Strange Virus Infects Media and Science with Regina Meredith and Zeus Yiamouyiannis

Source: Regina Meredith

Regina Meredith and her husband Zeus discuss a myriad of pertaining to COVID-19 and the vaccines, including alternative treatments.

PARTIAL TRANSCRIPT:

Regina Meredith: Hi everybody. A lot has happened since Zeus and I did our last COVID update, which had to do with our own personal experience and all the practical things we used to get through it – most of which we spoke about in that show. But since then, a lot of things have happened both in terms of new research coming out, in terms of the delta variant spiking even further around the world, and also politically. And I think that’s probably what’s most disturbing to me. So we’re going to cover a lot of ground in a short amount of time. So hang on to your hats, let's go to Zeus. Hi Zeus.

Zeus Yiamouyiannis: Hello

Regina: So a lot of people got a lot out of our last interview. We received a ton of comments because nobody had just explained kind of the nuts and bolts on the ground what the options are with COVID very well. And people seem to resonate with that. So I first want to start by saying to everybody: I’m really upset. A friend of mine died yesterday. Christy died from COVID and she was in the camp that believed COVID didn’t exist – even though she was short of breath. She
was getting dizzy, wasn’t feeling well for days, and a mutual friend said to her: go get tested; go to the hospital; do something; you probably have COVID. She refused and and literally keeled over dead in the back of her brother’s car. Now I literally chewed her out after she was out of her body, because this was unnecessary. And this political discussion has to end. The fact is that the spike protein is very real. And I’m going to just share a little bit more about putting this whole thing to rest.
These bioweapons are nasty and they’re in our bodies. Whether you’re getting a vaccination that’s in your body or whether you’ve gotten COVID naturally as we did, it’s in your body. It’s going to be in most of our bodies around this planet. So Zeus I’m going to read a little something that has to do with this lab theory thing in a recent article that came out, before we really start diving into the current science of it. Is that okay with you?

Zeus: Sure

Regina: Okay. So this was from about a week ago – there was an article that came out. The primary scientists that swayed the public away from the notion this could have been a man-made, lab-leaked virus or spike protein, their emails were intercepted. So we’re talking about the main cast of characters including one of the key characters that was working at University of North Carolina, which we talked about before, Chapel Hill. This is where they were doing the gain of function research. So this is what it said:
Discussions between scientists Shan-Lu Liu and Linda Saif, both of Ohio State University, Susan Weiss of the University of Pennsylvania and Lishan Su, who at the time was employed by the University of North Carolina.
On Feb. 21, Weiss wrote to Liu: “I find it hard to imagine how that sequence got into the spike of a lineage b betacoronavirus- not seen in SARS or any of the bat viruses.”
Liu wrote back: “I completely agree with you, but rumor says
that furin site may be engineered…”

Weiss replied: “For me the only significance of this furin site is as a marker for where the virus came from - frightening to think it may have been engineered.”

It was much more damning, I just couldn’t read the whole thing. (Read the full article HERE)

The bottom line of that article was they indicated in their emails that yes they did have to consider this was a lab-created virus. And these are the ones that convinced the whole world it wasn’t. So let’s just put that to bed.

I think we can all agree now the spike protein is not made in nature. It is a bioweapon and it was made to hurt people: to spread quickly, to go deeply, and cause damage to the human body.

So with that Zeus, we’re back on together now. We need to speak about this. There are so many places to go from here, but one of them is let’s dig down into the research of what’s actually happening by way of the spike protein being inserted into us via vaccines. We’re also getting it naturally. Let’s just go ahead and talk about that for a moment.

Zeus: Let me just do a very short history of this, because even the Spanish Flu, which killed maybe 60 million people, 40 to 60 million people. Both the so-called swine flu and the epidemic that happened right after, the H1N1 epidemic in Russia and China, were all related to the military. They first broke out within soldiers. In every single one of them, there was a very simple relationship to bio weaponry. And it simply was this: if you save a virus out for a good 50 years, only the older people will have immunization to that. Right? Because it will have mutated through the decades. And then if you re-inflict that original virus onto young population, young soldiers, they can get sick. Right? And that’s what happened with the Spanish Flu. It just coursed through young populations. Now they didn’t have the
sophistication we have now. But they had enough knowledge to know that viruses mutated over time and that people lose immunity to the ones that are decades and decades old. If it’s 40 or more years old, it can lose it.
What they found with the Swine flu and the H1N1 that came from China and Russia, both of those connected by the way to the military, was that it was an older version. Right? That it could not have naturally progressed along that line, and so there was deliberate bio weaponry implications for that.

Regina: Right.

Zeus: Now we’ve changed the game because now we can make newer versions or purposely use genetic engineering to take all the worst parts. This is what gain of function research is: you basically take all the worst parts of viruses, you splice them together genetically to create a virus in this case that can be transmitted very easily through respiration, can get into your blood, and into your veins, and into your circulatory system – and gain a foothold there. And then another insertion, an HIV-like insertion, that allows for greater attachment and splitting the furin cleavage site you’re talking about into the cell.
So now we’ve gone from the old way of doing bio-weaponry, which is just to hold something out of circulation until immunization moves past it and then re-inject it back into in the population to kill off mainly soldiers and young people, to one now that has these specialized engineering splicings that go forward. Now the U.S. government has admitted that this was done in Wuhan in conjunction with the Chinese military.

Regina: And we did a report on that several months ago as a matter of fact. I don’t think that’s even up for debate anymore. Zeus: Right.

Regina: The stage has changed a little bit
Zeus: I think that’s what’s different about this is with gain of function research we’re now outstripping evolution. Right? We can’t go back to a form of virus, look at what vaccines and what kind of ways we had of dealing with that and maybe use that knowledge, and bring it forward. Now we’re actually catapulting things into the future, creating bugs that would never have arisen in nature.

Regina: That’s why I really wanted to bring this up. This isn’t something that arises in nature. And it’s not something that can be fixed the way we’re trying to fix it. And so the debate, which is another thing that really ticked me off, which is why we put this together quickly to do this today (I was going to do a whole different interview), is because Bill de Blasio, the mayor of New York City, came out today and said that public employees um have to have the vaccine he eliminated the option to get COVID testing. Now this has been floated in California as well, where you either have to get testing every week, COVID testing every other week or every week, or you have to get the vaccine. And I think in Indiana, it’s mandatory now in Indiana. So now we’re reaching that kind of horrific place we hoped we would never end up, because as you have well stated Zeus, the debate is not between the vaccinated and unvaccinated, the debate and the purpose of this report is between the immune and those who are not immune. That’s a big difference. And it’s a much more complex story than what you’re being foisted by the media. By the way, Donald Trump apparently was booed at a rally in the South because he was telling people to go out and get their vaccine. So strange bedfellows all the way around. Who’s controlling this narrative, right?

Zeus: Right. And I would add to that it’s not a left or right divide.

Regina: Right.

Zeus: There has been, as you mentioned with Christie, who was
more on that sort of right side of things, and politically at least aligned, thinking it was all just a hoax. On that side, I think that the major problem is ignorance, in the sense that not respecting this seriously enough to recognize despite what choice you make, taking steps to protect yourself and realize it’s real. And on the neoliberal side, fear and anxiety, which by the way is the second highest risk factor for this virus. Literally it’s just a couple hundredths below obesity and diabetes is fear and anxiety.

**Regina:** And we did talk about that in our last report on the delta variant.

**Zeus:** We did. But that one is driven by fear. And they’re using that fear and trauma to drive people to vaccines, much like, you know, the silly thing where the shoe bomber drove us to take all of our shoes off to give us some feeling that we’ll have safety, which has no real relationship to our actual safety. And vaccines actually have the potential, especially in certain populations, to have greater risk — especially young populations — than lesser risk. Now that could be the opposite when you get back into older populations, and we’ve talked about that too. We’ve had a very measured approach here. We haven’t been anti-vaxx or pro-vax. We’ve been pro, not only immune versus non-immune but pro-maximizing your benefit versus the risk.

**Regina:** Absolutely and that’s left to each one of us to have to do our own research to intuit how our bodies are functioning, our state of health, so we can make a proper decision. And the science is being eliminated. Now I want to say one person that stood up and said the problem here is nobody’s actually reading the science was a fellow named Dr Dan Stock, who I’m also going to be talking with. And many of you know his video that went viral in Indiana talking to one of the regional school boards. And he stood up and said you’re not being told the truth. And it’s up to you to protect our children, to do the actual research, and he gave some. And
we’re going to talk to him about a lot of this in another interview following this. So it’s really important to understand that people who are in high positions of authority are not following the science. And that’s what has me so upset here. So Zeus. Let’s go to natural immunity. Let’s go to the 17-year back SARS epidemic, and what happened when the blood analysis came in after their blood, 17 years later, was exposed to COVID. And start talking about natural immunity from people previously infected. And then we’re going to go to immunity with vaccines and then we’re going to go to the most vulnerable groups and look at the best way for each of us to approach this.

**Zeus:** Right. If we had the best of all worlds, we’d be protected from the initial infection. T-cell immunity provides an initial, oftentimes if you’ve had something similar to that in the past, a coronavirus (even colds are coronaviruses) that SARS-1 coronavirus has been shown 17 years later to give some memory, t-cell memory immunity to SARS-CoV-2 – the one that underlies COVID19. In your natural or innate immune system, your body uses a much more comprehensive approach. The first-line defense that prevents the viral replication from happening in the first place and a whole kind of comprehensive system there. And then an antibody IGG / IGA antibody defense mechanism that helps to clean up if those viral replication really begins to hit. It turns out I think, it’s like 20 percent of people, a decent number of people who were exposed to SARS-CoV-2, the COVID19 one, didn’t have an IGG or antibody response. It doesn’t mean that they have an inept immune system. It means they actually have a very much better one; they have a one that is so good at fielding it from the outset it’s really preventing the virus from replicating that much. Now they had enough virus in there to be tested positive on these PCRs, okay?

**Regina:** But not enough to kick in a full antibody response. At some point we’ll be looking at that – your IGG antibody levels
that can be read for anybody that’s already been infected with with a COVID is one metric of analysis for what your natural immunity is doing. But that can go away over time. But it doesn’t mean your immunity has gone away because you just talked about the t-cell response. So let’s go into that just a little deeper Zeus.

**Zeus:** Yeah the t-cell response. I read some articles claiming that vaccines can help to evoke some degree of immune or t-cell response depending on the virus. And that’s a really, really critical factor depending on the virus. Vaccines themselves have been a lot more slippery. It looks to me like vaccines have presented significantly more risks in that. I wouldn’t say significantly in some cases presented more risks. Now dengue, by the way, people who’ve gotten dengue end up having cross-immunity significantly, statistically significant cross immunity for SARS-CoV-2. And this was surprising to them because it was a different family of viruses, which only reinforces the notion that natural immunity is a lot more comprehensive as well as a lot more long-lasting than we thought. With vaccines, it’s much more like trying to hit a target. If that target either moves because the virus mutates, right, or you’re a little bit off, you miss it. Natural immunity is more like hitting the broad side of a barn.

**Regina:** Okay, all right. So let’s go back to the study where they took a very very large sampling, thousands of people that had the original SARS 17 years ago and then they took some blood (drew blood) and exposed their blood to the new virus, the COVID-19. And what were the findings on that? Because this is an 80 percent match genetically to the original virus – 80%. Now just to put that in perspective, the delta variant is 99.7 percent the same as the original COVID we got two years ago, right? A year and a half two years ago. Very, very tiny variant. The variant is a very tiny variant.

**Zeus:** Well... when it comes to a natural or comprehensive approach it’s not nearly as significant
Regina: Yeah.

Zeus: The one part that’s changing then, all of a sudden I like I said, that target’s beginning to move. And you may be hitting at a previous target that’s no longer there.

Regina: So this experiment, that one we’re talking about, what were the findings on that?

Zeus: There was significant, significant cross-immunity. I mean a statistically significant cross-immunity SARS-CoV-2. Not only SARS-CoV-1 but a whole host of coronaviruses. Some people have never been exposed to SARS-CoV-1, and 20 to 50 percent of those people have cross-immunity or cross-reactivity with regard to SARS-CoV-2 – the one that underlies COVID-19. So it wasn’t that long ago where even the biggest experts and the consensus was that there was no memory at all within our innate immune system. And now we’re finding not only is the memory there, all right because I was looking and I was looking online, but I was also looking in textbooks they’re like no memory or very limited memory. And now that consensus has changed because the science has shown with greater accuracy and being able to pinpoint that in fact, the natural immunity does have significant memory and this is just one example of that. So I use this in two cases: one to show that natural immunity has certain benefits that are not being seen because it’s much more comprehensive and integrated. It’s a lot easier to study a very targeted thing, but also to challenge the notion of scientific consensus – especially when that consensus is captured by industry for purposes of profits. You do not make a profit off of natural immunity. You do not make profits off of healthy people. This may seem like a truism, but if you are a company wanting to make a profit off the pharmaceuticals, you need the problem to exist for you to make your profit.

Regina: Well this has gone so far Zeus and you and I both read this article the same day a couple of weeks ago. It was so
upsetting where the FDA made an announcement to the public suggesting that they do not get an antibody test. I thought wait a minute, if you want to find out if you have immunity you would want to have an immunity test. You’d want to have particularly the IGG longer immunity test and to see that you are producing those antibodies. And I thought why would they do that? Why would they tell us to remain ignorant about our own immune status? That is very worrying to me because one of a couple of things is happening: either they don’t want people to know they are immune and thus do not need these shots and boosters in that case; or if they have had COVID 19 vaccinations, they might find that the immunity is wearing off – because they are finding it seems to be waning and not particularly effective against the Delta variant in terms of spread and minor infections. So the Delta doesn’t seem to be as deadly in terms of the death rate and all of that, but especially young people.

Zeus: But it is becoming more deadly to people with vaccines.

Regina: That is correct because you have a viral overload.

Zeus: I want to make be measured about this because I don’t want this video to be challenged scientifically. It still looks like people who are unvaccinated are the ones getting hit the worst overall, okay? Now it does appear that people who are exposed to the COVID-19 virus and recover from it are in better shape – longer-lasting immunity (now nine months and counting) versus the immunity from the Pfizer vaccine that is diminishing after six months. In terms of hospitalization and being reinfected, you know very very low on that. Hospitalizations – still better than unvaccinated. Unexposed people so far but that number is going up.

Regina: Right.

Zeus: The hospitalized vaccinated people is going up amid the Delta variant. The delta variant has put a real challenge
because the original vaccines were targeted toward a spike protein. Again that spike protein is mutating and these new vaccines aren’t as capable of that. When you have natural immunity you’re not just targeting the spike protein, you’re targeting not only the whole protein itself, the whole virus itself, but you’re having all these cross-references from all this cross-immunity from similar viruses, rightm also inputting into your immune response. So you have a more comprehensive or integrated approach.

Regina: I hope you’re enjoying this video because if you are there are dozens more like it on my site – all supported by people like you. So if you’d like to keep this work rolling in and join our community, just click on the Patreon button at reginameredith.com. That also gives you access to insider commentary, my live book club, and other live events with special guests. So join in. Thanks. So Zeus, let’s go to what’s actually happening, and well, for example, since we last talked the Barnstable, Massachusetts study came out. That was kind of leaked out through the CDC, which essentially showed that 75% of the people getting COVID were double vaccinated, fully vaccinated people. And of the hospitalizations of which there weren’t that many, 80% of them were vaccinated people. Tiny study, but it was significant to look at trends.

Zeus: It was from the CDC itself – it’s from the CDC webpage. This is not some kind of alternative thing. It was an actual study and data from the CDC on a CDC web page. It wasn’t what they wanted to have out there, but they had to release it after a leaked slide show.

Regina: What we’re working our way toward is saying look: every one of us is in this together: unvaccinated, and those who are vaccinated, and those who have already had COVID. All these groups are all in this together. We need to look at how we’re going to contend with it as a species, and that is our interest. But we need to lay the foundation for it. So let’s
look at what happened in Israel okay? Go ahead and give the stats on Israel.

Zeus: Well in Israel, they had a study within the last month or so – maybe month and a half – which showed... Israel is a great test case because it’s in a developed country, has very rigorous statistics, and does studies and testing for its population. Almost all of their population took the Pfizer shot. So you had that consistency. 80 to 85 percent of them, I believe, of the adult population anyway had that vaccine. So they were at a level where they should have reached hurdle immunity if the vaccine was effective. And then along comes this Delta variant okay. But even before the delta variant – the Delta variant just accentuated everything. What they found was that the efficacy of this Pfizer vaccine was reduced significantly. It went from 94% at the beginning and it went all the way down to 39% in this particular study. What’s more interesting is the people who got it (the vaccine) initially in January, the first one’s getting, it it went down to 16%. That’s 16 percent. So if you look at month by month, the longer you went from your actual vaccination to the present day it went from 16%, something like up in 30 or 40 percent, and it got up to like 75. But those who were once you know very close by had been vaccinated. What this shows us is that it will provoke a response, and if you’re older with underlying conditions, that initial response may be enough to aid your rather weathered innate immune system to deal with the symptoms and to deal with the challenge of this – what we think as a bioengineered virus. So there’s some case to be made for there, but it’s not a long-term case and certainly, for young people, there’s not a case because their risk is so low. And the possible complications and side effects are significant enough to make a different calculation there.

Regina: And I think what’s disturbing here is that Pfizer itself said these are not as efficacious as we thought they would be. It appears that it’s going to be beneficial for you
all to have yet a third dose of this. So they’re stating this is not working as we expected and the FDA said good, we’ll approve it. And I think that’s happening what today, tomorrow?

Zeus: They were initially going to approve it for people that were immunocompromised and people with underlying conditions that were older. And now they’re just trying to get blanket approval across the board.

Regina: I think the FDA is set to approve it this week, but the point is even Pfizer says this isn’t working. The Israeli statistics show it isn’t working. And then talk about the U.S. statistics. I’m not saying not working at all. It’s not working in the way they originally had thought it might work, which was to stop transmission and create stability in the population of the spread. That part’s not working at all.

Zeus: It’s not working at all. The Barnstable County study, this happened in July, early to mid July, and was reported in late July – so this is very very recent. It showed that again 75% of the people were double vaccinated, four out of the five people that were hospitalized were double vaccinated. And here’s an interesting story too: over 50% of those people who were double vaccinated were symptomatic. So it wasn’t even producing symptoms. So now they’ve changed the ball – the whole game. They were selling it as protecting you from getting infected. First of all, you can’t with respiratory viruses. Dr Stock will show you that that’s not really possible, okay? You will be exposed to it it’s just gets out there. Then they said it was going to protect you from passing it on. We challenged that way back when and I said there’s no study showing that to be the case. Turns out it doesn’t neither of those things.

Regina: Well in fact, in the U.S. isn’t the statistic also similar: down to 42 percent efficacy?

Zeus: The 42% was again through The Defender, which is RFK
Junior’s site: The Children’s Health Defense. Now it’s very scientifically valid, but it’s oftentimes labeled as anti-vax. So take that for what it is. But usually science doesn’t get addressed that much just as with the FLCCC because the science is good. This 42% again – Pfizer, Moderna (Pfizer more so), the Pfizer vaccine is the one here in the United States that very much mirrors Israel. Israel is 39%, the United States is 42%. What was interesting about the Israel data is that only one percent of the new cases where people had, I guess you would say been exposed or tested positive for COVID-19 or for the SARS-CoV-2 virus, 40% of those people were ones that were vaccinated. So what we’re finding is that as this complex disease develops, because COVID-19 is springing out of a whole bunch of variations and mutations, we are seeing advocacy of vaccines dropping, the longevity of the effectiveness of those vaccines beginning to drop as well. You can still make the argument it’s better than not being vaccinated, but it’s very hard to make the argument that it’s better than natural immunity. The question then becomes will gaining that natural immunity which requires natural exposure – will that be too much of a risk for you?

Regina: Right and that is that is the question.

Zeus: It’s a personal choice and the problem with the personal choice now is that it’s being eliminated. Not only are they’re not even allowing you to be tested, and here’s the thing that drives you and me crazy: there’s no immune passport and recognition that natural immunity by and large is superior, longer lasting, and should be given actually more weight.

Regina: And what’s upsetting is this isn’t even being brought up in any media that we’re seeing. We’re seeing virtually nothing that says “wait a minute – shouldn’t we be looking at immunity; isn’t that the point here?” Very logical, very simple, very direct – tests can be done. They’re right there – antibody tests are available to anybody and are being completely being ignored in the media. Well we don’t have to
Zeus: It’s the most expensive, highest grossing, highest profit drug ever made.

Regina: So that’s your story. I mean that’s really at the heart of the story.

Zeus: I want to liken it to the war in Iraq. Because what ends up happening, as with these drug companies, the more sick people have and the more your vaccine actually doesn’t succeed – just like if you don’t succeed in winning a war and it just drags on forever – that produces this guaranteed locked-in profit source.

Regina: Absolutely.

Zeus: So, there’s no real incentive to create a successful vaccine, even if you could, because if you did – bam. What now are you going to use it for? You have to move on, you have to do more research and development, more expense, whereas these you make little tweaks. And each little tweak becomes a newly patented one.

Regina: It was newly approved in spite of certain issues, major issues.

Zeus: This is where I find the most criminal thing that has happened. News media is to blame for it, social media is to blame for it, big science, big pharma is to blame for it. There is yet to be, a year and a half later, a single recommendation for at-home therapy when you have actually contracted COVID19. It’s almost like the subtext is tisk tisk, you should have gotten a vaccine. What they gave to president Trump back in October of 2020 were the very things that big
media is going against and calling pseudoscience now. They gave him zinc. They gave him aspirin. They gave him Vitamin D. All of these had already had research showing they had significant reductions in mortality and symptomology. They gave him melatonin. They also gave him stuff we can’t have: like Monoclonal Antibodies from Regeneron. And they gave him Remdesivir which we now know doesn’t work and is no longer recommended by the WHO because it doesn’t work. They gave him dexamethasone. And who was at the front line of that? FLCCC’s Pierre Kory – the one that you mentioned – and they were trying to shout him down. And now we know that that stuff works. And they also gave the thing in pepsin, pepcid, which you know has some degree of efficacy. And still to this day they will not admit that these alternative therapies, especially when you’ve gotten it and there really is nothing else. You can’t get an immunization or shot against something you already have. They still won’t do it. If anyone comes at you and goes follow the science, I’m seeing this thing on Facebook, it’s horrible. It says I got vaccine, why haven’t you you f*ing f**er. You know, it’s like they’re basically saying you’re an idiot and using this the f word. And I said look, the Lancet magazine, one of the foremost medical journals in the entire world, published a study so-called debunking hydroxychloroquine. And it turns out it was a complete and utter fraud. Lancet had to retract it with a mild mea culpa. Nobody said look at these anti-science people trying to debunk hydrochloroquine. No! There was no consequence and no mention of it in the media. Okay? These people were wrong, they were wrong and yet there was no consequence for it.

Regina: But in my opinion Zeus, as you said it earlier, it almost constitutes a criminal conspiracy to publicly withhold information that the very things that can help you either not develop symptoms, or once you develop symptoms manage them, and even once you have COVID manage COVID to completion, as we did, back to good health. That’s a conspiracy to keep that
information away from the public – almost across the board. I’m really depressed over this because of the disinformation that is confusing more and more people and to now think considering a third shot.

**Zeus:** Right and what we saw with Dr. Huff is that these – we have to understand about the vaccine is that there’s a nanoscience to it, which we have not tested, that slips it easily into your cells. The vaccine is slipping these very, very, some people would say deadly, but certainly cytotoxic spike proteins into your cells. And it’s tricking your body into producing more of them. According to his research, these things then get stuck on the inside of the capillaries, your circulatory system. And we already have something called VITT (vaccine-induced immune thrombotic thrombocytopenia) or something like that, which basically is vaccine-induced clotting. Now they saying that it’s happening to just a few people. So we’ll take that under advisement. But what this doctor said was that yes those are the major clots, the ones that can be recognized, but they could conceivably also create micro clotting,

**Regina:** Okay Zeus, now I don’t remember the doctor’s name because I’m terrible with names, but I’m sure you do. It’s a long show we listened to recently, and he was talking about the fact that when they examined the blood of people, and this includes people vaccinated, what they were finding was that there were these micro clots. You mentioned the big clots earlier, but there were these micro clots going on. Let’s talk about that for just a moment before we start going into solutions.

**Zeus:** The doctor’s name is Dr. Charles Hoffe, a family physician from British Columbia. His basic thing that he was talking about is even though these larger blood clots are rare among people who’ve taken various vaccines, in his practice 62 percent of the people who have been vaccinated have microscopic blood clots, as determined by D-Dimer tests, which
measure risk and measure possible morbidity or untoward effects that were happening on much more the micro level, at the capillary level. Again that’s according to him, in his clinical practice.

Regina: And what were the repercussions of that? What would be the repercussions if that is more largely involved than we understand at this point?

Zeus: Well the repercussions are that you could begin to develop cardiopulmonary problems, as you did Regina in our other video. You showed your oxygen efficiency is going way down, your heart rate is going up. And (with the micro-clots caused by the vaccine), you’re creating, if this doctor’s explanation is correct, you’re creating sticky points that create clotting on the inside of your veins. It could be a little like the plaque that happens in cardiovascular disease, the fatty plaque.

Regina: It’s a different kind of what would be the effect of plaque buildup potentially.

Zeus: Yes.

Regina: It is showing in some people, but it’s still early on. So this takes time.

Zeus: Right but just like with the plaque, there are important steps to take with this because there are ways and therapies that can help deal with the plaque. They’re called fibrolytics – they break up this kind of horny spike proteins that may be sticking to your capillary cell walls, in the inside of your blood vessels. So that again is where we need to begin to focus on, because whether they come from vaccines or from the natural exposure to the disease, we need actual therapies that will allow for greater healing – much along the lines of Dr Bruce Patterson who’s doing COVIDlonghaulers.com and finding out all the ways we can bring together to help people get over long-haul COVID. Whether or not it may be vaccine-induced or
vaccine-related, it may be the natural one, but again we know now that there is never gonna be any hurd immunity here. So we have to focus on therapy. So Regina, take it away because you’ve had personal experience with it.

**Regina:** Okay so I have show and tell going on. First of all, this is not to be construed as medical advice. I’m just showing some of the products we bought and what our doctors recommended to us. And again, these are the lumbrokininase, which are the anti-fibrin products. This is the one we’ve been taking no one can pronounce: Bolouke. However, you want to say it. So there it is. You get it on Amazon and other places. And here’s a Doctor’s Best version. This costs half as much as this (Bolouke), but I know this one (Bolouke) has really strict quality control and clinical studies. So we have a bottle of each. Okay? So when I actually had the worst of the symptoms, I was told by a doctor I greatly respect to bump it up to six a day. And then for maintenance, the doctors take two, they themselves take two a day. I’m still taking two a day because we don’t know how this is going to react in the body long term. Zeus if you want to tell your own point of view on this particular thing because whether we’ve had vaccines or COVID, we have the spike protein in the body and we do have to start dealing with the potential of any kind of micro or macro clotting going on. So i’ll toss it over to you.

**Zeus:** Well with regard to safety on these or what’s the question?

**Regina:** These are natural supplements. Now my sister was in cardiac care her entire life and she looked at the label because she’s not into alternatives. She said oh this is very similar to a pharmaceutical that we give our heart patients anyway. So this is a technology that is recognized in general. This just happens to be the over-the-counter natural version of it. This particular one is produced by silkworms.

**Zeus:** Right I mean fibrolytics basically are those things that
in this case naturally because it’s naturally derived go through and lumbrokinase anything that ends in ase is an enzyme.

Regina: Yes.

Zeus: And enzymes have specific functions and if you’re a lytic enzyme right. Lytic means basically lysis right — which means splitting. Right? So what it’s doing is it’s splitting up proteins or it’s splitting up material. And in this case it’s going to be splitting up that kind of clotting; it’s going to be splitting up those fibrous formations in your body that in this case are maladaptive. Right? That go against your health. Your body is being basically tricked. That’s the most condemning thing about COVID-19. It is tricking your body into doing a whole bunch of things that don’t serve its own health, but that at least in the short term serves the virus. And it’s even getting into immune cells by the way and then messing up their ability to recognize. So these therapies come in to clean up a lot of the effects of the original virus and COVID. People, again I have to stress this: the deadly effects of this don’t come from the initial virus. That lasts for about a week. The deadly effects come from the after-effects of dysregulating the immune system and creating these things like these build up on the inside and this clotting and cytokine storms and inflammation. That’s what’s been deadly you know. So that’s why therapies are so important — therapy like this....