

We are co-creators of the Devine, all instrumental in changing and creating
our world and reality one step,
one person, and one day at a time.

With this awareness comes responsibility
and the need to be present and conscious of our actions at every moment.
Having consciousness means holding this responsibility with absolute respect
for all life and existence.

We hold the powerful and precious tool for transformation
in our own hands and hearts,
one loving thought and action at a time.
Each individual's gift and contribution to the whole will vary,
but has equal importance.

Martina Hoffman



Table of contents

INTRODUCTION	11
FOREWORD	11
INSTRUCTIONS FOR USE	18
ACKNOWLEDGEMENT	20
PART I: MAIN PROBLEMS WITH LC/PVS	22
INFECTION VS. VACCINATION: IMMUNOLOGICAL EFFECT	23
IMMUNOLOGICALLY, THE VACCINATION RESEMBLES A SEVERE COURSE	23
VACCINATION AND INFECTION PRODUCE DIFFERENT IMMUNITY	25
THE "SPIKING" OF INFECTION AND VACCINATION	30
THE TOXIC EFFECT OF THE SPIKE	33
LONG-COVID VS. POST-VACCINE SYNDROME: DIFFERENCES AND SIMILARITIES	34
CLOT FORMATION, MYOCARDITIS AND AMYLOIDS	36
BASICS	36
CLOT FORMATION DUE TO DESTRUCTION OF ENDOTHELIAL CELLS	40
DIRECT ACTIVATION OF THE COAGULATION SYSTEM BY THE SPIKE	42
SPIKE CAN LEAD TO THE FORMATION OF AMYLOIDS AND PRIONS	46
FIBRIN AMYLOIDS	47
SPIKE AMYLOID	48
AMYLOIDS, BRAIN AND PRIONS	50
SUMMARY DIAGNOSTICS & THERAPY	53
MYOCARDITIS	58

ENDOTHELIITIS & SILENT INFLAMMATION	62
ENDOTHELIITIS	62
SILENT INFLAMMATION	69
AUTOIMMUNITY	76
THE SPIKE PROTEIN INVITES AUTOREACTIONS	77
SPECIFIC AUTOANTIBODIES	82
GPCR-AK	86
THERAPY FOR AUTOIMMUNITY	91
PLASMAPHERESIS	91
IMMUNOSUPPRESSION	94
COMBINED THERAPY	96
MITOCHONDRIOPATHY: THE UNDERESTIMATED PROBLEM	97
WHAT ARE MITOCHONDRIA?	99
SARS-CoV2, THE SPIKE PROTEIN AND MITOCHONDRIA: AN UNFORTUNATELY CLOSE RELATIONSHIP	105
HOW CAN WE MEASURE MITOCHONDRIAL DAMAGE?	110
ADDICTION TESTS	111
THE BHI (BIOENERGETIC HEALTH INDEX)	113
THERAPY OF MITOCHONDRIOPATHY	116
IMPROVEMENT OF MITOCHONDRIAL STRUCTURE	117
IMPROVEMENT OF MITOCHONDRIAL FUNCTION	118
INCREASE IN MITOCHONDRIAL NUMBER	119
INCREASE OXYGEN SUPPLY TO THE MITOCHONDRIA	120

NEUROINFLAMMATION: FIRE IN THE BRAIN **125**

THE BLOOD-BRAIN BARRIER	131
THE OLFACTORY PATHWAY	133
THE INTESTINAL TRACT	134
THE SPIKE AND THE BLOOD-BRAIN BARRIER	136
THE SPIKE IN THE CNS - A DISASTER TAKES ITS COURSE	138
ATTACK ON BRAIN METABOLISM	140
GENERAL ANTI-INFLAMMATION	149
THE TREATMENT OF NEUROINFLAMMATION	150
ORAL THERAPY	150
INTRANASAL THERAPY (IN)	156

MAST CELL ACTIVATION SYNDROME **161**

WHAT ARE MAST CELLS?	161
MAST CELL ACTIVATION SYNDROME: MCAS	162
MAST CELLS AND THE SPIKE PROTEIN	165
HISTAMINE RECEPTORS AND HISTAMINE ANTAGONISTS	167
THE DIAGNOSIS MCAS: UNFORTUNATELY NOT QUITE SIMPLE	169
THERAPY OF MCAS: A BROAD APPROACH IS REQUIRED	172
THE DIARY	172
NUTRITION & GUT	173
PEG SENSITIVITY	178
HISTAMINE LIBERATORS AND DAO INHIBITORS	180
MAST CELL STABILISERS	181
ANTIHISTAMINES	182

VITAMIN D BUDGET **184**

BASICS OF THE VITAMIN D BALANCE	186
VITAMIN D SOURCES	186
VITAMIN D VARIANTS: STORAGE FORM AND ACTIVE FORM	187
THE VITAMIN D RECEPTOR	189
VDR DEFICIENCY: CAUSES	192
VDR SHORTAGE: CONSEQUENCES	193
VITAMIN D AND VDR: MEASUREMENT AND NORMAL VALUES	197
VITAMIN D THERAPY: HOW TO KNOW	201

HORMON SYSTEM **204**

HYPOTHALAMUS AND PITUITARY GLAND	206
EPIPHYSIS	206
THYROID GLAND	208
ADRENAL CORTEX	211
ADRENAL MEDULLA	214
GONADS	216
PANCREAS	218

PART II: SPECIFIC PROBLEMS IN POST-VACCINE SYNDROME **221**

THE VACCINES: WHAT ARE WE UP AGAINST? **222**

HOW CLASSICAL VACCINES WORK	223
GENE-BASED VACCINES	225
DNA VACCINES: VECTOR VIRUSES AS CARRIERS	227
RNA VACCINES: NANOPARTICLES AS CARRIERS	229
INCORPORATION OF THE SPIKE PROTEIN INTO THE CELL MEMBRANE	234

PERSISTENCE: VACCINES REMAIN IN THE BODY LONGER THAN GENERALLY ASSUMED	236
PERSPECTIVE ON INACTIVATED VACCINES	238
<u>V-AIDS</u>	<u>241</u>
SYNCYTIA FORMATION: WHY DEATH STARS ARE A REAL PROBLEM	244
INTERFERON DEFICIENCY: EPIGENETIC BLOCKADE	247
NK CELLS: EXHAUSTED KILLERS	250
T HELPER CELLS: BURN-OUT IN THE GENERAL STAFF	256
TURBO CANCER	261
ADE, T-REG AND INTERFERENCE: INCREASED SUSCEPTIBILITY TO CORONA INFECTIONS	265
ADE: INFECTION-ENHANCING ANTIBODIES	265
INTERFERENCE: SWAP ONE VIRUS FOR ANOTHER	270
T-REG: "GETTING USED TO" SARS-COV2	271
BASICS: VDR, SILENT INFLAMMATION & MITOCHONDRIA	273
RECOGNISING AND TREATING V-AIDS	275
SPECIFIC DIAGNOSTICS AND THERAPY	275
GENERAL SUPPORT FOR IMMUNE DEFICIENCY	279
CANCER SCREENING	280
<u>PLATELET DISORDERS</u>	<u>284</u>
<u>PART III: SPECIFIC PROBLEMS WITH LONG-COVID</u>	<u>287</u>
<u>ORGANIC CHANGES</u>	<u>288</u>

CORONA, MICROBIOME AND CHRONIC INFECTIONS **292**

CORONA AND THE MICROBIOME	292
MICROBIOME	294
INTESTINAL BARRIER DISORDER: LEAKY GUT	296
PERSISTENCE OF THE VIRUS: CHRONIC INFECTIONS	300

part iv: immediate action, protocols & appendix **304**

PROTOCOLS **305**

immediate action	305
FIRST AID	306
HOW TO FIND A SUITABLE PRACTICE/CLINIC	309
DIAGNOSTICS: COMPULSORY PROGRAMME	310
PREVENTION BEFORE AND AFTER VACCINATION	312
THERAPY: CONSIDERATIONS AND TIPS	314
ENDOTHELIITIS, MICROCLOTS AND AUTOIMMUNITY	315
NEUROINFLAMMATION	318
VITAMIN D BALANCE	319
MCAS	320
MITOCHONDRIA	321
ELIMINATE SPIKE PROTEINS	322
V-AIDS, TURBO CANCER AND CHRONIC CORONA INFECTION	324
HORMONE SYSTEM	325

SHEDDING **327**

INITIAL SITUATION AND STATE OF THE ART	327
SYMPTOMS IN SHEDDING SENSITIVE	331

possible countermeasures	333
<u>SYMPTOMS OF LONG-COVID AND POST-VACCINE SYNDROME</u>	334
<u>THE ADMISSION STUDIES: HOW TO AVOID MEANINGFUL STUDIES</u>	338
THE PROBLEM OF TELESOPING	339
THE STUDY SIZE PROBLEM	341
THE PLACEBO PROBLEM	343
THE PROBLEM OF PARTICIPANT SELECTION	344
THE PROBLEM OF FALSE SURROGATE MARKERS	346
THE PROBLEM OF MISSING SURROGATE MARKERS	352
THE PROBLEM OF THE CONTROL GROUP	354
RELATIVE AND ABSOLUTE RISK REDUCTION	- 355 -
THE PFIZER CASE: THERE IS NO REGISTRATION TRIAL AT ALL	- 358 -
VACCINATION FAILS AT THE POPULATION LEVEL	- 360 -
ANNEX	- 362 -
LIST OF FIGURES	- 362 -
INDEX	- 369 -
IMPORTANT PROTOCOLS AND SUMMARIES	- 376 -
BIBLIOGRAPHY AND REFERENCES	- 380 -