



**EMERGING APPROACHES TO TREATING
SPIKE PROTEIN-INDUCED DISEASES**

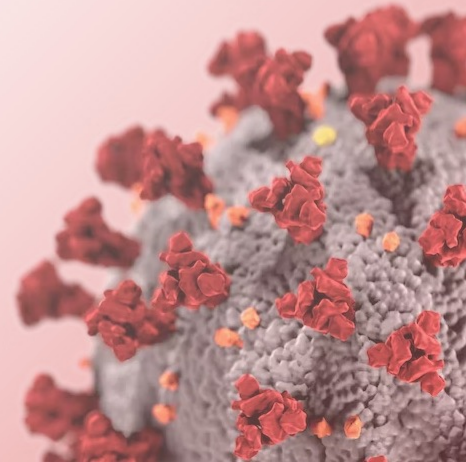
April 28-29, 2023 • Fort Worth, Texas

S-Spike Protein Activation of Lyme Disease

Presented By:

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Disclosures

- I am owner of Carolina Holistic Medicine
- I am Director of the Priority Health Academy [501(c)3 nonprofit]
- I sit on the Medical Advisory board of the UK's LDN Research Trust
- I am an advisor to the FLCCC
- I am not involved with any Pharmaceutical or Nutraceutical companies
- I have no financial conflicts of interest



Evidence Based Medicine (EBM) disclosure

My position on EBM: Since the promotion of EBM in the early 1990s by luminaries such as Dr. Archibald Cochrane and Dr. David Sachett I had aligned myself to the value of this in medicine. However, in light of what has happened in the world of peer-reviewed medical journals in the past two-decades I cannot in good faith and honesty be compelled to believe that all that is printed in medical and scientific journals is truthful and unbiased. The credibility of high-powered journals such as Lancet, New England Journal of Medicine, British Medical Journal, Journal of the American Medical Association, The Annals of Internal Medicine and others has been lost and their value in the world of medicine is questionable.

The Fathers of EBM: Archibald Cochrane, MD and David Sachett, MD promoted this philosophy which put in the peanut gallery observational findings by practitioners and critical thinking, and skepticism of what was in print. Dr. Sachett felt his medical education and residence was so poor and outdated he entered a 2nd residence late in his career after 20-years practicing.

I always have to say: "Whose Evidence" give me a topic and I can find two conflicting peer-review articles in 10 minutes with opposing views and conclusions.

Personally had complete faith in the credible journals

Considering the high number of retractions, political pressures and influences by pharma and the revelations of ex-editors of high-power journals such as the Lancet, NEJM, BMJ, etc. I have essentially lost faith and do not find much of what is published credible or truthful.



Starting to lose faith and respect for high-powered medical journals

Disclosure References

Reference articles as far back as 2010 regarding corruption of our medical journals as former-editors comment from Lancet, BMJ and NEJM the problem with Pharma's influence. This is nothing new in the past few years, it is a decade+ old problem.

1. <https://www.minnpost.com/second-opinion/2010/05/ex-editor-nejm-tells-how-big-pharma-has-corrupted-academic-institutions/> (May 2010)
2. <https://ahrp.org/medical-journals-complicit-in-corruption-of-medicine/> (Nov 2010)
3. <https://participatorymedicine.org/epatients/2012/03/former-nejm-editors-on-the-corruption-of-american-medicine-ny-times.html> (Mar 2012)
4. <https://ethicalnag.org/2012/09/26/medical-journals-information-laundering-big-pharma/> (Sept 2012)
5. <https://newspunch.com/editor-medical-journal-fraudulent/> (Mar 2018 - regarding vaccines research)
6. <https://statmodeling.stat.columbia.edu/2022/02/22/former-editor-of-british-medical-journal-says-we-should-assume-that-the-research-is-fraudulent-until-there-is-some-evidence-to-support-it-having-happened-and-been-honestly-reported/> (Feb 2022)

accessed 4/5/2023

Objectives

- S1-spike protein illness causing activation or reactivation of Chronic Lyme Disease (CLD)
- Illustration that both INFECTED and INJECTED suffer similar fates
- mRNA injected patients with or without subsequent COVID illness suffer the most
- Take Home: Always look for chronic underlying illnesses (Bb, EBV, etc.)



First Case: Mike 69 yo Male with single dose VAXX Injury (Moderna)

Hx of Illness: Health individual with only CRPS in PMHx. Received single mRNA (Moderna) vaccine in 2021 and within days started seeing symptoms, 2 weeks into it unable to move leg. Onset of severe pain in joints, severe insomnia (resistant to tx), only relief was with prednisone. Seen by other practitioners for OVER A YEAR; tried following a modified FLCCC protocol until seen by us Jan 4, 2023.

Reported past use of HBO2 was a failure. Most interventions failed him or made symptoms worse.



Labs

After review of labs over past year by PCP we “filled in the holes” with some essentials either not done or not followed up closely.

hsCRP: 1.4

HCY 11.5 umol/L

B12 318 pg/mL

Vit D 58 ng/mL

EBV: VCA >750 U/mL

EBV Nuc.Ab 285 U/mL

MPO: normal

Folate: normal

C4a: ELEVATED

CD57 was ordered but TNP

Date Collected: 03/21/2023

SARS-CoV-2 Antibody, IgG

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
SARS-CoV-2 Semi-Quant IgG Ab A.01	>800.0		AU/mL	Neg <13.0
SARS-CoV-2 Spike Ab Interp ^{A.01}	Positive Antibodies against the SARS-CoV-2 spike protein, including the receptor binding domain (RBD) were detected. It is not yet known what level of antibody to SARS-CoV-2 spike protein correlates to immunity against developing symptomatic SARS-CoV-2 disease. This assay was performed using DiaSorin Liaison(R) SARS-CoV-2 Trimeric S IgG assay.			

Complement C4a

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▲ Complement C4a ⁰¹	1429.4 High **Results verified by repeat testing** Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.		ng/mL	0.0-650.0



Labs V-W Bb panel

Test Name	IgG		IgM	
	Current	Previous	Current	Previous
Borrelia burgdorferi VlsE1	4.0		12.7	
Borrelia burgdorferi C6 peptide	2.2		6.6	
Borrelia burgdorferi p18 (DbpB)	4.4		8.4	
Borrelia burgdorferi p23-25 (OspC)	4.8		8.3	
Borrelia burgdorferi p28	6.9		1.2	
Borrelia burgdorferi p30	1.4		3.2	
Borrelia burgdorferi p31 (OspA)	12.3		1.5	
Borrelia burgdorferi p34 (OspB)	8.7		6.6	
Borrelia burgdorferi p39 (BmpA)	2.0		1.6	
Borrelia burgdorferi p41	4.1		18.1	
Borrelia burgdorferi p45	3.0		9.1	
Borrelia burgdorferi p58	21.8		3.1	
Borrelia burgdorferi p66	6.1		4.9	
Borrelia burgdorferi p83-93	8.4		5.2	
Borrelia burgdorferi B31 strain WCS	2.5		5.7	
Borrelia burgdorferi 297 strain WCS	18.3		1.1	

Test Name	IgG		IgM	
	Current	Previous	Current	Previous
CDC/IDSA Lyme Criteria	NEGATIVE		NEGATIVE	
Alternative Lyme Criteria	POSITIVE		NEGATIVE	

Final Report Date:	01-29-2023 22:50	Specimen Collected:	01-18-2023 10:00
Accession ID:	2301120211	Specimen Received:	01-19-2023 15:34

Tick Borne Summary				
Panel Name	Organism	Positive Serology		PCR
		IGG	IGM	
Lyme disease	Borrelia burgdorferi	p31 (OspA) p58,297 strain WCS	VlsE1 p41	
	Borrelia spielmanii	OspC		
Tick Borne Relapsing Fever (TBRF)	Borrelia turicatae		Borrelia turicatae	
Other Borrelia species	Other Borrelia species	Borrelia californiensis		



Course:

1/4/2023: So much pain and intractable insomnia, causing brain fog and inability to complete hour-long 1st visit (Telemed); Depressed, Frustrated in year-long course without improvement despite several MDs involved. Talking Suicide. Had to end call abruptly due to Brain Fog! *7:10 pain scale*

Prednisone was only drug giving relief; modified FLCCC protocol not completely helpful. Two bouts of COVID infection following mRNA shot made things worse (last was in Oct. 2022).

PMHx: CRPS

PSurgHx: 2x back surgeries

Soc Hx: avid hunter, pilot and business owner

Born in Michigan, rare EtOH; FmHx: longevity



Course:

Tx Plan:

D/C Zolpidem as it was ineffective for intractable insomnia
Switched to titratable Trazodone starting at 50mg QHS and upward to limit of 300mg QHS for effect. On a RN callback (1/12/2023) he reported finally getting 7-hrs of sleep on Trazodone and depression and suicidal ideations melted away. (was to that point getting less than 2-hrs of sleep daily)

FLCCC protocol including reimplementatation of Prednisone

Immucore BID

LDN 1.0mg and titration upwards

IVM 20mg daily

Spermidine

Lumbrokinase



2/6/2023 visit (Telemed)

Patient reports rather good improvements in CRPS with better sleep and 20mg of Prednisone; No ill effects of LDN titration, Lab Review to review new DX of CLD (serology confirmed and clinical dx along with Vaxx Injury)

Increased Immucore to T1D

Added CBD, CBG, Delta8 to LDN for pain and sleep and mood

Melatonin 10mg SR

Bb protocol with ABX: Doxy and Nitazoxanide (NTZ)

Ed material on LYME, LDN, Herxing, etc. provided



3/20/2023 visit (Telemed)

Patient still reports sleeping better and only increased pain after dosing of antibiotics. Brain Fog ameliorating a bit; fatigue still a factor. “Herxing” after dosing with Doxy and Ceftin.

FNP advised to D/C ABX and start Botanical Herbal Tinctures:

Banderol and Samento (Cat’s claw) as part of modified Cowden Protocol. Also adding in Burbur-Pinella (Cowden detox tincture for cytokines associated with herxing)

His Herx was: CP, joint pain, anxiety, brain fog, fatigue and diarrhea.



Med & Supplements List:

- ASA 81mg daily

Start: 02/06/23

- Bb tinctures: Cowden Protocol Banderol & Samento, others added in later

Start: 02/06/23

- Doxycycline (Monohydrate) (Doxycycline Monohydrate) 100 MG Oral Tablet

Start: 02/06/23 had to stop due to major Herxing

- ImmuCore one TID and then BID

Start: 02/06/23 started BID upped to TID and after a month will drop to BID

- ImmuCore + Melatonin 10SR + Methyl Benefits

Start: 02/06/23

- Methylcobalamin (Bulk) (Methylcobalamin) Powder

- Naltrexone HCl (Bulk) (Naltrexone HCl) Powder (LDN)

Start: 02/06/23

- Nitazoxanide 500 MG Oral Tablet (Alinia)

Start: 02/06/23

- Prednisone (predniSONE) 10 MG Oral Tablet

Start: 01/05/23

- Supplement A: Lumbrokinase 2 per day (600K); APR formula; VERSO spermidine 2/day; Querc/Nettles; Vit D3 5000 iu/day

Start: 02/06/23

- Supplements B: Supplements, Nutraceuticals and Herbals Inflammation 6 daily

Magnesium buffered Chelate 2 daily MAGSRT 2 daily Quinton 1 ampoules daily

Melatonin 2 nightly C-800mg daily B12 1000 micrograms daily Vitamin D3 -2000 iu daily

Start: 01/04/23

- Trazodone HCl (traZODone HCl) 50 MG Oral Tablet 50-200mg QHS PRN sleep

Start: 01/05/23



Other things to discuss in future visits:

Other options for CLD treatments

Methylene Blue

Photobiomodulation (PBM)

How to resume activity (ExRx)

Rapamycin

How best to come off prednisone

Possible use of memantine and other agents



Take home:

- D/C drugs or supplements that do not work
 - to reduce pill burden
- Do not forget other underlying causes
 - in this case EBV, CLD, viral burden
- Do not withdraw therapy too early
 - in this case previous PCP titrated down prednisone
- Follow “issues” and abnormal labs
 - insomnia, low vitamin B12 & D, elev C4a, ...



Second Case: Tillie 43-year-old Female Hx of COVID infection then revisited us with ? Symptoms and Dx with CLD

Hx of Illness: First seen as new patient for acute COVID infection on **9/1/2021**. Brief focused telemed visit. Mild COVID sx's, lost sense of taste and smell, fever of 99°F, nonproductive cough, seen via Telemed. Followed FLCCC protocol at the time: IVM 15mg 2/day x 5 days then biweekly thereafter; Azithromycin 500mg daily x 10d; Vit D, Vit C, Quercetin, Zinc and Melatonin.

All assumed well and not seen again until **7/22/2022**



Re-established with practice on **7/25/2022**

She presents very frustrated with conventional care. She had some issues prior to COVID but now seems to be worse. Dealing with thyroid issues for two decades, Hx of Graves and Hashimotos thyroid disease; Hx of endometriosis (Stage4) and had uterus and an ov. removed. In 2016 she was on a year long trial of Doxy 40mg/d and felt better aside from mood changes. The LLMD seeing her back in 2017 Dx her with Lyme (Bb and no coinfections) A trial of supplements including Cat's claw made her feel worse (Herxing) and it was discontinued.



Re-established with practice on 7/25/2022 (continued)

In 2021 she saw Rheum and they dx her with Fibromyalgia and started LDN which helped tremendously; Sxs of severe fatigue, joint pain and hurting to walk. Unable to continue as an avid athlete in the past. Seen by Cards for numerous episodes of Tachycardia (POTS ?). Very frustrated and depressed.

Had a lot of chefs in her kitchen prior to us. Polypharmacy and no cohesive treatment plan.



More history:

PMHx:

Lyme Disease; Chronic Fatigue (ME/CFS); Hashimotos, Endometriosis, Anxiety disorder and joint pains, POTS

PastSurgHx:

Hysterectomy, W/T, tonsillectomy

Meds: LDN 4.5mg/d; Celebrex 400mg

SocHx: no EtOH, stay at home mom;

FmHx: T2DM, HTN, AI (daughter), Cancer, CVDz

Lived in the Southeast

Vaxx Hx: all childhood, no Flu, **no COVID vaxx.**



Labs:

Test Name	IgG		IgM	
	Current	Previous	Current	Previous
Borrelia burgdorferi VlsE1	12.7		9.1	
Borrelia burgdorferi C6 peptide	6.8		3.6	
Borrelia burgdorferi p18 (DbpB)	9.4		16.4	
Borrelia burgdorferi p23-25 (OspC)	6.8		17.2	
Borrelia burgdorferi p28	4.5		9.2	
Borrelia burgdorferi p30	2.1		8.4	
Borrelia burgdorferi p31 (OspA)	2.9		1.1	
Borrelia burgdorferi p34 (OspB)	19.6		6.9	
Borrelia burgdorferi p39 (BmpA)	4.1		4.7	
Borrelia burgdorferi p41	19.4		6.6	
Borrelia burgdorferi p45	2.3		5.9	
Borrelia burgdorferi p58	3.4		6.6	
Borrelia burgdorferi p66	3.1		1.4	
Borrelia burgdorferi p83-93	22.0		2.2	
Borrelia burgdorferi B31 strain WCS	3.4		21.3	
Borrelia burgdorferi 297 strain WCS	2.7		3.3	

Test Name	IgG		IgM	
	Current	Previous	Current	Previous
CDC/IDSA Lyme Criteria	NEGATIVE		NEGATIVE	
Alternative Lyme Criteria	POSITIVE		NEGATIVE	

CD57 102

C4a 385.9 ng/mL

MPO 120

HCY 10.2

CRP <1

AM Cortisol 6.2 ug/dL



Labs:

EBV VCA >600

EBV NA >600

CMV +

HHV6 +

West Nile, HIV, Hep screening and Parvo all negative

Lyme ELISA in 2017 +

Coxsackie, Mycoplasma negative

ANA neg

TG-ab & TPO-ab Positive

VitD 22.3 ng/mL

B12 570 pg/mL

Further Rheum tests for A.I. negative

Iodine low 29.9 ng/L but Se was WNL



Treatment after 7/25/2022 visit

With Hx of Lyme and COVID infection symptoms

Started Cefuroxime + IVM

Started CordyChi (dual agent Beta-glucan/d-fraction mushroom immune enhancer)

Monolaurin (viral burden); Mito Support (MB),
Iodine; TRIFECTA-CBD/CBG/Delta8; D3/K2;
S. boulardii (yeast); Mag.; Restore 3 (with
Serrapeptase)

Consider Methylene Blue (will test G6PD level);
adding NP Thyroid 15mg for sluggish thyroid function
Recommending IV Myer's Cocktail w/ GSH IVP



8/16/2022 Visit

Pt feels EBV more of an issue than re-activation of Lyme.

*Likely both in actuality

Added in L-Lysine to the Monolaurin

Added in Bee Pollen

Discussed option of colostrum and opened dialogue on Peptides. Encouraged Myers IV therapy.

Information on MB provided.



10/6/2022 Visit

She had d/c LDN for about a month. [?]
Provided more info on LYME (CLD)

Started MB 1% solution with titration upwards.
Added Hydrocortisone (HC) 10mg for adrenals (low AM Cort.)
Increased IVM to 30mg from 20mg EOD w/food
Return to LDN 1.5mg and then titrate to 3mg/d
Mito Support formula

*in actuality many not started or delayed in starting



11/10/2022 Visit

She has concerns of skin dermatitis (seen by Derm 10 yrs ago for similar); Doxy 40mg was used in past. Unsure of why or what the cause is (but likely Lyme, and challenge of LD-Doxy was therapeutic, minimal herxing.)

Started MB; course of Estrovera/EstroPx
In lieu of anti-viral pharmaceuticals will try MB
Red Light Therapy
Use higher dose of vitamin C, B-vit.,
other nutraceuticals including IV Myers.



2/13/2023 Visit

Pt very hesitant about starting higher dose of MB, and did not start THYROID HRT nor HC. Despite not starting states: “feels pretty good and doing well.”

Again, recommended LDN and dosing new CBD afterwards (CBD/CBG/Delta8); she needed more D3 and we added K2; Mag chelate combo to modulate vitD3 metabolism

B12 lozenges 3/wk and more Iodine

BBT measurements 3-hr after waking up for thyroid assessment (BBT=basal body temperature measurements)

S. Boulardii x 2 weeks for yeast

MB to cover any S-spike and LYME and support the mitochondria. F/U in April.



Medication & Supplement List:

- Celecoxib (CeleBREX) 400 MG Oral Capsule (on it)
- Hydrocortisone 5 MG Oral Start: 02/13/23
- Ivermectin (Ivermectin) Start: 02/13/23
- Lactoferrin/ T-cell Balance Tx Start: 02/13/23
- Methylene Blue (MB 1% sol.) Start: 02/13/23
- Naltrexone HCl (Bulk) (LDN) Start: 02/13/23
- Supplements:
 - Monolaurin; Mito Support (MB), Iodine; TRIFECTA.
D3/K2; S. boulardii (yeast); Mag, K2 for D3; Restore 3
(with Serrapeptase) Start: 10/06/22
- Valacyclovir HCl (Valtrex) 1 GM Oral Start: 11/14/22



Other things to discuss:

Compliance

What we can do to reduce hesitancy in Tx Plan

Does she need counseling or coaching?

Feedback on MB, LDN, HC and others

Addressing viral burden

Addressing fatigue



Take home:

- Revisit drugs or supplements that work
 - May increase pill burden, but for short term
- Do not forget other underlying causes
 - in this case EBV, CLD, viral burden; Psychiatric issues (PTSD, feeling of hopelessness or insecurities with medical professionals)
- Close follow up to address compliance/adherence
 - In this case Tx hesitancy
- Follow up: (update)



24-year-old female (unvaxxed COVID/Lyme patient)

[A Footnote]

A newer patient to the practice is a very compliant 24-year-old female non vaccinated but with two bouts of COVID in the past year. She responded very well to therapy after only a few months. Went from 40% to 70% in 3-months; almost at remission of Lyme (CLD) and seeing the light at the end of the tunnel.

With adherence comes wellness.



Big Take Home:

Big take home is that:

IT IS NOT ALWAYS JUST **COVID** OR THE **COVID SHOT**

Very often failures and those not improving are a result of multifactorial issues including “layers” of other chronic underlying diseases. Viral burden, vector borne illnesses, AI, immune and hormone dysregulation, environmental pollutants, genetics, lifestyle, stress, etc.

S1-spike (and other things) may raise their head at any time (we just don't know; it is too early)



Suggestion:

Taking a more **holistic** and **integrative** approach to:

- **Diagnostics**
- **Treatment protocols**

May be the most successful approach with best outcomes for your patients. This type of medicine (a new paradigm) is yielding the best outcomes; is sustainable and we are in the “moment” now to promote this paradigm shift.



References

<https://covid19criticalcare.com/studies> for a list of studies supporting FLCCC protocol agents.

Jaffer KY, Chang T, Vanle B, Dang J, Steiner AJ, Loera N, Abdelmesseh M, Danovitch I, Ishak WW. Trazodone for Insomnia: A Systematic Review. *Innov Clin Neurosci*. 2017 Aug 1;14(7-8):24-34. PMID: 29552421; PMCID: PMC5842888.

Bossini L, Casolaro I, Koukouna D, Cecchini F, Fagiolini A. Off-label uses of trazodone: a review. *Expert Opin Pharmacother*. 2012 Aug;13(12):1707-17. doi: 10.1517/14656566.2012.699523. Epub 2012 Jun 20. PMID: 22712761.

Wang YH, Chen KM, Chiu PS, Lai SC, Su HH, Jan MS, Lin CW, Lu DY, Fu YT, Liao JM, Chang JT, Huang SS. Lumbrokinase attenuates myocardial ischemia-reperfusion injury by inhibiting TLR4 signaling. *J Mol Cell Cardiol*. 2016 Oct;99:113-122. doi: 10.1016/j.yjmcc.2016.08.004. Epub 2016 Aug 5. PMID: 27503317.

Wang KY, Tull L, Cooper E, Wang N, Liu D. Recombinant protein production of earthworm lumbrokinase for potential antithrombotic application. *Evid Based Complement Alternat Med*. 2013;2013:783971. doi: 10.1155/2013/783971. Epub 2013 Dec 12. PMID: 24416067; PMCID: PMC3876685.



References

Kruger JS, Kruger DJ. Delta-8-THC: Delta-9-THC's nicer younger sibling? J Cannabis Res. 2022 Jan 4;4(1):4. doi: 10.1186/s42238-021-00115-8. PMID: 34980292; PMCID: PMC8725316.

Kruger DJ, Kruger JS. Consumer Experiences with Delta-8-THC: Medical Use, Pharmaceutical Substitution, and Comparisons with Delta-9-THC. Cannabis Cannabinoid Res. 2023 Feb;8(1):166-173. doi: 10.1089/can.2021.0124. Epub 2021 Nov 19. PMID: 34797727.

Singh N, Narayan S. Nitazoxanide : A Broad Spectrum Antimicrobial. Med J Armed Forces India. 2011 Jan;67(1):67-8. doi: 10.1016/S0377-1237(11)80020-1. Epub 2011 Jul 21. PMID: 27365765; PMCID: PMC4920633.

Rossignol JF. Thiazolidines: a new class of antiviral drugs. Expert Opin Drug Metab Toxicol. 2009 Jun;5(6):667-74. doi: 10.1517/17425250902988487. PMID: 19442032.

<https://www.linkedin.com/pulse/nitazoxanide-known-killer-parasites-borrelia-cysts-boosters-ozimek/>

Venturella G, Ferraro V, Cirlincione F, Gargano ML. Medicinal Mushrooms: Bioactive Compounds, Use, and Clinical Trials. Int J Mol Sci. 2021 Jan 10;22(2):634. doi: 10.3390/ijms22020634. PMID: 33435246; PMCID: PMC7826851.



References

<https://www.nutramedix.com/collections/cowden-support-program>

<https://www.nccih.nih.gov/health/cats-claw>

Feng J, Leone J, Schweig S, Zhang Y. Evaluation of Natural and Botanical Medicines for Activity Against Growing and Non-growing Forms of *B. burgdorferi*. *Front Med (Lausanne)*. 2020 Feb 21;7:6. doi: 10.3389/fmed.2020.00006. PMID: 32154254; PMCID: PMC7050641.

Husain A, Byrareddy SN. Rapamycin as a potential repurpose drug candidate for the treatment of COVID-19. *Chem Biol Interact*. 2020 Nov 1;331:109282. doi: 10.1016/j.cbi.2020.109282. Epub 2020 Oct 6. PMID: 33031791; PMCID: PMC7536130.

Patocka J, Kuca K, Oleksak P, Nepovimova E, Valis M, Novotny M, Klimova B. Rapamycin: Drug Repurposing in SARS-CoV-2 Infection. *Pharmaceuticals (Basel)*. 2021 Mar 5;14(3):217. doi: 10.3390/ph14030217. PMID: 33807743; PMCID: PMC8001969.

[https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568\(20\)30068-4/fulltext](https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(20)30068-4/fulltext)

Guggenheim AG, Wright KM, Zwickey HL. Immune Modulation From Five Major Mushrooms: Application to Integrative Oncology. *Integr Med (Encinitas)*. 2014 Feb;13(1):32-44. PMID: 26770080; PMCID: PMC4684115.



References

Khalifa SAM, Elashal MH, Yosri N, Du M, Musharraf SG, Nahar L, Sarker SD, Guo Z, Cao W, Zou X, Abd El-Wahed AA, Xiao J, Omar HA, Hegazy MF, El-Seedi HR. Bee Pollen: Current Status and Therapeutic Potential. *Nutrients*. 2021 May 31;13(6):1876. doi: 10.3390/nu13061876. PMID: 34072636; PMCID: PMC8230257.

Algethami JS, El-Wahed AAA, Elashal MH, Ahmed HR, Elshafiey EH, Omar EM, Naggari YA, Algethami AF, Shou Q, Alsharif SM, Xu B, Shehata AA, Guo Z, Khalifa SAM, Wang K, El-Seedi HR. Bee Pollen: Clinical Trials and Patent Applications. *Nutrients*. 2022 Jul 12;14(14):2858. doi: 10.3390/nu14142858. PMID: 35889814; PMCID: PMC9323277.

Gannotta R, Malik S, Chan AY, Urgun K, Hsu F, Vadera S. Integrative Medicine as a Vital Component of Patient Care. *Cureus*. 2018 Aug 4;10(8):e3098. doi: 10.7759/cureus.3098. PMID: 30338174; PMCID: PMC6173273.

<https://www.ncbi.nlm.nih.gov/books/NBK518811/>

Bland J. Defining *Function* in the Functional Medicine Model. *Integr Med (Encinitas)*. 2017 Feb;16(1):22-25. PMID: 28223904; PMCID: PMC5312741.

Bland J. Functional Medicine: An Operating System for Integrative Medicine. *Integr Med (Encinitas)*. 2015 Oct;14(5):18-20. PMID: 26770161; PMCID: PMC4712869.



References

Krislee A, Fadly C, Nugrahaningsih DAA, Nuryastuti T, Nitbani FO, Jumina, Sholikhah EN. The 1-monolaurin inhibit growth and eradicate the biofilm formed by clinical isolates of *Staphylococcus epidermidis*. BMC Proc. 2019 Dec 16;13(Suppl 11):19. doi: 10.1186/s12919-019-0174-9. PMID: 31890012; PMCID: PMC6912935.

Barker LA, Bakkum BW, Chapman C. The Clinical Use of Monolaurin as a Dietary Supplement: A Review of the Literature. J Chiropr Med. 2019 Dec;18(4):305-310. doi: 10.1016/j.jcm.2019.02.004. Epub 2020 Sep 3. PMID: 32952476; PMCID: PMC7486475.

Wells C, Butcher R, McCormack S. Intravenous Multivitamin Therapy Use in Hospital or Outpatient Settings: A Review of Clinical Effectiveness and Guidelines [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2020 Oct 15. PMID: 33523616.

Gaby AR. Intravenous nutrient therapy: the "Myers' cocktail". Altern Med Rev. 2002 Oct;7(5):389-403. PMID: 12410623.

Clinical case reviews from the EHR files from Carolina Holistic Medicine 2019-2023, observational data (not RCT)



References

For **CAM**: www.nccih.nih.gov

For **Lyme**: www.ILADS.org

For **LDN**: www.LDNResearchTrust.org

For **THYROID and hormones, Mold & Heavy Metals**:

- www.IFM.org
- www.restorativemedicine.org (AARM)
- www.iseai.org (ISEAI)



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