

# Case Study: Moderna Vax Injured

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**Carolina Holistic Medicine**



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**HEALTHCARE REVOLUTION**  
Restoring the Doctor-Patient Relationship

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# **B.A. 76 year old Female**

**Vital Signs: 68"; 111 lbs; BP 127/73; HR and RR within normal limits; Oxygen saturation 97%, pain score: 0/10**

- **Was well until mid-2022; June 23, 2022 unable to use legs and had become non-verbal and progressively non-ambulatory.**
- **All following her 4<sup>th</sup> Moderna COVID shot (started ~6-weeks after her final booster)**
- **Prior she was a very active retired educator and principal**
- **Walked 5-miles per day; 10,000 steps per day**
- **Mild elev. BP; Dyslipidemia and history of Melanoma in 2011.**
- **NKDA, NKEA, NKFA**
- **No routine Meds prior to 2022.**



# Course before seeing us on 8/24/2023

- Once becoming non-ambulatory she was admitted to a teaching hospital in GA for 123 days.
  - Lots of diagnostics
  - Few fruitful interventions
- Transferred to another teaching hospital in NC for almost 2-weeks:
  - More tests, few useful interventions / admission complicated by MRSA Pneumonia and C. diff.
  - Failed course of plasmapheresis, and Rituximab (made things worse).
  - On the way out the door ONE Neurologist half-heartedly suggested it may be the vax.
- For over 8 months, unsuccessful treatments, no real diagnosis other than Parkinson's Like Syndrome; Guillian-Barre Syndrome ruled out among other things.
- Neuro recommended IVIG which was ineffective and made her condition worse.
- Botox injection into UE to relieve spasticity.
- Feeding tube placed to prevent aspiration pneumonia and provide fluids and nutrition.
- Physical therapy at home to help with contractures.



# Seeing us on 8/24/2023

## Carolina Holistic Medicine Evaluation and Treatment Plan

- Was on lower dose of IVM, increased from 18mg/d to 36mg per day with food
- Added LDN and started at 0.25mg/d titrating up every 2weeks
- Amlexanox 40mg daily
- Lumbrokinase daily
- Augmented-NAC 200mg daily
- Namenda 5mg daily
  
- Stopped her Losartan and Fenofibrate (not deemed necessary) from hospital admission/DC
- Placed on FLCCC nutraceuticals not already on (DIY care)
  
- Continued to administer meds and supplements via feeding tube
- Several of our recommendations were not started or delayed due to delays in obtaining and interruptions in our treatment timeline.



# Nursing follow up call on 9/14/2023

20 days into therapy with Carolina Holistic Medicine Treatment Plan:

- **RN note:**
  - *“Husband communicated that they are extremely pleased with the results they are seeing from Dr. Saleeby's recommendations.”*
- B.A. is alert, comprehending, and speaking in complete sentences.
- She was noted to independently move her lower extremities (legs and feet) upon command.
- She responds to commands, nods her head, moves her eyes and her head to look at those in the room.
- She can speak a few words in a soft voice.
- She smiles and responds to verbal ques. This waxes and wanes over the next few weeks.
- **Several of the recommended interventions were delayed due to pharmacy issues.**



# MD follow up call on 10/05/2023

## Carolina Holistic Medicine Treatment Plan making slow but steady progress:

- She was given 6+ treatments of IVIG by MSM Neurology, but no improvements until very last one; then as outpatient IVIG made her condition worse.
- Started IVM and that seems to be working the best according to husband and daughter's feedback on visits. (IVM and LDN started almost simultaneously)
- Incremental improvements until she "over did it" with visit from another daughter. Was asked to do (perform) too much.
- Still verbalizes and follows orders; minimal UE/LE movements





# MD follow up call on 10/05/2023

**VIDEO- BA progress at home with family:**



# Setback; hospitalization for possible aspiration (12/08/2023)

## Carolina Holistic Medicine Treatment Plan Interrupted by a Hospital Admission:

- No pneumonia on CXR.
- Discharged from hospital on three blood pressure medications: Amlodipine, Losartan, and a Beta-blocker.
- She remained normotensive, and plan was to slowly taper her off all blood pressure medications.
- Post hospital discharge she was gaining ground again: alert, comprehending, and speaking minimally.
- She was noted to move independently her lower extremities (legs and feet) upon command. This was an improvement since her hospital discharge.
- Several of the recommended interventions had to be restarted as they were all discontinued upon her hospital admission.





# Back on track (01/11/2024):

## CHM course (recovering from MSM hospital admission)

- Slow baby steps and incremental improvements post-hospital discharge
- Restarting one agent at a time to get back on protocol
- Telemedicine visits showing improvements albeit small and slow
- Smiles and responds to conversation in the room on last Telemedicine visit Jan 11th.
- Continuing diagnostics for other underlying causes (labs pending)
  - Difficult “stick” unable to obtain the diagnostic testing we are seeking
  - Several interruptions and distractions in getting the labs we need



## Medications:

- Amlexanox
- BPC 157 2 per day in AM by IntegrativePeptides
- Ivermectin (higher dose than initially placed on)
- LDN
- Memantine trial
- Guanfacine trial
- Rapamycin

## Supplements:

- Lumbrokinase
- AndroGraphisImmune
- AllerC
- vit D3
- Augmented-NAC
- MegaSporeBiotic EOD

## Historical medications:

- IVIG (stopped as ineffective and making condition worse)
- Trial of TA-1 (peptide until unavailable)
- Was on Losartan and PhenoFibrate.
- Tapered off three BP meds (not deemed necessary)



## TAKE HOME MESSAGE:

- Never wait too long before seeking a COVID-literate provider.
- Don't waste too much time with non-COVID-literate knuckleheads.
- Some patients are not fast responders, take very slow baby steps and family needs to be encouraged to have patience.
- When folks plateau or get "stuck" there is likely another chronic condition or stealth infection lurking around and contributing. Make sure to work those up.



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