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How to manage the problem of spike protein

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Now working as a Naturopathic Physician. Clinical Director of the College of Naturopathic Medicine

Co-author of three original articles about mitochondrial dysfunction as a central pathophysiological lesion in ME/CFS published online by the International Journal of Clinical and Experimental Medicine. They are: Chronic fatigue syndrome and mitochondrial dysfunction. Int J Clin Exp Med (2009) 2, 1-16, <http://www.ijcem.com/files/IJCEM812001.pdf> ; Mitochondrial dysfunction and the pathophysiology of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). www.ijcem.com/files/IJCEM1204005.pdf and Targeting mitochondrial dysfunction in the treatment of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) – a clinical audit. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3515971/>

Author of award winning books including:

“Chronic Fatigue Syndrome – its mitochondria not hypochondria”

“Ecological Medicine - -the antidote to Big Pharma”

“The Infection Game – Life is an Arms Race”

“The Energy Equation – from the naked ape to the knackered ape”

“Paleo-Ketogenic – the Why and the How.” “Diabetes”

“Green Mother – families fit for the future”

“The Underactive thyroid – do it yourself because your doctor won’t”

Spike protein

to work out the how we have to start with the what

All mRNA gene therapy “vaccines” are designed to “hijack” the machinery of cells to turn them into manufacturers of spike protein. The idea was that this would elicit an immune response.

BUT this mechanism of action creates the problem – it puts the body into a markedly inflamed state

It is a lot of inflammation – each mRNA gene therapy dose delivers 40 trillion strips of mRNA

AND graphene

AND polyethylene glycol nano-particles

It is easy to turn inflammation on – but difficult to turn it off

People who have been spiked therefore suffer with symptoms driven by inflammation

AND this may kick a hole in the energy bucket - so they also suffer symptoms of poor energy delivery mechanisms

Chronic fatigue syndrome is not a diagnosis. It is a clinical picture which results from poor energy delivery mechanisms.

Myalgic-encephalitis is not a diagnosis. It is a clinical picture which results from CFS AND inflammation. Inflammation occurs when the immune system is activated. This may be for reasons of allergy, auto-immunity, chronic infection, toxicity or healing and repair.

Long covid is not a diagnosis. It is the clinical picture of ME but is given the name LC because it follows an acute covid infection or mRNA gene therapy “vaccine”.

So there is a two pronged approach for those so spiked.....

1 General interventions to reduce inflammation

- I shall talk about this

2. Specific interventions to get rid of spike protein

- Dr Marik will cover this

General interventions to reduce inflammation

1. Do a paleo-ketogenic diet. Why? To reduce free radicals (which are pro-inflammatory)

SUGAR When sugar is used as a fuel, many free radicals are produced, and this is pro-inflammatory. Not so with ketone fuels.

ALLERGENS The major food allergens are dairy products, gluten grains and yeast. The PK diet is a great start. Some need to do a carnivore diet then identify food allergies by reintroducing foods one at a time one day at a time.

Sort the upper fermenting gut

Microbes do pass from the gut into the blood stream. See Please see “[Bacterial translocation from the gastrointestinal tract](https://pubmed.ncbi.nlm.nih.gov/10659341/)”, [R D Berg](#) , Adv Exp Med 1999;473:11-30., <https://pubmed.ncbi.nlm.nih.gov/10659341/> If these are friendly microbes from the lower gut that the immune system has been looking at for thousands of years then they can be ignored and are excreted in urine (which is not sterile! The definition of an urine infection is more than 10,000 microbes per ml). However, if we have unfriendly microbes from the upper gut, then they will get stuck at distal sites and drive pathology. Examples include blood vessels (vasculitis and temporal arteritis) muscles (fibromyalgia and polymyalgia), joints (rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis), brain (psychosis) and much more.

The starting point to tackle the upper fermenting gut is:

Starve them out with the PK diet,

Kill them with vitamin C 5 grams in the morning and Lugol's iodine 15% 3 drops at night.

Sort the lower fermenting gut

- Consider probiotics. Lactobacillus rhamnosus and plantarum are of proven benefit. The best results are from live ferments (grow your own – which is the cheapest and the best). To survive stomach acid these microbes, need some sugar – I suggest ½ tspn of the white stuff with a portion. This will feed them and power their proton pumps which kicks the acid out. See https://www.drmyhill.co.uk/wiki/Probiotics_-_we_should_all_be_taking_these_all_the_time_and_double_the_dose_following_antibiotics_and_gastroenteritis
- Sauerkraut. You can make your own – see our book “Paleo-ketogenic – the why and the how” or you can buy from many suppliers – eg www.goodnessdirect.co.uk
- Faecal bacteriotherapy. 90% of the immune system is gut associated and these mature, grown-up cells at the “coal face” know what they must and must not react to. Immature adolescent immune cells are released on a daily basis from the bone marrow into the blood stream and they learn from the “grown-ups” (i.e., the already existing immune cells). They learn to tolerate the status quo, they too become mature cells and so immune memory is passed down through the generations and maintained in this way. This explains the mechanism of on-going immune tolerance to gut microbes and food – we ignore these friendly antigens and do not react against them as if they were foreigner. We learn to distinguish friend from foe. Thomas Borody improved 70% of MEs with 58% having a sustained response using faecal bacteriotherapy. See https://www.drmyhill.co.uk/wiki/Faecal_bacteriotherapy and <https://search.informit.org/doi/10.3316/INFORMIT.119626231492520>

Mop up those inflammatory free radicals with antioxidants

- Inflammation generates free radicals (for the boffins these are molecules with an unpaired electron) which have the potential to stick on to any other molecule and create biochemical havoc (for example to stick to DNA and trigger a mutation). An antioxidant is any molecule that will neutralise such an unpaired electron and so quench a free radical. However, in the process of achieving such the effectiveness of that molecule is lost. It has to be refreshed to become effective again. The body achieves this with a chain of molecules. This is akin to putting out a fire with a chain of people passing on buckets of water – we have a brave fire fighter in the front row with second and third liners behind keeping her supplied. These include vitamin C to bowel tolerance and vitamin D 10,000iu daily. You need to get above 160nmol/l for best anti-inflammatory effects. This may be achieved with 10,000 to 20,000iu daily. Some physicians use much higher doses but in this event the serum calcium needs monitoring.
- So, who are these wonderful characters who deal with these hot free radicals and electrons and flick them back to other catchers before they are finally quenched? The front-line grabbers include:
 - Inside mitochondria – co-enzyme Q 10, and manganese dependent superoxide dismutase (SODase)
 - Inside cells – zinc, copper-dependent SODase
 - Outside or between cells – extracellular zinc, copper, SODase, glutathione peroxidase (needs glutathione and selenium)
 - The intermediate catchers include lots of molecules including many B vitamins especially B12, vitamins A, D, E, K, and melatonin. All plants have their own system of antioxidants which us plant eaters make use of. This means that all fresh, organic, raw foods will have an abundance of natural antioxidants.
 - The final quencher of hot free electrons is vitamin C.
 - Then we have iodine. This is a scavenger of free hydroxyl radicals, so further assisting all the above

Which supplement	Containing	To improve
Groundhog Basic multivitamin and minerals	Zinc 30mgs and copper 1mgs	Intracellular superoxide dismutase Extracellular superoxide dismutase
	Manganese 1mg	Mitochondrial superoxide dismutase
	Selenium 200mcgms (up to 500mcgms)	Glutathione peroxidase
	Methyl cobalamin 5mgs (5,000mgs)	Vitamin B12 – see https://www.drmyhill.co.uk/wiki/B12 - rationale for using vitamin B12 in CFS
	Vitamin A 2,000iu and E 50mgs	
	Vitamin D 10,000iu. If you are off dairy and on no calcium supplements it is safe to take 20,000iu daily. AND/OR sunshine 1 hour daily	Vitamin D levels
	It is safe to use 30,000iu of vit D for 3 months, then reduce to 10,000iu	
	Vitamin C 5 grams daily or to bowel tolerance	Vitamin C
Glutathione 250mgs (up to 500mgs)	Multitasks to help detox	Glutathione peroxidase
Co enzyme Q 10 100mgs (up to 300mgs)	Ubiquinol 100mgs	Co Q 10
	Lugol's iodine 15% 3 drops	Iodine levels
Natural antioxidants	Vegetables and berries in the PK diet	

Quench the inflammatory fire with herbs:

The most important and daily dose are curcumin (up to 2,000mgs), ginger (up to 4,000mgs), ashwaganda (up to 5,000mgs), astragalus (up to 30 grams) Boswellia (up to 5 grams daily) and berberine (up to 3,000mgs).

You may know instinctively what to take – if it smells and tastes good (addiction aside) it will do good. Animals use scent to identify healing herbs – this is called zoopharmacognosy and yes, I loved the book by Caroline Ingraham. See '[Help Your Dog Heal Itself](https://www.amazon.co.uk/Help-Your-Dog-Heal-Itself/dp/0952482746/ref=sr_1_1)' by Caroline Ingraham, https://www.amazon.co.uk/Help-Your-Dog-Heal-Itself/dp/0952482746/ref=sr_1_1

Essential oils – again if you like the smell of then it is probably good for you.

Quench the inflammatory fire with minerals.

Magnesium 300mgs daily together with vit D 10,000iu for its absorption

Alkalisating the body with magnesium carbonate 5 grams daily dissolved in water. Take at least 90mins away from food as we need an acid stomach to digest food. This also supplies a dose of magnesium.

Boron at least 3mgs and up to 20mgs daily. See the paper “Nothing boring about boron”, Integr Med (Encinitas)2015 Aug;14(4):35-48 by [Lara Pizzorno](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4712861/) (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4712861/>) which details its multiplicity of anti-inflammatory actions.

Nothing boring about boron (1)

The trace mineral boron is a micronutrient with diverse and vitally important roles in metabolism that render it necessary for plant, animal, and human health, and as recent research suggests, possibly for the evolution of life on Earth. As the current article shows, boron has been proven to be an important trace mineral because it

- (1) is essential for the growth and maintenance of bone;*
- (2) greatly improves wound healing;*
- (3) beneficially impacts the body's use of estrogen, testosterone, and vitamin D;*
- (4) boosts magnesium absorption;*
- (5) reduces levels of inflammatory biomarkers, such as high-sensitivity C-reactive protein (hs-CRP) and tumor necrosis factor μ (TNF- μ);*
- (6) raises levels of antioxidant enzymes, such as superoxide dismutase (SOD), catalase, and glutathione peroxidase;*
- (7) protects against pesticide-induced oxidative stress and heavy-metal toxicity;*
- (8) improves the brains electrical activity, cognitive performance, and short-term memory for elders;*

Nothing boring about boron (2)

(9) influences the formation and activity of key biomolecules, such as S-adenosyl methionine (SAM-e) and nicotinamide adenine dinucleotide (NAD⁺);

(10) has demonstrated preventive and therapeutic effects in a number of cancers, such as prostate, cervical, and lung cancers, and multiple and non-Hodgkin's lymphoma; and

(11) may help ameliorate the adverse effects of traditional chemotherapeutic agents.

In none of the numerous studies conducted to date, however, do boron's beneficial effects appear at intakes < 3 mg/d. No estimated average requirements (EARs) or dietary reference intakes (DRIs) have been set for boron—only an upper intake level (UL) of 20 mg/d for individuals aged ≥ 18 y. The absence of studies showing harm in conjunction with the substantial number of articles showing benefits support the consideration of boron supplementation of 3 mg/d for any individual who is consuming a diet lacking in fruits and vegetables or who is at risk for or has osteopenia; osteoporosis; osteoarthritis (OA); or breast, prostate, or lung cancer.

Quench the inflammatory fire with low dose naltrexone [LDN].

This is a popular and very safe treatment to treat any condition associated with inflammation. It is of proven effectiveness with a multiplicity of uses. See <https://ldnresearchtrust.org/> The idea here is to give a miniscule dose of the opiate blocker naltrexone (start with 1mg at night and build up to 4mgs) which has the effect of blocking the body's own production of endogenous opiates or endorphins. The body responds to such by ramping up its own production. Opiates are natural anti-inflammatories.

Where there is inflammation there is sticky blood

What prevents red and white blood cells sticking together?

What prevents capillaries and veins collapsing?

The answer is 4th phase or exclusion zone water

We know inflammation destroys EZ water – and this is measured by and ESR or plasma viscosity.

How to improve EZ phase water?

Put in place all the above to reduce inflammation

AND

Heat – sunshine, sauna, FIR, warm baths. Keep warm!

DMSO 20mls daily

Reprogramme the immune system
With micro-immunotherapy

This is fast proving to be a useful tool. Micro-immunotherapy is to the immune system what psychotherapy is to the brain – it retrains it to behave appropriately. I think that just as the brain has states and moods, so does the immune system. The happy brain has a happy immune system (by which I mean it is relaxed and does not react to every incitant) , the anxious brain has an anxious immune system (fires off at random all over the place with allergy and auto-immunity) and the depressed brain has a depressed immune system ('can't be bothered' to fight – allows infections to run amok). This helps to explain which micro-immunotherapy remedies to use.

[https://www.drmyhill.co.uk/wiki/
Reprogram_the_immune_system_with_micro-immunotherapy](https://www.drmyhill.co.uk/wiki/Reprogram_the_immune_system_with_micro-immunotherapy)

In parallel with all the above we then need treatments to get rid of the spike protein

Over to Dr Marik!