How the S-Spike Protein Can Activate Chronic Illness (Including CFS) and the latest way to normalize the natural immune response Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Dr. Saleeby's Background

– Welcome to this episode of the Long Haul Chronic Fatigue Summit. I'm so happy to have with me today. Dr. JP Saleeby He is very involved with the F. L. C. C.

C. He spoke at their conference very recently and we're in for an educational treat today. I'm just so happy you're here. Dr. Saleeby – Well, thank you and let me tell your audience a little bit about me. I was trained in Alpa thick medicine in a very old traditional medical school in Georgia and I practiced emergency medicine for some 15 plus years. During that time in the late 90s, I knew there was something better as as you're aware as in your practice.

And so I went on a journey if you will. That took me to where I am now, which is 100% functional medicine. Integrative approach to taking care of folks.

I retired from the emergency room, you know, formally and officially in 2012. So now I do completely 100% DPC direct primary care practice in functional medicine.

And I have two centers in south Carolina near Myrtle beach and near Charleston and in a virtual presence in the North Carolina and actually cover six midwestern states.

I have a number of nurse practitioners and PS that work with me. I think we're totaling seven or eight now and some of them were remote and so we cover a pretty big geographic area.

And yeah, okay, I became involved with the F. L. C. C. C. In an attempt to help with early treatment and then also when vaccines were called into question have been very vocal about that.

– Thank you so much Dr. JP So let's start by telling the audience about the spike protein and why it is so pathologic. – Yeah so the spike protein on the corona, the current coronavirus variant that we're dealing with now is you know one of those little projections that you might see on those electron microscope pictures or some of those cartoons and that's what has the affinity for certain tissues.

It adheres to a receptor and ace two receptor on all of human cells. There's been identified about 72 different tissues in the human body that the spike protein tends to go after.

And then that's why there's a plethora of symptoms and side effects associated with the spike protein pathology. Or we call it a spy cop athey, its a new term we derived two to identify this. But you know it affects folks differently actually.

Spike Protein Pathology and Tissue Impact

You know there is an effect where females are more sensitive than males. And it has to do with the female immune system. The female immune system is a little bit more reactive probably for some obvious reasons about procreation and all that but they're also more sensitive to autoimmune.

So more women suffer from autoimmune disorders. And the spike protein pathologies tends to exacerbate that or increase one's risk for autoimmune and activation of underlying both. Occult and overt infections, chronic infections kind of like born illness and mycotoxin illness and a few other things.

Chinese you know that that started in Asia um and compare it to the spike protein associated with the you know SARS Cov two. It's about 10 times more potent or more deadly or you know more pathologic.

So you know we can take some lessons from the old infection from 20 years ago about what it's done with even let's say type two diabetes there's been a increase in Type two associated with SARS COv one and that's been shown to occur even 10, 12 years out from the initial infection. And there's a big study in china looking at those that were infected and those that weren't in the incidence of diabetes has risen now we're expecting that and some because of the potency of this current s one spike protein and um and I'll talk a little bit about S. One and S.

Two and how they kind of interact with each other. But you know we can expect some more detrimental effects long term. So this is not a short term issue, this is gonna Gonna be with us for decades probably.

– Right. And then would you say that's also the case because the spike protein is always mutating. It's not just the same is always changing. – Right? Yeah. And we don't know what those changes will you know will make them more more harmful or less. We don't we don't really know.

But part of our defense mechanism which was supposed to protect us and it did in SARS Kobe one there's something called Furin and trips and that will help break the S.

Spike is that little big spike protein. The S. One and the S to the S. One is responsible for attaching to the receptors on all of ourselves. The S two part actually pulls the virus closer to the human cell so they confuse and then the M.

RNA from the virus is then injected into the human self for instance. So with other coronavirus is we have a defense mechanism. It's a it's a protein called Furin and there's another one called trips in.

And what they do is they cleave and separate the S. One and S. Two. Unfortunately with the current virus, the SARS Cov. Two it makes it more pathological not less.

So that Furin cleavage will actually make the virus as one spike protein more pathologic for human cells. That's real unfortunate. – Yeah. So can you tell us about the different sites that the spike protein attaches to and what that causes.

What kind of diseases are we seeing? – Yeah. So it's right to date. And this may change with more research there's about 72 tissues or organs that are affected by the S1 spike protein that, sorry.

That will cause a myriad of different signs and symptoms. I mean it's amazing the number. And what we're seeing is with acute covid is one thing, but then you have post acute, which or or a continent continuation of a longer course of Covid, which is called long covid long haulers or something called post acute syndrome. And we call it a syndrome versus a disease because it is kind of syndrome. E I mean it's not any one particular thing and it affects folks the folks out in the field at home who get covid infection is about 30% of those will go on too long haulers or even post Covid syndromes, 50% of hospitalized covid patients tended to develop long haulers.

And what we're seeing is kind of an overlap with other diseases or the chronic illnesses whether it's recognized like over like, you know, you have that diagnosis of like say Lyme disease or if it's a cult where you don't realize you have it like a micro toxin illness, Somebody just doesn't realize they live in a moldy house and have issues. But we're seeing things with, you know, lime and mycotoxin illness and um M. E. F.

S. Uh CSF. In other words, that's myalgic encephalomyelitis or it was formerly known as fibromyalgia and chronic fatigue syndrome. You have issues with folks that are laden or burdened with heavy metals.

A lot of autoimmune illness and there's about 100 and 25 different autoimmune that can be affected viral burdens.

Long COVID Symptoms and Systemic Effects

with cancers can all be affected in a very negative way when it comes to the spike pathology and um you know you asked about symptoms and signs. Well there's a whole lot of them things like headache, brain fog or a decline in people's executive cognitive function.

Clotting disorders is a big one and that's what takes people out a lot, especially if they've been hospitalized. Where you see these sudden sudden deaths that may be arising from the spike pathology with increases fiber in in in clots, micro clotting. You have acute M. I.

S acute heart attacks, strokes. It's also been associated with sleep disorders are insomnia, lightheadedness. And that could be related to something called pots which is you know, a tachycardia syndrome with a heart rate.

You can see elevations in blood pressure as you can see spikes and blood pressures of people who are normal intensive people who have never had a problem with hypertension before.

All of a sudden their blood pressures are really high whether they're symptomatic or not. Also dysrhythmia as you see, folks with by gemini or atrial fibrillation or some kind of rhythm disturbance cardiomyopathy. These um affecting you know, inflammation of the heart tissue, a lot of neuro inflammation um especially in my practice.

And so I have a large body of people with chronic Lyme disease. I'm seeing a lot of neurological stuff, not so much the cardiac that other people are seeing in other practices, but this autonomy to the autonomic nervous system being affected and that's part of that pots thing and some other issues.

We see dis regulation of our hormones and that's pituitary. You know, adrenals, thyroid gonna tell hormones. We see disruption of our immune system and metabolic disruption.

So you see things like, you know, diabetes and and things like that and of course the common one is fatigue. So this is horrible fatigue that seems to last associated with the sense of smell loss and discussion, which is the loss of taste. That those things can persist.

Tinnitus, like ringing in your ears, that kind of stuff. And what should not be ignored is mood disturbances And psychiatric depression and anxiety, especially anxiety disorder.

We're seeing a lot of that with folks. So that's just kind of the tip of the iceberg. There are people identifying over 200 different signs and symptoms of what this spike protein pathology can do. – Right? So because it's very inflammatory, so that it binds to a number of different receptors all over the body – Right? – Blood vessels.

Then it can cross the blood brain barrier. I think that's what you're talking about with regards to the executive function in the anxiety decline. Even I'm seeing a lot of neurological symptoms to more than that more than the heart.

Just because we also work with people who have chronic line. – Right. Right. Yeah. I think the ability to cross the blood brain barrier the ability to disrupt the endothelial lining of tissues and potentially eight I like to use the word potentially ation or potentially eight you know, clotting factors, clotting disorders and also potentially eight.

You know the underlying chronic chronic lyme borrelia BBC a bargain Ella, all the co infections. Epstein barr people with um you know you see it sometimes people with like shingles manifest because it's activating their shingles again um or you know these conditions they call them um you know covid fingers or covid toes or these weird rashes that seem to pop up. So but yeah it's pretty nasty little and you know little spike protein. – Right.

So it's actually systemic disease we call it long Covid we have we give it one name but actually I'd say it's multi factorial is many, many diseases caused by this one nasty. – Right. Right. And I think probably in the future in the next 3 to 5 years I think the long covid terminology will kinda dissipate and be replaced with something like post acute covid syndrome or they call it post acute sequelae of covid right now. I don't particularly like that diagnosis, but that's the one that has a code. So we use it.

But you know, it's multifactorial, it's multiple layers and we have to kind of maybe get away from like looking at it so narrow focus that it's just that one thing causing it. So that just that covid, I think it's a combination and that some of my sickest patients are the ones that have, you know, multiple diagnosis is associated. – Right?

And so it makes us more susceptible to other infections or it'll sort of activate infections that were dormant, That immune system could keep in check.

– Right? And so I think part of the immune dis regulation the immune system has taken a major hit. Whether it gears it up to where it's oversensitive and you develop autoimmune or whether it knocks it down a bit and then you're susceptible to a myriad of other infections and cancers too. – Right. I'm seeing both of those things happen simultaneously.

Just like we do in chronic lyme or post line where we've got auto immunity, this hyperactive immune system and at the same time there's there's a dampened immune response and I think the spike protein is causing that for sure.

– Oh yeah, absolutely. And it's playing havoc on the mental health of our patients to, I mean it's bad enough when people have chronic Lyme or Euro borelli aosis and they have like even psychiatric like schizophrenic manifestations of Lyme. It's bad enough dealing with that.

Now you have to deal with you know another layer of psychiatric or neurological illness whether it's you know movement disorders, twitching you know on involuntary movements and or you know depression and anxiety and cognitive decline for sure what looks like Alzheimer's. I was talking with Dr. Godse who's a neurologist in Texas and she had this really sad case of a middle aged person who was suffering from disease. You know prion illness.

I mean rapidly declining to the point where you know she was talking about postmortem and I'm like whoa wait a minute you're still treating that patient.

She says well they're beyond, you know of course they were diagnosed by mainstream neurology as having Lewy body dementia but you know this spike protein is and so she was talking with Dr. Cole about you know the process of doing a postmortem to check for the spike empathy issues with that particular patient. But it's very sad because there's not much you can offer with C. J. Disease – Right?

Yeah I think there's not enough attention given to the spike protein crossing the blood brain barrier right? And how to how to deal with that, – How to mitigate that. Right. – Right.

– So I'm not sure what therapies that you use in your center so much. I mean I tend to follow the basic foundational F. L. C. C. C. Protocols and they were just recently updated Paul Merrick updated that. He's very cautious so he doesn't put anything in there that isn't backed up by good science and published reports.

So hence it's kind of slow in manifesting itself. But I think it went through an update November 2nd and it's posted on their website. So they have a you know a long haulers and acute protocol.

Immune Dysregulation and Neurological Complications

They have different protocols in hospital outpatient stuff but there are some things I do in addition to that so that forms the foundational you know intermittent fasting and I've ever met in and um sperm 18 and trans resveratrol all the whole collection of things and sometimes we do have to throw the kitchen sink at folks to get them through that healing crisis and then we can back off.

But some of the things that I've found helpful especially in the very resistant folks are the folks that have multiple layers of other chronic illness are you know low dose naltrexone. I lean on that heavily.

It's not very good in the acute phase because it takes a while for that to kick in and you have to titrate up the dose slowly over the course of weeks or even months.

But low dose naltrexone is inherently anti inflammatory so it helps with all those inflammation things. It helps modulate tumor necrosis factor alpha TNF alpha I. L. Six I. L.

One B. And then it's one of its mechanisms of actions is on the toll like receptors affecting 4789. And in the same time LDN will help increase your endorphins and Heflin's.

So it makes for better mood. I mean there are some case reports of LDN use for M. D. D. Major depressive disorder. So it blankets a large number of issues with folks in their health.

And I don't know if you're aware. The L. D. N. Research trust out of the United Kingdom has just now published their third volume book. It's called the LDN book. Volume three is due out this month I think towards the end of this month will be available on you know like amazon and Barnes and noble sites. And that was written I got an early copy.

I contributed a chapter on longevity but there's yeah there's a chapter on specifically dealing with long covid in there which was timely. So that's a good read for anyone in the audience.

The other things that I've leaned on um in addition are peptides. So healing peptides like BpC 1 57 TB four frag or in combination for the neurocognitive stuff I've used uh see link and see max in the form of nasal sprays. That seems to help sometimes things like oxytocin nasal spray will help with people but it's kind of a 50 50 thing.

And also something called synapse in which is a nasal spray is sometimes helpful when it works. It really works when it doesn't, it doesn't, you know, it's kind of trial and error. People always ask me about tinnitus.

I mean that's like this really hard thing whether you have covid or not, if you suffer from that disorder that ringing in the ears, it's a hard thing to treat. And sometimes the oxytocin will help.

Sometimes it doesn't. But there's some good reports that some of these Nasal spray peptides might be effective. So I do that. And then when we recently started embracing methylene blue, methylene blue is a very interesting compound. It was probably one of the first pharmaceutical medications from late the late 1800s, it was created as an industrial Dia blue dye and then they used it to stain slides, looking at pathogens and noticed that, oh, you could actually stain a parasite or a microbe and actually see the insides.

And then they noticed that those microbes were dead. I mean it killed those parasites. So it became an anti parasitic. And it was one of the first medications, I'm not talking about herbals that were used by indigenous healers to treat malaria. I'm talking about like the, you know, the Western medicine sort of approach to treating malaria.

They used methylene blue and it's very effective And of course it kind of fell out of favor when newer drugs came to market, but it's kind of becoming, it's coming back in vogue because it's very effective still and it doesn't yeah, you don't see the resistance that you do with some other pharmaceuticals.

And interestingly enough it's the precursor to hydroxychloroquine. We divide a hydroxychloroquine or you know, plaque one l from methylene blue. So um one of my nurse practitioners is dove into the research on it and he just gave a fantastic PowerPoint presentation that we had one of one of our training opportunities.

And so we're using that we're tagging the charts so that we can you know, day to do some data analysis, data mined them and see how how they're doing.

Treatment Approaches: Protocols, Peptides, and Methylene Blue

But there's a substantial amount of information has already been published on the use of methylene blue for COVID-19 for HIV for depression, for parasitic disorders, even for viruses and cancers and Alzheimer's disease or some studies.

So one of the things that's unique about it is that it crosses the [illegible] and part of the way we get rid of that

spike protein everyone. How do you get rid of it? Can I go sit in a sauna or do a foot bath or you know, do a Meyers cocktail. And it's really hard because it's inter cellular and so the cells have a mechanism of cleaning themselves up called Khafaji and then the mitochondria due to ma to Fiji.

And so certain things helped spark that like sperm Dean or internet fasting but also methylene blue. it helps turn that on. So it helps support the mitochondria and cleaning themselves up.

It supports the cell in cleaning themselves up. Or if they're too far gone to help, you know, terminate the cells like apoptosis where the cell dies and all the parts get kind of recycled. But you know, it's fairly well tolerated.

It will turn your urine blue and any secretions blue because it's a pretty powerful blue. I mean I'm sipping on mine right now so I put mine in my water and I sip on it through about an hour or so blue tongue, blue tongue and everything.

But I don't mind, you know, my urine is a little blue but that's okay. You know, the first time uh lisa that I took it, I took too much I think I just jumped into a big dose and I heard just a bit, you know, I had a timer reaction.

So I was like whoa you know, let me back back up and slow down. So I start people, you know at a really low doses but some of the typical therapeutic doses or 5 to 10 drops once to twice a day of a 1% solution for the folks out there that are listening, you don't need a prescription, you can get methylene blue over the counter but it comes in three different levels. You can get the industrial dye level which you don't want to take because it could have formaldehyde or heavy metals in it.

And then there's the research grade but you want the pharmaceutical grade that U. S. P. U. S. Pharma copia pharmaceutical grade that doesn't have any adulterants in it because you don't want to hurt yourself by doing a therapy that's inappropriate. So ask your clinician ask your doctor or healthcare practitioner about it for more information and where you can source it you can get it from compounding pharmacies. But you can also there are some sources on the internet where you can get it.

But you know it's a it's a drug that's making a comeback. And I think it could be very very helpful in the long haulers and post covid injuries. – Right?

What I'm loving about this interview J. P. Is that you're talking about a combination of spike protein treatment. How do you pull it out of the body as well as all of the great functional medicine that we do including peptides.

And so this is very exciting for me because I use the peptides have been for a long time as well. And and nobody has spoken yet about about how to pull that spike protein off. We're also going to be having more F.

L. C. C. C. Doctors on here. So then you'll be in good company there also be talking about this right? But so far you're the first one I've interviewed who has discussed how to pull it out. And that's just really really exciting because I think that, you know the information just isn't out there.

People people think, oh if I do my normal detox or I do my normal anti inflammatory work that's going to get rid of the spike protein. All the spike protein doesn't matter. Doesn't matter if it was covid because um isn't it just like chronic lyme isn't it just like parasites or mold?

And so people think that including a lot of functional medicine doctors, but the truth is it's not like that because I'm gonna say it's not 100% like most of the chronic illnesses we are used to because of that spike protein.

– Right? It's a little bit unusual. And and that was my talk at the F. L. C. C. C. Medical conference. It was their first ever medical conference back in the middle of october of this year.

There were 14 speakers. There were amazing speakers. Everyone kind of addressed a certain thing. 11 speaker, Keith Burnquist talked about LDN, you had Dr. Cole's pathologists talked about the the spike protein pathology and how it affected blood vessels and clotting and vibrant. And you had Jordan's von talked about some of the clotting

disorders he faced in his clinics with people and the treatments used they talked about hyperbaric chambers as a form of treatment that seem to be pretty successful for some although it's expensive and hard to come by those proper hyperbaric chambers but it's now available. The recordings are now available to the public.

So you can go to the F. L. C. C. C. Website and go to their conferences and click on a few links and I'll provide those links to you following this. But you know the key the key take home message was that this was really a nasty nasty protein and uh that it really affects the cells in the mitochondria in a bad way.

And so you need to do whatever accentuates a Ta Fijian Mitofsky. And that starts with simple things like your diet. You have to have a clean diet and you may want to do – Some stuff for women.

Tell the audience what Takaji in my top means because they might not know yet. – Okay so some people you know pronounce it OctoAsia but octo means self Asia means to eat. So it's from the Greek or Latin terms to eat thyself. So the cell will there's some mechanisms like a light switch will come on and the cell will start cleaning itself up.

There's a it's kind of a complicated system but it'll clean itself up and get rid of things that are damaging or make the cell less efficient. And if it can't do that then usually the seller will kind of sacrifice itself.

It will kind of go into apoptosis and cell death so that it can be replaced by healthier cells. So it doesn't burden the body. And Mitofsky is the same thing only with the mitochondria, which is sort of an organ l if you will within the cell, it's the it's the energy power plant of the cell, It produces a teepee. And if that doesn't work then the cell usually is pretty sick. But but there's certain things that I use in addition, so sperm Dean, which is an extract of wheat germ.

It's available in small quantities and some foods that we eat. But it's something that seems to kind of capture that spike and maybe help with removing it. Same thing with I've ever met and the drug I've ever met and seems to do that now, hydroxychloroquine on the other hand, halts or suppresses Khafaji. So that maybe is a drug that's gonna fall out of favor later on in treating long haulers or or the post covid syndromes.

It's important to use things like lumber, Fokine's Lamborghinis will help degrade fiber and break up clots and it's also a biofilm disrupter. And if you see, you know how important that is in treating Lyme, we need biofilm busters to help our agents get to the line bugs and then I've added Lucia linen. And there's there are a couple of products out there that have many of these together in combination.

So people aren't having to buy separate supplements all the time. And I like the adaptive gin and demographics. So Andie graph this particular data is something that was recommended by the even the nation, national government of Thailand as a go to early on an early treatment of during this pandemic.

So I have incorporated that. There's a decent body of evidence to to show that it's effective and I use that in combination with some of these other agents as part of the new nutraceutical bundle or the supplement bundle for treatment.

But it's a yeah it's a progress of looking at data constantly. I kind of live and breathe and eat this all day long. And so anything that comes in you know that seems effective.

I'm wanting to include that. Especially in the resistant patients. – Right? And are you including intermittent fasting? – Absolutely. That's like tough on the list.

Not everyone is able to tolerate it. And matter of fact Dr. Paul Merrick and discussing that there was a three way conversation about that, especially in our female population because apparently I f can affect women's hormones and their menstrual cycle.

Autophagy, Fasting, and Supportive Therapies

And of course women are more susceptible to adverse events related to the covid infection. So they're a larger

It's not for everybody. And you can't get too aggressive, you gotta start you know slow and gradually. And a lot of these heavy heavy detox protocols like your water fast and things like that may be too much for people, you might put them in a tailspin.

So I always start gentle you know go easy and gentle like don't eat anything after seven p.m. And then kind of break your fast around 11 in the morning and then you know after a week you maybe stretch it out till like 12 noon and then one o'clock to achieve about a 16 hour fast and you know you can have a cheat day in there in your week, have a cheat day. You know but to keep your mental health you know because some people I found that I f was very good for me.

It cleared my mind. You know so um I had unfortunately I got covid in December of last year. It was the tail end of Delta and it knocked me for a loop despite the fact that I was taking nutraceuticals and even you know prophylactic I ever met in. But I did let my guard down for a few weeks and I think that's the window of opportunity, the virus had to get in and affect me but you know left me with a little bit of brain fog and some fatigue which kind of cleared pretty well with I f implementation of intermittent fasting as well, sperm ending was pretty aha moment for me.

Within 24 hours of taking about six mg um of a product that's actually made in California. It really had an impact of very positive impact on on me, but you know, I'm also doing LDN low dose naltrexone and a few other things.

– No – And now methylene blue. Yeah, more recently, like you know, to knock out the rest of it. – Right, great, well thank you so much. Is there anything else you want to share with the audience? – Well, you know, I am very passionate about Covid and things related to covid, but I'm also very passionate about our health care system and I'll make this kind of plug I think, you know, when I made my conversion from mainstream medicine into sort of more holistic integrative care that was a while ago and I realized that there wasn't, you know much in the way of assistance for folks that wanted to start that wanted to make that transition that wanted to flip over, you know, from traditional mainstream healthcare delivery to something a little better I think for the patients. And so about five years ago I started the priority health academy to to do some training and teaching and that's kind of ballooned into an annual symposium and Eric has been so generous to do an interview with me and talk about C. C. I. And a few other things.

Mass focus on our last year's event. And so that's kind of progressed into priority health. Which is a, you know, it's a website that people can get information from mostly for practitioners.

So it's priority hyphen health dot us and there they can find out information if they want to help make that transition. A lot of people don't know how, they've always been kind of insulated and sheltered from, you know, from doing their own thing by, you know, the big health care systems.

So they don't know anything about how to hire people, what the heck he verify means? You know, when you hire somebody, they don't know how to run the business, nor do they necessarily know a lot about functional medicine.

Building Functional Medicine Practices and Closing Remarks

So we kind of helped put a program together to help them get started because what we're looking for is owner operated health care providers who want to own their own business and go back to the old days when clinicians own their own business and could do what they really wanted freely without having to answer to too many people or run it through committees, you know, and then help them make it sustainable both professionally and personally satisfying for them too because, you know, we're facing a lot of burnout, just a tremendous volume of patients and understaffing and there's gonna be more patients to come. It's gonna be sort of a like a tsunami if you will of folks with covid spike protein injury.

And so we have to gear up our system. Our current health care system is not gonna really be sustainable enough to, to deal with that onslaught of patients.

So we have to develop some a system that knows how to treat it appropriately and doesn't get bogged down in

So I'm, you know, I've launched this thing a couple of months ago and we've had a few folks sign up. And we're trying to, you know, spread this message around the US and set up sustainable systems.

– Thank you for that. Fantastic work. – Welcome, yeah, I need help. I can't do, I mean there are other folks out there doing it, but I think it's a matter of developing a good coalition of like minded practitioners all over the United States from all disciplines, you know, natural paths, Allah paths, you know, doctors of oriental medicine, we all need to kind of get together and kind of toss our differences aside in a way and then kind of focus on our patients being patient advocates and and fixing folks that are, that are sick that are ill. – I love it.

It's a fantastic, brilliant idea. I'm really happy you've started this. Yeah. – Well this is a spark and so hopefully it'll take off and and grow. Not just my, my system, but other systems similar will grow and will eventually be able to rival are broken down sick care system with a well care system.

– Right, right, Well, thank you. Thank you so much for this interview and for everything you do. – Sure. Nafysa thank you for having me today.