where short-term increases in measurable toxin levels (here, spike protein) can occur as intracellular stores are released. It may precede symptom shifts and is often followed by clinical improvement as the body clears the released materials.

4 – Trial Participants in the United States

Date & Location

- Southern US States – March to May 2025

Test Type

- Mass Spec

Test Protocol

- Provocation with ½ bottle of X and 3 Capsules of Sequesterol & 4 Capsules of Senolescence, 2 hour wait window

# of Test Results

- 62 participants
- Spike Before – Average 29
- Spike After – Average 32
- An increase of ~10% in spike levels post-provocation

Explanation – What may be happening

- Group 1 rapidly expelled spike protein within 2 hours after clearing senescent cells. This sudden release made spike proteins more detectable in testing, resulting in a temporary increase in measured levels. (Senescent cells released spike)

- Group 2 also cleared senescent cells, but was simultaneously treated with Sequesterol, which binds spike protein. This binding likely interfered with detection, possibly by blocking assay signal (e.g. through optical interference), resulting in a lower reading despite active clearance. (Senescent cells released spike and were bound)

- The key takeaway is that all groups harbored spike, and Sequesterol was effective in binding it. The difference in spike quantification reflects the dynamic interplay of release, binding, and detection, potentially influenced by metabolism and detox gene expression. (Based on individual detox responses)

Vaccination Spike

Vaccination Spike Protein Test Results Summary (n = 59):

- 11 of 59 (19%) showed Positive (>1) for Spike Presence
- 5 of 59 (8%) showed greater than 1.5 (Moderate Level)
- A measurable **increase of ~8%** in spike levels post-provocation

- **Participants with Increased Spike Levels:**
  - 10 out of 59 showed an increase
  - Average increase: 2.0 SU

- **Participants with Decreased Spike Levels:**
  - 8 out of 59 showed a decrease
  - Average decrease: 1.8 SU

- **Interpretation:**

  These shifts reflect individual variability in spike protein mobilization and clearance following intervention. Increases may indicate effective release from cellular or tissue reservoirs, while decreases may reflect successful binding and elimination. Detection may also be influenced by individual metabolism and the presence of Sequesterol, which can bind spike and affect visibility in assays.

*** 2 Results were positive for PP…BUT.. were NOT Vaccinated ***

Bacteriophage

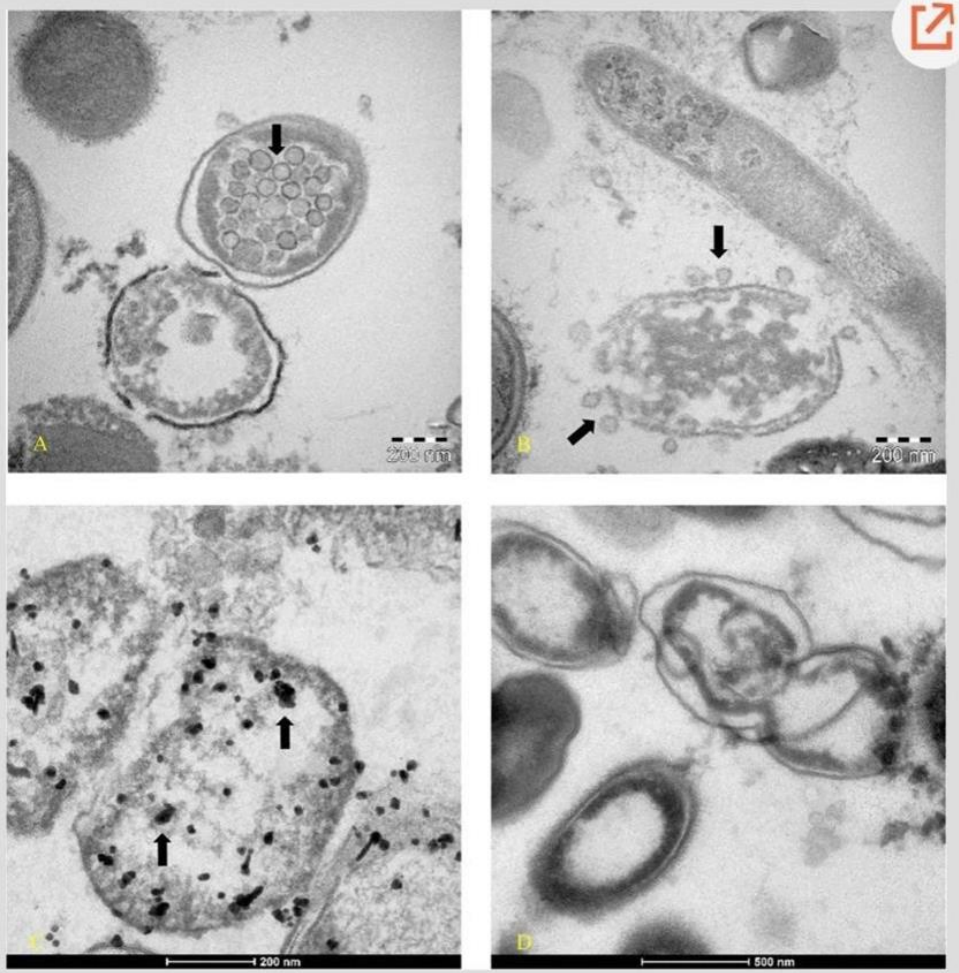


Figure 2. Transmission electron microscopy (post-embedded immunogold).

SARS-CoV-2 has a dual mechanism: it infects human cells but first infects bacterial cells in our microbiome!!

Consequence – release of toxins that go into the blood stream, disturbs the CNS and gut-brain axis

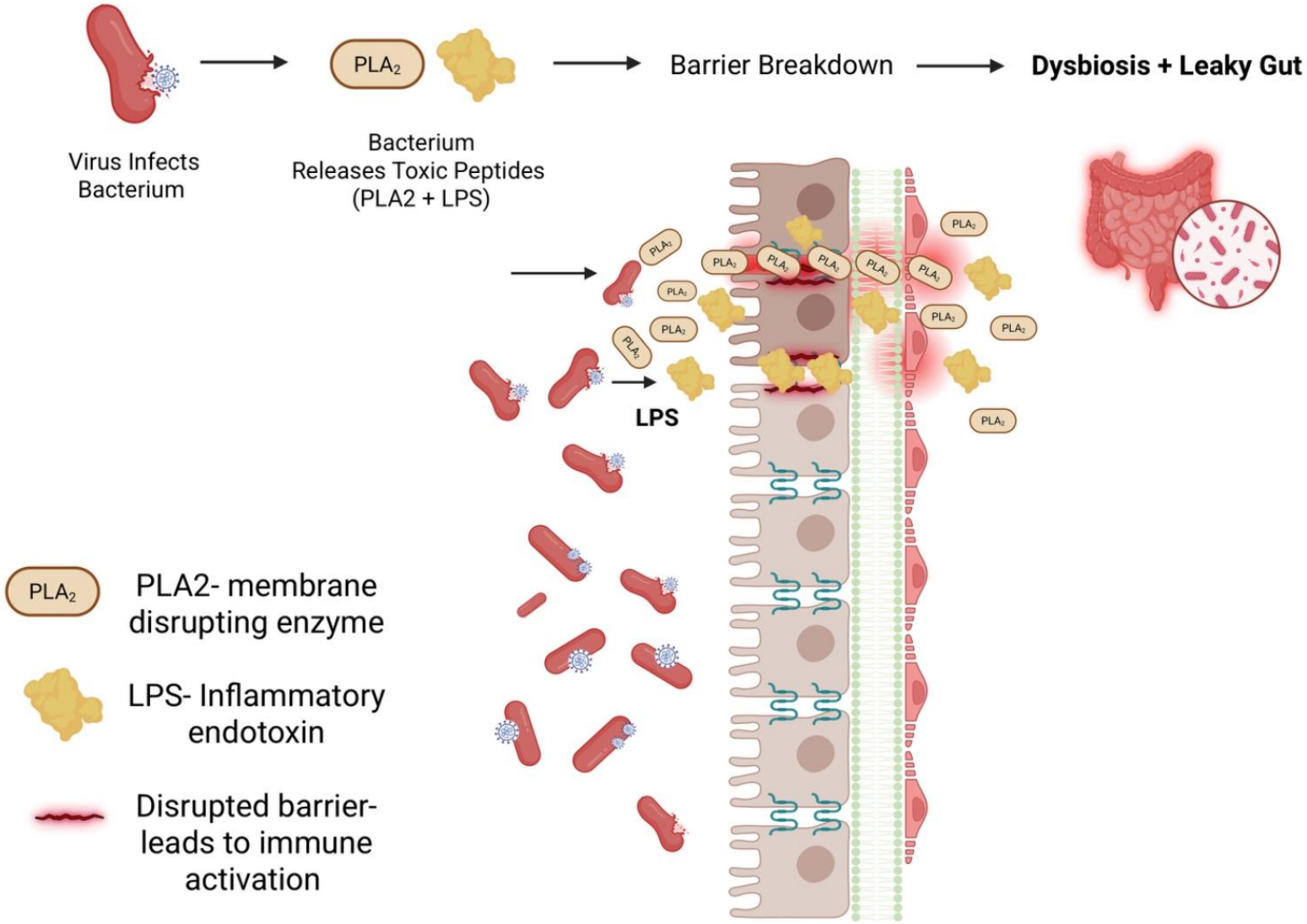
The first report on detecting SARS-CoV-2 inside human fecal-oral bacteria: A case series on asymptomatic family members and a child with COVID-19 [version 1; peer review: 1 approved with reservations]

Carlo Brogna [1], Simone Cristoni[2], [...] Marina Prisco[6], Marina Piscopo[6] +

https://f1000research.com/articles/11-135

Picture below, bacteria species infected

Operational Taxonomic Unit (OTU)	B0 (panel A of figure 3)	B1 (panel B) after 30 days	0 norm	B1 norm	B0/B1	
Bacteria;*Actinobacteria;Actinobacteria;Bifidobacteriales;Bifidobacteriaceae;Bifidobacterium*	3902107	9784	0,28446632	0,00132104	215,334898	DECREASE
Bacteria;*Firmicutes;Clostridia;Clostridiales;Lachnospiraceae;Fusicatenibacter*	693939	2004	0,05058864	0,00027058	186,962828	DECREASE
Bacteria;*Proteobacteria;Gammaproteobacteria;Enterobacterales;Enterobacteriaceae;Klebsiella*	100159	770	0,00730166	0,00010397	70,2313383	DECREASE
Bacteria;*Firmicutes;Bacilli;Lactobacillales;Streptococcaceae;Streptococcus*	379044	5559	0,02763257	0,00075058	36,8149862	DECREASE
Bacteria;*Firmicutes;Clostridia;Clostridiales;Lachnospiraceae;Anaerostipes*	1516540	23327	0,11055682	0,00314963	35,1015803	DECREASE
Bacteria;*Firmicutes;Bacilli;Lactobacillales;Enterococcaceae;Enterococcus*	254447	6228	0,01854936	0,00084091	22,0587257	DECREASE
Bacteria;*Firmicutes;Clostridia;Clostridiales;Lachnospiraceae;Blautia*	3392831	141314	0,24733974	0,0190803	12,9630957	DECREASE
Bacteria;*Firmicutes;Clostridia;Clostridiales;Lachnospiraceae;Dorea*	355250	26718	0,02589797	0,00360748	7,17896491	DECREASE
Bacteria;*Firmicutes;Erysipelotrichia;Erysipelotrichales;Erysipelotrichaceae;Coprobacillus*	32916	3055	0,0023996	0,00041249	5,81738127	DECREASE


Virus Infects Bacterium
PLA2
Bacterium Releases Toxic Peptides (PLA2 + LPS)
Barrier Breakdown
Dysbiosis + Leaky Gut
LPS
PLA2- membrane disrupting enzyme
LPS- Inflammatory endotoxin
Disrupted barrier- leads to immune activation

Bacteria Testing – Stay Tuned

Disclaimer:

The information presented herein is intended solely for educational and informational purposes. It is a review and interpretation of emerging scientific research and is not intended to diagnose, treat, cure, or prevent any disease. Statements made regarding molecular pathways, detoxification mechanisms, or the behavior of viral proteins are based on published or preliminary data and should not be construed as medical advice. This content is not a substitute for professional medical consultation, diagnosis, or treatment, and we expressly disclaim any liability arising from the use or misuse of the information provided.

AMYLOID LIKE MICROCLOTS

Prevalence and underlying mechanisms of microclotting in Long COVID:

According to Dr. Beate Jaeger and Dr. Jordan Vaughn, the **prevalence of microclotting has reached over 90%** in all tested blood samples during the last 3 years, regardless of symptoms, in all patients!!!

Underlying Mechanisms:

Fibrin Amyloid Formation:

- Fibrinogen in blood can clot into an anomalous 'amyloid' form of fibrin that is relatively resistant to proteolysis (fibrinolysis)
- These fibrin amyloid microclots (fibrinaloids) can persist, entrap other proteins, and may lead to the production of autoantibodies

Spike Protein Interaction:

- The SARS-CoV-2 spike protein can induce these fibrinaloid microclots
- Spike protein binds to fibrin, forming proinflammatory blood clots that drive systemic thromboinflammation

Endothelial Inflammation:

- Inflammation of the endothelium (lining of blood vessels) can trigger excessive clotting

AMYLOID LIKE MICROCLOTS

Altered Clot Structure:

- Interaction between spike protein and fibrin results in altered clot structure, shown by scanning electron microscopy
- This leads to the formation of dense fibrin clots with thin fibres, consistent with thromboembolic diseases

Delayed Fibrinolysis:

- Spike protein delays plasmin degradation of fibrin, suggesting delayed fibrinolysis

Oxidative Stress:

- Spike protein increases fibrin-induced release of reactive oxygen species in macrophages

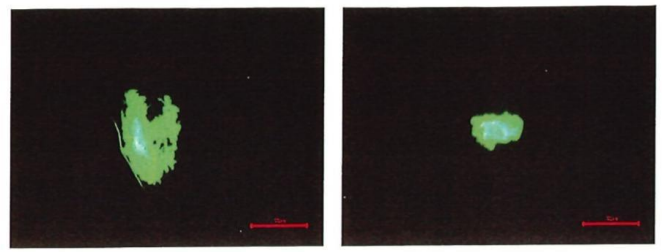
Inflammatory Response:

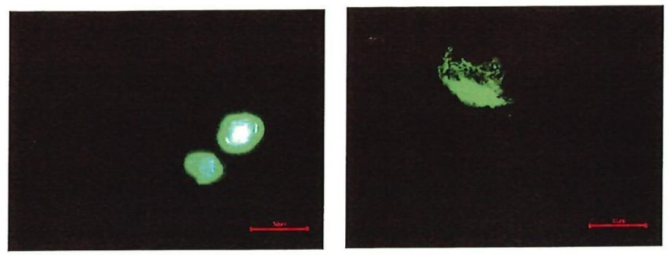
- Microclots may function as "little garbage bags" that entrap various proteins and bits of molecular debris, potentially igniting inflammatory responses.

Capillary Blockage:

- These microclots can block capillaries, limiting the passage of red blood cells and oxygen exchange, potentially underpinning many Long COVID symptoms

MICRO THROMBI RESOLUTION WITH DIETARY SUPPLEMENTS





Comments and staging of Amyloid Fibrin Microclots:

Stage/Grade 4 out of 4: Significant and Widespread

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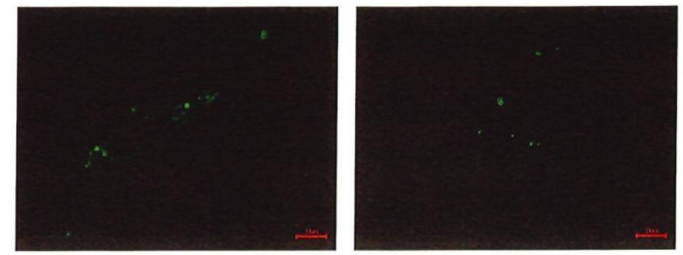

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Stage/Grade 2 to 2.5 out of 4: Mild to Moderate Micro-clots.

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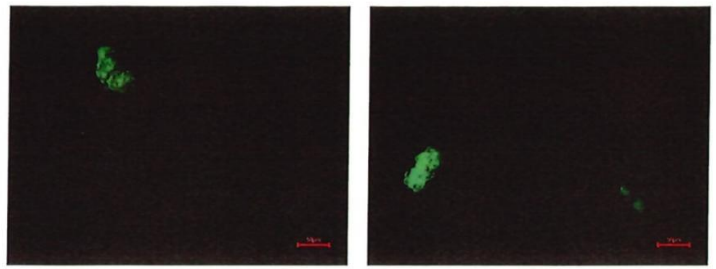

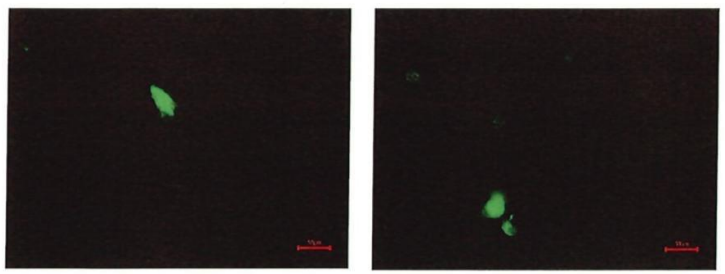

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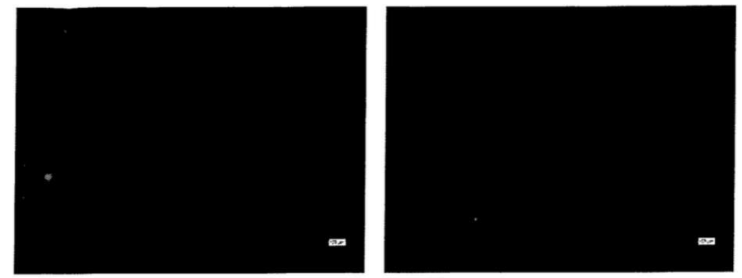

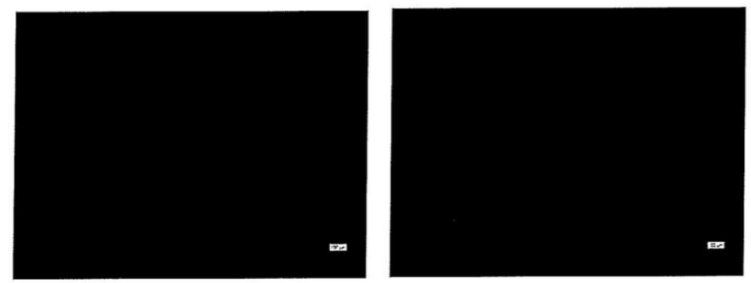

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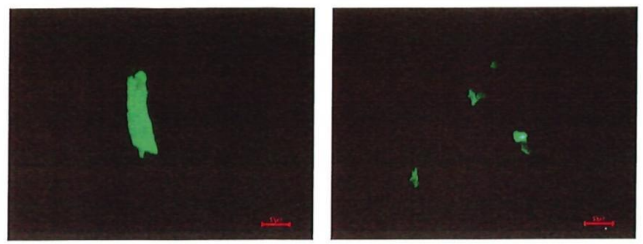

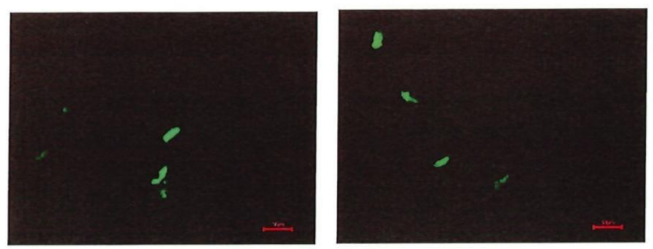

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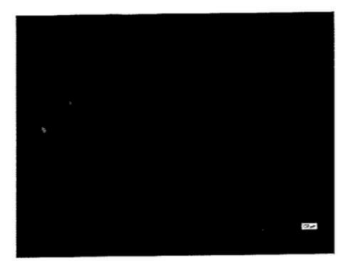

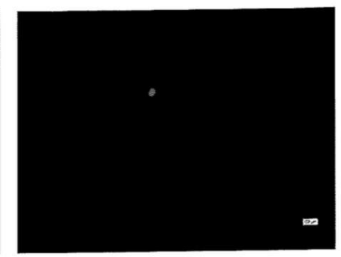

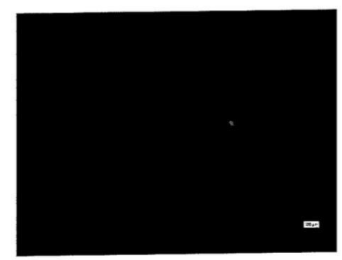

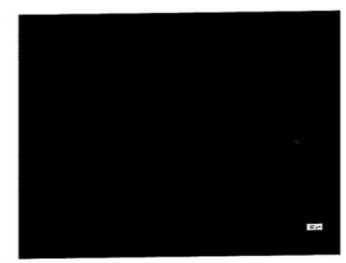

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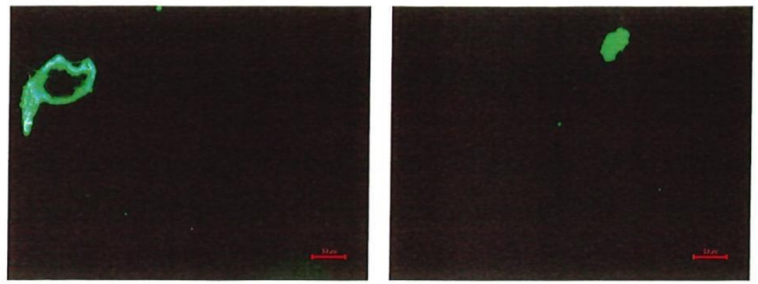

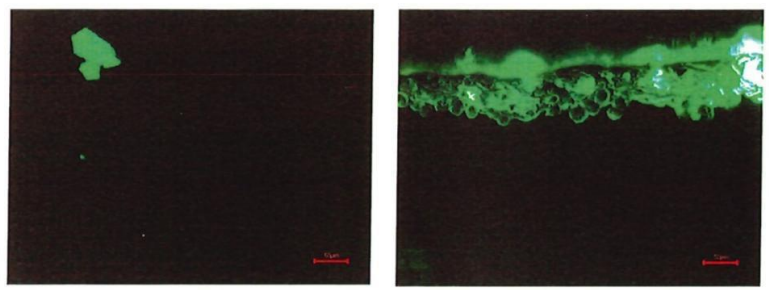

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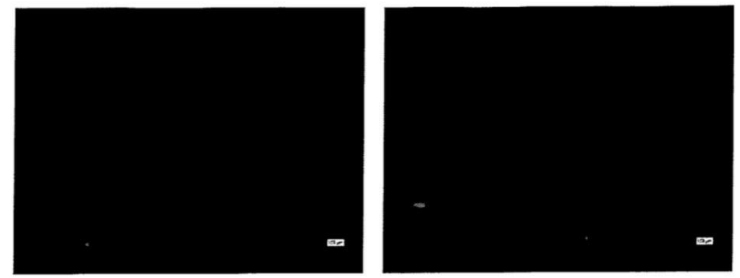

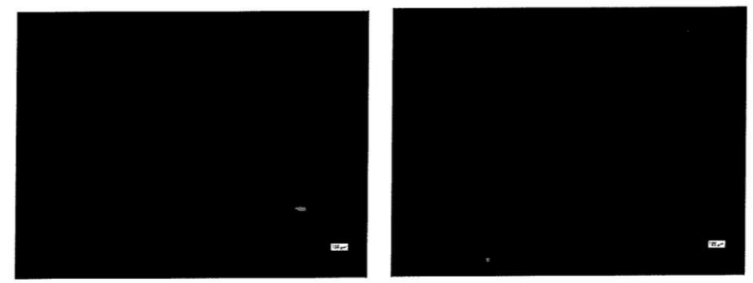

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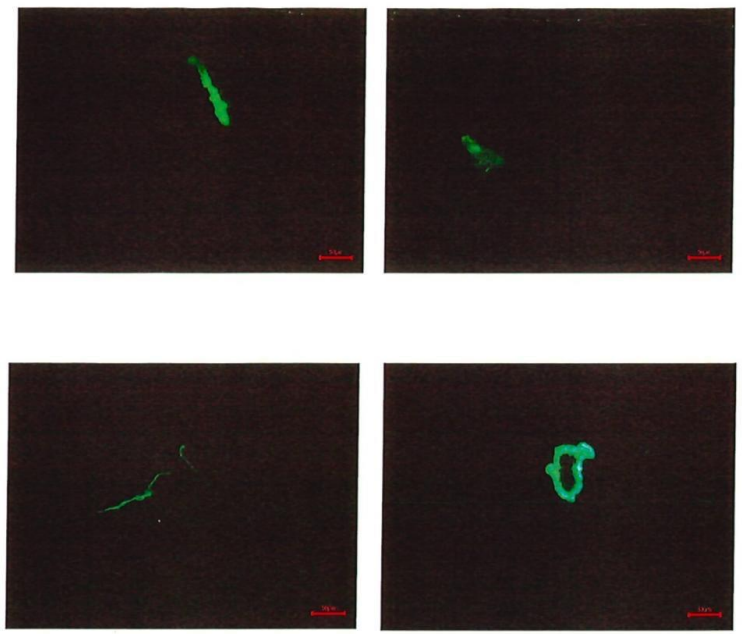

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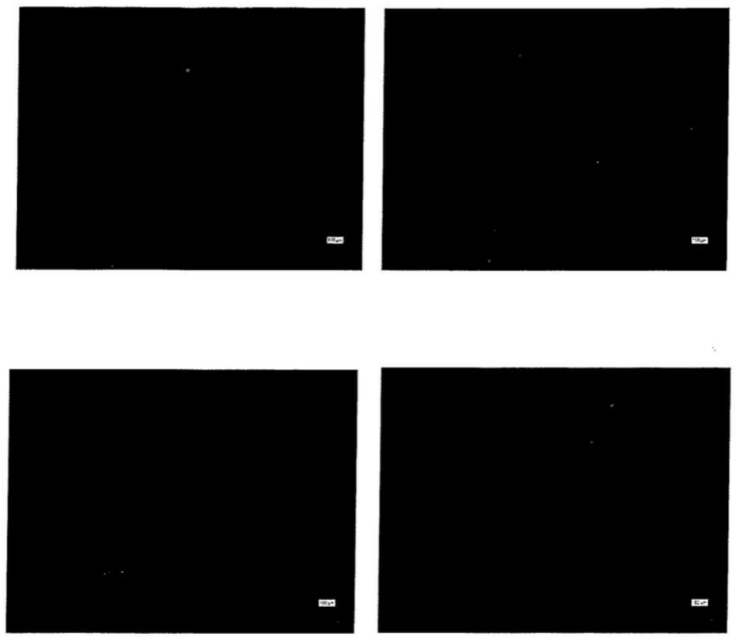

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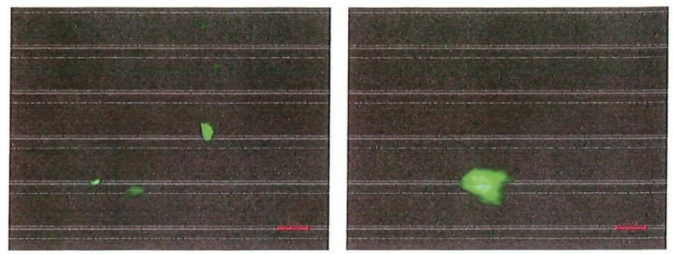

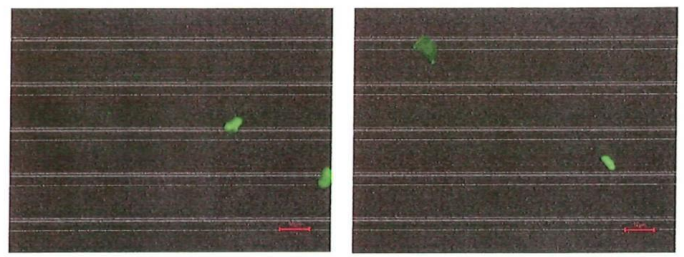

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Stage/Grade 3.5 out of 4: Moderate and Widespread

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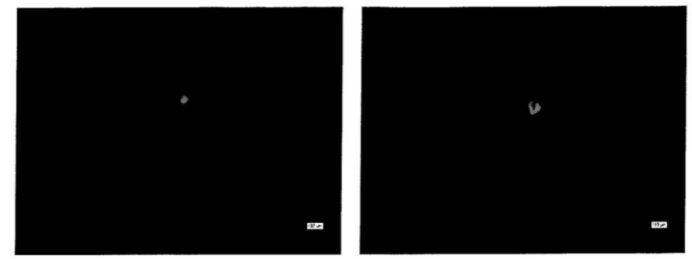

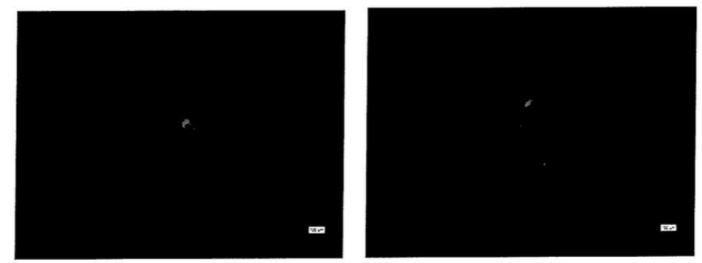

Comments and staging of Amyloid Fibrin Microclots:

Stage/Grade 1.5 out of 4: Minimal Micro-clots: Not uncommon to see in the general population especially of older individuals and those with chronic disease states.

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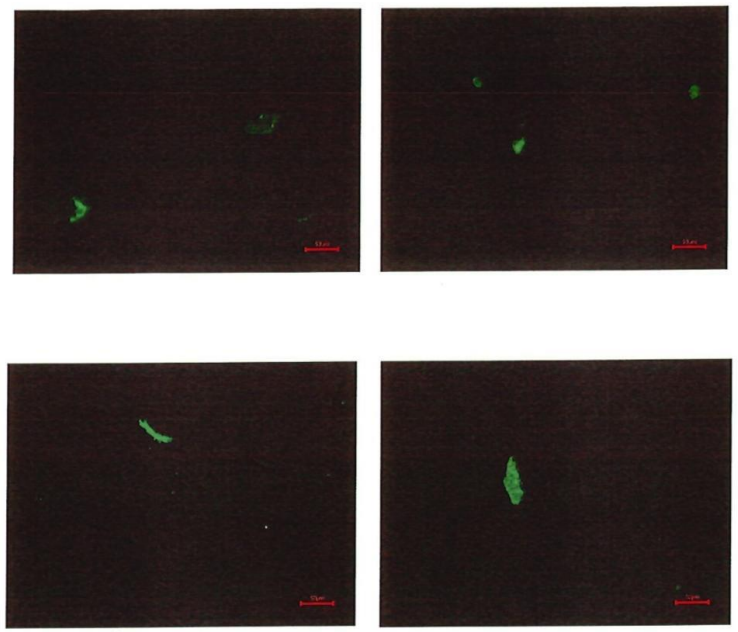

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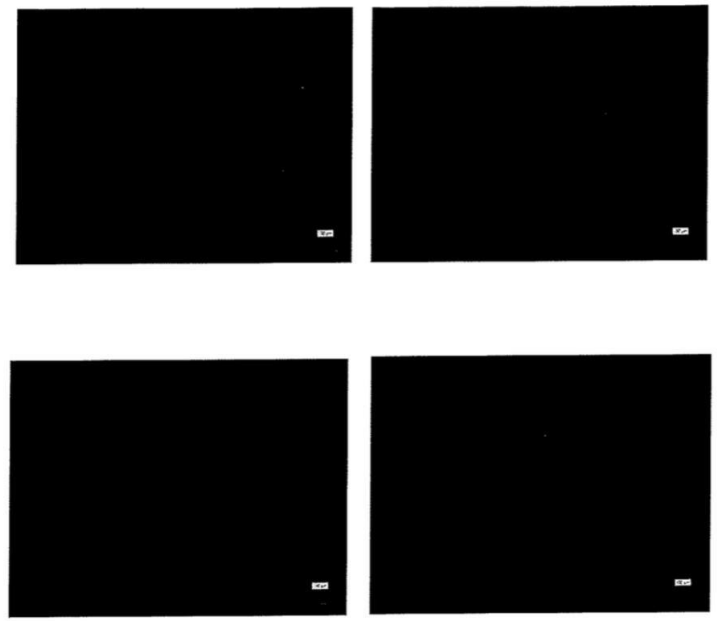

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Clinical Intervention Using Product X

To assess therapeutic clearance of these fibrin amyloid aggregates, we initiated a structured protocol using **X at a dose of ½ bottle daily**, administered over an 8-week period. Follow-up clot analysis at 8 weeks showed **a dramatic reduction in microclot scores across all patients**, indicating effective systemic breakdown and clearance of fibrin amyloid material.

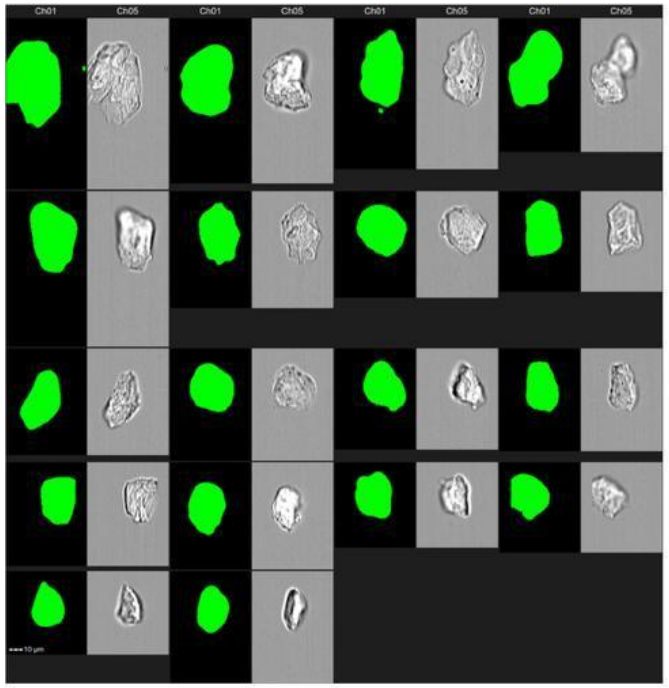
This observed effect warrants a mechanistic exploration of how Product X may target and resolve these pathological clot structures.

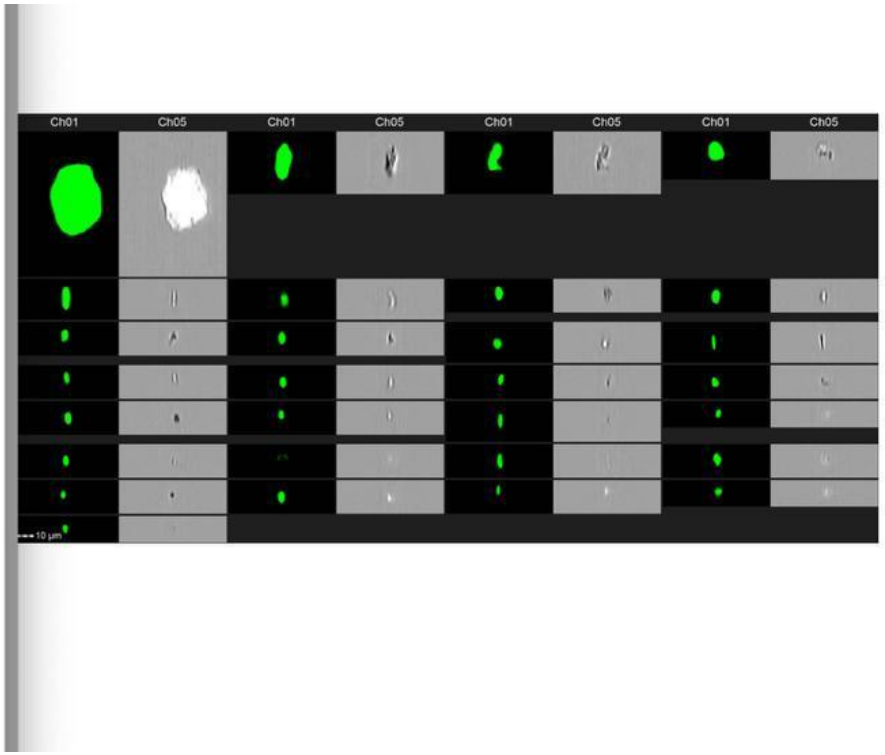
Summary Report: Effect of Product X on Amyloid Fibrin Microclots

Patient Status:
8 weeks into a therapeutic protocol using Product X, having consumed approximately **½ a bottle** daily.

Test Performed:
Microscopy analysis using **fluorescence (Ch01 – Thioflavin T or Thioflavin S)** and **morphological imaging (Ch05 – infrared fluorophore))** to detect **amyloid fibrin microclots**.

Images of amyloid fibrin microclots detected





Weeks are in Columns

Left Panel – Microclot Burden and Morphology

- **Images across Ch01 and Ch05** show:
  - Strong fluorescent signals in **Ch01 (green)**, confirming **amyloid presence**.
  - Structural correspondence in **Ch05**, showing dense, irregular microclots.
- The matrix indicates a **significant reduction in heterogeneity and aggregation size**, suggesting **fragmentation or partial clearance** of complex fibrin structures.

Right Panel – Smaller Amyloid-Positive Structures

- Shows **much smaller, more uniform structures**, all fluorescing in Ch01.
- These are likely **residual microclot fragments** or **early-stage fibrin amyloids**, often observed **after partial therapeutic response**.
- Scale bar indicates structures in the **1–10 µm range**, suggesting **diminished thrombotic burden**.

Interpretation of Results

Positive Therapeutic Indicators

1. **Reduced Size and Complexity:**
   - Compared to pre-treatment baselines (typically showing dense, large clots), these microclots are **more dispersed, smaller**, and less morphologically complex.
2. **Decreased Fluorescence Intensity in Some Units:**
   - Indicates **possible degradation or remodeling** of amyloid structure.
   - Product X impact on **detox, circulation, and spike-protein interference** likely contributes here.

Next Steps – Triad Testing

We hypothesize that individuals experiencing moderate to severe Long COVID must first address three critical biological barriers before meaningful recovery can occur:

1. Clearance of residual spike protein from the body
2. Elimination of microclots
3. Restoration of gut health by removing pathogenic bacteria and repopulating with beneficial microbes

To evaluate this hypothesis, we are initiating a research project involving a dedicated patient cohort. The study will test targeted products and protocols, with appropriate biomarker measurements and clinical endpoints.

If you are interested in collaborating with us—whether as a clinician, participant, or supporter—and have patients or personal interest in contributing to this important work, we invite you to register your interest at:

https://forms.gle/C1qG6RocahSJPgZ26