

# FIRST STEPS FOR THOSE AFFECTED BY POST-VAC & LONG-COVID.

Version 2.1, 01/23

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## STEP 1: CREATE KNOWLEDGE BASE

### For those affected:

- Understand for yourself what is happening in your own body
- Speaking at eye level with therapists
- Do-it-yourself exhaust
- Effectively use nutrition, herbal agents & dietary supplements

### For therapists:

- Understanding pathophysiology
- Implement diagnostics & therapy in a structured manner
- Develop graduated therapy plans

### THE compendium on post-vac and long-covid:

- Laboratory tests & interpretation
- Preparations, active ingredients & dosage ranges
- Extensive bibliography & index
- At [Tredition](https://www.tredition.com) & in bookstores

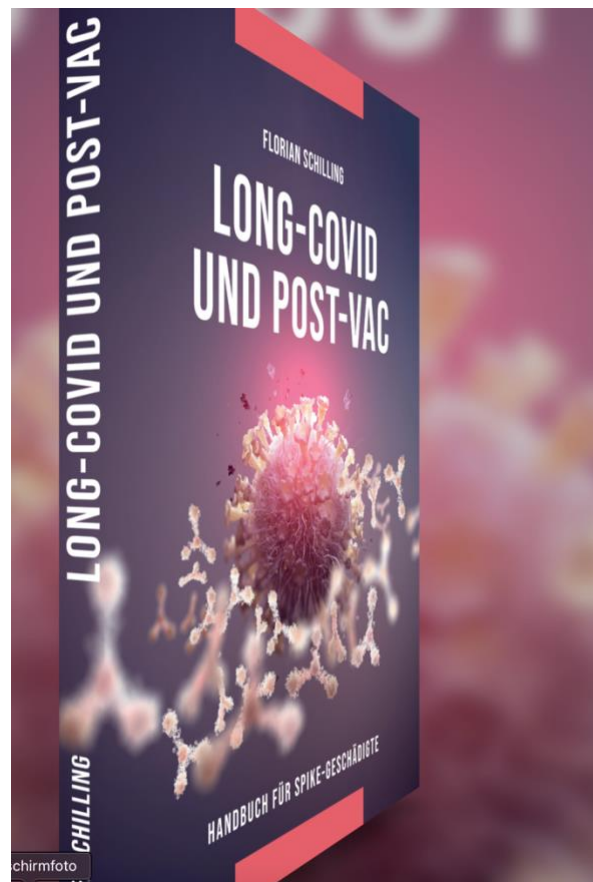


Figure 1: Compendium Long-Covid & Post-Vac

## STEP 2: INITIATE DIAGNOSTICS AT AN EARLY STAGE

- Both post-vac and long-covid have complex and heterogeneous pathophysiology - different **disease mechanisms** may be expressed in different patients
- Accordingly, there is **no "pattern F"** that fits all affected persons - instead, the individualization of the therapy is decisive.
- A compact compilation of the essential laboratory examinations can be found in the **Guideline for Long Haulers** the [download area](#) as a free and accessible PDF
- This is a to-do list for treating physicians and alternative practitioners. The described diagnostics should be initiated as soon as possible, especially in case of severe symptoms.
- IMPORTANT: Conventional diagnostics and routine lab work usually do not yield any results - they are largely meaningless, but often lead to a psychosomatic diagnosis
- >> Print it out and use it to find a practice that implements these steps.

Guide Post-Vac/Long-Covid

# THERAPY GUIDE POST-VACCIN SYNDROME & LONG-COVID

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Version 3.2, Status 03/2023

Figure 2: Guideline Long Haulers

## STEP 3: FIND SUITABLE CLINICS

- The vaccinator is regularly the worst person to contact for post-vaccination problems
- Most physicians are not familiar with the mechanisms, diagnosis and therapy of Post-Vac & Long-Covid. The same is true for the special examinations that are required
- Option 1: Look for clinics that specialize in mitochondrial medicine, integrative treatment of CFS/ME or facilities for complementary oncology
- Option 2: Ask clinics if they can perform the diagnostics of the Guideline for Long Haulers

## STEP 4: IMPLEMENT DIY

- Certain problems are very common and can be treated at the same time with relatively mild remedies. It may therefore make sense in individual cases to start with these **basic countermeasures** at an early stage, especially since they can be implemented independently. For example, the time can be used until the results of the laboratory tests are available. The basic measures include (see [Therapy Guide](#) for more detailed information on dosage ranges, combinations and escalation levels):
  - Spike clearance: NAC *or* CDL (protocol C), pine and fir needle tea.
  - (Micro)clots: nattokinase NSK-SD in combination with serrapeptase
  - Anti-inflammatory: polyphenols, berberine, serrapeptase
  - Radical load: liposomal glutathione, PQQ and vitamin C
  - Mitochondriopathy: Mitochondria Formula Sport, PQQ.
  - Neuroinflammation: Melatonin
- An **example intake schedule** (NOT AN INDIVIDUAL RECOMMENDATION - actions should always be discussed with a physician/HP) might look like this:

Active ingredient / preparation	Dosage
<a href="#">NAC</a> <i>or</i> <a href="#">CDL</a>	20-50mg/KG/d  <a href="#">Protocol C</a>
<a href="#">Nattokinase (NSK-SD)</a>	2000 U/d
<a href="#">Serrapeptase</a>	2x120,000 U/d
<a href="#">Polyphenols</a>	3x3/d
<a href="#">Liposomal glutathione</a>	1x/d
<a href="#">Mitochondria Formula Sport</a>	According to specification
<a href="#">Melatonin</a>	1-2/d (evening)
<a href="#">Berber</a>	2x500mg/d
<a href="#">Vitamin C</a>	2x 1000mg/d
<a href="#">PQQ</a>	2x1/d

Figure 3: Sample intake plan for basic therapy

## STEP 6: BE PART OF THE SOLUTION

- **Sharing information and experiences with others affected, e.g.** in online forums and social media channels
- **Point out existing solutions to** others concerned, e.g. recommend blog or book
- **Staying on the ball:** Especially in English-speaking countries, C-associated problems are reported and discussed much more openly. Those who are linguistically equipped can obtain very good medical info and research results, for example, via the following channels:
  - [Drbeen Medical](#) (USA)
  - [Dr. John Campbell](#) (UK)
- **Support** educational platforms **financially** - these are not funded by the state or the private sector, unlike fact checkers & co.

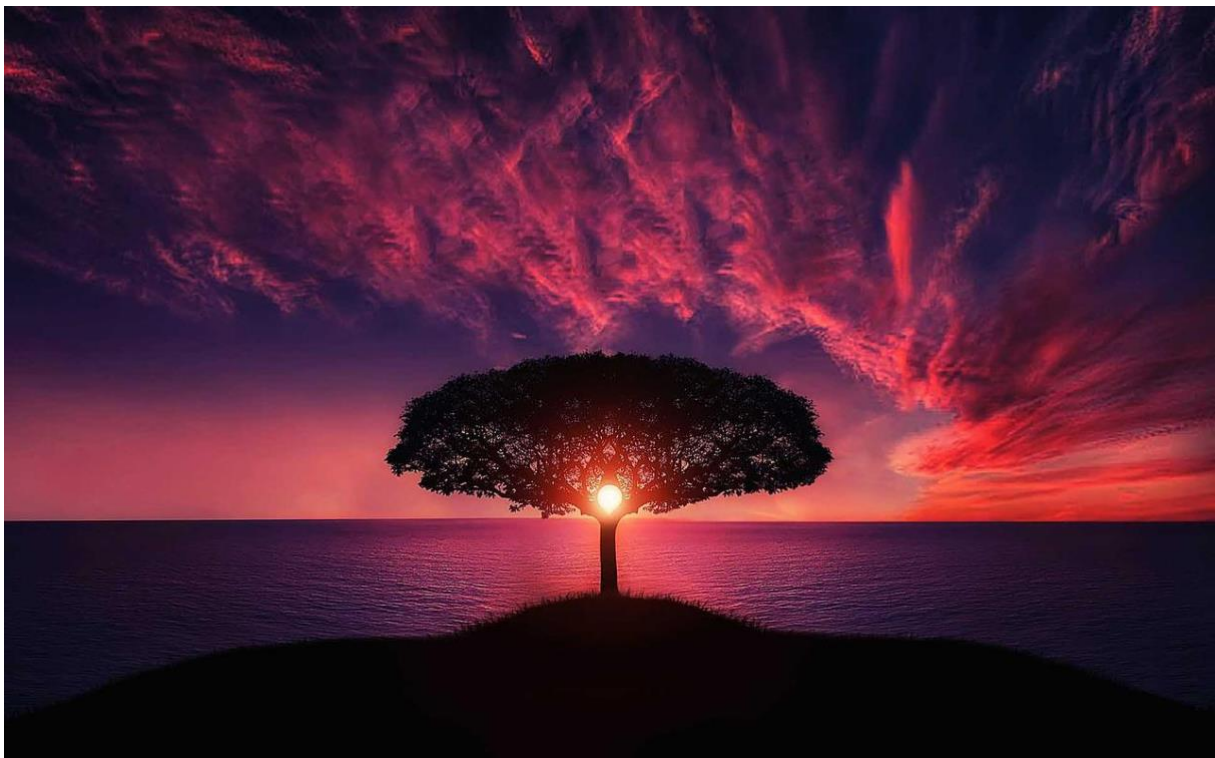


Figure 4: Hope