

Result Findings Discussion 30/11/23

1. Cytokine blood pathology Normal – Not a cytokine induced disorder
2. Blood pathology T-Cell's– Normal T-Cell subset which is good. T-Cells are holding, that's very good.
3. Oligoscan is pretty good. Quite a few deficiencies and common ones.
Magnesium, phosphorus, and silica.
 - Low phosphorus indicates tissue acidity.
 - Low magnesium.
 - Low silica is a marker of tissue catabolism.
 - B6 is a little low. Vitamin D low.
 - Try increase 20,000 IU Vitamin D per day and monitor.
 - Problem is what's going on throughout the tissues, they are using it all up. The body is going through truckloads of Vitamin D, it is consuming it in a large quantity.
 - Heavy metals show reasonable toxin load for a young man at 64% sitting there in the background, but the body can't deal with it at the moment. Sitting in yellow, should be in green. Body won't do anything with heavy metals until it's got nutrition and immunity to be able to clear it.
4. Gut dysfunction shows from Complete Microbiome mapping
 - low beneficial bacteria
 - high streptococcus toxicity in gut and potentially in body tissues
 - Strep is inside the body in what we call a cell wall deficient form (hidden form throughout the body). If you got a point of injury, strep can go to it, it will be in the pericardium.
 - When the strep grows out the immune system gets unhappy, it can affect the white cell count. Low white cell is common in the presence of strep.
 - Food Intolerances are secondary to the fact gut is damaged, and undigested food and bacteria toxins across the gut wall and activating IGG.
5. Mitochondrial Dysfunction/Deficiency shows in Organic Acids Test (OAT)
 - Low Amino Acids
 - Tissue Catabolism due to Spike Protein
 - Body went from Anabolism to Catabolism almost instantly post vaccine as indicated by amount of kilos lost. Should be able to reverse once toxin load is reduced and mitochondrial function restored.
 - Blocks are occurring at electron transport energy, body can't produce enough ATP. *(ATP is synthesized in mitochondria is the primary energy source for important biological functions, such as muscle contraction, nerve impulse transmission, and protein synthesis)*
6. Reduced Methylation
7. Vitamin B2, B6 & D Deficiency
8. Insulin Resistance
9. Body is not in a persistent inflammatory state, so there is something else going on. We just don't know how much mRNA each person has gotten from these injections, from very low to very high to make spike protein. Secondary thing we don't know, if the

mRNA is reverse transcribed in DNA and if I'm continuously producing spike protein, this is a few years off for testing.

10. When I look through everything in all these results and symptoms the spike protein is the major contributing component. Some points show dysfunction in mitochondria and pericarditis symptoms, indicates the persistence presence of spike.

11. Interaction spike + strep affecting pericarditis symptoms.

The mechanisms that are doing that are not because of measurable immune dysfunction and or result persistent measurable inflammation. CRP, ESR, Cytokines are all normal. In literature, when we have gone through, and I see others the measurable differences, but I don't see this in you. In my opinion it is the persistent spike protein + streptococcus interaction. It is very complex.

12. You got pericarditis but your ESR, CRP, Cytokines are all normal, it's not standard inflammatory pericarditis. But why? You've got spike protein that's gone to the pericardium. If you've got an area of tissue with damage, then infection goes to that point. The pericardium has been weakened by the spike, so strep that is through the body is going there, and underneath that you have the heavy metals.

13. In my books Augmented NAC is the product for degrading the spike. Clinically people are finding it effective within a couple of days.

14. Young previously and healthy man with extensive bike riding and yet the injection has succeeded in dropping me down in a state of fatigue and pericarditis. Doesn't that tell you something? Strength of this injection is very powerful, we are not going to clear it overnight, we need to stay the course. This thing is a moving target, we can't be precise of anything, as there is nothing to be precise on.

Plan

1. Eradicate/Degrade the spike + streptococcus such as Augmented NAC/Taiga A320/Strep Herbs for gut and tissues. Strep will take months to fix.
2. Repopulate beneficial gut bacteria with bifidus, d-lactate free lactobacillus probiotics, wait for bioscreen test. Ultra Flora Immune Control d-lactate free.
3. Rebuild Mitochondria using Research Nutritionals ATP Fuel
4. Improve Amino Acid profile - extra bone broth/Whey Protein
5. Increase to 20,000 IU Vitamin D per day
6. Add more magnesium
7. Continue Natokinase/Serrapeptase/Repairase/Black Cumin Seed/ Vit K2, Methyl BioActive, Curcumin, SPM
8. Do bioscreen test to re-confirm strep levels + other bacteria if present as we need more data
9. Put in the things that we got from the test results and let's chase it