



**This info is shared with you for informational purposes ONLY!**

As a Medical Missionary, after doing my due diligence, I realized that many have already taken the jabs, and need access to info, to help restore health. Those who still have an intact immune system, also need help to prevent this bioweapon, from infiltrating and destroying their body autonomy.

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I shared discoveries made by researchers at [La Quinta Columna](#) (see [Orwell City's translation](#)) who found graphene oxide found in Covid "vaccines", masks and Covid tests. They also found parasites in the "P" jab.

Here is a quick summary, along with a recommended nutrition protocol for people who received the injections and need to neutralize the graphene oxide in the body.

**Graphene Oxide (GO) discoveries: ALL of the Covid-19 vaccines have Graphine Oxide as the secret ingredient. Remember Gates said there'd be a secret ingredient? It is very dangerous to your health.**

- GO fibres are in plastic masks.
- GO fibres are on PCR test swabs.
- GO is in all Covid-19 vaccines.
- GO creates thromboses.
- GO causes blood clots.
- GO disrupts the immune system.
- GO can trigger a cytokine storm.
- GO toxicity can instigate pneumonia.
- GO creates a metallic taste in the mouth.
- GO causes inflammation of the mucous membranes.
- GO produces a loss in the sense of taste and smell.
- GO is magnetic (especially at the injection site.)
- GO blocks detoxification in the body by blocking glutathione.
- GO may be activated by 5G frequencies.
- GO was already included as an adjuvant in the flu shots in 2019.
- GO passes thru the blood-brain barrier.

So graphene oxide can act as a solo trigger for most COVID symptoms. This is not a VIRUS or spike protein, but a chemical

warfare agent. They need this inside us as it's magnetic to use the 5G.

### **Nutrition Protocol To Deactivate Graphene Oxide**

(Urgent for all who were injected with the "Covid vaccine")

This nutrition protocol is a compilation shared by experts, including David Wolfe.

1. **Quercetin or Hydroxychloroquine (HCQ)**: Quercetin works like HCQ. One of its mechanism of action is that it blocks the 'virus' (with spikes around it) from attaching. These two supplements will help with spike protein damage and apply to most organs of the body but not all.
2. **Ivermectin**: Ivermectin blocks spike proteins from attaching to the cell membrane. (Alternative is Neem Oil.)

**COVID-19: DOSE PER POUND FOR PROPHYLAXIS PRE-EXPOSURE WITH IVERMECTIN FOR EXPOSED**  
**DOSE: 0.091 MG. PER POUND OF WEIGHT. 2nd DOSE IN 1 WEEK (7 D.), THEN REPEAT DOSE EVERY 2 WEEKS.**  
**IN THOSE THAT ARE TO PLACES WITH A HIGH VIRAL LOAD (HOSPITALS, MARKETS, TERMINALS AND SIMILAR) AND THEIR "CONTACTS" THAT ARE MEN > 50 AND WOMEN > 75, REPEAT THE DOSE EVERY WEEK (7 D.)**

**PRESENTATIONS AND EQUIVALENCES FOR EACH DOSE OF 0.091 mg. PER POUND OF WEIGHT or 0.2 mg. PER KILO**

WEIGHT		DOSE X WEIGHT	TABLETS of 3 mg. (if they are 6 mg. give half)	BOTTLE at 1% (10 mg. per ml.)	ORAL PASTE at 1.87%, with blue plunger (2.27 mg. per every: Notch, Teeth or 1/16")	
Kilos	Libras					
Formulas		Weight x 0.091	Weight between 33 = N" tab.	Weight x 0.0091 = ml.	Weight x 0.04 = N" notch and teeth, or N" of 1/16"	
34.0	75	6.8 mg	2 tablets	0.7 ml	3: 2 notch and 1 teeth	3/16"
40.8	90	8.2 mg	3 tablets	0.9 ml.	3.6	
45.4	100	9.1 mg	3 tablets	0.9 ml.	4: 2 notch and 2 teeth	4/16"= 1/4"
49.9	110	10.0 mg	3 tablets	1.0 ml.	4.4	
56.7	125	11.4 mg	4 tablets	1.1 ml.	5: 3 notch, 2 teeth = 1/2 measure	5/16"
59.9	132	12.0 mg	4 tablets	1.2 ml.	5.3: 3 notch, 2.3 teeth = 1/2 m.+0.3n	5.3/16"
68.0	150	13.7 mg	5 tablets	1.4 ml.	6: 3 notch and 3 teeth	6/16"= 3/8"
74.8	165	15.0 mg	5 tablets	1.5 ml.	6.6	
79.4	175	15.9 mg	5 tablets	1.6 ml.	7: 4 notch and 3 teeth	7/16"
83.9	185	16.8 mg	6 tablets	1.7 ml.	7.4	
90.7	200	18.2 mg	6 tablets	1.8 ml.	8: 4 notch and 4 teeth	8/16"= 1/2"
95.3	210	19.1 mg	7 tablets	1.9 ml.	8.4	
102.1	225	20.5 mg	7 tablets	2.1 ml.	9: 5 notch and 4 teeth	9/16"
106.6	235	21.4 mg	7 tablets	2.2 ml	9.4	
113.4	250	22.8 mg	8 tablets	2.3 ml	10: 5 notch, 5 teeth. = 1 measure	10/16"= 5/8"

With the Bottles it is recommended to use a 5 ml syringe to measure the doses more accurately. Take it after lunch or dinner. Do not take with fruit juice, lemonade or milk. In addition to Ivermectin you should take a Multivitamin that contains Zinc, Vitamin D, C and A, or give these individually. It is indicated to gargle and nasal washings post-exposure to places of high viral load.  
 Source: Aguirre Chang, Gustavo; Trujillo Figueredo, Aurora. COVID-19: Pre-exposure Prophylaxis with Ivermectin for exposed people. Research Gate. July 2020. doi: <http://dx.doi.org/10.12140/RG.2.2.12045.97765>

3. **Dandelion Leaf**: Dandelion Leaf Extract blocks spike proteins from attaching to cell membrane.
4. **Chlorine Dioxide (CDS)** or Miracle Mineral Supplement (MMS) Chlorine dioxide neutralizes and eliminates the spikes. You can [book a consultation](#) to learn how to use this safely.

*Between a blocker (HCQ, Quercetin, IVM, Dandelion, etc), and a neutralizer (CDS/MMS, Ozone, NAC), I prefer a neutralizer because it eliminates the spikes rather than merely blocking it. (I suggest) alternating this with NAC (in case there is Graphene Oxide transmission). I worry that the blocked spikes will*

*continue to circulate and reach the brain and cause all sorts of mental illnesses (Dr. Malone, Bahkdi, Tenpenny, Mikovits).*

*Most people prefer Chlorine Dioxide (CDS) to de-magnetize the body and NAC along with fennel and star anise teas or white pine tea. You can buy the seeds and stock up as the FDA is trying to ban some herbs and seeds.*

- Chlorine dioxide neutralizes the spikes.
- [NAC](#) or [Glutathione](#) neutralizes the GO, as well as spikes to some extent.
- For protection, I will alternate use of Chlorine dioxide and NAC. That is until I know more.

Summary of the Spike Protein and Graphene Oxide Detoxification Protocol via [David Avocado Wolfe](#)

*This is the updated [Nutrition protocol](#) to protect those who've been injected with spike protein, graphene oxide and mRNA. The same protocol is also useful to protect those concerned with the spike protein and graphene oxide shedding coming off those who've been injected.*

*We now have evidence of the latest injections containing: mRNA, spike protein, graphene oxide, SM-102, and numerous other potentially toxic substances. Also, some – but not all – injections appear to be higher in graphene oxide and some appear to be saline placebos.*

*We also have evidence that this protocol works as we are compiling the testimonials of numerous people who were hospitalized or injured after injection and have recovered.*

**If you know someone who has been injected and requires help, please provide them with this Nutrition Protocol:**

- [Coated Silver](#) (1-6 drops per day, depending on degree of exposure) (Coated silver blocks the sulfur-bearing protein on the spikes from entering the cell. Sulfur-rich amino acids on the spike protein interact with silver causing them to fold incorrectly).
- [NAC \(N-acetyl cysteine\)](#) (accelerates detoxification and is considered a producer of the super detoxifier glutathione in the body) Dosage: 1200-2400 mg per day on an empty stomach. NAC is recommended to detoxify graphene oxide and SM-102 (Luciferase). NAC is tough to find after the FDA recently made it illegal to purchase over the counter in the USA.
- [Zinc](#) (30-80mg per day depending on immunological pressure)
- [Vitamin D3](#)\* (10,000 IU's per day)
- Lypospheric [Vitamin C](#) (30ml, twice daily)\*
- [Quercetin](#) (500-1000 mg, twice daily)\*

- [Iodine](#)\* (dosage depends on brand, more is not better. Iodine is a product you have to start with small dosages and build up over time.
- [PQQ](#)\* (20-40 mg per day)

### **Shikimate Main Sources:**

- [Fennel](#) and/or [Star Anise Tea](#): These are also an excellent source of shikimate or shikimic acid (which is known to neutralize the spike protein)
- C60 (1-3 droppersfull per day): One of the issues we are seeing with those who have been injected is disturbances in their energetic field (magnetism) and hot spots of inflammation. C60 is a rich-source of electrons and acts like a fire extinguisher to inflammation and simultaneously (because it bio-distributes throughout the body) drives a normalization of electron flow throughout the body. In this category, we offer two products, the traditional C60 product\* is made by yours truly and the C60 SuperConcentrate\* is made by a carbon scientist friend of mine and contains a higher concentration of electrons. C60 is recommended to neutralize spike protein, detoxify graphene oxide and SM-102.
- [Charcoal](#) (2-4 capsules a day): Charcoal is the pre-eminent detoxifier and when taken on an empty stomach, works its way down into the intestines and activates a blood

purification process known as “interstitial dialysis”. Our Kohlbitr\* product is the premier activated coconut charcoal in the world and we also now offer the more gentle birch charcoal.\*

- [Citrus fruit](#) (especially blood oranges, due to their high hesperidin content — hesperidin is a chalcone like quercetin that deactivates spike protein)
- [Peppermint](#) (very high in hesperidin)

### **Superherbs to help disable spike protein:**

- [Schizandra Berry](#)\* (high in shikimate)
- [Triphala](#) formulations: In Sanskrit, the word Triphala means “three fruits”: a combination of Indian gooseberry (*Emblica officinalis*), black myrobalan (*Terminalia chebula*) and belleric myrobalan (*Terminalia bellerica*). The terminalia fruits are rich in shikimate.
- [St. John’s Wort](#) (shikimate is found throughout the entire plant and in the flowers)
- [Comfrey Leaf](#) (rich in shikimate)

### **Restoration of Minerals:**

[Black Oxygen Organics \(BOO\)](#)

[Zeolite](#) - Detoxing Spike Proteins



# The Zelenko Protocol

by

[Dr. Vladimir Zelenko MD](#)

## Fundamental Principles of the Zelenko Protocol

<https://vladimirzelenkomd.com/>

Treat patients based on clinical suspicion as soon as possible, preferably within the first 5 days of symptoms. Perform PCR testing, but do not withhold treatment pending results.

### **Risk Stratify Patients**

- Low risk patient - Younger than 45, no comorbidities, and clinically stable
- High risk patient - Older than 45, younger than 45 with comorbidities, or clinically unstable

### **Treatment Options**

#### **Low risk patients**

- Supportive care with fluids, fever control, and rest
- Elemental Zinc 50mg 1 time a day for 7 days
- Vitamin C 1000mg 1 time a day for 7 days
- Vitamin D3 5000iu 1 time a day for 7 days

### **Optional over the counter options**

- Quercetin 500mg 2 times a day for 7 days or
- Epigallocatechin-gallate (EGCG) 400mg 1 time a day for 7 days

### **Moderate / High risk patients**

- Elemental Zinc 50-100mg once a day for 7 days
- Vitamin C 1000mg 1 time a day for 7 days
- Vitamin D3 10000iu once a day for 7 days or 50000iu once a day for 1-2 days
- Azithromycin 500mg 1 time a day for 5 days or
- Doxycycline 100mg 2 times a day for 7 days
- Hydroxychloroquine (HCQ) 200mg 2 times a day for 5-7 days and/or
- Ivermectin 0.4-0.5mg/kg/day for 5-7 days Either or both HCQ and IVM can be used, and if one only, the second agent may be added after about 2 days of treatment if obvious recovery has not yet been observed etc.

### **Treatment Options**

- Dexamethasone 6-12mg 1 time a day for 7 days or
- Prednisone 20mg twice a day for 7 days, taper as needed

- Budesonide 1mg/2cc solution via nebulizer twice a day for 7 days
- Blood thinners (i.e. Lovenox, Eliquis, Xarelto, Pradaxa, Aspirin)
- Colchicine 0.6mg 2-3 times a day for 5-7 days
- Monoclonal antibodies
- Home IV fluids and oxygen

### **TRY TO KEEP PATIENTS OUT OF THE HOSPITAL**

#### **DR. ZEV ZELENKO**

- <https://www.sciencedirect.com/science/article/pii/S0924857920304258>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365891/>
- <https://pubs.acs.org/doi/10.1021/jf5014633>
- <https://vdm-meta.com/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7318306/>
- <https://pubs.acs.org/doi/10.1021/jf5014633>
- <https://www.sciencedirect.com/science/article/pii/S0924857920304258>
- <https://ivm-meta.com/>
- <https://www.nejm.org/doi/full/10.1056/NEJMoa2021436>

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7392554/>
- <https://www.medrxiv.org/content/10.1101/2021.01.26.21250494v1>

**Prophylaxis is an action taken to prevent or protect against a specified disease. Greek in origin, from the word "phylax", meaning "to guard" and "watching."**

### **Low Risk Patients**

Young healthy people do not need prophylaxis against Covid 19. In young and healthy people, this infection causes mild cold-like symptoms. It is advantageous for these patients to be exposed to Covid-19, build up their antibodies and have their immune system clear the virus. This will facilitate the development of herd immunity and help prevent future Covid-19 pandemics. However, if these patients desire prophylaxis against Covid-19, then they should take the protocol noted below.

### **High Risk Patients**

Patients are considered high risk if they are over the age of 45, or if they are younger than 45 but they have comorbidities, that is, they have other health conditions that put them at risk. These patients have between a 5 to 10% mortality rate if they are infected with Covid-19. These patients should be strongly encouraged to take prophylaxis against Covid-19 in accordance with the protocol noted below.

### **Protocol for Low and Moderate Risk Patients:**

Elemental Zinc 25mg 1 time a day Vitamin D3 5000iu 1 time a day Vitamin C 1000mg 1 time a day Quercetin 500mg 1 time a day until a safe and efficacious vaccine becomes available If Quercetin is unavailable, then use [Epigallocatechin-gallate \(EGCG\)](#) 400mg 1 time a day.

### **Protocol for High Risk Patients:**

Elemental Zinc 25mg once a day Vitamin D3 5000iu 1 time a day Hydroxychloroquine (HCQ) 200mg 1 time a day for 5 days, then 1 time a week until a safe and efficacious vaccine becomes available If HCQ is unavailable, then use the Protocol for Low and Moderate Risk Patients.

<https://www.Ncbi.Nlm.Nih.Gov/Pmc/Articles/PMC7365891/>

<https://www.Ncbi.Nlm.Nih.Gov/Pmc/Articles/PMC7318306/>

<https://Pubs.Acs.Org/Doi/10.1021/Jf5014633>

<https://Www.Preprints.Org/Manuscript/202007.0025/V1>

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