I-PREVENT℠

VACCINE INJURY

An approach to post-vaccine cardiovascular and cancer care

There is very limited data on the clinical features, pathogenetic mechanisms, and pathological findings of patients who have had delayed complications related to the COVID-19 vaccine. In addition, there is no published guidance on how to avoid these complications. This guidance is, therefore, based on our assessment of the likely pathogenic mechanisms underlying these delayed complications (spike protein-related disease) and the limited available autopsy data.

POST-VACCINE CARDIOVASCULAR EVENTS AND CANCER

Most serious adverse events following vaccination occur in the two weeks immediately following a dose of the vaccine. However, evolving data suggest that some patients who otherwise had no adverse events from the vaccine appear to have delayed acute cardiac events (often leading to sudden death). This appears to peak between 4 to 6 months after the vaccine but may extend for at least one year. There has also been evidence of an emergence of "turbo" and relapsed cancers in the months following vaccination.

We have developed this document to attempt to limit these complications and reassure those who have been vaccinated.

Essentially, both cardiac and cancer-related complications are related to the persistence of spike protein. Therefore, any intervention that reduces the persistence and the 'load' of spike protein will likely be beneficial.

POTENTIAL TREATMENT APPROACH

see full document for more details, cautions and dosing information

The primary approach to preventing delayed complications from vaccination is to enhance the body's ability to eliminate spike protein. This is best achieved by practicing intermittent fasting/time-restricted eating and with a supplement like resveratrol, which activates autophagy and encourages the removal of spike protein.

In addition, nattokinase, a naturally derived enzyme, breaks down extracellular spike protein and is a potent fibrinolytic agent, which breaks down blood clots.

Furthermore, treating hyperinsulinemia likely limits both endothelial inflammation and carcinogenesis.

We have added other interventions to this core treatment approach that likely have additional benefits. These include anti-platelet and fibrinolytic agents, which are central to the prevention of cardiovascular events following vaccination.

Disclaimer

This document is primarily intended to assist healthcare professionals in providing appropriate medical care for patients who have received a COVID-19 vaccine. Patients should always consult a trusted healthcare provider before embarking on any new treatment.

Never disregard professional medical advice because of something you have read on our website and releases. This is not intended to be a substitute for professional medical advice, diagnosis, or treatment regarding any patient.

Treatment for an individual patient is determined by many factors and thus should rely on the judgment of your pediatrician or qualified healthcare provider. Always seek their advice with any questions you may have regarding your medical condition or health.

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A suggested theoretical approach to limit the long-term complications of spike protein

- Intermittent fasting/time-restricted eating combined with a low-carbohydrate, high-fat diet (ketogenic diet), low in Omega-6 vegetable oils.
- Nattokinase; 100-200 mg twice daily.
- Resveratrol; 500 mg daily.
- Aspirin (ASA); 81 mg daily (in those with low risk of bleeding).
- Magnesium; 100-400 mg daily.
- Omega-3 fatty acids; 2-4 g daily.
- Co-enzyme Q (CoQ); 200-400 mg/day.
- Melatonin; 3-10 mg at night (slow release/extended release).
- Bromelain; 500 mg twice daily +/- N-acetyl cysteine (NAC); 600 mg twice daily.
- Berberine; 500-600 mg twice daily.

Anticoagulants, Antiplatelet drugs, and Fibrinolytic Agents

Anticoagulants, anti-platelet drugs, and fibrinolytic agents are central to the prevention of cardiovascular events post-vaccine. The greatest risk with their use is clinically significant bleeding. Several factors increase the risk of bleeding; these include age (> 65 years; advanced age is a major risk factor for bleeding), hypertension, renal impairment, diabetes, previous stroke, a previous bleed, and male sex.

Furthermore, the risk of bleeding increases exponentially as the number of anticoagulant/anti-platelet drugs is increased. These risks need to be evaluated prior to embarking on any "anticoagulant" drug.

Antiplatelet drugs:

- Aspirin (ASA)
- Clopidogrel (Plavix)

Direct oral anticoagulants (DOAC):

- Apixaban (Eliquis)
- Rivaroxaban (Xarelto)

Oral Fibrinolytic agents:

- Nattokinase
- Lumbrokinase

About nattokinase

Nattokinase (NK) is a serine protease purified and extracted from natto, a traditional Japanese (cheese-like) food produced from the fermentation of soybeans with the bacterium, Bacillus subtilis.

Recent studies demonstrated that a high natto intake was associated with decreased risk of total cardiovascular disease mortality and, in particular, a decreased risk of mortality from ischemic heart diseases.

NK has potent fibrinolytic, antithrombotic, and antiplatelet activity. It degrades fibrin directly and also increases the release of tPA with a subsequent increase in the formation of plasmin. Of particular relevance to patients with spike-related clotting, NK causes the proteolytic cleavage of both spike protein and amyloid proteins.

The optimal dose of NK is unclear, however, a dose of 100-200 mg (2000-4000 FU/day) twice daily has been suggested.

While NK appears to have an excellent safety profile, bleeding has rarely been reported in patients with risk factors for bleeding (advanced age, renal failure, hypertension, concomitant ASA, etc). High concentrations of vitamin K2 in natto can reduce the INR when co-administered with warfarin; this may also occur with NK supplements if vitamin K2 is not removed during the production process.

Information regarding safety and efficacy in pregnancy and lactation is lacking.