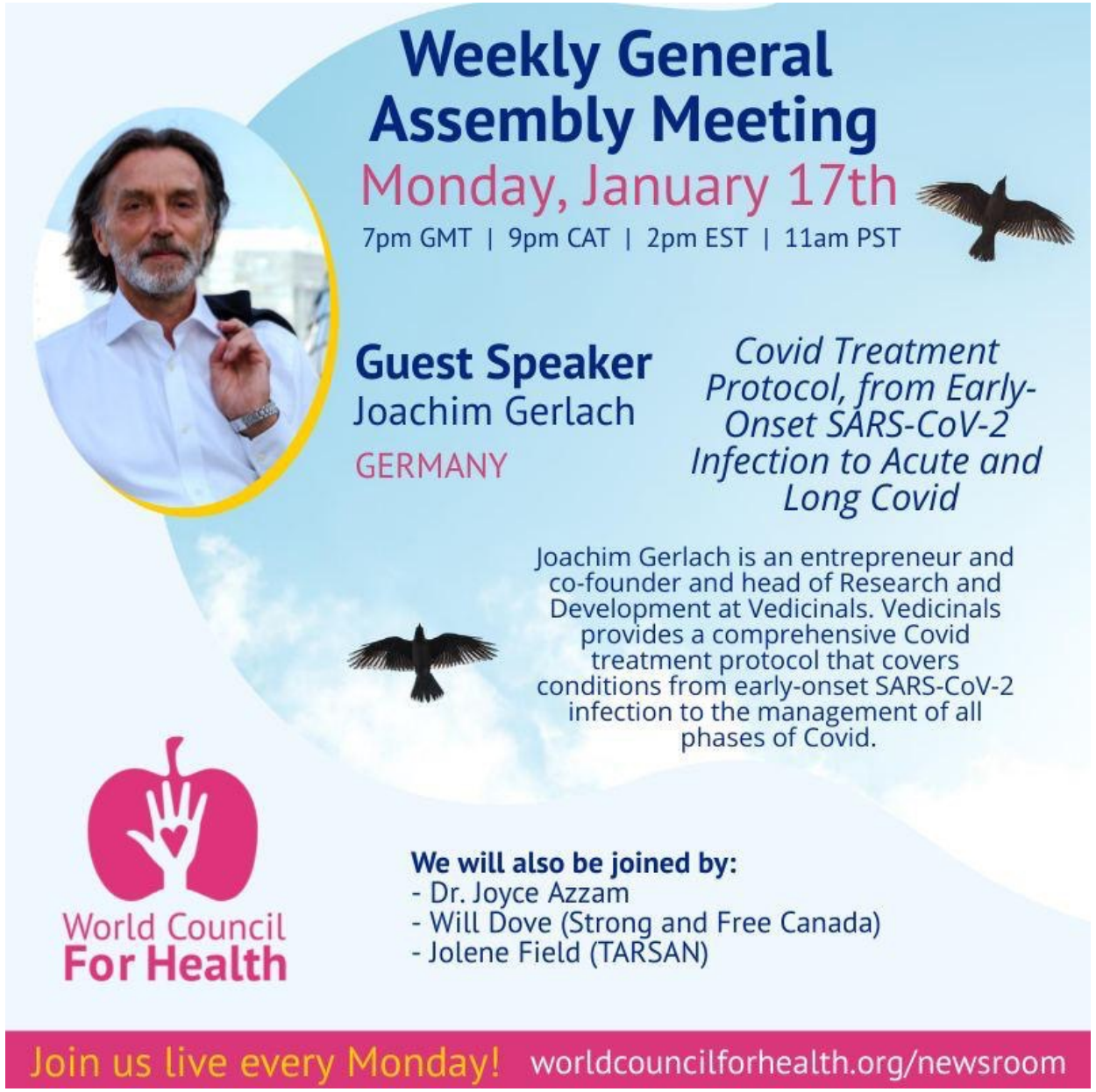


Disclaimer : This presentation cannot and does not contain medical advice. The information is provided for general informational and educational purposes only and is not a substitute for professional medical advice. Accordingly, before taking any actions based upon such information, we encourage you to consult with the appropriate professionals. We do not provide any kind of medical advice.

VEDICINALS INDIA as a company was established to provide the necessary framework for the development of nutraceutical products that can help to restore and maintain homeostasis.

More than 25 Expert teams have worked for almost 2 years on meta-analysis, AI supported research, preclinical trials, toxicity trials, formulation development, pharmacokinetics, bioavailability studies, computational analysis and modeling, clinical trials and all necessary compliance and quality control up to manufacturing and logistics.

The resulting product VEDICINALS 9 is classified as a nutraceutical and within India as an adjuvant therapeutic for Covid19 ( FSMP).

On January 24th, 2020, all our teams started to work on developing a therapeutic solution to this newly arising illness.
After obtaining the genomic sequences of this novel coronavirus, we could start to identify the so-called “cold spots” or least mutated parts and compare them with previous coronaviruses on which there was a lot of research on efficient inhibitors documented.

In the meantime, the true nature and many angles of this disease became visible, and we were able to define the detailed mechanisms behind this multisystemic conditions.

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Our experts developed a selection matrix with many single mechanisms of disease development against which we further and further selected the target molecules.

Out of over 8000 molecules we finally selected the nine most potent, comprehensive and synergistically working molecules with the highest safety profile.

Another requirement was to cover these conditions over all stages, from onset to chronic Long Covid conditions,
while being able to start supplementation at any given phase of disease progression.

As most of the damages and conditions during Covid illnesses are caused by dysbalance and exaggeration of host reactions, we knew from our previous experiences that phenolic compounds are best in rebalancing these conditions very efficiently.

Natural molecules, if bioavailability is sufficiently enhanced, have shown to work so to speak on demand in the regions of the organism where they are needed.

The following flow chart will help us to understand the true nature of this disease, it's different phases and how they are correlated

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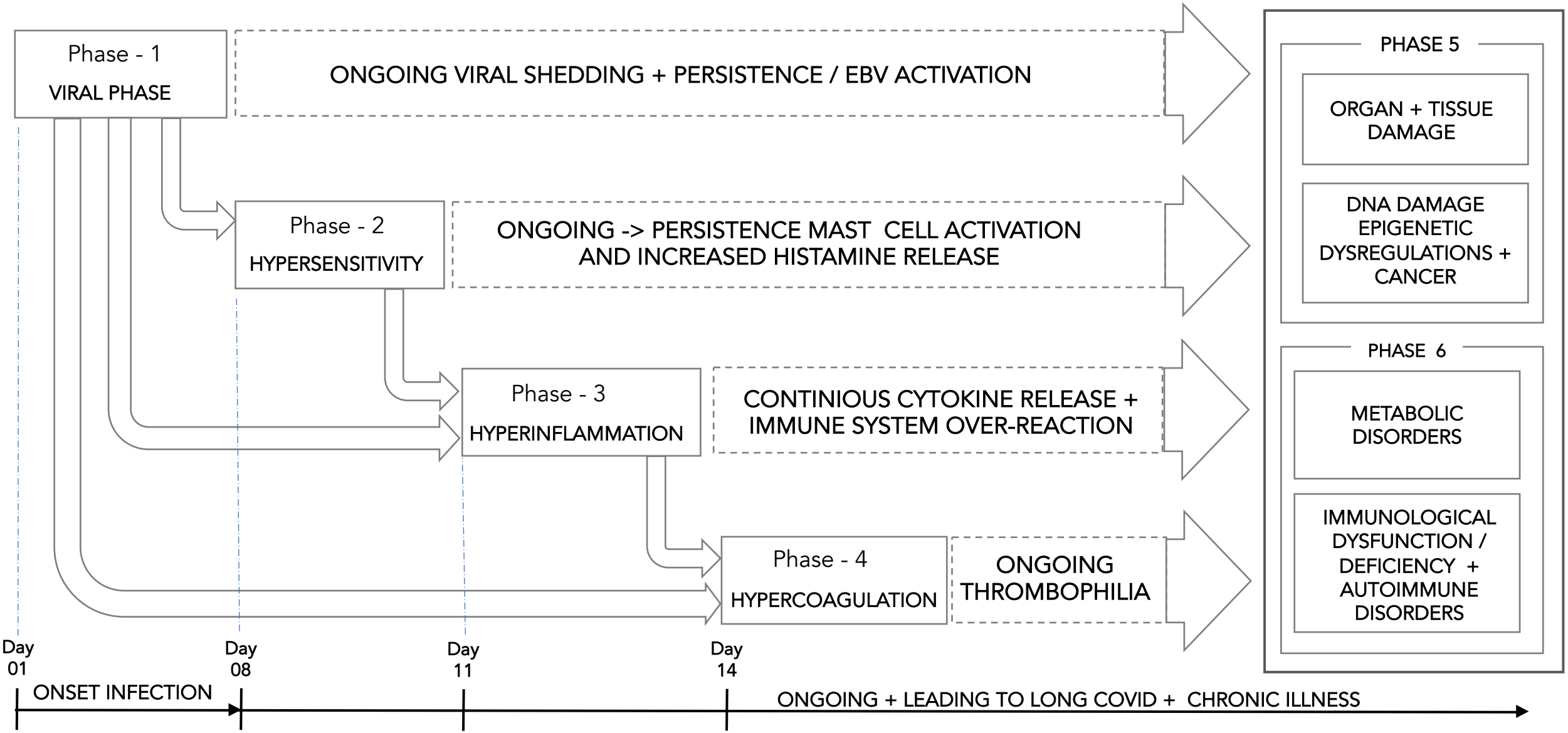
# Comprehensive Protocol Targeting Acute & Long Covid Conditions

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The take-away of two years of experience, is the lack of implementation of treatment protocols that will adequately cover Phase 1 & 2 and that can prevent an restore the chronic conditions described in Phase 5 & 6

We want to thank Dr. Shankara Chetty and Dr. Tina Peers for their invaluable contribution on understanding and treating the Hypersensitivity and Histamine / Mastcell activation mechanisms, that are among the main culprits in fueling disease progression.

Thank you for that!

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# SYNERGISTIC PROTOCOL

## VEDICINALS 9®

| | |
|---|---|
| BAICALIN | 352mg |
| QUERCETIN | 100mg |
| LUTEOLIN | 200mg |
| RUTIN | 736mg |
| HESPERIDIN | 667mg |
| CURCUMIN | 1052mg |
| EPIGALLOCATECHIN-GALLATE | 889mg |
| PIPERINE | 15mg |
| GLYCYRRHIZIN | 505mg |

Suspension 50 mL

**Recommended Dosage :**

01 Bottle (50mL) Daily for 28 days or 42 days as directed by your medical professional.

## Dosage Recommendations

| | |
|---|---|
| VITAMIN C | Best slow release 3000mg daily or 1000mg three times a day |
| VITAMIN D3 | 4000 iu daily |
| ZINC | 25-50 mg daily |
| MELATONIN | Slow release 2mg to 10 mg |
| MONOLAURIN | 1000 mg- 5000 mg |
| L-LYSINE | 1000 mg - 4000 mg |

## Probiotics

**HistamineX**

Contains following strains:

Bifidobacterium Infantis
Bifidobacterium Bifidum
Bifidobacterium Longum
Lactobacillus Salivarius
Lactobacillus Plantarum
Bifidobacterium Lactis
Bifidobacterium Breve

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# PHASE - 1 : VIRAL REPLICATION

By targeting the virus structural proteases, blocking a large number of host cell receptors, reducing cell fusion cleavage enzymes and dampen intracellular replication, we are obtained very good results during our clinical phase 2 trials.

### 4. Covid 19 patients CT value (Viral Load RT-PCR)

| Intervention | Day 0-5 (Mean ± SEM) | Significance P Value |
|---|---|---|
| Standard (S) | 1.399±0.092 | |
| Vedicinals9 + Standard (SV9) | 1.762±0.1257 | *P (0.0221) |

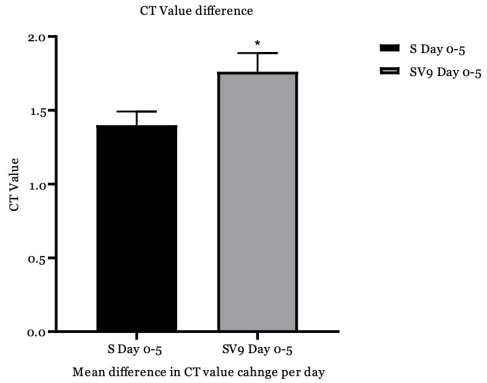
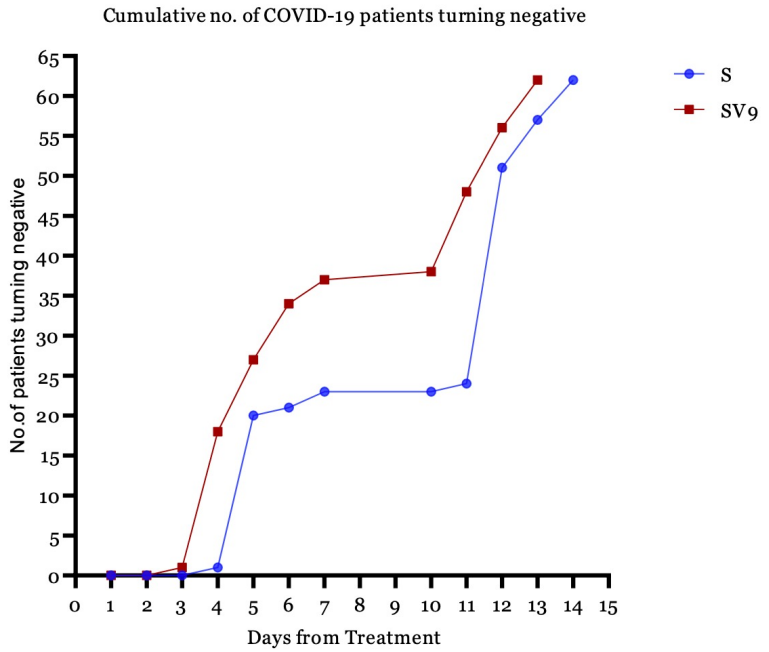



Fig 2. Effect of VEDICINALS9 on CT value (Viral Load) of COVID-19 positive patients from day 0 to 5. Data interpret following: comparison of mean difference in CT value per day (Viral Load) from day 0 to 5, when vedicinals9 5000mg adjuvant with standard intervention compared with standard intervention alone. Data represented as change in CT value (Viral Load) levels (Mean ± SEM) in two comparable interventional group (n=62 per group). Significant at *p<0.05, **p<0.01, ***p<0.001, ****P<0.0001 when compared before and after intervention at day 5 both interventional groups. [Unpaired t test with Welch's correction]

### 1. Cumulative no. of COVID-19 patients turning negative in days (RT-PCR)



| PHASE -1 : VIRAL REPLICATION | | | Active Ingredients | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| VIRUS STRUCTRAL PROTEASE INHIBITORS | | | BAICALIN | QUERCETIN | LUTEOLIN | RUTIN | HESPERIDIN | CURCUMIN | EGCG | PIPERINE | GLYCYRRHIZIN |
| 01 | 3C-LIKE PROTEASE | INHIBITORS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 02 | SPIKE GLYCOPROTEIN | INHIBITORS | | ✸ | ✸ | | ✸ | ✸ | | | ✸ |
| 03 | ENVELOPE GYLCOPROTIEN | INHIBITORS | | | | | ✸ | | | | |
| 04 | NUCLEOCAPSID PROTEIN | INHIBITORS | | | | | ✸ | | | | |
| 05 | PAPAIN-LIKE PROTEASE | INHIBITORS | ✸ | | | | | | ✸ | | |
| 06 | RNA-DEPENDANT RNA POLYMERASE | INHIBITORS | | ✸ | | ✸ | | | | ✸ | ✸ |
| 07 | HELICASE | INHIBITORS | | | | ✸ | ✸ | | | | |

| PHASE -1 : VIRAL REPLICATION | | | Active Ingredients | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BLOCKING HOST CELL RECEPTORS - BINDING INHIBITORS | | | BAICALIN | QUERCETIN | LUTEOLIN | RUTIN | HESPERIDIN | CURCUMIN | EGCG | PIPERINE | GLYCYRRHIZIN |
| 08 | RBD-ACE 2 | BINDING INHIBITORS | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ | | ✸ |
| 09 | APN + CD 13 | BINDING INHIBITORS | | | | | | ✸ | | | |
| 10 | DPP4 | BINDING INHIBITORS | | ✸ | | ✸ | | ✸ | ✸ | | |
| 11 | CD 147 | BINDING INHIBITORS | ✸ | | | | | ✸ | ✸ | ✸ | |
| 12 | PALS - 1 | BINDING INHIBITORS | ✸ | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ | ✸ |
| 13 | NRP - 1 | BINDING INHIBITORS | | ✸ | | | | ✸ | ✸ | | |
| 14 | VIMENTIN | BINDING INHIBITORS | ✸ | ✸ | ✸ | | | ✸ | ✸ | | |
| 15 | GRP - 78 | BINDING INHIBITORS | ✸ | ✸ | ✸ | ✸ | | ✸ | ✸ | ✸ | |
| 16 | GP - 41 | BINDING INHIBITORS | | | | | | ✸ | ✸ | | |

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| PHASE -1 : VIRAL REPLICATION | | | Active Ingredients | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| CLEAVAGE/ FUSION ENZYME INHIBITORS | | | BAICALIN | QUERCETIN | LUTEOLIN | RUTIN | HESPERIDIN | CURCUMIN | EGCG | PIPERINE | GLYCYRRHIZIN |
| 17 | ENDOCYTOCSS | INHIBITORS | ✸ | ✸ | | ✸ | | ✸ | ✸ | | ✸ |
| 18 | TMPRSS - 2 | INHIBITORS | ✸ | | | | | | ✸ | | ✸ |
| 19 | FURIN | INHIBITORS | ✸ | | ✸ | ✸ | ✸ | ✸ | | ✸ | |
| 20 | TRYPSIN | INHIBITORS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | | ✸ |
| 21 | CATHGPSIN - 6 | INHIBITORS | | ✸ | | | | | | | |
| 22 | HEPARAN SULFATE BINDING | INHIBITORS | | | | | | | | ✸ | |
| 23 | TYROSINE KINASE | INHIBITORS | ✸ | ✸ | ✸ | | | ✸ | ✸ | ✸ | |
| 24 | SYNCYTIUM / SYNCYTIA FORMATION | INHIBITORS | ✸ | ✸ | ✸ | | | | | | |
| 25 | ALPHA ANTI TRYPSIN ACTIVATORS | AGONISTS | | ✸ | | ✸ | | ✸ | ✸ | | |

| PHASE -1 : VIRAL REPLICATION | | | Active Ingredients | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| INTRACELLULAR REPLICATION ANTAGONISTS | | | BAICALIN | QUERCETIN | LUTEOLIN | RUTIN | HESPERIDIN | CURCUMIN | EGCG | PIPERINE | GLYCYRRHIZIN |
| 26 | ZINC IONOPHORES | | | ✸ | | | | | ✸ | | |
| 27 | DODH | INHIBITORS | ✸ | ✸ | ✸ | | | ✸ | | ✸ | ✸ |
| 28 | CALPAIN | INHIBITORS | | ✸ | | | | | | | |

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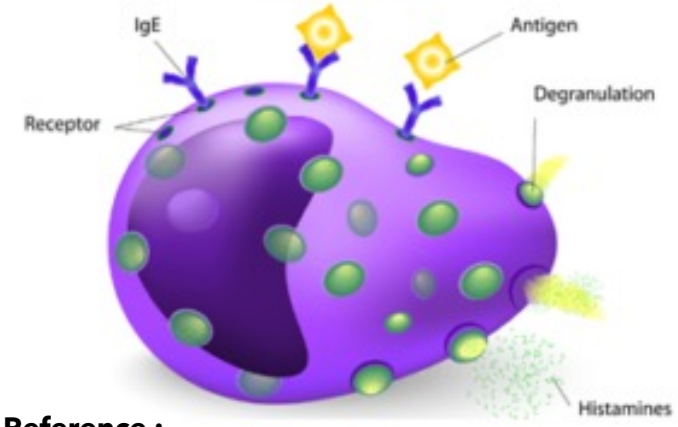
# PHASE - 2 : HYPERSENSITIVITY How To Reduce Mast Cell Activation ?

## Mast Cell



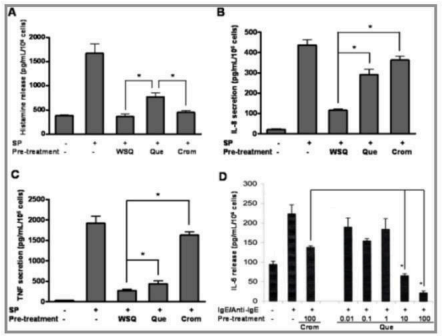

**Reference :**

https://franklincardiovascular.com/do-i-have-mast-cell-activation-syndrome-mcas/
https://openi.nlm.nih.gov/detailedresult?img=PMC3314669_pone.0033805.g002&req=4
https://www.sciencedirect.com/science/article/pii/S0925443910002929

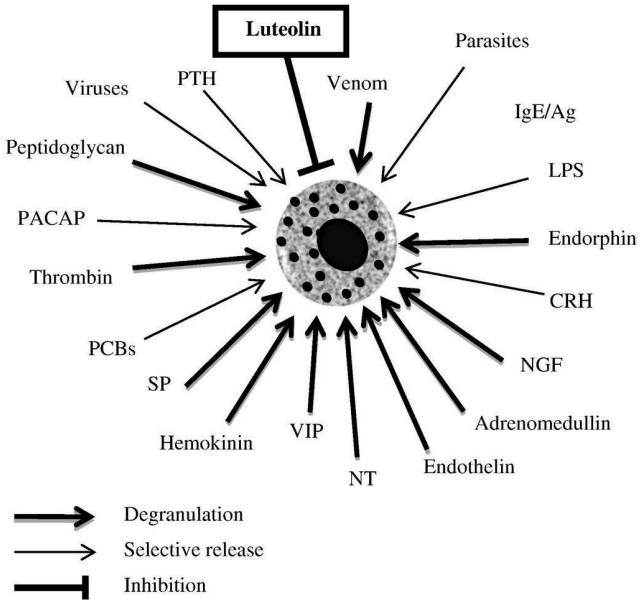
## Quercetin

Quercetin is more effective than cromolyn in blocking human mast cell cytokine release and inhibits contact dermatitis and photosensitivity in humans.

Weng Z, Zhang B, Asadi S, Sismanopoulos N, Butcher A, Fu X, Katsarou-Katsari A, Antoniou C, Theoharides TC - PloS one (2012)



## Luteolin




## PHASE - 2 : HYPERSENSITIVITY

Active Ingredients

| | | | BAICALIN | QUERCETIN | LUTEOLIN | RUTIN | HESPERIDIN | CURCUMIN | EGCG | PIPERINE | GLYCYRRHIZIN |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 29 | ANTI – HYSTAMINES + H1 | BLOCKERS | ✸ | ✸ | ✸ | | ✸ | ✸ | ✸ | | ✸ |
| 30 | MAST CELL | STABILIZERS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 31 | B-CELL / igE | ANTAGONISTS | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ | | |
| 32 | EPSTEIN - BARR | INHIBITORS | ✸ | ✸ | ✸ | | | ✸ | ✸ | | ✸ |

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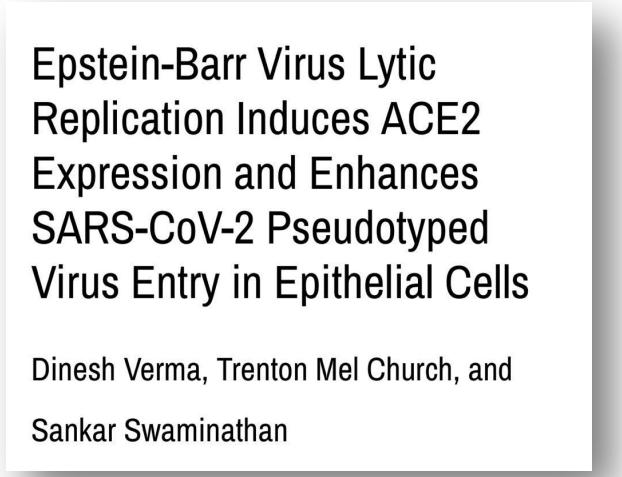
# EPSTEIN-BARR VIRUS ACTIVATION DURING ACUTE AND LONG COVID CONDITIONS



Epstein-Barr Virus Lytic Replication Induces ACE2 Expression and Enhances SARS-CoV-2 Pseudotyped Virus Entry in Epithelial Cells

Dinesh Verma, Trenton Mel Church, and Sankar Swaminathan

Infection of normal oral keratinocytes with EBV leads to lytic replication in some of the infected cells, induces ACE2 expression, and enhances SARS-CoV-2 pseudo virus entry. These data suggest that subclinical EBV replication and lytic gene expression in epithelial cells, which is ubiquitous in the human population, may enhance the efficiency and extent of SARS-CoV-2 infection of epithelial cells by transcriptionally activating ACE2 and increasing its cell surface expression.

Source link : https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8316011/

**Investigation of Long COVID Prevalence and Its Relationship to Epstein-Barr Virus Reactivation**

by Jeffrey E. Gold [1,*], Ramazan A. Okyay [2], Warren E. Licht [3] and David J. Hurley [4]

Next, we found that 66.7% (20/30) of long COVID subjects versus 10% (2/20) of control subjects in our primary study group were positive for EBV reactivation based on positive titers for EBV early antigen-diffuse (EA-D) IgG or EBV viral capsid antigen (VCA) IgM. The difference was significant ($p < 0.001$, Fisher's exact test). A similar ratio was observed in a secondary group of 18 subjects 21–90 days after testing positive for COVID-19, indicating reactivation may occur soon after or concurrently with COVID-19 infection. These findings suggest that many long COVID symptoms may not be a direct result of the SARS-CoV-2 virus but may be the result of COVID-19 inflammation-induced EBV reactivation

Source link : https://www.mdpi.com/2076-0817/10/6/763/htm



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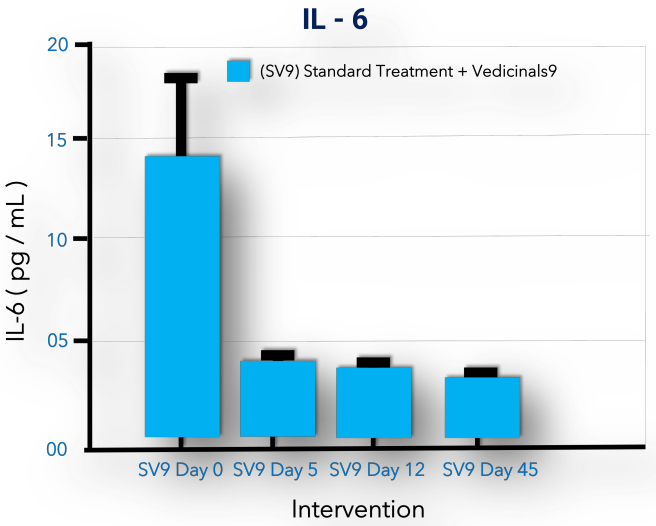
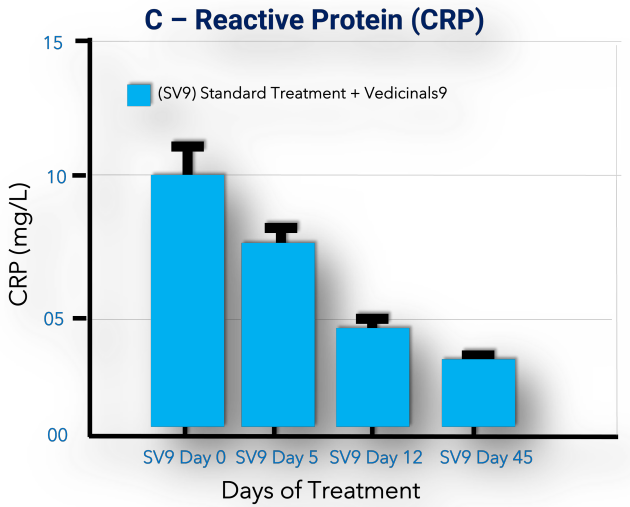
# PHASE – 3 : HYPERINFLAMMATION VEDICINALS 9 Trial-Results




Human Clinical Trial Results of VEDICINALS 9
(Publication currently in journal peer review)




Human Clinical Trial Results of VEDICINALS 9
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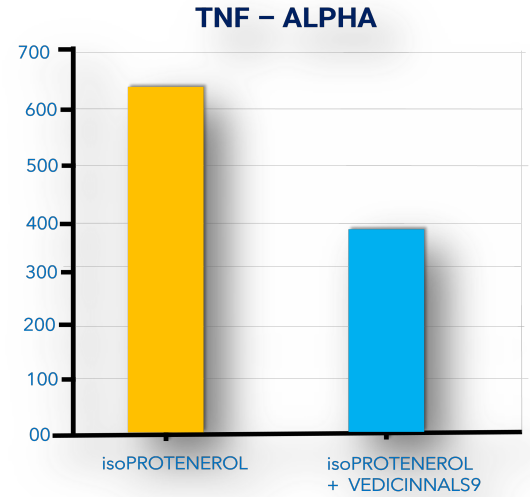
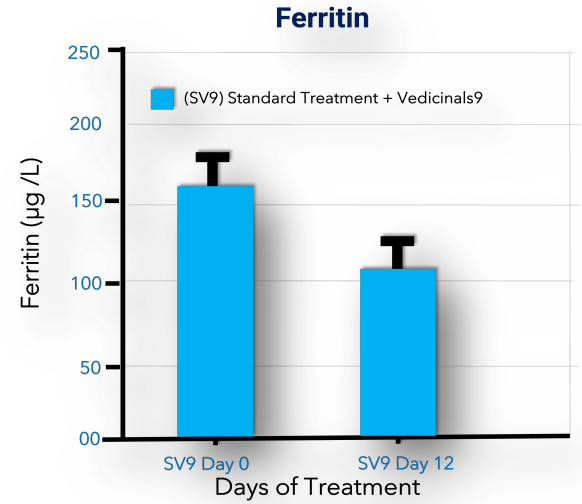



Animal Trial Results with VEDICINALS 9




Human Clinical Trial Results of VEDICINALS 9
(Publication currently in journal peer review)

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| PHASE – 3 : HYPERINFLAMATION | | | Active Ingredients | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | BAICALIN | QUERCETIN | LUTEOLIN | RUTIN | HESPERIDIN | CURCUMIN | EGCG | PIPERINE | GLYCYRRHIZIN |
| 33 | INTERLEUKIN – 6 | ANTAGONISTS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 34 | PRO-INFLAMMATORY CYTOKINE | ANTAGONISTS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 35 | TNF ALPHA | ANTAGONISTS | ✸ | ✸ | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ |
| 36 | Nrf2 | AGONISTS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | |
| 37 | NLRP-3 & CASPASE-1 | ANTAGONISTS | ✸ | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ | ✸ |
| 38 | STAT 3 PHOSPHORYLATION | ANTAGONISTS | ✸ | ✸ | ✸ | | | ✸ | ✸ | ✸ | ✸ |
| 39 | C REACTIVE PROTEIN | ANTAGONISTS | ✸ | ✸ | | ✸ | | ✸ | ✸ | | ✸ |
| 40 | COX-2 | ANTAGONISTS | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 41 | CDK-6 | ANTAGONISTS | ✸ | ✸ | | | | ✸ | ✸ | | |
| 42 | ROS | ANTAGONISTS | ✸ | | ✸ | | ✸ | | ✸ | | |
| 43 | EOSONOPHIL ACTIVATION | ANTAGONISTS | ✸ | ✸ | ✸ | ✸ | | ✸ | ✸ | | ✸ |
| 44 | NEUTROPHIL / NETOSIS | ANTAGONISTS | ✸ | ✸ | ✸ | | | ✸ | ✸ | | |
| 45 | SPLA2 – IIA | ANTAGONISTS | ✸ | ✸ | | ✸ | | ✸ | | | ✸ |
| 46 | ANGIOTENSIN - II | ANTAGONISTS | ✸ | ✸ | ✸ | | | ✸ | ✸ | | ✸ |

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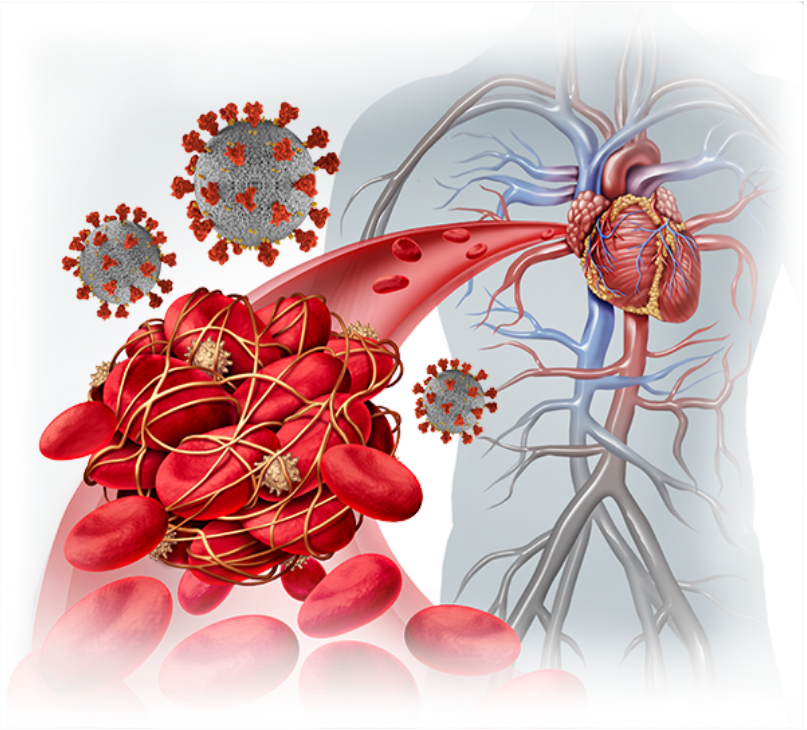
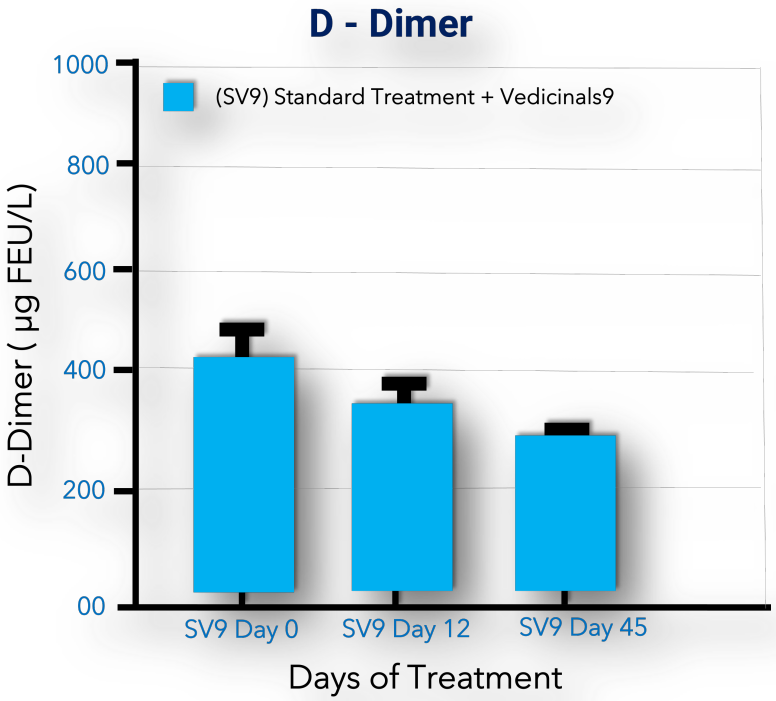
# PHASE - 4 : HYPERCOAGULATION / THROMBOSIS

## Lowering Hypercoagulability






Human Clinical Trial Results of VEDICINALS 9
(Publication currently in journal peer review)

## A

Possible Drug target pathways to prevent Thrombosis:

- Pdi inhibitors,
- P-selectin inhibitors,
- Lower platelet accumulation in arteries,
- Lower fibrin formation in veins,
- Inhibit enzymatic activity of thrombin,
- Vasorelaxation enhancers,
- Coagulation factor x inhibitors,
- Ppi kinases inhibitors,
- Platelet cytosolic phospholipase inhibitors,
- Thromboxane a2 inhibitors,
- Emmprin/cd147 inhibitors

## B

Restoring RBC plasticity/deformability

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| PHASE – 4 : HYPERCOAGULABILITY (THROMBOSIS) | | | Active Ingredients | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | BAICALIN | QUERCETIN | LUTEOLIN | RUTIN | HESPERIDIN | CURCUMIN | EGCG | PIPERINE | GLYCYRRHIZIN |
| 47 | THROMBIN | ANTAGONISTS | ✸ | ✸ | ✸ | ✸ | | ✸ | | | ✸ |
| 48 | PLATELET AGGREGATION | ANTAGONISTS | ✸ | ✸ | | ✸ | | ✸ | ✸ | ✸ | ✸ |
| 49 | aPTT + PT PROLONGATION | ANTAGONISTS | ✸ | ✸ | ✸ | ✸ | | ✸ | | | |
| 50 | FIBRIN FORMATION | ANTAGONISTS | ✸ | | | ✸ | | ✸ | | | |
| 51 | D - DIMER | ANTAGONISTS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 52 | P - SELECTIN | ANTAGONISTS | ✸ | ✸ | | | | | ✸ | | |
| 53 | RRC PLASTICITY / DEFORMABLITY | AGONISTS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | | ✸ |
| 54 | PROTEIN DISULFIDE ISOMERASES | ANTAGONISTS | | ✸ | | | | ✸ | | | |

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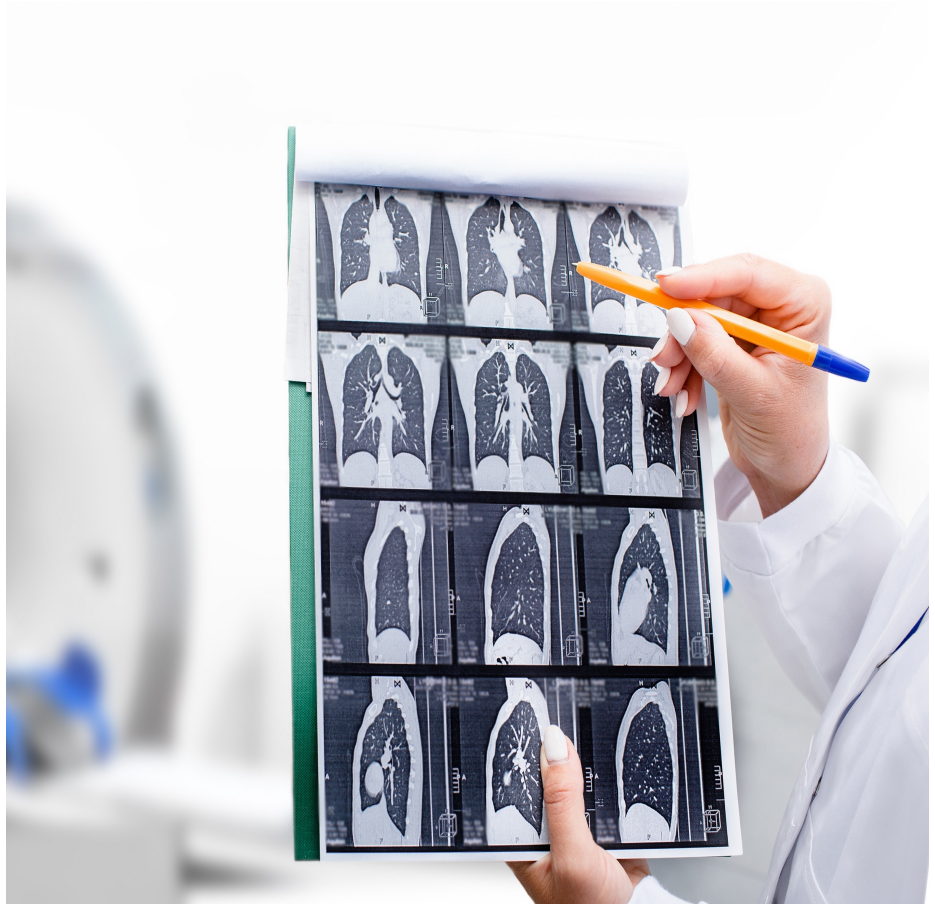
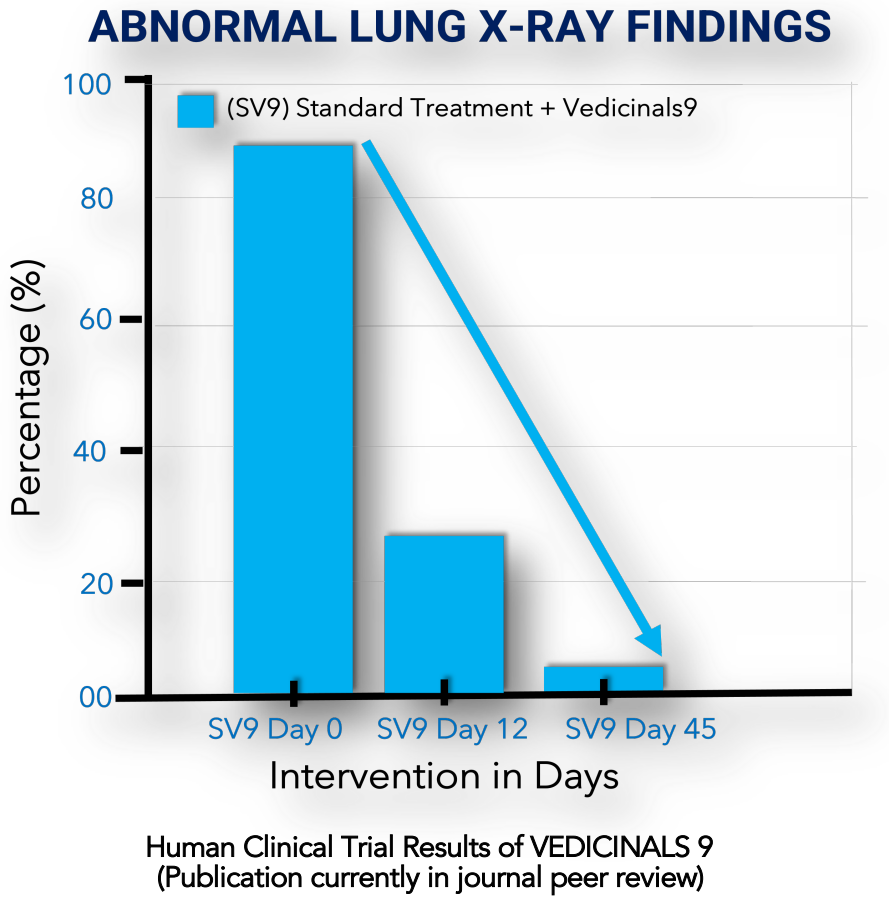
# PHASE – 5 : ORGAN DAMAGE LUNG ABNORMALITIES






Human Clinical Trial Results of VEDICINALS 9
(Publication currently in journal peer review)

## RESTORING LUNG FUNCTION AND PREVENTING FIBROSIS

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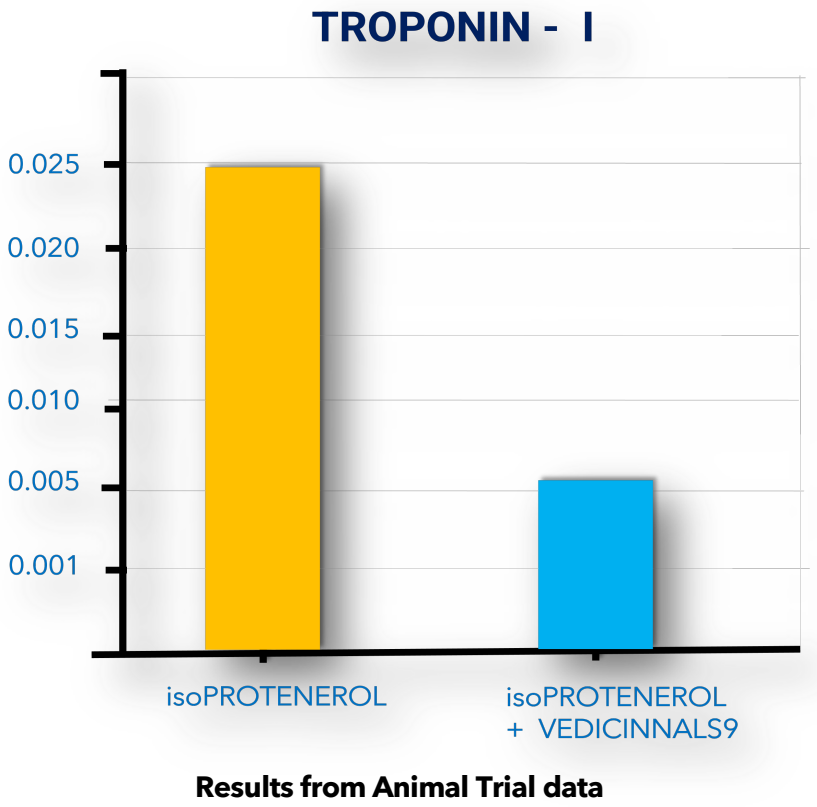
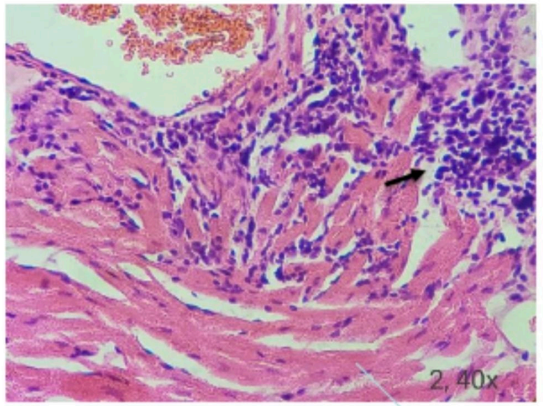
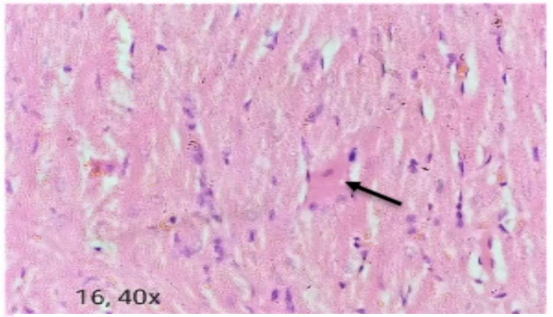
# HEART CONDITIONS / MYOCARDIRIS




**Results from Animal Trial data**




**Group 1**: Isoproterenol – Mild myocardial degeneration, infiltration of inflammatory cells, and extra-vasated RBCs. H &E, 40X




**Group 3**: Isoproterenol+Vedicinal-9 bioenhanced – Minimal myocardial degeneration, No infiltration of inflammatory cells, and No hemorrhages or vacuolations seen. H &E, 40X

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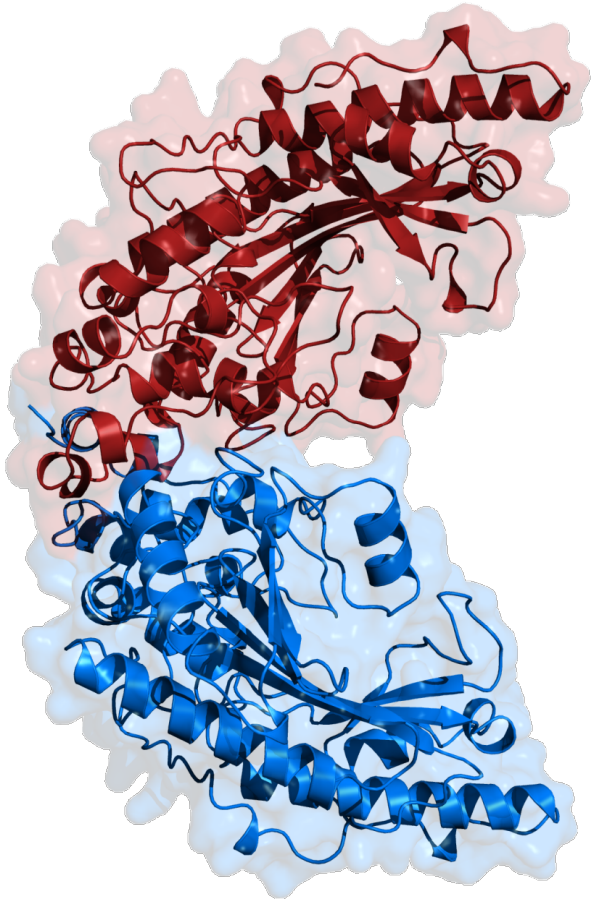
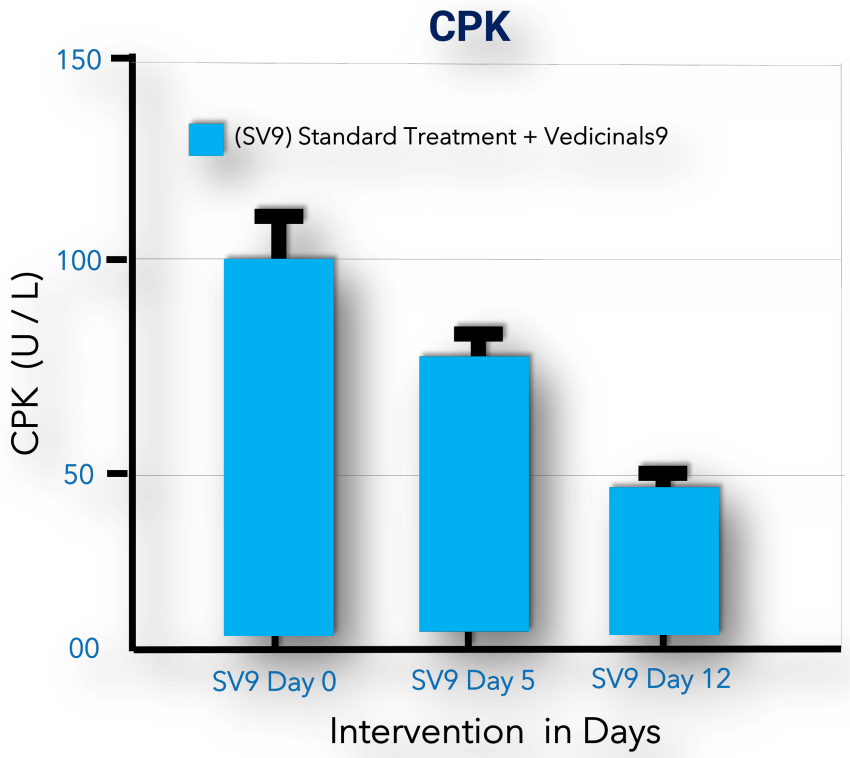
# MUSCLE PAIN / MUSCLE DAMAGE






**Human Clinical Trial Results of VEDICINALS 9**

## Creatine phosphokinase
(a.k.a., creatine kinase, CPK, or CK)

- Is an enzyme (a protein that helps to elicit chemical changes in your body) found in your heart, brain, and skeletal muscles.
- When muscle tissue is damaged, CPK leaks into your blood.

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| PHASE – 5 : ORGAN DAMAGE | | Active Ingredients | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| ( CYTOPROTECTIVE AND ORGAN RESTORING PATHWAYS ) | | BAICALIN | QUERCETIN | LUTEOLIN | RUTIN | HESPERIDIN | CURCUMIN | EGCG | PIPERINE | GLYCYRRHIZIN |
| 55 | PROTECTING + RESTORING LUNG TISSUES | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 56 | PROTECTING + RESTORING MYOCARDIAL TISSUES | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | |
| 57 | TROPONIN – L ANTAGONISTS ( MYOCARDIAL DAMAGE ) | ✸ | ✸ | | | ✸ | ✸ | | | |
| 58 | CREATINE KINASE ANTAGONISTS ( MUSCLE DAMAGE) | ✸ | ✸ | | | ✸ | ✸ | ✸ | | ✸ |
| 59 | PROTECTING + RESTORING CARDIOVASCULAR TISSUES | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 60 | HIF – 1 ALPHA ANTAGONISTS ( CARDIOVASCULAR MARKER ) | ✸ | ✸ | | | ✸ | ✸ | ✸ | | |
| 61 | PPAR GAMMA AGONISTS ( CARDIOVASCULAR MARKER ) | | ✸ | | ✸ | ✸ | ✸ | | ✸ | |
| 62 | PROTECTING AGAINST CARDIAC FIBROSIS | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ | | |
| 63 | PROTECTING + RESTORING KIDNEY TISSUES | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 64 | PROTECTING + RESTORING LIVER TISSUES | ✸ | ✸ | ✸ | | | ✸ | ✸ | | ✸ |
| 65 | PROTECTING + RESTORING PANCREATIC BETA CELLS | ✸ | | ✸ | | ✸ | ✸ | ✸ | | |
| 66 | PROTECTING AGAINST INTESTINAL INFLAMMATION | ✸ | ✸ | ✸ | ✸ | | | ✸ | | |
| 67 | PROTECTING GUT BACTERIA | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 68 | PROTECTING + RESTORING TIGHT JUNCTIONS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 69 | SENOLYTIC COMPOUND | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 70 | HEME OXYGENASE AGONISTS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |

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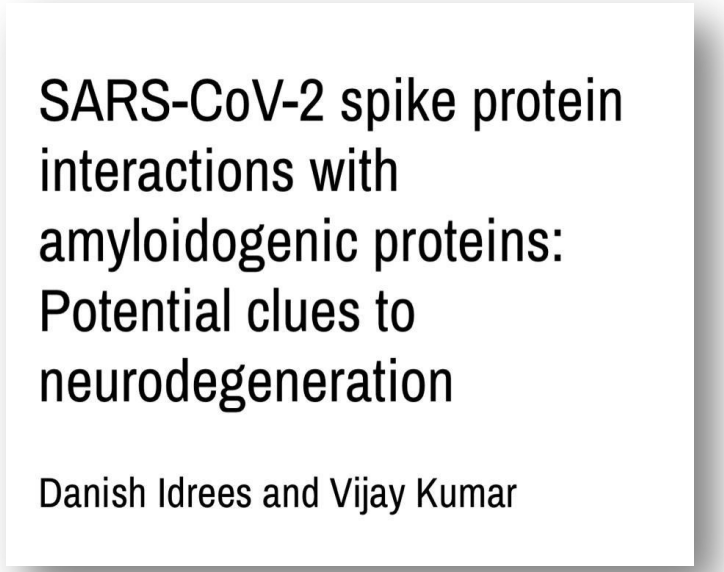
## Sars-CoV-2 CAUSING NEURODEGENERATIVE DISEASE ?

As Dr. Stephanie Seneff rightfully pointed out in her presentation from last week, it is a valid approach to try and prevent these conditions from developing in the first place. Dr. Stephanie Seneff has been a great teacher and scientific adviser to me over the last years and gave decisive input from day one of the Vedicinals development.

Thank you for that!

Here one example of documented neurological disease development that can be caused by Sars-CoV-2:


SARS-CoV-2 spike protein interactions with amyloidogenic proteins: Potential clues to neurodegeneration

Danish Idrees and Vijay Kumar

In this paper, we have shown that the SARS-CoV-2 S1 RBD binds to a number of aggregation-prone, heparin binding proteins including A**β**, **α**-synuclein, tau, prion, and TDP-43 RRM. These interactions suggests that the heparin-binding site on the S1 protein might assist the binding of amyloid proteins to the viral surface and thus could initiate aggregation of these proteins and finally leads to neurodegeneration in brain. The results will help us to prevent future outcomes of neurodegeneration by targeting this binding and aggregation process.

Source link : https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7988450/

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| PHASE – 5 : NEURONAL DAMAGE | | | Active Ingredients | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ( CYTOPROTECTIVE PATHWAYS ) | | | BAICALIN | QUERCETIN | LUTEOLIN | RUTIN | HESPERIDIN | CURCUMIN | EGCG | PIPERINE | GLYCYRRHIZIN |
| 71 | NEURO-PROTECTVE + ANTI NEURO-INFLAMMATORY AGENTS | | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 72 | PROTECTING + RESTORING MYELIN SHEATH | | ✸ | ✸ | | | ✸ | ✸ | ✸ | | ✸ |
| 73 | NEUROGENESIS + SYNAPTOGENESIS | AGONISTS | ✸ | ✸ | | | ✸ | ✸ | ✸ | | |
| 74 | ENCEPHALOMYELITIS | ANTAGONISTS | ✸ | ✸ | ✸ | | | | ✸ | | ✸ |
| 75 | PRION FORMATION PrPC | ANTAGONISTS | ✸ | ✸ | | | | ✸ | ✸ | | |
| 76 | ALPHA SYNUCLEIN / LEWY BODIES | ANTAGONISTS | ✸ | ✸ | | ✸ | | ✸ | ✸ | | |
| 77 | MYOSIN + FILOPODIA ADHESION | ANTAGONISTS | ✸ | | ✸ | | | | ✸ | ✸ | |
| 78 | TDP - 43 | ANTAGONISTS | | | | | | | ✸ | ✸ | |
| 79 | TAU PROTIEN AGGREGATION (HEPARIN BINDING) | ANTAGONISTS | ✸ | ✸ | ✸ | ✸ | | ✸ | ✸ | | |
| 80 | AMYLOID AGGREGATION | ANTAGONISTS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | |
| 81 | CASEIN KINASE - 2 | ANTAGONISTS | ✸ | ✸ | ✸ | | | | ✸ | | ✸ |
| 82 | GLUTATHIONE | AGONISTS | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ | | |
| 83 | BDNF | AGONISTS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 84 | PROTECTING + RESTORING MITOCHONDRIAL FUNCTION | | ✸ | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ | ✸ |
| 85 | PREVENTING AUTOIMMUNE DYSFUNCTION | | | ✸ | | ✸ | | ✸ | ✸ | | |
| 86 | PROTECTING + RESTORING BBB INTEGRITY | | ✸ | ✸ | | ✸ | ✸ | ✸ | | | |

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| PHASE - 6 : METABOLIC DISORDERS | | | Active Ingredients | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | BAICALIN | QUERCETIN | LUTEOLIN | RUTIN | HESPERIDIN | CURCUMIN | EGCG | PIPERINE | GLYCYRRHIZIN |
| 87 | HYPERGLYEMIA | ANTAGONISTS | ✸ | ✸ | ✸ | | | | ✸ | | |
| 88 | ALPHA - GLUCOSIDASE + AMYLASE | ANTAGONISTS | ✸ | ✸ | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ |
| 89 | HYPERLIPIDEMIA | ANTAGONISTS | | | | | | | | | |
| 90 | GLYCOLYSIS + GLUTAMINOLYSIS | ANTAGONISTS | | ✸ | ✸ | | | ✸ | ✸ | ✸ | |
| 91 | AUTOPHAGY | AGONISTS | ✸ | ✸ | ✸ | | ✸ | ✸ | ✸ | | |

| IMMUNO MODULATING PATHWAYS | | | Active Ingredients | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | BAICALIN | QUERCETIN | LUTEOLIN | RUTIN | HESPERIDIN | CURCUMIN | EGCG | PIPERINE | GLYCYRRHIZIN |
| 92 | T - CELL STABLIZERS TH1 / TH2 BALANCE | | ✸ | ✸ | | | | ✸ | ✸ | | ✸ |
| 93 | BACTERIAL CO-INFECTION & BIOFILM | | ✸ | ✸ | ✸ | ✸ | | ✸ | ✸ | ✸ | ✸ |
| 94 | mTOR | INHIBITORS | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ | ✸ |
| 95 | MACROPHAGE POLARISATION + CCLZ REGULATORS | ANTAGONISTS | ✸ | ✸ | ✸ | ✸ | | ✸ | ✸ | | ✸ |
| 96 | CCRS | ANTAGONISTS | ✸ | ✸ | ✸ | | | | ✸ | | |
| 97 | CX3CR1 FRAKTALKINE | ANTAGONISTS | ✸ | | | | ✸ | ✸ | ✸ | | |

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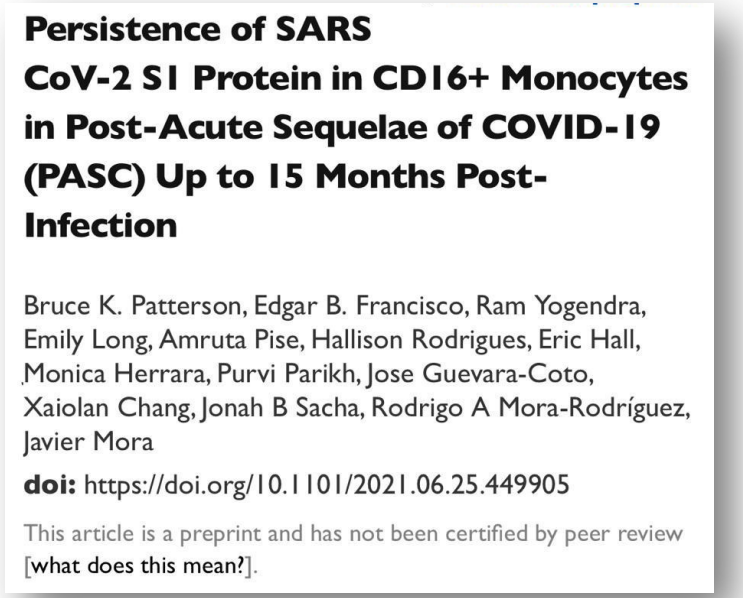
# IMMUNE DISORDERS & AUTOIMMUNE DISORDERS

We want to thank Dr. Bruce Patterson and his team for the discovery of these important mechanisms, especially in Long Covid conditions:

Thank you for that!



**Persistence of SARS CoV-2 S1 Protein in CD16+ Monocytes in Post-Acute Sequelae of COVID-19 (PASC) Up to 15 Months Post-Infection**

Bruce K. Patterson, Edgar B. Francisco, Ram Yogendra, Emily Long, Amruta Pise, Hallison Rodrigues, Eric Hall, Monica Herrara, Purvi Parikh, Jose Guevara-Coto, Xaiolan Chang, Jonah B Sacha, Rodrigo A Mora-Rodríguez, Javier Mora

**doi:** https://doi.org/10.1101/2021.06.25.449905

This article is a preprint and has not been certified by peer review [what does this mean?].

The utility of using CCR5 antagonists in preventing migration of intermediate and non-classical monocytes due to the elevated levels of CCL5/RANTES in PASC5. Further, our data suggests that interruption of the CX3CR1/fractalkine pathway would be a potential therapeutic target to reduce the survival of S1-containing non-classical monocytes and the associated vascular inflammation previously discussed5 and presented here.

Source link : https://www.biorxiv.org/content/10.1101/2021.06.25.449905v1

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# IMMUNE DISORDERS & AUTOIMMUNE DISORDERS

Another outstanding research contribution came from Dr. Philip Mc Milan on Covid & Autoimmune diseases:

Thank you for that!

COVID-19—A Theory of Autoimmunity Against ACE-2 Explained

Philip McMillan[1], Thomas Dexhiemer[2], Richard R. Neubig[2,3] and Bruce D. Uhal[4*]

In the time since the original submission of this manuscript, autoimmunity to COVID-19 has now been confirmed, as autoantibodies to ACE-2 have been demonstrated in the serum of individuals with severe disease (89). Autoantibodies to Type I interferons have also been characterized in severe COVID-19 (90) and may represent a bystander effect, in keeping with our primary hypothesis of autoimmunity to ACE-2.

Source link : https://www.frontiersin.org/articles/10.3389/fimmu.2021.582166/full

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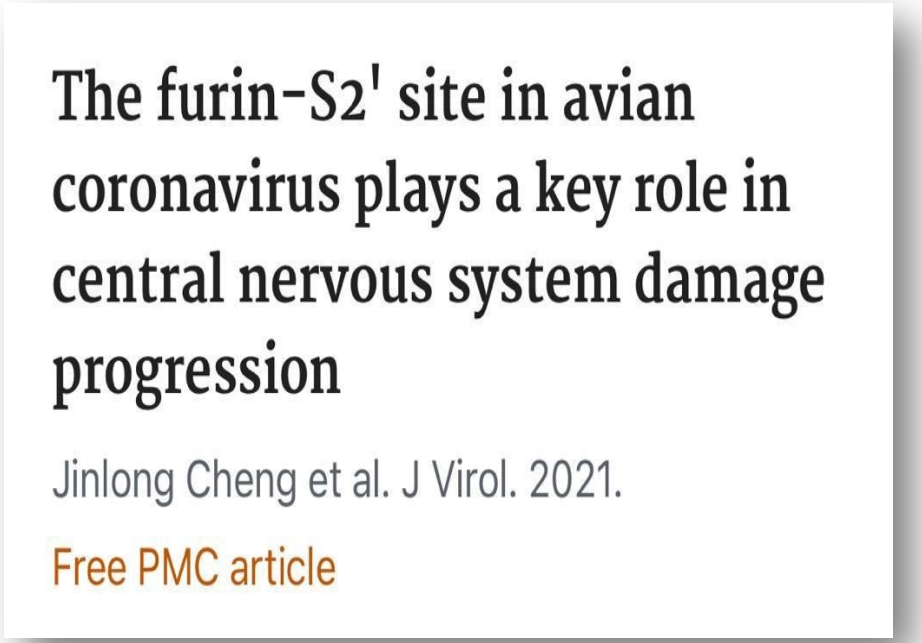
# THE HIDDEN SIDE OF OMICRON

"Three mutations around the Furin cleavage site may increase transmissibility and replication as is found in Alpha (P681H) and Gamma (H655Y, N679K)."

Source link : https://www.publichealthontario.ca/-/media/documents/ncov/voc/2021/12/covid-19-omicron-b11529-risk-assessment-dec-7.pdf?sc_lang=en




Can this gain of function lead to an increase in the ability of Sars-CoV-2 to cross the Blood Brain Barrier? Quote from below study: "These results provide insight into the neurological manifestations of other coronaviruses, including HCoV-OC43 and SARS-CoV-2. A previous study confirmed that SARS-CoV-2 infected neurospheres and brain organoids, suggesting that it can infect the human brain .However, the permeability of the BBB was not evaluated in that study. Here, we demonstrated that avian coronavirus with a furin-S2′ site increased the permeability of the BBB in vivo."

Source link : https://pubmed.ncbi.nlm.nih.gov/33727330/

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# HERE THE SHORT VERSION ON OMICRON OBSERVATIONS FROM DR. SHANKARA CHETTY :

CVST -Cerebral venous sinus thrombosis-is definitely Omicron at play.

I'm seeing strange neuropathic headaches, retrobulbar extending temporally, sometimes with a vibrational quality, commonly shock like pain radiating unilaterally from neck to eye {Migrainous}.

Also, lots of peripheral neuropathy. Burning of hands and feet, burning over both triceps. Seems some have root involvement, C5/6 [brachial plexus] radiating into arms and shoulders. T10/11 radiating to sternum.

Lots of heartburn, indigestion and episodes of bronchospazm [?Vagus].

Reawakening of old neuralgias seen with infection. Responds to codeine and sedation. Resolves.....completely.....?

DDimers are elevated and IL6 is through the roof, but patient is clinically fine. Needs further clarity... neurotoxic variant, prions?

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# VEDICINALS 9®

| | |
|---|---|
| BAICALIN | 352mg |
| QUERCETIN | 100mg |
| LUTEOLIN | 200mg |
| RUTIN | 736mg |
| HESPERIDIN | 667mg |
| CURCUMIN | 1052mg |
| EPIGALLOCATECHIN-GALLATE | 889mg |
| PIPERINE | 15mg |
| GLYCYRRHIZIN | 505mg |

Suspension 50 mL

Recommended Dosage :

01 Bottle (50mL) Daily for 28 days or 42 days as directed by your medical professional.

"We want to thank your members for all efforts to provide (early) treatment and placing the patient's well-being above all other interest! "

# Q & A

Disclaimer : This presentation cannot and does not contain medical advice. The information is provided for general informational and educational purposes only and is not a substitute for professional medical advice. Accordingly, before taking any actions based upon such information, we encourage you to consult with the appropriate professionals. We do not provide any kind of medical advice.