

Complex Syndrome Complex Management COVID Vaccine Injury

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HEALTHCARE REVOLUTION
Restoring the Doctor-Patient Relationship

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Case Study: COVID Vaccine Injury

- 30 year old male
- Previously healthy, clean diet, physically fit and active
- Successful, high performance, professional life
- 2 mRNA Moderna COVID shots, both bad batches
- Onset of symptoms temporally associated with shots



Presenting symptoms

- **Neurologic:** brain fog, fasciculations
- **Cardiac:** chest pain, POTS
- **Respiratory:** dyspnea
- **Gastrointestinal:** abdominal pain, heartburn
- **Psychosocial:** anxiety, depression, insomnia, auditory hallucinations
- **Musculoskeletal:** myalgia, joint pain, weakness, muscle atrophy, fasciculations
- **Dermatological:** rashes, hives, edema, peeling
- **Immunological:** MCAS, reactivated EBV, Lyme
- **Hematological:** amyloid fibrin microclotting

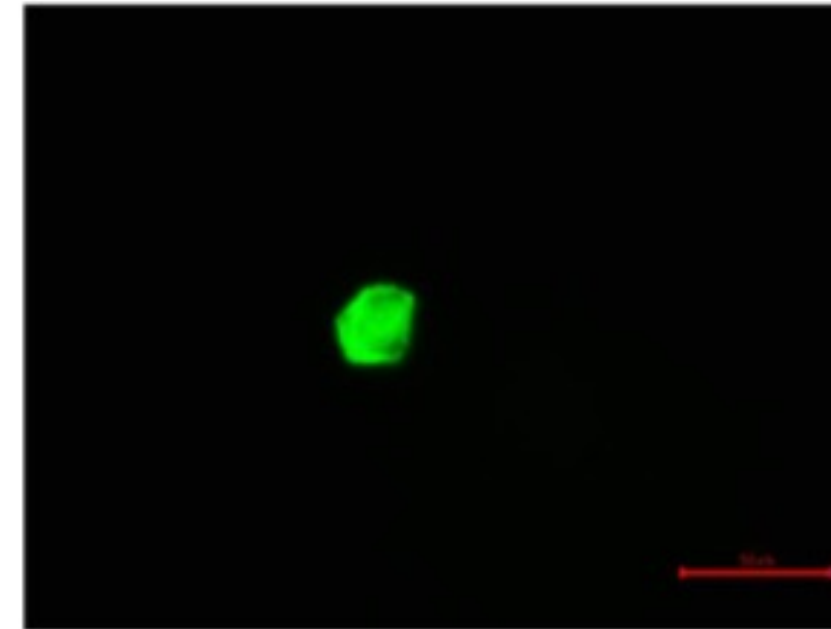
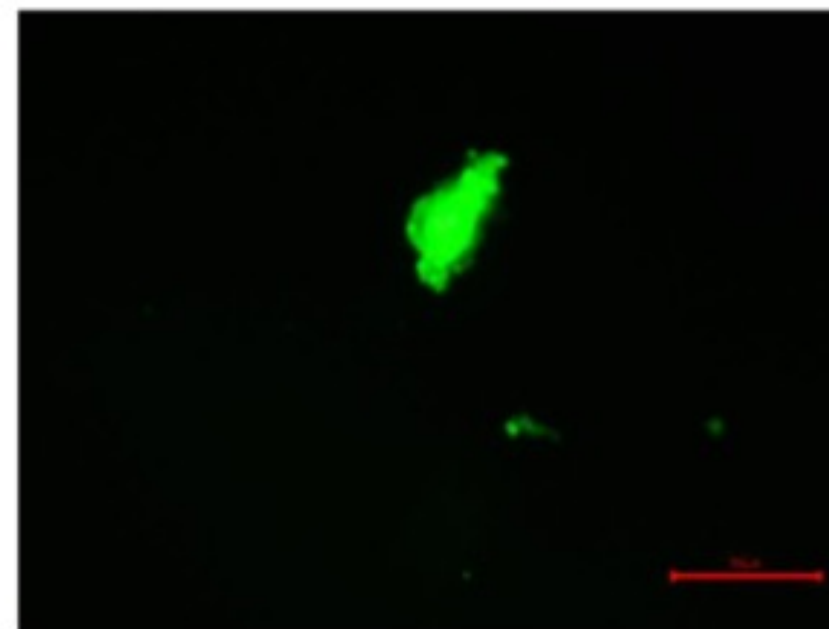
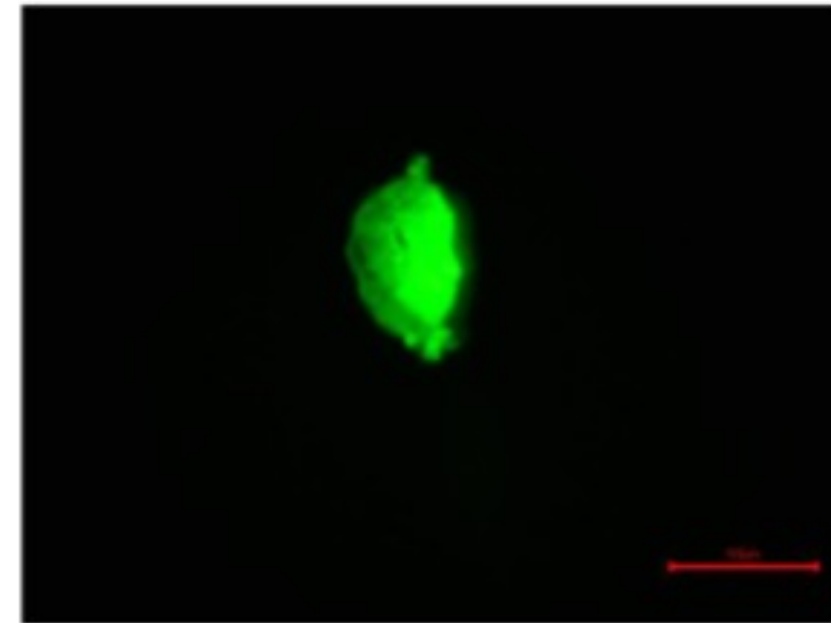
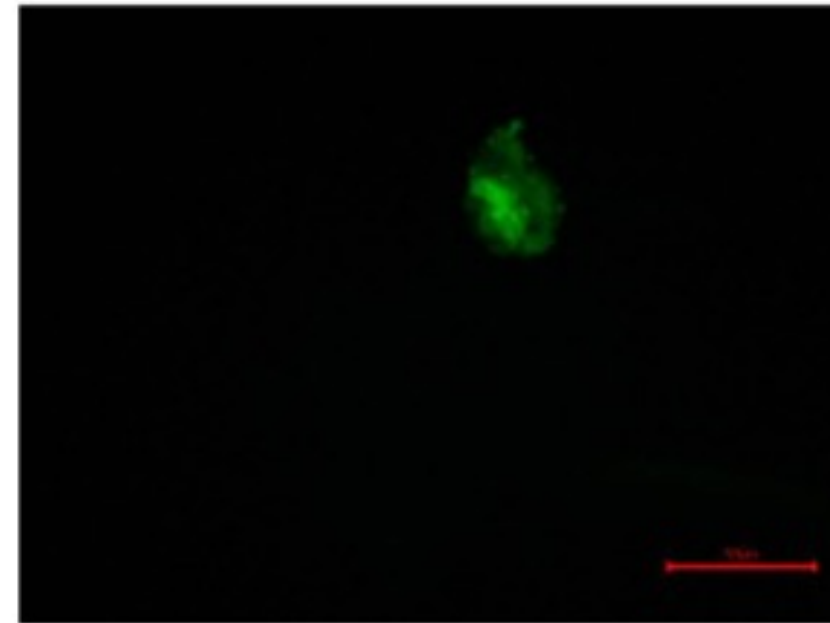
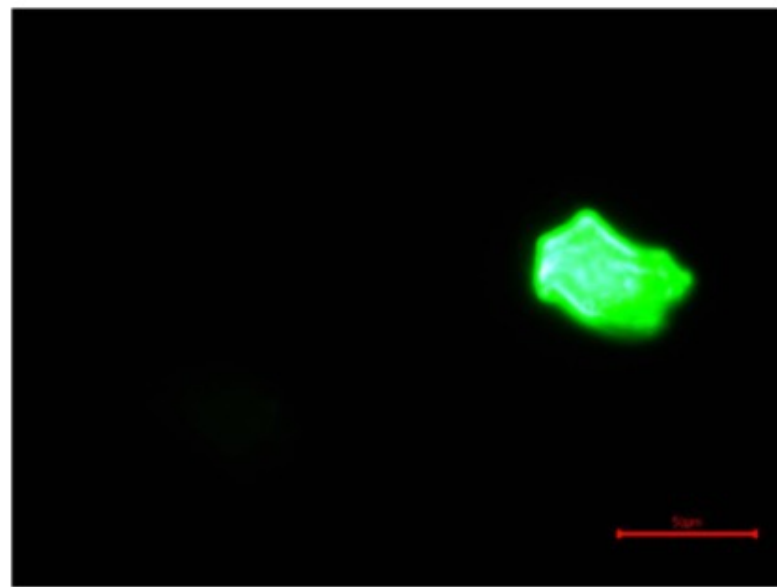


Initial Therapies

- **Brain fog** → NAC Augmentata, Mg Glycinate
- **Chest pain, POTS** → IVM, Nattokinase
- **Dyspnea** →
- **Abdominal pain** → BPC-157
- **Anxiety, depression, insomnia** → Memantine
- **Rashes, hives, edema, peeling** → Oregano oil
- **Mast Cell Activation Syndrome (MCAS), Epstein-Barr (EBV), Lyme disease** → LDN



Fibrin Amyloid Microclotting



Comments and staging of Amyloid Fibrin Microclots:

Stage/Grade 3 out of 4: Moderate



Pertinent Labs

- SARS-CoV-2 Spike Ab Dilution
- 1/23 12,787 U/mL
- 4/23 9,220 U/mL
- 6/23 9,431 U/mL
- 9/23 8,419 U/mL
- 1/6/24 7,631 U/mL

- Serum Serotonin 1/6/24
- 62 ng/mL (31 - 207)

- Tryptophan 3/6/23
- 58.4 umol/L (23.5 - 93)

Lyme IgM CIA equivocal 2/9/23
Lyme IgG CIA negative

Lyme IgM CIA **positive** 4/25/23
Lyme IgG CIA negative

Decision Points

- **Limited clinical response** → escalation of therapy
- **Shedding management** → treatment of family system
- **Plateau and regression** → eval for venous Compression
- **Emotional toll** → support group participation
- **Interventional Radiology consultation** → stent placement 1/23



Layering Advanced Therapies

- **Brain fog, fatigue** → NAC Augmentata → Memantine → Microcurrent → 5-HTP?
- **Chest pain, POTS** → IVM, Nattokinase → MSC-Exosomes → resolved CP
- **Dyspnea** → MSC-Exosomes → Stent placement
- **Abdominal pain** → ASA, Eliquis, Plavix → resolved → Baobab (microbiome repair)
- **Anxiety, depression, insomnia** → Memantine → Shilajit → ProTandim?
- **Rashes, hives, edema, peeling** → Oregano oil
- **MCAS, EBV, Lyme, lymph** → LDN → Lauricidin, Humacel, NTZ → Sirolimus
→ Microcurrent
- **Microclotting** → ASA, Eliquis, Plavix, PTX → Flavay, Baobab



Iliac Venous Compression

- Plateau and regression despite aggressive medical treatment
- Athletic history
- Worse in AM
- Dysbiosis
- Coagulopathy, stage/grade 3 of 4 fibrin amyloid microclotting
- POTS
- MCAS
- Bilateral testicular sensitivity/discomfort
- Bilateral food edema
- Left leg weakness
- Pruritus
- Dyspnea
- Chest pain
- Headache



The battle to diagnose and treat: IVC Filter Placement

MR Venogram reading 10/13/23 → Stent placement 1/18/24:

COMMON ILIAC VEIN: Greater than 50% focal stenosis at the origin of the left common iliac vein secondary to compression between the right common iliac artery anteriorly and the spine posteriorly. Additional mild to moderate compression of the mid to distal left common iliac vein between the right common iliac artery anteriorly and spine posteriorly. There is associated distention of the left iliac venous system compared to the right.

POST-OP: IV Ultrasound (IVUS) showed common iliac vein stenosis at 80%, with rerouting of blood into auxiliary veins and significant dilation.



Clinical Pearls

- Staged trials of therapy, the patient is their own control
- Narrow range of testing can guide therapy for spike antibodies and microclotting
- Escalation or titration of therapy in response
- Shedding is real and impacts trajectory



Thank you!

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