

Konferencja „Czego lekarz Ci nie powie”
26.06.2021, Poznań

Jak leczyć pacjentów z COVID, nawet w stanie agonalnym?



JERZYIEBA.COM

SUGESTIE DLA LEKARZY

1. Askorbinian sodu – dożylnie
2. DMSO – dożylnie
3. Perhydrol – **0,04%** do **0,06%** dożylnie, inhalacja, podanie sobie,
4. Ozon
5. Bufory
6. Inhibitory namnażania - HytOlive (glutation), Witamina PP Bajkalska, generatory NO
7. Niewydolność oddechowa – KLAWITERAPIA
8. Nebulizacja (srebro i złoto, jod, H₂O₂ ...)
9. Łyżka węgla drzewnego co 6 godz. (jeśli pacjent jest przytomny, PRZED rozpoczęciem leczenia)
10. Wit. D3 : 200 000 – 300 000 IU (wit. D2 300 000 IU domięśniowo)
11. Srebro i złoto – dożylnie (odpowiednia FORMA!!!)
12. Wit. A – 100 000IU
13. Jod 50 do 100 mg przez dwa-trzy dni, następnie 25 mg
14. Wit K2 MK7 200 - 400 mcg (wysokiej jakości, nie w kroplach)
15. Selen (1000 mcg, kilka dni)
16. Cynk 50 mg
17. Magnez 3 x dziennie po 150 mg
18. Intensywnie nawadniać (sól)
19. Czystek, szalwia, czarny bez, lukrecja
20. CBD

**Slajd ten nie może być
rozpowszechniany bez
mojego komentarza!**

Dimethyl Sulfoxide (DMSO) in Trauma and Disease



STANLEY W. JACOB
JACK C. DE LA TORRE

 **CRC Press**
Taylor & Francis Group

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SPRAWDŹ OFERTĘ

Szczegóły u Autoryzowanych Dilerów Toyoty



prokuratura

zdrowie

medycyna

Chcesz dostawać mailem najważniejsze informacje z Poznania? Zapisz się na nasz bezpłatny newsletter.

36-letnia pacjentka trafiła w połowie stycznia w stanie krytycznym na oddział ratunkowy szpitala przy ul. Szwajcarskiej w Poznaniu. Mimo pomocy lekarskiej zmarła, osierocając ośmiomiesięczne bliźniaczki. Lekarze już wtedy informowali, że prawdopodobną przyczyną zatrzymania krążenia i wskutek tego śmierci był dimetylosulfotlenek (DMSO).

DMSO - środek toksyczny i niebezpieczny



Urszula Sobota Moj maz miał podawane DMSO w szpitalu w US podczas przeszczepu komórek macierzystych przy Chłoniaku.

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*Science, Public Health Policy,
and The Law*
Volume 2:4-22
July, 2020
Clinical and Translational
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Public Health Policy
Initiative (PHPI)



A Novel Approach to Treating COVID-19 Using Nutritional and Oxidative Therapies

David Brownstein, M.D. ^{*†}, Richard Ng, M.D. [†], Robert Rowen, M.D. [‡], Jennie-Dare Drummond, PA [†], Taylor Eason, NP [†], Hailey Brownstein, D.O. [§], and Jessica Brownstein [¶]

Abstract

Objective: This report is a case series of consecutive patients diagnosed with **COVID-19** treated with a nutritional and oxidative medical approach. We describe the treatment program and report the response of the 107 **COVID-19** patients.

Study Design: Observational case series consecutive.

Setting: A family practice office in a suburb of Detroit, Michigan.

Patients: All patients seen in the office from February through May 2020 diagnosed with **COVID-19** were included in the study. **COVID-19** was either diagnosed via PCR or antibody testing as well as those not tested diagnosed via symptomology.

analysis. [93]

As of this publication, no cure, treatment, or preventive for SARS-CoV-2 has yet been proven effective in a randomized study, except for dexamethasone (a potent steroid) use in severely ill, hospitalized patients. In this study a novel treatment program, which is hypothesized to aid and support the immune system, was highly effective in the re-recovery of 100% of 107 patients. This case review points out that specific and relatively inexpensive nutritional support along with oxidative intravenous as well as intramuscular, and nebulized oxidative solutions may be helpful for COVID-19 patients. Future, randomized studies are needed to elucidate the effectiveness of this or similar regimens.

6. Acknowledgments

The authors would like to acknowledge Mark Rosner M.D. for his encouragement and help with the design of the study.

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Ze względu na brak wiedzy lekarzy na temat tych wlewów, dla ułatwienia jeszcze raz przekazuję kluczowe publikacje dotyczące tego tematu. Lekarzom zwracam uwagę, że większość tych publikacji dotyczy podawania wlewów z wody utlenionej... dotętniczol!

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ESSAY



Home Nitric Oxide Therapy for COVID-19

Infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causes a range of cardiopulmonary and vascular complications, ranging from upper respiratory tract symptoms to severe acute respiratory distress syndrome (ARDS), as well as shock, acute kidney injury, and thromboembolic complications (1, 2). Although SARS-CoV-2 initially infects the upper respiratory tract epithelia, some of the most serious complications of the disease appear to arise through vascular inflammation and injury.

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R.A.A. receives research support from the University of Miami Office of the Vice Provost for Research, under the COVID-19 Rapid Response Grant UM 2020-2240. M.T.G. receives research support from NIH grants 5R01HL098032, 2R01HL125886, and 5P01HL103455, 5T32HL110849, and UG3HL143192; the Burroughs Wellcome Foundation; Globin Solutions, Inc.; and the Institute for Transfusion Medicine and the Hemophilia Center of Western Pennsylvania. L.B. receives research support from NIH grant K23HL128882.

Originally Published in Press as DOI: 10.1164/rccm.202005-1906ED on May 21, 2020

Although further mechanistic and epidemiological studies are needed, case reports, imaging studies, and autopsy series have suggested the possibility that the SARS-CoV-2 virus, once in the lower respiratory tract, may directly infect endothelial cells, leading to a cascade of consequences including vasoplegia, vascular thromboses, pulmonary edema, endothelial sloughing, and abnormal regulation of pulmonary perfusion (2, 3). Regardless of the mechanisms, it is clear that patients often develop severe respiratory failure with hypoxemia that may be refractory to oxygen supplementation and often requires invasive mechanical ventilation. Because of the rapidity with which the virus spread, many healthcare systems were stressed by the sudden increase in coronavirus disease (COVID-19) cases, with the accompanying increased need for hospital beds, ICU beds, ventilators, and even oxygen. A high percentage of mechanically ventilated patients develop multi-organ failure syndrome, characterized by pressor-dependent shock and a high associated mortality. Even those who survive with the assistance of mechanical ventilation may require prolonged hospitalizations (4). These concerted adverse sequelae of SARS-CoV-2 infection create major strains on health care system resources.

fight viral infections are suggested.

matory response,^{1,2} bronchoconstriction (relaxation of the smooth muscles in the lungs to open airways) [5,6] vasodilation (widening



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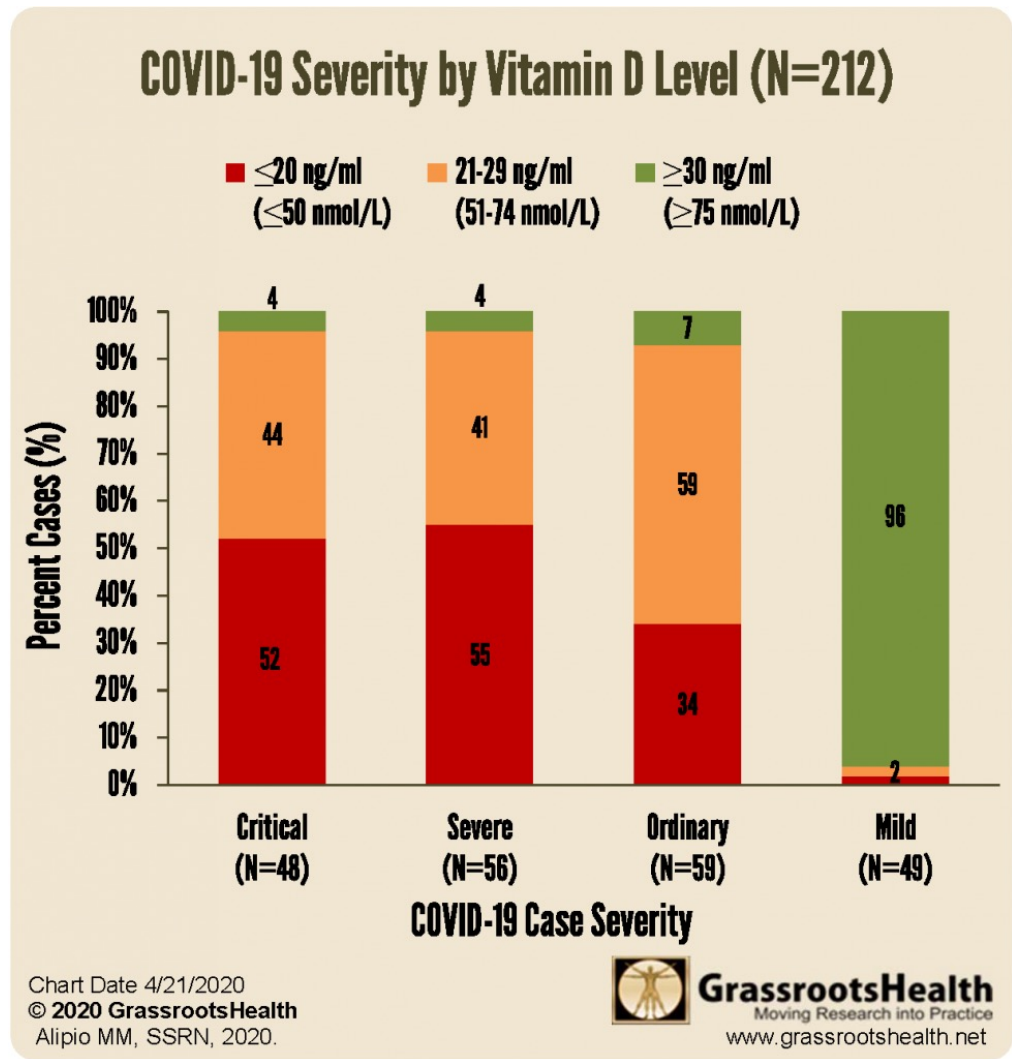
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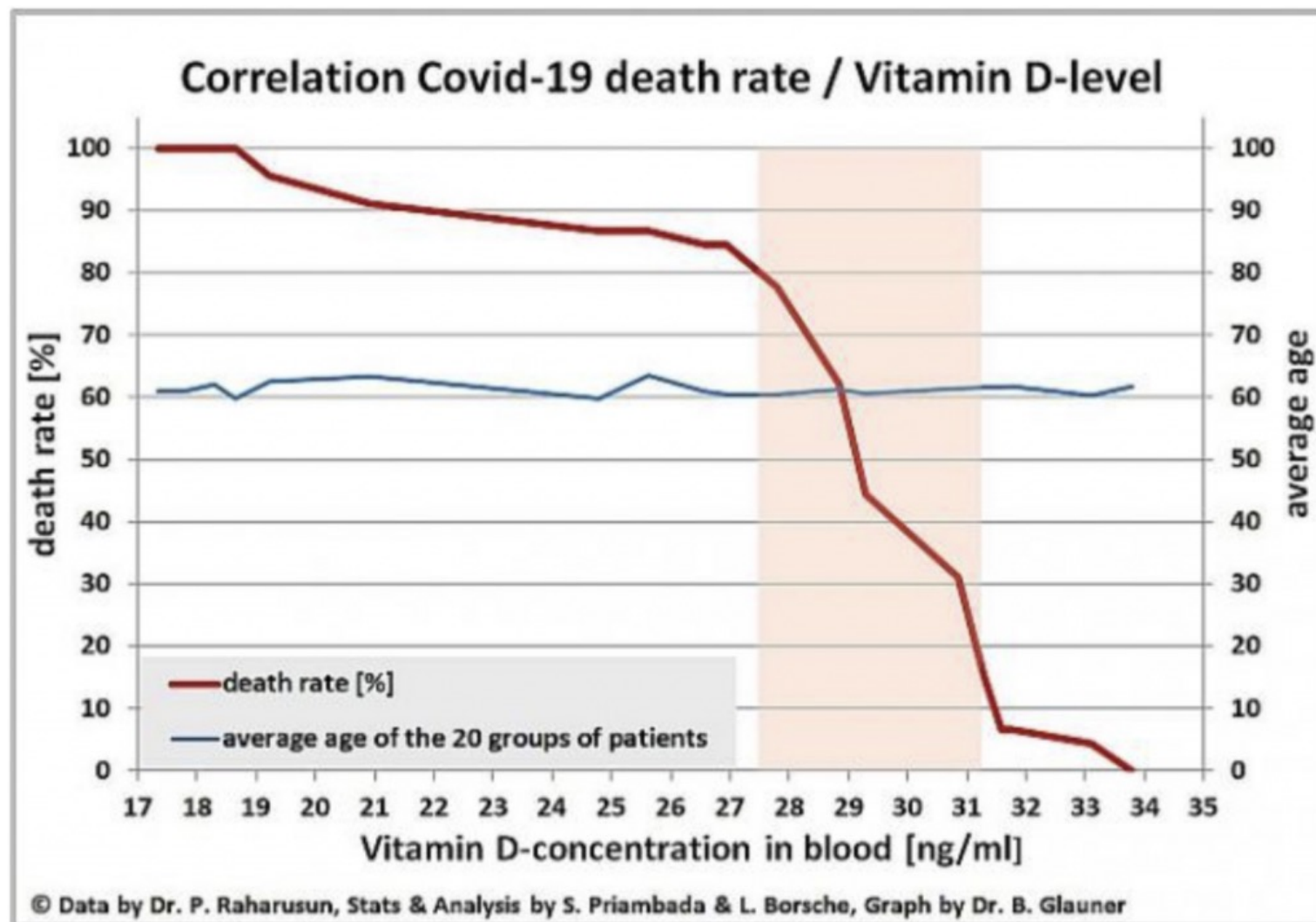


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CHOROBY I DOLEGLIWOŚCI

BADANIA

ZABIEGI

NORMY W BADANIACH

LEKI

NIEZBĘDNIK PACJENTÓW

Amir Baszkin.

- Krótko mówiąc, po przeprowadzeniu tego badania powiedziałbym ludziom, żeby podczas tej pandemii upewnili się, że mają odpowiednią ilość witaminy D, ponieważ jeśli zakażą się koronawirusem, ona im pomoże - dodał kierujący badaniami dr Amiel Dror.

Zalecenia diagnostyki i terapii zakażeń SARS-CoV-2 Polskiego Towarzystwa Epidemiologów i Lekarzy Chorób Zakaźnych z dnia 13 października 2020. Aneks #2 do rekomendacji z 31 marca 2020

**Robert Flisiak¹, Miłosz Parczewski², Andrzej Horban³, Jerzy Jaroszewicz⁴, Dorota
Kozielewicz⁵, Małgorzata Pawłowska⁵, Anna Piekarska⁶, Krzysztof Simon⁷, Krzysztof
Tomasiewicz⁸, Dorota Zarębska-Michaluk⁹**

glikokortykosteroidów. Ciągłe podawanie tych substancji u chorych nie wymagających tlenoterapii. Jednocześnie ich przedwczesne zastosowanie może spowodować nasilenie replikacji wirusa i pogorszyć przez to rokowanie [7]. Stosowanie antybiotyków, leków przeciw grypowych, witaminy D, czy heparyny drobnocząsteczkowej, nie jest wskazane z powodu zakażenia SARS-CoV-2, o ile nie uzasadnia tego inne schorzenie.

SEPSA

Podanie więcej niż 10 antybiotyków

Brak reakcji !!

Zniszczenie flory bakteryjnej

- Gwałtowne pogorszenie stanu pacjenta... np. CLOSTRIDIUM DIFICILE... więcej antybiotyków ?
- Więcej? Kiedy i tak nie działają?

ANTYBIOTYKI NIE USUWAJĄ WOLNYCH RODNIKÓW !

Produkty metabolizmu (odchody)

Wolne Rodniki (lawinowa produkcja)

Prawdziwa PRZYCZNA !

??????

- Usuwa je NATYCHMIASTOWO Witamina C !
- Uwrażliwia bakterie
- Ale jej się NIE PODAJE !

INTENSYWNE USZKADZANIE ORGANÓW

= SEPSA !!

CIĘŻKIE, TRWAŁE uszkodzenie wielu organów

Brak opanowania lawinowo powstających Wolnych Rodników

ŚMIERĆ

Choroby BEZ stanu zapalnego?

KAŻDA CHOROBA

W której chorobie należy podać wit C?

Rodniki

Co naturalnie NEUTRALIZUJE

Wit C ! (Ascorbinian Sodiu)

COVID patient with sepsis makes 'remarkable' recovery following megadose of vitamin C

By national medical reporter [Sophie Scott](#) and the specialist reporting team's [Lucy Kent](#) and [Loretta Florance](#)

Posted Wed 2 Dec 2020 at 7:01pm, updated Thu 3 Dec 2020 at 2:05am



"The pharmaceutical industry has spent \$10 billion trying to find a magic bullet for sepsis."



The researchers use Sodium Ascorbate Solution vitamin C, which does not have the same acidity as regular vitamin C. (ABC News: Loretta Florance)

Deklaracja Helsińska Światowego Stowarzyszenia Lekarzy (WMA¹) Etyczne zasady prowadzenia badań medycznych² z udziałem ludzi

Przyjęta przez 18 Zgromadzenie Ogólne Światowego Stowarzyszenia Lekarzy (WMA),
Helsinki, Finlandia, czerwiec 1964 r.,

- Istnieje coś takiego jak tzw. Deklaracja Helsińska
- Deklaracja Helsińska dotyczy przeprowadzenia eksperymentów medycznych.
- Trzeba pamiętać o tym, że **Polska tę Deklarację również podpisała!**

INTERWENCJE O NIEUDOWODNIONEJ SKUTECZNOŚCI W PRAKTYCE KLINICZNEJ

37. Podczas leczenia pacjenta tam, gdzie sprawdzone interwencje nie istnieją lub też okazały się nieskuteczne, **lekarz, po zasięgnięciu porady eksperta i uzyskaniu świadomej zgody pacjenta lub jego przedstawiciela ustawowego, może zastosować interwencję o nieudowodnionej skuteczności, jeśli w ocenie lekarza daje ona nadzieję na ratowanie życia, przywrócenie zdrowia lub przyniesienie ulgi w cierpieniu.**



Drodzy lekarze, Deklaracja Helsińska dostarcza Wam jeszcze jednej, niesamowitej możliwości ! Patrzcie na ostatnie zdanie tego samego paragrafu 37.

37. Podczas leczenia pacjenta tam, gdzie sprawdzone interwencje nie istnieją lub też okazały się nieskuteczne, lekarz, po zasięgnięciu porady eksperta i uzyskaniu świadomej zgody pacjenta lub jego przedstawiciela ustawowego, może zastosować interwencję o nieudowodnionej skuteczności, jeśli w ocenie lekarza daje ona nadzieję na ratowanie życia, przywrócenie zdrowia lub przyniesienie ulgi w cierpieniu.

Następnie interwencja taka powinna stać się przedmiotem badań naukowych mających na celu ocenę jej bezpieczeństwa i skuteczności. We wszystkich przypadkach nowe informacje powinny być rejestrowane i tam, gdzie jest to stosowne, powinny zostać udostępnione publicznie.

Gdyby stosując opisaną przeze mnie metodę lub raczej metody udało Wam się uratować życie pacjenta z wirusowym zapaleniem płuc :

Jest to **gwarantowany artykuł, publikacja, nawet w Lancecie, jako opis UNIKATOWEGO przypadku.**

A gdybyście uratowali życie kilkunastu pacjentom? Zastynęlibyście na całym świecie jako polscy lekarze dokonujący czegoś, co dzisiaj można byłoby uznać za ... **cud medyczny!**

A to, jak sami widzicie, to żaden cud tylko wiedza. Nic więcej - tylko wiedza.

Prezentacja ta nie służy do diagnostyki lekarskiej. Jest tylko zbiorem informacji dotyczących wspomaganie leczenia bakteryjnego czy wirusowego zapalenia płuc z sepsą włącznie.

Sugestie zawarte w tej prezentacji są tylko i wyłącznie informacją, która może oczywiście być wykorzystana, ale każdy organizm może reagować inaczej.

Każde użycie opisanych substancji musi być skonsultowane z lekarzem. Autor nie ponosi żadnej odpowiedzialności za skutki zastosowania zawartych w tej prezentacji informacji

Drodzy lekarze, ratujcie ludzkie życie za wszelką cenę, bo... możecie. W szpitalach też!

POWODZENIA!

**Dziękuję Państwu
za uwagę.**

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