



**POST-VACCINE
INJURY &
COVID LONG HAUL**

Reference FLCCCA I-RECOVER: An approach to managing post-vaccine syndrome and Covid long haul (updated 1/9/23)

I. Patient illustration

A. 61-year-old white male
with myocarditis/arrythmia

II. Definition

A. No official definition exists for “post-COVID-vaccine syndrome”

III. Epidemiology

A. CDC/FDA/NIH/WHO do not recognize post-COVID-vaccine injuries as a specific medical condition

B. Nevertheless, as of 12/2/22
1,476,227 adverse events have been reported to open VAERS

- C. 36,621 deaths
- D. 185,412 hospitalizations
- E. 15,721 heart attacks
- F. 35,718 myocarditis
- G. 60,758 permanent
disability

IV. Rate of serious adverse events -8%

A. V-SAFE database - 8%

B. Pollfish survey 7/4/22 - 8.64%

C. Rasmussen report 12/22 - 7%
rate serious adverse events

D. US veterans 8.5% Pfizer
vaccine, 7.9% Moderna vaccine

V. Pathogenesis

- A. The spike protein notably, the S1 segment is likely the major pathogenetic factor leading to post-vaccine syndrome
- B. Immediate reaction – Type 1 hypersensitivity reaction
- C. Acute myocarditis/sudden cardiac death (within 48 hours)

- D. Due to stress cardiomyopathy caused by excessive catecholamines
- E. Subacute and chronic myocarditis – spike protein induced inflammation
- F. Subacute (days) and chronic (weeks to years) vaccine related injuries due to inflammation and auto-antibodies/activation of clotting cascade/viral reactivation

G. Inflammatory response
mediated by spike protein –
induced mononuclear cell
activation – primarily affecting
brain/heart/endocrine organs

VI. Time course of sudden death

- A. Day 1-14 – after last dose of vaccine –
usually due to arrhythmia induced by catecholamine release and spike-induced inflammatory myocarditis

- B. Months 4-6 – after last dose of vax –
typically lack any symptoms of post-vaccine syndrome – sudden death likely the result of progressive spike-induced endothelialitis complicated by thrombosis.

VII. Epidemic of sudden deaths

A. Millennial excess deaths

1. CDC data reveals an 84% spike of excess mortality in the third quarter of the vaccine mandate
2. Between March of 2021 and February 2022, 61,000 millennials (25-44 age group) died excessively above the prior five year base trend line.

3. More millennials died in 2021 than American soldiers killed in Vietnam War.
4. Millennials started dying in large numbers at the same times when vaccines and boosters were rolled out. (Also, at the time when the less virulent Omicron variant was prevalent.)

VIII. United Kingdom data

	Excess pediatric mortality
2020	-9%
2021	-7%
2022	+16%
2023 projected	+22%

Correlation coefficient 0.94 suggesting a very strong positive linear relationship between Covid vaccine rollout and excess deaths. (phinancetechnologies.com)

C. Provisional approach to anti-coagulation in post-vaccine phenotypes

1. “Typical” post-vaccine syndrome -
ASA 81 mg./Clopidogrel 75 mg.
Nattokinase/Apixaban 5 mg. bid
2. Early sudden death – no clear guidance – avoid vaccination, avoid vigorous physical activity for 3 weeks following vaccination – role of anti-inflammatory agents is unclear – Magnesium supplementation may reduce arrhythmias
3. Late cardiac death - ASA 81 mg daily, Nattokinase 100-200 mg bid, Omega-3 fatty acids 2-4 g. daily, Resveratrol, green-based diet (low carbs/high fat)

IX. First line therapy for PVS

First-Line Therapies

(Not symptom specific; listed in order of importance)

Intermittent daily fasting or periodic daily fasts

Ivermectin; 0.2-0.3 mg/kg daily

Moderating physical activity

Low-dose naltrexone (LDN); 1-4.5 mg daily

Resveratrol; 400-500 mg daily

Melatonin; 2-6 mg *slow release/extended release* prior to bedtime

Aspirin; 81 mg daily

Methylene blue; 10-30 mg daily

Sunlight and Photobiomodulation (PBM)

Probiotics/prebiotics

Spermidine; 1000-2000 mg (wheat germ extract) daily

X. Long-haul – 80% of patients
experience prolonged
illness/symptoms after Covid-19

A. Patient illustrations

- i. 50 y/o legal secretary
- ii. 76 y/o grandmother

B. Characteristics of Covid long-haul

- i. Prolonged malaise
- ii. Headaches
- iii. Generalized fatigue
- iv. Sleep difficulties
- v. Loss of taste and smell
- vi. Painful joints
- vii. Shortness of breath
- viii. Chest pain
- ix. Brain fog

C. Another patient illustration

- i. 76 y/o missionary – previously in good health; traveled the world extensively; acquired Covid in 2021
 - a. Developed debilitating headaches/brain fog
 - b. Constant fatigue, anxiety
 - c. Myalgia
 - d. Post-exertion fatigue
 - e. Nausea/diarrhea
 - f. Unstable blood pressure/syncope (POTS)

XI. Long-haul Treatment

(essentially same as PVS

treatment minus Methylene blue and
probiotics/prebiotics)



