

Persistent Spike Protein (PSP) Protocol

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The protocols for PSP syndrome (Long-Haul COVID and/or post-COVID vaccine syndrome) are similar for both prevention and resolution, differing primarily in dosing and clinical aggressiveness in the application.

For PSP Prevention and Health Optimization

Super 8 supplementation

[To reduce increased intracellular oxidative stress and optimize intracellular vitamin C levels]:

Vitamin C, 3,000 to 9,000 mg daily
Magnesium chloride, 1,000 to 3,000 mg daily
Vitamin D3, 3,000 to 10,000 international units daily
Vitamin K2, 500 micrograms daily

[To optimize mitochondrial production of ATP]:

Niacinamide 1,000 to 3,000 mg daily
Riboflavin 400 mg daily
Coenzyme Q10, 600 to 900 mg daily
Methylene blue, 25 mg daily

Above supplements are virtually non-toxic, and dosages can be adjusted up (or down) as desired and depending on how well one feels.

For chronic PSP syndrome

Super 8 supplementation, and, depending on availability to the patient:

Any of the bio-oxidative therapies, singly or combined (available at Riordan Clinic, Wichita, KS):

- Vitamin C, 25 to 100 gram infusions (with 25 to 50 mg of hydrocortisone if possible)
- Hydrogen peroxide infusions (0.15% concentration in D5W)
- Ozone autohemotherapy; EBOO (extracorporeal blood oxygenation and ozonation) if possible
- Ultraviolet blood irradiation
- Hyperbaric oxygen therapy (1.5 to 2.0 atmosphere pressures)

Hydrogen peroxide nebulization (3% or less, depending on patient tolerance)

15 minutes daily until clinical resolution

EDTA chelation (CalciumDisodium EDTA) intravenously or

a quality oral EDTA supplement, as directed by the treating medical professional

Ivermectin 3 to 6 mg daily and zinc picolinate 50 mg daily

Nattokinase 200 to 400 mg twice daily

D-dimer testing is essential for the optimal clinical management of the patient. It should be 500 ng/cc or less. Higher levels indicate increased blood clotting in the body, caused by the persistent attack of the spike protein on blood vessel receptors. Clinical resolution cannot be considered complete as long as this blood test remains elevated.

Many high-quality nutrient supplements can be taken as well. However, these recommendations are advanced as critical baseline components of an effective anti-spike protein regimen. The importance of these specific recommendations, along with their scientific validation, can be found in the resources listed below.

Hydrogen Peroxide Nebulization

<https://www.tomlevymd.com/articles/omns20200821/Curing-Viruses-with-Hydrogen-Peroxide:-Can-a-simple-therapy-stop-the-pandemic?>

and

<https://www.rvr.medfoxpub.com/> (complimentary book)

Ultraviolet Blood Irradiation and D-dimer testing

<https://www.tomlevymd.com/articles/omns20230927/Persistent-Spike-Protein-Syndrome:-Rapid-Resolution-with-Ultraviolet-Blood-Irradiation>

and

<https://riordanclinic.org/2023/11/ultraviolet-blood-irradiation-new-hope-for-chronic-covid/>

Bio-oxidative Therapies

<https://www.tomlevymd.com/articles/omns20230310/Resolving-Persistent-Spike-Protein-Syndrome>

Methylene Blue

<https://www.tomlevymd.com/articles/omns20230204/Resolving-Colds-to-Advanced-COVID-with-Methylene-Blue>

EDTA, heavy metal toxicity, and Super 8 Supplementation

<https://www.tomlevymd.com/articles/omns20231103/Heart-Failure-or-Therapy-Failure?-Toxins-Cause-Cardiomyopathy>

Vitamin C synergy with Cortisol (hydrocortisone)

<https://www.tomlevymd.com/articles/omns20211211/Vitamin-C-and-Cortisol:-Synergistic-Infection-and-Toxin-Defense>