

Another Case Study: *Anna*

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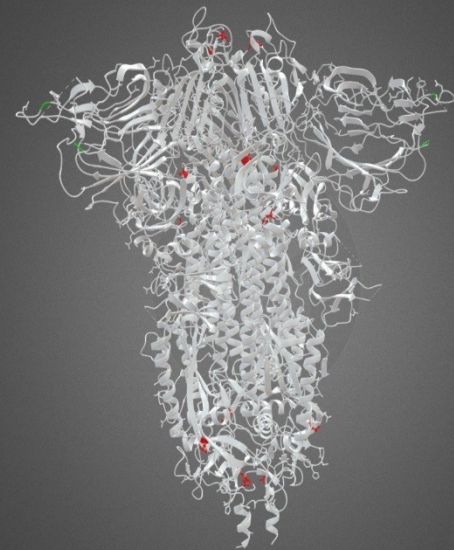
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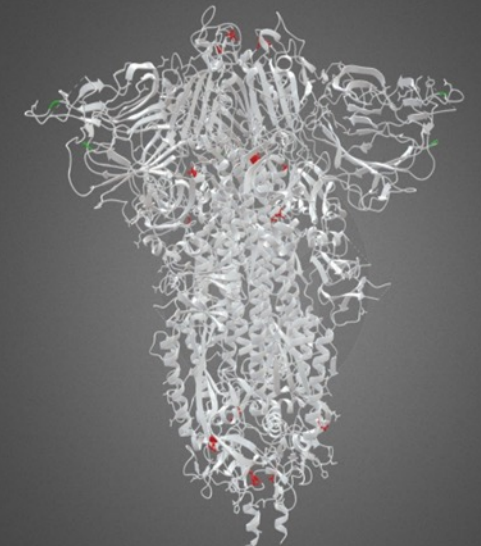
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Winter 2024

HEALTHCARE REVOLUTION
Restoring the Doctor-Patient Relationship

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FIRST VISIT:

32-year-old lady with:

- Shortness of breath
- Chest tightness
- Unintentional weight loss
- Dry mouth
- Amenorrhea
- Brain fog
- Memory loss
- Fatigue
- Constipation
- Hot flashes
- Appetite changes
- Muscle pain
- Joint pain
- Insomnia
- Dizziness
- Numbness in hands and feet

Doctor # 21



But why???

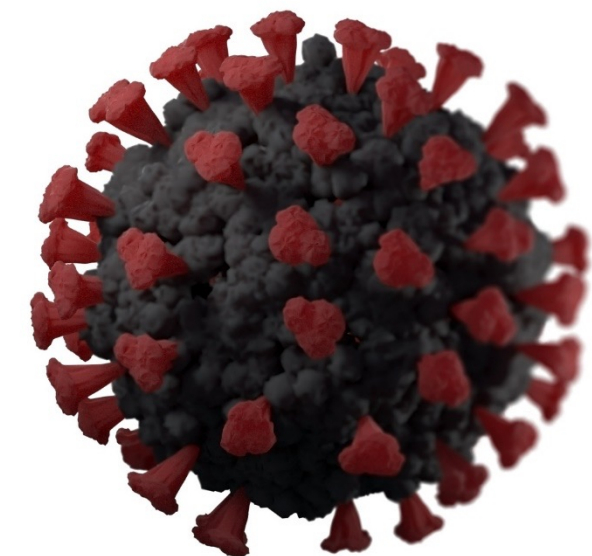
- 2020, One episode of COVID-19, that required only symptomatic treatment
- **COVID-19 vaccination** (mRNA)2021



- *No more menstrual periods following her vaccination*

History of:

- Deep vein thrombosis secondary to trauma
- Depression/Anxiety
- Gastroesophageal reflux disease



Physical Exam

- Vital signs: 115 lbs.; blood pressure 110/80 mmHg; heart rate 96/min; respiration rate 12/min; Oxygen saturation 98%
- Awake/alert/oriented x 3
- HEENT: PERRLA, EOMI/P
- Neck: supple, small anterior cervical chain LAN
- Lungs: CTA/P
- Heart: RRR, S1, S2, no murmurs,
- Abdomen: Soft, NT, ND, active BS, no HSM
- Extremities: No edema, cyanosis or clubbing
- Neurological: non-focal



UPG - Negative



Initial A/P

Spike Protein Disease Until Proven Otherwise!

- Blood work, imaging
- Intermittent fasting
- *I-RECOVER*TM
- Methylene Blue



Although we have listed suggested therapies below, we strongly suggest that, before initiating any of the below therapeutics, all patients and providers closely review the more detailed and comprehensive document — “An Approach to Managing Post-Vaccine Syndrome” — for information regarding dosing, cautions, contraindications, and other important details.

FIRST LINE THERAPIES

(Not symptom specific; listed in order of importance)

- • Intermittent daily fasting or periodic daily fasts
- • Ivermectin
- • Moderating physical activity
- L-arginine and Vitamin C
- Low-dose naltrexone
- Nattokinase
- Treatment of Mast Cell Activation
- • Sunlight and Photobiomodulation
- • Melatonin
- Bromelain +/- NAC
- Nigella sativa
- • Resveratrol or a combination flavonoid
- Probiotics/prebiotics
- Vagus Nerve Stimulation and nicotinic agonists

A note about anesthesia and surgery:

Patients should notify their anesthesia team if using the following medications and/or nutraceuticals, as they can increase the risk of Serotonin syndrome (SS) with opioid administration:

- Methylene blue
- Curcumin
- Nigella Sativa
- Selective Serotonin Reuptake Inhibitors (SSRIs)

About Ivermectin

Ivermectin is a well-known, FDA-approved drug that has been used successfully around the world for more than four decades. One of the safest drugs known, it is on the WHO's list of essential medicines, has been given over 3.7 billion times, and won the Nobel Prize for its global and historic impacts in eradicating endemic parasitic infections in many parts of the world.

Review the [totality of supporting evidence for ivermectin in COVID-19](#).

It is likely that ivermectin and intermittent fasting act synergistically to rid the body of the spike protein.

It appears that vaccine-injured patients can be grouped into two categories: i) ivermectin responders and ii) ivermectin

Follow-up visit # 1 (3 weeks later)

Her lab results were remarkable for:

- Cortisol **1.9 ug/dL**
- SARS-COV-2 total AB **12576 U/mL**

T-uptake	31%
T4	6.7 ug/dL
TSH	2.4 UI/mL

Protein, total	6.8 mg/dL
Albumin	4.5 g/dL
Bilirubin, total	0.3 mg/dL
Billirubin direct	0.2mg/dL
Alkaline phosphatase	55 U/L
AST	37 U/L
ALT	23 U/L

Glucose	69 mg/dL
BUN	14 mg/dL
eGFR	83 ml/min
Creatinine	0.8 mg/dL
Sodium	138 mEq/L
Potassium	4 mEq/L
Chloride	100 mEq/L
Carbon Dioxide	26 mEq/L
Calcium	9.2 mg/dL



Follow-up # 1

Hemoglobin	12.3 g/dL
Hematocrit	36.5%
MCV	95 fL
MCH	33 pg
MCHC	35.6 g/dL
RDW	13.6%
Neutrophils	68%
Lymphocytes	20.5%
Monocytes	8.8%
Eosinophils	2.2%
Basophils	0.9%
Immature granulocytes	0.1%
Nucleated RBCS	
Platelet count	370 k/UL
Absolute neutrophils	5.13 k/UL
Absolute lymphocytes	1.77 k/UL

Absolute monocytes	0.69 k/UL
Absolute eosinophils	0.19 k/UL
Absolute basophils	0.07 k/UL
ABS immature granulocytes	0.01 k/UL
ABS nucleated rbc	0.00 k/UL
Sedimentation rate	23 mm/hour
Hemoglobin A1c	5.4%
Nucleated RBCS	0.0

Interleukin-1 beta	< 6.5 pg/mL
Histamine, whole blood	1311 nmol/L
Interleukin-6, serum	2.2 pg/mL

CK, total	56 U/L
Magnesium	2.2 mg/dL
Phosphorus	4.4 mg/dL
Rheumatoid factor	< 10 IU/mL
C-reactive protein	< 0.2 mg/dL
Procalcitonin	< 0.06 ng/mL

Plan:

- ACTH stimulation test
- Additional lab work
- Same treatment



Follow-up # 2 (6 weeks)

- ACTH stimulation test: normal
- Symptoms:
 - **Significant improvement**
 - Brain fog and memory loss remained but with diminished severity compared to first visit.

Laboratory work was remarkable for:

SARS-Cov-2 Semi-Quant IgG Ab → **> 800 AU/mL**

SARS-Cov-2 Spike Ab Interp → **Positive**

Covid-19 IgM → negative (0.02 COI)



Follow up # 3 (12 weeks)

- *Brain fog and memory loss had improved significantly*



Follow up # 3

Doctor # 21



- ~~Shortness of breath~~
- ~~Chest tightness~~
- Weight loss
- ~~Dry mouth~~
- Amenorrhea
- ~~Brain fog~~
- ~~Memory loss~~
- Fatigue
- ~~Constipation~~
- Hot flashes
- ~~Appetite changes~~
- ~~Muscle pain~~
- ~~Joint pain~~
- Insomnia
- ~~Dizziness~~
- ~~Numbness in hands and feet~~



What we learned from this case:





Thank You



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