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Observational Study

An Observational Report about the Detoxifying Effects of Calcium Hypochlorite (MMS2) on Graphene Oxides (GOs) in Urine Samples

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ABSTRACT

An observational study was done to evaluate the detoxifying effects of MMS2 (Master Mineral Solution 2 or Calcium Hypochlorite) and GNP (Gold Nanoparticle) + Camostat Mesylate (Foipan). This study found out that MMS2 could be a strong candidate for the detoxification of foreign Graphene Oxides (GOs) in the urine of people who had them whether or not had the COVID-19 experimental injections. The detoxifying mechanism would be related with the oxidative activity of Hypochlorous acid (HOCl). Because human bloods have peroxidases in a neutrophil (myeloperoxidase) and in an eosinophil (eosinophil peroxidase), GOs in the blood may have a limited life span.

From the detoxifying experience of thousands of people who have relieved their symptoms of sequelae of COVID-19 experimental injections, a detoxifying protocol was proposed for the betterment of human wellbeing.

INTRODUCTION

It has been known that gold nanoparticles and MMS2 are effective in destroying Graphene Oxides (GO) in the blood, and they are sometimes being used in the detoxification of GOs unofficially in some rural regions. Calcium hypochlorite, $Ca(ClO)_2$, is also called as MMS2, dissolves in water and forms a strong oxidant, Hypochlorous acid (HOCl). Hypochlorous acid (HOCl) dissolves into Hypochlorite (OCl^-) + Hydrogen ion (H^+), and is the most important precursors of free radicals in the body (for example: $H_2O_2 + Cl^- + H^+ \rightarrow HOCl + H_2O$). Hypochlorous acid is the same substance that is produced by myeloperoxidase, which is one of the mammalian heme peroxidases. Hypochlorous acid plays main roles in the human immune system to destroy pathogenic bacteria, virus, and poisonous materials in human cells [1]. Myeloperoxidase is also known to degrade Single-Walled Carbon Nanotubes (SWCNTs) and GOs. The degradation products are compatible to flavonoids and polyphenols, which are harmless to human beings [2].

In the Exodus 32:20, the idol of a golden calf was burnt in the fire and was made as a golden powder to strew on the water for the Israelites to drink it. Nowadays, Gold Nanoparticles (GNPs) are studied in the cancer research field for its detection, early diagnosis, and cancer treatment [3]. Also, there is a report that GO and GNPs share many similar properties for enabling them to be used for non-thiolated DNA adsorption, biosensor development, and nanoparticle functionalization [4].

Camostat Mesylate is a serine protease inhibitor, and has an anti-inflammatory, antibiotic, antiviral effect. It suppresses TNF-α, IL-6, IL-1b, and TGF-β. It prohibits viral entry into the host cell by inhibiting a viral entry mediator of Transmembrane protease serine 2 (TMPRSS2), and thus inhibit the entry of influenza and COVID-19 virus into the human cells [5]. It was reported that Camostat Mesylate may reduce the severity of COVID-19 disease severity [6].

The observational study was done to evaluate the difference of detoxifying effects between the MMS2 and GNP + Camostat Mesylate (from now on: Foipan) and to see whether the detoxifying effects of the MMS2 or GNP + Foipan could be changed among people with the same immunity and characteristics.

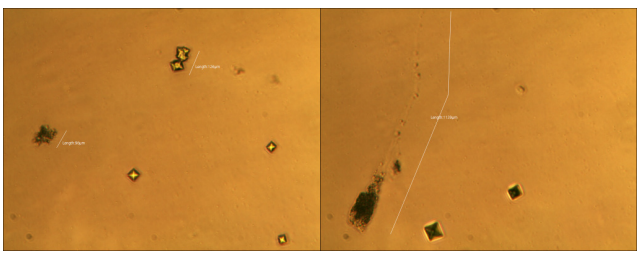
METHODS AND MATERIALS

Nine urine samples of 9 people (two COVID-19 experimental non-injected and seven injected) were collected, centrifuged at 2,500 rpm for 30 minutes. Urine samples were reviewed by two researchers and their common opinions were recorded on the official reports. They were unknown about the status of any COVID-19 vaccinations or PCR tests of the participants.

Urine samples were observed on the collection day and on the 5th day of collection. Urine samples were randomly divided into two groups as the same urine of each person should be in the different group; one group was treated thrice a week for two weeks with a submerging solution of 500 cc bottled water + 20 drops of 5% MMS2; and the other group was treated thrice a week for two weeks with a submerging solution of 250 cc bottled water + 250 cc of purchased GNP solution + 5 tablets of Foipan. The bottled water was bought in the Republic of Korea and is a popular one that can be easily purchased. The GNP solution was bought from the U.S.A. as MediGOLD True Colloidal Gold Dietary Supplement (99.99+% Pure Gold) (888-700-0369).

RESULTS

The first urine case was from a 55-year-old, 48 Kg, female, who had one time injection of COVID-19 experimental injection with Pfizer vaccine and had three PCR tests. She had retired temporarily from her work because of her chest pain, headache, dizziness, loss of her visual acuity, and fatigability when she visited our clinic, and was treated for almost four months with the protocol and was much improved in her conditions when she collected the urine for the study [7]. The urine of the first case was observed just after the collection, which showed 70 micrometer-sized several square GOs with a 90 micrometer-sized irregular shaped GO (Left: x 250), and five days of incubation in the air, which showed square GOs and a long trail of irregular shaped GO (Right: x 250).



The urine was divided into two and was treated separately thrice a week for 2 weeks either with MMS2 or GNP + Foipan for two weeks.

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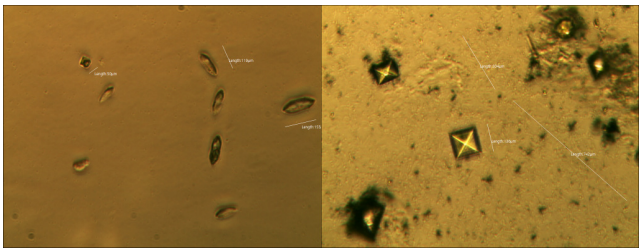
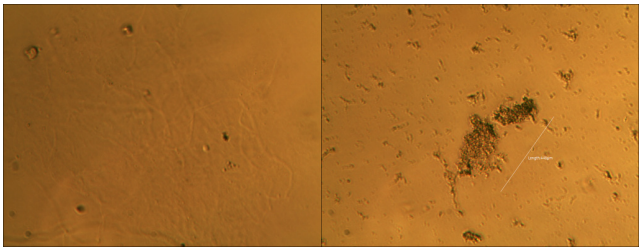
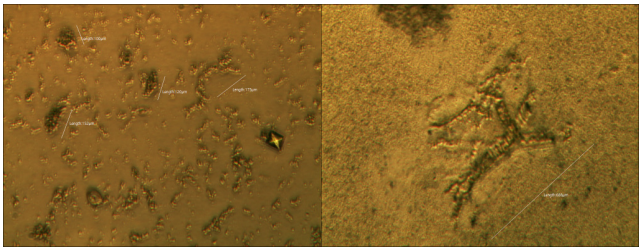


MMS2 treatment showed several oval GOs of 120 micrometer length. (Left: x 250). GNP + Foipan treatment showed several enlarged secondary structures of square GOs of 110 micrometers and partially melted GO remnants of 404 micrometers and of 740 micrometers in length. (Right: x 250). Black clouds in the pictures seem to be Foipan particles.

The second case of urine was collected from a 50-year-old male, who had COVID-19 experimental injection three times and had two PCR tests. The urine of the second case was observed two times (Left: before the treatment; Right: five days later): a relative clear background with several unknown small particles were seen (Left: x 250); many small particles and a large island of melted GOs of 440 micrometers in length were seen (Right: xx 250).

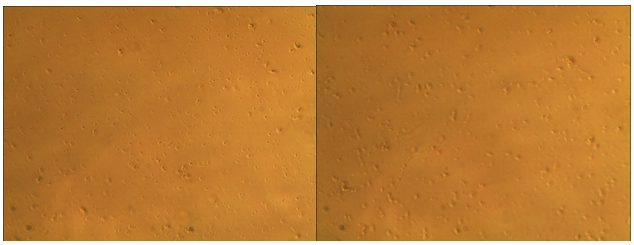


The urine was divided into two and was treated separately thrice a week for two weeks either with MMS2 or GNP + Foipan.

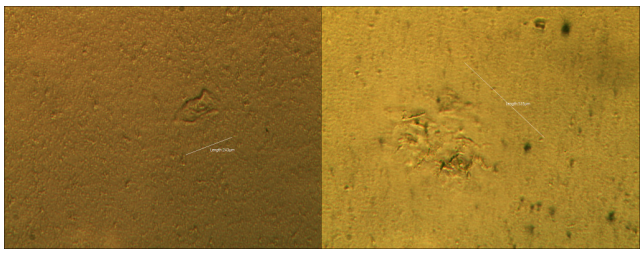


MMS2 treatment showed many partially melted islands of GOs of 110 micrometers and of 120 micrometers (Left: x 250). GNP + Foipan treatment showed a large partially melted-secondary-structures of GOs of 650 micrometers (Right: x 250).

The third case of urine was collected from a 60-year-old female, who had neither COVID-19 experimental injections nor any PCR tests. The urine of the third case was observed two times before the treatment (Left: right after the urine collection; Right: five days after the collection): a clear background of no GOs (Left: x 250) was seen; and a clear background of no GOs was seen. (Right: x 250).

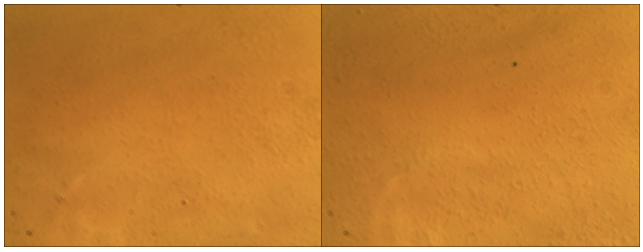


The urine was divided into two and was treated separately thrice a week for two weeks either with MMS2 or GNP + Foipan.

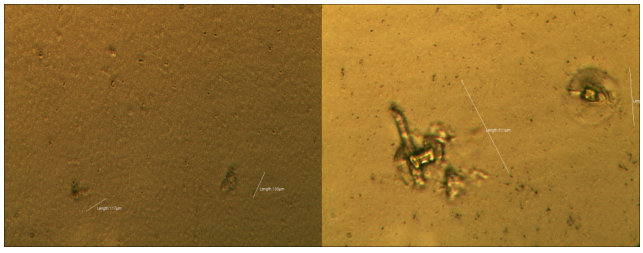


MMS2 treatment showed almost clear background with a 243 micrometer-sized cellular debris. (Left: x 250). GNP + Foipan treatment showed a melted-secondary-structures of GOs of 535 micrometers (Right: x 250). Black clouds in the pictures seem to be Foipan particles.

The fourth case of the urine observational study was done of a 63-year-old female, who was twice injected of the COVID-19 experimental injection (or bioweapon) and had two PCR tests. She had no demonstrable symptoms except for shoulder pains because of her occupation as a cooker when she visited out clinic. The urine of the fourth case was observed two times before the treatment (Left: just after the urine collection; Right: five days after the collection): both showed relatively clear backgrounds without demonstrable GO particles (x 250).



The urine was divided into two and was treated separately thrice a week either with MMS2 or GNP + Foipan for two weeks.



MMS2 treatment showed almost clear background with two melted GOs of 138 micrometers and of 117 micrometers. (Left: x

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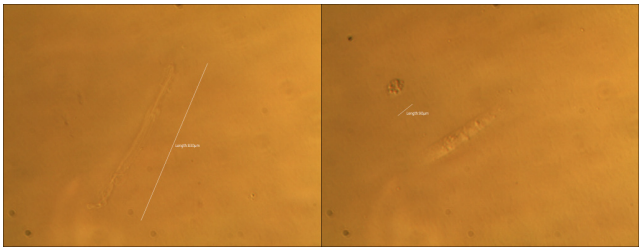
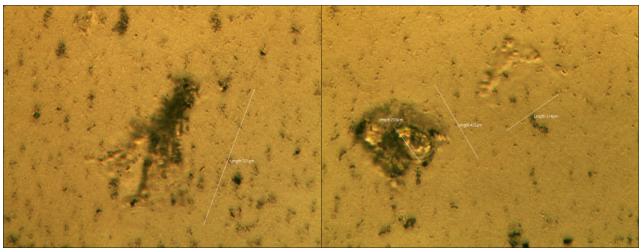
250). GNP + Foipan treatment showed solid secondary-structures of GOs over melted GOs remnants of 510 micrometers and of 300 micrometers (Right: x 250). Black clouds in the pictures seem to be Foipan particles.

The fifth case of the urine was from a 57-year-old female, who was four-times injected of the COVID-19 experimental injection and had four PCR tests. She had intermittent muscle tremors, muscle pains, severe headache, decreased visual acuity, dizziness, lethargy, and left chest pains with dyspnea when she visited our clinic. The urine of the fifth case was observed two times before the treatment (Left: right after the urine collection; Right: five days after the collection): relatively clear backgrounds with a trace of 830 micrometer-sized melted GO particle (Left: x 250) was seen; two remnants of 90-micrometer-sized and of 650 micrometer-sized melted GOs were shown. (Right: x 250).

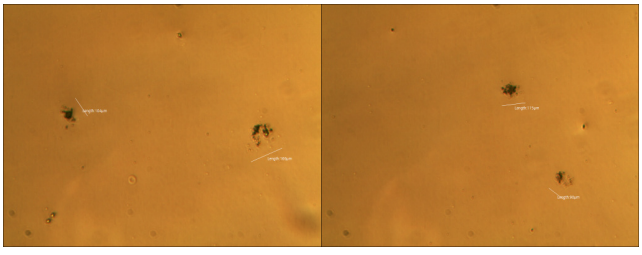


The urine was divided into two and was treated separately thrice a week for 2 weeks either with MMS2 or GNP + Foipan for two weeks.

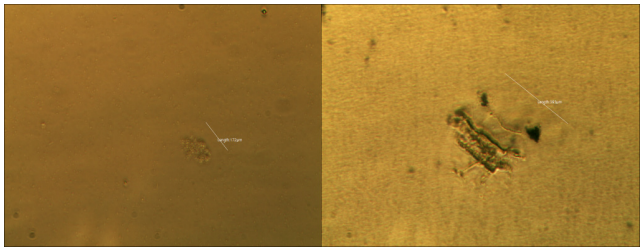


MMS2 treatment showed a melted GO of 701 micrometers. (Left: x 250). GNP + Foipan treatment showed melted GOs of 425 micrometers, 314 micrometers, and a 208 micrometer-sized secondary GO formation. (Right: x 250). Black clouds in the pictures seem to be Foipan particles.

The sixth case of urine was collected from a 67-year-old female, who was thrice injected of the COVID-19 experimental injection (or bioweapon) and had three PCR tests. She had severe headache, dizziness, and generalized weakness. The urine of the sixth case was observed two times before the treatment (Left: just after the urine collection; Right: five days later): partially melted GO particles of a 104 micrometer-size and of a 180 micrometer-size were found (Left: x 250); partially melted GO particles of a 115 micrometer-size and of a 90 micrometer-size were seen (Right: x 250).

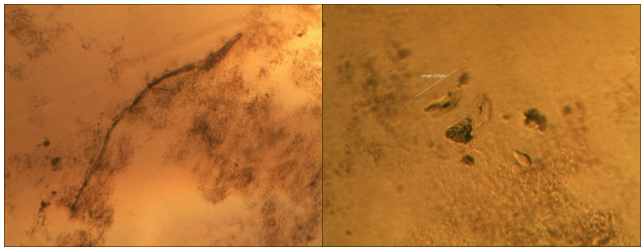


The urine was divided into two and was treated separately thrice a week for 2 weeks either with MMS2 or GNP + Foipan for two weeks.

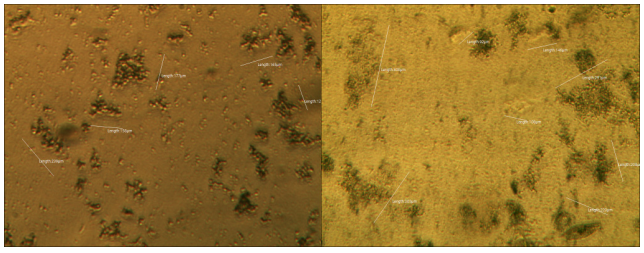


MMS2 treatment showed almost clear background with a melted small remnant of GO of 172 micrometers. (Left: x 250). GNP + Foipan treatment showed partially melted secondary GOs of 393 micrometers on a relatively clear background. (Right: x 250). Black clouds in the pictures seem to be Foipan particles.

The seventh case of urine was collected from a 56-year-old female, who was thrice injected of the COVID-19 experimental injection and had three PCR tests. She has neck pain, indigestion, darkened face, decreased visual acuity, headaches, loss of weight, and loss of previous energetic everyday life. The urine of the seventh case was observed two times before the treatment (Left: fight after the collection; Right: five days after the collection): partially melting or in denaturing-process long GO particle of longer than 1,000 micrometers was found (Left: x 250); sand-island-like partially melted GO remnants and several denatured cellular debris larger than 1,000 micrometers were seen (Right: x 250).



The urine was divided into two and was treated separately thrice a week for 2 weeks either with MMS2 or GNP + Foipan for two weeks.



The person was sensitive to MMS2 and could not take it. In a petri dish study, MMS2 treatment showed many sand-island-like remnants of partially melted GOs of 127 micrometers, 128 micrometers, 165 micrometers, 177 micrometers, and 239 micrometers. (Left: x 250). GNP + Foipan treatment showed partially melted GOs of 102 micrometers, 103 micrometers, and 146 micrometers in a relatively

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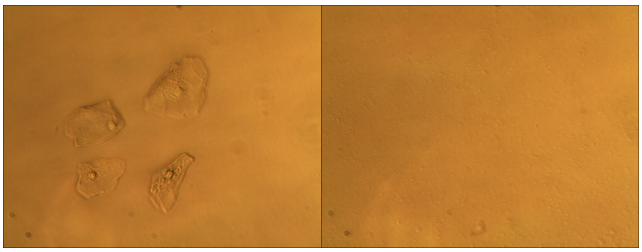
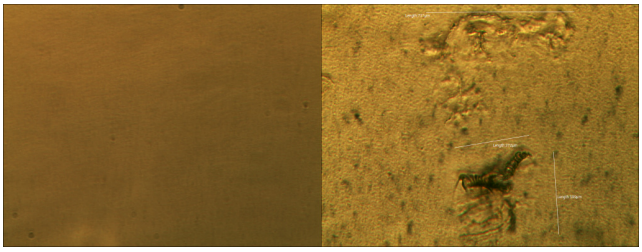
clear background. (Right: x 250). Black clouds in the pictures seem to be Foipan particles.

The eighth case of urine was collected from a 48-year-old female, who was thrice injected of the COVID-19 experimental injection and had two PCR tests. She was the youngest in the study group and had no demonstrable symptoms. The urine of the seventh case was observed two times before the treatment (Left: right after the collection; Right: five days after the collection): only normal cellular debris were found (Left: x 250); a clear background without any GOs was seen (Right: x 250).

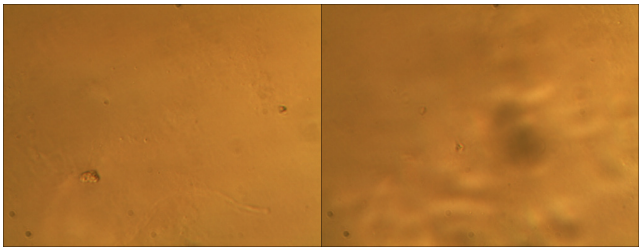


The urine was divided into two and was treated separately thrice a week for 2 weeks either with MMS2 or GNP + Foipan for two weeks.

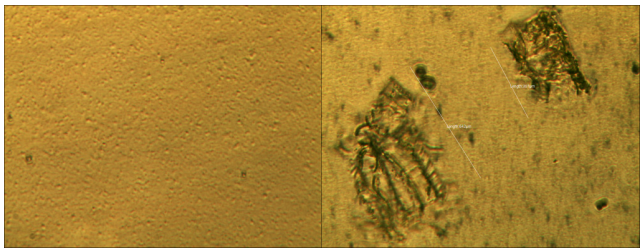


MMS2 treatment showed a clear background without any demonstrable GO remnants. (Left: x 250). GNP + Foipan treatment showed partially melted GOs of 737 micrometers, and a secondary regenerating grotesque GO figure of 372 x 390 micrometers. (Right: x 250). Black clouds in the pictures seem to be Foipan particles.

The nineth case of urine was collected from a 66-year-old male, who had neither COVID-19 experimental injections nor PCR tests. He had no demonstrable symptoms. The urine of the nineth case was observed two times before the treatment (Left: right after the collection; Right: five days after the collection): both showed relatively clear backgrounds without nay demonstrable GOs. (x 250). The dark shadow of the background of the right-side picture represents GOs in the petri dish itself, not in the urine itself.



The urine was divided into two and was treated separately thrice a week for 2 weeks either with MMS2 or GNP + Foipan for two weeks.



MMS2 treatment showed a maintained clear background without any demonstrable GO remnants. (Left: x 250). GNP + Foipan treatment showed a partially melted GO and two secondary regenerating grotesque GO figures of 642 micrometers and 387 micrometers. (Right: x 250). Black clouds in the pictures seem to be Foipan particles.

DISCUSSION

Discussions on the observational results of the urine samples

Four urine samples showed clear backgrounds without any GO remnants in all the three separate observations: on the collection day, on the fifth day of collection, and on the observation day after two weeks treatments of MMS2. Both two of the un-injected people (cases three and nine) showed clear backgrounds, which would be a natural result. Case number four was a 63-year-old woman who had two COVID-19 experimental injections before August 2021 and two PCR tests before September 2021. Case number eight was a 48-year-old woman, who was the youngest participant in the study, and who had her third COVID-19 experimental injection in March 2022 and the second PCR test in October 2021. These four people including two of two un-injected people (100%) and two injected among seven COVID-19 experimental bioweapon injected people (28.5%) had no demonstrable symptoms, which can be seen in the people with sequelae of COVID-19 experimental injections. It may be suggested that about 30% of the COVID-19 experimental injections might have weak potency ones which contain a small amount of GOs and other experimental components (Table 1).

When compared the clearings of GOs between MMS2 and GNP + Foipan, the clearing effects of MMS2 looked superior to that of GNP + Foipan. Neutrophil Myeloperoxidase (MPO) and Eosinophil Peroxidase (EPO) were known to degrade GOs in the presence of H_2O_2 [8]. Because human bloods have peroxidases in a Neutrophil (MPO) and in an Eosinophil (EPO), GOs in the blood may have a limited life span, which means that recovery from the sequelae of COVID-19 experimental injections. MMS2 may have the same effects of those peroxidase for the eradicating the GOs in the bloods of people through the oxidant effect of hypochlorite, and one to two hours later of the MMS2 ingestion taking 2 grams of Vit. C is recommended to neutralize the oxidant effect of hypochlorite.

Raman and X-ray photo-spectroscopy study confirmed that GNP made nucleation, growth, stabilization at the surface of GOs and made hybrids with GOs in water dispersions [9]. The study observed secondary GO generation after adding GNP + Foipan at the first, fourth, fifth, and ninth cases, where GNP + GO hybridization may be suspected, but further studies may be needed for further findings and discussions.

Making MMS2 working solution has several steps

From the detoxification experiences over thousand people, a detoxification protocol was made, and almost all the people who were treated with the protocol recovered from or experienced improvements from the symptoms of sequelae of COVID-19 experimental injections. Some people even notified that they erased their 12-digit MAC addresses after several months of detoxification treatments (Table 2).

1) Purchase Calcium Hypochlorite powder. 1 Kg. (Caution: Calcium Hypochlorite is different from Sodium Hypochlorite. Do NOT buy Sodium Hypochlorite for this purpose.)

2) Measure 12 gram of Calcium Hypochlorite. Store the other Calcium Hypochlorite in the dark and in a cool temperature.

3) Pour the measured 12 gram of Calcium Hypochlorite into a 500cc bottle of drinking water. Mark the bottle as "5% Storage MMS2. Do NOT drink."

4) Prepare a 50cc dark-colored bottle equipped with a spoid.

5) Divide the MMS2 storage solution from the "5% Storage MMS2" and pour 50cc into the 50cc dark-colored bottle equipped with a spoid. Store both the "5% Storage MMS2" bottle and the 50cc dark-colored spoid bottle in the dark, cool site.

6) Prepare 300cc of clear drinking water and pour 1 drop into the 300cc water by a spoid from the 50cc dark-colored bottle equipped with a spoid.

7) Drink the 300cc drinking water in 30 minutes or in an hour. You will have no difficulties in drinking the water, but if you have some symptoms such as pain in the tongue or in the throat, nausea, or severe headache, which means you have some allergic reactions to MMS2 and you are not recommended to drink the MMS2 solution.

8) If you feel comfortable with a drop of MMS2 in 300cc of drinking water, slowly increase the number of drops in two to three days intervals until eight drops a day. And then continually drink the MMS2 8 drops in 300cc drinking water every day. Check your blood and urine tests bimonthly. There were no demonstrable abnormalities in the blood and urine tests who took MMS2 for several months until now.

9) If you had COVID-19 experimental injections, you could feel chest discomforts and headache when you drink 3 to 4 drops of MMS2 a day, then reduce the drops of MMS2 for 3 weeks and slowly increase them to six to eight drops a day. If you feel discomforts when you take the MMS2, you may need to stop drinking the MMS2 at any time and seek other detoxifying methods.

Making some changes of the cocktail protocol for COVID-19 prevention, treatment, rehabilitation from long COVID and detoxification from experimental COVID-19 injections.

Risch HA [10] showed evidences, if not "proof", of the effectiveness of early use of Hydroxychloroquine (HCQ) + Azithromycin (AZM) for treatments of the high-risk COVID-19 patients. Derwand R, et al. [11] showed zinc supplements enhanced the clinical treatment efficacy of HCQ for the COVID-19 patients and Grant WB, et al. [12] showed evidence that Vitamin-D could reduce the risk of COVID-19 infections and deaths. Based on these data, a COVID-19 treatment cocktail consists of HCQ, vit C, Vit D, Zinc, and Azithromycin was suggested [13]. And a COVID-19 prevention cocktail was recommended using Vit C, Vit D, and zinc [14]. After Korea Veritas Doctors found out actively moving and living micro-organisms or GO-like subjects or worm-like subjects in the COVID-19 experimental injections, and after observing 44 breakthrough cases after COVID-19 experimental injections, COVID-19 prevention/treatment/and rehabilitation/detoxification cocktails were recommended in a comprehensive table [7]. Meanwhile, lots of scientific researches showed serious adverse events of the mRNA COVID-19 experimental injections including ischemic stroke, acute myocardial infarction, venous thromboembolism, pulmonary embolism, Bell's palsy, convulsions/seizures, hemorrhagic stroke, thrombotic thrombocytopenic purpura and thrombosis syndromes [15]. To detoxify and to rehabilitate from these sequelae of COVID-19 experimental injections, many potential methods were sought from various sources.

Azithromycin: A review showed that azithromycin had an antiviral activity and an immunomodulatory activity. It can inhibit the binding of SARS-CoV-2 or spike protein of SARS-CoV-2 with human cells. It can also inhibit CD147 receptor, which is an entry receptor in SARS-CoV-2 virus and a mediator of endocytosis into human cells, interactions. It can impair membrane fusion, endocytosis, and lysosomal cleavage of the spike protein of SARS-CoV-2. It can reduce pro-inflammatory cytokines and chemokines of IL-1β, IL-6, IL-8, IL-12, INF-γ, and TNF-α. It can inhibit pro-fibrotic gene stimulation, decrease mucus hypersecretion, and improve mucociliary clearance [16]. It is known that spike protein induces hypercoagulation and microclots resistant to fibrinolysis [17]. In this sense, azithromycin can be beneficial for our health not only during the acute infection of SARS-CoV-2 period but also even in the detoxification period.

Epi-gallocatechine-3-gallate (EGCG): COVID-19 mRNA experimental injections make SARS-CoV-2 spike protein in our body continuously. And the auto-produced spike protein has amyloidogenic synthetic spike peptides, it can cause cytokine storm, heart damage and heart muscle inflammation, kidney damage, blood coagulation disruption, thrombo-inflammation, neurodegenerative diseases-like symptoms such as emotional illness and mental health disorder [18]. Amyloid is a kind of misfolded protein which can make lengthy fibers. Polyphenol Epi-gallocatechine-3-gallate (EGCG) inhibits fibril formations by amyloid and reduces the fibrous, rubbery, and firm clot formation by amyloid [19]. The UK-wide HEAL-COVID trial which was done by Addenbrooke's Hospital and the University of Cambridge proved that the traditional triple anti-coagulation therapy of aspirin, clopidogrel, and apixaban was ineffective in melting down the unusual fibrous clots made by spike proteins of the experimental COVID-19 injections [20]. EGCG is abundant in green tea, apples, blackberries, blueberries, carob flour, nuts, peaches, avocados, plums, onion, and raspberries [21].

Meditation: Regular meditators have an improved regulation of stress response and immune function, a decreased amyloid Aβ formation, a lower viral genome activity, and increased telomerase activity [22].

Intermittent fasting: Spike protein of the SARS-CoV-2 virus blocks the terminal process of autophagy process of the fusion between autophagosome and lysosome while uses the other processes of autophagy system (such as, endocytosis, endosome formation, autophagosome formation, autolysosome formation without

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Table 1: Summary of the findings of the urine observational study.

Case	Number of Injections and PCRs	Symptoms	Status of the Collection Day	Status of 5 Days After the Collection	Status of MMS2 Treatment, Size in μm	Status of GNP + Foipan, Size in μm
1	1 and 3	Chest pain, Headache	Square GOs	Irregular GOs	Many oval GOs, 120 μm	Many GOs, 740 μm
2	3 and 2	No	Clear	Melted GOs	Melted GOs, 120 μm	Melted GOs, 650 μm
3	0 and 0	No	Clear	Clear	Clear	Melted GOs, 535 μm
4	2 and 2	No	Clear	Clear	Clear	Melted & Secondary GOs, 510 μm, 300 μm
5	5 and 4	Chest pain, Headache	Clear	Clear	Melted GOs, 701 μm	Melted & Secondary GOs, 425 μm, 208 μm
6	3 and 3	Headache, Dizziness	Melted GOs, 180 μm	Melted GOs, 115 μm	Clear	Melted & Secondary GOs, 393 μm
7	3 and 3	Neck pain, Darkened face	Long GO, > 1,000 μm	Melted GOs, > 1,000 μm	Melted GOs, 239 μm	Melted GOs, 146 μm
8	3 and 2	No	Clear	Clear	Clear	Melted GOs, 737 μm
9	0 and 0	No	Clear	Clear	Clear	Melted & Secondary GOs, 642 μm

Table 2: COVID-19 prevention/treatment/rehabilitation/detoxification cocktail.

Treatment Items (Modified from the Previous One) of the AJEPH-ID50)	Daily Dosage for COVID-19 Treatment			COVID Injection Detoxification	
	Prevention	Treatment	Rehabilitation	Fast Detox for 10 Days	Continuation for 4-6 Months
Vit C	6 g	12-20 g	6 g	Daily 12-20 g	Daily 6 g
Vit D	-5,000 IU	1 Vial IM	-5,000 IU	-10,000 IU	-5,000 IU
Zinc	-50 mg	-100 mg	-50 mg	-100 mg	-50 mg
Glutathione	-500 mg	-1500 mg	-500 mg	-1500 mg	-1,000 mg
NAC and CO-Q10	1 T	-2 T	-2 T	-2 T	-2 T
Pine Needle Tea	-1 spoon	-3 spoons	-2 spoons	-3 spoons	-2 spoons
HCQ	400-800 mg in a week	400 mg a day for 10 days	100 mg a day for 30 days	Daily 400 mg for 10 days	Daily 200 mg for 4-6 months
Azithromycin/Doxycycline	X	2 Tabs for 5-8 days	Doxycycline 200 mg per day for 3-5 days	2 Tabs for 5-8 days	2 Tabs for 3-5 days, monthly
Aspirin, L-Carnitine	-1 Tab	1 Tab	1 Tab	1 Tab	1 Tab
Ginkgo Biloba/Sigmart/Magneisum	-1 Tab	2 Tab	1 Tab	2 Tab	2 Tab
Fenofibrate	1 Tab QOD	1 T	1 Tab QOD	1 Tab	1 Tab QOD
Melatonin	2 mg semiweekly	2 mg Daily	2 mg QOD	2 mg QOD	2 mg QOD
Meditation, Fasting & Gargle	Fasting semiweekly or every day for 12 hours with only clean water drinking while doing Meditation, Repenting, Praying, Gargle with salty water on throat, nostrils.				
Ivermectin	-0.2 mg/Kg weekly	-0.4 mg/Kg daily for 5-7 days	-0.4 mg/Kg semiweekly	-0.4 mg/Kg daily for 5 days	-0.2 mg/Kg QOD for 4 months
Thymosin alpha-1	X	SC QD for 5 times	SC QOD for 5 times	SC QOD for 5 times	SC semiweekly for 4 months
Foot Bathing for two hours	Every week	QD	QOD	QD-3 times a day	QD-BID for 4-6 months
MMS2	1-8 drops QD	1-3 drops QD	1-5 drops QD	1-5 drops QD	1-8 drops QD
Naltrexone (1-4 mg)	semiweekly	Daily	Daily	Daily	Daily
Famotidine/Ketotifen	semiweekly	BID	QD	QD	QD
Antihelmintics	semiyearly	X	monthly	Monthly	Monthly
Food Supplements	QD-BID	BID-TID	BID	BID-TID	BID
PRN (pro re nata)	X	Budesonide/Dexa	Budesonide	Budesonide	Budesonide

Disclaimer: This protocol is an opinion and is not for a prescription or a treatment. *Local Food Supplements: Smart Food DM; Hamssine mouse-eyed bean, garlic, and bean paste; EGCG (green tea), Chitosan, turmeric (in curry), resveratrol (in cran-/blue-berries, wines, grapes, peanuts).

lysosome, and exocytosis). A willful fasting boots up immunity, resistance to stress, activates autophagy by mTOR (mammalian target of rapamycin) dephosphorylation of ULK1/2, slows down aging process, and increase life-span. Autophagy induces innate immunity by delivering viral nucleic acids to Toll-like receptor 7 (TLR7), which stimulates production of type 1 Interferons (IFN) to attract immune cells to eradicate infections and viruses. The byproduct of fasting, β-Hydroxybutyrate (BHB) blocks NLRP3 inflammasome overactivation and suppresses inflammatory process. Intermittent, willful fasting promises health benefits for obesity, asthma, and autoimmune diseases such as rheumatoid arthritis [23].

Hydroxychloroquine (HCQ): HCQ limits the endosomal acidification and blocks the entry of the spike protein/SARS-CoV-2 virus into the cell and thus blocks viral replication/spike protein replication. HCQ blocks the binding between the spike protein and the ACE2 receptor by restricting the terminal glycosylation of the metallopeptidase ACE2 [24]. In this sense, HCQ is beneficial for the treatments not only during the acute stage of COVID-19 infections but also during the long COVID and also during the detoxification period and also for the prevention of the COVID-19 disease.

Low Dose Naltrexone (LDN): In a cohort study but not a randomized one, LDN improved the recovery from COVID-19, a daily activity level, energy levels, pain levels, and levels of mental attention. LDN improved well-being sensations and reduced clinical/physical symptoms [25].

Mast cell stabilizers: In the past, innate and adaptive immune mechanisms against the virus invasion did not enclose the potential role of mast cells, and only thought about monocytes, macrophages, T and B cells, and tried to explain the microvascular pulmonary thromboembolisms associated with COVID-19. But Dr. Malone and his colleagues suggest a new mechanism involving histamine release for mast cell cytokine, TNF-α release, and mast cell dysfunction for the unusual symptoms of COVID-19. Anosmia, ageusia, pruritis, urticaria, altered dream states, and loss of weights are associated with histamine release and often reported in COVID-19 patients, and over 50% of dying patients from COVID-19 have pulmonary microthrombosis. Mast cell degranulation syndrome shares most of these symptoms [26]. Considering the conditions of COVID-19 disease and symptoms/sequelae of COVID-19 experimental injections (such as chest tightness, breathing difficulties in exercise, headache and intermittent tinnitus, fatigability, brain fog, severely decreased visual acuity, dizziness, muscle pain and tremors, heart palpitations, weight loss, skin rashes and urticaria, abdominal pain and bloating, etc.) are similar with those of mast cell granulation syndrome, we may consider mast cell stabilizer as a potential treatment of those post-experimental injection symptoms. Three are several kinds of mast cell stabilizers: H1 antihistamines (such as Allegra, Claritin, Ketotifen); H2 antihistamines (such as famotidine, cimetidine, ranitidine), leukotriene inhibitors (such as montelukast, Singulair); and mast cell stabilizers (such as ketotifen, aspirin, quercetin, cromolyn sodium).

Thymosin-α1: This is extracted from the thymus and has 28 amino acid peptide. For Hepatitis B treatment, 1.6 mg subcutaneous injection semiweekly for 52 weeks is recommended. Thymosin-α1 is well-tolerated and safe, and can be used as multiple doses of 1.6 to 16 mg (one vial to 10 vials) for five to seven days. It can have adverse effects of local irritation, redness, fever, fatigue, muscle ache, nausea and vomiting. Organ transplant recipients are not recommended to use Thymosin-α1 [27]. Thymosin-α1 increases the number of activated Th1 (helper T cells), TLR (Toll-like receptor), NK-κB (nuclear factor kappa B), T cell, antigen presentation to dendritic cells, and viral clearance. It prevents a proinflammatory cytokine storm and controls inflammation [28].

Fenofibrate: Fenofibrate was known to reduce the SARS-CoV-2 viral infection by up to 70%, the viral entry into the cell by destabilizing the viral spike proteins and by dimerization of ACE II receptor, inflammatory reactions by inhibiting release of inflammatory cytokines, and inflammation of airways. It also can protect our bodies from the SARS-CoV-2 invasion by increasing sulfatide levels [29]. Fenofibrate is not expensive, and has a good safety profile, however, it can cause muscle aches and hypersensitivity reactions, and may need cautions when used in patients with pre-existing liver or kidney problems.

Melatonin: Melatonin was known to reduce COVID-19 mortality by 87% (95% CI: 0.076 to 0.223) and it can prevent COVID-19 infection by 28% or by 52% in Black Americans. It upregulates the mitochondrial anti-viral-signaling protein of K63 polyubiquitin chains and facilitates DNA damage repair, the expression of Sirt 1 (silent information regulator 1) to boost the antiviral actions triggered by type I interferon, and defensins such as cathelicidin to prevent viral infections. Melatonin is taken at bedtime to keep a circadian rhythm, but a daily dose of 36-72 mg in four divided dose was proved to reduce hospital stay, mortality and ventilation rate [30].

Aspirin: There are three kinds of anti-thrombotic agents: first, anticoagulants which includes heparin derivatives (low molecular weight heparin such as enoxaparin), vitamin K antagonists (such as warfarin), and Factor Xa inhibitors (such as rivaroxaban, apixaban, edoxaban) ; second, antiplatelet agents which includes COX inhibitors (such as aspirin), PDE inhibitors (such as cilostazol, dipyridamole), ADP receptor antagonists (such as clopidogrel, prasugrel), and GPiib-IIIa receptor antagonists (such as abciximab) ; third, thrombolytic agent which includes recombinant tPA (such as alterplase, desmoteplase) and others (such as streptokinase, urokinase, nattokinase).

COVID-19 patients and people with sequelae of COVID-19 experimental injections usually associated with prothrombotic status with elevated levels of D-dimer, FDPs (fibrin degradation products), and with violet-colored skin bruises. An observational cohort study of 4,297 veterans hospitalized with COVID-19 demonstrated that patients with COVID-19 could benefit from prophylactic anticoagulants [31]. Low dose of aspirin use was associated with high survival and high-quality conditions in hospitalized COVID-19 patients [32]. Also, low dose aspirin reduces harmful inflammations, oxidative stresses in brain astrocytes and protects brain functions [33]. Using medications comprised of all three kinds of anti-thrombotic agents for the detoxifying treatments of the sequelae of COVID-19 experimental injections is not recommended, and taking local food supplements is recommended instead of it.

Ivermectin: Even though FDA does not recommend ivermectin for the treatment of COVID-19, it has many potential benefits. It inhibits host importin α/β-1 nuclear transport proteins and thus it inhibits the intracellular transport processes of SARS-CoV-2 virus. It makes a docking with SARS-COV-2 spike protein and it interferes the viral attachment to the human cell membrane. It has several potential anti-inflammatory properties and thus inhibits the inflammatory reactions induced by a SARS-CoV-2 virus. It is known that it inhibits the replications of SARS-CoV-2 virus in the host cells [34].

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