



## SOT Testimonial

-Dr. Tristin Wallace, ND

Having seen SOT efficacy against malignant growth, I began to seriously consider using SOT for Lyme and CoInfections. I'll describe here my first clinical Lyme SOT experience. It was so game-changing that in every case moving forward, I have looked for the opportunity to incorporate SOT.

A long-time Lyme patient, usually healthy, reported intermittent flares of his illness. During those flares, his autoimmune Scleroderma would act up, and he could feel his lungs and GI tract hardening. He was weakened when this happened, challenged to breathe normally, and would lose his ability to eliminate. Researching on his own, he had found a link between Scleroderma and the virus called CMV. When we then tested him, we confirmed elevated antibodies against CMV.

He asked me, "are there any really good treatments for CMV?"

CMV is considered a Lyme CoInfection or a Tick-Borne virus. This time, considering his question, I decided against my usual "Lyme" recommendations. Admittedly, they had brought us this far in a good way. For the most part, his life was high quality. Yet here we were again with another relapse, and so as far as we'd come, it was clear we needed to enhance our approach. We decided this time to try SOT against CMV.

Within 6 months, his flares evaporated, leaving him feeling as good as if he had never been ill at all. A treatment success like that against Scleroderma is so impressive, I honestly wish I could take credit for it. But it wasn't due to my skill - he'd had plenty of that over the years! It was the SOT.

Recently, that same patient entered a severe and persistent Scleroderma flare immediately following two mRNA COVID vaccinations. We searched his lot numbers on a VAERS aggregator and found them associated with hundreds of autoimmune illnesses onsetting or worsening, as well as an alarming number of deaths.

Previously, his Scleroderma symptoms had been associated with CMV infection, so we re-tested and found new antibodies against CMV. Our impression was that the vaccine had somehow reactivated his CMV. So, he took SOT against CMV again. Again, his autoimmune flare evaporated, this time, within 3 days. He reported feeling back to healthy.

I would like to note that he doesn't do "just SOT;" he knows how to eat properly, and he is competent at managing Herx and die-off. He also takes a microbiome-supporting regimen, and follows wise recommendations to support spike protein exposure. I have to say, though, while I recognize great information is readily available about how to treat vaccine injury, after seeing his rapid recovery from such a serious autoimmune flare (in what is essentially considered an untreatable condition) I am convinced SOT is the best treatment for vaccine injury.

In every case I've worked with, in which patients proved both willing and able to resolve reservoirs of re-infection and appropriately manage die off and Herx, results with SOT against Lyme and CoInfections have improved wellness and quality of life beyond what I was able to accomplish without SOT.

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