

Case Report

Spike Proteins Problems - Four Case Reports

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Case Presentation

Spike proteins are proving to be an ever-increasing problem in the context of Covid-19 infections. Therefore, here are four case reports.

Case 1

A 9-year-old girl told her mother she had “lumps” in her groin. In fact, lymph node swellings were found there, also in the armpits. The orthodox medical examination revealed nothing, so no EBV infection. The girl anxiously asked her mother, Mommy, what do I have inside me? The only finding then was antibodies against spike proteins of the covid-19 viruses. However, the girl had not been vaccinated nor had she shown any Covid infection symptoms. It is a typical new problem. After extensive history taking, it appeared that the girl had been in close contact with Covid-vaccinated individuals. Thus, my diagnosis of exclusion was finally that it must be a spike protein exposure (if not -poisoning). Treatment with dandelion juice produced improvement with gradual healing. And my recommendation to avoid close contact with the breathing air of vaccinated people.

An air purifier was also purchased that could simultaneously measure the dusts in the room air (as parts per million - ppm). Because my observations had shown that the usual value of about 10 ppm increased in the presence of unvaccinated people who had had close contact with vaccinated people, up to hundreds of ppm in extreme cases. Vaccinated individuals who had subsequently experienced side effects resulted in levels of 20 - 100 ppm. This means that when they exhale, they release spike proteins into the room air, which is inhaled by non-vaccinated persons.

What does this tell us? We are faced with problems that had not existed before the spring of 2020. Is this understandable and explainable? It should be known that mRNA vaccination causes the DNA of the vaccinated persons to produce large amounts of spike proteins indefinitely. These should cause the immune system to produce as many neutralizing antibodies as possible, and for a long time. Unfortunately, it has been shown that antibody production decreases after a few months, making booster vaccinations necessary. In contrast, recovered individuals after a Covid-19 infection show higher antibody titers, which also remain positive for long time.

Case 2

We regularly follow and examine a patient (male, 51 years old) who had contracted a Covid-19 infection in Ischgl (Austria, a famous hotspot) in February 2020. He was sick for over four days, then recovered. His antibodies were 1,550 at baseline, 250 today

(normal range up to 7). He felt and feels well. Many observations indicate that naturally acquired antibodies have higher quality and greater quantity (breadth and depth) than those acquired through vaccination.

In view of the very high vaccination rate and the simultaneously high number of new infections, Israel sees itself obliged to actually focus on building up herd immunity (now against omicron) https://unitedwithisrael.org/watch-will-israel-reach-herd-immunity-with-omicron/?utm_source=pushengage&utm_medium=pushnotification&utm_campaign=pushengage. It is known, after all, that viruses decrease in virulence when there is a high infestation rate without vaccinations, so that rather harmless and tolerable courses occur. Herd immunity is the best protection.

Case 3

in contrast: an elderly couple in an age-relatively good general condition (unvaccinated) showed no health problems in July 2021. During the following 8 weeks, both had constant and close contact with multiply vaccinated relatives who readily “donated” their breath. In September, both developed paralysis and respiratory problems. This proved so progressive that he could only walk with clumsy steps and she required an oxygen machine. By October, he was completely paralyzed and his brain shut down. Both died in comas in a great hospital without a diagnosis.

Case 4

There is an air quality control system in my doctor's office. It measures the parts per million of dust, including small molecules. A 59-year-old patient (unvaccinated) appeared in a near-collapse state. He had previously had a conference with 10 vaccinated colleagues in a small room, with no air circulation.

My device (normal range up to 10 ppm) showed a value of 700 ppm. Obviously, he had inhaled the breathing air of his colleagues, which contained large amounts of spike proteins. Immediate infusions (with vitamins) and an inhalation (with Citexivir enzymes from www.citozeatec.it) normalized his findings.

What is to be assumed from all this? After conventional medicine withheld scientific results for many months that could have revealed the problems of vaccinations, light has recently come into the darkness. The orthodox medical physician's platform www.doccheck.com brought an article: https://www.doccheck.com/de/detail/articles/33366-astra-thrombosen-fall-geloest?utm_source=DC-Newsletter&utm_medium=email&utm_campaign=DocCheck-News_2021-1229&utm_content=asset&utm_term=article&src=email_1898524&sc_lid=170037150&sc_uid=tc454jFAYx&sc_lid=107201&sc_customer=dfaf0f2b30ee35745f1deef7c94f2d21 about the problem of soluble spike proteins. Quotes:

Soluble spike protein puts immune system in turmoil

In fact, it has already been observed that soluble spike protein causes inflammation of the endothelium, among other things. This

is matched by the observation that many severe COVID-19 courses are associated with thromboembolic events and, at the same time, large amounts of soluble spike protein can be found in the blood... However, the soluble fraction of spike protein variants is distributed throughout the body and concentrates at various sites of those endothelial cells that express the ACE2 surface protein. These ACE-bound spike protein variants become targets of the newly produced antibodies and cause an inflammatory response involving multiple immune cells...Neutralizing antibodies prevent binding of soluble spike proteins to endothelial cells expressing ACE2 on the cell surface. The authors write that possibly some vaccinated individuals cannot form neutralizing antibodies against spike protein because of specific MHC combinations.”

A pharmacist commented: Until now, people who expressed concerns about altering the nucleus were called conspiracy theorists or covidiot. Now we learn the following in passing: After administration of the vaccine, the viral vector discharges its DNA into the cytosol. This then migrates to the nucleus, where the information for the spike protein is read and translated into pre-mRNA. The pre-mRNA is so named because it still has to go through some processes in the nucleus before it can be shuttled out of the nucleus as a finished

mRNA. The interested layman and certainly also the expert would now have to ask how the impurities, consisting of proteins foreign to the human body, affect the processes in the cell nucleus and its alteration. Some time ago a pharmaceutical newspaper pointed out this problem with the reference to Professor Muenz: <https://www.pharmazeutische-zeitung.de/koennen-vektorimpfstoffe-das-erbgut-veraendern-123924/>. Despite this knowledge the legend of the non mutagenic vaccine was kept alive for the public. Sometimes I wish some conspiracy theories would not come true after all.

In this context, a publication by the author should also be mentioned: Manfred Doepp, Spike Proteins May be Dangerous. Am J Biomed Sci & Res. 2021 - 14(3). AJBSR.MS.ID.001990. Published: October 01, 2021.

Conclusion

Soluble spike proteins not inactivated by neutralizing antibodies are dangerous. And these are released into the environment with the respiratory air and perhaps body fluids by several of the vaccinated people. Unvaccinated people suffer from them. Who could be at risk?